

[Working Paper Series: Pandemic Crisis and Democratic Governance in Asia – Part 2]

Pandemic Governance in the Philippines: Democratic Recession and Corruption Risks

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Introduction

Previous studies indicate that established democracies show lower levels of corruption than authoritarian regimes or young democracies.¹ In this regard, it is interesting to consider how authoritarian tendencies have diminished the role of democratic institutions and systems of checks and balances that control corruption. The outbreak of corruption scandals that accompanied the Corona Virus Disease (COVID)-19 health crisis in 2020 exemplifies how democratic recession has negatively affected the state of public accountability in the Philippines.

This study probes into whether the COVID-19 pandemic further promoted democratic recession and corruption risks in the Philippines. It examines the patterns of irregularities emerging from the implementation of public programs aimed at responding to the crisis. Poorly designed institutional arrangements and weak democratic controls foster opportunities for the commission of illicit transactions in the delivery of public goods and services. Finally, it considers the importance of reviving democratic institutions as a key effort in fighting corruption on a long-term basis.

The eruption of the COVID-19 pandemic brought to the fore severe corruption vulnerabilities in many countries. However, even before the pandemic, it is estimated that an average of 10-25 percent of a public contract's value may be lost to corruption.² Globally, over USD 7.8 trillion are allocated annually for public health.³ With more public funds being made available to fight the pandemic, better safeguards are needed to prevent corruption.

The COVID-19 crisis hastened corruption. The potential for corruption in pandemic times is greater,

¹ Ina Kubbe and Annika Engelbert, "Corruption and the impact of democracy." *Crime, Law and Social Change* 70, 2 (2018) 175-178.

² UNODC, *Guidebook on Anti-Corruption in Public Procurement and the Management of Public Finances*. New York: United Nations Office on Drugs and Crime (2013), https://www.unodc.org/documents/corruption/Publications/2013/Guidebook_on_anti-corruption_in_public_procurement_and_the_management_of_public_finances.pdf (Accessed on October 18, 2013).

³ WHO, *Global spending on health: A world in transition*, WHO/HIS/HGF/HF Working Paper, No. 19.4, Geneva: World Health Organization (2019); https://www.who.int/health_financing/documents/health-expenditure-report-2019.pdf?ua=1 (Accessed on February 6, 2020).

especially when pressures for swift government action may lead to shortcuts that damage the integrity of institutional processes. The main risk areas include the withholding of accurate health data, irregularities in public procurement, the purchase of sub-standard equipment, and misappropriation of health budgets.⁴

The COVID-19 pandemic is acknowledged to have begun on November 17, 2019, with the first recorded case of the disease in the city of Wuhan in Hubei Province, China. In the succeeding weeks, cases of people infected with the virus piled up. However, the government kept a tight lid on health data and even reprimanded the local doctors who warned of the new disease. The Chinese government informed the World Health Organization (WHO) of the existence of the virus only on December 31, 2019. Such lack of transparency prevented health authorities globally to take preventive action and contain the transmission of the COVID-19 virus across cities, nations, and borders.⁵

The arrival of COVID-19 in the Philippines

The Inter-Agency Task Force Against Emerging Infectious Diseases (IATF) was convened in January 2020 to deal with the COVID-19 problem in the Philippines. The policy architecture to address the crisis took shape in response to previous contagious diseases. Executive Order No. 168 that created the IATF was originally issued in 2014 to confront emerging infectious diseases (EIDs) such as Avian Influenza, Ebola, Severe Acute Respiratory Syndrome (SARS), and the Middle East Respiratory Syndrome Coronavirus (MERS-COV) that can easily spread due to heightened globalization and mobility of people and products. The IATF is designed to facilitate cross-sectoral collaboration and efficiently manage the effects of any potential epidemic or pandemic.

The functions of the IATF include the establishment of a system to identify, screen, and assist those who are suspected or confirmed to be infected with EIDs. It is expected to prevent or minimize the entry of suspected patients into the country. This is pursued through the rigid screening and identification of EID carriers, and the institutionalization of a surveillance system in all ports of entry. The IATF is tasked to prevent the local spread of EID through the application of contact tracing and quarantine procedures. It also strives to lessen casualties by strengthening clinical management, healthcare facilities, and public safety measures.

