

Department of Environmental and Occupational Health,
College of Public Health, University of the Philippines Manila

Development of a National Program for the Elimination of Asbestos- Related Diseases in the Philippines

FINAL REPORT

11/21/2013

Development of a National Program for the Elimination of Asbestos-Related Diseases in the Philippines

The key activities under this project include the i. development of a National Asbestos Profile which will provide baseline information for the country; and ii. review and development of relevant legislations, regulations and guidelines pertaining to asbestos management. These activities were implemented by the University of the Philippines Manila through the College of Public Health-Department of Environmental and Occupational Health from September, 2012 to October 2013. The research team from UPM-CPH-DEOH in collaboration with the Department of Health and World Health Organization-Country Office has also presented:

1. The preliminary findings in the National Asbestos Profile during the Fifth Asian Asbestos Initiative (AAI) Seminar held in Busan, South Korea on November 6-8, 2012;
2. Updates regarding the preparation of the Profile during the 4th International Academic Consortium for Sustainable Cities Symposium held at the National Institute of Physics Auditorium, University of the Philippines Diliman on September 6-7, 2013.
3. The results of the final document were presented in the recently held International Seminar of the AAI in the Philippines on November 14-15, 2013.

Specifically, UPM-CPH in collaboration with DOH has undertaken the following activities:

Activities	Remarks
1. Developed the programme of activities, research protocol, tools, survey forms/questionnaires and other pertinent documents for the conduct of the research study	Submitted as part of the technical proposal and inception report
2. Conducted social preparation activities with the concerned stakeholders and other necessary arrangements prior to the conduct of the research study	Plans for data collection were presented during the meeting of the Inter-agency Committee of Environmental Health on September 06, 2012.
3. Procured the necessary supplies and materials needed	A total of 500 copies of the NAP were printed for distribution to stakeholders and participants of the 6 th AAI Seminar
4. Conducted the actual research study in cooperation with the concerned stakeholders	List of stakeholders and collaborating agencies included in the NAP
5. Provided feedback of the results/findings to the DOH and other pertinent stakeholders	Research findings were presented in meetings at DOH

	on October 18, 2012 and July 12, 2013
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The development of the National Asbestos Profile entailed the collaborative efforts of different agencies of the government and other non-government organizations. This technical working group (TWG) under the Occupational Health and the Toxic Substances and Hazardous Waste Sectors is mainly responsible in formulating mandates relevant to the elimination of asbestos-related diseases in the country based on the findings of the National Asbestos Profile and Review of Relevant Legislations and ii. supervising the development, implementation and evaluation of the national program for the elimination of asbestos-related diseases in the country. Key representatives from non-government organizations as well as experts from academic institutions were involved to ensure that the document is based on the consensus of different sectors of the society. Regular consultative meetings with TWG members were held as part of the development of the NAP prior to its submission to DOH (the minutes of the TWG meetings conducted are attached as Annex A to this report).

Details of each of the project's sub-components are shown below:

I. Development of the National Asbestos Profile for the Philippines

The National Asbestos Profile provides baseline information regarding the magnitude of asbestos-related diseases in the country, the amount of asbestos consumed or used and the population groups at risk for developing debilitating diseases as a result of repeated exposures to asbestos. It will be updated periodically to ensure its comprehensiveness and relevance. The National Profile includes, among others, the policies and regulations for various forms of asbestos; importation, production and consumption of asbestos per year; complete list of industries where exposure to asbestos is present; and occupational health data (i.e. number of workers at high risk for developing asbestos-related diseases, number of workers with asbestos-related diseases) *(adopted from the ILO-WHO Outline for the Development of National Programs for the Elimination of Asbestos Related Diseases)*.

The core group which prepared the Profile consisted of specialists in occupational health, environmental health and pulmonology. The members have i. provided technical inputs; ii. oversee data collection activities; iii. reviewed information gathered from various agencies/organizations and validate data collected; iv. presented the data gathered during consultative meetings with stakeholders; and v. reviewed draft and final copies of the national profile.

