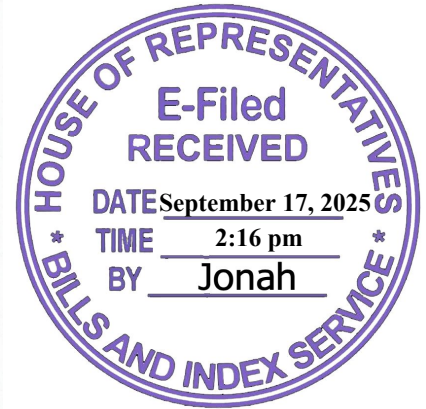


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

TWENTIETH CONGRESS
First Regular Session

House Bill No. **4640**



**INTRODUCED BY REPRESENTATIVES RALPH WENDEL P. TULFO
AND JOCELYN P. TULFO**

AN ACT

**CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND
CONTROL, DEFINING THEIR POWERS AND FUNCTIONS, AND
APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

Article II, Section 15 of the 1987 Philippine Constitution mandates the State to protect and promote the right to health of the people and instill consciousness among them. Likewise, consistent with the direction enunciated under Republic Act No. 11223, otherwise known as the "Universal Health Care Act", the State shall adopt an integrated, comprehensive, and evidence-informed approach and a framework that shall foster a whole-of-system, whole-of-government, and whole-of-society approach, ensuring clear delineation of tasks between existing agencies and maximizing current mandates.

The COVID-19 pandemic bared the weaknesses of the country's healthcare system. In 2023, the Department of Health (DOH) asserted that the creation of the Philippine Center for Disease Prevention and Control is a preparation for future pandemics and threats to public health. It would also harmonize laboratories, health

experts, and scientists for speedy trials to determine needed technologies in addressing certain illnesses, among others.¹

In June 2024, officials from the DOH, the Research Institute for Tropical Medicine (RITM), and selected Philippine delegation visited the United States (US) Centers for Disease Control and Prevention (CDC) headquarters in Atlanta, Georgia. Aside from the robust exchanges of information and best practices between the US CDC and Philippine delegation, there was also a demonstration of the efficient generation and dissemination of reports for analysis through the US CDC's laboratory training facility and emergency facility center. Such exemplary site underscored the crucial role of timely information sharing during epidemics and outbreaks.²

This bill aims for the creation of the Philippine Center for Disease Prevention and Control as the technical authority on forecasting, analysis, strategy, and standards development for the prevention and control of all diseases of public health importance and health security events, whether domestic or international in origin. The CDC shall also coordinate with global CDCs and act as the national focal point of the Philippines for International Health Regulations (IHR) concerns. Its functions include the (i) development of strategies, standards, and policies for disease prevention and control; (ii) implementation of disease surveillance and field epidemiology activities; (iii) performance of data collection and analytics; (iv) establishment and strengthening of public health laboratories; (v) setting of standards and policies for private laboratories; (vi) recommendation of actions for public health threats to appropriate national government bodies; (vii) leading of public health and risk communications; (viii) conduct and management of health research and evidence synthesis; (ix) building of local capacity for surveillance and health research; and (x) promotion of scientific integrity by ensuring that all its products are technically accurate, scientifically and

¹ Montemayor, Ma. Teresa, "PH's own CDC preparation for future public health threats", *PHILIPPINE NEWS AGENCY*, 28 Mar 2023, <https://www.pna.gov.ph/articles/1198407>.

² Enciso, Allenor R., "DOH, RITM, and PH delegation visit Center for Disease Control and Prevention", *RESEARCH INSTITUTE FOR TROPICAL MEDICINE*, 21 Aug 2024, <https://ritm.gov.ph/doh-ritm-and-ph-delegation-visit-cdc/>.

ethically sound, and useful to the government and the intended population through the institutionalization of appropriate mechanisms and bodies. Therefore, the State shall allot the necessary support and institutional resources to provide for effective disease prevention and control through a high-level public institution imbued with the capacity, competence, and authority to confront global and local public health risks.

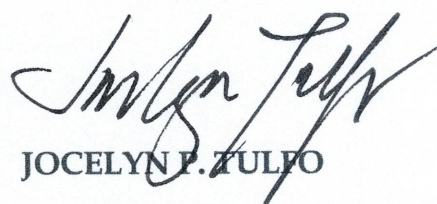
In view of the foregoing, the urgent passing of this bill is earnestly sought.



RALPH WENDEL P. TULFO

Representative

2nd District of Quezon City



JOCELYN P. TULFO

Representative

ACT-CIS Partylist

Republic of the Philippines
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AN ACT
**CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND
CONTROL, DEFINING THEIR POWERS AND FUNCTIONS, AND
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*Be it enacted by the Senate and House of Representatives of the Philippines in Congress
assembled:*

ARTICLE I
TITLE AND GUIDING PRINCIPLES

SECTION 1. *Short Title.* – This Act shall be known as the “Philippine Center
for Disease Prevention and Control (CDC) Act”.

SEC. 2. *Declaration of Policy.* – It is the policy of the State to protect and
promote the right to health of all Filipinos and instill health consciousness among
them.

To this end, the State shall adopt an integrated, comprehensive, and evidence-
informed approach consistent with the direction enunciated under Republic Act No.
11223, otherwise known as the “Universal Health Care Act”, and adopt a framework

1 that shall foster a whole-of-system, whole-of-government, and whole-of-society
2 approach, ensuring clear delineation of tasks between existing agencies and
3 maximizing current mandates. The State shall also allot the necessary support and
4 institutional resources to provide for effective disease prevention and control through
5 a high-level public institution imbued with the capacity, competence, and authority
6 to confront global and local public health risks.

