

ALL EXPERTS' GROUP FOR COVID-19 VACCINES

RESOLUTION NO. 1

Series of 2021

“WHEREAS, on 30 January 2020, the World Health Organization (WHO) declared Coronavirus Disease 2019 (COVID-19), a disease caused by a novel Severe Acute Respiratory Syndrome - Coronavirus2 (SARS-CoV2), as a Public Health Emergency of International Concern (PHEIC)”.

“WHEREAS, the Philippines since January 2020, has been responding to the COVID-19 pandemic and has implemented numerous interventions in response to the pandemic”.

“WHEREAS, the National Government intends to introduce safe and effective COVID-19 vaccine to:

- a) reduce morbidity and mortality while maintaining the most critical essential services;
- b) protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others;
- c) substantially slow down rate of transmission and minimize disruption of social, economic, and security functions; and
- d) responsibly resume social and economic day-to-day operations and activities.

“WHEREAS, the Vaccine Experts Panel (VEP), Health Technology Assessment Council (HTAC), Interim National Immunization Technical Advisory Group (iNITAG), National Adverse Events Following Immunization Committee (NAEFIC), and the DOH Technical Advisory Group (TAG), collectively known as the All Experts' Group for COVID-19 Vaccines, are semi-independent recommendatory bodies to the DOH and the COVID-19 Vaccine Cluster for COVID-19 vaccine deployment and immunization;

“WHEREAS, the All Experts' Group for COVID-19 vaccines adhere with the guiding principles of Transparency, Timing, Equity, Solidarity, Trust and Priorities”;

“NOW, THEREFORE, BE IT RESOLVED the All Experts' Group for COVID-19 vaccines hereby recommends the following, in view of the recurring operational issues on the COVID-19 vaccine deployment and immunization:

1. To address the lack of clarity and granularity in the prioritization process and ordering of prioritization for vaccine distribution, the following criteria for sub prioritization are being proposed in the context of scarcity:
 - a. **CRITERION 1: Priority Group** (example, Priority A1: workers in frontline health services, in the currently approved prioritization criteria). The identified

priority group should be given access nationwide before the next priority group. If the incoming vaccine supply is less than the number of people in the population group selected for vaccination,, there will be further prioritization based on Criterion 2.

b. CRITERION 2: Geographic Location based on (1) COVID-19 burden of disease and (b) LGU readiness to effectively and efficiently deploy vaccines. If the incoming vaccine supply is less than the number of people in the population group selected for vaccination in that region, sub-prioritization may be employed based on Criterion 3.

c. CRITERION 3. Sub-priority groups based on (a) exposure and (b) mortality risk. The national government can adopt similar sub prioritizations by other countries or reputable health institutions such as the Centers for Disease Control. For example, starting with COVID-19 designated hospitals and those directly providing care for healthcare workers, starting from highest age to lower age in 5-year intervals for senior citizens, and starting with those with higher exposure risk for indigents.

2. The interim NITAG shall serve as the recommending body to the general criterion for prioritization. For every batch of stocks that are confirmed to arrive, an allocation proposal based on the approved criteria and other operational concerns that may manifest shall be prepared by the NTF Vaccine Cluster. The allocation proposal shall then be presented to the NITAG for their concurrence, prior execution. Final decision on prioritization for each batch of stocks shall be within the Inter Agency Task Force.
3. It is recommended that the national government pool the available vaccine supply. The national government will first ensure that vaccinations have been provided to the identified priority groups (frontline health workers, senior citizens) before disbursement of vaccines to persons included in the master list of local government units (LGUs) and the private sector. Adopting this policy will help address the concerns arising from the procurement of LGUs and the private sector of their own supplies of vaccines. Priority groups of frontline workers in health and senior citizens, before those master listed by LGUs and the private sector.
4. Any vaccine deployment program should be consistent with the policy directions set forth in the Universal Health Care law. To address the operational issues and future-proof the deployment program of COVID-19 vaccines, the following solutions are being proposed:
 - a. Master listing shall be done through two main methods: (1) getting and consolidating existing registries by LGUs, facilities and institutions, and active case finding to identify and inform that person of their eligibility for vaccination; and (2) through an open call for self-registration especially for those that may be missed by the ongoing master listing process such as population groups that are mobile or have no single institutional affiliation.

