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National Strategies in Addressing the COVID-19 Pandemic: Lessons for the Philippines

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Introduction

Country strategies in addressing the COVID-19 pandemic offer varying degrees of success. While some countries, like New Zealand, have declared total victory over the virus, the Philippines continues to grapple with an increasing number of infected cases. Some country approaches include lockdown measures such as total or restricted border control, community quarantine, and travel bans, both domestic and international. These measures, while containing the virus, seriously affected the global economy. The Asian Development Bank (ADB) reported that the global economic impact of COVID-19 could reach \$5.8 trillion dollars, or 6.4% of global GDP under a three-month projection, and \$8.8 trillion dollars or 9.7% of global GDP if the virus cannot be contained within six (6) months.¹ These projections have shown how COVID-19 greatly affected the state, the people, and the economy. Despite these challenges, countries such as Germany, New Zealand, and Vietnam managed to flatten the curve as early as May 2020. They have re-started their economy and are on their way towards adapting to a “new normal”.

This paper intends to analyze the approaches and strategies implemented by Germany, New Zealand, and Vietnam, three (3) countries that showed effective approaches in mitigating the spread of the Coronavirus.² This paper seeks to address the following questions: (1) What strategies were successful to mitigate the crisis; (2) What are the challenges encountered during the implementation of the strategies; and, (3) What lessons can the Philippines learn from these countries? In identifying the three (3) countries, the following factors were considered: role of national leaders, contribution of science, and people’s trust and support.

This paper aims to provide insights on countries that successfully contained the spread of COVID-19. The strategies presented in this paper can provide models for Philippine crisis managers, planners, and decision

makers in preparing action plans and approaches for COVID-19 response. It should be noted, however, that national pandemic strategies cannot be isolated from political and socio-economic realities rendering country experiences highly contextualized.

Background

Not since the Spanish Flu of the early 20th century that a global outbreak similar to the killer flu has cause Organization (WHO) identified the new virus belonging to the nCov family, which includes SARS (identified in 2003), and MERS (identified in 2012). Based on the 1 August 2020 WHO Situation Report, the total number of COVID-19 cases have reached 17,396,943 with 675,060 deaths.³ That means 1,815,934 new cases and 39,887 additional deaths compared to the WHO report published on 25 July 2020.⁴ This is an alarming 11.6% increase in the number of cases over a seven (7) day period, which shows the virus continues to infect global population.

National Strategies in Combatting COVID-19

On 21 January 2020, the WHO reported in its first Situation Report three (3) new cases outside China. Japan, Thailand, and South Korea reported confirmed cases of COVID-19 infections from Chinese tourists with travel history from Wuhan.⁵ During the span of one week, countries including Germany, Sri Lanka, Singapore, the United States (US), Vietnam, Nepal, Canada, France, Cambodia, Malaysia, Australia, and the United Arab Emirates (UAE) all reported their first COVID-19 cases.⁶ On 30 January 2020, the Philippines confirmed its first COVID-19 exposure when a female Chinese tourist from Wuhan felt sick while on vacation.⁷ That same day, the WHO declared the COVID-19 outbreak as a public health emergency of international concern. The declaration stirred great alarm in the international community.⁸

During the six-month period between February to July 2020, three (3) countries stood out in terms of

effective means to contain the spread of COVID-19 virus. Leaders from Germany, New Zealand, and Vietnam exemplified authoritative decision-making and pre-emptive approaches such as early testing and early border lockdowns as common characteristics in their success.⁹

Germany

Germany with its 83 million people has contained the spread of COVID-19. On 4 May 2020, Germany started to lift lockdown measures by allowing small business establishments under 800 square meters to re-open as long as safety protocols are maintained.¹⁰ Schools and manufacturing industries also opened provided that mass gathering will strictly be prohibited. As of 1 August 2020, the Robert Koch Institute Situation Report showed Germany has a total of 209,653 confirmed cases with 91% or 192,700 individuals recovered. This can be attributed to the German government's effective COVID-19 crisis response.¹¹

When the first confirmed case of COVID-19 was reported in Germany on 27 January 2020, the regional government of North Rhine-Westphalia, their epicenter of the COVID-19 pandemic, immediately implemented community quarantine procedures and conducted contact trace-test-isolate and aggressive information campaign.¹² The federal government set up its joint coronavirus crisis unit on 27 February 2020 to respond to the COVID-19 pandemic. The joint crisis unit is tasked to ramp up crisis prevention measures with the involvement of other federal ministries. It is also responsible to break infection chains inside Germany and restrict infection chains coming from outside Germany.¹³