To combat COVID-19, the reconstituted IATF proposed temporary restrictions on travel to and from Hubei Province, China, and the institution of quarantine protocols for returning Filipinos from the area under Resolution No. 1, dated January 28, 2020. The first COVID-19 infections in the Philippines were detected in a tourist couple from Hubei Province who entered the country through Hongkong. They were admitted to the San Lazaro Hospital which is a national infectious disease referral hospital in Manila. While the first patient recovered, her companion's condition deteriorated and was confirmed as the first COVID-19 death outside of China on February 1, 2020.⁶

⁴ Sarah Steingrüber, Presentation at the “25 years of fighting with the nation the perennial pandemic of corruption” Virtual Town Hall Discussion, Transparency International-Philippines and Stratbase ADR Institute, August 28 2020.

⁵ Sarah Steingrüber, Monica Kirya, David Jackson, and Saul Mullard, Corruption in the time of COVID-19: A double-threat for low-income Countries, U4 Anti-Corruption Resource Centre, 2020.

⁶ Edna Edrada, et al., “First COVID-19 infections in the Philippines: A case report,” *Tropical Medicine and Health* 48, 21 (2020): 1-7.

Series of Lockdown Policies

On March 8, 2020, President Rodrigo Duterte signed Proclamation No. 922 declaring a state of a public health emergency. At that time, there were only 20 confirmed COVID-19 cases. Classes were suspended in Metro Manila. A few days later, on March 12, Duterte placed the National Capital Region under lockdown. Travels going in and out of Metro Manila were banned.⁷ Another executive edict was released on March 16, 2020. Under Proclamation No. 929, the entire country was placed under a state of calamity. This measure enabled local government units (LGUs) to tap their local calamity funds for COVID-19 related expenditures. The government also extended the tough lockdown policies in Metro Manila to the entire island of Luzon. The most stringent restrictions are applied under this lockdown category that is officially known as enhanced community quarantine (ECQ).

Under ECQ protocols, the movement of people were severely restricted. Mass public transportation services were suspended, while land, air, and sea travel were restricted. This included transport network vehicle services. All establishments are closed, except those that provide basic necessities like supermarkets, convenience stores, hospitals, medical clinics, pharmacies, banks, food preparation and delivery services, and water-refilling stations. Government offices, business process outsourcing companies, and export-oriented industries are allowed to operate with skeletal staff. Work in the private sector may continue under work from home arrangements.⁸

While the IATF crafts policy recommendations to the President, the National Task Force Against COVID-19 handles the operational command. It is headed by Department of National Defense Secretary Delfin Lorenzana. There is also an Incident Command System that functions as an on-scene disaster response mechanism to manage hazards and other consequences associated with COVID-19. The IATF may call upon any department, bureau, office, agency, or instrumentality of the government, including Government-Owned-or-Controlled Corporations (GOCCs), government financial institutions (GFIs), LGUs, non-government organizations (NGOs), and the private sector for assistance. On the other hand, the Joint Task Force COVID-19 Shield was established to enforce quarantine protocols and manage border checkpoints. It is composed of elements of the Philippine National Police (PNP), Armed Forces of the Philippines (AFP), Philippine Coast Guard (PCG), Bureau of Fire Protection, and Barangays.

The Duterte administration sought the support of Congress to legitimize emergency powers for the President to deal with the COVID-19 crisis. Republic Act No. 11469, otherwise known as the Bayanihan to Heal as One Act was signed into law on March 25, 2020. It contains policy measures to curb the spread of the virus, strengthen the healthcare system, and provide the affected sectors with social assistance. The law authorized the President to exercise temporary budgetary measures and effectively allowed the executive branch to discontinue government programs to generate savings as well as realign, reallocate and reprogram funds to implement COVID-19 measures.

The legislation provided the President with special powers to not only to launch aid programs but also to

