

COUNTRY NATIONAL VACCINATION PRIORITIZATION AND ALLOCATION PLAN¹

A. The Plan

1. The Philippines' National COVID-19 Vaccination Plan (the Plan) is encapsulated by two key documents of the government: (i) the Philippine COVID-19 Vaccine Roadmap² developed by the COVID-19 Vaccine Cluster under the Inter-agency Task Force for the Management of Emerging Infectious Diseases (IATF) with a designated vaccine czar; and (ii) the Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines³ (the deployment plan) by the Department of Health (DOH).

2. The Philippine COVID-19 Vaccine Roadmap provides the broad framework, principles, and directions for the government's national vaccination program. It provides key considerations for the selection of vaccines (e.g., safety, efficacy, sensitivity, supply, cold chain requirement), the process and stages of vaccination from scientific evaluation to monitoring and safety surveillance, and the desired end-state of coronavirus disease (COVID-19) vaccination. It sets the prioritization principles in line with World Health Organization (WHO)'s Strategic Advisory Group of Experts on Immunization (SAGE) guidance and recommendations and country context (priority groups, sectoral, and geographical), and allocation plan for vaccines relative to various capacities.

3. The deployment plan provides the detailed operations plan and delivery system covering regulatory approvals, institutional arrangements, planning and coordination, vaccine delivery, demand generation and risk communication, cold chain and logistics, medical waste management, safety surveillance, and monitoring and evaluation, and other mechanisms. It further defines the implementation arrangements, roles, and responsibilities within the DOH and other responsible agencies of the central and local governments.

4. **Goal, processes, and end state.** The COVID-19 vaccination program aims to have: a safe, equitable, and cost-effective immunization for all Filipinos; full economic recovery and normalcy of people's lives; and a sustainable immunization program for 3–5 years. In view of providing access to safe and effective COVID-19 vaccines among its population, it has put in place mechanisms and processes on the following: scientific evaluation and selection; access, procurement, financing; shipment and storage; vaccine distribution, deployment, and nationwide administration; and assessment, monitoring, and evaluation. Table 1 shows the phases and critical activities of the roadmap.

Table 1: Phases and Critical Activities

Assessment	Planning	Preparation	Execution
(i) Scientific evaluation and selection (Portfolio)	(i) Building the roadmap	(i) Diplomatic engagement	(i) Procurement process
(ii) Identifying risks and decision points	(ii) Planning and organizing	(ii) Negotiating and contracting	(ii) Production, shipment, and storage
(iii) Determining critical path	(iii) Lining up critical activities	(iii) Confirming financing scheme	(iii) Distribution and deployment
	(iv) Delineating tasks / responsibilities of concerned agencies	(iv) Preparing supply chain	(iv) Implementation and vaccination (1)
		(v) Establishing Personal Information System QR codes	

¹ Summary based on the Philippine COVID-19 Vaccine Roadmap, and the Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines.

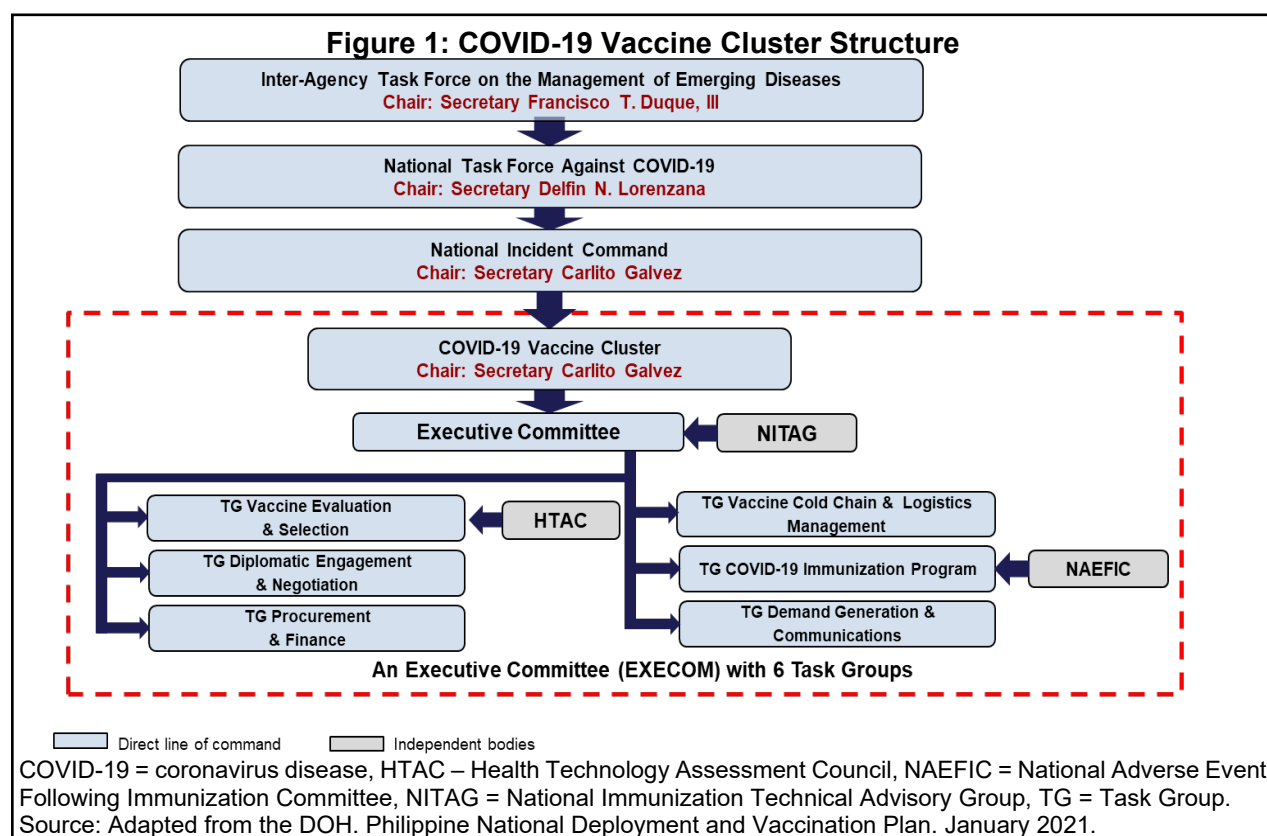
² C. Galvez. 2020. *PH COVID-19 Vaccine Roadmap*. Manila.

