

SEDA HOTELS CONTINUES RAPID EXPANSION

The Philippine hotel brand now has 11 properties around the country, including city hotels, resorts and serviced apartments

Ayala Land's Seda hotel brand is going full-swing with its expansion program in key destinations around the country. Since its founding in 2012, this six-time winner as "Philippines' Leading Hotel Group" in the UK-based World Travel Awards (2014-2019) has built up its room inventory to more than 2,700 rooms spread over 11 properties in Bacolod; Cagayan de Oro; Cebu City; Davao City; Iloilo; Laguna; Makati; Palawan; Quezon City; and Bonifacio Global City (BGC), Taguig.

Senior Group General Manager Andrea Mastellone attributes the brand's aggressive expansion plans to high demand and positive market response. He explains, "Guests appreciate the vibrant locations of each hotel and its easy access to shopping, dining and entertainment options in an Ayala Land mixed-use development. We have stylish, modern facilities and our trademark Filipino hospitality combining service excellence and remarkable efficiency benchmarked with industry global quality standards."



Seda pertains to silk, a luxurious fabric that represents the brand's commitment to providing a seamless hospitality experience



Its first five hotels took the number one slot in their category in each of their cities. Its next generation of city hotels in Makati, Taguig, Cebu, and the Bay Area in Parañaque are bigger in terms of number of rooms, with added facilities befitting the location. The expansion has already seen the brand develop its first large-format hotel, Seda Vertis North with 438 rooms, and the 301-room Seda Ayala Center Cebu. Its first and flagship property, Seda BGC, now offers more than 520 rooms or almost three times its original inventory after the completion of an expansion tower.

The brand has also ventured into resorts and serviced apartments. Seda Lio is the first complete facility to cater to travellers in the Lio Tourism Estate in El Nido, Palawan. Seda Residences Makati, which opened mid-2019, consists of 293 serviced residences at the northern part of Ayala Avenue. Other ongoing developments are the addition of a new tower to Seda Nuvali, a hotel in the Bay Area, Paranaque, and another in Arca South, Taguig.

"Our ability to serve different markets through a range of product lines will allow us to quickly meet demand in underserved locations in the country. That is the advantage of our being a flexible homegrown hotel brand," says Mastellone.

But if there is one thing that Seda prides itself in, it is service, calling itself the "home of Filipino hospitality" where the best of tradition is applied to a modern-day setting. Seda is the first hotel brand to be named a Certified Gold Service property in Asia by the American Hotels and Lodging Educational Institute (AHLEI), affirming that Seda front-liners fulfill the highest international standard of service.

For hotel details and reservations, please visit sedahotels.com.

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HOTEL LOCATIONS

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Ayala Center Cebu, Cebu | Central Bloc Cebu, Cebu
Abreeza, Davao | Atria, Iloilo | NUVALI, Laguna
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If there is a silver lining to this pandemic, it is that courageous individuals emerge from the fold, helping to restore our faith in humanity.

Good Governance

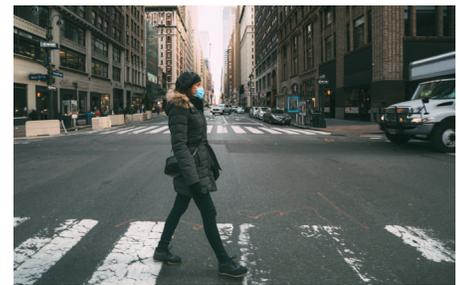


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BARANGAY CONNECTION

BY HELEN HERNANE
As the country eases up on lockdown conditions, DILG Usec. for Barangay Affairs Martin Diño reminds barangay officials to not let their guard down.



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Moving Forward Together

If there was a theme to this issue of *LEAGUE*, the reader will note that it's an issue of hope. Every page brings you a story with the underlying message that, despite the challenges we are facing, we will overcome.

When this began in December 2019 in Wuhan (see COVID-19: The Viral Timeline, page 10), the world had no clue the virus would result in the pandemic we are experiencing today, as one by one all the world closed its borders and stayed home.

With the global case count now in the millions, each country struggled to contain the virus (The Global Response to COVID-19, page 40) and the world's economies slowly ground to a halt moving toward a recession. Everywhere in the world, people struggled to find solutions to the many problems that sprung from the very basic need of providing necessities to people unable to go to work and provide for their families.

These past few months we have seen heroes in our midst, starting from local governments that, through ingenuity and perseverance, delivered essential services to their constituents; the strategic use of social media by the City of Manila to communicate policy and responses; the quick and varied responses taken by the City of Pasig, like disinfection of public spaces, the conversion of motels to quarantine centers, and the acquisition of PPEs; the Makatizen card of the City of Makati through which contactless benefits are delivered to constituents; the Bangsamoro Autonomous Region of Muslim Mindanao's conversion of forest lands into survival gardens, a long-term plan to ensure food security; the distribution of free seeds for farming in Kidapawan City; the tapping of grocery service providers to deliver goods to people in General Santos City, and many more innovative ways to deliver help to our countrymen (Overcoming COVID-19, page 22).

Not the least of all these efforts were the many meaningful efforts of individual citizens, nameless common folk with uncommon valor, who donated time and resources to help strangers during this trying time: Rosalia Ducut, a barangay health worker who decided to leave her family behind to volunteer in Lubao, Pampanga; Sonny Dacumos, a Saudia Airline aircraft ground engineer who through his dedication to his job, helped bring home hundreds of OFWs; Dan Ramon Geromo aka "SpiderDan", an associate creative director, who went around the city distributing goods in a Spiderman costume; Muriel Vega Perez, a makeup artist, who distributed relief goods to informal settlers in Makati; and PCOO Asec. Kris Ablan, who created a Facebook page to connect workers who still had their salaries with workers who were unable to go to work, and received no pay enabling those who could help to assist those who needed help. (Courage in the time of COVID-19, page 48).

Despite the bleakness that surrounds us, we are also witness to the Filipino spirit of *bayanihan*, alive and well during any crisis and especially fervent during this pandemic. It is this undaunted spirit of the Filipino that we at *LEAGUE* proudly feature in this issue.

JAVIER P. FLORES
Publisher

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THE PHILIPPINES: In the face of





a Pandemic



COVID-19: The Viral Timeline

The COVID-19 pandemic forced the world into a “new normal,” causing the global economy to plummet. It all began on December 31, 2019. What has happened since?

BY GRACE BAUTISTA

December 31, 2019



The Wuhan Municipal Health Commission in China reported a pneumonia outbreak in Hubei Province. A novel coronavirus strain was then identified.

January 4, 2020

The World Health Organization (WHO) announced that they have begun investigating the cluster outbreak cases of pneumonia of unknown cause in Wuhan, China. There were 44 suspected cases. Most of the affected worked at the Huanan seafood market.



January 22 to 23



Confirmed number of cases was at 580, according to China’s National Health Commission. WHO Director-General Tedros Adhanom Ghebreyesus decided not to declare the outbreak as a “public health emergency of international concern” yet. Wuhan shut down public transportation, including railway stations and airports. Other Chinese cities also went into lockdown and the Forbidden City was closed. Then, the 2019-nCoV was reported in Singapore and Vietnam, and the Philippines stopped accepting flights from Wuhan, China.

January 24 to 27



Around 500 Chinese tourists in the Philippines were flown back to Wuhan, China. Fourteen people were under investigation in the Philippines for suspected coronavirus infection. More countries reported cases of 2019-nCoV: the United States of America, Nepal, Australia, France, Malaysia, Canada, Cambodia, Germany, and Sri Lanka.

February 11

WHO declared the official name of the novel coronavirus: COVID-19 or Coronavirus Disease. WHO Director-General Ghebreyesus said COVID-19 is a “very grave threat for the rest of the world.”



February 27 to 28

Ghebreyesus advised countries to act aggressively to contain the virus as the global risk of COVID-19 spread was raised to “very high” and 46 countries had reported cases.

Six months into the pandemic, over 9 million infections have been confirmed worldwide and the numbers continue to climb. COVID-19 has a current R_0 (pronounced r-naught) of 2 to 2.5, which means that an infected person spreads the virus to an average of 2.2 people. With a global death toll of more than 400,000, it is vital that the R_0 decreases for the pandemic to end. Countries are scrambling to curb the spread of the virus and various economies are taking the brunt of the hit. When and how did this all start?

January 7

China identified the new strain of Coronavirus, referred to as “2019-nCoV,” as the cause of the outbreak. Two days later, the first death linked to the novel coronavirus was reported in Wuhan.

January 12 to 17

China shared the genetic sequence of 2019-nCoV and reported the second nCoV-related death. Initial cases of nCoV outside China were reported in Thailand and Japan.



January 21

WHO confirmed human-to-human transmission of 2019-nCoV. The total number of cases was at 222.

January 28 to 31



The Department of Health (DOH) convened the first meeting of the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases. Confirmed cases worldwide were more than 11,000. WHO Director-General Ghebreyesus declared the 2019-nCoV outbreak a “public health emergency of international concern.”

February 2

The Philippines reported the first 2019-nCoV-linked death outside of China—a 44-year-old Chinese national. The patient was a companion of a 38-year-old woman who was the first confirmed coronavirus case in the country. Travelers from Mainland China, Hong Kong, and Macau were banned from entering the Philippines.

February 9

The global death toll for 2019-nCoV reached the 800 mark, surpassing the death toll of the 2002 and 2003 Severe Acute Respiratory Syndrome (SARS) epidemic, which had 773 recorded deaths.



March 6 to 8

The Philippines reported its first local COVID-19 transmission. He was a 62-year-old man who had no recent foreign travel. The patient died on March 12. Four new cases were confirmed by the DOH, which brought the total number in the Philippines to 10. Globally, the total number of COVID-19 cases had already exceeded 100,000, and over 100 countries had reported cases of COVID-19.

March 9

President Rodrigo Duterte declared a State of Public Health Emergency.



March 12

March 11

Ghebreyesus declared the COVID-19 as a pandemic. The global death toll was more than 4,000. In the Philippines, confirmed cases were reported in Visayas and Mindanao.



President Duterte placed Metro Manila under community quarantine, which was set to end on April 13. The travel ban was extended to all countries with local transmission.

March 16

Enhanced Community Quarantine (ECQ) was imposed in the entire island of Luzon. "This is the defining global health crisis of our time," Ghebreyesus said in a press conference.

March 28

The Philippines reported more than 1,000 cases of COVID-19. Globally, the total number of COVID-19 was more than 600,000. Lockdown measures in Wuhan were easing up. Spain and Italy reported record-high daily death figures—832 dead in Spain; 889 dead in Italy.



March 31

After three days, the confirmed number of COVID-19 cases in the Philippines doubled and surpassed 2,000.

April 2

Worldwide, COVID-19 infected more than one million people.

April 21

Global total of COVID-19 cases was more than 2.5 million. WHO COVID-19 Incident Manager for Western Pacific Abdi Mahamud announced that healthcare worker infections from COVID-19 in the Philippines were high at 13%. The estimated average in the region was around 2% to 3%.



April 24

President Duterte extended the ECQ in high-risk areas in Luzon (including Metro Manila) until May 15. Low-risk areas were placed under General Community Quarantine (GCQ). More than 7,000 COVID-19 cases were confirmed in the Philippines.

April 25 to 27

More than 200,000 people in the world had died due to COVID-19. The total number of confirmed cases worldwide was more than 3 million.

May 9

Globally, more than 4 million people were infected with COVID-19.

March 19

The global number of confirmed cases was over 200,000—less than two weeks after the total had reached 100,000. Wuhan, China reported no new cases, a first since the outbreak began.



March 22 to 24

The total number of confirmed cases worldwide was 300,000. Two days later, the total reached 400,000. President Duterte signed the “Bayanihan to Heal as One Act,” which granted him



special powers to realign the national budget for COVID-19 response.

April 3

The Food and Drug Administration (FDA) approved the first locally-produced COVID-19 test kits, which were made by scientists from the University of the Philippines-National Institute of Health (UP-NIH). According to the Asian Development Bank (ADB), the global economic impact of the COVID-19 pandemic is estimated at US\$2 to \$4 trillion. For some countries in Asia, except China, economic losses could reach up to US\$200 billion.

April 7

Luzon-wide ECQ was extended until the end of April. The following day, China lifted the lockdown in Wuhan.



April 9

Confirmed total number of COVID-19 cases in the Philippines was more than 4,000.

April 15

The global number of confirmed COVID-19 cases surpassed two million.

April 18

In the Philippines, more than 6,000 were infected with COVID-19.

May 10

Wuhan, China reported its first new COVID-19 cases since April 3. A cluster of cases was reported in Wuhan the following day.

May 12

Philippine Presidential Spokesperson Harry Roque announced that Metro Manila, Laguna Province, and Cebu City were to be placed under Modified ECQ until May 31. The total number of reported COVID-19 cases in the country was more than 11,000 and more had died because of the virus.



After months of living amid a pandemic, people have been slowly adjusting to the “new normal.” This involves social distancing; video conferences in lieu of meetings, weddings, and birthdays; work-from-home arrangements; and delivery transactions for essential goods.

HOW AND WHEN WILL THIS PANDEMIC END?

WHO Director-General Tedros Adhanom Ghebreyesus noted in a press conference on April 22 that outbreaks in Western Europe “appear to be stable or declining.” But he warned that despite the low figures, upward trends had been reported in Africa, Central and South America, and Eastern Europe.

“Most countries are still in the early stages of their epidemics. And some that were affected early in the pandemic are now starting to see a resurgence in cases. Make no mistake: We have a long way to go. This virus will be with us for a long time,” Ghebreyesus cautioned. |

LESSONS ON PANDEMIC PREPAREDNESS

BY HELEN HERNANE

PHOTOS BY TEDDY PELAEZ

As Metro Manila shifts to GCQ, DILG Undersecretary for Barangay Affairs Martin Diño reminds barangay officials to remember their roles and fulfill their key duties.



With over 42,000 barangays nationwide under his helm, DILG Undersecretary Martin Diño has a daunting responsibility. According to the definition of the Local Government Code, barangays are the most basic political unit in the Philippines. Hence, interventions should have been done early on at this level to mitigate the impacts of the COVID-19 pandemic.

“There should have been barangay-level consultations first. As early as February 3, we released a memorandum circular regarding the Barangay Health Emergency Response Team (BHERT). Then we released another memorandum circular last February 6. We directed the use of PPEs (personal protective equipment) and barangay isolation units. If these were done [properly], then we wouldn’t [have reached] this point,” Diño pointed out.

As of June 2, the number of confirmed COVID-19 cases in the Philippines was at a staggering 18,638 and the death toll was nearing a thousand. The undersecretary, however, admitted there is no sense in pointing fingers. Since President Rodrigo Duterte has placed the entirety of Luzon under lockdown, barangays have been making sure that most people stay inside their homes. Only those with quarantine passes are allowed to leave their homes for work or to buy essential goods (groceries, medicine, etc.)

“The first problems we [had] encountered [following the lockdown order] were social distancing violations. There were reports of cockfighting, drinking in the streets, bingo, and gambling. Next, when we issued quarantine passes, some barangays asked for payment— anywhere between P10 to P500,” the undersecretary revealed.

On March 22, DILG Secretary

Eduardo Año released another memorandum circular stating that barangays should maintain social distancing and that charging people for quarantine passes is illegal. The guidelines included curfew, mobilization of BHERTs, checkpoints, among others.

“You should be ashamed of yourselves. I will make sure that those who abuse their authority will be put behind bars. In this time of crisis, you manage to fool your own fellowmen. You are expected to help your people, not cause them more suffering,” Año said.

President Duterte signed the Bayanihan to Heal as One Act on March 24. This authorized the president to “reallocate, realign, and reprogram” the national budget for the pandemic response. The act also created the Social Amelioration Program (SAP), which aims to give



"Our barangays are ready. If they give us the opportunity and trust, we can take on the responsibility."

18 million low-income households emergency subsidy, apart from the 4.4 million households who are currently receiving assistance through the Expanded Pantawid Pamilyang Pilipino Program (4Ps). Those qualified are entitled to receive a subsidy ranging from P5,000 to P8,000 depending on regional wage rates.

"Then we received complaints that *kapitan* prioritized his own relatives or that the *kagawad* only gave [subsidy] to their political allies. Allegedly, some barangay officials would ask for 'donations' or charge a 'processing fee' of P1,000 to P3,000," Diño shared. "Secretary Año ordered us to redirect complaints about graft and corruption regarding the SAP to the CIDG (PNP Criminal Investigation and Detection Group)."

Since then, their office has been focused on the rest of the complaints: those regarding social distancing, distribution of relief goods, and more. Since March 1, they have set up a DILG Emergency Operations Center that operates 24/7. "We have three teams that roam around Metro Manila daily, even on weekends or holidays. They verify and validate complaints that we receive within Metro Manila. If we receive complaints that are

outside of Metro Manila, we forward them to provincial or regional offices," the undersecretary shared.

If they have received at least 30 complaints about a single barangay, they send out the team for verification. Diño said that they have filed over 200 show-cause orders to errant barangay officials. They are required to respond within 48 hours.

"When we receive around 30 to 100 complaints in one barangay, we check if the complaint is untrue and if they are just politicking. Or is the barangay official really incompetent or corrupt?" Diño said. "When we see that there is a probable cause of complaint, we file a case against the barangay official."

Now that Metro Manila has shifted from Enhanced Community Quarantine (ECQ) to General Community Quarantine (GCQ), lockdowns are only ordered in certain hotspots. Street-level, sitio-level, or barangay-level lockdowns are implemented based on the discretion of the city. Should the metro-wide lockdown be implemented once again, however, Diño ensures that barangays are ready.

"Our barangays are ready. If they give us the opportunity and trust, we can take on the responsibility. Because first of all, who knows the people within a barangay? They don't know,

not the Mayor, DSWD, or police. No one knows the people like barangay officials do," he said.

But he offers a message of caution to the millions of barangay officials. "This is your time to prove that when the Senate and Congress decided to extend your term, they did not make a mistake. We were supposed to hold the [barangay] elections this May, but the President postponed it. To those barangay officials who are lazy and corrupt, especially regarding the government subsidy, we will definitely come after you." However, despite the numerous complaints his office has received about errant barangay officials, Diño also offered his gratitude to those who have been doing their job well.

"To our fellow Filipinos, we understand your sacrifice. As much as possible, follow government orders. If you go outside, please wear a face mask. Practice personal hygiene. There is no cure or vaccine for COVID-19 yet. Anybody can be infected. So if you have nothing to do or if you can, please stay home," the undersecretary ends. | ■

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Together We Fight

Pinoy ingenuity steps up to launch innovative solutions to help mitigate the deadly spread of COVID-19

BY LAKAMBINI BAUTISTA



Pinoy-made COVID-19 test kit

These low-cost COVID-19 test kits developed by UP scientists help expedite the process and turnaround period for COVID-19 testing

When the looming threat of the COVID-19 pandemic turned up at the onset of the year, our Filipino scientists from the University of the Philippines (UP) knew they had to be on their toes. As soon as the genome sequence of COVID-19 was made available by the World Health Organization (WHO) on its website, experts from the UP Manila-National Institutes of Health (UP-NIH) and the Philippine Genome Center (PGC) mobilized to develop a test kit that would help curb the spread of the novel coronavirus in the country.

When UP was summoned at the Senate and asked what the country's scientists could do, NIH's executive director Dr. Eva Maria C. Cutiongco-dela Paz and PGC's deputy executive director Dr. Raul Destura told the Senate that they have a ready testing kit.

It took several weeks of intensive research, testing, and field validation, made possible through the funding from the Department of Science and Technology-Philippine Council for Health Research and Development (DOST-PCHR). On April 3, the Food and Drug Administration (FDA) approved the COVID-19 test kit for commercial use (FDA Advisory No. 2020-513) after the third-party evaluator submitted its interim report of the kit.

The GenAmplify Corona Virus Disease-2019 rRT PCR Detection Kit is manufactured by Manila HealthTek Inc. "It offers a real-time detection of SARS CoV-2 (COVID-19) in respiratory samples using a one-step multiplex real-time PCR platform," explains the company on its Facebook page. "The gene-specific primer and probe sets can amplify SARS CoV-2 RNA with high specificity and efficiency."

Manila HealthTek Inc. was founded by Dr. Destura, a microbiologist and biotechnologist, as an avenue for research and development efforts in creating affordable, portable, and reliable testing kits for infectious diseases. He considers it as a spin-off from the studies conducted by experts in the university, where they can see the practical application of their research. An earlier test kit for dengue he and his team had developed is also being produced by the company under a license granted by the university's Board of Regents.

Team effort

Dr. Destura says the whole process of developing the kit was very tedious. "*Bawat prosesong, may team of scientists. And then we convene—umaga tanghali, gabi, madaling-araw—kasi we lacked time!*" he shared at the media briefing held in PGC.

