

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

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 5282



Introduced by **Rep. Jaime R. Fresnedi**

EXPLANATORY NOTE

The COVID-19 pandemic and recent public health crises have exposed significant gaps in the country's disease surveillance, laboratory diagnostics, and outbreak response systems. At the frontlines of these efforts has been the Research Institute for Tropical Medicine (RITM), established in 1981 by Executive Order No. 674, which continues to serve as the Philippines' national reference laboratory and center for infectious disease control.

However, with the increasing emergence and re-emergence of infectious, climate-sensitive, and tropical diseases including dengue, leptospirosis, antimicrobial resistance, and pandemic threats, there is an urgent need to transform the RITM into a modern, resilient, and fully equipped institution capable of safeguarding public health in the 21st century.

This bill seeks to modernize and strengthen the RITM by upgrading its infrastructure, research and training capacity, clinical services, and production of diagnostics and biologicals. More significantly, it proposes the renaming of the RITM as the National Public Health Institute for Infectious Diseases (NPHIID) to reflect its expanded mandate, international role, and institutional autonomy in line with global best practices. The restructured and empowered agency will serve as the permanent national authority for research, surveillance, diagnostics, and policy guidance on infectious and tropical diseases, with full institutional and fiscal capacity to act swiftly in public health emergencies.

Renaming the RITM symbolizes not only a change in identity, but a significant expansion in mandate, authority, and scope. The proposed name aligns with international best practices, echoing the functional roles of the U.S. Centers for Disease Control and Prevention (CDC), Singapore's National Centre for Infectious Diseases (NCID), and Thailand's Department of Disease Control.

Through a three-phase modernization program, the bill provides for a strategic 10-year roadmap to build state-of-the-art laboratories, establish regional satellite centers, promote self-reliance in vaccine and antivenom production, enhance research and bio surveillance capabilities, and develop a globally competitive health workforce.

In addition, the bill introduces safeguards for transparency in funding, establishes a Special Trust Fund for its Modernization Program, promotes public-private partnerships, and ensures personnel welfare and incentives for high-risk and high-skill public health professionals. By institutionalizing this transformation, we not only enhance national health security but also fulfill our constitutional duty to protect the health and well-being of the Filipino people.

In view of the foregoing, the immediate passage of this measure is earnestly sought.



JAIME R. FRESNEDA
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AN ACT
TO STRENGTHEN THE COUNTRY'S CAPABILITY TO DIAGNOSE,
CONTROL AND PREVENT INFECTIOUS DISEASES, ESTABLISHING FOR
THIS PURPOSE THE NATIONAL PUBLIC HEALTH INSTITUTE FOR
INFECTIOUS DISEASES (NPHID), AND APPROPRIATING FUNDS
THEREFOR

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* – This Act shall be known as the “National Public Health Institute for Infectious Diseases Act.”

SEC. 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and to instill health consciousness among them, consistent with Article II, Section 15, and Article XIII, Section 11 of the 1987 Constitution. In furtherance of this policy, the State shall adopt an integrated and comprehensive approach to health development, giving priority to the needs of the underprivileged, sick, elderly, disabled, women, and children, and ensuring access to essential health goods and services at an affordable cost.

Recognizing the increasing threats posed by infectious, tropical, and climate-sensitive diseases, pandemics, antimicrobial resistance, and other biological hazards that imperil public health, national security, and socio-economic stability, the State affirms the urgent need to strengthen institutional capacities for preparedness and response. To this end, the Research Institute for Tropical Medicine (RITM) shall be modernized, expanded, and strengthened in order to meet global standards in facilities, workforce, research, and operational capacity, thereby ensuring the highest level of preparedness, resilience, and leadership against present and emerging public health threats.

SEC. 3. *Objective.* – The objectives of this Act are:

1. Establish an institution with an upgraded infrastructure, equipment, and workforce to meet global standards in biosafety, biosecurity, and laboratory science;

2. Enhance the country's capacity for pandemic preparedness and response, ensuring resilience against emerging infectious, tropical, and climate-sensitive diseases;
3. Promote self-reliance in vaccine and biologicals production, securing the national supply chain during health emergencies;
4. Institutionalize a national training and reference center for infectious diseases, laboratory sciences, and public health preparedness;
5. Strengthen collaboration with local and international partners, integrating science, policy, and practice to safeguard public health and national security;
6. Position an institution as a globally recognized research and innovation hub, capable of contributing to regional and international health security.

