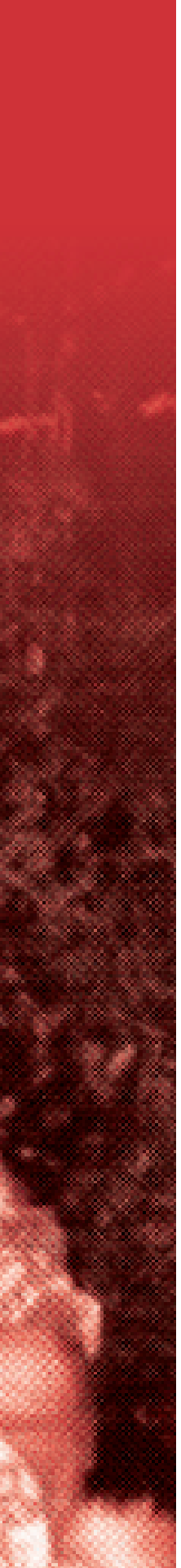

Chapter 7

COVID-19 Pandemic Experiences

Mark Ryan B. Paguirigan
Christian Joy P. Cruz

The novel coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a major public health event that has had a profound global impact; the Philippines is no exception. Older people have been particularly vulnerable during the pandemic, facing significant socioeconomic challenges and health risks (Le Couteur, Anderson, and Newman, 2020). In the Philippines, the evolution of pandemic policies has had a mixed impact on older adults. Initially, stringent lockdown measures were implemented to curb the spread of the virus, which, whilst necessary, resulted in heightened isolation and restricted access to essential services, as well as affected the businesses and livelihood (University of the Philippines Population Institute and Demographic Research and Development Foundation, 2020). As policies evolved, there were efforts to balance public health needs with economic and social considerations, but the repercussions for older people have been notable.

Ample evidence has been accumulated on the negative effects of the COVID-19 pandemic amongst older adults. The vulnerability of older people stems from the association of increased age with mortality in patients with COVID-19 (Zhou et al., 2020). Older people are at higher risk of severe outcomes from the disease, leading to heightened anxiety and the need for strict adherence to health protocols. Many older people, particularly those in low-income households, have faced reduced sources of funds or money, exacerbating their financial instability. The restrictions on mobility and social interactions have further contributed to increased loneliness and mental health issues amongst older adults. Besides having one of the longest and strictest lockdowns in the world during the pandemic, the Philippine government's approach has also been described as 'securitised' – that is, one that is characterised by a police-centric approach in managing a public health concern (Hapal, 2021).

These factors underscore the importance of studying the pandemic's impact on older individuals. Thus, comprehensive questions about the pandemic were included in the follow-up survey of the LSAHP. The Wave 2 (W2) survey incorporates specific questions designed to capture the extent of the pandemic's impact on older Filipinos, including the level of COVID-19 infection, hospitalisation, and vaccination amongst this group, their access to healthcare services, activities whilst in isolation, economic well-being, and the support they received from the government and nongovernmental organisations. This chapter presents the results of these inquiries, providing valuable insights into the multifaceted challenges faced by older persons during the COVID-19 pandemic.

1. COVID-19 Infection, Hospitalisation, and Vaccination

Table 7.1 shows the LSAHP survey results on COVID-19 infection, hospitalisation, and vaccination by sex and age. Results reveal that only 3% of surviving older persons have tested positive for COVID-19. Amongst those who have tested positive for the disease, one-fifth have ever been hospitalised (20%) with the level of hospitalisation increasing with advancing age. Based on the Department of Health (DOH) tracker, as of 8 January 2024, there were about 567,000 COVID-19 cases amongst older Filipinos, translating to about 6% of older males and females who tested positive for COVID-19. Amongst those who tested positive for COVID-19, 7% died, with the percentage higher amongst males than females (8% vs 6%; data not shown, calculated by the authors using data from the DOH tracker and population data from the Philippine Statistics Authority).

In the early days of the pandemic, the demographic trend in the COVID-19 infection and mortality skewed towards older people. Owing to their vulnerability, older people or senior citizens aged 60 years and older were amongst those prioritised to receive the COVID-19 vaccine (Paloyo et al., 2021; Rappler, 2021). The rollout began in March 2021 guided by the prioritisation framework of the country's health department, which was aimed at reducing COVID-19-related mortality and mitigating the pressure on the healthcare system (DOH, 2021).

