

**PRESIDENTIAL COMMUNICATIONS OPERATIONS OFFICE**  
**News and Information Bureau**

**PRESS BRIEFING OF PRESIDENTIAL SPOKESPERSON HARRY ROQUE**  
**MAY 24, 2021 (12:05 P.M. – 12:19 P.M.)**

**SEC. ROQUE:** Magandang tanghali, Pilipinas. Narito po tayo muli sa Dumaguete para samahan po ang ating Presidente ‘no sa isang pagpupulong ng Regional Peace and Order Council para po sa Region VII.

Now, balitang IATF muna po tayo ‘no: Inaprubahan po ng inyong IATF noong Sabado, May 22, ang paglalagay sa Iloilo City sa Modified Enhanced Community Quarantine or MECQ na nagsimula kahapon, May 23, at magtatagal hanggang katapusan ng buwan. Nasa ilalim din ng MECQ ang Apayao, Benguet at Cagayan hanggang May 31, 2021.

Usaping bakuna naman po tayo ‘no: Good news po, mahigit apat na milyon or 4,097,425 doses na po ang na-administer na COVID-19 vaccine as of May 23, 2021. Nasa 162,514 ang ating daily rate of doses administered base sa seven-day average as of May 23, 2021.

Malaki na po ang tinaas ng ating seven-day moving average na nagrehistro ng 32,490 noong Marso a-trenta. Ito ay pumalo sa 35,320 noong Abril—wait, noong April 27 ay 36,491 po; noong May 4 naman po ay 67,780; at 108,540 noong May 18.

Kung titingnan ang absolute numbers:

- Number 37 ang Pilipinas sa 196 countries na nag-administer ng COVID-19 vaccines ‘no;
- Number 13 po tayo sa Asya;
- at pagdating po sa ASEAN, tayo po ay pumapangalawa lamang po sa Indonesia.

Asahan natin na darami pa po ang magpapabakuna habang inaasahan natin ang pagdating ng bulk ng supply sa mga susunod na buwan.

Libre po ang bakuna, ha! Walang babayaran sa first dose at sa second dose.

Okay. Sa ngayon, huwag po tayo sanang maging pihikan sa bakuna ‘no. Tandaan: Ang pinakamabisang bakuna ay bakunang tinurok sa inyong braso. Lahat ng mga bakuna ay dumaaan sa matinding pagsusuri at pumasa, lahat po iyan ay pinag-aralan at napatunayang safe at epektibo.

Hindi naman nagkagalayo ang mga bakunang mayroon tayo sa... na dumating na po pagdating po sa vaccine efficacy ‘no:

- Ang Pfizer ay 95% against symptomatic COVID-19.
- Ang AstraZeneca ay sa 70.4% against symptomatic COVID-19 at 100% against severe COVID-19.

- Ang Sputnik V ay 91.6% against symptomatic COVID-19 at 100% against moderate or severe cases.
- At ang Sinovac, noong unang mga pag-aaral po ay between 65 to 91% base sa clinical trials sa Brazil, Indonesia at Turkey. Pero mayroon pong dalawang bagong pag-aaral 'no. Ang isang bagong vaccination study na isinagawa po ng Chulalongkorn University sa Thailand ay napag-alaman po natin na 99.49% ng mga nakatanggap apat na linggo pagkaraan ng kanilang second dose ay nagkaroon ng antibody responses. Samantalang nasa 66% naman ang nakatanggap tatlong linggo nakaraan ng first dose ay nagkaroon ng immune responses. Samantala, sa Indonesia, base sa datos ng 120,000 healthcare workers na nakatanggap ng Sinovac sa pagitan ng Enero at Marso ngayong taon, 98% ang nagpakita na epektibo ang Sinovac para maiwasang mamatay, at 96% naman po para maiwasan ang pag-oospital.

Ito naman po ang slide ng target nating mabakunahan sa Metro Manila 'no para makuha ang tinatawag nating population protection. Nasa 13.9 million ang buong population ng NCR, nasa 70% ay 9.7 million ang target nating mabakunahan. Ang ibig sabihin nito ay kinakailangan nating magpabakuna o makapagbakuna ng 108,000 kada araw hanggang November 27, 2021.

COVID-19 updates naman po tayo 'no. Ito ang ranking ng Pilipinas sa mundo ayon sa Johns Hopkins:

- Number 24 po ang Pilipinas pagdating sa total cases – 1,179,812;
- Number 33 sa active cases – 50,635;
- Number 134 sa cases per 100,000 population – 1,075;
- at Number 91 sa case fatality rate na 1.7%.

Mayroon tayong 3,083 ng mga bagong kaso ayon sa May 23, 2021 datos ng DOH. Walang sawa kaming nagpapasalamat sa magagaling, masisipag at dedicated na medical frontliners dahil patuloy ang pagtaas ng mga gumagaling. Nasa 1,109,226 na po ang bilang ng mga naka-recover.

Samantalang malungkot naming binabalita na nasa 19,951 ang binawian ng buhay dahil sa coronavirus. Nakikiramay po kami. Nasa 1.69% po ang ating fatality rate.

Ito naman po ang kalagayan ng mga ospital natin, at ang ating tinatanong palagi: Sapat pa ba ang ating mga kama? Unahin po ang Metro Manila bago ang buong Pilipinas. Well, iyong sa infographics natin ng bed capacity, bago po tayo magtapos ay babasahin lang natin iyong infographics ng ating healthcare utilization rate. Babasahin ko na po sa aking ... sa aking cellphone dahil alam ninyo naman po, nasa probinsiya tayo, we are improvising. Okay, dito po sa Metro Manila: Sa pagdating po sa ICU beds, 60% po ang ating utilized ICU beds; sa ating isolation beds ay 41% po ang utilized; 40% naman po ng ating ward beds ay utilized; 38% po ng ventilators ay utilized. Pagdating naman po sa buong Pilipinas, ang ating mga ICU beds ay 59% utilized; ang ating isolation beds ay 45% utilized; ang ating ward beds ay 46% utilized; and ating ventilators ay nasa 39% utilized.

Okay, dito po nagtatapos ang ating press briefing 'no. Kasama po natin si WHO Dr. Rabindra Abeyasinghe at saka si Dr. Edsel Salvaña. Now, good morning. Siguro po unahin muna natin si Dr. Rabi.

**DR. ABEYASINGHE:** Good morning.

**SEC. ROQUE:** Dr. Rabi, many Filipinos, particularly the middle class are alarmed with government's pronouncements that Pfizer will be given to indigents including AstraZeneca donated by the COVAX Facility. Can you explain to the Filipino people why this is the case? Why we cannot give COVAX Facility vaccines such as Pfizer and AstraZeneca to the A4, and why we are giving them instead to the A5 or the indigent population? The floor is yours, Dr. Rabi.

