

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



Senate
Office of the Secretary

'22 JUL 13 P4:39

SENATE
Senate Bill No. 544

RECEIVED BY: _____

Introduced by Senator Grace Poe

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

EXPLANATORY NOTE

The spread of COVID-19 in the country revealed a stark lack of preparedness and foresight in handling public health emergencies. A month into the imposed Enhanced Community Quarantine (ECQ), the number of confirmed cases continues to rise, deaths among healthcare workers increase, and the country has a fatality rate above global average at 6.6%.

As of 12 April 2020, the Philippines were ranked lowest in terms of COVID-19 safety in the Asia-Pacific. This means that among 20 countries included in the Deep Knowledge Ventures' study, the Philippines has the highest likelihood of infection, highest chance of mortality, and lowest likelihood of recovery.

Despite the World Health Organization's 31 January 2020 declaration that the novel coronavirus outbreak in China constitutes a Public Health Emergency of International Concern, the Department of Health still seemed ill-prepared in March when the government decided to impose the ECQ. As of April 16, the personal protective equipment (PPEs) procured by the DOH has yet to arrive in full. Private sector had to step in to provide the much-needed PPEs to our healthcare workers. Targeted mass testing was promised but a spike in testing numbers remain to be seen.

This bill aims to prevent a repeat of this dismal effort and to capacitate instead our country in preparation for the next pandemic. Through a Pandemic Response Act, we can only hope that our agencies will be better trained, more adequately equipped, more informed, and be ever ready in disease prevention and response.

This bill brings up to date Senate Bill No. 1573 previously filed by Senator Miriam Defensor-Santiago in 2013. Working on her original proposal for a National Strategy for Public Health Emergencies, this bill primarily adds the creation of a

Center for Disease Control which shall be the principal agency tasked with developing and applying communicable disease control and prevention initiatives.

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

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

1 Section 1. *Short Title.* – This Act shall be known as the "*Pandemic*
2 *Preparedness and Response Act.*"

3 Sec. 2. *Creation of a Center for Disease Control.* – There shall be created a
4 Center for Disease Control, hereinafter referred to as "Center", which shall be
5 attached to the Department of Health (DOH).

6 The Center shall be the principal agency tasked with developing and applying
7 communicable disease control and prevention initiatives. Additionally, it shall be
8 responsible for controlling the introduction and spread of infectious diseases, and
9 shall provide consultation and assistance to other nations and international agencies
10 to assist in improving their disease prevention and control.

11 Sec. 3. *Reorganization of existing units.* – The following bureaus and agencies
12 are hereby subsumed into the Center:

- 13 A. The Disease Prevention and Control Bureau of the DOH
- 14 B. The Epidemiology Bureau of the DOH
- 15 C. The Research Institute for Tropical Medicine
- 16 D. The Health Emergency Management Bureau of the DOH
- 17 E. The Bureau of Quarantine of the DOH

18 Sec. 4. *Functions of the Center.* – The Center shall have the following
19 functions:

- 1 A. Act as lead agency in the crafting and implementation of programs regarding
2 the control and prevention of communicable diseases;
- 3 B. As the primary disease surveillance agency in the country, the Center shall
4 monitor existing and emerging communicable diseases and maintain active
5 surveillance of the same;
- 6 C. Ensure that public health decisions are data-driven and guided by strategic
7 information for best possible health outcomes;
- 8 D. Enhance the country's readiness for the emergence of new communicable
9 diseases by developing recommended national health standards; improving
10 the capacity of clinical laboratories in identifying and classifying communicable
11 diseases; and assessing and supporting the capabilities of local government
12 units (LGUs) in preventing the emergence and transmission of communicable
13 diseases;
- 14 E. Pursuant to Section 8 of Republic Act No. 11332 or the Mandatory Reporting
15 of Notifiable Diseases and Health Events of Public Health Concern Act, the
16 Center shall set the standards and the process for the establishment of
17 Epidemiology and Surveillance Units (ESUs), assist DOH-retained hospitals,
18 local health facilities, district hospitals, and private hospitals and laboratories
19 in establishing the same. The Center shall also assess the performance of the
20 above-mentioned entities and accredit them based on the standards set;
- 21 F. Ensure equitable, accessible, efficient, and quality health services to
22 communities in case of an epidemic or a Public Health Emergency;
- 23 G. Set the parameters for the declaration of the existence of an epidemic and/or
24 a Public Health Emergency;
- 25 H. Recommend the exercise of certain powers to the President in case of an
26 epidemic and/or a Public Health Emergency;
- 27 I. Maintain a Registry of Notifiable Diseases and Biosecurity Hazards, which shall
28 be published and updated online; and,
- 29 J. Perform such other functions as may be mandated by law, or as may be duly
30 delegated by the President in case of an epidemic and/or a Public Health
31 Emergency.

1 *Sec. 5. The Executive Director.* – The Center shall be headed by an Executive
2 Director who shall be appointed by the President upon the effectivity of this Act, with
3 the rank of Undersecretary, and who shall perform the following functions:

4 A. Manage and direct the Center’s programs and activities such as, but not
5 limited to:

6 a. The implementation of the Center’s programs related to disease
7 prevention and control;

8 b. The Center’s Epidemiologic activities;

9 c. The Center’s response to public health emergencies;

10 d. The Center’s scientific/medical programs;

11 e. The Center’s laboratory science, safety, and quality management
12 programs; and,

13 f. The Center’s administrative and management activities.

