



PROCEEDINGS 2026-34

Program on Health Systems Development

Empowering Barangay Health Workers Through the UpToDate Club

Sustained Learning and Engagement in Rural Healthcare (2025)

09 January-27 November 2025

*Christine Benosa, Dr. Iris Thiele Isip-Tan, Dr. Leonila Dans,
and Angeline Viel Castillo*



UNIVERSITY OF THE PHILIPPINES
CENTER FOR
INTEGRATIVE AND
DEVELOPMENT
STUDIES

**ISSN 2718-9295 (PRINT)
ISSN 2718-9309 (ONLINE)**



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UP CIDS Proceedings is published by the

**University of the Philippines
Center for Integrative and Development Studies**

Lower Ground Floor, Ang Bahay ng Alumni
Magsaysay Avenue, University of the Philippines
Diliman, Quezon City 1101

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**ISSN 2718-9295 (Print)
ISSN 2718-9309 (Online)**

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"Rural health workers apply their training during a National Nutrition Council program in the Philippines."

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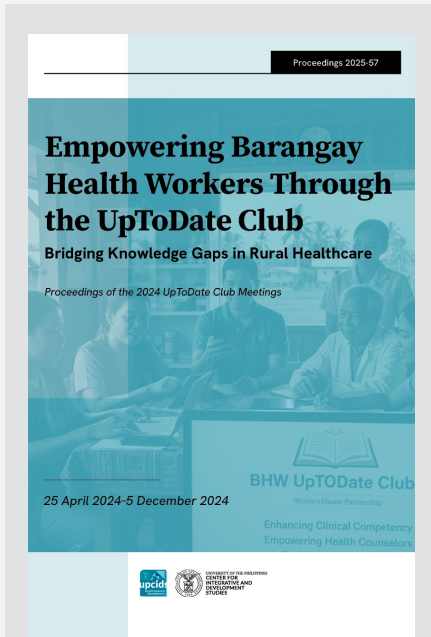
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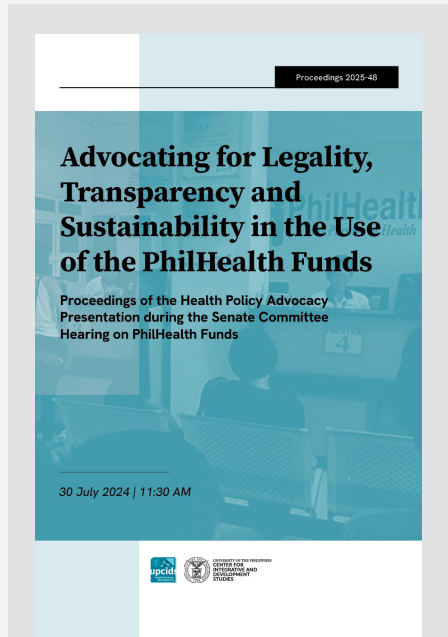
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Empowering Barangay Health Workers Through the UpToDate Club: Bridging Knowledge Gaps in Rural Healthcare



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Advocating for Legality, Transparency and Sustainability in the Use of the PhilHealth Funds

Background and Rationale

Continuation of the Bi-Weekly UpToDate Club: Year Two Implementation of Professional Development for Rural Health Workers

The Barangay Health Workers (BHW) UpToDate Club was initiated in 2024 to address the need for accessible and up-to-date clinical information among rural healthcare providers in the Philippines. Building on the initial implementation, the program was continued in 2025 to sustain learning and engagement among barangay health workers, nurses, midwives, medical technologists, and physicians, who often face persistent challenges in accessing current medical information and formal training opportunities.

The initiative supports continuous professional development (CPD) through regular, structured online club meetings, made possible through a partnership with Wolters Kluwer, which provided free subscriptions to the UpToDate app—an evidence-based clinical decision support tool that rural healthcare workers could integrate into daily practice. The program continues to engage Philippine Primary Care Studies (PPCS) sites, including the University Health Service (UHS) and rural health units (RHUs) in the municipalities of Samal and Bulusan.

The sustained implementation of the UpToDate Club responds to the limitations of traditional Continuing Medical Education (CME) models, typically requiring healthcare workers to travel to the National Capital Region (NCR), resulting in significant disruption to service delivery in rural communities. By offering flexible, accessible online learning, the UpToDate Club enables healthcare workers to strengthen their clinical knowledge and skills while remaining in their local settings. This approach promotes continuity of learning and supports ongoing capacity building among rural healthcare providers.

Objectives of the BHW UpToDate Club

The BHW UpToDate Club continues to pursue three principal objectives:

1. **Enhancing Clinical Competency:** The program aims to provide rural healthcare workers with evidence-based knowledge and practical skills to manage common health conditions within their communities, supporting informed clinical decision-making.

2. Empowering BHWs as Community Health Counselors: As frontline providers and trusted community members, BHWs frequently serve as initial sources of health information. The UpToDate Club strengthens their capacity to communicate accurate and timely guidance, reinforcing their role in patient education and community health promotion.
3. Ensuring Relevance Through Real-World Applications: Learning remains anchored in case-based discussions, with topics selected from actual patient encounters in participating barangays. This ensures that content remains practical, context-specific, and responsive to the realities of rural healthcare delivery.

Structure and Implementation: A Case-Based Learning Model

UpToDate Club Meeting General Program

Time	Activity	Description	Speaker/ Facilitator
4:00–4:05	Introduction	Moderator from CIDS-PHSD introduces participants, speaker, and resource persons	Moderator
4:05–4:15	Case Presentation and Discussion of the Health Condition using UpToDate	Presentation of a patient case with a specific health condition and retrieved information from UpToDate	Speaker (Barangay Health Worker)
4:15–4:20	Discussion by the Resource Person	An expert resource person will share key insights, clarify any misconceptions, and highlight valuable information to for participants	Resource Person (Specialist/ Expert)
4:20–4:30	Open Forum	Participants (BHWs) can ask any question about the case or share from their own experience, resource person invited by CIDS PHSD can answer and clarify these concerns	Participants and Resource Persons
4:30–4:35	Reminders and Closing	Moderator from CIDS-PHSD takes a group photo and closes the session	Moderator

Session Format and Topic Selection

Each UpToDate Club session follows a structured and interactive format to encourage active participation and knowledge sharing while minimizing disruption to routine community health work. Sessions are intentionally kept to approximately 30 minutes, recognizing the time constraints faced by BHWs and other healthcare workers (HCWs). This short, focused format allows participants to join the sessions alongside their regular duties and encourages broader participation across different cadres of healthcare workers.

Conducted bi-weekly on every other Thursday via Zoom, the sessions provide regular, ongoing professional development in an accessible online setting. The use of case-based learning enables participants to engage with practical scenarios that are directly relevant to their daily practice in barangays and other primary care settings.

Topics are selected by volunteer presenters from within the healthcare community, choosing cases that reflect health conditions commonly encountered in their work. Each session begins with a case presentation in which a healthcare worker describes using UpToDate to support clinical decision-making for specific patient cases. This peer-led approach ensures relevance, supports contextualized learning, and promotes shared learning among BHWs, nurses, midwives, and other healthcare workers, fostering an inclusive learning environment.

Interactive Peer Support and Professional Recognition

Following the case presentation, a discussion period allows for a deeper exploration of the medical condition, with information sourced from UpToDate providing a reference framework. The session concludes with an open question-and-answer segment, where participants share experiences, discuss case management approaches, and address clinical uncertainties. This format creates an interactive learning environment, where peer support and shared experiences contribute to a broader understanding of patient care. Site coordinators assist in organizing session logistics and issue certificates of attendance, which serve as documentation of CPD and professional engagement for participants.

Summary of UpToDate Club Meetings Conducted in 2025

From January 9 to November 27, 2025, a total of 15 UpToDate Club meetings were conducted by CIDS-PHSD. The sessions covered a wide range of health conditions commonly encountered by barangay health workers, including infectious diseases, chronic conditions, and lifestyle-related illnesses. Discussions consistently addressed common misconceptions and myths, preventive measures, risk communication, and practical guidance on appropriate actions to take in specific situations encountered in the community.

