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GRAPHIC NOVELS



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CONTENTS



26

5 Philippine AIDS Hour: A First in the World and Beyond



6

8 Babae, Mahalaga Ka!

10 Eliminating Hepatitis B in the Philippines: In the Horizon?

13 Roads to a Wonderful Pregnancy and Delivery

17 Sew the Underlying Slits, Close the Immunization Gap!

18 Adolescent Health Educational and Practical Training (ADEPT) E-Learning Toolkit

20 Pag Lisensyado, ProtektaDOH

21 DOH Fulfills RPRH Law Purpose;
Calls for Next Administration's Support

24 Smoke-Free Schools Campaign
Continues as Class Opening Begins

28 Food Poisoning

30 Bayani ng Kalusugan 2016: A Night Full of
Heroes, Farewell and Thanks



32

35 What to Do Before, During, and After an
Earthquake: Duck, Cover, and Hold!

37 Statement of DOH Secretary Janette Loretto
Garin During United Nations High Level
Meeting on HIV

40 ASEAN Dengue Day

42 Breaking the Stigma on Mental Health



22



28

36



41



23



50



51

EDITORIAL

Month of the Parents

Being single and having no boyfriend or girlfriend is somehow frustrating to some of the millennials nowadays, especially whenever they see their friends' posts in the social media, happy being in a relationship.

Posting of bitterness, rants, and touches of sarcasm are not new to single millennials during the 14th of February when love is really in the air.

It begs the question, which is harder: having no date during Valentine's day or having no mother during Mother's day/having no father during Father's day? This is a question that will surely make everyone think and appreciate more the importance of our parents in our lives.

As the months of May and June are significant for each of our parents (Mother's Day for the month of May while Father's Day for June), this year's third issue of the official publication of the Department of Health will highlight their roles as it features the Responsible Parenthood and Reproductive Health Law, safe motherhood, and the launching of Adolescent Health Education and Practical Training E-Learning Toolkit.

This issue also features how to detect, and prevent diseases such as cervical cancer and Hepatitis B. Aside from that, this edition will tackle the first ever Philippine AIDS Hour as well as topics about dengue, earthquake, and food poisoning. We will talk about the full implementation of Graphic Health Warning law on cigarette packs where the role of the parents is really important. According to the World Health Organization, the long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood.

As all of us came from a father and a mother, let us thank them, reflect on their influence and goodness in our lives, and show them our appreciation as we enjoy reading this issue.

-The Editors





"It is better to light just one little candle than to stumble in the dark! Better far that you light just one little candle, all you need's a tiny spark!" these are the first few lines to a famous inspirational classic song, fitting to the occasion of lighting candles that celestially sparkled a large red ribbon during the first ever Philippine AIDS Hour at the Quezon City Memorial Circle grounds on May 14, 2016. Amidst all the challenges we face to combat HIV and AIDS, we dare to create a flicker of light in this dark times and take a step forward in increasing awareness through effective massive campaigns.

Despite extensive HIV programs from the government and private sectors, HIV cases in the Philippines continue to rise. Since the first recorded case in 1984 to May of 2016, the Epidemiology Bureau of the DOH has accounted more than 34,000 cases positive with this dreaded virus, more than 1,700 reported deaths and an escalating number of cases in youth aged 15-24 years. Because of this alarming situation, a purpose-driven and innovative approach was instigated towards a call for nationwide solidarity to eradicate HIV.

STRENGTHENED PHILIPPINE INTERNATIONAL AIDS CANDLELIGHT MEMORIAL

The Philippines, inspired by the world-renowned Earth Hour, is the first country to have launched this program as a platform of engagement in spreading out relevant information about HIV and AIDS. The Project Red Ribbon Care Management Foundation, Inc. (TRR) President, Mr. Ico Rodolfo Johnson, conceptualized the AIDS Hour and presented it to Department of Health (DOH). Although the idea of the AIDS Hour is ironic with Earth Hour as the former calls for everyone to put off the lights to conserve energy, the latter invites people nationwide to light a candle as an act of solidarity to halt HIV and AIDS. They are both causes that advocate for the common good within a scheduled hour. The AIDS Hour is an added feature of the annual Philippine International AIDS Candlelight Memorial (PIACM) that would better ignite national interest. PIACM principally commemorates our departed brothers and sisters because of AIDS as well as encouraging all to step out of their shadows with the message "Know Your Status, Get Tested."

The DOH together with its partners celebrates the PIACM every 3rd Sunday of May based on the message created by the Global Network of People Living with HIV, the international organization that founded the event. The TRR, since its formation in 2011, has partnered with the DOH, universities and non-government organizations in celebrating PIACM. With the AIDS Hour incorporated in PIACM, the yearly commemoration was strengthened with an hour of public engagement to raise social consciousness and breaking down barriers of stigma and discrimination.

The Philippine AIDS Hour imperatively tapped the social media to reach wider scale in educating people especially the youth with pertinent HIV information and also correcting myths. In the AIDS Hour Facebook page and Twitter, every netizen was encouraged to participate in a national photo contest with a hashtag of #AIDSHour2016, real time uploading of a photo within the timeframe of the AIDS Hour. The photos are required to depict AIDS Hour advocacy such as lighting candles anywhere in the country by an individual, small group or organization. The winners had received cash prizes from sponsors and their photos will be used for the World AIDS Day in December 2016 and in PIACM posters for next year.

The first National AIDS Hour was made possible through the support of the DOH National AIDS/STI Prevention and Control Program, Philippine National AIDS Council, DOH- National Capital Region, Quezon City Health Office, Research Institute for Tropical Medicine and various HIV and AIDS advocacy groups. The Pilipinas Shell Foundation, Inc. (PSFI) was a major partner in funding opportunities, in addition to Philippine Health Insurance Corporation and Premiere Condoms that supported this promising event. Quezon City, being the host for the pilot year, provided the staging of the AIDS Hour City symbol. There will be a selection of the host city for the next AIDS Hour based on HIV program efforts.

“The launch of the first ever AIDS Hour in the world is

a concrete example of the Philippines doing our part in the global effort against HIV and AIDS. We need to raise awareness because many PLHIV do not know what health services are available for them. Others are afraid to consult, or are socially stigmatized for being HIV-positive. We hope that the AIDS Hour movement will spread not just in our country but globally”, Health Secretary Janette Garin said during a Press Conference a day before the event. She also encouraged the public to join the rest of the world in this memorial and remember that every lighted candle represents our struggle to overcome HIV and AIDS.

THE EVENT

More than 3,000 participants graced the National AIDS Hour which started with a prayer at 3 o'clock in the afternoon followed by the Solidarity march for all the organizations around the venue. At 5pm, the PIACM Lotus Ceremony was conducted by the Pinoy Plus Association. Simultaneously, PIACM ceremonial red ribbon was unveiled and lit. As pre-announced during advertisements, the Philippine AIDS Hour begun at exactly 6pm. The solemn commemoration



rites were done including messages from a youth representing the PLHIV, Quezon City Mayor Herbert Bautista, the World Health Organization (WHO) Country Representative Dr. Weiler Gundo, the DOH Undersecretary Dr. Vicente Belizario, Jr. and the PSFI Executive Director Edgar Veron Cruz. The Quezon City Health Office representative Dr. Verdades Linga with celebrity advocate Ms. Elizabeth Oropesa led the Pledge of Solidarity. The AIDS Hour culminated at around 7pm with a captivating laser show in the Quezon City Monument that undoubtedly amused the attendees.

The Facebook and Twitter reached 1.5 million during the 6 to 7pm AIDS Hour and more than 2 million at the end of the night, a national record for any HIV and AIDS event in the country according to TRR.

BEYOND AIDS HOUR

According to the WHO, the Philippines has the fastest growing HIV epidemic in the world for 2015. The HIV registry report released by the DOH Epidemiology Bureau showing 25 cases per day and 739 new cases

for just the month of May 2016 is quite alarming. This is a challenging effort to ramp up the response of the government and the public to the current HIV situation in terms of funding and raising awareness. Likewise, the new Sustainable Development Goal 3 aspires to ensure health and well-being for all, including a bold duty to end the epidemics of AIDS by 2030.

The selected host city of the succeeding AIDS Hour will accept the challenge of sustainability and continued commitment of every Filipino. Because this is a long-term battle against HIV and AIDS, the PIACM and AIDS hour should be solidly sustained through consistent and lasting community mobilization campaign of the DOH and its partners. A valiant undertaking to make a single hour significant and eventually transcends in the entire year and beyond.

May we become instruments of light for the PLHIV and to the whole world, bringing hope and gradual change in this timely endeavor as the same classic song ended with this line, "And, if everyone lit just one little candle, what a bright world this would be!" **HB**



Babae, Mahalaga Ka!



Mrs. Annie Bentulina is being interviewed by one of the DOH staff before the screening.

It is said that everyone is unique and no two things are exactly the same. But the truth is, we all have one thing in common just from the very start of our breath... we all came from a woman.

Next on having an offspring or a child, pleasure or satisfaction is the purpose of making love or sex. But out of these beautiful things, there are also risks and bad chances no matter how careful you and your partner are.

Here comes the Human Papilloma Virus (HPV) causing cervical cancer, a disease on the cervix or *kuwelyo ng matris* located in between of the vagina and uterus, the second most common cancer afflicting women worldwide. Wherein the Philippines, based on the 2010 Philippine Cancer Facts and Estimates, approximately 12 Filipino women die daily due to this disease.

According to Philippine Health Advisories, all women who have had sexual intercourse are at risk of cervical cancer. Also susceptible are those who have multiple sexual partners, those whose sexual partner have several sexual partners, and those who have had sexual intercourse at a very early age (15 or 16 years old).



Some of the women who registered for free VIA screening waiting for their turn.

FREE SCREENING

In celebration of May as Cervical Cancer Awareness Month, the Department of Health (DOH) together with its partners conducted a free screening called VIA or visual inspection using acetic acid among women who would like to get tested on DOH retained hospitals.

This May 27, one of the hospitals that vigorously conducted the VIA screening is the Jose R. Reyes Memorial Medical Center. Out of the 66 women who got tested, 11 of them were suspected of having the cancer and need further examinations.

ONCE VULNERABLE, NOW SAFE

Mrs. Annie Bentulina, 41 years old was just one of the women who got screened because of her own speculations and her mother happened to be a cervical cancer survivor.

As interviewed by one of the DOH staff before the screening, she narrated on what happened to her mother, *"Noong bago ma-diagnose ang nanay ko, sabi niya, menopause na ako, bakit nagkaroon ako at ang lakas lakas? Sabi namin, pacheck-up na siya kasi hindi normal 'yan. Sabi ng OB, may something... pero di pa natin alam kung anong stage, ipa-biopsy mo".*

"Paglabas ng resulta ng biopsy, cervical cancer nga.