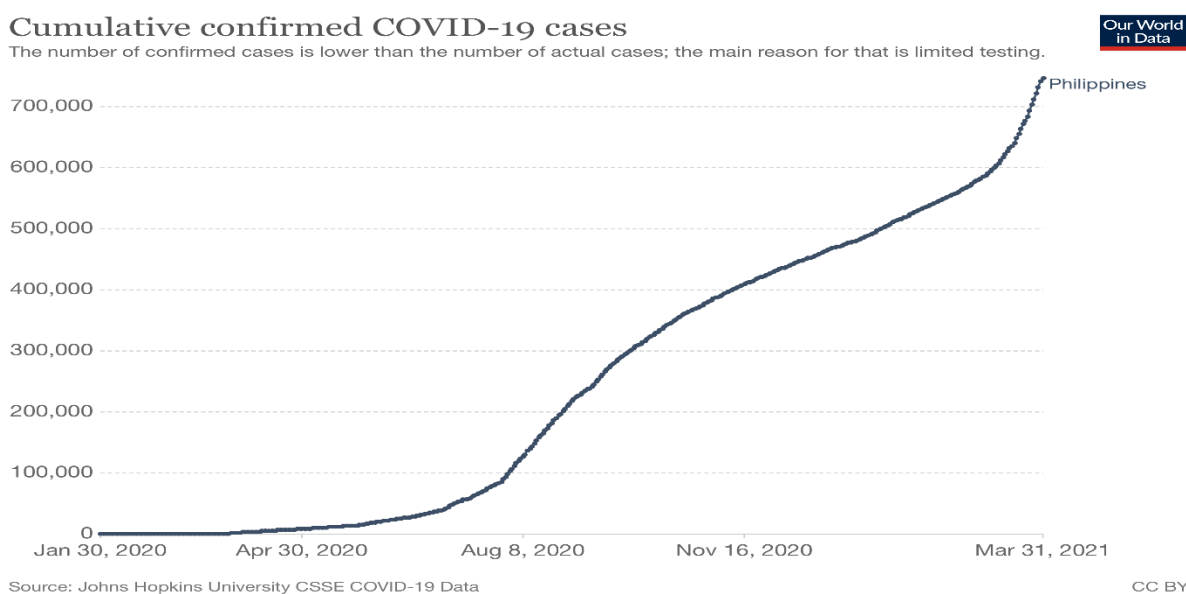
⁷ Presidential Communications Operations Office, "Gov't imposes community quarantine in Metro Manila to contain coronavirus," March 13, 2020, https://pcoo.gov.ph/news_releases/govt-imposes-community-quarantine-in-metro-manila-to-contain-coronavirus/ (Accessed on May 6, 2021)

⁸ Xave Gregorio, "Movement of people in Luzon restricted as island placed under 'enhanced' community quarantine," CNN Philippines, March 16, 2020, <https://cnnphilippines.com/news/2020/3/16/luzon-enhanced-community-quarantine-covid-19.html?fbclid> (Accessed on May 6, 2021).

punish people disobeying the emergency regulations. In this regard, people faced prison sentences for breaking lockdown regulations. More than 76,000 people were arrested between March and July 2020. Among those apprehended were the homeless and street vendors. Indeed, the capacity to observe quarantine regulations vary across income classes.⁹ The law punishes those violating restrictions with up to two months imprisonment or fines up to PHP 1 million (USD 20,000). These sanctions also apply to individuals or groups found to be creating or spreading false information regarding the COVID-19 pandemic.