SEC. 4. *Definition of Terms.* – For purposes of this Act, the following terms shall be construed as follows:

(a) *Biologicals* – Shall refer to medicinal or diagnostic substances derived from living organisms or their products, including, but not limited to, antitoxins, antivenoms, blood products, diagnostic reagents, monoclonal antibodies, and other immunobiological preparations, which are used for the prevention, diagnosis, treatment, or monitoring of diseases in humans or animals.

(b) *Biosafety* – Refers to the set of principles, practices, technologies, and containment strategies implemented to prevent the unintentional exposure of personnel, the community, or the environment to infectious agents and toxins, and to reduce the potential for their accidental release. This includes adherence to internationally recognized laboratory biosafety levels.

(c) *Biosecurity* – Refers to a system of institutional and personal security measures designed to protect microbiological assets from loss, theft, misuse, diversion, or intentional release, ensuring that pathogens, toxins, and related equipment are secured against unauthorized access, transfer, or malicious use.

(d) *Disease Surveillance* – Refers to the continuous, systematic collection, analysis, interpretation, and timely dissemination of data on specific health events or diseases, for use in public health planning, implementation, and evaluation. This encompasses event-based, indicator-based, and syndromic surveillance in accordance with the International Health Regulations (IHR).

(e) *Epidemiology* – Refers to the scientific discipline concerned with the distribution, patterns, determinants, and control of health-related events in specified populations, and the application of this study to prevent and control health problems.

(f) *Infectious Disease* – Refers to an illness or medical condition caused by pathogenic microorganisms, including bacteria, viruses, fungi, or parasites, which may be transmitted directly from person to person, indirectly through vectors or contaminated surfaces, or via zoonotic transmission from animals to humans.

(g) *National Public Health Institute (NPHI)* – Refers to a science-based government institution that serves as the country’s central hub for public health functions, including disease surveillance, outbreak investigation, laboratory diagnostics, applied research, health communication, policy development, and workforce training. For purposes of this Act, the RITM is hereby designated as the National Public Health Institute for Infectious Diseases.

(h) *National Reference Laboratory (NRL)* – Refers to a Department of Health (DOH)-designated, highly specialized laboratory that provides referral and confirmatory testing, technical assistance, quality assurance, standard-setting, and training for a specific set of diseases or laboratory disciplines, ensuring accuracy and comparability of test results across the national health laboratory network.

(i) *Tropical Disease* – Refers to a disease that is endemic or primarily occurs in tropical and subtropical regions, often influenced by climatic and environmental conditions, and which may include, but is not limited to, dengue fever, malaria, chikungunya, schistosomiasis, filariasis, leprosy, and other vector-borne or climate-sensitive diseases.

SEC. 5. *The National Public Health Institute for Infectious Diseases (NPHIID).*
– The RITM is hereby renamed as the National Public Health Institute for Infectious Diseases, hereinafter referred to as the Institute. In addition to the existing functions of the RITM, the institute shall:

1. Predict, detect, and monitor infectious disease threats through advanced diagnostics and surveillance;
2. Determine epidemiology, transmission patterns, and disease impacts;
3. Mitigate disease impact through evidence-based interventions, specialized clinical care, biological production, and policy support;
4. Conduct research to set standards and develop tools for disease prevention, detection, and management;
5. Serve as the national training academy for infectious diseases, laboratory science, biosafety, and biosecurity;
6. Act as the national model for biosafety and biosecurity in handling infectious agents;
7. Collaborate with local and international partners and enter into necessary agreements;
8. Serve as the National Reference Laboratory for infectious and tropical diseases;
9. Undertake One Health laboratory research functions; and
10. Provide specialized tertiary care for infectious and tropical disease patients.