**DR. ABEYASINGHE:** Thank you so much, Secretary. Spokesperson Harry Roque. It's a pleasure to be here. And thank you for this opportunity. Let me clarify, the COVAX Facility committed to provide vaccines to cover 20% of the population of the Philippines and indeed, all countries that signed on to the COVAX Facility, and that 20% of the population was determined to be the frontline healthcare workers and the elderly population. And the reason for that was that this prioritization was based on the SAGE recommendations from WHO so that the COVAX Facility vaccines are used to maximize the impact on the pandemic by reducing deaths, by ensuring that the frontline healthcare workers are actually protected and reducing congestion in the hospital settings.

So our position has been and continues to be that the vaccines coming from the COVAX Facility which is a facility set up through contributions, overseas development assistance, bilateral donations to support low and middle-income countries.

So, we need to prioritize and follow the prioritization to ensure that we continue to enjoy donor confidence in investing in the COVAX Facility so that we use that COVAX vaccines to maximize the impact and hence, we continue to urge the government to follow the prioritization to ensure that we achieve high coverages in the A1 and A2 groups.

We do understand that there is a need to start protecting the other groups but when we see that coverage particularly in the A2 is around 10% it's still premature from our perspective to agree to use COVAX vaccines and to cover any of the other groups because while recognizing the other groups are important, it is clearly defined that the largest number of deaths and severe cases are from the A2 group and so we continue to urge the government and the local government units rolling out COVAX vaccines to ensure that they follow the prioritization to maximize the impact of the vaccines donated by the COVAX Facility.

This is important because as we have seen with the recent surge, with arrival of new variants which will continue to mutate, this virus will continue to mutate, we need to ensure that the most vulnerable are protected adequately and this needs to be prioritized. As we get larger

and larger supply of vaccines and as we reached relatively high coverage, we can start looking at protecting other groups. But our position has been that we need to respect the prioritization simply to increase the impact that the vaccines are providing in regard to controlling this pandemic.

Thank you.

**SEC. ROQUE:** Thank you very much, Dr. Rabindra. Is there any updates on additional Chinese vaccines that have been included in the Emergency Use List of the WHO? And on the basis of the WHO Emergency Use List, can you explain to the people why the brand of vaccine to be administered to them really does not matter?

**WHO REP. ABEYASINGHE:** Thank you again. This is a very important question and regarding to your first question, there are two Chinese vaccines that are being reviewed by WHO. These are vaccines that have been provided to WHO for review. We have now completed the review of the Sinopharm vaccine and this is now listed as WHO EUL listed product.

In the case of the Sinovac vaccine, WHO have sought some clarifications from the manufacturer and we are waiting to receive that information. We believe that in the next couple of weeks once those clarifications are received, the WHO will be able to reach a conclusion about listing Sinovac as a potential EUL candidate.

**SEC. ROQUE:** Okay. Thank you very much. So, it would appear, Dr. Rabindra that all the vaccines that we're using in the Philippines including the Chinese vaccines will be or are already included in the WHO EU List?

**WHO REP. ABEYASINGHE:** Well, if Sinovac is listed then that will also receive EUL status. We are still a few weeks away from the actual listing of the Gamaleya or the Sputnik V vaccine.

Now, as regards to the efficacy of vaccines, WHO has been very clear that these vaccines are largely used to prevent severe disease and deaths and we know that all of the vaccines are doing that effectively. Over the weekends, we saw even reviews saying that the Pfizer and AstraZeneca vaccines appear to be effective even against the Indian variant that was published by Public Health England over the weekend, WHO is also looking at this data.

But what is important is that from the point of preventing severe disease and death, all of the vaccines that WHO has listed under EUL are capable of doing it. So, we are not advocating for preference as one or the other brands, it's about what can be provided to countries based on the ground or conditions because some of these vaccines have very complicated storage requirements and shelf life.

And looking at that, we are looking at each vaccine can be provided and deployed to protect the largest number of people in each of the countries that COVAX will be providing vaccines. Having said that, I want to reiterate that COVAX has agreements for large number of doses

with Pfizer, with Moderna, with AstraZeneca. And so we believe that we will still to continue to be able to meet our commitment to provide vaccines to protect the 20% of the most vulnerable as was agreed when we set up the COVAX Facility.

**SEC. ROQUE:** Okay. Thank you very much, Dr. Rabindra. We now call on Dr. Salvaña? Doc, marami pong naghihintay ng mga favored brands nila at hindi pa nagpapaturok. Ano pong advice ninyo sa kanila at mayroon ba hong nalalabag sa tinatawag na informed consent kapag hindi po inaanunsiyo kung ano iyong brand na gagamitin sa mga vaccination sites although bago turukan eh iri-reveal po sa mga tao kung anong ituturok sa kanila? The floor is yours, Dr. Salvaña.

**DR. SALVAÑA:** Yes po, Sec. Roque. Unang-una, I think it's important that we remember that all the vaccines that have an EUA are very effective against severe disease which is really the most important outcome para sa ating mga bakuna dahil alam naman natin na ang COVID ten to twenty times more deadly than the flu. Iyong flu, ang dami-dami every year pero kaunti lang relative to the number who get sick ang namamatay. So, iyon po talaga iyong objective, itong COVID gagawin natin parang flu or even less at para makapagbukas na po talaga tayo ng ating ekonomiya at ng ating bansa.

So, in terms of vaccines from the scientific standpoint, the best vaccine that you can get is really the one that is there already dahil of course of you wait for your preferred brand, baka hindi na maghintay ang virus bago ka ma-infect and if you get infected you can die. So, it's very, very important to understand iyong risk ng isang tao na what is the risk na puwede siyang magkaroon ng COVID versus kung maghihintay siya noong kaniyang preferred brand, malaking bagay po talaga iyong difference na iyon.

Now, in terms of iyong consent, as long as alam naman ng tao kung ano iyong ituturok sa kaniya before iturok sa kaniya, I think that's enough. Puwede naman talaga siyang mag-refuse at that point. I think ang important lang talaga is we have to observe iyong minimum health standards natin during iyong vaccination campaign dahil nakikita natin nagkukumpul-kumpol iyong mga tao eh. So, very important talaga that we avoid crowding during the vaccination process and sundin po natin iyong mga pre-registration na patakaran. And iyon nga po, safe and effective naman po lahat ng bakuna and we urge everyone to get whatever vaccine is there because they all work.

**SEC. ROQUE:** Maraming salamat, Dr. Salvaña. Sana po nakuha natin ang mensahe sa dalawang dalubhasa huh. Taga-WHO na po iyan si Dr. Rabindra at saka taga-UP-PGH na po iyan, Dr. Salvaña.

Pareho naman po ang sinasabi nila ano – lahat ng bakuna po dumaaan sa masusing pag-aaral either po sa parte ng Philippine FDA or ng WHO 'no at napatunayan na ligtas at epektibo ang mga bakunang ginagamit natin. Okay?

So, tumuloy na po tayo sa ating open forum. Usec. Rocky, go ahead. Please ask the first question.

