HUMAN RIGHTS ADVISORY ON MANDATORY COVID-19 VACCINATION

CHR (V) A2021-006

With the recent emergence of more life-threatening variants of the COVID-19 virus, like the Delta variant that ravaged India and rapidly spreading globally,¹ many countries have considered, or are considering making COVID-19 vaccination mandatory to increase vaccination rates, reach herd immunity, and eventually control the transmission of the virus. The World Health Organization (WHO) explains that herd immunity or ‘population immunity’, is “the indirect protection from an infectious disease that happens when a population is immune either through vaccination or immunity developed through previous infection.”² WHO supports the achievement of ‘herd immunity’ through vaccination to prevent a disease from transmission, causing unnecessary moderate to severe infection and deaths.³ The percentage of the population that must be inoculated to reach herd immunity threshold is dependent on three key factors: (1) the degree of the disease's infectiousness; (2) the population's vulnerability; and (3) the environmental conditions.⁴ Generally, herd immunity means reaching immunization rates between 75% and 95% of the total population.⁵

The Commission, as the country’s national human rights institution (NHRI) and as mandated by the 1987 Constitution⁶ to protect and promote human rights, issues this Advisory to ensure that a human rights-based approach is observed by the government, the primary duty bearer, in considering policies that would make COVID-19 vaccination mandatory.

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¹ “After being ravaged by the delta Covid variant, how is India doing now?” by Holly Elyatt, CNBC available at: https://www.cnbc.com/2021/07/23/coronavirus-how-india-is-doing-now-after-delta-variant-spread.html (last accessed on 25 September 2021)
² Coronavirus disease (COVID-19): Herd immunity, lockdowns and COVID-19, World Health Organization, December 31, 2020 available at: https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19?gclid=EAIaIQobChMIp5HJ3q5eZ8wIVDz5gCh3zgQREAYASAAEgJLlD_BwE# (last accessed on 25 2021)
³ Id.
⁵ Id.
⁶ Article XII, Sections 17-18.
Background

From the start of the vaccination roll-out, the decision of whether to get vaccinated is largely left to every individual. However, there are good reasons to believe that the willingness to get vaccinated might not be sufficiently high due to vaccine misinformation. In addition, many are convinced that coercive vaccination could ensure high levels of vaccination coverage.

Most of the countries which have considered or are considering coercive vaccination have already decided to make vaccination mandatory for health workers and other high-risk groups. Also, these countries require evidence of vaccination or a negative test for dining out, traveling, and similar other activities, particularly those done in enclosed spaces such as gyms, concert halls, or schools. In June of the current year, Australia decided to make vaccinations mandatory for high-risk care workers and employees in quarantine hotels. In England, it will be mandatory for care home workers to have vaccinations beginning October. On 13 August 2021, Canada said it will require all federal public servants and many other workers to be vaccinated against COVID-19 including air, train, and cruise ship travellers. The French parliament approved on 2 August 2021, a bill that will make vaccinations mandatory for health workers as well as require a bolstered health pass in many social venues. In the United States, President Biden urged local governments to pay people to get vaccinated, and set new rules requiring federal workers to provide proof of vaccination or face regular testing, mandatory wearing of mask, and travel restrictions.

In the Philippines, some local executives had already imposed stricter measures to prevent the spread of the more virulent Delta variant. These measures essentially function as coercive vaccination program. In Lapu-Lapu City in Cebu, for instance, the city mayor signed Executive Order No. 2021-040 on 26 July 2021 allowing only vaccinated individuals

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7 “Attitudes on voluntary and mandatory vaccination against COVID-19: Evidence from Germany” by Daniel Graeber, Christoph Schmidt-Petri and Carsten Schröder, PLOS ONE 20 May 2021 available at: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0248372 (last accessed on 25 August 2021)
8 Id.
9 Id.
11 Id.
12 Id.
13 Id.
14 Id.
15 Id.
16 Id.
to enter public and private markets including department stores, supermarkets, and convenience stores starting August 25.  

Similarly, on 15 September 2021, the local chief executive of Davao City also issued Executive Order No. 45, series of 2021 (EO 45, s. 2021) which requires all employees of the Local Government of Davao City to be vaccinated. EO 45, s. 2021 further provides for sanctions for employees who refuse to be vaccinated.

