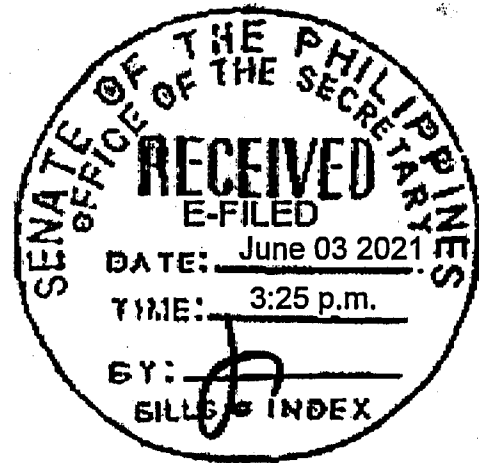


EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
Second Regular Session)



SENATE
S. No. 2286

Introduced by SENATOR RAMON BONG REVILLA, JR.

**AN ACT
STRENGTHENING PUBLIC HEALTH EMERGENCY PREPAREDNESS IN THE
PHILIPPINES, PROVIDING FOR A NATIONAL PUBLIC HEALTH EMERGENCY
RESPONSE PLAN, AND MANDATING RELIEF AND RECOVERY MEASURES,
AND APPROPRIATING FUNDS THEREFOR**

EXPLANATORY NOTE

The COVID-19 pandemic caught the Philippines off-guard. The preventive measures that were put in place at the height of the Severe Acute Respiratory Syndrome (SARS) of 2002-2004 and H1N1 Pandemic of 2009 were not able to push back against the entry of the dreaded virus, which affected, as of this writing, almost 30,000,000 people worldwide and claimed the lives of more than 900,000 individuals. In the Philippines, we have around than 260,000 cases and more than 4,000 deaths. There is a substantial number of recoveries from this disease, with more than 20,000,000 recoveries worldwide, more than 200,000 of which are from our country. The scale of its effects has never been seen before, with national and local economies slowing down, businesses shutting down, and classes moved or postponed. It radically changed our perspective and routines.

The next epidemic or pandemic, or public health emergency, in general, might be lurking around the corner. With the lessons learned from the COVID-19 pandemic, this bill proposes ways to strengthen our response towards similar occurrences. This measure seeks to address all emerging and actual public health emergencies to

safeguard the constitutional right of the people to life, and for the promotion of the general welfare of the people. Furthermore, it shall pursue a policy to prioritize the safety of its citizens through precautionary measures to mitigate what otherwise would be a devastating impact to the people, the economy, and to national security.

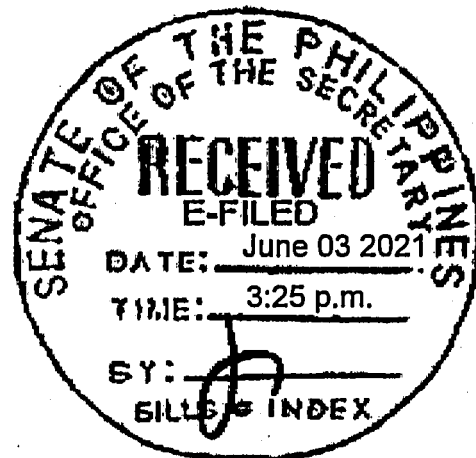
The SPHERE Bill, as it is called, seeks to comprehensively address not only health-related concerns during a public health emergency, but also the implementation of initial preventive measures, creation of social and economic relief programs, monitoring of information dissemination, and maintenance of public order and safety. It shall be all included in a National Public Health Emergency Response Plan to effectively and efficiently steer the country to mitigate the losses in economic terms and also in individual lives.

It is hoped that this bill will further the public's awareness of the current events, most specially on emerging infectious diseases that may disrupt not only at the macro level, but also at the micro level and will promote *bayanihan* in times of need, despite our numerous differences in beliefs.

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


RAMON BONG REVILLA, JR.

EIGHTEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
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SENATE
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**AN ACT
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AND APPROPRIATING FUNDS THEREFOR**

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

CHAPTER I

INTRODUCTORY PROVISIONS

1
2
3 Section 1. *Short Title.* – This Act shall be known as the “*Stronger Public Health*
4 *Emergency Response (SPHERE) Act.*”

5 Sec. 2. *Declaration of Policy.* – It is the policy of the State to protect and
6 promote the right to health of the people and instill health consciousness among them.
7 Toward this end, the State shall endeavor to efficiently, effectively, and immediately
8 address all emerging and actual public health emergencies to safeguard the
9 constitutional right of the people to life, and for the promotion of the general welfare
10 of the people. Furthermore, it shall pursue a policy to prioritize the safety of its citizens
11 through precautionary measures to mitigate what otherwise would be a devastating
12 impact to the people, the economy, and to national security.

13 In dealing with public health emergencies, the State shall, first and foremost,
14 prioritize medical and healthcare procedures in addressing public health emergencies.
15 As such, the State shall appropriate funds to establish testing centers, to support

1 scientific research on emerging and infectious diseases, to compensate workers in the
2 medical field, and to purchase medicines, vaccines, and protective equipment.

3 While considering national sovereignty, territorial integrity, national interest,
4 and the right to self-determination paramount in its relations with other states, the
5 State shall likewise give highest importance to the health of its citizens, whether in
6 the country or overseas, during times of public health emergencies.

