

General comments:

Good paper. Authors acknowledged limitation of methods in paper and did not jump to conclusions or generalization. Ethical permission was sought.

For Context, there is a need to examine the Philippine society historical attitudes to vaccines (from confidence to rejection) pre-pandemic times and why this happened? Authors cited Alfonso, Mendoza, Dayrit, Ong paper in the reference The Diplomat. Can authors expound this item more in lines 63-64?

Were the mechanisms for reporting and evaluating Vaccine related adverse effects made clear to public? This may affect the level of confidence, and hesitancy to vaccination during the survey periods.

Reasons for brand preference for US or European made vaccines – while it is obligation of national government to correct this problem as stated in the conclusion section, the authors might want to comment on the level of transparency of Phil. Government in purchasing Chinese made vaccines (at that time, not even yet a WHO EUL vaccine), alleged overpriced procurement (based on Senate inquiry). Do all these have contribution to brand preference?

Clarity is needed on Willingness to pay? Is the amount in with reference to the two complete doses or to a single COVID vaccine? There might be a contradiction through the lines 143-144 and 168-169 and line 242. What could explain the large jump to 14.7% for P4000 as seen in the annex table? Again, historically, there was discussion about private sector procuring vaccines and donating 50% to national government. Did this affect people's level of trust in the vaccines?

Line 200. What is difference between worries on side effects and safety terminologies? The worry of high cost of vaccines – was this empirical, meaning they know of the price of vaccine or a perception that it might be high for which they will be paying out of pocket? This question is relevant as it reflects on how government communicated or explained who is subsidizing the cost of vaccines?

Line 201. The fear of Fake Vaccines – at 97% is extremely high, where could this be coming from? Can authors expound on a theory (e.g. Level of trust in government health regulatory system and supply chain management? Or is this mistrust of clinical research?)

Line 202-203. It appears that trust in politicians is high. What would account for this? Politicians are also heterogeneous personalities. Would the authors care to categorize these politicians? How about trust in health professionals? Any indication that this is a factor of influence? Who others do public trust and were these options in the survey? The survey question could in hindsight covered journalists, celebrities as well beyond politicians.

Lines 279-284. Could authors expound on the three hardest hit regions: NCR, Region 3 and 4A, and if such experience influenced their aspiration to want the vaccines artificially and how this can be proven?

Line 306-307. The desperate move alluded to in this paper is ambiguous and can authors be more descriptive in this narrative? To a reader outside of the Philippines, the nature might not be appreciated. Elucidate Vaccine injury compensation and indemnity mechanisms will be helpful. It appears that the policy of national government came under criticism (as authors stated in conclusion) and there may be a historical view to this might again put the discussion and conclusion in context.

WHO, CEPI, GAVI collectively created COVAX Facility to donate WHO EUL vaccines to countries. Philippines was one of many recipients. Was the no-fault vaccine injury compensation disclosed to public for use of such donated vaccines? To relate further, does it mean that those vaccine hesitant also mistrust WHO?