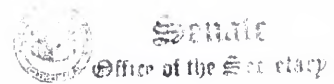



NINETEENTH CONGRESS OF THE)
REPUBLIC OF THE PHILIPPINES)
First Regular Session)



'22 JUL 18 A9 :40

SENATE
S. No. 679

RECEIVED BY: 

Introduced by Senator Jinggoy Ejercito Estrada

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

EXPLANATORY NOTE

Article II, Section 15 of the Philippine Constitution provides that, "The State shall protect and promote the right to health of the people and instill health consciousness among them."

Communicable and non-communicable diseases continue to pose serious threat to the health and lives of our people. The cure for these diseases and the continuous research on how to prevent them have been in the priority of the government but the synchronization and coordination of efforts of various government entities should be given an equally important attention.

In a study of the World Health Organization and the United Nations Development Programme in 2019 entitled, "Prevention and control of noncommunicable diseases in the Philippines: The case for investment", the following key findings were presented:

- Non-communicable diseases (NCDs) account for 68% of all deaths in the Philippines, and the probability of dying between the ages of 30 and 70 years from one of the four main NCDs is 29% in the Philippines.

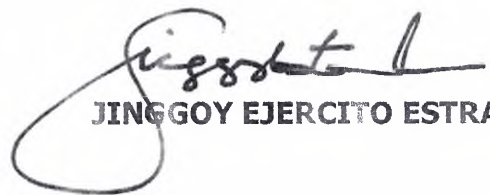
- The economic cost of NCDs to the Philippine economy is PHP 756.5 billion per year, which is equivalent to 4.8% of the country's annual gross domestic product.
- NCDs in the Philippines are causing a surge in health-care costs and social care and welfare support needs and are contributing to reduced productivity.
- Actions to prevent NCDs in the Philippines are relatively cheap and cost-effective.
- The economic modelling for the return on investment analysis suggests that the intervention with highest economic benefit in Philippines is the package of salt-reduction interventions, followed by reducing tobacco consumption and increasing physical activity in the population.
- A national multisectoral NCD coordination mechanism needs to be established that can bring together and strengthen existing cross-agency initiatives on NCDs.

In terms of communicable diseases, the study entitled "Infectious disease crisis in the Philippines" published by The Lancet Infectious Diseases in December 2019 stated that, "This year the country has reported outbreaks of dengue, diphtheria, measles, and polio. In August, the Department of Health declared a national dengue epidemic. As of November 5, 371,717 dengue cases, including 1,407 deaths, have been reported in 2019, which is 106% cases more than in 2018. Children aged 5–9 years have been the most affected age group for dengue incidence (23%) and deaths (38%). For diphtheria, the Department of Health has reported 197 cases with 47 deaths through October 5, an increase in cases of 47% compared with the same period in 2018. In 2019, health officials have also reported more than 42,200 measles cases up to early October. In addition, measles complications were responsible for 560 deaths. More than eight out of ten people affected by the measles outbreak were children aged 4 years and younger. For polio, four cases caused by infection with vaccine-derived poliovirus have been reported in the country, which had been polio-free for 19 years; these polio cases were due to low population immunity."

Also provided under the bill is the establishment of Philippine Health Laboratory System which will unify all diagnostic surveillance of public health importance into stand-alone laboratories across the nation. It will transition the identified public health laboratories that are currently housed in their existing host hospitals into stand-alone laboratory facilities to serve as a diagnostic surveillance centers separate from its hospital operations.

This measure was approved by the House of Representatives on Third Reading and was reported out by the Senate Committee on Health and Demography in the 18th Congress.

In view of the foregoing, the immediate passage of this measure is highly recommended.



JINGGOY EJERCITO ESTRADA

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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 House of Representatives of the Philippines in Congress assembled:

ARTICLE I

TITLE AND GUIDING PRINCIPLES

1
2
3 Section 1. *Short Title.* - This Act shall be known as the "*Philippine Center for*
4 *Disease Control and Prevention (CDC) Act*".

