



HEALTHbeat

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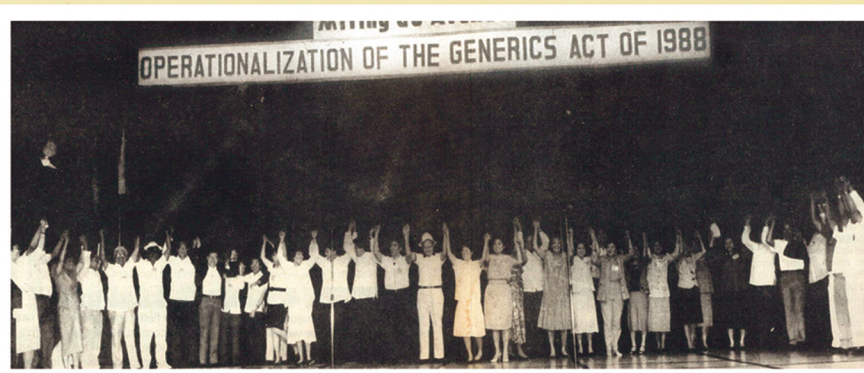
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Flying Kiss

TB Movie





HON. FLORO V. DABU
1963-1964



HON. RODOLFO T. CANOS
1964



HON. MANUEL A. CUENCO
1964



HON. PAULINO J. GARCIA
1954-1958; 1965-1968



HON. AMADEO H. CRUZ
1968-1971



HON. CLEMENTE S. GATMAITAN
1968-1971



HON. ENRIQUE M. GARCIA
1979-1981

Yesterday

In the succeeding years, the Department established the specialty hospitals such as Heart Center of Asia, Lung Center and Philippine Children's Medical Center during the term of Sec. Clemente Gatmaitan, implemented Primary Health Care under the direction of Sec. Jesus Azurin in 1981; and passed the Generics Act into law through the leadership of Sec. Alfredo Bengzon in 1988.



HON. JESUS C. AZURIN
1981-1986



HON. ALFREDO R.A. BENGZON
1986-1992



HON. ANTONIO O. PERIQUET
1981-1986



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Health Promotion

Let it be clear that the National Center for Health Promotion is not kissing everyone goodbye as it continues its appeal to the Department of Budget and Management to reconsider turning the office into a "bureau" instead of a "service" in the Rationalization Plan of the Department of Health. However, while waiting for that crucial decision, we will follow the recent DOH order and use our new name just like any other office in the "rationalized" structure. **HEALTHbeat** would want to insist though to make it a more grammatically correct and consistent nomenclature and call our office the Health Promotion and Communication Service (HPCS), without the letter "s" in the word "Communications" as what is being circulated in official documents.

So what's in a name? Ah, so many implications! If we will not become a "bureau," then we would lose the higher plantilla positions, and rumor has it that we might not also retain the health programs that we have been managing for quite some time. We may be relegated again into a "servicer of services," a support to all programs and a master of none. In an era when Health Promotion has gained a foothold globally as an area of expertise in the prevention of diseases, we are downgraded to a stature that we were three decades ago as a public information and health education office.

Whoever thought of our new structure and functions has lost touch with reality and global trends in health care delivery. Maybe he/she or they would be better off retired to see the world and broaden their knowledge on, and more importantly not meddle with, health leadership and governance. But as we have learned in nursery, sticks and stones will hurt their bones and words will never harm them. The most badly affected are the people in health promotion and their process, passion and hope for better health of Filipinos.

Health Promotion is the process of enabling people to increase control over and improve their health. To reach complete physical, mental and social well-being, an individual or group must be able to realize aspirations, to satisfy needs and to change or cope with the environment. Health Promotion is the first step to disease prevention. It must start with people who are basically healthy by enhancing behaviors that promote well-being and strengthening community measures and individual lifestyles for the maintenance of good health. And it is about time to put a substantial portion of the limited government resources to strategies and programs targeting the majority of the population who are healthy but very much at risk of getting diseases.

Sadly, expanding our office to become a "bureau" is not within our control. It lies in the hands of the few powers that be to hear or ignore our plea. In the meantime, HPCS (formerly National Center for Health Promotion) insists that you have time to relax and see our latest movie - "Flying Kiss," and it is all about TB.

- The Chief Editors



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From left to right: Carl Guevara, Andrea Tatad, Wyn Marquez and Fabio Ide

TB Movie: "Flying Kiss"

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

"Flying Kiss"

Living in the fast lane and wanting to accomplish many things at greater speed not only to make both ends meet but to have enough money to make the family live comfortably is a life that many Filipinos make at this day and age.

Life seems to be all about finding shortcuts to success, is it not? But what if you have acquired tuberculosis (TB), could a person find a way to get well soon?

"Flying Kiss" is an advocacy movie about family and friendship, love

and laughter, and a disease that kills 75 Filipinos daily. It tells the story of Mich (Andrea Tatad), a lower-middle class young woman who is about to achieve all her dreams, including marrying her well-to-do handsome Prince Charming, Kevin (Fabio Ide), until she is diagnosed with active TB and everything is put to a halt. She agrees to take her medication for six months, but because she was too preoccupied with the romantic circumstances in her life, she misses some days and totally stops taking the treatment when her condition feels a little better. Because of this, her illness turns

into Multi-Drug Resistant-TB (MDR-TB). As if this is not worse enough, she also loses her fiancé to her best friend, Michelle (Wyn Marquez).

Mich finds herself in a halfway house to receive new treatment and will be monitored if she takes her medication religiously. Here, she experiences difficulties in coping with her disease, but the health workers and her fellow patients are always there to help her in her ordeal. She meets Allen (Ralph dela Paz) a young man who was disowned by his family after getting TB as a complication of HIV; Mama Bon (Ate Gay),



a gay who tries very hard to make himself and other patients happy; and Prince (Carl Guevarra), "in a relationship" with Mama Bon and frequently visits the health facility to look after him.

Mich gets cured and lives a normal life. She uses her leadership quality and her creativity to start a successful livelihood business. She also becomes romantically involved with Prince after finding out that Mama Bon is his brother and not his lover as Mich earlier suspected.

"Flying Kiss" also stars Maria Isabel Lopez, Macy B, Cheska Carillo, Gio Medina, Avin del Rosario, Raymond Rinoza and Regine Mendieta. It is produced, written and directed by Crisaldo V. Pablo.

Advocacy Via Movie

"Flying Kiss" is a joint venture of the National TB Program (NTP) of the DOH Disease Prevention and Control Bureau and the Health Promotion and Communication Service (formerly National Center for Health Promotion) together with the Philippine Business for Social Progress (PBSP) through its The Global Fund (To Fight AIDS, Tuberculosis and Malaria) Project. PBSP funded the production while the DOH provided technical inputs and guidance on the movie screenplay and the advocacy campaign. The movie is produced by the Sinehan Advocacy Media Projects, Inc. (SAMPI), an independent media advocacy

company that specializes in conceptualizing, producing, managing and implementing advocacy projects.

Dr Rosalind G. Vianzon of the DOH-NTP said that this first TB movie gives a different ambiance on TB as a disease and hopes on improving the health-seeking behavior of Filipinos, aside from the entertainment value that was built-in.

The movie had a gala premiere on February 24, 2014 at The Block Cinema of SM City North Edsa. It was shown in select cinemas on March 19 - 25, 2014, in time for the World TB Day on March 24.

Part of the proceeds will go to anti-TB advocates called the "TB Task Forces." They are groups of private citizens that roam

the streets of Metro Manila, and brave even the most dangerous and least accessible areas of the metropolis to talk and educate the people about tuberculosis. They also look for possible TB patients and convince them to avail of the needed interventions to cure their disease. More importantly, they take care of TB patients who stay at home and help ensure that these patients follow the needed daily medications for at least six months so that they can fully recover.

Most of these Task Forces do not have the necessary resources to continue their fight against TB. SAMPI, through the movie, would help them raise funds to sustain their activities as well as to compensate the efforts of their members.

The movie does not end with the regular cinema screenings because its real intention is to be screened in communities, campuses and workplaces at a minimum cost agreed upon with SAMPI. Interested public or private institutions may sponsor a screening for a certain audience of their choice. During these screenings, the holding of a seminar or discussion on TB issues and concerns and even exhibits may be held.

Already joining the advocacy via movie are Hewlett-Packard Philippines, Yamaha Motors Philippines, Western Digital, Monteverde Sewing Machines (the official Philippine distributor of Singer Sewing Machines), Asian College, Yadu Bags, Nyogi, and the TB Task Forces of Quezon

City, Mandaluyong City, Makati City, Las Piñas City, Pasay City. More companies are also signifying their intention to become partners in this advocacy.

For group screenings, please email sinehanadvocacymedia@gmail.com.

Fight Against TB

TB is still a major health problem in the Philippines. It is the sixth leading cause of death and illness. It is estimated that 260,000 Filipinos have active TB and the country is among the 22 “high-burden” countries for TB epidemic. Along with China, Cambodia, and Vietnam, it accounted for 93 per cent of TB cases in Western Pacific



Region.

But despite the high TB incidence, significant progress has been made in increasing case detection and treatment in the country. The World Health Organization (WHO) Global Tuberculosis Report 2012 showed the number of Filipinos afflicted with TB decreased by 52 percent and TB casualties by 49 percent. TB prevalence is high among the high risk groups such as the elderly, urban poor, smokers and those with compromised immune systems such as people living with HIV, malnutrition and diabetes. It is estimated that 10,600 patients have MDR-TB in 2011. This situation leads to substantial socio-economic losses to the country.

TB is an infectious bacterial disease that most commonly affects the lungs. It is transmitted from person-to-person via droplets from the throat and lungs of people with the active TB. Signs and symptoms can occur in the first few weeks after infection with the bacteria, or it can occur a few years

later. In healthy individuals, infection often causes no symptoms, since the person's immune system acts to wall off the bacteria. The symptoms of active TB of the lungs are coughing, sometimes with sputum or blood, chest pains, weakness, weight loss, fever and night sweats. TB can also affect other organs of the body, such as the kidneys, spine or brain. Symptoms depend on the organ affected. It is important that TB should be checked and treated as early as possible.

Filipinos need not suffer from TB nor hide from the stigma that has been attached to the disease for decades that prevent them from receiving proper treatment. The DOH-NTP aims to detect 85% of active TB cases and cure at least 90% of these cases. It has adopted the Directly Observed Treatment Short-course (DOTS) program, recommended by the WHO.

Persons with TB can access free diagnostic test using sputum microscopy and anti-TB drugs from different DOTS facilities such as the rural health units, health centers,

private clinics, some hospitals, prison clinics, and other facilities. Under DOTS, a relative or a health worker directly observes the patient taking anti-TB medicines daily. The Philippines' DOTS treatment success is placed at 90 per cent, higher than the WHO target of 85 per cent.

A major challenge in treating the disease is MDR-TB. This occurs because TB patients do not adhere to the drug regimen, meaning they do not take their medicines every day for the usual six months period. Because of this, the TB bacteria develop a resistance to isoniazid and rifampicin, the two most powerful TB drugs. MDR-TB is more difficult and expensive to treat. Another challenge is the estimated 65,000 TB cases that remain undetected and untreated. These are called the "missing TB cases," and each of them can spread the disease to 10 other Filipinos each year.

Thus, fight against TB and the dissemination of right information on its prevention, treatment and control continue.



Health Assistant Secretary Enrique "Eric" A. Tayag doing an Ellen Degeneres at the Oscar's+=+ by taking a selfie photo during the FLYING KISS press conference. From left to right: Crisaldo V. Pablo, director of the movie; Reno Carter Nalda, PBSP-Global Fund program manager; ASec Tayag; Carl Guevarra, lead actor. (Photo by Rizalito L. Santiago, Jr.)

Malaria Elimination Soon

"The Philippines is on course of eliminating malaria by 2020," reported the Department of Health during the 6th Meeting of the Asia Pacific Malaria Elimination Network (APMEN) in Makati City on March 11-13, 2014.

APMEN is a network of 14 Asia-Pacific countries working towards the elimination of malaria as a public health threat by sharing country successes and challenges in malaria elimination and development of plans that focus on regional cooperation, advocacy, knowledge exchange and capacity-building.

Health Secretary Enrique T. Ona, in his speech during the welcome dinner for the delegates, said that this past decade showed significant progress in the reduction of malaria cases and deaths in the country due to improved diagnostic modalities, the use of artemisinin-based combination therapies for malaria treatment, and improvement in vector control interventions. He also emphasized the concerted efforts of the national and local governments, the private sector, the scientific community and international donors in their technical and financial support to the implementation of interventions.

Ona said that malaria belongs to a group of diseases with an elimination initiative – along with rabies, schistosomiasis, leprosy and filariasis – and forms part of the thrust of the government to achieve better health outcomes for the Filipinos, through elimination of illnesses and deaths from diseases which are entirely preventable. He added that for malaria, the government budget has increased from US\$67,000 in 2002 to US\$7.2 million in 2014, a 99% increase in 13 years. Political



The 6th Meeting of the Asia Pacific Malaria Elimination Network (APMEN) Press Conference: From left to right: Prof Gao Qi (APMEN Board Chair), Dr Thomas Teuscher (Roll Back Malaria Partnership), Sir Richard Feachem and Health Assistant Secretary Enrique Tayag (APMEN Co-Chair); Edgar Chua (Shell Companies in the Philippines); Dr Mark Jacobs (World Health Organization); and Dr Susann Roth (Asian Development Bank). (Photo by Paking Replente)

commitment from the local government units has also increased, enabling the local health systems to become more responsive to the task and challenge of malaria elimination and the local implementation of interventions.

But as domestic resources increased, Ona said that these are not enough to fully achieve malaria elimination. The need for external funding persists, especially in the assurance of universal and equitable coverage of malaria interventions and the strengthening of an elimination-oriented surveillance systems.

Aware of the tough competition for external aid, technical experts in the Philippines National Malaria Program are continuously looking for ways to make interventions more cost-effective and service delivery, more efficient. In the midst of lowering incidence, there remains the risk that commitment to malaria elimination would wane. The program tries to address this through persistent social mobilization

and advocacy activities. The establishment of alliances between the government and the private sector, corporations, business communities and religious and civic organizations is playing a significant role in achieving malaria elimination and improving the health status of communities.

Malaria cases declined since the mid-2000s, and have resulted in an 83% reduction from 2005 to 2013, while there was a 92% reduction in the number of deaths within the same period. The number of cases went down from 46,342 cases in 2005 to 7,720 in 2013. Deaths were 150 in 2005 to 12 to last year. The Philippines has achieved the Millennium Development Goal target for 2015 as early as 2008.

Of the 53 known provinces endemic for the disease, 27 have already been declared malaria-free. These are Cavite, Batangas, Marinduque, Catanduanes, Albay, Masbate, Sorsogon, Camarines Sur, Iloilo, Aklan, Capiz, Guimaras, Bohol, Cebu, Siquijor, Western Samar, Eastern Samar,

Northern Samar, Northern Leyte, Southern Leyte, Biliran, Camiguin, Surigao Del Norte, Benguet, Romblon, Batanes and Dinagat Islands.

Malaria is a disease caused by parasite called *plasmodium*. It is transmitted by the bite of a mosquito vector, *anopheles*. The disease usually thrives in the rural and

hard-to-reach areas such as in the hills, mountains and coastal areas. Disease transmission is perennial and generally higher during the rainy season. High-risk groups consist of upland subsistence farmers, forest workers, indigenous people and settlers in frontier areas, including migrant agricultural workers. Children

under-five are also considered to be at high risk, including pregnant women.

Malaria elimination entails reducing to zero the incidence of locally acquired malaria infection in a specific geographic area as a result of deliberate efforts, with continued measures in place to prevent re-establishment of transmission.

World Health Day 2014 highlights Vector-Borne Diseases

World Health Day, celebrated on April 7 every year to mark the anniversary of the founding of the World Health Organization (WHO) in 1948, highlights vector-borne diseases as a priority area of public health in 2014.

Vectors are organisms that transmit pathogens and parasites from one infected person (or animal) to another. Vector-borne diseases are illnesses caused by these pathogens and parasites in human populations. These diseases are most commonly found in tropical areas and places where access to safe drinking-water and sanitation systems is problematic.

The most deadly vector-borne disease, malaria, caused an estimated 660,000 deaths in 2010. Most of these were African children. However, the world's fastest growing vector-borne disease is dengue, with a 30-fold increase in disease incidence over the last 50 years. Globalization of trade and travel and environmental challenges such as climate change and urbanization are having an impact on transmission of vector-borne diseases, and causing their appearance in countries where they were previously unknown.

