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SENATE

S.B. No. 1316

RECEIVED BY: 

INTRODUCED BY SENATOR RISA HONTIVEROS

**AN ACT
STRENGTHENING PHILIPPINE HEALTH SECURITY AND EMERGENCY
PREPAREDNESS, READINESS AND RESPONSE AND APPROPRIATING FUNDS
THEREFOR AND FOR OTHER PURPOSES**

EXPLANATORY NOTE

To date, the Philippines is still under a state of public health emergency due to COVID-19, and there has been 3.91M total registered infected cases since January 2020. The COVID-19 pandemic exposed the gaps in the country's preparedness and readiness to respond to health emergencies. Early lessons from our COVID-19 response indicated the need for political and financial commitments to preparedness and readiness as an integral component of public health emergency plan and response.

Likewise, a whole-of-government and whole-of-society approach to public health emergency response would require enhanced national-local and multi-stakeholder coordination mechanisms.

At the same time, as State party to the International Health Regulations (IHR), the Philippine government is required to develop minimum core capacities to detect, assess, report, and respond to acute public health events and emergencies.

To assess and build our IHR core capacities, the World Health Organization (WHO) and the Department of Health (DOH) engaged in a Joint External Evaluation (JEE) in 2018 and recommended for the government to enhance high-level political commitment and accountability to advance the implementation of the IHR; to develop an overarching national action plan for health security; to designate an over-all high level, multi-sectoral and health-led body that would direct, oversee and coordinate implementation of national action plan; to optimize public health emergency preparedness and response action at regional and local levels; and to continuously improve based on lessons learned and best practices in health security and emergency response.

Based on these recommendations, this bill seeks to provide a policy framework that would establish a national action plan for health security and emergencies, define its institutional and implementation mechanisms, determine national-local coordination level, and identify source of funding. The bill also intends to enable our health sector to lead in the realization and implementation of our IHR commitments with an end view of saving more lives and preventing social disruption in time of public health security and emergencies.

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


RISA HONTIVEROS
Senator

SENATE

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**AN ACT
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Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

1 Section 1. *Title.* – This Act shall be known as the "Philippine Health Security and
2 Emergency Act".

3 *Sec. 2. Declaration of Policy.* – The 1987 Constitution (Article II, Section 15)
4 declares that the State shall protect and promote the right to health of the people and
5 instill health consciousness among them.

6 As a State Party to the International Health Regulations (IHR), the Philippines is
7 required to build its core capacities to detect, assess, report and respond to public health
8 events and emergencies.

9 In light of a more coordinated implementation of the IHR, the State shall invest in
10 preparedness, readiness and response to prevent and protect its people against the
11 spread of diseases and other health hazards, as part of broader efforts to move towards
12 universal health care.

13 *Sec. 3. General Objectives.* –

14 a. Establish an over-arching national action plan for health security and
15 emergency which will harmonize the implementation of the IHR.

16 b. Create a high-level and health-sector led inter-agency body that will
17 develop and ensure the implementation of the national action plan for
18 health security and emergency.

19 c. Foster the institutional capacity of the health sector to lead the
20 prevention, detection and response in the event of a public health
21 emergencies resulting from an outbreak of a contagious and/or
22 infectious disease, and biological, chemical, or nuclear attack.

1 Sec. 4. *Definition of Terms* – For purposes of this Act, the following terms are
2 herein defined:

- 3 a. "Biological Attack" means an attack against the population with the use
4 of weapons employing biological agents.
- 5 b. "Chemical Attack" means an attack against the population with the use
6 of weapons employing chemical agents.
- 7 c. "Contagious disease" is a disease that can be transmitted from person
8 to person, animal to person, or insect to person.
- 9 d. "Health Security" refers to the activities required to minimize the danger
10 and impact of acute public health events that endanger the collective
11 health of the population;
- 12 e. "Infectious disease" is a disease caused by a living organism or virus. An
13 infectious disease may, or may not, be transmissible from person to
14 person, animal to person, or insect to person.
- 15 f. "International Health Regulations" refer to a legally binding instrument
16 of international law that aims to assist countries to work together to save
17 lives and livelihoods endangered by the international spread of diseases
18 and other health risks and avoid unnecessary interference with
19 international trade and travel;
- 20 g. "National Action Plan for Health Security" refers to a country owned,
21 multi-year, planning process that can accelerate the implementation of
22 IHR core capacities and is based on with One Health and whole-of
23 government approach for all hazards. It captures national priorities for
24 health security, brings sectors together, identifies partners and allocates
25 resources for health security capacity development. The NAPHS also
26 provides an overarching process to capture all ongoing preparedness
27 initiatives in a country along with a country's governance mechanism for
28 emergency and disaster risk management;
- 29 h. "National IHR Focal Point" refers to the national center, which shall be
30 accessible at all times for communications with the World Health
31 Organization (WHO) International Health Regulations (IHR) contact
32 points in the WHO regional offices;
- 33 i. "Nuclear Attack" means an attack against the population with the use of
34 weapons employing nuclear agents.
- 35 j. "Public health emergency" means the occurrence or imminent risk of an
36 illness or health condition that may be caused by epidemic or pandemic