Realizing the worsening case of COVID-19 outbreaks in Italy and Spain, Germany closed its borders with France, Austria, and Switzerland on 16 March 2020 to restrict movement of people and prevent the spread of the virus and cross-border panic-buying. The nationwide lockdown imposed a ban on travelling in public vehicles, attending religious meetings, gathering at public spaces, and operating business establishments.¹⁴

On 18 March 2020, German Chancellor Angela Merkel, during her national briefing, laid out facts about COVID-19 based on findings by German scientists.¹⁵ The Chancellor emphasized the importance of social distancing to slow down the spread of COVID-19. She appealed to the people to support the government to overcome the outbreak.¹⁶

Given the availability of information on the spread of COVID-19 in Europe, Germany had ample time to prepare by tapping its network of medical specialists and medical facilities. The government managed to increase their Intensive Care Unit (ICU) capacity from 12,000 beds to 40,000 without bureaucratic challenges.¹⁷ The government enlisted the expertise of medical laboratories to produce three (3) million COVID-19 antibody test kits.¹⁸ The German Bundestag provided 750 million euros for vaccine research. By the end of April 2020, Chancellor Merkel informed the public that they succeeded in slowing down the spread of the COVID-19 virus and took measures for a step-by-step approach to ease the lockdown.¹⁹

Despite Germany's high number of COVID-19 infection, the government managed to maintain a high recovery rate of 91%.²⁰ This can be attributed to the aggressive containment efforts, mass testing, contact tracing and systematic reporting of COVID-19 data.²¹ The government also capitalized on its robust medical and research laboratory facilities to address the growing number of infected individuals and its comprehensive medical health care system. Chancellor Merkel's science-based and centralized messaging approach on the crisis helped the German public better understand and appreciate government measures to contain the virus.

New Zealand

New Zealand is among the first countries to contain the spread of COVID-19. Prime Minister Jacinda Ardern announced on 8 June 2020 the lifting of lockdown measures and the move to level one, the lowest of its four-level alert system.²² The success of New Zealand's COVID-19 containment is due to the government's preemptive lockdown measures, aggressive mass testing and use of technology for information dissemination and contact tracing. The compassionate leadership of the Prime Minister and coherent strategic communication were critical to New Zealand's strategy.

Despite the lack of any reported case, the Prime Minister on 30 January 2020 arranged the safe return of New Zealand nationals stranded in Wuhan by chartering a commercial flight.²³ On 3 February 2020, the government placed entry restrictions on foreign nationals travelling to New Zealand or transiting through China.²⁴ On 28 February 2020, New Zealand reported its first domestic case of COVID-19.²⁵ By 19 March 2020, the government closed its borders to all except for its citizens and permanent residents. By 23 March 2020, the government implemented strict

lockdown measures.²⁶ All persons were required to stay at home unless it is absolutely necessary to go out to buy food and medicine.

The government partnered with private firms to procure test kits from local suppliers. The Ministry of Health introduced the NZ COVID Tracer App which allows an individual to create a digital diary of places a person visited by scanning official QR codes.²⁷ This app aided contact tracers to quickly identify and isolate individuals who have been exposed to the virus. They also developed a four-level COVID-19 Alert System App that informs individuals on what public health and social measures are to be taken. The app can identify the individual's location and provide the appropriate alert level and corresponding response in real time.²⁸

One of the key successes to New Zealand's approach is its communication strategy. Prime Minister Ardern regularly conducted updates either through official channels or through her social media platform. Her narrative has always been guided by the principle that no exposure or infection of an individual should ever be stigmatized. Her messages were consistent, reassuring, calm and clear. She assured the public that the people and the government are united against COVID-19.²⁹

On 01 August 2020, New Zealand reported 1,212 confirmed cases and 22 deaths.³⁰ The proactive efforts of closing its borders and declaring a total international travel ban, despite a minimal number of COVID-19 cases helped contain the spread of the virus. New Zealand's leadership heeded the advice of medical experts to immediately impose total national lockdown, a crucial decision that proved to be a strategic move.³¹ New Zealand's containment strategy that involves nationwide, mandatory, and strict mobility restrictions, and effective communication by the leadership to the public resulted to efficient management of the spread of the virus.

