

UNDERSTANDING THE PHILIPPINE RESPONSE TO COVID-19: PERSPECTIVES AND LESSONS FROM PUBLIC POLICY, INTERGOVERNMENTAL COOPERATION, SECURITISATION AND CROSS-COUNTRY COMPARISONS

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Abstract

This study explores the Philippine government's response to COVID-19, focusing on public policy initiatives, intergovernmental cooperation, and securitisation. It also examines how the Philippines compares to other countries in the Asia-Pacific region and globally. Using a qualitative, descriptive-analytic approach, the research identifies leadership as the most significant factor in managing pandemics. Despite efforts like the *Bayanihan to Heal as One Act* and *Bayanihan to Recover as One Act* and the involvement of the Inter-Agency Task Force on Emerging and Infectious Disease (IATF-EID), the Philippines ranked poorly in pandemic response, suffering from limited resources, weak institutions, and gaps in healthcare infrastructure. The securitisation of COVID-19, marked by security sector involvement and war metaphors, played a prominent role but did not result in better outcomes than other nations. Key findings suggest that public trust, leadership, and timely decision-making are critical for managing health crises, particularly in democracies where consensus-building can delay urgent responses. The study identifies gaps in preparedness, including insufficient research capabilities and poor coordination between government agencies. It concludes that addressing these deficiencies through reform and better leadership will improve the Philippines' response to future health crises, ensuring faster, more coordinated, and effective public health measures.

Keywords: *COVID-19 response, securitisation, public policy initiatives, intergovernmental cooperation, pandemic preparedness*

INTRODUCTION

COVID-19 has fundamentally altered people's way of life, and this is a statement that continues to resonate and perhaps reverberate worldwide. While one may view it as an essentially public health concern, its effects have ventured into all aspects of human existence (Aguilar, 2020a). Countless lives have been lost, economies badly hit, and many business establishments have folded up. COVID-19 has not only affected the health and economy of Filipinos; it has affected all aspects of living, such as the economy, governance, and the management of a different form of national threat. Its imposing presence has pushed countries to recalibrate their national plans, policies, and strategies, all geared toward defeating this unseen enemy. Given the vastness of its impact, the pandemic has given rise to a multiplicity of perspectives using varied approaches and certainly within a multistakeholder framework.

Therefore, both as a theoretical lens and a normative goal, security would gain currency as an all too important facet in this sordid iteration of a global pandemic that seems to surface every century (Stikeleather & Masys, 2020). COVID-19 has prompted the realisation that, indeed, a plethora of non-military threats from foreign countries and elsewhere do exist. The pandemic's effects are similar to what military aggression could achieve – silently and without firepower, it is still devastating the economies and populations of many countries (Oshewolo & Nwozor, 2020). Closer to home, the Philippines' exposure to COVID-19 has presented Filipinos with a new source of vulnerability to external threats.

There is still a dearth of systematic and inclusive studies to fully account for the nature and extent of damages that infectious diseases like COVID-19 cause, especially using the lenses of security and multiple factors such as those identified in this study. This is important because it raises fundamental questions about countries such as the Philippines' capability to combat other possible infectious diseases in the future and strategies that may be formulated to achieve a multi-disciplinary strategic defence framework that may be useful against other possible waves of pandemics.

As an academic field of interest, security studies have been subjected to periodic, if not persistent, questions on focus, locus, and epistemology, among others. Its eclectic nature has invariably contributed to the interdisciplinary interest that the topic generates (Beier & Arnold, 2005). While Political Science and International Relations (IR) have primarily informed the discourse, other disciplines, subfields, and areas of interest, such as Public Policy and International Political Economy, have also made considerable contributions in academic and practical spheres. The discourse, however, has centred mainly on military and

defence contexts, and one invariably informed by a realist orientation. As globalisation has dramatically affected almost all facets of human interaction, the security landscape has also ventured into and articulated frameworks that transcend traditional military boundaries.

Indeed, earlier IR scholars equated the topic of aggression from a foreign country quite exclusively with military warfare and military strategies. Ullman (1983) was one of the first to articulate that the military solution was not the only answer for these problems as there were other threats from foreign countries. The work of Barry Buzan and the Copenhagen School comprise some of the most authoritative works in securitisation, such as Buzan's *People, states and fear: The national security problem in international relations* (1983). Buzan, Ole Waever and Jaap de Wilde come to be called the Copenhagen School of Security Studies. To the Copenhagen School, the labelling of an event is a speech act. By saying the words, by describing that an event is a threat is an act that securitises the threat. The words themselves describe and constitute reality. Referring to a thing as a security issue transforms it into a security problem.

In the literature, a distinction between traditional and non-traditional concepts of security came to the fore. That said, other concepts that came in the wake of a redefinition and re-conceptualisation of security came to be recognised and explored, such as "non-traditional security threats," "non-traditional strategy," and others collectively rationalised under the umbrella of "non-traditional security" issues (Hameiri & Jones, 2012).

Broadening the scope of "security" to include non-traditional issues has had the effect of regarding them at the same level of importance and value as traditional security concerns (Hameiri & Jones, 2012). These realisations bring forth a host of questions that are interesting to study and look at. This study explores the Philippine government's response to the COVID-19 pandemic in terms of *public policy initiatives, intergovernmental cooperation, and securitisation*. It also compared the Philippine response with other governments within the Asia-Pacific region and the rest of the world in the same areas. Relatedly, the study also explored issues, gaps, and challenges attendant to the topic and offered some recommendations to enhance the response of the Philippine government to other possible pandemics or public emergencies of a similar nature.

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

The COVID-19 pandemic has presented unprecedented challenges for governments worldwide, and the Philippine government's response has been the subject of much scrutiny and analysis (Purnomo et al., 2022; Aguilar, 2020b;

Vallejo & Ong, 2020). This literature review aims to provide a comprehensive understanding of the Philippine government's response to the COVID-19 crisis, drawing insights from the perspectives earlier mentioned.

