



HEALTHbeat

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100% Tobacco-Free
RED ORCHID
Awards 2011

SM Foundation, Inc.
Uplifting Lives of
URBAN DWELLERS

RIZAL
National Hero,
Health Worker

BIKING
FOR HEALTH

EHERSISYO
PARA SA LAHAT





*Gawing 100% **SM**  **KEFREE**
ang mga Probinsya, Munisipalidad at Siyudad*



Ang **RED ORCHID** ay simbolo ng **TOBACCO-FREE WORLD**.



Henyo ka ba sa Kalusugan?

**Oo, Hindi,
PWEDE!**

- _____ 1. Pregnant women can use artificial sweeteners.
- _____ 2. Having children born too close together has no health risk to mothers and babies.
- _____ 3. Children with sight or reading difficulties such as visual impairment or dyslexia, can still benefit from reading and enjoy the wonderful world of storytelling and literature.
- _____ 4. The sale of cigarettes and other tobacco products are allowed 10 meters away from the gate of the school.
- _____ 5. Less than half of all Filipinos wash their hands after using the toilet.
- _____ 6. Biking greatly improves the performance of one's heart.
- _____ 7. Smokers can quit cold turkey or quitting smoking suddenly or without preparation.
- _____ 8. In the Philippines, there are laws that regulate the growing body art (tattoo) industry.
- _____ 9. Surgeons should not operate on their immediate family.
- _____ 10. The concept of Universal Health Care of the Aquino Administration only involves enrollment to and utilization of national health insurance.

Answers on Page 49

Two Ascensions

A prediction that the world would end on May 21, 2011 reverberated around the globe. According to Harold Camping, an 89-year-old Christian radio broadcaster and president of the California-based Family Radio, on that day, a massive earthquake would happen marking the second coming of Jesus and The Rapture or "the taking up into heaven of God's elect people" would occur, ushering in a five-month period of catastrophes before the world comes to a complete end on October 21.

At the height of the Judgment Day news, the US Centers for Disease Control (CDC) posted in its blog "Public Health Matters" on May 16 an article gruesomely titled, "Preparedness 101: Zombie Apocalypse." While it is not a joke, the CDC officials said the post is all about emergency preparation.

"First of all, you should have an emergency kit in your house," the posting said. "This includes things like water, food, and other supplies to get you through the first couple of days before you can locate a zombie-free refugee camp (or in the event of a natural disaster, it will buy you some time until you are able to make your way to an evacuation shelter or utility lines are restored)."

Of course, the end of the world did not happen as scheduled, and a zombie apocalypse is still yet to happen. However, in the Department of Health, a sort of Judgement Day has already begun. A rigodon of sorts happened involving a number of directors. And at the National Center for Health Promotion (NCHP), the home of **Healthbeat**, two ascensions – asuncion in Spanish – occurred.

Nope, Jesus did not rise into heaven twice in May, but rather we bade goodbye to Director Asuncion M. Anden who is transferred to the Center for Health Development (CHD)-Central Luzon and we welcomed Director Irma L. Asuncion to our office from being the officer-in-charge of CHD-Metro Manila.

If this is the end-of-the-world or the beginning-of-eternal-bliss in NCHP still remains to be seen. As always, we are prepared for any kind of emergencies, including a zombie apocalypse. Hehehe.

– The Editors



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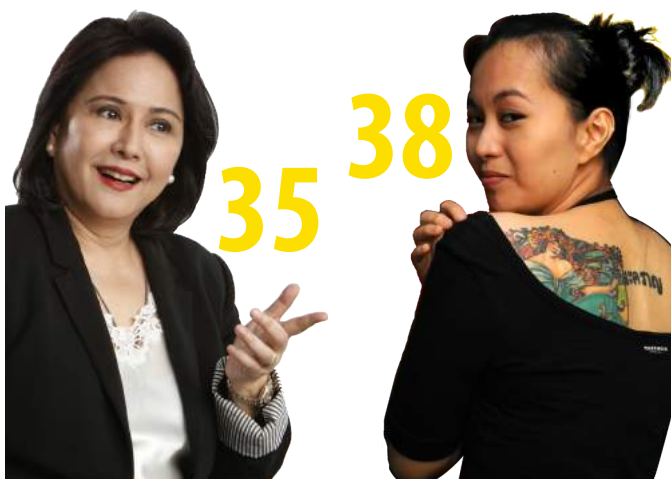
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President Benigno S. Aquino III (front right) prefers biking as his form of exercise. Also in photo on far extreme right are Quezon City Mayor Herbert Bautista and recently-appointed DOTC Secretary Mar Roxas. (Photo by Paking Repelente)

BIKING for Health

by

DONATO DENNIS B. MAGAT

HealthBeat Staff

Exercise is for Everyone

On May 15, the Department of Health staged a large exercise event dubbed “*Ehersisyong Pangkalusugan Para Sa Lahat*” around Quezon City culminating at the Quezon Memorial Circle to convey the message that exercise is for everyone. All ages from all walks of life can and must engage in daily physical activity and regular exercise.

Physical activity should not be mistaken with exercise. Physical activity involves bodily movement and it is done as part of playing, working, active transportation, house chores and recreational activities. Exercise, on the other hand, is a subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of physical fitness is the objective. Then there

is sports or a kind of physical activity that is governed by set rules and is often engaged in competitively.

The Food and Nutrition Research Institute (FNRI) National Nutrition and Health Surveys in 2003 to 2008 showed that almost the entire adult population has low levels of physical activity during leisure time, occupational and domestic activities, as well as in the use of “passive” modes of transport. Insufficient participation in physical activity

contributes to approximately 3.2 million global deaths each year.

Exercise is as basic as eating. Just as all human beings need to eat in order to regain lost energy, they should also do some form of muscle flexing in order to make the body stronger and more resilient.

There are different exercise programs available to anyone, depending on one's body type, body needs and capacity towards endurance. All these exercises are geared towards a certain goal — to gain weight, to reduce weight, or to become stronger.

It is a fact that the key to a healthy mind is a healthy body. Even the simplest and cheapest form of exercise, brisk walking, provides a great deal of benefit to a person. It

gives more energy to enjoy life and perform daily tasks, tones the muscles and reduces body fats, and provides a more restful sleep.

Walking has been found to reduce the risks of heart disease, diabetes, colon cancer, stroke, high blood pressure, and osteoporosis. It can also be fun when shared with a friend, spouse, or even with a dog. It relaxes the mind. Regular walking also leads to stronger leg muscles, less knee pounding than running, lower body fat, and higher metabolic rate. It also helps to slow down the aging process.

Bicycling for Health

Aside from walking, there is another easiest form of exercise with

numerous benefits, bicycling or biking. In the DOH exercise event, President Benigno S. Aquino III or P-Noy publicly showed his preference for biking as his form of exercise.

Biking builds strength and tones the muscles. It does not only involve the legs. Regular biking strengthens the hip and knee joints, legs, and thighs. It also improves coordination of the arms, legs, hands, body and eyes since all these work at the same time while biking.

Biking greatly improves the performance of one's heart. It makes the heart pound in a steady pace at the same time freeing the arteries of unneeded fatty deposits. It also builds stamina since biking is enjoyable, especially if done with a group. Individuals sometimes never notice that



EXERCISE YOUR EYES: Spot the famous people who joined the DOH exercise event dubbed “Ehersisyong Pangkalusugan Para Sa Lahat” at the Quezon Memorial Circle on May 15.. (Photos by Paking Repelente)

they have gone farther than the last time they went biking.

Biking can also be an exercise regimen for those wanting to lose excess body weight. A 60-minute biking approximately burns 300 calories and helps boost metabolic rate. In fact, according to the British Medical Association, biking just 20 miles (32.1 kilometers) in a week can reduce the risk of coronary heart disease by as much as 50%.

Most of all, biking is an effective way to reduce stress and helps to improve self-esteem. Biking outdoors is one way to commune with nature to rejuvenate the soul. However, it is always best to consult a doctor before planning to start biking.

P-Noy has been riding his bike in the vicinity of his private residence whenever his busy schedule permits him. He, too, believes that in order to stay fit and arrive at a sound judgment, he must release

his tension through biking.

Biking for Sports or Leisure

Biking is a common sports or leisure here in the Philippines. Jherry Barrinuevo, a biking and running enthusiast, estimates that about 30% of the population owns a bicycle, both used for leisure or as an exercise equipment.

Biking, unlike some sports where one needs a team to start, can be done alone and does not require a high level of skill. On a tight budget, one can easily own a bike at a cost of about P5,000. Barrinuevo estimates that anywhere between P10,000 and P20,000 worth of bike is good for starters. He also recommends some bike shops in Quiapo and Cartimar Pasay.

According to Barrinuevo, the bike should be fitted with one's height. Also, one's choice of bike depends on his/her lifestyle.

"If you want speed, then get a road bike. If you want adventure and off-road biking, get a mountain bike," Barrinuevo explains. A bike shop will be very helpful in choosing the right bike for you.

However, he cautions starters not to buy a very expensive bike. He advises them to start gradually and try to feel if biking is the best sport for them. He also added that bikers should not skip carbohydrates on their diet because the body will need it during training.

Barrinuevo also advises bikers to start slowly and then increase speed gradually so as not to harm the muscles and prevent cramps. "It is best to do a little stretching before riding your bike," he said. Biking is also best enjoyed when done with proper safety equipment like helmet, knee and elbow pads, and others. And always ride defensively. Try to stay out of busy streets and it is better to ride with a group.



The DOH family celebrates a successful event. (Photo by Paking Repelente)

During night time, wear proper gear like light-colored clothes, helmet and equip the bike with lights and reflectors.

For first time riders, it is best to consider the following tips: always choose a bicycle that suits your height. Adjust the seat proportionate to your leg length for maximum power and less leg stress. Regularly check tires, bolts, nuts, and gears to ensure safety while travelling. Obey traffic rules. Most accidents happen because bikers ignore traffic rules, thinking that bicycles are exempted from traffic rules, road safety and road courtesy.

Always wear proper helmet. Helmet is a must for bikers, especially those traveling longer distances because it reduces the risk of head injury by as much as 60%.

Riding a bike while listening to your favorite music on the mp3 is another good way to relax, but it also has a disadvantage. Be sure not to turn the music too loud because you may not be aware of the noise/horns around you. This will affect your orientation and will spoil the excitement of riding your bike.

Other worthy suggestions include giving signals of your intention to turn right/left to warn motor vehicle drivers along your path or following you, always maintain a safe distance between you and any parked vehicle. This will prevent encountering an accident when the driver/passenger suddenly opens the door of said vehicle. At night, use headlights to make yourself more visible to motorists.

Pedalling Health, an Australian website with excellent information about



Jherry Barrinuevo bikes for sports and leisure.

cycling health, said that biking has its problems and can lead to injury, but so are other forms of exercise and sports. A study made in Australia looked at hospital injuries and compared the time involved in activities to the number of injuries. The results showed that football is 38 times, squash is 26 times, basketball is 22 times, and soccer is 12 times as dangerous as biking per hour.

The study stressed that most biking injuries are minor. Only 0.5% of biking injuries are critical as opposed to 3% of pedestrian injuries. Cycling injuries are less serious than those of other road users. However, 90% of all cycling injuries are from collisions with motor vehicles.

The Philippines is not a country friendly to bikers and biking injuries may

occur more often here. In fact, only few cities of Metro Manila provide ample bicycle lanes for bikers. Marikina encourages the use of bike in their city not only to promote health but also to reduce pollution.

Meanwhile, some parks in the metropolis provide bicycle lanes on early Sunday mornings. These include the Quezon Memorial Circle, Luneta Park, the grounds of Philippine International Convention Center leading to the SM Mall of Asia, among a few others.

There is a need for local governments to encourage more biking and walking daily travel by providing safe, convenient and attractive infrastructure, such as sidewalks, crosswalks, bike paths and lanes, and intersection modifications that protect pedestrians and bikers.

People who live in areas that are more conducive to walking and cycling are more likely to engage in these forms of active transport.

But alas, instead of the healthful bicycles plying the roads of the country, motorcycles and tricycles are the ones multiplying. And sadly, there are only few groups advocating the use of bicycle either as a form of exercise or as a mode of transportation. Does this mean that Filipinos are doomed to suffer illnesses and deaths due to lack of physical activity and a lot of environmental pollution?

Now, if only our bicycle aficionado President could reverse this situation. Oh well, I'm just thinking aloud...

