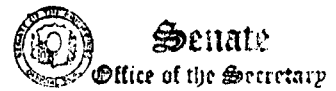


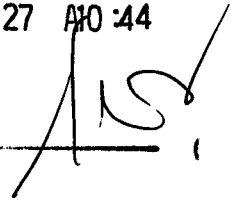
EIGHTEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



20 APR 27 AIO :44

**SENATE**  
**S. No. 1443**

RECEIVED BY: \_\_\_\_\_



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Introduced by Senator **PIA S. CAYETANO**

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

**EXPLANATORY NOTE**

With the threat of COVID-19 continuously spreading across the country, the public health system is placed at a great challenge. This pandemic showed the gaps in the country's disease prevention, management and control mechanisms on health emergencies of both national and global scale. This ultimately affects the country's capacity to promote the right to health of the people as enshrined in the Constitution and ensure its commitment to the International Health Regulations (IHR) of the World Health Organization and the Sustainable Development Goals (SDGs), particularly SDG 3 which requires the State to ensure healthy lives and promote well-being for all at all ages.

There is a need to create a National Health Council that will review and recommend policies and create an integrated National Action Plan that ensures the capacity of the health system to respond to the current COVID-19 pandemic and in the advent of similar health emergencies and global outbreaks in the future.

Through the initiative of Representative Angelina "Helen" Tan, M.D., with a similar bill in the House of Representatives, this bill proposes to establish the Philippine National Health Security Council that will craft a health security national action plan. This national action plan highlights the national priorities for health security, establishes a medical

reserve corps to support the public health system, allocates resources for health security capacity development, and synergizes private initiatives and support.

In view of the foregoing, the immediate passage of this bill is earnestly sought.

*Pia S. Cayetano* *of.*  
PIA S. CAYETANO



20 APR 27 10:45

SENATE

S. No. 1443

RECEIVED BY: ASV

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Introduced by Senator **PIA S. CAYETANO**

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

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

CHAPTER I

PRELIMINARY PROVISIONS

1  
2  
3  
4 Section 1. *Title.* — This Act shall be known as the "*Philippine Health Security*  
5 *Act*".

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

11 By virtue of its obligations under the International Health Regulations (IHR) of  
12 the World Health Organization (WHO), the Philippines is required to build its core  
13 capacities in protecting its citizens, along with the citizens of other countries, from the  
14 spread of diseases and other health hazards. Further, the State reiterates its commitment  
15 to achieving the Sustainable Development Goals (SDGs), particularly SDG 3 which calls  
16 on the State to ensure healthy lives and promote well-being for all at all ages.

17 Towards this end, the State shall:

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

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

11 (c) Address gaps in coordinated patient care during the public health  
12 emergencies.

13 *Sec. 3. General Objectives.* — This Act seeks to:

14 (a) Establish a National Action Plan for Health Security;

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

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

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

21 (e) Develop an effective system of risk communications;

22 (f) Provide a high-level framework to guide the implementation of the National  
23 Action Plan for Health Security;

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

27 (h) Constitute a medical reserve corps as defined under Section 4 (f) of this  
28 Act.

29 *Sec. 4. Definition of Terms.* — As used in this Act:

30 (a) *Cyber Warfare* refers to the use of technology to launch attacks on nations,  
31 governments and citizens, causing comparable harm to actual warfare using weaponry.  
32 It is a nation-state-sanctioned attack on a computer system of another country and is

1 accomplished by means of hacking, computer viruses, and the like. It also refers to a  
2 computer or network-based conflict involving politically-motivated attacks by a nation-  
3 state on another nation-state. In these types of attacks, nation-state actors attempt to  
4 disrupt the activities of organizations or nation-states, especially for strategic or military  
5 purposes or cyberespionage;

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

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

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

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

21 (f) *Medical Reserve Corps* refers to a team of medical experts, scientists,  
22 licensed medical practitioners, members of the Reserve Force of the Armed Forces of the  
23 Philippines (AFP) in the Medical Service, and volunteers trained for health emergencies,  
24 under the command of the Philippine National Health Security Council (PNHSC), with a  
25 primary mission of supporting the public health system during periods of health  
26 emergencies;

27 (g) *National Action Plan for Health Security (NAPHS)* refers to a country-owned,  
28 multi-year, planning process that can accelerate the implementation of IHR core  
29 capacities and is based on One Health and whole-of-government approach for all hazards.  
30 It captures national priorities for health security, brings sectors together, identifies  
31 partners and allocates resources for health security capacity development. The NAPHS  
32 also provides an overarching process to capture all ongoing preparedness initiatives in a

1 country along with a country's governance mechanism for emergency and disaster risk  
2 management;

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

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

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

12 (k) *Public Health Risk* refers to an event:

13 a. That might adversely affect the health of human populations; and

14 b. That satisfies any one or more of the following conditions:

15 (i) The health effects of the event might spread within the Philippines;

16 (ii) The health effects of the event might spread between the  
17 Philippines and another country;

18 (iii) The health effects of the event might spread between two (2) other  
19 countries;

20 (iv) The event might present a serious and direct danger.