SEC. 6. *Organizational Structure.* – The National Public Health Institute for Infectious Diseases (NPHIID) shall be an attached agency of the Department of Health (DOH) for purposes of policy and program coordination, ensuring full alignment with national health priorities, strategies, and standards as set by the DOH. As an attached agency, the Institute shall continue to operate within the overarching framework of the DOH, while exercising technical and operational autonomy in the specialized field of infectious and tropical diseases. In order to attain the objectives of this Act, the present organizational structure of the RITM shall be reorganized as follows:

(a) The Institute shall be headed by an Executive Director, with the rank, privileges, and compensation equivalent to that of a Department Undersecretary. The Executive Director shall have overall authority and responsibility for the administration, operations, and implementation of the Institute's mandate, subject to DOH policies and in coordination with the Office of the Secretary of Health.

The Executive Director shall be assisted by three (3) Deputy Executive Directors, each with the rank, privileges, and compensation equivalent to that of a Department Assistant Secretary, assigned to the following functional areas:

1. Laboratory Science and Services – Encompassing the operation and oversight of National Reference Laboratories (NRLs), the management of the national laboratory network, implementation of biosafety and biosecurity programs, and maintenance of quality assurance systems;
2. Research, Training, and Biologicals Production – Covering basic, applied, and translational research; the implementation of national training programs in infectious diseases, laboratory sciences, biosafety, and biosecurity; and the production of antivenoms, diagnostics, and other biologicals in line with national and global standards; and
3. Clinical Services, Public Health Response, and Administration, Finance, Legal, and Support Services – Including specialized tertiary care for patients with infectious and tropical diseases, coordination of outbreak and emergency response operations, and the efficient management of administrative functions, financial services, legal affairs, procurement activities, and general support services.

(b) The Executive Director and Deputy Executive Directors shall be appointed by the President of the Philippines upon the recommendation of the Secretary of Health, in accordance with applicable civil service laws, rules, and regulations. The appointment process shall ensure that such officials possess the necessary technical expertise, leadership capacity, and integrity to fulfill the Institute's specialized mandate, while maintaining close coordination with the DOH Central Office and other health agencies.

(c) The Institute shall maintain such core divisions, specialized centers, and support units as may be necessary to effectively carry out its mandate. The creation, restructuring, or realignment of these units shall be undertaken in consultation with the DOH and subject to the approval of the Secretary of Health and the Department

of Budget and Management (DBM), ensuring that institutional development remains consistent with national health systems strengthening goals.

SEC. 7. *Modernization Program.* – The Institute shall, in close coordination with the Department of Health (DOH) and other relevant government agencies, undertake a Modernization Program which shall be implemented in three (3) progressive phases over a ten (10)-year period to ensure alignment with national health strategies, global health security standards, and sustainable institutional growth.

(a) Phase I – Foundation and Capacity Restoration (Years 1 to 3).

The Institute shall prioritize the rehabilitation and upgrading of existing facilities and the acquisition of essential modern equipment to comply with current biosafety, biosecurity, and diagnostic standards. The following activities shall be undertaken:

1. Acquisition and rehabilitation of critical infrastructure, including laboratories, clinical wards, biosafety facilities, and support utilities;
2. Acquisition of state-of-the-art diagnostic, research, and data management equipment compliant with international quality standards;
3. Establishment of initial Regional Satellite Laboratories strategically located to improve nationwide disease surveillance and outbreak response time;
4. Recruitment and deployment of additional technical, scientific, and support personnel to address immediate capacity gaps; and
5. Development of foundational information systems for laboratory and health data integration with the Department of Health (DOH) systems.

(b) Phase II – Expansion, Specialization, and Innovation (Years 4 to 7).

The Institute shall expand its operational and manufacturing capacities and integrate advanced technologies for precision public health. The following activities shall be undertaken:

1. Expansion of diagnostic, and other biologicals manufacturing and storage capacities to ensure national self-reliance during health emergencies;
2. Operationalization of the Biosafety Laboratory to enable safe research and diagnostics for high-consequence pathogens;
3. Integration of Artificial Intelligence (AI)-driven health systems for predictive disease modeling, laboratory automation, and real-time outbreak analytics;
4. Enhancement of the National Training Center for infectious diseases, biosafety, and biosecurity, including the development of e-learning platforms for nationwide reach; and

5. Strengthening of research-to-policy translation mechanisms to ensure that scientific findings directly inform public health strategies and DOH policymaking.