³ Department of Health. 2021. The Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. Interim Plan. 26 January.

Assessment	Planning	Preparation	Execution
(iv) Determining resources needed (v) Determining the supply chain requirements	(v) Organizing panel of experts (vi) Determining vaccination center and mobilizing volunteers	(vi) Strat Com (Preparing the local government units/people) (vii) Distribution and deployment planning	(v) Redeployment and vaccination (2) (vi) Waste disposal

Source: COVID-19 Vaccine Cluster. National COVID-19 Roadmap Framework, December 2020.

5. **Institutional arrangements.** The IATF organized a COVID-19 Vaccine Cluster (Figure 1)—headed by a COVID-19 Vaccine Czar, together with the Response and the Recovery Clusters—which comprises technical working groups to focus on key processes of the vaccination program as provided for in the roadmap: vaccine evaluation and selection, diplomatic engagement and negotiation, procurement and finance, vaccine cold chain and logistics, COVID-19 immunization program, and demand generation and communications. A National Immunization Technical Advisory Group (NITAG) provides advice to the executive committee. The Health Technology Assessment Council supports the evaluation and selection of vaccine candidates, while the National Adverse Event Following Immunization Committee on post-vaccination monitoring and evaluation.



6. At the operations level, an Incident Command System will be organized and supported by COVID-19 Vaccine Operations Centers with established units at the national, regional, and local levels—National COVID-19 Vaccination Operations Center, Regional COVID-19 Vaccination Operations Centers, and Local COVID-19 Vaccination Operations Centers.

7. **Prioritization and allocation plan.** The national government targets to vaccinate up to 70 million people in 2021, and all Filipinos by 2023 (Table 2). It has secured 195 million doses of

COVID-19 vaccines including free vaccine doses from the COVID-19 Global Vaccines Access (COVAX) facility for up to 20% of eligible population, and from bilateral arrangements with vaccine suppliers. The Plan has set target groups, and priority, eligible population for the vaccination program in line with SAGE and country context (Annex 1). Group A (estimated at 25 million or 23% of the total population), the primary target group, prioritizes frontline health workers, indigent senior citizens, remaining senior citizens and indigent populations, and uniformed personnel. Group B, the second target group (up to 44% of total population), covers teachers and social workers, other government workers (national and local), other essential workers outside health, education, and social sectors; socio-demographic groups at significant risk other than senior citizens and indigent populations (persons with disability, persons deprived of liberty, persons living in high density areas, eligible students); and overseas Filipino workers; and remaining Filipino workforce (as may be determined by government agencies. Group C are the remaining Filipinos not included in Groups A and B.

Table 2: Vaccine Allocation Plan for the Philippines, 2021–2023

Vaccine Access		2021		2022		2023	
		Eligible Population		Eligible Population		Eligible Population	
		Number (million)	% of total population	Number (million)	% of total population	Number (million)	% of total population
Target	Current year	70	63	42	37	2	2
	Previous year's	-	-	70	63	112	98
Total population		110	63	112	100	114	100

Source: Inter-Agency Task Force on Emerging Infectious Diseases. *Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines*. 26 January 2021 (p.38). Manila.

8. **Reclassification and expansion of priority subgroups.** On 5 February 2021, the government has adopted the recommendation of the interim NITAG to classify the subgroups for Groups A and B (Annex 1, Table A1.2). Between April and June 2021, the prioritization plan has been amended to adapt to the needs of the country. The national government tried to curtail the adverse economic effect of the pandemic by including economic frontliners on priority group A. It has also reclassified other demographics to priority group A such as: workers in the frontline health service which includes local chief executives; the Department of Education health care workers in local and nutrition sections; social workers; barangay health workers; persons deprived of liberty; and overseas Filipino workers and immediate family of health care workers were also included in the expanded priority group A. The government has also expanded the scope of subgroup A5 to the poorest and most vulnerable population, which was previously limited to indigent population. Table A1.3 of Annex 1 lists the government's expanded prioritization subgroups in April–June 2021. Most recently, Table A1.4 provides the prioritization framework as of 30 September 2021, which added Priority Group Pediatric A3 for children 12–17 years old with comorbidities. The government is expected to include children 12–17 years without co-morbidities in the vaccination deployment in November 2021. In addition, the policy decisions on vaccine boosters or additional doses, including as to who will be prioritized and what vaccines to provide, will be finalized before the end of the year.

9. **Vaccine deployment.** Broadly, the deployment plan follows the multi-level governance structure of the health system, the National Immunization Program, and routine immunization. The DOH will supply and distribute vaccines, guide and monitor implementation, track adverse events, and evaluate the vaccination program. Central health development will facilitate distribution of vaccines to the local government units (LGUs). The private sector is also supporting to meet the cold chain system requirements, and logistical arrangements to supply and distribute vaccines nationwide, particularly for vaccines that require ultra-cold storage, i.e., -70°C. Depending on the type of vaccine and cold chain system capacity, health facilities (public and

private hospitals and clinics), LGUs (health units), and the vaccination teams will be responsible for on-site pre-implementation, vaccine administration, and post-vaccination procedures. The Plan also provides for the required information system infrastructure, systems and procedures, vaccines delivery, updated protocols particularly for vaccines that require ultra-cold storage and monitoring and evaluation. It adapts an active safety surveillance system to detect and manage adverse events following immunization (AEFI). Annexes 2 and 3 show key processes of the end-to-end delivery under the deployment plan, including human resources and AEFI process flow and management.

