



HEALTHbeat

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DOH Post-Yolanda Relief Operations

GUARDING HEALTH

| | |
|----------|-------------------------|
| PERSONS | NO. OF MEDICAL SUPPLIES |
| 623/2964 | 4,505 |

A man in a white lab coat and green lanyard is assisting an elderly woman in a wheelchair. He is leaning over her, holding her hand, and looking at the camera with a smile. The woman is looking off to the side with a slight smile. They are in a well-lit indoor space with a staircase in the background.

Old age need be a time fraught with worries and illnesses. Through DOH's programs especially for senior citizens, Filipinos can best enjoy their golden years.





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wRATH PLAN

Rats! That's our sigh of the year and it has nothing to do with Supert Typhoon Yolanda nor the leptospirosis outbreak in Olongapo City which both landed in our top 10 health news for 2013. What is worse, the issue that has been the cause of our dismay did not even matter to the media. We are talking about the Department of Health's Rationalization or "Rat" Plan. But to the DOH employees nationwide, it is more of a "Wrath" Plan.

Most of the DOH Central Office employees thought that they would not be affected much because they already have been the testing ground of the DOH Reengineering at the turn of the millennium and assumed that it was now the turn of the DOH Regional Offices. Of course, almost everyone was shocked when the Department of Budget and Management (DBM) released its approved organization and staffing standards that took in effect on August 23.

The Rat Plan aimed at reorganizing government agencies to improve employee efficiency and the effectiveness of services. The Rat, err Plan, will not cause anyone to lose his/her job. Employees can opt for retirement if qualified; be matched to the few existing positions; or be termed as "co-terminus with the incumbent," meaning they still hold their positions until they retire and be assigned elsewhere, most probably to DOH hospitals if not to other government agencies.

It was reported that an estimated 900 DOH employees nationwide opted for retirement. Those who did not retire eagerly waited their fate with the matching process that drew a lot of confusion, complaints and chaos. Survival instincts prevailed and resulted to masking insecurities by patronizing self and destroying others, bullying, namecalling verging on slander, circulating white papers, threatening court charges, and allegedly, even making death threats.

The National Center for Health Promotion (NCHP), the office that produces **HEALTHbeat**, is greatly affected. While health promotion is already an internationally-recognized discipline of enabling people to increase control over and to improve their health, the DBM still sees it as information dissemination or public/media relations office. Thus, instead of making it into a bureau, it has been relegated as a support service. The 47 NCHP personnel was merged with 5 Media Relations Unit staff from the Office of the Secretary and was drastically reduced to 28 staff and renamed the Health Promotion and Communication Service (HPCS).

The staff holding higher positions who are already considered health promotion experts that deal with a mammoth of partners in order to push for health and wellness programs in various communities, workplaces and schools were greatly reduced. They tell us not to worry because the new HPCS can outsource certain services thru the hiring of consultants/job order/contract of service personnel, where no employer-employee relationship exists. So, everything boils down to this. Paraphrasing the subtitle of the famous global TV series – "Survivor," the Rat Plan of government is now the challenge to "OUTLAST, OUTLIVE, OUTSOURCE." Rats!

— The Chief Editors

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What have we done as a nation to deserve a year like 2013?

This year, the Philippines was confronted with inescapable news on all fronts, putting health news on the sidelines.

Among the biggest stories of the year are the string of natural and manmade disasters: the strongest typhoon in the world to made landfall six times affecting eight regions; a 7.2 magnitude earthquake that destroyed centuries-old churches in Bohol; intense rain and severe flooding in Luzon caused by typhoons and the Habagat; sinking of MV St. Thomas Aquinas after colliding with a cargo vessel in Talisay City; and the Zamboanga City standoff between government and the Moro National Liberation Front. The year also brought political, territorial and foreign affairs issues on the headlines:

the mid-term elections; pork barrel scam; heightened sovereignty claims over West Philippine Sea as well as Sabah; tense relations with Taiwan and Hong Kong; and even the crackdown of undocumented overseas Filipino workers in Saudi Arabia.

But lo and behold, despite the seemingly endless bad news, the year also delivered some good news, particularly in sports and culture: Manny Pacquiao and Nonito Donaire were victorious in their boxing bouts; and Megan Young and Mutya Datul took home the Ms. World and Miss Supranational crowns, respectively.

The Department of Health has been involved in a number of these big news especially in health emergency response, and oh, it was even

mentioned in the pork barrel issue particularly where some Php 3.6 billion pork funds will go for next year. But still, these issues are not necessarily health news as HEALTHbeat would want them to be.

Instead of our usual countdown, we decided to have a rundown through the Top 10 health news that stirred the DOH as gleaned not only from the traditional media (print, broadcast and film) but also from the new media (Internet including the social networking sites), with some opinions from the editorial staff. This covers the period from November 16, 2012 to November 25, 2013 which is slightly extended compared to previous years. Our rundown starts with a disaster the world has never seen before and ends in outbreaks of diseases. So, hold tight!



TOP 10 HEALTH NEWS OF 2013

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

1. Super Typhoon Yolanda

On November 1, 2013, a low pressure area was spotted over the Caroline Islands in Kiribati. It moved westward and intensified into a tropical depression on November 3. It became a tropical storm and earned the international name "Haiyan" on November 4 and eventually escalated into a typhoon category on November 5. With an expanding and deepening obscuring of clouds and clear eye visible on satellite, the Joint Typhoon Warning Center (JTWC) upgraded Haiyan to a super typhoon which had maximum sustained winds of 150 km/h and gustiness of up to 185 km/h on November 6, 2013. It became the 24th typhoon to enter the Philippine Area of Responsibility (PAR) and was locally named "Yolanda."

On November 8, Yolanda hit the Philippines with winds of 195 mph, and has been described as the strongest tropical cyclone to make landfall in recorded history. It made six landfalls: 1) Guiuan, Eastern Samar at 4:40 am of November 8; 2) Tolosa, Leyte at 7 am; 3)

Daang Bantayan, Cebu at 10 am; 4) Bantayan Island, Cebu at 10:40 am; 5) Concepcion, Iloilo at 12 noon; and 6) Busuanga, Palawan around 8 pm. Yolanda was accompanied by monstrous winds that uprooted trees and tore roofs off buildings, while storm surges as high as 10-20 feet smashed into coastal communities.

At around 7 am that day, the whole world lost contact with the affected areas because power and communication lines were cut off, and even the satellites could not locate Leyte and Samar from the map. It was only at around 8 pm of the following day that the world began to see in media the grim images of destruction and death caused by Yolanda. Media from around the globe generated a deluge of news, feature and commentaries on the rescue, recovery, relief and rehabilitation efforts of government, the private sector, and international humanitarian assistance. Many reports were not without criticisms and even controversies ranging from the slow



TOP PHOTOS: The President Benigno S. Aquino and his Cabinet who are at the frontline in rescue, recovery and relief operations. **ABOVE PHOTOS:** Health Secretary Enrique T. Ona and Undersecretary Janette Garin lead the assessment and implementation of DOH operations in Eastern Visayas and other areas affected by Super Typhoon Yolanda.

start of government operations since the first responders in local government units (LGUs) were victims themselves, to politicking the disaster by presidential wannabes since the 2016 national election is just a few storms away.

Health issues surfaced loudly in the first two weeks of the typhoon's aftermath because the immediate basic needs of the survivors were food, water, temporary shelter and medicines. The DOH is among the government frontliners in disaster and health emergency management.

On November 11, President Benigno S. Aquino III declared a "State of National Calamity" to hasten government efforts as well as utilize appropriate funds to provide basic services. The DOH immediately sent several cargoes of medicines, supplies and equipment to Tacloban that was almost entirely flattened by the storm surge. The medical and health needs of other affected areas were taken care of by their respective regional health offices and augmented by the central office, other regional offices not affected by the typhoon, and DOH hospitals. Health Secretary Enrique T. Ona met with World Health Organization (WHO) officials and other international medical missions to identify immediate needs, consolidate relief efforts and accelerate the delivery of the needed supplies. Several medical teams, both domestic and international,

were deployed to provide emergency and basic medical and surgical services to affected areas.

Tetanus, water-borne diseases, respiratory illnesses, childhood diseases and vector-borne diseases like leptospirosis, dengue and even rabies were the public health threats closely being watched by the DOH to avert outbreaks and epidemics. The DOH also convened a meeting with forensic experts to establish a quick system of management of dead bodies. Ona allayed growing fears of the public and reiterated that dead bodies would not cause outbreaks but certain precautions should be observed by body handlers to prevent the spread of any disease. He also urged local authorities for the proper retrieval and identification of dead bodies as well as providing decent burial.

On November 14, Ona made a directive implementing a price freeze on 200 essential medicines to ensure their availability to typhoon affected families. On November 18, President Aquino issued a memorandum directing the DOH to temporarily assume direct supervision and control over health and sanitation operations of LGUs if deemed necessary, based on an assessment of the needs and in consultation with the LGUs. Water, sanitation and hygiene (WASH) teams made the rounds to ascertain the potability of drinking water, supervise the solid waste management and excreta disposal in

communities as well as in evacuation sites.

Meanwhile, the DOH-National Capital Region established a field clinic at the Villamor Airbase for the health and medical assessment and treatment of survivors who chose to stay in Metro Manila. A separate clinic especially for pregnant and nursing mothers was also established including a temporary milk bank to cater for the needs of infant as well as to collect human milk for those who want to donate their excess breastmilk. The DOH constantly reminded well-meaning individuals and groups to refrain from giving breastmilk substitutes and milk products. In emergency situations, poor water and sanitation situations contribute to a heightened risk of disease among children. Besides, milk donations go against the provisions of the Milk Code.

On November 22, the WHO in partnership with the DOH launched a vaccination campaign to prevent outbreaks of measles and polio among survivors. Children under five years old are vaccinated against polio and measles and given Vitamin A drops to boost their immune system. The WHO also arranged for the delivery of vaccines using gas-powered and generator-powered fridges, freezers, vaccine-cases, cold boxes and ice packs for affected areas that have lost power. This "cold chain" is necessary to keep the vaccines from being spoiled.

2. Dancing ASec Eric Tayag

It has nothing to do with the super typhoon nor the storm surge, but Health Assistant Secretary Enrique "Eric" A. Tayag continues to make waves in traditional and social media not only because he is the DOH spokesperson for public health issues, but also because of his dance moves. Aside from news and public affairs programs on television, he also is seen in entertainment programs like "Gandang Gabi Vice" and "Toda Max." In health promotion, that's education-entertainment par excellence.

Tayag was first seen in public combining dancing and disseminating health messages in December 2011 for the DOH anti-firecrackers campaign. Dancing, he said, is a safe merrymaking alternative to lighting up firecrackers or fireworks especially for children. That made him trending worldwide in social media sites.

Towards the end of 2012, he did it again, to the tune of then hit song Gangnam Style. In an interview with GMA News, he said: "News reached us na *may ilalabas na paputok at ang pangalang ibibigay ay Gangnam*, so *inunahan namin ngayon. Kasi pag nadikit na yung Gangnam sa paputok eh lalong marami nang gagamit ng paputok. Sabi namin ay iko-connect na namin itong Gangnam na ito sa sayaw at ita-target namin ang mga bata kasi mabilis sila matuto ng Gangnam. Ang idea namin pag narinig yung Gangnam, sayaw; pag*

USAID has sent six solar-driven refrigerators to Tacloban.

On November 24, even for a brief moment, many survivors set aside their misery as they watched and cheered the live broadcast of the victory of Manny Pacquiao over American-Mexican Brandon Rios in the World Boxing Organization (WBO) International welterweight title clash. This was an exciting bout for Pacquiao after losing his last two fights. Herminio Coloma, Aquino's spokesman, said, "Just like Manny, we will triumph over our current problems by working together... In the face of a tough fight, he has displayed the strength and the character of the Filipino."

As of November 25, the DOH Health Emergency Alert Reporting System noted a total of 75 DOH teams, 60 foreign teams and 23 local health teams have been deployed in Typhoon Yolanda-affected areas. A total of 2,146,341 families or 9,923,378 persons were affected in 11,880 barangays, in 44 provinces in 9 regions.

At this point, the DOH and other government agencies were gradually shifting efforts toward rehabilitation and rebuilding. Hopefully, this tragedy will result to efficient disaster management, effective climate-influencing reforms, and socially responsible handling of media coverages as well as non-partisan political actions in the context of disasters and their aftermath.

narinig yung 'Gangnam', huwag gagamit ng paputok."

In June this year, Tayag incorporated dancing to promote dengue prevention and control, and danced with the world-famous YouTube sensation dancing inmates of the Cebu Provincial Detention and Rehabilitation Center. His dancing finally found its right health program as the DOH launched its nationwide healthy lifestyle movement, "Pilipinas Go4Health," to inform and engage the youth



One of ASec Eric Tayag's memorable dancing moments in 2013 with the world-renowned Cebu dancing inmates.

and adults in forming healthy habits and practicing a healthy lifestyle through the promotion of 4 healthy behaviors (1. physical activity, 2. healthy diet, 3. no smoking, and 4. avoiding the harmful use of alcohol) to prevent the "fatal 4" diseases (1. cardiovascular disease, 2. cancer, 3. diabetes, and 4. chronic obstructive respiratory disease).

Tayag said the body is designed for motion. Daily physical

activity is for everyone, from the very young to the very old. Physical activity requires children and adults to engage in at least 60 minutes of daily active tasks like the simple walking and doing household or school chores, and engaging in exercise, sports or dance is even healthier.

- o o o -

3. Stem Cell Therapy

The DOH "one-peso consultant" for non-communicable diseases, Dr. Anthony Leachon, resigned, while his brother, Oriental Mindoro Representative Paulino Salvador Leachon, called for the resignation of Secretary Ona. At least 21 medical groups issued petition papers for the DOH to issue clearer regulations for practicing clinicians to safeguard the health of Filipinos. The burning issue is the quest for the "fountain of youth" through stem cell therapy.

Ona made a keynote message that became controversial during the 1st Mid-Year convention of the Philippine Society for Stem Cell Medicine (PSSCM) on August 12, and appeared as a full-page ad with the title "Stem Cell: The Final Word" paid by the PSSCM. The speech categorized stem cell therapy as part of "innovative therapy" and allowed in the meantime the conduct of the treatment even without the approval of the Food and Drug Administration (FDA) on stem cell products.

Ona, in a press statement on August 20, reiterated that the administrative order that regulates the use of stem cell therapy either as recognized treatment modality or for research purposes, was meant to protect the public from harm rather than a blanket endorsement of its use or potential benefits. While the DOH supports rapid scientific advancement in the field of cellular medicine, the DOH more importantly is duty bound to protect the public from harm or fraud through sound regulation. In fact, the DOH has issued these regulatory guidelines that are considered one of most stringent in the world. For one, stem cell therapies and research will only be allowed in accredited hospitals; stand alone clinics will not be allowed. All therapies and researches need review and approval of institutional



Health Secretary Enrique T. Ona stresses to media, during a forum at the Manila Hotel, that further studies and research in the practice of stem cell therapy in the country should be boosted in order to ensure patient safety. Also in photo (from left to right) are Philippine Society for Stem Cell Medicine President Dr. Rey Melchor Santos, Dr. Leo Olarte, Dr. Samuel Bernal, and Manila Hotel President and former Senator Joey Lina. (Photo by Paking Repelente)

review committee. The local guidelines also supersedes those issued by other countries or international bodies. All embryonic stem cell therapy is prohibited. Even the use of adipose (fat) derived stem cell is restricted by the FDA.

There are only a limited number of medical conditions in which stem cell therapy may be indicated. Others are claims that should be taken with a grain of salt. Unless, unproven therapies are supported by evidence in clinical trials then the public is advised not to participate when offered and to immediately inform DOH if they have doubts whatsoever. The public can access <www.clinicaltrials.gov> to learn about the status of on-going trials on stem cell therapy.



Beat Tobacco
www.beat-tobacco.ph



www.facebook.com/beat.tobacco.ph



www.youtube.com/user/BeatTobacco

4. Electronic Cigarette

On April 10, the FDA issued an advisory saying the electronic- (e-) cigarette is not a proven nicotine replacement therapy and reiterating the WHO's statement that there is no scientific evidence to confirm the product's safety and efficacy. The e-cigarette is increasingly becoming popular among Filipinos, particularly the youth, as the number of public places that prohibit smoking is increasing and the recent higher tobacco taxes in the country make smoking more expensive. A week after, the Metro Manila Development Authority (MMDA) urged local government units to enact ordinances regulating the sale and use of e-cigarettes in respective localities. And towards the end of the month, the Philippine E-Cigarette Industry Association (PECIA), composed of store owners, suppliers, and manufacturers of electronic cigarettes and related products in the country, was formed.

Meanwhile, at the global level, the big tobacco companies are reported to be investing in e-cigarettes not to convert their tobacco products which have been flaked with several restrictions, but rather as the way of "renormalizing" the act of smoking and eventually bringing back or not stopping people to tobacco use.

Since the FDA issued the advisory, the DOH Facebook page was flooded by comments from e-cigarette users, and they posted studies and videos claiming the product's safety. Of course, researches and testimonials abound, but the DOH still relies on works of credible individuals and institutions for the development of its policies. On July 24, the FDA conducted its public hearing to discuss the issues on the safety and regulation of e-cigarette in the country.