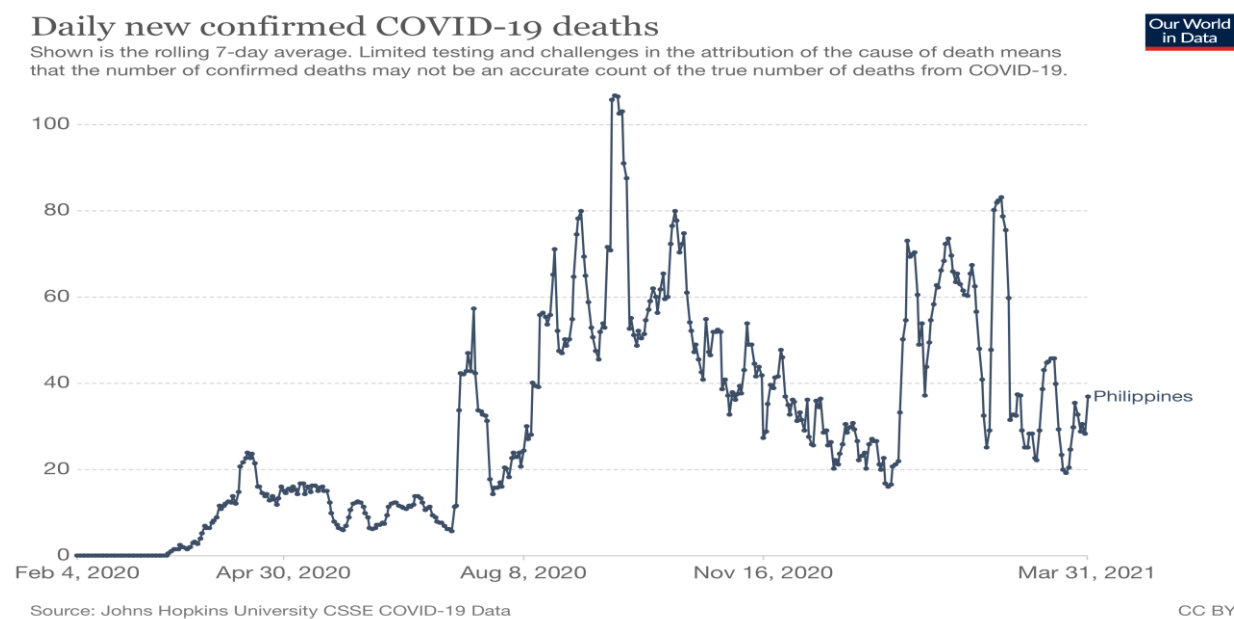
The series of lockdown policies in the Philippines was relatively successful in keeping the COVID-19 virus at bay during the early part of the pandemic. It bought time for the government to strengthen the capacity of its medical treatment, testing, and quarantine facilities. The stringent lockdown measures appeared to work at the start. Based on data from the Johns Hopkins University, the cumulative confirmed COVID-19 cases in the country during the initial 4 months of the lockdown from March to June 2020 were kept below 50,000 cases. From only 2,084 cases registered on March 31, 2020, the total cases increased steadily in the succeeding months. The number of cases reached 37,514 by the end of June 2020 (See Figure 1).

Figure 1. Cumulative Confirmed COVID-19 Cases (January 30,2020 – March 31, 2021)



The Philippines recorded the first COVID-19 death outside of China in February 2020. The imposition of stern lockdown policies starting in March 2020 helped not only in controlling the rise of COVID-19 cases but also in preventing high death rates, especially in the early months of the pandemic. The data indicate that cumulative deaths were below the 2,000-mark from March to June 2020. From a death tally of 88 on March 31, 2020, the number increased to 1,266 on June 30, 2020 (See Figure 2).

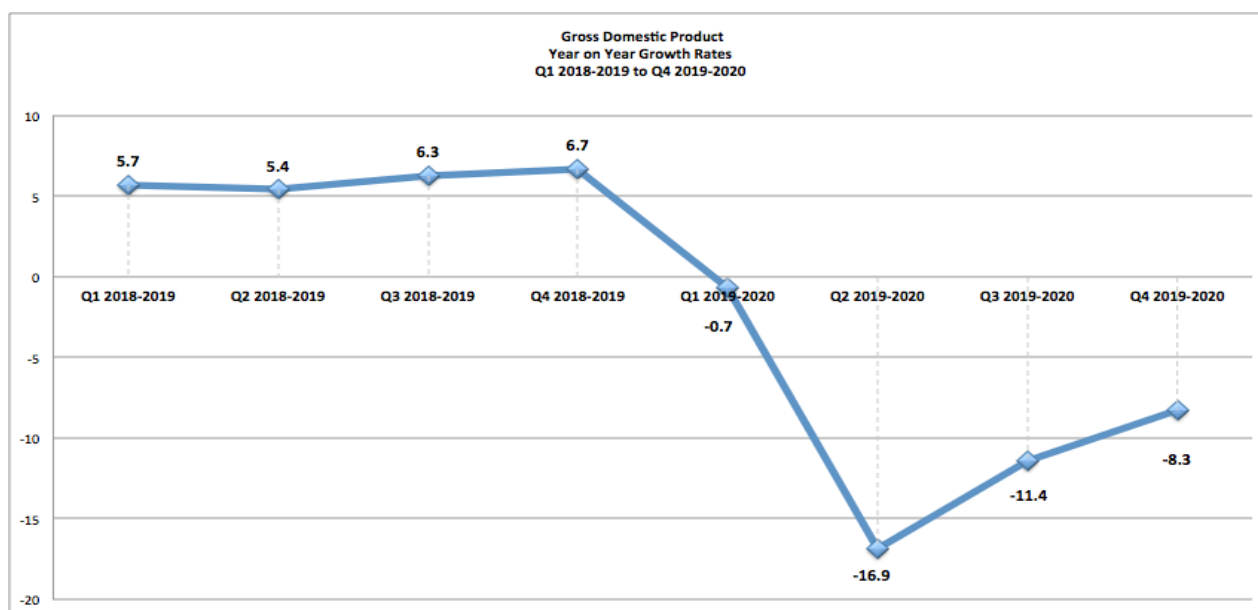
⁹ Ronald Holmes and Paul Hutchcroft, “A failure of execution,” Inside Story, April 4, 2020.

