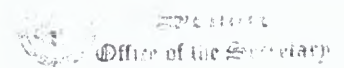


NINETEENTH CONGRESS OF THE )  
REPUBLIC OF THE PHILIPPINES )  
*First Regular Session* )



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SENATE

S. No. 1113

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

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Introduced by Senator Loren B. Legarda

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

EXPLANATORY NOTE

Section 15, Article II of the 1987 Constitution declares, "The State shall protect and promote the right to health of the people and instill health consciousness among them." Also, Section 11, Article XIII of the same declares that it is the responsibility of the State to "adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

The outbreak of the disease caused by the 2019 novel Corona Virus (2019-nCoV), now officially called by the World Health Organization as the Coronavirus Disease 2019 or "COVID-19," has infected more than 559 million people in the world and killed more than 6.36 million<sup>1</sup>. In the Philippines, there are almost 3.725 million confirmed cases of COVID-19, and 60,461 have died from the disease.<sup>2</sup> These figures

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<sup>1</sup> Worldometer (2022). Retrieved from <https://www.worldometers.info/coronavirus/>

<sup>2</sup> Worldometer (15 July 2022). Retrieved from <https://www.worldometers.info/coronavirus/country/philippines/>

show that communicable and infectious diseases and public health threats respect no borders.

The present pandemic exposes the weaknesses of the health care system of the Philippines, that it exploits the vulnerabilities associated with lack of access and deficiency in healthcare facilities, health disparities, and incapacity to respond in fragile settings. Time is of the essence that an independent and competent National Center for Disease Control and Prevention (CDC) must exist.

The COVID-19 pandemic has posed new challenges to the Department of Health (DOH). It must establish and adopt an effective health mechanism responsive to the country's health needs and other emerging health problems. This came along with other outbreaks, including dengue, influenza-like cases, and typhoid fever, which resulted in high and alarming morbidity and mortality rate. There were 79,872 cases of dengue in 2021, with 285 deaths. Influenza-like cases posted a record of 79,204, with 939 deaths. Typhoid fever affected 5,890 individuals, with 20 deaths.<sup>3</sup>

The country's poverty rate in the first quarter of 2021 was estimated at 23.7 percent.<sup>4</sup> This indicates a need for consistent reforms to adequately address persistent and emerging problems, especially in the health sector.

The dispensation of the appropriate healthcare is inequitably distributed among various socio-economic sectors that affect access to much-needed health services. There have been difficulties acquiring and processing necessary information about one's health condition and awareness of existing options and the corresponding treatment costs. The health disparity in the country is evident that there are individuals or groups in the country who do not have the same access as those who are socially or economically fortunate. The relevant factors have an impact not only

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<sup>3</sup> Department of Health (DOH) (2021). Epidemic-prone Disease Case Surveillance (EDCS). Retrieved from <https://doh.gov.ph/sites/default/files/statistics/2021%20PIDSR%20Weekly%20Surveillance%20Report%20No.%2052.pdf>  
<sup>4</sup> Philippine Statistics Authority (PSA) (17 December 2021). Proportion of Poor Filipinos Registered at 23.7 Percent in the First Semester of 2021. Retrieved from <https://psa.gov.ph/content/proportion-poor-filipinos-registered-237-percent-first-semester-2021>

on access to COVID-19 critical care facilities but also on more general access to prevention and basic treatment.<sup>5</sup>

The functions of the Disease Prevention and Control Bureau, Epidemiology Bureau, and the Research Institute for Tropical Medicine (RITM), which are sub-units of DOH, shall essentially transfer to CDC. The clear and vital need to reform the Government's approach and revisit policies on disease threats and control of infectious diseases is urgent and wanting.

Thus, the establishment of a CDC is urgently needed to serve as a specialized agency that will lead and coordinate the Government's response to address diseases and other public health threats.

In view of the foregoing considerations, the immediate passage of this measure is sought.



