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HEALTHbeat

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Sec. Enrique T. Ona named
Harvard Health Leader

NKTI REDCOP bags the
UAE Health Foundation Prize

DOH Red Orchid Awards
Hall of Fame

Calauag, Quezon ✿ *Maasin City* ✿ *Legazpi City* ✿ *Davao City* ✿ *Talisayan, Misamis Oriental*

Babae, Mahalaga Ka!

Frequently Asked Questions on

Cervical Cancer

KALUSUGAN PANGKALAHATAN

12 FILIPINO WOMEN DIE FROM CERVICAL CANCER EVERY DAY despite of it being a preventable disease through screening and vaccination.

WHAT CAUSES CERVICAL CANCER?

100% OF ALL CERVICAL CANCER CASES ARE CAUSED BY THE HUMAN PAPILLOMAVIRUS (HPV).

50% OF SEXUALLY ACTIVE INDIVIDUALS WILL CATCH HPV DURING THEIR LIFETIME.

WHO DOES IT AFFECT?

USUALLY STRIKES DURING **35-55** YEARS OF AGE

*EACH ICON REPRESENTS 1,000 FILIPINAS DIAGNOSED

6,000 FILIPINAS ARE DIAGNOSED WITH CERVICAL CANCER ANNUALLY. MORE THAN HALF WILL DIE IN FIVE YEARS.

WHAT ARE THE RISK FACTORS FOR CERVICAL CANCER?

- MULTIPLE SEXUAL PARTNERS
- INTERCOURSE AT A VERY YOUNG AGE
- SMOKING
- RISKY SEXUAL BEHAVIORS

WHAT ARE THE SYMPTOMS?

Early stages do not have symptoms
Late stages may have:

ABDOMINAL PAIN

VAGINAL BLEEDING

HOW CAN YOU PROTECT YOURSELF?

- SEXUAL ABSTINENCE
- MONOGAMY
- VACCINATION
- REGULAR SCREENING

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jokes n'yo

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Awards Season

The Department of Health must have done something right for the good of the population that is why there is a tremendous increase in the number of local government units working hard to be tobacco-free, said Health Assistant Secretary Paulyn Rosell-Ubial during the DOH Red Orchid Awards ceremony on May 29. She must be right!

May and June seem like an awards season for the DOH. It did not only give awards to its outstanding partners, it also received recognition for the implementation of its policies and programs.

First and foremost is the 2012 Harvard Health Leader award given to Health Secretary Enrique T. Ona by the Harvard School of Public Health and the Harvard Kennedy School on June 4. He is one of the 17 health ministers recognized for demonstrating leadership and commitment in strengthening health systems and improving health outcomes. This award comes at an opportune time as the DOH is making great strides towards **Kalusugan Pangkalahatan** (universal health care) to provide Filipinos with access to affordable yet quality health care,

Two weeks earlier, on May 24, the National Kidney and Transplant Institute's Renal Disease Program (NKTI-REDCOP) received the United Arab Emirates Health Foundation Prize for 2012 for outstanding contribution to health development given by the World Health Organization Executive Board on its 130th session. The award ceremony was held during the 65th World Health Assembly in Geneva, Switzerland. This award confirms excellence in another pillar of **Kalusugan Pangkalahatan** on health facility enhancement.

Secretary Ona said, "We are on the right direction and we should take this as a signal to do more and do better."

The awards the DOH gives and receives enable us to affirm our dedication to uphold our Constitutional mandate, "to protect and promote the right to health of the people and instill health consciousness among them." On June 23, the DOH celebrates its anniversary, and for over a century we proudly proclaim – ***114 Taon ng Paglilingkod sa Kalusugan!***

– The Editors

OUR COVER

FROM LEFT TO RIGHT: Councilor Cirilo D.R. Pareja, Jr. of Calauag, Quezon; Mayor Maloney L. Samaco of Maasin City; Mayor Carmen Geraldine B. Rosal of Legazpi City; Mayor Sara Z. Duterte of Davao City; and Mayor Catherine G. Ifurung of Talisayan, Misamis Oriental. (Photo by Paking Repelente)

Sec. Enrique T. Ona named

2012 Harvard Health Leader

Health Secretary Enrique T. Ona has been named 2012 Harvard Health Leader. He has been selected, along with 16 other health ministers from around the world, to participate in the Harvard Ministerial Health Leaders' Forum at the Harvard Kennedy School of Government in Cambridge, Massachusetts on June 4-6.

The three-day forum is the flagship element of the new Ministerial Leadership in Health Program which aims to strengthen the effectiveness of ministerial leadership as a key component in sustainable health systems' improvement. Priority is given initially to sub-Sahara Africa, India and other parts of Asia, with the prospect of subsequent extension to Latin America, the Caribbean and the Middle East.

The full list of selected leaders who have been recognized for their contribution in the health sector is as follows: Professor A. F. M. Ruhal Haque (Bangladesh); Dr. Jaime Mañalich (Chile); Dr. Beatriz Londoño (Colombia); Dr. Leon Nzouba (Gabon); Mr. Alban Sumana Kingsford Bagbin (Ghana); Professor Peter Anyang' Nyong'o (Ghana); Professor Dr. Eksavang Vongvichith (Lao Democratic Republic); Dr. Walter Gwenigale (Liberia); Mr. Salomón Chertorivski (Mexico); Dr. Alexandre Manguele (Mozambique); Dr. Muhhamad Ali Pate (Nigeria); Dr. Enrique T. Ona (Philippines); Dr. Agnes Binagwaho (Rwanda); Mrs. Zainab Bangura (Sierra Leone); Dr. Pakishe Aaron Motsoaledi (South Africa); Dr. Nguyen Thi Kim Tien (Vietnam); and Dr. Joseph Kasonde (Zambia).

Health Secretary Enrique T. Ona

The Ministerial Leadership in Health Program is a joint initiative of the Harvard School of Public Health (HSPH) and the Harvard Kennedy School (HKS) in collaboration with the Children's Investment Fund Foundation.

Health and Development

There is increasing awareness of the importance of health as a cornerstone of sustainable development, economic progress, global security and democratic governance. For this reason, many countries have embarked on efforts to ensure universal access to health care, increase the efficiency and quality of public health services, and improve health outcomes especially for children. Health ministers have the responsibility for one of the most complex government portfolios – maintaining public health services, ensuring availability of essential health and emergency care, negotiating for scarce resources and managing public expectations. Beyond the daily pressure of their job, health ministers generally have limited opportunity to explore fresh perspectives on their leadership role or to investigate new approaches to health systems problems and to develop strategies for managing the constraints on change.

Ministers seldom have chance to update themselves on current international experience in health systems reform or for lateral thinking about how to strengthen public health services in their country, leverage increased resources and improve health outcomes. The Ministerial Leadership in Health Program aims to help health ministers become more effective.

Two-Phase Approach

In a unique two-phase approach, the Program combines ministerial level support with a customized process tailored to the specific needs and priorities of participating countries. In the initial phase, which is the three-day forum, the 17 health ministers meet a smaller group of distinguished former health ministers and other cabinet-level officials from countries with a track record of success in

health reform. Drawing on the experience of the participating current and former ministers and the best examples of health systems reform, the forum provides ministers an unprecedented opportunity for mutual shared experiential learning in a non-political environment, facilitated by distinguished Harvard faculty. The program is structured around three principal focal areas, namely: leadership effectiveness, political analysis and new ways of thinking.

Topics for discussion include leadership for transformation; priority setting; managing the constraints on successful health systems transformation; approaches to health budgeting and financing; as well as effective negotiation, advocacy and communication strategies, managing donors and international agencies and navigating the geo-politics of global health. Specific attention is given to maternal and child health as a sentinel indicator of health systems effectiveness and a benchmark for assessing a nation's progress.

Following the forum, the ministers will be invited to submit proposals outlining a low-cost/high return health systems innovation that has the potential to result in more general health systems strengthening and improved health outcomes in their countries. On the basis of these proposals, a select number of countries will be invited to participate in phase two of the Program which will begin with a week-long Harvard Leaders in Health Regional Meeting in Africa.

The regional meeting will include country teams of top-level officials from the countries invited to participate in the second phase of the Program. Facilitated by distinguished Harvard faculty, this meeting will focus mainly on implementing health systems change, senior team alignment, priority setting, and financing. The country teams will work on refining their country plans to ensure that they are practical, relatively easy to implement and have real potential to be effective. Participants will also work on strategies for overcoming constraints on implementation of the plan and mobilizing the resources needed, as well as monitoring and evaluation.

Dean Julio Frenk, together with South African Deputy President the Hon. Kgalema Motlanthe, during the launch of the new Ministerial Leadership in Health Program in Pretoria, South Africa, in November 2011. (Photo grabbed from http://www.ministerialleadershipinhealth.org)

After the regional meeting, Harvard faculty will monitor progress in implementation of the country plans and facilitate technical support as needed to help ensure successful implementation of the plans and to document lessons learned. Technical support will be provided in-country by Harvard faculty where appropriate and in partnership with local institutions, as well as through international teleconferencing. Participating countries will also be supported by a unique international network of peer advisors. The health ministers selected to participate in the Program following the Harvard Ministerial Health Leaders' Forum will be invited back to the Forum the following year to report on lessons learned.

Being Health Minister is Sometimes A Lonely Job

The Advisory Board of the Harvard Ministerial Leadership in Health Program is chaired by Dean Julio Frenk, a former health minister and the architect of universal health care in Mexico, and includes Kennedy School Dean David Ellwood. The joint vice chairs are Lord Nigel Crisp, former UK health secretary, and Joy Phumaphi, former minister of health of Botswana.

The Ministerial Leadership in Health Program was launched on November 4, 2011 at a high-profile event in Pretoria, South Africa, attended by current and former health ministers and cabinet-level officials from more than 20 countries. At this occasion, Frenk said, "Being minister of health was sometimes a lonely job because unlike ministers of finance, for example, there are few opportunities designed specifically to support ministers of health. The Harvard program will provide an opportunity for ministers to tap international experience and develop closer networks with their peers across the world."

Before he left for Harvard, Ona said that his nomination is a "recognition of the massive efforts our government is putting into to provide Filipinos with access to affordable yet quality health care. We are on the right direction and we should take this a signal to do more."

Ona was appointed Secretary in 2010. Previously, he was the executive director of the National Kidney and Transplant Institute and the president of the Transplantation Society of the Philippines. He did his surgical residency in the United States, and a Fellowship at the Lahey Clinic in Massachusetts, where he holds a medical license.

H.E. Ambassador Obaid Salem Al Zaabi, Permanent Representative of the United Arab Emirates to the United Nations (second from left) and other international organizations in Geneva honor the winners of the United Arab Emirates Health Foundation Prize 2012 – NKTI-REDCOP represented by Dr. Aileen Riego-Javier (center) and Dr. Chen Bowen of China (left). (Photo grabbed from http://www.uae-mission.ae)

NKTI-REDCOP bags the
UAE Health Foundation Prize for 2012

The National Kidney and Transplant Institute's Renal Disease Program (NKTI-REDCOP) of the Philippines and Dr. Chen Bowen of China were jointly awarded the United Arab Emirates (UAE) Health Foundation Prize for 2012 for outstanding contribution to health development by the World Health Organization Executive Board on its 130th session. The award ceremony was held during the 65th World Health Assembly on May 24, 2012, in the Assembly Hall of the Palais des Nation, Geneva.

The NKTI-REDCOP is the office in-charge of implementing the NKTI's public health project on the prevention and control of renal and other related diseases since 2000. It is involved in planning, implementing and monitoring researches, advocacy, training, service and quality assurance projects. It also administers registries and maintains database on nephrology, urology, and transplant research. Through its network of regional coordinators, REDCOP's activities are conducted mostly on a national scale.

The UAE Health Foundation Prize is given to persons, institutions or organizations which have accomplished notable advances in the field of health.

This year's winners received a certificate of award, a plaque and a $20,000 cash prize each. NKTI Executive Director and concurrent Program Director of REDCOP Dr. Aileen Riego-Javier received the award in behalf of the program.

NKTI-REDCOP Program Manager, Dr. Antonio Paraiso, praised Dr. Remedios Uriarte, former program manager, and Health Secretary Enrique T. Ona, former NKTI Executive Director, as they paved the way for the program's full implementation. "It was only during our time when it was recognized, but they are the ones who fully supported and took care of the program."

"We are very proud and pleased with what the NKTI-REDCOP has achieved so far," Secretary Ona remarked. "I am hopeful that this achievement will inspire other institutions to contribute to health development."

"This achievement only shows that we can be at par with the world's best in terms of healthcare excellence. That is just our goal in pursuing Kalusugan Pangkalahatan. We want to have world-class healthcare available to every Filipino by strengthening and building on our public health programs," Ona concluded.

DOH Red Orchid Awards 2012

Moving Local Governments To Be Tobacco-Free

by
ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

In a country where the tobacco industry thrives, the enforcement of strict tobacco control policies is almost always very difficult.

Tobacco industry interference is common in the Philippines, a tobacco-growing nation. The success of the business of the tobacco industry depends on the continued patronage of its products by the public. The end goal of tobacco control policies, which is to lower consumption of tobacco products, is directly opposed to the business interests of the industry. Hence, it is expected that the tobacco industry will stop at nothing to prevent effective tobacco control policies.

But all hope is not lost. There are pockets of success in local government units (LGUs), and their number continues to grow as seen in the recently concluded Department of Health Red Orchid Awards 2012 – a recognition for local government units, government offices and hospitals implementing 100% tobacco-free environments – held at the Philippine Trade Training Center in Pasay City on May 29.

ENCORE TO OUR HALL OF FAME WINNERS, the local government executives who sustain tobacco control efforts. From left to right: Hon. Councilor Cirilo D.R. Pareja, Jr. representing Hon. Mayor Luisito S. Visorde of Calauag, Quezon; Hon. Mayor Maloney L. Samaco of Maasin City; Hon. Mayor Carmen Geraldine B. Rosal of Legazpi City; Hon. Mayor Catherine G. Ifurung of Talisayan, Misamis Oriental; and Hon. Mayor Sara Z. Duterte of Davao City. (Photo by Paking Repelente)

Health Assistant Secretary Paulyn Jean Rosell-Ubial, chairperson of the DOH Red Orchid Awards, said, "We must have been doing right for the majority of the population who are non-smokers that is why we are seeing some sort of a multiplier effect in the number of LGUs working hard to be tobacco-free."

In fact, five LGUs even got the Hall of Fame for winning the DOH Red Orchid Award for three consecutive years. These are: Davao City; Legazpi City; Maasin City; Calauag, Quezon; and Talisayan, Misamis Oriental.

There were also 6 cities, 25 municipalities, 28 government hospitals, 12 government offices and 10 DOH centers for health development (CHDs or regional offices), out of the total 113 nominees, getting the distinction as Red Orchid awardees either for the first or second time this year.

This is a tremendous increase from eight (8) Red Orchid awardees out of 46 nominees in 2010 and 30 awardees out of 89 nominees last year.

Aside from trophies and

certificates, the Hall of Fame awardees received a P500,000 project grant to sustain their tobacco control activities, while the LGUs proclaimed as Red Orchid awardees this year received an additional P100,000 worth of drugs and medicines that they can use for smoking cessation or control of non-communicable diseases.

The winners were chosen on the strength of their comprehensive efforts to implement a 100% Tobacco-Free Environment following the World Health Organization's (WHO) "MPOWER" initiative. MPOWER is an acronym that denotes the six proven tobacco control policies, namely: **M**onitor tobacco use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn against the dangers of tobacco; **E**nforce bans on tobacco advertising; and **R**aise taxes on tobacco.

For each MPOWER initiative to be operationalized, certain action points or activities should be undertaken by the institutions or LGUs, and these served as the indicators for the Awards. Each indicator was rated with 0 – where there is none; 1 – where there is one; and 2 – where there is more than one. The scores for all indicators were tallied and the total is ranged on percentage points. This became the basis for the color of the orchid each nominee would receive. The red orchid is proclaimed the winner and white and pink orchids are considered as runner-ups. Those who have not reach enough scores are provided with the certificate of participation.

Several validation teams were formed and they visited the nominees between March and April. The members of the teams came from the DOH, Civil Service Commission, Philippine Ambulatory Pediatric Association, Inc. and the Framework Convention on Tobacco Control Alliance Philippines.