Secondary data were gathered from various agencies/organizations including the Occupational Safety and Health Center, Department of Labor and Employment (OSHC-DOLE),

National Statistics Office (NSO), and Department of Trade and Industry (DTI). However, there were constraints in terms of the availability and accessibility of asbestos-related data. For instance, information regarding the burden of disease due to asbestos was unavailable and therefore posed limitations in establishing the magnitude of the problem. This information could have been useful in terms of providing the necessary perspective for policy-makers.

Examples of Data Sources for the National Asbestos Profile

Government Agencies/Organizations	Data Needed
Bureau of Customs (BOC) Enforcement Group	Import of asbestos per year (total and per major uses and forms) Import of asbestos-containing materials
Philippine Cancer Society (National Cancer Registry)	Incidence of mesothelioma
Government Service Insurance System (GSIS)	Total number of government employees eligible for compensation for ARDs, such as asbestosis, lung cancer and mesothelioma (per year) and the number of individuals compensated yearly
Employees' Compensation Commission	Total number of workers eligible for compensation for ARDs, such as asbestosis, lung cancer and mesothelioma (per year) and the number of individuals compensated yearly
Lung Center of the Philippines	Researches and relevant statistics regarding asbestos-related diseases
Social Security System	Total number of workers eligible for compensation for ARDs, such as asbestosis, lung cancer and mesothelioma (per year) and the number of individuals compensated yearly
National Statistics Office	Import and consumption of asbestos per year (total and per major uses and forms) Import of asbestos-containing materials Domestic production of asbestos-containing materials

II. Review and Development of Legislations, Regulations and Guidelines Relevant to the Elimination of Asbestos-Related Diseases in the Country

In addition to a National Asbestos Profile, the TWG in consultation with a policy expert reviewed relevant legislations and regulations such as the National Building Code of the Philippines, Occupational Safety and Health Standards and others.

Consultative Meeting for the Development of a National Program for the Elimination of Asbestos-Related Diseases in the Philippines

September 6, 2012, 9:00am-12:00nn

Room 102, Annex II Building, College of Public Health, University of the Philippines Manila

AGENDA

- I. Presentation of the Proposal for the Development of a National Program for the Elimination of Asbestos- Related Diseases in the Philippines (NPEAD)
- II. Presentation of the Asian Asbestos Initiative (AAI)

Attendees:

1. **Dr. Rodolfo M. Alborno**, Environmental and Occupational Health Office, Department of Health (EOHO-DOH)
2. **Engr. Elmer G. Benedictos**, EOHO – DOH
3. **Ms. Angelita Brabante**, Environmental Management Bureau – Department of Environmental and Natural Resources (EMB-DENR)
4. **Dr. Ma. Sarah A.I. Concepcion**, Employees’ Compensation Commission - Department of Labor and Employment (ECC-DOLE)
5. **Dr. Ma. Teresita S. Cucueco**, Occupational Safety and Health Center (OSHC-DOLE)
6. **Dr. Carmel C. Gacho**, Industrial Technology Development Institute –Department of Science and Technology (ITDI-DOST)
7. **Engr. Nelia Granadillos**, OSHC-DOLE
8. **Dr. Paul Michael R. Hernandez**, Dept. of Environmental and Occupational Health, College of Public Health, University of the Philippines Manila (DEOH, CPH-UPM)
9. **Ms. Andrea Theresa Magante**, EOHO-DOH
10. **Prof. Romeo Quizon**, DEOH, CPH-UPM
11. **Engr. Ana Trinidad Rivera**, National Center for Disease Prevention and Control (NCDPC), EOHO-DOH
12. **Dr. Ma. Imelda S. Santos**, Bureau of Working Conditions (BWC – DOLE)
13. **Dr. Eric A. Tayag**, DOH
14. **Prof. Ken Takahashi**, University of Occupational & Environmental Health, Japan
15. **Mr. Ruperto Tan**, Association of Chrysotile Industries of the Philippines (ACIP)
16. **Mr. Bob Trinidad**, ACIP
17. **Dr. Ma. Beatriz G. Villanueva**, OSHC-DOLE
18. **Mr. Jose Wambangco, Jr.**, ACIP
19. **Ms. Marian Fe Theresa C. Lomboy**, DEOH, CPH-UPM
20. **Ms. Ma. Alea Razelle S. Gaela**, DEOH, DEOH, CPH-UPM
21. **Ms. Rose Abigail D. Enoveso**, DEOH, CPH-UPM

