



Case Study

Philippine Development Response to Mitigate the COVID-19 Pandemic: A case study in Central Visayas

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Abstract: Policies play a crucial role in ensuring the welfare of a country's economy, its public health, and its social welfare safety nets in times of crisis. This article would like to identify the different policies employed by some of the ASEAN member countries, albeit heavily putting emphasis on Philippine's response to the pandemic. Countries have employed more or less identical policies as per standard protocol by the World Health Organization. However, policies that allowed for the capacitating of a country's facilities; such as but not limited to acquisition of equipments and more testing kits, and that of personnel are more effective in drastically slowing down the spread of the pandemic. The study has also found that there have been challenges, flaws, and certain difficulties to the implementation of policies. Most of the policies identified that target beneficiaries of identified vulnerable sectors are not sustainable. Some of the policies only aim to be band-aid (temporary) solutions, most of which only allowing at most two months of either financial assistance or in kind from the government, which is truly not enough to have outlasted a lockdown that lasted for almost 16 months. Finally, a draconic response or strong man policy has been found to have varying effects. It has also been found that such a response if misguided can lose its purpose and can be used as a means to crack down critics of a regime and those who are critical of its efficacy in its response to the pandemic.

Keywords: socio-demographic variables, social development programs, bureaucratic limitations, target beneficiaries, community-managed programs, effective policies, Philippines COVID-19 response

JEL Codes: I15, I38

1. Introduction

COVID-19 was first sighted in China and was believed to be a local transmission of pneumonia like case which was believed to have had no death counts during its early days of January 2020 (WHO, 2020a). Later on in January 5, 2020, it was said that the first disease outbreak news on the new virus was published. This published report contained a risk assessment and advice, and had reported what China had initially told the organization of the developments and status of patients and the public health response by China on the pneumonia cases in Wuhan (WHO, 2020b). It later gained rapport in the international scene after the virus was able to spread rapidly and made Europe an epicentre of the

coronavirus. The spread of the virus continued on toward America, Africa, East Asia, and South East Asia. Its effects have warranted a devastating effect on countries regardless of prosperity. This virus did not discriminate in any way or form, and have struck major cities and rural areas as well. The COVID-19 pandemic has placed a tremendous amount of pressure and stretched the health care capacity beyond its limit across the globe, as majority of the countries struggle to contain the virus and its damages to life, and economy.

In Thailand, it has taken them almost four decades of ensuring that the majority of their citizens can be covered under a universal coverage of the health insurance. Thailand however did not start off strong with their health care systems as it were characterized by fragmentation, duplication, and insufficient coverage overall. But this attempt of the policy to ensure its citizens has now paid off, as health systems in Thailand have been resilient during the rapid spread of the COVID-19 pandemic (WHO, 2020c). Another Country that was praised for its resilience and quick to response was Vietnam. Having responded to the threat to the virus as early as February, there has been a series of complex responses undertaken by the government of Vietnam that allowed for it to respond effectively. The different dimensional approaches taken from different relevant government levels in issuing various types that includes a wide range of policy measures has been able to ensure the containment of the virus in no more than six months (Le et al., 2021).

Indonesia however has been able to address most of its concerns with the pandemic, thanks to their foresight and preparations. It has also scrambled to implement the very basic standard of protocols given by the World Health Organization just like every other country aforementioned. Like that of Vietnam, Indonesia has been using good means of communication to their citizens, via an official website to give credible sources to the Indonesians about the current level of the virus' threat, how many have been infected and other pertinent information about the virus (Hanggara, 2020). Indonesia however has lacked the means to be decisive of their situation and has opted instead to not deliberately impose any lockdowns for the fear of hurting the economy more than aiding it (Varagur, 2020). The response of Indonesia of imposing hard lockdowns might have come a little late, and the damage to the economy might have been worse than if they had decisively locked the country down. In the same light Philippines responded in a similar fashion, seemingly slow in its response to the pandemic and having its borders still open to China, under the pretence that China might question its move to ban travels to and from China, but somehow allowing other nations freedom of mobility to and from the country (Peralta, 2020). The response of the Philippines, although slow; has seen a varied success across its archipelagos. For Cebu it has been made clear, that efforts that capacitate a city to respond to the virus has been paramount in mitigating further damages caused by the virus.

This study examines the effectiveness of policies by the local government unit in its response to the pandemic in terms of its established social welfare policies and economic policies that intend to make sectors resilient or to rejuvenate them, and to study policies that promote good public health to the different communities affected. This research paper will touch on; the response of selected countries toward the different polices that were implemented. In addition, this study's focus will be in the Philippines and the different policies in place that aimed to mitigate the effects of the virus' spread, how the government has carried out and implemented these policies, the international assistance that was afforded to the Philippines by the different aiding countries, and more locally; the strategies behind Central Visayas' policies which eventually flattened the curve, and the issues behind certain strategies and implementations of these policies.

2. Conceptual framework

The diagram of the study shows that COVID-19 was recognized as a pandemic by both the national government of the Philippines and that of Cebu City which is the local government unit. The diagram further shows that the national government is working closely with Cebu City in responding to this pandemic.

The diagram also shows us that the national government and Cebu city were not only responding to one aspect of society but had to respond to the effects the pandemic brought to the different sectors of Philippine society (Figure 1). These are namely, the economic sector of the Philippines, which is the bloodline of the nation, the public health sector which pertains to the citizen's health, social welfare which pertains to organized public or private social services or efforts that would assist those who are disadvantaged groups, or vulnerable groups in society.

Lastly, the final aim of this study is to ascertain whether the City of Cebu's strategies have been effective in

mitigating the COVID-19 pandemic and to be able to provide recommendations for the sole purpose of providing insight in the context of effective policies that may be impactful in either of the three identified sectors which is economy, public health, and social welfare.

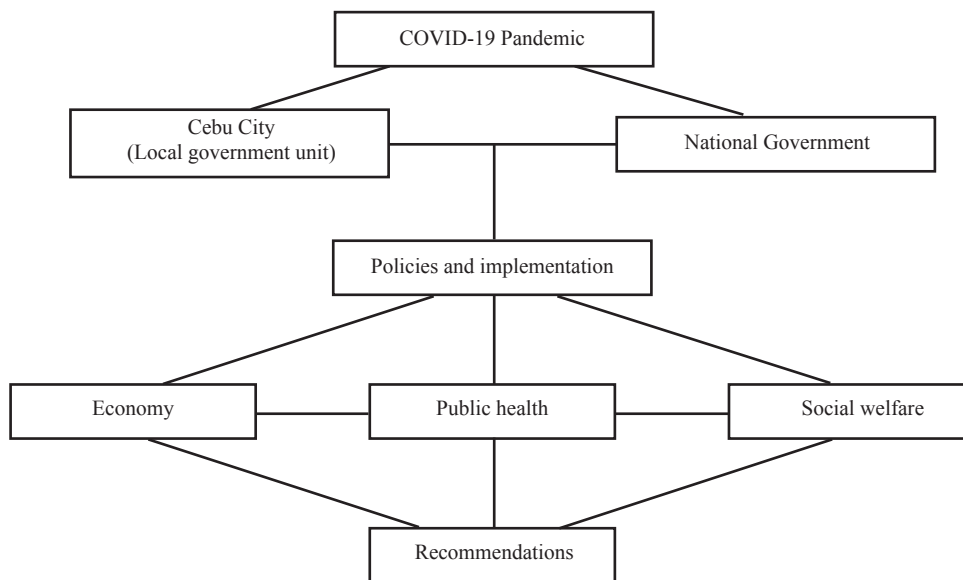


Figure 1. Schematic diagram of the study

3. Statement of the problem

The study aims to accomplish the following:

- To identify the different policies in place to combat the COVID-19 pandemic in the Philippines.
- To identify the different strategies that mitigated the effects of the COVID-19 pandemic in Cebu city.
- To determine how effective these strategies and policies are in mitigating the COVID-19 effects.

4. Research methodology

This study is a retrospective study utilizing readily accessible public data in its analysis. The study makes use of administrative databases, and other accessible public data sources most of which are from the Philippine Statistics Authority (PSA), and that of other credible sources. The study has also made use of the simple data provided by the Philippine Institute for Development studies on poverty incidence reports that were collated and presented as figures in their study. This study has also made use of data from ASEAN Development Outlook (ADO) to present to the reader the current GDP of the different countries in ASEAN.

5. Significance of the study

5.1 To the academe

This study will be able to contribute to the ever growing interest on policy creation and implementation that are currently available to the academic society. This study will expand the information in the context of policy making and policy implementation in both the private and public sector in terms of calamity or crisis. This will serve as a study of interest for those in the academe whose research interests align with that of studying materials that provide insight concerning effective and ineffective policies that have been implemented and policies that are yet to be implemented.

5.2 To the policy makers

This study would provide an insight for policy makers that would wish to seek out scholarly information and materials regarding policy making strategies. This should also add to the current knowledge of how policies work, this may shed some light on laws/policies that have been previously passed or will still be passed, which on paper may actually work but may be impractical. This should also urge policy makers to be more critical in policy making, which in turn will lead them to create laws that are properly informed and sustainable in the long run.

5.3 To the future researchers

This study gives a partial glimpse into the current response of the administration and its policies and how it has been implementing these policies. This will contribute to materials that the future researchers can draw from regarding policy making. This study can allow for more research to be created, with quantifiable data and more variables that they could add to, which should also encourage future researchers to make similar studies out from this one which is more on the quantifiable nature of research, as this study is only a retrospective study.

6. Definition of terms

6.1 Local government units

These are the local governing bodies that represent the national government which the president supervises however, not controlled and are separated into three which are namely:

- Provinces;
- Independent Cities;
- Component cities and municipalities such as Barangays.

6.2 National government

The national government unit maintains internal and external security and stability within the country. It is responsible for the management of local concern as national matters and could often interfere with local government matters and local affairs.

6.3 Policies & implementation

Policies would refer to the different policies in place or policies which were formulated as to mitigate the effects of the pandemic. It is the length and measures that the local and the national government took in responding to declarations of emergency.

6.4 Economy

It is the wealth and resources of a country especially in terms of production and consumption as well as its import and export capabilities of both goods and services. It therefore dictates how well the country can fund its policies and how well it will be able to implement them, and this also determines the current status of individuals and governs employment and unemployment rates which in turn dictates how citizens and businesses could cope during the pandemic.

6.5 Public health

Is described as an effort of a certain community, barangay, national government, local government, and the country to prevent disease propagation. This is through the implementation and promotion of organized measures to prevent disease, promote health and preserve life among the population as a whole. It is further described as set of activities that provides conditions for people to be healthy and is focused on entire populations, rather than individual patients.

6.6 Social welfare

Operationally defined as the different policies and implementation strategies that the governmental agencies are employing to provide assistance and help to those people who are in the vulnerable sector of society, or those who could not provide for their basic needs, and those who have no capacity to care for themselves, majority of which are the poor and the displaced.

7. Scope and limitations of the study

This study focuses on the policies implemented and policies that have been employed by the national government and the local government which affected three other factors namely: economy, public health, and employment. This study has also turned its attention and interest specifically on the events that took place in Cebu city and how Cebu has flattened its curve when handling the pandemic. However, this study has also explored the policies of the different countries within SEA, namely; Indonesia, Vietnam, and Thailand. The research design does not make use of qualitative or quantitative used in this particular study is called a retrospective. In this study, the researchers have made use of existing data that have been recorded for reasons of research and those of that have other reasons other than research. This means that this study is time bound to a specific time period, that is 2020-2021 and that time period is encapsulated within the time frame of the outbreak of the COVID-19 pandemic. This paper does not make extensive use of research materials and findings made in 2022. There may be rare instances wherein studies that were made in previous years which has now only been published in 2022 was made use of by the current researchers.

This study did not focus on the quantitative nature of the gathered resource materials for reference. This retrospective study focuses on the results which may or may not necessarily contain sufficient quantitative data for presentation. This study focuses on the qualitative nature of sourced research studies, and journal articles to make a compelling conclusion, thus this study is expected to answer a lot of how, what, and why, and may have less concern for more exhaustive quantitative data. This study may also not take into account some of the local policies and strategies in other islands in the Philippines which would have made a good addition to this study, due to the limitation of this study to one local government only which is that of Cebu City.

This study could be made better if future researchers will be able to take into account more cities and places in the Philippines that was otherwise left out due to reasons of lack of data or scant studies regarding the topic in specific regions of the Philippines, for the purpose of widening the study's scope. It is also good to note that future studies in the context of effective policy and implementation should contain quantifiable data which will further the credibility of the study, and to put figures into certain variables that were previously lacking quantitative data, or has a scant amount of quantitative data. An exhaustive study with both qualitative and quantitative data with more specific and digestible variables and a fleshed out instrument for data gathering rather than a retrospective approach will greatly provide more confidence to future researchers when attempting to prove or disprove the findings within this study. Lastly, it would also be beneficial if the study were to explore more exhaustively on the different other countries that have been mentioned and that have not been mentioned, and to compare it with the response of the Philippines so far. It is worth noting that investigation into SEA's response to the COVID-19 pandemic will greatly be effective in analyzing policies that are effective and not effective.

8. COVID-19 breaks into the world

Throughout the years, the world has known prosperity and stability as it progressed onward to the 21st century. Humanity has seen a fair share of conflicts, catastrophes, and constant threats of a global outbreak.

At this turn of the 21st century, humanity has to face yet again another huge hurdle, and this has come in the form of a pandemic so deadly that it claimed millions of lives during its wake and has affected economies and livelihoods of people by the millions.

This pandemic that has been running rampant across the world is among the deadliest infectious diseases to have emerged in recent history. On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a

pandemic and called on all countries to take urgent and aggressive action to mitigate or prevent its spread.

The specific mechanism of the virus' emergence in humans remains unknown. However, a large body of virologic, epidemiologic, veterinary and ecologic data establishes that the new virus, SARS-CoV-2, evolved directly or indirectly from a group of virus that naturally infects bats and pangolins in Asia and Southeast Asia (Morens et al., 2020).

This was to be an emerging concern later down the line, in which scientists have tried to convey their concerns of the emerging virus in the hopes of enlightening the system about this precursor problem. Scientists, virologists and the like have stressed over and over that such a virus is poised to emerge again and again and with varying degrees of severity. Scientists have made much of an effort and have long sought out the powerful nations to prepare for such an emergence of said virus, and the possible global pandemic that it might bring about. Unfortunately, only a few preventive actions were taken, and as a result in the latest corona virus emergence detected in late 2019, it spread quickly and has become a global pandemic.

Nothing has been profoundly devastating than this outbreak of the COVID-19 virus which came from Wuhan China that has caught many nations off guard which has now challenged the quality of response of any country in the world (OCH, 2020a). In the struggle to fight off this pandemic, nations began systematically planning out contingency plans, and creating and implementing laws to initially lessen the gravity of effects the virus has brought upon the economy and the people.

9. Exploring ASEAN's response

The pandemic has forced countries into a situation wherein policies that address social welfare and public health had to be implemented as to provide for the economy's security and that of their people's health and welfare. But it must be noted that no country is ever fully prepared for a pandemic outbreak of this magnitude. However, there are certain countries that are better placed to handle an outbreak than other countries. This paper will take a brief look into the following ASEAN countries and its policies, whose responses and policies may vary in its effects and implementations and its efficacy.

9.1 Indonesia

Indonesia was believed to have encountered the virus on the 2nd of March, 2020 with two individuals testing positive of the cases. The government of Jakarta has implemented anticipatory measures on the coronavirus outbreak even way back to January 2020 (Hanggara, 2020).

9.1.1 Awareness raising

Jakarta has been hard at work to raise awareness of the emergence of the new coronavirus (nCOV) 2019 and is working closely with its Ministry of health (Ministry of Health of the Republic of Indonesia), providing equipments and materials for frontline medical workers. By 28th of February Indonesia has alerted all provincial government officers to re-double their efforts in raising awareness of coronavirus transmission. The government of Indonesia has further committed to the strengthening of their monitoring efforts by forming Jakarta's COVID-19 Response Team which was based at the Health office in Central Jakarta (Hanggara, 2020). On the 6th of March Jakarta has gone online with their efforts of transparent monitoring after giving way to requests from the public to have a reliable and up-to-date source of information regarding the COVID-19 developments in the country. The provincial government together with the COVID-19 Response Team has launched the official channel in the form of a microsite aptly named corona.jakarta.go.id.

9.1.2 Mobility restrictions

The Indonesian government has also issued policies that restrict movement of people to reduce the spread of the virus. On the 3rd of March, permits for crowd gatherings were re-evaluated, and the government of Jakarta has stopped issuing crowd gathering permits in the capital. The provincial government is also reviewing permits that have already

been issued (Hanggara 2020). The car-free day of Indonesia which closes the main avenue of the city from cars, invites pedestrians to exercise and have their activities on the streets that will normally be packed with cars and jammed with traffic. This so called observance of a car-free day is clearly a health risk especially with the virus around, as people are expected to be in close contact. Thus the provincial government has decided to indefinitely postpone car-free day since Mid-March of 2020. Schools were also affected, as March 14 saw the closure of schools and the transfer of learning activities through online means at home. The Jakarta Department of Education (Disdik) has released Letter No. 32 of 2020 addressing home Learning during the COVID-19 pandemic. As public activities are now being halted for the fear of transmission, mobility is also being taken into account in Indonesia's fight against the virus. The government of Jakarta with has ordered the modification of its public transportation services, by limiting routes as well as passenger capacities to enable the observance of the golden rule of social distancing. Understandably mobility restriction also comes with a cost, as tourism and work in general is now being affected and now being called to a state of temporary suspension which sees temporary closure of offices and other office related activities following the spread of the virus.