**USEC. IGNACIO:** Good afternoon, Secretary Roque and sa atin pong mga guests.

Ang una pong tanong mula kay Cresilyn Catarong ng SMNI News: Komento po sa panukala ng isang senador na magkaroon nang mas maraming PGH sa iba't ibang parte ng bansa para hindi lamang tayo umaasa sa PGH Manila, mas maraming maseserbisyuhan kung may access sa ospital ang ating mga kababayan sa apat na sulok ng bansa.

**SEC. ROQUE:** Sang-ayon po tayo diyan. Pero nais ko lang pong ipaalam sa inyo, ang PGH po ay nasa ilalim ng UP System. Ang budget po niyan ay hindi po nanggagaling sa Department of Health; galing po iyan sa budget ng UP. Noong ako po ay nagtuturo ng 15 taon sa UP, eh talaga naman pong mayorya ng aming budget sa UP ay napupunta po sa PGH. So ginagamit po kasi ng UP System ang PGH bilang isang teaching facility para sa mga estudyante ng medicine.

Now, mayroon naman po talagang mga plano na magkaroon ng karagdagang mga Philippine General Hospital. Mayroon na pong plano na magtayo ng PGH diyan sa Diliman na mas malaki, kung hindi po ako nagkakamali 3,000 rooms po ang pinaplano nila. At may plano rin po ngayon sa drawing board na magkaroon ng PGH sa iba't ibang campuses ng UP System. Mayroon pong mga campus ang UP sa Cebu, sa Iloilo, sa Davao among others. At saka mayroon din po iyan sa Clark, Pampanga.

**USEC. IGNACIO:** Opo. Susunod pong tanong mula kay Kris Jose ng Remate/Remate Online: Reaksiyon po sa napaulat na may nagbibenta ng bakuna o pag-aalok ng slot sa COVID-19 vaccination program sa halagang 15,000 o depende pa po sa brand. Ano ang gagawing hakbang ng gobyerno sa bagay na ito? Ganito rin po ang tanong ni Ivan Mayrina ng GMA News.

**SEC. ROQUE:** Well, iyan po ay ipinagbabawal. Wala pong bakuna na binibenta dahil wala pa pong bakuna na binigyan ng commercial use kaya po hindi dapat ibenta ang mga bakuna. Lahat po iyan ay nasa Emergency Use pa lamang, hindi pa po tapos iyan sa fourth clinical trial. So kapag po kayo ay nahuli na nagbibenta ng bakuna na wala pang commercial use ay pupuwede po kayong makulong sang-ayon sa batas na nagbuo ng Food and Drug Authority sa Pilipinas. Kasi mayroon po iyang tinatawag na penal clause 'no. At iyon naming mga nagbibenta ng slot, eh iyan po ay ipinagbabawal din natin at pupuwede rin po tayong ma-prosecute para po sa paglilinlang na krimen kasi wala naman pong karapatan ang kahit sino na magbenta ng kanilang slot.

**USEC. IGNACIO:** Thank you, Secretary. Susunod pong magtatanong, si Mela Lesmoras ng PTV via Zoom.

**MELA LESMORAS:** Hi! Good afternoon, Secretary Roque, kay Dr. Abeyasinghe at Doctor Salvaña. Secretary Roque, may I ask question first to Dr. Rabi?

**SEC. ROQUE:** Dr. Rabi, please.

**MELA LESMORAS:** Dr. Rabi, my first question po. So you have any information when can we get these supplies of COVID-19 vaccines from the COVAX Facility? Any specific dates? What brands and how many doses po?

**DR. ABEYASINGHE:** Thank you for that question, Mela. What we know is that we are expecting up to two million of Pfizer doses to come in before the end of June, maybe as early as within the next ten days. We don't have specific days at this point of time, we are not clear whether all two million doses will come in one shipment or we expect one million doses first and next one million later on. And also expect about 2 million doses of AstraZeneca to come in within the month of June. So that's what we have right now, that earmarked for the Philippines from the COVAX Facility.

**MELA LESMORAS:** Okay. Thank you, so much po, Doc. Rabi. For Secretary Roque po. Secretary Roque, do you hear me po?

**SEC. ROQUE:** Yes, I can hear you go ahead.

**MELA LESMORAS:** Secretary Roque, ano po ang masasabi ng Malacañang dahil mayroong naitatalang COVID surge sa ilang panig ng Visayas at Mindanao, and dito naman sa Luzon, may mga naiuulat na super spreader events. Is this a cause of alarm at imbes na pa new normal na, maaari po bang maghigpit muli ng quarantine nationwide dahil dito?

**SEC. ROQUE:** Well, hindi ko nakuha iyong last part ng tanong mo, pero iyong first part ng tanong mo: Alam po ninyo nakakalungkot na matapos ang mahigit na isang taon, eh napakadaming napapaulat na mga super spreader events. Mga kaibigan, habang hindi pa po tayo nagdi-develop ng population protection, iyong dating tinatawag nating iyong population na 70% ay nabakunahan na 'no eh kinakailangan pa rin sumunod po tayo sa minimum health standards. Alam ko po napapagod na kayo, pero nag-antay naman na tayo ng mahigit isang taon na, eh bakit hindi na lang tayo mag-antay ng kaunti na lang pong buwan. Ang target naman po natin ay 70% ng ating mga kababayan ay mababakunahan by December. So ilang buwan na lang po iyan, sana po iwasan natin itong mga super spreader events na ito, dahil baka tayo po ay magkasakit ngayong naririyang na po ang sangkatutak na bakuna na na-donate at binili natin. Sayang naman po ang pag-iingat noong nakaraan kung babalewalain natin lahat ngayon.

**MELA LESMORAS:** Opo and quick follow lang po Secretary Roque, kasi isang linggo na lang ay magtatapos na rin naman ang buwan ng Mayo. Sa tingin po ba ninyo makakaapekto sa bagong quarantine sa June itong mga developments na ito lalo na iyong COVID surge sa Visayas at sa Mindanao?

**SEC. ROQUE:** Well, nakita po natin na ang Iloilo City ay inilagay sa MECQ at nakita rin po natin na ilang mga probinsya sa norte ay naka-MECQ. So sabihin na lang natin bagama't ang numero

ay nag-i-improve sa Metro Manila Plus, eh iyong ibang mga lugar naman sa Pilipinas ay parang nagkaka-experience ng mga surge din 'no. Matindi po talaga itong mga bagong variant na nakapasok sa ating bayan at ang kasagutan lang talaga natin ay lalo nating paigtingin ang mask, hugas, iwas at bakuna.

**MELA LESMORAS:** And my final question po, Secretary Roque. Kay Pangulong Rodrigo Duterte lang po, can you please elaborate iyong schedule niya po? Ano po ba iyong mga aktibidad niya ngayong araw at ano pong agenda? At may public address din po ba mamaya?

