



COVAC PLAN 21-22



**COVID-19 VACCINE
DEPLOYMENT AND
IMMUNIZATION PLAN
2021-2022**





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PLAN 2021-2022**

Province of Iloilo

PROVINCE OF ILOILO
COVID-19 VACCINE DEPLOYMENT AND IMMUNIZATION PLAN 2021-22:
WHOLE-OF-THE PROVINCE APPROACH

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EXECUTIVE SUMMARY

The Iloilo Provincial Government (IPG) has prepared its COVID-19 Vaccine Deployment and Immunization Plan 2021-2022 (COVAC Plan 21-22), for the purpose of ensuring that all the eligible citizens of the Province of Iloilo (Province) will have a free, effective, safe and high-quality vaccines against COVID-19.

The COVAC Plan 21-22 provides an overall framework, as well as, an operational plan, for the COVID-19 deployment and vaccination throughout the Province. Towards this effort, the IPG will mobilize its entire bureaucracy, including that of all the municipalities and component city, the private sector, civil society organizations, non-governmental organizations and all the volunteer groups in the Province.

The COVAC Plan 21-22 is in accordance with the Department of Health Administrative Order No. 2021-0005 (DOH AO 2021-005) dated January 21, 2021 on the “National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization”.

The plan spells out nine (9) major plan components, as follows: (1.) Planning and Coordination, (2.) Financing and Funding Mechanisms, (3.) Identification of Eligible Population, (4.) Vaccination Procurement and Delivery Strategies, (5.) Cold Chain, Supply and Health Care Waste Management, (6.) Human Resource Management and Training, (7.) Acceptance and Uptake, (8.) Vaccine Immunization Safety Monitoring, AEFI/AESI, and Post Marketing Surveillance and Management, and Pharmacovigilance, and (9.) Immunization, Registration, Monitoring and Data Management Systems.

The COVAC Plan 21-22 also identifies specific priorities, and activities that will be undertaken by appropriate IPG Departments in coordination with the Department of Health (DOH) and government oversight and regulating agencies to jumpstart the deployment and vaccination of the eligible citizens of the Province.

The COVAC Plan 21-22 will be implemented taking into cognizance the availability of the COVID-19 vaccines that would be provided by both the National Government through the DOH, and the IPG.

The COVAC Plan 21-22 will likewise conduct vaccine and immunization safety monitoring and post marketing surveillance and management, and pharmacovigilance to ensure that the vaccine is safe and effective.

At a glance, this is COVAC Plan 21-22 of the Province.



I. INTRODUCTION

After ten months of community quarantine since 20 March 2020, the Province enters a new stage in the fight against Coronavirus Disease 2019 (COVID-19). The development of the vaccine against COVID-19 brings in a new instrument for the Province to prevent and control the disease. Several pharmaceutical companies in the international community have developed their version of the vaccine. Now, some of these vaccines have passed the third (3rd) phase of clinical trial, making them available on an emergency use basis, with the issuance of the Emergency Use Authorization by the regulatory agencies of the different countries. With this allowed usage of the vaccine, many countries in the international community have rolled-out their respective vaccination programs. The Philippines is no exception.

The international community is now guided by the World Health Organization (WHO) - United Nations International Children's Emergency Fund (UNICEF) - World Bank Vaccine Introduction Readiness Assessment Tool/Vaccine Readiness Assessment Framework (VIRAT/VRAF 2.0).¹ To set in place its vaccine deployment and immunization plan, the National Government has likewise issued DOH AO 2021-005 on National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization dated 12 January 2021², the Department of Health Department Circular No. 2021-0009 (DOH DC 2021-0009) on the Department of Health's Strategic Plan for COVID-19 Vaccination (2021-2023) and National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization dated 14 January 2021³, and Department of Interior and Local Government Memorandum Circular No. 2021-007 (DILG MC 2021-0007) on the Interim Preparatory Guidelines in the Implementation of the National Vaccination Program.⁴

The Province, together with its municipalities and component city, and guided by the foregoing issuances, follows with its COVAC Plan 21-22, for

¹ World Health Organization (WHO) - United Nations International Children's Emergency Fund (UNICEF) - World Bank Vaccine Introduction Readiness Assessment Tool/Vaccine Readiness Assessment Framework (VRAT/VRAF 2.0) - Version 3, as of 03 December 2020. <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine-introduction-RA-Tool-2020.1>

² Department of Health (DOH) Administrative Order No. 2021-0005 on the "National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization", issued on 12 January 2021.

³ Department of Health (DOH) Department Circular No. 2021-0009 on the "Department of Health's Strategic Plan for COVID-19 Vaccination (2021-2023) and National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization", issued on 14 January 2021.

⁴ Department of Interior and Local Government (DILG) Memorandum Circular No. 2021-007 on the "Interim Preparatory Guidelines in the Implementation of the National Vaccination Program" issued on 18 January 2021.

the procurement, delivery, deployment and the actual vaccination of their constituencies.

With the COVAC Plan 21-22, the Province and its people shall be assured of free, safe and effective COVID-19 vaccines.

II. OBJECTIVES

The COVID-19 Vaccine Deployment and Immunization Plan 2021-2022 shall have the following Objectives:

- A. To provide a framework, as well as, an operational plan of action based on DOH AO 2021-0005 on National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization dated 12 January 2021, DOH DC 2021-0009 on the DOH's Strategic Plan for COVID-19 Vaccination (2021-2023) and National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization dated 14 January 2021, and DILG MC 2021-007 on the Interim Preparatory Guidelines in the Implementation of the National Vaccination Program;
- B. To synchronize the COVID-19 vaccine deployment and vaccination plan of the Province with the direction and objectives of the National Government; and
- C. To provide free, safe, effective and high-quality vaccine against COVID-19 to the eligible citizens of the Province of Iloilo.

III. PLAN COMPONENTS

Against the backdrop of DOH AO 2021-0005 dated 12 January 2021, DOH DC 2021-0009 on the DOH's Strategic Plan for COVID-19 Vaccination (2021-2023) and National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization dated 14 January 2021, DILG MC 2021-007, and the WHO-UNICEF-World Bank VIRAT/VRAF 2.0, the COVAC Plan 21-22 shall have the following Components⁵:

⁵ *Infra* at Note 2. Section VI on Specific Guidelines, provides that:

“x x x VI. SPECIFIC GUIDELINES

- A. Planning and Coordination;
- B. Financing and Funding Mechanisms;
- C. Identification of Eligible Population;

- 1.) Planning and Coordination;
- 2.) Financing and Funding Mechanisms;
- 3.) Identification of Eligible Population;
- 4.) Vaccination Procurement and Delivery Strategies;
- 5.) Cold Chain, Supply and Health Care Waste Management;
- 6.) Human Resource Management and Training;
- 7.) Acceptance and Uptake;
- 8.) Vaccine Immunization Safety Monitoring, AEFI/ AEFI, and Post Marketing Surveillance and Management, and Pharmacovigilance; and
- 9.) Immunization, Registration, Monitoring and Data Management Systems.

A. PLANNING AND COORDINATION (*Appendix A1*)

- 1.) Establishment of an organizational structure with assigned functions in the Iloilo Provincial Government (IPG) for a unified command, control, coordination and communication mechanism, and ensure the implementation COVAC Plan 21-22;⁶

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- D. Vaccination Procurement and Delivery Strategies;
 - E. Cold Chain, Supply and Health Care Waste Management;
 - F. Human Resource Management and Training;
 - G. Acceptance and Uptake;
 - H. Vaccine Immunization Safety Monitoring, AEFI/ AEFI, and Post Marketing Surveillance and Management, and Pharmacovigilance; and
 - I. Immunization, Registration, Monitoring and Data Management Systems. x x x”

⁶ *Ibid.* Section VI (A.), paragraph (1.) on Planning and Coordination, provides that:

“x x x VI. SPECIFIC GUIDELINES

A. Planning and Coordination

1. “x x x The COVID-19 Vaccine organization structure shall be established to institutionalize a unified command, control, coordination, and communication mechanism and ensure the implementation of COVID-19 vaccine and communication mechanism and ensure the implementation of COVID-19 vaccine access, deployment and immunization of eligible populations. x x x”

- 2.) The organization shall involve the Governor, *Sangguniang Panlalawigan* (SP) Members, the executing departments of the IPG, such as: Provincial Administrator's Office, Provincial Health Office (PHO), Hospital Management Office (HMO), Provincial Disaster Risk Reduction and Management Office (PDRRMO), Provincial Planning and Development Office (PPDO), Provincial Social Welfare and Development Office (PSWDO), Public Information and Community Affairs Office (PICA), General Services Office (GSO), and the Provincial Legal Office (PLO);
- 3.) It shall define its relationship and coordination with the hierarchy of the DOH, including other national policy providers, such as, the Inter-agency Task Force on the Management of Emerging Diseases, National Immunization Technical Advisory Group (NITAG), National Adverse Events Following Immunization Committee (NAEFIC), National Task Force Against COVID-19 (NTF COVID-19), National Incident Command, and COVID-19 Vaccine Clusters;⁷
- 4.) It shall also include the Municipal/City Mayors and their respective Municipal/City/Rural Health Officers;

