

HEALTHbeat

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Special Issue November 2010

Address the Urban Health Challenge NOW!



■ Ona sa Kalusugan

- BLHD Spearheads Urban Health System Development
- 2010 Year of Urban Health

- Night of Urban Health Champions
- Philippine Cities Celebrate World Health Day

CONGESTION

Traffic

Pollution

Slums

Lifestyle Diseases

Rapid
Urbanization



Floods

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IT!!!**

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SYSTEM DEVELOPMENT
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URBAN HEALTH SYSTEM DEVELOPMENT

Calendar of Major Activities

Q4 2010

SCUHE III Module 2
JAC Review of CIPHs of MM Cities
Finalization of CIPH Guidelines

Q1 2011

Orientation of CHDs on UHSD
CIPH Development of 12 Highly Urbanized Cities
SCUHE III Module 3

Q2 2011

Revitalization of Healthy Cities Program
SCUHE IV Module 1 for 10 HUCs

Q3 2011

SCUHE IV Module 2
JAC Review of CIPHs of 12 HUCs

Q4 2011

SCUHE IV Module 3



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ONAsa KALUSUGAN

President Benigno Simeon "Noy" Aquino III or P-Noy finally announced his choice for the health post just a day before his inauguration. He named Dr. Enrique T. Ona, the director of the National Kidney Transplant Institute (NKTl) to head the Department of Health as its 27th Health Secretary.

At the DOH turn-over ceremony on July 5, Ona said that he accepted his appointment because of three main reasons. First, he was inspired by the genuine commitment of P-Noy to pursue a very direct approach in improving the lives of Filipinos by eliminating graft and corruption. Second, Ona believed that he can rely on a community of competent DOH staff, development partners, and health workers dedicated to pursue the reforms in the health sector. Finally, he was still very confident that further reforms can still be achieved.

Universal Health Care

Universal Health Care for all Filipinos takes the center stage in the reform agenda of the new administration. P-Noy's singular marching order on health during his inaugural speech and his first State of the Nation Address is to pursue rapid and massive enrollment of poor Filipino families to the National Health Insurance Program in three years. This means that the government will have to spend big to expand Philhealth coverage and enhance its benefits for both in-patient and outpatient health services, and also to spend money more efficiently particularly by prioritizing services that truly improve outcomes and deliver quality care for our patients.

In October 2, the DOH and the Philippine Health Insurance Corporation staged an open registration to enroll non-member Filipinos who are at least 21 years old to Philhealth. This campaign mainly targets those from the poorest families identified by the DSWD National Household Targeting System as well as the self-employed and informal sector who can afford to pay for health insurance as individually paying members.

Secretary Ona emphasized that with UHC, he does not intend to give false hopes to the public of free health care for everyone. Instead UHC means that everyone must be responsible for their health and enroll in the NHIP according to their financial capacity while the real poor will be taken care of by government with targeted subsidies.

The framework to ensure that universal health care happens in the next three years does not start and end with health financing and PhilHealth enrolment. The DOH aims to take new and creative approaches that will address the inequity of manpower and health resources in the most underserved provinces. Ona said that the department will try to close the gaps in health services by investing in new community health centers and district hospitals as well as build on the existing strengths and capacities of our workforce.

During the World Population Day celebration Ona stressed: There are thousands of honest and dedicated health staff in the frontlines --- community doctors, nurses, midwives and barangay health workers. They work hard and are determined to improve services for our patients. What we need to do is to unlock their talents and develop their competencies so that we have multi-skilled health workers such as nurse-midwives or nurse-practitioners who can serve even in remote communities."

The health system, too, must be flexible to meet the needs of our local governments, Ona said. He believes that there should be integration of hospital and primary health care and better relations of the DOH with local government units in terms of giving guidance, assistance and support. The complete package of essential health services in the context of "the continuum of care from home to hospital" must be provided.

On his policy to make medicines more accessible, Ona said that the DOH should maximize the opportunities provided under the Generics Law and the Cheaper Medicines Act, particularly in terms of strengthening the use of generics in both public and private settings. However, the proliferation of drugs coming from unknown manufacturers or countries of dubious origin must be corrected.

Moreover, Ona emphasized the importance of innovative and technological solutions to reach the poor and indigenous people in far-flung areas, like a well-functioning health information system, modern tools of communication, and even telemedicine that will make health care possible even where there are no modern facilities or specialist doctors. Reaching the urban poor who live in slum areas is also important since more than half of Filipinos now live in urban areas. Community empowerment strategies are the key in these areas so that the urban slums learn to use the many formal service institutions and to be recognized by political groups around them in the city.

Transforming Government Hospitals

Secretary Ona was instrumental in the improvement of medical health services at the NKTl. As its director, he facilitated NKTl's transformation into one of the premium health institutions in the country that provides

the best medical care comparable to any health facility worldwide. The health services provided by NKTl are accessible even to the underprivileged.

Ona admits that in his career as a surgeon, he has worked with colleagues who have always challenged one another to continuously improve the care they provide for their patients. He said that in NKTl, they have weaved an inspiring story of how a government hospital can deliver care beyond the ordinary and provide specialized medical services for Filipinos at par with the best in the world.

“My career is now dedicated to replicating the NKTl experience,” he said. And paraphrasing the famous campaign slogan of Vice President Jejomar Binay, he reaffirmed, “Kung nagawa natin sa NKTl, magagawa natin ang mga repormang kakailanganin sa buong sektor ng kalusugan.”

The health secretary is dedicated to replicate the NKTl experience. He said that the DOH will transform government hospitals into centers of quality and excellence for patients so that they are not only hospitals for the poor but hospitals for the Filipino people. He envisions all government hospitals to be someday competitive in terms of giving quality service and able to compete with private hospitals in a friendly way, and respond to patients’ expectations in terms delivering personalized care.

Up Close and Personal

Secretary Ona was born on June 4, 1939 in Sagay City, Negros Occidental. His parents hail from Pagadian City, Zamboanga del Sur where his father became the first Provincial Health Officer and his mother served as a puericulture nurse.

He graduated from medical school at the University of the Philippines in 1962. He further extended his medical and nephrology training

I assure you that health is central to the development agenda of the President and this administration. But let us all be mindful of our common mission and responsibility. Let us be one in vision and hope that we will collectively and finally secure a just and fair health system that gives Filipinos adequate and quality healthcare that they have long wanted and deserved.

—Secretary Ona

abroad where he earned a medical license at the State of Massachusetts, USA.

Ona belongs to the DOH family having served as the Executive Director of the National Kidney transplant Institute from 1998 until his appointment on July 1, 2010 as the new health chief. He is recognized as one of the top surgeons in the field of vascular surgery and organ implantation. He is also a dedicated advocate of preventive nephrology in the country. He is currently the President of the Transplantation Society of the Philippines, a position he holds since 1989 and also the President of Maria Corazon Torres Javier Foundation from 2009 to present.

Because of his dedication and contribution to health, Secretary Ona has been the recipient

of various prestigious awards including the Ten Outstanding Young Men (TOYM) awardee for Medicine in 1979, The Presidential Award of Recognition in Organ Transplantation in 2000 and recently the Outstanding Health Research Award by the Philippine Council for Health Research and Development presented last July 19, 2010.

It was during his residency abroad that he met his beloved wife, Dr. Norma Martinez, an equally successful and nationally renowned haematologist. They are blessed with four boys namely, Arsenio Kenneth (eldest), Enrique Stanley, Victor Gabriel and Manolo Steven (youngest).

As a family man, Dr. Ona spends most of his time off at home playing with his grandson or indulging himself in a game of tennis or golf. Family and friends fondly call him Manong Ike, and they describe him as kind and generous.

NKTl staff describe the Secretary as a “strict but lenient chief.” They recall that during his tenure at NKTl, he arrives between 8-9 am and leaves around 7pm. At the end of the day he sees to it that everything is accomplished and every paper signed before leaving for home. “No stone is left unturned,” they say.

With his job as Secretary of Health, he promises to develop action plans with measurable and verifiable targets for the next six years, including estimated annual resource requirements and performance benchmarks.

“I assure you that health is central to the development agenda of the President and this administration. But let us all be mindful of our common mission and responsibility. Let us be one in vision and hope that we will collectively and finally secure a just and fair health system that gives Filipinos adequate and quality healthcare that they have long wanted and deserved,” Ona concluded.



A challenge for all

2010 is year of urban health. While urbanization serves as the driving force towards economic progress, there are various health challenges associated with it. Problems such as water and air pollution, slum proliferation, poor health and sanitation among others, may seem quite common but if left unaddressed will lead to bigger problems in the future.

If these urban health challenges cannot be addressed immediately, the health of the citizens is at greater risk. And if this happens then all the efforts of the government towards urbanization and development will all go down the drain.

This issue of *Healthbeat* focuses on the challenges of urbanization, as well as the solutions being done by various local government units to address the health problems associated with it. All throughout the pages of the magazine, you will see side-bar articles that present information about a specific urban health challenge. Reflect and think of what we can do to help minimize these problems and make urbanization work for our country. We are all in this together.



Health *and the* City

A rapidly urbanizing Philippines presents a different kind of challenge to national healthcare policy.

A trend often lost in the agitation over making healthcare services accessible to the remotest reaches of these 7,100 islands is the fact that a growing majority of Filipinos are living in urban centers. From less than half of the total population in year 2000, urban dwellers now make up 60 percent of the whole as of 2007, with the prospect of reaching between 70 to 75 percent in the next decade.

“Our rate of urbanization is very rapid so we have to make our health system ready to answer the needs of an urban population,” says DoH Under secretary Dr. Mario C. Villaverde. “What becomes a problem in a highly urbanized area is not really the availability of services but that there are marginalized groups who cannot afford or access the available services.”

He cites the example of a facility like the Philippine Children’s Medical Center (PCMC) in Quezon City, located in the vicinity of an informal settler community. Many parents only have to cross the street to get medical attention for their kids but many refrain from doing so because they still cannot afford the drugs that will be prescribed.

Villaverde’s point is that the problem goes beyond strictly healthcare. About 28 percent of the 60 percent urban dwellers are said to be found in slum settlements. “They do not have a good job and that is the bigger challenge. We need to improve the mechanism for a multi-sectoral response. The health sector can’t do it alone.”

This multi-sectoral response is taking shape through the DOH urban health system development (UHSD) initiative. The focus is on improving the so-called social determinants such as education,

infrastructure, agriculture and food, transport system and other social services to effect changes on health outcomes.

The connection to health outcome is perhaps more remote but no less crucial, Villaverde explains. Bad roads can cause accidents and injuries. Noise and air pollution from urban transport lead to respiratory infections, stress and other illnesses. High salt and fat contents in commercial food products connect at some point with non-communicable diseases.

These require the DoH to be something more than it is now, an agency whose policy-making scope should not be limited to matters like regulating drug prices and overseeing health facilities. Villaverde sees DoH carving a role as lynchpin for other government agencies to better incorporate health impacts in the policies of agencies like the DENR (Department of Environment and Natural Resources), DepEd (Department of Education) and DA (Department of Agriculture), among others.

RURAL VS. URBAN HEALTH WOES

To better understand the idea of the proposed urban health systems, it can be contrasted to another DOH initiative to address the challenges of devolution of health services to local governments.

Inter Local Health Zones (ILHZ) seek to cluster several towns for them to form a functional health system since individually, each town may not have enough population to, say, justify having its own hospital --- always the most expensive item in the national health tab.

In the areas where the ILHZ concept applies, Villaverde explains that the issues are mostly focused on healthcare per se, the lack of doctors and nurses, medical equipment and goods. When these are resolved, the level of healthcare is elevated and health outcomes are improved.

A fairly progressive city would have reached this certain level of good healthcare already. At a certain point, it would have to look beyond investing in just health services and more on the social determinants to level up health outcomes in the community.

Self-sufficient as many cities are, especially in the NCR (National Capital Region), in terms of having advanced health facilities and services, networking with their neighbors for health resources do not really spell a great difference. It would not be to the extraordinary advantage of a Quezon City or a Makati to be networking with each other when they have more hospitals and clinics per square kilometer than most other areas in the country.

IDEA WHOSE TIME HAS COME

The UHSD initiative has been around for all of two years but traces its roots to earlier programs with more limited scope. First, there were campaigns such as “healthy schools, healthy workplaces, healthy markets” focusing only on specific urban settings and anchored mostly on environmental health and sanitation goals taking into consideration wider scope of activities that includes programs on maternal and child care, communicable and non-communicable diseases, among others.

The healthy cities initiative (HCI) takes a larger stock of the community health situation. It did raise up some notable examples of urban areas --- places like Marikina City, San Fernando, La Union, Puerto Princesa, Palawan --- which are worthy forerunners of the total urban health concept.

Marikina shows the way in improving a city transport system for better health outcomes through a scheme to reduce motorized vehicles and making the streets highly walkable and bike-friendly. The city is also a model for the environmentally sustainable and

healthy urban transport (ESHUT) component under the newly minted UHSD.

In the short span of time since UHSD was conceptualized, the people behind this program has gotten their feet wet engaging a number of smaller cities in the NCR and Southern Tagalog as pilot areas for several UHSD components.

Through the Urban HEART (Urban Health Equity Assessment and Response Tool), the cities of Naga in the Bicol region, Tacloban in the Visayas and Paranaque and Taguig in Metro Manila were able to diagnose the gaps and inequities in the way city health services are rendered among different zones in their cities.

Paranaque was able to zero in on marginalized areas demanding more attention in maternal health care. Within two years, the city was able to bring down its maternal deaths to zero through focused intervention. For Taguig, it was a matter of re-focusing priorities from areas where health data are already good to the more needy barangays.

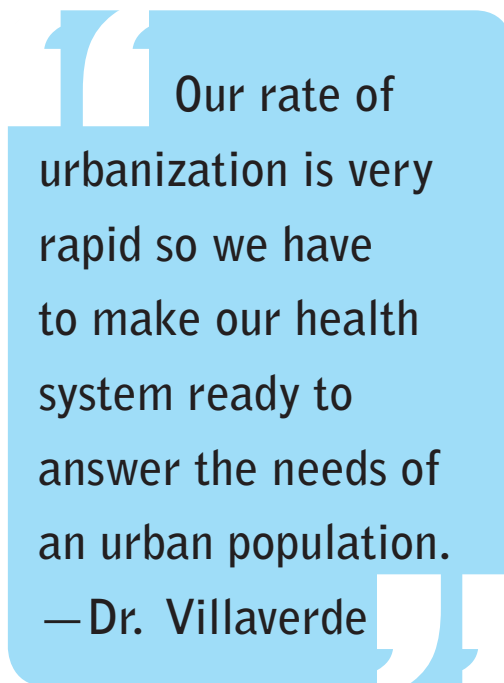
“Urban HEART should be the first tool you should use to look into how you should approach the urban health system and then from there, you will determine what interventions are appropriate,” Villaverde explains. Since cities generally have more sufficient health facilities, they are deemed very important in determining health outcomes up to the national level.

A training component, the SCUHE (short course on urban health equity)

brings local government knowledge, practices and skills in line with program goals. Unlike most DOH-initiated training activities, it is meant not just for local health officers but others who have a great say in improving the urban quality of life, like the city planning and city engineer’s offices.

The nascent CIPH (city-wide investment planning for health) takes off from the provincial investment planning for health (PIPH) that is now being implemented as part of the ILHZ initiative.

Now being piloted in Pateros City is a special effort to reach out to every depressed barangay in the city. The idea is to improve health outcomes by reversing the usual mode of service delivery. For a change, it is the health provider who is asked to go to the clients, mostly daily wage earners who cannot afford to lose a day of work, instead of waiting for the clients to visit the barangay health station for special health services.



Our rate of urbanization is very rapid so we have to make our health system ready to answer the needs of an urban population.
— Dr. Villaverde

BLHD Spearheads Urban Health System Development

The growing concern over the rapid rate of urbanization outpacing the ability of governments to build essential infrastructure and system has posed a great challenge for the DOH to take bold steps to address the issue.

The DOH, through its Bureau of Local Health Development, gamely took this call at hand by initiating efforts to define the direction and framework for UHSD in the Philippines for 2010.

