

## SUMMARY POVERTY REDUCTION AND SOCIAL STRATEGY

Country:	Philippines	Project Title:	Second Health System Enhancement to Address and Limit COVID-19 under the Asia Pacific Vaccine Access Facility
Lending/Financing Modality:	Project Loan	Department/Division:	Southeast Asia Department/Human and Social Development Division

<b>I. POVERTY AND SOCIAL ANALYSIS AND STRATEGY</b> Poverty targeting: General intervention
<b>A. Links to the National Poverty Reduction and Inclusive Growth Strategy and Country Partnership Strategy</b> Second Health System Enhancement to Address and Limited COVID-19 under the Asia Pacific Vaccine Access Facility (HEAL 2) supports the Philippines' National COVID-19 Vaccination Roadmap and National Deployment and Vaccination Plan for COVID-19 Vaccines to prevent and control the spread of coronavirus disease (COVID-19). It invests in the procurement of safe and effective COVID-19 vaccines to protect the public and reduce morbidity due to COVID-19 infection. HEAL 2 will contribute to the overarching development objectives of the Philippine Development Plan, 2017–2022 for: (i) more inclusive growth by lowering poverty incidence; and (ii) reducing vulnerability of individuals and families. <sup>a</sup> It aligns with the Department of Health (DOH)'s National Objectives for Health that aim to improve health system performance in addressing public health outbreaks, <sup>b</sup> and the Asian Development Bank (ADB) Asia Pacific Vaccine Access Facility (APVAX) goal of restoring economic growth and citizens' confidence. The loan will contribute to the achievement of Sustainable Development Goals 1 (no poverty), 3 (health and well-being for all), 5 (gender equity), and 10 (reduce inequality). The project is aligned with ADB's Strategy 2030 operational priorities (OP): addressing remaining poverty and reducing inequalities (OP1), accelerating progress in gender equality (OP2); and fostering regional cooperation and integration (OP7). It also aligns with the third pillar of the Philippines Country Partnership Strategy, 2018–2023 on investing in people through human development and social protection. <sup>c</sup>
<b>B. Results from the Poverty and Social Analysis during PPTA or Due Diligence</b>
<p>1. <b>Key poverty and social issues.</b> The poverty rate in the Philippines declined from 25.2% in 2012 to 23.5% in 2015, and to 16.7% in 2018. Nearly 17.6 million people continue to live below the poverty line and 14.2 million just above the line, who are vulnerable to sliding back into poverty due to exogenous shocks.<sup>d</sup> Due to the adverse effects of the COVID-19 pandemic and the community quarantines, the unemployment rate increased from 5.4% (2.4 million) to 10.0% (4.6 million), while underemployment increased from 13.6% (5.8 million) to 17.3% (7.1 million) between July 2019 and July 2020. Labor force participation rate is lower among women at 45.0% compared to men at 72.3% as of October 2020. Vulnerable employment worsened from 36.1% to 39.6% among the employed over the same period.<sup>e</sup> About half a million overseas Filipino workers have been displaced by pandemic; of which, 260,575 have returned to the Philippines, while 131,047 expect to be repatriated. Around 1.1 million are unable to resume work overseas. The overseas deployment dropped by 60% from 1.7 million as of September 2020.<sup>f</sup> This is pushing up poverty, inequality, and informalization of the work force. Prior to COVID-19, catastrophic expenditure and health impoverishment pushed 0.8% or 0.8 million individuals [at \$1.9 in 2011 purchasing power parity (PPP)] and 1.4% or 1.5 million individuals (at \$3.1 in 2011 PPP) below the poverty line.<sup>g</sup> Broadly, there continues to be inequitable access to quality health care services in the Philippines including routine immunization, which results in poor health outcomes, and persistence of poverty and inequality. With COVID-19 community mitigation measures and economic disruptions, absolute poverty is at risk of increasing in the short-term due to the weak labor market, critical food shortages, reduced or eliminated household earnings, and a drastic decline in remittances. Business establishments, services, flow of goods and agricultural products, livelihood and income generating activities have been adversely affected. Over the medium-term, a slow economic recovery risks raising unemployment levels and suppressing earnings in the informal sector. Structural poverty may worsen as the access of poor families to social services is reduced, and the total number in critical need of health services increases rapidly apply greater pressure on stretched public health facilities. ADB estimated that, without substantial financial support to poor and near poor families, the poverty rate could increase from 16.7% in 2018 to 20.7% in 2020 as a result of the pandemic effects on incomes.<sup>h</sup></p> <p>2. <b>Beneficiaries.</b> HEAL 2 will benefit the Filipino people by supporting the National COVID-19 Vaccination program, particularly the priority target group (health frontliners, elderly, the poor, and uniformed personnel) and other eligible populations nationwide. This will improve individual health and social wellbeing, facilitate economic recovery from negative impact and externalities of the COVID-19 pandemic, thereby restoring citizens' confidence.</p> <p>3. <b>Impact channels.</b> HEAL 2 will enable the government and DOH to access and deliver safe and effective COVID-19 vaccine to priority target groups nationwide in the short- to medium-term. This will enhance the capacity of public health system to efficiently respond to the health care needs of affected population by delivering safe and effective COVID-19 vaccine to priority target nationwide, while protecting the health and social workers.</p> <p>4. <b>Other social and poverty issues.</b> COVID-19 has had negative impacts on mental health and the well-being of Filipinos with evidence showing moderate to severe depression during the early stages of the pandemic. Females, those between 12–21 years old who are single, are students, and/or subjected to prolonged stay-at-home restriction</p>

