

Content Analysis of Philippine government policies and issuances regarding 2020 pandemic (COVID-19)¹

ABSTRACT

Problem: The COVID-19 pandemic has made a global impact since its initial case in December 2019 in China. More than 9 months, the world has posted 44.5 million positive of COVID-19 with a death toll 1.17 million. The United States had the highest case record of 8.9 million and deaths at 227,700 with 81,000 daily case. Meanwhile the Philippines, had the highest number of COVID-19 cases of 377,000, the highest in Southeast Asia. To even further hamper the impact of COVID-19, the health human and non-human resources of developing countries like the Philippines posted a challenge to governments. How can limited resource Philippine government retort to the needs of Filipinos in combatting or at least mitigating the disease? What are the socio-political and economic hindering and facilitating factors and actors that would respond to the COVID-19 impact? What are the policies in place and how can these policies be useful and relevant to its stakeholders?

Interest and Methods of Inquiry: This study is descriptive using content analysis as an approach in the study of policy directions and pronouncements made by the Philippine government in taking action with regard to COVID-19. Secondary sourcing of data were utilized from February to August 2020 and using a policy analysis triangle approach. The policy analysis triangle consists of four elements: context (why need this policy), content (what is the policy mainly about), process (how was the policy brought forward and implemented) and actors (who participates in and influences formulation and implementation of the policy).

Context and Results: Themes were drawn from secondary materials along the lines of the policy analysis triangle. The Philippines approach in combating COVID-19 has been very reactive and more in population control rather than giving emphasis to go testing in order to locate and isolate the virus from spreading further.

Keywords: COVID-19, Philippines, Public Health Systems, Health Policy, Policy Systems, Policy Triangle Analysis

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INTRODUCTION

210 countries and territories in the world are facing challenges from COVID-19 which put heavy strain on governments. The social, economic, health and political impacts on people all over the world continue to grow. In the Philippines, the World Health Organization (WHO) has been working with the Department of Health (DOH) and other national stakeholders and partners to increase its preparedness to address COVID-19, including the possibility of wider transmission.

With the leadership of the DOH, WHO is supporting them on planning and messaging to communicate the risks and engage the public on COVID-19. A variety of materials has been released including advice for the public on protective measures and the proper use of mask. WHO has also been at the side of DOH in briefing the media on the latest updates and technical advice on COVID-19 in the Philippines.

Since the declaration of COVID-19 classified as a pandemic, DOH activated the Incident Management Team as well as its Emergency Operating Centre. Key decisions are taken by the Inter Agency Task Force (IATF) and the Inter Agency Technical Working Group (IATWG) for the Management of Emerging Infectious Diseases, consisting of key government agencies like the Department of Foreign Affairs (DFA), Department of Tourism (DOT), Department of the Interior and Local Government (DILG), etc. On 27-28 February 2020, DOH led a national contingency planning exercise for COVID-19 jointly with NDRRMC, where 60 key staff from relevant government agencies, UN, Red Cross, and non-governmental organizations discussed their roles and responsibilities, available resources and gaps for a potential COVID-19 outbreak in the country. The plan is based on the 2012

Philippine Preparedness and Response Plan for Pandemic and Avian Influenza which is currently being updated and aligns with the draft National Action Plan for Health Security.

Thus, on 17 March 2020 through Proclamation No. 929 (s. 2020), the President declared the entire country as a State of Calamity for a period of six (6) months and imposed an Enhanced Community Quarantine (ECQ) throughout Luzon due to COVID-19 starting 17 March 2020 until 12 April 2020, unless earlier lifted or extended as circumstances may warrant. The basis of this Proclamation was made through Republic Act (RA) 11469, as enacted, authorizing the President to exercise powers necessary and properly mitigate if not contain, the transmission of COVID-19.

STUDY OBJECTIVES AND METHODOLOGY

This project entailed a comprehensive desk review of government orders, policies, issuances and/or legal instrumentalities pertaining to the prevention and control of COVID-19 in the Philippines.

General Objective: To describe the meanings of the executed policies in a systematic and qualitative discourse so as to evaluate its intentions and directions in mitigating, if not to contain, the transmission of COVID-19 at the national and local levels.

Specific Objectives: (a) To describe objective, systematic and quantitative description of the manifest content of communication of policies; (b) To review policy issuances relative to timeliness, adequacy, practical feasibility and reach; (c) To identify policy marker such as security, resources vis-à-vis preparedness, community awareness, strategies for prevention and control and social containment; (d) To establish gaps in

policy directions and implementation; and, (e) To recommend strategies for strengthening policy issuances on COVID-19.

