Administrative Order
No. 09
Series of 2021

DSWD COVID-19 VACCINATION POLICY

A. Background

On 30 January 2020, the World Health Organization (WHO) declared Coronavirus Disease 2019 (COVID-19) as a Public Health Emergency of International Concern (PHEIC). On the same date, the Philippines had its first laboratory-confirmed case of COVID-19. COVID-19 is a disease caused by a novel coronavirus first reported from Wuhan, China last 31 December 2019, and was later named as the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). On 7 March 2020, the Department of Health (DOH) announced the country's first reported local transmission when a 60-year-old male, without any travel history outside the Philippines was confirmed to be positive for SARS-CoV-2. On 11 March 2020, the WHO characterized COVID-19 as a pandemic. Presidential Proclamation No. 922 declared the Philippines under a State of Public Health Emergency.

Since then, the Philippines has been responding to mitigate the impact of the COVID-19 pandemic. These interventions are anchored on the National Action Plan Against COVID-19 (NAP-COVID19), the National Strategic Plan for COVID-19 Pandemic Response, utilizing the Prevent-Detect/Isolate/Quarantine-Treat-Reintegrate (PDITR) Strategy.

The Philippine Government has acquired vaccines in an effort to halt the spread of the virus and is enjoining Filipinos to get vaccinated. To achieve Herd Immunity, at least 60-70% of the population must be vaccinated.

The Department of Social Welfare and Development supports this national government initiative. However, it also recognizes that getting vaccinated is a choice, an expression of self-determination which the Department strongly advocates. The DSWD is exhausting all means to empower all employees by providing as much information needed so that everyone can intelligently decide on whether or not to get vaccinated.

B. Objectives

This policy aims to provide operational guidance in the implementation of the COVID-19 vaccine deployment and vaccination program of the DSWD.
C. Legal Bases

1. Department of Health Administrative Order No. 5 series of 2021 or the National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization
2. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines
3. Administrative Order No. 17, series of 2020 or the DSWD SULONG Recovery Plan 2021-2022
4. Inter-Agency Task Force Resolution No. 117, series of 2021, approved on 27 May 2021

D. Definition of Terms

1. AEFI - Refers to After Effects Following Immunization

2. Cold Chain Storage - "Generally, the "cold chain" is a catch-all term that describes the infrastructure used to transport temperature-sensitive items such as vaccines from production facilities to the consumers."¹

3. COVID-19 - Refers to a disease caused by a new strain of coronavirus; formerly known as 2019 novel coronavirus or 2019-nCoV

4. Essential Worker/Frontliner - are used interchangeably; are defined as those who engage the community in the performance of his or her duty.

5. NITAG - Refers to National Immunization Technical Advisory Groups

6. NVOC - Refers to National Vaccine Operations Center

7. Priority Eligible Groups - Refer to groups created by the Department of Health based on their goals² of 1) identifying the eligible population and vaccination is to directly reduce morbidity and mortality and maintain most critical essential services, 2) controlling transmission and minimizing disruption of social economic and security functions, and 3) to resume the country’s essential activities to near normal.

8. Vaccine - Refers to the COVID-19 Vaccine

E. Principles

The allocation and prioritization of COVID-19 immunization shall be anchored on the following principles:

1. Human well-being: When health, social and economic security, human rights and civil liberties of all citizens and individuals are protected and promoted.
2. Equal respect: When all human beings are treated equally and their interests are considered with equal moral consideration.
4. Reciprocity: When individuals and groups who bore a greater burden in the COVID-19 pandemic response and have higher significant risks brought by their responsibilities and roles are given greater priority.
5. Legitimacy: When decisions are made through transparent processes based on shared values and scientific evidence.

F. General Policies

1. Getting vaccinated is a choice. The Department of Health provides all needed materials for an individual to make an informed and intelligent choice on whether or not to get vaccinated. The DSWD Social Marketing Service in turn provides DSWD employee access to the tools and other health information in coordination with the Department of Health by:
   a. emailing appropriate web links to help educate the DSWD's employees on the benefits and risks of vaccination.
   b. conducting surveys in order to understand the foremost concerns of the employees and respond
   c. An individual's consent shall always be requested by the DOH prior to vaccination.

2. All informed and willing employees must enlist themselves through the Registration Forms provided by the Technical Working Group COVID-19 Vaccine Immunization Program, through the ICTMS. The Registration Form shall be provided on a per batch basis, depending on the developments in prioritization from the Department of Health.

3. All employees who registered with their Local Government Units shall not be allowed to register with the DSWD. This is to ensure that allocation will be the actual number of confirmed employees, and consequently, avoid unnecessary spoilage of the vaccine. In addition, this will avoid duplication of other master lists

\[3\text{Ibid.}\]
(DOH, LGU). Those who have registered, and were vaccinated through their respective LGUs will strictly be monitored by the LGU, and must provide the DSWD Clinic with a copy of their vaccination cards, once vaccination is complete. However, those vaccinated by LGUs will be internally monitored by a separate process through the Agency Operations Center and will be merged with the DSWD Monitoring system eventually.

