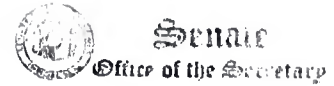


**NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)**



23 FEB 13 P4:19

SENATE

RECEIVED BY: 

COMMITTEE REPORT NO. 28

Prepared and submitted jointly by the Committee on Health and Demography (upon the recommendation of the Subcommittee on the Philippine Center for Disease Prevention and Control), and the Committees on Finance, and Ways and Means, on

FEB 13 2023

Re: **Senate Bill No. 1869**

Recommending its approval in substitution of Senate Bill Nos. 12, 195, 544, 600, 679, 825, 1039, 1113, 1163, 1427, and 1477, taking into consideration House Bill No. 6522

Sponsor: **Senator Cayetano (P.)**

Mr. President:

The Committee on Health and Demography, joint with the Committees on Finance, and Ways and Means, to which were referred **Senate Bill No. 12**, introduced by **Senators Cayetano (P.), Escudero** and **Padilla**, entitled:

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR OTHER PURPOSES**

Senate Bill No. 195, introduced by **Senator Go**, entitled:

**AN ACT
CREATING THE CENTER FOR DISEASE CONTROL AND PREVENTION, PROVIDING MECHANISMS FOR PANDEMIC CONTROL, AND FOR OTHER PURPOSES**

Senate Bill No. 544, introduced by **Senator Poe**, entitled:

**AN ACT
STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE TO PUBLIC HEALTH EMERGENCIES BY CREATING A CENTER FOR DISEASE CONTROL**

Senate Bill No. 600, introduced by **Senator Zubiri**, entitled:

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

Senate Bill No. 679, introduced by **Senator Estrada**, entitled:

AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR OTHER PURPOSES

Senate Bill No. 825, introduced by **Senator Gatchalian**, entitled:

AN ACT
INSTITUTIONALIZING A FUNCTIONAL INTEGRATED DISEASES SURVEILLANCE AND RESPONSE SYSTEM IN THE PHILIPPINES, CREATING THE CENTER FOR DISEASE PREVENTION AND CONTROL, ESTABLISHING A MEDICAL RESERVE CORPS AND FOR OTHER PURPOSES

Senate Bill No. 1039, introduced by **Senator Escudero**, entitled:

AN ACT
STRENGTHENING PHILIPPINE PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE CAPABILITY, ESTABLISHING FOR THE PURPOSE A PHILIPPINE CENTER FOR DISEASE PREVENTION AND CONTROL, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

Senate Bill No. 1113, introduced by **Senator Legarda**, entitled:

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

Senate Bill No. 1163, introduced by **Senator Ejercito**, entitled:

AN ACT
ESTABLISHING A CENTER FOR DISEASE CONTROL AND PREVENTION, PROVIDING MECHANISMS FOR EPIDEMIC CONTROL, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES

Senate Bill No. 1427, introduced by **Senator Revilla Jr.**, entitled:

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND
PREVENTION, DEFINING ITS POWERS AND FUNCTIONS,
APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES**

Senate Bill No. 1477, introduced by **Senator Villanueva**, entitled:

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND
PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, AND FOR
OTHER PURPOSES**

and **House Bill No. 6522**, introduced by **Representatives Gato, Romualdez (F. M.),
Romualdez (Y. M.), Acidre, et. al.**, entitled:

**AN ACT
CREATING THE PHILIPPINE CENTERS FOR DISEASE PREVENTION
AND CONTROL, DEFINING THEIR POWERS AND FUNCTIONS AND
APPROPRIATING FUNDS THEREFOR**

have considered the same and have the honor to report back to the Senate with the
recommendation that the attached Bill, **Senate Bill No. 1869**, entitled:

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND
CONTROL, DEFINING ITS POWERS AND FUNCTIONS, APPROPRIATING
FUNDS THEREFOR, AND FOR OTHER PURPOSES**

be approved in substitution of **Senate Bill Nos. 12, 195, 544, 600, 679, 825, 1039,
1113, 1163, 1427, and 1477**, taking into consideration **House Bill No. 6522**, with
**Senators Cayetano (P.), Go, Poe, Zubiri, Estrada, Gatchalian, Escudero,
Legarda, Ejercito, Revilla Jr., Villanueva and Padilla** as authors thereof.

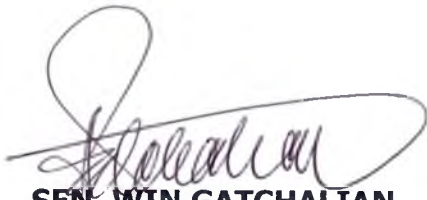
Respectfully submitted,



SEN. PIA S. CAYETANO
Chairperson, Subcommittee on the Philippine
Center for Disease Prevention and Control,
Committee on Health and Demography;
Senior Vice-Chairperson, Committee on
Finance; and Member, Committee on Ways
and Means



SEN. CHRISTOPHER BONG GO
Chairperson, Committee on Health and
Demography; Vice-Chairperson, Committee
on Finance; and Member, Committee on
Ways and Finance



SEN. WIN GATCHALIAN

Chairperson, Committee on Ways and Means; and Vice-Chairperson, Committee on Finance



SEN. SONNY ANGARA

Chairperson, Committee on Finance; and Vice-Chairperson, Committee on Ways and Means

Vice-Chairpersons:



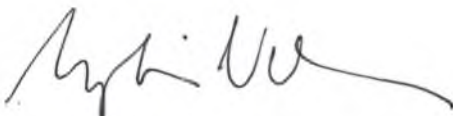
SEN. LOREN LEGARDA

Senior Vice-Chairperson, Committee on Finance



SEN. JOSEPH VICTOR G. EJERCITO

Vice-Chairperson, Committees on Health and Demography, and Finance; and Member, Committee on Ways and Means



SEN. CYNTHIA A. VILLAR

Vice-Chairperson, Committee on Finance; and Member, Committee on Health and Demography

SEN. IMEE R. MARCOS

Senior Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Ways and Means



SEN. RISA HONTIVEROS

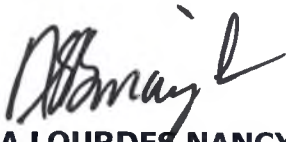
Vice-Chairperson, Committee on Finance; and Member, Committees on Health and Demography, and Ways and Means

May interpellate / propose amendments.