In recent years, renewed



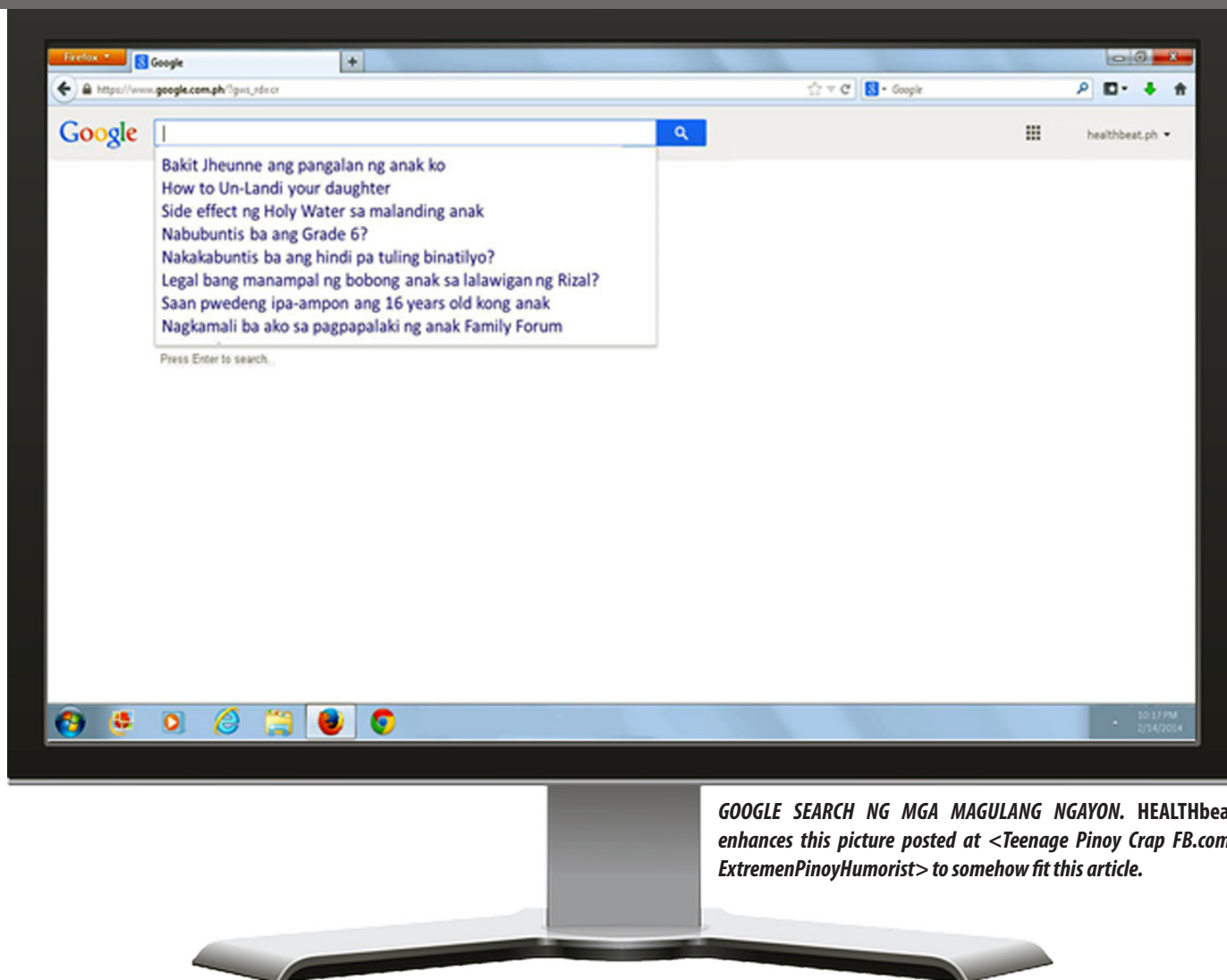
commitments from ministries of health, regional and global health initiatives – with the support of foundations, non-government organizations, the private sector and the scientific community – have helped to lower the incidence and death rates from some vector-borne diseases.

World Health Day 2014, with its campaign running through the entire year, spotlights some of the most commonly known vectors – mosquitoes, sandflies, bugs, ticks and snails – responsible for transmitting a wide range of parasites and pathogens that attack humans or

animals. Mosquitoes, for example, not only transmit malaria and dengue, but also lymphatic filariasis, chikungunya, Japanese encephalitis and yellow fever.

The campaign aims to raise awareness about the threat posed by vectors and vector-borne diseases and to stimulate everyone to take action, particularly:

- families living in areas where diseases are transmitted by vectors know how to protect themselves;
- travellers know how to protect themselves from vectors and vector-borne diseases when travelling to countries where these pose a health threat;
- in countries where vector-borne diseases are a public health problem, ministries of health put in place measures to improve the protection of their populations; and
- in countries where vector-borne diseases are an emerging threat, health authorities work with environmental and relevant authorities locally and in neighbouring countries to improve integrated surveillance of vectors and to take measures to prevent their proliferation.



GOOGLE SEARCH NG MGA MAGULANG NGAYON. HEALTHbeat enhances this picture posted at <Teenage Pinoy Crap FB.com/ExtremenPinoyHumorist> to somehow fit this article.

2013 Young Adult Fertility and Sexuality Study 4

Pinoy Youth Today

Why Study the Youth?

The Young Adult Fertility and Sexuality (YAFS) Study is a series of national surveys on the Filipino youth by the University of the Philippines Population Institute (UPPI) and the Demographic Research and Development Foundation (DRDF). The surveys were conducted in 1982, 1992, 2002 with results released in 2004,

and the fourth one – YAFS 4, commenced in 2012, conducted in 2013, and is set to be completed by July 2014.

YAFS 4 is co-funded by the Australian Government, United Nations Population Fund (UNFPA), Philippine Council for Health Research and Development (PCHRD), and the Department of Health.

Gathering data from Filipino youth aged 15 to 24 year-olds, YAFS is one

of the primary sources of information on sexual and non-sexual risk behaviors and its determinants in the Philippines, at the national and regional levels. YAFS covers a wide range of topics that are relevant to this age group such as education trajectories, labor force participation, relationships and roles in society, values and attitudes, in addition to the risk behaviors. Findings from the YAFS series have been widely used in

education and health and had provided the evidence base for health programs for young people by government and non-government organizations nationwide.

Rapid technological change especially in communications technology, the changing landscape of Philippine labor, emergent issues in reproductive health such as the rising prevalence in HIV infection, premarital sex, teenage pregnancy and sexually transmitted infections (STIs) among today's youth - all provided the impetus to collect new data on young people through YAFS 4.

YAFS 4 contains the same basic data gathered in previous rounds, but expanded its range of topics as well as added new questions to previously existing topics. It has a new topic on Health and Lifestyle (including a short depression scale). The topic on Media has been expanded to include the new forms of communication phenomena that were not yet well-developed in 2002 such as cell phone use, social media and cyberbullying.

YAFS 4 has a total of 19,174 respondents with 51.2% males and 48.8% females. The respondents were divided into the 15-19 years old which represent 40.9% and 20-24 years old, 59.8%. The United Nations, for statistical consistency across regions, defines "youth" as those persons between the ages of 15 and 24 years.

The youth is best understood as a period of transition from the dependence of childhood to adulthood's independence. It is often considered a critical period, a time of magnificent promise and insidious risk. Demographically,

the youth is characterized by a period of many critical transitions: school leaving, first job, first serious relationship, first marriage, first pregnancy, among others.

So what did the YAFS 4 say about Pinoy youth today? The following are some of the results that were released at the GT-Toyota Asian Center Auditorium in UP Diliman on February 6, 2014.

Internet and Social Media

When Mark Zuckerberg and his friends first toyed with the idea of Facebook in 2004, young people today were just kids. Now, these kids comprise the 15-24 age group and appear to be the biggest consumers of information technology developed by young people their age a decade ago.

Dr Grace Cruz, the main author of the study on media use and youth lifestyle

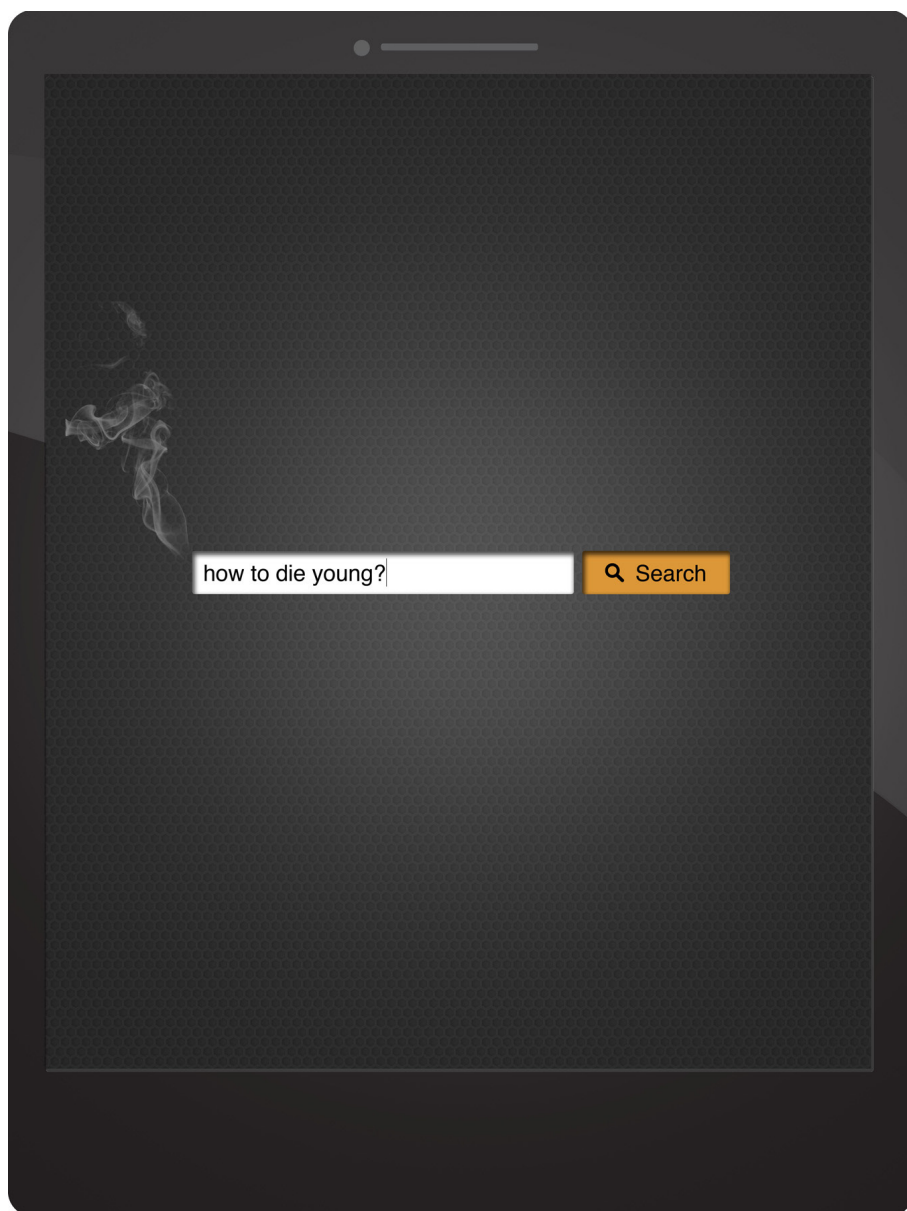
noted how media consumption of young adults had shifted through the years. "Young people's consumption of traditional forms of mass media, especially of newspapers, has been low and this declined further in 2013. This however, does not necessarily mean that they read less. It could be that they get their news online now".

In 2013, six in 10 of young people in this age range are regular internet users, more than half have social network and email account and 78% have mobile phones. On average, they spend 6 hours a week online, some logging in as much as 35 hours of internet use. Females, the younger youth and those from economically better off regions show higher social media consumption than males, older youth and those coming from poorer regions.

This pattern of internet and information technology use translates on how they build relationships. One in three



HIV/AIDS prevention and control advocacy poster intended for out-of-school youth produced by the Philippine NGO Council (PNGOC) on Population, Health and Welfare, Inc.



"Search" by Dan Kalinga of Bacoor, Cavite - special award in the Graphic Health Warnings (GHW) Poster Making Contest of the New Vois Association of the Philippines (NVAP). NVAP aims to save lives by advocating for the passage of an acceptable GHW law in the country".

young people for instance said that they have friends whom they only met online, while 25% have friends whom they met through text and have not seen personally.

Lifestyle and Media

A typical diet of a young Filipino includes instant noodles, chips, grilled street food and carbonated drinks. Sixty eight per

cent (68%) reported that they consume carbonated drinks at least once a week. Six (6) in 10 have instant noodles and chips in their weekly fare while slightly more than half eat grilled street food at least once a week.

But according to Dr Cruz, "they still consider themselves of good health, with 16% even giving themselves very healthy self-assessment, while 26% said they are

healthier than average." In addition, they also find their body weight as "normal" or "alright" while 20% said that they feel they are too thin.

Data from YAFS 4 also show that 2 in 3 young Filipinos engage in physical exercises and 67% do it at least twice a week. More young men than women regularly exercise.

When it comes to leisure activities, media and technology related activities dominate young people's choices – watching television (49%), texting (30%), listening to music (22%), and surfing the internet (13%).

Drugs, Alcohol and Smoking

While there will always be young people who continue to experiment with sex, drugs and alcohol, today's generation of young Filipinos seem to behave better compared to their counterpart a decade ago. YAFS 4 shows that the levels of current drug use, drinking alcohol and smoking among young people aged 15-24 have dropped considerably. The declining pattern is found in the practices of both young men and women, as well as in younger and older youth.

The percentage of young people who are "current smokers" declined from 20.9% in 2002 to 19.7% in 2013. Eleven years ago, 41% of young Filipinos reported to be "current alcohol drinkers". Now, only 37% of young adults are engaged in this behavior. But the most substantial decline is found in drug use. Only 4% admitted to have ever used drugs in 2013, compared to almost 11% in 2002.

The National Capital Region (NCR) has the highest level of youth smokers (27%) while the Autonomous Region in Muslim Mindanao (ARMM) registered the lowest. Only 12% of young people in ARMM

are smokers.

Dr Nimfa B. Ogena, professor of Demography at the UPPI and the main author of the paper on non-sexual risk behaviors of Filipino youth said that although there has been no analysis done yet to explain the pattern in risk behaviors displayed by the current generation of Filipino youth, the latest findings should give adults less reason to worry about the state of the youth. "Perhaps smoking, drinking and drug use have become too expensive for them, the youth has found other vices, or they are just getting more responsible," she added.

Premarital Sex

Thirty two per cent (32%) of young Filipinos aged 15-24 had engaged in sex before marriage, up from 23% reported a decade ago.

"While the increasing pattern of premarital sexual activity is expected, what we found notable in this new data is the narrowing gap in the level of premarital sex (PMS) prevalence between young men and women," said Prof Maria Paz Marquez, one of the authors of the study.

In 2002, the percentage of young women with premarital sex experience stood at 16 percent, almost half the level found among young men (31.2%). A decade later, 36% of young men reported having engaged in premarital sex compared to 29% among young women. Regional difference in premarital sex prevalence shows the NCR having the highest prevalence at 41 percent and ARMM, the lowest (7.7%).

Similar to the pattern found in previous YAFS surveys, in YAFS 4 there is higher level of PMS among young people aged 20-24 (54%) than the 15-19 age group (17%). In addition, young people who are either formally married or in live-in arrangement have higher prevalence of

premarital sex than those who are never married. According to Marquez, although this may suggest that marriage or cohabitation is the likely outcome of early sexual activity, such pattern remains to be analyzed from the dataset.

Unprotected Sex

Despite years of information campaigns on the risks of sexually transmitted infections and unplanned pregnancy from unprotected sex, majority of today's young people had their first premarital sex experience without the use of condom or any other form of contraception to protect from pregnancy or sexually-transmitted disease.

YAFS 4 shows that 32% of young Filipinos between the ages 15 to 24 have had sex before marriage. Of these, 78% reported that their first sexual encounter was unprotected: 84 percent among young women and 73% among young men.

The same study also found that 7.3% have engaged in casual sex while 3.5% have had regular sex without emotional attachment (FUBU or fu--ing buddies). Five per cent (5%) of young men disclosed having

experienced sex with another man (MSM). Among individuals who are either formally married or in a live-in arrangement, 3% said they ever had an extra-marital affair.

"Clearly, what we see here is not only the increasing level of premarital sexual engagement of young people, but that it has also evolved into other forms of sexual activities. The more worrisome though is the fact that most of these activities go unprotected," said Marquez.

Teenage Pregnancy

The percentage of young girls aged 15-19 who have begun childbearing had more than doubled within the past decade.

The YAFS survey in 2002 found that 6.3% of girls 15-19 years old were either pregnant for the first time or were already mothers. In YAFS 4, this percentage climbed to 13.6%; 1 in 10 girls aged 15-19 was already a mother while 2.6 percent were pregnant with their first child when they were interviewed in 2013. Among girls aged 15 when interviewed in 2013, almost two per cent (2%) had begun childbearing. This proportion increases as age increases such that among those who were aged 19 when interviewed in 2013, 1 in 3 had already begun childbearing.

