



NTF  
COVID-19



# National Action Plan Against COVID-19

## PHASE III

SAVING LIVES AND MITIGATING IMPACTS AS ONE TOWARDS  
ECONOMIC AND SOCIAL RECOVERY





## TABLE OF CONTENTS

<b>List of Tables and Figures</b>	<b>3</b>
<b>Message from the National Task Force against COVID-19</b>	<b>4</b>
<b>I. Introduction</b>	<b>5</b>
<b>II. Philippine Situation Report</b>	
A. Health Situation	5
B. Economic Situation	9
C. Bayanihan to Heal as One Act	11
<b>III. National Action Plan against COVID-19 Phase II Assessment</b>	<b>13</b>
<b>IV. National Action Plan against COVID-19 Phase III</b>	<b>17</b>
A. Key Features	17
B. Strategic Goal and Objectives	20
C. Operational Framework	20
D. P-D-I-T-R Critical Tasks	23
E. Enhanced Organizational Structure	26
<b>ANNEXES</b>	
Annex 1: Response Cluster Membership, Roles and Responsibilities	29
Annex 2: Vaccine Cluster Membership, Roles and Responsibilities	35
Annex 3: Recovery Cluster Membership, Roles and Responsibilities	41

## **LIST OF TABLES**

**Table 1.** Response and recovery interventions and allocation

**Table 2.** Number of COVID-19-dedicated beds in healthcare facilities from April to September 2020

## **LIST OF FIGURES**

**Figure 1.** Confirmed COVID-19 cases by data of onset of illness

**Figure 2.** Confirmed COVID-19 attack rate (AR/100K) and case fatality rate by region

**Figure 3.** Confirmed COVID-19 cases, attack rate (AR/100K), recoveries, deaths, and case fatality by city/municipality

**Figure 4.** Significant known exposure history as of 19 September 2020

**Figure 5.** Total COVID-19 Bed Utilization Rate

**Figure 6.** Gross Domestic Product of the Philippines from 2016 to the second quarter of 2020

**Figure 7.** Unemployment and underemployment rate in the Philippines

**Figure 8.** Individuals tested for COVID – 19 in the Philippines from April 2020 to September 2020

**Figure 9.** Occupancy rates of ward beds, isolation beds, ICU beds and mechanical ventilators among reporting hospital in the Philippines from 16 April 2020 to 1 October 2020

**Figure 10.** Phasing of NAP-COVID 19

**Figure 11:** NAP-COVID19 Phase III Operational Framework

**Figure 12.** IATF-NTF-COVID 19 Organizational Structure

**Figure 13.** Regional Task Forces Organizational Structure

**Figure 14.** Local Task Forces Organizational Structure



## MESSAGE FROM THE NATIONAL TASK FORCE AGAINST COVID-19

The Philippines, as a society, has been continuously battling the COVID-19 since it was declared as a global pandemic by the World Health Organization (WHO) in March 2020. This brought about unprecedented challenges that confronted our healthcare systems, hampered our economic growth, and caused negative psychological and social consequences. This pandemic prompted a whole-of-society effort to address the challenges at hand. As such, the whole Filipino society—the National Government Agencies, Local Government Units, private sector, civil society, families and individuals—were mobilized to put up a united front against the threat of COVID-19.

The National Action Plan against COVID-19 (NAP-COVID19) presents the national strategy and general guidelines to contain, prevent, and eliminate the threat of the pandemic and mitigate its social, economic, environmental, and security impacts to the country. Underscoring the importance of united and concerted response efforts, the NAP-COVID19 is characterized by a people-centered, LGU-led, and nationally-enabled approach in operationalizing its three major areas of work, namely, Response, Vaccination, and Recovery.

As the NAP-COVID19 enters its third phase, we are shifting our focus from risk aversion to risk management, as we seek to provide an equilibrium both on health safety and economic recovery. We will gradually reopen our economy alongside ensuring that the health and safety of every citizen are not compromised. Moreover, we will endeavor to secure safe and quality COVID-19 vaccines for our people.

Likewise, we call on every Filipino to continue supporting the NAP-COVID19, be vigilant and observe the health protocols in order to contain, prevent the spread, and eliminate the threat of COVID-19. As long as we work together, we will triumph over the challenges brought by the COVID-19 pandemic.

Together, we recover as one!

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Chief Implementer, NTF COVID-19  
National Incident Command - Emergency Operations Center

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Chairperson, NTF COVID19





## **I. INTRODUCTION**

The National Action Plan Against COVID-19 (NAP-COVID19) outlines the national strategy and broad guidelines to contain and prevent the spread and eliminate the threat of COVID-19. The first phase of the NAP which was implemented from March to June 2020 was primarily focused on the prevention, containment, and elimination of COVID-19 while mitigating the social, economic, and security impacts of the pandemic. Meanwhile the second phase of the NAP which ran from July to September 2020 brought further refinements to the strategy by adopting measures to keep the COVID-19 fatalities low while also enacting measures to foster the economic recovery of the country.

As the NAP-COVID19 enters the third phase, the focus shifts from risk aversion to risk management as it sustains the gains from the previous phases while providing an equilibrium both on health safety and economic recovery. This document comprises the Philippine Situation Report by the end of the third quarter of 2020, an assessment of the NAP Phase II implementation, and the general concepts of the NAP Phase III.

## **II. PHILIPPINE SITUATION REPORT**

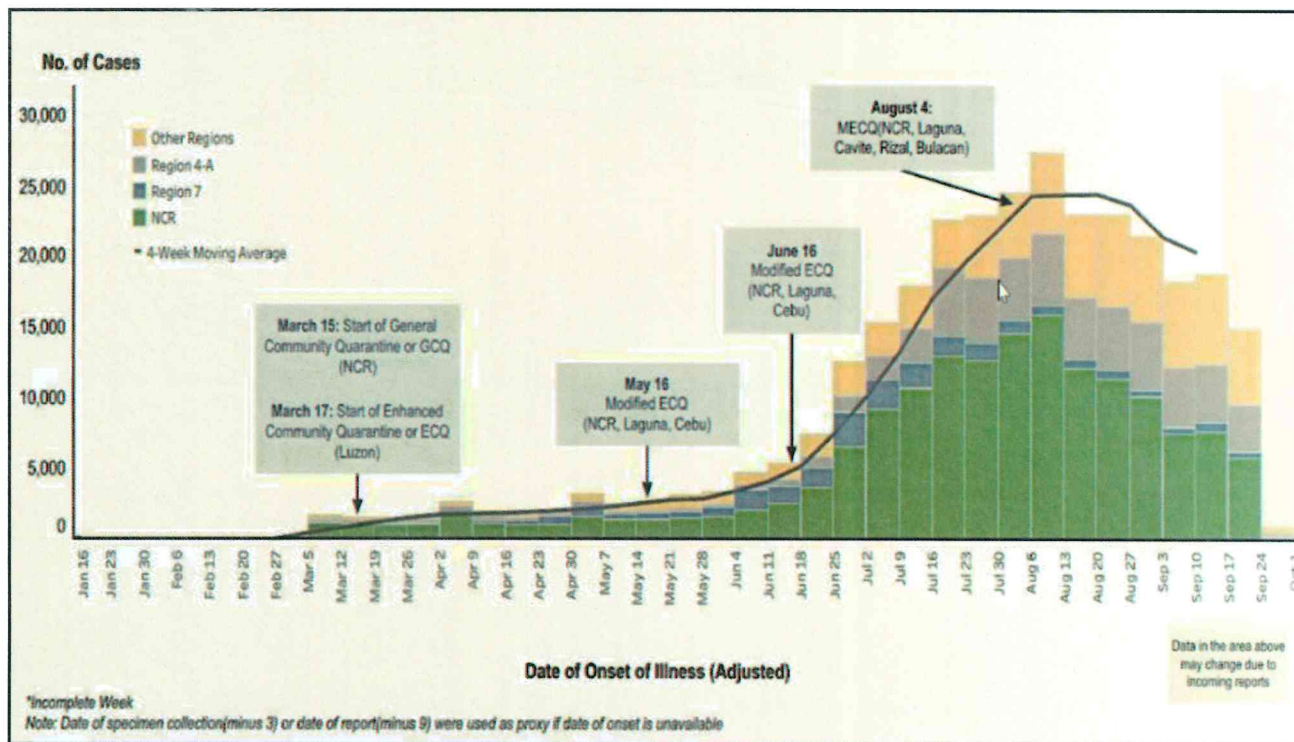
### **A. HEALTH SITUATION (as of 30 September 2020)**

#### *Case Data*

Globally, a total of 33,502,430 cases were reported in 240 countries with 3.0% case fatality rate (CFR) by the end of September 2020. In the Philippines, there are a total of 311,694 COVID-19 cases. Of this number, 253,488 are the reported recoveries while there 5,504 reported deaths with a 1.8% CFR. 17% or 52,702 of the cumulative cases are active cases, of which 95% or 50,285 are either asymptomatic or with mild symptoms while 5% or 2,417 are critical or severe.

The epidemic curve below illustrates that COVID-19 cases rapidly rose in June and hopefully peaked already in August. In recent month, national level indicators show a slowdown of disease transmission especially in the National Capital Region (NCR). However, there are areas and regions outside of NCR that show increase in the number of cases which may not contribute significantly to the national data but still require close attention. To date, all provinces, highly-urbanized cities (HUC) and independent component cities (ICC) already have at least one confirmed case.

**Figure 1.** Confirmed COVID-19 cases by data of onset of illness



The case data in the country is also analyzed by its growth and attack rates. Based on recent reports, there is a -3% decrease in the overall cases in the Philippines particularly in four regions including the NCR. However, even though the increase in absolute number of cases is not high in regions BARMM, CAR and CARAGA for the past 2 weeks, data shows that the growth rate of COVID-19 cases in these areas has significantly increased.

Meanwhile, Figure 2 shows that the top regions with the highest attack rates or the proportion of people affected by the disease in a given population are NCR, Region 4-A, Region 7 and Region 3. A closer look at NCR shows the areas with smaller populations tend to have high attack rates including the City of San Juan and Pateros while those areas with large population like Quezon City, City of Manila and Caloocan City do not have large attack rates. In terms of the CFR, although majority of the regions have the same level with the national CFR which is 1.8%, there are a number of regions that incurred higher CFRs. The highest of which is Region 7 with a CFR of 5.6% due to the surge of deaths over June and July.



Figure 2. Confirmed COVID-19 attack rate (AR/100K) and case fatality rate by region

Region	Projected Population (2020)	Total Confirmed Cases	AR/100K	Active Cases	Recoveries	Deaths	Case Fatality Rate
<b>311,694</b> Confirmed COVID-19 Cases							
National Capital Region (NCR)	13,804,656	163,780	1,186.4	22,398	138,708	2,574	1.6%
Region IVA - CALABARZON	16,057,302	54,048	336.6	12,181	41,279	588	1.1%
Region VII - Central Visayas	7,957,048	22,130	278.1	1,552	19,349	1,229	5.6%
Region III - Central Luzon	12,313,725	16,508	134.1	5,004	11,302	202	1.2%
Region VI - Western Visayas	7,932,153	11,964	150.8	3,366	8,351	247	2.1%
Region VIII - Eastern Visayas	4,742,336	4,829	101.8	756	4,033	40	0.8%
Region X - Northern Mindanao	5,017,050	3,244	64.7	1,066	2,120	58	1.8%
Region XI - Davao	5,290,867	3,189	60.3	564	2,545	80	2.5%
Region V - Bicol	6,133,640	2,529	41.2	452	2,014	63	2.5%
Region IX - Zamboanga Peninsula	3,782,762	2,280	60.3	445	1,744	91	4.0%
Region I - Ilocos	5,270,804	1,996	37.9	634	1,320	42	2.1%
Region II - Cagayan Valley	3,657,741	1,883	51.5	670	1,191	22	1.2%
Region XIII - SOCCSKSARGEN	4,919,938	1,672	34.0	558	1,082	32	1.9%
Cordillera Administrative Region (CAR)	1,807,736	1,577	87.2	564	997	16	1.0%
Region IVB - MIMAROPA	3,174,852	1,466	46.2	424	1,019	23	1.6%
Region XIII - Caraga	2,753,111	1,399	50.8	607	771	21	1.5%
Bangsamoro (BARMM)	4,183,316	1,301	31.1	442	822	37	2.8%
DOF		11,915		475	11,410	30	0.3%

