Republic of the Philippines
Department of Health

Philippines COVID-19 Emergency Response Project (P173877) and Additional Financing Project (P175953)

STAKEHOLDER ENGAGEMENT PLAN (SEP)

17 MARCH 2021

Contents

1. Introduction/Project Description

An outbreak of the coronavirus disease (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2) has been spreading rapidly across the world since December 2019, following the diagnosis of the initial cases in Wuhan, Hubei Province, China. Since the beginning of March 2020, the number of cases outside China has increased thirteenfold and the number of affected countries has tripled. On March 11, 2020, the World Health Organization (WHO) declared a global pandemic as the coronavirus rapidly spreads across the world. As of March 26, 2020, the outbreak has resulted in an estimated 416,686 cases and 18,589 deaths in 197 countries and territories.

COVID-19 is one of several emerging infectious diseases (EID) outbreaks in recent decades that have emerged from animals in contact with humans, resulting in major outbreaks with significant public health and economic impacts. The last moderately severe influenza pandemics were in 1957 and 1968; each killed more than a million people around the world. Although countries are now far more prepared than in the past, the world is also far more interconnected, and many more people today have behavior risk factors such as tobacco use and pre-existing chronic health problems that make viral respiratory infections particularly dangerous. With COVID-19, scientists are still trying to understand the full picture of the disease symptoms and severity. Reported symptoms in patients have varied from mild to severe, and can include fever, cough, and shortness of breath. In general, studies of hospitalized patients have found that about 83% to 98% of patients develop a fever, 76% to 82% develop a dry cough and 11% to 44% develop fatigue or muscle aches. Other symptoms, including headache, sore throat, abdominal pain, and diarrhea, have been reported, but are less common. While 3.7% of the people worldwide confirmed as having been infected have died, WHO has been careful not to describe that as a mortality rate or death rate. This is because in an unfolding epidemic it can be misleading to look simply at the estimate of deaths divided by cases so far. Hence, given that the actual prevalence of COVID-19 infection remains unknown in most countries, it poses unparalleled challenges with respect to global containment and mitigation. These issues reinforce the need to strengthen the response to COVID-19 across all IDA/IBRD countries to minimize the global risk and impact posed by this disease.

The Philippines COVID-19 Emergency Response Project (P173877), in the amount of US$100 million, was approved by the World Bank on April 22, 2020. It was prepared under the global framework of the World Bank COVID-19 Response financed under the Fast Track COVID-19 Facility, which provided up to US$14 billion in immediate support to assist countries coping with the impact of the global outbreak. The objectives are aligned with the results chain of the Bank's COVID-19 Strategic Preparedness and Response Program (SPRP). The Project Development Objective (PDO) is to strengthen the Philippines' capacity to prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

Despite recent progress, the Philippines remains one of the countries most affected by the COVID-19 in East Asia and Pacific, rendering vaccine purchase and deployment a national priority. With the availability of vaccines, the Philippines has now an opportunity to add a significant new layer to its COVID-19 emergency response. Procuring and administering vaccines is critical to reducing mortality from COVID, opening the economy in earnest and arresting the decline in GDP, employment and incomes. Hence, Additional Financing (AF) was sought by the country. The Additional Financing will form part of an expanded health sector response to the COVID-19 pandemic. The AF which is the amount of additional US $ 500 million will support the costs of expanding activities of the Philippines COVID-19 Emergency Response Project (P173877, the Parent Project) to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in the country through enhanced vaccination system strengthening and to further strengthen preparedness and response activities under the parent project. The project development objective of the Parent Project "to strengthen the Philippines' capacity to prevent, detect and respond to the threat posed by COVID-

19 and strengthen national systems for public health preparedness", and the project's component structure will remain unchanged but new activities will be included to scale-up the support related to COVID-19 vaccines procurement and deployment with the additional financing. The Parent Project SEP has been updated to reflect the activities under the Additional Financing and the additional issues noted in line with the template provided by the Bank.

The proposed additional US$500 million IBRD loan will support the scale-up of activities for vaccination. The changes proposed for the AF entail expanding the scope and scale of activities under the PCERP, and there will be no changes to the overall design. However, there will be changes to sub-components under Component 1 to include activities on deployment of vaccines. The PDO will remain unchanged as the proposed activities to be funded under the AF are aligned with the original PDO. The closing date of the AF will remain aligned with the closing date of the parent project, i.e., December 29, 2023.
The following are the Project Components:

Component 1: Strengthening Emergency COVID-19 Health Care Response (Total US$ 581,000,000): The aim of this component is to strengthen essential health care service delivery system to be able to respond to a surge in demand as a result of anticipated rise in the number of COVID-19 cases in the coming months. As COVID-19 will place a substantial burden on inpatient and outpatient health care services, support will be provided to equip selected health facilities prioritized by DOH for the delivery of critical medical services and to cope with increased demand.

Health system strengthening efforts will therefore focus on provision of medical and laboratory equipment, PPE, medical supplies as well as essential inputs for treatment such as oxygen delivery systems and medicines to selected hospitals and health facilities. Local containment will be supported through the establishment of local temporary isolation units. The component will also finance requirements of infrastructure of quarantine facilities. It is anticipated that any construction involved under this component will be conducted at existing facilities; activities requiring land acquisition or involuntary resettlement are not eligible.

This component also supports the Department of Health in preparing a guidance note on standard design for hospital isolation and treatment centers to manage Severe Acute Respiratory Infections (SARI) patients that will be used in health facilities across the country to ensure standard and quality of COVID-19 health care services. The component has three sub-components. The scope of Component 1: Strengthening Emergency COVID-19 Health Care Response (current allocation: US$95.5 million; revised allocation: US$581 million) will be scaled up to support COVID-19 vaccines purchase. Component 1 will be revised as follows:

(a) **Sub-component 1.1. Provision of medical and laboratory equipment and reagents**[1] **(current allocation: US$34.3 million; revised allocation: US$ 34.5 million):** This sub-component will support selected DOH hospitals and provincial hospitals with laboratory equipment (e.g. Polymerase Chain Reaction machines), test kits, reagents, as well as to upgrade diagnostics and treatment of COVID-19 infection capacity through procurement of such intensive care unit equipment and devices as mechanical ventilators, cardiac monitors, portable x-ray, extracorporeal membrane oxygenation (ECMO) machine, portable oxygen generator machine, and continuous positive airway pressure (CPAP). The sub-component will also support provision of oxygen, emergency beds, laboratory reagents, and waste management facilities. This subcomponent will also support short trainings on the use of equipment,

[1] Laboratory support under Sub-Component 1.1 is short-term and includes PCR machines and test kits for selected DOH hospitals and provincial hospitals. Component 2 supports strengthening of reference laboratories at both national and sub-national levels to address EIDs in the short and medium term.

devices, and tests for health providers and technicians; and to support the necessary logistics and supply chain to ensure that the equipment will reach frontline health facilities without delays. No new additional activities are proposed but the amount has been revised to be aligned with updated costing of activities by the DOH.

(b) **Sub-component 1.2. Provision of medical supplies, including Personal Protective Equipment (PPE), COVID-19 vaccines, medicines, and ambulance (current allocation: US$46.6 million; revised allocation: US$521.3 million)** : This subcomponent will support the health system with supplies including PPE such as masks, goggles, gloves, gowns, etc. It will also support medical counter measures and medical supplies for case management and infection prevention, through the procurement of COVID-19 vaccines, drugs such as antivirals, antibiotics, and essential medicines for patients with co-morbidity and complications such as CVDs and diabetes, as well as assistance to support the Borrower's advance purchase mechanisms. This subcomponent will also support short trainings on the use of medical supplies for health providers and technicians as needed; and support to the necessary logistics and supply chain to ensure that the medical supplies and PPE will reach frontline health facilities without delays. Small part of this sub-component may also support ambulance vehicles to address COVID-19 response, as needed. The AF supports COVID-19 vaccines purchase through this sub-component.

(c) **Sub-component 1.3. Enhancing isolation/quarantine facilities (current allocation: US$14.5 million; revised allocation: US$25.2 million) :** This sub-component will support the establishment, construction, retrofitting/refurbishment of quarantine facilities in major points of entry, increase number of regular isolation rooms in DOH and provincial hospitals as well as establishment of negative pressure isolation rooms in DOH and provincial hospitals. It will also support setting up of first line decontamination facilities in international airports (holding areas) as well as establishing isolation tents for triaging in health facilities. The increased amount for the component restores financing which had been re-allocated to sub-component 1.2 to finance COVID-19 vaccines during the December 2020 restructuring.

(d) **Sub-component 1.4. Deployment of COVID-19 vaccines** (new sub-component, financed by counterpart funding from the GOP: US$155.5 million). The sub-component is financed primarily through the GOP's counterpart funding to support the deployment of World Bank-financed and eligible COVID-19 vaccines. The sub-component will finance planning and management of the COVID-19 vaccines procured by loan proceeds from the AF and deemed eligible by the World Bank, as part of the national COVID-19 vaccination campaign, through enhancing systems and capacity for planning, regulation, and M&E. In addition, the sub-component will finance safe and effective deployment of COVID-19 vaccines procured by loan proceeds from the AF and deemed eligible by the World Bank, including delivery, cold chain and logistics system, disposal of healthcare wastes, risk and communication, as well as surveillance and adverse events monitoring.

Component 2: Strengthening laboratory capacity at national and sub-national level to support Emerging Infectious Diseases (EIDs) Prevention, Preparedness, and Response (Total US$ 11,500,000): The component will support the establishment of national reference laboratories as well as selected subnational and public health laboratories. It will include improving, retrofitting, and

refurbishing national reference laboratory – Research Institute for Tropical Medicine (RITM) as well as six sub-national and public health laboratories in Baguio, Cebu, Davao, Surigao City, and Manila.[2] The sub-component may also support constructing and expanding laboratory capacity in priority regions that currently do not have necessary laboratory capacity. The sub-component will also support necessary laboratory equipment, laboratory supplies, reagents, as well as capacity building for relevant laboratory staff. It is anticipated that any construction involved under this component will be conducted at existing facilities, and that no new land acquisition or involuntary resettlement are expected.

Component 3: Implementation Management and Monitoring and Evaluation (Total US$ 7,500,000):

Project Management. The component will support the Department of Health (DOH) as the implementing agency of the project. DOH will be responsible for the coordination, management, and implementation of the project at the national and sub-national levels, financial management and procurement. The project will be implemented through mainstream DOH processes and will not involve a parallel project implementation unit or secretariat. This will be strengthened by the recruitment of additional staff/consultants responsible for overall administration, procurement, and financial management under country specific projects. To this end, the Project would support costs associated with project coordination, management, and implementation. This component will also support costs related to the management of environmental and social risks under the Bank's ESF, including the implementation of this ESMF and Stakeholder Engagement Plan (SEP).

The implementation arrangements of the Parent Project will be adjusted to enhance the capacity of DOH for implementation related to vaccine procurement, cold chain strengthening, and vaccination delivery support, as well as human resource strengthening in risk communication and community mobilization and M&E. Additional expertise and capacity will also be added as required by the additional financing. Specifically, the COVID-19 vaccination initiatives will be strengthened by the development of the Vaccine Delivery and Distribution Manual and National Deployment and Vaccination Plan (NDVP) and the hiring of a (i) Vaccine Specialist, (ii) M&E Specialist, and a (iii) second Procurement Specialist.

Monitoring and Evaluation (M&E). This component would also support monitoring and evaluation of project implementation, prevention and preparedness, building capacity for clinical and public health research, and joint learning across and within countries. Furthermore, the M&E includes a mechanism to review the capacity of the national health systems to deploy vaccines universally and to reach isolated and marginalized communities and those difficult to reach. It will include the maintenance of daily records documenting who received the vaccine from which vial as well records of any adverse vaccination effects. The M&E system will include data and information disaggregated by gender, demography, race-ethnicity, location-residence, socioeconomic status, and disability.

As may be needed, this component will also support third-party monitoring of progress and efficient utilization of project investments. The Philippines COVID-19 Emergency Response Project (the Project) has beenprepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard (ESS) 10 Stakeholder Engagement and Information Disclosure, the implementing agencies should provide stakeholders with timely, relevant, understandable, and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination, and intimidation.

[2] Subnational and public health laboratories include (i) Lung Center of the Philippines (QC); (ii) San Lazaro Hospital (Manila); (iii) Baguio General Hospital (Baguio); (iv) Vicente Sotto Memorial Medical Center (Cebu); (v) Caraga Regional Hospital (Surigao City); (vi) Southern Philippines Medical Center (Davao).

Component 4: Contingent Emergency Response Component (CERC) (US$0): In the event of an Eligible Crisis or Emergency, the project will contribute to providing immediate and effective response to said crisis or emergency. A zero-value component has been included to ensure funds.

The overall objective of this SEP is to define a program for stakeholder engagement, including public information disclosure and consultation, throughout the entire project cycle. The SEP outlines the ways in which the project team will communicate with stakeholders and it includes a mechanism by which they can raise concerns, provide feedback, or make complaints about the project and its related activities. The involvement of the local population is essential to the success of the project in order to ensure smooth collaboration between the project staff and local communities and to minimize and mitigate the environmental and social risks related to the proposed project activities. In the context of infectious diseases, broad, culturally appropriate, and adapted awareness raising activities are particularly important to properly sensitize the communities to the risks related to infectious diseases. For COVID-19 vaccination programs, stakeholder engagement is key to communicating the principles of prioritization of vaccine allocation and the schedule for vaccine rollout, reaching out to disadvantaged and vulnerable groups, overcoming demand-side barriers to access (such as mistrust of vaccines, stigma, cultural hesitancy), and creating accountability against misallocation, discrimination, and corruption.

2. Stakeholder identification and analysis

Project stakeholders are defined as individuals, groups or other entities who:

(i) are impacted or likely to be impacted directly or indirectly, positively or adversely, by the Project (also known as 'affected parties'); and

(ii) may have an interest in the Project ('interested parties'). They include individuals or groups whose interests may be affected by the Project and who have the potential to influence the Project outcomes in any way.

Cooperation and negotiation with the stakeholders throughout the Project development often also require the identification of persons within the groups who act as legitimate representatives of their respective stakeholder group, i.e., the individuals who have been entrusted by their fellow group members with advocating the groups' interests in the process of engagement with the Project. Community representatives may provide helpful insight into the local settings and act as main conduits for dissemination of the Project- related information and as a primary communication or liaison link between the Project and targeted communities and their established networks.

Community representatives, cultural leaders and women leaders may also be helpful intermediaries for information dissemination in a culturally appropriate manner, building trust for government programs or vaccination efforts. For Indigenous People, stakeholder engagement should be conducted in partnership with Indigenous Peoples' organizations and traditional authorities. Among other things, they can provide help in understanding the perceptions of Indigenous Peoples' on the causes of the virus, which will influence their opinions around the vaccination campaigns as a proposed solution.

Women can also be critical stakeholders and intermediaries in the deployment of vaccines as they are familiar with vaccination programs for their children and are the caretakers of their families.

Verification of stakeholder representatives, i.e., the process of confirming that they are legitimate and genuine advocates of the community they represent, remains an important task in establishing contact with the community stakeholders. Legitimacy of the community representatives can be verified by talking informally to a random sample of community members and heeding their views on who can be representing their interests in the most effective way. With community gatherings limited or forbidden under COVID-19, it may mean that the stakeholder identification will be on a much more individual basis, requiring different media to reach affected individuals.

2.1 Methodology

In order to meet best practice approaches, the project will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: public consultations for the Project will be arranged during the whole life-cycle, carried out in an open manner, free of external manipulation, interference, coercion or intimidation;
- *Informed participation and feedback*: information will be provided to and widely distributed among all stakeholders in an appropriate format; opportunities are provided for communicating stakeholders' feedback, for analyzing and addressing comments and concerns;
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communications and build effective relationships. The participation process for the Project is inclusive. All stakeholders are at all times encouraged to be involved in the consultation process. Equal access to information is provided to all stakeholders. Sensitivity to stakeholders' needs is the key principle underlying the selection of engagement methods. Special attention is given to vulnerable groups, in particular women, youth, elderly, persons with disabilities, displaced persons, those with underlying health issues, and the cultural sensitivities of indigenous peoples and diverse ethnic groups.

For the purposes of effective and tailored engagement, stakeholders of the proposed Project can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the project and/or have been identified as most susceptible to change associated with the project, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the Project and/or who could affect the Project and the process of its implementation in some way; and
- **Vulnerable Groups** – persons who may be disproportionately impacted or further disadvantaged by the Project as compared with any other groups due to their vulnerable status[3] and that may require special engagement efforts to ensure their equal representation in the consultation and decision-making process associated with the project.

[3] Vulnerable status may stem from an individual's or group's race, national, ethnic or social origin, color, gender, language, religion, political or other opinion, property, age, culture, literacy, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- COVID-19 patients and infected people
- Communities with COVID-19 infected people
- People under COVID-19 quarantine
- Family members of COVID-19 infected people or people under COVID-19 quarantine
- Frontline health workers particularly those dealing with COVID-19 patients
- Local government units where isolation/quarantine/screening facilities will be located and the vaccination activities will take place
- Health facilities where vaccines will be administered
- Security/uniformed personnel or local government unit-designated officers tasked to maintain peace and order during the vaccination activities
- Security/uniformed personnel involved in ensuring the proper and safe logistics and distribution of the vaccines
- Communities around proposed isolation/quarantine/screening facilities
- Municipal waste collection and disposal workers
- Waste transporters and transport, storage, and disposal (TSD) service providers handling hazardous healthcare wastes
- Workers supporting the renovation/rehabilitation/construction of health care facilities, quarantine centres and screening posts.
- Department of Health (DOH) and other public health agencies
- Workers coming back to the Philippines from abroad; and
- Business entities and individual entrepreneurs supporting and/or supplying key goods and services for prevention of and response to COVID-19
- Pharmaceutical companies particularly those involved in the COVID-19 vaccine development and supply
  Private companies with cold storage facilities and transport and/or engaged in dry storage and cold chain services

The affected parties of the COVID-19 vaccination activities are consisted mostly of the preliminary identified priority eligible population for vaccination, based on existing ethical principles and recommendations of the World Health Organization's Strategic Advisory Group of Experts (WHO SAGE) Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply and the WHO SAGE Values Framework for the Allocation and Prioritization of COVID-19 Vaccination, and the recommendations of the recommendations of the National Immunization Technical Advisory Group (NITAG):

The DOH Administrative Order No. 2021-0005 entitled "National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization" provides the Decision Matrix in determining priority eligible population groups based on the principles of the abovementioned WHO SAGE Guidelines and NITAG recommendations. Table 1 below outlines the priority groups based on the said principles.

Table 1. Decision Matrix in determining priority eligible population groups

Principles	Objectives	Population Groups
Human well-being	● Reduce deaths and disease burden ● Protect those in the health services and essential services	● Health workers ● Older adults (senior citizens with or without comorbidities) ● Persons with comorbidities ● Personnel in government agencies providing essential services (DSWD, DeEd, DILG, BJMP & Bureau of Correction, PNP, AFP, PCG, BFP, CAFGU) ● Government workers, teachers and students, essential workforce (agriculture, tourism, transportation, food industry, tourism, manufacturing, construction, among others) ● All workforce
Reciprocity	● Protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others	● Health workers (all) ● Essential workers outside the health sector, those with high-risk of exposure, such as contact tracers, social workers providing social services, among others
Equal respect	● Treat the interest of all individuals and groups with equal consideration as allocation and priority setting ● Vaccinate all citizens	● All citizens based on the availability of vaccines
National equity	● Ensure that vaccine prioritization takes into account vulnerabilities, risks and needs groups because of underlying societal, geographic or biomedical factors	● People living in poverty (indigent population) ● Disadvantaged groups (PWD, PDLs, among others) ● Low-income workers ● Hard-to-reach areas ● Overseas Filipino Workers

Using the Decision Matrix, the National Government has determined that below will be the priority eligible groups for COVID-19 vaccination:

Table 2. Priority eligible groups for COVID-19 vaccination

Priorities	Population Group	Definition of Terms
Priority Eligible Group A*		

1	Frontline Health Workers	All health workers from the PRIVATE and PUBLIC sector currently on ACTIVE practice/service, whether they are permanent, contractual, job-order and/or outsourced employees or staff:
	a) Public and private health facilities [hospitals, medical centers, laboratories, infirmaries, Treatment Rehabilitation Centers (TRCs) and Temporary Treatment and Monitoring Facilities (TTMFs)]	● All those are working in medical centers, hospitals, clinics, laboratories, Temporary Treatment and Monitoring Facilities (TTMFs), and Treatment Rehabilitation Centers (TRCs). If the vaccine supply is limited, priority shall be given to hospitals and medical centers directly catering to COVID-19 patients, including suspects, probable and confirmed COVID-19 cases. ● Specifically, all those who are assigned in the triage areas, out-patient departments, emergency rooms, wards, intensive care units, operating rooms, delivery rooms, laboratory, radiologic and pathology areas, rehabilitation units, among others. ● Medical and allied health students who are serving as clerks or interns in hospitals ● Those who are assigned as part of the disinfection or decontamination teams, medical social workers, admin personnel, and security guards of the above-mentioned facilities.
	b) Public health workers (all RHU/CHO personnel, PHO, PDOHO, CHD and CO) and LGU contact tracers	All workers in the public health sector: ● All employees in the public primary care facilities (Rural Health Units, City Health Offices (whether LGU-hired or DOH-hired/deployed) ● All health workers employed/deployed/ detailed in Provincial Health Offices, Center for Health Development and Department of Health Central Offices, including Food and Drug Administration and Bureau of Quarantine ● All health workers employed/deployed/ detailed in DOH-attached agencies such as Philippine Health Insurance Corporation, Philippine National AIDS Council, Philippine Institute of Traditional Alternative Health Care, Dangerous Drugs Board, and National Nutrition Council ● LGU-deployed/designated/hired contact tracers [those with appropriate documents stating deployment/designation of government employees as contact tracers either through an Executive Order (EO), resolution and/or ordinance] ● Note: If the vaccine supply is limited, among

		workers in public health, priority shall be given to those who are providing direct health services.
	c) Barangay Health Workers including Barangay Health Emergency Response Teams (BHERTs)	● All Barangay Health Workers in active service ● All active members of the BHERTs (based on appropriate documents stating designation either through an LGU EO, resolution and/or ordinance)
	d) Other NGAs (DSWD, DepEd, DILG, BJMP and Bureau of Correction)	● DSWD, and its regional and local counterparts ○ All employees manning close-setting facilities and long-term care facilities, e.g. orphanage, home for the aged, women's crisis centers. ○ Social workers providing social amelioration, and social services in the communities ● DepEd ○ Health and nutrition personnel ● DILG ○ Those hired by DILG as contact tracers (active service) ● BJMP (under DILG) ○ All employees and health workers assigned in direct contact with Persons Deprived of Liberty (PDLs) such as jail officers, wardens, and/or guards ● BuCor (under DOJ) ○ All employees and health workers assigned in direct contact with Persons Deprived of Liberty (PDLs) such as jail officers, wardens, and/or guards
2	Indigent Senior Citizens	All indigent senior citizens registered and as determined by DSWD
3	Remaining Senior Citizens	All senior citizens (not categorized as indigent) registered and as determined by DWSD
4	Remaining Indigent Population	All indigent population as determined by DSWD
5	Uniformed Personnel	All enlisted uniformed personnel in active services under the: ● Armed Forces of the Philippines ● Philippine National Police ● Philippine Coast Guard

		● Bureau of Fire Protection ● Citizen Armed Force Geographical Unit
Priority Eligible Group B**		
6	Teachers and school workers	ALL teachers and school workers, whether permanent, job-order, contractual or out-sourced in all educational levels, from primary, secondary and tertiary, and vocational educational institutions, both private and public
7	All government workers (national and local government)	All government workers, whether permanent, job-order, contractual or out-sourced, in national government agencies, government-owned and controlled corporations (GOCCs), government financial institutions (GFIs), local government units, among others.
8	Essential workers	● All workers providing basic services during this time of pandemic and essential to the growth of the economy as determined by DTI and DOLE ● These workers may come from the following sectors: agriculture, forestry and fisheries; transportation; construction; food industries; manufacturing of essential goods; tourism; essential retail; water-refilling stations; laundry services; logistics service providers; delivery and courier services; water supply and sanitation services; telecommunication services; energy and power companies; gasoline stations, among others
9	Socio-demographic groups at significant higher risk other than senior citizens and indigent populations [e.g. Persons Deprived of Liberty (PDLs), Persons with Disabilities (PWDs), Indigenous Peoples, Filipinos living in high-density areas)	● All Persons Deprived of Liberty as determined by BJMP and BuCor ● All Persons with Disability as determined by DSWD, and National Council for Disability Affairs (NCDA) and LGUs ● All Indigenous Peoples as determined by the National Commission on Indigenous Peoples (NCIP). This may include: the Lumads of Mindanao, the Peoples of the Cordillera, and scattered tribal peoples of the hinterlands of Central and Southern Luzon, Viasayas, Mindoro and Palawan ● All Filipinos living in high-density areas as determined by the LGUs (as documented in the LGU's Comprehensive Land Use Plan) such as in slums and temporary shelters, among others; including those who are homeless and living in temporary shelters and homes

	Eligible Students	● All students in primary, secondary and tertiary and vocational educational institutions. However, vaccination of students below 18 y.o. will depend on the recommendations of WHO and NITAG, with the concurrence of the COVID-19 Vaccine Cluster.
10	Overseas Filipino Workers (OFWs)	Filipino migrant workers who reside in another country for a limited period of employment that were not yet vaccinated
11	Other remaining workforce	All remaining Filipino workforce as determined by the DOLE, DTI and CSC
Priority Eligible Group C**		
12	Remaining Filipino Citizens	All Filipino Citizens that were not mentioned in priority A and B

** Persons with co-morbidities are being taken into consideration as part of Priority Eligible Group A depending on the latest development and scientific evidence. This is being discussed by the NITAG.*

***The Priority Eligible Group B and C may change as these categories will still undergo review of the NITAG and final approval of the COVID-19 Vaccine Cluster and the IATF.*

It should be noted that the prioritization of population groups are based on the following goals:

Primary Goals

- Direct reduction of morbidity and mortality.
- Maintenance of most critical essential services.

Secondary Goals

- Substantially control transmission
- Minimize disruption of social, economic and security functions.

Tertiary Goal

- Resumption to near normal.