The general objective of the Philippine UHSD is to address the Urban Health challenge NOW – 2010 being the Year of Urban Health; and specifically for the following purposes: (1) to establish awareness on the Urban Health challenge; (2) to initiate inter-sectoral

approach to Urban Health System to address the Urban Health challenge; and (3) for LGUs to develop sustainable responses or actions to the challenge.

The emphasis of UHSD in the country shall be on the management of social determinants of health in urban settings, with focused application on poor populations, particularly those living in slum communities or settlements to address the equity issue.

Having in mind what it wants and the desired objective, the BLHD initiated consultations with key stakeholders and other involved sectors through a series of workshops particularly with the Health Sector, Social and Community Sector, and the Environment Sector. These meetings brought together

representatives from these sectors, bringing with them expertise and experience in their respective fields.

In the consultation workshop focused on the Health Sector, experiences on UHS initiatives from various perspectives – global, national, regional and local (those undertaken by individual cities) were included. Participants were fortunate to have the presence of the visiting Dr. Amit Prasad from the WHO Kobe Center, who willingly discussed about “Global Perspective on Urban Health System Development”, while national initiatives on UHS were discussed by Director Lilibeth David of the BLHD. The MMDA also had relevant experiences to contribute about “Managing Health in the Metropolis.” On regional Urban Health Systems initiatives, important



topics on “Linking Health Care Delivery Services through Referral System in Metro Cities” and “CHD Experiences in Providing Technical Assistance to Cities” were also presented.

Participants to the Social/Community Sector consultation workshop, which centered its discussion on social determinants of health, made significant contributions to the meeting with the participating cities and the CHD-NCR sharing their respective experiences on specific topics such as community-based breastfeeding, community participation using the RED strategy, alternative assessment of health determinants, and availability of data at barangay level.

The consultation with the Environment Sector, meanwhile, identified social and environmental problems that have significant impact on public health, the ensuing problems that city governments are addressing, and recommendations on which areas should be the focus of city government operations in the next three years.

The consultations took note of the peculiarities and practices of communities and groups as inputs to the UHSD guidelines. As Mr. Mario Taguiwal, the





UHSD Consultant, put it during one of the consultation meetings, "We can all respect the peculiarities in your localities. Let me say, however, that the main objective of the workshop is not to give you ideas on how to carry out courses of action in your localities. The main objective is for you to use your local knowledge so we can inform what should be the guidelines, the policies DOH will have to take, CHDs will have to provide, and the city government will have to take."



These consultations made significant inputs to the development of a comprehensive Urban Health System Development framework that incorporates a holistic view of the health problems related to urbanization. Thus, on February 15, 2010, the DOH came up with a memorandum (Department Memorandum No. 2010-0038) to define directions and framework for Urban Health System Development in the Philippines for 2010. This issuance, which shall serve as a guide for Centers for Health Development in providing technical assistance to City Governments, particularly to City Health Offices as they embark on developing their Urban Health System, further outlines the basis, purpose and nature of DOH support to the UHSD.



Mr. Mario Taguiwalo on consultations in UHSD...

“ We can all respect the peculiarities in your localities. The main objective is for you to use your local knowledge so we can inform what should be the guidelines, the policies DOH will have to take, CHDs will have to provide, and the city government will have to take. ”



The Urban Health System Development Framework

While urbanization promises to bring with it significant economic development, it also opens up a floodgate of problems, chief among them poverty and poor health. This means that any urban center, as it contemplates the promises of a progressive future, must also subject itself to critical self-examination, trying determine whether it can handle the challenges that progress brings, and how greater efficiency be achieved in providing essential services.

Through the development of the Urban Health System Development (UHSD), urban centers all over the country now have the framework that will guide them in planning, organizing, and implementing their own urban health programs. The UHSD has come up with a toolkit, which city officials can easily refer to, so they can respond to the program's challenge: "Address the urban health challenge *now*."

The UHSD has three main components: possible programs and strategies, planning tools and framework, and capacity-building initiatives.

The UHSD identifies three main programs and strategies. These are the Healthy Cities Initiative (HCI), the Reaching Every Depressed (RED) Area strategy, and the Environmentally Sustainable and Healthy Urban Transport (ESHUT) program.

Under planning tools and framework, two have been developed: Urban Health Equity Assessment and Response Tool (Urban

HEART) and Citywide Investment Planning for Health (CIPH).

Capacity-building activities, meanwhile, are generally covered by the Short Course on Urban Health Equity (SCUHE).

PROGRAMS AND STRATEGIES

HCI is a multisectoral approach "of continuously improving the health of urban dwellers by continually creating and improving physical and social environments through the partnership of public, private, and voluntary sectors." To achieve the goal of having a healthy city, several mechanisms must be in place: there must be a technical working group that will coordinate the program, identify the factors that prevent the city from being healthy, develop a plan of action, secure the political commitment of the necessary government agencies in the city, and enjoin other nongovernment organizations to participate. This way, the key stakeholders feel a kind of ownership for the project, and take measures to ensure the success of the program.



URBAN HEART

URBAN HEALTH EQUITY ASSESSMENT AND RESPONSE TOOL



SCUHE

SHORT COURSE ON URBAN HEALTH EQUITY



CIPH

CITY-WIDE INVESTMENT PLANNING FOR HEALTH



ESHUT

ENVIRONMENTALLY
SUSTAINABLE AND HEALTHY
URBAN TRANSPORT



RED

REACHING EVERY
DEPRESSED AREA



HCI

HEALTHY CITIES
INITIATIVE

Meanwhile, RED involves engaging the communities to participate in identifying their needs and in addressing their own issues and problems. The existing health system, through the city officials and health workers, would then respond to the community-led demands by linking them with other agencies and partners that could help.

Bad traffic is a continuing, if not worsening, problem in most urban areas, and ESHUT seeks ways to address it. ESHUT advocates a more efficient public transport system, promotes walking or the use of bikes, and discourages the indiscriminate use of private vehicles.

PLANNING TOOLS AND FRAMEWORK

The Urban HEART tool measures how vulnerable populations perform given a set of indicators. Though this tool, the city government will have a clearer idea of the urgent problems its poor communities have, and will then be able to formulate the appropriate response to their needs.

Most of the urban centers that adopted the Urban HEART tool started by identifying the richest and poorest barangays in the city; this would then show the discrepancies between the two groups, and thus help the government bridge the health and development gap between the two.

The CIPH, on one hand, aims to translate “national health goals into specific concrete actions.” This serves as the framework in developing public sector health investment plans. In the case of a city that is a component of a province, these plans have to be harmonized with the Province-wide Investment Plan for Health.

Eight (8) cities outside of Metro Manila developed their CIPHS in 2009 and are currently implementing them. Meanwhile, 16 Metro Manila cities and one municipality are finalizing their CIPHS for implementation in 2011.

CAPACITY BUILDING

The main feature of the capacity building component of the UHSD is the SCUHE, a six-month course that, the DOH says, “aims to improve the knowledge, practice, and skills of health practitioners and policy and decision makers at the national, regional, and city levels to identify and address urban-health inequities and challenge, particularly in relation to social determinants of health.”



Informal settlements and slum proliferation

In parallel with growing cities are growing informal settlements or slums, a situation created by numerous factors foremost of which are poverty in the countryside and perceived opportunities for greener pasture. According to UN Habitat, approximately 1 billion people live in slums in cities of the world.

For the urban poor and large segments of low-income groups left with no choice but to live in informal settlements and slums, this may mean being denied a range of essential services provided by the government to other residents, such as safe water, sanitation, electricity, garbage collection, health, education, and other social services.



UrbanHEART

Urban Health Equity Assessment and Response Tool



To address the concern on urban health inequity, the Urban Health Equity Assessment and Response Tool (Urban HEART) was developed by the World Health Organization Center for Health Development in Kobe, Japan and launched in April 2008 in Tehran, Iran to assist Ministries or Departments of Health of countries in systematically generating evidence to assess and respond to unfair health conditions and inequities in the urban setting.

Four Components of Urban HEART

<p>Technical Working Group (TWG)</p> <ul style="list-style-type: none"> • Internet Membership • Facilitate data collection and response 	<p>Data Collection</p> <ul style="list-style-type: none"> • Health Outcomes and 4 Policy Domains • City average and vulnerable groups
<p>Data Assessment</p> <ul style="list-style-type: none"> • Equity Matrix/Monitor easily understood • Aids planning and monitoring 	<p>Response</p> <ul style="list-style-type: none"> • Linked to data • Intersectoral action addresses social exclusion

The Philippines was selected as one of the pilot countries for the application of the Urban HEART, along with Iran, Brazil and Zambia. Seven (7) cities were selected as pilot application sites: Parañaque City, Taguig City, Olongapo City, Naga City, Tacloban City, Zamboanga City and Davao City. The cities were chosen to represent highly-urbanized, rapidly urbanizing, urban-rural mix, and supportive and progressive local leadership.

The Urban HEART is a tool that measures performance in poor or vulnerable populations across health and socio-cultural indicators.

It will be used as a situational assessment, monitoring and planning tool for cities, particularly for Highly Urbanized Cities, in tandem with the Local Government Unit (LGU) Scorecard.



Orientation of TWG members on Urban HEART at Grand Men Seng Hotel



Members of the Urban HEART Core Team



Orientation of Key Stakeholders and Participation



Davao City

One strength of Davao City in its application of the Urban HEART is having an intersectoral local Technical Working Group (TWG) consisting of similar members as that of its Local Health Board. This TWG consist of various city offices other than Health, such as Budget, Planning and Development, Environment and Natural Resources, Civil Registrar, Treasurer, and Social Welfare Services. It has also an expanded membership that includes representatives from the Center for Health Development, PhilHealth, Department of Education, Department of Labor and Employment, and Philippine National Police.

Davao City is unique. It is not just highly urbanized but with rural areas as well. As the economic hub of Southern Mindanao and gateway to the Brunei, Indonesia, Malaysia and the Philippines-East Asian Growth Area (BIMP-EAGA), Davao has a daytime population of over 2 million residents and transients, being the major trade center in the whole of Mindanao.

The Urban HEART technical working group (UH-TWG) for Davao proceeded to adopt all the performance indicators provided in the UH Assessment Form along with their descriptions and formula, with the decision to include mortality data for specific diseases

such as cardiovascular disease (CVD), cancer, diabetes mellitus, and tuberculosis. Data gathering was successful in getting most of the needed UH information because of the presence of an expanded Regional Health Information System.

Also, to guarantee the sustainability of the program, the Local Health Board is now in the process of drafting an Executive Order from the City Mayor for the purpose of strengthening the UH-TWG, adapting the UH program city-wide, and incorporating the core indicators to the City Development Plan.



Naga City

The support of the local chief executive to Naga City's Urban HEART cannot be underemphasized, with its Mayor assuming the chairmanship of the local technical working group (TWG). The City also adopted an effective way of classifying its poor and rich barangays by using the proportion of rich and poor households in the barangays. Performance disparity of rich and poor barangays were clearly shown.

Rapid urbanization and modernization brings with it a modicum of progress, and more. As half of the world's population now live in cities, one billion people languish in informal settlements and slums. As the human population cramps itself in limited city space, the rise of urban poverty is unmistakable. Poverty breeds health problems for the community, and widens social inequities.

Naga City fits the bill as a pilot city for the initiative, along with six other major Philippine cities. It is the only highly urbanized and first class city in the Bicol region, cementing its role as a regional center of commerce and trade.

The organization of the UH technical working group is headed by the city mayor as chair with the local city health board assisting. Members were taken from representatives of different city departments, regional and national offices who are involved in the implementation of UH, such as the city planning and development coordinator, DOH-CHD, civil registrar, barangay officials, Sangguniang Kabataan, and even representatives from Philhealth. Data gathered were mostly sourced from the City Health Office and barangay records as indicated in the DOH Field Health Service Information System (FHSIS). Barangay-level stakeholders were adequately briefed, from the barangay captains and their secretaries, health center midwives, Sangguniang Barangay committees on health; all of whom were involved in the assessment of results

as well as benefited from these results as eventual end-users. Rich and poor barangays were selected as to the economic status of the residents. The proportion of poor households were calculated based on data submitted by BHWs and used to classify economic status of barangays.

The results matrix clearly showed that the poor barangays had more health, social, environmental, economic and governance problems.



Naga City Urban HEART

Urban Health Equity Matrix, Naga City, 2007

Indicator	Poor Barangays			Rich Barangays			City-wide Ave. Performance
	CP	Tria	Car	SF	CG	SC	
HEALTH OUTCOMES							
Life Expectancy	None	None	None	None	89	None	None
Infant Mortality Rate	25	14	0	8	0	10	12
Under 5 Mortality Rate	42	43	0	12	0	10	20
POLICY DOMAIN 1							
HH access to safe water	83	67	86	100	98	100	96
HH access to sanitary toilet	73	95	82	98	98	100	98
HH served by solid waste management	67	88	69	77	100	94	96
HH using solid fuel	83	76	80	33	45	70	None
Incidence of road traffic injuries	361	143	182	43	52	48	17
POLICY DOMAIN 2							
Youth Literacy Rate	3	91	61	82	19	31	98
Elementary Completion Rate	58	None	None	100	99	78	74
PhilHealth enrollment	None	None	None	None	85 ?	37	13
Fully immunized child	85	57	97	84	78	92	87
Under 5 moderately to severely underweight	3	4	7	5	2	4	5
Infants exclusively breastfed	26	70	71	78	74	70	78
Prevalence of teenage births	13	10	18	6	1	2	7
Facility-based deliveries	71	75	32	41	47	70	48
Skilled Birth Attendance	77	93	72	68	87	93	77
Prevalence of tobacco smoking among 13-15 y.o.	41	12	27	8	5	14	None



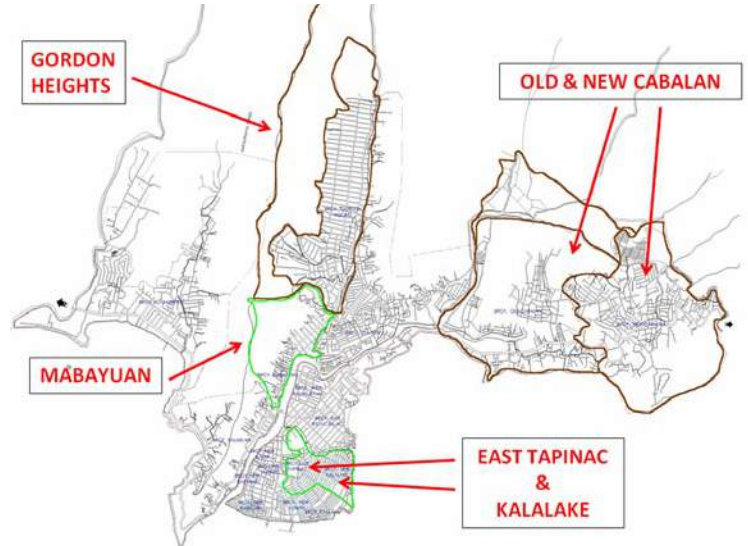
Olongapo City

One remarkable initiative that the City of Olongapo took was linking its identified priority problem (Facility-based Deliveries) as a result of Urban HEART with the UNFPA-Reproductive Health Project to access funds to implement intervention activities.

Olongapo City is now an economic zone and a blue-print for urban development after hosting the former biggest American naval base outside of mainland US and surviving the devastation of the Mt. Pinatubo eruption. This city of 17 barangays is 100% urban, with a population estimated at 214,682. There are 8 private hospitals and 1 city government hospital, as well as 17 barangay health centers that provide regular health services.

This city formed a technical working group (TWG) to identify the 3 richest and 3 poorest barangays and the equity gaps between rich and poor families. With the help of the local executives and other stakeholders as vital sources of information (Centers for Health Development, City Planning and Development Office, City Social Welfare and Development Office, City Budget), the TWG was tasked to implement appropriate interventions and evaluation.

For Olongapo City, the most problematic domain is on Social and Human Development, with the most problematic indicators on Prevalence Rate of Teenage Births, Facility-Based Deliveries, and Philhealth Enrolment Rate. Based on the evidence from this social monitor, key stakeholders were able to identify the health indicators that needed to be addressed and prioritized and which population groups are specifically disadvantaged in relation to health. For example, intervention plans for facility-based deliveries centered on doctors, nurses and midwives being sent for BE-mONC training to Jose Fabella Memorial Hospital; health centers upgraded and equipped for normal deliveries, as well as allotted funds in the amount of P3,000 for indigent pregnant women. The local Philhealth office was also directed to intensify its campaign to increase enrollees. To address teenage pregnancies, the City Health Department in cooperation with the Department of Education will intensify sexuality education programs in both public and private high schools, as well as government health personnel to conduct lectures in catchment areas. Teen centers were also established in two of the three poorest barangays.





