

**PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE
NEWS AND INFORMATION BUREAU**

**PUBLIC BRIEFING #LAGINGHANDAPH
HOSTED BY PCOO SECRETARY MARTIN ANDANAR
AND PCOO UNDERSECRETARY ROCKY IGNACIO**

January 12, 2021 (11:00 A.M. – 12:05 P.M.)

SEC. ANDANAR: Isang magandang umaga po sa ating lahat, ngayon ay a-dose ng Enero 2021. Muli ay kasama ninyo kaming maghahatid ng mga napapanahong balita at impormasyon kaugnay sa COVID-19 at iba pang isyu sa ating bansa; ako po si Secretary Martin Andanar ng PCOO. Magandang umaga, Rocky!

USEC. IGNACIO: Good morning, Secretary Martin. Ngayong araw po ay ibabahagi rin namin sa inyo ang kuwento ng mga Pilipino sa ibang panig ng mundo na nauna na pong nabakunahan laban sa coronavirus; ako po ang inyong lingkod Usec. Rocky Ignacio ng PCOO.

SEC. ANDANAR: Makibahagi sa usapan, maging maalam dahil kapag tayo ay sama at laging handa, kaya natin ito; ito po ang Public Briefing #LagingHandaPH.

Pasadahan na natin ang mga balita: Sinuportahan ng Overseas Filipino Workers o OFWs ang Senate Bill #1949 na inihain ni Senate Committee Chair on Health and Demography Senator Bong Go na naglalayong maitatag ang Department of Overseas Filipinos. Panoorin po natin ito:

[VTR]

USEC. IGNACIO: Samantala, Senator Bong Go namahagi ng mga bisikleta sa mga miyembro ng Go Bike Project sa Bugallon, Pangasinan, sila ay mga kabataang pumapadyak ng bike upang makapaghatid ng tulong medikal. Alamin ang detalye sa report na ito:

[VTR]

SEC. ANDANAR: Naghatid naman ng tulong ang outreach team ni Senador Bong Go sa mga nasalanta ng Bagyong Vicky sa Tago, Surigao del Sur kaya naman lubos ang pasasalamat ng mga ito. Panoorin po natin ito:

[VTR]

USEC. IGNACIO: May ilang bansa na po ang nagbabakuna kontra-COVID-19, isa na po dito ang Estados Unidos na nakapagbigay ng unang dose sa halos siyam na milyong katao kasama na po diyan ang ilan nating kababayan na health workers doon. Kaugnay po niyan ay makakausap natin sina Doctor Frederick Troncales at Mr. Dennis Ondevilla, mga Filipino frontliners po sa USA. Magandang umaga po mula dito sa Pilipinas, Doc. Frederick at Sir Dennis.

DR. TRONCALES: Magandang umaga rin sa inyo.

USEC. IGNACIO: Opo. Dr. Frederick, ano pong klaseng bakuna ang ibinigay sa inyo; at nakaranas ba kayo ng side effects? Ito po iyong mga unang tanong.

DR. TRONCALES: Yeah. So nabakunahan ako ng second dose actually noong Friday, first dose ko noong January 18. So as far as to side effects, iyong unang bakuna ko noong December 18, so mukhang masakit iyong braso ko noong una; tumagal ito ng mga 24 hours.

Noong Friday naman, noong second na bakuna ko, mas medyo mas malakas in terms of doon sa severity ng sakit nung injection, nung bakuna; mas medyo may konting panghihina ako ng isang araw. Pero noong after 24, 36 hours nang pagkabakuna, gumanda na rin iyong pakiramdam ko. So, yes, may konting side effects pero tolerable naman.

USEC. IGNACIO: Opo. Doc. Frederick, puwede po ba nating banggitin kung anong klase pong bakuna ang itinurok sa inyo?

DR. FREDERICK TRONCALES: Yes. So ang binakunahan sa akin, Pfizer vaccine, ito iyong isang unang bakuna na in-approve ng FDA under Emergency Use Authorization dito sa Estados Unidos.

USEC. IGNACIO: Opo. Kaparehong bakuna rin po ba ang itinurok sa inyo, Sir Dennis, at pang-ilang dose na po ang na-administer sa inyo? Kailan daw po, in case, iyong susunod?

MR. DENNIS ONDEVILLA: Like Doc. Frederick, I had my unang vaccine ko nakuha ko noong December 30th kasi kasama ako doon sa Phase 1B noong second week noong nag-roll out iyong vaccine. Makukuha ko iyong second dosage ko by January 19, so almost like a week from now.

USEC. IGNACIO: Sir Dennis at saka Doc. Frederick, may tanong po si Red Mendoza ng Manila Times, ito po iyong mga kasamahan nating media dito sa Pilipinas: Ano po iyong naramdaman ninyong side effect noong kinuha ninyo ang COVID vaccine at maa-assure ninyo po ba ang mga kababayan natin na ito ay ligtas? Although may sinabi na po si Doc. Frederick, puwedeng makuha ko pa rin po iyong sagot ninyo sa tanong ng ating kasamang si Red Mendoza, Doc. Frederick at susunod po si Sir Dennis.

