Country Paper on the COVID 19 Situation in the Philippines

By Philippines Rural Reconstruction Movement/GCAP Philippines and People’s Vaccine Alliance, Asia (PVA Asia)

Executive Summary

The COVID-19 pandemic struck and shocked every corner of the world. The consequences are felt not only in loss of lives and public health but also in all aspects of life: economic, social interactions, education and occupation arrangement and even environmental systems.

Being a less developed country, the Philippines felt all the impacts of COVID-19 adding to its existing public health and social welfare difficulties. The most affected of the population were the marginalized Filipinos living in poverty and in geographically isolated and disadvantaged areas (GIDA). The national government implemented one of the longest lockdowns in the world, resulting in interruption of economic activities, transportation, school operations and even social and religious pursuits that left millions of Filipinos jobless and starving.

The Department of Health (DOH) and the Department of Social Welfare and Development (DSWD) were at the forefront in providing Filipinos with appropriate and timely aid and services for health and welfare matters.

The DOH worked to provide important COVID-19 relevant information and set up a plan for vaccination deployment. So far, it is close to its goal of inoculating 70% of the population to achieve herd immunity. However, there is a portion of the population that still needs to be given attention. These are the marginalized and underprivileged Filipinos overlooked or have yet to have access to COVID-19 vaccines.

The Department of Social Welfare and Development (DSWD) fulfilled its task in providing aid in the form of cash subsidies or food packs delivered door to door to families living in poverty and the underprivileged sector. However, the department’s performance was found to be inadequate as evidenced by the Commission on Audit 2021 annual report that stated the DSWD failed to distribute almost 2 billion pesos in cash assistance during the time it was most needed.

Free and universal vaccination must be demanded as it is one of the ways to move forward and push for national development especially for less and least developed nations in the wake
of COVID-19. The TRIPS Agreement Waiver will be instrumental in bringing forth free and universal vaccination from which the whole globe will ultimately benefit and must be supported.

**Context: COVID-19 and the Philippines**

The COVID-19 pandemic in 2020 hit the world with vicious effects in all aspects of life. In a blink of an eye, life for everyone on the planet changed. More profoundly, the after effects are felt by the marginalized sectors of the global population.

Disease prevention measures and lockdowns of varying degrees were executed throughout the globe. The means of disease curtailment depend highly on each country’s readiness and capability to respond to this global health emergency. In lesser developed countries, the efforts towards progress have been hampered tremendously by the sudden halt in daily activities affecting livelihood, education and social life, among others as governments shifted their attention to curtailing the alarming spread of the disease.

Needless to say, in the Philippine experience, the advent of the COVID-19 pandemic was an additional burden to the country’s development struggles.

Like most developing countries, the Philippines’ fragile economy and socio-political scene was not ready for a pandemic.

**Lockdowns**

Daily living changed for everyone as the long lockdowns became implemented, putting into a halt daily economic and social activities.

On March 12, 2020, the entire Metro Manila was placed under lockdown or 30-day “Community Quarantine.” Land, air and sea travel in and out of Metro Manila was suspended from March 15 to April 14, 2020. On March 16, 2020 President Duterte placed the entire island of Luzon under Enhanced Community Quarantine until April 12, 2020 during which all transportation was suspended, provision of food and essential services was regulated and the presence of uniformed personnel was heightened to enforce quarantine procedures. On May 12, 2020, Metro Manila, Laguna Province and Cebu City were placed under Modified Enhanced Community Quarantine (MECQ) until May 31, 2020 while the rest of the country was placed under the more relaxed General Community Quarantine (GCQ). However, several low risk areas were placed under Modified GCQ upon the request of their respective governors and mayors to contain the virus.
On June 1, President Duterte announced Metro Manila to be placed under General Community Quarantine. By June 16-30, 2020, Cebu City reverted to the Enhanced Community Quarantine. From July 1, 2020 until August 2021, the different provinces and cities in Philippines were placed in varying levels or community quarantine depending on their degree of COVID-19 risk status. In September 2021, the “Alert Level System” (ALS) was introduced by the government with Metro Manila being the pilot area before it was implemented throughout the Philippines by November 11, 2021.