1 **I. Presentation of the Proposal for the Development of a National Program for the**
2 **Elimination of Asbestos- Related Diseases in the Philippines**

- 3 • Prior to the start of the presentation, with a votation preceded by Asec. Tayag of DOH it
4 was agreed that attendees would be permitted to ask questions and give comments as
5 the presentation goes along.
- 6 • Professor Quizon of the Department of Environmental and Occupational Health (DEOH)
7 from the College of Public Health- UP Manila (CPH-UPM) presented the Proposal for the
8 Development of a National Program for the Elimination of Asbestos- Related Diseases in
9 the Philippines. The current global situation; asbestos country profile and existing
10 policies and programs were presented. The research methodology was discussed
11 afterwards.
- 12 • Prof. Quizon informed the attendees that the research team is still awaiting the
13 completion of documents to be able to proceed with the data collection process.
- 14 • Dr. Sarah Concepcion from Employees' Compensation Commission under DOLE (ECC-
15 DOLE) said that as of 2009, there are 87 companies that manufacture chrysotile, instead
16 of 14 which was mentioned in the presentation. However, Mr. Jose Wambangco Jr. of
17 the Association of Chrysotile Industries of the Philippines (ACIP) confirmed that the
18 information regarding the companies is correct. There are indeed 14 companies
19 registered as manufacturers and the 87 companies mentioned by Dr. Concepcion are
20 importers. Prof. Quizon acknowledged this data and restated that current data
21 mentioned on the powerpoint presentation were collected solely from official agency
22 websites and other internet sources, thus data might possibly be a bit outdated and
23 insufficient. Also, he assured that for future discussions, manufacturers and importers
24 would be distinguished.
- 25 • Due to current comments and questions regarding data and statistics gap on the
26 powerpoint presentation and current information that the agencies are aware of, Asec.
27 Tayag of DOH reiterated that the presentation is not about banning asbestos
28 immediately or stating numbers. The consultative meeting's purpose is to view and
29 discuss the proposal, its objectives and the data collection timeframe wherein the
30 attendees would participate in providing needed information.
- 31 • Asec. Tayag also stressed that House Bill Nos. 479 and 896, which both have the
32 title "An Act Banning the Importation, Manufacture, Processing, Use, or
33 Distribution in Commerce of Asbestos and Asbestos-Containing Products", are
34 still not passed into law.
- 35 • Dr. Teresita Cucueco, the Executive Director of the Occupational Safety and Health
36 Center (DOLE) under DOLE said that the Trade Union Congress of the Philippines (TUCP)
37 was set to look into the concern of asbestos with the help of DOH, DOLE and
38 Department of Environmental and Natural Resources (DENR). TUCP's concern is whether
39 policy issuance must be made only for industrial exposure, or even with residential
40 exposure.
- 41 • Only three (3) cases of mesothelioma are recorded in the National Cancer Registry,
42 according to Dr. Cucueco. She advised that for records such as the prevalence of
43 mesothelioma and asbestosis, the Social Security System (SSS) and Government Social
44 Insurance System (GSIS) may be contacted.
- 45 • Mr. Wambangco of ACIP confirmed that there is a domestic source of non-commercially
46 viable chrysotile asbestos concentrated in Zambales area.
- 47 • Professor Quizon's presentation has its last few slide presenting tables with the needed
48 data and corresponding agencies that could possibly provide the needed information.
49 Asec. Tayag then called the attention of the attendees by asking if they can provide such
50 data and opened the table for comments and suggestions regarding which other

51 agencies (aside from those listed for specific needed files) could provide additional
52 records and other secondary data.