10. **Geographical consideration.** In addition to the SAGE framework in prioritizing the 3 major target groups and 12 subgroups, the Plan considers the geographical characteristics and the capacities at the subnational level in its deployment strategy. Regional prioritization is based on the burden of COVID-19 cases following the criteria of and guidance from NITAG (Annex 4, Table A4.1). NITAG reviews the burden of COVID-19 cases every month and recalibrate priority areas, as appropriate. Based on this, the National Capital Region, Region IV-A, Region XI, Cordillera Autonomous Region, and Region VIII are the top five priority regions. Moreover, the type of vaccines to be distributed or supplied considers the cold chain system requirement.

11. **Review of Prioritization Clusters.** Due to the immense negative economic impact of COVID-19 and community quarantine measures, the National Task Force against COVID-19 has further prioritized the regional economies that suffer the most during surges forcing the government to impose mobility restrictions and lockdown. The National Capital Region is the highest priority group (32.3% contribution to the economy), followed by CALABARZON, Central Luzon, Central Visayas, and Davao Region, which cover 32 cities in Bulacan, Laguna, Batangas, Rizal, Pampanga, Metro Cebu and Metro Davao (Annex 4, Table A4.2).

B. COVID-19 Vaccine Access: Procurement, Regulation, and Financing

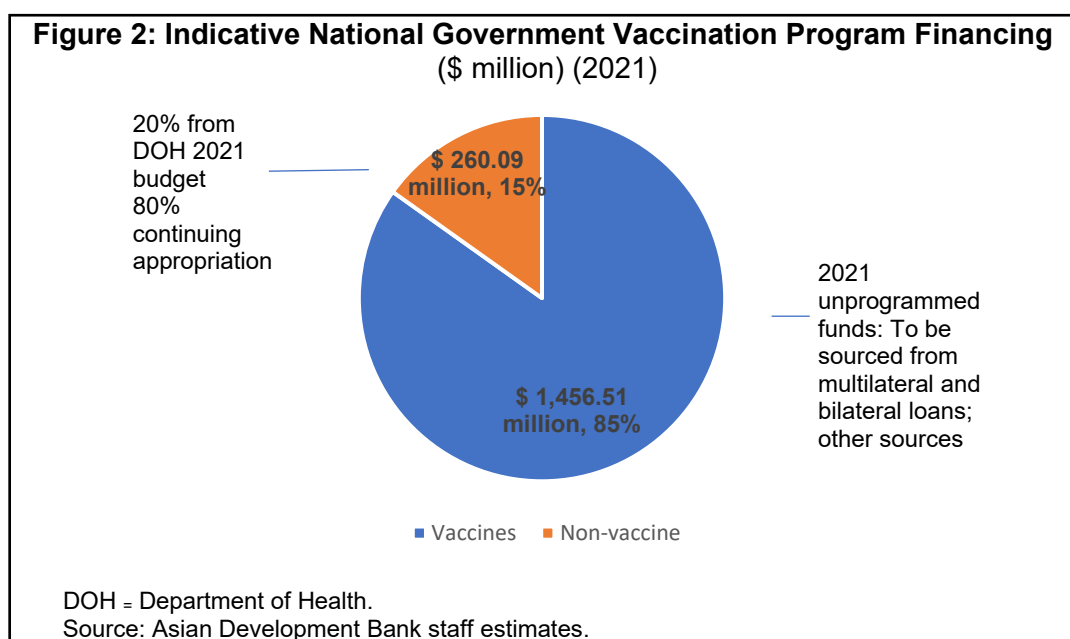
12. **Procurement.** In addition to its participation in the COVAX facility, the government continuously engages in dialogues with countries and pharmaceutical companies to ensure access to more COVID-19 vaccines. The Office of the President has allowed the IATF to enter into agreements with private vaccine developers, release advance payments, and access financing and various modalities, including public-private partnerships. The COVID-19 Vaccine Cluster under the IATF together with the Department of Finance and DOH negotiate with vaccine manufacturers (bilateral) to secure, procure, and finance required doses for 2021. The LGUs and the private sector can access vaccines through tripartite agreements with the national government and vaccine manufacturers. Many LGUs have indicated to finance vaccines for their constituents.

13. **Regulatory approval.** The President issued Executive Order No. 121 granting the Food and Drug Administration (FDA) of the Philippines to issue Emergency Use Authority (EUA) for COVID-19 drugs and vaccines, which further provides that: *outside clinical trial and except in cases where a Compassionate Special Permit is issued, no unregistered COVID-19 drug and vaccine may be manufactured, sold imported, exported, distributed or transferred without an emergency use authorization (EUA)* (Section 1). Sections 2–4 clearly provide for certain conditions, qualified application for EUA, reliance and recognition of regulatory decision WHO, United States Centers for Disease Control and Prevention, or other internationally-recognized and established regulatory authorities.⁴ The WHO's issuance of emergency use validation through its Emergency Use Listing procedure will expedite or accelerate the FDA's regulatory process. Further, Sections 5–7 of Executive Order No. 121 indicate that an expert panel will

⁴ Government of the Philippines. 2020. [Executive order No. 121, S. 2020](#). Manila.

review the safety and effectiveness of COVID-19 drug or vaccine applied for an EUA, as well as the validity of the EUA, and the conduct of post-authorization monitoring by FDA and pharmacovigilance obligations of the EUA holder.

14. **Indicative financing need.** The Plan is estimated to cost ₱82.5 billion (\$1.7 billion) in 2021; of which, 85% for the purchase of vaccines and 15% for non-vaccine items. The national government has appropriated a total of ₱72.5 billion (or approximately \$1.5 billion) for COVID-19 vaccine access and delivery under the 2021 General Appropriations Act (national budget law). This will complement the vaccine provisions under the Bayanihan to Recover as One Act (Bayanihan 2), which includes appropriation of ₱10 billion (or approximately \$0.2 billion) for testing and procurement of COVID-19 medication and vaccine.⁵ Figure 2 shows the indicative program financing in 2021 for the national government. The government requested the Asian Development Bank and other development partners to support the national COVID-19 vaccination program. This includes financing and procurement of vaccines, and technical assistance including vaccine introduction readiness, vaccination campaign, and risk communications.