The e-cigarette is made of plastic and metal device that heat a liquid nicotine solution (e-juice) in a disposable cartridge. It creates a tiny light on the tip even glows like a real cigarette and produces a vapor that stimulates the act of smoking. FDA Acting



E-cigarette is getting to be popular among young Filipinos. (Photo courtesy of Ian Caguioa)

Director Kenneth Hartigan-Go admitted in a Rappler news report that product classification is one of the biggest challenges to regulate e-cigarettes. He said that if e-cigarette sellers make health claims, FDA would classify the e-juice as a drug and the unit as a medical device. The industry would then have to present a proof of concept – outlining the basics of the drug development to demonstrate its feasibility – and an ethical trial approval sought from an academic or medical research institution. Meanwhile, WHO Tobacco-Free Initiative Officer Dr. Florante E. Trinidad, during the ASEAN Regional Forum on NCDs at the Dusit Hotel on August 14, recommended the classification of e-cigarettes as a combination drug and medicinal product. This will directly place e-cigarettes under the jurisdiction of the FDA. He added that so-called e-juice has been confirmed to contain cancer-causing chemicals. As of this writing, the FDA is still to make its official stand.

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5. New in PhilHealth

The year opened in the Philippine Health Insurance Corporation (PhilHealth) with the resignation of Dr. Eduardo P. Banzon as its president and chief executive officer (CEO) on January 14, due to "personal reasons" after rendering only 14 months of service. Secretary Ona, being chairman of the PhilHealth Board of Directors, acted as officer-in-charge. Banzon's resignation, however, did not affect the successful conduct of "PhilHealth-DOH Run 2013: Nationwide Run for Mother and Child Protection" with the theme "Synergy for Universal Health Care!" on February 17 to the highlight

the agency's 18th anniversary. It was done in more than 18 major sites in the country.

On June 18, President Aquino named Alexander A. Padilla as a member of the board of directors of the PhilHealth and approved his nomination as the new president and CEO. Malacanang said that his appointment was stalled due to the appointments ban before the May 13 mid-term elections. Padilla was previously appointed by Aquino as chief government negotiator tasked to handle the peace talks with the Communist Party of the Philippines, its political arm



President Benigno S. Aquino III listens to the testimonial of Raissa Laurel-Subijano, 2010 Bar exams blast victim, during the Joint Launch of the new PhilHealth Card the Z Morph Prostheses Benefit Package and Other Services at the Heroes Hall of Malacañan Palace on October 31. Joining him are Health Secretary Enrique T. Ona and Alexander A. Padilla, PhilHealth president and chief executive officer. (Photo by: Rey Baniquet/Malacañang Photo Bureau/PCOO)

the National Democratic Front, and its armed wing the New People's Army. He has also served as DOH undersecretary from May 2003 to November 2010.

A few days later, on June 21, Aquino signed Republic Act 10606 or the National Health Insurance Act of 2013, the law providing mandatory health care for all Filipinos, including indigent, elderly, abandoned children and persons with disabilities with the national government subsidizing their premium contributions. The law amended Republic Act 7875 or the National Health Insurance Act of 1995, Section 6 to say that the program "shall be compulsory in all provinces, cities, and municipalities nationwide, notwithstanding the existence of LGU-based health insurance programs" adding

6. RH Law On Hold

At the start of the year, the DOH and its partners worked on the implementing rules and regulations (IRR) of Republic Act No. 10354 or the Responsible Parenthood-Reproductive Health (RPRH) Law to beat the required 60-day deadline after the law became effective on January 17. The IRR 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, information and supplies.

In March, the draft IRR went on marathon public consultations in Manila, Cebu City and Davao City. On March 15, Secretary Ona signed the IRR at the Corazon Aquino Health Center and Lying-in Clinic in Baseco, Tondo, Manila. Barely four days later,

that the PhilHealth, DOH, LGUs and other agencies and NGOs "shall ensure that members in such localities shall have access to quality and cost-effective health care services." The new law is a proof of the government's commitment to *Kalusugan Pangkalahatan* (universal health care).

On September 14, Secretary Ona said PhilHealth will achieve universal health coverage before the end of Aquino's term in 2016. He said that by next year, the number of indigent Filipino families fully covered by PhilHealth through sponsorship would increase to 14.7 million from 5.2 million families. This includes the 5.2 million families from Quintile 1 that are already covered by PhilHealth, and the rest will come from Quintile 2. Quintile 1 are the poorest Filipino families identified in the National Housing Targeting System (NHTS) by the Department of Social Welfare and Development, while Quintile 2 is the second poorest families. Ona also said that by 2015, the DOH is targeting families under Quintiles 3 and 4, which also include the poor but informal sectors of society.

On October 31, President Aquino led the joint launching of the new PhilHealth card and the newest benefit package known as Z-MORPH, which aims to benefit persons with lost or deficient limbs. It covers the initial fitting of external lower limb prosthesis at a package rate of P15,000 per limb or P30,000 for both limbs for the entire pre- and post-prosthetic management of either the foot, symes and ankle or below-the-knee levels of amputation. Eligible members or their qualified dependents may initially avail of this benefit at the University of the East Ramon Magsaysay Medical Center, at the Philippine Orthopedic Center and at the Philippine General Hospital.



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 Repeleante)

the Supreme Court issued the 120-day period of the status quo ante (SQA) order, and said more debates are needed as the new law faced at least 14 petitions seeking to declare it as unconstitutional.

The oral arguments were started on July 9 and on July 16, the lapse of the 120-day period, the high court with a vote of 8-7 decided to indefinitely extend the SQA. The oral arguments concluded on August 27, and Chief Justice Ma. Lourdes Sereno instructed the petitioners against and for the RPRH Law to submit their memorandums on their arguments within 60 days. There

have been concerns on whether or not the Supreme Court is the appropriate venue for the debates. The Chief Justice herself stressed that the Supreme Court must exercise “judicial restraint,” because the justices are not qualified to take up questions regarding medical science.

As it is, the fate of the RPRH Law is now in the hands of the 15-member Supreme Court. Can they finally decide on its constitutionality before the anniversary of the law's signing by President Aquino on December 21?

7. Fast and Furious HIV/AIDS

During the WHO Regional Committee Meeting for the Western Pacific held in Manila in October, Regional Director Shin Young-soo warned against complacency and urged Member States to continue scaling up antiretroviral therapy as treatment against HIV and strengthen surveillance for sexually transmitted infections. He said with the introduction of antiretroviral therapy, HIV has become a chronic disease condition and requires a change of approach from an infectious disease to a chronic disease condition. He added that HIV must be considered in ongoing planning for health financing in the short- and long-term as part of universal health coverage schemes.

In June, WHO released its consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, which encourages all countries to initiate treatment in adults living with HIV when their CD4 cell count falls to 500 cells/mm³ or less while their immune systems are still strong. The new recommendations also include providing antiretroviral therapy, irrespective of their CD4 count, to all children with HIV under five years of age, all pregnant and breastfeeding women with HIV and all HIV-positive partners where one partner in the relationship is uninfected. WHO continues to recommend that all people with HIV with active tuberculosis or with hepatitis B disease receive antiretroviral therapy. WHO based its recommendations on evidence that treating people with HIV earlier, with safe, affordable, and easier-to-manage medicines, can both keep them healthy and lower the amount of virus in the blood, which reduces the risk of infecting someone else.

Another issue in the Region is the rising HIV prevalence among men who have sex with men (MSM). In the Philippines,

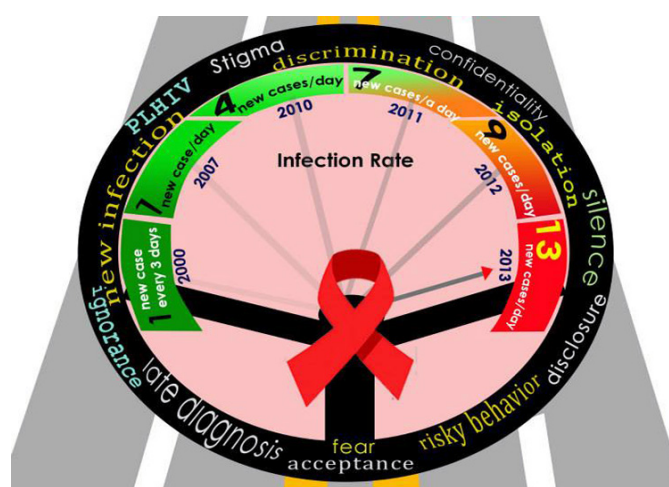


Photo taken from the poster of the AIDS Society of the Philippines advertising its general assembly and scientific meeting in October with the title "The Philippine HIV Epidemic: How Fast is Fast; How Furious is Furious".

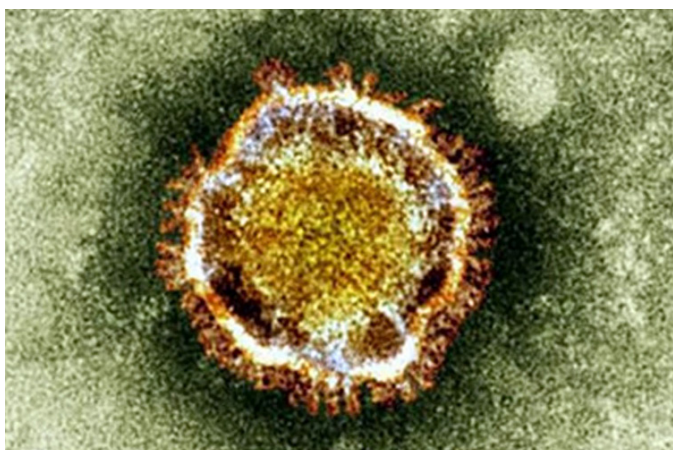
July saw an unprecedented number of 449 new cases in which 96 per cent were male. It indicated a 62 per cent rise compared to July 2012. Of the new case, 412 reported they had been infected through sexual contact while needle-sharing among drug users accounted for 36 infections. MSM accounted for the majority of the sexual transmissions – 84 per cent. And of the infected, 57 per cent were aged between 20 and 29.

With the aim to increase awareness on HIV/AIDS as well as gender sensitivity and expression, TV5 premiered on October 17 a drama series entitled, "POSI+IVE," with the tagline, "Let's save lives... Media can stop AIDS." This in partnership and support of the AIDS Society of the Philippines.

8. Coronavirus

In the first four months of the year, the world was introduced to two emerging diseases – Influenza A(H7N7) and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV). The first

is a subgroup of influenza viruses that normally circulate among birds but human infections were already detected particularly in China. The second is a new beta virus strain of an animal coronavirus which



Middle East Respiratory Syndrome Coronavirus. Photo circulates in the Internet.

was identified in September 2012 in individuals with severe acute respiratory illness occurring in the Arabian Peninsula, some of whom were transferred for care to hospitals in Europe. This coronavirus differs from the previously identified coronaviruses such as the SARS coronavirus that caused the 2003 SARS outbreaks.

According to the WHO and the US Centers for Disease Control and Prevention, most people who got infected with MERS-CoV developed severe acute respiratory illness with symptoms of fever, cough, and shortness of breath. About half of them died. Some people were reported as having a mild respiratory illness. MERS-CoV has also been shown to spread between people who are in close contact. Transmission from infected patients to healthcare personnel has also been observed. Moreover, the virus has spread between countries, and clusters of cases in Saudi Arabia, Jordan, the UK,

France, Tunisia, and Italy have occurred.

In September, Department of Foreign Affairs (DFA) confirmed the first Filipina (whose name was withheld) to die of MERS-CoV. She worked at a hospital in Riyadh, Saudi Arabia. She was admitted to the hospital on August 12 because of a fishbone stuck in her throat and was discharged two days later. After five days, she experienced fever and coughing and progressed to respiratory distress. She was put on a ventilator on August 22. When she was diagnosed two days later with severe pneumonia, she was transferred to the hospital's intensive care unit. She died last August 29. The DFA also said that another Filipina was confirmed positive of the MERS-CoV in the same hospital during her confinement for dialysis.

Due to the nature of the disease, concerns were raised if the body was to be repatriated from Saudi Arabia. Secretary Ona declared that her remains would not pose a public health risk because the coronavirus dies with its host. He further advised all overseas Filipino workers, especially those who are stationed in Saudi Arabia and other Middle Eastern countries, to immediately seek medical attention when not feeling well. Meanwhile, the DOH continues its vigilance, especially in the country's ports of entry such as airports and seaports. Arriving passengers are advised to immediately seek medical attention when they have fever and cough.

Globally, from September 2012 to October 31, 2013, the WHO has been informed of a total of 63 deaths out of 149 laboratory-confirmed cases of infection from MERS-CoV. WHO does not recommend the application of any travel or trade restrictions or entry screening in countries where MERS-CoV has occurred.

9. Chikungunya Outbreaks

Dengue did not find its way to our list of top health news this year, maybe because cases have decreased significantly due to heightened awareness and various interventions to prevent dengue such as putting ovitraps - a device to control mosquitoes, cleaning mosquito breeding sites as well as self-protection measures conducted by the DOH, local government units, communities and the public at large. What made it to our list, however, is the dengue-like viral disease called chikungunya.

Chikungunya takes its name from a verb in the Kimakonde language of Tanzania and Mozambique, meaning "to become contorted," referring to the "stooped" appearance of those suffering with incapacitating joint pain that is not typical of dengue. Aside from this, it is also characterized by fever, headache, fatigue, nausea, vomiting, muscle pain and rash. Symptoms appear between four and seven days after the patient has been bitten by the infected

mosquito. Chikungunya shares some clinical signs with dengue and can be misdiagnosed in areas where dengue is common, therefore



Aedes aegypti (left) and aedes albopictus (right) - the vectors of dengue as well as chikungunya. Photo grabbed from <www.australianscience.com.au>

the incidence of chikungunya could be much higher than what has been previously reported.

On July 25, a state of calamity was declared in San Nicolas, Ilocos Norte after the number of suspected chikungunya cases surged to more than 300, affecting at least four neighboring villages. Meanwhile, the DOH registered a total of 2,594 suspected chikungunya cases in the first half of 2013, but only 157 of these cases had been confirmed. No deaths were recorded. Outbreaks also occurred in Kiamba and Maitum in Sarangani; Villareal and Daram in

Western Samar; Ma. Aurora in Aurora; Sindangan in Zamboanga del Norte; Sta. Rita in Samar; Concepcion in Romblon; Santiago in Agusan del Norte; and Patnongon in Antique. According to ASec Tayag, the last significant number of chikungunya cases in the Philippines happened when Tropical Storm Sendong hit in 2011 and outbreaks occurred in Cagayan de Oro and Davao.

Prevention and control of chikungunya can be combined with dengue control efforts.

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10. Leptospirosis Outbreak in Olongapo

The DOH may have anticipated too soon the ending of the rainy season when it issued a press release on September 24 that reported the 80% drop in leptospirosis cases in the last nine months of the year compared to the same period last year. The day before, however, Olongapo City officials already declared a state of calamity after 12 hours of continuous rains due to the southwest monsoon enhanced by a tropical storm outside the Philippine area of responsibility. This resulted in the highest levels of floods in the history of the city. Exactly two weeks later, on October 7, the James L. Gordon Memorial Hospital was swamped by patients diagnosed with leptospirosis. On October 9, the DOH-Central Luzon declared an outbreak of leptospirosis with six deaths and 210 cases in 48 hours. The following day, Secretary Ona visited the city and talked to patients and hospital staff. He also held a press conference and said the outbreak was under control and cases were expected to go down. Meanwhile, PhilHealth directed all public hospitals in the city to ensure that expenses of leptospirosis patients are covered.

Ona disclosed that urban rat infestation probably caused by poor garbage disposal and collection was the cause of outbreak. However, in other news reports, Olongapo City Mayor Rolan Paulino contradicted Ona's statement, saying he believed the rats were washed down by the flashfloods from an abandoned mine in Mt. Redondo.

Leptospirosis is a bacterial infection that is commonly associated with rat urine, but infection can also come from animals like cattle, pigs, horses, dogs and wild animals. The bacteria are acquired not only through cuts in the skin but also by swallowing



Health Secretary Enrique T. Ona visits leptospirosis patients at the James L. Gordon Memorial Hospital in Olongapo City. (Photo by Paking Repelete)

the bacteria directly from water or through food. The disease causes a wide range of symptoms that begins with fever, body aches, rashes, flu-like symptoms and may end up in meningitis, liver damage (causing jaundice), and renal failure. Death may also occur.

The flooding in Olongapo reached 580 cases with 11 deaths as of October 13. During this time, the DOH was also closely monitoring the condition of Zamboanga City that was hit by severe flooding immediately after the end of the 21-day stand-off between government forces and Moro National Liberation Front. Hoping to avert another leptospirosis outbreak, the DOH sent a supply of prophylaxis medicine for distribution to health personnel who would directly observe the taking of the antibiotic by high risk individuals in the affected areas. Fortunately, no outbreak was reported here.

Alarma

HEALTH OFFICER:

Governor, nakakaalarma na ang pagtaas ng population growth rate ng ating probinsya. May isang babaeng nanganganak bawat minuto.

GOVERNOR:

Kailangan natin itong ihinto kaagad! (Tumingin sa ibang mga tauhan niya...) Hanapin ninyo ang babaing 'yun!"



Time to Understand STORM SURGE



Even this monument did not escape the fury of a storm surge. (Photo by Neil Bryan S. Hipolito)

The Philippines, an island surrounded by bodies of water, is vulnerable to storm surges. Filipinos often hear in warnings in weather reports of a possible storm surge in coastal areas during typhoons. The populous Metro Manila experienced a storm surge caused by Typhoon Pedring in September 2011 when the sea walls of Manila Bay were destroyed and the US Embassy and Sofitel Philippine Plaza were submerged in floodwaters.

A storm surge causes severe flooding, that was all we knew until the devastation of Tacloban City by Super Typhoon Yolanda on November 8, 2013. The images and the testimonials that we saw and heard in media became a grim realization that Filipinos must not only know but try to understand what a storm surge is.

Some storm surge survivors in Tacloban City claimed that if the warnings were that of a tsunami, they would have

known what to expect and do. ABS-CBN's TV Patrol anchor, Ted Failon, who had first-hand experience in ground-zero on the day of the devastation, commented there was no direct translation of storm surge in Filipino. He added that the nearest word to describe it is "daluyong" or "wave" or even "tidal wave." Meanwhile, Dr. Armando Lee, a health emergency management staff from the Department of Health-National Capital Region suggested in a Facebook post to call a storm surge as "taclob," a pun for "taklob" which means "to cover" and also "Tacloban," the worst hit city.

