

ADVOCACY LESSONS FROM THE PHILIPPINES

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**What is Advocacy?
How Can it Help Us Achieve Our Goal?**



What is Advocacy?

- **The act of supporting a cause, idea or policy and convincing the right people of its importance and the need to act on it**
- **An essential tool for changing practices and policies**
- **Advocates use their voices to share ideas, persuade others and create change**

How to be an Effective Advocate

Determine the best messengers and channels through which to reach your target audience

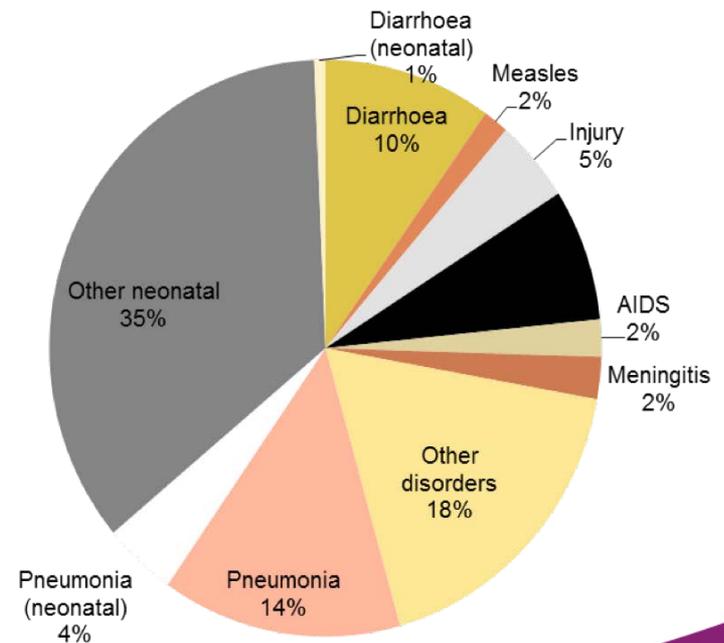
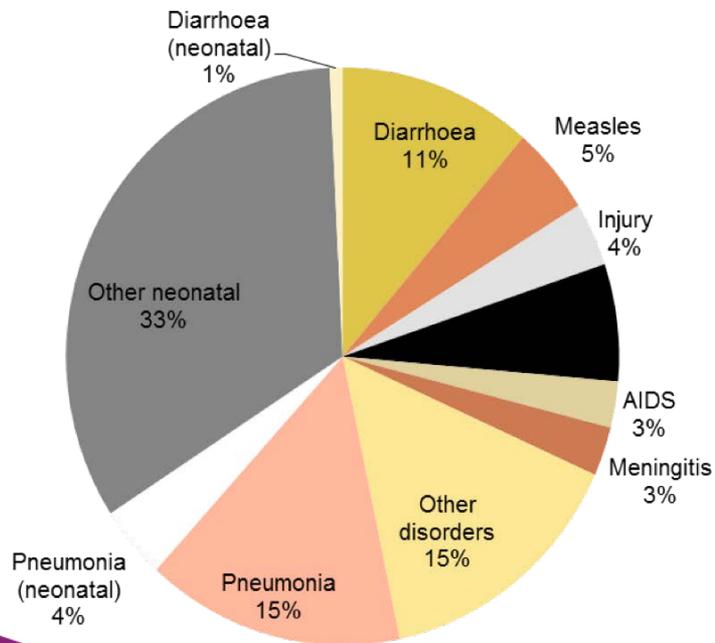
- **Who are the most compelling voices? Scientists? Parents? Doctors?**
- **What is the best way to reach them?**
- **The more contacts you can make, the better; message repetition matters**
- **Partner with others to amplify your efforts, the more voices you have, the louder you will be**