DR. FREDERICK TRONCALES: Magandang katanungan iyan. Sinasabi ko na iyong mga side effects ng as far as iyong pagbakuna ng COVID-19 vaccine, tolerable naman ito. Ang mga karaniwang side effects are iyong sakit or pain along the injection site, mayroong mga iba medyo nagkakaroon ng headache and then as far as fatigue or medyo panghihina medyo nararanasan din iyan noong mga nabakunahan. Pero typically nagri-result naman ito after 24 to 48 hours.

And pangalawang bakuna – Friday, iyong second dose ko, mas medyo slightly mas matindi nang kaunti iyong pagbakuna sa arm ko na mas medyo parang pasa o bugbog iyong pakiramdam. Pero after again, 24/36 hours nawala naman iyong two side effects and base naman sa mga studies na lumabas na dito sa mga milyon na nabakunahan dito sa Amerika, wala naman talagang in terms of severe side effect na nararanasan ang mga nabakunahan. Iyong mga iba mayroong kaunting allergic reaction na nasolba naman ng pagbibigay ng anti-histamine, steroid at monitoring sa

emergency room. So mayroong mga kaunting nagka-allergy pero for the most part ito ay tolerable in terms of sa vaccination.

USEC. IGNACIO: Opo. Sir Dennis...

MR. DENNIS ONDEVILLA: So iku-confirm ko lang, like Doc. Frederick iyong injection side basically iyon ‘yun aking nararamdaman when I had iyong aking bakuna, masakit iyong injection site, iyong part ng injection site within a day or two pero unti-unti naman nawawala. But with Doc. Frederick, ako nagkaroon ako ng kind of like light headedness and headache. Iyon lang ‘yung I guess the symptom o iyong reaction doon sa vaccine. I took Tylenol after that, kumbaga iyong para dito iyong pain, iyong pain reliever tablet. After that wala naman and I’m fine and okay and you know waiting... naghihintay ako ng pangalawang bakuna at hindi na ako makapaghintay.

USEC. IGNACIO: Opo. Para pa rin kay Sir Dennis. Paano po iyong prosesong sinusunod diyan sa pagbabakuna? May monitoring po ba after mabakunahan? Puwede rin pong tanong ito para kay Dr. Frederick. Unahin ko na muna si Sir Dennis.

MR. DENNIS ONDEVILLA: Yes. So noong unang dosage noong bakuna noong binigyan kami, mayroon kaming site kasi nasa county hospital kami sa, Los Angeles County USA. So iyong mga medical worker na nandoodon, 15 minutes pag-stay-in kayo sa isang lugar nang 15 minutes, definitely may social distancing. Kung mayroon kang reaction or anything ipapadala ka sa ibang healthcare worker sa isang unit pero kung okay ka na, you can go on your own. Makakaalis ka na at gagawin mo na iyong mga dapat mong gawin sa araw na iyon. Iyon iyong proseso.

USEC. IGNACIO: Opo. Sir Dennis, ang alam ko ikaw ay nagkaroon din ba ng direct contact din sa nagpa-positive na inmate diyan sa inyong lugar? So papaano mo ginagawa ito na talagang hindi ka maaapektuhan? Ngayon ba ay naging confident ka dahil naturukan ka na rin ng bakuna?

MR. DENNIS ONDEVILLA: Iyong fear mas nawala noong naturukan ako ng unang dosage ng bakuna. Noong una siyempre araw-araw marami kaming mga inmates na dumarating kasi nagtatrabaho ako sa Department of Health Services under Correctional Health ng correctional facility ng Los Angeles. Medyo iyong takot, iyong pangamba nandoon lalo na kasi hindi lang para sa sarili ko, mayroon akong kasama, iyong aking tatay na medyo vulnerable sa COVID na virus. So iyon iyong isa sa mga rason kasi noong naka-receive kami ng email na sabi iyong mga workforce members na puwede na kaming magpa-vaccine, nag-opt din ako, umoo kaagad ako, nag-agree na magpa-vaccine – not only para sa sarili ko, para na rin sa, you know, protection sa tatay ko.

So iyong daily na pakikisalamuha doon sa mga inmate kasi siyempre araw-araw nagri-release ng planning, iyong trabaho ko dito, namimigay ng mga programa, iyong social services – medical and mental health sa mga inmates, iyon iyong—noong nagkaroon ako ng bakuna, ngayon ay I think I feel more na confident ako, komportable na makisalamuha sa kanila.

USEC. IGNACIO: Opo. Kay Doc. Frederick, papaano ninyo po minu-monitor iyong iba pang nabakunahan na ng laban sa COVID-19 at ito po bang mga side effects, normal po ba itong mga ganitong klase?

DR. FREDERICK TRONCALES: Okay, good question iyan ha. So actually dahil under Emergency Use Authorization pa nga lang ang coronavirus vaccine dito, iyong both Pfizer at saka Moderna, sobrang closely minu-monitor ang side effects. So katulad nga ng sinabi na after na nabakunahan ako, 15 minutes kami minu-monitor nga sa site mismo kung magkakaroon kami ng allergic reaction. Tapos enrolled rin kami sa aming telepono na every day since noong time na kami ay binakunahan, nagtsi-check-in kami doon sa app na program kung nagkakaroon kami ng side effect o sintomas o other result doon sa coronavirus vaccine.

