



# COVID-19 What Local Governments Need to Know

A Brief Guide for and Lessons Learnt from Local Governments in Asia



30 March 2020

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## FOREWORD – President of UCLG ASPAC

Dear Mayors,

As you may have all heard, the spread of COVID-19 has been affecting many of us, people and cities around the world. Immediately after news of COVID-19 began spreading in January this year, Surabaya began its efforts to help stop the spread.

We have been doing all that we can to assist the mass through this difficult period of the pandemic. We made various announcements to the public, providing reliable information on how we could overcome the pandemic and the precautions needed to be taken in order to stay healthy. We made available portable sinks in hundreds of spots all over the city to facilitate the citizens washing their hands with water and soap as often as possible, in addition to free hand sanitizers in public facilities that are accessible. Recently, we also try to build sterilisation chambers for public use.

We closed down schools so our students can study from the safety of their homes, where interactions with others can be limited. We sprayed disinfectant and encouraged religious buildings where masses gather, like mosques and churches, to clean the surrounding areas. Aside from that, we supplied hospitals with protective equipment to support doctors and nurses to work optimally.

We have also strictly followed what the Government has recommended us to do, such as urging staff to work from home and for all to conduct social distancing. We will continue to do all that we can to support the Government in halting the spread of COVID-19 and provide the necessary assistance needed by the people to stay safe and healthy.

In these times of hardships, I believe that many mayors may not be sure of what steps to take next in order to prevent and hopefully, put a halt to the spread of this new pandemic that we have never experienced before. However, as the safety of our citizens is our responsibility, I think whatever steps we take and do, will be meaningful for our constituencies. It would be best not to panic and to carefully plan our next steps in confronting this challenge together.

As President of UCLG ASPAC, I feel it of great importance to work together to face this difficult moment. Let's hope COVID-19 will be tackled as soon as possible, and that everything may return to how they once were.



**Dr (HC) Tri Rismaharini**  
President of UCLG ASPAC  
Mayor of Surabaya



## FOREWORD – Chair of Standing Committee of Women in Local Governments of UCLG ASPAC

Dear members and partners,

The COVID-19 pandemic has been threatening the life and health of people globally, including that of many cities in the Asia Pacific region. On behalf of SCWLG of UCLG ASPAC, I would like to extend our sincere sympathy to our affected members and partners.

Guangzhou, capital of Guangdong Province and a national gateway city in South China, has been putting the health and well-beings of our people at top priority from day one. The Guangzhou Municipal People's Government has mobilized the whole city, set up collective control and treatment mechanisms and acted with openness and transparency, under the overall principle of shoring up confidence, strengthening unity, ensuring science-based control and treatment and imposing targeted measures. The undaunted efforts taken have moved the situation in Guangzhou towards a positive direction.

Though thousands of miles apart, we are close at heart. Guangzhou stands together with our member cities and partners of UCLG ASPAC in this global war. We would like to share our experience in prevention and control against COVID-19 through the platform of UCLG ASPAC. As local governments, we should rise up to challenge and act with swiftness. We believe that the pandemic will eventually be defeated by human wisdom and power of science!

Wish early victory over the disease in Asia Pacific! Wish the people health and happiness!



**Chen Yini**

Chair of Standing Committee of Women in Local Governments, UCLG ASPAC

Vice Chair of the Chinese People's Political Consultative Conference  
Guangzhou Committee (Guangzhou Municipal CPPCC)



## FOREWORD – Secretary General of UCLG ASPAC

Dear Members and Partners,

The world is experiencing the rapid spread of the corona virus disease 2019, known as COVID-19. It has no national border, no socio-economic values and no political system. It reaches most countries in the world regardless of their geographical positions. This has been the biggest pandemic of the century affecting millions of people in the world.

Members of UCLG ASPAC in China, Indonesia, South Korea, Japan and many others, have responded and made efforts in preventing the spread of COVID-19. This Guide for Mayors and Local Governments to deal with COVID-19 was prepared to share what other city leaders have done and the steps they have taken in protecting the people's lives from the disease.

There are lessons we have learnt from this pandemic, such as how accurate data and information can reach the citizens, as well as how coordination with central government can be accelerated at local levels.

This pandemic will change the way we live, work and do. Without exception, everyone from across the world is currently undergoing drastic changes to their lifestyles and routines. As human beings, we need to be optimistic. In the Chinese character of “crisis,” there exists ‘opportunity.’ UCLG ASPAC will work with members to further design various distance learning programmes and create resilient societies in Asia and the Pacific region.

We would like to express our condolences to the victims of the pandemic. Our prayers are with you, as well as the families and relatives left behind. There is a saying, “the dawn right before the sun rises is the darkest.” No matter how difficult things may be at the moment, better days are sure to come. We must hold on to this faith and remain hopeful.



Dr. Bernadia Irawati Tjandradewi  
Secretary General of UCLG ASPAC





# **COVID 19**

## **What Local Governments Need to Know**

A Brief Guide for and Lesson Learnt from Local Governments  
in Asia on the Coronavirus Disease (COVID-19) Pandemic

United Cities and Local Governments Asia Pacific (UCLG ASPAC)

