

Republic of the Philippines  
**HOUSE OF REPRESENTATIVES**  
Quezon City

**EIGHTEENTH CONGRESS**  
*First Regular Session*  
**HOUSE BILL NO. 6493**



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Introduced by: Hon. Angelina "Helen" D.L. Tan, M.D.

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**AN ACT**  
**PROVIDING FOR A NATIONAL HEALTH SECURITY AND APPROPRIATING FUNDS THEREFOR**

**EXPLANATORY NOTE**

Section 15 of Article II of the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them. The World Health Organization (WHO) Constitution, on the other hand, states that "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States."

According to the WHO, "Pandemics, health emergencies and weak health systems not only cost lives but pose some of the greatest risks to the global economy and security faced today. Further, universal health coverage and health security are two sides of the same coin: improved access to health care and strengthened health systems provide a strong defense against emerging threats, whether natural or man-made."

The recent report by the Global Preparedness Monitoring Board (GPMB), an independent monitoring and advocacy body that aims to assess the world's ability to protect itself from health emergencies and identify critical gaps to preparedness across multiple perspectives, warns that humankind is stumbling toward the 21st-century equivalent of the 1918 influenza pandemic, which affected one-third of the world's population and killed approximately 50 million people.

Based on the report, only one third of countries, as of 2018, have the capacities required under the International Health Regulations (IHR) and that the great majority of national health systems would be unable to handle a large influx of patients infected with a respiratory pathogen capable of easy transmissibility and high mortality.

The Joint External Evaluation (JEE) of IHR Core Capacities of the Republic of the Philippines reveals that "While the Philippines has developed capabilities in various programme areas for public health emergency preparedness and response, there are still challenges in achieving a harmonized approach for implementation of the IHR. Several 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."

Accordingly, "To capitalize on the momentum generated by the JEE in the Philippines, the overarching priority recommendations of the JEE team are for the government to:

- Enhance high-level political commitment and accountability at all levels to advance implementation of IHR, with adequate resourcing and engagement of all relevant sectors.
- Develop an over-arching national action plan for health security, which is costed, map risk-based priorities to optimise resources within and across sectors, and guide investment and the harmonized implementation of the IHR.
- Strengthen monitoring and evaluation practices and foster a culture of continuous improvement by feeding the lessons from after-action reviews into ongoing refinements of the system.
- Designate an overall, high-level, multi-sectoral body, with leadership from the health sector, to oversee and set direction for the continued implementation of the national action plan, with the National IHR Focal Point playing a key role to improve coordination among all relevant stakeholders.

- Foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies.
- 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.”

In this light, the bill proposes to establish the Philippine National Health Security Council that will craft a health security national action plan - a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. It also serves as an overarching process to capture all ongoing preparedness initiatives in a country along with a country's governance mechanism for emergency and disaster risk management.

It also seeks to provide and strengthen the mechanism for the health security interface; optimize health security based on the country's unique risks, challenges, and resources; and develop an effective system of risk communication, among others.

Amidst the on-going surge in novel coronavirus (COVID-19) cases worldwide, we need to develop a national SOP/equivalent that describes the coordination and communication among the multiple agencies in the implementation of the IHR and strengthen the strategic health emergency risk assessments using multiple sources of information, with focus on health risk, health impacts and the vulnerability of health system.

This piece of legislation serves to institutionalize and strengthen the role of IHR capacities and operations in the country and facilitate necessary coordination among the different entities involved in implementation and help to ensure continuity in the midst of the spectre of a health emergency that is looming large in the globe today.

As the country continues to face threats from disease outbreaks and other public health emergencies, we need to proactively establish the systems and engagement needed to detect and control potential disease outbreaks. Hence, the need for the immediate approval of this measure that is set to complement the provision of Universal Health Care for all Filipinos by investing in health emergency preparedness that is designed to improve health outcomes and contribute in the realization of the United Nations Sustainable Development Goals.