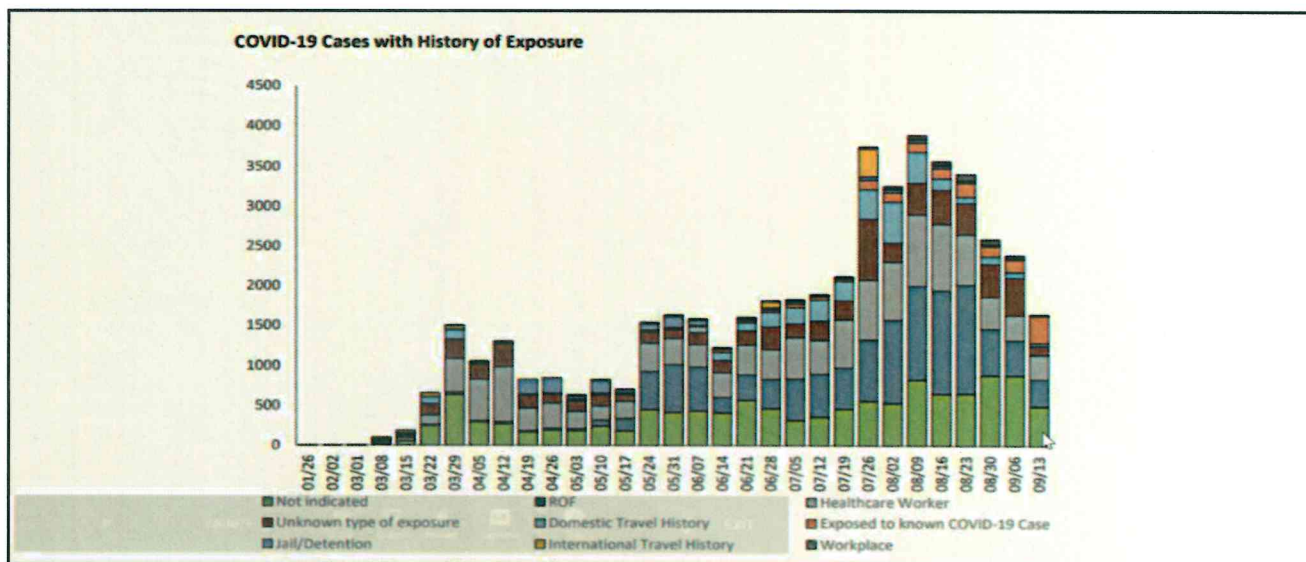
Figure 3 shows that in the NCR, the areas with higher rates than the national rate are Pasig City, City of Manila and Marikina City.

Province	City / Mun	Projected Population (2020)	Total Confirmed Cases	AR/100K	Active Cases	Recoveries	Deaths	Case Fatality Rate
<b>National Capital Region (NCR)</b>								
<b>163,780</b> Confirmed COVID-19 Cases								
<b>METRO MANILA</b>								
	QUEZON CITY	3,147,571	26,431	839.7	4,141	21,811	479	1.8%
	MANILA	1,908,352	17,464	915.1	2,715	14,365	384	2.2%
	CALOOCAN CITY	1,698,054	9,794	576.8	1,413	8,189	192	2.0%
	TAGUIG	862,884	9,554	1,107.2	1,694	7,792	68	0.7%
	MAKATI	624,560	9,010	1,442.6	1,553	7,267	190	2.1%
	PASIG	809,696	7,686	949.2	1,343	5,105	238	3.1%
	PARAÑAQUE	713,774	7,284	1,020.5	933	6,258	93	1.3%
	VALENZUELA	665,104	6,975	1,048.7	995	5,886	94	1.3%
	PASAY	446,519	6,638	1,486.6	1,018	5,500	120	1.8%
	MANDALUYONG	414,096	5,337	1,288.8	936	4,283	118	2.2%
	MALABON	391,850	5,133	1,309.9	641	4,382	110	2.1%
	MUNTINLUPA	540,843	4,881	902.5	837	3,984	60	1.2%
	NAVOTAS	267,429	4,683	1,751.1	456	4,180	47	1.0%
	LAS PIÑAS	631,305	4,679	741.2	759	3,836	84	1.8%
	MARIKINA	483,203	3,663	758.1	842	2,719	102	2.8%
	SAN JUAN	130,979	2,811	2,146.1	479	2,264	68	2.4%
	PATEROS	68,438	1,465	2,140.6	165	1,286	14	1.0%

Figure 3. Confirmed COVID-19 cases, attack rate (AR/100K), recoveries, deaths, and case fatality by city/municipality

To date, the World Health Organization (WHO) now places the Philippines under the large-scale community transmission category as several reported COVID-19 cases in the country have no clear source of origin of the infection (i.e. lack of information on exposure and travel history). As reflected in Figure 4 below, the graph shows that cases have significantly increased over the past few months especially those coming from NCR and Region 4-A. Meanwhile, our healthcare workers (HCW) and frontliners remain at a higher risk for contracting the infection.

**Figure 4.** Significant known exposure history as of 19 September 2020



In terms of mortality data, although a downtrend is seen in the CFR in terms of the absolute number of deaths, the total number of deaths spiked in July and August. It is also important to note that recently most number of deaths now come from areas and regions outside of NCR, particularly Regions VII and IV-A. In terms of the distribution of COVID-19 cases by age-group, the young population aged 20-39 years old had the most number of cases. Meanwhile, the case fatality increases as the age increases reaching as high as 17% among those 80 years old and above.

### *Health Systems Capacity*

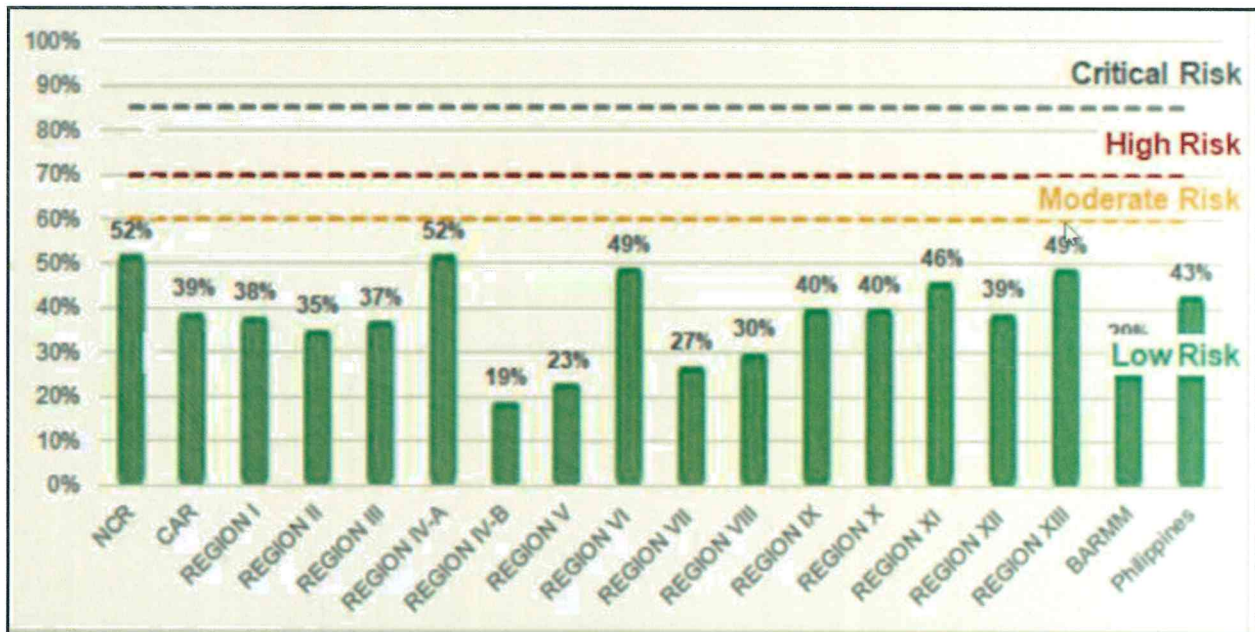
Critical to the success of the Philippine government's response to COVID-19 is the health system capacity<sup>1</sup> indicated by its performance in contact tracing, testing, isolation and quarantine, critical care utilization and disease surveillance system. It means that a concomitant increase in the health system capacity should be translated to a decrease in the number of cases and deaths. As shown in the table below, the country's critical care (ICU, isolation, and ward beds) utilization rate previously increased but slowly decreased over September, keeping it at a low risk level with 43%. Meanwhile, the utilization rate for the Temporary Treatment and Monitoring Facilities (TTMF) is very low which means a lot of the asymptomatic and mild cases can be placed here to help decongest hospitals and lower bed occupancy rate.

In summary, the health system capacity of the country has steadily increased reflected in the decrease of the critical care utilization rate. However, performance in surveillance, contact tracing efforts, isolation/quarantine and minimum health standards implementation needs to be closely monitored and strengthened.

<sup>1</sup> Refers to both COVID-19 and non-COVID-19 health systems.



**Figure 5.** Total COVID-19 Bed Utilization Rate



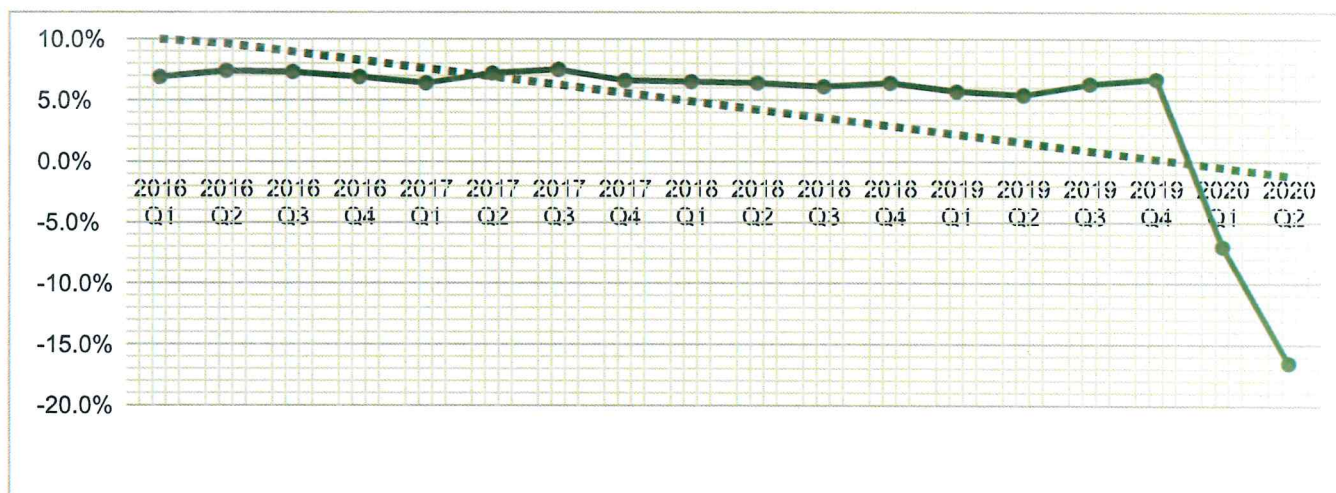
## B. ECONOMIC SITUATION<sup>2</sup>

The Philippines implemented one of the longest lockdowns in the world, as part of the response to contain the spread of COVID-19. This, consequently, bore an impact to the economy, especially when the areas that were most affected are also the ones that contributed the most to the economy. The National Capital Region (NCR) contributes around 32% of the economy followed by the Regions III and IV-A with 26% contribution, and the rest with 42%. NEDA estimates that every week of quarantine in NCR shaves off 0.10 percentage points from the potential GDP growth of 6.5%. This translates to 19.5 billion pesos loss in value-added or around 63.4 billion pesos in lost sales each week. In NCR alone, lost sales will be a total of Php3.8 trillion if GCQ continues until December 2020.

From our country's consistently strong economic growth, the GDP contracted in the first semester of 2020 due to the stringent quarantine measures. Without COVID, the GDP was projected to achieve 10.2 trillion Pesos in the 1st semester of 2020. However, due to the pandemic, it reached only Php 8.6 Trillion with Php1.6 Trillion loss in GDP value added. Moreover, SSS contributions from January to August 2020 fell by around Php 38 Billion due to business closure, preventing SSS from providing services to members. The same trend is also seen in Philhealth, albeit at lower levels with contributions dropping by Php5.9 billion from January to July 2020. As quarantine restrictions were eased, economic activities improved gradually, but more can be done.