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

- 8 a. "*Confirmed Case*" refers to a person tested at an accredited or
9 Department of Health (DOH)-certified laboratory testing facility,
10 regardless whether the person shows clinical signs and symptoms of an
11 emerging and infectious disease;
- 12 b. "*Community quarantine*" refers to the restriction of movement within,
13 into, or out of the area of quarantine of individuals, large groups of
14 people, or communities, designed to reduce the likelihood of
15 transmission of diseases among persons in and to persons outside the
16 affected area;
- 17 c. "*Emerging and infectious disease*" refers to diseases that
18 i. have not occurred in humans before;
19 ii. have occurred previously but affected only small numbers of
20 people in isolated areas;
21 iii. have occurred throughout human history but have only recently
22 been recognized as a distinct disease due to an infectious agent;
23 iv. are caused by previously undetected or unknown infectious
24 agents;
25 v. are due to mutant or resistant strains of a causative organism;
26 and,
27 vi. once were major health problems in the country, and then
28 declined dramatically, but are again becoming health problems
29 for a significant proportion of the population:
- 30 d. "*False Information*" refers to the printing, lithography, or any other
31 means of publication which may endanger the public order, or cause
32 damage to the interest or credit of the State;

- 1 e. *"Frontliners"* refers to individuals who are working in the healthcare
2 sector and who are providing basic/essential services to the public;
- 3 f. *"Healthcare facilities"* refers to government and private hospitals,
4 laboratories, and clinics that attend to medical needs during a public
5 health emergency, and other facilities that adhere to internationally-
6 recognized medical standards designed to quarantine confirmed,
7 suspected, and probable cases of emerging and infectious disease.
- 8 g. *"Isolation facilities"* refers to facilities following internationally-
9 recognized medical standards, designed to quarantine confirmed,
10 suspected, and probable cases of emerging and infectious disease.
- 11 h. *"Locally-Stranded Individuals"* refers to Filipino citizens or foreign
12 nationals, who are workers, students, tourists, or other individuals in
13 transit, stranded in a specific locality within the Philippines who have
14 expressed intention to return to their place of residence or home origin.
- 15 i. *"Probable Case"* refers to suspect case who has been tested for an
16 emerging and infectious disease but the results are inconclusive or who
17 has tested positive using testing from a non-accredited laboratory;
- 18 j. *"Public Health Emergency"* refers to an occurrence or imminent threat
19 of an illness or health condition that:
- 20 i. Is caused by any of the following:
- 21 1. Bioterrorism;
- 22 2. Appearance of a novel or previously controlled or
23 eradicated infectious agent or biological toxin;
- 24 3. A disaster, as defined by Republic Act No. 10121, also
25 known as the "Philippine Disaster Risk Reduction and
26 Management Act of 2010;"
- 27 4. A chemical attack or accidental release;
- 28 5. A nuclear attack, incident, or accident; or
- 29 6. An attack or accidental release of radioactive materials;
30 and
- 31 ii. Poses a high probability of any of the following:

- 1 1. A mass casualty incident or a large number of deaths in
2 the affected population;
- 3 2. A large number of serious injuries or long-term disabilities
4 in the affected population;
- 5 3. Widespread exposure to an infectious, non-communicable,
6 or toxic agent that poses a significant risk of substantial
7 harm to a large number of people in the affected
8 population;
- 9 4. International exposure to an infectious, non-
10 communicable, or toxic agent that poses a significant risk
11 to the health of citizens of other countries; or
12 5. Trade and travel restrictions;

13 k. "*Quarantine*" refers to a state, period, or place of isolation in which
14 people that have arrived from elsewhere or been exposed to infectious
15 or contagious disease are placed;

16 l. "*Social Relief Programs*" refers to government programs designed to
17 provide assistance in the middle of a public health emergency; and

18 m. "*Suspected Case*" refers to a person manifesting symptoms of an
19 emerging and infectious disease whose cause is undetermined prior to
20 laboratory testing, who lives in or has traveled to an area with reported
21 local transmission during fourteen (14) days prior to the onset of
22 symptoms, who had contact with a confirmed or probable case, or who
23 is aged sixty (60) years old or older with a comorbidity or pre-existing
24 illness.

25 **CHAPTER II**

26 **PUBLIC HEALTH EMERGENCY RESPONSE COUNCIL**

27 *Sec. 4. Creation of the Public Health Emergency Response Council.* – The Public
28 Health Emergency Response Council is hereby established. It shall be composed of
29 the Executive Council, hereinafter referred to as the Council, and of the Working
30 Clusters, hereinafter referred to as the Clusters.

31 The Council shall be headed by the Executive Secretary and Secretary of Health as
32 Co-Chairpersons, and shall have the following as members:

- 1 a. Secretary of Budget and Management;
- 2 b. Secretary of Finance;
- 3 c. Secretary of the Interior and Local Government (representing the Justice
4 and Public Order Cluster);
- 5 d. Secretary of Information and Communications Technology (representing
6 the Public Information and Education Cluster);
- 7 e. Secretary of Social Welfare and Development (representing the Social
8 and Economic Cluster);
- 9 f. Secretary of Labor and Employment;
- 10 g. Chairperson of the Civil Service Commission;
- 11 h. Secretary of Socioeconomic Planning; and,
- 12 i. One (1) representative from the civil society organizations in each
13 Cluster.

14 The Council may call upon any department, bureau, office, agency or
15 instrumentality of the government, including government-owned or –controlled
16 corporations (GOCCs), government financial institutions (GFIs), local government
17 units (LGUs), non-government organizations (NGOs), and the private sector for
18 assistance as the circumstances and exigencies may require.

19 Members of the Council may appoint duly authorized representatives from their
20 respective agencies: *Provided*, That the said duly authorized representatives shall not
21 have a rank lower than the rank of Assistant Secretary.