One simple test clearly was not enough; they had to repeat every step of the way 40 to 60 times to prove the technology's sensitivity and specificity. Dr. Destura's role in the team was to "validate their findings, challenge the results, and give solutions when they're hitting a wall."

Dr. Destura explains that like the existing COVID-19 kits, GenAmplify COVID-19 rRT-PCR Detection Kit uses the same PCR (polymerase chain reaction) technology. But unlike the other platform that requires the test to be done thrice (for a total of about six hours), their version of the technology employs a single step multiple detection system, which has a turnaround time of 1 to 2 hours.

Known for developing low-cost, low-technology driven diagnostic platforms for the control of infectious diseases in the Philippines, Dr. Destura's GenAmplify costs only around P1,320 per test, in contrast to the foreign kit that costs around P8,500 per test. A total of 23 samples can be tested with one kit.

The testing is done in two ways—via nasopharyngeal brush (inside the nose) and throat swab. Once collected, the specimen is placed in a sealed container and sent to the laboratory (at least biosafety level 2), where it will be examined by the medical technologist.

Taking fashion ingenuity to the next level

This Pinay fashion designer did not allow her medical condition to hamper her ability to help our frontliners



Fashion designer Mich Dulce has been based in London, where she's taking up social entrepreneurship as a Chevening scholar. At the time of the pandemic, she's considered a high risk individual because she has Grave's disease and severe asthma. "I can't go back to the Philippines. I'm actually not allowed to leave my room until June because of COVID-19," she says. But this didn't stop her from doing something to help out.

"My belief is, everybody has skills that can be used to do something good, to help their country. So if someone says there is a need for something and you know you can make it, why won't you volunteer to make it?" Dulce says, in light of the lack of personal protective equipment (PPE) for medical frontliners.

She saw a Facebook post by her college friend Cynthia Diaz, whose mom is a fabric supplier. Her friend had rolls of 75gsm non-woven fabric and was asking if anybody could turn them into PPEs. Dulce immediately messaged

her: "Akin na 'yan. Let's do it; let's make PPEs."

Dulce wanted to make a PPE that doctors could use, so she borrowed a set from Vice President Leni Robredo who she knew had been distributing PPEs to hospitals. Dulce is a partner of *Angat Buhay*, an initiative spearheaded by Robredo.

The designer's initial plan was to have her *mananahi* make the PPEs in her Manila studio, but then realized her team was too small and wouldn't be able to make that many PPEs. "I thought, if a lot of people would start making PPEs, then that's where we can make a difference," says Dulce.

Hence on March 20, Dulce appealed via Facebook to her friends in the fashion industry to DM her if their studios/factories were still in operation amid the lockdown, or if they had sewers with the capacity to work from home, so they could produce some PPEs. She also made a call to fabric shop owners to check their stocks if they had at least 50gsm non-woven fabric, taffeta, and waterproof umbrella fabric.

The following day, March 21, Dulce posted an announcement that they had already assembled a small team of volunteer sewers and fashion business owners via an FB group called Manila Protective Gear Sewing Club.

By March 23, Dulce woke up to their group having close to 400 volunteers willing to make protective suits for the frontliners, after *Preview* wrote about her call for help. By this time, Stephanie Tan, finance director of *Dakila* and senior program officer for Governance of The Asia Foundation had already joined Dulce's team, ensuring the transparency of all the material donations that they were getting.



On that same day, too, their call was amplified when Robredo posted on her Facebook account a call to “all industrial designers, fashion designers, architects, engineers etc. to come up with alternative designs for PPEs with readily available materials that could be produced and sourced locally.”

As soon as they got the PPE sample, Dulce and her team buckled down to work. Her studio manager Lea Enpalmado worked on the pattern. AJ Dimarucot, the founding director of the Communication Design Association of the Philippines (CDAP), digitized the pattern, while Candy Maristela, a faculty member of the UP Department of Clothing, Textiles, and Interior Design, helped make the tech pack, which would contain all the necessary components needed to construct the PPE.

The minute they finished the tech pack, Dulce uploaded it to the Open Source COVID-19 Medical Supplies on Facebook, which was run by Gui Cavalcanti in Berkeley, California. “They were super impressed!” Dulce enthuses. The group’s medical team reviewed their suit design and suggested they make it out of the Tyvek 1433R (i.e. thin and flexible covering). However, the said material is not available in the Philippines, so the team of Dulce had to look for alternatives.

Dulce says uploading the PPE pattern on Open Source allowed them to share important information that could be used globally. “COVID-19 is a global emergency. Everybody in the world needs this pattern. So it would really make a difference if it’s open sourced,” she says. She’s happy to note that she’s been receiving messages from as far as Egypt, Morocco, Botswana, Australia, Indonesia, and Thailand showing appreciation for their team’s effort in making the tech pack.

To make sure that the PPEs are constructed well, Dulce’s team sought the approval of medical professionals from the Medical City South Luzon. Dr. Cesar Espiritu, President and CEO of the hospital, notes the important features of the PPE: “First, the material has to be waterproof to prevent body fluids from contaminating the wearer. Second, if possible, it’s also breathable so that it is more comfortable, but this should not compromise the waterproof feature. Third, the suit should cover the body from head to foot without any spaces that will allow air or fluid to enter (paying particular attention to the face, wrists and ankles). Garterized ends are preferable,” he notes.

The suit should also be easy to put on and easy to take off (ideally it should have a zipper). Espiritu suggested a two-piece suit alternative

to a bunny suit for women, as it’s easier for toilet necessities. Finally, he reminded them that seams and stitches should be well-made and should not tear or come apart easily.

It took more than 48 hours of going back and forth until their prototype was approved for doctor’s use. It was made by Joey Socco using Taffeta Silver Back Lining, which was suggested and donated by Dr. Reina Tajonera. The final approval was facilitated by Dr. Jesus Julio Ancheta, an infectious diseases expert and the Chief Medical Officer of TMC-South Luzon.

Dulce emphasizes that none of their suits are for sale. “Everything is to be donated. Everybody who is sewing as part of Manila Protective Gear Sewing Club is not getting paid. The designers and business owners are all paying their sewers from their own pockets and are making them as donations. The suits are given for free.”

She is also happy to note that their project has snowballed into a bigger initiative. Dulce had also gotten messages from *mananahis*—they’re not even business owners—saying ‘*tutulong kami, Ma’am.*’ They are willing to make use of their time *habang wala silang tahi*. Others are hobbyists who own a portable sewing machine. For me, that’s the spirit of *bayanihan*. There is no effort too small, all these efforts count,” says Dulce. They have sewers from Bulacan, Malabon, Cavite, and Makati. She even received messages from Baguio and Iloilo saying they have replicated the project in their respective cities.

One thing that Dulce observed while organizing this initiative is that the spirit of *bayanihan* is still very much alive in Filipinos today. All it takes is for someone to spark it.



Protecting the frontliners

Iloilo Science and Technology University studies ways to make hazmats reusable and safe

Due to the high infection rates of COVID-19, PPEs and hazardous material suits (hazmats) must be immediately disposed of after every use, making them high-demand commodities that must be restocked in every clinic and hospital across the country. Unfortunately, these are also expensive and put a heavy dent on already strained resources of many hospitals and facilities.

To address this, the Iloilo Science and Technology University (ISAT-U) has been exploring ways to make hazmats reusable by studying and developing ultraviolet C sterilizers. These UVC sterilizers can help reduce the demand for hazmats and reduce medical waste. The group had also produced washable face masks, face shields, and aerosol protection boxes for numerous communities, organizations, and hospitals in Iloilo through the support of the local government and the Iloilo United Hazmat Volunteers.

In addition to these sterilizers, the team has also been working on the prototypes of ventilators and swab booths for frontliners, shares ISAT-U president Dr. Raul F. Muyong. These hopefully will be ready by the latter part of the year.

According to Muyong, the team was approached by the Commission on Higher Education (CHED) to work on these as ISAT-U has the facilities to develop such equipment in its FabLab (fabrication laboratory), which was provided by the Department of Trade and Industry (DTI). This is the sole laboratory of its kind in the Western Visayas.

The prototyping initiative was led by the Office of Research and Extension, which is also supported by the DOST and CHED. As with most new prototypes, each innovation will have to undergo thorough study, testing, and medical review. The ventilators will also need clearance from the FDA.

“We believe that ISAT-U has a social responsibility to help our frontliners and health practitioners in fighting COVID-19. As a university of science and technology, we have the capacity to produce washable face masks, face shields, aerosol boxes... As long as there are requests, we will try to produce,” Muyong said. “We are very much positive that through this research, we can produce something for humanity.”

To protect and disinfect

Jose Rizal Memorial State University makes fully automated disinfectant chambers using readily available, recyclable materials

South of the archipelago, in Zamboanga del Norte, the Jose Rizal Memorial State University (JRMSU) are combating the disease using a scientific and ingenious approach, developing disinfectant chambers right out of its Fabrication Laboratory (FabLab).

Like many other cities and communities, Zamboanga del Norte was placed under quarantine, and thus materials were hard to come by, adding another layer of difficulty to producing the chambers, shared Engineer Andrew Gallemit, head of the FabLab.

So the team got creative and sourced materials that were readily available to them such as unused items around the campus like hoses, scrap wood, plastic, micro-sensors from robotics class, and even fuel pumps from automotive junk.

The disinfectant chamber works using sensors to diffuse a mist of disinfectant over a person for a quick and efficient “cleanse.” It is highly automated, and the mechanism simply sprays the disinfectant once the micro-sensors detect that a person is inside the chamber via body heat. In Manila, some forms of these chambers have been used at malls and public markets to mitigate the spread of the disease in especially high foot traffic areas.

Thanks to their successful prototype, neighboring local government units immediately began requesting to have these made for their respective communities. JRMSU donated two chambers - one to the Jose Rizal Memorial Hospital and another to Zamboanga del Norte Medical Center, with plans of ramping up production.



AI on the rise

Artificial intelligence is harnessed in thermal scanning drones

As one of the key symptoms of COVID-19 is a high grade fever, detecting high body temperature accurately is deemed an effective mitigation measure to help save lives and prevent further infection within a community.

Guards and personnel manning the checkpoints at malls, public markets, and other buildings usually are armed with handheld thermal scanners. However, as temperatures are taken within mere feet of a person, these face-to-face encounters expose people to possible transmission.

Helping to address this risk and protect frontliners, thermal scanning devices presented by the DOST became an exciting innovation, merging artificial intelligence, thermal scanner technology, and drones to check temperature of a population.

For these devices, DOST allotted P561,000 for the production and testing of the initial six units, and is working with DWARM Technologies, FEU, and UPSCALE Innovation Hub to refine the prototype. Other partners in the project include Orbital Exploration (OrbitX) Technologies and PLDT Innohub.

The AI-enabled thermal scanner drone can transmit data in real time and can scan up to 10 people at a time. Upon detecting a suspected individual, the drone will buzz, immediately capture a photo, and notify monitoring personnel and/or the operator. These drones can be controlled from as far as 2km from base.

The DOST envisions to use these at checkpoints along major thoroughfares such as the South Luzon and North Luzon Expressways.

“Our technology before was primarily used for detecting possible survivors in an aftermath of a calamity by using only a thermal camera for the AI programming. As a solution for COVID-19, we combined two AI detections – a video camera for the detection of a person and a thermal camera for the recognition of heat signatures,” explains Samantha Bautista, the lead engineer of the project.

In times of crisis, especially one that concerns public health, research and development become pivotal in the survival of a population.

The future of telemedicine

With physical distancing and local lockdowns as part of the “new normal,” the RxBox fulfills a crucial role in extending medical help to inaccessible communities



Despite the lifting of the lockdown in many of the cities across the Philippines, many are encouraged to stay home to prevent future flare-ups and avoid the “inevitable” succeeding waves of infections.

Even as the government eases restrictions on work and mobility, this doesn’t mean that it’s entirely safe to go out. Helping to protect doctors and medical frontliners most especially, the National Telehealth Center (NTHC), an agency that focuses on innovations and interventions in health, proposed the more expansive utilization of the RxBox, a 5-in-1 biomedical telemedicine device.

Conceptualized around 2007 by Dr. Alvin Marcelo, then NTHC director, and Dr. Luis Sison of the UP Diliman College of Engineering, this innovation enables the capturing of medical signals and data without the typical doctor and patient in-person consultation.

The RxBox is designed with a blood pressure monitor, electrocardiogram, fetal heart monitor, maternal tocometer, and a pulse oximeter. In addition, the RxBox makes data gathering more efficient, able to transmit and store patient records through its unique e-filing system (the Community Health Information Tracking System or Chits). With the data gathered, information can be sent quickly to doctors and specialists and improve the referral system by facilitating teleconsultations.

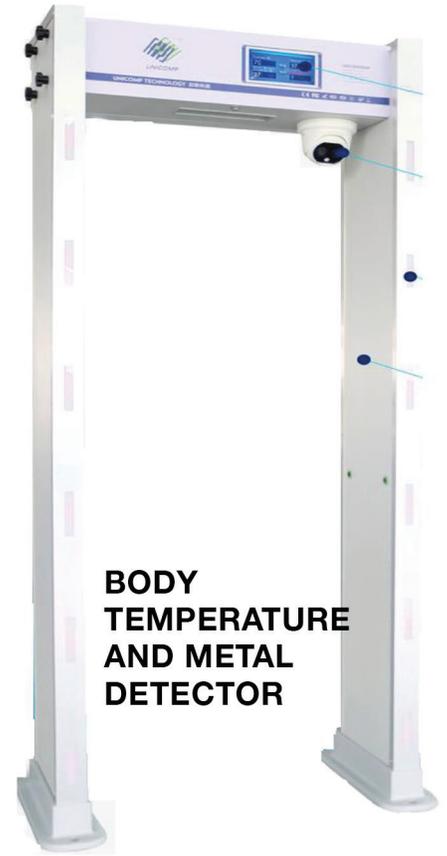
The RxBox was designed primarily to help those in geographically isolated and disadvantaged areas (GIDA). Now, health workers through the help of this device can diagnose, monitor, and even treat patients in farflung communities.

“[RxBox] lays groundwork for a telehealth enabled service delivery network. *Ito yung* concept ng DOH, *na* really connected *lahat*, you could transfer patients. Information is shared so if you needed to be referred to a better-equipped hospital, *alam nila*,” explains Dr. Portia Grace Marcelo, RxBox project leader.

To date, RxBoxes have been used in Marikina and the Davao region—namely Lupon, Governor Generoso, Baganga, and Caraga, Davao Oriental; Talaingod, Davao del Norte; and Maco, Compostela Valley Province. The group is aiming to distribute hundreds more soon around the country. |■



**BODY TEMPERATURE
DETECTOR AND
DISINFECTING INSTRUMENT**



**BODY
TEMPERATURE
AND METAL
DETECTOR**



BODY TEMPERATURE DETECTOR



**FACIAL
RECOGNITION &
TEMPERATURE
INDICATOR**



ONE CORPORATE CENTRE, JULIA VARGAS STREET,
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PASIG CITY, METRO MANILA / # 0945-675-0895

Overcoming COVID-19

Here, we shine a light on some of our government leaders' laudable COVID-19 responses, so that we can further capacitate our health systems and future-proof our cities and provinces against all types of crises.

The COVID-19 pandemic posed an unprecedented challenge to our government leaders. This unseen enemy sacrificed the lives of numerous frontline health care workers, put our economies on hold, and changed the way we live. The experience taught our public servants painful yet valuable lessons, and tested their leadership.



**Risk Communication
and Community Management**

CITY OF MANILA

How Mayor Isko Moreno keeps his people safe and informed



IN TIMES OF A PANDEMIC like COVID-19, effective communication strategies must be utilized to inform the community about the measures being implemented by its local government to curb the spread of the virus. The City of Manila, under the leadership of Mayor Isko Moreno, has been exemplary in this respect.

Since Day 1 of his mayorship, the city chief has been using social media—particularly Facebook—as a tool to engage his constituents. On his page, the Mayor talks about his short- and long-term plans for the city, his opinions on issues affecting Manileños. He even takes his viewers with him on his nightly visits to different areas of Manila, when he personally checks the progress of the projects he has implemented. It has also become a habit for Manileños to watch his State of the City Address.

So when the COVID-19 pandemic occurred, the City of Manila had already established a strong relationship with its constituents. Manileños had a common space to virtually meet, get the latest updates on COVID-19, report the plight of their barangays, air sentiments, and send messages of appreciation and encouragement.

When news of outbreak erupted, Mayor Isko immediately informed his city about the implementation of CODE-COVID-19 (Contain and Delay). His online presence helped ease people’s fears, knowing that their Mayor was on top of the situation.

The mayor’s social media team also posted real-time video coverage of the mayor and vice mayor’s visits to different areas in Manila, press briefings, distribution of cash pensions, and other official engagements.

On Mayor Isko’s Facebook page, they regularly remind citizens to wear a face mask, observe social distancing, and practice regular handwashing. Art cards providing clear and concise information about COVID-19 and empowering messages for frontliners were also posted regularly.

There are daily updates on the city’s relief operations, clearly observing transparency in reporting donations received. Posts are accompanied by a photo or video of actual cash, checks, and goods received. People are also informed about the implementation of new ordinances and executive orders (e.g., the curfew imposed in keeping with the enhanced community quarantine, the closure of malls and similar establishments, and the 48-hour hard lockdown in Tondo), the schedule of Kadiwa Rolling Store’s delivery of fresh products and vegetables, and other relevant news.

It is easy to reach the mayor for any COVID-related concerns. People are highly encouraged to participate in the Digital Health Survey, made available on Mayor Isko’s FB page, which is one way for the city to track its COVID-19 cases. Follow-ups with PUIs are done by the Manila Emergency Operation Center Hotline (MEOC).

The Facebook page of the Manila Public Information Office (MPO) also provides supplemental information—such as giving advisories on targeted mass testing and the provisions for residents (e.g., milk for seniors, distribution of allowance for students). The MPO also provides statistics related to COVID-19—number of cases, deaths, and recoveries.

To provide more comprehensive, accurate, and up-to-date information about its COVID-19 response, the city launched www.mayorofmanila.ph last May 6. The website has a section devoted to COVID-19, so people can see how their city is working 24/7 to stay ahead of the virus. Manileños can also access the COVID-19 Digital Health Survey via the website.



Strategic Preparedness and Response

PASIG CITY

Mayor Vico mitigates the impacts of COVID-19 through prevention and precaution

COMBATTING COVID-19 is tougher than we thought. This vicious enemy has spread all over the world at a frighteningly rapid pace and has infected millions of people. On the local front, it was a relief that there are leaders like Pasig City Mayor Vico Sotto who launched aggressive prevention and precautionary measures to mitigate the impacts of the pandemic. His governance mantra: Hope for the best, but prepare for the worst.

On March 8, the first-time mayor met with the people in charge of the Rescue Emergency Disaster (RED) Training Center and went live on Facebook to explain to Pasigueños the measures that they were taking to prepare for the impact of COVID-19. He discussed the protocols they had set for managing PUMs (persons under monitoring), PUIs (persons under investigation), and patients confirmed positive of COVID-19. He encouraged those who feel possible coronavirus symptoms to call the city’s COVID Hotline, and assured the public that they are in close coordination with the Department of Health (DOH) in coming up with the best decisions based on guidance from experts.

Dr. Stuart Santos, its assistant city health officer and point person for COVID-19-related concerns, re-briefed some of Pasig’s health workers about protocols and dealing with symptomatic patients.

To prevent the spread of the virus, Mayor Vico immediately instructed the disinfection of public places in Pasig, which included 45 public schools, the City Hall and its annexes, the Mega Market, and other key areas. The frequently visited areas are disinfected daily. To multiply the efforts of the city’s disinfection team, the local government turned over 500 sets of backpack sprayers with disinfectants and personal protective equipment (e.g., hazmat suits, face shields, gloves, and boots) to its 30 barangays. Pasig also procured drones—three units of DJI MG-1P—to disinfect the city. According to DJI’s website, this octocopter is usually used in agriculture, and can carry 10 kilos of fluid to assist in pesticide and herbicide delivery.

Sanitation tents were installed at the entrances of the City Hall, Pasig City General Hospital (PCGH), at Pasig City

Children’s Hospital (PCCH). The city also made sure that frontliners were provided with ample supplies such as face masks.

Prior to the declaration of ECQ, Mayor Vico already ordered the cancellation of all public events and gatherings and to put on hold applications for permits for large private events. When the government announced the travel restrictions, the mayor went around the city to personally inspect all checkpoints and talk to men in uniform. He also turned over a few supplies to the Philippine National Police (PNP), including kits with knapsack sprayer, gloves, alcohol, and thermometer guns.

Foreseeing possible panic buying with the implementation of the Luzon-wide enhanced community quarantine, he announced on March 16 the implementation of Ordinance No. 07, or the Anti-Panic Buying and Hoarding Ordinance of Pasig.