5 Sec. 2. *Declaration of Policy.* - It is the policy of the State to protect and
6 promote the right to health of all Filipinos and instill health consciousness among
7 them. Towards this end, the State shall adopt an integrated, comprehensive, and
8 evidence-based approach that recognizes devolution of health care, consistent with
9 the direction under Republic Act No. 11223, otherwise known as the "Universal
10 Health Care (UHC) Act" which integrates province- and city-wide health systems. It
11 shall also adopt a framework that fosters a whole-of-system, whole-of-government,
12 and whole-of-society approach, ensuring clear delineation of tasks between existing
13 agencies and maximizes current mandates. The State shall also allot the necessary
14 support and institutional resources to provide for an effective disease control and
15 prevention program through a high-level public institution imbued with the capacity,
16 competence, and authority to confront global and local public health risks.

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

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

1 (o) *Response* refers to the implementation of specific activities to control
2 further spread of infection, outbreaks, or epidemics and prevent
3 reoccurrence. It includes verification, contact tracing, rapid risk
4 assessment, case measures, treatment of patients, risk communication,
5 the conduct of prevention activities, and rehabilitation.

6 **ARTICLE III**

7 **CREATION AND FUNCTIONS OF THE PHILIPPINE CENTER FOR DISEASE** 8 **CONTROL AND PREVENTION**

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

10 – There is hereby established an agency to be known as the Philippine Center for
11 Disease Control and Prevention, hereinafter referred to as “CDC”. The CDC shall be
12 an agency directly under the Office of the Secretary of the Department of Health
13 (DOH).

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

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

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

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

29 *Sec. 7. Structure of the CDC.* –

- 30 (a) The CDC shall have established centers that shall lead and coordinate the
31 major functions of the CDC, especially during public health emergencies
32 and disasters, and in this capacity, establish strategic linkages and

1 partnerships to fulfill the stated functions. In line with their functions,
2 each of the following centers shall be headed by a Director:

3 i. Center for Health Statistics. The Center for Health Statistics shall
4 provide the national leadership in health statistics, data analytics,
5 and health information systems management and shall be the
6 counterpart office of the DOH on sectoral policy and planning. The
7 Center for Health Statistics shall fulfill the following functions:

8 (1) Obtain health data and other relevant information from
9 PhilHealth, in accordance with Section 31 of Republic Act No.
10 11223;

11 (2) Develop policies and standards for integrated health statistics
12 and data analytics;

13 (3) Design and develop health-related survey and surveillance
14 research methodologies for national and sub-national levels;

15 (4) Design and collaborate with PhilHealth for interoperable
16 electronic health information systems to collect extensive
17 information at the individual level;

18 (5) Generate information from the health data provided by
19 PhilHealth to guide research and policy-making;

20 (6) Manage and ensure the quality of health data collected,
21 including but not be limited to epidemiological and service
22 coverage data; and,

23 (7) Regularly publish statistics for use by the general public and
24 researchers.

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

29 (1) Develop policies and procedures in the conduct of surveillance
30 and epidemiology (such as information transfer, models,
31 forecasts, case definitions of diseases, syndromes, events,

- 1 contact tracing, and other public health interventions related
2 to epidemiology);
- 3 (2) Design and develop electronic health information systems to
4 aid early warning and signal detection;
- 5 (3) Analyze data to determine patterns, identify risks, and areas to
6 flag;
- 7 (4) Set the standards and the process for the establishment of
8 ESUs, as required under Section 8 of Republic Act No. 11332,
9 also known as the "Mandatory Reporting of Notifiable Diseases
10 and Health Events of Public Health Concern Act", and assist
11 DOH-retained hospitals, local health facilities, and private
12 hospitals and laboratories in establishing ESUs, and assess
13 their performance; and,
- 14 (5) Lead the training of field epidemiologists through the
15 Philippine Fields Epidemiology Training Program.
- 16 iii. Center for Health Evidence. The Center for Health Evidence shall
17 be established to synthesize available evidence, conduct high-
18 quality health research to provide inputs in the development and
19 evaluation of public health policy and programs for the prevention
20 and control of diseases, which shall include, but not be limited to,
21 the following functions:
- 22 (1) Lead and coordinate the generation of health research on the
23 prevention and control of diseases;
- 24 (2) Oversee the development, adoption, and utilization of clinical
25 practice guidelines as part of the National Practice Guidelines
26 Program;
- 27 (3) Translate research evidence to knowledge productions
28 publications for public health policy and programs for the
29 prevention and control of diseases;
- 30 (4) Conduct capability building and strengthening activities on
31 evidence synthesis, health research and disease control and
32 management;

