Rotavirus Vaccine Introduction:
Perspective from the Department of Health, Philippines

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Assistant Secretary
Department of Health
Investing in Filipinos, especially the poor
VISION:
A Global Leader for attaining better health outcomes, competitive and responsive health care systems, and equitable health care financing.

MISSION:
To guarantee equitable, sustainable and quality health for all Filipinos, especially the poor, and to lead the quest for excellence in health.

CORE VALUES:
Integrity
Excellence
Compassion

Equity
Better Health Outcomes (4)
Responsive Health Systems (1)
Equitable Health Financing (1)
Responsive Health Systems (1)
High Degree of Access and Utilization of Health Services by the Public (3)

People Empowerment

Social Impact

Internal Processes
Align research initiatives, policies, systems, and plans with UHC/KP (1)
Strengthen information monitoring and evaluation systems (1)
Enhance stewardship role of DOH to improve health sector performance (2)
Strengthen public internal management for more efficient spending for health (2)
Ensure rational use & distribution of health services, facilities and technologies (2)
Ensure sustainable management of DOH health facilities (2)

Organization
Ensure productive, motivated and satisfied health workforce (2)
Guarantee accountability in DOH (1)
Develop an integrated and efficient information system (1)

Resources
Improve efficiency of financial procedures (1)
Rationalize allocation of budget for hospitals, CHDs and DOH programs (1)

DoH Pathway to Better Health By 2030
Universal Health Care (UHC) is the Aquino administration’s health agenda to ensure that Filipinos, particularly the poor, are:

- Prevented from falling ill when there is improved access to preventive and promotive health goods and services to improve health outcomes and attain health-related MDGs;

- Able to avail of quality health goods and services at affordable cost when enrolled in the National Health Insurance Program; and

- Cared for in modern health care facilities and by competent and caring health providers at all levels.

UHC implementation will initially focus on the poor (Phase 1) and progressively include all sectors (Phase 2), both formal and informal.
How should we define **coverage**?

- Enrolled (Registered) in PhilHealth
- Covered
  - Health Facilities Enhancement
  - Can Access Quality Care at a Facility
  - Informed of Benefits and Entitlements; Can Access Preventive Care
  - Full NG Premium Subsidy
  - Community Health Teams as Navigators
“SAVE THE CHILDREN..

IT’S IN OUR HANDS”
Improving Child Survival

Where We Are (2010)
- 107 newborn Babies Die Every Day
- 170 Children Die Every Day Before they reach their 1st Birthday
- 230 Children Die Every Day Before they reach their 5th Birthday
(2011 NSO-DOH-USAID-WB Family Health Survey)

How Do WE Go There
- 756,000 Babies exclusively breastfed from birth up to 6 months
- 713,580 Babies Underwent Newborn Screening for Metabolic Diseases (2011)
- 2.4 M Babies Under 1 year completed their vaccination schedule
- 271,201 Children treated for dehydration;
  340,725 Children treated for pneumonia;
  10.5M Children given Micronutrients

Where WE Want To Go (2016)
- <77 newborn Babies Die Every Day
- <146 Children Die Every Day Before they reach their 1st Birthday
- <207 Children Die Every Day Before they reach their 5th Birthday

10th International Rotavirus Symposium, Bangkok, Sep 21, 2012
Estimated mortality from rotavirus diarrhoea
(risk of death per child by 5 yrs of age)
From Science to Policy: Vaccine schedule 2006

Childhood Immunization Schedule 2006

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Vaccines include:
- BCG
- dTwp
- tPv
- bPv
- hib
- PCV
- RV
- varicella
- MMR
- HepA

10th International Rotavirus Symposium, Bangkok, Sep 21, 2012
From Science to Policy: Advocacy
Gov’t hit for slow response on rotavirus

By SHEILA CRISOSTOMO

An expert on childhood diseases expressed disappointment over the slow response against rotavirus, a disease characterized by diarrhea and vomiting, which remains one of the leading killers of infants in the country.

Dr. Lulu Bravo, president of the Philippine Foundation for Vaccination (PFV) and executive director of the University of the Philippines-National Institute of Health, said diarrhea is one of the leading causes of mortality among Filipino children aged five years and below, and one-third of these cases is caused by rotavirus.

“Rotavirus is commonly known here as suka-tae. We cannot take that for granted because it can kill our children. But rotavirus is preventable, so it’s really saddening to see children suffering and dying from this illness,” she told The STAR.

Bravo said rotavirus can be prevented by vaccinating babies below six months old, but this is hardly recommended by doctors.

“I cannot understand why parents are hardly told by doctors that rotavirus exists and that it can be prevented by vaccinating their child. Ninety percent of children experience the first episode of diarrhea at the age of one (year) so this vaccination is really important for them,” she said.

Despite the need for the rotavirus vaccine, the PFV cannot have it included in the Department of Health’s expanded immunization program because of its prohibitive cost.

“There’s no way we can give the vaccine for free. I don’t think that will happen in the immediate future because each vaccine costs around P2,000 to P3,000 and each child needs two doses,” Bravo said.

She said the PFV relies heavily on the initiative of pediatricians to recommend the rotavirus vaccine.

“It’s cheaper to vaccinate children than to treat them for rotavirus. We cannot quantify their suffering and the emotional and physical stresses experienced by their parents. It is better to vaccinate these kids and shield them from rotavirus,” Bravo said.

The rotavirus is transmitted mainly through the fecal-oral route. It causes an intestinal viral infection that results in vomiting and severe diarrhea, which can be fatal.

It is estimated that of the 14,500 childhood diarrhea-related deaths in the Philippines every year, some 3,700 are caused by rotavirus.
From Science to Policy: What should happen

• In limited resource countries, balancing costs of Rotavirus vaccines and their delivery against benefit of vaccination is an important consideration.
• Government must exhibit political will to use Rotavirus vaccines.
• An explicit commitment by manufacturers to provide vaccines and support to vaccine delivery and advocacy are critical.
Childhood Immunization Schedule 2012

- BCG
- Hep B
- DTwP/DTaP
- Tdap
- OPV/IPV*
- Hib
- RV
- Measles
- MMR
- PCV*/PPV
- Influenza
- Varicella
- Hep A
- HPV

**EPI Vaccines inside box**
- **Range of Recommended Age**
- **Catch Up Immunization**
- **For High Risk Group**

*Primary doses are given at least 4 weeks apart.*
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<th>Program</th>
<th>2012 GAA</th>
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<td>Expanded Program on Immunization</td>
<td>1,874,792</td>
<td>1,949,783</td>
<td>BCG, DPT, OPV, HepB, Measles, TT, MR, Pneumococcal Conjugate Vaccine,</td>
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<td>Rotavirus vaccines</td>
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<td>Tuberculosis Control</td>
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<td>Anti-TB Drugs and commodities</td>
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<td>Family Health and Responsible Parenting</td>
<td>2,279,573</td>
<td>2,539,420</td>
<td>Includes cost of vaccines for Senior Citizens (Pneumococcal and Influenza)</td>
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