Included in the said ordinance is a table containing the maximum quantities food and other basic necessities that a person can buy in a day.

On March 19, the mayor sought the help of Dahlia Hotel in Pasig to allow PUMs and PUIs with mild to moderate symptoms to stay under their roof for a strictly supervised 14-day quarantine. The hotel can hold at least 300 people. This move is a way for the city to minimize community risk.

To address the capacity problem of the city’s hospitals, they converted the Pasig City Children’s Hospital to become Pasig City’s COVID-19 Referral Center. Having a dedicated facility for COVID-19 patients not only increased the capacity of their healthcare system to treat COVID-19 patients, but also reduced cross contamination between COVID and non-COVID patients, and allowed the efficient use of equipment, supplies like PPE, and human resources.

To control the influx of people going to Pasig Mega Market and Talipala, and thus, effectively implement social distancing, barangays were given different schedules for going to the market. Mobile markets also went around the barangays to minimize the people’s trips to the *palengke*. Food and grocery packs were also provided particularly to Pasig pockets of poverty.

Contain and Mitigate

PROVINCE OF BOHOL

Governor Art Yap’s province focused on two things: instituting measures to prevent spread of infection and building the capacity of their healthcare system

AS OF THIS WRITING, the province of Bohol—a major tourist destination in the country—has remained COVID-free. This can be attributed to the strategic planning and proactive response of its provincial government, headed by Governor Art Yap.

“The name of the game is prevention,” the governor was quoted as saying. To prove his point, the governor immediately put his foot down, implementing strict measures as early as January.

He started by urging the Chinese government to temporarily suspend the airline tickets and hotel bookings of travel agencies from the mainland to prevent the spread of the novel coronavirus that originated from Wuhan. The China Association of Travel Services responded to this with a statement citing Emergency Notice No. 29, issued by the



Ministry of Culture and Tourism of the People’s Republic of China, to be made effective immediately.

For their part, the provincial health office formed a technical working group (TWG) to monitor coronavirus-infected travelers in the province. The TWG is composed of representatives of the Department of Health (DOH) in Central Visayas, Provincial Health Office (PHO), Governor’s Office, Bureau of Quarantine (BOQ), Civil Aviation Authority of the Philippines (CAAP), Philippine Ports Authority (PPA), Bohol Tourism Office, Bohol Association of Hotels, Resorts and Restaurants (BAHRR) and Bohol Tri-Media Association (BTMA).

To prepare for possible COVID-19 cases, Gov. Yap ordered all 1,109 barangays in the 47 municipalities and the City of Tagbilaran to require every household to

Governor Yap also ordered the strict enforcement of mandatory thermometer scanning of all arrivals to Bohol, by sea or air, and the submission of mandatory health declaration cards for monitoring.

The former Secretary of Agriculture also signed Executive Order 25 to make sure that the repatriation of distressed OFWs back to Bohol would be consistent with the preventive measures implemented against the spread of COVID-19, which include the completion of the 14-day quarantine and undergoing the rapid antibody test. Those who tested positive for rapid COVID-19 antibody test will have to



allot one isolation room that will be used to separate a family member afflicted with any influenza-like illness and other symptoms of the viral disease.

Since not all households have enough space to allot an isolation room, every village was required to set up a quarantine area that could accommodate five percent of the barangay’s population, as recommended by the Department of Health (DOH). To brace for spillover from the barangays, the municipalities were also required to prepare isolation centers.

To accommodate possible cases from the municipalities, the provincial government likewise prepared the Capitol Annex Building along J.A. Clarin Street (which can accommodate around 60 patients), the Bohol Cultural Center (which can accommodate 61 patients), and the old Tagbilaran Airport (which can accommodate 22 patients). The Governor Celestino Gallares Memorial Hospital (GCGMH) was also set up to be the exclusive centralized COVID-19 hospital in Bohol, as recommended by the medical advisers in the province.

remain at the place of origin for further testing for viral RNA (PCR). If any member of a group in a common quarantine facility tests positive using the rapid COVID-19 antibody test, the whole group shall remain at the place of origin for further testing for viral RNA (PCR). The EO also stated that the returning OFW must have no symptoms such as fever, cough, coryza, sore throat, diarrhea, and shortness of breath at the time of boarding. Masks shall be worn at all times during the transportation process and hand sanitation must be done at every point of vehicle transfer, the EO required.

Bohol’s impressive management of the coronavirus situation in Bohol has won the nod of the national government. The National Task Force against COVID-19 has considered making Bohol a model of the “new normal” due to its successful response against COVID-19. With the help of the Department of Trade and Industry (DTI) and Department of Tourism (DOT), protocols will be created for the re-opening of business establishments in the province.



Aggressive Testing and Contact Tracing

MARIKINA CITY

Mayor Marcy Teodoro prioritized free mass testing to contain the virus

ONE OF THE MAJOR proponents of mass testing to prevent the spread of COVID-19 virus was initiated in Marikina City. As early as March 11, Mayor Marcy Teodoro had already announced their plan of procuring 3,000 test kits developed by scientists from the University of the Philippines (UP) National Institutes of Health (NIH), as part of their aggressive measures to fight COVID-19. This was following reports that the city had five confirmed novel coronavirus cases.

The city chief stressed the importance of quickly testing people exhibiting symptoms of COVID-19, so that contact tracing and disinfection of premises can immediately be conducted to prevent the virus from spreading.

Even before the rapid increase in COVID-19 cases in the country, the local government had set up its own P3.8-million worth molecular laboratory, which can perform COVID-19 testing. The molecular laboratory, which was built in partnership with Manila HealthTek Inc., has a Polymerase Chain Reaction (PCR) machine that can screen the COVID-19 testing kits. It is the first highly-equipped facility initiated by a local government in Metro Manila.

On April 16, the City Government of Marikina finally received the approval of its COVID-19 testing center from the Department of Health (DOH). On May 1, it started screening its residents for the novel coronavirus.

The city government waives the residents' testing fee, which usually runs from P3,500 to P5,000 at private facilities. The testing prioritized residents with symptoms and who had exposure to carriers of the disease, and frontliners, medical workers, and local officials in charge of handing out cash aid. Neighboring towns and cities could also use the laboratory for free if they provided their own test kits.

On May 15, Mayor Teodoro also ordered the conduct of COVID-19 mass testing for all employees of private companies who were scheduled to return to work in time for the transition to a modified enhanced community quarantine (MECQ) on May 16.

The lab's machine can process 98 specimens per 2- to 3-hour run, said Teodoro. Residents may call hotline 161 to consult city doctors, who will determine whether or not authorities should collect their samples for testing.

Systematic Mass Approach to Responsible Testing

TAGUIG CITY

Mayor Lino Cayetano makes testing accessible by going to the barangays

TO STRENGTHEN its strategies to combat COVID-19, Taguig City has been conducting barangay-based and drive-thru testing since April 22. These initiatives are part of the city's Systematic Mass Approach to Responsible Testing (SMART) that Mayor Lino Cayetano had put in place to increase the number of tests conducted across the city.

Since the beginning of March, Taguig City has been testing individuals through a COVID-19 on-call service, through which mobile teams of health workers would collect swabs from possible COVID-19 patients in their homes.



The city had trained personnel in its 31 health centers and three “Super Health Centers” to conduct COVID-19 testing in the barangays where they operate.

Those who find the health centers inaccessible but have personal vehicles, on the other hand, may undertake the drive-thru testing. The service is available in temporary testing facilities set up in Bonifacio Global City in Brgy. Fort Bonifacio and Taguig Lakeshore in Brgy. Lower Bicutan.

“With these approaches, we are making COVID-19 testing more accessible to Taguigeños,” said Mayor Lino. “In doing this, we are capturing the real breadth of COVID-19 infections in the city, normalizing testing and taking away the stigma around the infection.”

Under this initiative, Cayetano said Taguig residents wanting to avail of the drive-thru testing will have to do the following steps:

- Call the city's Covid-19 hotline at 878-93200 or 0966-419-45-10 for assessment by the City Epidemiology and Disease Surveillance Unit (CEDSU).
- Residents will then receive a control number that will be presented to the testing center.
- Visit the drive-thru testing center (either BGC or Lakeshore).
- Present the digital copy of their control number to the receiving booth.
- Proceed to the testing area for testing.
- Receive anti-COVID kit with monitoring sheet.
- CEDSU will contact the resident regarding their results within three to five days after testing.

If a patient exhibits signs and symptoms of COVID-19, the individual will be instructed to go to an isolation area. An ambulance will be on standby in case hospitalization is needed.

At the end of the enhanced community quarantine (ECQ), they hope to capacitate more of their health workers to safely handle possible cases and lead the process of testing.

With the new components, SMART will be able to expand testing to cover recovering COVID-19 patients; persons exhibiting flu-like symptoms; frontline workers; people who may have interacted with confirmed cases;

and vulnerable demographics like pregnant women, elderly individuals, and persons with co-morbidities.

To handle the volume of samples for COVID-19 testing, Taguig forged new partnerships with St. Luke's Medical Center in BGC and the Philippine Red Cross, in addition to its existing agreement with the Department of Health (DOH) and Research Institute for Tropical Medicine (RITM).



Strengthening Medical Partnerships

VALENZUELA CITY

Mayor Rex Gatchalian's partnership with private laboratories and hospitals facilitate targeted mass testing

SINCE THE FIRST localized transmission of COVID-19 in the country was reported in January, the local government of Valenzuela City has been very proactive in mobilizing its COVID-19 response strategies. These include doing information and education campaigns on the novel coronavirus, distribution of food provisions to the city's residents, and putting ordinances in place (like the Anti-Panic Buying and Anti-Hoarding Ordinance) to prevent panic and chaos.

But one important aspect they had also focused on in the fight against COVID-19 was raising the city's

capability to do localized targeted mass testing. They did this by securing partnerships with several laboratory partners.

Last April 3, Mayor Gatchalian signed a Memorandum of Agreement (MOA) with The Medical City (TMC) to help Valenzuela residents. With its Stage 5 laboratory accreditation, the hospital started conducting confirmatory testing on possible COVID-19 patients and providing Valenzuela City the service of processing test kits using the polymerase chain reaction (PCR) machine.



“We are the first LGU to sign a private-public partnership with a DOH-accredited Stage 5 laboratory to do our own localized targeted mass testing in the city,” says Mayor Gatchalian. “We have targeted all PUIs, PUMs, frontliners, returning OFWs, and the vulnerable sectors.”

Mayor Gatchalian also sealed a partnership with Detoxicare Molecular Diagnostics Laboratory, Inc. last April 15, and another laboratory last May.

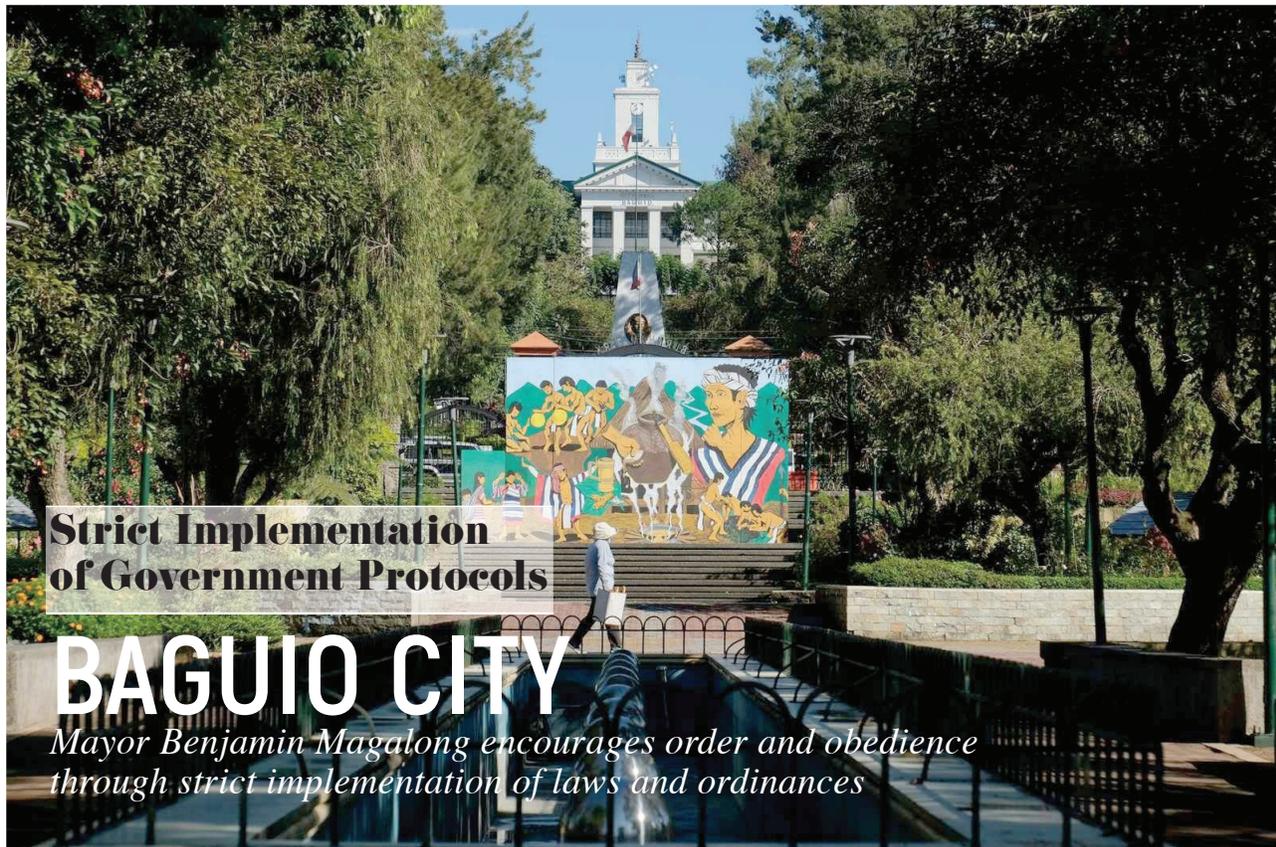
Since they started their localized targeted mass testing last April 11, the city has been able to obtain 275 swab samples a day and

referring the samples to their three laboratory partners. As of writing, they have already received 2,648 swab test results.

“On our mass testing’s second and third results last April 15, five out of 40 test results tested positive for COVID-19. The five that tested positive are all persons under monitoring (PUMs), based on the old DOH categories. In the new category of the DOH, the PUM category is the last priority in the hierarchy of swabbing. Simply, by not testing PUMs, we are in danger of releasing potential carriers into the community that may lead to contagion of COVID-19,” the mayor tells LEAGUE.

The city government has been procuring and providing the test kits, extraction kits, swab kits while the City Epidemiology and Surveillance Unit (CESU) administers the nasopharyngeal and oropharyngeal swab test samples from the patients. CESU then transports the samples (following strict handling and storage protocols) to The Medical City laboratory for the processing of test kits and will release the results to the City Government of Valenzuela.

The testing is “free of charge for the community,” says Mayor Gatchalian.



Strict Implementation of Government Protocols

BAGUIO CITY

Mayor Benjamin Magalong encourages order and obedience through strict implementation of laws and ordinances



IMPLEMENTING GOVERNMENT policies is critically important in public administration. In the context of a pandemic, failure to execute laws and ordinances can lead to financial waste, political frustration, public disorder, and loss of lives.

One of the reasons the City of Pines has remained resilient in the fight against COVID-19 is the strict implementation of laws, ordinances, and executive orders of its local government, under the strong leadership of Mayor Benjamin Magalong.

When coronavirus cases started to rise in the country, he immediately signed Executive Order 65, declaring a citywide community quarantine to prevent the possible entry of the COVID-19 into Baguio.

The EO meant more stringent measures in allowing people to move in and out of the city. The vulnerable group (people aged 60 years and older, immuno-compromised persons, pregnant women, minors and persons with a history of pulmonary ailments or disease) were strictly ordered to stay home.

Very early on, Mayor Magalong had also disallowed the staging of “non-essential social gatherings,” and urged religious institutions to defer mass gatherings in lieu of alternative modes in practicing their faith.

When the Luzon-wide enhanced community quarantine (ECQ) was enforced President Rodrigo Duterte, Mayor Magalong directed the Baguio City Police Office (BCPO) to intensify patrols to ensure that the curfew hours were followed. A lockdown at the barangay level was ordered in areas where people were reportedly disobeying ECQ rules.

Law enforcement is serious business for this retired general. To underline his point, ECQ violators were apprehended, made to stay at the holding areas for six hours, and were given lectures. Charges were later filed against them for violation of the Republic Act 11469

(Bayanihan to Heal as One Act) and Presidential Proclamation (PP) 922 or the State of Public Health Emergency after the lifting of the ECQ.

To make sure social distancing is observed at the public market, schedules per district were set. Sunday is a “no-market day” as the main market at the central business district is closed for sanitation and cleaning.

The LGU of Baguio also approved an ordinance imposing fines on people who discriminated against healthcare workers and frontline workers.

When they had started to implement GCQ guidelines on May 18, the city continued to strictly implement quarantine pass guidelines as well as the district schedules enforced during the ECQ. Only those who are authorized persons outside residence (APOR) were allowed to go out to their places of work.

The chiefs of police were directed to personally supervise the movement of people and the checkpoints so that congestion of people was immediately addressed.

As 80% of their businesses had reopened during ECQ, the BCPO made sure that safe physical distancing was observed by marking the sidewalks of Session Road with green arrows. Back riders of motorcycles were allowed but only for family members, and they would need to secure a certificate from the barangay as proof of kinship. Tourists and non-residents were still banned from entering the city during the GCQ period.

Returning Baguio residents stranded in other areas who wanted to return must first register at the city government’s website and wait for a text message confirming their schedule to return.

Making physical distancing the new normal, the city council also approved an ordinance prescribing new norms of operations in all public transports, businesses, schools, and public places in response to the pandemic, including not talking in public utility vehicles (PUVs) even while wearing masks to avoid transmission of the virus.

Magalong threatened to cancel the PHP300/day subsidy of public utility drivers who reportedly charged passengers PHP20 or higher than the legally mandated fare.

The National Task Force against coronavirus disease 2019 chief implementer Carlito Galvez Jr. said they will adopt the city's measures in preventing the spread of the disease. He also lauded the culture of unity, cooperation, and discipline of the city's people.

Cashless Distribution of Financial Assistance

MAKATI CITY

Mayor Abby Binay's use of technology allowed for efficient and fast distribution of financial aid to Makatizens

"THE CITY HAS BEEN preparing for disasters and emergencies in the past years, but dealing with a contagion like the coronavirus disease (COVID-19) has turned out to be more complex and challenging than any crisis we have ever faced," Mayor Abby Binay admits to LEAGUE.

As many establishments have temporarily closed during the enhanced community quarantine, many employees have also lost their jobs since companies have implemented the "No Work, No Pay" policy. Distribution of basic needs such as food packs and financial aid, and the unhampered delivery of healthcare services, thus became the city government's key priorities.

Technology became an important tool in the efficient and fast distribution of financial assistance to Makatizens. All a resident needs is a Makatizen App and the Makatizen Card, an all-purpose ID that can be used for cashless transactions.

"We started using this electronic money transfer in providing cash incentives to Grades 6 and 12 graduates early this May," she shares. "At present, several Makatizens, including those who are staying in the provinces right now due to the ECQ or modified ECQ, have received P5,000 each under MERP."

Mayor Abby says they started transferring the money to GCash accounts last May 15. "The good thing about it is [that it's] contactless. This means that people do not need to queue under the scorching heat and we do not have problems when it comes to following the physical distancing policy."



Unlike the national government’s Social Amelioration Program (SAP), wherein cash assistance is given per household, Makatizens who are 18 years old and above may apply and receive financial aid as long as they have a Makatizen Card, a Yellow Card, or they are a registered voter. “This program is for everyone, whether they are rich or poor,” she adds. “They only need to comply with the two qualifications.”

