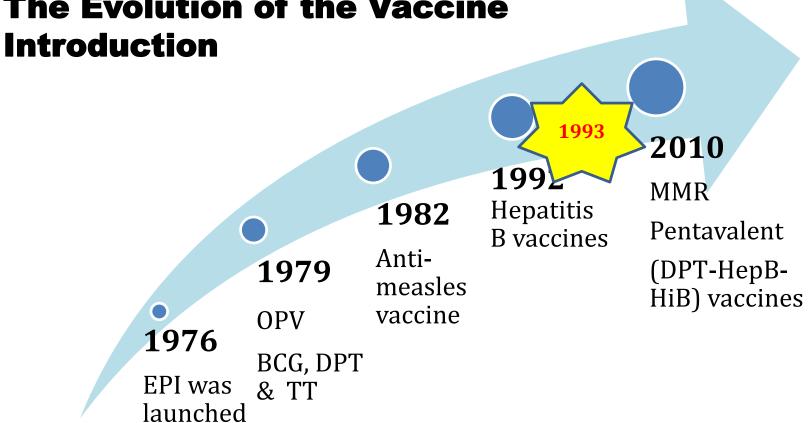
Immunization in the Philippines: Current Trends and the Way Forward

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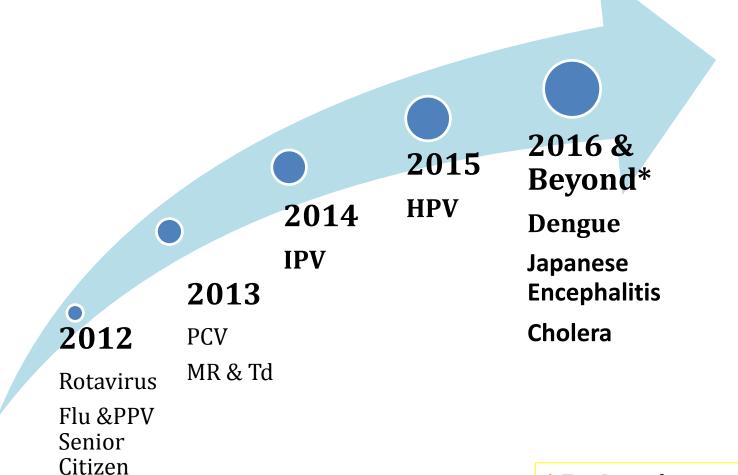
Country Background

- 2.3 Million estimated infants and pregnant women annually
- Decentralized health system since 1991
- High level of government commitment to child health including EPI
 - 100% of EPI vaccines funded by the Government
 - Established National Immunization Committee and program-specific committees such as:
 - National Polio Certification Committee
 - Polio Expert Panel
 - National AEFI Committee
 - National Measles Verification Committee

The Evolution of the Vaccine



The Vaccine Introduction (2)



^{*} For Introduction

Current Immunization Schedule

Schedule ng Pagbibigay ng Bakuna para sa mga Batang Isang Taon Pababa

BAKUNA	SAKIT NA MAIIWASAN	NIREREKOMENDANG EDAD NG BATA						
		PAGKA- Panganak	1 ½ BUWAN	2½ BUWAN	3 ½ BUWAN	9 BUWAN	1 TAON	
BCG	Tuberkulosis	*						
HEPATITIS B	Hepatitis B	1						
PENTAVALENT VACCINE (DPT-Hep B-HiB)	Dipterya, Tetano, Hepa B, Pertussis, Pulmonya, Meningitis		1	*	1			
ORAL POLIO VACCINE (OPV)	Polio		1	1	1			
INACTIVATED POLIO VACCINE (IPV)	Polio				1			
PNEUMOCOCCAL CONJUGATE VACCINE (PCV)	Pulmonya, Meningitis		1	1	1			
MEASLES, MUMPS, RUBELLA (MMR)	Tigdas, Beke, German Measles					1	1	



Kalusugang Tuloy-Tuloy para sa Pamilyang Pinoy



Pag Kumpleto, Protektado

MGA PAALALA

Nagsisimula ang pagbabakuna ng bata sa kapanganakan.

Sundin ang schedule ng bakuna at siguruhing makumpleto ang mga ito hanggang sumapit ang kanyang unang kaarawan.

Ang mga bakunang hindi nakalista ay maaring makuha sa pribadong ospital o doktor.

