National Action Plan Phase II

CONTAIN, PREVENT, ELIMINATE THE COVID-19 AND MITIGATE ITS IMPACT
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## MOVING FORWARD
GENERAL OVERVIEW

What is the National Action Plan (NAP) Against COVID-19?

The National Action Plan (NAP) Against COVID-19 provides the national strategy which prescribes guidelines on how to contain and prevent the spread and ultimately eliminate the threat of the Coronavirus Disease 19 (COVID-19). Its ultimate goal is to safeguard the Filipino People and mitigate the social, economic and security impact brought about by the pandemic.

The NAP articulates the strategic concepts including the actions and imperatives of the government to comprehensively address the COVID19 virus. It also intends to implement the localization concept of the strategy while rebalancing priorities and focusing resources not just on the critical health interventions in prevention, testing, tracing, isolation and treatment but also critical interventions to ensure economic and social recovery. In so doing, operations will be streamlined and decentralized in addressing the COVID19 pandemic, to lessen the burden on the Inter-Agency Task Force (IATF) which was previously performing the dual function as policy-making body and at the same time implementer. The IATF, shall focus on policy-making while the National Task Force for COVID19 (NTF-COVID19) shall focus on operations.

LGU CODE Team Visits

Cainta, Rizal

Binangonan, Rizal
The Phase I of the NAP, which ran from March to June 2020, primarily focused on Preventing, Containing and Eliminating COVID-19 while mitigating the social, economic and security impacts. The Phase II, which will run from July to September 2020, brings further refinement to the strategies adopted with the goal of further improving the health situation by keeping the number of COVID-19 related fatalities low while also enacting measures to foster the Economic Recovery of the country. Phase III, which shall run from October to December 2020, shall focus on sustaining the economic and health security gains since the start of the NAP’s implementation.

How does the Philippines compare to the rest of the world?

As of 30 June 2020, global picture shows a total of 10,185,374 have been infected by the virus with a 4.95 percent case fatality rate. The United States, Brazil and Russia rank 1 to 3, respectively among the countries in the world; China, where the COVID-19 was first detected, ranks 22nd among the Asian countries, India ranks first in Asia and 4th in the world. In South East Asia, Indonesia ranks first and number 28th in the world.

In the global scale, the Philippines ranks 38th in terms of total number of cases recorded, 35th for total deaths, 51st in terms of recoveries. Our proportion to the global cases is 0.36%, while global deaths is at 0.25%, and 36th for total tests conducted relative to the population.

Source: DOH Dashboard
In the ASEAN Region, the Philippines ranked third behind Indonesia and Singapore at the end of June 2020.

Operational data collected by the National Incident Command (NIC) shows that as of 2 July 2020, a total of 38,805 cases reported with 10,673 recoveries, 1,274 deaths and 26,858 active cases were observed. From June 1 to 30, the country’s average number of confirmed cases per day is 649; the average number of recoveries is 221 and the average death per day for same period is 11.

The data above was taken from the operational data gathered from the local governments and agency regional offices. This local data serves as a reference to inform timely decision making as the NTF COVID 19 implements the zoning containment strategy and as it localizes the implementation of the NAP against COVID-19. From this, the following observations were noted:

- As of July 1, 2020, NCR, Region VII, and VI-A had the highest number of new cases.
- At the provincial level, Cebu, Cavite, Laguna and Rizal had the highest number of new cases.
- In Metro Manila, the cities of Quezon City, Manila and Taguig had the highest number of cases.
- Outside Metro Manila, the cities with the greatest number of cases are Cebu City, Mandaue City, and Lapu-Lapu City. Most notably, Cebu City and Cebu Province had the highest number of active cases among HUCs and Provinces respectively.

How has the Philippines adapted to the COVID-19 Pandemic?

The Philippines has been able to cope reasonably well with the COVID-19 pandemic. The rapid rise of cases during Q1 necessitated the declaration of Community Quarantines across the country with some of the hardest hit places such as the NCR undergoing strict lockdowns under Enhanced Community Quarantine (ECQ) in specific areas.

Nonetheless, the government and the private sector used the time under ECQ wisely and improved the nation’s health system capacity:
As can be seen in the table below, the health system capacity of the country has tremendously improved over the last four months. It has dramatically increased the ability to test citizens for COVID-19 as well as contact tracing efforts. The government and the private sector have also prepared more beds, medical equipment, and facilities to handle the influx of patients.

