

# VACCINATION AND PUBLIC HEALTH: “A GOVERNMENTS’ OBLIGATION”

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# Devastating infections of the past 1,000 years and how vaccines have mitigated the danger

Before  
15<sup>th</sup> Century



## Variolation

Ritualized administration of smallpox matter to the nostrils

16<sup>th</sup> Century



30% in England died before the age of 15

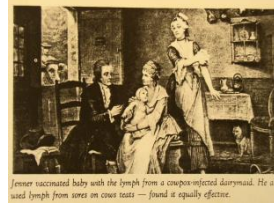
Dysentery, scarlet fever, whooping cough, influenza, smallpox, and pneumonia.

17<sup>th</sup> Century



The 1700s: a watershed century for vaccine development

18<sup>th</sup> Century



Basic principles behind immunology

19<sup>th</sup> Century



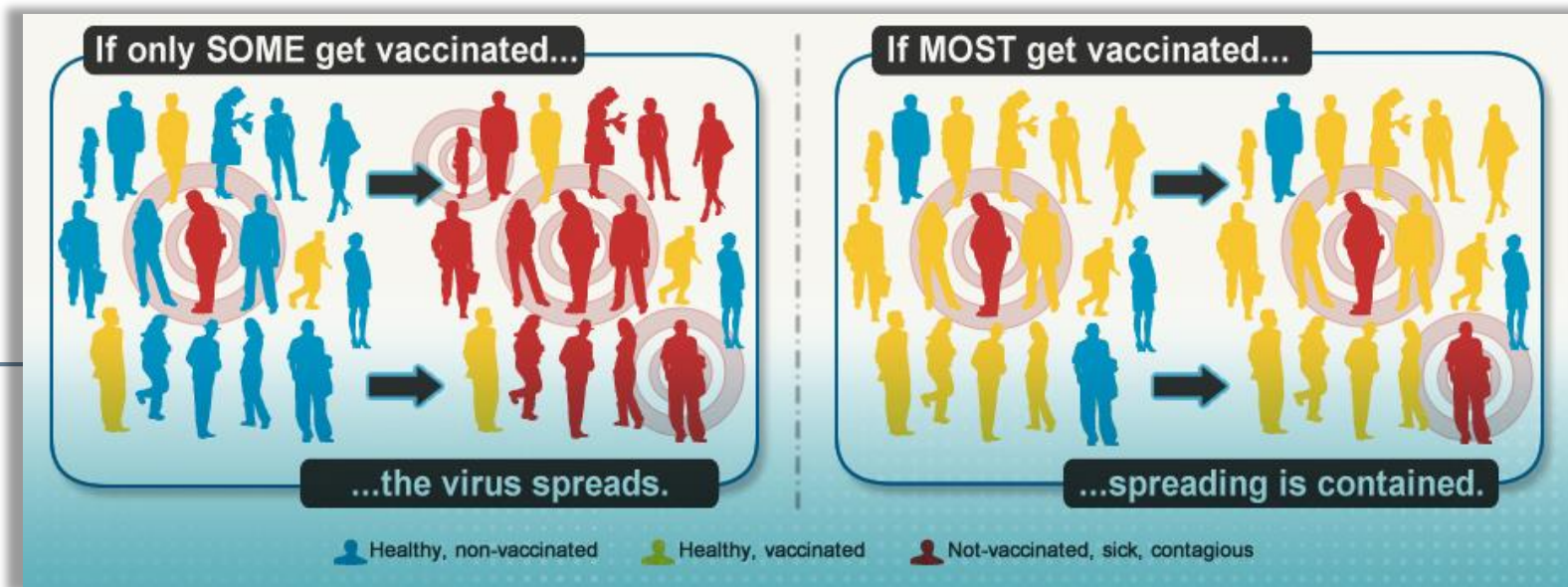
the first “lab-made” vaccination

Smallpox vaccination was made compulsory under state laws

20<sup>th</sup> & 21<sup>st</sup> Century

- Vaccinations for 27 major infectious diseases available
- 2000, centuries-old scourges like smallpox and measles eliminated from the developed world, along with yellow fever, polio and several others

