

PHILIPPINE NATIONAL ENVIRONMENTAL HEALTH ACTION PLAN (NEHAP) 2010-2013

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EXECUTIVE SUMMARY

The threat of environmental hazards to man has not been more emphasized than at present times. Despite the notable achievements in its health indicators (increasing life expectancy at birth, decreasing infant death rates, etc.), these are being threatened by changing environmental scenarios as industrialization and rapid urbanization. With the emergence of modern environmental hazards (e.g. improperly disposed hazardous substances from industries and households; vehicular and industrial emissions) and the persistence of traditional hazards (e.g. lack of access to fundamental resources such as safe water, sanitation, housing, among others), the Filipinos are now faced with the burden of both communicable diseases closely linked with traditional hazards and non-communicable diseases associated with modern hazards.

In terms of urbanization and population growth, the country ranks among the highest in Southeast Asian countries. An expanding population can have serious environmental and health implications and is a threat to the remaining resources of the country since our limited resources may not be able to cope with the growing needs of the population. This may render greater difficulty especially to the impoverished sector in acquiring basic needs essential for healthy living – water, food, shelter, and sanitation.

The development of a comprehensive and integrated approach to address environmental health issues warrant the participation and commitment of all stakeholders, from the national agencies, non-government organizations, the academe, the business group, the local government units and the communities. The National Environmental Health Action Plan will direct the provision of environmental health services in the Philippines for the next three years through strategic approaches by various partnerships in the following key areas:

- Sanitation
- Water
- > Air
- > Toxic Chemicals and Hazardous Waste
- Occupational Health
- Food Safety
- Solid Waste
- Climate Change

I. Introduction

The WHO Commission on Health and Environment has concluded that "if the future of the human race is to be safeguarded, its manner of dealing with the environment must change drastically and if the human race continuers to ignore this fact, its improved health and well-being will not be an attainable goal." The inherent link between the environment, health and development cannot be overemphasized. Recognition of the need to preserve the environment in order to prevent threats to human health while at the same time ensuring that development goals are met is paramount.

One need not look at the health profile of our country to see that the top leading causes of illnesses continue to be communicable diseases like Diarrhea, Malaria, Typhoid Fever, etc. which are wrought by traditional environmental key risks like inadequacy of safe water, poor waste management, non-practice of food safety, etc. Furthermore, the country is now experiencing growing environmental challenges that impact not only in health but also in terms of livelihood and well being of the citizens. This would include population growing in exponential terms and the impacts of climate change that has caused several cases of extreme emergency.

Environmental Health, being defined here as referring to the practice of assessing, correcting, controlling and preventing factors in the environment that can potentially adversely affect the health of present and future generations (WHO, 1993), needs to be given more emphasis in governance. If the priority of this government is poverty alleviation then, environmental health should be recognized as a tool to achieve this. Any intervention that will reduce the environmental health risks to the poor is a must to reduce poverty. A mechanism to give purpose and direction to Environmental Health activities is the collective formulation of a **National Environmental Health Action Plan or NEHAP.**

The Philippine National Environmental Health Action Plan

Environmental Health concerns itself with the prevention of illness, either through management of the environment or through changing behaviors. The approach to prevention consists of interventions that prevent the generation of agents, vectors or risk factors; interrupt the transmission of the disease agents and reduce the contact between man and these agents.

The National Environmental Health Action Plan or NEHAP is seen as an inter-agency plan to achieve long-term policy objectives. It is the framework for actions on priority Environmental Health issues. It recognizes the need to coordinate the Environmental Health activities of all stakeholders to give it direction, support its implementation and avoid duplication of efforts. The list of actions identified to address these issues will form a checklist to assess the country's progress in its efforts.

The formulation of the NEHAP adhered to the interdependence of health, development and the environment. Efforts to protect health should always include efforts to preserve the environment and all activities wrought by development should be aligned along the line of preservation and restoration of both. Thus, the need to require that health and environment protection be integrated in the policies and plans of the other sectors.

The NEHAP set the following objectives:

- A. To foster better collaboration at all levels between those responsible for health and those responsible for the environment and between these two and the other players;
- B. To foster better collaboration between the national, regional ad local authorities to ensure that efforts are coordinated and synergistic;
- C. To allow the participation of the public in the decision-making process whenever possible and at all appropriate levels.

II. Principles in the formulation of the NEHAP

- 1. The NEHAP will subscribe to the definition of Sustainable Development, which is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.
- 2. Environmental Health issues will be seen from the health and environment perspective taking into account all relevant national and local interests and priorities using an integrated and multidimensional approach.
- 3. The tenet of "Prevention is better than cure" shall be the best approach.
- 4. There shall be recognition of the importance of economic valuation of health and environment impact for more optimal use of scarce resources. Trade and economic policies affecting Environmental Health policy shall also be considered.
- 5. Environmental Health initiatives shall take into consideration the use of economic instruments to finance its activities by way of taxes, user fees, etc. There shall likewise be subscription to the "Polluter Pays" principle.
- 6. The plan shall recognize the value of having a more effective and systematic impact assessment procedure to bridge evidence-based data with sound decision-making.
- 7. There should be recognition of the need to develop the capabilities at the local level for identifying and assessing environmental health problems, planning for interventions and implementing and monitoring these. Appropriate institutional support structures should likewise be provided.

- 8. There shall be awareness raising on health and environment issues through communication strategies for effective health and environment decision-making and effective social action.
- 9. There shall be recognition of the important role of the community in managing their environment and health. In health, the Primary Health Care approach should be utilized.
- 10. Environmental Health being an intersectoral concern, initiatives such as the Inter-Local Health Zones (IHZ) shall be utilized as avenues to mobilize the communities to act in concerted fashion.

III. PARTNERSHIPS IN ENVIRONMENTAL HEALTH

As per Executive Order No. 489, the Inter-Agency Committee on Environmental Health (IACEH) was created with the Secretary of the Department of Health (DOH) as the Chair, the Secretary of the Department of Environment and Natural Resources (DENR) as the Vice-Chair with other concerned government agencies acting as members. Under the initial IACEH, five (5) sectoral task forces were created. A technical staff from the member agencies of the IACEH heads each sectoral task force. These task forces are **Solid Waste**, **Water**, **Air**, **Toxic** and Hazardous Wastes, **O**ccupational Health, **Food Safety**, and **Sanitation (SWATOFS)**. As recommended in the 2009 regional action plan, the SWATOFS has now expanded to include climate change.

The members of the IACEH Committee include the Departments of Public Works and Highways (DPWH), Interior and Local Government (DILG), Agriculture (DA), Trade and Industry (DTI), Transportation and Communication (DOTC), Science and Technology (DOST), Labor and Employment (DOLE), National Economic Development Authority (NEDA) and the Philippine Information Agency (PIA). Additional members are mobilized at the Sectoral Task Force level. The IACEH exists to perform the following functions: a) Formulate policies and guidelines and develop programs for environmental health protection; b) Coordinate, monitor, and evaluate EH programs and development projects; c) Undertake information dissemination and education campaigns on EH programs; d) Coordinate, assist and/or support the conduct of research and relevant activities for environmental maintenance and protection.

The DENR is the primary agency responsible for the conservation, management and development and proper use of the country's environment and natural resources, as well as the licensing and regulation of all natural resources utilization to ensure the welfare of the present and future generations of Filipinos.