- o O o -

Making the Philippines 100% TOBACCO-FREE

by

ANTHONY R. RODA, MAHeSoS

HealthBeat Staff

DOH Red Orchid Awards 2011

The movement pushing for 100% tobacco-free environments is gaining solid ground as more and more government institutions and local government units (LGUs) are enforcing tobacco control measures. These best practices, unwavering efforts and relentless ideals towards good health and good life free from tobacco smoke are recognized in the Department of Health Red Orchid Awards which is now on its second year.

On May 31, World No Tobacco Day, 34 out of the 89 nominated government offices, hospitals and LGUs (city, municipal and provincial governments) received the Red Orchid Awards for implementing 100% tobacco-free environments. The Awards ceremony held at the Crowne Plaza Galleria Manila in Pasig City was attended by local political leaders - governors, vice-governors, mayors, vice-mayors, city councilors and Sanggunian Bayan members as well as national and regional government officials and employees, government hospital directors and staff, and some noted celebrities.

Health Assistant Secretary Paulyn Jean Rosell-Ubial, chairperson of the DOH Red Orchid Awards, said that this year's nominees almost doubled from last year's



TOP: Dr. Maricar Limpin of FCAP and ASec. Paulyn Jean Rosell-Ubial (extreme left) present the Red Orchid Award to the Municipality of Amlan, Negros Occidental that came in full force led by Mayor Benthame dela Cruz together with the whole Sangguniang Bayan. **BOTTOM:** ARMM Health Secretary Kadil Sinolinding, Jr. and DOH Undersecretary Teodoro Herbosa (extreme left) present the award to Director Helen Yambao and staff of the Cotabato Regional and Medical Center (CRMC). Both Amlan and CRMC got the highest score of 100% in the validation visits of the Awards committee.



TOP: DILG Assistant Director Mariano Gabito and DOH Assistant Secretary Enrique Tayag (extreme left) present the Red Orchid Award to the lone provincial nominee and winner - Nueva Vizcaya, led by Provincial Health Officer Dr. Edwin Galapon. Nueva Vizcaya is the province where three of its nominated municipalities - Dupax del Norte, Dupax del Sur and Solano - are proclaimed winners! **LEFT:** Health Undersecretary and Chief of Staff David Lozada, Jr. is the Keynote Speaker and ASec. Paulyn Jean Rosell-Ubial is the chairperson of the DOH Red Orchid Awards. (Photos in this spread by Romy Caparas)



46 nominees, and the awardees quadrupled from last year's 8 winners. "This only proves that the movement to make the environment free from tobacco smoke is catching on and many institutions and individuals are most willing and able to take a stand," Ubial added.

The standards and requirements of a 100% tobacco-free environment are strict. Among these standards are: enforcement of tobacco control policies, provision of information and education to warn people about the hazards of smoking and exposure to secondhand smoke, delivery of smoking cessation services, among others.

Despite the strict standards, the municipality of Amlan in Negros Oriental and the Cotabato Regional and Medical Center in SOCCSKSARGEN (Region 12) garnered the highest score of 100%.

The Red Orchid awardees this year are: 8 out of the 24 nominated government hospitals; 7 out of the 17 Centers for Health Development (CHDs) or DOH regional offices;

5 out of the 18 cities; and 13 out of the 21 municipalities.

The lone provincial nominee, Nueva Vizcaya, received the DOH Red Orchid Award for provincial health office, but not for the entire provincial government. Inasmuch as the Awards committee wanted to give a provincial government award this year, it could not because the entire province was not evaluated during the validation visit. It would take a week or two to validate the entire province and the resources allotted this year did not include this.

Nevertheless, Nueva Vizcaya was a grand slam winner when all its nominated municipalities - Dupax del Norte, Dupax del Sur and Solano - brought home the DOH Red Orchid Awards.

All the 8 winners last year won again this year. They are: Maasin City; Davao City; Legazpi City; Talisayan, Misamis Oriental; Calauag, Quezon; CHD-SOCCSKSARGEN; CHD-Cordillera Administrative Region or CAR; and CHD-Metro Manila. One more win next

year and they will receive a project grant to implement more tobacco control activities in their areas.

(See complete list of winners and nominees on pages 13-14.)

The winners received a trophy and a certificate, and upon instructions of Health Secretary Enrique T. Ona, they also got an additional prize of P100,000 worth of nicotine replacement therapy (NRT) in the form of patch or drug to aid smokers to quit.

In his keynote address, Health Undersecretary and Chief of Staff David Lozada, Jr. said that the NRT will be a great help to the awardees because at the time when they are strictly enforcing tobacco-free policies, they will now also be providing the necessary opportunity to make smokers quit. However, Lozada reminded the winners that, "For many smokers, quitting cold turkey without drugs or patches is still proven effective. That is why, you must continue to strengthen your education and counseling services over and above the mere giving



LEFT: (From left) Director Editha dela Peña of the Civil Service Commission, Commissioner Heidi Mendoza of the Commission on Audit and DOH Assistant Secretary Nemesio Gako present the special awards to the first government offices outside the health sector implementing the 100% Tobacco-Free Environment. **RIGHT:** Dr. Soe Nyunt-U (center), WHO Philippines representative, awards the WHO World No Tobacco Day Awards to the Framework Convention on Tobacco Control Alliance Philippines (FCAP) led by its President, Dr. Fely Marilyn E. Lorenzo (holding the certificate), Executive Director Dr. Maricar Limpin (holding the medal), and some members.

away of nicotine drugs and patches.”

Special Awards and Citations

Unlike last year when the search for the Red Orchid Awards was limited to DOH offices and hospitals only, now it covers LGU hospitals and the whole government bureaucracy.

Among the first government offices that joined the Awards were the Metropolitan Manila Development Authority (MMDA), the regional offices of the Department of Education (Region 1), Land Transportation Office (Region 10), Civil Service Commission (Region 1), Commission on Population (CAR), and the Department of Trade and Industry (CAR).

ASec. Ubial explained that the DOH was overwhelmed by the interest of other government agencies outside the health sector to join. In order to accommodate them, the validation tool for CHDs was used to evaluate them. However, it later turned out that many indicators were not applicable to them. Therefore, while the Awards committee is fixing the discrepancies found in the validation tool, the DOH decided to give them a special Red Orchid award for

the first government offices that implement the 100% tobacco-free environment.

The DOH also made a special congratulatory message to MMDA and the 17 LGUs of Metro Manila for officially starting the campaign to apprehend smokers caught puffing away in public places in all major and secondary roads of the metropolis.

USec. Lozada noted that when the campaign was announced in ABS-CBN TV Patrol on May 24, its text poll showed 91% of the viewing public agreeing with this new MMDA policy. He said that this is evident that there is a silent majority of the population who are against tobacco use.

He added, “Let’s try to make this silent majority speak up and be heard more often. Let us bombard the media with hard-hitting tobacco control messages through news, public service announcements, advertisements and promotions. Let us make the lives of the profiteering tobacco industry uneasy and even miserable. But more importantly, let us protect our youth, who are the main target of the industry, from being initiated to smoking and exposed to secondhand smoke. And for the smokers who wanted to quit, let us offer effective smoking cessation services.”

This year’s DOH Red Orchid Awards came as a surprise to some CHD tobacco control teams as they were recognized with a special citation for their hard work in advocating for a 100% Tobacco-Free Environment in local government units and other health partners. This special citation is based not only on the number of eligible LGUs and government institutions they were able to nominate, but also on the number of nominees declared as winners. The CHD people who received the special citation certificates were the regional directors, tobacco control program coordinators and the health education and promotion officers of CHD Cagayan Valley (Region 2), MIMAROPA (Region 4B), Eastern Visayas (Region 8) and SOCCSKSARGEN (Region 12).

Recognizing International Awardees

The DOH Red Orchid Awards is one way to recognize best practices to implement the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) Article 8 or the protection from exposure to tobacco smoke. This year, the World No Tobacco Day highlights the WHO FCTC, one

Please turn to page 15...

RED ORCHID AWARDEES

LOCAL GOVERNMENT UNITS

Provincial Health Office

1. Nueva Vizcaya

Municipal Governments

1. AMLAN, Negros Oriental
2. CALATRAYA, Romblon
3. PINTUYAN, Southern Leyte
4. ALAMADA, North Cotabato
5. TALISAYAN, Misamis Oriental*
6. TANTANGAN, South Cotabato
7. NAVAL, Biliran
8. DUPAX DEL NORTE, Nueva Vizcaya
9. DUPAX DEL SUR, Nueva Vizcaya
10. BUENAVISTA, Guimaras
11. VERUELA, Agusan del Sur
12. SOLANO, Nueva Vizcaya
13. CALAUAG, Quezon*

City Governments

1. Maasin City – Region 8*
2. Davao City – Region 11*
3. Roxas City – Region 6
4. Balanga City – Region 3
5. Legaspi City – Region 5*

GOVERNMENT HOSPITALS

1. Cotabato Regional and Medical Center – Region 12
2. Ospital ng Palawan – Region 4-B
3. Luis Hora Memorial Regional Hospital – CAR
4. Tagaytay Treatment & Rehabilitation Center – Region 4A
5. Quirino Memorial Medical Center – Metro Manila
6. Western Visayas Sanitarium – Region 6
7. Mariano Marcos Memorial Medical Center – Region 1
8. Corazon Locsin Montelibano Regional Hospital – Region 6

CENTERS FOR HEALTH DEVELOPMENT (CHD or DOH Regional Office)

1. CHD- SOCCSKSARGEN or Region 12*
2. CHD-Cagayan Valley or Region 2
3. CHD-Eastern Visayas or Region 8
4. CHD-MIMAROPA or Region 4-B
5. CHD-CAR*
6. CHD-Bicol or Region 5
7. CHD-Metro Manila or National Capital Region*

SPECIAL RED ORCHID AWARDS

Government Offices

1. Metro Manila Development Authority
2. Department of Education in Region 1
3. Land Transportation Office in Region 10
4. Civil Service Commission in Region 1
5. Commission on Population in CAR
6. Department of Trade and Industry in CAR

SPECIAL RED ORCHID CITATIONS

DOH Regional Tobacco Control Teams

1. CHD-Cagayan Valley
Dr. Tita Callueng, director
Ms. Emma Tamaliuab, program coordinator
Mr. Floro Orata, health education and promotion officer (HEPO)
2. CHD-MIMAROPA
Dr. Gloria Balboa, director
Ms. Ethyll Blanco, program coordinator/HEPO
3. CHD-Eastern Visayas
Dr. Edgardo Gonzaga, director
Ms. Elvira Lanza, program coordinator
Ms. Arlyn Perdalo, HEPO
4. CHD- SOCCSKSARGEN
Dr. Abdullah Dumama, Jr., director
Ma. Estela Ilagan, program coordinator
Jennelyn Ellie Ventura, HEPO

**Awardee for two consecutive years.*

PINK ORCHID AWARDEES

Municipal Governments

1. ANILAO, Iloilo
2. DUMINGAG, Zamboanga del Sur
3. SAN JUAN, La Union
4. PANAY, Capiz

City Governments

1. Pasig City – Metro Manila
2. Santiago City – Region 2
3. Makati City – Metro Manila
4. Navotas City – Metro Manila
5. Muntinlupa City – Metro Manila
6. Marikina City – Metro Manila
7. Dipolog City – Region 9

Government Hospitals

1. Region 1 Medical Center – Region 1
2. CARAGA Regional Hospital – CARAGA
3. Paulino J. Garcia Memorial Research and Medical Center – Region 3
4. Bicol Medical Center – Region 5

5. Ilocos Training and Regional Medical Center – Region 1
6. Zamboanga Medical Center – Region 9
7. Bicol Sanitarium – Region 5
8. Talisay District Hospital – Region 7
9. Northern Mindanao Medical Center – Region 10
10. Camiguin General Hospital – Region 10
11. National Children Hospital – Metro Manila
12. Bataan General Hospital – Region 3
13. Baguio General Hospital and Medical Center – CAR
14. St. Anthony Mother and Child Hospital – Region 7
15. Southern Philippines Medical Center – Region 11

Centers for Health Development

1. CHD-Western Visayas or Region 7
2. CHD-LUPang Ilocos or Region 1
3. CHD-Western Visayas or Region 6
4. DOH-Autonomous Region in Muslim Mindanao
5. CHD-CARAGA or Region 13
6. CHD-CALABARZON or Region 4A

WHITE ORCHID AWARDEES

Municipal Governments

1. ESPERANZA, Agusan del Sur
2. SABLAN, Benguet

City Governments

1. Tuguegarao City – Region 2
2. City of San Fernando (Pampanga) – Region 3
3. Surigao City - CARAGA

Centers for Health Development

1. CHD-Central Luzon or Region 3
3. CHD-Davao or Region 11

CERTIFICATES OF PARTICIPATION

Municipal Government

1. TUBLAY, Benguet

City Governments

1. San Fernando City (La Union) – Region 1
2. Ligao City – Region 5
3. Butuan City – CARAGA
4. Cabadbaran City – CARAGA
5. Bislig City – CARAGA
6. San Jose City – Region 3

Government Hospital

1. Margosatubig Regional Hospital – Region 9

Government Office

1. Civil Service Commission in CARAGA

Centers for Health Development

1. CHD-Zamboanga Peninsula or Region 9
2. CHD-Northern Mindanao or Region 10

**Gawing 100% Tobacco-Free
ang mga Probinsya, Munisipalidad at Siyudad**

Continued from page 12...

of the most rapidly and widely embraced treaties in the history of the United Nations with 172 Parties (countries), including the Philippines. The campaign is designed to highlight the treaty's overall importance and to stress the need for Parties to meet their obligations under the treaty.