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- (5) Develop multi-sectoral systems and processes for evidence synthesis and health research for the prevention and control of diseases;
- (6) Coordinate the formulation, internal proceedings, and external relations of ad-hoc expert groups convened by DOH during public health emergencies; and,
- (7) Coordinate and lead the development of policies and programs on the prevention and control of communicable and non-communicable diseases.

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

- (1) Serve as the technical authority in developing laboratory safety and security standards, policies, plans, and measures to detect, prevent, and reduce risk of any chemical, biological, environmental, and other threats of public health importance;
- (2) Evaluate the performance of public health and clinical laboratories by ensuring compliance to laboratory quality management system and quality assurance program;
- (3) Participate in the inter-agency international networks for laboratory response to uphold national security and prevent international threats;
- (4) Oversee the operations and lead the development of the network of Public Health Laboratories to ensure appropriate service delivery for a responsive diagnostic surveillance under their catchment;
- (5) Develop and implement laboratory-related training programs across all Public Health Laboratories;
- (6) Ensure implementation of diagnostic surveillance of Public Health Laboratories; and,

- 1 (7) Maintain an integrated laboratory information system.
- 2 (b) The CDC shall have an Administrative and Finance Office, which shall
3 report to the Director General, as provided under Section 12 of this Act,
4 and will be in charge of the following functions, among others:
- 5 i. Human Resource Management;
 - 6 ii. Property and Logistics Management;
 - 7 iii. Property and Logistics Management;
 - 8 iv. Assets and Financial Management; and,
 - 9 v. Information and Communication Technology.
- 10 (c) Additional offices may be created in accordance with the mandate of the
11 CDC, upon the assessment and recommendation of the Director General,
12 approval of the Secretary of Health, and the availability of funds.

13 **ARTICLE IV**

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

15 *Sec. 8. Coordination with Centers for Health Development and the Local*
16 *Government Units. --*

- 17 (a) General Health. As an agency directly under the Office of the Secretary,
18 the CDC shall ensure effective surveillance and response by coordinating
19 all efforts with established DOH Centers for Health Development (CHDs),
20 national, regional, and province-wide Disaster Risk Reduction and
21 Management Centers (DRRMCs), and local government units (LGUs). In
22 addition, the CDC shall:
- 23 i. Govern and build country capacity through the Disease Surveillance
24 Officers (DSOs) and ensure the country trains sufficient
25 epidemiologists; and,
 - 26 ii. Govern the National Reference Laboratories (NRLs) through the
27 Center for Reference Laboratories while the DOH CHDs shall govern
28 Subnational Reference Laboratories (SNLs) and Regional Public
29 Health Laboratories (RPHLs).
- 30 (b) State of Public Health Emergency. During state of Public Health
31 Emergencies, all health personnel, including DSOs, SNLs, and those
32 employed by the LGUs, shall directly report to the CDC as necessary.

1 For purposes of this Act, "disease surveillance" shall refer to the ongoing
2 systematic collection, analysis, interpretation, and dissemination of outcome-specific
3 data for use in the planning, implementation, and evaluation of public health
4 practice in terms of epidemics, emergencies, and disasters. A disease surveillance
5 system includes the functional capacity for data analysis as well as the timely
6 dissemination of these data to persons who can undertake effective prevention and
7 control activities.

8 *Sec. 9. Transfer of Agencies. –*

9 (a) Restructuring of Affected Offices and Units. The following shall be
10 restructured to ensure that the CSC and DOH shall co-exist synergistically and
11 facilitate full operations of the CSC within a two-year transition plan.

12 i. The Epidemiology Bureau of the DOH shall be abolished, and its
13 functions shall be shared between the Centers for Health Statistics
14 and Epidemiology and Surveillance.