With mobility restrictions come also the need for lockdowns. Indonesia enacted lockdowns during the early days of the pandemic. However these lockdowns were not implemented just yet by the government, but they were instituted by the residents themselves. A nationwide lockdown was not an inviting idea for the Indonesian government, and so the burdens of organizing lockdowns were left to its communities. These communities were effectively left on their own to create methods of containment and impose local lockdowns since early March of 2020 (Varagur, 2020). The pressure to take a form of preventive measure finally evoked a response from the government of Indonesia (Varagur, 2020). Jakarta then applied for PSBB on April 2 and was granted approval and saw the PSBB effective on the 10th of April 2020. With most regions having approval from the relevant ministries, regions now started to ban international migration for the end of the anticipated Muslim holy month of Ramadan. In April 9 Governor Regulation No. 33 of 2020 was put into action, this is to be the first Period of Large-Scale Social Restriction (PSBB), wherein people are advised to stay at home except for essential and medical needs. However, the government has provided for exceptions to 11 sectors which were allowed to operate despite the policy, and these include those in the health industry, communication, and finance (Hanggara, 2020). Although it is closely it the policy has already been carried out, its terms have not been clear and enforcement of such a law was more relaxed, resulting in most people still going out in the streets to go to work and are still using mass transit despite the government's caution to stay at home (Varagur, 2020). Best practices that were being used globally since the emergence of the virus has been quarantining at home for 14 days after having been travelling, and also the proper washing of hands frequently, and not to touch your face and to avoid large gatherings, have all been adopted in rural areas as well as cities (Varagur, 2020). April 21 saw the establishment of checkpoints in vital places of traffic to stop people from transitioning from one place to the other in anticipation of the Eid holiday, the tradition of mudik, or homecoming was also banned.

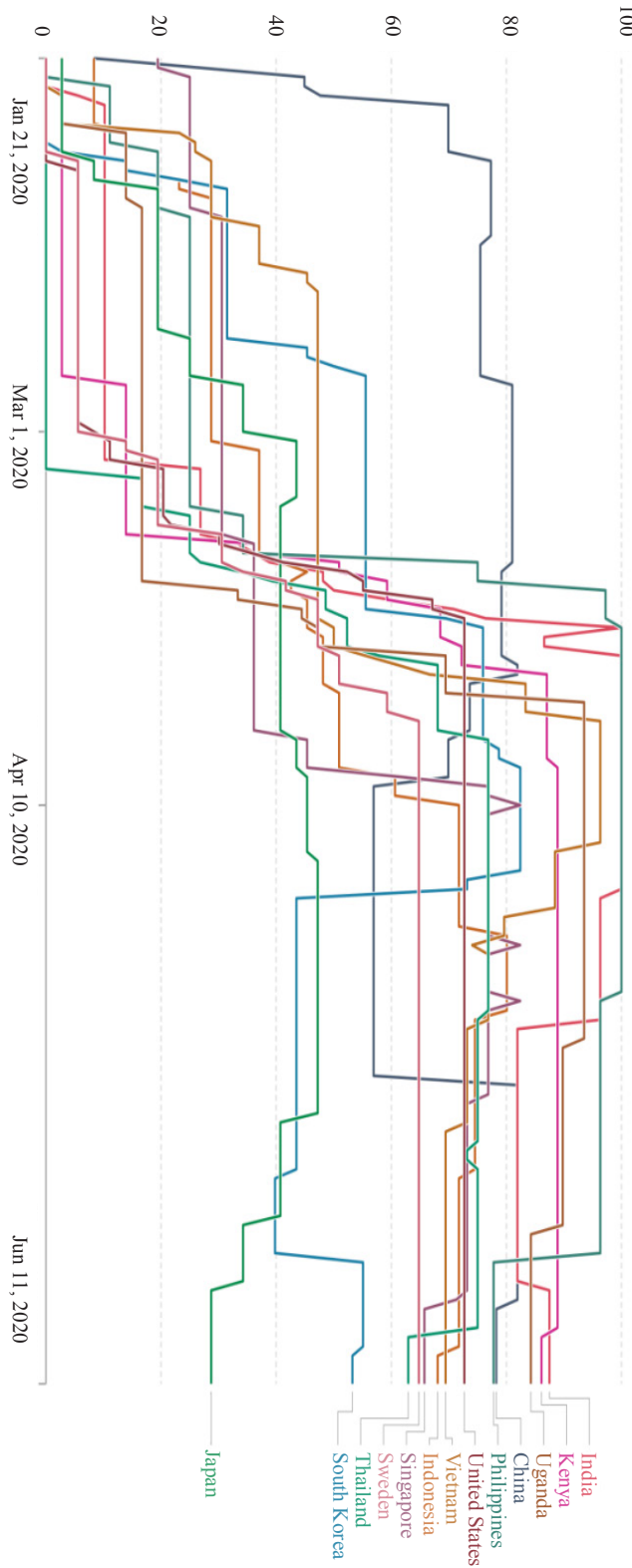
These restrictions were not swift, as it was taken more gradually and was decentralized in its manner, and surprisingly never reached the level of strictness of other countries scoring only 65 compared to that of other countries who scored 75 and above in the stringency index name Uganda, USA, Philippines, China, Kenya, etc. (Figure 2). Indonesian president Joko Widodo has argued that the high toll and price for a complete lockdown to Indonesia's economy and social structures will be severe and will be very challenging to mitigate. This may give light as to the stance of the president and its administration regarding its prerogative to gradually implement lockdowns rather than to take a swift action, the hesitation stems from the fear of economic damage and an unsustainable mobility restriction period (Varagur, 2020).

9.1.3 Recovery plans and policies

During April 16 Governor Decree No. 386 of 2020 was put forth, this new governor's decree concerns itself with the distribution of social welfare aid to 1,194,633 households who were not capable or who were having difficulty meeting basic necessities for their daily needs during the PSBB period (Hanggara, 2020). Furthermore, social protection programs of up to Rp 134.45 trillion to be allocated for the middle to lower class society through the aspiring family program, staple food cards, pre-employment cards, and cash social assistance. The Government through Ministry of Social Affairs distributes two social assistance programs under social safety net program to the public.

COVID-19 Stringency Index

The stringency index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index shows the response level of the strictest subregion.



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford-Last updated 15 March-2022, 17:50 (London time)
OurWorldInData.org/coronavirus • CC BY

Figure 2. COVID-19 stringency index

9.1.3.1 *Aspiring family program (PKH)*

The social assistance programs that provide regularly to the public are Aspiring Family Program (PKH), and Non-cash Food Assistance (BPNT), and food packages that are provided particularly for people affected by the pandemic. The increase of beneficiaries of the PKH to 10 million households has been instructed, which cash disbursement could be expected each month. Pre-covid, the PKH can only be disbursed once in every three months, as the part of the Indonesian government's anticipatory policies it was changed to be disbursed each month.

9.1.3.2 *Non-cash food assistance (BNPT)*

The BPNT namely the Staple Food Card would now have to accommodate an increase of 15.2 to 20 million households. The balance contained in that card also increased from Rp 150,000 to Rp 200,000 per month.

9.1.3.3 *Healthcare*

The budget allocation for this is around Rp 87.55 trillion, and the Rp 18.45 trillion of this is to be set aside for the procurement of vaccines, health facilities and infrastructure, laboratories, research development, premium assistance of government healthcare program (run by BPJS) for non-salaried employees.

9.1.3.4 *Business or taxation incentives*

Budgets were also given to Business or taxation Incentives of about Rp 120.61 trillion of incentives, which is allocated through taxes borne by the government such as reduction in article 25 (corporate income tax), exemption from income tax Article 21 (employee income tax), Article 22 on imports tax, and preliminary VAT refunds.

9.1.3.5 *MSME-micro, small and medium enterprise*

The budget for this is around Rp 123.46 trillion, and Rp 58.74 has been prepared for MSMEs through interest subsidies for microcredit (KUR), MSME financing, guarantees, and placement of funds in banks.

9.1.3.6 *SOE & corporation*

Rp 4.5 trillion has been allocated to SOE and the Corporation sector. But as of 2 December 2020 only two SOEs received disbursement, namely; PT Permodalan Nasional Madani (PNM) and PT Hutama Karya amounting to IDR 1 trillion and 3.5 trillion respectively.

9.1.3.7 *Ministries & regional governments*

The allocation of funds is around Rp 36.06 trillion. The purpose of this is to rejuvenate certain sectors under tourism, food security and fisheries, industrial estates, ICT development, Central Government loan to regional governments, and anticipating of economic recovery.

9.1.4 *Indonesia's policing measures*

The Indonesian National Armed Forces (Tentara Nasional Indonesia (TNI)) has also participated in the efforts to mitigate the COVID-19 pandemic. The use of military assets and personnel were essential in the response wherein logistics is important. There are places wherein response is inadequate due to the geographical location of certain areas, and with the help of military aircrafts these areas can now be accessed by responders. TNI has also been involved in the preparation of emergency hospitals in some locations from Wisma Atlet (Jakarta), Natuna, Pulau Sebaru, Pulau Galang Pangdam. The joint team of army and police forces conducted raids between Sept 14 and 17 and have reportedly dealt with over 450,000 cases of health violations in 30,000 locations (Syakriah, 2020). To add to that, there is also around 50,000 police personnel deployed in different operations that issued verbal warnings to violators, as well as written warnings, and also collected fines totalling to around Rp 399 million from violators. The team has cracked down on 63

businesses that have failed to comply to health protocols (Syakriah, 2020).

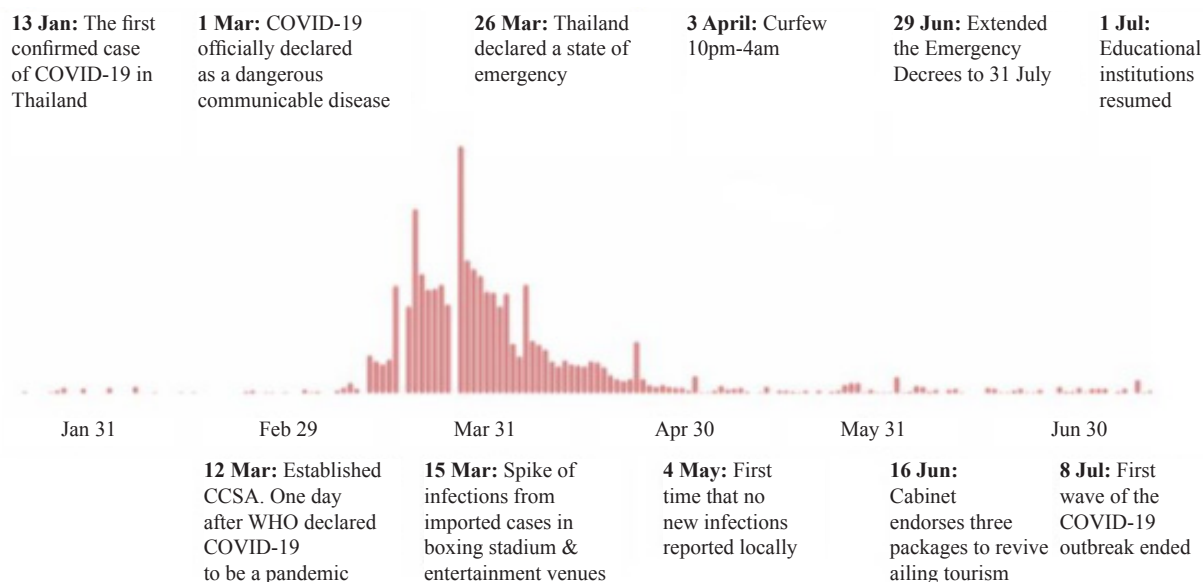
The response to the policing act by the joint task force of the armed forces and national police of Indonesia has also drawn flak, despite many experts deeming the involvement of the police and military to be necessary to a degree. Some of the criticisms are directed towards an ineffective public communication, which resulted in the low compliance of health protocols from the public. Laura Navika Yamani a lecturer from Airlangga University epidemiology has commented that well coordinated policies with good synchronization and good enforcement protocols still need a lot of work for it to be truly effective in scope. She added that personnel who are in the field whoever they may be, should also have the same understanding of the policies and the nature of virus transmission, instead of simply acting as mere enforcers without the knowledge that is required in combating the spread of the virus (Syakriah, 2020). Laura further added that an extreme example would be punishing those who are not wearing masks properly for private car owners who are in their car and are alone, instead of prioritizing crowded areas or places that might have the potential to draw large crowds. The situation that is unfolding must rest in the hands of those who are capable of averting the crisis; they must be the ones allowed to lead the response instead (Syakria, 2020).

9.2 Thailand

Thailand was the first country outside of China to have detected a case of the COVID-19 virus (WHO, 2020c). Thailand has been investing in its health care system for four decades and is believed to be one of the countries who could effectively respond to the current health crisis of the COVID-19 pandemic. On the 3rd of January Thailand began screening passengers from China for symptoms of acute respiratory infection.

9.2.1 Awareness raising

On the 10th of January the Royal Thai Government (RTG) started a nation-wide communication campaign to the public so as to provide accurate information of what was to be called COVID-19. The awareness raising further encouraged the citizens of Thailand to protect themselves and their respective communities by following basic health protocols and measures of proper hand washing, proper wearing of the mask, and adequate physical distancing.



Source: "Thailand how a strong health system fights a pandemic" retrieved from: <https://www.who.int/publications/m/item/thailand-how-a-strong-health-system-fights-a-pandemic>

Figure 3. The timeline of COVID-19 situation and response in Thailand

9.2.2 A well structured response

Thailand's response was a comprehensive one and was on point in the context of its public health response. After the reported incidence of 14 cases on the 31st of January, a gathering of people during the 15th of March has prompted the spike of cases due to an indoor boxing stadium event and other gatherings at certain entertainment areas where gathering was immense, such as bars, etc. (Figure 3). Rapid response teams were quickly deployed and were able to handle the tracing part of the test-trace-treat system. The quarantine method used by the deployed teams were that of isolating the person that was positive in a facility other than their home, which allowed for a much more contained spread of the virus and a much efficient way of quarantining individuals who are positive. According to world health organization, the Ministry of Public Health in Thailand (MoPH) had capacitated itself by increasing the number of hospital beds that are to handle mild, to severe and critical cases. The MoPH has also assessed the medical supplies, including personal protective equipments for all hospitals. Reverse Transcription Polymerase Chain Reaction tests (RT-PCR) were also increased, as well as the creation of dedicated laboratory networks for its diagnosis which saw an effective 78 percent increase of Thailand's 77 provinces' capacity to diagnose COVID-19 (WHO, 2020c). In addition, any shortcomings or gaps that were found in the supposed capacitating efforts were compensated by USD 175,000 from the South-East Asia Regional Health Emergency Fund. (WHO, 2020c).

Centre for COVID-19 Situation Administration (CCSA) was created, and under the direct leadership of the Prime minister. It is tasked with implementing policies according to the Communicable Disease Act B.E. 2550 and the State Administration Act B.E. 2534 as per the Office of the Prime Minister. Issued by the government are curfews, domestic flight stoppages, and the advisory for people to stay at home and not to travel across provinces, schools were also closed as well as both primary and that of the higher education institutions and non-essential businesses such as gyms, barbershops, markets, bars, restaurants, etc where closed. And just like any other country the standard for proper washing of hands, proper of wearing of mask, and physical distancing has been the norm. As for the provinces, each of them had their own set of restrictions that were issued by the provincial governors; however the provincial-level restrictions remained true to the provisions of the Communicable Diseases Act B.E. 2558 (Marome et al., 2021).

Because of Thailand's previous investments on its health care system and the rapid acquisition of the necessary materials to properly test-trace-treat, the country saw a rapid decrease in locally transmitted cases. Social restrictions for public health safety were slowly being rolled back as facilities and businesses were now more compliant with recommendations on physical distancing. This had an effect of fewer restrictions in activity or movement within Thailand, but borders remain closed to most travel. Quarantines were still required for those entering the country in a state-monitored facility for 14 days.

9.2.3 Health care investment

A total of four decades of heavy investment for health infrastructure and the achievement of universal health coverage, that effectively led to a near-total elimination of those without health insurance and its increase on access to healthcare are the ingredients that propelled Thailand into the position it is in now; a competent responder when it came to the pandemic. Thailand had a national programme of over 1 million Village Health Volunteers (VHVs), and for many years, these volunteers have collected data, maintained health records, and educated the community on how to prevent certain communicable and noncommunicable diseases. This huge network provided Thailand's means of independent surveillances and detection across the country. VHVs are constantly vigilant and always contact tracing and health monitoring individuals that may be suspected of being infected. Over 1,000 Surveillance and Rapid Response Team (SRRT) have been position way ahead of time across the country. Many of the SRRT are actively tracing and quarantining those infected or possible contacts, as well as isolating these cases to ensure that they were effectively treated. Effective community mobilization has greatly helped the management of COVID-19 in Thailand, leaders in villages, sub-districts, and districts monitor people's mobility and self-quarantining in their areas. VHVs also monitor people into micro levels such as families, which include that of their own, while tracing contacts, and also educating their community regarding how to stop the spread of the virus. They also distribute masks and hand sanitizers to households that they visit. Between March 2 and April 11, VHVs have made rounds on households across Thailand covering 11.3 million households.

To further strengthen its capacity to respond to events such as this one, the Royal Thai Government has also

invested greatly in building capacity. It has an established national Field Epidemiology Training Programme (FETP) which dated back into the 1980s with the US Centers for Disease Control (US-CDC) and WHO (2020c). It is recorded to be the oldest FETP outside of the United States. The FETP has trained experts in disease outbreak investigation and control, and most of which are found to be working at provincial and district levels, most of which are also handling the COVID-19 pandemic.