⁷ *Id.* Section VI (A.), paragraphs (2.) and (3.) on Planning and Coordination, provide that:

"x x x VI. SPECIFIC GUIDELINES

A. Planning and Coordination

2. *"x x x* [A] multi-sectoral national organizational structure for COVID-19 vaccine shall be established, institutionalized and integrated with the existing COVID-19 response organizational structures and coordination mechanisms. Thus,
 - a. The Inter-agency Task Force for the Management on Emerging Infectious Disease shall serve as the National Coordinating Committee.
 - b. The COVID-19 Vaccine Cluster under the National Task Force Against COVID-19 shall serve as the National Technical Working Group.
 - c. The following workstreams shall be subsumed under COVID-19 Vaccine Cluster:
 - i. Scientific evaluation and selection
 - ii. Diplomatic engagement and negotiation
 - iii. Procurement and finance
 - iv. Cold chains and logistics
 - v. Immunization program
 - vi. Demand generation and communications.
3. The NITAG for COVID-19 shall serve as an independent advisory body who shall provide recommendations to the COVID-19 Vaccine Cluster and its Task Groups and Sub-Task Groups. *x x x"*

- 5.) The organization shall likewise consider the participation and assistance of medical organizations in the Province and other socio-civic or non-government organizations; and
- 6.) The Provincial Civil Defense Operations Center shall be the operations center of the organization.⁸

B. FINANCING AND FUNDING MECHANISMS (Appendix A2)

- 1.) The funding and procurement of COVID-19 vaccines shall be based on the 3-Phase COVAC Plan 21-22, set forth below;
- 2.) The major source of funding for the COVID-19 vaccines shall be coming from the National Government budget;⁹
- 3.) The IPG shall complement the budget of the National Government for the procurement of the vaccines;¹⁰

⁸ *Id.* Section VI (A.), paragraph (7.) (d.) on Planning and Coordination, provides that:

“*x x x* VI. SPECIFIC GUIDELINES

A. Planning and Coordination

7. An Incident Command System supported by an emergency operations center shall be established and operationalized at all levels, as follows:

x x x

x x x

x x x

d. Local Emergency Operations Centers. *x x x*”

⁹ *Id.* Section VI (B.), paragraph (1.) on Financing and Funding Mechanisms, provides that:

“*x x x* VI. SPECIFIC GUIDELINES

B. Financing and Funding Mechanisms

1. As part of the national COVID-19 response, the budget and funding for the COVID-19 vaccine shall be integrated and reflected in the national budgets of implementing agencies, as deemed necessary. *x x x*”

¹⁰ *Id.* Section VI (B.), paragraph (3.) on Financing and Funding Mechanisms, provides that:

“*x x x* VI. SPECIFIC GUIDELINES

B. Financing and Funding Mechanisms

3. The budget proposals for the implementation of national COVID-19 vaccine deployment and immunization shall include budgetary requirements at the national, regional, and local levels. *x x x*”

- 4.) The Municipal/City Governments shall endeavor to appropriate funds coming from their own local sources;¹¹
- 5.) Private and business organizations and groups intending to vaccinate their employees or constituencies shall seek clearance and authority from the national government; and
- 6.) When necessary, and if so required, the IPG will endeavor to outsource the vaccine cost from loans or grants.¹²

C. IDENTIFICATION OF ELIGIBLE POPULATIONS (*Appendix A3*)

- 1.) The identification of the eligible population in the Province who shall receive the COVID-19 vaccines shall be based on the WHO Strategic Advisory Group of Experts (SAGE), Values Framework for the Allocation and Prioritization of COVID-19 vaccination principles, and the policies and recommendations of the NITAG of COVID-19 vaccines;¹³
- 2.) The identification of the eligible population shall likewise be anchored on the principles of human well-being, global equity, reciprocity, equal respect, national equity and legitimacy, taking in mind 60-70% of the population of the Province;¹⁴

¹¹ *Id.*

¹² *Id.* Section VI (B.), paragraph (2.) on Financing and Funding Mechanisms, provides that:

“x x x VI. SPECIFIC GUIDELINES

C. Financing and Funding Mechanisms

2. In addition, with the unparalleled need and the competing demand in the global market, other funding methods and mechanism such as multilateral development bank arrangements, local bank-facilitated loans, advance market commitments, among other, shall be explored. x x x”

¹³ *Id.* Section VI (C.), paragraph (1.) on the Identification of Eligible Population, provides that:

“x x x VI. SPECIFIC GUIDELINES

C. Identification of Eligible Population

1. The WHO Strategic Advisory Group of Experts (SAGE) Values Framework for the Allocation and Prioritization of COVID-19 Vaccination principles and the policies and recommendations of the NITAG of COVID-19 Vaccines shall guide the identification and finalization of the eligible population, taking into consideration the national context, the epidemiologic settings and the COVID-19 vaccine characteristics and supply. x x x”

¹⁴ *Id.* Section VI (C.), paragraph (2.) on the Identification of Eligible Population, provides that:

“x x x VI. SPECIFIC GUIDELINES

- 3.) A decision matrix shall be developed by medical experts in the Province, taking into consideration the most-at-risk and most vulnerable population such as: (a.) frontline health workers, (b.) senior citizens, (c.) indigent population, and (d.) uniformed personnel;¹⁵ and
- 4.) Persons with comorbidities and the vulnerable population shall also be prioritized.¹⁶

D. VACCINATION PROCUREMENT AND DELIVERY STRATEGIES (Appendix A4)

- 1.) The choice of vaccines for procurement by the IPG shall be guided by the Vaccine Expert Panel and the following criteria:

Criteria	Weight
1. Track record of company in developing and/or manufacturing vaccines	10%
2. Technology platform (reliability and stability related to storage requirement)	10%

C. Identification of Eligible Population

2. The identification of the eligible population shall be primarily anchored on the principles of: human well-being, global equity, reciprocity, equal respect, national equity and legitimacy, taking in mind that 60-79% of the population are needed to have immunity to break the chain of transmission. *x x x*"

¹⁵ *Id.* Section VI (C.), paragraphs (5.) and (6.) on the Identification of Eligible Population, provide that:

"x x x VI. SPECIFIC GUIDELINES

C. Identification of Eligible Population

5. Considering all goal, principles and values stated above, a decision matrix shall be developed to guide decision making.
6. In the minimum, the Philippine Government shall vaccinate the most-at-risk and most-vulnerable populations such as: (a.) frontline health workers, (b.) senior citizens, (c.) indigent population, and (d.) uniformed personnel. *x x x*"

¹⁶ *Id.* Section VI (C.), paragraph (6.) on the Identification of Eligible Population, provides that:

"x x x VI. SPECIFIC GUIDELINES

C. Identification of Eligible Population

6. *x x x* [P]ersons with comorbidities and vulnerable population groups may be prioritized as soon as developments and information on the COVID-19 vaccine determines their inclusion. *x x x*"

3. Safety based on Phase 1 and 2 clinical trials	20%
4. Immunogenicity (potential efficacy based on Phase 2 clinical trials)	20%
5. Potential efficacy and safety based on published Phase 3 interim result and/or with Emergency Use Authorization	30%
6. Vaccine Implementation (<i>i.e.</i> dosing schedule)	10%
Total	100%

2.) COVAC Plan 21-22 shall require a three 3-phase approach:

- a.) Phase 1: Initial doses of vaccine shall be administered on a limited basis, with the goal of maximizing vaccine acceptance and public health protection, while minimizing waste and inefficiency.

The key considerations in planning for Phase 1 are:

- i.) COVID-19 vaccine supply may be limited;
 - ii.) COVID-19 vaccine administration shall concentrate on the initial populations of focus to achieve vaccination coverage in groups; and
 - iii.) Inventory, distribution, and the repositioning of vaccine shall be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.
- b.) Phase 2: As the supply of available vaccine increases, distribution shall expand, increasing access to vaccination services for a larger population. When larger quantities of vaccine become available, there shall be two simultaneous objectives:
- i.) Provide equitable access to COVID-19 vaccination for all critical populations (health frontliners, senior citizens, indigent persons, *etc.*) to achieve high COVID-19 vaccination coverage in these populations; and
 - ii.) Ensure high uptake in specific populations, particularly in groups that are at higher risk for severity of COVID-19.

The key considerations in planning for Phase 2 are:

- i.) COVID-19 vaccine supply shall likely be sufficient to meet demand for critical populations, as well as, the general public;
 - ii.) Additional COVID-19 vaccine doses available will necessitate an increase in vaccination providers and locations;
 - iii.) A surge in COVID-19 vaccine demand is possible, so a broad vaccine administration network for surge capacity will be necessary; and
 - iv.) Low COVID-19 vaccine demand is also a possibility, so LGUs should monitor supply and adjust strategies to minimize vaccine wastage.
- c.) Phase 3: In the long term, COVID-19 vaccine will be widely available, and integrated into routine vaccination programs, run by both public and private partners.