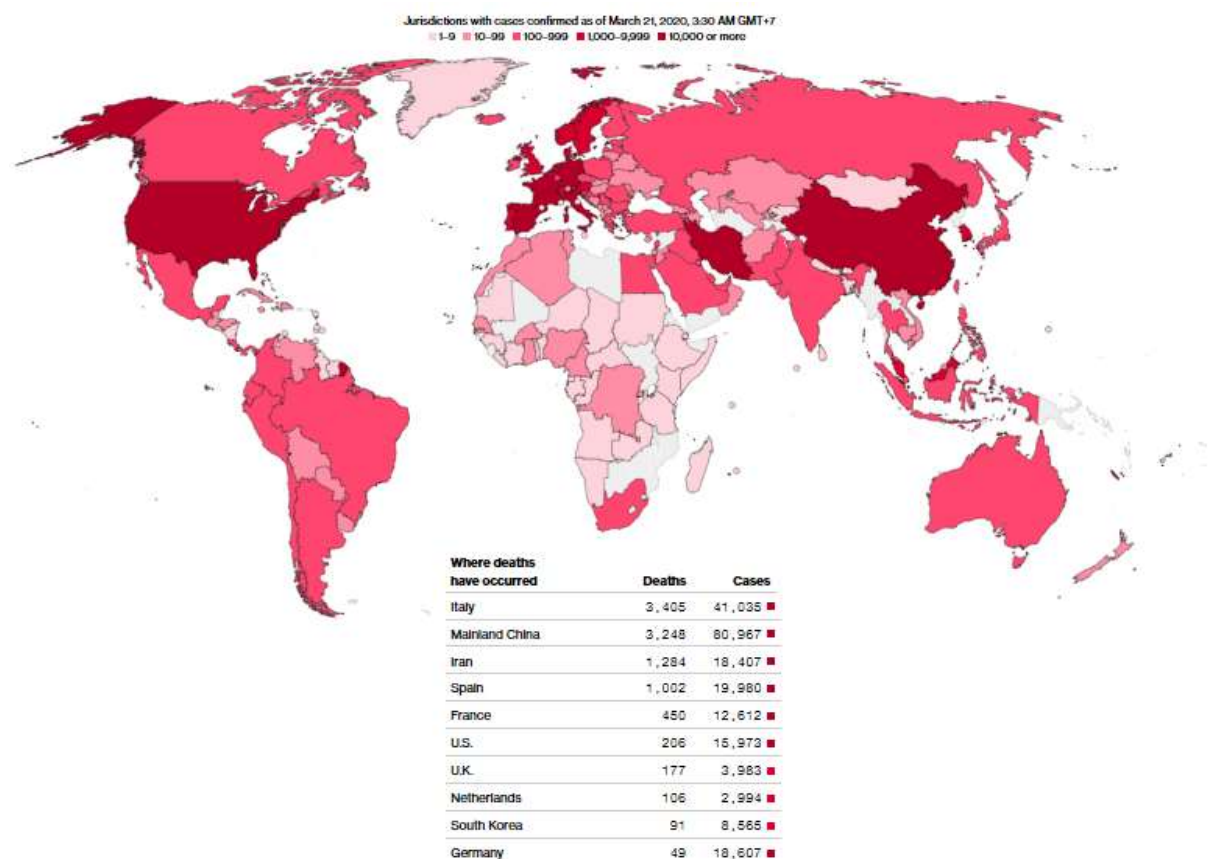
30 March 2020

## A. What is the COVID-19 and How Does It Spread

On 11 March 2020, the World Health Organization (WHO) declared a global pandemic due to the coronavirus disease (COVID-19) outbreak as the number of confirmed cases surpassed 200,000 worldwide. Wuhan City, capital of Hubei Province, China, reported a pneumonia of unknown cause in late December 2019 and an outbreak in the city in early January 2020. Since then, COVID19 has reached more than 180 countries causing the death of 13,000 people (as of 22 March 2020).

WHO reported that COVID-19 is a new virus linked to the same family of viruses as the Severe Acute Respiratory Syndrome (SARS) and some types of common cold. The disease caused by the novel coronavirus has been named coronavirus disease 2019 (COVID-19) – ‘CO’ stands for corona, ‘VI’ for virus, and ‘D’ for disease.

There are some efforts to prevent the virus spread in Asia Pacific countries such as Australia, Malaysia, Japan, Singapore, South Korea, Philippines, Indonesia, and New Zealand by imposing the national or local lock down, restricting travel, and implementing social distancing measures.



Source: Bloomberg News Reporting



All countries are at risk and need to prepare for and respond to COVID-19. Each country is encouraged to plan its preparedness and response actions in line with the Global Strategic Preparedness and Response Plan (<https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>).

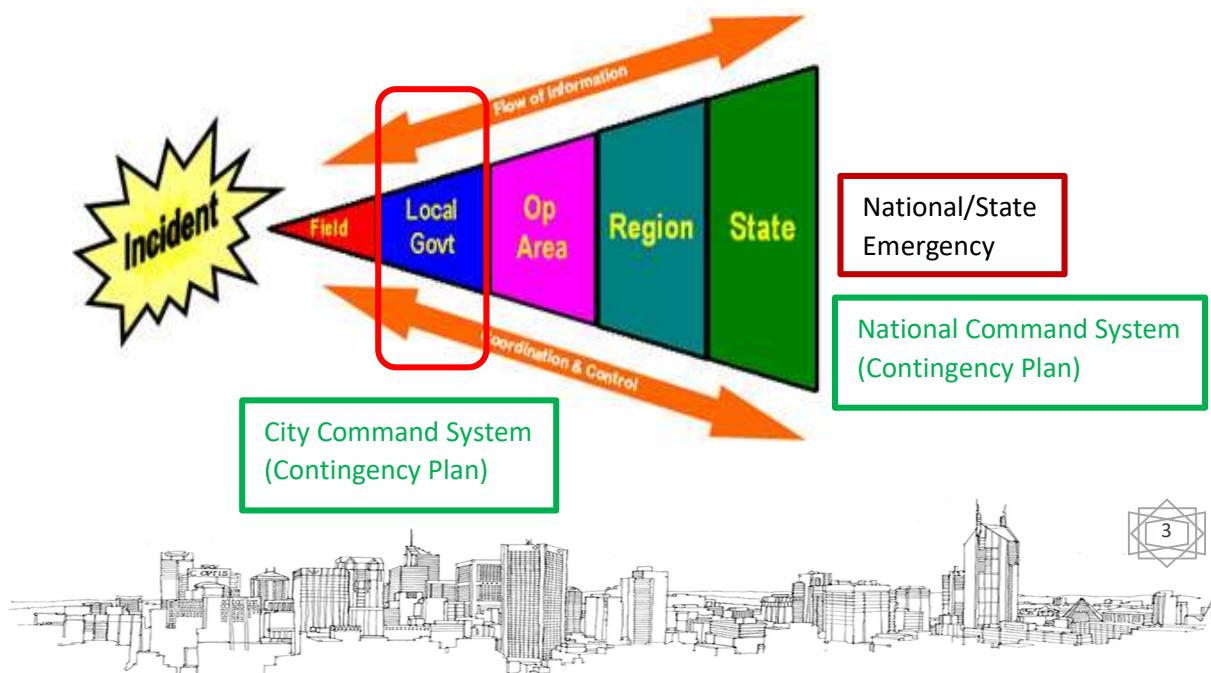
### How does the COVID-19 virus spread?