Parañaque City

Clear definition of roles of local technical working group (TWG) members facilitated the collection of data for Urban HEART across the city (i.e., for all its barangays). It also facilitated intersectoral response to identified problems. Parañaque City introduced pre- and post evaluation of its interventions and has likewise moved on to implementing succeeding non-health intervention (i.e., to address high incidence of traffic).

When Parañaque City was chosen as one of the pilot cities for the implementation of the Urban HEART, the city government set out to determine the health needs in various areas of the city and to identify the pervading social inequities, with the end in view of crafting and implementing policies towards addressing both health and social issues. As one of the highly urbanized cities in the National Capital Region, Parañaque City is one of the most competitive in the Philippines as it hosts the Ninoy Aquino International Airport and other commercial interests and industry, with annual revenue of more than one billion pesos.

The city's Urban HEART team consisted of representatives from different city departments such as the Health Office, Planning Office, Budget, DSWD, Information Office, Engineering, Education, Civil Registry, Sangguniang Kabataan, Housing, government-run hospitals and even the local Rotary Club. To facilitate data gathering, the following sources were identified: City HMIS, Nutrition Division, Solid Waste Management Office, FHSIS, City budget, COMELEC Office, and the PNP. The identification of the poorest and richest barangays was based on the number of depressed areas due to the availability of information from the city health office. Of the total 28 indicators for UH, 17 data were available in Parañaque.

Parañaque showed that a TWG that identifies the role of its members become more effective in intersectoral work of collecting data and doing interventions in health and in other sectors.



1st Birthing Facility: PAANAKAN in Dist. II



Investigation of the motivating factors behind high delivery rates of the Urban HEART Birthing Facility in San Martin de Porres, Parañaque City



Substance abuse and smoking

Today, abuse of all sorts of drugs including smoking are becoming a fad among the various levels of societies as they are promoted in films, makeshift video halls and disco places mostly located in urban centers. Peer pressure, on the demand side, also seems to be promoting the scourge. Drug abuse culture serves as a mode of survival especially for the street children because it helps them face comfortably the dangers and challenges of living in their complex environment. It plays a functional role especially among the youth to escape and reduce stress, daily problems as well as serving as a cure for their health maladies. Likewise, drug abuse also plays a recreation role and consolation for lack of access or absence of services.

Easy access to these harmful substances in the urban places is also a factor why people get hooked on these vices.





Tacloban City UH-TWG & Stakeholders selection of rich and poor barangays



Tacloban UH-TWG conducting orientation with different stakeholders



Tacloban City

Among the unique practices that the City applied in Urban HEART is using the Community-Based Monitoring System (CBMS) to enhance its data collection process for Urban HEART indicators. CBMS contains 14 indicators relevant to Urban HEART. Another initiative adopted by Tacloban City was identifying its poor and rich barangays on the basis of per capita income.

As a regional center of commerce, tourism, education, culture and government, Tacloban City is one of the few first class cities in the country. About 80% of the population would have access to sanitary toilets, while 85% have safe water sources.

The Urban HEART technical working group (UH-TWG) of Tacloban City consists of local government executives and their city health officers as focal persons, with technical assistance provided by the DOH while the rest of the organizational structure was supported by city department heads as well as other stakeholders such as the Population Office, Nutrition Office, City Planning & Development, Environment & Natural Resources, city hospitals, and NGOs. The main sources of secondary data were the DOH Field Health Service Information System (FHSIS) and the Community-Based Monitoring System (CBMS) survey. Data was gathered for 26 out of the 28 indicators identified, with selection of poor and rich

barangays determined on the basis of the presence/ absence of slum areas, income per capita, and the barangays' performance on the assessment of different agencies.

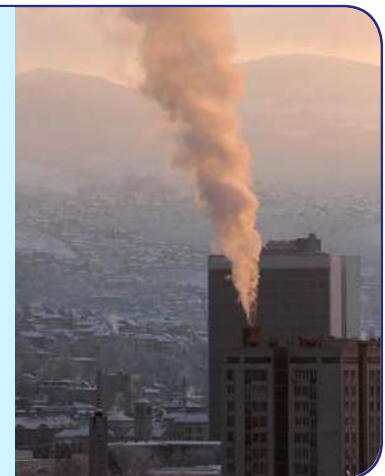
The Policy Domain on Governance had the most problem indicators, where four out of the five indicators were all red in both poor and rich barangays, also in two of the city average indicators. Of these, *government spending allocated to health and other social services* was deemed most problematic. The UH-TWG proposed a strategic response that targeted the urban poor through a holistic primary health care setting. This intervention will entail a two-pronged approach that involves community organization and development such as addressing the problems on sanitary toilet facilities, while at the same time working to increase family income through community-based livelihood projects.



Air pollution

Activities of industries, increased vehicle use and the various practices and methods employed in energy generation by residents in urbanizing areas all contribute to air pollution that negatively impacts on health. According to the World Health Organization (WHO), about 800,000 premature deaths from lung cancer, cardiovascular and respiratory diseases worldwide are because of air pollution. There is also an increase in the incidence of chronic bronchitis, acute respiratory illness, exacerbation of asthma and coronary disease, and lung function impairment.

People most affected by air pollution not only include older adults with pre-existing respiratory disease, children with asthma, or persons with inadequate health conditions, but even healthy individuals who work and exercise outdoors.





Breastfeeding counseling activities at the breastfeeding station in Signal Village



Orientation for the rapid coverage assessment (RCA) activity



Taguig City

To enhance its existing data, the city conducted population survey to collect data on specific Urban HEART indicators where institutional data sources were not available. Also specific to Taguig is its intra-city comparison of two sitios to delineate poorer households and to identify particular location where intervention is to be applied.

Taguig City is one of the fastest-growing cities in Metropolitan Manila led by its premiere developments in the Fort Bonifacio area. With a total population of 630,161 as of 2007, new settlers to the city comprise majority of the population. It has 21 health centers with 3 satellite centers, 1 lying-in clinic and 1 secondary government-run hospital. The city provides clean water and sanitary toilets to 87% of households, as well as satisfactory garbage disposal facilities.

Taguig City's local UH team is led by the City Health Officer, with members to include City Planning, Budget, and the City Health Office. Attached agencies for the expanded team are the NSO, Civil Registry, PNP, DepEd, Public Relations, Liga ng Barangay Secretariat, and an NGO, with personalities from the BLHD, CHD-MM, and MMDA.

Data gathering is the cornerstone of the UH initiative, the prime purpose of which is to measure and assess health equity and provide adequate responses in the form of policy decisions to

address these inequities where they exist. The richest and poorest barangays, three of each, were determined based on land area vis-à-vis the number of depressed areas. External data sources were made available from the respective government offices concerned, while the remaining data were gathered from field surveys of the 6 barangays, in the form of survey questionnaires via simple random sampling. The survey done by Taguig showed that this method of data collection needs not be expensive and can be sustainable if used to complement existing data.

Action plans were made for identified gaps in breastfeeding, child feeding, nutrition and in teenage pregnancies. A local Red Cross branch will closely monitor the project and see to its implementation, as well as provide other services to the city. Finally, a lobby for the passage of a city ordinance will establish an UH data management office (already submitted to the city council).



Zamboanga City

The City conducted population survey to collect data on the Urban HEART indicators, and after doing feasibility study on the costs involved in undertaking the survey (which is not so expensive), it also targets conduct of same every three years to monitor performance specifically on Urban HEART indicators.



Zamboanga City in Mindanao is the third largest city in the Philippines and is highly urbanized, with extensive growth manifested by increased population, diverse economic activities and increasing interaction with other cities and areas of growth. Health inequities, however, continue to exist as is with other urban centers in the country especially with regard to inadequate health facilities, poor access to safe water and sanitary facilities, congestion, pollution, and road traffic accidents.

Overall health outcomes under UH for Zamboanga City showed 6 strengths out of 28 indicators, while almost 13 out of the 28 were problematic especially among the poor barangays.

As the results of the UH matrix and monitors became available, the city government along with barangay leaders and other stakeholders embarked on the following courses of action to implement health and social reforms:

1. improvement of health centers and lying-in clinics
2. installation of water systems
3. upgrading of elementary and public schools with P500M allocation from the city government
4. road widening to reduce road traffic accidents
5. closure of two "red light districts" and regulation of such establishments
6. continuous operation of the materials recovery facilities (MRF)
7. sourcing of funds for the purchase of a lot for a sanitary landfill (still in progress)
8. livelihood projects to augment the income of poor families in the city



Noise pollution

Noise pollution refers to unwanted sounds that are harmful to the health or welfare of human beings as they interfere with their work, communication, sleep, rest or recreation. Not only does noise pollution cause annoyance and aggression, but it does contribute to hypertension, high levels of stress, tinnitus, hearing loss, sleep disturbances, and in severe cases even mental instability and heart disease.

The complex transportation systems particularly in urban metropolis are the worst offenders in terms of generating noise pollutants, with aircraft, railroad stock, trucks, buses, automobiles, and motorcycles all producing excessive noise. Entertainment centers, as well as industrial and construction sites (with their machineries, jackhammers and bulldozers), also produce substantial noise pollution.



Healthy Cities Initiative

The Healthy Cities Initiative (HCI) is an approach that continually creates and improves physical and social environments to address social determinants of health and improve health of urban dwellers. Healthy Cities is not simply about attaining the best health status, but more about engaging in an ongoing process of continually improving the health and well-being, as well as the social determinants of health, of city dwellers. Marikina City, which is one of the pioneers in implementing HCI in the Philippines, for example, claims that whatever projects or activities they undertake in the city, whether they are concerned with improving the roads and traffic, school, environment, economic conditions of the people, or even to the extent of uplifting the socio-cultural values of the communities, will, in fact redound to the improvement of their constituents' health and well-being.

For Healthy Cities advocates, a “*healthy city*” is a place where the children are nurtured in body and mind; a place where the environment invites learning and leisure; where people work and age with dignity; and where ecological balance is a source of pride.

The underlying intention of Healthy Cities is to bring together partnership of the public, private and voluntary sectors to focus on urban health and to tackle health issues in a broad way that will eventually address the priority determinants of health in urban settings. A key strategy, therefore, in HCI is generating intersectoral action and community participation to integrate health protection and health promotion activities.

HCI advocates cities to plan and implement projects to address urban health challenges. Relevant features of HCI projects include high political commitment; intersectoral collaboration; community participation; integration of activities in elemental settings (e.g., schools, workplaces, marketplaces, streets, hospitals, communities, etc.); development of a city health profile and a local action plan; periodic monitoring and evaluation; participatory research and analyses; information sharing; involvement of the media; incorporation of views from all groups within the community; mechanisms for sustainability; linkage with community development and human development; and national and international networking.

“Healthy Cities Initiatives” offers great benefits not only to urban dwellers but also to other stakeholders and Local Government Units (LGUs). Communities gain more access to comprehensive health care, as they experience a holistic approach by incorporating the physical, social, mental and spiritual aspects in addressing their health concerns. Moreover, as the partnership between the LGU and the communities is enhanced, the people are empowered to take full participation in the improvement of their quality of life.

Other stakeholders such as relevant national government authorities, other government service providers for a variety of sectors (e.g., welfare, transport, police, housing authority), non-government organizations, local government authorities, community media, consumer groups, educational institutions, who are involved in Healthy Cities projects can find an environment to work together toward common goals for greater coverage and efficiency through teamwork and resource pooling. Under HCI, Local Government Units (LGUs) are able to provide a holistic approach in leadership for urban development, as well as efficient management of local health system through coordination and linking with other sectors.

SUSTAINING HEALTHY CITIES INITIATIVES

Exchanging and sharing of experiences between and among cities is one way to build the capacity of cities and hence lead to the sustainability of Healthy Cities projects. Existing Healthy Cities projects play an important role in supporting new Healthy Cities initiatives through, for example, arranging visits of the latter to the former.

The *Alliance for Healthy Cities* (AFHC), an independent organization of cities around the world, is committed to improving quality of life by promoting the use of Healthy Cities approach. Linking up with the Alliance at an early stage of the Healthy City project provides the advantage of being inside a network of cities that can provide the member city with many opportunities to share experiences, expertise and information. Joining the AFHC also brings the added benefit of international recognition of the cities' efforts.

The cities of Marikina, San Fernando (La Union), Tagaytay, and Valencia (Bukidnon) are among the founding members of the AFHC.

Public-Private Partnership in the Delivery of Nutrition Services in Las Piñas City



The City of Las Piñas has been continuously aiming to improve the delivery of nutrition services and reach out for more malnourished children and pregnant women. Innovative strategies have been devised by the city to achieve its objective, and one of these is linking up with private organizations and non-government agencies through public-private sector partnership.

Five of the non-government agencies have made significant impact in service delivery in the city. These include REACHout Ville



Foundation Inc., Hapag-asa (Pondo ng Pinoy) – Caritas, School Health and Nutrition Program of the Save the Children, San Juan De Dios Educational Foundation Alumni Association, Rotary Club of Las Piñas North, and the Nene Aguilar Foundation.

With this Healthy Cities Initiative focusing on partnership strategy, the City Government of Las Piñas was able to expand its service delivery coverage previously limited by local financial constraints.

Link up and share experiences with cities world-wide

JOIN THE HEALTHY CITIES MOVEMENT!

<http://www.alliance-health>

Be a Member of the
**ALLIANCE FOR
HEALTHY CITIES
(AFHC)**



Eco-Savers Program of Marikina City

The Eco-Savers Program is one of the Healthy Cities Initiatives of Marikina City which bagged a Galing Pook award for good governance in the city.

In parallel with its Waste Segregation Program, the City of Marikina, launched the Eco-Savers Program to penetrate the households through the school children to get them to practice the R's of Ecological Solid Waste Management (i.e., Reduce, Reuse, and Repair or Recycle). The involvement of school children will not only make them appreciate the value of their environment but will also develop in them a culture of savings that they can hopefully carry as they grow older.

The practice encourages schoolchildren to bring their recyclables on a designated "Eco Day" and place in their school where they will be checked, accepted, weighed and recorded. Incentive awards are provided for the participation of the students.

