

Failing COVID-19 Response: A failure of a Weak and Privatized Health care system

The COVID-19 pandemic revealed the gaping weaknesses of the Philippine health care system that is commercialized and privatized, urban-centered and hospital-based where many Filipinos are struggling to attain even the most basic of health services. Filipinos still die of preventable and curable diseases¹, six out of ten deaths are not medically attended by a physician, public health officer, hospital authority or other medical personnel², and household out-of-pocket expenses accounted for 53.9% of the total health expenditures³. In the midst of polio and measles outbreak and dengue epidemic in recent years, the budget for public health care, specifically the budget for immunization program, prevention and control of infectious diseases, epidemiology and surveillance program were being slashed.

Amidst this backdrop of a historically ailing health system, the country's health system was caught ill-prepared and overwhelmed to combat the COVID-19 health crisis. Cases of COVID-19 continue to increase since the first case of local transmission was recorded in March 7, 2020. As of this writing, the country has 346,536 COVID-19 cases, nearly a third of which were reported in September alone with deaths at 6.449. The Philippine government's response to the COVID-19 pandemic has the distinction of having the longest period of community lockdown and of managing the COVID-19 as a matter of public order and law enforcement rather than a public health crisis as shown by the predominance of retired military generals in the Inter-agency Task Force for the Management of Emerging Infectious Diseases (IATF-MEID).

Various health networks, organizations and eminent personalities in the medical field expressed disappointment and pointed out serious weaknesses and failures in the way the COVID-19 pandemic is being addressed and responded to. Concerned about the health system being overwhelmed by the increasing number of COVID-19 cases, the Philippine Health Care Professional against COVID-19 called on the government for a two-week "timeout" and asked for a recalibration of its approach to the pandemic. Another network, the Solidarity of Health Personnel and Advocates for a Unified Plan to Defeat COVID-19 (SHAPE UP) chided on the government's lack of comprehensive plan to combat COVID-19 and presented a six-point demand in addressing the pandemic.

The health system is being overwhelmed by COVID-19 because crucial strategies and interventions are not being met.

1. Prevention through Behavior change: blaming, shaming and militarist enforcement of "quarantine protocols"

Indeed, the Department of Health (DOH) and other government agencies have time and again called for the observance of the minimum health standards in the prevention of COVID-19, i.e. frequent hand washing, disinfection through alcohol or hand sanitizers, wearing of face mask and recently also wearing of face shields and one meter social distancing. However besides communicating these minimum health

¹ <https://psa.gov.ph/vital-statistics/id/138794>

² <https://psa.gov.ph/content/deaths-philippines-2016>

³ <https://psa.gov.ph/pnha-press-release/node/144466>

standards through various media, minimal assistance was provided in terms of how people can observe these health standards.

Over a long period where people were locked inside their homes and supplies of alcohol, hand sanitizers, surgical and N95 masks were sorely lacking, people especially the poor were left to fend on their own to observe minimum health standards and abide by the very strict community quarantine protocols. And throughout this very long period of community quarantine and continuing increase of COVID-19 cases, the government continues to blame the *“pasaways”* (undisciplined) and *“matigas ang ulo”* (hard-headed) Filipinos for not wearing masks, for not staying at home and not observing social distancing.

Observing the minimum health standards has become more of a public order than a public health concern. During the entire period of Enhanced Community Quarantine (ECQ), state forces lashed out the ECQ guidelines and protocols as if it is the “supreme law” which is above the people’s constitutional, economic and political rights. Barangay (village) watch men beat up a fish vendor in Quezon City for allegedly violating the enhanced community quarantine rules. Members of people’s organizations and NGOs who are doing relief and feeding program activities to communities affected by ECQ were arrested and detained. An army veteran suffering from mental health problems was killed by a policeman for allegedly violating quarantine rules. Jory Porquia, Bayan Muna Iloilo chairman was shot nine times by unidentified men wearing masks. Porquia, during the ECQ, was leading a feeding program as part of relief operations for those affected by the community quarantine. Curfew violators were detained inside a dog house, humiliating them and risking their health as physical distancing was not observed.

According to the Joint Task Force COVID Shield, headed by the Philippine National Police, 403,557 people were warned, fined, or charged for violations of protocols that include not wearing face masks, not observing physical distancing, curfew violation, and violation of motorcycle-riding rules from March 17 to Sept. 18, 2020.⁴

2. Testing and contact tracing: Too slow and wanting

The government on September 14, 2020 took pride in the country’s COVID-19 testing policy, calling it the “best” in Asia and probably in the whole world. As of Monday, the Philippines had tested 2.92 million individuals. *“Lubus-lubusan na po iyan doon sa sinasabi nilang 3% na dapat na ma-test ang population at patuloy pa po tayo”* (“That is more than enough with what they say as 3% of the population that must be tested and we are still continuing with the testing”). That’s clearly our biggest strength,” presidential spokesperson Harry Roque said in a news conference.

Listening to the government, one will have the impression that it is really performing well in doing COVID-19 testing. But actual reality tells otherwise.

