



# Acceptability of COVID-19 Vaccines among Key Stakeholders in the Philippines

Key Findings from Focus Group Discussions

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## Introduction

Pursuant to the role of the Health Technology Assessment Council (HTAC) to develop coverage recommendations particularly in the selection and financing of COVID-19 vaccines, the HTAC has set an Evaluation Framework which is composed of the following criteria: (1) responsiveness to magnitude and severity; (2) clinical efficacy and safety; (3) affordability and viability; (4) household financial impact; (5) social impact; and (6) responsiveness to equity.

In the assessment of social impact, the HTAC intends to address the following question: *Does the vaccine possess the characteristics desired by key stakeholders (i.e., policy- and decision makers, health workers, program managers/implementers, patient groups, CSOs, communities, general public)?*

A series of focus group discussions (FGD) were conducted among representatives of key population groups, the primary objective of which was to register their understanding of COVID 19 vaccines, their preferences and reservations, their aspirations on the delivery of this health technology, and their recommendations on information campaigns. This report presents the key findings of the focus group discussions which will be the key evidence considered in evaluating the social impact of COVID-19 vaccines.

## Methodology

### Participant Selection

The FGDs were conducted from 16-19 January 2021. Acknowledging the diversity of perspectives, experience and predispositions of targeted key populations, we grouped the participants into five (5) clusters, covering the following sectors: health service providers, civil society organizations, patient groups, community leaders in high or moderate-risk areas, and community leaders in low-risk areas. We designed these groupings to elicit sector-relevant narratives. Each group had a maximum of eight participants.

For the FGD among health service providers, we invited eight (8) leaders of organizations representing physicians (municipal health officers, family medicine practitioners, infectious disease practitioners, and critical care medicine practitioners), pharmacists, nurses, and dentists) to participate.

For the FGD among civil society organizations (CSO), we invited seven (7) groups representing consumers, economic reform networks, and related initiatives and alliances.

For the FGD among patient groups, we invited eight (8) formal organizations for chronic illnesses, lung diseases, cancer, and kidney transplant. We also invited a caregiver of a COVID-19 patient, a survivor, and a participant who lost a loved one due to COVID-19.

For the community leaders in both the high- or moderate-risk, and low-risk areas, we selected the participants based on their affiliations with formal and informal organizations that play active roles in their communities. These include identified vulnerable populations led by women, elderly, and the youth. We also invited representatives of COVID-19 at-risk populations. These include members of associations or institutions for teachers, social workers, and barangay-level. We ensured equal representation for both high-moderate-risk and low risk areas. The risk levels of these areas were pre-qualified based on the report of DOH-Epidemiology Bureau as of 26 December 2020 on Distribution of Recent Cases by Province, High Urbanized Cities and Independent Component Cities from November 29-December 26, 2020.

For the FGD with community leaders in high-moderate-risk areas, we invited eight (8) representatives from the following high to moderate-risk cities and provinces: Caloocan City, Rizal (Rodriguez, Binangonan, Antipolo City), Marikina City, Quezon City, and Bulacan.

For the FGD with low-risk areas, we invited eight (8) representatives from the following cities and provinces: Ifugao, Palawan, Pampanga, Laguna, Nueva Ecija, and Manila.

To ensure equal geographic representation, community leaders from Cebu, Bohol, Albay, Siquijor, and Davao were also invited. However, for technical and personal reasons, the representatives were not able to participate.

## Instrument

The instrument was a semi-structured questionnaire with 11 questions addressing key decision points like efficacy, safety, feasibility and acceptability, and equity. It also included an introductory question on key vaccine characteristics desired by participants and an additional section on source of information to gather insights in the planning of implementation strategy. The instrument utilized a series of facts presented to the participants for proper context before they were asked. The facts presented were non-partisan and were based on current evidence from scientific journals. The instrument was piloted on 09 January 2021 to a group of COVID-19 survivors and family members. Based on the inputs of the participants, revisions on the instrument were made (i.e., refinement of terms, review of visual aids and revision of questions). The instrument was translated to Filipino through the assistance of the University of Santo Tomas Sentro ng Salin at Araling Salin (Center for Translation and Translation Studies).

As an introductory question to the FGD, the participants were asked to identify key characteristics that they are looking for in a vaccine. This aimed to elicit the key vaccine characteristics desired by each key sector consulted.

The first part is on efficacy. It focused on identifying the perceptions of participants on what makes a vaccine efficacious as well as the levels of efficacy acceptable for them. Two facts were presented to initiate this portion of the FGD followed by three questions. Given that scenarios of vaccine efficacy levels were discussed, the FGD materials visualized concepts, such as ratios and percentages. materials visualized concepts, such as ratios and percentages.

The second part is on safety. It focused on identifying the participants' willingness to be vaccinated despite the possibility of side effects. Information on common and most severe adverse events currently known to the public was presented, followed by two questions. The first question is on the acceptability of the adverse events, and the second one is on the participants' willingness to be vaccinated despite not knowing adverse events in 6, 12, and 18 months from inoculation. Images showing common side effects were used. Aside from these, no other visuals were used in this segment.

The third part is on feasibility and accessibility. It focused on eliciting the perceptions of the participants on the effect of storage and temperature control differences among vaccines. A guide on the required temperatures (refrigerator temperature of 2 to 8 degrees Celsius, freezer temperature of -20 degrees Celsius, and up to below freezer temperature of -80 degrees Celsius) and the corresponding vaccines were presented.

A flow chart showing how the vaccine would move from the supplier to the centralized storage hub to the health care facilities and then finally to the recipients was also presented to the participants. A single question was asked on how participants think the process affects a mass vaccination program in the country.

The fourth part is on equity. It focused on identifying whether or not participants agree with the prioritization based on regional disease incidence and social factors. This part also aided in understanding the participants' perceptions on where they are in the priority groups. The two questions are preceded by information on said priority groups using a table with the regions in order of priority followed by a table with the priority groups based on social factors.

The fifth part is on source of information. It focused on finding out the references and sources of information that participants rely on and their reasons behind their preference.

As this instrument was implemented in five different groups, some parts were tailored to cater to each sector including part five for the healthcare workers. Given that most of them were medical practitioners, they were asked about their insights on being the prioritized group to receive COVID-19 vaccines.

## Implementation

The process involved three main parts: preliminaries, discussion proper, and debriefing. As the current health protocols prohibit face-to-face discussions, online discussions were held through Zoom platform. Cognizant of the technological challenge that this may pose, participants were given the option of using Messenger. We hosted four FGDs on Zoom, and one on Messenger. Prior to the FGD, participants were informed that the entire discussion would be recorded and were assured of their privacy following the country's Data Privacy Act.

Preliminaries include the introduction of the objectives of the FGD, securing of the participants' informed consent (Appendix 2) and disclosure of conflicts of interest (Appendix 3). We also presented the protocols for registering their responses. We introduced the participants and FGD facilitators.

The next part was the discussion proper which was designed to last no more than two hours. The facilitators read the facts, and ensured that participants understood the context. After which, the facilitators proceeded to probe. For better rapport and group dynamics, the facilitators randomly identified participants who may start the discussion. To further substantiate responses, facilitators asked follow-up questions while making sure they were not giving leading statements. Facilitators summed up some of the responses and invited participants to raise additional points for them not to exhaust the respondents. When none was made, the facilitators moved to the next question.

The final section of the implementation was a debriefing. The facilitators provided a summary, and gave the participants an opportunity to ask questions to the HTA Unit and HTAC members. Participants were informed that unanswered questions during the FGD will be documented. A full copy of the slide sets used during the FGDs can be found in Appendix 4.

## Data Processing and Analysis

The recorded proceedings of the FGD were transcribed verbatim using [www.otranscribe.com](http://www.otranscribe.com). Transcripts were processed through closed coding technique using a qualitative data analysis software (MAXQDA2020). Based on current literature and results of the pilot test, predetermined codes were used to register the responses of the participants. These codes were subsumed under predetermined themes which represent key decision points. To ensure a more inclusive approach that allows for a nuanced documentation of the participants world view, new codes were included when responses did not fit any of the predetermined codes. The frequency of codes determined the number of times that participants mentioned or discussed the concept—the higher the frequency, the more relevant the codes were to their lived experiences. Sample statements were tagged with codes to provide context on how the code (concept) was discussed by the participant.

## Results

Of the invited target participants per group, the following were the actual numbers of participants who joined the discussion:

- FGD 1 [Healthcare Workers]: 8 participants
- FGD 2 [Civil Society Organizations]: 7 participants
- FGD 3 [Patient Groups]: 8 participants
- FGD 4 [Community Leaders, Low Risk Areas]: 6 participants
- FGD 5 [Community Leaders, High Risk Areas]: 7 participants

Overall, representatives from key populations across all FGD groups desire the following characteristics in a COVID-19 vaccine to be used in the national immunization program:

1. Safety of the vaccine
2. Vaccine efficacy in terms of preventing COVID-19
3. Availability to Filipinos
4. Transparency in the regulatory/approval process and information on the vaccines
5. Cost-efficiency to the government
6. Potential for high and equitable coverage
7. Ease in logistical and implementation requirements
8. Availability of mechanisms to compensate vaccine recipients for any untoward effect following vaccination including treatment and management of adverse events
9. Appropriateness of the vaccine to special at-risk groups and patients with comorbidities

Generally, the key populations agree with the regional and sectoral prioritization set in the draft National Vaccine Deployment Plan (17 November 2020 version), highlighting important factors that should be considered in prioritizing groups for COVID-19 vaccination. Further, the different key populations vary in their preferred sources of information on COVID-19. Specific findings of the FGDs per key population are detailed in the next sections.

### 1. Focus Group Discussion on Healthcare workers

#### a. Preferred Vaccine Characteristics

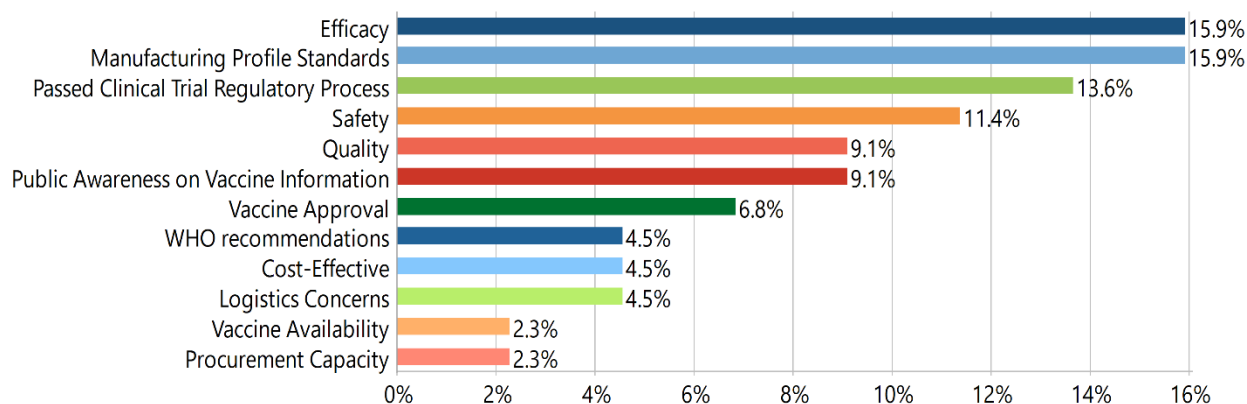


Figure 1.1 Key vaccine characteristics desired by healthcare workers

The effectiveness and credibility of the vaccine manufacturers were considered as the top priority in choosing vaccines for Filipinos as 15.9% of the responses (Figure 1.1) of the health care workers emphasized the importance of efficacy and manufacturing profile standards when it comes to COVID-19 vaccine characteristics. One of the participants shared that, *“profile and track record of the manufacturer must be checked. Through this, we could be assured that the product has undergone the right process, and is safe and effective.”* In relation to effectiveness and manufacturing standards, responses of the health care workers reiterated that to make a vaccine efficacious, it must have undergone clinical trials (13.6%) which meant that vaccines were proven safe (11.4%), and of good quality (9.1%). Public awareness on vaccine information (9.1%) was also considered as an important vaccine characteristic. Filipinos must be given knowledge and awareness regarding the vaccines that will be made available for them, especially those vaccines that would be administered in various Filipino communities. Health care workers also mentioned that for a vaccine to be qualified, it must have an approval and recommendations from a reputable health organization such as WHO. Cost-effectiveness (4.5%), logistics concerns (4.5%), vaccine availability (2.3%) and procurement capacity (2.3%) were also considered an important characteristic of COVID-19 vaccines by the health care workers. According to one participant, *“It is really challenging that we only hear news on vaccinations but not logistics”*.

**b. Level of Efficacy**

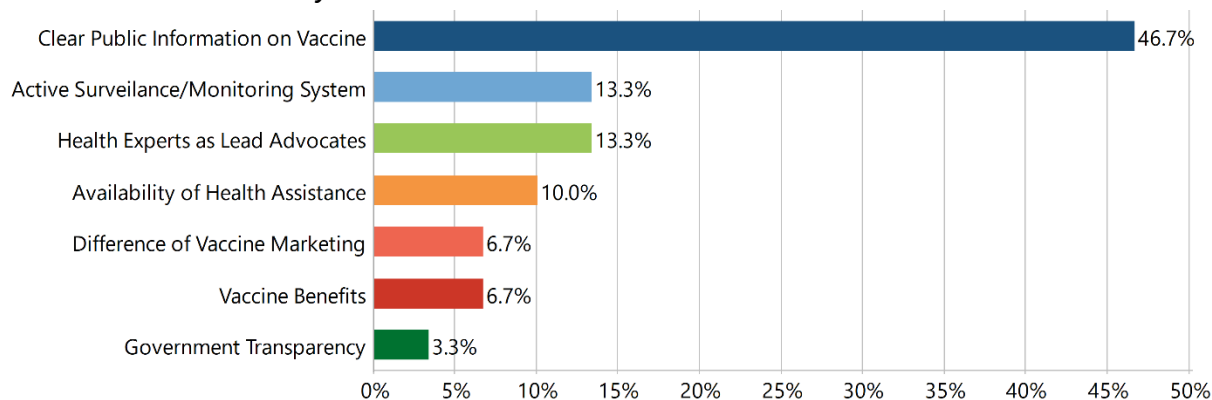


Figure 1.2 Key considerations of healthcare workers on allowing Filipinos to be vaccinated

Currently, COVID-19 vaccine information is still very limited since interim analysis from various health agencies are the only ones available. Moreover, since these are newly developed vaccines, long term effectiveness and effects are not yet clear and identified. Despite limited information on long term effects of the COVID 19 vaccines, all healthcare workers (FGD participants) still agreed to vaccinate Filipinos as long as important factors will be considered. Forty seven percent of the responses (46.7 %) of the participants highlighted that there should be clear public information on the vaccine, especially that vaccine side effects have already been experienced in some parts of the world (Figure 1.2). In this way, Filipinos would be more informed of their health and the health impacts of COVID-19 vaccines that would be administered to them. One participant shared that, *“we must inform people about the benefits. Benefits may outweigh risks which could convince the people to be vaccinated”*. In response to the possible side effects of COVID-19 vaccines, 13.3% of the responses of the health care workers proposed that an active surveillance/monitoring system must be in place, and health experts must be the lead advocates. In this way, Filipinos would be more confident that their health is well-monitored by health experts and advocates. Ten percent of the responses (10%) of the participants highlighted that health assistance related to COVID 19 vaccines must always be available to Filipinos, thus, this must be well coordinated with concerned health care personnel and facilities. Almost seven percent (6.7%) of the responses of the health care workers also mentioned the importance of differentiating vaccine marketing (approved vaccine and emergency use authorization) and vaccine benefits (how vaccines would help the Filipinos). Government transparency (3.3%) on the COVID-19 vaccine and information was also mentioned based on the responses of some health care workers.

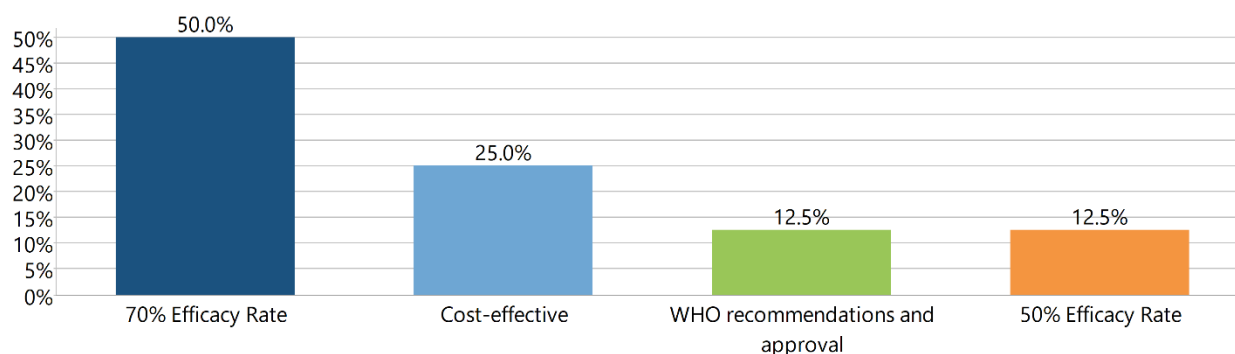


Figure 1.3A Key considerations and acceptable vaccine efficacy rate to healthcare workers

Different demonstrations of COVID-19 vaccine efficacy rates at 90%, 70%, and 50% were shown to participants. Fifty percent (50%) of the responses were linked to a vaccine with 70% efficacy rate while 12.5% were identified with 50% efficacy rate (Figure 1.3A). There are two major factors that were considered by the health care workers in evaluating the COVID-19 efficacy rates. Twenty-five percent (25%) of the responses of the health care workers mentioned that cost-effectiveness of the vaccine must be considered. *One of the participants stated that “If 70% is available and it would not cost us a lot of money, why should we settle for less?”* Efficacy rates



should also be based on the recommendations and approval of WHO as mentioned by the other health care workers (12.5%).

