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Doctors of Batanes General Hospital

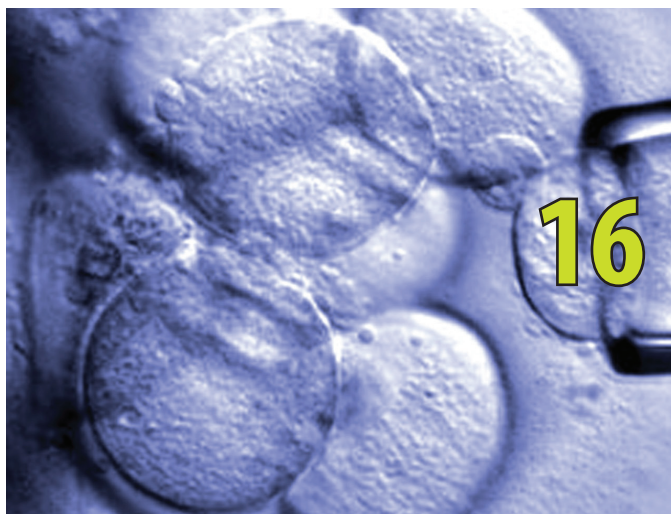
Doctors in Paradise

Front: Dr. Jeffrey Anthony T. Canceran (OIC-Chief of Hospital) | Dr. Alma B. Bercasio, CFP

Back: Dr. Samuel B. Dosono | Dr. Richard Paul G. Ong

Women indeed hold up half the sky, and DOH does its part in recognizing this by providing quality health care to Filipino women, especially for reproductive health. Happy Women's Month





contents

- 5** Health in Paradise
- 8** Household Helpers to Benefit from PhilHealth
- 9** Cementing DOH-LGU Partnership
- 12** QMMC Goes on a Meatless Monday
- 13** Bantay Presyon
- 16** News and Views on Stem Cell Therapy
 - 16** Regulating Stem Cell Therapy
 - 18** Permissibility in Islam
 - 20** Hype or Hope?
- 22** Health Secretary's Cup
- 26** Hold It, Let's Debate
- 30** Health Bus Tours
- 33** GP Awards
- 36** Health Promoting Schools
- 37** Paputok Summit Calls for Culture Change
- 39** Neurocysticercosis
- 41** Kuliti (Sty in the Eye)
- 42** Manscaping - Dare to Go Bare, Guys!
- 45** Sustaining the Fight Against Leprosy
- 47** DOH-MSD-Zuellig
- 49** DOH Runners' Club

jokes n'yo

- beatBOX **21**
- stress RELIEF **25**
- KALAbat **28**
- laughter HEALS **29**
- SAbat **50**



Health Debates

On March 14 (Manila Time), the 1.2 billion-member Catholic Church celebrated the announcement of a new Pope - Pope Francis. On March 15, Health Secretary Enrique T. Ona together with its partners signed the Implementing Rules and Regulations (IRR) of Republic Act 10354, otherwise known as the "Responsible Parenthood and Reproductive Health (RPRH) Act of 2012" in Baseco, Tondo, and calling it a momentous event in the history of health care. After the prescriptive period of 15 days, the IRR would have started full implementation on March 31 - Easter Sunday.

But that would not be too easy for government agencies that are tasked to implement the said law. On March 19, news reports carried the status quo ante order issued by the Supreme Court to suspend the law's implementation for 120 days. The oral argument is slated on June 18. Is this a "Twist of Faith?" We will not comment on that, of course. We will just wait for the turn of events and see and hear more discussions and debates.

Oh well, at least the State, Church (both Catholic and Muslim), and medical organizations do not debate on the position the Department of Health has taken on Stem Cell Therapy issue. Although this technology holds promise, it is not yet part of standard of care and is considered an investigative procedure for compassionate use. And they all agree and would want to prevent the practice of human-derived allogenic stem cells from aborted fetuses in the country.

Debate, in principle, is a platform to generate arguments for or against a particular issue. The DOH welcomes debates. In fact, it has organized the six-month Health Secretary's Cup campaign to increase public awareness on **Kalusugan Pangkalahatan** (universal health care). It used nationwide inter-college debates, community townhall meetings, round table discussions with various sectors of society, and media conferences.

As Secretary Ona puts it, "as guardians of the health of the people, the DOH needs to know what the people feel about the current health system and the reforms it is trying to implement."

So, bring on the discussions and debates, but we hope that everything will be resolved immediately and everyone will be working in harmony toward the attainment of the country's health goals.

— The Editors

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HEALTHbeat travels to some awesome views in Batan, one of the three inhabited islands of Batanes. (Photos by Tony Roda)

Health in Paradise

by

GLEN S. RAMOS and **ANTHONY R. RODA, MaHeSoS**
HEALTHbeat Staff

Batanes is the smallest province and could be the remotest island in the Philippines, but its breathtaking landscapes and seascapes, the preserved stone houses with cogon roofs, and the resilience of the people's spirit to keep their culture unsullied make the place truly a splendor! It may be hard to imagine if serious health threats occur in this island-paradise.

Island-Paradise

Batanes is situated in the

northernmost tip of the Philippines, about 860 kilometers (kms) north of Manila, 280 kms north of Aparri, Cagayan and 190 kms south of Taiwan. It is surrounded on all sides by vast turbulent seas and rugged topography, and nearly half of the province consists of hills, mountains and cliffs.

Batanes is composed of 10 small islands, of which three - Batan, Itbayat and Sabtang - are inhabited. The province is the smallest province in terms of land area (230 square kilometres) and population (17,237 as of 2012 estimate). It has six municipalities,

29 barangays and a lone congressional district. The six municipalities are Ivana, Uyugan, Mahatao, the island municipalities of Sabtang and Itbayat, and Basco – the capital and center of commerce and where most inhabitants and government offices are located.

Batanes is also known as the "Home of the Winds." It is subjected to frequent typhoons, but it does not mean that the province is constantly battered by typhoons. If Batanes is mentioned in connection with weather disturbances, it is

because Basco holds the last weather station in the north. It is a reference point for all typhoons that enter the Philippine area.

The islands' inhabitants are called "Ivatans," and they have learned to live with the temperamental weather – sunny one moment and stormy the next. They live in stone houses made of limestones with cogon roofs to withstand steady winds and rains that often sweep the province. Because of this traditional architecture, Batanes is included in the list of UNESCO's world heritage site.

The Ivatans are also known for their frugal and humane lifestyle. Tourists may get surprised if they will be greeted by children by "*pagmamano*." It is the practice of respect by asking for an elder's hand and touch one's forehead while bowing. Elderly residents, on the other hand, are generous to greet tourists with a smile.

The Ivatans live out basic noble values, as proven by the fact that there is very low crime rate in Batanes. According to the Philippine National Police in Region 2, crime incidents in the province are the lowest in the region with 21.43 percent. It is only in Batanes that "Honesty Shops" are possible. It exists not for profit but for genuine communal camaraderie. There seems to be a strong need among the people to protect and preserve Batanes' pristine culture against commercialism and other vicious practices.

There are no malls, clubs and fastfood chains in Batanes, and excessive noise, rudeness and lack of cultural and environmental concern are frowned upon not only by the Ivatans but travelers who are protective of the stunning beauty of the islands. Tourists and visitors are asked to take the initiative of helping Batanes be the "breath of fresh air" by keeping it clean and green and by respecting its culture.

Batanes can be reached by air

transportation from Manila as well as from Tuguegarao, Cagayan by small local airlines. When traveling to Batanes, however, you must have a very flexible schedule as flights get canceled at the last minute.

Health in Paradise

The remoteness and isolation of Batanes from the rest of the Philippines did not spare the province from one of the most dangerous viruses – dengue.

In July 2011, a dengue outbreak occurred in five of six municipalities with 900 cases recorded, and the whole province was placed under a state of calamity. The residents believed that tourists brought the virus to the province, others theorized that the dengue mosquito arrived from ships coming from Manila.

However, according to the findings of the Department of Health - National Epidemiology Center (DOH-NEC), the outbreak was caused by poor solid waste management and environmental sanitation, presence of the vector (*aedes aegypti* and *aedes albopictus*), storage of water in key containers which served as mosquito breeding sites, and human movement.

The DOH-NEC further revealed that the improper management of swine and poultry production in the areas intensified the situation because the water used for cleaning pigsty were openly exposed to vector and poorly unattended in several places of the province.

Before the outbreak, there were only two dengue cases recorded per year. Because of the incident, the Environmental Health and Sanitation Service of DOH Center for Health Development - National Capital Region (CHD-NCR) is now regularly conducting routine inspection to ensure that the incident will never be repeated.

Although the health services

of Batanes is under CHD-Cagayan Valley (Region 2), the DOH-retained hospital in Basco – the Batanes General Hospital (BGH) – is under CHD-NCR because of its accessibility to Manila.

Acting Chief of Hospital Dr. Jeffrey Anthony T. Canceran said that the BGH has a total bed occupancy rate of 34.14% with total admissions of 1,484 in 2012. The recorded live births were 194, while deaths were 36.

He quipped, "Although some people may think that health services are not tedious in Batanes due to the few admissions and people are seldom getting sick. This, of course, is not the case. At the end of the day, we find it rewarding to know that we have prevented illnesses and other health incidents from occurring through health promotion and education activities being done by the hospital staff."

Canceran added that the improvement of health facilities and services in other municipalities may have prevented the influx of patients to the BGH.

In 2012, hospital admission records showed that the top three causes of hospital admission were dengue, diarrhea and gastroenteritis, and hypertension. Meanwhile, the top three causes of morbidity (illness) were acute upper respiratory infections, disorders of teeth and supporting structures, and hypertension. The top three causes of death were pneumonia, hypertension and cancer.

Non-communicable diseases are seemingly on the rise in Batanes, and that may be due to excessive drinking and smoking.

Canceran said, "Even with the high prices of alcohol and cigarettes, people still continue to consume them maybe because these are the only vices that people can indulge after an exasperating labor in the field or sea."

About 75% of the Ivatans are farmers and fishermen, while the rest are employed in the government and services sector. Liquors and alcohol drinks in the province are sold in liters and with much higher prices. The distance and weather conditions of Batanes make certain commodities carry a 75% to 100% mark-up over Manila retail prices. Meanwhile, even simple forms of gambling do not exist at all in the province.

And then there is sex. Sexually transmitted diseases, particularly HIV/AIDS, are becoming a concern. This year, three HIV cases have been reported. Health officials and epidemiologists are now doing investigation and contact tracing (identification and diagnosis of persons

who may have come into contact with an infected person) to ensure that the virus will not spread and no resident will further be infected.

BGH: From Past to Future

The history of BGH dates back after World War II when it was created as a dispensary under the Philippine Rehabilitation Act of 1946 and eventually was upgraded to a 25-bed capacity emergency hospital. It became the Batanes General Hospital in 1955 with the same bed capacity and was later elevated to a 50-bed capacity in 1974. It was then made into a 75-bed capacity hospital in 1977.

Canceran said that the hospital

and public health services of Batanes were placed under the provincial health office in 1984. However, by virtue of the Local Government Code of 1992, the hospital was devolved to the provincial government and was renamed as Batanes Provincial Hospital. When it was upgraded into a tertiary level II hospital under Republic Act No. 8454 dated January 19, 1998, through the efforts of then Congressman now Department of Budget and Management Secretary Florencio "Butch" Abad, it came to be known as BGH. The complete re-nationalization took place in 2000.

Today, Canceran revealed, the BGH is in the process of transformation to become one of DOH's premier hospitals outside of Metro Manila through the Health Facility



Acting Chief of Hospital Dr. Jeffrey Anthony T. Canceran (front row, center) and the rest of the staff of the Batanes General Hospital.



At the back of a beautiful facade of the Batanes General Hospital (left) there is construction currently going on (right) that will transform the hospital into one of the DOH premier hospitals outside Metro Manila. (Photos by Tony Roda)

Enhancement Program of the department. BGH is now being provided with ample budget for improvement and purchase of essential equipment needed for its daily operation. A big portion of the hospital is now under construction.

There is currently a move to make the hospital offer health care services for medical travellers or foreign and local tourists who seek specialized medical treatment and

care. The Philippines is fast becoming one of the most sought after tourist destination for health and vacation, and the unspoiled, idyllic beauty of Batanes makes it a perfect site for medical tourism.

It has been proven many times that health care providers in the Philippines, including doctors, nurses, paramedical professionals and support staff deliver quality services at par with those offered in

leading medical institutions and health care facilities in the world, and at a lower price without sacrificing quality and safety.

With the right investment that should not be misconstrued as commercialization of medicine and health, BGH can readily offer health and wellness services for medical travellers.

Now that would truly be health in paradise!



2.5 Million Household Helpers to Benefit from PhilHealth

An estimated 2.5 million domestic household helpers will benefit from PhilHealth after President Benigno S. Aquino III recently signed into law Republic Act No. 10361 that aims to protect the welfare of domestic workers in the country.

The new law defines the labor rights of domestic workers, standardizes their pay, and entitles them to social protection benefits such as health insurance under the PhilHealth program, among others.

Under the new law, a domestic worker and his/her qualified dependents such as legal spouse, children below 21 years old, and parents 60 years old and above shall be covered by PhilHealth.

Members are entitled to full inpatient benefits when confined in any government and private hospitals accredited with PhilHealth.

To be able to avail of PhilHealth coverage, domestic workers need to submit a duly accomplished PhilHealth Member

Registration Form (PMRF) which is available at any PhilHealth office or can also be downloaded from www.philhealth.gov.ph, attach supporting documents for qualified dependents, and submit them to the nearest PhilHealth Local Health Insurance Office.

Annual contributions of P1,800 per year is also payable in quarterly or semi-annual basis and are borne by their employers for those earnings a monthly salary below P5,000.

Health Facility Enhancement Program

Cementing DOH-LGU Partnership

Health Secretary Enrique T. Ona continues his rounds to the different government hospitals and health facilities around the country to monitor the progress of implementation of the Hospital Facility Enhancement Program (HFEP), which provides funds to allow immediate rehabilitation and construction of critical health facilities and improve their services. It is one of the three strategic thrusts of the

Department of Health to attain **Kalusugan Pangkalahatan** (universal health care). The other two thrusts are financial risk protection through expansion in enrollment and benefit delivery of the national health insurance program and the attainment of the country's health-related targets in the Millennium Development Goals (MDGs).

In the first quarter of the year, Ona visited several areas in the country

to further cement partnership with local government units (LGUs) for **Kalusugan Pangkalahatan**.

Nueva Vizcaya, Isabela & Ifugao

In January, Ona inaugurated the Diadi Emergency Hospital and the Trauma Center of the Veterans Regional Hospital, both in Nueva Vizcaya. He also visited the



Health Secretary Enrique T. Ona monitors the progress of implementation of the Health Facility Enhancement Program in Marinduque. (Photo by Paking Repelente)

provinces of Isabela and Ifugao to affirm the DOH support to LGUs and personally check on the status of the rehabilitation and expansion of health facilities under the HFEP.

Ona said that attaining **Kalusugan Pangkalahatan** is a tough job that the national government cannot do alone, and the cooperation and dedication of all stakeholders will be its driving force.

The health chief stressed in his meetings with Isabela Governor Faustino “Bojie” Dy, Nueva Vizcaya Governor Luisa Lloren Cuaresma and Ifugao Governor Eugene Balitang that one way to attract medical and other health professionals to practice in the rural areas is to provide facilities with modern equipment in the area. This way, he said, people do not need to travel to Manila and other cities to get quality medical care and treatment, making travel expenses minimal and at the same time decongesting the medical centers in Manila.

Ona also reminded local officials to maximize Public-Private Partnership (PPP) to improve their health facilities. He said that the DOH has a PPP office located at the National Kidney and Transplant Institute and is always willing to provide assistance.

Some of the facilities visited by the health chief were: Southern Isabela General

Hospital (SIGH) and Cauyan District Hospital in Isabela, Nueva Vizcaya Provincial Hospital (NVPH) in Bambang, Nueva Vizcaya, and Ifugao General Hospital (IGH) in Lagawe, Ifugao.

The DOH is also committed to give more assistance to the following facilities under HFEP: relocation and construction of the new of IGH in Lagawe, Ifugao; upgrading of the Panupdupan District Hospital in Lamut, Ifugao, and SIGH in Santiago City, Isabela; rehabilitation of Pediatric Ward of Nueva Vizcaya Provincial Hospital; and provision of equipment for Diadi Emergency Hospital. Other rural health units and barangay health stations will also be beneficiaries of this commitment.

Bicol Region

Also in January, Ona visited the Bicol Region and was impressed to learn that the ongoing construction and renovation of health facilities in the Bicol region will be finished according to plans. “Soon no more Filipinos will die without seeing a doctor,” he said.

Albay Governor Joey Salceda aired his concern about the poor people in their municipality who are used to going to government hospitals without any papers

and they expect to be provided services without shelling out a single centavo.

Thus, Ona instructed the PhilHealth officers to provide services to every indigent Philhealth member despite the absence of their membership cards. He added that the legitimacy of these members can always be checked at the Philhealth Central Office.

Without any ready proof to support their membership claim, these patients are automatically classified as indigents by the hospitals. Non-availing by members of their entitlements deprives these members of the needed services and at the same time drains the funds of the hospitals resulting to low hospital income.

“We are committed to serving the Filipinos’ health needs,” Ona stressed. Moreover, he reminded PhilHealth officers, including local government officials that it is the President’s marching order to extend the best healthcare possible to every Filipino.

Ona also stressed that common law wives/husbands of legitimate members should be given privileges like that of married couples. He said that just because they are not married does not mean that they are not entitled, especially if they are poor. He added that this is the very essence why PhilHealth exists – to provide health services to the poor.