Each UpToDate Club Meeting has been summarized below:

Meeting 1: Pterygium 9 January 2025 4PM	
List of Resource Persons	Dr. Aldous de Leon Ophthalmologist, University of the Philippines-Philippine General Hospital (UP-PGH)
Name of Lecturer/Presenter	Emelita Datu
Synopsis of presentation	<p>Pterygium is a common, noncancerous growth of tissue on the white part of the eye that can extend onto the cornea, sometimes called “surfer’s eye” because it often affects people who spend a lot of time outdoors. It is mainly caused by long-term exposure to ultraviolet (UV) rays from the sun, as well as irritation from wind, dust, smoke, and dry environments. These factors can lead to chronic eye irritation and thickening of the conjunctiva, resulting in the abnormal growth. Symptoms include redness, burning, dryness, and a gritty or foreign body sensation in the eye. If the growth spreads over the cornea, it may cause blurred vision or a change in the eye’s surface shape.</p> <p>Mild cases of pterygium can be managed with lubricating eye drops and, when needed, anti-inflammatory medications to relieve redness and swelling. An eye care professional can diagnose the condition through a routine eye examination using specialized equipment to view the front of the eye.</p>
Q and A	<p>Does pterygium need surgery?</p> <ul style="list-style-type: none"> ▶ Pterygium does not always necessitate surgery. Mild cases only need eye drops for comfort. However, surgery may be needed if the growth becomes large, affects vision, or causes persistent discomfort.

Q and A	How can I prevent it? <ul style="list-style-type: none"> ▶ Wearing UV-protective sunglasses and hats outdoors and protecting your eyes from dust and wind are ways to prevent pterygium.
Additional commentaries of resource persons	Prevention focuses on reducing UV and environmental exposure by wearing sunglasses with full UV protection and wide-brimmed hats outdoors. Protecting the eyes from dust and wind and using artificial tears to keep them moist can also help lower the risk of developing pterygium.
List of Attendees	January 09, 2025 UTD CLUB_Pterygium (Responses)

Meeting 2: Insomnia 20 February 2025 4PM	
List of Resource Persons	Dr. Antonio L. Dans Internal Medicine, St. Luke's Medical Center – Quezon City
Name of Lecturer/Presenter	Aida Esguerra
Synopsis of presentation	Insomnia is a sleep disorder marked by difficulty falling asleep, staying asleep, or waking too early, often leading to daytime fatigue, poor concentration, and irritability. It can be triggered by stress, anxiety, irregular sleep schedules, excessive screen time, caffeine or alcohol use, certain medical conditions, or an uncomfortable sleep environment. Treatment focuses on improving sleep hygiene and addressing root causes, with Cognitive Behavioral Therapy for Insomnia (CBT-I) being a highly effective non-drug option, while medications may be used short term if needed. Preventive measures include keeping a consistent sleep schedule, limiting stimulants and screens before bed, creating a calm sleep environment, and managing stress through relaxation techniques or regular exercise.
Q and A	How can I sleep better naturally? <ul style="list-style-type: none"> ▶ Keeping a consistent bedtime, avoiding screens and caffeine before bed, and creating a quiet, dark, and cool sleep environment can help make sleep better.
Additional commentaries of resource persons	Insomnia diagnosis typically involves reviewing sleep patterns, habits, and underlying health factors.
List of Attendees	February 20, 2025 UTD CLUB_Insomnia (Responses)

Meeting 3: Acute Tonsillopharyngitis 6 March 2025 4PM	
List of Resource Persons	Dr. Francesca Pantig Pediatric Infectious Disease Specialist and Vaccinologist, University of the Philippines-Philippine General Hospital (UP-PGH)
Name of Lecturer/ Presenter	Jonalyn Trilles and Veronica Felipe
Synopsis of presentation	Acute tonsillopharyngitis is a sudden inflammation of the tonsils and throat, commonly caused by viral or bacterial infections such as <i>Streptococcus</i> . It spreads through respiratory droplets and close contact, especially in crowded settings. Symptoms include sore throat, painful swallowing, fever, swollen tonsils, and sometimes white patches or pus on the tonsils, along with swollen lymph nodes in the neck. Treatment depends on the cause: viral cases are managed with rest, fluids, and pain relievers, while bacterial infections may require antibiotics. Prevention includes good hand hygiene, avoiding close contact with infected individuals, and not sharing utensils or drinks.
Q and A	<p>Can we drink herbal meds?</p> <ul style="list-style-type: none"> ▶ It is suggested to gargle and consume honey, cold water, or ice chips. Food such as ice cream can still be eaten, as long as the patient gargles after consumption. Furthermore, patients must avoid exposure to cigarette smoke. <p>Is an operation needed?</p> <ul style="list-style-type: none"> ▶ An operation is not recommended for acute tonsillopharyngitis. <p>How do I know if I need antibiotics?</p> <ul style="list-style-type: none"> ▶ Antibiotics are only needed for bacterial infections, which a doctor can confirm through examination or testing.
Additional commentaries of resource persons	N/A
List of Attendees	March 06, 2025 UTD CLUB_Acute tonsillopharyngitis (Responses)

Meeting 4: Urticaria 20 March 2025 4PM	
List of Resource Persons	Dr. Isabella Santos Pediatric Allergologist and Immunologist, UP-NIH
Name of Lecturer/Presenter	Renelda Rodrigo
Synopsis of presentation	<p>Urticaria, commonly known as hives, is a skin condition marked by sudden, itchy, raised welts that can appear anywhere on the body and vary in size and shape. It is often triggered by allergic reactions to food, medications, insect stings, or environmental factors. It can also result from infections, stress, or physical stimuli like heat or pressure.</p> <p>Symptoms typically include red or skin-colored welts that may move around the body and fade within hours, though new ones can continue to appear. Treatment focuses on relieving symptoms with antihistamines, avoiding known triggers, and in more severe cases, using corticosteroids or other medications under medical supervision. Prevention involves identifying and avoiding triggers, managing stress, and seeking medical care if hives are persistent, recurrent, or accompanied by swelling of the lips, tongue, or throat.</p>
Q and A	<p>Is it possible to build immunity against allergies?</p> <ul style="list-style-type: none"> ▶ While it is possible, it is not recommended to push or force a patient to build immunity against allergies. <p>Are hives dangerous?</p> <ul style="list-style-type: none"> ▶ Most cases of hives are mild, but swelling of the lips, tongue, or throat needs emergency care. <p>How are hives treated?</p> <ul style="list-style-type: none"> ▶ Antihistamines are the main treatment, along with avoiding known triggers.
Additional commentaries of resource persons	N/A
List of Attendees	March 20, 2025 UTD CLUB_Urticaria (Responses)

Meeting 5: Stye 3 April 2025 4PM	
List of Resource Persons	Dr. Aldous de Leon Ophthalmologist, University of the Philippines-Philippine General Hospital (UP-PGH)
Name of Lecturer/Presenter	Crisella Pablo
Synopsis of presentation	<p>A stye (<i>hordeolum</i>) is a common, painful lump that forms along the edge of the eyelid due to a bacterial infection of an oil gland or eyelash follicle. It often appears as a red and swollen bump that may resemble a small pimple that can cause tenderness, tearing, eyelid swelling, and sensitivity to light. Styes are usually caused by <i>Staphylococcus</i> bacteria and are more likely to occur when there is poor eyelid hygiene, frequent eye rubbing, or use of old or contaminated eye makeup.</p> <p>Most styes heal on their own within one to two weeks. Treatment focuses on applying warm compresses several times a day to help the stye drain naturally, along with keeping the eyelid clean and avoiding squeezing the bump.</p>
Q and A	<p>Should I pop a stye?</p> <p>► Styes should not be popped. Squeezing can worsen the infection. Warm compresses help it drain naturally.</p>
Additional commentaries of resource persons	In some cases, a doctor may prescribe antibiotic ointment if the infection spreads or does not improve. Prevention includes good hand hygiene, proper removal of eye makeup, replacing old cosmetics regularly, and avoiding touching or rubbing the eyes unnecessarily.
List of Attendees	April 03, 2025 UTD CLUB_Stye (Responses)

Meeting 6: Chronic Obstructive Pulmonary Disease (COPD) 8 May 2025 4PM	
List of Resource Persons	Dr. Norberto A. Francisco, MD Pulmonary Specialist, Lung Center of the Philippines
Name of Lecturer/Presenter	Renelda Rodrigo
Synopsis of presentation	Chronic Obstructive Pulmonary Disease (COPD) is a long-term lung condition that makes it difficult to breathe due to airflow blockage and damage to the airways and air sacs.