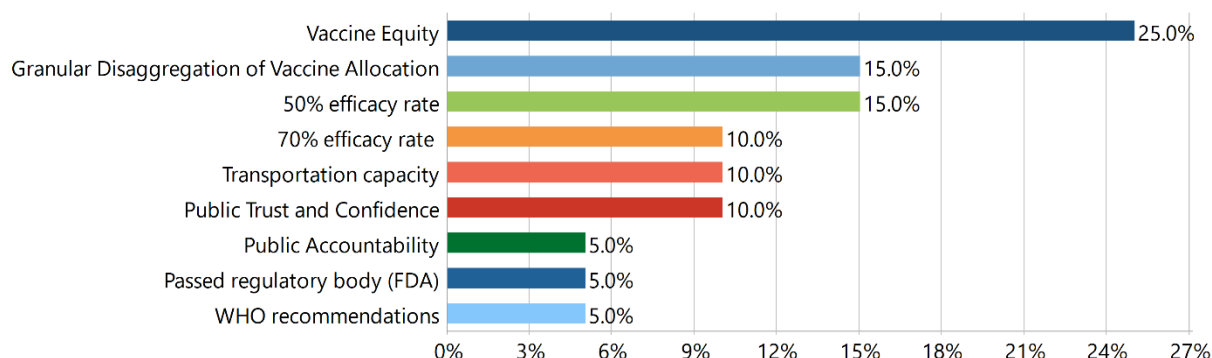


Figure 1.3B Key considerations and acceptable vaccine efficacy rate to healthcare workers

Health care workers were also asked what could be their lowest acceptable efficacy rate if in case, those vaccines with 90% efficacy rate would not be available. Fifteen percent (15%) of the responses of the health care workers could go as low as 50% efficacy rates while 10% of the responses of the participants chose the 70% efficacy rate (Figure 1.3B). The choices of the health care workers entail several important factors that must be considered. The most important factor mentioned by the health care workers is vaccine equity (25%). Vaccine distribution to different areas of the Philippines must be carefully reviewed and considered to avoid any inequality and discrimination within Filipino communities. One of the participants suggested that *“if the government would be so bold to drive home the point of equity, vaccines with highest efficacy could be given to those marginalized communities while vaccines with 50% efficacy rate may be given to those class A and class B who are not at risk.”* In relation to equity, granular disaggregation of vaccine allocation (15%) must also be available to the public. Transportation capacity, public trust and confidence were also mentioned by 10% of the health worker participants since COVID-19 vaccines may require special means of handling and transportation for it to be useful. Government must also develop strategies on how to gain the trust and confidence especially that various information on COVID-19 vaccines are being widely circulated on various platforms. Additional factors were mentioned by the health care workers which include public accountability, FDA approved efficacy, and WHO recommended efficacy.

c. Vaccine Safety

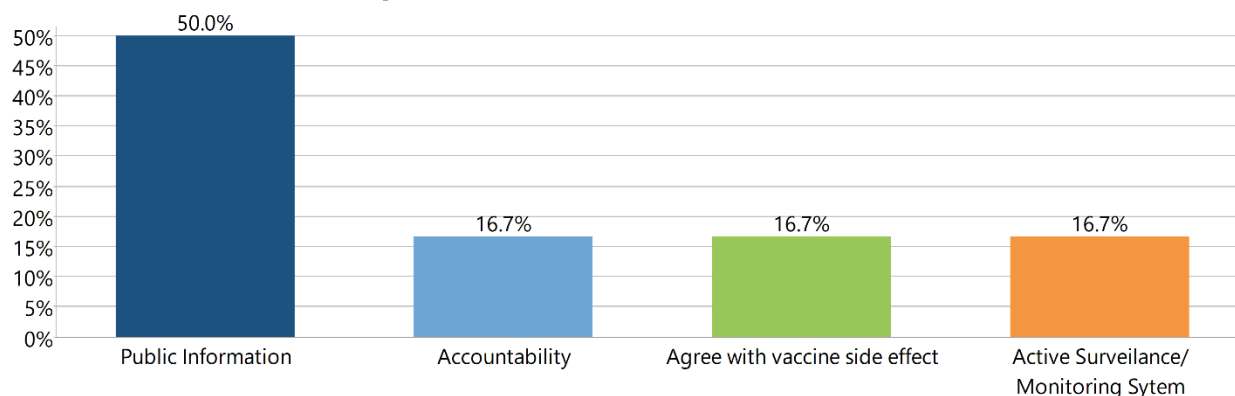


Figure 1.3B Key considerations of healthcare workers on acceptability of vaccine side effects

Seventeen percent (16.7%) of the responses of the health care workers expressed agreement to be vaccinated despite the reported side effects of various COVID-19 vaccines but, they highlighted that there are three major factors that need to be considered. Fifty percent (50%) of the responses reiterated the importance of public information (Figure 1.3B) on possible side effects of COVID-19 vaccines. Seventeen percent (16.7%) of the responses highlighted the importance of accountability, and having an active surveillance/monitoring system. There must be an accountable organization who could assist and support the Filipinos as they experience the different side effects of COVID-19 vaccines. Through an active surveillance/monitoring system, Filipinos will also be well-monitored and well-assisted before, during, and after the vaccine administration.

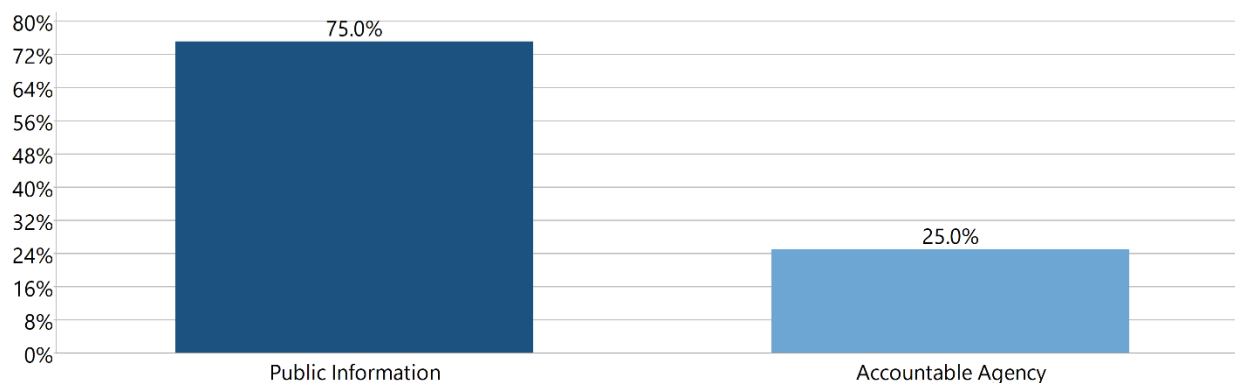


Figure 1.4 Key considerations of healthcare workers on acceptability of unknown adverse events of COVID-19 vaccines

COVID-19 vaccines may have unpredictable side effects which may appear 6 months, 1 year or 2 years from the date of the vaccine administration. With these, 75% of the responses of the health care workers reiterated the importance of public information (Figure 1.4). Through this, Filipino people will be supported and guided by accurate facts and credible evidence from respective health experts and agencies. Twenty-five percent (25%) of the responses of the health care workers also mentioned that there must be an accountable agency who would assist and support

Filipinos as they encounter unpredictable or unexpected side effects of the COVID-19 vaccines. One of the participants shared that *“there should be an agency who could help and support us especially if we encounter adverse reactions and not only side effects”*.

#### d. Feasibility and Accessibility

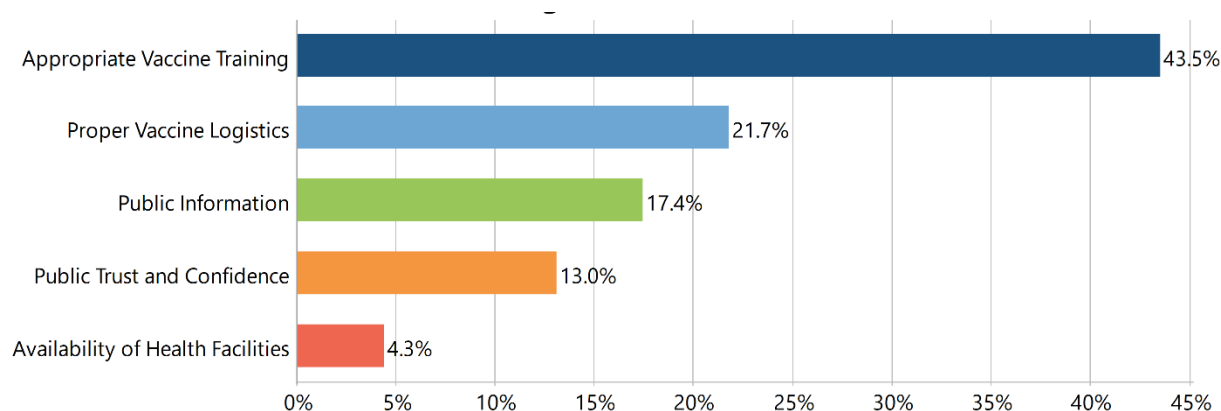


Figure 1.5 Key feasibility and accessibility considerations for healthcare workers on COVID-19 vaccine deployment

Some COVID-19 vaccines may require a very low temperature which would need a specialized freezer or storage. With this, health care workers mentioned that there are very important preparations needed to be considered. Forty-four percent (43.5%) of the responses of the health care workers emphasized that there must be an appropriate vaccine training for healthcare workers (Figure 1.5). One of the participants shared that, *“DOH has an ongoing initiative on vaccine management training. The said training is composed of 12 modules from preparation, handling, dilution, management, side effects, and psychological impacts”*. Proper vaccine logistics as mentioned in 21.7% of the responses, is also an important preparation for the Philippine government and health institutions. In ensuring proper vaccine logistics, procurement, distribution, transportation and other technicalities must be carefully reviewed. Seventeen percent (17.4%) of the responses of the health care workers reiterated the importance of public information wherein all Filipino individuals and communities will be well-informed through a health information drive or campaign. Public trust and confidence must also be ensured; thus, the government must ensure the public that they have enough capacity to handle the logistical requirements and preparations of the COVID-19 vaccines.

#### e. Equity

##### Equity (Q1) – Vaccine per region (no follow up questions; limited information)

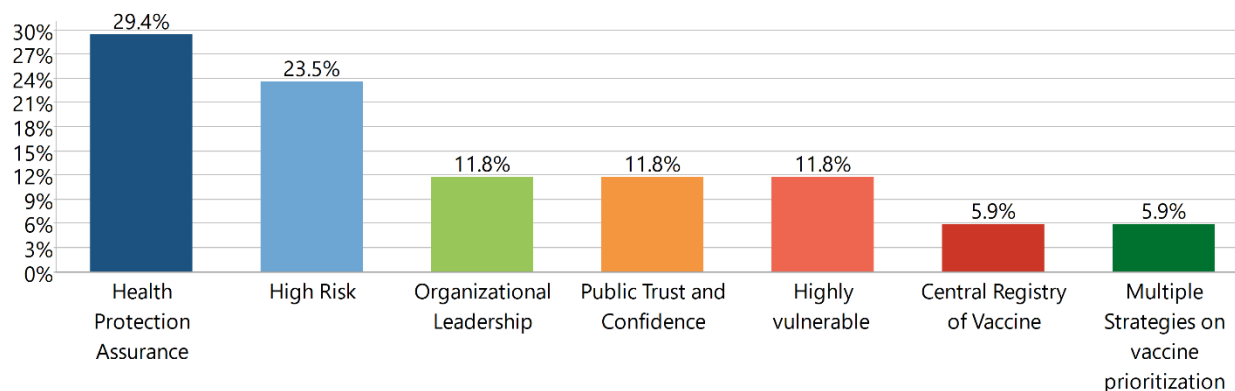


Figure 1.6 Key considerations by healthcare workers in prioritizing for COVID-19 vaccines

Health care workers agreed that frontliners including health care workers must be prioritized in the deployment of the COVID-19 vaccines. Although, participants shared some important factors to consider in re-stratifying and improving the priority groups for COVID-19 vaccines. Twenty nine percent (29.4%) (Figure 1.6) of the responses of the health care workers emphasized the importance of assuring health protection among the public through the administration of vaccines. One of the participants shared his health assurance advocacy, *“I believe that vaccination could save lives and every person should be vaccinated.”* Twenty four percent (23.5%) of the responses of the participants mentioned that those high risk individuals, especially those that are more exposed to the virus, must be prioritized. Organizational Leadership (11.8%) and Public Trust and Confidence (11.8%) are two interrelated factors which must be considered in prioritizing vaccine groups. A health organization must ensure that vaccines are safe, of good quality, and effective by being the primary example, having themselves vaccinated. In this way, public trust and confidence may be raised, and vaccination programs will be viewed as essential to the promotion of public health. Twelve percent (11.8%) of the participants also mentioned that highly vulnerable groups such as older persons and persons with comorbidities must also be considered. Health care workers also shared that a central vaccine registry and multiple strategies on vaccine prioritization may be helpful.

*f. Source of Information*

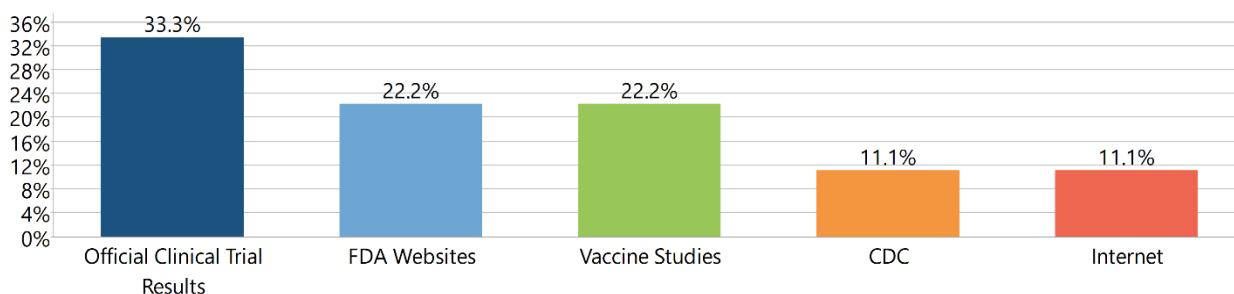


Figure 1.7 Sources of information on COVID-19 vaccines of healthcare workers

Health care workers have different sources of vaccine information (Figure 1.7). Majority or 33.3% of the responses of the participants mentioned reliance on various official clinical trial results

from reputable health organizations. Twenty-two percent (22%) of the responses of the participants mentioned that healthcare workers also get their information from FDA websites and different vaccine studies and publications. Only 11.1% of the responses mentioned that they based their information from CDC and the internet.

## 2. Focus Group Discussion on Civil Society Organizations

### a. Preferred Vaccine Characteristics

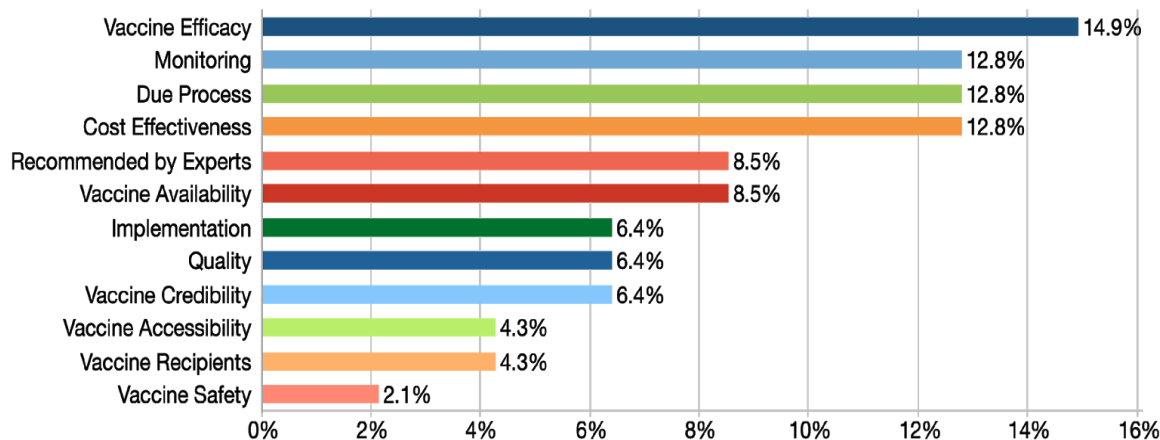


Figure 2.1 Key vaccine characteristics desired by civil society organizations

The focus group discussion started with an overview and explanation of the objectives of the activity and the role of the HTAC in recommending the vaccines that will be used by the DOH in the COVID-19 response. It was made clear that HTAC needs to consider and balance the different perspectives and views of different stakeholders in formulating its recommendations and that social values and preferences relevant to the local context form an important part of the evidence that will be the basis of policies and decisions of the DOH and the Inter-agency Task Force on COVID-19.

The first question that was asked among the participants aimed to elicit the desired attributes of a COVID-19 vaccine (i.e. *Ano ba ang hinahanap mo isang bakuna para sa COVID-19?*)

Among the consumer groups and CSOs, it is apparent that the efficacy of the vaccine is the most important concern based on the responses of participants (14.9%) (Figure 2.1) which was understood and explained by two participants as the ability to prevent infections and save lives - *"prioridad syempre yung efficacy ng gamot"* and *"yung level of efficacy, hindi tayo nagkakasakit, at saka pwede siyang magligtas ng buhay [efficacy is a priority of course and the level of efficacy gives us confidence that we will not get infected and our lives can be saved]"*.

12.8% of the responses of the participants underscored the importance of transparency and due process to increase the confidence of the Filipino public to be vaccinated with COVID-19 vaccines - *"dumaan sa pagsusuri ng expert panel [undergone evaluation by expert panel]," "aprubado ng FDA at HTA [approved by FDA and HTAC]."*

Real time monitoring of both the patients and the distribution of the vaccine (12.8%) is also just as vital as being aware that the vaccine has gone through due process (12.8%) - *“Sana real time para nalalaman po natin kung ah, sino nga ba ang nabibigyan at sino pa ang kailangang bigyan [I hope we learn these information in real time so we will know who is getting the vaccine and who else need to be given one]”*. The cost and cost-effectiveness of the vaccination program was also perceived as an important consideration since public funds are utilized in procuring the vaccine and implementing the program.