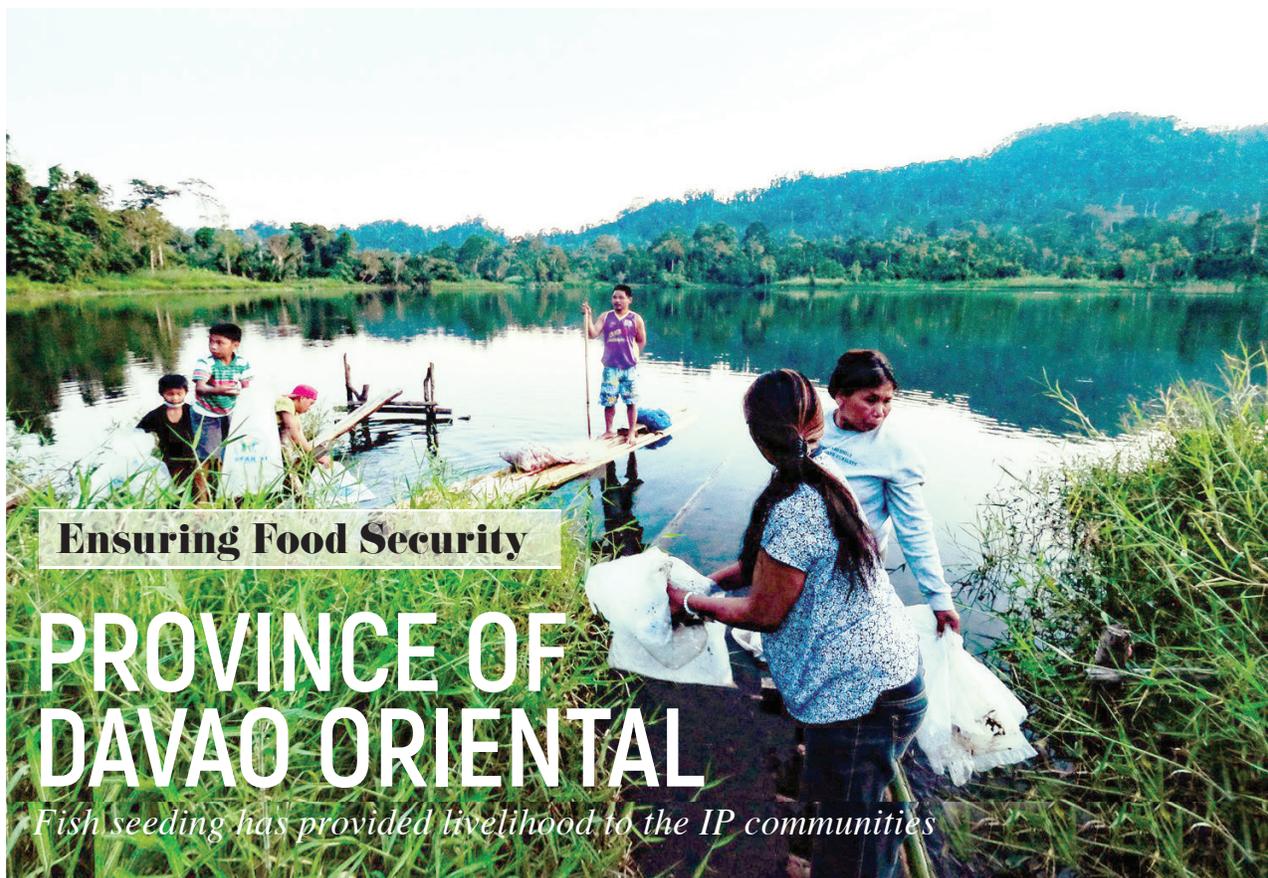
“In this day and age, the national government, particularly the DSWD, should consider emulating our cashless distribution of financial assistance. Leaders and citizens should embrace new technology not only because it is the fastest way of transferring money for everyday use, but also because it also promotes public health by avoiding physical contact,” the mayor stresses.

Unfortunately, the Makatizen Card has not fully covered all Makatizens as many residents have not availed of the multi-purpose card. Mayor Binay thus encourages all Makatizens to apply so that they can enjoy the benefits of this all-in-one ID, which consolidates all health and social benefits for residents and city hall employees. Launched in 2017, the Makatizen Card can also be used to pay bills, purchase items, draw salaries and bonuses, and send money to relatives in the provinces.



Today, over 85,000 Makatizen Cardholders have convenient access to the cashless ecosystem. Thousands more are expected to receive their cards in the next few months. “Soon, we will make the card available also to the business sector,” she updates us.

The city’s pioneering Makatizen Card project was hailed as the overall winner in the Best in eGov Customer Empowerment (G2C) category of the 2019 Digital Governance Awards. The city’s project was recognized for its use of electronic facilities and channels toward providing improved, timely, and relevant delivery of public service.



Ensuring Food Security

PROVINCE OF DAVAO ORIENTAL

Fish seeding has provided livelihood to the IP communities

BEST PRACTICES

THE LIVELIHOOD of Davao Oriental residents, especially the indigenous peoples (IPs), had been disrupted and the province's food security had been put at risk with the enforcement of the enhanced community quarantine.

In response to this, the Provincial Agriculture Office (PAO) and the Bureau of Fisheries and Aquatic Resource (BFAR) in Davao Oriental conducted a fish seeding activity expected to benefit indigenous peoples (IPs) in several upland communities.

PAO and the fishery section of BFAR-11 said the Communal Waters Fish Seeding Project aims to ensure food security for the province, especially the IP communities who live upstream of the rivers and lakes where the fingerlings were released.

Around 110,000 tilapia and carp fingerlings were released in some of the province's rivers and lakes by PAO and BFAR personnel, said Provincial Fishery Officer Felipe Montera



last April 22. In four months, Montera said about 90% of the fingerlings are expected to reach maturity and will migrate upstream where most IP residents in ancestral domains live.

The fingerlings were released in Taga-um-um Creek and Mayo River in Mati City, Cambaleon Lake in San Isidro town, Sumlog River in Lupon town, Pungotun Creek in Banaybanay town, San Miguel River and Hulid River in Cateel town, Dapnan River and Baganga River in Baganga town, Caraga River in Caraga town, Barangay Central River and Lake Diomaboc in Sitio Matabang, Taocanga which are both in Manay town, and Mamayopay River and Quinonoan River in the town of Tarragona.

Converting Forestland into Farms

BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO

'Survival gardens' help BARMM folks ease the shortage of food supply



TRACTS OF FORESTLANDS across the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) have been converted into "survival gardens" amid the COVID-19 crisis.

Abdulraof Macacua, BARMM's Ministry of Environment, Natural Resources and Energy (MENRE) minister, said the conversion of forestlands into agricultural areas was in line with the regional government's long-term plan to ensure food security.

Earlier in April, Macacua had ordered MENRE offices in the provinces to allocate food production areas in forestlands suitable for vegetables and short-term crops.

"This survival garden will serve as another source of food for the region's constituents, helping them ease the shortage of food supply," said Macacua. The BARMM

Ministry of Agriculture, Fisheries and Agrarian Reform (MAFAR) provided them with the vegetable seeds.

The program had already been implemented by local environment officers and “palaw” (forest) rangers, most of whom are former members of the Moro Islamic Liberation Front (MILF).

PENRE offices continue to identify suitable planting areas in BARMM that are strategically located close to forest-dependent communities and where access to water is available for easy watering in preparation for the season.

Macacua encouraged the Bangsamoro to practice vegetable gardening in the backyards during and even after the enhanced community quarantine.



Free Seeds for Farming

KIDAPAWAN CITY

The city’s ‘Magpyyo sa Balay, Mananom og Gulay’ (stay at home, plant vegetables) contest encourages farmers to diversify their crops

THE ECONOMIC slowdown due to COVID-19 had rendered rice farmers helpless in looking for other sources of income, said Kidapawan City’s agriculturist Maritess Aton.

In an effort to lessen the impact of the dry season that has damaged some P11 million of the agricultural crops since early February (made even worse by the community quarantine), the agriculture office of Kidapawan City gave seeds to some 2,000 farmers affected by the drought.

The Office of the City Agriculture (OCA) has been giving eggplant, ampalaya, ladyfingers (okra), squash, pechay, and string beans for free. Aton said the city has only experienced slight instances of rain since February 1, adding that the damage may increase if the dry season extends up to September.

Data from the city agriculture office showed that banana crops were the most affected produce in the farmlands. The months of February and March were supposedly the harvest season for bananas in Kidapawan.

Cows, goats, and hogs were also affected by the dry season with owners seeking assistance from the city fire department to provide them with water supply to be used as drinking water for their animals.

OCA launched the “*Magpyyo sa Balay, Mananom og Gulay*” (Stay at Home, Plant Vegetables) contest that will run from April 27 to June 26. The contest aims to encourage farmers to go into alternative means to produce agricultural products instead of focusing only on one crop. Entries to the contest must be vegetables grown from the seeds distributed by the agriculture office.





Accessibility of Essential Goods

GENERAL SANTOS CITY

City Mayor Ronnel Rivera taps grocery delivery service providers for the operations of its ‘online talipapa’

THE CITY GOVERNMENT tapped the services of two online companies — food delivery startup Foodpanda and grocery delivery service provider Ant Solutions—for the rollout of its Online Talipapa Program. The initiative aims to provide the residents easier access to food and other basic supplies amid the COVID-19 pandemic.

Mayor Ronnel Rivera said the two firms provide online food market and delivery services for local sources or suppliers, among them the public markets and “bagsakan” or trading posts.

Foodpanda uses Pandamart, an on-demand delivery service for consumer goods and other essential products, while Ant Solutions taps its grocery service, dubbed “Ant Talipapa,” for the initiative. The city government shouldered the delivery fees for the first two weeks.

The online companies accept online orders and deliveries for various products, such as vegetables, fruits, meat, and fish. Payments for the “door-to-door” service may be done via cash-on-delivery, credit card, or debit card options.

The mayor said the move was part of the city government’s efforts to mainstream electronic or

e-commerce under a “new normal” due to the COVID-19 threat.

“We want to reduce travel and person-to-person contact, like going to the markets and other related establishments, as we continue to fight the spread of COVID-19,” he said in a statement.

Flores said the “online talipapa” mainly levels up the city’s “Moving Talipapa” program, which was launched in March to give local farmers, cooperatives, as well as micro, small and medium enterprises another opportunity to earn continually during the pandemic.

He said the initiative would provide another income option for tricycle drivers and give consumers an additional method of purchasing their needs.

The city was the third locality in the country, after Manila and Pasig, to partner with Foodpanda, which expanded its operations in the area early this year. Tricycle drivers served as “panda riders,” Flores said. |



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SPEAK YOUR MIND

"Sa lahat ng nahalal na officials, mabuhay po kayo lalo na ang magagandang ginagawa ninyo sa inyong nasasakupan."

- Jaime Kiang

"To our Mayora Beverly Rose Dimacuha, thank you for all the goodness, sacrifices, understanding, and love. Salute to the beautiful Mayor of Batangas City. My family is so proud to be Batangueños."

- Rico Eugenio

"Thank you, our dear Mayor. **Hindi ka man sing-galing nilang [makakuha] ng ayuda. Isa lang ang sigurado ko, malinis ang puso at maganda ang kalooban [mo]. Gwapo pa. Our Mayor Peter Toto Trinidad ng Pagsanjan.**" - Ermie Latorgo Sanpedro

"Maraming performing mayors, wala lang media mileage kaya di nababalita."

- Salvador Lustado

Letters to our Leaders

GOOD LEADERSHIP INSPIRES CALM, OFFERS HOPE, AND PROVIDES DIRECTION. THEIR ROLES ARE MORE CRUCIAL THAN EVER IN TIMES OF CRISES. WHILE THERE'S NO HANDY MANUAL TO GOOD LEADERSHIP, MANY OF OUR LGU LEADERS ARE GOING OVER AND BEYOND THEIR DUTIES TO SERVE THEIR PEOPLE. HERE ARE MESSAGES FROM THE CITIZENRY:

"In the distribution of relief goods to constituents, make sure the goods go to the poorest of the poor, without exceptions, instead of favoring the BHWs and/or barangay *tanods*." - Teofanes Manantan

"Salamat, Mayors. Sana all katulad ninyo, may damdamin sa kapwa. God bless you all. Alam ninyo kung sino kayo. Ingat palagi." - Neneng Yecla

"**Tunay na serbisyo at tapat sa bayan ng San Juan; Francis Zamora ang tunay na kailangan. Congrats and mabuhay.**" - Totoy Bernardo



"If I'm going to [talk with] Mayor Vico [Sotto], I first want to ask him how he's doing—physically, emotionally, and mentally. Being a neophyte mayor in the City of Pasig is no joke. But I know our Mayor Vico is well-equipped, mature, and intelligent. Though he is under pressure, he is able to face the challenges. I admire him for that. I appreciate all that he is doing for us Pasigueños. Mayor Vico, you are a change-maker—a role that's not for the faint of heart. Just continue doing what you are doing." – Angelie C. Turarag

"Thank you, Mayor Isko Moreno and Vice Mayor Honey Lacuna. Stay safe. God bless."

– Heidi Tacorda Organo

"Hindi ko sisisihin ang Mayor namin sa Muntinlupa dahil walang may gusto sa COVID na 'to. Hiling ko lang na tulongang ang talagang [may] kailangan ng tulong."

– Efren Pampliega

"SALAMAT SA AMING MAYOR NG MANILA. SA WAKAS NAKUHA KO NA PO ANG PARA PO SA AKIN. MABUHAY PO KAYO YORME ISKO. PAGPALAIN PO KAYO NG POONG MAYKAPAL." – Migs Obillos

"I would like to give my very big thank you [to Mayor Vico] for your unique style of leadership in responding to COVID. You are a very great leader. *Huwag ka magbago* and God will continue to guide and watch over you. More power, Mayor Vico."

– Florifes Aficial

"Thank you, Mayor Sara [Duterte]. Such a strong and smart Mayor of my land, Davao City. We, Davawenos, are proud of you. God bless and keep safe." – Inday Ayeng Abagon

"Thank you, Mayor Beverly Rose Dimacuha for all sacrifices and being understanding and loving to all the people of Batangas City. We love you."

– Donna Hernandez Valdez

"THANKS TO OUR ZAMBOANGA CITY MAYOR BENG CLIMACO. MORE POWER TO YOU AND GOD BLESS." – Zed Burlat

"Salamat sa aming Mayor, Mayor Ike Ponce ng Pateros. Kahit meron siyang karamdaman, walang tigil siyang naglilingkod. Maraming salamat Mayor. Mabuhay ka." – Rapa Pangilinan

"We don't need to shut down people's lives and the economy. We can fight this thing by just educating our people and not let fear take over." – Donny Jay Flores

"Salamat po, Mayor Olivarez. Di man po popular ang naging hakbang niyo sa Parañaque. Pero salamat sa mga effort ninyo at pag-alaga ninyo sa amin."

– Janis Garnado

"TO OUR MAYOR RYAN DOLO AND VICE MAYOR BOGIE CASAPAO AT MGA KONSEHALES NG BAYAN NG BAUAN. SA AMING KAPITAN, HON. CORNELIO CALALO AT MGA KONSEHALES NG BARANGAY, AT MGA BHW FRONTLINERS, MARAMING SALAMAT. GOD BLESS YOU ALL. KEEP SAFE ALWAYS." –

Myrna Brual Guevarra

"Thank you, Sir Chavit. You're still fantastic." – Lucas Albalos Quiday

"To our Mayor Vico Sotto, thank you for caring [for] us. [Although] you are young and born to a wealthy and popular family, you are very considerate and know the needs of the poor. We're very thankful that we have chosen you to be our Mayor. You are a hands-on mayor. Until now you are very humble just like the first time that we talked to you about your agenda should you become our Mayor. Take a little nap and rest. Be healthy and safe. God bless."

– Maria Fe Remorosa

"Thank you Mayor Wantan Palanca. Keep safe. We need you the most."

– Brennrommel Yoro Parcon

"Mass testing, isolate, and quarantine the affected para matapos na. Iwas hawa hawa lalo na may mga bata, delikado ang COVID-19 at mahal magpagamot. Lalong pahirap sa mahirap."

– Dax Cacabelos

"Si Mayor Emeng Pascual po ang bida." – Neil Manos

"GOD BLESS SA MGA MAYOR NA MASISIPAG AT DI NANGUNGURAKOT!"

– Mavie Mavs

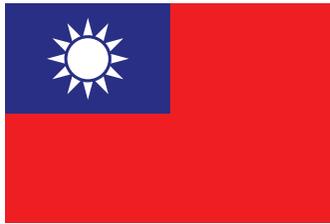
"MAYOR INDAY SARA OF DAVAO CITY IS SMART AND FAIR IN DEALING WITH HER CONSTITUENTS. DABAWENYOS ARE SO PROUD." – Editha Bedia Dapiton

When COVID-19 spread across the globe, every head of state approached the problem in

their own way. As of this writing, the global spread has not slowed down as indicated by the continually increasing figures. In some countries, the number of positive cases has even

grown exponentially unfortunately. But there are some countries that have successfully made advancements in controlling the spread of the disease.

Here, we take a look at countries whose effective methods can help guide the mitigation strategies of others.



TAIWAN

Immediate response and travel bans

OUTSIDE of China, the rest of the world debated whether any action, if any, was necessary when the World Health Organization (WHO) sounded the alarm on COVID-19 earlier this year. Taiwan did not waste any time and was one of the first countries to act—imposing travel bans from most parts of China and a 14-day quarantine for new arrivals.

“Taiwan rapidly implemented a list of at least 124 action items in the past five weeks to protect public health,” said Dr. Jason Wang, an associate professor of pediatrics at Stanford Medicine and policy-analysis expert, referring to the measures implemented by President Tsai Ing-wen since January. “The policies and actions go beyond border control because they recognized that that wasn’t enough.”

In the Stanford Health Policy article, Wang also praised his native Taiwan for its robust pandemic prevention plan, which was established, along

The Global Response

with the National Health Command Center (NHCC), after the 2003 SARS outbreak. Among their early actions were pushing for an increase in face mask production (and banning its export to ensure enough local supply) and mass testing.

Taiwan’s health-insurance system provided universal coverage to its citizens, so citizens were not afraid to go to the hospital, Taiwanese government representative Kolas Yotaka told NBC News in an interview. “You can get a free test, and if you’re forced to be isolated during the 14 days, we pay for your food, lodging, and medical care.”

Transparency is also a priority of the government, requiring television and radio stations to broadcast public service announcements (PSAs) about COVID-19 by the hour. “We think only when the information is transparent, and people have sufficient medical knowledge, will their fear be reduced,” Kolas added.

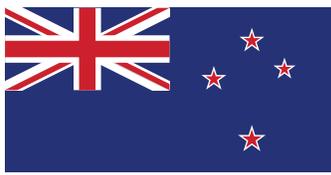
As of April 27, Taiwan has reported 429 cases and six deaths.



While some countries have scrambled to contain the Coronavirus Disease, others have successfully contained the spread in theirs. Learn some of the most effective approaches used by other countries in addressing COVID-19.

to COVID-19

BY GRACE BAUTISTA



NEW ZEALAND

Decisive measures and strict lockdowns

“WE must go hard and we must go early,” said New Zealand Prime Minister Jacinda Ardern days before implementing strict lockdown measures on March 23. The lockdown required citizens to remain in their homes unless necessary, and the border was closed off to non-citizens or residents. Those who returned to New Zealand were required to self-isolate for two weeks.

While most countries implemented the same measures, what differs Ardern’s decision from others is timing. By March 23, only 102 people in New Zealand had tested positive for COVID-19, with no deaths reported. The decisive move was early in comparison to other countries that had only implemented border closure after a huge spike in positive cases. In the same press conference, the 39-year-old Prime Minister justified her move by saying: “We only have 102 cases, but so did Italy once.”

Despite the harsh lockdown, people appeared to follow their leader who

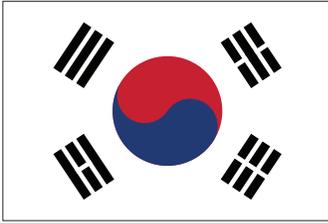


frequently urged everyone to unite against the virus and called New Zealand “our team of five million.” Google mobility data covering the entire country revealed a considerable drop (roughly –33% to –88%) in places such as restaurants, grocery markets, public beaches, and national parks, etc. Some regions had even presented a drop of up to 96% in mobility.

Experts and citizens alike lauded Ardern’s “confident, calm and reassuring manner” in relaying clear and consistent messages. The Director-General of Health Ashley Bloomfield was also often present in press conferences, standing alongside the Prime Minister. Bloomfield has carefully and calmly explained the issues surrounding COVID-19. “Because he had clearly communicated the trajectory we were on in terms of the increase in the number of cases, when Ardern said we were going into lockdown, people understood why,” Radio New Zealand radio journalist Sarah Robson told BBC News.

Ardern is also regularly on Facebook, dressed casually as she “checks in” with everyone, answering their questions calmly while firmly emphasizing the gravity of the situation. Her leadership style, which focuses on kindness, also caught the attention of the world during the Christchurch shootings.

More than a year later since the shootings, Ardern continues to remind the people of a single message—“Be Strong. Be Kind.”



SOUTH KOREA

Aggressive mass testing and contact tracing

“OUR public is very demanding and expects the highest standards from government services. And I think this is the key,” South Korea Foreign Minister Kang Kyung-wha said in her interview with BBC News last March.

Like most countries outside of China, the first positive COVID-19 case in South Korea was reported nearing the end of January. While the figures were relatively low in the weeks that followed, cases spiked on February 18. A person with COVID-19 went to the Shincheonji Church of Jesus in Daegu, triggering the massive spread. The figures increased exponentially, reaching its peak on February 29, recording 909 new cases that day.

