Philippines: 
Post-Pandemic Situation and the State of Social Protection 

Entering the period after the COVID-19 pandemic was declared “no longer a global health emergency” on May 5, 2023 by the World Health Organization Director-General Tedros Adhanom Ghebreyesus, every nation tried to go back to normal or as normal as possible. This is easier said than done, especially for low and middle income countries where the catastrophic effects of the pandemic were most felt and still experienced. The Philippines is one such country that is still struggling with the after effects of the pandemic: from economic to social to political difficulties.

**Vaccine Debt/Wastage**

The COVID-19 pandemic response naturally called for large purchases of vaccine and other necessary materials such as PPEs, sanitation items and testing kits, not to mention installation of COVID-19 vaccine storage facilities and transportation systems plus institution of economic support and safeguards in the day to day life of the populace. 

To fund the country’s COVID-19 pandemic response, the Philippine government resorted to several foreign loans which amounted to roughly 25 billion USD or 1.38 trillion pesos (as of January 2022). 

The bulk of the COVID-19 vaccines were procured while some were received as donations from other countries. 

COVID-19 vaccine wastage was experienced globally. Experts say vaccine wastage is expected in any vaccination program owing to several factors like storage, spillage, expiration, power outage, hesitancy and non-appearance at inoculation appointments. It is also a consequence of vaccine inequity, since some nations had an oversupply while there were countries that lacked the supply of vaccines. Although it varies among the different brands, the short shelf life and demanding storage requirements of the COVID vaccines made the logistics of storage, transportation and distribution extremely challenging.

In the case of the Philippines, it was reported that the COVID-19 vaccine wastage reached 49.73 million doses. More than half, or 26.2 million were donated vaccines. This means 23.7 million shots were procured by the government amounting to billions wasted instead of being utilized for necessary expenses and service programs for the population. 

For a country already riddled with a national debt of 14.27 trillion pesos (as of September 2023), this waste of money is deemed unacceptable by taxpayers.
Although vaccine wastage was also experienced by high-income nations, some have found ways to minimize wastage by investing in cold chain logistics necessary for the efficient storage, transportation and distribution of vaccines especially since these require specific temperature conditions. Aside from this, these countries with more advanced economies also have public health data and public health systems already in place as well as existing effective land, air and sea transportation services, making vaccine roll out more smoothly executed.

Transparency and Accountability

Several heated issues emerged at the height of the pandemic regarding questionable practices by government agencies that caught the public ire and required Senate investigation. In fact, the then DOH Secretary Francisco Duque III was in the middle of the controversy involving Pharmally, a relatively unknown pharmaceutical corporation that won government contracts worth 10 billion pesos to provide overpriced medical supplies. Among others involved were Christopher Lloyd Lao was the former undersecretary of Procurement Service-Department of Budget and Management (PS-DBM), and former president Duterte’s adviser Michael Yang and Pharmally executives.

After all the investigation and hearings on the Pharmally case, the Ombudsman recommended filing a case against the personalities involved, including Duterte. This did not transpire. The detained Pharmally executives have since been released.

The public was outraged that amidst the COVID-19 pressure on the whole country, key government agencies were embroiled in scandal related to mishandling of COVID funds –funds that were sourced from foreign loans.

Health and governance

Then Health Secretary Duque led the Department of Health (DOH) through the COVID-19 pandemic onslaught when it hit the country in early 2020. As health secretary, he also led the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID). He was riddled with criticisms for DOH performance and poor strategies in COVID response as well as for issues in missing funds in the Philippine Health Insurance Corp. (PhilHealth) where he served as ex-officio chairman. Through all these, he kept his post as health secretary until the end of Duterte’s term as Philippine president.

When Ferdinand Marcos Jr. officially took office on July 1, 2022, it took almost 8 months before he was appointed a Department of Health secretary. This caused a big stir among the populace since the COVID-19 pandemic was still ongoing. It was never clearly answered why appointing a health secretary seemed not a priority while still in pandemic status.
Vaccine Hesitancy/Social behaviour

Upon the arrival of the first batch of COVID-19 vaccines, the Department of Health began its vaccination program in March 2021. Frontliners, senior citizens and persons with co-morbidities were prioritized in the vaccination schedules. The rest of the population had their turn thereafter. Roll-outs outside of the National Capital Region, especially those far flung, were hampered by logistic challenges.