Vietnam

Vietnam is the fourth country in Asia to report COVID-19 cases to the WHO on 23 January 2020 behind Japan, South Korea, and Thailand.³² Despite the country's geographical proximity to China, Vietnam managed to contain the spread of COVID-19 virus. As of 01 August 2020, Vietnam only has 558 confirmed cases with two (2) deaths, even though having limited resources compared to South Korea, Germany, and China.³³ This can be credited to the government's

preemptive lockdown measures, strict community quarantine and thorough contact tracing procedures.

The early suspension of all flights from China on 1 February 2020 followed by all international flights on 25 March 2020 proved to be the right strategy. Vietnam executed an aggressive information campaign, contact tracing, and community quarantine. By April 2020, the government placed the entire country under limited lockdown, enforced national isolation, calibrated border controls, banned social gatherings, and implemented quarantine policy.³⁴

Vietnam prepared for the onslaught of the virus even before it recorded its first case.³⁵ Vietnam prepared TV and print ads on outbreak prevention and medical facilities by 21 January 2020, two (2) days before it recorded its first two (2) cases.³⁶ The government established the National Steering Committee on Epidemic Prevention, whose main task is to provide the top leadership assistance in coordinating with relevant offices and agencies both national and provincial.³⁷ The government anchored its narrative on nationalism in its fight against COVID-19. It framed COVID-19 as a "common foreign enemy" and called on the entire nation to unite to defeat the so-called enemy, resonating with the country's proud history of being repeatedly threatened by foreign invasion.³⁸

The Vietnamese government, through the Ministry of Health, developed a website to broadcast vital and accurate information to the wider public.³⁹ Vietnam developed two mobile apps.⁴⁰ The NCOVI app is dedicated for locals to report health status and provide updates on COVID-19. The other app, "Vietnam Health Declaration", was developed for foreign nationals entering the country. The data collected through these two (2) apps provided health workers relevant information about cases in need of medical attention in the fastest and most effective manner.⁴¹

Vietnam deployed its armed forces and enlisted retired doctors and nurses as well as medical students to augment the limited medical resources to implement the labor-intensive contact tracing efforts.⁴² The government imposed forced quarantines and did not hesitate to prohibit movement of individuals when necessary.⁴³

The success story of Vietnam may have been facilitated by its single-party government which makes decisions and implementation of measures swift and deliberate. The early lockdown procedures

despite zero cases afforded Vietnam the time to establish their COVID-19 response plan. Aside from the mandatory contact tracing, production of medical supplies, and strict border checkpoints, Vietnam's communication strategy of framing COVID-19 as the common enemy were effective measures.⁴⁴

Germany, New Zealand, and Vietnam initiated early measures despite zero to minimal exposure to COVID-19. Measures such as restricted or total lockdown procedures, community quarantine, mass testing, and contact tracing helped the countries contain the spread of COVID-19. The three (3) countries differ in the manner they approached the crisis. Germany was better equipped with medical doctors, medical facilities, research laboratories, and testing equipment. Vietnam relied on the people to serve as the eyes and ears of the government in reporting COVID-19 exposure. New Zealand implemented total lockdown considered strictest at that time, banning all foreign nationals to enter the country except returning citizens despite having only 39 COVID-19 cases and zero death. All early measures provided the three countries enough time to set up contingency plans.⁴⁵

Challenges to Philippine Strategy in Addressing COVID-19

The Philippines is first among Southeast Asian countries in terms of number of confirmed cases.⁴⁶ The government was criticized for its late implementation of lockdown measures despite the declaration of the WHO on 30 January 2020. It took the Philippines 46 days after the WHO declaration to implement total lockdown. Hospitals, medical facilities and test kits were insufficient to address the growing number of infected individuals. Personal Protective Equipments (PPEs) were inadequate, thereby putting much risk on medical first responders. Contact tracing capability was severely limited.⁴⁷

When the news broke out about the spread of pneumonia like symptoms in Wuhan, the Department of Health (DOH) on 5 January 2020 ordered the strict screening of all incoming travelers both foreign and returning Philippine passport holders especially those with travel history from China.⁴⁸ on 28 January 2020, the DOH convened the Inter-Agency Task Force (IATF) for the Management of Emerging Infectious Diseases two (2) days before the first confirmed case was reported.⁴⁹ Among the country's measures to address the imminent spread of the virus include issuance of guidelines on prevention and control measures to mitigate the spread of COVID-19, mandatory accomplishment of health declaration

cards for all port arrivals, development of COVID-19 case tracker, and, suspension of the issuance of visas to Chinese passport holders⁵⁰.

