

PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE
News and Information Bureau

PUBLIC BRIEFING #LagingHandaPH
HOSTED BY PCOO UNDERSECRETARY ROCKY IGNACIO
AND ALJO BENDIJO
FEBRUARY 18, 2021 [11:02 A.M. – 12:01 P.M.]

USEC. IGNACIO: Magandang umaga, Pilipinas. Iba't ibang isyu ng bayan at hakbangin ng pamahalaan sa gitna ng ating patuloy na pagharap sa pandemya ang ating hihimayin sa loob ng isang oras na makabuluhang talakayan. Good morning, Aljo.

ALJO BENDIJO: Good morning, Usec; at siyempre, kasama rin natin ang mga eksperto at opisyal ng pamahalaan, direkta po nilang sasagutin at bibigyan ng linaw ang mga tanong ng taumbayan. Ako po si Aljo Bendijo.

USEC. IGNACIO: Sa ngalan po ni Secretary Martin Andanar, mula sa PCOO ako naman po ang inyong lingkod, Usec. Rocky Ignacio at ito ang Public Briefing #LagingHandaPH.

Maya-maya lamang po ay makakasama natin sa programa sina World Health Organization Representative to the Philippines, Dr. Rabi Abeyasinghe; Dr. Eric Tayag, director ng DOH Knowledge Management and Information Technology Service at isa rin infectious disease expert; at Atty. Maria Karina Perida-Trayvilla, director naman ng Bureau of Workers with Special Concerns ng DOLE.

Samantala, kung mayroon po kayong katanungan, mag-comment lamang sa live streaming ng ating programa sa PTV Facebook.

At sa ating unang balita: Para sa walang patid na pagpapaabot ng mahalagang impormasyon sa ating mga kababayan, Senator Bong Go nanawagan sa mga kinauukulan na isama rin sa prayoridad na mabakunahan ang mga nasa industriya ng media dahil aniya ngayong panahon ng pandemya isa rin sila sa maituturing na frontliners. Narito ang detalye:

[VTR]

USEC. IGNACIO: Sa gitna ng usapin sa pagbubukas ng mga sinehan at pagpapalawig ng edad ng mga papayagang lumabas ng bahay, ano nga ba ang posibleng banta nito sa ating kalusugan ngayong may mga naitatala ring bagong variant ng COVID-19 sa ating bansa. Makakasama po natin sa programa si Dr. Eric Tayag, ang Director DOH Knowledge Management and Information Technology Service at infectious disease expert. Good morning po, Doc Tayag.

DR. TAYAG: Good morning, Usec. Rocky. Good morning, Aljo. Magandang umaga sa lahat na tumutugon po at pumapansin po sa kaganapan tungkol sa COVID-19 at ang response po ng pamahalaan.

USEC. IGNACIO: Opo. Doc, simula March 1st ay pinaplano na pong buksan ang mga sinehan at iba pang pasyalan bilang bahagi po ng ating economic recovery. Pero may ilang hindi po sang-ayon dito dahil hindi raw po malayong magkaroon tayo ng hawaan. Gaano po ba talaga kalaki ang tiyansa ng transmission sa mga enclosed spaces tulad po ng mga sinehan; at ano po iyong latest sa pag-aaral tungkol sa pagiging allegedly airborne na raw po ang transmission ng COVID-19?

DR. TAYAG: Naiintindihan namin iyong pangamba at pag-aalala ng marami nating kababayan diyan sapagka't kapag nanunood po tayo niyan ay ito po ay maghuhudyat ng baka may mahawa sapagka't kulob po iyan at kaya nga iyong iba na ang naging paraan nila ay nagkaroon ng drive-in na pagpapalabas ng mga pelikula. Subali't ang ating IATF naman ay nabibigyan ng tamang impormasyon para nang sa ganoon ay masasabi natin na ito ay dapat gawin, at iyan nga ay nakapagdesisyon sila na bubuksan na po iyong mga sinehan sa March 1.

Ngayon po, sa pagbubukas po ng sinehan, may alituntunin. Hindi na po dating gawi iyan, Usec. Rocky. Ang nababalitaan namin ay may mga pamahalaang lokal na hindi pa rin ipapatupad iyan, ito ay base na rin sa kung marami silang kaso. So naiintindihan naman natin iyan.

At pangalawa, kung magbubukas iyan ay may ginagawa silang strategy kung saan ay iyong bilang ng screening nila ay babawasan maliban pa sa occupancy ng bawat sinehan. Ibig sabihin niyan ay may mga health protocols pa rin kung sakaling bubuksan iyan.

