



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

'22 NOV -8 A9 :31

RECEIVED BY: \_\_\_\_\_

SENATE

S. B. NO. 1477

Introduced by **SENATOR JOEL VILLANUEVA**

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

**EXPLANATORY NOTE**

In January 2020, reports have circulated regarding a “viral pneumonia of unknown origin,” which have prompted health authorities in Hong Kong, Taiwan, South Korea, Singapore, and Malaysia to set up emergency and precautionary measures amid concerns that such communicable disease can be highly contagious similar to SARS virus.<sup>1</sup> On January 30, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak as a Public Health Emergency of International Concern.<sup>2</sup>

Unfortunately, even after almost three (3) years since the pandemic began, COVID-19 remains a threat.<sup>3</sup> To date, the virus has claimed the lives of more than 64,000 Filipinos,<sup>4</sup> and more than 6.6 million people worldwide.<sup>5</sup> It has also caused billions in losses, causing global economic downturn, with the Philippines experiencing an astounding -9.5% GDP growth in 2020.

In addition to the massive economic impact of the COVID-19 impact, it has also highlighted the weaknesses of the global health system, especially that of the Philippines. At the height of the pandemic, massive shortage of personal protective equipment (PPEs), ventilators, hospital beds and healthcare personnel, among others,

<sup>1</sup> Nikkei Asia. Asia on alert over mysterious outbreak in China. Available at <https://asia.nikkei.com/Spotlight/Most-read-in-2020/Asia-on-alert-over-mysterious-virus-outbreak-in-China2> (date last accessed: November 7, 2022).

<sup>2</sup> World Health Organization. COVID-19 Public Health Emergency of International Concern (PHEIC) Global research and innovation forum. Available at [https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-\(pheic\)-global-research-and-innovation-forum](https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum) (date last accessed: November 6, 2022).

<sup>3</sup> November 3, 2022. COVID-19 is still a ‘dangerous global health threat.’ A new international study spells out how we can end it. University of Colorado Boulder. Available at <https://www.colorado.edu/today/2022/11/03/covid-19-still-dangerous-global-health-threat-new-international-study-spells-out-how-we> (date last accessed: November 6, 2022).

<sup>4</sup> COVID-19 Case Tracker. Available at <https://doh.gov.ph/2019-nCoV> (date last accessed: November 4, 2022).


<sup>5</sup> Johns Hopkins Coronavirus Resource Center. Available at <https://coronavirus.jhu.edu/map.html> (date last accessed: November 6, 2022).

were reported in news media all over the world.

In the Philippines, for example, healthcare personnel were forced to recycle PPEs, with some even resorting to using trash bags as an alternative to medical-grade PPEs. Indeed, the COVID-19 pandemic indubitably emphasized the urgent need to increase the national capacity to prevent and better respond to outbreaks of contagious diseases in the future, consistent with Article II, Section 15 of the 1987 Constitution, which provides that "the State shall protect and promote the right to health of the people and instill health consciousness among them."

This bill seeks to establish a National Disease Prevention Center, to be known as the Center for Disease Control and Prevention (CDC), under the Department of Health (DOH). The CDC shall be responsible for the surveillance, prevention, control, and monitoring of all infectious diseases that could potentially affect our citizens.

Given the ongoing threat of the COVID-19 pandemic and the variants that have since emerged since its outbreak, the immediate passage of the bill is earnestly sought.

  
SENATOR JOEL VILLANUEVA



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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**

**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 promote the health and well-being of its citizens. To this end, there must be a framework that fosters a whole-of-system, whole-of-government, and whole-of-society approach anchored on science-based decision-making during public health emergencies. In doing so, the State shall create a National Disease Prevention Center, to be known as the Philippine Center for Disease Control and Prevention, which shall be responsible for forecasting, preventing, controlling, monitoring, and effectively protecting the citizens from all current, emerging, or reemerging infectious diseases.

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

- (a) Protect the Filipino people from the impact of communicable and non-communicable diseases of public health importance;
- (b) Develop policies, plans, and protocols to improve on all identified areas in the International Health Regulations (IHR) hazards;
- (c) Clarify governance, decision-making, and coordination processes and protocols related to forecasting, preventing, controlling, and monitoring

1 diseases of public health importance;

- 2
- 3 (d) Ensure swift, coordinated, and data-driven surveillance and response through  
4 Epidemiology and Surveillance Units (ESUs), public health laboratory systems,  
5 point of entries, and Disaster Risk Reduction and Management (DRRM) for  
6 Health system;
- 7
- 8 (e) Maintain a pool of in-house experts that shall serve as the technical authority  
9 who will provide evidence-based guidance on standards, technologies, and  
10 analytics for epidemiology and disease control; and
- 11
- 12 (f) Ensure the development and implementation of a shared risk and crisis  
13 communication plan with the Department of Health (DOH) and the Food and  
14 Drug Administration (FDA).