<table>
<thead>
<tr>
<th>Health Capacity System</th>
<th>March / April</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds Capacity</td>
<td>3,303 (March)</td>
<td>13,108</td>
</tr>
<tr>
<td>Referral Hospitals</td>
<td>4 (March)</td>
<td>24</td>
</tr>
<tr>
<td>Contact tracing</td>
<td>219 (March)</td>
<td>50,580</td>
</tr>
<tr>
<td>Ligtas COVID Facilities</td>
<td>43,487 (April)</td>
<td>65,169</td>
</tr>
<tr>
<td>Mega Ligtas Facilities</td>
<td>2,395 (April)</td>
<td>2,791</td>
</tr>
<tr>
<td>Licensed Laboratories</td>
<td>6 (March)</td>
<td>68</td>
</tr>
<tr>
<td>Daily Testing Output</td>
<td>1,000 (March)</td>
<td>13,053</td>
</tr>
</tbody>
</table>

**Fort Magsaysay**
GAPS AND CHALLENGES
Repercussions of the Community Lockdown

The quick and decisive actions of the government and declaring the National Quarantine in the first hundred days of the COVID-19 outbreak helped buy time to shore up the country’s Health Systems and Capacity and thereby save thousands of lives. The government also allocated a total of 655 Billion Pesos to directly help people cope with the pandemic through provision of (what?) (596 Billion) and improve our country’s healthcare system (59 Billion).

However, this comes at a huge cost to the economy and livelihood of citizens. The country’s economy is predicted to contract for the rest of the year while it has also reached the highest unemployment rate in the nation’s history as well as the biggest decline in household spending in the last three decades.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Testing capacity at 51,302 as of 19 June 2020</td>
<td>● Economy contracted by 0.2 percent in Q1 and expected to contract by 3.4 percent in 2020</td>
</tr>
<tr>
<td>● Averted some 59,000 to 171,000 deaths</td>
<td>● Unemployment rate reached 17.7 percent</td>
</tr>
<tr>
<td>● Death rate reduced from a high of 17 percent to 3.5 percent (1,244 deaths as of June 28)</td>
<td>● 7 million unemployed and 3 million left labor force, for a total impact of 10 million. (highest in history)</td>
</tr>
<tr>
<td>● Averted some 1.3 to 3.5 million cases, of which 68,000 severe and critical cases at peak</td>
<td>● 3,000 establishments have permanently closed or cut back workforce due to the pandemic</td>
</tr>
</tbody>
</table>

Gaps in COVID-19 Testing Capacity

The adequacy of the country’s testing capacity still needs to substantially increase to control the spread of the virus. Although the number of actual tests have increased to 16,067 per day, this number is still way below the targeted 32,000 tests per day. The sharp increase of COVID-19 cases in Cebu also belies the need to re-evaluate existing data of health capacities of the region, province, and cities. It is crucial for the government to improve its testing capacity as the National Epidemic Curve continues to rise on a 7-day moving average on the number of cases.

LGU CODE Team Visits
Iligan City

Source: NEDA
Challenges to the implementation of the NAP Phase I

1. **Absence of a framework that aligns the vertical and horizontal plans and operations** and communicates the big-picture objectives of the plan to the program implementors in the government.

2. **Lack or absence of clear, accurate, timely and granular data on COVID-19.** More often than not, needed data are delayed and there are several sources of data that can be subject to misinterpretation.

3. **Lack of expanded and targeted testing and aggressive contact tracing.** Our testing efforts were very selective given limitations in availability of test kits and testing laboratories. However, given the increase in the number of testing kits and laboratories, there is need to increase the number of sub-groups of at-risk individuals for testing to target at least 2%-3% of the population until the end of September. Given the rise in the number of cases, testing efforts need to be coupled with aggressive contact tracing (CT) where there is need to increase CT efficiency, CT speed, isolation speed, use of analytical tools and establishment of the CT ecosystem.

4. **Unavailability of PPEs, test kits and other medical supplies locally.** This led us to procure these supplies from abroad but because there was a global shortage of these items, the implementation of our strategy and much needed interventions was also delayed.

5. **Limited transportation alternatives to deliver procured supplies.** Our delivery of supplies heavily depended on the military transports which severely limited our capacity to distribute the procured items. The volume of supplies and the simultaneous demand of the supplies further made the task more daunting.

