



Republic of the Philippines
House of Representatives
Quezon City, Metro Manila

Twentieth Congress
Second Regular Session

HOUSE BILL NO. 11081



Introduced by Representatives Ferdinand Martin G. Romualdez, Yedda Marie K. Romualdez, Andrew Julian K. Romualdez and Jude A. Acidre

AN ACT
INSTITUTIONALIZING A NATIONAL ADULT IMMUNIZATION
PROGRAM PROVIDING FREE VACCINES AGAINST INFLUENZA,
PNEUMOCOCCAL DISEASE, AND HUMAN PAPILLOMAVIRUS (HPV),
ADOPTING A LIFE-COURSE IMMUNIZATION STRATEGY, AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

Vaccination is one of the most cost-effective and impactful public health interventions for preventing disease, reducing healthcare expenditures, and saving lives. While the Philippines has made significant progress in childhood immunization, adult immunization remains fragmented and limited in scope, leaving millions of Filipinos vulnerable to vaccine-preventable diseases.

Seasonal influenza continues to contribute to substantial morbidity and productivity loss, particularly among the elderly and individuals with underlying health conditions. Pneumonia remains a leading cause of mortality nationwide, disproportionately affecting senior citizens and immunocompromised individuals. Meanwhile, Human Papillomavirus (HPV) is a major cause of cervical cancer and

other HPV-related diseases, which continue to impose a significant burden on the healthcare system.

Despite the availability of safe and effective vaccines, access remains inequitable due to financial barriers, limited government coverage, and persistent vaccine hesitancy. A life-course approach to immunization—extending protection beyond childhood—is essential to achieving universal health care and strengthening preventive health systems.

This measure seeks to institutionalize a National Adult Immunization Program that ensures free and equitable access to priority vaccines, beginning with high-risk populations and progressively expanding coverage. It integrates national and local health systems, strengthens vaccine supply chains, addresses demand-side barriers, and ensures accountability through robust monitoring and evaluation mechanisms.

In view of the foregoing, the immediate passage of this bill is earnestly sought.



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JUDE A. ACIDRE



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*Be it enacted by the Senate and House of Representatives of the Philippines
in Congress assembled:*

SECTION 1. *Short Title.* – This Act shall be known as the “*Free Adult Immunization Act.*”

SECTION 2. *Declaration of Policy.* – It is hereby declared the policy of the State to protect and promote the right to health of the people and instill health consciousness among them. The State shall adopt a life-course, preventive, and

primary care-based approach consistent with the Universal Health Care framework, ensuring equitable, accessible, and gender-responsive immunization services for all.

Towards this end, the State shall prioritize underserved populations, strengthen local health systems, and ensure that essential vaccines are made available free of charge to those most at risk.

SECTION 3. *Definition of Terms.* – For purposes of this Act:

- (a) *Adult* refers to any Filipino citizen aged eighteen (18) years and above;
- (b) *Life-course Immunization* refers to the provision of vaccines at different stages of life to reduce disease risk across the lifespan;
- (c) *Influenza Vaccine* refers to vaccines that protect against seasonal influenza viruses;
- (d) *Pneumococcal Vaccine* refers to vaccines that protect against pneumococcal diseases, including pneumonia;
- (e) *HPV Vaccine* refers to vaccines that protect against human papillomavirus infections;
- (f) *Priority Population* refers to individuals at higher risk of severe disease, including senior citizens, persons with comorbidities, healthcare workers, indigent populations, and other groups as determined by the Department of Health (DOH);
- (g) *Geographically Isolated and Disadvantaged Areas (GIDA)* refers to communities with limited access to basic services due to geographic, socioeconomic, or security conditions;

- (h) *Cold Chain System* refers to the system of storage and transport of vaccines at recommended temperatures;
- (i) *Adverse Events Following Immunization (AEFI)* refers to any untoward medical occurrence following immunization;
- (j) *National Immunization Registry* refers to the centralized digital system for recording and tracking vaccination data.

SECTION 4. *Establishment of the National Adult Immunization Program.*

There is hereby established a National Adult Immunization Program (NAIP) under the Department of Health (DOH) to provide free vaccination against influenza, pneumococcal disease, and human papillomavirus infections (HPV).

The Program shall be implemented in a phased and prioritized manner, beginning with high-risk populations and progressively expanding coverage based on public health needs and available resources.

SECTION 5. *Coverage and Priority Beneficiaries* – The Program shall adopt a tiered prioritization system, as follows:

- (a) **Priority Tier 1 (Mandatory Coverage).** – This tier shall include senior citizens, persons with comorbidities, healthcare workers and frontline personnel, indigent populations, and beneficiaries of government social protection programs;

(b) Priority Tier 2 (Expansion Phase). – This tier shall include essential workers, including teachers and uniformed personnel, and individuals in congregate settings; and

(c) Priority Tier 3. – This tier shall include all other adults, subject to further program expansion and resource availability.

The Department of Health (DOH) shall periodically update the prioritization guidelines based on prevailing epidemiological data and available resources.

SECTION 6. *Program Components.* – The Department of Health (DOH), in coordination with Local Government Units (LGUs) and other stakeholders, shall implement the following:

- (a) Vaccine Procurement and Supply Management;
- (b) Cold Chain Strengthening, especially in GIDA areas;
- (c) Establishment of Fixed and Mobile Vaccination Sites;
- (d) Deployment and Training of Health Workforce, including nurses, midwives, and pharmacists;
- (e) Adverse Events Monitoring and Response System;
- (f) National Immunization Registry, ensuring interoperability with existing health information systems;
- (g) Public Health Promotion and Demand Generation Campaigns to address vaccine hesitancy and misinformation;
- (h) Workplace and Community-Based Vaccination Programs;

(i) Integration with Primary Care Services under the Universal Health Care framework.