This is a descriptive policy study using content analysis as a technique. As a technique, conceptual analysis determines the existence and frequency of concepts in any policy pronouncements. Equally important, this study was the utilization of health policy triangle analysis. (Buse, 2012) The policy analysis triangle consists of four elements: context (why need this policy), content (what is the policy mainly about), process (how was the policy brought forward and implemented) and actors (who participates in and influences formulation and implementation of the policy).

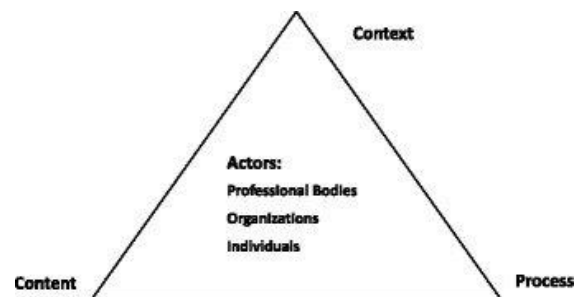
Policy analysis has been conducted based on national and local issuances relative to COVID-19. The local issuances included cases from local government policy directives to include the top 2 and bottom 2 COVID-19 incidence reports – (1) Quezon City and (2) City of Manila as top NCR-COVID-19 cases and (3) Caloocan City and (4) Pasay City as bottom NCR-COVID 19 cases. Please take note that more or less 80% of the confirmed cases come from Metro Manila and City Mayors are also mandated to prescribed ordinances with regard to COVID-19 containment (health and non-health) mandated by the Republic Act 7160 of 1991, otherwise known as the Local Government Code.

Special policy case will also be included with regard to contiguous areas of Metro Manila. Of the areas near Metro Manila where there is a steady growing COVID-19 incidence, CALABARZON will also be included in this study.

Framework of Analysis

This study will used the **Policy analysis triangle** (Walt et. al, 1994) which consisted

four elements: context (why need this policy), content (what is the policy mainly about), process (how was the policy brought forward and implemented) and actors (who participates in and influences formulation and implementation of the policy). [see diagram below]



The process of policy-making (how issues get on to the policy agenda, how they fare once there) in turn is affected by actors, their position in power structures, their own values and expectations. And the content of policy will reflect some or all of the above dimensions. In other words, we argue that the traditional focus on the content of policy neglects the other dimensions of process, actors and context which can make the difference between effective and ineffective policy choice and implementation.

This paper argues that much health policy wrongly focuses attention on the content of reform, and neglects the actors involved in policy reform (at the international, national and sub-national levels), the processes contingent on developing and implementing change and the context within which policy is developed. Focus on policy content diverts attention from understanding the processes which explain why desired policy outcomes fail to emerge.

STUDY RESULTS

COVID-19 in the Philippines and its Significance to Government Policies and

Issuances – Actors, Context, Context and Process: COVID-19 in the Philippines

Exactly 170 days have passed since the first confirmed COVID-19 case was announced in the Philippines on 30 January 2020, with a 38-year old female from Wuhan testing positive for the novel coronavirus. The novel coronavirus (COVID-19) is responsible for more fatalities than the SARS coronavirus, despite being in the initial stage of a global pandemic.

It is thought that the index case occurred on 08 December 2019, in Wuhan, China. (Zhu et. al, 2020) Since then, it spread worldwide. The first suspected case in the Philippines was investigated on 22 January 2020, and 633 suspected cases have been reported as of 01 March. Of them, 183 were in the National Capital Region of Manila, of whom many were admitted to San Lazaro Hospital (SLH) in Manila, the national infectious disease referral hospital.

On the 30 January 2020, the World Health Organization (WHO) headquarters in Geneva activated the highest level of alert by declaring COVID-19 as a public health emergency of international concern by assisting the Philippine government. WHO helped the Philippines in terms of (a) providing technical support and essential supplies; (b) strengthening laboratory capacities; (c) sharing technical expertise; and, (d) public health communication strategies.

Policy Initiatives and Directions of the Philippine Government on COVID-19

The IATF-EID, Philippines

The Philippine government mounted in January 2020, a multi-sectoral response to the COVID-19, through the Interagency Task Force (IATF) on Emerging Infectious Diseases (EID) chaired by the Department of Health (DOH). Through the National Action Plan (NAP) on COVID-19, the

government aims to contain the spread of COVID-19 and mitigate its socioeconomic impacts.