Table 3. Priority groups per population with size

Ranking of vulnerable group, or inclusion in which phase	Population group	Number of people	% of population
Stage 1 (2021)	1st Priority: Frontline Health Workers	1,762,994	*1.6%*
	a) Public and private health facilities (Hospitals, Treatment and Rehabilitation Centers, and	612,975	*0.6%*

Ranking of vulnerable group, or inclusion in which phase	Population group	Number of people	% of population
	Temporary Treatment and Monitoring Facilities)		
	b) Public health workers (all Rural Health Units/City Health Office personnel; Provincial Health Office, Provincial DOH Officer, CHD, and Central Office field workers) and LGU contact tracers	602,982	*0.6%*
	c) Barangay Health Workers including Barangay Health Emergency Response Teams	414,640	*0.4%*
	d) Other National Government Agencies (Department of Social Welfare Development, DepEd, DILG, BJMP & Bureau of Correction)	132,397	*0.1%*
	2nd Priority: Indigent Senior Citizens	3,789,874	*3.5%*
	3rd Priority: Remaining Senior Citizens	5,678,544	*5.3%*
	4th Priority: Remaining Indigent Population	12,911,193	*12.0%*
	5th Priority: Uniformed personnel – Philippine National Police (PNP), Armed Forces of the Philippines (AFP), Philippine Coast Guard (PCG), Bureau of Fire Protection (BFP), Citizen Armed Force Geographical Unit (CAFGU)	525,523	*0.5%*
Sub-total	Sub-Total	24,668,128	*23%*
Stage 2 (2022)	a. Teachers and school workers (public and private) b. All government workers (National and Local Government) c. Essential workers in agriculture, food industry, transportation, and tourism d. Sociodemographic groups at significantly higher risk other than the senior citizens and indigent population (PDLs, Persons with Disability, Filipinos living in high-density areas) e. Overseas Filipino Workers (OFWs) f. Other remaining workforces g. Students	44,628,902	*40%*
Stage 3 (2023)	All remaining Filipino citizens	41,770,329	37%
Total		111,067,422	100%

2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- General public who are interested in understanding the Government's prevention and response to COVID-19;
- Government officials, permitting and regulatory agencies at the national, regional, and community levels, including environmental, technical, social protection and labor authorities;
- National Commission for Indigenous Peoples (NCIP);

- Development partners and civil society organizations at the global, regional, and local levels that may become partners of the project, including organizations representing indigenous peoples and peoples with disabilities;
- Business owners and providers of services, goods and materials that will be involved in the project's wider supply chain or may be considered for the role of project suppliers in the future; and
- Mass media and associated interest groups, including local, regional, and global printed and broadcasting media, digital/web-based entities, and their associations.
- Religious groups and other faith- based organizations which may disseminate information to their members regarding COVID-19 and vaccines.
- The academe and professional organizations with interest in COVID-19.

2.4. Disadvantaged / vulnerable individuals or groups

It is particularly important to understand whether project impacts may disproportionately fall on disadvantaged or vulnerable individuals or groups, who often do not have a voice to express their concerns or understand the impacts of a project. It is important to ensure that awareness raising (on infectious diseases and medical treatments in particular) and stakeholder engagement with disadvantaged or vulnerable individuals or groups be adapted to take into account such groups' or individuals' particular sensitivities, concerns and cultural sensitivities and to ensure a full understanding of project activities and benefits. The vulnerability may stem from person's origin, gender, age, ethnicity, health condition, economic deficiency and financial insecurity, disadvantaged status in the community (e.g. minorities or fringe groups), dependence on other individuals or natural resources, etc. Engagement with the vulnerable groups and individuals often requires the application of specific measures and assistance aimed at the facilitation of their participation in the project-related decision making so that their awareness of and input to the overall process are commensurate to those of the other stakeholders.

Within the Project, the vulnerable or disadvantaged groups may include and are not limited to the following:

- elderly;
- children, particularly those who are malnourished and have high susceptibility to diseases;
- those with underlying health conditions e.g., diabetes, cancer, hypertension, coronary heart diseases, and respiratory diseases, among others;
- persons with disabilities including physical and mental health disabilities;
- poor, economically marginalized, and disadvantaged groups including women and ethnic minority groups; and
- indigenous peoples.

There is an indirect risk of social exclusion, in particular, the most vulnerable and marginalized groups such as the indigenous peoples in remote areas from access to the COVID-19 vaccines. The elderly, those with underlying medical conditions, and people living with disability, though included in the priority populations to be vaccinated as identified in the WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply, may have limited access to the vaccines due to reduced mobility. The information materials on the COVID-19 vaccine to be developed could exclude the most vulnerable or be developed in a way that is not sensitive to the needs and access of these different groups.

These will be addressed through the identification of strategic locations for vaccine administration or transport assistance for vulnerable groups for increased access to vaccination sites. Risk

communication materials to be developed will also be clear and concise and in a format or language that is understandable to all people, in particular the most vulnerable. This may require different types of media (print, broadcast, and digital or new media) as well as engaging existing formal and informal public health and community-based networks (schools, healthcare service providers at local level, etc.).

Vulnerable groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate.

In the COVID-19 vaccination, the risk profiling of the vaccinees will include data collection and disaggregation based on sex, age, indigent status (per DSWD guidelines), indigenous group or community (IP), and presence of any disability.

Description of the methods of engagement that will be undertaken by the Project is provided in the following sections.

3. Stakeholder Engagement Program

3.1. Summary of stakeholder engagement done during project preparation

Given the urgency of this COVID-19 operation there were no stakeholder engagements conducted in the preparation of the first draft of the SEP. Discussions on project design and the SEP were only held between representatives from DOH and the World Bank. Stakeholder engagements were conducted after project approval to inform a revision of the SEP during implementation.

The Environmental and Social Commitment Plan (ESCP) and the first draft of the SEP were disclosed on April 2, 2020 at the DOH website at https://www.doh.gov.ph/sites/default/files/health_advisory/Environmental%20and%20Social_%20Commitment%20Plan%20(ESCP).pdf. They were disclosed on April 8, 2020 at the World Bank's external website (www. http://documents.worldbank.org/curated/en/home). The ESMF, ESCP, and SEP were disclosed in the DOH website on 4 August 2020, 09 October 2020, 25 November 2020, 8 January 2021, and 4 February 2021 at https://www.doh.gov.ph/COVID-19/emergency-response-project and disclosed at the World Bank's website. The ESF documents, i.e. ESMF, ESCP, and SEP, updated for the Additional Financing had been disclosed in the DOH website on 8January 2021. Updated versions of the SEP, ESCP, and ESMF will be disclosed on the same website during project implementation.

The National Stakeholders Consultation on the Parent Project was conducted on August 18-19, 2020 and the results and key feedback are provided in Annex A. Due to the physical distancing and large gathering restrictions, the engagement process was conducted virtually through a series of meetings. Local consultations with affected and interested stakeholders at recipient health facilities will be conducted during implementation, including for the civil works components. Further information on the approach for the said consultations is provided in Section 3.4.

The DOH DPCB has conducted the online Public Consultation on the National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization last December 7, 2020 and January 8, 2021 which was participated by national government agencies, DOH CHDs, health care facilities, professional organizations, the academe, civil society organizations, private sector (health insurance corporation), and development partners. These had also been an avenue for orientation and policy advocacy to the Local Chief Executives and local leaders in line with the cascading of policies from the national to regional level to local levels. The proceedings of the open forum of these consultations are in Annexes B and C. The DOH HPB is also conducting Town Hall Meetings (https://doh.gov.ph/press-

release/DOH-AND-PHILIPPINE-NURSES-ASSOCIATION-HOLD-TOWN-HALL-TO-PROMOTE-VACCINE-CONFIDENCE). The proceedings of which will be requested.

Consultations with PWD and gender- based groups on the PCERP were also conducted on 5 and 30 October 2020, respectively. The proceedings of which are in Annexes D and E. The consultation with the NCIP, NCIP Health Workers in Community Service Centers (nurses, midwives), IP Mandatory Representatives (IPMR), and IP leaders on the PCERP was held last 23 February 2021 which was attended by 300 participants nationwide (Annex F). Town hall consultations with the uniformed personnel for the security of the vaccines and vaccine implementation and with Indigenous Peoples and their representatives, the National Commission Indigenous Peoples (NCIP), and other relevant CSOs has been conducted by the DOH HPB on 23 and 26 February 2021 and 16 March 2021, respectively. The IP Townhall consultation held last 16 March 2021 included NCIP- hired nurses and midwives in the community service centers (LGUs), doctors in the NCIP Regional Offices, IP regional representatives, IP Mandatory representatives (IPMR), IP leaders, and communities. Moreover, community consultations on the construction activities for the RITM, 14 NCR hospitals, and Quirino Memorial Medical Center were participated by the DOH Central Office (BIHC, DPCB, HFEPMO); Metro Manila Center for Health Development - HFEP Counterpart; health facilities' administrative and planning department, engineering department, and infrastructure committee; local government units (Building Official, Engineering Department, City Health Office, City Environmental and Natural Resources Office [CENRO], Barangay Officials); and the World Bank. These community consultations were held on 27 October 2020, 28 October 2020, and 23 February 2021, respectively. The proceedings of the consultation are in Annexes G to I.

The DOH through the Health Promotion Bureau (HPB), as member of the National Task Group on Demand Generation and Communications headed by the Presidential Communications Operations Office (PCOO), together with the Philippine Information Agency (PIA), the National Telecommunications Commission (NTC), and the Department of the Interior and Local Government (DILG), will develop key messages and materials for public communications and advocacy aligned with demand plan. The developed materials will be pre-tested in communities and will be subsequently rolled-out to the regional and local levels through training of the Health Education and Promotion Officers (HEPOs).

The National Task Group on Demand Generation and Communications has the following functions: (a) design a demand and risk communication plan, (b) implement social mobilization and community engagement activities, and (c) ensure social preparation of target population groups and geographical areas prior to vaccination.

Data collection systems including (a) social media listening and rumor management and (b) assessment of behavioral and social data will be established. Currently, the frequently asked questions (FAQs) on COVID-19 and the vaccines are being reviewed and updated based on possible scenarios. Using the revised information, the KIRA ChatBot backend will be updated. To be able to effectively develop and implement the above data collection systems, the following will human resource strengthening, and re-enforcement activities will be conducted: (i) contracting of third party for the conduct of surveys, (ii) hiring of regional staff, at least 1 per region, (iii) contracting of technical assistance provider on infodemic management, (iv) contracting of technical assistance provider on in-house social listening, and (v) training of regional and local HEPOs.

The Government of the Philippines, with the lead of the DOH and guidance of the COVID-19 Vaccine Czar's Office, will design and distribute a social mobilization and engagement strategy/demand plan and information awareness program, such as through advocacy, communications, social mobilization, risk and safety communications, community engagement, and training, to generate confidence, acceptance and demand for COVID-19 vaccines, including for engaging with national and local media, NGOs, social platforms, etc. and human resources for community outreach and risk

communication management that also explains how complaints may be lodged and how they will be resolved, are available at all levels. This is currently being discussed by the DOH- HPB with the Philippine Information Agency (PIA) and private sector partners. In response, community organizers will be hired and technical assistance on crisis communications and preparedness planning will be sought.

In response to the above needs for risk communication and community engagement for the effective delivery and deployment of the COVID-19 vaccines, the DOH HPB has developed the National Demand Generation and Communications Plan for COVID-19 Vaccines, with the following objectives for the citizens:

- Understand, feel confident in the government's approach to roll-out COVID-19 vaccines, and believe that it is fair;
- Maintain trust in, and demand for, COVID-19 vaccine and routine immunization;
- Understand the importance of physical and mental resilience and continued practice of other preventive health behaviors (hand washing, mask wearing, and physical distancing); and
- Rely on government-initiated platforms as the authoritative source of information on COVID-19 vaccines deployment.

The specific objectives are as follows:

- Adults, caregivers, and parents understand the threat of COVID-19 and the need for herd immunity to protect their families;
- Eligible Filipinos are aware of the COVID-19 deployment plan (authorization for safety and efficacy, prioritization of recipients) and implementation plan (schedule, venue, and requirements for safe vaccination before the deployment start date);
- All Filipinos understand the key difference of the COVID-19 vaccine clinical trials and the government-led roll out of the COVID-19 vaccines;
- Health workers, community volunteers, and other frontline workers are able to communicate key messages of the campaign, respond to concerns regarding the campaign, and verify information appropriately; and

  Private sector, civil society organizations, Local Chief Executives, and other key stakeholders are engaged to champion the immunization activities through provision of accurate and timely information and of resources for community mobilization.

The approaches and strategies will include the following:

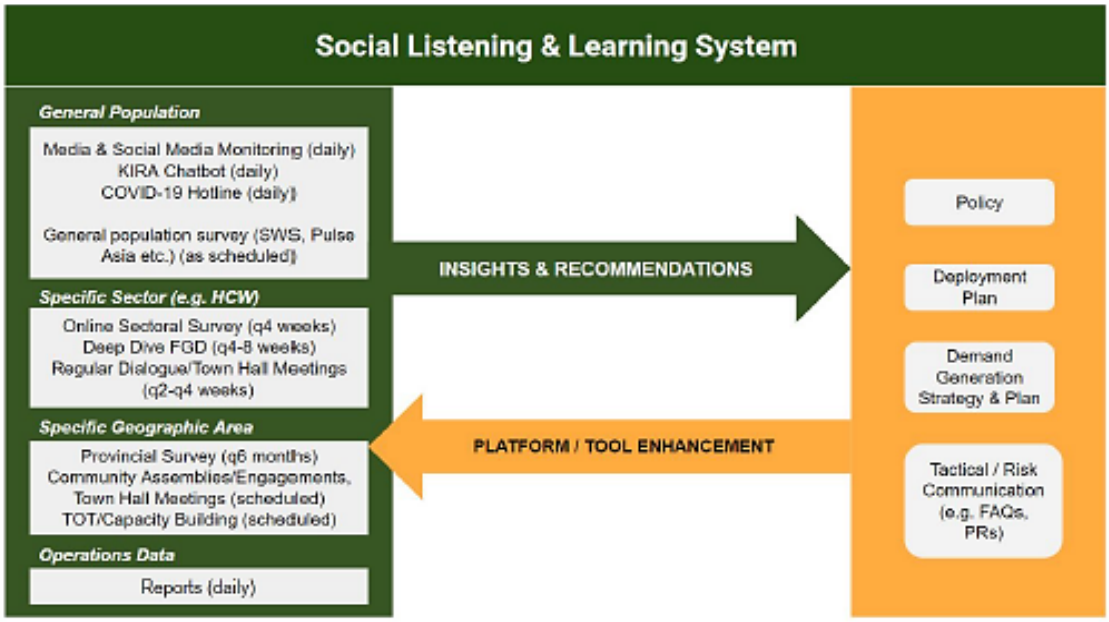
- Raising awareness and engagement through unified messaging across multiple but streamlined communication platforms or spokespersons.
- Ensuring feedback loops from monitoring of platforms to inform calibration of messages.
- Strengthening capacities of health workers and other frontline workers on communication and engagement
- Advocacy and engagement of partners and influencers, including Local Chief Executives (LCEs)
- Media engagement and management

Table 4. Overview of the key messages per phase

Phases	Pre-roll out	Deployment	Post-Deployment
Themes for General Public	1. Benefits of Vaccine and Urgency of Deployment 2. Prioritization and Timing 3. Rigorous Development, Approval, and Monitoring 4. Global Cooperation	1. Patient responsibility and follow-through 2. Legitimate sources of vaccines and reliable vaccination posts	1. Continuous monitoring and responsible reporting 2. Sense of community

Social listening allows the COVID-19 vaccine communication team to prioritize and evaluate feedback from the different sources of information in order to create messages with relevant content for target audiences. Through this, communication can be adjusted based on trends and continuously shift strategies to fit the current needs of the target audiences. Social listening activities will generate insights and recommendations that will guide the development of policies, demand generation plans, creation, and dissemination of frequently asked questions (FAQs) and other communication materials regarding COVID-19 vaccines, and the overall COVID-19 vaccine deployment plan and strategies.

Figure 1. Social listening framework for the COVID-19 vaccination



The social listening activities per geographic areas will be based in Table 5.

Table 5. Social listening strategy per geographic area level

Tool	Level	Task	Output
Community Events	Regional	Communicate with local counterparts through established communication channels/social media groups; identify and consolidate relevant concerns	Weekly reporting to national Social Listening Sub-task Group (starting Feb) (every Friday)
	Local	Organize Community Assemblies, Town Hall Meetings, or Community Engagement Activities; gather relevant concerns and respond to queries and concerns	Weekly feedback to the CHD/ Regional Vaccine Operation Center (starting Feb)
COVID-19 Vaccine Online Survey (Healthcare Workers)	Regional	Disseminate the online survey to more than 345 healthcare workers in the region	
	Local	Help the Regional in disseminating the online survey to health care workers in their localities	
COVID-19 Vaccine Provincial Face-to-Face Survey (General Adult Population)	Regional	Oversee and coordinate survey dissemination and data gathering activities; Communicate regularly with local counterparts to update on survey status through established communication channels/social media groups; Feedback regular updates on survey status to national Social Listening team	Monitoring of data encoded and submitted online by local counterparts
	Local	Conduct face-to-face data gathering for more than 500 adult respondents per province and independent city; Feedback regular updates on survey status to CHD/ Regional Vaccine Operation Center	Encode and submit data online on March (Round 1) and September (Round 2)

The following table shows critical topics that are recommended to be covered per target group of stakeholders (Table 6).

Table 6. Topics for targeted stakeholders for demand generation of the COVID-19 vaccines

Non-HCW community frontliners	Overview of the Vaccine Deployment Plan: 10 THINGS YOU NEED TO KNOW	Demand Generation: Framework for Action	Demand Generation: Playbook	Feedback Mechanisms and Social Listening	Vaccine Reportage and Communications
Target Groups at the National Level					
CHD & HEPOs, Provincial/Municipal Information Officers, LGU HEPOs, Province/City Health Officer, PDRRMOs					
LCE/LGUs (through ULAP)					
Key NGAs (e.g. DILG, DepEd, DSWDs, AFP, PNP, NDRRMC)					
Medical Societies					
Media					
Faith-based groups					
Provincial/Regional/Local focal points (capacity-building or cascading by Priority National Target Groups)					
Barangay LGU Officials					
BHWs / BHERTs					
Public and Private elementary and high school teachers					
Medical societies and networks					
Faith-based groups					
Community Leaders					
Youth-based groups					

The DOH Health Promotion Bureau (HPB) regularly convenes with the Office of the Vaccine Czar, with the following schedule:

- Mondays at 8:00 AM, with the Boston Consulting Group, Vaccine Czar, and leads of the Task Group (TG) Demand Generation and Communications
- Tuesdays at 6:00 PM, the Vaccine Cluster Meeting with other Task Groups (TGs) and Sub-task Groups (STGs)

Together with the Office of the Vaccine Czar, the DOH HPB holds the 'Laging Handa: COVID-19 Vaccines Explained' as information and demand generation campaign for the COVID-19 vaccines. The other platforms of interface include chat group with NTF, PIA, and DOH for issues management. The health

promotion campaign of the HPB for the COVID-19 response (Figure 2) and the vaccination (Figure 3) may be summarized in the following figure:

Figure 2. Health promotion campaign strategy of DOH for the COVID-19 response

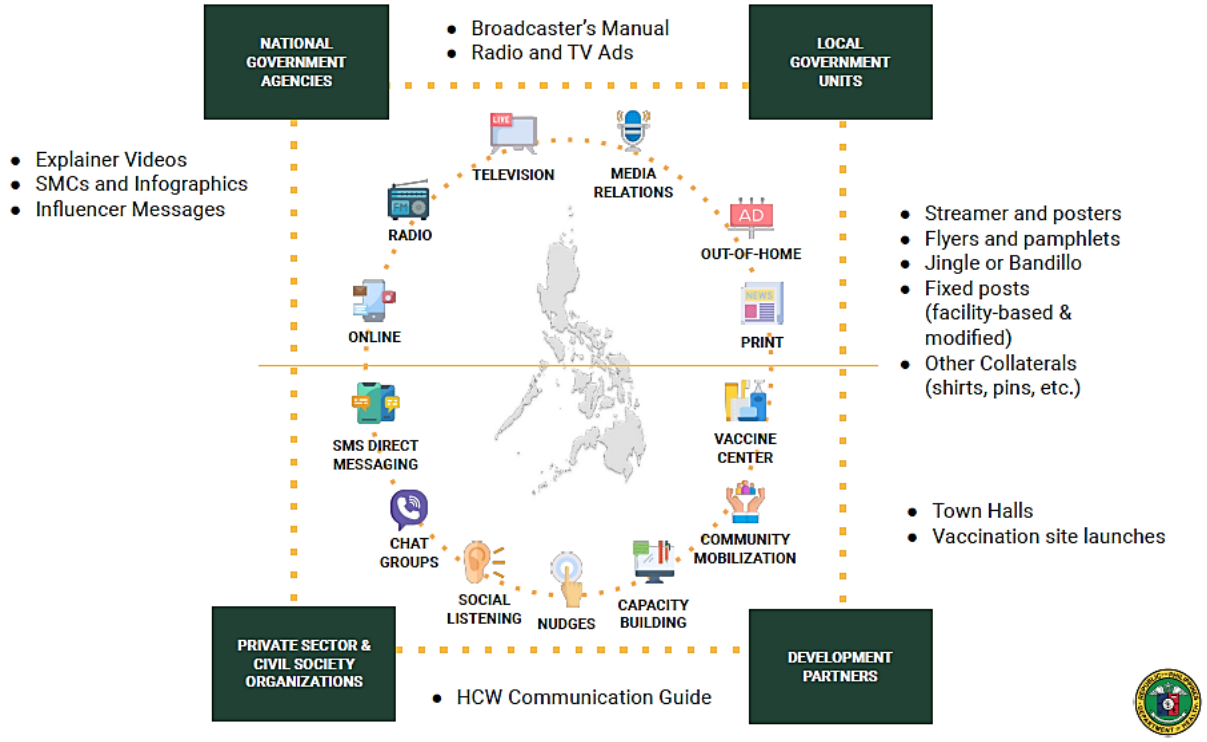
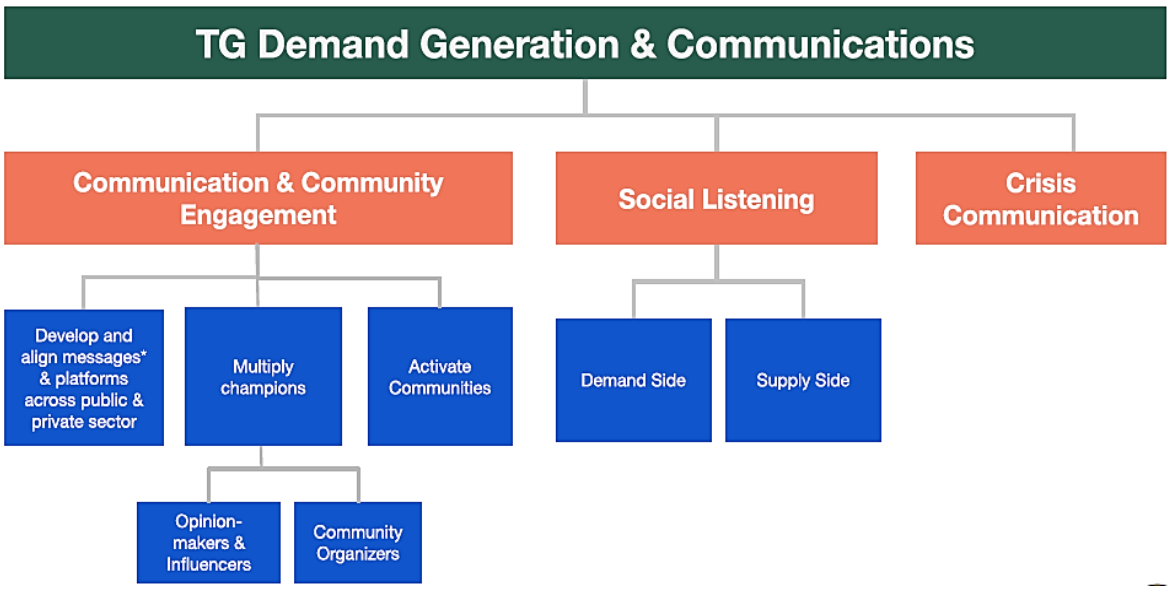


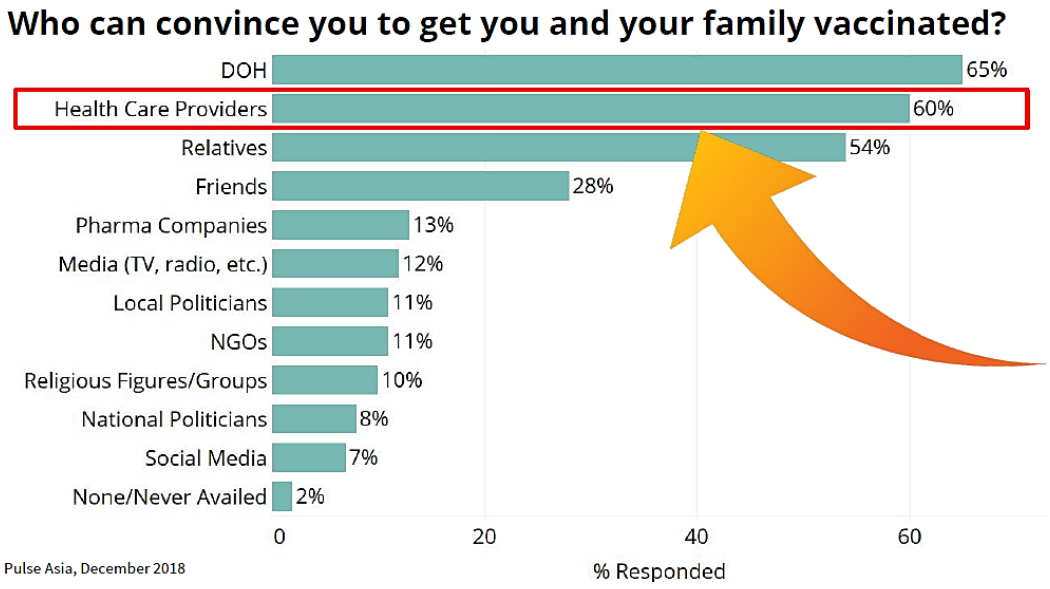
Figure 3. Health promotion campaign strategy of DOH for the COVID-19 vaccination



The PulseAsia has conducted a survey last December 2018 on who can get an individual vaccinated and it is shown that health care providers, relatives, and local government units play a crucial role, considering

the devolved nature of health care in the country (Figure 4). It is important to note that this survey is not in the context of COVID-19.

Figure 4. Pulse Asia survey on vaccination positive influencers (2018)



The HPB also has been conducting a series of Town Halls wherein various stakeholder groups are invited to consult on the COVID-19 vaccination. Consultations with the Philippine Medical Association (PMA) last 14 January 2021, Philippine Nurses Association (PNA) last 16 January 2021, with pharmacists last 23 January 2021, and with midwives last 30 January 2021 show the vaccine acceptance of these groups, upon the poll on the question "How likely are you to get the COVID Vaccine if available, with safety and effectiveness comparable to other common vaccines, and with FDA approval for public use?".