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing), and exposure to surfaces contaminated with the virus. The COVID-19 virus may survive on surfaces for several hours, but common disinfectants can kill it.

## B. Local Governments Action during the COVID-19 Pandemic Emergency Response

Local Governments are in the front line and responsible for coordinating their community's response to tackle the COVID-19 pandemic. In an effort to provide brief guideline and lesson learnt to local governments on COVID-19, the United Cities and Local Governments Asia Pacific (UCLG ASPAC) has prepared this brief Guide and compiled the lesson learnt from other cities in the region for local preparedness and response along with essential resources. This is a living document and will be updated periodically with more case studies from Asia and the Pacific. The leadership and management skills of professional local government managers are tested when confronted with an emergency or crisis situation. In this unprecedented pandemic that has not been experienced before, quick references and a simple guide will be useful in order to help stop the spread of the virus.

When national government has declared the state of emergency status, local government can take the immediate action to regulate the mandate for establishing the local command system for resource mobilisation during emergency response.



Here are what local governments should be aware of during emergency response which should be coordinated by the head of command system:

## 1. Local Governance

(Public meetings in the time of COVID-19 and workplace).

Postpone every public meeting within 14 days and use the video conference from the mobile phone and/or local television for citizen engagement – these are one of the best options during the pandemic. Do not make determinations of risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19. Other actions that can be taken are as follows:

- a. Actively encourage sick personnel to stay home.
- b. Separate or quarantine or isolate sick personnel.
- c. Emphasise staying at home when sick, respiratory etiquette and hand hygiene (with printed information such as poster).
- d. Perform routine environmental cleaning and disinfection in areas with reported cases.

## 2. Leadership

(Managing workforce and communication).

Local Governments must recognise the risks and impacts of the COVID-19. The outbreak already meets two criteria of a pandemic: 1) COVID-19 can infect people and cause illness, and 2) it can spread easily from person to person. To keep the virus from spreading, scaling back some government operations and working from home should be considered.

The first step to effective crisis communication is to identify key personnel. Before crisis, Local Governments should know the staff members who will serve on this crisis team. The team usually includes the Local Governments top personnel, the director of the emergency management programme, and department and division heads, and each will play a key role.

Local Governments should provide reliable information to the public on COVID-19, and at the same time gather data on affected citizens and/or possible carriers. Effective communication to reach the citizens is the key for minimising the impact. Guangzhou City, for example, has produced a guide for and distributed it to the citizens.

## 3. Service Delivery

(Schools, workplaces, housing, and utilities).

Local Governments should prepare and take actions to prevent COVID-19 at any community services. Schools, universities, and religious services are encouraged to



close within 14 days or until the epidemic situation is cleared. If the city or regency is implementing the local lock down, public transportation system is suggested to be out of service temporarily and other public services should be suspended excluding those that are essential for people's livelihood such as hospitals, banks, gasoline stations, food stores and delivery. Accessible and ample transport should be provided for front liners and staff working at these establishments.

Before the emergency status, Local Governments must develop and/or update the emergency operations plan:

- a. Identify a list of key contacts at local and state health departments.
- b. Identify a list of healthcare facilities and alternative care sites.
- c. Include contingency plans for increased absenteeism caused by employee illness or by illness in employees' family members that requires employees to stay home.

#### 4. Relief Resources

(Emergency fund and support from central government).

Local Governments should prepare their emergency budget allocation and possibility to access the budget from central government.

**As the pandemic in most countries is handled by central government, it is crucial that local governments link their efforts and have better coordination with the central governments. Local Governments should also provide data and update time to time regarding the local situation.**

### C. World Health Organization COVID-19 Protocols

WHO has adapted the influenza and MERS-CoV protocols to help enhance understanding of clinical, epidemiological and virological characteristics of COVID-19. Several early investigation master protocols or master forms are available for country level as follow:

1. FFX (First Few X cases and their close contacts) transmission protocol: identification and tracing of cases and their close contacts in the general population, or restricted to close settings (like households, health care settings, schools).  
Contact: [earlyinvestigations-2019-nCoV@who.int](mailto:earlyinvestigations-2019-nCoV@who.int)
2. Households (HH) transmission study protocol.  
Contact: [earlyinvestigations-2019-nCoV@who.int](mailto:earlyinvestigations-2019-nCoV@who.int)
3. Risk factors assessment for Health Workers (HW) protocol.  
Contact: [earlyinvestigations-2019-nCoV@who.int](mailto:earlyinvestigations-2019-nCoV@who.int)
4. Environmental surface sampling of COVID-19 virus.