So until now tuwing also dos/alas tres ng hapon minu-monitor kami, tsini-check by text, pinagri-respond kami through the app kung mayroon kaming result na side effect din dahil nga importante na malaman kaagad ng gobyerno kung mayroon pang increase ng in terms of side effects din. So I think it's something na malalaman natin, as of now wala naman talagang nakikita na severe side effects so far as related to the COVID vaccine doon sa milyun-milyon na nabakunahan sa amin.

USEC. IGNACIO: Opo. Doc. Frederick dito kasi sa Pilipinas, bukod po sa national government ay nagpahayag na po ng kaniya-kaniyang interes ng pagbili ang mga lokal na pamahalaan, maging ang pribadong sector. Ganiyan din po ba sa Amerika at saan po galing iyong bakuna? Sa federal government po ba o sa state o sa mismong mga employers?

DR. FREDERICK TRONCALES: Okay. So kasi dito, centralized iyong pag-procure ng coronavirus vaccine. So under the operation 'Warp Speed' noong time na dini-develop iyong mga iba't ibang vaccines available, nag-fund na iyong gobyerno ng Amerika para suportahan iyong iba't ibang potential na vaccine products din.

So noong na-approve na iyong Moderna, mayroon nang allotted na fund dito at iyon ang dini-distribute. So iyong bakuna ay binibigay na libre at iyong federal government ang nagdi-decide in terms of ilan ang makukuha ng bawat state at minu-monitor nila doon sa mga nabigay na nila sa bawat state, ilan ang nagamit na. So actively iyan minu-monitor at centralized ang procurement at distribution sa mga iba't ibang states.

Pagdating sa mga iba-ibang states naman, iyong mga department of health ng kaniya-kaniyang state ang responsable naman na magbigay sa iba't ibang ospital at iyong iba't ibang ospital ang responsible naman para gawin iyong programa para i-distribute sa kaniya-kaniyang community.

USEC. IGNACIO: Para po sa inyong dalawa ito, unahin ko lang po si Doc. Frederick. Mayroon po ba kayong words of encouragement para sa ating mga kababayan dito sa Pilipinas na may agam-agam o doubts pa rin po sa pagbabakuna, Doc. Frederick?

DR. TRONCALES: Okay. So ang masasabi ko sa ating mga kababayan at some point lahat tayo, importante tayong magkaroon ng immunity dito sa coronavirus, kasi ito ay isang pandemic at ito ay isang virus na hindi pa talaga nakikita ng ating mga katawan. So, kailangan tayo lahat

mag-develop ng immunity or antibodies. Dalawang klase lang ang klaseng antibodies na puwedeng mong makuha: Ang isang klase is magkaroon ka ng infection sa coronavirus at hopefully ikaw ay mag-recover o gumaling. Ang pangalawang way para magkaroon ka ng antibody or immunity sa coronavirus ay through vaccination.

-So, sa palagay ko at sa desisyon ko, mas gugustuhin ko na magkaroon ng vaccination at magkaroon ng antibodies para labanan itong coronavirus. So, naiintindihan ko iyong mga hesitancy ng mga ibang tao o kababayan, pero isipin natin na kailangan tayong lahat para—ultimately para malabanan itong coronavirus ay kailangan nating mabakunahan.

USEC. IGNACIO: Opo. Sir Dennis...

MR. ONDEVILLA: Yeah, Usec. Sa mga kababayan nating Pilipino ang masasabi ko lang magbasa-basa ng mga... marami ng research na nandiyan sa online, huwag lang tayong mag-base sa mga Facebook post or mga memes or kung anu-anong balita. Magbasa tayo ng sarili natin, alamin natin kung ano ang epekto ng COVID vaccine. And ang mga healthcare professionals natin sa Pilipinas, alam ko na magagaling din at ipapaintindi rin nila kung ano iyong mga reaksiyon ng bawat tao sa mga bakunang ito.

Tulad ng sinabi ko kanina ang pagbabakuna ay hindi lang naman para sa sarili natin, maaari rin nating protektahan iyong mga mahal natin sa buhay. So iyon lang, isipin natin hindi lang iyong sarili natin, isipin din natin iyong ibang tao.

USEC. IGNACIO: Okay maraming salamat po sa inyong panahon, Dr. Frederick Troncales at Mr. Dennis Ondevilla mula po sa USA. Mabuhay po kayo at stay safe po.

SEC. ANDANAR: Samantala, ano na nga ba ang lagay ng ating bansa kaugnay sa COVID-19 perspective po ng World Health Organization. Ukol po rian ay makakapanayam natin ang WHO Representative to the Philippines na si Dr. Rabindra Abeyasinghe. Good morning, Dr. Rabi.

DR. ABEYASINGHE: Good morning, happy to be back.

SEC. ANDANAR: Our health department and the people from the academe expect a rise in COVID-19 infection. DOH confirmed that the surge of cases will manifest this week. Yesterday the number of new cases breached the 2,000 level once again. From WHO's point of view, is the Philippines ready for this situation?

DR. ABEYASINGHE: Secretary Andanar, we have to work from the beginning of this pandemic that this virus is transmit when people come into close contact. That is why physical distancing was advocated right from the beginning as a control measure.

We've seen over the holiday season that these physical distancing requirements are not being followed. There have been a lot of movement, a lot of get together and we've seen most recently on Saturday the Traslacion in Manila, a massive get together of people while edging physical distancing needs.