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

17 (1) The RITM shall retain its research, training, development, and
18 reference laboratory functions, with its hospital strengthened
19 to be a specialized premier facility to support and sustain its
20 mandates;

21 (2) The RITM Biologicals Manufacturing Division shall likewise be
22 transferred with RITM to fulfill its training and research
23 functions on Biologicals, as well as its manufacturing and
24 vaccine storage function.

25 iii. The Office for Health Laboratories (OHL) of the DOH, including the
26 following public health laboratories, shall also be transferred to the
27 CDC:

28 (1) All NRLs currently housed in RITM;

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

- 1 (3) NRL for environmental and occupational health, toxicology,
2 micronutrient assay, and chemical emergencies currently
3 housed in East Avenue Medical Center;
 - 4 (4) NRL for heart diseases, and Anatomical Pathology for Cardiac
5 disease currently housed in Philippine Heart Center;
 - 6 (5) NRL for Hematology, Microscopy, and Anatomical Pathology
7 for Renal and other unassigned organs, currently housed in
8 National Kidney and Transplant Institute;
 - 9 (6) NRL for Chemistry and Anatomic Pathology for Respiratory
10 disease and SNL for EREID, currently housed in the Lung
11 Center of the Philippines; and,
 - 12 (7) Other designated SNL and RPHLs.
- 13 iv. The technical units of the Disease Prevention and Control Bureau of
14 the DOH shall be abolished and its functions shall be absorbed in
15 the Centers for Health Evidence, and the remaining shall be
16 restructured into Public Health Strategy and Management Bureau.
 - 17 v. The Communications Management Unit (CMU) of the DOH to be
18 institutionalized as shared service Among DOH, FDA, and CDC with
19 the following functions:
 - 20 (1) Develop corporate risk and crisis communication plans;
 - 21 (2) Manage and implement risk communication activities and
22 initiatives, such as, but not limited to development and
23 issuance of information and education communication (IEC)
24 materials, events, stakeholder meetings, and other media
25 engagement activities;
 - 26 (3) Manage and activate crisis communication protocol for health
27 risks and hazards, and institutional reputational risks;
 - 28 (4) Develop and implement corresponding capacity building
29 activities in relation to corporate risk and crisis
30 communications;
 - 31 (5) Perform internal communication functions within the
32 institution;

- 1 (6) Develop and facilitate the approval of communication materials
2 and policies as aligned with the approved communication
3 plans;
4 (7) Manage different platforms of the institution for release of
5 communication materials; and,
6 (8) Foster, maintain, and continuously build external partnership
7 and communication networks with public and private health
8 institutions.

9 vi. Knowledge Management and Information Technology Service
10 (KMITS) of the DOH shall restructure and rationalize its functions to
11 eliminate or minimize overlaps and duplication with the standards
12 and sectoral policy function of the Center for Health Statistics.

13 (b) Transfer of Material. The offices affected by the transfer of agencies shall
14 also transfer applicable funds and appropriations, records, equipment, and
15 property to the CDC subject to a two-year transition plan.

16 (c) Personnel.

17 i. As a result of the reorganization under this Act, the DOH and the
18 CDC shall absorb qualified employees, as needed, without
19 diminution of their salaries and benefits: *Provided*, That those
20 whose employment contracts are terminated may re-apply and
21 must comply with the qualification standards under this Act.

22 ii. Employees who may be separated from service within six (6)
23 months from the effectivity of this Act shall receive separation
24 benefits to which they may be entitled under Republic Act No.
25 6656: *Provided, further*, That those who are qualified to retire
26 under existing retirement laws shall be allowed to retire and receive
27 retirement benefits to which they may be entitled under applicable
28 laws and issuances.

29 iii. All technical positions in CDC shall be considered as part of the
30 scientific career position.

31 Sec. 10. *Structure and Staffing Pattern.* -- Subject to the review and approval
32 of the Department of Budget and Management (DBM), the Secretary of Health shall

1 determine the organizational structure and staffing pattern of the CDC, in
2 accordance with existing Civil Service laws, rules and regulations.