The DA is the primary agency responsible for the promotion of agricultural development and growth. Under it are various offices like the Fertilizer and Pesticide Authority (FPA), which regulates the fertilizer and pesticides industries; the Bureau of Plant Industry (BPI) which is responsible for the preparation of program for the selection, certification and production of improved planting materials; the Bureau of Animal Industry (BAI), which is responsible for ensuring the production of clean, healthy and sound meat for food; and the Bureau of Fisheries

and Aquatic Resources (BFAR) which is responsible for the preparation and implementation of a Comprehensive National Fisheries Industry Development Plan.

The DPWH is the agency responsible for the planning of infrastructure, such as roads and bridges, flood control, water resources projects and other public works, and the design, construction, and maintenance of national roads and bridges and major flood control systems.

The DILG, among other things, is the agency responsible for ensuring public safety and further strengthen local government capability aimed towards the effective delivery of basic services to the citizenry.

The DTI acts as the primary coordinative, promotive, and facilitative arm for trade, industry and investment activities. It acts as the catalyst for intensified private sector activity to accelerate and sustain economic growth through a comprehensive industrial growth strategy; a progressive and socially responsible liberalization and deregulation program and policies designed for the expansion of both domestic and foreign trade.

The DOTC is responsible for the creation of an environment for the establishment of an integrated transportation and communications system that will foster the attainment of national development goals.

The DOST is the premiere science and technology body charged with the twin mandate of providing central direction, leadership and coordination of all scientific and technological activities, and of formulating policies, programs and projects to support national development.

The DOLE which is responsible for the promotion of gainful employment opportunities and the optimization of the development and utilization of the country's manpower resources; and maintenance of industrial peace by promoting harmonious, equitable, and stable employment relations that assure equal protection for the rights of all concerned parties is also responsible for the advancement of worker's welfare by providing for just and humane working conditions and terms of employment.

The NEDA is the premier social and economic development planning and policy coordinating body and is responsible for ensuring that plan implementation achieves the goals of national development.

The PIA is the agency responsible for ensuring that the citizenry is provided with adequate information regarding Environmental Health that will help them make better decisions to improve their quality of life.

Working hand in hand with the national government agencies are various non-government organizations, academic institutions, business groups, professional organizations, local government units and communities. Partnerships need to be formed for sustainable planning and implementation of Environmental Health initiatives.

IV. SECTOR SITUATION, ACCOMPLISHMENT REPORT AND 2010-2013 PLANS

A. TOXIC AND HAZARDOUS SUBSTANCES

1) Sector Situationer and Accomplishments

The Philippine Inventory of Chemicals and Chemical substances (PICCS) count 44,600 chemicals that it needs to monitor. Out of these, there is a priority list of 48 regulated chemicals. (called PCL or Priority Chemical List). There are also 5 controlled chemicals under the Chemical Control Order (CCO). This includes asbestos, cyanide, mercury, PCBs and Ozone depleting Substances.

The country has only 7 poison control centers nationwide. This is already an improvement from 2005 when there was only one poison control center. The centers report a total of 1286 poisoning cases in 2009. Top causes of poisons are the following

- Jewelry cleaners
- Mixed pesticides
- Button batteries
- Watusi firecracker
- Jathropha seeds
- Multi-vitamins
- Malathion and xylene
- Camphor with Methyl ASA and turpentine

In terms of hazardous waste, the DENR has recognized 108 privately owned hazardous waste treatment facilities. It has also accredited a total of 265 hazardous waste transporters. They cater to about 11,162 hazardous waste generators.

Current issues that the sector are concerned with are as follows:

- a. The need to harmonize approaches on risk management methodologies;
- b. Insufficient technical experts on toxicology at different levels (national, regional and local)
- c. Lack of proper labeling for household chemicals except for pesticides;
- d. Weak/inappropriate legislation on penal provisions and prohibited acts
- e. Overlapping of legislation on chemical safety;

- f. Lack of infrastructure support for laboratory/disposal facilities
- g. Inadequate capacity to detect hazardous waste and transboundary smuggling
- h. Inadequate capacity and insufficient technology in the treatment and disposal of hazardous HCW.

2) Reorganization of the Sectoral Task Force

Composition of the Sector Working Group:

Chairperson: Environmental Management Bureau (EMB), DENR

Vice Chairperson: Department of Agriculture

Members:

Bureau of Plant Industry (BPI)	Fertilizers and Pesticides Authority (FDA)				
Industrial Technology Development Institute	Occupational Safety and Health Center (
(ITDI-DOST)	OSCH-DOLE)				
Bureau of Local Government Supervision	Bureau of Worker's Conditions (BWC-DOLE)				
(BLGS_DILG)					
Laguna Lake Development Authority (LLDA)	Philippine Nuclear Research Institute-DOST				
Environmental and Occupational Health	Bureau of Health Devices and Technology-				
Office-DOH	(BHDT-DOH)				
Food and Drug Authority (FDA)- DOH	Bureau of Investments (BOI) -DTI				
League of Municipalities (LMP)	Bureau of Customs				
UP National Poison Management Control Centre	Non-government Organizations				

c) Developing the Action Plan

The Toxic and hazardous Waste Sector have developed their action plan based on six 6 programme areas:

- a. Expanding and accelerating assessment of chemical risks
- b. Harmonization of Chemicals and Labelling of Chemicals
- c. Strengthening national capabilities and capacities for management of chemicals
- d. Prevention of illegal international traffic in toxic and dangerous products
- e. Information Exchange
- f. Technology Update

3) Action Plans for 2010-2013

Toxic and Hazardous Wastes

PROGRAM FOR ACTION / ISSUES	GOAL	STRATEGIES/ACTIVITIES	Output	Lead Agency	Partner Agencies
Programme Area A: Expa	nding and accelerating assess	ment of chemical risks			
Inadequate harmonized approach for risk management methodologies	To develop harmonized approaches on risk management;	(Review/consult International Organizations – International Agency Research Council, WHO, FAO, US- EPA,etc)	Guidelines on harmonized approaches Technical guidelines on aerial spraying	DENR/DA/ DOH	DTI/DOLE/DOS T/ UP
2. Insufficient technical experts on toxicology at different levels	To develop/strengthen training programs for capacity building (regulatory/clinical toxicology, preparedness, risk mapping-GIS, etc) - national, regional, local, etc.	Inventory of existing technical experts Create a pool of experts Conduct relevant training programmes Establish/upgrade PCCs	List of technical experts Curriculum/training program Functional Poison control and information centers	DOH/ Academe	DENR/DA/DOS T/
	Strengthen poison control centers	Submit SAICM proposal to UNEP	Approved SAICM proposal for the strengthening of PCCs		

Programme Area B: Harm	onization of Chemicals and La	belling of Chemicals			
1. No proper labelling for	To adopt the harmonized standards	Adopt GHS/ international	Legislation/	FDA-	DTI, DA
household chemicals except for	for labelling of household chemicals	harmonized standards for labeling,	guidelines adopting GHS	DOH/DTI	
pesticides		symbols and markings/ MSDS			

Programme Area C: Strei	ngthening national capabilities	s and capacities for manageme	nt of cnemicals		
1. Inappropriate action plans/	To provide/propose to Congress	Provide amendments/revisions to	Revised/amended	DA/ DENR	DOH/
egislation on penal provisions	proposed legislation on amendments	Congress	legislation		DOLE
and prohibited acts	and revisions on penal provisions and	Issuance of Department Circulars	Circular issued and	DILG/DA/	
	prohibited acts.	from DILG	disseminated	DENR	
		Formulate counterpart local	Local ordinance		DOH/DOLE
		ordinance for implementation	developed		
			Collaborate with other		
			organizations e.g. LMP		
2. Overlapping of legislation on	To harmonize legislation on chemical	Inventory of existing legislation on	Legislation on	DENR/DA	DENR/DA/
chemical safety	safety	chemical safety	chemical safety		DOH/DTI/
		Propose comprehensive/integrated			DOLE
		legislation on chemical safety			
3. Lack of infrastructure	To improve chemical safety	Provide funding for the	Technical proposals	DENR/DA/	DOLE, DTI,
support	management programmes	establishment of laboratory/disposal	submitted to SAICM-	DOH	Bureau of
		facilities (obsolete agricultural,	UNEP		Customs
		health care waste and industrial			
		chemicals)			