Table 7. Vaccination acceptance results during the Town Halls led by the HPB (2021)

	Town Hall with PMA (14 Jan 2021)		Town Hall with PNA (16 Jan 2021)		Town Hall with Pharmacists (23 Jan 2021)		Town Hall with Midwives (30 Jan 2021)	
	Entry Poll (N=301)	Exit Poll (N=293)	Entry Poll (N=298)	Exit Poll (N=314)	Entry Poll (N=534)	Exit Poll (N=723)	Entry Poll (N=322)	Exit Poll (N=495)
Highly Likely	84%	94%	67%	83%	58%	88%	47%	75%
Not Likely	2%	1%	4%	4%	10%	3%	15%	5%
Not Sure	17%	7%	29%	13%	33%	9%	38%	20%

Various health trainings on COVID-19 and vaccination are also made available at the DOH Academy E-Learning Platform (https://learn.doh.gov.ph/). The module on health promotion for COVID-19 vaccines includes the following topics:

Table 8. Health promotion module for COVID-19 vaccines in the DOH Academy E-Learning Platform

Topic	Target Audience
1: Overview of the Vaccine Deployment Plan: 10 Things You Need to Know	Communicators, General Public
2: Demand Generation: Framework for Action	Communicators
3: Demand Generation: Playbook	Communicators
4: Feedback Mechanisms and Social Listening	Communicators
5: Vaccine Reportage and Communications	Communicators

3.2. Summary of project stakeholder needs and methods, tools, and techniques for stakeholder engagement

Different engagement methods are proposed and cover different needs of the stakeholders:

- Online formal meetings
- Through social media
- Community consultations where physical distancing measures are practiced in respective LGUs/areas
- One-on-one interviews through phone or available local apps (i.e., Viber, Messenger)
- Site visits with personal protective equipment and physical distancing measures (when appropriate)
- Use of existing or new community communication mechanisms

Targeted consultations with special interest groups will be undertaken. These include the organizations representing and supporting people with disabilities (PWDs), such as the Alyansa ng may Kapansanang Pinoy, Inc. (AKAP-Pinoy), which is a 415-strong federation of local and national organizations and 900 individual members dedicated to advocate for the rights and promote the interests of persons with disabilities), the Life Haven Center for Independent Living, Regional Association of Women with Disabilities, the Philippine Federation of the Deaf, Inc. (PFD), and the Philippine Coalition on UNCRPD.

Targeted consultations with indigenous peoples' representatives and organizations including the National Commission on Indigenous Peoples (NCIP) will also be undertaken during project implementation. This will include, *inter alia*:

- Identification of indigenous peoples' organizations for stakeholder engagement;
- identification of potential affected groups and communities, their representative bodies and organisations;
- engagement approaches that are culturally appropriate that allow for sufficient time for feedback and decision-making processes; and
- measures to allow for their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively including relevant mechanisms and procedures of the Joint Memorandum Circular "Guidelines on the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities (IPs/ICCs)" agreed to between DOH, NCIP, the Department of Interior and Local Government (DILG) on June 3, 2013.

An adaptive approach may also be needed for engaging stakeholders in Bangsamoro Autonomous Region of Muslim Mindanao (BARMM) due to the fragile political situation and security context. Particularly if the project will finance site-specific investments in BARMM (in addition to awareness raising), the SEP will be revised to include specific provisions for stakeholder engagement. Moreover, community consultations with the affected stakeholders in the civil works project sites and other project activities will be conducted.

A precautionary approach will be taken to the consultation process to prevent contagion, given the highly infectious nature of COVID-19. The following are some considerations for selecting channels of communication, in light of the current COVID-19 situation:

- Avoid public gatherings (taking into account national restrictions or advisories), including public hearings, workshops and community meetings;
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings. If not permitted or advised, make all reasonable efforts to conduct meetings through online channels;
- Diversify means of communication and rely more on social media and online channels. Where possible and appropriate, create dedicated online platforms and chatgroups appropriate for the purpose, based on the type and category of stakeholders;
- Employ traditional channels of communications (TV, newspaper, radio, dedicated phone-lines, and mail), particularly to target stakeholders who do not have access to online channels or do not use them frequently. Traditional channels can also be highly effective in conveying relevant information to stakeholders, and allow them to provide their feedback and suggestions;
- Where direct engagement with project affected people or beneficiaries is necessary, identify channels for direct communication with each affected household via a context specific combination of email messages, mail, online platforms, dedicated phone lines with knowledgeable operators;
- Each of the proposed channels of engagement should clearly specify how feedback and suggestions can be provided by stakeholders.
- Identify trusted local civil society, ethnic organizations, community organizations and similar actors who can act as intermediaries for information dissemination and stakeholder engagement; engage with them on an ongoing basis. For effective stakeholder engagement on COVID-19 vaccination, prepare different communication packages and use different engagement platforms for different stakeholders, based on the stakeholder identification above. The communication

packages can take different forms for different mediums, such as basic timeline, visuals, charts and cartoons for newspapers, websites, and social media; dialogue and skits in plain language for radio and television; and more detailed information for civil society and media. These should be available in different local languages. Information disseminated should also include where people can go to get more information, ask questions, and provide feedback.

During the implementation of the Project, the ESMF and the SEP will be regularly updated and the alternative tools for stakeholder engagement will be assessed, as needed. This may include: establishing community feedback mechanisms for healthcare providers to support two-way communications, for example to build vulnerability profiles in the community and to counter misinformation and misperceptions; use of community facilitators and leaders to provide two-way information channels to healthcare providers in identifying who is most vulnerable or at high risk, and who may require support; use of global and local tools developed to address COVID-19, such as the WHO COVID19 Alerts via WhatsApp, HealthBuddy, and Covid19Info App (a tracking and educational platform with mobile phone alerts).

3.3. Proposed strategy for information disclosure

Table 9. Strategies for information disclosure per project stage

Project stage	**Target stakeholders**	**List of information to be disclosed**	**Methods and timing proposed**
Preparation, prior to effectiveness	Government agencies including DENR, Office of the President, and NDRMMC Health agencies NCIP General public Civil society organizations IP organizations Development partners Mass media	Project objectives and activities Environmental and Social Management Framework (ESMF). Stakeholder Engagement Plan (SEP) and Grievance Redress Mechanism (GRM). Environmental and Social Commitment Plan (ESCP).	Disclosure on World Bank and DOH websites in April 2020

Project Implementation	Government agencies including DENR, Office of the President, and NDRMMC Health agencies NCIP Local government units Local communities particularly those around proposed isolation/quarantine centers Health facilities and their workers Municipal waste collection and disposal workers Business owners and providers of services, goods and materials General public Civil society organizations, including organizations representing people with disabilities, IP organizations / representatives Development partners Mass media	Updated ESF instruments. Feedback of project consultations. Information about project activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.	Updated ESF documents were disclosed by DOH on August 4, October 9, and November 25, 2020. Final documents disclosed by DOH and World Bank. Any subsequent updated versions will also be disclosed Locality's ways of disseminating information Information leaflets and brochures to be distributed with sufficient physical distancing measures

In line with WHO guidelines on prioritization, the initial target for vaccination under the World Bank COVID-19 Multi Phase Programmatic Approach financing of the Philippines COVID-19 Emergency Response Project is to reach 20% of the population in the first year in each country, prioritizing health care workers, other essential workers, and the most vulnerable, including the elderly and people with underlying co-morbidities. As all people will not receive vaccination all at the same time, inadequate or ineffective disclosure of information may result in distrust in the vaccine or the decision-making process to deliver the vaccine.

Therefore, the government will ensure that information to be disclosed:

- Is accurate, up-to-date and easily accessible;
- Relies on best available scientific evidence;
- Emphasizes shared social values;
- Articulates the principle and rationale for prioritizing certain groups for vaccine allocation;
- Includes an indicative timeline and phasing for the vaccination of all the population;
- Includes explanation of measures that will be used to ensure voluntary consent, or if measures are mandatory that they are reasonable, follow due process, do not include punitive measures and have a means for grievances to be addressed;

- Includes explanation of vaccine safety, quality, efficacy, potential side effects and adverse impacts, as well as what to do in case of adverse impacts;
- Includes where people can go to get more information, ask questions and provide feedback;
- Includes the expected direct and indirect economic costs of the vaccines and addresses measures should there be serious adverse impact on stakeholders due to the vaccine, such as serious side effects; and
- Is communicated in formats taking into account language, literacy and cultural aspects. Over time, based on feedback received through the Grievance Mechanism and other channels, information disclosed should also answer frequently asked questions by the public and the different concerns raised by stakeholders.

- Misinformation can spread quickly, especially on social media. During implementation, the government will assign dedicated staff to monitor social media regularly for any such misinformation about vaccine efficacy and side effects, and vaccine allocation and roll out. The monitoring should cover all languages used in the country. In response, the government will disseminate new communication packages and talking points to counter such misinformation through different platforms in a timely manner. These will also be in relevant local languages.
- If the engagement of security or military personnel is being considered for deployment of vaccines, ensure that a communication strategy is in place to inform stakeholders of their involvement and the possibility of raising concerns and grievances on their conduct through the Grievance Mechanism.

Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines (NDVP)

The Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines was drafted for the purpose of providing operational guidance in the implementation of the COVID-19 vaccine deployment and vaccination program. It is a living plan to be updated as more information becomes available or as recommendations are provided by international and national organizations. Its development has involved the participation of various government agencies to ensure alignment of policies and plans among agencies and integration of the said plans into national governance mechanisms. The development process for this Plan was participatory and involved various stakeholders led by the COVID-19 Vaccine Cluster and its Task Group (TG) and Sub-Task Group (STG) members. These TGs and STGs were composed of various Departments and Agencies as outlined in the section of Governance. The TGs and STGs under the COVID-19 Vaccine Cluster developed briefs to guide the implementation of the vaccine. Key Informant Interviews were also conducted to understand various perspectives in addition to various rapid assessments. A short-term technical assistance staff was hired to collate the briefs/guides developed by each of the TGs and STGs. A series of meetings were held to review and enrich the plan. The final draft of the NDVP was presented to the DOH Executive Committee, COVID-19 Vaccine Cluster of the National Task Force for endorsement.

The target audience includes policy makers, planners, program and project implementers, development partners, health service providers, partners in public and private sector, civil society organizations, health consumers, and the general public. The NDVP was approved and ratified by the IATF Resolution no. 95 and further reinforced by the NTF Against COVID-19 Memorandum Circular no. 5 series of 2021.

Disseminating the NDVP to the different audiences in a meaningful way that will engage the audience and enable action will require that there are different versions and formats of this plan. Table 10 below summarizes the proposed dissemination of the NDVP.

Table 10. Proposed dissemination strategy for the NDVP

Users	**Needs**	**Dissemination**
Government at all levels	Taking stock	**Contents (what)**
Development partners	Any changes / updates in the plan	Tables
International agencies	Follow-up	Graphs and maps
Private Sector	Planning and Projections	Analysis
Academic and Research Institutions	Sector analysis	Policy briefs and briefers
General Public	Buy-in	Powerpoint presentations
		Media (How)
		Hard copy of the plan
		Soft copy of the plan
		Media (TV, newspapers)
		Workshops and seminars
		Government's knowledge management website.

3.4. Stakeholder Engagement Plan – Project Implementation

Table 11. Stakeholder engagement strategy

Topic of consultation/ message	**Method used**	**Target stakeholders**	**Responsibilities**
The Project, its activities and locations, potential impacts and mitigation measures. Introduce the project's ESF instruments. Present the SEP and the Grievance Redress Mechanism. Community consultations for the civil works components	Virtual consultations Correspondence by phone/email Official communication / transmittal letters o local, provincial, and national authorities Consultations with indigenous peoples in a culturally appropriate and health-conscious manner Locality's ways of engaging with constituents	Affected people, priority eligible population for vaccination,and other interested parties as appropriate. Relevant government agencies working in, or with an interest in health sector and COVID-19. IPOs, NGOs and CSOs may also be included. Local government units Local communities particularly those around proposed isolation/quarantine centers	DOH

Consultations with vulnerable groups Updated project's ESF instruments. Feedback of project consultations Validation of the GRM steps/process Information about project's activities in line with the World Health Organization (WHO) COVID19 guidance on risk communication and community engagement.		Health facilities and their workers Municipal waste collection and disposal workers Business owners and providers of services, goods and materials General public CSOs and NGOs IP organizations / representatives Development partners	

The National Demand Generation and Communications Plan for COVID-19 Vaccines has been developed and will be updated by the DOH Health Promotion Bureau (HPB) for the COVID-19 immunization program which will be integrated in the National Deployment and Vaccination Plan and the Vaccine Delivery and Distribution Manual. It will have a whole-of-government, whole-of-system, and whole-of-society approach which will encompass general information on (i) COVID-19 and the need for sanitation and hygiene practices, (ii) COVID-19 vaccine basic information, (iii) trials results and procurement, and (iv) vaccine program roll-out. The WHO Risk communication and community engagement readiness and response to coronavirus disease (COVID-19) released on 19 March 2020 will also be used as reference in the development of messages and planning of risk communication and community engagement (RCCE) activities.

A series of consultations will be conducted with the implementers of the GRM and with the implementers and stakeholders of the COVID-19 vaccination activities, in consultation with and per directive of the COVID-19 Vaccine Cluster Organizational Structure.

Targeted consultations directed at relevant key industry stakeholders such as private sector engaged in cold chain storage and transportation, health care waste management (e.g., waste transport, storage and disposal service) and others, will be conducted to ensure understanding of the quality of service required consistent with government regulations and the environmental and social standards of the Banks' ESF. These consultations should involve the Centers for Health Development, the Food and Drug Administration, local government units (LGUs), the recipient health facilities, and priority eligible population for vaccination, and the private sectors involved in cold chain management.

3.5. Proposed strategy to incorporate the view of vulnerable groups

The project will carry out targeted stakeholder engagement with vulnerable groups to understand concerns/needs in terms of accessing information, medical facilities and services and other challenges they face at home, at workplaces and in their communities. Special attention will be paid to engage with indigenous peoples and women as intermediaries. The details of strategies that will be adopted to effectively engage and communicate to vulnerable group will be considered during project implementation[4].

Where the SEP and the ESMF are used to address Indigenous Peoples, the SEP will be prepared in a manner consistent with the ESS7 to enable targeted meaningful consultation, including identification and involvement of Indigenous People communities and their representative bodies and organizations; culturally appropriate engagement processes; providing sufficient time for Indigenous Peoples decision making processes; and allowing their effective participation in the design of project activities or mitigation measures that could affect them either positively or negatively.

For any vaccination program where Indigenous Peoples are beneficiaries, the SEP will include targeted, culturally- appropriate and meaningful consultations before any vaccination efforts begin. Consultations and vaccination campaigns will be conducted through partnership with relevant Indigenous Peoples organizations and traditional authorities. Consultations will clearly communicate that there are policies ensuring that there is no forced vaccination.[5] If the Borrower has mandatory vaccination regulations applicable to IP/SSAHUTLC, targeted, culturally appropriate and meaningful consultations should be conducted for applicability of these regulations to IP/SSAHUTLC communities. Lastly, stakeholder engagement and vaccinations will be conducted with extra precautions to minimize COVID-19 transmission risks, especially for Indigenous Peoples living in more remote areas or in voluntary self-isolation. This may require testing or vaccinating intermediaries conducting consultations who may travel in and out of communities.

The GRM will be culturally appropriate and accessible for IPs taking into account their customary dispute settlement mechanism.

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[4] *Examples may include (i) women: ensure that community engagement teams are gender-balanced and promote women's leadership within these, design online and in-person surveys and other engagement activities so that women in unpaid care work can participate; consider provisions for childcare, transport, and safety for any in-person community engagement activities; (ii) Pregnant women: develop education materials for pregnant women on basic hygiene practices, infection precautions, and how and where to seek care based on their questions and concerns; (iii) Elderly and people with existing medical conditions: develop information on specific needs and explain why they are at more risk & what measures to take to care for them; tailor messages and make them actionable for particular living conditions (including assisted living facilities), and health status; target family members, health care providers and caregivers; (iii) People with disabilities: provide information in accessible formats, like braille, large print; offer multiple forms of communication, such as text captioning or signed videos, text captioning for hearing impaired, online materials for people who use assistive technology; and (iv) Children: design information and communication materials in a child-friendly manner & provide parents with skills to handle their own anxieties and help manage those in their children.*

[5] *See* the Project Appraisal Document for the COVID-19 Multi Phase Programmatic Approach Additional Financing, which can be found here and states that the Bank will provide assistance to Borrowers for the "establishment of policies related to ensuring that there is no forced vaccination." *Forced vaccination* refers to a government mandate requiring vaccination of everyone or everyone in a defined group, without any exceptions or due process for refusing to be vaccinated. Refusal to be vaccinated may result in punitive measures such as criminal sanctions.

4. Future of the project

Stakeholders will be kept informed as the project develops, including reporting on project environmental and social performance and implementation of the ESMF, Stakeholder Engagement Plan, and Grievance Redress Mechanism (GRM).

5. Resources and Responsibilities for implementing stakeholder engagement activities

5.1. Resources

The DOH will be in charge of stakeholder engagement activities. The budget for the SEP is estimated to be USD $200,000 and is included in Component 3 Implementation Management and Monitoring and Evaluation of the Project.

5.2. Management functions and responsibilities

The DOH will be the implementing agency for the Project. The DOH has appointed a Project Director (Undersecretary level), and a Project Manager (Director level), with two Project Co-Directors for the implementation of the Project and the Additional Financing. The DOH will appoint a Project Manager. The Project Manager will be acting through DOH's technical departments and national programs, as well as the regional health units, Local Government Units (LGUs), referral hospitals, and health centers. Within the DOH, the Project will be implemented through the following Departments, using mainstream DOH processes and will not involve a parallel project implementation unit or secretariat: Bureau of International Health Cooperation (BIHC), Health Facility Enhancement Program Management Office (HFEPMO), Disease Prevention and Control Bureau (DPCB), Health Emergency Management Bureau (HEMB), Procurement Service (PS), Finance Management Service (FMS), and relevant units, with BIHC as the main project focal point. However, the project will have a provision to strengthen these departments' capacity and skills through additional consultants or advisors.

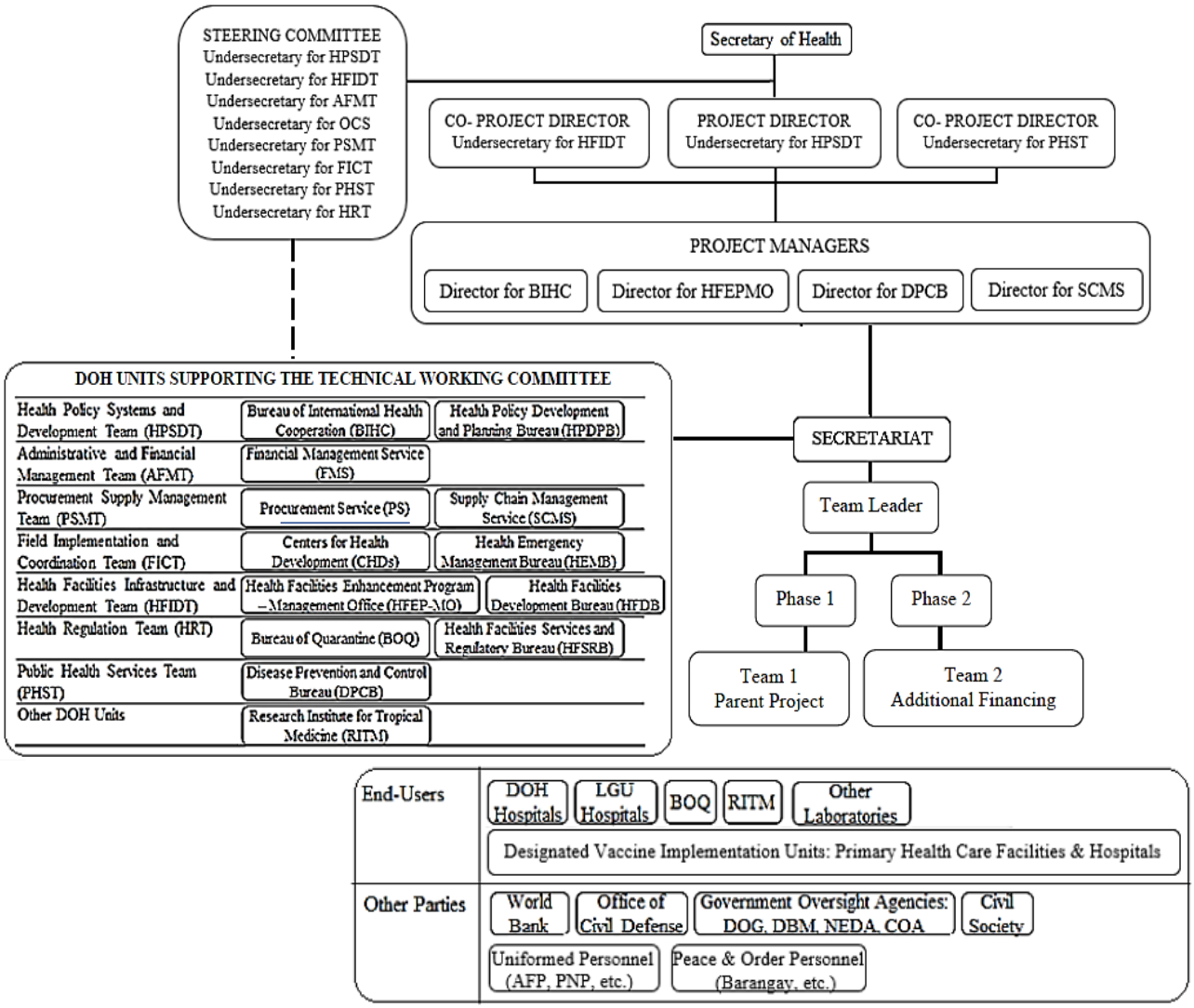


Figure 5. Institutional Set Up for the Philippine COVID-19 Emergency Response Project (PCERP)

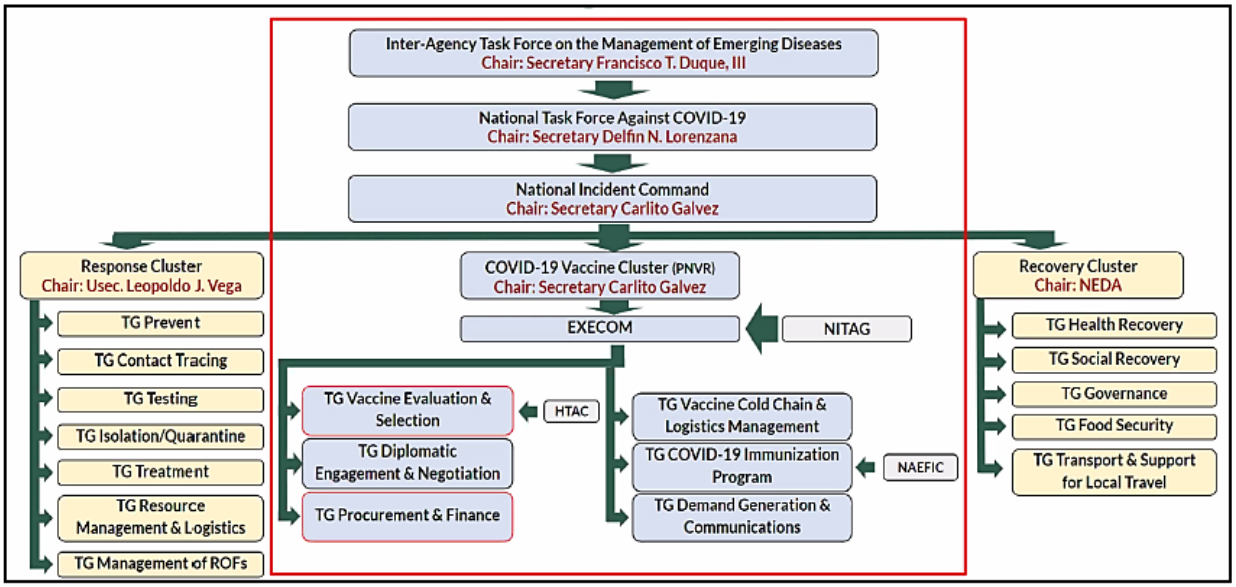
DOH will be responsible for the implementation of the SEP, as well as the ESMF and the Environmental and Social Commitment Plan (ESCP). DOH will appoint an Environmental and Social Risk Management Specialist to manage environmental and social risks of the Project and the engagement with stakeholders. Consultants may be hired as necessary.

The DOH Environmental and Social Safeguards Team will provide technical and administrative support to the DOH DPCB, HPB, and other offices as advised for the risk communication and community engagement activities, mainly for information, communication, and consultation of the COVID-19 vaccine deployment and delivery activities, as necessary.

The COVID-19 Vaccine Cluster Organizational Structure

The COVID-19 Vaccine Cluster shall serve as a unified command, control, coordination, communication, and cooperation mechanism that ensures the procurement, deployment of COVID-19 vaccine and the vaccination of identified eligible populations.

Figure 6. COVID-19 Vaccine Cluster organizational structure



The organizational structure and line of command for COVID-19 vaccines is as follows:

1. The **Inter-Agency Task Force on Emerging Infectious Diseases** (**IATF-EID**, or merely the **IATF**) is a task force created through Executive Order No. 168 s. 2014 by the Philippine President to respond to affairs concerning emerging infectious diseases in the country. For COVID-19 vaccines, the IATF-EID shall serve as the National Coordinating Committee.

2. For the COVID-19 pandemic response, President Rodrigo Roa Duterte established the **National Task Force (NTF) Against COVID-19** to oversee the operations of the national response. Detailing the strategic framework of the pandemic response, the National Task Force drafted the National Action Plan Against COVID-19 (NAP) to guide the operations of the pandemic response anchoring on the principle that the response should be national-government-enabled, local government unit (LGU)-led, and people-centered.

3. Under the NTF Against COVID-19, there are three clusters namely, the Response Cluster, the Recovery Cluster and the **COVID-19 Vaccine Cluster.** As mentioned above, seeing the need for an organizational structure to support the strategic directions of the national government, the COVID-19 Vaccine Cluster was added based on the guidance stipulated in the NAP Phase III. In line with the directions of the VIRAT, the COVID-19 Vaccine Cluster shall serve as the National Technical Working Group. The COVID-19 Vaccine Cluster is led by Secretary Carlito G. Galvez, Jr., who was designated by President Rodrigo Roa Duterte as the COVID-19 Vaccine Czar. The President of the Philippines appointed a Vaccine Czar for the purchase of vaccines and negotiate with manufacturers. To support the Vaccine Czar, the Inter-agency Task Force on Emerging Infectious Diseases (IATF-EID) created a structure that would manage and distribute COVID-19 vaccines once they become available to the Philippines. The vaccine task group is led by the Department of Health.

4. Under the COVID-19 Cluster are six **Task Groups**, and based on the direction of the VIRAT, shall serve as the Sub-Technical Working Groups. Each TGs is represented by the designated lead in the COVID-19 Vaccine Cluster Executive Committee. The Committee, in turn, advises and updates the COVID-19 Vaccine Cluster Chair. The six Task Groups are:

a. Scientific Evaluation and Selection
b. Diplomatic Engagement and Negotiation
c. Procurement and Finance
d. Cold Chain and Logistics Management
e. Immunization Program
f. Demand Generation and Communications.

The COVID-19 vaccination activities will be implemented in accordance with the directives of the COVID-19 Vaccine Cluster Organizational Structure. The Inter-Agency Task Force on the Management of Emerging Diseases is Chaired by Secretary Francisco Duque IIII of the Department of Health while the National Task Force Against COVID-19 is Chaired by Secretary Delfin Lorenzana of the Department of Defense. Secretary Carlito Galvez, Jr., Presidential Adviser on the Peace Process, is the Chairperson of the National Incident Command and COVID-19 Vaccine Cluster (Philippine National Vaccine Roadmap or PNVR). Undersecretary Leopoldo Vega of the Department of Health is the Chairperson of the Response Cluster while the National Economic and Development Authority (NEDA) is the Chair of the Recovery Cluster.

