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TOWARDS QUALITY HEALTHCARE FOR ALL

VOL. 1 ISSUE 11
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Graphic health warning guidelines out

Aim to reduce tobacco use especially among youth



Smoking during
pregnancy causes
**LOW BIRTH
WEIGHT
IN INFANTS**

IN JULY 2014, Republic Act No. 10643 or the "Act to Effectively Instill Health Consciousness through Graphic Health Warnings on Tobacco Products" or the Graphic Health Warnings Law was signed.

It aims to protect and promote the right to health of the people and instill health consciousness among Filipinos.

The Philippines as a State-Party to the World Health Organization's Framework Convention on Tobacco Control is obliged to inform every person of the health

consequences of tobacco consumption and exposure to tobacco smoke; enact effective measures to curb and reduce tobacco use, especially among the youth, and to protect public healthy policy from the commercial and vested interests of the tobacco industry.

The Department of Health issued an administrative order that contains the Templates and Guidelines on the use of templates of the Graphic Health Warnings (GHWs).

According to DOH, there is

an evident data that death, disease and disability result from tobacco consumption and exposure to tobacco smoke. In the Philippines, at least 240 Filipinos die every day, or approximately 87, 000 per year from tobacco-related diseases.

Tobacco product and emission contain numerous toxic compounds and over seventy carcinogens, including carbon monoxide, arsenic, benzene, butane, formaldehyde, lead, toluene, and nicotine, among others.

The GHW shall be printed on fifty percent of the principal display surfaces of any tobacco products package, including package inserts and onserts; it shall occupy fifty percent of the front and fifty percent of the back panel of the packaging. The printing of the GHW shall be done without the use of any border, frame or any other design that

will effectively lessen the size of the warning.

GHWs aims to clearly and effectively convey the ill effects of smoking to one's health,

educate the consumers about these risks, and motivate current smokers to stop smoking, and discourage nonsmokers, especially the youth, from start smoking.

GHW, along with other tobacco control interventions such increasing taxes, will have a significant public health impact by decreasing the number of smokers, more lives are saved, improved health status, and lesser medical cost.

QUIT SMOKING:

www.beat-tobacco.ph

Smoking causes
STROKE



Smoking causes
GANGRENE



Smoking causes
IMPOTENCE



Smoking causes
MOUTH CANCER



Smoking causes
MOUTH CANCER



Smoking causes
THROAT CANCER



Smoking during pregnancy causes
PREMATURE BIRTH



**ANG USOK NG SIGARILYO
AY MAY**

CYANIDE

(SANGKAP SA CHEMICAL WEAPONS)

Smoking causes
EMPHYSEMA



**ANG USOK NG SIGARILYO
AY MAY**

AMMONIA
(PANLINIS NG KUBETA)

**ANG USOK NG SIGARILYO
AY MAY**

BUTANE
(SANGKAP SA LIGHTER FLUID)

**ANG USOK NG SIGARILYO
AY MAY**

FORMALIN
(PANG-EMBALSAMO)

KP advocates in Central Luzon commended

An occasion to recognize 'harvest of our toiling'

Trixia M. Ponio - Health Education and Promotion Officer II DOH Region III

AIMING TO recognize the outstanding performances of, and highlighting the significant contributions of health and health related sectors' stakeholders and champions toward the attainment of Kalusugan Pangkalahatan (KP), the Central Luzon Excellence Awards for Health (CLExAH) 2014 was celebrated last February 18 at the Holiday Inn Hotel, Clark Field, Pampanga.

Attended by health partners and other advocates for health, Regional Director (RD) Leonita P. Gorgolon expressed her salutations to the awardees and to other attendees.

"I would personally want to thank all of you here and in the spirit of all our health workers region-wide. From my staff in the regional office to the barangay health workers in the field, my endless gratitude to your untiring commitment, dedication, and love for work," she said.

"Our partnership has been tested from time to time, but your presence here today is a good indication of the solidified foundation we build from our encounters," she added.