On the other hand, 8.5% and 4.3% of the responses of the participants mentioned availability and access of the vaccines to the population, respectively, as important facets of the vaccination program. In particular, responses alluded to the 4As framework of Penchansky and Thomas (1981) which pertains to ‘Availability’, ‘Accessibility’, ‘Acceptability’ and ‘Affordability’ as determinants of access.

Other characteristics drawn from the responses of the participants are the following: Quality of the vaccines (6.4%), Credibility of information (6.4%) and the Safety of the vaccine (2.1%)

### b. Efficacy

For this part of the FGD, two key facts were provided to the participants such as the lack of long-term data on the efficacy of the current COVID-19 vaccines and that they were undergoing Phase III clinical trials and only given an emergency use authorization (EUA) by the Philippine FDA which is not equivalent to the marketing authorization granted to drugs or vaccines after completed clinical studies. Participants were also informed that despite ongoing trials and the lack of long-term efficacy data, many countries have begun to roll-out COVID-19 vaccination programs in response to the current public health emergency.

Given these facts, participants were then asked if they agree to have Filipinos vaccinated at this time of the pandemic.

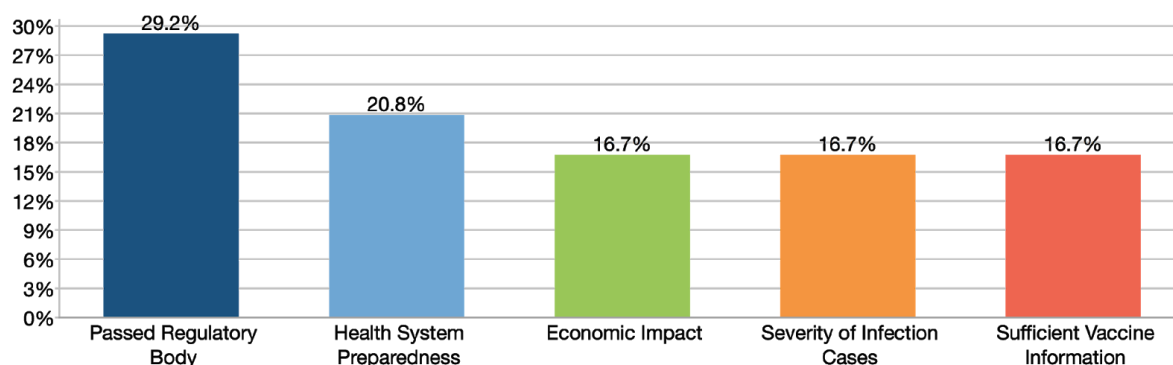


Figure 2.2A. Key considerations of civil society organizations in deciding acceptable vaccine efficacy rates

Figure 2.2A shows that the responses of the participants lean toward agreeing to get vaccinated only when certain conditions are met: 1) the vaccine passed the regulatory body (29.2%); 2) our health system is prepared to deploy, administer and respond to concerns and emergency (20.8%),

and; 3) there is sufficient vaccine information (16.7%) that would be widely available and comprehensible for everyone.

Some responses highlighted that the vaccination program would lead to a positive social and economic impact allowing different industries to operate and greater mobility for the population especially in urban centers hit more severely by the COVID-19 pandemic (16.7%).

Only one participant expressed disagreement to have vaccination done at this time citing the uncertainty in the safety and effectiveness of the vaccines.

For the second part, efficacy was described among the participants as the potential of the vaccine to prevent infections in a community of 100 residents with different scenarios of vaccine efficacy (i.e. 50%, 70%, 90%). The participants were then asked about the minimum acceptable vaccine efficacy in a situation where high efficacy vaccines might not be available or accessible as a result of supply issue, affordability, logistics issue.

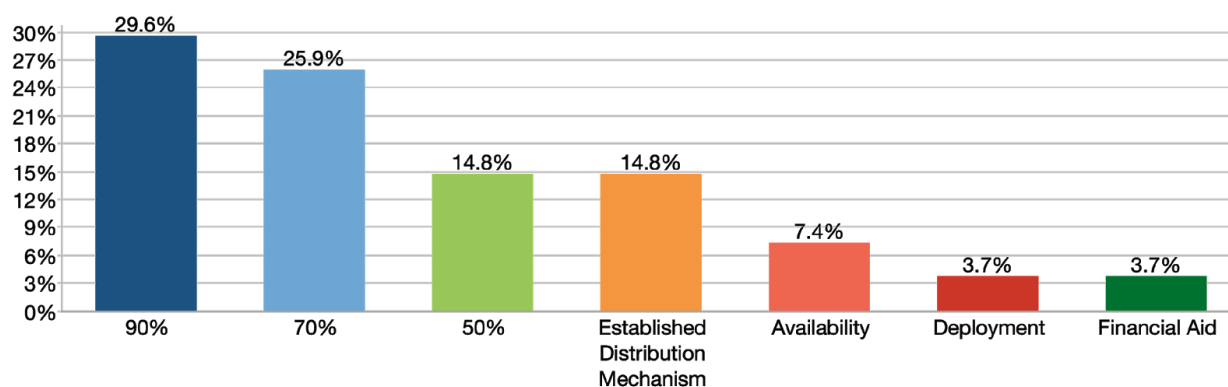


Figure 2.2B. Key considerations of civil society organizations in deciding acceptable vaccine efficacy rates

The responses were generally linked to a high efficacy (i.e. 90%) as the minimum acceptable vaccine efficacy (29.6%) - *“syempre pinaka-mataas na efficacy, mas maganda”* - although some responses indicated that are other factors that might also have to be considered such as supply availability and cost of the vaccines. Some stated that they could tolerate 70% (25.9%) (Figure 2.2B) only if there would be limitations on budget, availability and deployment. Meanwhile, 14.8% of the responses were identified with 50% efficacy. This was still acceptable for the participants because the vaccine can still save lives provided that all the protocols in the approval and deployment process are in place and that the population is well-informed. In addition, some responses mentioned there should be financial aid given to those who will be having adverse effects from the vaccine, *“dapat kung tatanggapin niyo yung 50%, kailangan kaya natin sagutin yung hindi naprotektahan [if you will accept the vaccine efficacy of 50%, we should cover those who will not get protected too]”*. Responses also indicated having an established distribution mechanism (14.8%) in terms of deployment (3.7%), *“dapat andyan yung mga, you know, that we're ready, the mechanism for distribution, lahat yan dapat in place [there have to be distribution mechanisms, all of these should be in place]”*.

### c. Vaccine Safety

Key information was given on the known short-term adverse events following vaccination with existing COVID-19 vaccines and that long-term side effects are not yet known. Participants were then asked if they find the adverse events acceptable/tolerable and if they are willing to be vaccinated given that long-term side effects are still unknown.

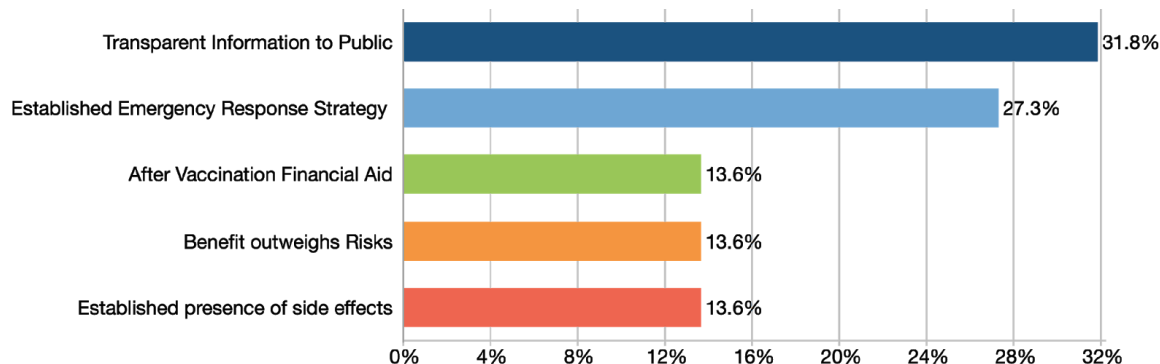


Figure 2.3. Key considerations of civil society organizations on acceptability of vaccine side effects

Participants generally understood that most drugs and vaccines have side effects in the human body and that people would have different coping mechanisms in the process of being immunized - *"naiintindihan ko na mayroong side effects lahat ng bakuna [I understand that all vaccines will have side effects]"*, *"lahat ng mga, ng mga bakuna mayroong nararamdaman ano, epekto sa katawan so ayun, I think that, that is natural eh, so the severity of that will depend on, siguro dun sa katawan mismo ng tao pero kasama yan sa pagtanggap na magpabakuna [All vaccines can induce side effects to our body so I think this is natural. The severity will depend on how our body will respond, and is one of the considerations when receiving vaccines]."* Some of the responses expressed that it is ultimately the individual's choice to be vaccinated considering that the benefits must outweigh the risks of getting vaccinated (13.6%)(Figure 2.3).

However, most of the participants' responses stated the significance of transparent information given to the public (31.8%), an established emergency response strategy (27.3%), and vaccine injury compensation or financial aid (13.6%) for everyone who may experience an untoward adverse event following vaccination. The government should be ready to support vaccinees with the right information ("no false promises"), training of health workers to manage the side effects, and proper referral to health facilities which can address the possible adverse events.

*"...not only na kailangan na ini-inform natin yung babakunahan before, pero dapat alam natin how to counsel them or uhm, advise them pagkatapos kasi most of these complaints or most of these reports ng side effects baka marinig natin later on, sana lang yung, dapat lang yung mga health care workers na magbabakuna, alam nila kung paano magrespond and paano i-address yung mga concerns because of the side effects [We should not just inform vaccinees prior to vaccination, but we should also perform counseling even after as most of the complaints on side effects may come later on. I hope that our health care workers who will perform these vaccinations are knowledgeable on how to respond to such concerns and address side effects]."*

#### d. Feasibility and Accessibility

Participants were informed about the different cold storage and logistical requirements of current COVID-19 vaccines and where they can be most likely deployed and accessed by Filipinos. They



were then asked what would be the likely impacts of the logistical requirements on the implementation.

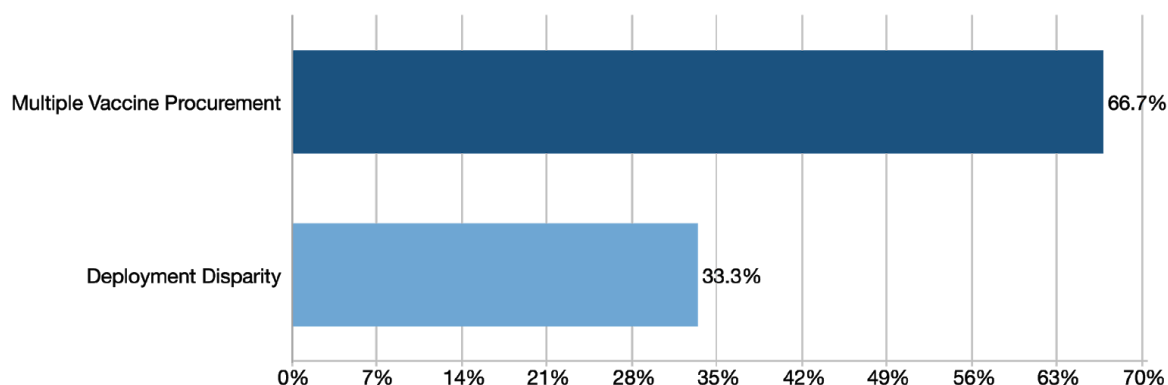


Figure 2.4. Key feasibility and accessibility considerations for civil society organizations

The participants understand the logistical requirements (i.e., vaccine cold temperature) of the different COVID-19 vaccines that will have a great impact on which vaccine(s) the government will procure. Most of the participants' responses indicate that they are well aware of the different logistical requirements for the vaccines and the varying storage capacity across different regions in our country which would necessitate multiple vaccine procurement (66.7%) and result in deployment disparity in most regions in the country (33.3%) (Figure 2.4).

Further, the participants cited issues such as transportation to far-flung areas (60%) and capacity of RHUs to store and administer the vaccine on their areas (40%) as logistics and operations issues of the immunization program against COVID-19. They have expressed that there should be a clear strategic logistics preparation for the vaccine program.

A participant highlighted the importance of public-private partnership to ensure an effective and efficient distribution system given the known limitations of the public sector. A women's health representative noted the high cost of a program for a vaccine needing ultra-low temperatures and suggested that there should be more than one vaccine in the portfolio to ensure the availability in far-flung areas. Meanwhile, a participant said that it is important to have the most affordable vaccines to ensure wide and equitable coverage and that if only vaccines needing the lowest freezing temperature will be purchased by the government, then it is likely that only highly urbanized areas will have access. Another participant added that there should be an efficient real-time monitoring in place to effectively trace which vaccines have been given to particular individuals.

#### e. *Equity*

The FGD participants were informed about the DOH roadmap on vaccine allocation and deployment which prioritizes regions, cities and provinces with the highest incidence and attack

rates and particular vulnerable groups who are at risk of COVID-19. They were then asked about their views on the prioritization and proposed allocation of COVID-19 vaccines by the government.

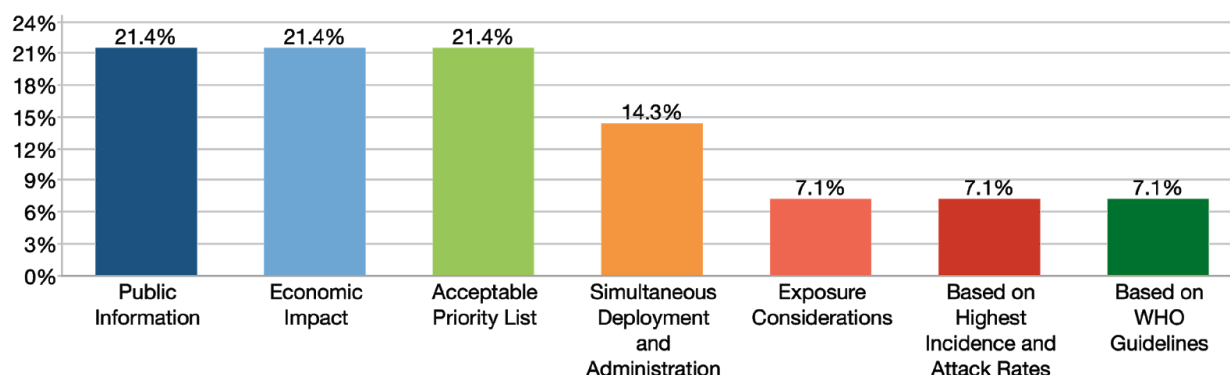


Figure 2.5. Key considerations by civil society organizations in prioritizing for COVID-19 vaccines

Participants generally agreed on the proposed plan of the DOH to prioritize regions and localities with a high number of cases and deaths and attack rates as well as the priority vulnerable and high-risk groups. They understand that people who are highly exposed and easily infected by COVID-19 must go first in the list although many of them underscored the need to make the public understand the prioritization with adequate and proper information. Some of the participants also noted that the prioritization of DOH follows the WHO allocation framework for COVID-19.

*"I agree with this prioritization kasi dun sa group A, uhm, uh, especially health care workers, uhm, indigent population, uniformed personnel, na ito yung kailangang lumabas, yung senior citizens natin is high risk, uhm, yung sa mga frontliners dito sa group A, kasi kapag hindi sila ma, ma, mabigyan ng vaccine kaagad, ah, yung again, yung, yung, galaw nila will be limited [I agree with the prioritization because in Group A, this includes those who really need to go around like health care workers, indigent population and uniformed personnel. When not vaccinated as soon as possible, their movements will be limited. It is also good that it includes senior citizens as high risk]."*

*"Ipaliwanag sa taong madla kung bakit ganito po yung prioritization at ipa-intindi po dun sa mga hindi prioritized dun sa priority group C, kailangan lang maintindihan po nila [Explain to the public the rationale behind this prioritization so other members in the non-prioritized group will understand why they were not prioritized]."*

Some responses focused on covering as many people as possible with simultaneous deployment and administration of the vaccines where possible (14.3%) despite the constrained global supply of COVID-19 vaccines (Figure 2.5).

One participant suggested prioritizing the major urban centers of the country which will have a great economic impact, *"...Dito lang sa NCR saka mga paligid na region, ah and ah mga major regions, major urban centers natin, nandyang na kasi nakasalalay ang mga 80-90% ng ating GDP eh*

sa panahon ngayon, mahigit isang taon na tayo, talagang dumadapa yung ekonomiya kaya kung mauuna [i]tong mga lugar na [i]to at ah, mahusay ang deployment, malaki rin kasi ang epekto nito kapag na-prioritize talaga yung most infected and really most productive regions natin, sasabay rin yung pag-angat natin sa ekonomiya eh [80-90% of our GDP is dependent in the NCR, the nearby regions and major urban centers. It's been a year since [the lockdown], and the economy has been suffering. Now, if these places will be prioritized and there will be good vaccine deployment, there will be a positive impact on our economy]". The participant clarified however if regular workers are part of essential workers. Other concerns raised were who will qualify as indigents and if the prioritization framework will be followed during the implementation.

#### f. Source of Information

Participants were asked about how and where they source their information on COVID-19 vaccines and which sources they deem as useful and credible.

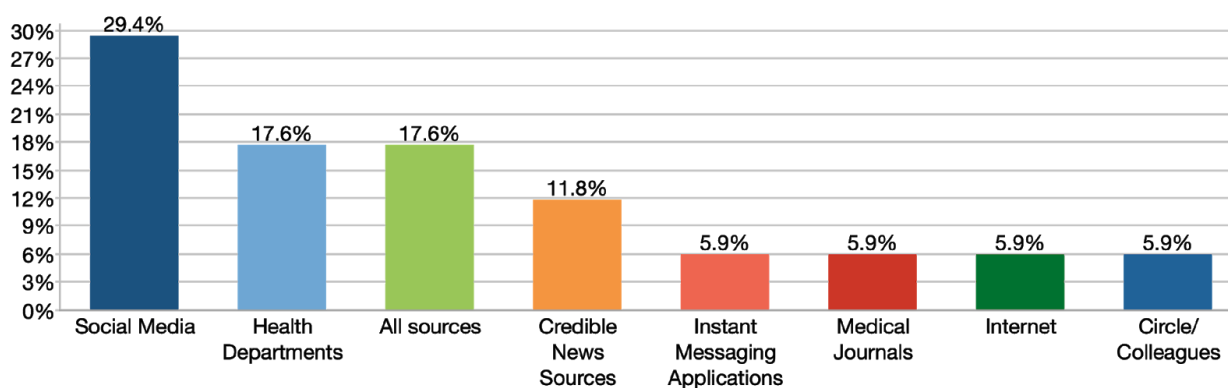


Figure 2.6. Sources of information on COVID-19 vaccines of civil society organizations

Most of the responses of participants revealed that they get information from all sources (17.6%), but mostly from the social media platforms (29.4%) used every day for communication, allowing for convenient updating through instant messaging applications (5.9%) with colleagues (5.9%) where COVID-19 news and updates are accessible (Figure 2.6).