**SEC. ROQUE:** Well, mamayang hapon po ay ito nga po iyong Regional Peace Council ng Region VII at gaganapin po iyan dito sa Dumaguete. Inaasahan natin na dadalo ang iba't ibang mga public officials hindi lang po dito sa Negros Oriental kung hindi sa kabuuan ng Region VII. So mamayang hapon po iyan, inaasahan natin ang talumpati ng Presidente, siguro mga 4-4:30 hanggang alas-singko.

At bukas po magkakaroon po tayo ng Talk to the People, kung hindi po ako nagkakamali, kasi dapat ngayong gabi, pero nandito nga po kami ngayon sa Dumaguete.

**MELA LESMORAS:** Okay. Thank you so much po, Secretary Roque, kay Dr, Rabi at kay Dr. Edcel. Salamat po.

**SEC. ROQUE:** Maraming salamat, may panahon pa naman tayo, pero si Dr. Salvaña can only join us until 1, but we are hoping that we will be finished by 1:00 o'clock anyway. So, pero kung mayroon kayong mga urgent questions kay Dr. Salvaña, you can ask them now. Okay, Usec. Rocky, for the next set of questions please.

**USEC. IGNACIO:** Yes. From Leila Salaverria of Inquirer, para po kay Spox Roque: Does the President support the Marawi Compensation Bill pending in Congress, and can the government afford it if ever?

**SEC. ROQUE:** Hindi ko pa po nakikita iyong Marawi Compensation Bill. Bagama't noong ako po ay naging miyembro ng 17<sup>th</sup> Congress, naghain din ako ng bersiyon ng Maguindanao Compensation Bill. Ang pagsuporta naman po ng Presidente ay depende kung magkano talaga iyong ilalaan. Pero sa ngayon po, bilyun-bilyon na po ang nagagastos ng gobyerno para sa rehabilitation po at rebuilding of Marawi.

**USEC. IGNACIO:** Opo. Second question niya: What does the Palace say to fresh calls from lawmakers for the President to certify it as urgent?

**SEC. ROQUE:** Well, titingnan ko po kung ano itong latest version 'no kasi ang huling nakita ko ay iyong isinulong ko pa noong 17<sup>th</sup> Congress. At it's a matter naman for PLLLO, iyong ating Presidential Legislative Liaison Office, to actually endorse it for certification to the President.

**USEC. IGNACIO:** For Dr. Rabi, question from Leila Salaverria: What does you think of the Philippine government not to announce the vaccine brand in advance and only inform the recipient on the day of inoculation?

**DR. ABEYASINGHE:** Thank you, Usec. Rocky, for that question. I think this is an important question because there seems to be some congestions at vaccination points when vaccine brands announced. And we continue to say that all vaccines are effective to prevent deaths and prevent severe disease, so it doesn't actually matter which vaccine you're receiving. So we should try to manage the situations where people congregating and creating situations where transmission may increase. And if not announcing the vaccine brand will help with that, I think this is a correct step in the right direction because this will help us to manage these kinds of super spreader events from happening and will also encourage people to accept the vaccines that are being rolled out. So we are supportive of this effort.

**USEC. IGNACIO:** Opo. Her second question: Based on best practices observe by the WHO, what is the best way to convince people to get vaccinated against COVID-19?

**DR. ABEYASINGHE:** Right now, we don't see a lot of vaccine hesitancy in the Philippines. Actually, the issue is that the vaccine supply cannot meet the demand. We know that the Philippines has traditionally had some vaccine hesitancy. What we are seeing now is that people eagerly ready to receive vaccines and it is in some situations, local governments unable to keep up with the demand. So it's not actually an issue of vaccine hesitancy. There are many in some places preference for brand A or B of a vaccine, that should not be interpreted as vaccine hesitancy.

**USEC. IGNACIO:** Thank you, Dr. Rabi.

Secretary Roque, question from Triciah Terada of CNN Philippines. I think wala po siya sa Zoom pero nag-send po siya ng question for Secretary Roque: Vice President Leni Robredo urges the government to do a multilateral approach to resolve the territorial dispute in the West Philippine Sea. She said, the Philippines would not be able to protect its interest in the West Philippine Sea if we only do bilateral talks with China. The Vice President also cited experts' advice that bilateral talks with China will not help the country because the standing is not equal. What does the Palace think about this? Is this something that has been done or considered? What's the outcome?

**SEC. ROQUE:** The President po is the lone architect of foreign policy. Hindi po totoo na hindi gumagana ang ating bilateral approach to the West Philippine Sea kasi matapos po ang halos limang taong termino ng Presidente, wala po tayong nawalang teritoryo sa Tsina, wala po tayong hidwaan sa Tsina. So I beg to disagree, the President's policy has been working for the past five years.

**USEC. IGNACIO:** Second question po niya: There are reports that dolomite sand had been washed off in the sea. Is the President considering to order the stoppage of the dolomite sand project and find ways to realign the budget to much more important and urgent needs?

**SEC. ROQUE:** Matagal na po nating nasagot iyan 'no: Iyong budget po sa dolomite ay matagal na po iyang nasa budget ng DENR; hindi po iyan bagong budget. At bagama't mayroon po tayong Bayanihan Law that allows the President to realign funds, hindi po applicable iyan doon sa mga funds na na-commit na po 'no.

Mayroon kasing dalawang distinction iyan 'no – pupuwedeng ma-realign ang ilang mga pondo na hindi pa po siya na-align for a specific purpose. Pero ito po, completely bidded out and partially executed, so kinakailangan pong tapusin iyan.

**USEC. IGNACIO:** Opo. From Red Mendoza of Manila Times for Secretary Roque: Pinapakalat ng mga, diumano ng mga taga-oposisyon sa social media na hindi raw papayagan sa Saudi Arabia at European Union ang mga nabakunahan ng Chinese vaccine na Sinovac o Sinopharm, at ang papayagan lang ay ang Pfizer, Moderna, Astra, or Johnson & Johnson. Gaano ito katotoo? At nag-uusap na ba ang Pilipinas through DFA na maiwasan ang diskriminasyon laban sa mga Chinese na bakuna na ginagamit ngayon na sandata para magkaroon ng vaccine hesitancy?

**SEC. ROQUE:** Wala pong basehan iyang ganiyang mga balita kasi kakasabi lang ni Dr. Rabi na sa parte po ng WHO ay sinasama naman po nila ang mga Chinese brands sa kanilang emergency use list. Sa katunayan, nasa listahan na ang Sinopharm at mayroon lang hinihintay na dokumento para po sa Sinovac. Hindi ko po maisip kung bakit hindi tatanggapin ng EU at iba pang mga bansa ang kahit anong bakuna na nasa listahan po ng WHO mismo.

**USEC. IGNACIO:** For Dr. Rabi and Dr. Edsel: Right now, there are no cases of vaccine-induced blood clotting in the AstraZeneca vaccine in the country or in Asian countries, while there were cases in Caucasian countries. Do you think ethnicity has a link why blood clots are prevalent in these countries and not in countries with the huge Asian population such as the Philippines? And for WHO, do you think it warrants a study, Dr. Rabi?