Public Policy Perspectives

The Philippine government's reaction to the COVID-19 epidemic has been comprehensive, involving many legislative steps to mitigate the crisis's health, economic, and social repercussions (Panao & Rye, 2023). A major element has been the enactment of community quarantine measures designed to curtail the transmission of the virus by constraining movement and economic activity. These actions have profoundly affected the population, especially vulnerable groups, underscoring the necessity for a more comprehensive and fair public policy approach. Public policy is a crucial element of the securitisation of COVID-19, encompassing governmental bodies' laws, rules, actions, and financial priorities in reaction to the pandemic (Brodeur et al., 2021). The public policymaking process entails identifying issues and presenting them to the government for resolution, wherein governmental institutions devise alternatives, choose policy solutions, and subsequently implement, assess, and modify those solutions (Rasul, 2020).

Intergovernmental Cooperation

The COVID-19 pandemic has also emphasised the significance of intergovernmental cooperation in the Philippines (Vallejo & Ong, 2020; Djalante et al., 2020). Efficient coordination and communication between national and local authorities have been essential for successfully executing pandemic response programs (Dewi et al., 2020). The national government has collaborated extensively with local government units to implement various public health and economic initiatives since distinct regions have encountered unique situations necessitating peculiar solutions (Cocal, 2021; Raza et al., 2022). The collaboration between national and local governments has been crucial in the Philippines' response to the complex issues presented by COVID-19.

Abrucio et al. (2020) analysed Brazil's public health policy during COVID-19, emphasising the issues of insufficient intergovernmental collaboration. Their historical institutional research demonstrated that the federalism model implemented by President Bolsonaro, characterised by centralisation, hierarchy, dualism, and autocracy, resulted in tensions between national and local administrations, obstructing the coordination of policy responses. Likewise, the Philippine experience has demonstrated the necessity for robust

intergovernmental collaboration to address the pandemic effectively. The Philippine government's capacity to interact and coordinate between national and local agencies is essential in alleviating the impact of the COVID-19 situation.

Paquet and Schertzer (2020) characterised COVID-19 as a complex intergovernmental problem, introducing the term "CIP." Their work is a conceptual study aimed at introducing the concept of CIP. They believe that CIP possesses analytical capabilities that could help researchers examine the management of COVID-19 within multi-level governance frameworks. CIP emphasises the significance of inter-agency coordination and collaboration for effective policy responses (Paquet & Schertzer, 2020). This paradigm is pertinent for examining the Philippine government's strategy in addressing the epidemic, as it encompasses many tiers of government (national, regional, and local) that must collaborate to confront the complex difficulties.

The 4-quadrant modelling methodology employed by Yan and Zhao (2020) to evaluate China's COVID-19 response is a valuable method for scrutinising the Philippine government's cohesive pandemic policy. This analytical framework may elucidate the coordination, prioritisation, and execution of measures across several domains and governance levels in the Philippine government's pandemic response.

Securitisation of the COVID-19 Pandemic

The discourse on the securitisation of COVID-19 frequently utilises the conceptual framework of securitisation theory, which perceives security as an intersubjective process wherein dangers are manufactured and articulated as existential (Baele & Rousseau, 2022; Morrissey, 2021). During the COVID-19 epidemic, the Philippine government characterised the virus as a national security concern, implementing emergency measures and deploying military and law enforcement authorities to enforce lockdowns and other containment strategies (Hapal, 2021; Villar & Magnawa, 2022). The focus on securitisation has raised apprehensions regarding the deterioration of civil liberties and democratic principles, as the government's reaction has been viewed by some as overly militaristic and authoritarian (Hapal, 2021; Cuaton et al., 2021).

Some scholars have examined the Philippine government's securitisation of COVID-19 within the framework of evolutionary institutionalism (Paras, 2022; Agojo, 2021). This viewpoint posits that the government's military-centric strategy is grounded in the historical institutional evolution of the country, where the military has consistently had a significant position in governance. This analysis underscores that the government's characterisation of the epidemic as a security

concern is influenced by entrenched institutional processes rather than being only a pragmatic reaction to the crisis.

The securitisation of the COVID-19 outbreak in the Philippines has been a topic of considerable controversy and analysis. This paper provides valuable perspectives for examining the discursive construction of the COVID-19 pandemic as a security concern and its influence on policy responses and governance structures. Perceiving security as intersubjective, wherein any individual or entity may be deemed a threat based on constructed perceptions, presents a desirable and pragmatic framework for examining security matters beyond the conventional, realist, state-centric perspective that equates security solely with military concerns (Sjöstedt, 2016.) Numerous studies have illustrated the relevance of the theoretical principles of securitisation theory and previous empirical applications to a wide array of policy and security matters, encapsulating the internal-external security connection that characterises the discipline.

The COVID-19 pandemic has been securitised in multiple ways, with governments and other entities characterising the virus as a national security threat and implementing various measures, such as border closures, travel restrictions, and military mobilisation, to mitigate the perceived danger (Sjöstedt, 2016). The public policy reaction to COVID-19 has been a major element of the securitisation process, with governments implementing various laws, regulations, and financial priorities to combat the epidemic.

Cross-Country Comparisons

An examination comparing the responses of several countries to COVID-19 can yield significant insights into the Philippine strategy. The research conducted by Djalante et al. (2020), Cardoso et al. (2022), and Capano et al. (2020) underscore the difficulties arising from insufficient intergovernmental coordination, resulting in conflicts between national and subnational governments that obstructed the execution of effective policies. These findings align with the Philippine setting, where the national government's increasingly centralised and militarised strategy has seen criticisms about insufficient cooperation with local authorities and the apparent overextension of executive authority. Conversely, nations such as New Zealand and Australia have received commendation for their coordinated, evidence-driven, and collaborative strategies in pandemic management, which are attributed to their comparatively excellent results in viral containment (Wilson, 2020; Holley et al., 2021; McDougall, 2021).

Cross-national comparisons can illuminate the determinants influencing a government's pandemic response, including political systems, administrative

capabilities, levels of public trust, and the impact of public debate and media. Examining the impact of these contextual aspects on the Philippine government's strategy might yield a more refined comprehension of its strengths, flaws, and prospective avenues for enhancement (Dewi et al., 2020; Capano et al., 2020). The literature on COVID-19 is extensive and varied, providing numerous analytical frameworks and viewpoints to assess the Philippine government's reaction to the pandemic. The securitisation of the COVID-19 epidemic and the difficulties of intergovernmental coordination and collaboration are crucial factors influencing the Philippine government's strategy. A comparison with other nations can elucidate the contextual elements that have shaped the government's policies and their results.