Contact: [earlyinvestigations-2019nCoV@who.int](mailto:earlyinvestigations-2019nCoV@who.int)

5. Global COVID-19 clinical characterization Case Record form : a standard approach to collect clinical data of hospitalized patients is necessary to better understand the natural history of disease and describe clinical phenotypes and treatment interventions.

Contact: [EDCARN@who.int](mailto:EDCARN@who.int) for log-in details

To support country implementation of the two first early investigation (FFX, HH), it is recommended to use the Go.Data field electronic tool for case and contacts data collection and management.



The FFX and HH protocol questionnaire templates are available in Go.Data. Web: [www.who.int/godata](http://www.who.int/godata) Contact: [godata@who.int](mailto:godata@who.int) for more information.

### Summary:

Several early investigation master protocols for COVID-19 are available for countries:

Which early investigation?	For whom?	Why?	Generic email address
<b>The First Few COVID-19 X cases and contacts transmission investigation protocol (FFX)</b>	Cases and close contacts <b>in the general population</b> or can be restricted to <b>close settings</b> (like households, health care settings, schools)	Community transmission mainly (or closed settings)	<a href="mailto:EarlyInvestigations-2019-nCoV@who.int">EarlyInvestigations-2019-nCoV@who.int</a>
<b>Households transmission of COVID-19 investigation protocol (HH)</b>	Cases and close contacts <b>in households setting</b>	Households transmission	<a href="mailto:EarlyInvestigations-2019-nCoV@who.int">EarlyInvestigations-2019-nCoV@who.int</a>
<b>Assessment of COVID-19 risk factors among Health workers (HW) protocol</b>	<b>For Health workers</b> in a healthcare setting in which a confirmed case has received care	Health facilities transmission	<a href="mailto:EarlyInvestigations-2019-nCoV@who.int">EarlyInvestigations-2019-nCoV@who.int</a>
<b>Surface sampling of COVID-19 virus: A practical “how to” protocol for health care and public health professionals</b>	<b>For environmental surfaces</b>	Surface contamination and transmission	<a href="mailto:EarlyInvestigations-2019-nCoV@who.int">EarlyInvestigations-2019-nCoV@who.int</a>
<b>Global COVID-19 Clinical Characterisation Case Record Form, and data platform for anonymised COVID-19 clinical data</b>	<b>For hospitalised cases</b>	Clinical characterization	<a href="mailto:EDCARN@who.int">EDCARN@who.int</a>

Source: WHO technical guidance and early investigation



## D. Lesson Learnt from Local Governments in Asia

The lesson learnt has demonstrated how local actions can make cities prepare and tackle the COVID-19 spread. The following summaries introduce the experiences from major cities in China and South Korea regarding the emergency response combating the COVID-19. These include the challenges, strategies and lesson learnt and impact on the actions.

### 1. China

#### Guangzhou City, Guangdong Province, China

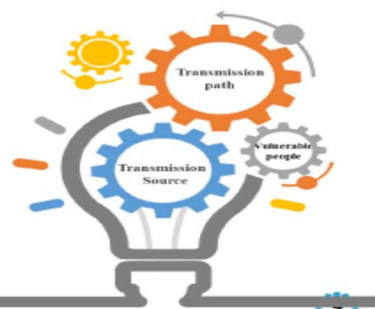
Guangzhou is the capital of Guangdong Province and a national gateway city in South China. It has an area of 7434 square kilometres with 11 administrative districts. The city has a population of 22 million of which more than 10 million are short-term residents. Guangzhou is a national gateway and integrated transport hub. Its annual transport turnover exceeds 500 million person times, and over 6.2 billion public transport commutes in the city, which lead to higher potential disease transmission risks.

Guangzhou is China's third-largest medical hub with 5,093 medical institutions (including 269 hospitals) and 6.5 beds per 1000 persons. Healthcare services are reachable in 15 minutes in urban areas, and 30 minutes in rural areas. Eight national or regional medical centres are all in Guangzhou, among which, the First Affiliated Hospital of Guangzhou Medical University is enlisted as a National Respiratory Medical Centre. All nine Top 100 National Hospitals in Guangdong are in Guangzhou, with five of them as specialised hospitals that admit COVID-19 patients.

As of March 20, there are 366 confirmed cases reported, 335 have been discharged from hospital, one death has been reported, and thirty cases remained hospitalized. Number of new confirmed cases peaked on early February and declined gradually. The Imported cases from outside the city are the majority and with solid community movement control, community transmission has been effectively under control. For the past 16 days, no local infected cases have been reported and new cases are imported cases from overseas.

#### 三大防控要素 3 Key Points

- 三大要素 3 Key Points**
- 01 控制传染源**  
Control the source of infection
  - 02 切断传播途径**  
Cut the route of transmission
  - 03 保护易感人群**  
Protect the vulnerable group