A significant portion of the population refused vaccination. Reasons for this vary from health illiteracy, to distrust of all vaccines, distrust of newly formulated vaccines, distrust of the government in general or simply misinformation.

There are also Filipinos like the Indigenous People, whose communities are simply too difficult to reach by health workers, the Geographically Isolated and Disadvantaged Areas (GIDA) where road networks, transportation means and power supply are lacking. Many residents of GIDA were not able to receive COVID-19 vaccines.

As of March 2023, the DOH published in its website dashboard that 78.4 million Filipinos have received full vaccination. However, closer inspection of data will show that a large portion have not had booster shots and statistics per region and per priority group will show that a significant number have not had any vaccination against COVID-19. There is no separate data on the DOH website on Indigenous People’s vaccination status and percentage.

Economic Recovery

In 2022, travel restrictions were eased up and public transportation and commercial establishments began to open. Schools and workplaces returned to face to face operation to rekindle economic activity. Filipinos were trying to get their lives back. However, many small private operators like vendors and tricycle and jeepney drivers have long lost their capital. Daily wage labourers have to start again.

In December 2023, the PSA released a poverty report for the first semester of 2023, citing that poverty incidence is lower at 16.4 percent compared to 18 percent during the same period in 2021. While the improved numbers is good news, it is important to note that 2021 was the height of the COVID-19 pandemic. It was the worst time for many Filipinos who were not able to make any income due to lock downs. It is important to correctly and appropriately analyze significant data for policy makers to precise and fitting conclusions and recommendations.

Social Protection

According to the United Nations’ definition of social protection, it “refers to the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a
particular emphasis towards vulnerable groups.” It can come in many forms. Not just monetary. It could come in the form of capacity building, or access to work and opportunities, or any assistance to uplift the quality of life or insurance of the poor and vulnerable population.

In the Philippines, the government’s social protection program encompasses various areas such as social insurance, social welfare, labour market interventions, and social safety nets. These initiatives aim to provide support and assistance to individuals and communities in need. Social insurance programs typically include health insurance, pension schemes, and other forms of financial protection. Social welfare programs focus on providing assistance to vulnerable groups, such as the elderly, persons with disabilities, and low-income families. Labour market interventions aim to improve employment opportunities and skills development. Lastly, social safety nets are designed to provide a safety net for those facing economic hardships, offering temporary assistance and support. The government’s social protection program in the Philippines is continuously evolving and adapting to address the needs of its citizens.

Universal Health Care UHC system

Although the Universal Health Care or UHC system is a good social insurance concept, its execution needs improvement. Some experts have expressed their opinion that the Philippine public health system is not ready to carry out the UHC objectives.

After the PhilHealth missing fund scandal, the UHC was tested during the pandemic. Indeed the public health system in the Philippines was not ready for the UHC. Evident were problems that arose including lack of infrastructure, shortage of staff and funds and governance challenges.

Pantawid Pamilyang Pilipino Program (4Ps) and Social Amelioration Program (SAP)

The Pantawid Pamilyang Pilipino Program or 4Ps is a conditional cash transfer program to the poorest households for health and education needs.

The Social Amelioration Program or SAP was launched as a COVID-19 pandemic financial aid amounting from 5,000 pesos to 8,000 pesos, to poor and vulnerable households during the months-long lock down.

Households that were already in the 4Ps list experienced a less troublesome SAP availability since the head of household names were already included in the 4Ps beneficiary list. Less troublesome, did not mean timely and seamless though. Many beneficiaries experienced having to wait in long lines among a crowd of other recipients at the height of the pandemic—when everyone should have been staying home and avoiding public, crowded places. The second release of SAP was delivered more efficiently—digitally—to beneficiaries who used a digital platform for cash transactions.
Meanwhile, the most vulnerable of the populations but were not included in the 4Ps program were not sure if they would receive SAP or not.

