

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

**Eighteenth Congress**

**Second Regular Session**

**House Bill** 6932



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**Introduced by Representative Mario Vittorio A. Mariño**

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**EXPLANATORY NOTE**

This proposed measure seeks to create a National Strategy for Public Health Emergencies that will serve as a framework for a national or localized response to counteract the threat of emerging or re-emerging infectious diseases and protect the general welfare of the affected sectors of society. It shall provide a unified and integrated policy and 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. In World Health Organization's parlance, this shall serve as our country's Emergency Response Plan.

Drawing heavily on present experiences addressing the COVID 19 threat, this National Strategy will duplicate best practices, improve on others while discard the processes and procedures that are deemed ineffective.

Tasked with the formulation, implementation and overseeing this National Strategy, the Public Health Emergency Management and Response Center is proposed to be created in this measure. This proposal follows the World Health Organization's guidelines in the establishment of an emergency operations center in order to achieve a goal-oriented response to public health emergencies and unity of effort among the responding agencies. The Center integrates public health services with emergency management, including a component of disaster relief and response.

A Steering Committee much like that of IATF-EID will be created to guide and assist the Center in formulating the National Strategy and its implementation.

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.

  
**HON. MARIO VITTORIO A. MARIÑO**

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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 “National Strategy for  
Public Health Emergency Act”.

**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  
facilities or  
    incident 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 to access or receive medical care before, during, or after  
a disaster or  
    emergency.

**SECTION 3. Creation of a National Strategy for Public Health Emergencies.** –  
There shall be created a national strategy to address public health emergencies. This  
strategy shall be the framework for a national or localized response to counteract the



threat of emerging or re-emerging infectious diseases and protect the general welfare of the affected sectors of society. It shall provide a unified and integrated policy and 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 Strategy for Public Health Emergency.*

- The National Strategy shall include:

A. Provisions for acquiring resources and 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, and critical care, and trauma care and emergency medical systems;

C. Provision for increasing, maintaining, or establishing laboratory facilities, capabilities, and systems;

D. Develop plans, procedures, and guidelines for timely and relevant public affairs and risk communication;

E. Provisions on epidemiological investigation and contact tracing, basic systems for morbidity, mortality, syndromic, and mental/behavioral surveillance, and registries, with appropriate data archiving systems;

F. Plans for transportation and comprehensive quarantine plans in the local and national levels;

G. Plans for an integrated national approach on health, economic and social amelioration measures and other support activities for affected businesses and individuals, while considering the unique needs of senior citizens, PWDs and other marginalized sectors in a public health emergency;

H. Provide for an Incident or Reportorial Management System so that all issues, concerns, incidents in the local level in need of resolution can be immediately reported to and addressed by the national government agencies concerned.

H. Strategic initiatives, including mandatory installation of decontamination and misting tents and detection apparatus in all airports, seaports, and land ports of the country to advance countermeasures to diagnose, mitigate, prevent, or harm from any biological agent or toxin or any chemical, radiological, or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate;

I. Provide for the 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.

J. Provide for the establishment of a concept of operations, describing how and when to engage different branches and levels of government as well as other partners (including international agencies) in managing the public health emergency, specifically the responsibility of designated agencies at the national, regional or local level as well as the structure and organization of the overall response.

K. Provide for the conduct of hazard vulnerability and risk assessment in all areas.

L. Provide for the conduct of a capacity assessment defining the resources of the public health system, including private health care providers and the local governments.

M. Develop plans, procedures, and guidelines that are nationally consistent and consistent with those used by international response agencies and organizations;

N. Provide for resource typing and credentialing of personnel, resources, and assets for emergency response.

O. Provide for the training and certification of all public health personnel in safety and health practices, including the use of Personal Protective Equipment (PPE) for designated personnel.

P. Provide orientation and training to local public health response personnel, including volunteers, on the emergency operations plans, procedures, guidelines, command and management systems and authorities, and reporting system

**SECTION 5.** *Creation of Public Health Emergency Management and Response Center.* There shall be created a Public Health Emergency Management and Response Center, hereinafter referred to as the Center, attached to the Department of Health.