This Commission also received information that the City Administrator of another city in the Visayas issued an order that only employees who are fully vaccinated shall be allowed to report for work and only fully vaccinated individuals shall be allowed to transact business in the city hall.

Furthermore, on 16 September 2021, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases issued the “Guidelines on the Implementation of Alert Levels System for COVID-19 Response in the National Capital Region.” The guidelines were developed pursuant to the IATF Resolution No. 136-A (s.2021) issued on 03 September 2021, which among others, aim to shift in the policy of classifying Provinces, Highly Urbanized Cities (HUCs), and Independent Component Cities (ICCs) for purposes of community quarantine. The guidelines adopted the COVID-19 Alert Levels System whereby areas under Alert Level 4 are allowed to open indoor dine-in services, indoor personal care services, in-person religious gatherings at a limited ten (10%) venue/seating capacity but will cater only to individuals fully vaccinated against COVID-19.

At the House of Representatives, Cavite Rep. Elpidio Barzaga filed House Bill No. 9252 which seeks to require all Filipinos to receive the vaccine for free at any government hospital or health center. The lone exemption would be persons with certain medical conditions as determined by the Department of Health (DOH) or a licensed physician.

22 Also known as the “Mandatory COVID-19 Immunization Act of 2021” filed on 26 April 2021 and still pending with the House Committee on Health since May 17, 2021 available at: https://www.congress.gov.ph/legisdocs/?v=billsresults#18 (last accessed on 25 September 2021).
Coercive Vaccination: Mandatory or Compulsory?

Coercive vaccination happens when there are significant penalties attached to non-vaccination. Both mandatory and compulsory vaccinations are coercive. The terms mandatory and compulsory are often used interchangeably but a distinction is made between mandatory vaccination and compulsory vaccination. Mandatory vaccination is the withholding of valuable social goods or services in case of non-vaccination. This is the more common type of coercive vaccination. This is practiced in Slovenia, France, the USA and some Canadian provinces where they require children to be vaccinated prior to enrolling in school or day care. In Australia, it withholds government rebates for childcare expenses (up to $7500/child/year) from parents whose children are not vaccinated. Compulsory vaccination, on the other hand, is the criminalization of vaccine refusal. This useful distinction shall be employed in this advisory.

Coercive vaccination is different from “forced” vaccination which is understood as “forcibly injecting citizens with a vaccine against their will” or employment of restraint or physical coercion in inoculating a person.

Vaccinations are a unique medical intervention because they not only affect the health of the patient who receives the injection, but also impact the health and welfare of the community-at-large. And since most vaccines protect against diseases that are transmitted from person to person, the concept of ‘herd immunity’ calls for the immunization of a significant portion of the population so that individually vaccinated persons ‘serve as a protective barrier’ against the disease within the community.

Considering that policies that mandate an action or behaviour interfere with individual liberty and autonomy, balance between communal well-being with individual liberties must be sought.

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24 Id.
25 Id.
26 Id.
27 “What is the difference between forced vaccination and mandatory vaccination?” Justice Center for Constitutional Freedoms, 13 August 2021, available at: https://www.jccf.ca/about-us/our-vision/ (last accessed on 26 September 2021).
29 Id.
30 Id.
Coercive Vaccination from Ethico-Philosophical Vantage Point

If coercive vaccination by virtue of common good, interferes with individuals’ right to autonomy and liberty, is it justified? If justified, under what conditions should it be imposed? Who should be exempted?

The Millian argument is often invoked for the use of coercion in public health.32 John Stuart Mill posits harm to others as the sole ground for the use of state coercion and restriction of liberty i.e., when one individual risks harming others including harm caused by inaction.33 Bioethicists’ arguments justifying coercion in public health appeal to preventing harm to others34 such as those of Jessica Flanigan and Roland Pierik.

Jessica Flanigan35 asserts that non-vaccination harms innocent bystanders and people are not entitled to harm innocents or to impose deadly risks on others because vaccine refusal is akin to “firing a weapon into the air and endangering innocent bystanders”.36 Thus, compulsory vaccination is justified because non-vaccination, as with other kinds of harmful and risky conduct, can rightly be prohibited as they put the health or even the life of vulnerable people at risk.37 Roland Pierik38 likewise argues that the State has a duty ‘to guard the common good of herd immunity’ to protect vulnerable persons and that this duty justifies compulsory39 vaccination policies.