A validation tool was used for each of the award categories. Finalists that get 90% and above are declared as winners. On the other hand, since the DOH wanted its CHDs to fully implement the 100% tobacco-free environment, the bar was raised to 95% and above to become winners. Meanwhile, there were no pink and white orchid awardees for government offices. *(The complete list of winners and runner-ups are printed on pages 10 and 11.)*

Metro Manila Development Authority (MMDA) Chairman Francis N. Tolentino (right) receives a medal of honor and a certificate for winning the World Health Organization (WHO) World No Tobacco Day 2012 Award from WHO Philippines Representative, Dr. Soe Nyunt-U (left). (Photo by Paking Repelente)

WHO World No Tobacco Day Award

During the awards ceremony, WHO also conferred the World No Tobacco Day 2012 Award to Chairman Francis N. Tolentino of the Metro Manila Development Authority (MMDA) for his considerable efforts and advocacy work towards a "100% Smokefree Metro Manila." This is a campaign that Tolentino launched last year along with the 17 mayors of Metro Manila and the Land Transportation Franchising and Regulatory Board (LTFRB).

Tolentino's political will to enforce the smoking ban in public places across the National Capital Region has also led him to advocate the passage of the Metropolitan Manila Mayors' Council Resolution 11-19 series 2011 entitled "Implementing RA 9211 also known as the Tobacco Act of 2003 and the Anti-Smoking Ordinances of the Local Government Units of Metro Manila."

The commitment to enforce a smokefree policy in Metro Manila also includes places like public transport terminals. In fact, several teams of Environmental Enforcers deployed in selected loading bay/terminals have already apprehended a total of 28,656 to date.

Despite challenges from the tobacco industry, Tolentino promised that there would be no let-up in the campaign "within the metes and bounds of the law." In fact, he said that MMDA will intensify its anti-smoking campaign to raise public awareness on the pernicious effects of smoking.

Aside from Tolentino, the WHO

2012 DOH Red Orchid Awards Winners

HALL OF FAME
(Winner for 3 Consecutive Years)

City Governments
- Davao City
- Legazpi City
- Maasin City

Municipal Governments
- Calauag, Quezon
- Talisayan, Misamis Oriental

RED ORCHID WINNERS

City Governments

Score: 100%
- Balanga City*
- Iloilo City
- Roxas City*

Score: 90 - 99%
- Dipolog City
- Marikina City
- Santiago City

Municipal Governments

Score: 100%
- Amlan, Negros Oriental*
- Anilao, Iloilo
- Bindoy, Negros Oriental
- Buenavista, Guimaras*
- Calatrava Romblon*
- Dumalag, Capiz
- Dupax del Norte, Nueva Vizcaya*
- Dupax del Sur, Nueva Vizcaya*
- Mabinay, Negros Oriental
- Zamboanguita, Negros Oriental

Score: 90 - 99%
- Alamada, North Cotabato*
- Bauang, La Union
- Diadi, Nueva Vizcaya
- Dumingag, Zamboanga del Sur
- Esperanza, Agusan del Sur
- Esperanza, Sultan Kudarat
- Naval, Biliran*
- Quezon, Nueva Vizcaya
- Solano, Nueva Vizcaya*
- Tantangan, South Cotabato*
- Tupi, South Cotabato
- San Juan, La Union
- San Juan, Southern Leyte
- Veruela, Agusan del Sur*
- Villaverde, Nueva Vizcaya

Government Hospitals

Score: 100%
- Cotabato Regional and Medical Center*
- Dr. Paulino J. Garcia Memorial Research and Medical Center
- Mariano Marcos Memorial Hospital and Medical Center*
- Talisay District Hospital
- Western Visayas Medical Center

Score: 90-99%
- Baguio General Hospital and Medical Center
- Barlig District Hospital
- Bicol Medical Center
- Bicol Regional Training and Teaching Hospital
- Bicol Sanitarium
- Corazon Locsin Montelibano Memorial Hospital*
- Don Jose Monfort Medical Center Extension Hospital
- Jose B. Lingad Memorial Regional Hospital
- Luis Hora Memorial Regional Hospital*
- Lung Center of the Philippines
- Mariveles Mental Hospital
- Mayoyao District Hospital
- National Children's Hospital
- Northern Mindanao Medical Center
- Nueva Vizcaya Provincial Hospital
- Ospital ng Palawan*
- Quirino Memorial Medical Center*
- Region 1 Medical Center
- Southern Isabela General Hospital
- Tagaytay Treatment and Rehabilitation Center*
- Veterans Regional Hospital
- Western Visayas Sanitarium*
- Zamboanga City Medical Center

Government Offices

Score: 100%
- Department of Education - Region 1
- Nueva Vizcaya Police Provincial Office
- Provincial Health Office - Nueva Vizcaya*
- 68 Infantry "KAAGAPAY" Battalion, 2ID, PA, (AFP) – Region 12

Score: 90-99%
- Butuan City Jail
- Civil Service Commission - Region 1
- Commission on Population- CAR
- Land Transportation - Region 10
- Metro Manila Development Authority
- National Food Authority - Santiago City
- Provincial Health Office - Misamis Occidental
- Santiago City Police Office

DOH Centers for Health Development (CHD)

3-Time Winners
- CHD - CAR
- CHD - SoCCSKSarGen

Score: 100%
- CHD - Ilocos
- CHD - CaLaBaRZon
- CHD - Bicol*
- CHD - Western Visayas
- CHD - Central Visayas
- CHD - CARAGA

Score: 95 - 99%
- CHD - Central Luzon
- CHD - ARMM

**2-time winners*

Runner-ups

PINK ORCHID AWARDEES

City Government
- Kidapawan City

Municipal Government
- Sablan, Benguet

Government Hospitals
- Ballesteros District Hospital
- Bataan General Hospital
- Caraga Regional Hospital
- Dr. Jose N. Rodriguez Memorial Hospital
- Dr. Paulino J. Garcia Memorial Research and Medical Center - Talavera Extension
- Kapangan Medicare Community Hospital
- Lt. Tidang Memorial Hospital
- Rizal Medical Center
- St. Anthony Mother and Child Hospital
- San Lorenzo Ruiz Women's Hospital

DOH - CHDs
- CHD - Eastern Visayas
- CHD - Metro Manila
- CHD - MiMaRoPa
- CHD - Northern Mindanao
- CHD - Cagayan Valley
- CHD - Davao

WHITE ORCHID AWARDEES

City Governments
- City of San Fernando, La Union
- Surigao City
- Tuguegarao City

Government Hospital
- Southern Philippines Medical Center

CERTIFICATES OF PARTICIPATION

Government Offices
- Department of Budget and Management - Region 10
- Department of Education - Region10
- Department of Education - Misamis Occidental
- Provincial Health Office - Compostela Valley

also gave a similar award in other occasions to the Korean Association of Smoking and Health for conducting a nationwide anti-smoking campaign and to China's Minister of Health Chen Zhu for the establishment of a tobacco-free health system in China.

The WHO started to educate policy makers and the general public last May 31 (World No Tobacco Day) until the rest of the year on tobacco industry's nefarious and harmful interference with the WHO Framework Convention on Tobacco Control.

Under the treaty, parties (or countries) are obligated to monitor and resist the tobacco industry's attempts to subvert tobacco control efforts. It states: "in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law". Guidelines to implementation of the treaty state that parties are recommended to "raise awareness about…tobacco industry interference with parties' tobacco control policies".

Besides trying to undermine public health laws, the tobacco industry is also engaging in so-called corporate social responsibility activities designed to enhance its public image and make people forget that its products cause addiction, suffering and death.

Unless urgent action is taken to control the tobacco epidemic, the annual death toll could rise to eight million by 2030. Tobacco use caused 100 million deaths in the 20th century. If current trends continue, it will cause up to one billion deaths in the 21st century.

One-third of the world's approximately one billion smokers are in the Western Pacific Region, where the Philippines belongs. The Region has the highest prevalence of male smoking and the fastest increase in new female and young tobacco users. Half of the women and children in the Region are regularly exposed to second-hand smoke.

In the Philippines, 240 Filipinos die everyday from tobacco-related illnesses. Smoking prevalence in the country is among the highest in the world; consequently, cigarette prices here are among the lowest in the world.

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ERRATA: Our Apologies to Region 6

HEALTHbeat apologizes to the whole of Western Visayas (Region 6) for the following errors it made in its Special Edition for the DOH Red Orchid Awards published in May 2012:

- On page 24, in the text of the article, Buenavista was placed in the Province of Biliran, instead of Guimaras;
- On page 48, the Center for Health Development - Western Visayas was referred to as Region 7 instead of Region 6; and
- On page 49, Iloilo City was inadvertently omitted in the list of local government unit nominees for Region 6.

This is really embarassing considering that Dr. Ivanhoe Escartin and Rosemarie Aguirre, our editorial board, hail from Western Visayas.

Governor Edgardo Migriño Chatto and the schoolchildren of Bohol.

BOHOL and TaRSIER 117

by
ELIZABETH G. MASCAREÑAS
HEALTHbeat Staff

Bohol is Sinking?

"BOHOL SINKS A FEW INCHES IN MAY," Governor Edgardo Migriño Chatto said. This sounds like disaster. But he was very quick to add, "Because everybody comes home for the month-long fiesta celebration."

In fact, the Tigum Bol-anon sa Tibuok Kalibutan (TBTK), a gathering of Boholanos from all over the world, held its Fifth TBTK International Homecoming in Tagbilaran City from May 8 to 20, 2012, where banner thrusts on tourism and agriculture were highlighted.

"Bohol, heart of the islands, truly Philippines!" is the famous slogan to sell the beauty and hospitality of the province as a tourist destination. Bohol is the 10th largest island in the Philippines and one of the bigger islands in the Visayas. It is an island province measuring 4,117 square kilometer.

The main island is also surrounded by 72 small islands. Based on 2000 Census, Bohol has a population of 1,137,268 with 209,588 households and an average household size of 5.41. Agriculture and tourism are the two leading economic revenue of the province.

Bohol has three main attractions – tropical forest; tarsier, the smallest monkey in the world; and the world-famous Chocolate Hills.

Chatto said that it is of utmost importance that Bohol is distinguished not just as a tourism destination but also as a contributor to national growth, thus his development framework is also anchored on health, education and agriculture, aside from tourism.

While the national government's social development cluster, particularly the Department of Health, is engaging community health teams (CHT) to conduct door-to-door visits and provide basic health information and services in the poorest Filipino households across the nation identified through the National Household Targeting System of the Department of Social Welfare and Development, the Bohol provincial government came up with the "HEAT" Program. HEAT is a strong program for Health and Sanitation, Education and Technology, Agriculture and Food Security, and Tourism and Livelihood.

HEAT is Chatto's enduring advocacy towards poverty reduction driven by the firm conviction that "the closer we are to where the action is, the more responsive we can be to the needs of the people." The governor desires to reach out to the poorest and most vulnerable rural groups by bringing the provincial government's services to their towns thus making the provincial government's presence felt at the community level.

HEAT Bohol is an articulation of Bohol's priority programs. It is anchored on the more encompassing service mission slogan LIFE HELPS – Livelihood and Tourism, Infrastructure, Food, Education and Technology, Health, Environment, Leadership Development, Peace and Order, and Sports and Youth Development.

Chatto said this is precisely why leadership in the province has committed to the strengthening of its programs that touch base at the grassroots level.

The success of the Countryside Development Program - Purok Power Movement (CDP-PPM) in cascading provincial government services down to the level of the puroks has made Boholanos more than thankful to his administration in hearing out the problems, issues and concerns of clustered households and has made it easier to fast track the delivery of services direct to the people. The CDP-PPM is an integrated service delivery approach inspired by a primary health care program introduced by the DOH in 1983 and has earned recognition for Balilihan for its Countryside Action Programme when Chatto was serving as mayor.

This direct delivery of services to the people is highlighted in Bohol's very own "TaRSIER 117", the province's answer to America's 911.

TaRSIER 117

Bohol's leading tourism attraction, the tarsier, has been transformed into the Telephone and Radio System Integrated

Emergency Response (TaRSIER), the province's response to disaster risk reduction and management as well as climate change adaptation. The TaRSIER 117 is a 24/7 quick response unit housed at the Governor's Mansion in Tagbilaran City. It was created on March 24, 2011 by virtue of an Executive Order No. 7-A. In cases of emergency, a person has to dial 117 or text for free at 09175101490 or 038-117 for Globe and 09497955530 for Smart.

TaRSIER 117 is mainly a call and command center that receives calls and dispatches the appropriate response to any emergency wherever in the province. It has direct links with response units from local and national agencies and has forged partnerships with various private sector and volunteer organizations.

However, TaRSIER 117 has an Emergency Response Unit with a ready ambulance, on standby, 24/7, as with the Rescue and Retrieval Team. The personnel also underwent different enhancement training and simulation exercises, such as: telephone skills training for effective frontline service; advance first aid training; basic life support – CPR (cardiopulmonary resuscitation) and AED (automated external defibrillator); emergency medical application course; water rescue exercises; single rope technique and high angle rescue training; emergency care and transport simulation exercises; trauma patient assessment simulation exercises; earthquake drills at various hospitals; and coordination exercise with the Philippine National Police. The personnel will also undergo training under the Cebu Emergency Rescue Unit Foundation, a private institution, in order to learn how to respond to crimes.

TaRSIER 117 is headed by Provincial Administrator Alfonso Damalerio II, its action officer. Another unit will be put in place at the other end of Bohol in reaching out more people who are in need and in making sure that vulnerable areas have their own share of services.

Kalusugan Pangkalahatan in Bohol

During the Media Seminar on Covering Disasters 101 conducted by the DOH National Center for Health Promotion

and the Media Relations Unit of the Office of the Secretary last May 23-25 at the Bohol Plaza Resort and Restaurant, the Manila-based print and broadcast participants paid a visit to Chatto at the People's Mansion.

Aside from TaRSIER 117, Chatto discussed other health services and programs of the province. A foremost health concern was the Philippine Health Insurance Corporation (PhilHealth) coverage where he reported the province's 2-year lock-in plan under the PhilHealth's Sponsored Program. He said Bohol is the first province in Central Visayas to commit to this and he met the municipal leaders to discuss the changes in the 50-50 policy or counter-parting system and to come up with a favorable set-up to renew its partnership with PhilHealth. About a million Boholanos or 74.94% of the population in the province is currently covered by health insurance under PhilHealth.

Chatto also said that they are also doing health facility enhancement to modernize their hospitals. The DOH has placed a lot of support to help the province set-up a world class hospital targeted for medical tourism. He said that the province can do this by increasing hospital occupancy, developing the capacity of the staff, and strengthening service delivery. The governor said that Bohol is already a destination for retirees, as seen by many expats staying in the province,

Chatto explained, "We are very happy that we are getting the support of Health Secretary Enrique T. Ona in our agenda for health care. We want to use a 5-hectare lot where the new 500-bed hospital will be placed. The budget for health care programs occupy a major slice in our budget."

Inter-Local Health Zone

Just before meeting the media group, Chatto presided over a special forum with the staff of the Carmen Health District, Inc. and visiting municipal mayors and municipal health officers of other inter local health zones (ILHZ) in the province. The Carmen Health District has been perceived as a model with its success in being the only functional ILHZ yet, while the remaining five are still on the reorganization process – Tagbilaran Health District; Jagna Health District; Talibon Health District; Loon Health district and Catigbian Health District.

Among the components of the ILHZ are drug revolving fund, referral system, computerization of health date, field health services information system, training programs, health insurance, and development of a system for the pooling of LGU funds and resources.

It was agreed as a policy that programs of the national and provincial government are coursed through the ILHZ in order to have a systematic implementation at the purok level. Chatto stated that a strong ILHZ can stand on its own and can withstand change in political leadership which ensures sustainability of programs. He said that his desire is for each ILHZ to be registered in the Securities and Exchange Commission so that they can operate like non-government organizations and establish their own pharmaceutical business to generate funds for their own health care. This can be done by selling drugs and medicines coming from accredited DOH suppliers to other ILHZ members.

Chatto emphasized that the DOH representatives in Bohol should be present in all ILHZ meetings to keep track of all the DOH programs being implemented in the province. He said that due to the devolution of health services, the national government is having a hard time implementing and monitoring health programs from the municipal down to the barangay level. He also said that through the ILHZ, the national government and the local government can work hand-in-hand in improving health.

"If you have a strategy or a network on how you do things, maybe it will be a lot easier to implement health programs, like strengthening ILHZ. After devolution, "*watak-watak* at *naghiwalay na ang* strong bond between the national and the local government. Governors are expected to run health care programs, therefore we have to develop a means to integrate it, so that there will be uniformity in the health care delivery system. We can provide people in the field, like trained barangay health workers and barangay nutrition scholars to do regular inventory," Chatto explained.