Major cause of mortality among children under 5 years, 2000-2010

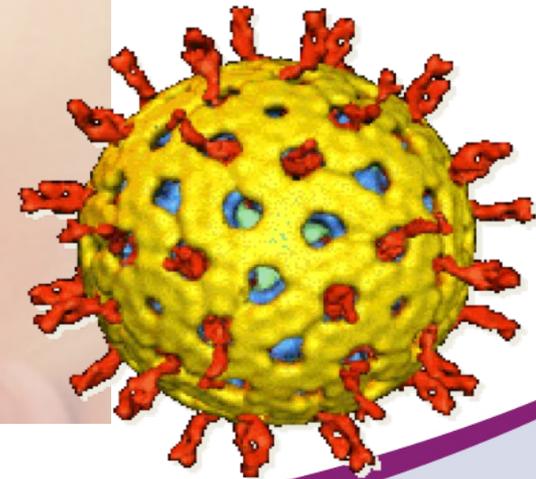
2000 9.6 million

2010 7.6 million



Source: Li, Liu, et al. "Global, Regional, and National Causes of Child Mortality: An Updated Systematic Analysis for 2010 with Time Trends Since 2000." *The Lancet* 379, no. 9832 (June 9, 2012): 2151-2161.

Rotavirus: a virus that hits all regions
and almost all children rich or poor



Never to be taken for Granted...

Common , Severe , Devastating , Preventable

THE PHILIPPINE EXPERIENCE

1985-2012

CHILD ADVOCACY - A PUBLIC-PRIVATE PARTNERSHIP (PPP)

WHO : Control of Diarrheal Disease (CDD) and IMCI

Association of Philippine Medical Schools (APMC)

DEPARTMENT OF HEALTH EPI Program

PHILIPPINE FOUNDATION FOR VACCINATION

Pediatric Societies and Other Medical Societies

LEGISLATION – Working with Policy Makers

Position Papers

Participation in Congressional Hearings

Immunization Act : A law to Increase Vaccine Coverage

COMMUNICATION and MEDIA NETWORKING

Press Conferences

Advocacy Training with Media

Regional and District Training

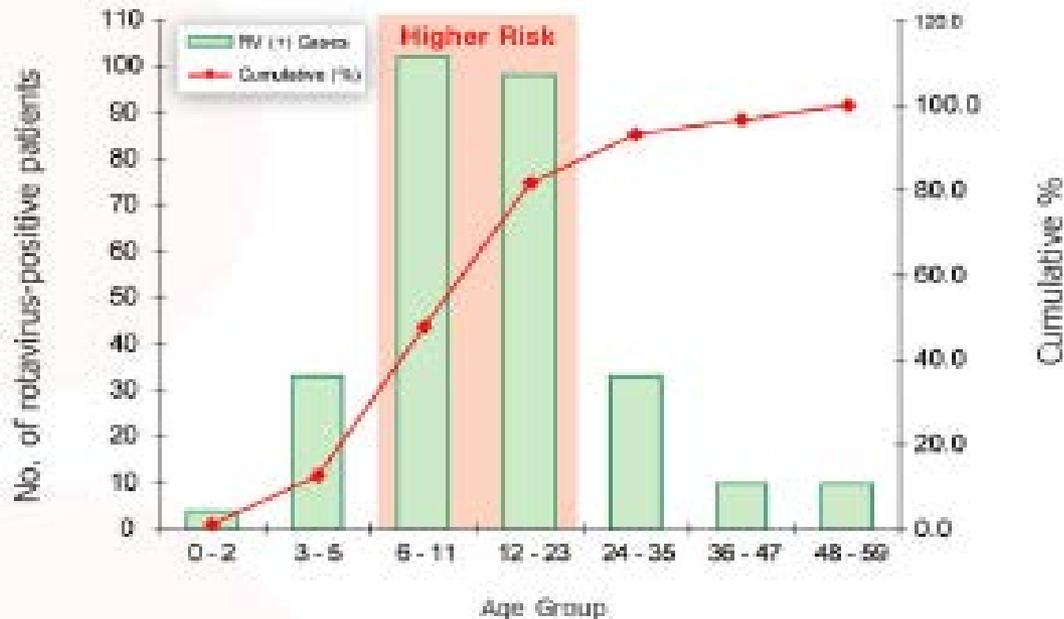
Rotavirus Peak Incidence in the Philippines



In the Philippines, 8 out of 10 babies were infected with Rotavirus by 23 months of age²