1. Inadequate capacity to	To improve enforcement of laws on	Upgrade capability of the Bureau of	Trained and equipped	Bureau of	DA/
detect hazardous waste/transboundary smuggling	the prevention of illegal international traffic of toxic chemicals and hazardous waste	Customs to detect/monitor toxic chemicals and hazardous wastes	manpower	Customs/DENR	NBI/ Interpo
Programme Area E:Infor	rmation Exchange				
Programme Area E:Infor	To improve dissemination of	Increase awareness among LGUs	Information on	DENR/DILG	DOH,
Limited awareness and concern		Increase awareness among LGUs thru	Information on chemicals and HCW	DENR/DILG	DOH,
Limited awareness and concern	To improve dissemination of	_		DENR/DILG	DOH,
Limited awareness and concern	To improve dissemination of information on chemicals and HCW at	thru	chemicals and HCW	DENR/DILG	DOH,
	To improve dissemination of information on chemicals and HCW at	thru dialogues/meetings/collaboration	chemicals and HCW disseminated to LGUs	DENR/DILG	DOH,

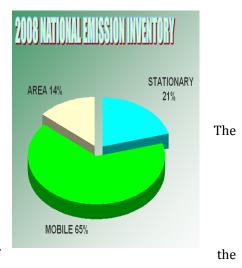
Programme Area F: Technology Update									
Health Care Waste Management Insufficient technology in the treatment and disposal of hazardous HCW	To ensure proper treatment and disposal of HCW	Provide appropriate and acceptable technology Submit technical proposal for funding support	Environment-friendly technology Approved proposal for HCWM alternatives using non-burn technology (UNDP-GEF)	DOH/DENR/ DOST	PHA/PMA/Priv ate service provider				
Limitation set forth under CAA	To clarify pertinent provision on the use of incinerator	Review provision under CAA regarding treatment and disposal of HCW	Policy statement on the disposal of HCW	DENR	DOH				

1) Sector Situationer and Accomplishments

The Air Quality Management Section Environmental Management Bureau of the DENR is monitoring ambient air through 42 monitoring stations nationwide. However, these monitoring equipment only monitors the TSPs (Total Suspended Particulates) which should not exceed 90 micrograms/cu.meter.

Air pollution in the country is currently being caused primarily by mobile sources, followed by area sources then stationary sources. increasing number of motor vehicles are the main cultprits accounting for 65% of air pollution.

It is important that monitoring stations be established in highly urbanizing cities and that the country should build its technical capacity to monitor PM 10 and PM 2.5 (Particulate matter with 10 diamicrons and 2.5 diamicrons affect the lungs and is a concern of DOH and the DENR.)



The DENR has designated airsheds to better monitor the compliance to the National Air Quality Guideline Values.

DESIGNATION OF AIRSHEDS



REGION	AREA	AIRSHED	GOVERNING BOARD			
1	N. Pangasinan	DAO 7 Series of 2004	- 1			
2	Turverara (PIESTA)	DAO 05 series of 2005				
4B	Baco Calapan Naujan					
5	Naga	MC 2003-13	DAO 33 series of 2003			
6	Airshed,	DAO 11 Series of 2005				
7	Metro Cebu	DAO 2002-21				
9	Zamboanga	DAO 47 Series of 2003				
10	Caravan	MC 17 Series of 2003	DAO 45 series 2003			
11	Dayao	MC 2003 -02				
12	South Cotabato	DAO 2004-22				
13	Agusan del Norte	MC 09 Senes of 2003	DAO 2003-16			
3,4 and NCR	MM Airshed	MC 2002-01	DAO 02-05			
CAR	BLIST	MC No.03 Series 2003	-			

It has also initiated several programs to address air pollution:

A. BANTAY TSIMENEYA PROGRAM

Under this program, total monitored industries is 6,643 (2009). Out of these, 334 were found to be non-compliant and have been issued notices of violation.

B. BANTAY TAMBUTSO PROGRAM

A total of 4,867 vehicles were flagged down 46% found passing the emission standards. Those who failed were penalized.

C. IMPROVED FUEL QUALITY PROGRAM

Industrial Fuel:

- 0.3% sulfur content for Industrial diesel
- Regulated sulfur content of bunker fuel: Regular BFO, 3%; Special BFO, 1% & 2% or upon industry order

Automotive Fuel:

- Phased-out leaded gasoline nationwide in December 2000
- Regulated the 2% benzene and 35% aromatics content in gasoline

- Implemented the limit of .05% sulfur content in auto-diesel "Biofuels Act of 2006" (RA 9367)
- Promoted the use of 2% bio-diesel blend; and ethanol-gasoline blend (E10)

D. STANDARD SETTINGS

 Adoption of Euro II Emission Standards for Motor Vehicles per DENR Administrative Order No. 2007-27 (Emission Limits for CO,HC+NOx & PM per category and type of Engine)
 Adoption of Euro 4 (In progress)

E. PUBLIC AWARENESS BUILDING

- Through the regular reporting of the National Air Quality Status Report that is disseminated to the public
- Mass media have also assisted in raising public awareness on the need to keep motored vehicles in good condition and should always pass the vehicle emission test which is now mandatory for the renewal of motor vehicle registration.

2) Reorganization of the Sectoral Task Force for Air

Composition of the Sector Working Group:

Chairperson: EMB- DENR

Vice Chairperson: Department of Transportation and Communication (DOTC)

Members:

Department of Energy (for fuel quality)

DILG-BLGS (for airsheds)

Department of Education

Department of Health

Department of Science and Technology

3) Action Plan for Air

Issues	Goal	Strategies/	Output	Lead	Partner	Remarks
		Activities				
I. Mobile / Transport Emission of gaseous pollutants 1. LACK OF LOCAL EMISSION standards »Airlines »Sea Going Vessel	To achieve quality of air that will protect the public health, safety and welfare	 Adaptation of Individual Standards. emission standards for air/sea if available. Formulate Rules & Regulations guidelines Strengthening and enhancement of monitoring through creation of an independent body to monitor activities of. concerned enforcement agencies 	Establish emission standards for air/sea	ATO DOTC/DENR	DOTC PPA,	For LTO Comments. Enforceability of emission licensing Long-term
2. POOR COMPLIANCE TO Emission STANDARDS »Land Transport		 deputation of enforcers Impose higher penalties (Ceiling within the Clean Air Act encourage and promotion of alternative fuels/additives Promotion of nonmotorized mode of transport/mass transport system Strengthen roadside apprehension on polluting & non-roadworthy vehicles (intensify organization of Anti Smoke Belching Units under CENRO office 	Independent body created Strengthened system for deputization increased the # of vehicles using of alternative fuels increased no. of people using bikes/mass transport fuel efficiency standar for public transport Number of	DOTC/LTO	DENR/LGU/MMDA/etc.	