Governor Chatto started his political career as Board Member of the Province of Bohol representing the youth sector when he served as president of the Kabataang Barangay in 1980-1986. He was elected municipal mayor of the municipality of Balilihan in 1988-1995. He became Vice Governor in 1995-2001. He was a member of the House of Representatives for first district of Bohol in 2001-2010. He is currently the 25th Governor of the Province of Bohol. His Vice Governor is Conception O. Lim.

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Maternal deaths can be prevented by adopting evidence-based initiatives and policies for safe and quality care for mothers as cited in the Essential Intrapartum Newborn Care guideline. (Photo courtesy of HealthPro)

Maternal Deaths Rising in Metro Manila

by
GLEN S. RAMOS
HEALTHbeat Staff

The high number of maternal deaths, especially in Metro Manila, grabbed headlines during the first quarter of this year. As part of its objective to reduce incidence of maternal deaths, the Department of Health Center for Health Development – Metro Manila (DOH CHD-MM) deployed Community Health Teams (CHTs) to conduct an investigation and further ascertain the cause of the surge of maternal mortality in the region. Among the causes of deaths that were found out were due to complications brought about by eclempsia and hemorrhage.

DOH CHD-MM Director Eduardo C. Janairo expressed concern over the issue and directed an immediate assessment of resources, most especially safe blood

facilities and services to prevent further maternal deaths. He said that a collaborative effort is needed to step up the utilization of productive interventions like easy access to emergency obstetric care, increasing the number of birthing facilities with basic emergency management skills and easy access to reproductive health services. He also stressed the need to have a skilled birthing attendant during a delivery because most cases of maternal deaths include hemorrhage or bleeding.

"We can prevent this by strengthening the implementation of our National Voluntary Blood Services and ensure an adequate supply of safe blood in government health facilities all over the country," Janairo stressed.

Maternal mortality refers to deaths caused by complications due to pregnancy or childbirth. This occurs within 42 days of giving birth due to complications arising from hemorrhage or bleeding, infection, unsafe abortion, hypertensive disorders and obstructed labor. Unskilled or the traditional birth attendant (TBA) is also a factor in maternal deaths.

In Metro Manila, TBAs account to around 40% of delivery. Cities with the most number of TBA deliveries are Malabon (21.7%), Paranaque (16.9%), Muntinlupa and Taguig (16.5%), Las Pinas (15.1%) and Navotas and Quezon City (10.2%).

In 2010, the causes of maternal deaths at the National Capital Region are eclampsia (43%), hemorrhage (33%), medical complication (17%) and infection (7%) as reported by the Field Health Service Information System (FHSIS). Eclampsia is seizures (convulsions) in a pregnant woman that occurs after giving birth. Most of these deaths can be prevented with cost-effective health care services by identifying and improving the services that are critical to the health of women such as antenatal care, emergency obstetric care, and adequate postpartum care for mothers and babies and family planning and sexually transmitted infections, including HIV/AIDS, services.

Janairo emphasized that all necessary components of strategies to reduce maternal mortality from delivery, emergency obstetric care, skilled birth attendants, and postpartum care up to the transportation to a medical facility should be taken into consideration to be able to provide appropriate health interventions whenever and wherever needed. He also underscored that healthcare professionals should equip themselves and be well informed on the essential intrapartum care practices to reduce the growing number of maternal deaths in Metro Manila.

Janairo said, "We can also prevent maternal deaths by adopting evidence-based initiatives and policies for safe and quality care for mothers as cited in the Essential Intrapartum and Newborn Care (EINC) guideline. No mother should die while giving life. That is why the number of skilled birth-attendants, including midwives, nurses and doctors, to improve and lessen maternal health should be increased."

The recommended EINC practices during the intrapartum period includes maternal support by having a companion of choice during labor and delivery, freedom of movement during labor, monitoring progress of labor using partograph (an instrument for identifying complications in childbirth), non-drug pain relief before offering labor anesthesia, position of choice during labor and delivery, spontaneous pushing in a semi-upright position, non-routine episiotomy and active management of the third stage of labor.

The EINC, separates necessary from unnecessary practices involving intrapartum and newborn care. Unnecessary interventions such as the performance of enema (the insertion of a liquid into the bowels via the rectum as a treatment,

Please turn to page 19...

Director Eduardo C. Janairo of DOH Center for Health Development in Metro Manila directed an immediate assessment of resources and utilization of services to prevent further maternal deaths.

Coalition 162 to 52

Drastic Interventions to Prevent Maternal Deaths

Last April 20, the Department of Health spearheaded the formation of the multi-sectoral group called the "162 to 52 Coalition" via a health summit themed "Accelerating Impact on Maternal and Child Health through Local Health System Development" which gathered several stakeholders from government, academe, profit and non-profit sectors to boost multi-sectoral efforts in addressing maternal health challenges of the country.

"162 to 52" refers to the country's Millennium Development Goal (MDG) target to reduce the current adjusted maternal mortality ratio of 162 deaths per 100,000 live births to 52 deaths per 100,000 live births by 2015.

The Coalition is envisioned to be a catalyst for strategic, targeted and innovative public-private partnerships for the attainment of better maternal indicators working within three major components: 1) leadership - responsive local government units and support groups; 2) demand side - better health seeking behavior of the population; and 3) supply side – accessible and affordable services, facilities, personnel, essential medicines and commodities.

It focuses on areas with poor maternal and child indices and where the poor are highly concentrated. These priority areas account for the 42% of the Philippine population and contribute to 39% of maternal deaths and 49% of infant deaths in the country. Also, these areas cover about 47% of the poorest quintile.

The following are the priority areas. ***Urban Areas*** - Cavite; Cebu; Metro Manila; Pampanga; and Pangasinan. ***Rural Areas*** - Quezon; Palawan; Masbate; Negros Occidental; Negros Oriental; Iloilo; Camarines Sur; Leyte; Davao del Sur; Northern Samar; Sultan Kudarat; Zamboanga del Sur, Maguindanao; Lanao del Sur; Basilan; Sulu; and Tawi-tawi. ***National Commission on Indigenous People Areas*** - Asipulo, Ifugao; Sta. Fe, Aritao na Kayapa in Nueva Vizcaya; Botolan, Zambales; Valderama, Antique; Oroquieta, Misamis Occidental; Carmen, North Cotabato; and San Luis, Agusan del Sur.

Among the lead convenors of the Coalition are: Union of Local Authorities of the Philippines, League of Provinces, Philippine Business for Social Progress, Zuellig Family Foundation, Health Futures Foundation, Ayala TBI/ACCESS Health Philippines, Sanofi-Aventis and Unang Yakap through the World Health Organization - Western Pacific Regional Office. The advocacy is also being supported by United Nations Population Fund and Smart-SHINE (Shared Health Information and Network Exchange), Alay kay Maria Foundation and the Chamber of Mines as co-convenor.

Health Secretary Enrique T. Ona said, "Solving the maternal mortality problem requires the expertise and skills of both the public and private sectors. This initiative provides opportunities and encourages private and civil society organizations to proactively contribute to needed interventions under one framework for action."

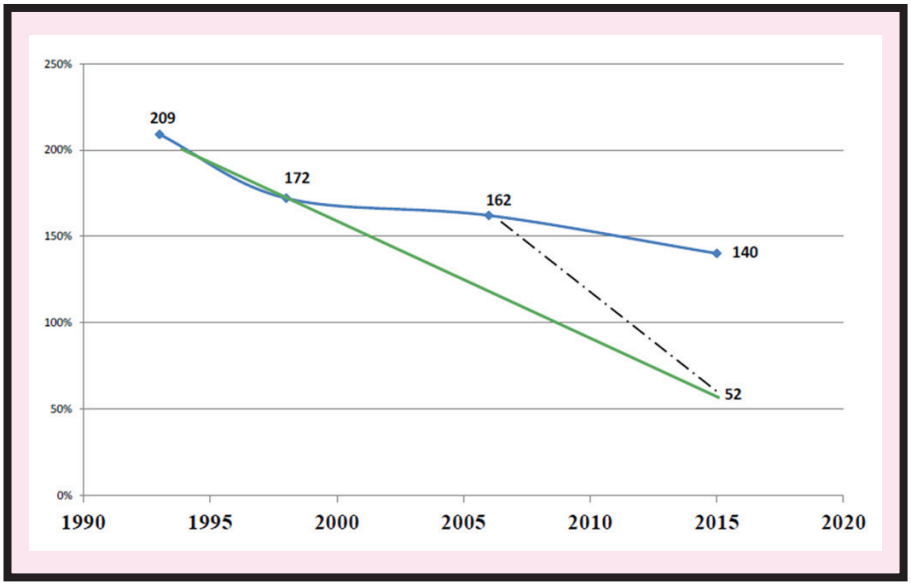
Maternal Mortality Ratio

Maternal mortality is a mirror of a woman's health and nutritional status during pregnancy, at child birth, or in the period after child birth. It also highlights a woman's access to professional medical services before and during pregnancy.

Ugochi Daniels, Philippines representative of the United Nations Population Fund said, "Birth, it means the beginning, the start of something new. But in many places around the world, it can be the end - the end of a woman's health, the end of a girl's future, the end of life."

Every day in the Philippines, about 5,205 women get pregnant without intending to. Out of which some 1,530 women go into induced abortion. It is estimated that 11 mothers die every day due to childbirth and pregnancy-related complications, such as hemorrhage, hypertension and infections.

Usually, these mothers do not get the proper care they rightfully deserve due to lack of information, access, and financial resources. The poor get caught in a poverty trap as most of them marry young, decide to have more children, and only get little access to reproductive health.



At the current rate of decline, the Philippines is unlikely to reach the Millennium Development Goal target for maternal mortality ratio by 2015.

According to the World Health Organization, children who are left without mothers are three to 10 times more at risk of dying. Maternal deaths impact infant and child mortality rates because when a low-income mother dies, a child is pushed into life of difficulty. No woman should die giving life. And no child should be robbed of their life because of their mother's death.

The solutions are not complicated. This would entail the provision of adequate reproductive health care, family planning, as well as ensuring access to the highest quality skilled health professional services and health facility based care.

Daniels explained, "If women have access to family planning so she can get pregnant only if she wanted to, the country could prevent almost a third of maternal deaths. That means four less Filipino women dying every day. If pregnant women also have access to skilled health professional services and health facility based care, the country would be able to save four more women from dying. Also by doing so, the country could save 44% of newborn deaths, which accounts for majority of child deaths and 70% of abortions.

Ona said, "The shortfalls are brought about by inadequate investments in health and not enough political will of our leaders to do what needs to be done to achieve our goals. Unhappily, these shortfalls leave behind the poorest and the most disadvantaged sectors in our society who remain unreached by critical health interventions."

With only three years left for the country to attain the MDGs by 2015, the 162 to 52 goal calls for drastic interventions - for local governments to drive change, for the private sector to help government in its undertakings, and for the civil society organizations to sustain the efforts and deliver it to the grassroots.

Maternal Deaths Rising in Metro Manila

(continued from page 17)

especially for constipation, or as an aid to diagnosis), shaving, restriction of fluid and food intake during labor and routine insertion of intravenous (IV) fluid have been found out to have no improved outcomes for the mother and should no longer be performed.

The DOH issued an Administrative Order (AO 2009-0025) implementing the EINC on December 1, 2009 enjoining health practitioners of maternal and newborn care to adopt its policies and protocol. It supports the national commitment to the United Nations Millenium Development Goals (MDG) 4 and 5 by 2015.

The EINC is one of the initiatives of the DOH and the World Health Organization to improve intrapartum care and neonatal conditions to save mothers and newborns. It provides for a set of practices which aims to deliver the highest standard for safe and quality care for birthing mothers and healthy newborns for the first two days and up to one week of life of the newborn.

Among the hospitals that provide EINC practices to birthing mothers in Metro Manila are Dr. Jose Reyes Memorial Medical Center, Fabella Hospital, Tondo General Hospital, Quirino Memorial Medical Center, East Avenue Medical Center and Dr. Jose Rodriquez Medical Center.

"The EINC is the highest standard for safe and quality care for birthing mothers in the first 48 hours of the intrapartum period. It is a must that health care providers in all birthing facilities should adopt and apply EINC practices to really lessen maternal mortality", Janairo concluded.

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Contraceptive Needs after Age 40

Navigating through the maze of information from medical research can be difficult and confusing. This brief aims to provide concise and evidence-based information on state-of-the-art medical practice.

As women and men pass the age of 40, they continue to be fertile and sexually active. Although women typically reach menopause* between the ages of 45 and 55, about half of them belonging to this age group can still get pregnant.[1]

Pregnancy-related risks for women who are 40 years old and above rise to as much as 50-fold compared with women in their 20's.[2] Miscarriage, chromosomal abnormalities at birth, maternal and neonatal complications and even death are among these risks.[3] Thus, an unexpected pregnancy late in life is an unwelcome event for many women. In the Philippines, more than 40 percent of births to mothers in this age group are unwanted.[4]

An older woman can prevent pregnancy through safe, effective and reliable contraceptive methods until it is clear that she is no longer fertile. By itself, age does not restrict a woman from using contraception.[5]

Below are some options that near-menopause women may consider:

1. Combined Oral Contraceptive/Pills

- May help to maintain bone mineral density during peri-menopause, the transition period to menopause[6]
- May help reduce menstrual pain, bleeding & menopausal symptoms
- Protects against ovarian and endometrial cancer even after 15 years of stopping use
- May reduce the incidence of benign breast disease, but may also cause a small additional risk of breast cancer with use; this risk declines to no risk 10 years after stopping use[7]
- Should not be used by women aged 35 years or over who smoke,[8] and those who suffer from cardiovascular disease, stroke or migraine (even without aura)[9]

2. Non-hormonal options

Condoms

- Protects older women well, considering women's reduced fertility in the years before menopause
- Serves as an affordable and convenient option for women who do not have sex frequently

Intrauterine device (copper-bearing and hormonal IUDs)

- Expulsion rates fall as women grow older, and are lowest in women over 40 years of age
- May be more difficult to insert in older women due to tightening of the cervical canal
- As with typical IUD use, may cause spotting, heavy or prolonged period and/or pain in the first 3-6 months of use

A condition confirmed 12 months after a woman stopped menstruating. At this period, a woman also ends her childbearing capacity.

Fertility awareness methods

- May be more difficult to use reliably in older women because of irregularities in cycles before menopause

3. Permanent methods

Bilateral tubal ligation

- 9 percent of married women of reproductive age in the Philippines currently rely on sterilization as their method of choice[10]
- Preferred method for those who do not want any more children

Vasectomy

- Carries a lower failure rate and less risk as a procedure for men
- Does not increase the risk in men for testicular cancer, prostate cancer or heart disease[11]

[1] *World Health Organization. Research on the Menopause in the 1990s. WHO Technical Report Series, #866. Geneva: World Health Organization, 1996.*
[2] *Riphagen FE, Fortney JA, Koelb S. Contraception in women over forty. J Biosoc Sci 1988;20(2):127-42.*
[3] *Faculty of FP & RH Care Clinic Effectiveness Unit. Royal College of Obstetricians & Gynecologists. Contraception for Women Aged Over 40 Years. Clinical Effectiveness Unit. July 2010.*
[4] *National Statistics Office, ICF Macro. National Demographic and Health Survey, December 2009.*
[5] *World Health Organization (WHO). Medical Eligibility Criteria for Contraceptive Use (2008 Update). Geneva Switzerland: WHO, 2008.*
[6] *Kuohung W, Borgatta L, Stubblefield P. Low-dose oral contraceptives and bone mineral density: and evidence-based analysis. Contraception 2000; 61: 77-82.*
[7] *Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer & hormonal contraceptives: collaborative analysis of individual data on 53,297 women with breast cancer and 100,239 women without breast cancer from 54 epidemiological studies. Lancet 1996; 347: 1713-1727.*
[8] *World Health Organization (WHO). Medical Eligibility Criteria for Contraceptive Use (2008 Update). Geneva Switzerland: WHO, 2008.*
[9] *Ibid.*
[10] *National Statistics Office, ICF Macro. National Demographic and Health Survey, December 2009.*
[11] *Royal College of Obstetricians and Gynecologists (RCOG). Male and female sterilization. Guideline Summary. Evidence-based Clinical Guideline. Number 4, London, UK: RCOG Press, 2004; 1-114.*

MASDAN MO ang mga bata

The "F" Word

RAUL: Anak! Ano itong "F" sa card mo ha?!?
RJ: (Nag-iisip) 'Tay Fasado po ang ibig sabihin niyan.
RAUL: Ah, ang akala ko Ferfect!

