



HEALTHbeat

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Issue No. 60

July - October 2010

14th Anniversary Issue

We Are Changing

Dealing with
DENGUE

Nong Mendoza
Battling LUNG CANCER

Pushing PSORIASIS
as a Public Health Program

HOSPITAL
ng BAYAN
MALINIS, MABANGO



Keeping the Promise

of Universal Health Care

MAY PLANO AKO. Kaya mo ring magplano.



**Para sa karagdagang impormasyon,
magtungo sa inyong health center**



*Planuhin ang Pamilya,
Planuhin ang Kinabukasan*



eeny, meeny, miney, mo...

- _____ 1. President Noynoy Aquino's platform on health is called...
a) Primary Health Care b) Universal Health Care c) Well Family Health Care
- _____ 2. Dengue in its most severe form is called...
a) dengue fever b) dengue hemorrhagic fever c) dengue shock syndrome
- _____ 3. Psoriasis is...
a) an autoimmune disease b) a communicable disease c) a skin disease
- _____ 4. Disfigurement and disability from Filariasis is due to...
a) mosquitoes b) snails c) worms
- _____ 5. A temporary family planning method based on the natural effect of exclusive breastfeeding is...
a) Depo-Provera b) Lactational Amenorrhea c) Tubal Ligation
- _____ 6. The creamy yellow or golden substance that is present in the breasts before the mature milk is made is...
a) Colostrum b) Oxytocin c) Prolactin
- _____ 7. The pop culture among the youth that rampantly express depressing words through music, visual arts and the Internet is called...
a) EMO b) Jejemon c) Badingo
- _____ 8. The greatest risk factor for developing lung cancer is...
a) Human Papilloma Virus b) Fats c) Smoking
- _____ 9. In an effort to further improve health services to the people and be at par with its private counterparts, Secretary Enrique T. Ona wants the DOH Central Office and two or three pilot DOH hospitals to get the international standard called...
a) ICD 10 b) ISO Certification c) PS Mark
- _____ 10. PhilHealth's minimum annual contribution is worth...
a) Php 300 b) Php 600 c) Php 1,200

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We are changing

HEALTHbeat is a bi-monthly magazine — meaning it is released every two months. July - August 2010 would have been our 14th Anniversary issue, but because we were entangled with several bid failures for the procurement of printing services that eventually led to the changing of the magazine's specifications and price, we were not able to release this magazine on time. So, don't act surprised if you noticed that this issue is dated July - October 2010. There is one consolation, though, we are now in full color!

We are changing, and so are the people and events around us. While we are late in coming out with this issue, not because we did not use "wang-wang" to speed up our processes, the Republic of the Philippines installed its 15th President and the Department of Health got its 27th Secretary.

President Benigno S. "Noy" Aquino III (or "P-Noy" as his official acronym) promises a direct approach to improving the lives of all Filipinos by eliminating graft and corruption. And on top of P-Noy's health agenda is universal health care coverage by ensuring that more than 80 percent of Filipinos have national health insurance within the next three years.

Tough call for Health Secretary Enrique T. Ona, but he is confident that further reforms can be done in the health sector. His experience with the National Kidney and Transplant Institute (NTKI), having served as Executive Director from 1998 up to his appointment to the health post, allowed him to see how a government facility can turn into an institution that provides care comparable to any health facility in the world, without denying the poor access to its services, despite declining public subsidies and increasing competition here and abroad.

His hospital management was put to a test when most public hospitals were swamped by dengue cases and recorded an all-time high increase. With just a single disease, Secretary Ona plunged to action dealing with both a public health and hospital services problem. But so far, he is managing well.

As health issues continue to heat up, **HEALTHbeat** will perform its role as the outside world's window into the DOH by documenting important events that will unfold in the health sector, no matter how late we could come out with our issues. More importantly, we will always provide you with relevant health information that we hope could influence behavior change for your better health. Make us your partner in health. Kayo ang aming boss! (*Oo, narinig na ninyo 'yan sa ating Presidente at ginaya lang namin!*)

- The Editors

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5 Marching Orders

from President Noynoy Aquino

From the collective goals and aspirations of the Department of Health (DOH) as an institution and from the individual testimonies on health reforms, there is no doubt that the we can meet our five marching orders from the President Noynoy Aquino:

1. ACHIEVE UNIVERSAL HEALTH CARE COVERAGE by ensuring more than 80% of Filipinos have a national health insurance within three years. The Department of Health (DOH) must ensure that those who are covered know their entitlements and responsibilities as

beneficiaries, and that accredited facilities and providers are available and are known to beneficiaries. And most importantly, quality care is provided at the point of health service with manageable out of pocket expenses.

The DOH needs a strong marketing strategy that will not give false hopes to the

public of free health care for all but instead will inform them that the poor will be taken care of by the government while those who can pay must do so according to their financial capacity. Therefore, a stronger mechanism that will mandate and compel everybody to enroll in the National Health Insurance Program is important.

To ensure that universal health care is available to all Filipinos, the health sector must take new and creative approaches to effectively address the inequity of health services and the maldistribution of health workers in the provinces to close the inequity gaps and build on the strengths and capacities of the existing workforce by developing the needed competencies to effectively provide services in hospitals and even in remote communities. There has to be integration of hospital and public health care.

The DOH will utilize modern information and communication technology as well as modern transportation facilities to deliver health services in areas that are geographically isolated and disadvantaged.

2. PROMOTE REPRODUCTIVE HEALTH as a means to ensure the health and welfare of Filipino families. Information and the range of options to achieve the appropriate family size based on one's desire and capacity to support will be made

genuine COMMITMENT

I am inspired by Pres. Benigno Aquino III's genuine commitment to pursue a very direct approach to improving the lives of all Filipinos by eliminating graft and corruption. An administration that is not corrupt, that extracts accountabilities and demands results means that the proper solutions to the country's problems, even if painful



and unpopular, will not be compromised. This also assures that resources needed to implement the solutions required are secured and protected.

- Sec. Enrique T. Ona

available to couples. The importance of responsible parenthood will be explained in the context of continuum of health care for mothers and children.

Mothers who will bring their children for immunization shall be counseled on the essentials of responsible parenthood and nutrition. Pregnant women during consultation for antenatal care shall be assisted to prepare their own birth plans.

During delivery, health services for both mothers and newborns shall be made available in the health facility. And postpartum care should include advice on exclusive breastfeeding as well as on other health services for women and children.

3. ENSURE THAT ESSENTIAL QUALITY DRUGS BECOME MORE AFFORDABLE AND ACCESSIBLE to Filipinos, especially the poor. The DOH will maximize the opportunities provided under the Generics Law and the Cheaper Medicines Act, particularly in terms of strengthening the use of generics in both public and private settings. However, the proliferation of drugs coming from unknown manufacturers or countries of dubious origin must be corrected.

4. ADOPT “ZERO BASED BUDGETING” to ensure that DOH resources are properly aligned to our priorities; to leverage for performance in a devolved health care delivery system and to ensure private sector and civil society participation in the achievement of health objectives.

5. PRACTICE ZERO CORRUPTION AT ALL LEVELS. The DOH has always been among the top government agencies with high public satisfaction ratings as reported by Social Weather Station (SWS)

Based on Secretary Enrique T. Ona's acceptance speech during the DOH turnover ceremonies at the DOH Convention Hall on July 5.

P-Noy's SONA on health

Our plans for improving PhilHealth can now be within reach.



First, we will identify the correct number of Filipinos who sorely need PhilHealth coverage, as current data is conflicting on this matter. On one hand, PhilHealth says that 87 percent of Filipinos are covered, then lowers the number to only 53 percent. On the other hand, the National Statistics Office says that only 38 percent of Filipinos are covered by PhilHealth.

Even as we speak, Secretary Dinky Soliman of the Department of Social Welfare and Development is moving to implement the National Household Targeting System that will identify the families that most urgently need assistance. An estimated 9 billion pesos is needed in order to provide coverage for five million poor Filipinos.

and Pulse Asia in their past surveys. The Philippine Anti-Graft Commission has also bestowed recognition to DOH for being in the top three position consistently. This should be sustained and further enhanced to continue the fight against corruption in all forms at various levels.

To begin executing these marching orders, the DOH needs to draw a clear baseline with which the progress in implementing the reforms under this administration will be measured. This baseline will be in terms of four areas:

a) the status of achieving public health objectives, the provision of hospital services, and implementation of the National Health Insurance Program;

b) the assessment of performance in health regulation,

c) the determination of accomplishments in assisting local health reform implementation; and,

d) the inventory of financial, human and physical resources.

The directions have been set. Let's roll up our sleeves. The hard work begins.

- o o o -

Keeping the Promise of Universal Health Care

by

ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

PhilHealth Sabado

“Magseguro. Magparehistro.” This is the call of the Department of Health and Philippine Health Insurance Corporation (PhilHealth) to encourage all qualified Filipinos to become principal members and list their legal dependents to be covered in national health insurance.

This is also in keeping with the promise of President Benigno S. Aquino III or P-Noy who declared in his inaugural address

on June 30, “*Serbisyong pangkalusugan, tulad ng PhilHealth, para sa lahat sa loob ng tatlong taon,*” and reiterated in his State of the Nation Address (SONA) on July 25 where he ensured that his administration’s “plans for improving PhilHealth can now be within reach.”

P-Noy said during the SONA that different data on PhilHealth coverage was available. “*Sabi ng PhilHealth sa isang bibig, 88 porsyento na raw and mayroong coverage. Sa kabilang bibig naman, 53 porsyento*

naman. Ayon naman sa National Statistics Office, 38 porsyento ang may coverage.”

In response to the President’s call to look at PhilHealth coverage, PhilHealth has organized an Inter Agency Technical Working Group to identify and address issues related to differences in reports on PhilHealth membership coverage. In the absence of complete enumeration of PhilHealth beneficiaries (principal members plus dependents), one of the first tasks of this group was to identify the methodology that provides the best estimates of PhilHealth coverage.

Meanwhile, Health Secretary Enrique T. Ona, concurrently the Chairman of the Board of PhilHealth, set things into motion to realize P-Noy’s directive the soonest possible time. He mobilized other government agencies and other partners to conduct a nationwide PhilHealth registration day. Joining the bandwagon were the Department of the Interior and Local Government (DILG), Department of Social Welfare and Development (DSWD), Department of Education (DepEd), National Anti-Poverty Commission (NAPC) and the Leagues of Provinces, Cities and Municipalities.



EXECUTING P-NOY’S MARCHING ORDERS ON UNIVERSAL HEALTH CARE. Health Secretary Enrique T. Ona (center), as Chairman of the Board of PhilHealth, convenes the board members, which include Former Health Secretaries Francisco T. Duque III and Juan M. Flavier (fronting camera on the right). Dr. Rey B. Aquino (top left, partly hidden) is PhilHealth’s president and CEO. (Photo by Paking Repelente)



PHILHEALTH SABADO LAUNCH (Photos by Paking Repelente)

TOP: Left: President Noynoy Aquino and Health Secretary Enrique Ona distribute PhilHealth cards at the launching of PhilHealth Sabado in Baseco, Tondo, Manila. Right: Women showing off their PhilHealth cards.

MIDDLE: Left: The audience is composed mostly of the recipients of the PhilHealth sponsored program. Right: P-Noy with four Cabinet members, Manila mayor, PhilHealth president and NAPC secretary.

BOTTOM: Monitoring the nationwide registration at the PhilHealth Sabado "war room" in the DOH Central Office with ASec. Gerry Bayugo (extreme left) and Dr. Ivan Escartin (standing third from right).

On October 2, a campaign dubbed as “PhilHealth Sabado” was launched. P-Noy spearheaded the campaign in Baseco, Tondo, Manila. The event was also attended by Sec. Ona, PhilHealth President Rey B. Aquino, DSWD Secretary Corazon Juliano-Soliman, DILG Secretary Jesse M. Robredo, DepEd Secretary Armin A. Luistro, NAPC Secretary Domingo F. Panganiban, and Manila Mayor Alfredo S. Lim.

P-Noy distributed PhilHealth cards to very poor Filipinos previously identified and listed in the National Household Targeting System of the DSWD and already enrolled by their respective local government chiefs under the PhilHealth’s sponsored program. Aside from indigent families, the main target of the campaign were the informal sector that needs to be enrolled under PhilHealth’s individually paying program.

These are self-employed individuals like farmers and fisherfolks and even the daily wage earners such as vendors and transport drivers and operators, and the self-practicing professionals, freelance writers, artists, employees of religious and civic organizations and Philippine-based international organizations.

Other targets were: the remaining Filipino citizens who are at least 21 years old and non-members of the national health insurance program; those who are below 21 years old but are already heads of the family; existing contributors who are still unregistered; those not issued their PhilHealth Number Card or Family Health Card yet; and those already registered but who may want to update their membership status with PhilHealth.

Upon registration, they were advised to activate their membership by paying the required contribution of at least Php 300 for a quarter or Php 1,200 for a year’s payment. A duly activated membership and completion of all eligibility requirements



entitles a member and his/her qualified dependents medical care subsidies when confined in accredited hospitals anywhere in the country.

Registration desks were set up in DOH regional offices and hospitals, PhilHealth service offices, selected public schools, municipal halls, community halls as well as in some malls nationwide.

PhilHealth President Dr. Aquino, said that the government hopes to capture a significant portion of the target member population to register and be able to sustain their membership for their own good. Before the campaign, PhilHealth has registered about 20 million principal members, 3.42 million of which are individually paying members.

The DOH and PhilHealth were surprised by the big turnout of people in registration sites nationwide on October 2. Some sites even extended the registration up to 7:00 or 8:00 pm to accommodate the long line of people. Most of these people are individually paying members. As of this writing, the results of the registration day is still being tallied.

On October 7, P-Noy stated in his 100 Days Report, *“Sa DoH, umangat mula sa 29.3 billion pesos ang budget papuntang 33.3 billion, upang mapatagat ang-una, ang National Health Insurance Program.”*

A Continuing Campaign

Universal Health Care, through PhilHealth registration, will not be a one-day campaign drive. In fact, there are moves to institutionalize PhilHealth Sabado to facilitate the renewal of membership of indigent families under PhilHealth’s sponsored program. It must be noted that the sponsored program has a one year expiry date.

But more importantly, advocacy for PhilHealth membership is a continuing campaign to instill public consciousness and behavior on the value of health insurance in the quest for access to quality health care services to members and their dependents.

For many Filipinos, even those who have the capacity to pay the quarterly premium, health insurance is the least, or even not included in the list, of their priorities. Sec. Ona laments that Filipinos, even the poorest of the poor, prioritize spending on cigarettes and cellphone loads, but not health insurance.

A report entitled “Characteristics of Poor Families in the Philippines” released by the National Statistics Office early this year, noted that a significant proportion or 36 percent of the bottom 30-percent income stratum of Filipino families own a cell phone. The cellular phone is the second

most popular household convenience with 64 percent of families in the country having at least one member owning one.

With more than 50 million Filipinos owning a cellphone from all the telephone companies having mostly a prepaid account, the Philippines is still considered the texting capital of the world with an estimated 600 messages sent per mobile subscriber per month. If such a number of Filipinos can own a cellphone and text that much, there is no doubt that the majority of the population

can become principal PhilHealth members.

PhilHealth contribution boils down to only Php 3.35 a day. That is merely cutting three sticks of the lowest priced cigarettes or not sending three text messages a day to save on health insurance. Becoming a PhilHealth member is very affordable, if only Filipinos set their priorities right.

The value of having a health insurance is only realized when Filipinos get terribly sick and are hospitalized. Oftentimes, they feel degraded when they cannot pull

out money from their pockets when they get very sick. They pawn their valuables, borrow money from friends and acquaintances, wait in long lines in charitable groups, and when all means and resources have been exhausted, the best and only thing they do now is to turn on to faith for their health.

However, enrollment of Filipinos is only the first step towards “financial risk protection” or the ultimate effect of health financing scheme that eliminates, if not greatly reduces, the out-of-pocket patients pay for health care.

The PhilHealth benefit delivery review conducted by the Health Policy Development Project using PhilHealth data of 2008 estimates that the average benefit delivery rate nationwide of the National Health Insurance Program is around 8 percent. This means that the cumulative likelihood that any Filipino: a) is eligible to claim PhilHealth benefits; b) knows entitlements, able to access and avail health services from accredited providers; and c) whose total health care expenditures are fully reimbursed by PhilHealth is only 8%.

Moreover, another study shows that even those who already have a PhilHealth card do not use it when they access health care. A recent study entitled “Review of Private Hospitals in the Philippines” by the Philippine Institute for Development Studies shows that among those who were confined to hospitals, only 51 percent of those admitted in private hospitals used their PhilHealth during their confinement while less than a quarter (24 percent) of those admitted in public facilities have used their PhilHealth.