<table>
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<tr>
<th>Lockdown Timeline</th>
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<tr>
<td><strong>March 12, 2020</strong></td>
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<tr>
<td>Metro Manila was placed under 30-day Community Quarantine.</td>
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<td><strong>March 15-April 15, 2020</strong></td>
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<td>Land sea and air travel in and out of Metro Manila was suspended.</td>
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<td><strong>March 16 to April 12, 2020</strong></td>
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<td>Entire Luzon was placed under Enhanced Community Quarantine.</td>
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<td>Transportation was suspended.</td>
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<td>Provision of food and essential services was regulated.</td>
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<td>Presence of uniformed personnel was heightened.</td>
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<td><strong>May 12, 2020 to May 31, 2020</strong></td>
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<tr>
<td>Metro Manila, Province of Laguna and Cebu City were placed under Modified Enhanced Community Quarantine.</td>
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<tr>
<td>The rest of the country was under General Community Quarantine.</td>
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<td><strong>June 1, 2020</strong></td>
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<tr>
<td>Manila was placed under General Community Quarantine.</td>
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<td><strong>June 16-30, 2020</strong></td>
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<td>Cebu City was placed under Enhanced Community Quarantine.</td>
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<td><strong>July 1 2020 to August 2021</strong></td>
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<tr>
<td>Varying levels of community quarantine were enforced on different provinces and cities depending on the degree of COVID-19 risk status.</td>
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<td><strong>September 2021</strong></td>
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<td>Alert Level System (ALS) was introduced; Metro Manila was the pilot area.</td>
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As expected, businesses, especially small to medium enterprises, were severely affected, causing many to cease operation. More than the business owners, the closure was felt more intensely by the employees who found themselves with no means to support their families at a very critical time.

**Vulnerable and disadvantaged**

Further down the line of the societal strata, indeed the most vulnerable people are the disadvantaged Filipinos living in poverty as their day to day existence primarily relies on earnings from daily haggles as vendors, labourers or scavengers for urban poor and farming and fishing for rural folks.

Poor Filipinos who subsist on meager resources feel the brunt of the effects of the economic plunge brought about by the COVID 19 pandemic lockdowns. Take for example the small market vendors and street vendors who depend on their daily sales revenue which is just enough to provide food for the family. Any selling day skipped means hunger for the family. The following is a common experience for this sector. Even if a simple vegetable vendor braved the COVID-19 threat and went as usual to the market to sell his products, there were few or zero consumers around to buy the goods. The small and precious capital for the goods gets wasted or used up since feeding the family was more pressing and urgent. For the next few days and weeks the family have had to depend on any food rations and cash subsidies that the government distributes. Obviously, these rations were not enough and the family had to fend for themselves for their other needs like rent, electric and water utilities, fuel for cooking and hygiene products. This scenario is already bleak even without the complication of existing and added health problems among the family members. It is not hard to imagine that getting back into the old means of earning has turned even more difficult when the original capital for the small business was depleted. There was not much option for acquiring capital other than to borrow from relatives or loan sharks. Getting by was already hard enough but the added pressure of health risks and interest on loan payments truly hindered all the effort of a simple vendor to ensure his family’s survival.

The same was experienced by daily wage workers like labourers, jeepney and tricycle drivers who depend on their earnings for the day to survive. Being placed in quarantine, the cease in construction activities and suspension of all transportation only left these folks under the mercy of government handouts and private charities even though they were capable of working and
earning. Many former jeepney and tricycle drivers even resorted to begging during the strictest times of the lockdowns.