Emergency measures were then enforced in Daegu, and South Korea avoided the worst-case scenario through mass testing and aggressive contact tracing. At that point, thousands of test kits were already being produced and shipped daily. One week after the first positive case was diagnosed in January, government officials met with medical companies for the development and production of coronavirus test kits.

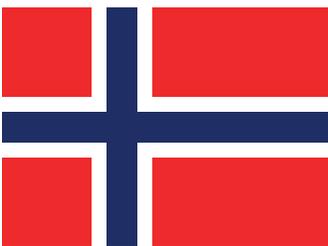


“Testing is central because that leads to early detection, it minimizes further spread and it quickly treats those found with the virus,” Kang told the BBC, adding that testing is “the key behind our very low fatality rate.”

To screen as many people as possible without overwhelming healthcare facilities, around 600 testing centers were set up—including 50 drive-thru stations and walk-in chambers. Individuals who were found positive were immediately isolated and their recent movements were retraced using CCTV footage, GPS data (from mobile phones and vehicles), and credit card records. These vigorous contact tracing procedures were already used for the Middle East Respiratory Syndrome (MERS) outbreak in 2015.

Emergency alerts were sent to citizens when there were new cases confirmed in their area. Recent movements of infected individuals were also uploaded on websites and apps. For those under quarantine, they were required to download an app that alerts officials if they leave their homes.

By mid-March, South Korea’s new daily cases dropped from 800 to two-digit figures. “We are definitely seeing a normalizing trend in our reduction of new cases, but of course, we are not complacent. This is not just about us,” Kang said. “We are taking this approach of openness and transparency not just domestically, but to the international community because we are a country that is highly interdependent with the rest of the world.”



NORWAY

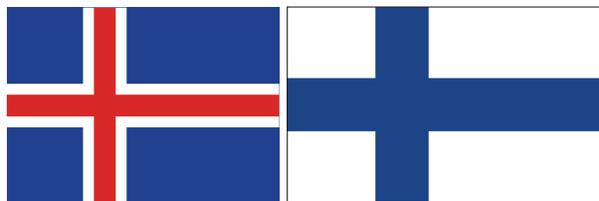
Educating children about the crisis

WHEN country leaders hold press conferences, they often stand in front of a crowd of adults composed of media personnel and government employees. Last March 16, Norwegian Prime Minister Erna Solberg held a news conference dedicated to children. No adults were allowed to speak other than Solberg and the ministers for education and for family and children. They answered dozens of questions from children all over the country.

“It has been special days,” Solberg said during the press conference, adding that many children are scared. “It is okay to be scared when so many things happen at the same time.” To curb the spread of the coronavirus, Norway invoked emergency powers and ordered a lockdown around mid-March. Some establishments that were closed included schools. She provided the children reassurance, offering that even if their loved ones do contract the virus, “it will go well with nearly everyone.”

Solberg and the ministers then proceeded to answer questions published in the children’s paper, *Aftenposten Junior*, and TV program, NRK Super. WHO Director-General Tedros Adhanom Ghebreyesus praised the great initiative of the Norwegian government, sharing on his Twitter account: “Educating children and responding to their questions on COVID-19 can help reduce their anxiety and address their uncertainty during this difficult time.”

As of early May, Norway has 8,069 confirmed cases, with 7,114 recoveries, and a little over 200 deaths.



ICELAND AND FINLAND *Mass testing and social media information campaigns*

IN most countries, only those with COVID-19 symptoms are tested for the virus. Iceland figured they should do more than that. By May 4, Iceland had tested 13% of its entire population (around 47,000)—including those without symptoms. Free COVID testing is conducted by the National University Hospital of Iceland and deCODE Genetics, a biopharmaceutical company based in Reykjavik.

“The only reason we are doing better is that we were even more vigilant,” deCODE founder Kari

Stefansson told CNN. “We took seriously the news of an epidemic starting in China. We didn’t shrug our shoulders and say, ‘This is not going to be anything remarkable.’”

With 10 deaths in total and a daily record of new cases in the single digits (some days even zero), it is safe to say that Iceland is handling the pandemic well. “I didn’t expect the recovery to be this fast,” said Thorolfur Gudnason, Iceland’s chief epidemiologist.

Another Nordic neighbor is promoting an alternative form of information dissemination. In Finland, they are calling social media influencers to spread awareness about COVID-19 information.

“We are aware that government communication doesn’t reach everyone. Before this was possible through traditional media like television, but today especially young people get their news through social media,” said Aapo Riihimaki, Finnish prime minister’s office communications specialist.

The Finnish government, along with its national emergency supply agency, is collaborating with the social media influencer consultancy firm PING Helsinki and Mediapool, a network of media companies. PING Helsinki turns information and messages from the government into social media-friendly materials and spreads it to their network which includes over a thousand influencers.

Among them is Inari Fernandez, who has a monthly YouTube audience of over 100,000 and over 34,000 followers on Instagram. “This is an honor,” she said. Influencers participating in the drive are volunteers and are not paid by the government. “I would refuse a fee. This is our duty as citizens,” Fernandez added. | ■





Governance in the Time of Corona

BY HERMAN JOSEPH S. KRAFT

In a pandemic, governance should be more about reassurance and charity, rather than fire and brimstone.

The title is admittedly not very original. It nonetheless highlights a key element in what is generally described as a public health issue.

The novel coronavirus burst into the global scene in late 2019 with the city of Wuhan in China becoming the principal focus of attention. At that time, the attention was of limited interest as a few had imagined the potential scope and reach of the disease. Within a few months, however, the attention given to the disease became global in scale.

A PANDEMIC IN MODERN TIMES

As of this writing, nearly five million cases of the COVID-19 disease, caused by what is now officially

known as the SARS-COV-2 virus, have been recorded around the world, with close to 330,000 deaths being associated with the disease.

In the Philippines, close to 13,000 cases have been recorded, with almost 900 people known to be infected with the virus having died as of May 20, 2020. The global scale of the problem was given official sanction when the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic in March 2020.

One of the fascinating aspects of the pandemic is how much it has insinuated itself on our daily lives. From the mundane (how we wash our hands) to the extraordinary (the easing of traffic in EDSA and the clearing of Metro

Manila skies), the disease has forced into our consciousness the notion of having to deal with a “new normal,” clearly a situation that is still evolving in terms of what it means operationally.

The concept of a new normal, however, is not the only new item that has become part of the growing vocabulary created by the pandemic. Aside from familiarity with technical terms such as the difference between COVID-19 and SARS-COV-2, or the realization that earlier pandemics like SARS were also caused by a coronavirus variant, we were also introduced to terms like “mass testing,” “isolation areas,” “PUMs” and “PUIs” (which have since morphed into “probable” and “suspect”), “PPEs,” “social distancing,” “flattening the curve,” and, perhaps most importantly, “ECQs.”

LIFE IN LOCKDOWN

The Enhanced Community Quarantine (ECQ) is the Philippine government’s strategy for containing the spread of the disease. It has been used since the beginning of the pandemic to ensure that the country’s health system – the principal infrastructure for the country’s battle against COVID-19 – would not be overwhelmed by the eruption of the disease. It involves isolating the population of entire communities ranging from barangays to cities.

People were ordered to stay at home and refrain from unnecessary movement within their communities, except to purchase essential items such as food, water, and medicine. A curfew from 8pm to 5am was also put in place to further curb people’s movements in the evenings. ECQ also imposed social distancing norms, which required people to observe a certain physical distance in their interaction with other

persons. Suffice to say that travel outside of one’s barangay was severely curtailed, unless one was a “frontline” worker (another of those additions to our lexicon on the pandemic). The limitations imposed on personal mobility are potential issues of human rights. To cover the legal side of the issue, the Bayanihan to Heal as One Act was signed into law on March 23, 2020.

WE HEAL AS ONE

Officially referred to as Republic Act 11469, the Bayanihan Act declared a national health emergency throughout the Philippines because of the COVID-19 situation. The law authorizes the President to exercise special powers for a limited time, and subject to certain restrictions, to address a clear and present danger to the people, namely the COVID-19 pandemic.

Interestingly, it was put into place after the earlier version of the ECQ was imposed on Metro Manila (as the principal hotspot of the disease in the country) on March 15, 2020. The Bayanihan Act was introduced to effectively give the state the legal basis for enforcing the public health injunction to “stay at home,” the curfew, and a ban to travel except for essential purposes. In this context, public health becomes emphatically a governance issue.

Just to make sure it is clear, public health has always been a governance issue, but never more so than within the setting of a pandemic.

Governance exists whenever people come together. The Institute on Governance points out that those who have studied it have used it in varying ways using varying definitions. Nonetheless, three dimensions are commonly part of how governance is understood, namely authority, decision-making, and accountability. In other words, governance is about who has the right to exercise power, who makes decisions, how other players make their voice heard, and how account is rendered.

“Public health has always been a governance issue, but never more so than within the setting of a pandemic.”



A primer on the Bayanihan Act that the Department of Political Science at the University of the Philippines has put out shows that the scope of governance mechanisms initiated to respond to the effects of the COVID-19 pandemic is all new ground to the Philippines since the 1987 Constitution was ratified. This is not to say that the country had never had to face a pandemic since then. We have had the Middle Eastern Respiratory Syndrome (MERS) in 2012, and, even earlier, the Severe Acute Respiratory Syndrome (SARS) of 2002. Both were also caused by variants of the coronavirus. Even as the Philippines was affected by these outbreaks, the response never reached the magnitude of the efforts undertaken to address the current outbreak. It is the first time that special measures have been taken on a nationwide level in the country's response to a disease.

CONTROVERSIES AND CONTROL

To say that there has been little controversy over it is an understatement. As stated before,



the measures taken are a heavy curtailment on the normal routines of people – schools closed, work areas closed, public and social gatherings banned, both international and domestic travel banned, and even religious services banned. There have been violations and the responses to these have been, to say the least, inconsistent.

The fact that it is a public health issue means that the narrative is driven by the public health sector. The justifications for why people need to stay at home is based not on political grounds but on health grounds have helped contain the impact of the controversies. In fact, the controversies, such as they are, tend to be not about the curtailment of rights but rather is about the inconsistency of the application of state enforcement.

The tough treatment of ordinary people who had violated the ECQ in some way (which even resulted in the shooting of a police officer and the death of a former military man allegedly suffering from post-traumatic stress disorder) is juxtaposed against the more indulgent approach taken by authorities against violations by high officials (*salusalo* that are supposed to be face-to-face meetings and traditional birthday greetings that become social gatherings). That there is not more of an outcry against the effects of the ECQ, especially its economic impact on daily wage earners, is a testament to the patience of Filipinos, and, perhaps, the public's concern over the pandemic itself. On this aspect, the messaging has been effective.

Yet, it can be argued that even as Filipinos seem to be generally willing to accept the heavy response and its effect on their daily lives, there has been a lack of leadership. Clearly the institutions of the state, particularly its police powers are evident in the enforcement of the ECQ. In fact,

this seems to be the case, that the narrative on a public health issue has become a narrative about policing. This situation is not helped by the fact that the Department of Health's role in governance, that is the policy decision-making and the provision of authoritative guidelines, has been muted in relation to the Philippine National Police (PNP).

In the early days of the pandemic, the words and even-toned voice of Health Undersecretary Maria Rosario Vergeire provided the public with a grounding on the state of the disease and disease-response in the Philippines. After some time, however, that same public needed less repeated injunctions about the need to “social distance” and wear masks, and required more specialized information about the disease itself and progress on the public health situation of the pandemic. A more public role by the Secretary of Health, Dr. Francisco Duque, would have gone a long way in terms of public messaging.

Instead, the narrative on the pandemic was dominated by the ECQ and its enforcement, which meant that it became about policing. It did not help that when President Rodrigo Duterte was involved in what for some time were regular addresses and public pronouncements on the issue—these tended to be expressed in threats against violators of the ECQ, even to the point of talking about the possibility of imposing martial law.

As the country tries to reopen, the messaging seems to be increasingly dominated by the narrative about public safety and national security. Perhaps a much more balanced narrative about the country's situation is what is called for. In the time of corona, governance should be more about reassurance and charity, rather than fire and brimstone. ■

PHOTOS BY IVAN LLANETA

Herman Joseph S. Kraft is a Professor of Political Science and currently the Chair of the Department of Political Science at the University of the Philippines in Diliman.



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COURAGE in the time of COVID-19

If there is a silver lining to this pandemic, it is that courageous individuals emerge from the fold, helping to restore our faith in humanity.

Through their selfless acts and generous sacrifices, they help others rise above the storm and remind us that there is, indeed, something that we can do to help. Whether it's serving at the frontlines, helping a neighbor in need, distributing relief goods, or opening up our own homes to those in need, we can contribute in our own unique ways.

In the face of tragedy, ordinary Filipinos will do the extraordinary.



Rosalia Ducut

While her entire family stayed in Metro Manila, Rosalia Ducut, 52, a barangay health worker and barangay nutrition scholar of Sta. Lucia Health Station decided to head back home to Lubao, Pampanga, hoping to help others in time of need.

Taong 1997 nang manirahan kami sa Pampanga. Nang magkatrabaho ang asawa ko sa Makati, naiwan sa akin ang mga anak ko. Pero nang umabot na sila sa kolehiyo, napagdesisyunan naming mag-asawa na sa Manila sila mag-aral.

Ako naman, nagpaiwan at nag-volunteer bilang barangay health worker. Mahirap ang trabaho namin. Bukod sa tulungan at ipagamot ang tao sa

komunidad, kami'y may responsibilidad din na magturo at magbahagi ng tamang impormasyon sa kanila. Isa sa mga biggest challenges namin ay ang pagkumbinsi sa mga magulang tungkol sa kahalagahan ng pagpapabakuna ng mga sanggol, lalo na ng nagkaroon ng kontrobersya sa dengvaxia. Ang bakuna ay isa sa mga paraan upang maprotektahan ang sarili sa mga virus.

Simula ng maging BHW-BNS ako, may mga araw man na nakakapagod, nararamdaman ko ang self-fulfillment sa mga naseserbisuhan ko. Kahit sa maliit na paraan ay alam kong nakakatulong ako sa kapwa ko. At lalo na ngayong nasa panahon tayo ng pandemic, mahirap talikuran ang tungkulin dahil nangangailangan ng mas maraming taong pwedeng tumulong.



Engineer Sonny Dacumos

Saudia Airline aircraft ground engineer Sonny Dacumos helps to bring home hundreds of OFWs from the Kingdom of Saudi Arabia.

At our company, safety is our top priority. We are trained to approach emergency cases and crises with a sense of calm. There is always a protocol to follow. And in our line of work, we're trained to be extra careful. And so when it came to bringing home the 200 to 300 OFWs (unconfirmed cases) from the Kingdom (Saudi Arabia), we were ready.

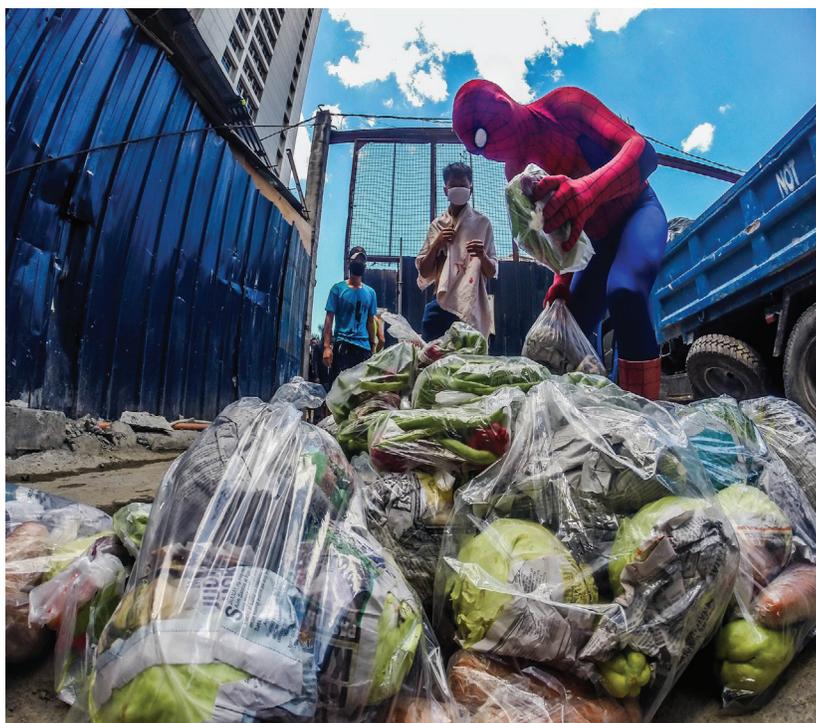
With the lockdown in place and flights cancelled, this was the first time we had ever gone back to the airport. The roads were eerily quiet, and the airport – aside from a few colleagues – was equally empty.

Before, we would be at the office before our shifts to catch up with officemates. This time, to ensure the safety of the team, we kept our distance, wore extra protective gear, and limited our interactions. We had to follow the guidelines to ensure the safety of all, as any lapse in judgement may



have serious consequences. Typically, the pilot and crew from our flights from KSA would disembark, but not this time. They flew in just to drop off the passengers and headed back in, yet another example of how we take the safety and security of our people seriously.

Following rules, protocols, and orders keep us safe, so we hope that everyone remains vigilant even as we reemerge from the lockdown and ease into the “new normal.”



Dan Ramon P. Geromo a.k.a. SpiderDan

Distributing bags of vegetables while dressed as Spiderman, Dan Geromo—associate creative director of IdeasXMachina HakuHodo—became a real-life hero to the hundreds of workers stranded in Pasig City during ECQ.

I have been wearing a Spidey costume in public since 1999, way before cosplay became a thing in the Philippines. Cosplay became a natural progression of this weird hobby of mine. I chose Spider-Man because I've always related to him. I sometimes feel like we are the same person.

Then when COVID struck, a question came to me: if Spidey were real, what would he do in this time of crisis? I found out that not all of us

are fortunate enough to stay home, and there are those suffering from hunger. I volunteered because I think this is what Spider-Man would have done.

As I went around the city distributing goods, what touched me the most is that all of us are still truly Spider-Man fans deep inside! Whatever their age or predicament they're in, people will always still scream with glee when they see Spider-Man in person.

Though it has, indeed, been fun, this has actually been a healing process for me personally. I was having a difficult time mentally and emotionally during this lockdown, and being able to go out, meet people, and help them probably helped me out a lot more.



Muriel Vega Perez

Celebrity makeup artist and ShareTheLovePH founder Muriel Vega Perez had been initiating relief efforts since Ondoy, finding ways to support people and communities in every crisis, from the Marawi siege to all the calamities until this pandemic. Despite the restrictions imposed by the lockdown, he and his team decided to still go out, helping the oppressed, depressed, overlooked, and vulnerable.

We started by distributing relief goods to nearby informal settlers in Quezon City where I live. We made it a point to do a census first with the cluster leaders to ensure that everyone was accounted for, and that no family or person was overlooked. And then from there, we usually received recommendations on where to head to next.

Through our volunteer work, I'm continually touched by the spirit of Filipinos. In one instance, it was our second time to give out relief in this particular area of informal settlers in Novaliches, along the Tullahan River. We only have an allocation of three kilos of rice per family, and there are around 350 families in the area. They were grateful that we came back to them after two weeks.



Then one of the cluster leaders pointed out that some families who lived down the river had never been visited before and had never received any *ayuda* from the local government. We didn't have any extra goods, and so they suggested – why not give a part of our share to them? They willingly gave up one kilo from their own portions to help other families, even when they themselves were in need. The

community quickly agreed. They bought plastic and borrowed a *timbangan* and repacked the rice for those who lived down the river.

These moments remind us that humanity exists, and that people still do really care for each other. Even when you don't have a lot, it is always enough when it is shared. That's *bayanihan*.



Kris Ablan

PCOO Assistant Secretary Kris Ablan wanted to help his *kababayans* who were struggling to make ends meet during the pandemic. Struck by inspiration and a strong desire to help, he then opened a Facebook page, bringing together donors and beneficiaries in this time of great need.

I came across Facebook posts around the first week of April from friends and acquaintances who had complained that the middle class was also left vulnerable due to the no-work, no-pay policy. It was not just the poor who were affected by this pandemic. I learned that there was discrimination and an unfair implementation of SAP. Around that time, I had also gotten my salary. So I thought there must be some way workers like me who still receive pay can help out workers who don't. And so I made a Facebook page.

All of a sudden, I received hundreds of messages asking for help. And I got to work looking for donors. I matched them with beneficiaries. Donors directly deposited to the bank accounts of the affected workers.