## 21 22 CHAPTER II

### 23 PHILIPPINE NATIONAL ACTION PLAN FOR HEALTH SECURITY

24  
25 *Sec. 5. Formulation of the Philippine National Action Plan for Health Security*  
26 *(PNAPHS)*. – There shall be created a Philippine National Action Plan for Health Security  
27 *(PNAPHS)*, which shall include the following:

28 (a) Review of all existing national plans and capacity assessments, stakeholder  
29 analysis, SWOT (strengths, weaknesses, opportunities, threats) analysis and prioritization  
30 of technical areas of action;

31 (b) Review of health infrastructure;

1 (c) Identification and prioritization of activities based on risk assessment,  
2 monitoring and evaluation, detailed costing of activities, and mapping resources; and

3 (d) Evidence-based priority actions that can be implemented quickly to have  
4 immediate impact, and long-term actions for sustainable capacity development to  
5 improve IHR capacities for health security and health systems.

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

8  
9 CHAPTER III

10 PHILIPPINE NATIONAL HEALTH SECURITY COUNCIL

11  
12 *Sec. 6. Creation of the Philippine National Health Security Council (PNHSC). —*  
13 There is hereby created the Philippine National Health Security Council (PNHSC), which  
14 shall be an inter-agency body administratively attached to the Department of Health.

15 *Sec. 7. Functions. —* The PNHSC shall perform the following functions:

16 (a) Develop the PNAPHS, in collaboration with relevant government agencies, civil  
17 society organizations (CSOs), and other stakeholders;

18 (b) Ensure the operationalization and implementation of the PNAPHS;

19 (c) Strengthen the collaboration between government agencies and CSOs involved  
20 in the implementation of the PNAPHS;

21 (d) Develop and ensure the implementation of the guidelines and policies provided  
22 in this Act, including other policies that may be necessary to implement the PNAPHS;

23 (e) Establish preparedness and ensure efficient government response to assess,  
24 monitor, contain, control, and prevent the spread of any potential epidemic in the  
25 Philippines;

26 (f) Establish a Medical Reserve Corps under the command of the PNHSC, consisting  
27 of medical experts, scientists, licensed medical practitioners and volunteers trained for  
28 health emergencies, whose primary mission is to support the country's public health  
29 system during a health emergency. Members of the Reserve Force of the AFP appointed  
30 to the Medical Services, as provided in AFP Circular No. 4, GHQ dated 5 July 2010, shall  
31 be included in the Medical Reserve Corps;

1 (g) Craft the necessary guidelines in the creation, recruitment, selection, and  
2 compensation of the Medical Reserve Corps members;

3 (h) Develop a continuing training program for the Medical Reserve Corps members,  
4 through written, practical and simulation activities, on various aspects of health  
5 emergency management and response and on the different health emergency situations  
6 and scenarios;

7 (i) Institute efficient mechanisms to address concerns over cybersecurity of  
8 medical devices and hospital networks and prevention of cybersecurity breaches that  
9 affect the operation of medical devices;

10 (j) Monitor the progress of the commitment of the country to the IHR of the WHO;

11 (k) Monitor the implementation of the PNAPHS, undertake regular assessments,  
12 and evaluate its impact;

13 (l) Mobilize sources of funds for the PNAPHS;

14 (m) Mobilize its members to conduct monitoring and evaluation of programs,  
15 policies, and services within their mandate;

16 (n) Coordinate, organize, and work in partnership with foreign and international  
17 organizations regarding funding, data collection, and research, and ensure foreign-funded  
18 programs are aligned to the national response;

19 (o) Advocate for policy reforms to Congress and other government agencies to  
20 strengthen the country's health security;

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

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

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

29 (s) Facilitate and support health security initiatives and activities at the local level;  
30 and

31 (t) In addition to the powers and functions enumerated under the preceding  
32 paragraph, the members of the PNHSC shall also develop and implement individual action



1 plans, which shall be anchored to and integrated in the PNAPHS. Such action plans shall  
2 be based on the duties, powers, and functions of the individual agencies as identified  
3 under Section 8 of this Act.