The Philippines is the only remaining country in the WHO Western Pacific region that persists with community transmission of COVID-19. In October 1, 2020, with a record number of 314,079 cases, the Philippines entered the list of 20 countries with the most number of people infected with the novel coronavirus worldwide, according to the [Johns Hopkins University Coronavirus Resource Center](https://www.jhu.edu/2020/09/20/quarantine-protocol-violators-nabbed). And

⁴ <https://mb.com.ph/2020/09/20/quarantine-protocol-violators-nabbed>

just three days after, October 5, 2020, the Philippines occupied the 19th place among nations, and the only one among Southeast Asian countries in the said top 20 list.⁵

The experience of more successful countries in mitigating its spread almost always features a combination of intensive or mass testing and aggressive contact tracing. However, the conduct of mass testing and aggressive contact tracing in the Philippines was too slow and wanting. Despite urgent calls from various concerned groups to conduct mass testing since the start of the pandemic, the Department of Health took a long while to step up COVID-19 mass testing.

In the early part of March 2020, the DOH protocol states that persons under investigation (PUI) with mild symptoms and without other co-morbidity or underlying illnesses may be sent home after testing. By March 16, the DOH revised the protocol, stating there is no need to test PUIs who are non-elderly and considered mild cases. Until March 20, 2020, the DOH maintained that there is still no need to conduct COVID-19 mass testing. In April 2, 2020, the National Task Force on COVID-19 announced that mass testing for the novel coronavirus disease will start by April 14, 2020, with testing protocol still targeting Patients under Investigation and Patients under Monitoring.

The latest DOH memorandum on Expanded Testing [DM 2020-258] issued May 29, 2020⁶ brought some modifications to "expanded targeted testing," such as finally allowing testing of asymptomatic close contacts and health workers, at the discretion of the LGU or health facility. Apart from this, there is the creation of subgroups E and F, pertaining to frontliners, and other vulnerable sectors such as persons deprived of liberty, institutionalized people, pregnant, and the immune-compromised, respectively.

However, it is important to note that despite the creation of these additional subgroups, the previous system of prioritization still continues to exist. The "greatest need for testing" is still only given to Subgroups A through C (symptomatic patients and health workers), while the rest can only be done if there is "surplus testing capacity," which is not defined by the memorandum. Another major change in the protocol is the revision of guidelines for declaring a recovered patient. Instead of requiring two consecutive negative tests, the DOH now deems a patient recovered once they have completed 14 days of isolation and is no longer symptomatic.

In July 31, 2020 the Department of Health confirmed 4,063 Covid-19 infections, reporting the highest daily case increase in Southeast Asia for a second straight day. While the country is no longer averaging 4000 cases per day, the local spread of the pandemic continues among the provinces. Apart from the increased positivity rates across Mindanao, COVID-19 has now reached Batanes⁷, recording its first cases over the past few days. Many of these newly identified patients were locally stranded individuals (LSIs), who departed from cities and urban centers with community transmission, but were not or inadequately tested.

The phenomenon of locally stranded individuals sprung from the "*Balik Probinsya*" (Return to the Province) and "*Hatid Tulong*" (Delivery Support) programs of the government. These programs enticed thousands of people who have been staying or were locked down in Metro Manila to troop to the

⁵ <https://manilastandard.net/news/top-stories/336007/ph-moves-to-19th-spot-in-world-covid-tally-logs-324-762-cases.html>

⁶ <https://www.doh.gov.ph/node/22681>

⁷ Batanes is a remote and isolated archipelagic island in Philippines. It is the northernmost province in the Philippines. It's a 10-piece archipelago, with the three biggest islands being the only ones inhabited: Sabtang, Batan, and Itbayat.

airports, seaports and got stranded there for a period of time because there is no flight/travel available. Because of the cramped situation where the locally stranded individuals stayed, minimum health standards particularly physical distancing was not strictly observed.

Last July, beneficiaries of the Support Delivery program were initially tested only with rapid antibody tests, which are not approved by the Department of Health for screening. Government agencies then decided to shift the responsibility of testing to local government units to avoid "double handling." But, as seen in what has happened since, certain LGUs are struggling to keep up with testing LSIs, their close contacts, and the ensuing local transmission.

Up until now various networks and organizations deplore the deficient implementation of massive testing and continue to call for massive COVID-19 testing. The Citizens Urgent Response to End COVID-19 (CURE COVID-19) and the Coalition for People's Right to Health (CPRH) filed a petition on July 3, 2020 urging the government to conduct free COVID-19 mass testing for Filipinos before the Supreme Court. The petition was rejected by the Supreme Court on September 1, 2020

Contact tracing is just as problematic

An effective and efficient contact tracing is necessary to track down those who have been exposed to the infected individual. Contact tracing is the "weakest link" in the country's COVID-19 response.

At the start, the DOH admitted that it is facing difficulty in contact tracing. During the February 4, 2020 Senate hearing on the government COVID-19 response, DOH Secretary Francisco Duque was grilled for the slow-paced tracing of hundreds of people who came into contact with the Chinese woman positive for COVID-19. In a radio interview days after, Secretary Duque admitted, "*Wala na talaga. Mahirap ang contact-tracing natin,*" (It is a dead end. Our contact tracing is difficult.)

On April 17, 2020, the Inter-agency Task Force on the Management of Emerging Diseases issued Resolution 25 transferring to the Department of Interior and Local Government (DILG) from the Office of Civil Defense as the lead agency in the COVID-19 contact tracing efforts. Likewise, the DILG and the DOH were directed to enter into a data-sharing agreement in accordance with the Data Privacy Act. Correspondingly, DILG Secretary, retired general Eduardo Año directed the Philippine National Police (PNP) and the Local Government Units (LGUs) to organize teams that will trace people who had contact with Covid-19 patients. The local police chiefs would lead contact-tracing teams (CCT) and would be assisted by health officers, personnel of disaster risk and management councils, and village officials. In July 2020, former General Benjamin Magalong and present Baguio City mayor was appointed as contact tracing czar.

