

RESEARCH ARTICLE

FOSTERING PARTNERSHIPS BETWEEN THE ACADEME-GOVERNMENT AND COMMUNITY IN THE COVID-19 PANDEMIC RESPONSE IN THE PHILIPPINES

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Abstract

This paper describes the COVID-19 response efforts through strategic partnerships of a nursing school in the Philippines. The roles of the academe through teaching as well as continuing education and community extension services programs were particularly harnessed. Existing academe-government-community partnerships were leveraged, and personal networks mobilized to provide support on risk communication, community engagement, and capacity building. Challenges and limitations encountered serve as points for improving the academe's strategies and activities. The lessons from this undertaking highlight the crucial role of nursing schools as relevant resources in COVID-19 pandemic response initiatives. Partnerships and networks built prior to the pandemic are instrumental in providing the space and opportunities for faculty and student nurses to aid in strengthening the local response. Recommendations are outlined to enhance current roles, strategies, and activities of the academe in the COVID-19 pandemic and lay future directions for Philippine nursing schools given the increasing incidence and severity of disasters in the country.

Keywords: *Academe-government-community partnership, public health nursing, disaster response, disaster nursing, COVID-19, public health emergency*

Introduction

The coronavirus disease (COVID-19) is an emerging infectious disease caused by a new strain of coronavirus called SARS-CoV-2. The World Health Organization declared it a pandemic on 11 March 2020 (World Health Organization 2020a); and, in about a month, the disease had spread in almost every country and the number of cases worldwide breached a million with hundreds of thousands of deaths (World Health Organization 2020b). In the Philippines, the first case was recorded by the end of January 2020 but the local transmission was not confirmed until March 2020 (Department of Health 2020). The surge in cases in the following months highlighted the need for concerted efforts and collaboration from all levels of government and society (Vallejo & Ong 2020). It underscored the importance of data-driven policies and interventions that are disseminated through effective risk communication strategies

and media. The pandemic posed many challenges to both the health and social systems exposing gaps and inequities. Even with social amelioration programs formulated and implemented, these challenges remain unabated with those infected by the disease and their families, health workers and other frontline workers, and those in the lower socioeconomic status as the most affected, displaced and marginalized.

Partnerships among the academe, government, and the community is a pragmatic approach to promote intersectoral collaboration that can contribute to the pandemic response (Aluisio, Zhu, Gil, Kenyon et al., 2020). The potential success of this tripartite partnership stems from the complementary strengths of these three groups allowing for practical solutions to be implemented at those who are most affected, the community.

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While the government has the resources and mandate to provide services necessary for the pandemic response, the academe has the scientific understanding and educational programming that is important for problem analysis from which solutions can be drawn. The community is involved to ensure that solutions will be responsive and appropriate to the actual problems and to those who are really affected.

The academe-industry partnership model is not new and has been used even pre-pandemic to bridge education preparation and to increase excellence in professional practice (e.g., Bay, Sherzer, & Darnbrook, 2018; Phillips, Phillips, Kauffman et al., 2019; Liaw, Palham, Chan et al., 2015). Given current circumstances, the existing relationships among academic institutions, industry, and the community can be leveraged to heighten response to the evolving pandemic situation. There are several examples of how academic partnerships with industry, government, and communities have responded to the pandemic (e.g., DiGuseppe, Corcoran, Cunningham et al., 2020). As an illustration, the University of the Philippines, through its various academic units and research centers, has provided technical advice and assistance to government and non-government institutions in the pandemic response. Examples of policy papers that have been published that guided the response implementation are found in the COVID-19 portal of the University (<https://www.up.edu.ph/covid-19-updates/#pandemic>). In this paper, we will describe the experience and lessons learned by a nursing school in the Philippines in responding to the COVID-19 pandemic by leveraging its partnership with the government and communities.

University of the Philippines College of Nursing and the History of its Partnerships

The UP College of Nursing was established on 9 April 1948 as one of the degree-granting units of the University of the Philippines. It offers baccalaureate, masters, and doctoral degrees in nursing. As with all the units of the University of the Philippines, the College has three-pronged functions of teaching, research, and community extension. The College has a long history of partnership and collaboration with industry, government agencies, and the community. Briefly and citing significant milestones, the College started offering continuing education programs and community extension services to other nursing education and service institutions in 1977.