**DR. ABEYASINGHE:** Thank you for the question. The incidents of thrombosis and thrombocytopenia following AstraZeneca vaccines is a new phenomenon which we are studying at this point of time. We need to recognize that there are weaker systems in developing and low- and middle-income countries for monitoring of persons receiving vaccines. Having said that, we also recognize that many of those complications was seen among recipients of vaccines manufactured at different plants of AstraZeneca, not AstraZeneca vaccine being distributed in Asia. So we are trying to understand whether this was something that was related to where the vaccine was manufactured or whether it's related to ethnicity.

But as I have mentioned, this is a new problem. It's just a couple of months. It takes time to analyze the data; it takes time to understand the circumstances that led to this. We have seen this not only with AstraZeneca vaccine, we have also seen reports of this following the Janssen vaccine. So we want to reassure the people that WHO with its research institutions and partner academic institutions are looking very closely at the data. We are working hand in hand with the national regulatory authorities in the countries that have reported such cases. And we are working with the Food and Drug Administration, for example in the Philippines to strengthen the monitoring, to see whether such cases are appearing in the Philippines. So this is the way WHO is working around this problem. And as soon as we have clearer evidence, we will be happy to share them with the population.

Right now, it's still an ongoing process. There are a lot of work happening but we don't have clear positions or evidence linking and understanding the pathogenic mechanism of how this happens. Maybe Dr. Salvaña can add to what I have just said. Thank you.

**DR. SALVAÑA:** All right. Thank you, Dr. Rabi.

If there is—iyong incidence sobrang baba 'no, it's about ten out of a million, it's what they're seeing in terms of this blood clots and so far iyong NAEFIC natin, iyong adverse event sa body natin for vaccines are monitoring the patients who have gotten Astra and also all the other vaccines. Kasama naman po talaga ito sa ating pagbabantay sa pagbigay ng bakuna.

But just to put it in perspective 'di ba, this is anywhere from four to ten out of one million. If you get COVID, the risk of clot is one out of three, so this is such a huge difference in terms of risk versus benefit that most countries that suspended their Astra have actually restarted giving it included us because the risk is much, much smaller compared to the benefit of these vaccines po.

**USEC. IGNACIO:** Opo. Thank you. Iyong second question po niya, Dr. Rabindra already answered it. For Dr. Edsel: Sinabi ninyo na hindi na need ang pagkuha ng antibody count sa isang nabakunahan na, ano ang ultimate sign na ang vaccine ay gumagana na sa katawan?

**DR. SALVAÑA:** Well, ganito kasi, so the US CDC - Centers for Disease Control has said that after vaccination, it's not recommended na mag-check po tayo ng antibody. So, why is that? Kasi first of all, the antibody test that people use they're different kits and the antibodies that we generate from vaccine are very specific, hindi iyong buong virus except maybe like iyong Sinovac and Sinopharm - the whole virus. For instance, iyong Astra is spike protein lang iyong hahanapin mo, so it may not test positive in our antibody test.

Second is hindi lang naman antibodies iyong batayan ng immunity sa katawan. More importantly, something called T cells, iyong ating cell-mediated immunity, these are the soldiers of our body that actually look for virus that is hidden inside cells that have been infected. So, even if your antibody test—so, if your antibody test is positive after vaccination, great! Ibig sabihin nga gumana iyong bakuna but even if it's negative, it doesn't mean you're

not protected because your T cells might be okay and on top of that we have the clinical trial data that shows that it is this percent effective, almost a hundred percent for most for severe disease.

And the real-life data, like for Sinovac in Chile, we have ten million people who were studied and they showed 85% protection against moderate to severe disease needing hospitalization. So, it is this kind of data that is very, very reassuring na gumagana po talaga iyong bakuna natin. So, bottom line is you don't need to check your antibody levels after vaccination, it's not required and even if you check it if it's positive, great; if it's negative, it does not mean that you're not protected. Gagana pa rin po iyong bakuna.

**USEC. IGNACIO:** Thank you, Dr. Edsel, Dr. Rabindra. Secretary Roque, ang next pong magtatanong, si Melo Acuña ng Asia Pacific Daily via Zoom.

**MELO ACUÑA/ASIA PACIFIC DAILY:** Good afternoon, Secretary! I wish you the best in the Dumaguete. The place is good, enjoy the environment.

My first question to you, Secretary Harry: There have been a thousand still new COVID cases reported by the Department of Health. Will the government reconsider its mandate to use face shields because it's additional expense to the ordinary Filipinos and yet it appears ineffective to control the disease, Secretary?

**SEC. ROQUE:** Well, sa pag-aaral po talagang nakakatulong po na makaiwas ang kaparehong face mask at saka face shield 'no, so together I understand the statistical—the percentage in helping and avoiding COVID is almost equivalent to having a vaccine.

So, bagamat additional expense po iyong ating face shield ngayon, unang-una, napamura na po natin iyan dahil matagal na po nating ginagamit iyan; at pangalawa, halos lahat naman po ng Pilipino ay mayroon ng face shield na hawak na nila.

So, yes, in the past it was an additional expense but it was not too much compared to the probability na magkakaroon ka ng COVID without wearing a face shield.

**MELO ACUÑA/ASIA PACIFIC DAILY:** Yeah, okay. For Dr. Rabindra and Dr. Edsel—

**SEC. ROQUE:** Melo! Melo! Si Dr. Salvaña muna huh. Dr. Salvaña, ano po iyong pag-aaral, ano iyong percentage that people can avoid having COVID by wearing both face mask and face shield and observing social distancing again?

**DR. SALVAÑA:** So, there's actually one paper from the Journal of the American Medical Association which specifically studied iyong face shields sa health care workers in India, before and after nag-mask sila. When they did not use face shields about 50 of them, out of several hundred I think na community health care workers got COVID; when they started using the face shields, nobody got COVID. So, that's the prospective data that supports face shield use.

Now, there's also a paper from The Lancet Infectious Diseases na nagpapakita na ang effect ng mask is about... it decreases your risk by about 85% especially if you're wearing iyong mga surgical and medical grade masks. And then for—hindi naman niya sinabing face shield but eye protection kasama na iyong face shield diyan, it's about 78% and iyong physical distancing at least one meter is about 80% and if you put all these together, it is more than 90%.

And Dr. [unclear] and a lot of the other evidence-based medicine groups have looked at these studies and they think that actually iyong effect is above 90%, above 95% pa nga if we use all these correctly and consistently. Lyon po iyong pinaka-importante doon sa point na iyon, it needs to be consistent kasi it only takes one lapse for the virus to get in.

**MELO ACUÑA/ASIA PACIFIC DAILY:** Okay. Thank you very much for the clarification. For Dr. Rabindra and Dr. Edsel, let me ask you, there are reports from India about the black fungus thing affecting COVID patients who recovered from COVID-19. Have you seen these traces of black fungus in the Philippines?