Stage 2B. *Pinag-chemo at radiation. Tapos iyong result sa ct-scan, iyong buto na ang kinapitan. Pero after uli ng another chemo na high dose na, naging ok na siya at may every month siyang treatment para di na bumalik".*

Much to her relief, it was confirmed that Mrs. Bentulina was negative to cervical cancer after an hour of waiting for the result. **HB**



Dr. Donalyn Barcial of the Jose R. Reyes Memorial Medical Center discussing the basics of cervical cancer and the importance of VIA Screening.



Mrs. Bentulina under the VIA Screening.



ELIMINATING HEPATITIS B IN THE PHILIPPINES: IN THE HORIZON?

Baltazar Lucas is, at 35 years old, a true survivor. His story is a classic tale of one living with Hepatitis B infection in the Philippines.

Baltazar, or Vhal, is the eldest of four brothers. All of them were diagnosed with Hepatitis B when the youngest, Marc Anthony, fell ill in 2008. Tragically, between 2008-2013, Vhal lost all 3 of his brothers in succession to complications of Hepatitis B.

Shortly after the death of his last remaining brother Aris, Vhal was also diagnosed with a 10 centimeter tumor on the right side of his liver. He underwent surgery to remove the tumor in December 2013 and eventually had a liver transplant in September 2015. He is presently finally tumor-free and is being closely monitored.

While the triumph of Vhal is a rarity in a country where treatment for complicated liver disease is not widely accessible, the tragedy of the Lucas brothers is just one of many similar cases in the Philippines.

Hepatitis B: A Filipino disease

Many Filipinos have Hepatitis B, a chronic viral infection that can lead to liver failure, cirrhosis and liver cancer. In the 2003 National Nutrition and Health Survey, the Hepatitis B prevalence rate in adults was estimated to be at 16.7%, translating to about 7.3 million Filipino adults with Hepatitis B. Of these, the WHO estimates that more than 90% of those with Hepatitis B are not aware of their infection.

More than 50% of cases of liver cirrhosis and over 70%

of liver cancer in the Philippines is related to Hepatitis B. Many patients diagnosed with complications are beyond cure due to delayed diagnosis since majority of carriers are asymptomatic.

Testing for Hepatitis B is available but is not covered by health insurance. However, before widespread screening policies are put in place, the healthcare system must be ready to cater to those newly diagnosed. Primary care providers must be armed with information on the basics of care for Hepatitis B patients and triggers that should lead to specialist referral.

In highly endemic areas like the Philippines, HBV is most frequently transmitted from an infected mother to her child at birth and through horizontal transmission at ages 0-5 years old.

Unfortunately, it is for those infected at birth that the risk of chronic and frequently life-long carriage of the virus, is highest. Mother to child transmission of Hepatitis B can be prevented in over 90% of cases if the Hepatitis B vaccine and Hepatitis B immunoglobulin (HBIG) are administered to at-risk infants within 12-24 hours of birth.

Although the timely birth dose of the HBV vaccine is mandated by Republic Act 10152, also known as the Mandatory Infants and Children Health Immunization Act of 2011, gaps in the administration of the 1st dose of the vaccine persist.

It is for this that the DOH launched a renewed drive

to promote the timely administration of the birth dose. This campaign kicked off during the last World Hepatitis Day Celebration on July 28 this year with the catchy call to action: **Sa Unang 24 oras, Bakunahan si Baby Kontra Hepa B!**

Filipinos with Hepatitis B suffer undue discrimination

A unique dimension of Hepatitis B in the Philippines is the stigma that is attached to those diagnosed. This leads to barriers in seeking appropriate evaluation and in screening at-risk family members. Hepatitis B patients are frequently discriminated upon, leading to denial in job applications or even dismissal from health courses for students.

The Hepatology Society of the Philippines worked hand in hand with the Department of Labor and Employment to come out with the *Guidelines on the Evaluation of HBsAg-positive Workers for Employment* and the DOLE Advisory in 2010 on the *Guidelines on the Implementation of a Workplace Policy and Program*

for *Hepatitis B*. It is hoped that this advisory will lead to the enactment of anti-discrimination laws for Hepatitis B patients.

WHO targets to eliminate Hepatitis

In the past 5 years, the World Hepatitis Alliance led a push to make viral hepatitis a priority in public health globally. This led to the 2010 Resolution of the World Health Assembly that recognized viral hepatitis as a global health problem. July 28 was later declared World Hepatitis Day, one of four disease-specific world health days promoted by the WHO.

Since 2010, WHO has released publications to guide member countries in addressing viral hepatitis with a public health approach. In spite of this, in 2013, viral hepatitis remained to be the leading cause of death amongst chronic infections, surpassing tuberculosis, malaria and HIV.

The WHO estimates that 19 million more will die from Hepatitis-related disease between 2015-2030 if



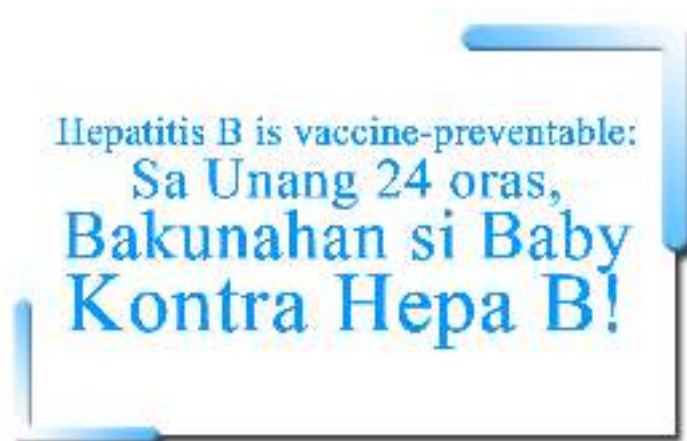
nothing is done to treat those infected and prevent new infections.

As a response, the first World Hepatitis Summit in 2015 led to the Glasgow Declaration, where they urged: “governments in all jurisdictions to develop and implement comprehensive, funded national hepatitis plans and programmes,” aiming to eliminate viral hepatitis as a global health threat by 2030.

Waves of this movement are now felt locally thru the concerted efforts of the Hepatology Society of the Philippines (HSP), representing liver physicians, and the Yellow Warriors Society of the Philippines, a national patient support group for viral hepatitis.

In 2014, HSP launched “B Aware,” a comprehensive campaign to increase awareness of Hepatitis B. “B Aware” aims to increase the number of Filipinos who are “Hepatitis B-Aware, Vaccinated, Tested, and Treated.”

The Department of Health is spearheading the movement to formulate policy on access to diagnosis and treatment. A Technical Working Group is creating a comprehensive national program for viral hepatitis. This program will be the culmination of the tremendous efforts of all stakeholders to finally put a stop to Hepatitis B and other forms of viral hepatitis as a major silent killer in the Philippines. With all sectors working together, the dream of a Hep B Free Philippines will soon be a reality. **HB**



The Road to a Wonderful Pregnancy and Delivery

With the combined efforts of the Department of Health (DOH) Regional Office 8, with the Provincial Health Office, City Health Office and other related agencies, the Japan International Cooperation Agency – SMACHS-EV (Strengthening Maternal and Child Health Services in Eastern Visayas) Project worked on increasing the number of pregnant women and newborns receiving safe pregnancy, safe delivery, and postpartum care services in Eastern Visayas.

For example, 1. The provision of delivery beds created the safe delivery setting for pregnant mothers at Rural Health Unit. 2. The provision of trainings improved doctors, nurses, and midwives' clinical skills, especially for Basic Emergency Obstetrics and Newborn Care. 3. Community Health Teams (CHT) were organized and mothers in the community were given information by the CHT about the importance of facility based delivery and necessary maternal and neonatal care. 4. Necessary political and financial support were strengthened and the activities such as facility based delivery and CHT activities were ensured to continue.

With these continuous efforts, the surroundings of pregnant mothers and newborns have been changed. We are featuring the client's point of view towards the services they received.



A mother from Barangay Poblacion, Tolosa, Leyte told us her experience:

"They say that being pregnant always gives you fear and discomfort. Well, not for me because of the personalized treatment I got from the skilled health workers in my town.

I was only two-months pregnant with my second child when a CHT member came to visit me in our house. Her visit came to me as a surprise as I am not used to having somebody who would ask me about the status of my pregnancy. She conducted some interview regarding my Last Menstrual Period (LMP). Due to her friendly attitude, I easily became comfortable with her and answered all her questions pertaining to my pregnancy honestly and accurately.

Beforehand, I was already aware about the presence of the CHTs in our barangay, however, I had no

concrete idea what they were supposed to do in the community especially with the pregnant women and newborn babies because I did not experience such kind of treatment from health workers during my first pregnancy.

My second pregnancy seems like the-first-of-everything for me in terms of the care and services I got from the health center.

This is my first time to experience being always reminded by a CHT member for the schedule of my prenatal visits. The CHT always makes sure I went to the facility for check-up as they often came to me before and after the scheduled prenatal.

During my prenatal check-ups, the CHT is there at the Rural Health Unit (RHU) assisting the midwives. Personally, I feel comfortable knowing that the person I trust with my pregnancy is present during my checkups. When it comes to the midwives and other RHU staff, I had an awkward and shy feeling at first because I was not used to communicating with them and confiding to them my experiences with my pregnancy. However, like the CHTs, I sensed they were very accommodating and passionate towards their patients so I easily trusted them and had high regard for them.

The midwife on duty gave me free shots of tetanus toxoid as well as complete doses of ferrous sulphate and other vitamins needed in order to make my baby healthy and far from any danger while he's inside my womb. Aside from that, she also gave me lectures on the proper nutrition and birth plan that I must follow when the day of my delivery arrives. She gave me a "Mother and Child" book which contains records for both my baby and I, as well as educational information on how to take care of myself and my baby while I am pregnant and after my delivery. Since then, I always get excited every prenatal check-up because of the support of the health workers and the CHTs which made me realize that being pregnant can really make

a woman feel so special.

The day of my delivery came. I felt sudden pain and it looks to me that I had diarrhea as I often rushed to the toilet to discharge. After a while, I noticed blood discharges. That was when I realized I am already in an active labor. The CHT was informed immediately and she rushed to our house to assist me. I grabbed my readily packed bag and went to the RHU, where I was scheduled to deliver as written in my birth plan.