During the Awards ceremony, the WHO took the opportunity to confer its own World No Tobacco Day Awards. Since 1988, the WHO has been giving away one or more Awards to organizations or individuals from its six different Regions who have made exceptional contributions in research, capacity building, promotion of policy or legislation, and advocacy to advance tobacco control. Dr. Soe Nyunt-U, WHO Representative to the Philippines, presented a certificate and a medal of honor to the Framework Convention on Tobacco Control Alliance Philippines (FCAP).

Meanwhile, the DOH also acknowledged another international awardee, Dr. Ulysses "Yul" Dorotheo, as the first Asian to win The Judy Wikenfeld Award for International Tobacco Control Excellence presented by the Campaign for Tobacco-Free Kids. Dorotheo is currently project director for the Southeast Asia Tobacco Control Alliance's Southeast Asia Initiative on Tobacco Tax, a five-year project aimed primarily at raising tobacco taxes and prices in Cambodia, Indonesia, Laos, Vietnam and the Philippines.

Mechanics and Criteria

The DOH Red Orchid Awards winners were judged based on the strength of comprehensive efforts to implement a 100% Tobacco-Free Environment following WHO MPOWER initiative. MPOWER is an acronym that denotes the six proven tobacco control policies, namely: Monitor tobacco use



TOP: DOH Undersecretary Gerardo Bayugo closes the Awards ceremony. BOTTOM: Venus Raj, Miss Universe 2011 fourth runner-up (left) graces the occasion. Posing with her is Rowena Bunoan, DOH Red Orchid Awards national coordinator.

and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn against the dangers of tobacco; Enforce bans on tobacco advertising; and Raise taxes on tobacco.

For each MPOWER initiative to be operationalized, certain action points or activities should be undertaken by the institutions or LGUs, and these served as the indicators for the Awards. Each indicator was rated with 0 – where there is none; 1 – where there is one; and 2 – where there is

more than one. The scores for all indicators were tallied and the total is ranged on percentage points. This became the basis for the color of the orchid each nominee would receive. The white and pink orchids are considered as runners-up and the red orchid is proclaimed the winner.

Several validation teams were formed and they visited the nominees from February to April. The members of the teams came from the DOH, Department of the Interior and Local Government (DILG), Civil Service Commission (CSC) and FCAP.

A specific validation tool was used for each of the award categories. Since the DOH wanted the CHDs and hospitals to fully implement the 100% tobacco-free environment, stricter measures were used for these categories. Meanwhile, the DOH wanted local governments to adopt various tobacco control measures in their respective jurisdiction, thus, a wider range of scores was used for them. This means that DOH offices and hospitals should get 90-100% while LGUs and other government offices should get 85-100% to be named as winners.

The Awards Committee is composed ASec. Ubial as chairperson, Dr. Asuncion Anden of the DOH National Center for Health Promotion; Dr. Eduardo Janairo represented by Dr. Franklin Diza of the DOH National Center for Disease Prevention and Control; Commissioner Mary Ann Fernandez-Mendoza represented by Director Editha de la Peña of CSC; Assistant Director Mariano Gabito of DILG, Dr. Maria Encarnita Limpin of FCAP; and Dr. Florante Trinidad of the WHO Philippines Office. The national coordinator of the DOH Red Orchid Awards is Rowena Bunoan.

The red orchid was used by the WHO in its 2001 World No Tobacco Day advocacy as a symbol of a tobacco-free world and to remind people that the campaign to end the tobacco epidemic is far from over.

Joint DOH-WHO Assessment of the National Capacity in the Implementation of Tobacco Control

Filling the Gaps

Assessing Tobacco Control

On May 3-12, a group of 14 Filipino, international and World Health Organization (WHO) experts, in collaboration with a team of Department of Health observers interviewed 128 people representing 78 institutions to assess the country's efforts to reduce tobacco use. Tobacco use kills approximately 87,600 Filipinos per year and costs over P148 billion a year in economic losses due to illness and death.

And on the last day, the report, entitled The Joint Report of WHO and the Government of the Philippines Assessing National Capacity for Implementing Tobacco Control, was released and it noted progress had been made in curbing tobacco use but recommended changes in five key areas:

1. Change how tobacco is taxed.

Cigarettes are very cheap for most Filipinos to buy and increasing taxes would both reduce the number of smokers and increase the amount of money available for public health programs.

2. Invest in 100% smoke-free environments. A rising number of LGUs are making great strides in protecting people from secondhand smoke but there is not enough technical and financial support to expand nationwide. Increasing the resources available could deliver substantial health benefits.

3. Place graphic health warnings on cigarette packs. Currently

cigarette packs only carry text warnings in English, which means they are not effective for millions of Filipinos. According to the Global Adult Tobacco Survey in the Philippines, 38% of current smokers who recalled seeing pack warnings thought about quitting.

4. Do more hard-hitting mass

media campaigns. Mass media campaigns that warn people about the harms of smoking are scientifically shown to prompt smokers to try to quit and to make non-smokers more hesitant to take up the habit. The report recommends the DOH develop and air at least four campaigns per year to change the prevailing acceptability of



TOP: Capacity Assessment Team on Tobacco Control in conference. Dr. Armando Peruga, program manager of the WHO Tobacco Free Initiative presides. **BOTTOM:** Health Undersecretary Gerardo Bayugo (extreme left) awards certificate of appreciation to the team after presenting their report. (Photos courtesy of Dr. Lunyngning Villa of the DOH-Bloomberg Initiative Project OC-401.)



CIGARETTE BRAND

GOVERNMENT WARNING
CIGARETTE SMOKING IS
DANGEROUS TO YOUR
HEALTH

(FRONT)



CIGARETTE BRAND

(BACK)

Putting graphic health warnings in tobacco packages that will look like this as stipulated in the Administrative Order 2010-0013 is still being contested by some tobacco companies. But in accordance with a recommendation issued by the capacity assessment report, the DOH and tobacco control advocates are urging local government units to implement the Order in their areas, except for the two court territories that have secured preliminary injunction orders from the Court, namely: Marikina City and Muntinlupa City.

tobacco use in the Philippines.

5. Help smokers quit. Even though most smokers quit on their own, people that try to quit are more likely to accomplish their goal if they have support. The report recommends involving the medical community to give advice to patients, providing counseling services and access to affordable medication.

"Despite a history of efforts to curb tobacco use, the tobacco epidemic is actually on the rise in the Philippines," said Dr. Armando Peruga, program manager of the WHO Tobacco Free Initiative. "We applaud DOH for its efforts thus far and for supporting this analysis, which we hope will be the basis for future collaboration and more health gains of the Filipino people," he added.

As a response, Health Secretary T. Ona said, "Tobacco use is taking a terrible

toll on the health of our country, and it is the duty of the government to reverse that trend through evidence-based policy and solid implementation. This report gives us a basic roadmap to how we can build on our successes and fill in the gaps that would substantially improve the health of our public."

Filling The Gaps

On May 30, the day before World No Tobacco Day, DOH released to media some notes on how the country fared in the implementation of the WHO Framework Convention on Tobacco Control (FCTC). The FCTC is the world's foremost tobacco control instrument. It is the first public health treaty that took into force only in 2005, but it is already one of the most rapidly and widely embraced treaties in the history of the

United Nations, with at least 172 Parties (countries).

For an entire year starting on May 31, the WHO FCTC is the focus of global tobacco control initiatives. The DOH press notes somehow updated some issues brought up in the recommendations of the capacity assessment.

The DOH said that "the Philippines has taken strides in meeting its obligations under the WHO FCTC. With a number of FCTC-compliant tobacco control policies already in place, we have clear opportunities to save Filipinos out of the 240 Filipinos who die every day from tobacco-related diseases. However, we must remain vigilant in guarding against opposition by the tobacco industry."

An example of some difficulties in implementing the FCTC is on putting graphic health warnings in tobacco packages. The DOH said that last year, on May 24, 2010, the DOH issued Administrative Order 2010-0013 requiring graphic health information and prohibiting misleading descriptors such as "light," "mild," or "ultra" on cigarette packs. The DOH issued this Order within its mandate under the Consumer Act, the Administrative Code, and Article 11 of the WHO FCTC and its Implementing Guidelines.

The Order recognized the WHO's finding that larger picture warnings are far more effective when it comes to communicating health effects to children and young people, as well as people who do not know how to read or write. However, tobacco companies have filed five lawsuits against the DOH instead of complying with the Order and have secured preliminary injunction orders in two cases. But these two injunction orders are effective only within the territories of the issuing courts and only in favor of the parties who obtained the orders.

Please turn to page 20...



BALIK ESKWELA

Bawal Ang Sigarilyo

Good Laws Need Proper Enforcement

It has been said that the Philippines has lot of good laws but the problem lies on their enforcement.

In 2003, the Philippines enacted Republic Act (RA) 9211 aimed to: promote smoke-free areas; inform public of the health risks of tobacco use; ban all tobacco advertisement and sponsorship and restrict

promotions; regulate labeling of tobacco products; and protect youth from being initiated to smoking.

To protect the youth from the hazards of smoking and exposure to secondhand smoke, RA 9211 imposed the absolute smoking ban in all centers of youth activity such as: playschools, preparatory, elementary and high schools, colleges and universities, youth hostels, and recreational

facilities for persons under 18 years old, like but not limited to, playgrounds.

Likewise under the law, minors are not allowed to sell, distribute and purchase cigarettes or any tobacco product. The sale or distribution of tobacco products is prohibited within 100 meters (or about the length of three basketball courts) from any point of the perimeter of a school, playground, or other facility frequented by minors.

Moreover, all forms of tobacco advertisements in mass media are banned and all outdoor advertising is banned. However, leaflets, posters and similar advertising materials may be posted inside the premises of point-of-sale retail establishments and cigarette brands may also appear on smoking related items like lighters and ashtrays. Nevertheless, tobacco companies are prohibited from sponsoring any sport, concert, cultural art or event, as well as individual and team athletes, artists or performers.

In a 2010 study conducted by the Department of Health and the Johns Hopkins Bloomberg School of Public Health entitled "Clearing the Air: Measuring Secondhand Smoke in Manila, Philippines" air nicotine monitors were put in place for one week in sample schools. The monitors were placed in several areas of the school including the canteen, stairways and comfort rooms. Detectable levels of air nicotine were found in schools, and the percentage of monitors that detected air nicotine was 68%.

Airborne nicotine is a marker of secondhand smoke. Tobacco smoke is the only source of airborne nicotine and thus is a direct indicator of exposure to secondhand

smoke or passive smoking. The study provides a brief snapshot to help understand how people are exposed to secondhand smoke in each location.

The results of the study as well as the unabated increase in smoking among adolescents and adults reflect weaknesses in the implementation of RA 9211 and other policies and programs to curb the tobacco epidemic.

Joint Forces

The Department of Trade and Industry (DTI), Department of the Interior and Local Government (DILG), Philippine National Police (PNP) and the Department of Health joins the Department of Education and the Commission on Higher Education in its Balik Eskwela Campaign to push for the enforcement of 100% smokefree schools.

The campaign will focus on three important messages: 1) Absolute smoking ban inside and outside school premises; 2) Sale or purchase of cigarette and other tobacco products is prohibited within 100 meters from any point of the perimeter of a school, playground, or other facility frequented by minors; and 3) Parents and

family members should not instruct minors to run errands to buy or light tobacco products for them.