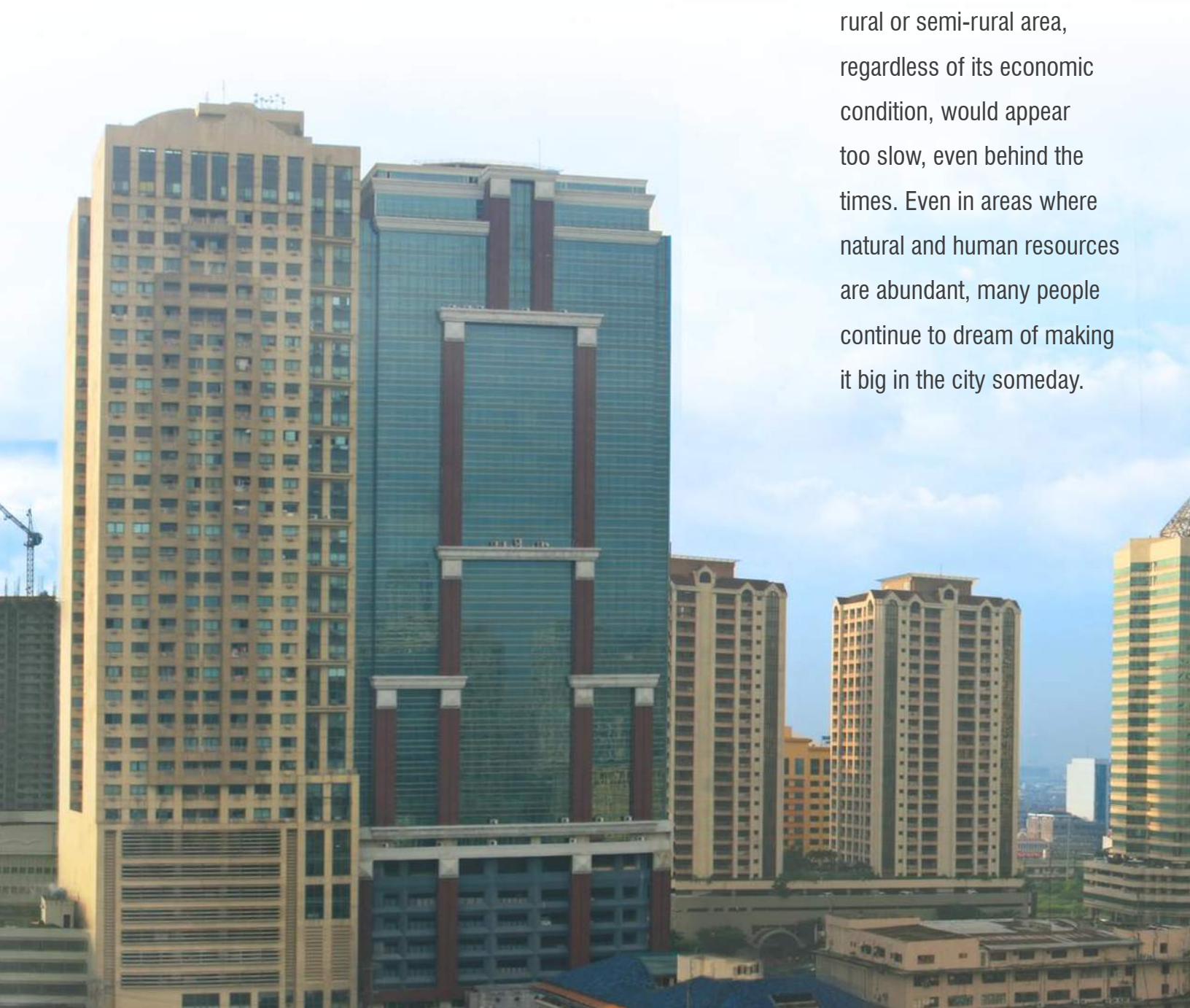
Marikina City has not only reduced its cost of waste disposal by implementing this Program. It has also awakened and harnessed the value of savings and culture of discipline among the community people.



2010

Year of Urban Health

The promise of a good, progressive life in a big, bustling city remains attractive to many Filipinos living in the provinces. After all, it is easy to mistake the towering buildings, the glittering lights, and the overall busyness of the city for signs of progress; any rural or semi-rural area, regardless of its economic condition, would appear too slow, even behind the times. Even in areas where natural and human resources are abundant, many people continue to dream of making it big in the city someday.



In many instances, desperation leaves many poor families with no choice but to uproot themselves and “gamble” or “take their chance” on the city. Perhaps the city can offer them something that the province cannot; and that one day, the family will finally be able to go back home as success stories from which their neighbors can learn.

In few cases, the fairy-tale dream comes true. Oftentimes, however, families end up living in greater stress and risk, no less poorer than before; some wind up poorer than ever; others, the more unfortunate ones, experience tragic ends.

And these problems can get worse. About 60 percent of the country’s population are living in urban centers; by 2050, urban dwellers can be more than 70 percent.

Obviously these problems do not have a single solution, and cannot be solved only by one person or one group. But even in the face of this overwhelming task is the fact that there is a place where one could start to offer small but significant solutions.

The Department of Health, with the support of government and nongovernment organizations, international agencies, private insti-

Cities *and* Opportunities

In many ways it is easy to understand why people would find urban centers attractive: the sheer number of possibilities—whether for work, education, and many others—may overwhelm any individual, and make him believe that perhaps, at least one of those possibilities is for him.

In urban centers, opportunities for work appear to be relatively abundant: they have flourishing business districts, where commercial and financial activity is robust; urban centers are also where manufacturing companies, big or small, are present, and offering a variety of jobs for skilled, semiskilled, and hopefully, even unskilled workers. These companies are mandated by the government to provide regular wages and other benefits, and are expected to comply.

Urban centers are also where one can find some of the best educational institutions, public or private, that the country can offer. From preschool to high school, and from undergraduate to postgraduate levels.

There is also a large selection of commodities that one can choose from. This includes food (particularly manufactured food), clothing, household tools, and many others. The places where one can get a hold of these items are also numerous, and varied—wet and dry markets, supermarkets, sari-sari stores, ambulant vendors, and others.

Access to information is also greater in urban centers. Most mass media institutions—newspapers, radio, television—are based in some of the biggest cities in the country, particularly in Metro Manila.

Also, the three branches of government—the executive, legislative, and judiciary branches—have their highest offices in Metro Manila. These three branches have great influence in how the country is run; they also serve as the face of the nation to the outside world, the ones that the governments of other countries deal with on a regular basis.



The offices of international institutions—including embassies and consulates, international funding and welfare agencies, and others—are based in urban centers.

Institutions and professionals that offer health care services are also concentrated in urban centers. Most tertiary care hospitals, which employ some of the most renowned names in Philippine medicine and which possess some of the most advanced tools needed in providing medical help, can be found in major cities, particularly Metro Manila, Metro Cebu, and Metro Davao. At the same time, these urban centers are where some of the most up-to-date health care professional training programs are in place. Often, community health care workers can be found more easily in urban areas than in rural areas; access to essential medicines, vaccines, nutritional supplements, and family health services are also relatively easier to find in urban centers than in far-flung areas.

Of course, the fact that all these can be found in urban centers doesn’t mean that one can easily have access to them; there will always be other considerations to make that happen. At the very least, the level of activity in urban centers accounts for the great number of work, education, and other possibilities that are, hopefully, accessible to as many city dwellers—and even non-city dwellers—as possible.



tutions, and various communities, has joined the World Health Organization (WHO) in celebrating 2010 as the Year of Urban Health.

Formally launched in the country during the commemoration of World Health Day on April 7, the Year of Urban Health hopes to enjoin governments and citizens from all over the world to address the effects of urbanization on the health not only of individuals but of cities and countries as well. Taking the theme, "Urbanization and Health," the simultaneous global commemoration of World Health Day 2010 introduced Global Campaign: 1,000 Cities, 1,000 Lives.

This campaign seeks to "call on cities to close off streets the week of 7-11 April, 2010, for health activities," as well as to recognize "champions who have made significant impact on the health of cities."

For its part, the DOH encouraged various regions to participate in the campaign.

The DOH is taking steps to promote urban health by seeking the active participation of different sectors operating within any of the country's urban centers.



Cities *and* Risks

Economic and population growth are mainly concentrated in urban areas. It remains a sad fact, however, that while a myriad of opportunities for work, education, and others are available for urban dwellers, they are most often accessible only to those who are equipped to begin with.

Urban settings have unique and specific features. While economic growth and development is a welcome part of urbanization, it also has the potential of improving or worsening health outcomes. The cities are characterized not only by extensive capabilities and better institutions, but also by increased slum formation, congestion, and pollution. Indeed, unplanned and rapid urbanization can either threaten or support human health and existence.

The urban poor populations living in slums are exposed to risks, hazards and vulnerabilities inherent to urban poor dwellers. On the other hand, the still prevalent communicable diseases, as well as the threats of violence, traffic injuries, and lifestyle diseases are more prevalent and are important causes of injuries, diseases, and deaths for both the rich and the poor.

With rapid urbanization, the gap between the haves and have-nots is also becoming wider and more visible. Inevitably, increased urban poverty becomes more pronounced in urban slum settlements. Inequality in health at urban areas is also expected to worsen as the poor experience distant opportunities to health services as a direct result of social exclusion and marginalization.

The effects of this marginalization are staggering. Because the poor have received barely any education, they end up taking on high-risk, low-paying jobs. They also have limited access to food, shelter, clothing, clean water, toilets, education, and health care. And because they have little or no access to these goods and services, the poor are at greater risk of health problems. Likewise, unhealthy lifestyles - cigarette smoking, alcohol addiction, and many others, including drug abuse - are also common among the urban poor, thus raising their risk for many lifestyle-related diseases.

What is worse is that these problems reinforce one another - poverty leads to poor health, poor education, and low feelings of self-worth; poor health, poor education, and low feelings of self-worth are also known to worsen economic situation.

Not until the issues of the poor and the vulnerable are addressed, the health and the life of the people living in the cities will be threatened, particularly those living in poverty in the midst of plenty...



It's a Fact.

Health outcomes are worse in urban poor than in rural areas

Infant and Child Mortality Rates in the Urban Slums of Nairobi, Kenya
(under 5yrs, as compared with other areas of Kenya)

	Infant Mortality	Under – five Mortality
National*	73.7	111.5
Rural *	75.9	113.0
Other Urban*	56.6	83.9
Nairobi*	38.7	61.5
Nairobi slums**	91.3	150.6

Find Them. Help Them

Use the

** NCSS – National Cross Sectional Slums Survey, 2000
* KDHS – Kenya Demographic and Health Surveys, 1998

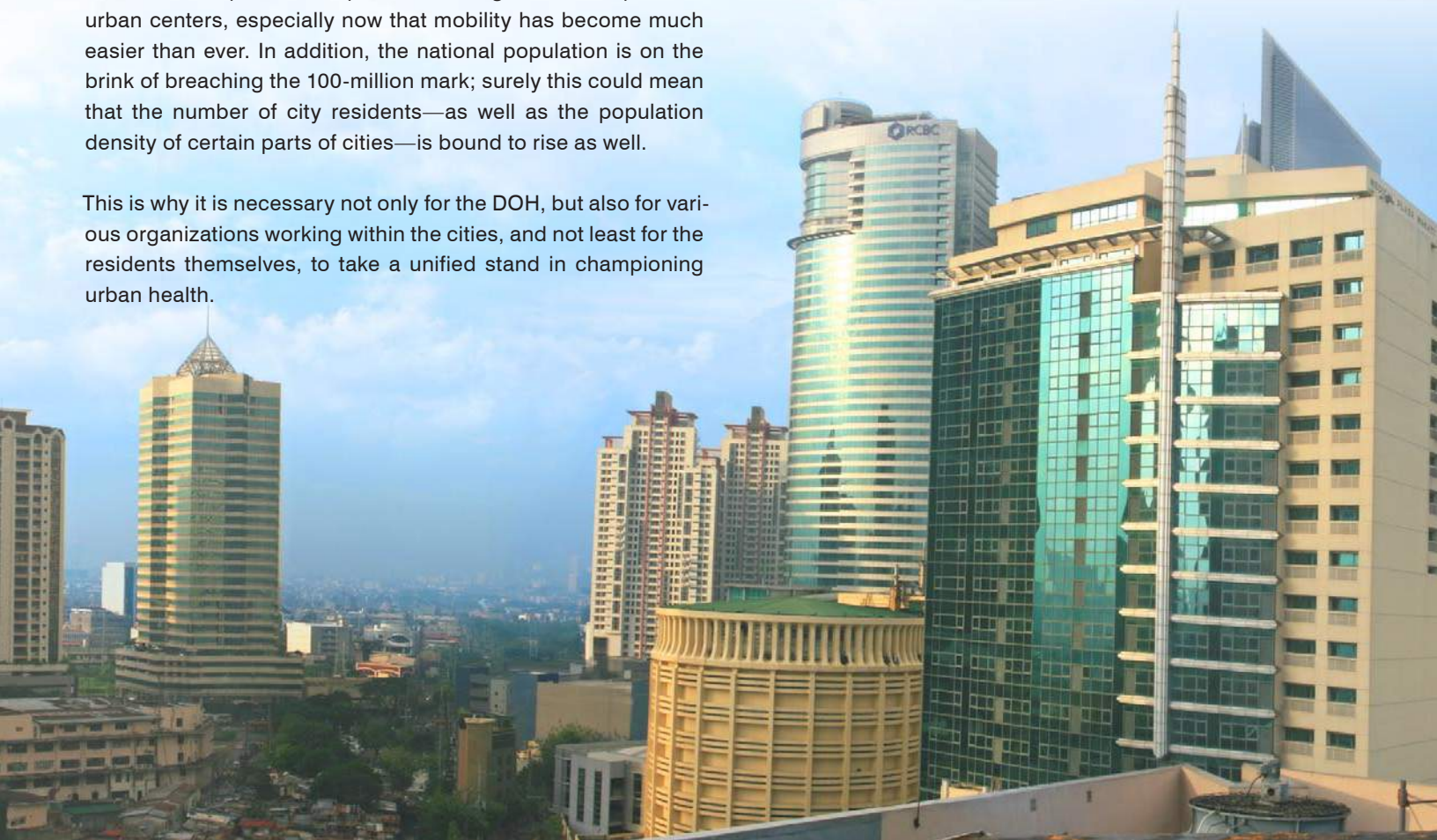
Source: WHO presentation on "Action for Urban Health Equity", SCUHE I, June 2008

Urban Heart Health Equity Assessment & Response Tool

This is a promotional advertisement by the DOH - Bureau of Local Health Development

It is next to impossible to prevent the migration of Filipinos to urban centers, especially now that mobility has become much easier than ever. In addition, the national population is on the brink of breaching the 100-million mark; surely this could mean that the number of city residents—as well as the population density of certain parts of cities—is bound to rise as well.

This is why it is necessary not only for the DOH, but also for various organizations working within the cities, and not least for the residents themselves, to take a unified stand in championing urban health.





A Urban Challenges

In celebration of Philippine World Health Day, the event was held at the Hotel Sofitel, Manila, on August 28, 2013. The event was attended by a large number of guests, including representatives to the numerous local and national initiatives, and the event raised the awareness of various stakeholders on the urban health challenges. The presence of city mayors and other local officials, government officials and staff, WHO and other development partners, the Philippine Ambassadors from Australia and Japan, representatives of other national government and attached agencies, and the academe highlighted the event.





A night with an Health mpions

h Day, "A Night with Champions"

April 7, 2010 to give recognition

s on urban health and to raise

an health challenge.

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The Urban Health Champions



HCI

HEALTHY CITIES INITIATIVE

URBAN HEART

URBAN HEALTH EQUITY ASSESSMENT AND RESPONSE TOOL

CIPH

CITY-WIDE INVESTMENT PLANNING FOR HEALTH

1. Balanga City - *"Teaming Up for Smoke-Free Balanga City"*
2. Las Piñas City - *"Public-Private Partnership for Nutrition"*
3. Legazpi City - *"Smoke-Free Legazpi"*
4. Maasin City - *"Health & Sanitation Laws Enforcement"* and *"Smoke-Free Maasin City"*
5. Makati City - *"Project HANGIN"* and *"Greater Teeth in Enforcement of Anti-Smoking Regulation"*
6. Marikina City - *"Building a Healthy City Thru Community Participation/Empowerment"*
7. Muntinlupa City - *"Working Together For a Healthy City"* & *"Cervical Cancer Prevention"*
8. Ormoc City - *"OPLAN Alis Rabies"* and *"Flood Mitigation Project"*
9. Oroquieta City - *"Oroquieta City: The City of Good Life"*
10. San Fernando City, La Union - *"Ecological Sanitation"*
11. San Fernando City, Pampanga - *"Project Habitat"*
12. Tacloban City - *"Limpyo Tacloban-Siyudad Mahusay"*
13. Others: Caloocan City, Devt. Academy of the Philippines (DAP), Davao City, Metro Manila Devt. Authority (MMDA), Parañaque City, Quezon City, SM Foundation

1. Davao City
2. Naga City
3. Olongapo City
4. Parañaque City
5. Tacloban City
6. Taguig City
7. Zamboanga City

1. Butuan City
2. Cagayan de Oro City
3. Cotabato City
4. General Santos City
5. Isabela City, Basilan
6. Ormoc City
7. Tacloban City
8. Zamboanga City



These are the cities and institutions that have initiated policies, systems and tools that the country can use as basis for urban health system development



RED

REACHING EVERY
DEPRESSED AREA

SCUHE

SHORT COURSE ON
URBAN HEALTH EQUITY

ESHUT

ENVIRONMENTALLY
SUSTAINABLE AND HEALTHY
URBAN TRANSPORT

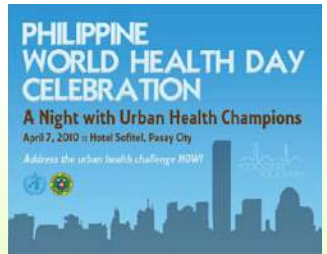
1. General Santos City - *"Reaching the Urban Poor: The General Santos' Experience"*
2. Makati City - *"Where Mothers' Health is Baby's Wealth"*
3. Parañaque City - *"Showcasing RED's Promise Through Community Outreaches"*
4. Taguig City - *"Improving Maternal and Child Health in the City"*

1. Parañaque City
2. Taguig City

1. Land Transportation & Franchising Regulatory Board (LTFRB) - *"Smoke-Free Public Utility Vehicles & Transport Terminals"*
2. Marikina City - *"Revitalization of Bikeways in Marikina City"*
3. Metro Manila Development Authority (MMDA) Various initiatives
4. San Fernando City, La Union - *"Clean Air Program"*
5. Tacloban City - *"Traffic Management Code" and "Car-Free Area"*
6. Taguig City - *"Quality Air with Electric Tricycle"*



The Philippines celebrated World Health Day 2010 with the World Health Organization by focusing on the impact of urbanization on health with a global campaign called *1000 Cities, 1000 Lives*. The expressed aim of the program is to generate action to address the urban health challenge not just soon but NOW; specifically,



The Philippines, along with the other WHO Western Pacific Region Office (WPRO) countries, has embarked on highlighting Environmentally Sustainable and Healthy Urban Transport (ESHUT) to focus on:

- Tobacco-free public transport
- Alcohol and drug-free public transport
- Car-free zones and car-free days
- Opening of bike lanes
- Improvement of air quality through enforcement of anti-smoke belching
- Pedestrianization
- Barrier-free and safe roads and walkways



1. To raise awareness on the urban health challenge;
2. To secure the support of development partners and urban health stakeholders in addressing the urban health challenge;
3. And to recognize champions and exemplary practices of key partners in addressing urban health challenges.