While I was on labor, the CHT as well as the midwives on duty never failed to check my condition. There were times that they cheered me up when they saw that I was suffering from intense pain. They took my vital signs to ensure that I am okay to deliver at the facility. They wrote something on a chart they called partograph. From what I observed, I had no doubt that the people assisting my imminent delivery were really skilled and experienced.

When I could not almost take the pain, my bag of water broke. They took me to the delivery room and helped me on the delivery table. When I was in position, one of the midwives coached me how to push properly so that my baby will come out safe and sound and within the time limit.

At last! I heard my baby's cry. I released a sigh of relief. The midwife immediately put my baby on my chest, my another first experience of what they called *Unang Yakap* or First Embrace. I felt an immediate bond with my newborn.

While the midwives were busy cleaning me and my baby, I happened to look around the delivery room wherein I noticed several equipment which I thought must be essential for both the mother and the baby. They had oxygen that was always ready in case my baby and I will be having difficulty in breathing. However, I thanked God that we were both okay.

After 24 hours, I was discharged and I went back home

with my baby accompanied by my mother and the CHT. Few days after my delivery, the CHT still did not fail to visit me and checked on our condition. I really appreciate the effort that the CHT had extended to me the entire duration of my pregnancy and until I gave birth.

In my personal view, delivering at the RHU is safer than doing it at homes. There are skilled and well-experienced health personnel that can assist the patient. There are on stand-by ambulance and emergency equipment as well as emergency drugs and medicines that are very vital for the mother and the baby especially during emergencies. "

A Mother of Barangay Poblacion, Tolosa, Leyte



Another mother of four children shared her experience:

"I am a mother of four (4) children who preferred utilizing the RHU facility during the delivery of my fourth child. Here is my story.

I did not expect that I could still be pregnant because of my age. I was 40 years old when I became pregnant with my fourth and youngest child. I had a feeling of inferiority as I was afraid what other people might say. I tried hiding it at first.

Prenatal:

In the first three months of my pregnancy, I was surprised that a CHT member went to our house and conducted interviews. I thought of denying that I am pregnant but I could sense that they were just trying to help me receive the necessary care and services for me and my baby. Therefore, I answered them honestly.

Later that day, the CHT conducted some lectures on the dos and don'ts of pregnancy as well as the right nutrition and vitamins to take. She emphasized that I must go to the health facility to see a midwife so that I can have a proper prenatal check-up. I was hesitant to go to the RHU at first but the CHT member

persuaded me.

In the RHU, the midwife who assisted me was very friendly and accommodating, thus, I felt comfortable. She always wore a smile while doing an interview and she was very gentle while getting my vital signs. With the care and services the health personnel in the RHU showed me, I was already looking forward to the next date of my prenatal.

Delivery:

In the ninth month of my pregnancy, I visited the RHU daily for prenatal check-up to make sure I am fine as well as my baby. In those period, the CHT never failed to visit me in our house almost everyday to check on my condition, until the day I was in labor.

Since the RHU delivery room was still under construction, I was brought to the Municipal Hall where a temporary delivery room was set-up equipped with supplies and medical equipment necessary for the delivery. The midwife as well as the CHT regularly checked on me while I was still on labor. They monitored my blood pressure and did regular internal examination just to make sure that the duration of my labor is within normal.

When my bag of water broke, the midwives immediately helped me on the delivery table. They were coaching me on what to do especially on how to push properly. They also gave words of encouragement to me. I could not feel any fear knowing that they were attentive to my needs. I could say that they are very skilled and knowledgeable on what they do.

When my baby was out, she was immediately put onto my chest, skin-to-skin contact with me. While the baby was comfortably nestled, the midwife instantaneously cleaned me up. She gave me a shot of what they called oxytocin.

Postnatal Care:

When my baby and I were already stable, we were transferred to the improvised recovery room, still with the assistance of the midwives and the CHT. We were monitored regularly while we were in the facility. Subsequently, the CHT member conducted regular monitoring of our condition even we were already home. They frequently visited us and conducted health lectures on the care of the newborn including the importance of regular visits to the facility for the immunization.

I am very thankful to the CHTs and RHU personnel who extended their effort, love and care for me and my baby. My pregnancy and delivery was indeed wonderful and special experience.

My advice to the pregnant mothers and soon-to-be pregnant, they must go to the health facility for their prenatal check-up and follow the advice given by the health workers to ensure healthy pregnancy and safe delivery.” **HB**



SEW THE UNDERLYING SLITS, CLOSE THE IMMUNIZATION GAP!

World Immunization Week (WIW) is celebrated each year in the last week of April to promote the use of vaccines to protect people of all ages.



In this year's WIW, Mati City, Davao Oriental and Barangay 76-A, SIR Matina, Davao City, joined the rest of the world in refocusing public attention on the importance of vaccine.

Dr. Ben Hur Catbagan Jr., the City Health Officer of Mati City, in his message, reminded the parents of their responsibility in giving their children a great start by giving them their complete immunization. He emphasized the safety and effectiveness of the vaccines given.

In Davao City, Dr. Joy Villafuerte, City Health Officer, reminded all the residents that immunization is not just on Wednesdays, but they can visit the health centers everyday to avail of the different essential services. Last April 28, 2016, immunization defaulters were gathered and given the necessary vaccines they missed. They were educated and encouraged to

come back on time to complete their immunization.

In its aim to eliminate all vaccine preventable diseases, Department of Health (DOH) Davao Region is addressing the underlying slits to successfully close the immunization gap. **HB**

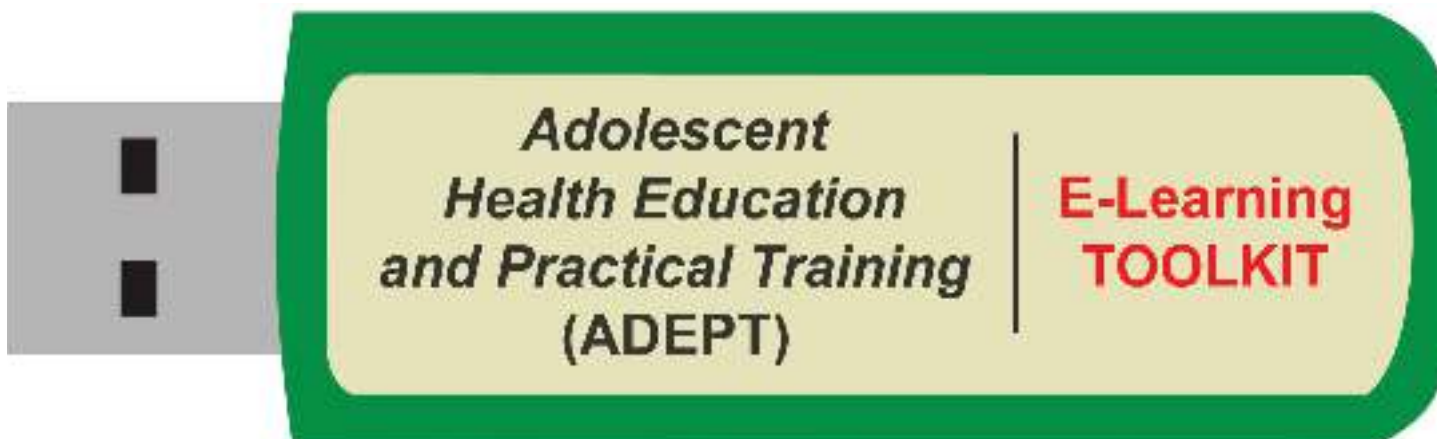


Dr. Ben Hur Catbagan Jr., CHO Mati City, prompted the parents of their responsibility in completing their child's immunization.



A defaulter child having her missed vaccine.

A mother reading the schedule of vaccination



Adolescent Health Education and Practical Training (ADEPT) | E-Learning TOOLKIT

Being an adolescent is one of the most challenging stages in our lives. This is the time when we experience changes and developments in our bodies. Not just physically but mentally and emotionally as well. We learn new things and get confused by them. We start to decide for ourselves without even knowing if we're making the right one. This is the time when we start to feel different emotions that we cannot explain. In this stage, we start to discover and learn new things about who we are as a person.

Adolescence is the time that we prepare ourselves for adulthood. That is why we need guidance to educate us and help us understand the things that we ourselves could not understand. To avoid making mistakes that can cause harm.

According to the Philippine Health Statistics (2003), in the country, non-communicable diseases account for more than 40% of the deaths in young people (10-24 years old) and injuries are the causes of death in almost one third of people in this age group. The leading threats to Adolescents Health are accidents and other inflicted injuries.

The threat of HIV and other sexually-related diseases substantially increased over the past year. Among the 15-24 year olds, reported HIV infections nearly tripled between 2007 and 2008 from 41 cases to 110 per year, which is substantial cause for alarm.

The substantial increase from the past years can be traced from the adolescents' early engagement in risky health behavior, due to serious gaps of the



The participants during the ADEPT E-Learning Toolkit pre-test at Garden Orchid Hotel in Zamboanga City last April 27-29, 2016.

knowledge on the dangers of drugs, as well as causes on the transmission of STD, HIV, and AIDS, dangers of indiscriminate tattooing and body-piercing and inadequate population education.

Under this threat, young males are prone to engaging in health risk behavior and more young females are also doing the same without protection and are prone to aggressive or coercive behaviors of others in the community such that it often results to significant number of unwanted pregnancies, septic abortion, and poor self-care practices. In addition, there are also other less common but significant causes of disease and deaths namely: intentional self-harm, substance abuse, nutritional deficiencies, and disability.

The alarming patterns of health issues affecting adolescents health is caused by different factors which was studied by various organizations such as Asia Society for Social Improvement and Sustainable Transformation (ASSIST), the Society of Adolescent Medicine of the Philippines, Inc. (SAMPI), and United Nations International Children's Emergency Fund together with the Department of Health-Family Health Office and Health Promotion Communication and Service.

ASSIST and SAMPI formulated an E-learning toolkit called ADEPT or Adolescent Health Education and Practical Training. ADEPT is an online learning system for healthcare workers nationwide. It is an initiative that aims to improve adolescent healthcare by bridging the communication gap between adolescents and healthcare service providers nationwide. The ultimate goal of this project is to educate the healthcare service providers about the proper ways of dealing with adolescents: building trust, encouraging openness, asking the right questions in a right manner, etc. This E-Learning Toolkit is designed for healthcare service providers who work with adolescents in the space of adolescent health and development in the Philippines.

The people behind this E-Learning Toolkit believe that the new system is going to be a big help not only for the improvement of the services of all health workers in the country, but also to the adolescents in the community. **HB**



The ADEPT Team with the participants during the pre-testing at the Department of Health Central Office.