	<p>It is commonly caused by long-term exposure to irritants, especially cigarette smoke, but can also result from air pollution, chemical fumes, dust, or genetic factors. Common symptoms include chronic cough, frequent mucus production, shortness of breath, especially during physical activity, and wheezing or chest tightness. COPD is progressive, meaning symptoms usually worsen over time, and flare-ups can lead to serious complications. Medications such as bronchodilators and inhaled steroids help open the airways and reduce inflammation, while pulmonary rehabilitation and breathing exercises improve lung function.</p>
Q and A	<p>Can COPD be cured?</p> <ul style="list-style-type: none"> ▶ Currently, there is no cure for COPD. However, treatment can control symptoms and slow progression. <p>How can I avoid COPD?</p> <ul style="list-style-type: none"> ▶ Prevention focuses on avoiding smoking, reducing exposure to lung irritants, staying up to date with vaccinations, and seeking early medical care for persistent respiratory symptoms.
Additional commentaries of resource persons	<p>While there is no cure for COPD, treatment can help manage symptoms and improve quality of life. In advanced cases, oxygen therapy may be needed.</p>
List of Attendees	<p>May 08, 2025 UTD CLUB_COPD (Responses)</p>

<p>Meeting 7: Pneumonia 5 June 2025 4PM</p>	
List of Resource Persons	<p>Dr. Antonio L. Dans Internal Medicine, St. Luke's Medical Center – Quezon City</p> <p>Dr. Leonila F. Dans Pediatric Rheumatologist, St. Luke's Medical Center – Quezon City</p>
Name of Lecturer/Presenter	<p>Nelia Timbang</p>
Synopsis of presentation	<p>Pneumonia is an infection that inflames the air sacs in one or both lungs, which may fill with fluid or pus, making breathing difficult. It can be caused by bacteria, viruses, or fungi, and spreads through respiratory droplets or from infections that start elsewhere in the body. Symptoms include cough (with or without phlegm), fever, chills, chest pain when breathing, and shortness of breath. Older adults, young children, and people with weak immune systems are at higher risk of severe illness.</p>

	Bacterial pneumonia is treated with antibiotics, while viral pneumonia is usually managed with rest, fluids, and supportive care. Severe cases may require hospitalization and oxygen therapy. Prevention includes vaccination with pneumococcal and flu vaccines.
Q and A	<p>Is pneumonia contagious?</p> <ul style="list-style-type: none"> ▶ Some types, especially viral and bacterial pneumonia, can spread through respiratory droplets. <p>How can I reduce my risk?</p> <ul style="list-style-type: none"> ▶ Getting vaccinated, washing hands often, and avoiding smoking reduce pneumonia risk.
Additional commentaries of resource persons	Pneumonia can also be prevented with good hand hygiene, avoiding smoking, and seeking early care for persistent respiratory symptoms.
List of Attendees	June 05, 2025 UTD CLUB_Pneumonia (Responses)

<p>Meeting 8: Updates on Adult Vaccination</p> <p>26 June 2025 4PM</p>	
List of Resource Persons	<p>Dr. Antonio L. Dans Internal Medicine, St. Luke’s Medical Center – Quezon City</p> <p>Dr. Leonila F. Dans Pediatric Rheumatologist, St. Luke’s Medical Center – Quezon City</p>
Name of Lecturer/Presenter	Dr. Antonio L. Dans
Synopsis of presentation	<p>The field coordinators were asked regarding the status and availability of vaccines in their barangays. Adult vaccination helps protect against serious infectious diseases that can lead to complications, hospitalization, or death. As immunity from childhood vaccines can decrease over time, adults may need booster shots or new vaccines based on age, health conditions, occupation, or travel. Common recommended vaccines for adults include influenza, COVID-19, pneumococcal, tetanus-diphtheria-pertussis (Tdap), shingles, and hepatitis vaccines.</p> <p>The participants were also asked for feedback regarding the previous UpToDate club sessions. Barangay health workers and midwives deemed the sessions “important” and “very helpful.”</p>
Q and A	<p>Which vaccines are commonly needed?</p> <ul style="list-style-type: none"> ▶ Some vaccines cited were for influenza, COVID-19, pneumococcal, tetanus boosters, shingles, and hepatitis.

Q and A	<p>How do I know which vaccines I need?</p> <ul style="list-style-type: none"> ▶ A healthcare provider can recommend vaccines based on age, health status, and lifestyle. PHEX also provides guidance and recommendation based on age, height, weight, body mass index (BMI), smoking history, sexual activity, and pregnancy.
Additional commentaries of resource persons	N/A
List of Attendees	June 26, 2025 UTD CLUB Adult Vaccination (Responses)

<p>Meeting 9: Leptospirosis (Adult) 31 June 2025 4PM</p>	
List of Resource Persons	Dr. Rose Zamora Infectious Disease Specialist
Name of Lecturer/Presenter	Renelda Rodrigo
Synopsis of presentation	<p>Leptospirosis is a bacterial infection spread through water, soil, or food contaminated with the urine of infected animals, especially rats. People can be infected through cuts in the skin or through the eyes, nose, or mouth, particularly during floods or when wading in contaminated water. Symptoms can range from mild fever, headache, muscle pain, and red eyes to severe complications such as jaundice, kidney damage, meningitis, or bleeding in the lungs.</p> <p>Early treatment with antibiotics is important to prevent serious illness. Severe cases may require hospitalization and supportive care. Prevention includes avoiding contact with floodwater when possible, wearing protective boots and gloves, controlling rodent populations, and practicing good hygiene after exposure to potentially contaminated environments.</p>
Q and A	<p>What are early symptoms?</p> <ul style="list-style-type: none"> ▶ Early symptoms of leptospirosis may include fever, headache, muscle pain, and red eyes. <p>Can leptospirosis be prevented after exposure?</p> <ul style="list-style-type: none"> ▶ In high-risk exposures, a doctor may prescribe preventive antibiotics, but this should only be taken under medical advice.

	<p>When should someone seek urgent medical care?</p> <ul style="list-style-type: none"> ▶ Seek help immediately if there is yellowing of the skin or eyes, decreased urination, difficulty breathing, chest pain, or persistent high fever. <p>Can leptospirosis be prevented after exposure?</p> <ul style="list-style-type: none"> ▶ In high-risk exposures, a doctor may prescribe preventive antibiotics, but this should only be taken under medical advice. <p>When should someone seek urgent medical care?</p> <ul style="list-style-type: none"> ▶ Seek help immediately if there is yellowing of the skin or eyes, decreased urination, difficulty breathing, chest pain, or persistent high fever. <p>Is leptospirosis contagious from person to person?</p> <ul style="list-style-type: none"> ▶ Person-to-person spread is very rare. Most infections come from contact with contaminated water, soil, or animal urine. <p>Who is at higher risk of getting leptospirosis?</p> <ul style="list-style-type: none"> ▶ People who waded in floodwater, sanitation workers, farmers, sewer workers, and those exposed to rodents are at higher risk of being exposed to leptospirosis.
<p>Additional commentaries of resource persons</p>	<p>Wear waterproof gear if contact is unavoidable, cover all cuts/scratches with waterproof bandages, practice good hygiene after contact with contaminated water. Ask your doctor or BHW about preventive medication (doxycycline) if you are at high risk for short-term, high-exposure situations like post-flood cleanup.</p>
<p>List of Attendees</p>	<p>July 31, 2025 UTD CLUB Leptospirosis (Responses)</p>