Health Secretary Ona pointed out that “It is very important that we do not just enroll the poor families or enjoin the informal sector to enroll to PhilHealth, it is also very important that we tell them their entitlements and their responsibilities of



SM Rosario, Cavite activity center and cinema as registration sites of PhilHealth Sabado. (Photo taken from CHD-Cabarzon Integrated Non-Communicable Diseases Program Multiply Website)

Documentary Requirements for PhilHealth Registration

PRINCIPAL REGISTRANTS

For the principal registrants, the documentary requirement shall be the Birth Certificate or any of the following valid identification cards (original to be presented upon registration; photocopy to serve as supporting document):

- Passport
- Driver's License
- Professional Regulation Commission (PRC) ID
- National Bureau of Investigation (NBI) Clearance
- Police Clearance
- Postal ID
- Voter's ID
- Barangay Certification
- Government Service Insurance System (GSIS) eCard
- Social Security System (SSS) ID
- Senior Citizen's ID
- Overseas Workers Welfare Administration (OWWA) ID
- OFW ID
- Seaman's Book
- Alien Certification of Registration/Immigrant Certificate of Registration
- Government office and GOCC ID
- Home Development Mutual Fund (HDMF) ID
- Certification from the National Council for the Welfare of Disabled Person (NCWDP)
- Certification from the Department of Social Welfare and Development (DSWD)
- Integrated Bar of the Philippines (IBP) ID
- Company IDs issued by private entities and institutions registered with or supervised by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) and Insurance Commission (IC)

NOTE

Affidavits administered by the following officials authorized to administer oath, as provided in Republic Act No. 6733, Section 41, shall be accepted as valid supporting documents:

- Members and Secretaries of both Houses of Congress
- Members of the Judiciary
- Department Secretaries
- Governors and Vice Governors
- City/Municipal Mayors
- Bureau/Regional Directors
- Clerks of Court
- Registrars of Deeds
- Other Civilian Officers in the Public Service of the Philippine government whose appointments are vested upon the President and are subject to confirmation by the Commission on Appointments
- All other Constitutional Officers
- Public Notaries

DEPENDENTS

For dependents, the documentary requirements (original to be presented upon registration; photocopy to serve as supporting document) are:

DEPENDENT	DOCUMENTARY REQUIREMENTS
1. Spouse	<ul style="list-style-type: none"> • Marriage Certificate/Contract • For Muslim spouse, Affidavit of Marriage issued by Office of the Muslim Affairs (OMA), shall pass through the Shari'a Court and must be registered/authenticated in the National Statistics Office (NSO).
2. Legitimate or illegitimate children below 21 years old	<ul style="list-style-type: none"> • Birth/Baptismal Certificate/s or any other proof that may establish relationship of the dependent
3. Adopted children below 21 years old	<ul style="list-style-type: none"> • Court Decree of Adoption
4. Parent/s 60 years old above	<ul style="list-style-type: none"> • Birth Certificate of both registrant and parent (In the absence of Birth Certificate of parent, any proof attesting to the date of birth of the parent/s)
5. Stepchildren below 21 years old	<ul style="list-style-type: none"> • Marriage Certificate between the natural parents and stepfather/stepmother and Birth Certificate/s of the stepchildren
6. Mentally or physically disabled children who are 21 years and above	<ul style="list-style-type: none"> • Birth Certificate and Medical Certificate issued by the attending physician stating and describing the extent of disability. The concerned Office shall observe the following procedures: <ul style="list-style-type: none"> - Transmit the Medical Certificate to the Medical Officer/s of the Claims Unit for evaluation - Claims Unit to validate the result of the evaluation and ensure the certificate bears the signature of the Medical Officer, affirming the eligibility of disabled dependent - Membership Unit to process the data and update the record of the member
7. Stepparents 60 years old and above	<ul style="list-style-type: none"> • Marriage Certificate/Contract between biological parent of the member child and the stepparent; • Birth Certificate of the stepparent (in its absence, a notarized affidavit of two disinterested persons attesting to the date of birth); • Birth Certificate of the member-child indicating the name of his/her biological parent; and • Death Certificate of member's deceased biological parent
8. Adoptive parents 60 years old and above	<ul style="list-style-type: none"> • Court Decree/Resolution of Adoption or photocopy of Birth Certificate of the child in which the adoption is annotated thereto; and • Birth Certificate/s of adoptive parents or in its absence, a notarized affidavit of two disinterested persons attesting to the date of the birth)

being a PhilHealth member.”

New Premium Contribution of Self-employed Professionals

The government needs a strong marketing strategy that will not give false hopes to the public of free health care for all but instead will inform them that the poor will be taken care of by the government while those who can pay must do so according to their financial capacity.

Effective October, based on PhilHealth Circular No. 24, series of 2010, new premium contributions of self-employed professionals/individuals under the Individually Paying Program is implemented. The scope of the new order involves 40 professions.

The complete list of professionals in the circular are: 1) accountant; 2) architect; 3) criminologist; 4) customs broker; 5) dentist; 6) dietician; 7) engineer – aeronautical, agricultural, chemical, civil, electrical,

electrical communication, geodetic, marine, mechanical, metallurgical, mining, sanitary; 8) geologist; 9) landscape architect; 10) law practitioner; 11) librarian; 12) marine deck officer; 13) marine engineer officer; 14) master plumber; 15) medical technologist; 16) medical doctor; 17) midwife; 18) naval architect; 19) nurse; 20) nutritionist; 21) optometrist; 22) pharmacist; 23) physical and occupational therapist; 24) professional teacher; 25) radiologist and x-ray technician; 26) social worker; 27) sugar technologist; and 28) veterinarian.

Other professionals are: 29) agriculturist; 30) artist; 31) businessman/business owner; 32) consultant; 33) environmental planner; 34) fisheries technologist; 35) forester; 36) guidance counselor; 37) interior designer; 38) industrial engineer; 39) media – actor and actress, director, scriptwriter, news correspondent, and; 40) professional athlete, coach, trainer, referee, etc.

For the first year of policy

implementation, existing members and new enrollees shall pay Php 600 per quarter or Php 2,400 per year. However, for those whose family income in the last 12 months is Php 25,000 and below shall pay Php 300 per quarter or Php 1,200 per year.

For the succeeding years, the said members shall pay Php 900 per quarter or Php 3,600 per year. But then again, for those whose family income in the last 12 months is Php 25,000 and below shall pay Php 300 per quarter or Php 1,200 per year.

Members and new enrollees whose profession is not included in the list shall pay Php 300 per quarter or Php 1,200 per year.

Premium contribution may be paid quarterly, semi-annually and annually.

New enrollees are required to present and attach a photocopy of their birth/baptismal certificate or any one of the valid IDs. Likewise, documentary requirements for dependents must be presented or submitted. *(Please see previous page.)*

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HEALTH access

Botika para sa Taumbayan

Access to low-cost quality medicines will be broadened as the Civil Service Commission (CSC) establishes hundreds of “Botika para sa Taumbayan” in government offices nationwide.

In a Memorandum of Agreement signed by Health Secretary Enrique T. Ona and CSC Chairman Francisco T. Duque III in August, the CSC is provided a seed fund of P15 million worth of medicines from the Department of Health’s *Botika ng Barangay* Program to be distributed to 300 identified government agencies that will establish their own “Botika Para sa Taumbayan.”



Health Secretary Enrique T. Ona (left) and Civil Service Commission Chairman Francisco T. Duque III (right) ink a Memorandum of Agreement on the Botika para sa Taumbayan. (Photo by Paking Replente)

The DOH, through the National

Center for Pharmaceutical Access and Management (NCPAM), will provide an initial seed fund for medicines in kind, a package worth Php 50,000 to each of the identified sites, and it will also set a unified pricing scheme for the medicines.

The DOH Centers for Health Development (CHDs or regional offices), on the other hand, will assist the botika in complying with the necessary requirements for establishment and operation as well as in training the operators.

- o o o -

Ospital ng Bayan malinis, mabango

In the government's desire to further improve service to the people and be at par with its private counterparts, the Department of Health launched in August the "Ospital ng Bayan: Malinis at Mabango" campaign.

Health Secretary Enrique T. Ona said that hospitals should be centers of wellness and not of sickness, hence the need to maintain always a clean environment, adding that the poor status of cleanliness and orderliness of DOH hospitals have always been a usual source of complaints among patients and caregivers, as well.

Aside from providing health services, hospital authorities should make sure that the wards, rooms, lavatories, hallways, and corridors inside the hospital premises and its surroundings are always clean, orderly, and odor-free.

As early as he set foot in the DOH in July, Ona has been eyeing on hospital reforms. He has served the National Kidney and Transplant Institute (NKTi) as Executive Director from 1998 up to his appointment to the health post. In his acceptance speech during the turnover of health secretaries, he even paraphrased Vice President Jejomar Binay's campaign slogan by saying, "*Kung nagawa natin sa NKTi magagawa natin ang mga repormang kakailanganin sa buong sektor ng kalusugan!*"

To this end, he will start the effort of ISO certification for the Central Office and two or three pilot DOH hospital as soon as possible so that more than half of DOH hospitals shall be accredited within 3 years.

ISO (International Organization for Standardization) is the world's largest developer and publisher of international standards that ensure desirable characteristics of products and services such as quality, environmental friendliness, safety, reliability, efficiency and interchangeability - and at an economical cost. It is a network of the national standards institutes of 163 countries with a Central Secretariat in Geneva, Switzerland, that coordinates the system.

The health chief challenged all hospital directors of DOH hospitals and specialty hospitals to maintain the highest degree of hygiene in their work environment. Unclean, unkempt and smelly hospital premises pose a health risk to patients, their companions, and health workers. Oftentimes, this also causes the negative perception of the people on public hospitals.

The "Ospital ng Bayan: Malinis at Mabango" campaign specifically instructs hospitals to maintain cleanliness and orderliness inside hospital premises including driveways and parking areas at all times and pursue specific initiatives, mechanisms, and activities to achieve its goal. It should also mobilize its staff and health workers, as well as patients and their companions, to ensure that hospital cleanliness and orderliness is maintained.

A feedback mechanism

such as grievance boxes, complaint desks, hotlines is a must in order to allow patients, clients and other stakeholders to lodge their complaints regarding the cleanliness and orderliness of the hospital so that corrective measures are implemented immediately.

Ona directed the Assistant Secretary for Special Concerns and Regional Directors to ensure compliance to this campaign by conducting regular, random, unannounced spot checks of hospitals and by calling the attention of hospital chiefs, if necessary.

- o O o -



Health Secretary Enrique T. Ona conducts regular, random, unannounced spot checks of DOH hospitals nationwide in an effort to improve their physical condition and services.

Cute ka, Dok

POGING DUKTOR: I think you have acute appendicitis!

KOLEHIYALA: Hi hi hi, ikaw din Dok, cute rin.

Hilig

Sa health center, nilalapitan ng duktor ang mga Nanay na kasama ang kanilang mga anak at kanya itong kinakausap...

Kay Aling Arlene: Mahilig ka sa sweets, kaya ang binigay mong pangalan sa anak mo ay CANDY.

Kay Aling Rose: Ikaw naman, mahilig ka siguro sa manyika, kaya naman BARBIE ang pangalan ng anak mo.

Papalapit na ang duktor kay Aling Aurora at nagmamadaling kinarga ang anak...

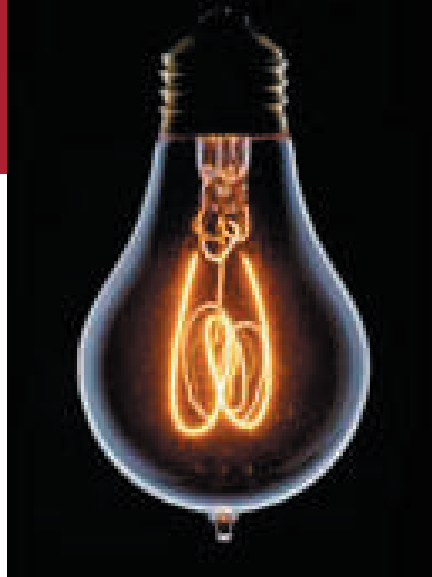
Aling Aurora: Halika na, DICK... umalis na tayo bago pa tayo mainsulto dito!

Walang Hihigit Pa

JOVY: Pag may problema ako, kahit gaano kabigat, nawawala kapag nakikita ko ang picture mo.

JERRY: Totoo, sweetheart? Sabi ko na nga ba talagang mahal na mahal mo ako.

JOVY: Tinitingnan ko lang ang picture mo at sinasabi ko sa sarili ko na WALA NANG PROBLEMA NA MAS HIHIGIT PA DITO!



awts ang tsakit

Baog

JOEREM: Honey, bad news. Galing ako sa urologist today. Baog daw ako...

APRIL: Ha?! Ako naman, galing sa OB-Gyne ko kahapon. Buti na lang at nabuntis ako bago ka nabaog!

Blood Donation

NELSON: *(Sinumbatan ang girlfriend.)*
Nag-donate ako ng dugo noon para sa iyo, maligtas ka lang sa sakit mo. Ngayon, hihiwalayan mo lang ako at ipagpapalit sa ibang lalaki?

WENG: *(Ibinato ang gamit nang feminine napkin sa kanya.)*
O, hayan, babayaran nalang kita ng monthly installment!

Ilaw

Binisita ng duktor ang kanyang mga pasyente sa Mental...

PAKING: *(Nagbabasa ng encyclopedia.)*

DUKTOR: Wow! Improving ka! That's good.

GLEN: *(Nagbabasa ng dictionary.)*

DUKTOR: Cool! Ipagpatuloy mo lang yan.

DENNIS: *(Nakatayo sa mesa with arms spread out)* Ako ang ilaw!

DUKTOR: Hoy! Bumaba ka nga dyan. Baka mahulog ka. Wala ka pa rin pagbabago.

DENNIS: *(Naupo sa silya.)*

PAKING: Ay, brownout?

GLEN: Oo nga noh? Kainis naman.

Stress

OBET: Hindi ako makatulog, lagi kong naiisip ang utang ko kay pare na dalawang milyong piso.

BETH: Tawagan mo si pare, sabihin mo, hindi ka makakabayad para siya naman ang hindi makatulog!

Diabetic

Sinampal ng nobya ang nobyo nang makasalubong ito na may kasamang ibang babae...

JOSIE: Ginawa kong lahat ng pagpapa-sweet para sa 'yo, pero diabetic ka pala!

DODONG: Ha?!?

JOSIE: Ipinagpalit mo lang ako dyan sa kanya... mukhang naman walang kalasa-lasa!

**It's not the pace of life that concerns me,
it's the sudden stop at the end.**

(-: Jokes and photo from the Internet :-)

Philippine Health Care Today WANTING, WAITING...

by

KRIZIA B. DAYA, RN

Health Policy Development & Planning Bureau - Bloomberg Project OC-400
Board of Nursing, Professional Regulation Commission

President Noyonoy Aquino, in his platform on health, defined Universal Health Care (UHC) as more than universal coverage through PhilHealth. UHC means the availability and accessibility of essential health services, basic necessities and appropriate quality health care for all Filipinos.

This entails adequate resources, in terms of health human resources, healthcare facilities, medicines, and health financing.

Health Human Resources

The Philippine health system plays out against a health workforce that is overtaken by a growing population. Across the country the few existing plantilla items are not filled, especially for physicians and specialists. For instance, the number of nurse plantilla items has remained stagnant in Autonomous Region in Muslim Mindanao (ARMM) with only 76 for the whole province. Even now, talks have begun between the Philippines and Flemish Belgium on the recruitment of nurses.



Art by Paul Ritz Magtrayo

Per 10,000 population, there are only 0.3 government doctors, 0.5 nurses, and 1.9 midwives. These numbers also vary per region, with the lowest in Region IV-A (CaLaBaRZon), Region XI (Davao Region), and ARMM with 0.2, while the National Capital Region (NCR) and Cordillera Administrative Region (CAR) enjoy a slightly higher ratio of 0.5 (See Table 1).

Table 1.

DISTRIBUTION OF HEALTH RESOURCES PER REGION

Region	Bed to population ratio (2005)	Physicians per 10,000 population (2008)	Botika ng Barangay to barangay ratio (2009)
NCR	1:766	0.5	1: 3
CAR	1:941	0.5	1: 3
I	1:2069	0.3	1: 3
II	1:1706	0.3	1: 5
III	1:2262	0.3	1: 2
IV-A	1:3336	0.2	1: 3
IV-B	1:1481	0.3	1: 2
V	1:1939	0.3	1: 10
VI	1:2013	0.3	1: 3
VII	1:1756	0.3	1: 6
VIII	1:1779	0.4	1: 7
IX	1:2222	0.3	1: 4
X	1:1975	0.3	1: 2
XI	1:3491	0.2	1: 2
XII	1:2766	0.3	1: 3
ARMM	1:5005	0.2	1: 9
Caraga	1:766	0.3	1: 4

SOURCE: FHSIS 2008, BHFS Report 2005 and NDP-PMU 50 Report 2009 in Health Policy Notes, Volume 6, Issue 3.

Human lives are the Philippines' number one export, a fact the previous administrations were only too eager to highlight in recounting the inflows from overseas Filipino workers (OFWs).

Health Care Facilities

A colossal building of what looked like a hotel was recently opened in Global City, Taguig. From the street, one can peer into its spacious lobby, with sparkling-clean interior and high-rise escalators, like the ones in Shangri-la on Edsa. The building is huge. Drive a little further to see the name of the building: St. Luke's Medical Center.

Irony strikes again!