SEN. RONALD "BATO" DELA ROSA

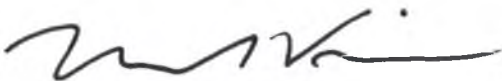
Vice-Chairperson, Committee on Finance; and Member, Committee on Ways and Means



SEN. MARIA LOURDES NANCY S. BINAY
Vice-Chairperson, Committee on Finance;
and Member, Committees on Health and
Demography, and Ways and Means



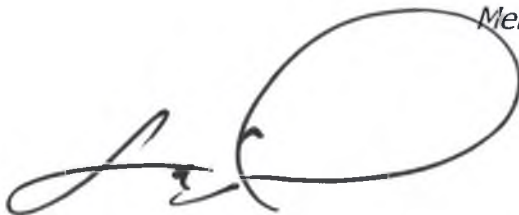
SEN. GRACE POE
Vice-Chairperson, Committee on Finance;
and Member, Committees on Health and
Demography, and Ways and Means



SEN. MARK VILLAR
Vice-Chairperson, Committee on Finance;
and Member, Committees on Health and
Demography, and Ways and Means

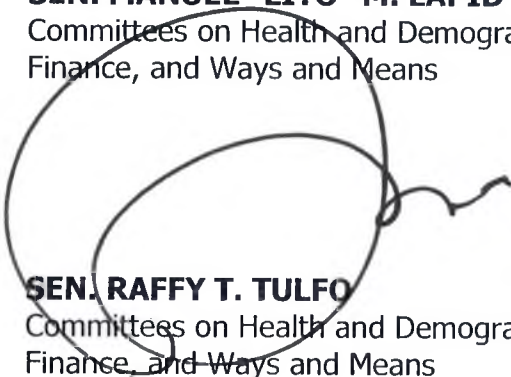
SEN. FRANCIS "TOL" N. TOLENTINO
Vice-Chairperson, Committee on Finance;
and Member, Committee on Ways and
Means

Members:



SEN. MANUEL "LITO" M. LAPID
Committees on Health and Demography,
Finance, and Ways and Means

SEN. ROBINHOOD C. PADILLA
Committees on Health and Demography,
and Finance



SEN. RAFFY T. TULFO
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SEN. RAMON BONG REVILLA JR.
Committees on Health and Demography,
and Finance



SEN. JINGGOY EJERCITO ESTRADA
Committee on Finance




SEN. FRANCIS "CHIZ" G. ESCUDERO
Committees on Finance, and Ways and
Means

SEN. ALAN PETER "COMPAÑERO" S. CAYETANO
Committee on Finance

Ex-officio Members:



SEN. LOREN LEGARDA
Senate President Pro-Tempore

will interpellate

SEN. AQUILINO "KOKO" PIMENTEL III
Minority Leader



SEN. JOEL VILLANUEVA
Majority Leader

HON. JUAN MIGUEL F. ZUBIRI
Senate President

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

 **Senate**
Office of the Secretary

23 FEB 13 P4:19

SENATE

S. No. 1869

RECEIVED BY: 

(In Substitution of S.B. Nos. 12, 195, 544, 600, 679, 825, 1039, 1113, 1163, 1427, and 1477, taking into consideration House Bill No. 6522)

Prepared and submitted jointly by the Committees on Health and Demography, Finance, and Ways and Means, with Senators Cayetano (P.), Go, Poe, Zubiri, Estrada, Gatchalian, Escudero, Legarda, Ejercito, Revilla Jr., Villanueva and Padilla as authors thereof

**AN ACT
CREATING THE PHILIPPINE CENTER FOR DISEASE PREVENTION AND CONTROL, DEFINING ITS POWERS AND FUNCTIONS, APPROPRIATING FUNDS THEREFOR, AND FOR OTHER PURPOSES**

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

ARTICLE I

TITLE AND GUIDING PRINCIPLES

SECTION 1. *Short Title.* — This Act shall be known as the "*Philippine Center for Disease Prevention and Control (CDC) Act*".

Sec. 2. *Declaration of Policy.* — It is the policy of the State to protect and promote the right to health of all Filipinos and instill health consciousness among them. To this end, the State shall adopt an integrated, comprehensive, and evidence-informed approach consistent with the direction under Republic Act No. 11223 or the *Universal Health Care Act*, and adopt a framework that shall foster a whole-of-system, whole-of-government, and whole-of-society approach, ensuring clear delineation of tasks among existing agencies and maximizing current mandates. The State shall also allot the necessary support and institutional resources to provide for effective disease prevention and control through a high-

1 level public institution imbued with the capacity, competence, and authority to
2 confront global and local public health risks.

3 Sec. 3. *Objectives.* — The objectives of this Act are the following:

- 4 a) Protect the Filipino people from the impact of all diseases of public health
5 importance;
- 6 b) Develop policies, plans, and protocols to improve identified areas in the
7 International Health Regulations hazards;
- 8 c) Clarify governance, decision-making, communication, and coordination
9 processes and protocols related to identifying, diagnosing, forecasting,
10 preventing, controlling, eliminating, eradicating, and monitoring all
11 diseases of public health importance;
- 12 d) Formulate and implement policies, plans, programs and projects for the
13 promotion of scientific and technological activities for both the public and
14 private sectors, and ensure that the results of scientific and technological
15 activities are properly applied and utilized to uphold technical and
16 scientific integrity in decision-making and response;
- 17 e) Ensure swift, coordinated, and data-driven surveillance and response
18 through the Department of Health (DOH), epidemiology and surveillance
19 units, public health laboratory systems, points of entry, and the Disaster
20 Risk Reduction and Management System;
- 21 f) Provide the overall national framework and strategic direction for the
22 establishment of a health laboratory system;
- 23 g) Maintain a pool of in-house experts who shall serve as the technical
24 authority and shall provide evidence-informed guidance on standards,
25 technologies, and analytics for epidemiology, disease control,
26 prevention, elimination, eradication, health emergency preparedness,
27 and response; and
- 28 h) Ensure the development and implementation of a shared risk and crisis
29 communication plan with the DOH, the Food and Drug Administration
30 (FDA), and Research Institute for Tropical Medicine (RITM), to be known
31 under this Act as the Philippine Research Institute of Medicine.

1 **ARTICLE II**

2 **DEFINITION OF TERMS**

3 Sec. 4. *Definition of Terms.* — As used in this Act, the following terms shall
4 mean:

- 5 a) *Commodities for public health emergencies* - refer to health products
6 necessary for public health emergency response. These may include
7 vaccines, therapeutics, medical devices, and ancillary supplies.
- 8 b) *Disease* - refers to pathologic acute or rapidly developing and chronic or
9 long-standing conditions that cause harmful deviations from normal
10 structure or function and may be due to infectious agents or their toxic
11 products, which may be transmitted from a reservoir to a susceptible
12 host (either directly from an infected person or animal or indirectly
13 through the agency of an intermediate plant or animal host, vector, or
14 the inanimate environment, or coming from laboratories intentionally or
15 unintentionally) or may be the result of a combination of genetic,
16 physiological, environmental, and behavioral factors. This shall refer to
17 all diseases, including communicable and non-communicable diseases.
- 18 c) *Disease surveillance* - refers to the ongoing systematic collection,
19 analysis, interpretation, and dissemination of outcome-specific data for
20 use in the planning, implementation, and evaluation of public health
21 practice in terms of epidemics, emergencies, and disasters. A disease
22 surveillance system includes the functional capacity for data analysis as
23 well as the timely dissemination of these data to persons who can
24 undertake effective prevention and control activities.
- 25 d) *Health Research* - refers to research or research-related activities that
26 seek to provide timely and quality evidence to address knowledge gaps
27 in areas related to identifying, diagnosing, forecasting, preventing,
28 controlling, eliminating and eradicating, and monitoring diseases of
29 public health importance.
- 30 e) *International Health Regulations* - refers to an international agreement
31 managed by the World Health Organization (WHO) and is focused on
32 addressing serious public health threats that have the potential to spread

1 beyond a country's borders to other parts of the world, and defines the
2 standards that countries must meet to be able to prevent, detect, and
3 respond to public health threats.