<p>Meeting 10: Hand, Foot, and Mouth Disease (HFMD) 14 August 2025 4PM</p>	
<p>List of Resource Persons</p>	<p>Dr. Leonila Dans Pediatric Rheumatologist, St. Luke’s Medical Center – Quezon City</p>
<p>Name of Lecturer/Presenter</p>	<p>Jeanette Menes</p>
<p>Synopsis of presentation</p>	<p>Hand, foot, and mouth disease (HFMD) is a common viral illness mostly affecting young children, but can also occur in adults. It is caused by enteroviruses and spreads through close contact, respiratory droplets, and contaminated surfaces. Symptoms include fever, sore throat, painful mouth sores, and</p>

	a rash or blisters on the hands, feet, and sometimes the buttocks. HFMD is usually mild and resolves on its own within 7–10 days.
	Treatment focuses on relieving symptoms with fluids, rest, and pain relievers. Prevention includes frequent handwashing, disinfecting surfaces, avoiding close contact with infected individuals, and keeping sick children home until symptoms improve.
Q and A	<p>How long is a person with HFMD contagious?</p> <ul style="list-style-type: none"> ▶ They are most contagious during the first week of illness, but the virus can still spread through stool for several weeks. <p>Can adults get HFMD?</p> <ul style="list-style-type: none"> ▶ Yes, although it is more common in children, adults can get infected and may also spread the virus.
Additional commentaries of resource persons	The virus is most contagious during the first week of illness, but it can still be spread for weeks after symptoms disappear. Adults can also catch it, so hygiene measures should be followed by everyone in the household.
List of Attendees	August 14, 2025 UTD CLUB HFMD (Responses)

Meeting 11: Peptic Ulcer 11 September 2025 4PM	
List of Resource Persons	Dr. Eric Yasay Adult Gastroenterologist, University of the Philippines-Philippine General Hospital (UP-PGH)
Name of Lecturer/Presenter	Marilyn Gubat
Synopsis of presentation	Peptic ulcer disease involves open sores that develop on the lining of the stomach or the upper part of the small intestine. It is commonly caused by infection with <i>Helicobacter pylori</i> bacteria or long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. Symptoms include burning stomach pain, bloating, nausea, and in severe cases, vomiting blood or passing black stools. Treatment includes medications to reduce stomach acid and antibiotics to treat <i>H. pylori</i> infection if present. Avoiding NSAIDs, smoking, and excessive alcohol helps promote healing and prevent recurrence.
Q and A	<p>Can stress cause ulcers?</p> <ul style="list-style-type: none"> ▶ Stress alone does not usually cause ulcers, but can worsen its symptoms and slow healing.

	<p>Does spicy food cause ulcers?</p> <ul style="list-style-type: none"> ▶ Spicy food do not cause ulcers, but they may irritate the stomach lining and increase discomfort. <p>What are danger signs of a bleeding ulcer?</p> <ul style="list-style-type: none"> ▶ Vomiting blood, black tarry stools, sudden severe abdominal pain, or dizziness require urgent medical attention.
Additional commentaries of resource persons	Seeking medical care is important if there are signs of bleeding or persistent abdominal pain.
List of Attendees	September 11, 2025 UTD CLUB Peptic Ulcer (Responses)

<p>Meeting 12: Dengue 25 September 2025 4PM</p>	
List of Resource Persons	Dr. Francesca Pantig Pediatric Infectious Disease Specialist and Vaccinologist, University of the Philippines-Philippine General Hospital (UP-PGH)
Name of Lecturer/ Presenter	Jeanyffer Ignacio
Synopsis of presentation	Dengue is a mosquito-borne viral infection common in tropical and subtropical regions. It is transmitted by the bite of infected Aedes mosquitoes, which often breed in standing water around homes. Symptoms include sudden high fever, severe headache, joint and muscle pain, pain behind the eyes, rash, and mild bleeding such as nose or gum bleeding. While there is no specific antiviral treatment for dengue, care focuses on rest, hydration, and monitoring for warning signs of severe dengue, such as abdominal pain, persistent vomiting, or bleeding.
Q and A	<p>Can a person get dengue more than once?</p> <ul style="list-style-type: none"> ▶ An individual may contract dengue more than once. There are four types of dengue virus, and infection with one does not fully protect against the others. <p>Why is hydration important in dengue?</p> <ul style="list-style-type: none"> ▶ Dengue can cause fluid loss and changes in blood vessels, which is why drinking fluids helps prevent complications. <p>Should pain relievers be used in dengue?</p> <ul style="list-style-type: none"> ▶ Paracetamol (<i>acetaminophen</i>) is usually recommended for fever, but aspirin and ibuprofen should be avoided because they can increase bleeding risk.

Additional commentaries of resource persons	Symptoms typically start 4–10 days after a bite, including high fever, severe headache, pain behind the eyes, joint/muscle aches, vomiting, and rash. Prevention relies on mosquito control measures, using insect repellent, wearing protective clothing, and eliminating standing water where mosquitoes breed. Additionally, CCTVR (or CCRTV), a "five-in-one" clinical monitoring tool used by healthcare providers to assess dengue patients for signs of plasma leakage and early, compensated shock, determining the need for hospitalization. It evaluates skin Color, Capillary refill time, Temperature of extremities, Pulse Volume, and Pulse Rate
List of Attendees	September 25, 2025 UTD CLUB Dengue Fever (Responses)

Meeting 13: Flu 23 October 2025 4PM	
List of Resource Persons	Dr. Jing Velasco-Aro Pediatric Infectious Disease Specialist, University of the Philippines-Philippine General Hospital (UP-PGH)
Name of Lecturer/ Presenter	Renelda Rodrigo
Synopsis of presentation	Influenza, or more commonly known as the flu, is a contagious viral infection that affects the respiratory system, including the nose, throat, and lungs. It spreads easily through droplets when infected people cough, sneeze, or talk. Symptoms often appear suddenly and include fever, cough, sore throat, body aches, fatigue, and sometimes vomiting or diarrhea, especially in children. Most people recover with rest, fluids, and symptom relief, but high-risk individuals may need antiviral medications. Annual flu vaccination is the best way to reduce the risk of infection and severe complications. Good respiratory hygiene, handwashing, and staying home when sick also help prevent spread.
Q and A	When are antivirals needed for flu? ▶ Antivirals are most helpful when started early, especially for high-risk individuals such as older adults, pregnant women, or those with chronic diseases. Can I get the flu even after vaccination? ▶ Individuals can still get the flu, but the vaccine reduces the severity of illness and lowers the risk of complications and hospitalization.

Additional commentaries of resource persons	Flu symptoms are generally much more severe than a common cold. The Centers for Disease Control (CDC) recommends everyone six months and older to receive a yearly flu vaccine. It takes about two weeks for the vaccine to provide full protection.
List of Attendees	October 23, 2025 UTD CLUB Flu (Responses)

<p>Meeting 14: Sinusitis 13 November 2025 4PM</p>	
List of Resource Persons	Dr. Ray U. Casile Otolaryngologist, St. Luke's Medical Center - Global City
Name of Lecturer/Presenter	Cherry Esconde
Synopsis of presentation	<p>Sinusitis is the inflammation of the sinuses, often due to infection, allergies, or colds that block normal sinus drainage. It can be acute (short-term) or chronic (lasting more than 12 weeks). Symptoms include facial pain or pressure, nasal congestion, thick nasal discharge, headache, and reduced sense of smell.</p> <p>Treatment depends on the cause and may include decongestants, saline nasal sprays, pain relievers, or antibiotics if a bacterial infection is suspected. Staying hydrated, using humidified air, and managing allergies can help relieve symptoms. Preventive measures include good hand hygiene and early treatment of colds or allergies.</p>
Q and A	<p>What is the best home remedy for sinusitis?</p> <ul style="list-style-type: none"> ▶ Try nasal irrigation by rinsing nasal passages with a saline solution using a neti pot or squeeze bottle to clear mucus and allergens. Remember to always use distilled, sterile, or previously boiled water. Another home remedy is steam inhalation done by breathing in steam from a bowl of hot water or taking a hot shower to moisten sinus cavities and reduce congestion. <p>Is sinusitis always caused by bacteria?</p> <ul style="list-style-type: none"> ▶ Many cases of sinusitis start from viral infections like the common cold and improve without antibiotics. <p>What makes sinusitis chronic?</p> <ul style="list-style-type: none"> ▶ Symptoms lasting more than 12 weeks, often linked to allergies, nasal polyps, or ongoing inflammation, may indicate chronic sinusitis.