The hospital bed to population ratio in the country was 1:943 as of 2007. This number, however, does not yet take into account the availability and accessibility of those hospital beds. The worst our fellow citizens contend with is a 1:5005 hospital-bed ratio in ARMM. Even in Luzon, which houses almost 65% of hospital beds in the nation, 50% of these beds are concentrated in NCR, which comprises only 22% of Luzon's total population.

While PhilHealth accreditation of health facilities continues to increase, with 55% of rural health units and 90% of Department of Health (DOH) licensed hospitals accredited to date, ARMM, Region VI (Western Visayas), and Region VII (Central Visayas) are the top three regions with the fewest PhilHealth accredited hospitals in relation to their population size.

Each minute of cardiorespiratory arrest is 20% of brain function lost. The faces of health professionals are grim after five minutes of unsuccessful cardiopulmonary resuscitation.

Average time to health facility is 39 minutes nationwide. However, travel time is longest in ARMM (83 minutes) and shortest in NCR and Region X (Northern Mindanao, both 28 minutes); longer in rural areas (45 minutes) than in urban areas (32 minutes); and longest

for persons in lowest wealth quintile (47 minutes) and shortest for those in the highest wealth quintile (35 minutes). Older persons seeking care (60+ years old) have longer average travel times than younger persons.

Medicines

There are more than 15,000 Botika ng Barangay (BnB) and more than 1,900 Botika ng Bayan (BNB) nationwide, and as of 2009 the BnB to barangay ratio was 1:3. However, Region V (Bicol) and ARMM have the fewest BnBs, with 1:10 and 1:9 ratios, respectively.

The DOH has expanded the P100 Project, through which drug packages are sold at 100 pesos or less to the public. However, only 70 DOH hospitals and 16 local government hospitals are currently selling P100 treatment packages.

Health Financing

Despite the 15-year existence of PhilHealth, almost half (48.4%) of spending for health comes straight from a poor mother's pocket. The government's share declined to 29%, and the share of social insurance payments increased only slightly to 11% in 2005 (See Figure 1).

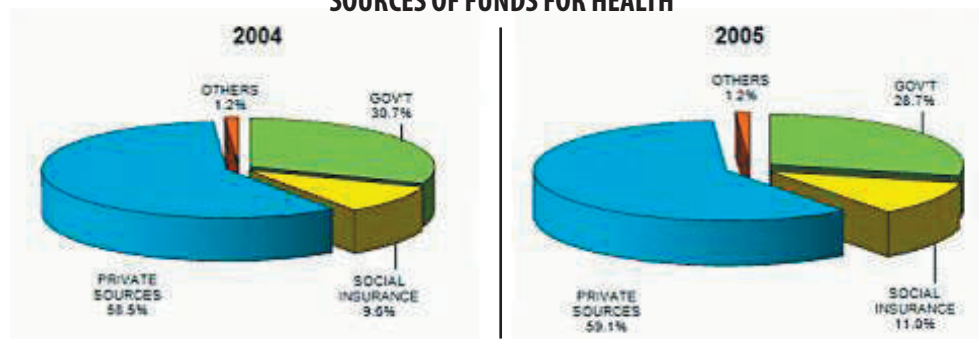
It can take six months or more to be reimbursed for the cost of childbirth. In 2008, PhilHealth's support value was only 36.29% based on its claims.

Of total health expenditure, 78.4% was used for personal health care, while only 11.5% was used for public health care. Administration and management support for health services accounted for 10%³.

Can universal health care be achieved in three years or even within P-Noy's six-year term of office?

Figure 1.

SOURCES OF FUNDS FOR HEALTH



SOURCE: National Statistics and Census Bureau, 2005 Philippine National Health Account. Retrieved from <http://www.nscb.gov.ph/stats/pnha/2005/default.asp>, on July 19, 2010.



UP student nurses take a moment to pose before continuing house-to-house interviews and spot checks for their community diagnosis of Pateros, Taguig.

Nurses support **Universal Health Care**

by

KRIZIA B. DAYA, RN

Health Policy Development & Planning Bureau - Bloomberg Project OC-400

Board of Nursing, Professional Regulation Commission

"The more than 600,000 contingent of professional nurses competent in primary health care shall be at the forefront to deliver quality health services," declared the Professional Regulatory Commission (PRC) - Board of Nursing (BON), Philippine Nurses Association (PNA), and nursing specialty organizations in a manifesto in support of President Noyonoy Aquino's Universal Health Care (UHC) program, published in the

Philippine Daily Inquirer on June 30.

"We believe nurses can very well contribute to the attainment of the goals of a health program that will genuinely promote and protect the people's health, especially the poor and vulnerable sectors of society."

Nurses declared their unity with President Aquino's platform on health, which promises:

1. UHC as the cornerstone of the

health agenda, which involves expanded outpatient health care benefits and accreditation of services;

2. Access to health through improved health infrastructure, which involves funding 22,000 more barangay health stations, 3,000 more outpatient rural health units, and at least 150 more district hospitals, implementation of all benefits stipulated in the Magna Carta for Public

The new administration, under President-elect Benigno "Noy" C. Aquino III, stirs hope that every Filipino will now have access to quality health care through a centerpiece program called "Universal Health Care (UHC)." The program carries with it the promise that no Filipino would ever die because of lack of essential medicines or inadequate health facilities. UHC promises all Filipinos access to basic health care through a socialized health program that will insure the general population.

The more than 600,000 contingent of professional nurses competent in primary health care shall be at the forefront to deliver quality health services. We believe nurses can very well contribute to the attainment of the goals of a health program that will genuinely promote and protect the people's health, especially the poor and vulnerable sectors of society.

The people's health is a crucial gauge of a socially responsible and responsive leadership. And with the newly-elected President's avowed pursuit of and commitment to people's health, we, representatives of various nursing organizations manifest our unity with this mission.

DR. TERESITA I. BARCELO National President Philippine Nurses	DR. CARMENCITA M. ABRAQUIN Chairperson Board of Nursing	
DEAN CARMELITA C. DIVINAGRACIA President Association of Deans of Philippine Colleges of Nursing	MS. LUCIA V. SOLTES President Catholic Nurses Guild of the Philippines	MR. EUGENIO ACACALOG President Occupational Health Nurses Association of the Philippines
MS. LYNN V. FLORIDO President Association of Diabetes Nurse Educators of the Philippines	PROF. LYDIA T. MANAHAN President Gerontology Nurses Association of the Philippines	MS. PATRINE D. AVELLANO President Operating Room Nurses Association of the Philippines
DR. LEAH PRIMITIVA G. SAMACO-PAQUIZ President Ang Nars, Inc.	HON. MARCO ANTONIO STO. TOMAS Health Social Enterprise Advocate & Entrepreneur's Organizer	MS. TERESITA D. ROMAN President Philippine Hospital Infection Control Nurses Association, Inc.
DR. MARIA LINDA G. BUHAT President Association of Nursing Service Administrators of the Philippines	COL. ESTELITA T. GALUTIRA President Mother and Child Nurses Association of the Philippines	MS. MA. ENCARNACION A. MACHANUCU President Philippine Oncology Nurses Association
MS. MARGARETH A. LAVADIA President Association of Private Duty Nurse Practitioners, Philippines	MS. ELEANOR M. NOLASCO President, Nagkakaisang Narses sa Adhikaing Reporma sa Kalusugan ng Sambayanan	MS. VIRGINIA C. DUCUSIN President Philippine Society of Emergency Care Nurses
MS. MA ISABELITA C. ROGADO President Critical Care Nurses Association of the Philippines, Inc.	MS. LORENZA C. SERAFICA President National League of Philippine Government Nurses	MS. RAFAEL Z. TEJADA President Renal Nurses Association of the Philippines
	MS. THEBE L. BENDON President Nurses Christian Fellowship	



TOP: Published statement of support to the Universal Health Care agenda. **BOTTOM:** The nursing top brass in one of their seminar-workshops to uplift the standards of the nursing profession. From left to right: Prof. Luz Barbara P. Dones of the University of the Philippines - College of Nursing; Dr. Erlinda C. Palaganas, president of the Philippine Nurses Research Society; Dr. Araceli S. Maglaya of the UP College of Nursing; Hon. Betty F. Merritt of the Board of Nursing; Leah Samaco-Paquiz, president of Ang Nars; and Prof. Mila Delia M. Llanes of the University of Santo Tomas.

Health Workers, and the availability of 100 of the most essential drugs in generics in every health facility all the time; and

3. A holistic and comprehensive health care system, which involves dedicating at least 5% of the national budget to health, leveraging the national health budget to

increase investments in health from the private sector, and establishing a National Health Development Fund.

President Aquino declared, "The Aquino administration will go beyond ensuring that each Filipino has a PhilHealth card. UHC should mean that every PhilHealth

cardholder will get not merely the card, but more important, the essential health series, basic necessities and appropriate quality health care."

Health Secretary Enrique T. Ona, in his speech during the 2010 World Population Day Celebration on July 12, added, "Now is the right time to fulfil the mandate of Universal Health Care for all Filipinos. We must focus on this single national healthcare strategy over the next three years as the President has said by rapidly expanding coverage of our poor and the near-poor informal sector. We must provide sufficient protection for Filipino families against the rising costs of healthcare. This means our government will have to spend big to expand and enhance Philhealth benefits for both in-patient and outpatient health services. But then, we must also spend money more wisely for services that truly improve outcomes and deliver quality care for our patients."

Ona remarked upon the need to build on existing strengths and capacities of the health workforce. "What we need to do is to unlock their talents and develop their competencies so that we have multi-skilled health workers such as nurse-midwives or nurse-practitioners who can serve even in remote communities, he said."

As Ona and his team rationalize and concretize the blueprint for UHC, the Health Policy Development and Planning Bureau, led by Director Ma. Virginia G. Ala, developed the Department of Health's (DOH) Health Executive Agenda for Legislation for the 15th Congress, which includes:

1. Amending the National Health Insurance Act of 1995 (Republic Act or RA 7875), so that premium contributions are solely shouldered by the National Government, adoption of the DSWD National Targeting System as a tool to identify the poor, and definition of offenses and abuses against the National Health Insurance

Program; and

2. An Act Establishing a National Health Promotion Institute to Mainstream Health Promotion in the Philippine Health Care System, Providing for a Health Promotion Fund (from tobacco, alcohol and softdrinks taxes).

Meanwhile, House Representative Susan A. Yap (2nd district, Tarlac) already filed House Bill 937, the "Mandatory Universal Healthcare Coverage of Every Filipino Act of 2010", which entitles every Filipino to health coverage by their immediate and automatic inclusion to Philippine Health Insurance coverage and membership, provided by RA 7875.

The bill is meant to address problems, such as pregnancy and child-birth complications, the decline of the government's share on health expenditure to 29 percent, below its 40 percent target based on the Health Sector Reform Agenda, the increase in share of out-of-pocket payments to 49 percent, the slightly increased share of social insurance payments to 11 percent, below its target of 30 percent, and a mere 20 million members enrolled in PhilHealth, out of 96 million total Filipinos.

Nurses' Contributions to UHC

Nurses have recently stepped up to the challenge, through initiatives such as

the EntrepreNurse project, in coordination with the DOH and the Department of Labor and Employment, which grants start-up funds for the establishment of nursing cooperatives in the community for nursing-related businesses, such as home health care, outsourced health service delivery, and lying-in clinics.

Anticipating needed health care reform and as part of their commitment to excellence in nursing care, the Board of Nursing, under the leadership of Chair Carmencita M. Abaquin, initiated a project, "Revisiting the Core Competency Standards of the Nursing Profession" in September 2009. Using the competency-based methodology for curriculum development, the BON and nursing leaders identified current and projected roles of the nurse in the next five to 10 years, towards updating and improving the standards of the profession.

Roles identified included the nurse as independent nurse practitioner, public health nurse, nurse epidemiologist, primary health care nurse leader, trainer, change agent, family nurse practitioner, disaster and rehabilitation nurse manager, health promoter and educator, client advocate, community health nurse, triage nurse, and ecological nurse manager.

On June 17, nurse leaders established a Task Force on Nursing Issues, composed of BON Hon. Marco Antonio Sto.

Tomas, PNA President Teresita I. Barcelo, ANG NARS President Leah Samaco-Paquiz, Dr. Marilyn D. Yap, Dr. Lydia Palaypay, and Mari Francine Krizia B. Daya, a rapid response, proactive think tank to increase the responsiveness of the nursing sector to government initiatives and the health needs of the people.

During their first meeting, held at the PNA Headquarters on June 21, Dr. Barcelo expressed the conviction of nurses, backed by their scope of practice as stated in the Philippine Nursing Act of 2002 (RA 9173), that they are prepared and ready to care for high-risk pregnancies and other cases in hard to reach areas.

In addition, nurses are equipped with years of training in health promotion and education for three levels of clientele, individuals, families, and whole communities, making them effective providers of primary health care services.

Indeed, nurses are committed, prepared and ready to do their part in realizing UHC.

The people's health is a crucial gauge of a socially responsible and responsive leadership. And with the President's avowed pursuit of and commitment to people's health, these representatives of various nursing organizations manifest their unity with this mission.

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TIDbeat

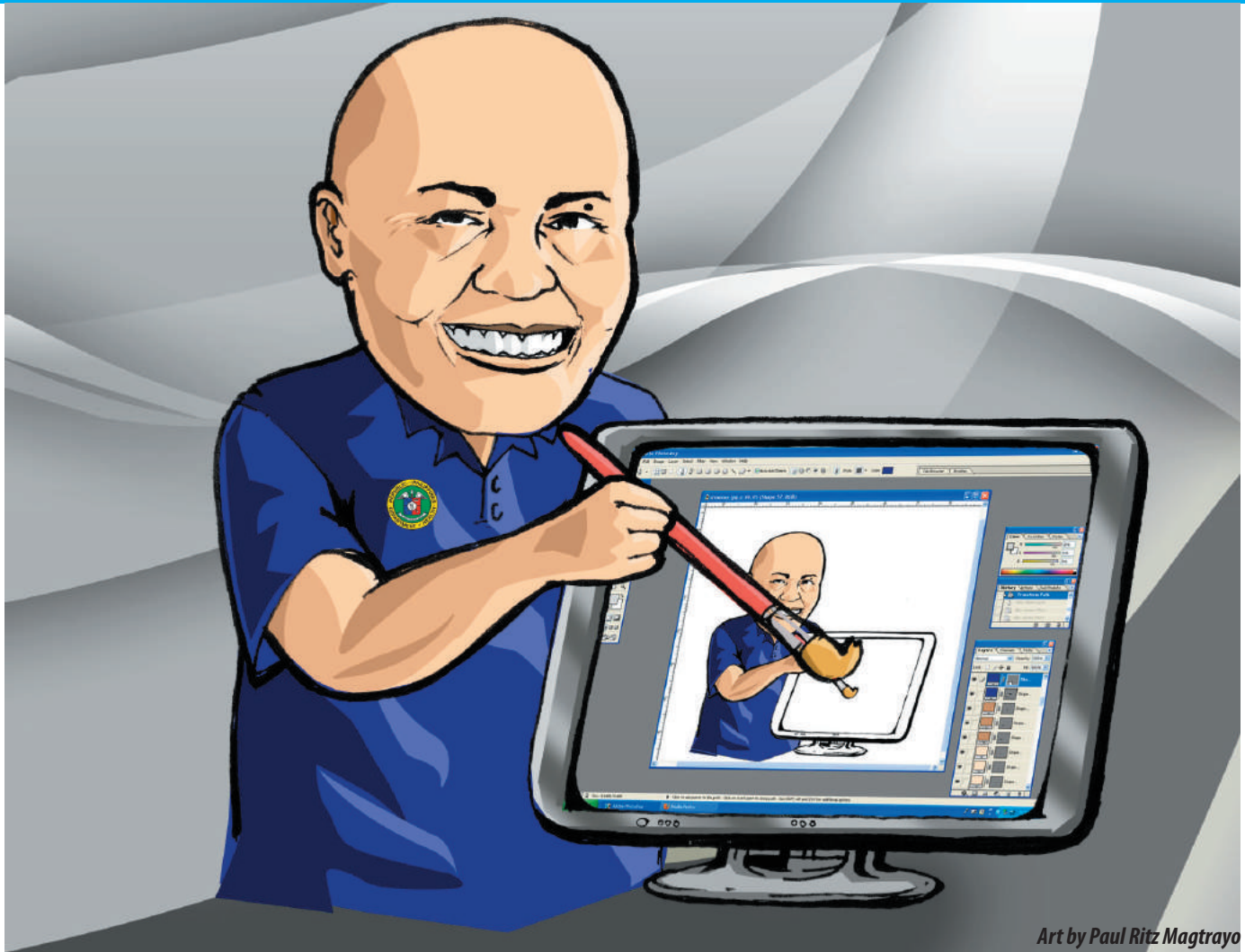


SATISFACTION guaranteed

LOLA: Okey ba ang mga serbisyo sa ospital na ito?
DUKTOR: Oo naman, lola. Sigurado po 'yon.
LOLA: Paano kung hindi ako satisfied?
DUKTOR: Ibabalik po namin ang sakit mo.

Art by Antonio Totto, Jr.