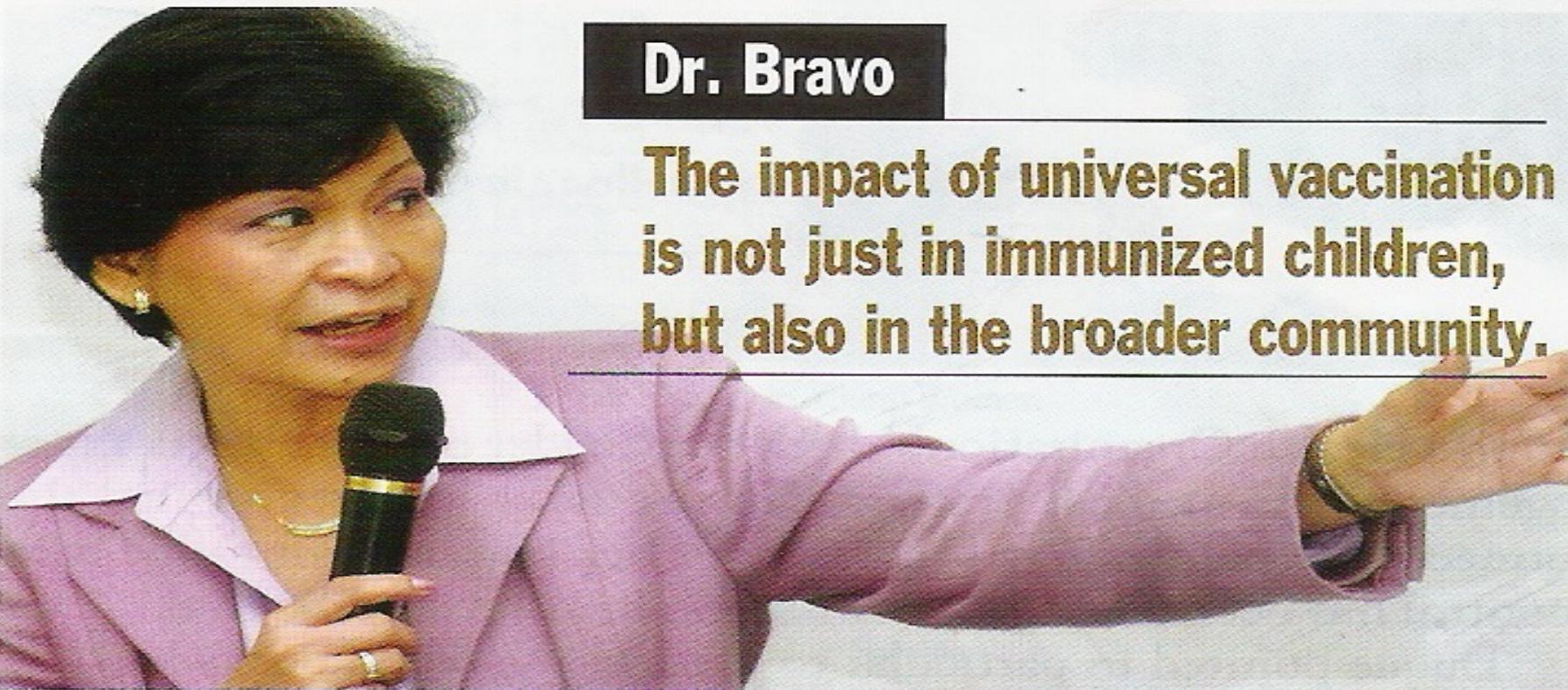
83% of infants were infected by 23 months of age²

Age Distribution of RV-positive patients, 2005²



Dr. Bravo

The impact of universal vaccination is not just in immunized children, but also in the broader community.



In a joint statement last year, the World Health Organization and the United Nations Children's Fund issued new guidelines for the control of acute diarrheal diseases. While the guidelines reinforce the major role of oral rehydration solution (ORS) as the cornerstone of acute diarrhea management, they saw the need to reformulate the original WHO ORS composition to improve the clinical course of acute diarrhea.

One significant feature of the guidelines is the recommendation to give zinc supplementation during an acute diarrheal episode and 10 to 14 days after to prevent diarrhea recurrence and zinc deficiency.