- 53 • Dr. Concepcion said that they can provide data regarding workers' compensation claims
54 for asbestos-related diseases (ARDs) but only for those who appealed to their office. SSS
55 has a more updated and complete list of compensation given to workers since most
56 cases are approved by the SSS but were not appealed to them. ECC is currently
57 contacting SSS for a series of meetings regarding the validation of their list.
- 58 • Engr. Nelia Granadillos, Chief of the Environmental Control Division (ECD) under OSHC-
59 DOLE inquired whether the regulation of residential areas exposure to asbestos needs to
60 be prioritized. Professor Ken Takahashi of the University of Occupational and
61 Environmental Health answered that residential area exposure is only secondary to
62 industrial and occupational exposure.
- 63 • Dr. Cucueco said that in addition to the current policies for asbestos, the OSHC
64 prescribes TLVs for occupational and industrial asbestos exposure. Thus, the
65 Occupational Safety and Health Standards should also be included in the list of current
66 policies to control workers' exposure to asbestos.
- 67 • Prof. Quizon briefly discussed the other two objectives of the National Program for the
68 Elimination of Asbestos-related Diseases (NPEAD): (1) Development of an Institutional
69 Framework for the National Program on the Elimination of
70 Asbestos-Related Diseases in the Philippines and (2) Review and Development of
71 Legislations, Regulations, and Guidelines Relevant to the Elimination of Asbestos-Related
72 Diseases in the Country. In answer to Asec. Tayag's inquiry as to what DEOH-UPM's role
73 would be in this area, Prof. Quizon said that the academic and consultant team would
74 act as facilitators. Upon completion, the National Asbestos Profile would be presented to
75 the IACEH in meeting the other two objectives mentioned above.

76 77 78 79 **II. Presentation of the Asian Asbestos Initiative (AAI)**

- 80 • Professor Ken Takahashi gave a presentation on the Asian Asbestos Initiative (AAI). He
81 presented the international situation on asbestos-related diseases and gave updates
82 regarding the evaluation of asbestos. One of which is that asbestos has been recently
83 found to also cause cancer of the larynx and ovary aside from cancer of the lungs. He
84 also discussed the global situation of mesothelioma of which only one estimate is
85 known. He stressed the need for regional situations of asbestosis and asbestos-related
86 diseases. Furthermore, he said that there are greater concerns for Asia since there is a
87 greater fraction of hidden or unreported cases of mesothelioma.
- 88 • Prof. Takahashi mentioned three preventive technologies such as prevention, early
89 detection and treatment, and promotion of cure and how these three can be used in
90 combinations depending on the country's ARDs situation. He also said that to address
91 the great and increasing concerns for ARDs, international cooperation is required to
92 promote the ban of asbestos worldwide, minimize exposure, and share technologies
93 and expertise on industrial hygiene, diagnosis and reporting of ARDs.
- 94 • Mr. Joey Wambangco of ACIP asked why it is that every time someone speaks regarding
95 asbestos, he/she doesn't point out the type of asbestos being referred to, such as
96 amphibole or serpentine. Prof. Takahashi said that there are debates regarding the
97 carcinogenic potency of the different forms of asbestos, but in terms of causing lung
98 cancer and asbestosis, chrysotile is as potent as the amphiboles. He said that as a
99 conclusion, asbestos and all its forms are carcinogenic, thus substitution has to be done.
- 100 • Mr. Ruperto Tan of ACIP said that given the premise that asbestos is going to be banned,
101 and that silica, a substitute that is as potent in causing lung diseases, what then would

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be used as a substitute. Professor Takahashi mentioned some economically viable substitutes and he also said that there is a well-established list of substitutes for every asbestos product in the market. Mr. Tan then raised another question as to why asbestos is subject for being banned when silica, another potent carcinogen is still being used in industries. Prof. Takahashi reasoned that silica is the second most abundant element in the world, next to oxygen; therefore, banning it would be impossible.