"This result does not come as a surprise, especially if we link this with what we found regarding sexual behavior of young Filipinos today," said Marquez.

Results from YAFS 4 show increasing proportion of young Filipinos have engaged in premarital sex, and majority of them reported that their first sexual experience was unprotected from the risks of pregnancy and sexually transmitted infections. Whether these early pregnancies are the direct outcome of early and unprotected sex is a subject for further study of the YAFS 4 data.



PAULO: Dad, ano na nga ba ang tawag sa damit na pambuntis? Fraternity dress ba?

EDWARD: Mali! Panlalake 'yun! Sorority dress dapati!

5 R's to Stop Abortion

Health Secretary Enrique T. Ona reiterated the need to inform the public on how to stop or prevent abortion as he cited data from the country's major medical centers that show abortion ranking high among their admitted cases.

"The Department of Health is against abortion. This is the reason why we want to provide accurate information to our people so that individuals can take charge of their health," the health chief said.

In a recent DOH report, a high number of abortion cases was recorded in the country's medical centers such as Dr. Jose Fabella Memorial Hospital, Tondo Medical Center, Quirino Memorial Medical Center, and Jose Reyes Memorial Medical Center, East Avenue Medical Center, all located in Metro Manila; Paulino J. Garcia Memorial Research and Medical Center in Cabanatuan City; Cagayan Valley Medical Center; Baguio General Hospital and Medical Center; and Vicente Sotto Memorial Medical Center in Cebu City.

Abortion cases consistently ranked from among top three of Obstetrics and Gynecology (OBGyn) admissions in the years 2012 and 2013.

The DOH prescribes 5 R's to put a stop to abortion:

1. READY FACILITIES – Improve-

ment and upgrade of birthing facilities continues. This is to ensure that the health centers have the capacity to perform normal spontaneous deliveries, and to refer these patients to hospitals should complications arise. The referral system should be improved to ensure timely coordination between health facilities. The mother should be aware beforehand which health facility (e.g. lying-in clinic, birthing center, or hospital) she plans to give birth in.

2. READY SKILLED HEALTH WORKERS – One of the important factors in reducing maternal mortality is to increase the number of deliveries performed by skilled health workers. Doctors, midwives, and nurses should be trained to deliver babies. Mothers should get adequate prenatal care, which include the management of anemia, high blood pressure and diabetes during pregnancy.

3. READY FUNDS – Having a baby carries an important responsibility for the parents. They should save enough money for the birth of their child. However, for very poor patients, they can avail of their PhilHealth membership for free given by the national government or the LGUs. Having a PhilHealth card will provide free coverage of birthing expenses.

4. RIGHT KNOWLEDGE – For

women in the reproductive age group, there are things you should know about should you decide to have a baby: (a) Be aware if you are a high risk pregnancy. Having a first baby, a fifth baby onward, being under 18 years old, and being more than 35 years old are all considered high risk; (b) Get prenatal check-ups. On the average, a pregnant woman needs to see a doctor every two months; (c) Stop smoking and drinking alcohol.

5. RESPONSIBLE PARENTHOOD

– Two strategies are needed to reduce the numbers of mothers dying. First, we must reduce teen pregnancies. This can be done through health education of the teens and also the parents. Parents can try to communicate with their teens about sex-related issues. A faith- or community-based intervention can help in counselling teens to avoid risky behavior. Second, we should advocate for the three-year birth spacing rule and reduce unplanned pregnancies. From a medical standpoint, a woman is advised to wait two or three years before getting pregnant again to help the body to recover from the stress of pregnancy.

"Let's stop abortion. Pregnancy can be a welcome phase for any woman and her partner, if it comes as planned and without any complications," Ona concluded.

- o O o -

Condoms for Quezon City

The Department of Health - National Capital Region (DOH-NCR) and the SAMACKA (Spa's Massage Center Club's and KTV's Association) started a massive campaign for the prevention and control of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) in Quezon City through dissemination of correct information and distribution of condoms in various massage centers, clubs and KTV's in Quezon City.

"We started this campaign in Quezon City because it has the most number of HIV/AIDS cases. And we are targeting entertainment hubs in the city by providing them the proper information and educating them on the prevention and control of the disease," Health Undersecretary and Head of the DOH-NCR Teodora J. Herbosa stated.

HIV/AIDS Registry for January 2014 showed a total of 224 confirmed cases as reported by the STD/AIDS Cooperative Central Laboratory based at the San Lazaro Hospital. The figure is 23% higher compared to the same period last year with 182 confirmed cases. Majority (90%) were asymptomatic or those who are infected with HIV but do not have symptoms of AIDS.

Ages of cases ranged from 17 - 68 years old. Most of those affected were the 25 - 29 years age-group. Majority were male. Most of the cases acquired the disease through homosexual practices. Twenty-eight (28) cases were OFWs. There were 23 male

confirmed AIDS cases and 197 HIV-infected asymptomatic males and 4 females. The predominant modes of transmission were homosexual at 114 cases (51%) and bisexual 88 cases (39%). Heterosexual transmission with 22 cases (10%).

Every two hours, a Filipino becomes infected with HIV/AIDS for life or a total of 13 new cases daily with NCR contributing 50% of the total HIV cases in the country.

Among the cities with the most number of HIV/AIDS cases were Quezon City with 54 HIV asymptomatic / 6 confirmed AIDS cases; Manila with 34 HIV / 4 AIDS

cases; Pasig with 34 HIV / 4 AIDS; Makati with 15 HIV; Caloocan with 14 HIV / 1 AIDS; Mandaluyong with 10 HIV / 2 AIDS; Pasay, 11 HIV; Taguig with 7 HIV / 3 AIDS; Parañaque with 6 HIV / 2 AIDS; Marikina with 7 HIV / 1 AIDS; Malabon with 6 HIV; and Las Piñas with 5 HIV / 1 AIDS; San Juan City with 4 HIV; Muntinlupa and Valenzuela with 3 HIV cases each; Navotas City with 2 HIV; and Pateros with 1 HIV case. For the whole country, a total of 7,843 cases were reported from 1984 to present.

The DOH-NCR has partnered with the local government of Quezon City and various leisure businesses to work for an HIV-Free Quezon City. Each establishment will be given a box full of free condoms and flyers where essential information about HIV/AIDS can be read. Customers can get from the box strategically placed at the entrance or front desk.

HIV affects humans only and a person can avoid infection through ABCDE: A-abstinence, B-be mutually faithful, C-correct and consistent use of condoms, D-don't use drugs/used needles, and E- education, early diagnosis and treatment.

"We will be flooding Metro Manila with condoms if it is the only way we can prevent the rapid spread of HIV/AIDS. It is a critical and the only effective element in the prevention and control of the disease and available tool in reducing the transmission of sexual infections and diseases," Herbosa concluded.





PUP in Sta. Mesa, Manila is expecting to set a new world record for single site registration for one hour with a total of 3,548 "PUPians" registered during the first hour of the eight-hour event, beating India's record of 2,755 people in Ahmedabad, Gujarat on September 17 last year.

I'M A LIFELINE

Organ Donation Sign-Up Campaign

by
GLEN S. RAMOS
HEALTHbeat Staff

The "I'm A Lifeline," an organ donation sign-up campaign of the Department of Health and the Philippine Network on Organ Sharing (PhilNOS) held simultaneously in six sites around the country on February 28, 2014 registered a total of 17,856 pledges to break the Guinness World Records set by India.

The eight-hour one-day event established a new world record for the

Philippines for the most number of pledges in one day in multiple sites, namely: Polytechnic University of the Philippines (PUP) in Sta. Mesa, Manila; Quezon Memorial Circle in Quezon City; Ilocos Training and Regional Medical Center in San Fernando City, La Union; L. Mamba Gym in Tuguegarao; Jesse M. Robledo Coliseum in Naga; and Almendras Gym in Davao.

PUP Manila set a new world record

for single site registration for one hour with a total of 3,548 "PUPians" registered during the first hour of the eight-hour event, beating India's record of 2,755 people in Ahmedabad, Gujarat on September 17 last year.

Dr. Antonio Paraiso, program manager of DOH Philippine Network for Organ Sharing (DOH-Philnos) and the lead organizer of the event, said, "Past records

were done in universities, so we were betting on PUP to break the records. And true enough, more than 3,000 signed up in PUP.”

The number of registrants enlisted for the first hour in other areas are: La Union with 3,471; Davao with 1,947; Tuguegarao with 1,573; Naga with 1,532; and Quezon City with 1,270.

This unofficial tally is yet to be validated by the Guinness World Records. However, India still holds the most record for a single site eight-hour registration at 10,450 registrants, achieved on December 1, 2013 at Sir Chhotu Ram stadium in Rohtak, Haryana, India.

Paraiso said that the campaign has brought public awareness on the importance and benefits of organ donation and transplantation in the country because of the massive number of people pledging as living organ donor. PhilNOS will provide

an organ donor identification card to those who registered which specifies which of their organs can be harvested. Among the vital organs that can be donated are kidneys, lungs, hearts, livers and pancreas, even tissues such as corneas, bones and skin.

Health Undersecretary Teodoro J. Herbosa, area cluster head for the National Capital Region (NCR) and Southern Luzon and concurrently the head of DOH-NCR, stated that the objective of the campaign was to institutionalize an initial registry of potential organ donors in Metro Manila and other areas and at the same time address the significant demand for organ donors in the country.

“Organ donation saves lives and it is very important that every person has the power to save a life by becoming an organ, tissue or eye donor. It is a noble gift because you can give someone a second chance at life. Everyone is welcome to register and

make a pledge,” he said.

According to a 2013 survey by the Philippine Information Agency, most Filipinos are willing to donate a part of their body but only to their immediate kin and closest relatives.

To date, PhilNOS only recorded a total of 12,000 patients who have undergone renal transplants due to the limited number of organs being donated. “There are a total of 100,215 people in the wait-list for organ transplants in the country. Most of these patients fail to wait for available organs. Among the most needed organs for transplantation are kidney, liver, lungs and heart, respectively.

“I encourage everyone to register and become an organ donor and help save many lives. By having more organ donors in the country life-saving transplantations will made possible for more patients every year”, Herbosa concluded.



I'm A Lifeline Campaign at Quezon Memorial Circle in Quezon City led by Health Undersecretary and concurrent head of DOH-NCR Teodoro J. Herbosa (top center photo) and Dr. Antonio Paraiso, program manager of DOH Philippine Network for Organ Sharing (bottom left photo). Photos courtesy of DOH-NCR.

Top 10 Myths on Organ Donation

SOURCE: Human Organ Preservation Effort (HOPE) of the National Kidney and Transplant Institute (NKTi)

MYTH: My body will be mutilated when my organs are harvested.

FACT: Donated organs are removed surgically, in a routine operation similar to gallbladder or appendix removal. Normal funeral arrangements are possible.

MYTH: My family would be expected to pay for donating my organs.

FACT: A donor's family is not charged for donation. If a family believes it has been billed incorrectly, the family immediately should contact its local organ procurement organization.

MYTH: I might want to donate one organ, but I do not want to donate everything.

FACT: You may specify what organs you want donated. Your wishes will be followed.

MYTH: If I am in an accident and the hospital knows that I want to be a donor, the doctors will not try to save my life.

FACT: The medical team treating you is separate from the transplant team. HOPE is not notified until all lifesaving efforts



Grabbed from HOPE-NKTI Facebook page

have failed and death has been determined. HOPE does not notify the transplant team until your family has consented to donation.

MYTH: I am not the right age for donation.

FACT: Organs may be donated from someone as young as a newborn. Age limits for organ donation no longer exist; however, the general age limit for tissue donation is 70.

MYTH: If I donate, I would worry that the recipient and/or the recipient's family would discover my identity and cause more

grief for my family.

FACT: Information about the donor is released by HOPE to the recipients only if the family that donated allows it.

MYTH: My religion does not support donation.

FACT: All organized religions support donation, typically considering it a generous act that is the individual's choice.

MYTH: Only heart, liver and kidneys can be transplanted.

FACT: The pancreas, lungs, small and large intestines, and the stomach also can be transplanted.

MYTH: Wealthy people are the only people who receive transplants.

FACT: Anyone requiring a transplant is eligible for one. Arrangements can be made with the transplant hospital for individuals requiring financial assistance.

MYTH: I have a history of medical illness. You would not want my organs or tissues.

FACT: At the time of death, HOPE will review medical and social histories to determine donor suitability on a case-by-case basis.

BAWAL ANG DONASYON?!?

Eh Kung...

MIGZ: Naghiwalay kami ng syota ko. Sila na ngayon ng katropa ko.
CHRIS: 'Kapag ang ex mo napunta sa FRIEND mo, 'wag ka nang magtaka kasi napupunta ang basura sa PLASTIC, 'di ba?
MIGZ: Eh kung sa kamag-anak ko napunta ang ex ko?
CHRIS: Ang tawag dun, SAGIP-KAPAMILYA.
MIGZ: Eh kung sa ibang tao na hindi ko naman kilala?
CHRIS: Ang tawag dun ay DONASYON.

Plane Crash

PILOTO: ...And please fasten your seatbelt. We will make an emergency crash landing.
JOAN: (*Nagpa-panic, biglang tumayo at sumigaw...*) Ako'y babae, nais kong ma-experience ang dapat ma-experience ng isang babae bago bumagsak ang eroplanong ito! Mayroon ba sa iyong magpapatunay na ako'y isang ganap na babae?
JR: (*Tumayo, lumapit sa babae at dahan-dahang hinubad ang kasuotan at sinabing...*) Babae, ito ang damit ko, labhan mo!

Amnesia

DENZ: Pare, yung bakla sa parlor na nabundol kanina, nagka-amnesia!
JASZ: Ha? Talaga? Eh ba't parang natutulala ka?
DENZ: Iniisip ko lang 'pre, ang bakla ba kapag nagka-amnesia, bakla pa rin?!?

Disgrasya!

RIA: Hoy, Mamang Driver, dahan-dahan naman sa pagpapatakbo ng jeep mo! Alalahanin mo na laging may nakasunod sa atin na disgrasya!
DRIVER: Eh, kaya ko nga binibilisan para hindi tayo abutan!

Tinik

KRISTAL: 'Nay natinik po ako ng isda!
LUZ: Naku! Hetong anak, uminom ka ng tubig...
KRISTAL: 'Nay meron pa din po eh.
LUZ: O eto, kumain ka ng kanin.
KRISTAL: Nay! Nandito pa rin.
LUZ: Lumunok ka nitong saging, huwag mong ngunguyain, ha.
KRISTAL: Wala pong nangyari, Inay.
LUZ: Saan ka ba natinik?
KRISTAL: Sa talampakan po.

Fingerprints

PULIS: Nakilala mo ba ang nanakit at nanampal sa iyo?
EDNA: Hindi pero may naiwan siyang fingerprints!
PULIS: Talaga, saan?!?
EDNA: Nasa pisngi ko!

Katangahan

LIZELLE: Ang tanga-tanga ko talaga at pinakasalan kita!
CLARENCE: Alam ko! Pero in-love ako sa iyo noon kaya hindi ko nalang pinansin ang pagkatanga mo.

Bakasyon

CLAR: Kamusta ang long weekend vacation mo sa probinsya n'yo?
DAKS: Masama. Biyernes, napilay ang manok ni Tiyong, ang ulam namin ay tinola. Sabado, napilay ang baboy, ang ulam namin litson. Nung Linggo, napilay si Tiyong, hindi ko na inalam ang ulam, kumain ako sa labas at diretso na kong lumuwas.



Professional Responsibility & Unifying Power of Care and Compassion

LESSONS FROM YOLANDA

The aftermath of Super Typhoon Yolanda can be described as great chaos. People everywhere were confused and in great panic because of the level of damage the typhoon brought. Everyone thought they were prepared, until Yolanda left them in utter disbelief, in the appalling morning of November 8, 2013.

The Department of Health's Center for Health Development-Eastern Visayas and the Leyte Provincial Health Office (PHO), together with the Strengthening Maternal and Child Health Services in Eastern Visayas (JICA SMACHS-EV) Project, immediately initiated improving access to safe pregnancy and delivery, and postpartum care services in the Yolanda-devastated Leyte. As the result of this collaborative effort, health facilities became ready to provide the services with the necessary equipment placed in rural health units (RHUs) and district health centers. Health service providers – doctors, nurses, and midwives – have been trained to competently provide Basic Emergency Obstetric and Neonatal Care (BEmONC) services for maternal and child health.

Yolanda caused severe damage beyond belief to the health facilities, and health professionals lamented that the progress they have made in maternal and child health in Leyte was abruptly impaired. Thirty-three (33) out of 41 municipalities, have hospitals, RHUs, and barangay health stations that were either partially or totally damaged, and several equipment provided by the JICA SMACHS-EV Project were washed out. On the other hand, amidst loss and destruction, the health professionals learned meaningful lessons, especially on professional responsibility and the unifying power of care and compassion.