Most of the responses of the participants indicate that they get their information from the Internet (5.9%) verify it with the country's official health agency websites like the WHO, FDA, DOH (17.6%). Some also read articles from credible news sources like The Guardian, New York Times (11.8%) and medical journals like PubMed and Lancet (5.9%).

Many participants said that there are many sources of information but also expressed that it is a challenge to determine who or which sources to believe. One clearly stated that, *"matindi ang access natin sa information dahil, dahil nga sa telepono lang natin, actually hindi tayo kumukuha, nakakakuha tayo ng impormasyon, I think yung sa pagkuha ng impormasyon, hindi yan problema dahil ang dami-daming sources, ang sa tingin kong challenge is uhm, paano natin malalabanan yung mga false information na totally unproductive at saka makaka, makaka-delay ng ating*

recovery [We have great access to information because of technology. In fact, we don't even have to actively access information as it is already readily available. I think there is no problem in accessing information since we have a lot of sources. The challenge will be how to combat false information which is totally unproductive and may delay recovery]".

### 3. Focus Group Discussion on Patient Groups

#### a. Preferred Vaccine Characteristics

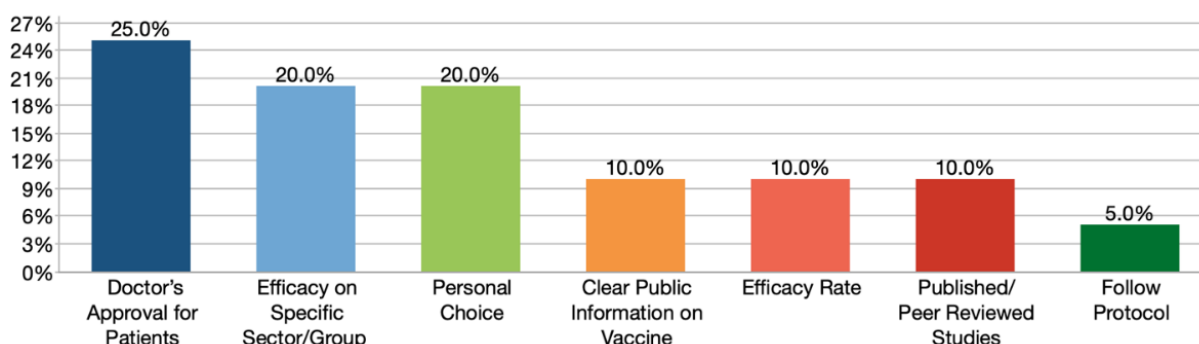


Figure 3.1. Key considerations of patient groups on deciding to receive vaccination

Based on the responses of the patient groups, the most important factor guiding vaccine confidence is that the vaccine is recommended by their physician (25.0%). The patients' physicians were most trusted and their endorsement was the most important common reason cited for willingness to be vaccinated. Additionally, 20% of the responses emphasized the importance of the vaccine's efficacy for specific groups. Most of the patients have chronic conditions that require effective long-term management, and these patients are aware that disease control and outcomes depend to a significant degree on the effectiveness of self-management. Furthermore, they believe that vaccination should not be mandated; rather, the patient's personal choice is to be respected. They also emphasized that the vaccines had to undergo and must have passed a rigorous review and evaluation process (Figure 3.1).

#### b. Efficacy

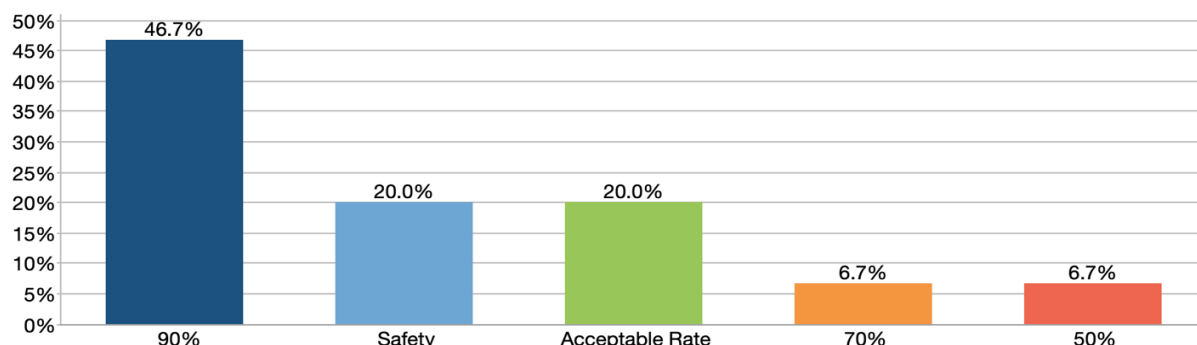


Figure 3.2A. Acceptable vaccine efficacy rate to patient groups

As for efficacy, the group initially chose 90%, but when asked to consider availability and the short supply worldwide, they opted for 70%, on condition that the vaccine must have undergone all the rigors of production and testing and must have been found to be safe (Figure 3.2A). The patient groups were also open to the possibility that, if the reportedly more efficacious vaccines are unavailable or in short supply, the vaccine that had 50% efficacy was acceptable, if it was the only option available because 50% efficacy is better than the chance of risk presented without vaccination.

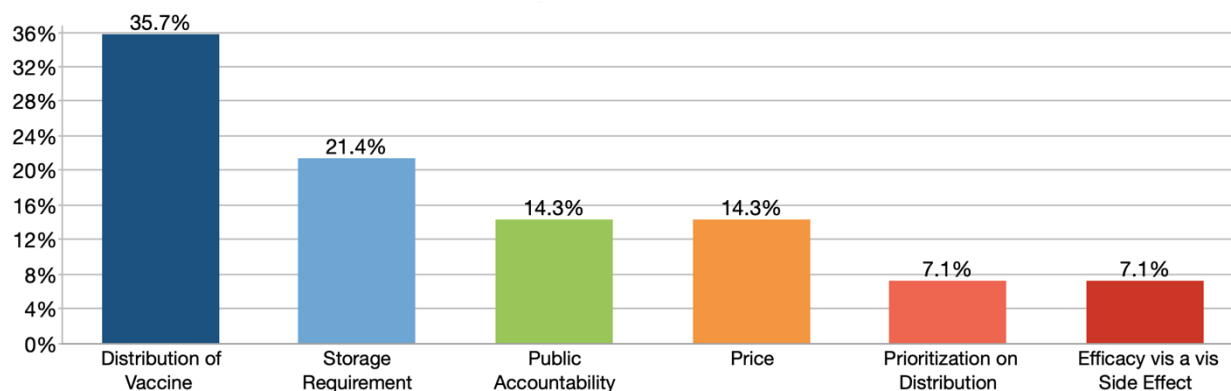


Figure 3.2B. Acceptable vaccine efficacy rate to patient groups

The patient groups cited logistical challenges like distribution channels (35.7%) and cold storage requirements (21.4%) in considering the issue of least acceptable efficacy. They noted a willingness to give up on using the vaccine found to be most efficacious and opting for a vaccine with less efficacy in favor of ease of distribution. If the least effective vaccine is easier to store or has a longer shelf life, they contend that it would be a better option especially in the Philippine context. This view is due to their concern that a larger proportion of the population would be protected. Other factors considered were public accountability (14%), price (14%), prioritization of distribution and administration (7%), and the benefit of efficacy versus risk of side/adverse effects (7%) (Figure 3.2B).

c. Safety

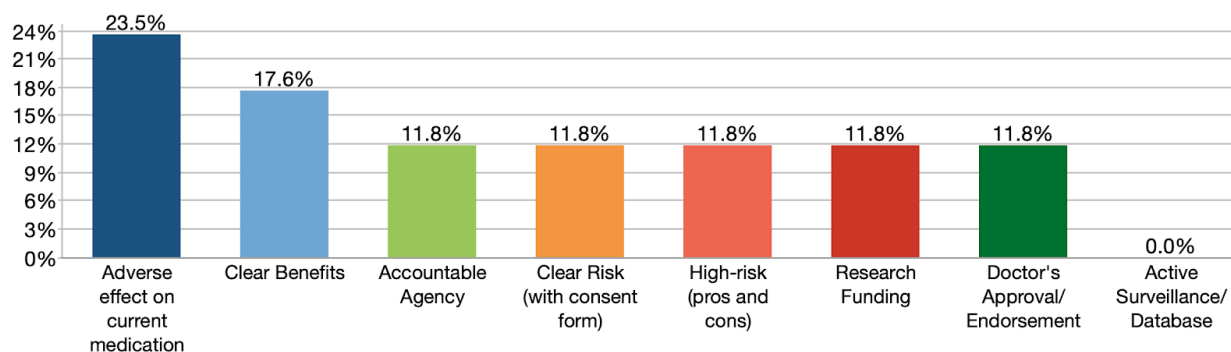


Figure 3.3. Key considerations of patient groups on the acceptability of vaccine side effects

The patient groups expressed concern that the vaccines may not have been tested on populations with their specific medical conditions (i.e., immunocompromised, pre-existing chronic conditions, on chemotherapy or special drugs) and thus, the effect of the vaccine in conferring immunity or in causing side effects or adverse reactions may still be unknown. They emphasized the need for clear and laymanized discussions on the potential side effects and/or adverse reactions that could occur post-vaccination and the need to discuss clear benefits and risks especially with their medical conditions. In the context when there are still uncertain situations that may occur, the group stressed that it is still important to get their informed consent.

The group believes that all “drugs” have side effects. The patients themselves noted that the drugs they currently are receiving, (especially the anti-TB drugs which are considered part of standard treatment) have really caused severe side effects. Thus, the tolerance for minor side effects may be perceived as high in this group.

On the contrary, the life-threatening effects of the vaccine are a different matter. Hypersensitivity reactions, requiring emergency treatment, subsequent hospitalization and treatment costs will be a concern. They believe that the government should cover expenses related to treatment of adverse reactions to the vaccine.

As noted previously, the factor that weighs in most heavily for the patient groups is the endorsement of their physician.

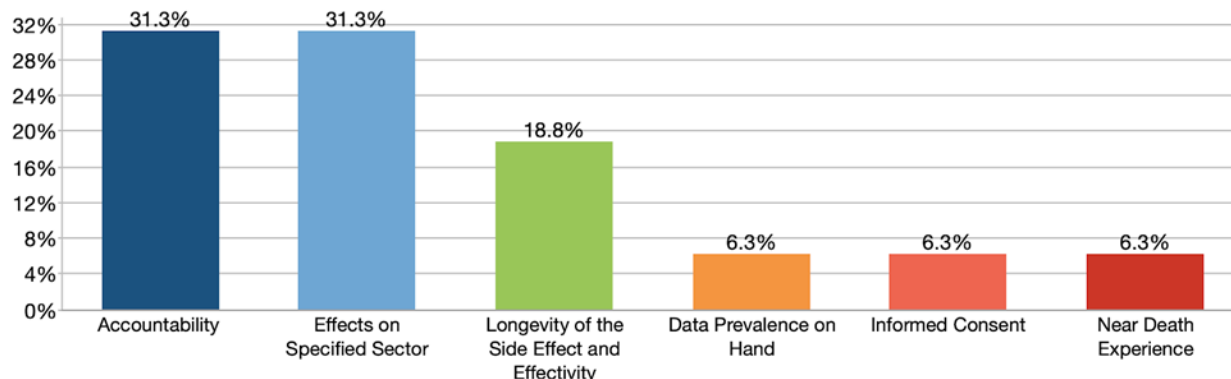


Figure 3.4. Key considerations of patient groups regarding acceptability of unknown adverse events of COVID-19 vaccines

According to the participants, it is a given and accepted fact that there is still lack of information on longer term complications (6 months, 1 year, 2 years) of COVID-19 vaccines. Patient group’s acceptance of the vaccines is likely positive depending on several factors, foremost of which is the government’s willingness to accept accountability in covering potential costs of the effects of the vaccine vis-a-vis their specific medical condition (62%). Other considerations include the length of time the side effects are expected to affect them (18%), the risk-benefit ratio of the vaccine (6%), the prevalence of the pandemic (6%), the need for informed consent 6%), and the likelihood of death as a complication (6%) (Figure 3.4).

The patient group expressed the need for informed consent that clearly states the risks of the vaccine. The content of the consent must be explained by the vaccinator and must be fully understood by the recipient of the vaccine. Distributing the informed consent before actual administration provides the vaccinee time to think about the decision they will make.

*d. Feasibility and Accessibility*

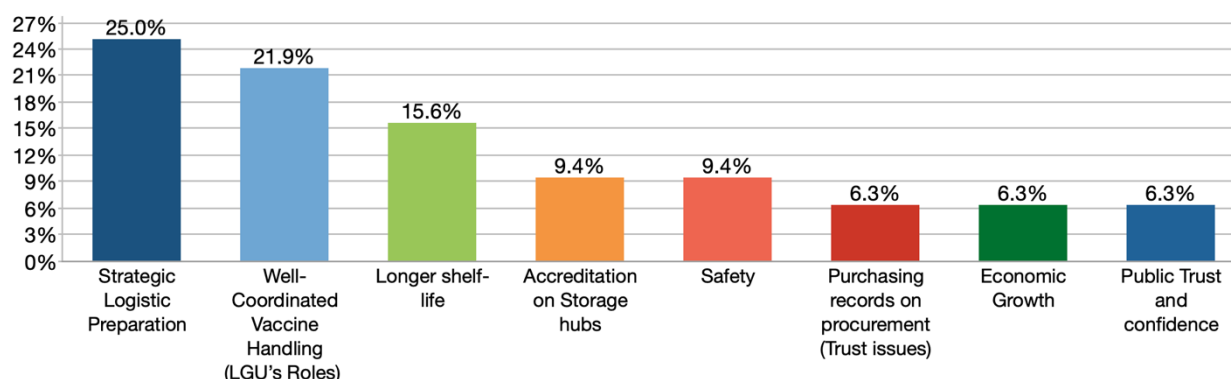


Figure 3.5. Patient group’s recommended solutions on feasibility and accessibility challenges faced in COVID-19 vaccine deployment

The requirements for maintaining vaccine integrity were perceived by the patient groups as crucial to the decision on which specific vaccines are to be deployed. The participants acknowledge our country’s resource constraints and limitations including the existing cold chain infrastructure not being up to standard in all locations, inadequate storage facilities, and frequent power outages. Additionally, the country also faces extreme weather conditions that may put additional stress in distributing and storing the vaccines. All these limitations are recognized as having an impact on how the vaccines are procured and distributed and the population that can be reached. Recommendations for working around these challenges to feasibility and accessibility included strategic logistics preparation (25%), forging collaborative networks between the national government, LGUs and the private sector (22%), procuring vaccines that have a longer shelf life (16%), ensuring the presence of nearby accredited storage hubs for vaccination sites (9%), ensuring required procurement and distribution records are open to public scrutiny (6%), the need to gain public trust and confidence in the vaccine, and the entire end-to-end process (6%) (Figure 3.5). All these, when addressed, can ensure economic growth and serve to lift the welfare of the poor who have been most affected by the pandemic.

e. *Equity*

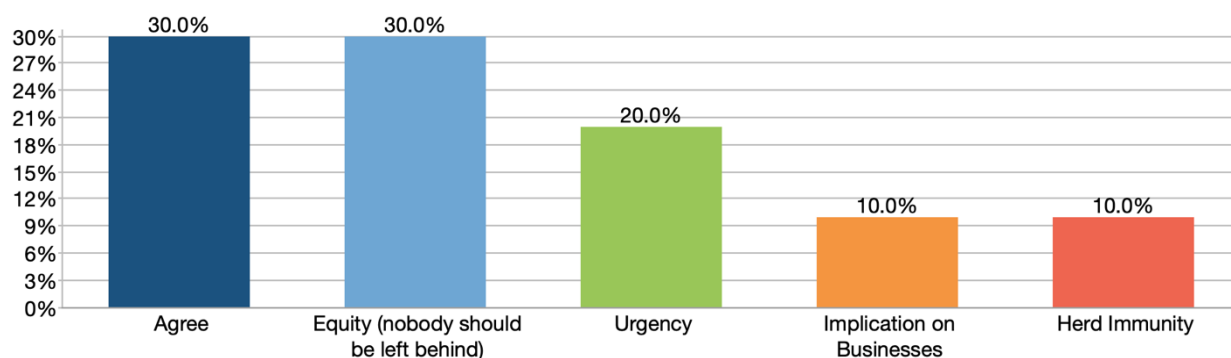


Figure 3.6A. Key considerations by patient groups in the regional prioritization for COVID-19 vaccines

The government prioritization plan for vaccine distribution from areas that had the most prevalence down to those with the least prevalence, was endorsed and supported by the patient groups, with an acceptance rate of 30%. The top priority region in the presented prioritization was NCR and participants specifically made a remark on it. According to them, since the NCR is considered a “hotspot,” they agreed that vaccinating NCR first made the most sense due to the urgency of beating COVID-19 and ensuring that resources are put into places where the most good can be attained. They saw that the NCR, being the center of trade should be prioritized against the backdrop of global vaccine scarcity. In order to control widespread transmission, they pointed out that localized containment may be the key. The recognition that some regions have low prevalence rates was good rationale for their receiving vaccines later than those with higher prevalence rates. In addition, participants are also in favor of the general principle of equity with “no one being left behind.”