However, if the aim of coercive vaccination is to attain herd immunity, it is argued that coercive vaccination is not always necessary.40 All that is needed is to enact the least coercive policy that can guarantee that enough number of the population is vaccinated, and this type of policy need not be a compulsory vaccination.41 It does not mean that the

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32 Savulescu J. Good reasons to vaccinate: mandatory or payment for risk? Journal of Medical Ethics 2021;47:78-85. Available at: https://jme.bmj.com/content/47/2/78 (last accessed on 27 September 2021).
36 Id.
37 Id.
39 Pierik refers to “coercive vaccination” as “mandatory vaccination”.
41 Id.
argument is not a good argument for coercive vaccination. It only means that it does not work for all circumstances.42

Similar to the harm to others argument is Jason Brennan’s43 “clean hands principle”. According to Brennan, mandatory and government-enforced vaccination can be justified even within a libertarian political framework.44 He argues that “refusal to be vaccinated violate the ‘clean hands principle’, a moral principle that prohibits people from participating in the collective imposition of unjust harm or risk of harm”45 and that in libertarian framework, “individuals may be forced to accept certain vaccines not because they have an enforceable duty to serve the common good, and not because cost–benefit analysis recommends it, but because people who refused to be vaccinated are wrongfully imposing undue harm upon others”.46

While the harm to others may be the fundamental argument in legitimately interfering with individual liberty, it is not the only argument. Another principle propounded by John Stuart Mill to justify interference on individual liberty is the equitable principle.47 The principle proposes that every individual should bear his share, in other words, equity, of the labors and sacrifices incurred in defending the society and its members from injury.48 The principle has to be used especially when the harm to be prevented is collective and can supplement the principle of preventing “harm to others”, to determine each one’s fair share of labors and sacrifices needed to prevent that harm. A clear example of this fair share of labors or sacrifices is taxation.49

There are three reasons why paying taxes that are used to preserve public or socially valuable goods is everyone’s moral duty: (1), paying tax entails small cost to individuals, (2) collectively paying taxes prevents harm to the community or benefits the community at a small cost to any individual, and (3) fairness requires that the burdens of a collective responsibility are fairly distributed.50 Herd immunity belongs to the category of public good needed to preserve society and that the community has a duty to preserve. Everyone benefits from herd immunity as a public good and it is impossible to exclude people from benefitting from the good.

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42 An instance given by Alberto Guibilini is the case in the United Kingdom where the herd-immunity threshold of 95% coverage for the MMR vaccine was reached in 2017 without any coercive policy in place. Id.
43 Jason Brennan is a professor at the Department of Strategy, Economics, Ethics, and Public Policy, Georgetown University, Washington DC.
44 Jason Brennan, A libertarian case for mandatory vaccination (Abstract), Journal of Medical Ethics, Vol. 44. Issue 1 Available at: https://jme.bmj.com/content/44/1/37 (last accessed on 30 September 2021).
45 Id.
46 Id.
48 Id.
49 Id.
50 Id.
Coercive Vaccination and Human Rights

In *Solomakhin v Ukraine*, the European Court of Human Rights (the Court) held that mandatory vaccination interferes with a person’s right to integrity protected under Article 8 of the European Convention on Human Rights (ECHR). Nevertheless, the Court concluded that such interference may be justified if considered a ‘necessity to control the spreading of infectious diseases.

In the widely anticipated judgment of the Court’s Grand Chamber in *Vavřička and Others v the Czech Republic*, the Court provided a more detailed discussion of the implications of ECHR on mandatory vaccination in the context of childhood vaccines. The case concerned domestic legislation requiring children to undergo a series of vaccinations. While the policy does not physically enforce vaccination, but parents who refuse to have their children vaccinated can be fined and unvaccinated children excluded from pre-school. The Court held, by 16 votes to one, that the policy was compatible with the ECHR.

This judgment shows that States enjoy a wide *margin of appreciation* in determining vaccination policies if mandatory vaccination is not imposed. States have a positive obligation to protect the health and life of their residents, including those particularly vulnerable to certain diseases and those who cannot have specific vaccines for medical reasons.

Low vaccination rates increase risk of outbreaks of serious diseases which may severely impact individuals’ health and society in general. Thus, the Court held that the mere possibility that a system based on recommendations might be less effective than a mandatory one constitutes a strong reason to permit mandatory vaccination policies under the ECHR.

