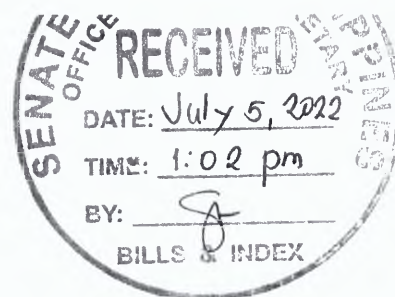


NINETEENTH CONGRESS OF THE  
REPUBLIC OF THE PHILIPPINES  
*First Regular Session*

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**SENATE**

**S. No. 12**

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Introduced by Senator **PIA S. CAYETANO**

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

**EXPLANATORY NOTE**

Since the country recorded its first COVID-19 case on January 21, 2020, we have realized the importance of strengthening our healthcare system to protect every Filipino from existing and emerging health emergencies that pose a threat to their lives. One key lesson from this pandemic is the importance of being more prepared for other future crises, including other public health events. According to the Center for Global Development, there is a 47% to 57% chance of another global pandemic as deadly as COVID in the next 25 years.<sup>1</sup>

As the Chairperson of the Sub-Committee on Center for Disease Control, under the Committee on Health and Demography, the undersigned filed and sponsored Senate Bill No. 2505, under Committee Report No. 586, or the *Philippine Center for Disease Control and Prevention (CDC) Act* during the 18<sup>th</sup> Congress.

This bill, which is the output of the said sub-committee, particularly seeks to establish the CDC, an agency under the Department of Health, that will act as the technical authority on forecasting, preventing, controlling, and monitoring

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<sup>1</sup> Smitham, E., & Glassman, A. (2021, August 25). *The next pandemic could come soon and be deadlier*. <https://www.cgdev.org/blog/the-next-pandemic-could-come-soon-and-be-deadlier>

communicable and non-communicable diseases in the country. Through this measure, we aim to adopt a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach that would streamline science-based decision-making, especially during public health emergencies. The CDC shall have different established centers that shall lead and coordinate the agency's major functions. These centers are as follows: (a) The Center for Health Statistics; (b) The Center for Surveillance and Epidemiology; (c) The Center for Health Evidence, and (d) The Center for Reference Laboratories.

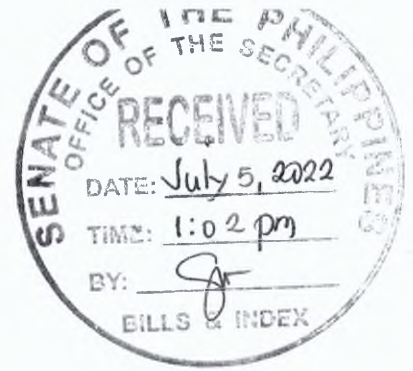
As a party to the United Nations 2030 Agenda for Sustainable Development, it is our duty to ensure that the Philippines is on track with our targets under the Sustainable Development Goals (SDGs), including SDG 3 on Good Health and Well-being, which targets to strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Now more than ever, we need to invest in our healthcare system to prepare us better for other possible health emergencies and to help us build a more sustainable future beyond COVID-19.

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

*Pia S. Cayetano*  
PIA S. CAYETANO 

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



SENATE

S. No. 12

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Introduced by Senator **PIA S. CAYETANO**

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**AN ACT**  
**CREATING THE PHILIPPINE CENTER FOR DISEASE CONTROL AND PREVENTION, DEFINING ITS POWERS AND FUNCTIONS, 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. *Title.* — This Act shall be known as the "*Philippine Center for Disease Control and Prevention (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. Towards this end, the State shall adopt an integrated, comprehensive, and evidence-based approach that recognizes devolution of health care, consistent with the direction under Republic Act No. 11223, or the Universal Health Care (UHC) Act which integrates province- and city-wide health systems. It shall also adopt a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach, ensuring clear delineation of tasks between existing agencies and maximizes current mandates. The State shall also allot the necessary support and institutional resources to provide for an effective disease control and prevention program through a high-level public institution imbued with the capacity, competence, and authority to confront global and local public health risks.

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

(a) Protect the Filipino people from the impact of communicable and non-

- 1 communicable diseases of public health importance;
- 2 (b) Develop policies, plans, and protocols to improve on all identified areas in the
- 3 International Health Regulations (IHR) hazards;
- 4 (c) Clarify governance, decision-making, and coordination processes and
- 5 protocols related to forecasting, preventing, controlling, and monitoring
- 6 diseases of public health importance;
- 7 (d) Ensure swift, coordinated, and data-driven surveillance and response through
- 8 Epidemiology and Surveillance Units (ESUs), public health laboratory systems,
- 9 point of entries, and Disaster Risk Reduction and Management (DRRM) for
- 10 Health system;
- 11 (e) Maintain a pool of in-house experts that shall serve as the technical authority
- 12 who will provide evidence-based guidance on standards, technologies, and
- 13 analytics for epidemiology and disease control; and
- 14 (f) Ensure the development and implementation of a shared risk and crisis
- 15 communication plan with the Department of Health (DOH) and the Food and
- 16 Drug Administration (FDA).