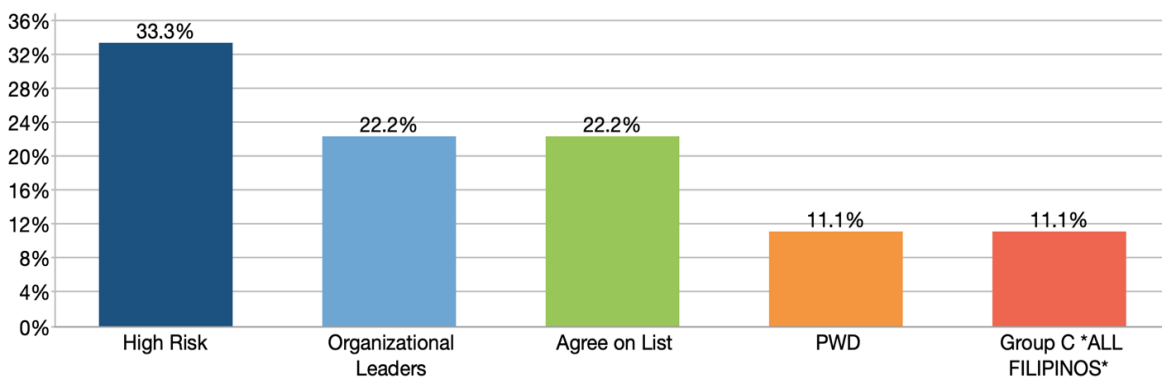


Figure 3.6B. Acceptability and key considerations by patient groups in the sectoral prioritization for COVID-19 vaccines

There was a concern expressed by one participant who is a caregiver in the community deployed as frontliners. The participant recommended that they should be prioritized along with health care workers since they are similarly exposed to the virus. Another concern relates to Persons with Disability (PWDs) being assigned to the second batch rather than the first batch of vaccine recipients. The recommendation was for the PWD group to be assigned first priority status as well (Figure 3.6B).

*f. Source of Information*

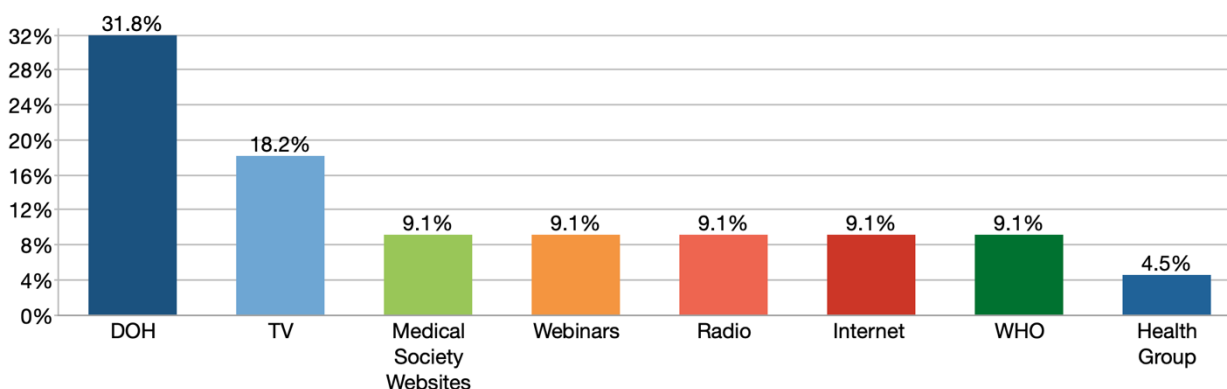


Figure 3.7. Sources of information on COVID-19 vaccines of patient groups

The most trusted source of vaccine information is the Department of Health (DOH) (32%). Television comes next as a trusted source (18%), medical society websites, webinars, radio, the internet, and WHO (9% each). Other health groups were also tapped for information (5%) (Figure 3.7).

## 4. Focus Group Discussion on Community Leaders (Low Risk Areas)

*a. Preferred Vaccine Characteristics*

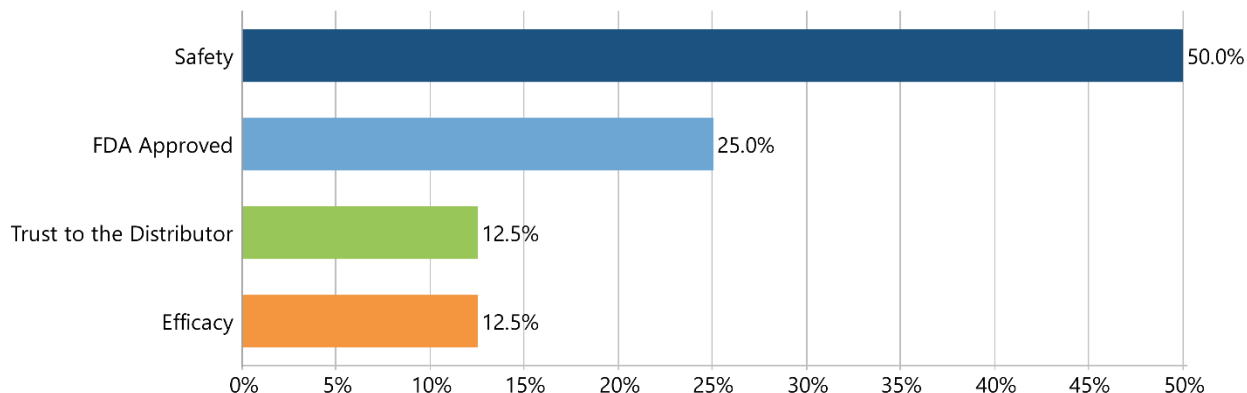


Figure 4.1. Key vaccine characteristics desired by community leaders from low risk areas

Safety of the vaccine was mentioned in 50% of the participants’ responses as the top criteria to be considered in the choice of vaccine to be procured (Figure 4.1). Most of the participants anchored their thoughts on the experience of the Dengue vaccine (Dengvaxia) implementation. Vaccine hesitancy was high and expressed as residents in their communities were wary of the safety of the COVID-19 vaccines, that it may bring more harm than good. The lack of information disseminated in the community regarding the safety of the vaccines was cited as contributing to this concern.

Other criteria that were mentioned as important included FDA-approval of the vaccine to be used, trust in the vaccine manufacturer and distributor, and the efficacy of the vaccine. There was a perception that the approval of the FDA will assure the public that the vaccine is safe and effective. Trust is higher in vaccine manufacturers and distributors with a previous reputation and track record of reliability in developing effective and safe vaccines and are capable of supplying the requirements of the country. Efficacy of the vaccine was mentioned in relation to the general safety of the vaccines.

**b. Level of Efficacy**

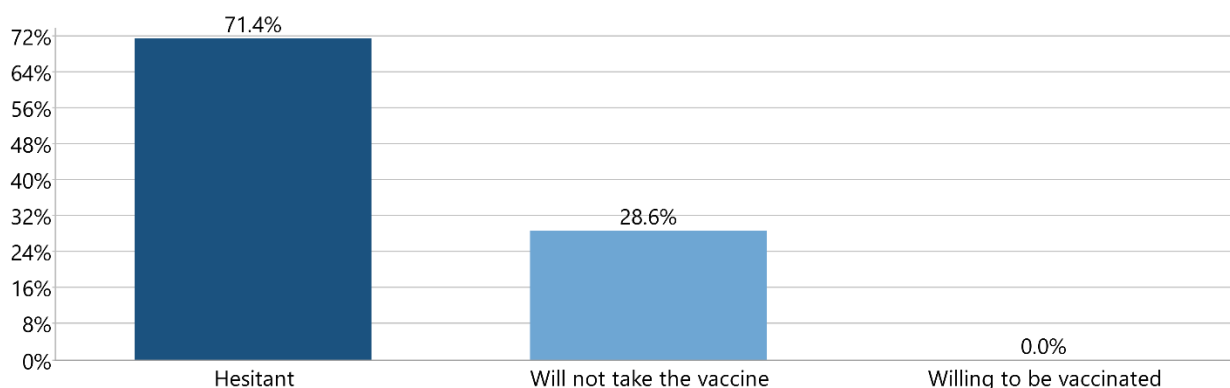


Figure 4.2. Perception of community leaders from low risk areas on allowing Filipinos to be vaccinated

Two facts regarding vaccine efficacy were presented to the participants – that knowledge on its efficacy and its long-term effects were still unclear and despite this fact, many countries have proceeded in the implementation of their immunization programs.

Seventy-one percent (71.4%) of the responses of the community leaders were hesitant to have themselves and their family vaccinated at present time (Figure 4.2). They were afraid to take the risk because the efficacy of the vaccine was still unclear and would prefer to wait and observe the effect of the vaccine on the population that will first receive it. Two participants mentioned that the vaccination plan of the government was often talked about in their communities and what they observe in the media affects their communities’ perception regarding the plan and the vaccine.

Twenty-nine percent (28.6%) of the responses of the participants are not willing to be vaccinated. They anchored their reasons on the hasty process of vaccine development and the seemingly inadequate research conducted especially on the efficacy and safety of the vaccines. No one among the participants were willing to be vaccinated.

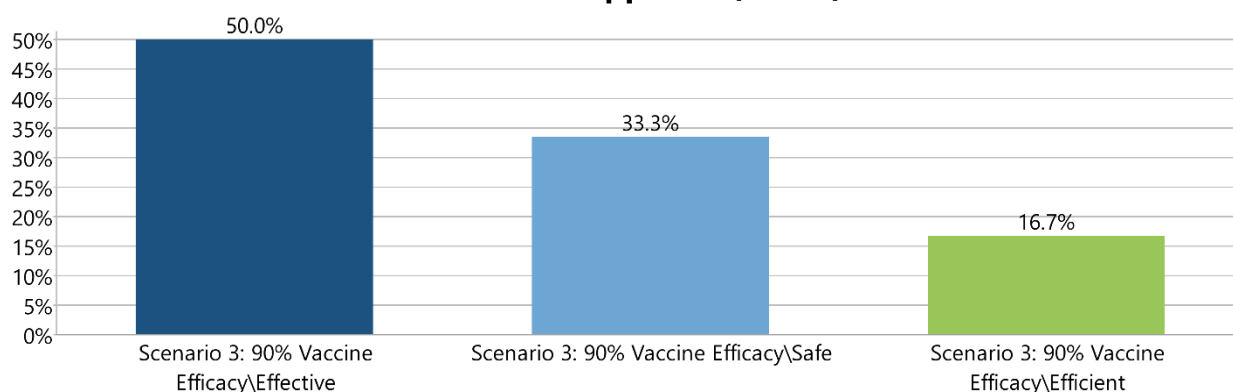


Figure 4.3A. Acceptable vaccine efficacy rate to community leaders from low risk areas

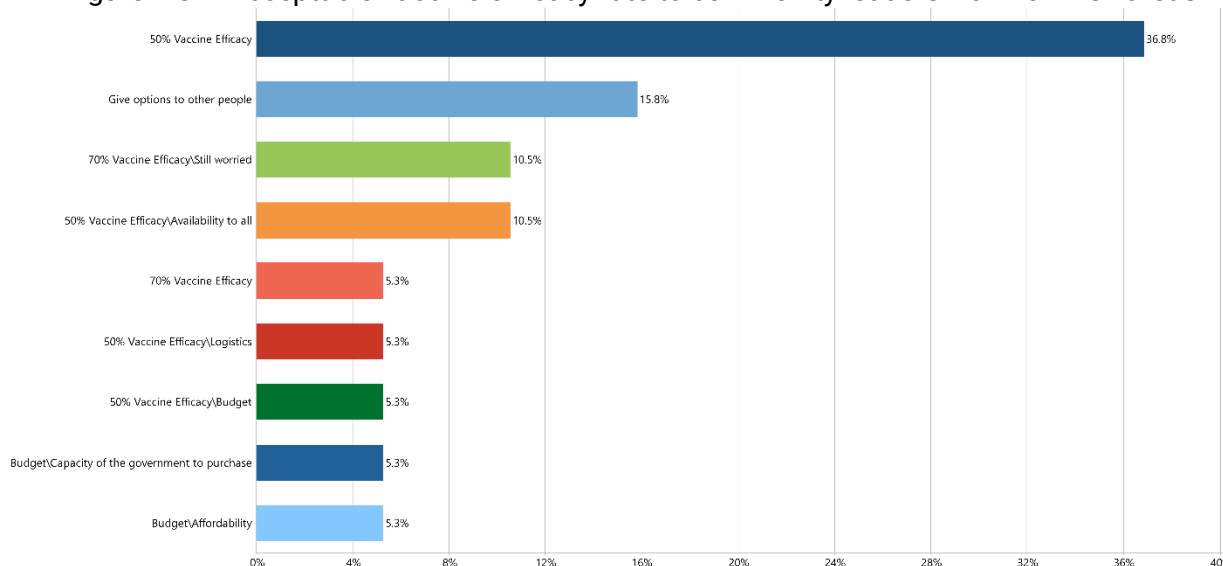


Figure 4.3B. Acceptable vaccine efficacy rate to community leaders from low risk areas

The efficacy of different COVID-19 vaccines and several scenarios were presented to the participants. All the community leaders preferred a 90% vaccine efficacy with the following prioritized group factors favoring this level of efficacy: effectiveness to the target population (50%), safe from side effects (33.3%) and general efficiency in protecting the body (16.7%) (Figure 4.3A).

If the vaccine with preferred efficacy was not available, 36.8% of the responses of the participants indicate agreement that a 50% vaccine efficacy will be acceptable and will not compromise for any lower efficacy rate. The participants considered the following factors in considering the lower efficacy rate: the vaccines being available and given to more people (10.5%), more affordable (5.3%), and feasible logistical requirements (5.3%) (Figure 4.3B).

One of the participants still preferred the 70% efficacy rate and expressed the anxiety regarding the safety of the vaccine as the basis for choosing the higher efficacy rate.

A cohort mentioned that the government should try its best to meet logistic standards to be able to provide vaccines with higher efficacy rates with stiffer logistic requirements. There should also be provisions to allow the private sector to procure vaccines with higher efficacy rates that will be available to middle-income to upper-income who can afford it.

c. Vaccine Safety

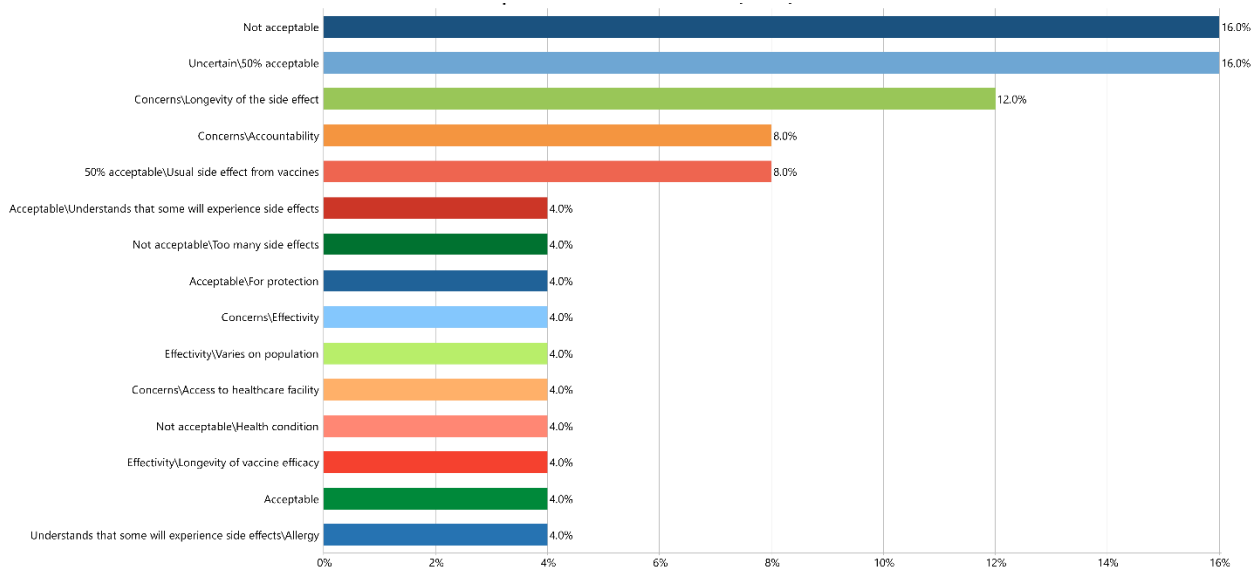


Figure 4.4. Acceptability of vaccine side effects to community leaders from low risk areas

The group was divided regarding the known safety and reported side effects of the vaccines. Two of the participants agreed that the side effects presented were acceptable, are expected to be observed during any vaccination and that certain groups of people will develop allergic reactions and side effects to the vaccine. Two participants expressed that the side effects were absolutely

unacceptable. The other respondents were hesitant to fully accept the side-effects as these are still mild reactions and were wary if the others will develop more severe reactions to the vaccine.

Most of the participants expressed anxiety in the capacity of their healthcare workers and health facilities in their area to respond to any acute and severe adverse reactions should there be one after vaccination. The other issues raised by the participants include the duration of the side effects, how long the vaccine will be effective, the effect to different population groups and access to health facilities, both for the immunization program and for referral for severe side effects and reactions after vaccination.