Recognizing the importance of primary health care, as espoused in the Alma Ata Declaration, the College established the *Bagong Silangan* Nursing Clinic project in 1978-1983 which aimed to provide nurse-led services to depressed communities in Metro Manila (Recio, 1985). These partnerships evolved into a long-term collaboration with other local government units in Metro Manila specifically in Pasay City, Municipality of Pateros, and with the City of Manila.

The College was also part of the Committee on the Community Health Development Program (CCHDP), established in 1994 aiming to find a common environment for the community health-related education and service-learning activities of all the University of the Philippines (UP) units. This evolved to the Community Health and Development Program (CHDP) in 2007 with initial partnerships with the municipality of San Juan, Batangas, and now in the Province of Cavite.

The College's extension work did not only revolve in service-learning but in providing learning opportunities for professional nurses. On 6 October 1994, the first continuing education program using teleconferencing as a mode was implemented by the College with nurses of Zamboanga City and nearby areas. Other satellite areas were established in the cities of Legazpi, Davao, and Tuguegarao involving other nursing schools and local health units as partners. This was the precursor of the Distance Education for the Master of Arts in Nursing Degree (DEMAND) which later on was offered online by the University of the Philippines Open University.

The history of collaboration between the College and the World Health Organization was further strengthened when the former was designated as a WHO Collaborating Center for Nursing Development for Primary Health Care in 1989 and later as a Collaborating Center for Leadership in Nursing Development in 2004. As a Collaborating Center, the College worked to provide technical assistance to the World Health Organization to support its cross-country work. As part of its work plan and among other projects, the College worked with the WHO and the Department of Health in developing a training manual and a training program for trainers and other health workers in Promoting Healthy Lifestyle from 2000 to 2003. Through this project, UPCN was able to work with local governments of Pateros and Guimaras as demonstration sites for implementing the training program for the prevention and control of noncommunicable diseases.

More recently, the College developed and conducted the Leadership and Development Course for Public Health Nurses in 2019 to capacitate them as key players in the implementation of Universal Health Coverage. This continuing education activity was done in partnership with the Department of Health – Health Human Resource Development Bureau and selected local government units nationwide.

Academe-Government-Community Partnerships in the COVID-19 Response

Two examples of academe-government-community partnerships in the COVID-19 response are illustrated here; namely: (1) risk communication and community engagement for COVID-19 awareness, and (2) capacity-building on community management and contact tracing for COVID-19.

Risk communication and community engagement

Risk communication and community engagement (RCCE) are critical response strategies to the ongoing COVID-19 pandemic. It helps people make the right decisions about how to protect themselves, their families, and communities; when to seek care; and how to avoid contributing to panic and stigma about the disease and its effects (London School of Hygiene & Tropical Medicine, 2020).

RCCE initiatives of the UP College of Nursing were focused on augmenting the existing interventions of the national government and its local government partners in two ways: first, through service learning, which required the deployment of fourth-year students in a rural setting as part of their intensive community health nursing experience; and second, through faculty initiatives and community extension services, which made use of institutional and personal networks.

Service Learning: Intensive Community Health Nursing Experience. Through the existing partnership of UP CHDP with the Province of Cavite, the first batch of BSN graduating students of AY 2019-2020 were deployed in General Emilio Aguinaldo (Bailen), Cavite on towards the end of January 2020, as part of their intensive community health nursing experience. General E. Aguinaldo at that time was providing shelter to displaced residents of nearby towns affected by the Taal volcano eruption last 13 January 2020. As conditions of the volcano improved, and alert levels lowered by PHIVOLCS in February, morbidity and mortality, associated with the novel coronavirus, became exponential. By 30 January 2020, the WHO declared a global health emergency and by 02 February 2020, the Philippines reported the first confirmed death outside China (Aljazeera, 2020). As these events unfolded, the Rural Health Unit (RHU) as an early measure, requested the first batch of students to provide health teaching to community residents and schools in partner barangays, while select barangay LGUs directly requested students deployed in their communities to conduct health education to barangay officials and staff. The students based their information on the latest updates provided by health authorities, and accordingly revised their teaching and information, education and communication (IEC) materials when the WHO officially announced to name the new disease “COVID-19” and novel coronavirus as “SARS-CoV-2” around the second week of February 2020.

However, RCCE activities in General E. Aguinaldo were cut short in the first week of March 2020 when President Rodrigo Duterte declared a state of national emergency due to the threat of COVID-19. A week after, the students were officially pulled out of their assigned communities in view of the escalating seriousness of the situation. They provided a final written report to their respective barangays and presented their accomplishments and

endorsements to the Municipal Health Officer, Public Health Nurse, and Rural Health Midwives. Thereafter, no student deployment was done during the enhanced community quarantine (ECQ), extended ECQ, modified ECQ, and general community quarantine (GCQ) in Metro Manila and Cavite, due to safety concerns and mobility restrictions.