are at greater risk for anxiety and depression.<sup>l</sup> There is also low health financial risk protection among poor families.

5. **Design features.** The project will support the government achieve the outcome of priority populations having access to safe and effective COVID-19 vaccines, while maintaining critical essential health services include routine immunization. The project will access APVAX's rapid response component (RRC) and follow ADB's eligibility criteria. The RRC will be used to procure around 110 million doses of vaccines, to be given to about 50 million eligible target population by 2023.

## II. PARTICIPATION AND EMPOWERING THE POOR

1. **Participatory approaches and project activities.** HEAL 2 will strengthen the Philippines' health system and its capacity to halt the spread of COVID-19 through the National COVID-19 Vaccination program, which include the poor and vulnerable groups as the priority target population.

2. **Civil society organizations (CSO).** DOH will seek CSO's support in identification and verification of target population, disseminating information to local communities and in organizing vaccination related activities for marginalized disadvantaged population. Information sharing and consultations with project stakeholders including CSOs will continue through the Philippines County Engagement Framework.

3. The following forms of civil society organization participation are envisaged during project implementation:

Information gathering and sharing  Consultation  Collaboration  Partnership

4. **Participation plan.**  Yes.

## III. GENDER AND DEVELOPMENT

Gender mainstreaming category: effective gender mainstreaming

**A. Key issues.** While the priority population groups for vaccination are dominated by women, including frontline health workers (75%),<sup>j</sup> indigent senior citizens (70.90%),<sup>k</sup> government workers (50.88%),<sup>l</sup> and overseas Filipino workers (55.82%),<sup>m</sup> many marginalized women, women in especially difficult circumstances (WEDC)<sup>n</sup> and people in geographically isolated and disadvantaged areas (GIDA), are not explicitly stated as target populations in the National Strategic Framework for COVID-19 Deployment and Immunization (Administrative Order 2021-0005). Barriers affecting health-seeking behavior by marginalized women and WEDC include: (i) limited time to spend commuting to and waiting in long lines at public health facilities that are stretched beyond capacity; (ii) mobility constraints including cultural norms governing freedom of movement; (iii) limited access to public transportation to reach health facilities; and (iv) the costs associated with the commute and time away from productive and household responsibilities. While the government has committed to the equitable delivery of vaccines, the DOH has expressed concerns that their definition of 'social demographic groups at higher risk' may not be sufficiently comprehensive to ensure the last mile outreach between local government unit (LGU) primary healthcare facilities and vaccine delivery to the women and other GIDA identified herein. Through the National Strategic Policy Framework for COVID-19 Vaccine Deployment and Immunization, the DOH acknowledges the essential role of information education and communication campaigns; risk communication; and community engagement plans for ensuring effective vaccine access and uptake.