4 f) *Public health emergency* - refers to an occurrence or imminent threat of
5 an illness or health condition that:

6 i) Is caused by any of the following:

- 7 1) Bioterrorism;
- 8 2) Appearance of a novel or previously controlled or eradicated
9 infectious agent or biological toxin;
- 10 3) Natural disaster;
- 11 4) Chemical attack or accidental release;
- 12 5) Nuclear attack or accident; or
- 13 6) Attack that uses or is caused by an accidental release of
14 radioactive materials; and

15 ii) Poses a high probability of any of the following:

- 16 1) Large number of deaths in the affected population;
- 17 2) Large number of serious injuries or long-term disabilities in the
18 affected population;
- 19 3) Widespread exposure to an infectious or toxic agent that poses a
20 significant risk of substantial harm to a large number of people in
21 the affected population;
- 22 4) International exposure to an infectious or toxic agent that poses
23 a significant risk to the health of citizens of other countries; or
- 24 5) Trade and travel restrictions.

25 g) *Public health event* - refers to either a public health emergency or a
26 public health threat due to biological, chemical, radio-nuclear, or
27 environmental agents.

28 h) *Public health laboratories* - refer to facilities responsible for providing
29 timely and reliable diagnostic results primarily for improvement of patient
30 outcomes, disease prevention, control, and surveillance, population-
31 based interventions, and outbreak emergency response. They shall

1 perform core public health and environmental activities, including
2 reference tests for diseases of public health importance.

3 i) *Public health threat* - refers to any situation or factor that may present a
4 danger to the health of the people.

5 j) *Notifiable disease* - refers to a disease that, by legal requirements, must
6 be reported to the public health authorities.

7 k) *Quarantine* - refers to the restriction of activities and/or separation from
8 others of suspect persons who are not ill, or of suspect baggage,
9 containers, conveyances, or goods, in such a manner as to prevent the
10 possible spread of infection or contamination.

11 l) *Response* - refers to the implementation of specific activities to control
12 further spread of infection, outbreaks, or epidemics and prevent
13 reoccurrence. It includes verification, contact tracing, rapid risk
14 assessment, case measures, treatment of patients, risk communication,
15 the conduct of prevention activities, and rehabilitation.

16 **ARTICLE III**

17 **CREATION AND FUNCTIONS OF THE PHILIPPINE CENTER FOR DISEASE** 18 **PREVENTION AND CONTROL**

19 *Sec. 5. Creation of the Philippine Center for Disease Prevention and Control.*

20 — There is hereby established an agency to be known as the Philippine Center for
21 Disease Prevention and Control, hereinafter referred to as "CDC." The CDC shall be
22 an agency directly under the DOH's Office of the Secretary.

23 *Sec. 6. Functions of the CDC.* — The CDC shall be a science-based organization
24 that shall be the technical authority on forecasting, analysis, strategy, and standards
25 development for the prevention and control of all diseases of public health importance
26 and health security events, whether domestic or international in origin. The CDC shall
27 coordinate with centers for disease control of other countries and act as the National
28 Focal Point of the Philippines for International Health Regulations concerns.

29 For purposes of this Act, the "National Focal Point" shall refer to a national
30 office or center that is accessible at all times for International Health Regulations
31 related communications with the WHO and relevant sectors within the country.

32 The functions of the CDC shall include, but not limited to, the following:

- 1 a) Develop strategies, standards, and policies for disease prevention and
2 control;
- 3 b) Implement disease surveillance and field epidemiology activities;
- 4 c) Perform data collection and analytics;
- 5 d) Establish and strengthen public health laboratories;
- 6 e) Recommend actions for public health threats to appropriate national
7 government bodies;
- 8 f) Lead public health and risk communications;
- 9 g) Conduct and manage health research and evidence synthesis;
- 10 h) Build local capacity for surveillance and health research; and
- 11 i) Promote scientific integrity by ensuring that all its products are
12 technically accurate, scientifically and ethically sound, and useful to the
13 government and the intended population through the institutionalization
14 of appropriate mechanisms and bodies.

15 The CDC shall perform other functions as may be mandated by law or duly
16 delegated by relevant authorities, as well as those that may be necessary or
17 expedient for the performance of its mandate under this Act.

18 The CDC shall submit annual detailed cost work plans relating to its functions
19 to the Secretary of Health for approval.

20 *Sec. 7. Structure of the CDC. —*

- 21 a) The CDC shall be headed by a Director General.
- 22 b) The CDC shall have established component centers that shall lead and
23 coordinate the major functions of the CDC and establish strategic
24 linkages and partnerships to fulfill its mandate. In line with the CDC's
25 functions, each of the following component centers shall be headed by a
26 Deputy Director General:
 - 27 i) *Center for Health Statistics.* The Center for Health Statistics shall
28 provide the national leadership in health statistics, data analytics,
29 and health information systems management of non-epidemiologic
30 surveys in coordination with the Philippine Statistics Authority and
31 shall complement the roles and responsibilities of the DOH related to

1 sectoral policy and planning by providing relevant health statistics. It
2 shall likewise progressively develop and expand its methodological
3 and analytical capacity; its use of informatics, digital tools,
4 innovations, among others; and expand its portfolio of national
5 health-related surveys that it develops and manages to complement
6 existing national health surveys being managed by other national
7 agencies.

8 ii) *Center for Epidemiology and Surveillance*. The Center for
9 Epidemiology and Surveillance shall lead and execute a national
10 public health surveillance strategy and shall perform the functions
11 and obligations of the Epidemiology Bureau and the DOH under
12 Sections 5, 6, and 8 of Republic Act No. 11332, or the *Mandatory*
13 *Reporting of Notifiable Diseases and Health Events of Public Health*
14 *Concern Act*. Further, it shall progressively enhance its epidemiology
15 and surveillance functions to further develop its overall analytical
16 capacity; to expand the scope of surveilled events and diseases; to
17 set standards for and continually expand tools for data management
18 and surveillance systems; to expand the scope of data collected; to
19 lead in the development of epidemiology and surveillance capacities
20 for all diseases and their causes, including social determinants of
21 health; to lead in implementing international health surveillance and
22 International Health Regulations processes; and to expand its
23 technical expertise to include other and emerging branches and
24 types of epidemiology and relevant epidemiologically related
25 approaches.

26 c) *Research Institute for Tropical Medicine (RITM)* - The RITM, which shall
27 henceforth be referred to as the Philippine Research Institute of
28 Medicine, shall be directly under the CDC and continue to perform its
29 current functions through its Clinical Research Division, Laboratory
30 Research Division, and Biologics Manufacturing Division. To complement
31 the CDC's functions, the Philippine Research Institute of Medicine shall
32 perform the following additional functions:

- 1 i) lead evidence-informed policy-making for the prevention and
2 control of all diseases, which as defined in Section 4 of this Act
3 includes communicable and non-communicable diseases, through
4 the synthesis of available evidence;
- 5 ii) conduct high-quality health research and develop evidence-
6 informed strategies and standards of care, and provide scientific
7 inputs to guide the development, evaluation, and improvement of
8 public health programs;
- 9 iii) develop science-informed standards to address public health
10 threats, in partnership with academe, professional societies,
11 research bodies, National Institutes of Health, and the Department
12 of Science and Technology (DOST);
- 13 iv) develop and provide the overall strategic direction, policies,
14 standards, and plans in the implementation of the Philippine Health
15 Laboratory System (formerly the RITM's laboratories, DOH's Health
16 Laboratories, and other identified national laboratories) and the
17 institutionalization of stand-alone CDC public health laboratories,
18 including national reference laboratories, subnational, and regional
19 public health laboratories, which shall be expanded through the
20 establishment of streamlined diagnostic tests and surveillance of
21 diseases of public health importance into stand-alone laboratories
22 across the nation and by ensuring an effective and efficient quality
23 management system for all clinical and other health laboratories in
24 partnership with the DOH: *Provided, That* the Philippine Research
25 Institute of Medicine shall lead the country's public health
26 laboratory response for rapid detection of emerging and re-
27 emerging public health threats;
- 28 v) promote and develop innovative science, technologies, and
29 processes in support of CDC's ability to protect the country from
30 health, safety, and security threats, both foreign and local;
- 31 vi) manufacture vaccines and biologicals, consistent with the self-
32 reliance action plan, subject to a positive recommendation issued