		 Enhancement of LGU capability/enact local ordinances on ASBU (including ambient and source. Establish motor vehicles standards on 	•	operational LGU Anti Smoke Belching Units No. of LGU with local Ordinance		
3. Excessive Noise Emission -Airlines -Land Transport	To achieve quality of air that will protect the public health, safety and welfare	Strict implementation of ICAO- Annex 16) –ATO std Establish / Formulate NOISE emission stds. Or strict enforcement of MV noise regulation	•	Noise emission standards for land transport	LTO DILG	LGUs, MMDA
4. Enforcement of Noise Ambient Standards		 strengthen LGU capability through: zoning traffic management non-motorized vehicle 	-	LGU capability relative to zoning, traffic mgt strengthened LGU advocating/provid ing support to non-motorized modes of transport	LGUs	All agencies
5. Inadequate capability to monitor fuel quality	To achieve quality of air that will protect the public health, safety and welfare	 Capacity building through: Deputization additional inspectors Strengthening/enhancing the capacity of DOE 	•	DOE	DTI-BPS, LGUs	All agencies
6. Lack of National Inspection and Maintenance program for	To achieve quality of air that will protect the	 intensify information campaign by all CONCERNED agencies: maintenance of vehicles 	•	development of a comprehensive IEC program addressing such	PIA, DOH, DENR, DTI/DOE DTI	LGU/MMDA DOTC & DENR

MOTOR VEHICLE	public health, safety and welfare	-Driving habits -Quality of fuels used/appropriate fuels -Penalties for violation of applied rules -Health effects of air pollution -licensing/permitting/ registration procedures -Establish MVIM program pursuant to Sec 21	issues conce MVIM establ formu	erns I program lish/			
II. Stationary Sources 1.Inefficient operation of facilities	do-	Promotion on the use of cleaner product technology.	indust cleand produ techno	ction	DTI DENR	DOST	
2.Outdated technology for the control of emission		 Provide incentives for new technologies 	streng syster incent		DTI DOF	All agencies	
3. INSUFICIENT MONITORING STATION LOCATED AT STRATEGIC PLACE		 Expand monitoring station of PM 10/2.5 Formulation of 2.5 guidelines values 	OF MONI STAT PLAC EMIS STAN	_	DENR	LGU PB NGO OTHER AGECIES	
III. AREA SOURCES 1. LAW ENFROCEMENT ON THE BAN OF OPEN BURNING	-do-	Strict enforcement on the: —Prohibition of open burning —Enhance advocacy and information campaign —Strict implementation of	campa		LGU/Pos PIA/DOH/DEN R/MMDA	All agencies	

		related regulations by the LGUs	tech assistance to LGU provided to enforce regulations		
C. AREA SOURCES ?Agricultural and forest fires (uncontrolled)	-do-	Strict monitoring of forest for uncontrolled fires/slash and burn farmers (kaingin) encourage agricultural farmers to practice ecological solid waste mgt practices	 Regular/strict monitoring of forest advocacy programs developed for ESM LGU ordinances/polici es formulated relative to burning of waste 	LGU/DILG/PIA	All agencies
Non compliance to policies prohibiting Smoking in Public Places and Indoor air pollution	-do-	 strict implementation of the policies relative to smoking in public places assist LGUs in establishing ordinances relative to smoking policies strengthen IEC campaign relative to the health effects of smoking and ETS 	 public places strictly monitored prototype ordinances developed IEC program developed/imple mented 	DOH/PIA/LGU s/MMDA	All agencies
C. AREA SOURCES ?Uncontrolled emission of VOC	-do-	 strict enforcement of VOC emission standards encourage self regulation IEC/advocacy programs relative to health effects of VOCs 	Standards strictly enforced Increase in the number of in adopting self regulations Increase in awareness relative to	DENR/LGUS DENR DOH/ DENR/DOE	DENR DOE All agencies

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increase? road dust	-do-	road and drainage improvement	VOC and it's effect Road system /traffic flow improved	DPWH/LGUs/ MMDA	All agencies	
D. SYSTEMS DEVELOPMENT ?harmonize health information generated for air pollution	-do-	strengthen existing health information system for air pollution enhance capability of LGUs to monitor health information for air pollution related illnesses	Relevant health information generated	DOH/LGUsMM DA	All agencies	
research? gaps on the health impact/evaluation of mitigating measures in terms of health costs	-do-	establishment of health research agenda focusing on health impact/valuation of mitigating measures as to health costs (health economics) encourage research individuals/organization to conduct related research activities through funding and technical support	Health research agenda formulated Systems developed/streamline d to facilitate access to financial, technical and relevant support	DOH/DOST/D ENR	All agencies	

4)

C. WATER SECTOR

1) Sector Situationer and Accomplishments

The Office of the President allocated PHP 500 Million per year from 2005 to 2008 for the President's Priority Program on Water (P3W). In late 2009, the fund was even increased to



Php1.5 Billion. The fund was primarily for grants to serve "waterless municipalities" defined as those whose households have less than 50% access coverage. 331 municipalities have been served out of the target of 432 waterless municipalities. As of December 2009 it is reported that 118 of these municipalities have now graduated-meaning they now have more than 50% access coverage or total households with access to potable water.

In August 2007, the Philippine Water Supply Sector Roadmap (PWSSR) was completed and approved by the National Economic and Development Authority Infrastructure Committee and this has now become the basis for coordination of the country's projects and programs on water supply. The second edition is now undergoing discussion for approval. Task Forces on the three key result areas of the PWSSR are regularly meeting to monitor plan implementation. These are in the areas of institution building, strategic alliances and capacity development.

Five major projects are now on-going nationwide that is aligned with the PWSSR targets:

- a. Enhancing Access to and Provision of Water Services with the Active participation of the Poor (MDG 1919 Funded by the Spanish Achievement Fund, Project duration: 2009-2012) targeting 36 "waterless municipalities" in 5 regions all over the country.
- b. Philippine Water Supply and Sanitation Sector Assessment and Monitoring Project
- c. Development of the Capacity Building Framework for Water and Sanitation
- d. Ring-Fencing of Water Utility accounts of Local Government Units and water cooperatives
- e. The Philippine Portal for the Water Supply & Sanitation Sector (http://philwatsan.org.ph) was created in 2008 containing the policies, projects/programs, research/publications and statistics on WATSAN. It is run and operated by the National Water Resources Board.

Increased access to safe drinking water increased through these projects. These definitely contributed to the improvement of water quality in priority areas and reduced the incidence of water borne diseases.

2) Reorganization of the Sector Working Group for Water Supply:

Chairperson: Department of Interior and Local Government

Vice Chairperson: Department of Agriculture

Members:

Bureau of Local Government Supervision (BLGS_DILG)	Environmental and Occupational Health Office-DOH
Laguna Lake Development Authority (LLDA)	League of Municipalities (LMP)
Metro Manila Water and Sewerage System (MWSS)	Non-government Organizations
National Economic and Development Authority (NEDA)	National Water Resources Board (NWRB)
Bureau of Fisheries and Aquatic Resources (BFAR)	EMB-DENR
National Irrigation Authority (NIA)	
Proposed Additional Members:	
Philippine Association of Water Districts (PWAD)	Leagues of Province, League of Municipalities League of Cities
Philippine Water Works Association (PWWA)	National Water and Sanitation Association of the Philippines
Philippine Water Partnership (PWP)	

3) Action Plan for 2010-2013

Sector Outcome Goal: To provide adequate water supply and reduce/eradicate waterborne and water-related diseases