SECTION 7. *Role of Local Government Units (LGU)* – The LGUs shall be primarily responsible for last-mile delivery and shall facilitate the identification and prioritization of eligible beneficiaries and provide logistical, operational and community engagement support. This includes mobilizing local health workers and barangay health workers.

The LGU shall ensure to accomplished the annual vaccination targets by the DOH and submit regular reports to the DOH.

SECTION 8. *Public-Private Partnership.* — The DOH may accredit private healthcare providers, pharmacies, workplaces, and civil society organizations to participate in the Program, subject to standards and guidelines.

SECTION 9: *Special Provisions on HPV Vaccinations.* – The Program shall adopt a gender-responsive, life-course approach to HPV vaccination, ensuring equitable access for eligible adults, particularly women at risk of cervical cancer and other HPV-related diseases. Catch-up vaccination shall be provided to eligible individuals beyond adolescence, based on prevailing clinical guidelines, and may include both women and men to reduce overall transmission and disease burden. The DOH shall integrate HPV vaccination with existing sexual and reproductive health services, cancer prevention programs, and community-based screening initiatives to maximize impact.

SECTION 10. *Vaccine Supply Security.* — The State shall ensure a stable, sufficient, and timely supply of vaccines through strategic procurement and supply chain management mechanisms. The DOH shall adopt multi-year procurement planning, pooled purchasing strategies, and framework agreements to secure cost-effective and uninterrupted vaccine supply, while maintaining quality and safety standards.

SECTION 11. *Funding.* – The implementation of this Act shall be funded through annual appropriations under the General Appropriations Act, with priority allocation for high-risk populations and underserved areas. Funding shall be programmed on a multi-year basis to ensure continuity, scalability, and sustainability of the Program.

Additional funding sources may include a designated portion of sin tax revenues, PhilHealth reimbursements for vaccine administration in accredited facilities, official development assistance, and grants or donations from local and international partners. The DOH shall ensure efficient, transparent, and accountable utilization of funds, subject to existing auditing and budgeting laws.

SECTION 12. *Monitoring, Evaluation and Transparency.* – The DOH shall establish a comprehensive monitoring and evaluation system to assess program performance, coverage, equity, and health outcomes. This shall include the development of a real-time, interoperable National Immunization Registry and a publicly accessible dashboard presenting disaggregated data by age, sex, geographic location, and priority group.

Annual reports shall be submitted to Congress detailing program implementation, fund utilization, and key performance indicators. The DOH may engage independent institutions, including academic and research organizations, to conduct periodic evaluations to ensure accountability, inform policy adjustments, and promote transparency in program delivery.

SECTION 13. *Data Privacy and Protection.* – All personal and health-related data collected under this Act shall be processed, stored, and shared in accordance with applicable data privacy laws, rules, and regulations. The DOH shall implement appropriate organizational, technical, and physical safeguards to ensure the confidentiality, integrity, and security of all information within the National Immunization Registry and related systems.

Data sharing among authorized government agencies and accredited partners shall be limited to legitimate public health purposes and shall adhere to principles of proportionality, necessity, and informed consent, where applicable.

SECTION 14. *Prohibited Acts and Penalties* – The following acts are prohibited:

- (a) Misuse or misappropriation of program funds;
- (b) Unauthorized sale or distribution of free vaccines;
- (c) Falsification of vaccination records;
- (d) Gross negligence resulting in vaccine wastage, including failure to comply with established storage, handling, transport, inventory, or administration protocols issued by the Department of Health (DOH).

Any person or entity found guilty of such acts shall be subject to appropriate administrative, civil, and criminal liabilities under existing laws, without prejudice to the imposition of additional sanctions such as suspension or revocation of licenses, disqualification from public office or government contracts, and restitution of misused public funds.

SECTION 15. *Implementing Rules and Regulation (IRR)* – Within ninety (90) days from the effectivity of this Act, the DOH, in coordination with relevant government agencies, LGUs, professional associations, and civil society organizations, shall promulgate the necessary rules and regulations for its effective implementation.

SECTION 16. *Congressional Oversight.* – A Joint Congressional Oversight Committee is hereby constituted to monitor and evaluate the implementation of this Act, composed of members from the relevant committees of both Houses of Congress. The Committee shall review program performance, funding utilization, and policy outcomes, and may recommend legislative or administrative measures to strengthen implementation.

The DOH and other implementing agencies shall submit periodic reports and provide access to relevant data and documents as may be required by the Oversight Committee in the exercise of its functions.

SECTION 12. *Separability Clause.* – If, for any reason, any part or provision of this Act shall be held unconstitutional or invalid, other parts of provisions thereof not affected shall thereby continue to be in full force and effect.

SECTION 13. *Repealing Clause.* - All laws, decrees, executive orders, proclamations, rules and regulations, and other issuances or parts thereof contrary to or inconsistent with this Act are hereby repealed or modified accordingly.

SECTION 14. *Effectivity.* - This Act shall take fifteen (15) days after its publication in the Official Gazette or in a newspaper of general circulation.

Approved,