MSF Access Campaign
Case Study Series
May 2022

Vaccines Case Study: The Philippines, 2016-2017

Vaccinating young women against cervical cancer in Manila

Girl from Tondo, Manila receiving free HPV vaccination at MSF clinic. ©Hannah Reyes Morales

Background

Médecins Sans Frontières/Doctors Without Borders (MSF) has worked in the Philippines since 1987. Following the closure of MSF's emergency response work after Typhoon Haiyan in 2015, MSF conducted several assessments in different locations in the country to identify possible needs for longer-term programmes.[1] These assessments concluded that there was a need for sexual and reproductive health (SRH) services in the densely populated and impoverished areas of the capital, Manila. A programme was set up in collaboration with a local non-governmental organisation, Likhaan Center for Women's Health, to provide family planning, cervical cancer prevention screening and treatment, and sexual and gender-based violence care.

Cervical cancer is the fourth most common cancer among women globally, and 84% of new cases occur in less developed regions of the world.[2] The disease is the second-most common cancer among women in the Philippines, killing more than 4,000 women in the country in 2021.[3] The human papillomavirus (HPV) is the primary cause of cervical cancer, and at least 14 strains of the virus are known to be carcinogenic. Of these, viral types 16 and 18 account for about 70% of all cervical cancers worldwide.[2]

HPV vaccines help prevent cervical and other HPV-related cancers. In 2009, the World Health Organization (WHO) recommended the inclusion of HPV vaccines in national immunisation programmes for girls aged 9 to 13 years, prior to the onset of sexual activity.[4] In 2011, the Philippine Department of Health (DoH) announced the inclusion of the HPV vaccine in the national immunisation programme. In April 2015, the DoH launched an HPV vaccination campaign, specifically targeting young women attending public elementary schools in selected lower socioeconomic status areas. The campaign aimed to reach 300,000 adolescent girls between the ages of 9 and 13.[5]

Although the DoH HPV vaccination campaign was a positive step towards protecting young women from HPV, targeting only the poorest provinces inadvertently excluded impoverished communities located in more developed areas. Manila as a whole is classified as a higher-income region and, as such, was excluded from the DoH HPV campaign. This particularly affected impoverished communities in districts I, II and V of Manila. As MSF had ongoing services in the area, the organisation aimed to extend the DoH's HPV campaign to an estimated 25,081 girls[*] living in these districts in 2016.

Obtaining the HPV vaccine for young women in Manila

While low-income and some lower-middle-income countries were eligible for financial support for vaccines through Gavi, the Vaccine Alliance, the Philippines was not eligible,[6] despite classification as a lower-middle-income country. For the DoH vaccination campaign, the government therefore had to negotiate directly with HPV vaccine manufacturers in order to agree on a price for the HPV vaccine. Only two manufacturers of HPV vaccines existed at the time: GlaxoSmithKline (GSK) and Merck. GSK markets Cervarix, which protects against two types of HPV (16 and 18). Merck markets two vaccines: Gardasil, which protects against four types of HPV (6, 11, 16, and 18), and Gardasil9, a more recent product, which protects against nine types of HPV (6, 11, 16, 18, 31, 33, 45, 52, and 58).

The DoH worked with UNICEF, the agency procuring vaccines on behalf of Gavi, to negotiate with Merck and GSK, and agreed to purchase Merck's Gardasil at approximately US$14 per dose. Although this price was significantly lower than the price of Gardasil on the private market, where it cost up to US$160 per dose at the time,[7] it was still more than three times the lowest global price of US$4.50 per dose available through Gavi.

Since this negotiation process had already taken place, and MSF's planned vaccination activity was merely an extension of the DoH's campaign, MSF planned to also use Gardasil, with the hope of accessing a supply of the vaccine at the same price of US$14 per dose. MSF initially contacted Merck Sharp & Dohme (MSD), Merck's business unit outside of the United States and Canada, in the Philippines directly for a price estimate. However, MSD responded with a quote of US$51 per dose, meaning the full two-dose course of vaccine per girl would cost over US$100. MSF therefore contacted Merck headquarters in the United States, hoping for clarification and to access the same price as the DoH. Merck asked numerous and often repeated questions about the vaccination campaign. For example, MSF was asked about the number of vaccines and length of project on three separate occasions, despite providing the same response each time. After a two-month delay and extensive email communication, Merck finally quoted MSF a price of US$14 per dose for Gardasil.