Magic

CHRIS: Ang galing mag-magic ng Tatay ko.
JERRY: Paano mo naman nasabi?
CHRIS: Kasi , isang hila niya pa lang sa sinturon n'ya nagiging panyo na.
JERRY: Mas magaling ang Tatay ko dyan.
CHRIS: Ba't naman?
JERRY: Isang hila pa lang sa sinturon niya, nawawala na ako.

Luha

ANTE: Ang sabi ng kaklase ko, tanging SIBUYAS lang daw ang gulay na nakapagpapaluha sa tao.
JOJO: Hindi nga ba?!?
ANTE: Eh, binato ko nga ng KALABASA sa mukha. Iyak siya eh!

Bagyo

JOEREM: You're like Storm Signal No. 3.
AURORA: Awww. Lakas ng dating?!?
JOEREM: Nope... No Class!

Gutom

KRYSTAL: Busog na ko.
LUZ: Ano ka ba? Ubusin mo yan! Napakaraming nagugutom sa mundo?
KRYSTAL: Oh, tapos? Kapag inubos ko ba ito, mabubusog sila?!?

Bente

DANNY: Datirati apo, sa 20 pesos ko marami na akong dala pauwi – 1 pantalon, 2 shorts, 3 t-shirts, 4 na briefs, 5 panyo at may deodorant, pulbos, sabon at shampoo pa!
JERIC: Ngayon po, lolo?!?
DANNY: Imposible na yun! May CCTV camera na kasi. Eh kung mahuli ako?!?

Benta

ROSA: Pirated DVD ka ba?
ERMA: Bakit?
ROSA: In fairness, kahit fake ka, bumebenta ka, 'Day!

Barbie

BECCA: Girl, you look like a Barbie.
RHEA: Thanks. Tall and beautiful, right?
BECCA: No. Plastic and without a brain!

Love

Habang nag-aaral si Kuya, lumapit ang kanyang little sister at nagtanong...
PAULEEN: Kuya, ano ang love?
PAULO: Ang LOVE parang IKAW... Istorbo sa pag-aaral!

Sex

DUDUT: Itay, ano ang sex?
IAN: Sa Tagalog, ang sex ay ang pakikipagtalik. Isang sagradong gawain matapos ikasal, magtatabi sa kama at magmamahalan na aabot sa sukdulang kaligayahan na magbibigay ng buhay sa isang nilalang tulad na mo.
DUDUT: Ang haba naman, 'Tay. Hindi kasya dito sa bio-data.

Hindi Talaga!

ERNIE: Nood tayo ng sine.
BAMBI: Hindi ka hahawak kung saan saan?!?
ERNIE: Hindi noh!
BAMBI: Baka bigla mo akong halikan?
ERNIE: Hindi. Promise!
BAMBI: 'Di mo ako tsa-tsansingan?
ERNIE: Hindi talaga!
BAMBI: Pwes, manood ka mag-isa mo! Boring kang kasama!

RADIO BROADCASTERS AS HEALTH CHAMPIONS

In the Philippines, television is the number one source of information and entertainment. Radio, however, is not a distant runner-up.

In the provinces, radio broadcasting remains a thriving industry. The National Center for Health Promotion (NCHP) recognizes the important role that radio anchors and reporters play in delivering critical information for mothers, fathers, and children in communities. With technical assistance from the Health Promotion and Communication Project (HealthPRO) of the US Agency for International Development, NCHP produced a collection of radio spiels about the healthy behaviors highlighted in the revitalized Garantisadong Pambata child health and nutrition services and communication program.

Own a copy of the GP Broadcaster's Manual

By following the steps below, you can have your own copy of the Garantisadong Pambata Broadcaster's Manual.

1. Detach the two middle spreads of this HealthBeat issue.

2. Cut the detached spreads in the middle where the staples used to be. You will have four individual sheets.

3. Fold in the middle.

4. Staple the booklet twice along the fold.

5. You now have your own copy of the GP Broadcaster's Manual. Share it with your friends working in the radio broadcasting industry or use it during health classes or any opportunity when you can share important messages to mothers and fathers on how to take care of the health of their children.

DOH Annual Calendar

January
Deworming of School Children (Grade 1-6)- Round 1
- **18-22** National Cancer Awareness Week
- **24-30** Goiter Awareness Week
- **29** World Leprosy Day

February
Heart Month
Oral Health Month
National Health Insurance Program Month
- **1-5** National Mental Retardation Week
- **4** World Cancer Day
- **3rd wk** Leprosy Prevention and Control Week

March
Colon and Rectal Cancer Awareness Month
Rabies Awareness Month
Burn Injury Prevention Month
National Women's Health Month
- **8** National Women's Day
- **22** World Water Day
- **24** World TB Day

April
Cancer in Children Awareness Month
- **7** World Health Day
- **22** Philippine Earth Day
- **25** World Malaria Day
- **4th wk** Head and Neck Consciousness Week

May
Cervical Cancer Awareness Month
Natural Family Planning Month
Road Safety Month
- **2** World Asthma Day
- **10-14** Safe Motherhood Week
- **15** AIDS Candlelight Memorial Day
- **19** World Hypertension Day
- **31** World No Tobacco Day

June
Dengue Awareness Month
National Kidney Month
No Smoking Month
Prostate Cancer Awareness Month
(cont...)

June (cont...)
- **5** World Environmental Day
- **14** World Blood Donor Day
- **14-18** Safe Kids Week
- **23** DOH Anniversary
- **25** National Patients Safety Day
- **4th wk** National Poison Prevention Week

July
Deworming of School Children (Grade 1-6) Round 2
National Blood Donors Month
Nutrition Month
National Disaster Consciousness Month
Schistosomiasis Awareness Month
- **8** National Allergy Day
- **11** World Population Day
- **12-17** National Disability Prevention and Rehabilitation Week
- **25-29** National Diabetes Awareness Week

August
Family Planning Month
Lung Cancer Awareness Month
National Lung Month
National Tuberculosis Awareness Month
Sight-Saving Month
National Breastfeeding Awareness Month
- **2-6** Mother-Baby Friendly Hospital Initiative Week
- **6-12** National Hospital Week
- **11-17** Phil. National Research System Week
- **3rd wk** Brain Attack Awareness Week
- **16-20** Asthma Week
- **19** National Tuberculosis day

September
Generics Awareness Month
Liver Cancer Awareness Month
- **1-7** National Epilepsy Awareness Week
- **7-11** Obesity Prevention and Awareness Week
- **26** World Heart Day
- **28** World Rabies Day

October
National Children's Month
Breast Cancer Awareness Month
- **10** World Sight Day; World Mental Health Day
- **1-7** Elderly Filipino Week
- **4-8** National Mental Health Week; National Newborn Screening Week
- **11-15** Bone and Joint Awareness Week; Deworming of school children (Grades 1-6)
- **15** Global Handwashing Day
- **18-22** Health Education Week; National Attention Deficit/ Hyperactivity Disorder Awareness Week
- **25-29** Food Safety Awareness Week
- **29** World Psoriasis Day

November
Cancer Pain Awareness Month
Filariasis Awareness Month
Traditional and Alternative Health Care Month
Malaria Awareness Month
- **1-5** Chronic Obstructive Pulmonary Disease (COPD) Awareness Week
- **2nd wk** National Skin Disease Detection and Prevention Week
- **7** National Food Fortification Day
- **8-12** Deaf Awareness Week
- **14** World Diabetes Day
- **15-19** Drug Abuse Prevention and Control Week
- **22-26** Population and Development Week

November 25-December 12 - 18-Day Campaign to End Violence Against Women (VAW)

December
Firecrakers Injury Prevention Month
- **1** World AIDS Day
- **6** National Health Emergency Preparedness Day
- **3-9** Ear, Nose and Throat Consciousness Week
- **10** National Youth Health Day

Ang material na ito ay hatid sa inyo ng Department of Health sa tulong ng Health Promotion and Communication Project ng USAID.

DOH DepED USAID

Organizations and Resources

Millennium Development Goals : http://www.undp.org/mdg/
Department of Health (DOH): www.doh.gov.ph
Health Promotion and Communication Project (HealthPRO)
Philippine Information Agency (PIA): www.pia.gov.ph
Provincial Health Office
United Nations Children's Fund (UNICEF-Philippines): www.unicef.org/philippines
United States Agency for International Development (USAID-Philippines): www.philippines.usaid.gov

Garantisadong Pambata

Broadcaster's Manual

Kalusugan ng bata, sigurado. **BASTA i-GP MO!**

DOH DepED USAID
GALING SA MGA MAMAMAYANG AMERIKANO

Garantisadong Pambata

Kalusugan ng bata, sigurado.

BASTA i-GP MO!

Kahit saan, kahit kailan, kahit sino, kayang alagaan ang kalusugan ng kabataang Filipino.

Ang Bagong GP ay...

- para sa mga batang edad 0-14
- araw-araw
- sa Health Center, tahanan, paaralan at pamayanan
- tungkol sa mga gawaing Pang-kalusugan
- tungkulin ng lahat

DOH DepED USAID

Garantisadong Pambata

Kalusugan ng bata, sigurado.

BASTA i-GP MO!

Kahit saan, kahit kailan, kahit sino, kayang alagaan ang kalusugan ng kabataang Filipino.


Magpasuso


Magpabakuna


Mag-bitamina A


Magpurga


Maghugas ng kamay


Magsipilyo


Gumamit ng palikuran


Huwag manigarilyo

DOH DepED USAID

Spiel 10: Huwag manigarilyo

Isang payong GP o Garantisadong Pambata.

Maraming dalang peligro ang paninigarilyo at usok nito
lalo na sa mga bata at sa mga buntis.
Ito ay nagdudulot ng sakit sa baga tulad ng hika.

Para sa mga nanay,
huwag manigarilyo lalo na kung ikaw ay buntis
dahil maaari kang makunan,
manganak nang kulang sa buwan,
o kulang sa timbang ang iyong baby paglabas niya.

Huwag ding manigarilyo sa harap ng mga bata
upang di nila malanghap ang usok at di ka rin nila gayahin.

Tandaan: Ang sigarilyo at usok nito ay masama sa katawan ng tao.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Ang Garantisadong Pambata at Broadcaster

Bilang tagapagtaguyod ng kalusugan sa Pilipinas, itinatag ng Department of Health (DOH) ang programang Garantisadong Pambata (GP) noong 1999 para mabigyan ng mga bakuna, bitamina A, at pampurga ang mga batang 0-5 taong gulang tuwing Abril at Oktubre.

Patuloy na problema ng Pilipinas ang kalusugan ng mga bata. Ayon sa National Demographic and Health Survey ng 2008, kada-taon, sa bawat 1,000 pinapanganak, may 34 na mga bata ang namamatay bago pa sila umabot ng 5 taong gulang. Kadalasan, pulmonya, pagtatae, tigdas, sakuna at kakulangan sa nutrisyon ang mga sanhi ng kanilang pagpanaw—mga dahilang kung tutuusin ay madaling iwasan sa tamang pangangalaga ng kalusugan. Bukod pa rito, 6 sa 10 estudyante ng elementarya ang may bulate sa tiyan. Ito ay nakapipigil sa kanilang tamang paglaki at pagtalino.

Kaya naman mula Oktubre 2010, pinalawak ng DOH ang GP. Pati mga batang 6 na taong gulang hanggang 14 na taong gulang ay sakop na ng GP. Maaari na ring makuha ang mga libreng bakuna, bitamina A at pampurga sa mga araw na bukas ang mga health center. Ang GP ay hindi na lamang serbisyo mula sa health center kundi mga kaugaliang pangkalusugan na maaaring magawa kahit saan upang mapalusog ang mga bata. Sa pakikipagtulungan ng Departments of Social Welfare and Development (DSWD), Education (DepEd) at Interior and Local Government (DILG) ang mga kaugaliang GP ay itututuro na rin sa mga eskwelahan at pamayanan. Pati mga organisasyong tulad ng United Nations Children's Fund (UNICEF), World Health Organization (WHO) at United States Agency for International Development (USAID) ay nagkaisang tumulong upang mapalaganap ang GP.

Malaki ang maitutulong ng broadcast media sa pag-angat ng kalusugan ng mga bata. Kahit simpleng pagbibigay ng mga impormasyon tungkol sa kalusugan ay malayo ang mararating upang mas maraming bata ang mabuhay nang malusog. Sa broadcaster's manual na ito nabibigyan ng direksyon at suporta ang broadcasters sa pagtatalakay ng impormasyon tungkol sa kalusugan di lamang ng mga bata kundi ng buong pamilya. Ang mga broadcasters na katulad mo ang kailangan upang maging epektibo ang GP.

BASTA i-GP MO!

Paano Gamitin ang GP Broadcaster's Manual?

Ang manual na ito ay tungkol sa mga iba't-ibang paraan para masigurong malusog ang isang bata. Ang mga kaugaliang Garantisadong Pambata o GP ay mga simple ngunit subok na paraan upang matiyak ang tamang paglaki at maka-iwas sa mga karaniwang sakit na nakamamatay ang isang bata.

Bukod sa pagiging isang broadcaster, ginagampanan mo rin ang papel bilang isang tatay o nanay, tiyo o tiya, o lider sa iyong komunidad. Kaya sa pinalawak na Garantisadong Pambata, ikaw ay isang mahalagang bahagi. Ikaw ay isa ring GP Bida. Sa iyong natatanging galing bilang isang broadcaster, mapapalaganap mo ang mga kaugaliang GP upang mas marami pang mga bata ang lalaking mas malusog, mas matibay, at mas kapaki-pakinabang.

Basahin sa iyong mga tagapakinig ang mga payong Garantisadong Pambata sa manual. Magdaos ng mga talakayan tungkol sa mga kaugaliang GP. Makipagkuwentuhan sa mga nanay, tatay, health workers, nurses, midwives, at doktor. Laging tandaan: kahit saan, kahit kailan, kahit sino, kayang alagaan ang mga batang Filipino.

Kalusugan ng bata, sigurado! Basta i-GP mo!

Mga pamamaraan upang garantisadong malusog ang bata:

1. *Pagpapasuso ng gatas ng ina lamang sa unang 6 na buwan mula pagkapanganak.*
2. *Pagkumpleto ng bakuna ng bata sa tamang skedyul.*
3. *Pagbibigay ng bitamina A kada anim na buwan sa mga batang anim na buwan pataas.*
4. *Pagbibigay ng gamot pampurga kada anim na buwan sa mga batang edad 1 taong gulang pataas.*
5. *Paghuhugas ng kamay matapos maglaro o gumamit ng kubeta at bago humawak ng pagkain.*
6. *Pagsisipilyo ng ngipin nang hindi bababa ng dalawang beses sa isang araw, lalo na pagkatapos kumain at bago matulog.*
7. *Paggamit ng kubeta.*
8. *Hindi paninigarilyo lalo na sa harap ng mga bata at kung ang nanay ay buntis.*

Spiel 9: Gumamit ng kubeta

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na isang dahilan ng pagkalat ng mga sakit
tulad ng diarrhea, cholera at hepatitis A ang pagdumi ng tao
sa di tamang lugar?

Ugaliin ang paggamit ng kubeta.
Turuan ang mga bata na gumamit nito sa pagdumi.
Turuan din silang maghugas ng kamay pagkatapos gumamit ng kubeta.

Tandaan: Para iwas sakit, ugaliing gumamit ng kubeta.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 8: Ugaliin ang pagsisipilyo ng ngipin

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na maraming bata ang sira ang mga ngipin?

Habang baby pa ang inyong anak, umpisahan nang alagaan
ang kanyang mga tumutubong ngipin.
Gumamit ng gasa o malambot na tela para linisin ito.
Kapag isang taong gulang na siya, turuan na siyang magsipilyo.
Dapat makapagsipilyo ang bata ng di bababa
sa dalawang beses sa isang araw,
lalo na pagkatapos kumain at bago matulog sa gabi.
Ugaliin ring magpatingin sa dentista kada anim na buwan.

Tandaan: Magsipilyo nang 'di bababa ng dalawang beses sa isang araw, lalo na pagkatapos kumain at bago matulog sa gabi.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 1: Introduction to GP

Alam ba ninyo na pinalawak na ng DOH ang programang Garantisadong Pambata o GP?