15. In preparation for the 2022 National Expenditure Program, the DOH proposed an additional budget request of over ₱45 billion (\$900 million) for COVID-19 vaccination intended for the expansion of the national COVID-19 vaccination coverage.⁶ Currently, this budget allocation is included in the unprogrammed funds submitted to the legislature for budget deliberations.⁷ The government has requested the Asian Development Bank to finance \$250 million to cover a portion of the financing need for COVID-19 vaccines in 2022. It also sought financing of \$250 million from the Asian Infrastructure Investment Bank and \$300 million from the World Bank.

⁵ Government of the Philippines. 2020. *RA No. 11494: An Act Providing for COVID-19 Response and recovery Interventions and Providing Mechanisms to Accelerate the Recovery and Bolster the Resiliency of the Philippine Economy, Providing Funds therefor, and for Other Purposes*. Manila. The government has extended the use of funds under this law until 30 June 2021.

⁶ Department of Health. 2021. *2022 Budget Briefer (based on the 2022 National Expenditure Program)*. Manila.

⁷ The legislature is currently undergoing budget deliberation of the National Expenditure Program, which will be the basis for the General Appropriations Act Fiscal year 2022.

ANNEX 1: COVID-19 VACCINES ALLOCATION AND PRIORITIZATION FRAMEWORK

Table A1.1: Target Groups, Prioritization and Eligible Population

Target Group	Prioritization	Eligible Population in 2021*
Group A	1: Frontline health workers 2: Indigent senior citizens 3: Remaining senior citizens 4: Remaining indigent population 5: Uniformed personnel	25 million or 23% of the population
Group B	6: Teachers and social workers 7: Other government workers (national and local) 8: Other essential workers (outside health, education, and social sectors) 9: Socio-demographic groups at significant risk other than senior citizens and indigent populations (persons with disability, persons deprived of liberty, persons living in high density areas, eligible students) 10: Overseas Filipino Workers 11: Remaining Filipino workforce (as determined by relevant government agencies)	49 million or 44% of the population**
Group C	12: Remaining Filipino citizens (other Filipino citizens not in Group A and Group B)	36 million or 33% of the population

Notes:

* Not all can receive vaccines in 2021.

** Added potential coverage of eligible students under Priority 9 with enrollment data the Department Education, Commission on Higher Education, and Technical Education and Development Authority.

Source: National Deployment and Vaccination Plan for COVID-19 Vaccines. Interim Plan January 2021. With updates from various sources.

Table A1.2: Priority Population Groups and Subgroups
(5 February 2021)

Priority Group	Subgroups Prioritization ^a	
	National Deployment Plan January 2021	{Interim NITAG and DOH} 5 February 2021
Group A	1: Frontline health workers 2: Indigent senior citizens 3: Remaining senior citizens 4: Remaining indigent population 5: Uniformed personnel	A1: Frontline workers in health facilities both national and local, private and public, health professionals and non-professionals like students, nursing aides, janitors, barangay health workers, etc. A2: Senior citizens aged 60 years old and above A3: Persons with comorbidities A4: Frontline personnel in essential sectors including uniformed personnel and those in working sectors identified by the IATF as essential during ECQ A5: Indigent population
Group B	6: Teachers and social workers 7: Other government workers (national and local) 8: Other essential workers (outside health, education, and social sectors) 9: Socio-demographic groups at significant risk other than senior citizens and indigent populations (persons with disability, persons deprived of liberty, persons living in high density areas, eligible students) 10: Overseas Filipino Workers	B1: Teachers, social workers B2: Other government workers B3: Other essential workers B4: Socio-demographic groups at significantly higher risk other than senior citizens and indigenous people B5: Overseas Filipino workers B6: Other remaining workforce

Priority Group	Subgroups Prioritization ^a	
	National Deployment Plan January 2021	{Interim NITAG and DOH} 5 February 2021
	11: Remaining Filipino workforce (as determined by relevant government agencies)	
Group C	12: Remaining Filipino citizens (other Filipino citizens not in Group A and Group B)	C: Rest of the Filipino population

DOH = Department of Health, ECQ = enhanced community quarantine, IATF = Inter-agency Task Force for the Management of Emerging Infectious Diseases, NITAG = National Immunization Technical Advisory Group

Source: DOH. National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021.

Table A1.3: Prioritization–Addendum from April to June 2021

Subgroup	Inclusion	Date and policy issuance
A1.5	<ul style="list-style-type: none"> all PHO and Provincial DOH offices DepEd HCW in Local Health and Nutrition sections/unit (i.e. nutritionist, nurses, doctors) DOH CHD and central office employees if with DPO as swabbers, contact tracers and emergency transport officers DRRMO employees if with DPO as swabbers, contact tracers and emergency transport officers All Barangay Health Workers in active service Social worker providing social amelioration and direct service to constituents 	18 March 2021
A1.7	<ul style="list-style-type: none"> Personnel manning closed setting and institution such as Bureau Jail Management and Penology, Bureau of Corrections, treatment and rehabilitation center Social workers in orphanages, nursing homes and other closed settings. 	
A1.5	Local Chief Executives of critical and high-risk provinces aged 60 years old and above and those with comorbidities.	5 April 2021
	All Higher Education Institution shall conduct limited face-to-face classes shall have ALL interns, clerks and students rotating in hospitals shall be vaccinated as A1, A2, A3 at the hospital they are rotating.	29 April 2021
A1.5	Workers in frontline health service including Governors, Mayors, head of local health board and as chair of local task force against in May.	15 May 2021
A1.8	<ul style="list-style-type: none"> Reclassification of outbound overseas Filipino workers as part of expanded A1 outbound overseas workers for deployment within the next four month 	14 June 2021
A1.5	inclusion poorest and most vulnerable population	14 June 2021
A1.9	<ul style="list-style-type: none"> Immediate family of HCW was also included in the expanded A1 initiative household and family members of health workers to subgroup A1.9. 	23 June 2021

CHD = Center for Health Development, DepEd = Department of Education, DOH = Department of Health, DPO = department personnel order, DRRMO = Disaster Risk Reduction & Management Office, HCW = health care workers, PHO = Provincial Health Office.