Art by Paul Ritz Magtrayo

Nong Mendoza Battling Lung Cancer

by

ELIZABETH G. MASCAREÑAS
HEALTHbeat Staff

Getting seriously ill is a big burden not only for the patient but also for the whole family, especially when an illness requires special diagnostic procedures, laboratory tests, surgery and long hospital confinement. Making the situation worse is when the patient is only a rank-and-file employee of a government executive department and

not from the so-called government-owned controlled corporation.

Surely, being a compulsory PhilHealth (Philippine Health Insurance Corporation) member lifts many of the financial burdens, that is, if the illness do not last the maximum allowable period of 90 days for single period of confinement or

series of confinements for the same illness with intervals. But when an illness becomes recurring or chronic, and health insurance has been exhausted, it is the time when that employee can only wish that his agency has other health or medical benefit package to offer in order for him not to beg, steal or borrow.

Fedelino “Nong” Mendoza, who works in the Department of Health’s National Center for Health Promotion (DOH-NCHP), experienced a gamut of medical and financial difficulties when he was diagnosed with lung cancer in September last year. His story reflects the capability of many government employees to survive the high cost of treatment, hospitalization and medicines. Some employees, like Nong, will be lucky enough to be able to get the support they need. Many government employees, however, will find their luck running out too fast, too soon.

Battling with Lung Cancer

Nong narrated his ordeal with lung cancer...

“Since 1997, I have been assigned at the creative unit, designing multimedia materials for various DOH programs and

campaigns. I started working in the DOH Central Office in 1990 – a fruitful 20 years of public service.”

“I think it is important to note that I was a smoker before I got sick. I started smoking in my junior years (1971) in college. But when then Secretary Juan Flavio Velez imposed a smoking ban in the DOH compound sometime in 1997, I think, I decided to reduce my smoking.”

“One night in 2008, I felt feverish and had chest pains and shortness of breath. My wife noticed that I had very high temperature and I was already incoherent with my answers to her questions. I was getting delirious, and she decided to take me to Philippine Heart Center (PHC). I was diagnosed with severe pneumonia and was hooked to a ventilator for five days. I stayed in the hospital for 17 days and we spent no less than Php 260,000.”

“I thought that episode was

over, but I was wrong. My condition did not improve. I was getting pale, weak and feverish again and having chills every afternoon. I thought this was not pneumonia anymore but tuberculosis (TB). I consulted with Dr. Maricar Limpin, a pulmonologist and one of the country’s staunch anti-tobacco advocates. She is the executive director of the Framework Convention on Tobacco Control Alliance Philippines (FCAP) whom I had the chance to regularly work with in the conduct of DOH tobacco control campaigns. She looked at me and advised me to immediately go to the Lung Center of the Philippines for a series of diagnostic tests.”

“The first step was to have my sputum tested. After three consecutive days of sputum tests, my result turned out negative for TB. Then came the x-ray, and they found some white spots in my left lung. This was not a good sign, so I was advised to be admitted at PHC where Dr. Limpin practices. That was July, and for two weeks, I underwent several laboratory tests that included blood culture, bronchoscopy and CT (computerized tomography) scan of the chest. The result of the CT scan revealed a mass in my lung. Following this, I had a CT scan guided biopsy which revealed cancer on the left lower lobe and I was referred for a thoracotomy and possible lobectomy. Thoracotomy surgery involves making a cut in the side of the chest between the ribs and lobectomy procedure involves taking out a part of the lung, called a lobe, because it contains a cancerous tumor. Further tests included cranial and bone scan, and abdominal ultrasound prior to my scheduled surgery.”

“My lobectomy schedule was made on September 26, 2009 – the day typhoon Ondoy devastated Metro Manila and nearby provinces. I was already in general anesthesia but my surgeon could not make it that day



Nong Mendoza - ready for operation.

because of the massive flooding. That made my situation even worse than what it already was. Three days later, on September 29, I was finally operated on."

"Then came the anxieties that my hospital bills would be higher this time around compared with my previous confinement. My wife sought financial assistance from several agencies and people, including the Philippine Charity Sweepstakes Office, the DOH-Public Assistance Unit, and from two Congressmen – Rep. Magtanggol Gunigundo (Valenzuela) and Rep. Enrico Fabian (Zamboanga City)."

"On my behalf, my wife also applied for social service at PHC, and we were given the free services of medical doctors. PhilHealth shouldered around 15% of my hospital bills and on top of this, I was given another 10% discount for my being a DOH employee. Without getting those assistance, my medical expenses would zoom up to about Php 450,000. But my medical expenses did not stop there. A week after my surgery, I started my monthly chemotherapy for 6 months at PHC. Each chemotherapy costs Php 50,000."

"The agony of being a cancer patient going through a lot of physical pain during laboratory tests and procedures, major surgery and chemotherapy sessions, compounded with the thought that my family's life savings were spent to pay the bills, made my life somewhat depressing. However, there were some silver linings: making good friends with my doctors who were always there for me and even gave their professional services for free. I will forever be grateful to my doctors – Dr. Limpin, Dr. Ramon Ribo (thoracic surgeon), and Dr. Jose Garcia (oncologist). I am also



Nong with wife, Bambi, during confinement at the Philippine Heart Center.

grateful to my colleagues at DOH and other friends who gave their support and guidance throughout the course of my journey. And of course to my loving wife and two kids who always prayed for my better health and gave me the needed encouragement to be strong in battling cancer."

"With a disease like lung cancer, it is very important that people around you and the institutions behind you are able to provide you with the best care and support physically, emotionally and financially," Nong concluded his story.

Of Lung Cancer and Tobacco Control

Cancer is largely considered a lifestyle-related disease. High-risk behaviors like smoking, diet, pollution, sexual activity and occupational exposure have been linked to cancer.

The Philippine Health Statistics

(2005) revealed that cancer is the third leading cause of death in the country, accounting for 48.9 percent of all deaths. The most common sites of reported deaths from cancer are the trachea, bronchus and lungs (8.5 deaths per 100,000 population), breast (4.4 per 100,000) and leukemia (2.9 per 100,000). Among males, the leading sites are lungs, prostate, colorectal area and liver. Among females, the leading sites are breast, uterus, cervix and lungs.

The Cancer Network (C-Network), an advocacy group that works in partnership with the Philippine Cancer Society (PCS) and the DOH, said that 43 Filipinos die of lung cancer everyday, making the disease the most prevalent of cancers in the country. More than 17,000 new cases are diagnosed every year, of which 15,695 are expected to succumb to the disease which has a survival rate of only 5.28 percent.

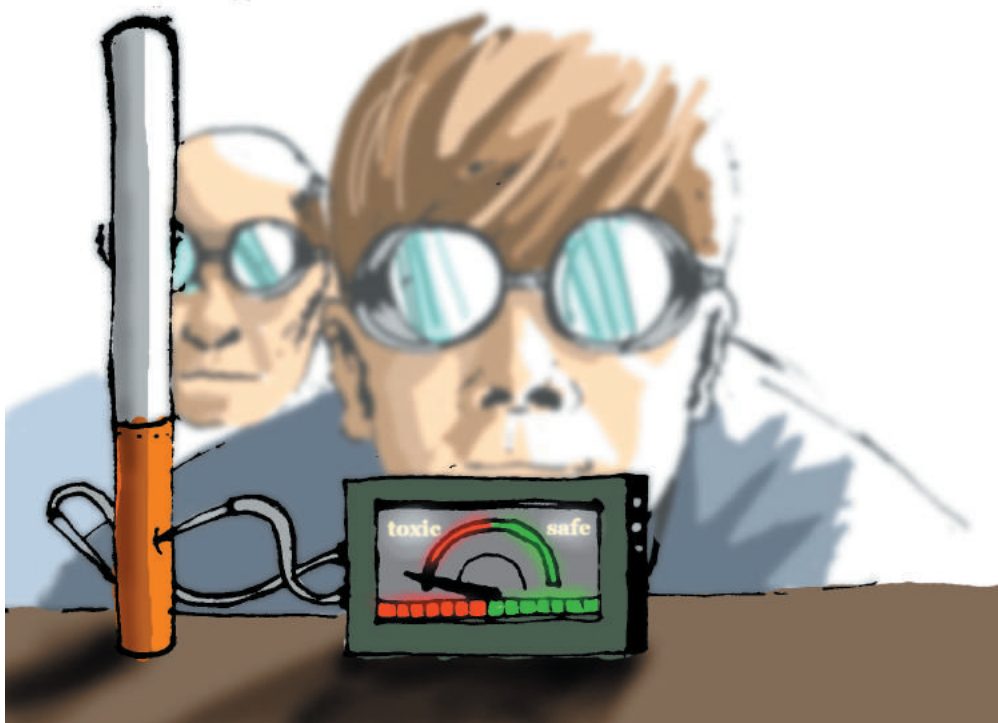
The greatest risk factor for developing lung cancer is smoking, which

can be attributed to nine out of 10 lung cancer cases. The level of risk is affected by the length of time one has smoked and the quantity smoked. A person who smoked two packs per day for 20 years is eight times more likely to develop lung cancer than someone who smoked only one pack per day for 40 years.

According to PCS Executive Director Dr. Rachel Rosario, the dangerous habit of smoking affects not only smokers but also the people around them. Secondhand smoke is lethal and non-smokers are also at risk. Spouses of smokers have a 25% chance of developing the disease, whereas co-workers of smokers exhibited an increased risk of 17%.

Rosario added that a new study abroad pointed out that third-hand smoke (residue from second-hand smoke that clings to the smoker's hair and clothes as well as in walls, curtains, furniture, etc.) is also a possible cause of cancer, Rosario added. The tobacco residue that lingers on surfaces can react with other chemicals in the air to form potent carcinogens, the chemicals linked to various cancers.

The Philippine Global Adult Tobacco Survey (2008) showed an estimated 17.3 million Filipino smokers, 15 years old and above. Of these, 14.6 million are males and 2.8 million are females. Ten (10) Filipinos die 10 Filipinos die by the hour due to tobacco-related diseases. Although government revenue from tobacco taxes is about Php 23 billion annually, economic losses due to productivity and health care costs of the top 4 tobacco-related diseases (cancer, heart diseases, chronic obstructive pulmonary diseases and stroke) are conservatively estimated in 2008 at Php 149



A cigarette is toxic and smoking is the greatest risk factor for developing lung cancer. If you smoke, quit now, and if you don't smoke, don't ever start. (Artwork by Paul Ritz Magtrayo)

billion annually.

In September, AGHAM Party-list Representative Angelo Palmones filed House Bill 2005 to compel cigarette firms to pay for hospital fees of people who have smoking-related illnesses. Palmones said tobacco companies should allot 5% of their net cigarette sales to pay for testing and hospitalization fees of people who have smoking-related illness. Palmones added that smoking also affects the economy, as productivity is affected because workers tend to use their time for work in smoking. This is sort of a breather for smokers, but still, the bill has a long way to go before it is made into law. And as what happened to other anti-smoking bills in the previous sessions of Congress, the Palmones bill will surely be strategically delayed by the tobacco industry and vehemently opposed by many politicians who are always at the mercy of favors from the rich and powerful tobacco companies.

Prevention Better Than Cure

Lung cancer is more commonly seen in urban areas of the Philippines, and it increases after the age of 35. The warning signals of lung cancer include persistent cough, blood-streaked sputum, chest pain, recurring pneumonia or bronchitis, among others. Unfortunately, there is no effective early detection method for the disease. Majority of patients are diagnosed at an incurable stage. For the few patients seen at an early stage, surgery is the preferred treatment.

For many types of cancer, the old adage, "prevention is better than cure," sticks. By avoiding certain risk factors for lung cancer, the chances of developing it is reduced. This is the first step in lung cancer prevention.

Quitting smoking and keeping

away from secondhand smoke are the BEST defenses against lung cancer. Then comes diet and physical activity. Studies show that a diet rich in fruits and vegetables, may help lower the risk of lung cancer, while heavy alcohol drinking may increase the risk of lung cancer. In addition, studies show that people who are physically active may have a lower risk of lung cancer than those who are not, even after taking cigarette smoking into account. Regular or annual medical check-up is necessary especially for those who are 40 years old and above. Ask your doctor about ways of preventing cancer that might be effective for you.

Recently, even doctors were told to quit smoking and practice what they preach. On September 24, the Philippine Medical

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Write your story or we will send a writer nearest you to do your story. Contact us at healthbeat@ymail.com



Art Source: bigstock.com exclusive

Association (PMA) passed a resolution urging its members to set an example to patients by not smoking and enjoined all other medical practitioners not to smoke.

Dr. Oscar Tinio, PMA president, admitted that some doctors continued to smoke despite knowing its ill effects. This

gave the public the false impression that PMA was not supportive of the no smoking campaign, he said. "Physicians must be role models on matters of health, that is why it is highly inappropriate for physicians to be seen smoking," Tinio concluded.

Meanwhile, Dr. Mike Aragon, chair of PMA's media affairs, said members violating the resolution would be subject to penalties provided for in the association's rules. He encouraged the public to report doctors who were smoking, and a committee would decide on what to do with the erring members.

The PMA resolution complemented the DOH's nationwide tobacco control efforts.

- o O o -

HEALTH advisory

E-Cigarette is **NOT** Nicotine Replacement Therapy

The Food and Drug Administration (FDA) of the Department of Health debunked the claim of some marketers of electronic cigarette/electronic nicotine delivery systems (ENDS) to be nicotine replacement therapy and that the product helps people quit smoking.

In an advisory issued by Health Secretary Enrique T. Ona in July, ENDS are described as "a category of consumer products designed to deliver nicotine in the lungs after one end of a metal or plastic cylinder is placed in the mouth, like a cigarette or cigar, and inhaled to draw a mixture of air and vapors from the device into the respiratory system."

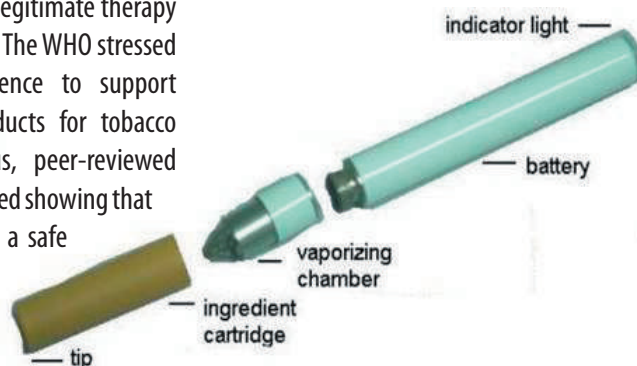
These products contain electronic vaporization systems, a rechargeable battery and charger, electronic controls and

replaceable cartridges that may contain nicotine and other chemicals. ENDS are marketed under a variety of brand names and descriptors, including "electronic cigarettes" also known as e-cigarettes, "ecigarro," "electro-smoke," "green cig," and "smartsmoker."

The World Health Organization (WHO) does not consider an electronic cigarette to be a form of "legitimate therapy for smokers trying to quit. The WHO stressed that "there is no evidence to support marketing of these products for tobacco cessation as no rigorous, peer-reviewed studies have been conducted showing that the electronic cigarette is a safe and effective nicotine replacement therapy." The WHO Report on the

Scientific Basis of Tobacco Regulation also states that "claims that ENDS are smoking cessation aids have not met the standards of evidence required by scientific organizations and regulatory authorities."

The DOH warns the public on the use of electronic cigarettes. There is insufficient evidence that ENDS are safe for human consumption.



Dealing with DENGUE

by
DONATO DENNIS B. MAGAT
HEALTHbeat Staff

Not Just Another Dengue Year

The dengue situation in the country had reached epidemic proportion in several regions. Still, this did not warrant a declaration of a national epidemic nor a state of national calamity.

Since the start of this year until September 11, the Department of Health (DOH) recorded 84,023 dengue cases nationwide, with 567 deaths. This is 117.72% higher compared to last year's 38,591 cases in the same period.

DOH Chief Epidemiologist Dr. Eric Tayag attributes the increase to several factors like the El Niño Phenomenon, when wider areas suffered from water shortage prompting communities to store waters in unprotected containers, making them ideal mosquito habitats.

Tayag further explained that the increase may have also been brought about by improved disease reporting, heightened public awareness resulting in early consultations and the simultaneous circulation of several strains of the virus putting more individuals at risk.



Presidential Sister Kris Aquino joins Health Secretary Francisco T. Ona in raising dengue awareness among schoolchildren in Rosa Susano Elementary School in Novaliches, Quezon City. (Photo by Paking Repelente)

Dengue Fever and Its Strains

Dengue fever is sometimes called 'breakbone fever' because of the

muscle cramping it causes a patient. It is transmitted by the bite of an infected *Aedes aegypti* or *Aedes albopictus* mosquito. These mosquitoes become infected when they bite infected humans, and they transmit the infection to other people they bite. Dengue is not transmitted from one person to another. It is the mosquito that transmits the virus to humans through their bites.

The first episode of infection causes the body to develop antibodies to a particular type of strain. However, if infection occurs again, the antibodies may not be able to neutralize the new strain, which may cause the immune system to overreact resulting in more severe and more virulent dengue infection like dengue hemorrhagic fever (DHF) or dengue shock syndrome.