Source: The Health Commission of Guangdong Province, China



Challenges	<ul style="list-style-type: none"> <li>International hub metropolitan city with 22 million population.</li> <li>Fully mobilise Guangzhou medical system to achieve technological breakthroughs in fighting against the disease.</li> </ul>
Strategy	<ul style="list-style-type: none"> <li>Activation of level-1 public health emergency response.</li> <li>Temperature checks were implemented at transport stations, airports and ports of entry.</li> <li>Enterprises were instructed to cease operations. The start of the school term was postponed.</li> <li>All patients with fever symptoms were required to be screened for Covid-19.</li> <li>Temperature checks were implemented and citizens were required to wear masks at all public spaces. All those returned from affected area were required to self-quarantine for 14 days at home and report to hospital once having Covid-19 symptoms.</li> <li>Residential community grid management was intensified to implement entry and exit controls in all residential complex and buildings.</li> <li>The following three key points are of the essence in the containment measures, namely: control the source of infection, cut the route of transmission, and protect the vulnerable groups as follow: <ul style="list-style-type: none"> <li><b>Firstly, detect the infected cases as soon as possible and control the source of infection</b> in time through three lines of defense: joint quarantine check points, overall screening at fever clinics, and segmented management by trinity mechanism.</li> <li><b>Secondly, cut the route of transmission by all means to stop the virus spreading.</b> It is highly important to immediately transfer the suspected cases to designated hospitals and to complete testing, diagnosis and admission on the day of receiving the patients.</li> <li><b>Thirdly, spare no effort to protect the vulnerable groups to reduce the risk of infection.</b> It is of significance to protect children, pregnant women and the elderly; and to protect health workers against hospital infection. “3+1” system of medical rescue was implemented, in which “3” means doctors at first-line attending on-duty, second-line making rounds of visits, third-line participating in group consultation, and “1” means online consultation.</li> </ul> </li> </ul>
Lesson	<ul style="list-style-type: none"> <li>Principles and approach</li> <li>Guangzhou has strong commitment to contain the COVID-19 outbreak. Under the principles of “EARLY PROTECTION, EARLY DETECTION, EARLY DIAGNOSIS, and EARLY ISOLATION,” and adopted the “ACT” approach to achieve the abovementioned goal.</li> </ul>



- **Administration** of government controlled the source of infection in well-organised and effective manner.
- **Community health service** ensured triage of fever clinic visitors, by detecting patients and suspected cases in time and referring to designated hospitals for isolation.
- **Trinity mechanism** is a joint network of thousands of working groups, each of which comprises a social worker, a health worker and a community police.
- **Mobilising everyone to participate**
- The fight against COVID-19 has to involved EVERYONE in the city as All FOR ONE and ONE FOR All is the consensus in the whole society in such special time.

#### ***A. Comprehensive public health guidelines and publicity efforts***

City of Guangzhou has issued 178 guidelines, and 49 plans and circulars with respect to health observation, medical consultation for fever patients, use of facial masks and daily sanitation. Prevention guidelines have been issued for hospitals, schools, enterprises, government institutions and rural villages. A letter to expat has been issued to alert the expat community.

24-hour rolling news on new cases, medical treatments and preventive measures are released through various media outlets. Experts are invited to address the social concerns by answering to journalists.

Mass campaign for education on disease control and prevention has been carried out. Health education videos and posts are played on 130,000 scrolling electronic displays throughout Guangzhou to raise awareness of the Do's and Don't's regarding COVID-19.

#### ***B. Participation by residents***

Community workers and volunteers have been actively enforcing community movement control. Volunteers have stepped up to assist in more than 1,102 programs related to health education, thorough sanitation, and temperature checks. More than 99.7% of the residents have expressed willingness to work with the government in containment efforts.

- **Close Monitoring**

##### **A. 3 lines of control**

***Joint quarantine check points:*** Temperature screening for all inbound and outbound travellers at railway, bus station, airport, pier, inter-province roads, referring suspected cases with fever or other symptoms to designated hospital. ***3 “must-do” screening to “all screening” at fever clinic:*** NA test for all fever clinic visitors, CT scan for patients eligible for suspected cases, or patients with fever and epidemiological history, epidemiological investigation covering



	<p>all confirmed cases, emergency, out-patient and in-patient.</p> <p><b>Segmented management by trinity mechanism:</b> Segmented management through trinity mechanism, overall inspections, checks and screening—All close contacts get quarantined, all visitors from Hubei checked, all targeted fever clinic visitors requested for NA test.</p> <p><b>B. Centralised health management</b></p> <p>As of 20 February, 67 hotels have been designated as centralised health management facilities for close contacts of confirmed cases. Meals and psychological support are provided.</p> <p><b>C. Home health management</b></p> <p>Those returning from affected areas are required to self-quarantine at home for 14 days and “Eight 1s” measures are taken: 1 health reminder, 1 circular, 1 designated community contact person, 1 free thermometer, 1 dozen facial masks, 1 temperature record sheet, 1 pen, and 1 handbook. Community workers will help to purchase and deliver daily necessities to those in self-quarantine.</p> <p><b>D. Centralised patient treatment</b></p> <p>13 hospitals are designated for admitting COVID-19 patients. Top experts from the region worked closely together for group consultations to optimise treatment plans.</p> <p><b>E. Caring for medical personnel</b></p> <p>Families of front line medical staffs are offered one-on-one housework helping. For medical staffs volunteering to Hubei Province special care from Guangzhou Health Commission, State-owned-Enterprises and hospital has been put in place to support them. Free insurance has been offered to staffs in epidemic containment frontline.</p>
Website Information	<p><a href="https://covid19.21wecan.com/covid19en/c100021/202003/1000173.shtml?from=singlemessage">https://covid19.21wecan.com/covid19en/c100021/202003/1000173.shtml?from=singlemessage</a></p> <p><a href="https://www.citiesforglobalhealth.org/initiative/containment-efforts-against-covid-19-guangzhou">https://www.citiesforglobalhealth.org/initiative/containment-efforts-against-covid-19-guangzhou</a></p>

## 2. South Korea

### a. Daejeon City, South Korea

Located in the central region of South Korea, Daejeon serves as a hub of transportation at the crossroads of major transport routes. With a population of over 1.5 million people, Daejeon is the home of private and public research institutes, centers and science parks.

