



HOUSE OF REPRESENTATIVES

H. No. 9561

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**AN ACT
ESTABLISHING THE PHILIPPINE HEALTH SECURITY COUNCIL AND APPROPRIATING
FUNDS THEREFOR**

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

**CHAPTER I
PRELIMINARY PROVISIONS**

SECTION 1. *Title.* – This Act shall be known as the “Philippine Health Security Act”.

SEC. 2. *Declaration of Policy.* – Section 15 of Article II of the Constitution of the Philippines declares that the State shall protect and promote the right to health of the people and instill health consciousness among them. Section 11 of Article XIII of the Constitution mandates the adoption of an integrated and comprehensive approach to health development.

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1 By virtue of its obligations under the International Health Regulations (IHR) 2005 of the World
2 Health Organization (WHO), the Philippines is required to build its core capacities in protecting its
3 citizens, along with the citizens of other countries, from the spread of diseases and other health hazards.

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5 Towards this end, the State shall:

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7 (a) Protect the physical and mental health of the Filipinos, limit economic losses, and preserve
8 confidence in government by strengthening public health and health care systems to effectively
9 and swiftly confront the devastating consequences of health risks, such as emerging infectious
10 diseases that could lead to a pandemic; use of chemical, biological, radiological, and nuclear
11 weapons; health-related cyber warfare; and catastrophic natural disasters and human-caused
12 incidents, through multi-sectoral and multidisciplinary approaches for effective alert and
13 response systems;
14
- 15 (b) Prepare, mobilize, and coordinate the whole-of-government and whole-of-society approach to
16 bring the full spectrum of public health capabilities in the event of a public health emergency,
17 disaster, or attack.
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19 **SEC. 3. *Definition of Terms.*** – As used in this Act:

- 20
21 (a) *Cybersecurity* refers to the collection of tools, policies, risk management approaches, actions,
22 training, best practices, assurance and technologies that can be used to protect the cyber
23 environment and organization and user’s assets;
24
- 25 (b) *Cyber warfare* refers to the use of technology to launch attacks on nations, governments and
26 citizens, causing comparable harm to actual warfare using weaponry;
27
- 28 (c) *Emerging infectious diseases* refer to newly identified diseases and previously unknown
29 infections that have not occurred in humans before due to mutant or resistant strains of a
30 causative organism which cause public health problems either locally or internationally;
31
- 32 (d) *Health security* refers to the activity required, both proactive and reactive, to minimize the
33 danger and impact of acute public health events that endanger people’s health;
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- 35 (e) *Health security interface* refers to public health activities the performance of which involves
36 the security sector such as during outbreak response operations in times of conflicts and wars,
37 events involving the intentional use of chemical or biological agents to cause harm, issues
38 related to mass gatherings like major sporting events, festivals, and regular religious
39 migrations; and activities that may arise in the course of a natural disease outbreak;
40
- 41 (f) *International health regulations (IHR)* refer to legally binding instruments of international law
42 that set standards and protocols to be observed by states in order to prevent the spread of
43 diseases and other health risks, save lives, protect livelihoods and avoid the unnecessary
44 curtailment of international trade and travel;
45
- 46 (g) *National action plan for health security (NAPHS)* refers to a country-owned, multi-year
47 planning process that can accelerate the implementation of IHR core capacities and is based
48 on one health and whole-of-government approach for all hazards. It captures national priorities
49 for health security, brings sectors together, identifies partners, and allocates resources for
50 health security capacity development. The NAPHS also provides an overarching process to
51 capture all ongoing preparedness initiatives in a country along with a country’s governance
52 mechanism for emergency and disaster risk management;
53
- 54 (h) *One-health* refers to an approach or design in implementing programs, policies, legislation,
55 and research in which multiple sectors communicate and work together to achieve better public

1 health outcomes. The areas of work in which a one-health approach is particularly relevant
2 include food safety, the control of zoonoses, and combatting antibiotic resistance;

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4 (i) *Pandemic* refers to a widespread occurrence of an infectious disease across international
5 boundaries that is usually affecting a very large number of people;

6
7 (j) *Public health emergency* refers to an occurrence or imminent threat of an illness or health
8 condition that:

9
10 (1) Is caused by any of the following:

11 (i) Bio terrorism;

12 (ii) Appearance of a novel or previously controlled or eradicated infectious agent or
13 biological toxin;

14 (iii) A natural disaster;

15 (iv) A nuclear attack or accident; or

16 (v) An attack or accidental release of harmful chemicals or radioactive materials; and

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22 (2) Poses a high probability of any of the following:

23 (i) A large number of deaths in the affected population;

24 (ii) A large number of serious injuries or long-term disabilities in the affected
25 population;

26 (iii) Widespread exposure to an infectious or toxic agent that poses a significant risk
27 of substantial harm to a large number of people in the affected population;

28 (iv) International exposure to an infectious or toxic agent that poses a significant risk
29 to the health of citizens of other countries; or

30 (v) Trade and travel restrictions;

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32
33 (k) *Public health risk* refers to an event:

34 (a) That might adversely affect the health of human populations; and

35 (b) That satisfies any one or more of the following conditions where the health effects
36 of the event might:

37 (i) spread within the Philippines;

38 (ii) spread between the Philippines and another country;

39 (iii) spread between two (2) other countries; or,

40 (iv) present a serious and direct danger to public health;

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43 (l) *Re-emerging infectious diseases* refer to diseases which are known and have occurred
44 previously but affected only small numbers of people in isolated areas or were once major
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1 health problems but have fallen to levels so low that they were no longer considered a public
2 health problem. Re-emerging infectious diseases often reappear in epidemic proportions; and,
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- 4 (m) *Zoonoses* refer to infectious diseases caused by an infectious agent, such as a bacterium,
5 virus, parasite, or prion that has transferred from an animal to a human.
6

7 **SEC. 4. National Action Plan.** – There shall be established a Philippine Health Security
8 National Action Plan (PHSNAP) to strengthen the country’s institutional capacity to implement disease
9 prevention, surveillance, control, response systems and contingency plans to deal with public health
10 events and emergencies, including deliberate release of biological or chemical agents intended to harm
11 civilian populations or attack to the health care delivery system.
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13 **CHAPTER II**
14 **PHILIPPINE HEALTH SECURITY COUNCIL**
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16 **SEC. 5. Creation.** – There is hereby created the Philippine Health Security Council (PHSC),
17 which shall be an inter-agency body administratively attached to the Department of Health (DOH) and
18 tasked to formulate and update the PHSNAP. It shall review all existing national programs, plans, and
19 activities pertinent to health security and public emergency, identify and prioritize activities, and
20 implement evidence-based actions for sustainable capacity development to improve IHR capacities in
21 health systems for health security.
22

23 **SEC. 6. Powers and Functions.** – The PHSC shall have the following powers and functions:
24

- 25 (a) Formulate and operationalize the PHSNAP in collaboration with relevant government agencies,
26 civil society organizations (CSOs), and other stakeholders;
27
28 (b) Establish partnerships with foreign and international organizations that enable the generation and
29 exchange of vital information through collaborative activities in research, data collection, and the
30 provision of essential services;
31
32 (c) Prepare the policies and guidelines for the effective and efficient implementation of the PHSNAP;
33
34 (d) Institute efficient mechanisms to ensure the security of medical devices and hospital networks
35 and prevent cyber-related breaches that may affect the operation of medical devices and
36 compromise the integrity of health-related information;
37
38 (e) Ensure adherence by national government to the Philippines’ commitment to the IHR 2005
39 of the WHO and take appropriate actions based on the IHR Joint External Evaluation
40 recommendations and the present situation of the country;
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42 (f) Authorize concerned agencies to purchase, store, or distribute anti-toxins, serums, vaccines,
43 immunizing agents, antibiotics, and other pharmaceutical agents or medical supplies and devices
44 considered advisable in the interest of preparing for or controlling a public health emergency,
45 with the right to take immediate possession thereof;
46
47 (g) Monitor, assess, and evaluate the implementation of the PHSNAP;
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49 (h) Source funds for the PHSNAP;
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51 (i) Accept donations, whether from local or foreign sources, and ensure that funded programs are
52 aligned to the national response;
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54 (j) Recommend to Congress the enactment of policies vital to the maintenance of health security and
55 ensure that all executive policy issuances are aligned with the PHSNAP;

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2 (k) Assist Local Government Units (LGUs) in the formulation of their respective Health Security
3 Local Action Plans (HSLAP) in accordance with Chapter III hereof;
4
5 (l) Facilitate and support health security initiatives and activities of the LGUs; and
6
7 (m) Submit an annual report to the Office of the President and the Congress.
8