Professional Responsibility

Professional Responsibility is often taught among professionals, but they often do not reflect on it or just take it for granted. But devastating events like Yolanda make one discover its relevance.

At Leyte PHO, Dr Edgardo Daya (provincial health officer 1) and Marina Alvaran (provincial coordinator for maternal,

newborn, child health and nutrition) recounted, "On the eve of the typhoon and as part of our preparations, we were assigned to the mobile disaster response team. We were sent home early on Thursday in order to get back to our duties as soon as Yolanda subsides. Unfortunately, we never expected that the typhoon would leave the province destroyed and almost all government agencies dysfunctional. We started off cleaning up our office and the Leyte Provincial Hospital. Despite several obstacles, we tried our best to resume our RHU activities. We were also victims of Yolanda, yet we continued to report and provide services to show our commitment to the people. We are responsible for the health of our constituents and we must do the best we can. We must persevere. Right now, we are hoping that the PHO will be back to its usual, if not better or even the best, status ever."

Dr Ofelia C. Absin (acting provincial health officer 2) asserted, "I am grateful that the employees continue to report, even if up to now they are roofless or homeless. Indeed,



it was a life-changing experience. We have come to realize that everything is temporary and that life is precious. We are now, more than ever, motivated to help save lives by providing the utmost quality health care services throughout Leyte."

At Tanauan RHU, Tita Margallo (public health nurse) shared, "We literally had to fight for our lives as we tenaciously clung on mattresses in order to remain afloat when the dark seawater surged into the facility and rose to almost two meters high. Yes, we may have faced death but it never kept us from shaking out the fear and getting back to our responsibilities as health care providers. This experience kept us driven and motivated to help and serve, as more and more injured people came seeking for medical attention."

Unifying Power of Care and Compassion

After Yolanda, local and international organizations arrived to provide the needed emergency support. To ensure proper coordination among government, development partners and international health groups, the Health Cluster Meeting was initiated and managed by the World Health Organization. The meeting was composed of different nationalities, including Mexicans, Italians, Japanese, Americans, Ethiopians, Spanish,



Dutch, Canadians, among others. The unifying power of care and compassion accelerated the recovery and reconstruction after the tragedy.

Dr Arlene Santo, (municipal health officer of Tanauan, Leyte) recalled, "After the typhoon, we were left with only betadine and meager medical supplies to tend to our patients; we even made use of cellophane strips in place of bandages to manage cuts and wounds. We did not have facilities and instruments, and the supplies were running doubly low. I could even vividly recall that pregnant women were forced to deliver their babies on chairs without any privacy. We really felt helpless with the devastation. Nevertheless, the increasing number of people seeking our help kept us moving. Luckily, on November 10, a medical team from California came and set up an emergency area where we were able to do surgeries and normal deliveries.

Our Vice Mayor and Sangguniang

Bayan Member on Health, who are doctors, as well as a physician from Eastern Visayas Regional Medical Center came to our aid. Aside from our staff, a large number of health volunteers reported to lend a hand. On the succeeding weeks, one by one, international aid came, such as the Medecins Sans Frontieres, Save the Children, Republic of Korea, UN Population Fund (UNFPA), Hope Worldwide Philippines, among others. Both

foreign and local teams have helped us out, particularly in doing medical missions in all accessible barangays. So far, the experience was deeply moving.

With so many people injured, lots of volunteers came forward to share their time and help; even one midwife who just lost a daughter came back to work after a few days. Despite the difficulty in food, water, transportation and communication, people sacrificed for their fellowmen and that experience was really overwhelming."

The disaster changed Leyte and sent the province lunging into deep chaos. Facilities and services were left dysfunctional and people were drawn to a seemingly endless darkness. Although people have gone through a dark and rough time, there is a ray of light at the end of it all. Professional responsibility and unifying power of care and compassion served as a beacon of light that will take health professionals out of the dark.



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.



Tindog Visayas

by

PAULYN JEAN ROSELL-UBIAL, MD
Area Cluster Assistant Secretary for Visayas

Many events have transpired in the Department of Health's long 115 years history, but the events that unfolded at early dawn of November 8, 2013 will surely go down as a "shining moment" for the Philippines premiere health agency.

Days before the strongest tropical storm in recorded history made landfall, the entire agency, headed by Health Secretary Enrique T. Ona, had already been planning and prepositioning logistics, supply, cash and human resources in areas that were forecasted to be affected. Then, it hit Guiuan, Eastern Samar at 4 am with packing winds of more than 375 kilometers per hour, and it moved in the archipelago making five more landfalls in the Visayas and MiMaRoPa

regions.

A few months after the fateful day, the DOH looks back to assess what went right and what went wrong. Each of the more than 5,000 health responders who came to the devastated areas hit by Yolanda have their stories to tell, both harrowing and heartwarming.

I have heard so many such stories because of my role as the Cluster Head of the Visayas Regions. Coming in and out of the affected areas, going there almost every week since Yolanda hit, I am awed by the human spirit, the resiliency of the people, the generosity of donors, and the compassion and heart of the responders. These are stories that should be told time and again.

As the rehabilitation period continues to unfold, the DOH shines through by sowing its commitment and drive to serve without giving much thought about the risk, danger and discomfort of going to the devastated areas, but rather just thinking that our mere presence with our vests with the big bold D-O-H letters printed at the back is already a reassurance to survivors and local health workers that there is hope. We are there to help them get back on their feet, "TINDOG VISAYAS" – stand up VISAYAS or rise up Visayas from the debris and devastation of Yolanda.

The DOH can see the indomitable spirit of the people in the Visayas emanating to the rest of the world.



CLOCKWISE: With World Health Organization's Regional Director for the Western Pacific Director Dr Shin Young-soo (fourth from left) at Eastern Visayas Regional Medical Center for assessment of situation and plan for continued support from WHO... Inside the Peace Ark, the Chinese Navy Hospital Ship... At Ormoc OPCEN (Operation Center)... At Barangay Paglaum, Tacloban City - a hard-to-reach area with Korean volunteers.



#PHthankyou

Alina Chung-Harpern is a 7-year old Phil-British who told the invited guests to her birthday party in December 2013 not to bring gifts, but cash so that she can send the amount to the Philippines and provide gifts to children affected by Super Typhoon Yolanda. On February 14, 2014 her request was granted when Health Assistant Secretary Pauly Jean Rosell-Ubial and Dr. Glo Fabrigas of the mayor's office in Tacloban City went to far-flung Barangay Paglaum to distribute the gifts bought from the cash collected by Alina. The children who received gifts sent Valentine's and Thank You cards for Alina.



President Benigno S. Aquino III and Health Secretary Enrique T. Ona led the ceremonial groundbreaking of the new site for the state-of-the-art Eastern Visayas Regional Medical Center (EVRMC) in Barangay Cabalawan, Tacloban City on February 25, 2014. (Photo by Paking Replente)

EVRMC Rising

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

"F--k you, Yolanda!" These words, written on one of the walls along the main road in Tacloban City, clearly epitomize the sentiments of the people about Super Typhoon Yolanda that struck their province on November 8, 2013. Yolanda has been called the most powerful storm to make landfall in recorded history reportedly carrying a maximum sustained winds of up to 270 kph and a storm surge reaching as

high as 21 feet.

As of March 4, 2014, data from the National Disaster Risk Reduction and Management Council revealed that 3,424,593 families were displaced by super typhoon Yolanda. The Department of Health reported 571 damaged facilities in MiMaRoPa, Western Visayas, Central Visayas, and Eastern Visayas regions amounting to P730,989,000.

Death toll reached 6,240. The most number of fatalities were recorded in Eastern Samar (5,808) followed by Western Visayas (329), Central Visayas (74), MIMAROPA region (23), CALABARZON region (3), Bicol Region (2), and a lone fatality at CARAGA region. As of 26 February 2014, bodies were still being found in Tacloban City.

During the storm surge, more than half of the city's establishments, including



Health Secretary Enrique T. Ona (left) together with Eastern Visayas Regional Medical Center (EVRMC) Officer-in-Charge Dr Cirilo Galindez (right) who was in the center of chaos when Super Typhoon Yolanda severely damaged the last hospital standing in Tacloban City. Galindez is no stranger to disasters. In the right photo during the aftermath of magnitude 7.8 killer earthquake in the early '90s, he made quite an impression on President Cory Aquino when he satisfactorily handled the situation as the assistant provincial health officer of Kayapa District Hospital in Nueva Vizcaya.

health care facilities, were damaged. After about three to four days of no food or even water, looting became the order of the day. In the midst of all the chaos in the province, the Eastern Visayas Regional Medical Center (EVRMC) did not close its doors to people seeking medical attention.

According to EVRMC Officer-in-Charge Dr Cirilo Galindez, the hospital was not spared of the havoc caused by Yolanda. In fact, most of the roof, ceiling, windows and doors were blown away by the strong wind and rain. The resources of the hospital, including two ambulances, two generators, laundry equipment, x-ray machines including CT scan, medical equipment, files and other records were submerged and washed away by the 7-feet storm surge. Galindez estimated the damage to EVRMC at approximately P250M.

However, all is not lost for EVRMC. Galindez and some selected staff are doing everything to repair, reconstruct and refurbish all equipment and beds damaged by the Yolanda. The acting director, more often dubbed as the "King of Restoration,"

has saved a lot in restoring hospital properties. To date, EVRMC has repaired/restored about 25 beds and about 30 still to be repaired. An OB delivery bed worth P300,000 has also been restored. Galindez said, as of March 4, 2014, the entire roof and ceiling of the EVRMC were already repaired and repainted. Likewise, the retiling of the hospital's first floor has been finished. Significantly, the pungent smell in the hospital is already gone.

Foremost, the morale of the employees has been boosted. All employees are working as a team with their hospital director. They have now overcome the state of desperation and trauma resulting from the tragedy. Because of Galindez's knack and dedication in saving limited resources, as evidenced by the restoration of the EVRMC, he has been tasked for another assignment which is the repair/restoration of a rural health center at the San Jose district of Tacloban, the hardest hit by Yolanda. The initial estimate to repair the structure was placed at P1M. Funding for equipment and other apparatus will be from the local

government, donor agencies, and the DOH.

A graduate of medicine at the University of the East Ramon Magsaysay Memorial Medical Center in 1978, Galindez is no stranger to disasters. During the aftermath of magnitude 7.8 killer earthquake in the early '90s, he made quite an impression on President Cory Aquino when he satisfactorily handled the situation as the assistant provincial health officer of Kayapa District Hospital in Nueva Vizcaya.

From 14-Bed Capacity to Ultra Modern EVRMC

The Eastern Visayas Regional Medical Center (EVRMC), then known as the Leyte Provincial Hospital, first opened its doors to the public in July 16, 1916 at Jones Street with an authorized bed capacity of 14. With increasing demand, the hospital was relocated to its present site at Magsaysay Boulevard in 1925.

In 1972, a bill was filed to increase the hospital's bed capacity and change its name to Speaker Daniel Z. Romualdez Memorial

Hospital Memorial Hospital (SDZRMH). This bill became a law in July 22, 1972. In 1973, the DOH designated the hospital as a regional teaching hospital with an authorized bed capacity of 250. Aside from being the only teaching and training hospital in Eastern Visayas, it is also the end referral hospital of all government hospitals in the Region. The ensuing years were witness to the growth of the hospital in terms of infrastructure and service delivery.

After the EDSA revolution in 1986, SDZRMH was renamed Tacloban City Medical Center (TCMC) per Memorandum Order No. 48 of the Office of the President. On March 24, 1992 by virtue of Republic Act No. 7879, TCMC was renamed as the EVRMC, and was designated as the regional teaching-training hospital with the three-pronged mandate of service, teaching-training, and research.

The hospital's vision is to be a Center of Excellence for Health Care, Training and Research — making available the highest quality of multi-disciplinary health care and professional training in the medical and paramedical disciplines to the people of Region 8.

On the other hand, its mission is to: provide essential health, medical and social services to all the people in Region 8 at affordable cost with priority to the needs of the underprivileged, the sick, the disabled, the elderly, the women, the children, the victims of disasters, armed conflict, illiteracy and geographic distance; serve as training venue and implement training programs for medical, paramedical, allied health professionals and student affiliates; conduct/participate in relevant, quality and ethical health research that will contribute

to the progress and development of medical services in the Region and elsewhere; establish a creative and rewarding work environment for its personnel, empowering the organization at every level so as to ensure the highest level of service excellence to the people it is mandated to serve; and establish linkages with other government, non-government, professional and civic organizations necessary to the pursuit of its goals.

Although the EVRMC was severely damaged by Yolanda, it was the last hospital standing in Tacloban City because it never closed after the tragedy. Through it all, the hospital staff remained focused and committed to their tasks. They never faltered and always placed the welfare of the patients before their own personal needs staying true to the EVRMC mission and vision. Despite



Eastern Visayas Regional Medical Center Officer-in-Charge Dr Cirilo Galindez is already being dubbed as “King of Restoration” as he saved a lot in restoring hospital properties. As of 4 March 2014, the entire roof and ceiling of the EVRMC were already repaired and repainted. Likewise, the retiling of the hospital’s first floor has been finished. Significantly, the pungent smell in the hospital is already gone. (Photos by Paking Repelente)

the 250-bed capacity of EVRMC, a review of the hospital's daily census for the period of November 7-29, 2013 recorded the number of patients ranged from 125-346.

Health Secretary Enrique T. Ona was touched by the dedication of the officers and staff to fulfill their mandate. He disclosed that hospitals should always be a haven for the distressed and refuge for the afflicted. It is for this reason that the EVRMC will be transferring to a new site which is about a meter higher than the national road and away from the shore which will make it safer from future storm surges.

On February 25, 2014, during the 28th year observance of the EDSA People Power, President Benigno S. Aquino III led the ceremonial groundbreaking for the new location of the EVRMC. The new EVRMC will

have an initial funding of P500M from the DOH. The event was well-attended by local officials, cabinet secretaries, and donor partner agencies.

"The existence of hospitals and its operation is synonymous to saving a thousand lives during disaster," Ona said, "hence the government will be building a hospital that can withstand the test of time like the new ultra-modern EVRMC."

Meanwhile, the EVRMC was recently recognized by the 2013 Anti-Red Tape Act (ARTA) Report Card Survey Results in improving efficiency in the delivery of government service to the public by reducing bureaucratic red tape and preventing graft and corruption. It was awarded an "Acceptable" rating (70-79.9%) alongside Tondo Medical Center.

The 2013 ARTA results reported 168 government offices rated excellent, while 67 failed. Out of the 929 total offices surveyed last year, 620 are national government offices including the Department of Health. Among hospitals, the National Center for Mental Health and Valenzuela Medical Center was rated "Excellent" with a grade of 90-100%. A "Good" rating (89-89.9%) was awarded to the Cagayan Valley Medical Center, Adela Serra Ty Memorial Medical Center, Batangas Regional Hospital, Jose R. Reyes Memorial Medical Center, Southern Philippines Medical Center, Culion Sanitarium, Rizal Medical Center, Basilan General Hospital, Don Jose Monfort Medical Center, CARAGA Regional Hospital, Paulino J. Garcia Memorial Research and Medical Center, and Don Emilio del Valle Hospital.



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Photo by Joerem P. Ceira

Kayod Lang

Breaking News

ISANG TRAK,
NAWALAN NG KONTROL,
NAHULOG SA BANGIN,
NABUHAY ANG DRIVER...

REPORTER: Nakainom ka ba, Mamang Drayber?

JOEL: Oo nman! Anong palagay mo sa akin, STUNTMAN?!?

Tricycle Drayber

Nagkataon, nagkasabay ang mag-ex sa tricycle...

DRAYBER: Miss, saan po kayo bababa?

JOJI: Brgy. Bigay, Sitio Kuha, Ubos Biyaya, Change Syota.

DRAYBER: Sir, saan po kayo bababa?

DANNY: Brgy. Tamang Hinala, Minahal Mo ng Tama, Ikaw pa Masama!

JOJI & DANNY: Magkano po?

DRAYBER: Bitter, mahigit kumulang hindi mabilang, parehas kayong nagkulang, walang kwentang pinagsamahan. Bente pesos lang.

Pulis

JULIAN: Mamang pulis, awatin po ninyo ang itay ko!

PULIS: Sino ba d'yan sa dalawang nag-aaway ang tatay mo?

JULIAN: Yan nga po ang pinag-aawayan nila!

Mayor

Dumalaw si Mayor sa Mental Hospital...

DOK IVAN: Let's welcome our Mayor...

MGA PASYENTE: *(Pumalakpak maliban sa isa na nasa sulok...)*

MAYOR: O, dok, bakit 'yung isa, hindi pumalakpak?

DOK IVAN: Magaling na po kasi siya!

Attorney

ATTY: Habang pinapanood mong inumin ng asawa mo ang kapeng may lason, hindi ka man lang ba naawa sa kanya kahit isang beses?"

ELLEN: Naawa naman po...

ATTY: At kailan `yon?

ELLEN: 'Nung humingi siya ng isa pang tasa ng kape.