22 **Sec. 5. *Functions and Responsibilities.*** – The Council, being empowered with
23 coordination, integration, supervision, monitoring, and evaluation functions, shall have
24 the following responsibilities:

- 25 a. Approve and implement the National Public Health Emergency Response
26 Plan (NIPHERP) which shall provide an up-to-date, comprehensive, and
27 multi-sectoral approach to preparing for and resolving public health
28 emergencies;
- 29 b. Monitor local and international developments pertaining to emerging and
30 infectious diseases that may affect the population, as they relate to
31 medical and public health preparedness and response for at-risk
32 individuals in the event of a public health emergency;

- 1 c. Ensure efficient operation and coordination among departments,
2 bureaus, offices, agencies, and instrumentalities of the government
3 involved in the formulation of the NIPHERP and the implementation of
4 the provisions of this Act;
- 5 d. Review the capacity of national and local healthcare systems and submit
6 recommendations to proactively improve said systems to adequately
7 address needs during a public health emergency;
- 8 e. Submit regular transparency reports on budget and financial
9 management allotted for public health response to Congress;
- 10 f. Authorize funding for research and development or purchase of viable
11 medicine options and vaccine, whichever is more feasible;
- 12 g. Oversee the consolidation and communication of relevant data, and the
13 establishment of data infrastructure for that purpose;
- 14 h. Coordinate the limitation of mass gatherings and implementation
15 quarantine checkpoints and curfews, as needed;
- 16 i. Notify the World Health Organization of the emerging and infectious
17 disease cases in the country and its assessment of the situation;
- 18 j. Coordinate with other countries experiencing or have experienced similar
19 emerging and infectious diseases and seek assistance to adopt the best
20 practices in addressing the situation, as needed;
- 21 k. Submit regular status reports in the monitoring of an emerging and
22 infectious disease to the President of the Philippines; and
- 23 l. Perform such other functions and activities as may be necessary to carry
24 out the provisions of this Act, or as the President may direct.

25 **Sec. 6. *Working Clusters.*** – There shall be four (4) Working Clusters which shall
26 be in charge of formulating, implementing, and monitoring the provisions of the
27 NIPHERP. The Clusters shall provide their recommendations based on their thematic
28 and present them for approval of the Council. They shall be grouped and composed
29 of the following government agencies, as follows:

- 30 a. *Health Response Cluster* shall establish a system to identify, screen, and
31 assist Filipinos suspected or confirmed to be infected with an emerging
32 and infectious disease, which includes contact tracing; identify

1 government healthcare facilities to serve as focal response facilities and
2 large publicly- or privately-owned spaces that may be used as isolation
3 and quarantine facilities; capacitate healthcare facilities, government
4 and private medical practitioners, healthcare workers, public safety
5 enforcers, and other frontliners, and perform other functions as may be
6 directed by the Council. It shall be composed of the Department of
7 Health as Cluster Head, Department of Science and Technology,
8 Research Institute of Tropical Medicine, National Center for Mental
9 Health, National Institute of Health, Philippine Health Insurance
10 Corporation, and the Philippine Red Cross.

11 b. *Social and Economic Relief Cluster* shall develop appropriate social relief
12 programs to alleviate financial difficulties that may be faced in times of
13 public health emergencies; craft an economic plan to minimize impact of
14 public health emergencies; monitor economic activities to prevent
15 hoarding, reselling, and profiteering of basic necessities including, but
16 not limited to, food, clothing, water, medicines, cleaning and disinfecting
17 agents, and medical items; and perform other functions as may be
18 directed by the Council. It shall be composed of the Department of Social
19 Work and Development as Cluster Head, Department of Agriculture,
20 Department of Labor and Employment, Department of Tourism,
21 Department of Trade and Industry, and Department of Transportation;

22 c. *Public Information and Education Cluster* shall maintain regular
23 information and education campaigns through print, television, radio,
24 and social media pertaining to an emerging and infectious disease and
25 its prevention, control and management to promote positive health
26 behaviors, and address public fear and anxiety through the conduct of a
27 nationwide awareness campaigns, and perform other functions as may
28 be directed by the Council. It shall be composed of the Department of
29 Information and Communications Technology as Cluster Head,
30 Department of Foreign Affairs, Department of Education, Department of
31 Tourism, Commission on Higher Education, and Presidential
32 Communications Operations Office; and;

1 d. *Justice and Public Order Cluster* shall mobilize law enforcement agencies
2 to maintain public order during community quarantine; implement local
3 and international travel restrictions to prevent or minimize the risks of
4 transmitting emerging and infectious diseases; and perform other
5 functions as may be directed by the Council. It shall be composed of the
6 Department of the Interior and Local Government as Cluster Head,
7 Department of Foreign Affairs, Department of Justice, Department of
8 National Defense, Department of Transportation, Commission on Human
9 Rights, and Overseas Workers Welfare Administration.

10 The Department of Health, Department of Budget Management, Department of
11 Finance, and National Economic and Development Authority shall become *ex officio*
12 members of all clusters.

13 The agencies who sit as members of the Clusters may appoint duly authorized
14 representatives from their respective agencies: *Provided*, That the said duly authorized
15 representatives shall not have a rank lower than that of an Assistant Secretary:
16 *Provided further*, That should a member agency not be operationally headed by at
17 least an Assistant Secretary, that the authorized representative shall be the head, or
18 his/her deputy, of said member agency.

19 *Sec. 7. Civil Society Participation in Working Clusters.* – There shall be
20 representation by civil society organizations in each Cluster. Each Cluster shall include
21 at least four (4) civil society organizations whose advocacies run parallel along the
22 functions of the Clusters as members for full two (2) years. They shall actively
23 participate in meetings and shall have full voting powers on policies decided by the
24 Clusters.