15 **ARTICLE II**  
16 **DEFINITION OF TERMS**

17 **SEC. 4. Definition of Terms.** — As used in this Act, the following terms shall  
18 mean:

- 19
- 20 (a) **Communicable diseases** refer to infectious diseases or illnesses due to  
21 infectious agents or their toxic products, which may be transmitted from a  
22 reservoir to a susceptible host, either directly from an infected person or animal,  
23 or indirectly through the agency of an intermediate plant or animal host, vector,  
24 or the inanimate environment, or coming from laboratories.
- 25
- 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 through  
29 an intermediate host, vector, or the environment.
- 30
- 31 (c) **Disease control** refers to the reduction of disease incidence, prevalence,  
32 morbidity, or mortality to a locally acceptable level as a result of deliberate  
33 efforts and continued intervention measures to maintain the reduction.
- 34
- 35 (d) **Emerging or re-emerging infectious diseases (EREID)** refer to diseases  
36 that:
- 37
- 38 (i) have not occurred in humans before;
- 39
- 40 (ii) have occurred previously but affected only small numbers of people in  
41 isolated areas;
- 42
- 43 (iii) are caused by previously undetected or unknown infectious agents;
- 44
- 45 (iv) are due to mutant or resistant strains of a causative organism; or
- 46
- 47 (v) once were major health problems in the country, and then declined  
48 dramatically, but are again becoming health problems for a significant  
49 proportion of the population.

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- (e) **Epidemic or outbreak** refers to an occurrence of more cases of disease normally expected within a specific place or group of people over a given period of time.
- (f) **Epidemiological investigation** refers to an inquiry to the incidence, prevalence, extent, source, mode of transmission, causation of, and other information pertinent to a disease occurrence.
- (g) **Epidemiology** refers to the study of the distribution and determinants of health-related states or events, including diseases, and the application of this study to the control of diseases and other health problems.
- (h) **Public health event** refers to either a public health emergency or a public health threat due to biological, chemical, radio-nuclear, and environmental agents.
- (i) **Non-communicable diseases** refer to chronic diseases or those which tend to be of long duration and are the result of a combination of genetic, physiological, environmental, and behavioral factors.
- (j) **Notifiable disease** refers to a disease that, by legal requirements, must be reported to the public health authorities.
- (k) **Public health emergency** refers to an occurrence or imminent threat of an illness or health condition that:
  - (i) Is caused by any of the following:
    - (1) Bioterrorism;
    - (2) The appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
    - (3) A natural disaster;
    - (4) A chemical attack or accidental release;
    - (5) A nuclear attack or accident; or
    - (6) An attack or accidental release of radioactive materials; and
  - (ii) Poses a high probability of any of the following:
    - (1) A large number of deaths in the affected population;
    - (2) A large number of serious injuries or long-term disabilities in the affected population;
    - (3) Widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the affected population;
    - (4) International exposure to an infectious or toxic agent that poses a significant risk to the health of citizens of other countries; or
    - (5) Trade and travel restrictions.
- (l) **Public health laboratories** refer to laboratories that are responsible for providing timely and reliable diagnostic results primarily for disease prevention, control, surveillance, population-based interventions, outbreak emergency

1 response, and performing core public health and environmental activities,  
2 including reference tests for diseases of public health importance.

3  
4 (m) **Public health threat** refers to any situation or factor that may present a danger  
5 to the health of the people.

6  
7 (n) **Quarantine** refers to the restriction of activities and/or separation from others  
8 of suspect persons who are not ill, or of suspect baggage, containers,  
9 conveyances, or goods, in such a manner as to prevent the possible spread of  
10 infection or contamination.

11  
12 (o) **Response** refers to the implementation of specific activities to control the  
13 further spread of infection, outbreaks, or epidemics and prevent re-occurrence.  
14 It includes verification, contact tracing, rapid risk assessment, case measures,  
15 treatment of patients, risk communication, the conduct of prevention activities,  
16 and rehabilitation.

17  
18 **ARTICLE III**  
19 **CREATION AND FUNCTIONS OF THE**  
20 **PHILIPPINE CENTER FOR DISEASE CONTROL AND PREVENTION**

21  
22 **SEC. 5. Creation of the Philippine Center for Disease Control and**  
23 **Prevention.** — There is hereby established an agency, to be known as the Philippine  
24 Center for Disease Control and Prevention, hereinafter referred to as "CDC." The CDC  
25 shall be an agency directly under the Office of the Secretary of the DOH.

