



Senate of the Philippines

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Senator

Comments and Recommendations on PRRD's April 20 Report on the Implementation of the Bayanihan Act (RA 11469)

21 April 2020

Here are our comments and recommendations on the current measures being implemented to address the COVID-19 pandemic and mitigate its impact:

1. First, we would like to reiterate some of our past comments that remain unaddressed in the 4th Report.

- *Disclosure of more relevant COVID-19 statistics in DOH's key portal¹:*

Previously, we recommended uploading information on (i) geographic and socio-demographic profiles of persons tested for COVID-19, (ii) details of contacts traced, and (iii) estimated probable and suspected cases.

- Tests Conducted: As of April 16, 42,215 individuals have been tested. While the distribution of tests conducted by laboratory is released online, more granulated data on mass testing (e.g. tested patients' area of residence, age, gender, pre-existing conditions), which can provide an accurate picture of the spread of COVID-19 and can help strategize on the distribution of test kits, is not disclosed.
- Contacts Traced: We hope that the next Bayanihan Report would provide the geographic distribution of the 7,521 contacts traced stated in the 4th Bayanihan Act Report. We would also like to see the number of contacts traced each week. We note that the number of persons reported last week was higher than the number of persons traced this week, due to data clean-up. Does this mean that there was no additional efforts made during the week of April 13 to trace people that came in contact with probable, suspected and confirmed cases?

¹ We support the idea of setting up a unified COVID19 website to ensure consistency.

- Suspected and Probable Cases: The total number of suspected and probable cases, as well as persons under monitoring and investigation (PUM and PUIs) in the country has long been unclear. The NDRRMC report dated April 13, 2020² shows that there are a total of 215,990 PUMs and 14,931 PUIs in the country (excluding NCR). Such figures were supposed to be validated by the DOH Central Office, but no update on this was released since then.
- Others: We also hope that more hospitals and infirmaries are encouraged and incentivized to submit timely reports to DOH's DataCollect app to better provide an accurate picture of the health situation. To date, only 48.6% of hospitals and 52.4% of infirmaries have reported on the app.³
- *Updates on plans to speed up delivery of Personal Protective Equipment (PPEs) and other supplies to health facilities:*

The delivery or distribution of PPEs and other supplies to facilities is noticeably slow. The government has to look at alternative ways to improve this, perhaps with the improved coordination with LGUs or other agencies.⁴

As of April 16, DOH has received the following PPEs sourced by DBM: 254,590 goggles, 58,910 KN95, 600,000 surgical masks and 149,750 gloves. Are these PPEs part of the 900,000 PPE sets procured by DOH? How many of these 900,000 PPE sets have arrived and have been delivered to various hospitals in the country?

With regard the delivery of PPEs to hospitals, we saw from the 3rd Bayanihan Report that only 43,945 sets of PPEs were delivered to hospitals. However, there was no similar update on the delivery of PPEs to hospitals in the 4th Bayanihan Report.

In another set of figures compiled by the Office of Civil Defense (OCD),⁵ it can be seen that dispatching or delivering PPEs is also a concern. As of April 20, 2020, OCD has dispatched only 18,350 of the 195,900 procured surgical masks, 207,425 of the donated 1,064,930 masks, and only 2,205 of the 81,000 donated KN95 masks.⁶

To further exacerbate the lack and slow delivery of PPEs to various hospitals, there have also been reports on the substandard quality of some PPEs that are available in the market. While hope that FDA, while expediting the process of certification of PPEs, will also ensure that the quality of these PPEs conform with international safety standards, especially as lives are at stake here. In addition, we call on DTI and the

² NDRRMC Report, April 13, 2020

³ <https://ncovtracker.doh.gov.ph/>; Accessed April 21, 2020

⁴ <https://newsinfo.inquirer.net/1252185/duterte-wants-donations-to-govt-in-fight-vs-covid-19-managed-by-ocd>

⁵ NDRRMC Report, April 21, 2020

⁶ Ibid.

Bureau of Customs (BOC) to further intensify their efforts to monitor the entry into the country and the sale of these substandard PPEs, and immediately file the appropriate charges against the perpetrators behind these abusive schemes.