This kind of close contact will give rise for further transmission of the virus, for further infection of more people. So, it is inevitable that the Philippines is going to see an increase of cases.

We have been working with the DOH to keep people informed on the need to follow the physical distancing, to follow the key guidelines on wearing face mask, face shield and hand hygiene to minimize this risk.

Now, the question is: With increased transmission that we are seeing, how fast can we bring that under control, how ready is the Philippines?

And again, it comes to the systems that have been used since January last year to suppress transmission. Again we advocate that we need to push for a very early identification of cases, the sharing of that information with the contact tracing teams so that effective early contact tracing and management of contacts and potentially infected people can be done effectively so that the chain of transmission are interrupted.

This is critical and we believe that with the holiday season, some of the others that were recruited for contact tracing and management are still awaiting contract renewals, this could hamper having an effective response to this surge and it is critically important that the DOH and the LGUs put in place mechanisms to already initiate those early actions, so that further transmission can be reduced, suppress through early quarantining, early isolation, early testing, sharing of information not only relevant surveillance units but also with the community at large so that the community can avoid those three 'C' situations where we know that increased transmission happens so that we can bring this situation rapidly under control. Thank you.

SEC. ANDANAR: United Kingdom, Japan, Thailand and other countries have also experienced a new wave of COVID-19 cases and they are now imposing another round of lockdowns. Why is it happening across the globe and should the Philippines impose again a strict quarantine protocol?

DR. ABEYASINGHE: So we have seen that since the announcement of the new variant on the 14th of December, many countries have implemented stringent measures to reduce the likelihood of importation of this new variant which is recognized as having increased transmit ability.

WHO would like to reiterate that even for this new variant, the measures that we have been advocating from the beginning of the pandemic are the main stay, are effective and need to be implemented with increased vigor and discipline so that we can delay the introduction of this virus; and when the virus is introduced so that we can manage it well.

So in this regards, the Philippines has been implementing most stringent procedures at the points of entry and also relating to contact tracing. These efforts needs to be doubled, the whole idea of the pandemic response that the WHO has been supporting the government of the Philippines is to minimize the economic impact and minimize the deaths so that we can keep the country open and functioning. So, it is now time that we use those efforts to prevent the need for another being locked down by having initiating early action to identify and suppress potential increases in transmission whether they are due the Y type or due to the new variants.

SEC. ANDANAR: The Philippines have more than a 100 million population and currently the government is eyeing to inoculate 50 to 70 million Filipinos this year. Will it be enough to eradicate COVID-19 infection in the country?

DR. ABEYASINGHE: So that is a good question Martin and thank you for that question. Let me start by approaching this question from another angle.

What we have now are vaccines that have been authorized for emergency use. These vaccines have been shown to be effective in reducing deaths and reducing deaths and reducing risk; not all of them have been shown to be effective in reducing transmission. So the key issue is that these vaccines that are granted for emergency use listing and use is because they have not gone through the stringent safety assessments that are normally required, which normally happened with normal process because of the pandemic.

And in the case of the Philippines also, the vaccines that will be introduced need to be used so that we can minimize the impact of the pandemic by protecting the most at risk, meaning the frontline healthcare workers particularly, but also protecting the most vulnerable – the elderly and people suffering with comorbidities. In this way, if we use the vaccines in a very careful way we can, and targeting then for the high transmission areas initially, we could then minimize the impact of the pandemic and hopefully bring back economic activity early.

The vaccine roll out is going to take time because on the global scale vaccines are not available to roll out immediately. So there's going to be many types of vaccines that will need to be accommodated. There's going to be different conditions necessary for the administration and storage of those vaccines. But the key issue is that they have and the Philippines just have a plan where we are looking at early implementation and early maximizing of the impact of the vaccines. So these are good things. The government is advocating whole of society, whole of government vaccine roll out plan. This is good. This needs to be built upon so that we can maximize the benefit and bring back economic activity and reduce the deaths from this pandemic.

SEC. ANDANAR: Let's entertain questions from our media partners. Usec. Rocky, please go ahead.

USEC. IGNACIO: Thank you, Secretary Martin. Good morning, Dr. Rabi. We have a question from Joseph Morong of GMA 7: Is it safe to use Sinovac in the Philippines? How about Sinopharm?

DR. ABEYASINGHE: I would not refer to each of the individual brands of vaccines because many of these vaccines are currently still under evaluation by the national regulatory authorities and by stringent regulatory authorities in countries that are recognized to have these.

From the WHO's perspective, we have currently granted emergency use listing only for the Pfizer, BioNTech vaccines. WHO is currently reviewing several other candidate vaccines, including the Sinovac vaccine and once the emergency use listing is authorized by WHO, we will be in a better position to comment about it.

USEC. IGNACIO: We have a question from Evelyn Quiroz of Pilipino Mirror: The World Health Organization is studying the recommendation to exclude children under 16 years old from the COVID-19 vaccination program. Will the results of further studies on the matter be available soon?

DR. ABEYASINGHE: Thank you, Rocky. As I mentioned already, the vaccines are currently clearing for emergency use listing. And the trials did not involve children because of the low risk of disease in children, but also because of the critical imports of ensuring the vaccines are safe in the first place, among adults before they are tried on children.

