

Healthy Ageing & the Role of Life-Course Immunisation: Southeast Asia Roundtable Series

Philippines Key Takeaways



Healthy Ageing & the Role of Life-Course Immunisation

23 July 2021

Asia's population is ageing. By 2050, about 25% of Asia's population will be made up of older adults aged 60 and above.¹ Asia is also projected to house 62% of the elderly population, which makes the region the oldest in the world.²

The United Nations has proclaimed 2021-2030 to be the Decade of Healthy Ageing,³ to improve the lives of older people, their families and communities. An equally important and complementary strategy is that of the World Health Organization's Immunisation Agenda 2030,⁴ to ensure that everyone, everywhere, at every age, fully benefits from vaccines to improve health and wellbeing – including older adults.

Despite the obvious benefits, Southeast Asia lags behind the rest of the world when it comes to life-course immunisation – falling significantly short of the 75% immunisation target rate set by the World Health Organisation.⁵

In response, the EU-ASEAN Business Council, KPMG and Sanofi, with the support of the Western Pacific Pharmaceutical Forum (WPPF), published a report in 2021 on 'The Decade of Healthy Ageing in ASEAN: Role of Life-course Immunisation',⁵ unveiling healthy ageing barriers in Southeast Asia and calling for an urgent and greater focus on the implementation of life-course immunisation.

To ensure that the report recommendations in the report translate into relevant and actionable solutions at a country level, a series of five roundtables are being organised across Southeast Asia. The Philippines roundtable was held on 23 July 2021, with multi-stakeholders from various sectors, including health policy, healthcare industry, academia, elderly advocacy groups and pharmacy. The attendees aligned on progressive policy activities and devised a national roadmap to improve awareness, access, and uptake of life-course immunisation in the Philippines.

Chatham House Rules were applied during the roundtable. The insights and solutions gathered during the roundtable have been summarised in this report, with no direct attribution to any participants. However, contributing participants and organisations have been credited as a contributor to these highlights.

We thank all roundtable participants for their valuable contribution.

Life-course immunisation landscape in Philippines

The population in Philippines currently stands at a relatively young median age of 25.7 years. However, by 2050, the number of people aged 65 years and above will triple to 17 million people, equivalent to 11.8% of its overall projected population.⁶ As people age, the immune system becomes less effective, contributing to the greater susceptibility of older people to some infections and diseases. Take for example, pneumonia and influenza, which are more common among the elderly and result in higher mortality rates. In 2020, pneumonia was the fifth leading cause of death, explaining 5.6% of all-cause deaths.⁷ Furthermore, 67.1% of influenza-associated mortality each year occurs in adults aged 60 years and older.⁸

While the Philippines has not developed an adult immunisation schedule, vaccine subsidies are available for influenza and pneumococcal vaccines. The Expanded Pneumococcal Immunisation Programme for Senior Citizens, launched in 2016, provides free pneumococcal vaccines to all citizens, administered at ages 60 and 65.⁹ Outside of the national immunisation programme, individuals aged 60 and above receive discounts between 20-60% for influenza and pneumococcal vaccines through the Expanded Senior Citizens Act¹⁰ and the nationwide PhilHealth public insurance scheme.¹¹ Furthermore, the Health and Wellness Programme for Senior Citizens provides free influenza and pneumococcal vaccines to the 1.3 million indigent citizens aged 60 and above in the country.¹²

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Ultimately, though, immunisation rates for vaccines among older adults depend on the extent of financing coverage. While the Expanded Pneumococcal Immunisation Programme has facilitated a pneumococcal vaccine coverage rate of 52.9% for persons above 60 years old, the vaccine coverage rate for influenza remains low due to the lack of a comprehensive immunisation policy. As a result, only 36.3% of adults above 60 years have ever received an influenza vaccine, as of 2019.¹³

The local government will continue to play an important role in driving a successful national immunisation program and improving the access to healthcare by older persons, be it by introducing plans for new laws such as the Universal Health Care Law, or establishing the National Commission of Senior Citizens, to oversee the formulation, implementation and management of all programmes, research initiatives and policies for older adults. Beyond this, more needs to be done by policymakers to empower non-governmental and grassroots organisations to heighten awareness and expand existing immunisation programmes. Furthermore, engaging the health technology sector as well as providers in primary care settings to improve data infrastructure can help to support uptake of life-course immunisation at the national level.