The second batch of graduating students of AY 2019-2020 engaged General E. Aguinaldo by June 2020. They communicated with selected community health workers through video conference calls which were facilitated by the community organizers of CHDP who are staying in Cavite. Based on the needs assessment, the engagement centered on the provision of health education about COVID-19 by the students to community residents, and barangay officials through the creation of relevant IEC materials based on the latest updates provided by health authorities.

Part of the service-learning activities during the intensive community health nursing experience is capacity building for community health volunteers and community partners. Owing to the pandemic situation, capacity building was also planned to be done remotely by the students. However, the target participants from General E. Aguinaldo, Cavite could not participate due to connectivity issues in the area. Incidentally, a group of community health workers from a parish in Las Piñas expressed the need for training about COVID-19 response through a faculty of the College of Nursing. The graduating students were then invited to conduct capacity building regarding the management of COVID-19 via individual online training of community volunteers. The training focused on general knowledge about COVID-19 which included (1) nature, transmission, signs and symptoms, and risk factors, (2) disease prevention and infection control measures, (3) home and community management, (4) implementation of policies and isolation of suspected/confirmed cases, and (5) addressing stigma and discrimination in the community.

Faculty Initiatives: Development of Infographics Addressing COVID-19 Stigma. The development of infographics addressing COVID-19 stigma was conceptualized by selected UPCN faculty around late March 2020, drawing from observations that IEC materials have not yet addressed social stigma, and the incidence of discrimination against people, including those affected by COVID-19 and frontliners, is already increasing. One of the team members contacted a colleague from the development sector with expertise in communication and was onboard in the initiative. The content and key messages were mainly based on the “Guide for Preventing and Addressing Social Stigma”, developed by the International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Children's Fund (UNICEF), and World Health Organization (WHO) (2020).

Prior to creating the actual infographics, a group of senior high school students in Navotas was informally surveyed about their

knowledge on COVID-19 and stigma, made possible through another development sector colleague. Relevant inputs by the students were considered in the development of the IEC material. The same students were involved in the pretesting of the Filipino/Tagalog version. Further feedback was solicited from other friends in the development sector, and the infographics were revised accordingly.

To be more culturally sensitive, translation of the infographics to different languages was made through the assistance of UP CHDP and Sentro ng Wikang Filipino Manila network of volunteers. From the initial English and Tagalog versions, the infographics were translated into twelve (12) languages including Bisaya, Cebuano, Waray, Hiligaynon, Kinaray-a, Ilocano, Itawis, Bicol, Albay Bicol, Kapampangan, Pangasinense, and Maranao. Two languages, Tausug and Chavacano, were turned over to UP CHDP for local universities interested in transforming the content to infographics.

Dissemination of the COVID-19 stigma infographics was initially through the official Facebook page of UP College of Nursing. High-resolution copies were also made available for the CHDP to disseminate with networks and partners.

Capacity building for Communities

Capacity Building on Community-based Management for COVID-19. Since 2018, several faculty members from the UP College of Nursing have been invited as resource persons by the Institute of Politics and Governance (IPG), a non-government organization working for the furtherance of local autonomy and governance in the Philippines. Through the years, the organization has become a consortium of experts, practitioners, and advocates in the fields of sustainable development, good governance, and progressive public policy-making at the local level. Their efforts also include capacity building for participatory and good local health governance as well as the provision of consultancy and technical support to local government units.

IPG and UPCN in particular have been partners in facilitating workshops on harm reduction and basic psychosocial support for people who use drugs. During the start of the year, the partnership focus shifted to capacity building for community-based management of COVID-19, which targeted community leaders and members of the Barangay Health Emergency Response Teams (BHERT). Specifically, the capacity building revolved on COVID-19 basic information, local preparedness and response, case finding and contact tracing, establishing a LIGTAS COVID Center, family risk assessment and mitigation, as well as risk communication including addressing stigma and discrimination.

Furthermore, responding to the COVID-19 crisis entailed more responsibilities and demands from the LGUs. To aid the leaders

of partner communities, IPG created a messaging group called IPG COVID-19 hotline, in which affiliated physicians, nurses, and public health and local governance experts can address the questions of community leaders and provide clarifications on health and legal concerns related to COVID-19 response. The platform was likewise used for disseminating information on new policies from the national government, especially during the earlier part of the pandemic.

