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EVIDENCE-BASED
RESPONSE
AND COMBATING
COVID
CORRUPTION



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Just as the country was close to flattening the curve on new cases, this latest surge happened and is unlike any surge that the country has seen in the nearly two years of dealing with the pandemic. Underscoring the importance of the different health interventions to overcome the continuing crisis, it is also necessary for the public to be informed on the Government's COVID-19 related initiatives. Furthermore, the utilization of the health funds is not merely enough due to allegations of corruption. There must be proper governance, transparency, and accountability mechanisms in place and integrated into all COVID-19 public health response planning and design.

Chronicling The Philippines faced yet another surge of COVID-19 infections at the start of the new year. Despite all the early warnings from global and local public health experts, the country's health authorities underestimated the transmissibility of the Omicron variant.

This latest surge underscores the importance of the different health interventions in overcoming this continuing crisis. It also highlights the need for a better-informed public on the Government's COVID-19 related initiatives and programs.

In this month's Stratbase ADR Institute Occasional Paper, we revisit the events that led to the recent surge of COVID-19 cases in the country. It also looks into the current year's planned pandemic interventions of the Department of Health and the public resources allocated to fund them. It also discusses the public health and governance risks associated with the pandemic and the need for multi-sectoral collaboration to xxx.

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THE SUDDEN EMERGENCE OF THE OMICRON VARIANT

A GLOBAL RISK WITH SEVERE CONSEQUENCES

As the new year opened, the Philippines was hit by another surge of COVID-19 infections. This time with a newly discovered and highly transmissible Omicron variant.

Though its origin is unknown, the Omicron variant was initially detected in South Africa in mid-November 2021. In a matter of days after its discovery, the World Health Organization (WHO) declared it as a ‘variant of concern’ and soon after it was announced that the variant is likely to spread internationally, posing a “very high” global risk with “severe consequences.”

Based on initial evidence, the Omicron variant is milder than the Delta;¹ however, but it was spreading fast worldwide. In a statement, WHO Director-General Tedros Ghebreyesus said that “people in countries with low vaccination rates are at risk of acquiring severe illness and death.”

True enough, before the end of November 2021, the variant was already found in several European countries, such as the United Kingdom, Germany, Belgium, and Italy. By the 3rd of December 2021, the WHO reported the presence of the Omicron variant in thirty-eight countries.

Despite these early warnings of imminent global spread, the Philippines remained under Alert Level 2 going into the last quarter of 2021. As warned, the Omicron variant quickly arrived in the Philippines, with the first two cases being detected on December 15th, just before the Christmas holidays. It was not until the last day of the year, after the country celebrated

the Christmas holidays, that the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) announced that heightened restrictions would be put in place in the National Capital Region (NCR). And even then, Alert Level 3 was only implemented from January 3 to 15, 2022, days after the new year celebrations.

With cases rising, this announcement was immediately followed after a few days, declaring the provinces of Bulacan, Cavite, and Rizal under the same alert level. Even the Province of Laguna was included and announced that it would be subjected to the same restrictions.

By mid-January, the government extended Alert Level 3 from NCR, the epicenter of the latest surge, to eighty-two other areas. Unlike past surges, this surge impacted entire households due to Omicron’s transmissibility and the many gatherings over the holidays.

UNDERESTIMATING OMICRON

Just as the country was close to flattening the curve on new cases, this latest surge happened and is unlike any surge that the country has seen in the nearly two years of dealing with the pandemic. In mid-January 2022, the Department of Health (DOH) tallied record highs of daily infections, at one point setting a new record every day, easily surpassing last year’s recorded daily cases brought by the transmission of the Delta variant.

Despite all the early warnings, the country’s health authorities underestimated the transmissibility of the Omicron variant. Considering the upcoming holiday seasons, officials should have raised the alert and warned Filipinos— who looked forward to the festivities of the December holidays— that minimum public health standards and protocols should still be observed. As of January 26, the DOH recorded 3,475,293 COVID-19 cases, with

active cases standing at 230,410. Nevertheless, the country’s current positivity rate has shown signs of a decreasing trend, with 35.8%, compared to the previous days that even rose to more than 47%. In a recent statement of Health Secretary Francisco Duque III, he said that “the risk classifications of the Philippines and NCR have been downgraded to high from the previous critical level.”