14 B. Advise the President on policy matters concerning disease prevention and
15 control;

16 C. Recommend to the President the exercise of special powers in the case of an
17 epidemic;

18 D. Attest to the existence of an epidemic, which shall be treated as a public
19 health emergency;

20 E. Coordinate with other government agencies, non-government organizations,
21 international organizations such as the World Health Organization (WHO),
22 academic institutions, and other pertinent entities in the conduct of activities
23 relating to disease prevention and control;

24 F. Before, during and after an epidemic, provide or obtain technical assistance
25 for regional and local health departments and private agencies;

26 G. Coordinate with appropriate DOH offices regarding administrative and
27 program matters;

28 H. Ensure equal employment opportunities in the Center; and,

29 I. Perform such other functions as may be mandated by law, or as may be duly
30 delegated by the Secretary of Health and/or the President.

31 *Sec. 6. National Strategy for Public Health Emergencies.* – The Center shall
32 spearhead the creation of a national strategy to address public health emergencies.

1 This strategy shall provide for integrated policy coordination and strategic direction
2 with respect to all matters related to national public health and medical
3 preparedness and execution and deployment of national response before, during,
4 and following public health emergencies.

5 *Sec. 7. Components of a National Strategy for Public Health Emergencies. -*
6 The National Strategy for Public Health Emergencies shall include:

- 7 A. Provisions for increasing the preparedness, response capabilities, and surge
8 capacity of ambulatory care facilities and critical care service systems;
- 9 B. Plans for optimizing a coordinated and flexible approach anticipatory of a
10 medical surge in capacity of hospitals, other health care facilities, critical care,
11 and trauma care and emergency medical systems;
- 12 C. Provisions taking into account the unique needs of individuals with pre-
13 existing illnesses and disabilities in a public health emergency;
- 14 D. Strategic initiatives to advance countermeasures to diagnose, mitigate,
15 prevent, or treat harm from any biological agent or toxin or any chemical,
16 radiological, or nuclear agent or agents, whether naturally, occurring,
17 unintentional, or deliberate;
- 18 E. Conduct of periodic evaluations of national and local preparedness and
19 response capabilities which shall include drills and exercises to ensure medical
20 surge capacity for events without notice.

21 *Sec. 8. Creation of Task Force on Public Health Emergencies. -*

- 22 A. The Center shall establish a task force to consult with in the conduct of the
23 research necessary for the creation of the Strategy. In the absence of a Public
24 Health Emergency, the Task Force shall regularly meet and be composed of
25 representatives from:
 - 26 1. The Department of Health (DOH);
 - 27 2. The National Disaster Risk Reduction and Management Council
28 (NDRRMC);
 - 29 3. The Department of Interior and Local Government (DILG);
 - 30 4. The National Security Adviser; and
 - 31 5. The Philippine National Red Cross (PNRC).
- 32 B. In its regular capacity, the Task Force shall:

- 1 1. Monitor emerging issues and concerns as they relate to medical and
2 public health preparedness and response for at-risk individuals in the
3 event of a public health emergency;
 - 4 2. Identify and minimize gaps, duplication and other inefficiencies in
5 medical and public health preparedness and response activities and the
6 actions necessary to overcome these obstacles;
 - 7 3. Disseminate and update novel and best practices of outreach to and
8 care of at-risk individuals before, during, and, following public health
9 emergencies in as timely a manner as is practicable, including from the
10 time a public health threat is identified; and
 - 11 4. Ensure that public health and medical information distributed by the
12 government during a public health emergency is delivered in a manner
13 that takes into account the range of communication needs of the
14 intended recipients, including at-risk individuals.
- 15 C. In the event of a declaration of a Public Health Emergency, the President shall
16 expand the Task Force which shall be responsible for the implementation of
17 the Strategy and the management of the Public Health Emergency. The
18 expanded Task Force shall be composed of the following:
- 19 1. The Secretary of Health as Co-Chair;
 - 20 2. The Executive Secretary as Co-Chair;
 - 21 3. The Executive Director of the Center as Co-Chair;
 - 22 4. The Secretary of National Defense as NDRRMC Chair as Member;
 - 23 5. The Secretary of Foreign Affairs as Member;
 - 24 6. The Secretary of Interior and Local Government as Member;
 - 25 7. The Secretary of Justice as Member;
 - 26 8. The Secretary of Finance as Member;
 - 27 9. The Secretary of Budget and Management as Member;
 - 28 10. The Secretary of Trade and Industry as Member;
 - 29 11. The Secretary of Agriculture as Member;
 - 30 12. The National Security Adviser as Member; and
 - 31 13. The Chair of the Philippine National Red Cross.

1 The Task Force shall regularly report to the President and the public updates
2 regarding the circumstances and status of the Public Health Emergency.

3 Other government agencies not under the authority or jurisdiction of the
4 standing members of the Task Force may be included should their inclusion be
5 determined by the President as necessary.

Sec. 9. Creation of Medical Reserve Corps. – The Center shall establish a
medical reserve corps composed of volunteer health professionals. In the case of a
pandemic or a Public Health Emergency, the Medical Reserve Corps shall be called
into duty and shall be automatically provided with the appropriate emoluments
including hazard pay and special risk allowance.

6 *Sec. 10. Authorization of Appropriations.* – To carry out the provisions of this
7 Act, there are authorized to be appropriated such sums as may be necessary for
8 each fiscal year.

9 *Sec. 11. Separability Clause.* – If any provision or part thereof is held invalid
10 or unconstitutional, the remainder of the law or the provision not otherwise affected
11 shall remain valid and subsisting.

12 *Sec. 12. Repealing Clause.* – Any law, presidential decree or issuance,
13 executive order, letter of instruction, administrative¹ order, rule, or regulation
14 contrary to or inconsistent with the provisions of this Act is hereby repealed,
15 modified, or amended accordingly.

16 *Sec. 13. Effectivity Clause.* – This Act shall take effect fifteen (15) days after
17 its publication in at least two (2) newspapers of general circulation.

 Approved,