Filipinos need to ease into the new normal as the country struggles to get back on track to pursue progress. But in order to do so the population has to be protected from further health threats of COVID-19 as well as provided with other essential social services, intervention and support from the government.

The vaccination situation in the Philippines

The Philippine government has targeted to vaccinate 70% of its population of 110 million for free to achieve herd immunity. Initially, the target was set to 2021 but this deadline was pushed to the 2nd quarter of 2022, before the May 2022 national elections.

According to the Department of Health (DOH), there have been a little over 73 million 73,017,556 complete doses administered as of September 25, 2022. While this number is very near the 70% mark, the representation of the various sectors in Philippine society tells a different story.

The DOH report on the vaccination implementation results thus far showed regional and priority group breakdown. The priority groups are as follows:

A1 – Front liner healthcare workers
A2 - Senior citizens
A3 - persons with co-morbidities
A4 - Frontline in essential sectors
A5 - Indigent Population
B and C - rest of the population

DOH’s National COVID-19 Vaccination Dashboard reports 9,436,080 complete vaccinations in the indigent population or A5 priority group.

The Philippine Statistics Authority stated in a report dated August 15, 2022 that based on the Preliminary Results of the Family Income and Expenditure Survey (FIES) in 2021, 18.1 percent of the national population is living in poverty. Filipinos living in poverty are defined as those whose income cannot meet basic food and non-food necessities. This is roughly 19.99 million Filipinos who live in poverty.
Limited data on further breakdown per region and per sector poses an obstacle in determining the extent of the vaccination program’s reach and accurate status.

Vaccine reluctance is another challenge faced by the Department of Health DOH. The health department has been releasing vaccine information to promote and explain the advantages and safety of the available vaccines in the Philippines. However, there is a portion of the population that prefers not to be vaccinated due varying reasons. The most common of these is fear of unknown /possibly adverse side effects from the COVID-19 vaccines and even death. These fears mostly come from alleged reports or news heard from a relative or acquaintance and from social media and internet sources. Past disappointing experiences from the health system and negative perception of the government in general, such as the Dengvaxia dengue vaccine controversy also contributed to vaccine confidence decline.

There is also an issue of brand hesitancy among those who are willing to be vaccinated. The vaccine brands available in the Philippines are: Pfizer-BioNtech, Oxford-AstraZeneca, CoronaVac (Sinovac) Gamaleya Sputnik V, Johnson and Johnson’s Janssen, Bharat BioTech, Moderna and Sinopharm. Particularly the Sinovac and Sinopharm vaccines were regarded by some as unreliable because these companies were unheard of in the country before the COVID-19 pandemic. Many regarded the more well-known brands like Pfizer, Moderna and Johnson and Johnson that already have a good track record in medicine as safer and preferable.

The Philippine COVID-19 vaccination program also required pre registration on online platforms before one could be scheduled to receive a dose. This system, while efficient and effective as a whole, gives little or no chance for the marginalized Filipinos who do not own such smart electronic devices, let alone access to the internet. Even the announcements on COVID-19 information and vaccination programs are done through mainstream media and social media have little chance of reaching those who cannot read the newspaper and of those who live without electronic devices, electricity, and internet access. So even if a poor Filipino is willing to get vaccinated, they might not have access to information on how to get a dose, and he might not know how to register himself online. It is even more difficult for Filipinos living in remote areas or Geographically-Isolated and Disadvantaged Areas (GIDA) such as Indigenous Filipinos and other island and mountain dwellers. So even when the DOH announced national vaccinations days that did not require pre registration the many underprivileged Filipinos are still left unvaccinated.
Existing Policies vs. Implementation

The Philippine government responded to the COVID-19 pandemic the activation of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases to lead the battle against the spread of the disease and with policies that involve many different departments and agencies including the following:

- Department of Health (DOH)
- Department of Social Welfare and Development (DSWD)
- Department of Labor and Employment (DOLE)
- Department of Science and Technology (DOST)
- Department of Trade and Industry (DTI)
- Department of Agrarian Reform (DAR)
- Department of Interior and Local Government (DILG)
- Department of Agriculture (DA)
- Commission on Audit (COA)
- Bangko Sentral ng Pilipinas (BSP)

Each government office was tasked with assignments related to its field. Of these, the DOH and DSWD were foremost in engagements with the public, especially the poor population, as providers of much needed welfare assistance, health services and intervention.