Titser

TITSER: What is the capital of the Philippines?

AURORA: Ma'am. Kahit ako Intsik, ako alam Pilipinas. Pilipinas, wala capital, pulo utang.

Pulubi

RIA: Hindi ba ikaw yung may sakit na namamalimos sa simbahan?

PULUBI: Oo. gumaling na ako. eh bat malungkot ka?

RIA: Eh paano pa ko mamalimos, gumaling nako?

Barbero

BARBERO: Sir ano pong gupit?

RAUL: Yung uka-uka, masagwa at hindi pantay!

BARBERO: Hindi ko yata alam 'yan!

RAUL: Anong hindi?!? Ganyan kaya ang gupit mo sa akin last time!

Pharmacist

GRACE: Meron po ba kayong gamot para sa putok sa kilikili?

PHARMACIST: Opo. Meron po.

GRACE: Bakit hindi ninyo ginagamit?

Kasambahay

AMO: Hoy Chari, bakit tuwing dumadating ako, inaabutan kitang nanonood ng TV?

CHARI: Eh Ma'am, ayaw ko nama na maabutan ninyo ako na walang ginagawa!

Pangit

DENNIS: Pare, ang babaeng pangit ay parang lalaki.

PAKING: Batkit mo naman nasabi yun?

DENNIS: Kailangan niyang magtrabaho nang husto para mabuhay.



POC Modernization

by

DR. WILLIE T. ONG

Reprinted from the Philippine Star Digital Edition, February 22, 2014

One of the controversial issues in health is the modernization of the Philippine Orthopedic Center (POC) to become the Philippine Rehabilitation Center under the government's Public-Private Partnership (PPP) program. Because of the complexity of the issue, the public has not been getting the correct information on the matter.

Facts Concerning the New POC

POC will not be privatized. Some groups are claiming that POC will be privatized. This is simply not true. To explain briefly, privatization means that the government sells a property and lets the private group dictate the price and services

rendered. For the new POC, government will retain ownership of the hospital, will continue to regulate services and will get majority of charity beds for the poor. Hence these three points make it very different from the old privatization scheme.

The government will retain ownership of hospital, and this is the most important difference between privatization and PPP.

The government will also regulate the services given. The DOH will head a governing council that will oversee how the hospital is run. The government is not relinquishing control to the private sector.

The government is assured of 70% or 490 PhilHealth-Charity beds for the poor.

This is written explicitly in the contract, which the private sector must follow. This is to correct false reports that only 10% will be devoted to charity.

How the Private Sector Will Benefit

The private sector has 30% or 210 private beds and can earn money from the private cases, without putting the poor at a disadvantage. The private sector does not need to spend much for marketing because it will get the POC branding already.

Orthopedic cases are on the rise because of the aging population. Hence, high technology surgeries, implants and treatments will now be offered to all Filipinos. Everyone can potentially benefit from having a modern orthopedic center.

Efficiency can give rise to profits by performing operations quickly and safely. The new POC can serve an estimated four times more patients.

How Government and the Poor Will Benefit

New building and facilities built at no cost to the government and the people's taxes. These infrastructures are built quickly in two years. Otherwise, Filipinos will have to wait 15-20 years if and when a modern POC would be built. With the present budget, there is no way P5.6 billion can be spent on one hospital alone.

Poor patients will get quality care and medical costs will be shouldered by PhilHealth. These patients will now



Photos grabbed in the Internet. Credit to David Montasco Snapshots (top) and change.org (bottom).

be operated on faster because of hospital efficiency. At present, patients at the old POC stay an average of 22 days in the hospital. In a world class and efficient facility, the average hospital turnover will be reduced to 4 to 5 days only. Thus, four times more poor patients can be served in the new hospital.

Why Some Groups are Opposing

The main reason for the opposition to the new POC is the fear of losing jobs. The DOH has repeatedly assured the employees that no one will lose their jobs.

However, Health Secretary Enrique T. Ona explained that the employees will have three options: 1) to quit government service and join the new corporatized POC; 2) stay at the old POC establishment which will be utilize as a rehabilitation center or; 3) opt for an early retirement. It is foremost in the DOH's goal that poor patients will be guaranteed medical services and will not be turned away.

Ona said, "We have learned the lessons of PPP in other countries. We have studied this contract meticulously to ensure that the poor will not be disadvantaged. If



On February 14, 2014 at the Manila Hotel, Health Secretary Enrique T. Ona, together with Philippine Orthopedic Center (POC) Officer-in-Charge Dr Jose Pujalte, Jr. and Philippine Medical Association President Dr Leo Olarte, stressed to media that no employee will lose his/her job at the Philippine Orthopedic Center (POC). Ona added that employees are given three options either to quit government service and join the new corporatized POC, stay at the old POC establishment which will be utilize as a rehabilitation center or opt for an early retirement. Moderating the forum are former senator Joey Lina and Rolly Gonzalo of DWIZ. (Photo by Paking Repelente)

we don't go into this PPP project, I see no way for the POC to be modernized in the next 15 to 20 years. Are we willing to wait for that time and let our patients continue to suffer?"

In 25 years, the PPP contract will expire and the modernized POC will be returned to the government. By that time, in the year 2039, the government will have the option to continue the contract, or to

manage it as a fully government-run facility.

"I believe that in 25 years, thousands of Filipinos would already have benefitted from the new POC. I will not be around to witness it anymore. But I want to assure everybody that I have tried my best, with the resources we have, to improve the delivery of health services for our people," Ona concluded.

KALAbat

Management Position

Habang naglalakad ang isang mataas na opisyal sa mga opisina ng kanilang ospital, may napansin siyang isang binata na nakasandal sa pader at walang ginagawa. Nilapitan niya ito at marahan na tinanong ang binata, "Magkano ang sinasahod mo sa isang buwan?" Nagtatakang sumagot ang binata, "Kumikita po ako ng P6,000 isang buwan. Bakit po, Sir?"

Inilabas ng opisyal ang kanyang wallet at kumuha ng P18,000 cash, ibinigay

sa binata at pagalit na sinabing, "Dito binabayaran ko ang mga empleyado para magtrabaho at hindi para tumayo lamang sa isang tabi at magpapogi. Heto ang tatlong buwan sahod mo, at LUMAYAS KA DITO AT HUWAG KA NANG BABALIK!" Agad-agad namang kinuha ng binata ang pera at nagmamadaling umalis.

Napansin ng opisyal na marami ang nakatingin sa kanya kaya mariin niyang sinabi, "At ganyan din ang mangyayari sa

inyo kapag hindi kayo magsipag sa trabaho!"

Nilapitan ng opisyal ang isa sa mga empleyado at tinanong, "Sino ba 'yung binatang sinisante ko?" At sinabi ng empleyado, "Sir, tagahatid po 'yun ng lunch na inorder namin sa isang restaurant na malapit dito sa ospital!"



Marijuana and Medical Necessity

by

TATO M. USMAN, MD, MPAIM

DOH - Autonomous Region in Muslim Mindanao

Marijuana

Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant *Cannabis sativa*, which contains the psychoactive (mind-altering) chemical delta-9-tetrahydrocannabinol (THC), as well as other related compounds.

Marijuana is usually smoked in hand-rolled cigarettes (joints) or in pipes or water pipes (bongs). It is also smoked in blunts –cigars that have been emptied of tobacco and refilled with a mixture of marijuana and tobacco. Marijuana smoke has a pungent and distinctive, usually sweet-and-sour, odor. Marijuana can also be mixed in food (like brownies) or brewed as a tea.

When marijuana is smoked, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body. It is absorbed more slowly when

ingested in food or drink.

However, if it is ingested, THC acts on specific molecular targets on brain cells, called cannabinoid receptors. These receptors are ordinarily activated by chemicals similar to THC that naturally occur in the body (such as anandamide) and are part of a neural communication network called the endocannabinoid system. This system plays an important role in normal brain development and function.

The highest density of cannabinoid receptors is found in parts of the brain that influence pleasure, memory, thinking, concentration, sensory and time perception, and coordinated movement. Marijuana overactivates the endocannabinoid system, causing the “high” and other effects that users experience. These effects include altered perceptions and mood, impaired coordination, difficulty with thinking and problem solving, and disrupted learning and memory.

Marijuana also affects brain development, and when it is used heavily by young people, its effects on thinking and memory may last a long time or even be permanent. A recent study of marijuana users who began using in adolescence revealed substantially reduced connectivity among brain areas responsible for learning and memory. And a large long-term study in New Zealand showed that people who began smoking marijuana heavily in their teens lost

an average of 8 points in IQ between age 13 and age 38. Importantly, the lost cognitive abilities were not fully restored in those who quit smoking marijuana as adults. Those who started smoking marijuana in adulthood did not show significant IQ declines.

Marijuana use may have a wide range of effects, particularly on cardiopulmonary and mental health.

Marijuana smoke is an irritant to the lungs, and frequent marijuana smokers can have many of the same respiratory problems experienced by tobacco smokers, such as daily cough and phlegm production, more frequent acute chest illness, and a heightened risk of lung infections. One study found that people who smoke marijuana frequently but do not smoke tobacco have more health problems and miss more days of work than those who don’t smoke marijuana, mainly because of respiratory illnesses. It is not yet known whether marijuana smoking contributes to risk for lung cancer.

Health Risks Still Outweigh Benefits

Many have called for the legalization of marijuana to treat conditions including pain and nausea caused by HIV/AIDS, cancer, and other conditions, but clinical evidence showed the health risks still outweigh its therapeutic benefits.

According to the US National Institute on Drug Abuse (NIDA), to be

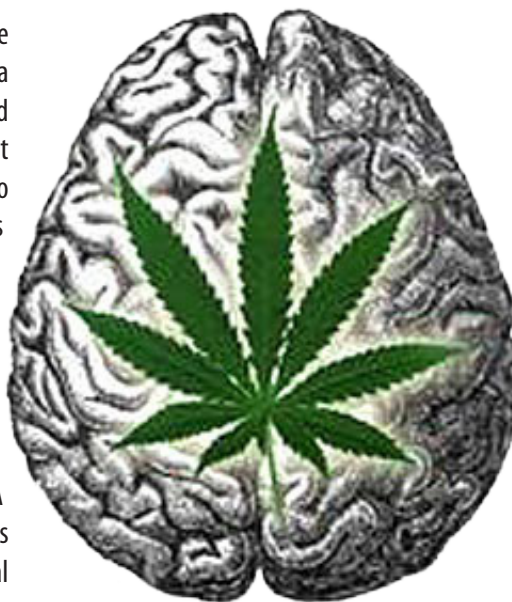


considered a legitimate medicine by the Food and Drug Administration (FDA), a substance must have well-defined and measurable ingredients that are consistent from one unit (such as a pill or injection) to the next. As the marijuana plant contains hundreds of chemical compounds that may have different effects and that vary from plant to plant, and because the plant is typically ingested via smoking, its use as a medicine is difficult to evaluate.

However, THC-based drugs to treat pain and nausea are already FDA approved and prescribed, and scientists continue to investigate the medicinal properties of other chemicals found in the cannabis plant – such as cannabidiol, a non-psychoactive cannabinoid compound that is being studied for its effects at treating pain, pediatric epilepsy, and other disorders.

A number of studies have linked chronic marijuana use and mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) in some users, and using marijuana can worsen the course of illness in patients with schizophrenia. A series of large studies following users across time also showed a link between marijuana use and later development of psychosis. This relationship was influenced by genetic variables as well as the amount of drug used, drug potency, and the age at which it was first taken – those who start young are at increased risk for later problem Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities.

Marijuana also raises heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours. In one study, it was estimated that marijuana users have a



4.8-fold increase in the risk of heart attack in the first hour after smoking the drug. This risk may be greater in older individuals or in those with cardiac vulnerabilities.

Additionally, because it seriously impairs judgment and motor coordination, marijuana contributes to risk of injury or death while driving a car. A recent analysis of data from several studies found that marijuana use more than doubles a driver's risk of being in an accident. The combination of marijuana and alcohol is worse than either substance alone with respect to driving impairment

Islamic View on Intoxicant

In the Noble Qur'an, Allah Almighty states:

O You who believe! Intoxicants and gambling, (dedication of) stones and (divination by) arrows are an abomination of Satan's handiwork. Avoid (such abominations) that you may prosper. (Qur'an 5:90)

Allah Almighty has described intoxicants amongst other things as being appalling, despicable and hateful acts of Satan and he has commanded us to abstain from them, Allah Almighty thereafter states

in the next verse:

Satan's plan is to sow hatred and enmity amongst you with intoxicants and gambling, and to hamper you from the remembrance of Allah and from prayer. Will you not give up? (Qur'an 5:91)

The said verse tells us how it is a detestable act of Satan, because intoxicants apart from sowing the seeds of enmity also stop you from the sole purpose of having been sent to the world, namely the remembrance of Allah Almighty.

Bear in mind that when the term intoxicant is used it also encompasses narcotics, because they too among other things result in the loss of self-control.

There are also many Hadiths stated by the Prophet (*peace and blessings be upon him or pbuh*) in regards to intoxicants.

1) Jabir (may Allah be pleased with him) reported that the Prophet (*pbuh*) said, "Whosoever drinks wine, whip him. If he repeats it for the fourth time, kill him." He (Jabir) says, A man was later brought to the Prophet (Peace and blessings be upon him) who had drunk wine for the fourth time. He beat him, but did not kill him. (Tirmidhi, Abu Dawood).

The following Hadith clearly states that the Prophet (*pbuh*) prohibited intoxicants:

2) Ibn Umar (may Allah be pleased with him) reported that the Messenger of Allah (*pbuh*) said, "Every intoxicant is *khamr* (intoxicant) and every intoxicant is *haraam* (unlawful). Whosoever drinks wine in this world and dies whilst consumed in it and does not repent will not drink it in the next world. (Muslim)

3) Jabir (may Allah be pleased with

him) narrates that a man came from Yemen and asked the Prophet (*pbuh*) about a wine made from corn called 'Mizr', which they drank, in their land. The Prophet (*pbuh*) asked, "Is it intoxicating?" He replied, "Yes" The Prophet (*pbuh*) said, "Every intoxicant is unlawful. Verily there is covenant upon Allah for one who drinks intoxicating drinks, that he will make him drink from 'Teenatul Khabal,' they asked, "O messenger of Allah, what is Teenatul Khabal?" He said, "The sweat of the inmates of hell or the pus (of impurities) of the inmates of hell." (Muslim)

4) Abdullah ibn Umar (may Allah be pleased with him) reports that the Prophet (*pbuh*) said, "Whosoever drinks wine, Allah will not accept his prayer for 40 days. If he seeks repentance Allah will forgive him. And if he repeats it Allah will not accept his prayer for 40 days. If he seeks repentance Allah will forgive him. And if he repeats it again Allah will not accept his prayer for 40 days. If he seeks repentance Allah will forgive him. If he repeats it for the fourth time Allah will not accept his prayer for 40 days. If he seeks repentance Allah will not accept it and he will be made to drink from the river of impurities (of the inmates of hell). (Tirmidhi, Nasai, Ibn Majah and Daarami from Ibn Amr)

5) Jabir (may Allah be pleased with him) narrated that the Messenger of Allah (*pbuh*) said; "Whatever intoxicates in a greater quantity is also unlawful in its smaller quantity." (Tirmidhi, Abu

Dawood and Ibn Majah)

6) Umme Salmah (may Allah be pleased with her) narrates that the Messenger of Allah (*pbuh*) prohibited every intoxicant and Mufattir (anything which excites and irritates the mind, body and heart). (Abu Dawood)

From the above Hadiths, we can clearly see the Prophet (*pbuh*) and the Islamic view regarding intoxicants.

Is it Lawful for a Muslim to Use Marijuana as Medicine?

Islam cares much for the well-being of its followers. It never allows a Muslim to destroy himself or others or cast himself into destruction by his own hands. This is clear in the so many Hadiths of the Prophet (*pbuh*) and so many Qur'anic verses.

The prominent Muslim scholar Sheikh Yusuf Al-Qaradawi wrote in his book *The Lawful and the Prohibited in Islam*, under the title "Medical Necessity":

Concerning the question of whether some of the prohibited food substances (like pig meat or ingredients) can be used as medicine, there is a difference of opinion among jurists. Some do not consider medicine as belonging to the category of a compelling necessity like food, and in support of their position they cite the Hadith: "Assuredly Allah did not provide a cure for you in what He has prohibited to you." (Reported by Al-Bukhari on the authority of Ibn Mas'ud.)

Others consider the need for medicine equal to that of food, as both are

necessary for preserving life. In support of their position that prohibited food substances may be used as medicine, they argue that the Prophet (*pbuh*) allowed `Abdur-Rahman ibn `Awf and Az-Zubayr ibn Al-`Awwam to wear silk because they were suffering from scabies. (The text of this Hadith is quoted in the subsection of this book entitled "Clothing and Ornaments.")