THE IMPORTANCE OF VACCINATION AND TESTING

The Philippines would have been even worse off if its vaccination rate had been lower. Since the vaccination rollout started on March 1, 2021, fully vaccinated individuals in the country have reached 57,268,257 as of January 24. This represents around 73.33% of the government’s target. Also, there were about 59,799,215 individuals who had received their first dose, while 6,298,336 had received their booster shots. For this reason, many of the cases were mild, and hospitals were able to keep pace for the most part.

Filipinos’ attitudes towards vaccination have also changed over the last few months. In the latest national Social Weather Survey (SWS) conducted last December 12–16, 2021, it was found that only 8% of adult Filipinos said that they are still unwilling to get vaccinated against COVID-19. This result is down from 18% in September 2021, 21% in June 2021, and 33% in May 2021, see Chart 1.

In addition, the same survey found that half (50%) of adults reported that they got at least one dose of the COVID-19 vaccine. This total consists of 38% who received the complete two doses of the vaccine, and 13% said they received one dose. This also showed that the percentage of those who reported that they got at least one dose of the COVID-19 vaccine has steadily increased from 10% (3% two doses, 7% one dose) in June 2021 and 35% (25% two doses, 10% one dose) in September 2021.

CHART 1 . ADULTS REPORTING TO HAVE RECEIVED COVID- 19 VACCINE, AND WILLINGNESS TO BE VACCINATED
PHILIPPINES, MAY 2021 TO DECEMBER 2021

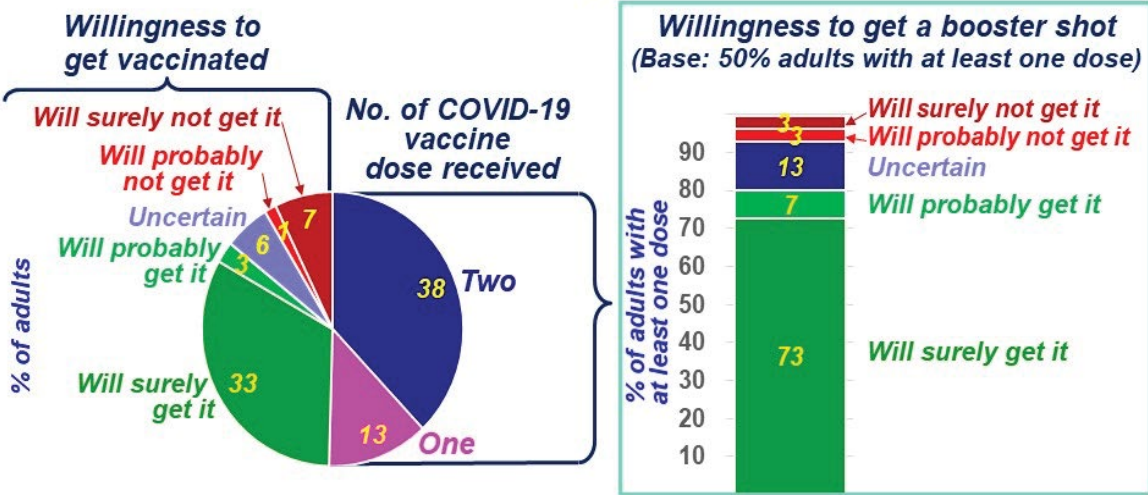


Note: Figures may not add up due to rounding error. Blank spaces are non-responses.

Q: Kung may pagkakataon kayong bigyan ng libreng bakuna na makakapigil sa COVID-19 na aprubado ng Food and Drug Administration o FDA, kayo ba ay... (SHOWCARD: Siguradong magpapabakuna; Malamang na magpapabakuna; Hindi tiyak kung magpapabakuna o hindi; Malamang hindi magpapabakuna; Siguradong hindi magpapabakuna. VOLUNTEERED, NOT IN SHOWCARD: Nabakunahan na ng first dose; Nabakunahan na ng second dose)?

CHART 2 . ADULTS WILLINGNESS TO BE VACCINATED, VACCINATION STATUS AND WILLINGNESS TO GET A BOOSTER SHOT
PHILIPPINES, DECEMBER 2021

ADULT WILLINGNESS TO GET VACCINATED, VACCINATION STATUS, AND WILLINGNESS TO GET A BOOSTER SHOT:
PHILIPPINES, DEC 2021



Note: Figures may not add up due to rounding error. Blank spaces are non-responses.

