

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
1st Regular Session

HOUSE BILL NO. 6198



Introduced by Representative ALEXANDER T. PIMENTEL

EXPLANATORY NOTE

This proposed legislation aims to establish the Philippine Centers for Disease Prevention and Control (CDC), a specialized national agency mandated to lead the country's efforts in preventing and controlling communicable diseases. Its creation addresses a long-standing gap in the Philippine public health system—namely, the lack of a dedicated, centralized institution solely focused on managing health threats and coordinating national responses to disease outbreaks.

The emergence of global health crises, particularly the COVID-19 pandemic, has exposed serious structural weaknesses in the Philippines' ability to respond effectively to public health emergencies. Deficiencies in disease surveillance, rapid response mechanisms, data management, and evidence-based policymaking became apparent, revealing the urgent need for an institution with the authority and capacity to oversee these functions.

Currently, no singular government body exists in the country with the focused mandate to handle infectious disease threats comprehensively and systematically. This fragmented setup leads to delays, inefficiencies, and inconsistent responses during times of crisis.

The proposed CDC seeks to fill this critical void. It will serve as the lead agency in implementing a science-based, whole-of-government, and whole-of-society approach to disease prevention and control. By consolidating expertise, streamlining decision-making, and institutionalizing public health preparedness, the CDC will strengthen the country's capacity to respond swiftly and effectively to future pandemics and other public health emergencies.

Beyond crisis response, the CDC will also play a pivotal role in addressing ongoing and emerging health challenges, including tuberculosis, HIV, dengue, and non-communicable diseases. Establishing this agency is not only a public health imperative but also an economic one, ensuring long-term national resilience against health threats that can severely impact lives, livelihoods, and development.

The passage of this measure is earnestly sought.


REP. ALEXANDER T. PIMENTEL

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AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND
CONTROL, DEFINING THEIR POWERS AND FUNCTIONS 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 "**Philippine Center for Disease Prevention (CDP) Act**".

SECTION 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 achieve this, the State shall adopt an integrated, comprehensive, and evidence-informed approach consistent with the direction enunciated under Republic Act (RA) No. 11223, or the Universal Health Care (UHC) Act. This framework 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 State shall allocate necessary support and institutional resources 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.

SECTION 3. Creation of the Philippine Center for Disease Prevention and Control. – There is hereby established an agency to be known as the Philippine Centers for Disease Prevention and Control, hereinafter referred to as "**CDP**". The CDP shall be an agency directly under the Office of the Secretary of the DOH.

SECTION 4. Functions of the CDP. – The CDP shall be 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 CDP shall coordinate with global CDCs and act as the national focal point of the Philippines for IHR concerns.

The functions of the CDP include the following:

- (a) Develop strategies, standards, and policies for disease prevention and control;
- (b) Implement disease surveillance and field epidemiology activities;
- (c) Perform data collection and analytics;
- (d) Establish and strengthen public health laboratories;
- (e) Set standards and policies for private laboratories;
- (f) Recommend actions for public health threats to appropriate national government bodies;
- (g) Lead public health and risk communications;
- (h) Conduct and manage health research and evidence synthesis;
- (i) Build local capacity for surveillance and health research;
- (j) Promote scientific integrity by ensuring that all its products are technically accurate, scientifically and ethically sound, and useful to the government and the intended population through the institutionalization of appropriate mechanisms and bodies.

The CDP shall perform other functions as may be mandated by law or duly delegated by relevant authorities, as well as those that may be necessary or expedient for the performance of its functions under this Act. The CDP shall submit annual detailed cost work plans relating to its functions to the Secretary of Health (SOH) for approval.

SECTION 5. Issuance of Special Regulatory Authorizations. – Pursuant to Section 4 of Republic Act No. 9711, or the “Food, Drug, and Cosmetic Act”, as amended by Republic Act No. 9711 or the “Food and Drug Administration (FDA) Act of 2009,” the FDA shall be given authority to issue special authorizations for commodities for public health emergencies, Provided, That: (a) Based on the totality of available scientific evidence, including data from adequate and well-documented controlled trials, it is reasonable to believe that the health product may be effective to prevent, diagnose, or treat the diseases of concern; (b) The potential benefits of the health product when used to diagnose, prevent, or treat diseases of concern outweigh the known and potential risks, if any; and (c) There is no adequate, approved, and available alternative to the health product for diagnosing, preventing, or treating disease/s of concern. In the event that the declared public health emergency is lifted, special authorizations issued by the FDA shall have provisional validity for a period of one year (1) from the date of lifting of the declaration for the sole purpose of exhausting remaining supplies. Distribution and administration of unauthorized commodities for public health emergency shall be prohibited.

SECTION 6. Procurement of Commodities and Services for Public Health Emergencies by the DOH. – The DOH and authorized parties such as the LGUs and private entities shall be allowed to procure commodities for public health emergencies that are recommended by any of the following:

- (a) WHO;
- (b) HTAC;
- (c) DOH-approved clinical practice guidelines or interim guidelines; or
- (d) Similar emergency authorizations from other stringent NRAs.