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51 Application no. 24429/03, 15 March 2012, European Court of Human Rights, Fifth Section, Strasbourg.
52 Art. 8. Right to respect for private and family life; 1. Everyone has the right to respect for his private and family life, his home and his correspondence. 2. There shall be no interference by a public authority with the exercise of his right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.
53 Id, par. 36
54 Application nos. 47621/13 and 5 others, 8 April 2021, European Court of Human Rights, Grand Chamber, Strasbourg
55 Id, par. 73 and 83
56 A doctrine that allows the ECtHR/the Court to take into account that the ECHR is/will be interpreted differently in different member states, given their divergent legal and cultural traditions.
-- Most widely applied/evoked in the context of positive rights and limitations (competing rights)
-- It devolves this balancing exercise in large measure to national authorities for two reasons;
-- Recognizing national authorities as the first available forum for the protection of human rights
-- Recognizing national authorities expertise regarding matters pertaining to national law
57 Id, par. 280
58 Id, par. 282
The fact that most European states maintain high vaccination rates without mandatory policies did not deter the Court from this conclusion.\textsuperscript{59}

The above suggests that governments are free to use economic sanctions and incentives to encourage vaccination against COVID-19. However, caution is required. Whether mandatory means are necessary to achieve sufficient vaccination coverage is essentially an empirical question and can only be answered in relation to a specific context, taking the expected effectiveness of various approaches, level of vaccination hesitancy in the country in question, as well as the availability of vaccination services, into account. As emphasized by third-party intervener Rozalio in \textit{Vavříčka and Others}, repressive tools may prove counterproductive, increasing mistrust and opposition to vaccination.\textsuperscript{60}

Age groups can also be considered as an important contextual factor. Camilleri\textsuperscript{61} argues that, in balancing the competing interests at stake in cases concerning compulsory vaccinations for children, a two-step approach should be followed. The Court should first assess the determination of the child’s best interest and verify whether the latter took due consideration of the child’s individual circumstances, his or her views in accordance with his or her age and maturity and his or her right to health. Once the best interest of the child is established and given primary consideration, the next step is to balance this individual interest of the child against the competing collective interests.

Our Constitution provides that, “\textit{the State shall protect and promote the right to health of the people and instill health consciousness among them.}”\textsuperscript{62} A vaccination law is nothing new and has been around ever since vaccines were invented to eradicate a disease. In \textit{People of the Philippine Islands vs. Jose Abad Lopez},\textsuperscript{63} the Supreme Court affirmed the decision of the Court of First Instance convicting defendant-appellant Lopez for violating Sec. 2694 of the Revised Administrative Code or failure of persons in charge of child to present same for vaccination. According to the Supreme Court, the right of the State to compel compulsory vaccination is well established. Whatever dispute may exist between the various schools of medicine as to how smallpox is to be prevented, that question is for the legislature, not for the courts, to determine.\textsuperscript{64}

\textsuperscript{59} \textit{Id}, par. 285, 306, and 310
\textsuperscript{60} \textit{Id}, par. 241
\textsuperscript{61} Compulsory vaccinations for children: Balancing the competing human rights at stake, 11 July 2019.
\textsuperscript{62} Article 2, Section 15 of the Philippine Constitution.
\textsuperscript{63} G.R. No. L-42199, January 14, 1936, Supreme Court of the Philippines.
\textsuperscript{64} \textit{Id}. 

While governments may put restrictions on rights, this must be exercised as a last resort and restrictions can be considered legitimate if they comply with the Siracusa Principles.\(^{65}\)

The Siracusa Principles embodies the conditions in validly limiting a right, to wit: (1) Existence of a law to regulate any implementation of restriction or limitation on the exercise of a right; (2) Any restriction or limitation imposed is being pursued for a legitimate objective of general interest; (3) The restriction or limitation is strictly necessary to achieve the objective; (4) It is the least intrusive means available to reach the same goal; and (5) The restriction or limitation to a right is not imposed arbitrarily i.e., unreasonable or otherwise discriminatory manner.\(^{66}\)

Notably, Siracusa specifically mandates that “No state, including those that are not parties to the Covenant, may suspend or violate, even in times of public emergency, freedom from torture or cruel, inhuman or degrading treatment or punishment and medical or scientific experimentation”.\(^{67}\)

