G-Watch Report on the State of Vaccination in the Philippines

Government Watch Philippines
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Photos: From G-Watch accountability frontliners who did site observation of the vaccination operation centers in their localities.

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Background and Overview

When COVID-19 hit in early 2020, the world came to a near-halt. COVID-19 turned the world upside down, causing one of the biggest blows in human history. Hence, when the news of a vaccine came late last year, it ignited hope across humanity. Immediately, governments have started rolling out vaccination efforts to put up a better fight against COVID-19. But there’s the rub. For humanity’s new hope to truly bring victory over COVID-19, it needs to rely on one of the most flawed human inventions: governments.

Government Watch (G-Watch) is an independent citizen action and research for accountability that aims to contribute to the deepening of democracy through political reform and citizen empowerment. G-Watch has two decades of experience in citizen monitoring and action research on transparency, participation and accountability (TPA).

G-Watch has been undertaking a multi-level monitoring of citizen entitlements under the government’s COVID-19 response. G-Watch has earlier released reports¹ on its monitoring of citizen entitlements under the Social Amelioration Program. With intensified focus on vaccination, G-Watch is looking into its corollary citizen entitlements. Earlier this year, G-Watch had a nationwide awareness-raising campaign on the importance of vaccine accountability.²

This report presents G-Watch’s multi-level scanning of the state of implementation of the government’s COVID-19 vaccination program at the national and local levels within the first few months of the rollout. While there have been status reports of aggregated data at the national level, there has been a gap of consolidated independent information on what is happening in the vaccination efforts on the ground. This G-Watch report aims to show the multi-level dynamics of the implementation of the vaccination that involves international, national and local policy actors and the stake of ordinary citizens who are ultimately affected by the program.

Through news and policy monitoring conducted by the G-Watch Center at the national level and site observations and interviews conducted by G-Watch accountability frontliners in seven G-Watch local sites, the report presents a more thorough picture of the ongoing vaccination efforts in the Philippines, including the key issues and concerns at the level of the citizens that authorities need to more closely look into in the next phases of the vaccination. The field monitoring included checking of government compliance to selected critical citizen entitlements listed in the G-Watch’s Citizen Entitlement Map 2.0 on government vaccination.³

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The report has two main parts: the national vaccination status, which also presents the budget for the vaccination program; and the state of local vaccination efforts, which covers local plans, targets, extent of vaccination and level of compliance to citizen entitlements based on G-Watch’s local data-gathering. There are also additional sections that compare vaccine procurements by national and local governments, vaccine brands and state of access to information and other emerging issues and concerns. Key findings and conclusions are recapped and summarized at the end of the report.

**National Vaccination Status**

The target of the Philippine government is to vaccinate 63% of the Philippine population—or approximately 70 million out of 110 million Filipinos—by the end of 2021. The goal is to achieve ‘herd immunity’ before Christmas, according to vaccine czar Carlito Galvez Jr.⁴

If all goes well, by 2022, the Philippines should also have vaccinated an additional 42 million Filipinos out of the 112 million projected population that year, according to the Philippine National Deployment and Vaccination Plan (NDVP).⁵ And in that same year, people aged 16 years old and below should also have been vaccinated. By 2023, an additional two million people including newborns should have been vaccinated, completing 100% of the projected 114 million population.

Despite previous government claims that the country is ahead of its neighbors in its vaccination targets, the Philippines is actually lagging behind them, and is in second to the last place compared to the progress of other ASEAN countries in the implementation of their vaccine rollouts. Preliminary data from independent civil society trackers detail the Philippines’ slow progress in vaccination.

For example, data crunched from the Department of Health (DOH) by herdimmunity.ph—a website managed by Hacktibista, which provides online tools and resources for activism—show that only approximately 1.2 million Filipinos (or 1.09% of the population) have been fully vaccinated as of June 2, 2021. According to the DOH Town Hall Session as of the same date, this includes fully vaccinated individuals from the following priority populations: workers in frontline health services (689,992); senior citizens (257,812); individuals with comorbidity (293,600); and frontline personnel in essential sectors (3,178).