3 Sec. 11. *Expansion of Functions.* – In cases of biological, chemical, and toxic
4 events, the Health Emergency and Management Bureau (HEMB) of the DOH and
5 Regional Disaster Risk Reduction and Management Centers (RDRRMCs) shall directly
6 coordinate with CDC and expand their functions to include preparation and
7 response. The Bureau of Quarantine (BOQ) of the DOH is also tasked with border
8 control and border surveillance and shall directly coordinate with CDC.

9 Sec. 12. *Director General and Deputy Director Generals.* –

10 (a) Appointment of the Director General. The CDC shall be headed by a Director
11 General, with the rank of Undersecretary, who shall be appointed by the
12 President, upon the recommendation of the Secretary of Health, based on
13 technical expertise, academic background, and appropriate experience.

14 (b) Appointment of the Deputy Director General. The Director General shall be
15 assisted by one (1) Deputy Director General, with the ranks of Assistant
16 Secretary, who shall oversee the functions of the Administrative and Finance
17 Office, and any additional offices created in accordance with Section 7 (c) of
18 this Act. The Deputy Director General shall likewise be appointed by the
19 President, upon the recommendation of the Secretary of Health, based on
20 technical expertise, academic background, and appropriate experience.

21 (c) Eligibility. The Director General shall be a public health professional,
22 preferably a Medical Doctor, with at least fifteen (15) years of post-graduate
23 qualification experience in relevant fields of medicine, public health, and in
24 managerial positions.

25 (d) Powers and Functions. The Director General shall perform the following
26 powers and functions:

- 27 i. Provide leadership, policy guidance, coordination, technical
28 expertise, and services to promote the development and
29 implementation of CDC's national programs;
- 30 ii. Certify to the Secretary of Health the occurrence of a Public Health
31 Emergency. The Secretary of Health, upon consultation with public

1 health officials, may signal the initiation of a public health
2 emergency response including, but not be limited to:

- 3 (1) Immediate hiring, transfer, and deployment of health
4 personnel;
- 5 (2) Implementation of inter-agency public health emergency
6 preparedness and response in cooperation with the NDRRMC,
7 Department of the Interior and Local Government (DILG), and
8 LGUs; and,
- 9 (3) Strict enforcement and augmentation of border control and
10 surveillance in coordination with the Department of Foreign
11 Affairs (DFA) and DOH BOQ;
- 12 iii. Certify the termination of a Public Health Emergency which may
13 serve as basis for the de-escalation and eventual termination of
14 response;
- 15 iv. Recommend to the President, through the Secretary of Health, the
16 exercise of special powers in the case of an epidemic;
- 17 v. Develop policies with provisions on penalties for local
18 implementation and enforcement:
- 19 (1) The Director General, upon consultation with the Secretary of
20 Health and through the DOH HEMB, is authorized to establish
21 and prescribe the corresponding rules and regulations, as well
22 as penalties, for local implementation and enforcement that
23 are necessary to control and prevent diseases within the
24 country and to prevent the introduction, transmission, or
25 spread of communicable diseases from other countries into the
26 Philippines or from one domestic seaport / airport to another;
27 and,
- 28 (2) For purposes of implementing these regulations, the Director
29 General, upon consultation with the Secretary of Health and
30 through the DOH HEMB, may provide public health preventive
31 measures and intervention strategies such as health education
32 and advisories, apprehensions, detention, isolation,

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quarantine, inspections, fumigation, disinfection, disinfection, pest extermination, vaccination for international travel, medical examination of aliens / foreigners, and destruction of animals or articles found to be infected or contaminated as to be sources of infection to human beings in coordination with other concerned quarantine agencies such as veterinary quarantine, plant quarantine, and other measures as may be necessary;

- vi. Establish or create containment for inland contagion or community transmission of public health threats and shall coordinate these with the Secretary of Health. During public health emergencies, DOH HEMB shall also expand and coordinate with DOH BOQ on controlling, directing, and managing all quarantine stations, grounds, and anchorages, and in designing their boundaries in accordance with Section 6 of Republic Act No. 9271 or also known as the Quarantine Act of 2004;
- vii. Provide or obtain technical assistance for regional and local health departments and private agencies before, during, and after an epidemic;
- viii. Develop a shared risk communication plan in coordination with the DOH and the FDA;
- ix. Coordinate international health activities, through the Bureau of International Health Cooperation, relating to disease elimination, prevention, and control;
- x. Liaise with other government agencies, non-government organizations (NGOs), international organizations, including the World Health Organization (WHO), learning and academic institutions, and other pertinent groups or entities in the conduct of activities relating to disease prevention and control;
- xi. Coordinate with appropriate DOH offices regarding administrative and program matters;

1 ii. any other disease which the CDC or the Secretary of Health, by
2 notification in the official website of the CDC and the DOH, declares
3 to be a disease which this section applies.