Until such time that someone can come with the right and acceptable Filipino word for storm surge, it is important to define it first. A storm surge is not a tsunami or a tidal wave. A tsunami is a giant wave caused by earthquakes or volcanic eruptions under the sea or landslides into the sea, while a tidal wave is a gigantic wave caused by the

force of the moon and sun (astronomical tide). A storm surge is the rising of the sea level associated with the passing of a tropical storm or typhoon. This is due to the push of strong winds on the water surface, the piling up of big waves, pressure setup and astronomical tide moving towards the shore. In other words, the stronger the winds or the larger the storm the higher the surge.

On November 6, two days before Typhoon Yolanda hit land, it was already reported as an exceptionally powerful typhoon with maximum sustained winds of 150 km/h and gustiness of up to 185 km/h, according to the Joint Typhoon Warning Center. The storm surges went as high as 10-20 feet and smashed into coastal communities, according to reports from Philippine Atmospheric, Geophysical and Astronomical Services Administration (PAGASA) and the National Disaster Risk Reduction and Management Council

(NDRRMC).

The DOH released the following advisory which is based on the US National Oceanic and Atmospheric Administration (NOOA) information on what to do before, during and after a storm surge.

Planning for a storm surge and evacuation could save lives. Be prepared. Know the hazards that may affect you, your family, and your home. Make plans for where you'll go if told to evacuate. Have a disaster supply kit within reach. Stay tuned to local radio and television stations, and listen for advisories or specific instructions from your local officials.

Before A Storm Surge

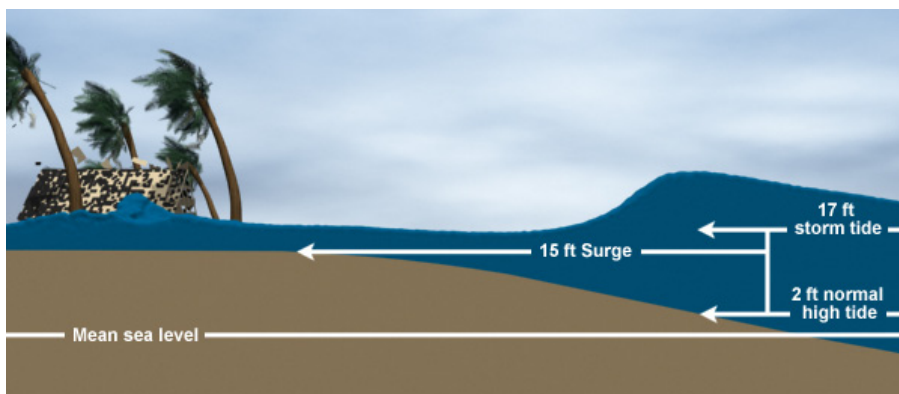
- Know if your area is at risk
- Know the types of hazards that could affect your home and family
- Assess your risks and identify ways to make your home and property more secure. Make a disaster evacuation plan.
- If you live close to the floodplain, consider flood insurance.
- Locate the safest areas in your home, and decide on an escape route should you need to evacuate.

During A Storm Surge

- Monitor radio and television for the latest news and advisories.
- If local officials ask you to evacuate, do so IMMEDIATELY!
- Stay away from floodwaters. If you come upon a flowing stream where water is above your ankles, stop, turn around, and go another way.
- Keep children out of the water.
- If you come upon a flooded road while driving, DO NOT attempt to cross flowing water.

After the Flood

- Return home only when officials have declared the area safe.
- During cleanup, wear protective clothing, including gloves and boots. Make sure your food and water are safe.
- Do not use water that could be contaminated to wash dishes, brush teeth, prepare food, wash hands, make ice or make baby formula. *(Remember that breastfeeding is a lifeline and a shield that protects infants in emergencies and disasters. - Ed)*



STORM SURGE VERSUS STORM TIDE Storm surge is an abnormal rise of water generated by a storm, over and above the predicted astronomical tides. Storm surge should not be confused with storm tide, which is defined as the water level rise due to the combination of storm surge and the astronomical tide. This rise in water level can cause extreme flooding in coastal areas particularly when storm surge coincides with normal high tide, resulting in storm tides reaching up to 20 feet or more in some cases. (SOURCE: NOAA)

KALAbeat

The Filipino Spirit is Waterproof

Karagatan

- ERIC: Alam mo kapag kasama kita, naaalala ko talaga ang karagatan.
- BAMBI: Bakit naman? Dahil ba wild at romantic talaga ako?
- ERIC: Hindi. Nahihilo ako, bumabaliktad ang sikmura ko at nasusuka ako.

Bagyo

- TITSER: Class, anong bagyo ang pinakamalakas na sumalanta sa ating bansa?
- JOAN: Ma'am! TUKSO po!
- TITSER: ANO? Bakit naman?
- JOAN: Kasi, Ma'am (*biglang kumanta*) Kay rami nang winasak na tahanan! Kay rami nang matang pinaluha."

Tsunami

- JERRY: 'Pre, ano ba ang tawag sa maliit na tsunami?!?
- CHRIS: Eh 'di... TSUNANO!



Photo grabbed from the Internet

MAG "DD HH CC" Tayo

DAY TO DAY HEALTHY HABIT FOR CLIMATE CHANGE

WHAT HAVE YOU DONE TODAY?

| BE PREPARED | TRAVEL DIFFERENTLY | EAT DIFFERENTLY | GREEN AT WORK | GREEN AT HOME |
|---|--|--|--|---|
| be aware about climate change and its effects on health | conduct regular preventive maintenance for your vehicle | practice healthy eating habits: lessen meat consumption, eat vegetables, avoid alcohol | save energy by using energy-saving settings in office appliances, change bulbs lighting fixtures to CFL or LED | practice waste segregation - reduce, reuse, recycle |
| be an advocate - tell a friend, family member or neighbor member about climate change | carpooling | no leftover policy - prepare just enough food for every meal | go paperless whenever possible, use both sides of the paper | use water efficiently |
| know your community's vulnerabilities its possible impact/effects on the community's health | use public transportation | opt for fresh produce rather than canned or packaged goods | support a purchasing policy for environment-friendly products | unplug electrical devices when not in use |
| be active in networks for climate change | support the use of biofuels and other renewable energy sources | support our local farm produce/ buy organic | minimize purchase of bottled water – use your own cup | start a vegetable garden in your backyard |
| integrate climate change mitigating and adaptive strategies in your programs | observe a healthy lifestyle by walking or biking | buy seasonal food to reduce energy in transport and storage | support the use of recyclable materials in your cafeteria in food packaging | use composted material instead of chemical fertilizers in your garden |



Climate Change
Adaptation for Health



Dr Julie Lyn Hall

WHO Representative to the Philippines

After four months of being assigned as the World Health Organization (WHO) Representative to the Philippines, Dr Julie Lyn Hall is finally introduced to the Department of Health staff during the regular flag raising ceremony on September 30, 2013.

She said that the Philippines is at a turning point in achieving health for all after seeing the reforms that are being made within the health sector, the continued focus on the poorest of the poor, sustained work to reduced financial barriers and to improve the quality of services and facilities, and the passage of Sin Tax and Responsible Parenthood laws.

In attempting to visualize what the Philippines is currently going through on its health reforms, Hall quoted Dr Gro Harlem Brundtland, former WHO director-general, who said that a country walks on two legs – one leg is health, the other is development. Without one or the other a country can only hobble. With both, a country can walk upright and proud.

According to Hall, the Philippines is working to achieve both: health for all – a strong right leg, and unprecedented economic development – a strong left leg. WHO wishes to work hand in hand with DOH to make universal health care a reality.

Hall has had a long-standing

connection with the WHO and the Philippines which began when she was only 18 years old. She forayed into humanitarian work early on as a volunteer for the Philippine Red Cross, teaching and working in Baguio City.

In recognition of her outstanding contributions to global public health, Hall was made a Member of the British Empire (MBE) in 2007, and was elected by her peers to be a Fellow of the Faculty of Public Health in 2008.

Her career with the Organization began in 2003 when she was a Medical Officer during the SARS pandemic as a member of the Global Alert and Response Team at the WHO Headquarters in Geneva,

Switzerland. She then moved on as the Coordinator for Communicable Disease Surveillance and Response Team in Beijing, China from 2003 till 2006. Following two years as Principle Medical Advisor to the Australian government, Hall returned to WHO in 2008 as Team Leader for Emerging Infectious Diseases. In 2009 she was seconded to the United Nations Secretary General's Office in Geneva to assist with inter-agency coordination during H1N1 pandemic. She then returned to the Western Pacific as the Executive Officer to the Regional Director from 2010 till 2012.

Born in UK in 1965, Hall obtained her Bachelor of Science degree in Medical Sociology and in 1991 graduated with a medical degree from St. Thomas Medical School, London University. In 1996 she obtained a diploma from the Royal Australian College of Obstetrics and Gynecology specializing in antenatal, intrapartum

and postpartum care of women and their families as well as reproductive health. She graduated from James Cook University, Queensland in 1998, with a Masters in Public Health focused on improving health in remote and rural communities. Dr Hall successfully completed four year public health physician training programme to become a Member of the Faculty of Public Health, Royal College of Physicians in 2003.

Hall's last position before returning to the Philippines in 2013 was as a Global Team Leader for the eradication of polio in UNICEF New York.

In her statement to the DOH personnel, Hall emphasized that WHO is not a funding agency and its financial resources are small; however, it can bring evidence-based practices that are known to work, experiences from other countries that Philippines can adapt, review and improve upon, and a sounding board and access to

different fora where approaches the many challenges all countries face in trying to achieve health of each and every member of our global community can be explored.

The Philippines is very much at the heart of changes within the region. Increased harmonization of health care across the region will bring benefits to all - but requires alignment with standards and agreements across borders. WHO stands ready to assist DOH with this and to further facilitate exchanges between countries.

Hall concluded, "But above all the WHO Philippines office looks forward to working with counterparts within DOH to share your experiences - because without doubt Philippines has and will continue under the strong leadership of the Secretary of Health to have a great many success stories to share and best practice to demonstrate that will help other countries not just walk but run."



Dr Julie Lyn Hall, an expert on global alert and response to prevent outbreaks of infectious diseases, is hands-on in post-Yolanda typhoon relief operations.

Rabies-Free Tourist Destinations

by

ELIZABETH G. MASCAREÑAS, RN, MPH
HEALTHbeat Staff

(Photo by Peking Repelente)



Boracay Island and the Province of Guimaras are not just your favorite tourist destinations, they are now rabies free!

The Department of Health and Department of Agriculture (DA) officially declared Boracay and Guimaras as rabies-free at Casa Pilar Beach Resort in Boracay on September 28, in observance of the World Rabies Day with the theme, "Rabies: Understand it to Defeat it."

Mayor John Yap of Malay town in Aklan, which has jurisdiction over Boracay, said the declaration marked the success of their implementation of their rabies prevention and control program. He said, "It is with great pride that Boracay has been declared as rabies-free zone. The people of Malay are enthusiastic indeed, to show and prove to everybody that as custodian of this God-given wealth, we are taking all

the challenges and work hard to sustain and develop Boracay as a place that would enduringly highlight the beauty of the Philippines as a tourism destination."

The world-famous Boracay is a small island in the Philippines located south of Manila and the northwest tip of Panay Island in the Western Visayas region. The island comprises the barangays of Manoc-Manoc, Balabag, and Yapak in the Municipality of Malay, Province of Aklan. The international Travel and Leisure Magazine rated Boracay as the second World's Best Island in 2013.

Yap said that they were able to achieve the rabies-free status by creating functional rabies control committees from the provincial level down to the barangays of Boracay Island. Effective control measures were placed at the Caticlan and Cagban Jetty

Ports for inter-island transport of dogs and cats. Inter-island transport of dogs and cats must secure a shipping permit and have a valid certificate of vaccination and can only be transported two weeks after the anti-rabies vaccination which is duly signed by a licensed veterinarian.

The entire province of Aklan was able to provide an average of 90% postexposure treatment (PET) while the Municipality of Malay was able to give an average of 93% PET to all exposed patients for the span of 5 years (2008-2012). The municipality, particularly Boracay Island, has also established the Dog Registry system because of the increasing dog population in the island from 2009-2012.

Moreover, the Municipality of Malay strictly enforces the ordinance requiring dog owners to register their

animals for identification and proper dispensing of anti-rabies vaccines as well the ordinance prescribing policies on pet and dog ownership to conform with Republic Act No. 9482 or the Anti-Rabies Act.

Aside from Boracay and Guimaras, the DOH and DA also declared Coron, Culion and Busuanga of Palawan; Olympia Island of Bais City, Negros Oriental as rabies-free zones this year. Also declared rabies-free zones in previous years are: Biliran, Camiguin, Marinduque, and Limasawa, Southern Leyte in 2012; Camotes and Malapascua of Cebu Province in 2011; Batanes Islands and Apo Island in Negros Oriental in 2010; and Siquijor in 2008. There are now 14 islands that have registered zero human and animal rabies for at least three consecutive years. Being declared rabies-free also means a place has effectively vaccinated 70 percent of the dog population and impounded stray dogs.

About Rabies

Rabies is a zoonotic disease (a disease that is transmitted to humans from animals) that is caused by a virus. The disease affects domestic and wild animals, and is spread to people through close contact with infectious material, usually saliva, via bites or scratches, and even mucous membrane or the moist, inner lining of some organs such as the eyes, nose and mouth. Rabies is a disease of the nervous system.

Every year, around 55,000 people all over the world die from rabies because the disease has no cure. Sadly, the majority (60%) of rabies victims are children under 15 years old and from the poorest sector of the population. Once symptoms appear, death becomes unavoidable. Rabies has been considered a neglected disease that is 100% fatal, however, it is also 100% preventable. Effective and safe vaccines to

prevent the disease in humans and animals have been available for decades and deaths can be prevented, but because of poverty and ignorance about the disease and its prevention, rabies continues to exist.

Although rabies is not among its leading causes of morbidity and mortality in the Philippines, it is still considered a significant public health problem for two reasons - it is one of the most acutely fatal

infection, and it is responsible for the death of 200-300 Filipinos annually. A decade ago, the Philippines was consistently listed among the top countries in the world with the most number of human rabies with an annual average of up to 400 deaths. At present, the death toll has been reduced to 200-250 annually. In 2012, there were 213 human rabies cases and 414,553 animal bites reported. Dogs were responsible for



UNVEILING OF RABIES-FREE MARKERS. Top, from left to right: Department of Health Assistant Secretary (ASec) Enrique A. Tayag, ASec Jaime Lagahid and Director Jovencio Ordoña; Mayor John Yap of Malay, Aklan; and Department of Agriculture Assistant Secretary Davinio Catbagan. Above, third and second from right, Guimaras Provincial Health Officer Dr Felicito Lozarilla and House Representative of the Lone District of Guimaras Dr JC Rahman Nava join the DOH and DA group. (Photos by Paking Repelente)

85.7% of the biting incident. The regions that reported the most number of rabies were: Region 4-A (CaLaBarZon) with 37 human cases; Region I (Ilocos) with 22; Region 3 (Central Luzon) with 20; Region 2 (Cagayan Valley) with 19; and Region XII (SoCCSKSarGen) and Region X (Northern Mindanao) with 18 cases each.

Health Secretary Enrique T. Ona

said that “the key to successful rabies elimination rests on combined efforts of effective dog vaccination program as part of responsible pet ownership and human vaccination after rabies exposure from rabid dog bites.”

There are interagency arrangements for DOH to support the DA's dog vaccination program. Ona also enjoins the

Department of Education, Department of the Interior and Local Government (DILG) and the local government units to be actively involved to attain the country's goal of becoming rabies-free by 2020. Recently, the Association of Southeast Asian Nations (ASEAN) made plans to engage multiple stakeholders towards key rabies control interventions.

Declaring a Rabies-Free Zone

General Requirements

- a. Local ordinance on the prevention and control of rabies.
- b. Localized comprehensive Rabies Prevention Control and Elimination Program.
 - i. Presence of effective Rabies Control Committee at all levels of the local government namely: province, city municipality, barangay.
 - ii. Information, education and communication campaign – Responsible Pet Ownership should be pursued in all the public awareness drives in the provinces, cities, municipalities and barangays. It should be conducted using print, broadcast and other forms of media. Billboards and streamers must be put up in strategic areas.
 - iii. Access to Post-Exposure Prophylaxis (PEP)
 - iv. Vaccination campaigns

Procedures

The LGU shall request for evaluation as Rabies-Free Zone with the following requirements:

- a. Letter request for evaluation addressed to the Regional Director of the Department of Health-Center for Health and Development (CHD); Letter request addressed directly to the DOH Central Office shall be referred back to the CHD Regional Director;
- b. Profile of the areas (to include area demographics);
- c. Status of rabies (human and animal) for the past five (5) years;
- d. Report of the last human rabies case;
- e. Copy of the local ordinances and programs

in the prevention and control of rabies;

- f. Area accomplishment for the past two (2) years to include dog vaccination coverage; and
- g. Surveillance Report both human and canine rabies for the past five (5) years.

2. Regional Level

- a. The Regional Rabies Control Committees must regularly supervise and assess the implementation of the Rabies-Free zones in their respective areas;
- b. The Regional Animal Disease Diagnostic Laboratory (RADDL) of the Department of Agriculture (DA)-Regional Field Units (RFU) must continue to conduct routine animal surveillance and must investigate the occurrence of animal rabies; and
- c. RADDLs of DA-RFU shall continue to provide monthly report of animal rabies cases to the National Rabies Committee.

