COVID-19 Summary Update for the Philippines

THE PHILIPPINES SP4PHC TEAM
DECEMBER 2020
Context: COVID-19 in the Philippines
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 January 2020</td>
<td>First case of COVID-19 reported</td>
</tr>
<tr>
<td>7 March 2020</td>
<td>First local transmission of COVID-19 confirmed</td>
</tr>
<tr>
<td>9 March 2020</td>
<td>Department of Health (DOH) raised the alert level to “Code Red Sub-Level 1” due to confirmation of local transmission Proclamation No. 922 to declare public health emergency</td>
</tr>
<tr>
<td>12 March 2020</td>
<td>Alert level raised to “Code Red Sub-Level 2” due to increased number of cases with a subsequent issuance of partial lockdown in Metro Manila</td>
</tr>
<tr>
<td>16 March 2020</td>
<td>Lockdown/ enhanced community quarantine extended to the entire Luzon island</td>
</tr>
<tr>
<td>17 March 2020</td>
<td>Proclamation No. 929 to declare a state of calamity for 6 months Lockdowns in other areas of the country</td>
</tr>
<tr>
<td>25 March 2020</td>
<td>Enactment of the Bayanihan to Heal as One Act (R.A. 11469) giving the president additional powers to handle the outbreak</td>
</tr>
<tr>
<td>15 May 2020</td>
<td>Adoption of new lockdown and partial re-opening measures either through enhanced community quarantine or general community quarantine</td>
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<tr>
<td>1 June 2020</td>
<td>Quarantine measures started to loosen up as areas formerly under enhanced community quarantine transitioned to the general community quarantine</td>
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</table>
BACKGROUND

2 August 2020
The Philippines reported more than 3,000 cases per day

4-18 August 2020
Modified enhanced community quarantine in Metro Manila as a response to the petition of medical front liners

13 August 2020
PhilHealth suspends its internal reimbursement mechanism amid allegations of corruption within the corporation

11 September 2020
Enactment of Bayanihan to Recover As One Act (RA No. 11494) focusing on economic recovery

16 September 2020
Gov’t allowed the reopening of more establishments, such as internet cafes and gyms, to support the economy

October 2020
The IATF transitions to the third phase of its National Action Plan against COVID-19, focusing on economic recovery while increasing the recovery rate and lowering the mortality rate caused by COVID-19

27 October 2020
General community quarantine regulations continue to be implemented in several hotspots in the country currently declared until November 30, with DOH encouraging LGUs to implement “granular lockdowns” as needed

November 2020
Several provinces in the Philippines were badly affected by successive typhoons amid continuous rising of COVID-19 cases

27 October 2020
Several DOH executives placed on preventive suspension over alleged delay in release of benefits to frontline healthcare workers

November 2020
The Philippines started participating in the WHO Solidarity Trial for COVID-19 vaccine

5 November 2020
Gov’t approves the Philippine National Vaccine Roadmap, aiming for the procurement of vaccines by March 2021

31 August 2020
Gov’t allowed the reopening of more establishments, such as internet cafes and gyms, to support the economy
COVID-19 SITUATION AS OF 26 NOVEMBER 2020

Total Cases 424,297  (+1,392 added on 26 November 2020)
Active Cases 28,789
Recoveries 387,266
Deaths 8,242

Daily Cases by Date of Onset of Illness
For 65.9% or 279,591 of cases where date of onset of illness is unreported, date of specimen collection was used as proxy.

Note: There are still 546,999 cases with unreported date of onset of illness and date of specimen collection.

Source: Department of Health COVID-19 Tracker (https://ncovtracker.doh.gov.ph/)
HEALTH SECTOR CONTEXT AND CHALLENGES

- Limited capacity for mass-testing and contact tracing
- Supply chain challenges
- Fragmented and unsystematic service delivery system
- Limited surge capacity in the health sector
- Limited use of ICT including telemedicine
- Rigid financing and procurement policies
- Ineffective communication to various stakeholders

ICT – Information and communications technology
ThinkWell Philippines: Contributions to COVID-19 response
COVID-19 challenges go beyond increasing testing capacity to address critical needs of facilities and facilitating backlog of payments from PhilHealth to hospitals.

ThinkWell team
- Reviews evidence
- Curates discussions and manages key workstreams of Task Force T3
- Supports planning and liaises with DOH partners
- Provides recommendations
- Develops guidelines for DOH
- Acts as technical secretariat to the Expert Panel for COVID-19 testing.