Furthermore, to determine whether the government may impose vaccines, a proportionality analysis of the standard, legal test for resolving human rights disputes, should be applied.\(^{68}\) The proportionality analysis examines the following set of sequential questions once a prima facie infringement of a fundamental human right has been found. First, does the infringing public policy pursue a legitimate aim? (Legitimacy); second, is the public policy suitable and rationally connected to the fulfilment of policy goals? (Adequacy or efficacy); third, is the infringing policy necessary and the least restrictive option? (Necessity); and fourth, do the benefits of the policy measures outweigh the cost? (Proportionality or “strictu sensu”).\(^{69}\) Mandatory vaccination of individuals arguably represents a limitation on fundamental human rights. Such a policy option requires the strictest form of criteria that will balance the interest of the common good vis-a-vis individual freedoms. In that regard, the Siracusa Principles provide the litmus test upon which such a policy recommendation can be benchmarked against.


\(^{66}\) Id.

\(^{67}\) Id.

\(^{68}\) Id.

\(^{69}\) Id.
**Recommendations**

While mandatory vaccination can be allowed, the Commission, however, would like to stress the following to the government’s policymakers before the adoption of coercive COVID-19 vaccination:

1. The State should consider mandatory COVID-19 vaccination only as a last resort and only if necessary and proportionate to the achievement of herd immunity and protecting the most vulnerable.70

Consistent with the Siracusa Principles, mandatory vaccination and other coercive measures are only justifiable if they would increase the prevention of significant risks of morbidity and mortality and/or promote significant and unequivocal public health benefits and if all other available and feasible means to achieve a public health good without coercion are exhausted and proven ineffective.

If herd immunity and other public health goals can be achieved with less coercive or intrusive policy interventions such as public education, mandatory vaccination would not be necessary.72 If important public health objectives cannot be achieved without restrictions to rights – for instance, if a substantial portion of individuals are able but unwilling to be vaccinated and this is likely to result in significant risks of harm, their concerns as to why they hesitate or unwilling to be vaccinated must be first properly addressed such as when an individual has an allergic reaction to the ingredients used in the vaccines (i.e. poly-ethylene glycol for mRNA vaccine and polysorbate for J and J/Janssen vaccine).

If such intervention is still ineffective and non-vaccination remains a barrier to the achievement of herd immunity and/or if low vaccination rates in the absence of a mandate put others at significant risk of serious harm, mandatory vaccination may be considered “necessary”.74 But implementers must communicate the reasons behind the measure to the affected population through effective means and implement it in such a way as to accommodate reasonable concerns of communities.

Restriction to rights to autonomy and liberty must be at the shortest time possible and policymakers should regularly re-assess mandatory vaccination ensuring that it remains necessary and proportional to achieve public health goals and policy makers must consider the possibility of repeated vaccinations.

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70 COVID-19 and mandatory vaccination: Ethical considerations and caveats. WHO Policy brief 13 April 2021 p.1
71 Id.
72 Id. pp 1-2.
73 Id. p. 2.
74 Id.
2. Prior to the implementation of mandatory vaccination, there must be sufficient supply of the COVID-19 vaccines and accessible without discrimination.

Despite the issue about the availability of the vaccines in the country, many are pushing for a coercive inoculation. During the dialogue consultations with different stakeholders, issues encountered in the rollout of the vaccination program in the country were presented. The biggest problem in the country’s current COVID-19 vaccination program identified by both national government agencies and local government units (LGUs) is the insufficiency of the supply. In June 2021, the Philippine News Agency (PNA) reported that vaccination sites run by LGUs are capable of vaccinating at an accelerated rate, if they have sufficient supply.75

In considering mandatory vaccination, supply of the authorized vaccines should be adequate, reliable and accessible. COVID-19 vaccines must be accessible to all, especially the most vulnerable or marginalized sectors of the population. The absence of a sufficient supply and free access would create an unfair demand on those who are required to be vaccinated but are unable to access the vaccine even when they are willing to be inoculated. Therefore, before enacting a law that would even impose a penalty to those unvaccinated, policymakers must first determine if there is an adequate supply of the vaccines and if these vaccines are accessible.

3. The State should ensure that the vaccine is safe and effective, and its safety and efficacy be communicated to the public well.