<sup>2</sup> Source: NEDA Situational Report Presentation at NAP-COVID19 Phase Planning,

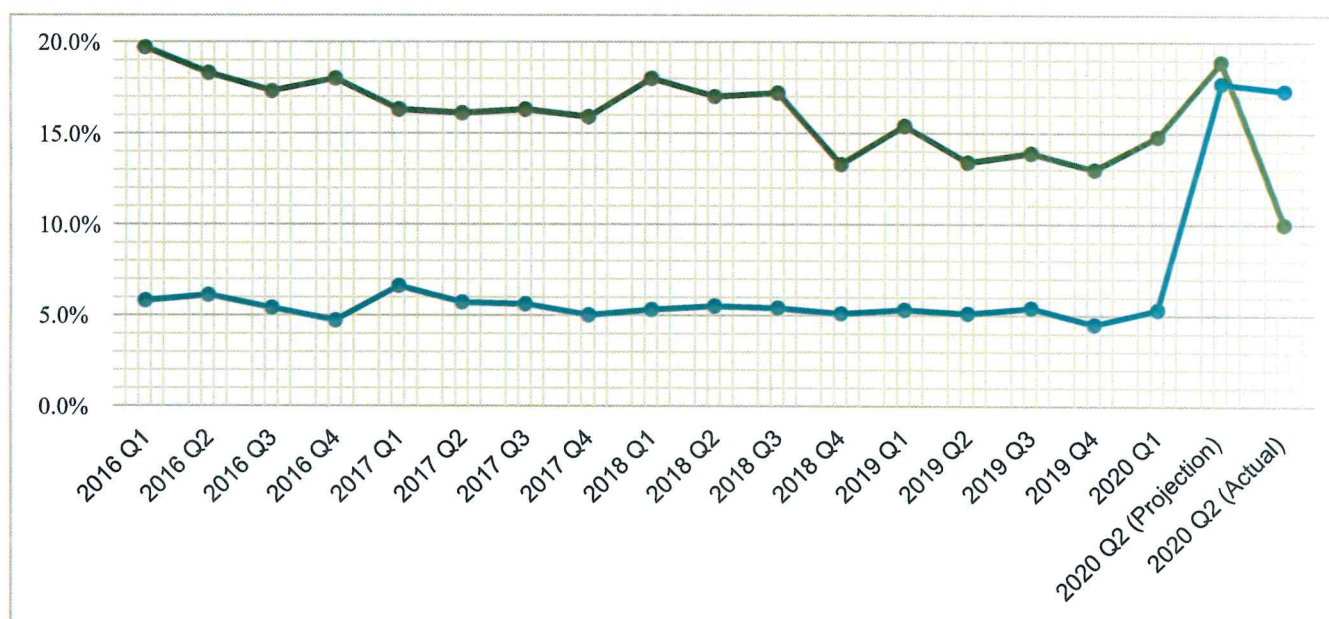
**Figure 6.** Gross Domestic Product of the Philippines from 2016 to the second quarter of 2020



*The Gross Domestic Product declined by 7% in the first quarter of 2020 and by 16.5% in the second quarter of 2020*

The labor market also fell due to quarantine restrictions, but as the economy began to open up, labor market indicators have shown big improvements. According to the July 2020 round of the Labor Force Survey, the unemployment rate went up to 17.7% in April, although with the easing of the quarantine restrictions in June, more people went back to work lowering the unemployment rate to 10%. Nevertheless, it is still very high compared to the average pre-COVID rate. The underemployment rate also remains high with 17.3%.

**Figure 7.** Unemployment and underemployment rate in the Philippines<sup>3</sup>



Likewise, the extended quarantine also threatened the significant gains made in poverty reduction. There are 4.5 Million more Filipinos in 2020 who are living below poverty line. Instead of the

<sup>3</sup> Philippine Statistics Authority, 2020. July 2020 Labor Force Survey



targeted 15.1 million, there are now 19.6 million poor Filipinos due to COVID-19. The targeted poverty rate by 2021 is between 11.2% – 13.8%, however, considering the recent situation, it is likely to go as high as 18% in 2020.

### C. BAYANIHAN TO RECOVER AS ONE ACT (BAYANIHAN II)

The Republic Act (RA) 11494, otherwise known as the “Bayanihan to Recover As One Act,” is among the primary references for the implementation of National Action Plan (NAP) Against Coronavirus Disease 2019 (COVID-19) Phase III. It was enacted as a follow-through to RA 11469 or “Bayanihan to Heal As One Act,” which was intended to control the spread of the disease while the country is at the state of national emergency. Given that the rise of confirmed COVID-19 cases continues to persist and economic contraction is being felt, the law was enacted to sustain the current health interventions as well as bolster the economic recovery efforts.

Section 3 of RA 11494 specifies 12 objectives that the state must achieve. These objectives are abridged as follows:

1. Reduce adverse impact of COVID-19 on socioeconomic well-being
2. Come up with a database for provision of socioeconomic relief
3. Sustain efforts to test, trace, isolate, treat COVID-19 cases and mitigate disease transmission
4. Enhance the capacity of the Philippine health care system
5. Mitigate economic costs and losses
6. Restore public trust on social and economic institutions
7. Accelerate recovery and bolster resilience of economy
8. Accommodate alternative modes of transportation
9. Promote the collective interest of all Filipinos
10. Optimize the use of science, technology and innovation
11. Enhance public trust in science and technology, and incorporate such expertise in the policy-making process;
12. Enhance financial stability to support programs in combatting COVID-19

To implement these objectives, Section 4 of Bayanihan Act 2 enumerates a total of 81 response and recovery interventions, with emphasis on the gradual return of major sectors to the “new” normal while sustaining the health-related efforts to manage COVID-19.

Section 10 of the law authorizes the appropriation of around 166 billion pesos to implement the following interventions:

**Table 1.** Response and recovery interventions and allocation

PARTICULARS	AGENCY	AMOUNT (PHP)
Health related responses	DOH	13,500,000,000.00
Procurement of face masks, PPE, etc. for health workers	DOH	3,000,000,000.00
Construction of medical and quarantine facilities	DPWH	4,500,000,000.00
Assistance for displaced workers	DOLE	13,000,000,000.00
Infusion of capital to GFIs	PhilGuarantee Land Bank DBP	39,472,500,000.00

	SBCORP	
Subsidies under the DA Agricultural Credit Policy Council	DA	24,000,000,000.00
DOTR programs	DOTR	9,500,000,000.00
Assistance for tourist guides	DOT	100,000,000.00
Development of smart campuses for SUCs	CHED	3,000,000,000.00
Assistance for qualified students	DEPED CHED	600,000,000.00
Assistance for displaced teaching and non-teaching personnel	DEPED CHED	300,000,000.00
Additional scholarship funds of TESDA	TESDA	1,000,000,000.00
DSWD programs	DSWD	6,000,000,000.00
Digital Education by DepEd	DEPED	4,000,000,000.00
Support under Local Government Support Fund	DILG	1,500,000,000.00
Assistance for National Athletes and Coaches		180,000,000.00
Assistance for Overseas Filipinos	DFA	820,000,000.00
Assistance for the tourism industry • Tourism Road Infrastructure Programs • Cash-for-work programs	DOT DPWH DOLE	4,000,000,000.00
Construction and maintenance of isolation facilities	OCD	4,500,000,000.00
Hiring of 50,000 contact tracers	DILG	5,000,000,000.00
PRC computer-based licensure examination	PRC	2,500,000.00
Subsidies for loans	Land Bank DBP	2,000,000,000.00
COVID-19 research	DOH Health Technology Assessment Council	10,000,000.00
Establishment of computational research library	UP Diliman Institute of Mathematics	15,000,000.00
Standby fund		25,527,500,000.00
<b>TOTAL</b>		<b>165,527,500,000.00</b>

Other salient features of the law are the exemption from tax of retirement benefits for officials and employees of private firms; the establishment of National Referral System for locating and availing the services of health-related facilities; the authority to direct the operations of private establishments for purposes of supporting the COVID-19 efforts; and the need to expedite the procurement of authorized COVID-19 drugs and vaccine, once available. Further, RA 11494 provides for the penalty of six (6) months imprisonment and a fine of PHP 100,000 for individuals who will be found guilty of discriminatory acts, as specified in Section 8.

RA 11494 is in effect until 19 December 2020.



### III. NATIONAL ACTION PLAN AGAINST COVID-19 (NAP-COVID19) PHASE II ASSESSMENT

The NAP-COVID19 Phase II was implemented from July to September 2020, with primary focus on economic recovery while improving and sustaining the healthcare system. Its key features included a strong focus on prevention through changing people's mindset on the battle against COVID-19; emphasis on the strategic balance between health and economic objectives; institutionalization of the PDITR and the Zoning Containment Strategy at the regional, provincial, and the city/municipality levels; sustainment of the public-private partnership; enhancement of risk communication and community engagements in the observance of health protocols; highlighting the contingency, business continuity, and sustainability plans; management of returning Overseas Filipinos, locally-stranded individuals, and local travelers; and concentration of efforts on expanded and targeted testing and contact tracing.

#### *“Prevent” Strategy*

The efforts for the prevention of COVID-19 transmission revolved around changing the people's mindsets through behavioral change communication. Towards this end, the DOH and DILG implemented the “*BIDA and solusyon sa COVID-19*” and “*BIDA ang may Disiplina*” campaigns among others. Moreover, the continuous enhancement of strategic communications efforts is being undertaken through engagement with the private sector. The “*Mask. Hugas. Iwas.*” information campaign, which was spearheaded by the President, was able to put up billboards across Metro Manila. This initiative was brought about by the partnership with Macgraphics Carranz International Corporation to bolster our “Bida Solusyon sa COVID-19” campaign in particular.



Under the joint national advocacy program known as ‘BIDA ang May Disiplina: Solusyon sa COVID-19’, the DILG and DOH spearhead the establishment of a Barangay Disiplina Brigade (BDB) in each barangay in the country. As a support to the DOH’s BIDA Solusyon sa COVID-19 campaign, BDB shall be the BIDA Ambassadors in the barangays.

The formation and activation of BDB promotes the spirit of volunteerism among community residents who will promote the message of the importance of practicing self-discipline and behavior change among individual citizens as their contribution in keeping their families safe and their way of helping safeguard the country from the virus, thus the slogan of the BIDA ang May Disiplina campaign: *Ligtas ang Pamilya, Ligtas ang Bayan*. It shall be a key player in the implementation of the objectives of the ‘BIDA ang May Disiplina: Solusyon sa COVID-19’ national advocacy campaign down to the grassroots level.

BDB aims to create partners and allies of the DILG and DOH in the community to help in ushering the government’s anti-COVID-19 measures in the consciousness and behavior of the people. In the

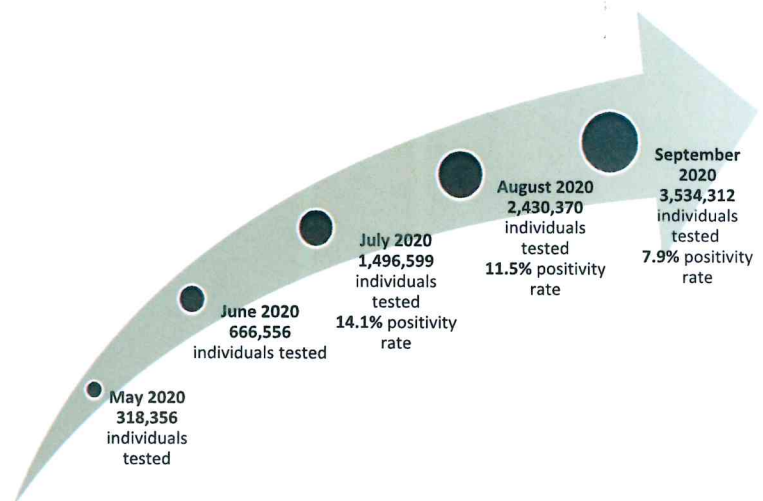


wake of the COVID-19 pandemic, BDB is expected to be a source of relevant and factual information for the benefit and consumption of the community and its residents.

As BDB banks on the spirit of volunteerism, any member of the community can be a part and a member so long as they are willing to give voluntary service for their community, especially in this time of COVID-19 crisis.

### ***“Detect” Strategy***

The NAP-COVID19 II adopted a two-pronged approach for detection of COVID-19, namely, contact tracing and testing. To this effect, contact tracing and testing czars were appointed to help ramp up the COVID-19 detection capacity. Moreover, with the approval of *Bayanihan II*, the DILG was given funds to hire an additional 50,000 contact tracers. During the implementation of NAP-COVID19 II, 180,479 more contact tracers were hired. The contact tracing guides and targets for local government units were also set during this period. The National Case to Close Contact Ratio is 1:5, which is lower than the target of 1:37. This, nevertheless, showed improvement from the previous 1:3 national ratio at the beginning of NAP-COVID19 Phase II.



**Figure 8.** Individuals tested for COVID – 19 in the Philippines from April 2020 to September 2020

The testing capacity has also improved significantly during the implementation of the NAP-COVID19 II. From 3 laboratories in February 2020, the country now has 143 accredited laboratories, consisting of 109 RT-PCR and 34 GeneXpert Laboratories as of 7 October 2020. 68 (48%) of these laboratories were activated from July to September 2020. At present, all regions have at least 1 Stage 5 laboratory, which means in full-scale implementation

Off-site aggressive testing in the provinces of Bataan and Batangas, as well as in the cities of NCR were also conducted. As a result, 2,800,583 more individuals have been tested from July to September 2020. The positivity rate has also significantly declined from 14.1% in July 2020 to 8.5% in September 2020.