**B. Key actions.** Through ongoing TA, the project will proactively target the 'last mile' service delivery constraints for marginalized women and WEDC in major cities and GIDA settings to maximize vaccine uptake and immunization. The project will support DOH to develop, approve, and disseminate a gender and socially inclusive protocol to address both the specific barriers affecting the willingness and ability of marginalized women and WEDC to access COVID-19 health services and vaccines, and the capacity of LGU's primary healthcare facilities to address the specific needs of these women for effective vaccine delivery. The protocol will be developed in collaboration with multiple Bureaux at DOH, Department of Social Welfare Development, and Department of Interior and Local Government and ultimately be resourced via LGU gender and development program budgets. In addition, HEAL 2 will support DOH in (i) the analysis of sex-disaggregated data through the Vaccine Information Management System; (ii) specific communication and messaging to marginalized women and WEDC in major cities or geographically isolated and disadvantaged areas; and (iii) online consultations and outreach, especially to marginalized and WEDC, to monitor their awareness of vaccine safety and gather feedback on issues that curtail access to health services. A social and gender consultant will be hired to support the DOH.

Gender action plan  Other actions or measures  No action or measure

## IV. ADDRESSING SOCIAL SAFEGUARD ISSUES

### A. Involuntary Resettlement

**Safeguard Category: C**

1. **Key impacts.** HEAL 2 will primarily support the procurement of COVID-19 vaccines to be delivered to priority target population based on the National Vaccination Roadmap and Deployment Plan. No land acquisition or resettlement impacts are envisaged.

2. **Strategy to address the impacts.** No impact is expected.

3. **Plans or other actions.**  No action

Resettlement plan

Combined resettlement and indigenous peoples plan

Resettlement framework

Combined resettlement framework and indigenous

Environmental and social management system

peoples planning framework

arrangement

Social impact matrix

### B. Indigenous Peoples

**Safeguard Category: C**

1. Key impacts. The proposed project will not have any direct or indirect impacts on the dignity, human rights, or cultural resources that indigenous peoples own, use, occupy, or claim as an ancestral domain or asset. None of the surveys which looked willingness to receive COVID-19 vaccination included a sub-set of IP which makes it difficult to determine the extent of vaccine hesitancy regarding COVID-19 vaccines. DOH is closely working with chieftains of IP communities to help them to explain the COVID-19 vaccines themselves and the processes to access them.

Is broad community support triggered? No

2. Strategy to address the impacts. Not applicable.

3. Plan or other actions.

- |   |  |
|---|--|
| <input type="checkbox"/> Indigenous peoples plan                                | <input type="checkbox"/> Combined resettlement plan and indigenous peoples plan                    |
| <input type="checkbox"/> Indigenous peoples planning framework                  | <input type="checkbox"/> Combined resettlement framework and indigenous peoples planning framework |
| <input type="checkbox"/> Environmental and social management system arrangement | <input type="checkbox"/> Indigenous peoples plan elements integrated in project with a summary     |
| <input type="checkbox"/> Social impact matrix                                   |  |
| <input checked="" type="checkbox"/> No action                                   |  |

#### V. ADDRESSING OTHER SOCIAL RISKS

##### A. Risks in the Labor Market

1. Relevance of the project for the country's or region's or sector's labor market: **H**.

unemployment  underemployment  retrenchment  core labor standards

2. Labor market impact. Lower risk of COVID-19 infection and reduction in morbidity and mortality will facilitate resumption of economic activities and more job opportunities including those in informal and vulnerable employment.