Perhaps this latter view is closer to the spirit of Islam which, in all its rules and teachings, is concerned with the preservation of human life. However, taking medicine containing some haram (prohibited) substances is permissible only under the following conditions:

1. The patient's life is endangered if he does not take this medicine.
2. No alternative or substitute medication made from entirely halal (lawful) sources is available.
3. The medication is prescribed by a Muslim physician who is knowledgeable as well as Allah-fearing.

Understandably, marijuana substances can be used for treating diseases by Muslims under medical necessity according to Sheikh Yusuf Al-Qaradawi provided that those three conditions are met. Moreover, it should be cleared that such therapeutic substances extracted from marijuana must be isolated and studied thoroughly based on evidence-based that it has excellent therapeutic values compared to halal (lawful) substances.

Allah Almighty knows best.



Natatandaan mo pa ba 'yung sinabi ko noon na, "Laughter is the best medicine?"
Kalimutan mo na 'yun, Junior. Bibili nalang tayo ng medical marijuana.



Dangerous Drugs Board on Medical Marijuana

Marijuana, reports of its medical use, and the clamor for its legalization has been a significant topic of public discourse in the country. As several countries in Europe and states in America amend their drug laws to either decriminalize or legalize both medical and recreational use of marijuana, appeals for legalization in the Philippines also intensify.

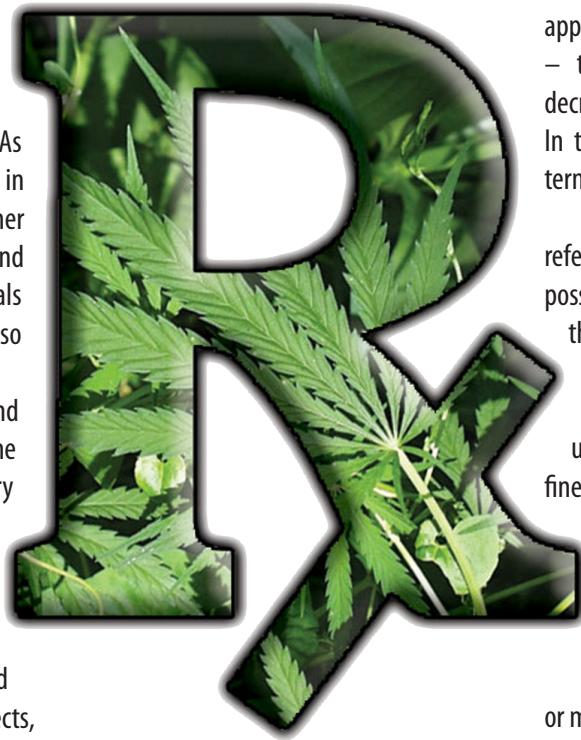
With the safety, health and well-being of the Filipinos at stake, the Dangerous Drugs Board (DDB) is very careful in reviewing and enacting policies relative to drug prevention and control. Given the immense danger marijuana poses and absence of studies or researches that would concretely define its positive health effects, the DDB strongly opposes the legalization of marijuana for medical use.

About Marijuana

Marijuana is the term used to describe all plant materials like leaves, tops, stems, flowers, and roots from the plant *Cannabis sativa*.

There are over 480 components found within the *Cannabis sativa* plant, of which 66 have been classified as “cannabinoids,” chemicals unique to the plant. The most well-known of these is the delta-9-tetrahydrocannabinol or THC, the substance primarily responsible for the psychoactive effects of cannabis.

Results of several studies on marijuana reveal that psychoactive



substances bring about subjective changes in consciousness and mood that may include euphoria, calmness, anxiety, and paranoia. Other psychological effects include distorted sense of time, magical or “random” thinking, short-term memory loss, and depression. The risks of marijuana also go up with heavy use, often leading to addiction.

Clamor for Medical Marijuana

Following the recent enactment of laws in Europe, Uruguay, and several states in the United States of America legalizing not only the medical but also recreational use of marijuana, calls to do the same in the Philippines sparked.

There are a number of groups

appealing for the legalization of marijuana – their plea ranging from legalization, decriminalization, and medical marijuana. In terms of policies, however, these three terms are not synonymous.

Marijuana legalization generally refers to laws or policies which make possession and use of marijuana legal under the law. Decriminalization on the other hand, refers to laws or policies which reduce the penalties for possession and use from criminal sanctions to may be fines or civil penalties.

Medical marijuana, which has been the popular argument of many, allows for an individual to defend oneself for criminal charges if marijuana is used as a form of treatment or medication.

There has also been a public misconception that “smoked marijuana” is synonymous with “medical marijuana.” As mentioned in the earlier section of this paper, marijuana contains a number of chemicals. Not all of these components have been reported to have medicinal value. Among these is the psychoactive component THC, which has also been proven by many studies to have harmful effects.

THC must be extracted from marijuana for it to be used as medication. Like all other medications, a strict clinical scrutiny by the Department of Health-Food and Drug Administration (DOH-FDA) that must also be conducted.

Does the government disregard new medications containing chemicals from marijuana? No. In fact, the DDB has

referred to the DOH-FDA a medication, Sativex, submitted to DDB for clearance. Sativex, administered through oral spray for treatment of muscle spasm, has THC component. The matter is now referred to the the DOH-FDA for clinical evaluation.

Reported Medical Uses of Marijuana

Marijuana, specifically its THC component, has been reported to have use in the following medical cases.

- management of neuropathic pain caused by certain types of nerve injury
- bolstering appetite for patients with eating disorders or anorexia
- treatment of nausea for cancer patients undergoing chemotherapy
- treatment for insomnia

Clinical studies to support these claims, however, are still insufficient. Also, proclamations of leading medical institutions and international drug control bodies confirm otherwise.

In their public policy statement in April 2010, the American Society of Addiction Medicine dismissed the concept of medical marijuana. According to the National Institute on Drug Abuse, cannabis fails to meet the standard requirements for approved medicines. It is associated with many serious, well-documented, negative health effects.

The US Food and Drug Administration also cited several reasons for not allowing medical marijuana. These are the following:

- There have not been enough clinical trials showing that marijuana's benefits outweigh its risks in patients with symptoms it is meant to treat.
- To be considered a legitimate medicine, a substance must have well-defined and measurable ingredients that are consistent from one unit to the next.

- Marijuana has certain adverse health effects that must also be taken into account.

Under the 1961 United Nations (UN) Single Convention on Narcotic Drugs, Marijuana is placed under Schedule I. Generally, Schedule I drugs have no medicinal use and with high addictive potential.

Marijuana Abuse in the Philippines

Statistical data from Drug Treatment and Rehabilitation Centers in the Philippines reveal that before the advent of methamphetamine or shabu, marijuana was the most abused drug in the country.

During the 1980s, most patients admitted in treatment and rehabilitation centers were marijuana users. It was only in the 1990s when it was overtaken by shabu. Marijuana use, however, still continued.

A downward trend in the admission to treatment and rehabilitation centers of both shabu and marijuana users has also been seen. This may be attributed to the efforts of the government in drug abuse prevention and control.

At present, marijuana still ranks as

the second most abused drug in the country (2012 Nationwide Survey by age group, 10-69 Years Old, on the Current Nature and Extent of Drug Abuse in the Philippines).

Marijuana Legalization in Other Countries

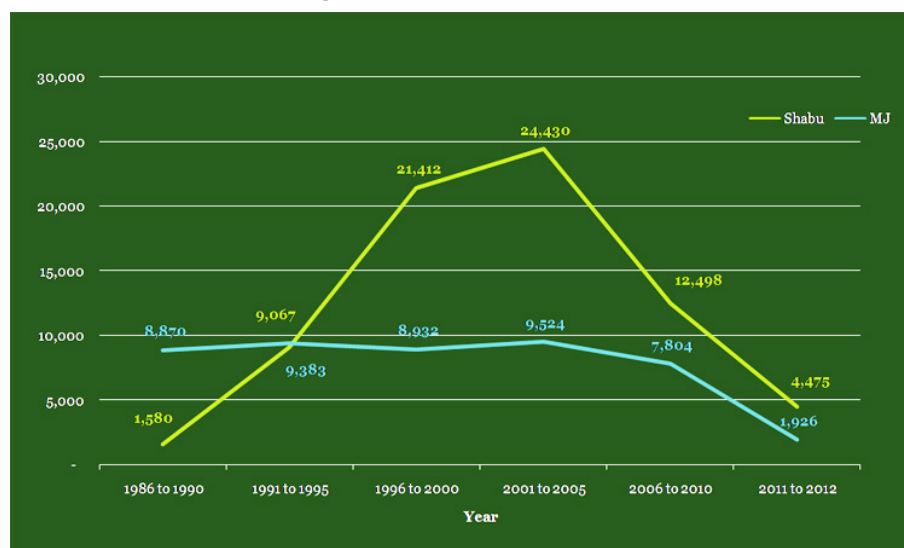
Several countries such as Canada, Netherlands, and Israel have legal programs for growing medical marijuana but do not allow cultivation for recreational use.

In the US, legalization of marijuana started in 1996. Right now, a total of 20 states allow the use of medical marijuana with different implementing requirements. Two among these states, Colorado and Washington, have recently passed ballot initiatives to legalize and regulate the recreational use of marijuana.

Uruguay, however, received the most public attention on the issue of marijuana legalization, when they passed a legislation completely legalizing marijuana from cultivation, distribution, and consumption.

Uruguay's move has elicited support from groups pushing to abolish

**Comparative Trends of Shabu and Marijuana (MJ) Users from 1986 to 2012
(Drug Rehabilitation Centers Data)**



prohibition of marijuana but also opposition from international drug control bodies like the United Nations.

International Drug Control Bodies on Marijuana Legalization

The head of the United Nations Office on Drugs and Crime (UNODC), Yuri Fedotov, regarded Uruguay's move to legalize marijuana as a strike against international cooperation.

Fedotov said that confronting illicit drugs and their impact is dependent on pursuing a comprehensive response to the problem based on health, long-term security, development and institution-building.

The move comes ahead of a special session on the ongoing world drug problem, to be held at the UN General Assembly in 2016.

The International Narcotics Control Board (INCB), an independent and quasi-judicial monitoring body mandated to implement UN international drug control conventions, said that the legislation to legalize production, sale and consumption of marijuana for non-medical purposes approved in Uruguay contravenes the 1961 Single Convention on Narcotics Drugs, to which Uruguay is a party.

INCB also noted that Uruguayan policymakers failed to consider the negative impacts on health which confirm that marijuana is an addictive substance with serious consequences and long term development implications.

DDB on Medical Marijuana

In the absence of new laws and DOH-FDA authorization based on scientific clinical studies, medical use of marijuana is still illegal in the Philippines.



**Hosted by HEALTH ASSISTANT SECRETARY ENRIQUE "ERIC" TAYAG
with DR. DARAH CHAVEZ**



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2011 & 2013



Why Tobacco Industry's CSR is Fake CSR

Guilt is No Better than Greed

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

Is it alright for a company that manufactures or provides a consumer product or service that can endanger health and life to perform social responsibility activities?

This is the question raised and answered in the workshop conducted by the Department of Health's National Tobacco Control Coordinating Office lodged at the Health Promotion and Communication Service (formerly National Center for Health Promotion) for tobacco control officers of government agencies and civil society groups nationwide on February 27 and 28, 2014 in Tagaytay City.

Corporate Social Responsibility (CSR) is a corporate belief that a company

needs to be responsible for its actions – socially, ethically and environmentally. CSR policies and programs seek to benefit society while simultaneously improving the company's public image and profitability. The term is often criticized for simply being a public relations buzzword. Some argue that it is merely window-dressing, or an attempt to pre-empt the government's role as a watchdog over powerful multinational corporations.

Tobacco is the only legal product that, when used according to the manufacturers' instructions, kills or causes disease in more than half of the people who use it. Yet tobacco companies often use CSR to cover up this fact. According to the World

Health Organization (WHO), "CSR is crucial to the tobacco industry for restoring its damaged reputation, improving employee morale and maintaining and increasing the value of company."

Atty. Alexander Padilla, president of the Philippine Health Insurance Corporation (PhilHealth) and still one of the DOH tobacco control focal points, has once put it, "There's no such thing as CSR as far as tobacco companies are concerned. They just use that to promote their product and make even larger profits." Meanwhile, Dr Ulysses Dorotheo of the Southeast Asian Tobacco Control Alliance (SEATCA) stressed, "CSR does many things, but the biggest of them all is it influences policy makers."



Tobacco control officers from the Department of Health, Department of Education, Department of Social Welfare and Development, Civil Service Commission, Metro Manila Development Authority, HealthJustice Philippines and Framework Convention on Tobacco Control Alliance Philippines bonded together for the Fake CSR workshop on February 27-28, 2014 in Tagaytay City. Dr Mary Assunta Kolandai, Senior Policy Advisor for the Southeast Asia Tobacco Control Alliance (seated in the front row, fourth from left), graced the workshop as resource speaker.

The CSR activities of tobacco companies are vast and varied. In public health, they engaged in programs like youth smoking prevention, information campaigns on the harms of smoking, reduction of public harms associated with tobacco use such as establishment of dedicated rooms for smokers, and even support to sporting events. Tobacco companies also involve themselves in: disaster response and relief operations; environment programs like tree planting and litter reduction; education programs like scholarship, establishment or refurbishing of libraries or school facilities; and cultural programs like beauty contests and support for music, fashion, journalism, theater and other art programs.

Policies Against Tobacco Industry's CSR

The Framework Convention on Tobacco Control (FCTC), the first and only public health treaty under the WHO which the Senate ratified and entered into force in the country in September 2005, seeks to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke" by enacting a set of universal standards stating the dangers of tobacco and limiting its use in all forms worldwide. The FCTC recognizes that the tobacco industry uses CSR to interfere with government tobacco control measures.

FCTC Article 5.3 states: "In setting and implementing their public health policies with regards to tobacco control, parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law." In one of the Conference of Parties to implement the FCTC, there have been recommendations for public officials to "denormalize, and to the extent

"we've checked and rechecked the books on Responsible Business Ethics and it's good news...killing your customers just isn't mentioned!"



BIG TOBACCO ETHICS COMMITTEE

Cartoon by Grant Hocking (2005). Protecting consumer health is now clearly mentioned in ISO 26000. Companies cannot harm their customers' health, let alone kill them.

possible, regulate activities described as 'socially responsible' by the tobacco industry, including but not limited to activities described as 'corporate social responsibility.'

FCTC Article 13 recognizes that a comprehensive ban on tobacco advertising, promotion and sponsorship would reduce the consumption of tobacco products. It is recommended that Parties or countries should ban contributions from tobacco companies to any other entity for "socially responsible causes", as this is a form of sponsorship. Publicity given to "socially responsible" business practices of the tobacco industry should be banned, as it constitutes advertising and promotion.

Currently, under Republic Act 9211 or the Tobacco Regulation Act of 2003, regulation of the tobacco industry pertains only to matters of advertising and smoking bans. There are no provisions relating to

CSR. However, in the absence of a national law, tobacco control advocates insist that the Philippines must adhere to the FCTC. This is where local policies play an important role.

In 2010, the Civil Service Commission (CSC) and the Department of Health issued a groundbreaking joint memorandum that seeks to protect the bureaucracy from tobacco industry interference. It covers all government officials and employees, regardless of status, in the national or local government including government-owned and -controlled corporations, state colleges and universities."

The joint memorandum prohibits government officials and personnel from interacting with the tobacco industry except when strictly necessary for the latter's effective regulation, and bars them from soliciting, accepting, "directly or indirectly, any gift, gratuity favor, entertainment, loan

or anything of monetary value in the course of their official duties or in connection with the operation being regulated by, or any transaction which may be affected by the functions of their office from any person or business related to the tobacco industry."

The memorandum that specifically deals with activities branded as "socially responsible," requires public officials to report any information on any interaction with and offer of donation from the tobacco industry as well as preferential treatment given to the latter. Any violation of this memorandum "shall be considered a ground for administrative disciplinary action pursuant to Rule XIV of the Omnibus Rules Implementing Book V of Executive Order No. 292, without prejudice to the filing of criminal as well as civil actions under existing laws, rules and regulations."

ISO 26000: Social Responsibility

Jalal, a CSR activist based in Indonesia, introduced ISO 26000 to Southeast Asian tobacco control advocates in a SEATCA workshop in Cambodia in October 2013. He said tobacco companies deploy social activities to gain the image of socially responsible companies. However, the International Organization for Standardization (known as ISO), an international standard-setting body that

promotes worldwide proprietary, industrial and commercial standards, has created in 2010 the ISO 26000 – the most prominent social responsibility guidance.

ISO 26000 defines social responsibility as the "responsibility of an organization for the impacts of its decisions and activities on society and the environment, through transparent and ethical behavior that contributes to sustainable development, health and the welfare of society. It takes into account the expectations of stakeholders; is in compliance with applicable law and consistent with international norms of behavior; and is integrated throughout the organization and practiced in its relationships."

