

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

House Bill No. 6624



Introduced by **Rep. ANGELO MARCOS BARBA**
2nd District, Ilocos Norte

EXPLANATORY NOTE

It is a declared policy of the State to protect and promote the right to health of the people and instill health consciousness among them.

This proposed measure seeks to create a National Health Strategy that would provide for an integrated policy coordination and strategic direction with respect to all matters relating to national public health and medical preparedness as well as execution and deployment of national response before, during, and immediately after public health emergencies.

Emerging and re-emerging infectious diseases are highly unpredictable. This is why science and research are incessantly developing and why public policy should follow suit. After all, reemergence may happen because of a breakdown in public health measures for diseases that were once under control.¹ Without sound legislation to combat public health emergencies, the country's health system, already continuously challenged, may collapse in the midst of a public health emergency.

Reemergence may also happen when new strains of known disease-causing organisms appear.² If public policy develops concurrently with science and research, national preparedness and response to public health emergencies will tremendously be improved. This bill also proposes a review of health strategies every five (5) years.

A similar bill was filed in the Sixteenth Congress by the late Senator Miriam Defensor Santiago in response to SARS and MERS.

Thus, in response to Covid-19 and future outbreak, epidemic, or pandemic, and other public health emergencies, the immediate passage of this measure is earnestly sought.


ANGELO MARCOS BARBA

¹ Emerging Infectious Diseases. Johns Hopkins Medicine. Retrieved on April 27, 2020 from <https://www.hopkinsmedicine.org/health/conditions-and-diseases/emerging-infectious-diseases>

² *Ibid.*

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**AN ACT STRENGTHENING NATIONAL PREPAREDNESS AND
RESPONSE TO PUBLIC HEALTH EMERGENCIES**

*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 as the “Philippine
Pandemic Law”.

SECTION 2. Definition of Terms. – The terms are defined as follows:

- a. *Public Health Emergency* – occurrence of imminent threat of an illness or condition caused by bio terrorism, epidemic or pandemic disease, or a novel and highly fatal infectious agent or biological toxin, that poses a substantial risk of a significant number of human fatalities or incidents or permanent or long-term disability;
- b. *Surge capacity* – ability to obtain additional resources when needed during an emergency;
- c. *Surveillance* – ongoing collection of epidemiological data, with real time analysis.
- d. *At-risk individuals* – people with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency.

SECTION 3. Creation of National Health Strategy for Public Health Emergencies. – The Secretary of Health shall spearhead the creation of a national health strategy to address public health emergencies. This strategy shall provide for integrated policy coordination and strategic direction with respect to all matters related to national public health and medical preparedness and execution and deployment of national response before, during, and immediately after public health emergencies.

The National Health Strategy shall be reviewed every 5 years, or more frequently as the Secretary of Health determines to be necessary.

SECTION 4. *Components of a National Health Strategy.* – The National Health Strategy shall be consistent with international health regulations and shall include:

- A. Provisions for increasing the preparedness, response capabilities, and surge capacity of ambulatory care facilities, dental health facilities, and critical care service systems;
- B. Plans for optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care, and trauma care and emergency medical systems;
- C. Provisions for increasing, maintaining, or establishing laboratory facilities, capabilities, and systems;
- D. Plans for providing accurate and timely health information and other necessary support services;
- E. Provisions on epidemiological investigation and contact tracing, surveillance and response mechanisms;
- F. Plans for transportation and comprehensive quarantine plans in the local and national levels;
- G. Provisions considering the unique needs of individuals with disabilities in a public health emergency;
- H. Strategic initiatives, including mandatory installation of decontamination and misting tents and apparatus in all airports, seaports, and land ports of the country to advance countermeasures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin or any chemical, radiological, or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate;
- I. Conduct of periodic evaluations of national and local preparedness and response capabilities which shall include drills and exercises to ensure medical surge capacity for events without notice.

SECTION 5. *Creation of Task Force on Public Health Emergencies.* – (A) An Inter-Agency Task Force under the control of the Secretary of Health shall be established in order to conduct research necessary for the creation of the Strategy. The task force shall be composed of representatives from:

- 1. Department of Health (DOH)
- 2. Department of Interior and Local Government (DILG)
- 3. National Disaster Risk Reduction and Management Council (NDRRMC)
- 4. Department of Foreign Affairs (DFA)
- 5. Department of Public Works and Highways (DPWH)
- 6. Department of Transportation (DOTr)
- 7. National Economic and Development Authority (NEDA)

8. Department of Justice (DOJ)
9. Department of Tourism (DOT)
10. National Security Adviser
11. Philippine National Red Cross (PNRC)

(B) The task force shall:

1. Monitor emerging issues and concerns as they relate to medical and public health preparedness and response for at-risk individuals in the event of public health emergency;
2. Identify and minimize gaps, duplication and other inefficiencies in medical and public health preparedness and response activities and the actions necessary to overcome these obstacles;
3. Disseminate and update novel and best practices of outreach to and care of at-risk individuals before, during, and immediately after public health emergencies in a timely manner, including from the time of public health threat is identified;
4. Ensure that public health and medical information distributed by the government during a public health emergency is delivered in a manner that considers the range of communication needs of the intended recipients, including at-risk individuals;
5. Ensure compliance with the International Health Regulations;
6. Formulate, develop, implement, and oversee the National Health Strategy for the prevention and control of public health emergencies;
7. Adopt measures to strengthen the emerging and re-emerging infectious disease program of the DOH or its equivalent in other local health units; and
8. Call upon any department, bureau, office, agency or instrumentality of 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.

SECTION 6. *Creation of Medical Reserve Corps.* – The Secretary of Health shall establish a medical reserve corps composed of volunteer health professionals. The Medical Reserve Corps shall be called into duty, if necessary, during public health emergencies.

SECTION 7. *Authorization of Appropriations.* – The sums necessary to carry out the provisions of this Act is hereby authorized to be appropriated for each fiscal year.

SECTION 8. *Joint Congressional Oversight Committee.* – There is hereby created a Joint Congressional Oversight Committee to monitor the

implementation of this Act. The Committee shall be composed of three (3) senators and three (3) representatives to be appointed by the Senate and the House of Representatives, respectively. The oversight committee shall be jointly chaired by the Chairpersons of the Senate Committee on Health and Demography and the House Committee on Health; *Provided*, that the Minority in both the Senate and the House of Representatives shall be equitably represented therein; *Provided further*, that the mandate given to the Joint Congressional Oversight Committee under this Act shall be without prejudice to the performance of duties and functions by the respective existing oversight committees of the Senate and the House of Representatives.

SECTION 9. *Separability Clause.* – If any provision or part thereof is held invalid or unconstitutional, the remainder of the law or the provision not otherwise affected shall remain valid and subsisting.

SECTION 10. *Repealing Clause.* – Any provision of law, decree, order, rule or regulation inconsistent with this Act is hereby repealed and/or modified accordingly.

SECTION 11. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,