On 31 January 2020, one (1) day after the reported first case, President Rodrigo Duterte issued a travel ban to all foreign passport holders where the virus has already spread.⁵¹ The government also banned the disembarkation of vessel crews from China.⁵² The government instructed the Philippine Health Insurance Corporation (PhilHealth) to enhance the coverage packages to support potential Filipino COVID-19 patients.⁵³ Likewise, the government assured the DOH, Department of Science and Technology (DOST) and the UP National Institute of Health (UPNIH) funding for the development and production of COVID-19 test kits. On 16 March 2020, through Proclamation 929, President Duterte declared a State of Calamity for six (6) months due to the alarming increase of infected cases.⁵⁴ In partnership with the WHO, the Philippines developed the COVID KAYA App, a case and contact tracing application that enables epidemiologists, laboratory-based users and health care providers the capacity to respond effectively through the information from the app.⁵⁵

However, despite all efforts and measures executed, the country is yet to flatten the curve. As of 1 August 2020, the WHO reported that the Philippines has 93,354 cases with 2,023 deaths.⁵⁶ The Philippines also had a 148.62% increase in the number of cases from 30 June (37,514 new cases) to 31 July 2020 (93,269 new cases).⁵⁷ For the period 24 to 31 July 2020, COVID-19 cases averaged 2,770 new cases, 24 deaths, and 5,852 recoveries per a day over a seven (7) day period which is relatively high compared to other Southeast Asian countries.⁵⁸

The government was criticized for the late response to implement measures to mitigate the spread of the virus.⁵⁹ Officials handling the initial COVID-19 response underestimated the evolving situation in the region at that time.⁶⁰ Had the government immediately implemented lockdown measures as early as January 2020, the Philippines might have managed COVID-19 without the Enhanced Community Quarantine (ECQ). Another challenge for the Philippines is the effectiveness of the national government to communicate COVID-19 directives and policies for implementation by the Local Government Units (LGUs).⁶¹ The challenge stems from the capacity of LGUs to execute directives based on available resources, cultural differences, and varying degrees of capacity of local chief executives.

Another concern of the government in implementing COVID-19 measure is the challenge to provide financial and food assistance to vulnerable groups.⁶² The Department of the Interior and Local Government (DILG) and the Department of Social Welfare and Development (DSWD) have different approaches and different guidelines in identifying beneficiaries which resulted to inefficient distribution.⁶³

There were also reports of hoarding, a Filipino cultural trait of “*naniniguro*” (assurance) due to possible supply shortage.⁶⁴ As of 4 August 2020, the total number of medical health workers tested positive for COVID-19 has reached 5,153, with 4,692 already recovered, and 39 deaths. There were also reported cases of harassment of frontliners for fear of getting infected by medical health care workers.⁶⁵ On 2 August 2020, around 80 medical associations called for a two-week lockdown in the National Capital Region (NCR) and urged Malacañang to review the current government strategies against COVID-19 as number of cases increased exponentially. They reiterate that the health care system has been overwhelmed.⁶⁶

The government’s delayed response to implement preventive measures has resulted to more complex challenges. Limited medical facilities, shortage of PPEs for medical health workers, unclear directives, slow and cumbersome distribution of financial assistance, and initial confusion in implementing lockdown procedures posed constraints for an efficient and effective national response.

Approaches that can be adopted by the Philippines

Based on the approaches implemented, the three (3) countries executed similar strategies of containing COVID-19 but used different approaches based on the country’s capability and available resources. Germany mobilized its robust research laboratories and medical facilities for rapid testing and contact tracing. New Zealand used its unique geographical feature to effectively implement lockdown procedures. Vietnam, despite technological challenges to implement faster and accurate contact tracing, utilized the already existing and organized military and security structure to conduct community quarantines and contact tracing. Several key lessons may be drawn from the success stories of Germany, New Zealand, and Vietnam.