The year of Urban Health celebration calls on cities to close off streets, at least on the week of April 7-11, 2010, for health-related community activities and post their plans of action on the website through video uploads or photo essays.





▲ UHSD toolkit, a reference guide for city officials on Urban Health Systems.



◀ Plaque of Appreciation given to all Urban Health Champions.

Thus, through a department memorandum, the Philippine DOH has directed all its Centers for Health Development (CHD) to lead the advocacy and in working with cities and other stakeholders such as the private sector, civic organizations, and communities with respect to undertaking Environmentally Sustainable and Healthy Urban Transport (ESHUT) initiatives and celebrating World Health Day and Year of Urban Health. CHDs have likewise been encouraged to conduct media forums in their respective regions and cities to capacitate the local media as a partner and advocate in addressing the urban health challenge, and initiating intersectoral approach in facing urban health challenge.

To cap the celebration of the Philippine World Health Day, the DOH, with assistance from the WHO Philippine Country Office, held “A Night with Champions” in Manila on April 7, 2010. The event not only intended to recognize local and national initiatives on urban health that are being undertaken throughout the country, but also to raise awareness of

various stakeholders on the various challenges relating to urban health. Plaques of Appreciation and recognition were given to:

- Cities with ESHUT initiatives
- Urban HEART pilot cities
- Cities that have undertaken City-wide Investment Planning for Health
- Cities with initiatives on RED barangays
- Cities that have sustained their Healthy Cities initiatives
- Cities that registered in 1000 Cities
- Urban Health Champions nominated in 1000 Lives
- Institutions with urban health initiatives:
 - **MMDA:** For its various urban health initiatives
 - **LTFRB:** For its ESHUT initiative “Smoke-free Public Utility Vehicles and Transportation Terminals”
 - **DAP:** For its contribution in institutionalizing the SCUHE
 - **SM Foundation:** For its initiatives to uplift the life of urban dwellers





About **1000** Cities, *the* **1000** Lives *Campaign*

The increasing trend of the world's population living in cities and its impact on the health of urban dwellers have triggered the declaration of 2010 as the year of Urban Health to focus on addressing health challenges associated with urbanization.

"1000 Cities, 1000 Lives" is a global campaign of the WHO for the celebration of World Health Day featuring cities and their champions for urban health. The objective is to raise awareness and to promote action globally, regionally and locally towards improving urban health throughout the year and beyond, as well as to demonstrate the need for local city governments to take responsibility and action for health in their respective areas.

1000 Cities aims to open up public spaces to health, whether it be activities in parks, town hall meetings, clean up campaigns, or closing off portions of streets to motorized vehicles. To participate in this event, cities are encouraged to visit the dedicated WHO website at www.who.int/whd2010 and fill in the registration form available online. The activities shall be for at least one day during the week of April 7-11.

Participant cities that will commit to these programs will receive official certificates of participation as one of 1000 cities in the campaign and be able to establish networks with other cities and stakeholders from the global website after being profiled in the global campaign map.



Congestion and overcrowding

Congestion and crowding seems to be the very essence of urban life . . . traffic congestion, pedestrian congestion, market crowding, downtown crowding, and everywhere are people who seem to thrive in the bustle, busy-ness, maybe lesser of moving, and more of friction, or rubbing of elbows as they make their daily living. But congestion does not only depict the nature of economic and social aspects of life in cities, it has also something to do with more people living in limited, uncomfortable spaces within the boundaries of their respective shelter or community.

Congestion has adverse effects on the lives of city dwellers. Lower productivity, environmental degradation, increased spread of infectious diseases are only some of the ill effects of too much congestion and overcrowding.





Former MMDA Chairman **Bayani Fernando**, a leader and catalyst for urban health.

The 1,000 Lives campaign is designated to collect stories of urban health champions from around the world. In this case, citizens will be asked to nominate urban health champions who have had made a significant impact on health in their cities, through video uploads or photo essays. Nomination can be done by an individual who knows or admires the proponent, albeit self-nomination is also possible.

Urban health champions recognized to have made significant impact on health in cities were nominated by Philippine partners to the 1000 Lives Campaign.



Parañaque Mayor **Florencio Bernabe, Jr.** made the city one of the cleanest places in the country.



Maasin City Mayor **Maloney Samaco's** 13-point agenda promoted overall city development for better health outcomes.



Unhealthy, sedentary lifestyles

There are factors in the physical and social structure of urban environment that promote sedentary lifestyles and even isolation especially among those belonging to lower-income communities. Unlike their rural counterpart, urban dwellers tend to engage in less physical labor, increased consumption of alcohol and sweet beverages, frequent television viewing, increased computer usage, and long working hours that lead to obesity and other associated morbidities. Added to these are their easy access to imbalanced and unhealthy diets that are catered in fastfood centers, or sold through street peddlers.

On one hand, social isolation is also experienced by urban settlers due to inadequate housing and poor socio-economic status that deprive them of good outdoor activities and healthy food options. This, too, predisposes these communities to greater risks of respiratory disease, developmental disorders, chronic illnesses, and mental illness.



How Philippine Cities Celebrate World Health Day

The global celebrations for World Health Day 2010 saw the Philippine launch of nationwide activities aimed at identifying and recognizing urban health champions throughout the archipelago.

Joining over 1000 cities from all over the world, at least 38 cities in the Philippines registered and participated in the 1000 Cities campaign to signify their commitment to champion the cause of urban health.

A wide variety of activities were exhibited by cities throughout the country focusing mostly on promoting health and healthy lifestyle. Such activities include fitness exercises, walking, fun run, biking, clean-up drives, and anti-smoking campaigns.

Media forums, cultural and modern dance presentations, and workshops to raise the awareness of people on the issues concerning health and urbanization were conducted. Closing off street portions in some cities and adopting the “no vehicle hour, no vehicle day” became part of healthy urban transport initiatives in a number of urban settings.

Selected Philippine cities, together with other invited officials from cities in the neighboring countries, participated in the WHO Regional Cities Forum on Environmentally Sustainable and Healthy Urban Transport (ESHUT), with Marikina City hosting the site visit to its ESHUT and Healthy Cities Initiatives for the regional meeting participants on April 7, 2010.

Cited for their sustainable urban health initiatives, these 38 cities throughout the Philippines participated in World Health Day 2010:

Metro Manila Cities

1. Caloocan City: “HATAW Exercise for Healthy Lifestyle”
2. Malabon City: “Mag-HL to the Max” “7 Healthy Lifestyle Habits”
3. Navotas City: “Move, Clean and Live in a Healthy City”
4. Valenzuela City: “Let’s Get Hataw to the Max”
5. Pasig City: “Hataw Healthy Lifestyle Exercise”
6. Pateros: “No-Vehicle Hour” “No-Vehicle Day”
7. Marikina City: “World Health Day Forum” “Exchange Visit to Marikina City”
8. Taguig City: “Health is Big in Taguig! A Festivity of Health Activities”
9. Quezon City: “Healthy Ka, Wealthy Ka! Hataw Na”
10. Manila: “Healthy Urban Transport Manila Style”
11. Makati City: “Enforcement of RA 9211 and City Ordinance 2002-090 known as the Revised Anti-Smoking Ordinance” “Declaration of All Makati Parks as Smoke-Free Zones”
12. Mandaluyong City: “Mass Healthy Lifestyle Exercise”
13. San Juan City: “Keep Fit”
14. Muntinlupa City: “Working Together Towards a Healthy City” “Philippine Health Promotion Program (PHPP)” “Cervical Cancer Prevention Project”
15. Paranaque City: “H2H: Hataw Health Festival”
16. Las Pinas City: “Health and Fitness First”
17. Pasay City: “Hataw for World Health Day”

Cities Outside Metro Manila

18. Olongapo City
19. City of San Fernando, Pampanga: “Magsilbi Ta Pa, ‘Ataw Na!”
20. Tagaytay City: “Walk for a Cause and Plant a Tree”
21. Legazpi City: “Smoke-Free Legazpi City”
22. Naga City
23. Bacolod City: “Media Forum” : Fun Run/ Biking/ Hataw
24. Roxas City, Capiz: “Sulong Kalusugan Day” (Moving Forward for Health Day”
25. Iloilo City: “Urban Healthy Lifestyle”
26. Bayawan City, Negros Oriental: “Citywide Multi-Sectoral Healthy Lifestyle Summit”
27. Cebu City: “Healthy Lifestyle Through Exercise”
28. Tanjay City, Negros Oriental:
29. Toledo City, Metro Cebu
30. Lapu-Lapu City, Metro Cebu
31. Mandaue City, Metro Cebu
32. Tacloban City: “Urban Health Week Celebration” & “Tacloban Fitness Week”
33. Ormoc City: “2010 Year of Urban Health and World Health Day Celebration”
34. Maasin City, Southern Leyte: “Closing off portions of streets to motorized vehicles”
35. Calbayog City
36. Zamboanga City: “World Health Day 2010 Launching”
37. Cagayan de Oro City: “Lakaw Hataw CDO” : “Tobacco-Free Night Cafe”
38. Davao City: “Himsog Dabaw (Healthy Davao)” & “Hataw sa People’s Park”



Parañaque City's Hataw sa Health Festival

Under the leadership of Mayor Florencio Bernabe Jr., the city organized several activities to commemorate the World Health Day celebration. The grand launch happened on April 5, 2010 at the City Hall Quadrangle. The H2H or Hataw sa Health Festival featured various activities such as cultural and modern dances, artwork, booths, and demonstrations that showcased healthy lifestyle practices.

The goals of their celebration include promoting health and environment protection through simultaneous workshops highlighting the importance of issues and advocacies on health, urbanization and the environment; training the residents of Parañaque in cultural, health, and environment development; and creating a culture of health and environment that needs to be protected.

Various workshops were conducted by the local government of Parañaque which include art therapy, touch the artist vision, art from recycled materials, basic painting, comic scripts, children's theater, adult community theater, basic digital photography, improvisational music, videography, children's literature, creative writing, scenography and costume and props design, and dance technique and improvisational dance. Each activity is dedicated in making the participants realize and be more aware of their health and living conditions. Take for example the children's theater. This activity tries to teach children about proper hygiene, proper sleep, and proper diet. The art therapy, meanwhile, taught the participants how they can transform their situation and be advocates of sanitation and environment protection.

The grand celebration kicked off on April 11, 2010 where the various dance groups including the Dynamic Senior Citizens, the Hataw Dancers, and the first lady of Parañaque, Ms. Fe Bernabe, performed a dance routine to signify the city's participation in the World Health Day celebration.

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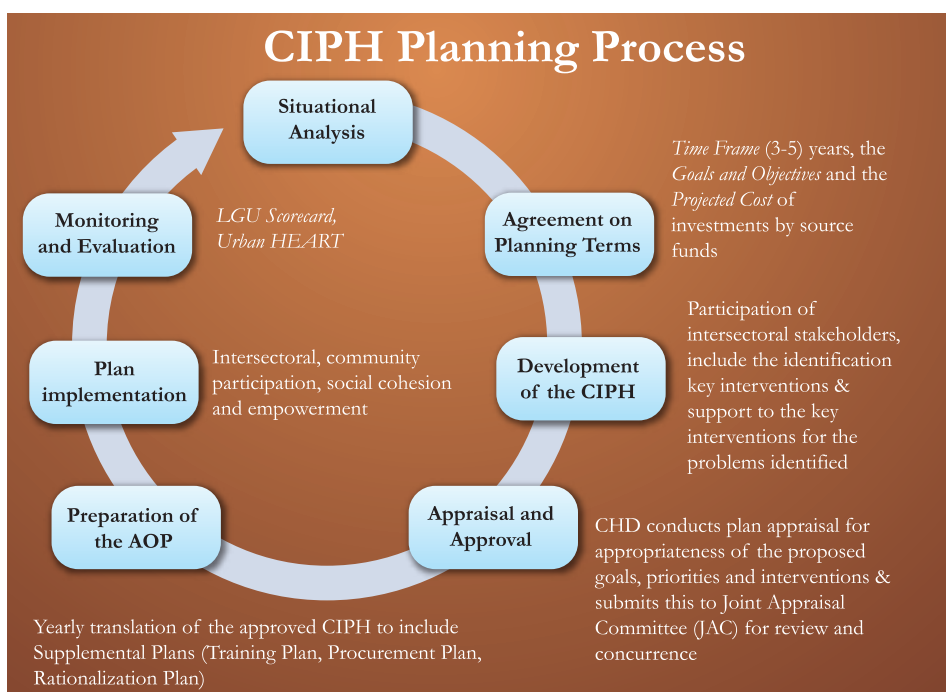
City-wide Investment Planning for Health (CIPH)

In the previous years, the DOH has engaged provinces in developing their Province-wide Investment Plans for Health (PIPH) that will provide a framework for implementing critical health interventions and ensure sustainability of health reforms in their localities. Similarly, the DOH has encouraged cities, particularly the Highly Urbanized Cities (HUCs), to come up with their City-Wide Investment Plans for Health (CIPH) for the country to totally achieve its desired health reforms and health outcomes.

City-wide Investment Planning for Health challenges the local health systems of cities to develop public investment plans in health covering the utilization, mobilization, and rationalization of the cities' relatively abundant resources, more extensive capabilities and stronger institutions to attain health sector goals of the city.

action, and DOH support to the LGU, with the yearly Annual Operational Plans (AOP) as a mechanism to adjust LGU, and Center for Health Development/DOH action. The CIPH is different from the PIPH process. In a Province-wide Health System, a lot of effort is needed to coordinate the Provincial Health Office and all the Muni-

of health focusing on addressing health inequities. Thus, the CIPH includes the identification of health enhancing activities, and partnership with non-health sectors whose concerns impinge on health, and application of interventions on urban poor populations particularly those living in slum communities/settlements.



In partnership with the Center for Health Development-Metro Manila, the 16 cities and one (1) municipality (Pateros) are now in the process of finalizing their CIPHs for 2011-2015, including their 2011 AOPs. The DOH has mobilized resources for the preparation and implementation of their CIPHs, including fund support and other assistance, and MOOE in the form of cash transfers to Metro Manila Cities through the CHD-MM to support the implementation of Local Health Systems Development strategies as proposed in their CIPHs.

Outside of Metro Manila, 8 cities namely, the Cities of Tacloban, Ormoc, Isabela in Basilan, Cagayan de Oro, Cotabato, General Santos and Butuan, have started implementing their respective CIPHs in 2009 and 2010. The City of Bacolod, on the other hand, recently convened its inter-sectoral TWG to initiate investment planning for health.

The CIPH is a medium-term plan to be undertaken by the City Health Office in coordination with other local health partners and key stakeholders. Planning is city-wide in scope and process. The CIPH shall govern the health operations of the locality, and shall serve as a guide for LGU

pal Health Offices; whereas in a city, the City Health Officer has effective control over the city-wide health system.