So what we have now is a clearance for the use of vaccines in people above 16 years. As time goes, as global experience increases, it will become clear whether these vaccines can be used for children and whether they are safe and effective. Once we have that evidence, we can consider the option for vaccinating children. But this is a process that is ongoing. We are closely working with the vaccine manufacturers, the academe and the research partners to better understand this. But the key issue is that, that is going to take time and maybe, in a few months, we will have better evidence to confidently say that these vaccines are safe and effective for children.

USEC. IGNACIO: Okay. Another question from Joseph Morong, Dr. Rabi, from GMA 7: Why can't the WHO grant emergency use authorization for Sinovac or for Sinopharm?

DR. ABEYASINGHE: [Unclear] the relevant dossier were sent with WHO only last week. And so we will need sometime for review of the dossier, and [unclear]. Once these processes completed, WHO will grant based on ... in meeting the requirements will grant emergency use listing for Sinovac if that process is found to be satisfactory.

USEC. IGNACIO: From Red Mendoza of Manila Times: Multiple public opinion surveys have shown that Filipinos are still wary about the future vaccination program against COVID. How is the WHO addressing this?

DR. ABEYASINGHE: Yes, we are very much aware of a Pulse Asia Survey which shown that the acceptance for a vaccine, COVID-19 vaccine is quite low in the Philippines. I like to draw attention to the fact that the Pulse Asia Survey was conducted at the end of November, before the second of December, and that was the time that we did not have emergency use authorization for any of the COVID vaccine. So that question was asked in a space where nobody knew about the possibility of COVID-19 vaccines becoming available so soon and about their safety and use in other country. So we need to really to ask this question again.

We know that there is vaccine hesitancy in the Philippines. We need to be clear and transparent with the Filipino public that these vaccines are not authorized even matter for authorization because they are still under the emergency use listing. And that is why it is necessary for countries to have in place systems to monitor for potential side effects and remove those, and that is why we have an emergency use listing and that is why the vaccines are being used/advocated for use in places where we need to rapidly bring under control the pandemic.

USEC. IGNACIO: Opo. Still from Red Mendoza: Almost a year since the Philippines detected its first COVID case. How would WHO assess the overall response? Is the country's response adequate enough to combat future pandemics?

DR. ABEYASINGHE: The country has been regularly improving its capacity to respond fast as with many other countries. We found that the Philippines also was challenged with the advent of the pandemic and of course, it's very close proximity to the origin of the pandemic make that there was increased transmission of the very close exchange and movement of people the origin and here. But over the months, we've seen that the Philippines gradually increasing its capacity to address the challenge of this pandemic. And we hope that the health capacity can be established, [unclear] and systematize so that the country will be ready to deal not only with this pandemic but the possible future pandemics.

SEC. ANDANAR: What is your message to the Filipino people who are still afraid of the pandemic and its effects?

DR. ABEYASINGHE: Message is the same: We have reiterated from the beginning of this pandemic that it is incumbent upon each one of us to do everything possible to limit the transmission. We cannot expect government or local government units to control the pandemic. It is incumbent upon all of us to adopt the behaviors and the practices that are necessary to interrupt the chains of transmission by practicing frequent hand hygiene, to wearing of mask and face shield as appropriate, the physical distancing and the avoiding especially of those situations that gave rise to increase transmission. I refer particularly to those three situations: Closed areas, crowded situations, close contact.

We need to minimize these so that we can interrupt the transmission because if we avoid these, the virus cannot go from one person to another person. We minimize that and we break the chains of transmission. This is the message that we reiterate again and even with the introduction of the vaccines, we will need to continue this behaviors and practices, tell all of the people that require vaccination or vaccinated because the vaccine is just one tool in the arsenal against COVID-19. Just because people are vaccinated, it does not mean that we can give up these key behaviors.

SEC. ANDANAR: Thank you very much, Dr. Rabi of the WHO. Please stay safe, sir.

DR. ABEYASINGHE: Thank you, Martin. Have a good day.

USEC. IGNACIO: Samantala, naglabas ang Department of Health ng isang anunsiyo tungkol sa 'di umano'y kumakalat na bagong strain ng COVID-19 dito sa National Capital Region. Paglilinaw po ng kagawaran, wala pa silang nadi-detect na bagong strain ng COVID-19 sa bansa at patuloy po ang pakikipag-ugnayan nila sa Philippine Genome Center para masiguro ito. Nakikiusap rin po ang Department of Health sa publiko na huwag nang magpakalat ng pekeng impormasyon para iwasan po ang pagkalito at pangamba ng nakakarami. Patuloy rin daw sisiguraduhin ang pagsunod sa minimum public health standards dahil ito po ang pinakamabisang pag-iwas na magagawa natin laban sa COVID-19 at sa bagong variant nito.

Samantala, kamakailan lamang po ay itinalagang bagong Metro Manila Development Authority Chairman si dating Mandaluyong City Mayor Benjamin ‘Benhur’ Abalos, Jr. Minsan na rin pong namuno ang kaniyang ama sa ahensiya kaya po sa pagbabalik ng isang Abalos sa puwesto, ano po ang dala niyang plano sa MMDA. Alamin po natin iyan ngayong umaga, magandang araw po sa inyo newly appointed Chairman Benhur Abalos, Jr.

MMDA CHAIRMAN ABALOS: Magandang araw po at sa mga nanunood, magandang araw po sa inyong lahat.

