

Synthesis: Bangungot ng Dengvaxia Forum, March 9, 2018 at UP CIDS

By: Mary Ann Manahan

(For background about the forum, its framework and objectives, please refer to the concept paper.)

1. The speakers successfully weaved a narrative that responded to the key questions of *what happened? How it happened? Who are the key players? What vested interests played out? And how to avoid another fiasco from happening?* But they also went beyond the boundaries set by the organizers by dealing with the crucial question of *who should be held accountable and culpable?* These are fundamental questions that highlight why the Dengvaxia fiasco is an issue of public health for present and future generations. (See the concept note)
2. In terms of word association, the oft-repeated words or terms that characterize the Dengvaxia nightmare are the following word cloud:



3. The key issues put forward by the speakers:
 - 3.1. There are so many anomalies in the Dengvaxia vaccination program of the previous administration of Benigno Aquino III. The speakers highlighted the intersection of personal and political interests by top officials in the Department of Health, on one hand, and corporate greed/the desire for access to market by Sanofi. Further, science was used as a tool to further the political and economic interests of these actors by publishing articles and results that favor their agendas. Various government institutions were also utilized to fast track the approval and roll out of Dengvaxia to the public, which took only 5 months and costed public coffers a whopping Php 3.5 B (USD 66.8 M), which is equivalent to the entire vaccination budget of the Department of Health. While critical NGOs voiced their worries and demands to stop the roll-out, there are other civil society groups nationally and globally that are part of the global push for vaccination funded by big corporations such as Sanofi and

the likes. What the Dengvaxia fiasco underscored is that science and politics failed public health. It has put thousands of children and their families, as well as the whole nation at risk.

3.2. As a public health issues, the impacts and implications of the Dengvaxia fiasco are not only short-term but also long-term. The victims are also multiple:

- the 80,000 children and their families—literally a life and death situation; the nightmare is disruptive, distressing and contributes to the multiple burdens of the families, especially of single mothers and parents. The impacts are multiple—financial, mental, physical, emotional and psychological.
- public health, which was put at risk
- public policy making, which became a platform to further personal interests and corporate agenda, and public institutions such as the Department of Health, Food and Drug Authority, Department of Education, etc. that served these two intersecting interests
- the fate and future of the vaccination program of the government: with public fear and panic, the situation has sown more distrust towards the government and vaccination, in general
- future of the whole nation--- the misuse of public funds for this fiasco could have been used for other public services; at the same time, monitoring the cases of children affected by Dengvaxia would cost personnel and financial resource and should involve long-term solutions and policies

There is also an issue of equity and justice in the sense that the issue exacerbates the vulnerabilities of poor families that are affected and that access to remedy and timely, relevant information becomes even more crucial to address their multiple vulnerabilities.

3.3. Conflict of interest has characterized our public health system and public policy

4. What are the lessons learned and ways forward?

The Dengvaxia nightmare engendered a new public sector ethos –

- that public health is an issue for everyone and cannot be left to experts—to doctors, scientists, health professionals, policy makers and politicians. *Makialam at makilahok*—what’s needed are an engaged citizenry/citizenship and critical participation in claiming rights and protecting the child’s best interests.
- Participation is not only about involving the parents or families, but, creating and providing mechanisms to facilitate children’s participation and voices. It is also critical to redefine the concept of ‘informed consent’ in the context of avoiding such fiascos from happening again in the future. The practice now of the Department of Education (DepEd) does not include clear, timely, and relevant information on vaccination that can help parents in their decision-making. Perhaps, something similar to the free, prior, informed consent (FPIC) of the indigenous peoples as a safeguards mechanism to protect their

rights should be explored for getting the informed consent of parents and children. And in the whole fiasco, the DepEd is culpable, too.

- Access to timely remedy, justice and redress mechanisms should involve timely, massive information and education campaign, capacity building of health personnel and public servants to especially refrain from victim blaming, and to provide the necessary and appropriate remedial measures for the affected children and their families including psycho-social assistance. The legal mechanisms for redress should be explored, too (e.g. Ombudsman)
- While it is important not to leave public health to the experts, it is however, still, important to construct a positive and critical relationship and build alliances between social movements and medical practitioners/experts to surface issues, demand transparency and accountability, precautionary principles—do no harm, towards government, corporations, and other public entities involved.
- Exacting accountability and culpability of parties involved issues of negligence, justice and criminal liability. This means exploring national and international redress mechanisms and public spaces (e.g. international obligations of government and Sanofi based on the UN Convention on the Right of the Child; alliance building with French groups to go after Sanofi in France/based on French laws; binding treaty to curb the power of transnational corporations such as Sanofi; looking at the culpability of WHO that was privy to the roll out of Dengvaxia). Further, this requires transnational activism—working with anti-corporate impunity groups as well as policing ranks (since some NGOs serve the agenda of corporations/big pharma).
- Prevention of persistence of negative perception of the country's vaccination program, rethinking immunization or at least having an informed and wide public debate about it
- Setting up of surveillance system, instituting policy and institutional reforms that serve public health and to protect the people from corporate greed, regulatory capture, and vested political interests

There is also a need to continue the conversation—to educate, organize, build alliances, which point to the tactical and strategic, the immediate, mid-term and long-term:

- Addressing the Dengvaxia fiasco but also beyond the issue—free health for all, focusing and prioritizing primary health
- Engendering a debate on preventive health and rethinking of the framework and approach on public health towards a new set of ideas, attitudes, beliefs, and characteristics as well as link it with food as medicine advocacy, food sovereignty, and other related issues

Finally, to respond to the question of “*sino ang tunay na nagmamalasakit sa taong bayan?*”, it was clear that the answer is *us, tayo dapat ang may malasakit*. The overwhelming task is to connect to more people, educate them about the issue, and hopefully mobilize them to be part of the conversation, of the claim-making and exacting accountability from all the parties involved in this biggest public health fiasco.#