The DOH approach to Urban Health Systems Development is geared at emphasizing the management of social determinants

CIPH Guidelines are currently being finalized for its roll-out nationwide, particularly in Highly Urbanized Cities in 2011 and onwards.

Beyond City Limits

The Citywide Investment Plan for Health (CIPH) also asks of city leaders to think past their city boundaries.

An overseas development agency came up with some disquieting findings touching on a doomsday fear lately stalking just below the surface, especially among denizens in crowded and overbuilt Metro Manila.

As strong earthquakes shake different parts of the globe with increased frequency lately, a study sponsored by the Japanese International Cooperation Agency (JICA) sought to put Metro Manilans on notice in very specific ways, indicating what time a magnitude 7.2 tremor might happen (around 7 PM) and more importantly, how the Metro Manila geological cookie will crumble --- which areas will tend to be isolated together as the terra firma naturally divides and subdivides.

This is an extreme illustration of a point that the DOH Center for Health Development (CHD) for Metro Manila wants to put across. In Metro Manila, as in the provinces, no city is too affluent or self-sufficient enough not to need the help of neighbors at some point. As a major earthquake threatens to split Metro Manila four-ways, so can the prospect of it help unite city health policy makers into thinking sector-wide, of welfare across neighboring cities rather than just within their turf.

Disaster preparedness, particularly for earthquakes, is one of the three areas where the CHD is helping Metro Manila local governments work together as sectors, that is, as clusters of two to five

cities and town sharing facilities and services. According to the JICA study, the earthquake clustering would put Marikina and some areas of Pasig together in the east, to the west are the coastal and reclaimed areas of Navotas, Malabon, Manila and Pasay, to the northeast are Caloocan, Valenzuela, Mandaluyong, Quezon city and San Juan, and to the south – Makati, Taguig, Pateros, Muntinlupa, Paranaque and Las Pinas.

The other two areas where CHD is helping the Metro Manila LGUs as sectors are in hospital referrals and in disease surveillance. This sector-wide investment approach for health is an outgrowth of the DOH citywide investment plan for health (CIPH) which is now ready to take off among the 16 cities and one town in Metro Manila.

According to CHD Metro Manila regional director Dr. Irma Labro Asuncion, the 17 Metro Manila LGUs are set to finalize individual five-year plans by September this year, identifying and costing projects, for implementation starting 2011. These include activities related to important national health outcomes such as maternal, childhood and neonatal health, and non-health indicators such as education, infrastructure, housing and the environment.



Liberal behavior and HIV

Once a city becomes an urbanized one, businesses are sure to emerge. From commercial businesses, to industrial ones, and even entertainment companies such as bars and discos are sure to proliferate. With the teenagers becoming more and more risky nowadays, the issue of pre-marital sex is not that complicated anymore. Teenagers are now more open to this concept and even the society is slowly growing accustomed to the liberal behavior of the youth.

However, these risk-taking individuals are not aware of the possible consequences of how their attitude might affect their lives on a long-term basis. One effect is that they might acquire certain diseases like human immunodeficiency virus (HIV). This is a result of having unprotected sex. One should remember that there is no currently no publicly available vaccine or cure for HIV.





but not without doing its best to stabilize the patient's condition first.

Patients shouldn't have to self-conduct themselves also from one hospital to another. "It is the (referring) hospital's responsibility to conduct the patient by ambulance," Asuncion states. "Your assumption here is that the patients would mostly be the urban poor who won't have any money for transportation."

A basic obstacle the CHD is trying to resolve is that most of the medical personnel from the different hospitals don't know each other. Aside from the fact that referral activities are usually perceived as an added burden, the lack of personal rapport adds tension.

Under the sectoral approach, the CHD recommends building working relationships among doctors and hospital staff, between the patient referrer and the recipient. It has taken steps to bring together the hospital personnel into cordial relations. The thawing of the ice begins in the emergency wards. ER directors are requested to provide their contact details for a manual of operations that the CHD is developing for each Metro Manila sector.

The north, south, east and west sectors for Metro Manila hospital referrals and for disease surveillance are somewhat different in composition from those identified for earthquake preparedness. The north sector is the well-delineated area of CAMANAVA (Caloocan, Malabon, Navotas, Valenzuela), the south includes Muntinlupa, Las Pinas and Paranaque, the east is Pasig, Marikina, Taguig, Pateros, Quezon City, and the west, Makati, Manila, Mandaluyong and San Juan.

For disease surveillance, the idea is to have a system of reporting that will decentralize decision-making. A DOH-retained hospital in a sector will be designated as the team leader for disease control efforts such as stopping the transmission of an infectious disease. No more need to immediately involve the national DOH at the initial stage.

The hospital referral system is in place in the north and south sectors, although the functionalities are still being smoothed out, Asuncion said. The north sector is also piloting the disease surveillance.

The terms of the partnership that the CHD itself has forged with the Metro Manila LGUs fills Asuncion with optimism. "The LGUs are doing most of the work for the CIPH, guided only by the DOH, so they feel that these plans really belong to them," she said. "The good thing is that we have an open relationship with the city health officers. No apprehension on both sides."

One good sign is that some of the Metro Manila mayors have personally expressed keen interest in the CIPH. With the DOH allotting P5 million per city, it is up to the LGUs to put up most of the resources to make the items of the plan a reality.



HOSPITAL REFERRAL AND DISEASE SURVEILLANCE

Even for Metro Manilans themselves, the vast concentration of tertiary hospitals in Metro Manila is not necessarily a good thing. Asuncion articulates a common observation that in many tertiary and secondary hospitals, particularly the public ones, there are two to three patients to a bed because many admitted in these hospitals can actually be treated by providing more basic care.

At the same time, hospitals have no business to outright refuse patients. "Whether you're capable of managing that patient or not, you have to assess the patient and refer to the appropriate hospital," she said.

In the case of a primary care hospital receiving a heart attack patient, it can and should refer the patient to a more advanced facility,

Environmentally Sustainable *and* Healthy Urban Transport (ESHUT)

This initiative focuses on the development or enhancement of existing projects that improve the policy, design and practice of an urban transport system to improve health and safety of urban population.

This single strategy hopes to realize multiple benefits (environmental, social and economic) for people in urban centers. Promotion of non-motorized transport and efficient public transport system is expected to reduce noise, water contamination, solid wastes, volatile organic compound and other harmful gas emissions in the environment. Urban dwellers could also derive social benefits such as health improvements due to activities promoting physical fitness and obesity control, as well as crime reduction, security enhancement, gender equity promotion, universal access for persons with disabilities, among others. On the economic side, improved efficiency, enhanced economic productivity, reduced traffic accidents, and savings from consumer spending are expected to be generated.

The following are suggested ways for cities to implement ESHUT initiatives in the areas of promoting non-motorized transport, making their public transport system efficient, and taking control of private vehicle use:

NON MOTORIZED TRANSPORT

Walking

Pedestrian footpaths (including overhead bridges, underpasses and traffic lights for safe crossing)

Amenity facilities along walkways (e.g., art, aesthetics, kiosk, public toilets, benches, etc.)

Barrier-free access by people with disabilities and the elderly, small children, baby strollers, etc.

Smoke-free streets

Cycling

Bicycle lanes

Bicycle parking

Rental, free bicycles

Motor vehicle-free streets

Car free day

Car free zone

EFFICIENT PUBLIC TRANSPORT

Bus Rapid Transport (BRT)

Priority lanes for buses

Fare free services (or reduced fare for students, elderly, etc.)

Barrier-free access by people with disabilities and the elderly

Smoke-free bus

Mass Rapid Transport (MRT)

Fare free services (or reduced fare for students, elderly, etc.)

Barrier-free access by people with disabilities and the elderly

Smoke free trains

Connectivity at stations/stops

Park and ride (with possible discounted fares of bus/train ride)

Bicycle parking

Pedestrian access ways

Barrier-free access by people with disabilities and the elderly

Smoke-free public areas

PRIVATE VEHICLE USE

Transport Demand Management

Vehicle use restriction (special tolls for private vehicles for certain area and/or certain time)

Parking levies

Land use planning (reduce daily long-distance travel)

Proximity of residential, commercial, work, service zones

Transit-oriented development (residential, commercial service development around mass transit stations)



Marikina City's Revitalization of Bikeways

Marikina City decided to revitalize their bikeways as their contribution in the ESHUT. The local government is encouraging its citizens to use the bike lanes through advocacies such as "Bike to School, Bike to Work," "Safe Cycling," and "Bicycle Loan Programs."

The bikeways program was created way back in 1993 as part of the city's massive rehabilitation program to save the dying Marikina River. Now, Marikina City is trying to bring it back by repairing and refurbishing all their bikeways. Moreover, they continue to strengthen their information and education campaign program not only to encourage their constituents to use the bikeways but also to educate them on their proper use.

To date, a 66- kilometer bikeways network connects Marikina City's residential areas particularly the low income residential communities to employment centers, markets, schools, government service providers and the LRT2 Station along Marcos Highway.



San Fernando City's Clean Air Program

The City of San Fernando (La Union) could not be any less concerned about the safety of passengers, convenience of commuters and health hazard in the community within its boundaries. The City thus initiated various strategies on emissions reduction putting emphasis on the conversion of two-stroke engines into four-stroke engines of tricycles. As member of the International Council on Environmental Initiatives (ICLEI), San Fernando City is also committed to its goal of climate protection through greenhouse gas emission reduction and other sustainable practices on improving air quality.

A Memorandum of Agreement was forged between the City Government and tricycle operators stipulating the provision of loans in the amount of nine thousand pesos for the down payment on the purchase of 4-stroke engine payable in one year without interest. A policy to phase out old model tricycles (those 20 years old ones) is also enforced.

A more efficient rerouting of tricycles and operationalization of a tricycle terminal for a more organized loading and unloading scheme are now implemented. Moreover, passenger loads have been limited to three persons per tricycle and motorcycles for hire plying the streets of the City have also been limited to 1,600 units to lessen the congestion of traffic and minimize the health hazards to commuters.

These measures are complemented by an intensive IEC on the health hazards caused by the smoke emitted by 2-stroke engine motorcycles to elicit the support and participation of tricycle operators.



Reaching Every Depressed (RED) Barangay

Reaching the unreached

RED stands for “Reaching Every Depressed Barangay Strategy,” the main purpose of which is to reach the urban poor with basic life-saving interventions. This project also aims to enable health workers and communities to identify and address their own issues and problems. Health workers are asked to facilitate and support community-led activities and efforts, resulting in a deeper understanding of their dynamics and identification of barriers to access basic health services. Community-based groups and organizations eventually take charge of the overall process and work out their own plans to overcome barriers and problems. The whole project translates into critical improvements in community members’ access to lifesaving interventions, and helps initiate other development processes for community betterment.

Undertaken in a unique partnership between the DOH, the World Health Organization (WHO), local government units and the communities themselves, this strategy is based on fostering community-led demand for services, resulting from the community mapping their situation, identifying their health priorities and finding solutions for them. In return, the existing health system is encouraged to engage with and respond to the community’s expressed needs.

PRINCIPLES OF REACHING THE URBAN POOR

Intensive dialogues with various stakeholders proved critical in laying down the following principles of RED:

- The intervention works to strengthen the existing public health system to reach the urban poor. The process avoids creating a parallel system, e.g. separate community organizing.
- Health staff and communities participate voluntarily
- The process is widely consultative among stakeholders. Community representatives consult other members of the community at every step of data-analysis, planning and implementation.
- Health staff engage communities directly. City, regional and national/international staff support the health staff.
- Health staff and the community document, collect and analyze data, and develop data-driven plans to deal with the most important issues that need to be addressed. Health workers are trained in the local adaptation of RED.
- Through a gradual process of support, community members become the primary mobilizers for community-based primary health care.
- When the community identifies livelihood, education, housing or other greater determinants of health as issues needing to be addressed, city officials and health workers respond by linking them with agencies that could help.

PHILIPPINE EXPERIENCES IN RED

RED has made remarkable breakthroughs in certain cities. Among them are in Makati, Taguig, Paranaque, Pasig and General Santos City. Each has its own strategy from which we can learn and duplicate in others.

In Makati City, mobilization for this program began in April 2005 when Makati Health Department agreed to support and to endorse the IYCF (Infant and Young Child Feeding) programme after discussions with the Department of Health and WHO. The pilot area for intervention was in barangay Pembo. The project aims to reduce infant mortality through breastfeeding promotion, peer counselling, capacity building, and enactment and enforcement of local ordinances and resolutions that will target pregnant mothers and mothers of young children under age 3 years.

The outcome of the work in Makati City in 2009 alone has been impressive. The peer counsellors, with the help of the local health workers, were able to reach and support more than 6,000 women with infants below one year of age. They were able to maintain a 60 % Exclusive Breastfeeding rate among those under-six months of age.

For 2010, the Makati City Health Office is planning to create the conditions for the sustainability of the city-wide interventions and to link with private sectors. This will provide supportive supervision to all the barangays to ensure an improvement in the work being done.

In Paranaque City, the project started in 2005. The project has made a remarkable breakthrough at Sitio Gulayan in Barangay Moonwalk by bringing in the health center staff closer to the people through

outreaches initiatives, such as monthly medical consultations and immunizations. The project was able to establish mother- and baby-friendly communities.

The Paranaque City Health Office spearheaded the project. A monthly medical outreach with consultations and immunizations was initiated in the area. In less than a year, the EPI accomplishments (DPT1, DPT3, AMV) in Sitio Gulayan reached the national targets. Several improvements were brought to the community, in relation to water and sanitation, adolescent health, and access to livelihood opportunities.

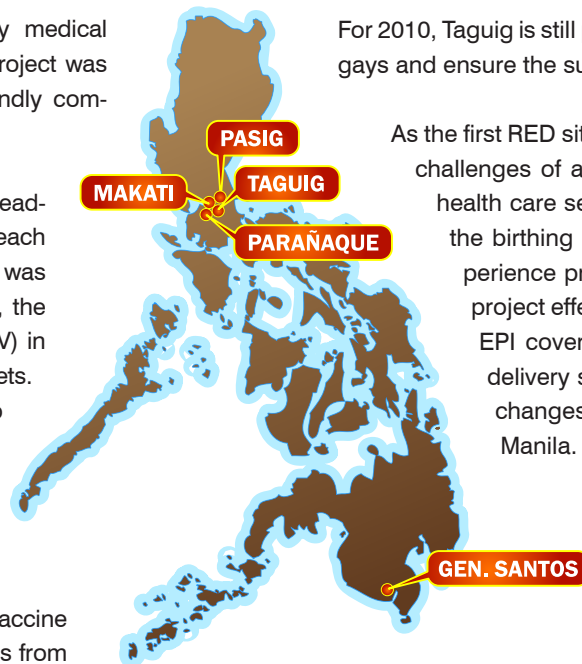
Overall, among the key results of the work, there was an increase of measles vaccine coverage in the participating communities from 42% (2005) to 112% (2009). By the end of 2009 the project was covering 18 different urban poor communities. Onsite immunizations increased the DPT3 coverage by 23%, and the measles vaccination coverage increased by 30%. For 2010, the plan is to reach all the urban poor communities in the three (3) barangays, so as to reach around 70 urban poor communities and to ensure their access to basic health services.

In Taguig City, the project also made a difference in the life of the people. From 2005, the World Health Organization supported the implementation of a project in the city that focuses on reaching the un-reached urban poor communities with basic reproductive, maternal, neonatal and adolescent health services in seven barangays through the peer counseling approach.

The Peer counselors, pioneered in 2005, focused on creating counseling support for family planning services. Eventually the strategy is also used to cover all the other maternal and child services, like prenatal, post-partum care, infant and young child feeding and immunization.

The project in Taguig City had made way for the passage of several city ordinances and resolutions which gave support to key public health programs; among which are the Infant and Young Child Feeding ordinance of 2007, and the barangay level ordinances for the establishment of lying in clinics. The latter ensures that safe deliveries are provided mostly among the urban poor populations. In fact, from 2004, there has been a 60% increase in infant deliveries at the city-owned lying-in clinic.

Another very innovative measure was implemented in Lower Bicutan in relation to family planning services. The health center staff piloted a community-based distribution of family planning commodities. So far, there has been a four-fold increase in the family planning uptake in Lower Bicutan.