The IATF resolution assigning the DILG and the consequent directive of the DILG secretary instructing the local police to lead the contact-tracing teams were met with criticisms. The health advocacy network, Solidarity of Health Advocates and Personnel for a Unified Plan to Defeat COVID-19 (SHAPE UP) in a statement states, "*Trained health personnel and community level health workers must be assigned to undertake contact tracing and identification. This will encourage public cooperation and avoid non-compliance or untruthful information due to fear of uniformed police and military personnel doing house-to-house surveys.*"

Contact tracing like in mass testing moved in snail-pace since the first case of COVID-19 was reported in February. In the early months of the COVID-19 response, contact tracing efforts was almost non-

existent. It was only after three months that Secretary Duque announced in a May 19 press conference that the DOH needs to hire some 130,000 contact tracers and that the department will need P11.7 B for this. In May 18, 2020 the DOH reported that contact tracing were done to 10,756 (86%) out of the 12,513 confirmed COVID-19 cases. A total of 64,306 close contacts were identified and assessed. The figures showed that contact tracing reach only around 6 persons for one confirmed case or a 1:6 case-to-close contact ratio.

Three months later, former General Carlito Galvez on September 23, 2020 announced that the country now has 25,767 contact tracing teams, with 227,648 contact tracers. Both General Galvez and General Maganto claimed of improvements in contact tracing efficiency across regions except in Metro Manila. They said that the country's close contact tracing has improved from 1:3 to 1:5.

Going on its 8th month of COVID-19 response, contact tracing is a response that is too slow and too little for a deadly pandemic. Compounding this problem are reports of contact tracers hired by the Department of Health for its COVID-19 Surveillance and Quick Action Unity of the Epidemiology Bureau complained of three months unpaid salary.⁸ Although passed off later as a joke because of the criticism it received, the idea of hiring "*tsismosa and tsismosos*" (female and male rumormongers) crossed the mind of senior police officers in Cebu City.⁹ This kind of thinking coming from a senior police officer proved the point of various health networks and organizations questioning the lead role of the police in important aspect of contact tracing work.

3) Quarantine, isolation and treatment

The Philippine brand of Community Quarantine

As cited earlier, the Philippine COVID-19 response has the distinction of having the longest lockdown in the world. Most parts of the country until now are under general community quarantine or GCQ with the government explaining that it is a necessary measure to contain the spread of COVID-19. Except for principle of recognizing the threats/harm of the COVID-19 to many others in using quarantine as an approach, the government's brand of quarantine especially during the period of Enhanced Community Quarantine (ECQ) ignored and violated the ethical principles of quarantine as a health measure. Very restrictive measures were enforced BUT medical, economic and livelihood support and transparency were sorely lacking. Massive health information and education about COVID-19 to the quarantined communities was grossly missing.

Under the ECQ the movement of people was curtailed – classes were suspended, mass public gatherings were banned, public transportation system was stopped, business operations except for the essentials were closed, curfew was imposed, and police and military checkpoints were set up almost everywhere. People were ordered to just stay at home. When COVID-19 cases surged in Valenzuela City in the National Capitol Region and Cebu City armored vehicle carriers and soldiers were seen patrolling the communities in the cities.

Since the start of the enhanced community quarantine which lasted from March 16 to May 15, 2020 and the succeeding modified enhanced community quarantine (May 16 to May 31, 2020), pleas of hunger and desperation from ordinary workers and odd-jobbers who were not able to work were heard BUT the

⁸ <https://opinion.inquirer.net/133744/mistreating-contact-tracers>

⁹ <https://www.interaksyon.com/trends-spotlights/2020/07/22/173442/tsismosa-as-contact-tracers-what-it-takes-to-become-one-according-to-contact-tracing-czar/>

promised financial assistance of P5,000 to P8,000 and promised food relief from the Department of Social Welfare and Development and Department of Labor and other government agencies did not reach the intended poor beneficiaries. Millions of families fear death from hunger more than the COVID-19 virus.

Quarantine and isolation facilities

While people were “locked” inside their homes, important health interventions such as mass testing and contact tracing were lacking. Only few local government units were able to designate or build quarantine and isolation facilities. Some LGUs transformed school facilities and hotels into temporary quarantine facilities.

Presently with COVID-19 cases surpassing 320,000, the Inter-agency Task Force on Emerging Infectious Diseases (IATF) claims that there are enough isolation facilities with about 120,000 bed capacities all over the country where only 60% are occupied.¹⁰ But most of these facilities were completed only in recent months. Building these isolation facilities was a partnership between the Department of Public Works and Highways and the private sector most notable were the big Razon group, San Miguel Corporation and the Villar Group of companies.

One would think that all is doing well in the COVID-19 response in regard quarantine and isolation efforts. However, protocols and guidelines on quarantine and isolation and protocols and its implementation were not clear and oftentimes confusing. In most part of the COVID-19 response, the DOH and the IATF allowed home quarantine and isolation for people who tested positive with mild symptoms and COVID-19 suspects on the condition that they have a separate room and own comfort room in the house. When cases of COVID-19 spiked in August 2020, the IATF issued Resolution 74 on September 24, which contained a provision requiring facility-based isolation for asymptomatic and mild Covid-19 patients.

Real life situation revealed the big gap between those who “have” and “who have not”, between the rich and the poor particularly in the aspect of quarantine and isolation and more so in seeking treatment. Those who “have” can easily have themselves tested. If they tested positive, they can opt to self-quarantine for mild symptoms because they have extra rooms and comfort rooms; without hesitating, they can go hospitals if the symptoms are severe.