"Today is the harvest of our toiling. Central Luzon Excellence Awards for Health truly recognizes the efforts of our partners and their exemplary performances in delivering quality health services to the people. Ito ay selebrasyon at panahon ng pag-aani, oras ng pasasalamat, at regaling kagawaran ng kalusugan sa inyong lahat at sa mga tao ng ating pinagsisilbihan," RD Gorgolon told the audience.

"In our life's journey, we do not count steps. We look back on the marks we leave. Thus, in our public health service, let us leave the CLExAH mark, the mark of excellence and sustainability in the spirit of service," she stressed.

On the other hand, Department of Health-Regional Office IV-A CALABARZON (DOH-RO IV-A) Regional Director Nestor F. Santiago, Jr. in his inspirational message, emphasized DOH-RO III's top notch performance for 2014,

and urged them to be better in 2015.

Proceeding before the conferment of awards, a keynote was conveyed by Governor Victor A. Yap of the Province of Tarlac. In his delivery, he shared some insights on good governance.

As his main tools for making the Province of Tarlac truly exceptional, he emphasized the framing up of Tarlac's Public-Private Partnerships (PPPs) and the involvement of each citizen as a stakeholder for progress.

The following were the awards and recognitions given during the CLExAH 2014:

- Outstanding Provinces for Measles, Rubella and Oral Polio Vaccine Mass Immunization
- Outstanding Municipalities/Cities for Measles, Rubella and Oral Polio Vaccine Mass Immunization
- Outstanding Newborn Screening Facilities in Central Luzon
- High Achievers Award for the Newborn Screening Program 2014
- Certificate of Recognition as Preceptor Sites for the Training of Newborn Screening
- Red Orchid Awards "Hall of Famer"
- Best Advocates for Tobacco Control Program
- Outstanding Healthy Lifestyle Advocates Awardee
- Most Supportive LGUs for the Welfare of Persons with Disability
- Best Advocates for Mental Health Program
- Best Advocates for Primary Eye Care Program
- Finalists in the Regional Search for Barangay with Best Sanitation Practices
- Best Environmental and Occupational Health related initiative by LGU-Health Offices
- Winners of the Regional Search for Barangay with Best Sanitation
- Pulang Laso Excellence Award for HIV Program Implementation



Bulacan Provincial Administrator Mr. Eugenio C. Payongayong and the team of Bulacan Provincial Health Office spearheaded by Dr. Jocelyn E. Gomez receiving the Plaque of Recognition from the DOH-RO III for being one of the Outstanding Provinces for Measles, Rubella, and Oral Polio Vaccine Mass Immunization.

- Certificate of Recognition for HIV Program Implementation
- National Tuberculosis Control Program Achievement Award
- Rabies Prevention and Control Program Excellence Award for Program Implementation
- Zero Malaria Case and Zero Malaria Death
- Best Orally Fit Day Care Center
- Best Orally Fit Community
- Best Orally Fit Program Implementor
- Most Compliant Laboratory
- Most Active Media Partners on Health
- Active Partner on Health Information Campaign
- Outstanding Doctor to the Barrio
- Best Provincial Epidemiology and Surveillance Unit
- Best Disease Reporting Unit
- Best Disease Reporting Unit in Reporting Acute Flaccid Paralysis
- Certificate of Recognition for APEC 2015 Medical Teams

EDITORIAL

Graphic health warnings on cigarettes

DESPITE ALL reminders that cigarette smoking has been established to be harmful to one's

health, it seemed it had no significant impact in reducing the prevalence of smoking in our country. Although media advertising has already been banned several years ago, the tobacco companies remain creative enough to promote their brands thru other activities.

There was clearly a big need for more visually-oriented, more graphic warnings about the harmful effects of smoking in the various parts of the body.