The key considerations in planning for Phase 3 are:

- i.) Likely sufficient COVID-19 vaccine supply that might exceed demand;
 - ii.) Broad vaccine administration network for increased access;
 - iii.) Continued focus on equitable access to vaccination services;
 - iv.) Monitoring COVID-19 vaccine uptake and coverage in critical populations, and enhancing strategies to reach populations, with low vaccination uptake or coverage;
 - v.) Partnering with commercial and private entities to ensure COVID-19 vaccine and vaccination services are widely available; and
 - vi.) Monitoring supply and repositioning refrigerated vaccine products to minimize vaccine wastage.
- 3.) COVID-19 vaccine procurement shall be based on the availability of the vaccines and the available funds of the Province;

- 4.) Other factors shall be considered in the procurement of the vaccines such as, authorization from the National Government through issuance of Emergency Use Authorizations (EUA) and Certificate of Product Registration (CPR), and negotiations with the pharmaceutical companies;
- 5.) The number of doses to be procured by the IPG (1st phase) shall be based on the priority eligible population; and
- 6.) Vaccine procurement and delivery strategies shall, *inter alia* consider the following factors:
 - a.) simulation exercises from procurement to delivery;
 - b.) readiness of delivery companies to manage the vaccines; and
 - c.) safety and security in the delivery.

E. COLD CHAIN, SUPPLY AND HEALTH CARE WASTE MANAGEMENT (*Appendix A5*)

- 1.) A cold chain and a supply plan shall be formulated to include the following:
 - a.) Identification, construction or upgrading of cold chain facility considering the type and kind of cold chain requirements, such as capacity and temperature requirements from refrigerated (2-8 degrees Celsius), (-15 to -25 degrees Celsius) to ultra-cold (-60 to -80 degrees Celsius);
 - b.) Training of personnel to handle the cold chain facilities;
 - c.) Management of cold chain facilities including security protocols; and
 - d.) Close coordination with cold chain providers.
- 2.) A health care waste management plan shall be developed, and shall cover reverse logistics, to guarantee the health and safety of vaccinators and the community.¹⁷

¹⁷ *Id.* Section VI (E.), paragraph (6.) on the Identification of Eligible Population, provides that:

F. HUMAN RESOURCE MANAGEMENT AND TRAINING (Appendix A6)

- 1.) A Human Resource Management and Training Plan (HRMTP)¹⁸ shall be prepared to include the following requirements:
 - a.) Personnel and volunteers who shall be involved in the vaccination program, such as: PHO and HMO personnel, Community volunteers, which include: barangay health workers (BHWs), barangay service point officers (BSPOs), *barangay tanods* and BHERTS members; and
 - b.) Logistical and equipment requirements of the personnel and volunteers.
- 2.) Simulation exercises of the actual vaccination process; and
- 3.) Trainings of support and ancillary services such as: IT personnel, non-medical personnel, which include drivers, loggers, documenters, handlers, equipment operators, among others.¹⁹

"x x x VI. SPECIFIC GUIDELINES

C. Identification of Eligible Population

6. A healthcare waste management plan shall be developed, and shall cover reverse logistics, to guarantee the health and safety of vaccinators and the community. x x x"

¹⁸ *Id.* Section VI (F.), paragraph (1.) on Human Resource Management and Training, provides that:

"x x x VI. SPECIFIC GUIDELINES

C. Human Resource Management and Training

1. A human resource management and training plan shall be developed to ensure sufficient number of human resources (including Barangay Health Workers) are available for the implementation of the COVID-10 vaccine deployment and immunization, and to determine capacity building requirements of human resources. The plan shall consider various scenarios and frameworks as several unknowns still persist, and shall include identification of human resources needs, training modalities, and details on supportive supervision. x x x"

¹⁹ *Id.* Section VI (F.), paragraph (3.) on Human Resource Management and Training, provides that:

"x x x VI. SPECIFIC GUIDELINES

F. Human Resource Management and Training

3. The opportunity to develop innovative systems, such as online or digital tools, for modules, training and supportive supervision shall be set in place. x x x"

G. ACCEPTANCE AND UPTAKE (*Appendix A7*)

- 1.) Continuous education of policy makers, health professionals, implementers, both in the public and the private sector on the COVID-19 vaccine deployment and immunization;²⁰
- 2.) Preparation of the Information, Education and Communication (IEC) plan or strategy to inform the public and the community about the vaccination program using various media platform, such as: traditional media channels of print, radio and TV, and internet media, which may include: internet, social media and text messaging;
- 3.) Engaging the medical professional organizations, *Sangguniang Panlalawigan* members, local chief executives, socio-civic organizations and non-governmental organizations in the advocacy campaign; and
- 4.) Conduct of social acceptability survey about the vaccination program.

H. VACCINE AND IMMUNIZATION SAFETY MONITORING, AEFI/AESI AND POST MARKETING SURVEILLANCE AND MANAGEMENT, AND PHARMACOVIGILANCE (*Appendix A8*)

- 1.) The IPG shall continuously comply with the vaccine safety monitoring and management of Adverse Event Following Immunization (AEFI) and Adverse Event of Special Interest (AESI) as required by the FDA; and
- 2.) The IPG shall prepare a digital comprehensive plan on vaccine safety monitoring and management of AEFI and AESI with counterpart government agencies such as the FDA.²¹

²⁰ *Id.* Section VI (G.), paragraph (3.) on Vaccine Acceptance and Uptake, provides that:

“x x x VI. SPECIFIC GUIDELINES

G. Vaccine Acceptance and Uptake

3. Education of policy makers, health professionals, and implementers, both public and private, on COVID-19 vaccine and its development shall be prioritized to ensure vaccine acceptance and improve vaccine confidence. The academe and the medical societies are encouraged to support these initiatives. x x x”

²¹ *Id.* Section VI (H.), paragraph (1.) on Vaccine and Immunization Safety Monitoring, AEFI/AESI and Post Marketing Surveillance and Management, and Phamacovigilance, provides that:

“x x x VI. SPECIFIC GUIDELINES

I. IMMUNIZATION, REGISTRATION, MONITORING AND DATA MANAGEMENT SYSTEMS (*Appendix A9*)

- 1.) The Province shall establish a digital comprehensive data management system to monitor progress of vaccination activity, including monitoring of vaccine safety and effectiveness.²²

H. Vaccine and Immunization Safety Monitoring, AEFI/AESI and Postmarketing Surveillance and Management, and Pharmacovigilance

1. There shall be a comprehensive plan on vaccine safety monitoring and management of AEFI and AESI to be led by FDA and its regional counterparts and supported by the Epidemiology Bureau (EB), Regional and Local Epidemiology and Surveillance Units. *x x x*

²² *Id.* Section VI (I.), paragraph (1.) on Immunization, Registration, Monitoring and Data Management Systems, provides that:

“x x x VI. SPECIFIC GUIDELINES

I. Immunization, Registration, Monitoring and Data Management Systems

1. A robust and comprehensive data management system, preferably a digital system, shall be established and utilized to monitor progress of vaccination activity, including monitoring of vaccine safety and effectiveness. *x x x*

ACTIVITY PLAN CY 2021

Plan Component 1: Planning and Coordination
 Responsible Office: Sub-Task Force on Planning and Coordination

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/ OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Prepare/draft organization structure and functions and present it to the Provincial Civil Defense Cluster and the Governor for approval.	Organization and functional structure	One (1) organizational and functional structure prepared and presented.	20 January 2021	Sub-Task Force on Planning and Coordination		
2. Governor issues Executive Order creating the COVID-19 Vaccine Cluster.	Executive Order	Executive Order establishing COVID-19 Vaccine Cluster.	27 January 2021	- do -		
3. Present the COVID-19 Vaccine Cluster organizational structure to the Provincial Civil Defense Cluster, the SP and the Mayors of the Province.	Organizational Structure	The COVID-19 organizational structure.	29 January 2021	- do -		

ACTIVITY PLAN CY 2021

Plan Component 2: Financing and Funding Requirements
 Responsible Office: Sub-Task Force on Financing and Funding Requirements

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/ OFFICE	BUDGET REQTS (P000)	REMARKS
1. Identify the available vaccines for procurement based on the 3-phase COVAC Plan 21-22.	A 3-phase Briefings/ conferences with prospect vaccine providers.	Various COVID-19 vaccines that are available in the market based on the 3-phase COVAC Plan 21-22 is identified and accessed.	30 January 2021	Sub-Task Force on Financing and Funding Requirements.		COVID-19 vaccine for Phase 1 has already been identified.
2. Estimate the cost of the vaccines to be procured for the 3-phase COVAC Plan 21-22 and other related operational expenses.	Cost estimate on the 3-phase COVAC Plan 21-22 vaccination plan.	The 3-phase vaccination program's estimated cost and other related expenses is computed.	Phase 1 - 15 January Phase 2 - 01 July Phase 3 - 30 December	Sub-Task Force on Financing and Funding Requirements.	Phase 1 - P95M Phase 2 - P____ Phase 3 - P____	An amount of P95M has already been allocated for 270,000 doses of Astra Zeneca vaccines.
3. Identify the possible source of funds for the COVID-19 vaccine procurement.	Certification as to the source of fund by the Provincial Treasurer.	Possible sources of funds for the procurement of COVID-19 vaccine for Phase 2 and 3 of COVAC Plan 21-22 is identified.	01 July 2021	Sub-Task Force on Financing and Funding Requirements.		Funds shall be sourced out from IPG sources.
4. Request the Local Finance Committee (LFC) to recommend for the allocation of funds for COVID-19 vaccine procurement.	LFC Resolution of approval of the fund requirements.	The LFC has identified the possible source of funds for Phase 2 and 3, and recommended to the Governor for its allocation.	15 July 2021	Sub-Task Force on Financing and Funding Requirements.		Requires an LFC deliberation to identify sources of funds.