Ngayon, doon sa mga kababayan natin, Usec. Rocky, na nag-aatubili, talagang mayroon pong risk na baka mahawa sapagka't hindi naman standard honed iyong mga sinehan natin; karamihan sa mga sinehan natin ngayon ay nasa mall. So iyong risk po ninyo ay hindi lamang dahil sa nanunood kayo ng sinehan kung hindi pumunta kayo sa mall kung saan nandoon iyong sinehan. So ang risk ninyo ay hindi lamang sa dahil sa nanood kayo ng sinehan kung hindi pumunta kayo sa lugar na kung saan maaaring maraming tao.

Kaya nga kung inaakala ng mga magulang, ng mga kababayan na hindi pa safe, so mayroon ho kayong pagkakataon na mag-decide na huwag muna kayong manood sapagka't mayroon namang ibang alternatibo katulad ng napapanood natin ngayon sa iba't ibang social media platforms.

Kaya nga, Usec. Rocky, itong kautusang ito ay dapat maintindihan natin kasi nga ay talagang ayaw nating tumamlay pa ang ating ekonomiya, iyan ay isang paraan para maengganyo na iyong mga tao ay manumbalik na unti-unti.

Subali't nasa desisyon pa rin ng mga pamahalaang lokal at ng mga masugid na tagahanga ng mga pelikula kung sila ay manunood o hindi, Usec. Rocky.

USEC. IGNACIO: Opo. Pero Dok, para po sa kaalaman ng marami ano po, gaano daw po katagal o ilang oras bago posible magkaroon ng transmission ng virus sa isang lugar na hindi well-ventilated?

DR. TAYAG: Alam mo, ang binigay na threshold ng Centers for Disease Control sa isang kulob na lugar, hindi ventilated ay dapat hindi lalampas ng dalawang oras. So ibig sabihin niyan, kapag

lampas dalawang oras na ay tumataas ngayon iyong risk o panganib na tinatawag na baka magkaroon ng pag-spread ng virus. Kaya nga iyong nagsasabi na, bakit hindi na lang [garbled] parating na iyong bakuna [garbled] iyong mga lugar na may mga sinehan ay mas kampante silang magbubukas.

Usec. Rocky, kailangan din nating maintindihan, maraming lugar sa Pilipinas na halos wala nang kaso, pailan-ilan na lang iyong kaso po nila. So hangga't maganda ang pagti-testing po ninyo sa lugar ninyo, ang mga tao po ay nagpapatingin, nagpapa-test, at ang lumalabas ay talagang bumababa na iyong [unclear], bakit hindi at buksan. Subali't nandoon pa rin iyong pag-iingat na alam na maaari tayong mahawa. Kaya iyong paghugas ng kamay, pagsusuot ng mask, ito ay magiging mahirap na desisyon hindi lamang sa pamahalaang lokal kung hindi doon sa manunood. Kaya kung inaakala ninyo po ay malalagay kayo sa panganib, huwag ho kayong manood.

Pero kung isa [garbled] ay kailangang sundin po ang health protocol na ipatutupad po ng mga sinehan, Usec. Rocky, ito ay mahirap na desisyon [garbled] at sigurado kaming magiging kontrobersyal [garbled] kailangan maintindihan ninyo kung bakit pumayag po ang IATF. At sa ibang [garbled] ay ginawa na rin iyan [garbled] talagang may nahawa [garbled] ay may health declaration din sigurado bago kayo papasukin sa [garbled].

USEC. IGNACIO: Opo. Doc, medyo napuputul-putol lang ang inyong ano, ang ating linya ng komunikasyon. Pero Dok, ano po ang puwedeng gawin ng mga cinema operators para po mabawasan iyong pagkalat ng virus habang may pinalalabas na pelikula? Kasi kailangan din po natin tulungan itong movie industry ano po. So, ano po iyong puwedeng irekomenda na maaari naman nilang gawin para po sabihin natin iyong balanse at saka iyong win-win solution po para dito?

DOH DIRECTOR DR. TAYAG: Una, babawasan nila ang bilang ng screening, Usec. Rocky, para magkaroon ng pagkakataon na malilinis nila, madi-disinfect nila iyong sinehan para iyong papalit na mga manunood ay disinfected na iyong lugar.

Parang iyong ginagawa sa simbahan, pagkatapos ng bawat misa ay nakikita natin dini-disinfect kung saan umupo, iyong mga nakasandal at uma-attend ng misa, so, ganoon din sa sinehan. So, imbes na continuous screening iyon may pagitan sila ng dalawang oras so, mababawasan iyong screening. At kung box office hit naman iyong pelikula, dagdagan nila iyong sinehan kung saan ipalalabas ito upang sa ganoon ay hindi (technical difficulties) ng ating mga kababayan sa sinehan.

At hindi naman po pinapayagan na pinapupuno iyong mga sinehan. May mga pagitan, ang inirirekomenda nga ay dalawang silya ang pagitan o layo sa susunod na manunood. Bawal ang (technical difficulties).