9.2.4 Thailand's research network

Thai public health authorities from all levels recognized the need for a thorough and extensive preparedness and rapid action to manage possible emerging communicable diseases such as COVID-19 (WHO, 2020c). Thus Thailand's response was coupled with a strong academic and research driven network that is committed to evidence based and expert opinion. Thanks to Thailand's laboratories and that of their strong capacity to conduct research, it has kept their public health system strong despite the pandemic. It is believed that Thailand has been researching diseases associated with bats for more than two decades already, under the Thai Red Cross Emerging Infectious Diseases-Health Science Centre in Chulalongkorn University (WHO Collaborating Centre). Because of Thailand's dedication to research and preventive measures, their epidemiologists and scientists in the field have continually gained experience when responding to epidemics, namely SARS in 2003, H1n1 in 2009, and that of the MERS-CoV in 2016 (WHO, 2020c).

9.2.5 Social welfare and economy

The Royal Thai Government had in place stimulus packages. These are comprehensive, rapid and well-sequenced, constituting a portion of Thailand's GDP of around 6 percent. These allocations are towards fund cash transfers, the medical response, and economic and social rehabilitation (UN, 2020). Thailand's further policy was to make sure that the economy is afloat. The economic impact has been quite severe, just like other countries; Thailand faced widespread job losses, affecting the middle-class households and those who are poor. Poverty rose to 6.4% in 2020, representing an additional 200,000 people falling into poverty (World Bank Group, n.d.). The policy response for the pandemic was to strengthen the economic activity and to support the most vulnerable sectors of society. Large-scale cash transfer programs have also been established to support vulnerable groups who were not covered by existing social assistance safety nets. There are 3 phases in which these fiscal packages were to be released. Phase 1 focuses on reducing the financial burden and increasing the liquidity of household and entrepreneurs; Phase 2 would focus on providing cash handouts to households, and soft loans and tax exemptions to businesses. Finally Phase 3 would see the provision of the fiscal relief and monetary support to the economy and for businesses. In addition, the Thai government which braced for a third wave of the pandemic in the later months and into the next year would set out further relief measures and financial support policies and here are the policies as follows (Asian Development Bank (ADB), 2021; Therapat, 2021).

9.2.5.1 Rao-Cha-Na project

The government will provide to qualified Thai citizens support money amounting to THB 3,500 per person for two months which is THB 7,000 in total. Eligible applicants are as follows (ADB, 2021):

- Not be an insured person under the Social Security Act B.E. 2533;
- Not be a government authority;
- Not be a person who has an assessable income of more than THB 300,000 per year;
- Not be a person who has deposited money in aggregate of more than THB 500,000 in all bank accounts, and
- Have Thai nationality with 18 year old or more on the 19th of January 2021.

9.2.5.2 The 50-50 co-payment scheme (Khon-La-Kreung project)

The scheme will subsidise purchases of citizens from small shops. Only a qualified person can enjoy the benefits of the subsidy. The person will pay for the product while the other half is subsidised by the government. The coverage of the subsidy is food, drink, and general goods purchases of up to THB 150 per person, per day, capped at around THB 3,000 per person for the duration of the scheme. There is also eligibility for sellers, sellers must operate in the food, drink and general consumers goods business, must not be a juristic person, and must not be a franchisee of a franchise business.

9.2.5.3 33 we love each other (section 33 Rao-Rak-Gun project)

The purpose of this policy is to support salarymen or persons who are insured under section 33 of the Social Security Act B.E. 2533. The government will provide money amounting to THB 4,000 to each qualified person at the rate of THB 1,000 per week for a total of four weeks. However, the eligible person must not have been able to deposit money in aggregate of more than THB 500,000 in all their bank accounts.

9.2.6 Thailand's shortcomings

Thailand's response was nothing short but efficient and effective in containing the spread of the disease. However, it fell short in addressing certain fronts of the crisis, and these are namely, economic, and social impacts. Thailand's approach to COVID-19 did not address the issues of resilience comprehensively. Little attention was given to building resilience against climate change or other epidemics (Marome et al., 2021). The government did not respond with a holistic outlook, a holistic response that takes into consideration environmentally and socially sustainable ways to respond to the pandemic might have helped mitigate the viruses' effect significantly. The border closure, causing stoppage of some businesses, and tourism has greatly stifled the economic growth. Thailand relied greatly on its capacity to generate income through tourism, which has accounted for almost 22% of the Thai GDP. If Thailand needs to be more diverse in its source of revenue and not rely solely on a tourist oriented economy, then the impact it would have had to the economy wouldn't have to be that great.

9.3 Vietnam

Vietnam has gained recognition and has been praised for its effective response of the pandemic. Vietnam had some of the lowest rates of deaths and cases. It was the only economy in all of Southeast Asia that experienced positive economic growth in 2020, although only 2 percent from the 6-7 percent of growth it enjoyed pre-covid (Abuza, 2021). Vietnam has succeeded largely because of six identified policy groups namely: rapid developed diagnostic test kits; efficient contact tracing; infection prevention and control in healthcare settings' targeted lockdowns on mass gathering, travel, and mobility restrictions; and clear, consistent, creative public health messaging. The Vietnamese state and the national government have employed 13 key measures for the prevention and control of the COVID-19 pandemic and here it is as follows (Le et al., 2021):

1. Bringing Vietnamese citizens back from the pandemic areas;
2. Construction of field hospitals for isolation;
3. Utilizing universities' facilities as concentrated isolation zones;
4. Keeping all students from schools to limit community contact;
5. Crowds were banned as well as meetings, and suspension of business for a limited time for businesses which operate under entertainment and recreational activities;
6. Constant messages via social networks and individuals' mobile phones from the government and the Ministry of Health of Vietnam;
7. Creating applications on mobile devices which would provide information relating to the COVID-19 pandemic;
8. Conducting all-people medical declarations related to COVID-19;
9. Strict control of entry through border gates;
10. Refusing to grant a definite entry visa to foreigners who are coming into Vietnam;
11. Implementing preventive medicine and carrying out disinfection in public places and locations with suspected or infected cases;
12. Zoning and quarantining the areas of suspected and infected cases;
13. Reaching out to the citizens to voluntarily quarantine when moving from pandemic areas to Vietnam.

9.3.1 Vietnam's success

Vietnam was efficient in its response, so efficient that as early as February Vietnam was one of the first four countries around the world to successfully isolate the SARS-CoV-2 virus in its early stages of spread. Policies were well thought out and its implementation has been of utmost importance to Vietnam's success in its COVID-19 response. The

following are policies that Vietnam has employed (Le et al., 2021):

- Outbreak announcements & steering documents
- School blockade
- Border and entry control
- Financial supports
- Medical measures
- Emergency responses
- Social isolation measures
- Other solutions

Outbreak announcements were handled with utmost care, as announcements and documents were published promptly. Communication was paramount to the citizens of Vietnam as this was the only way the government can address its people efficiently. A unique way of communication by the government was through Vietnam's public loudspeaker system, which is present in every community across the country, reminiscent to that of an old-style of communication channel between the government and local residents. Through a sound system, the government can effectively give statistical updates to the citizens, as well as an opportunity to educate residents on hygiene practices to lower the infection risk. These standard practices being broadcasted range from washing of hands, wearing of masks when going out and to physically distance themselves from others when out in public (Dang, 2020). It has been pointed out however that there has been a debate of removing the sound system due to its outdated nature, and some of the citizens find it annoying. Arguments emphasizing the practicality of actually using a smart phone which is faster and practical nowadays that people have at least one smart phone connected to the inter (Dang, 2020). However it is undeniable that the speakers have indeed played a crucial role in disseminating information to the public.

Second, are the measures taken under medical priorities which were implemented during the wake of the pandemic. Vietnam has had a experience with the SARS epidemic and it is only right for them to prepare for yet another pandemic if there should be one, and from this experience they have greatly benefited from it. Vietnam has also other engagements in other areas of public health (Dang, 2020). Little to no report is made about the longstanding and serious commitment of the government to its public health that it is not common knowledge that Vietnam hosts a numerous amount of scientific institutions that are in partnership with researchers from around the world to expand surveillance capacity of tuberculosis, HIV and AIDS, and avian flu, in addition to that is an extension for disease control that also collaborate with U.S, counterparts. This is timely as this was one of the many instruments wherein Vietnam was able to counter the first few waves of the COVID-19 pandemic and was able to save Vietnam from a health and economic disaster that would have surely devastated Vietnam had these medical ventures were not in place.

Vietnam has also a school blockade measure in which is effective to students of all 63 provinces nationwide, restricting classes and any form of activity that may require physical contact with each other as this may jeopardize government efforts. Thus this extended the vacation of students from early February to May due to the pandemic, whereas the usual annual summer vacation only lasted three months, this one lasted for three months. The Ministry of Education and Training of Vietnam (MOET) made adjustments to the plan framework twice for the 2019-2020 school years, which delayed the end of the school year and the national high school examinations. Emergency responses were also observed, and a series of COVID-19 Quick Response Teams (QRTs) were dispatched and established at the ministerial levels for the utilization of hospitals, and many other important government meetings from the national to provincial levels, which is irrespective of day or night, so as to determine if any new cases were detected that had moved in the different communities.

The mobility restriction response from the Vietnamese government was also a paramount policy to mitigate the spread of the virus. Vietnam conducted measures such as border and entry control, and social isolation in many key public places such as villages, streets, bars, villages, towns, and cities, where sources of infection may prevail. Vietnam has implemented different models of isolation such as compulsory centralized isolation, home isolation, isolation in place, and even nationwide social isolation. This was seen as an effective measure by the Vietnamese government to contain the outbreak. These measures under the Social isolation measures policy has been thoroughly observed, and strict observation of such measures were made to ensure that there can be no oversight. As of April 7, there has been 30 PDs issued by the MOH providing guidance on medical isolation, and tens of thousands were sent to concentrated isolation areas (with free support about food, accommodation, medical examination tests, and other expenses for living

within the 14 days, and treatment) (Le et al., 2021).

As for the social security and welfare policies of Vietnam, they have made sure that COVID-19 patients in hospitals are paid by health insurance, which is according to one Vietnamese government policy. Vietnam utilizes its state budget to pay for those infected individuals who do not have health insurance with the exception for foreigners. These affected citizens are given free drinking water, facial towels, gloves, hand sanitizer, oral antiseptic solutions, toothbrushes, soaps, and other necessities during their time of isolation, transportation is also free of charge when they are to be moved from their communities and into designated isolated areas. Lending packages of billions of VND at a reduced interest rate for individuals and companies have also been enacted and have been put on the market. Banks also deployed preferential packages on lending interest rates. One such bank, the An Bihn Commercial Joint Stock Bank (ABBAN) has implemented preferential packages on lending interest rates such loans for corporate customers up to 3,000 billion VND (equivalent to \$128 million). Banks such as Ho Chi Minh City Development Commercial Joint Stock Bank-HD Bank (HBD) also deployed loans for businesses who want to pay off their employees (Hoang Viet Lam, 2021). The government has also encouraged its citizens to participate in the social security effort by raising money, goods, masks, and basic necessities (Le et al., 2021). Vietnam has also received support from Japan amounting to JPY 14 million on the 7th of February, and was also provided by Japan bio-kits worth JPY 4 million on the 21st of February, along with the USA contributing USD 9.5 million, as well as combined contributions from that of Korea, France, and others. Other varied policies were also in place such as the improved management of goods to avoid hoarding of goods, advising people about information related to the pandemic through free hotlines and deploying virtual assistants employed by MOH.

10. The Philippine scenario

The Philippines is one of the many nations severely affected by the virus' outbreak. In response to the pandemic, the government's first response was by selectively placing individuals of interest under quarantine, and on the 2nd of February 2020 these persons of interest were identified as Overseas Filipino Workers (OFWs) returning to the Philippines. However, Philippine's Department of Health (DOH) has not confirmed any COVID-19 cases despite them monitoring a number of persons who were under investigation for the disease during the month of January. It was then later confirmed on the 30th of January that a 38-year old female Chinese national arriving from Wuhan via Hong Kong, admitted in a government hospital showed pneumonia like symptoms and it was then made public, raising much concern for the public health system, the general public, and health workers alike (Edrada et al., 2020).

On the 7th of March 2020, the first local transmission was reported by the DOH of a patient who had no travel history, thus prompting them to raise the alert level to Red sublevel 1. This simply meant that there is already a clear and solid evidence of local transmission in the country. President Rodrigo Roa. Duterte upon the recommendation of the health secretary issued proclamation 922 on the 8th of March, declaring a state of national emergency in light of the threat of the COVID-19 pandemic. This proclamation has stressed that all agencies are required to render full assistance in the response of the COVID-19.

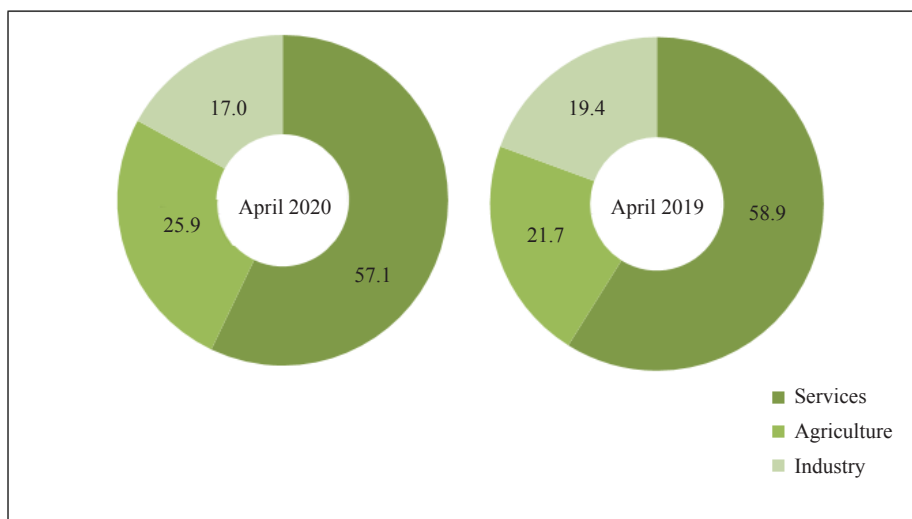
On the 12th of March the Inter-Agency Task force for the Management of Emerging Infectious Diseases have convened that the code red should be raised to sublevel 2 which now means that local transmission and prevalence of cases are now beyond the control of the government and can no longer be addressed (Esguerra, 2020). And on March 13, 2020 quarantine was announced for the National Capital Region (NCR) which encompassed 16 cities, and as the COVID-19 pandemic continues its rapid spread, the government implemented moved to a Luzon island quarantine or famously known in the Philippines as Enhanced Community Quarantine (ECQ) that would see it last until April of 2020 (UNDP, 2020b). This ECQ has air, land, sea transportation banned, and only the transportation and flow of essential goods and services were allowed to operate during this time. Only medical personnel, essential goods such as food and the like, the conducting of sanitation operations and emergency cases are free from the restrictions of mobility.

In congruence to what has been transpiring in Luzon, the mayors of Cebu City, Mandaue and Lapu-Lapu on the 13th of March suspended classes in all levels for both private and public schools as a preventive measure against the spread of the virus. On the 15th of March, Mactan-Cebu International Airport, and the Port of Cebu would suspend all arrivals and departures of domestic passenger travel effective on the 17th of March 2020. On the same day of March

15th, 2020, Cebu was placed under General Community Quarantine (GCQ) from March 16 to April 14th, 2020. Under the GCQ, checkpoints were established to monitor incoming and outgoing flow of people in Cebu City which were manned by military and police personnel. As soon as Cebu City declared GCQ and made an effort to contain the virus, other Cities in Cebu also followed suit. Mass public transports were then suspended and restrictions on travelling by land and sea were also implemented.

The restriction of movement and the decision of the government to halt public transportation services for an indefinite period of time has affected everyone who rely on these public utility services. In light of these restrictions to mobility and the eventual halting of transportation services, especially the essential mode of public transportation which are the “Jeepnies”, companies and workplaces began looking into the possibility and eventual switch to physical workloads to online means just to cope with the impending changes to mobility. This has converted the nature of most jobs to home-based work. This remote working or so called work from home set-up has become the new norm in the Philippines (Maghirang, 2021). The bill RA 11165 later signed into law on December 2018 by President Duterte allowed for the mandatory arrangements for a work-from-home option, and that such an option was to be offered to any employee in the private sector who could fit in the criteria and are deemed to be eligible in this new law. The tremendous effort of most companies to pivot to online work has reflected cooperative behaviour on behalf of the companies towards government efforts in containing the virus, this effort also protects the interest of workers health, by reducing the people congregating as to lessen possible transmission in the workplace in the hopes of controlling the virus’ spread.

As the quarantine period was nearing its expiration on the 14th of April 2020, Inter Agency Task Force for the Emergence of Infectious Diseases (IATF-ED) advised the president, to extend the quarantine period until the 30th of April 2020. This has inadvertently affected the economy of the Philippines which has solely relied heavily on workers who are operating within the services sector of the labor force, whose mobility as been greatly been affected due to the implementation of lockdowns by the government. Such lockdowns have created adverse effects in the ever growing economy of the Philippines that relies heavily on industries that take advantage of mobility in its goods, services, and its people. A city whose population and that of the tourist population used to populate the different parts of the cities and would add to its density and would contribute greatly to a city’s capacity to make revenue by the millions has quickly dissipated overnight. The effects of these movement restrictions due to lockdown may not be immediate; however it had lasting results for the economy, and the slow decline of the major industries in terms of its production and delivery of its services truly shows in statistical data presented by the Philippine Statistics Authority and its effects are undeniable.



