

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE BILL NO. 6633



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

AN ACT
PROVIDING FOR THE MODERNIZATION OF THE PUBLIC HEALTH EMERGENCY
PREPAREDNESS, ESTABLISHING FOR THIS PURPOSE THE CENTER FOR DISEASE
PREVENTION AND CONTROL, AND APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

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 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, one of the overarching priority recommendations of the JEE team is to foster the institutional capacity of the health sector to lead the prevention, detection and response to public health events and emergencies.

In this light, this measure seeks to modernize the country's capabilities for public health emergency preparedness and strengthen the current bureaucracy that is mandated to address communicable diseases in the country through organizational and institutional reforms. Specifically, the bill proposes the creation of the Public Health Emergency Services Modernization Program which will undertake necessary reforms in the recruitment, training, employment and management of the country's public health emergency personnel; acquire and upgrade appropriate technologies, laboratories, and equipment; and provide for the needed relocation, improvement, and construction of facilities to enhance the country's preparedness and response to public health emergencies.

It also aims to create a Center for Disease Prevention and Control (CDPC), which will serve as the principal agency mandated to develop and apply communicable disease prevention and control initiatives. This proposal essentially removes the function of addressing the communicable disease concerns from the Department of Health and transfers the same to the CDPC, which will absorb the existing Disease Prevention and Control Bureau, the Epidemiology Bureau, the Disease Emergency Management Bureau, and the Bureau of Quarantine of the Department of Health, including the Research Institute for Tropical Medicine (RITM). The CDPC will be attached to the DOH for policy, planning and program coordination. In doing so, the country will be able to provide a specialized agency for addressing communicable diseases in the country.

Among others, CDPC's functions will include maintaining of active surveillance of diseases through epidemiologic and laboratory investigations, data collection, analysis, and distribution; developing and implementing operational programs relating to communicable diseases; and acting as lead disease surveillance agency in the country. It also provides for the upgrading of the authorized bed capacity of the RITM to one hundred (100) beds where one-half of its bed capacity will be used as negative pressure isolation rooms.

Through this initiative, it is hoped that the country will be better prepared in addressing health emergencies such as in dealing with emerging infectious diseases like COVID-19.

In view thereof, the immediate approval of this measure is earnestly sought.



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4th District, Quezon

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

SECTION 1. *Title* – This Act shall be known as the “Modernization of Public Health Emergency Preparedness Act”.

SEC. 2. *Declaration of Policy*. – It is the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. The State also mandates the adoption of an integrated and comprehensive approach to health development.

Towards this end, it shall protect public health and safety by preventing and controlling the spread of diseases and other health hazards through the modernization of the country’s capability for public health emergency preparedness to effectively and swiftly confront the devastating consequences of emerging infectious diseases that could lead to a pandemic.

SEC. 3. *Creation of the Center for Disease Prevention and Control*. - There is hereby established a Center for Disease Prevention and Control (CDPC), hereinafter referred to as the Center, which shall be attached to the Department of Health (DOH) for policy, planning and program coordination.

SEC. 4. *Mandate*. – The Center shall serve as the country’s public health protection agency. It shall be the principal agency mandated to develop and apply communicable disease prevention and control initiatives.

SEC. 5. *Roles and Functions*. - The Center shall formulate policies, programs and reforms that enhance synergy among stakeholders and ensure a well-coordinated, effective and sustainable implementation of the provisions of this Act. It shall, as necessary, create experts’ groups or technical working groups to undertake any of the following key responsibilities:

(a) Maintain active surveillance of diseases through epidemiologic and laboratory investigations, data collection, analysis, and distribution;

(b) Act as lead agency in developing and implementing operational programs relating to communicable diseases;

- (c) Act as lead disease surveillance agency in the country;
- (d) Provide intra-agency support and resource-sharing for cross-cutting issues and specific health threats;
- (e) Conduct operational research aimed at developing and testing effective communication disease prevention, control, and health promotion programs;
- (f) Administer national programs to develop recommended health standards to ensure readiness for the emergence of new communicable diseases;
- (g) Administer national programs for improving the performance of clinical laboratories in identifying and classifying communicable diseases;
- (h) Set the parameters for the declaration of the existence of an epidemic;
- (i) Recommend such measures and policies as may be necessary to prevent the transmission of communicable diseases;
- (j) Assess and support the capabilities of local government units (LGUs) in preventing the emergence and transmission of communicable diseases;
- (k) Enhance and strengthen the administrative and technical capacity of the Disease Prevention and Control Bureau, the Epidemiology Bureau, the Disease Emergency Management Bureau, the Bureau of Quarantine, and the Research Institute for Tropical Medicine;
- (l) Promote public health decisions guided by strategic information for best possible health outcomes;
- (m) Provide coherence in the health monitoring to ensure equitable, accessible, efficient and quality health services to communities, through dynamic partnership and shared advocacy, responsibility and accountability; and
- (n) Set the standards and the process for the establishment of Epidemiology and Surveillance Units (ESUs) as required by Section 8 of Republic Act No. 11332, assist DOH-retained hospitals, local health facilities, especially district hospitals and private hospitals and laboratories in establishing ESUs and assess their performance and accredit them based on standards.