Source: National Task Force against COVID-19, Vaccine Cluster.

Table A1.4: Prioritization Framework as of 30 September 2021

Group	Prioritization
Priority Group A	<ul style="list-style-type: none"> (i) Priority Group A1: Workers in essential health services (ii) Priority Group Expanded A1: Overseas Foreign [Filipino] Workers (OFWs) leaving the country in the next four (4) months, household members of Priority A1, and Additional A1

Group	Prioritization
	(iii) Priority Group A2: Senior citizens (iv) Priority Group A3: Individuals with comorbidities (v) Priority Group Expanded A3: Pregnant women (vi) Priority Group Pediatric A3: 12–17 years old with comorbidities (vii) Priority Group A4: Workers in essential services (viii) Priority Group A5: Poor population
Rest of Adult Population	(formerly categorized as Priority Group B and C)

Source: Department of Health. Department Circular No. 2021-0449. 30 September 2021.

ANNEX 2: KEY PROCESSES ON COVID-19 VACCINE DELIVERY, DEPLOYMENT AND ADMINISTRATION

Figure A2.1: Vaccine Delivery and Monitoring Process

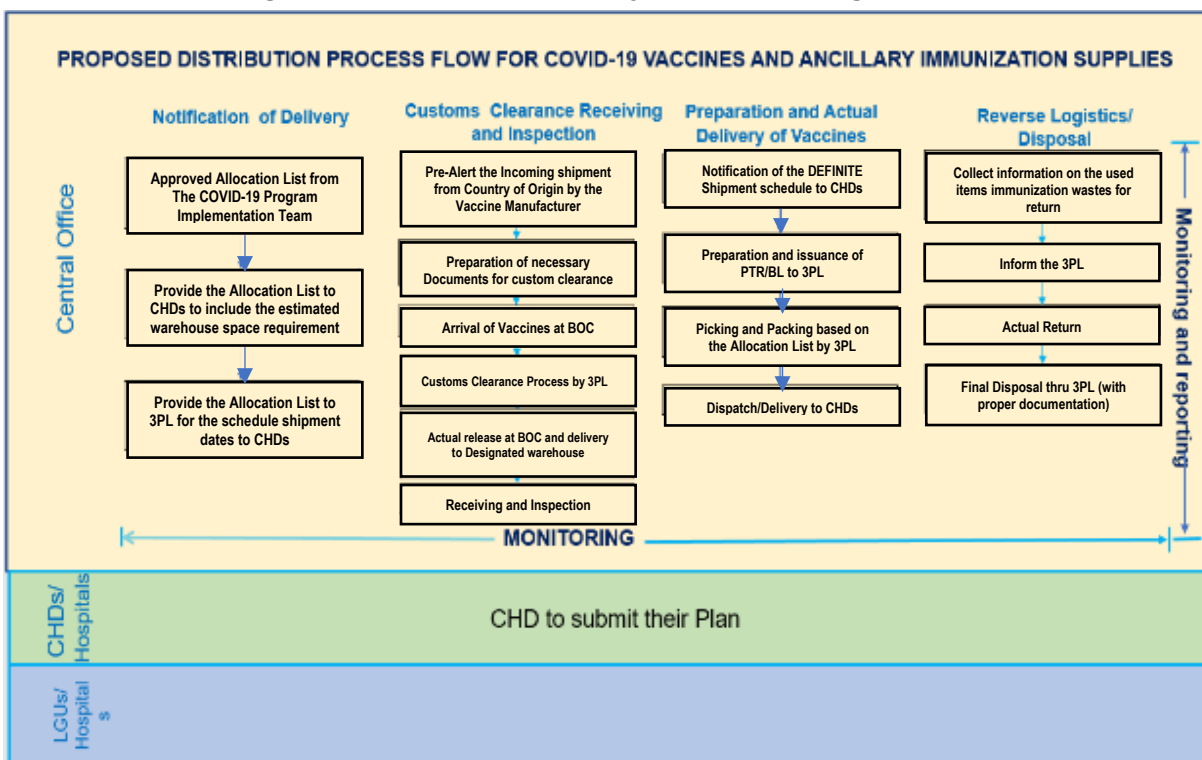
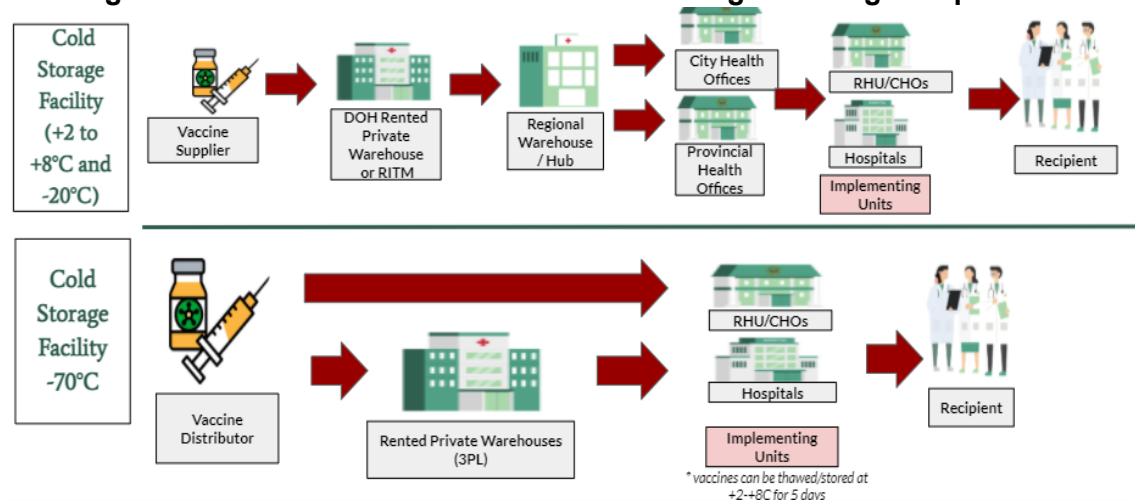
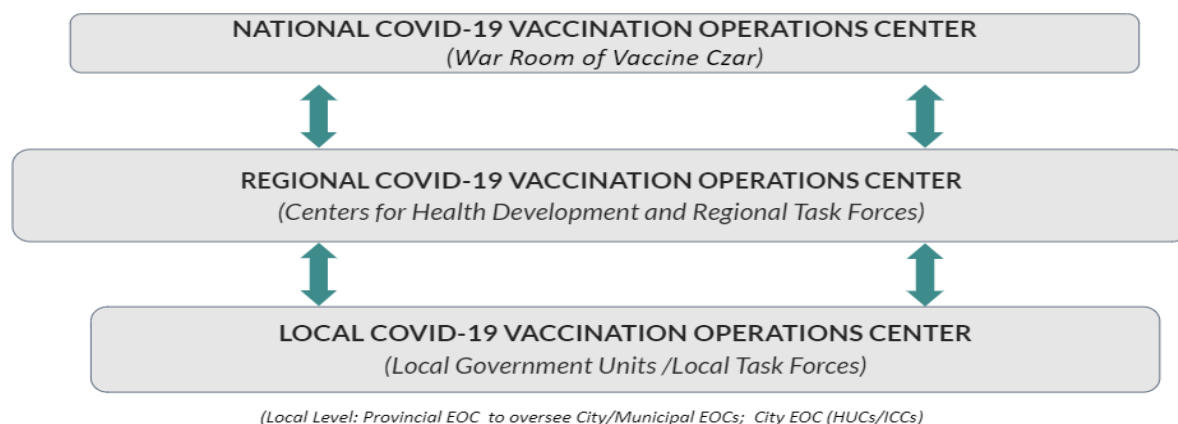