At this rate, this means it will take 2.6 years (or until December 2023) to vaccinate 70 million Filipinos and achieve herd immunity. To reach the Christmas 2021 deadline, the Philippines will need to speed up vaccination by 4.6 times the current rate, according to herdimmunity.ph.

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⁵ Accessible here: https://doh.gov.ph/node/27220.
The tight supply, however, has forced authorities to revise its targets,\(^6\) at least until supplies pick up. On May 27, the DOH has stated it aims for “population protection” while waiting for more vaccines intended for achieving herd immunity.

To achieve its vaccination goals, the NDVP is the government’s tool to bring together “all national agencies, local government counterparts, as well as partners in the private sector and civil society,” according to Health Secretary Francisco Duque III. The vaccination program is supposed to take a “whole-of-system, whole-of-government, whole-of-society approach,” to ensure the program delivers safe, effective, and accessible vaccines for Filipinos.

But how does this “whole-of-system, whole-of-government, and whole-of-society” approach work?

Led by vaccine czar Galvez, the COVID-19 Vaccine Cluster is the national organizational structure that serves as the “unified command, control, coordination, communication, and cooperation mechanism that ensures the procurement, deployment of COVID-19 vaccine and the vaccination of identified eligible populations.” The COVID-19 Vaccine Cluster is complemented by an Incident

Command System (ICS), which is supported by the COVID-19 Vaccine Operations Center (VOC), established at the following levels:

1. National COVID-19 Vaccination Operations Center (headed by the Vaccine Cluster Chair)
2. Regional COVID-19 Vaccination Operations Centers (led by the Centers for Health Development with the participation of other government agencies and the Regional Task Forces Against COVID-19)
3. Local COVID-19 Vaccination Operations Centers (led by local government units or LGUs)

Provincial Vaccination Operations Centers are also established to oversee the Municipal and City Vaccination Operations Center (component cities).

According to the NDVP, all vaccination activities shall be conducted with the knowledge and guidance of DOH, coordinated with the DOH, and shall follow DOH policies and guidelines.

The 137-page comprehensive plan, accessible from the DOH website, lays the foundation for the Philippines’ vaccination targets and goals. Implementing this program is divided into three phases, as enumerated in detail in the NDVP: 1) the pre-implementation phase, where preparations for the actual vaccination activity are carried out, 2) the implementation phase or the actual vaccine administration schedule, 3) the post-implementation phase, where all activities and reports to conclude a certain round are completed.

While the national vaccination plan has an extensive guide on data management, government monitoring and reporting (from determining the eligible population to those who experienced adverse effects after the administration of the vaccine), its social accountability component is weak, if not at all absent. Proactive disclosure of information is not explicit. There are no clear and well-supported mechanisms for participation of citizens, especially in ensuring the accountability of the program. The design does not include a grievance redress system that people could use for any complaints and/or feedback about the implementation of the program.

The plan’s risk assessment also misses crucial governance challenges of elite capture, corruption, red tape and patronage politics crucial to be addressed or mitigated. Leadership and political priorities are other factors not taken into account. These aspects of governance are crucial because a good plan is one, but effective implementation that observes citizen entitlements is another. These gaps and flaws in the plan put to serious question whether it will be successful in achieving its vaccination targets that are crucial to the country’s fight against COVID.

**Vaccination Budget and Loans**

As of the writing of this report, the reported total budget of the Philippine government for its vaccination program is Php85 billion.⁷

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Out of the Php85 billion vaccination budget, Php15 billion or 18% of the total vaccination budget is from the national government sourced out as follows:

- Php2.5 billion - from DOH 2021 budget;
- Php10 billion - from Bayanihan 2; and
- Php2.5 billion - charged to 2021 contingency fund.

Php70 billion or 82% of the total vaccination budget is from lending institutions and official development assistance (ODA) sourced out as follows:

- Php11.6 billion - financed by savings and other arrangements with the Philippines’ bilateral or multilateral partners through Official Development Assistance (ODA)
- Php58.4 billion ($1.2 billion) - from lending institutions as presented in the table below.