"The circulation of four dengue strains (DEN-1, DEN-2, DEN-3, and DEN-4) made things worse for public health experts," Tayag further explained. He added that if a person becomes infected of DEN-1, he/she becomes immune to the DEN-1 strain but not to the three remaining strains.

D.E.N.G.U.E. strategy to educate the public on home treatment of mild dengue cases. This will aid in decongesting tertiary hospitals by assuring the public that not all dengue cases require hospital confinement but can be managed at home using the said strategy.

"Instead of confining patients in a hospital facility, parents and caregivers can practice the D.E.N.G.U.E. strategy. D.E.N.G.U.E. stands for D - daily monitoring of patient's status, E - encourage intake of oral fluids like oresol, water, juices, etc, N - note any dengue warning signs like persistent vomiting and bleeding, G - give paracetamol for fever and NOT aspirin, because aspirin induces bleeding, U - use mosquito nets and E - early consultation is advised for any warning signs", Ona said.

He advised the public to go straight to the emergency room if they exhibit dengue warning signs. Warning signs include severe abdominal pain or persistent vomiting, red spots or patches on the skin,

signs of bleeding, black stools, drowsiness or decreased consciousness, difficulty of breathing, and pale or cold clammy skin.

Ona has already issued an order to all DOH hospitals to activate their dengue express lanes to facilitate patient admission for severe dengue cases. Ona also appealed to chiefs of public and private hospitals to set up additional wards and beds for dengue patients needing confinement.

"Aside from these steps, I have also directed our DOH officials to temporarily suspend all out-of-town seminars and training programs which involve our local health providers so that they can attend more to dengue cases," Ona said.

DOH reiterates that the most effective way to prevent and fight dengue is still by practicing the DOH's 4-S strategy consisting of Search and destroy, Self-protective measures, Seek early treatment and Say no to indiscriminate fogging.

"We are reiterating our call to all

local government units (LGUs) to mobilize barangay dengue brigades in their areas such as what is being done in Quezon City and Zamboanga City," Ona said, adding that a once-a-week community-wide clean up drives against dengue will help a lot in reducing cases.

Measures include emptying of all exposed containers and vases, old tires, coconut husks, and plants of stagnant water. Abandoned lots, houses and establishments should also be included in the search-and-destroy operations because these may have possible mosquito breeding sites.

Ona also recognized the efforts of other government agencies to combat dengue such as the initiative of the Metro Manila Development Authority (MMDA) to conduct fogging activities in public schools of Metro Manila where clustering of dengue cases have been reported. He also thanked the Department of Education (DepEd) for including dengue awareness campaigns in



Fatal Bite

(A Warning from a Neighborhood Mosquito)

by

RENIZA G. ONGCOY, RN

Philippine Heart Center

Dark place, stagnant water, my abode
Emerging from it throughout the day
No one is safe from the virus I hold.
Girls and boys alike I love to bite
Uterior suffering I promise to you
Experience bleeding to death, such fright!

Keept these in mind if you want to survive
In the tropics I can be ubiquitous
Learn to clean; do not wait for me to arrive.
Lean me be and largely I multiply
Singing in the rain while the rest of you cry.

PHOTO SOURCE: <<http://www.wired.com/wiredscience/2008/05/gm-mosquitoes-n/>>



TOP: Health Secretary Enrique T. Ona puts window screen in a school in Bacolod together with House Representative Anthony Golez (second from left). **BOTTOM:** Sec. Ona checks on the condition of a girl who was cured from dengue during his community visit in Mandaluyong City.

also occurred more frequently and with more severity. This may be due to factors like increased air travel which allows infected persons to introduce the disease to mosquitoes at their destination, poor active surveillance in some countries, and ineffective mosquito control.

The World Health Organization estimates that there are approximately 50 million dengue infections per year and roughly 2.5 billion, about 2/5 of the world's population, live in areas at risk for infection. In 1970, there were only nine countries with dengue fever. Today, the number of countries where dengue fever has become endemic is close to 100.

Medical News Today described dengue fever as the fastest vector-borne

disease in the world. It occurs mostly during and after the rainy season in tropical and sub-tropical areas. The disease, once confined in Southeast Asia, has now become more common in Latin America, Asia, Africa, North America, and even Australia.

Recently, rumors of the medicinal value of durian fruit as a cure against dengue spread quickly in some hospitals in Davao. Consumption of the pungent-smelling fruit has become common in dengue wards. Rumors about cures attributed to durian

followed those over the supposed anti-dengue properties of a local plant, called tawa-tawa (*Euphorbia hirta*).

Health professionals maintained that there is still no evidence confirming durian or tawa-tawa as a cure against dengue. "There's no established proof yet," said Dr. Jo-anne Lobo, specialist in infectious diseases among children at the government-run Southern Philippines Medical Center (SPMC). Ana Remolar, DOH information chief, said unlike the case of tawa-tawa, no study has been conducted yet on the efficacy of durian on dengue cases.

However, despite the health experts' opinion, relatives and friends of dengue patients continue believing on durian's alleged medicinal properties. This

action is only a clear indication that parents, relatives, and caregivers will do anything to save a loved one's life threatened by dengue. This may result in a false sense of security and can easily endanger many lives.

Congested Health Facilities

Because of the report that most public hospitals were swamped by dengue cases, the DOH encouraged the public to maximize their health centers for consultations before bringing their patient to the hospital in an effort to ease public hospitals of long queues in the dengue express lane.

"Many dengue cases, if mild, can be managed at home or closely monitored by our local health staff in the communities. Not all dengue cases require hospitalization", Health Secretary Enrique Ona emphasized, even as he cited San Lazaro Hospital's average of 500 consultations a day with only 30 admitted as dengue cases.

Ona said that the number of new cases has been going down since August except in some cities of Metro Manila. Dengue peaks during the rainy months, particularly during the month of August. Proof of this is the decreasing trend in the case fatality rate. From January to August 28 this year, case fatality rate is lower at 0.7% compared to 1.1% in the same period last year.

Ona meanwhile cautioned local health authorities and the public not to let down their guard against dengue although cases are expected to further go down. He called on all local government officials to remain vigilant and make sure that their health centers and hospitals are also ready to manage consultations for dengue and other diseases that occur during the rainy season such as influenza, bronchitis, diarrheas and leptospirosis.

The DOH also devised a new



DENGUE AWARENESS DRIVE EVERYWHERE. Top Left - Health Secretary Enrique T. Ona (far left) with Education Secretary, Bro. Armin Luistro (second from right) inform schoolchildren on the prevention of dengue and its signs and symptoms. Top Right - Sec. Ona distributes dengue prevention flyers in an LRT station. Bottom Left - DOH officials meet the Malacañang Communication Group. Bottom Right - Sec. Ona updates the press at the Palace.

The classic dengue fever's signs and symptoms include fever, severe headache, joint and muscle pains, nausea, vomiting, loss of appetite and rash. On a person's second infection, dengue hemorrhagic fever or dengue shock syndrome may occur.

The signs and symptoms of DHF include those of the classic dengue fever but after several days, the following may appear: tiny spots on the skin, bleeding from the nose, gums, and under the skin. Blood in urine and vomiting blood may also be observed.

The most severe form of dengue is the dengue shock syndrome. Its signs and symptoms include those of the classic dengue and DHF and may include fluids leaking outside of blood vessels, massive

bleeding, and very low blood pressure. Parents and caregivers should always be on the lookout for dengue shock syndrome's warning signs. Some of these are severe abdominal pain, protracted vomiting, marked changes in body temperature from fever to low temperatures, and change in mental status such as irritability or coma.

For dengue shock syndrome cases, experts recommend emergency treatment with fluid and electrolyte replacement. Blood transfusions may also be necessary, to treat bleeding complications.

Various references cite the distribution and re-distribution of the dengue viruses. Only DEN-2 was present in the Americas in 1970, although DEN-3 may have had a focal distribution in Colombia and

Puerto Rico. In 1977, DEN-1 was introduced and caused major epidemics throughout the region over a 16-year period. By 1977, about 18 countries in the American region had reported confirmed DHF cases and that DHF is now endemic in these countries.

In 1981, DEN-4 was introduced and cause similar widespread epidemics. It was also in 1981 that a new strain of DEN-2 from Southeast Asia emerged and caused the first major dengue hemorrhagic fever epidemic in Cuba. This strain spread rapidly throughout the regions and also caused DHF outbreaks in Venezuela, Colombia, Brazil, French Guiana, Surinam, and Puerto Rico.

During the last part of the 20th century, many tropical regions of the world had an increase in dengue cases. Epidemics

their wellness programs in all public schools nationwide.

The health chief visited Rizal Elementary School in Tayuman, Manila and Rosa Susano Elementary School in Novaliches, Quezon City in order to educate schoolchildren on the mosquitoes' biting time, dengue warning signs, and prevention. In Novaliches, Presidential sister Kris Aquino joined force in raising dengue awareness. Ona also visited the Light Railway Transit depot in Monumento, Caloocan to unveil a large tarpaulin on dengue prevention and distributed posters and leaflets, along with some DOH officials, on the DOH's 4-S strategy. His schedules also included personally checking DOH hospitals' emergency rooms to assess the condition of patients and

healthcare providers, as well.

"There is still no cure or vaccine for dengue and that is why we must focus on other cost-effective interventions, the most important of which is source reduction --- destroy the dengue-carrying mosquitoes," Ona reiterated.

The health department is currently looking into other potential strategies to combat dengue such as the use of vaccines against all four dengue strains, the genetic modification of the Aedes mosquitoes which will render them less active in biting victims and even local alternatives such as the use of "tawa-tawa", a local herb that is being investigated for its curative properties against dengue.

"We are on the lookout for the

emerging science and trends concerning dengue which can help us to more effectively fight the disease in the future," says Ona. "We are doing everything we can to arm the public with information and respond to the medical needs of victims given the tools that are currently available to us," he added.

Ona reminded the public that dengue, although an all-year round disease, is more common during rainy days when there are more potential breeding grounds for the Aedes aegypti mosquitoes. To prevent dengue, he advised the public to destroy all possible mosquito breeding sites like old tires, softdrink bottles and tin cans, and use mosquito nets or protective clothing. He also stressed that fogging may be done only in outbreak areas.

**PUKSAIN ANG KITI-KITI
SUGPUIN ANG DENGUE**

Sali Kami!

Itaob ang mga bote, lata at iba pang maaaring pag-ipunan ng tubig at pangit-lugan ng lamok.
Linisin ang mga aluod.
Palitan ang tubig sa flower vase minsan sa isang linggo.
Tiyakin na walang nailon na tubig sa ilalim ng paminggalan at refrigerator.
Takpan ang mga drum at iba pang imbakang tubig.

**Maraming maaaring pamahayan ang lamok sa ating paligid.
Makiisa sa DOH. Let's Search and Destroy!**

DOH ADB

Mare...

Ganda

JOY: Naku mare, ang gaganda ng mga anak mo!
 DIANA: Talaga, mare! Hay naku, kung asawa ko lang ang aasahan ko hindi mangyayari 'yan!

Di Na Virgin

DIVINA: Huhuhu... Bakit natin ginawa ito? Hindi na ako virgin. At dalawang beses pa nating ginawa!!!
 ROWELL: Ano? Isang beses lang yun ah?!?
 DIVINA: Bakit? Hindi na ba natin uulitin mamaya?

Extra Hot!

Hating-gabi, hot si Misis, haplos niya ilong ni Mister, kiliti niya sa leeg, at sabay bulong ng malaming sa tenga...

DELIA: Luv, wala na akong panty.
 OSCAR: Ha? Sige, tulog ka na, bukas na bukas ay ibibili kita!

Birth Control

Isang ginang ang napadaan sa tindahan ng Intsik...

INTSIK: Bili kayo panty Ma'am. Ganda ito at mabisa sa birth control. Pag gamit mo nito, 'di ka mabubuntis.
 ERMA: Talaga? Aba, makabili nga ng pito niyan para pang isang linggo.
Makalipas ng tatlong buwan...
 ERMA: (Binabato ang tindahan ni Intsik.) Walang hiya ka, sabi mo mabisa sa birth control ang panty na tinda mo? Bakit ako nabuntis kahit gamit ko ito?
 INTSIK: Aba, eh, Ma'am...Baka naman hinubad nyo po? E di wala nang bisa yan!

Payo sa Bagong Kasal

Payo ng Ina sa anak niyang babae pagkatapos nitong ikasal:
 INAY: 'Kung gusto mong umuwi ng maaga ang asawa mo, i-text mo siya, "Sex will start 8 pm, with or without you."



Aling Dionesia sa Las Vegas

WAITER: May I take your order, Madam?
 ALING DIONESIA: Soup...
 WAITER: Chicken, asparagus, fish or soup of the day?
 ALING DIONESIA: Soup drenks.

Patay!

Bago matulog ang mag-asawa...
 ENCIONG: Ano kaya ang mangyayari sa iyo kung mamamatay ako?
 VILMA: Malamang mamamatay na rin ako.
 ENCIONG: Bakit naman?
 VILMA: Kung minsan kasi, nakamamatay din ang sobrang kaligayahan!

Together At Last!

A woman who married three times and was widowed three times recently died.
 PRIEST: At last, they're finally together!
 ALTAR BOY: With which husband, Father?
 PRIEST: I mean her legs.

(-: Jokes and photo from the Internet :-)

Promote Breastfeeding



Breastfeeding Room at Dr. Jose Fabella Memorial Hospital. (Photo by Dr. Mary Anne Ilao of DJFMH)

The Department of Health, along with some 73 countries worldwide, joined the observance of the 19th World Breastfeeding Week in August with the theme, “10 Steps of Breastfeeding: The Mother-Baby Friendly Way.”

The United Nations Children’s Fund (UNICEF) recently noted that the marked reduction in child mortality from 13 million deaths globally in 1990 to 8.8 million in 2008 can be partly attributed to the adoption of basic health interventions like early and exclusive breastfeeding.

Study shows that the initiation of breastfeeding within the first hour of life will lead to successful exclusive breastfeeding for

Ten Steps of **BREASTFEEDING**

The Mother-Baby Friendly Way



Every facility providing maternal and newborn care services should:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk unless medically indicated.
7. Practice rooming in – allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifier (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

the first six months. Continued breastfeeding should continue through the second year and beyond, with addition of safe, adequate, and appropriate complimentary foods.

Globally, the Philippines is one of 33 countries that have completed the World Breastfeeding Trends Initiative. There are some 40 countries undergoing training towards completing the World Breastfeeding Trends Initiative.

Presently, about 28% of all maternity facilities in the world have implemented the 10 Steps to Successful Breastfeeding. This has contributed to an encouraging increase in breastfeeding rates despite aggressive commercial promotion of infant formula and baby bottles.

However, the 28% global compliance is a far cry from the 1990 Innocenti Declaration goal that by 1995 all maternity facilities shall be practicing the Ten Steps to Successful Breastfeeding and shall promote and support breastfeeding practices in their respective countries.

The challenge for the Philippines is so great considering the resources are scarce. The "Rooming-In and Breastfeeding Act 7600" was revised and expanded to RA 10028 or known as "Expanded Breastfeeding Act of 2009". This law addresses the issue of discontinuation of breastfeeding because women workers have to return to their work. This will also fill the gap of some mothers, who for some reason, will not be able to breastfeed their babies for awhile by encouraging hospitals to put up milk banks. Breastfeeding will also be integrated in the academe from elementary to college, especially for medical and allied courses.

While all those things are in process, the DOH has to make sure that hospitals, birthing homes/lying-in/maternity clinics and the like practice Mother-Baby Friendly Hospital Initiatives.

According to Health Secretary

Enrique T. Ona, breastfeeding improves maternal and child health, and contributes to the attainment of the Millennium Development Goal number 4 and 5 which is the reduction of child mortality and improvement of maternal health, respectively.



TOP: Secretary Enrique T. Ona and Director Ruben Flores of the Dr. Jose Fabella Memorial Hospital (DJFMH) walk through Step No. 7 of the 10 Steps to Breastfeeding or "Practice rooming in – allow mothers and infants to remain together – 24 hours a day." (Photo by Romy Caparas) **BOTTOM:** (Left) Hospital staff expressing their breast milk. (Right) Feeding breast milk by cup (Photos by Dr. Mary Anne Ilao of DJFMH)

Breathtaking Breast Milk

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development

Autonomous Region in Muslim Mindanao

Beauty of the Breast

Breasts are astounding and fascinating body part, not because of how they look like, but because of what they produce and the nursing process they are involved in. They are soft and warm to feel for a baby's mouth, which a bottle certainly isn't.

Most women's breasts have nipples that protrude slightly at rest and become erect when stimulated, as with cold. During pregnancy, the nipple and the pigmented area around it (areola) thicken in

preparation for breastfeeding. Little glands (Montgomery glands) on the areola become more noticeable. They contain a lubricant to keep the nipple and areola from drying, cracking, or becoming infected.

Suckling and "Love Hormone"

Breast milk is produced in small sac-like glands in the breast. These sacs develop after specific hormones (such as estrogen, progesterone, pituitary prolactin, and placental lactogen) stimulate them, beginning during the second trimester of pregnancy.