Vaccines for Special Population Groups & Expansion

Vaccines	Age Groups	Remarks		
PPV Influenza	60 yrs old and above	Only for indigent senior citizens		
Cholera	High risk population			
Tyhoid				
Yellow Fever		Provided by BOQ & paid by individual		
OPV/IPV		travellers		

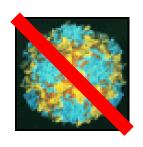
Vaccines	Age Groups	Remarks
Td	Grade 1 & Grade 7	Public schools only
MR		
HPV	9-10 yrs old	20 poorest provinces only
JE		For introduction in 2017

EPI BUDGET ALLOCATION (GAA) 1990-2016

Year	Budget (PhP)
2006	316,960,000
2007	444,857,000
2008	483,857,000
2009	843,057,000
2010	990,784,000
2011	2,494,454,489
2012	1,874,792,000
2013	1,949,783,000
2014	2,541,993,000
2015	3,342491,000
2016	3,989,749,000

Major Milestones of the EPI in the Philippines





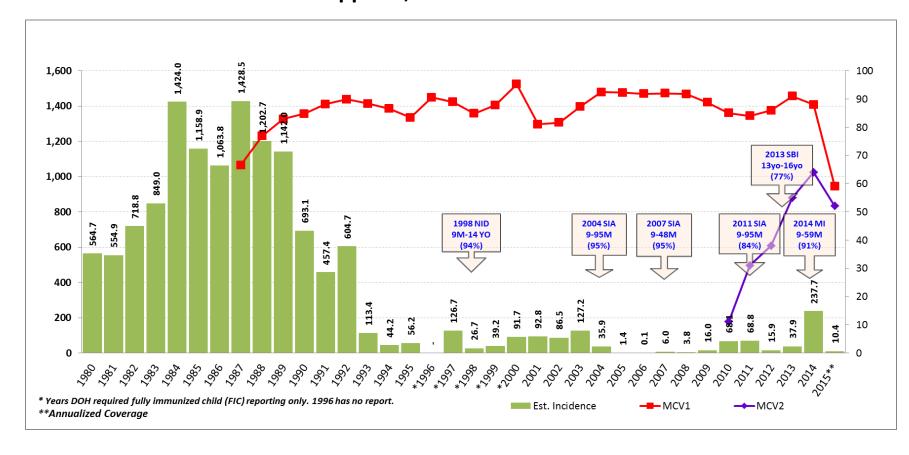
Global Polio Eradication Initiative

The Philippines was certified Polio-free since October 2000!

This was made possible by achieving:

- ➤ High OPV3 Immunization Coverage
- ➤ Good Surveillance for Polio

Estimated Measles Incidence per Million Population and Percentage of MCV1, MCV2 and Measles SIA/SBI Reported Coverage Philippines, 1980 - 2015**



World Immunization Week: Eliminating Maternal and Neonatal Tetanus in Occidental Mindoro, Philippines



Technical Officer from the WHO treks to reach the 1st mangyan village in the mountain. These teams crossed the same river in different locations to get to the several Mangyan Villages in order to conduct the survey.

February 2015

The survey conducted in the province of Occidental Mindoro, considered to be the district at highest risk, found no case of neonatal tetanus among the births identified in the survey. Because Occidental Mindoro was selected as the "highest-risk" province for neonatal tetanus in the Philippines, with the exception of the ARMM, it is likely that neonatal tetanus has also been eliminated in the other provinces at lower risk. To complete the validation of MNTE in the Philippines, a three-round Tetanus toxoid immunization of childbearing age women will be held in ARMM beginning this year with focus on areas that are not usually reached by routine health services

Enhanced the cold chain capacity

- Conducted cold chain inventory nationwide
- Installed 9 units of Walk-in Chillers for selected Regional and Provincial Storage
- Procured 3,161 units of ice-lined refrigerators for provinces, cities and municipalities
- Additional procurement of 1,500 units of icelined refrigerators to complete the gaps at all levels

EPI Comprehensive Multi-year Plan

- DOH EPI Strategic Plan for 2016-2021
- Includes strengthening of immunization coverage for traditional vaccine and introduction of new vaccines in the routine immunization services

Key Strategies:

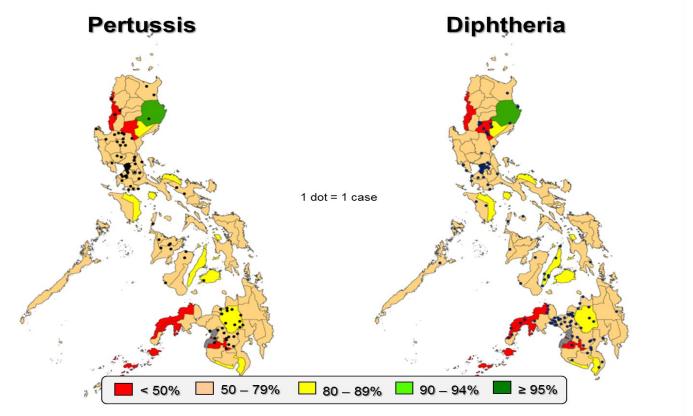
- Strategy 1. Expand package of quality immunization service and scale up coverage
- Strategy 2. Generate demand for immunization services and build-up multi-sectoral support for NIP
- Strategy 3. Strengthen surveillance and response
- Strategy 4. Build-up Supervision, Monitoring and Evaluation
- Strategy 5. Institute supportive governance, financing and regulatory measures