The Task Groups are composed of various government agencies and participated by diverse experts and professionals:

Table 12. Summary of task groups (TGs)

Task Group (TG)	Lead	Members	Roles and Responsibilities
Scientific Evaluation and Selection	Department of Science and Technology (DOST)	Department of Health (DOH), Food and Drug Administration (FDA), Research Institute for Tropical Medicine (RITM), Department of Trade and Industry (DTI), Department of Foreign Affairs (DFA), National Development Company (NDC), and the Vaccine Expert Panel (VEP)	Provide oversight on the evaluation of applications and conduct of COVID-19 vaccine clinical trials in the country. Evaluate results of COVID-19 vaccine clinical trials as part of the inputs on the criteria for COVID-19 vaccine selection. Develop criteria and provide recommendations of the evaluation and selection of COVID-19 vaccines that will be considered for procurement. Continue engagement with bilateral partners for clinical trials interested in pursuing local manufacturing and technology transfer.
Diplomatic Engagement and Negotiation	Department of Foreign Affairs (DFA)	Department of Finance (DOF), DOH, National Task Force, DOST, Office of the President (OP)	Initiate diplomatic engagements with other governments, international bodies, international non-government organizations, international financial institutions, and international cooperation agencies. Provide feedback and updates to the other respective TGs pertaining to vaccines in the global market. Coordinate and collaborate with TG Procurement and Finance in identifying viable global market vaccine manufacturers and entities. Negotiate agreements for the provision of technical and financial assistance.
Procurement and Finance	DOF	Department of Budget and Management (DBM), DOH	Facilitate procurement through various mechanisms allowed under existing laws, rules and regulations through

			bilateral, multilateral and other financial modalities (e.g. COVAX Facility and etc.). Activate price negotiation board subject to HTA's cost-effective price, if applicable. Coordinate with legislators, as may be necessary on budget and co-payment ceilings. Explore local vaccine production and supply, if applicable.
Cold Chain and Logistics Management	DOH, Co-Lead: Task Group Resource Management and Logistics (TGRML) under the Response Cluster	DBM; Department of Interior and Local Government (DILG), specifically, the Philippine National Police (PNP); Department of National Defense (DND), specifically the Armed Forces of the Philippines (AFP) and the Office of Civil Defense (OCD), Department of Information and Communications Technology (DICT), Department of Transportation (DOTr), RITM, FDA, and DTI	Map the potential port(s) of entry, points of storage (stores), and fallback facilities in the country with their respective cold chain and transportation/distribution capacity for vaccines and ancillary products and assess dry storage and cold chain capacity at all levels. Facilitate acceptance and inventory of vaccines and logistics. Facilitate and ensure storage, distribution and delivery of vaccines and logistics to target areas. Monitor cold chain practices and ensure that vaccines are handled and disposed correctly and properly. Develop a distribution plan down to the local level; adapt needs of vaccines, syringes and safety boxes to planning of stages or phases according to vaccine availability. Schedule transportation of vaccines and other supplies at all levels. Implement monitoring systems for vaccine distribution and conduct inventories using logistics information software

			integrated into existing systems and technology development (barcodes, electronic tracking, etc.). Define indicators to evaluate the supply chain from the international up to the service delivery points.
COVID-19 Immunization Program	DOH	DILG, DND, Office of the Chief Presidential Legal Counsel (OCPLC), Bureau of Corrections (BuCor), Philippine Coast Guard (PCG), Department of Social Welfare and Development (DSWD), Department of Justice (DOJ), Department of Education (DepEd), AFP, PNP, BJMP, DICT, FDA, Department of Labor and Employment (DOLE)	Plan and craft policies, guidelines and standard operating procedures related to the COVID-19 vaccine deployment and program implementation. Estimate potential numbers of target populations that will be prioritized for access to vaccines stratified by target group and geographic location. Identify potential COVID-19 vaccine delivery strategies. Create a data information system for all vaccine recipients Provide capacity building and trainings to implementers Develop or adapt existing and implement AEFI/Post-marketing surveillance and monitoring framework Ensure or craft guidelines, procedures and tools for planning and conducting vaccine pharmacovigilance activities
Demand Generation and Communications	Presidential Communications Operations Office (PCOO)	DOH, National Telecommunications Commission (NTC), Philippine Information Agency (PIA), DILG	Design a demand and risk communication plan. Implement social mobilization and community engagement activities. Ensure social preparation of target population groups and geographical areas prior to vaccination.

Under the TG COVID-19 Immunization Program, are **four Sub-Task Groups (STGs)**, namely: STG Planning, Policy & Technical Support, STG Program Implementation, STG Registry, Data Management and Monitoring & Evaluation, and STG Safety Surveillance & Response. The STGs are composed of the following:

a. STG Planning, Policy & Technical Support
   i. Lead: DOH [Disease Prevention and Control Bureau (DPCB)]
   ii. Members: DOH [Epidemiology Bureau (EB), and Health Policy Development and Planning Bureau (HPDPB)], OCPLC, DepEd, DILG

b. STG Program Implementation
   i. Lead: DOH (DPCB)
   ii. Members: DOH [Health Emergency Management Bureau (HEMB) and Health Human Resource Development Bureau (HHRDB)], DILG (BFP, PNP, BJMP), DSWD, DepEd, DND (AFP), DOJ (BuCor), DOTr (PCG)

c. STG Registry, Data Management & M&E
   i. Lead: DOH (EB)
   ii. Members: DOH [Knowledge Management and Information Technology Service (KMITS) and DPCB], DICT, DWSD, DepEd

d. STG Safety Surveillance & Response
   i. Lead: FDA
   ii. Members: DOH [EB, Field Implementation and Coordination Team (FICT), DPCB, HEMB]

The COVID-19 Vaccine Cluster is supported by several independent bodies. These are:

a. The **National Immunization Technical Advisory Group (NITAG) for COVID-19 Vaccines** is a multidisciplinary group of national experts responsible for providing independent, evidence-informed advice to policymakers and program managers on immunization and vaccine policy issues. The Philippine NITAG was organized and created through a Department Personnel Order as issued by the Secretary of Health of the Republic of the Philippines. The NITAG shall serve as an independent body that provides recommendations to the DOH and COVID-19 Vaccine Cluster, ensuring transparency, credibility, and technical soundness to the decision-making process and contributes to building public confidence COVID-19 vaccination program.

b. The **National Adverse Event Following Immunization Committee (NAEFIC),** comprises representatives from different medical societies and vaccine experts. It reviews, analyzes, and comes up with causality assessment as the basis for the Food and Drug Authority (FDA) action and appropriate DOH bureaus/offices on Adverse Events Following Immunization (AEFI) and Adverse Events of Special Interest (AESI).

c. The **Health Technology Assessment Council (HTAC)**, whose mandate is to undertake technology appraisals by determining their clinical and economic values in the Philippine healthcare system, with the aim to improve overall health outcomes and ensure fairness, equity and sustainability of coverage for all Filipino citizens.

The National COVID-19 Vaccination Operations Center shall be headed by the COVID-19 Vaccine Cluster Chair, The Regional COVID-19 Vaccination Operations Center shall be led by the Centers for Health

Development with the participation of other government agencies and the Regional Task Forces Against COVID-19. And lastly, the Local COVID-19 Vaccination Operations Center shall be led by the Local Government Units. The Provincial Vaccination Operations Center shall oversee the Municipal and City Vaccination Operations Center (component cities). To avoid overlapping of functions and oversight, the COVID-19 Vaccination Operations Centers shall be distinctly separated from the EOCs of the COVID-19 Response Clusters which are headed by the Regional/Local Task Forces

Table 13. Functions of the support groups to the COVID-19 Vaccine Cluster

Group	Function
National Immunization Technical Advisory Group (NITAG)	• Review the latest position papers, studies, international guidelines and recommendations from internationally acknowledged resources [i.e., World Health Organization (WHO), Strategic Advisory Group of Experts for Immunization (SAGE)] for possible adoption in the country policies and plans for the National Immunization Programme. • Conduct existing policy analysis, review of the program data and evidence in order to provide evidence-based technical advice and recommendations for the development of appropriate and sustainable immunization policies, guidelines, strategies and approaches related to immunization program. • Advise the DOH in the formulation of policies, plans and strategies for research and development of existing and new vaccines and the vaccine delivery technology.
National Adverse Events Following Immunization Committee	• Review all reported serious and cluster of AEFI cases presented for expert opinion and provide a final causality assessment of the AEFI cases as well as the cases that were not classified by the Regional AEFI Committee. • Ensure evidence-based causality assessment by recommending further investigation and data collection as needed. • Make final decisions on causality assessment of inconclusive investigations. • Ensure standard protocols for AEFI surveillance and investigation are correctly followed. • Engage with other national and international experts when requirements arise in establishing causality and vaccine quality issues. • Provide recommendations to the National Immunization Program, EB and National Cold Chain Manager on improving immunization service delivery, compliance with injection safety and effective vaccine management based on lessons from the AEFI cases. • Serve as technical advisory group on vaccine and immunization safety-related issues of highest consideration such as immediate recall of vaccine from the market or temporary/permanent withdrawal of a vaccine from the immunization program.

	• Serve as resource person in other AEFI related meetings, conferences or capacity building activities as requested.
Health Technology Assessment Council	• Oversee and coordinate the health technology assessment process of candidate COVID-19 vaccine. • Review and assess existing evidences of COVID-19 vaccines undergoing/undergone clinical trials. • Coordinate and provide recommendations to the TG Vaccine Evaluation and Selection.

The Focal Points will support implementing entities and partners, including LGUs and other government entities, in implementing the SEP.

The stakeholder engagement activities will be documented through minutes of stakeholder engagements, minutes of monthly and quarterly meetings with implementing partners as well as in the Project's semi-annual reports. Consultation reports will be prepared by DOH after project-related public engagement activities have been carried out. These reports will be widely shared with the stakeholders and reported to the World Bank as defined in the ESMF and ESCP.

6. Grievance Mechanism

The main objective of a Grievance Redress Mechanism (GRM) is to assist to resolve complaints and grievances in a timely, effective, and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GRM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of the Project;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

6.1. Description of GRM

The Grievance Redress Mechanism is open to all Project stakeholders, including the DOH personnel, health workers, communities nearby Project construction areas, vaccine candidates and vaccinated individuals, and civil society organizations to name a few. The Grievance Redress Mechanism is based on existing national policies such as the DOH's Citizen Charter 2nd edition (2020), Civil Service Commission (CSC) Resolution no. 1701077 – 2017 Rules on Administrative Cases in the Civil Service (2017 RACCS), Department of the Interior and Local Government (DILG) Memorandum Circular no. 2017-109 – Designation of a Permanent Action Team for the Implementation of Citizen's Complaint Hotline 8888, and the Labor Code of the Philippines (Presidential Decree no. 442 of 1974 as amended and renumbered).

A. Reporting of Grievances to Authorities

The grievances may occur in health facility or community settings and may be relayed through the following medium/channel: physical or walk-in, mail and e-mail, and phone call. Below are the grievance reporting mechanisms per medium/channel:

Grievance Reporting Medium or Channel	Grievance Reporting Mechanism	Grievance Receiver
Physical or Walk-In	Complainant files grievance through the Complaints Handling Unit (CHU) or similar unit in the DOH Central Office (CO), DOH Centers for Health Development (CHDs), DOH health facilities, Civil Service Commission and its Regional Offices, DILG Central and Regional Offices, DOLE Central and Regional Offices, and the Local Government Unit (LGU)	DOH CHU or similar unit in the DOH CO, CHDs, or health facilities Civil Service Commission and its Regional Offices DILG Central and Regional Offices DOLE Central and Regional Offices LGU (Provincial/City/Municipal)
Mail, Online, and E-mail	Complainant files grievance through snail mail, email, Complaint Centers (e.g., Contact Center ng Bayan Presidential Complaint Center, and Anti Red Tape Authority)	DOH CO and CHD CHU, health facilities, and Complaint Centers Civil Service Commission and its Regional Offices DILG Central and Regional Offices DOLE Central and Regional Offices LGU (Provincial/City/Municipal)
Phone Call	Complainant files grievance through DOH Call Center/ Hotline (COVID-19 and vaccines) or through hotline of DOH health facilities Citizens' Complaint Hotline 8888 DOLE Hotline 1349	DOH CO and CHD CHU and health facilities CSC Central and Regional Offices DILG Permanent Action Unit LGU Permanent Action Unit DOLE Complaints Unit

Below are the designated mail and email addresses for the DOH, DILG, and CSC Central Offices:

Office	Physical Address	E-mail Address	Hotline
DOH	Complaints Handling Unit, Bldg. 1, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila	dohpau.chu@gmail.com	1555, (02) 894COVID (26843)
DILG	DILG-Napolcom Center, EDSA Cor. Quezon Avenue, Quezon City 1104	dilgmail@dilg.gov.ph	89251135, 89250343

DOLE	Department of Labor and Employment (DOLE) Building, Muralla Wing cor. General Luna St., Intramuros, Manila, 1002	laborcommunications@gmail.com, administrativeservice@gmail.com, dolecentralrecords@gmail.com	1349
CSC	Civil Service Commission, Constitution Hills, Batasang Pambansa Complex, Diliman, Quezon City 1126	email@contactcenterngbayan.gov.ph	89318092, 89317939, 89317935

Grievances on the concerns below may be coursed through the following appropriate authorities:

Concern	Authority
Complaints against DOH Hospitals	DOH Central Office, CHD, HCF
Complaints against LGU Hospitals	LGU, DILG
Complaints against any public/government official/institution	CSC
Complaints against construction activity in health facility	HCF, LGU
Complaints of personnel against contractor	Contractor, DOLE
Complaints on COVID-19 vaccination and other related services	DOH Central Office, CHD, HCF, DILG, LGU

Grievances may be raised by individuals or institutions who wish to be anonymous and the receiving authority should strictly observe and protect the confidentiality of the complainant. Per the 2017 RACCS of the CSC, no anonymous complaint shall be entertained unless the act complained of is of public knowledge or the allegations can be verified or supported by documentary or direct evidence.

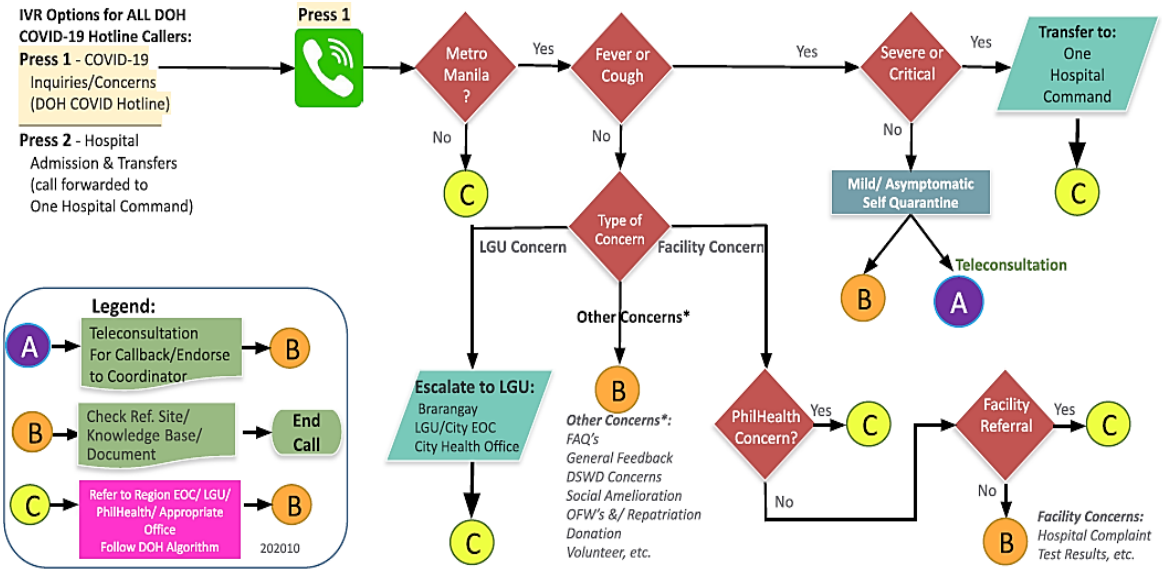
B. Reporting of Grievances to DOH on the COVID-19 Vaccination through the DOH Hotline

For the COVID-19 National Immunization Program, the DOH will ensure a mechanism with multiple intake points has been designed and is in place and is operational for feedback and grievances in relation to the vaccine program. The National Emergency Operations Center with complete data management systems and tool will be established starting on January 2021. The EOC will also be established in the regional and local levels. The DOH COVID-19 hotline, which has been established last 17 March 2020, has also been an avenue for receiving grievances or complaints. The toll free numbers accessible to the public are 1555 or (02) 894COVID (26843).

The Complaints Handling Unit (CHU) of the DOH- AFMT is the central receiving body of complaints. The complaints received in the DOH hotline are also forwarded to the CHU. In view of the upcoming COVID-19 vaccination, there is a proposed hotline in support of the Vaccine Cluster. The DOH COVID-19 Hotline agents may be trained for basic protocols or provided with information guide or FAQs or basic troubleshooting steps to augment available support to vaccination teams. This will filter calls which

require more advanced support and may eventually be forwarded to the appropriate team for immediate assistance.

Figure 7. Call algorithm of the DOH COVID-19 hotline



In view of the upcoming COVID-19 vaccination, there is a proposed hotline in support of the Vaccine Cluster. The objectives are as follows:

- Risk Communication - Provide a consistent, accurate information on COVID-19 vaccine to all COVID-19 Hotline callers
- Serve as a first level of technical support for vaccination teams for technical concerns concerning the registry
- Serve as a help desk to vaccination teams for any concerns regarding the deployment (supply request, program-specific questions, etc.)
- Serve as a source of real-time surveillance data to Epidemiology Bureau for COVID-19 Hotline callers with AEFI

The DOH COVID-19 Hotline agents may be trained for basic protocols or provided with information guide or FAQs or basic troubleshooting steps to augment available support to vaccination teams. This will filter calls which require more advanced support and may eventually be forwarded to the appropriate team for immediate assistance. The hotline may provide the following support:

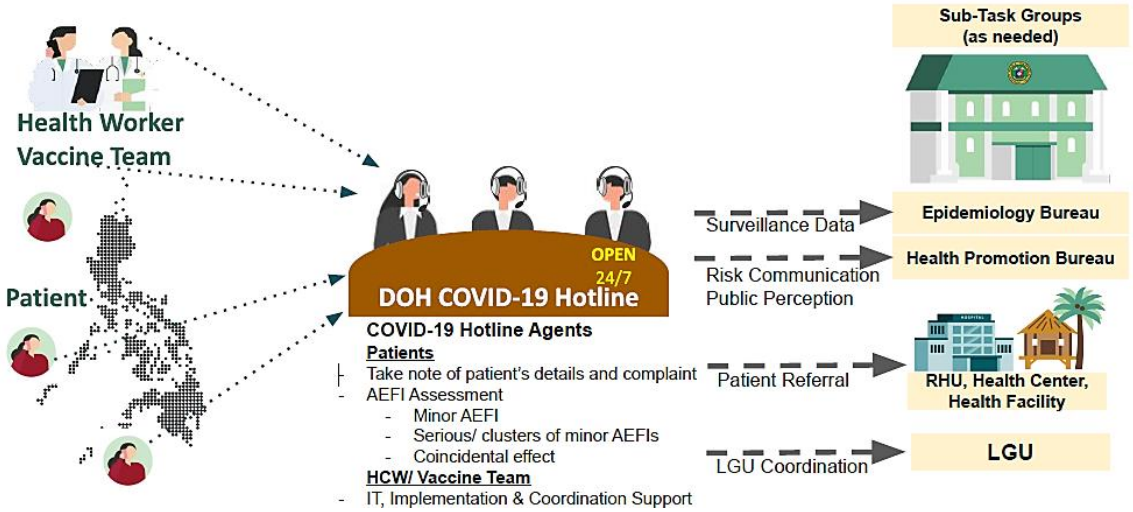
Table 16. Possible support area of the COVID-19 vaccine hotline

Area	Activities Supported
Information Technology	QR Code generation Record inaccessibility Registration concern
Implementation	Vaccine handling guide Basic counseling
Coordination	LGU to LGU

	LGU to national government and other agencies

The DOH COVID-19 Hotline may provide real-time information via email (or any provided platform) of collected epidemiologic information as it receives it from callers with AEFI ensuring immediate monitoring and follow-through of case as it is being investigated. The DOH COVID-19 Hotline will not replace, but simply augment existing communication channels. Below is the proposed process flow of the COVID-19 vaccine hotline.

Figure 8. Proposed process flow of the DOH COVID-19 vaccine hotline



The Grievance Redress Mechanism for the COVID-19 vaccination will be further discussed and consulted by the DOH, not only involving concerns on AEFI but also on other vaccination-related complaints, such as but not limited to forced vaccination.

C. Receiving of Grievances by the Authorities

The DOH Administration and Financial Management Team (AFMT) CHU personnel interviews the complainant to obtain all possible information. The CHU then evaluates if the grievance is within the jurisdiction of DOH. If complaint is within the jurisdiction of DOH, the CHU personnel will explain to the client which concerned office/agency has the jurisdiction of the complaint. Meanwhile, if complaint is within DOH jurisdiction, the CHU personnel will explain to the client that the complaint shall be properly endorsed to the concerned office and will be notified on. Grievances/complaints received by the DOH CHU are documented accordingly at the national level. The Department of Health will be in charge of keeping a database of grievances and monitoring of resolutions. This is also in line with the guidelines prescribed by the Memorandum from the Executive Secretary dated 28 January 2021 on the Updated Freedom of Information Manual of the Office of the President Proper.

Similarly, the Civil Service Commission, DILG, DOLE and LGU, upon, receipt of a complaint which is sufficient in form and substance, will conduct preliminary investigation through the disciplining authority and may create an investigating committee or designate an investigator for such purpose, per Section 17-Action on the Complaint of the CSC 2017 RACCS. Further, the DILG cascades to the LGU the responsibility

to create a Permanent Action Team through DILG Memorandum Circular no. 2017-109, to answer queries, concerns, and complaint received through Hotline 8888.

D. Resolution/Investigation Process of the Grievance

For DOH, CHD, and Health Care Facilities (DOH- Owned/Managed)

The grievance resolution mechanism for grievances within the jurisdiction of the DOH as described in DOH Administrative Order no. 2015-0048 – Revised Procedures on Handling Administrative Disciplinarv Complaints in the Department of Health are in Annex K. These grievance resolution mechanism flowcharts provide the processes depending on the category of DOH services jurisdiction (i.e., Central Office, CHD, health facility), rank of personnel complained about, and the service capacity of the health facility concerned. Grievances will be handled at the local level by the respective health facility or LGU, by the Centers for Health Development (CHDs) at the regional level, and at the national level by the Department of Health which will also be in charge of keeping a database of grievances and monitoring of their resolution.

The DOH Health Facilities and Services Regulatory Bureau (HFSRB), together with the Centers for Health Development, will conduct investigations, fact-finding on complaints against health facilities, and action complaints against hospitals and other health facilities through the HFSRB- Regulatory Compliance and Enforcement Division. The said unit will streamline the process of handling complaints and hasten its resolution, in coordination with the Regulation, Licensing and Enforcement Division (RLED) of the DOH Centers for Health Development (CHD), where the latter is in-charge of the renewal of licenses of operating health facilities. According to DOH Administrative Order 2012-0012 – Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines, the HFSRB or the Director of the CHD and/or the authorized representative/s shall investigate the complaint and verify if the hospital or other health facility concerned or any of its personnel is liable for an alleged violation and may suspend, cancel or revoke License to Operate (LTO) of the HCF after investigation if found that the provisions of the AO 2012-0012 and related issuances are violated, without prejudice to taking the case to judicial authority for criminal action.

For CSC, DILG, LGUs, and LGU-Owned Health Care Facilities

The CSC RACCS of 2017 states that a preliminary investigation will be undertaken as a mandatory proceeding whether a prima facie case exists to warrant issuance of a formal charge or notice of charge. The preliminary investigation may be conducted in any of the following manner:

- Requiring submission of counter affidavit or comment and/or other documents from person complained of within 5 days from receipt of complaint which is sufficient in form and substance
- Ex- parte evaluation of records
- Clarificatory meeting with the parties to discuss merits of cases

When complainant is initiated by disciplining authority, it or its authorized representative shall issue a show- cause order directing the person complained of to explain within the same period why no administrative case should be filed against the person. The failure to submit a comment, counter affidavit, or explanation shall be considered a waiver thereof and the preliminary investigation may be completed even without the comment, counter affidavit, or explanation. The right to counsel may be exercised even during the preliminary investigation.

Preliminary investigation shall commence within non-extendible period of 5 days upon receipt of complaint by disciplining authority and shall be terminated within 20 days thereafter. Disciplining authority may extend such period in meritorious cases. Within 5 days from termination of the preliminary investigation, the investigating body shall submit the Investigation Report with recommendation and complete records of the case to disciplining authority, subject to treatment with confidentiality.

If a prima facie case is established after preliminary investigation, the disciplining authority may issue either a formal charge or notice of charge in accordance with Rule 5 or the 2017 CSC RACCS. In absence of a prima facie case, the complaint/grievance shall be dismissed.

For Construction- Related Grievance of the Workers

A Contractor's Personnel Grievance Redress Mechanism will also be developed by the contractors for the civil works components, in compliance with the ESF requirements in the Contract. The monitoring and reporting of this GRM will also be the same as that of the main Project GRM. Resolution of the worker's grievance will follow the Contractor's Personnel Grievance Redress Mechanism. In case the worker's complaint is not resolved, it may be elevated to the DOLE, with the resolution process in Annex L.

D. Closing of Grievance

Once all possible redress has been proposed and if the complainant is still not satisfied, they should be advised of their right to legal recourse.

E. Operationalization of the GRM

The operationalization of the GRM will similarly consider the multiple sources of GRM, such as those of relevant key agencies, as it links to the dedicated GRM in the DOH established as part of the Project. The GRM is monitored by all project recipient facilities with the report submitted online monthly to the DOH, through the PCERP Team. The monitoring forms and online dashboard is in Annex M.

Following engagement and feedback, the GRM and its operationalization takes into account the needs of various affected groups including from indigenous peoples and ethnic minority representatives and organizations to ensure that methods are culturally appropriate and accessible and take account of their customary dispute settlement mechanisms, as appropriate. Consultations on the GRM will be conducted with the implementers and stakeholders as participants, such as the project recipient facilities, DOH CHDs, LGUs, professional organizations, and civil society organizations. Below is the proposed online GRM consultation schedule:

Session 1 4th Week of March or 1st Week of April 2021	Session 2 4th Week of March or 1st Week of April 2021	Session 3 1st or 2nd Week of April 2021
• DOH Central Office • DOH Regional Offices/ Centers for Health Development (CHDs)	NCR to Region V: • Hospitals • Isolation/ Quarantine facilities	Region VI to BARMM: • Hospitals • Isolation/ Quarantine facilities

• National Government Agencies (NGAs)- DILG, DOLE, CSC • Associations for Vulnerable populations (PWDs, IPs, Gender-Based Groups) • Association of Medical Professionals (doctors, nurses, medical technicians) • CSOs involved in COVID-19 response	• National, regional, and subnational laboratories • Local Government Units (LGUs)	• Local Government Units (LGUs)

Further queries, concerns, or grievances on the project may be relayed to the Project Management Team through https://bit.ly/CERPFeedback.

7. Monitoring and Reporting

7.1. Involvement of stakeholders in monitoring activities

The DOH may consider involving particular stakeholders in the monitoring of project activities and the implementation of the SEP and ESMF during the project implementation.