The IATF-EID that was created through Executive Order No. 168 in 2014 which was issued by then President Benigno C. Aquino was reorganized as government's instrument to assess, monitor, contain, control and prevent the spread of any potential epidemic in the Philippines. By tradition, the task force is composed of the Departments of Health (DOH), Foreign Affairs, the Interior and Local Government, Justice, Labor and Employment, Tourism and Transportation and Communications.

On 09 March 2020, President Duterte called the IATF-EID amidst the rising cases of COVID-19 in the Philippines. On 25 March 2020, the IATF-EID revealed a National Action Plan (NAP) to slow down the spreading of COVID-19. The NAP was created to effectively and efficiently implement and decentralize the system of managing the COVID-19 situation. The IATF-EID became the *"policy-making body of operations"* while the National Incident Command administers the daily concerns and operations.

In April 2020, the IATF-EID appointed Metropolitan Manila Development Authority (MMDA) chair Danilo Lim and Bangsamoro Chief Minister Murad Ebrahim to lead the regional inter-agency task groups in Metro Manila and Bangsamoro, respectively. The Office of Civil Defense was tasked to lead the regional task forces in other regions.

By mid-April 2020, the IATF-EID expanded with the following structure:

Chair – Department of Health

Members

Department of Agriculture

Department of Budget and Management

Department of Foreign Affairs
 Department of Information and
 Communications Technology
 Department of Justice
 Department of Labor and Employment
 Department of Social Welfare and
 Development
 Department of the Interior and Local
 Government
 Department of Tourism
 Department of Trade and Industry
 Department of Transportation

As of July 2020, there are 55 resolutions as policy directives issued by IATF-EID since it started to convene in January 2020.

Republic Act 11469 or The Bayanihan to Health as One Act

The *Bayanihan* to Heal as One Act, also known as the *Bayanihan* Act and officially designated as Republic Act No. 11469, is a law in the Philippines that was enacted in March 2020 granting the President additional authority to combat the COVID-19 pandemic in the Philippines. The English translation of Tagalog word “bayanihan” is communal work. The *Bayanihan* Act is the policy backbone where succeeding policies emanate from.

Financial Impetus - Following the sharp increase of confirmed cases, Congress to hold special sessions on March 23 to enact the *Bayanihan* to Heal as One Act upon President Duterte request, which would “authorize the President to exercise powers necessary to carry out urgent measures to meet the current national emergency related to COVID-19 only for three months unless extended by Congress.”

The law expired on 24 June 2020 without a resolution of it being extended. Although there were bills passed in Congress to extend the law until September 2020, the president did not certify these as urgent, prompting the bills to lapse. The distribution of the social amelioration

program (SAP) and other cash aids from the Philippine government were not affected by the expiration of the law.

Also, the law provides the President of the Philippines the power to implement temporary emergency measures to respond to the crisis brought about by COVID-19.

The President of the Philippines shall submit a weekly report to Congress, every Monday, of all acts done for this law including the amount and corresponding utilization of funds. The Congress shall form a Joint Congressional Oversight Committee consisting of four members each from the Senate and the House of Representatives who are appointed by the Senate President and the House Speaker.

Under this law, a penalty of two months’ imprisonment or a fine of not less than ten thousand pesos (₱10,000.00) but not more than one million pesos (₱1,000,000.00) or both shall be meted to offenses such as:

- a. disobeying national government policies or directives in imposing quarantines by officials of local government units;
- b. refusing unjustifiably to operate the privately-owned hospitals, medical and health facilities pursuant to the directive of the President by owners and possessors of these hospitals, medical and health facilities;
- c. engaging in profiteering, hoarding, injurious speculations, manipulation of prices, product deceptions, cartels, monopolies or other combinations to restraint trade, distribution and movement of food, clothing, hygiene and sanitation products, medicine and medical supplies, fuel, fertilizers, chemicals, building materials, implements, machinery equipment and spare parts for agriculture, industry and other essential services and other articles of prime necessity, whether locally manufactured or imported;

- d. refusal to prioritize and accept contracts for services and materials necessary to promote national policy provided in this law;
- e. refusal to give 30-day grace period as provided by this law;
- f. creating, perpetrating or spreading false information about COVID-19 crisis on social media and other platforms, with no valid or beneficial effect on the population which promote chaos, panic, anarchy, fear or confusion;
- g. participating in cyber incidents that take advantage of the COVID-19 crisis such as scams, phishing, fraudulent emails or other similar acts;
- h. failure to comply with reasonable limitations on the operation of certain transportation sectors, be it private or public, whether by land, air or sea; and
- i. putting-up of prohibited encroachments or obstacles, maintenance of illegal constructions in public places that have been ordered to be removed and impeding access to roads, streets and bridges.