The initiative had very simple parameters. The beneficiaries had to only confirm that they had jobs prior to the lockdown, had earned anywhere between P10,000 to P35,000 a month, and that their company had not paid them during lockdown. They should not also have received SAP, CAMP, SBWS, or any other government assistance since the lockdown.

Aside from requesting a work ID and government ID, I check their FB profile to further verify their identities. But that's about it. I don't ask any other questions. Like I said, I work on the presumption that ordinary people who go through this process must really need the money.



By April 19, I had collected 620+ applications in that span of 10 days. I did not want to accept more because I did not want to over-commit. Right now, I've managed to pair 367 recipients with donors. I still have 255 to go. So I intend to keep the project going until I find a donor for the remaining 255. I wish I could scale it and make it institution wide. I was thinking of having government workers commit 5% of their salary to help out a private sector, middle class counterpart.

If there are donors, I would like to re-open applications and perpetuate the program for so long as quarantine exists.



Robert Alejandro

Robert Alejandro, renowned artist and president of Papemelroti, hosts free art classes online, teaching kids—and the kids-at-heart—how to cope with the pandemic, while creating something beautiful.

Art is an important tool not just in trying times, but at ANY given time! But for now, I can see that my teaching art gives joy to the kids and the parents, as well as other adults. My daily 10 a.m. class brings some sort of regular “habit” and a sense of being stable, which I think is important right now.

I do encourage everyone to create art with your child and your family. Take advantage of our days at home, because I

FEATURES

believe this will be a wonderful, positive foundation of a great childhood.

Read books, sing, dance, do opera, do theater plays, go into the garden, look at bugs, plants, clouds, stars, birds, pray, and exercise, among other things! The variety of activities (and play) will fuel your child's thirst for life and this wonderful planet. All this will also find its way through the child's expression of art.

I have learned so much from a lifetime of doing creative things, and art has literally saved me a thousand times from my own [demons and heartache]. I thank the people who think that through what I do, I am keeping things positive.

I just want everyone to know that all of this will pass, and that there is so much more to be grateful for.



Popburri

Popburri is a small restaurant located in East Kamias, Quezon City, owned by Camille Dowling Ibanes. When the lockdown brought businesses to a close, they decided to open up theirs - transforming their little shop into a homeless shelter.

Prior to the pandemic, Popburri used to share their unsold bread every evening with the local homeless community. "When the pandemic hit, we thought about this [homeless] community we have grown to love and how unfortunate it is that they won't be able to wash their hands and shower. So we decided, let's give them that opportunity. Let's turn our little store into



a shelter with bunk beds and provide all their needs—*kain, ligo, tulog, laba*. We just fundamentally believe that when we care for the most vulnerable, we serve the entire community," Ibanes shared to LEAGUE.

On March 19, they announced Popburri's transition to become a homeless shelter on their Facebook page.

When they started, they expected only a few families around the Kamias area. But the post, which had over 6,600 shares as of writing, sparked a massive outpouring of support from Filipinos all over the world. "People gave food, toiletries, diapers, mattresses, beddings, pillows, fever guns, bunk beds, alcohol, masks, and gloves. Our customers, our friends, neighbors, our families, everyone responded with such generosity and selflessness, we were and are still in awe of them," she added.

Ibanes also praised the local government for their support, especially Kagawad Julius Sevilla who has been "an incredible

supporter” from the start. Before Popburri opened their shelter, they asked for permission and Kagawad Sevilla immediately gave his approval. She also cited the help of Barangay Captain Octavio Garces, Councilor Peachy de Leon, Congressman Allan Reyes, and Vice President Leni Robredo.

Popburri complied with the mandatory quarantine protocols, such as a temperature checks, health interviews, bleach and soap foot washes, showers, face masks, bag checks, and physical distancing. Before the shelter was closed down, Popburri was catering to over 70 people every night. Ibanes shared that they utilized the unfinished three-story building behind Popburri to further accommodate more people.

Unfortunately, the shelter had to be closed because it did not meet the requirements of the barangay. “Thankfully, Mayor Joy Belmonte, Kagawad Julius, and Captain Garces found a way to house our homeless at

Quezon City Memorial Circle that same day. So out of the 72 homeless clients, 39 went to QC Circle and had a safe place to stay. The remainder of our clients needed to work within the area and couldn’t afford [to move to QC Circle] so they stayed in their *karitons* nearby,” Ibanes said.

Ibanes, however, shared that they are still feeding over 300 people a day at the QC Circle and those homeless within their community. She lamented the conditions and hardships that homeless people have to go through on a daily basis, especially during the pandemic.

“This is why we are fundraising to build a permanent overnight homeless shelter in Quezon City and are appealing to Mayor Joy [Belmonte] to help us do this. A crowd-funding post will follow. We are so grateful that many want to help, and we believe that with Mayor Joy’s support, we can all do this together,” Ibanes ends.



Maureen Claro

Three years ago, Maureen began feeding the stray dogs and cats around her area in Mandaue City, Cebu. And now, at the height of the pandemic and lockdown, she continues to feed and protect our furry friends, funding her feeding project through the generosity of the pet-loving community.

“ [I]t is during this pandemic] when I started to post [on my social media] and asked for donations of dog and cat food. When I was just using my own money, I wouldn’t post online,” Claro shared to LEAGUE. “Before the lockdown, I would walk around three hours to feed the strays. But when the lockdown happened, I mustered up the courage and asked people on social media for a bike. Thankfully people pitched in.”

Aside from the dogs and cats she would feed on the streets, Maureen also houses 19 dogs in her foster home. She would also visit a shelter, which houses over 70 dogs. All in all, she feeds over 200 dogs and cats on a regular basis.

Maureen would also crowd-fund on social media to get medical help for her strays. She shared the story of Yna and Jack, two dogs who needed chemotherapy, and the donations poured in. She is raising more to help her furry friends through the generosity of donors.

For donations, people may reach out to her through her Facebook account: Maureen Lacida Claro.

Merc, Molecular Biologist

Tracking the spread of an extremely infectious disease is challenging, but it is an essential task, as accurate data is needed to form better mitigation plans. Merc, a molecular biologist, wanted to do his civic duty and volunteered to be part of COVID-19 testing staff at the Research Institute for Tropical Medicine (RITM).

I voluntarily signed up as a lab staff augments for COVID-19 testing. I was nervous my entire first shift because I was facing an unfamiliar enemy, which was completely different from the bacteria that I routinely process in the Tuberculosis lab. I was uneasy and excessively conscious of my PPE if I donned it right.

Before signing up as a COVID-19 lab augments, I used to watch COVID-19 processing videos online. But here I am now, holding a pipette and isolating the viral RNA that could be present in the samples.

This is what I signed up for and I don't regret it. I learn new protocols and practices inside the outbreak lab; all of which are constant reminders that I have chosen the right career path.

After this pandemic, I hope more people will support the call for more funding to research endeavors. A scientific approach



to public health prevents another disease outbreak of this magnitude. I pray that we all realize how crucial it is to prioritize and strengthen public health programs—it's about time we step up and see how strong our nation can grow.

Dr. Mia Dacumos

A resident doctor at the Makati Medical Center, Dr. Mia Dacumos shares the heartbreaking moments experienced by those at the frontlines.

As doctors, we've been trained to stay awake and go about our shifts that last up to 24 hours straight. It's tiring, but not as physically, emotionally, and mentally draining as what the past months have been.

I was assigned to the COVID ICU ward at the height of the lockdown. And in that span, we saw miraculous recoveries and lost esteemed fellows in our hospital.

COVID is a cruel, cruel disease. Patients are admitted into the hospital alone, with no family by their side. We, as frontliners, understand the fear and loneliness, so we try to make their stay as comfortable as possible.

In the best-case scenario, patients are released within a few days and reunited with loved ones. But as I am assigned to the ICU unit of the COVID ward, those that come into my care are those with worsening conditions.

We cannot tell them directly that the prognosis is not good. Not because we're not allowed, but because we do not have the heart to tell them. We offer them a phone instead and ask, "Is there anyone you would like to call?" We are not sure if they understand what we mean, but they usually – if they still have the strength in them – call a spouse, family, or close friend for a half-meant goodbye. We hear



I love yous and goodbyes often, and hope that it will not be the last time that they say either.

Death, sickness, struggle – we see these scenes every day. But this new illness is scary even to us doctors. It's frightening to see patients gasping for breath and seeing the very

virus ravaging their lungs and causing their health to quickly deteriorate, in some cases in a matter of hours. They fight for every breath. And in those moments, I'm sure they wish to have family to hold their hand. But we can only offer them ours.

There are a lucky few members of the family — who may have dropped by that day — who are able to peer from the window of the ICU. I remember one patient had passed away, and we were beside him until the last breath. In our hazmat suits, we could only give a nod to his two children by the window, and they knew. We could not comfort them. But more painful still, we could not grant them even a few more precious minutes to grieve. As per protocol, we had to immediately move the body.

COVID is a cruel, cruel sickness, and I hope that we all recover from its effects.



Dr. Erika Villanueva-Caperonce

The Internal Medicine-Infectious Disease Specialist completed her fellowship training in Makati Medical Center, while fighting COVID-19 at the frontline.

I had signed up to train as an infectious disease specialist without really imagining that I would ever need to deal with an actual pandemic as globally life-altering as COVID-19. And there was nothing routine about what happened next.

We were fighting a new disease, with no books or published evidence to guide our management. We were forced to learn fast for the sake of our patients. There was so much uncertainty and fear. I was prepared to be on my feet the whole day in a hot hazmat, rationing my water intake (because you can't really afford to pee often). I was prepared for the 12-hour claustrophobia my mask would give me in exchange for my safety. I had even accepted that the fight meant being away from my own family. (I am a mom of a five-year old and a four-year old, and the COVID frontline meant no snuggles for months.) I had embraced and

accepted the physical exhaustion that the fight implied.

In the beginning, we were losing more than we were winning. It was heartbreaking to see so many patients succumb to the virus. When you are a patient in the COVID-19 wing, there are no relatives allowed to be by your side. When patients die, they die alone. Our priests are not even allowed in to render anointing and final rites.

In time, we got better and better in understanding the disease. We fought COVID-19 as one hospital; we planned and improved together. While the virus threatened lives, economies, and the health of entire populations, it also brought out teamwork, generosity, and thoughtfulness amongst so many. The fight empowered everyone - from the doctors to the nurses, down to the housekeepers and security personnel. Soon enough, there were more wins than losses,



and the victorious claps grew louder every time we sent patients home.

Like everyone, COVID-19 affected my normal. But rather than counting the things and comforts it took away from me, I choose to focus on the good things it brought out in me and others. Kindness, generosity, thoughtfulness, and the special kind of joy and fulfillment when the claps fade and your patient makes it home alive. | 📌

‘How I Survived Covid-19’

AS TOLD TO KRISTEL DACUMOS-LAGORZA



As of June 6, the total number of COVID-19 cases has risen to almost 21,000 and the number is expected to rise as the government and the private sector ramp up mass testing across the country. In addition, the government has approved the gradual lifting of the lockdowns, which has kept Metro Manila and other heavily impacted cities under modified quarantine since March 15.

Despite the harrowing statistic and projections, the number of recoveries remains steady as well, at a high success rate. And thus every Filipino should remain hopeful and, more importantly, vigilant, never letting down our guards as we battle the highly infectious disease as a nation.

But we must also remember, this pandemic – with all its numbers – is not just about transmission rates, positive cases, and fatalities. It’s about people; it deals with people. And all of them deserve to be treated with dignity, respect, and compassion. Indeed, every life counts, and so we must protect and fight for every life that can be saved.

Here, be inspired by the stories of those who chose to fight and who have been saved not only by their own courage, but by the kindness and tireless sacrifice of their doctors, healthcare workers, and communities.

ZENY GIMENEZ

An answered prayer

At 73 years old and with a history of asthma, Zeny Gimenez is deemed as one of the most vulnerable to the infectious disease. And so when she was diagnosed with COVID-19, as well as her 75-year-old husband, prayers became her only source of comfort.

I never suspected I had COVID-19. I knew I was sick, because I had been having recurrent fever since March 6, but I wasn’t coughing. I have been asthmatic for a long time, so when I started having difficulty breathing on March 14, I followed my usual asthma protocol and went to the ER immediately.

At that time, COVID-19 would be suspected only if you answered “Yes” to two questions – “Did you travel recently?” and “Have you come in contact with anyone who traveled/been infected with the virus?” I answered

“No” to both questions, because I had no history of travel within the past six months, and, at that time, I didn’t know anybody who had traveled or had been infected. It would only be only a week later that I would come to find out that one of my officemates had died of COVID-19.

So I was sent home because my blood tests were normal and the X-ray result showed that my lungs were clear. I was given a prescription for antibiotics and cough syrup.

Two days later, I was not feeling any better so we went back to the hospital. We got no further than the triage area

because the nurse insisted that I had not completed the antibiotics course. Once again, she asked the two basic questions, and, at that time, my answer was still “No.”

I have been living with asthma for a long time, so I knew I needed help. Because the first hospital refused to even listen, I called our personal doctor and asked him if he could help me get admitted to the hospital. That same day, March 16, I was admitted to a private room.

On March 18, my officemate died after suffering severe respiratory syndrome. That same day, during the doctor’s daily rounds, I mentioned the death. His reaction was immediate – I was to be X-rayed again and transferred to the isolation wing. My husband, who had been with me the whole time at the hospital, was X-rayed as well. His X-ray showed he had pneumonia.

We were both tested for COVID-19 before the transfer. And I guess because it was standard protocol, and because of his age (75), he too was admitted to the isolation wing. It was truly isolation because while I knew he was in the room next to mine, we were not allowed to see each other.

On March 23, the result of our COVID-19 tests came out. We were both negative. However, by this time, my X-ray result had also come out and it showed that I, too, had pneumonia, or what my doctor called “shadowy streaks” in my lungs. I underwent another swab test for COVID-19, ostensibly to fulfill the DOH requirement of two successive negatives.

My husband was sent home the following day because during the six days of isolation, he had quickly recovered and his lungs were clear.

That was when I truly felt the isolation. Knowing he was just in the next room was comforting. Not having him there was distressing, to say the least.



On March 26, or even before the result of my second swab test came out, my doctor informed me that he was putting me on a mix of medicines – hydroxychloroquine, azithromycin, and zinc. I guess the pneumonia finding and my age (73) caused him to consider an aggressive approach, which proved to be beneficial because the second test, which was released on March 29, was indeed positive. By this time, I was already on the third day of the 10-day hydroxychloroquine mix. I believe this was the turning point of my disease – the aggressive treatment stopped COVID-19 in its tracks and allowed me to get healed.

But the medicine was hard to find. My husband and my two grown sons scoured the entire Las Piñas and Parañaque areas for hydroxychloroquine, and they could only come up with a few tablets. I needed 20 to complete the 10-day regimen of twice a day.

This is where our community sprang into action and this is where I truly thanked the Lord that we belong to a caring community. Within two days, tablets came from as far as Nueva Ecija as members of the community went from drugstore to drugstore in their respective localities and contacted friends in the medical industry. My son was able to order two boxes from a friend who owned a hospital. The final tally – two boxes of 60 tablets each and 25 tablets sourced from the individual forays of friends.

By March 29, the third, I began to show improvement in my breathing and I was taken off oxygen. That same day I was tested again. The result of this third swab was released on April 5 – negative. However, I could not be released because DOH was firm in its guideline; I needed to get a second negative result. It would not be until Good Friday, April 9, at exactly 3pm, that my nurse would tell me that I got the much-awaited second negative.

It is difficult to describe the feeling I got when I heard the good news of the second negative. First was extreme gratitude that the Lord had put me through the difficult situation. Next was relief because the days of stressful waiting and praying and coping with negative thoughts were beginning to take its toll on me.

By this time, three other friends from our community had also died, a total of four. All of them were male. Two of them were in their 50s and one of them still had children in school. The other two were senior citizens like me, but younger.

So my question was, why did you spare me Lord? Why did I survive and my friends did not? In all the 27 days of isolation, I knew people were dying in the same isolation ward. In my moments of darkness, during those 27 days, I wondered whether I would get out of there alive. I feared my life would end in that very same room, alone, with only my nurse for company. I dreaded the thought that I would come home to my husband and children in a box, in ashes. I was what the doctors call “immuno-compromised” – a long time asthmatic, in my 70s, and not in perfect health.

I will never know why I walked out of that hospital alive. Some said that perhaps my mission here on earth is not yet finished, and that the Lord still has a task for me.

All I know is that I was healed through God’s goodness and mercy. I had never prayed as hard as I did throughout those 27 days. My routine was anchored on prayer. The TV in the room was small and the images grainy. And there were only about a dozen channels, but fortunately one of those channels featured a daily Mass at 10am. I prayed on the hour and each prayer was a plea for healing, not just for me but for my family and friends, and for the world.

The most difficult part of my whole experience was the feeling of aloneness. I came to regard the nurse as my best friend, even though he was allowed to enter my

room just to get my vital signs. The doctors - and I had many - would stand about three meters away, just to explain any changes in medication and to ask how I was doing. I understood their caution. And I pray that none of them came down with illness.

But truly the most difficult part would come later – when I came home to find out that my husband, daughter, and househelp had experienced the kind of discrimination TV newscasters would discuss. The village association officers forbade the help from even stepping into our garden, never mind that our garden and the neighbors’ front gates were more than the physical distancing allowed – about 8 meters. The association president even threatened to have my daughter picked up by the police for not entertaining his questions, questions my daughter felt he had no right to ask because we had already provided all the necessary information to the right authorities – the barangay and the City Health Office.

So when I came home, we were practically prisoners inside our home. For me, it was to be expected because DOH prescribed a 14-day quarantine for all recovered patients. But for the rest of the household, it was a nightmare. All the help had to do was try to water our plants, and the neighbor would immediately report us to the association.

The barangay officials and the City Health Officer were most efficient, however. Knowing my husband was confined to our home, they sent food supplies and even a month’s supply of his maintenance medicines. The city doctor called every day to ask how we were, and if we needed anything.

So this COVID crisis really did bring out the best and the worst in people. What kept us going was our faith in the Lord and the certainty that there were more good people out there who truly cared.

If I could talk to other COVID patients now, there is only one thing I would like to tell them – pray. The Lord listens. I know He does because I am here now, a perfect example of His goodness and mercy.

FEONA DIMARANAN REYES

A frontliner and mother’s greatest hope and fear

A 36-year-old emergency room nurse working at the Fujairah Hospital in the United Arab Emirates, Feona Dimaranan Reyes had spent years saving lives and facing death and sickness at work. It is a calling she had fully embraced. Her husband, Hadji, is also a frontliner at the same hospital. As experienced healthcare workers, they had learned to face high-pressure situations at the hospital with both cool and calm. But nothing could prepare them when sickness would finally hit too close to home, with Feona contracting the deadly disease and unknowingly passing it on to their six-year-old son, Eohan.



“Heal me, O Lord, and I will be healed; save me and I will be saved, for you are the one I praise.”

I am Feona Dimaranan Reyes, an ER Nurse, and I had tested positive for COVID-19.

Ako po ay nagtatrabaho dito sa isang malaking ospital ng gobyerno ng UAE bilang isang ER nurse. More than 12 hours ang duty ko kada araw. Dumating ang time na kaliwa’t kanan na ang pasyente namin— COVID positive, PUIs, PUMs. Puno kami ng takot at kaba pero di kami nag-aalinlangan na harapin ang mga ito.

On May 10, 2020, *nagsimula ang dry cough ko, akala ko dahil asthmatic ako at medyo mainit na ang panahon kaya umatake na naman ang asthma ko. Tinawagan ko ang aking asawa na si Hadji at sinabi ko sa kanya yung lumalala kong sintomas. Around 7:30 p.m. pumasok na ako sa work, at dahil nagwo-work ako sa ER, nagsabi ako sa mga doctors namin na magpakuha ako ng blood test at X-ray. Lahat naman ay normal. Umuwi akong pagod na pagod.*

Then on May 11, I lost my sense of smell and taste, zero percent. *Naisip ko na dahil siguro sa allergic rhinitis ko. Di ko ito masyadong pinansin at inisip kong babalik din naman, I even told my friends and co-staff about it. Pero naisip ko din na isa sya sa mga symptoms ng COVID.*

I got the following two days off. *Mabuting makakapahinga na ako dahil I have body aches, no appetite, and still no sense of smell and taste. The next day, I woke up still with the same symptoms.*

That was the time *na nag-decide na ako’ng magpunta sa ER*, because I will be having my two night shifts. And based *sa assessment ko sa sarili ko, mukhang COVID na ito*. The swab was taken and they gave me two days sick leave or until *ma-release ang results. Since kasama ko sa bahay ang pamilya ko* since the first day *na nagka-symptoms ako, in-isolate ko na yung sarili ko*.