## 17 ARTICLE II

### 18 DEFINITION OF TERMS

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

20 mean:

- 21 (a) *Communicable diseases* - refer to infectious diseases or illnesses due to
- 22 infectious agents or their toxic products, which may be transmitted from a
- 23 reservoir to a susceptible host, either directly from an infected person or
- 24 animal or indirectly through the agency of an intermediate plant or animal
- 25 host, vector, or the inanimate environment, or coming from laboratories.
- 26 (b) *Disease* - refers to an illness due to a specific toxic substance, occupational
- 27 exposure or infectious agent, which affects a susceptible individual, either
- 28 directly or indirectly, as from an infected animal or person, or indirectly
- 29 through an intermediate host, vector, or the environment.
- 30 (c) *Disease control* - refers to the reduction of disease incidence, prevalence,
- 31 morbidity, or mortality to a locally acceptable level as a result of deliberate

- 1 efforts and continued intervention measures to maintain the reduction.
- 2 (d) *Emerging or re-emerging infectious diseases (EREID)* - refer to diseases that:
- 3 (i) have not occurred in humans before;
- 4 (ii) have occurred previously but affected only small numbers of people in
- 5 isolated areas;
- 6 (iii) are caused by previously undetected or unknown infectious agents;
- 7 (iv) are due to mutant or resistant strains of a causative organism; or
- 8 (v) once were major health problems in the country, and then declined
- 9 dramatically, but are again becoming health problems for a significant
- 10 proportion of the population.
- 11 (e) *Epidemic or outbreak* - refers to an occurrence of more cases of disease
- 12 normally expected within a specific place or group of people over a given
- 13 period of time.
- 14 (f) *Epidemiological investigation* - refers to an inquiry to the incidence,
- 15 prevalence, extent, source, mode of transmission, causation of, and other
- 16 information pertinent to a disease occurrence.
- 17 (g) *Epidemiology* - refers to the study of the distribution and determinants of
- 18 health-related states or events, including diseases, and the application of this
- 19 study to the control of diseases and other health problems.
- 20 (h) *Public health event* - refers to either a public health emergency or a public
- 21 health threat due to biological, chemical, radio-nuclear, and environmental
- 22 agents.
- 23 (i) *Non-communicable diseases* - refer to chronic diseases or those which tend
- 24 to be of long duration and are the result of a combination of genetic,
- 25 physiological, environmental, and behavioral factors.
- 26 (j) *Notifiable disease* - refers to a disease that, by legal requirements, must be
- 27 reported to the public health authorities.
- 28 (k) *Public health emergency* - refers to an occurrence or imminent threat of an
- 29 illness or health condition that
- 30 (i) Is caused by any of the following:
- 31 (1) Bioterrorism;
- 32 (2) The appearance of a novel or previously controlled or eradicated

- 1 infectious agent or biological toxin;
- 2 (3) A natural disaster;
- 3 (4) A chemical attack or accidental release;
- 4 (5) A nuclear attack or accident; or
- 5 (6) An attack or accidental release of radioactive materials; and
- 6 (ii) Poses a high probability of any of the following:
- 7 (1) A large number of deaths in the affected population;
- 8 (2) A large number of serious injuries or long-term disabilities in the
- 9 affected population;
- 10 (3) Widespread exposure to an infectious or toxic agent that poses
- 11 a significant risk of substantial harm to a large number of people
- 12 in the affected population;
- 13 (4) International exposure to an infectious or toxic agent that poses
- 14 a significant risk to the health of citizens of other countries; or
- 15 (5) Trade and travel restrictions.
- 16 (l) *Public health laboratories* - refer to laboratories that are responsible for
- 17 providing timely and reliable diagnostic results primarily for disease
- 18 prevention, control, surveillance, population-based interventions, outbreak
- 19 emergency response, and performing core public health and environmental
- 20 activities, including reference tests for diseases of public health importance.
- 21 (m) *Public health threat* - refers to any situation or factor that may present a
- 22 danger to the health of the people.
- 23 (n) *Quarantine* - refers to the restriction of activities and/or separation from
- 24 others of suspect persons who are not ill, or of suspect baggage, containers,
- 25 conveyances, or goods, in such a manner as to prevent the possible spread
- 26 of infection or contamination.
- 27 (o) *Response* - refers to the implementation of specific activities to control the
- 28 further spread of infection, outbreaks, or epidemics and prevent
- 29 reoccurrence. It includes verification, contact tracing, rapid risk assessment,
- 30 case measures, treatment of patients, risk communication, the conduct of
- 31 prevention activities, and rehabilitation.