LEFT: Health Secretary Enrique T. Ona with DOH and Nueva Vizcaya Provincial Government staff. **RIGHT:** Sec. Ona with Cauayan, Isabela Mayor Bojie Dy (center in green t-shirt) and the DOH and Cauayan District Hospital staff. (Photos by Paking Repelente)



Health Secretary Enrique T. Ona with Albay Governor Joey Salceda (left photo) and Marinduque Governor Carmencita Reyes (in pink blazer, right photo).
(Photos by Paking Repelente)

Sorsogon Governor Raul Lee pledged to monitor and increase PhilHealth membership in his province. In fact, Lee committed to shoulder 50% of all premium payments of his constituents. During a discussion with Ona, it was discovered that only 15 out of the 30-50 average monthly women who delivered their babies in his area are PhilHealth members.

Ona visited Putiao Health Center and Birthing Homes, Dr. Fernando Duran Sr. Memorial Hospital, Irosin District Hospital, Bulan Memorial Hospital, Bulan Rural Health Unit and Birthing Home, Matnog Medicare and Community Hospital, Matnog Rural Health Unit and Birthing Home, Josefina Duran District Hospital, Bicol Regional Teaching and Training Hospital, City Health Office and the Philhealth office in Albay.

Marinduque

In February, Ona visited the province of Marinduque to inaugurate the Dr. Damian Reyes Provincial Hospital in Boac and the Rural Health Unit and Birthing Facility in Mogpog.

The provincial hospital is the ultimate referring facility in the province catering to all six municipalities with a total population of 240,000. This 100-bed hospital boasts its own water purification system.

This will ensure the prevention of water-borne diseases among patients confined in the hospital, hospital staff and caretakers.

Governor Carmencita O. Reyes revealed that there is no private hospital in Marinduque, which means that the local government is able to provide the needed medical and health services of the people. Marinduque currently has three hospitals and eight rural health units.

The health chief also visited the Gasan Rural Health Unit and Birthing Facility. During the visit, there were five mothers who delivered in there. Mayor Victoria A. Lim of Gasan and Mayor Senen M. Livel of Mogpog said that this is the first time that they received assistance to upgrade their health facilities.

In line with the MDGs of reducing maternal and infant mortality by 2015, Marinduque exceeded its MDG targets for maternal mortality and infant mortality, pegged at 18% and 9%, respectively. In fact, Gov. Reyes reported that most mothers, if not all, deliver in health facilities which account for the low maternal and infant mortality rates in the province.

Aside from achieving its MDGs, Marinduque has also been declared by the DOH as free from malaria, rabies and filariasis.

Ona urged local chief executives

to fully utilize their allocated budget for facilities enhancement and said that "every Filipino should have access to modern, reasonable, and affordable healthcare." He also moved for the 100% PhilHealth enrollment that will greatly reduce medical expenses of patients, especially the poor. Ona promised to provide more assistance to Marinduque in the next three years as Gov. Reyes also promised to work for a 100% PhilHealth enrollment.

Antique, Las Piñas and Bataan

In March, Ona handed over new equipment to the birthing facility of San Remigio, Antique. He also met with the officials of Las Piñas General Hospital and Satellite Trauma Center, led by Director Edmundo Lopez, to personally check the partially delivered equipment which included panoramic dental x-ray machines, defibrillator, electrocardiogram (ECG) machine, infusion pumps, instrument sterilizer, and resuscitators.

And finally in Bataan, Ona turned over the Samal Rural Health Unit and inaugurated the Mother Bles Birthing Clinic, a health facility enhancement project of the DOH, Samal LGU headed by Mayor Gene M. Dela Fuente, and KaKaK Foundation.

- o o -

Quirino Memorial Medical Center goes on a **Meatless Monday**

On March 18, a Monday, the Quirino Memorial Medical Center (QMMC) launched the "Meatless Monday," and that means vegetables dishes will be the main course that will be served its cafeteria.

Dr. Angeles T. De Leon, QMMC chief, said that Meatless Monday will increase the variety of healthy food choices available in the cafeteria and fits well with the hospital's vision of promoting public health and sustainability.

The QMMC will also bring its movement to the community by creating greater awareness on the health benefits of eating vegetables as a practical and cost-effective strategy to fight malnutrition, and metabolic diseases.

Meatless Monday is an international movement that started by the Johns Hopkins Bloomberg School of Public Health in 2003 in an effort to promote forgoing meat one day a week for public health and the health of the planet. Public figures, celebrities and athletes have been active in promoting the health advantages of reducing the intake of meat.

In 2011, Sodexo, a global food services giant in the US, launched Meatless Monday in more than 900 hospitals to advance health and wellness by reducing meat consumption. Sodexo followed up the launch with a survey of its customers and found that meat sales have gone down and vegetable sales have markedly increased in these hospitals.

It was also in 2011 that Meatless

Monday gripped the Philippines when an internationally recognized local chapter, "Luntiang Lunes," was launched during the Nutrition Month of July.

In 2012, the Nutritionist-Dietitians' Association of the Philippines (NDAP) threw its support for the Meatless Monday movement and issued a position paper calling for the passage of House Bill 6311 or the "Luntiang Lunes" Bill. The bill shall create environments in schools and workplaces for the increased consumption of vegetables as a strategy in curbing the growing epidemic of noncommunicable diseases, such as hypertension, cardiovascular diseases (CVD), diabetes mellitus, cancer and obesity.

Custer C. Deocaris, a Balik Scientist of the Department of Science and Technology and founder of Luntian Lunes, said, "It is sad that Filipinos have the lowest vegetable intake in Asia; on average, we eat a measly 39 kilograms (kg) of vegetables per year. This is a far-cry from the vegetable intake of Chinese which is pegged at 250 kg."

The 2008 National Nutrition Survey (NNS) of the Department of Science & Technology - Food and Nutrition Research Institute that showed vegetables account for only about 7% of the total daily intake food among children 6-12 years old.

Deocaris lauded the efforts of QMMC for the Meatless Monday and he said, "Doctors are the best PR (public relations) persons to promote healthy lifestyle, which include

proper nutrition."

He explained that health messages from most health campaigns tend to fizzle-out to oblivion as people revert to their old ways in due time. The strength of the cost-effective and powerful Meatless Monday campaign lies in the "maintenance phase" that may result in habit formation.

"If you're a meat-eater, you will develop the love for veggies," professed Deocaris. He added that as the health message gets repeated every week, Monday being the January of the week allows us to reset our intentions. Meatless Monday can recommit an individual to a healthy-way of eating 52 times a year. "If we fail, we have next week to bring us back on track," Deocaris concluded.

At the Meatless Monday launch, representatives from other Department of Health hospitals like Amang Rodriguez, Jose Reyes, Lung Center and Philippine Children's Medical Center were present to witness this landmark history for QMMC.

The international Meatless Monday movement, with headquarters based in New York, sent praises to QMMC for becoming the first hospital in the Philippines to join the international nutrition movement.

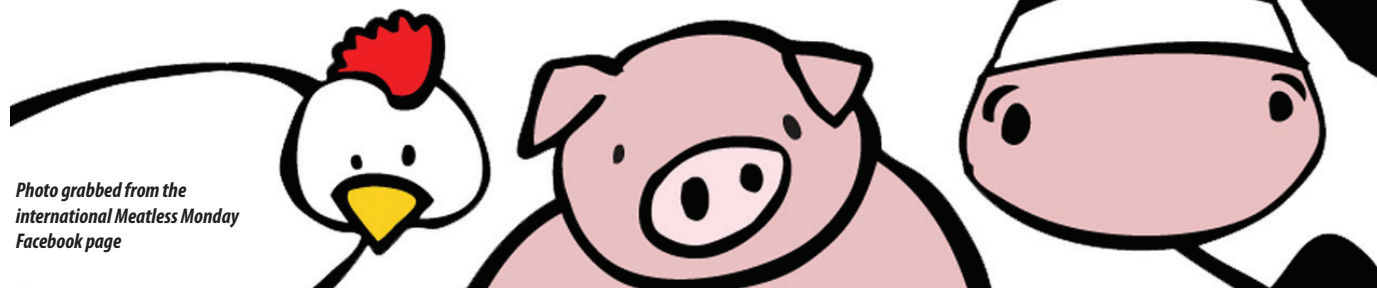


Photo grabbed from the international Meatless Monday Facebook page



Bantay Presyon

World Health Highlights Hypertension

World Health Day (April 7, the anniversary of the founding of the World Health Organization in 1948) highlights hypertension for its theme for 2013 with the ultimate goal to reduce heart attacks and strokes.

In the Philippines, one in four adults has high blood pressure. Cardiovascular disease, largely due to hypertension, is the leading cause of death, and hypertension is a leading cause of morbidity.

Hypertension increases the risk of heart attacks, strokes and kidney failure. If left uncontrolled, high blood pressure can also cause blindness, irregularities of the heartbeat and heart failure. The risk of developing these complications is higher in the presence of other cardiovascular risk factors such as diabetes. Early detection is key. All adults should know their blood pressure. This is a good piece of information about health.

Understanding Hypertension

High blood pressure – also known as ‘raised blood pressure’ or ‘hypertension’ – is a condition in which the blood circulates at persistently raised pressure. Blood is carried from the heart to all parts of the body in arteries and veins. Each time the heart beats, it pumps blood around the body. Blood pressure is created by the force of blood pushing against the inside of blood vessels

as it is pumped by the heart.

Blood pressure is expressed in millimetres of mercury (mm Hg). It is recorded as two numbers usually written one above the other: the first (or top) number is the ‘systolic’ blood pressure – the highest pressure in blood vessels, which occurs as the heart contracts (heart beat). The second (or lower) number is the diastolic

blood pressure – the lowest pressure in blood vessels in between heart beats, when the heart muscle relaxes.

Normal adult blood pressure is defined as a systolic blood pressure of 120 mm Hg and a diastolic blood pressure of 80 mm Hg. However, cardiovascular benefits extend to lower systolic (105 mm Hg) and lower diastolic blood pressure levels (60 mm Hg). Hypertension is defined as a systolic blood pressure equal to or above 140 mm Hg and/or diastolic blood pressure equal to or above 90 mm Hg. Maintaining normal ranges of both systolic and diastolic blood pressure are particularly important for the efficient function of vital organs such as the heart, brain and kidneys and for overall health and well-being.

There is a common misconception that people with high blood pressure will always experience symptoms. Most people with high blood pressure actually have no symptoms at all, and may not even know they have it. Sometimes high blood pressure can cause symptoms such as headache, shortness of breath, dizziness, chest pain, palpitations of the heart or nose bleeds. If people ignore measuring blood pressure because they think symptoms will alert them to the problem, it can be dangerous because high blood pressure is often a ‘silent killer’. Everybody should know their blood pressure numbers.



Health Undersecretary Teodoro Herbosa makes a face while his blood pressure is being taken during a "fitness camp" - one of the healthy lifestyle intervention activities of the six-month waist circumference reduction challenge, "Belly Gud for Health - The Executive Edition." (Photo by Marlito Tasitorno)

High blood pressure is the result of many factors. Demographic transition, rapid and unplanned urbanization and globalization are the underlying determinants. They contribute to unhealthy behavioral risk factors. High blood pressure is one of the metabolic risk factors that leads to many non-communicable diseases (NCDs). *(The main factors contributing to high blood pressure and its consequences are illustrated below.)*

The risk of developing high blood pressure can be minimized by: cutting down on salt; eating a balanced diet; avoiding harmful use of alcohol; getting regular exercise; and avoiding tobacco use. For many people, lifestyle changes are sufficient to control blood pressure. For others, medication is required. Inexpensive medication exists, which is effective when taken as prescribed.

It is essential that detection and control of high blood pressure (measurement, health advice and treatment), are coupled with simultaneous reduction of other risk factors that cause heart attacks and strokes, such as diabetes and tobacco use. They should be core elements of primary health care, and integral to efforts to reduce the

growing burden of NCDs.

Civil society has an important role to play in helping to address high blood pressure. Industry can contribute to the solution, for example, by reducing salt in processed food and making essential diagnostics and medicines more affordable.

Hypertension and Work

Certain work situations or requirements may affect the stability of their blood pressure which individuals, particularly those with hypertension should pay attention to. This includes working in cold environments since this may induce constriction of blood vessels causing the blood pressure to rise. Hot and humid work environment also affect the blood pressure, for example, through manual work which may result in excessive sweating and dilation of blood vessels that may cause postural hypotension, a condition that causes a drop in blood pressure (hypotension) due to a change in body position (posture) when a person moves to a more vertical position: from sitting to standing or from lying down to sitting or standing

Physical demands also have

an impact because the metabolism rises when the workload is heavy and work is physically demanding, leading to a rise in blood pressure. And people who do not have control over their jobs, as high-demand jobs with low levels of control lead to health issues like stress, burnout, and poor physical health which includes hypertension.

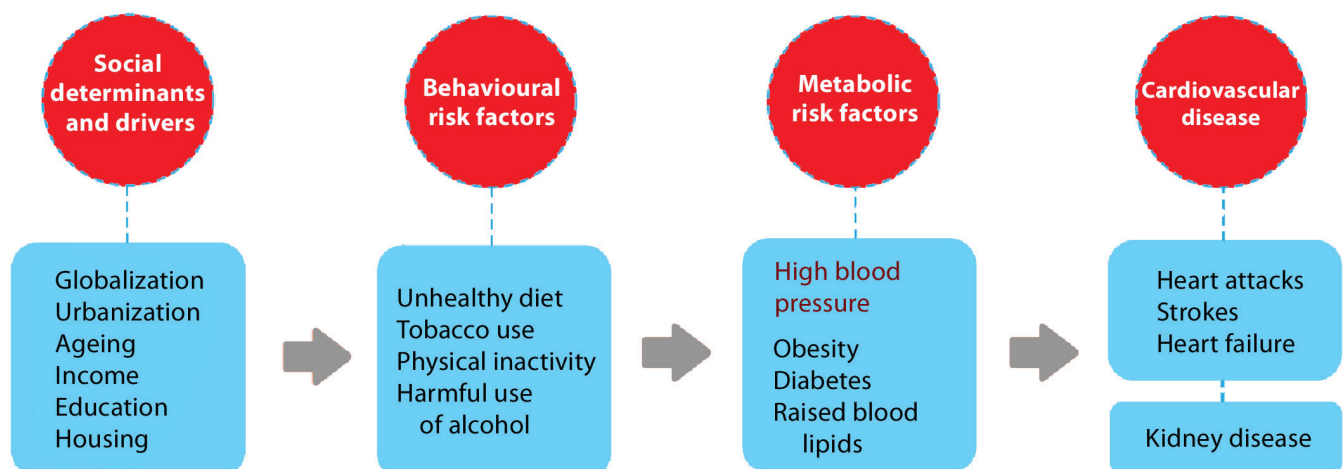
Other work-related risk factor for hypertension and coronary heart disease identified in recent years are long work hours and work shifts. Patients with hypertension may forget to take medicine because of their busy work schedule, adversely affecting the effectiveness of treatment. This should be observed despite heavy workload.

And lastly, unemployment can have an effect on blood pressure. Studies have shown a significant relationship between the duration of unemployment and the extent of blood pressure increase .

Hypertension and Tobacco

Although there are some studies that have demonstrated that hypertension incidence is higher among heavy smokers, there is still not clear evidence to confirm that tobacco smoking and exposure to

Main Factors Contributing to High Blood Pressure and Its Consequences



secondhand smoke (or the smoke that comes out from a lighted cigarette) are risk factors for hypertension. Right after someone smokes a cigarette, the nicotine can raise both the blood pressure and the pulse rate, but the duration and burden that this creates is not as well known.

But one thing is clear tobacco use induces arterial stiffness which may persist for a decade after cessation. Smoking should be always avoided but specially in any hypertensive patient because it can markedly increase the risk of secondary cardiovascular complications and enhance the progression of renal insufficiency.

The good news is that there are great benefits of quitting smoking among those who have hypertension: Risk of having a heart attack will be reduced after the first year if you quit smoking.

Hypertension and Salt Intake

Although salt is an essential mineral needed for our bodies to function, people in the Asia, including the Philippines, consume too much sodium as part of salt.

Many people are unaware of how much salt they are consuming, and are not able to cut their salt intake. There are food and condiments that most Filipino taste cannot do without – dried fish, bagoong, fish sauce and soy sauce – which are obviously high in salt, and then there are “hidden salt” in processed food, snacks and other food products like bread and cheese. In addition, some fast food chains and other restaurants are key suppliers of foods high in salt as well as fats and sugars.

High salt intake across all age groups results in heightened blood pressure. Children are particularly susceptible to salt taste habituation, which can spur increased demand for highly salted products and initiate life-long behavioral trends. The

occurrence of high blood pressure during childhood is likely to continue into adulthood thus increasing the risk of hypertension and cardiovascular diseases in later life.

Despite strong evidence of the benefits of salt reduction, a proportion of the food industry remains reluctant to take up salt reduction programs for commercial reasons.

Hypertension and Eye Health

Untreated hypertension can have profound effects on various parts of the eye, but mainly the retina. Classically, elevated blood pressure results in a series of retinal microvascular changes called hypertensive retinopathy. If untreated, these changes can be serious and sight threatening. Furthermore, hypertension is one of the major risk factors for development and progression of diabetic retinopathy – an ever increasing cause of visual impairment in our region.

Although symptoms may include decreased vision and headaches, most patients with hypertensive retinopathy are in fact symptom free and the condition is commonly discovered during routine eye examination. Signs of mild hypertensive retinopathy are seen in nearly 10% of the general adult non-diabetic population and are commonly associated with other indicators of end-organ damage, e.g. renal impairment.

Research has shown that by controlling blood pressure, visual loss from hypertensive retinopathy can be prevented. In addition to taking blood pressure medications, patients should be encouraged to a healthy lifestyle to avoid hypertension, including a healthy diet and regular exercise. In management of patients with hypertension, physicians should be aware of the full spectrum of the relationship of blood

pressure and the eye. People at increased risk of hypertension, including a family history, require regular eye examinations, even without any symptoms.

Hypertensive Disorders of Pregnancy

Hypertensive disorders of pregnancy (HDP) affect about 10% of all pregnancies around the world. HDP are an important cause of severe acute illness, long-term disability and death among women, fetuses and newborns.

