Highlights

- 62 new cases tested positive for COVID-19 since 16 March 2020.
- Out of the total of 202 confirmed cases, 19% are imported from outside of the Philippines, 14% are categorised as localized transmission, and the remaining cases are unknown or still under investigation. WHO is supporting the Department of Health (DOH) in investigating all newly confirmed cases and contacts.
- First 2 cases reported in the Bangsamora Autonomous Region in Muslim Mindanao (BARMM): one with recent travel history to Malaysia.
- Luzon-wide community quarantine in place until 13 April 2020 as per Joint Resolution #13 of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF), including additional measures such as hotel closures. An earlier restriction on departing international passengers was revoked, with all passengers with valid tickets allowed to leave during the entire quarantine period.
- Besides the DOH Emergency Operation Centre (EOC), a dedicated COVID-19 EOC will be made operational at the National Disaster Risk Reduction Management Council (NDRRMC). All response clusters have now been activated.
- Community quarantine measures are aimed at decreasing stress on health facilities through minimizing risk of infection, potentially resulting in lower morbidity and mortality.
- Research Institute for Tropical Medicine (RITM) stepped up its testing capacity from 300 to 450 tests per day. As of 19 March, 4 sub national laboratories (Cebu, Davao, Baguio and Manila) will also be able to test for COVID-19, soon to be followed by the University of the Philippines National Institute for Health (UP-NIH). Additional 6 private laboratories are yet to be assessed.
- Third round of the supplementary polio vaccination campaign in Mindanao suspended due to COVID-19 restrictions. Routine immunization services continue at all health centres.
- Global shortages of urgently needed supplies seriously impeding ongoing procurements.
- A draft costed response plan to feed into the government’s efforts was shared with partners.
Current Situation

Between 16 and 18 March, 62 new cases of COVID-19 were confirmed in the Philippines, totalling 202 confirmed cases, including 17 deaths.

Out of the 17 deaths, 80% are male, and the majority are 60 years and older, ranging between 39 and 88 years of age with a median age of 66. 93% of deaths had either one or several known co-morbidities including diabetes, chronic kidney disease, and hypertension.

76% of all cases are located inside Metro Manila. Active contact tracing and case investigation is ongoing, looking for clustering of cases.

Among the 202 confirmed cases, 129 are male (64%) and 73 are female (36%). The most affected age groups are 51-60 and 61-70 years (both at 19%) followed by 41-50 years (18%).

Gender distribution of confirmed COVID-19 cases in the Philippines in %
18 January-18 March 2020 (N=202)

Country readiness and response operations

Country-level coordination

A draft Humanitarian Country Team (HCT) Response Plan for COVID-19 was shared for inputs with partners. A final version will be shared with the government to ensure alignment with partners’ commitments.

COVID-19-related restrictions are hindering many NGO partners in ongoing operations to provide support to displaced populations affected by recent disasters. WHO is advocating with DOH for supporting partners’ exemption requests for increased access.

The BARMM Ministry of Health (MOH) is in the process of developing its own contingency plan, while hospital readiness assessment is ongoing remotely, with support from humanitarian partners including UNICEF, UNFPA, WHO and the World Bank. MOH BARMM has activated an EOC and is using daily reports.

Besides the DOH EOC, a dedicated COVID-19 EOC will be operational at the NDRRMC. All government-led response clusters have now been activated.

OCHA is supporting WHO in mapping all ongoing partner interventions, including risk communication, community engagement, hygiene promotion, and provision of supplies, training and equipment, to be shared broadly soon.

All relevant guidelines, issuances, and documents from key government departments on actions taken so far are available online at bit.ly/COVIDPH.
**Risk communication and community engagement**


**Surveillance**

WHO is supporting DOH with intensified surveillance to actively look for clusters of cases of COVID-19, aimed at improved coordination with Epidemiological Surveillance Units (ESU) at municipal, city, provincial and regional level, while continuously conduct Event-based (or rumour-based) investigations, in close collaboration with LGUs.

DOH will also initiate enhanced surveillance of Influenza Like Illness and Severe Acute Respiratory Illness to actively find suspected COVID-19 cases.

**National laboratory system**

Thanks to additional supplies received from WHO, RITM was able to increase its daily testing capacity from 300 to 450 tests.

As of 19 March, the 4 sub national laboratories of Baguio General Hospital and Medical Centre, San Lazaro Hospital in Manila, and the Southern Philippines Medical Centre in Davao and Vicente Sotto Memorial Medical Centre in Cebu will be operational, soon to be followed by the UP-NIH laboratory. WHO is supporting RITM with the assessment of an additional 6 private laboratories for COVID-19 testing.

Global shortage of key supplies is resulting in serious delays with delivery of reagents, primers, probes, extraction kits and transport media. WHO and the Asian Development Bank (ADB) are supporting DOH with the sourcing of urgently required laboratory supplies.