Conceptual Framework

In the face of the COVID-19 pandemic, governments worldwide were compelled to act swiftly to contain the spread of the novel coronavirus. While the World Health Organization (WHO) provides health guidance and regulations, countries must decide on their own actions, approaches, and strategies to combat this unprecedented health threat.

The government's response can be examined through three critical lenses. Public policy encompasses the government's performance and the effectiveness of the measures implemented to achieve the desired objectives. Intergovernmental coordination involves strategies to ensure efficient and effective collaboration among multiple agencies. Finally, the securitisation of the health crisis implies that governments may resort to urgent, drastic, and extraordinary measures to combat the pandemic, akin to dealing with a security threat. These are juxtaposed with comparative data from other countries to get a more nuanced perspective.

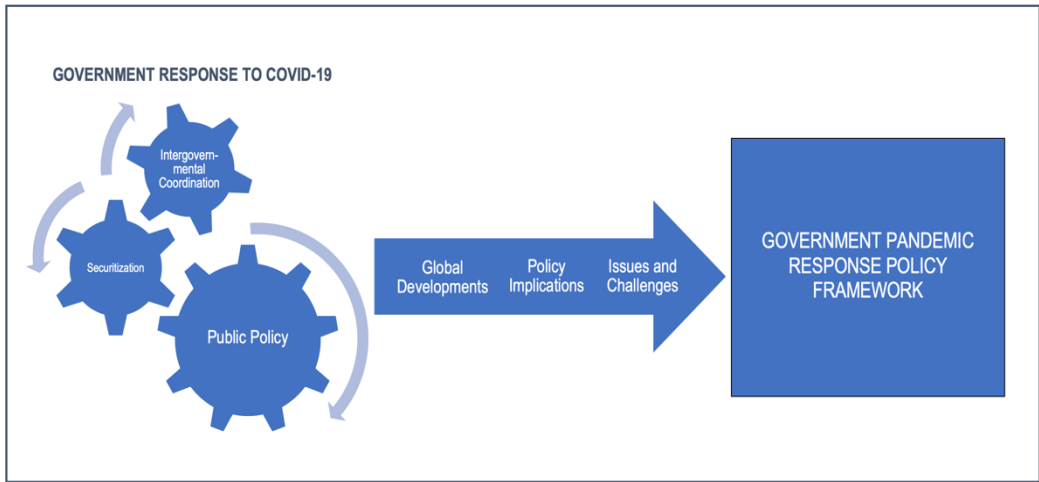


Figure 1: Conceptual Framework of the Study
Source: (Constructed by the author.)

METHODOLOGY

The study made use of a qualitative approach, using a descriptive examination of the phenomenon of securitisation of COVID-19 as it intersects with public policy initiatives and intergovernmental relations, using the case study method. As such, it pursued the investigation of the covered topic by examining its status, its dynamic interaction with the environment, both internal and external, its concerns/problems, and how it searches for solutions to remedy, if not eliminate, the problems and issues that challenge its continued existence.

Data gathered included official documents such as laws and issuances, the subjective responses of key informants and participants in focus group discussions, and their perceptions and interpretations of the interview questions. Along with published literature and studies on national security and securitisation, official statements issued and published in documents of concerned government agencies and officials, altogether, the rich data were content analysed to be able to describe, analyse, explain and evaluate the securitisation processes and actions in the form of governmental responses, public policy decisions, multistakeholder engagement, and other interventions the informants felt they had to undertake to meet the challenge of COVID-19 as a non-traditional security threat.

The key informants were selected based on their knowledge, expertise, and involvement in COVID-19 policymaking and execution. Four groups of key informants included officials from the security sector or the defence establishment,

representatives from the IATF-EID, selected local government units (LGU) officials, and academics working on the topic. The informants represented four sectors: national government agencies (NGAs), LGUs, members of the Armed Forces of the Philippines (AFP), and the academe.

The study produced data that identified the government's responses to the non-traditional threat of COVID-19. The responses were categorised into *public policy initiatives* spelling out the official policy or policies and broken down into rules and regulations and their intended purposes; *intergovernmental coordination* among the public agencies/institutions involved, whether national and local; *securitisation* moves, decisions in terms of war metaphors/narratives used, and military support/assistance to the implementation of activities; and *cross-country comparison* using number of confirmed cases, number of deaths, Global Health Security (GHS) Index ranking, Oxford University's Blavatnik School of Government Stringency Index, was also made.

FINDINGS AND DISCUSSIONS

This section presents the data from which the questions raised earlier may be answered. It is arranged as follows: the Philippine response to COVID-19 in terms of *public policy*, *intergovernmental coordination*, *securitisation* and *cross-country comparisons*.

Public Policy

Infection Control Mechanisms

At the time of the outbreak, the international media became very concerned with spreading and controlling the new coronavirus from Wuhan, China. On 28 January 2020, the Inter-Agency Task Force on Emerging Infectious Diseases (IATF-EID) was then convened. Two days later, a Chinese couple from Wuhan inflicted with pneumonia succumbed whilst in Philippine hospitals. WHO then officially proclaimed COVID-19 a global health emergency. This early international incident might have increased the alertness of the Philippine government for being one of the quickest countries to report a COVID-19-related death outside China (World Health Organization, 2020).

Cases soon spiked, and on 09 March 2020, President Rodrigo Duterte declared a state of national public health emergency through Proclamation No. 922. This allowed the government to tap emergency resources for quicker response, such as purchasing medical equipment and imposing quarantine orders (Philippine News Agency, 2020). The next major step took place on 15 March 2020

with the implementation of an Enhanced Community Quarantine (ECQ), first in the National Capital Region (NCR) and later expanding to cover other regions. The ECQ continued to be implemented for most of 2020, given the several surges in COVID-19 cases, resulting in recurring extension of quarantines (Vallejo & Ong, 2020).

The Philippines implemented various actions, including lockdowns, a non-pharmaceutical intervention (NPI). These interventions involve using personal protective measures, environmental measures, physical distancing measures, and travel-related measures. Public transport was curtailed, and intercity travel was prevented, disrupting domestic value chains. However, even after the lockdown began to ease in June 2020, excessive permits were required, and rules were not uniformly implemented across locales (Vallejo & Ong, 2020). These lockdown policies have been continuously evolving, and the definitions change correspondingly. For a considerable time, lockdown levels have straddled between two broad community quarantine classifications: *general* and *enhanced*, with grades in between. Shown below is a summary:

Table 1: Summary of IATF Community Quarantine Levels

Quarantine Level		Date of First Implementation	Abbreviation
Enhanced Community Quarantine		March 17, 2020	ECQ
Modified Enhanced Community Quarantine		May 16, 2020	MECQ
General Community Quarantine	Regular	May 1, 2020	GCQ
	With heightened restrictions	May 15, 2021	GCQ
	With some restrictions	June 16, 2021	GCQ
Modified General Community Quarantine		May 16, 2020	MGCQ

Sources: (IATF Resolution 30; and IATF Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines found at Republic of the Philippines Department of Health (n.d.).