In Asia, about 10% of maternal deaths are associated with HDP, the second leading cause of maternal deaths. The majority of these deaths related to HDP can be avoided by providing timely and effective care. Thus, optimization of health care for women during pregnancy to prevent and treat HDP is a necessary step toward achieving Millennium Development Goals, particularly MDG 4 and 5, reduction of infant mortality and maternal mortality, respectively.

Avoiding unwanted pregnancy in women with hypertension protects women's health because women with pre-existing high blood pressure are more likely to have complications during pregnancy (e.g. cerebrovascular diseases, growth retardation of foetus, premature birth). For these, becoming pregnant is a risk.

The Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 (Reproductive Health Bill) provides health benefits to all Filipino women and families who need reproductive health services. If all women and family can avoid unwanted pregnancy through effective contraceptives, women with hypertension or other pre-existing complications will also be protected from risky pregnancy. The World Health Organization fully supports the RPRH Act and its enforcement.

News and Views on **STEM CELL THERAPY**

Regulating Stem Cell Therapy

As promised, the Department of Health published on March 20 in major dailies the Administrative Order (AO) 2013-0012, also known as the "Rules and Regulations Governing the Accreditation of Health Facilities Engaging in Human Stem Cell and Cell-based or Cellular Therapies in the Philippines" to ensure that human stem cell and cell-based therapies in the country are safe and effective for their intended use.

Health Secretary Enrique T. Ona declared, "Our efforts at regulating the practice of stem cell therapy in this country are aimed at safeguarding the welfare of our patients and the general public by making safe, effective and ethical stem cell modalities and practices are within emerging international and global standards considering the very complex nature of this therapy."

Since late last year, the DOH and other medical professional organizations expressed their concern over the proliferation of "centers" offering stem cell treatments for medical and aesthetic purposes. On January 16, 2013, during the Philippine Society for

Stem Cell Medicine (PSSCM) 1st National Convention, Ona said, "Some stem cell programs here have expert personnel and clinical facilities and advanced laboratory equipment and technologies, reputed to be more advanced than other institutions abroad. We are concerned, however, that other facilities might not have the minimum capabilities especially trained personnel staff and equipment needed to perform stem cell therapies safely and effectively."

He also reiterated, "Although this technology holds promise, stem cell therapy is not yet part of standard of care and is considered an investigative procedure for compassionate use. Applications of stem cells for the treatment of malignancies, blood disorders, degenerative diseases (e.g., Alzheimer's Disease), metabolic diseases (e.g., diabetes), and immune cell therapy are still under clinical evaluation and study."

Ona's statement was supported by PSSCM, and according to its spokesman who is also the Philippine Medical Association vice chairman, Dr. Leo Olarte, said, "If the stem cell that you received is not from your own

body, it could lead to fatal complications." He added that although some people experience few problems with a transplant, others may develop complications including graft-versus-host disease (allogeneic transplant only), stem (graft) failure, organ injury, infections, cataracts, infertility, new cancers, and even death.

On February 5, it was the 1,500-member strong Philippine Heart Association's (PHA) turn to declare that it does not recommend stem cell therapy of any kind (from bone marrow, adipose tissues and non-human sources) as a standard of care to reduce cardiovascular risk in patients with heart disease (coronary heart disease and heart failure).

The PHA supports ethically conducted research studies that will help shed light on some of the uncertainties regarding this modality before it can be recommended as a standard of care in heart disease. This basically acknowledges that more studies with robust designs are needed to further elucidate on the role of stem cell therapy as a strategy for heart disease.

PHA President Dr. Saturnino Javier said, "This conclusion is basically aligned with the pronouncements of the DOH that such treatment should be considered "highly investigational for compassionate use."

The new DOH Order intends to prevent the introduction, transmission, and spread of communicable diseases by ensuring a minimum quality of service and staff qualification rendered by hospitals and other health facilities capable of utilizing human stem cell preparations and cell-based therapies. These guidelines will classify which stem cell preparations and therapies will be registered and allowed with certain restrictions. Preparations that will be allowed include those with adult human stem cells, human umbilical cord stem cells, and human organ-specific cells.

The AO restricts the use of genetically altered stem cells and tissues of human adults and the umbilical cord, fat-derived human stem cells, and live animal stem cells; the AO also prohibits for human treatment and research the creation of

human embryos and their derivatives, the use of aborted human fetal stem cells and their derivatives, and plant parts labeled as stem cells.

It can be recalled that on February 23, the PSSCM issued warning through media that the stem cells used in some anti-aging medical procedures in the country were harvested not from recipients themselves or donors but from "elective abortion of human babies abroad.

Olarte, who at that time just came a scientific forum in the US that tackled the issue of human commoditization for commercial and economic purposes, said that in countries like the Ukraine, Switzerland, Russia, and even Malaysia, harvesting human fetuses for stem cell transplant has become so prevalent that even normal healthy babies are being used to generate the cells that are supposed to make older people look and feel younger. Olarte claimed that a Malaysian pharmaceutical group has already offered human-derived allogeneic stem cells (or those harvested from a donor)

from Ukraine and Russia to several doctors in the Philippines.

He also said that this practice poses ethical and moral questions and the country should prevent the entry of human-derived allogeneic stem cells from aborted fetuses. Olarte even called on the Catholic Church to help put an end to this practice.

And on March 3, in a radio interview over the Church-run Radio Veritas, Bishop Jose Oliveros, the chairman of the Episcopal Commission on Bioethics of the Catholic Bishops of the Philippines, said the Church is against such practice since it is tantamount to murder. He said, "When you take the stem cell of an embryo, you kill the embryo. We believe that the embryo is already a human person. It's a human, it's a living human being. So therefore *parang pinatay mo na yung tao kapag pinatay mo na yung embryo na yun.*" He added, "*Kapag galing sa embryonic stem cell, ito ay immoral. This is against our belief.*"

In the DOH Order, health facilities utilizing stem cell preparations and cell-



Health Secretary Enrique T. Ona (third from left) is keynote speaker in the 1st National Convention of the Philippine Society for Stem Cell Medicine (PSSCM). Also in photo from left are: Dr. Oscar Tinio, Dr. Jose Asa Sabili and Dr. Rey Melchor Santos. (Photo by Paking Replente)

based or cellular therapies will be mandated to comply with the guidelines set by the Bioethics Advisory Board composed of the DOH, the National Transplant Ethics Committee, the Philippine Food and Drug Administration (FDA), a government health facility, a private organization or health facility, academicians, researchers, local and international experts.

This Board will ensure that ethical and professional standards are upheld and that contentious scientific, ethical and legal issues are addressed. Charges and complaints shall be addressed to the DOH Bureau of Health Facilities and Services and the Philippine FDA.

Meanwhile, an Institutional Review Board will review and approve stem cell therapies, based on the guidelines set by the Bioethics Advisory Board. There are minimum standards for personnel qualifications, physical facilities, equipment and supplies and work environment which will be prescribed by the guidelines. Proper record keeping in each facility that will provide readily available information on each donor, patient, procedures on stem cell and cell-based therapies will be mandated as well.

With the release of the AO, Olarte said in a statement, "We welcome this development because proper government

regulation will professionalize the practice of stem cell therapy in the country. This will re-open the gateway for a real and sustainable medical tourism industry in the Philippines. For a long while medical tourism here did not flourish due to the absence of a viable product. With regulation, a high standard, effective, ethical and safe stem cell industry can be that viable product that can be unique to the Philippines for it to offer and promote to the entire world."

AO 2013-0012 takes effect 15 days after its publication date, and shall be reviewed three years after its implementation.

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Permissibility in Islam

by **TATO M. USMAN, MD, MPAIM**

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Stem cells are cells that have the potential to develop into some or many different cell types in the body. Serving as a sort of repair system, they can theoretically divide without limit to replenish other cells for as long as the person or animal is still alive. When a stem cell divides, each "daughter" cell has the potential to either remain a stem cell or become another type of cell with a more specialized function, such as a muscle cell, a red blood cell, or a brain cell.

According to the US National Institutes of Health, stem cells may be pluripotent or multipotent. Pluripotent stem cells can give rise to any type of cell in the body except those needed to support and develop a fetus in the womb. Whereas stem cells that can give rise only to a small number of different cell types are called multipotent.

There are several sources of stem

cells. Pluripotent stem cells can be isolated from human embryos that are a few days old. Cells from these embryos can be used to create pluripotent stem cell "lines" —cell cultures that can be grown indefinitely in the laboratory. Pluripotent stem cell lines have also been developed from fetal tissue (older than 8 weeks of development).

Advantages & Disadvantages

Stem cell provides medical benefits in the fields of therapeutic cloning and regenerative medicine. It also provides great potential for discovering treatments and cures to a plethora of diseases including Parkinson's disease, schizophrenia, Alzheimer's disease, cancer, spinal cord injuries, diabetes and many more.

Stem cell research also benefits the study of development stages that

cannot be studied directly in a human embryo, which sometimes are linked with major clinical consequences such as birth defects, pregnancy-loss and infertility. A more comprehensive understanding of normal development will ultimately allow the prevention or treatment of abnormal human development.

Limbs and organs could be grown in a lab from stem cells and then used in transplants or to help treat illnesses. This will help scientists to learn about human growth and cell development.

Scientists and doctors will be able to test millions of potential drugs and medicine, without the use of animals or human testers. This necessitates a process of simulating the effect the drug has on a specific population of cells. This would tell if the drug is useful or has any problems.

Stem cell holds the key to reversing

the effects of aging and prolonging our lives. It has already found many treatments that help in slowing the aging process, and a bonus of further research is a possible 'cure' for aging altogether.

The use of adult stem cells to treat disease is that a patient's own cells could be used to treat a patient. Risks would be quite reduced because patients' bodies would not reject their own cells. On the other hand, embryonic stem cells can develop into any cell types of the body, and may then be more versatile than adult stem cells. And with embryonic stem cells come some disadvantages.

The use of embryonic stem cells involves the destruction of blastocysts (embryonic stage) formed from laboratory-fertilized human eggs. For those people who believe that life begins at conception, the blastocyst is a human life and to destroy it is immoral and unacceptable.

Embryonic stem cells may not be the solution for all ailments. Like any other new technology, it is also completely unknown what the long-term effects of such an interference with nature could materialize. According to a research, the embryonic stem cell treatment was used on heart disease patients. It was found that it can make their coronary arteries narrower.

Also a disadvantage of stem cells is that they are pre-specialized, for instance, blood stem cells make only blood, and brain stem cells make only brain cells. Embryonic stem cells are derived from embryos that are not a patient's own and the patient's body may reject them.

Stem Cell Transplantation

Stem cell transplantation can be performed with an autologous transplant i.e the patient is his own donor, or with an allogeneic (another person) compatible

donor. Stem cells for transplantation are given by living individuals, either collected from the bone marrow or from the peripheral blood.

Stem cell transplantation can be performed with an autologous transplant i.e the patient is his own donor, or with an allogeneic (another person) compatible donor. Stem cells for transplantation are given by living individuals, either collected from the bone marrow or from the peripheral blood.

The first trial of stem cell transplantation treated irradiated nuclear workers. It then developed into a routine treatment that can cure more than 90% of patients with haematological malignancies and non-malignant disorders in the early stage of the disease if an optimal donor recipient combination is available. Today more than 50,000 transplants are carried out annually worldwide and they are increasing each year. Stem cell transplantation also remains the last hope for patients with advanced or refractory disease.

For many years stem cell transplant action was restricted to patients with matched family donors (only some 30% of the patients). For patients without a family donor, unrelated donor registries have been set up to find a tissue type match but the chances are small e.g. 1 out of 500,000 individuals and many volunteers are necessary from all ethnic backgrounds in order to maximize the chance of meeting needs. More recently cord blood has also been used as a stem cell source for patients without a donor and more than 2000 Cord blood Haematopoietic Stem Cell Transplants are performed annually.

Permissibility in Islam

According to the Fiqh (Islamic Jurisprudence) Council of the Muslim World



Dr. Tato M. Usman of DOH-Autonomous Region in Muslim Mindanao, HEALTHbeat's regular contributing writer for Muslim Health.

League, it is permissible to obtain, grow and use stem cells for therapeutic or permissible scientific research purposes if obtained from a permissible source, including:

- Adults, provided they give permission to do so and if no harm comes to them as a result;
- Children, if their parents give permission to do so for a permissible reason and if no harm comes to them as a result;
- The placenta or umbilical cord with the permission of the parents;
- Embryos or fetuses that have been miscarried of their own accord or aborted for therapeutic reasons allowed by the sharia (or Islamic Ruling) and with the permission of the parents; and
- Leftover fertilized embryos from in vitro fertilization that are donated by the parents. It must be remembered

that these cannot be used for impermissible pregnancies.

On the other hand, it is impermissible to obtain and use stem cells if taken from impermissible sources, which include:

- Fetuses that are aborted willfully

and without a medical reason permitted by sharia;

- Willful fertilization of a donated ovum and sperm;
- Therapeutic cloning.

Finally, with the anticipated increase of people patronizing stem cell

therapy, government authorities should come up with implementing guidelines as a tool for regulating health institutions and health care professionals proving these therapeutic modalities.

Allah Almighty knows best.

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Hype or Hope?

by **RISA CALDOZA-DE LEON, MD**

"Similia Similibus Curantur"

(Like Cures Like)

- Paracelsus, 16th century

When prominent political and entertainment personalities proudly touted they have undergone stem cell therapy in Europe, the "secret" was revealed. The fountain of youth is now a reality.

Stem cells are specialized cells that give rise to more specialized cells or differentiate into a specific cell type. They can self-renew by going through a number of cycles of cell division while maintaining its undifferentiated state. They are the body's great ally for self-repair.

When a disease or injury happens, stem cells respond to certain signals and start about the healing process by becoming specialized cells required for the body's repair, as long as they exist in adequate amounts and receive the correct healing signals. When they do not, the result is compromised healing. As we age, stem cell numbers dive, or malfunction, thus, the inevitable diseases of ageing.

Stem cells coming from the patient are called autologous, those coming from genetically different donors of the same species (parents, siblings, children, or an

unrelated match) are allogenic while those from different species such as rabbits and sheep are xenogenic.

The Swiss Way

Dr. Paul Niehans in the 1930s proposed that prescribing healthy and bioactive cellular materials for the specific disease of a patient will rebuild or revitalize ageing or diseased organs of the same tissue type. This foundation gave birth to cellular therapy.

Swiss cellular therapy is a natural rejuvenation method that originated from Switzerland to effect against ageing and chronic diseases. It is simply administering cellular materials from fetal tissues into the human body for therapeutic purposes.

These cellular materials, from placenta and organ-specific extracts, may be in the form of oral capsules, topicals, intradermal injectables, and intramuscular injectables. They are obtained from fetal organs and tissues of rabbits and/or sheep from closed colony of animals for more than 40 generations as per requirements of global regulating bodies such as the U.S. Federal Drug Administration, and World Health Organization. These animals are bred in



Dr. Risa Caldoza-De Leon, the contributing writer, is a Clinical and Aesthetic Skin Care Specialist, is diplomate of Philippine Skin Healthy Physicians, Inc. and diplomate of Philippine Academy of Aesthetic and Age Management Inc. She trained in the Use of Swiss Live Cell Therapies, Precursor Stem Cell and Peptides in Switzerland, and a member of the Philippine Stem Cell Society. She holds clinic at Vanity Skin Aesthetics in One Ecom, Mall of Asia, Alabang Hills and Crown Tower, Makati.

pollution free environment under controlled dietetic organic conditions.

Stem cells are injected intramuscularly into the patient's buttocks.

Months after the treatment, patients notice youth-inducing effects such as glowing skin, higher energy levels, reduced symptoms of diseases, and even longevity. Different stem cells are given depending on the particular organ targeted.

Intradermal (under the skin) injections are done on the face and neck to promote collagen and elastin production to regenerate skin, making it firmer and smoother.

Even children afflicted with autism and Down's syndrome are said to benefit from stem cells by enhancing the brain's metabolism, which leads to better cognitive functions. It boosts brain development and the body's immune system. Treatment cost ranges from P20,000 to P1.5 million and done as outpatient basis.

To Each His/Her Own

Fresh adult stem cells may be harvested from one's own bone marrow, umbilical cord, blood or fat. There is no risk of rejection since it's taken from the same patient.

Autologous fat stem-cell therapy is used for aesthetic and/or medical reasons such as diabetes, blood disorders and heart problems. Fat from the patient's tummy is harvested through aspiration and processed in a machine. The resulting fresh stem cell is then injected into the patient. Once injected, these stem cells replace and regenerate old and malfunctioning cells to stimulate growth and function of organs in the body. The procedure costs around P500,000 to P2.5 million.

Stem cell therapy is not the standard of care and is considered an investigative procedure for compassionate use. They are still continuously being clinically evaluated and patients should be fully aware of its limitations.



Gossip Can Have Health Benefits

We've all heard the familiar saying, "If you don't have something nice to say, don't say anything at all." Well, that may not be healthy anymore.

A study from the University of California Berkeley, which was published last year in the online edition of the Journal of Personality and Social Psychology, suggest that one category of gossip – "prosocial gossip" or spreading information about a person who has behaved badly – may be beneficial for our emotional health, particularly in lowering stress. It can also do something good for humanity, especially in maintaining social order and warning people about the untrustworthy or dishonest behavior of others.

A little bit of gossip is healthy; it is what keeps the culture going, greasing the social machinery. But remember, if you don't do your gossiping well, then you may get into trouble.

ABOUT THE PHOTO

Totie Dingle (left) and Ged Basaca (right) of DOH Center for Health Development-National Capital Region are **NOT** rumor mongers but they look like sharing a bit of interesting information in the photo provided to us by Glen S. Ramos.

Do you have funny (but not offensive) photo you want to publish in **HEALTHbeat**. Just email your high resolution photo with caption at <healthbeat@ymail.com>. Include the name and office of the photographer. Make sure you also get the permission of your subject/s.

We will create some health tidbit the way we see your photo.