  
ANGELINA "HELEN" D.L. TAN, M.D.  
4th District, Quezon



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

**CHAPTER I**

**PRELIMINARY PROVISIONS**

**SECTION 1. Title** – This Act shall be known as the “Philippine Health Security Act”.

**SEC. 2. Declaration of Policy.** – Section 15 of Article II of the 1987 Constitution of the Republic of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them. Section 11 of Article XIII of the Constitution mandates the adoption of an integrated and comprehensive approach to health development.

By virtue of its obligations under the International Health Regulations (IHR) of the World Health Organization (WHO), the Philippines is required to build its core capacities in protecting its citizens, along with the citizens of other countries, from the spread of diseases and other health hazards.

Towards this end, the State shall:

(a) Protect the physical and mental health of the Filipinos, limit economic losses, and preserve confidence in government by strengthening public health and health care systems to effectively and swiftly confront the devastating consequences of risks, such as the emerging infectious diseases that could lead to a pandemic; use of chemical, biological, radiological, and nuclear weapons; cyber warfare; and catastrophic natural disasters and human-caused incidents, through multisectoral and multidisciplinary approaches for effective alert and response systems;

(b) Prepare, mobilize, and coordinate the whole-of-government and whole of society to bring the full spectrum of public health capabilities in the event of a public health emergency, disaster, or attack; and

(c) Address gaps in coordinated patient care during public health emergencies

**SEC. 3. General Objectives.** – This Act seeks to:

(a) Establish a health security national action plan;

(b) Strengthen institutional capacity to implement disease prevention, surveillance, control, and response systems and implement contingency plans to deal with a deliberate release of biological or chemical agents intended to harm civilian populations;

(c) Provide and strengthen a mechanism for the Health Security Interface;

(d) Optimize health security based on the country’s unique risks, challenges, and resources;

(e) Develop an effective system of risk communication;

(f) Provide a high-level framework to guide the implementation of the health security national action plan; and

(g) Appointment of a national high-level coordinator with authority and political accountability to lead whole-of-government and whole-of-society approaches to implement national preparedness measures across all sectors; and

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

(a) *Cyber warfare* refers to the use of technology to launch attacks on nations, governments and citizens, causing comparable harm to actual warfare using weaponry. It is a nation state sanctioned attack on a computer system of another country and is accomplished by means of hacking, computer viruses, and the like. It also refers to a computer- or network-based conflict involving politically motivated attacks by a nation-state on another nation-state. In these types of attacks, nation-state actors attempt to disrupt the activities of organizations or nation-states, especially for strategic or military purposes and cyberespionage;

(b) *Emerging infectious disease* refers to one that either has appeared and affected a population for the first time, or has existed previously but is rapidly spreading, either in terms of the number of people getting infected, or to new geographical areas;

(c) *Health Security* refers to the activities required to minimize the danger and impact of acute public health events that endanger the collective health of the population;

(d) *Health Security Interface* refers to public health activities whose performance involves the security sector such as during the outbreak response operations in times of conflicts, and wars, deliberate events, including the intentional use of chemical or biological agents in order to cause harm, issues related to mass gatherings like major sporting events, festivals, and regular religious migrations; and activities that may arise in the course of a natural disease outbreak;

(e) *International Health Regulations* refer to a legally binding instrument of international law that aims to assist countries to work together to save lives and livelihoods endangered by the international spread of diseases and other health risks and avoid unnecessary interference with international trade and travel;

(f) *National Action Plan for Health Security* refers to a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities and is based on with One Health and whole-of-government approach for all hazards. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. The NAPHS also provides an overarching process to capture all ongoing preparedness initiatives in a country along with a country's governance mechanism for emergency and disaster risk management;

(g) *National IHR Focal Point* refers to the national center, which shall be accessible at all times for communications with the World Health Organization (WHO) International Health Regulations (IHR) contact points in the WHO regional offices;