Issues	Specific Goals	Strategies	Outputs	Lead Agency	Partners/Support
					Agencies
Source: -Fragmented water source	- Develop an integrated framework for	-Use IWRM framework	National framework on	-NWRB	-DENR -LWUA
development for water supply	water source development	-Amendments of the	water source		
action participation and the participation a		Water Code	development		-MWSS -LLDA
		-Issuance of NEDA	_		-DOH
		resolution/policy, etc.			-NEDA
	-Protect water resources from all	-Implementation of	All required	DENR/	DA
-Pollution of water sources from	types of pollutions	Clean Water Act	permits	LLDA/	DOH
agricultural and industrial establishments -Overextraction of groundwater	-Protection of groundwater	-implement water safety plan Regulate groundwater extraction	complied (e.g. discharge permits) -Penalties for violators -Water safety plan per water utilities Vulnerabilty Map on the	NWRB LWUA NAWASA NWRB, MWSS, LWUA	DA, DILG
leading to saltwater intrusion		Preparation of vulnerability map	entire country	LWUA	
Supply:	Ensure equitable water supply	-Prioritize provision	-Map of high	- DILG	-LWUA
Disparity (urban/rural, rich and	provision among population	of water supply to	risk areas	- DOH	-MWSS
poor) in the provision of safe		high risk population			-NEDA
water supply Significant population with no	Increase access to safe water supply	groups - Sector assessment			-LLDA
access to safe water supply	increase access to sare water suppry	and monitoring			-DENR
		- formulation of water			LGU
		safety plans			WSPs
Investment:	Increase investment	-Financing	-Investors	DOF	NEDA, MWSS

Low investment for Capex/Opex		mechanisms -Private sector participation	participating in water projects	DBM	
Regulation: Weak enforcement of water related policies and laws	Strengthen policy enforcement at LGU levels	-Localizing the national policies to adopt to LGU conditions -Amendment of outdated laws and IRRs (e.g. Water Code, Sanitation Code)	-Local ordinances for water supply management -Amended water code and sanitation code	DILG DOH NWRB	DOH EMB LLDA
Water supply during emergencies and climate change: Inadequate mechanism for preparedness and response (drought, floods, spills):	Minimize adverse impacts from water related emergencies	Development of tools and mechanisms for emergency preparedness and response addressing water concerns	-Guidelines for preparedness on response mechanisms	NDCC – WASH CLUSTER	DOH LWUA MWSS CCC
Information system: - Uncoordinated/scattered, not updated sector data	- Consolidate and coordinate availability of sector data.	-Scale up sector assessment and monitoring	-Sector assessment and monitoring system	DILG	DOH EMB LWUA MWSS NAWASA
Partial implementation of water supply roadmap	Full implementation of roadmap	Updating and wide Dissemination	LGU adaptation	NEDA, DILG	LGU, WSPs OTHER AGENCIES

D. SANIITATION SECTOR

1) Sector Situationer and Accomplishments

The latest data on Philippine Sanitation reveals that in 2008, about one quarter of the population is still not served with individual sanitary types of sanitation facilities. Open defecation is still practiced by 14% of the rural population and 4% of the urban population respectively. This means that every single day probably **10 million Philippine citizens defecate in the open,** with serious consequences to the health, dignity and human development of this equally important part of the national population.

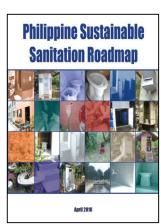
While the country is said to be on track in meeting its MDGs on sanitation it still means 1 in every 5 people in the Philippines will be unserved and that achieving universal coverage figures (100% of households with sanitary toilets) is highly uncertain. The uncertainty is aggravated by the recent disasters that hit the country and probably damaged substantively existing sanitation facilities.

While sanitation has traditionally lagged behind water supply, it has recently been energized by the high priority accorded to it internationally. The Philippines supported the global community by organizing a number of milestone events to raise the profile of sanitation in the country and to recognize the best practices being done at local level. These special events include the following:

- a) Sanitation Summit (1st) July 2006
- b) Sanitation Summit (2nd) July 2008 in ADB
- c) International Year of Sanitation (2008) launching in Mandaluyong City on February 18, 2008
- d) In celebration of the IYS, the DOH launched the National Search for Barangay with Best Sanitation Practices (NSBBSP) in 2008.
- e) Philippine Symposium on Sustainable Sanitation and Global Handwashing Day Celebration held in Mandarin Hotel, Makati City last October 15-16, 2009
- f) Hosting of the 2nd East Asia Ministerial Conference on Sanitation and Hygiene (EASAN2) on January 26-28, 2010 at Sofitel Phil Plaza Hotel, Manila
- g) The awarding of the 2nd NSBBSP was held at Sofitel Phil Plaza Hotel, Manila last January 29, 2010 with 3 Barangays as the Grand National Winners (1st, 2nd & 3rd)

The most important milestone for the sanitation sector is the preparation of the Philippine Sustainable Sanitation Roadmap (PSSR) led by the Department of Health. The PSSR is the basic framework document that will serve as the guide for the development of sustainable sanitation in the country. It has recently been approved by the NEDA inter-agency Sub-committee on Water Resources and is now being disseminated so that national and local agencies can develop their plans and programs aligned with the roadmap framework.

The recent preparation of the National Sewerage and Septage Management Plan (NSSMP) under the Department of Public Works



and Highways is consistent with the Roadmap and has also been recently approved by the NEDA.

Furthermore, the Philippines is also one of the countries participating in the program for Sustainable Sanitation in East Asia where the following were developed:

- a) National Sustainable Sanitation Plan of the Department of Health
- b) National sustainable sanitation health promotion plan
- c) Sanitation program packages for different types of sanitation challenges
- d) Sustainable Sanitation Education Program

Many Local government units are now embarking on wastewater treatment projects for public markets, slaughterhouses and hospitals. A few have also piloted the Community led total sanitation approach (CLTS), the Decentralzed Wastewater treatment (DEWATS) facilities and Ecological Sanitation approaches using urine diverting and composting toilets. But these are still in the pilot stage and there is still a need to scale up and replicate best practices.

2) Reorganization of the Sanitation Sector

CHAIR: DOH

VICE CHAIR: DILG

MEMBERS:

MWSS	LLDA	Department of Tourism	DPWH
Metro Manila Development Authority	Department of Agrarian Reform	DENR-EMB	Streams of Knowledge
Department of Education	NEDA	LWUA	

3) Action Plan 2010-2013

Overall Goal: To accelerate the development and implementation of effectual programs of sustainable sanitation

ISSUES	GOALS	STRATEGIES	OUTPUT	LEAD	PARTNER
Governance, Regulation and Enforcement Sanitation Code of 1976 needs to be updated (advocacy towards a National Sanitation Act)	To improve institutional and regulatory framework on sanitation	Review and updating of existing sanitation laws, rules and regulations. Strengthening of DOH as lead sector driver providing policy and	National Sustainable Sanitation Program of DoH NGAs with sanitation related mandates develop their own	DOH	DILG, DENR, DPWH, NEDA, LWUA, LLDA,MWSS, DepED, DOT, LGU, Congress, MMDA
Weak and fragmented institutional framework and policies Weak, fragmented and inadequate regulatory arrangements on sanitation Low LGU awareness and political will to improve sanitation		technical assistance at national and local levels. Strengthening of LGUs' awareness on sustainable sanitation	sanitation strategy, plans and programs A clear and sustainable implementation of sanitation policies.		PIA LEAGUE OF CITIES AND MUNICIPALITIE S, PROVINCES, BARANGAYS
			LGUs develop and implementing their policies, plans and programs on sustainable sanitation		
Service Delivery Inadequate capacity to facilitate sustainable sanitation Lack of sanitation focused skilled human resources	To improve capacity of sanitation service providers	Development of integrated and decentralized capacity development system for different service providers	Empowerment of different stakeholders towards active involvement for capacity development in sustainable	DOH, DILG	Academe, DPWH, NEDA, LWUA, LLDA,MWSS, DepED, DOT, DENR, LGU,