### Table 1: Vaccination Loans

<table>
<thead>
<tr>
<th>Lending institution</th>
<th>Amount of loan</th>
<th>Title of Loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Development Bank (ADB)</td>
<td>$400 million</td>
<td>Asia Pacific Vaccine Access Facility (APVAX)</td>
</tr>
<tr>
<td>Asian Development Bank (ADB)</td>
<td>$25 million</td>
<td>From the $125 million Health System Enhancement to Address and Limit COVID-19 project[^10]</td>
</tr>
<tr>
<td>Asian Infrastructure Investment Bank (AIIB)</td>
<td>$300 million</td>
<td>Asia Pacific Vaccine Access Facility (APVAX): co-financer</td>
</tr>
</tbody>
</table>

Of the Php 85 billion vaccination budget, Php 72.5 billion (85%) is said to be used to buy vaccines. While Php 12.5 billion (15%) will be used for ancillary and logistical purposes.

With 82% of the total vaccination budget of Php 85 billion coming from loans and ODAs, it shows how dependent is the country’s vaccination on external financing. This could also mean that the

priorities for the regular budget has not be realigned to respond to the pandemic, as some analysts would say about the current national budget.\textsuperscript{11}

### State of Local Vaccination Efforts

G-Watch conducted a quick scan of activities covering the pre-implementation and implementation phase from March to April 2021. The scan was conducted through a questionnaire administered by G-Watch accountability frontliners. Part of the questionnaire were selected citizen entitlements that G-Watch accountability frontliners checked with those who already received the vaccine. The idea was to see the progress of vaccination at the local level during the earlier stage of implementation, with focus on whether prescribed citizen entitlements have been observed, to know if there are ongoing progress across localities in the country and what are the emerging issues and concerns on the ground.

The table below summarizes relevant data as of April 2021, to provide an overview of the progress of vaccination efforts in each specific locality. It shows that vaccination at the local level is progress across regions in the country, including in Muslim Mindanao, but at a very slow pace.

<table>
<thead>
<tr>
<th>LGU</th>
<th>Vaccine supply</th>
<th>Vaccinated individuals (includes both first dose and second dose vaccinations)</th>
<th>Projected population as of July 2021</th>
<th>Vaccines from national/regional/provincial gov’t?</th>
<th>Vaccines from local gov’t?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cebu City</td>
<td>4,660 vials (nat’l)</td>
<td>7,817</td>
<td>978,031</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Puerto Princesa</td>
<td>6,184 vials or 7,444 dosages (nat’l) 200,000 vials (locally procured)</td>
<td>5,952</td>
<td>288,473</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Samal</td>
<td>194</td>
<td>1,760</td>
<td>110,182</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

\textsuperscript{11} Punongbayan, JC et. al. (January 15, 2021). In 2021 budget, Duterte funds dubious infra projects, not vaccines. Rappler. \url{https://www.rappler.com/voices/thought-leaders/analysis-2021-budget-duterte-funds-dubious-infra-projects-not-vaccines}. In this article, Punongbayan et.al. concludes that the General Appropriations Act "is not pandemic budget," with 58% increase in the budget for infrastructure projects while only Php2.5 billion has been allotted for vaccines.

\textsuperscript{12} This is unofficial and based on the data gathered by G-Watchers through interviews with local authorities.
Local Vaccination Plans and Targets

As stated in the NVDP, all LGUs (especially cities and municipalities) are required to establish a Vaccination Operation Center (VOC) and conduct a master-listing of the eligible population, vaccination workforce and sites; microplanning; and mapping of the vaccination workforce.

A quick scan of local G-Watch sites, including Cebu City, Puerto Princesa (Palawan), Samal (Davao del Norte), Bacolod (Negros Occidental), Sibagat (Agusan del Sur), Marawi (Lanao del Sur), and Maasin (Southern Leyte), showed that almost all these LGUs have local vaccination plans, which have been approved by the DOH. The exception is Marawi where local efforts were planned at the provincial level.

In Cebu City, the plan is “vaccination by prioritization,” which started on March 24, 2021. The LGU targets to open 6 to 10 vaccination sites, and has opened three of them as of to date. Locals may pre-register for vaccination online (which, however, presents issues for those with no internet access), with information disseminated through pamphlets handed out by barangay healthcare workers and posters.