5. Present the proposed allocation to the Governor for his consideration.	Proposal to the Governor for funding.	Proposed allocation submitted and recommended to the Governor.	30 July 2021	Sub-Task Force on Financing and Funding Requirements.		The fund requirements and availability shall have to be discussed with the Governor.
6. Propose and request authority from the SP to appropriate funds for the additional COVID-19 vaccines.	Request for appropriation from the SP.	The SP approved the allocation for the purchase of additional COVID-19 for Phase 2 and 3.	30 December 2021	Sub-Task Force on Financing and Funding Requirements.		SP approval through an appropriation ordinance. PR preparation and BAC Resolution.
7. Initiate the procurement process based from the 3-phase COVAC Plan 21-22.	PR for the vaccine procurement. BAC Resolution for the purchase of the COVID-19 vaccines.	Procurement process for the purchase of the COVID-19 Phase 2 and 3 initiated.	30 December 2021			

ACTIVITY PLAN CY 2021

Plan Component 3: Identification of Eligible Population
 Responsible Office: PHO, HMO, PSWDO, PPO and Provincial Administrator

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Adoption of the DOH policy on priority eligible population to serve as basis in determining eligible and priority population for the 3 phases of vaccination.	Signed Executive Order	Signed Executive Order on the adoption of DOH policy on the priority eligible population (inclusion in the COVAC Plan 21-22).	2nd week of February 2021	PHO and Office of the Governor		Please see Annex - DOH Policy on priority eligible population.
2. Orientation of the agencies and offices assigned in the Executive Order on priority eligible population.	Orientation Plan	Assigned personnel of the agencies and offices oriented to include the following: PPO, PSWDO, HMO, MHOs, Chief of Hospitals and LGUs, etc.	3rd week of January 2021	PHO, PPO, PSWDO, HMO and LGUs		Ongoing
3. Orientation of health personnel on the COVID-19 Electronic Immunization Registry.	Number of health personnel oriented.	Actual number of health personnel oriented on the use of CEIR.	1 st week of February 2021	PHO, PPO, PSWDO, HMO and LGUs		Conducted through virtual platforms.
4. Master listing of eligible population during the pre-implementation using the COVID-19 Electronic Immunization Registry.	Eligible population master listed.	Eligible population masterlisted using COVID-19 Electronic Immunization Registry (CEIR).	28 February 2021	PHO, PPO, PSWDO, HMO and MHOs		

5. Verification and validation of eligible population.	Number of target population per office/agency validated.	Target population for vaccination validated and finalized with concerned agency/ office: (1.) Health Workers - PHO/RHU/HMO/PMA and other associations. (2.) Frontline workers - PHO/RHU/PDRRMO/PPO (3.) Senior citizens and indigent population per municipality - PSWDO/PPO/MHOs	1st quarter of 2021	PHO/HMO, PSWDO and PPO		
6. Prepare and furnish copy of Provincial Population Count 2019.	Number of households and population by age group of the 42 municipalities and component city of the Province.	List of the 2019 population count by age group gathered by the BSPOs in the Province.	31 March 2021	PPO		
7. Identification of eligible/target population for vaccination per phase.	Number of eligible/target population identified per phase of vaccination.	Estimated number of eligible population for Priority Eligible Group A: 1. Front line Health workers: a. Public and Private health facilities Hospital - 3,000 Private Hospital - b. Public Health Workers: All RHUs/CHO - 802 PHO - 134 LGU Contact Tracers MDRRMOs - c. Barangay Health Workers BNS - 1,588 BHWs - 9,639 BSPOs - 2,390 BHERTS (Brgy. Council, Tanods, etc)- d. Other NGAs (DSWD, DepEd, DILG, BJMP, Bureau of Corrections)	1st quarter of 2021	PHO/HMO, PSWDO and PPO		Phase I - limited Phase II - huge volume Phase III - sustained

		<ol style="list-style-type: none"> 1. Indigent Senior Citizens (total 236,021) 2. Remaining Senior Citizens 3. Remaining Indigent Population 4. Uniformed Personnel (c/o National Agencies) <p>Priority Eligible Group B:</p> <ol style="list-style-type: none"> 5. All government workers (national and local) (IPG - 2,000 plus c/o HR) 6. All Teachers and School workers 7. Students 8. Essential Workers (determined by DTI and DOLE) 9. Socio demographic groups at significant higher risk other than Senior Citizens, PDL, indigent populations, IPs and Filipinos living in high density areas 10. OFWs 11. Other remaining workforce <p>Priority Eligible Group C: Remaining Filipino Citizens</p>				
8. Endorsement of the final number of target population to the vaccination teams.	Endorsement	Final list of target individuals for vaccination endorsed to vaccination team.	2nd quarter of 2021			

ACTIVITY PLAN CY 2021

Plan Component 4: Vaccination Program and Delivery Strategies
 Responsible Office: PHO, GSO and HMO

PHO	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/ OFFICE	BUDGETARY REQUIREMENTS (P000)	REMARKS
1. Facilitate procurement through various mechanisms allowed under existing laws, rules and regulations through bilateral, multilateral and other financial modalities (e.g. COVAX Facility, etc.).	Documents signed.	Confidential Disclosure Agreement signed. Multi-lateral Agreement signed.	January 2021	Governor and SP		Done
2. Activate price negotiation board subject to HTA's cost effective price, if applicable.	PNB Activated.	Price Negotiation Board activated.	January 2021	Provincial Administrator, BAC and PLO		Done
3. Coordinate with legislators, as may be necessary on budget and co-payment ceilings.	Documents signed.	SP Resolution passed allowing Governor to sign the Memorandum of Agreement (MOA) with vaccine manufacturer. Province with budget allocated.	January 2021	Governor and Provincial Administrator	95,000	Done
4. Inspection and acceptance of the procured vaccine.	Vaccine arrival report	Vaccine arrival report filled-up.	As scheduled.	GSO, PHO		



5. Ensure safety and security in the management and delivery of vaccines with real time temperature monitoring and tracking.	Supplies for security and management of vaccines purchased.	Temperature monitoring device (dial and stem for calibration) purchased to ensure temperature monitoring of vaccines at the vaccine room and during transport/delivery (every six (6) hours temperature monitor reading).	March to April 2021	GSO and PHO	200	
6. Ensure timely delivery of vaccines, syringes, personal protective equipment (PPEs) and other logistics to LGUs and hospitals.	Number of dedicated transport vehicle identified.	Dedicated transport vehicle for the delivery of vaccines and other logistics.	As scheduled.	GSO, PHO and HMO		
7. Purchase of cold storage delivery van for COVID-19 vaccines.	Delivery van	2 delivery vans purchased dedicated to transport vaccines.	1 st Quarter of 2021	PHO	3000	
8. Close coordination with LGUs and implementing units/vaccination sites to ensure availability of vaccines, vaccine carriers for cold chain management, and other supplies.	Number of coordination conducted.	43 LGUs, 13 hospitals and private clinics coordinated.	As scheduled.	PHO and HMO		

ACTIVITY PLAN CY 2021

Plan Component 5: Cold Chain, Supply and Health Care Waste Management
 Responsible Office: PHO, GSO, PEO, Legal Office and PENRO

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/ OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Inventory and assessment of cold chain facilities and dry storage capacities.	Inventory and assessment report	List of available and lacking cold chain equipment and health care waste management facilities accomplished (vaccine carriers, transport box, cold dogs, freezers, TCWs and air condition units).	February 2021	PHO and HMO		All RHUs and hospitals with TCW 3,000 freezer.
2. Inventory and assessment of health care waste management facilities.	Inventory and assessment report	List of available and lacking equipment.	February 2021	PHO, HMO and PENRO		All RHUs and hospitals with TCW 3,000 freezer.
3. Upgrading of the PHO vaccine cold room.	PHO vaccine cold room upgraded.	PHO vaccine room required equipment purchased, such as: ultra- cold chain storage, air condition units, dial and stem thermometers, and installation of furniture, fixtures and air condition units.	May 2021	PHO, Provincial Administrator, BAC and GSO	5,860	
4. Explore possibility of contracting private providers for storage of vaccines.	Private providers identified.	Private providers identified for possible contracting.	February 2021	PHO, Provincial Administrator, and PLO	300	