25 Civil society organizations in each Cluster shall choose from amongst themselves
26 one (1) representative to sit on the Council. The representative civil society
27 organization shall actively participate in meetings and shall have full voting powers on
28 policies decided by the Council.

29 *SEC. 8. Role of the Health Emergency Management Bureau.* – As the
30 Department of Health's coordinating unit and operation center for all health
31 emergencies and disasters, as well as incidents with the potential of becoming an
32 emergency, and coordinate the mobilization and sharing of resources, the Health

1 Emergency Management Bureau (HEMB) shall be designated as the Secretariat of the
2 Council. The Director of the HEMB shall also be designated as the concurrent Executive
3 Director of the Council, and shall be an *ex officio* member of the Council.

4 **Sec. 9. National Public Health Emergency Response Plan.** – The Council shall
5 formulate a National Public Health Emergency Response Plan that will address public
6 health emergencies through monitoring and surveillance; confirmation of transmission
7 and of cases; mobilizing the necessary physical, logistical, and technological
8 infrastructures; implementation of preventive, precautionary, and contingency
9 response measures; conduct of social relief programs; and regulating movement of
10 people, goods, and services across affected areas. It shall provide an up-to-date,
11 comprehensive, and multi-sectoral approach to resolving public health emergencies.
12 The NIPHERP shall be updated every two (2) years, taking into consideration current
13 events, technological changes, scientific advancements, and immediate needs of the
14 people.

15 **Sec. 10. Meetings of the Council.** – During a public health emergency, the
16 Council and its Clusters shall meet as often as necessary to monitor developments and
17 to manage the implementation of government response activities. Agencies mentioned
18 in Section 4 of this Act are required to attend all the meetings of the Council and its
19 Clusters.

20 When there is no public health emergency, the Council shall meet every three
21 (3) months to monitor and report on developments on emerging and infectious
22 diseases and other events that may develop into public health emergencies.

23 **Sec. 11. Regional Public Health Emergency Response Councils.** - Each region
24 shall establish a Regional Public Health Emergency Response Councils, hereinafter
25 referred to as the Regional Council, to localize response to public health emergencies
26 within its jurisdictions.

27 The Regional Council shall have the following responsibilities:

- 28 a. Formulate a Regional Public Health Emergency Response Plan (RIPHERP)
29 consistent with the NIPHERP;
- 30 b. Monitor and evaluate local and inter-local developments, as may be
31 coordinated with the local health boards, pertaining to emerging and

1 infectious diseases upon the declaration of a public health emergency by
2 the President;

3 c. Ensure efficient coordination among member provinces and cities, their
4 local departments, bureaus, offices, agencies, and instrumentalities in
5 the implementation of the RPHERP and NPHERP;

6 d. Review the capacity of local healthcare systems and submit
7 recommendations to proactively improve said systems to adequately
8 address needs during a public health emergency;

9 e. Oversee the consolidation, communication, and transmission of relevant
10 data at the local level, and the establishment of local data infrastructures
11 for that purpose;

12 f. Determine and designate mechanisms and facilities for the isolation of
13 individuals either suspected or confirmed to have contracted an
14 emerging infectious disease locally or abroad;

15 g. Implement curfews, the limitation of mass gatherings, and establishment
16 of quarantine checkpoints, as needed; and

17 h. Perform such other functions and activities as may be necessary to carry
18 out the provisions of this Act, or as the Council may direct.

19 To the fullest extent possible, the directives of the Regional Council shall be
20 consistent with the NPHERP and the directives of the Council. The Regional Councils
21 shall periodically report to the Council of its progress.

22 The Chairpersonship shall be decided among the local chief executives in each
23 region: *Provided*, That the Regional Director of the Department of Health shall be ex-
24 officio Co-Chairperson. The composition of the respective Regional Councils, and their
25 respective Working Clusters, shall be determined by the Co-Chairpersons on the basis
26 of the nature of the public health emergency: *Provided further*, That the participation
27 of civil society organizations shall not be waived in accordance with Section 7 of this
28 Act.

29 CHAPTER III

30 INITIAL MITIGATION MEASURES

31 *Sec. 12. Implementation of Community Quarantine.* – As circumstances deem
32 it necessary owing to the nature of a public health emergency, the Council, upon

1 declaration of a State of Public Health Emergency by the President of the Philippines,
2 may begin to implement community quarantine in affected areas forty-eight (48)
3 hours after the said declaration. During the community quarantine, the provisions of
4 NPHERP shall be implemented. Criteria for determining levels of community quarantine
5 shall depend on the severity of the disease.

6 Sec. 13. *Travel Restrictions.* – Upon the first detection of an emerging and
7 infectious disease in the country, the Council shall issue an advisory to ban the entry
8 of international flights and vessels for a minimum of fifteen (15) days, subject to
9 possible extensions as deemed necessary. The Council shall immediately close
10 international airports, seaports, and other possible entry points for travelers and
11 returning Filipinos from other countries. Commercial and chartered flights and vessels
12 shall not be allowed to land and to dock, except for those carrying cargo containing
13 basic necessities such as, but not limited to, food, medicines, and medical equipment.

14 Scheduled departures shall be cancelled, and Overseas Filipino Workers
15 departing for other countries shall be immediately referred to the Overseas Workers
16 Welfare Administration for immediate assistance.

17 Airports and seaports shall set up disinfection facilities for goods coming in from
18 authorized flights and vessels. Personnel carrying these cargoes shall be subjected to
19 disinfection and quarantine procedures, and submission of Health Declaration Forms.
20 The Council shall determine the most appropriate means to implement measures and
21 procedures with regard to the entry of cargo: *Provided,* That the entry of basic and
22 medical necessities shall not be hampered: *Provided further,* That these necessities
23 shall be subject to disinfection.