It was on 20 January 2020 when South Korea reported its first confirmed case of COVID-19. Daejeon reported its first case a month later, on 21 February 2020. About a month has



passed since then and the COVID-19 crisis is still progressing. The disease has changed the daily lives of the people in the past two months. School has not started yet and workplaces have been crumpled up. Large discount stores and department stores have become noticeably quiet. The economy is plummeting and the war against COVID-19 continues.

As of 22 March, the number of confirmed COVID-19 patients in South Korea totalled 222, including 24 in Daejeon, 120 in South Chungcheong Province, 36 in North Chungcheong Province, and 42 in Sejong. In South Chungcheong Province, more than 100 patients were found in the center of sports facilities such as "Zumba Dance," while in Sejong, there were about 30 confirmed cases involving the Ministry of Oceans and Fisheries. Fortunately, there were no cases of mass infection in Daejeon. The first confirmed case in Daejeon was a woman in her 20s who was staying in Jayang-dong, Dong-gu and was confirmed to have COVID-19 after visiting the city of Daegu.

Challenges	<ul style="list-style-type: none"> <li>▪ In the early month of outbreak, citizens were curious about the virus spread and had difficulty finding a mask. It was lack of supply that caused a shortage.</li> <li>▪ People assumed that only KF94 masks can be used during the outbreak. When there was lack of supply of this specific mask, there was confusion among the people when government encouraged the use of cotton masks.</li> <li>▪ The economy is plummeting; stores and department stores have become noticeably quiet.</li> <li>▪ Self-isolation has not been fully managed by local government because some people did not follow the recommendation.</li> <li>▪ Source of infection from other regions have not well been identified in some extents.</li> </ul>
Strategy	<ul style="list-style-type: none"> <li>▪ Banning the export of masks overseas and procuring 80 percent of its production. Government gets 80 percent of masks produced and sells (distributes) them to the public in manageable ways, through drug stores and supermarkets. Therefore, masks can be sold at a reasonable price and well distributed to people. The Government uses a national wide database system to sell a number of masks (2 pieces of mask per week per person) based on personal identification card.</li> <li>▪ With the situation getting severe, the government has upgraded its infectious disease crisis alert level to a "serious" level until 23 April 2020.</li> <li>▪ There has also been a "drive-through" that allows people to get testing without getting off the car.</li> <li>▪ Nationwide opening of schools has been postponed since the end of February.</li> <li>▪ Quarantine measures, such as social distancing, and economic revitalisation measures are applied.</li> </ul>



Lesson	<p>The COVID-19 response from the Daejeon City is relatively successful. The disclosure of information on the occurrence of confirmed cases and their movement was made transparent. There have been several trial and errors over the scope and timing of the route's disclosure. The city was also quick to inform the current situation through regular briefings and disaster text messages. Vulnerable people were supported with masks. The investigation into the Sincheonji church area and quarantine of collective facilities such as churches and call centers was also carried out continuously. As the number of confirmed cases did not increase rapidly like in Daegu and North Gyeongsang Province, self-isolation response was possible.</p> <p>Due to the lack of information sharing with other local governments, it has been belatedly disclosed or not recognised as facts. In some cases, self-isolation has not been adequately managed or source of infection has not been well identified. In this situation where there is lack of medical facilities, there was an increased need for the "Daejeon Medical Center" which has been planned for construction over the years. However, Daejeon should take the lead in overcoming quarantine issues, such as strengthening social distancing measures, and revitalising the local economy.</p>
Website Information	<p><a href="https://www.mohw.go.kr/eng/">https://www.mohw.go.kr/eng/</a></p>

#### b. Jeonju City, South Korea

The capital of North Jeolla Province, Jeonju is a city about 250 kilometres south of Seoul with a population of 650,000. As of 24 March, the total number of confirmed cases stands at three (3) cases, two of which have recovered and only one case remains in Jeonju. The major infection sources of confirmed cases in Jeonju are visiting Daegu, a city that has the most number of confirmed cases at the moment in South Korea. To prevent spreading the diseases and to minimize the economic burden on individuals, the city carried out some health and economy related initiatives. Some of them are the leading and demonstrating ones that our city launched first in the nation that led other cities to learn from our case.

The Jeonju local government has informed that the economy initiative will be given to the 50,000 citizens suffering economic losses from the coronavirus outbreak. The initiative will be cash basis and paid in the form of debit cards to be distributed in April and should be spent in the city within three months. It will pay half a million won for each citizen in need, including unemployed people who will receive an "anti-disaster basic income" of 527,158 won (US\$430) per person, as part of its efforts to overcome the city's economic fallout from COVID-19.