Progress
- The Laboratory Licensing workstream that ThinkWell coordinates within the Task Force T3 is now focusing on laboratory efficiency and performance.
- Efforts to institutionalize key processes for diagnostics so that laboratory operations are more efficient will be slowly transitioned to the appropriate DOH offices. ThinkWell is leading this effort within Task Force T3.
- The One Hospital Command workstream consolidates urgent needs of hospitals. Areas to be addressed are continuously identified and efforts to obtain data to systematize the response are made.
- The Health Funding workstream is geared towards ensuring a smoother and faster mechanism to release COVID-19 payments to hospitals.
The DOH reported that there are 165 licensed testing facilities throughout the Philippines as of November 15, 2020.
SUPPORT DEVELOPMENT OF PHILHEALTH BENEFITS AND POLICIES

The Bayanihan Act mandates PhilHealth to finance the various health services for COVID-19.

ThinkWell team
- Assists PhilHealth in writing the policy for screening, community isolation, and inpatient care benefits
- Provides technical assistance and reviews the implementing rules and regulation for the Bayanihan Act
- Developed a patient pathway to guide service delivery.

Progress
- ThinkWell continues to update the policy on COVID-19-related benefits for screening, community isolation, and inpatient care.
- The team is supporting efforts to re-cost the testing benefit, draft the accreditation tool for community isolation units, and amend the testing policy.

Benefits and payment mechanisms

*Definition of acronyms
CIUs – Community isolation units
CQUs– Community quarantine units
BHERT – Barangay health emergency response teams
BHW – Barangay Health Worker
RHU – Rural Health Unit

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BHW – Barangay Health Worker
RHU – Rural Health Unit
### PHILHEALTH BENEFITS AND PAYMENT MECHANISMS

<table>
<thead>
<tr>
<th>Benefit package</th>
<th>Payment mechanism</th>
<th>Accredited facility</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit package for COVID-19 testing*</td>
<td>Case rate</td>
<td>Testing center</td>
<td>Circular published, currently under implementation</td>
</tr>
<tr>
<td>Benefit package for COVID-19 inpatient (hospital)</td>
<td>Case rate</td>
<td>COVID-19 hospital</td>
<td>Circular published, implemented, currently under review</td>
</tr>
<tr>
<td>Special “Pay All” benefit package for COVID-19 inpatient (hospital)</td>
<td>Case rate + top-ups</td>
<td>COVID-19 hospital</td>
<td>Circular published, implemented, currently under review</td>
</tr>
<tr>
<td>Benefit package for community isolation units (CIUs)</td>
<td>Case rate</td>
<td>CIU</td>
<td>Circular published, currently under review</td>
</tr>
</tbody>
</table>

*An Executive Order (EO) was recently signed and enacted by the President on price ceilings for testing and test kits. Technical support was provided to the DOH in writing the Joint Administrative Order (JAO) with the Department of Trade and Industry to operationalize this. The policy is still being finalized but is expected to affect PhilHealth package rates for COVID-19 testing.

**Development of relevant tools and instruments for PhilHealth**

- COVID-19 Costing Tool for benefit package updating (initiated; priority)
- Dashboard on processed data from COVID-19 itemized billing statements (in partnership with DOH)
STRENGTHEN THE SUPPLY CHAIN FOR PERSONAL PROTECTIVE EQUIPMENT

The supply of personal protective equipment (PPE) to health facilities continues to be limited due to inadequate projections, disrupted supply chain, and fragmented response.

ThinkWell team supports DOH efforts to model and estimate PPE needs. Recommendations have been adopted by DOH to guide procurement for the months of May, June, and July.

A similar approach is considered for estimating needs for:
- life saving antiviral meds for COVID-19 patients
- PPE needs of surgeons
- PPE needs of dentists.

Progress
- ThinkWell supported DOH to estimate PPE needs for surgeons and dentists.
- This activity has been completed and turned over to DOH.

Case-based forecasting tool for PPE

<table>
<thead>
<tr>
<th>NATIONAL/REGION</th>
<th>FOR POSSIBLE</th>
<th>FOR LOW-RISK</th>
<th>FOR MODERATE-RISK</th>
<th>FOR CONFIRM-RECOVER</th>
<th>CONFIRMED-RECOVER</th>
<th>QUARANTINE TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>May-2020</td>
<td>1,951,809</td>
<td>626,918</td>
<td>2,315,453</td>
<td>3,188,063</td>
<td>3,346,447</td>
<td>10,862,444</td>
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<tr>
<td>Jun-2020</td>
<td>1,312,431</td>
<td>477,946</td>
<td>1,777,372</td>
<td>2,608,472</td>
<td>2,541,751</td>
<td>8,655,050</td>
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<tr>
<td>Jul-2020</td>
<td>80,084</td>
<td>25,025</td>
<td>120,468</td>
<td>178,737</td>
<td>185,933</td>
<td>564,152</td>
</tr>
<tr>
<td>Aug-2020</td>
<td>9,788</td>
<td>5,655</td>
<td>12,926</td>
<td>17,702</td>
<td>16,220</td>
<td>58,776</td>
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<tr>
<td>Sep-2020</td>
<td>4,632</td>
<td>2,273</td>
<td>3,925</td>
<td>5,216</td>
<td>5,049</td>
<td>15,046</td>
</tr>
<tr>
<td>Oct-2020</td>
<td>145</td>
<td>13</td>
<td>212</td>
<td>291</td>
<td>305</td>
<td>1,154</td>
</tr>
<tr>
<td>Nov-2020</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dec-2020</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
| Total-PPE needed for 2020 | 23,111,628
DEVELOP POLICIES ON TELEMEDICINE USE

DOH and the National Privacy Commission will implement a “sandbox approach” in harnessing and allowing the various telemedicine initiatives in the country.