26  
27 **SEC. 6. Functions of the CDC.** — The CDC shall be the technical authority on  
28 forecasting, preventing, controlling, and monitoring communicable and non-  
29 communicable diseases whether domestic or international in origin. These functions  
30 include, but not be limited to, the following:

- 31  
32 (a) Policy and standards development;  
33  
34 (b) Disease detection and surveillance;  
35  
36 (c) Capacity building;  
37  
38 (d) Data collection and analytics;  
39  
40 (e) Public health communications; and  
41  
42 (f) Research and evidence synthesis.

43  
44 The CDC shall perform such other functions as may be mandated by law or  
45 duly delegated by relevant authorities, as well as those that may be necessary or  
46 expedient for the performance of its functions under this Act. The CDC shall submit  
47 annual detailed cost work plans relating to its functions to the Secretary of Health for  
48 approval.

49  
50 **SEC. 7. Structure of the CDC.** —

1  
2 (a) The CDC shall establish centers that shall lead and coordinate the major  
3 functions of the CDC, especially during public health emergencies and disasters,  
4 and in this capacity, establish strategic linkages and partnerships to fulfill the  
5 stated functions. In line with their functions, each of the following centers shall  
6 be headed by a Director:  
7

8 (i) *Center for Health Statistics.* The Center for Health Statistics shall provide  
9 the national leadership in health statistics, data analytics, and health  
10 information systems management and shall be the counterpart office of the  
11 DOH on sectoral policy and planning, which shall include, but not be  
12 limited, to the following functions:  
13

14 (1) Obtain health data and other relevant information from Philippine  
15 Health Corporation (PhilHealth), in accordance with Section 31 of  
16 Republic Act No. 11233, otherwise known as the "Universal Health  
17 Care Act;"  
18

19 (2) Develop policies and standards for integrated health statistics and  
20 data analytics;  
21

22 (3) Design and develop health-related survey and surveillance research  
23 methodologies for national and sub-national levels;  
24

25 (4) Design and collaborate with PhilHealth for interoperable electronic  
26 health information systems to collect extensive information at the  
27 individual level;  
28

29 (5) Generate information from the health data provided by PhilHealth to  
30 guide research and policy-making;  
31

32 (6) Manage and ensure the quality of health data collected, including but  
33 not be limited, to epidemiological and service coverage data; and  
34

35 (7) Regularly publish statistics for use by the general public and  
36 researchers.  
37

38 (ii) *Center for Surveillance and Epidemiology.* The Center for Surveillance and  
39 Epidemiology shall lead and execute a national public health surveillance  
40 strategy, which shall include, but not be limited to, the following functions:  
41

42 (1) Develop policies and procedures in the conduct of surveillance and  
43 epidemiology (e.g., information transfer, models, forecasts, case  
44 definitions of diseases, syndromes, events, contact tracing, and other  
45 public health interventions related to epidemiology);  
46

47 (2) Design and develop electronic health information systems to aid early  
48 warning and signal detection;  
49

50 (3) Analyze data to determine patterns, identify risks, and areas to flag;

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- (4) Set the standards and the process for the establishment of Epidemiology and Surveillance Units (ESUs), as required under Section 8 of Republic Act No. 11332, otherwise known as the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act,” and assist DOH-retained hospitals, local health facilities, and private hospitals and laboratories in establishing ESUs, and assess their performance; and
- (5) Lead the training of field epidemiologists through the Philippine Fields Epidemiology Training Program.

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

- (1) Lead and coordinate the generation of health research on the prevention and control of diseases;
- (2) Oversee the development, adoption, and utilization of clinical practice guidelines as part of the National Practice Guidelines Program;
- (3) Translate research evidence to knowledge products publications for public health policy and programs for the prevention and control of diseases;
- (4) Conduct capability building and strengthening activities on evidence synthesis, health research, and disease control and management;
- (5) Develop multi-sectoral systems and processes for evidence synthesis and health research for the prevention and control of diseases;
- (6) Coordinate the formation, 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 the risk of any chemical, biological, environmental, and



1 other threats of public health importance;

2  
3 (2) Evaluate the performance of public health and clinical laboratories by  
4 ensuring compliance with laboratory quality management system and  
5 quality assurance program;

6  
7 (3) Participate in the inter-agency international networks for laboratory  
8 response to uphold national security and prevent international threats;

9  
10 (4) Oversee the operations and lead the development of the network of  
11 Public Health Laboratories to ensure appropriate service delivery for  
12 responsive diagnostic surveillance under their catchment;

13  
14 (5) Develop and implement laboratory-related training programs across  
15 all Public Health Laboratories;

16  
17 (6) Ensure implementation of diagnostic surveillance of Public Health  
18 Laboratories; and

19  
20 (7) Maintain an integrated laboratory information system.