6. **Slow accreditation process and inefficient operations of testing laboratories.** This greatly affected our testing capacity. Among the critical tasks identified here are to increase tests per day to 32,000 at the soonest possible time, ramp up laboratory utilization to 50-80 percent and accreditation of laboratories; and, testing turn-around time must be at 48-72 hours even with increased volume. There was also a need to ensure that all regions especially those with rising number of cases had testing laboratories.

7. **The movement of returning overseas Filipinos (ROFs) and locally stranded individuals (LSIs) was the origin of several outbreaks of COVID-19 cases.** The government was able to significantly contain the virus the ROFs with the isolation and treatment of more than 2,000 ROFs.

8. **Different standards in the application of IATF policies by some LGUs.** There are many LGUs that strictly follow IATF policies to the letter but there are still those who fail to comply or ensure the compliance by their communities and thus were not able to contain the spread of the virus.

9. **Delays in the implementation of the Social Amelioration Programs.** This exacerbated the situation for those on community quarantine whose economic resources were greatly stretched or weakened by the loss of livelihood and employment.

10. **Lack of discipline and cooperation in compliance to the minimum public health standards by some segments of the population.** This led to a spike of COVID-19 cases in those areas.

11. **Different levels of Absorptive Capacities of LGUs to Trace-Test-Isolate-Treat for COVID-19.** The differing levels of response from the LGUs have resulted in either positive or negative health and social impacts not just on a particular LGU but as well as its surrounding areas.

The National Action Plan Strategy Map

To further guide the whole of government on how to develop and harmonize its plans, programs and activities to the NAP, as well as to respond to the identified gaps and challenges, a Strategy Map is developed which outlines the COVID-19 Response. This is among the most components of the NAP that quickly communicate the big-picture objectives of the plan to the program implementors in the government.

The Strategy Map was crafted to provide guidance to the Regional Task Forces (RTF) and Local Task Forces (LTF) in preparing and harmonizing their plans, programs and activities. It provides a concise map of the overall goals, objectives, actions, and strategies as contained in the NAP in all phases.

Furthermore, the objectives of the NAP will also be operationalized into several Key Result Areas (KRAs). These KRAs will provide specific targets in the form of critical tasks that the LTF, RTF and various sectoral agencies should ensure to contribute and respond to. The Strategy Map and KRA should therefore serve as useful tools in ensuring that all levels of government have a common operational picture.
However, it should be emphasized that the National Task Force (NTF) focuses is managing and improving the results yielded by the RTFs and LTFs. The RTFs and LTFs therefore has to make their own emerging localized critical actions that are aligned with the Critical Tasks as specified in the updated KRAs. The whole framework thus highlights the pivotal role that the LGUs have to play in the fight against COVID. The LGUs must be able to ensure their vertical alignment to the tenets of the NAP while still exercising their autonomy in developing their own localized plans and strategies. The national and regional governments must also make sure that there is enough support and resources provided to the LGUs to be able to freely implement their strategies. This set of KRAs shall be used to measure the results of performance of government at all levels – especially in Local Government Units. These also bridge the gaps among the NTF - Task Groups, RTF Clusters, and LTF Clusters and help them solidify their intended roles to foster collaborative endeavors.

The strategy map also highlights the importance of LGU performance to the accomplishment of the goals and objectives of the NAP. The overall structure and strategies adopted may change but the spirit of the NAP is still housed in ensuring that local government continues to produce good results, take the helm and innovate in their response vs COVID-19.
A Quick Look on the Second Phase of the NAP

The NAP Phase II, which shall cover the period of July until September, shall be anchored on the Prevent-Detect-Isolate-Treat-Reintegrate-Mainstream (PDITRM) strategy with Prevention and Containment as its main components.

The focus should be the establishment and observance of the minimum public health standards of personal and community hygiene, social distancing, and the wearing of personal protective gear like face masks and face-shields. Testing and tracing shall serve as the primary tasks in isolating and containing the spread of the disease. The government shall thus increase resources allotted to testing and tracing.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Phase 1 (March to June 2020)</th>
<th>Phase 2 (July to September 2020)</th>
<th>Phase 3 (October to December 2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Primary focus (prevent, contain, eliminate the threat)</td>
<td>Further improve/sustain (keep fatality rate low)</td>
<td>Sustain</td>
</tr>
<tr>
<td>Economy</td>
<td>Limited (mitigation)</td>
<td>Primary (economic recovery)</td>
<td>Sustain</td>
</tr>
</tbody>
</table>

During the first four months of the COVID-19 outbreak, the government put Public Health as the most important consideration in implementing our strategies and policies while still implementing limited measures to mitigate the damage of the pandemic to the Economy. The Phase II of the NAP implementation shall primarily focus on Economic Recovery while still improving and sustaining the gains we made in Public Health Capacities. By October, it shall review and recalibrate efforts to further sustain both our Health and Economic Recovery efforts.