Two debating teams from Xavier University battle it out in the championship round and debate on a socialized versus tax-based health system on March 16 at the Century Park Hotel. The team on the right wins and Arvin Gogo (center), the team's "prime minister," is declared as best speaker. (Photo by Romy Caparas)

Health Secretary's Cup

based on the presentation of

JUAN ANTONIO RICARTE, MD

Universal Health Care Study Group, UP Manila - National Institutes of Health

Inter-School Debates

It's not golf nor football, the Health Secretary's Cup is a six-month campaign to spread awareness on **Kalusugan Pangkalahatan** (universal health care) through a nationwide debate tournament which discussed the different issues that impact on universal health care.

Health Secretary Enrique T. Ona said that as guardians of the health of the people, the Department of Health needs to know what the people feel about the current health system and the reforms it is trying to implement.

He added, "For example, what does it mean to have a PhilHealth card or to have PhilHealth benefits? Does it give them a sense of well-being, an assurance that whenever they go to sleep, that things

will be alright, or at least bearable? When **Kalusugan Pangkalahatan** is mentioned, are people hopeful, or are they cynical and think this is just another grandiose government promise?"

Debate, in principle, is a platform to generate arguments for or against a particular issue. In the process, debaters have to research on the premises of their stances, and express their ideas in the most comprehensible and persuasive manner possible. The adjudication panel and the audience can then weigh the contribution and the logical strength of speakers, and decide which side was able to defend their stance best.

Ona emphasized that the DOH also needs to know the aspirations and sentiments of students regarding **Kalusugan Pangkalahatan** because they

will ultimately be the future health leaders of the country.

The debate tournament was hosted in six different schools in the country. A total of 96 debate teams from the different universities and colleges were able to discuss different issues revolving around the six building blocks of **Kalusugan Pangkalahatan**, President Benigno S. Aquino III's health agenda.

The debates started in August 2012 in the University of the Philippines (UP) Los Baños where issues on Health Governance were discussed. In September, students debated about Health Regulation in UP Manila. By October, the Secretary's Cup reached Mindanao, where Xavier University hosted the debates on Health Financing. In November, debates on Health Service Delivery were held in Ateneo de Davao.

The Secretary's Cup eventually reached Visayas, where Siliman University hosted the debates on Health Human Resources in January 2013. The last leg of the debate elimination was held in UP Visayas, Miag-ao, where issues on Health Information Systems were discussed in February.

Sixteen (16) semi-finalists emerged in elimination rounds, and they came from: UP Los Baños; De La Salle University; UP Diliman; Far Eastern University; Mindanao State University - Iligan Institute of Technology; three teams from Xavier University; two teams from Cebu Institute of Technology; two teams from Ateneo de Davao University; UP Visayas, Iloilo; two teams from UP Visayas, Miag-ao; and Southern Baptist College.

On March 15, the semifinal debates were held at the Ateneo de Manila University which determined the top two teams to go on to the championship round and debate on a socialized versus tax-based health system. In the end, two teams from Xavier University battled it out in the finals on March 16 at the Century Park Hotel. The team that defended

the tax-based health system won the grand prize and they received a trophy (cup) and coverage for the registration fee of their team to the World Championship Debates. The team's "prime minister," Arvin Gogo, also received the best speaker prize.

Meanwhile, the best speakers among the semi-finalists were also recognized during the awarding ceremonies, namely: Jake Bustos (UP Los Baños); Garie Ouano (UP Diliman); Harold Odangan (Cebu Institute of Technology); Giano Libot (Xavier University); Yona Gutierrez (Ateneo de Davao) and Teresa Puzuelo (UP Visayas, Iloilo).

Community Townhall Meetings

The Health Secretary's Cup campaign was not all formal debates. One of the activities that branched out was the Community Townhall Meetings on the six building blocks of **Kalusugan Pangkalahatan** in nine different provinces. These meetings were formatted as a mixture of focus group discussions and

informal debates that involved partners and members of a particular sector of society, e.g. patient groups, mothers, health workers, teachers, local government leaders, people's organizations, among others.

The main objective of the town hall meetings was to gather feedback and opinions regarding key issues from the grassroots. This was also an avenue to make the issues more relevant and close to home. Through discussions of issues and solutions, the town meetings aimed to gather support and solidarity from the general public.

Ona said the innovative debate format activities held during the past several months have enabled the DOH and its partners to talk about reforms in the health sector, cutting across various stakeholders. Communities from Abra to Zamboanga were heard about what they feel about health issues.

"I am told that in Nueva Ecija, the people expressed excitement about Kalusugan Pangkalahatan, saying that it will be a great help to people who are poor. On the other hand, the idea of universal health care was met with cynicism in some urban communities. What they say means a lot to us because they give us a feel of what is truly happening in the street, in the field, and more so in the local government health care system," he concluded.

Round Table Discussions

Another activity that was organized for the Secretary's Cup were round table discussions and press conferences which featured the efforts and directions of the current members of the Cabinet on **Kalusugan Pangkalahatan**.

In October 2012, Department of Budget and Management Secretary Butch Abad talked about financing in the context of health care. He presented how and



Health Secretary Enrique T. Ona (center), Alexander Padilla of PhilHealth (third from right) and Dr. Ernesto Domingo of University of the Philippines-National Institutes of Health (fourth from left) pose with the Secretary's Cup best speakers in the elimination rounds. (Photo by Romy Caparas)



where the Philippines gets its money for health. In November, Department of Social Welfare and Development Secretary Dinky Soliman who talked about the social services provided by the government. She discussed the importance of giving value to health care, specifically in the form of maternal and child health.

In January 2013, Department of Labor and Employment Secretary Rosalinda Baldoz prepared a speech that was presented by her undersecretary. In her speech, she discussed issues revolving around health human resources such as the contractualization of health care workers, the decline in the quality of health professional schools and training institutions, and the diaspora of Filipino nurses and doctors.

And in February, Department of Science and Technology Secretary Mario Montejo talked about the advancements in health technology spearheaded by Filipino scientists. He also shared the importance of science policy research and how it impacts the health care of every Filipino.

From the executive branch, the Secretary's Cup campaign trail also involved the legislative branch of government. In October 2012, through the assistance and support of the Pharmaceutical and Healthcare Association of the Philippines (PHAP) and the House of Representatives, a legislative forum entitled "Strengthening

the Philippine Health Care System" was organized in the Batasang Pambansa complex. Health experts gave an orientation to the legislative staff on issues related to universal health care. Among the speakers were Dr. Ramon Paterno, Dr. Alberto Romualdez, Dr. Esperanza Cabral, Dr. Orville Solon and Dr. Soe Nyunt-U of the World Health Organization.

Health Talk Series

Finally, the Secretary's Cup campaign was made special with the Health Talk Series by former DOH secretaries. The talks were also set on the six building blocks of Kalusugan Pangkalahatan and the presence of former health secretaries reaffirmed the universal health care goals of the present administration.

In October 2012, former

Health Secretary and now Civil Service Commission Chairman Francisco Duque talked about the different issues in financing health care in the country. In November, Dr. Esperanza Cabral shared her insights and experiences on health service delivery. In January 2013, Dr. Jaime Galvez Tan talked about the importance and impact of health human resources to **Kalusugan Pangkalahatan**. And lastly, Dr. Alberto Romualdez talked about health information systems in the context of universal health care.

Health Partners

The Secretary's Cup was organized and supported by the following institutions: DOH - Office of the Secretary and National Center for Health Promotion; Philippine Health Insurance Corporation (PhilHealth); Universal Health Care Study Group of UP Manila National Institutes of Health; Philippine Council for Health Research and Development; PHAP; Asian Institute of Management (Zuellig Center for Business Transformation); Asia Society; Journalism for Nation Building Foundation; Philippine Debate Union; Alliance of Young Health Advocates/Alliance of Young Nursing Leaders and Advocates; and Ayala Young Leaders Foundation.

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HIRAP KUMITA

Breadwinner

EDWIN: Oy Pare, kamusta na? Kamusta ang mga anak mo?"

NOEL: 'Yung panganay ko engineer na, 'yung inaanak mo, accountant, 'yung babae, nars. Kaya lang 'yung bunso ko magnanakaw."

EDWIN: Ano? Bakit 'di mo na lang palayasin kung ganun?"

NOEL: Hindi pwede, 'Pre. Siya ang breadwinner namin, sya lang ang may trabaho sa amin eh."

Konduktor

MARIVIC: Mr. Konduktor, could you please get my luggage, heavy kasi eh!

KONDUKTOR: Alin dito Miss?

MARIVIC: There oh... 'yung sako!

Taxi Driver

May sumakay na Madre sa taxi ni Neil...

NEIL: Sister, paumanhin pero pantasya ko po na makahalik ng Madre...

MADRE: Ok lang, pero may kondisyon – dapat ay Katoliko ka at single pa.

NEIL: Katoliko po ako at walang asawa. *(At natupad ang pantasya ng taxi driver...)* Salamat, Sister. Pero, sorry po at nagsinungaling ako sa inyo. Born Again ako at may asawa.

MADRE: Ah, okay. Papunta naman ako sa costume party at ang tunay kong pangalan ay Brando!

Pulis

JOAN: Mamang Pulis, may nanghalik po sa akin sa park...

PULIS: Description nung nanghalik?

JOAN: Sorry po, di ko namukhaan...

PULIS: Ha? Bakit?

JOAN: Eh sir, I usually close my eyes when being kissed...

Warden

WARDEN: Last year nag-donate ka ng dugo. Last month, cornea naman. Ngayon, kidney na?

RAUL: Opo, Sir!

WARDEN: Aha! Unti-unti kang tumatakas, ano?!

Sekyu?

BOYET: Pare, puyat na puyat ako sa napanaginipan ko kagabi!

JOB: Paano ka napuyat na natutulog? Ano ba panaginip mo?

BOYET: Security guard daw ako na naka-duty!

Titser

TITSER LIZ: Iha, talagang ganyan. Kapag maganda karaniwan bobo, kapag matalino madalas naman ay pangit, kaya dapat matuto ka nang tanggapin 'yan.

ESTUDYANTE: Salamat po Ma'am, ang tali-talino n'yo talaga!

Dentista

ARIEL: Doc, meron ho akong madidilaw na ngipin. Ano po kaya ang marerekomenda n'yo?

DENTISTA: (Tiningnan) Polo, t-shirt o kurbata na kulay maroon. Terno yan sa kulay ng ngipin mo.

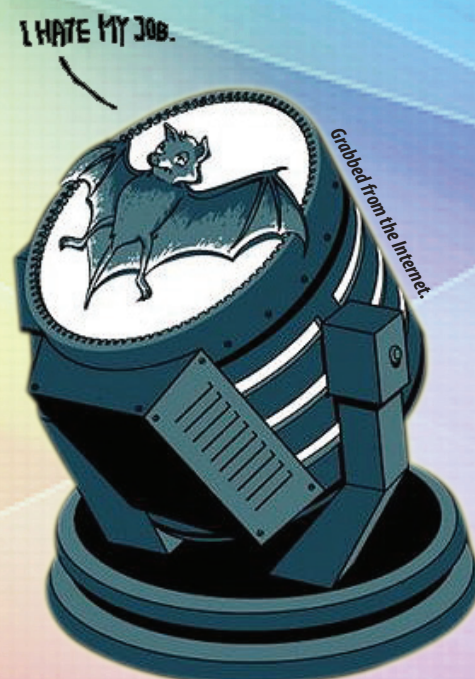
Duktor

DUKTOR: Bukod sa akin, may nauna ka na bang kinunsulta tungkol dito sa sakit mo?

DONATO: Sa albularyo po!

DUKTOR: At ano namang kalokohan ang pinayo niya sa iyo?

DONATO: Magpunta daw po ako sa inyo, Dok!



Hold it, Let's Debate

Suspending the Implementation of Republic Act 10354 (Responsible Parenthood and Reproductive Health Act of 2012)

On March 19, media carried reports that the Supreme Court (SC) has issued a status quo ante order to suspend the implementation of the controversial Republic Act (RA) 10354, otherwise known as the "Responsible Parenthood and Reproductive Health Act of 2012" (RPRH Act of 2012) for 120 days.

The news came four days after Health Secretary Enrique T. Ona signed the law's Implementing Rules and Regulations (IRR) at the Corazon Aquino Health Center and Lying-in Clinic in Baseco, Tondo, Manila, on March 15. The IRR also went through a series of public consultations in key cities of the country – Davao City on March 5, Cebu City on March 6, and Manila on March 8.

The RPRH Act was signed by President Benigno S. Aquino III on December 21, 2012, and after the Yuletide holidays, on the first working day of the 2013 (January 2), the same day that the law was published in two major dailies, the first petition was filed before the SC seeking to bar its implementation, saying that the law is "unconstitutional." The high court did not act on the petition then and the law became effective on January 17.

In early 2012, the RPRH Act was certified as urgent by the President, and Congress finally passed it after 14 years of lobbying, discussions and debates. Now that the law is rearing to be implemented, it has been stopped momentarily.



Health Secretary Enrique T. Ona leads the signing of the Implementing Rules and Regulations of Republic Act 10354 in Baseco, Tondo on March 15. (Photo by Paking Repele)

Commenting on the high court's resolution, news quoted presidential spokesperson Edwin Lacierda who said the government will observe the halt order.

"We are confident that the government will be able to defend the merits of the Responsible Parenthood Law," he added.

Meanwhile, health advocates have always been saying that the goal of the RPRH Act is to save mothers' lives, and not to control population. And to further gain understanding about the law, **HEALTHbeat** reprints the following frequently asked questions on the IRR of the RPRH Act disseminated by the DOH during the public consultations, dubbed as "Usapang

Kalusugang Pampamilya."

Why does the RA 10354 need IRR?

The IRR defines the mechanisms, processes and responsibilities for the application of the Law to concrete programs.

What is the national policy and guiding principles on responsible parenthood and reproductive health?

- It is the duty of the Government to protect and strengthen the family, and the right of couples to raise a family and make informed decisions about their family that are consistent with their preferences, convictions and the responsibilities of parenthood.

- It is the constitutional duty of the Government to protect the life of the mother and the unborn.

- The Government guarantees and protects the rights of women, children and families to basic health care, which includes reproductive, maternal and child health.

- The Government guarantees universal access to reproductive health care information and services without discrimination or bias.

- The Government shall promote consistent policies and programs that fulfil the above duties and responsibilities, giving priority to poor client and enjoining the active participation of relevant civil society organizations and interest groups.

How does the IRR ensure that the law will be implemented properly?

The IRR are promulgated to prescribe the procedures and guidelines for the implementation of the RPRH Act of 2012, to facilitate compliance therewith, and to achieve the objectives thereof.

It places primary responsibility

on the DOH to lead the implementation, as well as the role of local government units (LGUs), health professionals, barangay health workers, as well as private and non-government health care institutions in delivering reproductive health services, RPRH information and supplies.

How can the DOH ensure that all have adequate access to family planning, especially the poor and those in remote areas?

The DOH, with the help of LGUs, will ensure that public health facilities at the national, provincial, municipal and barangay levels are adequately equipped to provide the full range of safe and effective modern family planning methods as mandated by the Law.

It will ensure that emergency reproductive health services are available 24 hours a day. It will also ensure that public health workers are properly trained and accredited to deliver services that protect, promote and strengthen reproductive rights to all who have unmet needs for family planning.

PhilHealth will cover serious and life-threatening reproductive health conditions among its benefits so the poor need not worry about expenses associated with treatment. Also, essential family planning drugs and supplies will be included in government procurement.

Mobile health care service vehicles may be provided to reach remote areas, and access to facilities and services by persons with disabilities will be improved.

A nationwide public awareness campaign on reproductive health and rights will be launched to help the public make informed choices.

Will the government force people to use contraceptives and have fewer children?

The government will make sure that people have adequate information about all their options when it comes to family planning so that they can decide for themselves based on their preference. Government will also ensure that the methods, supplies and services are available to those who want them but will never force anyone to act against his/her personal convictions.

The only exception is the provision of abortifacient drugs, which is prohibited; the Food and Drug Administration shall determine which drugs are abortifacient based on scientific evidence.

Will public health facilities now start performing abortions?

No. Abortion is illegal under Philippine law.

Will private hospitals, health facilities and professionals be forced to provide family planning services even if they don't want to?

The burden of responsibility to provide the full range of family planning



Then Health Assistant Secretary, now Undersecretary Madeleine de Rosas-Valera, head of the DOH Health Policy Finance and Research Development Cluster, being interviewed by media in one of three public consultations of the IRR on RA 10354 where she clarified, "The law is not to promote abortion, it is to provide and to strengthen the rights and access to health care."



Health Secretary Enrique T. Ona (fifth from left) poses with some members of the drafting committee of the IRR of RPRH Act at the DOH Convention Hall. (Photo by Romy Caparas)

services and supplies rests on government. However, the government will offer incentives to private and non-government groups to support the responsible

parenthood and reproductive health program.

If a private facility will not provide services and supplies on the basis of conviction, it has the duty to refer clients/patients to facilities that will.

resources really reach those who need them?

The DOH and the LGUs will monitor procurement, distribution and utilization of supplies using a clear set of indicators. The responsible parenthood and reproductive health program will be integrated in government's anti-poverty programs to ensure it reaches the targetted beneficiaries.

The DOH with the LGU will conduct an annual program implementation review to determine the effectiveness of the various interventions. It is also obliged to report progress to Congress annually. Congress, for its part, will monitor implementation through a Congressional Oversight Committee on the RPRH Act.

KALAbeat

ATTENTION TO DETAIL

A simple detail can destroy a multitude of beliefs.

If Adam and Eve were the first people on earth, then why do they have belly buttons?

How will information about reproductive health be provided to the public, especially adolescents?

Adolescents will be given reproductive health education through its integration in the public formal and non-formal education system. Couples will be given responsible parenthood information and instructions as a requirement for marriage.

Will sex and sexuality education promote promiscuity among the youth?

Reproductive health education includes making the youth aware of the risks of engaging in sexual activity, as well as their options to protect themselves from those risks. Education will empower them to make informed choices and decisions.

Can government ensure that family planning and other reproductive health

What if a public health worker or health facility refuses to deliver information, services or supplies for family planning?