**DOH**

DOH naturally was put on the lead in direct health related aspects. Given the wide scope of responsibility of the DOH and the massive and sudden spread of the virus, it can be said that the DOH made some successes and some less than favourable outcomes in their implementation of COVID-19 response. Hospitals were at full capacity and medical personnel were far too few as they were frequently exposed to the virus and get infected as well. Moreover, protective gear for working medical staff was insufficient. Problems with procurement, and later procurement scandal plagued the DOH. However, the medical front liners and hands-on workers showed unfailing dedication to work despite the poor conditions and compensation given to them.

The DOH laid out its COVID-19 Vaccination Deployment Plan. The plan was comprehensive including, pre-vaccination preparation beginning from funding, sourcing, international cooperation and diplomacy, procurement of vaccines and materials, pre-qualifying recipients and master list creation, identification of facilities, streamlining supply chain and other logistics and staff training. The actual implementation was left to LGUs and hospitals identified as vaccination
Operation Centers but under careful coordination with DOH and in accordance with the Vaccination Deployment Plan. This meant that all vaccination centers throughout the country followed the DOH’s vaccination operation center protocols beginning from staffing, physical layout of the venue, queuing and even waste management instructions.

As mentioned in the deployment plan, the priority sector was indeed the first to legally get free inoculation against COVID-19. The first vaccine administered was the Sinovac brand on March 1, 2021 to Dr. Gerardo Legaspi, director of University of the Philippines-Philippine General Hospital (UP-PGH). On the same day, along with Food and Drug Administration Director General Eric Domingo and vaccine czar Carlito Galvez Jr., many hospital health workers received their first dose of COVID-19 vaccine injections.

In December 2020, former President Duterte himself revealed that former presidential special envoy Ramon Tulfo Jr., members of his security detail from the Presidential Security group received Sinopharm’s vaccine despite the fact that it lacked the required emergency authorization. The news drew criticism from the public. Incidents like this contributed to the decline of public trust in the government, especially among the marginalized who most desperately needed care and attention but felt neglected by the government.

At the beginning of the vaccination roll out, there was confusion among the general population regarding priority sectors and vaccination registration and schedules. For senior citizens, the barangays units reached out house to house to issue vaccination forms in lieu of online registration. It was expected that many Filipinos were eager to get inoculated but were frustrated with the long wait and for some, the unfamiliar online platform was hard to grasp. As soon as the B and C sector were allotted vaccination schedules, the crowd suddenly grew, filling vaccination centers to full capacity. This was the case even with vaccine reluctance and brand hesitancy.

Still, the number of vaccinated individuals was a small percentage of the population. The government had set a target of 70% of the population inoculated by the first quarter of 2022, later pushed to the 2nd quarter, 2022. In an effort to push the country’s vaccination rate, the President announced Proclamation No. 1253 declaring November 28 to December 1, 2021 as Bayanihan, Bakunahan National COVID-19 Vaccination Day. Children aged 12 to 17 were allowed to receive vaccines by this time.

Statistics show that extremely high numbers of vaccinations performed on the National COVID-19 Vaccinations Days, recording 1.06 million jabs on November 29, 2021, 1.31 million jabs on November 30, 2021 and 1.58 million jabs on December 1, 2021. A welcome surprise was the
highest number of vaccinations recorded the day after at 1.63 million on December 2, 2021. The vaccination campaign was aggressive up to the first week of December 2021 recording at least 1 million jabs per day. By the first quarter of 2022, the vaccination centers have become less crowded and less busy. The number of vaccinations performed have gone down significantly to about 100,000 jabs per day and continues on its downward trend.