Dati, ang mga serbisyong GP
ay para sa mga batang nasa sinapupunan pa lamang
hanggang 5 taong gulang.
Ngayon, saklaw na rin ng GP
pati mga batang 6 hanggang labing-apat na taong gulang.
Ang GP ay binubuo ng mga serbisyong makukuha sa health centers
at mga kaugaliang pangkalusugang itinuturo
para masiguro ang kalusugan ng inyong anak.
Maaaring gawin ang mga ito saan man siya naroon:
sa bahay, sa paaralan o saan man sa komunidad.

Tandaan: Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 2: GP Behaviors

Kaya nating magpalaki ng batang malusog.
Sundin lang ang mga payong Garantisadong Pambata.

1. Magpasuso.
2. Magpabakuna.
3. Mag-bitamina A.
4. Magpurga.

Gawin din at ituro sa inyong mga anak ang mga sumusunod:

5. Maghugas ng kamay.
6. Magsipilyo.
7. Gumamit ng kubeta.
8. Huwag manigarilyo.

Tandaan: Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 7: Maghugas ng kamay gamit ang sabon at tubig

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na ang paghuhugas ng kamay gamit ang tubig at sabon ay isa sa mabisang paraan para maka-iwas sa mga sakit tulad ng trangkaso at pagtatae?
Dapat tama ang paraan ng paghuhugas ng kamay.
Gumamit ng sabon, kuskusin lahat ng sulok ng kamay
at banlawan ng malinis na tubig.
Gawin itong palagi dahil maraming mikrobyong hindi nakikita.

Tandaan: Maghugas at magsabon ng kamay
lalung-lalo na bago at matapos kumain at pagkatapos gumamit ng kubeta.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 6: Magpapurga

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na anim sa sampung batang nag-aaral
ay may bulate sa tiyan?
Kung may bulate, ang isang bata ay matamlay, antukin,
mabagal at mahinang umintindi.

Simple lang ang mga paraan para makaiwas sa bulate.
Magsuot lagi ng tsinelas o sapatos.
Maghugas ng kamay gamit ang sabon at malinis na tubig.
Maggupit ng mga kuko at panatilihing malinis ang mga ito.
Gumamit ng kubeta.

Tandaan: Para labanan ang bulate, uminom ng tabletang pampurga
kada anim na buwan. Libre ito sa mga health centers at pampublikong
paaralan. Magpunta na!

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 3: Mag-breastfeed

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na mas malakas, malusog at matalino
ang batang laki sa gatas ni Nanay?

Tanging ito ang may natural na sangkap
na nagpapatibay ng resistensiya,
nagpapalusog at tumutulong sa paglaki ng bata.
Hindi na kailangan bigyan si baby ng
tubig, am, juice, o ibang gatas sa kanyang unang anim na buwan
dahil ang gatas ni nanay ay sapat na
para masiguro ang kanyang kalusugan.

Tandaan: Tama. Sapat. Eksklusibo. Kaya mula pagkasilang
hanggang si baby ay mag-anim na buwan,
gatas lang ni Nanay ang ibigay.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 4: Magpabakuna

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na libre ang bakuna sa health centers?
Nilalabanan ng mga bakuna
ang walong delikadong sakit ng mga bata
tulad ng TB, Hepatitis B, polio, tetano, dipterya, tusperina, tigdas at German measles.
Nakamamatay ang tigdas. Nakalulumpo ang polio.
Huwag ipagpaliban ang pagpapabakuna
para lubos ang proteksyon ni baby
laban sa mga sakit na ito.

Tandaan: Kumpletuhin ang mga bakuna ni baby ayon sa gabay ng Department of Health.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Spiel 5: Mag-bitamina A

Isang payong GP o Garantisadong Pambata.

Alam ba ninyo na libre ang bitamina A sa mga health centers?
Kung may anak ka na 6 na buwan hanggang 5 taong gulang,
dalhin siya sa health center para mabigyan nito.
Gawin ito kada 6 na buwan.
Mahalaga ang bitamina A
para tumibay ang resistensiya, di maging sakitin
at luminaw ang paningin ni baby.
Importante rin ito sa kanyang tamang paglaki.
Kung siya ay may tigdas, pulmunya o nagtatae,
makatutulong ito sa kanyang mabilis na paggaling.

Tandaan: Pumunta sa health center para mabigyan ang inyong anak ng patak bitamina A tuwing anim na buwan.

Kahit saan, kahit kailan, kahit sino,
kayang alagaan ang kalusugan ng mga batang Filipino.

Basta i-GP mo!

Facial Harassment

Kayamanan

Usapan mag-asawa pagkasilang ng kanilang napakapangit na sanggol...

EVELYN: Isa s'yang kayamanan.
JOEL: Oo, nga! Ibaon natin!?!

Krimen

NELSON: Kung krimen man ang pagiging gwapo at maganda...
WENG: Ano?!?
NELSON: Hindi ka dapat mag-alala... INOSENTE KA !

Death Bed

EDWARD: Love, malapit na kong mamatay. Gusto kong magsabi ka ng totoo. Sino ang ama ng bunso natin, kasi pangit siya kumpara sa siyam niyang kapatid.
JOSIE: Sige at sana ay mapatawad mo na rin ako... Siya lang ang tunay mong anak!

Tapos, Kuya?

OBET: Oh yung mga pangIt dyan, pwede nang bumaba. May checkpoint kasi sa kanto eh. Baka akalain pang may sakay akong kriminal.
BETH: Tapos, kuya? At sino naman kaya ang magmamaneho nitong jeep?

'Pre

JOEL: Dude, pwede ba kitang tawaging 'Pre?
DAVE: Dahil ba close na tayo, Pare?
JOEL: Hindi, mukha ka kasing KAPRE!

Sayaw Na!

Sa isang party, nilapitan isang gwapong lalaki ang isang babaeng nkaupo sa isang sulok...

YUL: Sasayaw ka ba ?
JOYCE: *(Tuwang-tuwa at tumayo)* Sure, sasayaw ako!
YUL: Hay, salamat! Paupo ako, ha. Kanina pa ko nagsasayaw, eh!

Sama ng Tingin

NEIL: *(Nakatingin sa pangit.)*
DIANA: Hoy! Bakit ang sama mo tumingin?
NEIL: Eh ikaw, bakit ang sama mo tingnan?!?

Daming Pogi

BETCHA: Haaay. Ang daming pogi, mga bakla naman.
REX: Bakit ako? Hindi naman ako bakla ah?!?
BETCHA: Hindi ka naman din pogi!

Sinapak Ko Na!

NOEL: Love, sinapak ko yung nakasalubong ko. Sabihan ba naman akong mukha daw akong magsasaka kapag katabi kita.
AVIC: Don't get mad! Marangal naman ang magsasaka. Bakit ba niya sinabi iyon?
NOEL: Mukha ka raw kalabaw.
AVIC: Bwisit! Bakit hindi mo pa pinatay!

Break-Up

EVITA: Break na tayo.
RALPH: Ano? Bakit?!?
EVITA: Hindi tayo compatible. Gemini kasi ako.
RALPH: At ako, ano?
EVITA: Ah, eh, PANGIT ka!

Ampalaya

JEN: Mukha kang ampalaya sa ref!
AU: At bakit?
JEN: Kasi, ang COLD mo na, ang BITTER mo pa!

HIV Contact Tracing

Is the Philippines Ready?!?

by

DONATO DENNIS B. MAGAT
HEALTHbeat Staff

Where Do We Go From Here?

At the eve of World AIDS Day last year, Health Secretary Enrique T. Ona allegedly made a statement calling on parents to have their homosexual children tested for HIV/AIDS. This elicited strong reactions from non-government organizations working on HIV/AIDS prevention and control, saying that the comment was verging on homophobia (an irrational fear of gay people) and stigmatization. Ona clarified later that his comments were taken out of context and that he was stressing the need to involve the family in combatting the spread of HIV.

Photo floats in the Internet.

Latest statistics show that worldwide, the number of new infections has gone done by more than 20 per cent since 1997, but the Philippines is still among seven countries reporting an upward trend in HIV/AIDS cases. The six other nations are Armenia, Bangladesh, Georgia, Kazakhstan, Kyrgyzstan, and Tajikistan.

In the Philippines, HIV/AIDS has been identified as "highly prevalent" in 72 cities and municipalities across the country. The most common reported mode of transmission were sexual contact with the predominant type was males having sex with other males, and needle sharing among injecting drug users. However, the internationally known ways to prevent HIV/AIDS seem not working in the Philippines. There is outright hostility from some Catholic priests toward condom use even as Pope Benedict XVI had allowed condom use among married couples. And the needle and syringe exchange program, a social policy based on the philosophy of harm reduction where injecting drug users can obtain hypodermic needles at little or no cost, go against the country's fight against illegal drug trade and drug abuse.

So, where do we go from here? Is mandatory testing and contact tracing the next best thing?

Contact Tracing

In any disease, contact tracing is an excellent defense against impending epidemic (or even pandemic). It is an acceptable practice and, more often than not, a necessity.

The 2003 outbreak of SARS (Severe Acute Respiratory Syndrome) in Hong Kong which spread to neighboring countries, the influenza A H1N1 pandemic in 2009, or even the meningococcemia scare in Baguio City in 2005 are situations that warrant contact tracing to avert more loss of human lives.

But what about HIV/AIDS contact tracing? What should prevail? Human right to privacy and confidentiality of infected individuals? Or rights of uninfected persons to remain HIV-free?

Confidentiality of medical information has been considered a central element of the rights of patients in most countries, including the Philippines. In fact, Article 17 of the International Covenant on Civil and Political Rights provides that "no one shall be subjected to arbitrary or unlawful interference with his privacy"

In the context of HIV/AIDS, a high degree of privacy becomes an important issue as the disease carries a high risk of discrimination and stigmatization. Without any assurance of confidentiality, any infected individual or those suspected to be infected will not come out, even if they need counseling, testing, care and treatment.

Case reporting of infectious diseases dates back to the 14th century in Italy and 16th century in Great Britain. Italian health officials, beginning 1348, quarantined for 40 days cases of plague

identified on ships arriving at ports.

It was not until the late 19th century that most countries began reporting infectious diseases among individuals by name. In Great Britain, the British Contagious Acts of the 1860s, which allowed the compulsory testing of suspected or known prostitutes for venereal diseases, granted officials broad authority to confine and forcibly treat women for up to nine months. After years of protest, the Act was repealed in 1886.

In 1911, Western Australia adopted a compulsory name-based notification system for infectious diseases, including venereal diseases. Sweden followed in 1915 combining name-based notification with compulsory detention, treatment, and prohibitions against marriage amongst the infected. As years passed and as nations progressed, the need to uphold the people's health and the respect for a patient's privacy drew opposing lines of support and reasoning, with respect to HIV/AIDS.

Name reporting, according to advocates, could alert public health agencies to the presence of individuals infected with a lethal virus, permit such agencies to ensure that such person/s were properly counseled, would permit those responsible for surveillance to better execute their tasks, would permit partner notification, and would permit officials to notify infected individuals when effective therapeutics became available.

However, such arguments were met with fierce resistance from advocates coming from people living with HIV/AIDS, gay communities, and other public health officials. In the end, efforts to reassure opponents of name reporting to which confidentiality would be preserved were met with expressions of disbelief.

Today, HIV/AIDS reporting differ among countries. In Thailand, officials immediately adopted mandatory notification by name of both HIV and AIDS and then withdrew from this position quickly. Officials viewed nominal notification as ineffective and unnecessary within a system in which HIV/AIDS surveillance did not facilitate treatment nor prevention efforts while perpetuating discrimination and stigmatization. Also, without confidentiality, the system even resulted from persons committing suicide because their names were reported. Thailand reasoned out that their emphasis of surveillance is to monitor epidemic trends.

In South Africa, a controversial decision was recently made to adopt a system of AIDS unification despite human rights objections. In September 1997, the South African Minister of Health declared that she believed that AIDS should be made an anonymously notifiable disease. She said that the information would be used for surveillance of the disease, identification of risk factors, planning of prevention, treatment, supply of medicines, as well as monitoring the epidemic.

South Africa's Ministry of Health declared that they can't afford to be dictated by human rights or AIDS activists. "We need to do what is right. We want to know who is dying of AIDS and relatives and partners must be notified. It is time we treat AIDS as a public health issue like tuberculosis (TB). We don't go about treating that with secrecy", the agency added.

While South Africa reflects a determination to use reporting to enhance surveillance, Uganda, a very poor country

HIV/AIDS Registry

1984 - April 2012

In April 2012, the Department of Health recorded 233 new HIV cases confirmed by the STD/AIDS Cooperative Central Laboratory. This figure is 36% higher compared to the same period last year (171).

Most (97%) of the cases were males. The 20-29 years age group had the most (62%) number of cases. About 50% of the reported cases (117) were from the National Capital Region (NCR). In April 2012, the bulk of the new HIV cases came from the NCR, Central Visayas, CALABARZON, Central Luzon, and Davao Region.

The most common reported mode of transmission were sexual contact (210) and needle sharing among injecting drug users (23). The predominant type of sexual transmission was males having sex with other males (88%).

Of the total 233 new HIV cases, eight were reported as AIDS cases, all were males. All 8 cases acquired the infection through sexual contact (6 homosexual, 1 bisexual, and 1 heterosexual). For the month of April, there was a 22-year old male who died due to AIDS.

From the new 233 HIV cases, 18 were Overseas Filipino Workers (15 males and 3 females). All acquired the infection through sexual contact (3 heterosexual, 10 homosexual, and 5 bisexual).

From 1 January to 30 April 2012, there are now 1,032 new HIV cases recorded, 40 of these were AIDS cases. Of the 40 AIDS cases, 39 were males and one female. From the 40 new AIDS cases, 39 acquired the infection through sexual contact (19 homosexual, 15 bisexual, and 5 heterosexual) and a single case of mother-to-child transmission.

Of the total 1,032 HIV cases for 2012, 98 were males. Ages ranged from 2-81 years old. The 20-29 years age group had the most (58%) number of cases.

From 1984 to 2012, there were now 9,396 HIV cases recorded, of which 1,018 were AIDS cases. Of the total 9,396 cases, 7,872 were males. The age groups with the most number of cases were: 20-24 years (21%); 25-29 years (28%); and 30-34 years (19%).

Of the 9,396 HIV cases from 1984 to 2012, 8,579 were infected through sexual contact, 361 through needle sharing among injecting drug users, 58 through mother-to-child transmission, 20 through blood transfusion and needle prick injury (3). No data is available for about 375 cases.

with severe HIV epidemic, shows limitations to such system. Before, all AIDS cases were anonymously reported to their Ministry of Health's AIDS control program. Since reports submitted do not have unique patient codes, duplication existed. Compounding the problem is the issue of under-reporting.

In India, AIDS reporting is voluntary since the beginning of the epidemic. India's National AIDS Control Organization views mandatory testing and notification as an unproductive means of social control, resulting not in effective disease prevention, but in unproductive government restrictions.

With an estimated four million Indians now infected, the country operates some 180 sentinel surveillance sites that track infections in several STD (sexually-transmitted disease) clinics and among injecting drug users.

Although surveillance remains an integral part of public health, collecting information may require substantial resources but good information should improve the effectiveness of health services in terms of health outcomes. Some of the potential benefits of surveillance include monitoring and predicting morbidity and mortality trends in epidemics, determining routes of transmission and potential points of intervention, triggering health care and public health interventions, and guiding policy development and resource allocation.

While one can not discount the usefulness of surveillance, there are two main burdens associated with name reporting. These are avoidance of testing and counseling by those at risk and refusal to cooperate on the part of health care providers. Moreover, any reporting system that identifies a person will deter people from seeking testing and treatment.

Aside from name reporting, reporting of HIV/AIDS through partner notification may make an important contribution to comprehensive epidemic surveillance. Given the fears of those at risk for HIV infection and the existence of social contexts within which individuals have been subjected to discrimination, stigmatization, and acts of violence, it is crucial to engage in consultations with those most affected by the epidemic and before adopting a reporting system.

With partner notification in the background, another point of argument is the duty of public health officials to warn infected partner/s not to engage in behavior that may lead to transmission of HIV. Two points to consider here is the right to privacy of the patient and the right to know of the endangered partner. It is a dilemma faced by public health officials who become aware that their patients may pose a threat to HIV-free third parties. Another point to consider regarding third party notification is the case of health care workers exposed to accidental infected needle pricks.

After some discussions were presented regarding name reporting and third party notification, the big question remains – Is the Philippines ready for such practice?

Republic Act 8504 otherwise known as the Philippine AIDS Prevention and Control Act of 1998 Article VI Section 30 specifically mandates confidentiality of information which states that "All health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any medical records, file, data or test results to observe strict confidentiality particularly the identity and status of persons with HIV.