ARTICLE III  
CREATION AND FUNCTIONS  
OF THE PHILIPPINE CENTER FOR DISEASE  
CONTROL AND PREVENTION

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

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

Sec. 6. *Functions of the CDC.* — The CDC shall be the technical authority on forecasting, preventing, controlling, and monitoring communicable and non-communicable diseases whether domestic or international in origin. These functions include, but not be limited to, the following:

- (a) Policy and standards development;
- (b) Disease detection and surveillance;
- (c) Capacity building;
- (d) Data collection and analytics;
- (e) Public health communications; and
- (f) Research and evidence synthesis.

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

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

Sec. 7. *Structure of the CDC.* —

- (a) The CDC shall have established centers that shall lead and coordinate the major functions of the CDC, especially during public health emergencies and disasters, and in this capacity, establish strategic linkages and partnerships to fulfill the stated functions. In line with their functions, each of the following centers shall be headed by a Director:

- (i) *Center for Health Statistics.* The Center for Health Statistics shall provide the national leadership in health statistics, data analytics, and health information systems management and shall be the counterpart

office of the DOH on sectoral policy and planning, which shall include, but not be limited to, the following functions:

- (1) Obtain health data and other relevant information from PhilHealth, in accordance with Section 31 of Republic Act 11233, otherwise known as the "Universal Health Care Act;"
- (2) Develop policies and standards for integrated health statistics and data analytics;
- (3) Design and develop health-related survey and surveillance research methodologies for national and sub-national levels;
- (4) Design and collaborate with PhilHealth for interoperable electronic health information systems to collect extensive information at the individual level;
- (5) Generate information from the health data provided by PhilHealth to guide research and policy-making;
- (6) Manage and ensure the quality of health data collected, including but not be limited to epidemiological and service coverage data; and
- (7) Regularly publish statistics for use by the general public and researchers.

(ii) *Center for Surveillance and Epidemiology.* The Center for Surveillance and Epidemiology will lead and execute a national public health surveillance strategy, which shall include, but not be limited to, the following functions:

- (1) Develop policies and procedures in the conduct of surveillance and epidemiology (e.g., information transfer, models, forecasts, case definitions of diseases, syndromes, events, contact tracing, and other public health interventions related to epidemiology);
- (2) Design and develop electronic health information systems to aid early warning and signal detection;
- (3) Analyze data to determine patterns, identify risks, and areas to flag;
- (4) Set the standards and the process for the establishment of

1 ESUs, as required under Section 8 of Republic Act No. 11332 or  
2 also known as the "Mandatory Reporting of Notifiable Diseases  
3 and Health Events of Public Health Concern Act", and assist  
4 DOH-retained hospitals, local health facilities, and private  
5 hospitals and laboratories in establishing ESUs, and assess their  
6 performance; and

7 (5) Lead the training of field epidemiologists through the Philippine  
8 Fields Epidemiology Training Program.

9 (iii) *Center for Health Evidence.* The Center for Health Evidence shall be  
10 established to synthesize available evidence, and conduct high-quality  
11 health research to provide inputs in the development and evaluation  
12 of public health policy and programs for the prevention and control of  
13 diseases, which shall include, but not be limited to, the following  
14 functions:

- 15 (1) Lead and coordinate the generation of health research on the  
16 prevention and control of diseases;
- 17 (2) Oversee the development, adoption, and utilization of clinical  
18 practice guidelines as part of the National Practice Guidelines  
19 Program;
- 20 (3) Translate research evidence to knowledge products publications  
21 for public health policy and programs for the prevention and  
22 control of diseases;
- 23 (4) Conduct capability building and strengthening activities on  
24 evidence synthesis, health research, and disease control and  
25 management;
- 26 (5) Develop multi-sectoral systems and processes for evidence  
27 synthesis and health research for the prevention and control of  
28 diseases;
- 29 (6) Coordinate the formation, internal proceedings, and external  
30 relations of ad-hoc expert groups convened by DOH during  
31 public health emergencies; and
- 32 (7) Coordinate and lead the development of policies and programs

1 on the prevention and control of communicable and non-  
2 communicable diseases.