Source: Philippine Statistics Authority (2020), April 2020 and April 2019 Labor Force Survey
 Note: retrieved from: psa.gov.ph/statistics/survey/labor-and-employment/labor-force-survey/title (November 11, 2020)

Figure 4. Percent distribution of employed persons by major industry group: April 2020 and April 2019

According to the figures presented by Philippine Statistics Authority (PSA) they have identified and categorized the labor force into three categorical sectors namely (Figure 4): Agriculture, Industry, and services sector. As can be seen in Figure 4, workers in the services sector comprise the largest share of the employed population of the Philippines, and this would be true for both 2019 and 2020, with 2019 having a labor force of 58.9 percent in the services sector while 2020 sees 57.1 percent of its labor force in the services oriented sector. In addition to this, PSA has further broken down the different services that Filipino citizen's are usually employed in. In Table 1, it can be observed that among the services sector those engaged in the wholesale and retail trade; repair of motor vehicles and motorcycles accounted for the largest share which is 19.1 percent for 2020 and 20.3 percent in April 2019, and followed by industries that operates in the nature of transportation and storage with 7.7 percent in 2020 and 8.5 percent in 2019 respectively.

Table 1. Percent distribution of employed persons by majority industry group April 2019 and April 2020

| Major industry group | April 2020 | April 2019 |
|--|------------|------------|
| Services (Total): | 57.1 | 58.9 |
| Wholesale and retail trade; repair of motor vehicles and motorcycles | 19.1 | 20.3 |
| Transportation and storage | 7.7 | 8.5 |
| Accommodation and food services | 3.7 | 4.6 |
| Information and communication | 0.8 | 1.1 |
| Financial and insurance activities | 1.3 | 1.3 |
| Real estate activities | 0.5 | 0.5 |
| Professional, scientific and technical activities | 0.7 | 0.7 |
| Administrative and support service activities | 4.4 | 4.2 |
| Public administration and defense; compulsory social security | 7.3 | 6.6 |
| Education | 3.4 | 2.7 |
| Human health and social work activities | 1.4 | 1.4 |
| Arts, entertainment and recreation | 0.6 | 1.0 |
| Other service activities | 6.3 | 6.1 |
| Activities of extraterritorial organizations and bodies | 0.0 | 0.0 |

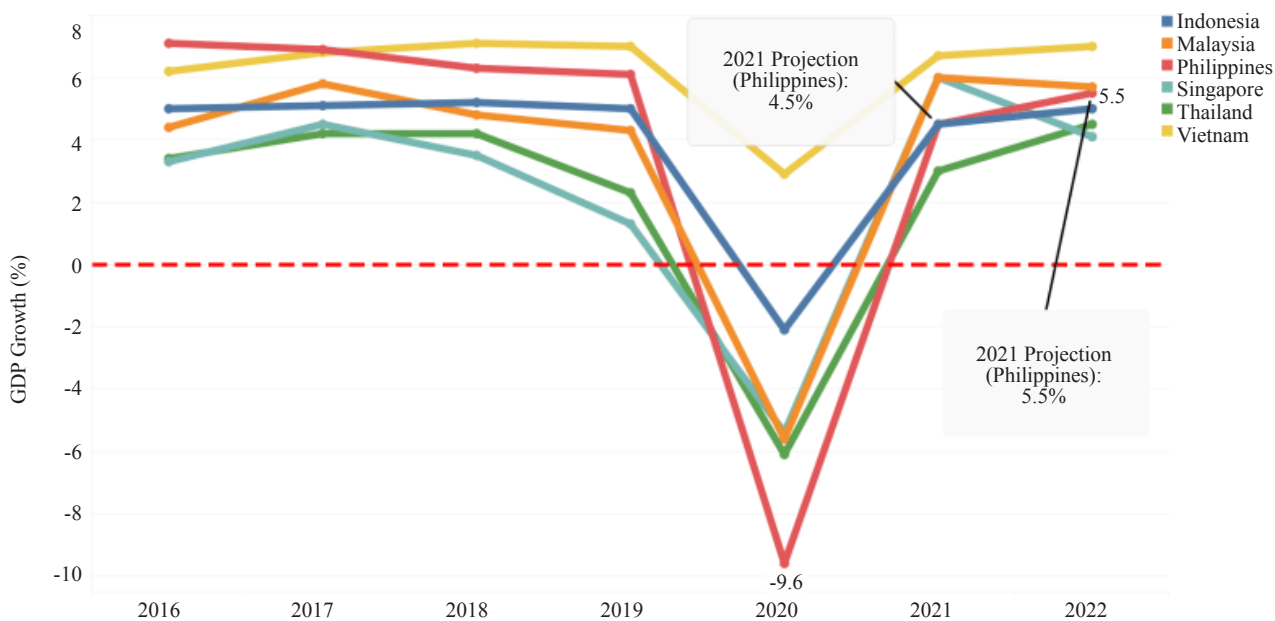
Source: Philippine Statistics Authority (2020), April 2019 and April 2020 labor force survey
Retrieved from: psa.gov.ph/statistics/survey/labor-and-employment/labor-force-survey/title (November 11, 2020)

This is a solid indicator that the Philippines for the past years as observed in 2019 and 2020 has been growing its industry thanks to the services sector that largely comprises the majority of the workforce.

With the impending extension of yet another lockdown, the Philippine economy now had its economic power slumping back to a record of negative 9.6 percent (Figure 5) as it implemented the longest and most stringent lockdown in the world (Mendoza, 2021), greatly stifling the economic growth of the country, and has only placed the economy at an all time low.

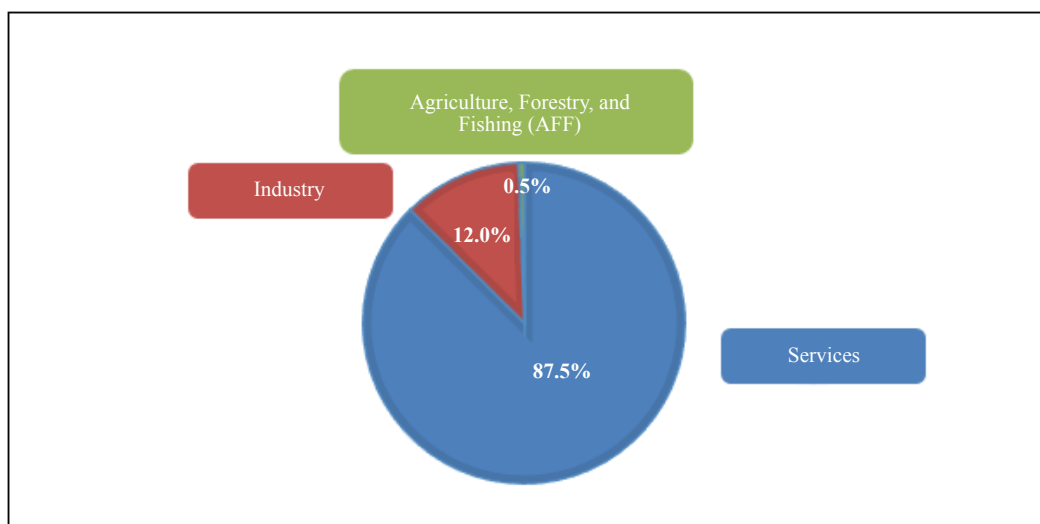
The model that the Philippines have adopted relies on services, which means it relies on the economy's ability to mobilise people and tourism to expect growth. With the lockdowns that are implemented it is not sounding so good for the economic model which is now struggling to keep up and is now contributing to a deficit in the overall GDP of the Philippines. It is good to note that this model is very vulnerable to lockdowns and consumer confidence decline. To add

to this, the international travel bans or restrictions have now pulled down tourism and with it other sectors of tourism to a grinding halt, and domestic lockdowns and mobility restrictions have severely handicapped the retail sector which includes restaurants, and that of the hospitality industry. However, there are sectors that remained resilient despite the terrible damage to the economy. The stark example of this is that of the Business Process Outsourcing (BPO) of the services sector, which shows resilience throughout the effects of the pandemic. Its markets have still been hit hard by the pandemic despite remaining steadfast and they have experienced massive loses as well, and according to Mendoza (2021) “been forced to upskill rapidly and adjust to emerging opportunities under the new normal”.



Source: Figure from ASEAN Development Outlook (ADO): Financing a Green and Inclusive Recovery, April 2021
Retrieved from: <http://dx.doi.org/10.22617/FLS210163-3>

Figure 5. GDP growth for selected ASEAN countries

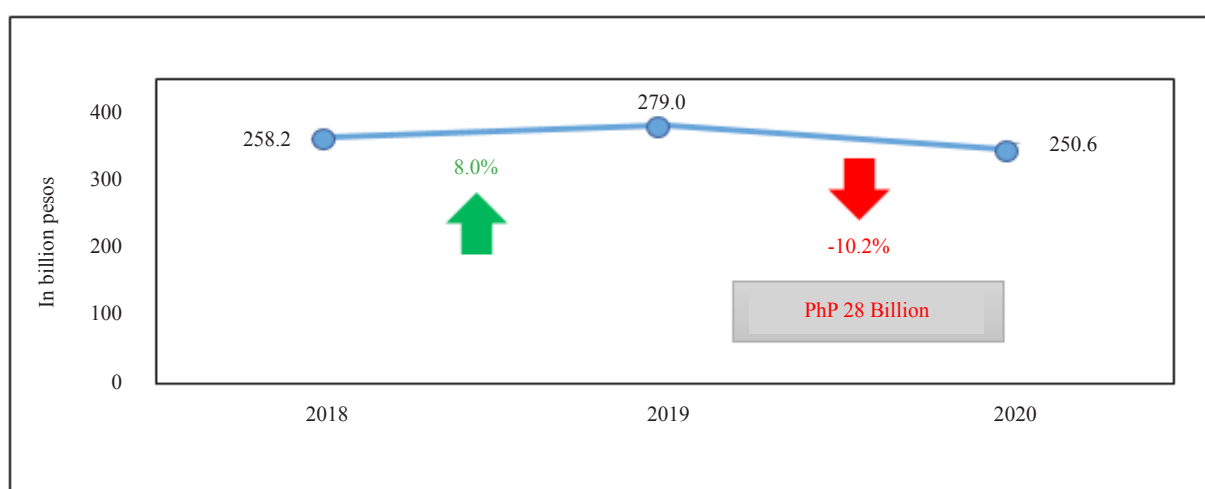


Source: Philippine Statistics Authority. 2018 to 2020 Economic Performance of the City of Cebu. (January 5, 2022)

Figure 6. 2018 to 2020 average share of major industry to the economy of the city of Cebu at constant 2018 prices

Cebu City being located in the Province of Cebu also has its main economic driving force in the services category. Services have the largest share of Cebu city's economy comprising of 87.5 percent of the entire pie chart that is categorized into 3 (Figure 6). Coming in second to that would be the Industry category which accounts for 12.0 percent and coming in last would be Agriculture, Forestry, and Fishing which takes into account only 0.5 percent.

Cebu closely mirroring that of the national model of service oriented-remittance based model for economy growth has also seen a decline and a hit to its economic growth. As can be seen in Figure 7, the economy has seemingly declined to a whopping negative 10.2 percent back during 2020. The total amount of products, goods, and services produced and provided by the entire city in 2020 was only valued at around PHP 250.6 billion losing over PHP 28 billion during the wake of the pandemic and due to mobility restrictions imposed by the local government unit of Cebu city. The year 2020 compared to previous years 2019 and 2018, saw a significant increase in its revenue, with the pre-covid economy seeing significant growth numbers of up to 8.0 percent which is around PHP 20.8 billion in added revenue.



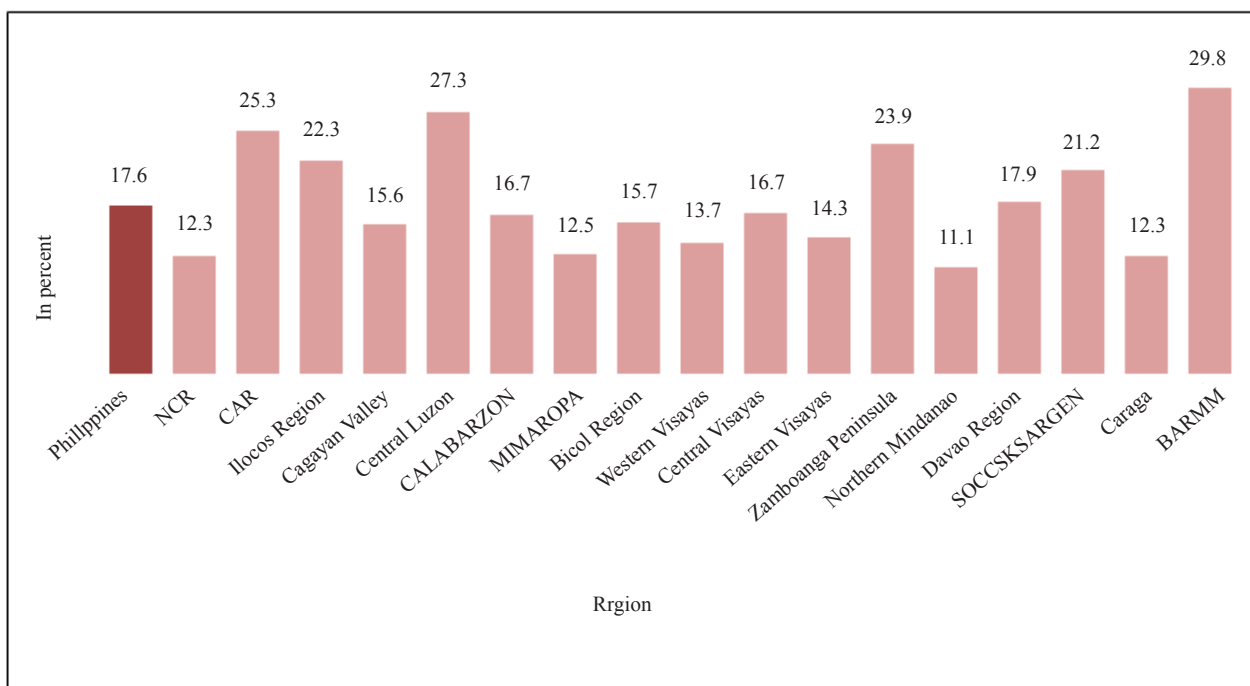
Source: 2018 to 2020 Economic Performance of the City of Cebu
Retrieved from: <http://rsoo07.psa.gov.ph/article/2018-2020-economic-performance-city-cebu> (January 5, 2022)

Figure 7. 2018 to 2020 economic performance of the city of cebu at constant 2018 prices, in billion pesos

With the decline of the economy comes also with it the increase in unemployment rate, as companies struggle to make ends meet, and doing everything in their power to keep themselves afloat, and to protect the interest of their stakeholders and partners, it is not uncommon to hear reports of layoffs especially in the services industry wherein most of the workers are involved in. In April of 2020 it was recorded that the number of unemployed persons rise to an estimated 7.2 million, which according to the Philippine Statistics Authority makes up for 17.6 percent (see Figure 8), and Cebu city; being in Central Visayas sees a 16.7 percent unemployment rate which is a record high for the unemployment rate which is proportional to that of the economic stagnation or economic freeze that the Philippine labor market is experiencing due to the predominant effects of the COVID-19 pandemic. Most of these unemployed individuals take into account the different lockdowns being constantly imposed every time there is an increase of infected individuals, and also that of the looming threat of contracting the covid-19 virus.

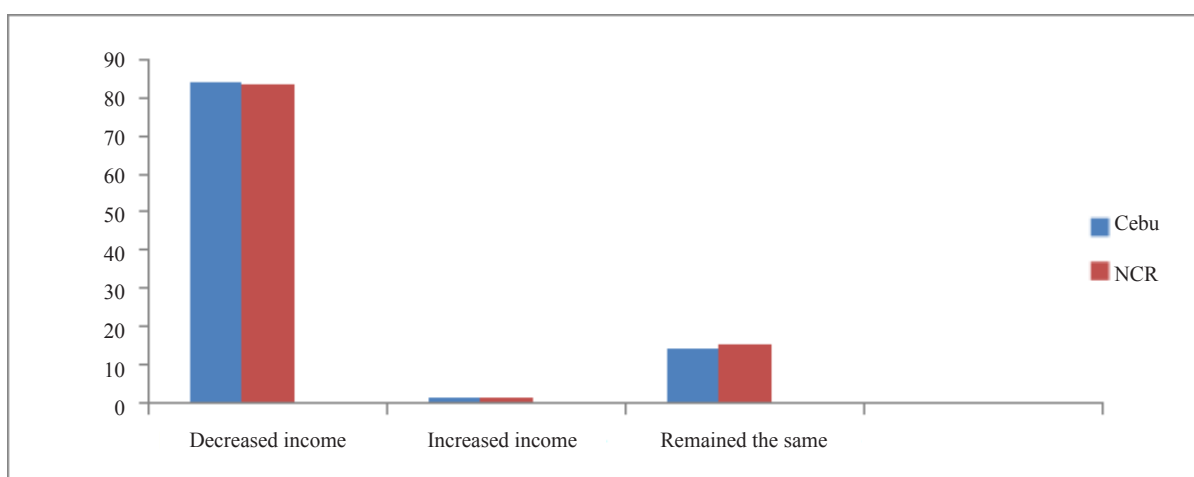
With unemployment rates and the unwillingness of citizens to go out from the comforts of their home to look for employment due to the threat of the virus, many family members are being pulled deeper into poverty and most if not some of them are now powerless to provide themselves with the basic human necessities that they could barely provide pre-pandemic. As can be seen in Figure 8, the numbers of unemployed individuals are high; Central Visayas where Cebu city is located having an unemployment rate of 16.7 percent, while BARMM having the highest unemployment rate of 29.8 percent, followed by the regions of Central Luzon, CAR, Ilocos, and that of Northern Mindanao. According to a study that was conducted by United Nations Development Programme (UNDPB) (2020a) in partnership with

United Nations Children’s Fund (UNICEF); among their in-depth interview respondents, nearly all (19 out of 20) had a family member who has allegedly lost their livelihood or has experienced the reduction in work hours. This would have still been tolerable if the affected family had only one household member lose their job. However, in some of the reports gathered by UNDP and UNICEF, it was said that several of the households had pointed out the fact that they have lost all means of income sources and are now effectively unable to provide for their daily needs. The International Monetary Fund forecasted for the Philippines a sharp downward spiral of negative 8.3 percent in growth. According to Figure 9, 83 percent to 84 percent of the households experienced a decrease in their income.