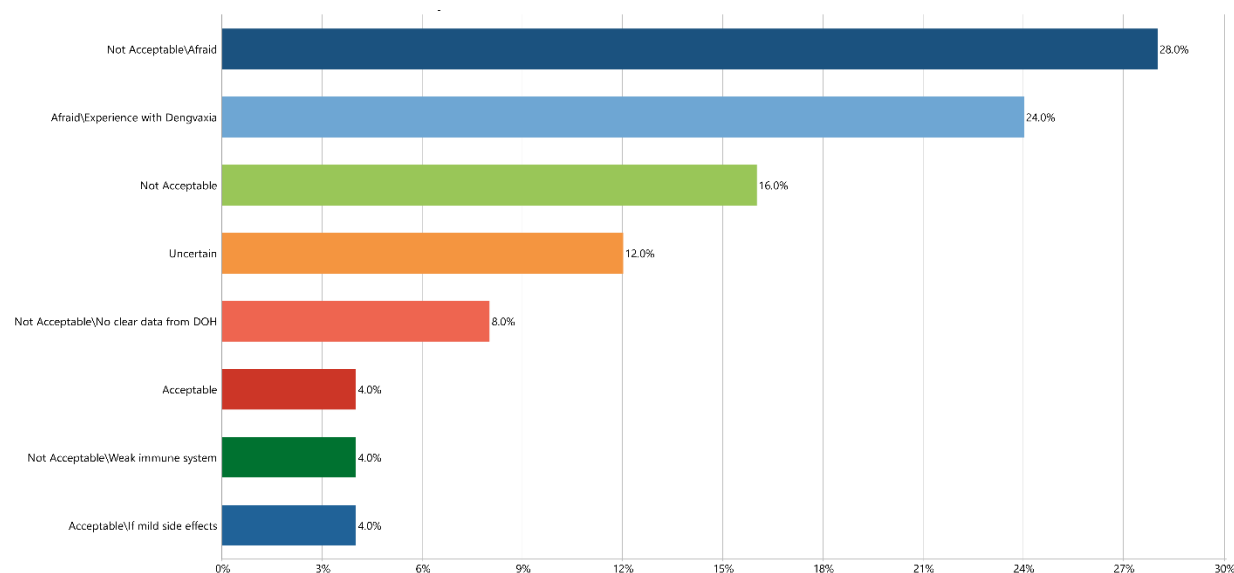


Figure 4.5. Perception of community leaders from low risk areas regarding unknown adverse events of COVID-19 vaccines

Given the scenario of the unpredictable effects of the COVID-19 vaccines in several time frames, two of the participants expressed that they will not agree to being vaccinated. They cited the experience from the Dengue vaccine Dengvaxia, wherein the reported side effects and adverse reactions came in only after a certain period after vaccination, as reason for them to be hesitant to take the risk for these new vaccines against COVID-19. The others cited having no clear data coming from the Department of Health regarding the safety of the vaccine contributing to their hesitancy towards vaccination.

*d. Feasibility and Accessibility*

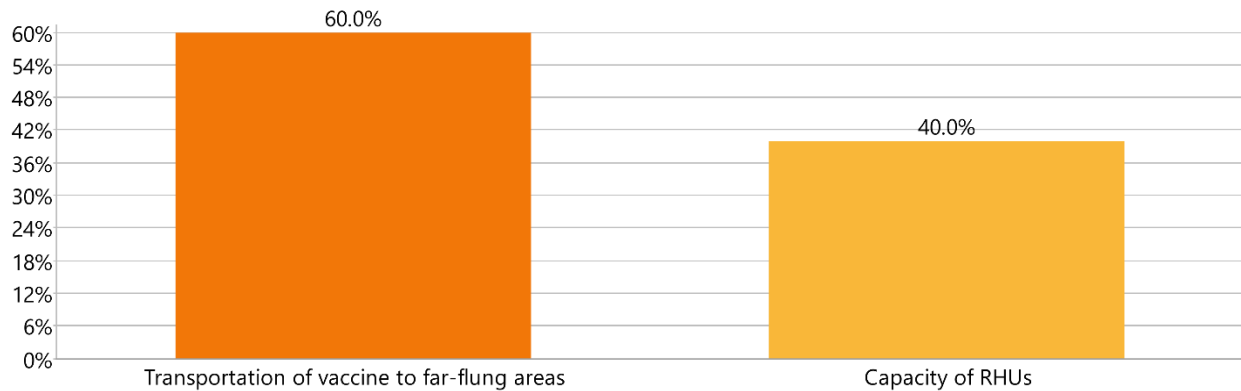


Figure 4.6. Perceived issues on feasibility and accessibility by community leaders from low risk areas

The participants understand the logistic requirements (i.e., vaccine cold temperature) of the different COVID-19 vaccines that will have a great impact on which vaccine(s) the government will procure. They also acknowledged that this will affect the population coverage and reach of the immunization program. The participants cited issues on transportation to far-flung areas (60%) and capacity of RHUs to store and administer the vaccine on their areas (40%) as logistic and operation issues of the immunization program against COVID-19 (Figure 4.6). They have expressed that there should be a clear strategic logistics preparation for the vaccine program.

e. *Equity*

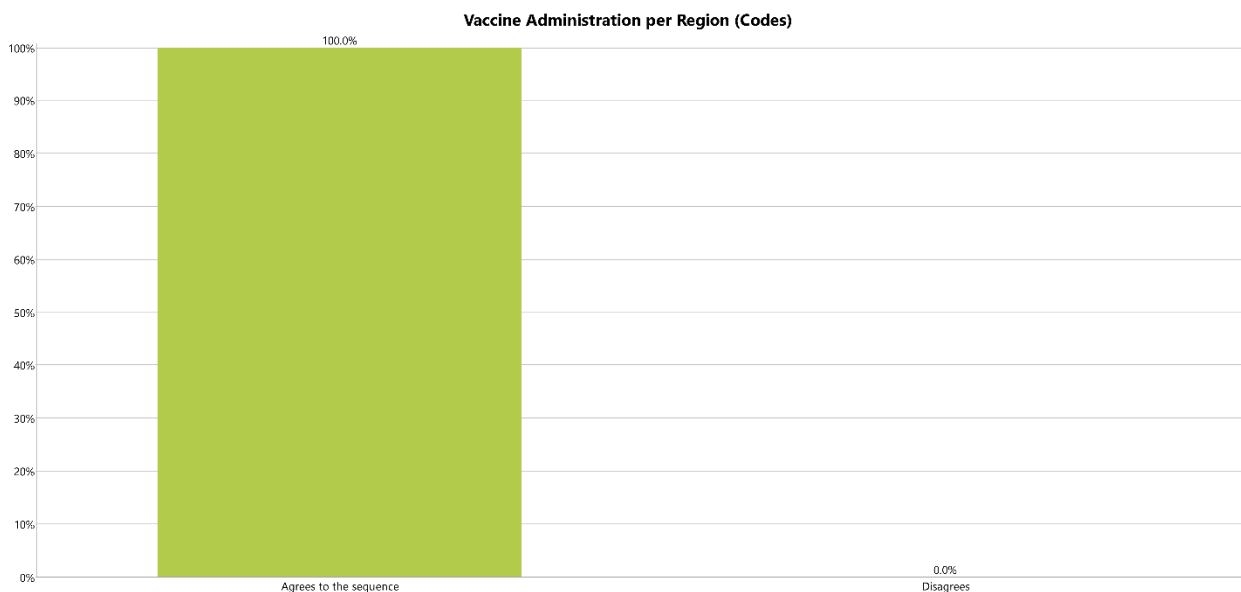


Figure 4.7A. Agreement of community leaders from low risk groups on the regional prioritization for COVID-19 vaccines

All participants agreed to the sequence of prioritization per region (Figure 4.7A). They also agreed with the number of reported COVID-19 cases in the region as a basis for prioritization. As they

have expressed earlier their hesitancy in having themselves vaccinated, they readily agreed to this prioritization as their areas do not belong to the priority group and will give them benefit to wait and observe the effect of the vaccine to the people from these regions that will be vaccinated first.

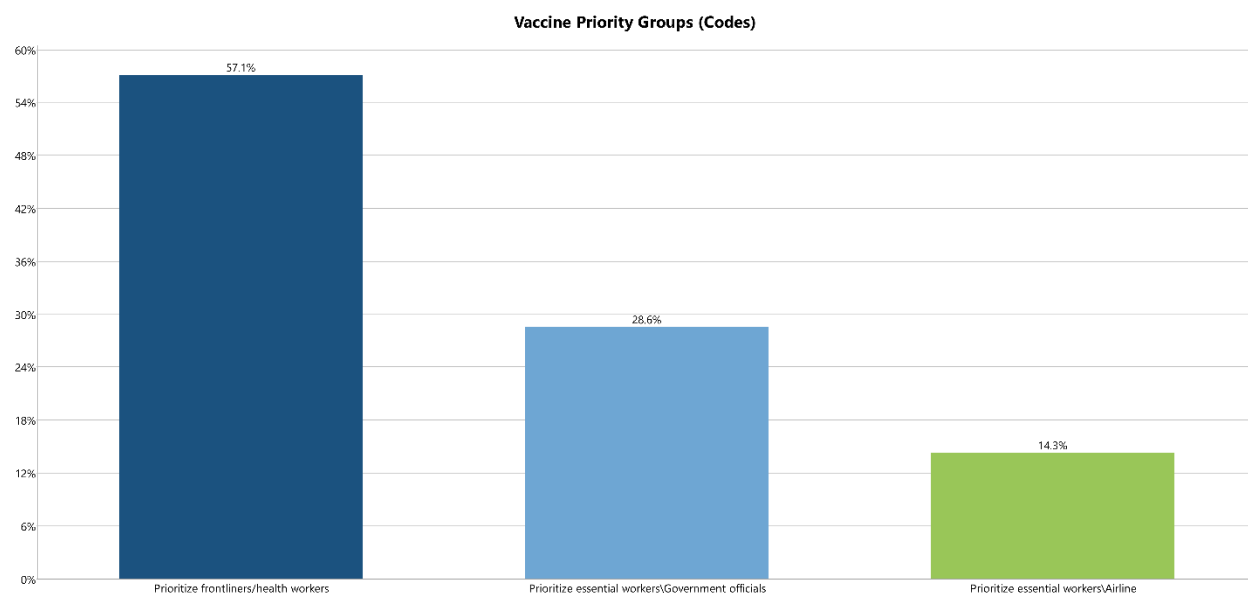


Figure 4.7B. Agreement of community leaders from low risk groups on the sectoral prioritization for COVID-19 vaccines

In terms of prioritized population, four of the participants agreed that health worker frontliners should be prioritized (Figure 4.7B). The participants cited the service rendered by these health workers at the start and during the pandemic as reason for them to be duly prioritized. One of the leaders emphasized the need to secure the health professionals as they are the ones who attend to COVID-19 patients. Aside from the frontliners or health workers, the leaders also agreed that essential workers like government officials (28.6%) and people who work at airlines/airports (14.3%) should also be prioritized because they often travel.

*f. Source of Information*

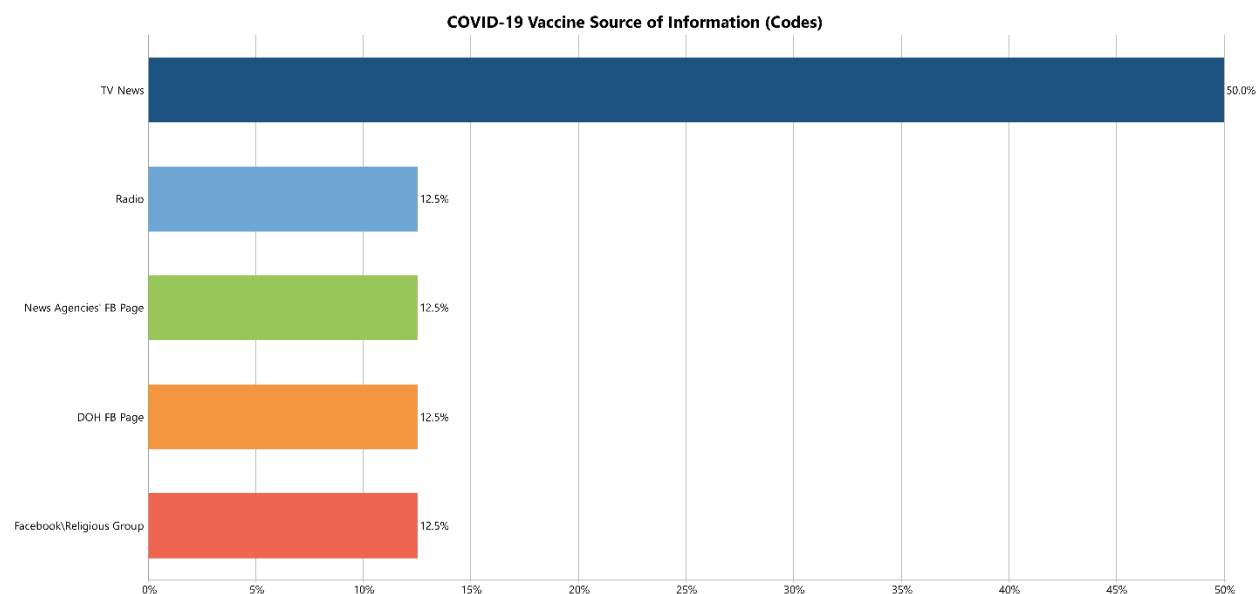


Figure 4.8. Sources of information on COVID-19 vaccines of community leaders from low risk areas

Majority of the participants rely on television news for information on COVID-19 vaccines. Other sources of information cited were radio programs and social media, with Facebook as the top platform used to check updates on COVID-19 vaccines. Some participants visit the Facebook pages of the Department of Health and news agencies. Some also receive information about COVID-19 vaccines from their religious congregations (Figure 4.8).

The participants agree that a clear and transparent information dissemination about the implementation plan for COVID-19 vaccination should be initiated and reach the grassroots level. The information should reach all members of the barangay through a massive educational campaign regarding the vaccines with proper coordination among all stakeholders. These strategies will highly impact the perspective of the people regarding the COVID-19 vaccines and program. It could cultivate trust and confidence to support the COVID-19 vaccination program.

## 5. Focus Group Discussion on Community Leaders (High Risk Areas)

### a. Preferred Vaccine Characteristics

This section presents the characteristics that the participants prefer from any COVID-19 vaccine. The question posed for discussion was “*Ano po ang hinahanap ninyo sa mga COVID-19 Vaccines na ibibigay sa mga Pilipino? [What characteristics are you looking for in the COVID-19 vaccines that will be given to Filipinos?]*” Unlike the succeeding questions, this question was asked without presentation of any fact sheet. The intention of this design is to gather the participant’s predispositions given their current exposure to sources of information. Participants registered multiple factors and contexts that they expect from vaccines that will be rolled out by the Philippine government.



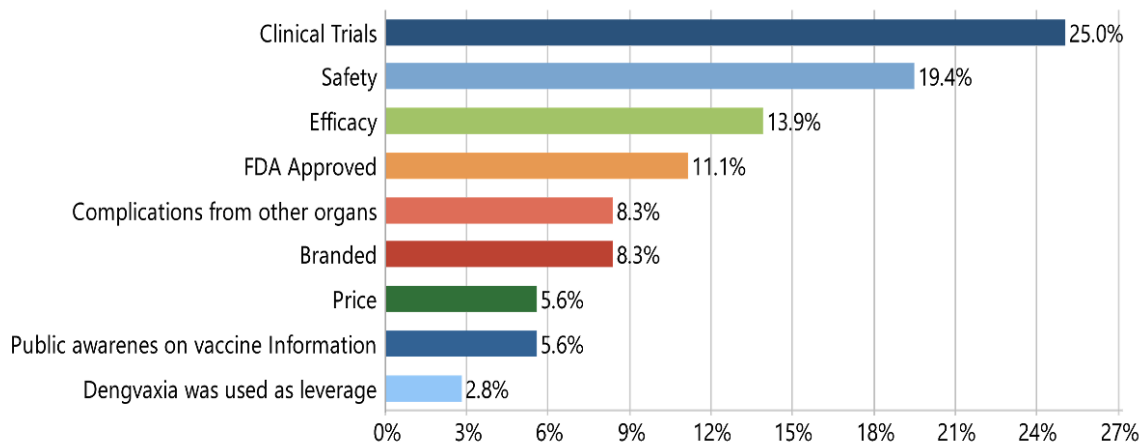


Figure 5.1. Preferred vaccine characteristics by community leaders from high risk areas

As shown in Figure 5.1, clinical trials (25%) are considered as the main and top criterion of the community leaders and organizers for the assurance of the effectiveness of the vaccines. The community leaders emphasized that the vaccine should be clinically tested and proven before it should be given to the Filipinos. This is followed by characteristics associated with safety (19.4), efficacy (13.9), and FDA approval (11.1%). As one of the participants said, *“mahalaga po talaga efficacy nung vaccine tapos isa pa din po sa pinakamahalaga, dapat po ito talaga at tested, dumaan sa lahat ng clinical trials bago po ito tuluyang ibigay sa ating mga Pilipino [the efficacy of the vaccines is very important. It is also valuable that these are tested and went through clinical trials before they are given to us Filipinos]”*. Some participants also highlighted concern on complications and brands. Two of the participants who are from the older adult sector registered their concern about the complications that the vaccines may induce on them. For which, safety as proven in clinical trials trumps all other considerations for them.

Another situation raised by a participant is a significant level of fear of vaccines in their area. This participant claimed to have witnessed the negative effects of a dengue vaccination program of the government on their community members which lowered their vaccine confidence. However, said participant claimed that the familiarity and reputation of a specific brand could alleviate this hesitancy. Another participant pointed out a need for reframing vaccine knowledge in communities saying, *“dapat lang siguro ma-i-orient muna ang mga tao para malaman din nila na para sa kanila yang vaccine na yan... (yung iba) may mga phobia [Perhaps people should be oriented first that this vaccine is for them as some still have their phobia from the vaccine]”*.

#### b. Level of Efficacy

This section presents the participants predispositions towards the level of vaccine efficacy. There were three sets of questions asked of the participants accompanied by facts which served as contextualization tools for the discussion.

For the first question, two facts were presented to the participants to frame the discussion: 1. That there are still gaps in information about the long-term efficacy of the vaccines; and 2. That several countries have started inoculating their citizens. The question posed was: *“Ngayong alam mo na ito, sang-ayon ka ba na mabakunahan ang mga Pilipino kontra COVID ngayon? [Now that you know this, do you agree that Filipinos should be vaccinated?]”*. Participants generally responded

with reservation stating that unless certain conditions are met, they would be unwilling to be inoculated. The four top considerations are presented in Figure 5.2.