(h) *One Health* refers an approach to designing and implementing programs, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes. The areas of work in which a One Health approach is particularly relevant include food safety, the control of zoonoses, and combatting antibiotic resistance;

(i) *Pandemic* refers to the worldwide spread of a new disease;

(j) *Public health risk* refers to an event:

- (a) that might adversely affect the health of human populations; and
- (b) that satisfies any one or more of the following conditions:

- (i) the health effects of the event might spread within the Philippines;
- (ii) the health effects of the event might spread between the Philippines and another country;
- (iii) the health effects of the event might spread between two (2) other countries;
- (iv) the event might present a serious and direct danger.

## CHAPTER II

### PHILIPPINE NATIONAL ACTION PLAN FOR HEALTH SECURITY

**SEC. 5. Formulation of the Philippine National Action Plan for Health Security (PNAPHS).** – There shall be created a Philippine National Action Plan for Health Security (PNAPHS), which shall include the following:

- (a) Review of all existing national plans and capacity assessments, stakeholder analysis, SWOT analysis and prioritization of technical areas of action;
- (b) Identification and prioritization of activities based on risk assessment, monitoring and evaluation, detailed costing of activities, and mapping resources; and
- (c) Evidence-based priority actions that can be implemented quickly to have immediate impact, and long-term actions for sustainable capacity development to improve IHR capacities for health security and health systems.

The PNAPHS shall be formulated and updated by the Philippine National Health Security Council (PNHSC) established under the succeeding section of this Act.

## CHAPTER III

### PHILIPPINE NATIONAL HEALTH SECURITY COUNCIL

**SEC. 6. Creation of the Philippine National Health Security Council (PNHSC).** – There is hereby created the Philippine National Health Security Council (PNHSC), which shall be an inter-agency body administratively attached to the Department of Health.

- SEC. 7. Functions.** – The PNHSC shall perform the following functions:
- (a) Develop the PNAPHS, in collaboration with relevant government agencies, civil society organizations (CSOs), and other stakeholders;
  - (b) Ensure the operationalization and implementation of the PNAPHS;
  - (c) Strengthen the collaboration between government agencies and CSOs involved in the implementation of the PNAPHS;
  - (d) Develop and ensure the implementation of the guidelines and policies provided in this Act, including other policies that may be necessary to implement the PNAPHS;
  - (e) Establish preparedness and ensure efficient government response to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines;
  - (f) Institute efficient mechanisms to address concerns over cybersecurity of medical devices and hospital networks and prevention of cybersecurity breaches that affect the operation of medical device;
  - (g) Monitor the progress of the commitment of the country to the International Health Regulations (IHR) of the World Health Organization (WHO);
  - (h) Monitor the implementation of the PNAPHS, undertake regular assessments and evaluate its impact;
  - (i) Mobilize sources of funds for the PNAPHS;
  - (j) Mobilize its members to conduct monitoring and evaluation of programs, policies, and services within their mandate;
  - (k) Coordinate, organize, and work in partnership with foreign and international organizations regarding funding, data collection, research, and ensure foreign funded programs are aligned to the national response;
  - (l) Advocate for policy reforms to Congress and other government agencies to strengthen the country's

health security;

(m) Submit an annual report to the Office of the President, Congress, and the members of the Council;

(n) Identify the gaps in the national response on the part of government agencies and its partners from civil society and international organizations, in order to develop and implement initial interventions required in health security situations;

(o) Recommend policies and programs that will institutionalize or continue the interventions required in addressing the gaps identified in the national response to health security;

(p) Facilitate and support health security initiatives and activities at the local level; and

(q) In addition to the powers and functions enumerated under the preceding paragraph, the members of the PNHSC shall also develop and implement individual action plans, which shall be anchored to and integrated in the PNAPHS. Such action plans shall be based on the duties, powers, and functions of the individual agencies as identified under Section 8 of this Act.