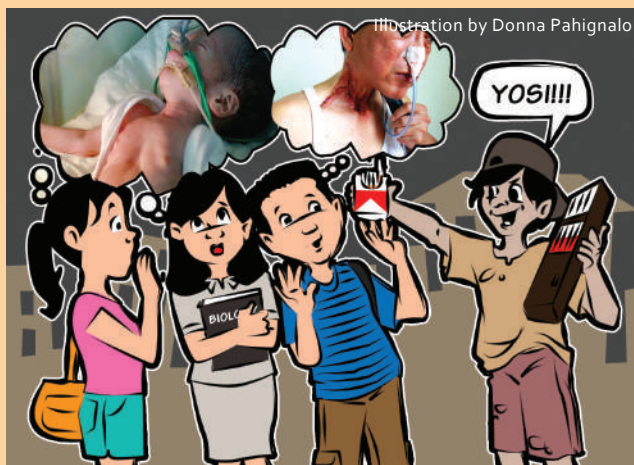
In 2014, a new law requiring graphic health warnings on cigarettes packages took effect. The graphic health warning is expected to dramatically reduce the number of Filipino smokers, especially among the youth.

A review by Sambrook Research International in 2009 said that there's clear evidence that tobacco package health warnings increases consumers' knowledge about health consequences of tobacco use. It also contributes to changing consumers' attitudes towards tobacco use as well as changing their behaviors.

Tobacco companies were given a year from issuance of the necessary templates to comply and an additional eight months to sell all cigarettes packs without graphic health warnings.

Studies have shown this move can effectively discourage young people from getting into smoking.

In the Philippines, at least 240 Filipinos die every day, or approximately 87,000 per year from tobacco-related diseases. As young as 10 year-old children can



be seen buying cigarettes from their community sari-sari store either for another member of the family (for their parents) or for themselves.

In 2011 Global Youth Tobacco Survey in the Philippines, a school-based survey designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control program, 13.7 percent of students ages 13-15 currently use any form of tobacco; 8.9 percent of students currently smoke cigarettes; and 7.3 percent currently use some other form of tobacco.

More than two in five students live in homes where others smoke, and close to three in five students are exposed to smoke around others outside of the home; half of the students have one or more parents who smoke and 9.5 percent of students have friends who smoke.

Eight in 10 students think smoke from others is harmful to them. More than nine in 10 students think smoking in public places should be banned. Close to nine in 10 current smokers want to stop smoking.

We are confident that through the release of graphic health warning guidelines and templates, we will be able to inform every person of the health consequences of tobacco consumption and exposure to tobacco smoke.

Let's continue instilling health consciousness among Filipinos and save our youth from long-term health problems.



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Vaccine quality training course for inspectors

Korea meeting aims to strengthen, expand and maintain vaccine quality related practices

AN ANNUAL training course on vaccine inspection and safety at national level was attended by representatives from the Philippines which was held at Cheongju, Korea last September 16-24 2014.

Global Learning Opportunities for Vaccine Quality (GLO/VQ), a participatory component of WHO support for National Regulatory Authorities (NRA) in cooperation with Ministry of Food and Drug Safety (MFDS) and Korea Human Resource Development Institute for Health and Welfare (KOHI), in their work to ensure the safety of vaccines at national level has just recently concluded the 2014 GMP Training Course on GMP Inspection..

KOHI is an affiliate agency of the Ministry of Health and Welfare which provides education and training for international and domestic public officials and personnel in the health and welfare sectors. This was participated by Regulatory Officers from Iran, Malaysia, Philippines, South Korea, Tanzania and Thailand.

The 7-day program consisted of lectures on the main concepts of GMP in vaccine production which was held at the KOHI Building. To cap the course, participants were taken on an on-site visit to a vaccine manufacturing facility located at the province of Andong.

The lectures were mostly facilitated by Dr Chung Keel Lee who currently functions as the Special Advisor to the Commissioner of Korea Food and Drug Administration. He is a member of WHO's Expert Review Committee since 1996, and has served as a Course Director, Consultant, and Advisor to the organization for over 15 years in the areas of vaccine research and development, production, and regulation.

The overall objective of GLO/VQ is to strengthen, expand and maintain vaccine quality related practices within NRA in developing and middle income countries.