Also, release of HIV/AIDS test results will only be allowed to the following parties: person who was tested; parent of minor if minor; legal guardian of mentally handicapped person; person authorized to receive results for AIDSWATCH; and justice of Court of Appeals or Supreme Court. Likewise, Section 34 (Disclosure to Sexual Partners) of RA 8504 states that any person with HIV is obliged to disclose his/her HIV status and health condition to his/her spouse or sexual partner at the earliest opportune time.

Still, the discussion continues whether to apply such a system of name reporting, how far can confidentiality be protected or breached.

What Now?

Michael Tan, a renowned anthropologist and an advocate for HIV/AIDS prevention and control, in his "Pinoy Kasi" column in the Philippine Daily Inquirer on December 8, 2011, compared HIV/AIDS with TB control in the country. He said that for decades the country had proven ways of preventing and treating TB, yet it continues to be a major plague for Filipinos.

Tan wrote, "Stigma fuels the spread of TB by reinforcing myths and misconceptions around the disease and preventing people from coming out to get medical help and treatment." In the same way, "the DOH warnings about increasing infections among men who had sex with men, led to gay men being stigmatized. All these developments will exacerbate the AIDS problem because you will have people arguing that they don't belong to any of the so-called 'high-risk' groups and therefore do not need to protect themselves from HIV infection."

So, what now? Debates have been long and tedious in this country and if we cannot put our acts together for HIV/AIDS prevention, and borrowing the ending of Tan's column, "the toll in human lives and suffering will be much worse, and protracted."


(Photo by Emily Concepcion)

International AIDS Candlelight Memorial

AIDS: In Health and Dignity

by
RANIER NALDOZA
International AIDS Candlelight Memorial
Community Coordinator - Philippines

Talking about Facts

HIV/AIDS (human immunodeficiency virus / acquired immune defficiency syndrome) is one of the diseases that has to be halted as reflected in the Millennium Development Goals of the United Nations and is also being addressed in the Department of Health's Medium Term Development Plan.

According to the most recent Joint United Nations Programme on Acquired Immune Deficiency Syndrome (UNAIDS) statistics, an estimated 34 million people living with HIV globally. Amidst a global declining trend in HIV, the Philippines is one of the seven countries with more than 25 percent increase in HIV incidence in the last 10 years. Last March, The Department of Health - National Epidemiology Center recorded 313 new cases, the highest incident ever tallied in HIV. In April, the HIV/AIDS Registry shows 233 new HIV cases, summing up to 1,032 HIV incidents in the country; adding to the cumulative data of 9,396 cases from the year 1984 to April 2012.

At the end of 2011, HIV cases had increased as much as eight new cases per day, and early this year, the reported incidence increased to one new case every 3 hours. HIV prevalence remains below one percent of the general population but has breached one percent among key population at higher risk.

Commemorating the History

The Candlelight Memorial began in 1983, the time when confusion and misconception about a mysterious disease started in San Francisco, USA. Four young men decided to put a "face on the disease" by coordinating a small vigil behind a banner reading "Fighting For Our Lives."

Others joined in the candlelight that drew thousands, and thus began a

movement that inspired countless other people living with HIV in other countries to bring the disease into the light for communities and national leaders, to foster support, and move people to action. The annual May event was managed by an organization named Mobilization Against AIDS until the Global Health Council began organizing the event in 2000. In 2011, the International AIDS Candlelight Memorial (IACM) was again led by HIV positive community, through the Global Network of People Living with HIV (GNP+). The Candlelight remains one of the most important civil society-led efforts as it demonstrates the invaluable role communities play in the fight against AIDS as well as the critical partnership between communities and governments in promoting prevention, treatment and care, not just for HIV, but for other related illnesses and issues.

The Candlelight that is traditionally held every third Sunday in May is an important event for people living with HIV. It is a venue not only to remember loved ones who passed away, but to look forward to the future of AIDS. Worldwide, around 100,000 people commemorated the IACM in 500 towns and villages on 115 countries, calling for greater action from all sectors of the society.

The theme of this year's IACM, "Promoting Health and Dignity Together," aims to raise awareness around HIV and to promote respect among HIV positive people. In attaining the goals, it will have beneficial impact on their partners, families, and communities, including the reduction of new HIV infections, the reduction of AIDS-related deaths, and the reduction of stigma and discrimination among people affected and infected by HIV. The theme emphasizes that the health and well-being of an individual cannot be achieved without respecting a person's dignity and protecting the rights of all.

The Lotus Ceremony commemorating the lives of many Filipinos who lost their lives from AIDS, during the observance of the International AIDS Candlelight Memorial at the Department of Foreign Affairs. (Photo by ACHIEVE)

Promoting Today's Efforts

The Candlelight has paved the way to educate and provide a deep sense of awareness about HIV. The event pulls the global community together in its fight against AIDS.

There are several events held in the Philippines to observe the 29th IACM. These events were conducted by civil society groups and branches of government making their stand to promote efforts in the year's theme.

The Yoga for Life and the Quezon City government together with The Love Yourself Project, Take the Test, Youth AIDS Filipinas Alliance, beyondyoga, Bliss Yoga Manila, and ECHOyoga staged an open-for-all yoga practice at the Quezon Memorial Circle last May 20 during the "Oneness through Wellness" event. Yoga teachers guide the public in the mass yoga practice as volunteers educate attendees about HIV. The event aimed at promoting health and well-being among Filipinos, spreading awareness about AIDS, and stopping the stigma and discrimination against people living with HIV.

The Philippine National AIDS Council (PNAC) observed this year's IACM on May 25 at the San Lazaro Hospital Amphitheater. The PNAC has been working to arrive at commitments and covenants to close the financial gaps that hinder universal access to HIV prevention, treatment, care and support.

The PNAC has started the implementation of the Fifth AIDS Medium-Term Plan (AMTP), which defined strategies to bring the country closer in realizing the halting of the spread of HIV, and approved the 5th AMTP Investment Plan, which determined a medium-term financing range between P5.7 to P18.75 billion for universal coverage on HIV prevention, treatment, care and support, estimated financial gaps,

and financing strategies for national and local governments, private sector, and development cooperation.

The Department of Foreign Affairs (DFA) with the Action for Health Initiatives (ACHIEVE) commemorated the IACM on May 31 at the Bulwagang Apolinario Mabini in the DFA building. The event was focused on migration and HIV, and the testimonials were heard from former overseas Filipino workers (OFWs) living with HIV, and their struggles in life. A photo exhibit was also set and this featured different personalities championing for HIV prevention in the Philippines. The photos were accompanied by the personalities' insights on the current realities of AIDS in the country.

Those who participated in this year's various IACM activities called for government and international agencies to ensure more people have access to better health services and HIV treatment. They also demanded local and national leaders to do more to support the human rights of people living with HIV and no longer tolerate stigma and discrimination. The participants voiced out that HIV response will only be successful when it is an effort that is supported by, and addresses the needs of, all those affected by HIV, including all people living with HIV and specific groups such as men who have sex with men, people who use drugs, and sex workers, women and young people.

Together We Can

Civil society and people living with HIV wants the government and international agencies committed to:

- Achieving universal access to HIV prevention, treatment, care and support by supporting the 5th AMTP and its Investment Plan.
- Respecting, protecting and fulfilling the human rights of people living with, and those most affected by HIV;
- Harmonizing and promoting laws to protect the rights of people living with, and those affected by HIV. Governments should review existing laws, practices and policies and amend any that cause barriers to accessing HIV prevention, treatment, care and support services;
- Involving people living with HIV meaningfully in decisions on national, regional and local levels of the HIV response; and
- Ensuring that country level HIV responses are transparent, accountable and inclusive of those most affected by HIV, particularly women and girls, young people, men who have sex with men, transgender people, sex workers and people who use drugs.

Mass yoga practice at the Quezon Memorial Circle during the "Oneness through Wellness" event of Yoga for Life and the Quezon City government. (Photo by Noel Abelardo)

On a personal note as an IACM community coordinator, the ongoing collaboration of stakeholders in the context of Positive Health, Dignity and Prevention shall shape the existing policies and laws and how we acknowledge the efforts of the individuals living with HIV in the response, as part of the solution. We must recognize that these efforts cannot be attained without the key people to the 30-year old epidemic. The goals can only be achieved when human rights of people living with HIV including reproductive and sexual rights are ensured, dignity needs to become holistic wellbeing are met, and access to health services in concern on prevention, treatment, care and support are scaled up.

I urge the HIV positive communities to step-up in leading the role for better quality of life of people living with HIV. I encourage our partners, in local, national and international level, both government and private, to continue its commitments towards an AIDS Free Philippines. Let's promote health and dignity, together!

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A total of 400 **RN***heals Batch 2 nurses are assigned to the POC. (Photo courtesy of Philippine Orthopedic Center)*

RN*heals*

The Philippine Orthopedic Center Experience

by
ROLSANNA R. RAMOS, BSFT, RN, MAN*
Philippine Orthopedic Center

The Registered Nurse for Health Enhancement and Local Service (RN*heals*) Program was conceptualized by the Department of Health in collaboration with the Department of Social Welfare and Development and the Department of Labor and Employment to respond to the country's constitutional mandate to make essential health services available to all Filipinos, especially the poor. This strategy is aligned with the health reform agenda of **Kalusugang Pangkalahatan** (Universal Health Care). The RN*heals* Program aimed at increasing nurse's employability with enhanced clinical and preventive health management competencies; augmenting the nursing workforce in rural and unserved/ underserved communities and health facilities through a competency based learning and deployment project; and addressing the proliferation of the so-called "volunteer nurses" (i.e. working in hospitals without being paid, albeit, they themselves pay the hospital to obtain a certificate of

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This article is based on a study of the same title by Rolsanna Rodriguez Ramos, Nurse I of the Philippine Orthopedic Center. Aside from being a Registered Nurse, she also holds degrees in Bachelor of Science Major in Food Technology (University of the Philippines-Diliman) and in Master of Arts Major in Nursing Administration and Management (Philippine Women's University). At present she is pursuing Doctor of Philosophy, Major in Nursing (UP-Manila).

work experience).

The RN*heals* program started with the deployment of Batch 1 nurses in February 2011 to address the shortage of skilled and experienced nurses in 1,221 rural and far-flung communities. The need to augment the nursing workforce in hospital and other health facilities led to the allocation of a second batch of nurses consisting of 11,500 nurses in October 2011 nationwide with priority to government hospitals. The RN*heals* Batch 2 also aimed at creating a pool of registered nurses with enhanced clinical and public health competencies towards the improvement of the delivery of health services. A total of 400 nurses were assigned to the Philippine Orthopedic Center (POC). Learning opportunities for nurses focus on skills development in clinical nursing through the rotations in the different departments of the hospital. In addition, the program aims to improve the nurse-patient ratio in the institution.

According to Dr. Imelda Tiongson, chief nurse, and Dr. Judy Franco, assistant chief nurse of the POC, the RN*heals* nurses are rotated every month to the different areas of the hospital with shifting schedules every week like the staff nurses. They are the frontliners in taking care of the patients. Their roles are composed of the following: obtaining and recording patients' vital signs and neuro vital signs; assessment, monitoring, and reporting symptoms and changes in patients' conditions; referral to a physician of any complains or problems encountered by the patient (medical and para-medical); and monitoring all aspects of patient care, including diet and physical activity.

The RN*heals* nurses are also involved in the consultation and admission process at the emergency room and out-patient department; pre-operative, intra-operative and post-operative nursing activities at the operating room; application/ removal of cast, traction, and braces; inventory of medications and articles; requisition/use of supplies for patient care at the central supply room, traction, and linen; dressing of wounds and bedsore; catheterization; bladder flushing; chest tube application/change; intermittent catheterization procedure; suctioning/ nebulization; turning/positioning of post-operative patients and with spinal cord injuries; intravenous insertion, change, and termination; blood transfusion and intravenous fluid administration; drug preparation and administration (oral and parenteral); nasogastric tube feeding; transfer of patients from clinical area to another ward; patient discharge (home, morgue, and other hospital); use of clinical forms and proper documentation; waste disposal; and post-mortem care.

The head nurses and regular staff nurses at the POC are tasked to teach, direct, manage, and supervise the RN*heals* nurses. They are assigned to ensure that these nurses provide proper nursing care to their patients and keep records and reports accurate and detailed.

Surveying RNheals Nurses at POC

A survey at POC was conducted to identify the RN*heals* nurses' responsibilities to their patients, limitations at work, problems and challenges encountered while performing their duties, and advantages/ disadvantages of the program. It also aimed at knowing the thoughts of the RN*heals* nurses about the program and their career plans are after finishing the program.

The respondents of the survey were 100 nurses under the RN*heals* program. Permission was sought from the Medical Center Chief and Chief Nurse to conduct the study in the hospital. When permission was granted, letters and questionnaires were handed out to the respondents. The questionnaires were taken home by the respondents to ensure that they would answer the survey questions at their most convenient time. The purpose and the objectives of the study were reiterated to them to ensure accurate responses.

The RN*heals* nurses were asked on the following: job description; daily routine at work and procedures that have already performed; limitations at work; problems and challenges encountered while performing duty; advantages and disadvantages of the program; and suggestions and recommendations about the program. The respondents were also asked the following questions: "If you were not here at POC, where will you be?"; "What are your plans after finishing the program?"; and "In your opinion, are the goals of the RNheals Program fulfilled?"

The data gathering transpired for 10 days, from April 17 to 26, 2012. All questionnaires distributed were retrieved and completely filled up.

Responses

The following are responses of the RNheals nurses.

Job description. The RN*heals* nurses stated that they are responsible for the safety, treatment and management of their patients. According to Carolina Mariazeta, "Nurses under the RN*heals* program shall carry out the duties and responsibilities of staff nurses and perform them under the supervision of a head nurse or staff nurse of the institution." Mark Oliver Reyes declared that they are tasked to "assess patients' health problems and needs, develop and implement nursing care plans, and maintain medical records." Ralph Allen Punzalan stated that they

are expected to "assure quality care by adhering to therapeutic standards; measure health outcomes against patient care goals and standards; and make or recommend necessary adjustments, following hospital and nursing division's philosophies and standards of care set by the Board of Nursing. Continuity among nursing teams should also be maintained by documenting and communicating actions, irregularities, and continuing needs." And Kim Tran Estabalaya said, "As RN*heals* nurses, we are here to do what we have learned, apply our skills, give service to the sick towards their good health, be dedicated to our chosen field and be a part of the government service".

Daily routine at work/ Procedures already performed. Their daily routine at work includes all the activities in rendering primary care to patients at different areas, with the same responsibilities as the regular nursing staff. Haizelle Mae M. Eleda stated that "At the start of the shift, the first thing we do is to check the floor census of the ward and count the charts. We check on the service doctors on duty before we proceed to the endorsement. We do rounds by receiving the level of intravenous fluids and doing our bed side care to each patient. We get the supplies from the Central Supply Room then prepare our dressing trolley. Then we take our patients' vital signs and give their medications afterwards."

The actual procedures that the RN*heals* nurses were able to perform were balanced skeletal traction and cast application and removal with assistance, wound and bed sore dressing, removal of sutures and implants, intravenous and foley catheter insertions, bladder flushing, intermittent catheterization procedure, nebulization, suctioning, osteorized feeding through nasogastric tube, capillary blood glucose monitoring, tepid sponge bath, bed side care, turning/positioning of post-operative patients and with spinal cord injuries, and blood transfusion and intravenous fluid administration. Their responsibilities at POC are consistent with their job description designated by the RN*heals* Program.

The* RN*heals* program brings a feeling of accomplishment to the new nurses, being compensated for their work while accumulating new experiences and honing their skills. (Photo courtesy of Philippine Orthopedic Center)

Limitations at work. There is no limitation at work since the RN*heals* nurses function just like the staff nurses of the hospital. However, they are still under the supervision and accountability of the regular staff nurses on duty. Their charting and documentation are still being countersigned by the regular staff nurses.

Problems and challenges encountered while performing duty. Confusion with nursing practices arise from opposing perspectives of the different head and staff nurses whom they are working with. They are sometimes caught in a dilemma of choosing to do what they learned from nursing school against conforming with the instructions from their immediate supervisors.

Another challenge is the very limited resources that the hospital can provide. Dennick John Salvador mentioned that he is allotting a part of his salary to help some patients in buying their medicines.