USEC. IGNACIO: Doc, babalikan namin kayo. Hindi po maganda iyong nagiging dating ninyo sa ating linya ng komunikasyon. May mga katanungan pa rin po tayo sa ating mga kasamahan, so babalikan po namin kayo. Aayusin lang po natin iyong ating linya ng komunikasyon.

Huwag po kayong aalis, magbabalik pa ang Public Briefing #LagingHandaPH.

[AD]

BENDIJO: Nagbabalik po ang Public Briefing #LagingHanda. Naniniwala si Senador Bong Go na tuluyang makakaahon ang ating mga kababayan sa pandemya kung bibigyan sila, hindi lamang po ng ayuda kung hindi ng iba pang serbisyo na magagamit pang-araw-araw na pangangailangan.

Kaya naman kamakailan ay personal na nagtungo ang senador sa isang Lumad community sa bayan ng Kibawe sa Bukidnon, kasama ang iba't-ibang ahensiya para ihatid ang mga programa ng pamahalaan na kanilang mapapakinabangan.

Narito po ang ulat.

[VTR]

USEC. IGNACIO: Atrasado ang dapat sana ay pagdating ng bakuna ngayong linggo mula sa COVAX Facility na pinangunahan po ng WHO. Ito po ay dahil sa pinag-uusapan pa ang indemnification clause. Nagsumite naman ang Pilipinas ng dokumentong kailangan dito kaya makibalita tayo sa representative to the Philippines ng World Health Organization kung ano na po ang estado ng nasabing agreement.

Let's welcome again to the program, Dr. Rabindra Abeyasinghe. Good morning, Doc Rabindra.

WHO REPRESENTATIVE TO THE PH DR. ABEYASINGHE: Good morning, Usec. Rocky.

USEC. IGNACIO: Doc, our vaccine czar Secretary Carlito Galvez Jr., told us yesterday that they have already signed and submitted the indemnification clause for the COVAX Facility vaccines. May we know what is the status of the agreement and when will the vaccines arrive in the country?

WHO REPRESENTATIVE TO THE PH DR. ABEYASINGHE: Thank you, Usec. Rocky. What the Philippines has signed is the COVAX Facility indemnification agreement. Unfortunately, we are still waiting for an indemnification agreement coming from the manufacturer, in this case it's Pfizer-BioNTech.

I understand that the agreement from Pfizer – BioNTech has not yet been sent out to any of the countries that are eligible for early rollout. Our COVAX Facility and GAVI are working very closely with Pfizer-BioNTech to make sure that they send out the indemnification agreement that is similar to the draft agreement that the Philippines has already signed according to an understanding.

And until that extent, Pfizer company and signed by the Philippine Government, that is the last [unclear].

USEC. IGNACIO: Dr. Rabindra, is it true that the indemnification agreement was only given to the Philippine Government just a week ago despite early request by our officials on the details of the issue.

WHO REPRESENTATIVE TO THE PH DR. ABEYASINGHE: Yes. So, I'm clarifying that we are talking of a draft. It is an agreement that COVAX Facility developed in conjunction with Pfizer but ultimately the Pfizer lawyers need to give us their own indemnification agreement which recipient countries need to sign. And that agreement, of course they have an agreement with countries that have been buying the vaccine last time. I believe they are developing [garbled] agreement that is to be sent to countries receiving the vaccine through the COVAX Facility and this is to my understanding the delay once [garbled] receiving country. According to the understanding I have from the Department of Health and talking to Secretary Galvez, and the Philippines is ready to sign that and send it and upon completion of that only [garbled]. Last evening I was made to understand that this may happen during the next two weeks.

USEC. IGNACIO: Dr. Rabi, how about the additional order of the Philippine government for 2.3 million doses of Pfizer vaccines? Is this approved and will it be delivered on the same date that the first batch of COVAX Facility vaccines?

DR. ABEYASINGHE: For now, that is [garbled] are going to be delivered at the same time of the early rollout that [garbled] potential shipment in the probably early second quarter, probably in April or late March. They don't believe that it will be sent together with the 117,000 [garbled] doses that need to come to the early rollout.

USEC. IGNACIO: Dr. Rabi, meanwhile the World Health Organization has already approved two additional COVID-19 vaccines for emergency use. What are these vaccines and how will it help the vaccine rollout around the world?

DR. ABEYASINGHE: Yes. So the good news is that on the 15th of February, WHO provided Emergency Use Listing for two AstraZeneca vaccines – one is manufactured at the Serum Institute of India and the second is AstraZeneca vaccine manufactured in SKBio in the Republic of Korea.

Now what is important for the Philippines is that the Philippines has been allocated something between 5.5 and 9.2 million doses of AstraZeneca manufactured at the SKBio plant in South Korea. So this Emergency Use Listing opens the way for delivery of those quantities. Of course all will not come in one shipment. We believe that about two-thirds of it will come in the first consignment and a one-third later on.