3. National Level

- a. The DOH and DA-Bureau of Animal Industry (DA-BAI), shall continue to support program implementation, activities, monitoring and evaluation, and sustenance of Rabies-Free Zones/areas using parameters for Rabies-Free Zones;
- b. The DOH and DA-BAI shall conduct joint periodic monitoring of the Rabies-Free Zones;
- c. The Department of the Interior and Local Government (DILG) Regional/Provincial Directors shall monitor the compliance of the Local Chief Executives and their respective roles as mandated under the Memorandum of Agreement;

- d. The DOH shall provide human anti-rabies immunizing agents to Animal Bite Treatment Centers (ABTCs) through the CHDs and to provide pre-exposure prophylaxis of high risk group like health staff, animal handlers/vaccinators, veterinarians/diagnosticians and children below 15 years of age in highly endemic areas;
- e. The DOH shall refer to the Research Institute for Tropical Medicine (RITM) all rabies cases for confirmation when possible;
- f. The National Epidemiology Center (NEC) shall provide monthly report of human rabies cases to the National Rabies Committee; and
- g. The Department of Education shall assist in the development of health information and education materials for schoolchildren.

Incursions of Rabies

In cases where there is re-introduction of rabies in Rabies Free Zone/Areas the following actions should be done:

- a. Incursions of rabies shall be reported immediately. Investigation must be conducted and the cases must be confirmed as much as possible;
- b. Control measures must be instituted immediately such as site-specific mass vaccination of dogs, surveillance, movement control and information campaign;
- c. Re-evaluation of status shall be conducted six (6) months after the last vaccination date by the National Rabies Prevention and Control Committee; and
- d. Rabies-Free status shall be restored in writing by both the DOH and DA Secretaries.

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The DOH has also developed the internet-based National Rabies Information System that provides timely and accurate data and information on the prevention of rabies/rabies exposures and information on what and where services on rabies prevention are available.

Meanwhile, Agriculture Assistant Secretary Davinio Catbagan said that 98% of rabies cases are due to dogs; 1.2% due to cats; and 0.2% due to domestic animals such as cattle, carabaos, and pigs (which were traced to be bitten by rabid dog). Last year, a total of 328 out of 2,016 animal bite victims in the country were tested positive from rabies. This puts the Philippines in the top six among the countries with the most number of human rabies cases, Catbagan added.

What is disturbing is that 25% of the bite victims do not seek medical attention but instead turn to ineffective traditional healing methods such as rubbing garlic on the wound, and the practice of "tandok" or placing a deer or carabao horn over the dog bite wound to suck out the rabies virus.

The DOH and DA anti-rabies awareness and advocacy campaign is a year round activity, and it is being highlighted in March as Rabies Awareness Month and on September 28 as World Rabies Day. The campaign focuses on three target audiences: 1) pet owners to have their dog/s registered and vaccinated; 2) animal bite victims to practice immediate washing of bites with soap and water for at least 10 minutes and receive appropriate Post-Exposure Prophylaxis (PEP), if needed, from trained health workers; and 3) legislators, local chief executives, leaders and members of non-government and people's organizations and other stakeholders to implement and support a comprehensive rabies prevention and control program in their areas.

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media AWARD



35th CMMA Best Public Service Program

Katumbas ay Biyaya

"Katumbas ay Biyaya," National Nutrition Council's (NNC's) nutrition radio drama series bagged the 35th Catholic Mass Media Award (CMMA) for Best Public Service Program held on November 15 at the GSIS Theater in Pasay City. Katumbas ay Biyaya bested DZBB's Imbestigador and DZMM's Negosyo (last year's winner).

Already on its eighth season, "Katumbas ay Biyaya" is aired over DZRH 666 kHz AM every Saturday between 10:00 to 11:00 am. The Catholic Mass Media Awards pays tribute to programs on radio, TV, print, the Internet and other media that enhance total human development of the Filipino audience through competent and professional use of mass media techniques.

"Katumbas ay Biyaya" is part of

NNC multimedia campaign to promote good nutrition to the public. This latest recognition will continue to inspire the National Nutrition Council to come up with better and relevant programs that will inform and encourage the public to practice good nutrition behaviors.

"Katumbas ay Biyaya" features a 15-minute drama followed by an informative discussion on a nutrition topic related to the drama. It also includes real life stories from Katumbas listeners who have personally benefited from the program's lessons and information sharing.

"Katumbas ay Biyaya" is also aired over NNC's Nutriskwela Community Radio Network Program in 25 provinces nationwide from Batanes to Tawi-Tawi.

How to Use Front-of-Pack Labels

The Food and Drug Administration (FDA) of the Department of Health issued FDA Advisory 2013-038 dated September 24, 2013 to inform and educate consumers on how to use front-of-pack (FOP) labels in processed food products for making healthy dietary choices.

FDA Acting Director Dr Kenneth Hargan-Go said that empowering the consumers to make informed choices on the amount of calories or energy, sugar, sodium, and fats help in reducing diet-related non-communicable diseases (NCDs) that afflict Filipinos in urban areas, particularly children and adolescents. He added that obesity in children, acquired diabetes, juvenile hypertension, among other NCDs, are partly attributed to asymmetry of information and massive advertisement of processed food products. Understanding FOP labels of processed food products currently implemented by the FDA can facilitate correct choices.

On December 13, 2012, the FDA issued Circular No. 2012-015 to guide food processors and manufacturers to voluntarily print the energy or calorie content of processed food products on the principal display panels, aside from those printed on Nutrition Facts at the side or back information panel of food labels. The FOP label gives consumers ready information on nutritional facts by just reading the principal display panel of processed food products. Knowing the nutrient content relative to size per serving, the consumers are able to make healthy choices. It helps reduce receptivity and vulnerability of consumers to messages

that lead to unhealthy dietary choices.

Children are exposed to unhealthy diet every day because of the poor choice of food made available to them in school and at home, which influence their eating habits.

As shown in Figure 1, consumers should watch out for the calories declaration found on the principal display panel. The FOP declaration will be on the lower right hand portion in a cylindrical shape with a white color background. Inside cylindrical shape

Figure 1:
Principal Display Panel Sample

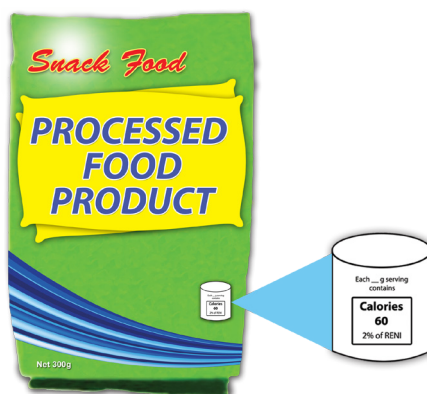


Table 1:
RENI for Children

| Age of Children | Body Weight (kg) | Calories |
|-----------------|------------------|----------|
| 1-3 | 13 | 1070 |
| 4-6 | 19 | 1410 |
| 7-9 | 24 | 1600 |

RENI means Recommended Energy and Nutrient Intake

graphics, the statement "each amount in grams per serving contains the number of calories or energy, and the percentage of the calories or energy values based on RENI (Recommended Energy and Nutrient Intake).

Table 1 shows the RENI for children. For ages 7 to 9 years old, 1,600 calories is required per day. A serving of the snack food, for example, has 60 calories which is equivalent to around 3.75% of RENI for the day. A consumer is able to compute how much more calories does he/she needs to be able to reach his/her recommended energy intake for the day. The FOP information serves as a guide in monitoring calorie or energy intake. With this, the consumer is able to decide how much should be consumed. The package serving size informs a consumer how much is the nutrient content of a processed food, but it will not tell him/her how much to eat. Deciding on how much of a particular food should be eaten is based on RENI, taking into account the age, the body weight and the type of activities of work.

In order to continuously empower the consumers to make healthy food choices, the FDA will soon expand the voluntary FOP labeling requirement to cover sugar, sodium and fats.

All manufacturers, traders or distributors are enjoined to revise their labels and labeling materials to reflect the FOP label for energy or calories following FDA Circular No. 2012-015. The FOP labels are expected to be part of the food processors' educational and advertising campaign materials.



Girl Talk



Hanap

Sa Mall...

ELLEN: Hay naku, Mare, dalawang oras ko nang hinahanap ang asawa ko, wala pa din.

ROSIE: Ako nga dalawampung taon nang naghahanap ng asawa, wala pa din dumadating. Huhuhu.

Laban

LUZ: Mare, kung mahal mo ang isang tao, ipaglaban mo habang maaga pa...

WENG: Ganun ba talaga 'yon, Mare?

LUZ: Oo... Dahil baka gabihin ka, at tulog na siya.

Ganda

ARLYN: Mare, hindi naman pala sobrang magastos magpaganda...

ROSE: Talaga?!? Bakit mo naman nasabi 'yun?

ARLYN: Kasi yun iba nagpapa-Photoshop lang, maganda na sa Facebook.

Ganda Ganda

Dating mag-bestfriends nagkita sa party...

AURING: (*Sarcastic*) Mare!!! Ang ganda-ganda mo naman.

JENNY: Oo naman, lalo na kung ikukumpara sa 'yo!

Taray

GLENDA: Gurl, ang taray-taray mo daw sabi ng officemates mo.

DENISE: Hindi ako mataray... Marami lang talagang tanga dito sa office!

Alala

GRACE: Alam mo, huwag ka ngang mag-alala kung maraming sumusunod-sunod sa ex mo.

CHARITY: Bakit naman?!?

GRACE: Ganyan talaga ang basura, nilalangaw.

Iyak

CRISTY: Hoy, huwag mo ngang iyakan ang lalaking nang iwan sa 'yo!

PRESCY: Bakit ba? Huhuhu.

CRISTY: Hindi pa siya patay, huwag kang excited d'yan!

Bawas

ABBY: Uy, Diet Book pala ang binabasa mo, Mare?!?

BETH: 'Yup!

ABBY: Meron na bang nabawas sa 'yo?

BETH: Oo. So far, 65 palang.

ABBY: 65 pounds na?

BETH: Gagah, 65 pesos na ipinambili ko ng walang kwentang librong 'to.

Luhod

EVELYN: Sis, bakit ganoon ang boyfriend mo? Tuwing dumadaan ang sorbetes ay lumuhod siya?

BECCA: Kasi naman naririnig n'ya yung kililing. Dati kasi siyang sakristan.

Lupit

CAROL: Ang lupit naman ng mga tao dito sa costume party.

LUCHIE: Bakit Mare?

CAROL: Pareho lang naman kami ng suot ng sexy na 'yun ah.

LUCHIE: Oo nga ano? Anong kaso 'dun?

CAROL: Porke't payat siya ang tawag sa kanya ay COSPLAYER lang. Porke ba mataba ako ang tawag na nila sa akin ay MASCOT agad!

Puti

ERMA: Friendship! Bakit ang puti-puti ng mukha mo?

DELIA: Haleeer, ano ka ba?!? Founadation Day kaya ngayon!

Ukay

SHEILA: 'Di ka ba nahihiya? 'Yang damit mo binili mo lang sa ukay-ukay?

TERE: Kesa naman d'yan sa tsinelas mo na bigay ng RATED K!



More Pilipinas Go4Health Movers

The Pilipinas Go4HealthMovement is gaining force as eight institutions from various sectors formalized their partnership with the Department of Health in working together to promote and establish a sustainable environment for healthy living during a ceremonial memorandum of understanding (MOU) signing on November 20, 2013.

The eight new partners are: GT Metro Foundation, UCPB General Insurance Co. Inc. (UPCB Gen), Philippine Rice Research Institute (PhilRice), Global Academy, Bikram Yoga Alabang, Asian Medical Students Association, Polytechnic University of the Philippines and Asian Hospital and Medical Center. They are a welcome addition to Balanga City, the first local government unit to adopt the Pilipinas Go4Health Movement in July.

Health Assistant Secretary Enrique A. Tayag and Director Ivanhoe C. Escartin of the National Center for Health Promotion led the MOU signing in behalf of the DOH.

Pilipinas Go4Health is a healthy lifestyle movement that aims to encourage

Filipinos to commit to living healthy with proper diet (Go Sustansya), doing regular physical activities (Go Sigla), avoiding or moderating alcohol consumption (Go Slow sa Tagay), and avoiding tobacco use (Go Smokefree). Launched in June 2013, Pilipinas Go4Health is gaining a strong following among the public and private sectors, academe, local governments, and in online and social media.

Health Secretary Enrique T. Ona, said in a statement, "This is another exciting milestone for us because we know that we are all in this fight against non-communicable disease (NCDs) together. From the moment we learned about the rise of NCDs, it became our mission to avert its long-term impact on the lives of Filipinos, knowing that the new lifestyle is mostly sedentary. Data also indicate that we have a diet that is high in cholesterol and fat, and that we need to learn more about the ill effects of smoking and heavy drinking,"

He added, "With the help of our leaders, our employers, our schools, our families, and our champions, we will inspire

every Filipino, from the young to the old, to embrace a healthy future. Because we owe it to ourselves to fight for that future."

Ona urged organizations and individuals who share the same passion for building a stronger and healthier Philippines to be part of Pilipinas Go4Health by registering on the website, <www.go4health.ph>.

Meanwhile, the website bagged the Marketing Standard of Excellence award in the US-based Web Marketing Association's 2013 WebAwards for Outstanding Achievement in Web Development. The website features a content management system which enables editors, administrators, and authors to effectively manage website updates. Its precise and easy navigation option makes it user-friendly. The website's interactive feature is highly attributed to its integration with other DOH social media pages, including Facebook and Twitter.

Strategic marketing communications firm TeamAsia developed the website for the DOH.

The Philippines hosts the **1st ASEAN Regional Forum on NCDs**

The Department of Health hosted the First ASEAN Regional Forum on Non-Communicable Diseases (NCDs) at the Dusit Thani Hotel in Makati City on October 14-16, 2013.

The Association of Southeast Asian Nations (ASEAN) – Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam – has developed a Work Plan on NCDs (2011-2015) aimed at ensuring accessibility to adequate and affordable health care medical services and medicines, and promoting healthy lifestyle for the ASEAN population. These countries continue to find innovative ways to improve regional cooperation.

The Forum served as a venue to discuss the challenges for NCD prevention and control and promotion of healthy

lifestyle as well as to share experiences of successful interventions and best practices in the region. Notable NCD experts and Healthy Lifestyle champions across the region were invited to chorus these concerns.

Health Secretary Enrique T. Ona said, "The Philippines was chosen as the lead country in holding the first ASEAN Forum on NCDs following our model and experience in staging the multi-sectoral Public Health Convention on the Prevention and Control of NCDs conducted every two years," Ona explained.

He added that the Forum provided the Department of Health the opportunity to showcase its policies, programs and activities on NCDs, particularly the Excise Tax on Tobacco and Alcohol Products of the Sin Tax Law, Philippine Package of Essential NCD Interventions or PhilPEN, and the Pilipinas Go4Health Movement for Healthy Lifestyle.

Dr. Julie Lynn Hall, World Health Organization country representative, said that NCDs remain as the number one killer in the world, and are responsible for about 63% of all deaths globally. Contrary to popular beliefs that NCDs are only the concerns of the rich and the old, about 80% of these NCD deaths are happening in low- and middle-income countries and around a quarter (25%) are happening prematurely in ages below 60 years. NCDs affect men and women alike.

She added that the global situation is mirrored in the ASEAN Region, where about 61.5% of the total deaths are now due to NCDs. About 30% of these deaths occur in people aged 15-59 years, thus affecting a large portion of the highly productive labor force of Southeast Asia. With NCDs, the disadvantaged populations are the hardest hit, with death rates inversely proportional to a country's gross national income. Families shoulder the financial burden, and entire economies suffer as well.

Meanwhile, Ona opined that despite limited resources inherent with low middle income-country status, the ASEAN nations could address these major health concerns and avert economic decline and stagnation by investing in cost-effective primary prevention and health promotion interventions.

Alicia dela Rosa Bala, deputy secretary general of ASEAN Socio-Cultural Community, said that the development cause and concern for NCDs has reached the highest political level within the ASEAN Community and has been constantly in the priority of ASEAN Health Cooperation since



Health Secretary Enrique T. Ona leads the Philippine delegates in the hosting of the 1st ASEAN Regional Forum on Noncommunicable Diseases on October 14-16, 2013.



TOP: Some of the delegates of the 1st ASEAN Regional Forum on Noncommunicable Diseases (NCDs). **BOTTOM:** (Left) Health Secretary Enrique T. Ona formally opens the Forum. (Right) Health Assistant Secretary Enrique A. Tayag with Deputy Secretary General of ASEAN Socio-Cultural Community Alicia dela Rosa Bala and World Health Organization Representative to the Philippines Julie Lyn Hall practice what they preach in the press conference by engaging everyone to do physical activity through dancing to prevent NCDs.

the ASEAN Health Ministers Meetings in Yogyakarta, Indonesia in April 2000 and Vientiane, Lao PDR in March 2002. The ministers initiated the strong advocacy for health to be the center of development and that ASEAN Cooperation on Health shall be strengthened to ensure that people in the region are healthy in mind and body and living in harmony in safe environments. They further envisioned that all ASEAN citizens will lead healthy lifestyles consistent with their values, beliefs and culture in supportive environments.

The ASEAN is implementing separate operational frameworks and work plans for tobacco control and NCDs since 2009. The set of regional activities in these work plans are implementing the deliverables of the Joint Statements made by the ASEAN Health Ministers with the Plus Three Health Ministers (China, Japan and South Korea) as well as the expectations of the ASEAN Position on NCDs that was read in the UN High Level Meeting on NCDs in New York in September 2011.

More recently, during the 23rd

ASEAN Summit in Brunei Darussalam on October 9 - 10, the ASEAN leaders adopted the Bandar Seri Begawan Declaration on NCDs in ASEAN. The presentation of this declaration culminated the Regional Forum.