7
8 **SEC. 3. Objectives.** – The objectives of this Act are the following:

- 9
10 (a) Protect the Filipino people from the impact of all diseases of public health
11 importance;
12
13 (b) Develop policies, plans, and protocols to improve on all identified areas in
14 the International Health Regulations (IHR) hazards;
15
16 (c) Clarify governance, decision-making, communication, and coordination
17 processes and protocols related to identifying, diagnosing, forecasting,
18 preventing, controlling, eliminating and eradicating, and monitoring
19 diseases of public health importance;
20
21 (d) Ensure swift, coordinated, and data-driven surveillance and response
22 through the Department of Health (DOH), Epidemiology and Surveillance
23 Units (ESUs), public health laboratory systems, points of entry, and Disaster
24 Risk Reduction and Management (DRRM) system;
25
26 (e) Provide the overall national framework and strategic direction for the
27 establishment of a health laboratory system;
28
29 (f) Maintain a pool of in-house experts that shall serve as the technical
30 authority who shall provide evidence-informed guidance on standards,

1 technologies, and analytics for epidemiology, disease control, prevention,
2 elimination, eradication, and health emergency preparedness and response;
3 and
4

- 5 (g) Ensure the development and implementation of a shared risk and crisis
6 communication plan with the DOH and the Food and Drug Administration
7 (FDA).
8

9 **ARTICLE II**
10 **DEFINITION OF TERMS**
11

12 **SEC. 4. *Definition of Terms.*** – As used in this Act:
13

- 14 (a) *Commodities for public health emergencies* refer to health products necessary
15 for the public health emergency response. It may include vaccines,
16 therapeutics, medical devices, and ancillary supplies;
17

- 18 (b) *Disease* refers to pathologic acute or rapidly developing and chronic or long-
19 standing conditions that cause harmful deviations from normal structure or
20 function and may be due to infectious agents or their toxic products, which
21 may be transmitted from a reservoir to a susceptible host, either directly
22 from an infected person or animal or indirectly through the agency of an
23 intermediate plant or animal host, vector, or the inanimate environment, or
24 coming from laboratories intentionally or unintentionally, or may be the
25 result of a combination of genetic, physiological, environmental, and
26 behavioral factors;
27

- 28 (c) *Disease control* refers to the reduction of disease incidence, prevalence,
29 morbidity, or mortality to a locally acceptable level as a result of deliberate
30 efforts and continued intervention measures to maintain the reduction;

1
2 (d) *Disease surveillance* refers to the ongoing systematic collection, analysis,
3 interpretation, and dissemination of outcome-specific data for use in the
4 planning, implementation, and evaluation of public health practice in terms
5 of epidemics, emergencies, and disasters. A disease surveillance system
6 includes the functional capacity for data analysis as well as the timely
7 dissemination of these data to persons who can undertake effective
8 prevention and control activities;

9
10 (e) *Emerging or re-emerging infectious diseases* refer to diseases that are
11 characterized by the following traits:

- 12
13 (1) Have not occurred in humans before;
14 (2) Have occurred previously but affected only small numbers of people in
15 isolated areas;
16 (3) Are caused by previously undetected or unknown infectious agents;
17 (4) Are due to mutant or resistant strains of a causative organism; or
18 (5) Were once major health problems in the country, and then declined
19 dramatically, but are again becoming health problems for a significant
20 portion of the population;

21
22 (f) *Epidemiological investigation* refers to an inquiry to the incidence, prevalence,
23 extent, source, mode of transmission, causation of, and other information
24 pertinent to a disease occurrence;

25
26 (g) *Health research* refers to research or research-related activities that seek to
27 provide timely and quality evidence to address knowledge gaps on areas
28 related to identifying, diagnosing, forecasting, preventing, controlling,
29 eliminating and eradicating, and monitoring diseases of public health
30 importance;

1
2 (h) *International health regulations (IHR)* refer to an international agreement
3 managed by the World Health Organization (WHO) and focused on
4 addressing serious public health threats that have the potential to spread
5 beyond a country's borders to other parts of the world and define the
6 standards that countries must meet to be able to prevent, detect, and
7 respond to public health threats;

8
9 (i) *Notifiable disease* refers to a disease that, by legal requirements, must be
10 reported to the public health authorities;

11
12 (j) *Public health emergency* refers to an occurrence or imminent threat of an
13 illness or health condition that:

14
15 (1) Is caused by any of the following:

- 16 i. Bioterrorism;
- 17 ii. Appearance of a novel or previously controlled or eradicated
- 18 infectious agent or biological toxin;
- 19 iii. Natural disaster;
- 20 iv. Chemical attack or accidental release;
- 21 v. Nuclear attack or accident; or
- 22 vi. Attack that uses or is caused by an accidental release of
- 23 radioactive materials; and

24 (2) Poses a high probability of any of the following:

- 25 i. Large number of deaths in the affected population;
- 26 ii. Large number of serious injuries or long-term disabilities in the
- 27 affected population;
- 28 iii. Widespread exposure to an infectious or toxic agent that poses a
- 29 significant risk of substantial harm to a large number of people in
- 30 the affected population;

- 1 iv. International exposure to an infectious or toxic agent that poses a
2 significant risk to the health of citizens of other countries; or
3 v. Trade and travel restrictions.

4
5 (k) *Public health event* refers to either a public health emergency or a public
6 health threat due to biological, chemical, radio-nuclear, and environmental
7 agents;

8
9 (l) *Public health laboratories* refer to facilities responsible for providing timely
10 and reliable diagnostic results primarily for improvement of patient
11 outcomes, disease prevention, control, surveillance, population-based
12 interventions, and outbreak emergency response. They shall perform core
13 public health and environmental activities, including reference tests for
14 disease of public health importance;

15
16 (m) *Public health threat* refers to any situation or factor that may present a
17 danger to the health of the people;

18
19 (n) *Quarantine* refers to the restriction of activities or separation from other of
20 suspect persons who are not ill, or of suspect baggage, containers,
21 conveyances, or goods, in such a manner as to prevent the possible spread
22 of infection or contamination;

23
24 (o) *Response* refers to the implementation of specific activities to control the
25 further spread of infection, outbreaks, or epidemics and prevent
26 reoccurrence. It includes verification, contact tracing, rapid risk assessment,
27 case measures, treatment of patients, risk communication, the conduct of
28 prevention activities, and rehabilitation.