What is important is that the Philippines yesterday submitted the indemnification agreement, the [garbled] license and the EUA for AstraZeneca to COVAX for consideration. And I was made to understand the AstraZeneca plant in SKBio has already a consignment of [garbled] and ready for shipment for the Philippines. So if you meet the requirements, maybe we will be in a position to get some quantity of those vaccines early on.

USEC. IGNACIO: Doc. Rabi, how has vaccine rollouts affected the COVID-19 response in the recipient countries so far?

DR. ABEYASINGHE: So in countries that have vaccinated a significant number of people, we are seeing the desired impact that was expected from the vaccines. So for example in Israel, we hear that there have been no deaths since the introduction of vaccines in the elderly age group that is in the vaccines and a very minimal severe COVID infection. This was exactly what was expected to be achieved through the COVAX Facility and so this is very encouraging news because the primary impact we were expecting early on during the pandemic was to prevent and stop the deaths happening and to reduce the severe COVID.

So if the vaccines are doing that, that is what the end point that was expected [garbled]. Of course we still don't have evidence that the vaccines are effective in reducing transmission. So that is why WHO continues to emphasize that even you are vaccinated, you continue to follow the physical distancing, the mask wearing, the hand hygiene until we have conducted an evaluation of what impact the vaccination is having on transmission of COVID.

But what we know is that the COVID vaccines that have been granted Emergency Use Listing are capable of preventing severe COVID and preventing deaths that we have seen all.

USEC. IGNACIO: Opo. At this point Dr. Rabi, I'll read some questions from the press. Clarification from Joseph Morong of GMA News: You said some AstraZeneca vaccines are ready for shipment to the Philippines. Can we get any details?

DR. ABEYASINGHE: No, so what I said and I'm clarifying again is that there is a quantity of vaccines that has been produced and is very [garbled]. They are not earmarked for the Philippines. But if the Philippines can meet the requirements that are necessary both with the COVAX Facility and the manufacturers, meaning AstraZeneca in Republic of Korea, maybe we'll be able to access some of those vaccines [garbled].

USEC. IGNACIO: Question from—still from Joseph Morong: What is that Pfizer and AstraZeneca and other vaccine manufacturers want? An indemnification law, without it, will they deliver vaccines to the Philippines?

DR. ABEYASINGHE: Well, the indemnification law or an indemnification agreement signed by the proper authority in the government is expected by all manufacturers of COVID-19 vaccines because these vaccines are currently emergency use listed and they have not been given full market authorization yet because many of these vaccines are still being evaluated for their side effects and severe adverse events and because of that, the manufacturers are asking for indemnification agreement and protection... for their protection when the vaccines are being used in countries. And this has been agreed by all countries that are using the vaccine currently and who will access vaccines in the future.

USEC. IGNACIO: Question from Red Mendoza of Manila Times: The country's economic managers want the country to loosen its restrictions next month to spur economic growth which

includes the reopening the cinemas and allied industry. What is the WHO's take on this? Is the Philippines ready to lift such restrictions?

DR. ABEYASINGHE: I think this country has demonstrated the need for health and economy to go hand-in-hand. And what we have achieved has been because there have been restrictions that help to contain the COVID-19 spread and prevent a whole scale, overwhelming of the health system. What the DOH believes and [garbled] articulated by Usec. Vergeire is that there is a plateauing of transmission; even within NCR it hasn't plateaued yet. And so we still need to be conscious of the fact that there is a relatively high level of transmission out there in the community and that situation is also complicated by the presence of [garbled] new variants.

And so, we—I believe firmly that they still need to maintain these restrictions, that don't mean that we cannot loosen up key areas where the economy will benefit. But that has to be done in a very targeted manner, understanding what will be the economic benefit from those measure and what is the health risks from those measures. So if both of those aspects are considered and careful decision-making done that will serve both purposes to help keep the economy running and to keep the COVID situation under control.

If we now go for large scale relaxation of measures given the current, the existing situation and the circulation of variant and the fact that it will still be many months a large proportion of Filipinos are vaccinated [garbled] situation where they are [garbled].

So a careful balancing of this situation is necessary. We understand that there are significant economic burdens on sectors of the population, that there is an urge to relax. But as we have been saying right from the beginning, every measure needs to be carefully calibrated and decided upon before it being implemented.

USEC. IGNACIO: Another question from Red Mendoza. What other vaccines are being considered by the World Health Organization for emergency use listing?

DR. ABEYASINGHE: There is a pipeline of several candidate vaccines that are being considered by emergency use listing. Moderna is in advance stage of emergency listing. And we were made to understand that both Sinopharm and Sinovac also are under evaluation for emergency use listing. So we believe that these will be the next candidate vaccines that will be granted emergency use by the WHO provided that they complete successful evaluation.