(c) Phase III – Global Leadership and Digital Transformation (Years 8 to 10).

The Institute shall consolidate the gains from the previous phases and position itself as a global research and public health hub. The following activities shall be undertaken:

1. Completion of the National Regional Laboratory Network, ensuring full geographic coverage and integration with local government units (LGUs) and the DOH Health Facilities Enhancement Program;
2. Expansion of biologicals production and development pipelines to include emerging pathogens and region-specific threats;
3. Establishment of the Institute's Global Research and Innovation Hub for infectious diseases, facilitating partnerships with international public health institutes, universities, and private sector innovators;
4. Full digital transformation of the Institute's operations, including the implementation of a national infectious disease data warehouse, interoperable health information systems, and remote diagnostic capabilities; and
5. Attainment of internationally recognized accreditations and certifications in laboratory, research, and manufacturing standards, thereby positioning the Institute as a model institution in the Asia-Pacific region.

SEC. 8. *Funding Sources.* – The modernization, expansion, and operational sustainability of the Institute shall be funded from a combination of public and allowable private resources, ensuring fiscal accountability, transparency, and efficiency in the use of funds. Funding shall be sourced from:

- (a) Annual Appropriations under the General Appropriations Act (GAA) – Regular and special appropriations to be provided by Congress, to be included under the budget of the Department of Health (DOH) for the Institute, in accordance with its approved modernization and operational programs;
- (b) Income from Services, Training, and Product Development – Revenues generated from laboratory services, specialized training programs, production and sale of biologicals, antivenoms, diagnostics, and other biologicals, as well as consultancy services and technology transfer arrangements, subject to applicable government accounting and auditing rules;
- (c) Grants, Donations, Endowments, and Foreign Aid – Contributions from domestic or international donors, philanthropic institutions, and development partners, whether in cash or in kind, for purposes consistent with this Act;

- (d) Loans or Financing Arrangements – Funding obtained through domestic or international financing institutions, subject to compliance with national debt management policies, the approval of the appropriate authorities, and alignment with the modernization objectives of the Institute; and
- (e) Public-Private Partnerships (PPPs) – Undertaken in accordance with existing PPP laws, rules, and regulations, particularly for infrastructure development, technology acquisition, and large-scale manufacturing projects that advance the Institute’s mandate without compromising public health objectives.

Furthermore, the Institute is hereby authorized to receive, accept, and retain local or foreign grants, donations, and trust receipts, whether in cash or in kind, without the requirement of remittance to the National Treasury, provided that such funds are used exclusively for the purposes authorized under this Act, and subject to the rules and regulations of the Commission on Audit (COA) and the Department of Budget and Management (DBM).

There shall be established a Special Trust Fund for the Modernization Programs of the Institute, which shall be maintained in an authorized government depository bank. This fund shall be composed of:

- (a) All proceeds from grants, donations, and income authorized under this Act;
- (b) Appropriations specifically earmarked for modernization activities; and
- (c) Other lawful collections intended for infrastructure development, equipment acquisition, research, training, and workforce development.

Disbursements from the Special Trust Fund shall be made solely for the implementation of the Institute’s Modernization Program, in accordance with an annual work and financial plan approved by the Secretary of Health, and shall be subject to regular COA audit to ensure transparency and accountability.

All appropriations, grants, donations, and income generated or received under this Act shall be used exclusively for programs, projects, and activities directly related to the modernization, expansion, and mandated functions of the Institute. No portion of the funds appropriated or generated for the Institute’s Modernization Program shall be realigned, transferred, or diverted to purposes outside its mandate, except when expressly authorized by a subsequent Act of Congress.