21  
22 (b) The CDC shall have an Administrative and Finance Office, which shall report to  
23 the Director General, as provided under Section 12 of this Act, and will be in-  
24 charge of the following functions, among others:

25  
26 (i) Human Resource Management;

27  
28 (ii) Property and Logistics Management;

29  
30 (iii) Assets and Financial Management; and

31  
32 (iv) Information and Communication Technology.

33  
34 (c) Additional offices may be created in accordance with the mandate of the CDC,  
35 upon the assessment and recommendation of the Director General, approval of  
36 the Secretary of Health, and the availability of funds.

37  
38 **ARTICLE IV**  
39 **OPERATIONAL STRUCTURE,**  
40 **MANAGEMENT, AND STAFF OF THE CENTER**

41  
42 **SEC. 8. *Coordination with Centers for Health Development and the Local***  
43 ***Government Units.* —**

44  
45 (a) *General Health.* As an agency directly under the Office of the Secretary of the  
46 DOH, the CDC shall ensure effective surveillance and response by coordinating  
47 all efforts with established DOH Centers for Health Development (CHDs),  
48 national, regional, and province-wide Disaster Risk Reduction and  
49 Management Centers (DRRMCs), and Local Government Units (LGUs). In  
50 addition, the CDC shall:

- 1  
2 (i) Govern and build country capacity through the Disease Surveillance  
3 Officers (DSOs) and ensure the country trains sufficient epidemiologists;  
4 and  
5  
6 (ii) Govern the National Reference Laboratories (NRLs) through the Center  
7 for Reference Laboratories while the DOH CHDs shall govern  
8 Subnational Reference Laboratories (SNLs) and Regional Public Health  
9 Laboratories (RPHLs).  
10  
11 (b) *State of Public Health Emergency.* During state of Public Health Emergencies,  
12 all health personnel, including DSOs, SNLs, and those employed by the LGUs,  
13 shall directly report to the CDC, as necessary. For purposes of this Act,  
14 "disease surveillance" shall refer to the ongoing systematic collection, analysis,  
15 interpretation, and dissemination of outcome-specific data for use in the  
16 planning, implementation, and evaluation of public health practice in terms of  
17 epidemics, emergencies, and disasters. A disease surveillance system  
18 includes the functional capacity for data analysis, as well as the timely  
19 dissemination of these data to persons who can undertake effective prevention  
20 and control activities.  
21

22 **SEC. 9. *Transfer of Agencies.* —**  
23

- 24 (a) *Restructuring of Affected Offices and Units.* The following offices shall be  
25 restructured to ensure that the CDC and DOH shall co-exist synergistically and  
26 facilitate full operations of the CDC within a two-year transition plan.  
27  
28 (i) The Epidemiology Bureau of the DOH shall be abolished, and its functions  
29 shall be shared between Centers for Health Statistics and Epidemiology  
30 and Surveillance.  
31  
32 (ii) The Research Institute for Tropical Medicine (RITM) shall be transferred to  
33 the CDC.  
34 (1) The RITM shall retain its research, training, development, and  
35 reference laboratory functions, with its hospital strengthened to be a  
36 specialized premier facility to support and sustain its mandates.  
37  
38 (2) The RITM Biologicals Manufacturing Division shall also be transferred  
39 to fulfill its training and research functions on Biologicals, as well as  
40 its manufacturing and vaccine storage function.  
41  
42 (iii) The Office for Health Laboratories (OHL) of the DOH, including the  
43 following public health laboratories, shall also be transferred to the CDC:  
44 (1) All NRLs currently housed in RITM;  
45  
46 (2) NRL for Sexually Transmitted Diseases (STD) and the Sub-National  
47 Laboratory for Emerging and Re-Emerging Infectious Diseases (SNL  
48 for EREID), currently housed in San Lazaro Hospital;  
49  
50 (3) NRL for environmental and occupational health, toxicology,