ThinkWell team
• Reviews DOH guidelines for scale-up of telemedicine
• Develops a monitoring and evaluation plan of different telemedicine approaches.

Progress
• The monitoring and evaluation plan has been developed and is now implemented by DOH.
• ThinkWell continues to support the process evaluation of the telemedicine approach.

JOINT MEMORANDUM CIRCULAR
No. 2020—__________

March 28, 2020

SUBJECT: Guidelines on the Use of Telemedecine in COVID-19 Response

I. BACKGROUND

Due to the alarming coronavirus disease (COVID-19) health situation in the country and pursuant to Republic Act No. 11332, the President issued Proclamation No. 922, s. 2020 declaring a State of Public Health Emergency throughout the Philippines, and consequently, Proclamation No. 929 s. 2020 placing the entire Luzon under enhanced community quarantine.

The serious threat to health, safety, security, and lives of the Filipinos, the long-term adverse effects on their means of livelihood, and the severe disruption of economic activities arising from this health situation prompted further issuance of Republic Act No. 11469 that placed the entire country in a state of national emergency.

ANNOUNCEMENT

Following the launch of the DOH COVID-19 hotlines: 02-894-COVID (02-894-26643) and 1555, the Department of Health (DOH) has now partnered with Telined Management Inc. and Medgate to provide free telemedicine consultations to patients who need COVID-19 medical advice, and other non-COVID-19 primary care consultations.

Starting April 7, residents in the National Capital Region can call the 24/7 telemedicine hotline at 02-8424-1724 to consult with a doctor for COVID-19 medical advice and non-COVID-19 health-related concerns, free of charge. All consortium doctors are licensed and certified to provide telemedicine consultations.
STRENGTHEN THE COVID-19 RESPONSE IN REGION VI

ThinkWell team works with various stakeholders to:

- Document process of response planning and implementation
- Support the development of local policies
- Curate key information for internal and external audiences.

Progress

- ThinkWell partnered with the University of the Philippines to develop policy briefs that provide analysis and recommendations on the COVID-19 situation in Region 6.
- Access the policy notes at the following links: Policy Note No. 1, Policy Note No. 2, and Policy Note No. 4.
PROVIDE ADMINISTRATIVE SUPPORT TO MANAGE VOLUNTEER HEALTH WORKERS

ThinkWell team members provided administrative support in setting up the necessary systems to implement a mechanism to match and deploy volunteer health care workers to health facilities and centers seeing and treating COVID-19 patients.

Applications are received via DOH portal.

Information about volunteers and hospitals are collected and organized through Airtable.

Hospitals manage the schedule and attendance of volunteer through Sprout HR.

File with information on how much each volunteer should be paid is generated through Sprout Payroll.

Transfer of funds are done using Paymaya.

COMPLETED AND ENDORSED TO DOH
ThinkWell Philippines: Individual contributions
ThinkWell team members continue to converse with and advise key policy and decision makers concerning COVID-19 response efforts. Dr. Marife Yap served as a resource person during DOH’s daily virtual presser to clarify issues and concerns about COVID-19 testing in the country.
ThinkWell team members continue to converse with and advise key policy and decision makers concerning COVID-19 response efforts. Dr. Yap continues to provide technical assistance to various agencies, including the Office of the Vice President, Philippine Airlines, Rotary Club of Pasay, and INCITEGov.
ThinkWell Team members work with various experts and analysts to help regional and provincial health authorities in mapping out and monitoring risk, vulnerabilities, and capacities of health systems.

INDIVIDUAL EFFORTS: NO HELP IS TOO SMALL

CO-INFORM Risk Heat Maps

Please select aggregation level and indicators to generate map.

Interactive map to be accessed here
INDIVIDUAL EFFORTS: NO HELP IS TOO SMALL

Assistance to local governments in providing healthier nutrition options for households on quarantine

ThinkWell team members have considerable expertise and provided assistance to local governments to ensure access to fresh and nutritious produce as an alternative to the usual menu of relief goods composed of processed, unhealthy products (e.g. canned goods, instant noodles). This approach also supports local farmers and food producers. Healthy food packs were distributed to 1200+ families as of 14 May 2020.