Reduced osmolality

The original WHO ORS formula was based on the stool electrolyte losses observed in cholera enteritis in field studies in Dacca, Bangladesh and the Sany Lasare Hospital in the 1960s. It had sodium level of 90 mEq/L and osmolality of more than 300 mOsm/L.

Subsequent studies, however, showed lower sodium concentrations and osmolality led to faster recovery, lessened the incidence of vomiting, and reduced the need for hospitalization for intravenous fluid therapy.

The WHO new recommends sodium concentration of 90-75 mEq/L and osmolality of 210 to 268 mOsm/L. The American Academy of Pediatrics also recommends sodium concentration of 45 to 50 mEq/L while the European Society of Pediatric Gastroenterology and Nutrition suggests ORS osmolality of 200 to 250 mOsm/L.

BATTLING DIARRRHEA

New WHO management guidelines recommend lower sodium and osmolality levels, zinc supplementation

Among the locally available ORS formulations that adhere to these new guidelines are Cholyte 50, Glucolyte 60, Orhydrate electrolyte concentrate syrup, and Pedialyte 45. A new Cholyte Plus formulation that incorporates zinc in a single sachet will soon be launched.

No energy drinks

Because these new WHO guidelines clearly define the composition of a physiologic ORS for acute diarrhea and for other rehydration therapy, sports/energy drinks should not be used as an ORS.

Sports drinks have low sodium concentration of 20 mEq/L, which can cause hyponatremia. Their high sugar content can prolong the duration of acute diarrhea or cause osmotic diarrhea. They are unphysiologic as an ORS because of their high total osmolality of 330 mOsm/L, which impairs sodium absorption.

A recent article in the *New England Journal of Medicine* suggests that taking in too much energy drink may be harmful even in endurance sports. In a study of 488 Boston

marathon runners in 2002, 13 percent developed hyponatremia (less than 135 mmol/L), three of whom had a critical level of less than 120 mmol/L.

Zinc supplementation

Based on field studies mainly in India, zinc supplementation has been shown to shorten the clinical course of acute diarrhea and reduce its severity. Zinc is an important trace mineral that has been shown to provide a number of nutritional benefits like increased appetite, height gain, and stronger immunity, particularly against diarrhea and pneumonia. The Philippine Pediatric Society Clinical Practice Guidelines also recommend zinc supplementation for six months as one of the preventive strategies to control community-acquired pneumonia in children.

The dose of elemental zinc during acute diarrhea is double the recommended daily allowance of 10 mg daily for infants less than six months and 20 mg daily for older children. The preferred preparation is zinc gluconate, which is more bioavailable than zinc sulfate or zinc lactate. **M A.C. Ludan, MD**

AAP issues new breast-feeding guidelines

A long-time advocate of breast-feeding, the American Academy of Pediatrics (AAP) recently released new breast-feeding recommendations to reflect new research on the importance of breast-feeding. The policy titled "Breast-feeding and the Use of Human Milk" replaces the guidelines issued in 1997. The AAP recommends exclusive breast-feeding for the first six months and support for breast-feeding for the first year and beyond as long as mutually desired by mother and child. It also suggests that the mother and infant sleep in proximity to each other to facilitate breast-feeding.

Other recommendations encourage:
• Mothers to examine their breasts for lumps, roughout lactation, not just after weaning.



• Support for efforts of parents and the courts to ensure continuation of breast-feeding in cases of divorce and separation.
• Pediatricians to counsel adoptive mothers on the benefits of induced lactation through hormonal therapy or mechanical stimulation.

• Pediatricians and other knowledgeable and experienced health-care professionals to reevaluate a breastfed newborn at three to five days of age and again at two to three weeks to be sure the infant is feeding and growing well.