7.2. Monitoring indicators

The Implementation Status and Results Report (ISR) indicator for the COVID-19 Investment Project Financing (IPF) will be observed to ensure that there is a feedback loop for citizens and stakeholders that will allow their grievances to be heard and resolved. The ISR will include the percentage of grievances resolved within the timeframe specified in the GRM for stakeholders.

The ISR indicator will be monitored throughout the life of the project. Promotion and awareness on the GRM will be done continuously. Coordination with relevant LGUs/DOH offices will be conducted to record grievances and their resolutions, and to ensure that the GRM is part of the monitoring and evaluation database and system.

The Key Performance Indicators (KPIs) will also be monitored by the Project monthly including the following parameters:

- Number of public hearings, consultation meetings and other public discussions/forums conducted annually (even if virtually);
- Number of grievances received monthly and number of those resolved within the prescribed timeline
- Number of press materials published/broadcast in the local, regional, and national media

The template below will be used for the monthly monitoring of the SEP:

Month/Year: _____

Monitoring of Public Discussions/Forums

Date	Activity	Target Stakeholder	Issues and Feedback of Stakeholders	Actions to be Taken	Status/Remarks

Total no. of public discussions/forum for the month: _____

Monitoring of Published/Broadcasted Materials in the Local, Regional, and National Media

Date	Type of Material (News Article, Org Press Release, Annual Report, etc.)	Level of Publication/Broadcast (National/Regional/Local)	Target Stakeholder	Issues Raised and Feedback	Actions to be Taken	Status/Remarks on Actions to be Taken

7.3 Monitoring of Adverse Events Following Immunization (AEFI)

The WHO defines *Adverse Event Following Immunization* (AEFI) as any untoward medical occurrence which follows immunization, and which does not necessarily have a causal relationship with the usage of the vaccine. If not rapidly and effectively dealt with, AEFIs can undermine confidence in a vaccine and ultimately have dramatic consequences for immunization coverage and disease incidence. Based on consultations with experts and the latest data from published clinical trials as of 16 January 2021, the following are the identified AEFI from various brands of COVID-19 vaccination and must be reported.

The National Adverse Events Following Immunization Committee was created to monitor and assess the possible adverse effects of the COVID-19 vaccine on individuals. The roles and responsibilities of the Committee include the following:

- Review all reported serious and cluster of AEFI cases presented for expert opinion and provide a final causality assessment of the AEFI cases as well as the cases that were not classified by the Regional AEFI Committee.
- Ensure evidence-based causality assessment by recommending further investigation and data collection as needed.
- Make final decisions on causality assessment of inconclusive investigations.
- Ensure standard protocols for AEFI surveillance and investigation are correctly followed.
- Engage with other national and international experts when requirements arise in establishing causality and vaccine quality issues.
- Provide recommendations to the National Immunization Program, EB and National Cold Chain Manager on improving immunization service delivery, compliance with injection safety and effective vaccine management based on lessons from the AEFI cases.
- Serve as technical advisory group on vaccine and immunization safety-related issues of highest consideration such as immediate recall of vaccine from the market or temporary/permanent withdrawal of a vaccine from the immunization program.
- Serve as resource person in other AEFI related meetings, conferences or capacity building activities as requested.

The draft DOH training modules on the COVID-19 vaccine administration provides guidelines on the Adverse Events Following Immunization (AEFI). The working objectives of the module are as follows:

Objectives:

1. To know the overall safety surveillance framework
2. To identify, manage, report and communicate effectively all adverse effects following immunization (AEFI) concerns
3. To be oriented on the basics of Immunization Safety
4. To be able to discuss AEFIs to patients and vaccine-recipients

By the end of this module, the health care worker should be able to:

1. Understand the safety surveillance framework and activities
2. Rapidly identify AEFI signs and symptoms for COVID-19 vaccines
3. Administer initial management of AEFI

4. Report AEFI cases to the national database timely and accurately
5. Able to discuss AEFIs to patients and vaccine-recipients
6. Vaccinator should be able to discuss Immunization Safety
7. Vaccinator should be able to discuss Injection Safety

The content of the module will include:

I. COVID-19 Vaccines: Safety Surveillance Manual by WHO
Source: https://www.who.int/vaccine_safety/publications/Global_Manual_on_Surveillance_of_AEFI.pdf

II. Overview of COVID-19 vaccines clinical trial results
III. Basics of what to look out for vaccine-recipients suspected for AEFI
Source: https://www.doh.gov.ph/sites/default/files/publications/AEFI_MOP%202014%20Final.pdf, Recognition and Treatment of Anaphylaxis from AEFI MOP (2014)

IV. AEFI case management protocols (experiences from previous campaigns)
V. Significance of AEFI reporting (minor, serious, minor clusters)
VI. Procedural reporting of AEFI cases
VII. Procedural follow-up of vaccination cohort (with and with AEFI case)
VIII. FAQs on AEFI
IX. Counselling techniques on AEFI risk communications
X. Importance of Immunization Safety
XI. Ultra-Cold Chain Management
XII. Personnel and Equipment
XIII. Procedures, Vaccine Schedule and Storage
XIV. What is injection safety?
XV. Injection equipment
XVI. Effects of unsafe injection practices
XVII. Expired vaccines
XVIII. Practices that can harm recipient, health worker, and the community (in the context of COVID-19 pandemic)

As part of the module, it is preliminarily envisioned in the working plan that the vaccinators/program implementers should be able to develop a final operational plan for the COVID Vaccine Program Implementation, including a system or plan for AEFI monitoring with the AEFI Monitoring Protocol/Plan as an output with the identified persons responsible for AEFI Monitoring.

In the context of the COVID-19 vaccination program, any health event that has occurred after vaccination must be reported and considered as AEFI, pending proper professional consultation/case classification. AEFI surveillance shall be performed by the Surveillance Officer (stimulated passive surveillance) every two (2) weeks for the first two (2) months, then monthly for one year. This is to ensure that no health event relevant to COVID-19 shall be experienced by the recipient per incubation period of the disease.

Figure 9. Process flowchart for AEFI surveillance and response in the context of COVID-19 vaccine administration

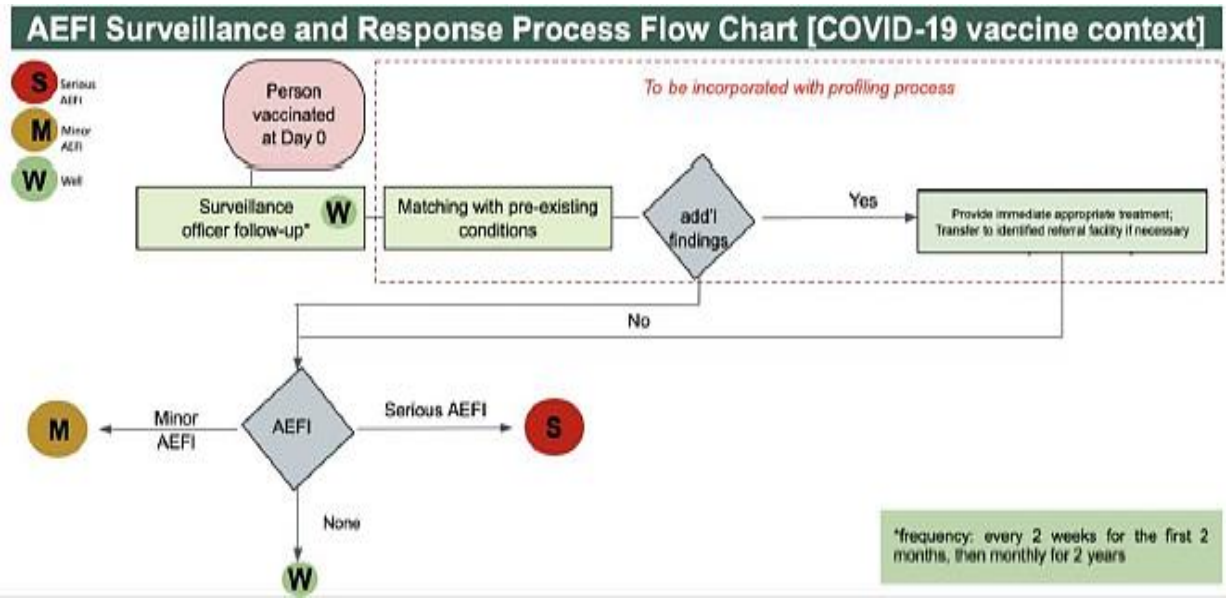


Figure 10. Process flowchart for responding to serious AEFIs of COVID-19 vaccine

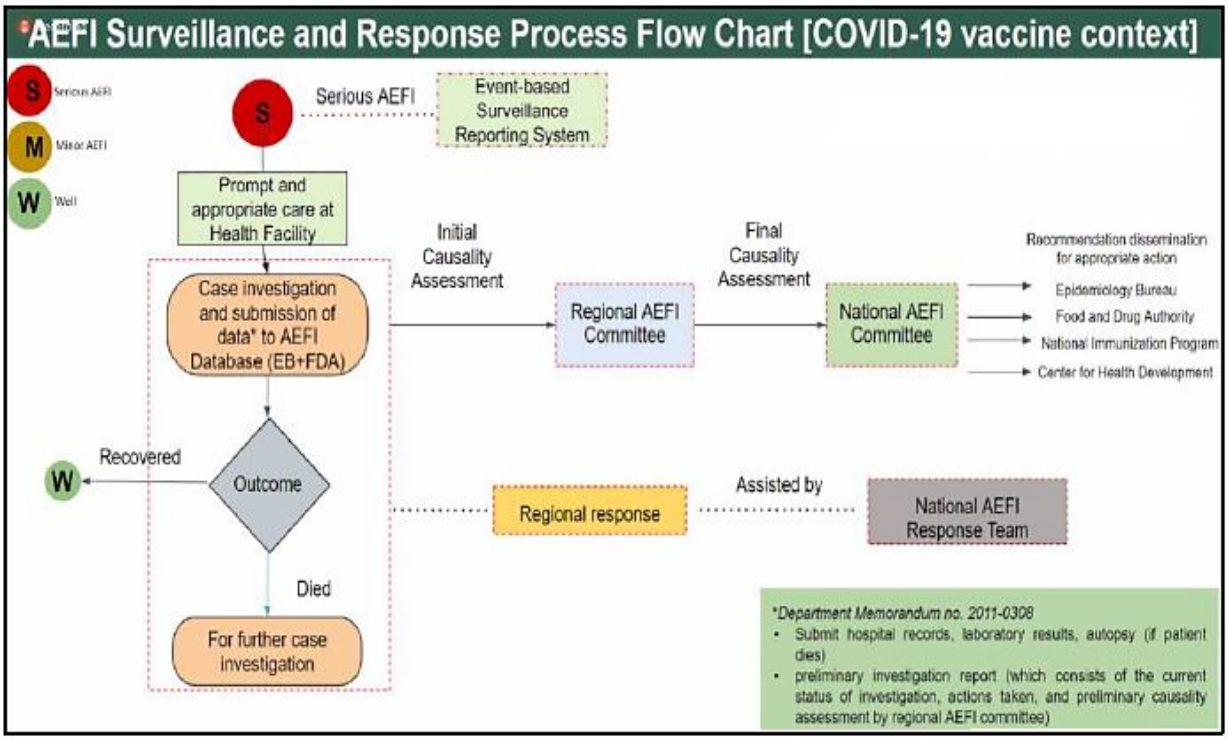


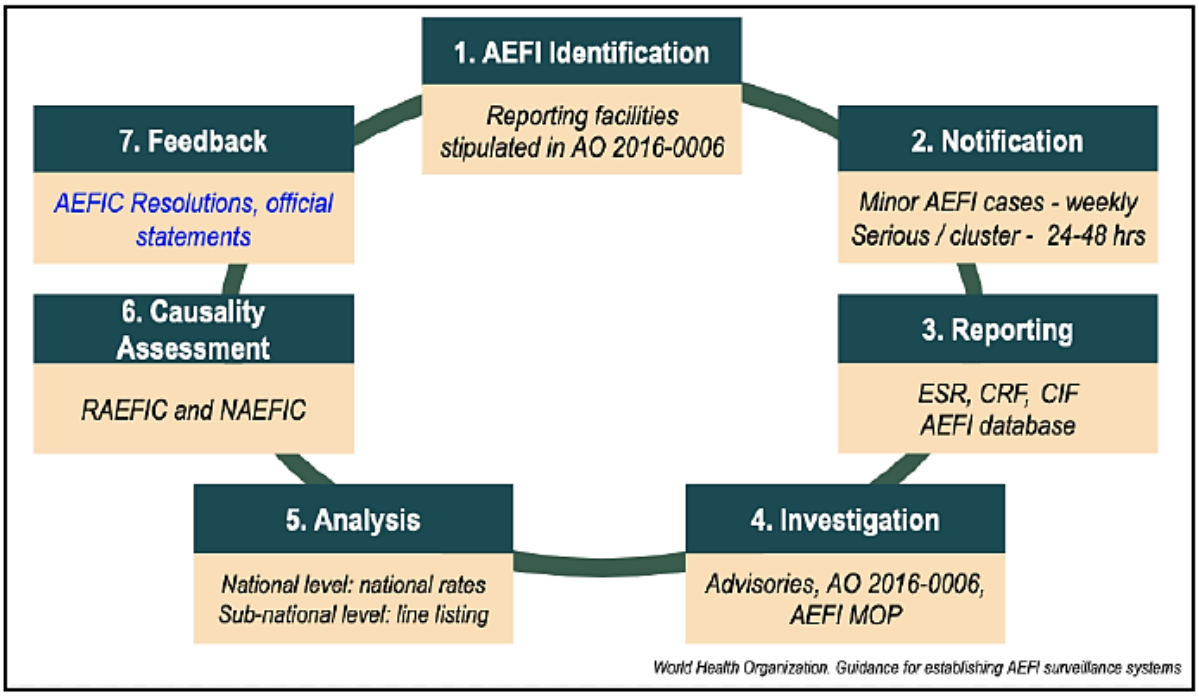
Table 15. WHO-recommended safety surveillance activities for all countries introducing COVID-19 vaccine regardless of AEFI surveillance capacity

Objective	Recommended AEFI surveillance activities
Strengthen routine passive AEFI surveillance reporting systems for the management of increased frequency or severity of AEFI reports (mild, moderate and severe)	● Conduct training on identification and reporting of AEFI for health care professionals. ● Update, print and distribute AEFI surveillance tools. ● Use both vaccine tracking information and passive AEFI reporting information to perform vaccine-specific safety analyses. ● Review and adapt processes for timely reporting, review and data sharing nationally, regionally and globally (e.g. uploading data to global databases such as the WHO VigiBase) ● Develop clear standard operating procedures (SOPs) for the coordination process between the NRA, NIP/EIP, and other institutions with responsibilities for AEFI surveillance. ● Consider coordination of activities with Public Health Emergency Units. ● Consider setting up AEFI committees at subnational as well as national level, particularly in large countries
Investigate potential AEFIs causing concern, such as clusters, serious events, programmatic errors, community concerns	● Prepare investigation teams and train them for AEFI investigation activities that are relevant in the population being vaccinated. ● Update, print and distribute AEFI investigation tools to obtain information on specific outcomes. ● Ensure the collection and storage of all relevant data to help make a causality assessment (AEFI reporting and investigation forms, clinical case record, laboratory reports, autopsy reports, etc.)
Perform systematic causality assessment of AEFIs causing concern	● Constitute an National AEFI committee to review and respond to AEFI safety signals and public concerns or contact the WHO Country or Regional Office or send email to gvsi@who.int for assistance. ● Provide training on causality assessment processes using WHO causality assessment guidelines for members of the National AEFI committee. ● Ensure regular updates to the Committee members on COVID-19 vaccine development and safety data, including safety reports from ongoing phase III clinical trials or any events reported in clinical trials. ● Foster and use the committee's expertise to identify AEFI cases in need of further investigation, such as AESIs. 5. Anticipate an increased number of AEFI reports that will need to be reviewed and consider including AEFI committees at subnational as well as national level, particularly in large countries.
Use AEFI and disease surveillance data to detect potential safety signals or clustering of events	● Regularly review and report AEFI surveillance data, particularly those relevant to AESIs or other conditions identified during pre-licensure COVID-19 vaccine clinical trials. ● Explore the use of disease surveillance data to complement AEFI surveillance systems for the detecting of AESIs, if indicated. ● Consider use of early signal detection methods, especially for certain AESIs.

Prepare comprehensive plans to respond rapidly to any COVID-19 vaccine-related event	• Outline roles and responsibilities of key stakeholders (including the private sector) for the implementation of safety surveillance activities and responding to vaccine-related events. • Keep stakeholders up to date with COVID-19 vaccine safety information. • Communicate with WHO regions and globally and share data on outcomes of AEFIs and AESIs in a rapid, timely and regular manner.
Address concerns of healthcare professionals and maintain community confidence. (Link to communication module to be added)	• Create and share a COVID-19 vaccine safety communication plan with relevant stakeholders. • Train and support personnel at all levels to address concerns that may arise before, during and after COVID-19 vaccine introduction. • Develop, print, and distribute messages concerning the safety COVID-19 vaccines

Note: Objectives and Recommendations were adapted from the WHO COVID-19 Vaccines Safety Surveillance Manual: Module on Establishing surveillance systems in countries using COVID-19 vaccines, 2020.

Figure 11. AEFI surveillance cycle



The DOH has also been developing the 'Standard Operating Procedure (SOP) in Handling Serious AEFI Cases in the Region' with the aim of providing a standardized guideline to all epidemiology and surveillance units towards a robust implementation of safety surveillance and in order to maintain the public confidence in the national immunization program of the Department of Health. This SOP covers the general parameters in pursuance of AEFI surveillance and response across the private and government health facilities, with reference to the following guidelines:

- World Health Organization. (2014). Global manual on surveillance of adverse events following immunization.
- Department of Health – National Epidemiology Center. (2014). Adverse events following immunization (AEFI): A manual of procedure for surveillance and response to AEFI.
- DOH Administrative Order no. 2016-0006: Revised Guidelines on Surveillance and Response to Adverse Events Following Immunization

Currently, the AEFI guidelines stated in the NDVP has been communicated to the implementers and the public through the series of consultations on the NDVP and the training for vaccinators and DOH CHDs conducted by the DPCB. Once the said SOP had been finalized, consultations and trainings will be conducted by the DOH.

7.4. Reporting back to stakeholder groups

The SEP will be periodically revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and is the most recent, and that the identified methods of engagement remain appropriate and effective in relation to the project context and specific phases of the development. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP. Monthly summaries and internal reports on public grievances, enquiries, and related incidents, together with the status of implementation of associated corrective/preventative actions will be collated by responsible staff and referred to the senior management of the project. The monthly summaries will provide a mechanism for assessing both the number and the nature of complaints and requests for information, along with the Project's ability to address those in a timely and effective manner. Information on public engagement activities undertaken by the Project during the year may be conveyed to the stakeholders in two possible ways:

- Reporting on the status of KPIs and ISR indicators
- Publication of a stand-alone annual report on the Project's interaction with the stakeholders
- The monthly and yearly monitoring forms will be used for the reporting to stakeholders.

Annex A. Results and summary of key feedback in the National Stakeholders Consultation on the Parent Project conducted on August 18-19, 2020

Topic	Stakeholder	Comment / Feedback	Response
Stakeholder Engagement	Save the Children Philippines	Query on the difference in the engagement among groups or if the groupings were made to facilitate consultation In view of the prolonged pandemic and its wide impact, it may also be necessary to review who are affected.	The SEP is a guide for stakeholder engagement throughout the project implementation. It is a living document which will be revised as appropriate, considering the feedback of the stakeholders. The SEP distinguishes between affected and interested stakeholders and identifies vulnerable stakeholders that may require special attention.
	Philippine Coalition on the UNCRPD	VAWC is an important issue. We should raise awareness, provide information on how to access, and provide help desks.	VAWC and GBV are highlighted in the ESMF and SEP and awareness will be integrated in the project activities.
	Saint Anthony Mother and Child Hospital	Risk of transmission is high for patient watchers within hospitals. Guidelines for control and mitigation measures of transmission and accommodation for them for social distancing is recommended to be provided.	The patient watchers are covered by the guidelines on the rational use of personal protective equipment (PPE). There are no accommodations for them due to the high number of cases needed to be catered and the risk of infection.
Strengthening capacity in the regions	MIMAROPA Center for Health Development (CHD) CARAGA CHD	Health care manpower is the main challenge, especially in geographically isolated and disadvantaged areas (GIDAs). Health care facilities are existing but there are no applicants. The locally stranded individuals or LSIs are major sources of COVID-19 infection (56%) in the MIMAROPA region. Ways in which the project can help address this problem are sought. Moreover, ways to strengthen capacity at the regional and facility levels are sought.	The project activities include mostly provision of equipment to build COVID-19 response capacity and some repairs of health care facilities and laboratories, including the isolation rooms. There will also be a capacity building component for health care workers. Project consultations and trainings will be provided. These will mostly be online due to challenges in the implementation of the project due to the pandemic.

<table>
<tr>
<td>Services for persons with disabilities (PWDs) and children</td>
<td>National Commission on Disability Affairs (NCDA)

Filipino Sign Language Access Team for COVID-19

Philippine Alliance of Persons with Chronic Illness (PAPCI)

Philippine Federation of the Deaf

Philippine National Association of Sign Language Interpreters (PNASLI)

Live Haven, Inc.

Philippine Coalition on the UNCRPD</td>
<td>The accessibility of services and infrastructure (e.g. ramps) and hospitalization support for PWDs who will contract COVID-19 should be provided. It was also pointed out that each type of disability has specific needs and support services which may need capacity building of health care personnel.

There is a need for virtual sign language interpretation services in health care facilities, testing centers, and quarantine/isolation areas. There are networks who may be able to provide sign language interpreters but they are mainly based in Manila. TFSL interpretation in health facilities through video calls provided by service providers is recommended. It was also pointed out that the DOH and DILG should comply with RA 11106 or the Filipino Sign Language Law by providing such services in health facilities, workplaces, and the media.
Guidelines on FSL interpreter qualifications, including skills and ethical considerations is needed.

Access to information for PWDs is also a main concern as sign language interpretation is still very limited. Unlike national TV news, regional TV news do not have sign language interpretation. Grassroots organizations have turned to social media to disseminate information. They requested that the project stress the importance of access to information through DOH, even if the COVID IEC funds come from a different donor source.

Assistance to the deaf in finding hospitals which are deaf- accessible and providing counseling services should be given.</td>
<td>The DOH Health Facilities Development Bureau (HFDB) has reported that there are 10 provincial hospitals which currently have Filipino sign language interpreters (FSL) who are mostly social workers employed by the hospital. They are as follows:

<table>
<tr><th>Region</th><th>Hospital</th></tr>
<tr><td>NCR</td><td>Jose Fabella Memorial Hospital,
Lung Center of the Philippines</td></tr>
<tr><td>I</td><td>Mariano Marcos Memorial Medical Center,
Ilocos Training and Regional Medical Center,
Region I Medical Center</td></tr>
<tr><td>IV</td><td>Batangas Medical Center</td></tr>
<tr><td>VI</td><td>Corazon Locsin Montelibano Memorial Regional Hospital,
Don Jose Monfort Memorial Medical Center Extension Hospital</td></tr>
<tr><td>VII</td><td>Vicente Sotto Memorial Medical Center</td></tr>
<tr><td>XII</td><td>Cotabato Regional Medical Center</td></tr>
</table>

According to the Degenerative Disease Office of the Disease Prevention and Control Bureau (DPCB-DDO), the new education curriculum of social workers has integrated basic FSL. It should be noted that hospitals have at least 1 social worker. It would be ideal if the employed social worker has background on FSL.
The Metro Manila and CALABARZON Centers for Health Development (CHDs) are conducting community- based trainings on FSL. It is</td>
</tr>
</table>

		There is a need to accommodate and entertain carers/personal assistants of PWDs and children in health care facilities, testing centers, and quarantine/isolation areas. Vaccination for children and other vulnerable sectors should be provided. The PWD groups have expressed their interest in being engaged and involved in the project implementation. The need to recognize vulnerable groups, e.g., PWDs and IPs, were pointed out.	planned to cascade the training to the other regions in 2021. The Congress is also discussing the provision of FSL interpreters in health facilities. However, the timeline for this is not yet known. The Project will be conducting a baseline assessment on the capacity of the recipient hospitals to provide accessible health services to vulnerable groups, including provision of virtual FSL services based on parameters such as availability of devices and internet connection. The baseline assessment will also cover GBV, VAWC, and IPs. Based on the results of this assessment, the Project in coordination with HFDB and DPCB- DDO, will determine the feasibility of the virtual FSL services which would be in partnership with the FSL interpreters and PWD representatives to be financed by the Project. The DOH Health Promotion and Communication Services (HPCS) has no COVID-19 health promotion materials for the PWDs. Currently, they only have the 30- second video with FSL interpretation for polio. The HPCS and the DPCB- DDO have included PWD-accessibility in their Communication Plan for 2021 which will include printer materials with Braille and videos with sign language. The DPCB- DDO in partnership with the Philippine Information Agency (PIA), have previously

			developed a Communication Plan for PWDs which was also presented to the PWD CSOs. The concerns of PWDs, particularly accessibility, will be considered in the activities under Component 3, Project Management and Monitoring and Evaluation, of the project by integrating into the prevention and preparedness activities. Project management and monitoring should ensure that the improved capacity of the health care facilities results in improved access for PWDs. The PWDs and other vulnerable sectors will be highly considered in the project. The ESMF will also be revised to include Republic Acts 11106 and 7277 and Batas Pambansa 344 to further strengthen the framework.
	Philippine Pediatric Society (PPS) Pediatric Infectious Disease Society of the Philippines (PIDSP)		The request for vaccination of children and other vulnerable groups as well as the guidelines for carers/personal assistants of PWDs and children will be relayed to the DOH DPCB, HFDB, and the DOH IATF Focal Team. The PWD CSOs will be requested to submit a formal request to the IATF (iatfsecretariat@gmail.com) and DOH regarding the grievances of the carers / personal assistants. The HFDB, with assistance from the Project, will develop a policy issuance to consider the carers of PWDs and children in health facilities.

Indigenous Peoples	Tebtebba Foundation	It was recommended to include disaggregated data for Indigenous Peoples related to the COVID-19 response. The group also relayed that they have conducted an assessment on IPs and COVID-19 which they may share with the Project Team.	The DOH Epidemiology Bureau (EB) which is in-charge of the data management on COVID-19 does not have disaggregated data for IPs. The request has been communicated to EB. The Tebtebba Foundation has submitted their request for data on Indigenous Peoples (identified as to their ethnicity) infected by COVID-19 and history of infection aside from the usual data provided to the EB. The Project will further assist Tebtebba Foundation on this request. To ensure that IPs will have access to the COVID-19 related health services, the DOH Bureau of Local Health Systems Development (BLHSD) has issued Department Circular 2020-0192 last April 2020 entitled 'Ensuring that people in GIDAs, Indigenous Cultural Communities/Indigenous Peoples are well-informed on COVID-19 and have access to Temporary Treatment and Monitoring Facilities and Referral Hospitals.'
BARMM	Community and Family Services International	Coordination with BARMM MOH and project coverage inclusion was asked.	BARMM is covered by the project. The Amai Pakpak Medical Center is included in the tentative list of recipient facilities. Coordination with BARMM MOH will be done through the Field Implementation and Coordination Team- Visayas and Mindanao
Grievance Redress Mechanism	Save the Children Philippines	It was raised that if the grievance pertains to the service received from a local health facility or LGU, submitting the grievance to them may prevent the community to raise concern.	It would be good if the issue will be resolved at the local level. Grievance may be elevated to regional and national levels, following the GRM process.

