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BY REPRESENTATIVES GATO, ROMUALDEZ (F.M.), ROMUALDEZ (Y.M.), ACIDRE, SALCEDA, MATIBAG, TAN (K.M.), GARCIA (M.A.), VILLAFUERTE (L.R.), VILLAFUERTE (M.L.), HORIBATA, ENCISO, SUANSING (M.A.), SUANSING (H.), GOLEZ, VARGAS, SALO, ABALOS, LARA, RODRIGUEZ (R.), ROMERO, ARROGANCIA, HARESCO, MACEDA, OLIVAREZ, DELOS SANTOS, DUTERTE, YAP (ERIC), YAP (EDVIC), TULFO (J.), SORIANO, SINGSON-MEEHAN, REYES, ATAYDE, DEFENSOR, ONGCHUAN, PRIMICIAS-AGABAS, CUA, LUISTRO, TEODORO, VILLANUEVA, CHATTO, AUMENTADO, GARCIA (D.), CO (A.N.), MARQUEZ, MARIANO-HERNANDEZ, CHUNGALAO, SALIMBANGON, ORDANES, GO (M.), VERGARA, LAGON (S.), PADUANO, DAGOOC, CAGAS, BERNOS, DIONISIO, CALDERON, GUTIERREZ, BRIONES, BASCUG, ROBES, PADIERNOS, AMATONG, LACSON-NOEL, DAYANGHIRANG, RECTO, KHO (R.), CRUZ (A.), DUAVIT, PANOTES, MARIÑO, QUIMBO, NOEL, BIRON, ANG, GARIN, VERZOSA, TY, GORRICETA, TARRIELA, NOLASCO, TEVES (J.), BARBERS, CO (E.), ALBANO, PALMA, SUAREZ, ABANTE, ALVAREZ (J.), AQUINO, ARENAS, BAUTISTA-LIM, BONGALON, CABREDO, CAJAYON-UY, CELESTE, CUARESMA, DUJALI, ESPINA, GO (E.C.), GONZAGA, LOYOLA, MATUGAS, MOMO, TIANGCO, UMALI, VIOLAGO, YU (D.G.), ZAMORA (M.C.), ZUBIRI, ADIONG, ADVINCULA, ALMARIO, AMANTE, ASISTIO, BOSITA, BUSTOS, CO-PILAR, COJUANGCO (J.), CRUZ (R.), DIMAPORO (S.A.), EUDELA, FORTES, FRESNEDI, GARDIOLA, HERNANDEZ, KHONGHUN, LAGON (D.), LAZATIN, LEE, LEGARDA, MANGAOANG, MANIQUIZ, MASTURA, NOGRALES (M.I.), OUANO-DIZON, PANALIGAN, PANCHO, PLEYTO, REVILLA (R.J.), RODRIGUEZ (E.), SAKALURAN, SALI, SANTOS, TAN (J.), TANCHAY, YAP (C.), ENVERGA, ESCUDERO, GASATAYA, MIGUEL, ROMULO, ROQUE, SAULOG, YAP (C.T.), SINGSON (R.V.), ROMUALDO, RIVERA, TAN-TAMBUT, CARI, TANJUATCO, ORTEGA, VILLARICA, YU (J.V.), DY (F.), BORDADO, BARBA, TUTOR, UNGAB, GOMEZ, NAVA AND DALIPE, PER COMMITTEE REPORT NO. 208

AN ACT
CREATING THE PHILIPPINE CENTERS 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:

ARTICLE I
TITLE AND GUIDING PRINCIPLES

SECTION 1. Short Title. **–** This Act shall be known as the "Philippine Centers 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 (RA) No. 11223, or the Universal Health Care (UHC) Act, and adopt 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 State shall also 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.

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

(a) Protect the Filipino people from the impact of all diseases of public health importance;

(b) Develop policies, plans, and protocols to improve on all identified areas in the International Health Regulations (IHR) hazards;

(c) Clarify governance, decision-making, communication, and coordination processes and protocols related to identifying, diagnosing, forecasting, preventing, controlling, eliminating and eradicating, and monitoring diseases of public health importance;

(d) Ensure swift, coordinated, and data-driven surveillance and response through the Department of Health (DOH), Epidemiology and Surveillance Units (ESUs), public health laboratory systems, points of entry, and Disaster Risk Reduction and Management (DRRM) system;

(e) Provide the overall national framework and strategic direction for the establishment of a health laboratory system;

(f) Maintain a pool of in-house experts that shall serve as the technical authority who shall provide evidence-informed guidance on standards, technologies, and analytics for epidemiology, disease control, prevention, elimination, eradication, health emergency preparedness and response; and

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

ARTICLE II
DEFINITION OF TERMS

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

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

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

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

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

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

1. have not occurred in humans before;

2. have occurred previously but affected only small numbers of people in isolated areas;

3. are caused by previously undetected or unknown infectious agents;

4. are due to mutant or resistant strains of a causative organism; or

5. were once major health problems in the country, and then declined dramatically, but are again becoming health problems for a significant proportion of the population.