The DTI takes the lead in the Balik Eskwela campaign on tobacco control, especially in ensuring that the prohibition of the sale of cigarettes to minors and in stores and by ambulant vendors around schools. The DTI wanted to emphasize the penalties for violation ranging from a fine of not less than P5,000 to not more than P400,000 and imprisonment ranging from 30 days to three years depending on the seriousness of the violation. Moreover, business permits and licenses may also be revoked or cancelled.

As for a minor who is caught selling, buying or smoking cigarettes or any tobacco products, the provisions of Article 189 of Presidential Decree No. 603, otherwise known as The Child and Youth Welfare Code, as amended, shall apply.

The DepEd and CHED will guarantee that tobacco control measures are strictly enforced in schools, colleges and universities. It is also expected that these agencies will continuously inform and educate students on the effects of smoking through various school activities and hopefully leading to anti-smoking messages



In Tuguegarao City, signages on no sale of tobacco products to minors are placed in sari-sari stores, restaurants and other points of sale, particularly near schools and centers of youth. Tobacco advertisements were also removed in these places. Photos courtesy of Ian Dayag, tobacco control coordinator of Tuguegarao City Health Office.

being integrated in the curriculum. The DOH, on the other hand, will provide the necessary health promotion messages and materials on tobacco control.

The DILG is expected to enjoin local government units to pass or enforce appropriate ordinances/measures to protect the youth from smoking and exposure to secondhand smoke, while the PNP makes sure that the enforcement of appropriate sanctions are made to sari-sari store owners and ambulant vendors who sell, advertise and promote tobacco products within 100 meters from any point of the perimeter of a school, playground, or other facility frequented by minors.

Smoking and the Filipino Youth

Young people start smoking

because they are attracted to the 'image' they associate with smoking. The tobacco industry has created an image of smoking as being tough, cool, sophisticated, sexy, attractive, or a form of rebellion. Although nicotine addiction keeps people smoking, young people usually start smoking because of the social image they want to present to others.

Young people are also more likely to start smoking if their friends or family are smokers. Majority of the youth also lack awareness about the dangers of smoking. And in the Philippines, smoking is still widely and culturally accepted. Moreover, the easy access and low price of tobacco products make it conducive for the youth to smoke.

The Philippines' Global Adult Tobacco Survey (2009) puts the adult current smokers, 15 years old and above, at

17.3 million (28.3% of total adults) broken down into 14.6 million males and 2.8 million females. On the other hand, the Philippines' Global Youth Tobacco Survey (2007) revealed that 1 in 5 (21.9%) students, 13-15 years old, currently smoke cigarettes. If students are not smoking, over half (57.7%) of them live in homes where others smoke and nearly 7 in 10 (68.1%) students are exposed to smoke around others outside the home.

Several local studies say that Filipino children start smoking at the age of 7. It is estimated that it takes a child 3 - 4 years of regular use for nicotine dependence to set in. Most smokers become addicted to tobacco when they are too young to make "informed choices" that will affect their health and life. By the time most smokers are old enough to make informed choices, they are already addicted to cigarettes.

Filling the Gaps

- Continued from page 17 -

The DOH, along with the WHO and public health advocates, are now urging local government units (LGUs) to implement the Administrative Order in their areas, in accordance with a recommendation issued by capacity assessment report. This call was expressed by the DOH to local government officials who attended the DOH Red Orchid Awards or the search for 100% Tobacco-Free Environments on May 31.

But aside from clear opportunities to meet FCTC obligations, there are also successes in the country's efforts. The DOH said that the increasing number of LGUs enforcing tobacco control policies and the rising number of LGUs participating in this year's DOH Red Orchid Awards prove that the country is committed to making its environments smokefree.

The DOH, while still building the

foundation of implementing its own smoking cessation program, will be providing Red Orchid awardees this year with P100,000 worth of nicotine replacement therapy either in the form of nicotine drugs or patches. This is a great help to LGUs and other institutions in providing the necessary tool for smokers to quit at the time when they are strictly enforcing their tobacco control policies.

Next year, the DOH search for tobacco-free environments will already be giving away project grants to winners of three consecutive years. This will help institutions and LGUs sustain its efforts on tobacco control.

And on the issue of raising tobacco taxes, the DOH said that it is doing its part in lobbying in Congress and will support the bill that will have the following provisions: increase in excise tax rate for all cigarette

products, which is regularly increased to cover inflation and reduce the multi-tiered to a single tiered tax classification; alternative livelihood which promotes the welfare of farmers and workers, and; earmarking for health in which a portion of the tax would be used to establish a health promotion foundation that will educate people, especially the youth, about the effects and hazards of smoking and exposure to secondhand smoke as well as a portion of the tax to be used to enroll indigent households to PhilHealth.

The road to a tobacco-free Philippines may still be nowhere in sight. But the strides that the growing number of tobacco control advocates are currently taking will take the country there – the sooner, the better.

- o O o -

I Clean, I Save!

Sanitation in Asia and the Philippines

Asia now has the second largest population of billionaires worldwide at 332, behind the United States' 413 while leapfrogging Europe's 300, according to Forbes, a US business magazine. Fast-growing Asian economies may be flush with money, but the lack of good toilets in Asia remains an affliction across the region despite rising standards of living.

Jack Sim, a Singaporean businessman who founded the sanitation advocacy group World Toilet Organization, said, "The toilet tells a lot about the culture of the people. They can be carrying Louis Vuitton handbags but if their toilets are so dirty that shows they are still an immature society, they're still not sophisticated, not elegant."

The lack of good toilets as well as sanitation has an immense effect on poverty reduction. People living in poor sanitary conditions are vulnerable to illness which often prevents them from finding regular employment, adding that much of the meager income they earn would be spent on medical treatment.

Poor people, particularly women and children, can enjoy protection from diseases, malnutrition and death by using safe water and sanitation facilities including improved hygiene practices.

In the Philippines, according to a joint study commissioned by the Water and Sanitation Program-East Asia and the Pacific (WSP-EAP) of the World Bank in 2008, at least 20 million Filipinos were exposed to poor sanitation. This means that a full one-



Deafening sign that depicts the lack of toilet facilities in the Philippines. This is a very serious toilet humor. Photo grabbed from a blog post <www.chicogarcia.wordpress.com>.

fourth of the Philippine population either had poor hygiene practices; did not have the benefit of an accessible and safe toilet; or did not dispose of their human waste properly. The fact that less than half of all Filipinos wash their hands after using the toilet is a very telling statistic that speaks of the country's unfortunate cleaning and sanitation levels.

It is also unfortunate that sanitation is often a neglected aspect of development in developing countries when it could actually lead to tangible economic benefits. In another study, "Economic Impacts of Sanitation in the Philippines" (2008), it is estimated that poor sanitation leads to economic costs totaling US\$1.4 billion or PhP 77.8 billion per year. This is equivalent to about 1.5% of the Philippine

GDP in 2005 and translates into per capita losses of US\$ 16.8 or PhP 923.7 per person. The health impacts represent the largest source of quantified economic costs. Estimated to be about US\$1 billion, this item is about 71% of the total costs.

Interestingly, the study also covered the costs of poor cleaning and sanitation on tourism. The total number of tourists choosing a country for their holiday is partially related to the general sanitary conditions of the country. Better sanitary conditions can also attract 'high-value' tourists – those who are willing to pay more for their holiday. The attractiveness of a country to tourists is related to several aspects of sanitation. Examples include of water resources; quality of outdoor environment (smell, sightliness); food safety



One of five launches of the first-ever Philippine Spring Cleaning Day (May 11) held at Pasay City Sports Complex. Photo grabbed from <www.jobonsol.com>

(hygiene in food preparation); general availability of toilets offering comfort and privacy in hotels, restaurants, and bus stations; and the related health risks of the abovementioned aspects.

Dengue, diarrhea, worms, flu, pneumonia and food poisoning are among the diseases preventable with good sanitation and personal hygiene practices. In the country, poor sanitation is most linked to diarrhea, cholera, and typhoid as well as measles and malaria. When combined, all these lead to more than 20,000 deaths every year. Of course, not all these diseases will lead to death. However, there is another aspect that is mostly overlooked when it comes to health, cleaning and sanitation – and that is the loss of productivity. The Department of Labor and Employment noted that office workers lose an average of 8 days because they are sick. And with a total of 36.5 million gainfully employed Filipinos, this means that the country loses 292 million workdays

the workers could have rendered every year.

The British Medical Journal suggests that cleaning and sanitation is the most important medical advancement since 1840 — even more important than vaccination, organ transplant, or even stem cell research.

Cleaning and sanitation is vital to health because of the concept of cross-contamination. Germs, viruses, and other bacteria mainly enter the home on people, food, in contaminated water or via pets and pests. These can be transferred from person to person or from the source to a person by direct contact, or through indirect contact via a surface, and back again. Cross-contamination is believed to be one of the greatest causes of illness and disease in the world.

Clearly, improved cleaning and sanitation has substantial implications – leading a country to save time and productivity; money and economic costs

as well as people's overall health and productivity.

Philippine Spring Cleaning Day

The Department of Health, University of the Philippines-National Institutes of Health, Pediatric Infectious Disease Society of the Philippines (PIDSP), Reckitt Benckiser - a world leader in the global household, health and personal care, declared May 11 as the "Philippine Spring Cleaning Day." Yes, "spring cleaning," although the familiar term for Filipinos is "general cleaning."

With the battle cry "I Clean, I Save," this public-private initiative emphasized cleaning and sanitation to prevent infectious diseases that can be spread inside the home.

According to Dr. Lester Deniega, PIDSP president, bacteria dwell on everyday things in the home and they are usually taken for granted by most Filipinos. "What people do not know is that they are more likely to get sick from germs and viruses in their own homes than in any other places," he said.

On the other hand, Dr. Rodolfo Alborno, chief of the DOH Environmental and Occupational Health Office, said that the simple handwashing of hands before and after eating or using the toilet is neglected by many Filipinos and this speaks loudly of the country's unfortunate attitude towards cleaning and sanitation. "Families should be mindful of the harmful effects of poor sanitation not only on their health but also on the other aspects of their lives," he added.

Prevention is better than cure and cleaning the home will prevent harmful bacteria that carry the most common deadly diseases. The first Philippine Spring Cleaning Day was launched via simultaneous clean-up of houses in selected barangays across five cities across, namely Makati, Mandaluyong, Pasig, Manila, and Las Pinas.

A Journey of **FAITH, HOPE and LOVE**

by
CHARMIE GRACE P. QUIPIT, RN
Lumban, Laguna

In the eyes of an infant...

Faith is when she laughs once thrown up in the air.

Hope is when she raises her hand and motions to be cuddled.

Love is when she smiles whenever she is surrounded by people.

In the eyes of a child...

Faith is when she jumps from a tree

without thinking that she may be hurt.

Hope is when she expects for toys even if she fails an exam.

Love is when she hugs someone.

In the eyes of a teenager...

Faith is when she prepares her party dress

before she asks her parents for permission.

Hope is when she tries on a new look

and waits for everyone to notice it.

Love is when she blushes upon seeing her crush.

In the eyes of a student...

Faith is when she thinks of passing an exam

when she failed to prepare.

Hope is when she studies hard for her future.

Love is when she tries to impress someone with her wits.

In the eyes of a job seeker...

Faith is excitedly looking for a job after five years of unemployment.

Hope is patiently waiting for an employer's call.

Love is perseverance.

In the eyes of a lover...

Faith is believing that someone can love her back.

Hope is wooing.

Love is being patient.

In the eyes of a married person...

Faith is giving her all to the person she married.

Hope is looking forward to having a happy family of her own.

Love is taking care of her family.

In the eyes of a parent...

Faith is letting her child explore the world.

Hope is waiting for her loved ones' arrival.

Love is understanding and acceptance.

In the eyes of an ill person...

Faith is waking up the next day feeling healthy and fresh.

Hope is praying for her quick recovery.

Love is being with the people she values.

In the eyes of a dying person...

Faith is finally seeing her Creator.

Hope is a peaceful death.

Love is a tight squeeze on her hand.

In the eyes of a bereaved...

Faith is holding on to God's promises.

Hope is moving on.

Love is letting go.

This is the story of our lives.

This is our journey.

This is our unrelenting battle for survival -

Armed with doses of Faith, Hope, and Love.