Prepared by:

**Ms. Abigail Enoveso and Ms. Ma. Alea Gaela
Research Assistants**

Attested by:

**Prof. Romeo R. Quizon, MSc. Eng'g
Project Coordinator**

**Consultative Meeting for the Development of a National Program for the Elimination of Asbestos-
Related Diseases in the Philippines
Lung Center of the Philippines, Quezon City
October 4, 2012, 9:00am-12:00nn**

AGENDA

- I. Presentation of the Review of the Proposal
- II. Presentation of the Medical Surveillance Program for Asbestos
- III. Discussion of the National Asbestos Profile Contents

Attendees:

1. **Ms. Angelita Brabante**, Environmental Management Bureau – Department of Environmental and Natural Resources (EMB-DENR)
2. **Dr. Ma. Teresita S. Cucueco**, Occupational Safety and Health Center – Department of Labor and Employment (OSHC-DOLE)
3. **Dr. Dina V. Diaz**, Lung Center of the Philippines – Department of Health (LCP-DOH)
4. **Engr. Nelia Granadillos**, OSHC-DOLE
5. **Prof. Romeo Quizon**, Department of Environmental and Occupational Health, College of Public Health-UP Manila (DEOH, CPH-UPM)
6. **Engr. Ana Trinidad Rivera**, National Center for Disease Prevention and Control, Environmental and Occupational Health Office, NCDPC-EOHO-DOH
7. **Ms. Marian Fe Theresa C. Lomboy**, DEOH, CPH-UPM
8. **Ms. Ma. Alea Razelle S. Gaela**, DEOH, DEOH, CPH-UPM
9. **Ms. Rose Abigail D. Enoveso**, DEOH, CPH-UPM

1 I. Presentation of the Review of the Proposal

2 II. Discussion of the Medical Surveillance Program for Asbestos

3 It was mentioned that medical screening will precede medical surveillance. However, the
4 process of selecting the subjects is unclear. It was unsure whether the current workers or retired
5 workers should be included in the program. Furthermore, it is undecided how long a worker
6 should be exposed to be qualified as a subject for monitoring.

7 There were also major concerns raised regarding medical surveillance. It was not clear
8 whether the surveillance is legally mandated or voluntary. Companies would be compliant if
9 there is a legal mandate. There will be a problem in convincing the companies to participate if
10 there is no law. With respect to the regular medical examinations of workers conducted and
11 submitted by companies, it was said that there is compulsory x-ray monitoring but the reporting
12 is questionable because the only diagnosis that the examiners declare is Tuberculosis.
13 Furthermore, there are issues on whether or not the company or occupational physicians are
14 trained B-readers. It was suggested by the core group that in the next meeting, a representative
15 from the DENR and a legislative body be invited in order to clarify issues about the surveillance
16 being mandated.

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III. Discussion of the National Asbestos Profile Contents

No.	Inquiry	Response
18 19 20 21 22	1) Item 4: Domestic Production of Asbestos <ul style="list-style-type: none">It was said that the asbestos found in Zambales is not commercially viable. Where can supporting data/proof for this be obtained?	A potential source of Asbestos in Zambales was identified but it was found to be not viable due to the QUALITY of asbestos.
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38	2) Item 6: Estimated total number of workers exposed to asbestos in the country <ul style="list-style-type: none">Does the word “workers” refer solely to those who are in direct contact/processing of asbestos? Does it include all the other employees within the premises of the company/building (administrative staff etc)?	The workers that will be included in the profile are only those with direct contact/processing or manufacture of asbestos. <i>How long should the workers be exposed in order to be qualified as a subject in the profile? (Contractual workers vs. regular workers; 3-month exposure vs. 3-year exposure)</i> <ul style="list-style-type: none">Construction workers will be difficult to trace.Workers involved in demolition are not