1 disease, or a novel infectious agent or biological or chemical agent and
2 that poses a substantial risk of a significant number of human fatalities,
3 widespread illness, and serious socio-economic impact.

4 k. "Public health risk" refers to an event:

5 a. that might adversely affect the health of human populations; and

6 b. that satisfies any one or more of the following conditions:

7 i. the health effects of the event might spread within the
8 Philippines;

9 ii. the health effects of the event might spread between the
10 Philippines and another country;

11 iii. the health effects of the event might spread between two
12 (2) other countries;

13 iv. the event might present a serious and direct danger.

14 *Sec. 5. Formulation of the Philippine National Action Plan for Health Security and*
15 *Emergency (PNAPHSE)* — There shall be created a Philippine National Action Plan for
16 Health Security and Emergency (PNAPHSE), which shall include the following:

17 a. Holistic government-wide review and assessment of domestic legislation
18 and policies, its funding, implementation and impact, to inform possible
19 development and amendments where needed to ensure compliance with
20 the IHR.

21 b. Identification and prioritization of activities based on risk assessment,
22 monitoring and evaluation, detailed costing of activities, and mapping
23 resources.

24 c. Creation of a multi-hazard emergency response plan with:

25 a. Existence of a coordination mechanism, incident management
26 systems, and public health emergency operation center;

27 b. Existence of public health emergency operation centers
28 maintaining trained, functioning, multi-sectoral rapid response
29 teams; and

30 c. Existence of a coordinated emergency response team capable of
31 activating a coordinated emergency response within 120 minutes
32 of the identification of an emergency.

33 *Sec. 6. Technical Priority Areas of PNAPHSE.* – The PNAPHSE shall act on the
34 following:

35 a. Antimicrobial resistance. – Strengthen infection prevention and control at
36 all health care facilities and animal husbandry;

- 1 b. Zoonotic Disease. – Ensure that the activities of the Philippine Inter-
2 Agency Committee on Zoonoses are conducted and its national zoonoses
3 control plans are reviewed regularly;
- 4 c. Food safety. – Conduct risk-based food inspection and food monitoring to
5 strengthen the capacity to respond in foodborne disease outbreaks;
- 6 d. Biosafety and Biosecurity. – Expand the inventories of dangerous
7 pathogens in all sectors through registration, licensing and inspection;
- 8 e. Immunization. – Ensure a nationwide vaccine delivery system that is able
9 to respond to new disease threats, has effective distribution and
10 accessible to marginalized populations;
- 11 f. National Laboratory System. – Surveillance with a national laboratory
12 system, with effective modern point of care, and laboratory-based
13 diagnostics, that will include all relevant sectors;
- 14 g. Chemical Events. – Develop a multi-sectoral and integrated chemical
15 incident preparedness and recovery plan, incorporating an updated
16 national chemical profile and hazard map;
- 17 h. Radiation Emergencies. – Surveillance and response capacity for
18 radiological emergencies and nuclear accidents; and
- 19 i. Other priority areas identified based on the guidelines by the WHO.

20 *Sec. 7. Creation of the Philippine National Health Security and Emergency Council*
21 *(PNHSEC).* – There is hereby created the Philippine National Health Security Council
22 (PNHSEC), which will lead and coordinate the planning, implementation, monitoring and
23 evaluation of PNAPHSAE.