In summary, the scope of the *Bayanihan* Act of President Duterte is -

- a. It covers capacity-building initiatives and functions. Spearheaded by the Executive, it aims to enable and promote the health sector to operate in a safe, efficient, and effective manner and not overburden the hospitals which may cripple its performance and result to loss of lives. This is manifested in the streamlined acquisition of necessary goods in dealing with the pandemic that is an exception to the bureaucratic process of procurement set by law.
- b. It has relief powers. It has socio-economic safety nets that may be properly placed to provide support for the informal sector, sustain general welfare, and establish peace and order so that during the lockdown where access to labor and market is severely

restricted, acts of violence in order to obtain basic necessities would not be resorted to which would violate the social distancing policy espoused by health authorities.

- c. It has regulatory powers. It granted to control all forms of transportation and mobility in order to reduce rates of transmission. This contemplates the power of oversight over local government units (LGUs) which serves as the frontline in providing basic necessities to the communities and helping keep the peace within their jurisdiction in a time of social unrest.

The Philippine Department of Health Policy Guidelines

On 21 January 2020, the Philippine DOH issued a policy directives Interim Guidelines on the Preparedness and Response to Novel Coronavirus (2019-nCoV) from Wuhan, China through DOH Memorandum No. 2020-0034. The preparedness and response framework of the Department of Health, Philippines against the 2019 Novel Coronavirus is embodied in the Emerging and re-emerging Infectious Disease Manual of Operations and Procedures. Each of the partners and stakeholders, are part of the work force with their corresponding roles and responsibilities. This DOH policy provided for guidelines with regard to –

- a. Surveillance;
- b. Laboratory testing;
- c. Clinical management;
- d. classification of high risk to low risk carriers (e.g., People Under Investigation, etc.);
- e. Risk Communication and Community Engagement; and,
- f. Infection Prevention and Control.

Subsequent DOH directives were issued after January 2020 numbering to 78 policy

directives and guidelines at the national and local government health centers.

One month after the enactment of the *Bayanihan* Act, the Department of Health (DOH) of the Philippines launched its new COVID-19 Tracker in April 2020. The revamped tracker features additional information on the epidemiology of COVID-19 in the country, COVID-19 testing, health facilities, and availability of personal protective equipment (PPEs). The public can now view data on the laboratory testing capacities of the DOH accredited laboratories including the total number of tests and unique individuals tested through <http://www.covid19.gov.ph>.

With the *Bayanihan* Act, the Philippines implemented various actions including a community quarantine in Metro Manila which expanded to Luzon as well as other parts of the country; expanded its testing capacity from one national reference laboratory with the DOH-Research Institute of Tropical Medicine (RITM) to 23 licensed testing labs across the country; worked towards ensuring that its health care system can handle surge capacity, including for financing of services and management of cases needing isolation, quarantine and hospitalization; and addressed the social and economic impact to the community including by providing social amelioration to low income families.

Subnational operations support

Aside from national support to the DOH, WHO is also providing subnational support in the Philippines by working with the DOH Field Implementation and Coordination Team (FICT) and the Centers for Health Development (CHDs) at the regional level. WHO conducted scoping missions in 10 out of 16 regions outside the National Capital Region to assess the needs and capacity of CHDs in responding to COVID-19. WHO staff have also been deployed in specific high-risk subnational

areas in the country to provide technical support for the response. At the same time, contact tracing in subnational areas is also being strengthened with WHO, DOH Epidemiology Bureau, and UP College of Nursing developing a training programme and learning resource materials on contact tracing to build the capacity of epidemiology and surveillance officers and local contact tracing teams.

Responding to outbreaks in high risk areas

Closed settings like prisons and hospitals have seen clusters of confirmed cases. WHO, the DOH Epidemiology Bureau and the International Committee of the Red Cross (ICRC) worked with prison authorities and hospitals in joint contact tracing and infection prevention and control investigations. The teams provided them with guidance to prevent the further spread of infection to ensure the protection of persons deprived of liberty, hospital patients and people with mental health conditions.