The government's overall strategy is embodied in the IATF-EID's National Action Plan COVID-19 (See Figure 2). It ran in three phases from March 2020 to December 2020. Its strategic design and framework are shown in the figure below. The NAP follows a strategic design composed of four elements: (1) current condition(s), (2) lines of effort, (3) objectives, and (4) end state(s). All four lines of effort have the following four objectives: (1) provide clear, accurate, and timely information to support operations against COVID-19; (2) contain and mitigate the spread of COVID-19; (3) sustain the conduct of operations against COVID-19; and (4)

mitigate the consequences and impacts of COVID-19 (social, economic, and security).

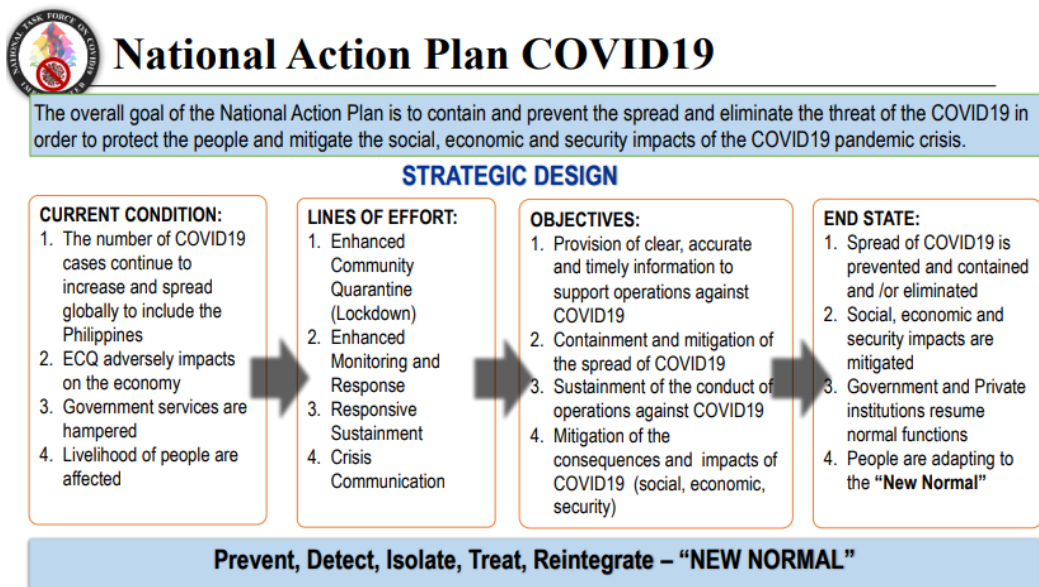


Figure 2: The National Action Plan on COVID-19

Source: (Inter-Agency Task Force for the Management of Emerging Infectious Diseases, n.d.)

Still, despite tough measures, there were numerous challenges to making lockdown protocols function. Public compliance was largely successful, although this also turned out to be mixed, at least in urbanised areas like Metro Manila. At the same time, physical distancing protocols were more challenging for authorities to implement due mainly to the area’s high population density. Another obstacle was the inconsistent enforcement across regions by local government units (LGUs), which faced differing resource and capacity constraints. This was a weakness in the country’s strategy to contain infections because irregular enforcement limited the overall effectiveness of its lockdown (Vallejo & Ong, 2020).

With cases spiralling out of control and burdening the country’s resources, it was on the government to bolster healthcare infrastructure. When the pandemic started, the Philippines had minimal testing capacity. At first, only the Research Institute for Tropical Medicine (RITM) in Muntinlupa City was capable of processing tests for COVID-19. To address this, the DOH scaled up its testing capacity quickly, licensing 23 testing laboratories nationwide by yearend,

supported by the WHO (World Health Organization 2020). This increase was necessary to cope with the slew of cases and effective management, which figured out who was infected, thus improving isolation and quarantine.

In partnership with WHO, the DOH developed COVID-KAYA, a digital reporting system designed to boost its ability to track cases. This platform enabled epidemiologists and healthcare workers to report cases and monitor contacts in real-time, leading to faster identification of hotspots and response by the government (World Health Organization, n.d.-b). Still, efforts to coordinate a unified national response faced obstacles as medical resources remained constrained and healthcare infrastructure varied significantly from one area of the country to another.

Even as those measures change and adapt over time, the way some regions enforced lockdowns and travel restrictions seemed piecemeal. New permits were needed for movement even after the lockdown eased up in June 2020, and differences in policy interpretations continued to dog any public attempts at compliance. This inconsistency belied more profound problems in state power to regulate and instruct public health interventions efficiently, thus illuminating the call for regional-state coordination mechanisms that enabled smoother flows from one stage of managing COVID-19 onward (Fang et al., 2021).

Fiscal and Financial Policy Responses

The Philippine Congress enacted Republic Act No. 11469, or the “Bayanihan to Heal as One Act”, to mitigate and contain the transmission of COVID-19 and provide social protection to vulnerable sectors. The law was signed into effect in March 2020 and provided the legal framework for the government’s COVID-19 response. The Bayanihan Act was aligned with President Duterte’s four-pillar policy response to the pandemic, which sought to provide social protection support to the most vulnerable groups, including displaced workers and overseas Filipino workers (OFWs), while also implementing emergency cash aid programs and expanding fiscal resources for frontline medical workers (Cuaton et al., 2021; Panao & Rye, 2023).

The most relevant feature of the *Bayanihan Act* was its provision for emergency subsidies to around 18 million low-income households under the Social Amelioration Program (SAP). They were given a monthly subsidy for each beneficiary household that was between PHP 5,000 and PHP 8,000, equivalent to the prevailing minimum wage of their region (Table 2). The Department of Social Welfare and Development (DSWD) managed to distribute emergency aid sent out by the government through a 98% distribution rate for a PHP100 billion cash subsidy.