PAG LISENSYADO, PROTEKTADOH

Pag Lisensyado, ProtektaDOH developed by the Bureau's Information Committee is the official tag line of the Health Facilities and Services Regulatory Bureau (HFSRB) of the Department of Health (DOH). The concept was promoted as a strategy to create awareness that DOH licensing and accreditation by HFSRB promotes patients' safety in each of the health facilities. This tag line can be seen as footer in all the official written communications, presentations and Information Education Communication materials of HFSRB and regional offices' Regulatory, Licensing and Enforcement Divisions (RLEDs).

Currently, DOH through HFSRB regulates 17 types of health facilities, namely:

- Ambulatory Surgical Clinics
- Birthing Homes
- Blood Service Facilities
- Clinical Laboratories
- Dental Clinics (institution-based)
- Dental Laboratories
- Dialysis Clinics
- Drug Abuse Treatment and Rehabilitation Centers
- Drug Testing Laboratories
- Hospitals
- Human Stem Cell and Cell-Based or Cellular Therapy Facilities
- Infirmaries
- Kidney Transplant Units
- Laboratories for Drinking Water Analysis
- Medical Facilities for Overseas Workers and Seafarers
- Newborn Screening Centers
- Psychiatric Care Facilities

All of the above facilities should first secure the

necessary license or accreditation at the DOH through HFSRB in the central office or through RLEDs at the regional offices, before lawfully starting to operate or accept patients or clients. RLEDs issue the licensing/accreditation of birthing homes, infirmaries, dental laboratories, free standing clinical laboratories and free standing blood centers. RLEDs also renew the license/accreditation of laboratory for drinking water analysis, level 1 hospitals and psychiatric care facilities (acute, chronic, and custodial). The rest can be obtained at HFSRB DOH Central Office.



Being licensed or accredited has numerous benefits: it enables the health facility and their patients to be eligible for PhilHealth reimbursements as well as from other enrolled certified health insurance bodies; it gains trust and confidence of patients, their families and other stakeholders; establishes a positive image to clients, stakeholders and the community; it boosts the morale and self-confidence of employees; it legitimizes the operation of the health facility; it prevents litigation against the owners and or personnel for illegal operation; and it connotes that the health facility owner is dedicated to the facility's success.

To our stakeholders and clients, patronize only the licensed and accredited health facilities because your safety is guaranteed. **HB**



DOH Fulfills RPRH Law Purpose; Calls for Next Administration's Support

**“The enactment of the RPRH Law,
after 14 long years, is a victory
of the Filipino people.”**

The Department of Health (DOH) through the National Implementation Team and in collaboration with the Commission on Population, continues the implementation of the Responsible Parenthood and Reproductive Health (RPRH) Law despite the challenges it faced like the budget cut and the Supreme Court's Temporary Restraining Order among others.

Republic Act 10354, or the RPRH Law, was passed by Congress in 2012 and subsequently declared constitutional by the Supreme Court in 2014. This law ensures access to reproductive health information, life-saving commodities, and services to reduce maternal mortality and empower families to decide the number and spacing of their children.

Guided by the mandate stated in Section 21 of R.A. 10354 or RPRH Act of 2012 and Rule 15 of its Implementing Rules and Regulations (IRR), the DOH complied with the requirement to report the accomplishments of RPRH.

“Now is the time to shift away from advocacy and

focus on service delivery. The National and Regional Implementation Teams in partnership with the civil society organizations enhanced the implementation especially at the grassroots level. We are grateful for all the help we received from non-government organizations, civil societies, and other stakeholders. We have to help one another to deliver the quality health services our fellow Filipinos needs,” Health Secretary Janette P. Loreto-Garin explained.

There were five key areas highlighted in the accomplishment report: (1) maternal, neonatal, child health, and nutrition; (2) family planning; (3) adolescent sexual reproductive health; (4) sexually-transmitted infections and HIV/AIDS; and (5) gender-based violence. These are the critical areas that were left unfinished as Millennium Development Goals (MDGs) but continue as Sustainable Development Goals (SDGs) 2030.

These are facility-based deliveries instead of home deliveries. Through the RPRH Law, the Philippines can ensure pregnant mothers, newborns and children receive quality maternal, neonatal and child care so



that pregnancy and childbirth no longer have to be life threatening events in a woman's life.

Under Family Planning (FP), almost 5.5 million women of reproductive age in the country uses modern FP methods (natural, artificial). The Modern Contraceptive Prevalence Rate (mCPR) in 2015 increased to 44% from 41.14% mCPR in 2014. The RPRH Law gives Filipino couples and individuals the right to choose the timing, spacing, and number of children they want to have, or if they want not to have children at all.

The RPRH Law aims to improve the health and well-being of young people by providing adolescents and young people with appropriate information, life skills, and services that will enable them to cope with their full development into adulthood. Through this, 134,000 young people were counseled in collaboration with local government units, 18,140 adolescents engaged through You-For-You Campaign, and 272,955 girls aged 9 to 10 years old were vaccinated against Human papilloma virus.

Moreover, Php 324 million was allotted from the DOH budget to focus on Sexually Transmitted Infections, HIV, and AIDS. 97% has been utilized in medicines, testing, counseling, and advocacy programs against HIV. From January 1984- April

2016, there are 33,419 reported cases of HIV in the Philippines. A total of 13,908 people living with HIV are presently in Anti-Retroviral Therapy.

Eliminating violence against women, children, and other forms of sexual and gender-based violence are some of the 12 elements of RPRH Law. The RPRH Law IRR defines Violence Against Women (VAW) or Gender Based Violence as all forms of violence inflicted on women on account of their gender. Under this, 3,256 new VAW desks are established in barangays nationwide and are ready to respond to gender-based violence cases.

"The enactment of the RPRH Law, after 14 long years, is a victory of the Filipino people. Since its conception, the highlight of the RPRH Law is to reach every Filipino and give them the much needed information and services they rightfully deserve. We are grateful to all our partners from non-government organizations, civil society groups, and other stakeholders for their continuous support despite the challenges throughout this journey. The DOH trusts that this report documented the significant contribution of the government and its stakeholders to the well-being of all Filipinos, empowering couples to exercise their reproductive rights and cultivating an environment for people to achieve their development goals," Garin concluded. **HB**

BALIWAN TIME



Pag-aalala

JR: Dok, sobra na ang pag-aalala ko sa sobrang libog ko. Baka sakit na 'to.

Doktor: So, kailangan mo ng gamot pampaalis ng libog?

JR: Hindi! Gusto ko ng gamot pampaalis ng sobrang pag-aalala!

Unsatisfied

Aurora: Okay ba ang *services* ng ospital n'yo?

Doktor: Opo, Madam.

Aurora: Paano kung di ako *satisfied*?

Doktor: Ibabalik namin sakit mo.

Sayang

Joerem: Dok, may matinding problema 'tong bayaw ko. Bigla na lang tumitilaok tuwing umaga. Sinasabi niyang manok daw siya.

Doctor: Naku, matinding kaso nga 'yan. Baka matagalan siyang ma-*confine*.

Joerem: Pero dok nanghihinayang naman ang kapatid ko...

Doktor: Bakit? Saan nanghihinayang?

Joerem: Sayang din naman daw po ang mga itlog.

Face lift

Jers: Magkano po pa-*facel lift*?

Doktora: Kulang kulang P150,000 po ang *complete treatment*.

Jers: Mahal naman! Ano pa pong ibang *alternative* para magmukhang bata?

Doktora: Heto, tsupon. Bente lang.

Plate Number

Joan: Nakita ko po 'yung kotse na sinakyan ng *snatcher* kanina!

Pulis: Nakuha mo ba 'yung *plate number*?

Joan: Hindi po e, nakaturnilyo po kasi.

Pumapayat

Nutritionist: Iha, pumapayat ka na. Pero mukhang di maganda ang epekto dahil hinang-hina ka naman. Sinusunod mo ba ang advice ko na 3 *meals a day*?

Sabrina: Sh*t! Ang akala ko 3 *males a day*!

Paa

Anne: Porket tinititigan siya mula ulo hanggang paa, *insecure* na?

Ferds: Ano pa nga ba, Bes?

Anne: Di ba pwedeng kinukumpara ko lang iyong mukha niya sa paa niya?

Birthday

Jerry: Pards, kailan nga ba *birthday* mo? Para ma-*surprise* ka naman namin.

Gerome: July 20.

Jerry: Anong taon? 'Wag ka na mag-*feeling* bata!

Gerome: Luh! Malamang taun-taon! Alangan namang *sometimes*!

Peke

Orlie: *Surprise!*

Kim: Kwintas na naman! Kwintas na regalo mo sa akin *last year*, e. Kotse naman sa pasko!

Orlie: Ah... Eh... Wala kasi ako makitang pekeng kotse, e!



Health Promotion and Communication Service staff of the DOH wearing big cigarette packages with GHW.

The Department of Health (DOH), Department of Education (DepEd), the Department of the Interior and Local Government (DILG) and the Local Government of Pasig, in observance of June as No Smoking Month, strongly reminded partner agencies, schools, universities, colleges, and parents to religiously enforce a 100% smoke-free school facilities as most classes in the country starts in June.

Health Secretary Janette P. Loreto-Garin noted that since the implementation of the Sin Tax Reform of 2012, a dramatic decrease in smoking prevalence among the poor and the young was reported. The Social Weather Stations first quarter 2014 Survey revealed that the percentage of those currently smoking in Class E decreased from 38% in 2012 to 25% in 2014. For the 18-24 year old age group, the percentage of those currently smoking also fell from 35% in 2012 to 18% in 2014.

"Studies have shown that most young people who smoke regularly continue to smoke throughout adulthood and fall prey to being 'replacement smokers' of the tobacco industry. Hence, we call on students, as well as the rest of our young population, to never start smoking. For those of you who have unfortunately started, I urge you to quit immediately. Professional help is available for those who want to quit. Not smoking, or quitting smoking, greatly reduces your risk for disease and early death. You also protect the health of others by preventing exposure to secondhand smoke," Garin explained.



Secretary Janette P. Loreto-Garin delivering one welcome remarks on the "No Smoking Month" event in Rizal High School.

The health chief added that the exposure of people inhaling second-hand smoke is more dangerous than those who smoke. Second-hand smoking increases non-smokers' risk of developing heart disease, lung cancer, and other cancers (nasal sinus cavity cancer, breast cancer, cervical cancer, and bladder cancer, among others) and lung diseases (such as tuberculosis and pneumonia).

