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# Health beat

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## TSeKaP Package Regional Turnover



05

Everyone is happy. Everyone is partying. Everyone is looking up in the sky, watching a magical light with a roaring sound that causes exhilaration because everyone is celebrating the New Year – the most wonderful time of the year.



14

Deworming children in schools has been considered effective due to a report that discovered the highest rate of infection among children aged 1 to 12 years old.



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## EDITORIAL

The HealthBeat is back.

After almost a couple of months in hibernation, the magazine that the public has learned to love after circulating for nearly 20 years is now returning with more interesting health stories and updates on many issues that affect the fitness and well-being of the Filipino race in recent years.

This issue features a varied reading fare as there is something for everybody.

If you want to learn about the new campaigns of the Department, indulge on the articles on I-ACT, the latest effort to curb HIV and AIDS menace in the country of which number of cases is now reportedly at its highest; the big switch to a new, more powerful and potent vaccine against polio; the inclusion of schistosomiasis and filariasis in the twice-a-year school-based deworming mass drug administration; the newly established DOH Health Club that set-ups hypertension and diabetes registries for patients with such diseases where members will be given monthly free maintenance drugs; and the long anticipated dengue vaccine.

There are also features on the anti-fireworks final report that tells us the number of individuals who were injured by mishandled firecrackers at the height of the New Year celebration, the areas in the country that have recorded most cases and the kinds of pyrotechnics that caused the most injuries on prematurity and the first 1,000 days of a child's life; on the latest benefits from PhilHealth; on the efforts to trace and treat the few but hard-to-find leprosy cases in the country; and on the efforts of health workers in assisting the needs of devotees during the feast of Nazareno.

For some throwback, there are articles, too on the participation of health workers in last year's APEC activities and on the journey of the Lakbay Buhay Kalusugan buses that have reached about 20 provinces across the country last year giving health information and services in the countryside.

Finally, there are also pieces on the Kalusugan Pangkalahatan Roadshow activities at the DOH central office where family members of employees were treated to free health services and given gift packages; and the DOH year-end report.

These articles plus the ever popular "jokes" sections and the newly added crossword puzzle portion will surely spice up the reading pleasure of our ardent readers.

This year, the HealthBeat editorial team is committed to leave no stone unturned to deliver more exciting, interesting and youthful issues to its readers. So, expect more innovations in the coming issues.

For now, sit back, relax and enjoy reading.

The Editors



## Dare to be Safe

Everyone is happy. Everyone is partying. Everyone is looking up in the sky, watching a magical light with a roaring sound that causes exhilaration because everyone is celebrating the New Year – the most wonderful time of the year.

But that “everyone” excludes someone. Because someone is shouting, someone is screaming in pain, someone is crying. Not on the rooftop of the house but in the emergency room of a hospital. Surrounded not by the family but by doctors and nurses, treating the body part injured by a firecracker.

A few moments of power suddenly becomes a lifetime nightmare. A moment in his life that he won’t ever forget, he can’t ever change and will leave an excruciating damage. He knows that his life has turned 360 degrees. He knows he will never be complete again...

***A grade five pupil from Laoag City could hardly move his left hand when it sustained injuries when he lit a piccolo, a prohibited small and cheap firecracker that comes with colorful package that accounts for 42 percent of the fireworks-related injuries reported according to the Epidemiology Bureau of the Department of Health. He recounted that he was with his classmate when they bought it from the nearby store across their school.***

Every year, during the Yuletide season, the same way the Americans celebrate their Fourth of July, Filipinos go all out in welcoming the New Year with a bang using fireworks or firecrackers.

80% of the country’s 100 million population are Catholics but Chinese culture also plays a major role in the belief system and superstition of many Filipinos. During New

Year, many believe that the ear-shattering noises that the firecrackers produce ward off bad luck and bad spirit.

Firecrackers used in welcoming the New Year always come in very attractive and colorful packages. They are inviting to the eyes and catch the attention of people, especially children who even do not know how to use the firecrackers they buy.

That makes the “piccolo” the biggest culprit for firecracker injuries.

Piccolo is a small firecracker that comes in an attractive packaging with a cartoon character. Due to its size and packaging, children easily mistake it for candy. It is very poisonous because it contains yellow phosphorus. The estimated human lethal dose is 50-100 milligrams. Although it is not considered a powerful explosive, the damage it can cause could result to amputation of fingers, hands, or serious injury to the eye.

In spite of the rigorous effort of the DOH together with various stakeholders in constantly reminding the public on the harmful effects of firecrackers, many cases of firecracker-related injury are still being reported.



According to the Epidemiology Bureau of the DOH, a total of 929 fireworks-related injuries were reported which is 41(4%) cases lower than the five-year (2010-2014) average and 69 (8%) higher compared to the same time period last year. The majority (521 or 56%) cases were from the National Capital Region. 761 or 83% were males. Ages ranged from nine months to 78 years old, 500 or 54% cases were composed of children less than 14 years.

Hand injuries were sustained in 556 (60%) cases. 133 (14%) sustained eye injuries, 808 (88%) had blast injury, with 33 (4%) requiring amputation. Majority (631 or 69%) of cases were active igniters. 385 (42%) were caused by the prohibited fireworks. Of the 521 fireworks-related injuries in NCR, Manila had the most number of cases (176 or 34%), followed by Quezon City (107 or 21%), Mandaluyong (53 or 10%), Marikina (39 or 8%) and Las Piñas (29 or 6%).

Because of the inevitable harm and danger that firecrackers are bringing, the only solution that the department is seeing is the total ban of the firecrackers throughout the country.

However, only the Congress is authorized to amend Republic Act No. 7183 or the law regulating the sale, manufacture, distribution and use of firecrackers and other pyrotechnic devices. The DOH will still be in the lead in pushing this kind of advocacy as the Department is calling for the drafting of a law on the total ban of firecrackers and a selected ban on fireworks in the country.

There are at least seven illegal firecrackers as its explosive content is beyond what the law provides for and these



***The DOH teams up with the Department of the Interior & Local Government (DILG), Department of Trade and Industry (DTI), Department of Education (DepEd), Philippine National Police (PNP), Bureau of Fire Protection (BFP) and Eco Waste Coalition as it officially launches the 2015 anti-firecracker campaign.***

include Piccolo, Pop Pop, Goodbye Philippines

or Crying Bading, Yolanda or Goodbye Napoles, Pla-Pla, Giant Kuwitis and Watusi.

Among the legitimate firecrackers that can be used during the New Year revelry are the Baby Rocket, Bawang, El Diablo, Judas Belt, Paper Caps, pulling of strings, Sky Rocket or kwitis and the small “trianggulo.” The pyrotechnic devices that can be used include Butterfly,

In this way, death, injuries, fire, diseases due to air pollution will no longer be a threat for everyone during the yuletide season.



*There is a need for national legislation. That's why we will continue lobbying. A national legislation is really needed and, of course, a fully cooperating and systematic movement in terms of implementation by the Local Government Units. There are actually draft measures (on the issue)*

*- Sec Garin*



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# NAZARENO

## 2016

**T**he procession of the Black Nazarene is the largest procession in the country. It takes place every 9th of January and on Good Friday through the streets of Quiapo.

During the feast of the Black Nazarene, thousands of barefoot men join the annual procession where they risk lives and limbs just to get near to the image to whisper their intentions to the Black Nazarene. People believe that a miracle can happen after touching it.

The Black Nazarene is more than 200-year old statue which was bought by a priest in Mexico and subsequently brought to Manila in 1606.

One tale is telling that during the Spanish colonial period, missionaries brought the icon to Manila. However, during the trip the vessel including the statue was caught on fire. Despite its charred condition, the Nazarene was kept safe and honoured from then on. The statue can be seen at the Saint John the Baptist Church in Quiapo, Manila, where it has been housed since 1787.

For 2016, the organizer projected 6 to 12 million devotees since this year's celebration fell on a weekend. This year's Traslacion could be the shortest and well-ordered because the procession started earlier than usual although the route remained the same.

The procession took off from the Quirino Grandstand at 5:43 a.m. (one hour earlier than the customary) and before noon it had passed the Manila City Hall.



Thorough preparations and the cooperation of several government agencies and devotees made the procession

successful.

The success could also be attributed to the early "Pahalik" (kissing of Nazarene) which started as early as Thursday evening, January 7 instead of January 8, 2016. The procession lasted for exactly 20 hours, six minutes, and 45 seconds. The image of the Black Nazarene was returned to Quiapo at 2:02 a.m. January 10, 2016.

The City Government of Manila, Metro Manila DRRMC, and the National DRRMC have formulated a joint plan following the concept of a whole society, whole country approach which was adapted during the Papal Visit and APEC events in 2015.

Emergency Response Integrated Center/Quiapo Command Center (located at the Pope Benedict Building, 6th Floor in Quiapo, Manila) was organized in support to the event where all information was processed and consolidated. The dissemination of official update was done during the entire event. Specifically, the statistics of the casualties were reported by all the responding teams

The crowd estimates rose to a total of 14,853,680 individuals at Quiapo Church, Luneta, and during the entire procession.

Figures of estimation of the crowd are as follows:

Date	Crowd Estimate			
	Church	Luneta	Procession	Total
January 7, 2016(THU)	137,000	9,000	30,000	176,000
January 8, 2016(FRI)	343,000	91,680	-	434,680
January 9, 2016(SAT)	5,263,000	2,730,000	2,000,000	9,993,000
January 10, 2016(SUN)	4,250,000	-	-	4,250,000
<b>TOTALS</b>	<b>9,993,000</b>	<b>2,830,680</b>	<b>2,030,000</b>	<b>14,853,680</b>

**Source:** Quiapo Command Center

### ***Health Consequences***

The final situation report released by the Quiapo Command Center showed a total of 1,019 injured individuals (consulted, treated, referred) reported by different medical satellites and stations including deployed DOH medical teams. Top 5 causes of consultations are as follows: soft tissue injury (48%), dizziness/vertigo (15%), hypotension (9%), hypertension (8%), and difficulty of breathing (6%).

#### ***Note:***

- The data reflected above does not include the 1,200 cases reported by TV Stations from Philippine Red Cross in the evening of Jan 9, 2016.
- There were a total of 1,244 consultations received by different medical satellites and stations including deployed DOH medical teams last year (Black Nazarene Traslacion 2015).
- There was an eighteen percent (18%) decrease in the number of consultations compared to last year.





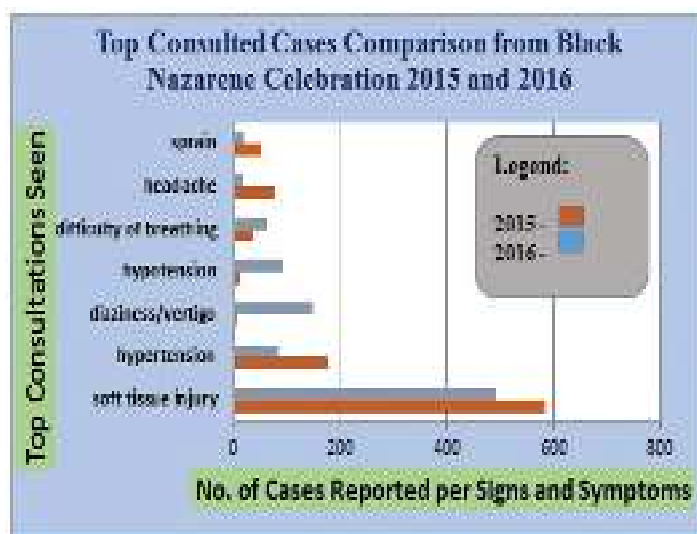
## CASES SEEN ON SITE

CASES	NUMBER OF CASES
<b>TRAUMA = 506</b>	
Soft Tissue Injuries	491
Contusion/Bruise	9
Burn	3
Epistaxis	2
Eye Irritation	1
<b>Medical = 464</b>	
Dizziness/Vertigo	149
Hypotension	91
Hypertension	84
Difficulty of Breathing	61
Loss of Consciousness (LOC)/ Fainting	28
Headache	15
Abdominal Pain	14
Hypoglycemia	6
Gastro Intestinal (GI)	5
Hyperglycemia	3
Diarrhea	2
Seizure	2
Allergy	2
Chest Pain	1
Nuerocirculatory Asthenia	1
<b>Musculo-Skeletal = 47</b>	
Muscle Pain	24
Joint Pain	18
Possible Fracture	5
<b>Deaths = 2</b>	
Acute Coronary Syndrome	1
With pre-existing Chronic Liver Disease	1
<b>Total</b>	<b>1,109</b>

### Note:

• The date reflected above was the consolidated consultations report from the Quiapo Command Center. Data was gathered from different medical satellites and stations including deployed DOH medical teams.

• This does not include the 1,200 cases reported by TV Stations from Philippine Red Cross in the evening of Jan 9, 2016.