9 The member agencies of the PHSC under Section 7 of this Act shall formulate and implement
10 their respective action plans pursuant to the PHSNAP.
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12 The Chairperson of the PHSC may call upon any government office or instrumentality, including
13 government-owned or -controlled corporations, government financial institutions, LGUs, nongovernment
14 organizations, and the private sector for assistance during public health emergencies or as the
15 circumstances may require.
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17 The Chairperson of the PHSC may recommend to the President the enlistment of the Armed
18 Forces of the Philippines to supplement the Philippine National Police and other law enforcement
19 agencies for the purpose of enforcing the quarantine of specific areas or facilitating the transport of
20 emerging infectious disease patients, and for such other purposes for the effective implementation of this
21 Act.
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23 **SEC. 7. *Membership and Composition.*** – The PHSC shall be composed of the following:
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- 25 (a) Secretary of Health;
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27 (b) Secretary of National Defense;
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29 (c) Executive Secretary;
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31 (d) National Security Advisor;
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33 (e) Secretary of Foreign Affairs;
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35 (f) Secretary of Interior and Local Government;
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37 (g) Secretary of Justice;
38
39 (h) Secretary of Budget and Management;
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41 (i) Secretary of Trade and Industry;
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43 (j) Secretary of Agriculture;
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45 (k) Secretary of Environment and Natural Resources;
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47 (l) Secretary of Tourism;
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49 (m) Secretary of Transportation;
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51 (n) Secretary of Information and Communications Technology;
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53 (o) Secretary of Labor and Employment;
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55 (p) Secretary of Science and Technology;

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2 (q) Secretary of Public Works and Highways;
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4 (r) Chairperson of the Commission on Higher Education;
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6 (s) Secretary of Education;
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8 (t) Secretary of Agrarian Reform;
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10 (u) Director General of National Economic and Development Authority;
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12 (v) Secretary of the Presidential Communications Operations Service;
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14 (w) Chief of Staff of the Armed Forces of the Philippines;
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16 (x) Chief of the Philippine National Police;
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18 (y) Director of the National Bureau of Investigation;
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20 (z) Director General of the National Intelligence Coordinating Agency;
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22 (aa) Director General of the Technical Education and Skills Development Authority;
23
24 (bb) Chairperson of the Civil Service Commission;
25
26 (cc) Commissioner of the Bureau of Customs;
27
28 (dd) Director General of the Philippine Information Agency;
29
30 (ee) Executive Director of the Philippine Council for Health Research and Development;
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32 (ff) President of the Philippine Health Insurance Corporation;
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34 (gg) Director General of the Food and Drug Administration;
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36 (hh) Director of the Research Institute for Tropical Medicine;
37
38 (ii) President of the Union of Local Authorities of the Philippines;
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40 (jj) President of the League of Provinces of the Philippines;
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42 (kk) President of the League of Cities of the Philippines;
43
44 (ll) President of the League of Municipalities of the Philippines;
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46 (mm) President of the Liga ng mga Barangay;
47
48 (nn) President of the Government Service Insurance System;
49
50 (oo) President of the Social Security System;
51
52 (pp) Chairperson of the National Anti-Poverty Commission;
53
54 (qq) Chairperson of the Housing and Urban Development Coordinating Council;
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- 1 (rr) Chairperson of the National Commission of Senior Citizens;
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- 3 (ss) Chairperson of the National Council on Disability Affairs;
- 4
- 5 (tt) Chairperson of the Philippine Commission on Women;
- 6
- 7 (uu) Presidential Adviser for Religious Affairs;
- 8
- 9 (vv) Secretary General of the Philippine Red Cross;
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- 11 (ww) Four (4) representatives from the CSOs;
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- 13 (xx) Four (4) representatives from the private sector;
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- 15 (yy) Four (4) representatives from the health sector; and
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- 17 (zz) Four (4) representatives from the academe.
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19 The Secretary of Health shall be the permanent Chairperson of the PHSC and the Secretary of
20 National Defense its Co-Chairperson.

21
22 The PHSC, upon the vote of 2/3 of all members present comprising a quorum, shall be allowed to
23 include additional members as it may deem necessary.

24
25 The President shall, upon the recommendation of the PHSC, appoint the representatives of the
26 CSOs and private sector based on a short list to be provided by the members, in accordance with the
27 criteria and mechanism to be established by the PHSC. They shall serve for a term of three (3) years,
28 renewable upon the recommendation of the PHSC for a maximum of two (2) consecutive terms.

29
30 The Secretary of the member agencies shall designate a permanent alternate member to the PHSC,
31 preferably an Undersecretary who is a certified career service officer.

32
33 The PHSC may invite the Administrator of the Supreme Court, the Chairperson of the Committee
34 on Health and Demography of the Senate of the Philippines and the Chairperson of the Committee on
35 Health of the House of Representatives to its meetings.