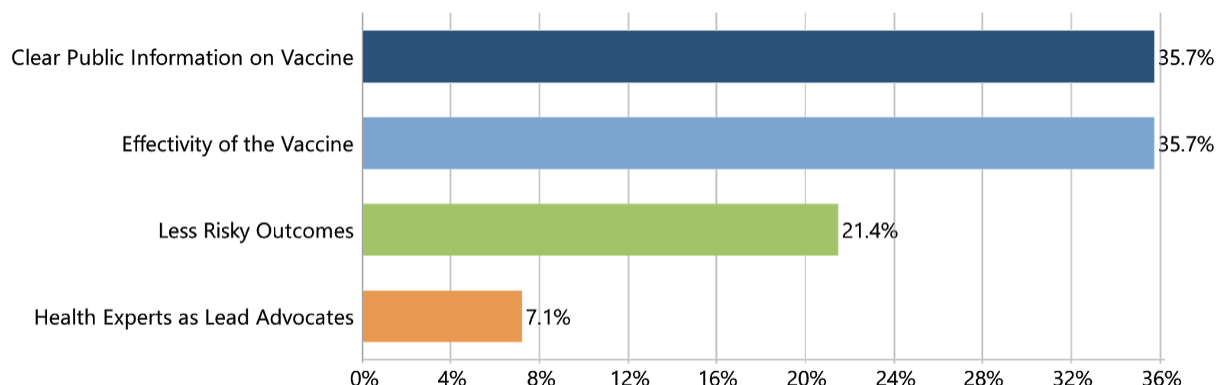


Figure 5.2. Conditions for vaccination of community leaders from high risk areas

As discussed, vaccine knowledge is a prime context that affects the participants’ confidence in COVID-19 vaccines. Most of their sentiments fall on the lack of clear public information (35.7%) and on vaccine effectiveness of the vaccine (35.7%). One of the participants said *“hindi pa po kumpleto ang mga kaalaman nating mga Pilipino dito sa bakuna... kung magba-bakuna na po, ay dapat meron tayong orientation sa mga tao na babakunahan [Filipinos do not have complete knowledge about the vaccines. If we will already start to vaccinate people, they must be oriented first]”*. Another consideration for rolling out the vaccines is that of the assurance on safety which the participants identified as having less risky outcomes or effects on their general health (21.4%). Lastly, participants claimed that the opinions and statements by the health experts as the lead advocates may affect their willingness to have the vaccine rolled-out to the identified groups.

For the second question, three scenarios of vaccine efficacy were presented to the participants representing the following levels of vaccine efficacy : 50%, 70% and 90%.

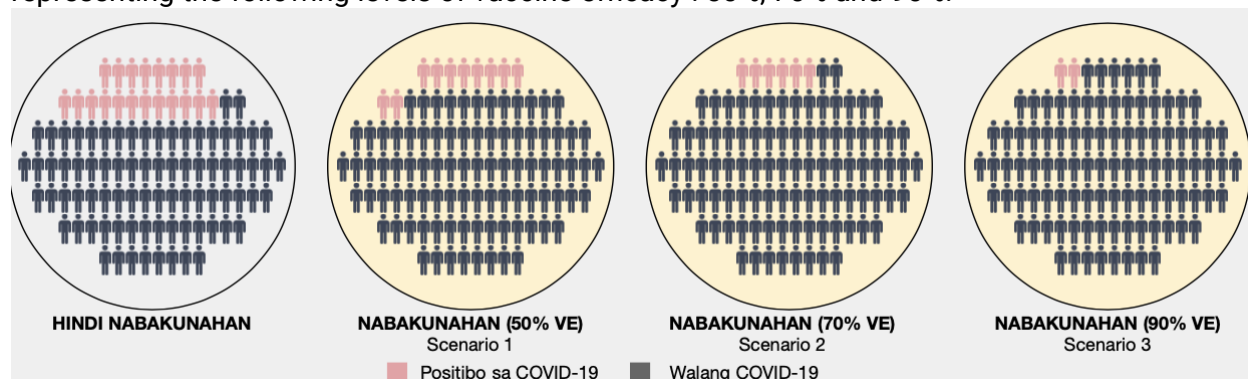


Figure 5.3A. Illustration of vaccine efficacy used during FGD discussion

The question posed was: *“Alin sa mga scenario na ito ang katanggap-tanggap para sa’yo? [which of these scenarios are acceptable to you?]”*. The highest preference is 90% efficacy (39.1%). This

preference was related to their concept of assurance of efficacy and safety of the vaccines (30.4%) and the associated risk factors (17.4%).

A scenario was presented to the participants intended to extract the extent of their tolerance for vaccine efficacy. The scenario articulated three issues: insufficient global supply of vaccines, logistical requirements, and cost efficiency. Using these as frames of reference, the participants weighed in on the question: *“Paano kung ang mga bakuna na may 90% vaccine efficacy ay hindi available? Ano ang pinakamababang vaccine efficacy ang katanggap-tanggap sayo? [What if the vaccines with 90% efficacy are not available? What is the lowest vaccine efficacy that would be acceptable to you?]”* Majority of the participants stated that the next highest percentage of efficacy should be chosen. Nonetheless, they have registered their consideration for other factors like statements from health experts, cost efficiency, and information from the government as factors that may affect their decision to accept vaccines with lower efficacy. As one participant discussed, *“Kung sa akin lang, ma’am, puwede naman po yung 70% basta ang nasa isip ko lang po, sigurado na talagang epektibo ma’am. Kahit naman 50% lang kung siguradong effect[ive] sa katawan ng tao yan, maganda rin yun. Kaso nga, andon talaga yung pagdududa na takot [For me, 70% is okay as long as it is really effective. Even if it is just 50%, as long as it is effective, it is also good. However, I still have my doubts and fear].”*

One registered disagreement in procuring vaccines with lower efficacy than 90% citing that low vaccine knowledge and confidence resulting from previous issues on dengue vaccine will be difficult to roll out in communities which in turn would be tantamount to wasting limited government resources.

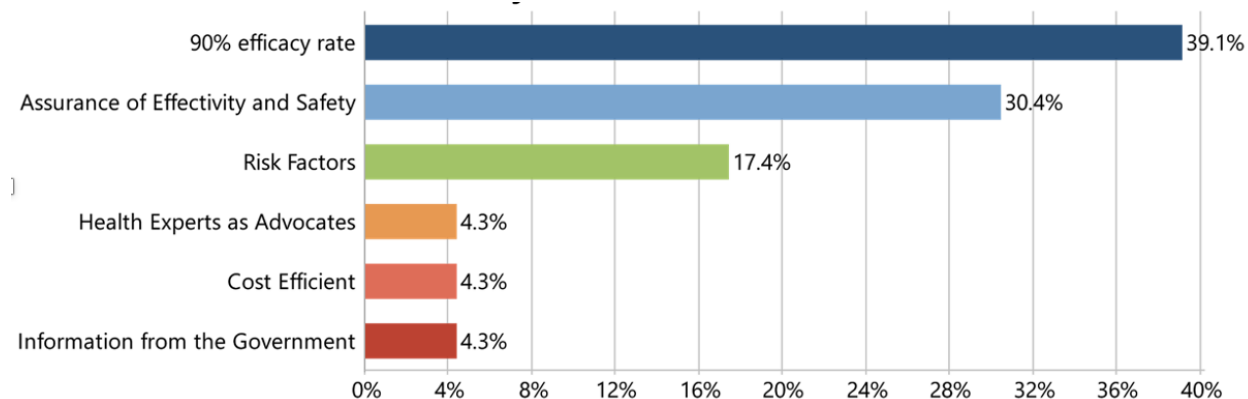


Figure 5.3B. Preference on vaccine efficacy of community leaders from high risk areas

c. Vaccine Safety

This section presents the level of tolerance of the participants on identified vaccine side effects. Figure 5.4A presents the side effects discussed with the participants as part of the fact sheet. Other side effects such as allergy, weakening of facial muscles (relating to Bell’s Palsy), and swollen lymph nodes were also mentioned.



Figure 5.4A. List of side effects presented during FGD

With these side effects in consideration, the participants were asked, “*Katanggap-tanggap ba ang mga nasabing side-effects para sa’yo? [Are these side effects acceptable for you?]*” Figure 5.4B presents the responses of the participants.

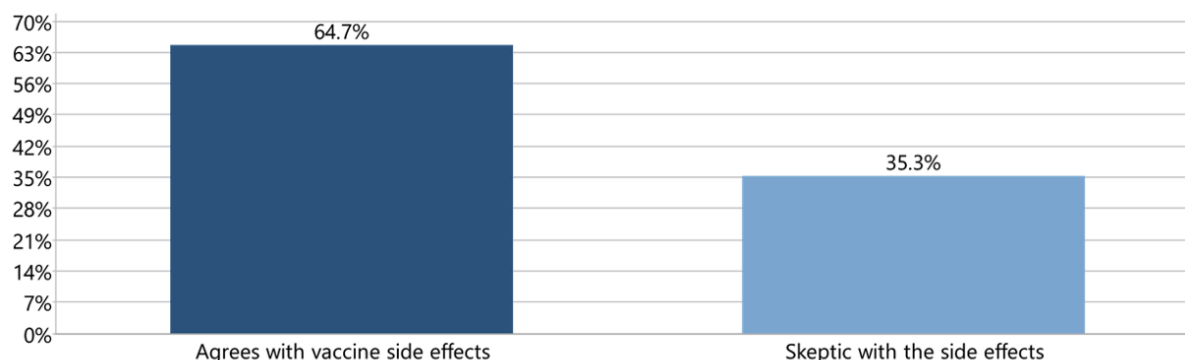


Figure 5.4B. Acceptance of Vaccine Side Effects of Community Leaders from High Risk Areas

Majority of the participants are aware that all types of vaccines have potential side effects. Given the enumerated side effects that were declared by COVID-19 vaccine manufacturers, 64.7% of the responses claimed that these are acceptable for them (Figure 5.4B). Others have registered their reservation (35.3%), stating that the short timetable in testing the vaccine may potentially create gaps in knowledge on other side effects. As one participant clarified: “*Pero of course, dahil nga bago pa lang yung mga vaccine na ito, wala pang pag-aaral na kung meron pang mas malala na side effect [but of course, as these vaccines are new, studies on worse side effects are still not available].*”

As a follow up inquiry, the participants were asked if they would be keen on being inoculated even if some of the side effects might come out 6-24 months from now. Participants were also reminded that there may also not be any unknown side effects that may come out within that time period. This was done to ensure that the participants had a balanced perspective on the scenario. With this follow up question, all of the participants stated that they would not be keen on being immediately inoculated even if they are part of the priority groups identified by the government. All except one mentioned that they would defer their slot for vaccination as they would want to wait out the side effects to be stringently documented.

As one participant discussed: “*Hindi po muna. Mago-observe po muna. Kung makikita po sa datos ng DOH...na marami yung very light lang po yung naramdaman na symptoms [Not immediately. I*

will observe first if DOH data shows that most just experienced mild symptoms (side effects)].” It must be noted that the facilitators observed that the participants had a difficult time understanding the concept of unknown side effects that may potentially be documented at a later stage. Some understood this as side effects that may last for 6-24 months which the facilitators clarified as not being the case.

#### d. Feasibility and Accessibility

This section discusses the participants perspective on the impact of varying logistical needs of implementing vaccines. Participants were informed that vaccines have varying requirements for storage and deployment. The question posed was: “*Ano sa palagay ninyo ang magiging epekto nito sa pagsasagawa ng malawakang pagpapabakuna sa Pilipinas? [What do you think would be the effect of these logistical requirements on the mass vaccination in the country for COVID-19]*”. Figure 5.5 presents the four key themes that were identified from the participants responses. Majority identified that proper logistics will affect the distribution of vaccines to a greater number of people. To this they have suggested a prioritization of preparing storage facilities that could ensure that vaccines with the highest efficacy be served to the Filipino people. However, considering the limitations in government funds and the need to inoculate as many individuals as possible some (18.2%) are willing to find other vaccine options which would not pose intensive logistical needs even if these may be of lower efficacy.

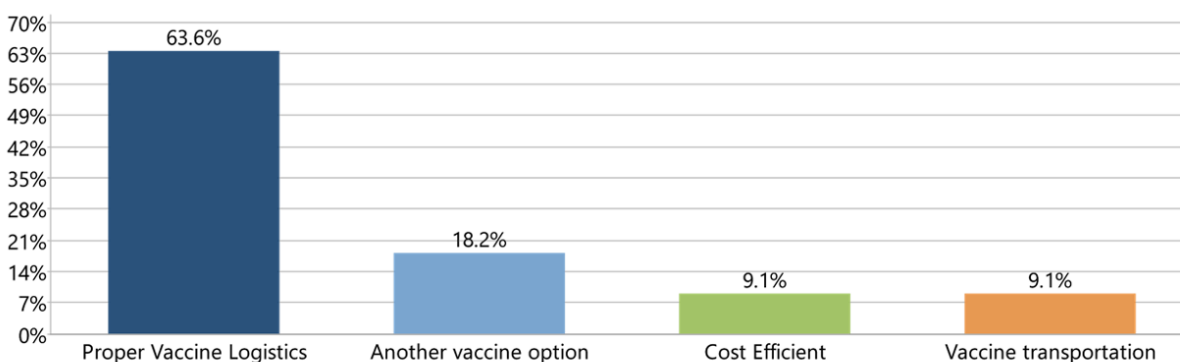


Figure 5.5. Perceived limitations on feasibility and accessibility of community leaders from high risk areas

One of the participants emphasized that “*Ano ba yung reality ng bansa natin na bumili nito at mag-store nito. Kaysa bibilihin hindi natin maistore, masisira lang. [(We have to consider) what is the feasibility to purchase and store this type of vaccine in the country so that it won’t be wasted if we buy it and not to be able to store it properly].*” Concerns on cost efficiency (9.1%) and vaccine transportation (9.1%) were also raised by the participants with consideration to isolated and disadvantaged areas which may not be given vaccines due to the storage requirements.

#### e. Equity

This section discusses the perception of the participants on the prioritization of certain groups for the COVID-19 vaccination program of the government. Two fact sheets were presented here. The first was on regions (see table 1) while the second was on priority groups (Figure 5.6A).

After being presented with the facts, the participants were asked: *“Ikaw ba ay parte ng listahan na ito? Ikaw ba ay sumasang-ayon sa pagkasunod-sunod na ito? [Are you part of this list? Do you agree with this prioritization?]”*

List of prioritized regions:

1. NCR (Metro Manila)	10. CAR (Cordillera)
2. Region VI (Western Visayas)	11. Region XII (SOCCSKSARGEN)
3. Region VII (Central Visayas)	12. Region VIII (Eastern Visayas)
4. Region IV-A (CALABARZON)	13. Region I (Ilocos)
5. Region XI (Davao Region)	14. Region V (Bicol)
6. Region III (Central Luzon)	15. BARMM (Bangsamoro)
7. Region IX (Zamboanga Peninsula)	16. Region II (Cagayan Valley)
8. Region XIII (CARAGA)	17. Region IV B (MIMAROPA)
9. Region X (Northern Mindanao)	

For the regional prioritization, all of the participants agreed with the process and selection of the listed areas. The contexts of these areas being at high-risk for COVID-19 was not questioned and the participants agreed that the best process of addressing the pandemic in the country is through vaccination of people in areas with reported high incidences of transmission.



Figure 5.6A. FGD presentation on priority groups

On the prioritization of certain sectors for vaccination, the participants were divided. Although 50% have agreed with the prioritization clusters, the other half registered uncertainty due to knowledge gaps on vaccines and concerns relating to government protocols (Figure 5.6B).

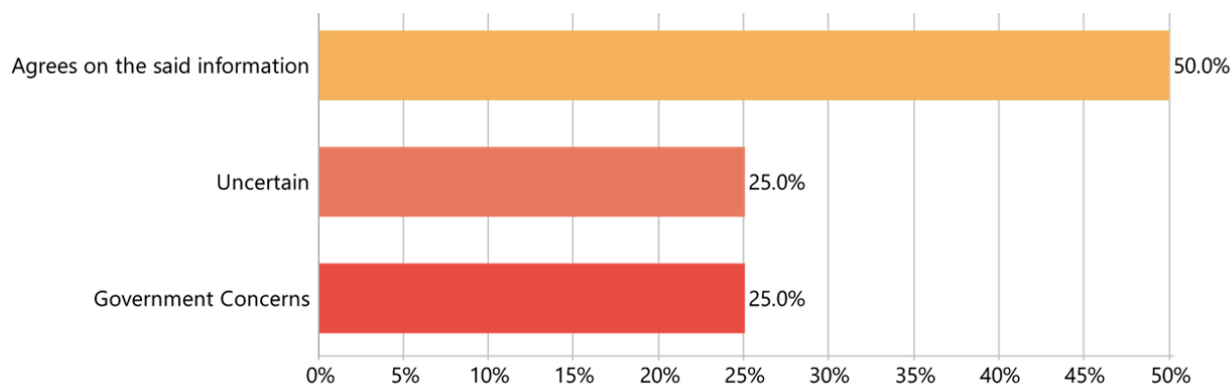


Figure 5.6B. Agreement of community leaders from high risk areas on sectoral prioritization

One of the participants said, *“Okay lang po ako mauna kung ang pinag-uusapan po ay yung effectivity sa pagbabakuna. Kung ako ay babakunahan na, parang nandon pa rin ako sa may doubt kasi senior na ko, hindi ko ano, kung after two years ay may epekto yun ako naman ay nag-iingat [I am okay to be prioritized if the vaccine is effective. However, I still have my doubts as an older adult because I do not know the effects of this in two years’ time. I just want to be on the safe side].”* There are also appeals from some of the participants representing the indigent population. One stated, *“Actually, majority po ang nagsasabi na hindi pa po kami handa...hindi pa nga po malinaw, marami pong hindi sang-ayon na kami po ay magpapabakuna. So sana wag po gawing mandatory sa lahat ng 4Ps at wag po gawing kondisyon – baka po kasi ipasok sa health conditionalities ng programa. [A lot of us are saying that we are not yet ready (to be vaccinated)... (vaccine details) are not yet clear. Majority are not inclined to be vaccinated. We hope that this will not be mandatory for 4Ps and that it will not be made as part of the conditionalities of the program].”*

f. Source of Information

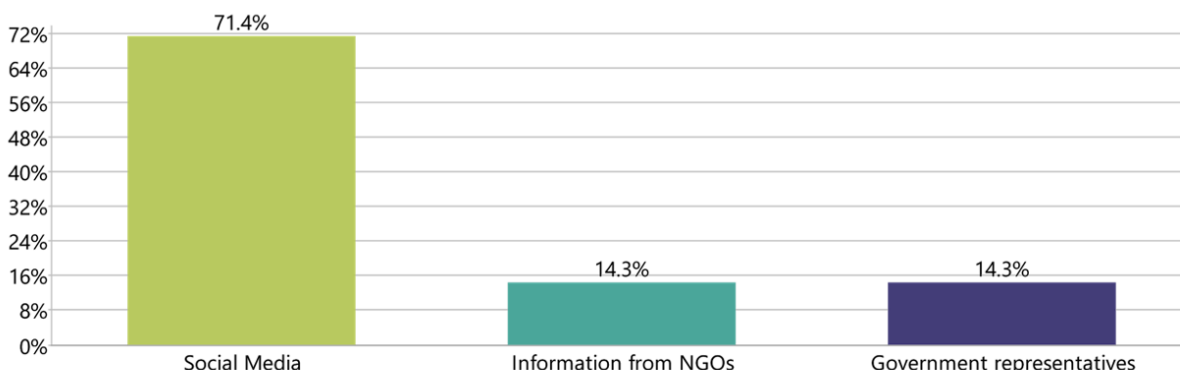


Figure 5.7. Source of information for community leaders (high-risk areas)

Participants have highlighted social media platforms as their source of information (71.4%) (Figure 5.7). Specifically, they gather information from social media accounts of news agencies and personalities. There are also community leaders who gather information from their partner non-government organizations (NGOs). They have also identified different government representatives whom they follow on TV and social media platforms.