### Note:

The signs and symptoms showed above were the top consulted cases from the Black Nazarene Celebration 2015 and 2016

**Source:** Quiapo Command Center



*The comparison on the number of consultations reported from the Black Nazarene Celebration from year 2014-2016*

**Source:** Quiapo Command Center

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## **Referred, Treated, and Transported by Medical Teams**

There were a total of seventeen (17) referred patients by the deployed medical teams and other responding teams to hospitals. Cases referred are as follows: one (1) at Philippine Orthopedic Center with dislocated right clavicle; eleven (11) at Dr. Jose Reyes Memorial Medical Center with hypotension, hypertension (2 cases), local systolic chronic seizure, t/c Cardio Vascular Accident, possible myocardial infarction, facial trauma, fracture of ribcage, soft tissue injury at femur, wound on left big toe, and blunt trauma to the abdomen; one (1) at Tondo Medical Center with right shoulder dislocation; one (1) at Philippine Heart Center with Acute Coronary Syndrome; two (2) at Field Hospital with hyperglycemia; and one (1) at Philippine General Hospital with Acute Coronary Syndrome.

## **Mortality Report**

There were two (2) deaths reported during the event but in the course of the deliberation at the Quiapo Command Center, the deaths were considered circumstantial.

Detail of deaths as follows:

a. Mr. Mauro Arabit, a 58-year old, candle vendor in Quiapo, a resident of Binangonan, Rizal collapsed while in Evangelista St., Quiapo, Manila at 2:21 a.m. of January 9, 2016. Medical team situated near the area responded to the situation, CPR was performed from the area of incident till the conduction of the patient to Dr. Jose R. Reyes Memorial Medical Center wherein the patient was declared dead-on-arrival. The patient was diagnosed with Acute Coronary Syndrome.

b. Mr. Alex Fulyedo, a 27-year old, resident of Sampaloc, Manila was responded by a roving medical team passing near SM Manila after his companion called for help at 11:30 a.m. of January 9, 2016. The patient had seizures upon response and learned that they are bystanders at SM Manila. The responding team tried to revive the patient till its conduction to Ospital ng Maynila wherein the patient was also declared dead-on-arrival at 12:44 p.m. The patient per history taking was suffering from Chronic Liver Disease.

**Source:** Quiapo Command Center, DOH HEMB Opcen, and DJRRMMC

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## **LOGISTICS MOBILIZATION**

### **A. SUMMARY OF MANPOWER MOBILIZED**

The Department of Health deployed 15 medical teams from Metro Manila DOH-retained at 14 different stations in Quiapo and Traslacion route to give medical assistance during the entire event. Also, DOH-HEMB deployed personnel to the Quiapo Command Center and NDRRMC to assist in any health need or issue requiring instantaneous action. Two standby medical teams were also stationed at the NavResCom in Intramuros, Manila.

### **B. COST OF ASSISTANCE RENDERED**

The Department of Health – Health Emergency Management Bureau deployed fully-equipped medical teams to different medical satellites and stations. Teams deployed had enough logistics in hand to carry out on their mission.

The DOH HEMB set-up base radio at the Quiapo Command Post last January 7, 2016

*Ma. Cristina Jessica Valeza, RN*  
*Health Program Officer I*  
*Health Emergency Management Bureau*





DEPARTMENT OF HEALTH



# **DENGUE**

## **SCHOOL-BASED**

## **IMMUNIZATION**



**DOH**



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# Give Your Heart a Home

**T**his is a common saying and solution for many of us every time we get confused, either on love life, career or religion.

This is because most of us are used to looking outside of ourselves and depending on others to achieve self-gratification and fulfilment. This usually causes disappointments in the end when we do not get the things we want or whenever we do not experience what we want to happen.

We are caught up in “doing” rather than “being”, in “action” rather than “awareness”. This is because most of the time, when our emotions seem to be bigger than us, we tend to feel fed up, explode like a bomb and do what we feel like doing, without thinking of the consequences.

“*Kalma lang*” are the two words we often hear from our friends out there every time we get so angry at the world. But sometimes calming ourselves is not enough. There is still the possibility that after being calmed, the memories that hurt us can turn us again to an angry lion or a crying kitten. Fortunately, there is a way that may enhance the functioning of our body and also let our eyes and heart be open and achieve spiritual growth.

## YOGA

Although there are some misconceptions about yoga, for instance, that yoga is a religion, it is more of a set of techniques for us to find spirituality and our true selves. In fact, yoga is being practiced by a lot of people from different religions such as Christians, Jewish, Buddhists, and Muslims. One more misconception is that yoga is a form of exercise alone. It develops the body since a weak one is a barrier to spiritual growth. By growing spiritually, it also encourages us to reflect on ourselves and to find our inner peace. It exercises not just our body but our mind as well. With a healthy body and mind, we are on our way to a more fulfilling life, to becoming a more considerate individual, to be more open to all possibilities in life and to be more open in accepting all things, whether it can make us happy or it can hurt us.



**“Hahanapin ko lang  
‘yung sarili ko.”**

By knowing and loving ourselves first and giving our hearts a peaceful home through yoga, we can be more ready and equipped in loving others and helping them find themselves and appreciate all the best in life.

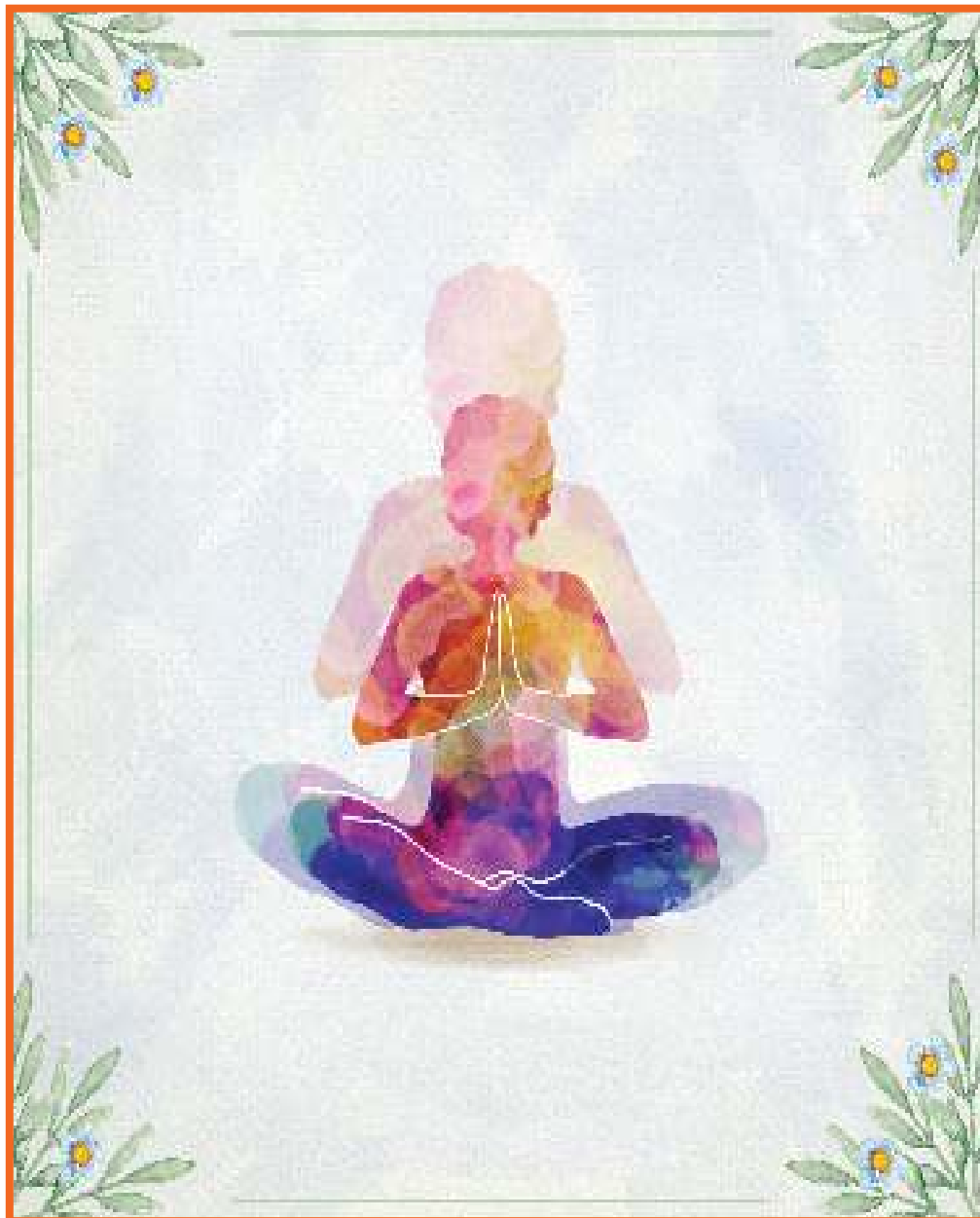
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*It's very beautiful and I felt much energized by the session and also a deep sense of belonging. This is a practice not just physical, it's mental and spiritual. A practice where you look inward, you find your weaknesses and what is amazing is you build up strength on your weaknesses.*

- CELINE CERVI, YOGA ENTHUSIAST

”





• Kundalini Yoga is a science of awareness. To cultivate awareness we use exercise and meditation. There is a great variety of techniques and each class is likely to be different. Students do not need extraordinary strength or flexibility to benefit from Kundalini Yoga. They will have opportunities to challenge themselves to expand mentally physically, spiritually. It is not primarily a physical workout; it is not just sitting quietly in meditation. It is a potent combination of work on the nervous system, the glandular system and the immune system. Kundalini Yoga as taught by Yogi Bhajan has helped many students deal with stress and find relief from many related conditions. Just one class creates a powerful lasting effect. Regular practice opens up vast possibilities for relaxation, health and elevation.

*"A kriya in yoga is a sequence of postures, breath and sound that are integrated together to allow the manifestation of a particular state. When you do a kundalinikriya the result of its repetition is the access to, and mastery of a particular, predictable and stable state – a facet of your awareness."*

**- THE AQUARIAN TEACHER**

“

*Since I became a yoga student, I always see that all things happen for a reason. I understand why there are unfortunate people on the streets, because maybe, God has something greater in store for them and He also has that something for the fortunate people to realize and learn more what is really important in life. It also lessens the frequency of my bursts of anger; I think it makes me somehow holy and helps me know myself better.*

**- DARAH CHAVEZ, AESTHETIC DOCTOR**

”

## What are Soil-Transmitted Helminth infections?

**Soil-transmitted helminth infections** are infections caused by intestinal worms among humans that are transmitted by eggs present in human feces which, in turn, contaminate soil in areas where sanitation is poor. They are among the most common infections worldwide and affect the poorest and most deprived communities.

### What is Schistosomiasis?

**Schistosomiasis**, also known as bilharzia, is a disease caused by certain types of flatworms or blood flukes known as schistosomes. Infection with *Schistosoma mansoni*, *S. haematobium*, and *S. japonicum* cause illness in humans. Infection occurs when skin comes in contact with contaminated freshwater in which certain types of snails that carry schistosomes are living.

### What is Filariasis or Lymphatic Filariasis?

**Lymphatic filariasis** is a parasitic disease caused by various microscopic, thread-like parasitic round worms (nematodes) and their larvae. The larvae transmit the disease to humans through a mosquito bite. The adult worms only live in the human lymph system. The lymph system maintains the body's fluid balance and fights infections.

### Harmonized Deworming and School based Immunization schedule:

#### Round 1 – every month of July Soil Transmitted Helminthiasis and Filariasis

The Department of Health is providing free drugs on deworming and filariasis through a Mass Drug Administration for 2 years and above in the nearest health center and during School-Based Immunization.

#### Round 2 – every month of January Soil Transmitted Helminthiasis and Schistosomiasis

The Department of Health is providing free drugs on deworming and schistosomiasis through a Mass Drug Administration for 5 years old and above in the nearest health center and during School-Based Immunization.

# Oplan Goodbye Bulate

The Department of Health (DOH) conducted the first ever National School Deworming Day (NSDD) with its campaign “Oplan Goodbye Bulate”. It was a one day event done in all public elementary schools nationwide last July 29, 2015.

The DOH is known for its advocacies in the combat against the Soil-Transmitted Helminthiasis (STH) and intensifying the School-Based Immunization campaign. The key objective of the nationwide campaign is to increase mass administration coverage for school-aged children, or for five to 12 years old, those who are in Kindergarten to Grade 6.

Deworming children in schools has been considered effective due to a report that discovered the highest rate of infection among children aged 1 to 12 years old.

The main event was held in Mandaluyong Elementary School. The School Choir led the opening of the program thru a prayer and singing of the National Anthem. It was followed by the Welcome Remarks led by the Mayor of Mandaluyong City, Hon. Benjamin Abalos Jr., messages from World Health Organization country Representative, Dr. Julie Hall and from the DOH-NCRO Director Ariel Valencia were delivered during the event.

As a result of this simultaneous nationwide activity, a total of 11,470,245 or 80% of 14,740,075 students were dewormed. Health Secretary Janette P. Loreto-Garin gave emphasis through her message on the health risks that one might get from STH. She said that poor physical growth, poor intellectual development in children, anemia, and

malnutrition are just few of the causes of STH.

Aside from deworming tablets, the children were also given immunization shots against measles and rubella, tetanus and diphtheria.