WHO also supported the strengthening of community-based interventions and social support and addressing the needs of specific populations such as people with pre-existing mental and substance use disorders.

Moving forward with the response

Much more needs to be done to break the chain of COVID-19 transmission. Some of the challenges that the Philippines continues to face are containing transmission of infection, mitigating the impact in high risks communities and confined settings, as well as ensuring the uniform enforcement of non-pharmaceutical interventions that are already in place. The continuation of the community quarantine will have substantial social and economic impact and thus a heightened effort to control transmission of

infections through rigorous contact tracing, isolation of cases, quarantine of contacts while ensuring timely and adequate treatment to save lives will continue to be the primary public health measure. In addition, while the government is exerting all its efforts in this current situation, it also needs to prepare its health systems for surge capacity in the event that a wide-scale community transmission occurs.

LGUs will now lead fight vs coronavirus

One interview this researcher made with a high-ranking official (June 2020) remarked –

“Originally, ang IATF ay tinayo where the lead agency ay DOH. Pero nung dumadami ang COVID19 cases sa bansa, nawala sa lead policy direction ang health at namayani ang economics sa paggawa at implement ng policies. Backseat na lang ang DOH - hanggang deliverables na lang ng basic needs to fight COVID19 at daily figures. Ngayon tutok na ang IATF sa LGU na ayusin nila para ma-mitigate ang COVID19 cases.”

Local government units (LGUs) – “enabled” by the national government – will now lead the fight against the coronavirus pandemic.

To execute this the IATF directed all government agencies “to recommend sector-specific plans, strategies, and targets” to the task force and ordered the National Task Force (NTF) COVID-19 to “develop new operational plans.” The “LGUs are enjoined to pursue regional cooperation in leading the fight against COVID-19,” the IATF added under Resolution 25.

The IATF adopted the strategy months after President Rodrigo Duterte signed the *Bayanihan* to Heal as One Act that grants him 30 special powers to address the coronavirus pandemic, followed by the

rollout of the IATF's National Action Plan to contain the virus.

Although decentralized in terms of political power in mitigating COVID19, there are indeed “best cases” of fighting the disease at the local government level. Some of these would include:

- a. CALABARZON (Cavite, Laguna, Batangas, Rizal, Quezon) is the second highest affected by COVID-19 with Metro Manila being hardest hit. Be that as it may, the Region has been strengthening its health system by establishing more health facilities and developing and upgrading existing hospitals including competencies of health care workers in the region not only to fight the current COVID 19 virus but also to fight diseases beyond the present pandemic. The region has a unified master plan for fighting the disease, way ahead of IATF national plan on COVID.
- b. The City of Manila, Quezon City, Marikina City, Mandaluyong City, Makati City, Navotas and Paranaque City held their separate respective ordinances in establishing their own respective COVID-19 tracker systems. This will allow the Mayors to directly intervene in anti-COVID safe programs and boosting their respective public health systems. This would include donated by civil societies and philanthropic organizations with much needed testing kits, PPEs and other health supplies.

ANALYSIS

Policies as Interventions

Despite the well-placed policies both by national and local government to mitigate the disease, why is COVID-19 on the increase? What is the gap in this configuration?

Researchers from the University of the Philippines projected that the number of COVID-19 cases in the country could top 85,000 by the end of July with deaths rising to 2,200, even as health officials reported 2,498 more cases on 16 July 2020, the biggest tally in a single day. The report, presented to President Rodrigo Duterte, said the projections were based on the assumption that the virus' current reproduction number will remain the same and government interventions will not change significantly. The new report bumps up the earlier projection of 60,000 to 70,000 cases by July 31 from the same UP group, due to an increase in transmission rates.

The UP researchers said the virus' reproduction number in the Philippines, or the number of people an infected person could pass the virus to, is around 1.75 and increasing. In their last forecast late June, the reproduction number was 1.28. The reproduction number is represented by **R₀**, pronounced "R naught," which is a mathematical term that indicates how contagious an infectious disease is. To flatten the curve, the reproduction number should be less than one. A value higher than one indicates the pandemic is spreading, the report said.

In the National Capital Region, the researchers said the number of cases, the positivity rate, and the utilization of hospital resources have all increased, indicating a "genuine surge" that could overwhelm hospitals. The virus' reproduction number in the NCR is 1.75. The report said, if Metro Manila remains under general community quarantine (GCQ)—which it will, until at least July 31—the number of cases in the National Capital Region could reach 40,000 by the end of July and over 80,000 with 2,800 deaths by the end of August.