UNITED FOR VACCINE SAFETY Participants from Iran, Malaysia, Philippines, South Korea, Tanzania and Thailand wearing the traditional Korean "hanbok" with Dr. Chung Keel Lee and KOHI officials



The Philippine delegates with Dr. Chung Keel Lee (from left: Pia Rose A. Belarmino, Ma. Luisa L. De Sagun, Angeli B. Casala)

Progress towards achieving the mission of enhancing practices related to vaccine quality around the world is supported by GLO/VQ through the course development initiatives dedicated to enhancing the professional knowledge and skills of NRA staff and other professionals through a series of innovative learning opportunities. GLO/VQ learning specialists provide support to learners to develop "situated" knowledge, skills, and attitudes through modeling, hands-on activities and extensive practice with substantive

feedback. The concept of knowledge being situated comes from contemporary conceptions of cognition and learning that indicate that meaningful learning only occurs when it is embedded in the social and physical context within which it will be used. In addition to formal courses, learning opportunities continue through the establishment of learning communities focused on specific professional practices.

Care for the displaced in Mamasapano

DOH-ARMM holds post-conflict medical, psychological intervention to non-combatants

THE DOH in the Autonomous Region in Muslim Mindanao (DOH-ARMM) has started conducting stress debriefing and counseling for internally displaced persons (IDPs) in Barangay Tukanalipao where government forces and Moro rebels clashed on January 25.

The Mamasapano encounter which left elite police, Moro rebels, civilians and Malaysian terrorist Zulkifli Bin Hir dead has emotional effect on non-combatants, Dr. Kadil Sinolinding, DOH-ARMM Health Secretary said, "Farmers and villagers here have experienced trauma and need medical and psychological intervention."

Sec. Sinolinding said his office has conducted a medical mission aimed at giving displaced families medicine as prevention for diseases common in evacuation centers.

"They need counseling and psycho-social intervention because of their traumatic experience of running away from a day-long fire fight," Sec. Sinolinding added.

One of those showing signs of trauma was 29-year-old Fahima Acmad who has four young children and a resident of Barangay Tukanalipao.

"I have difficulty sleeping at night, I have not experienced a full night sleep since the conflict," she said in Filipino. "I fear the police will return and engage the rebels in war again," she added.

She said her 74-year-old father chilled during the day-long fighting in Tukanalipao. "He is hypertensive, he showed signs that his blood pressure shot up during the fire fight," she added.

Acma recalled that she was awakened by a series of gun bursts at about 5 a.m. of January 25. "The gun fire appeared to be near our home so we hurriedly left with only our clothes on," she recalled. "It was a very traumatic experience for many here," Sec. Sinolinding said.

Displaced families have started to return home but according to Acma, life will never be the same again because she is now afraid to walk by the corn field and beside the river where the rebels and the policemen had fought.



MAMASAPANO AFTERMATH DOH-ARMM Secretary Dr. Kadil M. Sinolinding, Jr. MD. DPBO, led a medical mission in the Barangay Tukanalipao, Mamasapano where government forces and Moro rebels clashed, held on February 05, 2015, Mamasapano, Maguindanao Province

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PhilHealth's 'Tsekap'

Primary care package covers for drugs, labs for 10 common conditions

THE PHILIPPINE Health Insurance Corporation (PhilHealth) recently launched an expanded promotive, preventive and diagnostic package designed to improve financial risk protection for its members, particularly the less privileged.

Dubbed "Tamang Serbisyo sa Kalusugan ng Pamilya" (Tsekap), the benefit package is an expansion of the Primary Care Benefit Packages 1 and 2 that were implemented in 2012 and 2014, respectively.

"Tsekap shall be initially rolled out to the indigent and sponsored members, but eventually it will be offered to all other sectors," said PhilHealth President and CEO Atty. Alexander A. Padilla.

Included in the Tsekap are medicines for 10 common conditions that can be managed at a primary care set up such as asthma, acute gastroenteritis, upper respiratory tract infection, pneumonia, urinary tract infection, diabetes mellitus, hypertension, dyslipidemia, deworming, and ischemic heart disease.

Also available are comprehensive health profiling upon enlistment, consultations, regular blood pressure and body measurement, periodic clinical breast examination, cervical cancer screening, digital rectal examination, risk profiling for hypertension and diabetes, counseling for smoking cessation and lifestyle modification and oral check-up and prophylaxis for children 12 years old and below.