Source: Philippine Statistics Authority, April 2020 Labor Force Survey
Retrieved from: <https://psa.gov.ph/content/employment-situation-april-2020-0>, (November 11, 2020)

Figure 8. Unemployment rate by region: April 2020



Note: From UNDPB, Covid Pulse how we might innovate data collection to analyze the impacts of COVID-19 among vulnerable populations. (April-May 2020)

Figure 9. Income reduction table



Figure 10. NCR & Cebu baseline income

While Table 2 would show us that 40 percent of the households in NCR and 41.6 per cent of households in Cebu has lost their incomes entirely during the stringent lockdowns, while low 30 percent of the households declares a loss of lower than half of their income.

In addition to this, Figure 10 would further show us a direct comparison between that of the National Capital Region's (NCR) low income households and that of Cebu's low income households with both having numbers of 43 per cent (NCR) and 45 per cent (Cebu) respectively. This total loss of income as per the numbers presented above; is critical as it may imply that having to go through the strict lockdowns with little to no income. These households may not be earning that much as well. As per Figure 11, it shows that of those respondents that responded to their survey, 75 per cent of those who reported a decrease in income are earning below PHP 10,000 and are unevenly affected, with 30 per cent of them who completely lost their income, relative to other income groups. In Cebu 84 per cent of the households experienced a decrease in their income. According to the study by UNDPB, among those who experienced a decrease in income, 79% of them are low income households. These low income households are those whose income fall under PHP 10,000 during the crisis. These families whose income falls under PHP 10,000 or below is estimated to be around 89 per cent (UNDP, 2020b).

Table 2. Income reduction table

| Column% Freq. | Cebu | NCR | Total |
|------------------|-------|-------|-------|
| Whole | 41.6% | 40.8% | 41.2% |
| | 427 | 629 | 1056 |
| More than half | 13.5% | 11.3% | 12.2% |
| | 138 | 174 | 312 |
| Half | 13.5% | 17.9% | 16.1% |
| | 138 | 275 | 413 |
| Lower than half | 31.5% | 30.0% | 30.6% |
| | 323 | 462 | 785 |
| Total | 100% | 100% | 100% |
| | 1026 | 1540 | 2566 |

Source: The Impact of the COVID-19 Crisis on Households in the National Capital Region of the Philippines (April-May, 2020)

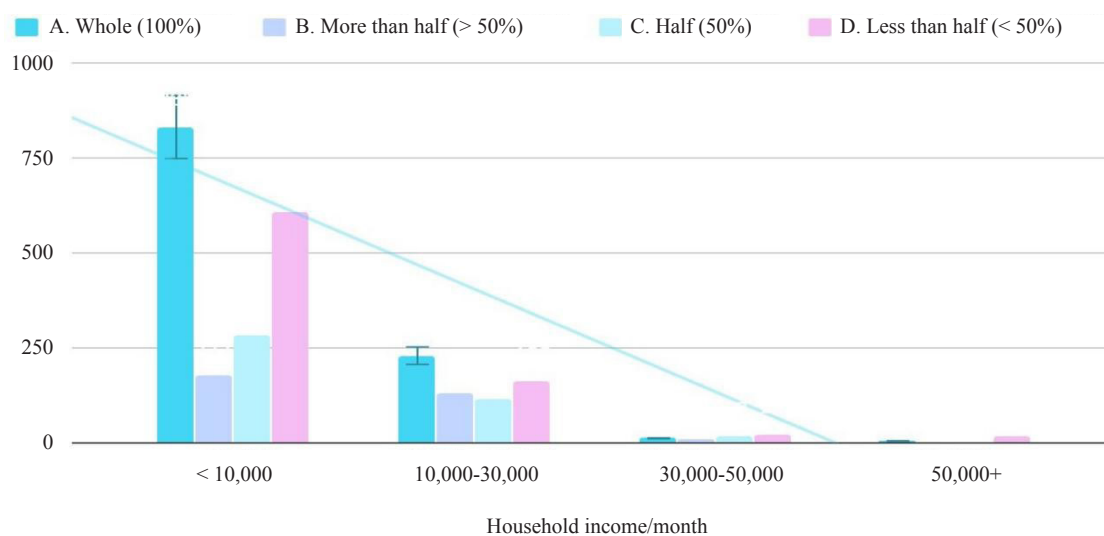


Figure 11. Monthly household income

The seemingly hard hitting effects of the COVID-19 pandemic to the economy would manifest itself in poorer communities here in the Philippines, as countless of people are now being driven to household income loss, and to a possible insecurity in food and other basic necessities. Very low income or no income at all coupled with food insecurity can be considered a variable for increased risk in varying negative health outcomes and health disparities that largely endanger the public health safety. This economic stifle that has been caused by the COVID-19 can leave poorer and vulnerable sectors pre-covid, to an even more vulnerable and alarming state, as lockdowns due to the virus are now hampering the income being generated by households across Philippines due to the increasing unemployment rates.

In Metro Cebu those whose households have an income of PHP 10,000 and those in the PHP 10,000-30,000 bracket depended on temporary informal jobs such as but not limited to: contractual work, street vendors, sari-sari

store owners (micro business), etc. The proportion of informal work increases as income decreases. This pandemic has brought families with food insecurity in pre-pandemic to a more gruelling struggle to feed their household, thus driving these vulnerable families and households even deeper into income poverty and vulnerability. There was an income decline in most households of up to 83 per cent, among those earning below the 10,000 mark (Figure 11), while 44 per cent totally lost their income among those earning 10-30,000 (Figure 11); about three fourths lost at least half and as a result, may have likely fallen below the income poverty line. One study by Mark Alipio (2020) postulated that regions in the Philippines with high poverty incidence, subsistence incidence, and expenditure would most likely have high COVID-19 cases. It was found out those regions with high proportions of poor Filipinos whose income according to Alipio (2020) is not enough to meet even the basic food needs, would be most vulnerable to COVID-19. Alternatively; regions with high proportions of Filipinos whose income can meet basic food needs would most likely have low cases of COVID-19. The study also found that income was negatively correlated with COVID-19. This suggests that regions with low annual accumulated income would have high cases of COVID-19 cases. Conversely, regions with high annual accumulated income would most likely have low cases of COVID-19 (Alipio, 2020).

11. Policies to mitigate the effects of the COVID-19 pandemic

The Philippines during the onset of the pandemic has responded by creating policies that are by paper to be used as a means to be able to afford the Filipino relief during the duration of the pandemic's effects. The Philippines has not only created new policies, but has also made faithful changes to some of the already pre-existing programs, especially programs that were usually under the social safety-net efforts of the government. Most of these pre-existing policies were already aimed at helping those who are societies most vulnerable and those who are not able to provide for themselves. These are citizens who are identified and verified as vulnerable individuals or households. Most of the programs that already existed were now either revamped or stepped-up in terms of benefits so as to keep up with the demand of the pandemic's effects, most especially during the long impending lockdowns that were eventually inevitable. These policies are as follows.

11.1 *Bayanihan to heal as one act*

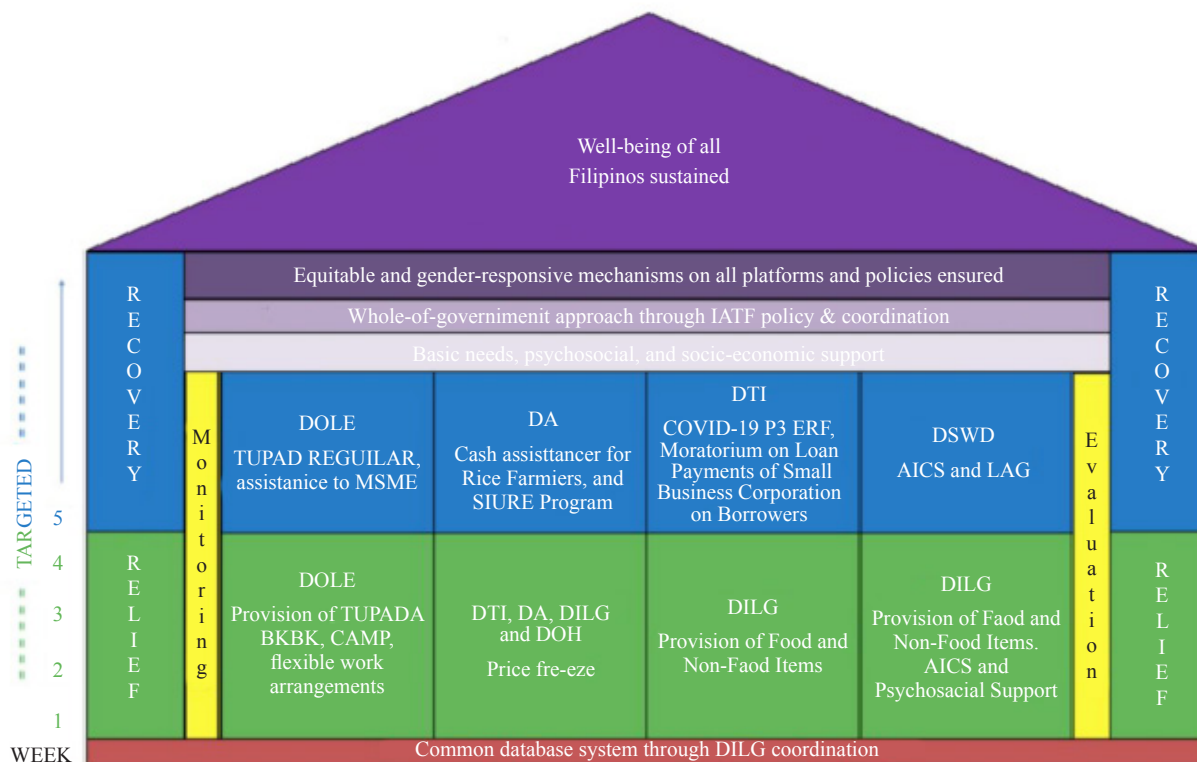
The national government in the hopes of mitigating the effects of the pandemic on the economy, to the workers, and to the poor, saw president Duterte signing into law the Bayanihan to Heal as One Act (Republic Act 11469) on the 23rd of March 2020 declaring a national health emergency as a result of the COVID-19 situation. The ultimate goal of the act is to protect and promote the welfare of the Filipino people which include:

- Mitigating and containment of the transmission of COVID-19;
- Immediately mobilizing assistance for the provision of basic necessities to families and individuals affected by the enhanced community quarantine, especially the poor;
- Undertaking measures to prevent the overburdening of the country's healthcare system;
- Immediately provide ample healthcare, including medical tests and treatments, to COVID-19 patients, Persons Under Investigation (PUIs) and Persons Under Monitoring (PUMs);
- Undertaking a recovery and rehabilitation program as well as social amelioration program and other social safety nets to all affected sectors;
- Ensure adequate, sufficient, and readily available funds to undertake the above-stated measures and programs;
- Partnering with the private sector and other stakeholders in the quick and efficient delivery of these measures and programs; and
- Promoting and protecting the collective interests of all Filipinos.

Through the Act, the President is authorized to follow, adopt, and implement World Health Organization guidelines and best practices to suppress further transmission and spread of COVID-19 through effective education, detection, protection, and treatment.

This enacted law allows for the procurement of additional equipment and manpower, and to allow facilities such as hospitals, health care centres and facilities to function as quarantine facilities if needed. Most importantly this law has the purpose of providing compensation and insurance for front line health workers, and also provides social financial

assistance to low income households as well as enforce laws on profiteering and price manipulation (Vallejo & Ong, 2020).



Source: DILG-DBM-DOLE-DSWD-DA-DTI-DOF Joint Memorandum Circular No. 1, Series of 2020

Figure 12. Social amelioration framework

11.1.1 Social Amelioration Program (SAP)-Emergency Subsidy Program (ESP)

The Bayanihan to Heal as One Act includes with it the Social Amelioration Program (SAP) under the Emergency Subsidy Program (ESP) enacted by the government, whose purpose is to alleviate those who are suffering the most from the enhanced community quarantine especially the poor and those with barely any resources or savings to draw from (see Figure 12). The SAP identifies low income households and provides a minimum of at least PHP 5,000 to a maximum of PHP 8,000 either in the form of cash or kind, for the course of two months from April-May 2020 (G-Watch, 2020). These amounts of emergency subsidies however, would vary depending on the prevailing minimum wage rates of the households' region of residence (Table 3).

Households were identified and were given the Social Amelioration Card for identification and verification. The distribution of monthly subsidy was dependent on the prevailing minimum wage rate of the beneficiary's region of residence, as for Central Visayas, the minimum daily wage would be PHP 404.00, this would be equivalent to a monthly subsidy of PHP 6,000 that is to be given by the local government units (Reyes et al., 2020). The subsidy provided from the current conditional cash transfer program and rice subsidy is also taken into consideration in the computation of the emergency subsidy. 18 million was the target number of family-beneficiaries for the SAP-ESP, and this was determined through identification and verification of poor households as was aforementioned. This system of identification of such households for eligibility was called the National Household Targeting System for Poverty Reduction or coined by a shorter the shorter term which is "Listahan 2015". This list was also employed as an identification and verification tool for other poverty reduction programs under the government. This list has identified about 15 million poor families (Reyes et al., 2020). With an estimated increase of population based on the Philippine Statistics Authority, it has been said that

roughly around 3 million families were added to the target (Table 4), which would see its numbers of identified families of about 3 million as an additional to the target, and officially bringing its total target of beneficiaries of the emergency subsidies to about 18 million (report to the Join Congressional Oversight Committee, April 13).

Table 3. Monthly Subsidies (in PHP) under the Emergency Subsidy Program by region

| Region | Daily minimum wage | Monthly subsidy |
|--------------------------------------|--------------------|-----------------|
| National Capital Region | 537.00 | 8,000.00 |
| Cordillera Administrative Region | 350.00 | 5,500.00 |
| Ilocos Region | 340.00 | 5,500.00 |
| Cagayan Valley | 370.00 | 5,500.00 |
| Central Luzon | 420.00 | 6,500.00 |
| CALABARZON | 400.00 | 6,500.00 |
| MIMAROPA | 320.00 | 5,000.00 |
| Bicol Region | 310.00 | 5,000.00 |
| Western Visayas | 395.00 | 6,000.00 |
| Central Visayas | 404.00 | 6,000.00 |
| Eastern Visayas | 315.00 | 5,000.00 |
| Zamboanga Peninsula | 316.00 | 5,000.00 |
| Northern Mindanao | 365.00 | 6,000.00 |
| Davao Region | 396.00 | 6,000.00 |
| SOCCSKSARGEN | 326.00 | 5,000.00 |
| Caraga | 320.00 | 5,000.00 |
| Autonomous Region in Muslim Mindanao | 325.00 | 5,000.00 |

Source: DSWD Memorandum Circular No. 04, s. 2020

To ensure that there will be an orderly identification and verification of beneficiaries the government has set out guidelines for the beneficiaries to follow. For this, the government has required a set of specific documentary requirements for each beneficiary to be presented in their respective barangays for them to avail for the social amelioration program (Table 5). Beneficiaries must also bring a photocopy of their valid identification, and the original or certified true copy of the applicable requirements to their respective barangays in order for them to avail of any assistance that is stipulated under the SAP-ESP.

Table 4. Target number of families for the social amelioration programs, by region

| Region | Total number of families | Informal and poor/near poor |
|---|--------------------------|-----------------------------|
| Philippines | 24,550,003 | 17,956,093 |
| National Capital Region | 3,260,399 | 1,788,604 |
| Cordillera Administrative Region | 434,209 | 318,707 |
| Ilocos Region | 1,263,607 | 999,531 |
| Cagayan Valley | 881,440 | 698,042 |
| Central Luzon | 2,707,342 | 1,807,929 |
| CALABARZON | 3,511,076 | 2,249,567 |
| MIMAROPA | 752,804 | 614,100 |
| Bicol Region | 1,362,596 | 1,146,914 |
| Western Visayas | 1,835,555 | 1,472,683 |
| Central Visayas | 1,806,056 | 1,346,613 |
| Eastern Visayas | 1,053,680 | 875,246 |
| Zamboanga Peninsula | 890,346 | 721,841 |
| Northern Mindanao | 1,111,803 | 892,577 |
| Davao Region | 1,248,805 | 953,521 |
| SOCCKSARGEN | 1,139,025 | 953,853 |
| Caraga | 625,663 | 492,758 |
| Bangsamoro Autonomous Region in Muslim Mindanao | 665,597 | 623,607 |

Source: Report to the Joint Congressional Oversight Committee, 13 April 2020

Each barangay will have to identify and list all qualified family-beneficiaries within their jurisdiction based on the eligibility requirements for each emergency assistance program. There are also Social Amelioration Cards (SACS) that are going to be handed to the beneficiaries, and its forms are to be distributed to each household in each barangay. This card is to be employed as a means to aid the barangay and that of the different government agencies providing emergency assistance to identify and profile all the beneficiaries of any of the social amelioration programs. This is also a way for government to avoid later on the problem of duplication of assistance when they will begin to roll out the necessary assistance afforded to the beneficiaries.