“Immunization will be given to students with parental/guardian consent. We highly encourage parents to let their children be vaccinated. These medicines will provide life-long immunity against tetanus and diphtheria and will help reduce sickness and death due to measles and rubella. The DOH uses vaccines approved by WHO which are safe, effective, and used worldwide” Secretary Garin emphasized.

She also mentioned that this event will be held annually: Round 1 every month of July and Round 2 every month of January. This year, during the 1st round, a combination of the Soil Transmitted Helminthiasis and Schistosomiasis drugs will be distributed and in July, it will be a combination of Soil Transmitted Helminthiasis with Filariasis drug. This will be done simultaneously in all public and private elementary schools nationwide.





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# Philippine 2015 APEC Hosting: Recognizing the critical role of Health in APEC



*As lead agency, the Department of Health coordinated and collaborated with and mobilized support from other government agencies, the private sector and with other APEC Economies*

## **Health in APEC**

APEC provides a unique platform for promoting innovation in the health sector while supporting the broader trade and investment agenda, it has long recognized the importance of health and life sciences to economic development. The Life Sciences Innovation Forum (LSIF) and Health Working Group (HWG), both serve as two of the driving forces for the robust activity in health in APEC. The LSIF actively discusses policies and promotes a policy environment that fosters the growth of life-sciences innovation and the improvement of public health in the Asia-Pacific region. A tripartite forum, LSIF engages the highest levels of government, industry, and academia, while the HWG addresses health-related threats to trade and security, focusing mainly on emerging infectious diseases. The HWG is exclusively comprised of government officials, who determine the group's direction. Both formal APEC bodies have identified specific priorities with concrete results.

The Philippine Department of Health (DOH) led and hosted a number of health-related meetings last year.

These meetings resulted in key outcome documents which formed part of the Ministerial and Leaders' Statements. In crafting key outcomes, the DOH, as lead agency, coordinated and collaborated with and mobilized support from other government agencies, the private sector and with other APEC Economies.

## **Health Outcome Documents**

### **• Healthy Asia Pacific Roadmap 2020**

The Philippines led in the drafting of one major outcome document – the Healthy Asia Pacific 2020 Roadmap. This is a critical document to guide APEC Member Economies in implementing the Healthy Asia Pacific 2020 Initiative which was endorsed by the Health Ministers during the 4th APEC High Level Meeting on Health and the Economy (HLM4) in Beijing, China in August 2014 and was subsequently welcomed and supported by the Leaders of all the APEC Economies. The Roadmap outlines the priorities for the HWG for the next 5 years and is intended to be adopted by each of the APEC Economies using “health-in-all policies,” “whole-of-government,” “whole-of-society,” and “whole-of-region” approaches. Furthermore,

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the Roadmap highlights five Critical Success Factors and describes relevant key actions to ensure that the initiative is implemented in a meaningful, sustainable, and cost-effective way. The successful implementation of the Roadmap means that all APEC economies will be able to secure and promote better health and ultimately, mitigate threats to the region's people, trade and economic security.



#### • *Healthy Women, Healthy Economies Policy Toolkit*

The “Healthy Women, Healthy Economies Initiative” is a multi-sectoral effort led by the United States in 2014 in coordination with three APEC Working Groups - the Health Working Group, the Human Resources Development Working Group (HRDWG) and the Policy Partnership on Women and the Economy (PPWE). The initiative was co-sponsored by several APEC economies, including the Philippines, Australia, Japan, Thailand, China, Taipei and Vietnam. A key feature of the initiative is the development of a “Policy Toolkit” of policy and program recommendations for governments, employers, and other stakeholders to improve female labor force participation

through better health for women - workplace health and safety; health access and awareness; reproductive health and rights; sexual harassment and gender-based violence; and work life balance. If half of the regional workforces are women, this toolkit will help government and employers provide for a better working environment for women which can contribute to a more inclusive growth of the economy. The Philippine DOH volunteered to be the first economy to pilot test the Toolkit in various settings closely collaborating with other partner agencies and private industries.

#### • *Fifth High Level Meeting on Health and the Economy Statement*

A key outcome document developed is the Statement of the High Level Meeting on Health and Economy. The Fifth High Level Meeting focused on discussions recognizing the critical role of health in economic development. This is led by the Philippine Secretary of Health and graced by Health Ministers from Indonesia, Chinese Taipei, Papua New Guinea, Brunei, Deputy Ministers and senior officials from eleven (11) APEC economies and actively participated in by the private sector, finance experts and senior academicians. The High Level Meeting was voted the best multilateral forum with its relevant, innovative ideas, high level expert knowledge, and lively policy debate. The Meeting was a great opportunity for all of Member Economies to network and help forge a greater understanding of the challenges and opportunities for a healthier, more sustainable growth and economic empowerment for all segments of society. This also provided a unique platform for promoting innovation in the health sector in the Asia-Pacific region at the same time supporting the broader trade and investment agenda. Philippine Sin Tax legislative initiative was highlighted many times as a model for sustainable health systems financing. The HLM also emphasized the need for governments to look into preventing early retirement due to illness, which limits economic participation, and death of workers. It is estimated that the adverse effect to the economy is as high as 3-6% of GDP with additional drain to government causing a 1-3% drop in GDP. The DOH also hosted, supported, sponsored and participated in the following APEC Meeting Fora as follows:

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- ***The APEC Business Ethics Forum***, in partnership with the Department of Trade and Industry, focused on broadening the stakeholder mix and increasing the number of trade associations adopting the Kuala Lumpur and Mexico principles for business ethics in the medical device and biopharmaceutical sectors respectively. The Philippines was awarded the APEC Lighthouse Award for the leadership it has demonstrated towards inclusiveness in consultations and implementation of the codes of business practices. The translation of this work is intended to extend to other industry sector in curbing corruption.

- ***The APEC Mental Health Roundtable***, examined the outcome of the Strategic Needs Assessments conducted on Member Economies and discussed how these could be integrated into an interactive digital hub of best and innovative practices to promote mental wellness and prevent mental illness, a neglected condition that affects workers' productivity.

- ***Meetings of the Regulatory Harmonization Steering Committee and associated workshops***, finalized the terms for the establishment of Centers of Excellence for training in Regulatory Sciences needed for the evaluation of Multi-Regional Clinical Trials and bio-therapeutic treatments. This forms part of efforts to improve ease of doing business. A related training workshop developed guidance for the use of track and trace technologies and the application of global data standard as part of a bigger effort to address Supply Chain Security problems.

- ***Participation in the Human Resource Development Working Group (HRDWG) Meetings in Papua New Guinea and Boracay*** towards improving labor force mobility and protection.

- ***Health Policy Dialogue entitled: Lessons Learned and Promising Practices for Healthy Asia Pacific 2020 Amidst Disasters and Outbreaks***

The Philippine Department of Health, as HWG Vice Chair for 2015-2016, conducted a Policy Dialogue entitled "Healthy Asia Pacific 2020 Amidst Disasters and Outbreaks: Lessons Learned and Promising Practices." This policy dialogue was in line with the APEC 2015 theme of "Building Inclusive

Economies, Building a Better World," and priority agenda of "building sustainable and resilient communities". This inter-agency policy dialogue became the platform to discuss the experiences, lessons learned and model practices that can be adapted by individual economies with regard to disaster management and the prevention and control of emerging infectious disease outbreaks.

The Department need to continue lobbying with other agencies/fora to support health's increasing prominence in APEC's agenda and the continuation of partnerships and engagement with academia, civil society, and the private sector as well as robust participation of officials responsible for trade, finance, and health policy to ensure that health continues to have a role in promoting economic cooperation and inclusive growth in the region.

With all the efforts, the Bureau of International Health Cooperation as the window of International Cooperation (BIHC), provides the necessary technical (substantive) and administrative support. While the Health Emergency Management Bureau (HEMB) oversee and represents the Department to the Committee on Security, Peace and Order, and Emergency Preparedness headed by the Department of Interior and Local Government.

*Jeanne Bernas, RN, MM*  
*Supervising Health Program Officer*  
*Bureau of International Health Cooperation*



**APEC**  
PHILIPPINES  
2015





February is

# National Oral Health Month



Theme: *"Kalinisan ng Ngipin Laging Panatilihin,  
Ugaliing Kumain ng Masustansyang Pagkain"*

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# FOUR WAYS TO START THE YEAR RIGHT

*Do you have New Year's resolutions? Does it include starting to live a healthy lifestyle?*

It should be, and there are many reasons why.

If you want to keep looking young, beautiful and healthy, then it is really necessary to live right. Moreover, contrary to the buzz, staying healthy is not actually pricey at all.

You do not really need all those food supplements nor are the regular visits to spa clinics to pamper your skin essential, neither are the body lotions and facial creams that celebrity endorsers of vanity products slap in your face through television commercials and social media advertisements.

Staying healthy is really simple. Just read on.

**Number one:** eat wisely. You can eat anything you want as long it does not contradict to your doctor's orders. This is true especially if you have a delicate medical condition like diabetes and hypertension or you have allergic reactions to particular kinds of food, such as nuts or shellfish.

Of course, you should already know by now the foods to avoid if you are diabetic or hypertensive. It may not totally mean abandoning lechon or leche flan, but it clearly means slowing down in eating such fatty, salty and sweet foods. Although there is always an anti-histamine pill that you can take prior to indulging in nuts or shellfish, it is always better to just avoid eating them than taking a risk. Remember that this kind of food allergy will not only make you very sick but it will also make you look so ugly as your face will most likely bloat as you agonize, too.

**Number two:** avoid staying up late at night as much as possible. No matter how many hours of sleep you take during daytime, it will never compensate for the number of sleep hours you have lost the previous night. Staying up late also results to unsightly eye-bags and dark circles around the eyes the next day. These sore eyes are just the

beginning because, if you regularly sleep late, then this ugliness might stay for a long time or forever.

**Number three:** move that body. Yes, drop that bag of potato chips and drag that lazy body onto the floor and start grinding to the tune of the latest dance music to hit the airwaves these days. Dancing is a form of exercise, so if you do not have the time to flex your muscles in the gym and your place does not have enough space for you to jog or perform aerobics, then just dance it away.

**Number four:** and the most important of all: avoid vices like smoking.

Smoking kills. That stick brings nothing but ugliness, illness, and, eventually, death.

After burning many years of your young life with cigarettes, your skin and breath will start to smell funky. Yes, you will develop a nasty body odor and bad breath. Then your face will show premature aging, wrinkles, and icky teeth, too. And soon your natural glow will be gone.

In other words, you will soon become undesirable and ugly; Also, because of the way you smell, people will avoid getting near you like a plague.

Now this is just the beginning because, sooner or later, you will get sick. If you are lucky, you will only develop smoker's cough, which can easily be addressed by taking the right medicines, and yes, by quitting smoking. But if you are among the unfortunate ones, you will catch the big C. Now we know that lung cancer, especially if it is detected in its terminal stage, is irreparable.

Quit now and do not wait until you reach that end of the line.



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# FATAL FAT



The steady progress of globalization, industrialization and fast-paced lifestyle contribute to the development of behavioral risk factors and eventually non-communicable diseases (NCDs), like hypertension and diabetes, both of which are top causes of deaths in

the Philippines. The Department of Health (DOH) as the nation's leader in health ensures that accessible and quality health services that address NCDs are available to all. The current focus of health care for NCDs in the Philippines is hospital-centered acute care. Patients usually seek treatment in hospitals when they are critically ill or have developed long-term complications.

This situation, if not addressed right away, can cause a great burden in the economic growth of the country. A strategic objective in the fight against the NCD epidemic is early detection and care using cost-effective and sustainable health care interventions integrated in Rural Health Units and Barangay Health Stations. Provision of essential medicines is an important part of this initiative.

This led the DOH to launch the Hypertension-Diabetes Health Club initiative last December 9, 2015. The Club will assess and screen patients and conduct different activities that will develop community participation and multi-sectoral involvement.

A registry of diagnosed patients was developed for regular updating. Immediate enrolment of patients in the club will increase the chances of early and sustained lifestyle changes. A monthly supply of hypertension and diabetes

drugs, namely, Amlodipine, Losartan, Metoprolol and Metformin will be distributed to the patients. Essential monitoring devices like blood pressure apparatus and glucometers were distributed to health care providers to ensure that constant patient follow-up will be done and to ensure the continuity of care leading to better health outcomes.



*The Secretary of Health together with Senator Teofisto Guingona, Jr. during the turnover of glucometer to B...*

All regional health units and health centers shall create and maintain a mandatory health center-based registry of all hypertensive and diabetic patients to closely monitor their health conditions and for provision of medications. All patients with hypertension and/or diabetes shall be strongly encouraged to enroll into a Hypertension-Diabetes Health Club in their health center but this is voluntary. The goal is to enroll all patients into their appropriate Hypertension-Diabetes Health Club to ensure that they are actively involved in health promotion activities.



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## Identifying Patients with Hypertension and Diabetes

Case-finding shall be done through community campaigns or through household visits.

For hypertension, the blood pressure (BP) of all persons 40 years old and above shall be measured twice, 15-30 minutes apart, by a Barangay Health Worker (BHW). Based on the Philippine Package of Essential Non-Communicable Disease Interventions (PhilPEN), clients 25 years old and above who visit the health center for other clinical complaints shall also undergo risk assessment.