- 1 by an independent study or body commissioned by relevant
2 national government agencies;
- 3 (vii) develop and implement, together with other agencies, such as
4 DOST and the Department of Trade and Industry (DTI), programs
5 for vaccine and biologics capacity building on human resources,
6 infrastructures, and technology, among others;
- 7 (viii) coordinate, oversee, and lead the development of the vaccine self-
8 reliance national action plan, including sustainability models and
9 plans on local vaccine development and involvement of the
10 manufacturing industry;
- 11 (ix) promote and advocate technology transfers and cross-border
12 exchanges of scientific information, data, and physical samples
13 both at the vaccine and biologics research and development, and
14 other steps in the manufacturing and trade value chain;
- 15 (x) establish linkages with local and international public and private
16 partners and industries in vaccine and biologics development and
17 manufacturing initiatives and collaborations; and
- 18 (xi) perform such other necessary functions mandated under this Act,
19 or as may be mandated by law, or as may be delegated by the
20 Secretary of Health and/or the President.

21 *Provided,* That nothing in this Act shall prohibit the CDC from
22 establishing additional divisions, bureaus, and offices under the
23 Philippine Research Institute of Medicine.

- 24 d) The CDC shall have three (3) offices directly under the Director General
25 to support the Center for Health Statistics, Center for Epidemiology and
26 Surveillance, and the Philippine Research Institute of Medicine, namely:
- 27 i) Office for Health Economics;
- 28 ii) Office for Policy and Planning; and
- 29 iii) Office for Administration, Finance, and Legal Affairs.
- 30 e) Technical committees, boards, commissions, councils, conferences, task
31 forces, or similar groups shall be established to provide technical expert
32 advice, ideas, and diverse opinions to the CDC. Advisory committees shall

1 be composed of experts from different sectors with specific expertise
2 necessary to fulfill their mandate: *Provided*, That membership to the
3 advisory committee shall be renewed every three (3) years, but may be
4 terminated earlier as deemed necessary.

5 f) Regional Centers of the CDC shall be established to strengthen local
6 technical capacity for epidemiology and surveillance, health statistics,
7 laboratory, and research that would support DOH regional offices and
8 local government units (LGUs).

9 g) Additional offices may be created in accordance with the mandate of the
10 CDC with the recommendation of the Director General and approval of
11 the Secretary of Health in view of emerging needs of the health sector.

12 **ARTICLE IV**

13 **OPERATIONAL STRUCTURE, MANAGEMENT, AND STAFF OF THE CENTER**

14 *Sec. 8. Relationship with Existing Agencies and Offices. -*

15 a) *Relationship between CDC and DOH Operations.* The CDC shall be an
16 agency under the DOH's Office of the Secretary. The DOH shall develop
17 operational and intersectoral policies to support implementation of
18 strategies and standards developed by the CDC.

19 b) *Relationship between CDC and the DOH Bureau of Quarantine.* The CDC
20 shall set the standards for international health surveillance and
21 surveillance at ports of entry and coordinate with the Bureau of
22 Quarantine for operationalization and stakeholder management.

23 c) *Relationship between CDC and University of the Philippines-National*
24 *Institute of Health (UP-NIH).* The UP-NIH shall provide support to the
25 CDC in developing and implementing its research agenda and in
26 implementing programs to ensure the continuation of professional,
27 academic, and personal capacity development of multisectoral
28 stakeholders that will be engaged with the CDC.

29 d) *Relationship between Regional Office of the CDC and DOH Regional*
30 *Offices.* The CDC shall have regional counterparts that will maintain
31 technical capacity for epidemiology and surveillance, health statistics,

1 laboratory, and research, as support to DOH regional offices and LGUs
2 to support implementation of strategies and standards of the CDC.

- 3 e) *Relationship between CDC and LGUs.* Provinces, cities, and municipalities
4 shall adopt and localize standards and guidelines developed by the CDC,
5 as operationalized by the DOH, in the performance of activities related
6 to disease prevention and control. Further, LGUs shall allocate the
7 necessary funding for the establishment of functional Epidemiology and
8 Surveillance Units based on standards set by the Center for Epidemiology
9 and Surveillance and as provided for by law, including the creation of
10 positions for needed Disease Surveillance Officers and field
11 epidemiologists in line with the goal of building local capacity for health
12 surveillance: *Provided,* That the CDC will provide technical support to
13 LGUs.

14 *Sec. 9. Transfer of Agencies. —*

- 15 a) *Restructuring of Affected Offices and Units.* The following offices,
16 including their administrative units, shall be restructured to ensure
17 synergistic co-existence of the CDC and DOH to facilitate full operations
18 of the CDC.

19 i) The Health Laboratory Division of the Health Facility Development
20 Bureau of the DOH, also referred to as the Office for Health
21 Laboratories, and other identified national reference laboratories
22 shall be absorbed by the Philippine Research Institute of Medicine
23 and included in the Philippine Health Laboratory System.

24 ii) The Epidemiology Bureau of the DOH shall be transferred to the
25 Center for Health Statistics and Center for Epidemiology and
26 Surveillance in phases. The functions of the National Epidemiology
27 Center of the Epidemiology Bureau and disease and public health
28 surveillance functions assigned to the DOH by law shall also be
29 transferred to the Center for Epidemiology and Surveillance. In line
30 with this, the Regional Epidemiology and Surveillance Units and Field
31 Health Services Information System Units of the DOH Regional
32 Offices shall be transferred to and be under the sole supervision and

1 control of the CDC upon the effective transition of the Epidemiology
2 Bureau to the CDC.

3 The Center for Epidemiology and Surveillance shall set the
4 standards for international health surveillance and surveillance at
5 ports of entry and shall coordinate with the Bureau of Quarantine for
6 operationalization and stakeholder management: *Provided*, That the
7 screening and quarantine processes for inbound and outbound
8 international travelers as provided under Sections 4 and 5 of Republic
9 Act No. 9271, or the *Quarantine Act of 2004* shall remain with the
10 Bureau of Quarantine, aligned with the standards promulgated by
11 the CDC.

12 iii) The Knowledge Management and Information Technology Service
13 (KMITS) of the DOH shall be restructured and rationalize its functions
14 to eliminate the overlaps and duplication with the standards and
15 sectoral policy function of the Center for Health Statistics.

16 iv) The Disease Prevention and Control Bureau shall be transformed into
17 the Public Health Strategy and Management Bureau, and shall be
18 responsible for developing operational strategy and guidelines
19 aligned with the CDC's standards, stewarding intersectoral
20 collaboration platforms, and ensuring strategic management of
21 national health programs. The Disease Prevention and Control
22 Bureau's standards development function shall be transferred to the
23 Philippine Research Institute of Medicine: *Provided*, That the DOH
24 Undersecretary for Operations and the DOH Regional Offices shall
25 continue to perform their role in operational planning, coordination,
26 and performance management.