Capacity building on Contact Tracing for COVID-19. The increasing trend of COVID-19 infections in the country at the onset of the pandemic necessitates a nationwide implementation of a systematic mechanism of identifying probable and confirmed cases of the infection and their contacts. Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission (Saurabh & Prateek 2017). This is an essential public health tool to break the chains of transmission of COVID-19. Contact tracing required identifying persons who may have been exposed to COVID-19, advising for quarantine, and following close-contacts daily for 14 days (World Health Organization, 2020d).

The partnership among the Department of Health, World Health Organization, and the UP College of Nursing in the development of an online course in contact tracing stemmed from the need to immediately train huge numbers of contact tracers across the country. When the Philippines recorded its first confirmed case of COVID-19 on 30 January 2020 up until the confirmation of local transmission in March 2020, contact tracing was initially only done by the Epidemiology Bureau of the Department of Health. However, due to recorded widespread community transmission in the latter part of a month after, there was an urgent need to capacitate more personnel in the local government units to conduct contact tracing within their localities. The initial plan was to conduct synchronous webinar sessions with the Regional Epidemiology and Surveillance Units (RESU) as a form of training of trainers.

Leveraging from the previous experience of the UP College of Nursing in developing and managing massive open online courses (MOOCs), the College provided technical support to the Department of Health and World Health Organization in the course development. The development of the online training course went through several iterations and rigorous review by the Department of Health and the World Health Organization as end-users. Based on existing training materials and other available resources such as enacted policies and published guidance, six modules were developed: (1) COVID-19 Definition and Situation Update; (2) Policies, Guidelines, and Ethico-Legal Issues; (3) Definition, Goals, and Steps in Contact Tracing; (4) Data Management in Contact Tracing; (5) Personnel Needs in Contact Tracing; and (6) Facilitating Training. The complete six

modules were included in the Training of Trainers course, while Modules 1-5 comprise the Basic Course. Aside from the modules, two video materials were also produced -- the promotional video which provides an overview of contact tracing and the steps involved, and the instructional video which discusses in-depth the steps in contact tracing. The videos were made available in English, Tagalog, and Bisaya. All the modules and course materials were uploaded to the course site (<https://upcn.vle.upm.edu.ph>). Course development started on 21 April 2020 until 10 May 2020 when the course site was live and enrollment of students commenced. Due to the evolving COVID-19 situation in the country, the course modules and materials particularly the key messages are being continuously reviewed and revised accordingly and upon the advice of the end-users.

By the end of July 2020, there are 3,976 enrolled participants in both the Training of Trainers and Basic Training courses on the course site. The participants in the Training of Trainers are personnel from the Department of Health Central Office, and those from the Centers for Health Development specifically the members of the RESU. In the Basic Course, on the hand, the participants are the members of the Local Epidemiology and Surveillance Units (LESU) in the local government units. There were participants from all regions across the country, with the largest number of enrolled participants from Ilocos Region (20%, n=829), followed by Calabarzon (15%, n=603), Central Visayas (13%, n=519), and CARAGA (10%, n=412). Four percent (4%, n=173) of the enrolled participants are from the National Capital Region. Thirteen (13) synchronous webinars have also been conducted by September 2020 -- five of which are for the training of trainers and the eight are basic training. Among the regions which requested the training of trainers are Calabarzon, Region 12, and the Bangsamoro Autonomous Region in Muslim Mindanao. The other agencies which requested basic training, on the other hand, include the Armed Forces of the Philippines and the Department of Education for their school nurses and teachers.

Challenges and Lessons Learned

The foregoing discussion described the experience of a state nursing school in responding to the COVID-19 pandemic through leveraging existing partnerships and its position as the only WHO Collaborating Center for Leadership in Nursing Development in the Philippines. However, considering the unprecedented scale and magnitude of the pandemic, the UP College of Nursing also experienced significant challenges and limitations in keeping up with its initiatives and responsibilities.

Challenge 1: Engaging community partners in new communication channels

The COVID-19 pandemic drastically changed how the College and its various partners conducted its assistance and support services. Community engagement and extension work is

traditionally done face-to-face and on-site. Faced with mobility and travel restrictions due to community quarantine, faculty, students, and partners shifted to using online platforms for meetings and service-learning activities. In General E. Aguinaldo, Cavite where access to internet connection is limited especially in communities far from the town center, alternatives such as phone calls and text messages were used to get in touch with residents and barangay partners. Through the assistance of UP CHDP community organizers, some of the sessions with selected residents (from nearby barangays) and barangay health workers were done in the RHU, where a strong internet connection is available.