*na III and Assistant Secretary of Health Nestor Santiago, Jr led the to Barangay Health Workers*

Those found to have a BP of  $\geq 140/90$  on both readings shall be referred to the rural health nurse or midwife who shall verify the elevated BP reading one week later.

Then all those verified to have elevated BP  $\geq 140/90$  shall be: referred to the Municipal Health Officer (MHO) to confirm diagnosis of hypertension and examined for any sign or symptom of underlying causes (eg. renal disease) and target organ damage, using PhilPEN, risk prediction can be done to estimate the cardiovascular risk of the patient; have the fasting blood sugar/glucose (FBS) tested; started on the first line antihypertensive

medicine based on the available drugs provided by DOH (Amlodipine 5 mg, 1 tablet, daily) and test blood cholesterol if available; registered in the health center Hypertensive Patient Registry; strongly encouraged to enrol in the Hypertension-Diabetes Health Club; and patients who may have secondary hypertension and/ or signs and symptoms of some target organ damage should be referred to a hospital for further evaluation.

For diabetes, all patients found to have high capillary FBS ( $\geq 7.0$  mmol/l or 126 mg/dl) shall have their FBS retested using venous blood done by a medical technologist either in the health center laboratory, local hospital laboratory or a private laboratory and shall be: referred to the physician/ municipal health officer to confirm diagnosis of diabetes and examined for any sign or symptom of target organ damage.

Using PhilPEN, risk prediction can be done to estimate the cardiovascular risk of the patient; started on the first line anti-diabetic drug (Metformin 500 mg daily) and on a statin following PhilPEN; registered in the health center Diabetic Patient Registry; strongly encouraged to enrol in the Hypertension-Diabetes Health Club; and diabetic patients suspected to have target organ damage should be referred to a hospital for further evaluation.

Persons without hypertension but have a family history of diabetes and/or are obese shall also have their fasting blood sugar/ glucose (FBS) tested.

## Obesity

Obesity is one of the most common risk factors of the devil twins, Hypertension and Diabetes. As we live in the modernized world, as we move from plant-based diets to high-fat, energy-dense, animal-based diets and becoming physically inactive, we are getting fatter. There are 400 million adults worldwide who are obese and one billion who are overweight. But children are getting fatter too. Worldwide, 17.6 million children under five are estimated to be overweight. Obesity can be identified through the Body Mass Index which is calculated by the weight-to-height ratio. It is done by dividing one's weight in kilograms by the square of one's height in meters.

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$$\text{BMI} = \frac{(\text{Weight in kg})}{(\text{Height in m}^2)}$$

If the BMI is greater than 25, you are considered overweight. If you are a woman, a BMI greater than 21 may adversely affect your heart's health. If your BMI is more than 30, you are obese and at serious risk of cardiovascular disease. If your BMI is below 18.5 you are probably underweight. As we get fatter, the risk of developing diabetes and hypertension rises steeply. Statistics show that 58% of diabetes and 21% of ischemic heart disease are attributable to a BMI above 21. Furthermore, according to the Food and Nutrition Research Institute, 19 to 20 million Filipinos are hypertensive of which three million belong to the 20 years old and above.



*Secretary Garin arranging the glucometers to be given to BHWs*

## ***Learning about DIABETES***

Food is made up of three basic nutrients: carbohydrates, proteins and fats. During digestion, carbohydrates are broken down into sugar, otherwise known as glucose. Carbohydrates include foods such as bread, rice, pasta, potato, fruit, milk, and yogurt.

In the normal digestive process, sugar travels from the stomach through the bloodstream to the body's muscle and fat cells. However, sugar cannot enter these cells without the help of a special hormone called insulin which is produced by the pancreas.

Insulin acts like a key unlocking the doors to the muscle and fat cells and allowing the sugar to enter the cells then use the sugar as fuel to provide energy for the body. In this manner, the body is able to regulate the concentration of sugar in the bloodstream.

But with a diabetic person, sugar enters the bloodstream but either one of the two may happen: either the pancreas does not produce a sufficient quantity of insulin to match the sugar entering the bloodstream or the body cells do not respond to the insulin that the body is producing. In both cases, the result is the same. Cell doors remain closed causing the sugar to get backed up in the bloodstream. As a result, blood sugar levels rise, creating several problems because the body is not getting the fuel it needs. Feeling too tired or fatigued may result and as the body may try to dilute the excess sugar in the bloodstream by pulling fluid out of the cells, leaving one feeling dehydrated and thirsty. Most importantly, long time exposure to high blood sugar levels can cause damage to vital organs connected to the bloodstream, such as the eyes, kidneys, nerves and heart.

People with diabetes must take steps to keep their blood sugar levels within the normal range. One way to do this is reducing the amount of carbohydrates eaten in a single meal or snack, regulating the amount of sugar entering the bloodstream and preventing the body from becoming overwhelmed. This means limiting the intake of high-sugar foods such as cake, pie, candy and soda.



Another way to regulate blood sugar is through exercise. Physical activity makes the body's muscle and fat cells more receptive to insulin. In other words, those muscle and fat cells that wouldn't open before, will open. The doctor may prescribe oral medications to increase your supply of insulin, regulate the amount of sugar entering the bloodstream or make your body cells more receptive to the insulin your body is producing. In some cases, insulin shots may also be necessary.

## ***Understanding HYPERTENSION***

The heart is the "pump" in our bodies, delivering blood to the entire system through a set of the blood vessels of all sizes. Smoking, high cholesterol, diabetes, obesity, physical inactivity, family history and increased age all contribute to these blood vessels, becoming less elastic. The more blood our heart has to pump through stiff, narrowing arteries, the higher our blood pressure. When the force of the blood against our artery wall is too high, life-threatening health problems can result problems like kidney disease, heart disease, stroke or even heart attack. People of all backgrounds can develop high blood pressure. Treatments differ based on risk factors, including age and family history. But hypertension can often be controlled with healthy habits, and medication when necessary.

Eating more fruits and vegetables, following a low-salt diet, exercising regularly and quitting smoking are often the first lines to control high blood pressure. The doctor may prescribe one or more medications to help lower the blood pressure to normal. Effects of the medication may rid the body of extra sodium and water. Others reduce the heart rate or relax the blood vessels.

While medications can effectively lower blood pressure when taken correctly, each type has potential side effects for some people. They might feel tired or have trouble sleeping. They may experience a dry cough, stuffy nose, leg cramps, frequent urination or headaches. If these side effects don't go away with time, consult a doctor. There may be other medications or different doses that can control blood pressure and have fewer or no side effects.

Focus on the benefits. Taking medication regularly will lower high blood pressure, and protects brain, heart and kidneys from life-threatening consequences, like stroke or heart attack. Control blood pressure and reduce risk by knowing the goal numbers and monitoring the blood pressure at home or in between doctor's visits.



*Secretary Garin delivering the keynote message on the launching of the DOH Hypertension and Diabetes Club*





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# A Mother's Journey in Fighting the big C



Rosita Manlangit was working as a box topper in one of Davao's major factory when she noticed lumps on her breast in 2012. A working mother who has two daughters still in college, the thought of hospitalization and the expenses that go with it made her ignore the breast lumps.

For a year, she delayed having a check up until she cannot bear the pain anymore. She went to Davao Regional Hospital (DRH), a tertiary government hospital in Tagum City where she was diagnosed of breast cancer stage II.

*"Two hours ang biyahe hanggang Tagum City, pabalik balik ako sa pagpapa-check up. Kahit may trabaho ako, hindi basta basta ang gastos sa pagpapaopera, nasa kolehiyo pa ang mga anak ko" Ms. Manlangit narrated.*

Because of her health condition, Ms. Manlangit filed a leave of absence from her work, until all her leave credits were used up. She was advised by her employer to continue

her PhilHealth membership under the Individually Paying Program. *"Pinayuhan akong mag voluntary member sa PhilHealth dahil wala na akong sweldo sa trabaho. Ubos na ang lahat ng leave credits ko. Kahit walang income, naghulog ako"*. She never imagined that PhilHealth would be a great help until her doctor informed her of PhilHealth's Z benefit package for breast cancer. She immediately went to PhilHealth Tagum Local Health Insurance Office and inquired about the benefit package. *"Walang hiya hiya"* she said. She submitted all the requirements and prayed that she pass the pre-selection criteria.

She did! *"Nawalan na ako ng pag-asa. Buti na lang may Z package. Wala akong problema sa opera, sa gamot, sa laboratory. Lahat ng kailangan ko, ibinigay. Dako pasasalamat ko sa Ginoo at sa PhilHealth. Ang experience ko sa PhilHealth, hayahay"* she happily narrated.

After her operation, Ms. Manlangit became a PhilHealth advocate. She encourages her friends and neighbors to obtain health insurance for themselves, adding that it is everyone's obligation to be a PhilHealth member. She stressed that *"Kahit walang kwarta, kahit mahirap, kailangang magpa-member para walang alalahanin kapag nagkasakit. Mula bata hanggang matanda, kailangang PhilHealth member"*.

She recalled that her fight against the Big C was not that easy. She was thankful for her family, friends, employer and the doctors and DRH staff who helped her during the lowest point of her life.

Indeed, breast cancer is not automatically a life sentence if treated in early stage. And now, Ms. Manlangit, a former beauty queen (she was crowned Ms. TADECO years back) has so many reasons to be happy. She was declared cancer-free, and her eldest daughter is now a degree holder.

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Since PhilHealth launched Z Package for breast cancer in 2012, 240 patients have already availed of the package worth P100,000.

The said benefit can be availed in the following 21 contracted hospitals nationwide: Ilocos Training & Regional Medical Center, Mariano Marcos Memorial Medical Center, Cagayan Valley Medical Center, Dr. Paulino J. Garcia Memorial Research and Medical Center, Jose B. Lingad Memorial Regional Hospital, Batangas Medical Center, Bicol Medical Center, Bicol Regional Teaching & Training Hospital, Corazon Locsin Montelibano Memorial Regional Hospital, Western Visayas Medical Center, Vicente Sotto Memorial Medical Center, Northern Mindanao Medical Center, Southern Philippines Medical Center, Davao Regional Hospital, Baguio General Hospital, East Avenue Medical Center, National Kidney & Transplant Institute, Philippine General Hospital, Quirino Memorial Medical Center and Rizal Medical Center.

“

*Cancer is a word,  
not a sentence*

- JOHN DIAMOND

”



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# ON BAD BREATH, TOOTH DECAY, AND CROOKED TEETH: Enemies of the Perfect Smile

*"Are you hungry?"*

*"Have you brushed your teeth?"*

*"Why aren't you showing your teeth whenever you take your selfies?"*

These are just some of the frequently asked questions to those people with oral and dental health problems such as having **bad breath**, **tooth decay** and **crooked teeth** (*sungki*).

Some people might not know that having bad breath also happens when you are hungry or on fasting, and here are some of its causes:

- 1) **Saliva flow decreases** that it cannot wash away plaque and bacteria well, for the two functions of it are to wash or to clear bacteria and debris from the tongue and mouth and also as a defense to keep the mouth from becoming too acidic;
- 2) **Digestive juices** in the stomach are still produced but because there is no food, these acidic juices begin to break down, causing a foul smell; and
- 3) **Excessive breakdown of fats** from the body that leads to "ketosis". When the body is in this state, **ketones** are released. Acetone is one of which that is released through the lungs, which also means bad breath.

Meanwhile, tooth decay that attacks the tooth enamel causes cavities, infection and swelling. When the teeth are not brushed or flossed, the formation of plaque occurs.

Plaque is a sticky colorless substance made of bacteria constantly forming on, around, and in between the surfaces of teeth and gums. It may not be as easily noticeable as stray

food particles, but it can be felt when the build-up gets fuzzy and feels rough when it accumulates. Therefore, one of its effects is tooth decay.

Crooked teeth or *sungki* takes place for several reasons:

- 1) Some people's mouth are too small for their teeth which crowds the teeth and causes them to shift; and
- 2) A person's upper and lower jaws are not the same size or are impaired, resulting in either an **overbite**, when there is excessive projection of the upper jaw, or an **underbite**, when the lower jaw projects forward causing the lower jaw and teeth to extend out beyond the upper teeth.

## ***Genyen be shelege megshelete peg mey breyshes?***

Here comes the "braces" that has become the newest trend and a fashion statement here in the Philippines. Of course, if you wear one or planning to seek for the best orthodontist to attach it, you will become more attentive on your oral health. It will push you to become more conscious on your teeth and will force you to be one of the **5.22%** of Filipinos who use mouthwash and buy the newest or even the most pricey toothbrush you first thought you would never buy before you got your braces.

Achieving the perfect alignment of the teeth is not just the only reason for some who have braces; some reason is, "*gusto ko kasi pumayat eh*". This is because of the mind-set that this is one of the easiest ways to lose weight that the loss of appetite will happen because of the pain. Actually, for a couple of weeks from the first time they were attached and for a couple of days after the monthly adjustment, there will be pain and pressure that will cause toothache, and the brackets will rub the insides of gums and lips causing mouth sores (*singaw*).