27 v) The Communications Office of the DOH shall be a shared service
28 among DOH offices, including the FDA, CDC and Philippine Research
29 Institute of Medicine, and shall perform, but not limited to, the
30 following functions:

31 1) Develop strategic communication plans, including, but not
32 limited to organizational risk and crisis communication plans;

- 1 2) Manage and implement risk communication activities and
- 2 initiatives, such as the development and issuance of information
- 3 and education communication materials, events, stakeholder
- 4 meetings, and other media engagement activities;
- 5 3) Manage and activate crisis communication protocol for health
- 6 risks and hazards, and institutional reputational risks;
- 7 4) Develop and implement corresponding capacity-building
- 8 activities in relation to organizational risk and crisis
- 9 communications;
- 10 5) Perform internal communication functions within the institution;
- 11 6) Develop and facilitate the approval of communication materials
- 12 and policies as aligned with the approved communication plans;
- 13 7) Manage different platforms of the institution for release of
- 14 communication materials; and
- 15 8) Foster, maintain, and continuously build external partnership and
- 16 communication networks with public and private health
- 17 institutions.

18 b) *Transfer of Human Resource and Properties.* The offices affected by the

19 transfer of agencies shall also transfer human resource, applicable funds

20 and appropriations, records, equipment, and property to the CDC,

21 subject to a multi-year transition plan under Section 24 of this Act.

22 i) As a result of the reorganization under this Act, the DOH shall

23 evaluate the credentials, skills, and work experience of all employees

24 in affected agencies, offices, or bureaus and shall conduct matching

25 to positions within the new offices/bureaus created based on the set

26 qualification standards. The DOH shall develop a technical working

27 group to ensure that Republic Act No. 6656, or *An Act to Protect the*

28 *Security of Tenure of Civil Service Officers and Employees in the*

29 *Implementation of Government Reorganization* shall be properly

30 observed towards the protection of the security of tenure of affected

31 employees and shall institute mechanisms for retooling. To this end,

32 there shall be no diminution of salaries and benefits of affected

1 employees. Affected employees may opt for voluntary separation
2 from service within six (6) months from the effectivity of this Act and
3 shall be entitled to receive separation and early retirement benefits
4 and other benefits under applicable laws and issuances within ninety
5 (90) days from the date of effectivity of their separation; and

- 6 ii) Transfer of human resource, applicable funds and appropriations,
7 records, equipment, and property to the CDC, among others, shall
8 commence within two (2) years from effectivity of this Act to enable
9 the smooth transfer of the same from the DOH.

10 Sec. 10. *Salary, Staffing Pattern and Qualifications.* — The CDC staffing
11 requirement shall be supported to ensure its role as the technical authority in the
12 prevention and control of all diseases of public health importance. Subject to the
13 review and approval of the Department of Budget and Management (DBM), the
14 Secretary of Health shall determine the organizational structure and staffing pattern
15 of the CDC, in accordance with existing Civil Service Commission laws, rules and
16 regulations: *Provided*, That the existing law on salary scales of government
17 employees shall not apply in determining the salary scale of scientific and highly
18 technical staff.

19 Members of advisory committees shall receive a per diem allowance for each
20 meeting attended. The CDC shall include a summary of the amounts deemed
21 necessary for the expenses of advisory committees in its budget recommendations:
22 *Provided*, That all in-house technical and scientific staff, expert pools, and members
23 of advisory committees shall be allowed to practice their profession and receive
24 additional compensation from such engagements: *Provided, further*, That all
25 employed staff and engaged in-house experts shall submit declaration of conflict-of-
26 interest, non-disclosure agreement, and other pertinent documentary requirements
27 as may be deemed necessary.

28 All CDC personnel shall be authorized to undergo secondment to local and
29 international academic and science-based organizations, local and international
30 academic or technical training and capacity-building, or other similar knowledge
31 exchange mechanisms to maintain the technical expertise necessary to implement
32 the roles and responsibilities assigned to them: *Provided*, That the mechanisms for

1 return of service are implemented, to be determined by the CDC and approved by
2 the Secretary of Health.

3 *Sec. 11. Director General , Deputy Director Generals, and Directors. —*

4 1) *Appointment of the Director General.* The Director General shall be
5 appointed by the President, with the rank of Undersecretary, upon the
6 recommendation of the Secretary of Health, based on technical
7 expertise, academic background, and appropriate work experience.

8 2) *Appointment of the Deputy Director Generals.* The Director General shall
9 be assisted by Deputy Director Generals, with the rank of Assistant
10 Secretary. They shall oversee the functions of the Offices and Centers,
11 and any additional offices created in accordance with Section 7 of this
12 Act. The Deputy Director Generals shall likewise be appointed by the
13 President, upon the recommendation of the Secretary of Health, based
14 on technical expertise, academic background, and appropriate
15 experience.

16 3) *Appointment of Directors.* The Director General shall be assisted by the
17 following:

- 18 a) Director for Health Economics Service with the rank of Director IV;
- 19 b) Director for Policy and Planning with the rank of Director IV; and
- 20 c) Director for Administration, Finance, and Legal Affairs with the rank
21 of Director IV.

22 4) *Qualifications and Eligibilities.*

23 a) The Director General shall be a public health professional, must be a
24 licensed medical doctor, with at least 15 years of combined post-
25 graduate experience in relevant fields of medicine, public health,
26 research, and management;

27 b) The Deputy Director General of each Center shall possess a
28 postgraduate degree, preferably a doctorate, in fields related to
29 medicine, public health or research, with management experience in
30 such fields; and

31 c) The Directors directly under the Office of the Director General shall
32 possess third level service eligibility with educational background in

1 relevant fields of medicine, public health, accounting, management,
2 economics or any business course, and must have management
3 experience in the aforesaid fields.

4 5) *Powers and Functions of the Director General.*

- 5 a) Provide leadership, policy guidance, coordination, technical
6 expertise, and services to promote the development and
7 implementation of the CDC's national programs;
- 8 b) Determine the occurrence of a public health emergency and with the
9 concurrence of the Secretary of Health, certify to the President of the
10 Philippines the occurrence of a public health emergency;
- 11 c) Notify the WHO and other focal points of any public health
12 emergency or incident in accordance to International Health
13 Regulations guidelines, and lead in the coordination of public health
14 response with said bodies and National Focal Points;
- 15 d) Institute public health surveillance programs in accordance with
16 Republic Act No. 11332, or the *Mandatory Reporting of Notifiable*
17 *Diseases and Health Events of Public Health Concern Act* and as
18 such, impose the following:
- 19 i) Require all public and private hospitals, clinics, health facilities,
20 laboratories, institutions, workplaces, schools, prisons, ports,
21 airports, establishments, communities, other government
22 agencies, and non-governmental organizations to accurately and
23 immediately report notifiable disease and public health events to
24 CDC;
- 25 ii) Require all public and private hospitals, clinics, health facilities,
26 and laboratories to submit health and health-related data, which
27 shall include administrative, public health, medical,
28 pharmaceutical, and financing data to CDC; and
- 29 iii) Direct Disease Surveillance Officers, Epidemiology and
30 Surveillance Units, CDC Laboratories, Philippine Health
31 Laboratory System, pharmacies, and those employed by the

1 LGUs involved in surveillance and response to report information
2 required by the CDC at all times and as soon as practicable.

3 Failure of said establishments to report to the CDC shall
4 constitute as a violation of Section 9 (d) and (e) of Republic Act No.
5 11332, or the *Mandatory Reporting of Notifiable Diseases and Health*
6 *Events of Public Health Concern Act*.