No guidelines to develop/strengthen LGU initiatives on policy formulation, planning and managing sanitation programs Frontliners such as sanitary inspectors and some sanitation service providers lack adequate sanitation education, knowledge and skills Low level of knowledge and know-how on planning and implementing sustainable sanitation programs/projects Financing	To increase investments for sustainable	Development of financing strategies and	sanitation Training programs on sustainable sanitation Functional training /resource centers at all regions Investment requirements to	DOH, DOF, NEDA,	DBM, MWSS, Development
Very low investments for sanitation More focus on large scale infrastructure Clear absence of policy and program for pro-poor sanitation Private sector/water districts hesitate	sanitation programs and projects	incentive schemes for sustainable infrastructure development.	MDG and MTPDP targets identified and secured Established/Enhanced PPPs and sanitation entrepreneurship	NLDA,	Partners, DPWH, LLDA GFIs, LGUs, MMDA
to invest in sanitation due to insufficient incentives and efficiency issues Other Issues Low public awareness and demand for sanitation services Low multi stakeholder involvement in sanitation	To increase level of awareness and involvement of different stakeholders on sustainable sanitation	Establishment of broad based alliance of multi sectoral and multi-level stakeholders geared towards increased support for the promotion of sustainable sanitation and strengthening of the sanitation sector"	Inventory of champions and stakeholder groups in sanitation Rationalized/ strengthened sector coordination mechanism.	DOH	Academe. LGU, DILG, Civil society, MMDA

E. FOOD SAFETY

1) Sector Situationer and Accomplishments

Ensuring food safety is the assurance that food will not cause harm to the consumer when it is prepared and eaten according to its intended use. Assurance of food safety requires a concerted cooperation at all levels in the continuum in order to achieve maximum consumer protection. This would include government, food manufacturers/producers academia, research institution and the consumers.

The Department of Health formed an inter-agency food safety committee led by the Food and Drug Administration (FDA) that is geared towards the guarantee of adequate, safe, quality and affordable food for public health protection as well trade development through the following:

- Provide directions to the TWGs in coordinating and communicating food safety issues
- Facilitate the coordination of all agencies involve in food safety and build strong linkage with other agencies especially in time of emergencies
- Takes the lead within the Department on food safety issues and recommends solution

Very recently, the Food and Drug Administration Act of 2009 (Republic Act 9711) was enacted that paved the way for strengthening the Food and Drug Administration in ensuring the safety efficacy, purity and quality of processed foods, drugs, diagnostic reagents, medical devices, cosmetics, household hazardous substances thru the state of the art technology as well as the scientific soundness and truthfulness of product information for the protection of public health.

The challenge of keeping the public informed to prevent and reduce the incidence of food-borne diseases and strengthening the integrated system for food safety and quality in the Philippines remain to be the priority of the food safety sector.

2) Sector reorganization

Chairperson: Department of Health

Vice Chairperson: Department of Agriculture

Members:

Other DOH agencies such	All DA attached agencies	DTI-Bureau of Product	DOST-PCHRD, FNRI
as EOHO, HEMS, BOQ,	such as BFAR, BPI, BAI,	Standards	
NCHP, NEC, NNC, RITM	NMIS, PCA, SRA, NDA,		
	BAFPS, NFA, FDC, BAR,	DILG-BLGS	DepEd
	FPA		
		LGUs through the Leagues	Bureau of Customs
			Academe

3) Action Plan 2010-2013

ISSUES	GOAL/S	STRATEGIES	OUTPUT/S	LEAD AGENCY	SUPPORT
					AGENCY
Lack of an integrated system for food safety.	Goal No. 1 To establish an integrated system for food safety and quality in the Phils aligned with international standards	 Organize an inter-agency national Food Safety Body Upgrade, strengthen and establish support systems, infrastructure and logistics on food safety 	National Food Safety Coordinating Council (NFSCC) established through Joint AO Effective food safety mechanism	DOH - FDA	DOH Agencies (NCDPC-EOHO, HEMS, BOQ, NCHP, NEC, RITM) DA Attached Agencies (BFAR,BPI, BAI, NMIS, PCA, SRA, NDA, BAFPS, NFA, FDC, FPA)
		 Collaborate and establish linkages with international organizations i.e. INFOSAN 	Closer coordination with international organization		DTI DILG - LGUs DOST DepEd BOC

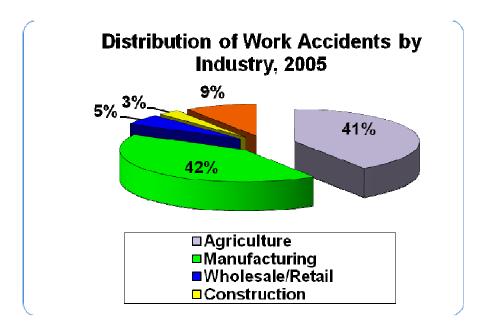
Goal No. 2	 Participate actively in the CAC's standard setting process and to adopt Codex standards, whenever appropriate 	Adoption of Codex standards		
To prevent and reduce the incidence of foodborne diseases	Continue to develop and maintain sustainable preventive measures, including food safety education programs aimed at reducing the burden of foodborne diseases through a systems approach encompassing the complete	Decreased incidence of foodborne diseases	BAFPS	NCDPC. NEC, HEMS, BFAR,BPI, BAI, NMIS, PCA, SRA, NDA, FPA,
Goal No. 3	food production chain from farm to consumption	developed		All DOH and DA
To update existing rules and regulations	 Strengthen and enhance the capability of food safety key players to properly address new and emerging issues 	Efficient response to food safety problems	NCHP	All DOH and DA Agencies, LGUs, Dep Ed,
on food safety responsive to the current situation	Review and update all food safety standards and regulations including the proper disposal of "condemned" food products	Food safety standards and regulations	FDA and BAFPS	All DOH and DA Agencies, LGUs, Dep Ed
	without affecting the human health and environment Collegial review of the food safety bill to harmonize all	updated		DOST, DTI, BOC
	existing food safety rules and regulations	Passage of the Food Safety bill into a law	FDA and BAFPS	Academe, DENR - EMB

F. OCCUPATIONAL HEALTH

1) Sector Situationer and Accomplishments

One of the biggest asset of the Philippines is its labor force. The Department of Labor and Employment estimates that there is about 35.95 Million labor force. Total employed is 31.623 Million. To gender disaggregate, there is an estimate of 19. 551 million males and 12.072 million female in the labor force. This would include the 8.2 Million Filipinos working overseas and 3.8 Million contract workers.

The Occupational Health and Safety Office is the DOLE unit responsible in ensuring safety standards for Filipino workers. Based on the latest OHS data, highest distribution of work accidents by industry is topped by the manufacturing industry and followed closely by the agriculture industry.



The top three occupational illnesses include musculo-skeletal disorders infections and bronchial asthma. The top three work-related Employees Compensation Claim(EC Claim) are renal disorders eye disorders and cardio-vascular disease.

While OSH standards have been established, there remains to be low compliance due to the limited scope of OSH, absence of strict penalties fragmented OSH administration and outdated OSH standards. There is still public apathy on OSH concerns compounded by inadequate number of OSH personnel and facilities to fully enforce occupational safety and health standards.