Additional commentaries of resource persons	Drink plenty of fluids like water, broth, or tea to help thin mucus. Avoid caffeine and alcohol, which can dehydrate and worsen congestion. Over-the-counter remedies like ibuprofen or paracetamol can be taken to ease symptoms.
List of Attendees	November 13, 2025 UTD CLUB Sinusitis (Responses)

Meeting 15: Leptospirosis (Pediatric) 27 November 2025 4PM	
List of Resource Persons	<p>Dr. Ma. Liza Antoinette Gonzales Pediatric Infectious Disease Specialist, University of the Philippines-Philippine General Hospital (UP-PGH)</p> <p>Dr. Iaena Cueto</p> <p>Dr. Inah Aquino</p> <p>Dr. Leonila Dans Pediatric Rheumatologist, St. Luke's Medical Center – Quezon City</p>
Name of Lecturer/Presenter	Renelda Rodrigo
Synopsis of presentation	Pediatric leptospirosis is a bacterial infection that children can acquire through contact with water or soil contaminated with the urine of infected animals. It is more common after heavy rains or flooding, where children may play in contaminated water. Symptoms can start like the flu, with fever, headache, muscle pain, vomiting, and red eyes, but may progress to more serious complications affecting the liver, kidneys, or brain.
Q and A	<p>How soon do symptoms appear after exposure?</p> <ul style="list-style-type: none"> ▶ Symptoms usually develop 5–14 days after exposure, but they can appear as early as two days or as late as four weeks. <p>Can leptospirosis be mistaken for other illnesses?</p> <ul style="list-style-type: none"> ▶ Leptospirosis can be mistaken for other illnesses, with its early symptoms similar to the flu, dengue, or other viral infections. This highlights the importance of medical evaluation and lab tests. <p>What complications can happen if it is not treated?</p> <ul style="list-style-type: none"> ▶ Severe cases can lead to kidney failure, liver damage (jaundice), meningitis, lung bleeding, or even death.

Additional commentaries of resource persons	Early diagnosis and antibiotic treatment are important to prevent severe disease. Hospital care may be required in moderate to severe cases. Prevention includes keeping children away from floodwaters, ensuring proper wound care, promoting handwashing, and maintaining clean surroundings to reduce exposure to rodents.
List of Attendees	November 27, 2025 UTD CLUB Leptospirosis (Responses)

Emerging Themes from the 2025 UpToDate Club Discussions

The UpToDate Club meetings held in 2025 reflect a maturing engagement of barangay health workers with community health concerns. Beyond understanding specific diseases, the discussions reveal a stronger emphasis on clinical judgment, patient safety, early recognition of danger signs, environmental risk awareness, prevention, and appropriate limits of care. The questions raised highlight how BHWs navigate real-world risks while serving as a critical bridge between households and the formal health system.

1. Recognizing Danger Signs and Acting Early

A dominant theme across the 2025 discussions was the need to clearly identify warning signs that require urgent referral or hospitalization. These discussions reflect BHWs' growing role in early detection and timely referral to prevent severe outcomes.

- a. Dengue: During the September 25, 2025 session, participants were advised to urgently refer patients presenting with “abdominal pain, persistent vomiting, or bleeding,” as these may indicate severe dengue requiring close monitoring.
- b. Leptospirosis (Adult): In the July 31, 2025 session, escalation criteria were emphasized, advising BHWs to “seek help immediately if there is yellowing of the skin or eyes, decreased urination, difficulty breathing, chest pain, or persistent high fever.”
- c. Leptospirosis (Pediatric): The November 27, 2025 session highlighted the consequences of delayed care, noting that untreated cases may lead to “kidney failure, liver damage, meningitis, lung bleeding, or even death.”
- d. Peptic Ulcer: During the September 11, 2025 session, participants were warned that “vomiting blood” and “black tarry stools” are danger signs requiring urgent medical attention.

2. Safety Boundaries and Harm Prevention

Another prominent theme was the emphasis on what should not be done, reflecting increased awareness of risks and patient safety. These exchanges demonstrate clearer boundary-setting to prevent avoidable harm at the community level.

- a. Dengue: Fever management guidance stressed that “Paracetamol is usually recommended, but aspirin and ibuprofen should be avoided because they can increase bleeding risk.”
- b. Stye: During the April 3, 2025 session, participants were cautioned against manual intervention: “No. Squeezing can worsen the infection. Warm compresses help it drain naturally.”
- c. Hives (Urticaria): In the March 20, 2025 session, forced exposure was discouraged, clarifying that “it is not recommended to push or force yourself to build immunity.”
- d. Sinusitis: Antibiotic misuse was addressed on November 13, 2025, with the explanation that “many cases start from viral infections like the common cold and improve without antibiotics.”

3. Environmental and Contextual Risk Awareness

The 2025 discussions frequently linked illness to environmental exposure and living conditions, particularly flooding and sanitation. This theme situates disease prevention within broader environmental and community contexts, reinforcing the barangay health workers’ role during climate-related events and disasters.

- a. Leptospirosis: Participants were reminded that infection occurs through “water, soil, or food contaminated with the urine of infected animals,” especially “during floods or when wading in contaminated water.”
- b. Preventive advice emphasized protective measures such as “wear waterproof gear if contact is unavoidable” and proper wound care after exposure.

4. Prevention, Continuity of Care, and Long-Term Health Protection

A consolidated theme in 2025 was the emphasis on preventing illness while supporting long-term health management across the lifespan. This theme reflects a holistic view of community health that integrates prevention, chronic disease management, and sustained engagement with the health system.

- a. Adult Vaccination: During the June 26, 2025 session, participants were reminded that “immunity from childhood vaccines can decrease

over time,” and that adults may require vaccines such as influenza, COVID-19, pneumococcal, shingles, and hepatitis. It was emphasized that “a healthcare provider can recommend vaccines based on age, health status, and lifestyle.”

- b. COPD: In the May 8, 2025 session, participants were told plainly, “there is no cure, but treatment can control symptoms and slow progression.” The discussion reinforced the importance of monitoring, adherence, and early recognition of exacerbations.

5. Safety in Home Remedies and Non-Pharmacologic Management

While practical advice remained central, the 2025 discussions consistently emphasized conditions for safe home-based care, distinguishing appropriate practices from harmful ones. This theme reflects a more cautious, evidence-informed approach to household health practices.

- a. Sinusitis: Nasal irrigation was advised only if “distilled, sterile, or previously boiled water” is used to avoid serious infection.
- b. Acute Tonsillopharyngitis: Home remedies such as “gargling, honey, cold water, or ice chips” were suggested alongside advice to “avoid smoke from cigarette.”

Shared Experiences of Barangay Health Workers

Reflections on Learning and Practice

1. Perceived Value of the UpToDate Club Sessions

Documented participant feedback during the 2025 UpToDate Club meetings indicates a positive reception of the sessions as learning opportunities for BHWs and midwives. During the June 26, 2025 session on adult vaccination, participants were specifically asked to share their views on the UpToDate Club sessions. In response, BHWs and midwives described the sessions as “important” and “very helpful.” The BHWs also mentioned that the UTD club sessions offered additional knowledge that have increased their confidence in explaining information to patients.

This feedback suggests that participants valued the relevance of the topics discussed and the practical manner in which information was delivered. Across sessions, discussions consistently focused on warning signs, appropriate actions, and preventive measures, indicating that learning was directly applicable to community health work.

2. Convenience and Fit with Community Health Work

Participants also highlighted the convenience of the UpToDate Club sessions. The short duration and online format enabled them to receive timely guidance without disrupting their routine responsibilities in the barangay. This structure allowed BHWs and midwives to participate alongside their ongoing community duties, supporting continuous learning within the constraints of everyday community health practice.

Lessons and Recommendations for Future Implementation (2025)

1. Key Insights and Program Learnings

The 2025 UpToDate Club meetings highlight the value of accessible, practice-oriented learning in supporting the work of barangay health workers (BHWs) and midwives. The nature of the discussions demonstrates that participants consistently engaged with topics through the lens of real-world community practice, raising questions related to danger signs, appropriate actions, prevention, and limits of care. This indicates that the sessions functioned not only as knowledge-sharing activities, but also as spaces for strengthening clinical judgment and decision-making relevant to frontline community health work.