Challenges	<ul style="list-style-type: none"> <li>▪ Monitoring high-risk groups of Shincheonji Church members (5,490 members and 796 trainees were monitored for 14 days).</li> <li>▪ Economic impact for the rental burden for merchants struggling due to COVID-19.</li> <li>▪ Stopped express buses between Jeonju and Daegu, a city where it has the most confirmed cases in the nation and lessen the number of buses to/from other cities.</li> <li>▪ Supplied masks to vulnerable group such as those with low income, people with chronic disease, and pregnant women.</li> </ul>
Strategy	<ul style="list-style-type: none"> <li>▪ Strengthened the response system of Jeonju Public Health Center to COVID-19.</li> <li>▪ Launched a COVID-19 Disaster and Safety Countermeasures Headquarters.</li> <li>▪ COVID-19 update on the city's Facebook, Kakao (Korean Instant Messaging System), Jeonju City Website, etc.</li> <li>▪ Set up TOD (Thermal Observation Device) at public transportation facilities including express, intercity bus terminals, train stations, etc.</li> <li>▪ Added Jeonju Deokjin Public Center as a COVID-19 protection hospital (four hospitals total).</li> <li>▪ Launched a COVID-19 Economic Response TF Team.</li> <li>▪ Closed a service of facilities such as swimming pools, 12 city libraries, 13 youth facilities, children centers, welfare centers, senior centers, daycare centers, etc.</li> <li>▪ Closed Shincheonji Church related facilities.</li> <li>▪ Stopped express buses between Jeonju and Daegu, a city where it has the most confirmed cases in the nation and lessen the number of buses to/from other cities.</li> <li>▪ Started COVID-19 Local Economic Crisis Advising Group.</li> <li>▪ Announced to provide Basic Disaster Income to vulnerable citizens affected by COVID-19 * originated from the City of Jeonju.</li> </ul>
Lesson	<p>Jeonju City has initiated closing of all its public facilities that are related to the Shincheonji Church community since the church was the main center of COVID-19 spread in Daegu City. To provide up-to-date COVID-19 information, Jeonju used Facebook, Kakao (Korean Instant Messaging System), website and provided a foreign language service.</p> <p>As of 19 March, a total of 200 landlords of 500 businesses decided to lower 5-20 percent of rental fee for at least three months. Korean President mentioned an initiative originating from Jeonju City in his Facebook page on 17 March to praise the efforts of the citizens. Furthermore, Jeonju is the first local government in South Korea to provide its vulnerable citizens with basic</p>



	disaster income to help fight the COVID-19 outbreak and there are 50,000 people in need that will be granted the cash basis help.
Website Information	<a href="https://www.mohw.go.kr/eng/">https://www.mohw.go.kr/eng/</a>

### 3. Indonesia

#### Jakarta Metropolitan City, Indonesia

As of 20 March 2020, the Government of the Republic of Indonesia has reported 450 confirmed cases and 38 deaths related to COVID-19. WHO is working with the Indonesian Government to monitor the situation and prevent further spread of disease. The COVID-19 spread to more than 17 provinces since the first case was found in Jakarta on 2 March. Jakarta is home to more than 10 million population and is the nation's capital with nearly 60 percent of business, trade, and transportation centre. On 14 March, the President of Indonesia declared the state of emergency status for 14 days and established the special taskforce for COVID-19 pandemic at national level. The Governor of Jakarta decided to close the schools for 14 days starting 16 March to 2 April and imposed the work from home for government officers (social distancing) until further notice. Jakarta has recorded the highest increase of positive cases with 44, with the number of positive cases in the capital city becoming 267 and authorities reported 23 people had died of the disease.

Challenges	<ul style="list-style-type: none"> <li>▪ Limited early action on tracing the infected COVID-19 person (imported case from China, Singapore, Malaysia, and other)</li> <li>▪ Early coordination with central government</li> <li>▪ Insufficient medical care and health services</li> <li>▪ High people movement from neighboring cities (Bekasi, Depok, Tangerang)</li> <li>▪ Insufficient information on healthy lifestyle campaign (wash your hand, don't touch your face, use mask, social distancing, work from home)</li> </ul>
Strategy	<ul style="list-style-type: none"> <li>▪ Direct coordination with National Taskforce Unit</li> <li>▪ Promoting the social distancing regulation (work from home for government officers and private sectors)</li> <li>▪ Promoting universal temperature body checking at public area, masking, and hand washing</li> <li>▪ Closing the schools and other public facilities including tourist attractions</li> <li>▪ Set up the household unit taskforce for reporting the COVID-19 suspected symptom case</li> <li>▪ Updating the one data information system</li> </ul>



Lesson	The critical aspect of coordination mechanism with central government during emergency response is very important in order to mobilise all resources and trace the COVID-19 suspected case in Jakarta. Since the first case was found, the Jakarta Provincial Government has provided the updated COVID-19 case information to the public. The data has been updated every day and presents the actual condition of the outbreak. The existing data include the number of cases (spatial), suspected case, appointed hospital for the COVID-19 patient, and emergency call numbers.
Website Information	<a href="https://corona.jakarta.go.id/id">https://corona.jakarta.go.id/id</a>

#### 4. The Philippines

##### Iriga City, the Philippines

The City of Iriga is located at the heart of Bicol Economic Growth Corridor and is one of the fastest growing cities in the region. It has evolved into an eco-tourism, agro-economic and educational hub with two big universities in the city. Iriga has a total land area of 16,712.56 hectares, with a total population of 111,757. This population is distributed in 36 Barangays or Villages of the City, 60 percent of which are categorized as rural areas.

On 14 March, Philippine officials announced a night time curfew in the capital city of Manila and Luzon Island including Iriga City due to the COVID-19 outbreak. To join the Resolution 2020 of the Inter Agency Task Force (IATF), in light of the declaration of CODE RED ALERT Sub Level 2 in the Country and the declaration of an Enhanced Community Quarantine (ECQ) for the entire Luzon Island, the City Government of Iriga, in its staunch efforts and commitment to effectively respond and prevent the spread of COVID-19, has immediately undertaken the following activities and practices:

- a. Organisational Structure and Support Systems
- b. Consultations with Stakeholder
- c. Community Awareness (Information Education Campaign)
- d. Community/Stakeholder Participation
- e. Implementation