- 7 e) Coordinate with the relevant agencies to furnish the CDC any sample
8 of any substance or matter in the possession or control of that
9 person, whether taken pursuant to this Act or otherwise, may be
10 considered necessary or appropriate, or any information as may be
11 required by the CDC, within the period it requires for the purpose of
12 any public health surveillance program, epidemiological
13 investigation, or survey conducted pursuant to this Act.

14 For purposes of this Act, "epidemiological investigation" shall refer to an
15 inquiry to the incidence, prevalence, extent, source, mode of
16 transmission, causation of, and other information pertinent to a
17 disease occurrence;

- 18 f) Request the assistance of the Philippine National Police or the
19 National Bureau of Investigation to locate any patients or persons
20 suspected of contracting a communicable disease;
- 21 g) Certify to the President of the Philippines, through the Secretary of
22 Health, the termination of a public health emergency, which may
23 serve as basis for the de-escalation and eventual termination of
24 emergency response activities;
- 25 h) Develop policies with provisions on penalties for local implementation
26 and enforcement, in consultation with the Secretary of Health:
- 27 i) Provide recommendations on the corresponding rules and
28 regulations, as well as penalties, for local implementation and
29 enforcement that are necessary to control and prevent diseases
30 within the country and to prevent the introduction, transmission,
31 or spread of communicable diseases from other countries into

1 the Philippines or from one domestic seaport/airport to another;
2 and

3 ii) Provide public health preventive measures and intervention
4 strategies such as health education, promotion and advisories,
5 isolation, quarantine, inspections, fumigation, disinfection,
6 disinfection, vector control, pest extermination, and
7 destruction of animals or articles found to be infected or
8 contaminated as to be sources of infection to human beings in
9 coordination with other concerned quarantine agencies such as
10 veterinary quarantine, plant quarantine, and other measures as
11 may be necessary.

12 i) Develop and coordinate with the Secretary of Health the containment
13 strategies for inland contagion or community transmission of public
14 health threats. During public health emergencies, the DOH shall
15 coordinate with the Bureau of Quarantine in controlling, directing,
16 and managing all quarantine stations, grounds, and anchorages, and
17 in designating their boundaries in accordance with Section 6 of
18 Republic Act No. 9271, or the *Quarantine Act of 2004*;

19 j) Provide or obtain technical assistance to or from regional and local
20 health departments, private agencies, and international and
21 supranational agencies before, during, and after public emergencies;

22 k) Develop a shared risk communication plan in coordination with the
23 DOH and the FDA;

24 l) Liaise with other government agencies, non-governmental
25 organizations, international organizations, including the WHO,
26 learning and academic institutions, and other pertinent groups or
27 entities in the conduct of activities relating to disease prevention and
28 control;

29 m) Coordinate with appropriate DOH Offices regarding administrative
30 and program matters;

31 n) Appoint eligible persons in accordance with Civil Service Law, rules
32 and regulations, and this Act;

- 1 o) Delegate the powers vested under this Act to the Deputy Director
2 Generals; and
- 3 p) Perform such other functions as may be mandated by law, or as may
4 be delegated by the Secretary of Health and/or the President.

5 *Sec. 12. Special Powers of the President.* - Upon the certification of the
6 existence of a public health emergency, in accordance with Section 11 (5)(b) of this
7 Act, may exercise the special powers, including mobilization of the governmental and
8 nongovernmental agencies, including the private sector. The President shall respond
9 to the threats and be authorized to do the following functions:

- 10 a) Develop and initiate the implementation of national policies to prevent
11 and mitigate further transmission of diseases of public health
12 importance;
- 13 b) Direct the DILG, for proper information dissemination to LGUs of all rules,
14 regulations, and directives issued by the National Government pursuant
15 to this Act: *Provided*, That all LGUs are authorized to develop localized
16 policies and interventions provided these are aligned with the national
17 policy, rules and regulations;
- 18 c) Direct the DOH to ensure adequate and equitable distribution of health
19 workers during public health emergencies and the provision of social
20 benefits and protection of health workers and their families and other
21 household members against discrimination;
- 22 d) Ensure that concerned government agencies implement measures to
23 protect the people from hoarding, profiteering, injurious speculations,
24 manipulation of prices, monopolistic practices, other acts in restraint of
25 trade, or other pernicious practices affecting the supply, distribution, and
26 movement of food, clothing, hygiene and sanitation products, medicines
27 and medical supplies and devices, machinery equipment and spare parts
28 required in agriculture, industry, other essential services, and other
29 articles of prime necessity, whether imported or locally produced or
30 manufactured;
- 31 e) Ensure through concerned government agencies that the donations
32 intended to address public health emergencies, the acceptance thereof,

1 and distribution of donated health products and commodities are not
2 unnecessarily delayed considering their shelf-life, and that health
3 products and commodities for donation duly certified by the national
4 regulatory authorities or their accredited third party from countries with
5 established regulation shall be automatically cleared; and

- 6 f) Perform such other functions and activities, as deemed necessary.

7 **ARTICLE V**

8 **RESPONSE ACTION**

9 *Sec. 13. Response Cascade.* — In case of public health emergencies due to
10 biological, chemical, and toxic events:

- 11 a) The CDC, through the Philippine Research Institute of Medicine, shall
12 prepare and disseminate to the public and private sector the relevant
13 technical information and guidance;
- 14 b) The DOH, through the Public Health Strategy and Management Bureau,
15 shall develop operational and intersectoral strategies guided by the
16 strategies and standards developed by the CDC;
- 17 c) The DOH, through its regional offices, shall work closely with CDC,
18 through its regional CDCs to immediately respond to the public health
19 emergency. When necessary, the DOH shall tap into the Disaster Risk
20 Reduction and Management System to effectively respond to public
21 health emergencies;
- 22 d) The CDC, through the Philippine Research Institute of Medicine, shall
23 activate the public health laboratory response network and continuously
24 provide guidance for core laboratory programs in quality management,
25 laboratory medicine and safety and security programs, laboratory
26 information management and surveillance, research and development,
27 and training;
- 28 e) The CDC, through the Center for Epidemiology and Surveillance, shall
29 certify the veracity of the official data to be used as basis for response
30 and for public reporting, and provide standards and overall guidance to
31 the Bureau of Quarantine for the institutionalization of disease
32 surveillance at all points of entry and exit;

- 1 f) The National Telecommunications Commission and any
2 telecommunications entity as defined under Republic Act No. 7925, or
3 the *Public Telecommunications Policy Act of the Philippines*, shall provide
4 location information of patients or persons suspected of contracting a
5 disease upon request of the CDC: *Provided*, That the CDC shall ensure
6 confidentiality of such information;
- 7 g) The Secretary of Health, in coordination with the CDC, may undertake
8 the following functions in case of public health events:
- 9 1) Hire, transfer, and deploy health personnel;
 - 10 2) Implement a whole-of-government and whole-of-society public
11 health emergency preparedness and response, in cooperation with
12 the DILG, LGUs, and the private sector;
 - 13 3) Strictly enforce and augment of border control and surveillance, in
14 coordination with the Department of Foreign Affairs, Bureau of
15 Quarantine, Bureau of Immigration, Philippine Ports Authority,
16 Department of Agriculture, and Bureau of Customs;
 - 17 4) Commission research in coordination with DOST;
 - 18 5) Promote treatment, vaccination, or immunization against a
19 contagious disease, compelling the isolation or quarantine of persons
20 who are unable or unwilling, for reasons of health, religion, or
21 conscience, to undergo immunization or treatment: *Provided*, That
22 the guidelines for the exercise of such power shall be formulated
23 with the Department of Justice;
 - 24 6) Decontaminate any facility or decontaminate or destroy any material
25 when the CDC reasonably suspects that the same may endanger
26 public health, subject to the payment of just compensation
27 guaranteed under the Constitution;
 - 28 7) Issue and enforce measures for safe handling and disposal of human
29 and animal remains; and
 - 30 8) Require any health or funeral facility authorized by law to perform
31 such services as are reasonable and necessary to respond to a public
32 health emergency.