OUR CONTRIBUTOR is a Development Communication graduate and a Registered Nurse from Lumban, Laguna. While browsing the DOH Website looking for an employment vacancy, she came across **HealthBeat** and wanted to take part in it. She emailed her non-rhyming poem inspired by the stories of people she met at the Madre de Amor Hospice Foundation in Los Baños, Laguna. She hopes to awaken the withering faith, hope, and love of people — clients and loved ones — who are battling chronic and debilitating illnesses through this poem.

Dok, Dok...

READER DISCRETION IS ADVISED

Bakla Yata Ako...

ERWIN: Dok, worried ako, bakla yata ako!
 DOK: Sige, maghubad ka at magsa-sagawa ako ng ilang tests...
(Pinisil ng duktor ang nipple ng pasyente.)
 DOK: Sabihin mo nga ang "55".
 ERWIN: "55".
(Pinisil niya ang ari ng pasyente.)
 DOK: Sabihin mo nga ang "55".
 ERWIN: "55".
 DOK: Ngayon naman ay tumuwad ka, ipapasok ko ang daliri ko sa likod mo, at sabihin mo ulit ang "55".
 ERWIN: "1... 2... 3..."

What's Wrong With Me?

IVAN: Doc, I don't know what's wrong with me. I eat like a bird, work like a horse and I'm tired as a dog.
 DOK: Masama na 'yan! Ire-refer kita sa beterinaryo.

Mahinang Pandinig

BECCA: Dok, hina ng tenga ko, hindi ko marinig kahit utot ko.
 DOK: Heto inumin mo ng isang linggo.
 BECCA: Lalakas na po ba ang pandinig ko?
 DOK: Hindi lalakas na ang utot mo!

Brain Cancer

DOK: I'm sorry to tell you, pero ayon sa resulta ng mga lab tests mo ay may brain cancer ka!
 AJIE: Talaga, Dok?!? May brain cancer ako?!? Yipee! Yehey!!!
 DOK: You have a delicate condition. Bakit ka masaya?
 AJIE: Eh, Dok, ngayon ko lang po napatunayan na may brain pala ako!

First Time

JUNJUN: Dok, ninenerbyos po ako! First operation ko po ito...
 DOK: Alam ko ang nararamdaman mo. Ikaw ang una kong pasyente, at first operation ko rin ito!

Napakaliit

EDWARD: Dok, may problema ako, pero i-promise mo na hindi ka tatawa.
(At hinubad niya ang kanyang pantalon at ipinakita ang kanyang napakaliit na ari.)
 DOK: *(Pinipigilang huwag tumawa.)* Okay. So what's the problem?
 EDWARD: Namamaga po, eh.

Pampalaki

NEIL: Dok, ano po ba ang mabisa at walang side effects na paraan para lumaki ang ari ko.
 DOK: Heto ang magnifying glass. Titigan mo d'yan ang ari mo!

Asawa Kooooo...

EVELYN: Doc, kumusta na ang asawa ko?
 DOK: Sorry, pero mula ngayon, ikaw na ang magpapakain at magpapaligo sa kanya, kasi putol na ang mga kamay at paa n'ya.
 EVELYN: Hah! Hindi nga?!?
 DOK: Hehehe! Ninerbyos ka ano? Joke lang! Patay na s'ya!

Thermometer

DOK: Nurse, bakit may thermometer sa tenga mo!
 NURSE: Po?!? Hay naku, kaninong puwet ko kaya naiwan 'yung ballpen ko!



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

IMAGINE

A HEALTH WORKER

by

GIL M. CARONAN and GWYN M. DACUVAWAT

Health Human Resources and Development Bureau

MAN: Imagine a health worker...
whatever a health worker looks
like... whatever she's called.
Imagine this... She saves lives
every single day.

WOMAN: She's amazing!

CHILD: But like many of us, she dreams
more.

WOMAN: Imagine that dreams take her to
the big city.

MAN: You don't have to imagine that.
This is what happens time and
again. She might get a job at a
private clinic, or maybe, she
moves abroad to chase her dream.

WOMAN: Look, she's in London!

CHILD: She's working in a
hospital.

WOMAN: Now, imagine what
happens to us...

CHILD: The people she left
behind.

MAN: My wife died when she
gave birth without a
health worker to
help her...

WOMAN: Our children are dying
from pneumonia and
diarrhea...

MAN: We don't know how
to protect ourselves
from HIV and malaria...
It will only take one

health worker to show us...

There are 2,000 people in our
community... yet we don't have a
single health worker!

ALL: Where is the health worker?

Where is she? A billion people
never see a health worker in their
whole life!

CHILD: It's hard to imagine a billion
people.

WOMAN: It's harder to imagine a billion
people without a health worker.

CHILD: Okay, cheer up! Imagine this...

MAN: Imagine she stays. What would it
take to make her stay?

WOMAN: Imagine investing in her. Imagine

paying her a living wage...

MAN: Imagine giving her quality
training that she can pass on.
And imagine giving her the
proper tools for her job.

WOMAN: Now she's got support!

MAN: She feels safe. She also gets the
respect of people around her.

CHILD: We listen to her and we learn...

WOMAN: She is important to us and we
value her.

MAN: Imagine what would happen
then...

WOMAN: Over the years she could save
hundreds of lives...

MAN: She could inspire and train
hundreds of others to become
health workers like her.

WOMAN: I could be one of them.

MAN: So could I.

WOMAN: Each of us could be
saving lives in our
own communities.

ALL: Imagine that!

WOMAN: And then, imagine
what happens next...
and then...

MAN: And then, a health
worker for everyone...
everywhere! Imagine
that!!!

CHILD: Now, we will make
it happen!



Drama show on health in one of the Lakbay Kalusugan caravans. (Photo by Joerem Ceria)

RIZAL

National Hero, Health Worker

Jose Protacio Rizal Mercado Alonso Realonda or better known as Jose Rizal was described as a “polymath” with his ability to master various skills and subjects. His German friend, Dr. Adolf Meyer, described him as “stupendous.” He was a historian, educator, linguist, playwright, journalist, sculptor and a farmer. He had varying degree of expertise in architecture, cartography, ethnology, anthropology, sociology, economics, dramatics, martial arts, fencing and pistol shooting. He was also a Freemason.

And lest we forget, the country’s national hero, who is celebrating his 150th birth anniversary this year, was a doctor – an ophthalmologist. Dr. Jose Rizal was a health worker.

Health Worker

Rizal was born on a cold Wednesday night of June 19, 1861 in Calamba, Laguna, after a long and difficult labor of her mother, Dona Teodora Alonzo. At the age of 3, he learned the alphabet from his mother; at 5, while learning to read and write, he already showed inclinations to be an artist.



He astounded his family and relatives by his pencil drawings and sketches and by his moldings of clay. At the age 8, he wrote a Tagalog poem, "Sa Aking Mga Kababata," the theme of which revolves on the love of one's language. He started formal schooling at the age of 9 in Biñan where he learned Latin and Spanish. He had an extraordinary capacity for language and ultimately he spoke 22 languages and dialects.

In 1872, at the age of 11, he attended secondary education at the Ateneo Municipalidad de Manila where he stayed for five years and was a star pupil. Later he moved to the University of Santo Tomas and from 1879 to 1882, he studied agriculture, surveying, philosophy and letters. Upon learning that his mother was going blind, he decided to study medicine specializing in ophthalmology. But he did not complete his medical studies, claiming discrimination by the Spanish Dominican friars against the native students.

In 1882, at the age of 21, Rizal went to Spain to pursue his medical studies. Here, he became a Master Mason in Acacia Lodge No. 9 in 1884. He later moved to France where

he became a specialist in diseases of the eye. He also found time to join a French Masonic Lodge during his sojourn in France. In 1884, Rizal completed licentiates in medicine and philosophy and letters at the Central University of Madrid. The licentiate is an undergraduate degree similar to the American bachelor's degree but with a more vocational focus. Further medical education was not required to call oneself

a physician or to practice medicine at that time. However, one could obtain a doctoral degree, similar to a contemporary American doctoral degree, after passing examinations and writing an approved thesis.

In 1885, Rizal went to Germany to study ophthalmology. Although Rizal completed a thesis for his doctorate in medicine, he did not technically receive this degree, since he did not appear to read his thesis aloud as required by the Central University of Madrid. Reading his thesis in Madrid would have required an additional trip to Spain, which Rizal could not afford. Instead, he mailed his thesis to the university and hoped for its acceptance in this manner.

In 1887, Rizal completed his eye specialization under the renowned professor, Otto Becker. There he used the newly invented ophthalmoscope (invented by Hermann von Helmholtz) to fulfill his lifelong dream of caring for his mother's eyesight.

According to a paper by Dr. Tracy B. Ravin published in the "Archives of Ophthalmology" in March 2001, Rizal practiced ophthalmology, mainly in Calamba (August 1887-February 1888), Hong Kong (November 1891-June 1892), and while in exile in the town of Dapitan (July 1892-July 1896). His specialized skills brought him fame, and patients often traveled long distances to seek his care.

Rizal was in Calamba from August 1887 – February 1888 and may have begun a series of operations on his mother there, possibly performing an iridectomy as a preliminary to cataract extraction. In Hong Kong in 1892, he successfully removed the cataract from his mother's left eye. Several months later, he sent her glasses with

instructions to cover the right lens until he could operate on that eye. Two years later, at Dapitan, he extracted the right cataract. He was dismayed by her postoperative course, however, as she disobeyed his instructions and removed the bandages prematurely. He learned a lesson on the difficulty of taking care of family members.

Ravin, in her paper, quoted documents that Rizal may have wrote, "I have operated on mother with much success and she could see with much clearness immediately after. The post-operative course went well for three days, but encouraged by this, she did not follow my instructions and she got up and lay down alone, removed and put back the eyepad, always telling me that nothing was going to happen until her eyes became so inflamed (she suspected that during the night she received a blow... The

operative wound gaped, the iris prolapsed and now there is violent inflammation. Nothing can quiet her and she reads and goes to bright lights and rubs her eyes... Now I can understand why it is prohibited for one to treat members of his family."

Experiences like this one may have formed the basis for the modern standard that surgeons should not operate on their immediate family. It has been said, however, that Rizal really only had two patients – his mother and his country – and his dedication to both was clearly remarkable, Ravin concluded in her paper.

National Hero

During his studies in Europe, Rizal was also working on his first highly celebrated novel, "Noli Me Tangere" in Spanish. The title is Latin for "Touch Me Not."

In this novel, Rizal exposed conditions so sensitive in the Philippines, that they could not be touched by anybody. He unfolded a shocking tapestry of the Philippines that made his story the most influential political novel of that country in the nineteenth and twentieth centuries. The Noli received heavy criticisms from the friars and was described as "heretic, impious, scandalous, unpatriotic and subversive to public order"

Rizal returned to the Philippines shortly after his book was published but he was warned by his relatives and the Spanish governor-general to leave the Philippines, because he was under continuous close surveillance. So he returned to Spain. He then wrote "El Filibusterismo" (The Subversive) in 1891," a sequel to the Noli, which pictured a society on the



Dr. Jose Rizal treating his own mother. A famous painting (1960) by Romeo Enriquez. Photo grabbed from the Internet.



This photo says it all - Rizal was truly a ladies' man. He is shown here not really looking at the patient but at the lady. Oh well, as an accomplished Filipino, Rizal treated patients from a privileged race at his time. Photo grabbed from the Internet.

brink of revolution.

In 1892, amidst the risk on his life, Rizal returned to the Philippines and founded "La Liga Filipina" (The Philippine League) – an organization designed to bring about reforms in the government. Two weeks after his return, he was arrested against charges of rebellion and treason. He was put into exile in Dapitan, in the province of Zamboanga, a peninsula of Mindanao. Here, he built a water supply system, a school, and a hospital.

The four years of his exile coincided with the development of the Philippine

Revolution from inception and to its final breakout, which, from the viewpoint of the court which was to try him, suggested his complicity in it. He condemned the uprising, although all the members of the Katipunan had made him their honorary president and had used his name as a cry for war, unity, and liberty.

Near the end of his exile he met and courted the stepdaughter of a patient, an Irishwoman named Josephine Bracken. He was unable to obtain an ecclesiastical marriage because he would not return to Catholicism and was not known to be clearly

against revolution. He nonetheless considered Josephine to be his wife and the only person mentioned in the poem, "Farewell, sweet stranger, my friend, my joy..."

Rizal eventually managed to get out of Dapitan to serve as a military doctor for the Spanish troops in Cuba during the Spanish American War. On his way to Barcelona, he was arrested on charges of founding an illegal organization that induced rebellion.