24 Sec. 14. *Mass Gatherings.* – During a community quarantine, mass gatherings,
25 religious celebrations, public festivities, as well as the flow of people in public spaces,
26 such as, but not limited to: public markets, parks, plazas, covered courts, promenades,
27 gymnasiums, arenas, cockpits, and amusement and recreation centers, shall be
28 limited, depending on the gravity of the public health emergency.

29 Sec. 15. *Suspension of Classes.* – As circumstances deem it necessary owing to
30 the nature of a public health emergency, classes at all levels in both public and private
31 schools in areas under community quarantine shall be automatically suspended until
32 further notice. Moving up ceremonies, graduation rites, educational trips, academic

1 and extracurricular activities, and other school-based activities, shall also be
2 suspended.

3 School administrators, in coordination with the regional offices of the
4 Department of Education, may allow holding of online classes, subject to availability
5 of necessary resources in the households of both faculty and students: *Provided*, That
6 consultations with faculty and students shall be held to ascertain their capabilities to
7 meet academic requirements: *Provided, further*, That should necessary resources be
8 unavailable, the school administration shall consider measures to move forward with
9 the academic calendar.

10 *Sec. 16. Availability of Modes of Transportation.* – As circumstances deem it
11 necessary owing to the nature of a public health emergency, all modes of non-
12 essential travel shall not be allowed to operate during a community quarantine. The
13 local government units shall provide vehicle units to transport essential personnel and
14 frontliners to hospitals and other places of essential operation during a crisis, as long
15 as physical distancing is observed in the vehicles.

16 Private vehicles shall be allowed to ply roads only if they are carrying essential
17 food items, essential personnel, medicines and medical supplies, and other essential
18 cargo: *Provided*, That private vehicles shall apply for a valid transport pass from the
19 local government unit.

20 *Sec. 17. Alternative Working Arrangements.* – As circumstances deem it
21 necessary owing to the nature of a public health emergency, economic activities that
22 require physical presence in a workplace shall be temporarily halted during a public
23 health emergency. All government offices and private businesses shall implement
24 working arrangements that diminish the need for physical interactions among
25 employees. Arrangements to allow employees to perform their jobs in manners such
26 as, but not limited to, working from home, going to the workplace in select schedules,
27 or working in shortened periods, shall be considered, subject to existing laws, current
28 conditions, and availability of resources.

29 **CHAPTER IV**

30 **MEDICAL APPROACH TO PUBLIC HEALTH EMERGENCIES**

31 *Sec. 18. Mass Testing.* – As circumstances deem it necessary owing to the
32 nature of a public health emergency, the State shall prioritize extensive, free, and

1 quick laboratory testing for all. In cases where resources are limited, vulnerable
2 populations and frontline health care and other essential workers shall be prioritized.
3 The State shall procure adequate, effective and high-quality testing kits and laboratory
4 instruments from Food and Drug Administration (FDA)-approved sources. The
5 Department of Health shall coordinate with specialized educational institutions to
6 immediately train professionals to handle laboratory examinations of specimens. In no
7 way shall testing centers offer courtesy lanes and privileged testing unless they are
8 manifesting symptoms or exposed to the disease through confirmed cases.

9 **Sec. 19. *Healthcare Facilities and Services.*** - The Council, in coordination with
10 local government units and other concerned government agencies shall set up
11 healthcare facilities and isolation centers which shall respond to any public health
12 emergency and shall undertake monitoring, prevention, preparedness, and response
13 services and activities.

14 The Council shall maintain a master list of possible sites for isolation centers
15 that will be converted to meet international health standards. The Council shall
16 evaluate all public hospitals under the jurisdiction of the Department of Health and
17 the local government units, determine priority hospitals for each region against all
18 public health emergencies, and outline the development of their healthcare capacity
19 in the Plan.

20 The Council shall enjoin privately-owned healthcare facilities to provide services
21 or the use of its facilities in the event of any public health emergency, in the event
22 that government healthcare institutions are unable to cope with the public health
23 emergency.

24 The Council shall establish systems, mechanisms, and services to address
25 psychosocial needs of affected individuals during a public health emergency.

26 **Sec. 20. *Mandatory Protective Measures.*** – During a public health emergency,
27 mandatory or recommended protective measures shall be determined by the Council
28 in consultation with local health experts and the World Health Organization.

29 **Sec. 21. *Anti-Discrimination Provision.*** – Any act or action committed to
30 manifest prejudice, bigotry, unequal treatment, exclusion, restriction, humiliation, and
31 vilification towards individuals who have been confirmed to have contracted, showed
32 symptoms of, exposed to, or recovered from an emerging and infectious disease, and

1 to individuals working as health workers or as frontliners as defined by this Act, which
2 has an effect or purpose of impairing or nullifying the enjoyment of their human rights
3 and fundamental freedoms, shall be punished under this Act.