3 (iv) *Center for Reference Laboratories.* The Center for Reference  
4 Laboratories shall develop and provide the overall strategic direction,  
5 policies, programs, and plans in the development of the public health  
6 laboratories, which shall include, but not be limited to, the following  
7 functions:

- 8 (1) Serve as the technical authority in developing laboratory safety  
9 and security standards, policies, plans, and measures to detect,  
10 prevent, and reduce the risk of any chemical, biological,  
11 environmental, and other threats of public health importance;
- 12 (2) Evaluate the performance of public health and clinical  
13 laboratories by ensuring compliance with laboratory quality  
14 management system and quality assurance program;
- 15 (3) Participate in the inter-agency international networks for  
16 laboratory response to uphold national security and prevent  
17 international threats;
- 18 (4) Oversee the operations and lead the development of the  
19 network of Public Health Laboratories to ensure appropriate  
20 service delivery for responsive diagnostic surveillance under  
21 their catchment;
- 22 (5) Develop and implement laboratory-related training programs  
23 across all Public Health Laboratories;
- 24 (6) Ensure implementation of diagnostic surveillance of Public  
25 Health Laboratories; and
- 26 (7) Maintain an integrated laboratory information system.

27 (b) The CDC shall have an Administrative and Finance Office, which shall report  
28 to the Director General, as provided under Section 12 of this Act, and will be  
29 in-charge of the following functions, among others:

- 30 (i) Human Resource Management;
- 31 (ii) Property and Logistics Management;
- 32 (iii) Assets and Financial Management; and

- 1 (iv) Information and Communication Technology.
- 2 (c) Additional offices may be created in accordance with the mandate of the CDC,
- 3 upon the assessment and recommendation of the Director General, approval
- 4 of the Secretary of Health, and the availability of funds.

5 ARTICLE IV

6 OPERATIONAL STRUCTURE,

7 MANAGEMENT, AND STAFF OF THE CENTER

8 Sec. 8. *Coordination with Centers for Health Development and the Local*

9 *Government Units.* —

10 (a) *General Health.* As an agency directly under the Office of the Secretary of the

11 DOH, the CDC shall ensure effective surveillance and response by

12 coordinating all efforts with established DOH Centers for Health Development

13 (CHDs), national, regional, and province-wide Disaster Risk Reduction and

14 Management Centers (DRRMCs), and Local Government Units. In addition,

15 the CDC shall:

- 16 (i) Govern and build country capacity through the DSOs and ensure the
- 17 country trains sufficient epidemiologists; and
- 18 (ii) Govern the National Reference Laboratories (NRLs) through the Center
- 19 for Reference Laboratories while the DOH CHDs shall govern
- 20 Subnational Reference Laboratories (SNLs) and RPHLs.

21 (b) *State of Public Health Emergency.* During state of Public Health Emergencies

22 all health personnel, including DSOs, SNLs, and those employed by the local

23 government units, shall directly report to the CDC as necessary.

24 For purposes of this Act, "disease surveillance" shall refer to the ongoing

25 systematic collection, analysis, interpretation, and dissemination of outcome-specific

26 data for use in the planning, implementation, and evaluation of public health practice

27 in terms of epidemics, emergencies, and disasters. A disease surveillance system

28 includes the functional capacity for data analysis as well as the timely dissemination

29 of these data to persons who can undertake effective prevention and control activities.

30 Sec. 9. *Transfer of Agencies.* —

31 (a) Restructuring of Affected Offices and Units. The following offices shall be

1 restructured to ensure that the CDC and DOH shall co-exist synergistically  
2 and facilitate full operations of the CDC within a two-year transition plan.

3 (i) The Epidemiology Bureau of the DOH shall be abolished, and its  
4 functions shall be shared between Centers for Health Statistics and  
5 Epidemiology and Surveillance.

6 (ii) The Research Institute for Tropical Medicine (RITM) shall be  
7 transferred to the CDC.

8 (1) The RITM shall retain its research, training, development, and  
9 reference laboratory functions, with its hospital strengthened to  
10 be a specialized premier facility to support and sustain its  
11 mandates.

12 (2) The RITM Biologicals Manufacturing Division shall likewise be  
13 transferred with RITM to fulfill its training and research  
14 functions on Biologicals, as well as its manufacturing and  
15 vaccine storage function.