In Manila, he was summoned to military court where evidences of his guilt were mere testimonies from hostile witnesses, his participation to Masonic lodge, his meeting with Pio Del Pilar in Dapitan and his appointment as honorary president of the Katipunan.

Rizal and his counsel smoothly laid out their arguments supporting the latter's innocence and dismantled the prosecutions' vindications but substance did not take an effect on the biased members of the court.

After going through the ordeal of a sham trial of fraudulent charges, he was executed in the prime of his life by a squad of the 10th Spanish Infantry Regiment by being shot in the back at 7:00 a.m. on December 30, 1896 at the Campo de Bagumbayan located directly behind the Luneta in Manila. His execution was scheduled for 8:00 a.m. but it was secretly advanced one hour by the Spanish authorities to avoid any demonstration or possibly an uprising by the Filipinos.

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Global Evidences in Implementing Universal Health Care

Philippine Study Tour to Mexico, 30 May – 3 June 2011

About Universal Health Care

While the Philippines continues to make progress in the health sector, serious challenges remain. At the aggregate level, health outcomes are improving but disparities between rich and poor families, provinces and cities, and urban and rural areas of the country are significant. Moreover, these disparities are persistent and worsening over time.

Financial protection of the population, measured by levels of out-of-pocket payment, is on the low side, increasing the vulnerability of poor households and reinforcing the “poverty trap.” Despite the implementation of social health insurance since 1995, out-of-pocket payments for health care have remained high in the country. In fact the levels of out-of-pocket spending at point of service have been increasing slightly in recent years.

The lack of timely access to quality health services and financial protection from the costs of ill health is one of the more challenging factors that contribute to the persistently high poverty levels in the country. Overall public spending on health as a percentage of GDP and total government expenditures are lower in comparison to other similar income countries and other countries in the East Asia and Pacific Region. While generally with increase in GDP, public spending on health is supposed to increase, this has not been the case in the Philippines (elasticity of public spending in the Philippines is less than 1).

In this context, one of the key mandates of the Aquino Administration is to achieve inclusive growth and poverty alleviation

in the Philippines. Universal Health Care (UHC) is a key strategy in achieving these goals. UHC is defined as “a focused approach to health reform implementation ensuring that all Filipinos especially the poor receive the benefits of health reform.” It is a deliberate focus on the poor to ensure that they are given financial risk protection through enrollment in PhilHealth and are able to access affordable and quality health care and services in times of need.”

The principles of UHC are embedded in the Department of Health Administrative Order (AO 2010-0036) which includes three strategic thrusts: 1) expansion of effective health insurance coverage under the National Health Insurance Program (NHIP); 2) improvement of access to quality hospitals and other health care facilities, and; 3) attainment of health-related Millennium Development Goals (MDG).

Jointly with development partners – World Bank, World Health Organization, US Agency for International Development and European Union – the Department of Health has launched a series of knowledge events. The objective of these knowledge events is to build a common understanding of policy and programmatic challenges to implementing UHC in the Philippines and identifying joint solutions. Bringing in the global evidences in implementing UHC is a key element of the knowledge events. In this context, jointly with the World Bank, the DOH and PhilHealth have launched a knowledge

exchange with Mexico on UHC.

Why Mexico?

Mexico, like the Philippines, is decentralized and universal health care is being implemented in this decentralized setting. In Mexico, the federal government provides resources to 32 states to implement health sector programs. Therefore, there are many commonalities expected in the challenges in implementing health sector, especially how to create the right balance of incentives, accountability and innovation at the level of decentralized entities.

Although Mexico is an upper middle-income country (GDP per capita: US\$10,000), it is one of the most unequal countries in Latin America with a Gini Index of 52 in 2008. Almost 50 percent of its population lives below the national poverty line, and Mexico has one of the lowest revenue collection rate as a percentage of GDP in Latin America (13%). Public policy in Mexico, like in the Philippines, is facing the challenge of inclusive growth and poverty alleviation.

Similar to the Philippines, Mexico has a deliberate policy objective of providing health insurance coverage for poor populations. In Mexico, the program for social and health protection for the uninsured (*Seguro Popular* or Popular Health Insurance) was started around

DELEGATION MEMBERS: DOH - Health Secretary Enrique T. Ona; Dr. Juan Antonio Perez III; Everette Villaraza. PhilHealth - Alexander A. Ayco; Alexander A. Padilla; John Ruben Basa; Nerissa Santiago; Dr. Shirley Domingo; Gilda Salvacion Diaz; Arsenia Torres; Dr. Israel Pargas; Dr. Leizel P. Lagrada. World Bank - Sarbani Chakraborty; Dr. Roberto Rosadia.

2003. Since then Mexico has incrementally expanded coverage for the uninsured and *Seguro Popular* currently covers around 43.5 million individual affiliates (almost 90 percent of the uninsured). The budget for *Seguro Popular* has steadily increased from only around US\$377 million in 2004 to almost US\$4,355 million in 2010. In comparison, the Philippines started the Sponsored Program for indigent families in 1997 but only gained momentum a few years after.

The Sponsored Program coverage of poor families vary in several reports, but the enrollment coverage rate among poor-Filipinos is currently much lower than Mexico at 49% according to the 2008 Benefit Delivery Rate study jointly commissioned by the DOH and PhilHealth. The NHIP managed by PhilHealth only contributes 8 percent of total health expenditures. The trends since 2000 indicate very slow growth in PhilHealth expenditures.

Mexico also has a Conditional Cash Transfer (CCT) Program (*Oportunidades*) which provides cash transfers linked to regular school attendance and health clinic visits. *Oportunidades* aims to help poor families improve the education, health, and nutrition of their children. In the Philippines, a similar program called Pantawid Pamilyang Pilipino Program (4Ps) provides conditional cash transfer to address the MDGs of reducing poverty, ensuring universal education, improving maternal and child health, and promoting gender equality.

Moreover, similar to the Philippines, the Mexican health system, due to its decentralized structure, has fragmented health financing and service delivery arrangements

which generate duplication, inefficiency and unaddressed gaps. And, similar to the Philippines, when the health reforms started in 2003, Mexico was a low spender on health (only 5.1 percent of GDP), and out-of-pocket payments for health were high, increasing the vulnerability of poor Mexican families to poverty.

Lessons and Implications

The following are the main lessons learned of the knowledge exchange in Mexico and their implications for the Philippines:

LESSON 1: Prioritizing health financing reforms to ensure insurance coverage for the poor. Social Protection in Health (*Seguro Popular*) explicitly focuses in providing coverage for uninsured poor families to ensure that they will have efficient and timely access to health care regardless of type of health services needed – whether for essential health care or catastrophic illness. Prioritizing the poor has directed the budget allocation policies of the government, with the Federal Government providing higher subsidies for poor and rural States. The States responded by increasing their Solidarity State Contributions (SSC). This increased public finances for health funds the upgrading and construction of new health facilities and ensures availability of health services, particularly for the poor and rural population.

Seguro Popular also protects the poor families from financial consequences of ill health and provides them the mechanism to access health care without incurring out-of-pocket spending at the point of care. This resulted to increased utilization of health services.

Implications: The Mexican Social Protection in Health affirms the direction of Aquino Health Agenda-Universal Health Care (AHA-UHC) to prioritize the poorest families by providing full national subsidy for premium

contributions to the National Health Insurance Program. Moreover, AHA-UHC requires investments to strengthen the hospital and public health service network under the Health Facilities Enhancement Program. With increasing allocation for health, DOH and PhilHealth need to work together to ensure that the increased public spending for health is translated to better quality and accessible health care for all Filipinos, especially the poor.

LESSON 2: Success in achieving Universal Health Care requires the right organizational mind-set and vision. The National Commission of Social Health Protection as an organization that implements *Seguro Popular*, exhibits a strong sense of vision and purpose. All employees that the team has met are unified by the common vision of focusing on *Seguro Popular* and bringing health care to poor Mexican families.

There is a strong sense of wanting to move ahead exemplified by the saying in *Seguro Popular*: “*Hacemos lo que decimos*” (We do what we say). They made everything simple, hence the process of becoming affiliates to utilizing entitlements is effortless. Finally, *Seguro Popular* employees are not defensive. Neither are they paralyzed by problems. They know that their program is not perfect but they look at problems in the systems as opportunities to jointly identify solutions and move ahead. Issues of fraud and abuse took a back seat over the more developmental and progressive concerns.

The vision and purpose of the organization are geared towards the member experience, from the time they enlist into the program (e.g. registration in hospitals, almost immediate effectivity of coverage) to the benefit package being offered (e.g. basic/CAUSES, catastrophic and new generation benefits).

Implications: PhilHealth needs to create a similar strong vision and mission of social health insurance and financial protection. It needs to cascade its new vision statement of “social health insurance for all Filipinos” which reflects the agenda of UHC and the planned increase in the Benefit Delivery Rate (Effective Coverage) within the organization from top to bottom, and in the central, regional and local



offices. The organization will be held accountable against this new mission statement with clear next steps and milestones.

LESSON 3: Implementation is Key. One of the reasons for the success of the *Seguro Popular* in incrementally expanding coverage among the uninsured is its strong program implementation. The decision to incrementally scale-up affiliation over a specific period is one example. The organization and the program did not wait for perfect information but used available information to move ahead. They have a vision which extends up to 2030 that phased the implementation of a complex program into manageable pieces. Moreover, they built evidence as they went along, based on the monitoring and evaluation system they have developed prior to implementation of the Program. Finally, it seems the organization is not bogged down by information/analysis paralysis. They recognize there are problems in implementing such a complex program but they do not let this analysis prevent them from moving ahead.

Implications: For any country, rapid scale-up of effective coverage is likely to be challenging. One way of dealing with this is deconstructing the policy and program thrusts into manageable phases with clear operational plans and milestones. Such detailed operational plans are currently not available for PhilHealth or other agencies and would be a way of taking the five-year medium term plan and translating it into measurable results. Generating rapid results is also key to motivating people to move ahead and take the program forward. Further, investments in information technology and knowledge management must be done to generate evidences that are critical in improving PhilHealth policies and programs.

LESSON 4: The need for appropriate and timely policies backed up by sound financial analysis. *Seguro Popular* demonstrates that every country has fiscal space issues and it is not possible to



simultaneously expand breadth and depth of coverage, but it is possible to phase the program aligned with fiscal space. In the case of Mexico, initially, the package of health services was quite small, but made explicit. Over time, based on transparent criteria (such as epidemiologic profile, cost-effectiveness, utilization patterns, providers' capacity, safety and efficacy of available interventions, social acceptability and others), the benefits are being incrementally expanded. The benefits package is well designed and logical: basic package for all members, a centrally managed catastrophic health fund and new program for health insurance for a new generation (program for under-5 years old children).

The inclusion of cost-effective criteria has allowed the inclusion of rotavirus and pneumococcal vaccines to prevent hospitalization from common illnesses such as diarrhea and acute respiratory infections. The catastrophic fund and health insurance for a new generation cover catastrophic expenditures (function of health insurance) but using transparent criteria and making sure that the service delivery of these high specialty services are clustered in only a few centers. This also reduces fragmentation and duplication in service delivery and ensures quality of care for the population as specialty hospitals provide a high volume of these services and therefore maintain their quality.

Implications: There are many lessons that the Philippines can learn from

Mexico particularly in the development and rollout of benefit packages. The explicit and conscious bias towards the health of the mother and the child is an investment that will surely be apparent for the coming generation of Mexico. The provision of an out-patient benefit package geared towards prevention of the conditions that should not have required hospitalization and a catastrophic benefit package that would impoverish families should be added. Moreover, deliberate use of evidence to expand PhilHealth benefits must be institutionalized. Support

similar to that of Mexico's Ministry of Finance to *Seguro Popular* is needed in the Philippine setting given the frontloading of investments needed to bankroll the reforms,

LESSON 5: Link between expansion of health insurance coverage and improvement in service delivery capacity. The National Commission of Social Health Protection focused on providing social protection in health for the poor and uninsured population. In essence, the Commission sought to achieve this goal without the burden of accrediting health providers. This function is adequately done by other institutions within the Ministry of Health, particularly the General Directorate of Quality and Education in Health. In addition, the accreditation of health providers was phased in according to the increasing number of affiliates under *Seguro Popular* and expansion of its benefits.

The enhancement of health providers' capacity is then linked to the health services required at a particular level of care. However, lack of incentives as of now at the State level to ensure accountability to ensure the quality and availability of health services remains to be addressed. The National Commission of Social Health Protection made sure their health providers were their partners in delivery, not aggressors.