In a modified enhanced community quarantine (MECQ), the reproduction

number could go down to about 1.1 by the end of the month (with 35,000 projected cases) and close to one by the end of August (with 56,000 projected cases and 1,900 deaths), the researchers said. They also stated the positivity rate in Metro Manila has increased to about 12 percent from 6 percent in May, both above the 5 percent recommended by the World Health Organization. "This surge, if left unabated, poses a real danger of the virus leading not just to exponential growth in the number of cases and deaths but also to overwhelm the healthcare system in the NCR," the research reported.

They recommended either sustaining the GCQ with provisions for "more aggressive and effective localized lockdowns" and scaled-up testing, tracing, isolation and treatment; or tightening restrictions through a 14-day MECQ "with emphasis on stricter compliance with minimal public health standards."

It was only in mid-July, that the report of UP has been seriously considered by the IATF for its future policy directives.

Policy towards negative impacts on health by Filipinos

Clearly, the IATF policies ushered on how to reduce the spread of COVID19. However, with the increasing number of cases and no flattening of the curve can be seen at the corner, does the policy reassures the well-being of Filipino?

The overarching goal of the policy response should not be reducing the viral spread but to ultimately reduce the negative impacts on health and wellbeing of the COVID-19 pandemic. This requires not only interventions to reduce virus transmission, but also policies aimed at increasing the capacity of the health system's response, mitigating the negative consequences of the epidemic and potential adverse effects of interventions

to tackle the outbreak (as mitigation strategies) and increasing governmental capacities to respond to the crisis (strengthening governance strategies).

As it is today, the Duterte administration is concerned about the wider negative impact of the epidemic and the unintended consequences of the interventions aimed to reduce viral transmission, many of whom are shouldered by large portions of society.

Instead of beefing up the public health system, the COVID-19 pandemic is starting to show negative consequences on the Philippine economy and it is anticipated that economic slowdown will impact a range of psycho-social determinants of health. So the IATF believed that to buffer the negative impact of the COVID-19 epidemic on the economy, the Philippine government has and continue to deploy important fiscal stimulus packages, among other policies, as an integral part of the response to the epidemic.

Finally, responding to a large-scale public health emergency would require the Philippines to concentrate or delegate power, as needed, to streamline decision-making, increase or reallocate resources and build trust through establishing reliable communication channels and accountability mechanisms with their citizens.

Content and context of Philippine policies on COVID19

Obviously, the Philippines approach in combating COVID-19 has been very reactive and more in population control rather than giving emphasis to go testing in order to locate and isolate the virus from spreading further.

In fact, around March, the seemingly small number of COVID cases including the number of deaths was due to unavailability

of testing and validating the cases. Some would call this situation as underreporting of cases because it did not really reflect the actual health condition of the people. DOH has to use a decision tool to identify suspected cases like the following: Persons Under Monitoring or PUM to refer to persons who showed some symptoms of COVID- 19 case. The PUM is supposed to be monitored in their communities. Another term is Patient Under Investigation or PUI where a person shows signs of having a flu-like virus like coughing, cold and breathing problems. But as data show, there are persons suffering with the COVID-19 but are asymptomatic. In fact, the reported positive cases and deaths due to COVID epidemic during this period was more the picture in Metro Manila and not a national one. Furthermore, the data was just based on the people/patients who were hospitalized and definitely did not include those with the symptoms but prefer to stay at home.

There was immediate but massive deployment of military and police forces because they eventually would play a leading role during the locked down period. It makes one to think of its oddness that while the coronavirus epidemic is a public health emergency more than a security threat where the IATF would depend on Duterte's military to enforce the rules and guidelines.

The quarantine includes the curbing of people's freedom to earn a living. This step severely affected the daily wage workers, the "No Work, No Pay" will mean no food for their families. The aid package promise to them is still being finalized by different government agencies and many of them have not received them yet.

Policy as safety nets

The Philippine government has started its significant moves/steps after almost two months when confirmed COVID-19

cases had been exposed. This delayed has impacted very much in terms of preparation. It should be remembered that more than a month since the first COVID-19 case, DOH had to shamelessly admit that it had only a total of 2,000 test kits and that the final confirmatory step would still be coming from Melbourne, Australia.