**DR. SALVAÑA:** I can answer. The black fungus is what we call mucor—and this is found in the environment actually but it only happens in people where their immune system is very, very bad. There is one term for this [unclear] and they keep changing the name of these molds. They're very, very difficult to treat. I've treated maybe two or three when I was training in the United States. In the Philippines, thank God, wala pa naman akong nakikita but we have the means to culture this and detect this and so far, we have not seen it in our COVID patients.

**MELO ACUÑA/ASIA PACIFIC DAILY:** I see. Dr. Rabindra, your thoughts please.

**WHO REP. DR. ABEYASINGHE:** So, there is a school of thought that the relatively high number of cases have been reported from India [garbled] is also linked with being immunocompromised because of relatively large scale use of steroids in India. So, this is something we don't see in the Philippines and as Dr. Salvaña said we are not seeing these cases here in the Philippines.

**MELO ACUÑA/ASIA PACIFIC DAILY:** I see. From the outside looking in, Dr. Rabindra, are you satisfied with the way the government is rolling out its vaccines and it adheres to COVAX rules and regulations on the priorities?

**WHO REP. DR. ABEYASINGHE:** Overall, we are very encouraged by the vaccine rollout. Over the weekend I think we exceeded four million and we are closing on one million people fully protected now. So, this is very encouraging. We need to recognize that although the vaccination started in early March, there have been challenges in accessing vaccines at the volumes that we need for this country. And given that, the performance has been very creditable and commendable. We are encouraged by what we are seeing, we recognize that there have been a few lapses but those are not system lapses that have happened but

individuals while letting the clear protocols that have been adopted by the National Vaccine Operation Center and the government.

We urge stricter compliance with the protocols that have been defined by the government at the local government levels so that we can minimize those violations and ensure equitable access between the [garbled].

[technical problem.]

**SEC. ROQUE:** Mukhang magkaroon tayo ng technical problem. Can we move on the next question please?

**MELO ACUÑA/ASIA PACIFIC DAILY:** Secretary, just for you. Let me just ask you: What assurance have we that the missed opportunities or missed response if you may in the rehabilitation and... the thing in Marawi could be met 'no? We missed some opportunities already due to some budgetary concerns, what assurance have we that we can accomplish something significant to restore Marawi to what it was before May 23 four years ago?

**SEC. ROQUE:** Well, ang pangako po ng Presidente, babangon muli po ang Marawi at ang pangako po niya, ay sa kaniyang termino. So we have a year, roughly a year bago po matapos ang termino ng Presidente and I think the target can be met – that Marawi will be completely rebuilt at the end of the term of the President. Matagal na po naming pinaplano na magkaroon ng press briefing doon sa Marawi para ipakita sa taumbayan iyong progress ng rebuilding of Marawi. Hayaan po ninyo aayusin namin iyan probably in the month of June.

**MELO ACUÑA/ASIA PACIFIC DAILY:** Thank you, Secretary. Have a nice day, thank you.

**SEC. ROQUE:** Thank you, Melo. You too! Usec. Rocky?

**USEC. IGNACIO:** Okay, Secretary, from Ivan Mayrina of GMA 7: Game daw po si Vice President Leni Robredo na gumawa na infomercial kasama ang Pangulo para mahikayat ang mas maraming Pilipino na magpabakuna. Nilinaw din niya na hindi naman siya tutol sa China vaccine kung hindi sa mga bakuna na hindi pasado sa HTAC. So with these, are we going to see this infomercial happening? Similar question with Maricel Halili of TV 5.

**SEC. ROQUE:** It will really depend on the President, and the President will assess. Pag-aaralan ng Presidente kung talagang mayroon bang kontribusyon iyong pagsali ni VP Leni sa infomercial na kagaya ng pinaplano 'no.

**USEC. IGNACIO:** Opo, second question niya: Has a decision been made on the meeting with former President as an alternative to convening the National Security Council?

**SEC. ROQUE:** Tapusin ko muna iyong sagot ko 'no. A second part of the question is, iyon nga po, it will depend on the President's assessment if the participation of VP Leni Robredo would

be helpful in building vaccine confidence 'no. Pero ang karanasan po natin, and this is backed-up by study by PSRC, iyong pinaka-epektibo pong kampanya so far against COVID is mask, hugas, iwas na sa bandang huli eh naroroon po ang ating Presidente.

**USEC. IGNACIO:** Iyong second question naman po: Has a decision been made on the meeting with former President as an alternative to convening the National Security Council about West Philippine Sea. If so, what will be on the agenda and what is the expected output from it?

**SEC. ROQUE:** Lilinawin ko po: The President toyed with the idea, kasi nga may nagsasabi na dapat i-convene ang National Security Council daw, pero ang sabi ni Presidente, iyong mga pagkakataon na naka-attend siya ng National Security Council wala namang naresolba. But itong possibility na ito was before Senator JPE shared his views on the WPS. Pero mukha namang after JPE concurred that the President is pursuing the right policy on the West Philippine Sea, eh wala naman pong urgency na pag-usapan itong bagay na ito, either with the National Security Council or with the former presidents 'no. So this is not a done deal po. It was something that President was speculating on, before JPE fully concurred with his policy on the WPS.

**USEC. IGNACIO:** Pahabol po ni Ivan Mayrina, I think for Dr. Edsel or Dr. Rabi: Is there new data to show how long the effectivity of vaccine last, how long are we protected?

**DR. SALVAÑA:** The clinical trials are still ongoing, iyong long term follow up nila. So at about 8 months, most of the vaccines is where we are at and it seems like most vaccine have very robust antibody responses and we expect that this will continue to protect people. So ongoing iyong studies. The issue of whether people will need a booster or not, that's still up in the air, that is not a done deal. There may need to be booster especially for mga variants of concern. Although the latest data shows Pfizer and Astra seem to work against the variants from India and the variants first discovered in UK, but again this data needs to be looked at. You can't just say, oh we definitely need a booster or we definitely need something for the variant, so pinag-aaralan pa po. But the data is encouraging na there might actually be some at least one year long lasting protection, perhaps longer than that.

**USEC. IGNACIO:** Can we have Dr. Rabi?

**DR. ABEYASINGHE:** This is an ongoing process as Dr. Salvaña pointed out. We are collecting the data to know how effective the vaccines will remain for a period of time and we are virtually still in several months of data that we have and what is clear is that the vaccines are effective and they continue to protect. But how long they will protect? We don't know, because on the trial stage didn't show that. The other question is will they continue to protect against some future mutation variants that will arise? We don't know the answer to that. So there are still unanswered questions. What we know is that, the currently available vaccines are doing their job, they are protecting people from severe disease and death. And they seem to be giving good protection for, what was Dr. Salvaña said we have data now, up to 8 months. But as time goes by, we will see whether there is evidence of immunity variant that may be

against the existing variants or there may be a situation where potential new variant appears where we don't have protection against. So there are multiple questions, but we are continuing to work on and try to understand as we roll out the currently available vaccines. Thank you.