"When clinically necessary, sponsored and indigent members can also avail themselves of diagnostic examinations such as complete blood count, blood typing, urinalysis, stool exam, chest X-ray, sputum microscopy, lipid profile, fasting blood sugar, creatinine, electrocardiogram, peak expiratory flow meter testing and blood glucose monitoring through blood glucose meters," Atty. Padilla added.

Indigent and sponsored members may choose either a private or public Tsekap provider that is most accessible to them. The chosen providers shall enlist the family and make the individual health profiling, which is an essential component, to ensure that the health status of the eligible PhilHealth beneficiary is established and monitored.

The No Balance Billing shall also apply both in private and public facilities where the Tsekap services are provided.

"To help deliver the Tsekap services, we are tapping government and private health care facilities that can assure us that the range of indicated benefits in the package can be made available to enlisted families. At the same time, we have set the standards for the accreditation of drug outlets that can participate in the provision of drugs and medicines under the Tsekap package," Atty. Padilla said.

Among Tsekap's unique properties is the use of the EMR or electronic medical records that will be generated by the provider-facilities whose IT systems should be in sync with PhilHealth.

To date, there are 15,068,028 Indigent and Sponsored Program families enrolled in PhilHealth.

from Page 8

Moreover, 51.9 million pesos worth of equipment was released for the 16 hospitals in the region, 6.3 million pesos for the 10 RHUs and 15.2 million pesos for the BHSs.

In 2015, the Department of Health has programmed to disburse of 112 million pesos for the 4 hospitals, 2 million for 1 RHU and 18.4 million pesos for the 20 BHSs as infrastructure support. The DOH will also drive equipment support to 1 hospital amounting to 1.1 million pesos, 0.64 million pesos for 1 RHU and 7.75 million pesos for the 19 BHSs.

On personnel augmentation, DOH deployed a total of 11 doctors through the Doctors-to-the Barrio Program and 10 of these were sent to the non-project sites in Abra. DOH-CAR also deployed 92 nurses in all the 6 provinces through the Nurses Deployment Program and 125 midwives through Rural Health Midwife Placement Program. Implementation of the program is continued up to 2015.

Director Lopez also noted that DOH-CAR certified 15 hospitals from the non-project sites, 30 RHUs and 18 BHSs for BEmONC. This implies that these facilities have met the required standard for both facility and personnel skills of the Department of Health on operating birthing facilities and complied the requirement of PhilHealth for the Maternity Care Package. These were processed using the Regional Standard Operating Procedure on Certification of Facilities as BEmONC Capable.

Most of the facilities in Ifugao, Kalinga and Mt. Province are part of the HFEP projects in 2013-2014 and are currently ongoing construction. They will be assessed for the certification once the facilities are completely constructed. There will, however be a continuing assessment of the birthing facilities in 2015 for both initial and renewal certification to make sure the quality of delivering birthing services.

Aside from project highlights and HFEP updates, Dr. Makoto Tobe, the project Chief Advisor, JICA-SSC also presented a suggested measurement of facility-based delivery rate reflecting actual status at municipal level.

A press conference was also held and Asec. Bayugo said that DOH noted Pope Francis' call for support on the increasing number of family members in the Philippines and he noted the significant improvement of Maternal Mortality Rate in the country. Director Lopez discussed the implementation of HFEP projects in the Cordillera. The Department of Health supports facility based delivery by quality service and construction of health facilities under HFEP.

Dr. Amelita Pangilinan informed the public about the importance of facility based delivery and suggested that harmful cultural practice of cutting the umbilical cord of a newly born child using bamboos should be avoided as it could result to tetanus infection. Dr. Pangilinan also noted that home deliveries in Cordillera is at 20% while facility based delivery is at 80% of the total population.

Spearheaded by DOH-CAR AND JICA-SSC and attended to by stakeholders of the project sites, from the provinces of Abra (with 6 municipalities), Apayao and Benguet, and Baguio City with partners from DOH Central Office and Regional Offices, development partners (USAID), NGOs, Media and Regional Line Agencies.