In Bacolod, the local chief executive formed the Bacolod City Vaccination Council in December 2020. In Marawi, planning for local vaccination efforts was conducted by the provincial IATF-Lanao Del Sur.

The target population for vaccination in G-Watch local sites varies, and it is unclear what the local timelines are for vaccination, given supply issues from the national government. Thus, at the local
level, vaccination targets seem fluid and dependent on the movement of national targets. Among the G-Watch sites that have been scanned, at least two sites have procured their own vaccines, but these have yet to arrive and be administered to the population.

In any instance, G-Watch Cebu reports that it is “highly expected” that 100% of their population will be vaccinated. In Samal, Bacolod, and Marawi, the target roughly follows the national government target, ranging from 60% to 80% of the local population.

For Puerto Princesa, the target is 210,000 of the 288,473 projected population. In contrast, in Sibagat, the local G-Watch core leader reports that the target is 8,000 out of the 31,234 projected population. In Maasin, the target is 53,000 out of the 90,714 projected population.

The projected population statistics used here are as of July 2021, and are based from the 2015 population census conducted by the Philippine Statistics Authority.¹³

**Date of Rollout and Extent of Vaccination**

Vaccination efforts in the G-Watch sites included in this scan mostly started in March 2021. While individuals may receive vaccines from national, provincial, and local sources, data on the administration of vaccines to individuals is not aggregated based on these sources.

In Cebu, the local G-Watch leader reported that 7,817 (out of 978,031 projected population or 0.8%) have been vaccinated of at least first dose as of late April—but this is based only on the number of vaccines received (and not actually administered) and may actually vary.

Puerto Princesa, as of April 28, has administered at least one dose to 5,952 people (or 2% of the 288,473 projected population).

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In Samal, 1,760 have been vaccinated, including 99 who are now fully vaccinated (or 1.6% of the 110,182 projected population) as of April 29.

Bacolod has vaccinated (at least one dose) approximately 3,000 frontliners (or 0.5% of the 611,261 projected population) as of April.

Three hundred (300) individuals have been vaccinated with at least one dose in Sibagat (or 1% of the 31,234 projected population) as of April.

In Marawi, 9,588 have been vaccinated from the priority groups of at least one dose (or 4.4% of the 215,774 projected population) as of April.

Maasin has administered first doses to 2,098 individuals, with 109 receiving the second dose and being fully vaccinated (or 2.3%/ 0.1% of 90,714 of the projected population) as of April.

Overall, the extent of vaccination in the seven sites that G-Watch has scanned so far ranges from 0.1% to 4.4% of the localities' total population by end of April. This means that some localities are progressing faster with their vaccination more than the others, with completion of the second dose at a very slow pace consistently across localities.

**Level of Compliance to Citizen Entitlements**

Interviewing 21 of those who have already received the vaccine (3 respondents each in 7 localities), the following citizen entitlements are said to have been consistently complied with in the local implementation of the vaccination program:

- Receive accurate, clear, concise, and up-to-date information about each vaccine product, and the vaccination program in a manner that is comprehensible to the person about the nature, purpose, benefits and risks of vaccination.
- Participate in the master-listing by LGU (through online or offline means, depending on the LGU).
- Receive information about the COVID-19 Vaccine - what it is, how it protects, administration, and possible side effects.
- Have the opportunity to ask questions and to discuss any fears that they may have around vaccination.
- Be able to undergo screening (history taking, physical examination) before vaccine administration.
- Have vital signs monitored every 15 minutes for 30 minutes to one hour post-vaccination.
- Receive information on possible adverse reactions during the observation period, as well as information on existing procedures and protocols in identifying and reporting AEFIs (adverse effect following immunization), especially serious cases.
- Receive schedule for 2nd dose.
- Receive the appropriate healthcare and financial support to vaccine recipients who experience AEFIs.
Meanwhile, there were reports of non-compliance to the following citizen entitlements:

- Access to information on (a) Approval process related to the vaccine’s market authorization, including testing and limitations of testing; (b) Licensing; (c) Any new component or technology that has not been licensed or used previously; (d) Post-marketing analysis by the relevant regulatory agencies; (e) How and where to report side effects—a phone number will be included; (f) How to alleviate possible symptoms arising from vaccination.
- Receive a vaccination date and time schedule, and an immunization card with a QR code prior to vaccination.
- Provided means of transportation.
- Receive instructions on post-vaccination care.
- Be able to report signs and symptoms of adverse reactions to the vaccine.
- Receive routine follow-up from the Surveillance Officer.
- Following vaccination, the Surveillance Officer shall follow-up the vaccinee, and rematch him/her with his/her pre-existing conditions.
- Have a choice to receive the 2nd dose from another facility provided that the 2nd dose is the same brand as the 1st dose.

Overall, the compliance to citizen entitlements in the implementation of the vaccination program against COVID-19 is still inconsistent, with critical entitlements not fully guaranteed at all times in all localities.

**Vaccine Allocation and Procurement: National vs. Local**

Data gathered by local G-Watch leaders tend to show uneven vaccine allocation by the national government across the seven LGUs covered in this report. Local vaccine procurement, while underway in most of the sites, have yet to materialize to deliver the vaccines. Thus, all of the scanned G-Watch sites currently rely on the national supply.

As of June 2, the Philippines has a supply of 8.3 million doses, enough to fully vaccinate 3.8% of the population. As it is, vaccine supplies are scarce, not just in the Philippines, but worldwide. “Stable” vaccine supplies can only be expected starting June 11, when the COVAX Facility is set to deliver 2.2 million COVID-19 shots by Pfizer-BioNTech.\(^\text{14}\)

According to DOH, vaccines are allocated depending on these three criteria:

- Priority groups (Group A: workers in frontline health services or A1, senior citizens or A2, and persons with comorbidities or A3 are currently prioritized)

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• If the supply is not enough to inoculate the priority groups identified, then geographic location shall be considered, based on an LGU’s burden of disease (need) and the LGU’s readiness to effectively deploy vaccines (capacity);
• If the supply is not enough even taking the first two criteria, the subpriority groups (the four groups in Group A) shall be considered based on their exposure and mortality risk.

DOH also stated\(^\text{15}\) on June 2 that it recommends intensifying local efforts and maximizing opportunities to reach out, register, and vaccinate groups in the A1 to A3 priority groups—and that even with simultaneous vaccination with the A4 group (frontline personnel in essential sectors), local governments should still prioritize A1, A2, and A3 groups.

The DOH also stated that it needs to study whether the focus on the National Capital Region (NCR) is hampering efforts to complete vaccination for the A1 and A2 priority groups. As of May 18, 2.7 million out of 7.7 million vaccine doses went to NCR in light of the increase of cases. This is the highest share\(^\text{16}\) among regions. The next highest share went to Region IV-A (Calabarzon), which received 859,000 doses as of May 18. The two regions also top the list of the most number of active and new cases of COVID-19 as of May 31.\(^\text{17}\)

As the Philippines is an archipelago, distribution of vaccines also constantly face\(^\text{18}\) logistical challenges in shipping and delivery, making it hard to align accomplishments and vaccination targets by region, on top of the considerations for prioritization based on the criteria above.

Region VII, or Central Visayas, is ninth in the list of top regions with the greatest number of active cases as of May 31, with 1,978 cases. It received 7,817 vials of vaccines from the national government as of April 16. As of April 29, the LGU had no vaccines remaining and had to wait for additional supplies from DOH to resume vaccination activities.

Cebu City depends on the national supply for its vaccination plan, since procurement by the LGU has not been approved. Authorities preferred not to disclose how much in the national or local budget has been allocated for Cebu’s vaccination efforts.

Region IV-B, to which Puerto Princesa belongs, is not among the top regions with the highest number of active or new cases as of May 31. It received 6,184 vials from the national government as of April 16. It has also procured 200,000 vials of vaccines. It is unknown how much of the

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\(^\text{15}\) See DoH recorded video: [https://www.youtube.com/watch?v=VJbj__R8wMc](https://www.youtube.com/watch?v=VJbj__R8wMc).