Moreover, the maximum daily testing capacity has increased along with the number of tests conducted per day, and is already at 96,706 by the end of September 2020 while the tests conducted per day is at less than 50% of the maximum daily testing capacity.



### *“Isolate” Strategy*

Meanwhile on isolation, a total 101,346 Ligtas COVID beds and 770 Mega Ligtas COVID beds were added from the available isolation beds at the end of NAP-COVID19 Phase I. Likewise, from 9 regions, there are now 15 regions that have complied with the prescribed TTMF bed to population ratio of at least 1:2500.



The DPWH started building isolation facilities with an overall target of 689 facilities with a capacity of 24,179 beds. By the end of NAP Phase II, a total of 289 facilities were constructed with a capacity of 9,080 beds.

Acknowledging the importance of facility-based isolation in preventing further transmission, the *Oplan Kalinga* initiative was implemented. It facilitated the active isolation of confirmed COVID-19 cases in TTMFs and hotel isolation facilities. By the end of Phase II, the initiative was able to mobilize 18 Mega Quarantine Facilities and 40 isolation hotels. Likewise, a total of 30,889 COVID+ cases were isolated in the same period.

## “Treat” Strategy

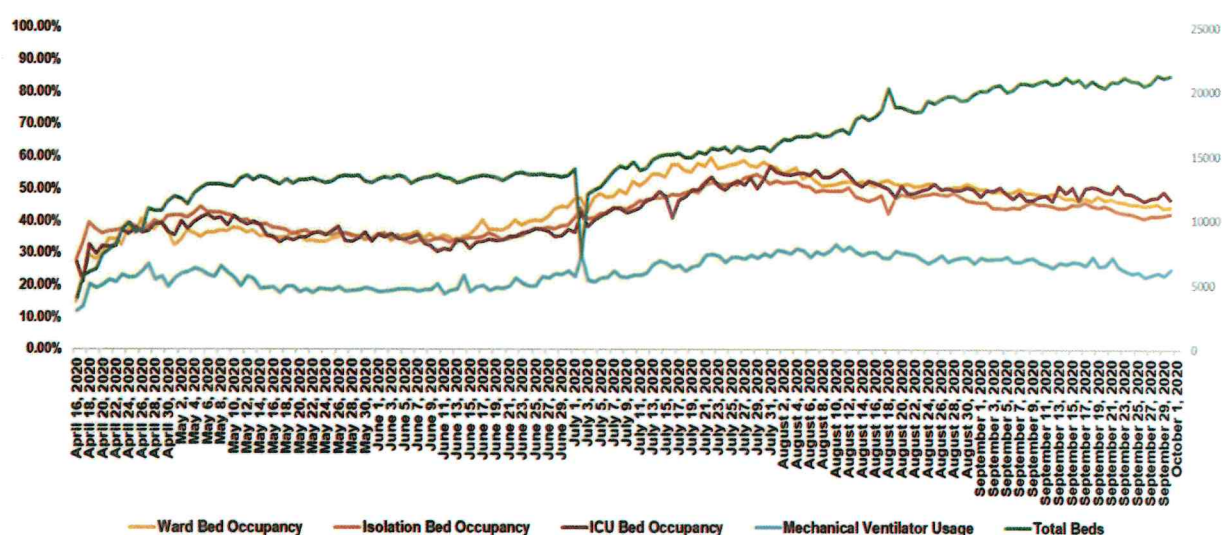
Significant improvements were also seen on the treatment strategy, as the number of COVID-dedicated beds in healthcare facilities increased. As shown in the table below, the number of beds increased from 15,358 in July to 21,244 in September, which accounts for an additional 7,576 beds.

**Table 2.** Number of COVID-19-dedicated beds in healthcare facilities from April to September 2020

	April 2020	June 2020	July 2020	August 2020	September 2020
<b>Ward</b>	2,499	3,107	3,724	5,369	5,641
<b>Isolation</b>	7,745	9,077	10,353	12,767	13,719
<b>ICU</b>	1,207	1,321	1,281	1,637	1,884
<b>Total</b>	11,451	13,505	15,358	19,773	21,244

Further, on occupancy of the hospital beds, the occupancy rates for all beds have gradually decreased beginning August 2020. As shown in the graph, the bed occupancy seemingly peaked on the 1st week of August but has steadily decreased since.

**Figure 9.** Occupancy rates of ward beds, isolation beds, ICU beds and mechanical ventilators among reporting hospital in the Philippines from 16 April 2020 to 1 October 2020





## IV. NATIONAL ACTION PLAN AGAINST COVID-19 (NAP-COVID19) PHASE III

As the National Action Plan enters its third phase, it primarily focuses on sustaining the gains from the previous phases while providing an equilibrium both on health safety and economic recovery. During this phase, there will be no more trade-offs. The third phase also kick starts the development and early implementation of the Philippine National COVID-19 Vaccine Roadmap. The Phase 3 will serve as the transition plan to the new normal from the last quarter of this year to the first quarter of 2021.

**Figure 10.** Phasing of NAP-COVID 19

<b>FACTORS</b>	<b>PHASE 1</b> March to June 2020	<b>PHASE 2</b> July to September 2020	<b>PHASE 3</b> October 2020 to January 2021	<b>PHASE 4</b> 2021
<b>HEALTH</b>	<b>Primary focus</b> Prevent, contain, eliminate COVID-19	<b>Sustain</b> Low fatality rate	<b>Managing Health Risks</b>	<b>Improve or sustain</b>
<b>ECONOMY</b>	<b>Limited</b> Mitigate economic impact	<b>Primary</b> Economic Recovery	<b>Learn to live with the virus</b> (compliance to minimum public health standards)	<b>Improve or sustain</b>
<b>IMMUNIZATION</b>			<b>Assess, Plan and Prepare for vaccination</b>	<b>Plan, Prepare, Execute National Vaccine Roadmap</b>

This document articulates the key features of the NAP Phase III, the strategic goal and objectives, as well as the critical tasks aligned with the PDITR strategy and focused on risk management. This also presents the enhanced structure of the National Task Force Against COVID-19, which is designed to be responsive to the emerging realities.

### A. KEY FEATURES OF NAP-COVID19 PHASE III

On 2 October 2020, the IATF in its Resolution No. 76 called for the further gradual reopening of the economy in increments proportional to the healthcare capacity of the country as we seek to manage the consequences of the pandemic. It also called to further enhance the approved Prevent-Detect-Isolate-Treat-Recover Strategy of the National Task Force Against COVID-19 as we seek to be more responsive to the current realities. Moreover, on 5 November 2020, the IATF also approved the Philippine National COVID-19 Vaccination Roadmap and Implementation Plan, the establishment of COVID-19 Vaccine Cluster and the duties and responsibilities of the Vaccine Czar.

#### *Improved PDITR Strategy*

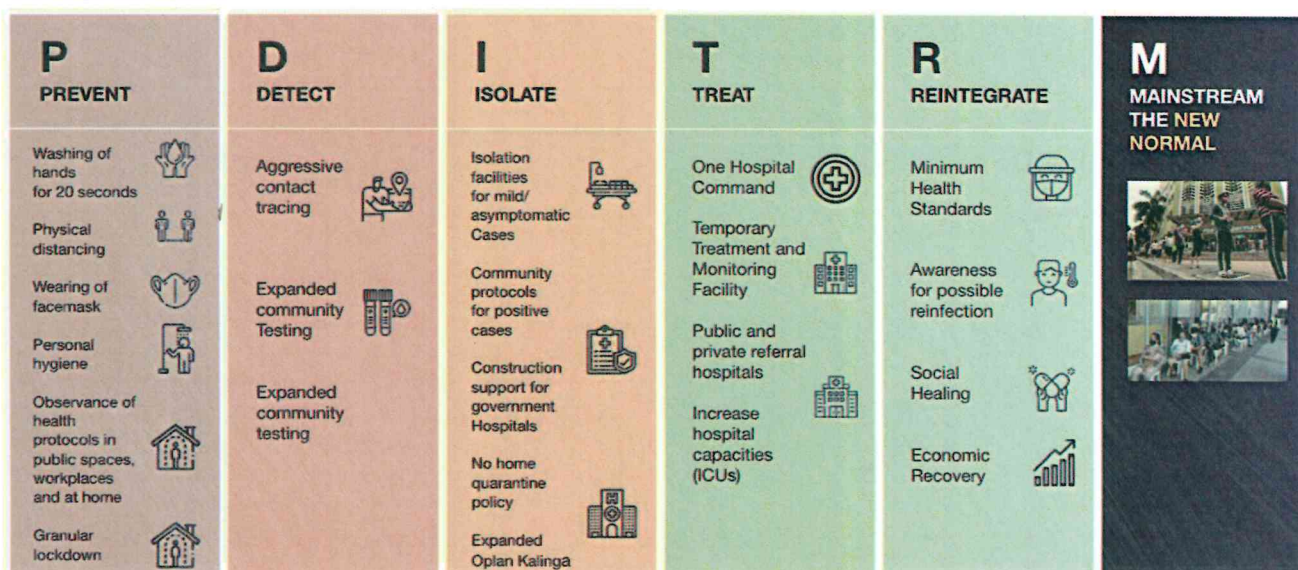


In consonance with the foregoing IATF policy directions, the NAP's Phase III remains anchored on the Prevent-Detect-Isolate-Reintegrate (PDITR) Strategy of the Government, with prevention and containment as its main components.

In order to breathe life into and gradually open the economy, there are some key areas that need to be focused on. First, there is a need to further strengthen the PDITR strategy particularly the prevention and detection side. Active case finding in the communities to proactively detect possible cases even without testing is necessary to ramp up the detection capacity. Secondly, it is imperative to secure sufficient quarantine and isolation facilities where the COVID cases can stay until they fully recover. The “No Home Quarantine” policy has to be strictly implemented. As seen in the experiences of Cebu, Navotas, and other parts of NCR, such policy has greatly reduced the active cases in the said areas. And lastly, the collaboration with the private sector has to be continued. The private sector has been an invaluable partner of the government in building the much-needed COVID-19 infrastructure that will help us in achieving economic and social recovery.

## A Quick Look on NAP Phase III Response

The NAP's Phase III Response remains anchored on the Prevent-Detect-Isolate-Treat-Reintegrate (PDITR) Strategy of the government, with prevention and containment as its main components.



### Localized National Efforts

The NAP-COVID19 is likewise characterized by a nationally-enabled, LGU-led, and people centered approach. In this regard, the national efforts that were organized during the Phase II of the NAP will continue to be sustained and localized during the third phase. The PDITR strategy and the Zoning Containment Strategy are the major anchors of this localized implementation. In order to provide the LGUs with a guide on their response actions for COVID-19 affectation in their area, the **Operation L!STO Protocols** were developed. The said material presents “a step-by-step and scenario-based tool and I applicable to both Cities and Municipalities. It is based on the the consolidated guidelines on Preventions, Detect (Disease Surveillance, Contact Tracing and Testing), Isolation, Treatment and Reintegration. It supports existing lines of efforts of LGUs and streamlines them to promote harmonious standards on the same.”<sup>4</sup>

<sup>4</sup> DILG (2020). Operation L!STO Protocols for the Management of Emerging Infectious Diseases First Edition



Acknowledging the integral role of LGUs in the localization of the implementation of the NAP-COVID19, a framework on how the Local Government Units (LGUs) could monitor the pandemic more accurately, and adopt a calibrated response that is adaptive to the emerging conditions in the locality was crafted. The **Zoning Containment Strategy** is applied in order to identify the focused areas for implementation of varying levels of quarantine, depending on the risk and stage of transmission prevalent in the area. There are four Zoning Classifications that is being followed, namely, Critical Zone (CrZ), Containment Zone (CZ), Buffer zone (BZ), and Area Outside Buffer Zone (OBZ). It aims to contain and prevent the spread of COVID-19 and mitigate its impact on local economies through contact tracing, testing, isolation and treatment of suspect, probable and confirmed cases to be implemented by the Local Task Force.

## FOUR (4) ZONING CLASSIFICATIONS

- **Critical Zone (CrZ)** Areas where the initial number of cases or several clustering cases have been identified within the past seven (7) days
- **Containment Zone (CZ)** Areas without new cases but are adjacent to a geographic unit categorized as CrZ
- **Buffer Zone (BZ)** Areas without new cases but are adjacent to areas categorized as CZ
- **Areas Outside Buffer Zones (OBZ)** All remaining areas without new cases not categorized as CZ or BZ

Meanwhile, the **Coordinated Operations to Defeat Epidemic (CODE)**, a patient- and community-focused response strategy with key elements incorporated from the Prevent-Detect-Isolate-Test-Treat strategy was activated. It provides support to the LGUs who need it the most, especially those with increase in cases or clusters of cases, and those that have limited resources. Inter-agency CODE Teams were organized to assess the high-risk LGUs for compliance to key policies pertaining to PDITR; provide technical assistance and recommendatory action plan for the implementing LGUs; handhold the initial implementation; and generate report on the status of key indicators and the implementation of the action plans of the identified LGUs. Key components of CODE include (1) community engagement activities to promote preventive behaviors, (2) active case finding via house-to-house symptom checks, (3) RT-PCR testing for symptomatic patients, and (4) Oplan Kalinga application for those needing quarantine and isolation.