The AAP said that studies provide evidence that breastfeeding can decrease the incidence or severity of conditions such as diarrhea, ear infections, and bacterial meningitis. Some studies also suggest that breast-feeding may offer protection against sudden infant death syndrome, diabetes, obesity, and asthma. Research also indicates that breastfeeding can reduce a mother's risk of several medical conditions, including ovarian and breast cancer, and possibly risk of hip fractures and osteoporosis in the postmenopausal period, the AAP noted. **M**

Burden of rotavirus hospitalization in children aged <5 years in the Philippines

- Multi-centre surveillance study in hospitals and clinics between January 2005 and December 2006

Level of health care required	Annual incidence of RVGE cases (per 100,000 children)	Number of RV-attributable events per year	Cumulative risk of RV disease by 5 years of age
Hospitalisation	281	31,498	1 in 72
ED visit	451	50,565	1 in 44
Clinic visit	755	84,590	1 in 26

The incidence of each clinical outcome was determined based on data from three townships. These data were extrapolated to estimate the national burden of RV disease

- Of the 128 samples that were G and P typed, **98%** belonged to the common strains **G3P[8]**, **G2P[4]** and **G1P[8]**

Peak age of onset : 3 to 5 months

Scientists as Advocates

No one knows this issue better, you are the experts

The most compelling messengers are passionate and invested in an issue

Your job is to be credible and unbiased -- that's just what decision makers are looking for

Health Professionals

- Serve as **CREDIBLE** voices for the value of vaccines and **RECRUIT** other advocacy voices



- WHO-DOV 2011

MEDIA & PUBLIC INFORMATION

Mr & Ms

February 2006 • 53

what's up, doc?

Doctors Form Alliance Against Rotavirus



A GROUP of doctors formed an alliance to intensify the fight against rotavirus infection, a disease that causes severe diarrhea and vomiting among infants and children.

Called RotaPhil (Rotavirus Organization for Training and Advocacy of Healthcare Personnel in the Philippines), the alliance seeks to heighten awareness about rotavirus infection and to educate the public about the possible risks such as dehydration, if the disease is not properly managed.

According to Dr. Lulu Bravo, RotaPhil chair and a professor of Pediatrics at the University of the Philippines-Manila College of Medicine, rotavirus infection accounts for 25 percent of an estimated 500,000 diarrheal deaths every year in developing countries, among them the Philippines.

Studies have also shown that approximately 139 million cases of gastroenteritis, 25 million clinic visits and two million hospitalizations are attributable to rotavirus infection. Those at greatest risk are children between six months to two years of age.

Rotavirus infection is caused by rotavirus, a wheel-shaped virus that is highly contagious and can survive in the environment for long periods of time. It is usually transmitted from the stool of an infected person.

After an incubation period of two to seven days, there could be an abrupt onset of nausea, vomiting and fever, followed by severe watery diarrhea that could lead to dehydration and even death.

What is particularly dangerous about rotavirus infection is the fact that improved hygiene such as frequent hand washing, regular disinfection of toys and rigorous cleaning of play areas are not likely to reduce the incidence of the disease.

Such is the virulence of the disease that even the World Health Organization has identified the development of a vaccine against rotavirus as one of its top public health priorities.

Vaccination is the better alternative to provide broad and early protection against rotavirus infection.

RotaPhil is composed of specialists in pediatric care who have extensive experience in the field of gastroenterology and infectious diseases.

Other members include Dr. Juliet Sio-Aguilar, Dr. Celia Carlos, Dr. Sally Gatchalian, Dr. Felizardo Gatcheco, Dr. Lourdes Genuino, Dr. Jossie Rogacion, and Dr. Eric Tayag.

What is Rotavirus?

Rotavirus causes an intestinal viral infection, resulting in fever, vomiting and severe diarrhea which leads to dehydration and hospitalization.

Rotavirus is transmitted mainly by the fecal-oral route. The efficient transmission of rotavirus is related to the presence of large number of viral particles shed in feces. Rotavirus is highly infectious and can live on objects for days.

How Common is Rotavirus Infection?

By the age of five nearly every child will have at least one episode of rotavirus diarrhea.

Every year, rotavirus causes about 125 million episodes of gastroenteritis, resulting in about 440,000 deaths around the world, a child a minute—the majority of deaths occur in the Indian subcontinent, sub-Saharan Africa and South America.

What are the Symptoms of Rotavirus Infections?