Guiding the National Action Plan’s overarching goals and objectives is the Hammer and Dance Theory. The “Hammer” pertains to the initial suppression strategy which includes “heavy” social distancing measures. This can be seen in the Enhanced Community Lockdown the government implemented which saw daily life ground to a halt in the country. This strategy, while drastic, led to a huge decrease in the number of COVID-19 transmission recorded in our communities. However, it only served to buy us time as the government was then able to improve the country’s health capacities while stemming the spread of transmission by putting communities on lock-down preventing people from spreading the disease.
Once the disease has been brought to manageable levels, it is imperative to move to the “Dance” component of the strategy of keeping the virus contained while a vaccine is being developed. The need to slowly allow the economy to reopen is meant to address the damage caused by the Pandemic. This is in accordance with the observation that the virus is here to stay for the immediate future and keeping businesses, and work under lockdown will ultimately lead to more pain and suffering. A cost-benefit analysis must be done to identify which activities must continue to keep the economy alive. Nonetheless, the government must remain vigilant and ensure that the healthcare systems are not overwhelmed with potential resurgences of the disease. This might necessitate applying the “Hammer” strategy again if the situation becomes unmanageable.

Phase II of the NAP focuses on the country’s transition from the *Hammer to Dance* strategy. To support this transition, Phase II has the following key features:

1. **Promoting change in people’s mindset** with a strong focus on health and disease prevention
2. **Striking a strategic balance between health and economic objectives**
3. **Mainstreaming the Prevent-Detect-Isolate-Treat-Reintegrate Strategy and Zoning Containment Strategy** at the regional, provincial and city levels
4. **Sustain private and public partnership**
5. **Emphasizing strict observance to health standards and protocols through risk communication and community engagements**
6. **Putting a premium on business continuity and sustainability plans for both the private and public sectors.**
7. **Managing of the Returning Overseas Filipinos, Locally Stranded Individuals and local travelers,** and ensuring their safe return to their home provinces.
8. **Conducting expanded testing and aggressive contact tracing** in order to gradually allow travel, tourism, and non-disruption of work

**Framework of the NAP Phase II**

The Phase II of NAP is still largely anchored to the original framework of Phase I of the NAP. Taking into account the lessons learned during the first few months of our COVID-19 response, we will be expanding several of its components.
The framework for the Phase II of the NAP continues to pursue the original five (5) strategic objectives:

1. Contain and manage emerging new cases (especially in the areas of Cebu, NCR, Region IVA, Region III and Region IV).
2. Sustain our gains, learn from good practices, and continue increasing our capacity.
3. Rebalance the health and economic objectives (Hammer-and-Dance Theory)
4. Localize the response
5. Keep the fatality rate low including non-COVID19 cases.

One of the changes that will be added to the original framework is the expansion of our Lines of Efforts from the original five (Response, Resource Management and Logistics, Food Security, Management of the Returning Overseas Filipinos And Strategic Communication) to six with the addition of Recovery (Economic, Social and Governance).

The framework seeks to balance our Health and Economic Welfare (Transition from Hammer to Dance) in the implementation of a people-centered, nationally supported, and locally led Zoning and Containment Strategy that will foster Localization and promote Public Private Partnership. Furthermore, Phase 2 shall continue to pursue the Public-Private End-to-End T3 (Trace-Test-Treat) Management System.

It is envisioned that by the end of the NAP Phase II, the country will have reached a situation where the COVID-19 virus has been generally contained and managed. Under such a situation, it is expected that the country shall have a well-informed citizenry that are adherent to minimum public health and safety standards, developed and adapted, and on the road to economic recovery.