Table 2: Emergency Cash Subsidy Recipients

Area	Actual	Target	Total
Actual vs Target No. of Families – (SAP-4Ps)	4,212,207	4,217,814	98%
Disbursement (Amount received by SAP-4Ps Beneficiaries/Families) vs 4Ps Budget Allotment	PhP18,292,373,300	PhP18,509,530,400	98%
Actual vs Target No. of Families – Non-SAP-4Ps	13,239,419	13,469,635	98%
Disbursement (Amount received by Non-SAP-4Ps Beneficiaries/Families) vs Non-SAP-4Ps Budget Allotment	PhP80,226,539,400	PhP81,685,466,000	98%

Source: (DSWD SAP monitoring dashboard, n.d.).

Even though these initiatives were good, the implementation of SAP was not an easy ride. Informants from the different NGAs mentioned that the absence of a master list contradicts one of their strategic disadvantages. The identification of beneficiaries was complex due to the delay in information, and financial aid was distributed late in many areas (Aguilar, 2020b). Furthermore, stakeholders pointed out that the subsidies provided were insufficient to meet the basic needs of many households, especially given the prolonged nature of the lockdowns and the economic downturn.

In September 2020, the government enacted Republic Act No. 11494, known as the “Bayanihan to Recover as One Act” or *Bayanihan 2*. It aimed to provide an additional PHP65.5 billion to boost the recovery, targeting stimulus in the sectors of agriculture, tourism, and transportation that COVID-19 has hardest hit. These include extending loan payments, terms for MSME loans, making its payment more flexible and providing a 60-day amnesty on payment of utility bills and rent (Espino, 2020). Despite these interventions, informants from the NGAs and LGUs pointed to the country’s limited fiscal resources as a significant constraint on the overall effectiveness of the response.

The overall fiscal response of the Philippines to the pandemic was estimated to be 6.4% of its 2019 GDP, which, while higher than the median fiscal stimulus package in Asia-Pacific countries, was significantly lower than the stimulus packages implemented by wealthier countries such as Japan and the United States (Felipe et al., 2020). As the pandemic dragged on into 2021, it became

clear that the government's fiscal capacity was stretched thin, and many sectors, particularly small businesses and informal workers, struggled to recover.

Intergovernmental Coordination

The Philippine government's response to COVID-19 involved a multi-sectoral approach activated through IATF-EID. The DOH Secretary chaired the task force and co-chaired by various government officials, including the Cabinet Secretary and the Department of the Environment and Natural Resources (DENR). Members of the task force included heads of multiple vital agencies such as the Department of Finance, the Department of Justice, and the AFP (Panao & Rye, 2023).

The IATF-EID released a National Action Plan (NAP) on 25 March 2020 that aimed to decongest operations and unburden an already overworked national COVID-19 response team. This created a National Task Force (NTF) for operational command headed by the Secretary of National Defence, while the IATF-EID served as a policymaking body (Aguilar, 2020b).

The IATF-EID passed various resolutions amid the pandemic to outline standard national and local responses. Resolution No. 15 established the NTF's organisational structure and designated the task group on response operations, led by the DOH, to address healthcare issues, enforcement and security, and food security. Another task group, focused on resource management and logistics, ensured that critical supplies were provided to frontline agencies. Moreover, the IATF-EID called on both NGAs and LGUs to be more transparent in terms of informing each other regarding contact tracing (United Nations, 2022).

Although these initiatives were admittedly good, the journey of SAP was not a bed of roses. Informants from the various NGAs also said that one of their strategic disadvantages is not having a master list of beneficiaries. This was because the mapping process of beneficiaries took time, and financial aid poured in late for numerous regions. This was most obvious in the cases of LGUs, who were either uninformed or given conflicting guidance on enforcing restrictions.

The effectiveness along these levels of coordination also varied across regions, with wealthier and more developed LGUs in places like Metro Manila generally doing better than poorer, more rural areas. Differences in coordination and resources led to an inconsistent response, containing the pandemic more successfully in some areas than others (Binas, 2020). This was most apparent in the failure of contact tracing due to miscommunication and the fact that both the DOH and LGUs could not sync their schedules. Even though the DOH created a system for LGUs to report their cases and contacts, COVID-KAYA reporting still faced issues, particularly in lower-income areas with poor technical capacity. This led to

poor contact tracing in many places, and as a result, the virus continued to circulate in communities (Quimbo et al., 2020). Similarly, the manual nature of contact tracing in many rural areas also illustrated how weak digital infrastructure hobbles pandemic response efforts.

A palpable lapse in multilateral coordination was that no lower-ranking members were included in the IATF-EID. Several informants from NGAs and LGUs criticised the task force's composition, arguing that it did not include enough representation from LGUs or healthcare professionals. This lack of representation hindered its ability to adopt a more inclusive and whole-of-society approach to managing the pandemic (Aguilar, 2020b).

Securitisation of the Pandemic Response

In the Philippines, the securitisation of the pandemic was evident in the government's decision to involve the military and police in enforcing quarantine measures and maintaining public order. The IATF-EID created the NTF COVID-19, led by the Secretary of National Defence. This task force was responsible for the operational command of the pandemic response while the IATF-EID continued to function as the policymaking body. Additionally, Joint Task Force COVID-19 Shield, led by a police general, was formed to enforce quarantine protocols at checkpoints and ensure peace and order throughout the country.

President Duterte consistently emphasised the critical role of the military and police in the pandemic response. In a public address on July 31, 2020, Duterte stated that "the backbone of my administration is the uniformed personnel of government" and urged the security sector to take a more aggressive stance in enforcing quarantine measures. This securitised approach was further reflected in his directive to law enforcement agencies to arrest quarantine violators and, if necessary, use force to ensure compliance. In April 2020, Duterte even instructed security forces to shoot quarantine violators who posed a threat to police and military personnel (Agojo, 2021).

This militarised approach to managing the pandemic drew mixed reactions from stakeholders. Some informants from the AFP viewed the pandemic as a national security threat that justified using extraordinary measures. One AFP informant stated, "COVID-19 is not just a health issue; it poses a great danger to the survivability of the foundation that sustains the system of our government". This perception reinforced the need for a securitised response, in which the military played a central role in enforcing lockdowns and maintaining public order.