- b. The identified eligible population shall either be profiled by a designated healthcare worker or have their health data (which may have been self-reported through survey or online platforms) verified by their primary care provider. Initial health education and consent shall also be done during profiling. The manner of profiling which may be done through various means (remote consultation, telemedicine, or face-to-face), will be left at the discretion of the providers and the LGUs. Health profiling prior to scheduling for vaccination is recommended to: (1) avoid non-attendance and wastage on the date of vaccination, and (2) avoid having high risk groups such as senior citizens going to the vaccination site and being turned away.
- c. Those belonging to special populations like those in immunodeficiency state or with comorbidities may be referred to designated facilities for medical clearance prior to inclusion in the vaccine eligibility list. The LGU shall keep an active file of eligible potential recipients and develop micro plans with sub-prioritization among eligible persons consistent with national prioritization guidelines in preparation of availability of supply.
- d. LGUs will be advised by the national government on the availability of the vaccines. When the supply of doses is confirmed for delivery, and general areas of vaccination are identified, the LGUs and providers shall enact their microplans and schedule vaccine recipients for actual vaccination.
- e. To ensure that the supplies will be fully utilized and not be wasted due to lack of vaccines or expired vials, the vaccine recipients should be appropriately guided and scheduled by the LGUs and providers, with other efforts such as fetching or ferrying the vaccine recipients to the sites.
- f. Vaccine recipients who experience adverse events following immunization (AEFI) identified during the post-monitoring period at the vaccination site shall immediately be brought to designated health facilities within their healthcare provider networks. The LGU shall ensure capacity of the facilities to provide healthcare in response to the event and conduct immediate causality investigation within their regional AEFI committees. Likewise, all vaccination sites should be equipped with emergency supplies and trained to manage potentially life-threatening severe allergic reactions that may occur within 30 minutes after vaccination, even prior to transporting to the designated health facilities.
- g. Monitoring for AEFI shall be done up to 1 year from date of vaccination and monitoring can be done through the vaccinee's primary care provider. LGUs shall ensure the availability of primary care providers, compliance to standards set forth by DOH and PhilHealth, and that all vaccine recipients are assigned to a primary care provider for monitoring for at least a year post-vaccination.

5. Financing arrangements for the COVID-19 vaccination program need to be consistent with the UHC financing arrangements. To ensure this the following arrangements are recommended:
 - a. Vaccine related costs, as a public good, shall be paid by the national government.
 - b. Operational costs for local management, logistic, and incidental expenses, including contracting of private provider care through service delivery networks, shall be paid for by the LGUs.
 - c. Healthcare costs for health profiling, outpatient consults, and hospitalizations will be through PhilHealth benefit packages for primary care and inpatient care, consistent with Universal Health Care reforms.
6. To effectively communicate science, it is vital to scale-up an integrated vaccine communication strategy, which will involve the participation of experts. The goal is to increase vaccine confidence of the public by allowing the scientific community to steer the vaccine narrative. This will be done by maximizing the use of social media and other media platforms. Initial list of activities include:
 - a. Short but impactful audio-visuals introducing the experts and their line of work;
 - b. Regular interviews of experts;
 - c. Flood our channels with Experts' voices;
 - d. Create and launch All Experts Speakers Bureau; and
 - e. Town Hall Meetings with various stakeholders;
7. The Vaccine Cluster shall facilitate the immediate sharing of vaccine information from manufacturers to be used as reference in assessments and recommendations to be given by the All Experts Group upon writing.
8. The interim NITAG shall serve as an advisory group to the Vaccine Cluster through Sec. Galvez and the DOH, through regular meetings with Sec. Galvez and Sec. Duque to raise issues, vetting of COVID-19 vaccination-related policies, and formalization of recommendations through resolutions.

RESOLVED during the 1st Meeting of the Interim NITAG for COVID-19 Vaccine, as reflected in the minutes of the meeting, held this January 28, 2021 via video conference

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