## Conclusion

To conclude, the series of FGDs conducted among key stakeholder groups to explore determinants of acceptability of the planned COVID-19 vaccination program in the Philippines revealed the following important factors that need to be considered by health authorities, decision-makers and program implementers:

- 1) Safety of the vaccine
- 2) Vaccine efficacy in terms of preventing COVID-19
- 3) Availability to Filipinos
- 4) Transparency in the regulatory/approval process and information on the vaccines
- 5) Cost-efficiency to the government
- 6) Potential for high and equitable coverage
- 7) Ease in logistical and implementation requirements
- 8) Availability of mechanisms to compensate vaccine recipients for any untoward effect following vaccination including treatment and management of adverse events
- 9) Appropriateness of the vaccine to special at-risk groups and patients with comorbidities

The main concerns raised by stakeholders were focused on safety and effectiveness with all groups raising the need for clear communication and information on the benefits and risks of current COVID-19 vaccines by the FDA, DOH and trusted health experts. While all stakeholder groups generally preferred vaccines with higher efficacy (i.e. >90%), many participants expressed willingness to accept vaccines with lower efficacy (i.e. 50-70%) rather than have no protection at all considering other factors such as the logistical requirements, cost-efficiency and equitable access especially to poor, far-flung and disadvantaged areas.

The series of consultations also highlighted the need for transparency and accountability of the government in every step of the process from regulatory review to vaccine administration to ensure there is high public willingness to accept the vaccine. While safe and effective vaccines are essential in preventing COVID-19 and in ending the pandemic, high population coverage ultimately needs to be achieved towards herd immunity. Public trust in the COVID-19 vaccination program is therefore important which can only be met with transparent and accountable measures that will uphold the right of Filipinos to adequate information, informed consent and just compensation and redress mechanisms for any unintended untoward event that can happen during and after vaccination.

The DOH as the lead agency tasked to implement the COVID-19 Vaccine Roadmap needs to urgently open up the conversation with the Filipino public especially the vulnerable sectors to allay the concerns and uncertainties observed in the series of FGDs. Importantly, the road map must be explained to everyone with clear delineation of roles and responsibilities of different branches of the government, the private sector, health professionals, patients and the public to ensure effective and efficient implementation as well as fair and equitable access to COVID-19 vaccines. Finally, the level of vaccine acceptability should be continuously measured and monitored as preparation continues for vaccine roll-out to priority areas and sectors of the population.



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## Appendix 1. Focus Group Discussion Instrument

**Objective of the FGD:** Ang FGD na ito ay naglalayon na maliwanagan at matugunan ang mga posibleng ethical, social at equity issues sa pamamagitan ng pakikipag-ugnayan sa publiko.

### Introductory Question: Preferred Vaccine Characteristics

1. Ano ang hinahanap mong importanteng katangian sa mga COVID-19 vaccines na ibibigay sa mga Pilipino?

Prompts: efficacy, safety, shelf life, dosing, logistical feasibility, FDA approval, cost (non-medical costs)

### Issue 1: Efficacy

Fact 1: Hindi pa kumpleto ang kaalaman tungkol sa pangmatagalang bisa ng mga bakuna sa COVID-19.

Fact 2: Maraming bansa katulad ng US, UK, China, Singapore, Saudi at iba pang bansa ang nagsimula nang magbakuna gamit ang mga ito.

2. Ngayong alam mo na ito, sang-ayon ka ba na mabakunahan la at ang iyong pamilya kontra COVID ngayon?
3. Kung oo, alin sa mga scenario na ito ang katanggap tanggap para sa'yo?

Paunang impormasyon:

- Kung 20% ng populasyon ang nagkakaCOVID, maari nating ipagpalagay na sa isang komunidad na may 100 kataong na hindi pa nabakunahan, nasa 20 na tao ang maaaring makakuha ng COVID.
- Scenario 1 (50%): Ngayon, kung mababakunahan natin ang lahat ng 100 kataong nasa komunidad, ang bakuna na may 50% vaccine efficacy ay maaaring magresulta sa PAGBABA NG TSANSA MAGKA-COVID, kumpara sa kung hindi sila nabakunahan. Mula sa 20 na taong maaaring magka-COVID kung walang nabakunahan, maaaring mangalahati ito sa 10 kaso na lamang kung mababakunahan ang komunidad.
- Scenario 2 (70%): Kung naman mababakunahan ang komunidad gamit ang bakuna na may 70% vaccine efficacy, ito ay maaari rin magresulta sa PAGBABA NG TSANSA MAGKA-COVID kung saan mula sa 20 na taong maaaring magka-COVID kung walang nabakunahan, maaaring bumaba ito sa 6 na kaso na lamang kung mababakunahan ang komunidad.
- Scenario 3 (90%): At kung mababakunahan naman natin ang komunidad gamit ang bakuna na may 90% vaccine efficacy, ito ay maaaring magresulta sa PAGBABA NG

TSANSA MAGKA-COVID magka-COVID kung saan mula sa 20 na taong maaaring magka-COVID kung walang na, maaaring mangalahati ito sa 2 kaso na lamang kung mababakunahan ang komunidad.

4. Paano kung ang mga bakuna na may 90% vaccine efficacy ay hindi available dahil sa mga sumusunod na rason:
  - Di kayang isuplay ng kumpanya
  - Mahirap itransport, hindi makakarating sa mga malalayong lugar
  - Mahal ang presyo at hindi kayang bilhin ng gobyerno

Ano ang pinakamababang bisa ng bakuna ang katanggap-tanggap sayo?

### Issue 2: Safety

Fact 3: Sa ngayon, ang mga karaniwang side effects na nare-report ay ang pagkirot o pamamaga sa bahagi ng braso na naturukan, pagkapagod, sakit ng ulo, sakit ng katawan, pagkaginaw, sakit ng kasu-kasuan. Samantala, mangilan-ngilang kaso ng matinding allergy, panghihina ng muscles sa mukha, at pamamaga ng lymph nodes o kulani ang Nai-report.

5. Katanggap-tanggap ba ang mga nasabing side effects para sa'yo?
6. Magpapabakuna ka ba kung magkakaroon ng side effects na hindi pa natin alam, 6 months, 1 year, 2 years mula ngayon?

### Issue 3: Feasibility and Accessibility

Fact 4: Mayroong mga bakuna na nangangailangan ng napakalamig na temperatura na hindi kaya ng ordinaryong freezer.

7. Ano sa palagay ninyo ang magiging epekto nito sa pagsasagawa ng malawakang pagpapabakuna sa Pilipinas?

### Issue 4: Equity

Fact 5: Uunahin ang pagsisimula ng pagbabakuna sa mga rehiyon na may mataas na kaso ng COVID. Base sa datos, ito ang pagkakasunod-sunod ng mga rehiyon:

<ol style="list-style-type: none"> <li>1. NCR (Metro Manila)</li> <li>2. Region VI (Western Visayas)</li> </ol>	<ol style="list-style-type: none"> <li>1. CAR (Cordillera)</li> <li>2. Region XII (SOCCSKSARGEN)</li> </ol>
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<ol style="list-style-type: none"> <li>3. Region VII (Central Visayas)</li> <li>4. Region IV-A (CALABARZON)</li> <li>5. Region XI (Davao Region)</li> <li>6. Region III (Central Luzon)</li> <li>7. Region IX (Zamboanga Peninsula)</li> <li>8. Region XIII (CARAGA)</li> <li>9. Region X (Northern Mindanao)</li> </ol>	<ol style="list-style-type: none"> <li>3. Region VIII (Eastern Visayas)</li> <li>4. Region I (Ilocos)</li> <li>5. Region V (Bicol)</li> <li>6. BARMM (Bangsamoro)</li> <li>7. Region II (Cagayan Valley)</li> <li>8. Region IV B (MIMAROPA)</li> </ol>
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Nababalita na ang pagkakasunod-sunod ng mga babakunahan sa bawat rehiyon. Ito ay ang mga sumusunod:

Priority Group A:	Priority Group B:	Priority Group C:
<ul style="list-style-type: none"> <li>● Frontline Health Workers</li> <li>● Senior Citizens</li> <li>● Indigent Population</li> <li>● Uniformed personnel (PNP, AFP, etc)</li> </ul>	<ul style="list-style-type: none"> <li>● Teachers, Social Workers</li> <li>● Iba pang Government Workers</li> <li>● Iba pang essential workers</li> <li>● High-risk groups bukod sa senior citizens at indigent population (PWDs, Mga nakatira sa matataong lugar)</li> <li>● OFWs</li> <li>● Iba pang parte ng workforce</li> </ul>	<ul style="list-style-type: none"> <li>● Lahat ng iba pang Filipino citizen</li> </ul>

8. Sumasang-ayon ba kayo sa pagkakasunod sunod na ito? Bakit?

9. Ikaw ba ay kasali sa isa sa mga grupong ito (Oo/hindi)? Anong pakiramdam mo?

**Issue 5: Source of Information**

10. Saan kayo kumukuha ng impormasyon tungkol sa COVID-19 vaccine? Bakit?

11. Meron ba kayong mga katanungan tungkol sa ating FGD?

## Appendix 2. Informed Consent Form

### INFORMED CONSENT FORM - ENGLISH

By virtue of Republic Act No. 11223 or the Universal Health Care Act, health technology assessment (HTA) shall be institutionalized as a fair and transparent priority-setting mechanism that shall be recommendatory to the Department of Health (DOH) and Philippine Health Insurance Corporation (PhilHealth) for the development of policies and programs, regulation, and the determination of a range of entitlements such as drugs, vaccines, medical devices, procedures, and health services.

HTA refers to the systematic evaluation of the properties, effects, and impact of health-related technologies and all other health-related systems developed to solve a health problem and improve quality of lives and health outcomes. It uses a multidisciplinary process to evaluate the clinical, economic, social, organizational, and ethical issues of a health intervention or health technology.

We are members of the DOH - HTA Unit, and we are interested to learn about the acceptability of COVID-19 vaccines among different stakeholder groups. We are inviting you to participate and share your insights in our focus group discussion (FGD), which aims to clarify and resolve possible ethical, social, and equity issues through engagement of the community and the public.

Please read carefully the statements below before signing. If you have questions or concerns in accomplishing this form, or if anything is unclear to you, please do not hesitate to reach out to us for clarification at [hta.philippines@gmail.com](mailto:hta.philippines@gmail.com).

By signing this informed consent form, I agree to the following statements:

- I confirm that I have read and understood the information sheet for this activity. I have had the opportunity to process the information, ask questions and the organizers answered them satisfactorily.
- I understand that my participation is voluntary. I am free to withdraw from the FGD at any time without the need for explanation, and my withdrawal will not, in any way, affect my privacy and legal rights.
- I understand that any relevant information and data collected throughout the course of my participation may be reviewed by authorized individuals from the DOH and the HTA Council, when deemed relevant. I give my permission to these organizations to have access to these records.
- I understand that any relevant information and data collected during my participation in this activity may be included in a public document to be shared in a data repository. My personal information, however, will remain anonymous.

By signing this informed consent form, I agree in taking part in this activity.

(Printed name of participant)	(Signature of participant)	(Date)
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(Printed name of individual obtaining consent)	(Signature of individual obtaining consent)	(Date)
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Note: If you do not have access to a printer or scanner, you may also revert your accomplished informed consent form with an affixed e-signature. We will need a signed copy of the consent form before we officially conduct the FGD.

### INFORMED CONSENT FORM - FILIPINO

Isinabatas ng Republic Act No. 11223 o "*Universal Healthcare Act*" ang pagsagawa ng Health Technology Assessment (HTA) upang maging patas at malinaw ang pagtatakda ng mga prayoridad na *health technologies* tulad ng bakuna, gamot, kagamitang pang-medikal at iba pa na siyang popondohan ng Kagawaran ng Kalusugan ng Pilipinas (DOH) at Philippine Health Insurance Corporation (PhilHealth).

Ang HTA ay tumutukoy sa *systematic* na pagsusuri ng mga katangian, epekto, at *impacts* ng mga *health technologies* na ginagamit upang matugunan ang mga pangangailangang pangkalusugan at mapabuti ang kalidad ng buhay.

Kami ay miyembro ng HTA Team ng DOH na nais malaman ang opinyon at saloobin ng mga Pilipino ukol sa mga bakuna laban sa COVID-19. Ikaw ay naimbitahang sumali sa isang *Focus Group Discussion* (FGD) upang talakayin ang mga posibleng *ethical, equity* at panlipunang isyu sa pagbabakuna ng COVID-19 vaccines.

Mahalagang basahin nang mabuti ang mga pahayag sa ibaba bago ito pirmahan. Kung mayroon kang katanungan o nais linawin, maaaring ipadala ang iyong mensahe sa [hta.philippines@gmail.com](mailto:hta.philippines@gmail.com).

Sa pagpirma nitong *informed consent form*, ako ay sumasang-ayon sa mga sumusunod:

- Aking nabasa at naintindihan ang mga impormasyon ukol sa isasagawang FGD. Ako ay nabigyan ng pagkakataong magtanong at masagot ang mga ito nang maayos.
- Ako ay kusang sumali at maaari akong tumangging ipagpatuloy pa ito sa kahit anong oras o parte ng *FGD* nang hindi nangangailangan ng kapaliwanagan. Ito ay hindi makakaapekto sa aking *privacy* at *legal rights*.

- Ang impormasyong makukuha sa aking pagsali ay maaaring ibahagi sa mga awtoridad ng *DOH* at sa *HTA Council* kung kinakailangan. Ibinibigay ko ang aking pahintulot sa mga nasabing organisasyon upang masuri ang nasabing impormasyon.
- Naiintindihan ko na ang mga impormasyong makukuha sa aking pagsali ay maaring masama sa mga pampublikong data repository, samantalang ang aking mga personal na impormasyon ay mananatiling pribado.

Sa pagpirma nitong *informed consent form*, ako ay sumasang-ayon na lumahok sa *aktibidad* na ito.

_____	_____	_____
(Buong pangalan ng kalahok)	(Pirma ng kalahok)	(Petsa)
_____	_____	_____
(Buong pangalan ng miyembro ng HTA Team)	(Pirma ng miyembro ng HTA Team)	(Petsa)

Tandaan: Kung wala kang *access* sa isang *printer* o *scanner*, maaaring ibalik sa amin ang *informed consent form* na may *e-signature*. Kakailanganin namin ang pirmedong kopya ng iyong *consent form* bago opisyal na isagawa ang *FGD*.

### **Appendix 3. Declaration of Conflict of Interest Form**

Please refer to the link for the declaration of conflict of interest form:

[https://drive.google.com/file/d/1zfGk5vOjsiDvuXkagy1\\_sL3BSMHTfqua/view?usp=sharing](https://drive.google.com/file/d/1zfGk5vOjsiDvuXkagy1_sL3BSMHTfqua/view?usp=sharing)



## Appendix 4. Presentation slides used in the FGDs

FGD	Link to slides
Healthcare workers	<a href="https://drive.google.com/file/d/13-x1OP9u0krZ3xzICUMSjpggeCxsevAu/view?usp=sharing">https://drive.google.com/file/d/13-x1OP9u0krZ3xzICUMSjpggeCxsevAu/view?usp=sharing</a>
Civil Society Organizations	<a href="https://docs.google.com/presentation/d/1VStMXIoRtFE3lxigCsx-zMUINoizKq6FEbcrduhIT8k/edit?usp=sharing">https://docs.google.com/presentation/d/1VStMXIoRtFE3lxigCsx-zMUINoizKq6FEbcrduhIT8k/edit?usp=sharing</a>
Patient Groups	<a href="https://docs.google.com/presentation/d/1LUWBt3YW-mOFi7L0yyqbsvTRwZGI-vc-oXI7nC7ZzKU/edit?usp=sharing">https://docs.google.com/presentation/d/1LUWBt3YW-mOFi7L0yyqbsvTRwZGI-vc-oXI7nC7ZzKU/edit?usp=sharing</a>
Community leader from low risk areas	<a href="https://docs.google.com/presentation/d/1kMnHGIXPSYRaEBRdGiSX_3F1P-EPR7Kv1kIRb1rNRU0/edit?usp=sharing">https://docs.google.com/presentation/d/1kMnHGIXPSYRaEBRdGiSX_3F1P-EPR7Kv1kIRb1rNRU0/edit?usp=sharing</a>
Community leader from high to moderate risk areas	<a href="https://docs.google.com/presentation/d/1kfdate0fSbPWLJOpLs_lfy04iwF1t5yASy1gpWIRI1U/edit?usp=sharing">https://docs.google.com/presentation/d/1kfdate0fSbPWLJOpLs_lfy04iwF1t5yASy1gpWIRI1U/edit?usp=sharing</a>