SEC. 9. *Tax Exemptions and Importation Privileges.* – All donations, grants, gifts, endowments, and contributions for modernization purposes shall be exempt from the donor’s tax and deductible from the donor’s gross income. Importations of equipment and supplies necessary for the Institute’s operations shall be exempt from all taxes and duties, subject to Department of Finance (DOF) regulations.

SEC. 10. *Personnel Development and Welfare.* – In recognition of the highly specialized, high-risk, and mission-critical nature of the functions of the Institute, it shall adopt and implement a comprehensive human resource development and welfare program consistent with the rules of the Civil Service Commission (CSC), Department of Health (DOH) policies, and applicable laws.

The program shall ensure the following:

(a) Security of Tenure – Permanent employees shall enjoy full protection of security of tenure, and shall not be removed, suspended, or demoted except for just cause and in accordance with due process of law.

(b) Merit-Based Recruitment and Promotion – All appointments, promotions, and career advancements shall be based on merit, competence, qualifications, and demonstrated performance, free from political interference and favoritism, and consistent with the principles of equal opportunity and diversity in the workplace.

(c) Continuous Professional Development (CPD) – The Institute shall maintain structured training and capacity-building programs, including local and international scholarships, fellowships, scientific exchanges, and continuing education opportunities in specialized areas such as epidemiology, infectious diseases, biosafety, biosecurity, laboratory sciences, public health management, and digital health.

(d) Incentives and Benefits – In addition to benefits mandated by law, qualified personnel shall receive incentives and benefits commensurate to the complexity, sensitivity, and risks associated with their duties, including but not limited to:

1. Hazard Pay and Risk Allowances for personnel exposed to dangerous pathogens or deployed to high-risk environments;
2. Night Shift Differential and On-Call Allowances for personnel rendering irregular or extended hours of service; and
3. Special performance-based incentives for innovations, research breakthroughs, and exceptional service during public health emergencies.

(e) Comprehensive Health and Wellness Programs – The Institute shall provide holistic health and wellness programs covering physical, mental, and psychosocial well-being, including regular medical check-ups, vaccination programs, mental health support, and counseling services, with special consideration for personnel exposed to occupational hazards.

(f) Career Pathing and Succession Planning – The Institute shall institutionalize a clear career pathing framework for all personnel, with defined competencies, promotion benchmarks, and mentorship programs to prepare future leaders. A formal succession plan shall be in place to ensure continuity of leadership and critical functions, particularly during emergencies.

(g) Protection of Personnel During Emergencies – All employees deployed in the line of duty during outbreaks, pandemics, disasters, or other public health emergencies shall be provided adequate personal protective equipment (PPE), insurance coverage, legal assistance when acting in an official capacity, and other necessary safeguards to ensure their safety and security.

SEC. 11. *Public Health Information and Education.* – The Institute shall establish a Public Health Data and Communication Center, a modern library, and a resource hub. It shall develop communication strategies in multiple languages for better public understanding.

SEC. 12. *Transitory Provisions.* – The Institute shall complete reorganization and position realignment within one (1) year from the approval of the Modernization Program.

SEC. 13. *Implementing Rules and Regulations (IRR).* – Within one hundred twenty (120) days from the effectivity of this Act, the Department of Health (DOH), through the Office of the Secretary, and the Institute, shall jointly formulate and promulgate the Implementing Rules and Regulations (IRR) necessary for the effective implementation of the provisions of this Act, in consultation with the following agencies and stakeholders:

- (a) Department of Budget and Management (DBM)
- (b) Department of Economy, Planning and Development (DepDev)
- (c) Civil Service Commission (CSC) (d) Commission on Audit (COA)
- (d) Other relevant government agencies, academic institutions, professional organizations, and representatives from the scientific community, health sector, and civil society, as may be deemed appropriate.

SEC. 14. *Separability Clause.* – If any provision of this Act shall be deemed unconstitutional or invalid, the other provisions not affected there shall remain in force and effect.

SEC. 15. *Repealing Clause.* – All Acts, Presidential Decrees, Executive Orders and Administrative Orders, Rules and Regulations and other such issuances or parts thereof which are inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 16. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in at least two (2) newspapers of general circulation.

Approved,