This is what I had always feared. On May 15, Eohan is exhibiting a mild cough and fever. He just turned six years old last March. *Dinala sya ni Hadji sa clinic, and they did nasopharyngeal swab. Hadji wasn’t swabbed because even if we live in the same household, he was asymptomatic. The hours seemed too long and it was all a waiting game as we looked forward to the medical result of Eohan.*

On May 17, 2020, *ang aga kong nagising. Masaya ako kasi wala na akong fever, medyo masigla na ang katawan ko. Magkausap kami ni Haj, nagtatawanan at nagbibiruan pa kami. After 30 minutes, results are up. I am POSITIVE to COVID-19.*

Wala ng oras para makapag-isip, kailangan na din ni Haj magpa-swab test kasi exposed na siya sa akin. Tinawagan ko kaagad ang in-charge (supervisor) namin at infection control nurse. Walang available beds at the hotel for quarantine. I had to stay at home. Pero around 6 pm. bigla akong nakaramdam ng chest discomfort. Tinawagan namin ang infection control nurse, kasi di ko na kaya i-manage ang sarili ko sa bahay, sabi ko. Kahit nurse ako, di ko kaya gamutin ang sarili ko sa bahay. The ER doctors called me and I

TALES OF HOPE

was informed by my supervisors that they already had a bed prepared for me.

On May 18, 2020, they put me on treatment, a mix of medications, vitamins, and oral fluids. When treatment started, I vomited and felt dizzy. But it was most likely due to the meds.

And the biggest heartbreak of my life—on May 19, 2020, Eohan tested positive also for COVID-19. *Sa kanya ako naiyak. Kasi six years old pa lang siya, nasa bahay siya at ako ay nasa hospital. Ano ang gagawin ko?*

They kept Eohan for home quarantine with Hadji, and thanks be to God *masigla ang katawan nya*, no fever and *may cough paminsan-minsan*.

Early in the morning, around 4:30am on May 22, the doctors transferred me to a hotel-turned-health facility. *May mga nurses and doctors din. Wala na din akong fever, dry cough na lang*. We've been very lucky here, the UAE government has been taking

good care of us. I don't have to pay for the hotel stay and even the hospital bills; I didn't pay anything.

Sa ngayon nagpapalakas ako at nagpapahinga. Kailangan, dahil I'm a mother and a wife. I am waiting for my swab test results and praying na negative na. Dapat kasi magkaroon ako ng two negatives bago mafully discharge. My son, too, has been admitted into the Isolation Facility.

On June 1, after 17 days, I was officially home with my son. We are now both well and in high spirits. And we thank everyone who sent heartwarming messages, phone calls, and prayers. We are overwhelmed by your love and support.

I have had a lot of realizations during this difficult time. I have been discriminated against, but a lot of people continue to uplift my spirit. Stop the stigma. Virus is the enemy, not the person suffering from it.

In a few weeks, I hope to be back on the battlefield, fighting not as a patient anymore, but as a survivor.

ARVIN AMARO

A community of caring

A student in good health, Arvin Amaro thought that getting sick from COVID-19 was a far probability, especially after believing that the elderly, the immuno-compromised, and those with existing medical pre-conditions are the only ones susceptible to the virus. But as the disease does not discriminate, Arvin soon found himself fighting for his own life, too.



I live in San Juan and that made me feel very safe and secure, even when I was yet to be confirmed for COVID-19.

It was a few days into the ECQ when I started seeing rashes around my wrists. Then, my dad started complaining about body aches. That's when we were ordered to go for immediate swabbing.

The entire process of testing was made very comfortable for us San Juaneños. My first test was performed at the San Juan Medical Hospital. It was done in less than five minutes, and I was allowed to go home immediately. Afterwards, I received a call from San Juan's Response Head to undergo home quarantine while waiting for the results. In less than five days, I received my first COVID test results and it was positive. My dad, too, was diagnosed. But while I was recommended to recover at home, he was taken to San Juan Medical Hospital as he was 63 years old.

The first thought that came to my mind was I have to survive, for my dad and for my family.

When I was diagnosed, I didn't inform a lot of people as I wasn't sure if I had the energy to respond to everyone. But my closest friends who knew regularly checked up on me and assured me that I would be able to get everything that I needed.

Thankfully, unlike the other stories we often hear, I didn't experience discrimination even while I was under home quarantine and healing. Our neighborhood was well aware of my situation and they were incredibly supportive.

I thank one of my *titas*, Ofel Villanueva, who helped us a lot in relaying the information from the ward to

me, since we were asked to buy medicines for my dad, at least two to three times a week. It was challenging to buy medicines due to the scarcity, and due to me being stuck at home.

But thankfully, I was able to focus on my recovery because my friends and family, the community, and my city offered so much support. Even as a patient, and even if my father was sick, I didn't feel afraid, because I knew that the city would take care of us. Anyone can deal with crises positively if you have a system in place that you know will take care of you.

I'd like to personally thank our City Mayor Francis Zamora for his intelligent handling of the entire situation, Mr. Vincent Pacheco for immediately attending to my personal requirements, and Kagawad Lalie Aguinaldo-de Oca for her support since Day 1.

KOBE MANJARES

An angel in heaven

Baby Kobe was born during a difficult time with hospitals operating at maximum capacity. To address the growing pandemic, the medical staff's focus was on treating and diagnosing the severe cases of suspected COVID-19. This made it difficult for new parents, Ronnel and Tricia.

Noong ianak po, dinala sa ospital kaso tinanggihan po ng mga ospital sa Alabang, kasi nga po dahil may COVID-19. Inuwi na lang po ang mag-ina tapos sa bahay na lang po siya nanganak (When the mother was about to give birth, hospitals in Alabang declined them because of COVID-19. So, they just went home and the mother gave birth to him there),” Kobe's aunt, Rosalyn Manjares shared with Rappler.

Three days after he was born, Kobe was rushed to the hospital because of high-grade fever. After 11 days of confinement at the National Children's Hospital (NCH) in Quezon City, Kobe survived COVID-19 and was discharged last April 28.

Unfortunately, Kobe had to return to the NCH because of a swollen abdomen and constipation. Doctors revealed that his organs had not fully developed yet. “Ngayon po, naka-incubator siya. Dinadaan po muna sa gamot at pag hindi raw po nakuha sa gamot, maaring ma-operahan po anak

ko. (Now he is incubated and they are giving him medicine. If he doesn't get better with medicine, the doctors said my son might need surgery),” Kobe's father, Ronnel Manjares shared with LEAGUE.

Kobe's hospital bills were shouldered by PhilHealth. But because he was confined again at NCH and his parents are currently unemployed due to the lockdown, they are humbly asking for donations. “Wala talaga, kasi si Ronnel naman ay walang trabaho ngayon dahil tigil ang construction. Wala rin trabaho si Tricia,” Rosalyn said.

Editor's Note: Baby Kobe passed away on June 3, 2020, due to complications in his intestines. Kobe is survived by his parents and elder sister. Kobe's father has not been able to return to his work in construction since the beginning of quarantine and the mother is unemployed. They do not have enough money for burial expenses. For those who would like to help baby Kobe and family, interested donors may contact Ronnel Manjares at 0938-480-4426. Donations can also be sent to Rosalyn Lascano Manjares (0907-565-9016).



ALYSSA LUNGCA

Not the last goodbye

An ICU nurse from the Asian Hospital & Medical Center, Alyssa Lungca recalls her experience as a patient and survivor.

I handled a COVID positive patient. She was a nurse, too, who had worked abroad. She was in her 80s and we took care of her. Unfortunately, she didn't make it, but her kind words were comforting, and they helped me endure the overtime, dealing with the volume of patients. [At the height of the pandemic], some of us had to leave home and stay in the hospital for days/ weeks at a time, because of fear that we might transmit the disease.

On March 27, after a 3-day workload, I came home feeling tired with mild backaches. That night, my body malaise was not relieved by analgesics. On March 28, I consulted a doctor and was categorized as a low-risk PUI. I had my COVID swab test, CBC, and X-ray done, and 14 days of quarantine was advised while awaiting results.

I informed my family right away. I decided to undergo home quarantine, since I had my own separate room. I didn't inform anyone that I was a PUI, because I knew back then that I was asymptomatic. [Along with experiencing other common COVID-19 symptoms], I had nights when I was having difficulty in breathing, but [this] was eased. I didn't disclose this because I knew it would make my family anxious.

On April 1, I got a call that my test results came back positive. Time stopped before me. I was hyperventilating; the person on the other line was trying to calm me down. I was crying; in fear that I won't be able to see my family again, fear that I might acquire pneumonia and be intubated. Beforehand, I told my mom that I didn't want to be intubated if my prognosis was already poor. It was something I had to tell her again, because I've seen how the disease deteriorates patients fast within 24-48 hours. I've seen patients who weren't able to see their family and who have died alone because of this disease.

I was a COVID positive patient. I was advised for admission, for close monitoring. I packed my bags, good for 2 weeks, with an uncertain of the fate ahead. I saw



my mom cry. It was the most heartbreaking cry. I didn't want to show her that I, too, was anxious and afraid. I kept assuring her that I was okay.

My first night was full of tears. I was alone in my room, fearing the worst. I had to tell a few of my fellow nurses of my case so that they would be more aware and cautious. Only my family and a few friends knew. I didn't want to worry them. I didn't want them to see that I, too, was fearing for my own life.

It really took a big blow on my mental health. I prayed fervently. I asked my Sr. Lola to include me in her prayers. I prayed one night, surrendering all my fears, anxieties, and doubts to Him. "Lord, *Ikaw na po bahala.*"

My confinement made me realize how I was taking life for granted. It made me appreciate life from a different perspective. I love yous became more precious. I was by myself, but I had my prayer warriors who were constantly reassuring me that it would be okay.

All the statistics were geared toward deaths, all I had was faith and hope. Faith that there is a God ever so loving and merciful, and hope that I would recover.

I defied the odds. I am a survivor. | ■

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METRO MANILA • BATANGAS • ILOCOS • CEBU

In 1918, the influenza pandemic infected roughly a third of the world's population (500 million people) and killed an estimated 50 million people. What followed were the twin recessions of 1918-1919 and 1920-1921, an era infamously known as "The Great Depression." Over a century later, the world is struggling with COVID-19, and experts are predicting an economic collapse mirroring the historical fallout.

"Just three months ago, we expected positive per capita income growth in over 160 of our member countries in 2020," International Monetary Fund (IMF) Managing Director Kristalina Georgieva said on April 9. "Today, that number has been turned on its head. We now project that over 170 countries will experience negative per capita income growth this year."

In the IMF World Economic Outlook (April 2020), data shows that both advanced and emerging market economies are expected to take a hit following the pandemic: "As a result of the pandemic, the global economy is projected to contract sharply by -3% in 2020, much worse than during the 2008-2009 financial crisis." The report also indicates a projected growth of 5.8% in 2021, considering that the pandemic will fade toward the end of 2020 and economic activity returns to normal.

But this is a shaky forecast since the gravity of the economic fallout and its recovery depend on a number of unpredictable factors, including "the pathway of the pandemic, the intensity and efficacy of containment efforts, the extent of supply disruptions, the repercussions of the dramatic tightening in global financial market conditions, shift in spending patterns, behavioral changes (such as people avoiding shopping malls and public transportation), confidence effects, and volatile commodity prices."

Georgieva, however, assured that the IMF is ready with US\$1 trillion in lending capacity. The IMF WEO April report points out, "Strong multilateral cooperation is essential to overcome the effects of the pandemic, including to help financially constrained countries facing twin health and funding shocks, and to channel aid to countries with weak healthcare systems."

Ultimately, these are half-measures until a vaccine is invented or medical therapies are proven to cure COVID-19. "Until such medical interventions become available, no country is safe from the pandemic (including a recurrence after the initial wave subsides) as long as transmission occurs elsewhere," the IMF report executive summary ends.

The global forecasts are grim and economic experts worldwide are echoing the same sentiments. LEAGUE now turns to our government agencies for their prognosis in their respective sectors. What will happen to the Philippines and what are their plans?

Road to Recovery

BY HELEN HERNANE

What are our respective government agencies doing to mitigate the future impacts of COVID-19, adopt to the 'new normal', and ensure sustainable recovery? Here are updates we've gathered.



Department of Trade and Industry (DTI)

EO 104 is under debate while Price Act violators may face a heftier fine and longer jail time. Meanwhile, should we expect more foreign investors?

Executive Order (EO) 104, which aims to regulate the prices of drugs and medicines was implemented on June 2. Under the EO, prices of medicines including anti-hypertensive, anti-asthma, antidepressant, anti-coagulant, anti-viral, and diabetes drugs are supposed to drop by 45% to 55%.

While DTI Secretary Ramon M. Lopez assured that he is not calling for the suspension or delay of the EO implementation, he suggested that the DOH review the order especially given the pandemic situation. “It’s better to have that discussion to reconsider the pros and cons of EO 104,” said Lopez during the Philippine Chamber of Commerce and Industry (PCCI) webinar last May.

Laban Konsumer Inc. (LKI), however, warned that the government should not renege on the EO implementation. LKI President Victorio Mario Dimagiba said, “The EO shall grant access to medicine at lower prices. This executive order was not just signed, there was a lot of technical review, and in our view, the implementation of this EO is very timely because of the pandemic. We must follow the government’s wishes, and implement these low prices immediately for the welfare of consumers. The major pharma companies should not counter these moves, as now is not the time to complain about losing money when this crisis of coronavirus is

taking away [the] livelihoods of our fellow brothers and sisters.”

According to the Pharmaceutical and Healthcare Association of the Philippines (PHAP), the Philippine government is projected to lose around P28 billion in revenues as a result of EO 104. In its statement, PHAP argued that “the EO does not benefit the public in the end because of the formula used to compute the price adjustments.”

PHAP appealed the withdrawal of the EO until further analysis could be made since the government is in dire need of funds to fight the COVID-19 pandemic. “Price control has not been effective based on global experience. It is a populist proposition but discourages production, creating scarcity that will likely hurt those in need of medicines the most, and shrinks an industry.”

They recommend that the government should continue buying in bulk and negotiate prices to maintain price stability without affecting supply.

On the other hand, DTI Undersecretary Ruth B. Castelo is tackling the Price Act or Republic Act (RA) 7581, which regulates the prices of basic and prime commodities by preventing undue price increases during emergency situations.

LOOKING FORWARD

Currently, those guilty of hoarding, profiteering, and cartel activity will be fined P5,000 to P2 million, plus imprisonment of five to 15 years. Price ceiling violators will pay a fine between P5,000 to P1 million and be imprisoned between one to 10 years. Castelo recommended that the minimum be raised to P50,000 to deter violations. The maximum fine will also be increased to P3 million for violating price ceilings.

Castelo revealed that they are also considering that the DTI be given the authority to apprehend, penalize, or catch violators. Senate Bill No. 1454 seeks to expand the coverage of goods that will be under price control, aiming to include medical devices and personal protective equipment (PPEs). The bill also aims to include public health emergencies (such as epidemics, pandemics, etc.) in the coverage of “emergency situations” that will immediately prompt price controls.

“In preparation for the big one, ‘*yung mga emergency na darating. Sana* (and other emergencies that may happen. Hopefully,) we’ll be ready,” Castelo said.

DTI is also in talks with over 100 Chinese and non-Chinese firms that could possibly relocate to the Philippines in the future. Sec. Lopez assured that the country is not stealing investments from China, rather they want the companies to consider the Philippines as a “complementary site” for their manufacturing and other business.

Out of the 135 companies, 16 are based in the City of Wuhan, which is believed to be the ground zero of the COVID-19 pandemic. The companies manufacture auto parts, appliances, electronic equipment, and more. The other 64 China-based companies produce appliances, furniture, bicycles, optical lenses, and medical devices, while the remaining 55 manufacture medical devices.



Department of Tourism (DOT)

While foreign airlines are filing for bankruptcy, our local airlines are managing to stay afloat.

In 2018, tourism accounted for 12.7% of our country’s gross domestic product (GDP) and provided over 5 million jobs for the Filipino people. It is the second-largest contributor to the country’s revenue.

The tourism industry is one of the hardest-hit industries all over the world because of COVID-19.

According to the Department of Tourism (DOT), the foreign arrival rate in the Philippines dropped by over 50% in the first four months of 2020. Some airlines have already filed for bankruptcy due to the pandemic—Flybe (UK), Trans States Airlines (US), Compass Airlines (US), Virgin Australia, and Avianca (Columbia).

In their statement released on March 17, the Centre for Aviation (CAPA) warned that most airlines in the world will be bankrupt by the end of May 2020. Their statement calls for the establishment of a new framework and they warn that “failure to coordinate the future will result in protectionism and much less competition.”

While our local airlines are still managing to survive, the DOT calls for the immediate approval of the Philippine Economic Stimulus Act (PESA). The act is set to allocate around P58 billion to fund the Tourism Response and Recovery Program (TRRP). Aside from the DOT, the Tourism Congress of the Philippines (TCP) is also pushing for the Act's approval.

As the situation starts to improve in several provinces, the DOT released guidelines that tourist accommodations should follow. "It is important that we embrace the new normal and equip our industry stakeholders with the appropriate tools and knowledge to recover and succeed in the post-lockdown era," Tourism Secretary Bernadette Romulo-Puyat said in a statement during the Senate Committee Hearing on the COVID-19 impact.

Guidelines include safety measures for housekeeping, food and beverage service, sanitation and disinfection, public areas, guest handling, supplies of goods and services, and much more. Here are some specific guidelines for tourists and accommodations:

- Guests will be screened prior to check-in. Those with fever and flu-like symptoms will not be allowed to enter the establishment and will be referred to the doctor on-duty, the nearest hospital, or the Barangay Health Emergency Response Team (BHERT).
- Guests are required to complete a health declaration form about their health condition and travel history.
- Floor markers will be placed to ensure physical distancing of one meter between guests on queuing.

- Sanitation materials, such as disinfectants or wipes for surface cleaning, must be available at the reception desk.
- Instead of a handshake, staff are encouraged to welcome guests using the "mabuhay gesture."
- Only single to double room occupancy is allowed. Couples or family members who share the same household may be allowed in double or twin occupancy rooms.
- Only 50% of maximum occupancy is allowed when using elevators. General facilities and furnishings must be cleaned or disinfected at least once daily.

In another effort to boost the tourism industry, Puyat also revealed that travel exhibitors no longer need to pay fees at tourism fairs until the end of 2021.



Philippine Stock Exchange Inc. (PSEI)

Investor confidence is wavering, but there are a few resilient sectors.

A Reuters poll among equity strategists reveals that 2020 will be the worst year for stocks in nearly a decade. "Macroeconomic data points to a deep global recession, with widespread expectations among economists and longer-term fund managers for a slow and elongated rebound, not to

mention warnings from the Federal Reserve as well," wrote Rahul Karunakar in the Reuters article.

As for our country, Philstocks Financial Inc. Senior Research Analyst Japhet Louis O. Tantiangco confessed that investor sentiment was down as

LOOKING FORWARD

the economic outlook appears dim. As the number of COVID-19 cases rises, Tantiangco cited concerns about the country's slow contact tracing efforts. As Metro Manila transitions from MECQ to GCQ, investors are anxious about its repercussions.

"This puts into question whether the Philippines, particularly its areas under the tightest quarantine measures, are really prepared for the easing of restrictions. In the end, we're still trapped in the health or economy trade-off dilemma which in turn remains a drag to the local market, keeping investor confidence tempered," Tantiangco said.

Despite this, the Philippine stock market recorded slight gains as the lockdown eases in June. Tantiangco, however, chalked up the increase to "investors' hopes that the government would take a more balanced

approach with respect to the quarantine measures to be implemented after May 31—one that would allow more economic activities without compromising our health as much as possible."

And yet, stock experts are hopeful. "Being an optimist, I believe that every cloud has a silver lining; and the silver lining here is that when you're at the bottom, there's no other way to go but up," Ramon Monzon, President and CEO of The Philippine Stock Exchange Inc., said during the Businessworld Insights online forum held last May 13.

For Vice President and Head of Research of COL Financial April Lynn Tan, investors should stick to resilient sectors at present, which include retail (essentials), food manufacturing, telecommunications, and utility/power.



Management Association of the Philippines (MAP)

MAP hopes the government hears their proposition regarding mass testing and improved transport.

As the lockdown eases and businesses are expected to ramp up operations, the ball is passed to the employers when it comes to testing and transport.

Divided into two phases, the month of June will see the easing of transportation ban on public utility vehicles (PUVs). For phase one (June 1 to 21), allowed modes with limited capacity are train and bus augmentation, taxis and TNVS, shuttle services, P2P buses, and bicycles. Modes allowed during MECQ are: private cars, company services, motorcycles, and electric scooters. From June 22 until 30, buses, modern PUVs, and UV express vans are allowed. Despite this, some companies still consider

providing shuttles for their employees the best option since the limited capacity will prove to be a struggle for commuting employees. Last May 6, MRT passengers were told to allot two to three hours for boarding once the train operations resume. Typical office hours in Metro Manila are between 7am until 7pm.