But this is not case for those who “have not”. Metro Manila which is the epicenter of COVID-19 cases in the country is home to many urban poor communities. In these poor communities, families are packed in small shanties typically with 4 to six children and several extended family members. Physical distancing in these cramped places is difficult, if not impossible. Water, hygiene and sanitation (WASH) which is necessary in preventing spread of infection is also a serious problem. Unlike with those who “have”, the poor do not have the means to get themselves tested for COVID-19, that even the cheapest RT-CPR test @P4,000 offered by the Philippine Red Cross already cost a fortune for them. If they showed and experienced symptoms of COVID-19, they will hesitate to seek treatment because they do not have the money and the resources to do so.

¹⁰ <https://newsinfo.inquirer.net/1340205/ano-assures-enough-quarantine-facilities-for-virus-patients-nationwide>

The efficiency and effectiveness of both the national and local government units is very crucial in ensuring that the poor segment of the population are tested for COVID-19, that they can be quarantined or isolated in readily available and equipped facilities, and that they can seek treatment in hospitals.

However, this crucial element of governance in pandemic response is sorely lacking – mass testing is selective and for priority groups and in most cases, not free. Even as the Department of the Interior and Local Government ordered local governments to set up isolation facilities for milder COVID-19 cases that do not require admission to hospitals, not all barangays have been able to comply. As discussed in the earlier part, isolation facilities took a long period to set up and establish. In March 2020, cases of patients being sent back home because of lack of beds and overcrowded isolation facilities were reported.¹¹

There are reported 72 quarantine facilities nationwide but these are running under capacities if not poorly. Reports of overcrowding, poor accommodation in terms of food and hygiene facilities, lacking health standards and medical services abound especially in quarantine facilities devoted for returning overseas Filipino workers. COVID-19 patients housed in government isolation facilities shared their experiences particularly regarding hygiene, waste management, gender-based violence and sanitation in isolation facilities.¹² At the height of the repatriation of Overseas Filipino Workers (OFWs), complaints on poor sanitation in a quarantine facility were reported.¹³

(e) Treatment of the severe cases including intensive ICU care and building up surge capacity including additional beds and staff

The health system was ill prepared when cases of COVID-19 started increasing in March 2020. It was only in March 21, 2020 that the Department of Health decided to designate three hospitals, namely the Philippine General Hospital, Lung Center of the Philippines and the Jose N. Rodriguez Memorial Hospital and Sanitarium as COVID-referral hospitals for Metro Manila and nearby provinces. The announcement however was made in response to the clamor of 11 major private hospitals which issued an urgent appeal for a unified approach to the COVID-19 pandemic.¹⁴ During this period, these private hospitals reported that the COVID-19 cases are already taking a toll on their human power and resources.

In terms of facilities and infrastructures, the Philippines has only 1,845 COVID-19 referral and accepting hospitals and most of these are private hospitals, only 73 hospitals are public. In May 26, 2020, the DOH reported that specific for COVID-19 cases, the country has only a total bed capacity of 13,633 – there are 803 intensive care unit beds; 6,037 isolation beds and 1,828 ward beds; and only, 1,586 mechanical ventilators. At this juncture, many are already pressing the alarm that the health system will be overwhelmed should a surge of infection occurs.

¹¹ <https://news.abs-cbn.com/spotlight/03/26/20/in-metro-manila-fighting-covid-19-requires-helping-the-poor-now>

¹² <https://news.abs-cbn.com/news/09/29/20/groups-worry-over-mandatory-isolation-in-facilities-warn-of-patients-refusing-testing>

¹³ <https://www.gmanetwork.com/news/pinoyabroad/news/734659/owwa-confirms-poor-sanitation-in-quarantine-facility-for-repatriated-ofws/story/>

¹⁴ <https://newsinfo.inquirer.net/1245922/doh-designates-3-covid-19-hospitals-after-appeal-from-medical-community>

In mid-July, 2020 the Department of Health urged hospitals to free up more beds for COVID-19 as bed utilization in Metro Manila has reached the “danger zone” in terms of bed capacity for corona virus patients, while four other regions were already at the warning level. The July 14, 2020 DOH data showed 76% of beds for COVID-19 patients in the National Capital Region have already been occupied, and are vulnerable to being full in case of a surge in infections. Some public hospitals meanwhile were forced to close for several days, such as the Ospital ng Maynila (Hospital of Manila) due to increasing number of COVID-19 cases among hospital workers and the Dr. Fabella Memorial Hospitals because of the need to decongest due to overwhelming number of patients being admitted.

The severity of the situation in the health system’s capacity in the treatment of severe cases may be seen as to the high number of COVID-19 fatalities who were not able to seek treatment and pronounced dead on arrival in the hospital. Data from the Department of Health as of October 5 revealed 3,279 or 56% of the 5,840 Filipinos who died of COVID-19 did not receive medical treatment at hospitals. The same data showed that 76 percent or 1,233 of the 1,629 critical COVID-19 cases were not admitted to hospitals.¹⁵

The life and death challenges health workers and workers from allied services had to face amid the COVID-19 pandemic

Even before the COVID-19 pandemic, there is already a shortage of doctors and nurses in government hospitals and facilities. According to the World Health Organization (WHO) 2016 study on the “inefficiencies and inequities” of the country’s health care delivery system, there are 40,775 active doctors, 90,308 nurses 43,044 midwives, and 265 medical technologists in the health care sector, with hospitals carrying more than 90 percent of doctors and nurses. The 2018 DOH data showed that there are 10,447 doctors, 30,368 nurses, 16,610 midwives and 1,812 dentists in government hospitals nationwide, one third of which are based in Metro Manila. The country’s health care worker-to-population ratio of 19 per 10,000 is less than half the standard of the World Health Organization (WHO), at 45 health workers for every 10,000 persons.

