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STATEMENT FROM THE FACULTY
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**Enhancing Public Health, Surveillance, and Response in time of COVID-19
in the Philippines: Collaboration, Consensus, and Capacity Building**

As faculty members of the University of the Philippines College of Public Health, the SEAMEO TROPED Regional Centre for Public Health, we join our government agencies and the rest of the nation in collaborative efforts to respond to the COVID-19 pandemic, which has had impact on lives and livelihood in the Philippines and many parts of the world.

Since the first reported case in late January, the Philippines has now reported more than 30,000 COVID-19 cases and more than a thousand deaths, with no signs of the pandemic easing anytime soon. We find ourselves in this situation despite major efforts that have focused on testing, treating, tracing, and isolation/quarantine, among other measures.

Envisioned to lead coordinated efforts “anchored on public health principles” (IATF-EID Resolution no. 1, s. 2020), the Inter-Agency Task Force has benefited from the active participation of government agencies, local government units, non-government organizations, and the private sector, with the guidance of technical experts. Noteworthy was the generosity of spirit and unprecedented outpouring of support in aid of those who were hardest hit by the pandemic.

Like other countries, the Philippines remains beset by a number of public health challenges. Despite the observed rise in the number of confirmed COVID-19 cases, reporting as part of a surveillance system still excludes cases who did not undergo testing. Further, the delays in laboratory testing, results validation, and case reporting imply that the observed trend in case numbers may not accurately reflect the current transmission level. While much effort has been done in increasing the laboratory capacity, and the number of tests conducted per day has significantly increased, the number of tests accomplished per day still falls below the target of 30,000 tests. Thus, delayed reporting inevitably leads to delayed response that includes lack of enhanced contact tracing, as well as timely quarantine and other public health interventions. Moreover, we have seen varying COVID-19 situations in different parts of the country, with varying capacities and varying responses in a decentralized health system that also needs to address disrupted major public health programs and roll-out of Universal Health Care (RA 11223).

In view of these and other challenges in public health in time of COVID-19, we will continue to contribute in strengthening public health surveillance systems at the national, regional, and local levels that will help provide adequate data and evidence for policy and response, both in a timely manner. While the role of science and experts in public health, medicine, and allied disciplines is key to understanding the unfolding situation, there is a need to build consensus as basis for coordinated actions. Effective and timely communication of key messages from data, policy, and recommended actions will benefit policymakers, service providers, and the general public; this will contribute to the promotion of positive and sustained health behaviors and enabling environments.

We commit to support capacity development in public health, surveillance, and response in all levels of government as well as in the private sector. The academe, multidisciplinary experts in public health, and their development partners, working in a collaborative manner, will have a major role to play in this huge but surmountable undertaking.