Figure A2.2: Distribution of Vaccines According to Storage Requirement



Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, p. 55.

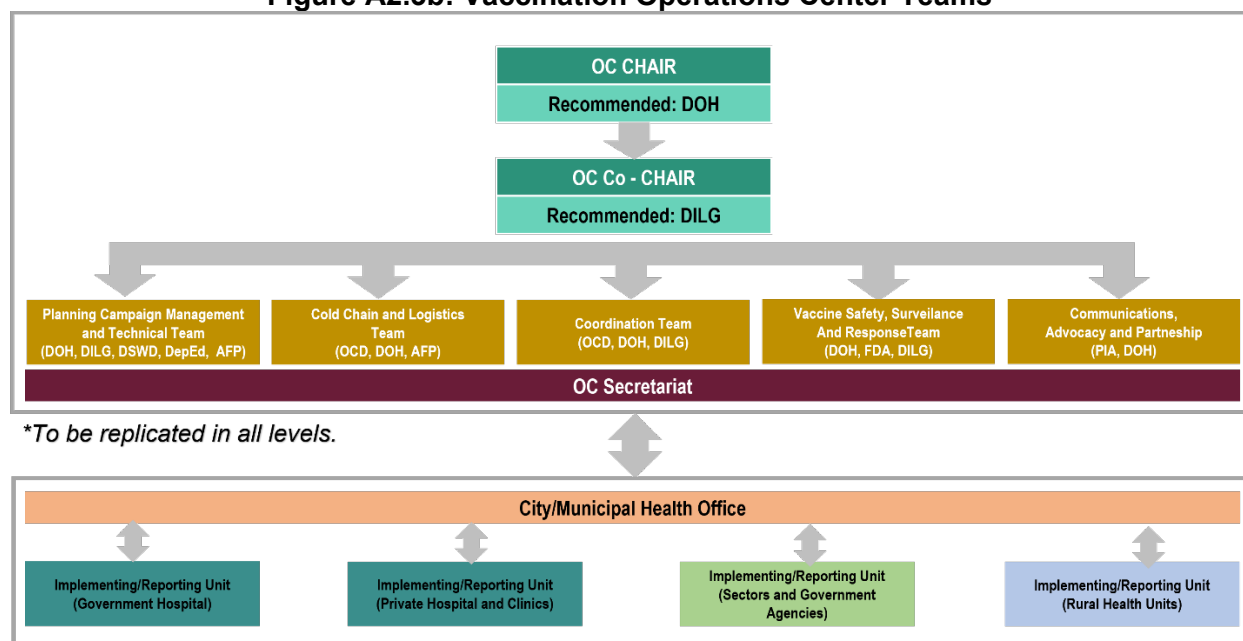
Figure A2.3a: COVID-19 Vaccination Operations Center
Establishing the COVID-19 Vaccination Operations Center



ICC = independent component city.

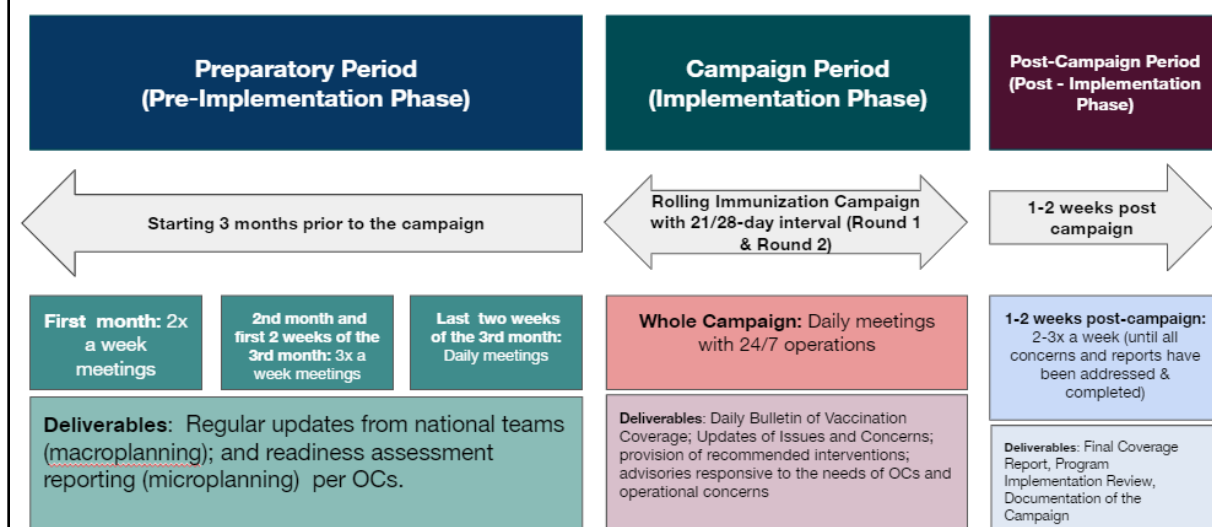
Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, p. 13.