16 (iii) The Office for Health Laboratories (OHL) of the DOH, including the  
17 following public health laboratories, shall also be transferred to the  
18 CDC:

19 (1) All NRLs currently housed in RITM;

20 (2) NRL for Sexually Transmitted Diseases (STD) and SNL for  
21 EREID, currently housed in San Lazaro Hospital;

22 (3) NRL for environmental and occupational health, toxicology,  
23 micronutrient assay, and chemical emergencies currently  
24 housed in East Avenue Medical Center;

25 (4) NRL for heart diseases, and Anatomical Pathology for Cardiac  
26 disease currently housed in Philippine Heart Center;

27 (5) NRL for Hematology, Microscopy, and Anatomical Pathology for  
28 Renal and other unassigned organs, currently housed in  
29 National Kidney and Transplant Institute;

30 (6) NRL for Chemistry and Anatomic Pathology for Respiratory  
31 disease and SNL for EREID, currently housed in the Lung Center  
32 of the Philippines; and

- 1 (7) Other designated SNL and RPHLs.
- 2 (iv) The technical units of the Disease Prevention and Control Bureau of
- 3 the DOH shall be abolished and its functions shall be absorbed in the
- 4 Centers for Health Evidence, and the remaining shall be restructured
- 5 into the Public Health Strategy and Management Bureau.
- 6 (v) The Communications Management Unit (CMU) of the DOH to be
- 7 institutionalized as shared service between DOH, FDA, and CDC with
- 8 the following functions:
- 9 (1) Develop corporate risk and crisis communication plans;
- 10 (2) Manage and implement risk communication activities and
- 11 initiatives, such as, but not be limited to development and
- 12 issuance of information and education communication (IEC)
- 13 materials, events, stakeholder meetings, and other media
- 14 engagement activities;
- 15 (3) Manage and activate crisis communication protocol for health
- 16 risks and hazards, and institutional reputational risks;
- 17 (4) Develop and implement corresponding capacity building
- 18 activities in relation to corporate risk and crisis communications;
- 19 (5) Perform internal communication functions within the institution;
- 20 (6) Develop and facilitate the approval of communication materials
- 21 and policies as aligned with the approved communication plans;
- 22 (7) Manage different platforms of the institution for release of
- 23 communication materials; and
- 24 (8) Foster, maintain, and continuously build external partnerships
- 25 and communication networks with public and private health
- 26 institutions.
- 27 (vi) Knowledge Management and Information Technology Service (KMITS)
- 28 of the DOH shall restructure and rationalize its functions to eliminate
- 29 or minimize overlaps and duplication with the standards and sectoral
- 30 policy function of the Center for Health Statistics.
- 31 (b) *Transfer of Material.* The offices affected by the transfer of agencies shall also
- 32 transfer applicable funds and appropriations, records, equipment, and

1 property to the CDC subject to a two-year transition plan.

2 (c) *Personnel.*

3 (i) As a result of the reorganization under this Act, the DOH and the CDC  
4 shall absorb qualified employees, as needed, without diminution of  
5 their salaries and benefits: *Provided,* That those whose employment  
6 contracts are terminated may re-apply and must comply with the  
7 qualification standards under this Act.

8 (ii) Affected employees who are not absorbed by the CDC shall have the  
9 option to transfer to other DOH units;

10 (iii) Employees who opted to be separated from service within six (6)  
11 months from the effectivity of this Act shall receive separation benefits  
12 to which they may be entitled under Republic Act No. 6656: *Provided,*  
13 That those who are qualified to retire under existing retirement laws  
14 shall be allowed to retire and receive retirement benefits to which they  
15 may be entitled under applicable laws and issuances.

16 (iv) All technical positions in CDC shall be considered as part of the  
17 scientific career position.

18 Sec. 10. *Structure and Staffing Pattern.* — Subject to the review and approval  
19 of the Department of Budget and Management (DBM), the Secretary of Health shall  
20 determine the organizational structure and staffing pattern of the CDC, in accordance  
21 with existing Civil Service laws, rules and regulations.

22 Sec. 11. *Expansion of Functions.* — In cases of biological, chemical, and toxic  
23 events, the Health Emergency and Management Bureau (HEMB) of the DOH and  
24 Regional Disaster Risk Reduction and Management Centers (RDRRMCs) shall directly  
25 coordinate with CDC and expand their functions to include preparation and response.  
26 The BOQ of the DOH is also tasked with border control and border surveillance and  
27 shall directly coordinate with CDC.

28 Sec. 12. *Director General and Deputy Director Generals.* —

29 (a) *Appointment of the Director General.* The CDC shall be headed by a Director  
30 General, with the rank of Undersecretary, who shall be appointed by the  
31 President, upon the recommendation of the Secretary of Health, based on  
32 technical expertise, academic background, and appropriate experience.