But to be lumped in with stereotypes such as "*yayamanin*", "*rich kid*", or "*bourgeois*"! As if each bracket attached on a





tooth costs thousands and thousands of pesos, (in reality, the whole process only costs from P28, 000 to P50, 000 payable within two to three years).

And, of course, the most offensive stereotype will be is that you are just making “*pauso*” because of many young adult Filipinos now have these braces as a fashion statement and “*maarte*” because there are times that your speaking quality is being affected.

As if every friend of yours will imitate the words every time you speak with an “S defect”, mocking you for “speaking maarte” and keep on asking you, “Genyen be shelege megshelete peg mey breyshes?”

### ***February isn't just for lovers but also for those who want to have a perfect smile...***

February is known as a month for lovers or heart month, but as per the Department of Health's calendar, February is also Oral Health month. This is to constantly remind the Filipino people how it is important to take good care of our oral health as oral disease has become the most neglected chronic disease that causes significant pain, disfigures smiles, and distracts from eating and from productive enjoyment and learning which also causes a higher risk of hospitalization.



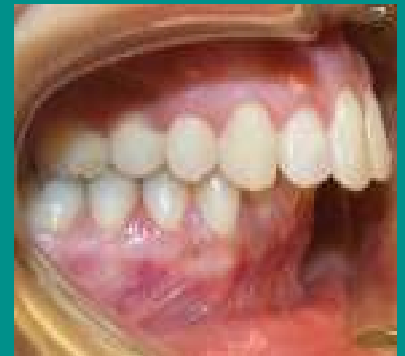
But if you have good, clean, and clear teeth as you regularly brush, floss, use mouthwash and visit a dentist at least twice a year, you can probably smile confidently to everyone who comes in your way. A true and genuine smile that can surely also attract positive vibes and positive aura in life.

Isn't it the best feeling that because you just gave a simple but warm smile to a stranger in the hallway of your office/ school or even in the mall while you were shopping, you immediately got a smile back?

Just make sure you always do the proper hygiene for your oral health! And if you are wearing braces and planning to have one, also make sure that the one who will take care of your teeth will really help you to perfect your smile, is a licensed orthodontist. SMILE!

**\*Ketosis** is a metabolic process that occurs when the body does not have enough glucose for energy. Stored fats are broken down, resulting in a build-up of acids called ketones within the body.

**\*Acetone** is found in nature in plants, trees, gas from volcanoes, and forest fires. Also, when your body breaks down fat, it produces acetone. If you are on a low-fat diet, you will have more acetone in your body.



**\*Overbite** is an irregular bite in which the upper teeth overlap the lower teeth.



**\*Underbite** is an irregular bite in which the lower teeth overlap the upper teeth.

**\*In 2014, according to a study by Nielsen: 5.22% of Filipinos used mouthwash.**

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# Kalusugan Pangkalahatan: Roadshow of Success



In support of the Universal Health Care-High Impact-5 strategy, the Department of Health (DOH) conceptualized the *Kalusugan Pangkalahatan (KP)* Roadshow which aimed to provide information and health services to the following groups: senior citizens, men, women, and adolescents. This concept will help the public to be aware and understand the various health and information services offered by the DOH.

The KP Roadshow was piloted among the families of the DOH Central Office employees instead of giving away cash to the employees.

The event was divided into four small events: the first one was for senior citizens with the theme: "*Kalusugan Pangkalahatan Roadshow para kina Lolo at Lola*".

It was held July of last year. Two hundred senior citizens participated in and benefited from the different services offered by the DOH.

The second was held last December and was entitled "*Kalusugan Pangkalahatan Roadshow for Adolescents*". It was attended by 200 youths aged 10-19 years old. There was a special guest, *Kapuso* Star Mr. James Wright, who gave a special number by singing few songs that was enjoyed by the participants.

The third and fourth groups were comprised of the men and women, respectively. The organizing committee decided to merge the Roadshow for Men with the Roadshow for Women to make it as one event. Held last December, two hundred men and two hundred women participated in the event with the theme: "*Pasasalamat: Handog na regalo at kasiyahan para sa mga kababaihan at kalalakihan*". The unveiling of the Responsible Parenthood and Reproductive Health (RPRH) logo was held on the same day by DOH Secretary Janette P. Loreto Garin, who was also celebrating her birthday.



*Hataw Exercise led by Bureau of Local Health Systems and Development Director Eric Tayag*



Different health services were rendered by the various partners of the DOH: health services from the Jose R. Reyes Memorial Medical Center, San Lazaro Hospital, National Nutrition Council (NNC), and also some interactive exercises from Y-peer group. The Laughter Yoga led by Mr. Paolo Trinidad, and Hataw Exercise led by Ms. Josephine Domosmog, are just two of the many activities on the roadshows. All of these were held in the DOH Convention Hall with Secretary Garin, ExeCom members, bureau directors, division chiefs, and special guests.

The KP Roadshow was made possible through the joint efforts of the DOH (Office of the Secretary, Health Promotion and Communication Service, Health Human Resource Development Bureau, Administrative Service, Health Emergency Management Bureau, and Disease Prevention and Control Bureau), the NNC, UNICEF, and PhilHealth.



*Y-Peer facilitator assisting adolescents into making different choices*



*A lola getting her blood sugar tested*



*A lolo having a free massage*



*Lolos and lolas enjoying the laughter yoga*



# LAUGHTER heals: LoQo-LoQo

## CELL PHONE



### MEDYAS

*Sa first monthsary ng mag-bf/gf...*

**Fred:** (Sasabihan ang gf tungkol sa mabaho niyang medyas at paa) Mahal, may ipagtatapat ako sa 'yo...

**Joy:** (Gusto ring warningan si Fred sa mabaho niyang hininga, lumapit at idinikit ang bibig sa mukha ng bf) Ako rin, mahaaaaa...

**Fred:** Wag mong sabihing ---- kinain mo ang medyas ko!

### CHAMPAGNE

**Ariane:** (Matapos uminom ng champagne) I love you!

**Andy:** (Nagulat) Ikaw ba 'yun? O nagsalita 'yung champagne?

**Ariane:** Ako 'yun!

**Andy:** (Napatalon sa tuwa).

**Ariane:** Kinakausap ko 'yung champagne!

### PANAGINIP

**Loren:** Sweetie, napanaginipan ko reregaluhan mo raw ako mamaya sa anniversary celebration natin ng dangling diamond earrings. Ano kayang ibig sabihin nun?

**Chris:** Hmmm... baka mamayang gabi malalaman mo... (Kinagabihan, iniabot ng bf ang regalo sa gf na agad namang binuksan)

**Loren:** Anu 'to? Librooo?! "The Meaning of Dreams"????!!

### TATLO

**Frances:** 'Wishheart, magiging tatlo na tayo dito sa bahay!

**Mike:** Talaga, 'wishheart? Ibig sabihin, magiging daddy na ako?

**Frances:** Hindi! Makikitira kasi sa'tin 'yung tiyahin ko!

### PASSWORD

**Bryan:** Honey, password ka ba?

**Anne:** Babanat ka noh. (Kinikilig) Bakit???

**Bryan:** Hindi kasi kita pewedeng kalimutan.

**Anne:** Hay nako! Ang sweet mo talaga, hon!

**Bryan:** Weeehhh. Pero pwede kitang palitan!

### SAAN

**Lyca:** Kung kailan handa na ako, tsaka siya nawala. Ang sakit sakit beh! Bakit niya ko iniwan???

**Mae:** Bakit? Saan ba dapat kayo pupunta?

### DIET

**Joerem:** Pre, naka three-week diet ngayon 'yung misis ko.

**Jasper:** Naku, nagda-diet din ang jowa ko eh, nabawasan na

siya ng limang kilo. Ilan na nawala sa misis mo, pre?

**Joerem:** Two weeks.

### LUTO

(Habang nagluluto si Weng ng itlog para sa almusal)

**Jun:** Dahan-dahan! Dahan-dahan! Ang bilis mo kasi ilagay 'yung itlog sa kawali eh! Painitin mo muna 'yung mantika! O, i-scramble mo na! Lagyan mo na kaya ng asin! Alam mo lagi mong nakakalimutan maglagay ng asin! Ang tabang-tabang tuloy lagi ng luto mo! Itlog na nga lang! Asin! Asin!

**Weng:** Ano bang problema mo?!

**Jun:** Gusto ko lang maramdaman mo 'yung nararamdaman ko 'pag nag-da-drive ako!



# *HEMBeat: FROM UNIT TO BUREAU*

Starting this issue, HealthBeat adds another section called HEMBeat. It will feature updates on activities, programs and projects of the Health Emergency Management Bureau (HEMB), formerly the Health Emergency Management Staff. HEMB coordinates all national emergency and disaster responses of the Department of Health (DOH) and the health sector.

Considering that the Philippines, due to its geographical location, experiences more than 20 typhoons every year and constant threats of eruption from 22 active volcanoes out of the 300 dormant ones, the country is considered one of the most often visited by natural disasters. This situation makes for a very rich source of information on disaster preparedness and risk reduction.

In the past 15 years, the HEMB has evolved from a simple unit to its current structure. Its functions were in response to the changing administrative configuration and to the increasing health emergencies and disasters affecting various parts of the country.

HEMB's history began with the establishment of the

Disaster Management Unit (DMU) in 1993. DMU acted as the control center of information that is processed to facilitate response and mobilization in times of managing health and health-related emergencies and disasters.

A year after, the DOH initiated the STOP DEATH: Hospitals for Philippines 2000. STOP DEATH or Strategic Tactical Option for the Prevention of Disasters, Epidemics, Accidents and Trauma for Health program was an innovative strategy to consolidate the resources and capacities of DOH towards a coherent and effective response in times of crisis or emergencies.



*Health Secretary Janette Loreto-Garin cuts the ribbon during the Opening of the Exhibit at the 2015 National Disaster Consciousness Month in July. Assisting her are the ExeCom members and HEMB Director Gloria J. Balboa.*



In 1997, the DMU was tasked to be the Operations Center (OpCen) for Health Emergency and Disasters under the Office of the Secretary as per Department Order 369 series 1997. The OpCen is tasked to initiate coordination of the DOH Central Office with its regional offices, DOH-retained hospitals, local government and private hospitals, other government agencies and non-government organizations.

On February 12, 1999, the DOH merged the DMU and STOP DEATH Program (through Administrative Order No. 6B series 1999 entitled, "Institutionalization of a Health Emergency Preparedness and Response Program within the Department of Health") and named it the Health Emergency Management Staff (HEMS).

Institutionalized in 2000, HEMS, is now known as Health Emergency Management Bureau (HEMB) after the rationalization plan of the DOH. With the passage of RA 9372, "Human Security Act of 2007" and RA 10121, the "Philippine Disaster Management Act of 2010", the important role of HEMB as the leader in health emergency management in the country has taken on a broader scope which includes harmonization of all existing emergency systems in both public and private sectors and strengthening emergency management down to the locality.

Fast forward to 2015.

Today, Dr. Gloria J. Balboa heads HEMB, coming full circle when she took charge of the DMU in 1995. Prior to HEMB, Dr. Balboa was assigned to the DOH Regional Office in Bicol where she served for two and a half years as Regional Director.

Dr. Balboa has plans of taking HEMB further in the field of emergency management. Future directions include continuing efforts and new strategies that will contribute to the decrease in mortality and morbidity in emergency and disaster situations, specifically empowering communities to become self-reliant and resilient while capacitating the local government units and the regional offices and hospitals as its operating arms. Of course, HEMB itself will need to be strengthened in tandem with the health sector and in coordination with the National Disaster Risk Reduction and Management Council. (MDG)