There are penalties stipulated for public officers and health care providers who refuse to deliver family planning information and services. There are also penalties for prohibiting or restricting others from performing these functions. Penalties include imprisonment, fines, suspension or termination from service.

Biday KASAMBAHAY

Konti

LITA: Marunong ka bang magwalis?
 BIDAY: Konti.
 LITA: Marunong ka ba maghugas ng plato?
 BIDAY: Konti.
 LITA: Marunong ka ba maglaba?
 BIDAY: Konti.
 LITA: Marunong ka ba mag-plantsa?
 BIDAY: Konti.
 LITA: Ok. Tanggap ka na!
 BIDAY: Magkano naman po ba ang sweldo ko?
 LITA: Konti!

Bitin

BIDAY: *(Pinasok ang bata sa sako at isinabit sa puno...)* 'Yan ang bagay sa 'yo! Ang kulit kulit mong bata ka!
 ED: Yaya, Yaya...
 BIDAY: Ano?!\$%^&#
 ED: Yaya!
 BIDAY: Ano? Magbabago ka na?
 ED: Yaya, pa-swing naman ng sako, o. Please!

Sakit Ulo

BIDAY: Ate, kailangan ba talagang ipa-EXTRAY ang ulo ni Junior?!?
 EDNA: Ano ka ba naman Biday, hindi EXTRAY!
 BIDAY: Eh ano po ba ang tawag 'dun?
 EDNA: CT SKULL!

Mantsa

DON MAC: Biday, natanggal mo ba 'yung mantsa sa barong ko?
 BIDAY: Opo Sir, tanggal na tanggal!
 DON MAC: Good! Ano pinantanggal mo?
 BIDAY: Gunting po!

Dugu-Dugo

Kring... kring... kring...
 BIDAY: Hello...
 DANNY: Si Sir mo ito, nabangga ako, I need cash!
 BIDAY: Aru! Dugu-dugo gang ka 'noh?
 DANNY: Biday, si Sir mo ito!
 BIDAY: Weeeh, hindi nga?!? Hoy, impostor ka, para sabihin ko sa 'yo, ang tawag sa akin ni Sir ay CUPCAKE!

Kulasisi

DELIA: May babae siguro ang Sir mo, laging maaga pumasok!
 Anong oras ba siya umalis kanina?
 BIDAY: Naku Ma'am, ewan ko ba d'yan kay Sir. Paggising ko, wala na siya sa tabi ko!

Selos

ELLEN: Alam mo Biday, 'yang Sir mo ang daming babae!
 BIDAY: Hay naku, si Ma'am talaga... Pinagseelos pa ako!

Lipstick

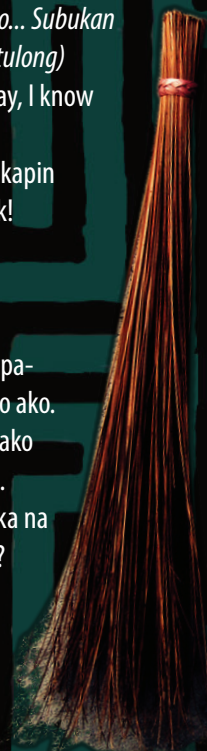
LUZ: Biday, napansin mo ba ang barong ni Sir mo? Lagi na lang may lipstick!
 BIDAY: Opo nga Ma'am! Mukhang niloloko na tayo ni Sir, ah!

Secret

JOSHUA: Mom, I know the truth...
 ROSE: Ha?!? Heto ang P500, huwag ka lang maingay sa Dad mo!!
 JOSHUA: Dad, I know the truth...
 JOJO: Ha?!? Heto ang P1,000 at huwag kang maingay sa Mommy mo.
 JOSHUA: *(Okay pala ito... Subukan ko nga sa katulong)*
 Manang Biday, I know the truth!
 BIDAY: Sa wakas! Yakapin mo ako, anak!

Paalam

BIDAY: Ma'am, magpa-paalam na po ako. Uuwi na po ako sa probinsya.
 ERMA: Nagpaalam ka na ba sa Sir mo?
 BIDAY: Nauna na po siya. Doon na raw po kami magkikita!



Health Bus Tours

The Department of Health's bus that travelled to 18 areas all over the Philippines reaching over 38,000 individuals in 2011 and 2012 has been refurbished, renamed and relaunched on February 21. It is now called "Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels" and dons a more colorful theme that proudly showcases Filipino family values and the health caravan's essential services through caricatures that defy ethnic boundaries.

Health Secretary Enrique T. Ona said that the health caravan will deliver the same maternal, child and family health components the bus is known for by stimulating behavior changes in how to embrace and practice safe motherhood, child care and nutrition and family planning as a matter of healthy living.

"We are not just passengers but the drivers in our journey to better health," Ona said. He added that more than anything else, the health caravan and the entire campaign is actually about Filipinos being healthy in body, mind and soul.

The Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels is designed as a festive event, the health

caravan is a nationwide comprehensive and multi-channeled health promotion campaign that aims to bring information and education to families in remote communities in congruent to the government's health reform agenda of universal access to health care.

The bus is customized with consultation and examination clinics and a health promotion arena of an interactive exhibit, health classes, storytelling sessions, and entertainment shows.

For 2013, the communities to be visited are: Solana, Cagayan; Santiago City, Isabela; Calumpit, Bulacan; Trece Martires, Cavite, Sta. Rosa, Laguna, Ilocos Norte, Benguet, Capiz, Iloilo, and Zamboanga Sibugay.

Solana and Santiago City

On February 25, the bus left the DOH Central Office compound and headed up north to Solana in Cagayan and Santiago City in Isabela, and attracted 1,700 and 2,500 residents, respectively, who trooped to the fiesta-themed venues to avail of health services and education for pregnant

mothers, children and fathers.

At eight in the morning, the entire place was already teeming with people and excitement of all sorts.

With their five kids in tow, Margie and Pedro Pagulayan from North East Solana did not mind travelling thirty minutes on foot to the Solana Municipal Gym. Drenched in sweat, the Pagulayans easily made themselves comfortable and relieved that the place was welcoming and the team of doctors, nurses, health workers and volunteers manning the bus and exhibits was accommodating.

They said there were told about the caravan by a midwife assigned to their barangay. "*Parang fiesta, masaya,*" said Margie. But more than the festive setting, she said her family came to get some help for their children and education on health. Her husband Pedro who attended the session "*Usapang Macho*" for fathers admitted to having insufficient knowledge on the basics of health care for his family but realized afterwards that it is important to have a good share of responsibilities at home. "*Tulad po ng tamang pagkain gaya ng gulay at paghuhugas ng kamay bago kumain,*" he



After the simple media launch at the DOH Central Office compound on February 21, the Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels takes off to Solana, Cagayan and Santiago City, Isabela on February 25.



Maternal and child health services inside the bus and health promotion exhibits, lectures and entertainment for the whole family outside the bus.

said. He also added that *“katuwang ng mga kababaihan ang mga tatay sa pagtaguyod ng malusog na pamilya.”*

A pregnant 37-year old Evelyn Jacinto who lives in a nearby barangay in Santiago brought only three of her eight children to avail of pre-natal check-up. She also knew of the health services being offered by the DOH through the bus, from a barangay midwife. *“Sa awa ng Diyos, magiging pang-siyam ko na po tong anak pero okay naman po ang kalagayan ko,”* she said. Evelyn admits to getting regular check-ups from the barangay health center which she learned from her past pregnancies

through a barangay nutrition scholar who visits houses in her barangay at least twice a year to educate mothers on safe pregnancy.

A Pantawid Pamilyang Pilipino Program’s (4Ps) beneficiary of the Department of Social Work and Development, she said her monthly P2,800 from the agency which is equivalent to four children below 14 years old, means a lot to her. It does not only sustain their education but she is able to set aside some amount for their health and nutrition. *“Malaking bagay po talaga. Nakakabili ako ng vitamins. Kahit papano, pati na rin masustansyang pagkain paminsan minsan. Ang gusto ko*

lang naman maging maayos ang aking mga anak at makapagtapos sila. Sa tingin ko po mahalaga ang kaaalman na binibigay ng ganitong programa sa kung paano maging maayos at malusog ang pamilya ko.” After attending the safe motherhood health class, she easily shared what she learned such as creating a birth plan, breastfeeding, taking heed of the food pyramid, and keeping a clean environment.

The Pagaluyans and Evelyn were among the many families who spent the rest of the day making rounds of the series of stations while enjoying the music-and-dance entertainment that had contests in

between gaps. The emcees asked questions related to the health and nutrition lectures and the interactive exhibits and illustrations on tarpaulins.

Solana Mayor Meynard Carag attributed the success of his municipality's health caravan to public-private partnership and volunteerism which made the preparations easier and faster. "The support of other sectors and the many volunteers contributed to easily mounting the entire promotional health campaign. *Hindi madali ito, yung nagagawa ng months ay nagawa naming ng weeks lang,*" Carag said. He also emphasized the importance of raising awareness on health consistently and empowering people to take care of their health. "*Kahit walang LBK, dapat tuloy tuloy ang pangangalaga ng kalusugan sa bayan namin.*"

Mayor Amelita Navarro of Santiago City also owed the success of health caravan to the health workers, volunteers and DOH for their unrelenting effort to bring quality health services and comprehensive health information even to the farthest barangay. She also took pride that all babies in her city have been fully immunized and malnutrition

reduced by one percent. "*Kaya nga awardee kami in nutrition plus madadagdag pa ng 5,000 Philhealth card holders from the existing 65,000,*" she said.

Health Media Awards

This year, as part of the Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels campaign, the "Parangal sa mga Kuwentong Kalusugan Pangkalahatan" Health Media Awards will recognize Manila and province-based journalists from mainstream and non-traditional media (television, radio, print and online) for excellent stories that tell of ordinary folks' strides in making a health-conscious community and healthy family. A special prize for bloggers will also be given.

Entries should fit the following criteria: focused on various issues related to "Kalusugan Pangkalahatan" or universal healthcare, including social health insurance, health facilities, safe motherhood, child nutrition and family planning; published or broadcasted in a bonafide media outlet, or posted online, between the dates of January 1, 2012 to December 31, 2012; and

written in English or Filipino. Entries in local language are accepted but must also include an English translation.

Interested individuals must submit one story on health along with an entry form. For print – submit the material in word format and pdf version of the published work; for radio/tv – submit an audio/video file of the material or CD; and for online/blog – submit the link and the file of the material (word, pdf, jpg, video). A person may submit up to five (5) applications. Entries may be submitted via courier. Emailed submissions are also encouraged.

Entries should be submitted on or before May 31, 2013 to: Parangal sa mga Kuwentong Kalusugan Pangkalahatan, c/o Probe Media Foundation, Inc., 116 Maginhawa Street, Teacher's Village East, Quezon City 1101. For details, email <lakbaykalusugan@gmail.com> or call (632) 433-04656.

Ten (10) stories of the journalists under the different categories will be recognized in an award ceremony in September 2013. They will each be awarded a special trophy and cash prize of P10,000.

Ona said, "By telling stories of their struggles and little successes in life, our friends in the media will be powerful instruments in getting the message across. Needless to say, we should have healthy citizens to be able to build empowered communities."

The Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels is an initiative of the DOH through the National Center for Health Promotion. The Probe Media Foundation, Inc. provides technical assistance in the project implementation. Partners such as Victory Liner, Alliance of Young Nurse Leaders and Advocates International Inc, Philippine Press Institute and DKT Starmovers provide additional support to the campaign.



GP Awards

by

MA. VICTORIA C. MADURA

National Center for Health Promotion

GP Champs

The Department of Health recognized the GP Champs or local government units (LGUs) that champion the achievement of the goals and targets of Garantisadong Pambata (GP) in a special award ceremonies held at the Philippine International Convention Center on February 19.

GP is a child health campaign that started in 1999 focusing on child survival

interventions of preschoolers (0-5 years old), but has expanded in 2010 to include school-aged children (0-14 years old). Moreover, instead of confining child health services in health facilities, today's GP emphasizes health-promoting behaviors that can be emulated by caregivers, parents, teachers, leaders, and children themselves, in homes, schools, workplaces and communities.

Health Secretary Enrique T. Ona said GP has contributed to the improvement of child health in the country. It is a strategy

to harmonize existing DOH approaches which has made considerable progress in reducing child mortality. He added that it is very relevant to recognize outstanding LGUs as GP Champs for their contribution in attaining the highest record of delivering basic health care services for children.

One GP Champ in each region recieved P50,000 cash prize and a plaque.

Ona emphasized, "Each Filipino child holds the potential of a better future for our country. It is our task to help each

GP Champs	
I	Tagudin, Ilocos Sur
II	Diffun, Quirino
III	Bagac, Bataan
IV - A	Taysan, Batangas
IV - B	RHU, Abra de Ilog, Occidental Mindoro
V	Labo, Camarines Norte
VI	Anilao, Iloilo
VII	Talibon, Bohol
VIII	Kawayan, Biliran
IX	Polanco, Zamboanga Del Norte
X	Damulog, Bukidnon
XI	RHU, Banaybanay, Davao Oriental
XII	Tupi, South Cotabato
NCR	Pasay City
CAR	La Trinidad, Benguet
CARAGA	None
ARMM	Buluan, Maguindanao

Vitamin A Coverage Special Award	
I	Burgos, Pangasinan
I	Lidlidda, Ilocos Sur
NCR	Caloocan City



TOP: Representatives of the Municipality of Buluan, Maguindanao – the last GP Champ to be called – pose with Health Secretary Enrique T. Ona and ARMM Health Secretary Kadil Sinolinding (fourth and fifth from left), Health Assistant Secretary Enrique A. Tayag (extreme right) and DOH-ARMM staff. **LEFT:** Michael Rondina and Issa Litton host the awards ceremony. (Photos by Romy Caparas)

It takes a tribe to raise a child!

child reach their fullest potential, starting with a child's good health. We all play a vital role in nurturing children's health whether or not we are parents. Indeed the responsibility of child care is primarily in the hands of mothers and fathers. But every child belongs to a community. So, each person in the community has to keep his community a safe place for children to live in."

Orally Fit Communities and Day Care Centers

This year, the "orally fit child," a component of GP program was also highlighted in the awards.

An orally fit child is one who has healthy gums, no dental caries, and no dental plaque, among others. An essential component of the orally fit child program for under-six children is the Oral Hygiene Program as it recognizes that oral hygiene is a basic personal measure to prevent and control tooth decay and gum disease. It includes, among others, teaching children in daycare centers regular and proper tooth brushing techniques.

Unfortunately, Ona said, the oral health picture of Filipino children is quite disturbing. Nine (9) out of 10 of our six-year old children are unnecessarily suffering from tooth decay and other dental ailments. The epidemic of tooth decay continues to go unchecked leading to millions of school hours lost among our school children and surely to more productive days wasted during their adult years.

The child with an oral health problem is complacent

in the sense that rarely would tooth decay contribute directly to death. However, its chronicity is insidious and does not sound any alarm until it cause them significant pain, disfigure their face and distract them from eating and from productive playing and learning. The child affected with such handicap becomes withdrawn and avoids socializing with people and so lessens his opportunities for advancement. More critical is the effect of poor or defective teeth to overall nutrition to maintain good general health that begins with the first bite and chewing the food efficiently.

Ona said the national oral health program has been providing promotive, preventive and curative dental health care through package of essential basic oral health care across all ages. Newborns are provided with dental check-up as soon as his first tooth erupts and health instructions

on infant oral health care and advise on exclusive breastfeeding. Preschoolers are provided with toothbrushing drills while dental sealants and fluoride therapy are provided to school children and curative services to adults.

However, Ona appealed to communities and schools to integrate dental care programs, to make sure the availability of logistics, specifically toothbrush and toothpastes and preventive supplies such as sealants and fluorides, constant source of water that is safe for toothbrushing and sink for handwashing. He also added that the prohibitive cost of dental services is obviously one potent barrier in the fight to have a good oral health for children.

Great efforts are now being done to address these problems. The Departments of Health, Social Welfare and Development, Education, the Interior

	Orally Fit Community	Orally Fit Day Care Center
I	Rosales, Pangasinan	Don Dimas Querubin Day Care Center, Caoayan, Ilocos Sur
II	Alicia, Isabela	Burgos Day Care Center, Alicia, Isabela
III	Bulakan, Bulacan	San Jose Day Care Center, Bulakan, Bulacan
IV - A	Tayabas, Quezon	Sitio Felix Day Care Center, Landicho St. Felix Cainta, Rizal
IV - B	Boac, Marinduque	Brgy. Mainit Day Care Center, Boac, Marinduque
V	Ligao City, Albay	Poblacion District 2 Day Care Center, San Jacinto, Masbate
VI	New Lucena, Iloilo	Brgy. Bitá-og Gaja Day Care Center, New Lucena, Iloilo
VII	Duero, Bohol	Camudlas Day Care Center, Bindoy, Negros Oriental
VIII	Ormoc City, Leyte	Malibago Day Care Center, St. Bernard, Southern Leyte
IX	Polanco, Zambo del Norte	Labrador Day Care Center, Polanco Zamboanga Del Norte
X	Lagonglong, Misamis Oriental	Benoni Daycare Center, Mahinog, Camiguin
XI	Davao City	Mintal Day Care Center, Barangay Mintal, Davao City
XII	Malapatan, Sarangani Province	Liberty Day Care Center, Liberty Tampakan, South Cotabato
NCR	Quezon City	Belmonte Day Care Center, Sampaloc, Manila
CAR	La Trinidad, Benguet	Banaao Day Care Center, Tadian, Mt. Province
CARAGA	None	Poblacion Barobo Day Care Center, Barobo, Surigao del Sur
ARMM	Wao, Lanao Del Sur	Kasalamatan Day Care Center, Jolo, Sulu



Health Secretary Enrique T. Ona receives from Dipayan Bhattacharyya of the World Food Programme the symbolic pack of Vita Mix or micronutrient powder for home fortification that will become part of the GP program. (Photo by Romy S. Caparas)

and Local Government, local governments and non-government organizations came out with initiatives to achieve sustainable improvements in our country's oral health specially to lower the prevalence of tooth decay among under-five children. This is the Orally Fit Child program which was launched in 2011 as a nationwide campaign to highlight the importance of proper behaviors to maintain optimum oral health to under-six children.