**USEC. IGNACIO:** Thank you, Dr, Rabi. From Maricel Halili of TV 5, Secretary Roque: 42 health workers in Indonesia believed infected with COVID after getting in contact with Filipino crew members. They were treated when their cargo ship docked in Central Java last week of April. The said ship is believed to be in route to Manila. What's the directive of the government?

**SEC. ROQUE:** Well, dapat po sana ay ipinagbigay-alam na ng mga health officials dito sa health officials natin kung talagang papunta po dito iyong barkong iyan 'no. Puwede bang malaman kung ano ang pangalan ng barkong iyan, para kung hindi pa po alam ng ating mga health officials dito sa Pilipinas eh magkaroon na po ng preparasyon sa pagdating. Anong pangalan ng ship na iyan?

**USEC. IGNACIO:** Secretary, wala pong inilagay na barko si Maricel Halili.

**SEC. ROQUE:** Pakitanong na lang po. Maricel, pakisabi lang po kung ano ang pangalan ng barko ng mabigyan po natin ng timbre ang ating kinauukulan dito sa Pilipinas.

**USEC. IGNACIO:** From Rosalie Coz of UNTV: Habang bumubuti ang sitwasyon ng COVID-19 sa NCR, palala naman sa ibang probinsiya. Punuan ang mga ospital sa Cagayan de Oro, Negros Oriental at Iloilo City. Ano po ang ginagawa o gagawing aksiyon ng IATF at NTF dito? Magpapadala ba ng karagdagang health workers para sa augmentation kagaya po sa Puerto Princesa City?

**SEC. ROQUE:** Well, ang Puerto Princesa po, pinuntahan na ng NTF at nagbigay na sila ng rekomendasyon. Nagbigay din po sila ng mga additional antigen at siyempre po iyong pagbabakuna ay pinapabilis na rin.

Lahat naman po ng rehiyon ay binabantayan ng ating IATF at ng DOH. Bagama't ang classification po ay monthly, napapansin po ninyo na may ibang mga lugar na inilagay na po sa higher quarantine classification, dahil nga po bantay-sarado po ang ating DOH sa mga datos at hindi na po natin hinihintay ang susunod na meeting ng IATF kung mayroon talagang pressing reason para ilagay sa mas mataas na quarantine classification ang isang lugar sa Pilipinas. Iyan po ang nangyari sa Iloilo City lately.

So bantay-sarado naman po talaga ang ating DOH at IATF at bukod sa higher classification nandiyan po iyong mga additional testing na pupuwedeng ipadala doon, iyong additional vaccines na pupuwedeng ipadala sa mga lugar na ito. At siyempre po, learning from the experience of Cebu, kung talagang nagkukulang po talaga ng health professionals, eh ia-apply din po natin iyong Cebu formula at magpapadala rin tayo ng mga temporary health professionals to reinforce our medical frontliners in these areas.

**USEC. IGNACIO:** Second question po niya: Ano raw po ang reaksiyon sa apela ng medical frontliners sa Negros Oriental na humihiling ng ECQ? Gaano kabilis na didesisyunan ng IATF ang mga umaapelang LGUs sa kanilang risk classification; at ano ang proseso bago maglabas ng desisyon?

**SEC. ROQUE:** Mabilis naman iyong proseso; hindi na po inaantay ang meeting, at ito nga po ang nangyari sa Iloilo City ‘no. Basta titingnan natin ang two-week average daily attack, iyong daily attack rate at saka iyong hospital care utilization rate ‘no. Kung talagang nasa critical po pareho ay pupuwede naman pong iakyat kaagad ang quarantine classification.

**USEC. IGNACIO:** Opo. Ang third question niya: Paano matitiyak na hindi lang nakatuon sa NCR ang response ng gobyerno at hindi napapabayaang mga pinaka-apektado ring probinsiya?

**SEC. ROQUE:** Well, ang patunay po diyan ay iyong mabilisang pagpalit ng quarantine classification ‘no. Hindi na natin inaantay iyong once a month ‘no. Hindi lang naman po sa Iloilo nangyari ito; nangyari rin po ito doon sa mga probinsiya sa norte ‘no na maski hindi na nga hinihingi ng mga lokal na pamahalaan ay nagdidesisyon na kaagad ang IATF.

Now, lilinawin ko rin po, bagama’t ang pinakamaraming kaso ng COVID ay nasa Metro Manila Plus eh 42% at most po ang nilalaan para sa Metro Manila Plus ‘no. Iyong karamihan pa rin na around 58% ng bakuna will still be distributed to the rest of the Philippines.

**USEC. IGNACIO:** Opo. Secretary, may pinadala pong news si Maricel Halili na iyong pangalan po ng ship ay isa daw pong—sa pinadala po niyang link na news mula po sa Strait Times, Panamanian flag cargo ship Hilma Bulker ang sinabi po dito, cargo ship.

**SEC. ROQUE:** Ipagbibigay-alam po natin kaagad iyan sa ating Coast Guard, sa Navy at sa ating DOH.

**USEC. IGNACIO:** Opo. Tanong mula kay Llanesca Panti ng GMA News Online: You have said that Filipinos should not be choosy when it comes to COVID-19 vaccine brand because all vaccines approved by FDA are safe and effective. Why should Filipinos get vaccinated with brands issued EUA by FDA when the President got a Sinopharm vaccine which is yet to be issued EUA by FDA? Do we apply different standards for the President?

**SEC. ROQUE:** Let’s put it in context – hindi po namili ang Presidente ng stateside na brand; ang pinili po niya ay Chinese brand din. At ang problema natin ngayon ay tila marami talaga ang gusto ay stateside na mga bakuna. So I think iyong pagpapabakuna ni Presidente ng isang Chinese vaccine will also bolster confidence doon sa mga Chinese-made vaccines.

Ako po, ang personal choice ko kung papipiliin ako, Sinovac po ‘no; kung papipiliin po ako.

**USEC. IGNACIO:** Thank you, Secretary. From Roy Mabasa of Manila Bulletin for Dr Rabi: The Philippine recently received 193,050 doses of Pfizer-BioNTech vaccine through COVAX Facility and WHO were apparently distributed to different LGUs. How do you sanction LGUs who allegedly misallocated the limited doses of Pfizer jabs and used them exclusively to inoculate barangay chairmen and their spouses? With only less than a year to election, there is now a growing fear that vaccine can become a political tool especially for incumbent officials. What mechanisms do you have to prevent this from happening?

**DR. ABEYASINGHE:** I think I already addressed this. Our position is clear, we have advocated that the use of the COVAX vaccine should be to complete vaccination of the priority groups. In this case, we are talking of the A1 and A2 groups which we're earmarked for receiving this prioritization. The fact that some LGUs allegedly used it to vaccinate the local chief executives, since this is not something that we are aware of, this is something that should be managed by the national government rather than WHO.