39 40 41 42 43 44		knowledgeable on the building's original structure. This poses a greater problem. Therefore, it will be more practical to not include them in the surveillance.
45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	<p>3) Item 7:</p> <p>a. Full list of industries where exposure to asbestos is present in the country</p> <ul style="list-style-type: none"> Will these be listed generally (name of company) or according to the type of finished product? <p>b. list of industries with the largest number of workers potentially exposed to asbestos</p> <ul style="list-style-type: none"> What kind of workers? How will "potentially exposed" be defined? Will the name of the companies be disclosed? Or will they be listed according to products only? 	<p>a. The industries will be listed according to the type of finished product.</p> <p>b. Workers will be considered "potentially exposed" if they are involved in the manufacture/have direct contact with asbestos. The name of the companies will not be disclosed; instead they will be listed according to products.</p>
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82	<p>4) Item 8: Industries with high risk of exposure (exceeding exposure limits) and estimated total number of workers at high risk</p> <ul style="list-style-type: none"> This would greatly depend on the Work Environment Monitoring of the OSHC and private firms, but are there updated data? Do all companies have WEM results? What are the alternatives if updated data are not available from OSHC/companies? If the results of exposure assessment is close to the occupational limit recommended by OSHC, will this mean that the workers are not at high risk of exposure to asbestos? Is the occupational exposure limit absolute or is the TWG amenable to setting a range of values as an operational definition for "high risk of exposure"? 	<ul style="list-style-type: none"> Out of all the industries where OSHC conducted WEM, none yet has exceeded exposure limits due to the very high standard (2.0 fibers/cc). Because of this, all companies might pass the WEM. Only those who gave their permission to OSHC for WEM can have results and records. In the report, it can be stated for example that, the WEM result is way below the local standard but it exceeds the international standard (0.1fiber/cc).
83 84 85 86 87 88	<p>5) Item 13: Estimates on the percentage of house stock and vehicle fleet containing asbestos</p> <ul style="list-style-type: none"> How is "house stock" defined? If it is narrowed down to non-residential structures, how will the presence of asbestos 	<ul style="list-style-type: none"> The Association of Chrysotile Industries in the Philippines can provide this data on house stock and

89 90 91 92 93 94 95	<p>be detected in each structure? Is the presence of asbestos in buildings recorded?</p> <ul style="list-style-type: none"> Will all asbestos-containing vehicles be traced? How? How about imported vehicle parts that contain asbestos? Is it acceptable to measure this through estimating the sales of asbestos-containing vehicle/vehicle parts instead? 	<p>vehicle fleet.</p> <ul style="list-style-type: none"> Asbestos-containing vehicles and imported vehicle parts with asbestos can be traced by OSHC or ACIP. Yes, this can be measured by estimating the sales.
96 97 98	<p>6) Item 17: Estimated economic losses due to asbestos-related diseases</p> <ul style="list-style-type: none"> How will this be measured? 	<p>This can be measured through Disability-Adjusted Life Years (DALYs). Registry is needed.</p>
100 101 102	<p>7) From what period of time will data collected be considered relevant to the study?</p>	<p>Data will be collected up to 10 years back.</p>

Prepared by:

Ms. Abigail Enoveso and Ms. Ma. Alea Gaela
Research Assistants

Attested by:

Prof. Romeo R. Quizon, MSc. Eng'g
Project Coordinator

**Consultative Meeting on the National Elimination
of Asbestos-Related Diseases in the Philippines
October 16, 2012
Meeting Room 1, DEOH, College of Public Health, UP Manila**

Agenda: Updates on the National Asbestos Profile Data Collection

Present:

1. **Prof. Romeo R. Quizon**, DEOH-CPH-UP Manila
2. **Engr. Ana Trinidad Rivera**, EOHO-DOH
3. **Prof. Elma B. Torres**, HSEMCI
4. **Ms. Marian Fe Theresa C. Lomboy**, DEOH, CPH-UPM
5. **Ms. Ma. Alea Razelle S. Gaela**, DEOH, DEOH, CPH-UPM
6. **Ms. Rose Abigail D. Enoveso**, DEOH, CPH-UPM

Asbestos Project

- Engr. Ana said that the criteria for compensability of Asbestos-related diseases c/o Dr. Concepcion have been published in the newspaper. The research team can now request for this data from ECC.
- It was also discussed that the permissible exposure limit of asbestos should probably be revised or changed due to the conflict/confusion brought about by the huge difference in the national enforceable limits for asbestos (2.0fibers/cc) and the limits prescribed by WHO (0.1fibers/cc).
- There has been a board resolution in schools regarding Asbestos.
- The core group suggested that the research team communicate with the Builder's association to inquire if they are still allowed to install asbestos. They may also be able to provide other details regarding asbestos in structures. It was also said that substitutes for asbestos such as styrofoam and aluminum are now being used in construction.
- A concern was raised on how to acquire data on asbestos from the informal sector such as car repair shops. It was recommended that the Department of Trade and Industry be contacted to acquire a list of these machine/car repair shops all over the country.
- It was realized that there is limited monitoring on asbestos exposure. The informal sector, specifically the number of its exposed workers is not covered.
- There was a concern raised regarding data on seafarers exposed to asbestos. It is still unclear how estimates can be acquired. Estimates of seafarers assigned to work in engine rooms and boiler rooms should be obtained. However, there is a problem regarding cargo ships whose workers are "all-around."
- "Potentially exposed" workers will include seafarers, workers in car manufacturing industry and car repair shops. Workers may be categorized as directly exposed, indirectly exposed or potentially exposed.