There is an existing law Republic Act 9211 or the Tobacco Regulation Act of 2003 which provides that tobacco products could not be sold or distributed within 100 meters from the school perimeter, as well as near public playgrounds or any other facility that minors frequently go to.

The penalties for violation on all restrictions range from a fine of not less than P500 to not more than P400,000 and imprisonment ranging from 30 days to three years depending on the seriousness of the violation. Moreover, business permits and licenses may also be revoked or cancelled.

Meanwhile, the DOH stresses the full implementation of Graphic Health Warning (GHW) Law this November. This year's theme, "Graphic Health Warnings: Full Blast na sa November! Alamin. Unawain. Bantayan natin." raises awareness on the full implementation

of the GHW law which requires all tobacco products to carry pictorial warnings that show the ill effects of smoking.

Since March this year, in line with the release of the GHW implementing rules and regulations, all tobacco products manufactured or imported for sale in the Philippines are required to carry graphic health warnings on the lower portion of a cigarette pack, in at least 50 percent of both sides of the pack.



Members of the media while waiting for the press conference to begin in Rizal High School.

"We enjoin you to know (*alamin*) what GHWs are; understand (*unawain*) its effect and importance as a tobacco-control measure; and make sure (*bantayan natin*) that all tobacco products carry these pictorial warnings to inform the public of the ill effects of smoking," Garin concluded. **HB**

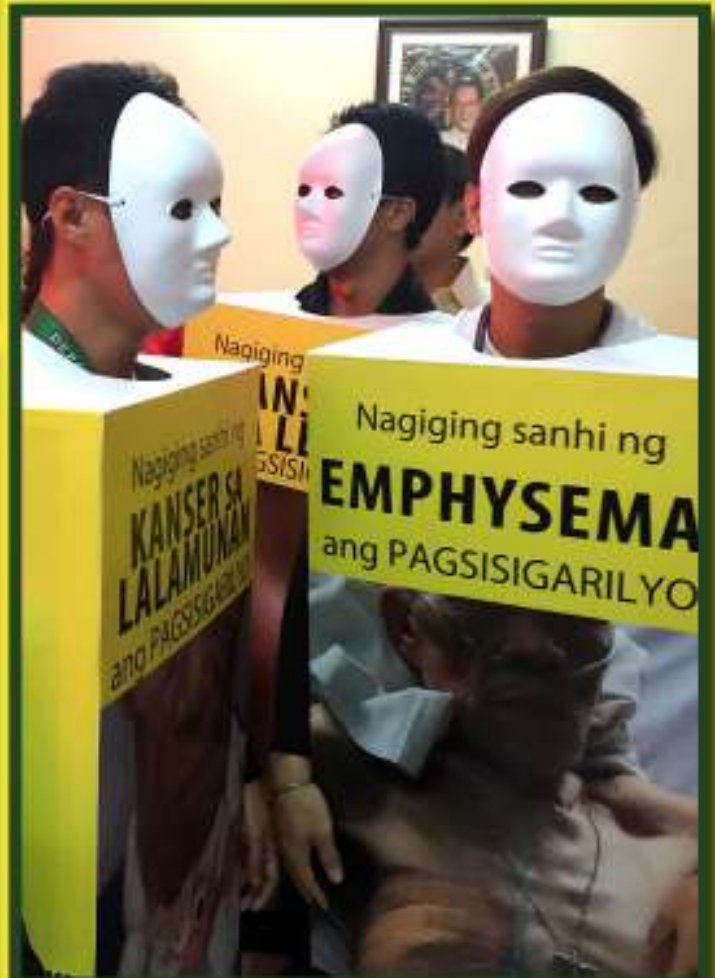


Students of Rizal High School while listening to the brief background of GHW.

Nationa



al No SMOKING Month



FOOD POISONING

They say, “you are what you eat.” It is the notion that in order to be fit and healthy, you should eat good food. Part of eating healthy food is by making sure that what we eat is safe and clean. From the preparation to cooking and serving of our food, we must make sure that it is handled properly.

However, we Filipinos like eating out at restaurants, fast food chains and even *karinderya*. We also love street foods that are exposed to dirt and dust. And through this, we can easily get food poisoning.

Food poisoning is a common, yet upsetting and sometimes can be a life-threatening problem for many people around the world. People who are infected with food-borne organisms may have symptoms ranging from mild intestinal discomfort to severe dehydration and diarrhea. Sometimes, people infected may not feel any symptoms at all. Depending on the type of infection, this may even result to death.

It is also known as foodborne illness, caused by eating contaminated food. Infectious organisms such as bacteria, viruses, and parasites are the most common causes of food poisoning. Toxins can contaminate food at any point of processing or cooking. Contamination can also happen at home if food is not properly handled or cooked.

In the country, environmental and health groups have expressed alarm over the increasing cases of food poisoning in different parts of the country. In a food poisoning incident in Surigao del Sur, at least 1,900 people were infected after eating durian and mangosteen candies. Luckily, no one died from the

incident but the victims who were mostly children suffered from nausea, vomiting, and stomach pains after eating the contaminated candies.

There was also a similar circumstance in Bohol, where at least one hundred ten (110) grade-school students were poisoned after eating dessert made from cassava flour. Unfortunately, thirty children died in this incident. Toxic experts are suspecting that cyanide is the cause of the poisoning incident. According to the Plant Resources of Southeast Asia (PROSEA), cassava’s roots and leaves contain hydrocyanic acid (HCN). HCN is a dangerous chemical compound that can kill a



person if consumed more than the body can handle.

Another food that we should beware of is mushroom. Not all mushrooms are edible. There were several reported cases of mushroom poisoning all over the country. The severity of mushroom poisoning may vary, depending on the geographic location where the mushroom is grown, growth conditions, the amount of toxin delivered, and the genetic characteristics of the mushroom. Boiling, cooking, freezing, or processing may not alter the toxicity of some mushrooms.

The treatment of food poisoning may depend on the severity of your symptoms. Rest as much as possible and replenish the lost fluids to avoid dehydration. Maintain a soft diet and avoid fatty foods. If symptoms are severe, you may need to take intravenous during hospitalization. The sooner treatment begins, the better. **HB**



The alleged durian and mangosteen candies that poisoned people in Surigao del Sur.



Photos grabbed from internet



BAYANI NG KALUSUGAN 2016 A NIGHT FULL OF HEROES, FAREWELLS, AND THANKS

MANILA – It was on the late afternoon of June 23, 2016 and only a week left before the Aquino administration and its cabinet members depart from their seats as government officials. However, instead of just counting down on the days of Dr. Janette P. Loreto-Garin as the Secretary of the Department of Health (DOH), the Department rather celebrated the day full of heroes, farewells and thanks in line with its 118th anniversary, highlighting the *Bayani ng Kalusugan Awards* 2016.

Indeed, it is a tradition of the DOH to celebrate its anniversaries by acknowledging the hard work that its people had done in the name of the Department and public health service. Yet, its 118th anniversary became distinguished and remarkable among all others as they celebrated their first *Bayani ng Kalusugan Awards*, recognizing 15 individuals and five organizations for their outstanding commitment and exceptional effort in uplifting the health of the Filipino people, through reaching out to the unreachable and extending services to those who are in need and are unable to afford it.

Seeing the people enter in the premises of the Manila Hotel in their *barongs*, *Filipinianas*, gowns, dresses and suits convey the kind of honour and gratefulness that they are feeling for being a part of this glamorous event and a part of the DOH.

Likewise, the venue and the over-all preparation of the event reflected how the DOH, especially Sec. Garin, greatly value the execution of making this

event as special as possible for the awardees and the people behind the success of the department to feel appreciated. Also, with the presence of his Excellency, President Noynoy Aquino, this year's celebration proved that it is of much worth and is one-of-a-kind.

From her welcome remarks up to her closing remarks, the out-going Secretary of Health emphasized her appreciation to the people of DOH by filling her speech with satisfaction with



Secretary Janette P. Loreto-Garin delivering the welcome remarks.

what the Department has accomplished during her one and a half year term:

"We have faced numerous challenges during typhoons, Ebola, MersCov, Zika, the Papal visit, year-long APEC meetings. The DOH is brimming with potential which with energetic leadership, can bring the health sector to greater heights. I will forever be grateful for the opportunity of working with and learning from the DOH family. I am confident that the innovations will be sustained and further polished by the succeeding administration."

Sec. Garin, also emphasized her gratitude with the *Bayani ng Kalusugan* awardees as she narrates the experiences that they have gone through to deserve the title of being called a *Bayani*.

"The real heroes of health are partners who are out there with much more challenges to hurdle, not only challenges in terms of funding but challenges in terms of security, challenges in terms of the existence of their organizations, individuals and group who have committed to make a difference with or without the Department of Health. Our success is actually a reflection of their commitment and their success."

She also took the opportunity to mention her gratefulness to the President for his endless support to the DOH and for giving her the privilege to serve and make a difference in the health sector.

"Your support complemented with bold policy and program leaps and of course, the DOH family, health partners, LGUs, other government agencies, strategic partnerships and convergence of government approaches allow us to confidently say that universal health care for Filipinos is definitely more tangible now.

Let me take this opportunity to thank your Excellency for giving me the chance to serve the Filipino people through the Department of Health."

Furthermore, representing all the recipients of the *Bayani ng Kalusugan* award, Edwin Candido, also dedicated his speech in thanking Pres. Aquino for his support and efforts in achieving *Kalusugan Pangkalahatan*.

"Sa ngalan ng 2016 Bayani ng Kalusugan, nais din naming pasalamat, ating Pangulo ng Pilipinas, Benigno S. Aquino III. Maraming salamat sa Kalusugan Pangkalahatan. Bilang pagkakakilala sa pagiging isang bayani ng kalusugan, sa marami niyang ginawa sa Aquino Health Agenda, Kalusugan Pangkalahatan, kayo po, aking pangulo ang isa sa inspirasyon namin upang magpatuloy sa paglilingkod. Kayo aming pangulo, ang tunay na bayani ng kalusugan."

In response, the President, in his speech, also thanked the out-going Secretary, the *Bayani ng Kalusugan* awardees and the people behind the DOH for the great effort rendered in attaining universal health care for Filipinos under his administration.

"...kay Secretary Garin at sa inyong lahat po, taos-puso akong nagpapasalamat. Muli ko pong binabati ang ating Bayani ng Kalusugan awardees sa magiging na indibidwal at tuwang mga organisasyong kinilala at pinarangalan natin sa araw na ito, sa kanilang di matatawarang ambag sa sektor ng kalusugan at wagas na pag-aaruga sa ating mga nangangailangang kababayan. Tunay ngang isinasabuhay ninyo ang diwa at kahulugan ng salitang kalinga. Kaya naman sa ngalan ng bawat Pilipinong inyong nakalinga at natulungan, maraming-maraming salamat."