Figure 2. Daily New Confirmed Deaths (February 4, 2020 – March 31, 2021)

Lockdown and Economic Downturn

The response of the Philippine government to the pandemic shows the negative effects of the trade-off between health and the economy. The administration of tough lockdown measures prevented the spike in COVID-19 cases that would otherwise overwhelm the capacity of the health care system. However this came at the expense of plunging the country into deep economic recession. At the onset of the pandemic, the Philippines registered a gross domestic growth (GDP) rate of - 0.7 percent during the first quarter of 2020. The impact of stringent restrictions was dramatically felt in the next quarter when the economy contracted by 16.9 percent. The economy continued to go down by 11.4 percent in the 3rd quarter and 8.3 percent in the fourth quarter of 2020 (See Figure 3).

The economy slowed down by 4.2 percent in the first quarter of 2021. The negative growth for five successive quarters represents the longest recession faced by the country since the 1985 debt crisis. The Philippines posted the worst growth record among peers in the region in Q1 2021, including Thailand (- 2.6 percent), Indonesia (-0.7 percent), Malaysia (-0.5 percent), and Vietnam (4.5 percent). The contraction was pushed by the decline in private domestic demand due to inflation, income losses, and protracted lockdown measures (World Bank 2021, 10).

Figure 3. GDP Growth Rate (2019-2020)

Source: Philippine Statistics Authority, 2021

In 2020, about 43.9 million people were estimated to be in the labor force. This number represents the economically active population, either employed or unemployed, accounting for 59.5 percent labor force participation rate (LFPR) of the 73.7 million population 15 years old and over. This annual LFPR is the lowest since the adoption of the new definition of unemployed in April 2005, reflecting the effect of the various community quarantine controls, business closures, and physical distancing measures that were put in place in the Philippines in response to the pandemic. The unemployment rate surged to 17.6 percent at the height of the lockdown restrictions in April 2020. It dropped to 10 percent in July 2020. It went down to 7.1 percent in March 2021 which is the lowest reported rate covering the period of the COVID-19 pandemic since April 2020 (See Table 1).

Table 1. Unemployment Rate (April 2020 – March 2021)

	Mar 2021p	Feb 2021p	Jan 2021p	Oct 2020f	Jul 2020f	Apr 2020f
Philippines						
Labor Force Participation Rate(%)	65	63.5	60.5	58.7	61.9	55.7
Employment Rate (%)	92.9	91.2	91.3	91.3	90	82.4
Underemployment Rate (%)	16.2	18.2	16	14.4	17.3	18.9
Unemployment Rate (%)	7.1	8.8	8.7	8.7	10	17.6

Notes: *p* – Estimates are preliminary and may change
f – Final Estimates

Source: Philippine Statistics Authority, Labour Force Survey, March 2021.

The economic fallout from the prolonged lockdown measures is also reflected in the involuntary hunger experienced by Filipino families due to the loss of employment and livelihood opportunities.

In a September 2020 survey, the Social Weather Stations (SWS) reported a hunger rate of 30.7 percent