Recommendations

Although vaccine wastage is expected in any endemic or pandemic situation, public healthcare leaders could keep the rate of wastage low by careful preparation and installation of measures.

- By carefully planning and organizing vaccination campaigns, healthcare leaders can ensure that vaccines are efficiently distributed and administered. This includes proper storage and handling of vaccines, ensuring cold chain management, and monitoring expiration dates. Additionally, establishing clear protocols for vaccine administration and training healthcare staff can help reduce errors and prevent wastage. Continuous monitoring and adjustment of vaccination strategies based on demand and supply can also contribute to minimizing wastage. Overall, proactive measures and careful management can help keep the rate of vaccine wastage low in both endemic and pandemic situations.

- Government must look into its cold chain limitations, vaccine hesitancy of the public, and unequal vaccine accessibility. The government should continue to build and procure cold chain logistics as preparation.

- Transparency and accurate reporting must be implemented so that problem areas may be addressed.

- Private sector should be involved in the rollout of vaccines. This partnership can help address some limitations in government logistics and management.

- By partnering with private companies, governments can leverage their resources, infrastructure, and experience to enhance the efficiency and effectiveness of vaccine distribution. Private sector involvement can help optimize supply chain processes, improve inventory management, and ensure timely delivery of vaccines to vaccination centers.

- Private sector entities can contribute to the development and implementation of innovative technologies and solutions that streamline the vaccine supply chain. This may include the use of advanced tracking systems, data analytics, and real-time monitoring to improve visibility and coordination.

- Collaboration between the public and private sectors can also help address potential gaps in cold chain logistics, as private companies may have existing
infrastructure and capabilities for storing and transporting vaccines at specific temperature requirements.

- It is crucial for governments to establish clear guidelines, regulations, and oversight mechanisms to ensure transparency, accountability, and equitable access when involving the private sector in vaccine distribution. This collaboration should be guided by the common goal of achieving widespread vaccination coverage and public health outcomes.

- It is important to approach vaccine hesitancy as a complex issue influenced by diverse socio-cultural factors, rather than simply categorizing sentiments as pro or against vaccination initiatives. Understanding the spectrum of vaccine hesitancy allows for a more nuanced understanding of the reasons behind individuals' decisions.

- Factors such as past experiences, family history, feelings of control, and conversations with friends can significantly impact an individual's decision-making process regarding vaccines. Recognizing and considering these factors is crucial in developing effective strategies to address vaccine hesitancy.

- In the context of the Philippines, where socio-cultural climate plays a significant role in shaping health-related decisions, it becomes even more important to acknowledge and respect the narratives and perspectives of individuals. This includes understanding cultural beliefs, historical experiences, and social influences that may shape their attitudes towards vaccination.

- By taking a comprehensive approach that considers these socio-cultural factors, healthcare authorities can tailor communication strategies, education campaigns, and community engagement efforts to effectively address vaccine hesitancy. This approach promotes understanding, empathy, and trust-building, ultimately leading to increased vaccine acceptance and uptake within the population.

- Health literacy is key in lowering vaccine hesitancy and in turn, also lowering wastage.

- Enhancing health literacy and reducing vaccine wastage can be facilitated by retaining and employing graduates of medical and allied health courses in grassroots and primary health facilities. By deploying local health workers in community settings, the foundations of primary health care can be significantly strengthened.

- Having well-trained and knowledgeable healthcare professionals in these settings can contribute to improved health literacy among the population. Local health workers who are familiar with the community's culture, language, and specific healthcare needs can effectively communicate important information about vaccines, address concerns, and provide accurate
guidance. This can help increase vaccine acceptance and reduce vaccine hesitancy, ultimately minimizing wastage.

- Furthermore, retaining and deploying graduates of medical and allied health courses in grassroots and primary health facilities can enhance the overall healthcare infrastructure at the community level. These professionals can provide essential healthcare services, including vaccination, preventive care, and health education. This not only strengthens primary healthcare but also ensures that vaccines are administered efficiently and effectively, reducing the risk of wastage.

- By prioritizing the retention and employment of healthcare graduates in community settings, governments can promote health literacy, improve primary healthcare services, and contribute to the prevention of vaccine wastage.
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