

**Intensifying the Fight Against COVID-19:  
An Urgent Appeal to our National and Local Leaders from A COVID-19 Health Policy  
Working Group**

Considering our country's fight against COVID-19 and its serious implication not only to our national healthcare system but also to our socio-economic development, and our way of life, we appeal to our national and local leaders to intensify, fast track and scale up efforts and actions to put an end to COVID-19.

Recognizing that the goal of national government is to reduce COVID-19 related deaths and morbidities, we underscore the importance of fact-based, decisive, and inspirational political leadership, innovative and adaptive governance approach, shared healthcare responsibilities of communities and families, and compassion for the poor, the vulnerable and the marginalized.

Drawing lessons from from our collective understanding of the pandemic and drawing from past experiences in crisis management, we are proposing concrete actions that would enable a catch-up plan to prevent the spread of infection, to strengthen our lines of defense and to eliminate or reduce the threat of COVID-19.

We urge the national and local governments to consider and adopt 4 important policy recommendations in the fight against COVID-19:

- 1. Knowing the true picture through a ten-fold increase in the number of people tested (PUIs and close contacts, frontliners and providers of essential services, high risk groups). .**

There is a need to test more and the time is now. We therefore welcome the government decision to conduct mass testing starting 14 April 2020.

The government must acquire, distribute, and utilize available and acceptable testing kits to further improve our screening, detection, assessment and management of presumptive COVID-19 cases. It should be made accessible to high-risk groups and frontline health workers at the local and community level, and those in health care facilities. We should also invest in increasing the capacity for the local production of testing kits to meet the demand and to be self-reliant.

We need to ramp up the capacity of our testing centers through a network of accredited hospital-based and stand-alone laboratories for COVID-19 nationwide, designating a team of technical experts from the DOH, WHO, and recognized experts from the academe to help guide hospitals and laboratories to comply with the standards in every step of the way, emergency hiring of molecular biology and biotechnology graduates to augment human resource requirements, and providing the needed transportation and logistical requirements to ensure timely delivery of test results.

- 2. Protecting health workers by ensuring availability of personal protective equipment and providing frontliners protection against threats of discrimination**

We emphasize the importance of providing personal protective equipment to our health workers. To guarantee adequacy and appropriateness to the need of health workers, the acquisition, distribution and use of protective gears should be based on the degree of risk exposure, on the intensity of care to be delivered, and its appropriateness to the healthcare settings. The government should tap and incentivize existing industry and firms capable of manufacturing protective gears as local sources of supply.

Training, both actual and Online, and retraining health workers on appropriate PPEs and its proper use should be done regularly. Proper implementation of hospital guidelines specifically on infection control, such as designating safety officers to ensure proper use and disposal of PPEs would also help in the task of minimizing risk and reducing harm of infection among health workers.

Government must also step in to ensure that health workers do not suffer from discrimination as they go about performing their assigned tasks. As such, we implore LGUs to pass resolutions to prevent acts that are discriminatory against health workers.

### **3. Balancing hospital and community-based healthcare management system.**

We welcome and encourage the designation of a dedicated COVID-19 hospital for critically ill patients. However, dedicated points of care to accommodate demand of COVID-19 patients must be organized, especially that there are other burden of diseases requiring equally important and essential healthcare services.

The modalities for establishing dedicated points of care for COVID-19 patients would include: (a) conversion of existing facilities into makeshift hospitals; (b) equipping local networks of hospitals to be able to attend to mild cases of COVID-19 and as referring hospitals; (c) designation of local quarantine facilities to effectively isolate person under investigation and monitoring; and (d) enabling communities and families to do home-based COVID-19 care support system.

The government should implement a unified and coordinated approach in organizing the dedicated points of care for COVID-19 patients, must fast track its establishment, and may incentivize private sector participation. This must also consider minimizing the contact between COVID-19 and non-COVID-19 patients.

With households and communities as first line of defense, government must invest in the empowerment of families, community organizations and barangay councils in continuing preventive and protective practices against COVID-19; continuing health promotion, education and communication for behavioral change; provision of mental health services; voluntary household and community risk assessment; and home-based care and case management.

The government should also encourage innovative and adaptive local government and community-based COVID-19 preparedness, readiness and response interventions. It must generate as much goodwill from all segments of society in order to mobilize the needed resources especially in resource challenged localities. Learning from successful interventions will be

critical in building models and templates of action for dissemination and replication by other communities and stakeholders.

With a number of medical, health, and allied professionals volunteering to augment existing human resources, continuous pooling and deployment of volunteers at the community level should be encouraged not only for current response but also to build preparedness and readiness for the resurgence of COVID-19 cases.

#### **4. Capacitating Local Government Units**

We acknowledge the important role that Local Government Units (LGUs) play in the fight to contain and mitigate the effects of the COVID-19 epidemic. However, we are concerned with the uneven service capacities and fragmented health systems at the LGU which lead to different levels of response to the outbreak. If we hope to win this war, all LGUs must ensure that health preparedness information that contain the guidelines, algorithms and protocols for response do not stop at the level of the Rural Health Unit but are shared with other local offices down to the Barangay. Along this line, it is now more than ever, that the Epidemiology and Surveillance Units mandated under Republic Act 11332 or the “Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act”, must be established and operational in all LGUs.

We urge the government, through the DILG, to mandate the activation and proper functioning of all Barangay Health Emergency Response Teams (BHERT) and the mobilization of all local health workers. The DOH and DILG, with the assistance of the various leagues, should provide technical and financial assistance to set up and identify a clear and functional COVID-19 referral, transport and communication system in all LGUs that takes into account the different points of care for COVID-19 patients.

Moving forward, aware that the original enhanced community quarantine period might be extended or modified, these proposals are needed pre-conditions prior to the lifting or modifying the community quarantine measures: implemented massive testing which shows a validated decline in infection cases; established community and household-based risk mapping and assessment; demonstrated capacity for home, community and facility-based case management to include quarantine and isolation; sufficient health workforce with full protection; and COVID-19-ready LGUs, with functional local health system that cascades health preparedness information down to the community, trained and ready primary health care workers, and have well-established hospital referral systems.

Recognizing that at some point, the government needs to calibrate the quarantine—from enhanced to general—measures towards normalcy, we encourage that only those who are immune, have considerably low risks, and engaged in priority and essential industries and services should be allowed outside established quarantine zones, provided that preventive and protective measures are put in place at different touchpoints.#

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