USEC.IGNACIO: Question from Kristine Sabillo of ABS-CBN News: What are the challenges being faced by the Philippines and other countries right now when it comes to vaccination supplies? Is it true that there is a shortage in low dead space syringes, is this a cause of concern?

DR. ABEYASINGHE: The biggest challenges actually is the access towards it, because many of the manufacturers have faced challenges in meeting the production targets. So, many of the companies that are producing the vaccines believed that they can't produce much larger quantity than they are currently doing. And so this challenge of not being able to produce the countries quantities they expected has created challenges in many countries' access in the vaccine. Besides that, they also need to be conscious of the fact that these vaccines need to be freighted and

logistics companies need to manage that and so space on flights, space and trucks are becoming challenges as large quantities of vaccines are being moved out from the countries producing the vaccine. And finally, as you have mentioned, it's not just vaccine but also we need all the accessories to ensure that the vaccination program can happen smoothly. So this is also important.

And lastly, country's preparedness to actually conduct efficient and effective vaccination campaigns is also necessary. So, all of these requirements need to be met and they have a window of opportunity as we wait for the vaccines. We have prepared for their eventual arrival and rollout of the campaigns in an effective manner.

USEC.IGNACIO: Another question from, Kristine Sabillo: When will the WHO solidarity trial for vaccine start in the Philippines. What are the causes of the delay and would it be a problem if the actual immunization program of the government starts first before the trial?

DR. ABEYASINGHE: We don't believe it will be a challenge to the solidarity vaccine trials. The different solidarity vaccines will be different group of people who are not on the top of the priority list for the early vaccinations. So, we believed that solidarity vaccine trial can continue, the start of the trials are being delayed because of their choice to actually looking at potential candidate vaccines that be used in the trial and even that evaluation goes what is the efficacy of the product, what is the safe profile of the product and once we are definitely comfortable with those criteria, we believed that the candidate vaccines will be identified.

Unfortunately, there have been delays in identifying fast candidate vaccines. I was made to understand that WHO is now looking at three candidate vaccines which may potentially be identified and included in the solidarity vaccine trials and that means that all three will be to be examined once. We'll probably start with one and then the others will be included if the solidarity vaccine trial design allows for that possibility.

USEC.IGNACIO: Question from Mark Fetalco of PTV: For five consecutive weeks, the number of COVID-19 cases globally declined. Where do we attribute this? Is it because of the vaccine rollout?

DR. ABEYASINGHE: Potentially it could be one of the factors. We also need to recognize that in many of the hot spots where the vaccine, the number of cases were surging, they have implemented very strict movement restriction orders and this may also be considered roughly to the decrease of transmission in those places. So, probably the combination of both these factors. But we need to keep in mind is that, this decrease in transmission doesn't mean that the pandemic is over. We feel if the situation occur in several times over the last few months and if we relax too early, we see that the rebound happens very fast. So, we need to keep this in mind and be very careful in relaxing those restrictions as we see transmission rates dropping.

USEC.IGNACIO: Question Dr. Rabi from Lei Alviz of GMA News: According to a study in the United States, the South African variant may reduce anti-body protection from the Pfizer-BioTech vaccine by two thirds. May we ask for a comment, will the vaccine still give protection against new variants?

DR. ABEYASINGHE: Well, that is something that [unclear] vaccine very closely with the manufacturers to understand. As you may realized and know that the South African government also reported fast increase efficacy in experimenting mild to moderate disease. Of course, as I mentioned the vaccination is actually being used to reduce severe disease and death. And what I've mentioned was that the study in South Africa was very small still, it was less than 2,000 people. So this is being evaluated more closely. Also the manufacturers are looking very closely at how is it the [unclear] against these new variants that are being recognized across the world. But we don't have conclusive evidence at this point in time.

USEC.IGNACIO: Thank you for your time WHO Representative to the Philippines. Dr. Rabi Abeyasinghe.

DR. ABEYASINGHE: Thank you.

USEC.IGNACIO: Samantala, muli po nating balikan si Dr. Eric Tayag ng DOH. Doc Tayag?

DR. TAYAG: Usec. Rocky, paumanhin kanina hindi maganda iyong ating audio. I hope it's better now.

USEC.IGNACIO: Yes, better loud and clear, Doc? Doc, ayon po rin sa NEDA dapat na payagan din daw po iyong paglabas ng 5 years old hanggang 70 years old, sang-ayon po ba kayo dito? Hindi ba sila dati iyong tinatawag nating vulnerable sector. Kung sakaling payagan natin silang lumabas, ganoon pa rin po ba iyong risk ng sakit sa kanila o hindi na?