What are the barriers to life-course immunisation uptake in Philippines?

There are multiple policies in place to ensure older people are able to access essential support for healthy ageing, including vaccine subsidies for influenza and pneumococcal vaccines. However, as highlighted by the EU-ABC, KPMG, Sanofi and WPPF report, there continues to be accessibility and supply constraints. For example, since influenza vaccines are provided at no cost only to indigent older citizens, more than 75% of individuals aged 60 and above do not qualify for the programme. Vaccines procured by the government have not been sufficient to cover the overall older adult population and barangays (the smallest administrative level of a Local Government Unit) have also experienced insufficient supply to cover the current Health

and Wellness Programme for Senior Citizens.¹⁴

Additionally, even with subsidies for adult vaccines for certain target individuals, self-paying individuals may face financing barriers. For individuals who have to self-pay, influenza vaccines cost between PHP 600-1,500 (USD 12.5-31.25)¹⁵, a prohibitive cost for some where the monthly average family income in the country is PHP 22,000 (USD 460).¹⁶

Delivery and financing barriers are further compounded by the lack of enablers, such as integrated health records to track the uptake rates of adult vaccination. This leads to a gross underestimation of the problems and consequences on individuals and wider society, and directly affects proper development of good public health delivery and financing policy.

Participants of the roundtable reinforced the barriers highlighted in the report, and discussed the following:

Value of life-course immunisation

There is a gap between paediatric immunisation and the adult journey of immunisation. There is currently no National Adult Immunisation Schedule (NAIS) in the Philippines, and the importance of routine vaccination options beyond childhood are not well-understood by adult populations. Many have the misconception that crucial vaccines are only given at birth or to children. Additionally, the general population do not fully understand, and are faced with uncertainties about, the efficacy of vaccination or its components.

Advocacy, awareness, information

Lack of advocacy, awareness and information continue to be key barriers to life-course immunisation uptake in the Philippines.

- 1. Many people are unaware about adult vaccinations and subsidies.** Awareness of vaccines is considerably low, with only 30% and 41% of adults aged 60 and above being aware of the influenza and pneumococcal vaccines respectively.¹³ This is partly due to the

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logistical challenges faced by the local government to communicate and deliver information on initiatives and programmes around life-course immunisation. Furthermore, the lack of education and poor information dissemination on vaccines and their benefits are significant barriers to immunisation.

- 2. Older adults lack understanding of technology to access information.** Some still do not have mobile phones and even phone owners struggle with connectivity and costs. A Pew Research Center survey in 11 emerging economies found that about three-in-ten adults in the Philippines (27%) do not own a mobile phone.¹⁷

Data collection

Longitudinal data collection is challenging for a country like the Philippines, as it requires heavy resources and expertise to maintain a database regularly. Furthermore, the country faces additional difficulties with people migrating from rural to urban areas, or vice versa. Currently, immunisation records are handled by Local Government Units and stored locally in physical patient vaccination cards and paper-based registries, restricting the ability for population level tracking and analysis.

What are the solutions to life-course immunisation uptake in Philippines?

The EU-ABC, KPMG, Sanofi and WPPF report highlights three recommendations for the Philippines:

- 1. Expand adult immunisation programmes.** In order to reduce the burden of vaccine-preventable diseases and increase vaccine coverage rates, policymakers should expand the immunisation programme to subsidise vaccines to all older persons aged 60 and above, taking into consideration the Recommendations for Routine Immunisation by the World Health Organisation for recommended vaccines.¹⁸
- 2. Improve data infrastructure for vaccines.** Policymakers should explore investments into implementing an immunisation information system, allowing governments

to better assess the costs, benefits and procurement requirements for an adult immunisation programme while providing health care professionals and patients greater access to immunisation records.

- 3. Increase support for non-governmental and grassroots organisations.** To better connect to patients on-the-ground, policymakers should empower non-governmental and grassroots organisations with greater financial and educational support for vaccine awareness programmes. Such organisations understand the unique and localised needs of their constituents better and can help older adults understand and go for vaccinations.

Beyond the report, participants also discussed additional solutions, as below.