The **OPLAN Kalinga** initiative is a program launched by the national government to accommodate COVID-19 patients who do not have their own room and own toilet where they can isolate themselves, or for those who have household members who are elderly, with existing diseases, and pregnant women. This is to reduce the risk of more infections in the household and communities, and to identify and isolate infected individuals in proper isolation and quarantine facilities. The Regional Task Forces and the Local Task Forces are encouraged to set-up their Oplan Kalinga facility to improve the isolation efforts of the Government.

Moreover, in order to improve the treatment services and referral mechanism for the COVID-19 patients, the **One Hospital Command Center (OHCC)** was set up. The Center facilitates a comprehensive and coordinated response to the COVID-19 pandemic by ensuring effective and efficient health facility referral in Metro Manila. The OHCC also facilitates medical transport and



patient pick-up arrangements, provide health system capacity data analytics and risk communications, and optimize the use of critical care services of every hospital in the area.

In a nutshell, the key features of NAP-COVID-19 Phase III are:

1. Focus on Response and Early Recovery with gradual reopening of the economy
2. Enhanced PDITR Strategy to be responsive to emerging realities
3. Continuous delivery of social programs while observing the minimum health standards
4. Inclusion of vulnerable groups in digital transformation to lessen the digital divide
5. Formulation and early implementation of the National COVID-19 Vaccine Roadmap
6. Strengthened Data and Information Management
7. Improved structure that will facilitate the implementation of the NAP Phase III
8. Intensified risk communication down to the barangay level
9. Intensified capacity and capability building of NGAs and LGUs
10. Localization of national efforts such as CODE, One Hospital Command, Oplan Kalinga, and Operation Liso for the management of emerging and infectious diseases
11. People-centered, LGU-led, and nationally-enabled approach
12. Strengthened multi-stakeholder partnership (public and private)
13. Strengthened Monitoring and Evaluation system

## **B. STRATEGIC GOAL AND OBJECTIVES**

The over-all goal of the NAP-COVID19 Phase III is to contain, prevent, and/or eliminate the threat of COVID-19, and mitigate its social, economic, environmental, and security impact

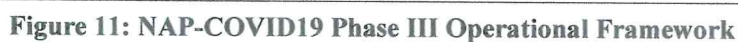
Its specific objectives are:

- A. Reduce the number of cases and the rate of transmission
- B. Improve the healthcare system capacity
- C. Implement the National COVID-19 Immunization Roadmap
- D. Provide safe and sufficient transportation to the public
- E. Reduce underemployment and unemployment rates
- F. Ensure business and service continuity
- G. Mitigate socio-economic contraction

## **C. OPERATIONAL FRAMEWORK**

The operational framework of the NAP Phase III adopts a people-centered, LGU-led, and nationally enabled approach to achieve the end state wherein the threat of COVID-19 is contained, prevented, and/or eliminated, and its social, economic, environmental, and security impacts are mitigated. The framework is characterized by unified and simultaneous efforts clustered into three main strategies, namely, Response, Vaccination, and Recovery.





The Response Operations Cluster is focused on enhancing the PDITR strategy to respond to the current realities. In preventing the spread of COVID, the NAP Phase III will engage and mobilize the general public to limit exposure and transmission through strengthening the BHERTS and Local ESUs, ensuring reporting timeliness, and observance of the minimum health standards. Improved detection capacity to identify close contacts, suspect and probable cases through active testing and tracing (70% of close contacts traced within 24 hours) will likewise be employed. Meanwhile, efficient isolation will be pursued by ensuring that at least 70% of close contacts are either quarantined or isolated within 24 hours. The provision of quality care for COVID-19 patients is also an imperative of NAP, as indicated by presence of coordination centers, dedicated COVID-19 beds in the facilities, and resumption of elective surgeries. And lastly, in order to facilitate full reintegration, improved psychosocial support will be provided to COVID-19 survivors and their families.

The Vaccination Cluster, on the other hand, shall commence the implementation of the National COVID-19 Vaccination Roadmap and Implementation Plan. It shall be guided by the Assess-Plan-Prepare-Execute Operational Phases with corresponding strategies.

The Assess and Plan phases will involve the following strategies:

1. Organization of mechanisms such as VEP, NITAG and HTAC to facilitate scientific evaluation and selection
2. Having a portfolio of vaccines on different platforms from different countries
3. Issuance of emergency use authority by the FDA
4. Organization of an inter-agency vaccine cluster with task groups and sub-task groups
5. Mobilization private sector support for logistical and support services requirements
6. Establishment of information system for profiling, screening, and registration of eligible population for vaccination, vaccinators, and supply chain facilities
7. Establishment of a monitoring and evaluation system

The Prepare phase will involve the following strategies:

1. Entering into Advance Market Commitments (AMCs) with private vaccine developers and the release of advance payments to them with the Asian Development Bank as the fund manager and procurement agent
2. Diplomatic engagement for Government to Government and multi-lateral engagements
3. Having various modes of financing (direct procurement through RA 9184, COVAX facility, multilateral loans, bilateral loans, private sector financing through a tri-partite agreement)
4. Capacity and capability building for facilities and vaccinators on vaccine storage and deployment

The Execute phase will involve the following strategies:

1. Execution of an Information, Education, and Communication campaign plan and social preparation down to the barangay level for vaccination
2. Adoption of geographical and sectoral prioritization criteria for vaccine deployment
3. Utilization of supplemental immunization activity mechanism for covid-19 immunization
4. Adoption of an effective waste management system for collection, transport, treatment and disposal after vaccine administration

The Recovery efforts, meanwhile, aims to contribute to the reduction on COVID transmissions and non-COVID19 deaths while gradually reopening the economy. This means shifting from risk aversion to risk management. The Recovery Cluster will contribute to the PDI strategies by ensuring compliance of businesses and agencies to Minimum Health Standards and active involvement in PDI protocols. Additionally, it will contribute to reintegration trough reducing economic losses and addressing psychosocial concerns. Meanwhile, the Business and Service continuity efforts will focus on health



system improvement, food resiliency, learning continuity, digital transformation, safe mobility options and ecological integrity. These will be supported by inclusive, people-centered, responsive, clean, and technology-enabled governance.

These three main strategies shall be supported by intensive IEC campaign, capacity development for NGAs and LGUs, localization of national efforts (One Hospital Command, CODE, Oplan Kalinga), strengthened public-private partnership, and application of the Zoning Containment Strategy in areas with surge in cases.

#### D. PDITR CRITICAL TASKS

The table below enumerates the critical tasks for every aspect of the PDITR Strategy of the government, with special focus on the support needed and risk management.

Strategy	Critical Tasks
Prevention	<p><i>Aggressive Advocacy Campaign</i></p> <ul style="list-style-type: none"> <li>✓ Creation of a comprehensive communication plan</li> <li>✓ Unification or harmonization of messages / different campaigns</li> <li>✓ Localization of advocacy to LGU level</li> <li>✓ Creation of local communications Task Force</li> <li>✓ DILG to promote risk communication campaign in LGUs, standardize process and reinforcement mechanisms</li> <li>✓ Craft messages catering to the needs, issues and concerns of the target audience (community, LGU, health care institutions)</li> <li>✓ Provide communication materials in accessible format to ensure that everyone, including PWDs, are provided with information</li> <li>✓ Maximize the use of text-messaging technology to increase awareness and emphasize vigilance on COVID-19</li> </ul>
	<p><i>Enforcement</i></p> <ul style="list-style-type: none"> <li>✓ Capacity-Building for NGAs, LGUs and private / business sector on compliance to Minimum Public Health Standards and Protocols</li> <li>✓ Ensure adoption of engineering and administrative measures i.e. COVID-proofing of ventilation systems in business establishments, government officer, and public transport</li> <li>✓ Continue implementing paperless transactions even when already physically reporting in the workplace</li> <li>✓ Standardization of sanctions aligned to IATF policy and existing laws</li> <li>✓ Ensure protection, conservation, and rehabilitation of wildlife habitats</li> <li>✓ Intensify surveillance, patrolling and policing, and adoption of innovative technologies to combat illegal wildlife trading and deter other unsustainable environmental practices</li> </ul>
	<p><i>Prevention Education Modules to be included in the School Curriculum</i></p>

<b>Detection</b>	<p><i>Community-based Syndromic Surveillance and Early Recognition of Patient with COVID-19</i></p> <ul style="list-style-type: none"> <li>✓ Screening the community and look for individuals who are presenting with the signs and symptoms of COVID-19. Utilize health workers, BHERTs, BHWs, Telemedicine platforms for this.</li> <li>✓ Routine surveillance of influenza-like illness (ILI) and severe acute respiratory infections (SARI)</li> <li>✓ Closely monitoring any clustering of ILI and SARI cases in the community</li> <li>✓ Establish sentinel sites. Identify a specific and small number of health facilities that are responsible for collecting data on cases enrolled with COVID-19, including global networks surveying for pneumonia, ILI and SARI.</li> </ul>
	<p><i>Contact Tracing</i></p> <ul style="list-style-type: none"> <li>✓ Capacitate all contact tracers (government and private sector).</li> <li>✓ Institutionalize the establishment/organization of contact tracing teams (selection of personnel for a long-term setting) at the government and private sector levels (workplaces).</li> <li>✓ Recalibrate the case to close contact ratio efficiency without prejudice in attaining 1:37 ratio or 100% close contacts traced within 24hrs:</li> <li>✓ 24hrs - 70% / 48hrs - 90% / 72hrs - 100%</li> <li>✓ Accelerate enhancement and roll-out strategy of StaySafe.PH and other digital contact tracing applications.</li> <li>✓ Collaborate with private sector in cascading relevant materials on contact tracing initiatives.</li> <li>✓ Recalibrate the contact tracer to population ratio (1:800) for emerging hotspots.</li> <li>✓ Foster strong linkages/inter-operability amongst NGA, LGUs and the private sector for monitoring and reporting purposes.</li> <li>✓ Improve quality (integrity and accuracy) control mechanisms of the data encoded/reported including synchronization of Standard Data Collection tool (COVID KAYA, CDRS, and others).</li> <li>✓ Refine data analysis mechanisms on contact tracing to ensure sound recommendations and targeted interventions.</li> <li>✓ Strategic deployment of contact tracers (hired by DILG) in re/emerging (hot spot) areas.</li> <li>✓ Assess the capacity of LGUs in Detect (Contact Tracing) Strategy (Operation LISTO Protocols).</li> <li>✓ Intensify strategic/risk communication in the aim to instill positive behavioral changes in contact tracing.</li> <li>✓ Innovate mechanisms to encourage individuals to self- report (For the LGU).</li> <li>✓ Encourage business establishments/offices to set up a COVID19-response team to facilitate contact tracing within the organization</li> <li>✓ Re-assess policy on data confidentiality such that building occupants will be immediately informed when an individual tests COVID+</li> </ul>
	<p><i>Testing</i></p>



	<ul style="list-style-type: none"> <li>✓Primary thrust is the exploration and being aggressive in the pushing for alternative testing technologies and methodologies, to enhance and exponentially expand the current testing capacity (Antigen, Breath Test, Saliva Test, Pooled Testing and others)</li> <li>✓Intensify the decentralization of efforts in alignment with the NTF Directions</li> <li>✓Continuously addressing of bottlenecks like procurement and supply chain management</li> <li>✓Capacitate DOH Centers for Health Development to organize teams/regional laboratory networks, led by regional pathologists with medical technologists, within their respective regions to stand as regional counterpart of the central efforts, similar to the model of Region 7.</li> <li>✓Being aggressive in attending to service delivery needs of the population situated in geographically isolated and disadvantaged areas</li> <li>✓Put in place a national network of pathologists for provision of technical assistance to quality management of organized testing laboratories and regional or local networks.</li> <li>✓Enhance provision of human resources support to testing laboratories</li> <li>✓Monitoring of Antigen Testing/novel technologies shall be reported separately but will follow the format similar to the existing reporting scheme of RT-PCR, and they shall be included in the total cumulative number of tests conducted.</li> </ul>
<b>Isolation</b>	<ul style="list-style-type: none"> <li>✓Ensure availability of adequate number of beds in TTMFs</li> <li>✓Ensure compliance to existing and updated guidelines/isolation protocols (“No Home Quarantine”)</li> <li>✓Continuous support from partners (government and private)</li> <li>✓Expansion of OPLAN KALINGA in the different key Cities and Regions (MMDA-Expanded)</li> <li>✓Ensure adequate PhilHealth coverage to encourage facility-based quarantine</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>✓Creation of the COVID-19 facility network at the local level</li> <li>✓Inventory of available Human Resource for Health (HRH) and critical care facilities per province and per region + through DOH Field implementation and Coordination Team (FICT) - map out possible COVID referral hospitals as apex for the Healthcare Provider Network (HCPN) to activate the referral network at the level of the regions</li> <li>✓Ensure clear and appropriate communication messages to guide people’s health seeking behavior related to seeking care and treatment in health facilities — this is to avoid congesting the tertiary care facilities and avoid overwhelming the HRH in hospitals.</li> <li>✓Establish M&amp;E system on the different level from barangay to national level</li> <li>✓Capacitate the LGUs in data management and analysis of their COVID-19 situation (to encourage timely and appropriate local response); different prevalence rate across the provinces</li> <li>✓Strengthen referral system of the designated COVID-19 Hospital and those which are assigned to be COVID-19 accepting hospitals</li> </ul>