1 ARTICLE III
2 CREATION AND FUNCTIONS OF THE PHILIPPINE CENTER FOR
3 DISEASE PREVENTION AND CONTROL
4

5 SEC. 5. *Creation of the Philippine Center for Disease Prevention and Control.*

6 - There is hereby established an agency to be known as the Philippine Center for
7 Disease Prevention and Control, hereinafter referred to as "CDC". The CDC shall be
8 an agency directly under the Office of the Secretary of the DOH.
9

10 SEC. 6. *Functions of the CDC.* - The CDC shall be the technical authority on
11 forecasting, analysis, strategy, and standards development for the prevention and
12 control of all diseases of public health importance and health security events, whether
13 domestic or international in origin. The CDC shall coordinate with global CDCs and
14 act as the national focal point of the Philippines for IHR concerns.
15

16 The functions of the CDC include the following:
17

- 18 (a) Develop strategies, standards, and policies for disease prevention and
19 control;
20
21 (b) Implement disease surveillance and field epidemiology activities;
22
23 (c) Perform data collection and analytics;
24
25 (d) Establish and strengthen public health laboratories;
26
27 (e) Set standards and policies for private laboratories;
28
29 (f) Recommend actions for public health threats to appropriate national
30 government bodies;

1
2 (g) Lead public health and risk communications;

3
4 (h) Conduct and manage health research and evidence synthesis;

5
6 (i) Build local capacity for surveillance and health research; and

7
8 (j) Promote scientific integrity by ensuring that all its products are technically
9 accurate, scientifically and ethically sound, and useful to the government
10 and the intended population through the institutionalization of appropriate
11 mechanisms and bodies.

12
13 The CDC shall perform other functions as may be mandated by law or duly
14 delegated by relevant authorities, as well as those that may be necessary or expedient
15 for the performance of its functions under this Act.

16
17 The CDC shall submit annual detailed cost work plans relating to its functions
18 to the Secretary of Health (SOH) for approval.

19
20 **SEC. 7. *Structure of the CDC.* –**

21
22 (a) The CDC shall establish component centers that shall lead and coordinate
23 the major functions of the CDC and, in this capacity, establish strategic
24 linkages and partnerships to fulfill the stated functions. In line with their
25 functions, each of the following component centers shall be headed by a
26 Deputy Director General:

27
28 (1) *Center for Health Statistics (CHS).* – The CHS shall provide the national
29 leadership data analytics and health information systems management
30 services in the conduct of non-epidemiologic surveys in coordination

1 with the Philippine Statistics Authority, and shall complement the roles
2 and responsibilities of the DOH related to sectoral policy and planning
3 by providing relevant health statistics. It shall likewise progressively
4 develop and expand its methodological and analytical capacity; its use
5 of informatics, digital tools, innovations, among others; and expand its
6 portfolio of national health-related surveys to complement the national
7 health surveys being managed by other national agencies;
8

9 (2) *Center for Epidemiology and Surveillance (CES)*. – The CES shall lead and
10 execute a national public health surveillance strategy and shall perform
11 functions and obligations of the Epidemiology Bureau (EB) and the
12 DOH under Sections 5, 6, and 8 of Republic Act No. 11332, otherwise
13 known as the “Mandatory Reporting of Notifiable Diseases and Health
14 Events of Public Health Concern Act”. Further, it shall progressively
15 enhance its epidemiology and surveillance functions to further develop
16 its overall analytical capacity; to expand the scope of surveilled events
17 and diseases; to set standards for and continually expand tools for data
18 management and surveillance systems; to expand the scope of data
19 collected; to lead in the development of epidemiology and surveillance
20 capacities for all diseases and their causes, including social determinants
21 of health; to lead in implementing International Health Surveillance and
22 IHR processes; and to expand its technical expertise to include other and
23 emerging branches and types of epidemiology and relevant
24 epidemiologically-related approaches;
25

26 (3) *Center for Health Evidence (CHE)*. – The CHE shall be established to lead
27 evidence-informed policy-making for the prevention and control of all
28 diseases, through the synthesis of available evidence, the conduct of
29 high-quality health research, the development of evidence-informed
30 strategies and standards of care, the provision of scientific inputs to

1 guide the development, evaluation, and improvement of public health
2 programs, and the development of science-informed standards to
3 address public health threats, in partnership with the academe,
4 professional societies, research bodies, National Institutes of Health, and
5 the Department of Science and Technology (DOST); and
6

7 (4) *Center for Health Laboratories (CHL)*. – The CHL shall develop and
8 provide the overall strategic direction, policies, standards, and plans in
9 the implementation of the Philippine Health Laboratory System (PHLS)
10 and the institutionalization of stand-alone CDC public health
11 laboratories, including national reference laboratories, subnational, and
12 regional public health laboratories (RPHLs). The Philippine Health
13 Laboratory System shall be established by streamlining all diagnostic
14 tests and surveillance of diseases of public health importance into stand-
15 alone laboratories across the nation and by ensuring an effective and
16 efficient quality management system for all clinical and other health
17 laboratories in partnership with the DOH. Further, the CHL shall lead
18 the country's public health laboratory response for rapid detection of
19 emerging and re-emerging public health threats. It shall promote and
20 develop innovative science, technologies, and processes that support
21 CDC's ability to protect the Philippines from health, safety, and security
22 threats, both foreign and local.
23

24 (b) The CDC shall also have three (3) offices directly under the Director General
25 that shall provide support to all Centers, namely:
26

27 (1) Office for Health Economics;
28

29 (2) Office for Policy and Planning; and
30

1 (3) Office for Administration, Finance, and Legal Affairs.

2
3 (c) Regional CDCs shall be established, consisting of counterparts of CHL,
4 CHS, and CES.

5
6 (d) Additional offices may be created in accordance with the mandate of the
7 CDC, upon the assessment and recommendation of the Director General,
8 approval of the SOH, availability of funds, and to accordingly respond to
9 the emerging needs of the health sector.

10
11 The establishment of regional CDCs and creation of additional offices shall be
12 endorsed by the DOH to the Department of Budget and Management (DBM) for
13 review and approval.

14
15 **ARTICLE IV**
16 **OPERATIONAL STRUCTURE, MANAGEMENT,**
17 **AND STAFF OF THE CENTER**

18
19 **SEC. 8. *Relationship with Existing Agencies and Offices.* –**

20
21 (a) *Relationship between CDC and DOH Operations.* – The CDC shall be an agency
22 under the Office of the SOH. The DOH shall develop operational and
23 intersectoral policies to support implementation of strategies and standards
24 developed by the CDC.

25
26 (b) *Relationship between CDC and the DOH Bureau of Quarantine (BOQ).* – The
27 CDC shall set the standards for international health surveillance and
28 surveillance at ports of entry, and coordinate with the BOQ for operational
29 and stakeholder management.