36
37 The PHSC shall convene not later than thirty (30) days after the date of the enactment of this Act.
38 It shall meet at least once every quarter on dates and in places it shall determine. The Chairperson of the
39 PHSC may call for a special meeting as the need arises. The PHSC shall formulate internal rules to govern
40 the conduct of its meetings.

41
42 **SEC. 8. Secretariat.** – The Health Emergency Management Bureau (HEMB) of the DOH shall
43 serve as the Secretariat of the PHSC and perform the following functions:

- 44 (a) Coordinate and manage the day-to-day affairs of the PHSC;
- 45
- 46 (b) Assist in the formulation, monitoring, and evaluation of the policies to the PHSNAP;
- 47
- 48 (c) Provide technical assistance, support, and advisory services to the PHSC and its external
49 partners;
- 50
- 51 (d) Assist the PHSC in identifying and building internal and external networks and partnerships;
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- 53 (e) Coordinate and support the efforts of the PHSC and its members to mobilize resources;
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- 1 (f) Serve as repository of health security information;
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3 (g) Disseminate updated, accurate, relevant, and comprehensive information about the country's
4 health security situation to PHSC members, policy makers, and the media; and
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6 (h) Provide administrative support to the PHSC.
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8 The Secretary of Health, as Chairperson of the PHSC, may assign other staff from the DOH to
9 assist the HEMB in the performance of its functions as Secretariat of the PHSC.

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11 **CHAPTER III**
12 **HEALTH SECURITY AT THE REGIONAL AND LOCAL LEVEL**

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14 **SEC. 9. *Health Security Management and Organization at the Regional Level.*** – There shall be
15 established a Regional Health Security Council (RHSC) in every administrative region of the country
16 which shall be responsible in the development and implementation of the Health Security Regional Action
17 Plan.

18
19 The RHSC shall establish an operating facility to be known as the Regional Health Security
20 Management Operations Center whenever necessary.

21
22 The Regional Directors of the DOH shall serve as Chairpersons of the RHSC. Its Vice
23 Chairpersons shall be elected by the members. In the case of the Bangsamoro Autonomous Region in
24 Muslim Mindanao (BARMM), the Chief Minister shall be the RHSC Chairperson. The existing regional
25 offices of the DOH shall serve as secretariat of the RHSCs. The RHSCs shall be composed of the
26 executives of the regional offices and field stations at the regional level of the government agencies and
27 concerned institutions and authorities including representatives from the CSOs, private sector, the
28 academe, and the health sector.

29
30 **SEC. 10. *Organization at the Local Level.*** – Provincial, City, and Municipal Health Security
31 Councils shall be established. The Local Health Security Council shall be composed of the Local Health
32 Emergency Response Team and concerned institutions and authorities, including representatives from the
33 CSOs, private sector, the academe, and the health sector.

- 34
35 (a) Composition. The local health security councils shall be composed of the following members:
36
37 (1) Local Chief Executive, as chairperson;
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39 (2) Highest ranking officer of the Armed Forces of the Philippines assigned in the province, city,
40 municipality, or barangay, respectively;
41
42 (3) Head of the Local Health Office;
43
44 (4) Local Planning and Development Officer;
45
46 (5) Head of the local Social Welfare and Development Office;
47
48 (6) Head of the local Agriculture Office;
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50 (7) Head of the local Veterinary Office;
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52 (8) Head of the local Engineering Office;
53
54 (9) Head of the local Budget Office;
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- 1 (10) Head of the Business Permit and Licensing Office;
- 2
- 3 (11) Head of the Transportation Office;
- 4
- 5 (12) Head of the Communication Affairs Office;
- 6
- 7 (13) Head of the local Community Relations Department;
- 8
- 9 (14) Head of General Services Department;
- 10
- 11 (15) Head of Cultural and Tourism Affairs Office;
- 12
- 13 (16) Head of Office of the Building Official;
- 14
- 15 (17) Head of Public Order and Safety Office;
- 16
- 17 (18) Head of Environmental Protection and Waste Management Office;
- 18
- 19 (19) Head of the Housing and Community Development and Resettlement Office;
- 20
- 21 (20) Division or Superintendent of Schools of the DepEd, respectively;
- 22
- 23 (21) Provincial Director/City/Municipal chief of the Philippine National Police;
- 24
- 25 (22) President of the Association of Barangay Captains;
- 26
- 27 (23) Philippine National Red Cross;
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- 29 (24) Four (4) accredited CSOs;
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- 31 (25) Four (4) private sector representatives;
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- 33 (26) Four (4) representatives from the academe; and,
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- 35 (27) Four (4) representatives from health community.
- 36
- 37 (b) The local health security councils shall have the following functions:
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- 39 (1) Develop, operationalize, and implement their respective HSLAP in accordance with the
- 40 PHSNAP and the provisions of this Act;
- 41
- 42 (2) Localize public health emergency preparedness and ensure efficient local response to assess,
- 43 monitor, contain, control, and prevent the spread of any potential epidemic or public health
- 44 risks;
- 45
- 46 (3) Support the health security initiatives of the national government;
- 47
- 48 (4) Pass timely and relevant ordinances that will strengthen the provision of health security; and
- 49
- 50 (5) Convene the local health security council once every three (3) months or as necessary.
- 51