It can be said that the initial difficulties and setbacks of the COVID-19 vaccine deployment were eventually overcome, hence the country now seems to be on track in achieving the herd immunity for the nation. However, there is still the marginalized population belonging to GIDA or remote sites, and the vaccine reluctant Filipinos that the government still needs to reach out to.

**DSWD**

For the pandemic response, DSWD was in charge of Assistance to Individuals in Crisis Situations (AICS), Livelihood Assistance Grants (LAG), Social Amelioration Program (SAP), the Expanded and Enhanced Pantawid Pamilyang Pilipino Program (4Ps) and food packs distributed door to door. While some deserving Filipinos were able to avail of this government food assistance packs, there were still issues of non-inclusion in the DSWD lists of beneficiaries. Additionally, the distribution of cash assistance that was handled by the LGUs through barangays was criticized for allegations of unjust selection process as well as acts of corruption.

Without a doubt, government food handouts and cash assistance greatly helped many families get by during the strictest times of the lockdown, it was not enough. A family of 4 or 5 cannot survive on 5 or 10 kilos of rice and unhealthy canned goods and instant noodles for 2 weeks. There were some LGUs and barangays that made an effort to include healthier food choices, but mostly it was the same canned goods and instant noodles in all free food packs. Moreover, there were still a lot more who were overlooked. Even those fortunate enough to be recipients of assistance, other needs were not provided like personal hygiene supplies and home cleaning supplies and medicine.

The Social Amelioration Program (SAP) was a cash subsidy program granting 5,000 pesos to 8,000 pesos to low-income families for 2 months, depending on the area of residence. Beneficiaries of SAP were identified by DSWD as senior citizens, Persons With Disability (PWD), pregnant women, solo parents, Indigenous Peoples (IPs), underprivileged and homeless individuals and other members of the vulnerable sectors such as those undergoing hospital procedure like chemotherapy and dialysis or recovering from major surgeries or organ transplants.
However, despite the deadline for nationwide distribution having been extended to May 10, 2020, one day later, it was reported that only 89% of the target beneficiaries received aid. The total amount disbursed was 90.56 billion pesos out of the initial 100 billion peso fund for Filipinos affected by COVID-19 community quarantines by noon of May, 11, 2020.

This resulted in more negative public perception of the government. More importantly, this failed timely delivery of aid to the remaining 11% of the beneficiaries meant 1.9 million families did not receive government assistance when they most needed it.

According to the 2021 annual audit report of the Commission on Audit (COA), DSWD field offices National Capital Region and Western Visayas failed to distribute SAP funds amounting to 1.9 billion pesos to beneficiaries “depriving them of the financial assistance needed during the pandemic.”

**Millions of Filipinos were starving during the pandemic lockdowns**

It was the private sector that filled in the gaps and reached out to starving Filipinos during the lockdown. The “Community Pantry” concept of setting up open pantries of donated food items open to anyone in need of food was replicated all over the country. Community food pantries sprouted all over the Philippines as private citizens took it upon themselves to augment the food needs of fellow Filipinos. While the spirit of Bayanihan shown through the community food pantries was truly inspiring, the fact that the private sector again had to step up only showed how insufficient the government food and assistance actually were.

In a nutshell, the DOH and DSWD which were tasked with health and social welfare services were able to provide the services within their mandate during the surge of COVID-19 and the lockdowns but the accomplishments were not sufficient to address the majority of the Filipino population especially the most needy, marginalized and vulnerable.