LOREN LEGARDA

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<sup>5</sup> De Castro, et. Al (2020). A fair allocation approach to the ethics of scarce resources in the context of a pandemic: The need to prioritize the worst-off in the Philippines. USA; National Center for Biotechnology Information: U.S. National Library of Medicine. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7537094/>

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**AN ACT  
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EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITIES,  
ESTABLISHING FOR THIS PURPOSE THE CENTER FOR DISEASE  
PREVENTION AND CONTROL, AND APPROPRIATING FUNDS THEREFOR**

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

1           Section 1. *Short Title.* – This Act shall be known as the “Philippine Center for  
2 Disease Prevention and Control (CDC) Act.”

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

7 Towards this end, the State shall give high priority to the allocation of material and  
8 institutional resources to protect public health, ensuring that the Philippine health  
9 system is well-prepared to forecast, prevent, monitor, and control diseases, injuries,  
10 and disabilities both national and international concern.

11           Sec. 3. *Definition of Terms* – As used in this Act:

12           (a) *Communicable disease*, also known as a *contagious disease*, refers to an illness  
13 resulting from an infection, or a disease, which can be transmitted from an  
14 infected host individual or group to a particular individual or group. It spreads  
15 through direct bodily contact with an infected person, their discharges, or an  
16 object or surface they have contaminated;

1 b) *Disease* refers to an illness due to a specific toxic substance occupational  
2 exposure or infectious agent, which affects a susceptible individual, either  
3 directly or indirectly, from an infected animal or person, or indirectly through  
4 an intermediate host vector, or the environment;

5 € *Disease surveillance* refers to a systematic collection analysis, interpretation,  
6 and dissemination of outcomes and specific data for use in the planning,  
7 implementation, and evaluation of public health practice. A disease  
8 surveillance system includes the functional capacity for data analysis as well as  
9 the timely dissemination of these data to persons who can undertake effective  
10 disease prevention and control activities;

11 (d) *Epidemic* or *outbreak* refers to an occurrence of more cases of disease than  
12 normally expected within a specific place or group of people over a given  
13 period of time;

14 € *Infectious disease* refers to a clinically manifested disease of humans or animals  
15 resulting from an infection which can be communicable or non-communicable;

16 (f) *Public health emergency* refers to an occurrence or imminent threat of an  
17 illness or health condition that:

18 (1) Is caused by any of the following:

19 (i) Bioterrorism;

20 (ii) Appearance of a novel or previously controlled or eradicated  
21 infectious agent or biological toxin;

22 (iii) A natural disaster

23 (iv) A chemical attack or accidental release;

24 (v) A nuclear attack or accident; or

25 (vi) An attack or accidental release of radioactive materials; and,

26 (2) Poses a high probability of any of the following:

27 (i) A large number of deaths in the affected population;

28 (ii) A large number of serious injuries or long-term disabilities in  
29 the affected population;

30 (iii) Widespread exposure to an infectious or toxic agent that  
31 poses a significant risk of substantial harm to a large number of  
32 people in the affected population;

1 (iv) International exposure to an infectious or toxic agent that  
2 poses a significant risk to the health of citizens of other countries;  
3 or

4 (v) Trade and travel restrictions;

5 (g) *Quarantine* refers to the physical separation and confinement of an  
6 individual or groups of individuals, who are or may have been exposed to a  
7 contagious or possibly contagious disease and who do not show signs or  
8 symptoms of a contagious disease, from non-quarantined individuals, to  
9 prevent or limit the transmission of the disease.

10 Sec. 4. *Creation of the Philippine Center for Disease Prevention and Control* – The  
11 Philippine Center for Disease Prevention and Control (CDC) is hereby created as an  
12 attached agency to the Department of Health (DOH) for policy and program  
13 coordination.