The SAP was used to remedy the impending problem of income reduction or loss of it for almost 18 million low-income households including those with members in the subsistence and informal economy. In addition to money subsidies, the government has also distributed Food and Non-Food Items (FNI). The Department of Social Welfare and Development (DSWD), in close coordination with concerned local government units, with the assistance of the Armed forces of the Philippines and the PNP (Philippine National Police) have moved to provide food and essential personal hygiene item packs to augment or sustain the basic needs of affected households.

Table 5. Documentary requirements to avail of the social amelioration programs

| Beneficiary | Specific documentary requirements |
|--|---|
| Senior citizen | Senior Citizen's ID |
| Persons with disability | PWD ID, or; Certificate of separation from or suspension of work |
| Pregnant/lactating women | Valid ID; Certificate from Rural health Unit, or; Birth certificate of child, if available |
| Solo parents | Solo parent's ID, or; Certificate of employment, separation from or suspension of work |
| Overseas Filipinos in distress | Valid passport bio page, and a copy of any of the following: <ul style="list-style-type: none"> • Passport arrival stamp; • Proof of departure ticket; • Overseas Employment Certificate; • Employment contract, or; • Any other documents to prove repatriation or being banned from travelling outside the Philippines within the prescribed period |
| Underprivileged sector and homeless families, indigent indigenous peoples, and other vulnerable groups | As applicable: <ul style="list-style-type: none"> • Certification from barangay or from the P/M/CSWDO • Certificate from NCIP or the tribal chieftain/council of elders that the beneficiaries are IPs and are on subsistence economy |
| Workers in the informal workers, and self-employed | As applicable: <ul style="list-style-type: none"> • Driver's license; • TODA ID; • Certification of membership from the organization/association; • Certificate of Public Convenience; • Certification from the barangay/municipality (for TODA only); <ul style="list-style-type: none"> • Employment ID; • Kasambahay ID; • Certificate of employment, separation from or suspension of work from the employer; <ul style="list-style-type: none"> • Proof of business; • Any other document showing employment/occupation/enterprise |
| Employers Rice farmers | Establishment report and company payroll: <ul style="list-style-type: none"> • RSBSA enrolment stub (for cash assistance) • Notice of cash grant (for cash assistance) <ul style="list-style-type: none"> • Loan application (for SURE aid) • Any government-issued ID with picture • Duly accomplished simplified promissory note |
| Service-Conduit borrower | Pre-release: <ul style="list-style-type: none"> • Loan application <ul style="list-style-type: none"> • List of eligible rice farmers • Board resolution for financial assistance and designating at least two authorized signatories to execute loan documents with identified government financial institution <ul style="list-style-type: none"> • Standard promissory note • Authority to debit deposit account Post-release: <ul style="list-style-type: none"> • Liquidation report on disbursed loans • Deed of assignment of sub-promissory notes |
| Funeral support for COVID-19 related deaths | Death certificate; and certificate of indigency |

Source: DSWD Memorandum Circular No. 04, s. 2020; DILG-DBM-DOLE-DSWD-DA-DTI-DOF Joint Memorandum Circular No. 1, Series of 2020

11.1.1.1 Emergency assistance programs for households/families

The social amelioration programs provide assistance in the form of food packs, and daily necessities, and cash assistance to affected families, especially those who are identified to be among the vulnerable sectors.

11.1.1.1.1 Assistance to Individuals in Crisis Situation (AICS)

The Assistance to Individuals in Crisis Situation (AICS) is an ongoing DSWD program and is yet another program that aims to provide assistance in the form of outright cash amounting to PHP 3,000 to families with at least one member, or PHP 5,000 to families with two or more members belonging to the so called vulnerable or disadvantaged sectors. These so called vulnerable or disadvantaged sectors are as follows:

- Senior citizens,
- Persons with disability,
- Pregnant and lactating women,
- Solo parents,
- Overseas Filipinos in distress,
- Indigent indigenous peoples,
- Underprivileged sector and homeless citizens, and
- Informal economy workers.

In addition, families who have suffered a loss of a family member who was identified and verified to have died due to COVID-19 or was identified as a PUI will be granted a cash aid of PHP 25,000 per deceased person to cover for the burial expenses. However, it is stated that those who have already received assistance from the Department of Labor and Employment (DOLE), particularly the CAMP and TUPAD programs, and other assistance programs by the national government with the same nature of assistance will no longer be able to acquire aid from the AICS .

11.1.1.1.2 Livelihood Assistance Grants (LAG)

LAG or livelihood assistance grants as it is known, is yet another financial assistance provided by DSWD to beneficiaries of the Sustainable Livelihood Program (SLP). Those under the SLP program whose microenterprises or livelihoods were affected by the lockdowns implemented by the government are the focus of this assistance. Through LAG, the SLP beneficiaries may recover from their economic hardship and losses due to the scarcity of income that they are making. They may be able to make use of the assistance as seed capital to start a new or enhance an existing microenterprise/s, or as a payment for employment-related activities. An amount of PHP 15,000 is maximum for this assistance, and it is in the form of cash or individual check, and may be given to an affected SLP beneficiary family, as long as at least one member of that family is a displaced informal economy worker. A family is only qualified to avail of the assistance under the LAG only once, regardless of the number of family members there are who are fit or eligible for the criteria.

11.1.1.1.3 Expanded and enhanced Pantawid Pamilyang Pilipino Program (4Ps)

This already existing conditional cash transfer program by DSWD that was regularly provided to poor households was revisited by lawmakers and was later enhanced to adapt to the situation brought by the lockdowns imposed by the government. This Expanded and Enhanced Pantawid Pamilyang Pilipino Program aimed to provide monetary aid to families totalling to PHP 1,350 per month for the months of April and May. However it was augmented by a top-up monthly emergency subsidy amounting to PHP 3,650 to PHP 6,650 from the SAP-ESP to reach the mandated thresholds. This would depend however on the region of residence as listed in Table 3. Other conditions that were set, such as an attendance from family members to a 4Ps Family Development Session and other gatherings considered to be a requirement was ceased due to the nature of the pandemic. This is in compliance with the physical distancing protocols enacted by the government, and in this case with accordance to that of Section 16 of the Implementing Rules and Regulations of the 4Ps Act which states that full compliance to the conditionalities of the program are deemed waived during force majeure.

11.1.1.2 Emergency assistance programs for individuals

Aside from family- or household-level assistance through various emergency programs of DSWD, some of the social amelioration programs of the government provide for cash aids, wage subsidies and temporary employment to eligible individuals from identified sectors.

11.1.1.2.1 COVID-19 Adjustment Measures Program (CAMP)

DOLE is at the helm of this program, and this program lends assistance and support to individuals who are working in the formal sector which is being affected by the COVID-19 crisis. This program's purpose is to assist those who are working who now have a reduction of their income. Through the CAMP, a one-time non-conditional financial assistance of PHP 5,000 will be granted to affected formal sector workers, regardless of their employment status. Moreover, affected workers will also be given access to labor opportunities that can be granted to them through referral, job matching, employment coaching, and placement services (DOLE, 2020a). Eligibility for this would be that a worker must be employed in a private establishment implementing flexible work arrangements or experiencing loss of income due to the pandemic. In addition, establishments must submit the following to DOLE: (1) establishment report on COVID-19 pursuant to Labor Advisory No. 9, series of 2020, and (2) company payroll for the month before the application for flexible work arrangement or temporary ceasure/closure.

11.1.1.2.2 Tulong Panghanapbuhay sa Ating Displaced/Disadvantaged Workers Barangay ko, Bahay Ko Disinfection/ Sanitation Project (TUPAD #BKBK)

The TUPAD #BKB is a community-based program that was conceived by DOLE (2020b) which provides temporary wage employment for uprooted informal economy workers, particularly those underemployed, self-employed, seasonal workers, and marginalized workers, who have lost their earning potential and/or livelihoods because of the implementation of the lockdowns. Those who have availed of the assistance in 4Ps, CAMP, and AICS, and rice farmers who have already received cash from the Department of Agriculture (DA) are no longer eligible for TUPAD #BKB. Meanwhile, beneficiaries of other cash and non-cash assistance from the national and local government may still qualify for the TUPAD #BKBK. The nature of work provided by the TUPAD #BKBK program is under disinfection/sanitation jobs. The duration of work is designed to last for a minimum of 10 days but not exceeding 30 days. The following assistance are also included in the package: (a) wages equivalent to the prevailing highest minimum wage in the region; (b) enrolment to group micro-insurance; and (c) conduct of basic orientation on safety and health through distribution of brochures.

11.1.1.2.3 Cash assistance for rice farmers

As for the farmers in far flung areas, they too have a one-time monetary assistance given to them, but they have to be registered under the Registry System for Basic Sectors in Agriculture (RSBSA) and have a farm size of one hectare or below. Just like that of the CAMP, the farmers will be receiving PHP 5,000.

More than 76,000 Overseas Filipino Workers (OFWs) from Central Visayas received assistance from the governments' repatriation program to go back to their home provinces. OFWs who lost their jobs abroad received a one-time cash assistance of PHP 10,000.

11.1.1.2.4. Survival and Recovery (SURE) assistance for marginalized, small farmers and fishers

Marginalized small farmers and those fishermen whose livelihood were greatly affected by the government's enforced quarantine measures may avail of a zero percent interest loan amounting to PHP 25,000 per borrower. The loan assistance is payable up to ten years, and will not require those who would want to avail for it any form of collateral or security requirement. The purpose of this program is to provide emergency and production assistance for beneficiaries to continue their operations, and ultimately ensuring that food sufficiency is not compromised given prolonged periods of lockdown. For the eligibility of those who would want to be part of this program, beneficiaries must be registered in the RSBSA and must also be included in the validated list as endorsed and certified by the Municipal Agriculture

Office (MAO) (Philippine Laws and Legal System, 2020).

11.1.1.3 Emergency assistance programs for enterprises

These include other social amelioration programs, particularly those provided for by the Department of Trade and Industry (DTI), offer loans, moratoriums and other types of assistance to affected micro and small enterprises.

11.1.1.3.1 COVID-19 Pondo para sa Pagbabago at Pag-asenso Enterprise Rehabilitation Fund (P3-ERF)

Those who have Micro and Small Enterprises (MSEs) whose businesses suffered a reduction in their sales during the current crises may avail of the COVID-19 P3-ERF, which is a PHP 1 billion financing program that was created by the Small Business Corporation of the DTI. For those who would want their enterprises to be eligible must have at least a year of continuous operation prior to March 2020. This program can grant loans to MSEs of PHP 10,000 to PHP 200,000 for micro enterprises, and for those whose asset size does not exceed PHP 10 million pesos, they could be granted a loan of up to PHP 500,000. Loans under this program have a 0.5% monthly interest rate. Proceeds of the loan must only be used by the availing affected MSEs for updating their loan amortizations for their fixed assets loans, for inventory replacement for their damaged perishable stocks, or for replacement of their working capital to restart the enterprise (Department of Trade and Industry Philippines (DTI) (n.d)).

11.1.1.3.2 Moratorium on loan payments of small business corporation borrowers

Borrowers of loan programs of the Small Business Corporation, whether regular of P3 loan programs, are entitled to a payment moratorium, provided that they are situated in areas declared under community quarantine. Through this moratorium, affected borrowers are allowed to only pay for their loans interests that were due for the succeeding six months. However, the accrual of the interest rate will continue throughout the moratorium, and the loan term will also be extended based on the number of months covered by the moratorium.

11.1.1.3.3 Recovery package for micro and small enterprises engaged in agriculture and fisheries food production, and other supply chain activities in accordance with the agripreneurship development fund/program of the ACPC

This recovery package taps both government and non-government financial institutions to offer another loan assistance for micro and small enterprises engaged in agricultural and other supply chain activities. Borrowers may avail of loan amounting to PHP 300,000 up to 90% of the projected costs of the enterprises or PHP 15 million, whichever is lower. This loan aims to ensure the availability and continuous food supply, and to help owners of these microenterprises to recover their losses brought by the quarantine measures.

11.1.1.3.4 Livelihood Seeding Program/Negosyo Serbisyo sa Barangay (LSP-NSB)

Entrepreneurs who have small businesses affected by the pandemic may avail of assistance from the Department of Trade and Industry under the LSP-NSB. Assistance under this program are in the form of livelihood kits amounting to PHP 5,000 to PHP 8,000, enterprise development training, and business counselling or mentoring.

In the above mentioned programs, such as AICS, 4Ps, and TUPAD, are already existing government programs of national government agencies. These programs were only revisited and were modified to fit the needs of the COVID-19 response initiative of the government. Assistance under the regular AICS for example, were in the form of financial or that of material assistance which can be used for transportation, hospitalization, funeral, and school-related expense of individuals affected from any sudden crises. As modified to fit that of the COVID-19 situation, these programs are now more geared towards the provision of outright cash albeit with some exceptions. On the other hand loans afforded to enterprises, were created and designed in mind as a program of recovery which hopes to create a long-term mitigation or reduction of economic consequences brought about by the COVID-19 pandemic and the quarantines that are were being imposed by the government (DTI, 2021).

11.1.1.4 Local Government Units

Local Government Units (LGUs) have been given by the national government the freedom to address whatever it is that they deem as the most urgent concern for their constituents and are given freedom to decide on what drastic measures to employ. Autonomous as they are, LGUs can now access the funding in their Local Disaster Risk Reduction Management Fund (LDRRMF) and their Local Development Fund (LDF). Funds can be used to finance assistance programs and efforts, acquire materials and manpower necessary to combat the spread of the COVID-19 virus, and the enhancement of risk reduction efforts and planning. “Ayuda” (Assistance/help) is a common sight to see during the stringent lockdown of Cebu City, often times the LGUS distribute these “ayudas” in the form of relief packages consisting of canned goods, rice, and other forms of consumables, and as an autonomous body, some LGUs also opted to provide their constituents with financial assistance instead of converting it to daily consumables. In Cebu City another form of assistance was given in the form of cash was given to Senior citizens with the target beneficiaries of over 82,000 seniors with an amount given to each being PHP 3,000. LGUs also provided its constituents with services namely, mobile markets, community kitchen, transportation services, and disinfection services (Reyes et al., 2020).

11.1.1.5 Government policing efforts and its lockdowns

The policies that were mentioned so far were catered towards the immediate relief of citizens, with an emphasis on addressing the concern of how citizens, small businesses, and those people who have no source of income can be assisted in times crisis. However, the government also had put to place efforts on policing its citizens in times of crises, especially during a pandemic, said policies were in place to ensure peace and orderliness despite the crisis. A lockdown is seen as the most viable option by the IATF-EID, wherein the nature of said lockdowns will be well structured, and specific in nature, and will vary depending on the influence of the virus’ effects and the speed at which it could contaminate healthy individuals in a society. These so called lockdowns have been cited as the reason of income loss for the majority of the sectors in the Philippine economy and the reduction of the Philippine’s GDP. However, this paper has yet to point out that there is not only one kind of lockdown operation to combat the spread of the virus, there exists a couple of varied lockdown phases that which serves different functions from that of the other throughout the time of the crisis, and as aforementioned, has emphasized and varied restrictions for each phase. These lockdown phases on paper is believed to be able to keep up with an ever changing scenario that is influenced by the virus’ spread, with a goal of minimizing the damage to both human life, and to the Philippine economy. The arm of the government that is responsible for convening the proposition of strategic lockdowns and that of containment strategies throughout the Philippines is the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID). It was organized as an instrument for the government to asses, monitor, contain, control, and prevent the spread of any potential epidemic in the Philippines. On January 2020 the IATF-EID was called upon to address the growing viral outbreak in Wuhan, China. The ones responsible for policing and enforcement was the Joint Task Force COVID-19 Shield which is composed of the Philippine National Police, Armed Forces of the Philippines, and elements from the Bureau of Fire Protection, Philippine Coast Guard, and that of local government units. The following are the different phases of lockdowns that were implemented during the pandemic (Maingat, 2020).

11.1.1.5.1 Enhanced Community Quarantine (ECQ)

The Enhanced community quarantine does not allow movement regardless of age and health status, domestic flights are also put on hold, and public transportation is essentially non-existent. However there are minimal cases wherein international flights are allowed, and passage of essential vehicles such as front liners, and utility services are allowed. There is minimal economic activity in this kind of lockdown, with the exception only for utility services such as food, power and water, and the critical economic sectors. Classes of all levels are suspended under this kind of lockdown.

11.1.1.5.2 Modified Enhanced Community Quarantine (MECQ)

There is a limitation of person’s mobility within the containment zone for obtaining essential services such as food, and medical supply or services, as well as limited mobility of workers only essential workers being allowed to work. These essential workers now include those of the manufacturing and processing plants up, and would allow selected

facilities to function at 50 per cent maximum of their workforce. There is still no transportation services allowed for the public; however there is limited transportation services for essential goods and services, and carpooling services offered by facilities which are allowed to operate are now allowed as long as they secure the necessary papers needed to pass through checkpoints. Physical classes are still suspended during this kind of lockdown.

11.1.1.5.3 General Community Quarantine (GCQ)

There is limited movement to services and work, however public transportation is now slowly being transitioned to return albeit not the entirety of the public transportation force is allowed to operate. Safety protocols for public transportation such as wearing of face-shield and face mask is still required, along with the strict safe distancing protocol, thus allowing only a fraction of a public utility vehicle's capacity to operate. Government offices and industries are now able to operate up to a maximum of 75 per cent of their workforce, assuming that they have followed protocol and standards set to them by department of labor and employment for them to be able to operate again, which means that workers must be tested, and must be negative of the COVID-19 virus before being allowed to work again. In addition, interisland travel is now allowed between islands that are under the same lockdown phase which is GCQ to GCQ, and safety protocols are still followed to ensure the safety of all travelling individuals. As the government cannot afford to delay the education of students any further, flexible learning arrangements are therefore set for students; such as module based learning, and the opening of government radio stations to carry out daily instruction to students.