1 **ARTICLE VI**

2 **SPECIAL POWERS/AUTHORITY TO ENABLE RESPONSE**

3 Sec. 14. *Authority for Other Professions to Administer, Dispense, and Provide*
4 *Commodities for Public Health Emergencies.* — Notwithstanding any law to the
5 contrary, the Secretary of Health, with the recommendation of the CDC, shall allow
6 other health and allied medical professionals, such as pharmacists and midwives,
7 who are duly trained by the DOH or its authorized representatives, to administer,
8 dispense, and provide commodities considered as vital for public health emergencies
9 with special authorization or regular certificate of registration from the FDA.

10 Sec. 15. *Issuance of Special Regulatory Authorizations.* — The CDC shall
11 recommend to the Secretary of Health the implementation of interventions under
12 special regulatory authorization issued by the FDA, pursuant to Section 4 of Republic
13 Act No. 3720, as amended by Republic Act No. 9711, or the *FDA Act of 2009*. In
14 consultation with the Health Technology Assessment Council (HTAC), the FDA shall
15 be authorized to issue special authorizations for commodities during public health
16 emergencies, provided that the following are complied with:

- 17 a) The special regulatory authorization is based on the totality of available
18 scientific evidence, including data from adequate and well-documented
19 controlled trials, and it is reasonable to believe that the health product
20 may be effective to prevent, diagnose, or treat the disease/s of concern;
21 b) The potential benefits of the health product when used to diagnose,
22 prevent, or treat disease/s of concern outweigh the known and potential
23 risks, if any; and
24 c) There is no adequate, approved, and available alternative to the health
25 product for diagnosing, preventing, or treating disease/s of concern.

26 In the event that the declared public health emergency is lifted, special
27 authorizations issued by the FDA shall have provisional validity for a period of one
28 (1) year from the date of lifting of the declaration for the sole purpose of exhausting
29 remaining supplies.

30 Sec. 16. *Inter-agency Cooperation and Confidentiality.* For the purpose of
31 expediting the review of evidence, product authorization or registration, and the
32 appropriate release of recommendations and supporting policies, the DOH, FDA,

1 HTAC, and other relevant government agencies shall, without need for notice or
2 demand, immediately provide each other with any and all needed information:
3 *Provided*, That proprietary submissions of data, which include non-disclosure
4 agreements with manufacturers, traders, distributors, or other sources, shall also be
5 subject of non-disclosure agreements with other concerned agencies.

6 Sec. 17. *Procurement of Commodities and Services for Public Health*
7 *Emergencies by the DOH.* — The CDC shall recommend to the Secretary of Health
8 the procurement of essential commodities and services during public health
9 emergencies. The DOH and authorized parties, such as the LGUs and private entities,
10 shall be allowed to procure commodities for public health emergencies that are
11 recommended by any of the following:

- 12 a) HTAC, pursuant to Section 34 of Republic Act No. 11223, or the *Universal*
13 *Health Care Act*;
- 14 b) WHO; or
- 15 c) Similar emergency authorizations from reputable and stringent
16 regulatory authorities of other countries.

17 To this end, the President may authorize the DOH and other parties to enter
18 into alternative modes of expedited procurement with United Nations Agencies,
19 international organizations, or international financing institutions and their
20 operational arms, such as, but not limited to, the WHO, United Nations Office for
21 Project Services, United Nations Children’s Fund, and other third parties, subject to
22 the rules and policies set by the Department of Finance (DOF).

23 Notwithstanding any law to the contrary, the DOH may disburse funds as
24 advance payment if required by the manufacturer, trader, or distributor: *Provided*,
25 That the authority to make advance payment shall be for the procurement of
26 commodities for public health emergencies and to secure other goods and services
27 necessary for their storage, transport, deployment, and administration: *Provided*
28 *further*, That the distribution and administration of unauthorized commodities for
29 public health emergencies shall be prohibited.

30 Health Technology Assessment shall not be required for repurposing or stock
31 realignment of commodities during public health emergencies that have already been
32 procured by the DOH, LGUs, and private sector entities: *Provided*, That repurposing

1 or stock realignment shall be in accordance with the indication of its use as approved
2 by the FDA.

3 *Sec. 18. Authority to Direct the Operations of Private Establishments During*
4 *Public Health Emergencies.* — Consistent with Sec. 17, Article XII of the Constitution,
5 when public interest so requires, the President, during public health emergencies,
6 may direct the operations of any privately-owned hospitals and medical and health
7 facilities, including passenger vessels, and other establishments, to perform
8 functions and provide support services for public health emergency response,
9 including housing health workers; serving as quarantine areas, quarantine centers,
10 medical relief and aid distribution locations, or other temporary medical facilities;
11 and ferrying health, emergency, and frontline personnel and other persons:
12 *Provided,* That the management and operation of such establishments shall be
13 retained by the owners: *Provided further,* That reasonable compensation for any
14 additional damage or costs incurred by the owner or the possessor of the subject
15 property solely on account of complying with the directive shall be given to the
16 person entitled to the possession of such private properties or businesses after the
17 situation has stabilized or at the soonest time practicable: *Provided finally,* That if
18 the foregoing establishments unjustifiably refuse or signify that they are no longer
19 capable of operating their enterprises for the purpose stated herein, the President
20 may take over their operations subject to the limits and safeguards enshrined in the
21 Constitution.

22 *Sec. 19. Transition to Regular Authorization.* — The FDA shall be authorized
23 to develop specific guidelines on the transition of the regulatory authorization of
24 commodities for public health emergencies from special use authorization to regular
25 certificate of registration. This is in consideration of the time needed to process
26 applications of health products for public health emergencies. The granting of a
27 regular certificate of registration by the FDA to the first brand deemed suitable for
28 such registration shall not immediately revoke all other special authorizations
29 granted by the FDA to other brands, any law to the contrary notwithstanding:
30 *Provided,* That once the DOH and the FDA had determined that the suppliers
31 granted with regular certificate of registration have enough capacity to supply the
32 country's projected needs, all other special authorizations issued shall be deemed

1 revoked by this Act, without prejudice to their holders completing the process to
2 obtain a regular certificate of registration; *Provided further*, That any remaining
3 stocks with a valid shelf-life but with a special authorization revoked pursuant to this
4 provision shall either be donated to a country where its use is still authorized by its
5 national regulatory authorities, or held in storage until it is registered or disposed of
6 appropriately upon the termination of its shelf-life.

7 *Sec. 20. Immunity from Liability.* — Notwithstanding any law to the contrary,
8 program implementers, public officials and employees, health care workers and non-
9 health care workers, whether public or private who are authorized to carry out and
10 are actually involved in public health emergency response shall be immune from suit
11 and liability under Philippine laws with respect to all claims arising out of, related to,
12 or resulting from the administration or use of covered countermeasures under the
13 public health emergency response in the discharge of the abovementioned covered
14 persons' official duties, except those arising from willful misconduct and gross
15 negligence.