- 1 micronutrient assay, and chemical emergencies currently housed in  
2 East Avenue Medical Center;
- 3
- 4 (4) NRL for heart diseases, and Anatomical Pathology for Cardiac  
5 disease currently housed in Philippine Heart Center;
- 6
- 7 (5) NRL for Hematology, Microscopy, and Anatomical Pathology for  
8 Renal and other unassigned organs, currently housed in National  
9 Kidney and Transplant Institute;
- 10
- 11 (6) NRL for Chemistry and Anatomic Pathology for Respiratory disease  
12 and SNL for EREID, currently housed in the Lung Center of the  
13 Philippines; and
- 14
- 15 (7) Other designated SNL and RPHLs.
- 16
- 17 (iv) The technical units of the Disease Prevention and Control Bureau of the  
18 DOH shall be abolished and its functions shall be absorbed in the Center  
19 for Health Evidence, and the remaining units shall be restructured into the  
20 Public Health Strategy and Management Bureau.
- 21
- 22 (v) The Communications Management Unit (CMU) of the DOH to be  
23 institutionalized as shared service between DOH, FDA, and CDC with the  
24 following functions:
- 25 (1) Develop corporate risk and crisis communication plans;
- 26
- 27 (2) Manage and implement risk communication activities and initiatives,  
28 such as, but not be limited to development and issuance of information  
29 and education communication (IEC) materials, events, stakeholder  
30 meetings, and other media engagement activities;
- 31
- 32 (3) Manage and activate crisis communication protocol for health risks  
33 and hazards, and institutional reputational risks;
- 34
- 35 (4) Develop and implement corresponding capacity building activities in  
36 relation to corporate risk and crisis communications;
- 37
- 38 (5) Perform internal communication functions within the institution;
- 39
- 40 (6) Develop and facilitate the approval of communication materials and  
41 policies as aligned with the approved communication plans;
- 42
- 43 (7) Manage different platforms of the institution for release of  
44 communication materials; and
- 45
- 46 (8) Foster, maintain, and continuously build external partnerships and  
47 communication networks with public and private health institutions.
- 48
- 49 (vi) The Knowledge Management and Information Technology Service (KMITS)  
50 of the DOH shall restructure and rationalize its functions to eliminate or

1 minimize overlaps and duplication with the standards and sectoral policy  
2 function of the Center for Health Statistics.

3  
4 (b) *Transfer of Material.* The offices affected by the transfer of agencies shall also  
5 transfer applicable funds and appropriations, records, equipment, and property  
6 to the CDC, subject to a two-year transition plan.

7  
8 (c) *Personnel.*

9  
10 (i) As a result of the reorganization under this Act, the DOH and the CDC shall  
11 absorb qualified employees, as needed, without diminution of their salaries  
12 and benefits: *Provided*, That those whose employment contracts are  
13 terminated may re-apply and must comply with the qualification standards  
14 under this Act.

15  
16 (ii) Affected employees who are not absorbed by the CDC shall have the  
17 option to transfer to other DOH units;

18  
19 (iii) Employees who opted to be separated from service within six (6) months  
20 from the effectivity of this Act shall receive separation benefits to which they  
21 may be entitled under Republic Act No. 6656, otherwise known as "An Act  
22 to Protect the Security of Tenure of Civil Service Officers and Employees  
23 in the Implementation of Government Reorganization": *Provided*, That  
24 those who are qualified to retire under existing retirement laws shall be  
25 allowed to retire and receive retirement benefits to which they may be  
26 entitled under applicable laws and issuances.

27  
28 (iv) All technical positions in the CDC shall be considered as part of the  
29 scientific career position.

30  
31 **SEC. 10. *Structure and Staffing Pattern.*** — Subject to the review and  
32 approval of the Department of Budget and Management (DBM), the Secretary of  
33 Health shall determine the organizational structure and staffing pattern of the CDC, in  
34 accordance with existing civil service laws, rules and regulations.

35  
36 **SEC. 11. *Expansion of Functions.*** — In cases of biological, chemical, and  
37 toxic events, the Health Emergency and Management Bureau (HEMB) of the DOH  
38 and Regional Disaster Risk Reduction and Management Centers (RDRRMCs) shall  
39 directly coordinate with the CDC and expand their functions to include preparation and  
40 response. The Bureau of Quarantine (BOQ) of the DOH shall also be tasked with  
41 border control and border surveillance and shall directly coordinate with the CDC.

42  
43 **SEC. 12. *Director General and Deputy Director Generals.*** —

44  
45 (a) *Appointment of the Director General.* The CDC shall be headed by a Director  
46 General, with the rank of Undersecretary, who shall be appointed by the  
47 President, upon the recommendation of the Secretary of Health, based on  
48 technical expertise, academic background, and appropriate experience.