To further emphasize the urgency of this concern, we also note the disturbing statistics that around 766 health workers are infected with COVID-19, according to the Department of Health (DOH). This accounts for 13% of the total infections compared to the regional average of 2% to 3%,⁷ according to the WHO, which also called attention to the said trend.⁸

- *On Expedited Processing of Approval of Testing Centers:*

No update on testing centers was included in the 4th Bayanihan Report. Since the 2nd Bayanihan Report, we note that 63 proposed testing centers remain to be under assessment or validation, despite the clear urgency of providing such centers. What is the cause of the delay in the accreditation of testing centers? What stages in the accreditation process and what standards in the construction of the testing facility do most LGUs find to be the most difficult to comply with? We hope that the next Bayanihan Report would provide the reason/s for this delay, and the actions undertaken by DOH to expedite this process. We also hope to see DOH's efforts in providing technical assistance to LGUs, especially those with high number of confirmed COVID-19 cases.

If the DOH is serious in increasing the capacity for COVID-19 testing from the 1,164 to 3,408 daily tests conducted at present to 8,000 to 10,000 tests a day by the end of April, parallel efforts should be seen in the accreditation of testing centers.

- *On PhilHealth's Decision to Provide Full Coverage (No Co-payment) only to Patients Confined Until April 14, 2020:*

We previously inquired about this decision, noting that the lockdown is in place for at least until April 30. Note that, based on the DOH data, a total of 546 patients (and counting) have been admitted in hospitals due to COVID-19 beyond this deadline.

While we understand that this decision is due to the financial costs of treatment,⁹ we hope to see PhilHealth's plans and concrete actions to cover the medical expenses of those who were infected after this date, considering that full mass testing¹⁰ has not been implemented as of now. One alternative that could be explored is to give a smaller package (e.g., up to a maximum of Php600,000 similar to PhilHealth's Package Z for kidney transplantation) to COVID-19 patients, rather than pulling out financial support altogether.

⁷ news.abs-cbn.com/news/04/21/20/health-workers-in-philippines-catching-covid-19-worrisome-who-official

⁸ <https://www.rappler.com/nation/258270-health-workers-coronavirus-cases-philippines-april-17-2020>

⁹ <https://www.philhealth.gov.ph/advisories/2020/adv2020-0022.pdf>

¹⁰ Until now, the target daily tests of 8,000 to 10,000 tests have not been achieved.

We also hope to see a progress report on the release of funds by PhilHealth to various hospitals, which shall include an update on where and when the funds were given, as well as the target date of full release of funds. According to the 4th Bayanihan Report, PhilHealth has released only Php8.318 Billion of the supposed Php30 Billion of COVID-19 funds to hospitals. This is equivalent to only around 27.7% of the target.

- *On Relaxing Movement of Basic Goods:*

The 2nd Report stated that most LGUs (with a compliance rate of 86%) have already complied with the directive to allow the unhampered movement of essential goods and cargoes. However, no further update on LGU compliance was given in the 4th Bayanihan Report. Moreover, given the fact that markets are often a hotbed for possible transmission due to the inevitable convergence of people in the area, we recommend that the DA, DILG, DOTr and other agencies consider adopting a farm-to-household model to reduce, if not eliminate, the need to go to markets.

- *On uniform targets and additional funds for COVID-19 Adjustment Measures Program (CAMP) and for Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers—Barangay Ko, Bahay Ko Disinfection or Sanitation Project (TUPAD-BKKBK):*

As of April 16, 73.8% of DOLE CAMP's estimated beneficiaries (i.e., 321,975) have been served, while 75.7% of DOLE TUPAD's estimated beneficiaries (i.e., 235,949) have been served. We note that these estimated targets are way below the targets reported to our office by DOLE, i.e., 540,000 workers for CAMP, and 700,000 workers for TUPAD.

- *On Wage Subsidy for MSME Workers:*

In our previous comments, we requested for the calculation supporting the claim that only around 3.4 million workers out of 5.7 million MSME workers are affected by the lockdown and are therefore targeted under the Small Business Wage Subsidy (SBWS) Program. We likewise raised the potential logistical difficulties associated with identifying beneficiaries, which is a problem already present in the implementation of the Emergency Subsidy Program (ESP).

