


## Reply to the letter to the editor concerning reexamining the measles outbreak in the Philippines: Strengthening the vaccination program through women

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Dear Editor,

I thank Dr. San Juan<sup>1</sup> for her interest in my short article<sup>2</sup> regarding the impending measles outbreak in the Philippines for this current year, 2023–2024. Her response served as an excellent follow-up in expanding and enriching my claims on the history of measles in the country and how low vaccination rates, vaccine hesitancy, and suspension of immunization services due to the COVID-19 pandemic have made it challenging to address this public health issue.

The esteemed author also enumerated the great initiative of the Department of Health (DOH) through the National Immunization Program (NIP) in implementing different vaccination strategies to address this persistent problem. These strategies focused on routine immunization for infants, children, and women in every barangay, supplemental immunization activities (SIA), and strengthening vaccine-preventable disease surveillance. They were indeed beautiful and seemingly perfect techniques, but as the author remarked, “It seems like the Philippines is still far from realizing the elimination of measles in the country.” The lack of coordination between central and local governments weakens NIP. There is an overlapping role between central and local governments in financing birth doses of vaccines through reimbursement of infant care packages. Central and local relations have led to communication and collaboration issues, resulting in low performance of coverage. There needs to be a stronger flow of information where vertical programs and feedback mechanisms make the immunization program inefficient. Further, there needs to be more accountability between central and local authorities on immunization delivery. There is a “push” from the central level instead of a “pull” system for immunization with limited data and information exchange on local needs, which affects stock levels and the supply chain.<sup>3</sup>

The author also emphasized interesting proposals to increase vaccination rates to prevent future measles outbreaks. These proposals primarily involve women, such as the government and health sector, providing recommendations for vaccinating women in the reproductive age group, enhancing prenatal and postnatal care services, and improving patient education on immunizations. I fully support these alternative strategies since they are doable, scientifically based, and practiced in other countries, especially because empowering women will motivate them to become more responsible mothers. The government and the

private sector’s support will lessen their worries and stress in performing their parental duties.

On the other hand, I want to emphasize that whatever strategies and programs are created to achieve a higher vaccination rate, if there is no “will” to implement them, it will not matter significantly and will have a minimal effect. These interventions must not remain as “empty promises” to justify that a particular sector is doing its mandate. They have to be actualized and implemented unconditionally; there should be accountability when challenges come. Accountability corrects the mistakes in a particular program and validates its sincere nature. We deal with peoples’ health; nothing is more important than preserving one’s life at all costs.

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