\(^\text{17}\) See [https://drive.google.com/file/d/1Q6yad7B2i9_IUJLBQqDEHAJnQt_fuhiK/view?fbclid=IwAR0I4aHTJ6lwzpshXSIG7kPSq8OySoDXWn0hkoztx-fP_1kQ_gj90gq0](https://drive.google.com/file/d/1Q6yad7B2i9_IUJLBQqDEHAJnQt_fuhiK/view?fbclid=IwAR0I4aHTJ6lwzpshXSIG7kPSq8OySoDXWn0hkoztx-fP_1kQ_gj90gq0).

national budget has been allocated for Puerto Princesa’s vaccination efforts, even as the local government has set aside Php500,000 from its own funds.

Region IX (Davao) is the seventh in the list of top regions with the most number of COVID-19 cases, with 2,150 active COVID-19 cases of May 31. As of April, Samal, an island in Davao, has received only 194 vials/doses of vaccines from the national government. The City Health Office of Samal relies on the advice of the Provincial Health Office on the number of vaccine doses that may arrive, and at the same time, relies on the master-list by barangay health workers for the number of doses to be requested. Vaccination sites are organized per barangay.

The local G-Watch core leader reports that there are no efforts as of date for local procurement, even as the local government has allocated Php26 million to purchase approximately 35,000 vaccine doses (Novavax).

The local G-Watch leader in Samal explains that there was no financial allocation for vaccine procurement from the national government: “The vaccine supply from the regional government comes from the national government, [then] goes to the provincial government, then to our City. [I] haven’t heard of any financial allocation from the regional and provincial (DOH) because they also rely from the national DOH.”

Region VI, which includes Bacolod, is high in the list of top regions, with 4,272 active COVID-19 cases. Bacolod has received 7,540 vials of vaccines as of March 5, and has locally procured 650,000 doses worth Php300 million pesos—an earmarked amount taken from the 2021 local budget. This will cover around 325,000 residents. The national allocation for vaccination efforts in Bacolod is cours through the Department of Health Region 6.
CARAGA Region, which includes Sibagat, is tenth among the top regions with high COVID-19 cases—it has 1,961 active cases as of May 31. Sibagat has received 500 vials from the national government, and have procured 300 vials of vaccines, as of April. The LGU has allocated Php1 million from its budget to procure vaccines. There is no data available on how much the national government has allocated for Sibagat’s vaccination efforts, but the G-Watch core leader there states that “only vaccine[s] will be delivered,” and that the unpredictable schedule of vaccination activities, deliveries, and rollout present problems for the LGU’s vaccination efforts.

The national government has allocated approximately 3,000 vials of vaccines for priority groups in Marawi, with the provincial government of Lanao del Sur allocating Php100 million for procurement. The city is also included in the Php500 million budget allocated by the national government for COVID-19 vaccines in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), which is not included in the top regions with active or new COVID-19 cases as of May 31.

While the Marawi LGU has not allocated funds for vaccination efforts, the “provincial government encourage[s] the LGUs to procure their own vaccines for their constituency,” according to the G-Watch core leader there.

Region VIII (Eastern Visayas), which includes Maasin, is not in the top regions with active or new COVID-19 cases as of May 31. For Maasin, the national government allocated 2,209 first doses and 1,608 second doses of vaccines. The local government in Maasin has not initiated local procurement yet, but already has a Php12 million budget for it.

**Brands and Access to Information**

The Pfizer BioNTech, Sinovac, Astrazeneca, Sputnik V, Janssen (Johnson & Johnson), Covaxin Bharat Biotech, and Moderna vaccines have all been issued emergency use authorizations (EUAs) by the Food and Drug Administration (FDA) as of June 2. The clinical trials of Janssen, Clover Biopharmaceuticals, and Sinovac vaccines have also been approved as of to date.