After the Forum, the 2nd Meeting of the ASEAN Task Force on NCDs was held at the Intercontinental Hotel in Makati City on October 17-18. The Forum and the Meeting were staged by the National Center for Health Promotion, National Center for Disease Prevention and Control, and the Bureau of International Health Cooperation.



Health Assistant Secretary Enrique A. Tayag (fifth from left) pose with representatives of the winning local government units and institutions of the 3rd Biennial Outstanding Healthy Lifestyle Advocacy Awards, namely: FGF Group of Companies in Bacolod City (first to fourth from left); Balanga City (sixth and seventh from left); San Jacinto, Masbate (eighth and ninth from left and extreme right holding the symbolic check); and Sophia School in Meycauayan, Bulacan (third and second from right). (Photo by Neil Bryan Hipolito)

Outstanding Healthy Lifestyle Advocacy Awards 2013 Winners Building Healthy Communities, Workplaces and Schools

by

AURORA D. BANDA, MPH

National Center for Health Promotion

Balanga City, San Jacinto in Masbate, FGF Group of Companies in Bacolod City, and Sophia School in Meycauayan, Bulacan grabbed the 3rd Biennial Outstanding Healthy Lifestyle Advocacy Awards (OHLAA) in four of the six categories – Local Government Unit (LGU)-City, LGU-Municipality, Workplace, and Academic Institution, respectively. There were no winners in the Non-Government/ Professional Organization and Commercial Establishment categories.

The awards ceremony was staged

at the Philippine International Convention Center on October 16, 2013 by the Department of Health and the Philippine Coalition for the Prevention and Control of Non-Communicable Diseases or the NCD Coalition – composed of 41 members from medical and professional organizations, non-government organizations, government agencies, and the academe with Philippine Cancer Society as the current chair.

The OHLAA is the search for outstanding and exemplary efforts of local government units, non-government and

professional organizations, workplaces, academic institutions and commercial establishments in the formulation of policies and programs that prevent and control non-communicable diseases (NCDs), promote healthy lifestyle and caused their effective implementation. The scope of the awards includes: 1) promotion of physical activity; 2) promotion of healthy diet and nutrition; 3) control of harmful use of alcohol; and 4) tobacco control. These four healthy lifestyle interventions are also the key messages of the DOH's Pilipinas Go4Health Movement

to inform and encourage Filipinos from all walks of life to practice a healthy lifestyle to reduce mortality, morbidity and disability rates of the Big 4 lifestyle-related NCDs, namely: cardiovascular diseases, cancers, diabetes and chronic obstructive pulmonary diseases. Through the movement, the DOH and its partners work together to promote and establish a sustainable environment for healthy living.

Health Secretary Enrique T. Ona said, "Through commitment, innovative approaches and concerted action, the impressive advocacy efforts of the finalists and winners have successfully encouraged people to act on the prevention and control of lifestyle diseases, making them realize that they can indeed change their lifestyles, that they can help others to change theirs, and that the prevention and control of NCDs is everyone's responsibility."

The Winners

Here are the outstanding advocates

who strive for better health and a healthier environment by encouraging lifestyle changes in communities, workplaces and schools.

LGU-City Category

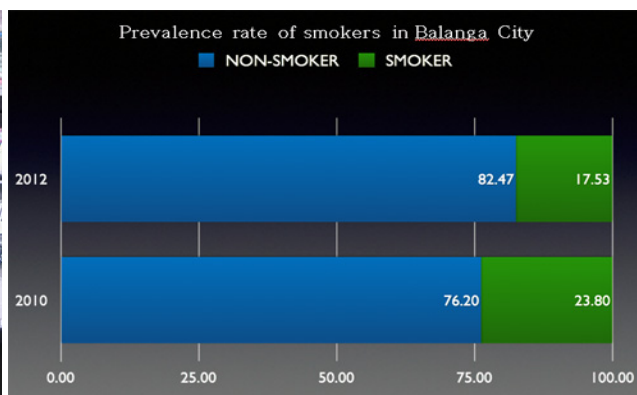
BALANGA CITY

The City of Balanga Healthy Lifestyle Program is one of the high impact projects of the city in line with its vision to become a World-Class University Town (U-Town) by year 2020. Established by virtue of E.O. 10, Series of 2011 (Creating the City Wellness and Sports Development Council), the program is anchored on one of U-Town's concepts of livability, i.e. to provide a conducive learning environment to the whole populace. It aims not only to raise awareness, but also to launch an aggressive campaign against several health risk factors such as cigarette smoking, poor nutrition, physical inactivity, substance abuse and excessive alcohol consumption.

City Ordinance No. 21, Series of

2008, which creates the University Town Area in Balanga City, also lends support to E.O. No. 10. City Ordinance No. 21 states that establishments offering and providing services contrary to the ideals of the concept of a university town should only be allowed to operate outside the three-kilometer radius of the University Town Area. The Healthy Lifestyle Program is being implemented by the Wellness Committee chaired by the Local Chief Executive and the City Health Office Department Head, as co-chairman. Fifteen members, including the Sangguniang Panlungsod Chairman of the Committee on Health, and other city department heads make up the list of the rest of committee members.

Encouraged by the popular support received from the barangays, the academe, business sector, the clergy, and other local stakeholders, the City Health Office spearheaded several innovative programs, most notable of which are MPOWER and HATAW, to keep the momentum going. This in addition to the regular programs



Balanga City's strict enforcement of No Smoking policies is one of the best tobacco control practices in the country. The photos show CCTV cameras used in monitoring of violations; decreasing prevalence rate of smokers; and mobile smoking cessation clinic. This year, Balanga City garnered the DOH Red Orchid Hall of Fame Award for implementing 100% Tobacco-Free Environments.

and initiatives the Department of Health brings down to the local government unit. These initial breakthroughs opened a lot of opportunities, allowing the city government to cop various best practices awards given by DOH, bringing home the Healthy City Initiative “Teaming-Up for a Smoke Free City” (2010); Health Justice Award for Smoke-Free Program (2012); CLExAH or the Central Luzon Excellence Awards for Health (2012), and the most prestigious Red Orchid Award Hall of Fame (2013) for winning three consecutive years in the nationwide search for 100% tobacco-free environments.

The City Government believes the success of the program hinges on strategies that allow a great number of people to get involved especially at the barangay level. The Barangay Week Program is a good example. As the flagship program of the city, the Barangay Week serves as both medium and forum to communicate and mobilize people in the community. As an innovative strategy, it has proven effective in getting things done the “barangay way” and of empowering people as key components in bringing stability and progress in the countryside.

Aside from this, the city government introduced other strategies that include inter-sectoral coordination, development of guidelines for preventive

interventions, creation and development of supportive policies, trainings and capacity building, research, monitoring and evaluation. At present, the components of the Healthy Lifestyle Program is being focused on promotion and advocacy programs such as tobacco-free environment, HATAW (physical fitness activities), sports clinics, good nutrition and healthy diet (under the KANIB Program of the City Agriculturist Office), Alcohol- and Drug-free workplaces, promotion of good mental health and wellness activities, and community health services for the prevention and control of NCDs.

Results of the city’s Healthy Lifestyle Program significantly brought down the smokers prevalence rate, and decreased the incidence of NCDs as well as communicable diseases and other diseases. It also promoted and sustained programs on good nutrition and physical fitness and established a mass base of support in the local communities.

To ensure sustainability of the program and its impact, the city government made use of extensive tri-media exposure to maximum effect as an initial step. The anti-smoking ordinance was strengthened and extended to a wider coverage – from workplaces and schools

to restaurants, business establishments, PUVs and public places such as parks and open spaces. Moreover, proven to be just as effective was maintaining a solid frontline in the communities through the Barangay Week Program enlisting the support of multi-sectoral groups, NGOs and Barangay Officials to promote, educate, and render strict compliance and enforcement of health ordinances and laws. The city government also established the Blue Ribbon Plaque of Merit which recognizes various establishments that fully comply and support the 100% Smoke-Free Establishment Campaign of Balanga City.

LGU-Municipality Category

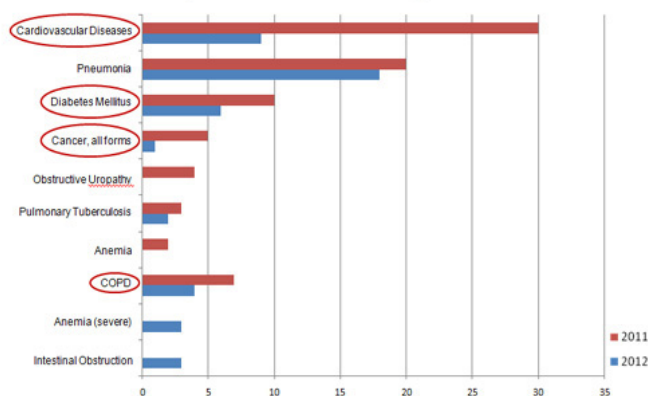
SAN JACINTO, MASBATE

“Urosad sa Pahiwag” (One in Action) is an eight-year old healthy lifestyle (HL) movement implemented by the local government of San Jacinto, Masbate with the goal of decreasing the incidence of non-communicable diseases vis-à-vis communicable diseases. This movement is anchored on four pillars – physical activity, good nutrition, regulation of alcohol



The impact of the Healthy Lifestyle Movement in San Jacinto, Masbate is reflected in the downward trend of mortality rates of the leading non-communicable diseases.

Leading Causes of Mortality 2011-2012



consumption, and cessation of tobacco use.

Various strategies are implemented, including policies and guidelines on the creation and operation of the HL movement, coordination with other government, non-government and people's organizations and other partners for HL promotion, intensified information, education and communication activities for health workers and target population groups, and screening, referral and provision of basic health services to individuals who are at high risk for NCDs. The municipal government allots P50,000 annually for the implementation of the program as well as P160,000 annually for medical supplies and drugs/medicines.

The impact of all these efforts is reflected in the downward trend in the morbidity rate of hypertension as well as in the mortality rates of the leading NCDs, particularly liver cirrhosis, cancer, chronic pulmonary diseases, diabetes mellitus and cardiovascular diseases. The movement created heightened awareness on lifestyle related NCDs and its accompanying risk factors, increased the number of people adopting healthy lifestyle. It has also engaged the Supreme Student Government officers and members in implementing HL activities in their respective schools.

Moreover, the movement improved quality of health care through the availability of treatment protocols, harmonized risk assessment and referral of cases, and capacitated health professionals who update their knowledge and skills by attending seminars, training programs and



FGF Group of Companies established in-house fitness gyms requiring every employee to workout and use the gym equipment for free at least twice a week or eight times a month.

forums. Health workers also influence other LGUs to adopt the HL movement.

The HL movement in San Jacinto has been recognized by numerous awards, including the Bikol Salud Awards, Department of Health Red Orchid Awards, and now OHLAA.

Workplace Category FGF GROUP OF COMPANIES

FGF Group of Companies started in the early 70's as an agricultural farm engaged in sugar farming in Negros

Occidental. It evolved through the years and expanded into other business lines, including the Golden Agribusiness Corporation, Metropolis Lending Corporation, Philippine Diversified Developers Corporation and Marayo Bank, Inc. (a rural bank) operating in various cities and municipalities in Negros Occidental and Iloilo Province.

Chairman Franklin G. Fuentebella realized that for its companies to survive the intense competition, the organization has to operate efficiently. He envisioned a Health and Wellness Program for the officers and employees aimed at improving their health and well being so that they will become more efficient and more productive in their work.

The program adopted in 2011 starts from the recruitment phase, during the probationary period and regular employment.

As part of the pre-employment recruitment, applicants are physically screened and their lifestyle evaluated. For those who will be hired, they will then undergo a complete laboratory and x-ray examinations.

For the probationary and regular employees, they are required to workout a minimum of 30 minutes per session, twice a week at the company's gym for free. Their physical health is monitored regularly and they are advised to maintain a healthy balanced diet. Seminars on wellness are conducted by physicians, nutritionist and healthy lifestyle experts. The employees are provided regularly with information tips taken from periodicals, newspapers and the internet on health and good nutrition.

Since the start of the Health and Wellness Program, the Group has invested close to PhP1.4M in establishing its fitness gym facilities and in sustaining the operation of the program.

The result of the program was impressive. Absentee incidence due to sick leaves dropped by 18.1% in 2011 and 59.6% in 2012 compared to the figures in 2010.

The number of personnel with normal BMI's has improved from 57 in 2010 to 65 in 2011 and 83 in 2012 and hitting 96 by the middle of 2013, an improvement of more than 68% since 2010. Medical reimbursements decreased from 1.139M in 2010, to 0.809M in 2011 and 0.520M in 2012, resulting in substantial savings of 54% for the Group despite the increase in the number of personnel year by year.

In addition to the quantifiable effects of the program, there are immeasurable favorable effects on the total well being and family relationships of employees. Also, the morale of employees and officers were enhanced as they feel proud that they belong to an organization who takes special care of their health.

Academic Institution Category

SOPHIA SCHOOL

Sophia School in Meycauayan City, Bulacan provides a curriculum that is guided by the philosophy of holism which views the individual student as a "whole person" composed of the body, mind, and soul. A child must be moulded on his/her



TOP: Garden salad instead of empty calorie food. ABOVE: Meatless Monday in the Sophia School canteen.

entirety (holistic development) in order to obtain optimum level of functioning and accomplish developmentally-appropriate goals in life. Aside from teaching academics, the school integrates various activities that can improve various aspects of a child's life.

One of the activities Sophia School implements is the Healthy Lifestyle Program. It has five components, namely:

1) No to Empty Calorie Food that offers nutritious food in the school canteen considering the fact that establishing healthy dietary habits starts during childhood and adolescent days.

2) Meatless Monday that aims at increasing vegetable consumption and involves fortification of canteen food with "Nutri-Dash" or sprinkling a pre-

mix of indigenous vegetables to the menu, mini-veggie garden grown by third and fourth year high school students, and veggie galore challenge where students are encouraged to take at least one serving of vegetable once a day. Moreover, through the outreach program, the senior high school students feed for free every Monday around 35-45 pupils of public elementary schools with veggie burger and fresh fruit juice after telling them a story that promotes good nutrition.

3) Yes to Play Time that offers grade school students 10-minute active play.

4) Walk and Dance for Health that encourages high school students to do 15-minute walking (equivalent to 2,100 steps) and 5-minute dancing (equivalent to approximately 1,000 steps).

5) Down with Smoking and Drinking that implements the no-smoking-no-drinking policy in the school campus, inclusion in the curriculum of adverse effects of smoking and drinking, and encouraging students to inform and influence adults around them not to smoke and drink.

These activities are supervised and monitored by administrators, school nutritionist and teachers to ensure that the objectives are followed and results are obtained. The school utilizes developmentally-appropriate practices such as storytelling, mini-seminars and hands-on projects. The school also administer regular surveys to students to find out how the program has influenced them. The parents are also asked to give testimonials to support

the effectiveness of the program.

The results are encouraging. One parent quipped, "My children are getting good benefits for the said advocacy. They learn to live in a healthy lifestyle. My child encourages us every Saturday morning to go walking as a form of exercise. All in all she understands the benefits of walking. My children, especially Gabriel, learned to eat vegetables regularly. Before he is not very attracted to vegetables but now his demand to replicate in our home the other veggie dishes is also supported by his siblings."

The school plays a vital role in teaching good health habits early in life. It can provide as well opportunities for healthy living. On the other hand, children, when they are given the chance, show interest and actively participate in health promoting activities.

About OHLAA 2013

This year, the OHLAA received 45 entries for the six categories. The members of the awards committee, including the DOH, screened, scored and shortlisted the entries into finalists who were visited to validate their program through interviews of proponents, stakeholders and targetted population.

Here is the complete list of finalists:

LGU-City Category

- Balanga City
- Davao City

- Iloilo City
- Marikina City

LGU-Municipality Category

- Carmona, Cavite
- Esperanza, Sultan Kudarat
- San Jacinto, Masbate

Workplace Category

- Bangko Sentral ng Pilipinas, Manila
- FGF Group of Companies, Bacolod City
- 68th Infantry Battalion, Maguindanao

Academic Institution Category

- Sophia School, Meycauyan, Bulacan

Non-Government/Professional Organization Category

- Asosasyon sa mga Alagad sa Kalamboan (ANAK), Davao del Norte

These finalists were then asked to present their program in front of a distinguished board of judges a day before the awards ceremony.

The awards committee decided not to give awards in the Commercial Establishment category because the entries did not reflect or show implementation of healthy lifestyle interventions that they were looking for. Meanwhile, the board of judges decided that the finalist in the Non-Government / Professional Organization category did not score high enough to garner the award.

The awards committee is composed of the Philippine Cancer Society, DOH National Center for Health Promotion and National Center for Disease Prevention and Control, National Nutrition Council,

Philippine Heart Center, Philippine Heart Association, Philippine Association of Diabetes Educators, Framework Convention on Tobacco Control Alliance Philippines, Nutritionist-Dietitian Association of the Philippines, University of the Philippines (UP) - College of Human Kinetics, League of Municipalities of the Philippines and the World Health Organization-Philippines Office.

On the other hand, the distinguished board of judges are: Aniceto Sobrepeña, executive director of the GT Metro Foundation; Engr. Romeo Quizon, dean of the UP-College of Public Health; and Pastor Abe Trillanes Carpena, director of Southern Asia-Pacific Division of the General Conference Seventh Day Adventist.

The final scores were tallied from 60% of the awards committee and 40% of the board of judges.

The prize of the City category has been increased to P350,000 while that of the Municipality category has been increased to P300,000, instead of the P250,000 that were originally announced. This is to strengthen more the DOH partnership with the LGUs in the implementation of healthy lifestyle interventions directly to the people, particularly the poor and the marginalized sector of society. Meanwhile, the winner of the academic institution and workplace categories received P250,000.

On the other hand, the finalists received P100,000 each, instead of only P50,000 that was originally announced.