Strengthening local health system in Cordillera

Increase in MD personnel, barangay health stations, facility-based delivery rate noted



DOH Assistant Secretary Gerardo V. Bayugo giving the keynote message during the forum

A NATIONAL dissemination forum was held to discuss the Cordillera-wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services, on January 21-23 at Crown Legacy Hotel, Baguio City.

Present in the forum were DOH Assistant Secretary Gerardo Bayugo as the keynote speaker in lieu of Acting Secretary Janette Loreto-Garin; ARMM Health Secretary Sinolinding, Stakeholders from Cordillera led by Governors Hon. Elias C. Bulut Jr. of Apayao, Hon. Eustaquio Bersamin of Abra, and Vice Governor Hon. Nelson Dangwa of Benguet.

The forum started with a welcome program and mini-cultural show with key messages from Baguio City Mayor Mauricio Domogan, DOH-CAR Director Valeriano Lopez and Mr. Noriaki Niwa, Chief Representative of JICA Philippine Office.

Dr. Amelita M. Pangilinan, OIC Director III of DOH-CAR presented the project highlights and said that in terms of Facility-based delivery (FBD), CAR is still far behind the national target of 90 percent, aimed to be achieved by 2016.

It can be noted that CAR is only 68 percent in 2010 but with an increasing trend. In 2011 there was already 73 percent achievement in terms of FBD, in 2012, 78 percent and in 2013 – 84 percent.

It is along this line that the Project for the Cordillera-Wide Strengthening of the Local Health System for Effective and Efficient Delivery of Maternal and Child Health Services was born.

The general objective of the project is health systems strengthening for Maternal, Neonatal and Child Health and Nutrition (MNCHN) while the specific objective is Maternal Mortality Rate (MMR) reduction thru increasing facility-based delivery, especially in rural areas of CAR. Project period is from February 2012 to February 2017.

Project strategies are upgrading of birthing facilities in the rural areas; increasing the coverage of National Health Insurance Program (NHIP); empowering the Community Health Teams; improving patient referral system thru inter-LGU collaboration and ensuring the sustainability of quality health services.

Impact of the project showed an increase in Barangay Health Station (BHS) delivery in mountainous remote areas in Apayao; in Calanasan, there was an increase to 20 percent while in Kabugao and Conner, there was an increase to 10 percent from 2012 to 2013. It also showed an improved Rural Health Unit (RHU) delivery in rural areas with flat terrain in Abra: in Lagangilang there was a 40 percent increase while Dolores and Villaviciosa the increase was almost at 20 percent from 2012 to 2013.

Facility-Based Delivery Rate from 2012 to 2013 also increased. In flat terrain of Abra, from 73 percent in 2012, increased to 86 percent in 2013 in RHU deliveries, in Apayao, from 67 percent increased to 80 percent for hospital and BHS deliveries while Benguet from 83 percent increased to 87 percent. The Project sites totaled an increase from 79 percent to 86 percent.

Also through the Health Facility Enhancement Program (HFEP), LGU and development partners including JICA and USAID, 14 primary hospitals, 19 Rural Health Units, and 61 Barangay Health Stations were upgraded and provided with equipment. To ensure that quality basic services are provided, DOH-CAR also trained more than 300 doctors, nurses and midwives on basic emergency obstetric and newborn care (BEmONC).

With the Community Health Teams as the link/bridging partners in the community, DOH-CAR along with its development partners such as JICA was able to provide IEC flipcharts and conducted a series of conventions to enable or equip the CHTs with the capacity, skills and knowledge, specifically in ensuring that pregnant women have emergency birth plans and that they will complete at least 4 prenatal check-up in the health facility including post partum care.

Presenting in the forum, Director Lopez discussed the HFEP and said that DOH had disbursed a total of 56.2 million pesos for the 12 hospitals in all the 6 provinces of the region in 2014 as infrastructure support, 8.4 Million pesos for 8 Rural Health Units and 50.4 million pesos for the 51 barangay health stations.

There will be close monitoring of the implementation of DOH-HFEP to ensure that implementation will be done as scheduled.

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