49  
50 (b) *Appointment of the Deputy Director General.* The Director General shall be

1 assisted by one (1) Deputy Director General, with the rank of Assistant  
2 Secretary, who shall oversee the functions of the Administrative and Finance  
3 Office, and any additional offices created in accordance with Sec. 7(c) of this  
4 Act. The Deputy Director General shall likewise be appointed by the President,  
5 upon the recommendation of the Secretary of Health, based on technical  
6 expertise, academic background, and appropriate experience.  
7

8 (c) *Eligibility.* The Director General shall be a public health professional, preferably  
9 a Medical Doctor, with at least fifteen (15) years of post-graduate qualification  
10 experience in relevant fields of medicine, public health, and in managerial  
11 positions.  
12

13 (d) *Powers and Functions.* The Director General shall perform the following powers  
14 and functions:  
15

16 (i) Provide leadership, policy guidance, coordination, technical expertise,  
17 and services to promote the development and implementation of the  
18 national programs of CDC;  
19

20 (ii) Certify to the Secretary of Health the occurrence of a Public Health  
21 Emergency. The Secretary of Health, upon consultation with public health  
22 officials, shall undertake public health emergency response including, but  
23 not be limited, to:  
24

25 (1) Immediate hiring, transfer, and deployment of health personnel;  
26

27 (2) Implementation of inter-agency public health emergency  
28 preparedness and response in cooperation with the NDRRMC,  
29 DILG, and LGUs; and  
30

31 (3) Strict enforcement and augmentation of border control and  
32 surveillance, in coordination with the DFA and DOH BOQ.  
33

34 (iii) Certify the termination of a Public Health Emergency which may serve as  
35 basis for the de-escalation and eventual termination of response;  
36

37 (iv) Recommend to the President, through the Secretary of Health, the  
38 exercise of special powers in the case of an epidemic;  
39

40 (v) Develop policies with provisions on penalties for local implementation and  
41 enforcement:  
42

43 (1) The Director General, upon consultation with the Secretary of Health  
44 and through the DOH HEMB, shall establish and prescribe the  
45 corresponding rules and regulations, as well as penalties, for local  
46 implementation and enforcement that are necessary to control and  
47 prevent diseases within the country and to prevent the introduction,  
48 transmission, or spread of communicable diseases from other  
49 countries into the Philippines or from one domestic seaport/airport  
50 to another; and

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(2) For purposes of implementing these regulations, the Director General, upon consultation with the Secretary of Health and through the DOH HEMB, may provide public health preventive measures and intervention strategies such as health education and advisories, apprehensions, detention, isolation, quarantine, inspections, fumigation, disinfection, disinfestation, 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, the DOH HEMB shall also expand and coordinate with the DOH BOQ on controlling, directing, and managing all quarantine stations, grounds, and anchorages, and in designating their boundaries in accordance with Section 6 of Republic Act No. 9271, otherwise 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;
- (xii) Appoint eligible employees of the CDC in accordance with civil service laws, rules and regulations, and this Act;
- (xiii) Delegate the powers vested under this Act to the Deputy Director General; and
- (xiv) Perform such other functions as may be mandated by law, or as may be delegated by the Secretary of Health and/or the President.

1  
2 (e) *Security of Tenure and Grounds for Removal.* To ensure and uphold the  
3 independence of the CDC, the Director General and Deputy Director General  
4 shall enjoy security of tenure and shall not be removed from office, except when  
5 any of the following grounds is present, in which case, the President of the  
6 Philippines may remove the Director General and the Deputy Director General,  
7 upon compliance with the due process of law:  
8

9 (i) Inefficiency and incompetence in the performance of official duties;  
10 *Provided, That* the performance of the Director General and/or the  
11 Deputy Director General shall be evaluated by a panel formed by the  
12 DOH for that purpose; *Provided further, That* the panel shall be composed  
13 of the Chairman of the Civil Service Commission (CSC) and at least two  
14 (2) public health experts; and/or  
15

16 (ii) Inability to discharge the duty of the office, whether arising from the  
17 infirmity of the mind or body, grave misconduct, or in the public interest,  
18 upon the recommendation of the Secretary of Health and the CSC.  
19

20 **ARTICLE V**  
21 **SUPPLEMENTAL FUNCTIONS AND POWERS OF THE CDC**  
22

23 **SEC. 13. *Public Health Surveillance Program.* —**  
24

25 (a) The Director General shall identify priority health problems for prevention and  
26 control.  
27

28 (b) The Director General, as deemed necessary, may institute public health  
29 surveillance programs or undertake epidemiological investigations or surveys  
30 of people, animals, or vectors in order to determine the existence, prevalence,  
31 or incidence, or to determine the likelihood of a possible outbreak, of:  
32