**No rapid testing kit has so far been certified by WHO or the DOH’s Food and Drug Administration (FDA) for use in the country. Validation processes are ongoing by WHO at global level and by FDA at national level.**
**Infection prevention and control**

With the current quarantine ongoing, partners are organizing online training on IPC and rational use of PPE for public and private hospital focal points, as well as for community health workers, with the support from USAID’s Medicines, Technologies, and Pharmaceutical Services (MTaPs), UNICEF and WHO.

The first ever virtual WASH cluster meeting was conducted on 17 March to discuss partners’ COVID-19 response activities as well as the formal activation of the WASH cluster.

**Case management and continuity of essential services**

WHO is looking into how to best support DOH with ensuring the continuation of essential health care services, including TB, HIV, mother and child health care, non-communicable diseases, nutrition, and routine immunization through use-friendly and practical guidance.

DOH issued several guidelines facilitating electronic prescription for (dangerous) drugs.

Besides the DOH hotline, LGUs have set up their own hotlines, facilitating transport to municipal hospitals for assessment. LGUs are reportedly in the process of identifying adequate space for treatment of mild cases, such as multi-purpose halls and evacuation centres. LGUs are also looking into subsidizing families in need of financial assistance.

DOH is identifying one large hospital in NCR to be dedicated for severe and critical COVID-19 cases, to reduce the burden on other health facilities currently at risk of being overwhelmed.

**WHO has made a large number of COVID-19 online training available for free at:** [https://openwho.org/channels/covid-19](https://openwho.org/channels/covid-19)

**Logistics, procurement, and supply management**

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRC</td>
<td>Medical tents for isolation and treatment</td>
<td>30 days in country</td>
</tr>
<tr>
<td>Face masks</td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>PPE</td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td>UNFPA</td>
<td>Medical supplies, masks, alcohol, food</td>
<td>6 Manila district hospitals</td>
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<tr>
<td>Face masks</td>
<td>100,000</td>
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</tr>
<tr>
<td>Handheld thermometers</td>
<td>600 units</td>
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<tr>
<td>PPE</td>
<td>± 60,000 USD</td>
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<tr>
<td>UNICEF</td>
<td>Tents for triage and isolation purposes</td>
<td>For frontline health workers</td>
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<tr>
<td>Disinfection kits</td>
<td>44</td>
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<td>USAID</td>
<td>PPE</td>
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</tr>
<tr>
<td>WHO</td>
<td>PPE</td>
<td>12,000</td>
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</tbody>
</table>

**Laboratory supplies**

- E-gene EAV kits: 45
- RdRP-gene kits: 70
- N gene/E gene/RdRP-gene vials: 12

**Universal Transport Media**

- UTM Viral transport kit: 300
- Flexible Mini Tip: 1000
- Regular Flocked Swab: 1000

**Extraction kits**

- QIAgen QIamp Viral RNA Mini Kit: 18
- SuperScript III Platinum One-step qRT-PCR: 20

**World Vision**

- Mobile Storage Unit 10 x 32m: 4
- Tents (child-friendly space) 7 x 6m: 17

18 March 2020
Resource mobilization

<table>
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<tr>
<th></th>
<th>Committed in USD*</th>
<th>Details</th>
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<tr>
<td>ADB</td>
<td>3,000,000</td>
<td>Support to DOH for COVID-19 control, including procurement of essential items such as laboratory supplies and equipment, ventilators, PPE, mobile hospitals</td>
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<tr>
<td>UNICEF</td>
<td>1,100,000</td>
<td>Risk Communications and Community Engagement; critical supplies and logistics, including PPE and disinfection supplies; addressing primary impacts of the pandemic on health, nutrition and WASH; and secondary impacts on children and families</td>
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<tr>
<td>USAID</td>
<td>2,700,000</td>
<td>Laboratory supplies, risk communication, IPC, surveillance, planning, training, WASH and community engagement</td>
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<tr>
<td>WHO</td>
<td>250,000</td>
<td>Laboratory supplies, PPEs, mobilization of experts, training of trainers and planning workshops</td>
</tr>
</tbody>
</table>

* Up to 18 March 2020

**Mental Health Considerations during COVID-19 Outbreak**

- The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried.
  - Health workers
  - Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.
  - Learn simple daily physical exercises you can perform at home. This will help to keep you active and reduce boredom, in case you need to stay at home.

- Minimize watching, reading or listening to news that cause you to feel anxious or distressed.
  - Health workers
  - Some may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation for more difficult.
  - Protect yourself and be supportive to others. For example, check-in by phone on neighbors or people in your community who may need some extra assistance.

- Seek information only from trusted sources and mainly to take practical steps to prepare your plans and protect yourself and loved ones.
  - Health workers
  - Feeling under pressure is a likely experience for you and many of your health worker colleagues.
  - COVID-19 has and is likely to affect people from many countries. Do not attach it to any ethnicity or nationality.

- Honor careakers and healthcare workers supporting people affected with COVID-19 in your community.
  - Be empathetic to all those who are affected, in and from any country - they deserve our support, compassion and kindness.