

“Kaya Pala! (It can be done!): How Taiwan  
Contained the Twin Pandemic of COVID-19 and Disinformation Talk  
Congresswoman Stella Quimbo

Good morning.

As a health economist and in response to Minister Tang’s talk, I will talk about what I consider information failures in the context of the pandemic.

For context: Compared to our ASEAN neighbors, the Philippines isn’t doing too well in the fight against COVID. Until Malaysia, Indonesia and Myanmar overtook us last month, the Philippines was consistently in the top 2 in terms of number of active cases per population in ASEAN. We also continue to have the highest number of COVID deaths per population in the ASEAN region.

While waiting for the vaccine to arrive in the Philippines, we are reminded this morning that we can fight the spread of the virus through information. Accurate information, disseminated in a timely manner, and communicated in a way that compels people to action is the temporary solution to the pandemic.

My assessment is that the Philippines is not doing too well with COVID information management: from the collection of data, to analysis, and to communicating these to the public.

1. The DOH provides daily updates on the number of cases, but the way the department reports cases has changed over time, reducing the comparability of data points. During the first few months, the DOH reported total cumulative cases daily. Because of non-uniform delays in reporting, total cases would sometimes spike, causing undue panic among the public. Hence, the DOH began reporting new cases, distinguishing between “freshly reported” versus cases that were reported with a delay. The problem with having this distinction is that when new cases are relatively low in successive days, one wonders whether new cases are truly low or whether cases with delayed reporting have just piled up. And in the last couple of months, they have removed this distinction and now only report daily new cases.
2. In July, the DOH reported that our case doubling time has lengthened to 8.2 days from 5.5 days in May and therefore, the Philippines could afford to ease restrictions on movement. First, at that point, number of cases did not double in 8.2 days, but rather 22 days. Second, case doubling time had actually shortened from 31 days in May. Third, a case doubling time of about 8 days is certainly not good news, and if the case doubling time were indeed 8 days, this should not have triggered the lifting of strict lockdowns.

3. The number of available hospital beds is reported on a national level which masks huge disparities at the sub-national level. Metro Manila is among the hardest hit regions, and there were periods when there were actually no more hospital beds available in some cities in Metro Manila, yet the national figures reported to the public suggested otherwise. The problem here is that the people could be less careful than they ought to be, at least in deciding on how restricted their activities should be.
4. Positivity rate is only reported cumulatively, i.e. all positive cases over all tests. This masks important variations over time. In July the DOH was assuring everyone that (cumulative) positivity rate was manageable at 8 percent despite the recent relaxing of restrictions, when the weekly positivity rate had actually spiked to about 13 percent.
5. Contact tracing begins with complete reporting of basic information including the place of residence of the COVID positive individual. For several months, on a daily basis, about 10-15 percent of the cases did not have a reported city of residence. The standard we have set for contact tracing is at 37 contacts per case in urban areas (based on success in our city of Baguio), but we consistently do not meet this standard.
6. Clearly, it is impossible to do proper contact tracing manually. Yet, we have not adopted a standard contact tracing app. Different cities or municipalities having different systems, whether manual or digital, which means it is virtually impossible to trace movement across cities.
7. Overall, there is a lack of clarity on the lockdown. There are four levels of lockdown: (i) enhanced community quarantine (ECQ), (ii) modified enhanced community quarantine (MECQ), (iii) general community quarantine (GCQ), and (iv) modified general community quarantine (MGCQ). The rather complex acronyms make it difficult for anyone to master which is stricter than what. Why can't we just number them from 1 to 4, like the way we do for typhoon signals? The status of lockdowns changes every 2 weeks, the restrictions under each type frequently change. Why can't we adopt a system where lockdown levels are automatically triggered by the number of new cases as how it is in other countries?
8. We do not have a national ID system, so looking for people, whether it's for purposes of tracing COVID positives or providing social amelioration is tremendously difficult.

My take is that all of these information failures are borne out of weaknesses in government structures that have been there for so long but which we have failed to address. The pandemic is a wake-up call. We need to undertake certain reforms.

1. The Department of Health must undertake capacity building to ensure that they have the in-house capacity to collect, encode, store, analyze, report, and communicate data. Currently, the DOH relies on external experts but appears to have difficulty vetting advice from outsiders. A specific recommendation from my end is the creation of a Health Economics Unit within the DOH that will be tasked with data management. It urgently needs to create and cultivate a culture of evidence-based policy making.
2. We need a digital transformation in government. We need government to shift to digital platforms, including for payments under social protection programs and regulatory processes for businesses. This requires legislation that will ensure the provision of digital infrastructure. We need more competition in the telco sector, we need Congress to pass the Open Access bill which facilitates entry of smaller service providers. We urgently need to implement a national ID system. Congress has passed the necessary legislation, but the executive has yet to roll this out.
3. Mechanisms to promote inter-local coordination needs to be adopted. If 2 cities in Metro Manila can have their own contact tracing apps, why can't the 15 others do the same? More importantly, why can't they choose to adopt a single app or at least compatible apps so the systems can be linked?

What I had found helpful amidst the quagmire of information were the efforts of family and friends to share whatever information they personally found useful, whether in the local or global context. COVID information sparks a lot of interest, and it was the comments and discussions around this shared information that served as a vetting mechanism for me. So, in a way, I got help from social media. But I think this worked because I also painstakingly downloaded the DOH data on a daily basis and did my own econometric analysis on the data. So, I had a statistical handle on some of the data imperfections. Nonetheless, the qualitative information I gathered from social media was a useful filter.

In this respect, I think that the academe can play an important role. When government seems to have below-par performance with respect to information management, the academe must step in and fill the gap.

In the end, we all must come to realize that both the fight against the pandemic and infodemic must be shared by all sectors of society.