Relative to the maintenance of safety and health conditions at the workplace, the top 5 programs/services implemented in establishments were the following:

- a. Availability of first aid kits
- b. Regular conduct of inspection and maintenance of equipment
- c. Regular monitoring of hazards such as fumes dust, noise and heat level in work areas
- d. Accident prevention program
- e. Drug-free workplace policy/program

2) Sector Re-organization

Chairperson: Department of Labor and Employment

Vice Chairperson: Department of Health

Members:

Members

- DPWH
- PIA
- DILG Regional offices
- PCOM
- OHNAP
- NEDA
- IHAP
- BWC
- CSC
- SOPI
- ECC
- SSS
- GSIS
- PhilHealth
- LGU's
- ULAP
- ECOP

3) Action Plan 2010-2013

Sector Goal: To reduce incidence of occupational health-related diseases and injuries.

Issues	Goals	Strategies	Outputs	Lead Agency	Partners/supp ort agencies
Small and medium scale Industries non-compliance to existing OH standards	Goal 1: To capacitate small and medium scale industries to comply with OH standards	 a. Encourage self-regulation and voluntary compliance b. Advocacy, IEC and training c. Adopts small brother-big brother partnership d. Provide technical assistance for industry regulation e. Encourage LGU's to passed Ordinances regarding compliance with OH standards f. Provide incentives to compliant industries and prescribed penalties for noncompliance 	a. Increased number of small and medium industries complyin g with OH standards (at least 10% increase annually based on data to be establishe d)	DOLE including its regional offices, DOH and DILG	DPWH, PIA, NEDA, SSS, GSIS, PhilHealth, Industry Associations, Employers Group, Labor/Trade Unions, LGU's, NGO's ex. PATAMABA etc, developmental partners
Limited government resources resulting in	Goal 2: To optimize the presence of existing resources/networks	a. Identify or map-out resources (i.e. funds, experts for research and infrastructures for technical	Forged Memorandum of Agreement/Und erstanding	DOLE, DOH, DILG	DPWH, PIA, NEDA, SSS, GSIS, PhilHealth, Industry

weak enforcement of OH services	on OH services	services such as OH laboratories) in existing networks b. Establish coordination and coalition among stakeholders.	(MOA/U) among network partners to support in the implementation of OH programs and Services		Associations, Employers Group, Labor/Trade Unions, LGU's, NGO's ex. PATAMABA etc, developmental partners
Lack of awareness among informal sectors of OH services and programs	Goal 3: To advocate OH service provision to informal sector/health workers	a. Advocacy -IEC -BCC - universal health insurance coverage awareness b. Identify and involve informal sector associations (ex. Representation anti-poverty program, BMBE etc) c. Work Improvement in Small Enterprises (WISE) d. Establish OH services in Rural Health Units (RHU) e. Lobby for the passage of OH bill for health workers f. Ensure the implementation of the Magna Carta for health workers	a. Number of IEC materials developed and distributed b. Organize cooperatives /associations c. RHU units with OH service package d. Number of informal sector utilizing OH services of the RHUs	DOLE, DOH, DILG	DPWH, PIA, NEDA, SSS, GSIS, PhilHealth, Industry Associations, Employers Group, Labor/Trade Unions, LGU's, NGO's ex. PATAMABA etc, developmental partners

Lack of common OHS standards	Goal 4: Harmonize OHS standards between DOLE, CSC, DOH and other concerned agencies	a. Ensure MIS linkage on standards	a.	that can be accessed by the stakeholders	DOLE-BWC, DOH	PCOM, OHNAP, IACEH-OH sector
Lack of coordinated response on public health issue to be implemented in the workplace/ Limited response on emerging OHS issue e.g AIDS, asbestos, A1H1	Goal 5: Unified approach in case of public health issues	a. Establish alert system on public health and OSH issues b. Identify focal agency during public health and OSH issue	a.	Establish protocol in public health/ emergency response team	DOH, HEMS,	DILG, DOLE, PIA, PNP,AFP, BFP, OCD, NDCC

G. SOLID WASTE

1) Sector Situationer and Accomplishments

The Solid Waste sector is one of the most active sectors that has managed to get the National policies on the following: a) guidelines on the closure and rehabilitation of Open and Controlled Dump Facilities (DAO 2006-09); b) guidelines on the categorized final disposal facility (DAO 2006-10); the National Government-Local Government Cost Sharing Framework and the National Framework Plan on the Informal Sector in Solid Waste Management.

Some of the accomplishments reported by the National Commission on Solid Waste are the following:

gies	Output	Lead Agency	P artners
se awareness of LGUs on need to formulate the SWMP cation/training on the formulation, appreciation and replication of good practices)	Simplified annotated outline and technical assistance provided to LGU	NSWMCS	S WM Sector, L GUs League
nination of success stories on SWM mation exchange among LGUs	Good Practices were replicated (through REC)	NSWMC	S WMSecto r, L GUs League
cal training on the components of SWM le info on conversion of OD to CD to sanitary landfill &/or residual containment area)	Documented and disseminated success stories on SWM	NSWMC	SWM Sector

Technical information on Safe closure of disposal sites	Published guidelines	NSWMC	SWM Sector, DILG, Leagues
Information dissemination to LGUs re. staged compliance for SLF	Policy issuance	NSWMC	SWM Sector, DILG, Leagues
Mobilization of Nat'l Ecology center under RA 9003	EMB Reg'l Offices established the Regional Ecology Centers	NSWMC	SWMSector

The National Solid Waste Commission reports that 30,000 tons of waste are generated daily. 675 tons per day of methane is produced (which is more potent than carbon dioxide). While the Sector has campaigned for reduction of wastes, to date, there are only 6750 materials recovery facility serving 7,680 barangays or only 18.22% of the 42142 barangays in the country.

For residual waste there are only 30 sanitary landfills which is slowly replacing the open and controlled dumpsites that is considered unsanitary.

The country has a long way to go in the promotion of waste avoidance and in the promotion of the 3 Rs (Reduce Re-use and Recycle). There is still a need for raising public awareness, citizen's participation and behaviour change. Everybody must be involved and it is necessary to build partnerships through alliance building.

2) Reorganization of the Solid Waste Task Force

Chair Bureau of Local Government Services, DILG

Vice Chair Environmental Management Bureau – DENR

Members:

- 1. Industrial Technology Development Institute-Department of Science and Technology
- 2. Board of Investments-Department of Trade and Industry
- 3. Environment and Occupational Health Office-Department Of Health
- 4. Department of Public Works and Highways
- 5. National Economic and Development Authority
- 6. Metro Manila Development Authority
- 7. Philippine Information Authority
- 8. ACADEME
- 9. NGOs

3) Action Plan 2010-213

PROGRAM FOR ACTION / ISSUES	GOAL	STRATEGIES/ ACTIVITIES	Output	Lead Agency	Partner Agencies
Management 1. Low level of LGU compliance to RA 9003	LGUs complying with the provisions of the RA 9003. Maximum utilization of LGPMS results to solid waste planning and budgeting among LGUs.	implement RA 9003 Resource mapping and needs assessment in the regions/LGUs Need to implement the revised NG-LGU Cost Sharing Framework Review gray area of RA	RA 9003 integrated to LGU Comprehensive Development Plan /Physical Framework Plan Implementation of the NG-LGU Cost Sharing Framework in selected LGUs	NSWMC	LGU
Lack of technical capability to develop and operate disposal facility	, .	Provide technical assistance to LGUs	LGU personnel trained	DENR/ NSWMC	DILG LGU

3. Lack of harmonized	Empowered informal waste	Implementation of the	Mainstreaming of	NSWMC/	DSWD/
plans and programs	sector that is recognized as a	National Framework Plan for	the informal waste		PCUP/
for the informal sector	partner of the public and	the Informal Waste Sector in	sector in the		DOLE
in solid waste	private institutions,	Solid Waste Management	National and local		
management	organizations and		government plans		LGU
	corporations in the promotion		and programs		
	and implementation of the				
	3Rs (reduce, reuse and				
	recycle) of				
	solid waste management in				
	the Philippines with the end				
	in view of alleviating poverty.				