Q1: Kung may pagkakataon kayong bigyan ng libreng bakuna na makakapigil sa COVID-19 na aprubado ng Food and Drug Administration o FDA, kayo ba ay... (SHOWCARD: Siguradong magpapabakuna; Malamang na magpapabakuna; Hindi tiyak kung magpapabakuna o hindi; Malamang hindi magpapabakuna; Siguradong hindi magpapabakuna. VOLUNTEERED, NOT IN SHOWCARD: Nabakunahan na ng first dose; Nabakunahan na ng second dose)?

Q2. IF VACCINATED WITH AT LEAST ONE DOSE: Kung magrekomenda ang Department of Health o DOH ng “booster dose” o karagdagang bakuna ng COVID-19 vaccine para sa mga taong nabakunahan tulad mo, kayo po ba ay... (SHOW CARD)?

Moreover, the survey found that four out of five (80%) of the vaccinated adults said they were willing to get a booster dose of the vaccine. Only 7% said they are still unwilling to get the booster, while the remaining 13% are uncertain whether or not to get the additional dose, see Chart 2.

The recent SWS results were promising indicators for the nation since vaccination will provide extra protection for the population from getting severe complications from the emerging COVID-19 variants.

In terms of COVID-19 testing, due to the Omicron surge and recognizing the country's limited resources, the DOH recently revised its testing protocols. According to the updated testing guidelines,² the RT-PCR use is being recommended and prioritized for groups considered at the highest risk of infection, such as healthcare workers (Priority Group A1), and those who are at risk of developing severe diseases, e.g., persons above 60 years old and persons with comorbidities (Priority Groups A2 & A3).

Consistent with the previous guideline, the DOH maintained its initial position that the use of rapid antigen tests will only be recommended for symptomatic individuals and in instances wherein RT-PCR is not available.

However, due to the demand for testing brought by the current surge, the Food and Drug Administration (FDA) recently accepted applications for self-administered rapid antigen test kits to detect the coronavirus disease. So far, two self-administered test kits have been issued with special certification by the FDA.³ The DOH reminded the public that antigen tests are more accurate for patients who experience symptoms and use the test according to its specifications.

THE CONTINUING PANDEMIC RESPONSE AND GOVERNMENT FUNDING

Underscoring the importance of the different health interventions to overcome the continuing crisis, it is also necessary for the public to be informed on the Government's COVID-19 related initiatives and their specific allocations for the current year.

On December 30, 2021, President Rodrigo Duterte signed Republic Act No. 11639, or General Appropriations Act (GAA) for 2022. Based on the GAA, the DOH received the 4th highest appropriations with a total budget of Php 183.37 billion. Focusing on the specific initiatives for combating COVID-19, it was noticed that the total budget for 2022 is higher as compared to the previous year. Among the COVID-19 related initiatives that were noted, but not limited to, in the DOH budget was as follows:

1. COVID-19 Laboratory Network Commodities (Php 7,921,904,000)

- The amount intended under the COVID-19 Laboratory Network commodities will be used to purchase FDA authorized test kits, including compatible consumables and reagents, distributed to COVID-19 testing laboratories, Centers for Health Development (CHDs), and other disease reporting units. The said commodities should be compliant with the technical and other specifications of the DOH Health Technology Assessment Council.
- Specifically, the allocation in this budget line item will cover the following:
 - i. Sub-allotment to CHDs for their roles in COVID-19 testing, which primarily involves (a) transportation of specimens, (b) capacity building activities (i.e., training of swabbers), (c) setting up of swab booths and other operations involving swab specimen collection, (d) antigen rapid diagnostic testing implementation, (e) quality assurance program, (f) monitoring

activities, and (g) printing of laboratory forms.

ii. Sub-allotment to various government laboratories for the (a) procurement of other supplies and consumables, (b) recalibration of equipment, (c) facility maintenance, (d) quality assurance program, (e) capacity building, (f) for payment of the laboratory human resources for health and (g) other COVID-19 testing related activities.

iii. Payment for the third-party logistics provider will be responsible for the warehousing and delivery of all temperature-sensitive materials from a temperature-controlled outsourced warehouse to all consignees.

iv. Assistance to the University of the Philippines National Institutes of Health (UP-NIH) and UP Philippine Genome Center in providing hands-on training and biosafety training to new applicants for licensing of COVID-19 testing laboratories.

v. Payment to technical and administrative personnel supporting the operation of the COVID-19 laboratory network.