Across the G-Watch sites scanned for this report, Astrazeneca is a common choice for local vaccine procurement. Other vaccines considered or included for local procurement are Sinovac (Cebu, Marawi), Pfizer BioNTech (Cebu), and Novavax (Samal). In Bacolod, the local G-Watch leader stated that “after receiving proposals from different companies, AstraZeneca was found to be ‘highly efficient’ in terms of percentage that [the LGU] can afford.”

DOH has emphasized that only those vaccines that have complied with FDA standards are granted EUAs, which ensures that these vaccines are safe and effective. While its enforcement of a brand
agnostic policy\textsuperscript{19} to prevent overcrowding in vaccination sites has been criticized, the policy has been backed by the World Health Organization (WHO)\textsuperscript{20} and the Chair of the House Committee on Health.\textsuperscript{21}

Thus, while the brand of the vaccines will not be announced in advance, individuals will nonetheless be informed and educated onsite about the vaccines. Still, based on a quick survey conducted by G-Watch in the same local sites, some respondents expressed concerns about not being able to “fully choose” the brand of vaccines (observed in Cebu and Samal), even as they may reschedule jabs at a later date.

The quick survey also surfaced gaps in information dissemination about the vaccines in the local level, specifically on new components or technologies that have not been licensed or used previously, and post-marketing analysis by relevant regulatory agencies (observed in Samal). In Bacolod, G-Watchers observed that information and education drives have low engagement; while in Marawi, G-Watchers observe that misinformation is also an issue.

Also in Samal, G-Watchers observed that some individuals were not able to receive Vaccine Information Statements (VIS) or Emergency Use Authorization (EUA) forms for the vaccines.

\textbf{Other Emerging Issues and Concerns}

Three months from rollout, the delayed target for herd immunity is just one of the many complex challenges facing vaccination efforts from multiple levels of governance. The delay takes on particular urgency considering that as of June 1, the Philippines has breached 21,000 deaths from the coronavirus.

Even before the rollout, controversies hounded the Philippines’ vaccination efforts. In February 2021, Special Envoy to China Ramon Tulfo admitted he received\textsuperscript{22} a smuggled Sinopharm jab in 2020, adding that he was joined by a senator, Cabinet-level officials, and members of the Presidential Security Group.


Concerns about expiring vaccines have been reported, with blame placed on delayed DOH instructions.

Vaccine confidence is also not improving, based on the most recent survey conducted by the Social Weather Stations (SWS), which headlined that only half of Filipinos trust the government’s COVID-19 vaccination program. Out of that half, only 58% are willing to get vaccinated. Those who are unwilling to be vaccinated fear side effects and expressed concerns on safety and effectiveness, an observation also made by G-Watchers in Bacolod. Vaccine hesitancy is also observed in Maasin.

While Philippine authorities reassure the public that the Philippines ranks second in the ASEAN region based on the number of doses that have been administered, groups have pointed out that relying merely on the number of doses is misleading. Based on vaccination rates (vaccinated individuals over time) and the vaccination coverage (i.e., population coverage), the Philippines is actually second to the last in ASEAN.

Illegal sales of vaccines have also recently surfaced, even as the country struggles to catch up on vaccination targets for priority groups.

All of the scanned G-Watch sites reported that frontliners, members of the public and private healthcare sector, as well as senior citizens and people with comorbidities were given priority in

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vaccination, consistent with the priority populations of the NDVP and DOH directives. At the national level, out of the 1.2 million fully vaccinated individuals from these priority groups, 689,992 comprise of healthcare workers; 257,812 from senior citizens; 293,600 from individuals with comorbidities; and 3,178 frontline personnel from essential sectors, as of June 2.

Recap and Summary

This report presents G-Watch’s multi-level scanning of the state of implementation of the government’s COVID-19 vaccination program at the national and local levels during the early stage of the vaccination roll-out. While there have been status reports of aggregated data at the national level, there has been a gap of consolidated independent information on what is happening in the vaccination efforts on the ground.

Despite previous government claims that the country is ahead of its neighbors in its vaccination target, the Philippines is actually lagging behind, and is in second to the last place compared to the progress of other ASEAN countries in the implementation of their vaccine rollouts. One data shows that only 1.2 million Filipinos (or 1.09% of the population) have been fully vaccinated as of June 2, 2021. At this rate, it will take 2.6 years (or until December 2023) to vaccinate 70 million Filipinos and achieve herd immunity.