ESMF	Philippine Medical Association	The provision of pneumococcal, flu, and hepatitis B vaccines for health workers was recommended.	This will be considered in the project activities. It has also been relayed to DOH DPCB, as it is in-charge of vaccination initiatives (not financed by the Project). It should be noted that these vaccines are covered in the Expanded Program on Immunization (EPI) of DOH.
		There is a need to address health hazards brought about by the improper disposal of face masks.	The infectious waste- generating establishments as well as the waste service providers or treatment, storage and disposal facilities (TSDs) should comply with the DENR EMB guidelines for waste generators. The ESMF includes measures to improve waste management and will be further enhanced through an ongoing audit of current infectious waste management at health facilities. The audit tool developed by the Project will provide the health facilities self- assessment tools to monitor waste disposal. Education campaigns and information materials on infectious wastes and proper disposal will be further promoted.
		Occupational safety and health risks during construction should be addressed. It was inquired whether specific guidelines will be issued due to the COVID-19 pandemic, aside from the usual OHS and DOH issuances.	The project will not develop additional guidelines as there is limited construction activities involved. Workers will be provided with face masks by the contractors and social distancing measures for construction will be adhered to. The contractors will also be asked to prepare the Environmental and Social Management Plan (ESMP), Environmental Codes of Practice (ECOP), Labor Management Procedures (LMP), and Contractor's Personnel

			Grievance Redress Mechanism to minimize occupational risks in the civil works components.
	Cebu South Medical Center	The coverage of medical bills and wages of workers who will contract COVID-19 was queried. Experience on symptomatic workers in which the hospitalization costs and compensation were covered by the hospital was relayed.	The Republic Act 11058, Department Order 198, and the IATF issuances set liability on the contractor. To further highlight the contractor's responsibility, the liability clause will be explicitly stated in the contract. The ESMF includes Labor Management Procedures.
Recipient hospitals and equipment	Pangasinan Provincial Health Office	The health facilities which will be covered by the project and the equipment to be given were asked.	The hospitals to be included as recipients of the World Bank loan are the 70 retained DOH hospitals and the 30 hospitals part of the Universal Health Care implementation sites which were first approved by the NEDA.
	Luis Hora Memorial Regional Hospital	The hospitals invited in the National Stakeholders Consultation are included in the initial list of recipients recommended by the HFEPMO. The local government units through the provincial, city, and municipal health offices were invited for their information and guidance on the project.	Other hospitals not part of the project may be covered by other projects such as that of ADB. The recipient facilities were selected based on capacity to test, i.e., ongoing application for accreditation.
	Mariano Marcos Memorial Hospital and Medical Center	It is envisioned to expand the testing in the rural areas also. However, the project recipients are chosen based on the ongoing application for testing accreditation.	The local government units through the provincial, city, and municipal health offices were invited for their information and guidance on the project. It was also clarified that the project is different from the existing project of HFEPMO. The HFEPMO will finalize the list of hospitals and equipment to be distributed.

Project Implementation	Mariano Marcos Memorial Hospital and Medical Center	The project requirements and expectations from recipients, e.g., proposal, timelines, funding approval, project termination, and monitoring and evaluation.	There will be no project proposal required as the health care facilities are chosen beneficiaries of the project. It will follow the usual protocol on accepting donations from the DOH Central Office, such as accomplishing the Deed of Donation, i.e. formal transfer of ownership and acceptance from DOH to the recipient hospital. The recipient is expected to maintain the equipment for its sustainability. Post- evaluation and monitoring may also be conducted by the Project Team. The HFEPMO clarified that there will be mostly retrofitting/upgrading of the existing hospitals and that currently, only the National Center for Mental Health and Dr. Jose Rodriguez Memorial Hospital will have new constructions. The list of construction works will be sent by the HFEPMO.
	Corazon Locsin Montelibano Memorial Regional Hospital	It was queried if the civil works component of the project will cover only the existing facilities.	For the safety of the workers, PPEs will be worn and the hierarchy of controls will also be observed. Engineering controls and substitution will also be observed.
Project Sustainability	Tebtebba Foundation	The COVID-19 recovery will take a "heal as one" approach, aside from the direct results of the project, entailing community mobilization. It was asked if there would be an exit strategy to guaranteed sustainability of project benefits. It was also inquired how the exit strategy ensure that indigenous health care, knowledge and management systems, as well as traditional health care providers	To extend the benefits of the project, the recipient hospitals will have to and are expected to take good care of the project donations, such as the equipment. Training of personnel will also be part of the sustainability initiatives. In areas with IP, the ESMF includes measures to coordinate with traditional health care providers, consistent with DoH's Guidelines on

		would be acknowledged and recognized, given their significant roles in community health.	the Delivery of Basic Health Services for Indigenous Peoples/Indigenous Cultural Communities.

Annex B. Key agreements in the Public Consultation on the National Strategic Policy Framework for COVID-19 Vaccine Deployment on December 7, 2020

Topic	Stakeholder	Key Agreement/ Recommendation
General Guidelines	UP College of Medicine (UPCM)	To include communication and health education in the specific objectives To include and to prioritize the widespread communication and understanding of COVID burden and its prevention To include and prioritize the widespread communication and understanding of COVID burden and its prevention
	DOH	Reconsider statement that COVID-19 vaccine is a 'public good' as this term is different in economics
	UP College of Public Health (UP CPH)	To consider the reciprocity Principle under WHO SAGE framework
Financing and Funding Mechanisms	UPCM	To specify the establishment of plans and strategies to make the country vaccine 'resilient' able to address setbacks, disruptions, crises that could destroy the immunization programme with a view to ensure programme continuation
Identification of Eligible Population	UNICEF	To identify the minimum list of the priority population
	DOH Epidemiology Bureau (EB)	Inclusion of the term 'herd immunity'
	Coalition for People's Right to Health (CPRH)	Exclusion criteria must also be mentioned apart from eligibility

Supply Chain and Management of Health Care Waste and Injection Safety	UNICEF	To have the supply chain management plan linked to the overall EPI cold chain management plan and to use the evidences from the VRAT/VRAF assessment and EVMA recommendations
	Office of the Presidential Adviser on the Peace Process (OPAPP)/ National Incident Command- Emergency Operations Center (NIC-EOC)	Inclusion of the statement 'Facilitate procurement through various mechanisms allowed under existing laws, rules, and regulations through bilateral, multilateral and other financial modalities (e.g., COVAX Facility, etc.)'
Human Resource Management and Training	Philippine Pharmacists Association (PPhA)	To include a provision for the active involvement of the barangay health workers at the level of the community To include training of uniformed men to understand the proper handling and storage of these vaccines
	DOH EB	To include 'health care waste' management plan
	DOH DPCB Occupational Diseases Division (ODD)	Consider to include in the definition of terms who are the members of the committees such as NITAG, etc.
Vaccine Acceptance and Uptake	UP CPH	To identify and consult the end-users of the data management system with the other stakeholders in the process of developing the information system (IS) to come up with a user-friendly digital system To train end-users in the functionality of the IS to minimize use of parallel (often paper-based) technologies which arise with non-familiarity with the new system
Vaccine Safety Monitoring, Management of AEFI and Immunization Safety	UPCM	To have an active surveillance system rather than just a passive surveillance system There is a need for media management when it comes to AEFI reporting
Immunization	CPRH	There should be communication of exclusion criteria to be specified apart from eligibility.

Registration, Monitoring and Data Management Systems	DOH EB	A phased-in profiling of eligible populations based on areas with high burden of disease and priority population groups shall be conducted.
Roles and Responsibilities	OPAPP/NIC-EOC	Task Group on Procurement and Finance be led by the Department of Finance with DBM and DOH as members One of the Task Groups to develop a strategic map with necessary indicators and targets for easy monitoring To include the number and general description of the NITAG's composition
	DOH EB	To include FDA in the agencies/ offices to be provided with recommendations by the NAEFIC
	PPhA	Task Group on Cold Chain and Logistics to consider mobilizing pharmacies to be center for pharmacy-based immunization
	CPRH	To review the implications on the implementation if Phase III clinical trials and the implementation of the vaccines with EUA will overlap

Annex C. Key agreements in the Public Consultation on the National Strategic Policy Framework for COVID-19 Vaccine Deployment on January 8, 2021

Topic	Stakeholder	Queries/Recommendations	DOH Responses
Presentation of the National COVID-19 Deployment and Vaccination Plan	Dr. Quizon	Why are indigent populations among priority groups? Their risk is no greater than a rich person. Is there evidence that those who got infected so far, are indigents?	DPCB answered that it will be discussed during the next NITAG meeting to discuss the order of priority
	League of Provinces of the Philippines	Will the National Government's purchase of vaccines be provided to the LGUs, as identified according to the IATF's priority plan?	DPCB said yes and all vaccines will be coursed through the LGUs.
	Mr. Jose, Jr.	Order of priority for non- medical government officials such as Mayors; local Gov't officials and Government workers in Government offices? Also Congressmen and Senators?	Dir. Sudiacal of DPCB responded that Government workers aside from those mentioned in Priority A area under Priority B.
	Far Eastern University - Nicanor Reyes	How will the vaccinees be notified of their vaccination schedule?	The LGU and the implementing unit such as the health facility will determine your schedule. On the other

	Medical Foundation School of Medicine	What is the implication of the vaccine pre-registration already being done by various LGUs (i.e., online registration via Google Forms) with the proposed plan of vaccine deployment?	hand, a digital system will notify you of your vaccination schedule date. As of now, DOH is working closely with the LGU to marry existing information systems and the COVID-19 Vaccine Electronic Immunization Registry (CEIR). Ideally, only those registered in the CEIR will be provided with a unique QR Code, and thus, eligible to be vaccinated.
	Ms. Ramos	In the vaccination program and asked if the HCWs will be prioritized. However, this will impact the resources needed for the vaccination program as well as continuous health services. In particular for the first round of 1.7M HCWs, they will need time off after vaccination due to the expected side effects. Will there be a number of people who will supplement the HCWs while they are recuperating? How long will they be given time off?	The DOH is requiring each implementing unit to do micro planning to ensure that contingency plans are available if a health worker is not able to report due to adverse reactions. And the vaccination activity is done through a determined schedule basis. Thus, the health facility should be able to allocate adequate human resources for the conduct of continuous health services.
	Ms. Kraft	If remaining indigent population has been indicated as a priority population group, will this group include those who are below 17 years old? I ask because some of the vaccines have not been tested on children.	The vaccines will be given to eligible population groups. As of now, data shows that COVID-19 vaccines can only be administered to >16 years old and above.
	Ms. Rabe	Can the LDRRM Fund or Quick Release Fund be used for the purchase of vaccines?	Unfortunately, we do not have any jurisdiction on this. We will forward your concern to DBM. As reiterated by Usec. Cabotaje, the vaccines will not be available commercially until late 2022.

			Procurement will be coursed through DOH.
	Ms. Nievera	Will there be instances where vaccines will be used interchangeably - meaning another vaccine is used for the 2nd dose? How do we monitor/manage/avoid such cases?	The vaccines will be given to eligible population groups. As of now, data shows that COVID-19 vaccines can only be administered to >16 years old and above.
	Mr. Songco	Who is allowed to vaccinate?	Doctors and nurses.
	Ms. Luzande	What kind of distribution model will the government employ? Centralized, Hub and/or Decentralized?	It will be a centralized hub.
HTAC Evaluation Framework for COVID-19 Vaccines	Mr. Ybiernas	What type and brand of vaccine to be given to the Filipino People?Do we have a list of brands to consider?	Dr. Guerrero mentioned that there is a need for EUA before we can use and administer the vaccine. The FDA has yet to issue EUA to any vaccine but they have received at least 2 applications as of the moment.
	Ms. Villa	Regarding prioritization of vaccines to be given, will it be considered to prioritize giving to those LGUs who have not manifested procurement of their own vaccines?	Yes, we are adhering to the principles of equity and reciprocity. The national government will provide vaccines to all LGUs/areas, following the priority eligible population.
	Cotabato Regional Medical Center	If the individual has already been infected,what priority level will they belong to?	Dir. Arevalo mentioned that DOH through the Health Promo Bureau has done social listening and surveys. Demand Generation is headed by the PCOO along with DOH, DICT and PIA. Conduct of a series of townhall meetings have started to increase awareness about the vaccination. US experience: Vaccination sites were not prepared so the DOH has started the capacity building and other
	Ms. Maderazo	If the EAU will be given to DOH only for purposes of intense side effect monitoring, does it mean that the LGUs with alleged budget allocation for their own vaccine procurement is not necessary?	
	Laban Consumer	The acceptability of vaccination among Filipinos is only 50% as a result of the surveys. Therefore, what is the plan of the government to increase acceptance of the vaccine?	

			strategies including communication before the vaccination.
	Ms. Kapunan	Will the LGUs be able to independently procure vaccines or will the EUA be granted only to DOH?	The LGU can procure vaccine
	Health Technology Assessment Council (HTAC)	How will the government certify that a person has been vaccinated? Will this certificate be recognized abroad? Are there internationally accepted formats right now?	The DPCB will coordinate with HFSRB and LGUs.
	Philippine Hospital Association	What is the role of hospitals in this immunization program?	Dir. Arevalo answered that Hospitals will be vaccination sites. Further, capacity building through e-learning will be done starting next week. Hence, both the Public and private hospitals are included in the training. Contact details of hospitals and LGUs where they are located were requested for succeeding trainings.
	Ms. Tiamzon	In the news there are private companies who are saying that they will also be procuring COVID-19 vaccine. How is this in sync with the government's procurement of the vaccine?	The DPCB will still coordinate with the private sectors.
	League of Provinces of the Philippines	On the EUA/FDA Approval: Can LPP get the contact information of the FDA approved supplier?	FDA will provide information on the vaccines approved by January 15, only one applied is currently being assessed. Usec. Myrna Cabotaje added that all vaccine trials are on Phase III, they have not finished Phase III and Phase IV yet. The DOH cannot introduce vaccines unless they are in Phase IV of the clinical trial.

			The EUA is an authorization not a marketing authorization so this will not make the vaccine commercially available for procurement of individuals, private entities and the government. Acquisition and access are done through Sec. Galvez. Consignee designation through Sec. Duque. Hence, we always have tripartite agreements.
	Ms. Delos Reyes	Is the vaccination program on a voluntary basis? How do we handle persons in the Priority Group who will not allow themselves to be vaccinated?	Vaccination will be based on vaccine availability. If they miss their opportunity to be vaccinated the first time they will have to wait for the second round based on the available vaccine. Dir. Arevalo said that it depends upon the LGUs, Hospitals and Priority group heads to encourage them to be vaccinated. If they refuse, it will be given to other priority groups. Dir. Arevalo encouraged them to be the champion among their organization to increase the uptake of COVID-19 vaccination.
	Mr. Salacut	Under Eligible Population in the presentation, No. 5 is Uniformed Personnel. For its Definition of Term, recommend the following: All Officers and Enlisted Personnel	This has been duly noted.

	Dr. Dy	Which Priority Group would non-senior citizen patients with underlying medical conditions (such as DM, with Congestive Heart Failure) belong to?	If they are healthcare workers they will be prioritized but there will be intersectoral prioritization for those with co-morbidities will be prioritized. The WHO SAGE recommendation does not include the co-morbidities.
	Ms. Ciriaco	In this program, the vaccine will be given to the priority population for free, be it private or government?	
	Philippine Coast Guard Medical Services	How to register personnel to attend the TOT?	The secretariat will contact them.
	Ms. Tinio	What about the private clinics or physicians in private practice?	
	Mr. Faraon	Will there will be a geographic prioritization based on local context and epidemiologic setting? how will allocation be done? NCR will have more allocation compared to Batanes?	It will be determined based on the eligible population
	Mr. Cruz	What if, for example, a frontliner works in Quezon City but resides in San Juan City, which LGU will vaccinate this frontliner?	The vaccinee will be vaccinated in his workplace as a frontliner
	Mr. Yudelmo	What interventions are done to ensure that people will get vaccinated?	Dir. Arevalo said that there are communication handles to have greater uptake on COVID19 immunization. Training for navigators, community mobilizers will also be conducted especially those affected by previous vaccination initiatives. Dir. Arevalo enjoined all attending the forum to help promote the vaccination program of the government.

			Videos are being disseminated to Health Promotion Officers to be popularized.
	Dr. Anthony Faraon Family Foundation	Will NCR be prioritized? Considering the portfolio of medicines (5 to 6) how will this be allocated? What if an LGU has preference over a certain vaccine other than what is allocated to them?	Dir. Arevalo said that Eligible population is based on the burden (sectoral) and geographical (based on prevalence). The NITAG will discuss the priority population based on certain criteria (attack rate, case fatality, readiness of the LGU) tomorrow and give the recommendation to DOH and the vaccine czar. In terms of vaccine portfolio, the vaccines that will come based on the prioritization based on the specific guidelines that will not be based on preference . It will be administered as prioritized and not on preference. If they waive their opportunity to be vaccinated, there will be a second round still based on availability.
	Health Care Professional Alliance on COVID-19	After the use of EUA, will they still undergo HTAC review? Timeline after EAU to HTAC recommendation? Is there guidance for LGUs who already set aside their budget for procurement of vaccines?	Dr. Guerrero said that LGUs can not procure without the clearance of HTAC. Even without the EAU, the HTAC are already reviewing the evidence for the vaccines for publication. It is easier to issue the recommendation. Per Bayanihan Law, only Phase IV was waived.

			The second question was already answered by Usec. Cabotaje earlier based on specific guidelines to be released thru Sec. Galvez and Sec. Duque.
	Mr. Dimagiba	After all requirements have been complied, what is the procedure for the vaccination? Will this be a prescriptive vaccine or available in the market for consumers?	The vaccine will not be available yet in the market and will not be available on prescription basis. We are still waiting for the EUA to vaccinate the priority population. The LGU preparation will follow the usual campaign of the National Immunization Program except that the vaccine is not yet available in the market but through EUA.
	Ms. Paredes	It was suggested that the DOH and HTAC can be invited in their meeting for the Governors which they will schedule soon, to discuss the COVID-19 vaccines. Please communicate through sandy.paredes.lpp@gmail.com 09167528005	Noted.
		When will the vaccine be commercially available?	The vaccine after clinical phase IV, will be given CPR and only then can it be commercially available. The Director General of FDA predicts that it might be commercially available by late 2022. Depending on the supply of the vaccine, all will be vaccinated on a phased implementation.

	Ms. Rabe	What will be the guidelines/process for securing the consent of patients for the administration of the vaccine? what is the timeline for the release of the national roadmap on vaccine availment?	The STG on registry and data management is in close coordination with the Legal service.
	LPP	How does DOH/IATF intend to allocate the limited vaccines to 82 provinces?	Distribution will be primarily based on sectoral prioritization. Followed by geographical prioritization,(based on disease burden - attack rate, incidence rate/active cases and readiness of LGU.
	UP Diliman	Recently, there has been news that Taiwan has found 73 side effects of China's Sinopharm, while Sinovac's vaccine appeared to have efficacy of less than 80% in other countries, notwithstanding the more expensive price of these vaccines compared to other Western-made. Considering that the Duterte administration prefers vaccines from China and that the DOH prioritizes efficacy, how would the DOH (particularly the COVID-19 Task Force) compromise?	DPCB answered that the vaccines are evaluated regularly based on a set of guidelines.
	Ms. Belen	Makati LGU announced that they can include the vaccine purchase of businesses around Makati if these companies would like to buy the vaccine. Is this allowed? Also, Red Cross, as mentioned by Sen Gordon the other day, can procure vaccines for the country, and sell these to those who can pay. Is this allowed as well?	The IATF will still have to determine the process
	PHPSP	Will the vaccine procurement undergo HTAC review? Will the review happen before or after issuance of EUA?	HTAC recommendations can only be issued after an EUA is issued by the FDA to ensure that basic safety and efficacy standards are met.

Annex D. Results and summary of key feedback of the Consultation with Persons with Disabilities on the PCERP held last 5 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Competency and guidelines	Ms. Agbay of the Philippine Federation of the Deaf raised that the FSL interpreters in the health facilities are knowledgeable on the	The level of knowledge/ competency of the interpreters on FSL will be added in the indicator.

on the FSL interpreters	medical terms, especially for COVID-19, and not just the background on basic sign language such as hand signals for letters. Aside from the competencies of the FSL interpreters, Ms. Dagani of the Filipino Sign Language Access Team for COVID-19 pointed out that previous health- related experiences and ethic guidelines are necessary in the qualifications of the interpreters. It was noted that the civil society organizations (CSOs) are providing virtual FSL services during the COVID-19 pandemic. Moreover, it was noted that they will be charging fee from the government if their services will be contracted.	The ethic and previous work experiences of FSL interpreters will be considered in the drafting of the said guidelines.
Health promotion materials for PWDs	The PWD representatives concurred that the health promotion materials, especially for COVID-19, should be sensitive to the needs of all PWDs, covering all types of disabilities, as set forth in the Batas Pambansa 344. Ms. Rabino of the NCDA recommended to include accessible website/s or 'web accessibility' for visual impairment in coordination with the Department of Information and Communications Technology (DICT).	Inclusivity and accessibility of PWDs in the health promotion materials was communicated to DPCB-DDO and HPCS. This will also be included in the indicators of the proposed HCF capacity assessment for services for vulnerable groups. Ms. Rabino of NCDA will share to DOH and the PWD groups the information on web accessibility for better access for the blind.
Infrastructure needs of PWDs	Mr. Bernandino and Mr. Manlapaz of the UNCRPD stressed the importance of the compliance of health facilities to the Building Code with regard to the needs of PWDs. Ms. Agbay also added that the elevators of the health facilities should also be accessible to the PWDs and their assistants/carers. Ms. Rabino raised that the comfort rooms (CRs) of some health facilities do not fit wheelchairs.	The structural requirements of the BP 344 and Building Code for PWDs, such as the PWD-accessible CRs. will also be included in the indicators of the proposed HCF capacity assessment for services for vulnerable groups.

Annex E. Results and summary of key feedback of the Consultation with Gender- Based Groups on the PCERP held last 30 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Accessibility of services for women PWDs	Ms. Jennifer Garcia of the Regional Association for Women with Disabilities raised that women with disabilities may have difficulty in accessing WCPU services due to decreased mobility during the pandemic.	Engr. Joselito Riego de Dios responded that the DOH has existing strategies and programs for the PWDs to provide COVID-19 services as well as gender- related concerns. These strategies were also discussed in the meeting with the PWD representatives last October 5, 2020. To further improve the services for PWDs, GAD, and WCPU, the Project will conduct a health facility assessment to evaluate the services for vulnerable groups and identify areas for support and improvement.
Coordination with other DOH Bureaus	Ms. Giceline Artuyo of DOH-HPDPB recommended the Project to coordinate with the Office of Undersecretary Bayugo (FICT) to harmonize the environmental and social risks identified in the Project with the National Action Plan of DOH for COVID-19. She also suggested to coordinate with DOH- HEMB for other gender- related initiatives with regard to emergency response.	Ms. Gaylan reiterated that the ESMF, ESCP, and SEP of the Project are submitted to the Office of Usec. Bayugo for clearance as the Chief Incident Commander for COVID-19. Further coordination with FICT and HEMB will done succeedingly by the Project.
Importance of gender- based initiatives and gaps on the current implementation of services	According to Atty. Rubin, the Commission on Human Rights appreciates that gender is mainstreamed in the DOH programs and that GBV response is a component. The CHR has emphasized the need for gendered and intersectional response to the crisis, particularly emphasizing that GBV should be a part of COVID response and special focus should be provided for marginalized groups, hence a Joint Memorandum Circular with DILG was developed to also address the risks posed, especially for marginalized groups. As we agree with the finding of WCPUs that there has been decrease in reporting of GBV, and that there are breakdown/gaps in referral mechanisms, we support programs that increase the number and enhance the functionality of WCPUs in the country. WCPUs are crucial to GBV response with their multi-sectoral teams, and it is distressing to hear the assessment that some were unable to provide the same services during the pandemic. Ensuring continued	The suggestions of the CHR will be forwarded to the GAD TWG for consideration and further discussion.

	functionality, coupled with updated and community/LGU based functional and updated referral mechanisms is important. As part of the program's risk management, Atty. Rubin noted that it is good that gendered responses are included for health service providers. It was suggested to consider the need to protect and address as well the multiple burden of community health service providers (BHWs that are on allowance basis with LGUs), and contractual health workers engaged under the project. There is also a need to recognize unpaid care work at home of these workers, as well as adopting strategies that recognize flexible working hours, recognition of different vulnerabilities for workers who are solo parents, taking care of the ill or elderly, etc. Protocols and procedures should also remain in place for availment of maternal and paternal leaves, VAWC leaves for victims of violence and a clear reporting procedure not only among plantilla officers but also among contractuals, and communities engaged with. The CHR echoes the need to include in the GBV response the focus on strengthening community referral mechanisms, including sessions that connect WCPUs not only with women's desks, social welfare officers, prosecutors, but also with barangay VAW desks officers, civil society organizations, and regional offices of the CHR. This will fast track referral of cases and address issues of limited mobility and resources of women and girls reporting GBV. The program could also look into influencing DOH units to adopt protocols specific to marginalized groups including PWDs who often lack access to information and who face	

	physical and social barriers; IDPs, IPs, LGBTQIs, and the incarcerated women. The vulnerable groups and their vulnerabilities were included in the JMC of CHR and DILG.	