The Center shall be the primary agency tasked to formulate, develop, implement, and oversee the National Strategy for Public Health Emergencies in consonance with Section 4 of this Act.

**SECTION 6.** *Other Functions of the Center.*

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. Adopt measures to strengthen the emerging and re-emerging infectious disease program of the DOH or its equivalent in other local health units;

7. Set the parameters for the declaration of a public health emergency, local or national.

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 7. Center Executive Director.** – 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 who shall have the following powers and functions.

1. Act as the primary lead and oversee the national government response in times of public health emergencies;
2. Manage and direct the activities of the Public Health Emergency Operations Center;
3. Provide leadership for the implementation of the Center's mandate as the primary agency tasked in the formulation, planning, and implementing the National Health Strategy Framework;
4. Advise the Secretary of Health on policy matters concerning the Center's activities;
5. Recommend to the President and the Secretary of Health the exercise of special powers in the case of an epidemic;
6. Certify to the existence of an epidemic, which shall be treated as a public health emergency;
7. Provide liaison with other governmental agencies, international organizations including the World Health Organizations, learning institutions, and other outside groups;
8. Coordinate international health activities relating to disease prevention and control;
9. Provide leadership, coordination, and assessment of administrative management activities;
10. Coordinate with appropriate DOH staff offices on administrative and program matters; and,
11. Provide leadership, policy guidance, coordination, technical expertise, and services to promote the development and implementation of the Center's national programs



**SECTION 8. *Health Emergency Coordination Council (HECC).*** – There shall be created a Health Emergency Coordinating Council (HECC), hereinafter referred to as the Council, composed of the following:

- a. Secretary of Health as Chairperson;
- b. The Secretary of Interior and Local Government as Co-Chairperson;
- c. The Secretary of Finance as Member
- d. The Secretary of Foreign Affairs as Member;
- e. The Secretary of National Defense as NDRRMC Chairman as Member;
- f. The Secretary of Justice as Member;
- g. The Secretary of Budget and Management as Member;
- h. The Secretary of Trade and Industry as Member;
- i. The Secretary of Agriculture as Member;
- j. The Secretary of Labor and Employment as Member;
- k. The Secretary of Social Welfare and Development as Member;
- l. The Secretary of Transportation as Member;
- m. The National Security Adviser as Member;
- n. The Chairman of the Philippine Red Cross as Member;

Other government agencies not under the authority or jurisdiction of standing members of the Council may be included should their inclusion be determined by the Council as necessary.

The Coordinating Council shall serve as the Steering Committee of the Center in doing its primary mandate and other functions. The Center shall act as Secretariat of HECC.

The Coordinating Council shall serve as the Steering Committee of the Center in doing its primary mandate and other functions.

The HECC shall meet at least once every quarter, and shall meet as often as recommended by the Executive Director. Upon the motion of the Executive Director, it shall be the duty of the HECC to declare a state of health emergency upon a vote of the majority of its members. Only the council may declare a state of health emergency which may national, or local as defined.

**SECTION 9. *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 10. *Staffing.*** – The Secretary of Health, in consultation with the Department of Budget and Management (DBM), shall determine the organizational structures including regional or field offices, qualification standards, staffing pattern and compensation of the newly created Center in accordance with existing laws, rules and regulations.

**SECTION 11. *Appropriations.*** – The sums necessary to carry out the provisions of this Act is hereby authorized to be appropriated for each fiscal year.

**SECTIONS 12. *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 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 13. *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 14. *Repealing Clause.*** – Any provision of law, decree, order, rule or regulation inconsistent with this Act is hereby repealed and/or modifies accordingly.

**SECTION 15. *Effectively Clause.*** - This Act shall take effect fifteen (15) days after is publication in this *Official Gazette* or in a newspaper of general circulation.

Approved,