In the face of the deadly COVID-19 pandemic, the country’s health human resource especially the health frontliners were choked by the health crisis. As the cases of COVID-19 soared to 93,354 with a one-day record high of new cases at 4,063 by July 31, 2020¹⁶, the medical community sound out the distress alarm for a “Time Out” and called on the government to recalibrate its approach to the pandemic.¹⁷ Health frontliners suffered the most because of the government’s lack of preparedness and comprehensive plan in confronting COVID-19 crisis.

Serious lack of Personal Protective Equipment (PPEs)

A “complete” PPE set typically includes a gown or coverall, gloves, mask, eye protection, head cap, and booties. Some of the gear like caps, goggles, and gowns, can be changed after a shift, but gloves need to be changed after each patient handled and masks should also be changed as needed. There is big demand for PPEs on a daily basis. According to the Alliance of Health Workers, San Lazaro Hospital

¹⁵ <https://newsinfo.inquirer.net/1345730/over-half-of-covid-19-deaths-were-dead-on-arrival-at-hospitals-duque>

¹⁶ <https://www.philstar.com/headlines/2020/08/01/2032134/philippines-covid-19-cases-hit-90000-surpassing-china>

¹⁷ <https://www.gmanetwork.com/news/news/nation/749428/medical-groups-call-for-time-out-want-ncr-reverted-to-ecq/story/>

needs 441 PPE sets daily. COVID-designated hospitals like Lung Center of the Philippines needs at least 400 PPE sets and the Philippine General Hospital estimates 600 to 800 PPE sets a day.

Tales of PPE woes were dramatic particularly during the early months of the pandemic. Most health workers have to buy their own gloves and masks, but even the supply has been depleted. They have improvised on PPEs to remain protected. Nurses and doctors use laundry gloves as improvised foot covers and grocery bags as makeshift head covers.¹⁸ Health workers have to appeal for support for PPEs -- supply of gloves, shields, and PPEs were mostly donated by individuals, private organizations and foundations.

The Department of Health consistently claims of enough supply of PPEs for health workers. However, laments and complaints from health workers regarding the lack of PPEs persist. Leaders and members of the Jose Reyes Memorial Medical Center slammed the DOH and asked where the enough supply of PPEs is?¹⁹ The Alliance of Health Workers reported that health workers in some hospitals “recycle” their disposable PPEs by washing and “reuse” them for hospital duty.

Longer duty hours, shortened quarantine period, lack of safety and protection benefits for health workers

Even before the pandemic, government hospitals are already understaffed. With the COVID-19, many nurses are forced to extend duty hours because of the lack of manpower, the extra care and attention need since many of the patients they care for are in critical condition.

Amid lack of personal protective equipment (PPEs), health workers especially in COVID-19 wards work 12 to 16 duty hours longer than the mandated 8 hours. The 14-day quarantine protocol for health workers assigned in COVID-wards was also shortened. In most hospitals, health workers were allowed only five to seven days quarantine period after duty while in some health workers do not have quarantine days. Rt-PCR test which is also part of the protocols is still not regularly conducted for health workers every 14 days. Only health workers who exhibit COVID-19 symptoms have become the standard norm in the testing protocol.

Health workers were promised P500 per day COVID-19 hazard pay provided by the legislated Bayanihan to Heal as One Act. Actual implementation of this COVID-19 hazard pay had the Department of Budget of Management defining the COVID-19 hazard as the same with and not on top of the regular hazard pay being received by the health workers, defining further that the health workers will receive whichever is higher of the two. Not only was the COVID-19 hazard pay too little, its release was also too much delayed. A case in point: the family of Ma Theresa Cruz, a nurse in Cainta Municipal Hospital who died of COVID-19 in August this year get to receive only P7,000 hazard pay for the months of March to April, 2020 after their mother’s death.

Other important protection benefits such as transportation and accommodation were poorly provided to health workers especially at the height of the very strict implementation of the enhanced community quarantine where mass transportation system was suspended. Two health workers were caught “back-

¹⁸ <https://news.abs-cbn.com/news/04/02/20/due-to-lack-of-protective-equipment-health-workers-resort-to-grocery-bags-helmets-for-protection>

¹⁹ <https://www.gmanetwork.com/news/news/nation/749934/protesting-jrmhc-health-workers-cry-neglect-hospital-explains-side/story/>

riding” on a motorbike which was prohibited as per enhanced community quarantine protocols. They were arrested and fined P5,000 for violating social distancing guidelines. The two health workers were brothers and are staying in the same house. The penalty they paid the traffic police office is more than the daily wages that they get to receive for reporting to work. There are also many reports of discrimination -- of health workers being poured bleach solution, being evicted from homes or locked inside houses, insulted and harassed.²⁰

Endangered lives

When the medical community called for a “Time Out” on August 1, 2020, everyone feels the anxiety and anguish of the overworked, burned-out health care workers toiling in poorly equipped wards, inadequately protected due to lack of supplies of even the most basic masks and PPEs, working from 12 to 36 hours per shift without the guarantee of regular positions, just compensation and hazard benefits for some, isolated from their families for days or weeks at a time, and in constant fear of contracting the deadly virus and transmitting it to their loved ones, co-workers, and patients.