1 (c) *Relationship between Regional CDCs and DOH Regional Offices.* – The CDC
2 shall have regional counterparts of its CHL, CHS, and CES to form the
3 Regional CDCs separately from DOH Regional Offices. The DOH, through
4 its regional offices, shall work closely with CDC, through its regional CDCs
5 to support implementation of strategies and standards of the CDC.
6

7 (d) *Relationship between CDC and local government units (LGUs).* – LGUs shall
8 adopt and localize standards and guidelines developed by the CDC, as
9 operationalized by the DOH, in the performance of activities related to
10 disease prevention and control. Further, LGUs shall allocate funding for the
11 establishment of functional ESUs based on standards set by the DOH and
12 as provided for by law including the creation of positions for the necessary
13 Disease Surveillance Officers (DSOs) and field epidemiologists and in line
14 with the goal of building local capacity for health surveillance: *Provided,*
15 That LGUs that do not have the capacity to achieve these standards shall be
16 eligible to receive resource augmentation from the National Government.
17

18 **SEC. 9. *Transfer of Agencies.* –**
19

20 (a) *Restructuring of affected offices and units.* – The following offices, including
21 their administrative units, shall be restructured to ensure that the CDC and
22 DOH shall co-exist synergistically and facilitate the smooth operation of the
23 CDC.
24

25 (1) The different units of the Research Institute for Tropical Medicine
26 (RITM) shall be absorbed in the different Centers of the CDC:

- 27
28 i. The RITM's national reference laboratories shall be absorbed by
29 the CHL;

- 1 ii. Its clinical research units, hospital ancillary services, and research
2 laboratory departments shall be absorbed by the CHE; and
3 iii. Its biological research and manufacturing units shall be
4 temporarily absorbed by the CHE until an agency is finally
5 tasked by the government to handle their role and functions.

6
7 (2) The Health Laboratory Division, also referred to as the Office for Health
8 Laboratories of the Health Facility Development Bureau of the DOH and
9 other identified national reference laboratories shall be absorbed by the
10 CHL.

11
12 (3) The Epidemiology Bureau (EB) shall be transferred to the CHS and CES
13 in phases. All previous functions of the EB and all disease and public
14 health surveillance functions assigned to the DOH by law shall likewise
15 be transferred to the CES. In line with this, all Regional Epidemiology
16 and Surveillance Units and Field Health Service Information System
17 Units of the DOH Regional Offices shall be transferred to and placed
18 under the sole supervision and control of the Regional CDCs upon the
19 effective transfer of the EB to the CDC.

20
21 i. The Knowledge Management and Information Technology
22 Service of the DOH shall restructure and rationalize its functions
23 to eliminate or minimize overlaps in and duplication of the
24 standards and sectoral policy function of the CHS.

25
26 ii. The CES shall set the standards for international health
27 surveillance and surveillance at ports of entry and shall
28 coordinate with the BOQ for operational and stakeholder
29 management. Further, the screening and quarantine processes for
30 inbound and outbound international travelers as provided for in

1 Sections 4 and 5 of Republic Act No. 9271, otherwise known as
2 the "Quarantine Act of 2004", shall remain with BOQ, aligned to
3 the standards promulgated by CDC.
4

5 (4) The Disease Prevention and Control Bureau (DPCB) shall be
6 transformed into the Public Health Strategy and Management Bureau,
7 and shall be responsible for developing operational strategy and
8 guidelines that are aligned with CDC's standards, setting up
9 intersectoral collaboration platforms, and ensuring strategic
10 management of national health programs. The DPCB's previous
11 standards development function shall be transferred to the CDC's CHE.
12 The DOH Undersecretary for Operations and the DOH Regional Offices
13 shall continue to perform their roles in operational planning,
14 coordination, and performance management.
15

16 (5) The Communications Office of the DOH shall be a shared service among
17 all DOH offices, including the FDA and CDC, and shall perform the
18 following functions:
19

- 20 i. Develop strategic communication plans, including, but not
21 limited to, corporate risk and crisis communication plans;
22
- 23 ii. Manage and implement risk communication activities and
24 initiatives, such as the development and issuance of information
25 and education communication materials, events, stakeholder
26 meetings, and other media engagement activities;
27
- 28 iii. Manage and activate crisis communication protocol for health
29 risks and hazards, and institutional reputational risks;
30

- iv. Develop and implement corresponding capacity-building activities in relation to corporate risk and crisis communications;
- v. Perform internal communication functions within the institution;
- vi. Develop and facilitate the approval of communication materials and policies as aligned with the approved communication plans;
- vii. Manage different platforms of the institution for release of communication materials; and
- viii. Foster, maintain, and continuously build external partnerships and communication networks with public and private health institutions.

(b) *Transfer of Human Resource and Material.* – The offices affected by the transfer of agencies shall also transfer human resource, applicable funds and appropriations, records, equipment, and property to the CDC subject to a multi-year transition plan.

(1) As a result of the reorganization under this Act, the DOH shall evaluate the credentials, skills, and work experience of all employees in affected offices/bureaus and shall conduct matching to positions within the new offices/bureaus created based on the set qualification standards. The Department shall develop a technical working group to ensure that Republic Act No. 6656, entitled “An Act to Protect the Security of Tenure of Civil Service Officers and Employees in the Implementation of Government Reorganization”, shall be properly observed towards the protection of tenure of affected employees and shall institute mechanisms for retooling. There shall be no diminution of salaries and

benefits of affected employees. Affected employees may opt for voluntary separation from service within six (6) months from the effectivity of this Act and shall be entitled to receive separation, and early retirement benefits and other benefits under applicable laws and issuance such as RA 6656 within ninety (90) days from the date of effectivity of their separation. Provided they are not entitled to said benefits, employees concerned shall be paid a separation gratuity in the amount equivalent to one (1) month salary for every year of service;

(2) The CDC shall employ scientific, technical, and non-technical staff, where a compensation and accountability mechanism shall be created for all in-house experts employed in highly technical positions. Correspondingly, the DOH shall determine the organization and plantilla of the CDC in accordance with salary and compensation for positions developed for the CDC to the DBM for review and approval.

i. The salary and compensation of all employed staff under managerial, technical, and administrative positions shall be subject to existing compensation and position classification system and prevailing qualification standards and regulations of the Civil Service Commission (CSC).

ii. The compensation mechanism for the expert pool shall be in accordance with the rules and regulations in this Act and its IRR and shall be exempt from existing qualification standards and regulations of the CSC.

iii. All in-house experts shall be allowed to practice their profession and receive additional compensation from such engagements.