The LSAHP W2 results show that 68% of older Filipinos have been vaccinated against COVID-19, slightly lower than the estimated 70% of the population in the country (or 79,164,840) that were fully vaccinated as of 19 March 2023 (ABS-CBN Investigative and Research Group, 2023). Amongst those vaccinated, 20% have received at least one dose, 39% have received two doses, and 42% have received three doses. However, more than a year after the vaccine rollout, a substantial proportion of older people manifested vaccine hesitancy. Approximately one-third (32%) of older persons have not been inoculated with the COVID-19 vaccine since the start of the mass vaccination campaign. A great majority (82%) of them said that they do not want to be vaccinated (data not shown).

Hesitancy towards vaccines is a global public health problem that negatively affects the achievement of population immunity to COVID-19 (Paul, Steptoe, and Fancourt, 2021; Sallam, 2021). In general, vaccine hesitancy existed before the pandemic, with numerous reasons behind the uncertainty and unwillingness to receive vaccines, such as the perceived risks compared to the supposed benefits (Karafillakis and Larson, 2017), lack of knowledge and awareness (The Lancet Child and Adolescent Health, 2019), and certain religious beliefs (Wagner et al., 2019). In the Philippines, the controversies surrounding previous vaccination campaigns, such as the Dengvaxia scare, may have affected the trust and confidence in vaccines amongst the populace (Mendoza et al., 2021; UPPI and DRDF, 2021). After its introduction in the Philippines, Dengvaxia, a dengue vaccine, has sparked controversy due to findings that it may raise the risk of severe dengue in individuals without a prior dengue infection. Although the vaccine effectively lowers the risk of severe dengue for those with previous infections, it appears to increase the risk of severe disease and hospitalisations in those who have not been previously infected. This controversy led to the suspension of Dengvaxia's sale and distribution, resulting in heightened vaccine hesitancy amongst parents and affecting broader vaccination efforts (Fatima and Syed, 2018). This hesitancy is reflected in a study that showed a massive 61% drop in vaccine confidence; from 93% strongly agreeing that vaccines are important in 2015 to just 32% in 2018 (Larson, Hartigan-Go, and de Figueiredo, 2019).

The national government initially responded to the rise in COVID-19 infections and deaths early on by institutionalising stringent social distancing measures and community quarantine across the provinces. This policy was directed towards vulnerable groups including older persons aged 60 years and over. The Interagency Task Force on Emerging Infectious Diseases (IATF) released Resolution No. 12 asking all senior citizens aged 60 years and older to isolate themselves at home. This was met with various reactions – mostly criticisms calling it a one-size-fits-all policy that failed to consider the heterogeneities in this subpopulation and was thus ageist.

Survey data show that nearly a third of older Filipinos did not agree with the government policy (IATF Resolution No. 12) to ask all senior citizens aged 60 years and older to self-isolate in their homes, commonly referred to as quarantine.

Table 7.1. COVID-19 Infection, Hospitalisation, and Vaccination by Sex and Age

Indicators	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
Ever been tested positive for COVID-19	2.8	2.8	*ns*	3.8	1.9	2.5	*ns*	2.8
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Ever been hospitalised because of COVID-19 (amongst those tested positive)	21.5	18.9	*ns*	8.9	33.3	36.9	*	19.8
N	*38*	*72*		*30*	*48*	*32*		*110*
Ever been vaccinated with COVID-19 vaccine	68.8	67.3	*ns*	73.6	68.6	51.4	***	67.8
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Number of doses received								
1	23.7	17.1		19.1	18.1	25.6		19.5
2	40.0	37.8	*ns*	37.6	40.4	36.6	*ns*	38.6
3	36.3	45.1		43.3	41.5	37.8		41.9
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
% who agree with the government's decision (IATF Resolution No. 12) to ask all senior citizens aged 60 years and older to self-isolate in their home, commonly referred to as quarantine	67.4	69.4	*ns*	64.8	71.3	71.8	*ns*	68.7
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

*p < .05, ****p < .01, ns = not significant.

Source: Calculated by the DRDF using original LSAHP W2 data.