11.1.1.5.4 Modified general community quarantine

In this lockdown phase, the government is now under a permissive stance. This means that public transportation is now back up and mobility of citizens are no longer as limited as it was compared to the other phases of lockdowns. Minimal health protocol standards are still being followed despite the laid back nature of this phase of lockdown. It is said that inbound flights still follow health protocol guidelines set for them such as a required number day of quarantine period after being tested. Public utility vehicles still operate at a fraction of their capacity to avoid congestion, and checkpoints are now more permissive of non-essential elements of society to walk about the city streets compared to that of the other phases of lockdown. Government and private industries are now able to operate at maximum capacity granted that they still follow minimal public health protocols. Schools are now able to operate, however face to face classes are still not allowed. However, personnel are able to report to work to process papers and requirements of students and to help teachers prepare for class materials, and to prepare for impending graduations and to prepare for the next semester.

12. International assistance

As of April 28 2021, the Philippines has borrowed USD 18.4 billion (roughly P886.5 billion) for COVID-19 response including USD 6.93 billion from multilateral sources such as the Asian Development Bank, World Bank, and Asian Infrastructure Investment Bank (Business World, 2021).

These loans include budget support to augment the national budget to fund the governments' programs and project support. This includes liquidity support, credit creation (interest rate adjustments, loan guarantees), direct long-term lending, equity support, health (purchase of medical equipment and supplies) and income support (such as tax reduction, subsidies to households and businesses), budget reallocation, central bank financing, and other economic measures, as well as for procurement of vaccines.

With the international assistance received, the Philippines can now have a testing capacity of up to 60,000 reverse transcription polymerase chain reaction tests per day as of April 2021 (Bordey, 2021). The government targets 80,000 to 90,000 tests per day with the addition of antigen test kits certified by the World Health Organization and the Research Institute for Tropical Medicine.

As of end April 2021, almost 2 million vaccine doses have been administered, and this continues to grow exponentially as more vaccines arrive in the country. Lastly, the Australian government has also issued a statement that Australia will work through established, partners to provide support in ensuring that the Philippine's own systems with a

focus on policy reformation, and building capacities. The Australian government will work at a national and community level, partnering with the Philippine government, local partners, business or multilateral agencies, also lending assistance in research organizations and civil society (Australian Government Department of Foreign Affairs and Trade, n.d.).

13. A case of flattening the curve

While there was a crisis about subsidy and relief distribution and the problem of a possible rise in unemployment rate, and the apparent impact of the pandemic on small and medium enterprises, there has also been a brewing public health problem in Central Visayas. During the month of June 2020, there was an alarmingly huge surge of cases in Cebu City which for the most part has increased Cebu's infected to a record of 985 almost reaching to a thousand people infected (Erram, 2020). With an exhausted health system and a tired medical working force, Cebu City was bound to be the second epicenter for the coronavirus. This caught the attention of Malacañang palace and eventually placed Cebu City in another ECQ. According to Macasero (2020), 'hospital beds were at full capacity for COVID-19 patients, of the mechanical ventilators 45 percent are in use, all intensive care unit beds are occupied, 90 percent of the 399 isolation beds are occupied, 93 percent of the 133 ward beds in hospitals are occupied. In the first week of Extended Community Quarantine (ECQ), the city has taken into account almost 1,000 cases in a span of just a week'. Macasero (2020) emphasized that according to the IATF, cases may have risen due to the laid back nature of the enforcement of quarantine restrictions, that it also afforded individuals suspected of being infected, the choice to quarantine at home, which may have been violated thus spreading the virus within the place of the victims occupied space and all the loved ones around and that may potentially affect neighbours as well. After Cebu was placed under ECQ, the national government sent Secretary Roy Cimatu, a retired general to oversee COVID-19 response in the city. To intervene with local government affairs since the beginning of the pandemic was a first for the national government, this shows the seriousness of the national government regarding the events that were unfolding in Cebu City.

The first order that was effective immediately was the revocation of quarantine passes. The quarantine pass was a small identification card that was to be given to any uniformed personnel of authority enforcing the GCQ, who would want to know the reasons for which a person would leave the house. The quarantine pass was also required when entering establishments and grocery stores, and is required when going to public markets. According to Cimatu, the contributing factor to the surge of the virus was the concentration of people in certain areas, creating crowding problems and only making the spread of the virus more convenient. Cimatu has also noted that the highest number of cases was no longer just in the urban poor and congested neighborhoods, but also in the medium-density, middle class barangays. Thus prompting him to impose his second order of the day that would be to lockdown barangays with the most cases, so as to monitor who could come in and who could come out. Cebu City, under the care of Cimatu and assisted by retired General Mel Feliciano, saw an increased presence of military and police personnel, who was drawn from the different islands of the Philippines to assist in the policing of the lockdown. To quote from Macasero (2020) an additional 150 more cops from other regions in the country, including an undisclosed number of Special Action Force (SAF) troopers, were posted in Cebu City to assist in the lockdown. But the enduring actions of Cimatu and Feliciano took were empowering the city's Emergency Operations Center (EOC) in tightening their response to the pandemic. In addition to that, Governor Gwen Garcia has ordered the closure of borders with Cebu city. The restriction emphasises limited movement to and from Cebu City from other provinces. Any entry within Cebu city past 12:01 a.m. of the effective date of March 27 shall be affected by this new order. Those who got in Cebu city can no longer leave its borders and are now effectively stuck within the confines of Cebu City's borders. The intention of this is to stop the spread of the virus in other neighboring towns, so that they may not be able to further bring damage to other towns (Abatayo, 2020).

The National Capital Region (NCR) has not been spared from having issues and challenges that plagued their response, such as poor detection, isolation, and contact tracing measures. As a response, Cebu city has mobilized "One Bayanihan" as an emergency response initiative to fight of the pandemic, this so called initiative calls on the resolve and the traditional sense of belongingness in Filipinos, this was spearheaded by Bidlisiw Foundation, Bayanihan Mission, Glory Reborn, and FundLife. The focus of such an initiative was to cater to those groups in society who are considered to be vulnerable during the time of the pandemic. The operation saw a funding of PHP 1 million and has focused on food

relief provisions, Water-Sanitation-Hygiene (WASH), and health information sessions in Metro Cebu (OCH, 2020b). The local government has also set into motion other drastic measures to ensure that the virus can be kept at bay. In Cebu City contact tracing, testing, isolation and treatment cycle among COVID-19 patients and Persons Under Investigation (PUIs) has been conducted. These tests allowed for the identification of persons who might have been infected by the virus, and the process of isolation would help ensure that the spread of COVID would somehow be slowed down. In addition to that, contact tracing was employed by medical establishments, and government establishments. Business establishments, commercial buildings, fast food chains, workplaces and the like, have also extended their cooperation with the government by employing contact tracing to ensure congruence with what Cebu City government has been implementing. The contact tracing would tremendously help in the process of identifying those who were in close contact with a confirmed COVID-19 patient. This has been the recurring procedure in the city of Cebu and has proven effective in combating the spread of the virus. Cebu city has also allocated PHP 1 Billion for COVID-10 relief and response efforts, and has also ensured the allocation of necessary equipment to help combat the virus; these are namely, PCR machines, rapid test kits, and negative-pressure ambulances. Cebu City was later the first LGU in the country to establish clinics for the conducting of swab tests, and the first LGU to have established quarantine facilities to compensate for the already full hospitals. Cebu City has also employed barangay isolation clinics to isolate those who are asymptomatic and those with mild to moderate symptoms.

During the duration of July to August, Cebu City had seen lesser infections during the length of the ECQ. The reported cases from July 5 to 7 were 294 which dropped to 267 from July 12 to 18, then down to 189 cases between July 26, and August 1. This was a signal that the efforts made were effective, and that the spread of the virus has eventually slowed down to an average of a patient infecting less than one other person, compared to the first few weeks of the GCQ which saw one person having the possibility of infecting two or more. Cayton said that the main contributing factor as to why the curve has been alleviated was due to Cebu having a longer and stricter quarantine period than in other areas of the country that had eased restrictions too quickly. With effective contact tracing and isolation strategies, the number of new cases in Cebu City had continued to decline despite the implementation of less restrictive quarantine protocols. At the peak of the outbreak, there were 10,000 active cases. With proactive approach and longer restriction period, Cebu City was able to lower the 400 active cases by October 7, 2020. The lowest number of new cases was recorded Monday, September 28, Cebu City. The consistency has been an on-going trend even after the majority of the military and police forces had all left the city in the month of August. Cebu City Councilor Joel Garganera said that the meticulous attention to detail in the management of the pandemic had made a great difference and impacted the flattening of the curve. Garganera stressed further that key improvements to the contact tracing teams and the speeding up of the swabbing has been the few key ingredients that make up the whole. From only 5 contact tracing teams during the beginning of the pandemic in the City of Cebu, it has now been bolstered to 423 teams. With 5 teams, patients would have to wait for a week or more for their swab results. In addition, due to the small number of swabbing teams who are also in charge of paper works and monitoring, many of the swabbed individuals were no longer given the right attention and were no longer being monitored due to the volume of people that were swabbed. With more personnel on the ground however, the results would come back within just one to 4 days of waiting after swabbing. Improving this capability of the city has allowed for the faster response of medical personnel, and the fast transfer of patients to isolation facilities, thus reducing the risk of further exposing the patient to other healthy individuals in society. These are overall good signs, but Garganera believed that these improvements although believably positive must not be a source for complacency and that the government should in all its best efforts prepare for another wave of infections, which may happen anytime.

14. Issues plaguing COVID-19 response

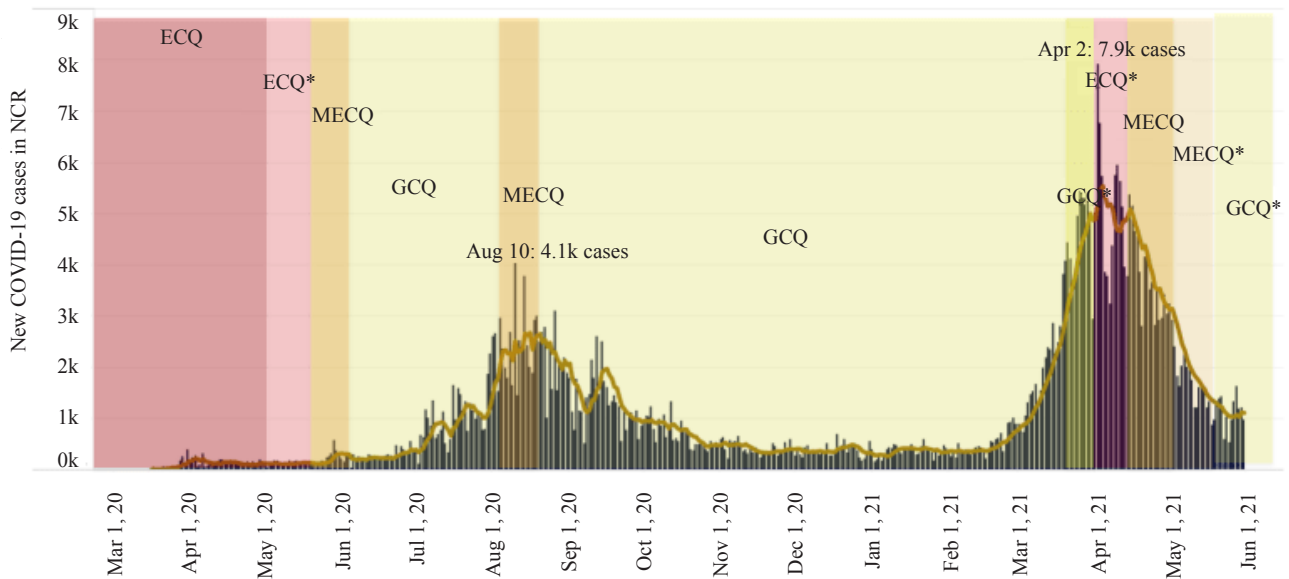
Despite the efforts of the government to ensure a smooth outcome, there were still some backlogs, and delays, and other issues that the government and the LGUs faced. As per the approved Memorandum Circular No. 1, which details the implementation guidelines for the distribution of the SAP-ESP as early as March 28, the actual distribution of said assistance from the government was delayed. The issue on delayed distribution has also caused concern, as the distribution for April, and May has not been achieved, and both the first and second tranche of distribution has yet to be finished as of November 2020. This said delay of financial distribution has ultimately failed its principal goal of

providing temporary relief to households affected by the pandemic. The effects of the pandemic were very much felt in the earlier days of the lockdown, and it would have been better for a household to receive the financial assistance early on, rather than in the later stages of the lockdown as was intended by the program.

The system of distribution was met by disappointed criticisms by the citizens as some households were not able to receive the needed assistance from the government. There were numerous complaints as to the inaccuracy of capturing the exact numbers of household beneficiaries that were eligible for the program to receive assistance (Abad, 2020). These households who were not able to receive aid were called “waitlisted beneficiaries”, which are families that have eligible members as per guidelines but were not included in the first tranche of distribution (Reyes et al., 2020).

As SAP-ESP was distributed, the LGUs and the government were faced with duplication problems in and ineligible beneficiaries that were included and identified as eligible, despite the implementation of a Social Amelioration Card (SAC), and an already existing National Household Targeting System for Poverty Reduction or list of households that were already identified as part of the vulnerable sector of society and are considered beneficiaries of previous programs. The problem is in the process by which the national government comes up with the list of beneficiaries. Most of the time it is vague as to who will prepare and finalize the list of beneficiaries, and due to this, delays are bound to happen. These delays are often attributed by people to their respective local government units. The SAP distribution is dependent on the central government’s efforts and success. If something goes wrong, or something takes far too long, or if the identification and listing of corresponding beneficiaries and their benefits are wrong, and if there is a delay in the government’s efforts of giving out the funds on time, then the local governments will be left alone to explain to their constituents about these delays, and are usually taking the flak and blame for the system’s in the central government which has a lot of flaws under the context of data gathering, verification, budgeting, and distribution (Aceron, 2020). This intricate and complex relationship between local and central government in the Philippines undermines the capacity of the government to be efficient (Gera, 2020). Taking into consideration the flaws, and the complex relationship between central and local government into play, it is estimated that the listahan has identified around 675,933 duplicate recipients, and that 239,859 were ineligible beneficiaries, and another 58,725 were families who returned their cash aids (Cudis, 2020). The second tranche distribution had to be trimmed down to 14.3 million beneficiaries to account for these inefficiencies that the central government is facing. Bureaucracy and red tape has also been part of the problem, as this is one of the many reasons for some of the delays experienced in other parts of the Philippines which includes central Visayas. It has added to the burden amid the rising number of coronavirus infections (CNN Philippines Staff, 2020). A burden, because it restricts the promptness of other local government unit’s response to the pandemic, due to delayed funding by the central government, to the local governments in order to respond to the pandemic, thus effectively leaving most regions unable to do anything other than to wait. According to Cudis (2021), Senator Richard Gordon has expressed his disappointment by saying, that there seems to be a lack of urgency in some bureaucrats, and it is the main reason as to why the country lags behind in its response rate, compared to some Southeast Asian neighbors. According to Richard Gordon bureaucracy is the number one problem, as he told CNN Philippines, which could therefore be foretelling of some inadequacies in leadership among local government units and how these programs/policies differ in implementation when it comes to the different local government units across the islands.

A problem of sustainability of the government’s programs can also be considered one of the issues plaguing the response of the Philippine government, of which most are geared towards temporary assistances, rather than policies which have a much lasting and longer effect with sustainability into consideration, such as but not limited to; wage subsidies or low-interest rates which are of utmost importance for those who have lost their jobs or whose businesses closed so as to help them restart their lives again (Reyes, 2020). In addition to that, the strict lockdowns namely the ones that absolutely restrict mobility, are damaging to the economy. To quote from Mendoza “A lockdown will only be useful if it would buy a country time to strengthen health systems and test-trace-treat systems. In this regard the national government has not been able to implement a nationwide capacitating effort for test-trace-treat systems. Thus leaving the local governments to their own prerogative without guidance or emphasis on how important the test-trace-treat strategy was to stopping the COVID-19 spread. As was demonstrated by Cebu city, it’s strengthening of its capacity to test-trace-treat individuals, and to expand on the manpower that will handle this arduous task proved to be effective in combating the fast spread of the virus. As of August 2, 2021 the Philippines will yet again enter another round of hard lockdown which is most likely under the phases of ECQ, or MECQ depending on the influence of the virus’ spread, and it must be noted that the Philippine response efforts is still trying to graduate to a more efficient containment strategy.



Source: The Philippine economy under the pandemic: From Asian tiger to sick man again? Retrieved from: <https://www.brookings.edu/blog/order-from-chaos/2021/08/02/the-philippine-economy-under-the-pandemic-from-asian-tiger-to-sick-man-again/>

Figure 13. Community quarantine regimes during the COVID-19 pandemic, Philippine National Capital Region (NCR), March 2020 to June 2021

While nearing yet another impending lockdown of strict measures, the Philippines braced for yet another draconic mobility restriction which will again, halt any form of mobility except those of utility services and essential workers, effectively rolling everything back to an ECQ like phase of lockdown, which will have the potential to harm the economy again due to strict mobility restrictions. The problem of provisions would then compound for the people who were only set to receive two months worth of social transfers/social aid, as the lockdowns later down the line would last even until 16 months and into mid 2021. This puts a lot of unwanted pressure on a population who is already suffering from economic damages and high levels of unemployment and increasing poverty (Albert et al., 2020), which has effectively exhausted the entire population of the Philippines including those who are front-liners whose job duration has been for the entirety of the pandemic, to respond to those who are afflicted by the virus twenty-four seven, and is now being exhausted as well. To add to that, the exhaustion also spills over to the vulnerable sectors of society, and it further endangers those in the vulnerable sectors who could not provide for themselves or have completely lost the ability to provide for themselves due to lay-offs and joblessness, and directly threatens public health as a whole as well (Mendoza, 2021).