<p><b>Challenges</b></p>	<ul style="list-style-type: none"> <li>▪ No synchronise Incident Management System in the province upon announcement of total lock down</li> <li>▪ Insufficient support from the Provincial and National government. Despite the clear need for rapid testing of person under investigation (PUIs), test kits are still unavailable and no laboratory has been established in Iriga and Bicol Region.</li> <li>▪ No standard response system resulting in different interpretation and implementation of emergency protocols.</li> <li>▪ Education, with the schools declaring suspension of classes how will the students finish the school year while the ECQ is being implemented.</li> <li>▪ With the implementation of social distancing we are challenging the culture. The custom of socialising is a hard habit to break.</li> <li>▪ Alternative source of income for workers who lost their job of affected by COVID-19.</li> <li>▪ Barangay officials lack of awareness about COVID-19 pandemic occurrence resulting to lenient implementation of lock down.</li> <li>▪ Support intervention for the Barangay Health Emergency Response Team (BHERT).</li> <li>▪ Sustainability of people meaning the checkpoint – support services.</li> <li>▪ Undisciplined people, while most residents follow the Enhanced Community Quarantine.</li> <li>▪ Balance between personnel liberty and restrictive measures imposed by LGUs.</li> <li>▪ Limited manpower resources. The city's medical personnel are limited, they are exhausted and also fear first hand exposure.</li> <li>▪ Lack of medical equipment, personal protective equipment, and medical supplies. With limited fund, the city has not been able to procure medical equipment and even test kits.</li> <li>▪ Unavailability of facilities and equipment to properly identify, test and isolate a suspected COVID-19 patient.</li> <li>▪ If the pandemic worsens, problem on food security might occur.</li> <li>▪ Peace and order has become a challenge due to the recent report of thieving in one barangay.</li> <li>▪ Irresponsible sharing of information (social media), fake news had been circulating around the internet and it adds up to the scare of the people.</li> </ul>
<p><b>Strategy</b></p>	<ul style="list-style-type: none"> <li>▪ Established the taskforce (incident management team) composed of the Incident Commander, Liaison Officer, PIO, the Unit Heads of Operations, Logistics, Admin and Finance, Communications, Security, including the creations of Divisions Alpha to Zulu, with defined roles and responsibilities.</li> <li>▪ Activated the advisory on COVID-19 dated March 13, 2020 covering. <ul style="list-style-type: none"> <li>✓ Activation of Task Force COVID-19 and Barangay Health Emergency Response Team (BHERT).</li> <li>✓ Guidelines for Local Government Employees in the workplace</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>✓ Adaption of Personal Sanitation and Hygiene</li> <li>✓ Prohibition of Large Events and Mass Gatherings</li> <li>✓ Advisory to places of worship in the conduct of their activities</li> <li>✓ Recommended National Agencies Memorandums/Advisories for Work Place, Hospitals, Residential Communities, Schools and Hotels and other similar establishments</li> <li>✓ Official Contact Numbers using Smart phones, Landline and Base Radio of Emergency Operation Center/Task Force</li> </ul> <ul style="list-style-type: none"> <li>▪ Mandatory 14 days self-quarantine of PUI and PUM with history of travel from places with confirmed cases of COVID-19.</li> <li>▪ Declared a CDRPMC Resolution No. 10 dated March 16, 2020 “A Resolution recommending and favourably endorsing the declaration of a State of Calamity in the City of Iriga.”</li> <li>▪ Encouraging responses and support from the community that augmented and supplemented the manpower and other logistical requirements of the City.</li> <li>▪ Regular disinfection of public places such as the Central Business District including the Public Market and Commercial Districts, the Iriga City Terminal, and City roads along the urban area, and vehicles used for transporting food and medical products.</li> <li>▪ The City of Iriga, through the City Mayor, issued a Memorandum adopting the practice of social distancing – staying home, avoiding crowds and refraining from touching one another. A distance of 1 meter (3 feet) is advised as standard measure to prevent the virus from spreading.</li> <li>▪ At the checkpoint areas, persons entering the city are required to fill-up and submit a Health Declaration Form.</li> <li>▪ Issued borderline passes for inter-city or municipal travel, for their valid transactions.</li> <li>▪ Created the iPatrol Task Force through Executive Order No. 13-C, series of 2019 to monitor prices in the market, primarily in the Central Business District of Iriga.</li> <li>▪ Mass public transport facilities shall suspend its operations, as well as public utility vehicles including buses, jeepneys, ride hailing services, FX, UV Express, Point-to-Point (P2P) buses, and motorcycle taxis.</li> </ul>
Lesson	<p>Prior to the Enhanced Community Quarantine (ECQ), the Health Declaration Form are given to the citizen at Barangay checkpoint. The form includes information on the name and address of the person, his/her health status, and travel history. The body temperatures are also taken using thermal scanners. All reported persons with no respiratory symptoms are advised to undergo 14 days quarantine at home. Another measure adopted to</p>



	<p>implement social distancing is the “no back-ride policy” for motorcycles. Violators shall be dealt with accordingly.</p> <p>Iriga City initiated the “Vegetables on Wheels” project after the implementation of the ECQ. The concept came up due to the need to strictly implement the ECQ where residents are prohibited from going out of their homes. At the same time, this will assist local farmers to earn and maintain their livelihood by selling their produce to the villagers amid the community quarantine. These commodities are from market vendors which the city is also assisting in selling their products. This project helps in maintaining the economic activity in the city while under the community quarantine and can eventually lead to a sustainable cycle between the LGU and the local farmers for farm-fresh produce. Iriga City is the first local government unit in the Philippines to implement the vegetables on wheels, which is now being adopted by other LGUs.</p> <p>Since the implementation of the ECQ, only one member of the family is allowed to go out to buy food and medicine supplies. Home Quarantine Pass was issued by their respective Barangays to every head of the family to limit the movement and activities around the City. This is part of the effort to lessen the risk of the families being exposed and infected by the coronavirus. Private establishments providing basic necessities, such as those related to food and medical supplies, shall be allowed to operate or remain open provided.</p>
Website Information	<a href="http://iriga.gov.ph/">http://iriga.gov.ph/</a>



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