# Is immunization a program for the private or the public sector?



PRIVATE VACCINATION



PUBLIC PROGRAM



**HERD**  
IMMUNITY

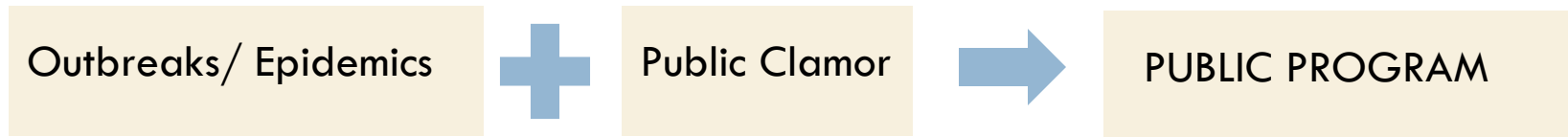
# Public Funding:

## Who are the real stakeholders

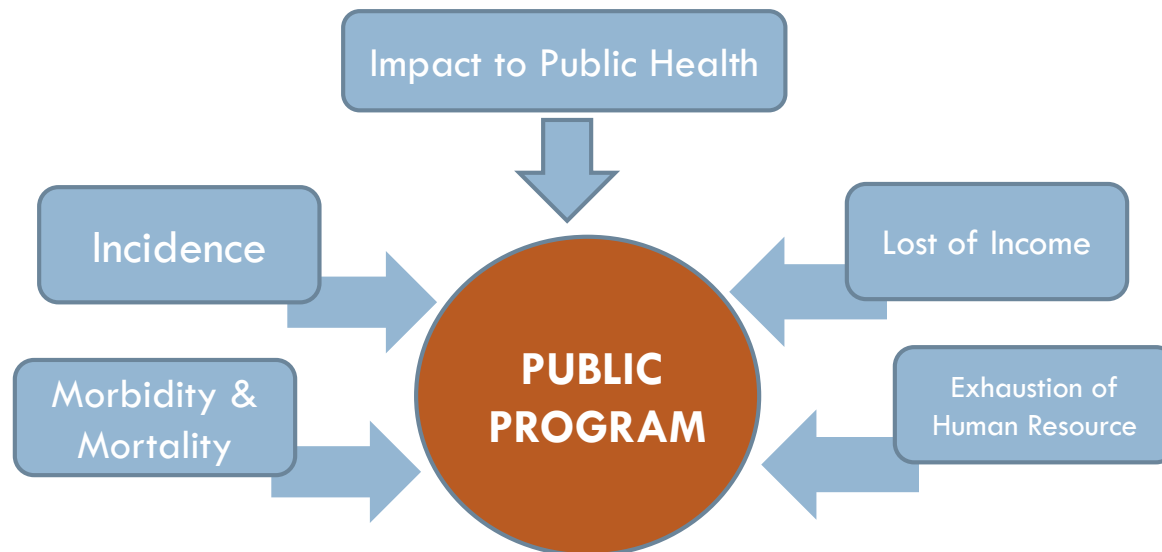
STAKEHOLDERS	RESPONSIBILITY	KNOWLEDGE ON IMMUNIZATION
Ministry of Health	Over all Immunization Program Recommendation and Planning Program Execution Monitoring	YES
Ministry of Budget & Management	Budget allocation/Funding	Minimal
President/Parliament	Final Over all approval	Minimal
CSOs/NGOs	Watchdog Advocacy	Almost None

# Drivers for Public Program Funding

## Current Situation



Real Rationale of Vaccination: Prevention of vaccine-preventable diseases.