In the first part of March 2020, the government had made moves that looked like panicking after the so-called local transmission. It had immediately raised the Red Alert Code-Level 1 and imposed a public health emergency. Several days after, the government had imposed another Red Alert this time it was Code Level 2 and imposed a partial locked down in Metro Manila – area with more than 12 million population. A week after, the area of quarantine was expanded to the whole of Luzon – the biggest island of the country and has more than 60 millions. Both the Metro Manila and Luzon have been contributing $\frac{3}{4}$ of the country's economy. The implementation of the Enhanced Community Quarantine would take effect immediately.

Understandably, the peoples in the abovementioned areas panicked. They rushed to the market and bought anything they could lay their hands on and the limit was the availability of money they had with them. Peoples who were staying outside the quarantined area had rushed to the airports, ports and bus stations to catch the last trip out.

There was immediate but massive deployment of military and police forces because they eventually would play a leading role during the locked down period. It makes one to think of its oddness that while the coronavirus epidemic is a public health emergency more than a security threat PRRD would depend on his military to enforce the rules and guidelines.

Again, it makes one to ponder that when a government intends to restrict (partially or totally) the mobility and supply chains of millions of people, obviously it needs careful and meticulous planning to ensure effective enforcement and appropriate implementation. People need full preparation so that they can plan accordingly and equip themselves especially since their daily subsistence could be imperiled for several weeks or for months. They should not be made to suffer because of the government's inefficiency neglect and slow response.

Bayanihan Policy – Hope or Bane?

The signing of PRRD of RA 11469 has given hope to those who are expecting that the earlier government action of PANIC can be corrected. In fact, the name of the law says a lot. *Bayanihan* – To heal as ONE will immediately makes one to expect something proactive and strategic. **But initial implementation steps show that, people (as the word Bayanihan – bayan) are still left out in the fight against the virus. Largely, they (people) are just recipients of the aid package.** The mobilization aspect is for the people to stay at home and their movements should be limited. Social distancing is more on the surface and its coming from the outside command rather than peoples' action because they are convinced that these actions are their contribution to fight the unseen enemy. But then again, the people are told again and again that moves like social distancing are to save their lives because there is still no vaccine manufactured to eliminate the virus. But how can they be strong and energize to fight the virus if they do not have something to eat. How can they enthusiastically fight the unseen enemy with empty stomach?

Fighting the COVID-19 as ONE is indeed can only be done in a *Bayanihan* manner. People should be actively participating in this fight even if they are in the state of

quarantine and practicing social distancing. They can be called upon to contribute their human and financial resources to fill in the gaps of medical, technical, financial and psychological needs. They can definitely do these things even if they are home-based. But then the government can build and strengthen this *Bayanihan* spirit through education and concrete actions. Basic needs of the people should be assured without sacrificing their basic human rights. Coercion should never be part of an option. Unity is basic requirement for *Bayanihan* to go one step higher. *Bayanihan* should never be used to divide people based on their beliefs, political affiliations, race and gender. The government should lead these efforts because during these decisive stages of fighting the virus – peoples' unity and participation is already part of healing to combat divisiveness and discrimination. Healing starts with being aware of our wounds or virus which at present affects us all.

COVID19 Policy – Maximum protection with minimum disruption

With the absence of the vaccine at the moment, responsible steps of any government policy should be to implement the mitigative actions with the maximum protection and calibrated minimal disruption as a guiding principle in mind.

In the absence of such guiding principle not a few would think that President Duterte's moves are just strengthening its authoritarian grip because of the serious implication of not doing much to brace the country and the people for the impending disaster inflicted by the COVID-19 pandemic.

The principle of maximum protection and minimum disruption should not be seen as contradictory with each other. One had just to factor in the socio-economic political underlying and pre-existing conditions

because only from these perspectives realistic and effective policy steps can be made to seriously combat the stinging effects of the COVID-19.

The locking down of the island of Luzon including Metro Manila is actually controlling the movement of more than 60 million people. This kind of physical control coupled with aggressive social distancing and hygiene instruction of properly washing one's hands should be taken as part of implementing the massive testing of people based on its prioritized sections scheme. The result of the testing should be the basis for tracing and isolating those proven positive with COVID-19.