15. A militaristic approach

With the many policies implemented to combat the virus, policing of a country's citizens is probably as important as social welfare and public health safety. The Philippine government's focus and priority of containing the virus has been quite effective to a certain degree. However, it can be observed that it has seemingly shifted toward policing its citizens with a brute force that is inefficient and debilitating to the economy and to the resilience of the Filipino people. The policing power has shifted so much that it now pinpoints the disciplining toward the so called bull-headed and stubborn Filipino, or disciplining the "pasaway" as the national government and the Philippine national police would like to call them. As Hapal would like to put it, "this pejorative term is often used by the government to describe the Filipino's lack of self discipline in this time of pandemic, and has been used to explain many phenomenon that cause trouble for the Filipino, may it be horrendous traffic, pollution in creeks, rivers, and waterways; long and unorganized queues in government offices, malls, or public transportation, recidivist offenders, and many more (Hapal, 2021)". With these lawbreakers, and bull-headed Filipinos or pasaway comes the need to increase policing power, and this gave

President Duterte an excuse to justify the increase of its policing apparatuses. Thus, to no one's surprise, the national government has called an "all-out war against COVID-19" enforcing even stricter and tighter policies. And to justify this so-called war, and so that national sentiment would not go awry and unwittingly to the support of anti crackdown sentiments, the national government has characterized COVID-19 as an "unseen enemy" that is threatening to destroy public health and order.

With the premise of Duterte that the Philippines is at war, and worse, with an unseen enemy, he began to turn former generals into cabinet members who occupied key positions in the Inter-Agency Taskforce on Emerging Infectious Diseases (IATF-EID), whose expertise is understandably limited when it comes to responding to epidemics and outbreaks. IATF-EID being the main policy-making and executive apparatus of the government in dealing with the COVID-19 outbreak has the oddest composition for a task force given their purpose for making strategies that could contain the virus and its spread (Makabenta, 2020). The members were composed of old and retired soldiers, generals whose methods of how to address the pandemic in the most efficient way possible might be different from that of an epidemiologist's approach of containing the virus. To add to the peculiarity of such an occurrence, if one were to look closely at the line up that president Duterte has opted for, there was no single epidemiologist save for one, that being Francisco T. Duque III who is the Secretary of the Department of Health, other than that the governing body had so little or so few persons whose expertise would directly deal with virology or its interdisciplinary field holding a key position in this task force which should have had majority of its members coming from fields in medicine that could best address the spread of the virus. Unlike that of Indonesia, the task force was not filled with proper experts to deal with the creation of containment policies that might be beneficial to the slowing down of the pandemic's spread.

The police and the military were sent in, and of those who were sent to be dispatched in operating checkpoints brought with them reinforced Armoured Personnel Carriers (APCs) and in some rare cases, light tanks (Gonzales, 2020) and carried with them high powered firearms, others even wearing their full tactical gear under the pretence of fighting an "unseen enemy". With military and police forces setting up checkpoints in important highways, key areas, and known to be densely populated areas all over the Philippines, it has become evident through strict and almost uncompromising rules that there was no concern for citizen's personal struggles despite issues pertaining to or relating to citizens income, livelihood, food security, space or population-density (Hapal, 2020). These so called tactics were later coined as draconian and is a tactic that; if necessary, warrants the use of force to eliminate a threat and is uncompromising and does not adhere to maximum tolerance that the doctrine of policing always adheres to. The lack of medical personnel in checkpoints, and the lack of testing to detect COVID-19 is evidence that the policies regarding policing was a misguided response, and is truly reflective of the kind of leadership that the IATF-EID currently has.

The government's accusation of the Filipino being pasaway, however, is believed to have disputable claims. The narrative that is being painted by the policing arm of the government is that most Filipinos have been pasaway by intentionally not wearing masks and not staying at home and only going out to loiter around, thus placing the public health efforts in jeopardy. In contrast, one study shows that, if not all, most Filipinos have been following quarantine rules (Crisostomo & Romero, 2020; Punongbayan, 2020). If there were to be reported cases of individuals breaking rules such as going out even though they are not essential workers, then it must have been due to the fact that these individuals are part of the growing jobless population who are now trying to look for odd jobs without proper contracts just to feed their families. To add to this, low social transfers of social amelioration assistance to those jobless individuals and the rising cases of hunger might also be the reason as to why there is a weakening of compliance with some of the mobility restriction policies in place by the government. Studies have shown that, despite certain limitations due to the lockdown, Filipinos, in general have stayed at home, worn their masks, and have washed their hands in compliance with the department of health's advice and for personal safety as well. In a survey conducted by Imperial College London & YouGov (2020), the Philippines was at the top in terms of using face masks, 91 per cent of the Filipinos according to the study "always" wear face masks when going out of their homes. Similarly, it has been found that most Filipinos have topped the rank in terms of people avoiding going out in general. This shows that Filipino's despite the narrative that the government and its policing arm is painting, it cannot be denied that Filipinos have been observing proper practices to ensure the safety of the public health. With these findings, it is then safe to have a conjecture that public health is a great concern for Filipino's and they are taking it seriously as much as the government would like to believe otherwise, and that the people are working cooperatively with the government to avert the effects of the spreading of the virus.

The government's insistence of painting a negative light on the pasaway is not founded on reliable, and replicable data and are mere claims to justify certain actions and decisions that seemingly stems from incompetence and the lack of intention to improve the current situation. It only shows how further away the government's policing arm is from its main goal of creating new, effective, and efficient containment strategies and social relief polices that should be the focus of the government. For Hapal (2020), the attitude of the government of seemingly putting the blame on the pasaway for the rising number of infected cases is its attempt to deflect accusations of incompetence in creating new effective and efficient polices for both an impactful amelioration program and an efficient containment strategy. With no hiding its failures and its further inaction and its exhausting on-off strict lockdowns, it is inevitable for people to throw flak in their direction. Clinging to the idea of anti government sentiments and criticisms in its ability of handling the pandemic Hapal (2021) quotes Lasco when he said "pasaway as a scapegoat" has been a comfortable blame game for the government to avoid the crossfire of criticisms from the weary and exhausted health workers, the working class, and the vulnerable poor and homeless, who are not only receiving meagre compensation (health workers), but also meagre and stingy social amelioration aid due to the lack of better containment and social amelioration policies that seek to be sustainable throughout the course of the pandemic. The government has exerted so much unnecessary energy and effort into this campaign of waging war against the virus and the so called pasaways which led towards strict policing and the eventual damage to Philippine's economy. It had no one to blame but itself for the inadequate preparations in fighting the covid-19 virus, and has compounded protocols for public health efforts and often leading to too much variance in public health protocol implementation in different regions, cities, and provinces that it would sometimes cause confusion and incongruence of protocols from city to city. Unlike its neighboring countries of Thailand, and Vietnam who were quick to respond to the outbreak; The Philippine government moved in a slower pace with a sloppy response and did not equip itself with the proper tools necessary (e.g mass testing and modern efficient contact tracing) to detect this invisible enemy so that it could be identified and could then be curbed as efficiently as possible.

To add to this, local governments have in place policies and strategies of containment that are sometimes capricious and erratic. Because of this, the efficacy at which these policies, strategies, and its implementations to fight the COVID-19 virus may vary greatly from local government to local government. Most of these local government policies and strategies may see great success independent from that of the national government's policies, and that of its neighboring local governments, and some policies and strategies for some local governments may be lackluster compared to their neighbors, or some local governments may not actually qualify to that of the national government's standard policies in handling the COVID-19 pandemic making their policies inadequate and unsustainable. It would be hard to imagine regions in which their revenue is lower and considered to be poorer, and farther away from the Capital Region wherein the policing power's autonomy over the local government's may be greater than other regions due to the fact that they are further away and are less overseen by the national government, compared to local governments who have a decent economy and could provide for themselves and are much closely monitored by the National Government region. The draconic policies are more devastating in these regions more than it would the other well off regions and local government units who could provide themselves with manpower and equipment to fight the COVID-19 effects. These obscure regions might not have the luxury of creating and implementing its own strategies to effectively mitigate the virus's effects due to the lack of funding or what other reasons there may be that will not allow for the possibility of effective policies to take place or be conceived. Most of these regions might simply rely on the strategies that the National Capital Region or the national government is implementing, such as strict lockdowns and strict mobility restrictions, not even considering the fact that it will be detrimental to the local government in question and its role to the economy. The lack of evolving effective policies and strategies in the national government are simply being emulated by these local government units who are poorly equipped and are simply mirroring NCR and what the other well off regions.

16. Conclusions

This study has found that the pandemic has caused increase in the unemployment rate and raised poverty rates making poorer sectors even more vulnerable from the virus. Those who have little in the way of financial security and those who have been unemployed will not be able to capacitate themselves in safeguarding their health and ensuring

that they will be able to go through the day without being hungry, being hungry; can be a detrimental factor in terms of public health. Those who are poor and are struggling will only become poorer as the pandemic drags on. Being poor will be one of the factors that will raise the possibility of high infection rates in areas wherein affected households could not fend for themselves against the virus. Those areas with high densities of citizens who can provide for their needs have lower possibilities of the virus from spreading.

This study has found that the policies of Indonesia specifically those that concentrated on strengthening health care systems and the like are effective, and that Vietnam and Thailand's effort to increase public health safety through infrastructure investment, research and facility investment, increase in manpower in health care services have been the most effective in combating the effects of the pandemic. A substantial invest of a country's resource on good health care coverage just like what Thailand has done, and the acquisition of much more needed equipments to fight off a crisis, a decisive decision making, and good policies are necessary to a country's success in responding to both disasters, and pandemics. As in the case of the local government units of Cebu it saw a success in their efforts in formulating, creating, and carrying out strategically sound methods for testing, tracing and treating which resulted in the decline of Cebu's cases in such a short amount of time. It can then be concluded that the capacitating act of Cebu city and that of Vietnam, Thailand, and Indonesia can somehow be attributed to good policy making.

Although, not all policies and strategies worked out well enough to produce positive results, it can be concluded that problems that are allowed to linger without a proper solution in mind can have damaging effects to economy and public health. Policies that are overlooked such as the National Household Targeting System for Poverty Reduction that Philippines has employed in order to keep track of beneficiaries can become problematic and be an inefficient strategy. The disqualification of families to avail in other government programs of the same nature become an issue, which effectively cuts down the fiscal support that affected and vulnerable citizens receive from the government. Another example of an ineffective policy that the study has found is that of the short duration in which social welfare aid through fiscal support is being given and afforded to the affected citizens of a country. A fiscal aid from the government is ineffective if it does not help to sustain a beneficiary for the duration of the crisis, or if in itself is not a sustainable policy. There is a need for sustainable policies in order for it to be effective and efficient. Policies that are sustainable and are considered to be good are that of Thailand and Vietnam's efforts on public health, through the creation of laboratories and the employment of Village health workers (Thailand), and keeping in contact with other countries in research in epidemiology and virology (Vietnam).

The study has also found that policies that are well informed by experts and are guided by scientific-research based methodologies can be effective in meeting its goals. The lockdowns that most countries underwent had a certain degree of success in mitigating the virus. Policies that strictly enforce basic measures to avoid COVID-19 like social distancing, proper wearing of mask, and proper hand washing, has been crucial to the mitigation of the virus' spread. However policies that are not well informed such as lockdowns with no insights from medical experts on efficient strategies for containment can be damaging to any economy, and also to public health, countries that relied heavily on lockdowns find themselves damaging the economy more, and also that of the public health. The failure of a national government to take up an active role in planning for efficient and strategically sound methods of containing the virus would also cause more problems in all sectors of society. Such is the case with Indonesia, and the Philippines. Despite Indonesia's efforts, it can be said that the government's indecision and indecisiveness to declare lockdown policies have been detrimental to the country. However, Indonesia has anticipated the effects of the virus and has gone back and forth as to foresee its effects on public health and economy, and has somehow prepared policies to counter its effects, but just like the Philippines, Indonesia downplayed the possible entry of the virus into the country and has now suffered tremendous damage to economy and life. The Philippines had plenty of time to prepare for the virus and its effects. Its course however, was to be reactive rather than pro-active in addressing the effects of the virus, policies were made as band-aid solutions in mind, and there are little sustainable policies. The Philippines also kept cycling through the phases of ECQ's and MECQ's which had a clear bearing on the economy, albeit both equally damaging to the economy the former being more damaging, which goes to show that inefficient policies could stem from a reactive government rather than a pro-active government.

Policies that are also not regulated properly can digress and be inefficient. Just like that of the Philippine's draconic response to the pandemic, when its entire attention of combating the virus has shifted and digressed to disciplining and framing its citizens rather than the actual staving off of the virus and its spread, through the creation and implementation

of effective containment strategies, and new impactful policies for increased social amelioration aids such as increased cash aid or increased quantity of food aid for an extended duration than what was originally intended.

Finally, this study has found that economic and social welfare is closely related to that of public health. The intricate relationship among the three factors can be seen through the interdependency among them. Economic stability would be more flexible if it did not rely too much on one economic model as most of the countries in this study have. Too much reliance on the services-and remittances, and tourism growth model will affect the economic stability when hit with any disaster that involves the need for mobility stoppage. A good economy can be better at funding its social welfare and safety net programs and public health activities such as acquisition of vaccines or medicines, and activities that would prevent diseases and outbreaks. Thus it is more beneficial to explore other means models of economic growth rather than sticking to one that may be susceptible to major global crises.

17. Recommendations

For the purpose of combating this pandemic, and to address future pandemics, and disasters alike, the following recommendations are proposed.

17.1 Timely and improved disaster response

To combat various disasters, it is important for the national government and the local government units to think of more sustainable, sufficient and efficient response and recovery packages to provide their constituents during times of crises.

The current assistance programs should be expanded with established implementation processes whether modifying or improving them might be more efficient than creating new programs and laying out new mechanics for implementation.

The national government must work to improve on the logistical capacity and capability of the local government units which will greatly enhance its responsiveness and efficiency.

Issues on limited personnel to implement different programs must be remedied. Competing information which is disseminated to citizens, sceptical and questionable community leaders, and bureaucratic inefficiencies of both local government units and national service departments must be remedied to ensure the smooth transition of response, relief efforts, and implementation of programs.

The predominant strategy of a militaristic and draconic approach should be transitioned to a more community-based participation of stakeholders.

17.2 Use of technology for disaster response

The national government, local government units, and non-government units should seriously consider the employment of more advanced technological capabilities. Paperless works and the incorporation of it in the implementation of the majority of the government's future programs might greatly aid the capability of the government to centralize information regarding the spread of the virus or any information for that matter, and will help in an accurate and congruent data base when disseminating information to the public.

17.3 Labor assistance

The need for more temporary emergency assistance programs and other measures such as wage subsidies or low-interest loans which are necessary to enable those who lost their jobs or closed their businesses to bounce back from the crisis.

17.4 Science-based, data-driven decision-making

Cebu's government officials must lead through data-driven decision-making which is necessary in moving ideas

forward and executing effective local programs and assistance.

17.5 Long term strategies and policies

The officials responsible for policymaking must think about the long-term impacts that are holistic in nature, that includes other problems that need addressing such as poverty, school dropouts, environmental factors, proper city management, proper environmental planning for vulnerable cities that constantly flood, and other non-COVID health concerns.

The national and local government units must establish policies and strategies that are also holistic and sustainable in nature and inclusive. These policies must touch base with stronger infrastructures, the planning out of efficient and effective risk reduction management strategies so effects of future shocks and hazards or any nature-oriented disaster will not be severe, stronger universal health care to protect from future pandemics, sustainable social welfare policies, and sustainable ecological policies to contribute to the mitigation of climate change.

Lastly, it is beneficial to re-asses bills that have not been passed that could have greatly been in use in times of pandemic and natural calamities. In the Philippines, the bill in question is authored by the late Senator. Miriam Defensor Santiago titled “Pandemic and All-Hazards Preparedness Act” or “Senate Bill No. 1573” which seeks to ready the Philippines collective structure to respond to a any form of epidemic or pandemic. This bill did not see the light of day and was never passed into law and needs re-assessment as it could have been used in a time such as this. The policy makers should be able to think beyond the box and not only to pass laws that are solely for the onetime benefit of its constituents but that of its sustainability and longevity as well.

17.6 Enhanced health care capacity

Health systems should have stronger health financing for greater healthcare access, which will in turn lead to an improved health status and will provide citizens with the sense of financial protection in mind.

There must be a universal health insurance with greater benefits, including testing and vaccination. This will help in future health-related public emergencies.

Psychological needs should also be catered to and the government should be able to provide for the mental health services needed for this endeavour such as psychological first aid to affected households, counselling, etc.

Finally, the consideration of these recommendations will greatly capacitate the local government units of Central Visayas and that of the national government to efficiently respond to any disaster from global virus outbreaks, to natural or manmade disasters. With better strategies of implementation, an organized system of information, and overall improved and better instrumentation, increases the effectiveness of the response rate, which in turn will greatly benefit the vulnerable sectors and will help mitigate the effects of any disaster that may occur, greatly reducing the risk of severe consequences in social security welfare, economic stability, and public health.

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Conflict of interest

There has been no perceived conflict of interest among the authors.

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