Careful examination of ISO 26000 reveals that tobacco companies cannot fulfill the guidance's principles and expectations related to its core subjects. The ISO 26000 Principles of Social Responsibility are: accountability, transparency, ethical behavior, respect for the stakeholders, respect for the rule of law, respect for International norms of behavior, and human rights. On the other hand, the ISO 26000 Core Subjects are: organizational governance, human rights, labor practices, the environment, fair operating practices, community involvement and development, and consumer issues.

Protecting consumer health is now

clearly mentioned in ISO 26000. Companies cannot harm their customers' health, let alone kill them.

Jalal said that CSR activists around the world have concluded that tobacco companies are doing "CSR-washing" which is defined as "cases where organizations claim to be more socially responsible than they really are." Tobacco control advocates in Southeast Asia have agreed to call it "FAKE" CSR.

Aside from tobacco companies not being eligible for ISO 26000 standards, representatives of tobacco companies are also banned from speaking about CSR, including business ethics, in most international seminars since 2004. Tobacco companies – along with alcohol, gambling, armaments, and adult entertainments – are excluded from socially responsible and ethical investment indexes. Global expert surveys, like SustainAbility and GlobeScan, also reveal that tobacco industry cannot be considered as responsible industry.

Sharing one's blessings is commonly practiced by the inherently religious Filipinos. But what if these blessings come from the guilt of greedy persons or institutions, would you still accept them? National and local governments as well as charitable institutions should be aware and beware of CSR activities of tobacco companies because these are just FAKE CSR!



Beat Tobacco

www.beat-tobacco.ph



www.facebook.com/beat.tobacco.ph



www.youtube.com/user/BeatTobacco



5 servings of fruits and vegetables ; 2 hours screen time (TV/computer/gadgets); 1 hour of moderate physical activity; 0 sugary beverages; and 0 smoking.

Philippine Heart Association urges, **LET'S DO THE 52-100**

Cardiovascular disease (CVD), primarily heart attack and stroke, remains the number one cause of mortality in the Philippines. It affects people from different age groups and usually happens in individuals in their productive years. CVD is not just a disease that we may inherit from our parents, but a lifestyle-induced disease, meaning it can be acquired due to compounded poor lifestyle habits. It has been noted that CVD patients are getting younger.

The Philippine Heart Association (PHA), the leading organization of cardiovascular specialists in the country, is promoting the 52-100 Lifestyle Prevention as the key in curbing the global epidemic of heart and vascular diseases.

PHA Director and concurrent Advocacy Committee Chair Dr Jonas del Rosario announced that the "Let's do the 52-100" is the new tagline of the Association that will relentlessly harp on to promote a heart-healthy lifestyle.

Del Rosario says, "52-100 is your daily code to a healthy heart. Everyday, let us practice the 52-100: Consume FIVE

servings of fruits and vegetables; have a maximum of TWO hours of screen time (TV/computer/gadgets); perform ONE hour of moderate physical activity; have ZERO sugary beverages such as soda and sweetened juices (drink more water); and ZERO to smoking."

In a nutshell, 52-100 stresses that



Dr. Jonas del Rosario, director of the Philippine Heart Association and concurrent Advocacy Committee chair.

people should eat healthy, watch less and exercise more to prevent obesity, which is risk factor for CVD. Equally important is to emphasize that people should not start smoking or quit smoking.

"The PHA also believes that CVD starts in the young, therefore, prevention should start during childhood. The 52-100 focuses primarily on kids but can be practiced by adults as well. In fact, the whole family should adopt it since heart-healthy lifestyle is a family affair. Eating and drinking wisely, regular exercise, no to soda and sweetened drinks, as well as no to smoking should be ingrained in the kids' minds while they are in their formative years. It is hard to lick a healthy regimen that had long been embedded in their system," added del Rosario.

He also said that as cardiologists, they always stress that daily physical activity, like running at least one hour, helps strengthen your heart. Running or any form of exercise should be a family activity. Sad to say, children do not go outdoors to play. Nowadays, most children are so addicted to virtual games in their cellphones, tablets

and PCs. This is not good for the heart. They have to be encouraged to do short amounts of activity several times a day until they add up to 60 or more minutes each day.

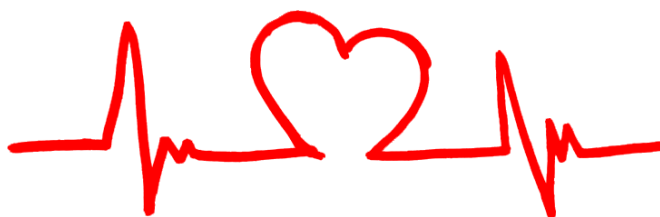
Del Rosario stressed that physical activity should be fun – dancing, running, biking, hiking or even doing household chores. Exercise does not have to be limited to playing sports although having one is really encouraged. The government and

schools should provide the programs and infrastructure to allow more physical activity in communities.

“The PHA strongly prescribes the 52-100 formula because an ounce of prevention is better than a pound of cure. You don’t contract heart disease overnight. The healthy heart seed begins in the womb and nurturing is an endless process,” said PHA President Dr Eugene Reyes.

The PHA intensely promotes 52-100 and urges the public to practice this healthy formula. After seeing and feeling the results, pass it on. Do your testimonial, he added.

Despite setbacks, the PHA took on the World Heart Federation challenge to work on the 2025 goal – to reduce premature cardiovascular death by 25 percent, Reyes concluded.



More DOH Hospitals to Care for the Heart

At the start of the Heart Month (February), the Department of Health reported that there will be additional government hospitals that are capable of performing heart surgeries, where three are already operational. This, as the DOH reiterates its Pilipinas Go4Health campaign which encourages Filipinos to practice healthy lifestyle by making a personal commitment to physical activity, proper nutrition and the prevention or cessation of smoking and alcohol intake – to control the prevalence of heart and vascular diseases.

“A patient need not travel to Manila just to be operated on. We now have a number of DOH-retained hospitals which are capable to perform heart procedures with comparable expertise and precision, at much lower rates”, Health Secretary Enrique Ona said.

Aside from specialty hospitals like Philippine Heart Center, other DOH hospitals that conduct open heart surgeries and transplants are Region 1 Medical Center (R1MC) in Dagupan, Pangasinan; Bicol Regional Teaching and Training Hospital (BRTTH) in Legazpi, Albay; Northern Mindanao Medical Center (NMMC) in Cagayan de Oro, Misamis Oriental and Southern Philippines Medical Center (SPMC) in Davao City.

The SPMC in Davao City, which follows the Philippine Heart Center on the number of heart surgeries performed, has done a total of 1,158 catheterization procedures from 2007 to January 2014. For 2013 alone, SPMC has done (215) CV-cathlab;

(122) coronary angiogram; (21) coronary angioplasty; (35) permanent pacemaker implantation; (8) replacement of pulse generator; (1) internal cardioverter defibrillator; (9) temporary pacemaker insertion; (7) intra-aortic balloon pump insertion; (12) hemodynamic studies (pedia); (31) radiologic procedures, among others.

The NMMC, also in Mindanao, did 5 cases of heart surgeries on March 22-23, 2013 with 2 cases of children with PDA (Patent Ductus Arteriosus), 1 case of atrial myxoma and 2 cases of VSD (Ventricular Septal Defect).

Meanwhile, the BRTTH in Southern Luzon has a record of numerous angiographic procedures done with 30 in 2008; 39 in 2009; 76 in 2010; 76 in 2011; 100 in 2012 and a total of 39 for the first quarter of 2013. Majority of the cases handled were for coronary angiogram.

The DOH reported that cardiovascular diseases remain to be the top cause of mortality in the Philippines with 120,000 Filipinos dying due to lifestyle-related diseases (i.e. cardiovascular, stroke, hypertension, kidney problems and diabetes) per year.

“The government is determined to achieve **Kalusugan Pangkalahatan** for all Filipinos through state-of-the-art technologies, health facility improvements and health promotion from the northernmost part of Luzon to Visayas to the farthest south of Mindanao. This development will definitely decongest the Philippine Heart Center”, the health chief concluded.



Hey, Sugar!

Photo grabbed from the Internet

Readying New Global Policy

Is the sugar-coated world we live in coming to a better end or at least drastically reduced for better health, especially for the new and next generations?

On March 5, 2014 from its headquarters in Geneva, the World Health Organization (WHO) held a virtual press conference for journalists around the globe to call in and preview the draft guideline on limiting the consumption of sugars to reduce public health problems, particularly obesity and dental caries.

The term “sugars” includes: “intrinsic sugars”—those incorporated within the structure of intact fruit and vegetables; “sugars from milk”—lactose and galactose; and “free sugars”—all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juices. The WHO said that because there is no evidence of adverse effects of consumption of intrinsic sugars, recommendations focus on the effect of consumption of free sugars.

Most of the sugars consumed today are “hidden” sugars in processed foods that may or may not usually seen as sweet, such as soft drinks or sodas, snacks and sauces, that are often targeted at children.

For example, one tablespoon of ketchup contains around 4 gram (around 1 teaspoon) of sugars. A single can of sugar-sweetened beverage or soft drink contains up to 40 gram (around 10 teaspoons) of sugar.

The new draft guideline recommends the following:

- reduced intake of free sugars throughout the life-course;
- intake of free sugars not exceeding 10% of total energy In both adults and children; and
- further reduction of free sugars to below 5% of total energy.

Below 5% of total energy intake per day which is equivalent to around 25 grams (around 6 teaspoons) of sugar for an adult of normal Body Mass Index (BMI) will have additional benefits.

Moreover, the recommendation to further limit free sugars intake to less than 5% of total energy is further based on the recognition that dental caries tracks from childhood to adulthood. In order to minimize lifelong risk of dental caries, the consumption of free sugars should be as low as possible.

No harm is associated with reducing the intake of free sugars to less than 5% of total energy, particularly when considering the risk of dental caries

throughout the life-course. Although exposure to fluoride reduces dental caries at a given age, and delays the onset of the cavitation process, it does not completely prevent dental caries. Dental caries still progresses in populations exposed to fluoride.

The recommendations, however, do not apply to individuals in need of therapeutic diets, including those for the management of severe, moderate and acute malnutrition. Specific guidelines for management of severe, moderate and acute malnutrition are being developed separately.

The draft guideline was formulated based on analyses of all published scientific studies on the consumption of sugar and how that relates to excess weight gain and tooth decay in adults and children.

The new guidance on sugar consumption is in response to research documenting its deleterious effects. The WHO stated, “There is increasing concern that consumption of free sugars, particularly in the form of sugar-sweetened beverages, may result in both reduced intake of foods containing more nutritionally adequate calories and an increase in total caloric intake, leading to an unhealthy diet, weight gain and increased risk of NCDs.”

The recommendations in the new guideline can be used by program managers and policy planners to assess current intake levels of free sugars relative to a benchmark, and to develop measures to decrease free sugars intake, where necessary, through public health interventions such as food and product labelling, consumer education, and the establishment of food-based dietary guidelines.

Pushing for a National Policy

Meanwhile, at the halls of Congress in the Philippines, there is a bill that bans soft drinks and other sugar-laden drinks in schools and require canteen operators to provide free potable water to protect the health of school children. This was filed by House Representatives Leni Robredo of Camarines Sur and Arlene Bag-ao of Dinagat Islands on February 26, 2014. The lawmakers together with 10-year old Daniel Gatmaytan who has been campaigning to ban soft drinks in schools, filed House Bill 4021 or the proposed Healthy Beverage Options Act of 2014 on February 26, 2014.

The bill seeks to ban the following beverages in schools: soft drinks, sports drinks, punch, iced tea and fruit-based drinks that contain less than 50 percent real fruit juice or that contain additional sweeteners as well as drinks containing caffeine, excluding low-fat or fat-free chocolate milk. On the other hand, beverages such as fruit-based drinks that contain at least 50 percent fruit juice and do not contain additional sweeteners; water and seltzer, and low-fat or fat-free milk, including chocolate milk, soy milk, rice milk and other dairy and non-dairy calcium-fortified milks are to be sold in schools.

The bill also mandates canteen operators to provide potable water for free to students and school personnel.



Photo courtesy of DOH-National Capital Region

Consumer Health Fluoride Toothpastes

The 2006 National Oral Health Survey showed that among public elementary school students, 97.1% of six-year old children suffer from tooth decay. Four out of every five children of this subgroup manifested symptoms of dentinogenic infection. In addition, 78.4% of 12-year old children suffer from dental caries and 49.7% of the same age group manifested symptoms of dentinogenic infections. The severity of dental caries, expressed as the average number of decayed, missing and filled (DMFT) was 8.4 for the six-year-old age group and 2.9 for the 12-year old age group.

In a systematic review of literature on fluoride toothpastes and mouth rinses by Cochrane Collaboration Oral Health Group, fluoride toothpastes reduced the DMFT 3-year increment (number of new dental caries developing over 3 years) by 23%. The World Health Organization and the FDI World Dental Federation in 2007 clearly state that: (1) prevention of tooth decay by using fluoride is the most realistic way of reducing the burden of tooth decay in population: (2) fluoride toothpaste remains the most widespread and significant form of fluoride used globally and the most rigorously evaluated vehicle for fluoride use: (3) fluoride toothpaste is safe to

use: and (4) promoting the use of effective fluoride toothpaste twice a day is strongly recommended.

In the Philippines, daily school-based fluoride toothbrushing in pilot school studies have resulted in 40% caries reduction and in 60% reduction of caries progression into the pulp.

There are 26 brands of toothpastes containing fluoride that are notified with the Department of Health - Food and Drug Administration. These fluoride toothpastes come in different flavors, packaging sizes and prices that are appropriate to the family budget. These are: Aekyung; AP-24; B&B Kids; Botanica; CHC; Chicco; Cliven; Close up; CNI Winz; Fast; Fluocaril; Formula; Glee; Happee; Hello Kitty; Herbal Fresh; Master Kids; Naturacentials; Oral-B; Pepsodent; Sensodyne; Stanhome; Victoria Court; Xylocdens; and Zacts.

Parents are encouraged to buy fluoride toothpaste for their family. With regular brushing of teeth, fluoride toothpaste helps reduce the risk of dental caries which have negative effects on their growth and educational outcomes in children

For more information or clarification please email info@fda.gov.ph



Josephine L. Guiao (second from left) of the DOH's Health Facilities and Services Regulatory Bureau receives NDAP's Nutritionist-Dietitian of the Year award.

Josephine L. Guiao, RND, MSCN

Nutritionist-Dietician of the Year

Josephine L. Guiao, dietary adviser (Development Management Officer IV) of the Department of Health - Health Facilities and Services Regulatory Bureau (formerly National Center for Health Facility Development or NCFHD) is awarded the 2013 Nutritionist-Dietician of the Year by the Nutritionist-Dieticians' Association of the Philippines (NDAP) during its 59th Annual Convention on February 26-27, 2014.

Guiao is given that distinct recognition for amplifying the capability of a nutritionist-dietician in a leadership position to positively impact policies, standards

and regulations affecting government nutritionist-dieticians. Her diligence earned her scholarships abroad to further hone her skills; her competencies, selflessness and tireless energy in health promotion and advocacy, networking and communication of nutrition and health programs has likewise merited citations from many sectors. Her support and services to various NDAP committees since 1995 have also been truly remarkable.

Meanwhile, during the 10th (Jubilee Year) South East Asian Nutrition Leadership Program (SEA-NLP) on November

11-15, 2013 in Jakarta, Indonesia, Guiao was recognized as Second Outstanding Alumna of SEA-NLP Alumni Award. Moreover, her "Re-Echo Training of the 9th SEA-NLP in the Philippines" which was held in San Mateo, Rizal on July 8-12, 2013 garnered an award for the DOH-NCHFD as the successful conduct of country project.

The aim of the SEA-NLP is to empower postgraduate level nutritionists, by providing competencies in effective leadership and forum for networking among nutritionists in the region.

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Prophecy Fulfilled?!?

The Alleged Flesh-Eating Disease in Pangasinan Explained

Did the ABS-CBN news report aired in February 2014 actually fulfil the prophecy of the self-titled prophet Vincent Selvakumar of the Voice of Jesus Ministries in April 2013 about a flesh-eating disease that would spread from Pangasinan to the rest of the world? The prophet also allegedly predicted the flood that would ravage Samar and Leyte which some people believed to have been fulfilled when Super Typhoon Yolanda hit the Central Philippines on November 8, 2013.

Bandila, ABS-CBN's late night news program, aired on February 24 the story by Jasmin Romero who was seen wearing protective gear and mask interviewing two patients from the Pangasinan towns of Villasis and Sta. Barbara and described them as having decaying (*naagnas*) skin due to a

mysterious disease (*mistryosong sakit*).

The country woke up the following day with the growing buzz about the mysterious disease and the fear of a prophecy beginning to be fulfilled. The Department of Health and the Pangasinan Provincial Health Office immediately belied the rumors.

In a press statement, Health Secretary Enrique T. Ona said, "There is no reported case of 'flesh-eating' skin disease in the country yet. Absolutely no reason for the public to panic."