1 iv. All employed staff and in-house experts shall submit a
2 declaration of conflict-of-interest (COI), a non-disclosure
3 agreement (NDA), and other pertinent documentary
4 requirements as may be deemed necessary.

5
6 (3) The transfer of human resource, applicable funds and appropriations,
7 records, equipment, and property to the CDC, among others, shall
8 commence within two (2) years from effectivity of this Act to enable the
9 smooth transfer of the same from the DOH.

10
11 **SEC. 10. *Structure and Staffing Pattern.*** – Subject to the review and approval
12 of the DBM, the SOH shall determine the organizational structure and staffing pattern
13 of the CDC, in accordance with existing civil service laws, rules and regulations.

14
15 **SEC. 11. *Director General, Deputy Directors General, and Directors.*** –

16
17 (a) *Appointment of the Director General (DG).* – The CDC shall be headed by a
18 DG who shall hold the rank of the Undersecretary. The DG shall be
19 appointed by the President, upon the recommendation of the SOH, based
20 on technical expertise, academic background, and appropriate work
21 experience.

22
23 (b) *Appointment of the Deputy Directors General.* – The DG shall be assisted by
24 Deputy Directors General (DDGs) who shall hold the rank of Assistant
25 Secretary. They shall oversee the performance of the Offices and Centers
26 and any additional offices created in accordance with Sec. 7 (d) of this Act.
27 The DDGs shall likewise be appointed by the President, upon the
28 recommendation of the SOH, based on technical expertise, academic
29 background, and appropriate work experience.

1 (c) *Appointment of Directors.* – The DG shall likewise be assisted by the
2 following:

3
4 (1) Director for Health Economics Service with the rank of Director IV;

5
6 (2) Director for Policy and Planning with the rank of Director IV; and

7
8 (3) Director for Administration, Finance, and Legal Affairs with the rank of
9 Director IV.

10
11 (d) *Qualifications and Eligibilities.* –

12
13 (1) The DG shall be a public health professional and must be a licensed
14 medical doctor, with at least fifteen (15) years of combined post-
15 graduate work experience in relevant fields of medicine, public health,
16 research, and management;

17
18 (2) The DDG of each Center shall possess a postgraduate decree, preferably
19 a doctorate degree in fields related to medicine, public health, or
20 research, with management experience in such fields; and

21
22 (3) The Directors directly under the Office of the DG shall possess third
23 level service eligibility with educational background in relevant fields
24 of medicine, public health, accounting, management, economics, or any
25 business course, and must have management experience in the aforesaid
26 fields.

1 (e) *Powers and Functions of the Director General.* -
2

3 (1) Provide leadership, policy guidance, coordination, technical expertise,
4 and services to promote the development and implementation of the
5 CDC's national programs;
6

7 (2) Certify to the SOH the presence of a public health emergency;
8

9 (3) Notify the WHO and other focal points of any public health emergency
10 or incident in accordance with IHR guidelines, and coordinate public
11 health response with the WHO, IHR, and national focal points;
12

13 (4) Recommend to the President, through the SOH, the exercise of special
14 powers in the case of public health emergencies, including mobilization
15 of the governmental and nongovernmental agencies, including the
16 private sector, to respond to the threat in performing the following
17 functions:
18

19 i. Develop and implement national policies to prevent and mitigate
20 further transmission of diseases of public health importance;
21

22 ii. Ensure that LGUs follow all rules, regulations, and directives
23 issued by the National Government pursuant to this Act:
24 *Provided, That* all LGUs are authorized to develop localized
25 policies and interventions that are aligned with national policy,
26 rules and regulations;
27

28 iii. Develop and implement flexibilities in procurement of essential
29 commodities and implement programs in response to a public
30 health emergency;

- 1
- 2 iv. Ensure the adequate and equitable distribution of health workers
- 3 during public health emergencies and the provision of social
- 4 benefits and protection to health workers and their families and
- 5 other household members against discrimination;
- 6
- 7 v. Enforce measures to protect the people from hoarding,
- 8 profiteering, injurious speculations, manipulation of prices,
- 9 product deceptions, monopolistic practices, other pernicious
- 10 practices affecting the supply, distribution, and movement of
- 11 food, clothing, hygiene and sanitation products, medicines and
- 12 medical supplies devices, implements, machinery, equipment
- 13 and spare parts required in agriculture, industry, other essential
- 14 services, and other articles of prime necessity, whether imported
- 15 or locally produced or manufactured;
- 16
- 17 vi. Perform such other functions and activities, as deemed necessary.
- 18
- 19 (5) Institute public health surveillance programs in accordance with RA
- 20 11332 and, as such, impose the following:
- 21
- 22 i. All public and private hospitals, clinics, health facilities,
- 23 laboratories, institutions, workplaces, schools, prisons, ports,
- 24 airports, establishments, communities, other government
- 25 agencies, and non-governmental organizations are required to
- 26 accurately and immediately report notifiable disease and public
- 27 health events to CDC;
- 28
- 29 ii. All public and private hospitals, clinics, health facilities, and
- 30 laboratories shall be required to submit health and health-related

1 data, which shall include administrative, public health, medical,
2 pharmaceutical, and financing data to the CDC;

3
4 iii. DSOs, ESUs, CDC laboratories, PHLs, pharmacies, and those
5 employed by the LGUs to perform surveillance and response
6 activities shall furnish information required by the CDC at all
7 times and as soon as practicable; and

8
9 iv. Failure of said establishments to report to the CDC shall
10 constitute a violation of Section 9, paragraphs (d) and (e) of RA
11 11332;

12
13 (6) Issue an order requiring any person or institution to furnish CDC any
14 sample of any substance or matter in the possession or control of that
15 person, whether taken pursuant to this Act or otherwise, as may be
16 considered necessary or appropriate, or any information as may be
17 required by the CDC, within the period it requires for the purpose of
18 any public health surveillance program, epidemiological investigation,
19 or survey conducted pursuant to this Act;

20
21 (7) Request the Philippine National Police or the National Bureau of
22 Investigation to locate any patients or persons suspected of contracting
23 a communicable disease;