33 (i) Any infectious disease; or  
34

35 (ii) Any other disease which the CDC or the Secretary of Health, by  
36 notification in the official website of the CDC and/or the DOH, declares to  
37 be a disease to which this Section applies.  
38

39 (c) For the purpose of any public health surveillance program, epidemiological  
40 investigation, or survey under this Act, the Director General may issue an order  
41 requiring any person to furnish the CDC, within the period stated therein, with:  
42

43 (i) such information as may be required to enable the CDC to perform its  
44 duties and functions under this Act; and  
45

46 (ii) any sample of any substance or matter in the possession or control of  
47 that person, whether taken pursuant to this Act or otherwise, as he or she  
48 may consider necessary or appropriate.  
49

50 (d) In order to have a more effective diagnostic surveillance and outbreak

1 investigation, the Director General of the CDC shall link the different disease-  
2 related programs of the DOH for both communicable and non-communicable  
3 diseases with public health laboratories.  
4

5 **SEC. 14. Mandatory Reporting of Notifiable Diseases and Public Health**  
6 **Events. —**

7 (a) *Transfer of Functions.*

8  
9 (i) The CDC shall perform the functions and obligations of the Epidemiology  
10 Bureau of the DOH under Section 5 and 6 of the Mandatory Reporting of  
11 Notifiable Diseases and Health Events of Public Health Concern Act; and  
12

13 (ii) The CDC shall perform the functions and obligations of the DOH under  
14 Section 31 (b) of the Universal Health Care Act.  
15

16 (b) *Mandatory Reporting.* All public and private hospitals, clinics, health facilities,  
17 laboratories, institutions, workplaces, schools, prisons, ports, airports,  
18 establishments, communities, other government agencies, and NGOs shall  
19 accurately and immediately report notifiable disease and public health events  
20 to the CDC.  
21

22 (c) *Mandatory Submission of Service Coverage.* All public and private hospitals,  
23 clinics, health facilities, laboratories shall be required to submit health and  
24 health-related data, which shall include, but not be limited to, administrative,  
25 public health, medical, pharmaceutical and financing data to the CDC.  
26

27 **SEC. 15. Laboratories in the Philippine Health Laboratory System (PHLS).**

28 —  
29 (a) *Establishment.* There shall be an established Philippine Health Laboratory  
30 System by unifying all diagnostic surveillance of public health importance into  
31 stand-alone laboratories across the nation. The CDC shall:  
32

33 (i) Identify public health laboratories and designate NRLs, SNLs, and  
34 RPHLs;  
35

36 (ii) Transition the identified public health laboratories that are currently  
37 housed in their existing host hospitals into stand-alone laboratory  
38 facilities to serve as diagnostic surveillance centers separate from its  
39 hospital operations within three (3) years from the effectiveness of this  
40 Act; and  
41

42 (iii) Establish an integrated laboratory information system accessible to all  
43 public health laboratories and surveillance units.  
44

45 (b) *Public Health Laboratories.* The PHLS shall be composed of Public Health  
46 Laboratories following the Philippine Health Facility Development Plan in  
47 determining the roles, functions, investments, and services delivered within  
48 their determined catchment areas. Public Health Laboratories shall be  
49 authorized to solicit, receive donations and grants, and accrue or accept  
50 service-related fees and reimbursement they provide, which may include but



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

- 10
- 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. These NRLs shall be the responsible entities for facilitating the  
15 NEQAS to ensure compliance to quality standards of all laboratories in  
16 the Philippines.
- 17
- 18 (ii) SNLs that will conduct confirmatory testing for routine surveillance  
19 samples and performing specialized tests, training, laboratory-related  
20 research, and cascading of protocols and standards set by the NRLs. A  
21 SNL shall be established for each of the following catchment areas:  
22 (1) North Luzon;  
23 (2) NCR and Central Luzon;  
24 (3) South Luzon;  
25 (4) Visayas; and  
26 (5) Mindanao.
- 27
- 28 (iii) RPHLs that will perform diagnostic tests both for diseases of public health  
29 importance, and laboratory-related research. RPHLs shall be established  
30 and/or designated in all regions.
- 31
- 32 (c) *Oversight and Governance.* The CDC shall exercise supervisory and oversight  
33 functions over the development of all Public Health Laboratories in the PHLs  
34 and oversee their functions and performance through the Center for Reference  
35 Laboratories.
- 36

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

43

44 **SEC. 17. Penalties.** —

- 45 (a) *Violation by Individuals.* Any person who violates any regulation prescribed or  
46 order issued pursuant to this Act, or who enters or departs from the limit of any  
47 quarantine station, ground, or anchorage in disregard of quarantine rules and  
48 regulations or without permission of the quarantine officer-in-charge shall be  
49 punished by a fine of not more than Five Million Pesos (Php5,000,000.00) or by  
50 imprisonment for not more than two (2) years, or both.