24 *Sec. 8. Powers and Functions of the PNHSEC.* – The Council shall perform the
25 following functions:

- 26 a. Develop the PNAPHSE, in collaboration with relevant government
27 agencies, local government units (LGUs), private sectors, civil society
28 organizations (CSOs), and other stakeholders;
- 29 b. Ensure the operationalization and implementation of the PNAPHSE;
- 30 c. Strengthen the collaboration between government agencies, local
31 governments, private sector and civil society organizations involved in the
32 implementation of the PNAPHSE;
- 33 d. Form committees, task forces, and/or working groups necessary to aid in
34 the performance of the duties of the PNHSEC and implementation of
35 PNAPHSE and this Act;

- e. Develop and ensure the implementation of the guidelines and policies provided in this Act, including other policies that may be necessary to implement the PNAPHSE;
- f. Enhance data quality, timeliness and completeness to improve indicator-based and event-based surveillance performance;
- g. Ensure that there are skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of IHR;
- h. Establish preparedness and ensure efficient government response to assess, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines;
- i. Designate and maintain core capacities at international airports and ports that implement specific public health measures required to manage a variety of public health risks;
- j. Institute efficient mechanisms to address concerns over cybersecurity of medical devices and hospital networks and prevention of cybersecurity breaches that affect the operation of medical device;
- k. Monitor the progress of the commitment of the country to the International Health Regulations (IHR) of the World Health Organization (WHO);
- l. Monitor the implementation of the PNAPHSE, undertake regular assessments and evaluate its impact;
- m. Mobilize sources of funds for the PNAPHSE;
- n. Mobilize its members to conduct monitoring and evaluation of programs, policies, and services within their mandate;
- o. Coordinate, organize, and work in partnership with foreign and international organizations regarding funding, data collection, research, and ensure foreign funded programs are aligned to the national response;
- p. Advocate for policy reforms to Congress and other government agencies to strengthen the country's health security and emergency preparedness, readiness and response;
- q. Submit an annual report to the Office of the President, Congress, and the members of the Council;
- r. Provide the public with daily updates, news bulletins or briefings on the progress of the management and containment of the public health

1 emergency and shall endeavor to prevent or stop the spread of
2 misinformation;

- 3 s. Identify the gaps in the national response on the part of government
4 agencies and its partners from civil society and international
5 organizations, in order to develop and implement initial interventions
6 required in health security situations;
- 7 t. Enhance the accountability and stewardship of Local Government Units
8 (LGUs) for IHR related goals through enhancing their awareness and
9 capacity on IHR;
- 10 u. Recommend policies and programs that will institutionalize or continue
11 the interventions required in addressing the gaps identified in the national
12 response to health security;
- 13 v. Facilitate and support health security initiatives and activities at the local
14 level; and
- 15 w. In addition to the powers and functions enumerated under the preceding
16 paragraph, the members of the PNHSEC shall also develop and implement
17 individual action plans, which shall be anchored to and integrated in the
18 PNAPHSE.

19 Such action plans shall be based on the duties, powers, and functions of the individual
20 agencies as identified under Section 8 of this Act.

21 *Sec. 9. Membership and Composition of PNHSEC* – The PNHSEC shall be composed
22 of the following:

23 a. Chairperson:

- 24 • The Secretary of Health

25 b. Permanent Members:

- 26 • The Executive Secretary
27 • The Secretary of National Defense
28 • The Secretary of Justice
29 • The Secretary of Foreign Affairs
30 • The Secretary of Budget and Management
31 • The Secretary of Finance
32 • The Secretary of Socio-Economic Planning
33 • The Secretary of Interior and Local Governments
34 • The Secretary of Trade and Industry
35 • The Secretary of Agriculture
36 • The Secretary of Environment and Natural Resources

- 1 • The Secretary of Social Welfare and Development
- 2 • The Secretary of Education
- 3 • The Secretary of Labor and Employment
- 4 • The President or Secretary General of League of Provinces of the
- 5 Philippines
- 6 • The President or Secretary General of League of Cities of the
- 7 Philippines;
- 8 • The President or Secretary General of League of Municipalities of
- 9 the Philippines
- 10 • The President or Secretary General of the Liga ng mga Barangay.
- 11 • Four (4) Representatives from Civil Society Organizations
- 12 • Four (4) Representatives from the Private Sector
- 13 • Two (2) Representatives from Medical Societies and Associations

14 c. Ex-Officio Members:

- 15 • The Secretary of Tourism
- 16 • The Secretary of Transportation
- 17 • The Secretary of Information and Communications Technology
- 18 • The Press Secretary
- 19 • The Chairperson of the Commission on Higher Education
- 20 • The Chief of Staff of the Armed Forces of the Philippines
- 21 • The Chief of the Philippine National Police
- 22 • The Director of the National Bureau of Investigation
- 23 • The National Security Adviser
- 24 • The Director General of the National Intelligence Coordinating
- 25 Agency
- 26 • The Executive Director General of the Technical Education and
- 27 Skills Development Authority
- 28 • The Executive Director of the Philippine Council for Health
- 29 Research and Development
- 30 • The President of the Philippine Health Insurance Corporation
- 31 • The Director General of the Food and Drug Administration
- 32 • The Director of the Research Institute for Tropical Medicine
- 33 • The Director of the Bureau of Quarantine
- 34 • The Director of the Epidemiology Bureau
- 35 • The Director of the Disease Prevention and Control Bureau
- 36 • The Director of the Disease Emergency Management Bureau

- 1 • The Chairperson of the Committee on Health and Demography of
- 2 the Senate of the Philippines
- 3 • The Chairperson of the Committee on Health of the House of
- 4 Representatives
- 5 • The President or Secretary General of the Union of Local
- 6 Authorities of the Philippines

7 The Secretary of Health shall be the permanent Chairperson of the PNHSEC. There
8 shall be a Vice Chairperson to be designated by the permanent members of the PNHSEC.

9 Members of the PNHSEC representing the civil society, private sector and medical
10 societies shall be selected from among their respective ranks based on the criteria and
11 mechanisms to be set by the PNHSEC. The President shall appoint representatives from
12 these sectors and shall serve for a term of three (3) years, renewable upon the
13 recommendation of the PNHSEC for a maximum of two (2) consecutive terms. They may
14 receive honorarium and allowances in accordance with existing laws, rules, and
15 regulations and in line with the performance of their duties and responsibilities as member
16 of the PNHSEC.

17 The PNHSEC shall meet at least once every quarter. The presence of the
18 Chairperson of the PNHSEC and at least 14 permanent members shall constitute a quorum
19 to do business and a majority vote of those present shall be sufficient to pass resolutions
20 and render decisions. The head of government agencies may be represented by a
21 designated official whose rank shall not be lower than Undersecretary for permanent
22 members and Assistant Secretary for ex-officio members or its equivalent.

23 The PNHSEC shall be fully constituted not later than sixty (60) days after the
24 enactment of this Act.

25 *Sec. 10. The PNHSEC Secretariat* – There shall be Secretariat, headed by an official
26 designated as Executive Director with a rank of Assistant Secretary, to provide technical
27 and administrative support to the PNHSEC.

28 The Secretariat will be under the Office of the Secretary of Health and within three
29 months from the effectivity of this Act, the PNHSEC will initially be supported by the
30 Disease Emergency Management Bureau until the Secretary of Health finalize the
31 organizational and operational plan of the PNHSEC.

32 *Sec. 11. Organization at the Regional and Local Government Levels* – For the
33 purposes of harmonizing and integrating health security and emergency preparedness,
34 readiness and response policies, plans and programs, a regional, provincial, and city level
35 health security and emergency council shall be formed.

1 The Regional Health Security and Emergency Council shall be under the Regional
2 Development Council, headed by the Regional Director of the Department of Health, with
3 its office as Council's Secretariat, and whose membership shall be based on the regional
4 counterparts of the permanent members of the PNHSEC and tasked to adopt and adapt
5 the PNAPHSE based on the regional context.

6 In the case of the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM),
7 the Chief Minister shall have the power and duties to establish its own Health Security
8 and Emergency Council and Plans pursuant to RA 11054 or the BARMM Organic Law in
9 coordination with the PNHSEC.

10 Health Security and Emergency Councils (HSECs) shall be formed in the provinces
11 and cities in line with the integrated health system wide approach as mandated by RA
12 11223 or the Universal Healthcare Law. The Provincial and City HSECs shall be under the
13 offices of Provincial Governor and/or City Mayors, headed by their respective health
14 officers, with members coming from local counterparts of the permanent members of
15 PNHSEC, and tasked to adopt and adapt the national and regional policies, plans and
16 programs based on the provincial and city level inter-municipality or inter-barangay health
17 security and emergency risk assessments and preparedness, readiness and response.

18 Provided further that nothing in this Act shall be construed as diminishing the
19 powers and autonomies granted to local government units under RA 7160 or the Local
20 Government Code and their primary responsibility of first responders.