14 Sec. 5. *Powers, Functions, and Duties.* – The CDC shall be the technical  
15 authority on all matters regarding disease prevention and control. To carry out the  
16 provisions of this Act, the CDC shall have the following powers, functions, and duties:

17 (a) Policy and Standards Development:

18 (1) Provide technical guidance to the development of policies, programs,  
19 standards, guidelines, and monitoring and evaluation systems on the  
20 forecasting, prevention, monitoring, and control of diseases, injuries,  
21 and disabilities both of national and international concern;

22 (2) Set the standards and the process for the establishment of  
23 Epidemiology and Surveillance Units or its corresponding surveillance  
24 reporting units, pursuant to law;

25 (3) Provide quality assurance programs to ensure the quality of testing  
26 for laboratories;

27 (4) Conduct researches for development in support of the CDC mandate  
28 to forecast, prevent monitor, and control diseases, injuries, and  
29 disabilities both of national and international concern;

30 (5) Recommend to the President through the DOH Secretary, the  
31 declaration of a state of a public health emergency, in case of an  
32 epidemic of national or international concern; and,

1 (6) Set the parameters for the declaration of the existence as well as the  
2 end of an epidemic.

3 (b) Capacity Building and Technical Assistance:

4 (1) Develop, implement, and maintain training in specialized fields  
5 such as field epidemiology, health emergency of biological concern  
6 laboratory services infectious and tropical diseases, and non-  
7 communicable diseases;

8 (2) Assess and support the capabilities of health facilities and local  
9 government units (LGUs) on forecasting, preventing, monitoring, and  
10 controlling diseases, injuries, and disabilities both of national and  
11 international concern; and,

12 (3) Provide technical assistance and expert services to DOH offices and  
13 collaborating and implementing agencies or offices on matters  
14 pertaining to forecasting, preventing, monitoring, and controlling  
15 diseases, injuries, and disabilities both of national and international  
16 concern.

17 € Sectoral and Local Engagements:

18 (1) Promote coordination and collaboration with partner agencies and  
19 organizations on matters pertaining to CDC mandate;

20 (2) Coordinate, collaborate, and disseminate relevant scientific  
21 and technical information in a timely manner with partner agencies  
22 and international and local organizations on matters pertaining to CDC  
23 mandate; and,

24 (3) Disseminate relevant scientific and technical information in a timely  
25 manner with partner agencies and international and local organizations  
26 on matters pertaining to CDC mandate.

27 (d) Surveillance:

28 (1) Develop implement and maintain an integrated surveillance system  
29 of diseases injuries and disabilities;

30 (2) Provide technical guidance on the development, implementation and  
31 maintenance, and monitoring of health system capacity such as  
32 operational capacities of health facilities, and performance management

1 of the response systems, in terms of contact tracing, quarantine isolation,  
2 and other significant population-based health services;

3 (3) Investigate respond through surveillance and disease notification,  
4 investigation and conduct of field studies and research to outbreaks,  
5 epidemics, and other public health threats as the need arises;

6 (4) Develop and maintain a network of public health laboratories in  
7 support of epidemiology and surveillance activities;

8 (5) Facilitate the issuance of appropriate warnings to the regional CDC  
9 and health facilities in anticipation of impending public health threats  
10 and infectious disease outbreak;

11 (6) Utilize various information and communication technologies (ICT)  
12 in the management of data and dissemination of early warning and  
13 other appropriate information to stakeholders and the public; and,

14 (7) Develop communication methods for wider and more effective and  
15 unified delivery of critical public health information with national or  
16 international importance.

17 € Provide technical guidance on the procurement of vaccines, drugs, and  
18 diagnostics;

19 (f) Provide technical guidance on the monitoring and evaluation framework  
20 for disease prevention and control;

21 (g) Certify to the existence of an epidemic which shall be treated as a public  
22 health emergency; and

23 (h) Perform such other functions as may be mandated by law, or as may be  
24 duly delegated by relevant authorities.