The question-and-answer exchanges across sessions reflect the multiple roles of BHWs as health educators, risk communicators, and links to the formal health system. Discussions on infectious diseases, chronic conditions, and preventive care emphasized early recognition, patient safety, and timely referral, reinforcing competencies essential for community-based health service delivery. The interactive format allowed participants to clarify misconceptions, understand risks, and translate evidence-based guidance into messages appropriate for households and barangays. Feedback from BHWs suggested that the content and delivery met their learning needs.

The focus on concise and targeted discussions appears to support learning that is directly applicable without overburdening participants' existing responsibilities.

2. Recommendations for Program Improvement and Continuation

Based on observations from the 2025 discussions and documented feedback, several recommendations may support the continued strengthening of the UpToDate Club:

- a. Sustain the short, focused online format, allowing BHWs and midwives to access guidance without disrupting routine community health work.
- b. Continue prioritizing practice-oriented topics, particularly those related to danger signs, prevention, and referral thresholds, which align closely with the day-to-day responsibilities of community health workers.
- c. Strengthen systematic documentation of participant feedback, including brief reflection prompts, to better capture learning experiences and inform continuous program improvement.
- d. Explore opportunities to expand participation, including reaching additional barangays and health workers, while maintaining the interactive nature of the sessions.

These steps can help ensure that the program remains responsive to the evolving needs of community health workers while preserving its practical and accessible approach.

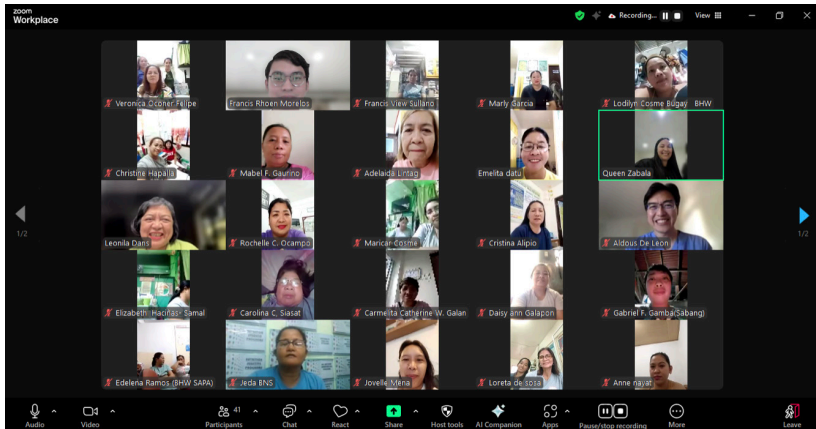
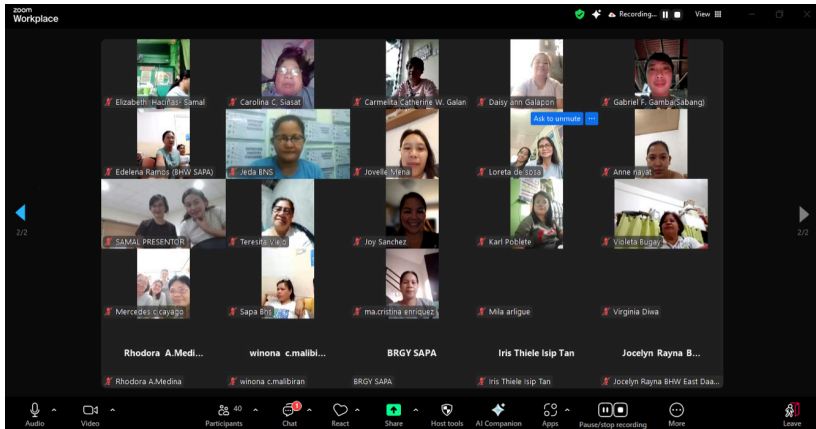
3. Moving Forward

The 2025 UpToDate Club demonstrates a structured yet flexible model of professional learning for community health workers, centered on relevance, safety, and real-world application. By continuing to refine its focus on practice-based learning and participant engagement, the program can further contribute to strengthening community health practice and supporting informed, patient-centered care at the barangay level.

CIDS-PHSD will continue to analyze the meeting discussions and questions raised during the sessions as part of future scholarly work, aiming to deepen the understanding of training and information needs of community health workers in barangay settings.

Photos

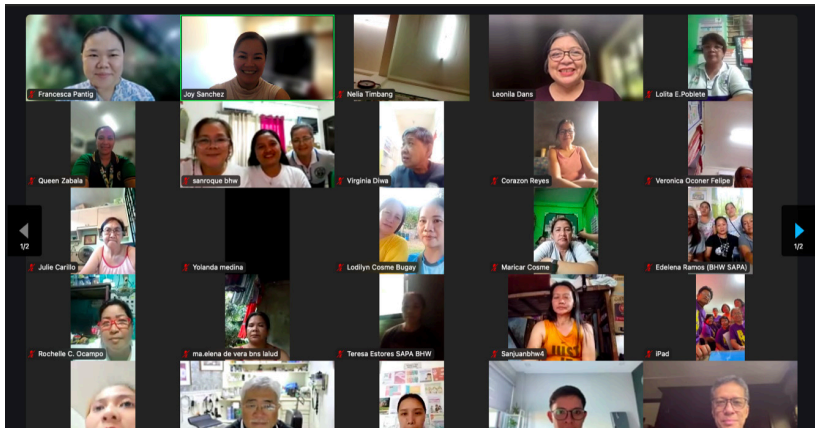
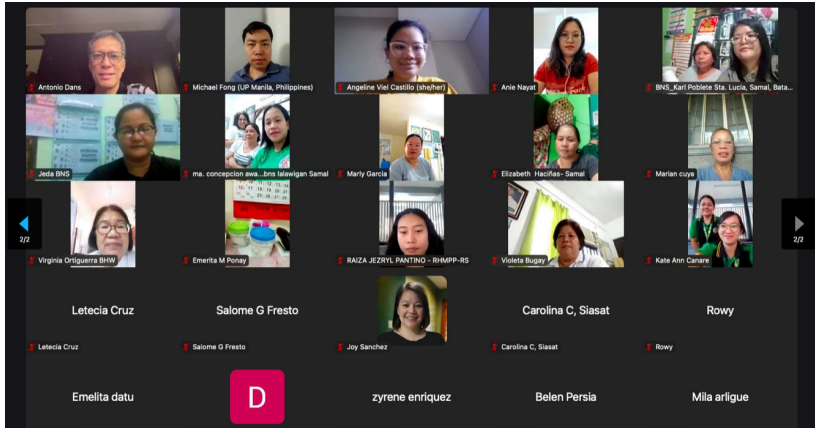
Meeting 1: Pterygium



