

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

5 AUG 23 12: 6

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SENATE
S. B. No. **2086**

Introduced by Senator Miriam Defensor Santiago

EXPLANATORY NOTE

The Constitution, Article II, Section 15, provides:

The State shall protect and promote the right to health of the people and instill health consciousness among them.


Three pandemics occurred during the 20th century: the Spanish flu pandemic in 1918; the Asian flu pandemic in 1957; and the Hong Kong flu pandemic in 1968. The Spanish flu pandemic was the most severe, causing over 500,000 deaths in the United States and more than 20,000,000 deaths worldwide.

Recent studies suggest that avian influenza strains, which are endemic in wild birds and poultry populations in some countries, are becoming increasingly capable of causing severe disease in humans and are likely to cause the next pandemic flu. In 2004, eight nations – Thailand, Vietnam, Indonesia, Japan, Laos, China, Cambodia, and the Republic of Korea – experienced outbreaks of avian flu, particularly of the H5N1 strain, among poultry flocks. Cases of human infections were confirmed in Thailand and Vietnam (including a possible human-to-human infection in Thailand). As of 15 April 2005, 88 confirmed human cases of this specific avian influenza have been reported, 51 of which resulted in death. Of these cases, 68 were in Vietnam, 17 in Thailand, and three in Cambodia.

On 23 February 2005, Dr. Shigeru Omi, Asia regional director of the World Health Organization (WHO), stated with respect to the avian flu, “We at WHO believe that the world is now in the gravest possible danger of a pandemic.”

The best defense against influenza pandemics is a heightened global surveillance system. In many of the nations where the H5N1 avian flu has become endemic, the early detection capabilities and the transparency in health systems are severely lacking.

In addition to surveillance, pandemic preparedness requires domestic and international coordination and cooperation to ensure an adequate medical response, including communication and information networks, public health measures to prevent spread, use of vaccination and antivirals, provision of health outpatient and inpatient services, and maintenance of core public functions.


MIRIAM DEFENSOR SANTIAGO

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

5 AUG 23 2010

SENATE
S. B. No. **2086** RECEIVED BY: 

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AN ACT
TO PROVIDE FOR PANDEMIC INFLUENZA PREPAREDNESS AND TO
ESTABLISH A POLICY COORDINATING COMMITTEE
ON PANDEMIC INFLUENZA PREPAREDNESS

SECTION 1. *Short Title.* – This Act shall be cited as the “Pandemic Influenza Preparedness Act of 2005.”

SECTION 2. *Definition of Terms.* – The following terms are defined as used in this Act:

- (A) Pandemic Influenza – means a widespread epidemic of influenza illness over a particular location.
- (B) Secretary – refers to the Secretary of the Department of Health.
- (C) DOH – refers to the Department of Health.
- (D) DA – refers to the Department of Agriculture.
- (E) DILG – refers to the Department of Interior and Local Government.
- (F) DTI – refers to the Department of Trade and Industry.
- (G) DOTC – refers to the Department of Transportation and Communication.

SECTION 3. *Policy Coordinating Committee on Pandemic Influenza Preparedness.* –

(A) *In General.* – There is hereby established the Pandemic Influenza Preparedness Policy Coordinating Committee.

(B) *Membership.* –

(1) *In General.* – The Committee shall be composed of –

- (a) the Secretary;
- (b) the Secretary of DA;

(c) the Secretary of DILG;

(d) the Secretary of DTI;

(e) the Secretary of DOTC; and

(f) other representatives as determined appropriate by the Co-Chairs of the Committee.

(2) *Co-Chairs.* – The Secretary and the Secretary of DA shall serve as the Co-Chairs of the Committee.

(3) *Term.* – The members of the Committee shall serve for the life of the Committee.

(C) *Meetings.* –

(1) *In General.* – The Committee shall meet not less than two (2) times each year at the call of the Co-Chairs or as determined necessary by the President.