While the National Deployment and Vaccination Plan (NDVP) has an extensive guide on data management, monitoring and reporting (from determining the eligible population to those who experienced adverse effects after the administration of the vaccine), its transparency, participation and social accountability component is weak, if not at all absent. The plan’s risk assessment misses crucial governance challenges crucial to be addressed or mitigated.

With 82% of the total vaccination budget of Php 85 billion coming from loans and ODAs, it shows how dependent is the country’s vaccination on external financing. This could also mean that the priorities for the regular budget has not be realigned to respond to the pandemic, as some analysts would say about the current national budget.

A quick scan of local G-Watch sites, including Cebu City, Puerto Princesa (Palawan), Samal (Davao), Bacolod (Negros Occidental), Sibagat (Agusan del Sur), Marawi (Lanao del Sur), and Maasin (Southern Leyte), showed that almost all these local government units (LGUs) have their respective local vaccination plans, which are approved by the DOH. The exception is Marawi where local efforts were planned at the provincial level.

The target population for vaccination in the G-Watch local sites varies, and it is unclear what the local timelines are for vaccination, given supply issues from the national government. Vaccination efforts in the G-Watch sites included in this scan mostly started in March 2021.
As per independently gathered data by G-Watch accountability frontliners, the extent of vaccination by end of April in the seven local G-Watch sites so far ranges from .1% to 4.4% of the localities’ projected total population. This means that vaccination at the local level is progressing across localities and regions in the country, including Muslim Mindanao, but unevenly and at a slow pace. Some localities are progressing faster with their vaccination more than the others, with completion of the second dose at a very slow pace consistently across localities.

Overall, the compliance to citizen entitlements in the implementation of the vaccination program against COVID-19 is still inconsistent, with critical entitlements not fully guaranteed at all times in all localities.

Data gathered by local G-Watch leaders tend to show uneven vaccine allocation by the national government across these specific LGUs. Local vaccine procurement, while underway in most of the sites, have yet to materialize to deliver the vaccines. Thus, all of the G-Watch sites scanned currently rely on the national supply.

As the Philippines is an archipelago, the distribution of vaccines also faces constant logistical challenges in shipping and delivery, making it hard to align accomplishments and vaccination targets by region, on top of the considerations for prioritization based on the criteria above.

Across the G-Watch sites scanned for this report, Astrazeneca is a common choice for local vaccine procurement. Other vaccines considered or included for local procurement are Sinovac (Cebu, Marawi), Pfizer BioNTech (Cebu), and Novavax (Samal).

Aside from the obvious delayed accomplishment of the target herd immunity and the slow pace of vaccination, the following are some of the other emerging critical issues that the G-Watch quick scan noted on the government’s vaccination efforts:

- Citizens’ concern about not being able to “fully choose” the brand of vaccines.
- Gaps in information dissemination about the vaccines in the local level, specifically on new components or technologies that have not been licensed or used previously, and post-marketing analysis by relevant regulatory agencies.
- Smuggling of and illegal sales of vaccines.
- Expiring vaccines.
- Low vaccine confidence among the people.

On the positive end, the G-Watch quick scan of local efforts have shown that though slow and uneven, there has been progress in vaccination at the local level across regions in the country. G-Watch also noted that frontliners, members of the public and private healthcare sector, as well as senior citizens and people with comorbidities were given priority in vaccination, consistent with the priority populations of the NDVP and DOH directives.

Though there have been cases on non-compliance to citizen entitlements and gaps, G-Watch recognizes the efforts of local authorities to establish an efficient frontline delivery system for
vaccination that generally observed citizen entitlements, particularly when it comes to the provision of basic information about the vaccination process and proper healthcare on the day of vaccination.

Yet, the government’s national approach to the COVID-19 that is heavily reliant to external financing to maintain the political leadership’s non-COVID priorities and that which is lacking of social accountability is a threat. Without a strategic pivot from such an approach, the success of the vaccination efforts in the Philippines hangs in the balance.