- 1 (b) *Appointment of the Deputy Director General.* The Director General shall be  
2 assisted by one (1) Deputy Director General, with the rank of Assistant  
3 Secretary, who shall oversee the functions of the Administrative and Finance  
4 Office, and any additional offices created in accordance with Sec. 7 (c) of this  
5 Act. The Deputy Director General shall likewise be appointed by the President,  
6 upon the recommendation of the Secretary of Health, based on technical  
7 expertise, academic background, and appropriate experience.
- 8 (c) *Eligibility.* The Director General shall be a public health professional,  
9 preferably a Medical Doctor, with at least 15 years of post-graduate  
10 qualification experience in relevant fields of medicine, public health, and in  
11 managerial positions.
- 12 (d) *Powers and Functions.* The Director General shall perform the following  
13 powers and functions:
- 14 (i) Provide leadership, policy guidance, coordination, technical expertise,  
15 and services to promote the development and implementation of CDC's  
16 national programs;
  - 17 (ii) Certify to the Secretary of Health the occurrence of a Public Health  
18 Emergency. The Secretary of Health upon consultation with public  
19 health officials may signal the initiation of a public health emergency  
20 response including, but not be limited to:
    - 21 (1) Immediate hiring, transfer, and deployment of health  
22 personnel;
    - 23 (2) Implementation of inter-agency public health emergency  
24 preparedness and response in cooperation with the NDRRMC,  
25 DILG, and LGUs; and
    - 26 (3) Strict enforcement and augmentation of border control and  
27 surveillance in coordination with the DFA and DOH BOQ.
  - 28 (iii) Certify the termination of a Public Health Emergency which may serve  
29 as basis for the de-escalation and eventual termination of response;
  - 30 (iv) Recommend to the President, through the Secretary of Health, the  
31 exercise of special powers in the case of an epidemic;
  - 32 (v) Develop policies with provisions on penalties for local implementation

1 and enforcement:

- 2 (1) The Director General, upon consultation with the Secretary of  
3 Health and through the DOH HEMB, is authorized to establish  
4 and prescribe the corresponding rules and regulations, as well  
5 as penalties, for local implementation and enforcement that are  
6 necessary to control and prevent diseases within the country  
7 and to prevent the introduction, transmission, or spread of  
8 communicable diseases from other countries into the Philippines  
9 or from one domestic seaport/airport to another; and
- 10 (2) For purposes of implementing these regulations, the Director  
11 General, upon consultation with the Secretary of Health and  
12 through the DOH HEMB, may provide public health preventive  
13 measures and intervention strategies such as health education  
14 and advisories, apprehensions, detention, isolation, quarantine,  
15 inspections, fumigation, disinfection, disinfestation, pest  
16 extermination, vaccination for international travel, medical  
17 examination of aliens/foreigners, and destruction of animals or  
18 articles found to be infected or contaminated as to be sources  
19 of infection to human beings in coordination with other  
20 concerned quarantine agencies such as veterinary quarantine,  
21 plant quarantine, and other measures as may be necessary.
- 22 (vi) Establish or create containment for inland contagion or community  
23 transmission of public health threats, and shall coordinate these with  
24 the Secretary of Health. During public health emergencies, DOH HEMB  
25 shall also expand and coordinate with DOH BOQ on controlling,  
26 directing, and managing all quarantine stations, grounds, and  
27 anchorages, and in designating their boundaries in accordance with  
28 Section 6 of Republic Act No. 9271 or also known as the Quarantine  
29 Act of 2004;
- 30 (vii) Provide or obtain technical assistance for regional and local health  
31 departments and private agencies before, during, and after an  
32 epidemic;

- 1 (viii) Develop a shared risk communication plan in coordination with the  
2 DOH and the FDA;
- 3 (ix) Coordinate international health activities, through the Bureau of  
4 International Health Cooperation, relating to disease elimination,  
5 prevention, and control;
- 6 (x) Liaise with other government agencies, non-government organizations  
7 (NGOs), international organizations, including the World Health  
8 Organization (WHO), learning and academic institutions, and other  
9 pertinent groups or entities in the conduct of activities relating to  
10 disease prevention and control;
- 11 (xi) Coordinate with appropriate DOH Offices regarding administrative and  
12 program matters;
- 13 (xii) Appoint eligible employees of CDC in accordance with Civil Service Law,  
14 rules and regulations, and this Act;
- 15 (xiii) Delegate the powers vested under this Act to the Deputy Director  
16 General; and
- 17 (xiv) Perform such other functions as may be mandated by law, or as may  
18 be delegated by the Secretary of Health and/or the President.
- 19 (e) *Security of Tenure and Grounds for Removal.* To ensure and uphold the  
20 independence of CDC, the Director General and Deputy Director General shall  
21 have the security of tenure and shall not be removed from office, except when  
22 any of the following grounds is present, the President of the Philippines may  
23 remove the Director General and Deputy Director General:
- 24 (i) Inefficiency and incompetence in the performance of official duties;  
25 *Provided,* That the performance of the Director General and/or the  
26 Deputy Director General shall be evaluated by a panel formed by the  
27 Department of Health for that purpose, which shall be composed of  
28 the Chairman of the Civil Service Commission and public health  
29 experts; and
- 30 (ii) Inability to discharge the duty of the office, whether arising from the  
31 infirmity of the mind or body, grave misconduct, or in the public  
32 interests, upon the recommendation of the Secretary of Health and the

Civil Service Commission.