4 (c) For the purpose of any public health surveillance program, epidemiological
5 investigation, or survey under this Act, the Director General may issue an
6 order requiring any person to furnish CDC, within the period stated herein,
7 with:

- 8 i. such information as he or she may require; and,
9 ii. any sample of any substance or matter in the possession of that
10 person or control of that person, whether taken pursuant to this Act
11 or otherwise, as he or she may consider necessary or appropriate;

12 (d) The Director General should link the different disease-related programs of the
13 DOH for both communicable and non-communicable diseases with the public
14 health laboratories in relation to laboratory diagnostic surveillance and
15 outbreak investigation.

16 Sec. 14. *Mandatory Reporting of Notifiable Diseases and Public Health*
17 *Events. —*

18 (a) Transfer of Functions.

- 19 i. CDC shall perform the functions and obligations of the Epidemiology
20 Bureau and the DOH under Section 5 and 6 of Republic Act No.
21 11332.
22 ii. CDC shall perform the functions and obligations of DOH under
23 Section 31 (b) of Republic Act No. 11223, also known as Universal
24 Health Care Act.

25 (b) Mandatory Reporting. All public and private hospitals, clinics, health facilities,
26 laboratories, institutions, workplaces, schools, prisons, ports, airports,
27 establishments, communities, other government agencies, and non-
28 government organizations (NGOs) are required to accurately and immediately
29 report notifiable disease and public health events to CDC.

30 (c) Mandatory Submission of Service Coverage. All public and private hospitals,
31 clinics, health facilities, and laboratories shall be required to submit health
32 and health-related data, which shall include, but not be limited to,

1 administrative, public health, medical, pharmaceutical, and financing data to
2 CDC.

3 *Sec. 15. Laboratories in the Philippine Health Laboratory System (PHLS). –*

4 (a) Establishment. There shall be an established Philippine Health Laboratory
5 System by unifying all diagnostic surveillance of public health importance into
6 stand-alone laboratories across the nation. The CDC shall:

- 7 i. Identify public health laboratories and designate NRLs, SNLs, and
8 RPHLs;
- 9 ii. Transition the identified public health laboratories that are currently
10 housed in their existing host hospitals into stand-alone laboratory
11 facilities to serve as diagnostic surveillance centers separate from
12 its hospital operations within three (3) years from the effectivity of
13 this Act; and,
- 14 iii. Establish an integrated laboratory information system accessible to
15 all public health laboratories and surveillance units.

16 (b) Public Health Laboratories. The PHLS shall be composed of Public Health
17 Laboratories following the Philippine Health Facility Development Plan in
18 determining the roles, functions, investments, and services delivered within
19 their determined catchment areas. Public Health Laboratories are authorized
20 to solicit, receive donations and grants, and accrue or accept service-related
21 fees and reimbursement they provide, which may include but not be limited
22 to diagnostic testing, training, roll-out of National External Quality Assessment
23 Scheme (NEQAS), and in vitro diagnostic depository bank and used to
24 augment the laboratories' capital outlay requirements and maintenance and
25 other operating expenses (MOOE). The State shall also provide and upgrade
26 equipment, employ adequate human resources, provide training and
27 development opportunities, and construct and improve infrastructure at all
28 levels to deliver the necessary public health laboratory services through its
29 inclusion in the General Appropriations Act, namely for:

- 30 i. NRLs that will provide end-referral laboratory confirmatory services,
31 training, implement external quality assurance programs, and
32 perform surveillance, outbreak response, kit evaluation, research,

1 and technical standards. They are the responsible entities for
2 facilitating the NEQAS to ensure compliance to quality standards of
3 all laboratories in the Philippines.