2. Compensation and Other Benefits for COVID-19 Workers in Health Facilities (Php 9,000,000,000)

The amount intended under the line item of 'Compensation and Other Benefits for COVID-19 Workers in Health Facilities' was divided into two, namely:

1. Payment of COVID-19 Benefits (Php 7,919,160,000)
 - The amount is intended for all public and private health care workers and non-healthcare workers regardless of employment status. It is involved in COVID-19 response in all health facilities, including military hospitals, Government-Owned and Controlled Corporations, state university hospitals, and private licensed health facilities.

- The amount of COVID-19 benefits shall vary according to risk exposure of the health care worker and non-healthcare worker in particular settings: (1) Php 3,000 for low risk, (2) Php 6,000 for medium risk, and (3) Php 9,000 for high risk.

- The benefits shall be fully granted if a health care worker or a non-healthcare worker physically renders services for at least 96 hours in a month; otherwise, the benefit shall be pro-rated.

2. Payment of COVID-19 Claims (Php 1,080,840,000)

- The amount intended for the payment of claims submitted by all eligible public and private health care workers and non-healthcare workers in health facilities, regardless of employment status provided they are involved in COVID-19 response, who contracted COVID-19 infection and died while fighting the COVID-19 pandemic while in line of duty during the state of calamity as pronounced by the President. They shall be provided with the following compensations:
 - i. Php 15,000 for mild or moderate case
 - ii. Php 100,000 for severe or critical case
 - iii. Php 1,000,000 for COVID-19 death case

3. Procurement of COVID-19 Vaccine Booster Shots (Php 2,792,970,000)

- The procurement of the COVID-19 booster shots was indicated as part of the 'projects' under the Family-Health Sub-Program.
- Separate from the allocated budget of the DOH, the Department of Finance has announced that concessional loans worth US\$ 800 million (about Php 41 billion) are expected from multilateral lenders to cover the procurement of additional booster shots for this year. Specifically, the country borrowed

from the World Bank (US\$ 300 million), Asian Development Bank (US\$ 250 million), and Asian Infrastructure Investment Bank (US\$ 250 million).

4. COVID-19 Human Resources for Health Emergency Hiring (Php 4,332,525,000)

- It aims to augment health facilities with health personnel (e.g., doctors, nurses, midwives, pharmacists, medical technologies, nutritionist-dietitians, etc.) dedicated to the COVID-19 response.

5. Philippines COVID-19 Emergency Response Project (PCERP) 2 – World Bank Loan No. 9220-PH (Php1,026,739,000)

- Last April 22, 2020, an initial World Bank loan was approved with an amount of US\$ 100 Million (Loan no. 9105-PH). Additional financing was sought by the country to enable affordable and equitable access to COVID-19 vaccines and help ensure effective vaccine deployment in the country through an enhanced vaccination system, and further strengthen preparedness and response activities. Hence, on March 19, 2021, the amount was increased by US\$ 500 Million to cover the procurement of vaccines against COVID-19 and to support the DOH National Deployment and Vaccination Plan (NDVP) (Loan no. 9220-PH). The new total of the Project financing is US\$ 600 Million with a closing date of December 29, 2023.⁴

- The project's expected beneficiaries are the general population, including infected people, at-risk populations, particularly the elderly and people with chronic conditions, medical and emergency personnel, medical and testing

facilities, and public health agencies engaged in the response.

6. Health System Enhancement to Address and Limit (HEAL) COVID-19 (Php 64,757,000)

- Dated September 8, 2020, HEAL is an assistance, worth US\$ 125 million, supported by the Asian Development Bank to the DOH to scale up the public health capacity to manage the pandemic. The goal is to provide medical equipment and supplies and upgrade laboratories and isolation facilities at the seventeen (17) DOH hospitals throughout the country to strengthen the COVID-19-related testing, surveillance, infection prevention and control, and treatment. The loan closing date is December 31, 2023.⁵

In addition to the above allocations specific to the COVID-19 initiatives of the DOH, an amount of Php 32,581,894,000 was also appropriated for the procurement of drugs, medicines, and vaccines, which can include FDA approved drugs and medicines for the treatment of COVID-19.