Figure A2.3b: Vaccination Operations Center Teams



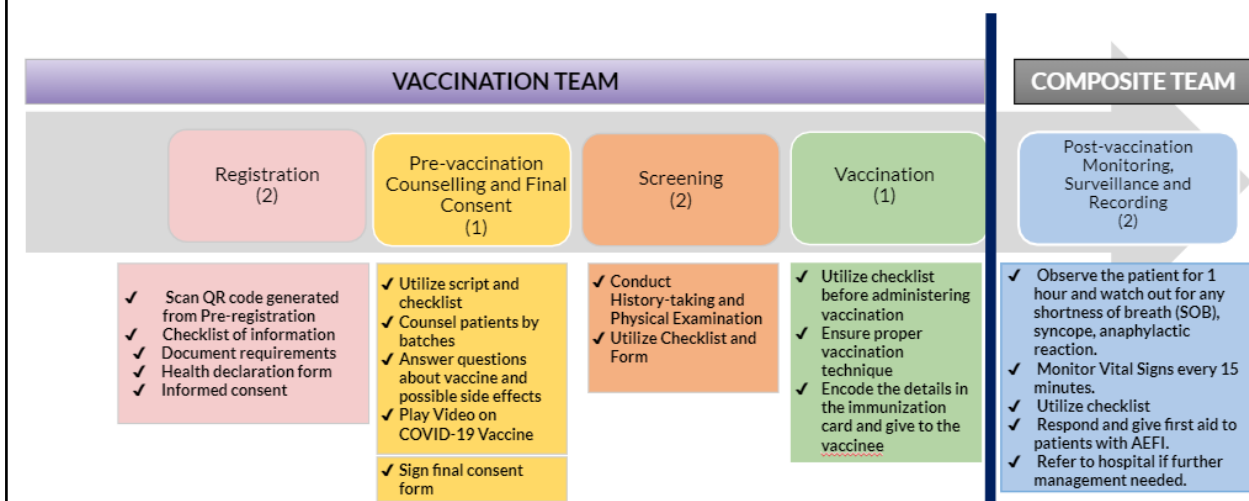
Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, p. 18.

Figure A2.4: Vaccine Operations Center Timeline

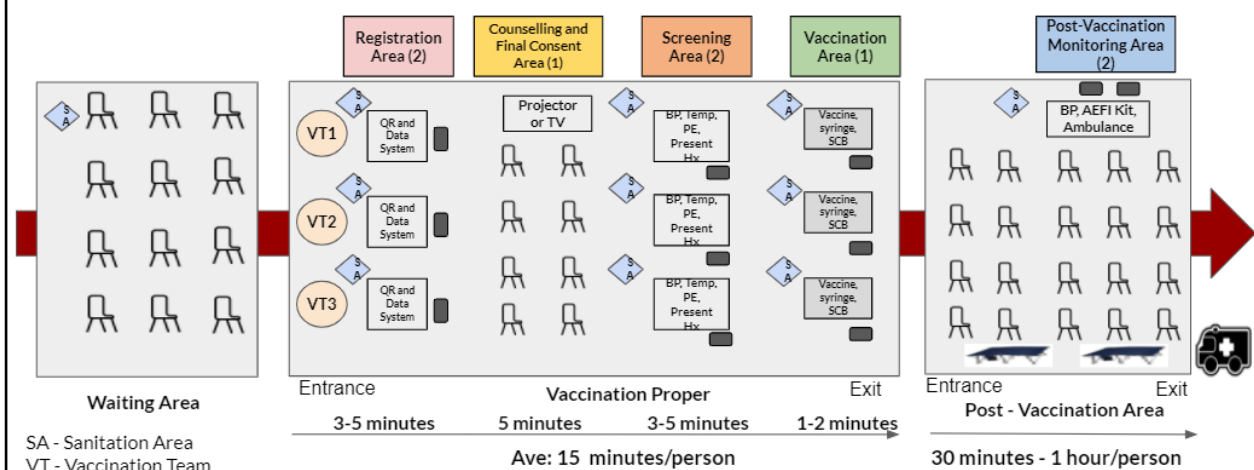


Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan. January 2021, p. 25.

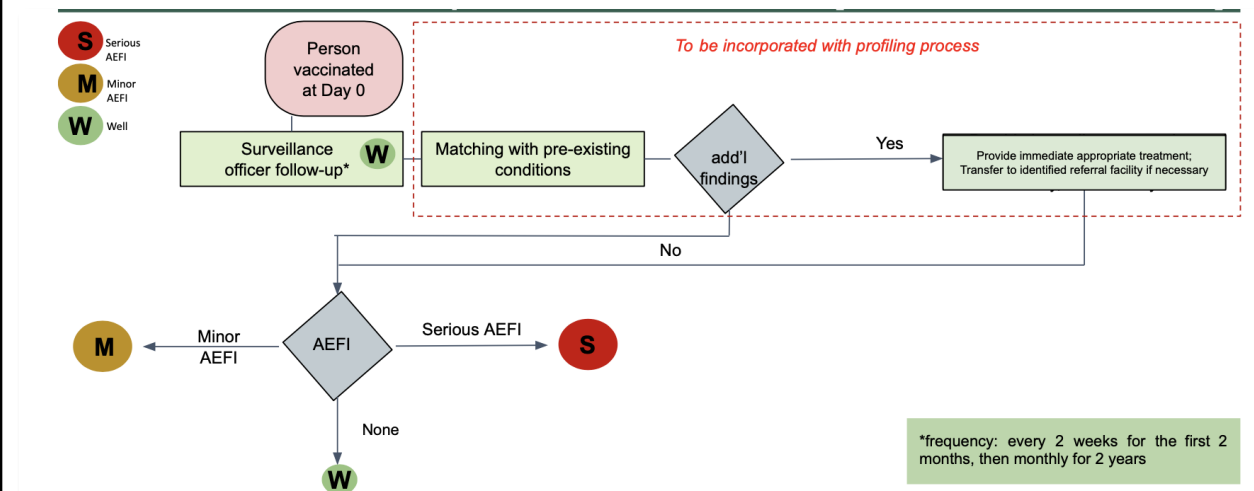
Figure A2.5: Vaccination Administration Flow



Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan. January 2021, p. 54.