52 **SEC. 11. Local Government Support and Cooperation.** – During a state of public health
53 emergency, local government officials are hereby mandated to provide all the necessary support and
54 cooperation to the national government in accordance with Section 105 of Republic Act No. 7160, or the
55 Local Government Code.

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2 The refusal of local government officials to provide support and cooperation during public health
3 emergencies shall constitute an offense and shall be dealt with disciplinary action as provided for in the
4 Local Government Code.
5

6 **CHAPTER IV**
7 **PUBLIC HEALTH EMERGENCY**
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9 **SEC. 12. Declaration of State of Public Health Emergency.** – The President, upon the
10 recommendation of the Secretary of Health, may declare a State of Public Health Emergency. The basis
11 for such a declaration shall be made public by the PHSC through the mass media and a written report
12 shall be submitted to both Houses of Congress.

13 The State of Public Health Emergency shall last for a period of sixty (60) days, unless extended
14 or terminated earlier by the Council.

15 During the State of Public Health Emergency, the PHSC may exercise, in coordination with
16 national government agencies, local governments, and other organizations responsible for the
17 implementation of the PHSNAP, the following powers:

- 18 (a) To direct and compel the evacuation of, or to decontaminate or cause to be decontaminated,
19 or to close any facility of which there is reasonable cause to believe that it may endanger the
20 public health;
21
22 (b) To require privately-owned health care facilities to provide services or to allow the use of
23 their facilities within reasonable and necessary grounds for emergency response to a public health
24 emergency; and,
25
26 (c) To control, restrict and regulate the use and rationing of pharmaceutical agents and/or
27 medical supplies and equipment it considers essential during a public health emergency.

28 **CHAPTER V**
29 **MISCELLANEOUS PROVISIONS**
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31
32 **SEC. 13. Creation of Health Security Advisory Group.** – A Health Security Advisory Group
33 (HSAG) shall be established as an advisory body to the PHSC and the President of the Philippines on
34 matters of health security. The HSAG shall consist of former health secretaries, public health specialists,
35 Filipino scientists and scholars, and other health professionals and experts that the PHSC may deem
36 necessary. All members who shall be appointed to the HSAG must be of good moral character and of
37 recognized probity and independence, and have no pending case or criminal and administrative record.

38 **SEC. 14. Appropriations.** – The amount necessary to carry out the provisions of this Act
39 shall be included in the annual General Appropriations Act.
40

41 **SEC. 15. Annual Report.** – The PHSC, through its Chairperson, shall submit an annual report to
42 the Office of the President, the Senate, and the House of Representatives, within the first quarter of the
43 succeeding year.
44

45 **SEC. 16. Implementing Rules and Regulations.** – The Secretary of Health shall, in consultation
46 with the members of the PHSC, issue the necessary rules and regulations for the effective implementation
47 of this Act within ninety (90) days from its effectivity.
48

49 **SEC. 17. Congressional Oversight Committee.** – There is hereby created a Congressional
50 Oversight Committee which shall monitor and review the proper implementation of this Act composed

1 of five (5) members from the Senate of the Philippines and five (5) members from the House of
2 Representatives with the Chairpersons of the Committees on Health of both the Senate and the House of
3 Representatives as joint Chairpersons of this Committee. The four (4) other members from each Chamber
4 are to be designated by the Senate President and the Speaker of the House of Representatives, respectively.
5 The minority shall be entitled to proportional representation but shall have at least one (1) representative
6 from each Chamber.

7
8 **SEC. 18. *Repealing Clause.*** – All laws, decrees, orders, issuances and rules and regulations or
9 parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

10
11 **SEC. 19. *Separability Clause.*** – If any provision of this Act shall be held unconstitutional or
12 invalid, the other provisions not otherwise affected shall remain in full force and effect.

13
14 **SEC. 20. *Effectivity.*** – This Act shall take effect fifteen (15) days after its publication in the
15 *Official Gazette* or in a newspaper of general circulation.

Approved,