For 2010, Taguig is still planning to expand in two (2) new barangays and ensure the sustainability of the existing communities.

As the first RED site, Pasig City was the first to confront the challenges of actual front-line implementation of basic health care services to urban poor residents. Despite the birthing pains, however, the Pasig City RED experience produced valuable lessons in making the project effective and efficient not only on improving EPI coverage and strengthening the health care delivery system in the area, but also on effecting changes in the lives of the urban poor in Metro Manila.

Peer counseling program, capacity building of Sta. Lucia Health Center (SLHC) staff members and continuous linkages with NGOs and other groups were their implementing strategies. So far, with the peer counseling approach, there has been a thirty percent decrease in drop-out rates for measles and DPT3 vaccination. Plans to train health center staff on cold chain and logistics management and the creation of livelihood projects like reflexology and dressmaking are in place.

General Santos City just started its project during the last quarter of 2009. Despite being in its very initial stage of the process, the city health office and the local health workers have made some important milestones in the work.

The pilot area was Sitio Kulasi, an urban and coastal depressed community in Barangay Labangal, dwelled by informal settlers. The area is geographically located along the river bank of Silway River, classified as high risk area for stratifying disease prevention and control.

The project initially focused on training and organizing community key persons as functional support group to empower the community to access basic health services. The local health workers have started systematic monthly outreaches to increase access to immunization, prenatal and post partum services as well as to improve infant and young child feeding practices. Based on the review of the key data for the first quarter of 2010, there has already been a substantial increase in access to prenatal services and immunization.

In addition, for 2010, the city health office is planning to expand the initiative to additional five (5) or six (6) urban poor communities in the different districts of the city.

In a few short years, the response to the RED strategy from urban poor communities in Metro Manila and as far south In General Santos City has been very heartening.

Short Course *on* Urban Health Equity (SCUHE)

The Short Course on Urban Health Equity (SCUHE) is being offered by the Department of Health (DOH) in collaboration with the Development Academy of the Philippines (DAP) as a capability building tool on Urban Health Systems Development. The goal of this 6-month modular course is to improve the knowledge, practice and skills on key social determinants of health and interventions among city officials, technical people, and relevant stakeholders, with the aim of reducing health inequities in the urban settings.

Initially developed by the WHO Kobe Centre, the SCUHE syllabus was based on the China Module implemented by the Suzhou University. A pilot-run of the course was undertaken in the Philippines from June 2008 to January 2009, and based on its results, the curriculum was improved by the DOH, DAP, and WHO Philippines. The present SCUHE Philippine syllabus incorporates the use of the Urban Health Equity and Response Tool (Urban HEART) as the primary tool to identify and address specific health inequities in the urban setting and introduces the concept and practice of City-wide Investment Planning for Health (CIPH).

Specifically, the SCUHE aims to:

- improve the knowledge, practice and skills of relevant LGU-level stakeholders to address urban health challenges, particularly in relation to the social determinants of health;
- support the development and evaluation of health and non-health interventions; and
- strengthen network and intersectoral collaboration among and between stakeholders of participating institutions and LGUs for work on social determinants and health interventions.

The SCUHE primarily targets relevant stakeholders such as City Health Officers,



SCUHE Batch 2 participants and faculty.

City Health Office Technical Staff, City Planning and Development Officers, representative from the City Social Welfare/Urban Development/DepEd/Budget Office, and technical staff from DOH regional offices and national government agencies as participants.

INSTITUTIONALIZING THE SCUHE

Given that there is a continuing call to expand and build new capacities of urban health practitioners, policy and decision-makers at the national, regional and city levels, the DOH and the DAP have institutionalized and rolled out the SCUHE to other urban areas and other stakeholders. The DOH Urban Health System Development (UHSD) National Policy Framework in 2010 incorporates the SCUHE as a capability building course for health officials and health technical staff particularly in Highly Urbanized Cities, DOH regional offices and national government agencies.

Local officials and technical staff from the Cities of Parañaque and Taguig, and technical staff from the DOH Bureau of Local Health Development and Center for Health Development for Metro Manila comprised the participants in the SCUHE pilot run in 2008.

Participants in the SCUHE Batch II included 9 Local Government Units from Metro Manila, namely: Makati, Malabon, Marikina, Muntinlupa, Navotas, Pasay, Pateros, Quezon City, Valenzuela City, and two cities from the Visayas region (Iloilo and Bacolod), the Metropolitan Manila Development Authority, DOH Central Office, and CHDs for Metro Manila and Western Visayas.

The third batch of the SCUHE, which is scheduled in August 2010 until February 2011, has selected representatives from the Cities of Caloocan, Pasig, Manila, Mandaluyong, San Juan, Las Piñas, Baguio, Cebu, Cagayan de Oro, General Santos and Butuan and the DSWD as participants.

Responsive Health Information Systems

As the building block for national health information systems, the establishment of a community-based primary care information system significantly improves healthcare management at the community level by developing human health resources specifically oriented towards underserved areas. It should also provide the vital systems link vertically towards national level health information infrastructure in crafting policy that is responsive to the needs of local communities.

The Pasay CHITS Project

The Community Health Information Tracking System, or CHITS, was conceptualized in 2003 as a pilot project between the University of the Philippines College of Medicine-Medical Informatics Unit (MIU) and the City Government of Pasay to establish a primary health care information system in underserved communities of Pasay City, with aims to improve health information management and health care delivery at the community level.

PROJECT DESIGN

Two health centers in Pasay located in Lagrosa and Malibay were identified for adoption. Employing a combination of methods ranging from community immersion, systems analysis, joint rapid application development, on-site technical assistance, and grassroots-oriented training, CHITS was implemented using two major components: (1) an extensible and customizable software engine for health facilities, and (2) a training program for health data collectors, which included health center staff and community health workers. According to the systems developers, “CHITS offers lessons in systems development that addresses end-user and organizational requirements as well as creates value at the level of data collection. It is proof that open source is a viable alternative to software development in health.”

Four areas by which the CHITS project can make significant impact include:

1. establishment of an electronic longitudinal health record for local communities
2. coordination of care at different levels of service delivery towards quality health care
3. integration into public health information systems
4. establishment of a locus for population-based data repositories for public health and primary care research



Two health centers in the Pasay City: (1) the Malibay Health Center, and (2) the Lagrosa Health Center

PROJECT RESULTS AND DISCUSSION

The core software modules include Philhealth, maternal care, immunizations, child care, and the tuberculosis control program (TB DOTS). The demographics identified relate to the patient, family and barangay, while reportable events include immunizations and notifiable diseases. Software development was carried out on a modular basis, which enabled the implementation of completed modules without waiting for the rest of the applications. CHITS also includes ICD10 Diagnosis Coding, as well as the ability to send SMS messages from system templates to patients for follow-up and medication-intake reminders, which was especially useful in vaccinations, maternal care prenatal follow-ups, and DOTS treatment protocol. The modules are essentially web-based, self-contained, and reusable in other applications with minimal modifications, thus the hardware requirements are essentially modest. To enable data interchange between centers using ordinary dial-up connections, source code can be incorporated for running web services using the standard SOAP (Subjective, Objective, Assessment, Plan) format for medical practitioners.

To deal with the inherent lack of physicians in the basic community level, the designers of the program avoided a physician-centric health information system by enabling all the staff members in the health center to contribute to the database and allowing the nurse to serve as systems administrator who creates accounts and assigns permissions for the rest of the staff. The primary investigator spent 6 weeks working with the health center staff to build a relationship of mutual trust, where the author can extract more information from the health workers, both in terms of systems processes as well as attitudinal and culture-bound practices. Eventually, the local staff will have gained a certain level of confidence to be able to propose some innovations to the system that can be applied locally, such as the passing of SMS credits from the patients for them to be sent clinical reminders from the servers.

The authors thus were able to empower health center staff to effectively use community-based health information systems and to integrate vertical programs, in the process going paperless and doing away with the work-intensive paper forms, harnessing community resources for the sustainability of health information management.

KEY IMPLEMENTATION STEPS TO CHITS

With the success of the implementation of the CHITS project in the two pilot health centers, the project developers suggest replicating the process in other areas and other municipalities with the following recommendations (Note: the core software for CHITS is free and downloadable from the CHITS website www.chit.info):

- 1. Conceptualize, get LGU approval**
 - create a team to develop project proposal
 - push for the issuance of a city ordinance for the implementation of the project
- 2. Collaborate with UP-MIU for technical assistance**
 - to help in the installation, customization, and staff training for CHITS
- 3. Capability-building—two carrots in one stick**
 - formal capability-building includes certificates and competency-based training courses to health center staff
 - informal capability-building includes nuggets of health informatics knowledge distributed as the need arises
- 4. Project dissemination and promotion/ advocacy of open source and data quality**
 - community should be informed about CHITS, its use and implications through barangay meetings, pre- and post-consultation lectures, etc.
- 5. Discussion and development of ethical guidelines for electronic health information between UP-MIU and the replicating LGU**
 - specific agreement guidelines and policy should be formulated regarding ownership of electronic data, invention, and outputs from the replicated CHITS
- 6. CHITS implementation in the replicating pilot health facilities**
 - replicating LGUs should start with 2 pilot areas for practical purposes
 - gradual complete automation using CHITS to be done in phases depending on level of acceptance and staff proficiency



Inadequate water and sanitation

Adequate water and sanitation services are essential ingredients to support good health in urban areas. In cities, particularly in informal settlements and slums, unsanitary conditions stemming from the lack of adequate water and human waste collection, treatment and/or disposal are becoming more dangerous and even life-threatening for the environmental health of urban residents.

Due to high rates of growth and population densities, the individual impact of poor sanitation and water-related diseases, as well as the overall impact on society, is greatly felt in cities. Children and the urban poor are especially vulnerable to the public health problems stemming from poor sanitation and lack of safe water.



Tacloban Community-Based Monitoring System

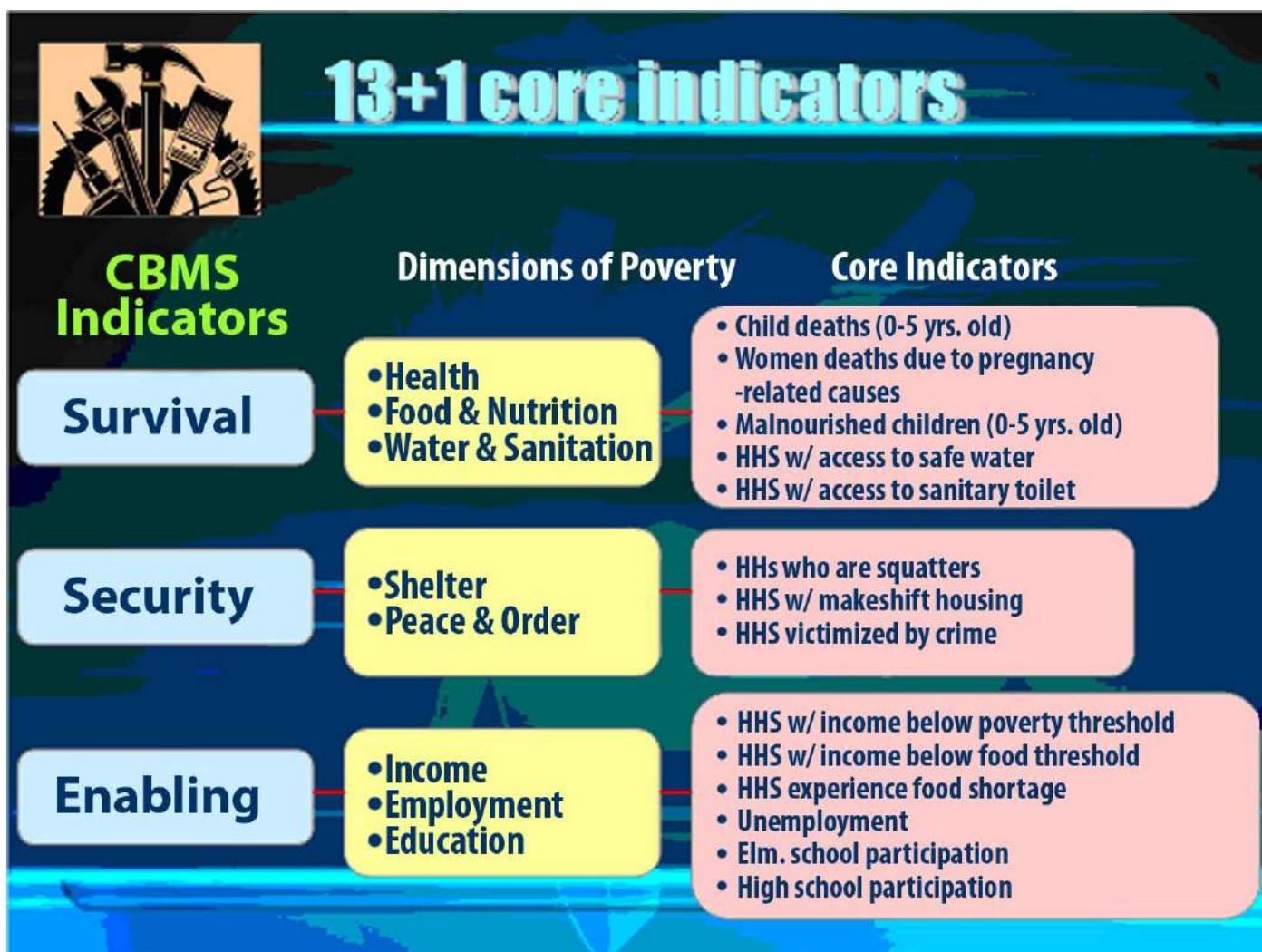
The Urban HEART (Health Equity and Response Tool) monitoring program is an initiative of select pilot cities in the Philippines whose main objective is to assist and guide policy decision-makers at the national and local levels by systematically generating evidence on various aspects of community poverty core indicators. However, when primary and secondary data began to be generated in August 2008 in such pilot cities as Tacloban, there was a manifest lack of data at the local community and barangay levels. Apparently, official statistics gathered were reliable only up to the regional and provincial levels. Without such community-specific data, the policy design becomes less responsive at the local level.

Thus, the corresponding local government units (LGUs) embarked on a Community-Based Monitoring System (CBMS) as a complementary initiative to monitor the policy domains of the Urban HEART indicators. And as of January 2008, the initiative will have already involved 37 Philippine provinces, covering 382 municipali-

ties in 27 cities, totalling 9,860 barangays.

DATABASE FOR DEVELOPMENT

As an “organized way of collecting information at the local level for use by local government units, national government agencies, non-government organizations, and civil society for planning, program implementation and monitoring,” CBMS is designed to improve governance and provide an avenue for greater transparency and accountability in the allocation of limited government resources, according to Dr. Gloria Enriquez-Fabrigas, Urban HEART Focal Person for Tacloban City. After all, it involves the enumeration and cataloguing of all households in a specific LGU. It uses the Natural Resource Database (NRDB) software for poverty mapping as well as for storing and displaying household- and individual-level information. With 14 core indicators to measure the welfare status of a population, the multidimensional aspects of poverty are captured in specific measurable forms.



In fact, there are other indicators of CBMS which may not necessarily be core indicators but are useful for Urban HEART policy-making just as well:

- a. Philhealth enrolment rate
- b. Facility-based deliveries
- c. Skilled birth attendance
- d. Mean family income
- e. Social participation rate

When the LGUs shall have collated and processed the data gathered at the community level, the database formed will be submitted to the next higher geopolitical tier, in the process ensuring the availability of reliable information for the formulation of annual development and investment plans.

COMMUNITY HEALTH PARTICIPATION

In effect, CBMS “builds the capacity of the members of the community to participate in the development planning and monitoring process.” As it enriches the existing LGU databases and provides the basis for future development plans, it is also a vital tool in diagnosing the level of poverty in the community and in formulating the appropriate intervention. Specifically for the purposes of the Urban HEART program of the DOH, the type of existing health opportunities are identified according to different socioeconomic groups, thus CBMS helps to address the social inequities in and unfair health conditions prevalent in the area. Dr. Fabrigas emphasized the importance thus of acquiring such grass-roots information: “We were able to appreciate equity gaps when the data are readily available at the barangay level through CBMS... Health indeed is not only the absence of disease—there are social determinants for health. Incorporating CMBS with Urban HEART will help the alignment of our interventions to city, regional, and national health priorities and facilitate the implementation of targeted programs.”