BUDGETARY REQUIREMENTS(in PhP) by STRATEGY, 2015-2019

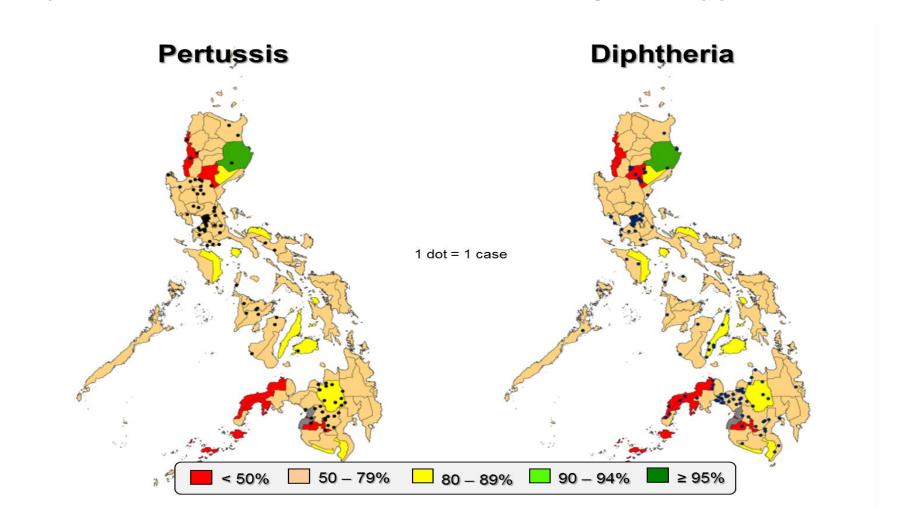
Strategy	2015	2016	2017	2018	2019	TOTAL
Expand the package of quality immunization services and scale up coverage	5.8 B	6.3 B	13.6 B	14.5 B	14.7 B	54.6 B
Generate client's demand and multi-sectoral support for immunization services	244.1 M	253.8 M	156.4 M	85.0 M	93.3 M	832.8 M
Strengthening surveillance and response	66.8 M	67.5 M	76.8 M	80.8 M	79.2 M	371.3 M
Build-up supervision, monitoring and evaluation	35.4 M	49.6 M	48.8 M	37.1 M	51.3 M	222.4 M
Institute supportive governance, financing and regulatory measures	3.3 M	9.2 M	6.0 M	5.8 M	8.7 M	33.1 M
TOTAL	6.16 B	6.68 B	13.9 B	14.3 B	14.9 B	56.0 B

Challenge 1: Increased number of unimmunized children

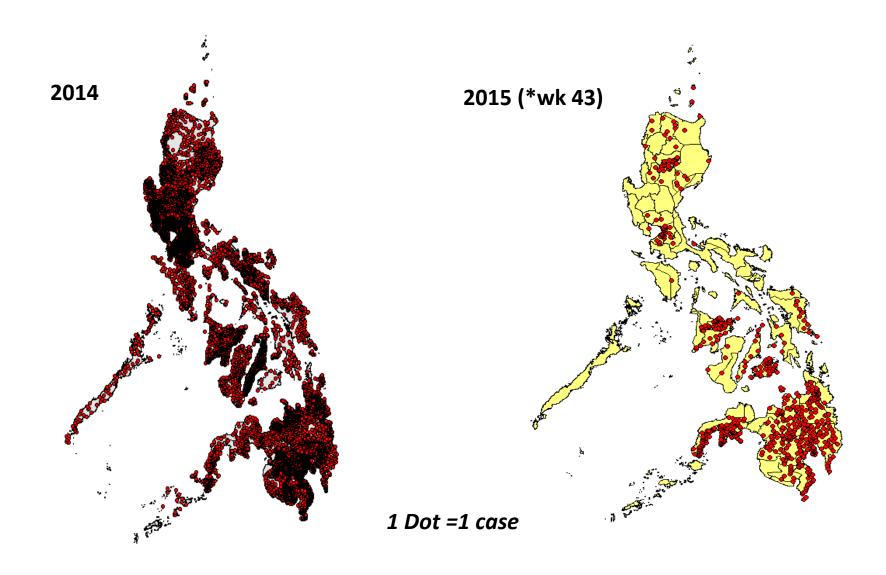
Pertussis & Diphtheria Cases
Reported sub-national DTP/Penta3 coverage, Philippines, 2014



Pertussis & Diphtheria Cases Reported sub-national DTP/Penta3 coverage, Philippines, 2014



Reported Measles Cases, Philippines 2014 – 2015*



Challenge 2: Meeting the global synchronized t-OPV to bOPV shift in April 2016

- Total of 4M doses of vaccines available in the health service delivery points
 - 550K doses utilized per month

 Expected delay in the procurement/shipment/delivery of the bOPV supply

Challenge 3: Inadequate health care providers

- Multi-tasking health workers (from national to health facilities)
- Some local chief executives with little investment in health
 - Unfilled HR vacant positions including community health volunteers

The Way Forward.....

- Creation of National Immunization Program(NIP) from the existing EPI
- Expansion of Reaching Every Purok Strategy
- Augmentation of manpower capacity to support regional health offices and local government units
- Strengthening of immunization data management

- Establishment of routine surveillance system with laboratory confirmation capacity
- Conduct of Cost Effectiveness Analysis
- Securing financial sustainability through the EPI cMYP

SALAMAT.... Thank You