24
25 (8) Certify the termination of a public health emergency which may serve
26 as basis for the de-escalation and eventual termination of emergency
27 response activities;

1 (9) Develop policies with provisions on penalties for local implementation
2 and enforcement:

3
4 i. The DG, upon consultation with the SOH, shall provide
5 recommendations of the corresponding rules and regulations, as
6 well as penalties, for local implementation and enforcement that
7 are necessary to control and prevent diseases within the country
8 and to prevent the introduction, transmission, or spread of
9 communicable diseases from other countries into the Philippines
10 or from one domestic seaport/ airport to another; and

11
12 ii. For purposes of implementing these regulations, the DG, upon
13 consultation with the SOH, shall provide public health
14 preventive measures and intervention strategies such as health
15 education, promotion, and advisories, isolation, veterinary and
16 plant quarantine, inspections, fumigation, disinfection,
17 disinfestation, vector control, pest extermination, and destruction
18 of animals or articles found to be infected or contaminated as to
19 be sources of infection to human beings, in coordination with
20 other concerned quarantine agencies and other measures as may
21 be necessary;

22
23 (10) Develop containment strategies for inland contagion or community
24 transmission of public health threats and shall coordinate these with
25 the SOH. During public health emergencies, the DOH Health
26 Emergency Management Bureau shall coordinate with DOH BOQ in
27 controlling, directing, and managing all quarantine stations, grounds,
28 and anchorages, and in designating their boundaries in accordance
29 with Section 6 of RA 9271;

1 (11) Provide or obtain technical assistance for regional and local health
2 departments, private agencies, and international and supranational
3 agencies before, during, and after public health emergencies;
4

5 (12) Develop a shared risk communication plan in coordination with the
6 DOH and the FDA;
7

8 (13) Liaise with other government agencies, NGOs, international
9 organizations, including the WHO, learning and academic institutions,
10 and other pertinent groups or entities in the conduct of activities
11 relating to disease prevention and control;
12

13 (14) Coordinate with appropriate DOH Offices regarding administrative
14 and program matters;
15

16 (15) Appoint eligible persons in accordance with civil service laws, rules
17 and regulations, and this Act;
18

19 (16) Delegate the powers vested under this Act to the DDGs; and
20

21 (17) Perform such other functions as may be mandated by law, or as may be
22 delegated by the SOH or the President.
23
24
25
26
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30

ARTICLE V
RESPONSE ACTION

SEC. 12. *Response Cascade.* – In case of public health emergencies due to biological, chemical, and toxic events:

- (a) The CDC shall, through the CHE, prepare and disseminate to the public and private sector the relevant technical information and guidance;
- (b) The DOH shall, through the PHSMB, develop operational and intersectoral strategies guided by the strategies and standards developed by the CDC;
- (c) The DOH shall, through its regional offices, work closely with the CDC, through its regional CDCs to immediately respond to the public health emergency. When necessary, the DOH shall tap into the DRRM system to effectively respond to public health emergencies;
- (d) The CHL shall activate the public health laboratory response network and continuously provide guidance for core laboratory programs in quality management, laboratory medicine and safety and security programs, laboratory information management and surveillance, research and development and training;
- (e) The CES shall certify to the veracity of the official data to be used as basis for response and for public reporting, and provide standards and overall guidance to the BOQ for the institution of disease surveillance at all points of entry and exit;
- (f) The National Telecommunications Commission and any telecommunications entity as defined under Republic Act No. 7925,

1 otherwise known as the "Public Telecommunications Policy Act of the
2 Philippines", shall provide location information of patients or persons
3 suspected of contracting a disease upon request of the CDC: *Provided, That*
4 the CDC shall ensure confidentiality of such information;

5
6 (g) The SOH may undertake the following functions in case of public health
7 events:

8
9 (1) Hiring, transfer, and deployment of health personnel;

10
11 (2) Implementation of whole-of-government and whole-of-society public
12 health emergency preparedness and response in cooperation with the
13 Department of the Interior and Local Government, LGUs, and private
14 sector;

15
16 (3) Strict enforcement and augmentation of border control and surveillance
17 in coordination with the Department of Foreign Affairs, DOH-BOQ,
18 Bureau of Immigration, Philippine Ports Authority, Department of
19 Agriculture, and Bureau of Customs;

20
21 (4) Commissioning of research in coordination with DOST;

22
23 (5) Promotion of the treatment of, vaccination, or immunization against a
24 contagious disease, compelling the isolation or quarantine of persons
25 who are unable or unwilling, for reasons of health, religion, or
26 conscience, to undergo immunization or treatment: *Provided, That* the
27 guidelines for the exercise of such power shall be formulated in
28 coordination with the Department of Justice;
29

1 (6) Decontamination of any facility or decontamination or destruction of
2 any material when the CDC reasonably suspects that such facility or
3 material may endanger public health, subject to compensation;
4

5 (7) Issuance and enforcement of measures for safe handling and disposal of
6 human and animal remains; and
7

8 (8) Requiring any health or funeral facility authorized by law to perform
9 such services as are reasonable and necessary to respond to a public
10 health emergency.
11

12 ARTICLE VI 13 SPECIAL POWERS 14

15 **SEC. 13. *Authority for Other Professions to Administer, Dispense, and Provide***
16 ***Commodities for Public Health Emergencies.*** – In addition to physicians, other health
17 and allied medical professionals such as pharmacists and midwives who are duly
18 trained by the DOH or its authorized representatives may dispense and administer
19 commodities considered as vital for public health emergencies with special
20 authorization or regular certificate of registration from the FDA notwithstanding any
21 law to the contrary.
22

23 **SEC. 14. *Issuance of Special Regulatory Authorizations.*** – Pursuant to Section
24 4 of Republic Act No. 3720, otherwise known as the “Food, Drug, and Cosmetic Act”,
25 as amended by Republic Act No. 9711, otherwise known as the “Food and Drug
26 Administration (FDA) Act of 2009”, the FDA shall be given authority to issue special
27 authorizations for commodities for public health emergencies: *Provide, That:*
28

29 (a) Based on the totality of available scientific evidence, including data from
30 adequate and well-documented controlled trials, it is reasonable to believe

1 that the health product may be effective to prevent, diagnose, or treat the
2 diseases of concern;