Suckling stimulates the release of a hormone called prolactin. This hormone has been called the "love hormone," "cuddle hormone," or the "bonding hormone". This hormone stimulates milk

production and the release of another hormone called oxytocin. Its release is especially pronounced with skin-to-skin contact between the mother and the baby. Oxytocin stimulates contraction or the "let-down reflex" of the milk glands. The milk is squeezed out of the milk gland, into the milk ducts, and into the nipple. On contrary, oxytocin does not make breastfeeding a sexual experience as some erroneously believe.

At the beginning of breastfeeding, the milk contains lactose and protein, but little fat. Such milk is called foremilk. The end of the feeding produces hindmilk. The hindmilk contains more fat, the main source of energy for the baby. If the nursing time is cut short, the baby does not get the fatty hindmilk, and does not feel satisfied but can be fussy and crying right after nursing.



Initiate breastfeeding at the first hour of life. (Photo by Dr. Mary Anne Ilao of Dr. Jose Fabella Memorial Hospital)

Breast Milk Substances Surpass Infant Formula

After revealing some benefits of breastfeeding to both the baby and the mother, scientists have uncovered more amazing substances of breast milk. One cannot but be awed at these substances. They have a plethora of benefits for the breastfeeding baby, including:

- The newborn's first milk, colostrum, is in many ways different from the mature milk. It contains lots of antibodies, and acts as a laxative to purge the newborn's bowels from waste accumulated during the time in utero. Man simply cannot duplicate this wonder substance.

- In each feeding a mother will deliver millions of living white blood cells (WBC) to her baby to help baby fight off all kinds of diseases such as viruses, bacteria and parasites among others. You will not find these living cells in milk formula.

- If a baby contracts an illness that mom has not been exposed to previously, he will transfer this organism through his saliva to the breast, where antibodies are manufactured on site and then sent back to baby via the milk to help him cope. This does not happen in bottle-fed babies.

- Breast milk contains docosahexaenoic acid (DHA), an omega-3 fatty acid that is important for the brain. Several studies have found higher levels



Photo by Dr. Mary Anne Ilao of Dr. Jose Fabella Memorial Hospital

of brain-boosting DHA in the blood levels of breastfed babies than in formula-fed babies.

- Fats in breast milk are practically self-digesting, since breast milk also contains the enzyme lipase, which breaks down the fat. In contrast, the fat globules in baby-formula are large and not easily absorbed by human babies. It has cholesterol which is needed to make nerve tissue in the growing brain. It is suggested that exposing babies to cholesterol in the breast milk allows their bodies to learn how to regulate cholesterol so that as adults, they have lower cholesterol levels.

- Breast milk contains lactose, a milk sugar that provides energy, which is broken down in the body into glucose and galactose, and galactose is a valuable nutrient for brain tissue development. Cow's milk contains lactose, but not as much as human milk. Soy-based and other lactose-free formula obviously contain no lactose at all.

- Protein in breast milk is mostly whey, which is easier to digest than casein (main protein in cow's milk)! It has also with high amount of amino acid taurine, which plays an important role in the development of the brain and the eyes. This amino acid is low in cow's milk.

- Breast milk contains a wonderful hormone called cholecystokinin (CCK), which induces sleepiness, both in the baby and the mother. It is the easiest method to put your child to sleep.

- With less salt and less protein, human milk is easier on a baby's kidneys.

- Breast milk provides the most balanced source of vitamins and minerals for an infant. Vitamins and minerals in human milk are bioavailable — meaning they are absorbed well!

- Breast milk has lots of digestive enzymes and hormones. These all contribute to the baby's well being.

- Breast milk and formula milk have different effects on at least 146 genes. Most of the genes enhanced by breast milk promote quick development of the intestine and immune system. For example, some of

the genes positively affected by breast milk protect against “leaky gut”

- A breastfed child is inclined to eat vegetables in later life (a part of healthy lifestyles) more than a formula-fed child.

Islam on Breastfeeding

In the Noble Qur'an, Allah Almighty said: “Mankind! Admonition has come to you from your Lord and also healing for what is in the breasts . . . (Yunus 10:57)

Breastfeeding and Surrogate Mother. Seeing a nursing child makes one so appreciative of how well the human body is designed so that breastfeeding gives the child nourishment while at the same time fostering the loving bond between the mother and the child.

Prophet Muhammad (peace and blessings be upon him) said: “What is forbidden through birth (blood) relations is forbidden through foster-suckling relations.”

Breast milk has been shown to affect the gene expression and genetic formation of a baby. Recent scientific studies have shown that the milk of the nursing mother has some antibodies, which are transferred to her baby. These antibodies contribute in the formation of the baby's immune system, which takes place by the first three to five doses of milk suckling.

It is indicated that the three to five doses of breast milk are the required quantity for the formation of the immune system. When a baby suckles breast milk from his own mother or a surrogate one, that specific baby would inherit antibodies and immunity-related genetic characteristics; if another baby suckles breast milk from that same mother (acting as the surrogate mother) this baby would acquire similar characteristics as that previous baby. This surrogate breastfeeding or milk would make the two babies foster-relatives through having the

same antibodies and genetic characteristics. In other words, their relationship would be as birth (blood) brothers or sisters, which can be described as milk-brothers/sisters or foster-brothers/sisters. The marriage of these two persons is banned.

Additionally, kinship from surrogate breastfeeding is established by and passed on to generations or lineages due to the mothers' transferring of genes to their babies through breast milk. In other words, such a kinship is the result of the transferring of genes (the fundamental physical and functional unit of heredity) from a mother's milk to the infant. These genes penetrate the baby's cells and compose the genetic chains or sequences, which get various types of genes from a mother's cells.

It is well known that the source of genes is the DNA as being the nuclei of human cells. Also, the baby's hereditary system absorbs whatever new or strange genes, for it has not yet matured as any other system whose complete maturity may take months and probably years since the birth of a baby.

Toshed more light on breastfeeding of a surrogate mother, the Supreme Council of Darul-Ifta of the Philippines (SCDP) ruled unanimously that in order to establish foster-mother through breast milk intake, two criteria should be met:

1. Breast milk intake must be at least five times, interrupted or uninterrupted, and satisfied per suckling bout; and

2. The breast milk ingestion must not take place beyond two years of age.

In the Noble Qur'an, it can be deduced that the maximum limit of breastfeeding is two years. Allah Almighty said: “Mothers shall suckle their children for two whole years; (that is) for those who wish to complete the suckling.” (Al-Baqarah: 233) “And his weaning is in two years.” (Luqman: 14)

Similarly, the World Health Organization (WHO) recommends that infants be exclusively breastfed (given breast milk with no other foods or liquids) for the first 6 months of life and that, once complementary feeding (solid or semi-solid foods) has begun, breastfeeding is continued up to the age of 2 years. . .

Is Milk Bank applicable among Muslims? Based on the principle of foster-mother through breast milk intake, it is difficult to identify the source of expressed breast milk in unlabelled cup containers. However, if the identity of the mother's milk can be identified by labeling and depositing it in a separate container and both parents give their consent, then there is no Islamic prohibition to this effect. However, the most practical way is depositing the expressed breast milk inside the refrigerator using individual containers.

Should Muslim Post-Partum Mothers Practice Breastfeeding?

Definitely! In retrospective, Abu Umamah Al-Bahili reported that Allah's Messenger (peace and blessing be upon him) said: “While I was sleeping, two men (angels) came to me, held my upper arms, and took me to a rough mountain. They said, “Climb.” I said, “I cannot climb it.” They said, “We will make it easy for you.” He continued: “So I ascended until I reached a high place in the mountain. I heard fierce cries and asked, “What are those cries?” They replied, “Those are the howling of the people of the Fire.” He continued: “We moved on until I saw some people who were suspended by their Achilles' tendons, their cheeks cut and gushing blood. I asked, “Who are those?” They replied, “Those are the ones who break their fast when it is not permissible. . .” He continued: “We moved on until I saw some women with snakes biting at their breasts. I asked, “Who are those?” They replied, “Those are the women who deny their breast milk to their children.”

EBF at LAM

Ang exclusive breastfeeding (EBF) o ang pagbibigay ng bukod tanging gatas ng ina lamang kay baby mula pagkapanganak hanggang anim na buwan ng kanyang buhay ay ang susi sa “Lactational Amenorrhea Method” (LAM) o isang subok, epektibo at natural na paraan upang maiwasan ang pagbubuntis sa unang anim na buwan matapos manganak ng isang ina.

May tatlong uri ng panuntunan upang masiguro ang lubos na benepisyo ng LAM, ito ay ang mga sumusunod:

1) nararapat na hindi pa bumabalik ang regla o buwanang dalaw ng bagong nanganak; 2) walang ibang uri ng pagkain ang ibinibigay sa sanggol kundi gatas lamang ni nanay; at 3) ang sanggol ay may edad na hindi lalampas sa anim na buwan.

Tinatayang ang EBF bilang LAM ay 99.5% na epektibo at halos 98% ng mga bagong nanganak ay ginagamit ito. Sa pamamagitan ng on-demand breastfeeding o ang pagpapasuso sa sanggol kung kailan niya gusto sa araw at gabi, ang ovulation o paglalabas ng itlog ng ina ay humihinto kung kaya’t maiwasan ang wala sa oras na pagbubuntis.

Napakadaling isakatuparan ang LAM, pasusuhin lamang ng lubos si baby at huwag magbigay ng ibang uri ng gatas liban sa gatas ng ina. Hindi kailangang magpaeksamin ang bagong panganak na ina upang maisagawa lamang ang LAM. Habang lubusang nagpapasuso, hindi kailangang gumamit ng ibang uri ng pamamaraan upang maiwasan ang pagbubuntis. Malaking tulong and LAM upang mapangalagaan ang kalusugan ng sanggol at ina. Ito rin



Photo by Dr. Mary Anne Ilao of Dr. Jose Fabella Memorial Hospital

ay nagbibigay daan upang mapag-isipang mabuti ng magulang kung ano ang mabisa at angkop na pamamaraan ng pag-aagwat ng pagbubuntis at mabuting paraan upang mapangalagaan ang kalusugan ni baby at ni nanay.

Hindi maisasakatuparan ang LAM ng mga ina na hindi nagsasagawa ng EBF o nagbibigay ng ibang uri ng gatas at pagkain sa kanilang sanggol sa unang anim na buwang gulang nito. Para sa mga inang ganito ang sitwasyon, may mga paraan na maaaring pagpilian upang maiwasan ang maagang susunod na pagbubuntis. Una ay ang “non-hormonal method” (tulad ng IUD, tubal ligation, vasectomy (para kay tatay), condom o mga “traditional FP methods,” tulad ng beads o calendar. Pangalawa ay ang “progestin-only method” tulad ng

DMPA at “progestin-only pills” na maaaring simulan matapos ang anim na linggo pagkapanganak. At ang pangatlo ay ang mga Family Planning methods na may estrogen na maaaring gamitin pagkalipas ng anim na buwan matapos manganak, tulad ng “combined oral contraceptives”, lalo na kung si baby ay binibigyan na ng ibang pagkain at medyo madalang na rin siyang pasusuhin ni nanay dahil sa ibang kadahilanan.

Sa mga mag- asawang nagnanais na gumamit ng modern family planning (FP) method, sumangguni sa health center upang mapag usapan ang naaangkop na FP method ayon sa kagustuhan ng mag-asawa. Tandaan, ang tamang kaalaman ang susi sa kalusugan mo, ng iyong mahal na pamilya at ng buong pamayanan.

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EMO ka ba?

The term “emo” may have started in the music industry as an insult by punkers in the 80s to describe the followers of emotive hardcore rock music. However, the term has been bastardized to mean “emotional” and has been used to refer to male vocalists who sing like little girls about their failed relationships and to kids who cut their hair into side-swept bangs, tight pants, and complain about how nobody understands them.

Emo turned into sort of a pop culture among the youth who rampantly express depressing words such as “autumn,”

“heart,” “knife,” “bleeding,” “leaves,” and “razorblade” through music, visual arts and the Internet. Emos hate themselves; emos want to kill themselves.

The emo pop culture may influence the occurrence of a growing number of depression and suicide in teens. And if this is the case, it is alarming to mental health practitioners.

Depression and Suicide

Depression and suicide are serious, inter-related public health problems. The

World Health Organization (WHO) estimates 154 million people worldwide are suffering from depression every year. By 2020,

DEPRESSION
is manageable,
S U I C I D E
is preventable

LIVE WELL STAY HAPPY

depression will be the most important single cause of disability in both the developed and developing world.

On the other hand, the WHO reported in 2008 that 1 million people die each year by suicide or that is equivalent to 3,000 deaths daily. For every person who completes suicide, 20 or more may attempt to end their lives. The WHO also said that 60 percent of suicides in the world occur in Asia.

The Philippines National Health Statistics (2004) recorded the vulnerable age group for suicide as those belonging to 20-24 years old with a rate of 4.3 per 100,000 population. Data also showed many cases occurring at the young age of 10-14 years old (0.3 per 100,000) and the 15-19 years old (3 per 100,000).

The majority of persons with depression and other mental disorders related to suicide do not receive treatment. In some instances appropriate modes of treatment are unavailable and/or primary care physicians and other professionals are not equipped to provide care. In other cases, a lack of public understanding of depression and suicide or the stigma associated with psychological problems prevents individuals from seeking appropriate care.

Teen Depression

Childhood and adolescence serve as critical periods in human development.

It is during this stage that the sense of self, as well as the identity, is established. Unfortunately, teens are more vulnerable to depression. Hormones and sleep cycles, which both change dramatically in adolescence, can affect mood. It is also during this period, issues such as peer pressure and academic expectations can bring a lot of ups and downs for teens. For some teens, the lows are more than just temporary feelings — they're a sign of depression.

The Mayo Clinic website describes teen depression as a serious condition that affects emotions, thought and behaviors. Also called major depression and major depressive disorder, teen depression is not a weakness or something that can be overcome with willpower. Teen depression is not medically different from depression in adults and this condition can have serious consequences.

It is not known exactly what causes depression. As with many mental illnesses, it appears a variety of factors may be involved. The Mayo Clinic enumerates these factors to include:

- **Biological differences.** People with depression appear to have physical differences in their brains from people who aren't depressed. The significance of these changes is still uncertain but may eventually help pinpoint depression causes.

- **Neurotransmitters.** These naturally occurring brain chemicals linked to mood are thought to play a direct role in depression.

- **Hormones.** Changes in the body's balance of hormones may be involved in causing or triggering depression.

- **Inherited traits.** Depression is more common in people whose biological family members also have the condition.

- **Life events.** Events such as the death or loss of a loved one, parental separation or divorce, financial problems,

and high stress can trigger depression in some people.

- **Early childhood trauma.** Traumatic events during childhood, such as having been a victim or a witness of physical or sexual abuse or having strict parents that are quick to blame or punish, may cause changes in the brain that make a person more susceptible to depression.

- **Learned patterns of negative thinking.** Teen depression may be linked to learning to feel helpless — rather than learning to feel capable of finding solutions for life's challenges.

Other factors that seem to increase the risk of developing or triggering teen depression include: having a chronic medical illness such as diabetes or asthma; abusing alcohol, nicotine or other drugs; being attracted to members of the same sex, which can cause depression linked to negative social pressures and internal emotional conflicts; and obesity, which can lead to judgment by others and to low self-esteem.

Each individual is different and not everyone who is experiencing depression will show the same signs or symptoms of depression. The symptoms of depression may include feelings of sadness that go on for a period of time; loss of interest or pleasure in normal activities; irritability, frustration or feelings of anger even over small matters; and agitation or restlessness like pacing, hand-wringing or an inability to sit still.

Depression may cause either insomnia or excessive sleeping; either decrease in appetite and weight loss or increased cravings and weight gain. There may also be unexplained physical problems, such as back pain or headaches. Crying spells may be frequent even for no apparent reason. In boys, disruptive behavioral problems may occur while in girls, a lot of anxiety, preoccupation with body image and concerns about performance happen.

A depressed person may have slowed thinking, speaking or body movements; fatigue, tiredness and loss of energy, and even small tasks may seem to require a lot of effort; and feelings of worthlessness or guilt, fixation on past failures or self-blame when things are not going right; trouble thinking, concentrating, making decisions and remembering things. Then, there are frequent thoughts of death, dying or suicide.

Suicide

Depression may lead to suicide. According to TeensHealth website from Nemours, most teens interviewed after making a suicide attempt say that they did it because they were trying to escape from a situation that seemed impossible to deal with or to get relief from really bad thoughts or feelings. Some people who end their lives or attempt suicide might be trying to escape feelings of rejection, hurt, or loss. Others might be angry, ashamed, or guilty about something. Some people may be worried about disappointing friends or family members. And some may feel unwanted,

unloved, victimized, or like they're a burden to others.

No suicide attempt should be dismissed or treated lightly! A suicide attempt is a clear indication that something is gravely wrong in a person's life. Aside from depression, there are warning signs that someone may be considering suicide. Any one of these signs does not necessarily mean the person is considering suicide, but several of these symptoms may signal a need for help:

- Verbal suicide threats such as, "You'd be better off without me" or "Maybe I won't be around;"
- Expressions of hopelessness and helplessness

- Previous suicide attempts
- Daring or risk-taking behavior
- Personality changes
- Giving away prized possessions
- Lack of interest in future plans

Eight out of 10 people considering suicide give some sign of their intentions. People who talk about suicide, threaten suicide, or call suicide crisis centers are 30 times more likely than average to kill themselves. Moreover, girls attempt suicide

more often than boys, but boys are about four times more likely to succeed when they try to kill themselves because they tend to use more deadly methods like guns or hanging.