DR. TAYAG: Okay, una muna ipaliwanag natin, Usec. Rocky ang konsepto ng zero risk. Lahat po ng nirekomenda ng IATF ay hindi po natin masasabing zero risk, sapagkat ang basehan po ng IATF ay i-manage po natin iyong risk. May mga paraan po para mabawasan iyong risk. Kanina nga sinabi ko sa mga sinehan ay hindi pupunuin iyong sinehan, bawal kumain, bawal tumanggap ng tawag, iyong cellphone naka-off, huwag kayong gagamit ng CR sa sinehan hangga't maaari at malamang po sa hindi ay mababawasan natin iyong risk. Siyempre lahat tayo nakasuot ng mask. Mababa po iyong risk sapagkat hindi naman harapan sa loob ng sinehan, lahat kayo nakaharap sa screen, tapos may mga pagitan iyan.

Pero sinasabi pa rin natin na hindi po zero ang risk, nama-manage po natin iyong risk. Kaya ang alam ko sa mga manunood po, kung may sakit po kayo at kayo ay dapat naka-quarantine ay wala kayong dahilan para manood po kayo, sapagkat bawal. Kaya iyong dapat manood diyan eh, iyong walang sakit at hindi naman naka-quarantine. So, iyan po ay responsibilidad ng bawat isa. Kaya kahit po inilabas iyan ng IATF, kung inaakala po ninyo na hindi ninyo matatanggap iyong risk na iyon, eh may mask, eh huwag po kayong manood, kasi may iba namang paraan para tayo po ay ma-entertain.

Ngayon, Usec. Rocky, sa katanungang iyong mga bata. May dahilan po kung bakit unti-unti nang pinapayagan iyan ng IATF, sapagkat ang susunod na hakbang niyan ay mabigyan na uli ng new normal iyong ating mga mag-aaral na unti-unti bumalik na sila sa kanilang silid-paaralan.

So para masanay na ulit iyong mga bata na talagang napigil iyong paglabas po nila at maraming buwan na rin ang nakaraan. At ito po ang sasabihin natin, nakakaapekto rin po iyan sa mental health po nila sapagkat lalung-lalo na sa mga batang sanay na makakita pa ng iba pang mga bata at suddenly po ay nalimitahan po ang kanilang mobility.

Subalit hindi naman sinasabi na iyan ay ligtas na ligtas sapagkat may kaakibat pa rin iyan na panganib. Wala nga pong zero risk kaya iyan po ang maiintindihan ng lahat lalung-lalo na wala pang bakuna para sa mga bata kaya ang magulang ang siyang magiging gabay.

So kahit na sinabi pong puwede nang lumabas, so inaakala ninyo sa lugar ninyo maraming kaso, delikado, mukhang hindi sanay ang mga tao na nagsusuot ng mask, mas mabuti pang huwag muna pong lumabas.

Pero kung sa lugar ninyo ay may disiplinang, masunurin iyong mga tao, hindi nagtatagal sa isang lugar, iyong social distancing ay talagang sinusunod, bakit hindi.

Ito po ay para nang sa ganoon unti-unti na pong mabuhay iyong ating ekonomiya subalit nandoon po ang pag-aalala na baka kumalat kung tayo po ay makakalimot sa mga health protocols.

Usec. Rocky—

USEC. IGNACIO: Opo. Doc, panghuli na lang po ano. May tanong po si Mark Fetalco ng PTV. Ang tanong po niya dito: Statement daw po ng Department of Health regarding recommendation ng NEDA na gawing 75% ang passenger capacity sa public transport?

DOH DIRECTOR DR. TAYAG: Iyan po ay pinag-uusapan ng IATF at isa pong consensus ang inilalabas ng IATF po diyan. Kapag minsan may mga nabuo na pong desisyon iyong IATF na kapag hindi po maganda halimbawa ang response ng mga pamahalaang lokal halimbawa, ay binabawi muna nila ito o dine-delay iyong implementasyon.

Iyan po ay tinitimbang ng IATF, iyong DOH po ay isa sa mga ahensiya na nagbibigay ng opinyon at siyempre kapag 75% na iyan at hindi masunurin po ang mga sumasakay diyan, may panganib.

So ang sinasabi nga ho namin, wala hong 'zero risk' - iyan po ang tatandaan po natin kaya iyong pagsuot ng mask, face shield, social distancing ay parati po nating gagawin po iyan. Kahit na nga may bakuna ay itutuloy pa rin po natin iyan.

Ngayon, kung iyan ay itataas sa 75%, iyan po ay may basehan lalo na sa mga lugar na bilang na lang iyong mga kaso; pero sa mga lugar na patuloy pa rin ang pagtaas ng kaso eh siguro magdadalawang-isip na papayagan iyan. So ang magiging solusyon niyan ay damihan na lang iyong mga naglalakbay po na mga bus natin para marami pong masasakyan iyong mga tao at hindi magsisiksikan sa loob ng isang bus.