Data from the DTI and PSA shows that there are a total of 5,714,262 workers in the MSME sector as of 2018. We hope that the government would reconsider covering *all* MSME workers, instead of just 60% of them. Our own estimates show that the Php50.8 billion cost of providing Php8,000 worth of assistance for each of 3.4 million employees for two months, can support around 50% minimum wage subsidy for all MSME workers within the same duration.

On Small Business Wage Subsidy and Other Programs for Workers

In addition to the comments we previously raised in relation to efforts directed to workers, we hope to raise the following concerns:

- 2. We hope to seek assurance that the Small Business Wage Subsidy Program will be easily accessible to broader group of workers—that it will not exclude some firms or industries eligible to the CAMP program, and that the technical problems with the SSS website will not result in the failure of some workers to apply for assistance.**

We also seek assurance that in replacing CAMP with SBWS, no MSME under CAMP will be excluded in the list of eligible firms or industries. We have recently received reports that CAMP applicants (who were not given assistance under CAMP) were not included in the list of pre-qualified establishments under the SBWS Program. We also wish to get a clarification on the list of qualified small businesses, specifically on the identification of sectors that belong in Category A or B¹¹ that could apply under the Program. Using these categories, for example, is a private educational institution qualified to apply to the SBWS Program?

Lastly, we received reports that the SSS online system has not been working properly, and employers feel that this technical difficulty might result in their failure to meet the April 30 deadline set by SSS. We hope that the SSS can immediately address this problem, and provide alternative means of submitting the applications for assistance under the SBWS Program. We also hope to see a status report on the number of establishments that have applied and the actions taken thereon.

- 3. We also call on DBM to augment the funds for CAMP and TUPAD Programs consistent with the mandate of Section 4(v)(4) of the Bayanihan to Heal as One Act.**

While we understand that the CAMP may duplicate the efforts of the SBWS Program, the efforts of MSMEs that have previously applied for CAMP assistance for their employees should not be disregarded, considering that some of them applied as early as the release of the CAMP guidelines. Equity dictates that the government should at least acknowledge their hard work and not make their hope for assistance from the DOLE a vain one.

This is especially more so since the SBWS Program will only cover 3.4 Million out of the 5.7 Million workers in the MSME sector. Thus, the CAMP should continue in place to provide assistance to the remaining 2.3 Million workers. We believe that no one should be left behind during this time.

¹¹ <https://www.dof.gov.ph/small-business-wage-subsidy-program/>

Based on the DOF website, Category A enterprises are non-food raw materials/non-essential manufacturing, tobacco, construction, airlines, non-essential services, hotels and restaurants, rental and leasing of personal goods, and entertainment. Those under Category B are textiles, wearables and leather for export, electronics manufacturing, retail trade, public transportation, BPOs, banks and personal service and domestic activities.

4. We would like to see in the next reports the steps undertaken to improve higher accomplishment rate for the DOLE AKAP's program, which has served only 2.46% of its target beneficiaries.

DOLE and DA Programs	Target	Actual	% of Targets Served
CAMP for affected formal workers	321,975	237,653	73.8%
TUPAD	235,949	178,549	75.7%
CAMP AKAP for displaced OFWs	135,720 ¹²	3,345	2.46%

5. We also hope to see in the coming week the launch of DOLE's online monitoring system, which provides real-time updates on the distribution of financial assistance to formal and informal workers and OFWs.

Such portal shall include, among others, with respect to CAMP, the number of establishments that applied for CAMP (divided per province), the number of approved, denied or pending applications, the number of employees granted assistance, and the actual date of remittance of the financial assistance to the bank account of the worker or to designated money remittance centers; with respect to TUPAD-BKKBK, the number of workers who applied for assistance, the number of approved applications, profile of the applicant or nature of work, their location, and the date of remittance of assistance; and with respect to DOLE AKAP for OFWs, the number of OFWs who applied for assistance, the number of approved applications, profile of the applicant, country where OFW used to work, etc.

On Provision of Emergency Assistance to Affected Sectors

6. We hope to see in the next report more information on the implementation of Social Amelioration Programs in the 197 remaining LGUs who have not signed MOAs with DSWD.

According to the 4th Bayanihan Report, the DSWD has signed 1,454 MOAs with different LGUs on the implementation of the ESP for non-4Ps beneficiaries. Meanwhile, the NDRRMC reported that as of April 6, 2020, a total of 1,651 LGUs (81 provinces, 122 cities, and 1,448 municipalities) have declared community quarantine.