Moreover, there were other COVID-19 initiatives that are incorporated into other budget line items of the DOH, some of which were included under the universal healthcare (UHC) initiatives (e.g., hiring of COVID-dedicated personnel in the Disease Prevention and Control Bureau; procurement of COVID immunization devices, PPEs, COVID GeneXpert cartridges; and support for the One Hospital Command Center)

Estimating the above funding, around Php 25 billion or 14% of the total Php 183.37 billion budget of the health agency went to the COVID-19 initiatives and corresponding payments to related loans of the DOH. The amount still excludes the budget given to Philippine Health Corporation (PhilHealth) and other specialty hospitals (e.g.,

Philippine Heart Center, Lung Center of the Philippines, National Kidney and Transplant Institute, and Philippine Children's Medical Center) for the pandemic response.

GOVERNANCE RISKS

Sadly it is one thing to allocate billions in public funds to COVID-19 response and another to see those programs implemented fully without corruption. According to a U4 Anti-Corruption Resource Centre report, corruption in the time of COVID-19 is a “double-threat” for low-income countries. Based on the report, early in the pandemic, there was already a wave of corruption-related incidents, decreasing transparency and accountability, as well as manipulative political propaganda from all over the world.

For instance, the responses to COVID-19 have seen breaches of anti-corruption standards such as cutting corners in procurement processes or persons in power taking advantage of the crisis to increase their private benefits.

Indeed, the pandemic has exposed various gaps in Philippine governance, including the government's capacity to prevent corruption. Over the past two years, there have been allegations that public funds for the pandemic response were lost to corruption.

For example, in 2020, PhilHealth authorized the release of the Interim Reimbursement Mechanism (IRM), a special prepayment or advance to healthcare institutions directly affected by the pandemic. Eventually, the IRM distribution was suspended after several members of the Senate flagged it due to irregularities. Based on the 2020 Commission on Audit (COA) report, around Php 14.97 billion of the Php 30 billion were already distributed to 711 government and private health institutions when it was suspended. In the same report, the COA

mentioned that the disbursement of the said amount had no legal basis since the “advance payment for services not yet rendered or for supplies and materials not yet delivered under any contract” should have prior approval of the President, according to Section 88(1) of the Government Auditing Code of the Philippines.

In 2021, another corruption allegation came about. This time in the procurement of COVID-19 supplies, berated the DOH and the Department of Budget and Management after the COA flagged questionable expenses and transactions, including the overpriced procurement of face masks and face shields. The Senate Blue Ribbon Committee conducted several hearings to probe the procurements that implicated the Pharmally Pharmaceutical Corporation.

A recently established company, Pharmally, had an initial capital of only Php 625,000 as of 2019 but had cornered a total of Php10 billion worth of pandemic deals between 2020 and 2021. Several individuals, including a former budget undersecretary and a former President's economic adviser, were implicated in these deals. The Committee is set to release its preliminary report on the probe by January 31, 2022.

Global observers have also noted corruption concerns in the country. In the latest Corruption Perception Index (CPI) of Transparency International, the Philippines ranked 117 out of 180 countries, garnering a score of 33, one point lower than the previous year and the country's lowest score since 2012.

MOVING FORWARD

Having dealt with this pandemic for nearly two years now, we've learned the lesson that responding to any emergency or emerging diseases must be done swiftly. The Omicron variant is not the last 'variant of concern' that will emerge, but there is a chance

that this could be the last surge for the Philippines.

Before the end of 2021, everyone thought we had started to flatten the pandemic curve, but it only took a few days after the new year to overturn these expectations. The latest Omicron surge is yet another reminder that we must prioritize investments in our healthcare ecosystems to better respond to a crisis and lessen the burden that all of us experience.

Throughout this pandemic, we've been constantly reminded of the importance of having a prepared and resilient health system. Still, every time there is a threat, we keep moving back to the usual issues of lack of testing, overwhelmed healthcare workers, unavailability of medicines and treatments, and overutilization of the healthcare capacity. All of these should be addressed somehow by the allocated budget intended for the COVID-19 initiatives for the current year.