21 *Sec. 12. Authority of the PNHSEC Chairperson* – The Chairperson of the PNHSC
22 may call upon any department, bureau, office, agency, or instrumentality of the
23 government, including Government-Owned or Controlled Corporations (GOCCs),
24 government financial institutions (GFIs), LGUs, non-government organizations (NGOs)
25 and the private sector for assistance in terms of the use of their facilities and resources
26 for the protection and preservation of life in the whole range of health security or as the
27 circumstances and exigencies may require.

28 *Sec. 13. Promulgation and Enforcement by the Chairperson of the PNHSEC* – The
29 Chairperson of the PNHSEC is authorized to make and enforce such regulations as may
30 be necessary to prevent the introduction, transmission, or spread of communicable
31 diseases from foreign countries into the Philippines.

32 For purposes of carrying out and enforcing such regulations, the Chairperson of
33 the PNHSEC may provide for such inspection, fumigation, disinfection, sanitation, pest
34 extermination, destruction of animals or articles found to be so infected or contaminated
35 as to be sources of dangerous infection to human being and other measures.

1 Sec. 14. *Declaration of State of Public Health Security and Emergency* – The
2 PNHSEC, through the Secretary of Health, shall recommend to the President of the
3 Republic of the Philippines the declaration of State of Public Health Security and
4 Emergency based on and informed by sufficient scientific evidences and technical
5 investigations.

6 The declaration shall authorize the President to mobilize governmental and non-
7 governmental agencies to respond the threat, to warrant international humanitarian
8 assistance, and to exercise powers granted under Republic Act No. 10121 when a State
9 of Calamity exists.

10 Sec. 15. *Coordination During Public Health Emergencies and State of Calamity.* –
11 In time of public health emergencies and of state of calamity, the Chairpersons, Vice
12 Chairpersons, and Executive Directors of PNHSEC and the National Disaster Risk
13 Reduction and Management Council (NDRMMC) shall constitute the Joint National Public
14 Response Taskforce (JNPRT) to take the lead in the preparation, response and recovery
15 from the effects of the public health security and emergency and the state of calamity.

16 Members of the JNPRT shall immediately convene to set the criteria, policies,
17 guidelines and mechanisms for coordination and operation during public health
18 emergencies and state of calamity from the national, regional and local government
19 levels.

20 Sec. 16. *Funding Sources* – As lead agency to carry out the provisions of this Act,
21 the DOH shall be allocated a budget of Five billion pesos (Php5,000,000,000.00) revolving
22 fund starting from the effectivity of this Act.

23 The member-agencies of the PNHSEC are authorized to charge against their
24 current appropriations such amounts as may be necessary for the implementation of this
25 Act. Subsequent funding requirements shall be incorporated in the annual budget
26 proposals of the respective member-agencies through the General Appropriations Act.

27 The local governments are authorized to charge against their Local Disaster Risk
28 Reduction and Management Fund (LDRRMF) as provided by RA 10121 and Special Health
29 Fund (SHF) provided under RA 11223 such amounts as may be necessary for the
30 implementation of this Act subject to the guidelines to be developed by the DOH in
31 consultation with the DBM and the LGUs.

32 Additional funds and possible fund sources as may be necessary for the
33 implementation of this Act shall be identified and provided for by the Department of
34 Budget and Management.

35 Sec. 17. *Systematic Review and Evaluation* – Within three (3) years after the
36 effectivity of this Act or as the need arises, the PNHSEC, in coordination with the WHO,

1 shall conduct joint external evaluation of the accomplishment and impact of this Act as
2 well as the performance and organizational structure of the implementing agencies to
3 determine the capacities and progress in the technical priorities under the IHR and the
4 preparedness and readiness to respond to public health security threat and emergencies.

5 *Sec. 18. Implementing Rules and Regulations* – The Secretary of Health, in
6 consultation with key stakeholders, shall issue the necessary rules and regulations for the
7 effective implementation of this Act within ninety (90) days after approval of this Act.

8 *Sec. 19. Separability Clause* – If any part, section or provision of this Act is held
9 invalid or unconstitutional, other provisions not affected thereby shall remain in force and
10 effect.

11 *Sec. 20. Repealing Clause.* – All other laws, decrees, orders, issuances, rules and
12 regulations that are inconsistent with the provisions of this Act are hereby repealed,
13 amended or modified accordingly.

14 *Sec. 21. Effectivity* – This Act shall take effect fifteen (15) days after its publication
15 in the Official Gazette or in any newspaper of general circulation.

Approved,