4 Specifically, the following shall constitute as acts of discrimination against the
5 aforementioned individuals by reason of their status or work in relation to an emerging
6 and infectious disease:

- 7 a. Make utterances to other people in person or through social media posts
8 which cause or tend to cause the discrimination, stigma, disgrace,
9 shame, insult, or harassment, including, but not limited to, the
10 unauthorized disclosure of their names and/or place of residence and
11 making slanderous or abusive statements;
- 12 b. Refuse to allow frontliners entry in establishments, government-owned
13 or private, providing basic necessities;
- 14 c. Commit any act of violence against frontliners or any of their family
15 member/s, subjecting them to any harassment or any threat of physical,
16 mental, and verbal violence, intimidation, or other threatening disruptive
17 behavior;
- 18 d. Refuse to render frontliners service or assistance in or deny access to
19 public programs and services otherwise available to the public, including,
20 but not limited to, medical and other health services, health insurance,
21 utilities, and transportation;
- 22 e. Refuse entry or eject frontliners from their residence or usual
23 accommodation in any lodging house, apartment, hotel, dormitory, and
24 any other places of dwelling being rented out or offered to the public or
25 for a fee or give inferior accommodation or services, even after obtaining
26 clearance from the proper health officials;
- 27 f. Any other act of discrimination which demeans, impairs, mars, reduces,
28 or nullifies the enjoyment or exercise of their human and legal rights.

29 **Sec. 22. *Contact Tracing Strategies.*** – There shall be a contact tracing
30 mechanism to locate individuals who may have been in contact with positive cases of
31 an emerging and infectious disease. As circumstances deem it necessary owing to the
32 nature of a public health emergency, there shall be tracing strategies to locate

1 potentially infected individuals and/or sources of an emerging and infectious disease.
2 Confidentiality of the information gathered in relation to contact tracing shall be
3 maintained, pursuant to the Data Privacy Act.

4 **CHAPTER V**

5 **PUBLIC INFORMATION, EDUCATION, AND COMMUNICATION**

6 *Sec. 23. Public Awareness Campaigns.* – During a public health emergency, the
7 Council shall conduct information campaigns to spread awareness on an emerging and
8 infectious disease, providing key points on their origins, virology, transmission, and
9 symptoms; mandatory protocols to be observed; and contact numbers of government
10 hospitals and offices. Campaigns shall include contextualized and laymanized
11 information to ensure wider understanding by the public. Even when there is no public
12 health emergency, the Council shall continue to conduct information campaigns on
13 individual, household, and community sanitation. To this end, the Council shall utilize
14 print, television, radio, official social media pages, barangay bulletins, mobile
15 announcements, and printed paraphernalia to disseminate information.

16 *Sec. 24. Public Health Emergency Hotline.* – A dedicated emergency hotline
17 shall be created by the Council and Regional Councils for the public to report matters
18 pertaining to public health emergencies, which shall be open twenty (24) hours a day,
19 seven (7) days a week. The contact number shall be included in public awareness
20 campaigns.

21 *Sec. 25. Telehealth Operations.* – The Council shall enjoin public and private
22 hospitals to establish telehealth lines for individuals with preexisting conditions who
23 need medical care but cannot leave their residences to avail of one due to travel
24 restrictions. The contact numbers shall be included in public awareness campaigns.

25 *Sec. 26. Data and Information Sharing Infrastructure.* – Reports and statistics
26 pertaining to the transmission, of emerging and infectious diseases, including, but not
27 limited to, confirmed, suspected, and probable cases; number of deaths; number of
28 recoveries; and affected areas shall be made available real time for public use. Proper
29 collection, processing, organization, management, and disposition of data shall be
30 strictly observed.

31 Government documents, such as resolutions, executive orders, policy briefs,
32 and statistics; academic articles; and other information that may be vital for the

1 handling of a public health emergency shall also be made available for public use:
2 *Provided*, That the information must be valid and must not misinform the public on
3 the actual facts of a public health emergency.

4 *Sec. 27. Anti-False Information Provision.* – Deliberate posting of false
5 information and any unconfirmed reports that cause panic, confusion, or chaos, shall
6 be prohibited in consonance with Article 154 of Revised Penal Code. Information
7 published through print or social media, or broadcasted through television or radio,
8 that intentionally impugns a person, institution, or organization during a public health
9 emergency without verification to support accusations shall be punishable under this
10 Act.

11 **CHAPTER VI**

12 **PUBLIC ORDER AND SAFETY**

13 *Sec. 28. Role of the Military and Law Enforcement Agencies.* – As circumstances
14 deem it necessary owing to the nature of a public health emergency, the Armed Forces
15 of the Philippines (AFP), Philippine National Police (PNP), and other law enforcement
16 agencies shall be mobilized for the purposes of enforcing community quarantine in
17 specific areas, facilitating the transport of patients, contact tracing for determination
18 of possible cases, manning checkpoints, and other purposes as defined by the Council:
19 *Provided*, That such functions shall be performed with the highest respect for human
20 rights: *Provided further*, That patrols related to contact tracing, determination of
21 possible cases, implementation of community quarantine, and transport of confirmed
22 cases to isolation facilities shall be conducted in the presence of a barangay health
23 worker: *Provided finally*, That the use of force shall be applied only on extreme
24 circumstances.

25 *Sec. 29. Authorized Persons Outside of Residence.* – As circumstances deem it
26 necessary owing to the nature of a public health emergency, only the following
27 persons identified below shall be allowed outside of their residences: *Provided*, That
28 they observe preventive measures while outside of residence, and must carry valid
29 government-issued identification cards or certification of residence from the Punong
30 Barangay with them:

- 31 a. Members of the Cabinet, Undersecretaries, Assistant Secretaries,
32 Directors, and select national government officials and employees, as

1 determined by the Council; local chief executives and local government
2 employees who are needed to report to their offices;

3 b. Justices of the Supreme Court, Court of Appeals, Court of Tax Appeals,
4 Sandiganbayan; Judges of Regional Trial Courts, Metropolitan Trial
5 Courts, Municipal Trial Courts in Cities, Municipal Trial Courts, Municipal
6 Circuit Trial Courts, Sharia District Courts, and Sharia Circuit Courts;
7 clerks of court and other employees who are needed to report to their
8 offices; and lawyers who have valid appointments related to assisting in
9 the administration of justice;