Implications: PhilHealth has to review its core functions to be consistent with its vision. As example, the accreditation of health providers by PhilHealth may be done by a third

party to free up financial and human resources to do the most critical functions of health financing. In addition, PhilHealth should develop trust and good partnership with health care providers and vice versa. As the country moves towards UHC, the capacity and number of accredited health providers must be increased to guarantee access of PhilHealth members to appropriate care. Like Mexico, the DOH and PhilHealth have to streamline spending in health by ensuring that the transfers of National Government through public health programs are not duplicated by the benefits being covered by PhilHealth.

LESSON 6: Working with the legislative body. Recognizing that health reforms in Mexico would require legislation, then Minister of Health, Dr Julio Frenk and his colleagues, prepared well with evidences and lobbied effectively to get the approval of Congress to create the System for Social Health Protection in Health, which is operationalized through the Popular Health Insurance. The Mexican experience shows that positioning health at the center of country's development agenda increases the negotiating power of the Ministry of Health as they lobby for increased budgetary support. Moreover, legislating particular entitlements with its corresponding resource requirement increases the chance of a successful implementation.

Implications: DOH and PhilHealth need to work closely with oversight agencies (DOF, NEDA, DBM) to prioritize and finance the implementation of AHA-UHC. Moreover, DOH and PhilHealth must lobby to amend particular provisions in Republic Act 7875 to realize the intent of UHC reforms.

Next Steps for the Philippines

Considering the magnitude of the reforms that need to be undertaken, PhilHealth needs to break its reform agenda into manageable tasks with specific timetables and deliverables on a monthly basis, if possible on membership, benefits and support systems.

On Membership. With the approval by the Board of PhilHealth to use the National Household Targeting System for Poverty

Reduction (NHTS-PR) of DSWD in enrolling the poor families to the Sponsored Program, PhilHealth has to distribute the membership cards on or before the end of June 2011 to all those in the current list with an effectivity date not earlier than the date the cards are received by the members.

After this, PhilHealth needs to develop clear strategies for the enrollment of the informal sector. Considering the diversity of this sector, strategies should be directed towards specific needs of the target membership. As a concrete example, the policies on KASAPI or PhilHealth's group enrollment program should be reviewed.

PhilHealth should set up registration sites in as many locations as possible including hospitals. The requirements for registration should likewise be streamlined with all members and dependents in the DSWD NHTS-PR list automatically enlisted. A deletion in the NHIP law referring to the current three months waiting period prior to availment must be lobbied in Congress.

On Benefits. PhilHealth is set to roll out 22 case payments with no balance billing for the members of the Sponsored Program this second semester. PhilHealth has also started a benefits plan including a new provider payment mechanism (e.g. implementation of case mix and enhanced outpatient benefit package) with the end in view of increasing financial support.

DOH and PhilHealth must undertake geographic mapping of hospitals, rural health units, maternity clinics and other providers should be undertaken immediately and clear strategies to facilitate their accreditation should be developed and implemented. Moreover, development of UHC entitlements that will remove duplication of financing health services by both DOH and PhilHealth while setting up a mechanism to finance catastrophic conditions must be done.

On Support Systems. In addition to plans for increasing membership and benefits, PhilHealth should also seriously undertake "under-the-hood" improvements in its operational processes. PhilHealth should step up its information and marketing

campaign to ensure members are aware of their benefit entitlements. Innovative, creative and grassroots-based campaign is necessary to drive home the message to the members to result in behavior change. Like Mexico, DOH and PhilHealth must jointly endeavor to ensure that membership services are provided.

Another operational process that needs improvement is research for evidence-based policy. The richness of the data PhilHealth is collecting from the membership, contribution and service availment side should be appreciated. Each of these data sets should be cleaned up and updated. More importantly, the inter-connectivity of these data sets should be undertaken. Analysis and mining of the generated data should feed into future policy development and decisions. In addition, regular monitoring and evaluation using the framework of Benefit Delivery Rate must be done to inform decision makers.

Then, there is claims processing. PhilHealth should streamline claims processing and eradicate backlogs which have increasingly been raised by many hospitals. Delays in claims payment affect the hospital's operational efficiency.

Moreover, a UHC Implementation Unit is deemed necessary. While the DOH Department Order 2010-0251 and Department Personnel Order 2010-5345 identified the offices and officers that are responsible in implementing the three thrusts of Universal Health Care, there may be a need for a composite team composed of DOH and PhilHealth staff to track the day-to-day implementation of UHC and to generate timely information for DOH and PhilHealth management.

The knowledge exchange has shown the Philippine delegation that achieving universal coverage can be done. If Mexico was able to achieve certain and specific milestones in its first decade, there is no doubt that the Philippines can. With its early advantage of a unified health insurance program for all Filipinos and an unprecedented commitment from the national leadership, there is reason to believe that the reforms will be accomplished within the Aquino Administration.

International PPP Specialist Centre for Health in Manila

The United Nations Economic Commission for Europe (UNECE) recently approved the establishment of an International Centre of Excellence on Public Private Partnerships (PPP) in Geneva and the setting up of an International PPP Specialist Centre for Health in Manila.

The governments of Netherlands, Qatar, Romania, the Russian Federation and Saudi Arabia also confirmed their interest in setting up sectoral specialist centres in their country. The specialist centre is dedicated to one sector, such as, roads, water, health, food security, prisons, sustainable development, education, among others. Saudi Arabia will focus on the sector of water supply and waste water, Netherlands on water management, and Romania on prison services. The Russian Federation and Qatar are very much interested in hosting a PPP specialist centre on a sector yet to be determined.

These are the agreements in the third session of the UNECE Team of Specialists

on PPP, held on April 18-19, 2011 at the Palais de Nations, Geneva, Switzerland. It was attended by officials of various United Nations agencies such as the United Nations Office at Geneva and United Nations Conference on Trade and Development, as

well as representatives of 40 governments from Europe, the United States, Middle East, and Asia. A large number of private sector PPP experts and consultants were also present.

Health Secretary Enrique T. Ona



ABOVE: Mr. Sergei Ordzhonikidze (left), director-general of the United Nations office in Geneva, greets Health Secretary Enrique T. Ona (right) during the opening of the third session of the team of specialists on public private partnership (PPP) of the United Nations Economic Commission for Europe (UNECE). **BELOW:** Sec. Ona sits at the center of the high level panel that discussed the UNECE PPP Initiative. (Photos grabbed from UNECE Facebook)

was one of the speakers together with other Ministers and government officials from Europe during the high level panel. He discussed the challenges of implementing successful PPPs in health and how the UNECE International Centre of Excellence on PPP can help countries meet these challenges.

In his speech, Ona conveyed the Aquino administration's recognition of the essential role of the private sector in pursuing national development and setting forward PPP as a viable instrument to bring about infrastructure development particularly on health, and in behalf of the Government of the Philippines, expressed his support for the establishment of the International PPP Specialist Centre on Health in Manila, Philippines.

"We are keen on engaging the private sector to help upgrade our hospitals and other health facilities in the next 5 years, to the tune of at least P 37.5 billion", Ona said.

The UNECE International Centre

of Excellence on PPP in Geneva is an official inter-regional United Nations programme led by the UNECE on behalf of the United Nations Regional Economic Commissions, and in cooperation with the other UN Divisions, World Bank, Asian Development Bank, European Bank for Reconstruction and Development, and the International Finance Corporation. With this center, countries would benefit from support and advice as well high-level advisory missions helping them on the route to take on the development of PPP. This will ensure that countries will have professional capability to successfully implement PPP.

The establishment of UNECE International PPP Specialist Centre for Health in the Philippines will be the focal centre in the global PPP health sector. It will operate under a Memorandum of Understanding between the UNECE and the Philippines. Among the roles of the Centre are the following: fund the establishment and operation of the specialist centre; fund the

development and updating of the specific best practice guides under the direction by the UN PPP Secretariat; manage the sector specific research program; establish and manage the specialist centre membership; and establish an international database within the sector.

The UNECE PPP Initiative will globally improve the quality of life for citizens through the improved quality of and access to public utilities and services. "Our country's overall involvement in the UNECE PPP initiative is consistent with the Aquino Health Agenda of attaining universal health care through mobilizing PPP for improving health facilities," Ona concluded.

Complementing the UNECE PPP initiative, the Asian Development Bank and the Australian Agency for International Development (AusAID) has committed \$1.5 million and \$7 million, respectively, as grants for improving the government's capacity to develop, competitively tender and monitor implementation of PPP projects.

international PARTNERS

DOH Receives Vaccine Refrigerators from USAID



Health Secretary Enrique T. Ona and Ann Hirschey of USAID (fourth and fifth from left) during the simple turnover ceremonies of the vaccine refrigerators. Also in photo from left are Dr. Irma Asuncion - OIC director of CHD Metro Manila, Dr. Verdades Denalinga - OIC city health officer of Quezon City and Dr. Juanita Basillo of DOH NCDPC. (Photo by Joerem P. Ceria)

The Department of Health received 175 units of refrigerators for vaccine storage from the US Agency for International Development (USAID) to be installed in some DOH public health facilities, including 23 units to be given to the Autonomous Region in Muslim Mindanao.

Health Secretary Enrique T. Ona observed that many vaccine refrigerators in Metro Manila and Luzon provinces need to be replaced as most were badly damaged during typhoons Ondoy and Pepeng and in order to maximize the potency of vaccines for an effective immunization program. He also projected that immunization coverage

in the ARMM will improve because of the donated functioning vaccine refrigerators.

Ann Hirschey of USAID said that their move to grant vaccine refrigerators to the Philippines is a response to the disaster recovery needs of Philippine health facilities. She added that the promise to donate these refrigerators was made by US Secretary of State Hilary Clinton.

In response, Ona commits to distribute, maintain and provide the necessary training of the operation and maintenance of the equipment to the end users.

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Uplifting Lives of **URBAN DWELLERS**

by

MARIA ROSARITA Q. SIASOCO, MD, CFP, DPAMS, FPSVI, MCHM
SM Foundation, Inc.

SM, the largest chain of department stores and supermalls in the country, heeds the government's call for a strengthened Public-Private Partnership (PPP) as part of its corporate social responsibility. SM Foundation, Inc., the socio-civic arm of the SM Group of Companies, undertakes projects in partnership with government agencies, media and civic organizations to help the less privileged members of society in the communities it serves.

SM Foundation has four areas of advocacy: education through scholarship programs and donations to schoolhouses; mall-based outreach programs; religious

community projects; and health oriented projects like medical missions, a mobile clinic, and hospital activity centers.

Connie Angeles, a popular television public service host and former vice-mayor of Quezon City, is the executive director of health and medical programs of SM Foundation.

Angeles said that one of SM Foundation's successful programs under health advocacy is the renovation of public health facilities. In 2010, a total of 62 Felicidad T. Sy Wellness Centers have been established, and these include: 37 wellness centers for children; 14 for the elderly; 7 hospice units (1 soldiers' ward and 1 ward

for persons with disabilities); and 4 health centers. For this year, two health centers are on the line-up – the Olongapo City health center and the Los Baños health center in Laguna.

"We would also like to help health centers be accredited by the Philippine Health Insurance Corporation (PhilHealth) by providing them with the needed basic equipment standards/requirements, thus meeting its requirements for accreditation. By this we also augment the facilities and it being able to serve a lot of beneficiaries and help decongest hospitals," Angeles said.

For health facilities to qualify under SM Foundation's renovation program,

these should be located within the vicinity of SM supermalls and should be able to serve a big number of the city's population. It means that the target facility is patient-heavy servicing at the minimum of 300-500 patients per week, run down, and must need assistance for improvement.

The SM Foundation has renovated certain wards in 12 Department of Health hospitals. *(See list next page.)*

Aside from renovations of health facilities, SM Foundation also holds regular medical missions which are warmly received by the beneficiaries as well as local volunteer health workers. The Department of Social Welfare and Development (DSWD) of the locality identifies the marginalized sector within the areas of SM Supermalls. Follow-up of cases, such as tuberculosis, heart

problems, obstetrics-gynecology, are done by the local health centers and sustainability of health care and other primary services is achieved.

"Our volunteer doctors are multidisciplinary. There are internists, paediatricians, infectious and tropical diseases consultants, among others. These doctors serve as a pool of specialists who could refer cases among themselves as the need arises," Angeles said.