	<ul style="list-style-type: none"> <li>✓ Provide needed PPEs and other supplies and logistics timely and adequately to health facilities and partners</li> <li>✓ Provide capability building for the Healthcare Workers in the Management of COVID Cases in hospitals and workplaces</li> <li>✓ Full operationalization of the whole Supply Chain Information System (hospital and laboratory supplies) from the national down to the local level.</li> </ul>
<b>Reintegration</b>	<ul style="list-style-type: none"> <li>✓ Change mindsets and behavior to addressing stigma and division in the community, workplace, schools</li> <li>✓ Adopt engineering measures in business and workplaces e.g. waiting areas, queuing system, QR codes, cashless transactions, Digital money, Beep Card, RFID, National ID-Debit Card</li> <li>✓ Establish a Mental Health and Psychosocial Support System ensuring the provision of services</li> <li>✓ Include programs on Minimum Public Health Standards and Protocols in Public and Private schools (DEPED and CHED)</li> <li>✓ Ensure compliance of public and private offices and workplaces (Ecozones, factories, BPOs and ports (sea and air, land)) with Minimum Public Health Standards and Protocols</li> <li>✓ Increase ICT Connectivity and Coverage</li> <li>✓ Expand the economic activities outside Metro Manila, fostering regional development</li> <li>✓ Capacitate LGUs in monitoring compliance to minimum health standards of individuals and establishments</li> <li>✓ Ensure availability of safe public transportation</li> <li>✓ Continue and promote the use of electronic/contactless contact tracing forms such as QR codes. For establishments that are unable to use technology-based apps, encourage customers to use their own pen</li> </ul>

## E. ENHANCED STRUCTURE

Following the policy directives from the IATF, under Resolutions 76 and 83, there is a recognition of the need to revise the current organizational structure of the NTF-COVID-19 to allow it to be more responsive to the current needs and realities. Thus major changes were made as follows:

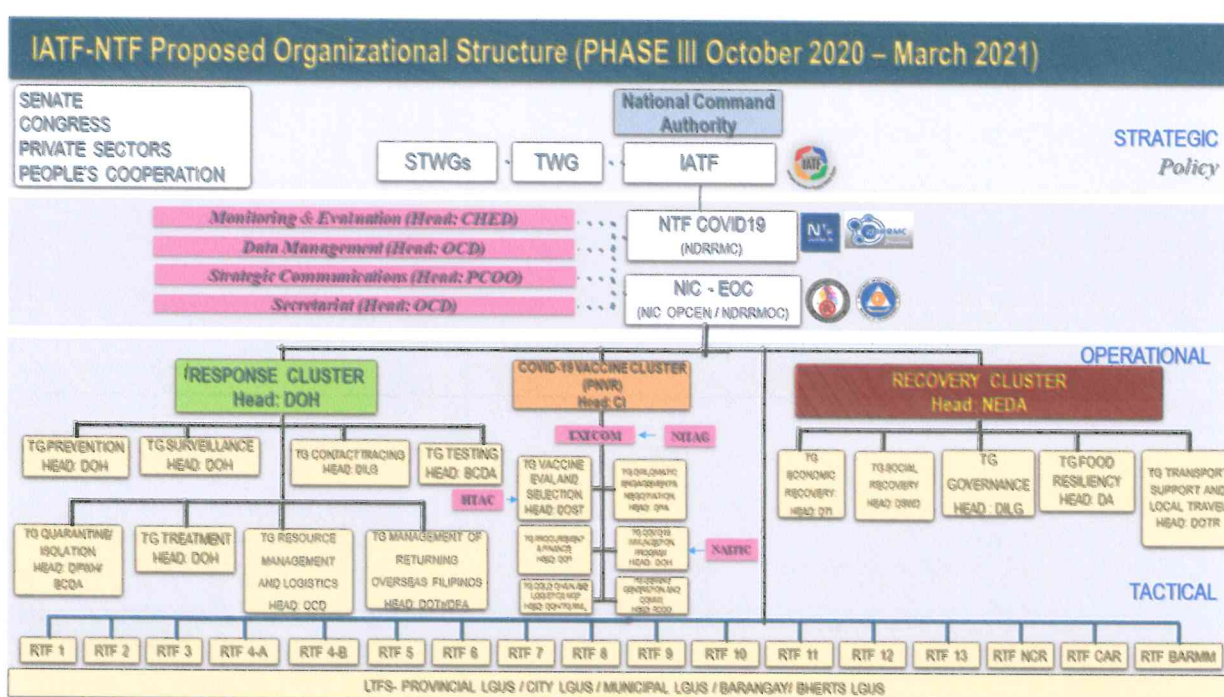
1. There will be three clusters (Response, Recovery, and COVID-19 Vaccine) with corresponding task groups and sub-task groups.
2. The Response Cluster is headed by the DOH, composed of Task groups on Prevention, Surveillance, Contact Tracing, Testing, Treatment, Isolation/Quarantine, Resource Management and Logistics, and Management of Returning Overseas Filipinos.
3. Under the COVID-19 Vaccine Cluster, headed by the Vaccine Czar, there will be Task Groups on Vaccine Evaluation and Selection, Diplomatic Engagement and Negotiation, Procurement and Finance, Vaccine Cold Chain and Logistics Management, COVID-19 Immunization Program,



- and Demand Generation and Communications. The IATF sub-technical working groups on vaccine development and vaccine procurement were subsumed under the vaccine cluster.
- The Recovery Cluster will be headed by NEDA and will have the Task Groups on Economic Recovery, Social Recovery, Governance, Food Resiliency, and Transport Support and Local Travel which was previously the STG on the management of LSIs
  - Private / business sector representatives will be included as members of the Task Groups
  - Strategic communications is raised as a support group to be headed by PCOO and in consideration of the fact that strategic communications provides support across all the different Task Groups. Other support groups will be Monitoring and Evaluation to be headed by CHED, Data Management to be headed by the OCD, DOH, and DICT and the Secretariat to be headed by OCD. The secretariat will now be transitioned to OCD following the NDRRMC structure

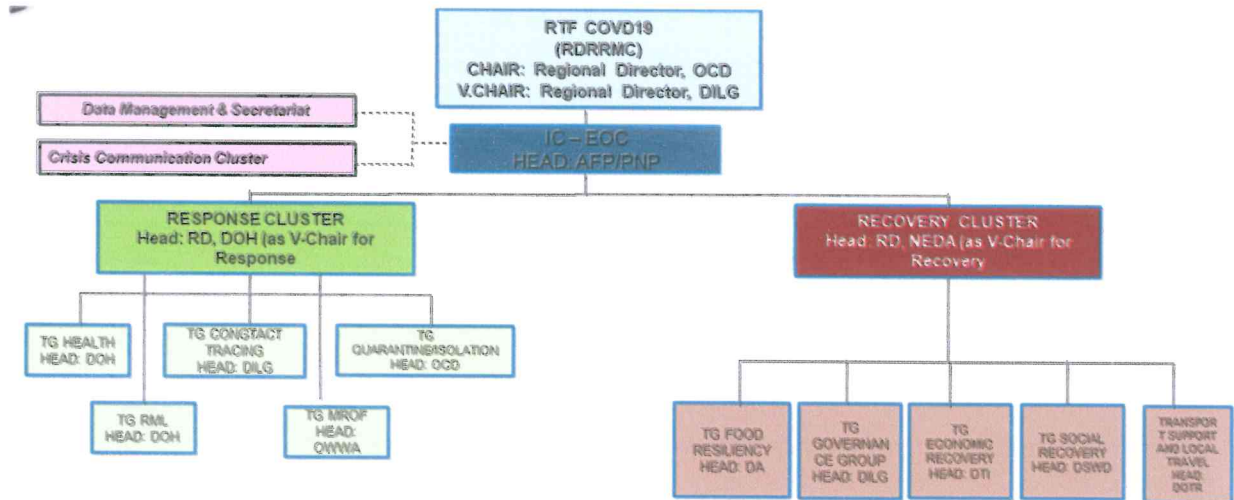
The diagram below presents the current structure of the IATF-NTF-COVID19.

**Figure 12. IATF-NTF-COVID 19 Organizational Structure**

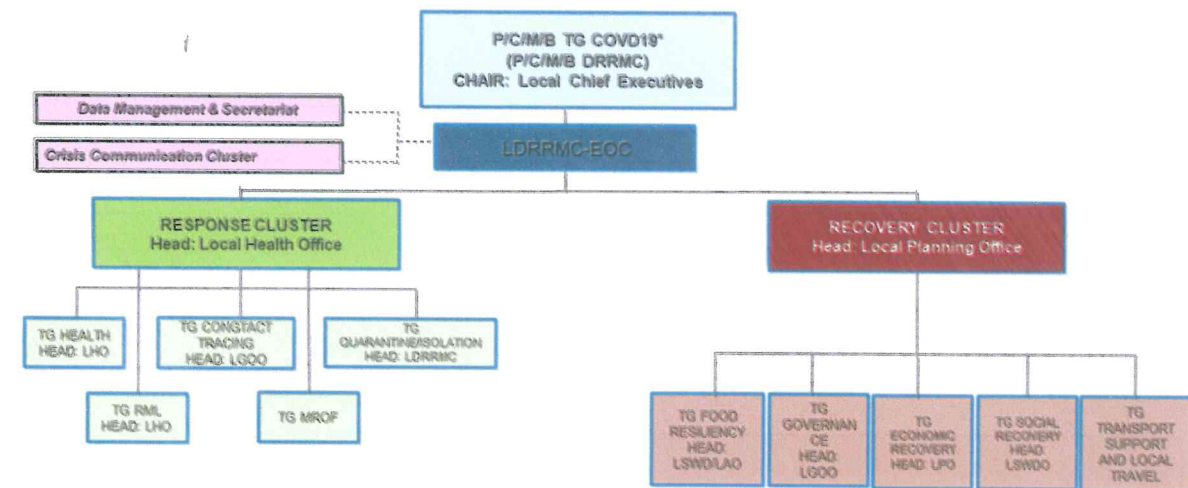


The Regional and Local Task Forces are in the frontlines of the COVID-19 response and are primarily responsible for the localization of the national efforts. They shall also adopt the clustering mechanism in their organizational structure as presented below.

**Figure 13. Regional Task Forces Organizational Structure**



**Figure 14. Local Task Forces Organizational Structure**



\*Province/City/Municipality/Barangay Task Groups



## ANNEX 1: RESPONSE CLUSTER MEMBERSHIP AND ROLES AND RESPONSIBILITIES

TG/STG	Head and Member Agencies <sup>5</sup>	Roles and Responsibilities
<b>TG Prevention</b>	Lead: DOH-HPB Members: PCOO, DILG, LGUs, PIA, PNA, CHED, DEPED, DOLE, DOTr, DTI, AFP, PNP, TESDA, CSOs, Academe	<ul style="list-style-type: none"> <li>● To empower all sectors of the Philippine society to advocate and practice the minimum health standards with strong support from NGAs, LGUs, NGOs, and private sector to prevent and control the spread of COVID-19</li> </ul>
❖ <b>STG Mass Media and Setting-based</b>	Lead: DOH-HPB	<ul style="list-style-type: none"> <li>● Align messages &amp; coordinate across public &amp; private sector</li> <li>● Multiply champions across settings</li> <li>● Positive reinforcement of setting-specific initiatives</li> <li>● Develop and implement an advocacy campaign plan</li> <li>● Create local health advocacy speakers' bureau</li> <li>● Promote risk communication campaign in the LGUs</li> <li>● Develop Educational Modules for MHS and Protocols promotion</li> </ul>
❖ <b>STG Monitoring, Enforcement, Sanction</b>	Lead: DILG	<ul style="list-style-type: none"> <li>● Partner with other NGAs, LGUs, NGOs, private/business sector and the community in promoting minimum health standards</li> <li>● Promote adoption of engineering and administrative measures and technologies by the LGUs, public and private workplaces</li> <li>● Standardize sanctions for noncompliance to minimum health standards aligned to IATF policy and existing laws</li> <li>● Institutionalize the organization of "Bida ang may Disiplina" brigade in the community</li> </ul>
<b>TG Surveillance</b>	Lead: DOH-EB Members: AFP, DILG, PNP	<ul style="list-style-type: none"> <li>● To provide relevant and timely case data to identify priority areas for investigation and response</li> </ul>

<sup>5</sup> Private Sector is included across the different TGs and STGs.