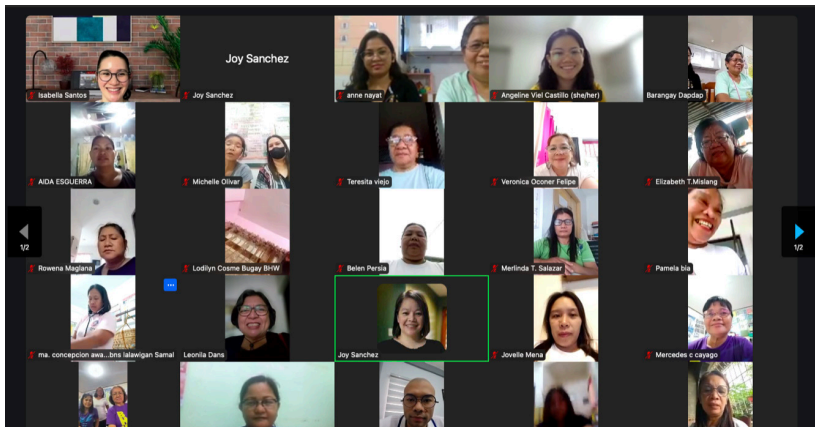
Meeting 2: Insomnia

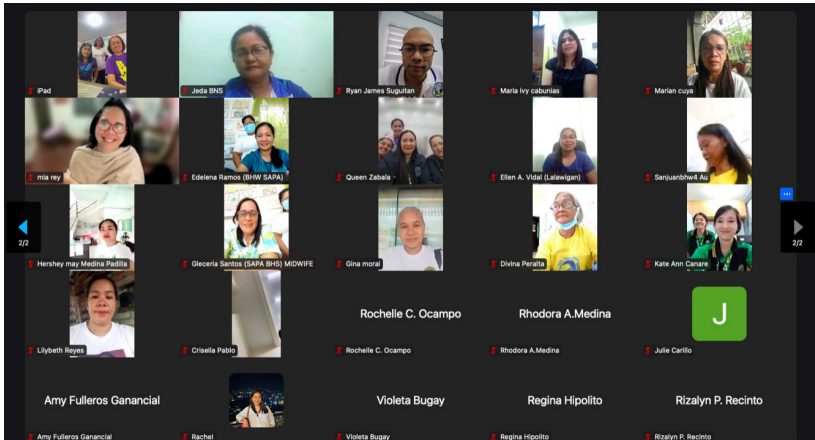


Meeting 3: Acute Tonsillopharyngitis

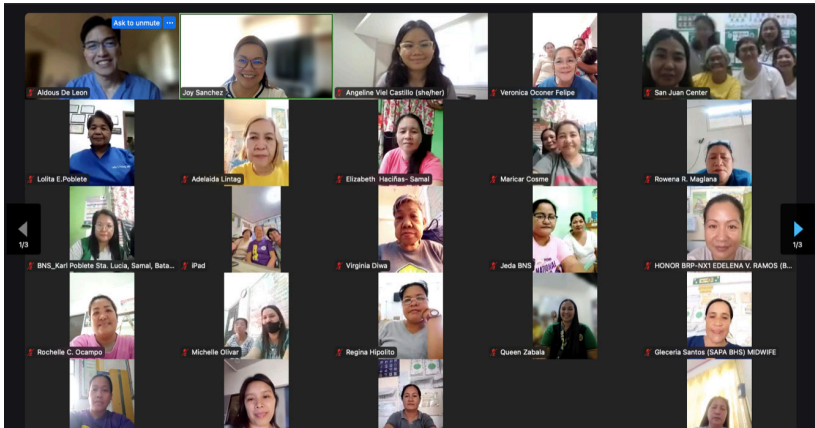


Meeting 4: Acute Tonsillopharyngitis

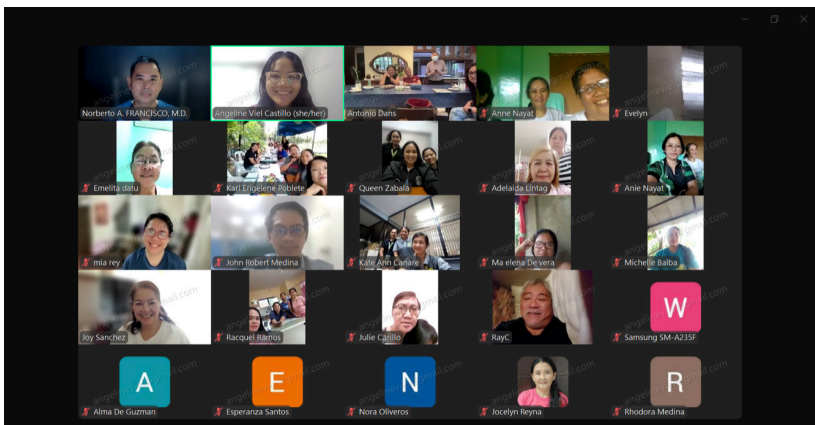




Meeting 5: Stye

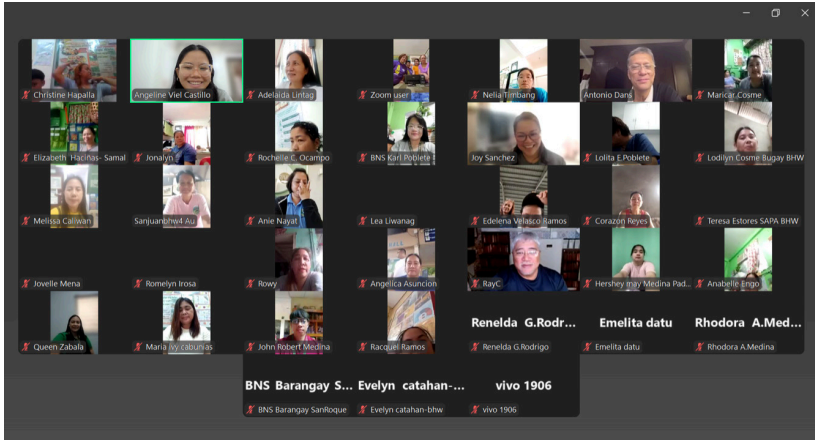


Meeting 6: Chronic Obstructive Pulmonary Disease (COPD)

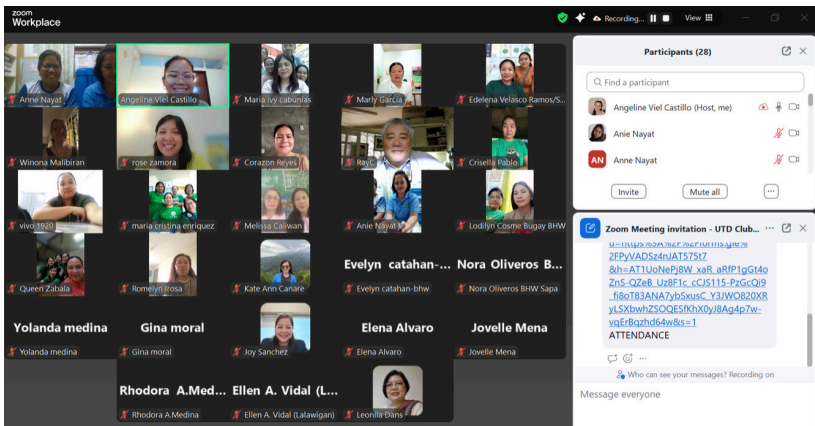
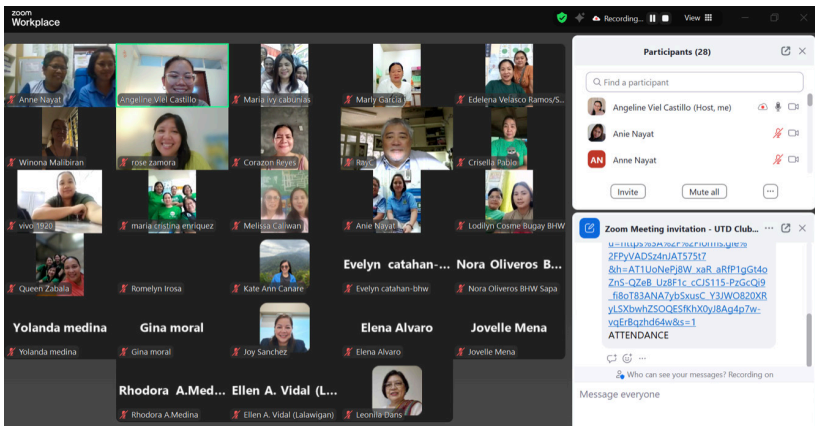