SEC. 6. *Structure and Staffing Pattern.* – The Center shall absorb the existing Disease Prevention and Control Bureau, the Epidemiology Bureau, the Disease Emergency Management Bureau, and the Bureau of Quarantine of the Department of Health, including the Research Institute for Tropical Medicine. In order to perform its powers and functions efficiently and effectively, the Center, including all its absorbed agencies, shall be provided with adequate personnel complement and all necessary material means of resources.

Subject to the approval of the Department of Budget and Management (DBM), the Executive Director of the Center shall determine the organizational structure and create new divisions or units as may be necessary and appoint officers and employees of the Center in accordance with the civil service laws, rules and regulations. The Center is likewise authorized, subject to the approval of the

President, to reorganize, structure, and redefine the functions of the bureaus and offices for the effective discharge of its powers and functions under this Act. The remuneration structure of the position in the staffing pattern shall strictly conform to Republic Act No. 6758, otherwise known as the Salary Standardization Law, as amended.

SEC. 7. *Executive Director of the Center.* – The Center shall be headed by an Executive Director who shall be appointed by the President upon the effectivity of this Act, with the rank of Undersecretary, and shall perform the following functions:

- (a) Manage and direct the activities of the Center;
- (b) Provide leadership for the implementation of the Center's responsibilities related to disease prevention and control;
- (c) Advise the Secretary of Health on policy matters concerning the Center's activities;
- (d) Recommend to the President and the Secretary of Health the exercise of special powers in the case of an epidemic;
- (e) Provide overall direction and coordination to the epidemiologic activities of the Center;
- (f) Coordinate the Center's response to health emergencies;
- (g) Provide liaison with other governmental agencies, international organizations including the World Health Organization (WHO), learning institutions, and other stakeholders;
- (h) Coordinate international health activities relating to health prevention and control;
- (i) Provide technical assistance to regional and local health departments and private agencies as needed;
- (j) Provide overall direction to, and coordination of, the scientific and medical programs of the Center;
- (k) Oversee and provide leadership, coordination, and assessment of administrative management activities;
- (l) Coordinate with appropriate DOH staff offices on administrative and program matters;
- (m) Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the Center's programs; and
- (n) Act as the national International Health Regulations Focal Point

SEC. 8. *Modernization of Public Health Emergency Preparedness.* – The Executive Director, in consultation with the Department of Health and other concerned agencies of government and the private sector, shall undertake necessary reforms in the recruitment, training, employment and management of the country's public health emergency personnel; develop relevant programs for the acquisition and upgrading of appropriate technologies, laboratories, and equipment; and provide for the needed relocation, improvement, and construction of facilities to enhance the country's

preparedness and response to public health emergencies.

Within ninety (90) days after the effectivity of this Act, The Executive Director, upon the recommendation of the Secretary of Health and Budget and Management, shall submit the Public Health Emergency Services Modernization Program as provided for in this Act to Congress for its consideration and approval in a joint resolution of the House of Representatives and the Senate. The program shall indicate or show inter alia:

- (1) The size and shape of the public health emergency personnel, equipment, laboratories, and facilities during the various phases of modernization program;
- (2) The modernization projects under it, including the major equipment and technology acquisitions sought by the respective services, any major infrastructure construction or improvement to be made and the particular objective(s) and component(s) respectively, to which such intended acquisition, construction or improvements belongs; and
- (3) The priorities, schedules as well as estimated average cost of each modernization project or upgrading to be undertaken.

The modernization program under this Act shall be implemented over a period of five (5) years.

SEC. 9. *Upgrading of the Research Institute for Tropical Medicine.* – The authorized bed capacity of the Research Institute for Tropical Medicine (RITM) is hereby increased from fifty (50) beds to one hundred (100) beds. Provided, however, That fifty percent (50%) of its bed capacity shall be utilized as negative pressure isolation rooms.

The RITM is hereby authorized to increase and hire additional employees corresponding to the upgrading of its services and facilities and increase in bed capacity. The Director of RITM shall coordinate with the Secretary of Health, the Secretary of Budget and Management, the Chairperson of the Civil Service Commission, and the Executive Director of the Center for the effective implementation of this provision.

In order to protect the greater number of Filipinos against infectious diseases through the conduct of research, training, clinical and diagnostic services and production of biologicals, RITM branches shall be established in Luzon, Visayas, and Mindanao.

SEC. 10. *Public Health Emergency Command Center.* – The Executive Director, in consultation with the Secretary of Health, may establish a Public Health Emergency Command Center which shall serve as a physical location or virtual space where designated public health emergency management personnel assemble to coordinate operational information and resources for strategic management of public health events and emergencies.

SEC. 11. *Appropriations.* – The amount needed for the initial implementation of this Act shall be charged against the appropriations of the DOH. Thereafter, such sums as may be necessary for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 12. *Implementing Rules and Regulations.* – Within ninety (90) days from the approval of this Act, the Secretary of Health shall issue such rules and regulations as may be necessary to carry out the purpose of this Act.

SEC. 13. *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. 14. *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. 15. *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,