On the bright side, our vaccination rate for COVID-19 has been continuously improving. The latest SWS survey on Filipinos' willingness to be vaccinated, was a good sign that the Philippines is moving towards achieving herd immunity. And implementing the booster shot for those fully vaccinated will help maintain this protection by increasing an individual's immunity level longer.⁶

Through a whole-of-society approach, everyone should learn how to recognize the early warning signs of an emerging threat to public health and safety. We are all familiar with the importance of keeping the economy open by now. However, it is also necessary to weigh the cost of raising the restrictions and consider how they affect specific sectors. This should be a constant reminder on how to approach future emergencies.

Furthermore, the alleged corruptions in the utilization of COVID-19 funds are a manifestation of institutional weakness in handling funds

and implementing the necessary programs. Historically, emergency funding utilization is prone to misuse and corruption because transparency mechanism are often second thought when faced with a crisis. Sadly, corruption in the health sector will not only undermine public trust but will also victimize the most vulnerable members of society, the poor and sick Filipinos who mostly need health services from the government. Thus, anti-corruption mechanisms should be integrated into the utilization of emergency health funds not to duplicate the previous mistakes that the government encountered.

Given the past two years and the amount of public funds that have been allotted for COVID-19 response, the expectation for this year is that the government must, at least, achieve and maintain the following: 1) well-established testing capacity, including strengthened surveillance and sequencing for emerging variants; 2) developed a national contact tracing system that is coordinated and utilized at the LGU levels; and 3) increased healthcare capacity that can adequately respond, manage and treat patients. Otherwise, we are bound to repeat the tragic cycle of surges and on-and-off restrictions that have lead to the tragic loss of life, economic collapse, and weakened transparency mechanisms.

CONCLUSION

IMPLEMENTING EVIDENCE-BASED RESPONSE

This continuing global crisis demands an evidence-based response from the government. It is worth repeating, scientific evidence and facts must be the basis for any policy or public investments. This in combination with timely and coordinated implementation, can put our country's pandemic response on the right track.

While billions have been allocated for health, public funding has its

bounds, hence the weak points of the public health system should be identified to they may be prioritized and addressed. By strengthening these, we are improving our chance to respond swiftly with precision in times of emergencies.

In addition, in this pandemic, it has been realized that urgent utilization of the health funds is not merely enough due to allegations of corruption. There must be proper governance, transparency, and accountability mechanisms in place and integrated into all COVID-19 public health response planning and design.⁷

PLUGGING COVID CORRUPTION

The government should prioritize measures to increase transparency, such as the digital transformation of the health system. This cannot be done overnight, and it will require massive amounts of investments. But this can be achieved with proper planning and implementation and requires the participation of different agencies and stakeholders.

The role of civil society groups is also critical to combating COVID-related corruption. Civil society groups can act as watchdogs, keep a close eye on government spending, report back on-the-ground implementation, and hold the government accountable for its actions. However, in order to do this, civil society groups must remain vigilant and create broad networks of within civil society to amplify and support anti-corruption and public health advocacies.

Lastly, it is also integral for our leaders, especially those who will take over the next administration, to consider the best available science and mobilize experts' knowledge and skills in partnership with different sectors to have a collaborative response framework. In this way, the available resources can be maximized, efficiently allocated efforts, and governance risks can be plugged.

“ THE GOVERNMENT SHOULD PRIORITIZE MEASURES TO INCREASE TRANSPARENCY, SUCH AS THE DIGITAL TRANSFORMATION OF THE HEALTH SYSTEM, RECOGNIZE THE ROLE OF CIVIL SOCIETY GROUPS AND CONSIDER THE BEST AVAILABLE SCIENCE AND MOBILIZE EXPERTS’ KNOWLEDGE AND SKILLS... ”

ENDNOTES

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³ Chart 1 and Chart 2: sws.org.ph/swsmain/artcldisppage/?artcsyscode=ART-20220120130821 and sws.org.ph/swsmain/artcldisppage/?artcsyscode=ART-20220127125240&mc_cid=833d664c18&mc_eid=c03341fff5



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