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

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

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

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

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

1. Is caused by any of the following:

    i. Bioterrorism;

    ii. Appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

    iii. Natural disaster;

    iv. Chemical attack or accidental release;

    v. Nuclear attack or accident; or

    vi. Attack that uses or is caused by an accidental release of radioactive materials; and

2. Poses a high probability of any of the following:

    i. Large number of deaths in the affected population;

    ii. Large number of serious injuries or long-term disabilities in the affected population;

    iii. Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population;

    iv. International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or

    v. Trade and travel restrictions.

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

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

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

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

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

ARTICLE III
CREATION AND FUNCTIONS OF THE PHILIPPINE CENTERS FOR DISEASE PREVENTION AND CONTROL

SEC. 5. Creation of the Philippine Centers 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 "CDC." The CDC shall be an agency directly under the Office of the Secretary of the DOH.

SEC. 6. Functions of the CDC. – The CDC 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 CDC shall coordinate with global CDCs and act as the national focal point of the Philippines for IHR concerns.

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

SEC. 7. Structure of the CDC. **–**

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

1. Center for Health Statistics (CHS). The CHS shall provide the national leadership data analytics and health information systems management services in the conduct of non-epidemiologic surveys in coordination with the Philippine Statistics Authority, and shall complement the roles and responsibilities of the DOH related to sectoral policy and planning by providing relevant health statistics. It shall likewise progressively develop and expand its methodological and analytical capacity; its use of informatics, digital tools, innovations, among others; and expand its portfolio of national health-related surveys to complement the national health surveys being managed by other national agencies;

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

3. Center for Health Evidence (CHE). The CHE shall be established to lead evidence-informed policy-making for the prevention and control of all diseases, through the synthesis of available evidence, the conduct of high-quality health research, the development of evidence-informed strategies and standards of care, the provision of scientific inputs to guide the development, evaluation, and improvement of public health programs, and the development of science-informed standards to address public health

threats, in partnership with academe, professional societies, research bodies, National Institutes of Health, and the Department of Science and Technology (DOST);

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

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

1. Office for Health Economics;

2. Office for Policy and Planning;

3. Office for Administration, Finance, and Legal Affairs.

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

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

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

ARTICLE IV
OPERATIONAL STRUCTURE, MANAGEMENT, AND STAFF OF THE CENTER

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

a) Relationship between CDC and DOH Operations. The CDC shall be an agency under the Office of the SOH. The DOH shall develop operational and intersectoral policies to support implementation of strategies and standards developed by the CDC.

b) Relationship between CDC and the DOH Bureau of Quarantine (BOQ). The CDC shall set the standards for international health surveillance and surveillance at ports of entry and coordinate with the BOQ for operational and stakeholder management.

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

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

SEC. 9. Transfer of Agencies. **–**

(a) Restructuring of Affected Offices and Units. The following offices, including their administrative units, shall be restructured to ensure that the CDC and DOH shall co-exist synergistically and facilitate the smooth operation of the CDC.

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

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

    ii. Its clinical research units, hospital ancillary services, and research laboratory departments shall be absorbed by the CHE;

    iii. Its biological research and manufacturing units shall be temporarily absorbed by the CHE until an agency is finally tasked by the government to handle their role and functions.

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

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

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

    ii. The CES shall set the standards for international health surveillance and surveillance at ports of entry and shall coordinate with the BOQ for operational and stakeholder management. Further, the screening and quarantine processes for inbound and outbound international travelers as provided for in Sections 4 and 5 of RA No. 9271 or the "Quarantine Act of 2004" shall remain with BOQ, aligned to the standards promulgated by CDC.

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

5. The Communications Office of the DOH shall be a shared service among all DOH offices, including the FDA and CDC, and shall perform the following functions:

   i. Develop strategic communication plans, including, but not limited to, corporate risk and crisis communication plans;

   ii. Manage and implement risk communication activities and initiatives, such as the development and issuance of information and education communication materials, events, stakeholder meetings, and other media engagement activities;

   iii. Manage and activate crisis communication protocol for health risks and hazards, and institutional reputational risks;

   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 RA 6656, entitled "An Act to Protect the Security 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 issuances such as RA No. 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 the 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.