Challenge 2: Building trust and mutual goals

Despite the challenges of COVID-19, having trust and mutual goals made it easier to move forward with agreed-upon activities. The degree of flexibility that is asked from all partners is based on the premise that partner institutions are committed to carrying out the goals of partnerships. For example, changes made to the actual activities of students in the communities during the emergency related to the Taal volcano eruption and during the COVID-19 outbreak were supported and deemed relevant.

Challenge 3: Sustaining COVID-19 response efforts

As the number of residents in General E. Aguinaldo, Cavite affected by COVID-19 increased, it became difficult for both the College and the RHU to continue conducting service-learning activities and provision of support. Local resources were already used by the LGU to help displaced residents during the Taal volcano eruption, and responding to the pandemic placed another heavy burden. The partners of the LGU, including UP CHDP, continue to provide support in mobilizing additional resources. Reinventing ways of doing things with little time for preparation - at the same time, addressing competing demands - was challenging. Emphasizing the value of partnership, efforts were made to conduct activities remotely by committing some health care workers to attend planning and health education sessions about the COVID-19 response.

Three important lessons can be gleaned from this experience.

Lesson 1: Strengthening service-learning through meaningful partnerships

Service-learning is a teaching-learning strategy that integrates instruction with community service. It provides students with opportunities to develop skills in community engagement while helping communities (Voss, Mathews, Frossen, Scott & Schaefer, 2015). It also fosters civic responsibility and engagement.

Having meaningful partnerships is based on the commitment of parties involved in achieving their mutual goals. While teaching

and learning is the primary goal of academic institutions, having in sight the needs of communities and how they can be helped through service learning are the keys. Also, a participatory approach to community activities of students should be imperative. Without the full engagement of the community, it is difficult to have an effective community intervention and better health outcomes.

Lesson 2: Anchoring activities to mutual trust and goals of partnerships

Not losing sight of the mutual goals of the partnership is essential to having successful activities. If the goal of service-learning is to help communities in identifying their health challenges and propose strategies on how the community can address these challenges, whatever external factors that may arise, such as emergencies and disasters, the mutual goal is the same. Before the Taal Volcano eruption and the COVID-19 pandemic, local health authorities were running programs to prevent and control non-communicable diseases through the PhilPEN (Philippine Package of Essential Noncommunicable Disease Interventions). While there was a shift of focus when the COVID-19 outbreak happened, there was a need to re-establish mutual goals and plan for new activities that surround them. Re-negotiating and re-establishing mutual goals and expectations were important because this ensured that there are mutual benefits for all players in the partnership (Sadeghnezhad, Heshmati, Najafi, Kareshki & Esmaily, 2018). These mutual benefits include improved training of health workers in the community while at the same time improving the educational experience of nursing students; and, these opened access to shared resources and facilities.

Lesson 3: Institutional commitment and supports are needed to ensure sustainability

Having institutional commitment and support especially in times of emergencies and disasters is important to the sustainability of efforts to ensure that communities build back better. More is needed from partners to plan for recovery efforts after the outbreak. And like the COVID-19 pandemic, community recovery will not be simple. The sustainability of health care efforts will demand a lot of time and commitment from the partnerships. Institutional commitment and anchoring the partnership in institution support will also insulate the built relationships from changes internal to the participating institutions (Antonio, Guevarra, Cavinta, Gloriano et al., 2018).

Summary

The lessons from this initiative highlight the crucial role of Philippine nursing schools as relevant resources in COVID-19 pandemic response initiatives. In the case of UP Manila College of Nursing, various partnerships and networks built before the

pandemic are instrumental in providing the space and opportunities for faculty and student nurses to aid in strengthening the local response. However, due to the unprecedented situation and risks involved in doing face-to-face field activities, UPCN was challenged to find new ways to engage partners, be flexible in meeting the goals of the partnership, and sustain COVID-19 response efforts. The lessons learned from this experience emphasized the need to strengthen service-learning, ensure activities are anchored on mutual trust and goals of partnerships, and guarantee institutional commitment and support to sustain community recovery. We believe that current roles, strategies, and activities of nursing schools can be enhanced to become more responsive and participatory, given the increasing incidence and severity of disasters in the Philippines.

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“Our nurses continue to care
with compassion, skill and dignity”

MercyOne Des Moines Medical Center CNO Cindy Penney
told the Des Moines Register.