The PNHSC may call upon any department, bureau, office, agency, or instrumentality of the government, including Government-Owned or-Controlled Corporations (GOCCs), government financial institutions (GFIs), local government units, (LGUs), non-government organizations (NGOs) and the private sector for assistance as the circumstances and exigencies may require.

*SEC. 8. Membership and Composition.* – The PNHSC shall be composed of the following:

(a) The Secretary of Health;

(b) The Executive Secretary;

(c) The Secretary of National Defense;

(d) The Secretary of Foreign Affairs;

(e) The Secretary of Interior and Local Government;

(f) The Secretary of Justice;

(g) The Secretary of Budget and Management;

(h) The Secretary of Trade and Industry;

(i) The Secretary of Agriculture;

(j) The Secretary of Environment and Natural Resources;

(k) The Secretary of Tourism;

(l) The Secretary of Transportation;

(m) The Secretary of Information and Communications Technology;

(n) The Secretary of Labor and Employment;

(o) The Press Secretary;

(p) The Chairperson of the Commission on Higher Education;

(q) The Secretary of Education;

(r) The Chief of Staff of the Armed Forces of the Philippines

(s) The Chief of the Philippine National Police;

- (t) The Director of the National Bureau of Investigation;
- (u) The National Security Adviser;
- (v) The Director General of the National Intelligence Coordinating Agency;
- (w) The Executive Director General of the Technical Education and Skills Development Authority
- (x) The Executive Director of the Philippine Council for Health Research and Development;
- (y) The President of the Philippine Health Insurance Corporation;
- (z) The Director General of the Food and Drug Administration;
- (aa) The Director of the Research Institute for Tropical Medicine;
- (bb) The Director of the Bureau of Quarantine;
- (cc) The Director of the Epidemiology Bureau;
- (dd) The Director of the Disease Prevention and Control Bureau;
- (ee) The Director of the Disease Emergency Management Bureau;
- (ff) The Chairperson of the Committee on Health and Demography of the Senate of the Philippines;
- (gg) The Chairperson of the Committee on Health of the House of Representatives;
- (hh) The President of the Union of Local Authorities of the Philippines;
- (ii) The Chairman of the Philippine Red Cross;
- (jj) Four (4) representatives from the civil society organizations; and
- (kk) Four (4) representatives from the private sector

The representatives from the CSOs and the private sector shall be selected from among their respective ranks based on the criteria and mechanisms to be set for this purpose by the Council.

The members of the PNHSC shall be appointed not later than thirty (30) days after the date of the enactment of this Act.

The PNHSC shall meet at least once every quarter. The presence of the Chairperson or the Vice Chairperson of the PNHSC and at least ten (10) other members shall constitute a quorum to do business, and a majority vote of those present shall be sufficient to pass resolutions or render decisions.

The Secretary of Health shall be the permanent Chairperson of the PNHSC. The Director of the Disease Emergency Management Bureau shall serve as Secretary to the Council. The Vice Chairperson shall be elected from the government agency members and shall serve for a term of three (3) years. Members representing CSOs shall serve for a term of three (3) years, renewable upon the recommendation of the Council for a maximum of two (2) consecutive terms.

Except for members from government agencies, the members of PNHSC shall be appointed by the President of the Philippines. The heads of government agencies may be represented by an official whose rank shall not be lower than an Assistant Secretary or its equivalent.

The non *ex officio* members may receive honorarium in accordance with existing laws, rules and regulations.