25 *Sec 6. Director General.* - The CDC shall be headed by a Director General with a  
26 rank of Undersecretary who shall be assisted by two (2) Deputy Directors General  
27 with a rank of Assistant Secretary. The Director General and the Deputy Directors  
28 General shall be appointed by the President from a list of at least three (3) nominees  
29 for each position to be submitted by the DOH Secretary. The Director General and  
30 Deputy Directors General shall have at least ten (10) years of relevant experience and  
31 proven expertise in the fields of public health and epidemiology.

32 The Director General shall have the following powers and functions:



- 1 (a) Manage and direct the activities and functions of the CDC;
- 2 (b) Advise the DOH Secretary on policy matters concerning the Center's
- 3 activities;
- 4 € Recommend to the President, through the DOH Secretary, the exercise of
- 5 special powers in case of an epidemic, including the declaration of a public
- 6 health emergency;
- 7 (d) Act as the national International Health Regulations Focal Point subject to
- 8 consultation with DOH; and,
- 9 € Perform other functions and powers that may be assigned by the DOH
- 10 Secretary.

11 *Sec. 7. Transfer DOH Units Functions.* – The following DOH units and their

12 concerned divisions and functions are hereby transferred to the CDC:

- 13 (a) Epidemiology Bureau;
- 14 (b) Research Institute for Tropical Medicine;
- 15 € Sexually Transmitted Disease – Acquired Immune Deficiency Syndrome
- 16 Cooperative Central Laboratory;
- 17 (d) Select functions of the International Health Surveillance Division of the
- 18 Bureau of Quarantine as follows:
- 19 (1) Passive international health surveillance; and,
- 20 (2) Development of communication methods for wider and more
- 21 effective delivery of critical public health information with international
- 22 importance; and,
- 23 € Technical and standard setting functions of the Disease Prevention and
- 24 Control Bureau including that of the Mental Health Division, Cancer Division,
- 25 and Oral Health Division.

26 All powers, functions, assets, capital, records, funds, receivables, equipment,

27 and facilities of the transferred DOH units or its division or function enumerated

28 herein shall be transferred to the CDC. The Department of Health shall conduct an

29 audit and inventory of assets, liabilities, and human resources of the transferred

30 agencies to CDC without the need of conveyance or transfer of assignments.

31 *Sec. 8. Regional Centers for Disease Prevention and Control.* – There shall be

32 established Regional Centers for Disease Prevention and Control (RCDCs) in all

1 regions of the country. Each Regional CDC shall be headed by a Regional Director,  
2 who shall be under the supervision of the CDC Director General.

3 The functions of RCDCs include:

- 4 (a) Prevention, control, and surveillance of diseases;
- 5 (b) Provision of laboratory services for detection and identification of infectious  
6 disease agents from human, environmental samples, and food;
- 7 (c) Maintenance of an integrated data management system;
- 8 (d) Implementation of quality assurance programs for clinical and  
9 environmental laboratories through training consultation, certification, and  
10 proficiency testing;
- 11 (e) Policy development;
- 12 (f) Emergency response;
- 13 (g) Public health-related research;
- 14 (h) Training and education;
- 15 (i) Maintenance of infectious disease hospitals for referral and management of  
16 cases;
- 17 (j) Establishment of strong communication networks; and,
- 18 (k) Other functions that may be assigned by the Director General.

19 The RCDCs shall be composed of specialists in the fields of infectious diseases,  
20 public health, epidemiology, and similar fields.

21 *Sec. 9. Structure Staffing Pattern -*

22 a) The CDC shall initially have the following offices, each to be headed by an  
23 officer with the salary and rank of Director IV:

- 24 (1) Center for Epidemic Intelligence and Disease Surveillance;
- 25 (2) Center for Research, Training, and Reference Laboratory;
- 26 (3) Center for Infectious Disease Emergency Preparedness and  
27 Response;
- 28 (4) Center for Policy and Program Development;
- 29 (5) Communications Office; and
- 30 (6) Administrative and Finance Office.