The goal is to make every child in communities caries-free by age six and every child growing well into their adult years free from all sorts of dental problems. One strategy is that LGUs and other stakeholders are empowered to develop their own strategies unique to their communities and be responsible for finding local solutions to attain the highest percentage of orally fit children in their schools and communities.

Thus, in the GP Awards, the one orally fit community and one day care center

in each region which provided outstanding work performance, contribution and achievement in the promotion of oral health were given due appreciation and recognition. They received P50,000 cash prize and a plaque.

Vitamins & Minerals Supplementation

The GP Awards this year also recognized as special awardees three municipalities with the most improved vitamin A supplementation coverage. They received P20,000 and a plaque.

Also, the Awards ceremony served as a venue for the World Food Programme (WFP) to symbolically hand-over to the DOH the Vita Mix – a vitamin and mineral supplement in powder form for children 6 to 24 months old that will help boost the immune system of children. Vita Mix has 15 vitamins and minerals like Vitamin A, Vitamin B12, Vitamin C, Vitamin D, Vitamin

E, Folic Acid, Vitamin B1, Vitamin B2, Vitamin B3, Vitamin B6, Iron, Iodine, Copper, Zinc, and Selenium. It is easy to use as can be mixed in any household food being given to children, and it will not change the taste of the food. The distribution of Vita Mix is now a part of the GP program.

According to WFP Representative Dipayan Bhattacharyya, the use of the micro-nutrient powder has been proven effective to reduce anemia and other micronutrient deficiencies in several countries like Indonesia, Nepal and others. He added that the first Philippine experience of the micronutrient powder supplementation was in 2010 for the children in Typhoon Ondoy-affected areas. The powder was then named VITA SANGKAP. Another supplementation project was done under the Millennium Development Goal Achievement Fund for nutrition was done in Zamboanga City and Aurora, Zamboanga Del Sur using the product name VITA NUTRIENT MIX.

Bhattacharyya also revealed a study made in Misamis Oriental where about 60% of anemia reduction was found and that the success was credited to the functionality and commitment of LGU health and nutrition workers.

The outcome of these micro-nutrient powder projects were achieved together with DOH, National Nutrition Council (NNC), Helen Keller International, and the LGUs.

For the nationwide GP program, a new name and design "Vita Mix" were crafted for better acceptance by mothers and guide them on how to properly use the product.

- o o o -

Busy Me...

DAD: Gabi na! Bakit ngayon ka lang umuwi?
 ANAK: Dad, not now please. Im tired. Dami projects, dami events sa school, nag-meeting pa kami with the teachers.
 DAD: Magtigil ka nga! KINDER ka pa lang!





Anna Dominique Coseteng, president and CEO of Diliman Educational Corporation and Health Secretary Enrique T. Ona (seated, center and right) sign a Memorandum of Agreement for a Health Promoting School Initiative while faculty and students of Diliman Preparatory School look on. (Photo by Romy S. Caparas)

Health Promoting School

The Department of Health, through the National Center for Health Promotion, and the Diliman Educational Corporation (DEC) that runs the Diliman Preparatory School, a private school in Quezon City, forged a Memorandum of Agreement (MOA) on February 21 to effect the first Health Promoting School initiative.

Health Promoting Schools, as defined by the World Health Organization, "is a place where all members of the school community work together to provide students with integrated and positive learning experiences, which promote and protect their health, and includes formal and informal health curricula, safe and healthy school environment, promotion

and maintenance of adequate health services and involvement of the family and community."

Under the MOA, the DOH and the DEC will collaborate to apply the following implementation approaches and strategies:

- **Healthful School Living** or the provision of wholesome healthy and safe environment, harmonious relationship among the school staff, teachers to pupils, pupils to pupils, teachers to parents, and school to community as a whole;

- **Health and Nutrition Education** which pertains to the learning experience such as formal and informal teaching directed towards the development of favorable health and nutrition knowledge,

attitudes and practices;

- **Health and Nutrition Services** or appropriate interventions designed to improve health and nutritional status of the school population; and

- **School Community Partnership** or a coordinated endeavor to link the school with home and community so that there is an effective carry-over of health and nutrition practices learned in school to home and community. The involvement of the community will compliment the school financial and human resources for effective and efficient school health promotion.

The DEC is headed by its President and Chief Executive Officer Senator Anna Dominique M. Coseteng.

Paputok Summit calls for **Culture Change**

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

For three years in a row, the Department of Health gathered various stakeholders to a Firecracker/Fireworks- (or what is collectively termed as "Paputok-") Related Injury Summit on February 27 in Manila. Its purpose is to evaluate the extent of injuries, assess issues and concerns in our program implementation, and come up with new strategies and approaches for the coming years.

Among those who attended were: Metro Manila local governments down to

the barangay level, the Departments of Health (DOH), Education (DepEd), Trade and Industry (DTI), Environment and Natural Resources (DENR), the Interior and Local Government (DILG), Social Welfare and Development (DSWD), Philippine National Police (PNP), Bureau of Fire Protection (BFP), Philippine Information Agency, Metro Manila Development Authority (MMDA) Ecowaste Coalition, media and even the fireworks industry.

According to the speech of Health

Secretary Enrique T. Ona read by Health Undersecretary Teodoro Herbosa, the DOH considered the paputok-injury reduction campaign as its year-ender and year-opener campaign. For 21 years now, the DOH has tried to address the problem of paputok injuries, and it never ran out of creative ideas to remind people to be safe during the holidays – from teaching the public how to handle and use paputok properly, to using scare tactics by showing hospital equipment in cutting fingers and limbs and gory pictures of victims, and later changing the messages using the more positive approach by advocating a community fireworks display, using alternative noise-making materials and doing other merrymaking activities, and even dancing the Gangnam Style in greeting the New Year.

Herbosa added, "We even prayed that it rains on New Year's Eve because there was a year when cases significantly went down because it rained a few minutes before midnight."

Although the DOH had brought the cases down in the early years of the campaign, the number of cases in recent years has been observed to have reached its plateau, just like in the surveillance of other diseases. Last year, there was a modest 9% drop in the number of injuries



"Maybe this is the right time for culture change," Health Undersecretary Teodoro J. Herbosa speaks in behalf of the Department of Health. (Photo by Paking Repelente)



Representatives from various agencies involved in Aksyon Paputok Injury Reduction (APIR) advocacy campaign (left) answer questions and hear recommendations from the audience (right). (Photos by Romy Caparas)

compared to the figures during the same period in the previous year, however this decrease was not significant compared to the five-year average.

The DOH said that behavior change communication approaches and activities may no longer be enough because the most affected population group are the 6 to 10 years old who are too young to make informed and right choices that will affect their health and life. Thus, the DOH is now calling for a "culture change" by highlighting the role of policymakers. This means implementing what is termed as "downstream" interventions which include legislation, regulation, fiscal incentives, and information provision, as well as "upstream" interventions, such as parenting, peer and mentoring programs, or development of social and community networks.

At the end of the Paputok-Injury Summit, the following recommendations were reached:

- Ban on the residential use as well as retail selling of paputok;
- Total gun ban during the holiday season;
- Shift to local government-led community fireworks display;
- Hold parents accountable if their children become victims of fireworks

injury;

- Amend Republic Act 7183 (An Act Regulating the Sale, Manufacture, Distribution and Use of Firecrackers and Other Pyrotechnic Devices) to:

- delist kwitis, watusi, small trianggulo, El Diablo (labintador) and whistle bombs as legal fireworks;
- include a provision in the law for safety measures of workers engaged in different stages of manufacture to prevent undue exposure to occupational/health hazards that may be encountered by workers in the fireworks industry;
- include a provision in the law that specifies the role of the Bureau of Customs in conducting monitoring and surveillance activities in relation to smuggling/illicit trade of imported fireworks and other pyrotechnic devices;
- Reassess the safety of the so-called "legal" firecrackers/fireworks, particularly by DTI;
- Strict enforcement of the ban on piccolo as well as the indiscriminate use of guns by the PNP and local government units;
- Continuous conduct of fireworks

safety seminars for the paputok industry and police and fire officers by the DTI, PNP and BFP;

- Early conduct of health education classes and public awareness activities on the harmful effects of the use of paputok for schoolchildren and out-of-school youth by the DepEd, DSWD, DOH, PIA and MMDA;
- Monitor air quality from DENR Metro Manila stations and release reports on particulate matters from air pollution caused by the use of paputok;
- Continue public awareness campaign on the toxic chemicals of, and health hazards of air pollution caused by paputok by the Ecowaste Coalition;
- Continue and expand surveillance of cases of respiratory problems during New Year's Eve celebration by the DOH;
- Enjoin all private hospitals to actively participate in paputok surveillance;
- Conduct study to determine the knowledge, attitudes and behaviors of Filipinos on the use of paputok during New
- Officially create and hold regular meetings of the multi-agency task force for planning and implementation of paputok injury prevention.

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NEUROCYSTICERCOSIS

When Worms from the Meat You Eat Get into the Brain

by

GLEN S. RAMOS

HEALTHbeat Staff

An unusual case occurred on January 23, 2013 when a 24-year old female was rushed in one of the hospitals in Metro Manila complaining of headache, fever, nausea, vomiting and left-sided weakness. She was diagnosed and found out to be suffering from neurocysticercosis.

The case was reported by the Event Surveillance and Response Unit of the Department of Health-National Epidemiology Center to the Regional Epidemiological Surveillance Unit (RESU) of the Center for Health Development National Capital Region (CHD-NCR) that promptly coordinated with the admitting hospital and the Manila City Health Office.

According to RESU Chief Dr. Manuel C. Mapue, the city health office immediately conducted investigation and sanitation teams were dispatched to inspect vendors selling barbeque in the area of Sta. Mesa, along the Light Railway Transit (LRT)-Line 2, where the victim frequently bought the *isaw*, barbequed pig intestines usually soaked in a sweet and sour sauce. The inspection team found no vendors as they are reported itinerant.

A case of neurocysticercosis case was also reported by the Philippine Daily Inquirer last December, the victim was Cebu traffic chief Sylvan Jakosalem. According to the report, the disease dates back during the Egyptian times 2000 B.C. It is also later described by Aristotle as prevalent in pigs. Muslim physicians also recognized it and

were assumed as one of the reasons for the Islamic dietary prohibition of eating pork. And in the 1850s, German investigators first illustrated the life cycle of *Taenia solium*.

In the Philippines, neurocysticercosis is not included in the DOH disease surveillance and monitoring report which makes the total number of cases difficult to determine.

Mapue defined neurocysticercosis as the most common parasitic disease of the nervous system and the main cause of acquired epilepsy in developing countries. It is caused by a pork tapeworm called *Taenia solium*. The cysticerci (larval cysts) develop

inside the body. It can grow in a number of tissues located in the central nervous system and can cause neurocysticercosis.

In 1993, the International Task Force for Disease Eradication stated that theoretically, the disease can be controlled and preventable, however it still remains to be one of the neglected parasitic infections as of this day.

The tapeworm that causes cysticercosis is prevalent in Latin America, Asia, and sub-Saharan Africa. In the United States, there are about 1,000 new cases of cysticercosis diagnosed yearly. It is the leading cause of onset-seizures in adult



Media are certainly interested in stories like neurocysticercosis. Photo shows Dr. Manuel C. Mapue, chief of the Regional Epidemiological Surveillance Unit (RESU) of the DOH Center for Health Development-National Capital Region (CHD-NCR) being interviewed by media. (Photo credits: Rodel Recio Fotografipix)

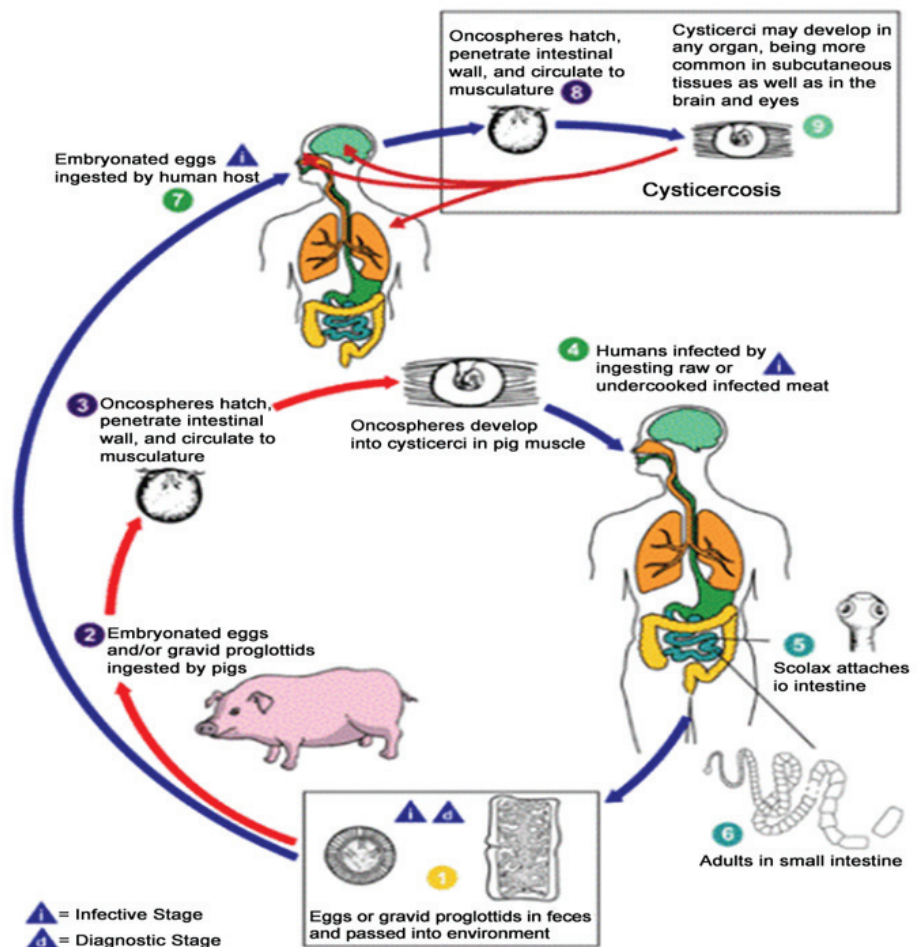
globally.

According to Mapue, the latest victim of neurocysticercosis is fond of eating pork barbeque sold by ambulant vendors. "We have to assume that the meat being peddled was infected with tapeworm and may also be improperly handled and undercooked. Improper food handling is a major cause of infection," he stated.

In Metro Manila, precooked pork meat like barbeques and *isaw* are openly sold on streets usually along populated areas. After the infected pork meat was ingested, the tapeworm inside the body hatches eggs. Once these microscopic eggs are exposed to the gastric acid in the stomach, their protective capsule will be dissolved, they will turn into larval cysts. These larvae will eventually find their way into the brain where they can cause severe infection.

"The larvae in the brain may stay for a long period of time and may remain as a cyst until removed. If the infection in the brain is severe, brain surgery will be needed", Mapue added.

Neurocysticercosis are often spread through food, water, or surfaces contaminated with infected feces. It can also spread through direct contacts from infected persons. "The best thing to do is to practice proper hygiene. Always wash hands with soap and water to avoid contracting or spreading infection," Mapue reminded.



Life cycle of *Taenia solium* with resulting cysticercosis. (Illustration courtesy of the US (Centers for Disease Control and Prevention))

Symptoms of cysticercosis may develop from several months to several years after initial infection. A victim may suffer from headache, vomiting, weakness or numbness depending on the location and

number of cysticerci. Some persons may never develop any symptoms at all.

A complication that may arise includes seizure, stroke, change in vision and even death.



chat ka pa...

Mag-syota nagcha-chat sa Facebook...

LIZELLE: Bhe, 'di na ako magtatagal, log out na ako kasi nagagalit na si Papa. Ingungudngod daw n'ya ang mukha ko sa keyboard kung 'di pa ko lalayas sa computer ngayon...

CLARENCE: Aiiiii! Gusto ko pang makipagchat sa 'yo eh :(

LIZELLE: 'Di na nga pwede, bhe, kasi ingungudngod daw slkdjfsdf ljsfj[';lqwe lljasdadmn,,ol pp][;lkd'qwdqdi1298d01o;lkjlasjkdsa';l12l321 o1p2312908d90asda';111'23l123 aspdas[dpo p[pi12309803918723 'asdasd'la]s[dp][pfkvhiftuytuy opwueqwiu uiq!

KULITI Sty in the Eye

There's a stigma attached to having "*kuliti*" (hordelium or sty) in the eye, and that is having a habit of secretly sneaking and maliciously looking on somebody's private parts. In other words, you are a "Peeping Tom." Well, there might be a medical basis on this accusation as you might be putting your eye in dirty peepholes as you sneak and peek, but not all who gets *kuliti* are sex maniacs.

People of all ages can develop *kuliti*, and men and women are equally affected. There is a slight increase in the incidence of *kuliti* in people in their 30s to 50s. People with certain chronic conditions (diabetes mellitus, chronic blepharitis or inflammation of the eyelid, seborrhoea or chronic inflammatory skin disorder, and other chronic debilitating illnesses are more prone to develop *kuliti* than the general population. In many susceptible people, stress seems to trigger the development of *kuliti*. Studies have also shown that those who have high levels of blood lipids (fats) are more susceptible to blockages in the oil glands, including the glands of the eyelid and are, therefore, more likely to develop a *kuliti*.

Kuliti is a tender, painful red bump located at the base of an eyelash or under or inside the eyelid. It results from a localized infection of the glands or a hair follicle of the eyelid. It results from an infection of the oil (meibomian) glands of the eyelid that help to lubricate the eyeball. The infection occurs after these glands have become clogged. A

kuliti may also arise from an infected hair follicle at the base of an eyelash. However, in most cases, *kuliti* is caused by bacteria, most commonly Staphylococcus bacteria, frequently found on the skin.