Symptoms include: Vomiting (96%); Diarrhea (up to 10-20 bowel movements per day); Fever (77%) Abdominal pain.

Illness usually lasts for 3 to 9 days but diarrhea can last up to 3 weeks. Rotavirus gastroenteritis can suddenly become very serious when children become dehydrated.

How does Rotavirus Transmit?

Rotavirus is highly infectious and the predominant mode of transmission is the fecal-oral route.

Because the virus can survive in the environment, transmission can occur through person-to-person spread, ingestion of contaminated water or food and contact with contaminated surfaces, such as toys.

The virus can survive for hours on hands and for days on solid surfaces; it remain stable and infective in human feces for up to one week.

In developed countries, 27% of all hospitalized rotavirus cases were acquired in hospital.

How to Treat Rotavirus Infection?

There is no specific treatment available for rotavirus. There are only measures to relieve the symptoms caused by rotavirus such as oral or intravenous fluids and fever management.



Dr. Lulu Bravo

Malaya Saturday
September 24, 2005
Send e-mail to
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B20

Malaya Living

Editor: WINNIE VELASQUEZ

Parents urged to protect kids from rotavirus

ROTAVIRUS causes severe gastroenteritis, infects both the rich and the poor, and steals 500,000 young lives each year.

World-renowned pediatricians and infectious disease specialists recently joined forces to urge Asian parents to protect their children from rotavirus disease—a viral infection which causes severe vomiting, fever, and diarrhea among young children. If not properly managed, the disease can cause severe dehydration which can eventually lead to death.

"Rotavirus is everywhere and is universal. It affects children all over the world, whether they are rich or poor," said Dr. Lulu Bravo, professor and chief, Infectious and Tropical Diseases, Department of Pediatrics of the UP College of Medicine. "The incidence of rotavirus infection is similar in both developed and developing countries. This implies that improvements in hygiene, water supply and sanitation and healthcare cannot effectively protect a child against infection," Dr. Bravo added.

Studies show that the youngest infants are at risk for the most severe cases of diarrhea, with the peak incidence occurring between six and 24 fage. However, children in developing countries are frequently infected at a younger age as young as three months. Studies show that 96 percent and 77 percent of rotavirus infected children will suffer vomiting and fever respectively, and may last from three to nine days. Rotavirus gastroenteritis cases, diarrhea occur from 10-20 times per day, set up to three weeks.

Bravo discloses that, "At present, treatment for rotavirus infections, available is only symptom relief to flush fluids for babies suffering from plus vomiting and dehydration."

The World Health Organization (WHO) has identified the development of rotavirus vaccines as a top public health priority, and medical scientists around the world have been working hard to develop a vaccine which effectively protects children from rotavirus disease. GlaxoSmithKline (GSK), a leading research-based pharmaceutical company, is at the forefront of efforts to develop a new vaccine for Rotavirus infection.

MANILA BULLETIN Health & Science

PINKY OÑICHA-COLMARES Section Editor

C-4 Monday, September 28, 2005

Protecting kids from rotavirus infections

Rotavirus causes severe gastroenteritis, infects both the rich and the poor, and steals 500,000 young lives each year.

World-renowned pediatricians and infectious disease specialists recently joined forces to urge Asian parents to protect their children from rotavirus disease.

It is a viral infection which causes severe vomiting, fever, and diarrhea among young children. If not properly managed, the disease can cause severe dehydration which can eventually lead to death.

Dr. Lulu Bravo, professor and chief, Infectious and Tropical Diseases, Department of Pediatrics, College of Medicine, University of the Philippines.

"The incidence of rotavirus infection is similar in both developed and developing countries. This implies that improvements in hygiene, water supply and sanitation and healthcare cannot effectively protect a child against infection," Dr. Bravo added.

Studies show that the youngest infants are at highest risk for the most severe cases of rotavirus diarrhea, with the peak incidence of the disease occurring between six and 24 months of age. However, children in developing countries are frequently infected at a younger age— from as young as three months.