Last May, Presidential Spokesperson Harry Roque said in a press briefing that the government is increasing its daily capacity for testing and they are aiming to conduct 30,000 tests per day. But he admitted that the government is looking toward the private sector to pick up the slack. "As much as possible, we're increasing our testing capacity to reach 30,000 [tests per day]. But in

terms of mass testing, like what they did in Wuhan where all 11 million [residents were tested], we don't have a similar program and we leave that to the private sector," Roque said.

Businesses are now worried about the cost of testing all their employees. While large corporations and conglomerates may be able to afford it, MSMEs (micro, small, and medium enterprises) may not have as much funds. Not to mention that whatever money these businesses may still have are already depleting daily just to keep the business afloat and employees paid despite the quarantine keeping them closed.

Philippine Chamber of Commerce and Industry (PCCI) President Benedicto Yujuico explained, "If we

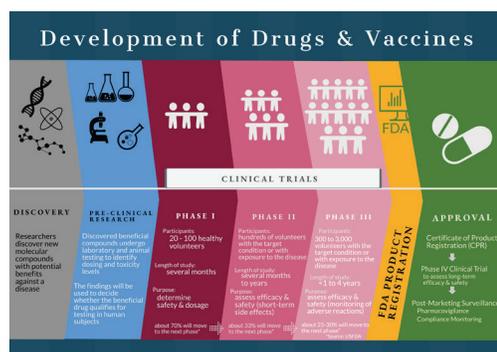
talk of MSMEs, they can hardly afford to keep their employees much less do this test, which is very, very costly. For example, for COVID test, the PCR costs about Php10,000 and that's one month's salary already. So how do we expect MSMEs to be able to afford that?"

Management Association of the Philippines (MAP) President Francis Lim told *The Manila Times*, "I'm personally hoping that the cost

can be reimbursed by PhilHealth, tax-deductible or be covered by the COVID-19 testing provisions under the Philippine Economic Stimulus Act (PESA)."

As Metro Manila transitions to GCQ (General Community Quarantine), Lim also told *ANC* that the shift will aid the economy. "I think it's a step toward the right direction. I think we'll have an economic recovery that we're all trying to do."

MAP and 31 other business groups have expressed their support for the swift passage of the Corporate Recovery and Tax Incentive for Enterprises Act (CREATE). The bill aims to immediately reduce the corporate income tax (CIT) rate from 30% to 25% by July 2020. Further, the CIT will be reduced by 1 percentage point per year from 2023 to 2027, bringing it to 20% by the end of the period.



Food and Drug Administration of the Philippines (FDA)

FDA has fortified its workforce, while assuring the public that they are monitoring possible cures for the novel coronavirus.

Last April 27, President Rodrigo Duterte ordered the Food and Drug Administration (FDA), along with the Department of Science and Technology (DOST), to ramp up their operations to address the backlogs in the mentioned government agencies due to the COVID-19 crisis.

"In compliance to the President's directive, the FDA Policy and Planning Service-Information, Communication, Technology and Management Division (PPS-ICTMD), and Common Services Laboratory (CSL), which are vital offices in FDA operations have modified the work schedule of the staff and personnel to facilitate transactions 24/7," FDA Director-General Undersecretary Rolando Enrique Domingo told LEAGUE.

Domingo added that the agency hired additional manpower, including medical technologists and technical staff, to augment the workload during the pandemic. The agency had also issued a circular, "Guidelines for applications and transactions at the

Food and Drug Administration in light of the community quarantine declaration," which aims to guide stakeholders in their applications to the FDA. All applications, including the submission of requirements, are processed via the ePortal system.

"High priority is given to establishments or products that are intended for the use in the diagnosis, cure, mitigation, prevention, and [manufacturing of] personal protective equipment for COVID-19, as well as essential medicines," he stressed.

The Director-General also warned against the selling (and purchasing) of unregistered medical devices and supplies online. In an advisory posted on their official Facebook page, the FDA also cautioned against products such as "Virus Shut-out" and "SDS Blocker Anti-Virus."

"These products shall not, in any way, cure and especially kill viruses and bacteria and any other disease, and should not bear any misleading, deceptive, and false claims on their labels that will provide erroneous impression on the product's character or identity," the advisory read.

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“Further, the FDA would like to emphasize that this time, there are no specific treatments for COVID-19.”

FDA also reiterated that COVID-19 test kits are prohibited to be sold online. “Test kits with FDA special certification are strictly for medical professional use only and should not be sold online. Regulatory enforcement units are monitoring online platforms to ensure full compliance and implement regulatory actions as necessary,” Domingo said.

The agency has received over 100 reports regarding online sales of supposed COVID-19 test kits, most of which are on Facebook, Lazada, and Shopee. They were sent warning letters. As of May 30, there are no “COVID test kits” available in Lazada and Shopee. In coordination with the NBI, the FDA’s Regulatory Enforcement Unit

continuously monitors online platforms for the selling of COVID test kits.

As for the future of the pandemic, Domingo assured the public that the agency is ready. They have crafted guidelines detailing the registration of drug products under emergency use (DEU) for COVID-19. “This is to ensure that there is enough supply of registered drugs used for its indicated disease and also as possible treatment for COVID-19,” the Director-General said.

FDA is also strengthening its surveillance for when a treatment, vaccine, or cure for COVID-19 hits the market. The interim guidelines will require health facilities and health professionals, along with Market Authorization Holders (MAH), to monitor and report any adverse reactions to the future drug and monitor its quality.



National Economic and Development Authority (NEDA)

Trillions in losses and that's just the first 45 days. But NEDA is hopeful we can bounce back.

“We are, prior to COVID, one of the fastest-growing economies in the world with an average growth rate of 6.6% from 2016 to 2019. We had low and stable inflation and among the lowest ever rates of unemployment, underemployment, and poverty,” National Economic and Development Authority (NEDA) Acting Secretary Karl Chua said during the online forum, “Business as Usual under the New Normal.”

Then the COVID-19 pandemic happened and while it continues to affect our lives, the losses are already unimaginable. Chua revealed that our nation’s economy suffered a loss of P1.1 trillion during the first 45 days of the lockdown. In an interview with Bloomberg TV, Chua was asked if the Philippines is headed for or is

already experiencing a recession, and the NEDA chief said, “The textbook answer is, yes, we are, and this is something that all countries are going through.”

Nevertheless, the NEDA Chief expressed his hopes for a V-shaped recovery in the second half of 2020. “The idea is we use our policies and our collective effort to proactively shape our future into a recovery that looks more like a V-shape so by the end of the year, we will have respectable growth performance,” Chua said in a virtual press briefing.

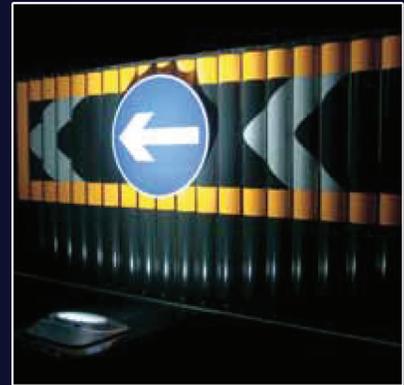
President Rodrigo Duterte has also shared a few local-foreign partnerships that aim to assist the country in battling and recovering from COVID-19. NEDA and the Department of Finance (DOF), in partnership with the Asian Infrastructure and Investment Bank

(AIIB) and the Asian Development Bank (ADB), is working on a COVID-19 Active Response and Expenditure Support Program.

NEDA is also working with the United Nations Development Program (UNDP) in developing a response for Philippine MSMEs. It will include safety systems, healthcare development, and supporting the growth of small businesses.

Chua also pushes for structural reforms that will assist in the “new normal.” During the virtual general membership meeting of the PCCI, Chua said that digital transformations, especially in government offices, will be integral to economic resilience. With this, he asked the private sectors’ help to bring down costs while ensuring quality through competition. ■

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REMEMBERING THE FALLEN

HEROES AT THE FRONTLINE

Growing up, heroes were those in capes who possessed supernatural abilities. But in the real world, in one that is grappling with the devastating blow of a pandemic, many of these heroes don't don capes, but gloves, masks, and hazmat suits.

Frontliners are the new modern-day heroes—from doctors to health practitioners, police officers, journalists, food delivery crew, to garbage collectors. There are so many more essential workers whom the country has relied on the past months to survive. The nation is thankful to those who have chosen to brave the virus and continue to perform their duties on a daily basis. Several of them have even lost their lives in the fight.

According to a report last May 18, the Department of Health reported 2,314 health workers who had been infected with the coronavirus, with 35 of them succumbing to the disease.

From that number, a little over 900 have recovered and are back in the trenches, helping others. As shared by the DOH, the top medical professions that are most at risk during this pandemic are nurses, physicians, nursing assistants, radiologic technologists, medical technologists, and non-medical staff.

But through the continued support of the public—by staying home to flatten the curve, practicing social distancing and good hygiene, and by donating to agencies that ensure the continued supply of life-saving PPEs, masks, food, and medication—we can give medical frontliners a better, fighting chance.

For those who have lost their lives at the frontline, their sacrifices will never be forgotten. They are heroes to be honored and whose legacies will be remembered. The entire nation is indebted to them.

DR. ROBERTO “BOBBY” ANASTACIO

Dr. Roberto “Bobby” Anastacio was a pillar in the medical community of Makati. A cardiovascular medicine specialist who had served three decades for the institution, he died on the frontlines. “Dr. Bobby was not just a health hero for MakatiMed, but also a friend and family.”

DR. ROMEO GREGORIO MACASAET

At 62-years old, Romeo Gregorio “Greg” Macasaet III gave up the last weeks of his life in service of others. The esteemed anesthesiologist at Manila Doctors Hospital had served for almost 40 decades, and succumbed to the virus on March 22. “[He is a] brave man, one of the best anesthesiologists in the country.”

DR. MARCELO JAOCHICO

Dr. Marcelo Jaochico, the provincial health chief of Pampanga, leaves behind an incredible legacy. For 16 years, he served as a “doctor to the barrio” in Calanasan, Apayao, helping the community combat deadly diseases such as dengue and malaria. He was awarded the Most Outstanding Doctor to the Barrios under the rural health program of the Department of Health. Until his last breath, on March 24, he performed his duties and responsibilities as a doctor of the people.

DR. ISRAEL BACTOL

The young physician had a bright future ahead of him. At 34 years old, Dr. Israel Bactol was training as one of the select Cardiology fellows at the Philippine Heart Center. He also volunteered in many medical missions, providing healthcare service to underprivileged communities.

DR. RHONEIL DEVERATURDA

Off the shore in the Netherlands, Dr. Rhoneil Deveraturda was treating patients on an oil services ship, before contracting the disease himself. He died on April 10 at 54 years old.

DR. LEANDRO RESURRECCION III

The passing of Dr. Leandro Resurreccion III, the country’s pioneering pediatric surgeon, is a great loss. He was the chief of the Pediatric Surgery Division of the Philippine Children’s Medical Central (PCMC), and was doing groundbreaking work in liver transplants. In a statement, the PCMC shared, “[Dr. Resurreccion was] always smiling, friendly and very cool; he will be missed.”

DR. ROSE PULIDO

Dr. Rose Pulido was a medical oncologist at San Juan de Dios Hospital. She attended to cancer patients in the charity ward with great patience and care. She was voted as Best Resident during her residency program. “Her memory is not defined by how she died but how she lived. Her kindness, generosity, and compassion will always be remembered.”

DR. RAUL DIAZ JARA

An activist physician, Dr. Raul Diaz Jara leaves a great void in the medical community. He served as the UP PGH Clinical Associate Professor of Medicine from 1984 to 2020, the president of the Philippine Heart Association from 1999 to 2000, and was the founding member of the Philippine Society of Echocardiography. “Dr. Jara was our Amang, a father who led by example and a friend who gave comfort and strength when it was most-needed. He had a unique blend of courage and kindness, the stuff that allowed him to fight valiantly and stay true to his calling until the very end. He loved our country dearly and dedicated his life in the service of the Filipino people.”

DR. SALLY GATCHALIAN

Salvacion “Sally” R. Gatchalian, M.D. was a pediatric infectious diseases expert from Quezon City. She was serving as assistant director of the Research Institute for Tropical Medicine when she passed. Dr. Gatchalian was an esteemed physician who also led the community as the 2020 president of the International Society of Tropical Paediatrics of the Philippines, the former president of the Philippines Pediatric Society, and former president of the Pediatric Infectious Disease Society of the Philippines.

RAUL DELLA ESLAO

Raul Della Eslao was a hero until the end. A graduate of UP Integrated School, UP Diliman College of Architecture, and a registered nurse, he was a proud Filipino who worked the frontlines in Michigan, USA.

**DR. DENNIS RAMON TUdTUD +
DR. EVANGELISTA TUdTUD**

In life and even in death they were inseparable. The husband-and-wife team of Dr. Dennis Ramon Tuditud and Dr. Helen Evangelista Tuditud valiantly fought the virus. Dennis was a distinguished oncologist based in Cebu, while his wife was a pathologist at the Vicente Sotto Memorial Medical Center. “My parents touched many lives and were always at the forefront of helping other people,” shared their son Dennis Thomas in an interview. “[We] may never understand why God had to take them both. There are so many questions with no answers... We have a flood of tears. I also ask for your prayers of strength and of acceptance. Daddy and Mommy, please watch over us from heaven.”

MARLON JIMENEA

Marlon Jimenea was a proud Filipino nurse and OFW stationed in Sharjah, United Arab Emirates. An ICU nurse, he had stayed in the UAE for eight years and worked at the University Hospital Sharjah. On April 26, at just 44 years old, his life was cut short. “He was like a big brother to us, and not just a colleague. We were family,” shared a close friend of his.

On May 1, 2020, the Department of Trade and Industry (DTI) and the Department of Labor and Employment (DOLE) promulgated the *Interim Guidelines on Workplace Prevention and Control of Coronavirus Disease 2019 (COVID-19)* (“*Interim Guidelines*”) for the observance of businesses in their respective workplaces.

Here is a quick guide on the protocols prescribed by the DTI and DOLE in order to prevent and control COVID-19 in the workplace as of May 20, 2020.

DUTIES AND RESPONSIBILITIES OF EMPLOYERS

What should employers provide to their employees in the workplace to prevent and control COVID-19?

Employers should readily provide the following items to their employees in the workplace:



- Appropriate face masks for workers. Should cloth masks be used, the washable type shall be worn but additional filter material such as tissue papers inside the masks may be added.

- Alcohol and sanitizers at the workplace entrance, corridors, conference rooms and areas where workers pass, and disinfectant

foot bath at the entrance, if practicable

- Sufficient clean water and soap in all washrooms and toilets

Can employers deduct the costs of the face masks, alcohol, sanitizers, and similar COVID-19 paraphernalia from the salaries of their employees?

A QUICK GUIDE ON WORKPLACE PROTOCOLS AND BASIC LABOR ISSUES RELATED TO COVID-19

BY THE LAW OFFICE OF FLORES & OFRIN



No, the employers cannot deduct the cost of face masks, alcohol, sanitizers, and other COVID-19 paraphernalia from the salaries of their employees. This is clarified in the DOLE Labor Advisory No. 18, Series of 2020, dated 16 May 2020.

What should be done if an employee is suspected to have COVID-19?

The following protocols shall be observed if an employee is suspected to have COVID-19:

- The employee shall immediately proceed to the isolation area for attention of the clinic personnel. If necessary, transport the suspected employee to the nearest hospital.
- Observe established company protocols for transport of suspected COVID-19 cases and COVID-19 testing.
- The employer shall suspend work for the decontamination of the workplace.
- Decontaminate the workplace with appropriate disinfectant.
- Work can resume after twenty-four (24) hours.



- Workers present in the work area with the suspect COVID-19 employee shall go on a 14-day home quarantine. The clinic staff shall monitor symptoms and possible next steps. If suspected COVID-19 worker has negative result, co-workers may be allowed to report back to work.

What if an employee is sick or has fever, but is not suspected of having COVID-19?

The employer must advise the employee to take the following prudent measures:

- Stay at home and keep away from work and crowds.
- Take adequate rest and plenty of fluid.
- Practice personal hygiene.
- Seek appropriate medical care if there is persistent fever, when difficulty in breathing starts, or when the employee becomes weak.

Are employers required to conduct COVID-19 testing for all their employees?

No. COVID-19 testing shall only be required for those employees who are suspected of having COVID-19. The company, at its option, may decide to implement COVID-19 testing for all its employees, but it shall first consult its employees and it shall formulate a company policy on COVID-19 testing in conformity with the Department of Health protocols. The company shall also shoulder all the expenses related to the COVID-19 testing.

While some local ordinances are requiring mass testing for establishment before their operations resume, note that as of this writing, the national government is consistent with its opinion that businesses are

not required to conduct a mass testing of their employees before they resume operations.

Are employers required to provide shuttle services and/or accommodation in near-site location to its employees to prevent exposure to COVID-19?

No. While the Interim Guidelines included these possible measures, they may be adopted only when feasible. Further, in an interview with the Department of Trade and Industry Secretary Ramon Lopez on May 16, 2020, he clarified that the employers may provide shuttle services for their employees especially since public transportation is not yet available in places under the Modified Enhanced Community Quarantine. But they are not required to do so.

Are employers required to provide health insurance coverage to their employees?

No. While the Interim Guidelines state that employers may enhance health insurance provisions for their workers, securing a health insurance provider to cover the medical needs of their employees is not mandatory.

Are employers required to adopt alternative work arrangements?

In general, employers are not required to adopt alternative work arrangements but they are encouraged to do so, if feasible and if their industries are allowed to operate under the applicable community quarantine guidelines in their respective locations.





Are employers required to pay the salaries of their employees who are working under alternative work arrangements?

It depends on the kind of alternative work arrangement being employed. As long as work is performed, such as in the case of a work-from-home arrangement, the employer is required to pay their employees who are rendering work.

Can an employer implementing a work rotation scheme implement a “No Work, No Pay” Policy for those days when the employees are not required to render work?

Yes. For those days that the employees are not in work rotation and are not required to render work, the employer may adopt the “No Work, No Pay” policy.

AGREEMENT TO REDUCE WAGES AND OTHER BENEFITS

Can the employer adjust the wage and other wage-related benefits of the employees in order to mitigate the economic impact of COVID-19 and the community quarantines in its business operations?

Yes, the employer and the employees may agree voluntarily and in writing to temporarily adjust employees’ wage and wage-related benefits. The adjustment in wage and/or wage-related benefits shall not exceed six (6) months or the period agreed upon in the collective bargaining agreement (CBA), if any. After such period, the employer and the employees shall review their agreement and may renew the same. (Sec. 5, DOLE Labor Advisory No. 17, Series of 2020 dated May 16, 2020 and promulgated on May 18, 2020)

Will these arrangements violate the rule against non-diminution of benefits?

No, the restriction on diminution of benefits covers those diminutions or discontinuances done unilaterally by the employer.

Adjustments pursuant to this Labor Advisory are voluntary on the part of both the employer and the employees. Furthermore, these arrangements are only temporary in nature.

Can we put off payment of the holiday premium pay?

Employees are still entitled to the proper holiday premium pay for regular holidays. However, Labor Advisories 13-A, and 20-2020 clarified that the payment of this premium pay for the following holidays may be deferred until such a time that the present emergency situation has been abated and the normal operations of the establishment is in place. Note, however, that establishments which are closed during these holidays are *exempt* from paying holiday premium.

Is the employer liable to pay for the internet connection, electricity, and other utilities and expenses claimed to have been consumed by an employee under a work-from-home arrangement?

No. The employer cannot be held liable for the cost of utilities of the employee especially because it is impossible to determine the exact amount spent by the employee on utilities that are wholly attributable to the work the employee has done at home. However, the employer may consider providing stipend or allowance as a form of financial assistance to the employee.

TEMPORARY CLOSURE OF BUSINESS

Can businesses temporarily close shop?

Article 301 (formerly 286) of the Labor Code allows the temporary bona fide suspension of the operations of a business or undertaking for a period not exceeding six (6) months.

Consequently, affected employees will be temporarily displaced. After this maximum period of six (6) months, however, the employer must recall the displaced employees or dismiss them properly. Otherwise, they will be deemed constructively dismissed and will be entitled to the corresponding payment of full backwages and separation pay.

The paramount consideration in determining the validity of the suspension of business operation is the dire exigency of the circumstances. This will be evaluated on a case-to-case basis.

What is the process for undertaking temporary suspension of business operations?

The employer must first notify the proper DOLE Office having jurisdiction over the workplace 30 days prior to the implementation of the temporary closure. Concurrent notice to the employees must likewise be sent within the same 30 days.