For the purposes of this provision, the DOH and authorized parties may immediately enter into alternative modes of expedited procurement with United Nations agencies, international organizations or international financing institutions and their operational arms, such as the WHO, United Nations Office for Project Services, and United Nations Children's Fund, subject to the rules and policies set by the DOH. Section 88 of Presidential Decree No. 1445, as amended, otherwise known as the "Government Auditing Code of the Philippines", and any law to the contrary notwithstanding, the DOH may disburse funds as advance payment if required by obtain a regular certificate of registration. Provided, further, That remaining stocks covered by a special authorization that has been revoked pursuant to this provision, but which still have a valid shelf life, shall either be donated to a country where its use is still authorized by its NRA, or held in storage until it is disposed of appropriately upon the termination of its shelf-life.

SECTION 7. Authority for Other Professions to Administer, Dispense, and Provide Commodities for Public Health Emergencies. – In addition to physicians, other health and allied medical professionals such as pharmacists and midwives who are duly trained by the DOH or its authorized representatives may administer, dispense and provide commodities for public health emergencies with special authorization or regular certificate of registration from the FDA.

SECTION 8. Intergovernmental Collaborative Activities. – The Secretary of Foreign Affairs and the SOH are jointly mandated to review and recommend to the CDP multilateral and bilateral agreements which the country may adopt to strengthen its collaborative mechanisms with other countries.

SECTION 9. Transitory Provision. – The CDP shall, in coordination with the DOH and LGUs, craft a multi-year plan to ensure the timely implementation and progressive realization of this Act. To this end, the multi-year plan shall include: (a) Phased expansion of the capacity of the CDP to cover other health conditions or threats in view of the needs of the Philippine health sector; (b) Requiring that every province and city-wide health system have full-time DSOs, without prejudice to the need for the designation of DSOs in municipalities when necessary; (c) Establishing Sub-National Laboratories and Regional Public Health Laboratories; (d) Emergency funding and procurement of commodities and hiring during public health emergencies; and (e) Establishment of infrastructure and acquisition of parcels of land to house the national offices under the CDP.

SECTION 10. Modernization Program. – The Director General shall, in consultation with the DOH and other concerned agencies of government and the private sector, develop a modernization program that will reorganize the human health resource of the CDP, which is the key component of the country's disease prevention and control policy. The modernization program shall include the acquisition and upgrading of appropriate technologies, laboratories, facilities, equipment, other needed resources, and the needed relocation and acquisition of additional land or location that would house the CDP. Within one hundred eighty (180) days from the effectivity of this Act, the Director General shall, upon the recommendation of the DOH and DBM Secretaries, submit the modernization program for the consideration and approval of Congress. The modernization

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

SECTION 11. Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts, Legacies, Endowments, and Contributions. – The CDP may solicit, negotiate, with, and receive from any public or private domestic or foreign sourced legacies, gifts, donations, grants, endowments, contributions or other transfers of ownership and/or possession of real or personal properties of all kinds for use in its operations such as the upgrading of its facilities, equipment outlay, human resource development and expansion, and the acquisition of the appropriate office space to improve the delivery of its services to the public. The Director General shall be authorized to retain, without need of a separate approval from any government agency, and subject only to existing accounting and auditing rules and regulations, all the legacies, gifts, donations, grants, endowments, contributions which shall be deposited and maintained in a separate account or fund in addition to the annual budget of the CDP which may be used or disbursed directly by the Director General for the purpose of which the fund was originally intended. The Director General shall likewise be authorized to retain other transfers of ownership and possession of real or personal property of all kinds solicited, negotiated, and received by the CDP under this Act and other laws that it is mandated to administer based on the immediately prior year of operations.

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

SECTION 13. Annual Report. – The CDP shall submit to Congress and the Office of the President an annual report containing an evaluation of the current and emerging threats to health in the country and the progress made with respect to IHR commitments and the initiatives undertaken to address these, and recommendations for legislation, if necessary.

SECTION 14. Appropriations. – The amount necessary for the initial implementation of this act shall be charged against the current year appropriations of the offices and agencies concerned. Thereafter, the funding requirements for the ensuing years shall be included in the annual General Appropriations Act.

SECTION 15. Implementing Rules and Regulations. – The DOH shall promulgate the necessary implementing rules and regulations within ninety (90) working days from the effectivity of this Act.

SECTION 16. Separability Clause. – If any provision of this Act is declared unconstitutional or otherwise invalid, the validity of the other provisions shall not be affected thereby.

SECTION 17. Repealing Clause. – All laws, decrees, orders, rules and regulations, other issuances, or parts thereof, inconsistent with any provision of this Act, are hereby repealed or modified accordingly.

SECTION 18. Effectivity. – This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in a newspapers of general circulation.

Approved.