At the same time, civil society groups and human rights advocates expressed concern over the potential for abuse of power under a securitised pandemic response framework. The heavy reliance on military and police forces to enforce public health measures, such as checkpoints, curfews, and arrests, raised questions about civil liberties and the balance between security and individual rights. Critics argued that the government's militarised response failed to prioritise the health and welfare of citizens, particularly the most vulnerable groups, and instead focused on punitive measures that disproportionately affected people experiencing poverty (Hapal, 2020).

Moreover, scholars like Hapal (2020) have noted that the securitisation of the pandemic response was influenced by Duterte's leadership style, which has often relied on militaristic metaphors and harsh enforcement tactics. His approach to the pandemic mirrored his handling of other crises, such as the war on drugs, in which the military and police were deployed to suppress perceived threats to national security. While effective in enforcing compliance with health protocols, this securitised framing of the pandemic also risked alienating segments of the population who were wary of military intervention in civilian affairs. However, it must also be stated that the securitisation of the government's pandemic response may be attributed to several factors. This included the novelty of the experience of a pandemic such that immediate response was necessary. Given this, it was the military that Duterte had to rely on to immediately take action.

The roles of the military and police in COVID-19 response have also sparked debate over what permanent changes to securitisation might come from health emergencies. Even during times of crisis, using military forces to manage a health emergency must be balanced with respect for civil liberties and democratic principles. Military officers being used to enforce quarantine in the Philippines pointed to problematic issues about balancing public order vs protecting human rights, which needs addressing for future emergencies (Agojo, 2021).

Comparative Responses of Selected Countries to COVID-19

The comparison of 12 countries' responses to COVID-19 focuses on several critical indicators, including the timing of initial cases, the number of confirmed cases and deaths, public health preparedness, and the effectiveness of policy measures. The countries included in this analysis span different regions, from the Asia-Pacific (Australia, China, Indonesia, Japan, New Zealand, Singapore, South Korea, Thailand, Vietnam) to South Asia (India), South America (Brazil), and Western Africa (Ghana). A key observation from the data is that the timing of the first

reported COVID-19 case does not necessarily correlate with the number of cases or deaths in a given country. See Tables below:

Table 3: Date of First Case Reported, Confirmed Cases, and Deaths per Country

Country	Date when First Case was Reported	Number of Confirmed Cases			Number of Deaths (Year 2020)		
		July 12, 2020	August 30, 2020	% Increase	July 12, 2020	August 30, 2020	% Increase
Australia	Jan 25, 2020	9,553	25,547	167.42%	107	600	460.75%
Brazil	Feb 26, 2020	1,800,827	3,804,803	111.28%	70,398	119,504	69.76%
China	Dec 31, 2019	85,522	90,351	5.65%	4,648	4,728	1.72%
Ghana	Mar 12, 2020	24,248	43,949	81.25%	135	270	100%
India	Jan 30, 2020	849,553	3,542,733	317.01%	22,674	63,498	180.04%
Indonesia	Mar 2, 2020	74,018	169,195	128.59%	3,535	7,261	105.40%
Japan	Jan 16, 2020	21,502	67,264	212.83%	982	1,264	28.72%
NZ	Feb 26, 2020	1,194	1,378	15.41%	22	22	0%
Philippines	Jan 30, 2020	54,222	213,131	293.07%	1,372	3,419	149.20%
Singapore	Jan 23, 2020	45,783	56,717	23.89%	26	27	3.85%
S. Korea	Jan 20, 2020	13,417	19,699	46.83%	289	323	11.76%
Thailand	Jan 13, 2020	3,217	3,411	6.03%	58	58	0%
Vietnam	Janu 23, 2020	370	1,040	181.08%	0	32	Inf

Sources: (World Health Organization, n.d.-a) for confirmed cases and deaths as of August 30, 2020; (International Monetary Fund, n.d.) for first case reported.

Table 4: Confirmed Cases per Country Ranked from Least to Most as of August 30, 2020

Rank	Country	Cases
1	Vietnam	1,040
2	New Zealand	1,378
3	Thailand	3,217
4	South Korea	19,699
5	Australia	25,547
6	Ghana	43,949
7	Singapore	56,717
8	Japan	67,264
9	China	90,351
10	Indonesia	169,195
11	Philippines	213,131
12	India	3,542,733
13	Brazil	3,804,803

Source: (World Health Organization, n.d.-a).

Table 5: Deaths per Country Ranked from Least to Most as of August 30, 2020

Rank	Country	Deaths
1	New Zealand	22
2	Singapore	27
3	Vietnam	32
4	Thailand	58
5	Ghana	270
6	South Korea	323
7	Australia	600
8	Japan	1,264
9	Philippines	3,419
10	China	4,728
11	Indonesia	7,261
12	India	63,498
13	Brazil	119,504

Source: (World Health Organization, n.d.-a).

Table 6: Composite Rank after Averaging Rank in Number of Confirmed Cases and Number of Deaths as of August 30, 2020

Confirmed cases rank	Deaths Rank	Composite Rank (Average of Rank in Columns 1 & 2)
1. Vietnam	1. New Zealand	1. New Zealand (1.5)
2. New Zealand	2. Singapore	2. Vietnam (2)
3. Thailand	3. Vietnam	3. Thailand (3.5)
4. South Korea	4. Thailand	4. Singapore (4.5)
5. Australia	5. Ghana	5. South Korea (5)
6. Ghana	6. South Korea	6. Ghana (5.5)
7. Singapore	7. Australia	7. Australia (6)
8. Japan	8. Japan	8. Japan (8)
9. China	9. Philippines	9. China (9.5)
10. Indonesia	10. China	10.5 Philippines (10)
11. Philippines	11. Indonesia	10.5 Indonesia (10)
12.5 India	10. India	11. India (12.25)
12.5 Brazil	12. Brazil	13. Brazil (12.75)

Source: (World Health Organization, n.d. – a) for confirmed cases and deaths as of August 30, 2020.

As may be seen, Thailand reported the first case among these countries on January 13, 2020, while New Zealand detected its first case six weeks later - on February 26, 2020. By August 30, 2020, Thailand had reported 3,411 confirmed cases and 58 deaths, while New Zealand had recorded only 1,378 cases and 22 deaths. This counter-intuitive finding suggests that early detection alone does not guarantee success in managing the pandemic. New Zealand’s stringent lockdown and comprehensive public health measures helped it outperform Thailand despite the delay in identifying its first case (Hale et al., 2020).