- 1  
2 (b) *Violation by LGUs and Health Care Providers:*  
3  
4 (i) *Violation of Data Privacy.* Any LGU who violates the Data Privacy Act of  
5 2012 shall be penalized in accordance with such Act.  
6  
7 (ii) *Violation of Data Submission Guidelines.* LGUs, through the CHDs, shall  
8 provide the CDC, in a timely and most expeditious manner, with available  
9 health and technical data relevant to the prevention and control of  
10 diseases. The penalties stipulated under Section 10 of the Mandatory  
11 Reporting of Notifiable Diseases and Health Events of Public Health  
12 Concern Act shall apply for non-submission of data.  
13

14 **ARTICLE VI**  
15 **MISCELLANEOUS PROVISIONS**  
16

17 **SEC. 18. *Progressive Realization.*** — The CDC, in coordination with the DOH  
18 and LGUs, shall craft a multi-year plan to ensure the timely implementation and  
19 progressive realization of the objectives of this Act. Towards this end, the multi-year  
20 plan shall include, but not be limited, to:

- 21  
22 (a) Requiring that every province and city-wide health system have full-time DSOs,  
23 without prejudice to the need for DSOs in municipalities, as may be deemed  
24 necessary; and  
25  
26 (b) Establishing SNLs in North Luzon, NCR and Central Luzon, South Luzon,  
27 Visayas, and Mindanao as mandated under this Act; and  
28  
29 (c) Establishing RPHLs in designated regions as mandated under this Act.  
30

31 The DOH, upon coordination with the CDC, shall submit the funding  
32 requirements with corresponding annual targets for the implementation of the multi-  
33 year plan to the DBM and concerned agencies, for the determination of appropriate  
34 national budget allocation: *Provided*, That for local budget allocation, the LGUs shall  
35 also appropriate the necessary funds to ensure the proper implementation of this Act,  
36 in relation to their devolved functions under the UHC Act and other existing laws.  
37

38 **SEC. 19. *Engagement of Balik Scientists and Foreign Experts.*** — The CDC  
39 may engage Balik Scientists and foreign experts following the terms of reference and  
40 compensation structure of the Balik Scientist Program.  
41

42 **SEC. 20. *Entitlement to Magna Carta Benefits.*** — Qualified employees of the  
43 CDC and its attached units shall be covered by Republic Act No. 8439, otherwise  
44 known as the “Magna Carta for Scientists, Engineers, Researchers and Other Science  
45 and Technology Personnel in Government.”  
46

47 **SEC. 21. *Technical Skills and Training.*** — The CDC and the DOH shall  
48 coordinate with the Commission on Higher Education and the Technical Education  
49 and Skills Development Authority to develop programs or courses to ensure that there  
50 are available professionals and skilled personnel necessary to meet the demands of

1 the implementation of this Act.

2  
3 **SEC. 22. Annual Report.** — The CDC shall submit to Congress an annual  
4 report containing an evaluation of the current and emerging threats to health in the  
5 country and progress to IHR commitments, and initiatives undertaken to address these  
6 and recommend legislative measures as may be necessary.

7  
8 **SEC. 23. Appropriations.** — The amount necessary for the initial  
9 implementation of this Act shall be taken from the current fiscal year's appropriation of  
10 the offices and agency/ies absorbed by the CDC as provided under this Act.  
11 Thereafter, the amount needed for the operation and maintenance of the CDC shall  
12 be included in the annual General Appropriations Act.

13  
14 **SEC. 24. Implementing Rules and Regulations.** — The DOH shall  
15 promulgate the necessary rules and regulations within ninety (90) days from the  
16 effectivity of this Act.

17  
18 **SEC. 25. Separability Clause.** — If any provision of this Act is declared  
19 unconstitutional or otherwise invalid, the validity of the other provisions shall not be  
20 affected thereby.

21  
22 **SEC. 26. Repealing Clause.** — All laws, decrees, orders, rules and  
23 regulations, other issuances, or parts thereof, inconsistent with any provision of this  
24 Act, are hereby repealed or modified accordingly.

25  
26 **SEC. 27. Effectivity.** — This Act shall take effect after fifteen (15) days  
27 following its publication in the Official Gazette or in two (2) newspapers of general  
28 circulation.

*Approved,*