Annex F. Results and summary of key feedback of the Consultation with Indigenous Peoples on the PCERP held last 23 February 2021

Topic	Comment/Query	Stakeholder	Response
Discrimination against IPs in health facilities	In other provinces, Indigenous Peoples are not accommodated properly or discriminate against in hospitals. This leads to the increased hesitation of IPs to seek medical care in health facilities.	IP Mandatory Representative (IPMR) of Olongapo	DOH BLHSD has responded that the DOH has a joint Memorandum Circular with DILG on the health service delivery for IPs. The IPs may opt to visit a nearby hospital and file a complaint against the hospital where they were not catered as appropriate. The complaint should be coursed through proper channels such as through DOH Centers for Health Development or Provincial DOH Office. It was also reiterated that due to the devolved health system in the country, not all health facilities are owned by the DOH. Some facilities are run by the local government unit.
	To further prevent discrimination against IPs and considering the 'reserved' nature of IPs, it was suggested to (1) designate a focal person in hospitals who are also members of the IP community, (2) provide a separate lane for IP services, and (3) designate an IP helpdesk in all health facilities.	Municipal IPMR - General Nakar, Quezon IMPR North Cotabato	The BLHSD has an ongoing medical scholarship program to capacitate IPs and absorb them in the government health facilities for professional practice. In response to the query on the maintaining grades of IP scholars in midwifery, the BLHSD reiterated the need to meet the grade cut-off to ensure the quality of future professionals and their capacity to provide proprt medical services.
Lack of financial resources for health care	Some COVID-19 positive IPs are staying at home for monitoring of the NCIP nurses and barangay health workers as they cannot afford	IPMR Camarines Sur	Under the current assistance of the Philippine Health Insurance Corporation (PhilHealth) and with the upcoming implementation of the Universal Health Care (UHC), the IPs may avail free health services. The Medical Social Units and

	treatment in hospitals. It was asked if the DOH could provide free medical services for IPs who have COVID-19.		Malasakit Centers of health facilities may also be approached for medical assistance to indigent IPs.
Referral pathway for health services for IPs	It was asked what the IP should do if the health facility, including isolation area, closest to their home cannot accommodate them as its full capacity has been reached.	IPMR	It was advised to seek treatment or isolation services from another nearby facility in other municipalities. Referral of the health facility may be sought, and there should be LGU to LGU coordination, as prescribed in the DOH-DILG Joint Memorandum Circular for the health service delivery for IPs. It should also be noted that most health facilities have no IP dedicated helpdesk and has no existing referral pathway, based on the health care facility assessment for services to vulnerable groups that the PCERP has conducted.
Access to information on COVID-19 and other health issues	The access of IPs to health information, especially on COVID-19 and vaccines, is limited. The need for further information dissemination and communication with the IP communities was expressed. They asked in which channels the DOH could further communicate with them. It was also suggested to designate an IP focal person per sitio or barangay for dissemination of health information. Some health information in the mainstream media are not in the language used by the IP groups.	NCIP health worker – San Jose Community Service Center IPMR Libungan IPMR Olongapo	The DOH through the Health Promotion Bureau develops health information and campaign materials for COVID-19. The dissemination is through the CHDs and also through LGU. It was recommended to further communicate with the NCIP, IPMR, and IP Leaders to assure that information is disseminate to all communities. For the PCERP, it was reiterated that there is an online feedback form (http://bit.ly/CERPFeedback) and the GRM. The HCF assessment done by PCERP also shows that most information materials are not in the language understood by local and IP communities. The assistance of the CHDs may be sought for translation in the development of appropriate materials. The HEPOs in the CHDs may also assist to laymanize the medical terms. According to the IPMRs, radio is the most effective way of providing health information to IP communities due to the absence of internet connection.
Health care waste	It was asked whether it is proper practice to burn health care waste in	IMPR Camarines Sur	It was clarified that burning of wastes is not allowed based on the Philippine Clean Air Act and other laws of the DENR.

management in health care facilities	health facilities and how to ensure that these wastes will not pose threat to communities especially during collection and transport.		Health care wastes are disinfected as appropriate based on the DOH and DENR guidelines, such as the use of chlorine solution. Proper PPEs should also be used by the waste handlers. Infectious wastes are segregated from general wastes using yellow plastic bags. It is delineated from the municipal wastes in black bags using the yellow color for infectious. Some facilities also practice disposal of wastes by the use of a septic vault in the facility.
COVID-19 vaccination	Issues on the COVID-19 vaccines were raised such as safety of the vaccines and various brands, safety of vaccination for senior citizens and individuals with co-morbidities, access to vaccines considering the distance of health facilities, and the need for support on resources to access vaccines, e.g., organized transportation for IPs.	IPMR Occidental Mindoro, Libungan, Filimon, and others	It was clarified that the COVID-19 vaccines is not part of the scope of this consultation. However, issues on the vaccination had been raised in relation to COVID-19. It was advised that a separate consultation will be conducted by the DOH dedicated for the IP groups.

Annex G. Results and summary of key feedback of the Community Consultation on the Retrofitting and Refurbishing of the Research Institute for Tropical Medicine (RITM) held on 27 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Risk of Coinciding with DOH COVID-19 vaccination activities in 2021	Director Sudiacal of DOH– DPCB queried on the timeline of the construction activities in RITM as it might coincide with the vaccination activities of DOH in the 2nd quarter of 2021. According to Arch. Magbanua, the construction activities might extend until the Q2 of 2021 as the bidding has not yet started.	The RITM will accomplish an ESMP in relation to the possible simultaneous construction and vaccination. The RITM would possibly develop re-routing schemes and designate areas once its

	According to Engr. Calma of the RITM Planning Office, the RITM is considered as a warehouse of the COVID-19 vaccines.	engagement in the vaccination activities has been finalized.
Survey for Community Residents	It was confirmed by the RITM Planning Office that a community survey is needed for the residents of Barangay Alabang, specifically the residents of Pleasant Village and Camella III which are nearby the RITM compound.	DOH– DPCB to request the officials of Barangay Alabang to facilitate the survey which may be done accomplished online or printed questionnaires, in English (Annex F) and Filipino (Annex G) versions.

Annex H. Results and summary of key feedback Retrofitting of the Isolation Rooms of Fourteen (14) Hospitals in the National Capital Region (NCR) held on 28 October 2020

Topic	Discussion	Action Points/ Clarifications/ Key Agreements
Burning of wastes produced in the construction site	It was clarified upon the query of Barangay Central, Quezon City that wastes will not be burned as a disposal method in the construction sites.	
Permits required by LGUs for the construction activities	Ms. Villaluz of the World Bank and Engr. Marayag of the Dr. Jose N. Rodriguez Memorial Hospital reiterated that there is a need for support from the LGUs as regards the securing of permits and clearances for the construction activities.	The Implementation Arrangements of the Project will include the MOA with LGUs for the construction activities. The HFEPMO will be conducting a meeting with the project recipients and other stakeholders regarding this matter.
Public hearing for communities	Representatives of Barangay Bagong Ilog- Pasig City asked if there should be a public hearing for nearby residents.	The Project will be requesting the barangay officials to facilitate the survey to be answered by the barangay residents, preferably those nearby, regarding the environmental and social risks of the minor construction activities.

Annex I. Results and summary of key feedback Building Completion of the Quirino Memorial Medical Center (QMMC) held on 9 February 2021

Topic	Comment/Query	Stakeholder	Response
Number of workers and health protocols	For the completion of the 4th floor of the Phase 9 Building of the QMMC, the number of workers to be deployed in the construction area should be identified, considering the possible influx of workers and the need for observance of physical distancing, in compliance with minimum public health standards.	Quirino Memorial Medical Center-Engineering Department	According to the HFEP Central Office, the number of workers cannot be determined at this point and it will depend on the number to be deployed by the contractor.
Housing of the construction workers	Based on the number of construction workers, it should be determined if the workers will be housed inside the QMMC premises or not.	Quirino Memorial Medical Center-Engineering Department	In the latest DPWH guidelines for the COVID-10 pandemic, transient accommodation should be provided for the construction workers. The QMMC will find a suitable location in their facility to house the workers. This will be discussed with the contractor and the HFEP.

Annex J. Results and summary of key feedback of the Townhall Consultation with Indigenous Peoples conducted by the DOH HPB last 16 March 2021

Stakeholder Query/Comment	Respondent	Response
Is it necessary that same brand of vaccine that we are going to use for the 1st and 2nd dose?	Philippine Society for Microbiology and Infectious Diseases	Yes, it is recommended that we take the same brand. Reason being, there is no study that involves intermixing different brands of the vaccine.
How old is the target age (for vaccines)?	Philippine Society for Microbiology and Infectious Diseases	Target population for the vaccines is 18 years old and above. That is the reason why we give them to adults. Even 60, 70 or 80 years old will also be given the vaccine.

Any comment on the numerous EU countries that suspended the use of the Astrazeneca due to the blood clotting side effects and death?	DOH	FDA clarified with Astrazeneca that the ones that were deployed to the EU countries have a different batch or lot number. It is not the same batch that we will be getting from Astra right now. It is a different batch was deployed in those EU countries.
I have allergies. Is there a specific brand that cannot trigger anaphylactic shock?	Philippine Society for Microbiology and Infectious Diseases	Even if you have a lot of allergies, you can still accept the vaccine. Unless you are proven to have an allergic reaction to the specific components of the vaccines. You can still get the vaccine, but what will happen is you would be closely monitored after you receive the vaccine.
What would the action be if you started to have symptoms after receiving the vaccine?	DOH	Before leaving the vaccination site, you will be advised on the specific signs and symptoms to watch out for. And if you start having those symptoms, you will be informed of where to go and who to call. Even if they are minor, you are supposed to report this. In case you need medical attention, you will be referred to a proper facility for proper management.
Is the vaccine safe for breastfeeding women and what are the side effects?	Philippine Society for Microbiology and Infectious Diseases	There's no specific study with the vaccine per se with pregnant women. But there are recommendations that pregnant women still get vaccinated with consent. Reason being, there would still be more benefits to getting vaccinated. Antibodies could be transferred to the babies. They are usually asked to sign a waiver.
How long will the protection from the vaccine last for?	Philippine Society for Microbiology and Infectious Diseases	That is unknown to this point. We are still waiting for data that would specifically tell us on how long the antibodies would last.
There is news that we would have to be vaccinated for COVID every year. Is this true?	Philippine Society for Microbiology and Infectious Diseases	There is a possibility. But as of now, we don't know yet. We don't know yet on how long the antibodies would last. There are data that suggests that it would be like a flu vaccine, that would be annually.
Will you get the protection from the COVID-19 right after the vaccine? Or after a few more days?	Philippine Society for Microbiology and Infectious Diseases	Average it would take 15 days before you start forming antibodies from the vaccination. Chances for your protection will increase as the days go by and you receive your booster shot.
Can a recipient choose on what brand of vaccine he/she want? Or will they	DOH	The vaccination is not mandatory. But we are doing everything we can to convince people to get vaccinated to enable herd immunity. Target is 75% of the population.

just have to settle for whatever is available?		Yes, you can turn down a specific vaccine, but you will now be included on the next round of vaccines.
Is it safe to get the COVID vaccine with other vaccines like the flu vaccines or pneumonia vaccines?	Philippine Society for Microbiology and Infectious Diseases	There are no studies on whether it is safe, or not safe yet.
On co-morbidities. What would be the side effects to those with co-morbidities?	Philippine Society for Microbiology and Infectious Diseases	It would be highly encouraged for those with co-morbidities to take the vaccine. Reason being, studies show with those with diabetes or hypertension who got infected with the virus, their symptoms are more severe. You would benefit from it, and there's no documented side effects.
If you tested positive for COVID, when can you get vaccinated for it? Will you have to wait after 14 days of quarantine?	Philippine Society for Microbiology and Infectious Diseases	If you're a patient who got infected by COVID, you could wait for up to 90 days to get vaccinated. But if you wish to get vaccinated to be earlier, you may do so. Provided, that you are recovered from the COVID-19 virus.
Profiling & masterlisting. For the prioritization of the vaccines, what category does the IP fall under?	DOH	The IP is under the prioritization group B.4. Socio-demographic groups at significant higher risks. When can they get vaccinated? Focus is on the 3rd quarter, where millions of doses will come. It will be the local government unit who will initiate the vaccination of our IP groups.
Do all the suppliers of the COVID vaccine have the same elements? What are the elements of the COVID-19 vaccine?	Philippine Society for Microbiology and Infectious Diseases	There are different platforms of vaccine. There are those who use vector like Astrazeneca so it uses a viral vector. There are also inactivated virus like Sinovac. There are different platforms, but they all have the same goal.
What about for those undergoing dialysis treatment? Can they still get vaccinated?	Philippine Society for Microbiology and Infectious Diseases	You can still take the vaccine even if you are undergoing dialysis treatment.
Regarding the role of NCIP on information dissemination.	Philippine Society for Microbiology and Infectious Diseases	DOH: Besides the NCIP advocating for our IPs to get vaccinated, aside from them helping us disseminate information, the team is composed of 6-8 members. They can also volunteer as part of the vaccination team to take on several roles.

May we know the difference between Philippine variant and UK or Brazil or African variants?	Philippine Society for Microbiology and Infectious Diseases	Studies nowadays are on their behavior. The UK variant is more infectious. Regarding the effectiveness of the vaccines on them, there are still ongoing studies. Some of the vaccines may still provide some amount of protection against these variants.
Do we already have an initial report on the healthcare workers injected with the vaccine?	DOH	We already have data, but they are still incomplete. The immunization program we have is government facilities. We cannot divulge that information yet, since they are still incomplete.
Is there an active anti-vaxxers campaign in the Philippines?	Philippine Society for Microbiology and Infectious Diseases	I think the campaign is not directly attacking the anti-vaxxers. This campaign is trying to correct misinformation and set the facts straight as well as encouraging people to take the vaccine. In the hopes of when the anti-vaxxers hear this, they would eventually become advocates for vaccines as well.

Annex K. Grievance resolution process of grievances within the jurisdiction of the DOH as described in DOH Administrative Order no. 2015-0048 – Revised Procedures on Handling Administrative Disciplinarv Complaints in the Department of Health

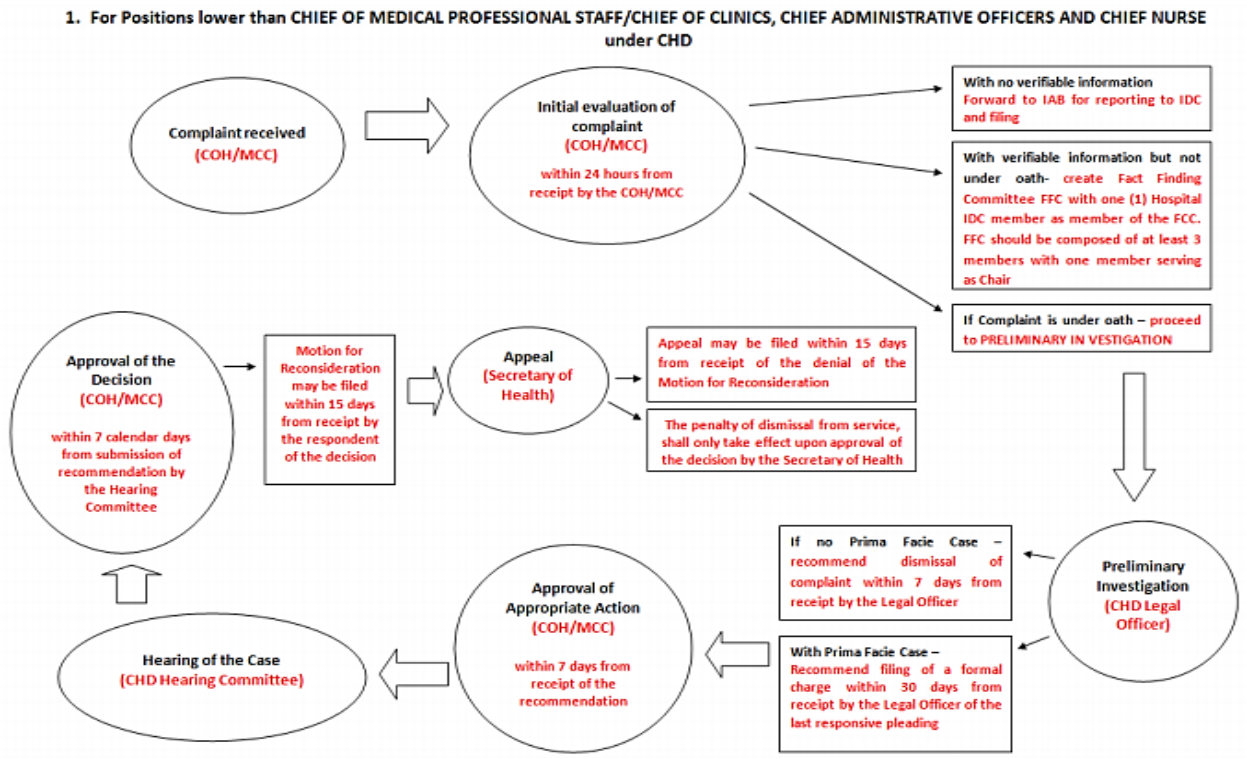


Figure A. Grievance Resolution Process for Complaints Against the Personnel with Rank Lower than the Chief Departments under DOH CHDs

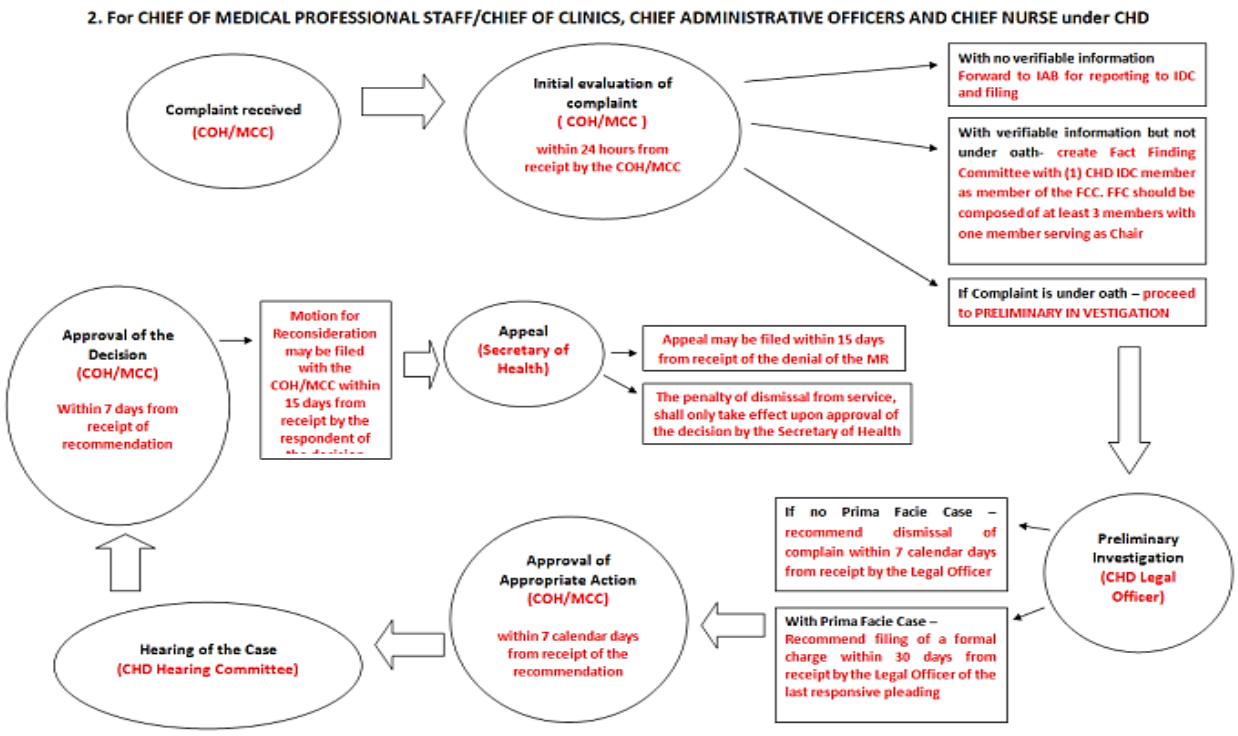


Figure B. Grievance Resolution Process for Complaints Against the Chief of Departments under DOH CHDs

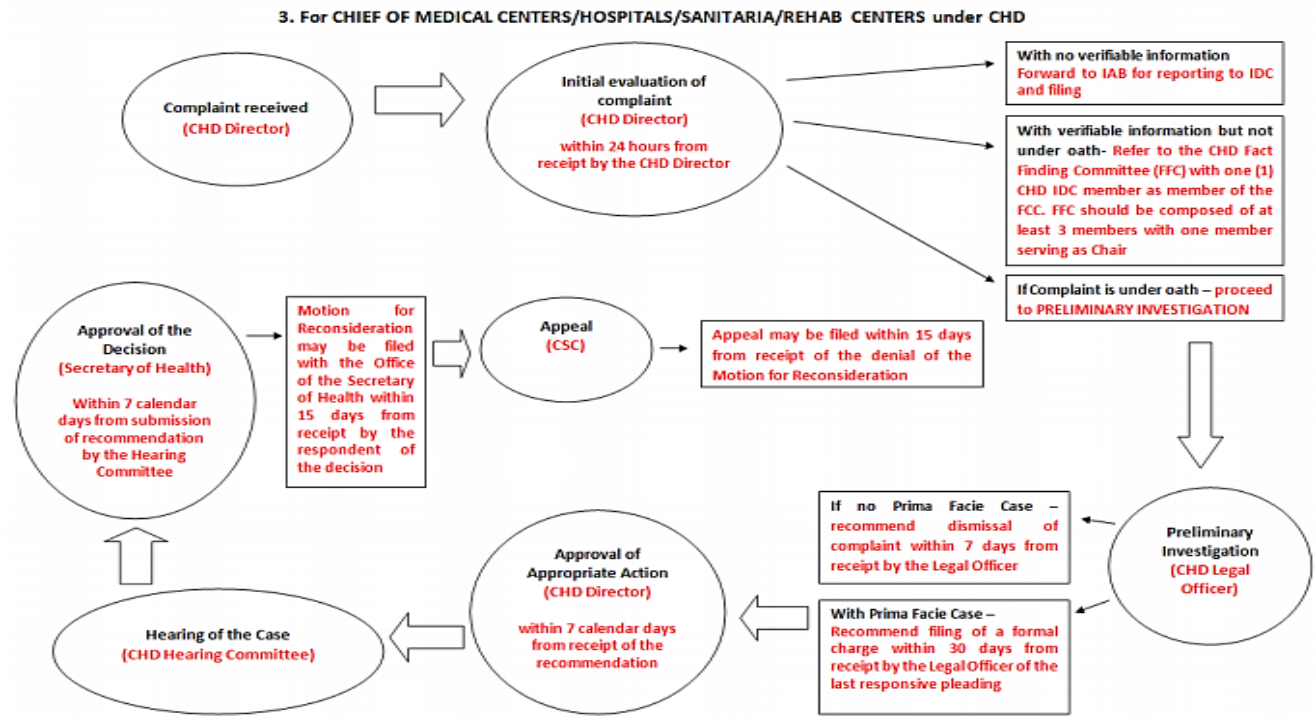


Figure C. Grievance Resolution Process for Complaints Against the Chief of Health Facility under DOH CHDs

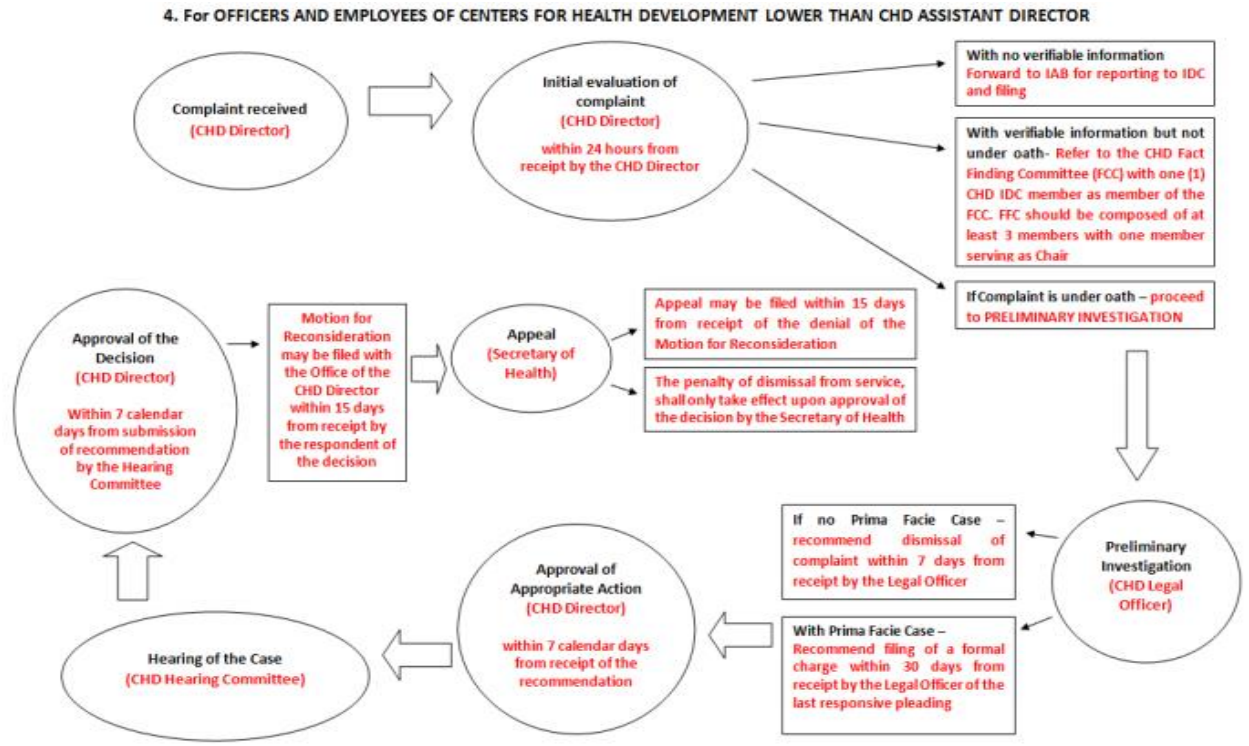


Figure D. Grievance Resolution Process for Complaints Against Personnel with Rank Less than the Assistant Director under DOH CHDs

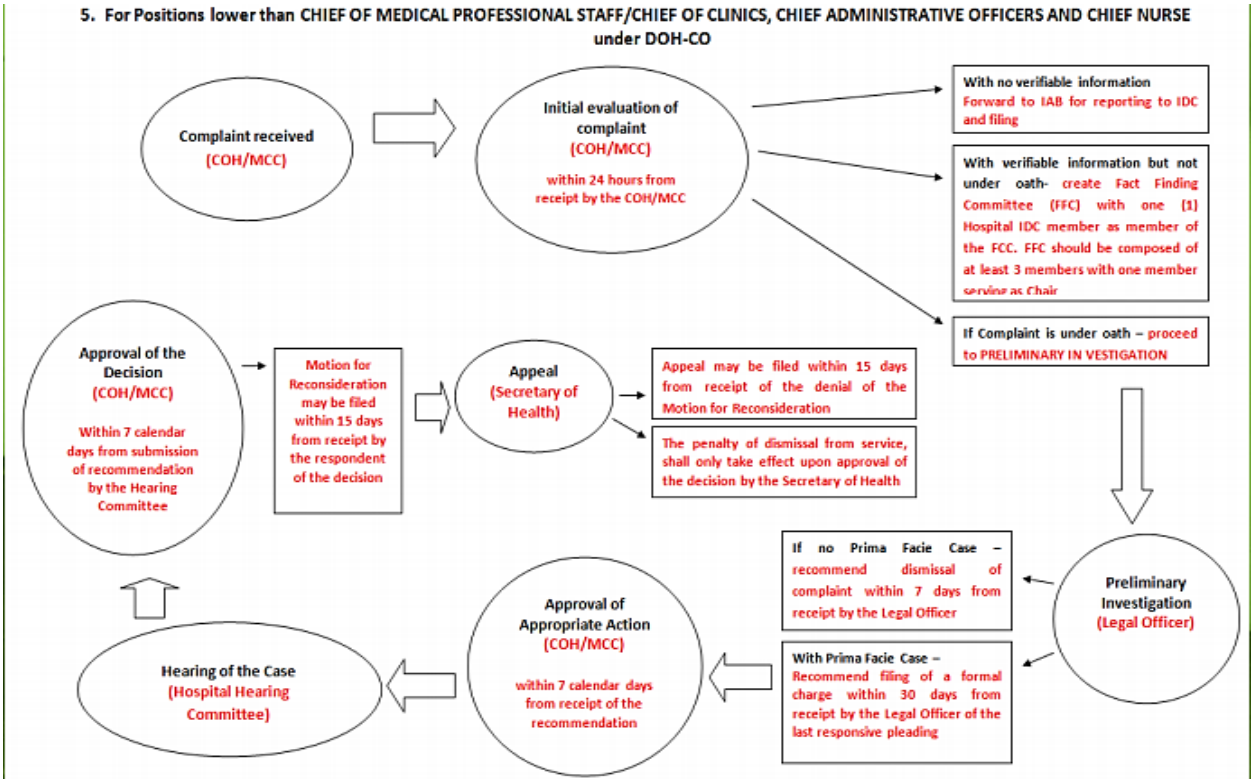


Figure E. Grievance Resolution Process for Complaints Against the Personnel with Rank Lower than the Chief Departments under DOH Central Office