Lalaki Ka



Regalo

JULIAN: 'Tay ano ba ang magandang regalo sa nililigawan ko?
JUN: Hmm, ano ba itsura nya?!?
JULIAN: Maganda, mabait, matalino, sexy at napakalambing.....
JUN: Ibigay mo ang number ko!
'Yun lang 'yun, anak!

Kasalanan

RAUL: Ano ka ba naman, Pare? Don't make the same mistake twice!
ED: 'Di ko maiwasan eh.
RAUL: Marami pang kasalanan d'yan! Try mo naman 'yung iba.

Katangahan

JOEL: Sobra na ang katangahan ng Misis ko. Ang akala niya sa LAWSUIT ay uniporme ng pulis!
ROMY: Ay, tanga nga!
JOEL: Eh, 'di ba, uniporme ng abugado yun?

Sa Wakas

NOEL: Sa wakas may girlfriend na ako!
EDWIN: Ha? Sa tanda mong 'yan ngayon ka lang nagka-girlfriend?
NOEL: Kasl ang higit ng Misis ko. Ngayon lang ako nakalusot!

Mapalad

ISRAEL: Pare, sa hitsura mong 'yan, sa tingin ko, magiging mapalad ka sa larangan ng sex.
FRANCIS: Wow! Ang ibig mong sabihin ay marami akong makaka-sex?!?
ISRAEL: Hindi, 'Pre! Palad mo lang lagi ang makaka-sex mo!

Pagbabago

ERNIE: Binago talaga ako ng Misis ko. Napatigil niya ako sa inom, sigarilyo at barkada.
FRANK: Talaga, 'Pre?
ERNIE: Tinuruan niya ko ng tamang pananamit, pananalita, pagkilos, at pati na rin ang pag-invest sa stock market!
FRANK: Bakit malungkot ka? Ayaw mo ba ang ginawa ng Misis mo sa 'yo?
ERNIE: Hindi 'yun... Now that I'm a better man, hindi na bagay ang Misis ko sa akin, 'Pre.

Layas

JOEREM: Huhuhu. Pare, nilayasan ako ng Misis ko...
FRED: Hay naku, huwag mong iyaan at babalik din ulit 'yun.
JOEREM: 'Yun nga ang iniyyak ko eh. Waaaaaaah!

Period

DENPOT: Itay, ano ang tawag kapag nagkakaregla ang babae?
OBET: Period.
DENPOT: Eh sa bakla?
OBET: Question Mark!
DENPOT: Talaga, Itay? Nagkakaregla rin ang bakla?
OBET: Kitam... Napatanong ka, 'di ba? Kaya question mark sa bakla!

Busina

NEIL: 'Pre ang ganda ng busina ko ngayon - putok ng baril na ang tunog.
MICHAEL: Huh? Anong maganda 'dun?
NEIL: Ang bilis nang tumabi ng ibang sasakyan, at 'yung mga tao sa kalye, dumadapa pa!

Hamon

May isang siga sa kanto ang naghahamon...
BADONG: Kilala mo ba kung sino ako?!?
BONI: Baket, may amnesia ka?

Totoo Ka!

JAK: Totoo ka, Pare. Totoo ka!
ROMMEL: Ang sarap naman pakinggan. Inglisin mo nga, Pare.
JAK: Fact you, 'Bro. Fact you!

EARTHQUAKE

Search, Rescue and Prevention

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

A disaster is an unforeseen and often sudden event that causes great damage, destruction and human suffering. It is either natural or human-induced events. Examples of natural disasters are volcanic eruption, drought, typhoon, flood, and earthquake. On the other hand, human-induced disasters are those brought about by people and their economic and/or political interest like armed conflict, civil disturbances, and acts of genocide, and pork barrel scam(?).

Oh well, let us focus on earthquake which is caused by a sudden slip on a fault. The tectonic plates are always slowly moving, but they get stuck at their edges due to friction. When the stress on the edge overcomes the friction, there is an earthquake that releases energy in waves that travel through the earth's crust and cause the shaking that we feel - open.hazards.com.

Islamic jurists believe that the causes of earthquake are due to sins committed on land.

When there was an earthquake at the time of second Caliphate 'Umar ibn al-Khattab, he said: "O people, this earthquake is only because of some sins that you are committing. By the One in Whose hand is my soul, if it happens again I will never stay among you."

Similarly, during the time of Prophet Abraham (*Peace be upon*

him or pbuh), Prophet Lut warned its people not practice sodomy. However, the people were defiant. Hence, the city turned upside down by the will of Allah Almighty.

The city where Prophet Lut (*pbuh*) resided is referred to as Sodom in the Old Testament. Being situated at the north of the Red Sea, this community is understood to have been destroyed just as it is written

in the Noble Qur'an. In fact, archaeological studies reveal that the city is located in the area of the Dead Sea which stretches along the Israel-Jordan border.

Priority During Casualties

Disaster is sometimes used to describe a catastrophic situation in which the normal patterns of life (or eco-systems) have been disrupted and extraordinary, emergency, interventions are required to save and preserve human lives and/or the environment.

In times of disasters, there may be many casualties, however, who among them should be treated first – children, women, men or the elderly?

In medico-Islamic view, Sheikh `Abdul-Majeed Subh, a prominent Azhar scholar, stated, "In such times, you should start with the most serious cases or the ones who are likely to die if you do not help them. You should start with those persons you can rescue from death, irrespective of their age, gender, or religion. There may be a child whose case is better than that of an old person. So you should give priority to those who will die immediately if you did not give them help."

Additionally, the eminent scholar said, "You should start with the most serious cases or the one whose case is



Health Emergency Management Staff of DOH-National Capital Region providing medical services to people in Dagohoy, Bohol. The additional teams from DOH-NCR were deployed to expand medical coverage, especially in far flung barangays that suffered the most casualties during the 7.2 magnitude earthquake on October 15, 2013. (Photo by Dr. Armando Lee)

in danger and you think most probably you can rescue him or her. Also, you can arrange your priorities according to the available means. For example, there may be one who needs brain surgery but you do not have the means to do it or you cannot do it, then you should give priority to others you can rescue. Or there may be some people suffering from bleeding and others whose limbs are broken. You should start with stopping the bleeding and delay treating the broken limbs. Thus, you should arrange your priorities according to the available means and the cases before you, irrespective of the victims' nationality, religion, age, or gender."

The Power of Supplication

When the world was created, the angels talked to Allah Almighty, "The earth is shaking, what shall we do? Allah Almighty replied, "Place Mountains on it." When the Mountains were placed on it, the quake ceased. The angels then asked, "Are there things that can conquer Mountains?" Allah Almighty said, "Yes, metals can conquer Mountains." The angels asked, "Are there things stronger than metals?" Allah Almighty said, "Yes, the fire are stronger than metals." The angels asked, "Are there things that can worn out fire?" Allah Almighty said, "Yes, water can worn out fire." The angels asked, "Are there things can surmount water?" Allah Almighty said, "Yes, wind can surmount it." The angels further asked, Are there things that can overpower wind?" Allah Almighty said, "Yes, the supplication can overpower wind."

It can be deduced that the natural disasters are attributed to committing sins. Hence, an earthquake can be prevented by not committing sins or can be repealed by repenting and supplicating.

Allah Almighty knows best.

-o o o-

Letter to **HEALTHbeat**

Cite My Sources

Thank you very much for publishing my article on sepsis in **HEALTHbeat's** September-October 2013 issue. I am very honored that you have included my work for the Department of Health's official magazine, and I hope that I can now bring this urgent medical issue to the Executive level of our government.

Despite this, however, I was alarmed to find that the sources I used in the article were not appropriately cited, as was in the original article I sent to you over email. Quotes are still used in the published piece, but sources are not named. Neither is the official sepsis logo given credit to the World Sepsis Day organization. I understand that editors have creative license with their publications, but I believe it was careless and ill-advised to not properly cite the sources of my quotes. I will not be held liable for not citing my sources appropriately nor do I wish to be accused of plagiarism, when it is clear from my original article that I gave credit to my sources. As a former Assistant Professor at the University of the Philippines Diliman, I taught my students the same and am aware of the dangers of passing other people's work or statements as your own.

I hope that this was just a printing error and perhaps an addendum can be included in the next **HEALTHbeat** issue. Please note that as editors-in-chief, this matter should be taken seriously and amended. I hope that future contributors to **HEALTHbeat** will not have the same experience, especially because we are dealing with scientific and medical figures that need to be given their proper credit.

Again, thank you for publishing my article and for your kind consideration. I do hope you understand my concern; I only want the best for **HEALTHbeat** magazine and the Department of Health.

CECILIA QUIROS CAÑIZA

Makati City

Thank you for your article as well as your comments. We always put a notice at the bottom of page 4 of every issue that contributed "materials will be edited for clarity and space," as well as for the purpose of maintaining the style that we have established in this magazine all these 17 years. Please note that we are a news and features magazine and not a medical or scientific journal. As a general rule, we do not put subscripts, footnotes and list of references (*as you may have wanted us to do*) unless it is a reprint of policy note or research brief, research study, and the like. What we do is to incorporate the source of the information in the sentence, paragraph or section of the article. In case of direct quotation, we attribute it to the person who said it. We did that in your article and we believe that you will not be accused of plagiarism by your sources and your former students. We also printed in the last paragraph of your article the websites where you have taken many of your information and the logo. This is also our way to advertise the websites and disseminate to our readers the cause/s of World Sepsis Day which you strongly support and advocate.

- The Chief Editors

SAFE HOSPITALS

Moving the Concept Forward

by

RONALD P. LAW, MD, MPH*

DOH Health Emergency Management Staff

The Philippines' vulnerability to natural hazards like typhoons and earthquakes that can bring about disasters is already conventional wisdom among Filipinos. The country ranks 12th among countries most at risk from earthquakes, floods, cyclones and landslides, based on the 2009 Mortality Risk Index of the United Nations International Strategy for Disaster Reduction. Each year, significant numbers of casualties and damages to facilities and infrastructure are being reported.

The health sector is not immune from the effects of disasters. And from the

services point of view, hospitals can receive the biggest blow. In recent years, the country has suffered heavy losses in equipment and infrastructure of DOH and local government-owned health facilities brought about by natural and even man-made disasters.

This year alone, Super Typhoon Yolanda on November 8 damaged or destroyed 348 of the 1,011 health facilities in the affected regions and provinces, according to initial reports of the rapid assessment made by the Department of Health-Health Emergency Alert Reporting System (DOH-HEARS) as of November 21.

Meanwhile, the 7.2 magnitude earthquake that hit Central Visayas on October 15 damaged a total of 211 damaged health facilities reported, out of which, six were DOH hospitals (4 in Cebu and 2 in Bohol). The estimated cost of damaged to these health facilities was estimated at over Php 1 billion.

Man-made disasters like the Zamboanga standoff between government forces and the Moro National Liberation Front caused disruption of medical services to patients and civilian victims of the armed-conflict at the Zamboanga City Medical Center. A make-shift hospital had to be set up at the Western Mindanao State University.

Displacement of pediatric patients, including residents of the surrounding community, was also experienced at the Dr. Jose Fabella Memorial Hospital in August when mercury spilled from dental amalgam vials stacked at the Property and Procurement building for disposal seeped into the wooden floor of the second floor and trickled into the ground floor.

A critical priority that is noted in all of these disasters is restoring the health system that was damaged to be able to continue the provision of health services. This is the very issue that lies at the heart of the Safe Hospitals concept.

Hospitals are traditionally known as institutions that promote and protect the health and well-being of people. These are the main healthcare facilities that people



At the Gov. Celestino Gallares Memorial Hospital in Tagbilaran, Bohol, patients are in tents because they are afraid to go inside the hospital building despite it being checked and approved for stability from earthquake. (Photo by Health Assistant Secretary Paulyn Jean Rosell-Ubial)

 *The HEALTHbeat Staff revised a portion of this article to reflect the disasters that happened this year. This article is originally intended for a special issue on Health Emergency Management which did not get to be printed this year.

can relate to. They go to hospitals to avail of preventive and curative services, be it ambulatory or inpatient. They go there for the doctors and other requirements for health like check-ups, medicines, ancillary procedures, medical treatments surgeries or rehabilitation.

But more than these, hospitals stand not only for health, social progress, stability and harmony. The presence of a hospital gives a big boost to the morale of people in the community. The mere knowledge that it is standing there ready to serve during normal and disaster times gives the people a great sense of security and hope.

On a visceral level, a hospital is like a sanctuary or shelter that should take care of people whenever they enter one. Such metaphor captures the concept of safety in a hospital. When emergencies and disasters happen, the hospital is not only expected to be operational, but it must also be safe.

A safe hospital will not collapse in disasters, killing patients and staff, and will be able to continue to function and provide critical services in emergencies. It must also be organized, with contingency plans in place and health personnel trained to keep the network operational.

Making safe hospitals involves knowledge of the many factors that contribute to their vulnerability, which includes:

- **Buildings:** The location and design specifications and the resiliency of the materials used contribute to the ability of hospitals to withstand adverse natural events.
- **Patients:** A disaster will inevitably increase the number of potential patients.
- **Hospital beds:** In the aftermath of a disaster, the availability of hospital beds frequently decreases even as

the demand for emergency care increases

- **Medical and support staff:** The loss or unavailability of personnel disrupts the care of the injured. Hiring outside personnel to sustain the response capacity adds to the overall economic burden.
- **Equipment and facilities:** Damage to non-structural elements can sometimes surpass the cost of the structure itself. Even when the damage is less costly, it can still disrupt hospital operations.
- **Basic lifelines and services:** A hospital's ability to function relies on lifelines and other basic services such as electrical power, water and sanitation, and waste treatment and disposal. When some services

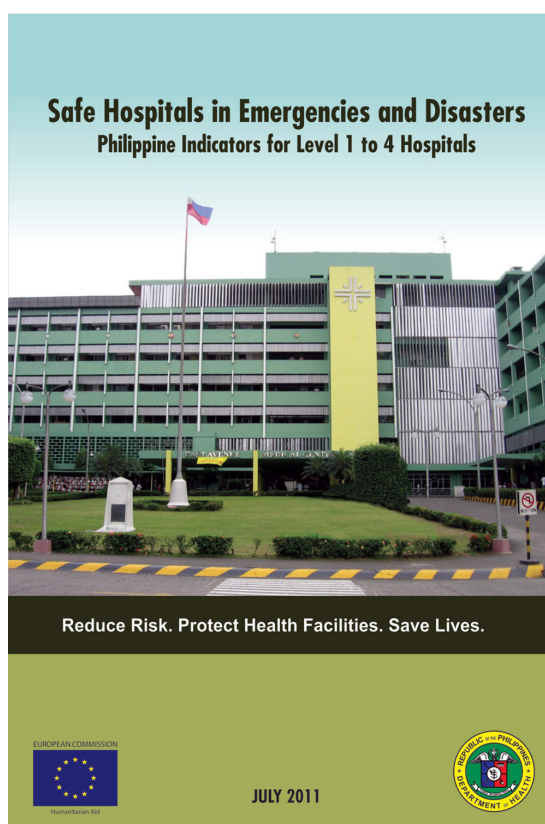
are affected, the operations of the entire hospital are affected; thus, its economic potential and actual performance are compromised also.

Further, sustaining support for safe hospitals entails vision and commitment to ensure that measures that will retain full function especially in times of emergencies and disasters are carried out. There should also be involvement of various sectors such as planning, finance, public services, architecture and engineering. Several skills and expertise are needed to protect health facilities which include mainly: ensuring risk reduction in the design and construction of all new health facilities; reducing the non-structural and functional vulnerability of existing health facilities; and adopting legislative and financial measures to select and retrofit the most critical facilities and increase the levels of protection.

Beginning 2008, the Department of Health, through the Health Management Service Staff (HEMS), and the World Health Organization worked together to implement the Hospitals Safe from Disasters campaign which eventually developed into a program with the following components: advocacy, training, policy and guidelines development, capacity assessment, and networking and collaboration.

The "Safe Hospitals in Emergencies and Disasters [Philippine Indicators for Level 1 to 4 Hospitals]" has also been published, and it contained important guideposts for hospital managers to be mindful of.

As Health Secretary Enrique T. Ona said, "A hospital that will not fall during disasters and continue to function is an important component of the health system for the achievement of **Kalusugan Pangkalahatan** (Universal Health Care)."



This manual contains important guideposts for hospital managers to be mindful of to make their hospital a "Safe Hospital."

Panitan Rural Health Unit

by

ELMER BUCAYAN, MD

Provincial Health Team Leader of Panitan, Capiz

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

The Rural Health Unit (RHU) of Panitan in Panitan, Capiz was first established in 2009 and cost the local government P800,000. In 2010, an additional fund of P1.075M was allotted by the European Commission through the Provincial Government of Capiz. The said RHU serves about 26 barangays with about 38,266 population.

Panitan RHU is managed by health workers composed of a municipal health officer, 2 public health nurses, 12 rural health midwives, a medical technologist, a rural sanitation inspector, 295 civilian volunteer health workers, 9 RNheals (Registered Nurses for Health Enhancement and Local Service) program nurses and a rural health midwife.

In December 2011, under the Department of Health's Health Facilities Enhancement Program (HFEP), the Panitan RHU was relocated and constructed costing almost P2.5M. The project was finished in February 2012 and was complemented by medical equipment worth P517,700. Some of these equipment include delivery bed with stirrups, droplight/floor lamp, mercury-free sphygmomanometer, stethoscope, vaginal speculum, Mayo instrument table, Kelly pad, mechanical bed with mattress, nebulizer machine, normal spontaneous vaginal



Health Secretary Enrique T. Ona inspects the Panitan Rural Health Unit in Capiz constructed under the DOH Health Facilities Enhancement Program. (Photos by Paking Repelente)

delivery set, oxygen tank with regulator, suction machine, wheeled stretcher and filing cabinets.