¹² According to the 4th Report, it consists of 85,720 On-site OFWs and 50,000 Repatriated/ Balik Manggagawa.

7. **As of April 18, 2020, only 4.27% of the target 13.4 million beneficiaries (who are non-4Ps and non-TNVS/PUVs) have benefited from the Emergency Subsidy Program (ESP). This is low considering that 91% of the allocated amount has already been downloaded to LGUs.**

We are also concerned that despite the relatively more established database containing 4Ps beneficiaries and TNVS and PUV workers, the number of beneficiaries served are still unsatisfactory: 84.6% of 4Ps beneficiaries, and 61.6% of TNVS/PUVs in NCR.

We call for swifter distribution of the said assistance.

- As of April 18, 2020, a total of 4.05 million people benefitted from Assistance to Individuals in Crisis Situation Program (AICS). Compared to the target 17.95 million estimated beneficiaries, AICS' accomplishment is at 22.57%. Among the broad group of beneficiaries, those outside 4Ps and outside the group of TNVS/PUVs recorded the lowest portion of beneficiaries served (only 4.27%).

Component of DSWD's AIC Program	Target	Actual as of April 18	% of Targets Served
4Ps Beneficiaries	4.4 million	3,721,833	84.6%
TNVS and PUVs in NCR	65,661	40,418	61.6%
Other Target Beneficiaries	13,490,432	576,723	4.27%

8. **We hope to see in the next report progress on crafting the unified guidelines on the implementation of DSWD Assistance to Individuals in Crisis Situation (AICS) Program. Such is important, given the broad coverage of DSWD's assistance.**

According to the 3rd Bayanihan Report, DSWD is set to issue a harmonized guidelines on this matter. To date, however, no such guidelines have been released.

On Adequacy of Quarantine Facilities

9. As of April 20, 2020, a total of 6,459 confirmed COVID-19 cases have been confirmed in the country. Quarantine facilities for suspected, probable and confirmed cases and their contacts (on top of the traced contacts of confirmed COVID-19 patients) may not be adequate. Hence, we hope to see further efforts on the conversion of more government offices and other private facilities as quarantine centers and field hospitals.

In all regions except NCR, the number of confirmed COVID-19 cases is less than the bed capacity of quarantine facilities. However, as no breakdown is given as to the (i) contacts traced, and (ii) suspected and probable COVID-19 cases, as well as the (iii) official PUMs and PUIs, we do not know whether quarantine facilities are enough or not in regions aside from NCR. Using the preliminary figures on the PUM and PUIs from NDRRMC, however, provides a disturbing picture, as already 11 regions have shortage of quarantine facilities.

Region (No regional info on 576 cases)	COVID-19 Cases as of Apr 20	Contacts Traced	PUM + PUI Figures	Total Bed Capacity of Quarantine Facilities ¹³
NCR	4,097	No Breakdown from DOH	-	2,112
Region IVA - CALABARZON	939		63,339	4,600
Region III - Central Luzon	338		35,846	9,429
Region VII - Central Visayas	145		5,466	7,803
Region XI - Davao Region	107		1,066	-
Region VI - Western Visayas	56		3,390	5,776
Region I - Ilocos Region	52		22,096	5,200
Region V - Bicol Region	29		177	6,187
Region II - Cagayan Valley	27		7,503	2,840
CAR	24		8,195	1,758
Region XII - Soccsksargen	16		521	1,140
Region IVB- MIMAROPA	14		44,250	1,279
Region IX - Zamboanga Pen	11		4,232	2,096
Region X - Northern Mindanao	11		364	818
BARMM	9		8,555	976
Region VIII - Eastern Visayas	6		20,400	20
Region XIII - Caraga Region	2		4,981	1,716
Total	6,459	7,521	230,381	52,034

The 4th Bayanihan Report has stated that over 16 major government installations and private facilities will be converted into quarantine centers.¹⁴ However, the number served by these facilities may not be enough as the total estimated capacity of these buildings are only at an estimate of less than 5,000 individuals. With the number of cases reaching 6,599 as of April 21, 2020, the government needs to ramp up the number of isolation facilities.

¹³ Both figures on PUM and PUI, as well as quarantine facilities' bed capacity are from NDRRMC.