5. Conduct of inspection and ensure the quality of logistics delivered.	Inspection report	Inspection report and vaccine arrival report.	As scheduled.	PHO and GSO		
6. Orientation of assigned personnel to handle proper cold chain management.	Number of personnel oriented.	Personnel oriented on cold chain management, including nurses and midwives.	March 2021	PHO and HMO		Virtual orientation
7. Installation of Vaccine Information Management System (VIMS).	VIMS installed.	Proper cold chain management maintained (temperatures in storage equipment to help identify underperforming equipment or causes of (persistent) cold chain breaks monitored). Daily stock cards updated.	March 2021	PHO and HMO		
8. Adoption of the Infection Prevention and Control (IPC), and injection safety and health care waste management measure.	DOH policy adopted.	Signed Executive Order on the adoption of DOH Policy on Infection Prevention and Control (IPC) guidelines. Disposal and waste management measures identified to include: safety collector box for sharp objects, and disposal of PPEs and other hazardous waste.	2 nd week of February 2021	PHO, PENRO and Governor		Inclusion in the Executive Order of Provincial Vaccination Plan.
9. Purchase of waste management supplies equipment for appropriate implementation of waste management protocols.	Supplies purchased.	Supplies purchased, to include the following: Chlorine for disinfection, PPE for assigned personnel and yellow garbage. Designate person in-charge for collection and storage of medical waste in the holding area.	March 2021	HMO and PHO	100	Transporter c/o HMO and IPH

Appendix A6

ACTIVITY PLAN CY 2021

Plan Component 6: Human Resource Management and Training
 Responsible Office: PHO and HMO

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Mapping of health facilities to include private clinics and hospitals.	Number of health facilities identified/mapped.	Updated map of health facilities to include private clinics and hospitals in Iloilo using CEIR.	January to February 2021	PHO, PPDO and ICTMO		
2. Conduct of planning workshop with LGUs.	Planning workshop conducted.	43 LGUs with vaccination plans formulated.	February 2021	PHO		
3. Identification of implementing units/vaccination sites/posts.	Number of implementing units/vaccination sites/posts identified.	Implementing units and vaccination sites/post identified to include the following: 42 RHUs 1 CHO 12 District Hospitals 1 Provincial Hospital Private Medical Clinics Health Facilities of government agencies Medical Center	February 2021	PHO, HMO and PMA		



4. Organization of vaccination teams and support human resource needed for the vaccination activity.	Number of vaccination teams organized.	<p>Vaccination Team per vaccination site organized to include the following: Screening and assessment: Physician, Nurse/Midwife (2) Counselor: Nurse/Midwife/Social Worker (1.) Vaccinator: nurse/midwife of RHU (1) documentor/recorder (2.) Supervisor: PHN or MHO (1) for at least 3 teams</p> <p>Other personnel needed in the vaccination site: Local officials, security personnel, drivers and <i>barangay tanods</i></p> <p><i>Note:</i> One vaccination team: at least 75 to 100 persons per day.</p>	1st quarter of 2021	PHO, HMO and PMA		
5. Develop contingency plan to ensure availability of sufficient number of human resources.	Contingency plan	Contingency plan prepared to respond to possibility of health workers infected or experiencing side effects.	1st quarter of 2021	PHO and HRMDO		
6. Capacity building of the vaccination teams.	Number of vaccination teams oriented.	Vaccination teams composed of Health Workers and support staff oriented on the conduct of the vaccination.	March 2021	PHO and HRMDO		Virtual orientation
7. Conduct of simulation exercises.	Number of simulation exercises conducted.	Simulation exercise conducted in one Municipality.	March/ April 2021	PHO, GSO, HMO, PSWDO, PPO and PDRRMO		

<p>8. Secure vaccine and logistics needed (computation, allocation, distribution of vaccines and logistics).</p>	<p>Vaccines and logistics allocated and distributed to vaccination sites.</p>	<p>Logistics and supplies per vaccination site allocated, and distributed as follows: COVID 19 vaccine - Syringes - ADS and mixing syringe PPEs Disinfectants Safety collector boxes</p>	<p>As scheduled.</p>	<p>PHO, HMO and PMA</p>		
<p>8. Deployment of vaccine teams to implementing unit/ vaccination site.</p>	<p>Number of teams deployed to the vaccination site.</p>	<p>Vaccination teams per vaccination sites deployed as follows: RHU: One Supervisor for 3 vaccination teams 3 vaccination teams per RHU/CHO Hospital: One Supervisor for 3 vaccination teams 3 vaccination teams per hospital (public and private) For private clinic: 1 vaccination team per private clinic</p>	<p>As scheduled.</p>	<p>PHO, HMO and PMA</p>		

ACTIVITY PLAN CY 2021

Plan Component 7: Acceptance and Uptake
 Responsible Office: PICA0, PHO, HMO and ICTMO

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Prepare Risk Communication Plan.	Communication Plan	Communication plan prepared	February 2021	PICA0, PHO		
2. Formulate proposed questionnaire (Survey Tool) subject to the approval of the committee to determine social acceptability among target groups (Non-Social Pensioner Senior Citizens) for COVID-19 vaccination.	Questionnaire to determine social acceptability among non-pensioner senior citizens.	Questionnaire for the social acceptability survey.	March 2021	PPO		
3. Conduct a baseline assessment survey for social acceptability of COVID-19 vaccine. Online and face-to-face.	Baseline assessment survey conducted.	Baseline assessment survey conducted involving eligible population in the Province.	April 2021	PPDO, ICTMO, PICA0, PHO and HMO		
4. Mobilize population volunteers (BSPO) to assist in administering the approved Social Acceptability Survey Tool.	Number of Social Acceptability Survey Tool administered by BSPO.	Summary of the consolidated number of individuals who are willing and not willing to avail of the COVID-19 vaccine.	31 May 2021	PPO		

5. Roll- out training of trainers on COVID 19 demand generation and communication.	Number of trainings conducted.	Training conducted on COVID 19 demand generation and communication participated by Municipal Health Officers, HEPO's of municipalities and city.	March 2021	PICAO, PHO and HMO		
6. Spearhead community engagement activities.	Community engagement activities conducted.	Community engagement activities conducted to include launching at the level of the Province and 43 LGUs.	March 2021	PICAO, PHO and HMO		
7. Information dissemination campaign.	Information dissemination campaigns conducted.	Information dissemination campaigns conducted involving Civil Society Organizations and other stakeholders to generate awareness and support.	March 2021	PICAO, PHO and HMO		
8. Advocacy thru Quad media campaign using the baseline assessment survey and frequently asked question.	Total number of quad media campaign.	Quad media campaigns conducted to include to: radio spots, social media card posted daily, TV spots, flyers and press conferences.	February 2021	PICAO, PHO and HMO	600	Ongoing

ACTIVITY PLAN CY 2021

Plan Component 8: Vaccine and Immunization safety monitoring, AEFI/AESI and post marketing surveillance and management, and Pharmacovigilance
 Responsible Office: PHO, GSO and HMO

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/ OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Prepare AEFI/ AESI management, surveillance and response plan.	Draft of the plan.	AEFI /AESI management, surveillance and response plan prepared.	1st quarter of 2021	PHO and HMO		
2. Organize the composite/ surveillance teams.	Composite/surveillance teams organized.	Composite/surveillance team organized at the Province level composed of the following: 1.) PHO personnel; and 2.) HMO personnel.	1st quarter of 2021	PHO and HMO		
3. Conduct of AEFI/AESI case investigation and comprehensive data analysis.	AEFI/AESI surveillance conducted.	AEFI/ AESI surveillance conducted.	As scheduled.	PHO and HMO		
4. Generate AEFI/AESI Surveillance report and provide information to Local VOC, then submit to RVOC.	AEFI/AESI surveillance report.	AEFI/ AESI surveillance report prepared and submitted.	As scheduled.	PHO and HMO		

5. Provide regular updates on COVID-19 vaccine surveillance to the Regional VOC.	Regular updates submitted.	Regular updates submitted to Regional VOC.	As scheduled.	PHO, HMO		
6. Purchase of AEFI/AESI kits and equipment needed.	AEFI/AESI kits.	<p>AEFI/AESI Kits purchased to include the following:</p> <p>Epinephrine, sphygmomanometer, emergency drugs, ET tubes, pocket masks, ambo bag, tongue depressors, stethoscope, tourniquet, disposable syringes (insulin type) 0.1 ml graduation and 26 G IM needle 2 sets, Disposable syringes (5 ml) and 24/26 G IM needle 2 sets, alcohol swab, IV solutions, injection adrenalin (2 ampoules), injection hydrocortisone (1 vial), scalp vein set (4 sets), IV cannula (for multiple sizes), paracetamol (500 mg) - 10 tabs, IV fluids (ringer tractate/normal saline) 1 unit in plastic bottle, IV Fluid Therapy (1 unit in plastic bottle, IV drop set (1 set), cotton wool adhesive tape (1 each) AEFI reporting forms, label showing date of injection expiry date of injection adhesive, drug dosage tables for injecting adrenaline and hydrocortisone.</p> <p>Oxygen support and airway intubation facility should be available in the hospitals.</p>	April 2021	PHO and HMO	500	