Professor Tony Nelson, Department of Pediatrics, Faculty of Medicine at the Chinese University of Hong Kong, who also heads the Asian Rotavirus Surveillance Network (ARSSN) in Hong Kong, said, "Rotavirus infections pose tremendous emotional stress to parents and suffering to children and families. In addition, there is a significant economic burden arising from treatment cost and loss of work days as a result of parents taking time off to care for their children."

Studies show that 96 percent and 77 percent of rotavirus infected children will suffer from vomiting and fever respectively, and symptoms may last from three to nine days.

In severe rotavirus gastroenteritis

cases, diarrhea can occur from 10-20 times per day, and can last up to three weeks.

Dr. Lulu Bravo said that, "At present, there is no treatment for rotavirus infection. What is available is only symptom relief to help replenish fluids for babies suffering from diarrhea and dehydration."

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**Rotavirus Organization
for Training and Advocacy
in the Philippines**

Siem Reap Declaration 2009 in ASVAC

SIEM REAP DECLARATION 2009

Be it known to all:

Whereas, there are 2.4 million children under 5 years dying each year from vaccine-preventable diseases;

Whereas, deaths from vaccine-preventable diseases are highest in countries in Asia;

Whereas, WHO has prioritized vaccination as among the most cost-effective measures to improve child survival;

Whereas, despite the WHO - Strategic Advisory Group of Experts (SAGE) recommendations, access to vaccines remains limited in developing countries in Asia;

Whereas, inclusion of new and underutilized vaccines in National Immunization Programs of these developing countries, can help achieve the UN Millennium Development Goal 4 of reducing infant and child mortality by 2/3 by the year 2015;

Whereas, access can be improved through networking, partnerships, and sharing of best practices in immunization;

Now therefore, WE, the participants of the **First Asian Vaccine Conference** in Siem Reap on 22 August 2009, cognizant of the above conditions, hereby **declare**;

1. Our **commitment** to the improvement of child survival through vaccination;
2. Our **pledge** to continue efforts to work together to make vaccines accessible and affordable, and vaccination programs sustainable and
3. Our **call** for greater efforts to be undertaken by governments, non-governmental agencies, international organizations, academia and the private sector to ensure that each child is provided protection, as is his/her **RIGHT!**

Participating Organizations:

- *American Academy of Pediatrics (AAP)*
- *Asian Pacific Pediatric Association (APPA)*
- *Asian Society for Pediatric Infectious Disease (ASPID)*
- *Asian Strategic Alliance for Pneumococcal disease prevention (ASAP)*
- *International Pediatric Association (IPA)*
- *International Society of Tropical Pediatrics (ISTP)*
- *International Society of Tropical Pediatrics-Philippine Chapter (ISTP-Ph)*
- *National Pediatric Hospital (NPH)*
- *Philippine Foundation for Vaccination (PFV)*
- *World Society for Pediatric Infectious Disease (WSPID)*

Participating countries:

<i>Australia</i>	<i>Cambodia</i>	<i>Indonesia</i>	<i>Hong Kong</i>	<i>Indonesia</i>	<i>Israel</i>
<i>Korea</i>	<i>Laos</i>	<i>Malaysia</i>	<i>Pakistan</i>	<i>Philippines</i>	<i>Singapore</i>
<i>Sri-Lanka</i>	<i>Taiwan</i>	<i>Thailand</i>	<i>Vietnam</i>	<i>USA</i>	

Rota Council Members and Dr. Ciro de Quadros



Umesh Parashar



Lulu C. Bravo



Zulkifli Ismail



Tony Nelson



Ciro A. de Quadros
In memoriam



Mathuram Santosham
with Dr. Ciro



George Armah



Shams El Arifeen



Gagandeep Kang



Duncan Steele



Mamadou Ba



Carlo Giaquinto



Li Li



Vesta Richardson



Kathy Neuzil



Julie Bines



Roger Glass



Alexandre C. Linhar



Erkin Musabaev



Oyewale Tomori

Engaging All Levels and Partners

Advocacy for immunisation and vaccines is critical at all levels

Global level

- To keep immunisation high on the global health and development agendas
- To support continued funding to Gavi and to countries
- To ensure focus on equity and coverage: “reaching every child”

National level

- For introduction of new vaccines
- To strengthen the immunisation system throughout the country
- Guaranteeing adequate budget and financing for immunisation
- Put policies & practices in place to ensure each child is immunised

Provincial/ regional level

- To make sure new and existing vaccines get to every community and child
- Oversee that global and national funding to strengthen immunisation systems is used well

District & community level

- To encourage and support strengthening of the local health system
- Work to gain access to and uptake of vaccines by all members of the community and every child

CHALLENGES FOR Vaccine Advocates

- Inform and Engage Opinion Leaders and Policy Makers
- Create Incentives
- Build Advocacy Capacity



Advocacy
Works!