Kuliti is harmless in the majority of cases, and it ruptures on its own within a few days to a week, leading to relief from symptoms. It often recurs, but it does not cause damage to the eye. *Kuliti* is sometimes confused with a chalazion which is a form of scarring of the glands in the eyelid that may include the formation of cysts. It is the most common complication that develops from *kuliti*. A chalazion is usually painless and may already require medical or surgical treatment.

The first signs and symptoms of *kuliti* are usually redness, tenderness, and pain in the affected area. The eye may feel irritated or itchy. Later signs and symptoms may include swelling, discomfort during blinking of the eye, watering of the eye, and sensitivity to light. A common sign of *kuliti* is a small, yellowish spot at the center of the bump that represents pus rising to the surface.

The application of a warm compress or warm washcloth to the affected area for 10 minutes, four to six times a day, can speed rupture of the *kuliti* and aid in the relief of symptoms. You can also gently scrub the eyelid with tap water or with a mild, non-irritating soap, or baby shampoo may also help with drainage. Close your eyes as you scrub so you do not injure your eyes. Do

not squeeze or puncture the *kuliti* because a more serious infection may occur as a result.

Antibiotic ointments and/or steroid ointments sometimes are prescribed to treat *kuliti*. Over-the-counter pain medications may be used to alleviate pain and tenderness. Contact lenses and eye makeup should never be worn during treatment.

It is always better to consult an ophthalmologist to prescribe you the right treatment, and especially if any of the following problems occur: the eye is swollen shut; redness appears around the entire eye; any change or disturbance in vision; swelling that lasts for more than three weeks; bleeding; falling out of eyelashes; the *kuliti* is located on the bottom eyelid, near the nose; pus or thick discharge continues to drain from the eye; excessive persistent tearing; and fever higher than 38°C.

Nobody can completely avoid getting *kuliti*, but good hygienic practices, including proper hand washing, can help prevent all forms of infection. Other measures to prevent *kuliti* include: not sharing cosmetics or cosmetic eye tools, like eyelash curlers or combs, with others; keeping eye tools clean; discarding old or contaminated eye makeup; keeping all cosmetics clean; and not touching the eye and surrounding areas.

And don't peek at other people's private parts not because you may get *kuliti*, but because you may just get caught and go to jail. Hahaha.

MANSCAPING

Dare to Go Bare, Guys!

by

DONATO DENNIS B. MAGAT
HEALTHbeat Staff

Dare to go bare, guys? Try manscaping!

Manscaping is the modern term for the removal of unwanted or unsightly hair in any part of the man's body and by any way – shaving, waxing, plucking, laser hair removal or electrolysis. This new trend has become a central issue in men's grooming, fashion, and even health and hygiene.

What once was the concern of bodybuilders, models and porn stars is now a question every man must consider. To shave or not to shave?

Shaving the Pubic Hair

Manscaping is usually attributed to the removal of pubic hair. Pubic hair is an important marker of puberty, and signifies a transition toward adulthood. There is a lot of debate about the actual function of pubic hair (like cushioning, warmth, catching dust or bacteria) but no real conclusion.

Pubic hair trimming is said to have some advantages. Men feel more comfortable without those extra hairs, and a shaved region reduces heat and sweat and also eliminates hair rubbing against briefs or boxer shorts which oftentimes causes discomfort. Then, there is the visual effect: the penis look bigger, cleaner and more desirable.

A lack of pubic hair does not, in itself, affect health, but the method of hair removal can affect health, particularly among those with a weakened immune system. In trimming pubic hairs, it would be best to use a shaver/razor specifically designed for the job. But before shaving, cut the hair short first by using scissors. And remember, the skin in the genital area is far too sensitive, thin and stretches easily. Small skin tears can become an entry point for sexually transmitted infections. Moreover, growing the pubic hair out again will be an itchy experience.

Dr. Risa Caldoza-De Leon, a diplomate of the Philippine Skin Healthy Physicians and the Philippine Academy of Aesthetic and Age Management, Inc., said trimming men's pubic hair is not new, either here in the Philippines or abroad. She said that in the US and other European countries, shaving it all off is popular, but in the Philippines, it is not that popular.

Caldoza-De Leon said that about five or six years ago when waxing became common to remove hair, some Filipino men would avail of the service, but when dermatology clinics started offering intense pulse light (IPL) hair reduction, a rise in the number of men who want to go bare has been observed.

IPL is a safe and effective method

to reduce hair permanently but settings for IPL machines must be tailored fit to the patient. If not properly done, the skin can get burned causing hyper-pigmentation or darkening of the skin. Skin infection can occur as well. Caldoza-De Leon cautioned that one should always consult a licensed dermatologist, especially on the use of IPL.

Removing Body Hair: A Personal Preference

Chest hair is the most common hair that is removed. It does not only make a man younger but also more comfortable, especially during hot summer months. Some women may pretend to like some chest hairs on men but rubbing these chest hairs with their body during intimate moments may spoil the fun and excitement, as these hairs can bring itchiness and irritation.

Trimming chest hairs can be done with scissors or razors, but using a beard trimmer is more recommended. Caution must be observed when trimming on the nipple area, as some inexperienced men accidentally cut themselves. Waxing is also a better way to trim chest hairs, although some men may look at the process as too feminine.

Aside from chest hairs, back hairs are also removed by men. The process of

removing back hairs is the same as removing chest hairs but this should be done by somebody because it is very tiresome, if not impossible, to rid yourself completely of back hairs.

Even eyebrows can be trimmed but should be done by professionals in the barber shop or parlor in order to arrive with a neat trim.

Another hair that needs constant and regular trimming is the nose hairs. There are specially-designed nose trimmers available in the market. Some men may not be aware of this unsightly hair coming out of their nostrils. It is good grooming to keep those nose hairs on check.

"Removing body hairs is a personal preference," Caldoza-De Leon emphasized.

About Manscaping

There is no exact date when manscaping started but it would interesting to know that a 2008 study conducted by researchers at Flinders University in Australia concluded that "hairlessness is rapidly becoming a component of the ideal male body". Of the 228 heterosexual males who participated in the anonymous survey, 66% said they had removed their pubic hair at least once, in comparison to 82% of homosexual males.

Also, a 2005 study published in the journal *Sex Roles*, it was found out that 63.6% of 118 men at the University of South Florida said that they have trimmed or removed body hair to be hygienic and attractive.

In Caldoza-De Leon's practice, about 60% of women shave their armpits, about 20% pluck, and another 20% wax their armpits. About 30% shave their legs hair and only about 10% shave their pubic hair. Among men, about 10-15% of men shave their chest hair, legs hair and pubic

hair.

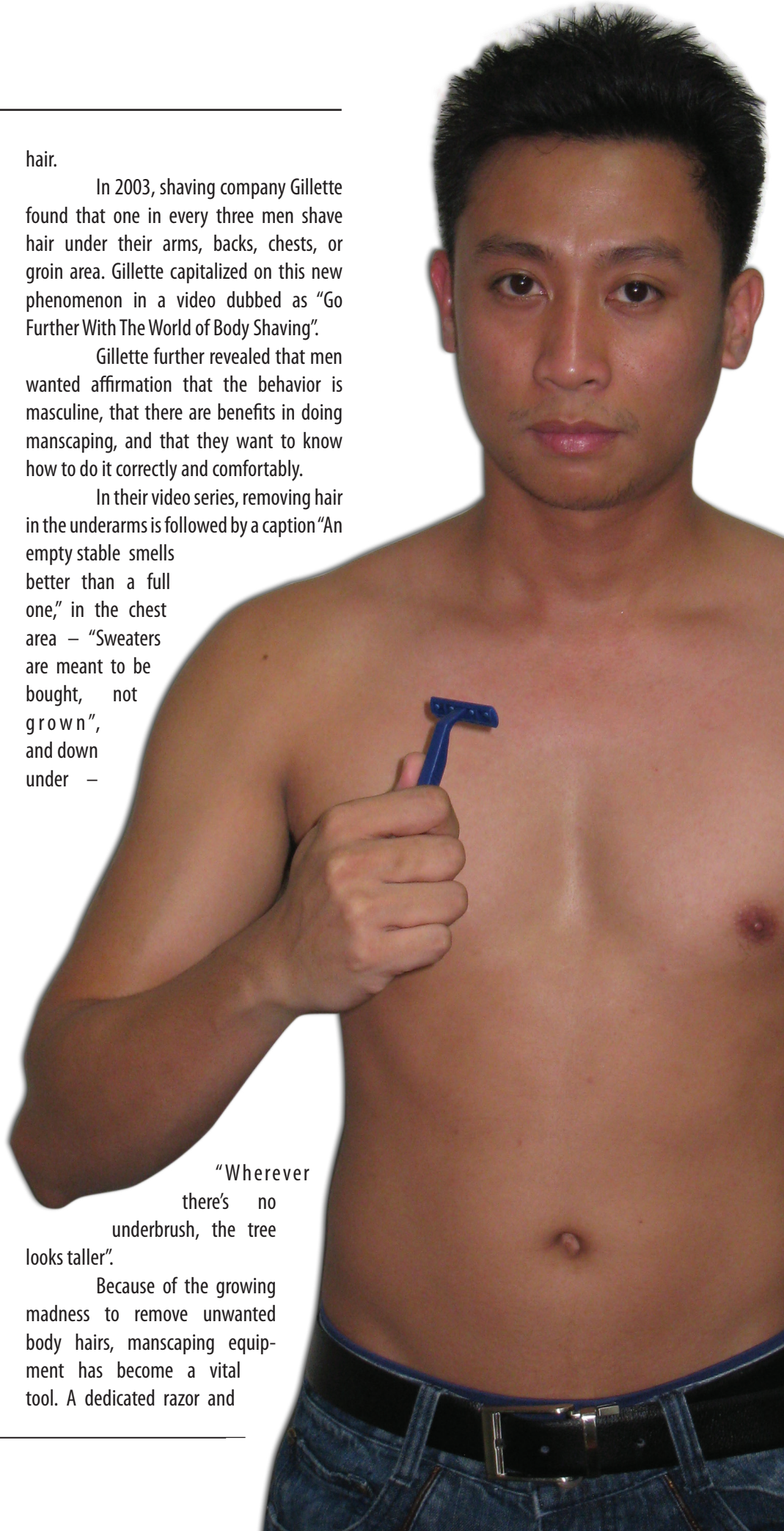
In 2003, shaving company Gillette found that one in every three men shave hair under their arms, backs, chests, or groin area. Gillette capitalized on this new phenomenon in a video dubbed as "Go Further With The World of Body Shaving".

Gillette further revealed that men wanted affirmation that the behavior is masculine, that there are benefits in doing manscaping, and that they want to know how to do it correctly and comfortably.

In their video series, removing hair in the underarms is followed by a caption "An empty stable smells better than a full one," in the chest area – "Sweaters are meant to be bought, not grown", and down under –

"Wherever there's no underbrush, the tree looks taller".

Because of the growing madness to remove unwanted body hairs, manscaping equipment has become a vital tool. A dedicated razor and



shaving cream or gel is very important. This equipment can now be bought at the health and beauty section of some department stores or even supermarkets, alongside hair gel, beauty creams, and other pampering products.

Why Men Shave

Aside from vanity and hygiene, there are other reasons why men shave unwanted hairs. These reasons ranged from cultural, religious, medical, military requirement, or as a form of punishment.

Exposure of body hair other than head hair, eyelashes, and eyebrows in several societies is generally considered to be unaesthetic, undesirable, and embarrassing. In Middle Eastern countries, removal of female body hair is considered proper hygiene.

In the United States, a vast majority of women regularly shave their armpits, legs, while about also a half shave their bikini lines. However, some women in Western cultures choose not to remove body hair, either as personal preference or as an act of defiance against what they regard to be as an oppressive ritual.

Some men shave their heads as a fashion statement or because they find a shaved head preferable to the appearance of male pattern baldness.

Some women shave their heads for cultural or social reasons. A small number of Western women also shave their heads either as a fashion or political statement. In India, tradition requires widows in some sections of society to shave their heads although the government and society are now working to end the practice of ostracizing widows. Moreover, it is a common practice for both men and women to shave their heads prior to embarking on a pilgrimage.

Head shaving can also be a part of Christian, Buddhist or Hindu traditions. Buddhist and Christian monk usually undergo some form of head-shaving during their induction into monastic life. In Thailand, monks shave their eyebrows. Brahmin children have their heads shaved as a ritual before beginning school. In Judaism, there is no obligation for men to remove their hair, however, there is a prohibition for men using razor to shave their beards or sideburns.

The Sikhs, on the other hand, opposes all forms of hair removal. To them, the maintenance and management of long hair is a manifestation of one's holiness. Ancient Egyptian priests shaved their bodies daily in order to present a "pure" body before the images of the gods.

Sometimes, shaving body hair may be due to medical reasons. Before any surgery, body hair of patient near the operation site must be removed. Shaving

body hair of patients is also a move to eradicate lice, fleas or other parasites and to minimize body odor due to the accumulation of odor-causing microorganisms in hair. Many cancer patients shave their heads before starting a chemotherapy session because chemotherapy will result to irregular or severe hair loss.

In the military, a short-cropped or completely shaven head will make it hard for an enemy to grab or hold him during hand-to-hand combat. A short hair also makes fitting gas masks and helmets easier.

In sports, it is a common practice for professional and amateur cyclists to remove hair legs in order to clean wounds efficiently in case of road crash. Also, legs without any hair reduces friction and increases comfort and effectiveness during massage which professional cyclists regularly gets. Professional swimmers also shave their leg hairs in order to propel them faster under water.

Shaving one's head hair can also be a punishment or a form of humiliation. After World War II, head-shaving was common in France, Netherlands, and Norway for women who had collaborated with the Nazis and for women who had sexual relations with soldiers. In Arab countries, shaving off head hair is sometimes used to humiliate male prisoners. Convicted inmates also have their heads shaved upon entry at certain prisons.



kalbo...

Q. Bakit hindi dapat magsuot ng turtleneck ang kalbo?

A. Kasi magmumukha siyang ROLL ON.

Q. Bakit hindi pwedeng magsuot ng hair net ang kalbo?

A. Kasi magmumuka siyang MICROPHONE.

Q. Bakit hindi pwedeng maligo nang sabay-sabay ang mga kalbo sa isang jacuzzi?

A. Kasi magmumuka silang nilulutong FISHBALLS.

Sustaining the Fight Against **LEPROSY**

by

ELIZABETH G. MASCAREÑAS, RN, MPH

HEALTHbeat Staff

Still Detecting New Cases

Leprosy is a chronic infection of the nerves with skin manifestations and also known as Hansen's disease, with local terms as "*ketong*," "*sanla*," or "*kulion*."

While leprosy has been eliminated as a public health problem at national level in 1998, there are still some areas in the country where new cases are being detected.

Dr. Belen Lardizabal-Dofitas, vice-president of the Board of Trustees of the Philippine Leprosy Mission said, "It may be one of two things – the country really has more cases than other countries or we are more active in finding cases."

The detection of new cases is actually an indicator of the degree of implementing leprosy control. The number of new cases is not significantly declining worldwide, and it is not just the Philippines that is experiencing this trend.

Dofitas added, "There must be another factor in play which is actually causing new cases to rise. And we always look at new cases detected as a sign that the control or the transmission of the diseases still has not been controlled." She added that aside from finding new cases, they are also looking on how many children are infected.

If there are still many children below 15 years old being detected with the disease, then that is a sign that the leprosy control measures are not yet enough.

"There are some more areas in the



Public and private sector stakeholders converged in Coron, Palawan. Photo shows representatives from the Department of Health, Novartis Foundation for Sustainable Development, Novartis Healthcare Philippines and World Health Organization.

country where we have not yet achieved their elimination target, that is why we have to continue all efforts to control the disease. Leprosy is a slow growing bacillus making it more difficult to control, Dofitas concluded.

The Fight Against Leprosy Continues

In order to sustain the fight against leprosy in low endemic areas and prevent the reemergence of the disease, the Department of Health and Novartis Healthcare Philippines in partnership with the Novartis Foundation for Sustainable Development organized a multi-stakeholder

meeting for leprosy control in Coron, Palawan during the observance of World Leprosy Day on January 29. It also became the venue to launch the "Best Practices and Innovative Ideas in Fighting Leprosy Contest." And on March 18, the winners were announced and awarded during DOH Central Office regular flag-raising ceremonies.

Health Secretary Enrique T. Ona explained that the contest aims at sustaining the fight against leprosy in the post-elimination phase. He said, "Although the Philippines has met the elimination target of a national leprosy prevalence rate of less than 1 in 10,000 population, there are still

areas in the country with relatively higher prevalence rates of the disease.”

On the other hand, Thomas Weigold, country president and managing director of the Novartis Healthcare Philippines, said, “New challenges in leprosy control have emerged that require innovation. Novartis is privileged to work with the DOH in seeking effective approaches and novel ideas that can overcome these challenges and prevent reemergence.”

The contest which was opened to organizations and individuals working on leprosy control has two categories: Best Practices (ongoing or completed projects) and Innovative Ideas. Three winning entries per category were chosen. For the Best Practices category, the best entry won P100,000 while the second and third best entries received P40,000 and P20,000, respectively. For Innovative Ideas category, the best entry won P15,000 while the second and third best entries received P10,000 and P5,000, respectively. The criteria for judging included: impact on beneficiaries, innovation, and sustainability; potential for replication; and overall quality and scientific validity.

There were a total of 35 contest entries (19 for the Best Practices category and 16 for the Innovative Ideas category), and a collaborative community-based campaign in Northern Mindanao and a mobile phone-based referral system won the Gold Award for Best Practices and Innovative Ideas, respectively.

“Modified Leprosy Elimination Campaign in Three Cities of Northern Mindanao” reduced the prevalence rate of leprosy in the cities of Cagayan de Oro, Iligan and Oroquieta through active case detection and standard treatment. Key actions of the campaign include disease mapping, advocacy and information dissemination, community mobilization, case detection

and treatment, monitoring and evaluation, and media coverage and updates. First implemented in early 2007, the campaign was collaboration between the Local Government Units (LGUs) of the three cities; DOH Center for Health Development (CHD) Northern Mindanao; World Health Organization (WHO); national and local media; and community members.