USEC. IGNACIO: Opo. Kasama rin po natin si Secretary Martin Andanar. Congratulations po sa inyong appointment, Chairman.

Chairman ayon po kay Presidential Chief Legal Counsel Salvador Panelo, kayo po ay qualified to succeed and capable to continue the good works of the late Brigadier General Danilo Lim. Ano nga po ang programa po ng namayapang General Danny Lim iyong balak ninyo daw pong ipagpatuloy sa inyong termino?

MMDA CHAIRMAN ABALOS: Unang-una, gusto ko hong magpasalamat of course sa tiwalang binigay po sa akin ng ating Presidente; of course sina Senator Bong Go at sa inyo pong lahat.

In fact pagsumpa ko po kagabi, isa lang po sinabi sa akin ng Presidente – just do all your best for the country.

Pangalawa po, talaga pong napakalaking sapatos ang aking pupunuin, napakagaling po ng pamunuan ni General Lim at ng kaniyang grupo ‘no, napakaganda. There will be continuity here, I promise you that ‘no. Of course right now niri-review ko po lahat ng mga projects at mga plano, humingi po ako ng report sa bawat isa. Pero isa lang po mapapangako ko – I will try and do all my best ‘no para gumanda po ang serbisyo dito po sa Kamaynilaan ng MMDA.

USEC. IGNACIO: Opo. Chairman, ang tatay po ninyo na si Benjamin Abalos po ay tinalaga rin na MMDA Chairman noon. Ano po iyong mga natutuhan ninyo noon sa pamumuno niya na maaari ninyo pong mai-apply sa pagiging MMDA Chairman ngayon?

MMDA CHAIRMAN ABALOS: Alam ninyo ako po ‘no, sa tatay ko pinapangaralan niya ako, naging alkalde rin po ako nang labinlimang taon at naging congressman din po ako – close to 20 years of public service. If there’s anything na natutunan ko po rito ay, number one, kung mayroon kang programa o kung may problema, you know, ang importante communication sa tao. Kunin mo ang kanilang opinyon, ang mga suhestiyon and then pagkatapos nito you both go through a process, it’s called the due process. And then gumawa ka ng pag-aaral at kung tingin mo tama ito after consulting with everyone, kinonsult mo tao, binaba mo, and communication then diyan papasok ang political will.

At the end of the day what is important is the performance, output. Sabi ko nga noong araw ang aking motto ay: Gawa hindi salita. Because performance speaks, that is very important. Maski ano pa ang idaldal mo, at the end of the day people will judge you kung anong nagawa mo.

USEC. IGNACIO: Opo. Chairperson Abalos, kasama na po natin ulit si Secretary Martin Andanar. Secretary...

SEC. ANDANAR: Noong kayo po ay namumuno sa Mandaluyong ay ipinatupad ninyo iyong ban sa riding-in-tandem motorcyclists and para din maiwasan ang krimen lalung-lalo na iyong mga riding-in-tandem 'no. Marami pong nagtatanong kung ito po ba ay ipapatupad din ninyo sa buong Metro Manila?

MMDA CHAIRMAN ABALOS: I'm sorry, sir. Can you please repeat the question?

SEC. ANDANAR: Can you hear me, Chairman?

MMDA CHAIRMAN ABALOS: Okay na po, okay na po. Sir, magandang araw po.

SEC. ANDANAR: Rocky, can I turn it over to you kasi hindi ko rin marinig si Chairman from my end eh.

USEC. IGNACIO: Okay, Secretary. Ito po Chairperson Abalos, noon po ay kayo ay namuno sa Mandaluyong. May ipinatupad kayong ban sa riding-in-tandem motorcyclist as a crime prevention measure. Kung may plano daw po kayong ipatupad din ito sa ngayon?

MMDA CHAIRMAN ABALOS: Alam ninyo po iyong kasaysayan noon ay halos sampung taon, more than 10 years kung hindi ako nagkakamali. At that time ang apprehension rate ng krimen noon na ginagamit ang motorsiklo ay wala pang 1% at grabe po ang violence noong araw, halos... siguro in one week, limang beses may isang insidente. It was an issue na hindi lang ang Mandaluyong kundi ang buong Kamaynilaan. Ako po'y mapalad at nanggaling po ako sa United Nations sa Columbia sa Medellin at noong araw po nakita ko doon iyong practice ng tinatawag riding-in-tandem.

So binigay nila iyong data sa akin, pinag-aralan nila at sinabi nila sa akin sa Columbia na ito'y nagagamit doon. So ang sabi ko sa sarili ko... I mean, why not try it 'no? Kasi alam ko na roon, once gagawin ko 'to sa Mandaluyong, samu't saring batikos 'no, samu't saring opinyon 'no at baka mademanda pa ako rito. Pero at that time 'no, if you have a solution, kailangan harapin mo eh, iyan ang posisyon ng isang leader eh. In-apply po namin at ang pangako ko sa taga-Mandaluyong, if I will fail maski—just give me one month, if I will fail tatanggalin ko.

Alam ninyo po kung ano nangyari? From a high of so many things, halos 100% nawala po ang—90% nawala ang krimen ng riding-in-tandem sa Mandaluyong 'no. So it has served this purpose at dahil po rito na it has served its purpose, tinanggal na rin po namin ito dahil iyon po ang pinangako ko 'no – once kailangan mangyari po ito na may solusyon at magawa na po namin, puwede na po naming tanggalin later on.