Salamat, Usec. Rocky.

USEC. IGNACIO: Maraming salamat po sa inyong panahon, Dr. Eric Tayag, director ng DOH Knowledge Management and Information Technology Service at infectious disease expert.

Salamat po.

DOH DIRECTOR DR. TAYAG: Salamat. Pasensiya na kanina.

BENDIJO: At samantala, narito ang pinakahuling datos po ng COVID-19 cases sa buong bansa. Base sa ulat ng Department of Health kahapon, a-disisyeteng sa buwan ng Pebrero, 2021, umabot na sa 553,424 ang total number of confirmed cases matapos makapagtala ng 1,184 na mga bagong kaso kahapon.

53 katao naman ang bagong mga nasawi kaya umabot na sa 11,577 ang ating COVID-19 death tally. Dumarami pa rin ang mga kababayan nating nakaka-recover sa sakit na ngayong nasa 512,033 matapos makapagtala ng 271 new recoveries kahapon. Ang total active cases ngayon ay 29,814.

At samantala, proteksiyon at karapatan ng mga menor de edad na napilitang magbanat ng buto para sa kanilang kinabukasan ang atin pong pag-uusapan ngayon kasama si Atty. Ma. Karina Perida-Trayvilla, Director IV ng Bureau of Workers with Special Concerns ng Department of Labor and Employment. Magandang araw po, Attorney!

DOLE DIRECTOR PERIDA-TRAYVILLA: Magandang araw po, sir Aljo and Usec. Rocky at sa lahat po ng nanunood ng #LagingHanda Public Briefing.

BENDIJO: Opo. Tuwing ikalawang linggo ng buwang Pebrero ng bawat taon ay ginugunita natin ang National Awareness Week for the Prevention of Child Sexual Abuse and Exploitation. Papaano po pinapalakas ng DOLE sa pangunguna ng inyo pong Bureau of Workers with Special Concerns ang kamalayan ng publiko hinggil rito lalong-lalo na sa usapin ng child labor, Attorney?

DOLE DIRECTOR PERIDA-TRAYVILLA: Yes. Sir Aljo, ang DOLE po through the Bureau of Workers with Special Concerns ay kaisa sa pagtugon ng problema ng child labor. So, para po mas mapalawak ang kamalayan ng publiko sa usapin ng child labor, mayroon po tayong mga inilalabas na information materials sa ating mga social media pages ng BWSC at ng Batang Malaya PH tulad ng Facebook, YouTube, Twitter at Instagram. Makikita rin po natin ang lahat ng information tungkol sa mga initiatives ng Kawanihan through our official website which is the www.bwsc.dole.gov.ph. And sir Aljo, namamahagi din po tayo ng mga ITC materials pati na rin po iyong ating mga kasamang ahensiyang kasapi ng National Council Against Child Labor.

So, ito pong nitong nakaraang pagdiriwang ng World Day Against Child Labor, nagpamigay po ang ahensiya ng briefer tungkol sa epekto ng COVID-19 pandemic sa child labor. Nagkaroon din po tayo ng online talakayang pambata na naglalayong magbigay ng dagdag kaalaman tungkol sa child labour.

At bukod po dito, nagsasagawa na po tayo uli ng nationwide profiling sa tulong po ng DOLE regional offices upang ma-locate po natin iyong mga batang nasa ilalim ng child labor at para mabigyan po sila ng nararapat na tulong.

BENDIJO: Sa inyo pong datos, Attorney, ilan po sa ating mga kabataan ngayon, mga menor de edad na mga manggagawang sapilitang pinagtatrabaho, ito pong tinatawag nating child laborers; at ilan rin po sa kanila ang kabilang sa delikadong trabaho?

DOLE DIRECTOR PERIDA-TRAYVILLA: Base po sa survey po ng PSA, mayroon po tayong almost 2.1 million, sir Aljo, na child laborers sa bansa at sa 2.1 million, sinasabi pong two million po ang nasa delikado pong trabaho, sir Aljo.

BENDIJO: Opo. Itong mga trabahong ito, ano po ang uri ng trabahong ito, mapanganib o malubhang pagtatrabahuan po nila o iyong worst forms of child labor, Attorney?

DOLE DIRECTOR PERIDA-TRAYVILLA: Yes po. Ayon po sa ating batas, itinuturing na mapanganib na trabaho at kadalasang kinabibilangan ng ating mga child laborers iyong slavery o pagkakaalipin; iyong child trafficking po, ang iligal na pagbebenta ng mga bata; debt bondage po na tinatawag, iyong pagpapatrabaho ng mga bata bilang pambayad sa utang. Mayroon din pong tinatawag na serfdom, iyong sapilitan pong pinagtatrabaho at pagtira sa isang lupain na pagmamay-ari ng iba na kadalasan ang trabaho ay walang bayad. Mayroon din pong forced labor or sapilitang pagtatrabaho at ito pong pang-aabusong sekswal tulad ng prostitution at pornograpiya.