In a study in Chile, respondents were asked to mention the main reason that will lead them to avoid vaccination, it found that the primary reason is the side effects and extent of risk (40%) considering that the COVID-19 vaccines were just developed and developed at a breakneck speed.76 The second-ranked reason is the lack of knowledge of the vaccines (24%).77 Others include preference of others to be vaccinated first (10%), fear of the origin of the vaccines (8%), vaccines’ probable cost (7%), the vaccine is not effective (4%) and other reasons (8%).78

Like Chile, fear of the side effects of the vaccines is also the top reason in the Philippines based on the Social Weather Stations (SWS).
survey on April 28 to May 2, 2021. This could be the reason why there are only 32% of adult Filipinos who are willing to be vaccinated if they were given the “chance to be given a free vaccine that can prevent COVID-19 which has been approved by the Food and Drug Administration. 33% said they were unwilling to get vaccinated, while 35% others were uncertain.” There is, however, improvement in the percentage in the June 7 to 16, 2021 survey conducted by Pulse Asia which showed that 43% are willing to be vaccinated if vaccines are available.

To counter the high rate of hesitancy, data showing that COVID-19 vaccines are safe and effective must be presented. It is the duty of the State to ensure that the COVID-19 vaccines to be used in the country are scientifically and medically appropriate and of good quality. Data on the efficacy and effectiveness of the vaccines should also be available. For instance, if mandatory vaccination is considered necessary to prevent transmission, there should be sufficient evidence that the vaccine is effective in preventing serious transmission and has minimum risks against one’s health or has manageable side-effects, if any.

Acceptance and confidence in the vaccine will be reasonably expected if authorities shall ensure that all vaccines have gone through the drug regulatory system prescribed by law and have been authorized by the Food and Drugs Authority (FDA).

In addition to the present Emergency Use Authorization (EUA) of the vaccines, a seal of approval issued by the FDA will further boost the willingness of Filipinos to get vaccinated.

4. Enhance public trust in COVID-19 vaccination

Connected to safety and efficacy of the vaccines, trust in the vaccines is vital and is critically dependent on the ability of governments to communicate the benefits of vaccination. Given the speed at which COVID-19 vaccine development has taken place, the government must inform the people that despite some clinical tests needed to be done, the COVID-19 vaccines are safe for human consumption and approval processes were accelerated through procedures that allow the acceptance of more preliminary evidence in circumstances of public emergency.

80 Id.
82 Quality of healthcare goods is an essential element of the right to the highest attainable standard of health. UN CESCR General Comment No. 14, supra at par. 12 (d).
The coercive power that governments or institutions display in a program that undermines voluntariness could have unintended negative consequences for vulnerable or marginalized populations. High priority should therefore be given to threats to public trust and confidence amongst disadvantaged minority populations, ensuring that cultural considerations are considered. For a successful vaccination campaigns, it is important to ensure that government actions are open to public scrutiny, and that the public institutions engage with the population by proactively releasing timely and accurate information on vaccination accomplishments and enhancing transparent and coherent public communication to address misinformation.

COVID-19 vaccine disinformation is particularly prevalent in social media. This disinformation must be countered with timely, broader, and effective information campaigns. It may not be enough to simply suppress the misinformation, but rather, engage the people who maybe promoters of non-vaccination and present reliable and credible data why vaccination is important at this point in time. The objective is to convince the naysayers that vaccines are safe and effective.


Transparency decision-making about mandatory vaccination by our policymakers and public health authorities should be a fundamental element. Reasonable effort should be exerted to engage the affected population and relevant stakeholders, particularly the vulnerable and marginalized sectors, to understand their perspectives. Steps should be taken to respect human rights obligations not to discriminate against disadvantaged and vulnerable populations. People must also know how our government spends money on vaccines.

6. Exempt from Mandatory Vaccination

Exemption from mandatory vaccination policies may be available based on documented medical reason. Medical exemptions may include allergies to vaccine components or other health ailments that make the vaccine too risky for the individual i.e. cases wherein the risks outweigh the benefits of being inoculated. The DOH may craft guidelines as to the qualifying disability an individual must have to use medical exemption from vaccination. If refusal is not anchored on health concerns, there must be continuous education on the part of the individual to understand and appreciate the benefits of the vaccines.

The established standard of balancing of rights and recommendations discussed in this Advisory may be considered in the deliberation of Vaccine and Health Passport Program in Congress.

The stakes have never been higher. The nature of the COVID-19 pandemic and evidence on vaccine safety, efficacy, and effectiveness continue to evolve. The lives and livelihoods of billions of people are on the line.86

**ISSUED** this 3rd day of December 2021, Quezon City, Philippines.

86 Id.