**Household Survey Results, particularly on identified marginalized communities (urban poor and fisher folk)**

In a survey conducted by PRRM in Naic, Cavite, Philippines, the majority of the respondents in the fisher folk community have received at least 2 doses or complete COVID-19 vaccination shots. The results also show some vaccination reluctance due to comorbidities, allergies or simple fear of the COVID-19 vaccines. Majority of those with complete vaccination belong to the 18 year old and above age category, a complete contrast to the small number of those in the 5 to 17 year old
category in the survey. All of the vaccinated individuals availed free vaccination from the government program. The vaccine brands were J&J, Moderna, Sinovac, Pfizer and Astrazeneca.

Bulk of the vaccinated individuals received their first dose in the 3rd and 4th quarter of 2021. The first batch of government procured vaccines arrived in March 2021. It was a period of 3 to 6 months before the community in Naic, Cavite was provided COVID-19 vaccination. Their situation is not much different from many more underprivileged communities who waited months before getting the vaccines.

**Free and universal vaccination is important**

Vaccinations need to be available and free to everyone in every country because vaccines have been proven time and again to save lives. History tells us of the success of many vaccines that fought smallpox, mumps and measles.

In the case of the COVID-19 pandemic, vaccinations provide protection in such a way that a person avoids severe symptoms in case of contracting the disease.

Having lesser moderate to serious cases of COVID-19 eases the pressure on the already overburdened health system of the country. This means that the limited healthcare resources can be allocated for other pressing public health concerns and life-threatening illnesses.

Free and universal vaccination is essential in attaining Goal 3# of the UN Sustainable development Goals - Ensure healthy lives and promote wellbeing for all at all ages

Lesser health issues also promote more favourable conditions for the government in nation building and pursuing development goals.

In the words of Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization: “There is no health for all without vaccines for all...”

To illustrate a concrete example, an article featured in the World Bank website tells the tale of Vilma Campos, a mother of 5 from Quezon City, Philippines. When COVID-19 pandemic hit the country, she, her daughter and husband all lost their jobs due to quarantine restrictions. During that time, she and her family were uncertain where to get their daily meals. It was like this for many months until finally the COVID-19 vaccines became available. After her husband and her daughter received their vaccines, they were able to go back home. “Life is no longer that difficult,” Campos said.
This is the same story for millions of families who were able to pick up the pieces of their lives after the pandemic lockdowns left them devastated. The free vaccines enabled them to move forward with their lives. It gave them hope for the future.

**Trade-Related Aspects of Intellectual Property Rights (TRIPS)**

The World Trade Organization (WTO) is the global international organization comprising the majority of the world’s trading nations. It deals with the rules of trade between countries through negotiations and agreements signed by member states.

The WTO agreement on TRIPS or Trade-Related Aspects of Intellectual Property Rights lays out guidelines as agreed upon by member nations in facilitating trade while safekeeping intellectual property (IP) and settling disputes concerning IP. The multilateral agreement allows enough leeway for governments of member nations to fashion policies best suited to their countries’ socio-political situations while under common international rules. The Agreement acknowledges the importance of IP, of new knowledge and discoveries in trade whether in the creative field or science and technology.

The TRIPS agreement can also be considered a response as WTO recognizes the special needs and requirements of less developed and least developed countries as these pursue economic advancement and stability.

Medical science is also a consideration in the TRIPS Agreement since public health is consistently a top concern and challenge to less developed and least developed countries. Access to safe and effective treatment technology and equipment as well as pharmaceuticals is critical public health.

**Demand for a TRIPS Waiver**

In October, 2020 South Africa and India jointly proposed a waiver from certain provision in the TRIPS Agreement in light of the COVID-19 pandemic in order to support the worldwide efforts in containment, prevention and treatment of the disease.

Among others, the proposal expressed that in light of the state of the global health emergency, “it is important for WTO Members to work together to ensure that intellectual property rights such as patents, industrial designs, copyright and protection of undisclosed information do not create barriers to the timely access to affordable medical products including vaccines and medicines or to scaling-up of research, development, manufacturing and supply of medical products essential to combat COVID-19” and that “An effective response to COVID-19 pandemic requires rapid access to affordable medical products including diagnostic kits, medical masks,
other personal protective equipment and ventilators, as well as vaccines and medicines for the prevention and treatment of patients in dire need.”