# Anti-vaccine Groups vs Experts

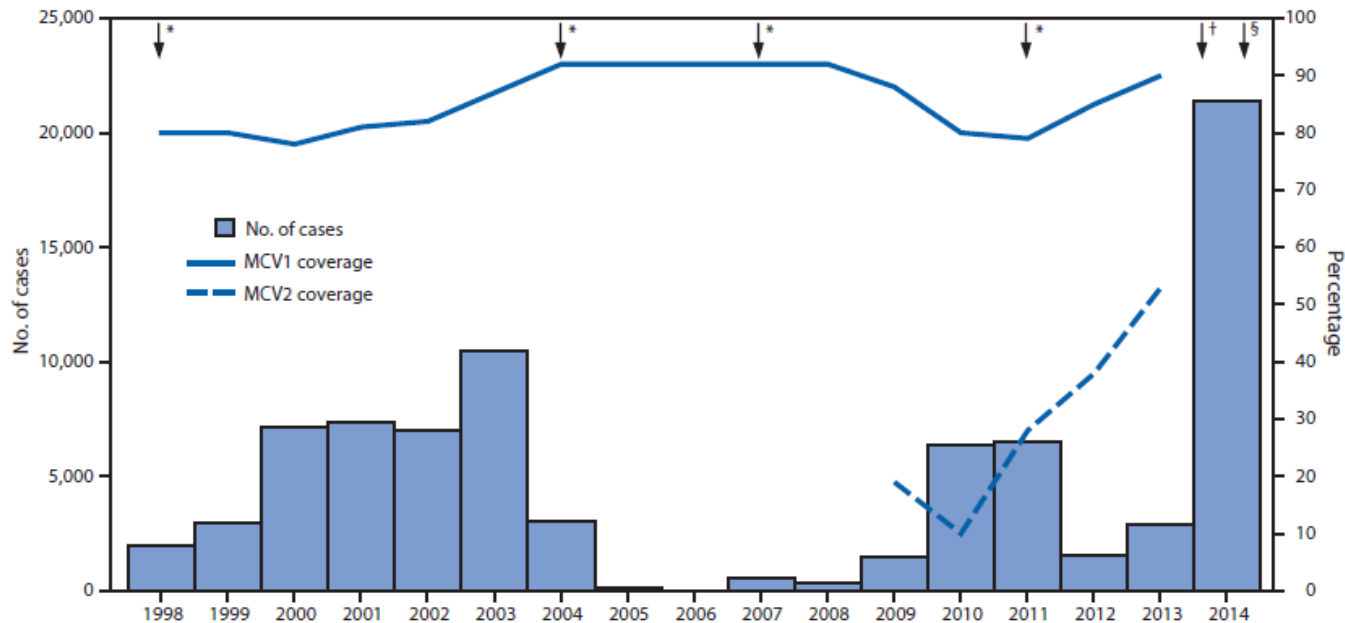
	Anti-vaccine Groups	Experts
Workload	Less	High
Noise	+++	+
Professional Practice	+/-	+++

For developing countries with huge out of pocket expenditure, the general public is dependent on the government.

# Progress Towards Measles Elimination

- The World Health Organization (WHO) Western Pacific Region (WPR) established a goal to eliminate measles\* by 2012
- In the WPR, the Philippines set a national goal in 1998 to eliminate measles by 2008

FIGURE 1. Number of reported measles cases and estimated percentage of MCV1 and MCV2 coverage, by year – Philippines, 1998–2014



# Situations where misinformation has affected public health:

- A. Measles Outbreak in 2013-2014 citing Philippines as the source
- B. Tetanus toxoid Immunization in the 1980s
- C. Dengue Vaccination in the Philippines

***VIRUSES are the new exports.***



# The Need for Strategies to Increase Immunization Levels

- While there is continuous research, obstacles to implementation, and a less informed public, the silent experts should be maximized.
- Noise should also come from the public who ultimately benefits.
- The public health value of vaccine should be emphasized.

Awareness and education interventions to increase community demand for protection

Enhance access to vaccination services

Vaccine Safety and Efficacy to create health impact

The purpose is not to address outbreaks and epidemics but to either prevent or eliminate diseases or to reduce mortality and morbidity of infectious diseases

# Action Points

- Private vs public immunization: reduced time lag between availability
- General public understanding vaccination benefits
- Education to counter the myths
- Do not wait for exhaustion among government workers

"Vaccination is a government's obligation because it is every citizens' right"



*Thank You!*