Government-led policies

- 1. Expanding childhood immunisation schedule to cover the whole life course (national).**

Participants discussed the need to lay the foundation by first recognising the value of vaccinations in adult populations and starting with immunisation being integrated into national-level healthy living and healthy ageing policies. National immunisation schedules that normally cover childhood vaccines need to be expanded to cover the whole life-course, including schedules for revaccination, influenza, pneumonia and other later-age vaccines. Furthermore, guidelines should be put in place, especially when it comes to the vaccination of vulnerable populations.

- 2. Designing and implementing an immunisation information system (national).**

Harnessing technology and having a robust database to collect and share immunisation rates and corresponding outcomes, such as drops in hospitalisations and morbidity, can further ensure that public health and healthcare professionals better recognise the tangible and positive outcomes of life-course immunisation. This should be further supported by developing a secure copy of immunisation records, which people can easily store

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and access on their mobile devices.

3. Improving science communication and education (national). Systematic improvement of science communication and education should be targeted at healthcare professionals and the younger generation, especially students who can work at the community level and use their local dialect to effectively disseminate vaccine information to the older population.

4. Collaboration between healthcare providers (national).

While there are many ideas and approaches to increasing uptake of life-course immunisation, the most significant determinant of success criteria is the actualisation of these ideas. Collaboration among diverse stakeholders across the healthcare ecosystem is integral to ensuring that the successful uptake of life-course immunisation comes to fruition. For example, to overcome the issue of access, pharmacists can play an important role in disease prevention by advocating and administering adult immunisation.

is not government mandated, understanding what the vaccine is for and how the vaccination works is crucial to increasing vaccine confidence, and subsequently uptake among the adult population. Education on life-course immunisation needs to start early and should be an ongoing effort. There is a need to provide neutral and factual information around the role, effectiveness and risks of vaccination, along with information on access in order to empower the population to make informed choices at different life stages, for themselves and their families.

Corporate-led initiatives

Companies can partner with organisations in the medical or public health space to inform, educate and encourage their employees to get vaccinated. For example, collaborating with pharmacy organisations to conduct regular vaccination drives and insurers to develop insurance programs to incentivise uptake of vaccination.

Citizen-led initiatives

Communicating the value of life-course vaccinations early. While the role of childhood vaccinations is clear, and the Philippines currently has compulsory vaccination schedules and mechanisms for delivering vaccines effectively to a paediatric population, work needs to be done to close the gap between the paediatric and adult journey of immunisation.

Beyond needing a motivation to seek vaccination that

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Attendees

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- Assoc. Prof. Agnes Castillo – University of Santo Thomas
- Bryan Posadas – Philippines Pharmacists Association
- Charles Bark – HiNounou CEO
- Chris Hardesty – KPMG Asia-Pacific Healthcare & Life Sciences Director (Moderator)
- Chris Humphrey – EU-ASEAN Business Council Executive Director (Moderator)
- Cristan Agaceta – Philippines Pharmacists Association
- Dr Cynthia Linda Gallenero – National Commission of Senior Citizens
- Cyril Lubaton – Sanofi Head of Public Affairs Philippines
- Danielle Matuguinas – Young Pharmacists Group
- Ellen Joyce L Celso – House of Representatives Special Committee on Senior Citizens
- Atty Franklin Quijano – National Commission of Senior Citizens
- Asst. Prof. Gea Ecoy – University of San Carlos
- Gilda Sebuja-Saljay – Philippines Pharmacists Association
- Dr Grace T Cruz – University of Philippines Population Institute
- Helen Reyes – Philippines Pharmacists Association
- Dr Ida Yap-Patron – National Commission of Senior Citizens
- Asst. Prof. Jay Jazul – University of Santo Thomas
- John Jackson – Western Pacific Pharmaceutical Forum President
- Dr Kim Patrick Tejano – Department of Health
- Leonila Ocampo – Philippines Pharmacists Association
- Liyana Othman – EU-ASEAN Business Council
- Prof. Lulu Bravo – Philippines Foundation for Vaccination
- Maricel Estavillo – PruLife
- Mark Anthony O Ellana – TGP Pharma
- Reynaldo Maxlito Umali – Western Pacific Pharmaceutical Forum
- Yolanda Robles – University of Philippines Manila

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