Barangay health committee training on data gathering



Unemployment

People, especially those living in rural places, often look up to cities as places where opportunities abound. As a result, they flock to these areas, creating more demands for employment.

Unemployment presents a great challenge for national and local governments in terms of matching the increasing demand for employment in urban centers with corresponding and appropriate supply of job opportunities.



Non-health-sector response to urban health challenge

The issue of urbanization is very complex and connected to many other issues that it would be difficult, if not downright impossible, if all the work has to be done by a single government agency like the Department of Health. It is necessary that different sectors of society participate in responding to the urban health challenge; this way, the different factors that contribute to the success of this undertaking can be equally addressed.

A multi-stakeholder, multisectoral approach to development work has been proved, again and again, as a good model in ensuring the success of any initiative targeting specific communities. At the same time, involving different sectors of society in a project allows the project to harness the strengths of each of the participating groups or individuals.

Recognizing the relevance of getting the support of as many sectors of society as possible, the DOH worked closely with different government, nongovernment, and private institutions for its urban health initiatives. Three institutions have been particularly helpful in bringing the urban health initiatives closer to their targets—the Land Transportation Franchising and Regulatory Board (LTFRB), the Metropolitan Manila Development Authority (MMDA), and the SM Foundation.



Social exclusion

Urban dwellers, particularly the poor segments of the urban populace, often suffer from social exclusion resulting from discrimination, unemployment, powerlessness, helplessness, and lack or absence of social support systems to reach out to them.

Compared to citizens who play a full and useful role in the social, economic and cultural life in their society, those who face insecurity, exclusion and deprivation are likely to suffer from greater risks of ill health and even premature death.



The MMDA's commitment to a healthier Metro Manila

Metro Manila is the 20th largest metropolitan area in the world, and faces its own unique development challenges. It has a large population (which is larger during the day time, because many people living in nearby provinces come to the city to work)—as of 2007 there are as many as 11.6 million residents in Metro Manila. It has a land area of 636 square kilometers, densely packed with as many as 16,000 residents per square kilometer. The high rates of urbanization has taken a toll on the environmental conditions of the metropolis—the quality of the air and the water in the cities is constantly under the threat of pollution. Also, the NCR is constantly at risk of natural disasters: the typhoons that regularly visit the country often pass over the area; the presence of the Marikina fault in the area puts it at risk of experiencing earthquakes that could go as strong as 7.2 on the Richter Scale. Other development challenges include the complexity of the road system, the risk of flooding, and the continuing problem of informal settlers.

As an agency that oversees the delivery of Metro Manila-wide services (on top of the services autonomously provided by local government units), the MMDA manages and oversees many projects that affect all the cities in Metro Manila under its jurisdiction. The MMDA operates in the following cities: Caloocan, Las Piñas, Makati, Malabon, Mandaluyong, Manila, Marikina, Muntinlupa, Navotas, Parañaque, Pasay, Pasig, Quezon City, San Juan, Taguig, and Valenzuela, and the municipality of Pateros.

The MMDA has several important functions. These include the following:

- Medium- and long-term planning for metro-wide development projects
- Transportation and traffic management
- Solid waste management

- Flood control and sewerage management
- Urban planning and zoning
- Health promotion and pollution control
- Public safety and disaster preparedness

Given the breadth and scope of its functions, the MMDA is an important stakeholder in the national capital region's urban health initiatives. After all, it was former MMDA Chair Bayani Fernando himself who said: "there is a component of health in everything that we do." With that said, the MMDA remains an important frontliner in developing and implementing urban health initiatives.

The MMDA is consistently planning, implementing, evaluating, and innovating its different projects so it could continue serving the metropolis better. In the area of traffic management, it has created an organized bus route, made the cities more pedestrian-friendly, improved its ticketing and apprehension system, and been giving traffic advisory via television and radio 24 hours every day. To prevent flooding, the MMDA has improved drainage systems and cleaned creeks and rivers. It has set up an organized system that will respond to public safety needs. It also works hard to implement its anti-smoke-belching campaign and campaign against smoking in the workplace. All these have a significant contribution to promoting urban health over the medium and long term.

One specific urban-health-related initiative of the MMDA is the metro health and sanitation program. By going directly to the barangay level and encouraging the active participation of the community members themselves, the MMDA intends to make a large impact in the cleanliness and orderliness of the metropolis.

The program's mission is to "promote and safeguard the health of the people and the environment, particularly on roadways,



through the prevention, control, and abatement of defined environmental factors that may cause sickness, disability, and death.” The program has five major components: monitoring the cleanliness and orderliness of participating barangays; providing and coordinating a feedback mechanism for local government officials and the community residents; holding regular information and education campaigns; enforcing support activities; and documenting, reporting, and publishing the best practices that emerge from the program.

To ensure that the communities follow health and sanitation standards, MMDA representatives regularly monitor specific areas in communities where possible violations are present, including places that do not dispose of their garbage properly, businesses or residences that obstruct public spaces such as sidewalks, and areas that dump construction debris is left in the open. If a violation has been clearly committed, a notice of environmental sanitation violation receipt (NESVR) is issued. The barangay captain also receives a copy of the nesvr, so he or she can make sure that the violator corrects the situation.

Another important function of the MMDA is the provision of shelter services. As chair of the Metro Manila Inter-Agency on Informal Settlers, the MMDA heads the implementation of a comprehensive shelter program for informal settlers. Considering that there are at least 500,000 families in Metro Manila who are believed to be informal settlers, this is not an easy task; add to that the fact that these families live in unhealthy and unsanitary conditions—which makes it necessary to relocate these families to more humane dwelling areas.

The comprehensive shelter program, which the MMDA intends to implement soon, hopes to provide five options for qualified informal settlers: aside from an option for offsite resettlement, there are also options for onsite development, medium-rise housing, other options, and off-site private housing, which entails additional expense. All these are done in cooperation with local government units and other inter-agency members—all these for the benefit of informal settlers whose dream of having a decent house is being fulfilled.

The LTFRB and the fight against smoking



The LTFRB, an agency under the Department of Transportation and Communications, is primarily concerned with implementing, enforcing, and monitoring laws related to land transportation. For instance, its work in strictly monitoring the emission levels of land vehicles, in connection with the Clean Air Act of 1999, is worth noting: in the 10 years that the law has been in place, significant progress has been achieved in eliminating the use of carbon-based fuels in the country.

Another landmark law that the country has in place is the Tobacco Regulatory Act of 2003, which is part of the country’s commitment to the Framework Convention on Tobacco Control, of which the Philippines is one of the signatories.

The LTFRB also has a key role in implementing the Tobacco Regulatory Act of 2003. One of its commitments is to prohibit smoking in public utility vehicles. In January 2010, the LTFRB ordered that all public utility vehicles and transport terminals adopt a “100-percent smoke-free” policy. In a memorandum issued by LTFRB Chair Alberto Suansing, the agency said that the policy “aims to promote a healthful environment and to protect the public from secondhand public smoke, to which there is no safe level of exposure. Secondhand-smoke exposure is a known cause of lung cancer, is known to increase the risk of heart disease, to trigger asthma attacks, and to cause acute respiratory maladies.”

The LTFRB memo has several components: it directly prohibits smoking in public utility vehicles and transport terminals; it requires the posting of visible “No Smoking” signs in vehicles and terminals; and it issues guidelines on where smoking areas should be designated.

To ensure that passengers, drivers, operators, and station managers comply with the order, the LTFRB has assigned the following penalties. For first-time offenders, a monthly PhP500 fine will be charged to those who do not put up a ‘No Smoking’ sign; other first-time violators will also be charged with a PhP500 fine. For second-time violators, a PhP5,000 fine will be charged, plus suspension of the certificate of public convenience. For third-time violators, a PhP10,000 fine will be charged, on top of the cancellation of the certificate of public convenience.

The strict enforcement of this memorandum will be particularly beneficial for the urban poor. Since the majority of people who take public transportation—especially open-air vehicles like jeepsneys, ordinary buses, and tricycles—come from urban poor communities, shielding them from the dangers of secondhand smoke and encouraging smokers to cut down on their tobacco use will contribute to protecting the residents of these communities from many noncommunicable diseases associated with smoking. This, then, becomes an important preventive component in championing urban health in the country.

SM Cares

The private and business sectors also do their share in alleviating the living conditions (and by extension, the health) of the urban poor. Given the saying, “to whom much is given, much is expected,” the business sector is also expected to give back to the communities they belong in.

One business organization that has committed itself to helping the communities where it belongs is SM. The owner and operator of some of the most successful shopping centers in the world, SM has malls in many parts of the country, most of them strategic urban locations. These urban areas have their share of poor communities; naturally, SM sees the need to serve the less fortunate.

SM foundation, the socio-civic arm of the SM group of companies, was founded by tycoon Henry Sy in 1983. SM Foundation’s mission is “to serve more communities as SM builds more malls around the country, as it is committed to uplift the well-being of communities.... The foundation continues to help change lives and build bridges for a more progressive and better future.”

The foundation works in four major areas—education, mall-based outreach, health and medical projects, and housing and community projects.

In education, SM Foundation finances the college education of underprivileged high school graduates. Every school year, the SM Foundation college scholarship program has about 800 scholars, taking courses in computer and information technology,



engineering, education, accountancy, and business administration. To date, the scholarship program has seen over a thousand of its scholars graduate become gainfully employed.

The foundation also supports the construction of school buildings. With the help of SM Prime Holdings, SM’s real-estate arm, the foundation has built 28 public elementary school buildings nationwide. It has also supported the renovation of a hospital.

Its mall-based outreach programs, meanwhile, seek to engage mall-goers to take part in helping poor communities around SM malls. One of its successful campaigns is the “share your extras” campaign, which receive donations of clothes, food, and other essential household items to be distributed to poor families. Its “donate a book” program, meanwhile, was able to gather more than 3 million books, distributed to over 15,000 government-run daycare centers, elementary schools, and community libraries.

The foundation also organizes medical missions regularly, and has established such health and wellness facilities as the SM mobile clinic, SM hospice units, and pediatric and geriatric wellness centers.

Lastly, the foundation’s commitment to helping poor families have their own homes led it to partner with Gawad Kalinga in building 87 housing units. The foundation has also facilitated the establishment of SM villages in Mandaluyong City.



Road and traffic accidents

Cities grow as people move from the rural areas to urban areas in search of better jobs and living conditions. Majority of them wanted to improve their lives not only for their own sake, but for their families and children as well.

As cities become modernized, traffic increases which in turn leads to road accidents. According to the World Health Organization (WHO), every year half a million people die and 15 million people are injured in urban traffic accidents in developing countries. Most of these victims are poor pedestrians and bicyclists, while those who survive are often left disabled.





Urban Health *and the* WHO

Soe Nyunt-U, MB, BS, MSc
WHO Representative in the Philippines

“The WHO continually advocates for the use of innovative approaches to address inequities and improve health and quality of life of urban dwellers.”

For the longest time cities have been idealized as places where dreams come true: the cities are believed to be where real development happens, where people can find jobs, where life is fast and the possibilities for progress are endless.

But time and again cities do not always live up to their rosy, fairy-tale-like image. For many people who dream of building their lives, as well as their families', in the big city, the metropolis prove to be a treacherous place. Poverty is widespread, and the inequity between the poor and the rich is massive, and grows even more massive as time passes. And sometimes, when one is mired in poverty, it seems as if getting out is next to impossible. As a result, poverty seems like an endless cycle.

One of the biggest tolls city living takes can be seen in the health of individuals. Where poverty is rampant, one often sees the proliferation of disease, whether infectious or lifestyle-related. Disease also affects a large swath of the population spectrum—infants, young children, adults, the aged; everyone seems to be vulnerable.

But urban health does not only refer to the physical or psychological health of individuals or families: It also refers to the overall health of the urban environment. One often encounters people talking about their goals of building 'healthy' and 'sustainable' cities, and this takes into account the idea that health is a holistic, multi-factor issue.

Based on records of the World Health Organization (WHO), roughly half of the world's population now live in cities, but the numbers are constantly changing, considering that urban population growth, as a result of urban migration and high birth rates, shows no signs of slowing down. Of these, about a billion of urban residents live in slums and informal settlements, surrounded by practically every manifestation of poverty: disease, poor hygiene and sanitation, limited or no access to basic services, limited opportunities for education or employment, and many others. In the Philippines, about 60 percent of the national population live in urban centers.

By 2030, it is estimated that as many as 2 billion people will be added to the number of people living in cities. This could only signify the worsening of the problem of poverty, particularly if urbanization is not managed effectively.

Recognizing the threat to health that rapid urbanization and socio-economic inequity poses on cities and their residents, the WHO decided to focus on urban health in the commemoration of World Health Day in 2010. Carrying the theme, "1,000 Cities, 1,000 Lives," this year's World Health Day organized various activities in many parts of the world. These activities served to signify various cities' commitment to champion the cause of urban health, and to develop programs that address the serious problems that adversely affect urban health and development.

More than 1,300 cities from all over the world participated in the campaign. Among these are the major urban centers of the Philippines. The global campaign has heightened awareness that more than ever, there is a need to address the situation of the city dwellers, particularly the urban slums. Health inequities need to be narrowed down. Good urban governance need to work for better housing and living conditions, access to safe water and sanitation, efficient waste management systems, safer working environments and neighborhoods, food security, and access to

services like education, health, welfare, public transportation, and child care if we are to effectively address the social determinants of health.

WHO in the Philippines works strategically with DOH in addressing urban health and health equity concerns. WHO's partnership with the DOH has produced such programs and initiatives such as Healthy Cities, Urban Health Equity and Response Tool (Urban HEART), Short Course on Urban Health Equity (SCUHE), and Reaching Every Depressed (RED) Barangay.

The WHO and DOH are committed in reaching the ultimate goal of "Health For All." The WHO continually advocates for the use of innovative approaches to address inequities and improve health and quality of life of urban dwellers.

With the renewed commitment to champion urban health, cities will, it is hoped, become healthier, more progressive places in which to live.

ENVIRONMENTALLY SUSTAINABLE AND HEALTHY URBAN TRANSPORT (ESHUT)



Make it the way of life in your City!

Mandates and Guidelines

Policies and Issuances to Guide Development of Urban Health System

Urban Health Systems Development in 2010

Department Memorandum No. 2010-0038
February 15, 2010

It describes the principles, programs, tools and training to guide urban health practitioners in initiatives to develop their urban health systems

Urban Health Equity Assessment & Response Tool (HEART)

Department Memorandum No. 2010-0207
August 20, 2010

It presents the Urban HEART as a tool that Urban Health Systems in highly urbanized cities can use to locate the poor, establish evidence on their health status and on social determinants, and to design effective interventions for them.

Various Guidelines

The guidelines specify terms for the development of city investment plans for health, and the use of DoH fund assistance.

Sub-Allotment Guidelines on the Release and Utilization of Start-up Funds and AOP 2009 Funds for Health Systems Development Under Formula One for Health for the Cities

Department Order No. 2009-0235
September 29, 2009

Transfer of Start-up funds to Cities with City-Wide Investment Plans for Health and Funds for Their 2009 Annual Operation Plans (CIPH: Zamboanga City, Cagayan de Oro City, General Santos City, Cotabato City; AOP: Ormoc City, Tacloban City, Isabela City, Zamboanga City, Cagayan de Oro City, Butuan City)

Department Memorandum No. 2009-0244
September 30, 2009

Guidelines on the Release and Utilization of Start-up Funds for Health Systems Development Under Formula One for Four Cities (Ormoc City, Tacloban City, Isabela City, Butuan City)

Department Order No. 2009-0234
September 22, 2009

Guidelines on the Release and Utilization of Funds for the Preparation of City-Wide Investment Plans for Health by the 17 Metro Manila Cities

Department Order No. 2009-0240
September 29, 2009

This is a promotional advertisement by the DOH - Bureau of Local Health Development



Why treat someone's illness and send them back to where they will get ill again?*

DO IT RIGHT!

Join the **S**hort **C**ourse on **U**rban **H**ealth **E**quity

Learn how to treat diseases comprehensively, addressing issues in health systems and social determinants on health like education, governance, economics

*Source: WHO Commission on Social Determinants of Health