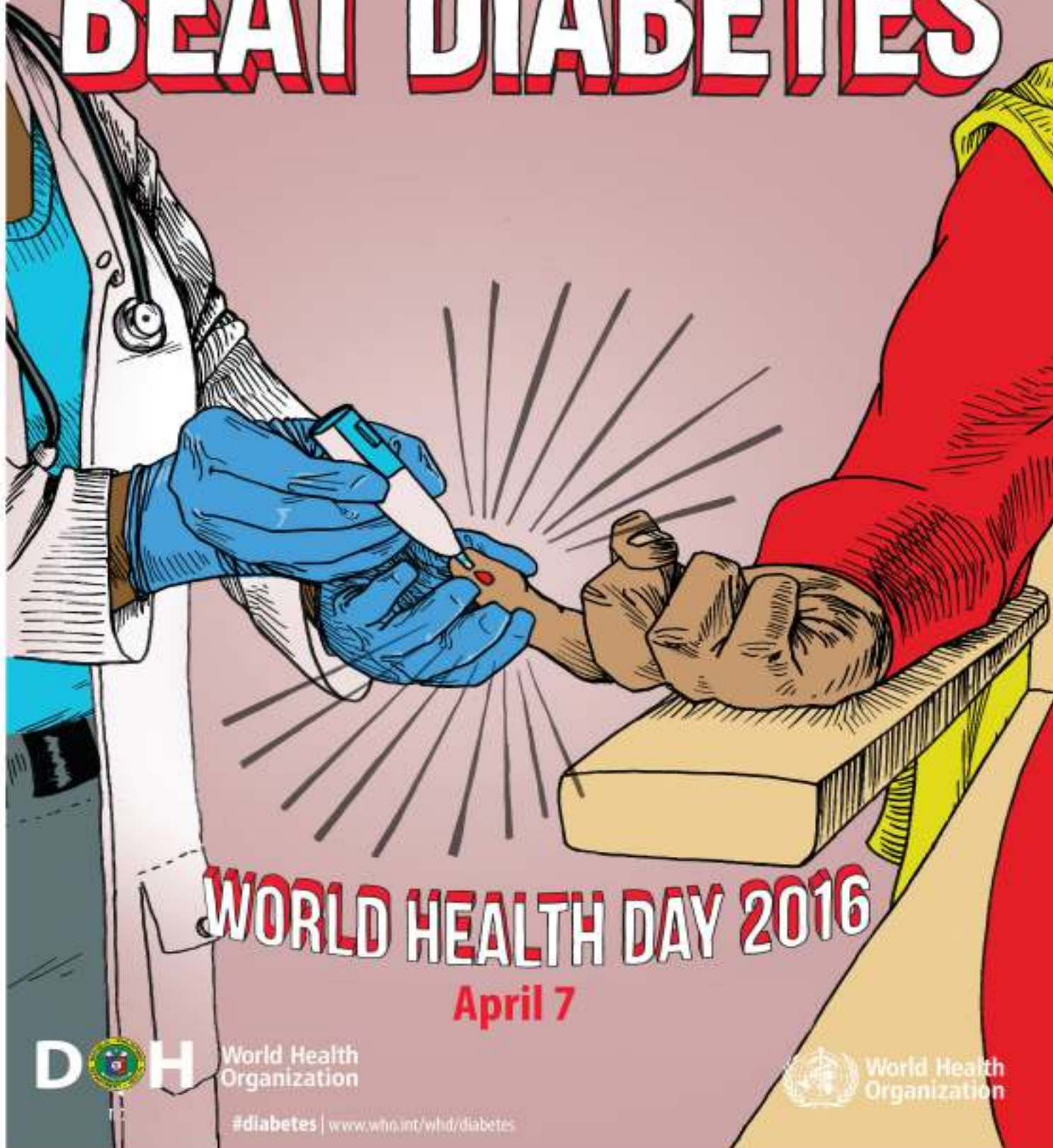
*Big names in earthquake preparedness highlight the Symposium on Earthquake Preparedness held at the Heritage Hotel during the National Disaster Consciousness Month (top, from left to right): NDRRMC's Undersecretary Alexander Pama, PHIVOLCS Director Dr. Renato Solidum; (middle, left to right) DPWH Bureau Chief Engr. Dante Potante, and then DOH-NCRO (now HEMB) Medical Officer Dr. Irvin Miranda.*



STAY SUPER

KUNG MAY PAGDUDUDA, MAGPAKONSULTA

# BEAT DIABETES



WORLD HEALTH DAY 2016

April 7



World Health  
Organization

#diabetes | [www.who.int/whd/diabetes](http://www.who.int/whd/diabetes)



World Health  
Organization





# TseKap

Tamang Serbisyo para sa  
Kalusugan ng Pamilya

## PACKAGE

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# TSeKap For RHU and BHS nationwide

Primary health care is the natural place to start basic preventive services for people making an initial approach to a medical professional for treatment. It is the cornerstone of health care management and the route to health for all. A primary health care approach is the most efficient and cost-effective way to organize a health system. It can prevent much of the disease burden such as people with minor complaints from flooding the emergency wards of hospitals.

This is how the Department of Health (DOH) leads in achieving better health outcomes through services that are organized according to principles of primary health care towards “Kalusugan Pangkalahatan” or Universal Health Care.

This initiative paved the way to the nationwide distribution of the TSeKaP (Tamang Serbisyo para sa Kalusugan ng Pamilya) equipment package to increase the demand for primary health care services.

TSeKaP is an essential and cost-effective solution to reduce pressure on hospitals by supporting the public in managing health issues in the community. It is the key to ensure a high-quality sustainable health system.

## *What's inside the package?*

Each package contains one digital Blood Pressure (BP) Apparatus, one Littman stethoscope, one Glucometer, two non-contact thermometers, two nebulizers, and one dressing set.

The digital BP Apparatus is an oscillometric device which measures the blood pressure through electronic pressure sensor with a numerical readout rather than auscultation. Instead of recording the readings acoustically, it records and evaluates the oscillations of the arteries. It is operated by automatic inflation and released by an electrically

operated pump and valve, which may be fitted on the upper arm.

The Barangay Health Workers (BHWs) will spend less time in taking a patient's blood pressure because the apparatus is easy to operate and the calculated values including pulse rate are visualized on the display.

Another medical device is the Littman stethoscope for auscultation or listening to the internal sounds of the human body. This helps the health workers because it offers an improved acoustic performance with better audibility of high-frequency sounds.





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A glucose meter or glucometer is also a vital portable equipment in the package for blood glucose monitoring. By pricking the skin with a lancet, a small amount of blood is obtained and placed on a disposable test strip that the meter reads to calculate the blood sugar level.

The two non-contact thermometers will help the health facility lessen its use of alcohol and cotton in taking the temperature of the clients because of its capability to measure body temperature from a short distance without contact with this object.

With respiratory diseases present in the community, nebulizers offer breathing treatment for these patients. TSeKaP contains two portable nebulizers which will conveniently cater to the need to deliver medication inhaled into the lungs. Among many respiratory disorders, the nebulizer is commonly used for asthma.

Lastly, a dressing set is included in the package for sterile wound care and other routine dressing procedures.

### ***The joy of BHWs***

The warm hospitality of the people matched with the summer heat in the provinces where the ceremonial turnover of TSeKaP packages took place. The BHWs from the rural health units (RHUs), barangay health stations (BHS) and urban health centers showed an adrenalized mood to receive the health equipment that promised a more motivated and enhanced service delivery.

Health Secretary Janette Garin led the ceremonial turnovers in most of the provinces. The rest of the provinces were spearheaded by members of the DOH Executive Committee.

In these events, Health Secretary Garin expressed her appreciation for the significant role of the local government units as the primary health care service provider to use these basic medical equipment to improve their services.

The DOH Regional Office Director and staff from the local government unit were also in attendance to support this

cause. The municipal health officers (MHOs) along with their nurses, midwives and BHWs of each municipality received the packages. One package is given to every RHU, BHS and UHCs in a province.

The crowd of health workers was thrilled to know that these medical devices will be made available and accessible to the public.

Undeniably, a well-equipped health facility reflects better service and happy health workers.

### ***TSeKaP figures***

Launched in February 2015, TSeKaP is PhilHealth's expanded outpatient benefit package that covers laboratory tests and treatment for lifestyle-related and most common diseases (e.g., pneumonia, hypertension, diabetes, high cholesterol, and ischemic heart disease), and screening for cancers and other diseases.

TSeKaP providers have increased to 2,553 accredited rural health units (RHUs) in 2015 from 2,438 RHUs in 2014. The number of members and their dependents profiled has also increased to 22.805 million in October 2015 from 17.683 million in 2014. TSeKaP providers are being paid P500 annually for every family being assigned, enlisted, and profiled by them.

The distribution of TSeKaP equipment packages nationwide has started. Launched in March 4, 2016, this DOH initiative aims to equip all BHSs, RHUs, and UHCs nationwide with essential medical equipment that will allow them to provide basic services to PhilHealth beneficiaries.

Each package costs P34,996.51. The total budget for the nationwide initiative is P699,930,200.00.

As of April 7, 2016, a total of 8,774 TSeKaP equipment packages have been distributed in 33 provinces, 16 cities & 1 Urban Municipality in Region NCR, 3, 4-A, 4-B, 5, 6, 7, 8, 11 and 12.

Distribution of TSeKaP Equipment Packages Nationwide		
No. of Health Facilities (HFs) Nationwide	No. of Equipment Packages Targeted for Distribution (October 2015–June 2016)	No. of Equipment Packages Distributed (as of April 7, 2016)
<b>17,377</b> BHS	<b>17,377</b>	<b>8,774</b>
<b>2,623</b> RHU/UHC	<b>2,623</b>	

### *TSeKaP ceremonial turnover*

On April 04, 2016, no less than President Benigno Aquino III and Health Secretary Garin led the TSeKaP ceremonial turnover in Iba, Zambales. Medical health officers and BHWs also attended the said event. TSeKaP is part of the Aquino Health Agenda towards Universal Health Care.



*The Baco Rural Health Unit received their TSeKaP package*



*Logistics Management Division (LMD) staff checking the contents of TSeKaP packages*



## ACTIVITIES



**TURNOVER** of medical packages to different rural health units (RHUs), barangay health stations (BHS) and urban health centers showed an adrenalized mood to receive the health equipment that promised a more motivated and enhanced service delivery.





## ACTIVITIES





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# REMEMBERING A FORGOTTEN DISEASE

Ayon sa matandang kasabihan, “Ang di raw lumington sa pinanggalingan ay di makakarating sa paroroonan”. Siguro medyo matagal na rin di naririnig ang mga katagang ito. Hindi na ito nababanggit o na - *tweet* o na - *popost* sa *Facebook*. Kung may pagkakataon, ilan kaya ang makakaalala na itinuro sa atin ito sa *school* noon at mag-*share* nito?

Ganoon din ang *leprosy*. Alam natin ito. Matagal na rin natin siguro itong narinig o natutunan sa *school* or sa simbahan pero, kailan tayo huling nakakita o nakabalita na mayroong ganitong sakit?

Bihira na po at madalang na ang pagdating ng mga kasong nagpapakonsulta tungkol sa *leprosy* at kung mayroon man, kadalasan nagpupunta sila sa mga espesyalista sa mga malalaking lunsod at kapag tiningnan man sila ay kalimitang komplikado.

Bakit kaya? Una, dahil noon pa man ikinahihiya na ang sakit na ito. Ang *leprosy* ay itinatago dahil sa kahihiyan at itsura nito; marahil dahil din sa kakulangan ng pantustos sa pagpapagamot nito, o simpleng kakulangan sa panahon at panggastos sa pagpunta sa *health center* upang magpagamot.

Sa panahon ngayon ng *text*, *chat* at *free WiFi*, di na

dapat mangyari ang mga ganito sa *leprosy*. Nguni’t nakakalungkot man tanggapin, ang katotohanan ay kulang pa rin ang kaalaman ng mga tao dito, at maaaring kakaunti na lang ang mga na-*train* para gumamot ng *leprosy*. At dahil sa pag-aakalang walang kakayahan ang *health center* sa *leprosy*, kalakip ang kahihiyan dahil kilala sila

at baka ma-tsismis kapag nagpagamot sa *center*, ang mga tao ay nagtitiis na lamang. Ang iba’y nag-iipon para magkaroon nang sapat na *budget* para bumiyahe at pumunta sa mga siyudad na mayroong espesyalistang manggagamot. Kapag naman sila ay na-*diagnose* na, ang kuwento ay mahaba na at malala na ang kanilang sakit.

Sadya bang nakalimutan na natin ang *leprosy*?

Bago nating tuluyang ibaon sa limot ang sakit na ito, malaki ang maituturo sa atin ng kasaysayan ng *leprosy* sa Pilipinas. Alam ba ninyo na noong

1578, ang mga paring *Franciscans* sa pamumuno ni Fray Juan Clemente ay nagtaguyod ng *San Lazaro Hospital* (SLH) sa Intramuros na karamihan sa mga pasyente ay mayroong *leprosy*. Kumuha sila ng inspirasyon at debosyon mula kay *St. Francis of Assisi* na namuhay at nag-alaga sa mga taong may *leprosy*.



Makalipas ang mahigit dalawang daang taon (taong 1784), lumipat ang SLH sa malawak na *Mayhaligue Estate* na ipinagkaloob ng isang taong gumaling sa *leprosy*. Noong 1859, isang paring *Franciscan*, si Fr. Felix de Huerta ang nagpalaki at nagpaganda ng SLH. Libre ang pagpapagamot dito at ito ang naging modelo ng pamamalakad na tinularan ng ating mga kalapit-bansa sa *Japan, China, Cambodia* at *Vietnam*. Nagkaroon din ng SLH sa Laoag, Vigan at Cebu.

*Roderick Poblete*

*Consultant, Novartis Foundation*

*For Sustainable Development*

## **2016 World Leprosy Day: United for the Last Mile Walk**

Common Purpose, Collective Desire, Commitment, Partnership and Vigilance was demonstrated in the “United for the Last Mile Walk” held at the Xterra Triathlon in the Cagsawa Ruins in Albay last 7 February 2016 attended by Governor Joey Salceda of Albay. Assistant Secretary Nestor Santiago, Dr. Napoleon Arevalo, Regional Director and Dr. Ernie Vera, Assistant Regional Director for DOH Region V, Dr. Edgardo Sarmiento, Bicol Sanitarium Chief, together with Ms. Christine Fajardo of Novartis Foundation, Dr. Peachy Munoz of the Albay Provincial Health Office, the Albay Bureau of Fire Protection, The Philippine Army, The Albay Youth Group, DOH Region V staff, Barangay Health workers and People Affected by Leprosy.

The symbolic walk epitomizes all the necessary human resource, technology and social ingredients to address the last mile for leprosy. The message of hope is clear, with purpose, desire and commitment, that everything is possible.