In July 2013, the RHU's second floor was constructed amounting to almost P1.8M with funds coming from the unutilized balance from the European Commission grant implemented in the first quarter of 2013.

Today, the Panitan RHU provides services like the out-patient department which is accredited by the Philippine Health Insurance Corporation (PhilHealth) to provide the Primary Care Benefit 1 and 2; maternal and child care package of

services (24-hour birthing clinic); Basic Emergency Obstetric and Neonatal Care (BEmONC); family planning services; immunization; and environmental sanitation. The usual cases seen/treated at the center were acute respiratory diseases, pneumonia, bronchial asthma, dengue fever, pulmonary and extra-pulmonary tuberculosis, animal bites, minor injuries, non-communicable diseases like hypertension and diabetes mellitus.

Facility-based deliveries has improved from 68 % in 2006 to 93.72 % in 2012. Also, the number of maternal mortality in the area is zero for 5 years now, while the number of infants mortality

decreased because most mothers now give birth at the new RHU, which is open 24/7. This reduction of the infant and maternal mortality will help the country achieve its Millennium Development Goal.

More importantly, the Panitan RHU is now a self-sustaining health facility with income from PhilHealth amounting to approximately P200,000 every quarter.

Health Secretary Enrique T. Ona said, "This is an ideal set-up in every upgraded healthy facility and we hope that our LGU counterpart on this RHU will sustain its future operations."

- o o o -

Meet Carotina & Colostro

Prepared by the
PUBLIC HEALTH UNIT - DR. JOSE N. RODRIGUEZ MEMORIAL HOSPITAL

Beautiful in all angles. A stunner and a charmer, her skin is the color of the golden sky at dusk, a beautiful shade of orange, lining the grey clouds with its brilliance, adorning the horizon with different palettes of the sun. Her charisma transcends that of a movie star, people clamor for her, waving, touching, smiling, and loving her every inch of the way.

He, on the other hand, moves with a distinctive swag. Girls and boys alike gasp at the sight of him. With his tear drop-shaped face, and creamy complexion, nobody can deny the power of his presence. A turn of the head, a wave of the hand, a hop here and there, are all it takes for people to go into frenzy.

Meet Carotina and Colostro, the prized mascots of the Dr. Jose N. Rodriguez Memorial Hospital (DJNRMH). Carotina, as her name implies, is a carrot

brought to life by the creative minds and nimble hands of nurses tasked to carry out public health-related undertakings of the hospital. Colostro embodies the colostrum, that small but very special and powerful first drop of blessing that babies get from

the bosom of their mothers. These mascots were born out of a need to educate people in the community of two very important things beneficial in sustaining life – nutrition and breastfeeding.

With an increasing rate of mortality caused partly by malnutrition in the different communities of North Caloocan, the Public Health Unit of DJNRMH – the sole government hospital operating in the area, took in upon itself to act on the quandary presented by this circumstance. When patients, particularly children, are brought to the hospital to seek medical help, the health practitioners are often faced with difficulties when treating them due to numerous predisposing factors, foremost of them malnourishment.

Realizing the extent of this problem, the Public Health Unit staff sat down and conducted a



Carotina and Colostro in real life advocacy.



powwow. Aware that the key to all these is health promotion, they knew that what was needed was a way to get people's attention, make them see, feel and embrace the good that proper nutrition and breastfeeding are offering them. But the quintessential question here is HOW.

In this era of gadgets and gizmos, getting people's attention using non-electronic media is like shooting at the moon. Almost everyone these days is a "techie," and a "techie" learns best when there is technology involved. But then, the use of these devices has a downside – its cost. Surely, there must be more cost-effective ways to address the matter of health promotion. The staff knew they needed something visually attractive, and from the marriage of colored pens and plain papers, the idea of Carotina was conceived.

The orange-colored lady made

her debut in July 2013 in celebration of the Nutrition Month. She did her rounds of the different wards of the hospital, entertaining people and helping in the advocacy of good sustenance. She even got invited to several feeding programs in the community. Carotina is proving to be one well-liked social butterfly.

The success of the mascot inspired the staff to convene again in creating another one, this time to grace the National Breastfeeding Month. This mascot would be the poster boy for breastfeeding, and he would have a unique appearance and his name should have a "recall" factor. The staff agreed on the name COLOSTRO and he would take the shape of a drop.

Colostro is as successful as Carotina. He entertained, inspired, and became a vessel for learning. The staff used Colostro in the promotion for the wide adoption of

exclusive breastfeeding among mothers in the surrounding communities. His mere presence aroused the curiosity and interest of its intended audiences. This made it easier for the staff to establish a link between the visual and the aural, creating an effective channel for the sharing of information.

Through Colostro, the Public Health Unit was able to promote the importance of colostrum also known in the vernacular as "*unang patak ng gatas ng ina*." To further strengthen health promotion in this aspect, the unit, together with the Non-Communicable Disease Committee, held a drawing and logo contest on August 10, 2013, with breastfeeding as the main theme.

Carotina and Colostro are now the hospital's pride and joy. They have become symbols of something good and worthwhile in the community.



Photo by Joerem P. Ceria

Mag HEALTHbeat Online Kahit Pasko

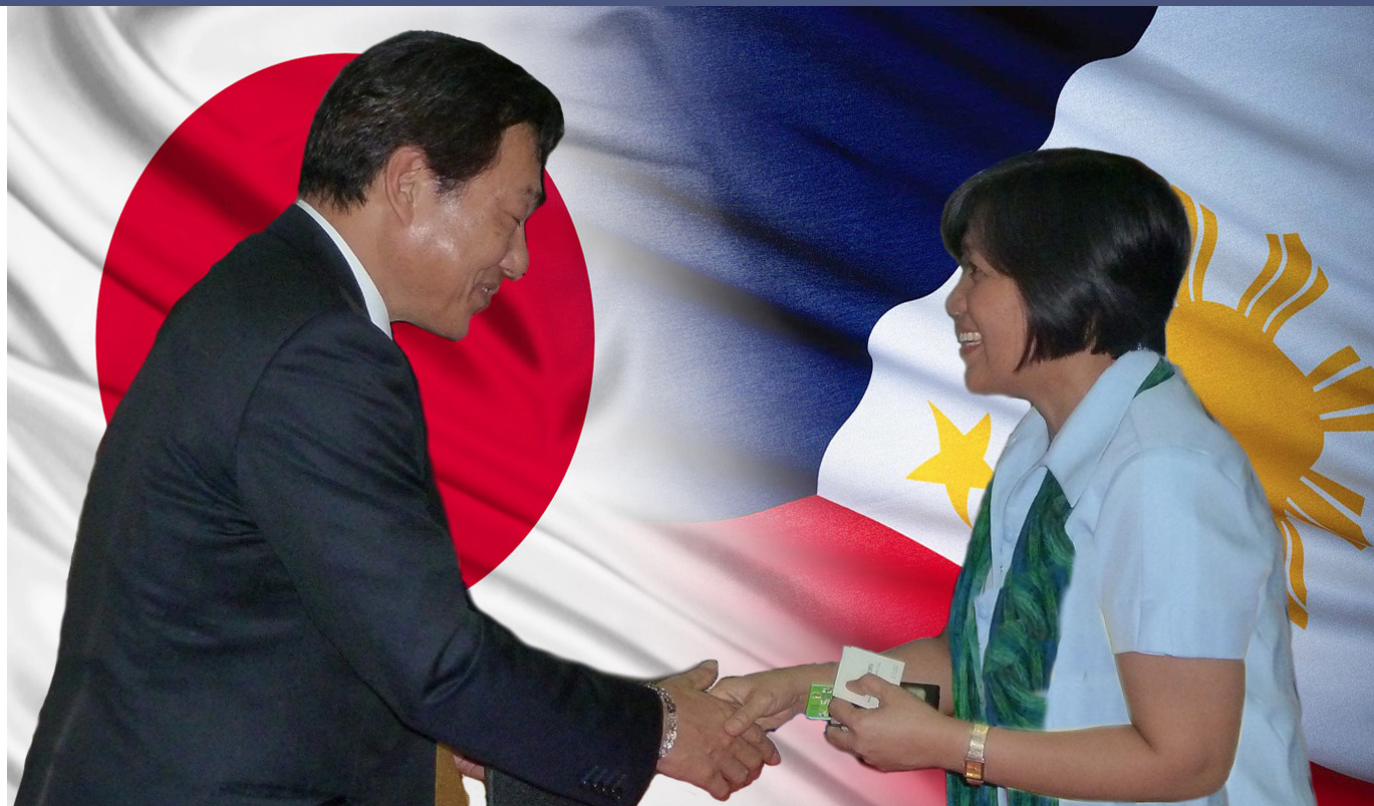
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Masahito Fujikawa, a representative of the Liberal Democratic Party of Japan is greeted by Director Mylene Beltran of the DOH Bureau of International Health Cooperation.

Japan Parliamentary Mission Visits San Lazaro Hospital

San Lazaro Hospital, one of the Philippine projects funded by Japan through Official Development Assistance (ODA), was visited by the Members of the House of Representatives from Councilors of the Government of Japan and officials from its Embassy together with representatives from the Japan International Cooperation Agency (JICA) on September 17, 2013.

Masahito Fujikawa, a representative of the Liberal Democratic Party of Japan, led seven other delegates who were updated on the activities of the SLH National Reference Laboratory STD-AIDS Cooperative Central Laboratory (SACCL) for HIV/AIDS and other Sexually Transmitted

Infections (STIs) as well as the utilization of the medical equipment of the Radiology Department.

The visitors were welcomed at the SACCL Clinic Conference Room by key officials headed by Dr. Winston S. Go, SLH-Medical Center Chief and Dir. Maylene M. Beltran of DOH-Bureau of International Health Cooperation.

"This visit will contribute to the strengthening of our understanding of Japan's ODA," Fujikawa said.

JICA established SACCL in June 1996 to assist the DOH's efforts in the prevention and control of STIs, human immunodeficiency virus (HIV) and acquired

immune deficiency syndrome (AIDS). The project included the renovation of laboratory building, construction of the clinic, upgrading of selected social hygiene clinics, and provision of assistance to local government units and non-government organizations in implementing advocacy activities considered as important components of a comprehensive HIV education campaign. SACCL continues to provide diagnostic-confirmatory testing, quality assurance, surveillance and research to respond to the increasing number of HIV/AIDS cases in the country.

On the other hand, the Japanese Embassy, through the Grant Assistance for

Grassroots Human Security Projects (GGP), provided appropriate, high-quality medical equipment in the Radiology Department. An x-ray machine worth US\$79,724 (Php 3.7 million) was installed and is used in clinical assessment, diagnosis and treatment of patients. Prior to the implementation of GGP, the hospital's basic imaging department can accommodate only 15-20 examinations per day. Today, the department has raised to around 70 the number of patients who can avail of x-ray procedures daily. From 2011 up to the present, the department reported 46,287 patients which being served with

radiographic procedures.

International cooperation in health is a critical input for national development. Confronted with global issues, Philippines and Japan have built a strategic partnership to attain **Kalusugan Pangkalahatan** (universal health care). Improvement of health standards and providing resources for health will ensure delivery of basic health services to the poor population.

Among the other Philippine government institutions visited by the Japanese Parliamentary Mission for Japan's ODA during its 3-day visit in the country

were: LRTA, NEDA, LGU of Pasig-Marikina, Maria Clara High School, SCTEX, SBMA, Subic Free Port and the Philippine Coast Guard.

JICA is an independent governmental agency that coordinates ODA for the Government of Japan chartered with assisting economic and social growth in developing countries such as the Philippines.

Its core development programs are technical assistance programs/projects for capacity and institutional development, feasibility studies and master plans with a role in providing capital grants and yen loans.



TOP: The Japanese delegates visit various sites of the National Reference Laboratory STD-AIDS Cooperative Central Laboratory (left) and inspect the donated Computerized Radiography equipment (right). **ABOVE:** Standing from left are Dr Talitha Lea Lacuesta, Dr. Arlan Lopez, Elvira Dumlao, Dr Rosario Tactacan-Abrenica, Dr Elizabeth O. Telan, Dr. Winston S. Go of the San Lázaro Hospital and DOH Director Maylene M. Beltran. Seated from left are the Japanese Mission delegation composed of Member of Parliament (MP) Kunihiko Muroi, MP Masami Nishimura, MP Masahito Fujikawa and MP Tomoko Tamura.

Inter-Local Health Zone Partnership for Maternal and Child Health

The Inter-Local Health Zone (ILHZ) is a district health system that would serve to improve cooperation and coordination among its member cities and municipalities in health operations to assure access of individuals to a range of services necessary to meet their health care needs, and to manage more efficiently and equitably their resources for health.

In the Eastern Visayas, all 10 ILHZs are functional and various activities are pursued such as regular ILHZ technical management committee meetings, maternal and neonatal death review, supportive supervision to support and maintain the delivery of quality Basic Emergency Obstetric and Newborn Care (BEmONC) services, and referral system in which a core referral hospital has been identified. Community interventions, including the enforcement of maternal and child health (MCH) ordinances, are roles and responsibilities of local government units (LGUs) which are supported and further strengthened by the

ILHZ. Three ordinances – 1) facility-based delivery, 2) user's fee, and 3) incentives for volunteers ordinances – are considered vital in the improvement of the status of MCH in the LGUs. The enactment of the ordinances has progressed significantly in the province in which LGUs manifest their support for the improvement of the health status and health services in their areas. With the implementation of these ordinances, LGUs encourage women to seek health care from health facilities, establish a fund source for health facility operation and for incentives of community health team partners and professional health workers.

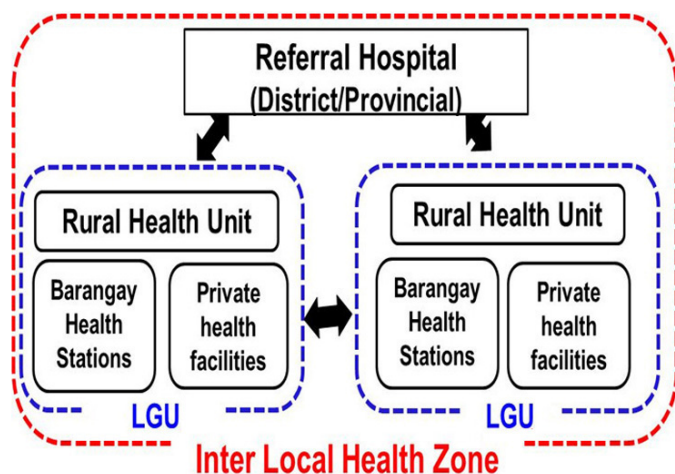
There is still room for improvement of direct intervention and support to health centers and the communities. For this, the Strengthening Maternal and Child Health Services in Eastern Visayas (JICA SMACHS-EV) Project, together with the Leyte Provincial Health Office, convened for a two-day meeting of the ILHZs of Leyte Province in Manila on August 29-30, 2013 to strengthen

its ILHZ function.

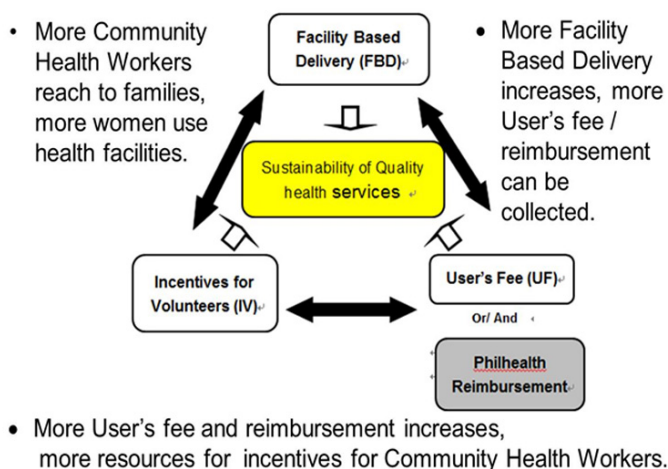
The meeting was participated in by the Leyte governor, vice governor and provincial councilor on health, 35 mayors, key officials of the DOH central and regional offices and provincial health office, members of the ILHZ Technical Management Committee, and other development partners in the province. Municipal experiences and practices on MCH related issues and the implementation of PhilHealth programs and reimbursements were shared in the meeting. They discussed how the LGUs can support MCH-related interventions in line with the enactment and implementation of municipal ordinances and improvement of health fund resources. Moreover, the LGUs were asked for their support and commitment to pass people-friendly and culture-sensitive ordinances, particularly in ensuring better access to facility-based delivery.

In the Board Meeting, they agreed on the contribution from the

<Concept of the Inter Local Health Zone>



<Inter Relationship of the 3 Ordinances>

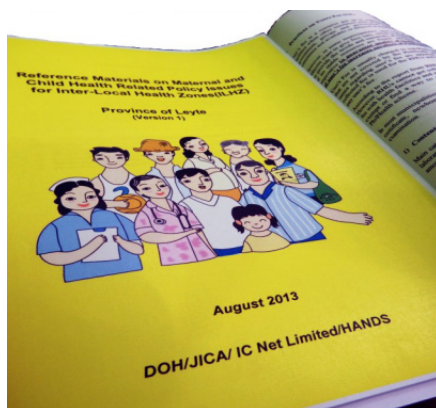




Leyte Governor Leopoldo Dominco L. Petilla (top left photo) addresses the participants of the Joint Inter-Local Health Zone Board (ILHZ) Meeting (bottom photo) at the Century Park Hotel in Manila on August 29-30. Meanwhile, the participating mayors sign the ILHZ Resolutions agreed in the meeting (top right photo).

province of Php 50,000 per municipality for the Common Health Trust Fund (CHTF), and ILHZ Resolutions (CHTF contributions, public-private partnership, organizational structure, adoption of work and financial plan and governing policies, among others) were signed. With these efforts in Leyte, the ILHZ function has been strengthened further and this will definitely give positive impact on strengthening MCH services in the province.