Tribute video for laboratory personnel

ThinkWell team members initiated the development of a “thank you” video for various non-clinical and clinical laboratory personnel manning COVID-19 testing facilities all over the country. Video can be accessed here.
INDIVIDUAL EFFORTS: NO HELP IS TOO SMALL

ThinkWell team members in Region VI Western Visayas collaborated with respective batchmates in medicine and high school to facilitate the provision of much-needed supply of PPEs to health workers in the hospitals across the region. The locally-made hazmat suits and isolation gowns also provided livelihoods to seamstresses during the enhanced community quarantine. The PPEs have been distributed to 30 hospitals in the region and to the provincial health office of Antique and Guimaras for their contact tracing efforts.

"No help is too small especially during this time that our future is uncertain."

Photo Credit: West Visayas State University - College of Medicine Batch 2009
Learning Agenda: COVID-19 and the evolution of the Philippines health system
EARLY LESSONS LEARNT FROM THE PHILIPPINE COVID-19 RESPONSE [1]

The DOH needs to take a sector-wide role to scale-up testing capacity

DOH must be able to make decisions based on evidence, direct efforts, and manage expectations of different stakeholders. DOH must ensure multi-stakeholder participation, including the private sector and local governments who are able to contribute greatly in the response.

The fragmented way of working is a barrier to quick action and decision making and also limits multi-sectoral collaboration.

Telemedicine will be a key part of future health systems, but effective policy must be rapidly developed to ensure equity

Telemedicine is currently being touted as a mechanism to ensure access to health services in terms of the COVID-19 pandemic. However, in a lower-middle income country like the Philippines, where access to digital technology is not universal, there are multiple things to consider to ensure safe and quality access to health services, especially primary care.

Better delineation between the respective roles of DOH and PhilHealth will lead to more strategic purchasing of health services

The COVID-19 response highlights the strengths and weaknesses of DOH and PhilHealth, in terms of health financing. PhilHealth has demonstrated its ability to purchase services from public and private health care providers. The capacity of DOH as a national agency to leverage better procurement prices as well as to address supply chains challenges has been observed. Both PhilHealth and DOH need to maintain accountability and ensure public trust. Lessons learned will shape their respective roles, especially in terms of the implementation of the UHC Law.
EARLY LESSONS LEARNT FROM THE PHILIPPINE COVID-19 RESPONSE [2]

The DOH must ensure adequate supplies of PPEs for its healthcare workers.

The Bayanihan Act mandates DOH to procure PPEs and other supplies to meet the needs for service delivery at better prices, while at the same time avoiding “competition” among healthcare providers. The COVID-19 crisis has highlighted the importance of the role of central government in managing markets to achieve public goods. Devolution in the Philippines may have eroded the capacity of DOH to take on this role.

Local governments need to be capacitated in the COVID-19 response.

Local governments are in a position to respond based on community needs, but they need to make decisions based on evidence and under clear and flexible guidance from the national government. Multi-sectoral partnerships are crucial at the local level where direct support and technical advice may be more useful and can be translated into immediate implementation and action.

Harnessing the private sector is important in terms of the COVID-19 response.

The private sector organizational systems are generally more efficient and timelier. For example, challenges in terms of data analytics and management of information for COVID-19 benefits significantly from the private sector partnerships particularly by driving and influencing the work across various levels of the bureaucracy from the field to the board room.
COVID-19 KNOWLEDGE PRODUCTS (SO FAR)

BLOGS

— “Coherent health financing for the COVID-19 response: a perspective from the Philippines”: This blog discusses the country’s health financing response which called for rapid adaptation of purchasing arrangements through PhilHealth.

— “Scaling up capacity for COVID-19 testing in the Philippines”: This blog describes the challenges encountered in the early months to increase testing capacity in the country for COVID-19.

— “COVID-19 testing in the Philippines: enhancing testing productivity”: This blog describes additional challenges to enhance efficiency and productivity in testing for COVID-19.

— “Harnessing public-private partnership for expanded COVID-19 testing in the Philippines”: This blog explains the benefits of public-private partnerships during the COVID-19 response and beyond.

— “Translating expert opinion to effective health governance and evidence-based decision-making for COVID-19”: This blog presents the benefits of continuing strategic engagements with technical experts beyond the pandemic.

— “Paghiliugyon – Good governance and multi-sectoral synergy for pandemic response in Western Visayas, Philippines”: This blog provides perspectives from local government level and shows why Western Visayas was recognized as one of the model regions in terms of COVID-19 response in the Philippines.

Additionally, ThinkWell is reflecting on lessons learnt from the COVID-19 response to develop more detailed products, including a commentary on COVID-19 and universal health coverage.
SP4PHC is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation. For more information, please visit our website at https://thinkwell.global/projects/sp4phc/. For questions, please write to us at sp4phc@thinkwell.global.