4. All employees must understand that there is a global shortage of vaccines, not to mention, some brands require stringent cold chain storage facilities. Therefore, the availability of a particular brand of the vaccines will vary depending on supply availability, capacity and capability of cold storage facility in the area, and other critical logistic support considerations. An employee wishing to be vaccinated may choose from what is available in their designated vaccination center.

5. An employee who belongs to a certain Priority Eligible Group that is currently in the vaccination process, may decline to get vaccinated on the day of the vaccination for whatever reason he or she may have. In which case, the name of the employee, at their discretion, will be re-listed at the bottom of the master list of the Priority Eligible Group where the employee belongs to, and wait for the arrival of the next batch of vaccine. This is because vaccine supplies coming into the Philippines are limited, and have very strict expiry dates.

6. The availability of free vaccines will strictly adhere to the prioritization target and deployment timetable set by the Department of Health. Once the DOH moves to the next Priority Eligible Group, all employees who opted not to get vaccinated and chose to wait for the next batch will lose the chance to get vaccinated. These employees may try to avail of the vaccine from their respective Local Government Units.

7. In cooperation with the Social Marketing Service, the DSWD management strives to provide up-to-date and relevant information in order for the employees to come up with informed and intelligent decisions regarding vaccination.

G. Priority and Coverage

The primary goal in identifying the eligible population and vaccination is to directly reduce morbidity and mortality and maintain most critical essential services. The secondary goal is to control transmission and minimize disruption of social economic and security functions. These goals guided the selection of priority eligible groups. The selection of priority eligible group A fulfills the primary goal, priority eligible group B addresses the secondary goal.
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<tr>
<td>1</td>
<td>Priority Eligible Group A4</td>
<td>The following shall be included to be eligible for vaccination under Priority Group A4: i. Private sector workers required to be physically present at their designated workplace outside of their residences; ii. Employees in government agencies and instrumentalities, including government-owned and controlled corporations and local government units; and iii. Informal sector workers and self-employed who may be required to work outside their residences, and those working in private households.</td>
<td>All DSWD Employees</td>
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H. General Implementing Mechanism

The DSWD Technical Working Group COVID-19 Vaccine Immunization Program shall ensure the execution of the Department’s COVID-19 Vaccination Policy through an implementation plan that will be guided by the following:

1. A DSWD profiling of the eligible population shall be conducted prior to the implementation of the vaccination activity and shall be utilized to determine the eligibility of the priority groups receiving the vaccine.

2. The COVID-19 Electronic Immunization Registry (CEIR) shall be the official platform for master listing and registration for COVID-19 vaccination. The ICTMS shall ensure that an internal system is established to submit the necessary information following the Interim Minimum Required Data Fields based on DOH standards and policies or as the case may be, allow the regional vaccination support team to upload in their respective LGUs CEIR.

3. The deployment of vaccines will be in a phased approach depending on the delivery (timing, available doses, logistical requirements) of vaccines to the country. It will be executed based on a sectoral approach as per approved priority in the National Vaccination Plan, that is, all frontline healthcare workers will be vaccinated first before proceeding to the next priority group. Jumping the line is
strictly prohibited unless otherwise there are new issuance from DOH. The number of individuals to be vaccinated in a round will depend on the total number of vaccines delivered, in which computation of the 2nd dose is already considered. Since the delivery of vaccines to the country is in tranches, the deployment of vaccines in specific geographical areas shall be based on the burden of COVID-19 cases. In the identification of geographical areas, the NITAG set the indicators in determining the areas with high burden of COVID-19 cases. The determination of priority geographical areas will be per region. Likewise, the NITAG will review the burden of COVID-19 cases in the country every month and will recalibrate the priority areas accordingly.

- FO NCR, IV-A, III (Top 1-3)
- FO VII, I, VI (Top 4-6)
- FO V, XI, X (Top 7-9)
- FO IX, XII, VIII (Top 10-12)
- FO II, MIMAROPA, CARAGA, CAR (Top 13-16)

4. Based on the Department of Health’s pronouncement, vaccination will be conducted to the DOH officially accredited and certified vaccination sites for all Filipinos. The TWG shall review the best arrangement for the vaccination of the DSWD employees.

I. POLICY REVIEW AND ENHANCEMENT

This policy shall be subject for review every month or as soon as there are major changes in the mode of implementation as per the Department and DOH’s policies and procedures.

This Order shall take effect immediately, until further notice.

Signed this ___28___ of June, 2021 in Quezon City.

ROLANDO, JOSELITO D. BAUTISTA
Secretary

CERTIFIED TRUE COPY

MYRNA H. REYES
Chief, OIC, OIC-Admin

01 JUL 2021 01 JUL 2021