As the country theme for 2016 World Leprosy Day says: “A Leprosy Free Philippines: Let us make It Happen”.



*International and local triathletes committed their “last mile” of the race to the campaign to eliminate leprosy*







# I A.C.T AGAINST HIV

Globally, the HIV/AIDS pandemic is a public health threat that continues to affect many people. There is an estimated 36.9 million people worldwide infected by the virus and about 2 million people became newly infected with HIV for the year 2014.

HIV/AIDS cases in the Philippines continue to increase which can be attributed to the low HIV testing rates among high risk key population. There have been 31,160 reported cases of HIV infection since 1984 when the first case was reported. One person gets infected with HIV or about 27 persons each day.

Data from the Epidemiology Bureau of the Department of Health showed that among the 15 to 17 age group, only 2% of the estimated 5,735 HIV infections by December 2015 were actual diagnosed with HIV. This is far below when compared to the 25 and above age group where 77% of the estimated 28,618 HIV infections were diagnosed with HIV. The HIV Registry report for the month of January 2016 showed that the 15-24 year old age group comprises 28% (222) of the new reported cases of HIV and AIDS. The risk of the Filipino youth to HIV and AIDS is substantiated by the Young Adult Fertility Survey taken in 2013 revealing that the youth are getting more sexually adventurous. Relative to this is their inclination to unprotected sex and poor self-awareness to health services coupled with the persistence of stigma and discrimination in the society.

If a person is HIV positive, enrollment in a treatment hub must be done to avail of the free Anti-Retroviral Treatment (ART). On the other hand, people who are HIV negative should continue to avoid risky behaviors. A negative result does not assure safety from HIV for a lifetime because the

result expires every time an HIV negative person engages in unprotected or risky sex. Everyone is entitled to know their HIV status by getting tested. HIV positive clients can live normally by religiously taking medicines and consistently observing safe sex. Thus, education about HIV facts versus myths and promotion of stigma and discrimination reduction should be implemented.

Because of the positive results of the National HIV Testing Week in May 2015 which revealed a 25% increase in the number of people who were tested compared to the previous month (April), the DOH developed the I-A.C.T. against HIV campaign to sustain the promotion of HIV testing. I-ACT or initiative to ACT stands for A-cknowledge HIV testing to know one's status, C for Choose to be tested and T for Take actions to fight HIV/AIDS.

The "i-A.C.T." campaign is a more personal approach in fighting HIV where one acknowledges important facts about HIV/AIDS focused on the importance of HIV testing, encourages most at risk population to submit themselves for testing and take actions to combat HIV.



*Choose to be tested  
and Take actions to  
stop HIV*

- DEPARTMENT OF HEALTH



So far, I-ACT campaign was soft-launched in the REDvolution event through a partnership with Perfect Circle Events to observe World AIDS Day held at SM MOA Concert Grounds on December 05 last year.

The campaign was also presented by Mr. Francis Billeza, WHO HIV Technical Officer, during the Multi-Sectoral Partners Forum also on December last year in Cebu City which was attended by different sectors such as representatives from DOH regional offices, provincial and municipal/city health offices, other government agencies and private partners.

The DOH also created the “I-ACT AGAINST HIV campaign” Facebook page to reach many people through social media. (Link: <https://www.facebook.com/I-ACT-against-HIV-campaign-909308385831061/>).

The DOH calls for a solid support and commitment of every Filipino to constantly fight HIV through the initiative to move now in halting HIV. It is also timely for the World AIDS Day theme: “The Time To ACT is NOW” in the universal fight to end HIV and AIDS.

Anyone can stand up and say “I-ACT AGAINST HIV”. Together we can win the battle against HIV and AIDS!



*Youth actively writes what's on their minds in the I-ACT freedom wall*



*Youth supporting the I-ACT campaign through the DOH photo booth*

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# Lakbay Buhay Kalusugan 2015



*A group of Aetas is being assisted by the DOH staff during the LBK stop at Sanchez Mira, Cagayan Valley.*

The “Kalusugan Pangkalahatan Lakbay Buhay Kalusugan” (KP-LBK) is an innovative public health initiative of the Department of Health (DOH) which uses a traveling bus to reach families and communities with messages on key healthy behaviours delivered in fun and interactive activities and basic health care services such as pre-natal check-up, immunization and other health services.

Initially, the KP-LBK carried health programs on maternal and child health, nutrition, tuberculosis, and family planning. Over the years, other programs have been included depending on the health needs of the chosen area. The DOH, through the regional health office, collaborates with the local government units for the operationalization of this health promotion intervention.

*Lakbay Buhay Kalusugan (LBK) Bus* has been going around the country since 2011.

Last year, the LBK Bus visited a total of 22 municipalities in Regions: I (Umingan Pangasinan), II (Sanchez Mira and Gonzaga, Cagayan Valley; San Mariano and San Mateo, Isabela), III (Bataan, Bulacan, and Tarlac), V (Sto. Domingo Albay, Legazpi City, Catanduanes, Sorsogon, Camarines

Sur and Camarines Norte) and VIII (Bunkhouses in Tacloban City).

A total of 14,274 people had been served, with 3,095 pregnant women and 6,229 children.

Last year, the LBK conducted two runs special edition with the theme “One Family Fun Day”, in August 16 in Tacloban City and November 6 in Gonzaga, Cagayan Valley. The LBK Special Edition was created in line with the High Impact 5 (HI5) programs, which aims to improve the outcomes of the top five health priority programs as follows: 1. Infant care 2. Children care 3. Maternal care 4. HIV/AIDS and 5. Service Delivery Network.

The services offered consisted of free medical consultation, X-ray, doppler ultrasound check-up, blood test, blood glucose test, immunization, nutrition/diet counselling, cooking demonstration, bone scan, Philhealth update, HIV testing & counselling; and health teachings of the different DOH programs such as breastfeeding, safe motherhood and family planning. Health and wellness services such as manicure/pedicure, haircut, foot spa and massage were also provided by the staff from TESDA.

The LBK Special Edition was launched at the bunkhouses in Tacloban City. It was headed by DOH Secretary Janette-Loreto Garin, with HEMB Director Gloria Balboa, HPCS Director Rio Magpantay, Eastern Visayas Regional Director Minerva Molon and Assistant Regional Director Paula Paz Sydiongco. It was participated in by the staff from the different government offices such as DOH-Central Office, DOH-Regional Office VIII, Philhealth, Population Commission, National Nutrition Council, TESDA, DepEd, Eastern Visayas Regional Medical Center and the Local Government Units (LGUs) of Tacloban. The one whole-day full of fun activities was participated in by 1,452 family members of all gender and ages.

The one-day activity also included the ceremonial turnover of cheques to the DOH employees who were victims of the Super Typhoon Yolanda and earthquake in Region VIII.



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The 2nd and last LBK Special Edition for 2015 was conducted at Gonzaga, Cagayan Valley. It was headed by BLHSD Director Enrique Tayag, then HPCS Director Rio Magpantay, Municipal Mayor Rene Salvanera and Assistant Regional Director Edward Albano. It was participated by the DOH staff from the Central and Regional Office, Municipal Health Officers (MHOs) and the Barangay Health Workers (BHWs) from the Municipality of Gonzaga. Medical supplies such as BP apparatus and glucometer were distributed by the DOH to the BHWs and MHOs as part of the program that will be used in their respective health centers to serve their people better. With the local chief executives expressing willingness to continue and replicate the activities of the LBK, the DOH is confident that the correct health information will be disseminated and will reach even the far-flung communities.



*Children of Sto. Domingo, Albay are the recipients of the feeding program*

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# May Passport Ka Na Ba?

Back in the 1980s, owning a passport was a privilege enjoyed by a limited few. Now, with the proliferation of budget airline companies, plane fares to destination countries such as Singapore, Hong Kong and even Mainland China have become more affordable to many Filipinos. These cheaper deals are not limited to airfares, however; making hotel reservations has also been made easier with the presence of accommodation booking websites where hotel rooms can be reserved just by using an internet connection. This increased connectivity and presence of cheaper fares and rooms have now required that people have ready passports to use at any time.



*Dir. Maylene Beltran checking on the number turn-out of passport applicants*

## **Department of Health Partnership with the Department of Foreign Affairs**

The Department of Foreign Affairs (DFA) – Office of the Consular Affairs, as part of its continuing commitment to reach out to as many Filipinos as possible, has been conducting Mobile Passport Services Missions in provinces, cities, municipalities and requesting national government agencies.

In 2011, the Department of Health (DOH) through the Bureau of International Health Cooperation (BIHC), partnered with the DFA for the conduct of the 1st Mobile Passport Services (MPS) Day which was held on March

28, 2011 at the Francisco T. Duque Hall. There were a total of four hundred twenty (420) passport applications that were processed. The event was very well received by DOH employees who brought along their families to the DOH on a Saturday. This joint activity by the two (2) national government agencies allowed DOH employees and their families to have an easier time in applying for passports. There was no need to go to the DFA to apply and claim their passports. Moreover, the MPS Day was held in a venue dedicated solely for the DOH so long lines were avoided and the employees were provided service in a comfortable and familiar environment.

## **Preparations for the 2nd Mobile Passport Services Day**

Early part of this year, the BIHC once again, prepared for the conduct of the 2nd MPS Day. The event was opened not only to DOH employees and their families but also to Job Orders, Contractuals, Security Guards and Utility Workers of the DOH. Employees from nearby DOH hospitals like San Lazaro Hospital and Jose R. Reyes Memorial Medical Center were also accommodated.

The BIHC, led by Dir. Maylene M. Beltran, tasked the International Travel Unit of the Bureau to craft a plan to be implemented with the DFA. An organizational meeting between the two (2) agencies discussed the passport application and renewal requirements as well as the logistics and physical arrangements that will be needed. DOH applicants were regularly informed of relevant information (including passport application fee of P1,200) through advisories posted in the DOH Bulletin Boards and in the DOH website. Applicants were scheduled by the BIHC on a “first come, first served” basis. The first seventy-five (75) applicants were put in the 9:00 – 10:00 am time slot while the next batch of seventy-five (75) applicants were put in the succeeding time slots. One month before the event, copies of the original documents (birth certificate, marriage certificate, valid IDs) together with the accomplished application forms, numbering four hundred thirteen (413), were submitted by the BIHC to the DFA for their verification of authenticity.



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## Huge Turn-Out

On March 12, 2016, the DOH Grounds were opened for the conduct of the 2nd MPS Day, this time at the DOH Convention Hall. The event, which was led by Dir. Maylene Beltran, was also graced by Dr. Kenneth Ronquillo then Director of the Health Human Resource Development Bureau (HHRDB) now Assistant Secretary, Dir. Crispinita Valdez of the Knowledge Management and Information Technology Service (KMITS), Dir. Ferdinand Salcedo of Bureau of Quarantine (BOQ) and OIC-Director Bayani San Juan of BHDT-FDA who all applied for renewal of their regular passports.

The DFA Team was led by Mr. Bayani G. Sibug Jr. of the Office of the Consular Affairs. His Team was composed of seventeen (17) members, made up mostly of contractual DFA personnel. The DOH fielded its own work force, namely: Dr. Aleli Sudiagal, Dr. Allan Evangelista, Ms. Lorica Rabago, Mr. Kenneth Depano, Ms. Jocelyn Sosito, Ms. Consolacion Ramos, Ms. Josefina delos Reyes, Mr. Ace Glo, Ms. Analiza Baldonado, Ms. Aileen Teorica, Mr. Elvin Patrick Glifonea, Mr. Nestor Saulog, Mr. Salvador Del Mundo, Mr. James Vargas, Mr. Mel Ostaco, Mr. Ronnie Gutierrez, Ms. Fely Orilla, Ms. Virgie Lasprilla and Mr. Joel Encarnado. Director Angelina Del Mundo of the AS provided strong support to the event by fielding its General Services Division personnel before, during and after the event.

The MPS Day promptly started at 9:00 o'clock in the morning. The DOH Convention Hall and its adjoining area were arranged and apportioned with seats for the clients based on the Passport Application Processing steps, namely: Registration, Processing, Cashier, Encoding and Signing. BIHC ushers were posted for each step to ensure the smooth flow of clients as well as to cater to the needs and questions of the passport applicants.

However, many applications were rejected because of problems in the birth certificate, among other things. For instance, two (2) BIHC staff was not able to apply for their family member because the exact locations of the hospital of birth were not indicated in the birth certificate. There was also the problem of indecipherable entries in the birth certificate.

The MPS Day was able to process three hundred twenty-

one (321) applications. About twenty three (23) percent of the applicants who earlier submitted requirements did not arrive on the day itself. A food stall, an "ukay-ukay" area and photocopier services were also put up beside the Convention Hall.

Flyers on relevant information for the pick-up of the processed applications on April 2, 2016, were given before the client documents were signed by the DFA Signing Officers, which is the last step in the process. Customer Satisfaction Survey Forms were also distributed. In general, the event was rated favourably by the clients. Clamour for another MPS Day next year were heard from the happy and satisfied clients of the MPS Day. The BIHC, will be consulting relevant offices on the feasibility of its conduct, this time at the DOH Regional Offices.