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

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

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

SEC. 11. Director General (DG), Deputy Directors General, and Directors. **–**

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

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

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

1. Director for Health Economics Service with the rank of Director IV;

2. Director for Policy and Planning with the rank of Director IV;

3. Director for Administration, Finance, and Legal Affairs with the rank of Director IV;

(d) Qualifications and Eligibilities.

1. The DG shall be a public health professional, must be a licensed medical doctor, with at least 15 years of combined post-graduate work experience in relevant fields of medicine, public health, research, and management.

2. The Deputy Director General of each Center shall possess a postgraduate degree, preferably a doctorate degree in fields related to medicine, public health, or research, with management experience in such fields. and

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

(e) Powers and Functions of the Director General.

1. Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the CDC's national programs;

2. Certify to the SOH the presence of a public health emergency;

3. Notify the WHO and other focal points of any public health emergency or incident in accordance with IHR guidelines, and coordinate public health response with the WHO, IHR and national focal points;

4. Recommend to the President, through the SOH, the exercise of special powers in the case of public health emergencies, including mobilization of the governmental and nongovernmental agencies, including the private sector, to respond to the threat in performing the following functions:

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

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

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

   iv. Ensure the adequate and equitable distribution of health workers during public health emergencies and the provision of social benefits and protection to health workers and their families and other household members against discrimination;

   v. Enforce measures to protect the people from hoarding, profiteering, injurious speculations, manipulation of prices, product deceptions, monopolistic practices,

other acts in restraint of trade, or other pernicious practices affecting the supply, distribution, and movement of food, clothing, hygiene and sanitation products, medicines and medical supplies devices, implements, machinery, equipment and spare parts required in agriculture, industry, other essential services, and other articles of prime necessity, whether imported or locally produced or manufactured;

vi. Ensure that donations intended to address the public health emergencies, the acceptance thereof, and distribution of donated health products and commodities are not unnecessarily delayed considering their shelf-life**,** and that health products for donation that are duly certified by the national regulatory authorities (NRA) or their accredited third party representatives from countries with established regulations shall be automatically cleared; and

vii. Perform such other functions and activities, as deemed necessary.

5. Institute public health surveillance programs in accordance with RA 11332 and as such, impose the following:

i) All public and private hospitals, clinics, health facilities, laboratories, institutions, workplaces, schools, prisons, ports, airports, establishments, communities, other government agencies, and non-governmental organizations are required to accurately and immediately report notifiable disease and public health events to CDC;

ii) All public and private hospitals, clinics, health facilities, laboratories shall be required to submit health and health-related data, which shall include administrative, public health, medical, pharmaceutical, and financing data to the CDC;

i) DSOs, ESUs, CDC laboratories, PHLs, pharmacies and those employed by the LGUs to perform surveillance and response activities shall furnish information required by the CDC at all times and as soon as practicable; and

iv) Failure of said establishments to report to the CDC shall constitute a violation of Section 9, paragraphs (d) and (e) of Republic Act No. 11332, or the "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act."

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

7. Request the Philippine National Police or the National Bureau of Investigation to locate any patients or persons suspected of contracting a communicable disease;

8. Certify the termination of a public health emergency which may serve as basis for the de-escalation and eventual termination of emergency response activities;

9. Develop policies with provisions on penalties for local implementation and enforcement:

i. The Director General, upon consultation with the SOH, shall provide recommendations on the corresponding rules and regulations, as well as penalties, for

local implementation and enforcement that are necessary to control and prevent diseases within the country and to prevent the introduction, transmission, or spread of communicable diseases from other countries into the Philippines or from one domestic seaport/airport to another; and

ii. For purposes of implementing these regulations, the Director General upon consultation with the SOH, shall provide public health preventive measures and intervention strategies such as health education, promotion, and advisories, isolation, veterinary and plant quarantine, inspections, fumigation, disinfection, disinfestation, vector control, pest extermination, and destruction of animals or articles found to be infected or contaminated as to be sources of infection to human beings**,** in coordination with other concerned quarantine agencies and other measures as may be necessary.

