



Republic of the Philippines  
**House of Representatives**  
Quezon City

**EIGHTEENTH CONGRESS**

*First Regular Session*

**6651**

**House Bill No. \_\_\_\_\_**



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**Introduced by Representative Jose Enrique S. Garcia III**

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### **EXPLANATORY NOTE**

In its Mission Report on the Joint External Evaluation (JEE) of International Health Regulations (IHR) core capacities of the Republic of the Philippines, the JEE team recognized that the Philippines has developed capabilities in various programme areas for public health emergency preparedness and response.<sup>1</sup> It highlighted, however, that there are still challenges in achieving a harmonized approach for implementation of the IHR. Several of the identified challenges are not only relevant to IHR implementation but are common across the health sector and include the implementation of policies and regulations; effective coordination between national and local levels and among sectors, and investments in institutional capacities.<sup>2</sup> The JEE team recommended, among others, that the government:

- Foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies; and
- Further optimize the public health emergency preparedness and response action at regional and local levels, through investing in advocacy, guidance, training and exercising, to improve collaboration between national and sub-national levels.

The onset of the coronavirus disease (COVID) - 19 pandemic actually put to test the capability and preparedness of the Department of Health (DOH) to respond to a public health emergency of this magnitude. Like the JEE team's findings, however, the COVID-19 pandemic again highlighted some institutional weaknesses (e.g. disease surveillance, contact tracing capabilities, etc.) which needed to be strengthened.

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<sup>1</sup> Joint external evaluation of IHR core capacities of the Republic of the Philippines. Geneva: World Health Organization; 2019 (WHO/WHE/CPI/2019.57). Licence: CC BY-NC-SA 3.0 IGO. <https://apps.who.int/iris/bitstream/handle/10665/325319/WHO-WHE-CPI-2019.57-eng.pdf?ua=1>; last accessed on 29 April 2020.

<sup>2</sup> *Id.*

At present, the responsibility for disease prevention and control is lodged with the Disease Prevention and Control Bureau (DPCB) of the DOH. While the DOH undoubtedly employed everything within its means to control the spread of the virus, the need to establish a separate institution attached to the DOH, especially handling surveillance in support of disease prevention and control and complemented with exemplary expertise, state-of-the-art facilities and laboratories and appropriate resources --- is clearly the way forward in building the capacity and level of readiness of the government to respond to any public health emergency that could be chemical, biological, radioactive or nuclear in nature.

This bill aims to foster institutional capacity and optimize public health emergency preparedness by establishing a specialized institution to be called Philippine Centers for Disease Control and Prevention (CDC). The CDC shall be primarily responsible for conducting routine disease surveillance, investigating outbreaks and epidemics and measuring the effectiveness of control and preventive health measures, monitoring infectious and non-infectious agents, as well as continuously updating pandemic preparedness planning and readiness with capacity to deploy personnel and allocate resources within the healthcare system in the event of a public health emergency. It shall also be responsible in developing, testing and applying effective disease prevention and control, and enhancing health promotion and education.

Support for this bill is earnestly requested from my colleagues.



**REP. JOSE ENRIQUE S. GARCIA III**  
Second District, Bataan





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**AN ACT**  
**CREATING THE CENTER FOR DISEASE CONTROL AND**  
**PREVENTION AND FOR OTHER PURPOSES**

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

**SECTION 1. Short Title.** – This Act shall be known and cited as the  
“*Philippine Centers for Disease Control and Prevention Act.*”

**SEC. 2. Declaration of Policy** – It is the declared policy of the State to protect and promote the right to health of the people and instill health consciousness among them. Towards this end, the State shall protect the people from public health threats by establishing efficient and effective disease surveillance and providing an effective response system through a dedicated and highly-specialized institution imbued with suitable expertise and technological resources to decisively address epidemics and other public health emergencies.

**SEC. 3. Definition of Terms.** – As used in this Act, the following terms shall mean:

(a) “*Disease*” refers to an illness due to a specific toxic substance, occupational exposure or infectious agent, which affects a susceptible individual, either directly or indirectly, as from an infected animal or person, or indirectly through an intermediate host, vector, or the environment;

(b) “*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;

(c) “*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. 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;

(d) "*Epidemic/outbreak*" refers to an occurrence of more cases of disease than normally expected within a specific place or group of people over a given period of time;

(e) "*Infectious disease*" refers to a clinically manifested disease of humans or animals resulting from an infection;

(f) "*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) Bio terrorism;

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

(iii) A natural disaster;

(iv) A chemical attack or accidental release;

(v) A nuclear attack or accident; or

(vi) An attack or accidental release of radioactive material; and

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

(i) A large number of deaths in the affected population;

(ii) A 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;

(g) "*Public health threat*" refers to any situation or factor that may represent a danger to the health of the people; and

(h) "*Response*" refers to the implementation of specific activities to control further spread of infection, outbreaks or epidemics and prevent re-occurrence. It



1 includes verification, contact tracing, rapid risk assessment, case measures,  
2 treatment of patients, risk communication, conduct of prevention activities, and  
3 rehabilitation.