Since they are new at the field, they still need to gain their immediate supervisor's and patient's trust and confidence. Estabalaya said, "I am being challenged by patients who scold me, raise their voice and are too demanding and hard to please. There were times when I encountered patients who are nurses themselves and who "seem to act as if they are highly professional." These patients degrade you, question your work, and even compare themselves to you. Some of the regular staff nurses still consider us as students and not as licensed professionals. Since we are considered as a group, just one or two inefficient RN*heals* nurses can taint the reputation of the whole group."

These difficulties, however, did not lead to the resignation of 10 nurses as of April 21, 2012. Rather, they quit the job due to the following reasons: pregnancy, illness,

and employment to other hospitals locally and abroad.

Advantages of the program. The RN*heals* program brings a feeling of accomplishment to the new nurses, being compensated for their work while accumulating new experiences and honing their skills. According to Eleda, "the program helped to improve my basic clinical knowledge and skills. It gave me the chance to work in a real clinical setting where I can observe and experience the ethical and professional behavior of a nurse. Working with different health professionals increases my self esteem and boosts my self-confidence. A year of experience can be our key to other opportunities locally and abroad."

Punzalan feels fulfilled that he is now a reputable nurse who provides care to patients, takes part in the journey of the patient as they get better, and who advocates the rights of patients from the different walks of life. In addition, his work enables him to meet new friends and colleagues, engage in the different hospital activities, enhance his communication skills, and expand his network. For him, working and training in a government hospital is better than being unemployed.

Estabalaya stated that it is better now that she is being paid as an employee instead of her paying the hospital for experience. In addition, the program is a further step in her plans of getting employed as a staff nurse locally or overseas. It boosted her self-esteem and put her back in track. It gave her a glimpse of hope in her pursuit of professional enrichment in nursing. Now, she has a first-hand experience on how to handle life and death, health and ill situations.

Disadvantages of the program. The hospital-based RN*heals* program has some disadvantages too. All of these nurses agreed that their compensation is low. This contradicts the perception of many hospital staff that they should be thankful for getting trained while being paid, unlike the "volunteer nurses" or trainees. Another disadvantage of the program is the excessive number of nurses deployed at the POC. There are 390 RN*heals* nurses that should be equally distributed in all the areas of the hospital per shift. Estabalaya said, "We are too many. This induces the others to become laid-back and just rely on their fellow RN*heals* to do the job. We overcrowd the ward and become a cause of irritation to patients. Sometimes some staff nurses who prefer to work alone consider us as stressors. We are too many that the hospital could not provide the additional Php 2,000.00 allowance for us."

An* RN*heals* nurse says that it is better now that she is being paid as an employee instead of her paying the hospital for experience. (Photo courtesy of Philippine Orthopedic Center)

Punzalan believes that they are stereotyped as students who are prone to committing errors. In addition, they are not being given the full accountability or responsibility to perform their duties. "If one commits a mistake, we are being generalized as a whole. It is a fact that most of us are new nurses and because of that, I feel that we are being discriminated." He also thinks that one year of clinical rotation is not enough. They are being rotated on a monthly basis in every ward of the hospital with shifting schedules like the staff nurses.

Mariazeta believes that the indecent compensation and exploitation of human resource have become a rule in the country. For her, the RN*heals* program is superficial, temporary and a short-term remedy to unemployment of nurses and understaffing of hospitals.

Suggestions/recommendations on the program. Mariazeta suggested that the effect of the RN*heals* program can be solidified and made long-lasting by considering the pool of the RN*heals* nurses as the official source of manpower if opportunities for employment become available in their respective hospitals. This may also help in abolishing nepotism and the "backer system" in the hospital.

Punzalan would like to extend the contract or, if possible, to have another program where they can continue to have an experience. Eleda recommended an

***An* RN*heals* nurse says that the program's intention of addressing the excess inexperienced nurses and the promotion of health of the people is partially met only because the program is only a short-term remedy to the country's problem of un/underemployed nurses and understaffed hospitals. (Photo courtesy of Philippine Orthopedic Center)**

increase in the duration of the program up to two years. With this, the nurses will have sufficient training that will boost their credentials as they apply abroad. She also proposed that the DOH should allot more budget to continue this program.

According to Adrianne C. Catahan, he is willing to receive Php 4,000 monthly instead of Php 8,000 as long as they will extend the one-year contract to two years because most of the hospitals here and abroad are requiring a two-year hospital experience. It will also be better if the DOH will issue a certificate of employment instead of a certificate of training and competency. He said, "the Philippine Overseas Employment Agency (POEA) does not consider a certificate of training nor volunteer as a hospital experience, therefore we will not be allowed to work abroad."

Kristy G. Reyes, stated that "the irony of our country's poor health status and bloated nursing supply is something not to be taken for granted. This is not a wake-up call to stop the students from pursuing nursing. This is a predicament that calls for the government to generate more feasible nursing opportunities and for thousands of registered nurses to persevere and work hard."

"If you were not here at POC, where will you be?" Some nurses under this program said that if they were not employed at POC, they might be pursuing a career in the business process outsourcing (BPO) industry or call centers until they find a job as regular staff nurses here or abroad. A number might be working now as private duty nurses or company nurses. Several might probably be at home waiting for work, job hunting with friends and attending training programs for continuing education. Others said that they might still be volunteer nurses. A few might have changed their career paths to support their family's financial needs.

"***What are your plans after finishing the program?"*** Most of the RN*heals* nurses are planning to apply at POC and other hospitals after finishing the program. As stated by Reyes, if he will be given a chance to continue and extend his contract, he will surely grab the opportunity.

Eleda stated, "Our chief nurse told us that we are being evaluated based on our knowledge, performance, skills, attitude, and most importantly, dedication to work because there is a possibility that they might absorb some of us as a regular staff. If that is so, I am hoping that I can be one of those chosen few and I am very much willing to pursue my nursing career in POC".

After finishing the program, Mariazeta will definitely raise the bar, get employed as a regular staff nurse and pursue a Master's Degree in Nursing. She will also consider the opportunities abroad but as much as possible, she would like to serve in her own country provided that she will be well-compensated. She believes that there

is no way but up!

"In your opinion, are the goals of the RN Heals Program of the DOH fulfilled?" Despite the drawbacks, most of the RN*heals* nurses believe that the goals of the program are fulfilled. They are able to gain clinical experience and career advancement for their future nursing practice and employment. The contributions of the program are valuable for both the nurses and the hospitals because it eases the problem of understaffing and surplus of unemployed and inexperienced nursing professionals.

As Mariazeta said, "the program's intention of addressing the excess inexperienced nurses and the promotion of health of the people is partially met only because the program is only a short-term remedy to the country's problem of un/underemployed nurses and understaffed hospitals. To fulfil its goals, the DOH must make this program more comprehensive and long lasting. They must address the problems from its roots so that the effects will be fully appreciated and felt by the people."

Conclusion

The Philippine government is working hard to offer a solution to the burning issue of oversupply and unemployment of Filipino nursing graduates. The need of Filipinos for quality health care and the need of nursing graduates for hospital experience and exposure are both dealt with by the RN*heals* program. By and large, the goals of the program at the POC are being fulfilled. It is considered as an achievement to the mostly new nurses for they can now work and improve their basic clinical knowledge and skills despite the low compensation. However, the RN*heals* nurses who will be accepted to future batches of the program should be decreased and just to be enough for the need of the hospital. They should also be screened accordingly to avoid nepotism and the usual practice of the "backer" system. The program though cannot entirely solve the oversupply and unemployment or underemployment of nurses. The government should implement more lasting programs and opportunities to nurses to ease the burden of nursing graduates.

Pinoy Icons

Jeepney, Jollibee at Sabit

Photo floats in the Internet

Ovarian Cyst

by
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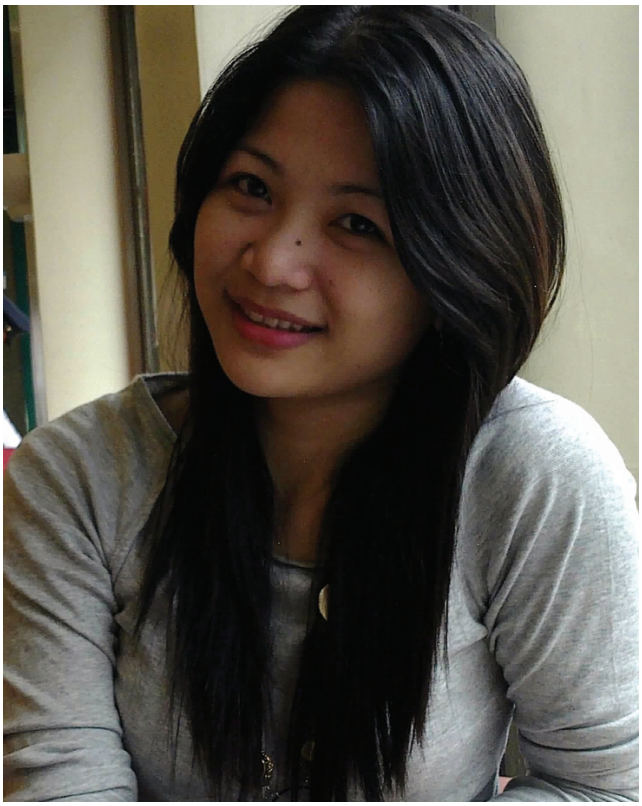
An hour past midnight of October 2, 2009, and everyone at home was having a soothing sleep, I suffered fever and there was pain in my right lower abdomen which led to vomiting. Thinking it was just an ordinary stomach ache, my mother gave me a glass of lukewarm water with some herbal medicine to drink as first aid treatment. But the pain still persisted at around 8 o'clock in the morning, and my mother decided to take me to our family doctor. I underwent physical examination and the doctor thought it was a ruptured appendicitis but he could not confirm my condition. We were referred to a hospital just to be sure.



The writer is an* RN*heals nurse assigned at the DOH CHD-Metro Manila.

We rushed to the Perpetual Succour Hospital in Cebu City for proper treatment. As hospital protocol, I went through a battery of physical and laboratory examinations, assessment and interview, pregnancy test and ultrasound. In the ultrasound examination, it was seen that my appendix is intact and ruled ruptured appendicitis, but the obstetrician/gynecologist noticed some floating liquid in my abdomen but could not determine exactly what it is. After an hour of laboratory, my doctor decided for surgery.

When I heard that, I was not exactly sure what to feel. I saw my mother in the corner of emergency room staring blankly. She was already thinking of the worse. She approached me, hugged me tight, kissed my forehead, sobbed and whispered, "God is with us." The doctor asked her to sign a waiver for the operation and for an advance payment for one bag of blood.

As I entered the operating room, my heart beat faster than normal as I lay on the operating bed. The anaesthesiologist came, oriented me with the spinal anaesthesia, and diverted my attention by telling silly jokes, as he prepared me for the injection. In a fetal position, or commonly known as the C position, he injected the 5-inch needle with 25g (gauge). Then, I went into an unconscious state.

Approximately six hours in the operating room, I woke up with the effects of the anaesthesia – tired, dizzy, and numb extremities. In the recovery room, as I had a glimpse of my whole family, uttered a few words that it was like some sort of a family reunion, and closed my eyes again to sleep.

I was wheeled into my room, and when I woke up, I had dry throat and still restless. My doctor explained to me and to my family what happened. The diagnosis was ovarian cyst.

Ovarian Cyst

The ovaries are two small organs located on either side of the uterus in a woman's body and their function is to make hormones, including estrogen, which trigger menstruation. Every month, the ovaries release a tiny egg. The egg makes its way down the fallopian tube to potentially be

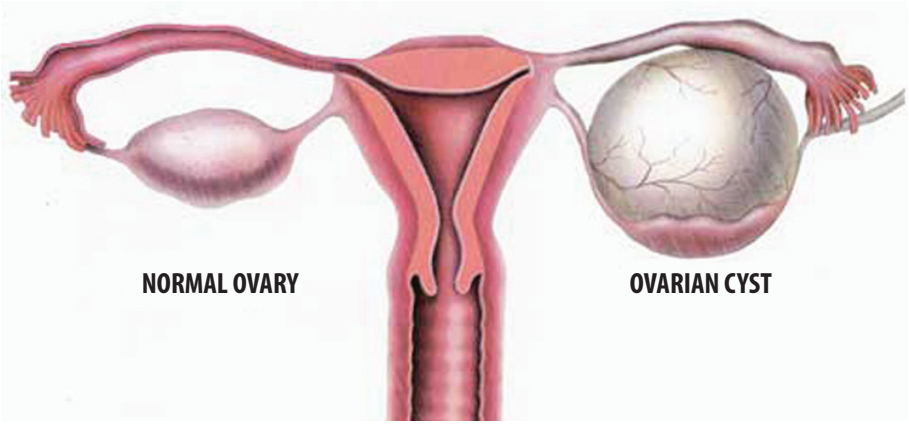


Illustration grabbed from the Internet.

fertilized. This cycle of egg release is called ovulation.

On the other hand, cysts are fluid-filled sacs that can form in the ovaries. They are very common, particularly during the childbearing years, although ovarian cysts affect women of all ages. It is estimated that virtually all women who still have a monthly period, and 1 in 5 women who have been through the menopause, will have one or more ovarian cysts. Most ovarian cysts are benign, meaning they are not cancerous, and many disappear on their own in a matter of weeks without treatment.

There are several different types of ovarian cysts. The most common is a functional cyst. This means it occurs normally and is not part of a disease process. It forms during ovulation. That formation happens when either the egg is not released or the sac (follicle) in which the egg forms does not dissolve after the egg is released.

Some types of cysts are not related to the normal function of the menstrual cycle. These cysts include: Dermoid cysts - may contain tissue such as hair, skin or teeth because they form from cells that produce human eggs; Cystadenomas – cysts that develop from ovarian tissue and may be filled with a watery liquid or a mucous material; and Endometriomas – cysts that develop as a result of endometriosis, a condition in which uterine endometrial cells grow outside the uterus.

Dermoid cysts and cystadenomas can become large, causing the ovary to move out of its usual position in the pelvis.

Often, ovarian cysts do not cause any symptoms. Ovarian cysts that cause symptoms are much less common, affecting only 1 in every 25 women at some point in their life. However, ovarian cysts can cause problems if they twist, bleed, or rupture.

Symptoms of ovarian cysts include: pain or bloating in the abdomen; difficulty urinating or frequent need to urinate; dull ache in the lower back; pain during sexual intercourse; painful menstruation and abnormal bleeding; weight gain; nausea or vomiting; loss of appetite or feeling full quickly.

Symptoms of ovarian cysts can also be symptoms of ovarian tumors. And ovarian cancer often spreads before it is detected. That is why it is important to have any growths checked. The obstetrician/gynecologist or a regular doctor may feel a lump while doing a routine pelvic exam. Postmenopausal women in particular should get examined because they face a higher risk of ovarian cancer.

Exploratory Laparotomy

The surgery done to me was called exploratory laparotomy, or a method of surgical incision through the abdominal wall that allow doctors to examine the abdominal organs in order to investigate the cause of the disorder.

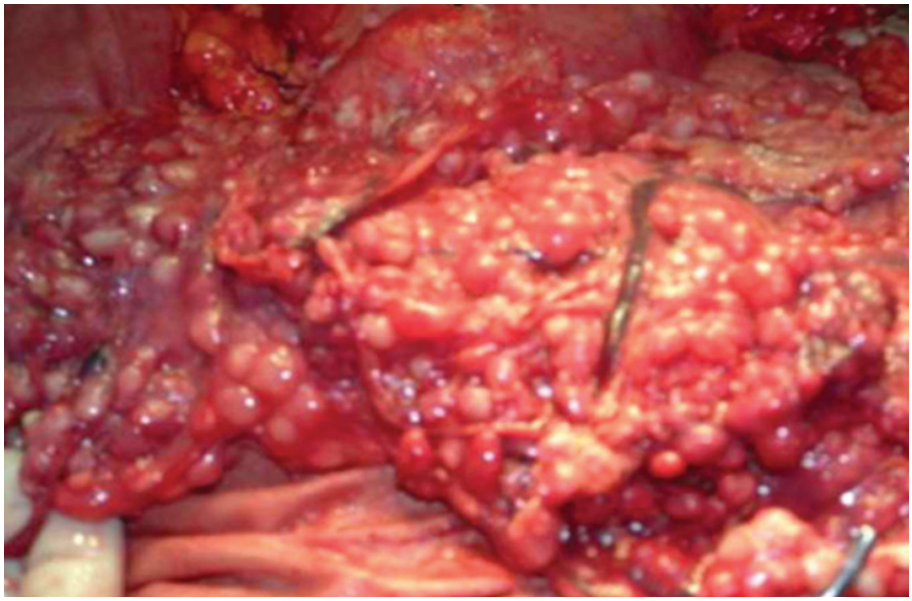
We were told that I had severe abdominal bleeding with approximately one liter of blood suctioned. The cyst was also ruptured due to hormonal changes and some other factors. In my case, it was genetics. My mother had it and also my grandmother who died from ovarian cancer. Thank God mine was benign.