31 (b) The CDC Director General, subject to the issuance of an executive order by  
32 the President and approval of the Department of Budget and Management

1 (DBM), may create or abolish units, offices, and centers as needed to carry out  
2 all provisions of this Act.

3 The CDC Director General, in consultation with the DOH and the DBM, shall:

4 (1) Develop the organizational structure of the CDC at the national,  
5 regional, and local levels;

6 (2) Determine the divisions and specific functions of each unit, center, or  
7 office of the CDC; and

8 (3) Determine the staffing pattern, qualification standards,  
9 compensation, and position classification plan for the CDC subject to the  
10 approval of the Civil Service Commission (CSC) and the DBM.

11 *Sec. 10. Qualifications Standards for Appointment and Promotion.* – The DOH shall,  
12 in consultation with the CSC, and pertinent agencies as may be necessary, develop the  
13 qualification standards in terms of education, training, and experience for all technical  
14 and non-technical positions in the CDC, and the system for promotion and succession  
15 plan in the CDC.

16 *Sec. 11. Continuing Competency Development Program.* – The CDC shall through  
17 the Director General, devise and implement a continuing competency development  
18 program whereby all core  
19 personnel shall be required to update and enrich competencies through attendance  
20 in programs, studies, research, fellowships, workshops, and seminars, including  
21 training opportunities in reputable foreign CDCs. Compliance with the Continuing  
22 Competency Development Program shall be the mandatory basis for promotion  
23 within the CDC. The CDC shall develop mechanisms to tap funding opportunities to  
24 implement its Continuing Competency Development Program.

25 *Sec. 12. Modernization Program.* – The Director General shall, in consultation  
26 with the DOH and other concerned agencies of government and the private sector,  
27 develop a modernization program that will strengthen the human health resource of  
28 the CDC which is the key component of the country's disease prevention and control  
29 policy. The modernization program shall include the acquisition and upgrading of  
30 appropriate technologies, laboratories, facilities equipment other needed resources,  
31 and the needed relocation and acquisition of additional land or location that would  
32 house the CDC.

1           Within one hundred eighty (180) days after the effectivity of this Act, the  
2 Director General shall, upon the recommendation of the DOH and DBM Secretaries,  
3 submit the modernization program for the consideration and approval of Congress in  
4 a joint resolution of the House of Representatives and the Senate.

5           The modernization program shall be implemented over a period of five  
6 (5) years. Appropriations for the modernization program shall be provided in the  
7 annual General Appropriations Act (GAA).

8           Sec. 13. *Strengthened Epidemiology, Public Health Surveillance, and Research*  
9 *Capacities.* – To ensure that epidemiology and public health surveillance services are  
10 efficient and responsive, and public health surveillance and research capacities are  
11 strengthened and updated to international standards, the CDC shall:

12           (a) Prioritize investments in upgrading of ICT and adequate and capacitated  
13 human resources for epidemiology, public health surveillance, and public  
14 health and clinical research;

15           (b) Have a premier facility for clinical laboratory, epidemiologic and  
16 implementation research and training on infectious and tropical diseases;

17           (c) Develop performance-based incentives to private health facilities with  
18 established epidemiology and surveillance functions;

19           (d) Re-nationalize local epidemiology and surveillance units (LESUs) that will  
20 solely provide epidemiology and disease surveillance services and provide  
21 assistance to the LGUs in the establishment and maintenance of surveillance  
22 systems, data management, and generation of strategic epidemiologic  
23 information *Provided, That the DOH, CDC, and DBM, shall develop the staffing*  
24 *pattern and qualification standards: Provided, further, That LESUs shall be*  
25 *under the direct supervision and control of the Regional CDCs;*

26           (e) Retain and provide incentives to technical experts, practitioners, and  
27 scientists, whereby the scientific career system is adopted, allowing them to  
28 continue their respective clinical and professional practice to pursue research  
29 studies and receive grants and honoraria, in consultation with the CSC.  
30 Qualified employees of the CDC and its attached units shall be covered by  
31 Republic Act No. 8439, otherwise known as Magna Carta for Scientists,

1 Engineers, Researchers, and Other Science and Technology Personnel in  
2 Government;

3 (f) Develop and implement training and research programs to develop more  
4 experts and practitioners in the field of epidemiology, and disease prevention  
5 and control; and,

6 (g) Develop a mechanism to ensure interoperability and accessibility of  
7 surveillance systems.