Yet despite the risks and sacrifices of health workers, President Duterte in his August 2, 2020 late night address to the public, at first expressed sympathy for the health workers but later on lashed out the health workers for making their pleas public instead of writing the government, and for demeaning the government. He furthered that nurses should go into the police instead if they want higher pay.

The lack of PPEs and prolonged duty hours put health workers at great risks to COVID-19 infection. As October 10, 2020, the Department of Health reported that the number of health workers who have contracted COVID-19 have breached the 10,000 mark at 10,178 positive cases. As per the DOH report, 9,562 health workers have recovered from the respiratory disease, 553 are still undergoing treatment while 63 died. Nurses registered the highest number of COVID-19 cases with 3,543 infections; doctors with 1,801; nursing assistants with 774, medical technologists with 475, and midwives with 262 cases. Over 500 other non-medical personnel such as utility workers, security guards, and administrative staff were also included in the tally.

Covid-related services beyond the people’s reach; corruption in the time of COVID-19

There is a popular catchwords in Filipino, “*Bawal magkasakit*” (Getting sick is prohibited), a spin from a medicine brand commercial which highlighted how expensive medicines are, so therefore people who do not have money for expensive medicines should not get sick. In the time of COVID-19, it is “*Bawal magka-COVID-19* (Getting COVID-19 is prohibited) because it is very expensive to get sick with COVID-19.

The COVID-19 pandemic highlighted the very big gap between the rich and the poor, with the poor in a great disadvantage in accessing even the most basic supplies and services. COVID-19 related services are generally not for free. To observe the recommended minimum health standards means buying soap, alcohol or hand sanitizer, surgical/cloth masks and face shields, and of course, ample supply of water which most urban poor households do not have. The smallest bar of soap cost around Php20, a 60 ml bottle alcohol or hand sanitizer is at Php30-40 while a 200 ml bottle costs Php80; a surgical mask cost Php3.00 to P5.00, a cloth mask from P15-P30 while a face shield cost between P15 to P50.00. These

²⁰ <https://www.nst.com.my/world/world/2020/03/579698/covid-19-philippines-health-care-workers-suffer-abuse-stigma>

items were not provided by the government and buying these supplies cost a lot for poor families whose livelihood were stopped and ravaged by the lockdown. There were very few local government units which distributed some of these items but these were very few and only for a very limited period of time.

COVID-19 related services are generally not free and inaccessible.

Free COVID-19 testing is selective and getting tested is a waiting game. There are Local Government Units that initiated free swabbing for mass testing, however these are limited by the availability of supplies as well as the “expanded targeted mass testing” protocols defined by the Department of Health which set priority only on groups that exhibit COVID-19 symptoms.

As there is no thorough going and accurate system for contact tracing and no systematic plan for mass testing at the community level, poor families who may have contracted the virus has to rely on “connections” for a swift action from the local authority. A case in point is an over-extended 14-member family whose two members were tested positive for COVID-19.²¹ The barangay officials were immediately informed of the situation and request by the affected family for a free COVID-19 test for the rest of the family members was sent, explaining that they have no financial means to go to a private testing facility. Several days have passed but no date or word regarding the request for testing came. A relative who knows someone from the “higher ups” inquired and found out that no request was submitted to the personnel in charge of scheduling the COVID-19 test. After one week of waiting, the remaining members were finally tested and after three more days, the result showed that eight of them were COVID-19 positive. Besides the free COVID-19 test, no other form of assistance was given to the family.

The poor cannot help but wait to be tested or just ignore the symptoms of COVID-19 because the cost of Rt-PCR test for COVID-19 in private testing facilities is very prohibitive with prices ranging from PhP 4,000 to P13,000 depending on the turnaround time for results. Most of the COVID-19 laboratory facilities are private.

COVID-19 treatment and hospitalization is very expensive

Hospitalization expenses for COVID-19 are costly based on news reports of COVID-19 patients incurred tens, hundreds of thousands to million pesos. Majority of Filipinos will not be able to afford being sick and getting hospital treatment for COVID-19 especially when most were economically dislocated by the pandemic. The October 5, 2020 DOH data which showed a high 56% of covid-19 deaths were “dead on arrival” while 76% of severe COVID-19 cases were not admitted to hospitals revealed so much of this hard reality. A hard reality that was lost to the DOH Secretary Duque when he cited and practically blamed the medical-seeking behavior of most Filipinos die without being admitted to hospitals. He said, “Most Filipinos, especially the poor, just wait until their health condition becomes very severe before they go to the hospital”.

Fraud and corruption-laden Social Health Insurance

²¹ Source of information requested anonymity

The Philippine Health Insurance Corporation (PhilHealth) is the implementing agency of the state's National Health Insurance Program which started in 1995. PhilHealth is a government-owned and controlled corporation (GOCC) and classified as a government business entity. It is an attached agency of the Department of Health. PhilHealth manages billions of people's money coming from the premium contributions of its members and state subsidy which in the last three years amounted to not less than P70B annually. PhilHealth is at the core of the country's health care system but mandate and orientation and its practice is to run the agency as a business entity and earn profits.