The abovementioned points can have positive results if the social distancing will be done together with a thorough social investigation and social preparation. Having several millions of people staying in the urban poor areas when people are living very closely with each other (3-4 households in a small space) because of the density of population in a small area and surely with very poor sanitation as well. Many if not most of these people do not have health insurance because the country has been practicing the employee-based health system. If one does not have a regular work, they are not usually covered by health insurance (Philippine Health Insurance – paid by peoples' tax and contribution). More than 20% of the country's population is living under poverty's line (earning below 2/USD a day). This massive social inequality can be seen in these peoples living in the slums areas. One can just imagine what will happen if COVID-19 visits these areas.

In addition, basic social services in these areas are almost non-existence. The big challenge therefore aside from social or physical distancing is how to properly wash their hands when many of them do not have regular water servicing.

CONCLUSION AND POLICY RECOMMENDATIONS

There are no perfect policies in the world, Philippines included, but there should be policy alternatives based on socio-political and economic scenarios in mitigating the disease. Policies should have a human face and they need to be part of the authors of any given policies.

The RA 11464 or the law which says that *Bayanihan* is needed for the nation to HEAL AS ONE is becoming unreachable unless the country and the people should first ACT AS ONE. Having enhanced quarantine can only be bearable if the social amelioration fund and aid package can be proportionately enhanced as well. The effort should be done together with aggressive testing so as to locate and identify the COVID-19 carriers so that they can be isolated and cured.

Success can never be a coincidence; its formula can be a combination of efforts by medical professionals including all the front liners, government, private sectors and the society at large. This is a sure step of seriously strengthening the armor of our defenses against the COVID-19. This is also putting flesh to the belief that human capacity to overcome whatever challenges when working together is simply limitless.

But how can we recommend policy directions from this time on when flattening of the covid19 curve has yet to happen?

For one, policies should and always been based on science. UP reports on COVID19 are valued inputs in the development of policies as the reports were based on COVID19 scenarios (i.e., highs and lows in terms of incidences) through mathematical modeling. It is only through these modeling that the government can calibrate their policy directions and alternatives. But these modeling should be analyzed also from

economic and social data. Demographics play an important role in this aspect.

Second, policies are not intended to be political instruments but social pegs in having better lives – a direction towards well-being. However, policies are meant to be political because it is being initiated and implemented by political agents like the President of the Philippines. How to safeguard policies between the dichotomy of political use vs. social good, is a challenging feat in the varied and sometimes erratic socio-political landscape in the country.

Third, an active civil society in terms of policy development (from policy making process and policy monitoring and evaluation) is an essential actor. The Philippines has been known globally for the potent roles of civil society in terms of health and development such as TB, Malaria and HIV and AIDS. The civil society is gravely missing in this equation.

Fourth, the weakest link of Philippine policies on COVID19 is the inadequate health infrastructure (public and private health) including its cross-cutting dimensions. This fact is not clueless. With resources limited alongside with a debt-stricken economy, any kind of health policy will be doomed to fail or will not succeed as we would want it to be. Thus, post-covid, the government will need to evaluate all what happened and retool its priorities in policy development.

Fifth, examining policy responses for COVID-19 should take into account different levels of decision-making. Subnational levels, such as regions, municipalities, cities or districts, have jurisdiction to introduce interventions to curb the pandemic. For example, national governments may direct citizens to stay at home, while measures to restrict access to collective infrastructure (e.g. parks) or to determine essential services are often

implemented through local ordinances. Policies can also be misaligned between national and subnational levels and there can be conflicting advice to the population emerging from the national and subnational levels due to divergent perceptions about the risks or speed of the epidemic, different perceptions of the negative consequences or resistance due to decisions at the national level that have an economic impact at the subnational level.

In conclusion, while the scientific community strives to find effective treatments for COVID-19, it has also the imperative to map and characterize the diversity of policy responses, so that adequate information and lessons learned can be shared with policymakers facing different stages of the epidemic.

Acknowledgement

This report is a not product of one. The researcher would like to acknowledge the contributions made by the following institutions and individuals:

- The graduate faculty of the Health Policy Studies (Health Social Science) of the College of Arts and Sciences, UP Manila specifically Professor Dr. Reynaldo H. Imperial, Associate Professor Marilyn E. Crisostomo and Dr. Calvin S. de los Reyes.
- The graduate students of the MA Health Policy Studies (Health Social Science) of the College of Arts and Sciences, UP Manila specially our students from DOH-CHD4A/B for sharing their opinions and insights.
- Covid19 Tracker of Local Epidemics headed by Professor and Dr. Maridel Borja for providing us the epidemiological scenarios.

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