8 *Sec. 14. Strengthened Disease Surveillance and Response.* – The CDC shall establish  
9 integrated disease surveillance and response systems utilizing  
10 whenever necessary all technological means available while ensuring that data  
11 privacy and patient confidentiality are maintained. The CDC and authorized public  
12 authorities shall have complete access and right to collect personal information and  
13 other data, as may be deemed necessary in the fulfillment of their mandate. All data  
14 or information and samples collected pursuant thereto shall be used for public health  
15 concern purposes only and shall be exempted from the provisions of R.A. No. 10173,  
16 otherwise known as the Data Privacy Act of 2012 on the accessibility of data.

17 *Sec. 15. National Reference Laboratories* – The CDC shall establish a new, state-of-  
18 the-art facility that will serve as the National Reference Laboratory (NRL), unifying  
19 all NRLs for biological, chemical, nuclear, and radiologic emergencies under one roof  
20 within five (5) years from the effectivity of this Act. *Provided*, That the existing NRLs  
21 in the East Avenue Medical Center, Philippine Heart Center, Lung Center of the  
22 Philippines, National Kidney Transplant Institute and San Lazaro Hospital shall  
23 continue to be under the respective hospitals. *Provided further*, That these existing  
24 NRLs shall serve as referral laboratories of the CDC and be included in the  
25 Modernization Program of the CDC.

26 The NRL shall provide technical recommendations, laboratory confirmatory  
27 services, training, and external quality assurance, and perform surveillance, outbreak  
28 response, kit evaluation, and research. It shall oversee the functions and performance  
29 of the network of subnational laboratories (SNL).

30 SNLs shall be established in all regions, with the capability of conducting  
31 confirmatory testing for routine surveillance samples and performing specialized  
32 tests. SNLs, whose functions include testing for routine surveillance and specialized

1 tests, shall be under CDC administratively. Hospitals housing the SNLs shall create a  
2 separate unit for their regular hospital laboratory needs.

3 The CDC, through the NRLs and SNLs, shall provide technical guidance and  
4 quality assurance programs to biosafety levels 2, 3, and 4 laboratories in the country,  
5 which shall be registered with and regulated by the DOH.

6 Sec. 16. *Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts,*  
7 *Legacies, Endowments, and Contributions.* – The CDC may solicit, negotiate with, and  
8 receive from any public or private domestic or foreign sources legacies, gifts,  
9 donations, grants, endowments, contributions, or other transfers of ownership and or  
10 possession of or personal properties of all kinds in favor and for the benefit of the  
11 CDC, which shall all be part of the special account in the general fund managed by  
12 the Bureau of Treasury.

13 The Director General shall prescribe the measures necessary for the proper  
14 use, maintenance safekeeping, and compliance with the terms and conditions if any of  
15 said donations, grants, endowments, or contributions transfers in accordance with  
16 pertinent accounting and auditing laws, rules and regulations.

17 Sec. 17. *Tax Exemptions.* – Donations grants, gifts, endowments, legacies, and  
18 contributions used actually, directly, and exclusively for the purpose of the CDC shall  
19 be exempt from donor's tax and the same shall be considered as an allowable  
20 deduction from gross income for purposes of computing the taxable income of the  
21 donor in accordance with Sec. 34 (H)(2)(a) of the National Internal Revenue Code of  
22 1997 as amended. Likewise, such other transfers of ownership and or possession of  
23 real or personal properties of all kinds shall be exempt from all taxes.