7. Identify AEFI/AESI referral facility for each implementing unit/vaccination post.	Referral facilities identified.	Referral facilities identified to include Provincial/District Hospital, Western Visayas Medical Center, West Visayas Sanitarium, and Don Jose Monfort Medical Extension Hospital.	February 2021	PHO, HMO and PDRRMO		
8. Assign stand for emergency transport vehicle in the vaccination site.	Assigned stand for emergency transport vehicle in the vaccination site.		As scheduled.	PHO, HMO, PDRRMO and GSO		

Appendix A9

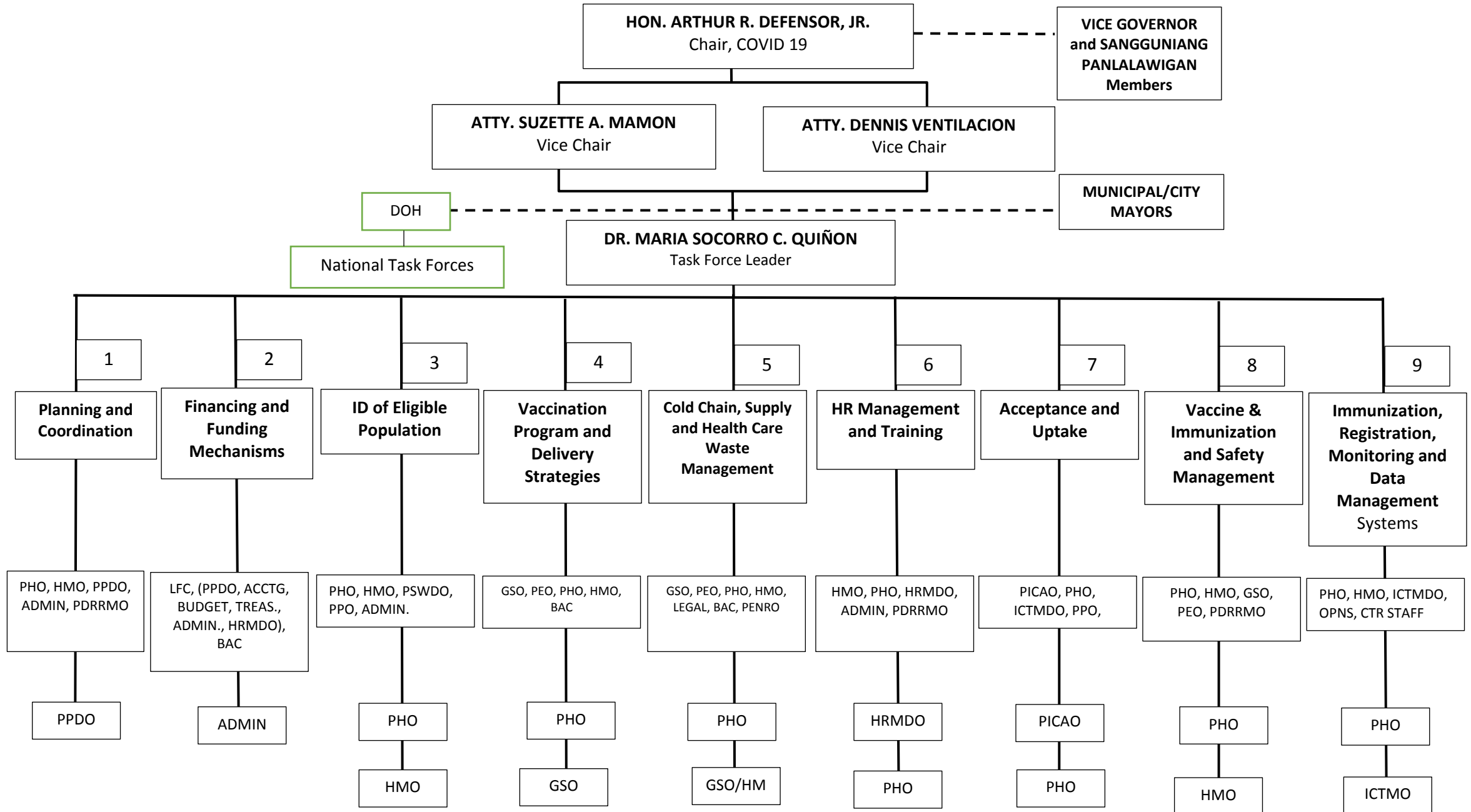
ACTIVITY PLAN CY 2021

Plan Component 9: Immunization, Registration, Monitoring and Data Management System
 Responsible Office: PHO, HMO, ICTMO and Civil Defense Office Operations Center Staff

ACTIVITY	INDICATOR	EXPECTED OUTPUT	TARGET DATE	RESPONSIBLE PERSON/ OFFICE	BUDGETARY REQTS (P000)	REMARKS
1. Activation of Incident Management Team for COVID Vaccine.	IMT activated	IMT at the Province and 43 LGUs established and activated	February 2021	Provincial Administrator, Incident Commanders		
2. Establishment of the Vaccine Operation Center (VOC).	VOC Established.	VOC Established at the (1) Province and (43) Municipal and City level using the DOH guidelines in the operation of the VOC. EO on the VOC issued (management structure and composition and functions).	February 2021	PHO, HMO, ICTMO and Operations Center Staff	100	c/o Office of the Governor
3. Installation of all needed systems.	Systems installed.	Installation of all COVID 19 related systems, such as the COVID 19 Electronic Information Registry (CEIR), monitoring and tracking of daily, weekly vaccination report, etc.	February 2021	PHO, HMO, ICTMO and Operations Center Staff		On-going
4. Regular submission of report to DOH and other agencies	Copy of report	Report submitted to DOH and other agencies	As scheduled	VOC team		



ORGANIZATIONAL STRUCTURE



PRIORITY ELIGIBLE POPULATION FOR COVID-19 VACCINATION

Priorities	Population Group	Definition of Terms
Priority Eligible Group A*		
1	Frontline Health Workers	All health workers from the private and public sectors currently on active practice/service, whether they are permanent, contractual, job-order and/or outsourced employees or staff.
	a) Public and private health facilities [hospitals, medical centers, laboratories, infirmaries, Treatment Rehabilitation Centers (TRCs) and Temporary Treatment and Monitoring Facilities (TTMFs)].	<ul style="list-style-type: none"> All those working in medical centers, hospitals, clinics, laboratories, Temporary Treatment and Monitoring Facilities (TTMFs), and Treatment Rehabilitation Centers (TRCs). <p>If the vaccine supply is limited, priority shall be given to hospitals and medical centers directly catering to COVID-19 patients, including suspects, probable and confirmed COVID-19 cases.</p> <ul style="list-style-type: none"> Specifically, all those who are assigned in the triage areas, out-patient departments, emergency rooms, wards, intensive care units, operating rooms, delivery rooms, laboratory, radiologic and pathology areas, rehabilitation units, among others. Medical and allied health students who are serving as clerks or interns in hospitals. Those who are assigned as part of the disinfection or decontamination teams, medical social workers, admin personnel, and security guards of the above-mentioned facilities.
	b) Public health workers (all RHU/CHO)	<p>All workers in the public health sector:</p> <ul style="list-style-type: none"> All employees in the public primary care facilities (Rural Health Units, City Health

	<p>personnel, PHO, PDOHO, CHD and CO) and LGU contact tracers.</p>	<p>Offices (whether LGU-hired or DOH-hired/ deployed).</p> <ul style="list-style-type: none"> • All health workers employed/ deployed/ detailed in Provincial Health Offices, Center for Health Development and Department of Health Central Offices, including Food and Drug Administration and Bureau of Quarantine. • All health workers employed/ deployed/ detailed in DOH-attached agencies such as Philippine Health Insurance Corporation, Philippine National AIDS Council, Philippine Institute of Traditional Alternative Health Care, Dangerous Drugs Board, and National Nutrition Council. • LGU-deployed/ designated/ hired contact tracers [those with appropriate documents stating deployment/ designation of government employees as contact tracers either through an Executive Order, resolution and/ or ordinance]. • Note: If the vaccine supply is limited, among workers in public health, priority shall be given to those who are providing direct health services.
	<p>c) Barangay Health Workers including Barangay Health Emergency Response Teams (BHERTs)</p>	<ul style="list-style-type: none"> • All Barangay Health Workers in active service. • All active members of the BHERTs (based on appropriate documents stating designation either through an LGU Executive Order, resolution and/ or ordinance).
	<p>d) Other NGAs (DSWD, DepEd, DILG, BJMP and Bureau of Correction)</p>	<ul style="list-style-type: none"> • DSWD, and its regional and local counterparts <ul style="list-style-type: none"> ○ All employees manning close- setting facilities and long-term care facilities, e.g. orphanage, home for the aged, women’s crisis centers. ○ Social workers providing social amelioration, and social services in the communities