First, develop clear, consistent, transparent, and effective communication strategy. The success of communication strategy of the three (3) countries can be attributed to the clear, calm, and consistent approach of their leaders in conveying information to the public. They emphasized that the government cannot singlehandedly solve the crisis. They urged the public to do their share in containing the spread of the virus. Chancellor Merkel’s public briefings are based on consultations with science experts.⁶⁷ A trained scientist herself, she relied heavily on the scientific research community to get the right information. Just like Prime Minister Arden, Chancellor Merkel stressed the importance of receiving and relaying honest and accurate information. They depended on the information presented by their experts. For Vietnam, nationalism is the centerpiece of its communication strategy. The government framed COVID-19 as a common enemy and encouraged the support of the people to defeat the virus. The Philippines should enhance its strategic communication. An effective strategic communication in times of crisis must be accessible, actionable/doable, relevant, timely, credible, clear, and consistent.

Second, establish an effective and systematic approach to mass testing and contact tracing. At the foundation of any medical health approach in addressing the COVID-19 crisis lies mass testing and contact tracing.⁶⁸ The three (3) countries showed how effective mass testing and aggressive contact tracing methods can help contain the virus. Through this approach, Germany and New Zealand managed to identify and isolate COVID-19 infected individuals from the rest of the population.⁶⁹ To be able to have an effective mass testing approach, the Philippine government should develop and approve testing facilities and increase mass testing capacity.⁷⁰ Also, the Philippines should enhance the COVID KAYA app. The app should include the capacity to identify location for easy contact tracing that can help medical health workers and LGUs in detecting possible COVID-19 cases. The app should be able to identify the nearest COVID-19 detailed hotspots, locate mass testing areas, and provide a step-by-step guide in handling a COVID-19 exposed individual.

Third, demonstrate political will through consistent and strict policies on border controls, lockdowns and quarantine protocols. The three (3) countries communicated to the public the importance of these measures to contain the spread of the virus. Though the Philippines has implemented this approach, there is seeming lack of trust and

confidence from the public. The manner of implementing the protocols set forth by the government on quarantine and lockdowns revealed the deep divide between those who have the capacity to stay home (influential individuals) and those who cannot (marginalized groups), creating tensions in an already fragile social environment.

The WHO recommended these approaches as effective means to contain the spread of the virus. However, the success and effectiveness of such approaches depends on the decisiveness of the leadership to implement the program, availability of resources, and the manner by which the leadership conveys the information to the public.

Conclusion

Germany, New Zealand, and Vietnam, despite different approaches, have successfully contained the spread of COVID-19. Germany heavily relied on its robust medical facilities and research laboratories and was able to effectively conduct mass testing and contact tracing. New Zealand's firm decision to implement lockdown policy despite no reported case helped the country restrict the movement of people. Vietnam, even though it lacks the technological capacity to undertake contact tracing and monitor community quarantine procedures, tapped the already robust state security organization and used them to conduct public surveillance for contact tracing and monitor community quarantines. The three (3) countries are consistent, clear, and transparent in communicating with the public.

The delayed implementation of lockdown procedures greatly affected the mechanisms the Philippine government might have established prior to the 30 January 2020 WHO declaration. The declaration was a warning sign for countries to prepare for the impending exposure to the virus.

It has been 137 days from the time the government declared total lockdown on 16 March 2020 to 31 July 2020, the longest lockdown in the world. Thus far, the country is struggling to contain the virus. While flattening the curve is the most immediate agenda, the government must commence planning for post recovery. Crisis managers and policy makers must review the National Action Plan (NAP) of the Inter-Agency Task Force for the Management of the Emerging Infectious Diseases (IATF-EID). The conduct of review will provide stakeholders to further improve the NAP by developing a more responsive approach in achieving efficiency and effectiveness in addressing national health emergency and other forms of man-made disaster such as the COVID-19 pandemic. Once the NAP has been reviewed and strengthened, the leadership should mainstream the new and improved NAP to the social, economic, and human settlement development plan of LGUs and national government agencies. By doing so, the government will enable stakeholders to develop and adapt localized plans suited for their specific context and available resources.

As the experiences of Germany, New Zealand, and Vietnam indicate, it is possible to contain the spread of the virus with deliberate and accurate approaches.

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