3
4 (b) The potential benefits of the health product when used to diagnose, prevent,
5 or treat diseases of concern outweigh the known and potential risks, if any;
6 and

7
8 (c) There is no adequate, approved, and available alternative to the health
9 product for diagnosing, preventing, or treating disease/s of concern.
10

11 In the event that the declared public health emergency is lifted, special authorizations
12 issued by the FDA shall have provisional validity for a period of one (1) year from the
13 date of lifting the declaration for the sole purpose of exhausting remaining supplies.
14

15 Distribution and administration of unauthorized commodities for public health
16 emergency shall be prohibited.
17

18 **SEC. 15. *Health Technology Assessment and Evidence Review.*** – The
19 requirement for a Health Technology Assessment (HTA) shall not be a prerequisite to
20 procurement of commodities for public health emergencies as an exemption to Section
21 34 of the Republic Act No. 11223, otherwise known as the “Universal Health Care
22 Act”. Further, the HTA shall not be required for:
23

24 (a) Donated health products;
25

26 (b) Unregistered commodities for public health emergency which are qualified
27 for compassionate use according to the guidelines set by the FDA; and
28

29 (c) Repurposing or stock realignment of commodities for public health
30 emergencies that have already been procured by the DOH, LGUs, private

1 sector entities: *Provided*, That repurposing or stock realignment shall be in
2 accordance with the indication of its use as approved by the FDA.

3
4 The DOH, FDA, Health Technology Assessment Council (HTAC), and other
5 relevant offices shall, without need for notice or demand, immediately provide each
6 other with any and all information, including proprietary submissions of data by
7 manufacturers, traders, distributors, or other sources, for the purpose of expediting
8 the review of the evidence, product authorization or registration, and the appropriate
9 release of recommendations and supporting policies: *Provided*, That a non-disclosure
10 agreement among all parties involved shall be executed and enforced prior to the
11 sharing of the said information.

12
13 **SEC. 16. *Procurement of Commodities and Services for Public Health***
14 ***Emergencies by the DOH.*** – The DOH and authorized parties such as the LGUs and
15 private entities shall be allowed to procure commodities for public health emergencies
16 that are recommended by any of the following:

17
18 (a) WHO;

19
20 (b) HTAC;

21
22 (c) DOH-approved clinical practice; or

23
24 (d) Similar emergency authorizations from other stringent NRAs.

25
26 For the purposes of this provision, the DOH and authorized parties may
27 immediately enter into alternative modes of expedited procurement with the United
28 Nations agencies, international organizations, or international financing institutions
29 and their operational arms, such as the WHO, United Nations Office for Project

1 Services, and United Nations Children's Fund, subject to the rules and policies set by
2 the DOH.

3
4 Section 88 of Presidential Decree No. 1445, otherwise known as the
5 "Government Auditing Code of the Philippines", as amended, and any law to the
6 contrary notwithstanding, the DOH may disburse funds as advance payment if
7 required by the manufacturer, trader, or distributor: *Provided*, That the authority to
8 advance payment shall be for the procurement of commodities for public health
9 emergencies and to secure other goods and services necessary for their storage,
10 transport, deployment, and administration.

11
12 Distribution and administration of unauthorized commodities public health
13 emergencies shall be prohibited.

14
15 **SEC. 17. *Donation of Excess Supply of Commodities.*** – In case of an excess
16 supply of commodities as may be determined by the DOH, the DOH may donate them
17 to other LGUs, bureaus, agencies, instrumentalities, or private entities. The national
18 government, led by the DFA, in coordination with the DOH, may also donate the
19 excess supply to other countries: *Provided*, That the DOH, DBM, and Commission on
20 Audit shall issue separate operational guidelines that set forth expedited procedures
21 to facilitate the receipt and acceptance of any donations pursuant to this provision,
22 any law to the contrary notwithstanding.

23
24 **SEC. 18. *Authority to Direct the Operations of Private Establishments During***
25 ***Public Health Emergencies.*** – The President, during public health emergencies, may
26 direct the operations of any privately-owned establishment including, among others,
27 hospitals and medical and health facilities, passenger vessels, and other private
28 enterprises, to perform functions and provide support services for public health
29 emergency response, including housing health workers serving in quarantine areas,
30 quarantine centers, medical relief and aid distribution locations, or other temporary

1 medical facilities, and ferrying health, emergency, and frontline personnel: *Provided,*
2 That the management and operation of such establishments shall be retained by the
3 owners: *Provided, further,* That reasonable compensation for any additional damage or
4 costs incurred by the owner or the possessor of the subject property solely on account
5 of complying with the directive shall be given to the person entitled to the possession
6 of such private properties or businesses after the conditions have stabilized or at the
7 soonest time practicable.

8
9 **SEC. 19. *Transition to Regular Authorization.*** – For this purpose, the FDA
10 shall be given authority to develop specific guidelines on the transition of the
11 regulatory authorization of commodities for public health emergencies from special
12 use authorization to regular certificate of registration. This is in consideration for the
13 time needed to process applications and to avoid a monopoly by a single supplier of
14 health products for public health emergencies. The granting of a regular certificate of
15 registration by the Philippine FDA to the first brand deemed suitable for such
16 registration shall not immediately revoke all other special authorizations granted by
17 the FDA to other brands, any law to the contrary notwithstanding: *Provided,* That once
18 the DOH and the FDA had determined that the suppliers granted with regular
19 certificate of registration have enough capacity to supply the country's projected
20 needs, all other special authorizations issued shall be deemed revoked by this Act,
21 without prejudice to their holders completing the process to obtain a regular certificate
22 of registration: *Provided, further,* That remaining stocks covered by a special
23 authorization that has been revoked pursuant to this provision, but which still have a
24 valid shelf life, shall either be donated to a country where its use is still authorized by
25 its NRA, or held in storage until it is disposed of appropriately upon the termination
26 of its shelf-life.

27
28 **SEC. 20. *Authority for Other Professions to Administer, Dispense, and Provide***
29 ***Commodities for Public Health Emergencies.*** – In addition to physicians, other health
30 and allied medical professionals such as pharmacists and midwives who are duly

1 trained by the DOH or its authorized representatives may administer, dispense, and
2 provide commodities for public health emergencies with special authorization or
3 regular certificate of registration from the FDA.