**SEC. 9. Secretariat.** – The PNHSC shall utilize the services and facilities of the Health Emergency Management Bureau of the DOH as Secretariat to the PNHSC, which shall perform the following functions:

- (a) Coordinate and manage the day-to-day affairs of the PNHSC;
- (b) Assist in the formulation, monitoring, and evaluation of the polices and the PNAPHS;
- (c) Provide technical assistance, support, and advisory services to the PNHSC and its external partners;
- (d) Assist PNHSC in identifying and building internal and external networks and partnerships;
- (e) Coordinate and support the efforts of the PNHSC and its members to mobilize resources;
- (f) Serve as repository of health security information;
- (g) Disseminate updated, accurate, relevant, and comprehensive information about the country's health security situation to PNHSC members, policy makers, and the media; and
- (h) Provide administrative support to the PNHSC

## CHAPTER IV

### HEALTH SECURITY REGULATIONS

SEC. 10. *Promulgation and Enforcement by the Chairperson of the PNHSC.* – The Chairperson of the PNHSC is authorized to make and enforce such regulations as may be necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the Philippines. For purposes of carrying out and enforcing such regulations, the Chairperson of the PNHSC may provide for such inspection, fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles found to be so infected or contaminated as to be sources of dangerous infection to human being and other measures.

SEC. 11. *Authority of the PNHSC Chairperson.* – The Chairperson of the PNHSC may call upon any department, bureau, office, agency, or instrumentality of the government, including Government-Owned or-Controlled Corporations (GOCCs), government financial institutions (GFIs), LGUs, non-government organizations (NGOs) and the private sector for assistance in terms of the use of their facilities and resources for the protection and preservation of life in the whole range of health security or as the circumstances and exigencies may require.

SEC. 12. *Enlistment of the Armed Forces of the Philippines.* - The PNHSC may recommend to the President the enlistment of the Armed Forces of the Philippines to supplement the Philippine National Police and other law enforcement agencies for the purpose of enforcing the quarantine of specific areas or facilitating the transport of emerging infectious disease (EID) patients, and for such other purposes for the effective implementation of this Act.

## CHAPTER V

### MISCELLANEOUS PROVISIONS

SEC. 13. *Funding of the DOH.* – As lead agency to carry out the provisions of this Act, the DOH shall be allocated a budget of Five billion pesos (Php5,000,000,000.00) revolving fund starting from the effectivity of this Act.

The member-agencies of the PNHSC are authorized to charge against their current appropriations such amounts as may be necessary for the implementation of this Act. Subsequent funding requirements shall be incorporated in the annual budget proposals of the respective member-agencies through the General Appropriations Act. Additional funds and possible fund sources as may be necessary for the implementation of this Act shall be identified and provided for by the Department of Budget and Management.

SEC. 14. *Annual Report.* – The PNHSC, through its Chairperson, shall submit to the Office of the President, the Senate and the House of Representatives, within the first quarter of the succeeding year, an annual report relating to the progress of the implementation of this Act.

SEC. 15. *Implementing Rules and Regulations.* – The Secretary of Health, in consultation with key stakeholders, shall issue the necessary rules and regulations for the effective implementation of this Act within ninety (90) days after approval of this Act.

SEC. 16. *Congressional Oversight Committee.* – There is hereby created a Congressional Oversight Committee to monitor and oversee the implementation of the provisions of this Act. The Committee shall be composed of five (5) members from the Senate and five (5) members from the House of Representatives with the Chairpersons of the Committees on Health of both the Senate and the House of Representatives as joint Chairpersons of this Committee. The four (4) other members from each Chamber are to be designated by the Senate President and the Speaker of the House of Representatives, respectively. The minority shall be entitled to pro rata representation but shall have at least two (2) representatives from each Chamber.

The Congressional Oversight Committee shall be in existence for a period of five (5) years, and thereafter, its oversight functions shall be exercised by the Senate Committee on Health and Demography and the House Committee on Health acting separately.

SEC. 17. *Repealing Clause.* – All laws, presidential decrees, executive orders, and rules and regulations, or parts thereof, inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SEC. 18. *Separability Clause.* – If any provision of this Act shall be held unconstitutional or invalid, the other provisions not otherwise affected shall remain in full force and effect.

SEC. 19. *Effectivity Clause.* – This Act shall take effect fifteen (15) days following its complete publication in the Official Gazette or in two (2) national newspapers of general circulation.

*Approved,*