¹⁴ Fourth Report on COVID-19, April 21, 2020.

On Improving the Country's Case Recovery Rate (Currently at 9.91%) Through Boosting Hospital Capacity and Encouraging Plasma Donations from COVID-19 patients

- 10. With 20 days¹⁵ as the estimated doubling time of COVID-19 cases in the country, patient admission may soon overwhelm our hospitals.**

As of April 20, 2020, the total confirmed COVID-19 cases in the country has risen to 6,459. Of this total, around half, or 3,199 are currently admitted. With the expected increase in detected positive cases (especially considering the roll out of massive testing), we hope to be guaranteed that COVID-19 beds are enough for patients. Based on the 4th Report, the total COVID-19 dedicated beds in the 693 COVID-19 hospitals total to 8,714. Based on our estimates,¹⁶ these may be completely used up after a month if bed capacity remains the same.

We hope that the next Bayanihan Report will provide an outline on the efforts being done to have more COVID-19 dedicated beds, and the number of these additional beds, disaggregated per region or province, and with due regard to the rate of infection or transmission in the said locality.

- 11. To date, there are 654 patients who have recovered from COVID-19. We hope to see plans and efforts to encourage plasma donation from these recovered COVID-19 patients.**

Plasma therapy has been highly effective in the treatment of severe cases, despite the cost and small number of survivors at the moment.¹⁷ In case of COVID-19, this kind of treatment has a long way to go, though. As of April 15, 2020, only seven patients have been treated with plasma therapy in St. Luke's, while PGH has only given 3 patients the treatment.¹⁸

Government should engage in research to understand the immunity generated by exposure to COVID-19, and encourage COVID-19 survivors to donate plasma through extensive information campaigns (such as on plasma donation eligibility), promotion, and post-recovery support (including financial aid or relief goods).

On Freer Movement Along the Supply Chain

- 12. We hope to see updates on the national supply chain plan for essential medical supplies, food commodities and other critical goods and products during the public health emergency, which, according to the 2nd Bayanihan Act Report is a partnership project between NEDA and the UP Public Administration Foundation.**

¹⁵ According to covid19stats.ph; Accessed April 21, 2020

¹⁶ Caveat: We applied the same 3.4% growth rate in the number of cases on the number of admitted cases

¹⁷ <https://www.history.com/news/blood-plasma-covid-19-measles-spanish-flu>

¹⁸ <https://www.rappler.com/newsbreak/iq/257917-explainer-convalescent-plasma-therapy-treat-covid-19-coronavirus>

On Gradual Lifting of Lockdown

- 13. We also reiterate our proposal on adopting a sectoral view in gradually lifting the lockdown, in order to dampen the impact of COVID-19 to the economy without increasing the risk of spread of infection.**

The Asian Development Bank (ADB) projects that the Philippines' GDP growth to be at 2% in 2020,¹⁹ which is clearly lower than last year's 5.9% growth, and is largely attributable to the COVID-19 pandemic.

To further reduce the potential economic losses brought about by shutting down of private establishments in various areas, we recommend the government to look into feasible set-ups in gradually lifting the lockdowns.

We propose identifying sectors whose current restrictions on movement may be lifted and may be replaced with more relaxed policies (such as social distancing and/or requirement to wear masks in workplaces), putting the following factors into consideration: (i) their risk of contributing to the spread of the virus, and their (ii) relative value of contribution to rebooting the economy.

Sectors with low risk of spreading the virus such as subsistence agricultural workers, workers in food and agricultural production, banking, finance institutions, and telecommunications, may be allowed to resume their operations, provided social distancing and monitoring may be put in place. Lifting of quarantine is also crucial for the latter, which are considered to be crucial in rebooting the economy.

Equally high value sectors such as logistics, transportation, and construction, may resume operations under strict monitoring of movement, social distancing, and regular COVID-19 random testing. Such is due to the fact that this sector may have high risk of spreading the virus.

In effect, considering their high risk of spreading the virus and relatively less urgent role in rebooting the economy, among the last priorities for lifting the lockdown include schools and educational institutions, as well as theaters and resorts.

¹⁹ <https://www.gmanetwork.com/news/money/economy/732505/adb-philippine-gdp-to-slide-at-2-in-2020-due-to-covid-19-rebound-to-6-5-in-2021/story/>