**B. Affordability.** NA.

##### C. Communicable Diseases and Other Social Risks:

1. The impact of the following risks are rated as high (H), medium (M), low (L), or not applicable (NA):

Communicable diseases  Human trafficking  Others (please specify) \_\_\_\_\_

2. Risks to people in project area. Not applicable.

#### VI. MONITORING AND EVALUATION

1. **Targets and indicators.** The design and monitoring framework and gender action plan provide indicators and targets. Monitoring and evaluation will draw on both qualitative and quantitative data to measure progress in achieving targets. To the extent possible, data will be disaggregated by sex for the outcome and some output indicators.

2. **Required human resources.** DOH and Disease Prevention and Control Bureau will provide staff to support monitoring and evaluation of the program through the Vaccine Information Management System. Technical assistance resources will hire a gender and social specialist to support DOH to implement the GAP.

3. **Information in the project administration manual.** DOH as the implementing agency will prepare and submit (i) quarterly and annual progress reports; (ii) semi-annual safeguards monitoring reports; (iii) a midterm progress report on project outcome and outputs; and (iv) a completion report covering achievements, results of project activities, and a preliminary assessment of achieved benefits.

4. **Monitoring tools.** This includes COVID-19 situation reports, response updates, project progress and delivery reports, performance monitoring system, GAP, vaccination uptake, materials delivery, and impact evaluation.

- <sup>a</sup> National Economic and Development Authority. 2017. *Philippine Development Plan 2017–2022*. Pasig City.
- <sup>b</sup> DOH. 2018. *National Objectives for Health Philippines 2017–2022*. Manila; ADB. 2020. *Asia Pacific Vaccine Access Facility*. Manila.
- <sup>c</sup> ADB. 2018. *Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific*. Manila; and ADB. 2018. *Philippines, 2018–2023—High and Inclusive Growth*. Manila.
- <sup>d</sup> Philippine Statistics Authority (PSA). *Philippine Poverty Statistics – Poverty (Latest Releases)*. Manila.
- <sup>e</sup> PSA. *Labor Force Survey: Key Employment Indicators, Philippines July 2020, April 2020 and July 2019* (accessed on 19 October 2020).
- <sup>f</sup> D. Pazzibugan and N. Corrales. 2020. *1.6M overseas Filipino Workers displaced by pandemic*. *Inquirer.net*. 23 October.
- <sup>g</sup> PSA. *Philippine National Health Accounts* (accessed on 22 December 2020); and World Bank. *World Development Indicators* (accessed on 22 December 2020).
- <sup>h</sup> ADB. 2020. *Philippines: COVID-19 Active Response and Expenditure Support Program*. Manila.
- <sup>i</sup> UN Women. *COVID-19 and its Economic Toll on Women: The Story Behind the Numbers*.
- <sup>k</sup> Demographic Research and Development Foundation, Inc. 2020. *Human Resource for Health in the Time of the COVID-19 Pandemic: Does the Philippines Have Enough?* Manila.
- <sup>j</sup> Philippine Statistics Authority. 2020. *2020 Fact Sheet on Women and Men*. Manila.
- <sup>l</sup> Civil Service Commission. 2020. *Support role of women in the workplace – CSC*. Manila.
- <sup>m</sup> PSA. 2020. *2020 Fact Sheet on Women and Men*. Manila.
- <sup>n</sup> The Philippines Magna Carta of Women, Republic Act No. 9710, Philippine Commission on Women 2010, Section 30.
- <sup>o</sup> Through the Magna Carta of Women, the LGUs are mandated to promote and fulfill women's human rights at the local level through programs, plans, and activities funded by a dedicated budget for gender and development, with the barangay health workers as social mobilizers.

Source: Asian Development Bank.