

**INTERIM NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP FOR  
COVID-19 VACCINES  
RESOLUTION NO. 3  
*Series of 2021***

**“WHEREAS**, on 30 January 2020, the World Health Organization (WHO) declared Coronavirus Disease 2019 (COVID-19), a disease caused by a novel Severe Acute Respiratory Syndrome - Coronavirus2 (SARS-CoV2), as a Public Health Emergency of International Concern (PHEIC)”.

**“WHEREAS**, the Philippines since January 2020, has been responding to the COVID-19 pandemic and has implemented numerous interventions in response to the pandemic”.

**“WHEREAS**, the National Government intends to introduce safe and effective COVID-19 vaccine to:

- a) reduce morbidity and mortality while maintaining the most critical essential services;
- b) protect those who bear significant additional risks and burdens of COVID-19 to safeguard the welfare of others;
- c) substantially slow down rate of transmission and minimize disruption of social, economic, and security functions; and
- d) responsibly resume social and economic day-to-day operations and activities.

**“WHEREAS**, the Interim National Immunization Technical Advisory Group for COVID-19 vaccines adhere with the guiding principles of Transparency, Timing, Equity, Solidarity, Trust and Priorities”;

**“NOW, THEREFORE, BE IT RESOLVED** that the Interim National Immunization Technical Advisory Group for COVID-19 vaccines issues the following recommendations:

1. A strict “No Emergency Use Authorization, No Donation” policy shall be followed in the COVID-19 National Vaccine Deployment Program (NVDP). All vaccines that will be utilized in the COVID-19 NVDP, may it be procured or donated, must have an Emergency Use Authorization granted by the Philippine Food and Drug Administration (FDA) to ensure the safety, quality, and efficacy of the said products. Moreover, the Philippine Government shall not procure any COVID-19 vaccine to be used in the NVDP without a positive recommendation from the Health Technology Assessment Council (HTAC).
2. Identified hospitals to be given the first tranche of Pfizer-BioNTech COVID-19 vaccines from the COVAX facility shall have their allocation retained if other vaccines with EUA arrive earlier than the first tranche by one week. However, if the delay between the deliveries exceed 2 - 3 weeks, the available vaccine shall be administered to the frontline workers in the said hospital facilities. The Philippine Government, through the DOH, is expected to communicate this properly to all

entities concerned and to inform them of any changes in the preparations for vaccination.

3. Cognizant to the ongoing worldwide fluctuation in the supply of COVID-19 vaccines, prioritization for the next batches of deliveries for priority population A1 shall be based on the geographical burden of disease, with facilities located in the region having the greatest burden of disease taking precedence. Otherwise, specific guideline B of Department Circular 2021-0055 shall be followed. Further considerations such as cold chain capacity among others will also be used in determining vaccine allocation.
4. To provide guidance on the eligibility of individuals included in Priority Population A3, DOH is requested to gather and present the latest epidemiological data on (1) the top causes of morbidity and mortality in the country, (2) COVID-19 associated morbidity and mortality.
  - a. Inclusion to this group shall be based on the risk of mortality from COVID-19 guided by best available evidence to date .
  - b. Once a list of comorbidities is released by this body, Local Government Units (LGUs) are entrusted with the responsibility of profiling the health status of the general population under their jurisdiction and of identifying eligible individuals. Likewise, LGUs shall have accountability for those vaccinated under this population.
5. Priority essential workers (Priority Population A4) shall comprise workers and employees who are **directly client-facing** or **those who cannot consistently meet minimum public health standards** such as adequate air circulation, physical distancing, and limited exposure time. Such priority groups include workers in both the essential public and private sectors who meet these conditions.
  - a. To identify the sectors that are considered essential in reviving the economy, the Recovery Cluster of the National Task Force against COVID-19 shall be accountable in determining the eligible population for the A4 priority group, including the appropriate allocation and verification mechanism for such. The cluster shall ensure that the identified population will meet the above mentioned conditions, to ensure that those at most risk of exposure are given priority.
  - b. The cluster's proposal shall then be presented to this body for evaluation and concurrence. The iNITAG shall then endorse this proposal to the NTF Vaccine Cluster and Inter-Agency Task Force for final approval.
  - c. Information on dose sharing from Private and LGU Tripartite Agreements with the Vaccine Czar and Secretary of Health shall be shared to the body to aid in the evaluation of the proposal from the Recovery Cluster.

6. To ensure the legitimacy of names included in the prioritization of vaccines and to properly monitor and audit the procurements and allocation made by the private sector, local and national government, safeguards must be enacted during the vaccination process:
- For priority population A2 and A5, that a back-end validation of the names of eligible senior citizens and indigent population be conducted through the use of available national databases from the Office of Senior Citizens Affairs and the DSWD's *Listahanan* respectively.
  - An attestation form shall be signed by either the medical center chiefs, local chief executives, or the private sector/local government counterpart signatory in the case of tripartite agreements. Signed attestation form shall be made available publicly for transparency.
  - The DOH shall ensure standardization of the attestation form through the release of a template and checks with the Commission of Audit for other legal requirements necessary for procurement audits.
  - The DOH Centers for Health Development shall be active in monitoring and auditing of the lists of names in compliance to all legal and administrative issuances.
7. Following the request of Uniformed Military Personnel for exemption in the submission of their full data to the COVID-19 Vaccination Information System (VIMS), the body seeks to clarify which government agencies are seeking for this motion. Conversely, the STG on Data Management and Registry is advised to prepare a separate database for the uniformed military personnel and to explore the possibility of having anonymity in the submissions to the COVID-19 VIMS.

**RESOLVED** during the 10th and 11th Meetings of the Interim NITAG for COVID-19 Vaccine, as reflected in the minutes of the meeting, held on 16th and 17th of February, 2021 via Zoom video conference.

**APPROVED BY:**

[SGD]

[SGD]

---

**MAY MONTELLANO, MD**

Interim National Immunization Technical  
Advisory Group

---

---

**EDDIE DOROTAN, MD, MPA**

Interim National Immunization Technical  
Advisory Group

---

[SGD]

---

**NINA CASTILLO-CARANDANG, PhD**  
Interim National Immunization Technical  
Advisory Group

[SGD]

---

**SHELLEY DELA VEGA, MD, MSc**  
Interim National Immunization Technical  
Advisory Group

[SGD]

---

**MARIA CONSORCIA QUIZON, MD**  
Interim National Immunization Technical  
Advisory Group

[SGD]

---

**MARY ANN BUNYI, MD**  
Interim National Immunization Technical  
Advisory Group

[SGD]

---

**MINETTE ROSARIO, MD**  
Interim National Immunization Technical  
Advisory Group