Health officials reported that Case (1) was of a female, 21 year old, from Sta. Barbara, Pangasinan who is on multi-drug therapy for leprosy at a regional health unit. Dr Myrna Cabotaje, DOH Regional Director in Ilocos Region, added that the said patient, who was initially-treated in another private

health facility, has now completed the treatment but may still need debridement for her skin lesions. The patient is now being assessed on current drug reaction and for work-up for tuberculosis.

The Provincial Health Officer also checked on the reported Case (2) from Villasis, Pangasinan. Clinical examination confirmed that the patient has a case of severe psoriasis, a chronic skin disease characterized by red patches covered with white scales.

"There are a lot of diseases that may manifest through changes in the skin. It is good to consult our doctors or go to the nearest barangay health unit when we need medical advice and treatment. Let us avail of the free healthcare service in our health facilities," Ona reminded the public.



Screen grab of ABS-CBN's Bandila news report.

On February 27, the state-run Philippine News Agency (PNA) reported that residents of Pangasinan were demanding a public apology from ABS-CBN for airing a story that caused public hysteria. And in a 30-second segment of Bandila, anchor Julius Babao read the statement of apology in Tagalog saying, Bandila apologizes that their report about the two separate cases of a skin-disease caused a mass panic especially in Pangasinan and that the ABS-CBN Office of the Network Ombudsman is investigating what happened. Babao added that the ABS-CBN assures that there would be actions taken

according to the results of the investigation.

On March 2, the PNA reported that Gov. Amado Espino Jr. dared the TV station to prove its sincerity by helping repair the damage that had been done to the province. The governor learned that many tourists going to the Hundred Islands cancelled their reservations in hotels and inns, causing a drain in the locals' incomes. The number of pilgrims going to Manaoag was reported to have been drastically reduced in the first weekend of March, and the locals said their friends refused to touch and eat freshly grilled milkfish.

On March 4, ABS-CBN's TV Patrol reported that the Sangguniang Panlalawigan of Pangasinan passed a resolution which seeks for a more sincere public apology from the network. The resolution stated that the flesh-eating disease report "hurt and severely affected the commerce and tourism industry in Pangasinan such that several local and foreign tourists have cancelled their trip and hotel reservations in the province not to mention also the big losses incurred by vegetable and fruit dealers and other businessmen in the province." The resolution further stated that the news report "likewise caused a dent on the reputable image of Pangasinan as a safe haven for tourists and investors." The provincial board also noted that the Psoriasis Society has expressed dismay over the news report "as its members claim that psoriasis is not a dreaded disease that must be feared by the people."

ABS-CBN Corporate Communications Spokesperson Bong Osorio reiterated the public apology aired in "Bandila" last February 27 and posted subsequently on abs-cbnNEWS.com, and added that "ABS-CBN assures the people of Pangasinan that it recognizes the province's economic contributions to the country, and respects its history and cultural heritage."

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Mobile Health

Leprosy Alert and Response Network System

As part of the country's observance of World Leprosy Day (January 29), the Department of Health, Philippine Council for Health Research and Development, Novartis Healthcare Philippines, Novartis Foundation for Sustainable Development and local information technology company Metahelix launched the Leprosy Alert and

Response Network System (LEARNS), the country's first mobile phone-based leprosy referral system on February 3, 2014.

LEARNS is designed to work within and complement existing leprosy control and monitoring initiatives of the DOH and National Leprosy Control Program (NLCP). Through its innovative mobile health (mHealth) platform, LEARNS will enable healthcare practitioners to refer possible leprosy patients by simply sending a picture of the skin lesion and patient details through their mobile phone.

"LEARNS will be valuable in identifying new leprosy cases, particularly in areas where health access is restricted because of poor communications and geographic isolation," said Dr. Ernesto Villalon, NLCP Manager.

As a leader in innovation, Novartis explores the use of new



From left to right: Health Assistant Secretary Enrique A. Tayag, Christine Fajardo - corporate affairs and market access director of Novartis Healthcare Philippines and Health Secretary Enrique T. Ona. (Photo by Paking Replente)

technologies in enhancing the quality of healthcare in the country," said Christine Fajardo, corporate affairs and market access director, Novartis Healthcare Philippines.

Aside from case finding, LEARNS also provides disease surveillance, adverse drug reaction reporting, treatment outcome reporting, message broadcasting, patient education, and report generation. LEARNS is the latest initiative of the DOH-Novartis Task Force for Leprosy, a public-private partnership that aims to promote alliances and identify innovative post-elimination strategies in line with the broader roadmap of the DOH-NLCP. Consistent with this year's World Leprosy Day theme "Joining Forces – Accelerating Progress", LEARNS harnesses partnerships and cutting-edge technology for the final push towards the goal of a world without leprosy.

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Measles dito! Measles doon!

Pabakuna po...

by

GRACE ARCEO MALUBAG

Quezon City Health Department

- NANAY: Pwede po bang magpabakuna ng measles?
- HEALTH WORKER: Misis, may bakuna na po yang anak n'yo ng measles, kumpleto na dito sa card.
- NANAY: Wala pa po kasi sabi ng nars, sa tigdas daw 'yun at hindi sa measles.

Noong mga unang araw ng bagong taon, dinagsa ng mga nanay ang mga health center dahil sa mga balitang lumalabas sa media na may outbreak ng measles. Kung dati ay 30 katao lamang ang pumupunta sa health center, ngayon ay umaabot na sa 80.

Isang dekada na ako sa community service sa local government unit (LGU). Malamang naka-50 pairs na ang naisuot kong rubber shoes at white shoes, at naka-5 pairs na din ako ng black shoes. Nakadami na din ako ng bili ng sunblock. Natuto rin akong pumunta sa derma, hindi para magpabata (besides, bata pa naman ako – batang-isip), kundi para magpaalis ng sunog sa mukha. Pero hindi tungkol sa pag-itim ng kutis ko ang kuwento kong ito, kundi sa mga batang nagsasakripisyo upang matuto ang maraming tao.

Kadalasan dumarami ang kaso ng tigdas tuwing tag-init, ngunit ngayon, Nobyembre at Disyembre pa lang naglabasan nang bigla ang mga may kaso ng tigdas – mga bata at may matatanda pa.



DOOR-TO-DOOR SUPPLEMENTAL IMMUNIZATION ACTIVITY SA QUEZON CITY. Sa kasagsagan ng outbreak ng tigdas nitong mga unang linggo ng 2014, maraming magulang ang naalarma sa dami ng kaso ng tigdas at sila na mismo ang kusang nagtungo sa health center para mabakunahan ang kanilang mga anak may edad na 9-11 na buwan para sa unang dose ng measles vaccine. Kapag wala outbreak, pahirapan naman ang mga health workers sa pagpilit na mabakunahan ang mga bata. (Litrato mula sa DOH-NCR)

Minsan, may isang senior citizen na pumunta sa Health Center at ang akala ko Flu ang gusto niyang ipabakuna. Ang sabi niya, "Anak, hindi Flu, tigdas sana."

Nakakatuwa ang sitwasyong ito, pero sa totoo lang, maraming tao ang naalarma sa dami ng kaso ng tigdas at pati na rin ng mga namamatay dito. Kahit nga 16-year old na ang anak, gusto pa rin ipila ng ibang nanay sa listahan ng magpabakuna ng tigdas.

Eh bakit ngayon lang?

Unang taon ko pa lang sa serbisyo, nagho-home visit na ako, for follow-up visits ba, para madagdagan ang accomplishment namin para sa Fully-Immunized Child (FIC). Napakahirap kayang mag-follow up ng multo, este ng bata, kaya kailangan talagang may ebidensya na totoo yung nasa Target Client List ko, at syempre para hindi magka-kaso ng tigdas sa area ko. Natatakot din ako syempre magka-outbreak kasi kami ang nasisisi kapag marami ang kaso ng tigdas. Lagot sa kinaukulan: hindi na nga

ako ma-regular, hindi pa ako mare-renew.

Kaya naman madalas akong magsipag-sipagan sa mga tamad na nanay na hindi nagpapabakuna laban sa tigdas para sa kanilang anak na 9 months old pataas. Pero kahit anong sipag at bola ko, hindi ko pa rin mabakunahan lahat ng dapat mabakunahan.

May mga nanay na inuuna pa ang magbingo o mag-tong-its kaysa pumunta sa health center. Minsan nga nandoon na ako sa bahay nila ayaw pang tumayo sa tong-its kasi hits na daw siya. Alangan naman hintayin ko pa siyang manalo sa game bago ko bakunahan ang anak niya. Sobra na namang serbisyo publiko 'yun.

May mga nanay na laging sinasabi na may lagnat 'yung anak nila. Kapag tinanong mo kung ilang ang temperature ng bata, hindi alam. Sasabihin nalang sa 'yo, "Basta mainit po Ma'am." Gusto ko na ngang sagutin ng, "Pag malamig ho 'yang anak

ninyo patay na yan." Meron din namang mga nanay na, bawal daw sa religion nila ang magpa-injection. Kung sobrang pilosopo lang ako sasagutin ko din sana na bawal siyang magpa-check up pag nagkasakit, bawal din sa religion ko na natanggapin siya.

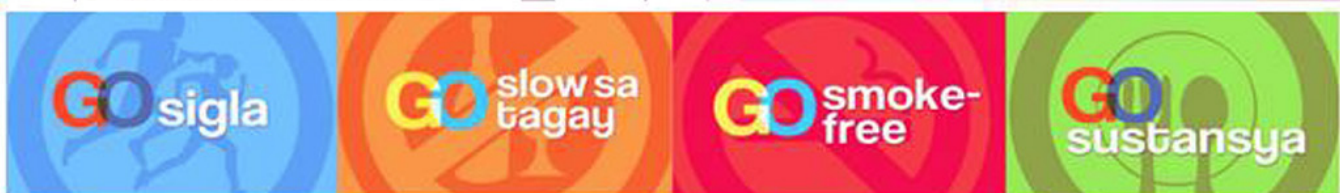
At marami pang dahilan ng katamaran. Pero minsan may nagsasabi din na kaya daw ayaw nilang magpabakuna kasi ang susungit ng mga tao sa health center, simula sa mga community/barangay health worker, health center staff, kahit nga ng mga aid. Kapag 'yun na ang katuwiran ng nanay, hindi ko na ito madepensahan kasi nga totoo din naman. Kaya nga noong nagtrabaho ako sa isang health center ng isang LGU, may rule kami doon na "bawal magalit" at "bawal ang nakasimangot."

Pero kahit ganoon pa man, napakarami pa ring health center staff na nagsasakripisyo mag-house-to-house para lang magbakuna, kahit na sa ilalim ng

matinding init ng araw.

Katatapos lang ulit naming mag-Supplemental Immunization Activity; hindi na naman kami naka-100% sa aming target dahil sa maraming katuwiran ng mga nanay. Lilipas na naman ang mga taon, at sana lang 'yung 10% na hindi namin nabakunahan ay huwag magkalat ng sakit o umabot sa pagbubuwis ng buhay sa mga susunod na araw.

Gaya naman ng dati, dadami ang kaso ng tigdas, maraming mahahawa, may ilang mamamatay, at ano ulit? Sa amin na namang mga health workers ang sisi – "Yung mga taga health center kasi ang tatamad!" At pagkatapos, saka lang na naman maalarma ang mga nanay, saka lang sila tatayo sa pagto-tong-its at hindi muna magbibingo para pumila sa health center at magpabakuna. Doon lang nila sasabihin sa iyo, "Ma'am hindi po ninyo kasi nabakunahan yung anak ko!"



Purely Mental

Tibay ng Dibdib

MIKE: Alam n'yo po Itay, ang babaeng pakakasalan ko ay katulad ni Inay.
AMADO: Anak, tibayan mo lang ang dibdib mo, kakayanin mo din 'yan!

Awang Awa

LENI: Bakit kulang ng P1,000 ang sweldo mo?
JOEREM: Pasensya ka na, Honey. Nag-beerhouse ako. Ang P200 ay binayad ko sa beer. Ang P800, binigay ko sa dancer kasi walang damit. Awang awa ako.

Surprise

CLERK: Ma'am, bibili po ba kayo ng baril?
JEAN: Oo, para sa asawa ko.
CLERK: Napaka-personal po ng baril. Kailangang babagay ang baril sa magme-may-ari nito. Isama ninyo si Mister para makapili siya ng bagay sa kanya.
JEAN: Hindi kasi pwede, masisira ang surprise ko. Hindi nga niya alam na balak kong barilin siya.

Katapusan ng Mundo

OSCAR: Hay naku, dear! Malapit na pala ang katapusan ng mundo!
DELIA: Heh! Ang problemahin mo ay ang katapusan ng buwan at marami tayong bayarin! Mas matakot ka sa maniningil kapag hindi tayo makabayad!



See No Evil

Nag-costume si Misis para takutin ang asawang lasing...

JOJO: Shino ka?!?
ROSE: Ako si Satanas! Kukunin na kita!
JOJO: 'Wag mo ko takutin #@%&! Ashawa ko kapatid mo!

Selfie

RUBEN: Pare, napapansin ko na lagi mong kinakausap ang sarili mo. Hindi kaya nababaliw ka na?
GED: Hindi naman siguro, Pre. Hindi ko naman sinasagot eh.

Suicide

ERIC: Dok, magpapakamatay nalang ako. Tatalon ako sa 4th Floor!
DOK: Paano yan? Eh, hanggang 2nd floor lang ang building na ito?
ERIC: Puwes, tatalon ako sa 2nd floor ng dalawang beses!

Sinungaling

ERNIE: Pare, hiniwalayan ko na ang syota kong sinungaling. Sabi niya kasi doon siya natulog sa ate niya kagabi.
FRANK: Oh, anong problema dun?
ERNIE: Ako kaya ang katabi ng ate niya kagabi.

Hiwalay

FRED: Maghiwalay na tayo. Alam ko naman kakayanin mo.
JOYCE: Kaya kong mabuhay nang wala ka. Hindi ka naman pagkain o tubig, noh? 'Wag kang assuming!

Tigilan Na Kasi

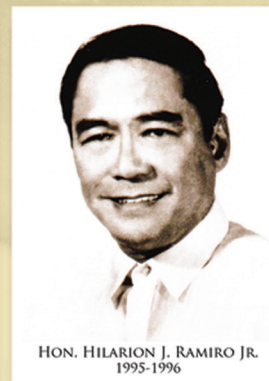
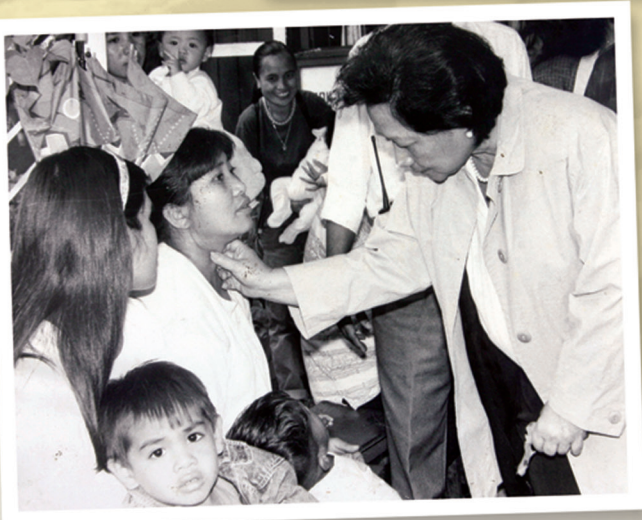
FRANCIS: Pare, tigilan mo na kasi ang pag-inom ng alak. Hindi 'yan ang solusyon sa problema!
NELSON: Kung iinom ba ako ng gatas, mawawala ba ang problema ko?

Ayaw na Ayaw

PAKING: Alam mo, ayaw na ayaw kong makakita ng nakatayong babae sa bus habang ako eh nakaupo!
BORGY: Kaya pinapa-upo mo?
PAKING: Hindi! Pumikit ako at natulog!

Baliw na Gulay

ERMA: Ano ang gulay na baliw?
LITA: Meron bang ganu'n? Ano?
ERMA: Okra! Naglalaway mag-isa!



Yesterday

In the 1990s, the Department launched LET'S DOH IT! campaigns such as Yosi Kadi to control smoking, Araw ng Sangkap Pinoy to promote nutrition and micronutrients, Oplan Alis Disease to eliminate polio and Pusong Pinoy to address cardiovascular diseases, among others. The 90s also saw the installation of the first-ever woman health secretary: Sec. Carmencita Reodica, the driving force behind Knock Out Polio and Measles Elimination campaigns.

Naipapasa ba ang
TB sa kubyertos?
Sa damit?

Kailangan bang
ihiwalay ang taong
may TB at ang
mga gamit niya?

**Namamana
ba ang TB?**

HINDI!!

*Tamang
kaalaman ang
panlaban sa TB!*



**TB ay
TULDUKAN!**

Alamin ang tamang impormasyon
tungkol sa TB sa www.doh.gov.ph/tb.html
o sa pinakamalapit na health center!



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