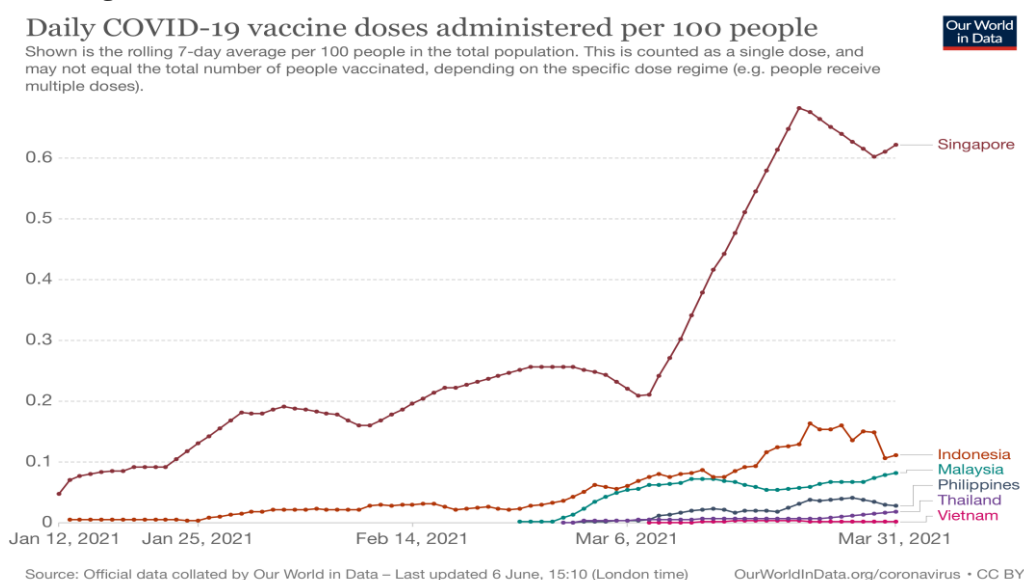
(7.6 million families). The hunger rate went down to 16 percent (4 million families) in November 2020. The average hunger rate for 2020 was 21.1 percent which exceeds the previous record of 19.9 percent in 2011 and 2012 and is double the average 9.3 percent for 2019. The survey showed that Metro Manila has the highest incidence of Hunger at 23.3 percent (780,000 families), followed by Mindanao at 16.0 percent (909,000 families), Balance of Luzon at 14.4 percent (1.6 million families), and the Visayas at 14.3 percent (674,000 families).

Vaccination Woes

On March 1, 2021, the Philippines became the last country in Southeast Asia to roll out a national vaccination program against COVID-19. The absence of a law providing for an indemnity fund had caused the delay in the shipment of the vaccines. Therefore, Congress had to rush approve a bill creating a PHP 500 million National Vaccine Indemnity Fund to cover compensation for the potential serious adverse effects stemming from the doses' emergency use. President Duterte signed R.A. No. 11525, otherwise known as the COVID-19 Vaccination Program Act, on February 26, 2021.

The indemnity law grants COVID-19 vaccine manufacturers immunity from lawsuits for claims arising from the administration of the shots. It was confirmed that pharmaceutical companies, in asking for an indemnification clause from the government, were fearful that what happened to Sanofi in the anti-dengue vaccine case would occur again should people experience any adverse effects from the COVID-19 vaccines.¹⁰ Figure 4 shows how the Philippines lagged behind the other countries in Southeast Asia including Singapore, Indonesia, and Malaysia in its vaccine rollout. Like the Philippines, Thailand and Vietnam have administered limited COVID-19 vaccine doses to citizens as of March 31, 2021. However, these two countries have comparatively fewer COVID-19 cases than the Philippines.

Figure 4. Vaccine Doses Administered in Selected Countries in Southeast Asia



¹⁰ Tita Valderama, “Negligence in COVID-19 vaccine delay,” Vera Files, March 1, 2021, <https://verafiles.org/articles/negligence-covid-19-vaccine-delay> (Accessed on May 6, 2021).

Corruption in the Health Sector

The corruption risks in the health sector surfaced in a big way with the eruption of allegations regarding the misuse of funds by the Philippine Health Insurance Corporation (PhilHealth) at the height of the COVID-19 crisis in 2020. The PhilHealth case brought to the fore the weak exercise of institutional control mechanisms in the state-run agency. The resigned anti-fraud officer and head executive assistant of PhilHealth became whistleblowers in revealing information that led to investigations by the Senate, House of Representatives, and Presidential Anti-Graft Commission on the malpractices in the government corporation. Previous to that, rampant financial violations were observed in reports rendered by the Commission on Audit (COA). These indicate the importance of legislative and audit oversight agencies as accountability institutions within a system of checks and balances.

In the case of PhilHealth, it has been reported that COA had a hard time auditing the agency due to the difficulty of obtaining documents from its central office. Corruption is perpetrated when there is a deviation from legal and institutional norms. The system of checks and balances to combat corruption can be improved through the adoption of an integrated approach. This requires promoting a comprehensive strategy that includes the facilitation of basic democratic standards, participation of a strong civil society engaged in transparency and accountability work, and the consistent application of the rule of law.