		<ul style="list-style-type: none"> ● DepEd <ul style="list-style-type: none"> ○ Health and nutrition personnel ● DILG <ul style="list-style-type: none"> ○ Those hired by DILG as contact tracers (active service) ● BJMP (under DILG) <ul style="list-style-type: none"> ○ All employees and health workers assigned in direct contact with Persons Deprived of Liberty (PDLs) such as jail officers, wardens, and/or guards ● BuCor (under DOJ) <ul style="list-style-type: none"> ○ All employees and health workers assigned in direct contact with PDLs such as jail officers, wardens, and/or guards
2	Indigent Senior Citizens	ALL indigent senior citizens registered and as determined by DSWD.
3	Remaining Senior Citizens	ALL senior citizens (not categorized as indigent) registered and as determined by DSWD.
4	Remaining Indigent Population	ALL indigent population as determined by DSWD.
5	Uniformed Personnel	<p>All enlisted uniformed personnel in active services under the:</p> <ul style="list-style-type: none"> ● Armed Forces of the Philippines ● Philippine National Police ● Philippine Coast Guard ● Bureau of Fire Protection ● Citizen Armed Force Geographical Unit
Priority Eligible Group B**		
6	All government workers (national and local government)	All government workers, whether permanent, job-order, contractual or out-sourced, in national government agencies, government-owned and controlled corporations (GOCCs), government financial institutions (GFIs), local government units, among others.
7	Teachers and school	All teachers and school workers, whether

	workers	permanent, job-order, contractual or out-sourced in all educational levels, from primary, secondary and tertiary, and vocational educational institutions, both from public and private
8	Students	All students in primary, secondary and tertiary and vocational educational institutions. However, vaccination of students below 18 years old will depend on the recommendations of WHO and NITAG, with the concurrence of the COVID-19 Vaccine Cluster.
9	Essential workers	<ul style="list-style-type: none"> • A worker that provides basic services during this time of pandemic and essential to the growth of the economy as determined by DTI and DOLE. • These workers may come from the following sectors: agriculture, forestry and fisheries; transportation; construction; food industries; manufacturing of essential goods; tourism; essential retail; water-refilling stations; laundry services; logistics service providers; delivery and courier services; water supply and sanitation services; telecommunication services; energy and power companies; gasoline stations, among others.
10	Socio-demographic groups at significant higher risk other than senior citizens and indigent populations [e.g. Persons Deprived of Liberty (PDLs), Persons with Disabilities (PWDs), Indigenous Peoples, Filipinos living in high-density areas)	<ul style="list-style-type: none"> • All Persons Deprived of Liberty as determined by BJMP and BuCor. • All Persons with Disability as determined by DSWD, and National Council for Disability Affairs (NCDA) and LGUs. • All Indigenous Peoples as determined by the National Commission on Indigenous Peoples (NCIP). This may include: the <i>Lumads</i> of Mindanao, the Peoples of the Cordillera, and scattered tribal peoples of the hinterlands of Central and Southern Luzon, Visayas, Mindoro and Palawan. • All Filipinos living in high-density areas as determined by the LGUs (as documented in the LGU's Comprehensive Land Use Plan) such as in slums and temporary shelters, among others; including those who are

		homeless and living in temporary shelters and homes.
11	Overseas Filipino Workers (OFWs)	Filipino migrant workers who reside in another country for a limited period of employment that were not yet vaccinated.
12	Other remaining workforce	All remaining Filipino workforce as determined by the DOLE, DTI and CSC.
Priority Eligible Group C**		
13	Remaining Filipino Citizens	All Filipino Citizens that were not mentioned in priority A and B.

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

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

ACTIVITY PLAN RESPONSIBILITY MATRIX

PLAN COMPONENT	RESPONSIBILITY CENTER
A. PLANNING AND COORDINATION	PHO, HMO, PPDO, PROVINCIAL ADMINISTRATOR AND PDRRMO
B. FINANCING AND FUNDING MECHANISMS	LFC, (PPDO, ACCOUNTING OFFICE, PBO, PTO, PROVINCIAL ADMINISTRATOR AND HRMDO) AND BAC
C. IDENTIFICATION OF ELIGIBLE POPULATION	PHO, HMO, PSWDO, PPO, AND PROVINCIAL ADMINISTRATOR
D. VACCINATION DELIVERY STRATEGIES	GSO, PEO, PHO, HMO, PLO AND BAC
E. COLD CHAIN, SUPPLY AND HEALTH CARE WASTE MANAGEMENT	GSO, PEO, PHO, HMO, PLO, BAC AND PENRO
F. HUMAN RESOURCE MANAGEMENT AND TRAINING	HMO, PHO, HRMDO, PROVINCIAL ADMINISTRATOR AND PDRRMO
G. VACCINE ACCEPTANCE AND UPTAKE	PICAO, PHO, ICTMDO, PPO AND PSWDO
H. VACCINE AND IMMUNIZATION SAFETY MONITORING, AEFI/AESI AND POST MARKETING SURVEILLANCE AND MANAGEMENT, AND PHARMACOVIGILANCE	PHO, HMO, GSO, PEO AND PDRRMO
I. IMMUNIZATION REGISTRATION, MONITORING AND DATA MANAGEMENT SYSTEMS	PHO, HMO, ICTMDO AND CIVIL DEFENSE OPERATIONS CENTER STAFF

PROJECTED HOUSEHOLD POPULATION OF THE PROVINCE OF ILOILO IN 2020

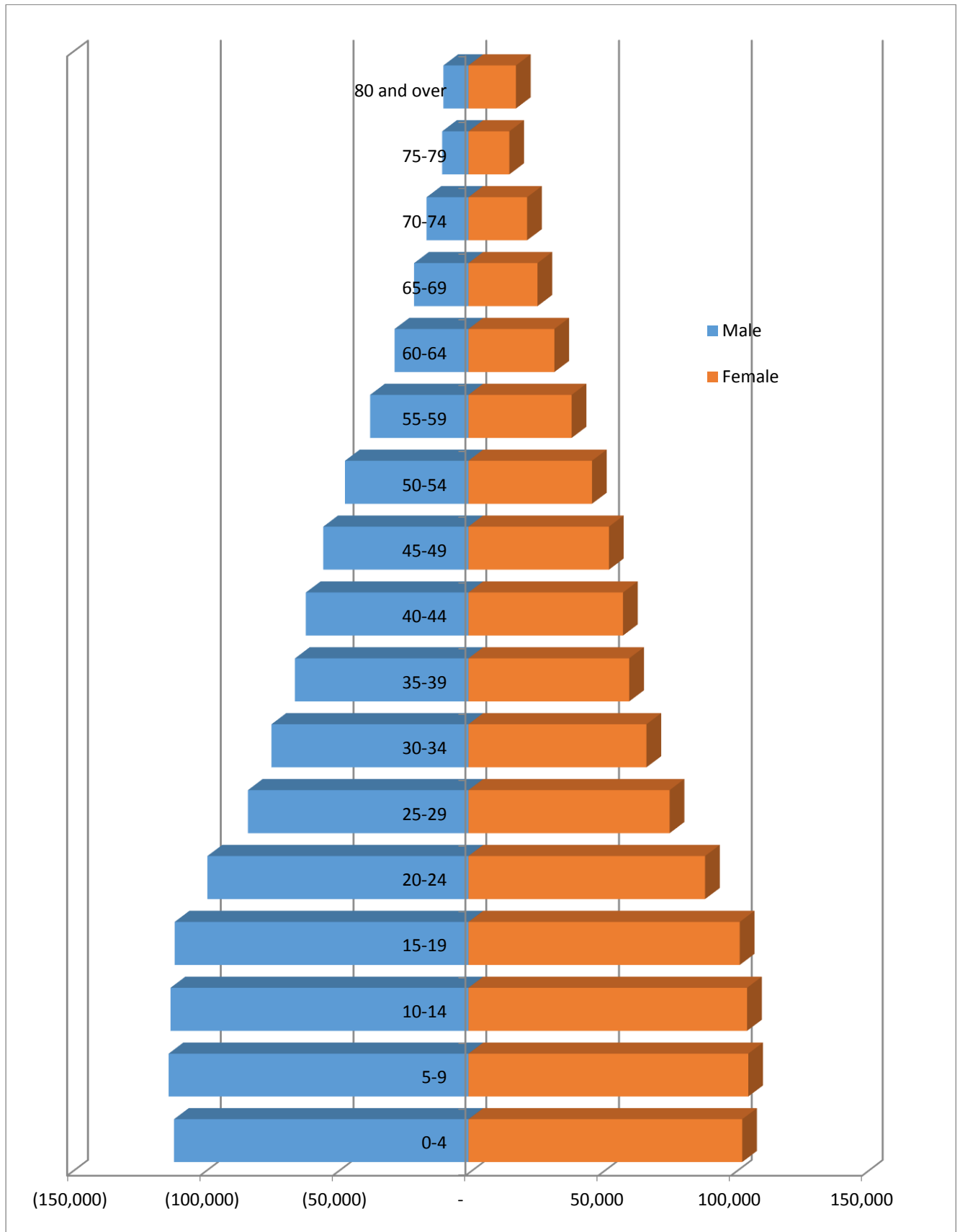
Based on the 2000-2010 growth rate of 1.48%, the Province of Iloilo will have an estimated household population of 2,068,412. More than one half are working age population or those aging 18 to 64 years of age.