Aside from uttering their thanks, both of the departing officials used the stage to bid their farewells with the contentment of the things that they are going to hand-over to the new administration.

Undersecretary Lilibeth David, in her own words, described the *Bayani ng Kalusugan* awards as "conceived to recognize and honor individuals and organizations who have rendered their time



AGNES A. CENTINO, MD, MPSM



DR. RICKSON R. BALALIO



DR. ESPERANZA



SR. ELOISA L. DAVID, OSB, RN, MD



DR. FENELOPE A. DOMCGO



DR. EGIDIO P. ELJO



IRENEA B. ORDINARIO



CONCEPCION B. PETALINO

INDIVIDUAL CATEGORY



BAYANI NG K

201

ORGANIZATIONAL CATEGORY



COMMUNITY BASED HEALTH
PROGRAMS OF THE
DIOCESE OF IPI



DAVAO CHILDREN'S
CANCER FUND, INC.



PHILIPPINE ASSOCIATION
OF DEAF SERVICES



RANZAI I. CABRAL



VIRGINIA E. CADANO, RM



EDWIN M. CANDIDO



DR. JAIME Z. GALVEZ TAN



SR. EVA FIDELA C. MAAMO, SPC, MD



PACIANO M. MADLAY

INDIVIDUAL CATEGORY

KALUSUGAN

2016

ORGANIZATIONAL CATEGORY



MAYOR MELCHOR P. PETRACORTA



ROSALINA L. TANGUAMOS, RM



NEACCESSIBLE
SERVICES, INC.



THE MARIKINA CITY
HEALTH OFFICE



UGNAYAN NG PAHINUNGOD
MANILA
(UNIVERSITY OF THE PHILIPPINES, MANILA)



and effort and parts of their life in meaningful contribution to move the country closer to *Kalusugang Pangkalahatan*."

Furthermore, she elaborated that hearing the story of each nominee made them realize the immeasurable passion that some Filipinos have when it comes to boosting the "*Kalusugan Pangkalahatan*".

Other than the *Bayani ng Kalusugan* awards, six major special awards of the DOH were given as well: acknowledging the outstanding accomplishments of individuals, LGUs, barangays, cities organizations and groups in supporting laws, policies, goals and programs of the DOH: Outstanding Healthy Lifestyle Advocacy Awards, Red Orchid Hall of Fame Awards, Disease-Free Zone Awards, Manuel L. Quezon Awards, National Search for Barangay with Best Sanitation

Practices Awards and National Sandugo Awards.

With the numerous awardees, it was indeed an answered prayer for Sec. Garin as we recount her speech during last year's anniversary celebration:

"I pray in the next years to come, the DOH will continue to live up to its commitment of bringing health for all Filipinos."

There will be no celebration if there is nothing to celebrate about. The *Bayani ng Kalusugan* 2016 came into existence because of the numerous people who have devoted their lives in improving the state of health of our nation. May this awarding ceremony serve as an inspiration to all of us to keep pushing for a healthy environment for our fellow Filipinos. **HB**



President Noyyn Aquino together with some of the Bayani ng Kalusugan Awardees.



**What to Do Before, During
and After an EARTHQUAKE:
Duck, Cover & Hold!**

Earthquake is the shaking of the earth caused by waves moving on and below the earth's surface and causing surface faulting, tremors, vibration, liquefaction, landslides, aftershocks, and/or tsunamis. Earthquakes strike suddenly without warning. Planning and identifying potential hazards are the keys to effectively reduce the dangers of serious injury or loss of life from an earthquake. The following should be done before, during, and after an earthquake:

BEFORE AN EARTHQUAKE



- Develop an emergency plan.
- Familiarize yourself with your place of work or residence.
- Take note of hotlines and emergency numbers to call for help.

- Prepare an emergency supply kit consisting of food, water, clothing, first aid supplies, mobile phone, whistle, flash light, and extra batteries.
- Secure heavy furniture and objects, which may break loose and fall during earthquakes.

DURING AN EARTHQUAKE

- Do not panic, remain calm.
- If inside a building:
- Do not jump from the building.
 - Go to the nearest exit and leave the building as soon as possible.
 - If the building is structurally sturdy, stay inside and brace yourself in a doorway or stay beside or underneath sturdy furniture to protect yourself from falling objects.



If outdoors:

- Move to an open area away from nearby buildings, bridges, posts, power lines, and other structures that may fall or collapse.
- If driving, pull over to the side of the road.
- Stay as low as possible inside the vehicle.



AFTER AN EARTHQUAKE



- Stay calm.
- Check yourself for any injuries.
- Check for injured or trapped people near the affected area.
- Seek medical help if you or others are injured.
- Check for fire, toxic chemical spills, and other hazards in your surroundings.

- Check water and electric lines for defects or damage.
- Listen to the radio or watch local TV for additional information & safety instructions.
- Inspect gas, water, and electric lines for any damage and leak. If in doubt, shut off main switches.
- Evacuate immediately if you smell or hear gas and you are not able to shut it off.
- Stay away from damaged buildings. **HB**

**I ACCEPT THE
#PAGYANIG
CHALLENGE**



Selfies and groupies of DOH employees accepting the #Pagyanig challenge symbolizing their preparedness when an earthquake occurs.



Statement Of DOH Secretary
Janette Loreto Garin
During United Nations High Level
Meeting On HIV



Sec Garin delivering the country statement during the UN General Assembly High Level Meeting on HIV and AIDS in New York

Mr. Chair, Excellencies, Distinguished Heads and Members of Delegations, Ladies and Gentlemen,

At the outset allow me to extend our appreciation to the permanent representatives of Switzerland and Zambia for their tireless efforts in steering the negotiations and arriving at a consensus on the outcome document we adopted yesterday. Our appreciation extends to all other delegations for their constructive engagement on this most important political declaration on HIV and AIDS that reaffirms our commitments and fast tracks our collective fight against HIV and AIDS.

The Philippines gives high priority to HIV in its health

agenda, conscious of the urgent need to address this problem in a strategic, inclusive and sustained manner. While the Philippines remains as a low-prevalence country, we are cognizant of the alarming increase in incidence of HIV/AIDS in our country in recent years. With the help of our local and international partners, we commit ourselves to end this epidemic by 2030.

In addressing HIV, the Philippines adopts evidence-based interventions and is committed to the continued review of laws, policies, and mechanisms to ensure the delivery of the best

available interventions and services to all who need it, including young key affected populations, without discrimination of any kind, while ensuring that no one is left behind and mindful of the need to respect the human rights and dignity of all.

In 2015, we launched the High Impact 5 strategy. This is an acceleration strategy to meet the Universal Health Care Goal and ultimately, the Sustainable Development Goals. One of the critical interventions of the High Impact 5 Strategy is the reduction of HIV/AIDS burden through improving the access of most-at-risk population to HIV/AIDS testing, counseling, and anti-retroviral medicines.

Committed to deliver better services to address the HIV problem, we doubled the National HIV Program budget from US\$ 6.5 million (Php300 Million Pesos) in 2015 to US\$ 13 million (Php600 Million Pesos) in 2016, using local resources. We worked intensively with regional partners, mainly the ASEAN Task Force on AIDS, the UN system with its UNAIDS Secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria to strategize and augment country projects.

In its fight against HIV, the Philippines continues to commit to the following strategies:

- Support Fast Track strategy of UNAIDS, including the UNAIDS recommendations to “Fast-Track the Multi-sectoral response through more aggressive target setting by 2030”;
- Increase efforts to improve the availability of data, recognizing that reliable data, disaggregated by income, sex, mode of transmission, age, race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant to the Philippine context is key for nationalizing the fast track program on achieving 90-90-90 by 2020 and ending the epidemic by 2030.
- The population of the Philippines is very

young, with a median age of below 24 years old, and very mobile. Hence, we focus our efforts on young people, many of whom were not yet born when the AIDS epidemic exploded as a public health crisis in the 1980’s, and less aware and less vigilant about the virus.

- We likewise give particular attention to the vulnerabilities of migrants, given that over 9 million Filipinos are living and working abroad. Our migration policies for the various streams of migration promote policy coherence to strengthen the ability of migrants to access health services wherever they may be.
- Ensure access to quality treatment and prevention services, including affordable and quality antiretroviral drugs for People Living with HIV (PLHIV) as part of the 90-90-90 target for 2020, towards ending the epidemic by 2030;
- To continue to adopt the multi-sectoral approach in HIV programming, including inclusive and meaningful involvement of relevant target groups such as PLHIV and various partners such as community-based organizations, local governments, private sector, and civil society organizations.

Let us not forget the need to focus also on curative strategies, including the development of vaccines against HIV. Until that is realized, significant support is still needed to assist developing countries in achieving the 90-90-90 target through access to cheaper ARVs, point of care tests, and for simplified monitoring protocols for PLHIV on treatment.

In working together in a focused, intensive and synergistic manner, we will win this war and make the dream of a world free from HIV and AIDS a reality.

HB

How is

ZIKA, CHIKUNGUNYA & DENGUE infection prevented?



SEARCH & DESTROY

- Cover the drums, pails, and other waste containers at all times
- Clean and replace the water in flower vases once a week
- Cover the holes around the house with soil or sand
- Remove or pierce old tires that are being used as roof support, also those tires placed around the house that might hold water.
- Flip-over empty bottles, jars, tin cans and other items that can collect and hold water
- Clean and remove water on dish racks and other household items that can hold water



SELF-PROTECTION MEASURES

- Use mosquito repellants to avoid mosquito bites
- Use mosquito nets when sleeping at daytime
- Wear long sleeves or clothes that will protect your skin from mosquito bites



SEEK EARLY CONSULTATION

- Seek and consult with the nearest health facility if you already have fever for two days



SAY 'YES' TO FOGGING

ONLY DURING OUTBREAKS

- Fogging should be done when there is an impending and during outbreaks



Go to the nearest health center if you have fever for 2 days.





"Aksyon Barangay Kontra Dengue, 4S Pagtibayin!" is this year's theme for the ASEAN Dengue Day which was celebrated by the Department Of Health (DOH) on June 15 in Mabolo Elementary School, Cebu City. This year's celebration coincides with the expansion of the Dengue School-Based Immunization in the Philippines considering the launching of the first ever dengue vaccine.