Kabilang din dito, sir Aljo, iyong mga may kinalaman sa iligal na droga, pagkakasangkot sa krimen tulad ng pagnanakaw at organisadong pangmamalimos.

BENDIJO: Mga ilang taon ang mga batang ito na involved, Attorney?

DOLE DIRECTOR PERIDA-TRAYVILLA: Yes. 17 years old below po ang atin pong tinatawag na nasa child labor.

BENDIJO: Ngayon po nasa gitna tayo ng pandemya. Mayroon ba tayong mga nakikitang mga bagong anyo ng child labor at papaano po ito tinutugunan ng inyong tanggapan?

ATTY. TRAYVILLA: Yes. Sir Aljo. Ngayong pandemya lalo na po noong nagsisimula po iyong community quarantine, naiulat po ng Department of Justice ang paglaganap ng nakakalungkot, iyong online sexual exploitation ng mga bata or tinatawag po nating OSEC. Upang matugunan ang problema ng OSEC, tulung-tulong po ang pamahalaan, sa pangunguna po ng in Inter-Agency Council Against Trafficking. Isa rin po iyong Inter-Agency Council Against Child Pornography, pati na po ang Department of Justice - Office of Cybercrime at ang atin pong mga kapulisan upang masawata po itong OSEC at mailayo ang mga bata sa masamang epektong idinudulot nito.

BENDIJO: Ilan pong child laborers ang target ng DOLE na matulungan o mapalaya sa sapilitang pagtatrabaho hanggang 2022, Attorney?

ATTY. TRAYVILLA: Yes. Sir Aljo, mayroon po tayong 630,000 target na child laborers para matulungan ng DOLE at ng ibang ahensiya po na miyembro ng National Council Against Child Labor. Kailangan po natin silang maialis o mai-withdraw sa pagiging child laborers.

BENDIJO: Saan po sila maaaring magsangguni o i-report ang anumang kaso na may kinalaman po sa child labor?

ATTY. TRAYVILLA: Ang mga kaso po ng child labor ay maaari pong i-report sa Barangay Council for the Protection of Children o iyon pong tinatawag nating BCPCs. Puwede rin po sa local social welfare development office ng mga local government units, sa DSWD po, sa DOLE at lalung-lalo na po sa ating mga law enforcement agencies, Sir Aljo.

BENDIJO: All right, maraming salamat sa inyong panahon, Atty. Ma. Karina Perida-Trayvilla ng DOLE-Bureau of Workers with Special Concerns, Thank you.

ATTY. TRAYVILLA: Thank you very much po, sir Aljo.

USEC. IGNACIO: Hindi lamang nasunugan at natamaan ng mga kalamidad ang inaabutan ng tulong ng tanggapan ni Senator Bong Go. May puwang din sa kaniya ang mga kababayan natin na nawalan ng hanapbuhay nitong panahon ng pandemya. Nitong nagdaang weekend, namahagi ng ayuda ang kaniyang team sa mga empleyado ng Boso-Boso Highland Resort and Hotel at sa Kaulayaw Café sa Antipolo City, Rizal. Para sa detalye narito po.

(NEWS REPORTING)

BENDIJO: Okay, dako po tayo sa pinakahuling balita mula sa iba't ibang lalawigan sa bansa makakasama po natin si Czarinah Lusuegro mula sa Philippine Broadcasting Service, Czarinah.

(NEWS REPORTING)

BENDIJO: Maraming salamat Czarinah Lusuegro mula sa Philippine Broadcasting Service.

USEC. IGNACIO: Magtungo naman tayo sa Davao hatid ni Regine Lanuza ang pinakahuling balita doon, Regine?

(NEWS REPORTING)

USEC. IGNACIO: Maraming salamat, Regine Lanuza.

At iyan nga po ang aming balitang nakalap ngayong araw. Ang Public Briefing ay hatid sa inyo ng iba't ibang sangay ng PCOO sa pakikipagtulungan ng Department of Health at kaisa ng Kapisanan ng mga Brodkaster ng Pilipinas o KBP.

BENDIJO: Maraming salamat sa Filipino Sign Language Access Team for COVID-19. Asahan po ninyo ang aming patuloy na paghahatid ng impormasyon na mahalagang malaman ng bawat Pilipino. Ako po si Aljo Bendiyo. Usec., thank you,

USEC. IGNACIO: Salamat Aljo. Sa ngalan ni Secretary Martin Andanar, ako ang inyong lingkod, Usec. Rocky Ignacio at ito po ang Public Briefing #LagingHandaPH.

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