24 Sec. 18. *Joint Congressional Oversight Committee.* – There shall be a Joint  
25 Congressional Oversight Committee on Disease Prevention and Control, jointly  
26 chaired by the Chairpersons of the Senate Committee on Health and Demography,  
27 and the House of Representatives Committee on Health. It shall be composed of five  
28 (5) members from the Senate and five (5) members from the House of Representatives,  
29 to be appointed by the Senate President and the Speaker of the House of  
30 Representatives, respectively.

31 Sec. 19. *Appropriations.* – The initial amount needed for the implementation of  
32 this Act shall be charged against the current year's appropriations of the offices and

1 the RITM herein absorbed by the CDC. Thereafter, the funding of which shall be  
2 included in the annual GAA.

3 *Sec. 20. Transitory Provisions. –*

4 (a) Upon effectivity of this Act, the CDC shall develop a Framework for  
5 Infectious Diseases and Pandemic Preparedness, and prioritize the  
6 strengthening of the following functions:

- 7 (i) Integrated disease surveillance and response;
- 8 (ii) Sentinel surveillance;
- 9 (iii) Laboratory-based surveillance;
- 10 (iv) Periodic population-based surveillance and,
- 11 (v) Preventing transmission of communicable diseases.

12 (b) The CDC shall initially prioritize disease surveillance and prevention and  
13 control of infectious diseases. Within five (5) years from its creation,  
14 and upon positive recommendation by an independent study or body  
15 commissioned by the DOH, the surveillance, prevention, and control of non-  
16 communicable diseases shall be included in its mandate;

17 € For the year during which this Act was approved, the unexpended portion of  
18 the budget of the offices and units transferred shall be utilized for establishing  
19 the CDC and initiating its operations, including the formulation of the rules  
20 and regulations necessary for the implementation of this Act;

21 (d) To the greatest extent possible and in accordance with existing laws, all  
22 employees of the affected offices, agencies, and units shall be absorbed by the  
23 CDC. Personnel hired on a permanent basis and with appointments attested by  
24 the CSC who may be affected by the transition of DOH units to CDC, or who  
25 will not be absorbed in the new positions of the new staffing pattern of the  
26 different offices in the CDC, shall have the option to:

- 27 (1) Be transferred to other units or offices within the DOH without  
28 reduction in pay; or
- 29 (2) Avail of the applicable retirement benefits as provided under R.A.  
30 6656, entitled An Act to Protect the Security of Tenure of Civil Service  
31 Officers and Employees in the Implementation of Government  
32 Reorganization and other relevant laws;

1 e) Incumbent DOH officials and employees of affected DOH offices may apply  
2 for and be transferred to the CDC, subject  
3 to an evaluation of their competency and CSC regulations;

4 (f) Research grants acquired during the transition of DOH transferred units to  
5 CDC shall be utilized solely for the grants' intended purposes for each of the  
6 affected units or offices, and shall not be made available for budget  
7 realignments;

8 (g) Existing contracts and agreements entered into by the affected offices with  
9 third parties prior to the enactment of this Act shall remain valid. The DBM,  
10 DOH, and CSC shall issue the implementing guidelines to ensure fair, orderly,  
11 and transparent implementation of paragraphs e and (f) of this section.

12 Sec. 21. *Implementing Rules and Regulations.* – Within one hundred and twenty  
13 (120) working days from the effectivity of this Act, the DOH Secretary shall  
14 promulgate the necessary rules and regulations for its implementation.

15 Sec. 22. *Separability Clause.* – If any portion or provision of this Act is declared  
16 invalid or unconstitutional, other provisions hereof shall remain in full force and  
17 effect.

18 Sec. 23. *Repealing Clause.* – All laws, decrees, orders, rules, and regulations or  
19 other issuances or parts thereof inconsistent with the provisions of this Act are hereby  
20 repealed or modified accordingly.

21 Sec. 24. *Effectivity* – This Act shall take effect fifteen (15) days after its  
22 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,