Depression is Manageable, Suicide is Preventable

In the Philippines and in most parts of the world, suicide as well as depression are often misunderstood and the severe social stigma attached to them prevents people from getting help.

The good news is depression is manageable and suicide is preventable. Numerous treatments are available. Medications and psychological counseling (psychotherapy) are very effective for most teens with depression.

In some cases, a primary care doctor can prescribe medications that relieve depression symptoms. However, many teens need to see a doctor who specializes in diagnosing and treating mental health conditions — a psychiatrist or psychologist. Some teens with depression also benefit from seeing other mental health counselors. If a teen has severe depression or is in danger of hurting himself or herself, he or she may need a hospital stay or may need to participate in an outpatient treatment program until symptoms improve.

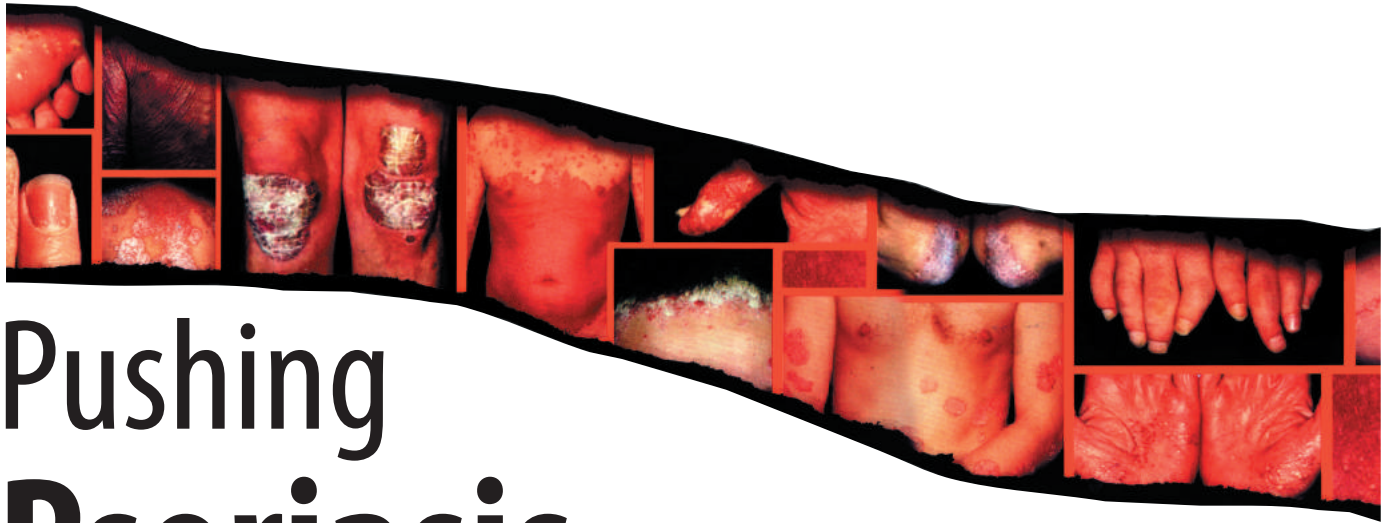
There is no sure way to prevent depression, but making sure teens take steps to control stress, to increase resilience and to boost low self-esteem can help. Friendship and social support, especially in times of crisis, can help teens cope. In addition, treatment at the earliest sign of a problem can help prevent depression from worsening.

Emo ka pa ba? Wag na! Live well, stay happy!

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Art by Paul Ritz Magtrayo



Pushing Psoriasis

as a Public Health Program

by

ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

A Call for Recognition

Psoriasis is **NOT** a skin disease. It is **NOT** leprosy or syphilis or HIV/AIDS. It is **NOT** communicable. And cure is **NOT** yet known. For what psoriasis is **NOT**, it is **NOT** getting the international and national recognition as a serious public health problem.

For the International Federation of Psoriasis Associations (IFPA) in which the Psoriasis Philippines (PsorPhil) is one of the active officers, psoriasis is a serious disease deserving global and local attention. Patients organizations alone do not have the scope to mobilize significant support and attention.

Psoriasis continues to be a public health problem not only because there is no known cure, but also because there is a severe lack of recognition and awareness, a lack of correct diagnosis, and a lack of understanding about the nature of the disease by the patient, the health provider

and the public at large.

Psoriasis affects 125 million or nearly three percent of the world's population. In the Philippines, it is estimated that about 1.8 million Filipinos are suffering silently with Psoriasis. The disease can develop in males and females of any race or age, across all socioeconomic groups. It often appears between the ages of 15 and 25, although it can strike at any age including infants and the elderly.

Psoriasis is a serious inflammatory, non-communicable autoimmune disease which carries severe physical, mental and socioeconomic burdens to people afflicted with the disease.

The IFPA is knocking on the World Health Organization's door and the PsorPhil is calling on the Department of Health to help, support and make a tremendous positive impact in the lives of people suffering with psoriasis by making it a public health

program.

The WHO and DOH can help patients to recognize their own disease and seek treatment, will enable the public to realize psoriasis is not contagious and halt discriminating behavior, and will facilitate the medical community to properly diagnose and treat the disease. Policies and guidelines from health agencies will help lift the heavy burden of psoriasis and will allow for a better quality of life.

The Burden of Psoriasis

According to the US National Institute of Arthritis and Musculoskeletal and Skin Diseases, a division of the National Institutes of Health, psoriasis is driven by the immune system, especially involving a type of white blood cell called a T cell.

Normally, T cells help protect the body against infection and disease. In the

case of psoriasis, T cells are put into action by mistake and become so active that they trigger other immune responses, which lead to inflammation and to rapid turnover of skin cells.

Plaque psoriasis is the most common type where patches of skin called "lesions" or "plaques" become red and inflamed, and are covered by a white scale. Psoriasis can be limited to a few lesions or can involve moderate to large areas of the skin and scalp. The severity of psoriasis can vary from person to person, however, for most people, psoriasis tends to be mild.

The other forms of psoriasis include: **Guttate** psoriasis, which is characterized by red, small, dot-like lesions

covered with silvery white scale; **Pustular** psoriasis which has blister-like lesions of fluid, which is not infectious, and intense scaling. It can appear anywhere on the body, but often it appears on the palms of the hands and the soles of the feet; **Inverse** psoriasis which has very red lesions with little or no scales and appears in the skin folds, such as the arm pits, creases in the groin and under the breasts; and **Erythrodermic** which is a particularly inflammatory form of psoriasis that often affects most of the body surface, and characterized by periodic, widespread, fiery redness of the skin, and erythema (reddening) and exfoliation (shedding) of the skin are often accompanied by severe itching and pain.

Patients having an erythrodermic psoriasis flare must seek medical attention and be hospitalized

immediately because protein and fluid loss can lead to severe illness. Infection, pneumonia and congestive heart failure brought on by erythrodermic psoriasis can be life threatening.

Physically, psoriasis is uncomfortable, itchy and painful, with inflamed, cracked and bleeding lesions.

Recent studies have shown that people with psoriasis are at an increased risk of other inflammatory diseases such as arthritis, cardiovascular disease, diabetes, Crohn's disease, hypertension, irritable bowel syndrome, lupus, and obesity, and can result in early death.

Psychologically, patients are embarrassed, humiliated, and tend to hide their skin from the critical public. The feelings of self-consciousness, frustration and shame may often lead to depression and alcoholism, and may cause severe mental trauma and thoughts of suicide.

Socio-economically, psoriasis limits employment opportunities and imposes a serious barrier in the job market. In a survey done by the Swedish Psoriasis Association, one in four people believe that it is harder to get work if you have psoriasis, and the same say they cannot choose the work they want, feeling discriminated against.

High rates of absence through psoriasis-related illness are also reported, and people with psoriatic arthritis often work part-time because of it. In the US alone, the economic impact is estimated that Americans with psoriasis lose approximately 56 million hours of work and spend \$2 to \$3 billion to treat the disease every year.

Developing countries with less resources and health care have an even greater economic burden due to misdiagnosis of the disease, stigmatization and discrimination, and little-to-no access to affective treatments. People with psoriasis are often ostracized and barred from



Actor Robin Padilla hugging PsorPhil Moderator Liza dela Cruz during the Hug Me Campaign as part of the World Psoriasis Day celebration. Photo reprinted with permission from PSORLiFE - the official publication of Psoriasis Philippines Volume 1 - Issue 1 January 2010.

positions in the job market where people can “see” them linking psoriasis with low income and poor quality of life. The humanitarian, social and economic costs are immense.

Mounting data show that it is critical that psoriasis, especially the inflammatory state, be managed and diagnosed early. Psoriasis has no known cure, but many different therapies can reduce, or nearly stop, their symptoms, although no single treatment works for everyone. Many psoriasis patients report using various treatments at the same time.

The treatment ranged from the use of topicals and moisturizers which is the most common, to sunlight and phototherapy or use of ultraviolet light, UVA or UVB for patients with moderate to severe psoriasis, and to systemic treatments such as Methotrexate and Cyclosporine given in the form of a pill or injection for severe psoriasis.

Systemic treatments can have serious potential risks on other parts of the body including the liver and kidneys, and patients commonly report nausea, hairloss and flu-like symptoms. However, many patients worldwide on systemic drugs may have had a good life for many years.

Biologics are the newest class of treatments for moderate-to-severe psoriasis and are also used to treat psoriatic arthritis. Biologics, such as Enbrel and Humira, are given by injection and Remicade is administered intravenously. These drugs, which are extremely expensive, inhibit the immune system from over-reacting and

over-producing certain cells.

Why Psoriasis Continues

The IFPA, in its efforts to push psoriasis as a global and national public health concern, has laid out the following reasons why psoriasis continues.

- Psoriasis continues because there is no known cure.

- Psoriasis continues because of the lack of education, in both health care providers and psoriasis patients, on the nature of the disease. Psoriasis is still mistaken for numerous other diseases, including leprosy or as a cosmetic problem.

- Psoriasis continues because of the lack of interest and of funding for genetic and clinical research into the cause of and the cure for psoriasis and other inflammatory noncommunicable diseases.

- Psoriasis continues because of stigmatization, embarrassment and discrimination force psoriasis patients to hide their skin and isolate themselves from the general public, often resulting in severe psychological and poor socio-economic conditions.

- Psoriasis continues because, when diagnosed properly, it is under-treated and dismissed as a psoriasis health concern. New medications that significantly reduce psoriasis and other inflammatory diseases are often not available, are very expensive, and not covered by all health care plans. Often when coverage is provided, there are stipulations that a psoriasis patient must try

and fail certain medications first, like topicals and systemics, and sometimes this can take over a year or more.

- Psoriasis continues because there are barriers to policies that could greatly change the impact of the disease. Politically, there is a general lack of attention to psoriasis because psoriasis, if it is recognized and properly diagnosed, is considered “cosmetic” or skin diseases, not a disease of the immune system that has serious implications and causes severe physical, mental and socio-economic disabilities. If psoriasis is continuously looked at as a cosmetic disease or is not even identified as a disease, how can policies be written in support of psoriasis patients?

Professor Joerg C. Prince, professor of Dermatology at the University of Munich, states that “due to the early onset of the disease psoriasis patients are exposed to lifelong suffering. He said that psoriasis is a disease, which according to the WHO definition of health, is associated with major social, physical and mental restrictions and thus fulfills the criteria for the absence of health much more than many other severe medical disorders. According to the definition of disease burden, psoriasis patients are facing many years of healthy life lost by virtue of being in states of poor health and disability and they lose a number of years of life due to premature death resulting from psoriasis and its co-morbidities.

Isn't it about time to change our views and declare psoriasis as a serious disease deserving global and local attention?



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Filariasis-Free Bukidnon

by
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Northern Mindanao

On June 24, the Department of Health formally declared the Province of Bukidnon as Filariasis-free, the first province in Mindanao to attain such status.

Based on World Health Organization (WHO) guidelines, a place is declared filariasis free if it attains the standard for prevalence rate of below one percent. For Bukidnon, the prevalence rate is only .082 %.

The declaration was made by DOH Assistant Secretary Paulyn Jean R. Ubial during a special ceremony held at the Kaamulan Amphitheater in Malaybalay City with the theme, "Filariasis Free Status: "A Dream No More, A Good Motivation to Work for More."

On this occasion, Director Jaime S. Bernadas of the DOH Center for Health Development-Northern Mindanao (CHD-NM), hailed the dedication and commitment of the health workers from the barangay level up to the municipal, provincial and regional levels as well as the support of local chief executives in combating filariasis, a dreaded infectious disease caused by mosquitoes.

On the other hand, Dr. Teresita G. Damasco, provincial health officer of Bukidnon, acknowledged the assistance of the staff of other local agencies, the nurses of the Department of Education, as well as members of partner organizations for their help in implementing the mass drug administration to schoolchildren and several surveillance activities through the



There's a reason to celebrate in Bukidnon - it is the first province in Mindanao to be declared as filariasis-free.

immunochromatographic test (ICT) to 6 – 7 years old children, as well as in the advocacy drive.

Filariasis commonly known as elephantiasis, is a parasitic infection transmitted by a mosquito. It is considered the second cause of permanent disability among infectious diseases, next to leprosy. Filariasis has been a public health problem in the Philippines since 1907.

The infection starts when a mosquito bites a person and transmits the larvae into the blood circulation. The larvae then develop into adult male and female worms and produce millions of microfilaria (baby parasites) which live for two years.

Meanwhile, the adult parasites can live for 10 years in the human body and actively reproducing microfilariae from five to 50 years.

People living in established endemic areas can protect themselves by taking the mass treatment drugs (Diethylcarbamazine Citrate combined with Albendazole) once annually for five years. This combination drugs has filaricidal effects and additional effect on intestinal helminthes which are common among children as well as adults.

The drugs should be taken for five consecutive years because it will mean long term suppression of microfilaria which are found in the peripheral blood. Suppressing



the microfilaria will reduce or prevent transmission. People ages two years old and above must take the drugs except pregnant women, the very ill and children less than two years old.

Among the places in Bukidnon with endemic cases include the municipalities of Talakag, Baungon, Libona, Malitbog, Manolo Fortich, Impasug-ong, Sumilao, Cabanglasan, San Fernando, Kibawe and the barangays of Libertad, Quezon, Migluya, Dangcagan and Sampagar and Damulog. These places are found out to have patients with the presence of microfilariae in nocturnal blood examinations.

The first filaria case in the province was documented in Barangay Linabo, Malaybalay City in 1996 with the patient

having lymphedema (swelling) of the right leg, but was found negative during blood testing. In 1997, another case was documented in Barangay Cacaon, Talakag with the patient experiencing swelling of the right leg but was found negative during blood test, but the patient was clinically diagnosed as filariasis positive.

Among those who attended the filariasis-free declaration of Bukidnon were Provincial Administrator Romeo Cardozo, representing the Governor, Dr. Jeffrey Hii of the WHO, Director Jaime Lagahid and Dr. Leda Fernandez of the Infectious Disease Office of the DOH National Center for Diseases Prevention and Control, and CHD-NM Assistant Director Jose R. Llacuna, Dr. Susan O. Dongallo, Dr. Jocelyn P. Torrecampo and

Dr. Ricardo L. Reyes as well as the provincial and municipal health teams and other DOH representatives. Also present were Filariasis program partners from the private sector, namely WR, Glaxo Smith & Kline and Del Monte Philippines. The declaration was highlighted with the giving of plaques and certificates of recognition to stakeholders and advocates of the program.

A poster-making contest on the control of filariasis was also conducted among high school students from the province. The winners were: Casey Miras of San Isidro College (SIC)- first prize, Alexa Salubo of Bukidnon National High School, second place, and Marie Angelique Maniego of SIC - third place.

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HEALTH partners

Outstanding PWD



From left to right: UP Chancellor Ramon Arcadio, DSWD Secretary Corazon "Dinky" Soliman, Engr. Emer Rojas and UP-PGH Director, Dr. Rolando Domingo.

Engr. Emer Rojas, the president of the New Vois Association of the Philippines, Inc. and a staunch advocate for tobacco control in the country, has been conferred the Most Outstanding Persons with Disabilities (PWD) Award by the Department of Rehabilitation Medicine of the University of the Philippines - Philippine General Hospital (UP-PGH) during the 32nd National Disability and Rehabilitation Week celebration last July 12, 2010.

The Award is to honor valuable contributions and selfless efforts of individual PWDs and organizations that support the rehabilitation and recovery of new PWD patients. The award cited Rojas' all-out support in the rehabilitation of voice-impaired persons for the past seven years.

A former information technology business owner, trade lecturer and radio host, Rojas said his life will never be the same again because of smoking. He lost his voice to laryngeal

cancer. He can only speak now with the aid of an electrolarynx, a device pressed against the skin of the neck to produce vocal sounds.

Secretary Corazon "Dinky" Soliman of the Department of Social Welfare and Development, UP Chancellor Ramon Arcadio and UP-PGH Director, Dr. Rolando Domingo presented the award to Rojas.