USEC. IGNACIO: Opo. Chairperson Abalos, iyong Pilipinas po was cited again sa isa pong bagong survey na kabilang sa top 10 na may worst traffic na—sa worst traffic sa buong mundo. Ito po ay napakalaki pong task para sa inyo po na dapat resolbahin ng isang MMDA Chairperson. Ano po ang plano ninyo sa problema ng traffic sa Metro Manila?

MMDA CHAIRMAN ABALOS: Well, alam ninyo po ang traffic ay maraming factors. Number one, dumadami sasakyan, dumadami populasyon at kailangan mo nang maraming mga tinatawag nating teknolohiya kamukha ng mga LRT, mga mass transport ‘no at of course the building of more roads ‘no. We must really keep it up ‘no kung kaya’t napakapalad ko po naman dahil napaka-competent ng grupo po ng General Lim, ni Chairman Lim ‘no – ‘andito op sila GM Jojo Garcia, the whole team po nila ‘no.

Ang sa akin lang, number one, si Mr. Ramon Ang po ang NLEX at SLEX ay mag-u-open na po, magdidikit na po iyan. Effective it could decongest, the very least is about 30% of the whole of EDSA ‘no so we could now focus on the bus lanes. Sa ngayon po hiningan ko po ng report, gusto kong makita kung ano pong performance talaga ng bus lanes and probably we could just improve on these things.

Pangalawa, siguro with the bus lanes what is important ay iyong unang-una, iyong tinatawag na U-turn slots. So kausap ko po sila GM at of course kailangan po namin ng tulong nito ng Department of Transportation because this is their project, kami’y umaasiste lamang. Ang napakabait pong Secretary Tugade, mag-uusap po kami sa Miyerkules and of course ang CHPG ‘no, we should really coordinate with different agencies.

So pagdating po sa U-turn slot, ang project po rito will be an elevated bus ramp. Ano ibig sabihin? Basta pagdating sa kanto ng U-turn kung mayroon kang elevation, ang bus ay doon tataas, makakapag-U-turn na po ang mga sasakyan on these sensitive corners ‘no.

So with this, I do hope it will really be a solution here at of course once magawa na po iyon... mayroon ka nang NLEX and SLEX, gumanda na ang bus lane mo, importante naman ang convenience ng mga pasahero ng sasakyan. Ano ibig ko sabihin? Sana iyong escalator, elevator dapat gumana po lahat iyan.

And then later on ‘no, kung lumuwang na talaga ang EDSA, siguro ang mga motorsiklo ay puwede naman sa kanan na. Kasi alam ninyo nakakatakot din kung minsan eh, iyong disgrasya iyong aksidente ang nakakatakot po rito, lalo na kung umuulan. Kung lumuwang na iyan, maaaring ang motorsiklo, pag-aaralan po namin iyan. Ayaw kong mangako sa ngayon, because I have to go through this studies, pero ang first impression ko ay kung ang motorsiklo ay mailagay sa kanan, mas safer, mas maganda at kung talagang lumuwang, why not a bike lane later on. And still, may nabasa kasi ako dati na mayroong plano for a pedestrian overpass. Ano ang ibig sabihin po nito, ako po ay talagang gusto kong naglalakad, basta nasa ibang bansa ako o maski dito, lakad ako ng lakad. In fact, I run for almost six kilometers everyday, gusto ko pinapawisan ako eh.

Ngayon kung ito ay magagawa natin sa kalakhang Maynila, ang laging bagay at napakaganda ng plano ng Department of Transportation dito, kay Secretary Tugade, ipa-follow up ko po ito, itong elevated pedestrian. Isipin ninyo kung buong EDSA mayroong ganito, siguro mas maganda makakapaglakad ka na may bubong ka, hindi ka mamumroblema sa init, hindi ka mamumroblema sa ulan. So all of these things should be harmonized. Again, it needs coordination, not only between MMDA, together with the other agencies but most importantly iyon pong mga boss ko, iyong mga Mayors of Metro Manila. Dapat siguro ay i-coordinate

namin, lahat ng urban planning po nila para magkaroon talaga ng harmony ang buong kalakhang Maynila.

USEC. IGNACIO: Chairperson Abalos may tanong po ang ating kasamahan sa media para sa inyo. Tanong po ni Evelyn Quiroz ng Pilipino Mirror: As the new MMDA head, will there be significant changes in the policies and programs of MMDA and what can the general public expect in terms of better traffic management?

MMDA CHAIRMAN ABALOS: Well, ako may kasabihan sa sarili ko do not ever rest on your laurels. But everything that we have right now at kung maganda naman, why do have to reinvent the wheel? Let's continue with the programs, let's continue with the policies and let's review things. Kung talagang kulang po ito, pagandahin pa natin lalo ito. Pero always parating nag-iiba, maraming factors po rito, siguro after we have done with the traffic and the flooding. Siguro para sa akin is also about the greening. Iba iyong maluwang ka na, maganda iyong simoy ng hangin, marami kang mga puno or huwag na lang puno, maski halaman na lang dito along EDSA at ma-decongest mo.