1 **Consultative Meeting for the Development of a National Program for the Elimination of**
2 **Asbestos- Related Diseases in the Philippines**

3 July 12, 2013, 9:00am-12:00nn

4 Conference Room, Environmental and Occupational Health Office, DOH

5 San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila

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7 **Present:**

- 8 1. **Dr. Rodolfo M. Alborno**, Environmental and Occupational Health Office, Department of
9 Health (EOHO-DOH)
- 10 2. **Engr. Elmer Benedictos**, EOHO-DOH
- 11 3. **Dr. Vivien Fe F. Fadrilan-Camacho**, Department of Environmental and Occupational Health,
12 College of Public Health -University of the Philippines Manila (DEOH-CPH,UPM)
- 13 4. **Dr. Ma. Sarah A.I. Concepcion**, Employees' Compensation Commission - Department of
14 Labor and Employment (ECC-DOLE)
- 15 5. **Major Nicomedes P. Enad**, Bureau of Customs (BOC)
- 16 6. **Dr. Nassir Hassan**, World Health Organization
- 17 7. **Ms. Rosalie Panilan**, Occupational Safety and Health Center – Department of Labor and
18 Employment (OSHC-DOLE)
- 19 8. **Ms. Charlene Parafina**, OSHC-DOLE
- 20 9. **Dr. Roderick Poblete**, Department of Epidemiology and Biostatistics, College of Public
21 Health-University of the Philippines Manila
- 22 10. **Prof. Romeo Quizon**, Department of Environmental and Occupational Health, College of
23 Public Health -University of the Philippines Manila (DEOH-CPH,UPM)
- 24 11. **Engr. Rene Timbang**, EOHO-DOH
- 25 12. **Prof. Elma B. Torres**, CPH-UPM, HSEMCI
- 26 13. **Engr. Ana Trinidad F. Rivera**, National Center for Disease Prevention and Control (NCDPC),
27 EOHO-DOH
- 28 14. **Ms. Marian Fe Theresa C. Lomboy**, DEOH, CPH-UPM

29 **Highlights:**

- 30 1. On the export of asbestos-containing materials by Japan and Korea
- 31 a. The Bureau of Customs (BOC) may have registered Japan and Korea as the last
32 exporting countries in their database
- 33 b. There are some registered traders in Japan and Korea that can import ACMs and re-
34 export these materials to another country
- 35 c. Action point: have the data validated by Prof. Ken Takahashi and other countries
36 concerned
- 37 2. Are there plans to revise the current standard for asbestos?
- 38 a. The Department of Labor and Employment has encountered resistance from the
39 employers' side/industries
- 40 b. Proposed standard of 0.1 fiber/cm³ may be too low for them to comply
- 41 c. Employers are amenable to the standard of 1 fiber per cc.

- 42 3. Strengthening medical surveillance in the country
43 a. For early recognition and diagnosis
44 b. There should be a memorandum of understanding to enhance capacity for early
45 recognition and diagnosis of ARDs
46 c. X-ray results can be interpreted abroad
47 4. Way forward
48 a. Gather more comments regarding the NAP from the TWG members
49 b. Incorporate the inputs of TWG members/experts (e.g. put emphasis on the severity
50 of cases and the need to strengthen early and accurate
51 detection/recognition/diagnosis of ARDs
52 c. Present the output in the upcoming Asian Asbestos Initiative Seminar

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55 **Prepared by:**

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58 **Marian Fe Theresa C. Lomboy**

59 **Instructor**

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62 **Attested by:**

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65 **Prof. Romeo R. Quizon, MSc. Eng'g**

66 **Project Coordinator**

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