Minimizing information asymmetry can reduce corruption vulnerability. The poor information technology system of PhilHealth paves the way for the processing of fraudulent claims in the agency. It is also said that key officials in the agency have strong political backers. There are also regional officials in the agency that have managed to avoid being assigned to other jurisdictions. Public personnel corruption is encouraged by a political culture driven by patronage. Likewise, the regular rotation of key officers and staff is expected to lessen the risks of unhealthy relationships and corruption risks.

Corruption should not be simplified as mere irregularities or the act of individuals who went astray. The focus should be on corrupt systems. Corruption prevention strategies should look for ways to reduce the monopoly power, limit and clarify discretion, and promote transparency and accountability in governance. As a crime of calculation, corruption could be countered by converting it into a high-risk activity through the judicious application of institutional controls, checks and balances, social accountability, and the rule of law.

It is disconcerting that a spate of allegations had been raised on the misuse of public funds amid the uphill battle of the Philippines to control the COVID-19 crisis. The Senate investigated the questionable disbursement of funds by the Philippine Health Insurance Corporation (PhilHealth) drawn from the P30-billion Interim Reimbursement Mechanism (IRM). The IRM is an emergency support program for hospitals taking care of COVID-19 patients. During the Senate hearings, Senator Panfilo Lacson questioned why P231 million from the IRM were released to 48 dialysis centers and 4 maternity clinics with no COVID-19 related cases.¹¹ On the other hand, Senator

¹¹ Christia Marie Ramos, "Lacson scores PhilHealth for releasing P45 M to unregistered dialysis center," *Philippine Daily Inquirer*, August 11 2020, <https://newsinfo.inquirer.net/1320093/lacson-scores-philhealth-for-releasing-p45m-to-unregistered-dialysis-center> (Accessed on August 11, 2020).

Francis Tolentino disclosed that some hospitals were able to collect benefit claims for COVID-19 cases even if the patients were admitted for other ailments.¹²

The COVID-19 crisis is affecting not just people's health but public finance as well in a very injurious way. As the crisis deepens, it begins to unravel that the use of the IRM fund is just one of the many alleged corrupt practices occurring during these pandemic times. Rent-seeking operations are seen to be at play in other emergency response programs as well. There are a number of suspected irregular actions to benefit from COVID-19 response funds. Some examples include the cash allocation to poor citizens that have been marred with allegations of corruption against local government officials, the ghost payments to deceased patients still receiving support for hospitalization from PhilHealth, and the Department of Health (DOH) purchase of overpriced personnel protective equipment, ventilators, and other medical supplies for hospitals and quarantine facilities. The Office of the Ombudsman opened its own investigation on the accountability of the DOH on accusations of corruption in 2020.¹³

Conclusion

The series of lockdown policies in the Philippines was relatively successful in keeping the COVID-19 virus at bay during the early part of the pandemic. It bought time for the government to strengthen the capacity of its medical treatment, testing, and quarantine facilities. The response of the Philippine government to the pandemic shows the negative effects of the trade-off between health and the economy. The administration of tough lockdown measures prevented the spike in COVID-19 cases that would overwhelm the capacity of the health care system but came at the expense of plunging the country into a deep economic recession.

The rise of populist rule in many countries, including the Philippines, led to the weakening of democratic institutions. Mass media practitioners have turned to self-regulation. Civil society organizations have become less active in confronting public malfeasance. Given the government's lack of intolerance for contrary opinions, the quality of political debate and discussions went down immensely. The democratic erosion that populism induced also weakened the institutional ecosystem that pushed back corruption in the country.

Populism triggered authoritarian tendencies that have diminished the role of democratic institutions and systems of checks and balances that control corruption. The outbreak of corruption scandals that accompanied the Corona Virus Disease (COVID)-19 health crisis in 2020 exemplifies how democratic recession has negatively affected the state of public accountability in the Philippines. The revival of democratic institutions is crucial in fighting corruption in a judicious and systematic manner. ■

¹² Marlon Ramos, "P15 billion went to PhilHealth 'syndicate' – whistleblower," Philippine Daily Inquirer, August 5 2020, <https://newsinfo.inquirer.net/1316858/whistleblower-p-15b-went-to-philhealth-syndicate> (Accessed on August 8, 2020).

¹³ Dolores, Espanol, Dolores, Discussion at the "Continuing political development towards a better (new) normal: Making public institutions matter" Virtual Town Hall Discussion, Stratbase ADR Institute, August 3 2020a.

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