Age group	2010	%	2015	%	2020	%
All Ages (Total Household Population)	1,803,710		1,931,532		2,068,412	
Under 18 years of age	678,915	37.6	700,817	36.3	778,549	37.6
18 to 64	1,005,480	55.7	1,096,262	56.8	1,153,038	55.7
65 and above	119,315	6.6	134,453	7.0	136,825	6.6

2020 PROJECTED POPULATION BY AGE GROUP

Age Group	Both Sexes	Male	Female
Total	2,068,412	1,050,038	1,018,374
0-4	213,995	110,881	103,114
5-9	218,297	112,906	105,391
10-14	217,144	112,184	104,960
15-19	212,822	110,629	102,193
20-24	187,421	98,296	89,125
25-29	158,815	83,040	75,775
30-34	141,209	74,169	67,040
35-39	125,878	65,326	60,552
40-44	119,434	61,219	58,215
45-49	107,564	54,644	52,920
50-54	92,991	46,464	46,527
55-59	75,859	37,003	38,855
60-64	60,158	27,790	32,367
65-69	46,423	20,436	25,987
70-74	37,844	15,753	22,091
75-79	25,263	9,876	15,387
80 and over	27,295	9,422	17,873

POPULATION PYRAMID OF PROJECTED 2020 POPULATION



OPERATIONAL PLAN

Plan Component/Activity	Done/ On- going	Not Done	If not done, when to do It?	Remarks
1. PLANNING AND COORDINATION				
Activity 1 - Come up with the organizational and functional structure and its interrelationship of the COVID-19 vaccination program of the Province of Iloilo.	X			Structure, functions and responsible centers have been identified
2. FINANCING AND FUNDING REQUIREMENTS				
Activity 2 - Preparation of Funding Requirements (computation matrix) for the 3-Phase COVID-19 vaccination program to be sourced from the Iloilo Government	X	X		Phase 1 procurement has been started in the amount of P95M with 270,000 doses from Astra Zeneca Phase 2 and 3 requirements shall have yet to be determined.
3. IDENTIFICATION OF ELIGIBLE POPULATION				
Activity 3 - Preparation of the eligibility population matrix (as per 3-phase vaccination program) that would include the following; per priority population, no. of priority population (including the names), and other authorized eligible population.	X			Phase 1 eligible population has already been identified
4. IDENTIFICATION PROCUREMENT AND DELIVERY STRATEGIES				
Activity 4 - Coming up with a criteria for procurement of the vaccines based on the 3-phase vaccination program, its availability in the market and guidance by the Vaccine Expert Panel, granting of Emergency Use Utilization (EUA) and Certificate of Product Registration (CPR) by the Philippine Government regulators.	X			

Activity 5 - Continue to negotiate with other COVID-19 suppliers/pharmaceuticals which have the EUA and CP for vaccine procurement	X			Still finding out/negotiating with eligible suppliers/pharmaceuticals
5. COLD CHAIN, SUPPLY AND HEALTH CARE MANAGEMENT				
Activity 6 - Identify, improve/upgrade and construct cold-chain facilities for COVID-19 vaccines considering the type and kind of cold chain requirements such as capacity and temperature requirements from; refrigerated (2-8°C), frozen (-15 to -25°C), ultra-cold (-60 to -80°C)	X			The central storage area shall be the cold-chain facility located at the Iloilo Sports Complex. Other cold storage facilities refrigerated and frozen shall be at the 12 hospitals of the Province of Iloilo.
Activity 7 - Map out and draw the delivery and supply chain management from receipt of the vaccines from the suppliers to the cold chain facilities as follows: 1) Supply from Manufacturers, 2) Central Storage, 3) Preparation for distribution, 4) Delivery logistics, and 5) Vaccination locations	X			
Activity 8 - Inventory, assess the capacities of the existing cold-chain suppliers and delivery companies that are eligible/qualified in the Province of Iloilo	X			
Activity 9 - Incorporate the health care and waste management in the procurement, storage and disposal of the COVID-19 vaccines and other health care wastes such as; infectious waste, pathological waste, sharp wastes, chemical wastes and others.	X	X		The solid waste management facility at the Iloilo Provincial Hospital and other hospitals shall be used to disposed vaccine waste and other health care wastes.

6. HUMAN RESOURCE MANAGEMENT AND TRAINING				
Activity 10 - Identify training needs and conduct appropriate trainings to enhance the capacities of frontline health workers, volunteers, and support service personnel.	X			
Activity 11 - Conduct simulation exercises simulating the actual pre, during and post vaccination activities.		X		The conduct of simulation exercise will show the gaps and other requirements that could be anticipated and remedied before the actual vaccination.
7. ACCEPTANCE AND UPTAKE				
Activity 12 - Conduct perception or acceptability survey to determine the pros and cons of the vaccination program	X	X		The PPO, PSWDO, PHO and the PPDO are developing the survey methodologies.
Activity 13 - Prepare the Information, Education and Communication (IEC) Plan or strategy to inform the public and the community about the vaccination program using various media platform such as; traditional media of print, radio and TV and internet such a social media and text messaging.	X			The PICAO of the IPG is heading this initiative.
8. VACCINE AND IMMUNIZATION SAFETY MONITORING, AEFI/AESI AND POST MARKETING AND SURVELLANCE AND MANAGEMENT, AND PHARMACOVIGILANCE				
Activity 14 - Prepare a comprehensive plan on vaccine safety monitoring and management of AEFI and AESI as per FDA regulations.		X		Awaiting for the directive from the DOH thru FDA.
Activity 15 -As prescribed by the DOH, adapt the COVID-19 vaccination program protocols and guidelines following the three (3) phases; 1) pre implementation, 2) implementation, and 3) post implementation.		X		The instruction and guidelines is contained in the Philippine National Deployment and Vaccination Plan for COVID-19

				Vaccines. (Chapter 6: <i>Implementation of a Nationwide Vaccination</i>)
9. IMMUNIZATION, REGISTRATION, MONITORING AND DATA MANAGEMENT SYSTEMS				
Activity 16 - Prepare a comprehensive digital data management system (CDDMS) to monitor the progress of the vaccination activity, including monitoring of vaccine safety and effectiveness.		X		The CDDMS shall be developed by the DOH to be downloaded to the LGUs.



REPUBLIC OF THE PHILIPPINES
PROVINCE OF ILOILO
OFFICE OF THE GOVERNOR

3rd Floor, Iloilo Provincial Capitol
Bonifacio Drive, 5000 Iloilo City

EXECUTIVE ORDER NO. 036
Series of 2021

AN ORDER ADOPTING THE COVID-19 VACCINE DEPLOYMENT AND IMMUNIZATION PLAN 2021-2022 (COVAC PLAN 21-22) OF THE PROVINCE OF ILOILO

WHEREAS, on 14 January 2021, the Department of Health (DOH) issued Department Circular No. 2021-0009 on the "Department of Health's Strategic Plan for COVID-19 Vaccination (2021-2023)" and "National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization";

WHEREAS, on 18 January 2021, the Department of Interior and Local Government (DILG) issued Memorandum Circular No. 2021-007 on the "Interim Preparatory Guidelines in the Implementation of the National Vaccination Program";

WHEREAS, 21 January 2021, the DOH likewise issued Administrative Order No. 2021-0005 on the "National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization", providing an operational plan of action on the national strategic policy framework for COVID-19 vaccine deployment and immunization;

WHEREAS, in order to synchronize the COVID-19 vaccine deployment and vaccination plan of the Province of Iloilo (Province) with the direction and objectives of the National Government, the Province has prepared its COVAC Plan 21-22, for the purpose of ensuring that all the eligible citizens of the Province will have a free, effective, safe and high-quality vaccines against COVID-19;

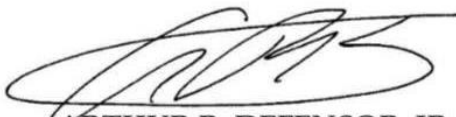


WHEREAS, the COVAC Plan 21-22 provides an overall framework, as well as, an operational plan for the COVID-19 deployment and vaccination throughout the Province. To realize the objectives of COVAC Plan 21-22, the Iloilo Provincial Government will mobilize its entire bureaucracy, including that of all the municipalities and component city, the private sector, socio-civic organizations, non-governmental organizations and all the volunteer groups in the Province.

NOW, THEREFORE, I, ARTHUR R. DEFENSOR, JR, Governor, Province of Iloilo, by virtue of the power and authority vested in me by law, do hereby Order the adoption of the COVID-19 Vaccine Deployment and Immunization Plan 2021-2022 (COVAC PLAN 21-22) of the Province of Iloilo.

EFFECTIVITY. This Executive Order shall take effect immediately.

Done this 4th day of February 2021 in the City of Iloilo, Philippines.



ARTHUR R. DEFENSOR, JR.
Governor