Rotavirus Vaccination in the Philippines: Growing Pains

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12th International Rotavirus Symposium
Melbourne, Australia
The Philippines
7,100 islands

1985: 21%

By 1990: >90% fully immunized child (FIC)

EPI: foundations laid in 1986
- Cold chain
- Vaccines /logistics
- Training
- Orchestration of services
- Supervision
- Surveillance
- Evaluation

Hepatitis B introduced 1991

ESN Dayrit, 12th International Rotavirus Symposium
Methods

Reconstruction of events

• Interview of key informants and stakeholders
• Review of news articles, published literature
• Review of official issuances and reports

Analysis and reflection
The Philippines made history by being the first country in Southeast Asia to vaccinate newborns against rotavirus in the national immunization program, earning praises from international experts.

Former Secretary of Health and former Philippine President

The Philippine Star, July 2012
But three years later, in 2016.....

- The Health budget no longer included the rotavirus vaccine
- The national immunization managers were uncertain what to do next

What went wrong?
Principles and considerations for adding a vaccine to a national immunization programme, WHO 2014
High disease burden

Cost-effective vaccine

Stable immunization program

Key considerations in ROTA vaccine introduction in the Philippines
Findings: 1. Weak target-setting

Initial target in 2012

Infants 6-32 weeks in 700,000 poorest of the poor families (assumption: one age-eligible child per family)

Social equity as a value vs social “equity” as a political slogan
Social “equity” and herd immunity

• 2009: national social targeting survey identified the 700,000 poorest of the poor families
• Not all families had 6-32 weeks old infants
• Finding specific doors was very difficult
• Social equity is general protection for the entire community, not mere access of the poor to vaccines
Revised target in 2014
All infants 6 weeks – 2 years old in two geographical Regions (then in 2015, just CARAGA Region)

CARAGA: high poverty burden, good surveillance
Bicol Region: high diarrhea burden
Findings: 2. Very low vaccination coverage

Table 1: Rotavirus Vaccination Coverage 2012-2015

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ROTA 1</th>
<th>ROTA 2</th>
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<tbody>
<tr>
<td>2012 nationwide</td>
<td>29%</td>
<td>19%</td>
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<tr>
<td>(target: 700,000)</td>
<td></td>
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<tr>
<td>2013 nationwide</td>
<td>56%</td>
<td>44%</td>
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<tr>
<td>(target: 700,000)</td>
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<tr>
<td>2014 CARAGA Region V</td>
<td>28%</td>
<td>17%</td>
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<tr>
<td></td>
<td>18%</td>
<td>9%</td>
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<tr>
<td>2015 CARAGA only</td>
<td>82%</td>
<td>77%</td>
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Recent diarrhea outbreaks (60% attributed to rotavirus): Eastern Visayas and Zamboanga Peninsula. More than 60 people died.
New vaccines introduced in the Philippines

• Hib (Pentavalent) in 2010
• HPV in 2013
• PCV in 2014
• Flu vaccine for the elderly
• Tetanus –diphtheria vaccine for school-aged children
• Dengue vaccine in April 2016
Findings: 3. Loss of confidence in the vaccine

No impact study yet to justify 2016 vaccine budget
Summary: Underlying causes

Decision-making short cuts

Minimal effort, top-down middle managers

• Two short memos: (a) 2012 target and (b) revised 2014 target
• No operations manual or multi-year plan
• Low key communication and community mobilization

Credibility gap of international partners
Conclusion

• Politics provided impetus to launch vaccine introduction
• Expectations were not delivered for various reasons
• Lack of transparency in decision-making
• Lack of long-term plan and forecasting

The Challenges

• How to manage changing political leadership
• How to institute a system that will be adhered to by leaders
Redirect Rota vaccination

1. Select priority areas: neighboring Regions with high diarrhea/ rotavirus burden
2. In these areas:
   - Conduct full scale communication and community mobilization
   - Organize integrated diarrhea prevention and control program (all interventions)
3. Eventual full nationwide vaccination (in 3-5 years)
Sustaining Efforts

• Match political will with sound technical advice
• Define master plan: set priority vaccines with timetable (tailor to character of disease and interventions)
• Manage changes in political priorities: demonstrate impact
• Keep ground zero actors (vaccinators, community volunteers, parents) well motivated, well informed and satisfied with reliable health services
Other issues

• Quick return of investment: one-time vaccine introduction? or
• Slower but more sustainable introduction?

NBI probes ‘DOH vaccines mess’

The National Bureau of Investigation has been investigating since June the Department of Health's purchase of expensive vaccines in 2012 despite a recommendation to buy more cost-effective ones.
Other issues

Develop and organize technical experts:

• Adequate experience in mass vaccination (herd immunity vs. individual protection)
• Genuine concern to achieve impact
The future?

• Rota vaccine: back in 2017 Health budget
• Supplies only for 3 regions and 1 province
• Still no multi-year plan towards full and sustained nationwide vaccination coverage
Getting things right