The Project, DOH-CHD EV and PHO developed "The Reference Materials on Maternal and Child Health Related Policy Issues for ILHZ (Version 1)" to help the LGUs get and share ideas of the main health interventions. The materials can be



Reference Materials on Maternal and Child Health Related Policy Issues for ILHZ (Version 1)

downloaded through <<http://www.jica.go.jp/project/english/philippines/004/materials/index.html>>.aav

DOH/JICA SMACHS-EV Project

Through the Department of Health Center for Health Development in Eastern Visayas (DOH CHD-EV), the Philippine Government collaborated with Japan International Cooperation Agency (JICA) and launched the Project for Strengthening Maternal and Child Health Services in Eastern Visayas, more known as SMACHS-EV Project. The Project is a four-year undertaking that commenced in June 2010 until June 2014 as an initiative and commitment of the government to promote the achievement of the Millennium Development Goals, particularly in reducing maternal and child mortality by 2015. For more information, please visit <<http://www.facebook.com/machi.ev>> or contact (053) 323 – 6114 or <smachsev8@gmail.com>.

TO OUR DEAR FRIENDS OF LEYTE

We would like to express our sincere sorry for this time of disaster in the Philippines.

It was with the greatest shock and sadness that we heard the terrible damage after the typhoon. We are sending our thoughts and prayers to our counterparts and friends of all those who have lost their lives, have been injured, or have seen their property destroyed.

We wish the situation of Leyte and other areas affected by the typhoon recover from this tragic incident sooner.

Our thoughts are always with you.

Ms. SATOKO ISHIGA
Chief Advisor
SMACHS-EV Project

Health Leadership & Governance

The Department of Health and Zuellig Family Foundation (ZFF) signed a Memorandum of Understanding on May 16, 2013 to implement the Health Leadership and Governance Program (HLGP) – a three-year (2013-2016) program that intends to address challenges and inequities in the country's local health system that will cover 15 regions, 54 provinces, 549 municipalities and 60 cities identified by the National Anti-Poverty Commission.

This public-private partnership venture uses a development strategy based on ZFF's "Health Change Model," a systematic transformation of local health systems that begins with improving local health leadership leading to better health outcomes. The ZFF has also firmed up a partnership with the Department of the Interior and Local Government – Local Government Academy to institutionalize health leadership and governance.

The partnership intends to include the health leadership and governance module in the orientation program of local chief executives for them to prioritize maternal, child health and nutrition in their executive and legislative agenda.



SIGNING OF THE MEMORANDUM OF UNDERSTANDING FOR HEALTH LEADERSHIP AND GOVERNANCE: From left to right: DOH Director Nestor Santiago, Health Assistant Secretary Gerardo Bayugo, Health Secretary Enrique T. Ona, Zuellig Family Foundation (ZFF) Chairman – Ambassador Roberto Romulo; ZFF President Ernesto Garilao; ZFF Trustee Daniel Zuellig; and former Health Secretary and pioneer of the Universal Health Care in the Philippines – Dr. Alberto G. Romualdez, Jr.

ZFF is rooted in the distinctive context of the Zuellig family's enterprises in the Philippines. Its vision evolved from a tradition of individual philanthropic engagements and the corporate citizenship of the Zuellig Group of companies. In carrying out the Zuellig family's mandate to address specific deficiencies in community healthcare, ZFF has gone beyond

conventional grant-making and performs an active institutional role in the social development and progress of the Philippines. ZFF now focuses on improving health outcomes for all Filipinos by strengthening the capabilities of the country's public healthcare systems and improving access to healthcare for the poor, especially in rural areas.

Typhoon Pablo in December 2012

Good Mayors: From Calamity Victims to Good Governance Practitioners

by

JESS LORENZO

Zuellig Family Foundation

In December 2012, Typhoon Pablo struck Mindanao, devastating several towns in Compostella Valley. By the second day of the relief efforts, there were over 400 people

dead with hundreds more missing. There were at least 8,000 families that lost their homes.

According to the Office of the

Governor, there were a total of 130,000 families or about 70% of the province population had lost either homes or livelihood to the storm. Many local

government units depended on relief and barely coped with the disaster. It has been almost a year but, most of us in the country have forgotten the devastation in Compostella Valley.

In July, I had a chance to panel for some of these mayors in a health development program. I was in Davao for DOH - Region 11, Zuellig Family Foundation (ZFF), and United Nations Population Fund (UNFPA) for the selection workshop of mayors for the Municipal Leadership and Governance Program (MLGP). The purpose of the workshop was to listen to the presentations of the mayors and the municipal health officers (MHO) justify the inclusion of their town in the program.

The MLGP is part of the Health Leadership and Governance Program (HLGP) which is a 3-year partnership between ZFF and DOH. The MLGP training and coaching sessions with the mayors, MHOs, and Municipal and DOH Representatives (Reps) will last for 12 months with two years of subsequent monitoring.

Under this program, the journey of the mayors, MHOs, and DOH Reps begins through a leadership and governance development program in order to focus on improving the primary health system of

their local government units (LGUs). One of goal is decreasing maternal mortality rates by improving the health system using a roadmap with six building blocks. The roadmap focuses on leadership and governance as the primary driving force of change which then addresses the five other building blocks, namely: service delivery, workforce, access to medicines, information systems, and finance. At its core, MLGP establishes shared health goals between DOH Reps and mayors with maternal health as a priority. During the engagement, these leaders are expected to address the dynamics of maternal mortality by improving access and care. Traditionally, maternal and pre-natal care is only charged to village "*manghihiilot*."

One of the deeper outcomes of the year-long journey is to enable the local chief executives (LCEs) to graduate from traditional responses to health and understand a collaborative and systemic approach to addressing health.

In this particular workshop, the mayors must prove that they are committed to seeing thru the program and being accountable for the health outcomes. They need to convince the panel members that they will develop a good working

relationship with the MHOs and listen to their DOH Reps. They need to commit to attend a few days of classes run by the Davao City Medical School Foundation.

On the onset, Mayor Reynaldo B. Navarro of Laak, Compostella Valley admitted in his opening remarks that he expected the same old seminars and lectures from DOH. But Navarro stayed through the whole day of screening even after his presentation ended. He also helped other towns and addressed the panel and said, "*Kailangan namin ito... kailangan ito ng mga mayors at ibang bayan*. I promise you I will work to ensure their commitment. Please include them because it will help them a lot."

For me, the mayor's reaction seems to represent the sentiment of many other LCEs in the country. He has seen a DOH that is now ready to engage LCEs and co-own their problem. He said, "I am willing to learn together with the DOH Reps to work on improving the health system in my town, I give you my word!" Navarro and the Municipality of Laak already won the Gawad Pamana ng Lahi Award in 2011 given by the Department of the Interior and Local Government under the leadership of former Secretary Jesse Robredo. It seems that Navarro is very proactive in working with



ABOVE: Mayor Reynaldo B. Navarro of Laak, Compostella Valley being interviewed by media during the aftermath of the devastation of Typhoon Pablo in December 2012. **LEFT:** The shocking images of death brought by the disaster. (Photos circulate in the Internet.)



national agencies for the benefit of his town.

This shifting mindset is clearly an invitation and an opening for DOH to improve the primary health systems. Health Secretary Enrique T. Ona has taken the lead in scaling up the MLGP program to as much as 609 Municipalities. The Department sought the help of ZFF and a number of academic institutions in the country thru a Public-Private Partnership agreement to work with the LGUs towards primary health development.

But because of Ona's imprimatur, the dedication of the academic partners, ZFF, and some DOH regional officers take time to adapt to this collaborative approach to frontline health development. For this reason, Ona has also opened up the department to adaptive leadership training to enable the regional health executives to cope with the needs of the mayors. Some executives have yet to understand this innovative approach but some are already quick to follow Ona's lead.

There are few great DOH regional executives that see the opportunity for reform and have exerted extra effort to influence their regions to help the LGUs. These are individuals who have a deep understanding of public health dynamics and see the importance of primary health development. They have co-owned the issues in the front lines and have gone beyond their comfort zones to learn more to engage better.

While this Mayors' workshop is happening, DOH-Region 11 executives, together with provincial health officers of Davao del Norte and Davao del Sur, and the city health officers of Davao City are undergoing a leadership workshop run by ZFF and DOH. DOH Regional Director Abdullah Dumama Jr addressed the doctors and said, "We need to exercise a new kind of leadership if we are to address the health

issues. We cannot just be maintainers. Health leaders for the poor means we exercise our different ways to lead to help the poor. Sometimes leaders *tayo*, sometimes followers *naman tayo*. But we need to create new arrangements to improve health."

As the mayors justify their inclusion to the program, the DOH doctors, city and provincial health executives are reoriented to become mentors to the mayors. This program is called Health Leadership and Management for the Poor (HLMP) which is also part of the ZFF-DOH partnership. In the coming months, I hope to see how DOH responds to this reform opportunity.

Dr Joanne Bersabe of Davao Medical School Foundation highlighted the inequities in health access and stressed the need to have a critical collaborative approach to addressing the complex issues. She said, "For me, the measure of the mayor's inclusion is commitment. I asked each of them if they will commit to attend the 4-day per year classes because it is where they will understand." Bersabe also addressed the DOH executives and highlighted the different strategies to improving health. She addressed both forums in an effort to bridge the different perspectives and seed a common, growing understanding.

But even before any of the classes began, there were some LGUs who were hard at work in solving their problems.

New Bataan, Compostela Valley was one of those towns where unidentified bodies were laid along the roadside. It was one of the most powerful images we saw on national TV.

New Bataan Mayor Lorenzo Balbin Jr graduated with a vocational course in radio communication. He has no background in Public Health and yet he is one of those who practiced good management and governance to address the town issues.

Dr Joyce Arandia of ZFF narrated,

"Right after Pablo, we went to New Bataan to help in the relief efforts. It was really bad. *Na-delubyo sila*. The health system was also in a disaster. *Pero, kahit* devastated *ang lugar, mabilis ang* response... December *ang bagyo* but by February, *ayos na at functional ang kanyang* Rural Health Unit (RHU) at birthing room."

Balbin has two doctors with a solid health development plan. He eagerly presented the New Bataan case and I found myself asking him, "Mayor, *ang galing na ninyo*, why else would you need this program?" He countered me by saying, "We still have a long way to go, I think as mayors, there is need to learn more to address our health issues." He was one of those mayors, like Navarro who was eager to engage DOH.

Nurse Helen Vistal, DOH Rep since 1994, now working with New Bataan said, "*Kaya ganito kasi maganda ang aming* relationship. *Ang MHO gumagawa ng paraan. Ang Mayor maka-masa at* supportive *sa health. Nakikinig siya ng mga problema. At* from time to time, *may consultations na nagaganap* between the mayor, MHO, and RHU staff. *Madalas nila ako kasama.*"

In their presentation roadmap, part of what they need to commit to is to raise the LGU health budget to 15% of their Internal Revenue Allotment (IRA). They have started to form health boards at the *barangay* level and they plan to increase RHU competencies. Aside from this, they plan to reach 95% child immunization coverage.

For a town devastated in December 2012, these goals seem far fetched. In most cases, we tend to expect these towns to be relief dependent.

Balbin stressed, "You can expect our firm commitment to this effort, I am willing to learn more for the town's sake."

I hope many more mayors in the country can be as dedicated as Mayors Balbin and Navarro.

In Memoriam

Dr Alberto G. Romualdez, Jr

September 14, 1940 - October 18, 2013

On October 18, 2013, former Health Secretary Alberto "Quasi" Romualdez, Jr passed away at around noon at the Manila Doctors Hospital, where he was confined after suffering a heart attack on October 12. He was 73.

Health Secretary Enrique T. Ona said, "He will be sorely missed as our ally in championing for health reforms in our health system, especially in health issues such as reproductive health, cheaper medicines, tobacco control, and other health equality and equity issues."

This year and until his death, Romualdez was frequently seen in DOH activities working towards the realization of a universal health care (UHC) system for Filipinos through the "Secretary's Cup," a six-month campaign to spread awareness on **Kalusugan Pangkalahatan** (UHC) via nationwide collegiate debates, townhall meetings, talk series and roundtable

discussions that tackled the different issues that impact on health as well as in the "Health System Shapers," an advocacy campaign that targets the different social sectors to talk about their roles in the health care system

Romualdez was appointed health secretary by then President Joseph Ejercito Estrada on September 11, 1998 until 2001. But he was not really new in the DOH, having served as a Medical Adviser to the then Minister of Health from 1979-1982, director of the Research Institute for Tropical Medicine from 1981-1984, and assistant secretary in 1988. However, he opted to work for the World Health Organization's (WHO) Western Pacific Region, holding position as Acting then Regional Adviser in Development of Human Resources of Health and director of Health Services, Development and Planning. From June 1996 until his appointment as Health Secretary, he was Medical Director

of the HCA Philippines, Inc. and at the same time consultant of the WHO and the DOH.

He was a graduate of Doctor of Medicine from the University of the Philippines and Bachelor of Arts in Biological Sciences from the Ateneo de Manila University. He was a fellow on Tumor Immunology at the University of Connecticut and Membrane Biophysics at the Harvard Medical School in the USA.

An article published in H&L magazine (October 2013 issue) described Romualdez best by saying, "It is quite a rarity to behold someone truly knowledgeable to the ways of both the upper and lower classes of our society. But it is only fitting that the one who does, be the very same person to bridge the gap: the pioneer of Universal Health Care in the Philippines, Dr. Romualdez is someone who has seen everything, and one of but a few who can give credence to the need for such changes in our health system."

R.I.P.

*The Department of Health also expressed its deepest sympathy to the family of former Health Undersecretary **ANTONIO S. LOPEZ** who passed away on November 3, 2013.*

'Wag Makisawsaw

Sawsaw

INAY: Ito ang tatandaan mo anak.
Ang buhay ay hindi suka, toyo,
ketchup o patis.
GIRL: Ho?
INAY: Wala kang karapatan
makisawsaw sa pagsasama ng
mag-asawa? Humanap ka ng
binata! Hmmmp.

Puwang

LIZELLE: Alam mo, gusto kong kumain ng
chicharon.
CLARENCE: Huwag. Ma-cholesterol 'yun.
LIZELLE: Ano ka ba, okay lang 'yun.
CLARENCE: Mabuti pa ang cholesterol, may
puwang sa puso mo. Pero sa
akin, wala!

Pakwan

LYN: Suki, bili ka na ng pakwan.
Mapula at matamis.
*(Biglang nabitiwan ng tindera
ang isang pakwan at bumagsak
sa semento at nabiyak...)*
TINA: Sabi mo mapula. Maputla naman
pala ang pakwan na tinda mo.
LYN: Aba, ikaw man ang bumagsak sa
semento, mamumutla ka rin!

Panahon

NELSON: 'Yang kili-kili mo parang panahon.
JING: Ano?!?
NELSON: Basa na makulimlim.

Habang Buhay

BEKI: Alam mo, crush kita. Ikaw ang
gusto kong makasama habang
buhay. Anong masasabi mo?
DAKS: Mamatay ka na!

Puti

DANNY: Uy, Rhea... Saan ka pupunta?
RHEA: Kay Doc. Magpapa-inject ako ng
gamot na pampaputi ng balat.
DANNY: Ah ganun ba? Sana meron ding
gamot pampaputi ng budhi mo.

Siko

RAYMOND: Ma'am, si Anthony po siniko
si Clarito.
ANTHONY: Ma'am si Clarito po ang unang
naniko!
TITSER: Clarito! Alam mo bang masakit
ang maniko!
CLARITO: Eh, Ma'am... Ano naman po ang
pakialam ko sa mani n'yo!?

'Di Masarap

EDNA: Anong sabi mo, hindi masarap
'yang hinain ko para sa iyo?!?
DESI: Hindi naman po talaga masarap.
EDNA: Ikaw kaya ang maggatas ng
baka... magtanim at magbayo
ng bigas... mangisda... magkatay
ng manok o baboy! At pati na rin
ang mamalengke at magluto!
Tapos sabihin mo sa akin na hindi
masarap 'yang kinakain mo!

Pandesal

LETTY: Lumiliit na itong pandesal n'yo.
TINDERA: Hindi po.
LETTY: Araw araw hindi na ako
nabubusog sa pandesal ninyo?
Alam mo bang ibig sabihin nun?
TINDERA: Tumatakaw po kayo?

Pautang

PAKING: 'Pre pautang muna ng 5 kilong
bigas at 2 sardinas, bayaran ko
pagdating ni Misis mula US!
BORGY: Okay. Heto oh. Kailan ba dating
ni Mare?
PAKING: Mag-aapply pa lang.

Puwet

*Palihim at tahimik na patakas si Ivan sa isang
restaurant...*
MANAGER: Hoy! San ka pupunta? Hindi ka
pa nagbabayad ah.
IVAN: Wala po akong pera.
MANAGER: Waiter, bigyan mo ito ng isa
pang buong fried chicken.
Kapag inuna mo ang leeg,
sasakalin kita. Pag hita,
lulumpuhin kita. Pag pakpak,
pingkaw ka. Pag pitso, durog
ang dibdib mo. Lahat ng gawin
mo sa manok gagawin ko sa 'yo.
Hahaha...
IVAN: Ah, ganun ba? O hayan. sinipsip
ko 'yung puwet ng manok, ano
pa hinihintay mo. Sipsipin mo
na ang puwet ko!



*From birth to their golden years,
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Like a trusted friend and constant
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...served
...clocks of unsorted med from
...3 pharmacies (mercury drug, Rose of
...meds from UP college of medicine
...cruise for Dr. Alfonso ... stores -
...guard medicines - first aid supplies
...medicines of Felipe Abingo ...
...kiko from USAID
...meds from HFI, Fairbairn, M
...nissari