In summary, the Phase II of the NAP can be encapsulated in three broad statements:

1. **Sustain the Gains** – The Phase II shall sustain gains by continuously building the capacity of the country’s health system, capacitating the local government units down to the lowest level to effectively and efficiently handle COVID-19 efforts through the timely provision of supplies;

2. **Address the Resurgence** – The Phase II shall cover the conduct of expanded and targeted testing aggressive contact tracing and by accelerating the process of accreditation and improving the efficiency of testing laboratories. With capacitated health system and support from the local governments, the Phase II shall be able to address resurgence with the infusion of a clear, accurate
and timely data on COVID-19; effective management of Returning Oversees Filipino (ROFs) and local travelers (as the virus is transmitted with the movement of unchecked people) and the institutionalization of the Prevent-Detect-Isolate-Treat-Reintegrate (PDITR) strategy down to the lowest level with emphasis on prevention and contact tracing;

3. **Recover the Economy** – The Phase II shall also continue the process of economic recovery by slowly reopening our public transportation systems as well as implementing even more flexible restrictions on economic activities so that businesses across the country can again profitably operate while maintaining safe health standards.

**Enhanced Critical Tasks**

For the goals and objectives of the National Action Plan to succeed, the following Critical Tasks have been identified that need to be accomplished:

<table>
<thead>
<tr>
<th>Key Areas</th>
<th>Critical Tasks</th>
</tr>
</thead>
</table>
| **HEALTH** | • Promote public health and disease prevention.  
• Speed-up contact tracing:  
  ○ Activation of Regional/ Provincial and Local Epidemiological Surveillance Units (ESU)  
  ○ Recruitment of at least 50,000 contact tracers  
• Expand Testing:  
  ○ To those with exposure to COVID-19, vulnerable to the virus, “super-spreaders” and COVID-free zones and all people covered by DOH Protocols  
  ○ Target at least 2%-3% of the population until the end of September  
  ○ Increase tests per day to 32,000 soonest possible time  
  ○ Ramp up laboratory utilization to 50-80 percent and accreditation of laboratories  
  ○ Testing turnaround time must be at 48-72 hours even with increased volume  
• Further Enhance Treatment Capacity  
  ○ Designation of COVID Referral Hospitals and Non-COVID Hospitals  
  ○ Mobilize and integrate efforts (Public and Private) of medical community and improve clinical management of COVID-19 cases  
  ○ Incentivize private sector via co-pay with Philhealth  
  ○ Provide early intervention for asymptomatic patients and those with mild symptoms  
  ○ Continue to protect the vulnerable segments of the population (provide safe areas)  
  ○ Focus intervention in highly urbanized cities and most vulnerable communities  
• Improve the supply chain management of PPEs, testing kits and other medical supplies  
• Address and manage the emerging new cases in Metro Cebu and Cebu Province  
• Sustain the gains in NCR, Region 4A, Region 3, Region 11, and other areas  
• Reduce new cases and casualty and fatality rate |  |
| **ECONOMIC AND SOCIAL RECOVERY** | • Intensify the implementation of the Zoning Containment Strategy and the corresponding Level of Quarantine in the Localization of the NAP  
• Effectively manage the ROFs and LSIs or Local Travelers  
• Integrate Prevent-Detect-Isolate-Treat-Reintegrate (PDITR) methodology in business continuity/contingency and sustainability plans (private and public)  
• Optimize the use of sufficient and safe public transportation compliant to minimum public health standards to facilitate the opening up of the economy |  |
• Coordinate public health and disease prevention and control measures with social and economic development interventions
• Establish a Task Group that shall focus solely on the recovery of the economy and the social impact of COVID-19
• Continue provision of sustainable food, water, and energy supply
• Integrate ethical standards; gender and culture sensitive human development interventions; and social healing and reconciliation in the implementation of policies and programs

SUPPORT
• Establish data management, monitoring and evaluation system (NIC support Group)
  ○ Real time
  ○ Granular
  ○ Supply Chain analytics
  ○ Monitoring and Evaluation Teams
• Sustain conduct of aggressive and proactive strategic communication
  ○ Encourage maximum participation of communities, CSOs, POs,
  ○ Maximize use of science and technology in the COVID-19 efforts.
  ○ Robust ICT infrastructure
• Research for vaccine and medicine

Adjustments in the IATF-NTF Expanded Organization Structure

Based on the experience during the NAP Phase I, the IATF-NTF has been slightly reorganized to take into account the emerging realities, new challenges and objectives its seek to accomplish.

At the operational level, the National Task Force (NTF) implements all the policy guidelines through the Chief Implementer down to the Regional Task Forces and provincial and municipal incident commands.