❖ STG Case-based Surveillance	Lead: DOH (EB/CSQAU)	<ul style="list-style-type: none"> <li>● Collect, collate, and analyze data from case-based surveillance systems (i. e. COVID-19, SARI, ILI, and other setting-specific surveillance system as may be identified) and field investigations</li> </ul>
❖ STG Event-based Surveillance	Lead: DOH (EB/CSQAU)	<ul style="list-style-type: none"> <li>● Collect reports of COVID-19 and related health events (i.e. SARI/ ILI cases and deaths) for purpose of early warning and further investigation</li> </ul>
❖ STG Surveillance Functionality and Compliance Monitoring	Lead: DOH (EB/CSQAU)	<ul style="list-style-type: none"> <li>● Set standards/ indicators/ criteria for surveillance functionality, data quality, and compliance monitoring</li> <li>● Monitor identified achievement and/ or compliance to set standards/ indicators/ criteria</li> <li>● Report to identified/ designated agency non-compliant disease reporting units and agencies for appropriate actions</li> </ul>
<b>TG Contact Tracing</b>	Lead: DILG Members: DOH, DICT, LGUs, PNP, AFP, DILG-LGA, TESDA, HPAAC, T3	<ul style="list-style-type: none"> <li>● To trace close contact of COVID-19 cases and implement appropriate interventions</li> </ul>
❖ STG Group Organization	Lead: DILG	<ul style="list-style-type: none"> <li>● Institutionalize the organization of contact tracing teams at the local government and private sectors</li> <li>● Facilitate recruitment of encoders for data encoding and management</li> <li>● Strengthen the linkages and interoperability amongst NGAs, LGUs and private sectors</li> </ul>
❖ STG Capacity Building	Lead: DILG	<ul style="list-style-type: none"> <li>● Capacitate all contact tracers in both local government and private sectors</li> <li>● Roll-out standard Contact Tracing Training Manual</li> <li>● Assess the capacity of LGUs on the Detect Strategy and performance on Contact Tracing</li> </ul>



❖ <b>STG Aggressive Contact Tracing</b>	Lead: DILG	<ul style="list-style-type: none"> <li>● Strategically deploy contact tracers in re/emerging areas</li> <li>● Enhance and roll-out StaySafe.PH and other digital contact tracing applications</li> <li>● Harmonize and analyze contact tracing data</li> </ul>
<b>TG Testing</b>	Lead: BCDA Members: DOH, RITM, MMDA, AFP, BFP, HTAC, PCG, PhilHealth, PNP, HPAAC, T3	<ul style="list-style-type: none"> <li>● To hasten the identification of COVID-19 positive and determine the extent or magnitude of the infection</li> </ul>
❖ <b>STG Licensing</b>	Lead: DOH	<ul style="list-style-type: none"> <li>● Intensify decentralization efforts on testing capacity development and regionalization of COVID-19 Laboratory Inspection efforts</li> <li>● Establish the national network of pathologists for quality management of organized testing laboratories and regional or local networks</li> <li>● Organize additional assessment and licensing teams</li> </ul>
❖ <b>STG Testing Supplies</b>	Lead: DOH-PHST-A	<ul style="list-style-type: none"> <li>● Ensure timely procurement of adequate testing supplies</li> <li>Develop &amp; implement a system of efficient inventory, allocation, distribution and replenishment of testing supplies</li> <li>● Ensure availability of PPEs and other supplies for swabbers and laboratory staff</li> </ul>
❖ <b>STG Aggressive Community Testing</b>	Lead: BCDA	<ul style="list-style-type: none"> <li>● Conduct aggressive community testing in COVID-19 re/emerging areas</li> <li>● Assert provision of service delivery needs in geographically isolated and disadvantaged areas</li> <li>● Explore and assert application for alternative testing technologies and methodologies</li> </ul>

		<ul style="list-style-type: none"> <li>● Harmonize and analyze testing data</li> </ul>
<b>TG Treatment</b>  <ul style="list-style-type: none"> <li>❖ STG One Hospital Command System</li> <li>❖ STG Health Systems Capacity</li> </ul>	<p>Lead: DOH-OCS/FICT Members: PhilHealth, AFP, BFP, DILG, MMDA, LGUs, PCG, PNP, HPAAC</p> <p>Head: OCS</p> <p>Lead: FICT</p>	<ul style="list-style-type: none"> <li>● To operationalize an efficient referral system through OHC</li> <li>● To strengthen health system capacity</li> <li>● Establish a localized OHC System (region, province or city)</li> <li>● Strengthen inter-operability on OPLAN KALINGA and Aggressive Community Testing</li> <li>● Improve communication and transportation network for faster referral</li> <li>● Ensure timely updating of Data Collect App reports</li> <li>● Ensure compliance to Bayanihan Act II on allocation of COVID-19 dedicated beds</li> <li>● Ensure availability of adequate logistics and human resources in health facilities especially in critical care units</li> <li>● Improve capacities of health care workers on basic, specialized and critical care</li> <li>● Upgrade/ expand capacities of existing health facilities</li> </ul>
<b>TG Quarantine/Isolation</b>  <ul style="list-style-type: none"> <li>❖ STG Construction</li> </ul>	<p>Lead: DPWH/BCDA Members: MMDA, DOT, OCD, DOH, BOQ, DILG, AFP, BFP, DSWD, OWWA, PhilHealth, PNP</p> <p>Lead: DPWH</p>	<ul style="list-style-type: none"> <li>● To ensure availability of certified quarantine/ isolation facilities in all LGUs</li> <li>● To prevent the spread of the infection through timely quarantine or isolation and provide proper management in the appropriate facilities</li> <li>● Facilitate standardization of quarantine/ isolation facilities in all LGUs</li> <li>● Expedite the completion of construction of quarantine/</li> </ul>



❖ STG Facility Management	Lead: BCDA	<p>isolation facilities in targeted priority areas</p> <ul style="list-style-type: none"> <li>● Rehabilitate and repair damaged quarantine/ isolation facilities</li> <li>● Ensure compliance to DOH requirements for certification and PhilHealth accreditation</li> <li>● Expand OPLAN KALINGA in targeted priority areas</li> <li>● Strengthen referral system within the healthcare provider network</li> <li>● Monitor adherence of QFs to infection and prevention control measures</li> <li>● Provide utilization updates of QFs to the Response Cluster</li> </ul>
<b>MROF</b>	Lead: DOTr/DFA Members: DFA, DND, DILG, DOH, BOQ, OWWA, POEA, DOLE, AFP, CAAP, CFO, DOJ-BI, DOT, DSWD, MARINA, MIAA, PCG, PNP, OTS, OCD, TESDA, PITX	<ul style="list-style-type: none"> <li>● To facilitate the arrival of ROFs until their return to their respective homes and provide to them medical, mental health and psychosocial interventions</li> </ul>
❖ STG Country of Origin	Lead: DFA	<ul style="list-style-type: none"> <li>● Assist the ROFs in the country of origin and at the destination points in the country</li> <li>● Provide information and flight details of the ROFs</li> </ul>
❖ STG Arrival (One Stop Shop)	Lead: DOH-BOQ	<ul style="list-style-type: none"> <li>● Facilitate the arrival of the ROFs through the One Stop Shop (OSS)</li> <li>● Ensure seamless provision of services available at the OSS</li> </ul>
❖ STG Quarantine	Lead: DOLE-OWWA	<ul style="list-style-type: none"> <li>● Facilitate transportation and accommodations of ROFs to their designated quarantine facilities</li> <li>● Cater to the medical and social needs of the ROFs</li> <li>● Ensure strict implementation of health protocols</li> </ul>

❖ STG Departure/”Hatid Probinsiya”	<p>Lead: DND</p> <p>Members: DOH (BIHC, DPCB, HEMB, CSQAU), DOTr, DOT, PNP, AFP, DILG, DOLE, OWWA, POEA</p>	<ul style="list-style-type: none"> <li>● Facilitate transportation of ROFs from hotels/quarantine facilities to their designated departure areas (airports, seaports and bus terminals)</li> <li>● Coordinate with concerned Task Groups, agencies and stakeholders to facilitate safe return of ROFs to their cities/ provinces</li> <li>● Ensure strict implementation of health protocols during travel</li> </ul>
<b>RML</b>	<p>Lead: OCD</p> <p>Members: DOH, DBM, DOTr-OTS, DTI, AFP, DFA, DSWD</p>	<ul style="list-style-type: none"> <li>● To ensure an effective and efficient Resource Management &amp; Logistics System to adequately respond to the needs of COVID-19 operations.</li> </ul>
❖ STG Resource Management	Lead: DOH-PSCMT	<ul style="list-style-type: none"> <li>● Ensure timely procurement of logistical requirements</li> <li>● Facilitate local and foreign cash/ in-kind donations</li> <li>● Conduct and explore procurement of resources</li> <li>● Engage local manufacturers, distributors, and health care networks</li> </ul>
❖ STG Logistics	Lead: OCD	<ul style="list-style-type: none"> <li>● Ensure availability of transport for resources in the community and hospitals</li> <li>● Observe an efficient supply chain management and warehousing of logistics</li> <li>● Conduct regular inventory of logistics</li> </ul>



## ANNEX 2: VACCINE CLUSTER MEMBERSHIP AND ROLES AND RESPONSIBILITIES

TG/STG	Head and Members	Roles and Responsibilities
Vaccine Cluster	COVID-19 Czar: NTF COVID-19 Chief Implementer	<ul style="list-style-type: none"> <li>● <b>Stewardship.</b> Coordinate across various agencies, actors, and technical working groups on behalf of DOH, with authorized signatories across all levels of transactions</li> <li>● <b>Safety &amp; Efficacy.</b> Facilitate early issuance of CPR with FDA</li> <li>● <b>Cost-effectiveness.</b> Facilitate timely conduct of HTA Assessment, if still necessary</li> <li>● <b>Price Negotiation.</b> Activate price negotiation board subject to HTA's cost-effective price</li> <li>● <b>Prioritization.</b> Facilitate consensus on prioritization of vaccine recipients</li> <li>● <b>Delivery System.</b> Facilitate decision on whether to use private system, develop protocol on accessing vaccines + registration with primary care providers with HCPNs, practice guidelines</li> <li>● <b>Surveillance.</b> Set-up AEFI system</li> <li>● <b>Financing &amp; Co-Payments.</b> Coordinate with DBM and legislators, as may be necessary on budget and co-payment ceilings</li> <li>● <b>Procurement.</b> Facilitate procurement through various mechanisms allowed under existing laws, rules, and regulations through bilateral, multilateral and other financial modalities (e.g. COVAX Facility, etc.)</li> <li>● <b>Supply Chain and Logistics Management.</b> Enter into an agreement with third party warehouse and logistics provider as necessary</li> <li>● <b>Information Systems.</b> Establish the IT infrastructure to capture supply chain information as well as to capture system for the</li> </ul>

		<p>distribution of COVID-19 vaccine</p> <ul style="list-style-type: none"> <li>● <b>Risk Communication &amp; Community Engagement.</b> Oversee vaccine risk communication and social preparation, and act as spokesperson for vaccine matters</li> </ul>
<b>TG Vaccine Evaluation and Selection</b>	<p>Lead: DOST Members: DOH, FDA, RITM, DTI, NDC, Vaccine experts</p>	<ul style="list-style-type: none"> <li>● Provide oversight on the evaluation of applications and conduct of COVID-19 vaccine clinical trials in the country;</li> <li>● Evaluate results of COVID-19 vaccine clinical trials as part of the inputs on the criteria for COVID-19 Vaccine selection</li> <li>● Develop criteria and provide recommendations for the evaluation and selection of COVID-19 vaccines that will be considered for procurement</li> <li>● Continue engagement with bilateral partners for clinical trials interested in pursuing local manufacturing and technology transfer</li> </ul>
<b>TG Diplomatic Engagement and Negotiations</b>	<p>Lead: DFA Members: DOF, DOH, DOST, OP</p>	<ul style="list-style-type: none"> <li>● Initiate diplomatic engagements with other governments, international bodies (UN, WHO), international NGOs (Gates Foundation, Global Fund), international financial institutions (WB, ADB), and international cooperation agencies (EU, JOCA, USAID, AECID)</li> <li>● Provide feedback and updates to the other respective TGs pertaining to vaccine development in the global market.</li> <li>● Coordinate and collaborate with TG Procurement and Finance in identifying viable global market vaccine manufacturers and entities.</li> <li>● Negotiate agreements for the provision of technical and financial assistance</li> </ul>
<b>TG Procurement and Finance</b>	<p>Lead: DOF Members: DOH, DBM</p>	<ul style="list-style-type: none"> <li>● Facilitate procurement through various mechanisms allowed</li> </ul>