Similarly, Vietnam, which reported its first case on January 23, 2020, managed to keep its confirmed cases and deaths lower than Thailand, with only 1,040 cases and 32 deaths by August 30, 2020. This suggests that effective containment measures and a robust public health infrastructure can outweigh the advantages of early detection. Vietnam’s rapid response to the pandemic, which included strict border controls and aggressive contact tracing, enabled it to control the virus more effectively than countries that detected cases earlier but were slower to implement stringent measures (Hung et al., 2020).

In contrast, the Philippines, which detected its first case on January 30, 2020, saw a much higher toll by August 2020, with 213,131 confirmed cases and 3,419 deaths. The delay in implementing strict quarantine measures and the

inconsistencies in enforcement likely contributed to the higher rates of infection and death. The Philippines' experience illustrates the importance of swift, decisive action in curbing the spread of the virus and highlights the risks of delaying or underestimating the severity of the pandemic (Vallejo & Ong, 2020). Some peculiarities of the Philippines must be mentioned for a more nuanced understanding of its situation. It is a republican and democratic state that respects freedoms enshrined in its Constitution. One major factor that characterised its pandemic response is that the country has no integrated national database system, making it difficult to track citizens that were useful in contact tracing activities. Compliance with the data privacy law is also strictly observed.

By September 2021, the global trajectory of the pandemic showed that countries such as New Zealand, Singapore, and Australia had managed to maintain relatively low numbers of confirmed cases and deaths (see Tables 7 & 8).

Table 7: Confirmed Cases per Country Ranked from Least to Most as of September 23, 2021

Rank	Country	Cases
1	New Zealand	3,763
2	Singapore	79,899
3	Australia	88,710
4	China	124,232
5	Ghana	125,565
6	South Korea	290,983
7	Vietnam	695,744
8	Thailand	1,500,105
9	Japan	1,681,120
10	Philippines	2,401,916
11	Indonesia	4,195,968
12	Brazil	21,247,667
13	India	33,504,534

Source: (World Health Organization, n.d.-a).

Table 8: Deaths per Country Ranked from Least to Most as of September 23, 2021

Rank	Country	Deaths
1	New Zealand	27
2	Singapore	65
3	Ghana	1,125
4	Australia	1,178
5	South Korea	2,419
6	China	5,689
7	Thailand	15,612
8	Japan	17,276
9	Vietnam	17,305
10	Philippines	37,074
11	Indonesia	140,954
12	India	445,768
13	Brazil	590,955

Source: (World Health Organization, n.d.-a).

On the other hand, countries like India, Brazil, Indonesia, and the Philippines continued to struggle with higher rates of infection and mortality. Brazil and India fared poorly despite having relatively high health preparedness scores according to the Global Health Security (GHS) Index (See Table 9). This underscores that health preparedness alone is insufficient without effective political leadership and coordinated public policy.

Table 9: 2019 GHS Index Ranking: Actual Overall Score and Rank among 195 Countries Surveyed

Country	Actual overall score	Actual overall rank
1. Australia	75.5	4
2. Thailand	73.2	6
3. South Korea	70.2	9
4. Japan	59.8	21
5. Brazil	59.7	22
6. Singapore	58.7	24
7. Indonesia	56.6	30
8. New Zealand	54.0	35
9. Vietnam	49.1	50
10. China	48.2	51

11. Philippines	47.6	53
12. India	46.5	57
13. Ghana	35.5	105

Source: (Nuclear Threat Initiative, n.d.)

The varying degrees of governmental stringency in response to the pandemic also significantly shaped outcomes (See Table 10). Countries like China and Vietnam, which implemented some of the strictest lockdown measures globally, were able to keep their case numbers relatively low despite initial fears of large-scale outbreaks. In contrast, despite implementing strict lockdowns similar to those in China and Vietnam, India faced one of the highest case counts worldwide, demonstrating that stringent measures alone are not enough to guarantee success. Effective public communication, widespread testing, and robust contact tracing are also critical components of a successful pandemic response.

Table 10: Stringency Index of the 13 Countries' Responses to COVID-19

Value Range	Country	Description of performance
1-25	New Zealand	Least stringent
25-50	Ghana, South Korea	Less stringent
50-75	Australia, Brazil, Indonesia, Japan, Philippines, Singapore, Thailand	More stringent
75-85	China, India, Vietnam	Most stringent

Source: (University of Oxford, n.d.).

At the same time, countries like New Zealand and Ghana, which imposed less stringent measures according to the Oxford COVID-19 Government Response Tracker (OxCGRT), achieved better outcomes than expected. These countries were able to maintain relatively low case counts and deaths by focusing on early detection, widespread testing, and clear communication with the public. New Zealand, in particular, benefited from strong leadership and a transparent, science-based approach to managing the pandemic, which fostered public trust and compliance with health protocols.

Another critical variable in the comparative analysis is leadership. Countries like New Zealand and South Korea, where leaders took the pandemic seriously from the outset and relied on scientific evidence to guide policy

decisions, were able to control the virus more effectively than countries where leadership was less consistent. In Brazil, for example, President Jair Bolsonaro's dismissal of the pandemic's seriousness and his reluctance to impose strict public health measures contributed to the country's high infection and mortality rates. Similarly, President Duterte's reliance on militaristic metaphors and harsh enforcement tactics in the Philippines highlighted how leadership style can foster public cooperation or lead to public resistance (Hapal, 2020).

There are five main factors positively associated with the downstream effect of cross-sectional COVID-19 outcomes: health preparedness capability, public policy initiatives, intergovernmental coordination, securitisation and leadership. The GHS Index is a useful tool for quantifying health preparedness. However, the unfolding of this pandemic has proven that it does not reflect the capability of effective leadership or responsive public policy.

Issues, Gaps, and Challenges

This section addresses the critical questions arising from comparing the Philippine COVID-19 response with the twelve other countries. Key questions include: To what extent is preparedness a significant factor in preventing the spread of infectious diseases? How do stringent non-health public policy measures contribute to pandemic containment? How effective are fiscal and monetary measures in mitigating the socio-economic impacts of the pandemic? What role does intergovernmental coordination play in facilitating efficient pandemic response? And how does securitisation impact the overall success of managing public health crises?

