

Comments on **Senate Bill No. 1474**, entitled: “*An Act Providing An Economic Stimulus Strategy For The Effects Of The Corona Virus Disease (COVID-19) and Appropriating Funds Therefor*”; **Senate Bill No. 1431**, entitled: “*An Act Establishing an Economic Recovery Package to Business In The Hardest Hit Sectors By The Coronavirus Disease 2029 (COVID-19), Appropriating Funds Therefor, and For The Other Purposes*”; and **Senate Bill No. 1414**, entitled: “*An Act Establishing The Emergency Response And Recovery Package To Counter the COVID-19 Pandemic Also Entitled, “Pag-asa: Alaga, Sustento, at Angat Sa Panahon ng COVID-19 Crisis” Package, And For Other Purposes*”

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A. Comment on the Senate Bill 1474 (Recto)

1. Page 5 - on testing center.
 - a. Test only using the gold standard. Indicate “RT-PCR Testing Center”
2. Page 5- on contract tracing.
 - a. I do not think the DOH should lead the contact tracing. The DOH only sets the policy/training guidelines for contact tracing, while local government units (LGUs) shall take the primary lead. Ideally, contract tracers should be organic from community tapping innate trust and rapport, which is quite critical in contract tracing. Also, they know better about the dynamics of the area.
 - b. Indicate how many contact tracers do LGUs need in relation to their population size. According to DOH, it should be 1 contact tracer per 800 households.
 - c. Why will the DOH pay for the PCR testing? PhilHealth should. We should distinguish the functions of DOH (policy setting) and PhilHealth (financing).
3. Page 5 - on lack of provision to increase the capacity of hospitals in provinces.
 - a. The bill does not include long-term investments on hospitals beds and critical care. The bill should consult the Department of Health – Health Facility Development Bureau. DOH has already estimated the gaps in level 1, 2, 3 hospital beds by province and the required long-term investments (see Philippine Health Facility Development Plan 2020-2040). Expansion of hospital beds are good investments; they can be utilized even after the COVID-19 pandemic.

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4. Page 6 - on health information system.
 - a. This provision needs to be strengthened. It should include genuine institutional change on how health information system is managed and designed, which the country will still benefit from even after COVID. In the context of pandemics, the information system of hospitals (private and public), Epidemiology Bureau of DOH, testing laboratories and local government units (CESU/RESU/PESU) should be integrated and coordinated. The bill should mandate/compel private labs and hospitals to be integrated in the whole IT ecosystem. Without integration among health facilities, real time reporting will never happen.

5. Page 6 – on the importance of NIP (non-mentioned)
 - a. Should the bill reinforce the necessity to ramp up investments for NPI’s or non-pharmaceutical interventions such as handwashing and hygiene? These are cost-effective interventions and addresses other health conditions such as diarrhea, etc.

6. Page 6 - on science. The bill should be forward looking. It should compel the DOH to start thinking about the national strategy for vaccine production (NOT DEVELOPMENT) and distribution. Once the vaccine is developed, the plan to mass produce and distribute them shall all be then ready.

B. Comments on SB 1431 (Marcos)

1. On monitoring of economic impact
 - a. Perhaps mandate relevant government agencies to monitor the short and long-term impact of COVID-19 (e.g. Philippine Statistical Authority, NEDA and Philippine Institute for Development Studies)?

C. Comments on SB 1414 (Marcos)

1. On page 6 – on “Sustento”
 - a. The government should mandate employers to provide longer sick leave to their employees. These times, employees can easily file sick leave easily if they feel ill or if they have signs or symptoms. Expansion of such social protection scheme is one of critical efforts to avoid potential transmission in workplaces.