Truly, the MPS Day has provided the DOH a platform for it to render additional human resource service to its employees. The accessible government service provided by the DFA not only fostered a good working relationship with them, but also, sent a strong message from government to its employees, that they are valuable, that government cares for their welfare and that of its families and that addressing the needs of employees is a continuing thrust not only of the DOH, but also of the whole government bureaucracy.

*Aleli Annie Grace Sudiagal, MD, MPH  
Division Chief, International Relations  
Bureau of International Health Cooperation*



*Mr. Fernando Depano of the Bureau of International Health Cooperation explaining the process to a passport applicant*



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# DOH CELEBRATES MONTH OF OVERSEAS FILIPINOS, HOLDS MIGRANTS' HEALTH FAIR 2015



The Department of Health (DOH,) through the Bureau of International Health Cooperation (BIHC), conducted the Migrants' Health Fair in observance of the Month of Overseas Filipinos (MOF) in December last year.

Held at the Lapu-Lapu Monument in Rizal Park, the Migrants' Health Fair aimed to provide migrants, their families and the general public with a set of free health promotion services. The event was attended by Filipino migrants, their families and members of the Inter-Agency Committee (IAC).

The Health Fair started with "*Hataw*," a mass aerobics routine which is being promoted by the DOH. Several booths were also set-up including a PhilHealth booth where participants availed of the opportunity to check their PhilHealth membership, and were updated on the PhilHealth Overseas Filipino Program. Other booths offered various wellness services such as nutrition and Body Mass Index counselling, and free massage. The fair

also featured the DOH Mobile Clinic which provided bone density scanning.

According to Director Maylene Beltran of the BIHC, the theme, "*OFW, Kalusugan, Ingatan Mo. Mag-Healthy Lifestyle Tayo*," is reflective of the value of promoting migrants health by increasing health awareness among Filipino migrants and their families. This includes awareness on the prevention of lifestyle-related diseases such as hypertension, cardiovascular diseases, diabetes, chronic respiratory diseases and cancer.

The Month of Overseas Filipinos is an annual event that recognizes the contribution of overseas Filipino workers. This year's Health Fair was supported by the IAC-MOF, headed by the Philippine Migrants' Rights Watch and the Commission on Filipinos Overseas. In June 2015, the IAC-MOF passed a resolution officially naming the DOH as a member of the IAC. (Bureau of International Health Cooperation, DOH)

# LAUGHTER heals: Juice Colored!

## KAMPANA

(Tumutunog ang kampana ng simbahan).

Ministro Romeo: Hindi mo ba naririnig na tumutunog ang kampana ng simbahan? Tumigil ka na ng kakalaro ng bola d'yan!

Geromel: Ano ho?

Ministro Romeo: Hindi mo ba naririnig na tinatawag ka ng tunog ng kampana para pumunta sa simbahan?

Geromel: Hindi ko ho talaga kayo marinig! Pakilakas ho ng boses n'yo!

Ministro Romeo: (Galit na sumigaw) HINDI MO BA NARIRINIG NA TINATAWAG KA NG TUNOG NG KAMPANA PARA PUMUNTA SA SIMBAHAN?!

Geromel: Pasensya na ho talaga pero hindi ko ho talaga kayo marinig kasi ang lakas lakas ng tunog ng bwisit na kampana na 'yan e!

## INGAY

Father Rhoderic: Marie, 'diba sinaway ka kanina ng nanay mo nung nag-iingay kayo ng kuya mo sa simbahan, ano sa tingin mo ang dahilan kung bakit dapat tahimik lahat ng tao tuwing nagmimisa?

Marie: Opo! Kasi maraming natutulog eh! Nakakahiya naman po baka magising sila!

## HESUS

Pastora Lara: Oh, hot cake ang almusal natin ngayon, mga anak. (Inilapag sa mesa ang unang hot cake na nailuto)

JR: Ooops! Akin 'yan! Ako bunso, kaya akin 'yang una!

Orlie: (Napasimangot)

Pastora Lara: Oh, 'wag kayong mag-away. Kung kasama natin si Hesus sa hapag kainan, sigurado ang sasabihin niya, "Hahayaan ko ang aking kapatid na kainin ang unang hot cake. Makakapaghintay ako."

Orlie: Narinig mo 'yun, JR? Oh, ikaw si Hesus ah!

## MILYON

Jerry: Panginoon, gaano kahaba ang isang milyong taon?

Panginoon: Para sa akin, ang katumbas ng isang milyong taon ay isang minuto lamang.

Jerry: Eh magkano naman sa inyo ang isang milyong piso?

Panginoon: Sa akin, katumbas n'yan ay piso lamang.

Jerry: Ahhhh... Penge pong piso, Panginoon?

Panginoon: Hintay anak, isang minuto lang ah?

## GISING

Pastor Diosdado: Sister Grace, pakigising naman ho ang mister n'yo. Sayang ho kung di niya mapapakinggan ang salita ng Diyos.

Grace: Kayo ho ang nagpatulog sa kanya, kayo ang

gumising sa kanya!

## HOLY WATER

Derek: Father, Father, nagkasala po ako at ang dalawa ko pang kaibigan.

Father Edgar: Mabuti at binalak ninyong sabihin sa akin.

Romy: Father, nagbasag po ako ng windshield ng isang sasakyan na nakaparada sa gilid ng simbahan.

Father Edgar: Pumunta ka r'un sa likod ng altar, lumuhod at magdasal, at uminom ka ng holy water!

(Tumakbo at sinunod ang utos ni Father)

Derek: Ako naman po father, nasuntok ko sa mukha 'yung babaeng sunod ng sunod sa'kin.

Father Edgar: Pumunta ka rin dun sa likod ng altar, lumuhod at magdasal, at uminom ng holy water!

(Tumakbo rin at sinunod ang utos ni Father)

Neil: Father, father! Ang kasalanan ko po ay... inihian ko po ang holy water!

## KUMPISAL

Chit: Mommy, Mommy! Ano po ang kumpisal? Ano'ng gagawin ko? Kinakabahan po ako.

Mommy Ria: Sa pangungumpisal, sasabihin mo lahat ng kasalanan mo kay Father.

Chit: Haaayyy... Mabuti na lang wala pa kong kasalanan kay Father!

## PANALANGIN

(Habang nasa byahe at excited ang anak kasama ang ina papunta ng mall)

Ellen: Mama, tignan mo oh, may naaksidente sa motor!

Arlene: Naku, oo nga. Ipagdasal natin, anak.

Ellen: "Dear Papa Jesus, sana 'wag mag-traffic dahil sa accident para makarating agad kami sa mall."





# Not all Babies are Equal



GENEVIEVE, 22 years old, had sepsis with convulsions and later on was diagnosed with Maple Syrup Urine Disease (MSUD) and now suffers its consequence - mental retardation. Maple Syrup Urine Disease (MSUD) is a congenital rare inherited metabolic disorder where the body cannot break down certain amino acids. There are special enzymes that process the amino acids so they can be used to maintain all of body functions.

If some of the necessary enzymes are missing or defective in the system, the amino acids and their byproducts called keto acids will collect in the body. As the levels of these substances increase, neurological damage, coma and life threatening conditions can result.

Classic MSUD is the most common form of the condition where the patient has little enzyme activity (about 2% or less than normal activity). Symptoms become present within a few days after birth. There is this distinctive odor of maple sugar in the earwax, sweat and urine. The baby can have seizures, feeding problems, poor growth and developmental delays.

If left undiagnosed, MSUD can develop severe complications that lead to swelling of the brain and eventually the blood will contain high levels of acidic substances (metabolic acidosis) which can lead to the development of seizures and coma. Untreated babies with classic MSUD eventually die a few months after birth. Republic Act 9288, otherwise known as Newborn Screening Act of 2004, was enacted to ensure that every baby born in the Philippines is offered newborn screening under the National Newborn Screening System (NNBSS). Newborn screening is an essential public health strategy

that enables the early detection and management of several congenital metabolic disorders, which if left untreated, may lead to mental retardation and death.

The baby will be screened using the heel-prick method. Babies with positive NBS results are promptly recalled for timely and appropriate management to save them from the consequences of the disorder. If diagnosis and interventions are done early enough, it can improve the chances of long term success and survival of the baby.

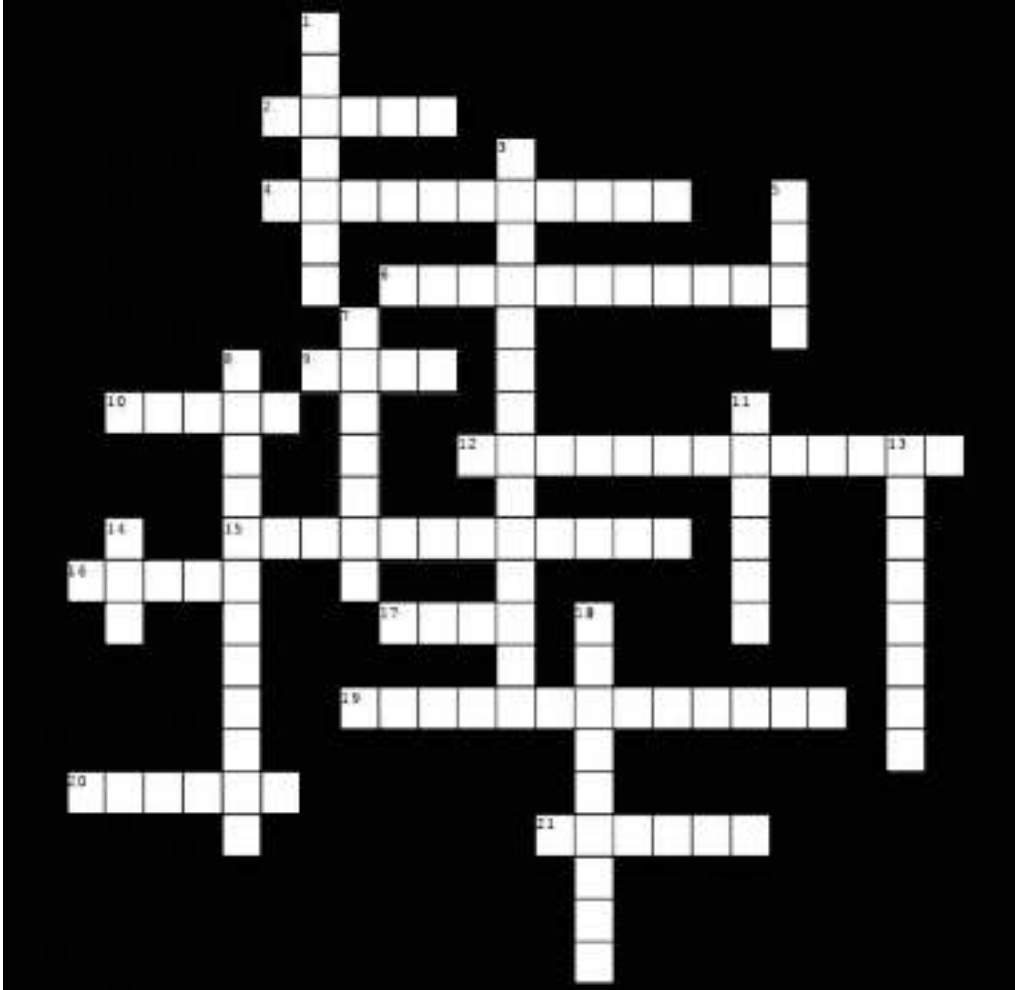
ANDREW, 2 years old,, underwent newborn screening in the hospital where he was born. He was diagnosed with Maple Syrup Urine Disease and was treated early. He is now developing normally.

His mother delivered a testimonial during the Newborn Screening Convention held in Manila in September last year. Saving babies from the gruesome effects of this disorder is in the hands of parents and caregivers who should make sure that their newborns have to undergo screening, especially for those who were not delivered in a health facility or in areas where NBS may not be offered. Not all babies are created equal but most of them can be saved with early detection and treatment for cases positive for MSUD, as well as other metabolic disorders that can be detected with Newborn Screening.

*Rosalie Paje, MD, MPH, FPAFP, CESE  
then Chief of the Children's Health Development Division  
of the Disease Prevention & Control Bureau, now Chief of the  
Preparedness Division of the Health Emergency Management  
Bureau*



# Puzzle to Dazzle!



## Across

- 2. vaccine, Apolinario Mabini
- 4. harmful, amputation
- 6. anthelmatics, worm
- 9. community, isolated place
- 10. legislator, Magna Carta for Women
- 12. 2 years, best for baby
- 15. place, free medicine
- 16. artificial, display
- 17. Republic Act No. 10354, family planning
- 19. high, low
- 20. risus sardonicus, punctured wound
- 21. latex, family planning

## Down

- 1. deadly, second-hand
- 3. natural, numbers
- 5. inclusive growth, 21 members
- 7. manga, firecracker-related injury
- 8. interval, 3 years
- 11. 4S, insecticide-treated screens
- 13. passage or transfer, black
- 14. social hygiene clinics, MSM
- 18. explosive, display



# Heart Month

**"MAHALIN MO ANG PUSO  
MONG NAGMAMAHAL"**



**Live a healthy  
lifestyle!**