WAH

Wireless Access for Health

by
GLEN S. RAMOS
HEALTHbeat Staff

Public health care in the country has caught up with the automation process that is the current trend and development both in the private and government organizations.

In fact, health information is one of the six components of the Department of Health's (DOH) framework to universal health care. The department aims to establish a well-functioning health information system that will ensure the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.

The Province of Tarlac made a step ahead of other local government units (LGUs) in automating health data in rural health areas. From documents, files and even patient's medical records, everything is being computerized. This is the brainchild of Dr. Ricardo Ramos, provincial health officer of Tarlac.

Ramos identified three major concerns that needed to be addressed to be able to effectively deliver essential health care to all. These are information on patient-level, clinic level and rural health unit (RHU) level. He said that patient-level information enables health workers to provide individual

patients with effective and comprehensive patient care. Clinic-level information is vital in sustaining a suitable amount of life-saving medicines and equating human resource needs. RHU-level information is essential in formulating public health decision and policy.

"As frontliners in health, the RHUs provide vast health care services to various families in the community. The health workers must be armed with accurate and current information of patients for them to provide an effective and comprehensive patient care. These are all possible through the Wireless Access for Health or WAH", Ramos stated.

The WAH is a project of the local government unit (LGU) of the Province of Tarlac and is designed to electronically transmit health information to health workers, decision-makers and other stakeholders. It greatly improves patient information making it accurate and accessible.

The computerization scheme was piloted in four (4) Rural Health Units (RHUs), including Gerona 1, Moncada 1, Paniqui 1 and Victoria 1, in the province of Tarlac last August 2009.

The WAH has four objectives, one is to streamline patient flow. Traditionally, patient's records were manually recorded in an index card, filed and stored in a filing cabinet, a process that utilizes a lot of time and sometimes produces inaccurate data. Retrieving information this way is very difficult and exhausting. With the use of WAH, patient-management is paperless – the person's medical data is entered into the clinic's database using personal computers and netbooks.

Second, WAH aims to improve data use. Reports or raw data coming from rural health units were usually collated and summarized before being submitted to the Department of Health which also takes up time to accomplish. Now reports are easily interpreted, analyzed and problems can be solved accurately and efficiently.

Third, to improve timeliness and quality of data reporting to the Field Health Service Information System (FHSIS). Reports coming from the rural health units then were submitted monthly and quarterly and delivered to the Provincial Health Office (PHO) by a messenger. By using electronic data, reports are more accessible and can easily be sent and shared through e-mail

from the RHUs to the PHO and even up to the Regional Health Office.

And lastly, the WAH aims to automate health data reporting. Patient's data are encoded into a system which can easily be retrieved and transmitted through the internet by means of a high-speed 3G wireless technology.

The WAH pilot phase has yielded significant results in all of the four RHUs in Tarlac which combined serves more than 600 patients daily. More than 90 percent of all WAH users confirmed that processing patient's information is now trouble-free.

During the pilot phase, the community health information tracking system (CHITS) recorded over 12,000 patient consultations. Patient care has greatly improved in all of the four RHUs.

The Paniqui Municipal Health Center receives around 100 to 150 patients a day. Retrieving the records of all the patients requires a lot of time and effort. "With the computerization of our patient's records, we can get all the data of the person in seconds. We can even view and share the information easily from different computers within the health clinic through the use of WAH," said Dr. Marissa Miguel, the municipal health officer of Paniqui.

"Our consultations are now completed faster and earlier in the day. We can now provide more support to other health workers in the community," Miguel added.

Alison Perez, WAH technical advisor said, "Patient handling is now paperless. All information goes directly to the computer including health complaints and medical condition. Each health worker is equipped with a pc or a netbook. Data are directly encoded into the CHITS. This electronic record enables health workers to treat patients more quickly and effectively."

Perez has been working as the

lead software developer for CHITS. His work involves designing system specification based on end-user feedback and developing module components for CHITS. He also provides training of the end users in getting familiarized with the system.

"Once a patient is identified, the rural health staff can quickly retrieve the person's electronic health record from the computer. The patient's file would then show all the medical records and conditions he had undergone for the past years including

his medical history", Perez added.

The data generated by the system known as electronic medical record can be accessed through any of the eight netbooks inside the rural health clinic. The set up includes two (2) computers at the admission station, two (2) at the nurse station, and one netbook each for the municipal health officer, dentist, laboratory officer and the sanitary inspector.

According to a health worker, a patient's latest complaint is added to his

A screenshot of the CHITS (Community Health Information Tracking System) web interface. The header is orange with the text "community health information tracking system" and "an open source for health development initiative". Below the header is a navigation bar with links: "NAVIGATION > HOME QUERY BROWSER FAMILY FOLDERS RECORDS TODAY'S PATIENTS APPOINTMENTS LABORATORY". The main content area is divided into several sections. On the left, there is a "SIGN OUT" section with a message: "User User 3 from RHU NAME logged in from 115. Please do not forget to sign off." and a "Sign Out" button. Below that is a "STATS" section showing "Users 7", "Modules 51", and "Terms 573". In the center, there is a "CONSULTS TODAY" section with a message: "HIGHLIGHTED NAMES OR THOSE MARKED WITH * WILL SEE PHYSICIAN. No consults available." Below this is a "NEW PATIENT" section with a note: "Note: Use this form for patients who have visited the center already." and a "NEW PATIENT" section with a note: "NOTE: This form is for new patients. Fields with * are required." Both sections have input fields for "FIRST NAME", "LAST NAME", and "MIDDLE NAME".

TOP: Fully functional WAH at the rural health unit level. **BOTTOM:** Screen grab of CHITS patient registration. (Photos courtesy of Tarlac Provincial Health Office)

electronic medical record. Depending on the medical problem, a patient is referred to the nurse or doctor. After consultation, his information will again be updated and encoded into his personal file.

"We need dynamic and real-time data management to address the needs of the client and the service provider, as well as the local chief executive's need to know what is happening in his area. This could be the mayor at the municipal level, the governor, and if you go up, the Secretary of Health," Ramos said in an interview with the Philippine Star.

Dr. Nelin Cuaresma-Tacasa who has served as municipal health officer of Victoria for 14 years, said that health situation in a barangay can be known only after the monthly report have been submitted by midwives.

"With the use of WAH, the reporting process has become faster and data can now be verified after the midwives have recorded their daily report. "Tracking the performance of our health programs such as the immunization campaign of the DOH is simple and we can easily identify target areas where we need to intensify our efforts to meet our objective. And all this can be done within the day," Tacasa said.

Identifying how many patients developed a particular disease from a specific barangay, of a specific age is trouble-free. According to Dr. Juliet Ofiana-Cabunoc, municipal health officer of Gerona. "Submission of monthly and quarterly reports to the provincial health office is effortless considering you won't have to travel and submit the reports personally. You can easily send it through e-mail," she confirms.

Reports submitted to the provincial PHO are reviewed in terms of morbidity or incidence of the disease in an area. It will then be forwarded to the DOH known as the

Field Health Service Information System or FHSIS report.

The DOH's FHSIS is the major resource of the government for managing public health data which is used for policy analysis and planning in all levels of the public health system. There are 23 FHSIS reports that the WAH generates through the use of the CHITS.

CHITS is an open source and readily available electronic medical record system developed in the Philippines by the University of the Philippines – National Telehealth Center (UP-NTC). It was adopted by WAH for use in the computerization of patients medical records. Its capability significantly expanded to become compatible with the FHSIS so that it can also be used in combination with other open source computer softwares. CHITS can now generate all 23 of the health department's FHSIS reports required in the WAH project.

"Before, our office had to collate the raw data from the rural health units, put it all together and submit it to the DOH. That took too long. Now, we don't need to collate anymore, so it is easier to look at the reports, interpret, analyze then come up with solutions," added Ramos.

Following the successful completion of the pilot phase of the WAH, the collaborators and proponents of the project are looking to replicate the project in other municipalities of Tarlac, the rest of Central Luzon, and ultimately the entire country.

"The significance of the project is that it benefits not only the local health level but the entire public health system. It provides local, provincial, regional and national health officials up-to-date and more accurate, real-time data that is essential in the decision-making process," Ramos said.

The pilot phase reported over 12,000 patient consultations recorded by CHITS. Patient care has greatly improved

and patient handling has become more efficient because of the reduced time in retrieving medical records. And LGUs of the pilot areas have committed resources in funding additional non-pilot clinics to better serve the health needs of their respective communities.

The project will not be successfully accomplished without the other partners and stakeholders who provided assistance in according to their resources. I am very grateful for their generosity," Ramos added.

The project partners for the WAH include: DOH for providing guidance on the project's design and ensured the compatibility with FHSIS standards and its eventual integration with the DOH-FHSIS system; Center for Health Development for Central Luzon (CHD-Central Luzon) for providing leadership and support at local stakeholder's meetings; Qualcomm, through its Wireless Reach Initiative (WRI), for funding and administering project management; RTI International for leading the project strategy, planning and implementation and overseeing software development, testing and training program; and the United States Agency for International Development (USAID) for extending technical assistance on data quality assurance and acting as adviser on project strategy development and implementation and liaison with the DOH.

Other partners include: Smart Communications, Inc. for providing 3G connectivity and technical support; University of the Philippines – Telehealth Center (UP-NTC) for supplying the CHITS which was used in the project; and Tarlac State University for enhancing CHITS of the UP-NTC to become compatible with the DOH-FHSIS.

"In order for the government to identify and prevent possible disease outbreaks in the country, we must have an accurate and timely submission of health data," Ramos concluded.

Answers to Page 3's eeny, meeny, miney, mo...

1. **b) Universal Health Care.** President Noynoy Aquino's Universal Health Care (UHC) is more than universal coverage through PhilHealth. His framework for UHC includes the availability and accessibility of essential health services, basic necessities and appropriate quality health care for all Filipinos. The components of UHC are: 1) health financing; 2) health service delivery; 3) health human resources; 4) health regulation; 5) governance for health; and 6) health information. (See *"Philippine Health Care Today - Wanting, Waiting"* on page 16.)

2. **c) dengue shock syndrome.** First is the classic dengue fever, then the second infection that may occur can either be dengue hemorrhagic fever (DHF) or the dengue shock syndrome. The latter is the most severe form of dengue and its signs and symptoms include those of the classic dengue and DHF and may include fluids leaking outside of blood vessels, massive bleeding, and very low blood pressure. Parents and caregivers should always be on the lookout for dengue shock syndrome's warning signs. Some of these are severe abdominal pain, protracted vomiting, marked changes in body temperature from fever to low temperatures, and change in mental status such as irritability or coma. (See *"Dealing with Dengue"* on page 26.)

3. **a) an autoimmune disease.** Psoriasis is a serious inflammatory, non-communicable autoimmune disease which carries severe physical, mental and socioeconomic burdens to people afflicted with the disease. In the Philippines, it is estimated that about 1.8 million Filipinos are suffering silently with Psoriasis. The disease can develop in males and females of any race or age, across all socioeconomic groups. It often appears between the ages of 15 and 25, although it can strike at any age including infants and the elderly. (See *"Pushing Psoriasis as a Public Health Program"* on page 41.)

4. **c) worms.** Filariasis starts when a mosquito bites a person and transmits the larvae into the blood circulation. The larvae then develop into adult male and female worms that cause disability and disfigurement in people. (See *"Filariasis-Free Bukidnon"* on page 44.)

5. **b) Lactational Amenorrhea.** It is a temporary family planning method based on the natural effect of breastfeeding on fertility. "Lactational" means related to breastfeeding. "Amenorrhea" means not having monthly bleeding. The lactational amenorrhea method (LAM) requires three conditions: 1) The mother's monthly bleeding has not returned; 2) The baby is fully or nearly fully breastfed and is fed often, day and night; 3) The baby is less than 6 months old. (See *"EBF at LAM"* on page 37.)

6. **a) colostrum.** It is the creamy yellow or golden substance that is present in the breasts before the mature milk is made. It contains lots of antibodies, and acts as a laxative to purge the newborn's bowels from waste accumulated during the time in utero. Milk manufacturers cannot duplicate this wonder substance in infant formula. (See *"Breathtaking Breast Milk"* on page 34.)

7. **a) EMO.** Although it is not originally intended to mean "Emotional," the term evolved into sort of a pop culture among the youth who rampantly express depressing words such as "autumn," "heart," "knife," and "bleeding" through music, visual arts and the Internet. The emo pop culture may influence the occurrence of a growing number of depression and suicide in teens. And if this is the case, it is alarming to mental health practitioners. By the way, for those who do not know the meaning of other choices in the question, "jejemon" means people who type messages stupidly and "badingo" is getting to be known as gay lingo. (See *"EMO ka ba"* on page 38.)

8. **c) Smoking.** The greatest risk factor for developing lung cancer is smoking, which can be attributed to nine out of 10 lung cancer cases. The level of risk is affected by the length of time one has smoked and the quantity smoked. A person who smoked two packs per day for 20 years is eight times more likely to develop lung cancer than someone who smoked only one pack per day for 40 years. (See *"Nong Mendoza: Battling Lung Cancer"* on page 21.)

9. **b) ISO Certification.** This is what Health Secretary Enrique T. Ona wants the DOH Central Office and two or three pilot DOH hospitals to acquire in three years time. ISO (International Organization for Standardization) is the world's largest developer and publisher of international standards that ensure desirable characteristics of products and services such as quality, environmental friendliness, safety, reliability, efficiency and interchangeability - and at an economical cost. (See *"Ospital ng Bayan: Malinis, Mabango"* on page 14.)

10. **c) Php 1,200.** This is the minimum annual contribution of PhilHealth to become a member. The cost is equivalent to Php100 per month or Php 3.35 per day. This is cheaper than what an average Filipino spend for cellphone prepaid load per day. Still, many Filipino families do not have a health insurance. (See *"Keeping the Promise on Universal Health Care"* on page 8.)

What Your Scores Mean

- 10** You don't need this magazine. Give it to someone and read something else!
- 7 - 9** Aha, you're getting new information. After reading this magazine, pass it to a friend so that our readership may increase too.
- 4 - 6** Keep this magazine as a reference. You might need to browse and read it again.
- 1 - 3** You have to be more concerned about health. Start now by reading this magazine from cover to cover. Don't miss the inside pages, okay?
- 0** What have you been doing lately? How about getting some English Reading and Comprehension classes?



Boys to MEN

Promised Land

GINO: Itay, bakit transparent ang condom?
ACE: Anak, para naman ma-enjoy ng mga sperms ang scenery ng dapat ay kanilang promised land. Kawawa naman sila 'no?

1, 3, 12

Nasa convenience store ang isang tatay at ang kanyang bunsong anak at napadaan sila sa lagayan ng condoms.

KENNETH: 'Tay ano ang mga ito?

DONATO: Condoms 'yan, anak!

KENNETH: Bakit iba-iba ang dami ng laman sa pakete? 1, 3 at 12?

DONATO: Etong isa, para sa mga high school boys. Isa para sa Sabado ng gabi... Etong tatluhan ay para sa mga college boys. Tig-isa sa Biyernes, Sabado at Linggo. At eto namang isang dosena ay para sa mga lalaking may asawa na. Isa sa January, isa sa February, isa sa March...

Mahal na Mahal

FLOR: Ngayong hiwalay na tayo, kukunin ko ang mga bata!
Mahal na mahal ko sila!

RUDY: Sige! Pero iwan mo ang yaya, mahal na mahal ko rin siya!

Si Mister kay Misis

When I was lost you were there.
When I was down you were there.
When I was heartbroken you were there.
When I got really sick you were there.
Aba! Hindi kaya ikaw ang malas sa buhay ko?

Go to Hell

EDNA: Himala! Ang aga mong umuwi ngayon.
NITTOY: Sinusunod ko lang utos ng boss ko. Sabi nya "GO TO HELL". Kaya heto, umuwi agad ako!

Sikyo

Nag-aaply si Jayfrey na maging security guard...

OFFICER: Ang kailangan namin ay taong laging may suspicious mind, highly alert, persistent personality, strong sense of hearing with a killer instinct. Palagay mo ba qualified ka?

JAYFREY: Sa tingin ko po hindi. Pwede po bang yung Misis ko nalang ang mag-apply? Very qualified siya dito.

Pulis, Pulis!

OFFICER: Gusto mo talagang maging pulis, ha?

JAYCEE: Opo, gustung-gusto ko po.

OFFICER: Matanong nga kita, ano ang gagawin mo kapag ang aarestuhin mo ay ang Nanay mo?

JAYCEE: Naku, tatawag na po ako ng backup! Di nyo kasi alam kung paano magalit ang Nanay ko, eh!

In A Man's Body

Which part of a man's body
has no bone...
full of veins...
pumps liquid, and...
is responsible for making love?

ANSWER: Heart
(But we love the way you think.)

(-: Jokes and photo from the Internet :-)

“Healthy Kami, **Volunteer Blood Donors Kami.
Ikaw, Healthy Ka ba?
DONATE NA!”**



DOH

For information on Voluntary Blood Donation, call:
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743-8301 loc. 2900-2901
743-8611 • 741-1447 • 664-0715
or log on to : **www.kadugo.org**



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**Magseguro. Magparehistro.
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DOH



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