4       **SEC. 4. *Creation of the Philippine Centers for Disease Control and***  
5 ***Prevention.*** – There is hereby created the Philippine Centers for Disease Control  
6 and Prevention, hereinafter referred to as the “CDC,” a government agency  
7 attached to the Department of Health (DOH) for policy coordination and  
8 administrative supervision.

9       **SEC. 5. *Mandate and Functions.*** – The CDC shall be the principal agency  
10 responsible for tracking and monitoring diseases and risk factors among Filipinos  
11 to inform policy and action at national and local levels. It will be the focal point for  
12 the International Health Regulations and other international initiatives for global  
13 health security and outbreak response. It shall perform the following functions:

14       (a) Conduct routine surveillance of infectious diseases, non-communicable  
15 conditions, risk factors, violence and injuries, and mental health conditions  
16 throughout the life course;

17       (b) Formulate programs for preparedness and response to chemical,  
18 biological, radiation and nuclear events, bioterrorism, and global health security;

19       (c) Investigate reported outbreaks and epidemics through patient  
20 interviews, review of medical records, contact tracing, collection, storage, transport  
21 and testing of samples and specimens, risk assessments, laboratory  
22 investigations, population surveys, and sampling of environmental contaminants,  
23 among others;

24       (d) Develop and maintain technical cooperation programs with domestic  
25 and international entities;

26       (e) Conduct research to develop technology and scientific methodology to  
27 test pathogens and participate in randomized clinical trials in line with global efforts  
28 to develop tests, vaccines and medicines for the effective control of infectious  
29 diseases;

30       (f) Administer national programs to improve the performance of laboratories  
31 in identifying and classifying infectious diseases as well as other hazardous  
32 substances;

33       (g) Develop and administer health standards to ensure readiness for the  
34 emergence of new infectious diseases and regularly report on the status of  
35 recurrent and new diseases in localities;

36       (h) Assess and support the capabilities of local government units (LGUs) in  
37 preventing the emergence and transmission of infectious diseases;

1 (i) Set the standards and the process for the establishment of Epidemiology  
2 Surveillance Units (ESUs) as mandated under Section 8 of Republic Act No.  
3 11332, assist DOH-retained hospitals, local health facilities and laboratories in  
4 establishing ESUs, assess their performance and accredit them based on the  
5 standards set by the CDC;

6 (j) Recommend such measures and policies as may be necessary to  
7 prevent the transmission of infectious diseases and to reduce risk factors for other  
8 diseases and conditions;

9 (k) Establish the parameters for the declaration of the existence of an  
10 epidemic;

11 (l) Recommend to the Secretary of Health the declaration of an epidemic or  
12 public health emergency;

13 (m) Maintain and administer a national stockpile of medical supplies and  
14 equipment to provide medical help in case of an epidemic or a public health  
15 emergency; and

16 (n) Perform such other functions as may be mandated by law, or as may be  
17 delegated by relevant authorities.

18 **SEC. 6. Disease Surveillance and Response Systems.** – The CDC shall  
19 establish real-time disease surveillance and response systems utilizing, whenever  
20 necessary, all technological means available while respecting, to the extent  
21 possible, the rights of the people to liberty, bodily integrity, and privacy. All data or  
22 information collected pursuant thereto shall be used for public health concern  
23 purposes only and shall be exempted from the provisions of the Data Privacy Act  
24 on accessibility of data.

25 **SEC. 7. CDC Executive Director; Deputy Executive Director.** – The CDC  
26 shall be headed by an Executive Director with a rank of Undersecretary. He shall  
27 be assisted by a Deputy Executive Director with a rank of Assistant Secretary.

28 The Executive Director and the Deputy Executive Director shall be  
29 appointed by the President from a list of at least three (3) nominees for each  
30 position to be submitted by the Secretary of Health. No person shall be appointed  
31 as Executive Director or Deputy Executive Director without at least fifteen (15)  
32 years of exemplary performance, relevant experience and proven expertise in the  
33 fields of public health, medicine and/or epidemiology.

34 The Executive Director and the Deputy Executive Director may be removed  
35 only for cause.

36 **SEC. 8. Organization and Personnel of the CDC.** – Within sixty (60) days  
37 from appointment, the Executive Director shall, in consultation with the Secretary



1 of Health, draw up the organizational structure, staffing pattern, qualification  
2 standards, compensation and position classification plan for the CDC. The  
3 qualification standards and the compensation and position classification plan shall  
4 be subject to the approval of the Civil Service Commission and the Department of  
5 Budget and Management, respectively.