On April 4, this year, the DOH started the administration of dengue vaccines to Grade 4 pupils aged 9 years old and above in Regions III, IV-A, and National Capital Region (NCR). The next two doses will be given to the same students who received the first dose. The first dose of the vaccine will be given from April to June 2016 followed by the second dose in October to December 2016 and the last dose in April-June 2017. As of June 12, 2016 a total of 300,087 have been vaccinated from the said regions with parents' consent. Strict surveillance is being conducted to identify reactions with the vaccines. To date, less than one percent adverse event following immunization was reported majority of which are mild reactions such as fever, dizziness, vomiting, and rash.

"This year's ASEAN Dengue Day is a significant milestone in our country as we are expanding our dengue vaccination through a school-based immunization approach. We are the first country to introduce, adopt, and implement the first-ever dengue vaccine through the public health

system and under the public school setting. With this breakthrough, we can now increase our immunization services to address a disease that is of public health importance," Health Secretary Janette P. Loreto-Garin said.



Health Secretary Janette P. Loreto-Garin delivering her message on the Dengue School-Based Immunization

The Philippines had the highest incidence of dengue cases in the Western Pacific Region from 2013 to 2015. As of June 4, 2016, a total of 49,904 suspected dengue cases were reported nationwide. Most of the cases were from the following regions: Region IV-A with 6,887 out of 49,904 cases (13.8%), Region III with 5,141 (10.8%), and Region VII with 5,018 (10.7%). Majority of the cases were males ages 5-14 years old. There were 190 deaths reported within that period.

The health chief added that the dengue vaccines are not the only solution to fight dengue. Dengue vaccination is just one of the many interventions against dengue. Simple measures can be done in every home at no cost. As classes begin and rainy season starts, the DOH stresses the importance of cleanliness which is still the key measure against mosquito-borne diseases like dengue. **HB**



Grade IV pupils of Mabolo Elementary School



Motorcade of Dengue 4S



Breaking the stigma on MENTAL HEALTH

Have you experienced being sad or feeling blue once or often times in your life? Have you sung this line of Michael Johnson's song...

"but I'm bluer than blue,
sadder than sad,"

as your national anthem?

Have you felt being down, like there is no tomorrow? Or have you lost interest on things you used to enjoy, or even lost the motivation to live?

Or perhaps, you have witnessed someone who had seizure and lost control over his or her body. Yes, seizure (epilepsy) is part of mental health.

Even in the movies, we've watched a lot about madman or schizophrenic bitch that kills the protagonist of the story, only to find out that he or she is suffering from a mental disorder.

In some point of our life, we have seen it from other people, from our family, friends, and even experienced it firsthand.

Somehow, we have all had some exposure from these different mental conditions, but the thing here is that, do we really understand it? What mental health really is? What is the difference between mental illness and mental health per se?

We sometimes make fun of our friends, jesting over their being "emo" or emotional and "OA" or over-acting on some things, the depression they've experienced sometimes being labeled as being crazy or "*baliw*", even though, we shouldn't make jokes about it.

Among the derogatory names we often hear whenever we talked about mental illness are: "*sira ulo*", "*nasiraan ng bait*", and "*krung-krung*", even the homeless beggar in the streets are called "*taong grasa*."

Even though we are already in the 21st century, the stigma of mental illness in our culture still persists. Such attitudes show what the public perception of mental health is today, to say the least, is still dauntingly shallow and naive.

While mental health covers mental disability per se— which is the third most common form of disability in the country after visual and hearing impairments according to National Statistics Office in 2000, however, it encompasses a far wider range of issues like drug addiction, alcoholism, phobias, and developmental disorder for children like autism and even epilepsy.

Thus, proper information dissemination to the public and learning more about mental health and mental illness is a crucial step in dispelling stigma, stopping prejudice and promoting early identification and effective treatment.

What is mental health?

According to World Health Organization (WHO), mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Furthermore, mental health is integral and essential part of the over-all component of health. As a classic definition of health from the WHO states that “health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Therefore, mental health is more than the mere lack of mental disorders or disabilities. Everyone has different state of mental health like of physical health.

Although the terms mental health and mental illness are often used interchangeably, it is not the same thing, but at the same time they are not mutually exclusive.

What is mental illness?

Mental illness on the other hand, is a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation). According to WHO, mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated.

Additionally, mental illness is much like diabetes, heart disease and a broken leg — one can live with

it and recover from it. Recovery is not an end state; it does not mean that the individual no longer has depression, schizophrenia or another mental illness. Recovery means that the person has stabilized and regained their role in society, according to a discussion paper of government of Ontario, “Every Door is the Right Door. Towards a 10-year Mental Health and Addictions Strategy, 2009.

Mental health is dynamic

It is also important to remember that mental health and mental illness are dynamic; it depends on different, various, and ever changing factors that affect the mental status of a person.

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviors and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports according to WHO.

As mentioned, mental health, like other aspects of health, can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach.

Types of mental illnesses

There are many different types of mental illnesses, just as there are many types of physical illness. Mental, neurological, and substance use (MNS) disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 75% in many low-income countries do not have access to the treatment they need, according to the data from WHO.

MNS disorders encompass a wide range of conditions of the brain from depression to epilepsy to alcohol abuse. These and the many other MNS disorders found throughout the world are often linked in a complex way with other health conditions (WHO, 2008a).

According to WHO, mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism.

Furthermore, neurological disorders are diseases of the central and peripheral nervous system. In

other words, the brain, spinal cord, cranial nerves, peripheral nerves, nerve roots, autonomic nervous system, neuromuscular junction, and muscles. These disorders include epilepsy, Alzheimer disease and other dementias, cerebrovascular diseases including stroke, migraine and other headache disorders, multiple sclerosis, Parkinson's disease, neuroinfections, brain tumors, traumatic disorders of the nervous system due to head trauma, and neurological disorders as a result of malnutrition.

Substance abuse on the other hand, refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome -



a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

They may be comorbid or risk factors for non-communicable and communicable diseases like HIV/AIDS, malaria, and tuberculosis. MNS also factors into sexual and reproductive health in, for example, postpartum depression or injuries from violence or traffic accidents.

Furthermore, depression and substance use disorders adversely affect adherence to treatment for other diseases, often exacerbated by poverty and the presence of endemic infectious diseases, according to WHO's data.

Epidemiology of Mental Health

Globally, mental disorders as mentioned above account for about 14% of global burden of disease according to WHO, specifically on mental, neurologic, and substance abuse disorders.

As many as 450 million people worldwide suffer from a mental or behavioral disorder and nearly one million people commit suicide every year.

In the Philippines, one in five adult Filipinos have psychiatric disorders and an average of 88 reported cases of mental illness per 100,000 Filipinos according to National Statistics Office (NSO) study on 2000.

Also in the Philippines, it was noted that substance abuse (narcotic drugs, other chemicals, etc.) are the leading direct and indirect causes of mental illness. What is more surprising is that a WHO study revealed that in three primary health centers in Manila, 1 out of 5 adults and 1 out of 10 children ages 5 to 15

consulting to these centers have mental disorders (Department of Health, 2005).

A WHO study also shows that onset of about half of mental disorders happen before a child becomes fourteen.

In the Global School Health Survey (2007), 17% of students 13 to 15 years old with specific mental health problems described to be "feeling lonely most of the time or always during the last 12 months," 16.7% "seriously considered attempting suicide during the past 12 months" and 4.5% reported "having no close friends."

Furthermore, data from NSO also noted that the suicide rate in our country has risen alarmingly, about 2558 cases of suicide in 2012 were recorded.

There are also about 32% of government employees in 20 agencies in Metro Manila who reported to have experienced mental health problems at least once in their lifetime citing the DOH-NEC, 2006.



Stress Manager



SPORTS
engage in playing sports like basketball, tennis, etc. to clear your mind and relieve stress.



SIESTA
take a nap, short rest, a break or recharge your "battery" to improve productivity. It also helps relax the mind and body muscles.



SPIRITUALITY
devote time to connect with yourself and to God, try meditation five to 10 minutes each day and pray to Him for guidance.



STRESS DEBRIEFING
submit oneself to a brief crisis intervention to talk about one's feelings and reactions to the critical incident.



SCHEDULING: TIME MANAGEMENT
optimize the time available to achieve gratifying results. Use time manager application or buy some notebook organizer.



SELF-AWARENESS
develop the habit of paying attention to your expressions of thought, emotions, and behavior, knowing yourself, getting in touch with your feeling, or being open to experience, the more you know about yourself, the better you are at adapting life changes that suit your needs.

Kumusta ka? Tara, usap tayo. Me

ment “12 S”



**SOUNDS AND SONGS
(MUSIC)**
listen to relaxing and
soothing music. It can
relieve depression
and increase
self-esteem.



**SENSATION TECHNIQUES
(MASSAGE)**
indulge yourself with a
whole body massage. It
helps to soothe away
stress unknotting tense
and aching muscles,
relieving headaches and
sleep problems.



STRETCHING
do simple movements
to loosen muscles,
lubricate joints
increase body's
oxygen supply.



SMILE
smile ka naman to
release stress, calm
you down, make you
attractive, and make
someone else happy.



SOCIALS
engage on fruitful
activities that will
develop your ability
to deal with other
people.



SPEAK TO ME
talk to someone when you
feel overwhelmed or
unable to deal with stress
on your own. Venting
can help you unload
unwanted feelings.

Mental Health: Alamin at busisiin

There are many studies that link mental disorders to non-communicable diseases (NCDs). A community survey from New York City Department of Health and Mental Hygiene, 2003 showed that those who experienced significant emotional distress has reported high rates of high cholesterol, high blood pressure, obesity, asthma and diabetes.

Respondents also reported risk behaviors that increase the possibilities of having NCDs such as lack of physical activity, unhealthy food choices, smoking and binge drinking.

Depression and anxiety have also been found in patients following coronary artery bypass graft and in

patients with congestive heart failure. Local data show that almost half (47%) of those diagnosed to have long-standing physical illness in selected tertiary hospitals in the Philippines had anxiety and depression and other psychiatric illnesses (Perlas, et al., 1996).