2. Access to Healthcare During the Pandemic

Evidence indicates that delaying medical care can worsen existing chronic and acute conditions and potentially heighten the risks associated with preventable diseases (Czeisler, 2020; Gertler and van der Gaag, 1990). Pursuant to the DOH (2020) memorandum on the continuous provision of health services for senior citizens during the pandemic, the government response to make healthcare accessible for older people includes teleconsultation or telemedicine, house-to-house visits, and consultations at health facilities if the situation permits.

Table 7.2 presents the results on access to healthcare amongst older Filipinos during the COVID-19 pandemic. During the lockdowns that restricted mobility, a small proportion of older Filipinos delayed or cancelled an essential medical treatment (5%) that they needed to have. A similar percentage (5%) delayed or cancelled a non-essential medical treatment that they needed to have. A lower proportion (2%) said they delayed or cancelled a preventative or primary medical treatment. Very few (8%) had any problems accessing medication for their health conditions during the pandemic. Only 4% said their medical condition worsened due to the inability to see a healthcare professional because of the COVID-19 outbreak.

Table 7.2. Access to Healthcare During the COVID-19 Pandemic by Sex and Age

Access to Healthcare	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
% who delayed or cancelled an essential medical treatment that they needed to have	5.6	4.6	*ns*	4.1	5.1	6.9	*ns*	5.0
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
% who delayed or cancelled a non-essential medical treatment that you needed to have	5.9	4.8	*ns*	3.1	6.8	6.5	*ns*	5.2
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
% who delayed or cancelled a preventative or primary medical treatment that they needed to have	2.1	2.4	*ns*	2.3	2.1	2.7	*ns*	2.3
N	*1343*	*2667*		*1075*	*1731*	*1204*		*4010*
% taking any medications for their health conditions who had any problems with accessing them during the COVID-19 pandemic	9.1	7.6	*ns*	7.6	8.9	8.0	*ns*	8.2
N	*1343*	*2667*		*1075*	*1731*	*1204*		*4010*
% who had a medical condition worsen because they were unable to see a health care professional because of the COVID-19 outbreak	4.9	2.8	*ns*	2.7	3.8	5.2	*ns*	3.5
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

ns = not significant.

Source: Calculated by the DRDF using original LSAHP W2 data.

3. Activities of Older Persons During the Pandemic

There is a gendered dimension to the activities undertaken by older people whilst in isolation during the COVID-19 pandemic. More women than men spent more time on hobbies and activities (61% vs 52%), watched more television (50% vs 48%), talked more with close friends and family via phone or video calls (14% vs 7%), exchanged more text messages with close friends and family (6% vs 4%), and used social media and other forms of online entertainment (7% vs 2%) (Table 7.3). Males were more engaged than females in physical activities (40% vs 31%). Older persons belonging to the younger age groups spent more time on hobbies and activities as well as exchanged more text messages with close friends and family compared to those belonging to the older age groups.

Table 7.3. Activities of Older Persons Whilst in Isolation During the COVID-19 Pandemic by Sex and Age

Activities of Older Persons	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
Spending more time on hobbies and activities	52.2	60.6	*	59.2	59.8	47.8	*	57.5
Watching more television	48.2	50.3	*	49.4	49.4	50.5	*ns*	49.6
Being physically active	39.5	31.4	*	35.9	34.1	31.0	*ns*	34.3
Talking more with close friends and family via phone or video calls	6.9	13.8	**	12.7	9.8	11.0	*ns*	11.3
Exchanging more text messages with close friends and family	3.7	5.7	*ns*	7.4	3.6	2.2	**	5.0
Using social media and other forms of online entertainment	1.6	7.3	***	6.4	4.8	3.2	*ns*	5.2
Others	17.7	17.2	*ns*	19.6	15.9	15.3	*ns*	17.4
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

*p < .05, **p < .01, ****p < .01, ns = not significant.

Source: Calculated by the DRDF using original LSAHP W2 data.

4. Economic Well-being of Older Filipinos During the Pandemic

Disruptions in economic activities were very much apparent during the pandemic. The restrictions on mobility hampered the movement of Filipinos, including older persons in one way or another.