		<p>under existing laws, rules, and regulations through bilateral, multilateral and other financial modalities (e.g. COVAX Facility, etc.)</p> <ul style="list-style-type: none"> <li>• Activate price negotiation board subject to HTA's cost-effective price</li> <li>• Coordinate with DBM and legislators, as may be necessary on budget and co-payment ceilings</li> <li>• Explore local vaccine production and supply</li> </ul>
<b>TG Cold Chain and Logistics Management</b>	<p>Lead: DOH/TGRML Members: DBM, DILG (PNP), DND (AFP, OCD), DICT, DoTr, RITM, FDA, and DTI</p>	<ul style="list-style-type: none"> <li>• Map the potential port(s) of entry, points of storage (stores), and fallback facilities in the country with their respective cold chain and transportation/distribution capacity for vaccines, and ancillary products and assess dry storage and cold chain capacity at all levels</li> <li>• Facilitate acceptance and inventory of vaccines and logistics</li> <li>• Facilitate and ensure storage, distribution and delivery of vaccines and logistics to target areas</li> <li>• Monitor cold chain practices and ensure that vaccines are handled and disposed correctly and properly</li> <li>• Define basic functions and responsibilities of the logistics manager.</li> <li>• Determine basic data for the logistics plan and supply chain.</li> <li>• Describe the characteristics of the different vaccines and syringes required.</li> <li>• Review the inventory of storage capacity for the cold chain at all management levels</li> <li>• Determine cold chain requirements, gaps, and challenges.</li> <li>• Expand, as needed, the cold chain (equipment and supplies) to</li> </ul>

		<p>guarantee capacity to include vaccine at all management levels.</p> <ul style="list-style-type: none"> <li>• Update contingency plans for vaccine storage.</li> <li>• Develop a distribution plan down to the local level; adapt needs of vaccines, syringes, and safety boxes to planning of stages or phases according to vaccine availability.</li> <li>• Schedule transportation of vaccines and other supplies at all levels.</li> <li>• Implement monitoring systems for vaccine distribution and conduct inventories using logistics information software integrated into existing systems and technology development (barcodes, electronic tracking, etc.).</li> <li>• Define indicators to evaluate the supply chain from the international up to the service delivery points</li> </ul>
<p><b>TG Immunization Program</b></p> <p>❖ STG Planning, Policy &amp; Technical Support</p> <p>❖ STG Program Implementation</p> <p>❖ STG Registry, Data management &amp; M&amp;E</p>	<p>Lead: DOH Members: DILG, DND, OCPLC, BuCor, DSWD, DILG, DepEd, AFP, PNP, BJMP, DOLE-OSH</p> <p>Lead: DOH Member: DOJ, DILG</p> <p>Lead: DOH Members: DILG (BFP, PNP, BJMP), DSWD, DepEd, DND (AFP), DOJ (BuCor), DOTr (PCG)</p> <p>Lead: DOH Member: DICT</p> <p>Lead: FDA</p>	<ul style="list-style-type: none"> <li>• Plan and craft policies, guidelines and standard operating procedures related to the COVID-19 vaccine deployment and program implementation.</li> <li>• Estimate potential numbers of target populations that will be prioritized for access to vaccines stratified by target group and geographic location</li> <li>• Identify potential COVID-19 vaccine delivery strategies</li> <li>• Create a data information system for all vaccine recipients</li> <li>• Provide capacity building and trainings to implementers</li> <li>• Develop or adapt existing and implement AEFI/Post-marketing surveillance and monitoring framework</li> <li>• Ensure or craft guidelines, procedures and tools for planning and conducting vaccine pharmacovigilance activities</li> </ul>



❖ STG Safety Surveillance & Response	Member: DOH, DILG	
<b>TG Demand Generation &amp; Communications</b>	Lead: PCOO-PIA Members: DOH, NTC, PCOO-PIA, DILG	<ul style="list-style-type: none"> <li>● Design a demand and risk communication plan</li> <li>● Implement social mobilization and community engagement activities</li> <li>● Ensure social preparation of target population groups and geographical areas prior to vaccination</li> </ul>
<b>National Immunization Technical Advisory Group (NITAG)</b>		<ul style="list-style-type: none"> <li>● Review the latest position papers, studies, international guidelines and recommendations from internationally acknowledged resources (i.e., World Health Organization/WHO, Strategic Advisory Group of Experts for Immunization/SAGE) for possible adoption in the country policies and plans for the National Immunization Programme.</li> <li>● Conduct existing policy analysis, review of the program data and evidence in order to provide evidence-based technical advice and recommendations for the development of appropriate and sustainable immunization policies, guidelines, strategies and approaches related to immunization program.</li> <li>● Advise the DOH in the formulation of policies, plans and strategies for research and development of existing and new vaccines and the vaccine delivery technology.</li> </ul>
<b>National Adverse Events Following Immunization Committee (NAEFIC)</b>		<ul style="list-style-type: none"> <li>● Review all reported serious and cluster of AEFI cases presented for expert opinion and provide a final causality assessment of the AEFI cases as well as the cases that were not classified by the Regional AEFI Committee.</li> <li>● Ensure evidence-based causality assessment by recommending further investigation and data collection as needed.</li> </ul>

		<ul style="list-style-type: none"> <li>● Make final decisions on causality assessment of inconclusive investigations.</li> <li>● Ensure standard protocols for AEFI surveillance and investigation are correctly followed.</li> <li>● Engage with other national and international experts when requirements arise in establishing causality and vaccine quality issues.</li> <li>● Provide recommendations to the National Immunization Program, EB and National Cold Chain Manager on improving immunization service delivery, compliance with injection safety and effective vaccine management based on lessons from the AEFI cases.</li> <li>● Serve as technical advisory group on vaccine and immunization safety-related issues of highest consideration such as immediate recall of vaccine from the market or temporary/permanent withdrawal of a vaccine from the immunization program.</li> <li>● Serve as resource person in other AEFI related meetings, conferences or capacity building activities as requested.</li> </ul>
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### ANNEX 3: RECOVERY CLUSTER MEMBERSHIP AND ROLES AND RESPONSIBILITIES



TG/STG	Head and Member Agencies	Roles and Responsibilities
	Lead: NEDA	<ul style="list-style-type: none"> <li>● Restart social and economic activities, while engaging all of society in preventing the spread and mitigating the ill-effects of COVID-19</li> <li>● Support to response operations in reduction of morbidity and mortality rates due to COVID-19 and non-COVID 19</li> <li>● Facilitate and enabling environment to restart social economic activities</li> <li>● Ensure business and service continuity</li> </ul>
<b>TG Economic Recovery</b>	Lead: DTI Members: DA, DICT, DILG, DepEd, DOST, DENR, DOLE, DPWH, DOT, DOTr, SSS, CHED, TESDA, Pag-IBIG, NEDA	<ul style="list-style-type: none"> <li>● Engage the business sector and the workforce in the fight against COVID-19</li> <li>● Ensure COVID-proofing of businesses and their active involvement in P-D-I-R Strategy</li> <li>● Ensure ecological integrity</li> <li>● Reduce economic losses and expand economic opportunities amid the pandemic</li> </ul>
<b>TG Social Recovery</b>	Lead: DSWD Members: DOH, DA, DILG, DOLE, DICT, DepEd, NNC, ECCDC, PHIC, TESDA, PNP, AFP, NEDA, PCW	<ul style="list-style-type: none"> <li>● Improve the capability of Filipinos-individuals, families, communities- to thrive under the “new normal”</li> <li>● Ensure compliance to MHS</li> <li>● Ensure provision of universal and transformative social protection</li> <li>● Ensure active involvement in prevent, detect and isolate protocols</li> </ul>
<b>TG Governance</b>	Lead: DILG Members: DOH, DBM, DILG, DICT, DTI, DOTr, DPWH, PCAF, BJMP, CWC, BFP, OCD, NCMF, NYC, PCW, PNP, CSC, PPSC, POPCOM, NCDA, ARTA, NCIP, LGA, PNVSCA, PSA, Leagues (LPP,	<ul style="list-style-type: none"> <li>● Ensure people- centered, clean, technology-enabled and responsive governance in addressing COVID-19 and restarting social and economic activities</li> <li>● Upscale Transparency and Accountability through use</li> </ul>

<p>❖ STG CSO Partnerships</p>	<p>LnB, LCP, LMP), PCOO, GPPB, NTC, ULAP, NEDA</p> <p>Lead: PNVSCA Co-Lead: PCW Members: BJMP, CSC, CWC, DA-PCAF, DBM, DILG, DTI, NCDA, NCIP, NCMF, NYC, PCOO, PNP, POPCOM, ULAP, League of Cities in the Philippines and League of Municipalities in the Philippines</p>	<p>of technology-enabled platforms</p> <ul style="list-style-type: none"> <li>● Harness Inclusive and shared public service values through CSO partnerships and citizen's engagement</li> <li>● Ensure continuity and efficiency in the delivery of public service</li> <li>● Synergize volunteerism of various sectors for the continued provision of public services during health emergencies and calamities</li> <li>● Forge multi-stakeholder partnerships for awareness raising and information dissemination on health emergencies, calamities, and government response</li> <li>● Establish protected spaces for open dialogues and accessible feedback mechanisms between government and stakeholders</li> <li>● Implement whole-of-government and whole-of-society values formation program</li> <li>● Formulate, implement, and maintain Public Service Continuity Plans for NGAs and LGUs</li> <li>● Conduct capacity building for alternative work arrangement in the public sector</li> <li>● Formulate LGU planning guide for local recovery and rehabilitation</li> <li>● Enhance implementation of DRRM plan in responding to natural and manmade hazards and health emergencies</li> </ul>
<p>❖ STG Public Service Continuity</p>	<p>Lead: CSC Co-Lead: OCD Members: ARTA, BFP, COA, DBM, DICT, DILG, DOH, DOTr, DPWH, LGA, NEDA, PNP, POPCOM, PPSC, PSA, ULAP, Leagues (LCP, LMP)</p>	



❖ STG E-Governance	Lead: DICT Co-Lead: ARTA Members: COA, DBM, DILG, DTI, GPPB, NAPOLCOM, NEDA, NTC, PCOO, PNP, ULAP	<ul style="list-style-type: none"> <li>● Formulate/update BDRRM plans and barangay development plans to include public health emergencies</li> <li>● Fast-track the implementation of the Philippine Identification System</li> <li>● Facilitate digital or electronic transactions and cashless payments in government</li> <li>● Issue Regulatory Impact Assessment Manual</li> <li>● Improve status and supply of human resources for health</li> <li>● Expedite implementation of the Ease of Doing Business and Efficient Government Service Delivery Act</li> <li>● Expedite implementation of digital connectivity and access</li> <li>● Integration of IT-enabled portals for monitoring LGU compliance to national directives and NGA issuance</li> <li>● Expand and implement client feedback mechanism</li> <li>● Develop the PBRIS and ARTEMIS</li> <li>● Establish protocol and provide platform and for transparent reporting and management of information</li> </ul>
<b>TG Transport Support and Local Travel</b>	Lead: DOTr Members: DILG, DOT, MMDA, PNP, DICT, NEDA, MARINA, CAAP, LTFRB, LTO, CAAP, Office of Transport Cooperatives	<ul style="list-style-type: none"> <li>● Ensure safe and sufficient transportation of the general public</li> <li>● To provide safe mobility options for the public and essential support to transport operations</li> </ul>
<b>TG Food Resiliency</b>	Lead: DA Members: DTI, DSWD, DILG, DBM, DepEd, DOST, CabSec, NSC, DAR, DENR, DOE,	<ul style="list-style-type: none"> <li>● Ensure access to affordable and nutritious food during emergency</li> </ul>

	TESDA, NWRB, MWSS, CDA, CHED, NFA, NIA, NEDA	<ul style="list-style-type: none"> <li>● Guarantee national food accessibility and mobility</li> <li>● Guarantee food productivity and availability</li> <li>● Ensure food price stability</li> <li>● Provide assistance to agricultural sector</li> <li>● Provide support to food chain value</li> <li>● Ensure sustainable social amelioration</li> </ul>
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