In the early period of the COVID-19 crisis, PhilHealth, the government social health insurer, covered the hospitalization of patients amounting for more than P1 million. Afraid that its fund will be depleted fast, PhilHealth starting in April 15, 2020, reclassified its COVID-19 case rates -- patients confirmed with COVID-19 and developed into severe illnesses will be compensated as follows: mild pneumonia for P43,997; moderate pneumonia for P143,267; severe pneumonia for P333,519; and critical pneumonia for P786,384.²² PhilHealth also covers for COVID-19 tests from P2,710 to P8,150 depending on how the test kits were procured by the accredited testing laboratories.²³

The new case rate greatly reduced the amount covered for COVID-19 treatment and hospitalization. However, the bigger problem is that not all Filipinos especially the marginalized are covered by PhilHealth while those that are state-covered are not aware of their PhilHealth entitlement. PhilHealth's contribution to the country's total health expenditures is at a low 12.3% while out of pocket health spending is still at a high 53%. The people bear the burden of costly health expenses, even in the time of the COVID-19 pandemic.

But the biggest problem is that the Philippine Health Insurance Corporation (PhilHealth) which is supposedly the state's social health insurer has been historically embroiled in so many frauds, graft and corruption cases. According to the Presidential Anti-corruption Commission from 2013-2018 over P153 billion of public money was lost from over payment of claims and other fraudulent schemes. This covers a string of reported fraudulent claims involving cataract operations, pneumonia cases and "ghost" dialysis scam among others. PhilHealth executives were also flagged by the Commission on Audit for disallowed perks and benefits as in the case of the more than P215M travel and accommodation expenses of the ten top executive in 2017 and in 2013 for the tens of millions of bonuses given to its executives, among them productivity incentive allowance, Christmas package, birthday gift and anniversary bonus.

While the people are experiencing extreme suffering from the COVID-19 pandemic, news broke of alleged billions of pesos worth of fraud and corruption in PhilHealth. In a senate investigation hearing, Thorsson Montes Keith, resigned PhilHealth anti-fraud legal officer provided details of alleged P15B people's money that was lost from corruption using various fraudulent schemes. The fraud includes funds for Interim Reimbursement Mechanism, an emergency cash advance measure to provide hospitals with an emergency fund to respond to unanticipated events like natural disaster and calamities and the overpriced Information and Community Technology Program. In the midst of the pandemic, millions from the P30 B Interim Reimbursement Mechanism (IRM) for hospitals attending to COVID-19 patients

²² PhilHealth Circular 2020-0009

²³ PhilHealth Circular 2020-0010

were released even to those hospitals with pending cases, or with no accreditation, and worse, with no COVID-19 cases at all.

Impact on non-COVID services

There is no arguing the fact that important priority, attention and efforts should be poured to the COVID-19 response. However, people and patients with non-COVID health concerns were impacted by the tendency to “covidivize” health care. Many health facilities were converted into dedicated COVID-19 facilities; other essential health services, including outpatient care and surgeries were suspended. Some hospitals refused to admit patients citing “overcrowding of COVID-19 patients” as reasons.

In the time of pandemic, stories of patients with non-COVID concerns, i.e. pregnant women about to give birth died because after being refused admission by several hospitals²⁴ patients who were not able to seek medical consultation because of clinics were closed and renal patients finding out ways to sustain regular dialysis sessions despite restriction in mobility were too many.

Issues in transparency and reliability of Covid-19 data

The Department of Health holds daily COVID-19 updates through its regular 4pm “virtual presser”, its content are mainly reports on the number of cases, deaths and recoveries. In May 2020, experts from the University of the Philippines raised “alarming errors” and discrepancies in the DOH’s COVID-19 patient data. Among the errors cited pertain to changes in patients’ sex and age and residence of patients, and a case of a patient initially reported dead on April 24 and classified as alive the next day. The DOH and the Inter-agency Task Force stand by the accuracy of the data with the DOH explaining that the errors have since been corrected and the errors which constitute only 1%, does not affect the reliability of the entire COVID-19 data.

Many groups are calling for timely, accurate and transparent COVID-19 data report particularly the constantly changing criteria in recording and reporting active and recovery cases. For the most part, DOH data collection and reporting was bogged down by backlogs in validating positive test results.

Reports and pronouncements coming from the DOH Secretary Fernando Duque III himself stir confusion and caused anxiety among the public.

- In May 20, 2020, in a Senate hearing, Secretary Duque said that the Philippine is in its second wave of COVID-19²⁵, a pronouncement that was debunked by the palace, reiterating that the country is still in the first wave²⁶. The next day, Secretary Duque retracted his second wave statement and clarified that the country is still in the first major wave of sustained transmission of COVID-19.²⁷

²⁴ <https://www.philstar.com/headlines/2020/05/17/2014620/government-urged-keep-womens-health-priority-amid-covid-19-pandemic>

²⁵ <https://news.abs-cbn.com/news/05/20/20/duque-philippines-now-on-second-wave-of-covid-19-outbreak>

²⁶ <https://newsinfo.inquirer.net/1278681/palace-contradicts-doh-philippines-still-in-first-wave-of-covid-19-infections>

²⁷ <https://www.pna.gov.ph/articles/1103578>

- In July 15, 2020, Secretary Duque announced that the country has successfully flattened the curve since April citing longer case doubling time of the corona virus²⁸. He retracted and rephrased the announcement a series of “tweets” on the same day that the country has “bent” rather than flattened the curve a month after a Luzon-wide lockdown since mid-March after receiving flaks from various groups and individuals²⁹.

What have been the three successful strategies/intervention related to COVID-19?

Sadly, many organizations, groups and individuals are of the opinion that there is a health system breakdown and governance failure in coming up with strategies and intervention in dealing with COVID-19.