Declines and changes in older persons' sources of funds or income were observed during the pandemic. Almost a quarter (23%) said their income from work decreased compared to their pre-pandemic income. Significantly more males than females experienced this change (29% vs 20%; Table 7.4). The age gradient also indicates an expectedly decreasing income from work with advancing age. Almost half (48%) of older Filipinos reported that pension is not a source of their income or support. Very few said their pension decreased during the pandemic, more so amongst males than females (5% vs 1%). One in ten said their income from farming decreased during the pandemic, with significantly more males than females experiencing this decline (13% vs 8%). Income from family businesses and money from children within the country diminished significantly more for the younger cohorts than the older age groups. Most older persons said that assets such as interests from time deposits, savings, and earnings from stocks, as well as properties and real estate rentals were not sources of income or support for them. A great majority also reported that money from children outside the country and money from relatives outside the household were not sources of income for them.

Table 7.4. Changes in the Personal Resources of Older Persons During the COVID-19 Pandemic by Sex and Age

Changes in the Personal Resources During the COVID-19 Pandemic	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
Changes to sources of funds or money								
Earnings from work								
Increased	0.9	1.0		1.5	0.8	0.1		1.0
No change	17.5	13.5	**	18.8	14.1	7.7	***	15.0
Decreased	29.3	19.8		33.9	19.0	6.9		23.3
Not a source of income or support	52.2	65.7		45.8	66.1	85.3		60.8
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Pension (e.g. SSS and GSIS)								
Increased	1.1	2.4		2.9	0.8	2.1		1.9
No change	42.3	50.6	**	42.5	47.9	59.5	ns	47.6
Decreased	5.2	0.9		2.9	2.5	1.4		2.5
Not a source of income or support	51.4	46.1		51.7	48.8	37.0		48.0
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Interest of time deposits, savings, and earnings from stocks								
Increased	0.1	0.1		0.0	0.1	0.0		0.1
No change	4.3	3.6	ns	4.2	3.6	3.4	ns	3.8
Decreased	1.2	1.0		0.4	1.6	1.4		1.1
Not a source of income or support	94.5	95.4		95.4	94.8	95.1		95.1
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

Changes in the Personal Resources During the COVID-19 Pandemic	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
From property and real estate rentals								
Increased	0.1	0.4		0.2	0.4	0.2		0.3
No change	4.1	2.1		1.7	3.0	5.3		2.8
Decreased	1.5	0.8	*ns*	1.1	0.7	1.9	*ns*	1.1
Not a source of income or support	94.3	96.7		97.0	96.0	92.6		95.8
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Income from family business (e.g. store, backyard piggery, poultry)								
Increased	1.3	0.4		0.4	1.3	0.3		0.7
No change	6.1	6.6		6.3	7.4	4.3		6.4
Decreased	9.9	12.4	*ns*	15.1	9.8	6.8	*	11.5
Not a source of income or support	82.8	80.6		78.3	81.6	88.6		81.4
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Income from farm								
Increased	0.3	0.4		0.7	0.1	0.2		0.4
No change	16.1	10.6		14.5	11.3	10.9		12.6
Decreased	13.1	8.0	**	9.6	11.0	7.5	*ns*	9.8
Not a source of income or support	70.5	81.0		75.1	77.5	81.4		77.2
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Money from children within the country								
Increased	0.7	2.4		3.0	0.8	1.2		1.8
No change	37.1	41.1		31.6	43.3	50.9		39.6
Decreased	24.5	19.7	*ns*	25.2	20.9	13.4	**	21.4
Not a source of income or support	37.7	36.8		40.2	35.0	34.6		37.1
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

Changes in the Personal Resources During the COVID-19 Pandemic	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
Money from children outside the country								
Increased	0.5	1.1		1.1	0.6	0.9		0.8
No change	13.3	12.3		11.8	12.5	15.5		12.7
Decreased	6.8	6.9	*ns*	7.6	7.6	3.4	*ns*	6.9
Not a source of income or support	79.4	79.7		79.5	79.4	80.2		79.6
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Money from relatives outside the household								
Increased	0.9	0.5		0.5	0.3	1.7		0.6
No change	18.4	17.0		16.9	17.6	19.1		17.5
Decreased	7.1	6.2	*ns*	5.0	8.5	5.8	*ns*	6.5
Not a source of income or support	73.6	76.3		77.6	73.7	73.5		75.3
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

*p < .05, **p < .01, ****p < .01, ns = not significant.

GSIS = Government Service Insurance System, SSS = Social Security System.

Source: Calculated by the DRDF using original LSAHP W2 data.