Political Networking

- Face-to-face advocacy with members of Congress
- **Involvement of Minister of Health (MOH) authorities**
- Provide all actors with powerful information
- **Build up ownership**
- Pursue public commitment: MOH and legislative authorities
- **Establishment of a legal (mandated) framework**
- Encourage new financial schemes (“new fiscal space”) through health-system reform



Bill Gates' World Health Assembly address

17 May, 2011

The case for rotavirus (RV) vaccination
(as part of the "Decade of Vaccines")

"...In the US, children don't die from diarrhoea...

It was sobering to realize that the innovation and healthcare that we took for granted were not available for everyone..."



"..billions of people are deprived of these benefits, it made me angry...one intervention in particular stands out: VACCINES..."

"...Repeated intestinal infections stunt children's growth and reduce their

cognitive development... Healthy people can drive thriving economies. As we free billions of people from this burden of sickness we will unleash more human potential than ever before..."

Photograph from http://en.wikipedia.org/wiki/File:Bill_Gates_in_WEF_2007.jpg

Address by Mr Bill Gates to the Sixty-fourth World Health Assembly, Geneva, Switzerland, 17 May 2011. Available at:

http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_DIV6-en.pdf [accessed Aug 2011]

ROTAFLASH

ROTAVIRUS VACCINE UPDATE



January 10, 2012

The Philippines will begin vaccinating children against rotavirus in 2012

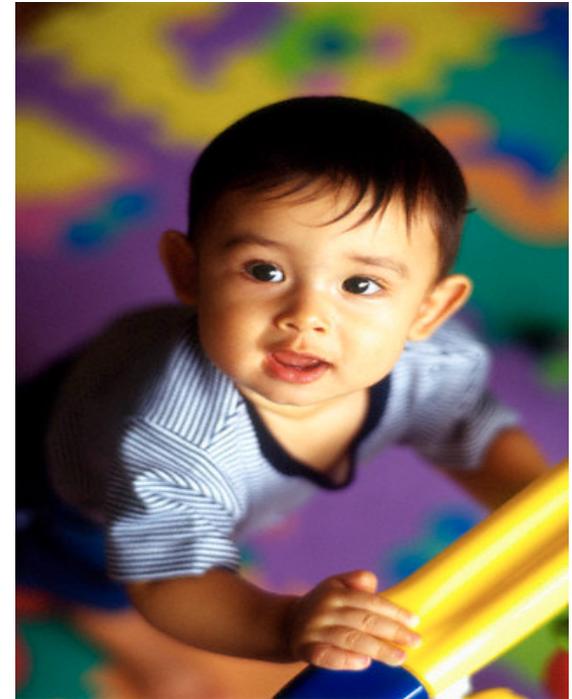
First Southeast Asian nation to implement WHO 2009 recommendation

Another rotavirus vaccine milestone was reached today, as the Philippines became the first country in Southeast Asia to implement the World Health Organization's (WHO) [recommendation](#) to introduce life-saving rotavirus vaccines through its national immunization program. Rotavirus diarrhea exacts an [enormous toll on the health of young Filipino children and the nation's healthcare resources](#):

- An estimated 3,500 children under age five die from rotavirus diarrhea annually (12% of all diarrheal deaths).
- 77% of children are infected with severe rotavirus before their second birthday.
- 31% of young child diarrhea-related hospitalizations are due to rotavirus.
- 30% of young child diarrhea-related emergency room visits are due to rotavirus.

SAVE THE CHILDREN :

THEY CANNOT SPEAK FOR
THEMSELVES



But **WE** can speak for them