10 c. Medical service providers, hospital and clinic employees, Red Cross
11 volunteers, private caregivers, and veterinary service providers;

12 d. Funeral home employees and immediate family of the deceased;

13 e. Emergency responders and deployed personnel from national
14 government agencies under the Executive Branch of the Government,
15 Commission on Human Rights, and local Barangay Health Emergency
16 Response Team;

17 f. Members of the Philippine National Police, Armed Forces of the
18 Philippines, Bureau of Fire Protection, Philippine Coast Guard, Bureau of
19 Jail Management and Penology, National Bureau of Investigation, Office
20 of Transport Security, Bureau of Customs, Bureau of Immigration, Metro
21 Manila Development Authority, and other law enforcement agency
22 personnel, company security officers and security guards, Barangay
23 Tanods, and Barangay officials;

24 g. Delivery personnel and drivers of food and goods cargo,
25 industrial/construction supplies, drugs/medicines/medical supplies and
26 equipment and veterinary supplies;

27 h. Key officials and employees of utilities, telecommunications, cable and
28 internet service providers, water companies, water delivery and refilling
29 stations, laundry services, energy companies and power plant
30 maintenance including the suppliers thereof, petroleum tanker drivers,
31 gasoline attendants, coal delivery crew, sanitation personnel, and
32 garbage collectors;

- 1 i. Media personnel;
- 2 j. Agricultural and fishing workers, including, but not limited to, farm and
- 3 mill employees, fisher folk, paymasters, and management; and
- 4 k. Management, drivers, and helper of hauling services.

5 **Sec. 30. *The Judiciary during a Public Health Emergency.*** – The Judiciary may
6 observe measures to continue the delivery of justice to the people during a public
7 health emergency.

8 **CHAPTER VII**

9 **SOCIAL RELIEF AND RECOVERY PROGRAMS**

10 **Sec. 31. *Financial Assistance.*** – As circumstances deem it necessary owing to
11 the nature of a public health emergency, the Council shall formulate and implement a
12 social relief program that shall provide basic financial assistance equivalent to the
13 monthly regional minimum wage to households which have ceased to receive income
14 due to an ongoing public health emergency. Displaced workers, daily-paid employees,
15 ‘no-work, no-pay’ employees, and families living below the poverty line, and
16 households included in the National Household Targeting System for Poverty
17 Reduction shall be prioritized.

18 City or Municipal Social Welfare and Development Offices (CSWDO/MSWDO)
19 shall maintain a database of households qualified to receive the financial assistance,
20 in accordance with the provisions of Republic Act No. 10173 or the “Data Privacy Act
21 of 2012.” Distribution of financial assistance shall be conducted by the City or Municipal
22 Social Welfare and Development Offices: *Provided,* That the distribution shall observe
23 mandatory protocols to avoid contracting an emerging and infectious disease.

24 **Sec. 32. *Food Assistance.*** – The Council shall ensure that there are available,
25 accessible, and nutritious food supplies in every local government unit to be distributed
26 to households during a public health emergency. Food packs shall be given to all
27 households in an affected area, skipping no household to ensure equal distribution of
28 food assistance.

29 **Sec. 33. *Suspension of Housing Relocation Operations.*** – All eviction and
30 resettlement of families and demolition of houses shall be suspended during a public
31 health emergency.

1 *Sec. 34. Operation of Businesses for Basic Necessities.* – Establishments selling
2 food, medicines, medical supplies, and hardware supplies; banks; electric companies;
3 water companies; cable and internet service providers; and telecommunication
4 companies shall be allowed to operate during a public health emergency: *Provided,*
5 That such companies will observe mandatory protocols to avoid contracting an
6 emerging and infectious disease.

7 Should it be impossible for residents to go out to purchase basic necessities,
8 the local government unit shall come up with options to bring these goods closer to
9 affected residential areas.

10 *Sec. 35. Assistance to Locally-Stranded Individuals.* – Local government units
11 shall monitor and record non-resident workers and students in their area who are
12 stranded due to a public health emergency. The Local Government Unit shall provide
13 financial and food assistance to the locally-stranded individuals, while coordinating
14 with their respective home local governments regarding their return to their
15 residences. If return is not possible, the attending local government unit shall ensure
16 they are provided with ample assistance until conditions allow them to return home.
17 Returning locally-stranded individuals shall be required to comply with local isolation
18 protocols determined by the Regional Council.

19 *Sec. 36. Assistance to Overseas Filipino Workers.* – Overseas Filipino Workers
20 (OFWs) who are stranded abroad or who have been displaced from their jobs due to
21 the same emerging and infectious disease affecting the Philippines shall be extended
22 financial and logistical assistance by the Philippine embassies and consulates.
23 Suspension of the repatriation of OFWs shall depend on the gravity of the public health
24 emergency. Returning OFWs shall be required to comply with isolation protocols
25 determined by the Council.

26 *Sec. 37. Price Ceiling, Hoarding, and Reselling of Products.* – Price ceiling of
27 basic agricultural goods, foodstuff, clothes, medicines, medical supplies, sanitation and
28 hygiene items, and other essential items shall be determined by the Council for the
29 duration of the community quarantine.

30 Pursuant to existing regulations, hoarding and reselling for profits of such items
31 shall be strictly prohibited. Supermarkets and groceries may limit retail purchases of
32 essential items to avoid depletion of stocks of goods. Online resellers who shall be

1 proven to impose unreasonable markups on their items shall be covered by this Act.
2 The Council shall take necessary steps to identify the hoarders and reselling profiteers.