16 The members of the FDA and the National Adverse Events Following
17 Immunization Committee and its regional counterparts during the conduct of
18 monitoring for probable adverse effects from the commodities for public health
19 emergency shall similarly enjoy the privileges given under this section, waiving any
20 liability unless the said members' actions are tantamount to gross negligence or
21 willful misconduct.

22 *Sec. 21. Enabling Local Vaccine Manufacturing.* — The DOH and the CDC,
23 together with the DOST and DTI and other entities concerned, shall develop
24 initiatives for strengthening scientific and technological capabilities in responding to
25 public health emergencies, including promoting vaccine self-reliance in the country.
26 The Vaccine Self-Reliance National Action Plan shall serve as a roadmap for all
27 stakeholders at all levels to guide the development of policies, strategies, and
28 initiatives, such as but not limited to, incentivizing investment and maintenance of
29 vaccine manufacturing infrastructure, both public and private.

30 The National Government, through the DOF, shall ensure the provision of
31 incentives, such as tax exemptions, tax breaks, or remittance, and other financing

1 mechanisms, as applicable, to promote and enable the establishment of local
2 vaccine manufacturing in the Philippines.

3 **ARTICLE VII**

4 **MISCELLANEOUS PROVISIONS**

5 *Sec. 22. Funding Mechanism for Scientific Projects and Activities.* — The CDC
6 shall establish a grant mechanism to allow direct transfer of funds to eligible public
7 or private institutions to perform approved scientific projects and activities, including
8 primary and secondary research and clinical practice guideline development,
9 increased training and capacity-building opportunities for CDC personnel, in support
10 of the priorities of the CDC.

11 *Sec. 23. Intergovernmental Collaborative Activities.* — The CDC shall
12 recommend to the Secretary of Foreign Affairs and the Secretary of Health
13 multilateral and bilateral agreements which the country may adopt to strengthen its
14 collaborative mechanisms with other countries.

15 *Sec. 24. Transitory Provision.* — The CDC, in coordination with the DOH and
16 LGUs, shall craft a multi-year plan to ensure the timely implementation of this Act.
17 To this end, the multi-year plan shall include, but not limited to the following:

- 18 a) Phased expansion of the capacity of the CDC to cover other health
19 conditions or threats in view of the needs of the Philippine health sector;
- 20 b) Transfer of human resource and properties;
- 21 c) Require that every province and city-wide health system have full-time
22 Disease Surveillance Officers, without prejudice to the need for Disease
23 Surveillance Officers in municipalities, as may be deemed necessary;
- 24 d) Establishment of sub-national laboratories and regional public health
25 laboratories;
- 26 e) Emergency funding and procurement of commodities and hiring during
27 public health emergencies; and
- 28 f) Establishment of infrastructure and acquisition of parcels of land to house
29 the national offices under the CDC.

30 The DOH, upon coordination with the CDC, shall submit the funding
31 requirements with corresponding annual targets for the implementation of the multi-
32 year plan to the DBM and concerned agencies, for the determination of appropriate

1 national budget allocation: *Provided*, That for local budget allocation, the LGUs shall
2 also appropriate the necessary funds to ensure the proper implementation of this
3 Act, in relation to their devolved functions under Republic Act No. 11223, or the
4 *Universal Health Care Act*, and other existing laws.

5 *Sec. 25. Modernization Program.* — The Director General shall, in consultation
6 with the DOH, other concerned agencies of government and the private sector,
7 develop a modernization program that will strengthen the human resource of the
8 CDC, which is the key component of the country's disease prevention and control
9 policy. The modernization program shall include, but not limited to, the acquisition
10 and upgrading of appropriate technologies, laboratories, facilities, equipment, other
11 needed resources, and the needed relocation and acquisition of additional land or
12 location that would house the CDC.

13 Within one hundred eighty (180) days from the effectivity of this Act, the
14 Director General shall, with the recommendation of the DOH and DBM, submit the
15 modernization program for the consideration and approval of Congress.

16 The modernization program shall be immediately implemented and
17 completed within five (5) years from the effectivity of this Act. Appropriations for
18 the modernization program shall be charged against the annual General
19 Appropriations Act.

20 *Sec. 26. Authority to Solicit, Negotiate, and Receive Donations, Grants, Gifts,*
21 *Legacies, Endowments, and Contributions.* — The CDC may solicit, negotiate with,
22 and receive from any public or private domestic or foreign sources legacies, gifts,
23 donations, grants, endowments, contributions or other transfers of ownership
24 and/or possession of real or personal properties of all kinds for use in its operations,
25 such as, but not limited to, upgrading of its facilities, and equipment outlay,
26 development and expansion of human resource, and acquisition of the appropriate
27 office spaces to improve the delivery of its services to the public.

28 The Director General shall be authorized to retain, without need of a separate
29 approval from any government agency, and subject only to existing accounting and
30 auditing rules and regulations, all the legacies, gifts, donations, grants,
31 endowments, contributions or other transfers of ownership and/or possession of
32 real or personal properties of all kinds solicited, negotiated, and received by the CDC

1 under this Act and other laws that it is mandated to administer based on the
2 immediately prior year of operations: *Provided*, That the same, in addition to the
3 annual budget of the CDC, shall be deposited and maintained in a separate account
4 or fund, which may be used or disbursed directly by the Director General to fulfill
5 the original purpose of the funds.

6 *Sec. 27. Tax Exemptions.* — Donations, grants, gifts, endowments, legacies,
7 and contributions used actually, directly and exclusively for the purpose of the CDC
8 shall be exempt from donor's tax and the same shall be considered as allowable
9 deduction from gross income for purposes of computing the taxable income of the
10 donor, in accordance with the National Internal Revenue Code of 1997, as amended:
11 *Provided*, That such other transfers of ownership and/or possession of all kinds of
12 real or personal properties shall be exempt from all taxes.

13 *Sec. 28. Annual Report.* — The CDC shall submit to Congress and the Office
14 of the President an annual report containing the following:

- 15 a) Evaluation of the current and emerging threats to health in the country;
- 16 b) Progress in International Health Regulation commitments, as well as
17 initiatives undertaken; and
- 18 c) Proposed legislative measures to address these threats.

19 *Sec. 29. Appropriations.* — The amount necessary for the initial
20 implementation of this Act shall be charged against the current year appropriations
21 of the offices and agencies concerned. Thereafter, the funding requirements for the
22 ensuing years shall be included in the annual General Appropriations Act.

23 *Sec. 30. Implementing Rules and Regulations.* — The DOH shall promulgate
24 the necessary implementing rules and regulations within ninety (90) working days
25 from the effectivity of this Act.

26 *Sec. 31. Separability Clause.* — If any provision of this Act is declared
27 unconstitutional or otherwise invalid, the validity of the other provisions shall not be
28 affected thereby.

29 *Sec. 32. Repealing Clause.* — All laws, decrees, orders, rules and regulations,
30 other issuances, or parts thereof, inconsistent with any provision of this Act, are
31 hereby repealed or modified accordingly.

1 Sec. 33. *Effectivity.* — This Act shall take effect fifteen (15) days after its
2 complete publication in the Official Gazette or in two (2) newspapers of general
3 circulation.

Approved,