4 ii. SNLs that will conduct confirmatory testing for routine surveillance
5 samples and performing specialized tests, training, laboratory-
6 related research, and cascading of protocols and standards set by
7 the NRLs. An SNL shall be established for each of the following
8 catchment areas:

9 (1) North Luzon;

10 (2) National Capital Region (NCR) and Central Luzon;

11 (3) South Luzon;

12 (4) Visayas; and

13 (5) Mindanao.

14 iii. RPHLs that will perform diagnostic tests both for diseases of public
15 health importance, and laboratory-related research. RPHLs shall be
16 established and/or designated in all regions.

17 (c) Oversight and Governance. The CDC shall exercise supervisory and oversight
18 functions over the development of all Public Health Laboratories in the PHLS,
19 and oversee their functions and performance through the Center for
20 Reference Laboratories

21 *Sec. 16. Intergovernmental Information Sharing.* – The Secretary of Foreign
22 Affairs and the Secretary of Health are jointly mandated to review and recommend
23 to the CDC multilateral and bilateral agreements which the country may adopt to
24 strengthen its information-sharing mechanisms with other countries, in accordance
25 with Republic Act No. 10183, otherwise known as the “Data Privacy Act of 2012”.

26 *Sec. 17. Penalties.* –

27 (a) Violation by Individuals. Any person who violates any regulation prescribed or
28 order issued pursuant to this Act, or who enters or departs from the limit of
29 any quarantine station, ground, or anchorage in disregard of quarantine rules
30 and regulations or without permission of the quarantine officer-in-charge shall
31 be punished by a fine of not more than Five million pesos (P5,000,000.00) or

1 by imprisonment for not more than two (2) years, or both at the discretion of
2 the court.

3 (b) Violation by LGUs and Health Care Providers

4 i. Violation of Data Privacy. Any LGU which violates Republic Act No.
5 10173, also known as the Data Privacy Act of 2012, shall be
6 penalized in accordance with Chapter VIII of the said Act.

7 ii. Violation of Data Submission Guidelines. LGUs, through the CHDs,
8 must provide the CDC with available health and technical data
9 relevant to the prevention and control of diseases, in a timely
10 manner. The penalties stipulated under Section 10 of Republic Act
11 No. 11332 will apply for non-submission of data.

12 **ARTICLE VI**

13 **MISCELLANEOUS PROVISIONS**

14 Sec. 18. *Progressive Realization.* – The CDC, in coordination with the DOH
15 and LGUs, shall craft a multi-year plan to ensure the timely implementation and
16 progressive realization of this Act. Towards this end, the multi-year plan shall
17 include, but not be limited to: (A) requiring that every province and city-wide health
18 system have full-time DSOs, without prejudice to the need for DSOs in
19 municipalities, as may be deemed necessary; (b) establishing SNLs in North Luzon,
20 NCR and Central Luzon, South Luzon, Visayas, Mindanao under Section 15 (b) (ii);
21 and (c) establishing RPHLs in designated regions under Section 15 (b) (iii).

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

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

1 Sec. 20. *Appropriations.* – The amount needed for the initial implementation
2 of this Act shall be taken from the current fiscal year’s appropriation of the offices
3 and agencies herein absorbed by the CDC. Thereafter, the amount needed for the
4 operation and maintenance of the CDC shall be included in the Annual General
5 Appropriations Act.

6 Sec. 21. *Implementing Rules and Regulations.* – The DOH shall promulgate
7 the necessary rules and regulations within ninety (90) working days from the
8 effectivity of this Act.

9 Sec. 22. *Separability Clause.* – If any provision or part hereof is held invalid
10 or unconstitutional, the remainder of the law or the provision or part not otherwise
11 affected shall remain valid and subsisting.

12 Sec. 23. *Repealing Clause.* – Any law, presidential decree or issuance,
13 executive order, letter of instruction, administrative order, rule, or regulation
14 contrary to or inconsistent with the provisions of this Act are hereby repealed,
15 modified, or amended accordingly.

16 Sec. 24. *Effectivity.* – This Act shall take effect fifteen (15) days after its
17 publication in the *Official Gazette* or in a newspaper of general circulation.

Approved,