“Mobile Teledermatology E-Referral System for Active Case Finding of New Leprosy Case” aims to enable midwives, nurses and physicians in rural areas to refer suspected leprosy cases by using a mobile phone to photograph skin lesions and send such pictures and patient details via MMS (multimedia messaging service) and SMS (short message service). It was conceptualized by MetaHelix, a local technology company with extensive expertise in health information management systems, electronic patient records, software development, telehealth, public health information systems, and disease surveillance systems.

Other winners in the Best Practices category were: “Best Practices of Western Visayas Sanitarium in Fighting Leprosy” (Silver Award) and the Philippine Leprosy Mission’s “Partners in Leprosy Action” (Bronze Award). The runners-up in the Innovative Ideas category were: “All for Juan, Juan for All” of the Jose Reyes Memorial Medical Center’s Department of Dermatology (Silver Award) and a P10,000 cash prize in the Innovative Ideas category; and “Mobile Phone for Dermatology: Handy Tools for Leprosy Control” of the Philippine General Hospital’s Section of Dermatology, and “Utilizing the Nursing Process in Fighting Hansen’s Disease” by Garey Joseph Geneta (tied for the Bronze Award).

Meanwhile, Ethan Rosca, a 12-year old high school student initiative on “Leprosy Awareness Campaign” and the Research

Institute for Tropical Medicine Department of Dermatology’s poster on “A Model for Sustainable Actions Towards Leprosy Elimination” received special citation.

The panel of judges is composed of DOH Assistant Secretary Paulyn Jean Rosell-Ubial, WHO Representative Dr. Woo-Jin Lew and Novartis Foundation for Sustainable Development Corporate Responsibility Adviser Dr. York Lunau.

Novartis Long-Term Commitment

Christine Fajardo, corporate affairs and market access director of the Novartis Healthcare Philippines, said “Novartis and the Novartis Foundation for Sustainable Development have a long-term commitment to leprosy treatment and control. We are working with the DOH in developing and implementing a leprosy post-elimination strategy as part of the broader national leprosy control program.”

Two of the three drugs used in multi-drug therapy (MDT) were developed by Novartis in the late 1970s. Since 2000 Novartis, through WHO, has donated more than USD77 million worth of MDT to help cure approximately 5 million leprosy patients worldwide. Novartis has supplied around 50,000 MDT courses to the Philippines. The high-quality MDT drugs are currently produced by the generic arm of Novartis, Sandoz, and made available for free by Novartis.

Dr. Francesca Gajete, DOH national leprosy control program manager, explained that the MDT, the highly effective standard leprosy treatment recommended by the WHO since 1981, interrupts disease transmission with the first dose, cures patients and prevents disabilities. The MDT consists of three drugs: dapsone, rifampicin and clofazimine.

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Public-Private Partnership in Action

DOH-MSD-Zuellig

No Mother Should Die Giving Life

Every mother's death is a human tragedy – and the ripple effects on her family are enormous: her baby is more likely to die before the age of two and her other children are 10 times more likely to leave school, suffer from poor health, and die prematurely. In the Philippines, 11 mothers die of pregnancy and pregnancy-related causes daily.

Global pharmaceutical company MSD (Merck Sharp & Dohme, also known as Merck in the US and Canada) and the Zuellig Family Foundation (ZFF) heeded the call of the Department of Health to help

reduce maternal mortality in the country. The MSD for Mothers and ZFF Community Health Partnership: The Joint Development Initiative will implement the Health Change Model, a systematic and systemic approach to enhance health leadership and governance in 21 geographically isolated and disadvantaged areas (GIDAs) in the island of Samar, Eastern Visayas.

Health Secretary Enrique T. Ona welcomed the effort of the private sector in helping reduce maternal mortality in the country. He said, "The problem cannot be solved by one party alone. Thus, in addition to our existing health programs to address the country's problems in maternal

health, public-private partnerships like this would enable us to combine our resources and deliver more impact to as many of our countrymen as possible."

MSD Asia Pacific President Patrick Bergstedt said, "We launched the 'MSD for Mothers' program slightly more than a year ago in September 2011, at the United Nations in New York. The aim of this very significant Corporate Responsibility initiative is to help create a world where no woman has to die from pregnancy and childbirth, and to help reduce the burden of maternal mortality globally. It is a 10-year commitment in which MSD will apply its scientific and business expertise, human,



LEFT PHOTO: Health Undersecretary Teodoro Herbosa builds up the pieces for public-private partnership. **RIGHT PHOTO:** Taking part in the commitment exercise are the stakeholders for The MSD for Mothers and Zuellig Family Foundation (ZFF) Community Health Partnership – (from left) Patrick Bergstedt, MSD Asia Pacific President; Health Undersecretary David Lozada, Jr.; Dr. Esperanza Cabral, former health secretary and ZFF board of trustee; Health Undersecretary Teodoro Herbosa; Ambassador Roberto R. Romulo, ZFF chairman; Dr. Jacqueline Flores-Kitong, World Health Organization; Prof. Ernie Garilao, ZFF President; Dr. Mary Ann Avalon, provincial health officer of Northern Samar; and Sanjiv Navangul, MSD Philippines president and managing director. (Photos courtesy of MSD)



The Philippine team presenting one of the posters of "Babae, Mahalaga Ka!" to Health Secretary Enrique T. Ona. Shown in photo, from left are Dr. Maricar Quevedo, POGS vice president; Health Undersecretary Teodoro Herbosa; Sanjiv Navangul, MSD managing director; Dr. Raul Quillamor, POGS president; Dr. Cecilia Llave, SGOP president-elect; Health Secretary Ona; Health Assistant Secretary Enrique A. Tayag; Health Assistant Secretary Gerardo Bayugo; Dr. Rey delos Reyes, POGS immediate past president. (Photo courtesy of MSD)

and financial resources to delivering life-saving solutions to women."

MSD and ZFF entered into a 3-year joint development initiative to help Samar. Being the first initiative in Asia of the MSD for Mothers Global Giving Program, MSD is providing a Php20 million grant with a counterpart of Php18.4 million from ZFF.

"The Health Change Model begins with training the local government executives and health officers, empowering them in reforming and strengthening the local health systems and building the capacity of the barangay health workers and midwives to ensure the quality and delivery of antenatal and obstetric care services. The empowerment of the LGU and its people is key to the sustainability of the program even after the 3 years we are there," explained Prof. Ernie Garilao, president of ZFF.

The most current statistics shows that the Philippines is lagging behind the Millennium Development Goal (MDG) 5 target with maternal mortality ratio (MMR) increasing from 162 to 221 per 100,000 live births. The program focuses on the three provinces of Samar having the lowest human development index with MMR as follows: West Samar at 134, Northern Samar at 89, and Eastern Samar at 110. The overall MMR of Samar is influenced by the poor performances of the GIDA municipalities which the program hopes to improve.

"This partnership aims to help the country attain the MDG of reducing maternal mortality. It also supports the DOH in its vision of **Kalusugan Pangkalahatan** (universal health care) and empowers local government units towards health leadership and governance. MSD is firm in

its commitment to finding solutions to the health challenges we face today. We remain committed to making our vision a reality – a world where no mother has to die giving life," says Sanjiv Navangul, president and managing director of MSD in the Philippines.

DOH-MSD Cervical Cancer Advocacy Wins Public Affairs Asia Award

The Philippines recently garnered the Gold Standard Award for the category on Public-Private Partnership (PPP) given annually by the Public Affairs Asia Network. The Award recognizes the long-standing partnership between the Philippine government and the private sector regarding Cervical Cancer Awareness and Advocacy. The program entitled Babae, Mahalaga Ka! is a PPP between the Department of Health,

key medical societies Philippine Obstetrical and Gynecological Society, the Society of Gynecologic Oncologists of the Philippines, and the Philippine Society of Cervical Pathology and Colposcopy, and MSD.

Launched in 2008, the program first sought to launch the celebration of Cervical Cancer Awareness during the month of May and later succeeded in integrating efforts from different sectors in order to increase education, screening and vaccination. In its five year run, the program staged many activities, including lay fora on disease education and prevention, a national cervical screening program in DOH-retained hospitals, and a national symposium on cervical cancer prevention and control. To date, more than 30,000 women between 25-45 years old have been screened through the program. With the increased public awareness, key stakeholders from the public and private sectors have pushed for a

national policy focused on prevention, early diagnosis and treatment.

Cervical cancer is the second most common cancer in women worldwide. In the Philippines, 12 Filipino women die from cervical cancer each day. It is caused by the human papillomavirus (HPV) which is the most common sexually transmitted infection in both men and women. Aside from cervical cancer, HPV can cause genital warts and cancers of the head, neck, and genital area. Screening and vaccination can help prevent cervical cancer and other HPV-related diseases.

Public Affairs Asia is the network for senior government relations, corporate affairs and corporate communications professionals operating across the Asia Pacific region. It offers news, features, analysis and intelligence on practice and policy through Public Affairs Asia magazine, online channels, intelligence and events.

The Gold Standard Awards is an annual event run by Public Affairs Asia to showcase excellence in communications, public affairs, sustainability and governmental communications.

This year, it received more than 200 entries from different countries in the region, across all 17 categories. The PPP award category recognizes excellence in projects involving both the public and private sectors for health promotion, environmental protection and the delivery of public services. The excellence award recognizes the public affairs and communications engagement, execution and outcomes connected to the PPP program. Other finalists for the category were Microsoft India, Pilipinas Shell Foundation and Kraft Foods Indonesia/Save the Children Foundation.

Babae, Mahalaga Ka! is the only Gold Standard Awards recipient from the Philippines.

DOH Runners' Club

Are you physically fit or at least wanting very much to be fit? You might want to join the Department of Health Runners' Club in the Central Office!

The DOH Runners' Club is organized to provide an avenue for officials and employees to be active and healthy. It is also designed to have a pool of DOH staff that can readily be mobilized for the numerous advocacy fun run/walk events.

Among the events the Runners' Club participated were: PhilHealth-DOH Run at the Quirino Grandstand (February 17, 2013); Freedom Run in Taytay, Rizal (October 2012); Run for Breastfeeding at SM Mall of Asia (February 2012); and Run for

Pasig (2011-2012). The Club also supported the passage of the Sin Tax and Responsible Parenthood, Reproductive Health laws through three fun run events while wearing advocacy t-shirts and holding tarpaulin with health messages.

Interested DOH Central Office employees regardless of appointment status (i.e. permanent, Contractual/Job Order, and even outsourced janitorial and security services) may fill-out a registration form and pay the one time registration fee of P100. Members are encouraged to attend the regular run events twice a week within DOH compound and one major activity at least in a month.



BANAT ng PUSO

Break Na!

Nagalit si babae sa kanyang nobyo...

JEAN: Break na tayo!

JUN: Tara, gutom na din ako.

Saksak

PULIS: Bakit mo siya sinksak?!?

LEN: Sinubukan ko lang po naman kung totoo 'yung kasabihan na FIRST LOVE NEVER DIES.

Dentista

IGGY: Dad, hingi po ako ng payo. Nagkakalabuan kami ng girlfriend ko, eh.

BENJIE: Anak, dentista ako. Ang payo ko lang ay ituring mo ang girlfriend mo na parang toothbrush.

IGGY: Huh?!?

BENJIE: Oo, toothbrush — huwag mo ipagamit sa iba... at palitan mo buwan-buwan!

Walang Ganda

DIANE: Humanap ka nalang ng mas maganda sa akin. Sorry.

HAROLD: Ikaw ngang pangit, hindi ko mapasagot. Maganda pa kaya?

Ex-Lovers

Mag-ex sa telepono...

AILEEN: Hi, kamusta?!?

BOY: Okay lang, ikaw?

AILEEN: Okay lang din, Kamusta ang lovelife mo d'yan?

BOY: Okay lang naman.

AILEEN: Kayo pa ba 'nung pangit mong girlfriend?!?

BOY: Hindi na noh! Hiwalay na tayo eh.

Tira

Magkaribal sa telepono...

SHEILA: Hello, I called to let you to know that I'm dating your ex.

TERE: Great! I'm eating sandwich.

SHEILA: And so?!?

TERE: Gusto mo ulit ng tira ko?

Condolence

CHRIS: Condolence nga pala, Pard.

MIGZ: Ha? Para saan? Bakit?

CHRIS: Sa syota mong patay na patay sa akin.

Iyak

WILSON: Kapag iniwan kita, iiyak ka ba?

EMY: Oo naman.

WILSON: Bakit?!?

EMY: Tears of Joy!

Pag-ibig

MICHAEL: Miss, tanong ko lang kasi monthly may nade-deduct sa sweldo ko, sa iyo ba napupunta 'yun?

FRANCES: Eh bakit naman sa 'kin mapupunta 'yun?!?

MICHAEL: Nakalagay kasi sa payslip ko, PAGIBIG!

Dota o Ako?

JOYCE: DOTA? Dota na naman! Pumili ka ngayon sa amin — Dota o ako?!?

FRED: Dota!!!

JOYCE: Huh?!? Bakit?

FRED: Kasi ang dota pwede paglaruan. Ikaw, masyado kitang mahal para paglaruan lang.

Third Eye

TITSER: Kung kayo ay magka-third eye saan ninyo ilalagay at bakit?!? *(Maraming sumasagot, pero isa lang ang tumayo.)*

GRACE: Sa puso ko po para hindi ako mabulag sa pag-ibig na hindi naman totoo.

My God!

AU: Honey, tumataba na yata ako, don't you think so?!?

JERRY: You look like a GOD!

AU: Ahihihi. Sinong GOD? Aphrodite? Venus? Who ba talaga?!?

JERRY: *(Tinitigan ang kanyang mga mata at hinipo ang kanyang bilbil, at sinabing...) BUDDHA!*

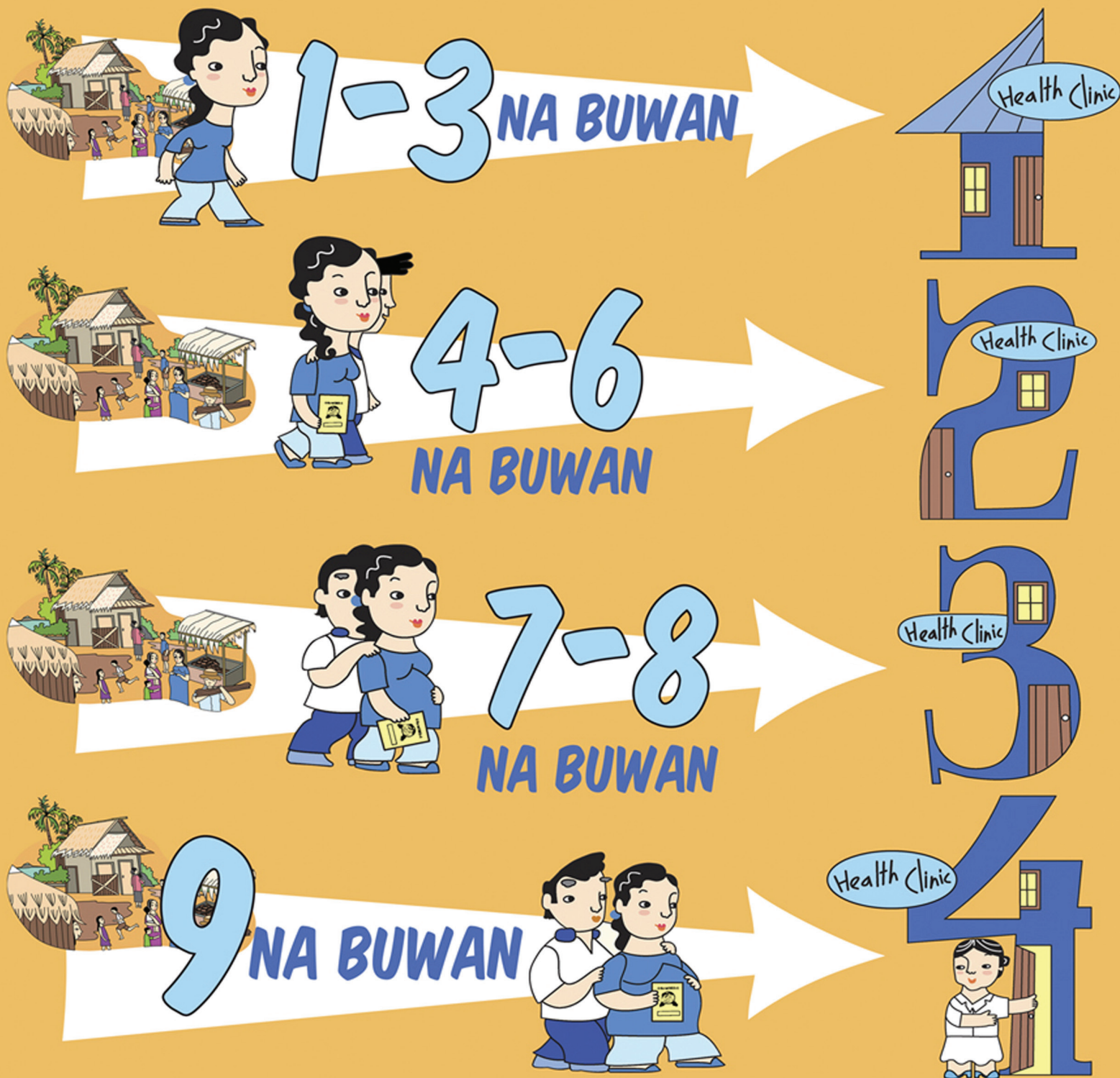


Like the warmth of summer sunshine, DOH serves Filipinos with warmth and care. And DOH takes care of Filipinos' health so that they could rest easy and not worry, the way they would just relax by the beach in summer.



4 na beses

Buntis Check Up Para sa Kabutihan



APAT dapat ang pagbisita sa health center



Isang paalala mula sa DOH-JICA SMACHS-EV Project