## ARTICLE V

### SUPPLEMENTAL FUNCTIONS AND POWERS OF THE CDC

#### Sec. 13. *Public Health Surveillance Program.* —

- (a) The Director General shall identify priority health problems for prevention and control;
- (b) The Director General, as deemed necessary, may institute public health surveillance programs or undertake epidemiological investigations or surveys of people, animals, or vectors in order to determine the existence, prevalence, or incidence, or to determine the likelihood of a possible outbreak, of:
  - (i) Any infectious disease; or
  - (ii) Any other disease which the CDC or the Secretary of Health, by notification in the official website of CDC and the DOH, declares to be a disease which this section applies.
- (c) For the purpose of any public health surveillance program, epidemiological investigation, or survey under this Act, the Director General may issue an order requiring any person to furnish CDC, within the period stated therein, with:
  - (i) such information as he or she may require; and
  - (ii) any sample of any substance or matter in the possession of that person or control of that person, whether taken pursuant to this Act or otherwise, as he or she may consider necessary or appropriate.
- (d) The Director General should link the different disease-related programs of the DOH for both communicable and non-communicable diseases with the public health laboratories in relation to laboratory diagnostic surveillance and outbreak investigation.

#### Sec. 14. *Mandatory Reporting of Notifiable Diseases and Public Health Events.*

##### (a) *Transfer of Functions.*

- (i) CDC shall perform the functions and obligations of the Epidemiology Bureau and the DOH under Section 5 and 6 of Republic Act No. 11332,

- 1 otherwise known as the 'Mandatory Reporting of Notifiable Diseases  
2 and Health Events of Public Health Concern Act'
- 3 (ii) CDC shall perform the functions and obligations of DOH under Section  
4 31 (b) of Republic Act No. 11223, or also known as Universal Health  
5 Care Act.
- 6 (b) *Mandatory Reporting.* All public and private hospitals, clinics, health facilities,  
7 laboratories, institutions, workplaces, schools, prisons, ports, airports,  
8 establishments, communities, other government agencies, and NGOs are  
9 required to accurately and immediately report notifiable disease and public  
10 health events to the CDC;
- 11 (c) *Mandatory Submission of Service Coverage.* All public and private hospitals,  
12 clinics, health facilities, laboratories shall be required to submit health and  
13 health-related data, which shall include, but not be limited to, administrative,  
14 public health, medical, pharmaceutical and financing data to the CDC.
- 15 *Sec. 15. Laboratories in the Philippine Health Laboratory System (PHLS). —*
- 16 (a) *Establishment.* There shall be an established Philippine Health Laboratory  
17 System by unifying all diagnostic surveillance of public health importance into  
18 stand-alone laboratories across the nation. The CDC shall:
- 19 (i) Identify public health laboratories and designate NRLs, SNLs, and  
20 RPHLs;
- 21 (ii) Transition the identified public health laboratories that are currently  
22 housed in their existing host hospitals into stand-alone laboratory  
23 facilities to serve as diagnostic surveillance centers separate from its  
24 hospital operations within 3 years from the effectiveness of this Act;  
25 and
- 26 (iii) Establish an integrated laboratory information system accessible to all  
27 public health laboratories and surveillance units.
- 28 (b) *Public Health Laboratories.* The PHLS shall be composed of Public Health  
29 Laboratories following the Philippine Health Facility Development Plan in  
30 determining the roles, functions, investments, and services delivered within  
31 their determined catchment areas. Public Health Laboratories are authorized  
32 to solicit, receive donations and grants, and accrue or accept service-related

1 fees and reimbursement they provide, which may include but not be limited  
2 to diagnostic testing, training, roll-out of National External Quality Assessment  
3 Scheme (NEQAS), and in vitro diagnostic medical evaluation. This shall be  
4 deposited on an authorized government depository bank and used to  
5 augment the laboratories' capital outlay requirements and maintenance and  
6 other operating expenses (MOOE). The State shall also provide and upgrade  
7 equipment, employ adequate human resources, provide training and  
8 development opportunities, and construct and improve infrastructures at all  
9 levels to deliver the necessary public health laboratory services through its  
10 inclusion in the General Appropriations Act, namely for:

11 (i) NRLs that will provide end-referral laboratory confirmatory services,  
12 training, implement external quality assurance programs, and perform  
13 surveillance, outbreak response, kit evaluation, research, and technical  
14 standards. They are the responsible entities for facilitating the NEQAS  
15 to ensure compliance to quality standards of all laboratories in the  
16 Philippines.