3 *Sec. 38. Extension and Waiving of Payment of Basic Utilities.* – During a public
4 health emergency, the extension and waiver of payment of basic utilities and services,
5 such as, but not limited to, rent, water, electricity, cable and Internet service
6 providers, and loans, shall be determined by the Council in consultation with
7 consumers and utility and service providers.

8 *Sec. 39. Post-Public Health Emergency Measures.* – The Council shall include
9 economic recovery measures in the NPHERP to spur economic activities, to support
10 micro-, small-, and medium-scale enterprises (MSMEs) and workers, and to attract
11 investments after a public health emergency. Recovery measures shall take into
12 consideration the current economic situation and outlook of the country, and shall be
13 implemented as soon as the public health emergency ends. Financial assistance to
14 MSMEs and other local businesses shall be ensured.

15 *Sec. 40. Role of Civil Society.* – Civil society organizations shall not be restricted
16 from doing volunteerism initiatives, conducting relief operations, and starting
17 fundraising activities: *Provided*, That the implementation of their activities shall be
18 thoroughly documented for public reference: *Provided further*, That civil society relief
19 projects and initiatives during a public health emergency shall not be made to pay any
20 fee to operate.

21 **CHAPTER VIII**

22 **FINAL PROVISIONS**

23 *Sec. 41. Volunteer Mobilization.* – Pursuant to Republic Act No. 9163 and
24 Republic Act No. 9418, those who have completed the National Service Training
25 Program, as well as those enlisted in volunteer programs in national government
26 agencies, local government units, and the private sector, shall be mobilized to assist
27 delivery of health services, information dissemination, maintenance of public order,
28 and conduct of relief operations, among others, during a public health emergency.

29 *Sec. 42. Joint Congressional Oversight Committee.* – There is hereby created a
30 Joint Congressional Oversight Committee to monitor the implementation of this Act
31 and to review its provisions. The oversight committee shall be composed of five (5)
32 Senators and five (5) Representatives to be appointed by the Senate President and

1 the Speaker of the House of Representatives, respectively. The oversight committee
2 shall be co-chaired by the chairpersons of the Senate Committee on Health and
3 Demography and the House Committee on Health.

4 In times when no public health emergency is declared by the President, the
5 Council shall produce an annual report to the Joint Congressional Oversight Committee
6 of its accomplishments with regard to the implementation of the NIPHERP. Should a
7 public health emergency be declared by the President, the Council is directed to
8 produce a weekly report to the Joint Congressional Oversight Committee of its
9 accomplishments with regard to the implementation of the NIPHERP. The reports shall
10 include the following, but not limited to, the Council's accomplishments and budget
11 utilization rate, as well as justifications on the same.

12 **Sec. 43. Penalties.** – In addition to acts or omission already penalized by
13 existing laws, any person who commits any of the prohibited acts or unjustifiably
14 refuses to comply with the provisions mentioned in this Act hereof or any rule and
15 regulation promulgated pursuant thereto shall be punished by imprisonment of not
16 less than two (2) months but not more than four (4) months or a fine of not less than
17 ten thousand pesos (Php 10,000.00) but not more than one million pesos (Php
18 1,000,000.00), or both, at the discretion of the Court: *Provided*, That if the offender
19 is a corporation or a juridical person, the officers thereof who have knowingly
20 participated in the violation of the provisions of this Act shall be held liable: *Provided*
21 *further*, That if the offender is a public official or employee, he or she shall, in addition
22 to the penalties prescribed herein, suffer perpetual or temporary disqualification from
23 office, as the case may be.

24 **SEC. 44. Augmentation of Quick Response Fund.** – The Quick Response
25 Fund, as provided for by Republic Act No. 10121 or the "Philippine Disaster Risk
26 Reduction and Management Act of 2010", shall be increased by the equivalent of fifty
27 percent (50%) of the amount allocated for various relevant Departments, including,
28 but not limited to, the DOH and DSWD. The increase shall only be used during a public
29 health emergency to fund programs as provided by this Act and the NIPHERP.

30 **Sec. 45. Appropriations.** – The amount needed for the initial implementation of
31 this Act shall be charged against the appropriations of the government offices that
32 compose the Council. Thereafter, such sums as may be necessary for the continued

1 implementation of this Act shall be included in the agencies' respective budgets as
2 stated in the annual General Appropriations Act.

3 *Sec. 46. Implementing Rules and Regulations.* – Within sixty (60) days from
4 the approval of this Act, the Council shall issue the necessary rules and regulations for
5 the effective implementation of this Act. The implementing rules and regulations shall
6 be published in the *Official Gazette* or in two (2) newspapers of general circulation.

7 *Sec. 47. Construction or Interpretation.* – All provisions in this Act, and any
8 other provisions referred to hereafter, shall not be construed as an impairment,
9 restriction, or modification of the provisions of the Constitution. In case the exercise
10 of the powers granted herein conflicts with others statutes, decrees, orders, rules, or
11 regulations, the provisions of this Act and the Constitution shall prevail.

12 *Sec. 48. Repealing Clause.* – All pertinent provisions of Republic Act No. 9271,
13 Republic Act No. 11332, Republic Act 11469, and all other laws, decrees, executive
14 orders, rules and regulations and issuances, or parts thereof, inconsistent with the
15 provisions of this Act are hereby repealed accordingly.

16 *Sec. 49. Separability Clause.* – If any provision of this Act is declared
17 unconstitutional or invalid, the other provisions not otherwise affected shall remain in
18 full force and effect.

19 *Sec. 50. Effectivity.* – This Act shall take effect fifteen (15) days after its
20 publication in the *Official Gazette* or in two (2) newspapers of general circulation.

Approved,