



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

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**DEPARTMENT CIRCULAR**

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**FOR: ALL DIRECTORS OF CENTRAL OFFICE BUREAUS AND CENTERS FOR HEALTH DEVELOPMENT, BARMM MINISTER OF HEALTH; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA, AND OTHERS CONCERNED**

**SUBJECT: Inclusion of Two-Dose Inactivated Polio Vaccine (IPV) in the Philippine National Formulary (PNF)**

By virtue of Republic Act 11223, otherwise known as the Universal Health Care (UHC) Act, health technology assessment (HTA) shall be institutionalized as a fair and transparent priority-setting mechanism to provide financing and coverage recommendations on health technologies to be funded by the Department of Health and the Philippine Health Insurance Corporation.

This has reference to the application of the National Immunization Program (NIP) to include **two-dose Inactivated Polio Vaccine (IPV)** in the Philippine National Formulary (PNF). Please be informed that the Secretary of Health approved the final recommendation of the Health Technology Assessment Council (HTAC), to wit:

- **Inclusion of two-dose IPV in the PNF based on the following:**
  - In accordance with the global recommendation from the Global Polio Eradication Initiative (GPEI) and World Health Organization (WHO) to introduce two-dose IPV to all countries that are currently administering one-dose IPV and bivalent oral polio vaccine (bOPV) in their routine immunization schedule. This will pave the way for eventual OPV cessation which is a critical step to stop the occurrence of vaccine-associated paralytic poliomyelitis (VAPP) and to remove the primary risk of the emergence of all types of vaccine-derived poliovirus (VDPVs).
  - The Philippines is a high-risk country for type 2 poliovirus, and bOPV does not confer protection against the said virus. Based on the most recent systematic review, two-dose IPV enhances humoral immunity against type 2 poliovirus conferred by one-dose IPV. Thus, this strengthens the need to include two-dose IPV in the program.
  - Having just achieved the closure of cVDPV type 1 and 2 outbreaks in the country, the DOH-NIP should build on the success of this campaign and gain momentum by maintaining clearance of cVDPV with two-dose IPV.
  - While Kalkowska et al, 2019 modeling results for low-middle income countries (LMIC) have shown that introducing two-dose IPV versus one-dose IPV is not cost-effective, it is deemed that the study might have underestimated the value for money of two-dose IPV for the following reasons:
    - The outbreak response costs for LMIC in Kalkowska et al (2019) are likely underestimated compared to the actual outbreak response cost in the

Philippines, as the cost of vaccines per dose and operations cost per dose in the study are lower versus the actual costs in the Philippine setting.

- Kalkowska et al. (2019) used a lower cost-effectiveness threshold for LMIC compared to the implicit threshold used in the Philippine setting.
- Despite the costly implementation of two-dose IPV due to expected suboptimal coverage in the early years of implementation, the DOH-NIP aims to achieve high coverage in later years. This will result in savings to the healthcare system because of the averted costs of the outbreak response. However, the program should consistently achieve at least 95% vaccination coverage to reach the elimination or eradication target.
- Moreover, in recognition of the impact of vaccine hesitancy on the overall success of this program, a localized information and education campaign could capacitate key stakeholders to decide for their children/infants to receive the vaccine.

The Evidence Summary and HTAC recommendation approved by the Secretary of Health may be accessed via the HTA website through this link: <https://hta.doh.gov.ph/2021/09/10/two-dose-inactivated-polio-vaccine-ipv-versus-one-dose-ipv-for-the-prevention-of-poliomyelitis/>

Kindly disseminate to all concerned officials in your areas of responsibility, so they may be appropriately guided in their procurement activities. All are enjoined to ensure rational procurement, distribution, and use of health technologies in all government and private facilities.

Your full cooperation in this endeavor is expected and highly appreciated.

By Authority of the Secretary of Health:



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