17 (ii) SNLs that will conduct confirmatory testing for routine surveillance  
18 samples and performing specialized tests, training, laboratory-related  
19 research, and cascading of protocols and standards set by the NRLs. A  
20 SNL shall be established for each of the following catchment areas:

- 21 (1) North Luzon;  
22 (2) NCR and Central Luzon;  
23 (3) South Luzon;  
24 (4) Visayas; and  
25 (5) Mindanao.

26 (iii) RPHLs that will perform diagnostic tests both for diseases of public  
27 health importance, and laboratory-related research. RPHLs shall be  
28 established and/or designated in all regions.

29 (c) *Oversight and Governance.* The CDC shall exercise supervisory and oversight  
30 functions over the development of all Public Health Laboratories in the PHLS,  
31 and oversee their functions and performance through the Center for  
32 Reference Laboratories.

Sec. 16. *Intergovernmental information sharing.* — The Secretary of Foreign Affairs and the Secretary of Health are jointly mandated to review and recommend to the CDC multilateral and bilateral agreements which the country may adopt to strengthen its information-sharing mechanisms with other countries, in accordance with Republic Act No. 10173, otherwise known as the 'Data Privacy Act of 2012'.

Sec. 17. *Penalties.* —

(a) *Violation by Individuals.* Any person who violates any regulation prescribed or order issued pursuant to this Act, or who enters or departs from the limit of any quarantine station, ground, or anchorage in disregard of quarantine rules and regulations or without permission of the quarantine officer-in-charge shall be punished by a fine of not more than Five Million Pesos (Php 5,000,000.00) or by imprisonment for not more than two (2) years, or both.

(b) *Violation by LGUs and Health Care Providers.*

(i) *Violation of Data Privacy.* Any LGU who violates Republic Act No. 10173, or also known as the Data Privacy Act of 2012, shall be penalized in accordance with Chapter VIII of such Act.

(ii) *Violation of Data Submission Guidelines.* LGUs, through the CHDs, must provide the CDC with available health and technical data relevant to the prevention and control of diseases, in a timely manner. The penalties stipulated under Section 10 of Republic Act No. 11332, otherwise known as the 'Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act', will apply for non-submission of data.

## ARTICLE VI

## MISCELLANEOUS PROVISIONS

Sec. 18. *Progressive Realization.* — The CDC, in coordination with the DOH and LGUs, shall craft a multi-year plan to ensure the timely implementation and progressive realization of this Act. Towards this end, the multi-year plan shall include, but not be limited to: (a) requiring that every province and city-wide health system have full-time DSOs, without prejudice to the need for DSOs in municipalities, as may be deemed necessary, (b) establishing SNLs in North Luzon, NCR and Central Luzon,

1 South Luzon, Visayas, and Mindanao under Section 15 (b)(ii), and (c) establishing  
2 RPHLs in designated regions under Section 15 (b)(iii).

3 The DOH, upon coordination with CDC, shall submit the funding requirements  
4 with corresponding annual targets for the implementation of the multi-year plan to  
5 the DBM and concerned agencies, for the determination of appropriate national budget  
6 allocation: *Provided*, That for local budget allocation, the LGUs shall also appropriate  
7 the necessary funds to ensure the proper implementation of this Act, in relation to  
8 their devolved functions under the UHC Act and other existing laws.

9 Sec. 19. *Annual Report.* — The CDC shall submit to Congress an annual report  
10 containing evaluation of the current and emerging threats to health in the country and  
11 progress to IHR commitments, initiatives undertaken to address these and recommend  
12 legislative measures as may be necessary.

13 Sec. 20. *Appropriations.* — The amount needed for the initial implementation  
14 of this Act shall be taken from the current fiscal year's appropriation of the offices and  
15 agency herein absorbed by the CDC. Thereafter, the amount needed for the operation  
16 and maintenance of the CDC shall be included in the Annual General Appropriations  
17 Act.

18 Sec. 21. *Implementing Rules and Regulations.* — The DOH shall promulgate  
19 the necessary rules and regulations within ninety (90) working days from the  
20 effectivity of this Act.

21 Sec. 22. *Separability Clause.* — If any provision of this Act is declared  
22 unconstitutional or otherwise invalid, the validity of the other provisions shall not be  
23 affected thereby.

24 Sec. 23. *Repealing Clause.* — All laws, decrees, orders, rules and regulations,  
25 other issuances, or parts thereof, inconsistent with any provision of this Act, are  
26 hereby repealed or modified accordingly.

27 Sec. 24. *Effectivity.* — This Act shall take effect after fifteen (15) days following  
28 its publication in the Official Gazette or in two (2) newspapers of general circulation.

*Approved,*