Meeting 7: Pneumonia

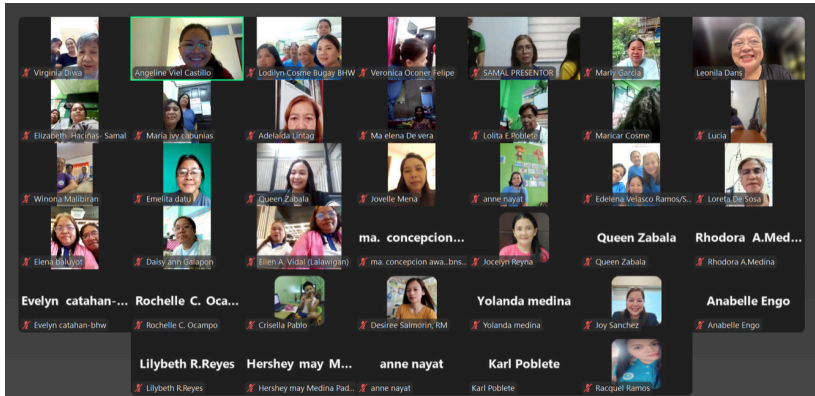
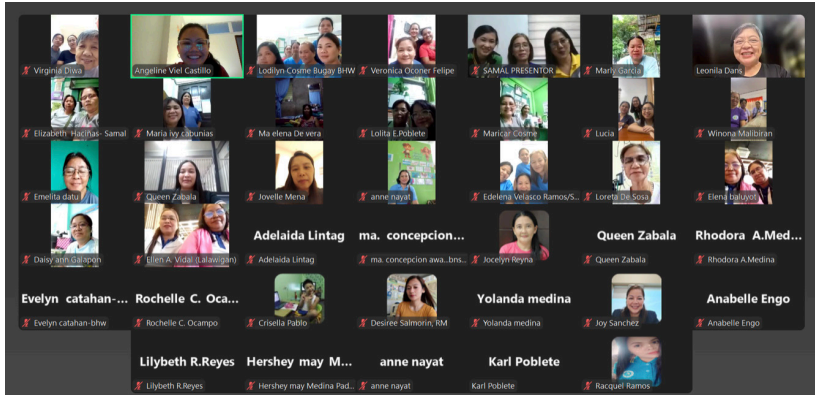
Meeting 8: Updates on Adult Vaccination



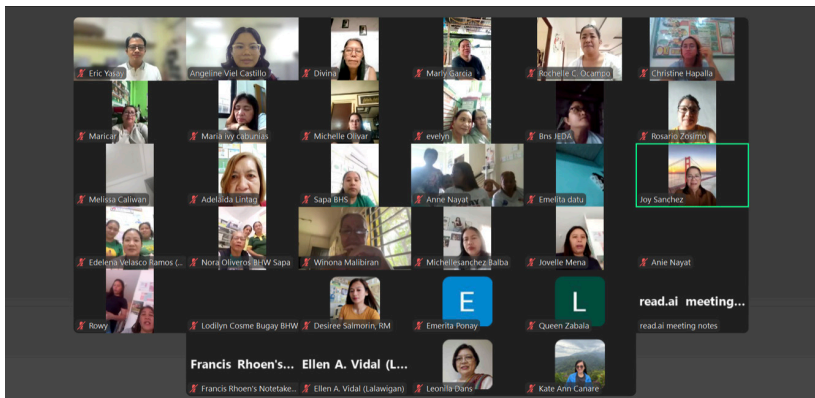
Meeting 9: Leptospirosis (Adult)



Meeting 10: Hand, Foot, and Mouth Disease (HFMD)



Meeting 11: Peptic Ulcer



Meeting 12: Dengue

Meeting 12: Dengue

Participants visible in the grid:

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- Angeline Viel Castillo
- Christine Hapalla
- SAMAL PRESENTOR
- Marly Garcia
- Leonila Dans
- Francesca Pantig
- Dalay Ann Galabon
- Elián A. Vidal (Lalwigan)
- Veronica Oconer Felipe
- realme RMX3999
- Virginia Diwa
- Cristina Alipio
- Emelia datu
- nahyn Del Mundo
- Adelaida Lintag
- Rosalio Zosimo
- ma. concepcion awa...bns...
- Nora Oliveros BHW Sapa
- Queen Zabala
- Lucia
- Jovelle Mensa
- Antonio Dans
- Edeleña Velasco Ramos L...
- Romelyn Irosa
- Winona Malibiran
- Desiree Salmorin, RM
- Loreta De Sosa
- Auring Luna
- Teresa Estores SAPA BHW
- Infinox X1102
- Maricar
- Rizalyn P. Recinto
- vivo V2249
- Catalina H. Dela Cruz

Chat Message:

UTD Club - Dengue fever
Excellent yung presentation!

You 4:31 PM
CCTVR - Color, CRT o Capillary Refill
Time, Temperature, Volume ng Pulso, Rate (Pulse Rate)

Meeting 13: Flu

Meeting 13: Flu

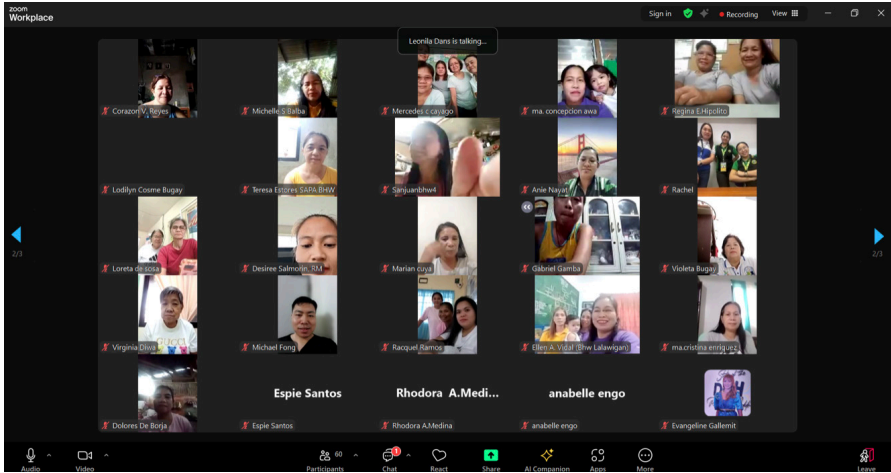
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- Lodilyn Cosme Bugay BHW
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- Winona Malibiran
- Edeleña Velasco Ramos L...
- Jeanifer Ignacio
- Annie
- Adelaida Lintag
- ma. concepcion awa...bns...
- Racquel Ramos
- Jocelyn Reyna
- Desiree Salmorin, RM
- Ryan James Sugutan
- Emelia datu
- Michelle Sanchez Balba
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- Rochelle C. Ocampo
- Day Rodri-Salutan
- Bang Magtalong
- Anabelle Engo
- maria cristina e...
- read.ai meeting...
- Anabelle Engo
- maria cristina enriquez
- read.ai meeting notes
- Virginia Diwa
- Cristina Alipio
- Christine Hapalla
- Veronica Oconer Felipe
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- Eva gatchalian
- Benilda ilagan
- Mila mhiles ari...
- paula magtalong
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- Bagayay, Bernadette G. G...

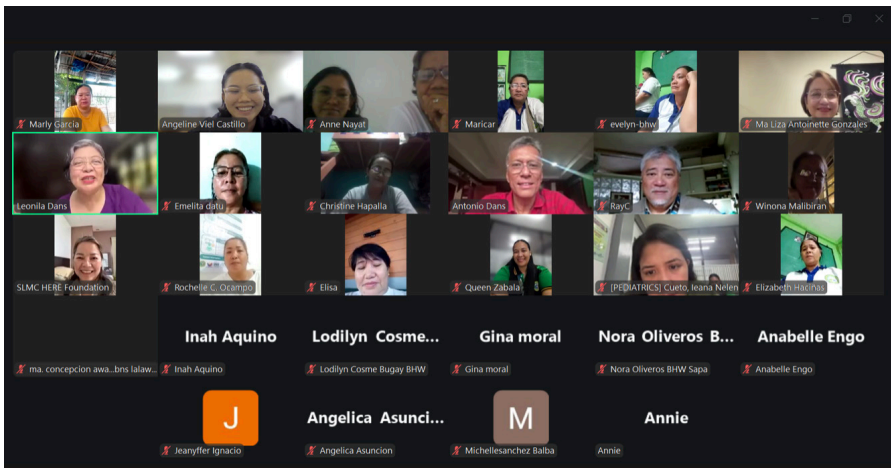
Chat Message:

UTD Club - Flu
Excellent yung presentation!

Meeting 14: Sinusitis



Meeting 15: Leptospirosis (Pediatric)



Center for Integrative and Development Studies

Established in 1985 by University of the Philippines (UP) President Edgardo J. Angara, the UP Center for Integrative and Development Studies (UP CIDS) is the policy research unit of the University that connects disciplines and scholars across the several units of the UP System. It is mandated to encourage collaborative and rigorous research addressing issues of national significance by supporting scholars and securing funding, enabling them to produce outputs and recommendations for public policy.

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