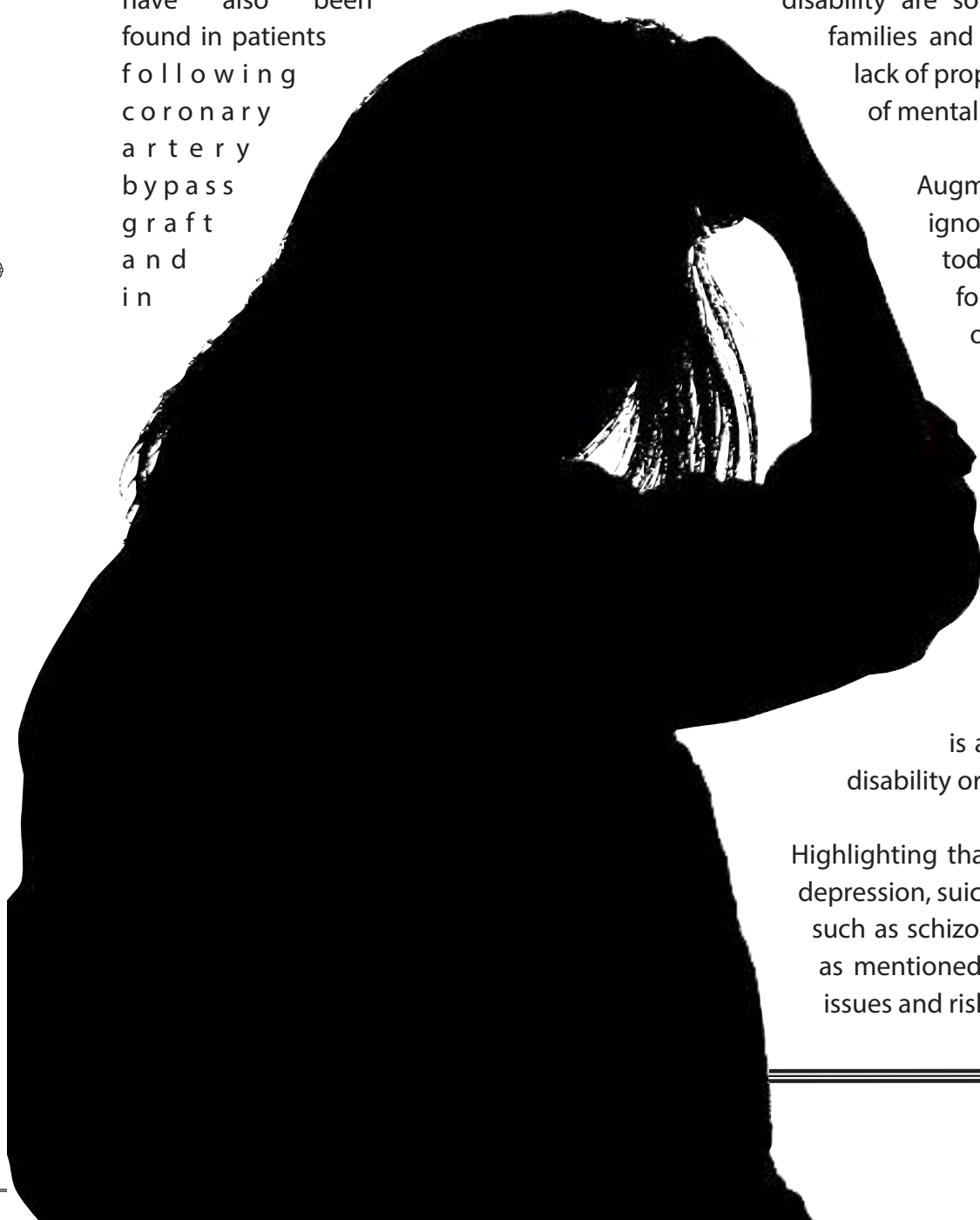
Having shown these significant data, mental health problems are considered now to be a growing public health challenge because of the increasing prevalence and significant contribution to the global burden of disease and disability.

Unfortunately, these people who have mental disability are sometimes shunned by their own families and communities, mainly because of lack of proper knowledge and understanding of mental health.

Augmented by the long-existing ignorance and prejudices in our society today, this stigma in our culture will forever persist if nothing is done in order to intervene it.

Consequently, the Department of Health (DOH) in partnership with different agencies will celebrate the second week of October of every year as National Mental Health Week, citing the Proclamation No. 452, s. 1994 as an initially step to promote awareness on what mental health is all about and the different mental disability or disorders under it.

Highlighting that mental health is not just about depression, suicide, or the classic mental disorders such as schizophrenia and bipolar disorder, that as mentioned it encompasses a wide range of issues and risk factors.



For all individuals, mental, physical and social health are vital and interwoven strands of life. As our understanding of this relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Indeed, mental health can be defined as a state of well-being enabling individuals to realize their abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Indeed there is no universal health care without mental health.

Government Initiatives on Mental Health Care

Recently, the United Nations (UN) established the Sustainable Development Goals (SDGs) that now includes and acknowledges the importance of promoting mental health as well as reducing mental illness. It targets to reduce by one third premature mortality from non-communicable diseases through prevention and promotion of mental health and well-being, and to strengthen the prevention of substance abuse and treatment of mental disorders by 2030.

It is therefore high time for the Philippines to do its part. Unfortunately, it has no existing national law that focuses on mental health but through the efforts of the DOH articulated on the National Mental Health Program or Mental Health Policy (Administrative Order No. 8 s.2001) signed by then-secretary of the DOH, Manuel Dayrit and through the Operational Guidelines for the Establishment of a Sustainable Mental Health Program (DOH AO No. 2007-0009) and with the help of different stakeholders and partners, the improvement of several mental health facilities, establishment of primary health facilities; a handful of local government units have signed ordinances that advance the care for persons with mental illness; and a limited coverage for hospitalization has been made available

Recently, the Department is amending the operational framework to an Operational Framework for a Comprehensive National Mental Health Program and the national government has increased its budget for the mental health program in order to provide access to medications and develop models of care. **HB**



Textmate!

Eyeball

Lyca: Magsusuot ako ng yellow

Kalvin: Magsusuot ako ng green

(Sa araw mismo ng eyeball, dumating ang panget na babae sa venue, ngunit walang naka-green. Nilapitan niya ang nag-iisang lalaki pero naka-red.)

Lyca: Excuse me, are you my textmate?

Kalvin: Huh?! Naka-green ba ako?

Pindot

Jolo: Sinong katext mo Pards?

Migs: Ermats ko, Pards.

Jolo: E bakit ang bagal mo pumindot?

Migs: Mabagal kasi magbasa ermats ko e.

Kabet

Teacher: Hoy! Romy late ka na naman.

Feeling mo bright ka? Tignan natin!

Who's our National Hero?

Romy: Jose Rizal, Ma'am.

Teacher: Nakatsamba, a!

Romy: Ikaw naman, Ma'am, kilala mo ba si Sonya?

Teacher: Hindi, sino siya?

Romy: 'Yan kasi puro ka aral, kabet yun ng asawa mo!

GGSS

Maikko: Alam mo Ana ang kagandahan mo parang password.

Ana: Bakit naman, Maikko?

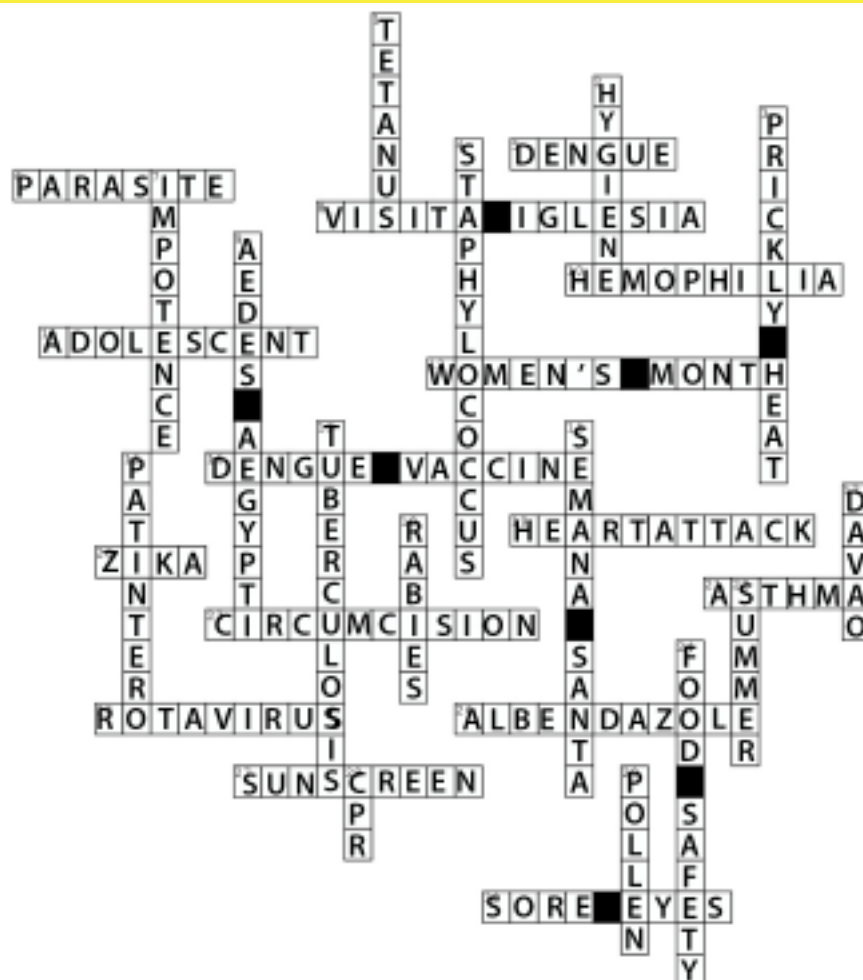
Maikko: Ikaw lang ang nakakaalam.

Ana: Hiyang-hiya naman ako sa'yo, no! Ang yaman nga ng pamilya mo dahil sa'yo, e.

Maikko: Luh. Bakit?

Ana: Para kang ginto, ang sarap ibaon sa lupa!

ANSWER
TO PREVIOUS
CROSSWORD
MARCH
APRIL
2016
ISSUE



PUZZLE TO DAZZLE!



Across

1. Republic Act 10354, reduce maternal mortality
4. chronic viral infection, can lead to liver cancer
7. infection, weakening immune system
8. causing cervical cancer, cervix
12. green leafy plant, can be chewed
14. online learning system, for healthcare workers
17. awarding, Heroes for Health
20. smoking, raises awareness
21. challenging stage in life, change

Down

2. celebration, to raise awareness
3. a.k.a. foodborne illness, life threatening
4. licensing, accreditation
5. ensures healthy pregnancy
6. non-smokers, more dangerous
9. before birth, pregnancy
10. immunized by, resistant
11. visual inspection using acetic acid
13. mothers securing maternal care
15. infectious disease, lungs
16. immunized, prevent serious illnesses
18. sudden shaking of the ground, extremely violent
19. edible, poisonous

BAWAL NA ANG TEXT LANG

Graphic Health Warnings!

Full Blast Na!

simula ngayong November 4