But sa mga nakikinig po, ito lang ang gusto kong sabihin, maski anong magandang plano, maski anong galing ng lider, ang pinakaimportante ay ang attitude ng bawat isang mamamayan. Isipin ninyo kung lahat lang susunod, kung lahat lang disiplinado, kung lahat lang ay responsible, iyan ang solusyon ng batas. Maski itong COVID na ito eh, kung lahat lang nagma-mask, kung lahat lang nag-a-alcohol, gawin natin ito, maniwala kayo, maski iyong bakuna, baka mamaya, I mean minimal na lang ang sakit eh. So all that we have to do and all the things that we—be it transportation, be it traffic, be it flooding, iyong pagtatapon ng basura, be it maski itong COVID na ito – importante ang attitude ng bawat mamamayan ng ating bansa.

USEC. IGNACIO: Opo, may pahabol lang po chairperson. Kailan daw po ninyo pupulungin ang Metro Mayors?

MMDA CHAIRMAN ABALOS: Well, yes, the sooner. Ito ho within the week mayroon na pong pagpupulong niyan at regular naman po iyan. Si GM Jojo Garcia po ang katulong po natin diyan.

USEC. IGNACIO: Okay, maraming salamat po sa inyong panahon MMDA Chairperson Abalos Jr. Mabuhay po kayo. And again congratulations po sa inyo.

MMDA CHAIRMAN ABALOS: Thank you.

USEC. IGNACIO: Samantala balita mula sa Cordillera Region, Cordillera Recovery and Resiliency Program for COVID-19 pinaigting, ang detalye sa report ni Eddie Carta.

(NEWS REPORTING)

USEC. IGNACIO: Maraming salamat Eddie Carta ng PTV-Cordillera.

SEC. ANDANAR: Alamin naman natin ang pinakahuling sitwasyon sa iba't ibang bahagi ng bansa narito po si Ria Arevalo mula sa PBS-Radyo Pilipinas.

(NEWS REPORTING)

SEC. ANDANAR: Maraming salamat Ria Arevalo ng PBS-Radyo Pilipinas. Pumirma na rin sa isang kasunduan ang Davao City LGU sa pangunguna ni Mayor Sara Duterte sa UK-based firm na AstraZeneca para sa COVID-19 vaccine. Ang detalye mula kay Regine Lanuza, live.

(NEWS REPORTING)

SEC. ANDANAR: Maraming salamat Regine Lanuza ng PTV-Davao. Samantala, batay sa inilabas na datos ng Department of Health kahapon, umakyat na sa 489,736 ang mga kaso ng COVID-19 sa bansa; 2,052 na kaso po rito ang bagong naitala, sampu naman ang naidagdag na gumaling at labing-isa ang nadagdag sa nasawi. Sa kabuuan, 458,206 na ang mga gumaling at 9,460 na namatay dahil sa COVID-19.

USEC. IGNACIO: Mahigit 2,000 ang bagong kaso ng COVID-19 na naitala kahapon, ito ang pinakamataas na bilang sa nakalipas na isang linggo. Sa Davao City nagmula ang pinakamataas na bilang ng new cases na pumalo sa 140. Malaki ang agwat nito sa Lungsod ng Quezon na nasa ikalawang puwesto at may 93 new cases. Sumunod dito ang Cavite with 87 cases, Laguna with 83 at ang Lungsod ng Maynila na may 67 na bagong kaso. Mula sa 4.1% ay umangat sa 4.5% ng total cases ang mga aktibong kaso.

Sa kabuuan ay may 22,114 pa na aktibong kaso ng COVID-19 sa bansa. Maliit na bahagi o.58% sa mga aktibong kaso ay moderate cases lamang, 3.4% ang severe cases 6.2% ang critical, 5.6% ang asymptomatic. Samantalang ang pinakamaraming bilang ay mild cases na katumbas ng 84.3% ng active cases.

SEC. ANDANAR: Paulit-ulit po naming paalala, ipagpatuloy po natin ang pagsunod sa basic health protocols – magsuot ng face mask at face shield at siguraduhin po na nasusunod ang physical distancing. Muli maging BIDA Solusyon sa COVID-19. Para sa inyong mga katanungan at concerns tungkol sa COVID-19 maaari po ninyong i-dial ang (02) 894-COVID o kaya ay (02) 894-26843. Para sa mga PLDT, Smart, Sun at TNT subscribers, i-dial po ang 1555. Patuloy rin kayong makibalita sa mga pinagkakatiwalang sources ng impormasyon tungkol sa COVID-19. Maaari pong bisitahin ang covid19.gov.ph.

USEC. IGNACIO: Maraming salamat po sa ating mga partner agency para sa kanilang suporta sa ating programa at maging ang Kapisanan ng mga Brodkaster ng Pilipinas o KBP. Salamat din po sa Filipino Sign Language Access Team for COVID-19. Mabuhay po kayo.

SEC. ANDANAR: Dito po nagtatapos ang ating programa sa araw na ito. Ako po ang inyong lingkod, Secretary Martin Andanar, mula sa PCOO.

USEC. IGNACIO: Magkita-kita po tayo muli bukas ako naman po si Usec. Rocky Ignacio.

SEC. ANDANAR: Hanggang bukas po muli dito lamang sa Public Briefing #LagingHandaPH.

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Source: PCOO-NIB (News and Information Bureau-Data Processing Center)