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

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

- 11 (a) The Secretary of Health;
- 12 (b) The Executive Secretary;
- 13 (c) The Secretary of National Defense;
- 14 (d) The Secretary of Foreign Affairs;
- 15 (e) The Secretary of Interior and Local Government;
- 16 (f) The Secretary of Justice;
- 17 (g) The Secretary of Budget and Management;
- 18 (h) The Secretary of Trade and Industry;
- 19 (i) The Secretary of Agriculture;
- 20 (j) The Secretary of Environment and Natural Resources;
- 21 (k) The Secretary of Tourism;
- 22 (l) The Secretary of Transportation;
- 23 (m) The Secretary of Information and Communications Technology;
- 24 (n) The Secretary of Labor and Employment;
- 25 (o) The Press Secretary;
- 26 (p) The Chairperson of the Commission on Higher Education;
- 27 (q) The Secretary of Education;
- 28 (r) The Chief of Staff of the Armed Forces of the Philippines;
- 29 (s) The Chief of the Philippine National Police;
- 30 (t) The Director of the National Bureau of Investigation;
- 31 (u) The National Security Adviser;
- 32 (v) The Director General of the National Intelligence Coordinating Agency;

- 1 (w) The Executive Director General of the Technical Education and Skills  
2 Development Authority;
- 3 (x) The Executive Director of the Philippine Council for Health Research and  
4 Development;
- 5 (y) The President of the Philippine Health Insurance Corporation;
- 6 (z) The Director General of the Food and Drug Administration;
- 7 (aa) The Director of the Research Institute for Tropical Medicine;
- 8 (bb) The Director of the Bureau of Quarantine;
- 9 (cc) The Director of the Epidemiology Bureau;
- 10 (dd) The Director of the Disease Prevention and Control Bureau;
- 11 (ee) The Director of the Disease Emergency Management Bureau;
- 12 (ff) The Chairperson of the Committee on Health and Demography of the Senate  
13 of the Philippines;
- 14 (gg) The Chairperson of the Committee on Health of the House of Representatives;
- 15 (hh) The President of the Union of Local Authorities of the Philippines;
- 16 (ii) The Chairman of the Philippine Red Cross;
- 17 (jj) Four (4) representatives from CSOs; and
- 18 (kk) Four (4) representatives from the private sector.
- 19

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

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

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

29 The Secretary of Health shall be the permanent Chairperson of the PNHSC. The  
30 Director of the Disease Emergency Management Bureau of the DOH shall serve as  
31 Secretary to the Council. The Vice Chairperson shall be elected from the government  
32 agency members and shall serve for a term of three (3) years. Members representing

1 CSOs and the private sector shall serve for a term of three (3) years, renewable upon the  
2 recommendation of the Council for a maximum of two (2) consecutive terms.

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

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

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

12 (a) Coordinate and manage the day-to-day affairs of the PNHSC;

13 (b) Assist in the formulation, monitoring, and evaluation of policies and the  
14 PNAPHS;

15 (c) Provide technical assistance, support, and advisory services to the PNHSC and  
16 its external partners;

17 (d) Assist PNHSC in identifying and building internal and external networks and  
18 partnerships;

19 (e) Coordinate and support the efforts of the PNHSC and its members to mobilize  
20 resources;

21 (f) Serve as repository of health security information;

22 (g) Disseminate updated, accurate, relevant, and comprehensive information  
23 about the country's health security situation to PNHSC members, policy makers, and the  
24 media; and

25 (h) Provide administrative support to the PNHSC.

## 26 CHAPTER IV

### 27 HEALTH SECURITY REGULATIONS

28  
29  
30 Sec. 10. *Promulgation and Enforcement by the Chairperson of the PNHSC.* – The  
31 Chairperson of the PNHSC is authorized to make and enforce such regulations as may be  
32 necessary to prevent the introduction, transmission, or spread of communicable diseases

1 from foreign countries into the Philippines. For purposes of carrying out and enforcing  
2 such regulations, the Chairperson of the PNHSC may provide for such inspection,  
3 fumigation, disinfection, sanitation, pest extermination, destruction of animals or articles  
4 found to be so infected or contaminated as to be sources of dangerous infection to human  
5 being and other measures.

6 *Sec. 11. Authority of the PNHSC Chairperson.* – The Chairperson of the PNHSC  
7 may call upon any department, bureau, office, agency, or instrumentality of the  
8 government, including GOCCs, GFIs, LGUs, NGOs, specialists and experts, and the private  
9 sector for assistance in terms of the use of their facilities and resources for the protection  
10 and preservation of life in the whole range of health security or as the circumstances and  
11 exigencies may require.

12 *Sec. 12. Enlistment of the Armed Forces of the Philippines.* – The PNHSC may  
13 recommend to the President the enlistment of the Armed Forces of the Philippines to  
14 supplement the Medical Reserve Corps, Philippine National Police and other law  
15 enforcement agencies for the purpose of providing logistics and manpower for large-scale  
16 operations especially in times of disaster or other health emergency, enforcing the  
17 quarantine of specific areas or facilitating the transport of emerging infectious diseases  
18 (EID) patient, and for such other purposes for the effective implementation of this Act.

19  
20 **CHAPTER V**  
21 **MISCELLANEOUS PROVISIONS**  
22

23 *Sec. 13. Funding of the DOH.* – As lead agency to carry out the provisions of this  
24 Act, the DOH shall be allocated a budget of Five Billion Pesos (Php 5,000,000,000.00)  
25 revolving fund starting from the effectivity of this Act.

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

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

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

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

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

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

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

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

*Approved,*