Figure A2.6: Proposed Vaccination Site Layout

Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, p. 84

Figure A2.7: Process flowchart for AEFI surveillance and response in the context of COVID-19 vaccine administration

AEFI = adverse events following immunization, COVID-19 = coronavirus disease.

Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, p. 99

ANNEX 3: COVID-19 VACCINATION TEAMS AND REQUIRED HUMAN RESOURCES

Team/Other Personnel needed	Composition
Vaccination Team (6)	(2) for screening and assessment: Physician/Nurse/Midwife (1) as health educator: Allied Professionals/ Volunteers from partner agencies (e.g. teachers, social workers, medical students, etc.) (1) as vaccinator: Physician/Nurse/Midwife of RHU/Pharmacist (certified by PRC) (2) as documenter/recorder and vital signs-taker: Midwife/BHW/Health Staff / Volunteers from partner agencies (e.g., teachers, social workers, medical students, etc.)
AEFI Composite Team (2)	(1) to monitor and provide response: Paramedic/Nurse/Midwife (1) to conduct surveillance: Surveillance Officer/ Nurse/Midwife/Pharmacist
Supervisors/Monitors	(1) Vaccination Team Supervisor: preferably a physician, for at least three (3) vaccination teams (1) Implementing Unit Level Supervisor: for the entire implementing unit (1) LGU Level Supervisor: for the entire LGU Internal Monitors and Independent Monitors
Other personnel needed in the implementing units	Cold Chain and Logistics Officer/s Local Officials (barangay captains) Security Personnel (PNP) Drivers Safety Officers (Barangay Tanods, among others)
Other personnel needed in community/health facilities	Social mobilizers: BHWs and hospital staff (HR) Navigators/Transport: BHWs and Local Officials, Health Facility Management

AEFI = adverse events following immunization, BHW = Barangay health worker, COVID-19 = coronavirus disease, HR = human resources, LGU = local government unit, PNP = Philippine National Police, PRC = Philippine Regulation Commission, RHU = regional health unit.

Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, pp. 76-77.

ANNEX 4: GEOGRAPHICAL PRIORITIZATION

Table A4.1: Priority Regions based on burden of COVID-19 cases
(as of January 2021)

Region	Total Cases (as of 8 Jan. 2021)	Total Active Cases (as of 6 Jan. 2021)	Rank (Active Cases)	Number of Cases Recent 4 Weeks (6 Dec. 2020 - 2 Jan. 2021)	Attack Rate (Recent 4 Weeks)	Rank (Attack Rate)	Average Rank (Burden of Disease)	Overall Rank (Burden of Disease)	Population Density	Rank (Population Density)
NCR	27,104	7,181	1	10,978	80	2	1.5	1	22,301.54	1
Region IV-A	23,134	3,626	2	6,407	40	5	3.5	2,3,4	968.71	2
Region XI	88,405	1,804	4	3,093	58	3	3.5	2,3,4	258.94	8
CAR	212,876	976	6	2,289	127	1	3.5	2,3,4	91.22	17
Region VIII	8,567	1,314	5	2,544	54	4	4.5	5	204.11	12
Region III	2,885	2,144	3	3,771	31	8	5.5	6	562.12	3
Region II	12,157	701	8	1,425	39	6	7	7	184.57	13
Region VI	5,472	751	7	1,684	21	10	8.5	8	380.15	6
Region X	6,131	834	9	1,241	25	9	9	9,10	245.24	9
CARAGA	5,605	573	11	951	35	7	9	9,10	92.99	16
Region I	4,822	569	12	940	18	11	11.5	11	406.57	5
Region VII	2,853	646	10	952	12	14	12	12	513.77	4
Region XII	32,575	499	13	800	16	12	12.5	13	215.92	11
Region IX	13,810	342	14	606	16	13	13.5	14	228.21	10
Region V	5,194	309	15	525	9	16	15.5	15,16	338.62	7
Region IV-B	8,967	185	16	365	11	15	15.5	15,16	107.24	15
BARMM	6,010	126	17	194	5	17	17	17	114.14	14

BARMM = Bangsamoro Autonomous Region in Muslim Mindanao, CARAGA = Caraga Administrative Region, NCR = National Capital Region.

Source: Adapted from the DOH. Philippine National Deployment and Vaccination Plan for COVID-19 Vaccines. January 2021, pp. 52-53.

Table A4.2: Prioritization Cluster

Priority Group	Covered Areas
National Capital Region	Metro Manila
Plus 8 (32 cities)	Bulacan, Cavite, Laguna, Batangas, Rizal, Pampanga, Metro Cebu, Metro Davao
Plus 10	Bacolod, Iloilo, Cagayan De Oro, Dumaguete, Tuguegarao, Dumaguete, Tuguegarao, General Santos, Naga, Legazpi
Group 1	Region III, Region 4, Cagayan De Oro, Baguio City, Zamboanga City
Group 2	Bacolod, Iloilo, Gensan Iligan, Region VII, Region XI
Group 3	Region X, Region VI, Region VIII, Region IX, Region II, Cordillera Administrative Region
Group 4	Regional V, Region I, Region XII, and Region 13

Source: National Task Force against COVID. Presentation by Secretary Carlito Galvez, Jr. 27 September 2021.