4
5 **SEC. 21. *Immunity from Liability.*** – Notwithstanding any law to the contrary,
6 program implementers, public officials and employees, health care workers and non-
7 health care workers, whether public or private who are authorized to carry out and
8 are actually carrying out the public health emergency response shall be immune from
9 suit and liability under Philippine laws with respect to all claims arising out of, related
10 to, or resulting from the administration or use of commodities and countermeasures
11 under the public health emergency response and in the discharge of the authorized
12 person's official duties, except those arising from willful misconduct and gross
13 negligence.

14
15 The members of the FDA and the National Adverse Events Following
16 Immunization and its regional counterparts during the conduct of monitoring for
17 probable adverse effects from the commodities for public health emergency shall
18 similarly enjoy the privileges given under this section, unless the said members'
19 actions are tantamount to gross negligence or willful misconduct.

20
21 **ARTICLE VIII**
22 **MISCELLANEOUS PROVISIONS**
23

24 **SEC. 22. *Intergovernmental Collaborative Activities.*** – The Secretary of
25 Foreign Affairs and the SOH are jointly mandated to review and recommend to the
26 CDC multilateral and bilateral agreements which the country may adopt to strengthen
27 its collaborative mechanisms with other countries.

1 **SEC. 23. *Transitory Provisions.*** – The CDC shall, in coordination with the
2 DOH and LGUs, craft a multi-year plan to ensure the timely implementation and
3 progressive realization of this Act. To this end, the multi-year plan shall include:

4
5 (a) Phased expansion of the capacity of the CDC to cover other health
6 conditions or threats in view of the needs of the Philippine health sector;

7
8 (b) Requiring that every province and city-wide health system have full-time
9 DSOs, without prejudice to the need for the designation of DSOs in
10 municipalities when necessary;

11
12 (c) Establishing Sub-National Laboratories and Regional Public Health
13 Laboratories;

14
15 (d) Emergency funding and procurement of commodities and hiring during
16 public health emergencies; and

17
18 (e) Establishment of infrastructure and acquisition of parcels of land to house
19 the national offices under the CDC.

20
21 The DOH shall, upon coordination with the CDC, submit the funding
22 requirements with corresponding annual targets for the implementation of the multi-
23 year plan to the DBM and concerned agencies, for the determination of appropriate
24 national budget allocation: *Provided*, That in relation to their devolved functions under
25 the UHC Act and other existing laws, LGUs shall appropriate the necessary funds to
26 ensure the proper implementation of this Act.

27
28 **SEC. 24. *Modernization Program.*** – The Director General shall, in consultation
29 with the DOH and other concerned agencies of government and the private sector,
30 develop a modernization program that will strengthen the human health resource of

1 the CDC, which is the key component of the country's disease prevention and control
2 policy. The modernization program shall include the acquisition and upgrading of
3 appropriate technologies, laboratories, facilities, equipment, other needed resources,
4 and the needed relocation and acquisition of additional land or location that would
5 house the CDC.

6
7 Within one hundred eighty (180) days from the effectivity of this Act, the DG
8 shall, upon the recommendation of the DOH and DBM Secretaries, submit the
9 modernization program for the consideration and approval of Congress.

10
11 The modernization program shall be implemented over a period of five (5)
12 years. The funding of which shall be included in the annual General Appropriations
13 Act.

14
15 **SEC. 25. Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts,**
16 **Legacies, Endowments, and Contributions.** – The CDC may solicit, negotiate with, and
17 receive from any public or private domestic or foreign sources legacies, gifts,
18 donations, grants, endowments, contributions, or other transfers of ownership and/or
19 possession of real or personal properties of all kinds for use in its operations such as
20 the upgrading of its facilities, equipment outlay, human resource development and
21 expansion, and the acquisition of the appropriate office space to improve the delivery
22 of its services to the public.

23
24 The DG shall be authorized to retain, without need of a separate approval from
25 any government agency, and subject only to existing accounting and auditing rules
26 and regulations, all the legacies, gifts, donations, grants, endowments, contributions
27 which shall be deposited and maintained in a separate account or fund in addition to
28 the annual budget of the CDC which may be used or disbursed directly by the DG for
29 the purpose of which the fund was originally intended.

1 The DG shall likewise be authorized to retain other transfers of ownership and
2 possession of real or personal property of all kinds solicited, negotiated, and received
3 by the CDC under this Act and other laws that it is mandated to administer based on
4 the immediately prior year of operations.

5
6 **SEC. 26. *Tax Exemptions.*** – Donations, grants, gifts, endowments, legacies, and
7 contributions used actually, directly, and exclusively for the purpose of the CDC shall
8 be exempt from the donor's tax and the same shall be considered as allowable
9 deduction from gross income for purposes of computing the taxable income of the
10 donor, in accordance with Sec. (H)(2)(a) of the National Internal Revenue Code of
11 1997, as amended. Likewise, such other transfers of ownership and/or possession of
12 real or personal properties of all kinds shall be exempt from all taxes.

13
14 **SEC. 27. *Annual Report.*** – The CDC shall submit to Congress and the Office of
15 the President an annual report containing an evaluation of the current and emerging
16 threats to health in the country and the progress made with respect to IHR
17 commitments and the initiatives undertaken to address these, and recommendations
18 for legislation, if necessary.

19
20 **SEC. 28. *Appropriations.*** – The amount necessary for the initial
21 implementation of this Act shall be charged against the current year appropriations
22 of the offices and agencies concerned. Thereafter, the funding requirements for the
23 ensuing years shall be included in the annual General Appropriations Act.

24
25 **SEC. 29. *Implementing Rules and Regulations.*** – The DOH shall promulgate
26 the necessary implementing rules and regulations within ninety (90) working days
27 from the effectivity of this Act.

1 **SEC. 30. *Separability Clause.*** – If any provision of this Act is declared
2 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
3 affected thereby.

4
5 **SEC. 31. *Repealing Clause.*** – All laws, decrees, orders, rules and regulations,
6 other issuances, or parts thereof, inconsistent with any provision of this Act, are
7 hereby repealed or modified accordingly.

8
9 **SEC. 32. *Effectivity.*** – This Act shall take effect fifteen (15) days after its
10 publication in the Official Gazette or in a newspaper of general circulation.

11
12 *Approved,*