Though I was saved by the surgery, the following days in the hospital seems more tragic. My haematocrit level (the volume percentage of red blood cells or RBC in the blood) was very low, and my doctor ordered complete blood count (CBC) every six hours. Normally, in females it is at 40%

level, but in my case, it was at 18%. Three packs of RBC were transfused in me to make my condition stable.

At 19 then, this experience seemed too overwhelming. Relatives and friends visited me in the hospital and asked me the same question – Could I still get pregnant and bear a child? As a student nurse then, I knew that only 40% functional ovary is needed for a woman to get pregnant. This was confirmed by my doctor, but advised me to limit the number of children to two or three.

I was confined for nine days in the hospital and after that I was told to take iron supplements, pain relievers and antibiotics and have monthly check-ups. I was absent in my class for almost a month. I reviewed at home and took special exams to make-up for my absences. As my condition got better, I made several difficult adjustments. I wore abdominal binder over my uniform for almost three months at school. I ate plenty of fruits and vegetables and made some lifestyle modifications.



Ruptured ovarian cyst.

Three years have passed and I still have limitations in certain activities, like I could not ride the roller coaster, caterpillar, ferries wheel and other fun rides nor do strenuous activities like lifting heavy objects, running and weight bearing exercises.

In my "red" days, I experience dysmennorrhea (pain during menstruation) and I manage it by taking pain reliever as per my doctor's advice. I have monthly check-ups up to now and an ultrasound every six months to monitor my condition. And I still take iron supplement and vitamins.

I am now 22 years old, still single and living a happy and grateful life. I am so blessed!

KALAbeat

Hindi Madadaya si Kamatayan...

Isang araw pinuntahan ni Kamatayan si Pedro para sunduin.

KAMATAYAN: Pedro kukunin na kita.
PEDRO: Huwag na po muna ngayon, marami pa akong dapat gawin.
KAMATAYAN: Hindi pwede 'yun, ikaw ang unang pangalan sa listahan ng kamatayan.
PEDRO: Sige po, pero tatapusin ko muna ito. Pagtimpla muna kita ng kape.

At nilagyan ni Pedro ng pampatulog ang kape. Nakatulog si Kamatayan. Binura ni Pedro ang pangalan niya sa unahan ng listahan at inilagay sa pinakahuli...

KAMATAYAN: Ahhh... Napasarap ang tulog ko, kaibigan. Dahil sa mabuting pakikitungo mo sa akin, magsisimula ako sa pinakahuli ng listahan.
PEDRO: Patay!

Protect Breastfeeding

Growing Worldwide Concern over the Threat to the Milk Code of the Philippines

Baby Milk Action, a non-profit organization in the United Kingdom (UK), expressed its opposition to the proposed House Bill amending the Executive Order 51, or the Milk Code, signed by President Corazon C. Aquino in 1986 and its Revised Implementing Rules and Regulations (RIRR enacted in 2007).

Photo grabbed from www.justsaypictures.com

In a letter dated June 3 to the President, Senate President, House Speaker and the Health Secretary, Mike Brady, campaigns and networking coordinator of Baby Milk Action, said that the proposed legislation will open the floodgates to highly damaging promotion of breastmilk substitutes. The industry wants to be allowed to advertise baby milks, to contact mothers for so-called educational purposes and to sponsor and train health workers. This move is unacceptable and violates internationally agreed marketing standards.

The proposed bill entitled "An Act Promoting a Comprehensive Program on Breastfeeding Practices and Regulating the Trade, Marketing and Promotion of Certain Foods for Infants and Children," otherwise known as "The Breastfeeding and Milk Regulation Act," is sponsored by House Representatives Rufus Rodriguez, Josephine Lacson-Noel, Magtanggol Gunigundo, Anna York Bondoc, MD, Lani Mercado-Revilla and Lucy Torres.

The proposed bill, according to Brady, is backed by the Infant and Pediatric Nutrition Association of the Philippines, consisting of the multinational baby food corporations.

Brady said that there is a growing worldwide concern over the threat to the Milk Code and RIRR, and a total of 1,143 individuals from 41 countries (as of June 3) have already signed a petition of solidarity with the Filipinos opposing the proposed legislation and calling on policy makers to protect mothers, babies and their families from the baby food industry. The petition continues to gain support.

Brady also said in the letter that the Milk Code and RIRR are measures the Philippines can be proud of. They go some way towards protecting the rights of mothers to accurate, independent information on infant feeding in line with Article 24 of the Convention on the Rights of the Child. They are based on the International Code of Marketing of Breastmilk Substitutes and subsequent, relevant Resolutions of the World Health Assembly, which aims to protect breastfeeding and to ensure breastmilk substitutes are used safely when necessary.

He stressed that in line with the Code and Resolutions, the industry should be restricted to selling its products with appropriate labels and leave it to independent health workers to advise parents and caregivers. Companies can provide designated health workers with scientific and factual information about their products and nothing more.

The Code and Resolutions have been introduced in legislation in over 60 countries. The Philippines has played a leading role in this group, but this will come to a tragic end if The Breastfeeding and Milk Regulation Act is passed.

Brady also stated the country's Supreme Court ruling in 2007 upholding the RIRR and rejecting a challenge by the industry at that time: "The framers of the constitution were well aware that trade must be subjected to some form of regulation for the public good. Public interest must be upheld over business interests."

According to the World Health Organization, 16,000 babies die every year in the Philippines due to inappropriate feeding. Companies make untrue claims implying that formula protects babies and boosts intelligence, while failing to provide adequate information on the risks to babies fed on formula or how to reduce the risks to babies who have to be fed on formula.

F A T W A (Islamic Ruling) on Suckling

by
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Why Breastfeeding is Lifesaving

The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) agree that breastfeeding:

- drastically reduces deaths from pneumonia and diarrhea, the two major child killers;
- decreases postpartum bleeding, the leading cause of maternal deaths;
- lowers the risk of noncommunicable diseases later in life such as overweight or obesity, raise blood pressure, abnormal blood lipids; it also declines the rates of diabetes and cancers of the breast, ovary and uterus, the leading causes of deaths in adults; and
- saves more lives than any other preventive interventions.

Making the Breastfeeding TSEK logo appropriate for Muslim women.

What is optimal breastfeeding?

Optimal breastfeeding is an initiation of breastfeeding within the first hour of life after the newborn's birth; exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth (6th) month.

What is exclusive breastfeeding?

Strictly speaking, exclusive breastfeeding for six months (or EB6) means giving the infant only breastmilk, and no other liquids or solids, not even water. Drops or syrups consisting of vitamins, mineral supplements or medicines are permitted (when medically indicated). However, the

practices of rubbing honey on the gums of the child during "aqiqa" (baptism) which falls on the seventh day after birth or on succeeding weeks should not quash the definition of EB6 because it is an Islamic rite that cannot be avoided among Muslims.

What is complementary feeding?

Complementary feeding is the giving of foods to infants starting at six months (or 180 days) of age, in addition to breastmilk. The additional foods and liquids are called complementary foods because these are only additional or supplemental to breastfeeding, and not sufficient on their own as a diet.

Why 6th month is the right time to start complementary feeding?

At 6th month, the infant's digestive system is mature enough to digest a range of foods; the control of the infant's head is improved; the infant is able to sit with support; and the infant begins to develop the coordination skills to move solid food from front to back of the mouth for ingestion.

What are the risks of starting complementary feeding before or after 6th month?

The early introduction of other foods (other than breastmilk) into the infant's diet decreases the frequency of breastfeeding and intensity of suckling and as a consequence breastmilk production also decreases. When this happens, the additional food may take the place of breastmilk, making it difficult to meet the child's nutritional needs. Also, the early introduction of complementary foods increases the risk of illness such as diarrhea, wheezing and other allergic conditions because a child receives less of the protective factors present in breastmilk. Besides, studies have also shown that the early introduction especially of cereals and vegetables can interfere with the absorption of breastmilk iron, which is normally low in concentration at the age of six months.

Conversely, delaying the giving of complementary foods is not beneficial and is dangerous because the infant or child will not get the energy and nutrients required to meet his/her growing needs. As a result, the child's physical and mental development is affected and may lead to growth faltering and eventually malnutrition.

What is the Islamic Stance on Suckling?

The following are the Fatwa or Islamic Ruling on Suckling recently issued by the Supreme Council of Darul Ifta of the Philippines:

The Allah Almighty said, "And the bearing of him (i.e. gestation), and the weaning (i.e. stop feeding child with mother's milk) of him is 30 months" (Qur'an, 46:15).

Shedding light on this verse, Ibn Abbas construed, "The term of suckling should be determined according to the period of pregnancy. If the mother gave birth in nine months, it is enough for her child to suckle for 21 months, if she gave birth in seven months, it is enough for her to suckle for 23 months, and if she gave birth in six months the suckling should be two whole years".

In spite of this term of suckling, it could be variable based on the health condition of the mother and the child as recommended by a reliable and credible physician.

Furthermore, the ruling of mother suckling her child is compulsory. In fact, if she abandons it the term of suckling without valid and acceptable reason she committed sin because of the right of child. The proof of this is that Allah Almighty said, "The mothers shall suckle their children for two whole years; (that is) for those who desire to complete the term of suckling. The duty of feeding and clothing nursing mothers in a seemly manner is upon the father of the child..." (Qur'an, 2:233). Allah Almighty said in the same verse, "If they both decide on weaning, by mutual consent, and after due consultation, there is no sin on them. If you decide on a foster-suckling mother for your children, there is no sin on you, provided you pay (the mother) what is due from you in kindness".

Knowingly, the natural way of breastfeeding the child is with the breastmilk of the mother because of the great health benefits to both the mother and the child, according to the medical expert opinions.

Allah Almighty knows best.

- o 0 o -

HOT na HOT

JUN: Uwi na ako at gustong gusto ko nang hubarin ang panty ng Misis ko!
EDGAR: Bakit, Pare? Hot na hot ka na?!?
JUN: Hindi! Masyadong masikip sa akin eh!

'di maka-M.U.

GLEN: Pare, 'di talaga ako maka-MU sa kanya.
DENNIS: What's MU, Pare?!?
GLEN: Mub-Un, Pare... Mub-Un! Alam mo 'yun?!? Ang hirap!

Wala Lang...

EMAN: Nawawala po ang misis ko.
TELLER: Banko po ito, hindi police station.
EMAN: Ay, sorry! Sa sobrang tuwa ko, hindi ko na malaman kung kanino ikukwento!

Bastos Ba?!?

DELIA: Hon, tingnan mo o, nagpa-tattoo ako ng seashell sa may singit!
OSCAR: Oo nga, 'noh! Ang ganda ah!
DELIA: Pakinggan mo at baka marinig mo ang dagat!
OSCAR: Sige!
DELIA: Narinig mo ba ang dagat?
OSCAR: Hindi eh. Pero naamoy ko 'yung isda!

Mag-Un

ED: Ilang linggo palang kitang nililigawan, bakit ang bilis mo akong sinagot?
MAY: Ang relasyon ang pinapatagal, hindi ang panliligaw!

Walang Lokohan

JULIE: Paano ba talaga ako makakahanap ng lalaking hindi ako lolokohin.
MADZ: Hanap ka nang hanap ng lalaking hindi manloloko, eh tunay na lalaki nga mismo napakahirap nang maghanap!

Tsokolate't Beer

CHELLY: Kaya maraming babae ang kumakain ng tsokolate o cake matapos makipag-break sa boyfriend ay para mapalitan ng tamis ang pait ng pakikipag-hiwalay.
CHICCO: Kaya naman maraming lalaki ang umiinom ng beer pagkatapos makipag-break sa girlfriend kasi ang pait ng beer ang paraan nila para makalimutan ang tamis ng kanilang naging pagmamahalan.

Spoiled

AILEEN: Hindi na kita mahal.
BOY: Tinatanong ko ba?
AILEEN: Gusto ko ng makipag-break!
BOY: Ano ba tingin mo sa buhay, lahat ng gusto mo makukuha mo? Hindi pwede! Spoiled ka!

Kasalanan

WILSON: Para kang kasalanan ..
EMY: Bakit naman ?
WILSON: 'Di kita kasi maiwasan.
EMY: 'Kaw din, parang kasalanan ..
WILSON: Bakit naman? *(Kinikilig)*
EMY: Lagi kitang pinagsisisihan!

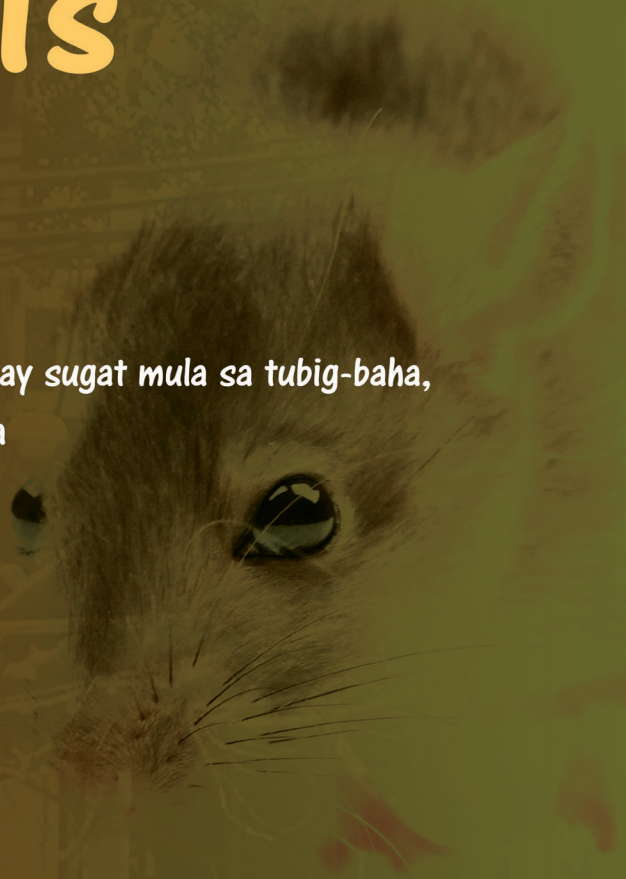
Puso Ko

JOJO: Ang puso ko, hindi na virgin...
ROSE: Anong pinagsasabi mo diyan?
JOJO: Kasi nga, pinasok mo na, pinadugo mo pa.

Patay!

JOYCE: Samahan mo naman ako sa sementeryo.
FRED: Bakit? Para dalawin ang puso mong patay na patay sa akin?!?
JOYCE: Hinde! Ililibing kitang hayop ka!

Leptospirosis



Sanhi: Mikrobyong "Leptospira"

Paano nakukuha:

- Sa pamamagitan ng pagpasok ng mikrobyo sa balat na may sugat mula sa tubig-baha, basang lupa, o halamang may ihi ng kontaminadong daga

Mga Palatandaan:

- Lagnat
- Panginginig ng katawan o "chills"
- Pananakit ng binti, kalamnan, at kasukasuan
- Pamumula ng mga mata sa ibang pasyente
- Paninilaw ng balat
- Matingkad na kulay ng ihi
- Kakaunti ang iniihi
- Sobrang pananakit ng ulo

Pag-iwas at Pagsugpo:

- Iwasang lumangoy o lumusong sa kontaminadong baha at maruming tubig
- Gumamit ng bota kung kailangang lumusong sa baha
- Sugpuin ang mga daga sa bahay
- Panatilihing malinis ang buong bahay

Kung may lagnat na ng 2 araw, lalo na kung lumusong sa baha, agad na komunsulta sa pinakamalapit na Health Center upang masiguro ang iyong kalusugan.

May libreng gamot laban sa Leptospirosis sa mga Health Centers.

REPUBLIC OF THE PHILIPPINES DEPARTMENT OF HEALTH

KALUSUGAN PANGKALAHATAN

NCHP, Department of Health 2012 Images lifted from the net.

Hi! Ako si Miguel.

Age: 25
Height: 5'10"

HIV Status: Confidential

Alamin ang iyong HIV status.

Magpa-test.

Libre at confidential ito.

For more information, visit

facebook.com/AmIAkoBa

DOH

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