The main intention of the TRIPS waiver is to avoid obstructions that inhibit the smooth and swift flow of information and affordable materials to combat COVID-19 since the pandemic is a global concern. This is especially helpful to less developed and least developed countries that have limited resources to spend on research on COVID-19.

The Philippines expressed support to the TRIPS Waiver along with 60 plus WTO member nations. However, the TRIPS Waiver remains unsupported by some developed nations.

Twenty months after the submission of the proposal, negotiations on the waiver policies continue on. Policy hesitancy is observed among WTO members and so far, a “watered-down” (or partial) version of the waiver was attained in June 2022 allowing the compulsory licensing for COVID-19 vaccines. India continues to press for the inclusion of treatment drugs and tools for COVID-19.

**Impact of TRIPS waiver**

The original version of the proposed TRIPS waiver temporarily waives patents and other intellectual property and copyrights related to COVID-19 tests, treatment and vaccines at least for the duration of the pandemic. It allows the set up of local production of life-saving medical supplies thereby increasing the supply for everyone. The local manufacture of COVID-19 medical supplies and equipment is most especially advantageous to smaller income countries because the cost for these products lowers tremendously. As such, their citizens are provided better access to vaccines, tests and treatments. It reduces inequity in access to vaccines.

With affordable locally produced vaccines and therapeutics, lower-income countries will not be as dependent on charities and donations. Millions of lives would have been saved if there had been better access to vaccines early on.

The TRIPS waiver implementation directly affects not only global health but also economies. The sooner vaccinations are rolled out to all sectors of the population, the sooner economies can open again.

**Key Demands / Recommendations**

- **Free and universal COVID-19 vaccination must be pursued** as an essential step towards not only sound public health globally but also towards social equality and justice, providing basic health support to all regardless of social class, political belief, ideology or
religion. Universal vaccinations also help the country maximize its health resources and pursue the country’s public health goals as well as development goals. The Philippine government must lead the country in this pursuit in terms of policies and effective implementation. The Department of Health and allied agencies need to maximize the country’s limited resources and deliver well documented results and provide transparency. Public and private partnerships, with joint resources, manpower and influence will deliver more positive results and cover more ground.

• **The TRIPS Agreement Waiver should be supported** because it provides a concrete way for a country like the Philippines to achieve vaccine equality and reduce further pandemic repercussions. Taking full advantage of the temporary TRIPS Waiver will lessen the pressure on the financial burden experienced by the country as the government scrambles to save the fragile Philippine economy. While setting up local production of any COVID-19 response product may require enormous capital to establish, it is doable especially when done in partnerships and collaborations among public and private offices. As COVID-19 still lingers, there is a need to quickly be ready for new strains and variants, especially for less and least developed countries that have great difficulty in recovering. The TRIPS waiver would massively help in giving universal access to free vaccinations.

• **The government must push for vaccination for all.** The progress of a nation can be reflected in its people’s quality of life. Having healthy citizens translates to having healthy potential manpower, contributing to economic growth and social well-being. The marginalized Filipino population, who already have compromised health resulting from extreme poverty, must be given top attention and protection from COVID-19 through vaccination. They cannot even afford regular meals so vitamins and supplements are out of the question. Wearing face masks and personal hygiene routines may be out of reach to most. The least that the government can do for their protection against COVID-19 is to fully vaccinate them.

• **Strong political resolve and honest and transparent government programs are needed** in this multi-faceted challenge. Secret agendas and corruption only hamper progress and even pulls the country down to a worse state. The public must be able to trust its government to do its work well.

• **Health literacy programs for citizens must be made one of the government’s top priorities** so as to help Filipinos make the best choices in keeping themselves healthy especially in times of health emergencies and crisis.