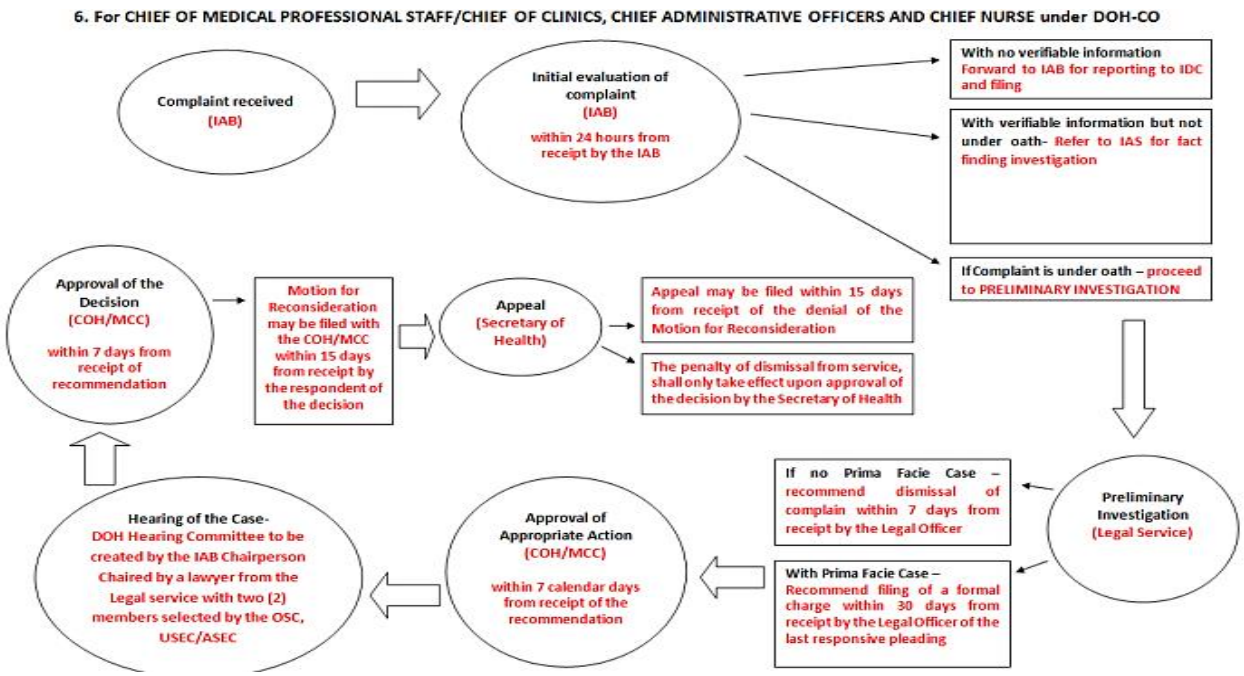


Figure F. Grievance Resolution Process for Complaints Against the Chief Departments under DOH Central Office

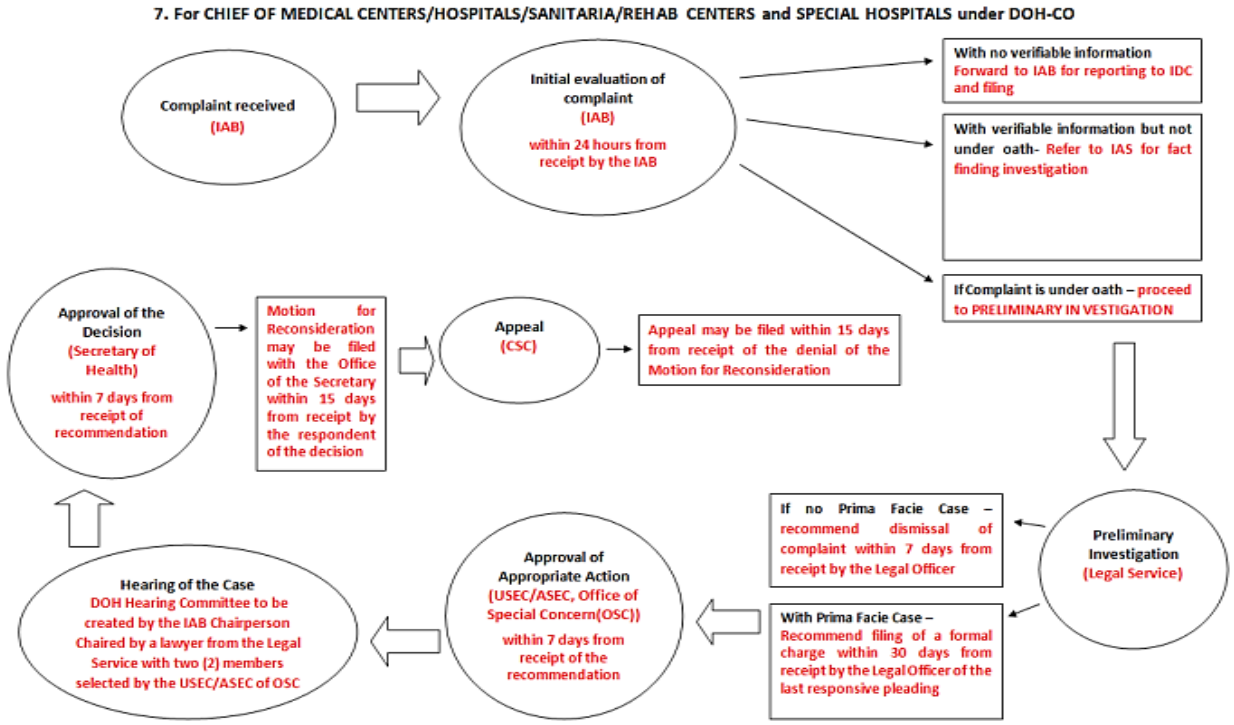


Figure G. Grievance Resolution Process for Complaints Against the Chief of Health Facility under DOH Central Office

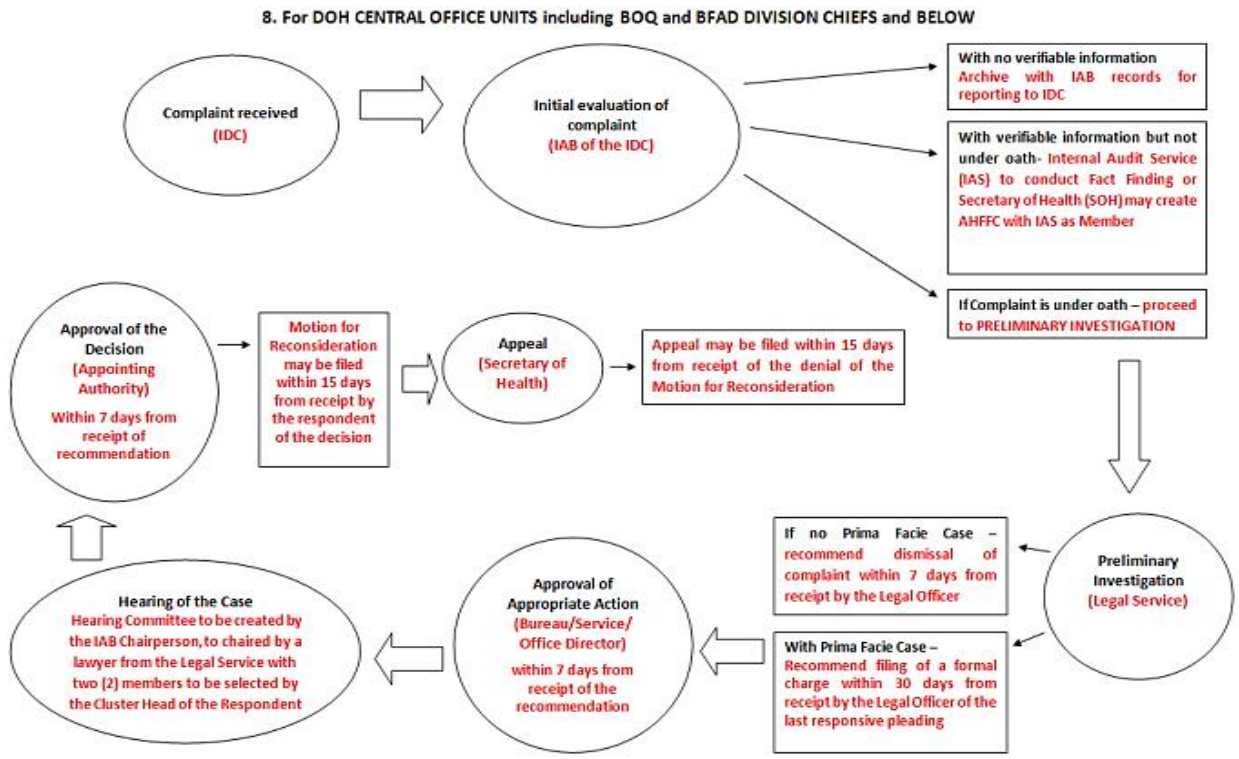


Figure H. Grievance Resolution Process for Complaints Against the Rank of Division Chief and Below under DOH Central Office and Attached Offices

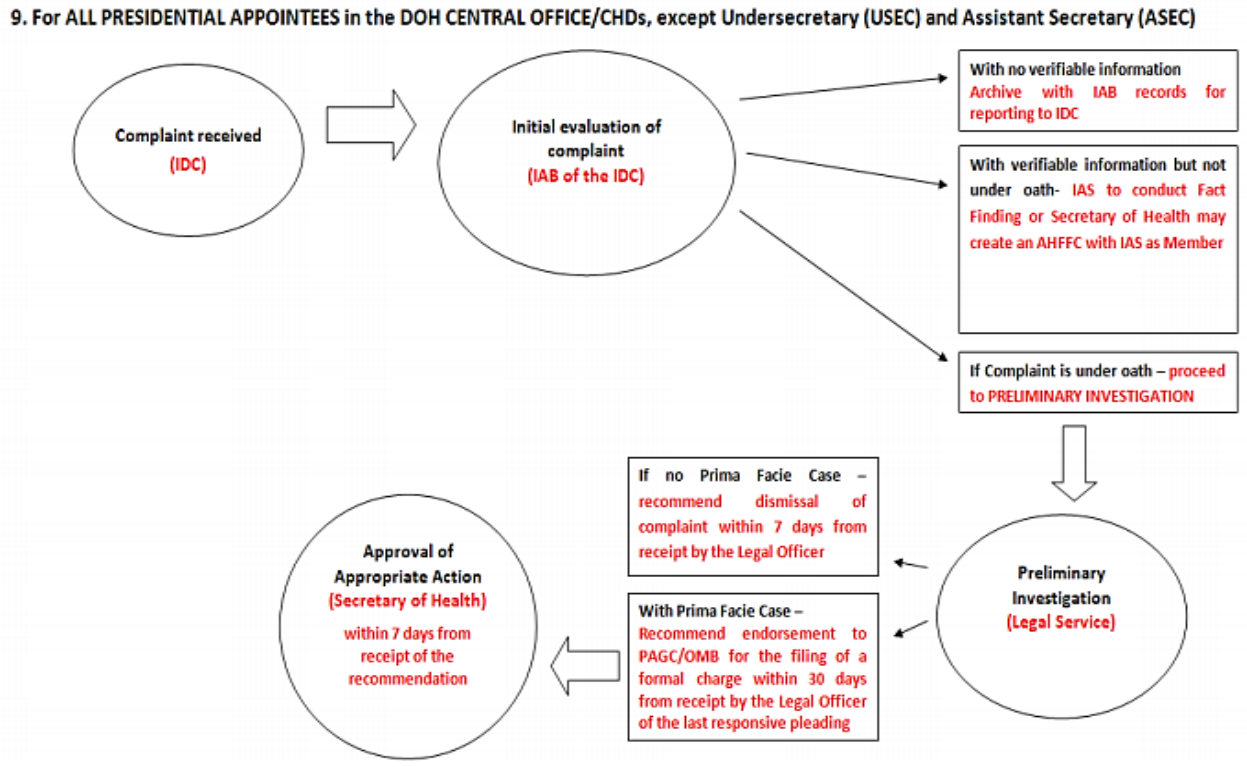


Figure I. Grievance Resolution Process for Complaints Against All Presidential Appointees in the DOH except Undersecretaries and Assistant Secretaries

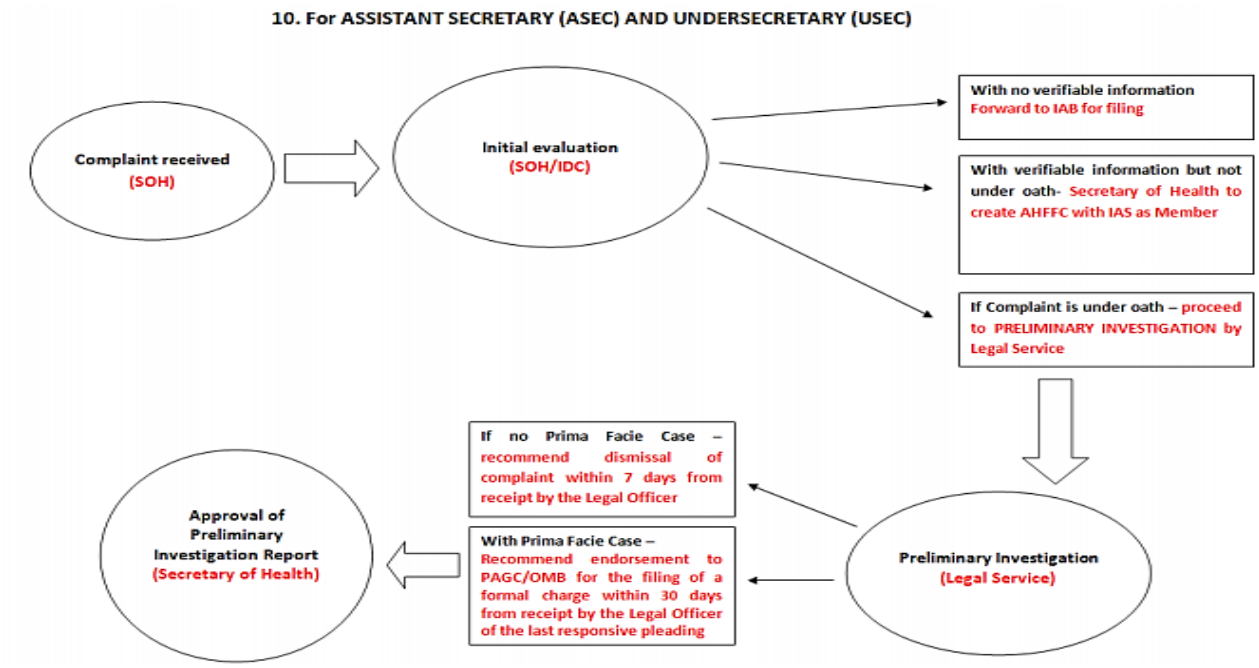
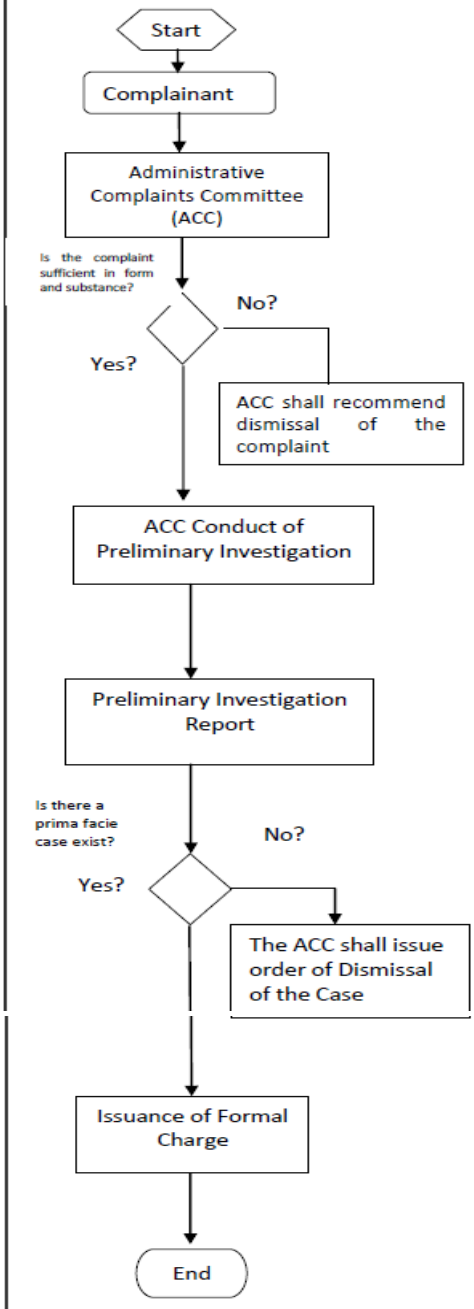


Figure J. Grievance Resolution Process for Complaints Against Undersecretaries and Assistant Secretaries

Annex L. Grievance Resolution Process for DOLE- Related Cases

Rules and Procedures in Filing Complaints And Cases in DOLE

Facts	Procedures	Timeline
Who May Initiate a Complaint? Any person can file a complaint provided however that the complaint is in writing, subscribed and sworn to by the complainant otherwise the same shall not be given due course **Requisites of a Valid Complaint** a) full name and address of the complainant; b) full name and address of the person/s complained of as well as the latter's position and office/s; c) a narration of the relevant and material facts which shows the acts or omissions allegedly committed; d) certified true copies of documentary evidence and affidavits of witnesses, if any; and e) Certification or statement of non-forum shopping. *Note: No anonymous complaint shall be entertained unless there is obvious truth or merit to the allegations therein or supported by documentary or direct evidence, in which case the person complained of may be required to comment* ***When and where to File a Complaint.*** - A complaint may be filed anytime during office hours with the Office of the Secretary, or any of the Regional Offices or Attached Agencies having jurisdiction over the official or employee complained of. Note: • If jurisdiction to investigate properly belongs to another office or duly constituted committee within DOLE, the ACC shall immediately refer the complaint to the appropriate office or committee. • If the complaint is against a presidential appointee, the ACC shall recommend to the disciplining authority the referral or endorsement of the same to the Office of the President. • If the complaint alleges acts that are purely personal on the part of the complainant and the person complained of, and there is no apparent injury to the government, the same may be subject to settlement pursuant to the guidelines provided under Section 70 of this Rules. • In case of anonymous complaints, the ACC shall evaluate the allegations based on pertinent official records and documents. If the allegations are not based on facts, the anonymous complaint shall not be given due course and the ACC shall recommend to the disciplining authority the closure or archiving of the complaint. • If the complaint cites acts or omissions that constitute purely a criminal offense under penal laws and rules, the ACC shall recommend to the disciplining authority the immediate referral of the same to the OFFICE of the ombudsman. However, if the complaint cites both administrative and criminal infractions, the administrative investigation shall proceed and shall be completed first before referring to the Office of the Ombudsman the criminal counterpart as established during the investigation.	 For your comments, suggestions and complaints Please call our Public Assistance and Complaints Unit (PACU) at tel. No. (043)288-2078/2080	The ACC, within five (5) days from receipt, shall evaluate whether the complaint is sufficient in form and substance. The ACC shall issue a Notice to Comment within three (3) days, requiring the person complained of to submit a notarized or sworn comment/counter-affidavit on the acts or omissions complained of. The ACC shall commence the preliminary investigation not later than eight (8) days from its receipt of the complaint, and shall be terminated within thirty (30) days from receipt of the comment/counter-affidavit. Within ten (10) days from the termination of the preliminary investigation, the ACC shall submit to the disciplining authority the Preliminary Investigation Report with recommendation together with the complete records of the case. The Formal Charge shall contain a specification of the charge (s), a brief statement of material or relevant facts, a directive to answer the charge (s) in writing under oath not later than seven (7) days from receipt thereof, an advice for the respondent to indicate in his/her answer whether or not he/she elects a formal investigation of the charge (s), and a notice that he/she is entitled to be assisted by a counsel of his/her choice.

Annex M. Grievance Monitoring Forms and Online Dashboard

Monitoring of Grievances

Grievances received within the month will be recorded in this form. Each grievance received will be counted as one item in the monitoring.

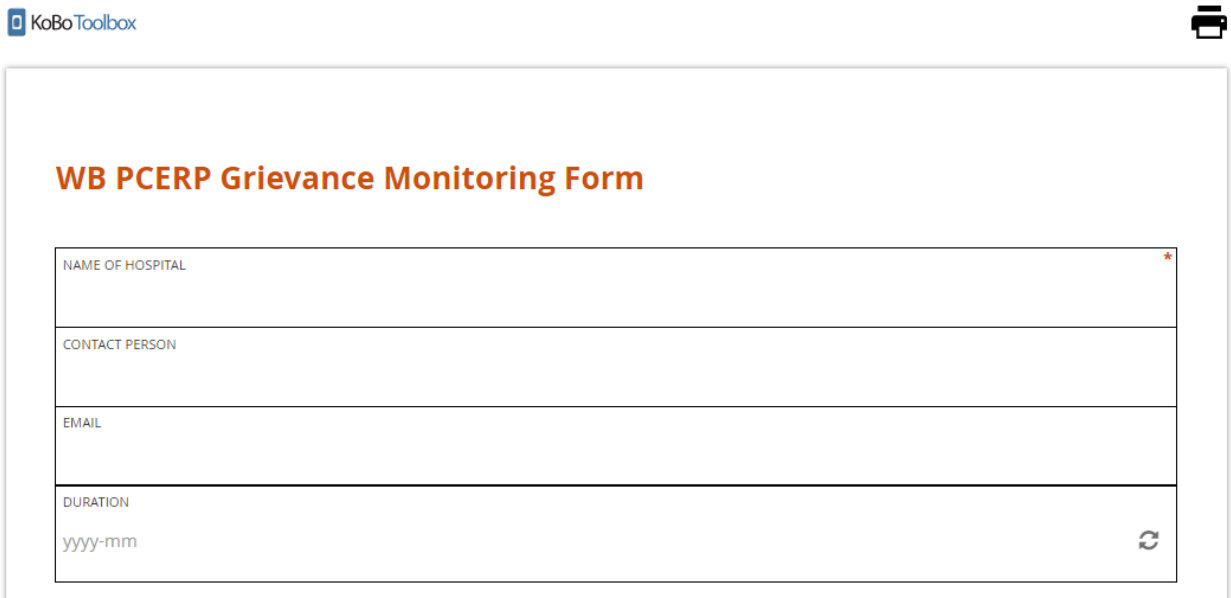
Grievance Description	Grievance Proponent	Date Received	Level at which Grievance was Received (facility/ LGU/regional/ national)	Stakeholders Involved	Status (resolved/ pending)	Next Steps			Level at which Grievance was Resolved (facility/ LGU/regional / national)
						Action Taken	In-Charge	Timeline	

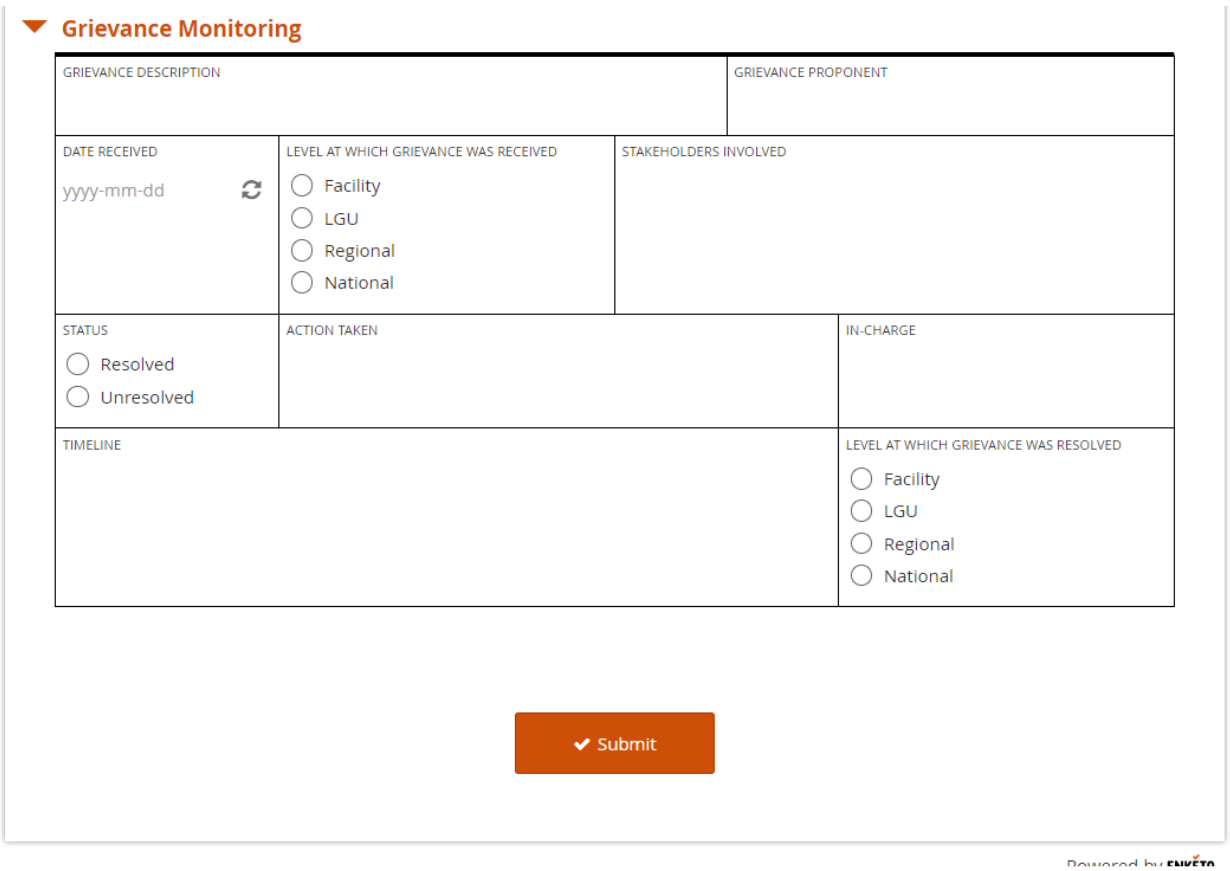
Note: Grievance proponent may or may not provide personal details

Monitoring of Grievance Resolution

No. of Grievances Received	No. of Grievances Resolved	Percentage of Grievances Resolved (No. of Grievances Resolved / No. of Grievances Received)

Health Care Facility (Project Recipient) GRM Monitoring Dashboard
(https://ee.kobotoolbox.org/single/GairVkZg)





The same monitoring mechanism will be observed for the Contractor's Personnel Grievance Redress Mechanism for the civil works components monthly:

Monitoring of Grievances

Grievance Description	Grievance Proponent	Date Received	Stakeholders Involved	Status	Next Steps		
					Action to be Taken	In-Charge	Timeline

Monitoring of Grievance Resolution

No. of Grievances Received	No. of Grievances Resolved	Percentage of Grievances Resolved (No. of Grievances Resolved / No. of Grievances Received)