10. Develop containment strategies for inland contagion or community transmission of public health threats and shall coordinate these with the SOH. During public health emergencies, the DOH Health Emergency Management Bureau shall coordinate with DOH BOQ in controlling, directing, and managing all quarantine stations, grounds, and anchorages, and in designating their boundaries in accordance with Section 6 of RA No. 9271, or the "Quarantine Act of 2004";

11. Provide or obtain technical assistance for regional and local health departments, private agencies, and international and supranational agencies before, during, and after public health emergencies;

12. Develop a shared risk communication plan in coordination with the DOH and the FDA;

13. Liaise with other government agencies, NGOs, international organizations, including the WHO, learning and academic institutions, and other pertinent groups or entities in the conduct of activities relating to disease prevention and control;

14. Coordinate with appropriate DOH Offices regarding administrative and program matters;

15. Appoint eligible persons in accordance with civil service laws, rules and regulations, and this Act;

16. Delegate the powers vested under this Act to the Deputy Directors General; and

17. Perform such other functions as may be mandated by law, or as may be delegated by the SOH or the President.

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 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 RA No. 7925 or the "Public Telecommunications Policy Act of the Philippines," shall provide location information of patients or persons suspected of contracting a disease upon request of the CDC: *Provided,* That the CDC shall ensure confidentiality of such information;

(g) The Secretary of Health may undertake the following functions in case of public health events;

1) Hiring, transfer, and deployment of health personnel;

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

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

4) Commissioning of research in coordination with DOST;

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

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

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

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

ARTICLE VI
SPECIAL POWERS / AUTHORITY TO ENABLE RESPONSE

SEC. 13. 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 dispense and administer commodities considered as vital for public health emergencies with special authorization or regular certificate of registration from the FDA notwithstanding any law to the contrary.

SEC. 14. Issuance of Special Regulatory Authorizations. **–** Pursuant to Section 4 of Republic Act No. 3720, 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.

SEC. 15. Health Technology Assessment and Evidence Review. **–** The requirement for a Health Technology Assessment (HTA) shall not be a prerequisite to procurement of commodities for public health emergencies as an exemption to Section 34 of the RA 11223. Further, the HTA shall not be required for:

(a) Donated health products;

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

(c) Repurposing or stock realignment of commodities for public health emergencies that have already been procured by the DOH, LGUs, private sector entities: *Provided*, That repurposing or stock realignment shall be in accordance with the indication of its use as approved by the FDA.

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

SEC. 16. 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 the manufacturer, trader, or distributor: *Provided,* That the authority to advance payment shall be for the procurement of commodities for public health emergencies and to secure other goods and services necessary for their storage, transport, deployment, and administration.

Distribution and administration of unauthorized commodities for public health emergencies shall be prohibited.

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

SEC. 18. Authority to Direct the Operations of Private Establishments During Public Health Emergencies. – The President, during public health emergencies, may direct the operations of any privately-owned establishment including, among others, hospitals and medical and health facilities, passenger vessels, and other private enterprises, to perform functions and provide support services for public health emergency response, including housing health workers serving in quarantine areas, quarantine centers, medical relief and aid distribution locations, or other temporary medical facilities, and ferrying health, emergency, and frontline personnel: *Provided,* That the management and operation of such establishments shall be retained by the owners: *Provided, further,* That reasonable compensation for any additional damage or costs incurred by the owner or the possessor of the subject property solely on account of complying with the directive shall be given to the person entitled to the possession of such private properties or businesses after the conditions have stabilized or at the soonest time practicable.

SEC. 19. Transition to Regular Authorization. – For this purpose, the FDA shall be given authority to develop specific guidelines on the transition of the regulatory authorization of

commodities for public health emergencies from special use authorization to regular certificate of registration. This is in consideration of the time needed to process applications and to avoid a monopoly by a single supplier of health products for public health emergencies. The granting of a regular certificate of registration by the Philippine FDA to the first brand deemed suitable for such registration shall not immediately revoke all other special authorizations granted by the FDA to other brands, any law to the contrary notwithstanding: *Provided,* That once the DOH and the FDA had determined that the suppliers granted with regular certificate of registration have enough capacity to supply the country's projected needs, all other special authorizations issued shall be deemed revoked by this Act, without prejudice to their holders completing the process to 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.

SEC. 20. 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.

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

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

ARTICLE VIII
MISCELLANEOUS PROVISIONS

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

SEC. 23. Transitory Provision. **–** The CDC 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 CDC 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 CDC.

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

SEC. 24. 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 strengthen the human health resource of the CDC, 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 CDC.

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).

SEC. 25. Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts, Legacies, Endowments, and Contributions. **–** The CDC may solicit, negotiate with, and receive from any public or private domestic or foreign sources 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 CDC 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 CDC under this Act and other laws that it is mandated to administer based on the immediately prior year of operations.

SEC. 26. Tax Exemptions. – Donations, grants, gifts, endowments, legacies, and contributions used actually, directly and exclusively for the purpose of the CDC shall be exempt from the donor's tax and the same shall be considered as 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.

SEC. 27. Annual Report. – The CDC 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.

SEC. 28. 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.

SEC. 29. 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.

SEC. 30. 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.

SEC. 31. 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.

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

Approved,