H. CLIMATE CHANGE AND HEALTH

1) Sector Situationer and Accomplishments

The growing international concern over climate change and the country's current experience on the impacts of extreme weather changes, heatwaves, changes in temperature and precipitation have caused serious health concerns such as the growing number of temperature-related illness and death air pollution-related health effects, water and food borne diseases, vector-borne and rodent-borne diseases food and water shortages and other mental, nutritional and infectious diseases.

Previous health plans such as the National Objectives for Health (2005-2010) does not specifically mention climate change as the NOH tend to look at diseases more from the perspective of an infectious nature and does not consider the climate sensitivity of the disease. However, each year, the unabated number of under-nutrition, diarrhea and malaria related morbidity reflect the silent but growing impacts of climate on health. On the other hand, when deaths and illnesses are caused by flooding heat waves and other calamities, then the direct impact of climate change is realized.

The health sector have identified a number of efforts to facilitate adaptation to climate change. This would include disease surveillance and early warning systems, integrated vector management, healthy policy development, environmental health capacity building increasing access to safe drinking water and sanitation and the health action in emergencies.

However, it must be noted that climate change adaptation strategies are not yet developed and integrated in the DOH strategy framework and to date, there is still no climate change plans in health. The country have not yet fully appreciated the strategies to mitigate climate change related health impacts. Roles and responsibilities need to be further defined and resources have to be allocated to support climate change related initiatives. More studies have to be made specially on emerging diseases and to provide evidence based policy advocacy on the burden of health impacts of climate change. The disease surveillance mechanisms and data collection systems need to be enhanced to factor in the correlation between climate change and health.

Capacity building for disease surveillance training, vulnerability assessments (personnel and infrastructure) and project management have to be in place.

However, the climate change sector have recently developed the National Framework of Action to support the Health Sector Reform Agenda. It has aligned the framework to DOH's Fourmula 1 strategy: Service Delivery, Governance Financing and Regulation. It has formed strategy clusters to coordinate efforts to raise the profile of climate change and health linkages. It is developing partnerships among private sector, academe, NGOs and LGUs. A current project funded under the Spanish-Philippines MDG project is underway and through this project pilot initiatives such as the Early Warning and Surveillance Systems for Climate Change diseases in Metro Manila and Albay, hospital preparedness and response, awareness building and advocacy work, and capacity building are supported.

2) Sector organization

Since this will be the first time that the Climate Change Sector is formed, the following is recommended to comprise the Climate Change and Health Sector:

Chairperson: Climate Change Commission

Vice Chair: Department of Health

Members: Department of Environment and Natural Resources

Department of Agriculture

Department of Local Interior and Local Government

Department of Energy

Department of Labor and Employment

Department of Science and Technology

Department of National Defense – Office of Civil Defense

National Economic Development Authority

Metropolitan Manila Development Authority

League of Provinces

Other Government Agencies

Non-Government Organizations

Academe

3) Action Plan 2010-2013

SECTOR GOAL: To adapt to the possible health consequences brought about by climate change

ISSUES	GOALS	STRATEGY`	OUTPUTS	LEAD AGENCY	PARTNERS
Healt h is not a priority	To integrate health issues in all mitigation and adaptation measures and policies of government offices and concerned sectors.	 Develop IRR for Health (CCA 2009) Develop Strategic Plan for CC and Health Forging of alliance/ linkages to government offices and concerned sectors 	 IRR (CCA) for health developed Strategic Plan for CC and Health developed and implemented Health issues integrated to all Climate change program/projects of government offices and other concerned sectors 	CCC and DOH	DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE, NEDA, MMDA, Other government agencies/offices, LPP, NGOs and Academe
Inade quate internal and external coordination and clarity on CC Adaptation functional roles	To strengthen internal and external coordination and clarity on CC adaptation functional roles.	 Roles ID and clarification Forging of alliance/ linkages to government offices and concerned sectors Competency assessment for health developed 	 System developed Competency Development Plan 	CCC and DOH	DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE, NEDA, MMDA, Other government agencies/offices, LPP,NGOs and Academe

	Dise ase Surveillance Mechanism and Data Collection System related to CC still to be enhanced (NEISS and FHSIS)	To develop and strengthen early surveillance and preparedness system for extreme weather events and disease outbreaks	•	Systems Development	•	Health Surveillance Mechanism and Data Collection System of DOH enhanced and integrated with other sectors V and A Tools for CC Diseases developed	CCC and DOH NEDA/UP-NIH	DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE, NEDA, MMDA, Other government agencies/offices, LPP, NGOs and Academe
•	Inade quate preparedness and vulnerability of health facilities on the effects of CC. e.g., hospital infrastructure, emerging diseases Limit ed IEC materials and advocacy on CC	To establish safe hospital to address the health needs and medical care of possible victims brought about by climate change To develop IEC materials on CC and conduct of advocacy activities on the health	•	Conduct of vulnerability assessment of DOH hospitals in Metro Manila Provision of capital outlay for building infrastructure and procurement of equipment and other medical supplies and training of qualified hospital staff IEC development Conduct advocacy activities CC	•	Advocacy tools/IEC materials developed and integrated with other sectors Web portal (MDGF	CCC and DOH	DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE, NEDA, MMDA, LPP, Other government agencies/offices, NGOs and Academe DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE,, Other government agencies/offices, NGOs and Academe
	Abse nce of private-public partnerships for climate change and health activities	 consequences of CC To encourage private-public partnerships for climate change and health activities 	•	Forge alliance and Partnerships to private entities	•	project) Technical Assistance Capability Building Funding Support	DENR CCC and DOH	DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE,, Other government agencies/offices, NGOs and Academe

• Lack of local studies on climate change and health, its impacts to human pop. and other sectors i.e. agriculture, environment, energy, housing, etc.	To encourage research and development on CC and Health	Conduct of Integrated Research	Compendium of Researches and Best Practices Established Baseline Data	CCC, DOH, and DOST	DA, DOST, DENR, DILG, DOLE, DND- OCD, DOE,, Other government agencies/offices, NGOs and Academe
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V. CONCLUSIONS, CROSS CUTTING ISSUES AND RECOMMENDATIONS

The health and environment linkages in the Philippines have successfully implemented a number of noteworthy projects and programs and have instituted recently milestone policy and framework documents to guide some of the sectors.

The challenge remains on how the strengthen policy implementation at the local level and how best to engage local governments and the general public in the process. The proposal is for local governments to legislate local policies and appropriate ordinances relating to the safeguarding of public health through the environmental health concerns and for them to incorporate the plans and budgets in their investment plans for health. The public has to be involved through awareness building and empowerment strategies so that they themselves can be active participants in promoting public health.

The Inter-agency committee on Environmental Health (IACEH) is an underutilized platform for coordination and stronger collaboration. The Department Personnel Order of the DOH identifying the members of the Sectoral Working Groups have to be updated based on the recommended re-organization from each of the sectors.

The IACEH's mandate of providing oversight over the plans and programs should be supported further by a regular secretariat. However, with the increasing demands on the limited staff of the DOH in its EOHO team, it might be necessary to add to their capacity competent personnel who will support the IACEH in its oversight function.

The Philippines continue to support the Regional Thematic Groups in Environmental Health and is willing to finalize its plans to support and contribute to the identified regional priorities and action plans.