During this process, MSF reached out to UNICEF for support, aware that the organisation had previously led the DoH's negotiations with Merck for Gardasil. The local UNICEF office in Manila initially responded with a price quote for GSK's Cervarix, rather than Merck's Gardasil. The price suggested was also the Gavi price, for which the Philippines was not eligible. MSF was then referred to UNICEF headquarters for clarification. Two weeks later,

---

[*] Figure is based on a list of eligible girls preassembled by Likhaan Center for Women's Health and local health workers the previous year.

UNICEF headquarters confirmed that the original Gavi price was a mistake, yet did not provide further clarification of the price that MSF could access.

This price negotiation process and the inevitable requirement to import a supply of Gardasil from Merck headquarters, despite there being a Merck operating unit in-country, significantly delayed the start of the vaccination campaign. The vaccines were finally received in the Philippines in November 2016 and approved for use in December 2016. The first round of vaccination ultimately began in the three districts of Manila at the beginning of February 2017 and ran until the end of March 2017, while the second round ran from the beginning of August until mid-October 2017. Of an estimated target of 25,081 girls, the first round of vaccination reached 25,127 girls, and the second round reached 22,096 girls (88% returned for their second dose). This high return rate was likely achieved in part thanks to a large-scale information campaign about the importance of returning for the second dose of vaccination, conducted by the Likhaan Center for Women's Health and MSF before the start of the vaccination campaign.

Conclusions and future solutions

This past case study highlights the inadequacy of global stakeholders and vaccine manufacturers in facilitating streamlined access to an affordable supply of vaccines for girls outside the original target population of the HPV rollout in the Philippines, as well as the challenges presented by the increasing cost of vaccinating children for a country that falls outside of Gavi support. As several newer and more expensive vaccines such as HPV enter the market, a number of steps need to be taken to prevent affordability barriers to the introduction of new vaccines.

Access to Gavi prices

Currently, low-income countries are offered the lowest global prices through Gavi, but many middle-income countries are left out and assumed to be able to pay substantially more for the same vaccines. Determining vaccine prices based solely on countries' income level ignores the significant burden of cervical cancer and other vaccine-preventable diseases in many middle-income countries. Considering the burden of cervical cancer in the Philippines, the Philippine government should demand access to Gavi's lowest global prices as a public health priority.

Furthermore, vaccine manufacturers should extend their Gavi prices for vaccines to middle-income countries that have a pressing public health need for the products, including the Philippines. This would create a more sustainable approach to immunisation in countries that are fully financing the purchase of their vaccines and would allow countries to optimise financial resources for immunisation programmes.

Transparency on vaccine prices

All countries and vaccine purchasers, including the Philippines, should publish in the public domain information on their volumes purchased and prices paid for vaccine products through WHO's Vaccine Product, Price and Procurement (V3P) platform.[8] Greater transparency and sharing of information between countries will increase country bargaining power, and help more countries obtain a better deal on vaccine prices.

References

[1] MSF – Middle East. Philippines. [Online]. 2015 [Cited 2018 Oct 30]. Available from: https://www.msf-me.org/country/philippines.
[2] WHO. Human papillomavirus (HPV) and cervical cancer. [Online]. 2018 Feb 15 [Cited 2018 Oct 30]. Available from: http://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer.
[3] ICO/IARC Information Centre on HPV and Cancer. Philippines: human papillomavirus and related cancers, fact sheet 2021. [Online]. 2021 Oct 22 [Cited 2022 Apr 06]. Available from: http://www.hpvcentre.net/statistics/reports/PHL_FS.pdf.
[4] WHO. Weekly epidemiological record. [Online]. 2009 Apr 10 [Cited 2018 Oct 30]. Available from: http://www.who.int/wer/2009/wer8415.pdf?ua=1.
[5] Republic of Philippines Department of Health Regional Office XIII: Caraga. DOH to provide free vaccine vs. cervical cancer for Grade 4 students in 20 poorest provinces. [Online]. 2015 [Cited 2018 Oct 30]. Available from: http://caraga.doh.gov.ph/2-uncategorised/72-doh-to-provide-free-vaccine-vs-cervical-cancer-for-grade-4-students-in-20-poorest-provinces
[6] Gavi, the Vaccine Alliance. Countries approved for support. [Online]. 2017 Apr 30 [Cited 2018 Oct 30]. Available from: http://www.gavi.org/results/countries-approved-for-support/.
[7] CDC. Archived CDC vaccine price list as of January 1, 2016. [Online]. 2016 Jan 1 [Cited 2018 Oct 30]. Available from: https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/2016/2016-01-01.html#modalIdString_CDCTable_1.
[8] WHO. Immunization, vaccines and biologicals: MI4A Vaccine Purchase Data. [Online]. 2018 Nov [Cited 2018 Oct 30]. Available from: http://www.who.int/immunization/programmes_systems/procurement/v3p/platform/module1/en/.