(2) *Representation.* – A member of the Committee under subsection (B) may designate a representative to participate in Committee meetings, but such representative shall hold the position of at least an assistant secretary or equivalent position.

(D) *Duties of the Committee.* –

(1) *Preparedness Plans.* – Each member of the Committee shall submit to the Committee a pandemic influenza preparedness plan for the agency involved that describes –

(a) initiatives and proposals by such member to address pandemic influenza (including avian influenza) preparedness; and

(b) any activity in coordination with international entities related to such initiatives and proposals.

(2) *Interagency Plan And Recommendations.* –

(a) *In General.* –

(i) *Preparedness Plan.* – Based on the preparedness plans described under paragraph (1), and not later than ninety (90) days after the date of enactment of the Pandemic Influenza Preparedness Act of 2005, the Committee shall develop an Interagency Preparedness Plan that integrates and coordinates such preparedness plans.

(ii) *Content of Plan.* – The Interagency Preparedness Plan under clause (i) shall include a description of –

(I) departmental or agency responsibility and accountability for each component of such plan;

(II) funding requirements and sources;

(III) international collaboration and coordination efforts; and

(IV) recommendations and a timeline for implementation of such plan.

(b) *Report.* –

(i) *In General.* – The Committee shall submit to the President and Congress, and make available to the public, a report that includes the Interagency Preparedness Plan.

(ii) *Updated Report.* – The Committee shall submit to the President and Congress, and make available to the public, on a biannual basis, an update of the report that includes a description of–

(I) progress made toward plan implementation, as described under clause (i); and

(II) progress of the national preparedness programs.

(c) *Consultation With International Entities.* – In developing the preparedness plans described under subparagraph (a) and the report under

subparagraph (b), the Committee may consult with representatives from the World Health Organization, the World Organization for Animal Health, and other international bodies, as appropriate.

SECTION 4. *Public Education and Awareness Campaign.* –

(A) *In General.* – The Secretary, in consultation with the Director of the National Center for Disease Prevention and Control and the Philippine Information Agency, shall develop an outreach campaign with respect to public education and awareness of influenza and influenza preparedness.

(B) *Details of Campaign.* – The campaign established under subsection (A) shall –

(1) be culturally and linguistically appropriate for domestic populations;

(2) target high-risk populations (those most likely to contract, transmit, and die from influenza);

(3) promote personal influenza precautionary measures and knowledge, and the need for general vaccination, as appropriate; and

(4) describe precautions at the national and local level that could be implemented during pandemic influenza, including quarantine and other measures.

SECTION 5. *Health Professional Training.* – The Secretary, directly or through contract, and in consultation with professional health and medical societies, shall develop and disseminate pandemic influenza training curricula –

(A) to educate and train health professionals, including physicians, nurses, public health practitioners, virologists and epidemiologists, veterinarians, mental health providers, allied health professionals, and paramedics and other first responders;

(B) to educate and train volunteer, non-medical personnel whose assistance may be required during a pandemic influenza outbreak; and

(C) that address prevention, including use of quarantine and other isolation precautions, pandemic influenza diagnosis, medical guidelines for use of antivirals and vaccines, and professional requirements and responsibilities, as appropriate.

SECTION 6. *Appropriations.* – There shall be authorized to be appropriated such amounts as necessary to carry out the provisions of this Act, to be included in the annual budget of the Department of Health in the General Appropriations Act.

SECTION 7. *Separability Clause.* – If any provision, or part hereof, is declared invalid or unconstitutional, the remainder of the law not otherwise affected shall remain valid and subsisting.

SECTION 8. *Repealing Clause.* – Any law, presidential decree or issuance, executive order, letter of instruction, administrative order, rule or regulation contrary to or inconsistent with, the provisions of this Act, are hereby modified, repealed, or amended accordingly.

SECTION 9. *Effectivity Clause.* – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general circulation.

Approved,