We would like to see this not happening. If it happened, we don't have the [garbled] that this happened, but if there are [garbled] that such things are happening, we will continue the advocate that prioritization is respected.

**USEC. IGNACIO:** Thank you, Dr. Rabi. For Secretary Roque: How will the Palace hold accountable LGUs who take advantage of the vaccination to advance their 2022 political ambitions?

**SEC. ROQUE:** Alam ninyo po, wala namang nag-a-advance ng political ambition kung hindi, we really have to work with iyong mga barangay captains at saka mga mayors dito sa vaccination plan na ito 'no. Iyong local vaccination drives po, mga lokal ng pamahalaan po ang nagpapatupad niyan; nagkataon lang po na naka-position sila. Pero tingin ko po, pagsubok talaga sa kanila iyan 'no dahil kapag sila ay pumalpak eh lagot talaga sila sa taumbayan. So kinakailangang gawin nila ang lahat ng magagawa nila para mapabilis ang pagbabakuna at para masunod iyong order of priority ng pagbabakuna.

**USEC. IGNACIO:** From Rose Novenario of Hataw: Dahil pagmamay-ari ni Dennis Uy ang TIM Corporation na Philippine partner ng Smartmatic, malaki raw ang bentahe ng administration candidates laban sa opposition bet sa 2022 national elections ayon sa CPP. May batayan kaya ang pahayag lalo na't kontrolado 'di umano ni Uy ang 90% ng Malampaya na nagsu-supply ng 1/5 electricity sa buong bansa?

**SEC. ROQUE:** Rose, huwag mo ng pansinin ang CPP-NPA eh binansagan na iyang terorista hindi lamang dito sa Pilipinas kung hindi sa iba't-ibang parte ng daigdig. Kapag pinag-usapan pa natin ang mga sinasabi ng terorista, pinasisikat pa natin sila?

**USEC. IGNACIO:** Question from Ace Romero ng Philippine Star, pareho po sila ng tanong din ni Pia Rañada ng Rappler: Is the President inclined to extend again the suspension of the termination of the Visiting Forces Agreement or will he push for a new deal? Diplomatic

sources have been quoted as saying that contrary to the President's statement, the DFA is not up for negotiation and the US is ready to leave if the President scraps the agreement. What do you say to this?

**SEC. ROQUE:** Ganito po iyan, alam ninyo po, kapag ako ay nagsasalita sa larangan ng foreign affairs, kasi po talagang pinag-uusapan namin ni Presidente ang mga bagay-bagay na ito. Ang huling sinabi niya sa akin, wala pa talaga siyang desisyon sa VFA, pinag-iisipan pa rin niya.

Pero of course, naririyang ang issue na kapag nagkaipitan lalo na dito sa WPS, ang nasa isip niya eh makakatulong ba sa atin ang pagkakaroon ng Visiting Forces Agreement dito sa ating bayan. Pero sa ngayon po, wala pa siyang desisyon. So, pinag-iisipan pa po niya at tanging Presidente lang po talaga ang makakapagdesisyon kung magkakaroon ng bagong VFA o tuluyan nang ibabasura ang VFA. Let us wait for his decision.

**USEC. IGNACIO:** Follow-up po ni Pia Rañada: When is the President expected to make his decision? Will he hold any—

**SEC. ROQUE:** Sandali lang 'no, bago po magpatuloy, ala-una na kasi, magpapaalam na si Dr. Salvaña. So, we would like to thank you, Dr. Salvaña 'no. Okay, go ahead Usec. Rocky, but we have to end soon because the PMS is requiring us to be in the venue by 1 P.M. 'no.

**USEC. IGNACIO:** Opo. Ang follow-up question ni Pia: Will he hold any meetings with officials or experts to aid him in making a decision?

**SEC. ROQUE:** Alam na po ni Presidente kung anong mga bagay-bagay na dapat ikonsidera sa kaniyang gagawing desisyon dahil matagal naman pong pinag-aaralan ni Presidente itong issue ng VFA at iyong relasyong Amerika at Pilipinas.

**USEC. IGNACIO:** Secretary, tinatanong ni Celerina Monte: Wala na po bang plano si President Duterte to consult with former presidents after former Senator Enrile support on his stance regarding his policy on West Philippine Sea?

**SEC. ROQUE:** Iyon po ang impression ko kasi ang sabi nga niya, ni hindi na nga niya papansinin ang kaniyang mga kritiko 'no at ang sabi niya talagang respetado ni Presidente iyong opinyon ni JPE sa usapang West Philippine Sea. So, ang impresyon ko po, he's satisfied that his policy on the West Philippine Sea is correct and is working.

**USEC. IGNACIO:** Last na lang daw po, Secretary. May mga pahabol ni Haydee Sampang: Marami daw pong mga kababayang gustong magpabakuna na may comorbidities and allergy ngunit walang pambayad para magpa-check-up para sa required medical certificate. Ano daw po pupuwedeng tulong ng gobyerno sa kanila?

**SEC. ROQUE:** Pumunta lang po kayo sa kahit anong health center at kumuha ng certificate na mayroon kayong mga comorbidities. Pupuwede naman ninyong ipakita iyong inyong reseta 'no kung ano iyong mga gamot na kinukuha ninyo.

So, hindi naman po masyadong istrikto ang ating mga vaccination centers sa pagdating dito. Kagaya ko po, ipinakita ko po iyong aking prescription, tinanggap naman po iyon kasi nakapangalan ko iyong prescription at nakikita naman ng mga vaccination center kung anong sakit iyong mga gamot na iniinom ko.

**USEC. IGNACIO** Okay. Thank you, Secretary Roque, Dr. Rabindra, Dr. Salvaña. Iyon po ang mga questions natin.

**SEC. ROQUE:** Okay. Maraming salamat, Usec. Rocky. Thank you very much to our guest – Dr. Rabi of the WHO, Dr. Salvaña. Thank you very much, Usec. Rocky.

At maraming-maraming salamat po, unang-una, dito sa Panda House where we are conducting our press briefing. Thank you to Rojani Dee and their family. Hindi lang po libreng venue ang ibinigay, mayroon pang libreng milk tea.

At nagpapasalamat po tayo sa lahat ng mga opisyaes dito sa Negros Oriental na pinangungunahan po ni Governor Roel Degamo. Maraming salamat din po sa mga kongresista ng Negros Oriental. Nandiyan po si Congresswoman Jocelyn Limkaichong, si Congressman Arnie Teves, si Congressman Manuel 'Chiquiting' Sagarbarria ang salamat din po sa mayor ng Dumaguete, Mayor Felipe Remollo.

Sa ngalan po ng inyong Presidente Rodrigo Roa Duterte, ito po ang inyong Spox na nagsasabi: Salamat Dumaguete sa mainit na pagtanggap muli kay Presidente Rodrigo Roa Duterte. At huwag pong mag-alala ang sambayanang Pilipino dahil naririto na po ang bakuna, malapit na po ang isang better Christmas.

Magandang hapon po sa inyong lahat.

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