As a response to the consequences of the pandemic, the government implemented the Bayanihan to Heal as One Act (RA 11469), which reallocated budgets for programmes for health and social protection. This includes cash subsidies disbursed to households, amounting from Php5,000 to Php8,000 (USD100 to USD150), and food packs distributed at irregular intervals.

Based on the LSAHP W2 survey, an overwhelming majority (91%) of the older persons reported receiving government support – in cash, in kind, or both – during the pandemic (Table 7.5). About half (51%) of older persons received a combination of in-kind and cash support from the government. Thirty-five percent received in-kind support, whilst five percent reported receiving cash from the government. Nearly a quarter of older persons also reported receiving support from nongovernment or humanitarian organisations. No significant gender or age differences were noted.

Table 7.5. Support Received by Older Persons During the COVID-19 Pandemic by Sex and Age

Support Received During the COVID-19 Pandemic	SEX			AGE GROUP				TOTAL
	Male	Female	Sig	<70	70–79	80+	Sig	
Support from the government								
Cash	6.6	4.3		6.4	3.9	4.8		5.1
In-kind	34.5	35.4	*ns*	29.2	39.0	40.5	*ns*	35.1
Both cash and in-kind	49.5	51.9		54.8	50.5	42.8		51.0
Did not receive	9.5	8.3		9.7	6.6	11.8		8.8
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*
Support from nongovernmental organisations or humanitarian agencies								
Cash	0.3	1.3		1.5	0.6	0.3		0.9
In-kind	23.6	20.2	*ns*	18.7	24.0	21.7	*ns*	21.4
Both cash and in-kind	3.0	6.0		4.5	6.1	3.1		4.9
Did not receive	73.1	72.5		75.2	69.3	74.9		72.7
N	*1,343*	*2,667*		*1,075*	*1,731*	*1,204*		*4,010*

ns = not significant.

Source: Calculated by the DRDF using original LSAHP data.

5. Summary, Conclusions, and Recommendations

During the COVID-19 pandemic, a relatively small number of older persons tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This lower infection rate amongst older adults can be attributed to several factors. Older individuals may have taken more stringent precautions to avoid exposure to the virus due to their higher risk of severe outcomes. These precautions included strict adherence to social distancing measures, more frequent use of personal protective equipment such as masks, and greater compliance with stay-at-home orders. The implementation of targeted public health campaigns aimed at older populations, emphasising the importance of vaccination and preventive behaviours, also likely played a significant role.

Despite a significant proportion of older people exhibiting vaccine hesitancy, their access to medical services, such as essential and nonessential medical treatment and preventative or primary care, was unhampered during the pandemic. This behaviour reflects their persistent prioritisation of their health and well-being, even in the face of potential risks associated with visiting healthcare facilities during an outbreak. However, the overall utilisation of healthcare services amongst this subpopulation is generally low, as evidenced by their low awareness and utilisation of other free health services offered to older people (See Chapter 4). Thus, those who continued to receive medical interventions might be those who still had the financial capacity to do so and those who were in greater need of healthcare services.

There was a noticeable gendered dimension to the activities that older people engaged in whilst quarantines and other public health measures were in place. Differences in activities between males and females may be attributed to traditional gender roles, employment patterns, and personal interests during the lockdown periods.

In terms of their economic condition, older persons had limited sources of funds or income but still experienced declines and changes in these sources, contributing to financial strain. A great majority of older Filipinos are no longer working, but almost a quarter said their earnings from work decreased, with more males than females experiencing this reduction. Almost half said that pension was not a major source of income or support, which reflects the low number of older Filipinos who worked in the formal sector – a requirement for receiving a pension from insurance systems. On the other hand, increases in all sources of income during the pandemic were negligible. Despite the economic disruptions caused by the pandemic, finding alternative means of earning did not emerge as a widely adopted strategy amongst older Filipinos.

Notably, almost all older persons received some form of support during this challenging period. This widespread support underscores the importance of government assistance for older persons, ensuring they were not left alone to navigate the difficulties brought about by the pandemic.

Despite the lower infection rates, older adults who did contract COVID-19 faced higher risks of severe complications and mortality. The relative protection of this group from the virus highlights the importance of continued vigilance and targeted health interventions to safeguard vulnerable populations during public health crises.

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