6 All subordinate personnel of the CDC shall be appointed by the Executive  
7 Director based on merit, qualifications and competitive examinations. Technical  
8 officers must have a Masters degree in public health, epidemiology, biotechnology  
9 or other relevant areas of scientific endeavor as specified by the CDC.

10 The CDC shall also be authorized to engage the services of consultants in  
11 highly specialized research programs.

12 The CDC shall maintain the highest achievable standards for the use of  
13 information technology to track and trace diseases as well as monitor the impact  
14 and effectiveness of interventions.

15 **SEC. 9. *Partner Institutions.*** – The CDC shall develop a network of  
16 scientific partner institutions from existing institutions in the public and private  
17 sector and may designate a research agency or health facility as a “center of  
18 excellence” for research or innovation that becomes part of the “Centers” as a  
19 partner institution.

20 **SEC. 10. *Continuing Competency Development Program.*** – The CDC  
21 performs functions that require knowledge and expertise of superior degree. As  
22 such, it is imperative that all personnel tasked with carrying out its primary  
23 mandate are competent, equipped, and updated with the current developments  
24 and best practices in relevant fields. For this purpose, the CDC, through the  
25 Executive Director, shall devise and implement continuing competency  
26 development programs such as the Field Epidemiology Training Program (FETP),  
27 the Field Management Training Program (FMTP) and other initiatives to build  
28 competencies for public health and epidemiology throughout the country.  
29 Technical staff of the CDC are required to participate at regular intervals in  
30 trainings and workshops and will be required to undertake research and publish  
31 results on a yearly basis. Failure to comply or complete the continuing competency  
32 development program without justifiable reason shall constitute a ground for  
33 removal from office.

34 **SEC. 11. *Establishment of a Public Health Laboratory Network.*** – The CDC  
35 shall establish and oversee a network of high containment laboratories with  
36 Biosafety Level 4 and initially five (5) Biosafety Level 3 laboratories to be equitably  
37 located and operated at such strategic places in the country as the CDC may  
38 determine. The network will expand the development of Biosafety Level 2  
39 laboratories throughout the country as part of the national pandemic preparedness  
40 and response plan and as the needs and resources of the CDC warrant.



1           The provision of the preceding paragraph, notwithstanding, the CDC shall,  
2   upon the initiative of the LGUs, assist in the establishment of similar laboratories in  
3   their respective localities. The cost of establishing and operating the laboratories  
4   shall be borne by the LGUs concerned.

5           The specifications of the LGU-operated laboratories and the qualifications  
6   of their personnel complement shall strictly comply with the standards and  
7   qualification requirements prescribed by the CDC.

8           **SEC. 12. *Authority to Solicit, Receive Donations, Grants and the Like.*** –  
9   The CDC may solicit, negotiate with, and receive in trust from any public or private  
10   domestic or foreign sources legacies, gifts, donations, grants, endowments,  
11   contributions or other transfers of ownership and/or possession of real or personal  
12   properties of all kinds in favor and for the benefit of the agency: *Provided*, That full  
13   disclosure is made by the CDC through annual reports. The Executive Director  
14   shall prescribe the measures necessary for the proper use, maintenance and  
15   safekeeping of said donations, grants, endowments, contributions or transfers and  
16   the compliance of the terms and conditions thereon, if any, in accordance with  
17   pertinent accounting and auditing laws, rules and regulations.

18           **SEC. 13. *Appropriation.*** – The amount of Two Hundred Fifty Million Pesos  
19   (P250,000,000.00) is hereby appropriated and shall be made available from the  
20   funds of the National Treasury not otherwise appropriated. Thereafter, the amount  
21   necessary for the continuous implementation of the provisions of this Act shall be  
22   included in the annual General Appropriations Act.

23           **SEC. 14. *Implementing Rules and Regulations.*** – The Secretary of Health  
24   shall promulgate the necessary rules and regulations within ninety (90) days from  
25   the effectivity of this Act.

26           **SEC. 15. *Separability Clause.*** – If for any reason, any part or provision of  
27   this Act is declared invalid or unconstitutional, the other parts or provisions not  
28   affected shall remain in full force and effect.

29           **SEC. 16. *Repealing Clause.*** – All laws, presidential decrees, executive  
30   orders, rules and regulations contrary to or inconsistent with the provisions of this  
31   Act are hereby repealed or modified accordingly.

32           **SEC. 17. *Effectivity*** – This Act shall take effect fifteen (15) days after its  
33   publication in the *Official Gazette* or in a newspaper of national circulation.

**Approved.**