Preparedness

Preparedness refers to investments in health infrastructure and human resources, assuming stronger systems can combat pandemics better. However, as demonstrated by the mixed outcomes in countries like Brazil and the Philippines, preparedness is not always sufficient on its own. According to the Global Health Security (GHS) Index, Brazil ranked relatively high in terms of health preparedness. Still, political leadership failures and weak intergovernmental coordination hindered the country's pandemic response. This highlights the importance of leveraging preparedness alongside effective leadership and public trust.

Stringent Non-Health Public Policy Measures

Top-down measures, such as lockdowns and travel bans, were the go-to strategy for all the countries. However, the major drawback of these protective measures is that they are not as effective as they should be. For example, the lockdowns imposed by different countries have given mixed results: China and Vietnam were able to restrict spread with high degrees of success – mainly through aggressive contact tracing behind strict quarantines (simple-sounding enough as a concept but for an unprepared world lack-lustre in preparations); though implemented much like its two northern neighbours India has found control slipping from slushy-fingered hands. For example, New Zealand was able to use lighter economic restrictions because it got ahead of the curve in terms of monitoring a potential outbreak and country, as well as with clearly defined communication (Hale et al. 2020). One factor that must also be highlighted is a working national database allowing the government to launch initiatives informed by data. This was a major problem in the Philippines that has also instituted strict data privacy measures.

According to the Oxford COVID-19 Government Response Tracker (OxCGRT), even stringent lockdowns do not always reflect success. Success is contingent on a package of outcomes encompassing citizen contribution, mandate reinforcement efficacy and agile government in its approach to new information. These findings emphasise the need for adaptable public health policies during pandemics.

Fiscal and Monetary Measures

The economic, fiscal and financial responses to the pandemic were essential for safeguarding social stability and avoiding an economic meltdown. Monetary policy adjustments, credit guarantees, and financial assistance were part of fiscal measures through the *Bayanihan* Acts in the Philippines. Still, the stimulus program was smaller than those of other nations like the United States and Japan. What might have been a delay in the normalisation of various sectors, including informal workers and small businesses, from recovering earlier was driven by government fiscal constraints (Devereux et al., 2020).

Intergovernmental Coordination

Cross-country differences in the effectiveness of pandemic responses were also driven by intergovernmental coordination. From time to time, the efficient delivery of policies was possible due to good cooperation between departments. In some cases, coordination was slowed by party disputes and leadership choices. For example, President Bolsonaro chose to entrust decisions about how to respond

more than he did public health professionals — opting instead for military generals. Another thing that detracted the response was how President Duterte in the Philippines appointed military officials to critical roles within the IATF-EID, making decision-making more complicated and less effective.

The case of the Philippines highlights a common challenge for democracies because, in contrast to an authoritarian regime that can easily and quickly make decisions because no one contests them (or at least not effectively), democratic systems require coordination among government offices. Coyne and Yatsyshina (2020) also expressed apprehensions about the sustainable effects of securitisation in public health emergencies and dependency on the military and police enforcement.

Securitisation of the Pandemic Response

Securitisation is the term used to describe the militarisation of the pandemic response, which treats COVID-19 as a national security concern. The Philippines' securitised approach to managing the pandemic was evident in the heavy reliance on military and police forces to enforce quarantine measures. This strategy of employing extraordinary measures is frequently implemented during crises; however, its efficacy is uncertain. It also raised concerns about the potential for abuse of power and civil liberties, even though it ensured compliance with restrictions (Hapal, 2020). Still, the novelty of the problem may have pushed the government to rely on the military as its first line of defence, given the lack of preparedness to meet the challenges of a pandemic that has not happened in the same magnitude in recent history. Securitisation may have also been triggered by past experience, specifically with typhoon Yolanda (international name: Hainan) where looting, turmoil and social unrest were seen.

CONCLUSIONS AND RECOMMENDATIONS

The study of the COVID-19 responses of 13 countries, including the Philippines, provides several insights into managing the pandemic through public policy initiatives, intergovernmental coordination, and securitisation. Firstly, the study found that no countries had the same initial position in terms of healthcare capacities, political systems, and resources. Second, the study was surprised to learn that variable political orientations and financial resources, such as Vietnam, China, New Zealand, and South Korea, all achieved good outcomes. This suggests that financial wealth and regime type alone are insufficient indicators of success in the fight against COVID-19. The results of the GHS index also revealed mixed outcomes for preparedness capability. Some high-ranking countries, such as

Brazil, were overwhelmed by their responses while low-ranking Ghana outperformed expectations. It suggests that, while important, preparedness capability was not the only factor. The study concluded that proper crisis management from political leaders is a key to capitalising on one's health care capacities. In terms of public policy initiatives, most countries have implemented related health and fiscal policies, such as lockdowns, fiscal stimulus packages, and monetary financial policies. The critical factor determining a given policy's outcome is not the policy itself but how the government executes and enforces it. The countries that acted early and decisively communicated succeeded in containing the virus. Hence, governments should not play safe and wait since whoever waits loses, resulting in unfavourable results.

Results from intergovernmental coordination were also, in general, mixed. Some countries had the positive advantage of better coordination between different government agencies, and others witnessed harm due to partisan fights among these responding bodies. Cases where the military generals are picked ahead of health professionals, such as in Brazil, make its response vulnerable. Likewise, Philippine President Duterte's use of military leadership made the IATF-EID a body difficult to negotiate when it comes to decision-making. This finding underscores the significance of intergovernmental coordination but is subject to its subversion by leaders' personal political preferences.

The research also touches on securitisation and military use during pandemics. China, Vietnam and the Philippines resorted to military interventions as lockdowns and quarantine measures were enforced using war metaphors. Though this did work in instances—such as in China, where it was implemented—the concept runs afoul of democratic norms and the suspicion about any military involvement among populations like that of the Philippines, given their experience with martial rule. It exemplifies the problematic balance between protecting civil liberties and enacting severe public health measures in emergencies.

Leadership then becomes the crucial factor that can make or break a country's COVID-19 response. Many leaders took the pandemic seriously from day one and based their policies on science; as seen in New Zealand or South Korea, they managed to control it quite well. Public trust is a crucial part of it, as is leadership ensuring that government agencies work in concert and putting measures in place to follow public health rules. Vital to the study is that leadership comes top among all factor categories across a country's response at any given time in relation to health responses.

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