As early as March 20, 2020 an alliance of 11 major private hospitals in March 20, 2020 called on the government to formulate a unified approach to tackle the pandemic pointing out specifically the need to centralize all efforts and resources into ONE OR TWO COVID-19 hospitals, adequately equipped and invested upon by the government. In July 2020, the broad advocacy network, Citizens Urgent Response to End Covid-19 (CURE-COVID) gave a failing mark for the inefficient, ineffective, inhumane handling of the pandemic.³⁰ The Solidarity of Health Advocates and Personnel for a Unified Plan to Defeat COVID-19 (SHAPE UP) pointed out the lack of government’s comprehensive action plan and the need to recalibrate of strategies to prevent the spread of COVID-19 cases at the community level as well as address failures at so many basic aspects of pandemic response.

As discussed in the earlier parts, the following strategies and interventions were pointed out as problematic:

1. Lack and selective COVID-19 testing; problem in thorough going and systematic contact tracing

Mass testing and contact tracing are key interventions in the spread of COVID-19. Despite public clamor for free mass testing, the government and the Department of Health remains firm in its selective “targeted mass testing protocol”. The government target of 30,000 tests per day is still unmet and those that need to be tested regularly like health workers are still not tested. Most testing laboratories are private.

Running on its eight month, system and personnel for contact tracing is still in its initial stage. Contact tracing is a response that is too slow and too little for a deadly pandemic.

2. Militarist handling of the COVID-19 pandemic

The pandemic was treated as a problem of public order and law enforcement instead of public health crisis. The Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) was convened though headed by the Department of Health Secretary is predominantly composed of retired

²⁸ <https://www.gmanetwork.com/news/news/nation/747020/duque-claims-philippines-has-flattened-covid-19-curve-in-april-then-takes-it-back/story/>

²⁹ <https://www.cnnphilippines.com/news/2020/7/15/Duque-successfully-flattened-curve-COVID-19.html>

³⁰ <https://news.abs-cbn.com/news/07/22/20/f-as-in-falfak-ph-govt-gets-failing-marks-in-covid-19-response-from-these-experts>

military generals. A big portion of the Armed Force of the Philippines and the Philippine National Police (AFP/PNP) have been deployed with its number more than the deployment of peace and order units of local government units.

3. Serious lack of health workforce and protection for health care workers

The government failed to reinforce the number of health human resource to confront the COVID-19 crisis resulting to exhaustion and burn out among health workers. Compounding this problem is the serious lack in ensuring the safety and protection of health workers foremost of which is the provision of PPEs, accommodation and transportation support.

4. Long neglected primary health care

The swelling up of COVID-19 patients in hospitals could have been avoided if primary health care or community level health care that is promotive, preventive and comprehensive is in place in all communities. **Even before and during the COVID-19 pandemic, massive health information and education to the general public down to the community level is lacking.**

Learning lessons

There are many lessons not only on better preparedness that can be learned from the COVID-19 pandemic response.

The need to pursue fundamental change in the health system

The response of many governments to the COVID-19 pandemic reveals the systemic problem of the health care system further weakened by neo-liberal policies on health such as privatization, deregulation and liberalization. In the Philippines, privatization, the devolution of health care services and decreasing health budget eroded the country's public health care system.

Even before the COVID-19 pandemic, the country's health system has been failing in the prevention and eradication of emerging and re-emerging diseases such as dengue and measles. In 2019, the DOH declared a national epidemic on dengue, measles outbreak followed while cases the long-gone polio and diphtheria, re-emerged. This is mainly because the budget for public health programs on immunization, elimination of infectious diseases, prevention and control of diseases and epidemiology and surveillance have been slashed by millions of pesos.

As the COVID-19 pandemic exposes the weakness of the present health system, it is an opportune time to pursue fundamental change in the health system. A movement for a free, comprehensive health care in a tax-funded and integrated health care system will be waged.

To combat COVID-19 and to prepare for future pandemic, there is a need to strengthen the public health care system – a system that provides comprehensive health care including health promotion, health education, disease prevention, diagnosis and treatment of diseases, rehabilitation and palliative health services. These health services shall be rendered by appropriate health facilities from primary, secondary to tertiary levels at center-based, community or hospital settings and specialty centers,

including emergency hospitals, birthing centers, municipal and city health centers down to the barangay health stations.

At the core of the public health care system is a functional primary health care that has health personnel, facilities and equipment in appropriate number of rural health units and barangay health center, birthing facilities. The primary health care system should include barangay health workers, community health workers and community health committees to ensure active participation of the people.

The importance of good and responsible governance

The role of national government and local government units in overcoming the COVID-19 health crisis and preparing for future pandemic is very important. The government should allocate bigger budget for budget and lay down comprehensive plan and measures on pandemic response such as carrying out modern disease surveillance, ramp up on laboratory testing, research and development of vaccines and medicines.

In the face of glaring unpreparedness and lack of comprehensive plan and measures to confront the pandemic by the government, the importance of people's actions, a people's movement to push for concrete and better response to the pandemic and to hold the government to account is as important.

It is best to sum up and close this article with a view on the social determinants of health. For as long as the people are in dire poverty, their human rights violated, the environment being plundered, corruption in government is unabated -- the people's health is in peril. Hence, there is a need for fundamental changes for the health care system to really flourish and enjoyed by the people.

Fundamental changes cannot be achieved without the people's actions. Political movements in the Philippines play important role in starting the process of change. Health organizations and activists contribute to this process by addressing health issues and concerns, waging the struggles as a sector and continuously pushing for the People's Health Agenda.