Most of the doctors volunteer on their own volition. For others, the SM Foundation collaborates with the Philippine Medical Association, the various medical specialty associations, and the Philippine Dental Association. The local government units are also sending in their doctors and dentists. Moreover, the city/municipal

health offices also provide their hardworking and efficient barangay health workers. Other volunteers also come from the DSWD and the Philippine National Red Cross from the area.

The ancillary procedures such as chest x-ray, fasting blood sugar, random blood sugar, cholesterol determination, bone density scanning and urinalysis provided by the SM Foundation mobile clinics help volunteer doctors in coming up with their case diagnoses as well as in prescribing only the right medicines.

Unlike other medical missions, the SM Foundation gives the complete course of antibiotics to avoid antibiotic resistance due to wrong or poor compliance of antibiotic intake. Multivitamins, such as Vitamin C, B complex and iron, and other specific vitamin for certain cases prescribed by volunteer doctors are appropriately given for free.

Also, the medical and dental missions have become a venue for information dissemination and health education on disease prevention and control. Videos courtesy of the DOH are shown to the beneficiaries while waiting for their turn to be attended to by volunteer doctors and dentists. The BHWs also provide additional health teachings, like proper handwashing, breastfeeding, proper nutrition and the like.

Angeles said that in 2010, the medical and dental missions have served 72,119 beneficiaries and the most common complaints or illness were upper respiratory tract infections (cough and cold), diabetes, hypertension, tuberculosis, skin diseases and worm and other parasitic infestations.

"Being able to serve a large number of people in need is nothing compared to the simple smile and the words '*Salamat po. Diyos na po ang bahala sa inyo*' make everything worthwhile," she added.

For 2011, there are 75 medical and dental missions scheduled in SM malls,



MS. CONNIE ANGELES, executive director of the health and medical programs of SM Foundation, Inc.



DOH Hospitals with Felicidad T. Sy Wellness Centers

**AMANG RODRIGUEZ
MEMORIAL MEDICAL CENTER**
Neonatal Intensive Care Unit /
Pediatric Outpatient Department

**DR. JOSE FABELLA
MEMORIAL HOSPITAL**
Pediatric Ward

SAN LAZARO HOSPITAL
Pediatric Ward

**PHILIPPINE
ORTHOPEDIC HOSPITAL**
Physical Rehabilitation Center

**QUIRINO MEMORIAL
MEDICAL CENTER**
Outpatient Department

RIZAL MEDICAL CENTER
Outpatient Department

EAST AVENUE MEDICAL CENTER
Neonatal Intensive Care Unit /
Pediatric Outpatient Department

**PHILIPPINE CHILDREN'S
MEDICAL CENTER**
Intensive Care Unit Complex

BAGUIO GENERAL HOSPITAL
Pediatric Outpatient Department

BICOL MEDICAL CENTER
Outpatient Department /
Under-5 Clinic

**DR. JOSE B. LINGAD
MEDICAL CENTER**
Outpatient Department

**WESTERN VISAYAS
MEDICAL CENTER**
Pediatric Ward



TOP: Before and After photos of the neonatal intensive care unit of the Philippine Children's Medical Center. ABOVE: Felicidad T. Sy Wellness Center for Children at the outpatient department of the East Avenue Medical Center.

Felicidad T. Sy Wellness Centers and some communities.

Angeles also said that the SM Foundation is currently working on new programs and activities that could be implemented in the Wellness Centers. The Senior Volunteer Project has also been started and this is basically geared towards provision of committed and compassionate

productive in spite of their advancing years. The senior volunteers shall also serve as models for emulation to both the elder and younger generations.

"When facing illness, the beneficiaries need relief – relief from pain and relief from symptoms," Angeles said. "The medical and dental missions that we do are acts of human kindness that go a

senior volunteers composed of mainly retired professionals. The activities are envisioned to make senior volunteers not just feel, but be

long way in helping out those in dire need of health services," she added.

According to Angeles, the SM Foundation endeavors are the mirror of what is happening in the world and increasing the role of the private sector with more emphasis on service and action is even more important to build a more dynamic society.

No less than the World Health Organization has recognized the great role that the SM Foundation has done in the practice of public-private partnership and has awarded the Foundation during the World Health Day celebrations last year as a "champion in its initiative to uplift the lives of urban dwellers."

Spread the Ink, NOT THE DISEASE

by

ANTHONY R. RODA, MAHeSoS

HealthBeat Staff

Tattooed People “Invade” DOH

At about the same time in May when Hollywood news was harking on underage celebrity Justin Bieber showing off some new ink, less than a hundred

tattooed people “invaded” the Department of Health compound in Sta. Cruz, Manila. They were tattoo artists from all over the country attending the occupational safety and health awareness course, the third of a series of educational programs conducted by the Pinoy Body Arts (PBA) Prestige Club. The Club is composed of more than 1,000 tattoo artists and enthusiasts nationwide with strong commitment not only to the creation a safe and healthy tattoo community, but also to uplift the level of the Filipino artists to world-class standards.

Don Baranda, moderator and founder of PBA Prestige Club, said that the body arts industry, particularly tattoo, has taken an aggressive growth in the last couple years, with the number of tattoo artists and enthusiasts multiplying at a fast rate. He said that this continued rise in trend calls the need to address the issues on safety and health of both the artists and that of the public. But alas, Baranda said, unlike in advanced countries, there are no laws that govern the tattoo industry in the Philippines – artists are not registered, and safety and health measures are not strictly enforced.

The leaders of the Club believe that despite the lack of laws, educating

tattoo artists would be the next best thing for safety and health. This can be effectively achieved through the introduction of the most-up-to-date technology in tattooing equipment, materials and supplies as well as through credible educational programs geared towards skills, business and inter-person development of its members.

The education programs are being conducted in different parts of the country. The first two workshops were held at the Philippine Trade Training Center in December 2010, and then in Davao City last March. Baranda said that the Club is grateful for the DOH, particularly the Infectious Disease Office of the National Center for Disease Prevention and Control, for continuously supporting its educational programs by providing credible speakers and trainers on infection control and occupational safety.

Health Concerns on Tattoo

For someone getting a tattoo, there are many issues and concerns he/she has to face. The first thing that may come to mind is finding a design that has a meaning that speaks of one's personality. Tattoos are for life and longer, if a person does not make an educated decision there will come a time when he/she will regret it.

Next is the artist. The difference



between a nice tattoo and an amazing tattoo all comes down to the artist. A good artist can make the tattoo dreams a reality but a bad artist can turn the tattoo experience into a nightmare.

Then comes the risks associated with tattooing beyond the obvious short term pain. Unsanitary tattoo parlors do exist and they can be deadly. There are always risks of allergic reactions and disease transmission when having a tattoo done. It is very important to know about health and safety risks as well as the measures the tattoo artist should be doing to keep the person safe before getting inked. And vice versa – the tattoo artist should also be aware of the risks he/she can get from the client.

According to Dr. Ferdinand de Guzman, chairman of the Department of Family Medicine Infectious Disease and Tropical Medicine of the San Lazaro Hospital, getting and giving a tattoo have a very serious risk of acquiring a deadly blood-borne disease such as HIV/AIDS, Hepatitis B, Hepatitis C, tetanus, syphilis, tuberculosis and other blood-borne diseases like malaria, viral hemorrhagic fever, and even leptospirosis, among others.

Occupational exposure in tattoo and other body piercing procedures comes from the "reasonably anticipated" contact with blood and other potentially infectious material (OPIM) from needlesticks, cuts from other contaminated sharps (scalpels, broken glass, etc.), and contact of mucous membranes (eyes, nose, mouth) or broken skin with contaminated blood.

De Guzman said that reducing the risk means following universal precautions, use personal protective equipment and safer medical devices, housekeeping and laundry handling, labelling of hazardous materials, and regulating wastes.

In the event that the tattoo

artist is exposed to blood or OPIM, he/she must immediately do the following: thoroughly clean the affected area; wash needlesticks, cuts, and skin with soap and water; flush with water splashes to the nose and mouth; irrigate eyes with clean water, saline, or sterile irrigants; and see a doctor immediately and report the exposure incident. It is the responsibility of the tattoo artist to take action to prevent further spread of the contamination.

De Guzman said that the treatment options available for the most common blood-borne diseases related to tattoo are as follows: Hepatitis C – no treatment; Hepatitis B – immune globulin and vaccination, if not immune; and HIV – anti-HIV medications for high risk exposures and HIV testing at the time of exposure, after three, and then after six months.

Meanwhile, the PBA Prestige Club is urging its members to keep a client's record that will have the basic health information, like vaccination, allergies, skin diseases, respiratory diseases, etc., and keep them confidential. The record should also contain the artist's assessment of the client's skin and health condition at the time the tattoo was given. The file should also include image of the tattoo, the ink and needles that were used and where they were purchased. The client should sign the record and maintain the records for a period of five to 10 years. "Keeping a client's record will help the tattoo artist deal with medical and legal impediments should they occur in the future," De Guzman advised.

And to master their craft, the Club called on its members to regularly update themselves with the latest information as well as attend training programs. "Spread the ink, not the disease," Baranda exclaimed.

In an open forum following the lecture on occupational safety and health, a question was raised regarding the popular

belief and practice in the country wherein tattooed individuals cannot, or are not allowed to, donate blood. De Guzman clarified that persons with tattoos can safely donate blood after a year of getting their tattoos.

Meanwhile, on the issue of tattooed individual getting reaction during magnetic resonance imaging (MRI) scan. De Guzman said that he does not know of a case in the country, but there is medical evidence that a tattoo can cause a reaction during MRI and that is because of the ink containing iron oxide (some black, brown, red, flesh, yellow, orange). But not all dyes of these colors contain iron oxide. Also, some dyes of other colors may contain lesser quantities of the magnetic metal. The PBA Prestige Club recommended to the tattoo artists to use





Bong Garcia (right), the maestro behind Master Rapper FrancisM's tattoos, performs a lip tattoo on a model during the occupational safety and health awareness course held at the DOH. (All photos in this article by Paking Repelente)

only the US Food and Drug Administration-approved inks.

The education program at the DOH also included topics on machine technology, facial/cosmetics and bio-mechanics tattoo techniques given by renowned tattoo artists.

Dyani Lao spoke on the technology behind the equipment in tattooing, how the machines and tools are set-up and maintained. He also provided valuable tips in optimizing the artist's equipment.

Bong Garcia, the maestro behind Master Rapper FrancisM's tattoos, gave advanced and very critical tattoo techniques which actually affects the appearance of the clients since the tattoo is performed on the face. During this course, a model was given a lip tattoo and Garcia provided detailed instructions in coloring, equipment setup for facial cosmetics and other information in

facial tattooing.

Rakel Natividad, on the other hand, provided updates on one of the latest and most popular advanced tattoo styles – Bio-Mechanics or the mix of biological and physical features integrated to form a single piece of artwork. It is like creating a science fiction-like scene similar to cyborg into a person's skin which is a mix of flesh and machine parts.

Why Tattoo?

Throughout history, tattoos were used as a way of being able to identify one another within the tribe or to show a certain status symbol in some cultures. Through present and modern history, the tattoo has transformed into an art form which sets oneself apart from the traditional and

mainstream culture. For those that take part in extreme tattooing, it is their wish or desire to make a statement with their body, one they consider as a canvas.

Justin Bieber's first tattoo is an outline of a seagull on his hip, a tattoo that several members of his family also wear. It might be true that tattoos are addictive because Bieber was reported to have added a second and a third tattoo in just few weeks from his first one. This has left a question in some people following his career and popularity that Bieber is too young to be making decisions about such permanent art.

For Pinoy Body Arts Prestige Club, since there are no laws here that say it is illegal to perform a tattoo to minors, the members have an unwritten rule not to give a tattoo to youths below 18 years old, at least not without a parental consent.

OPTIMAL Birth Spacing

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Risky births have been categorized in reproductive health and family planning literatures by the “four too’s”: those that occur to women who are too young or too old, or for births that are too many or too close together. Having children too close together has long been associated with increased risk of various adverse health outcomes, including deaths of mothers and children. Increasing the interval between births or optimal birth spacing can save lives and improve the health and well-being of mothers and their families.

The benefits of OBS to the child are:

- 1.5 times more likely to survive the first week of life;
- 2.2 times more likely to survive the first month of life;
- 2.3 times more likely to survive the first year of life; and
- 2.4 times more likely to survive to the age of five.

On the other hand, the benefits of OBS to the mother are:

- 1.3 times more likely to avoid anemia;
- 1.7 times more likely to avoid third-

trimester bleeding; and

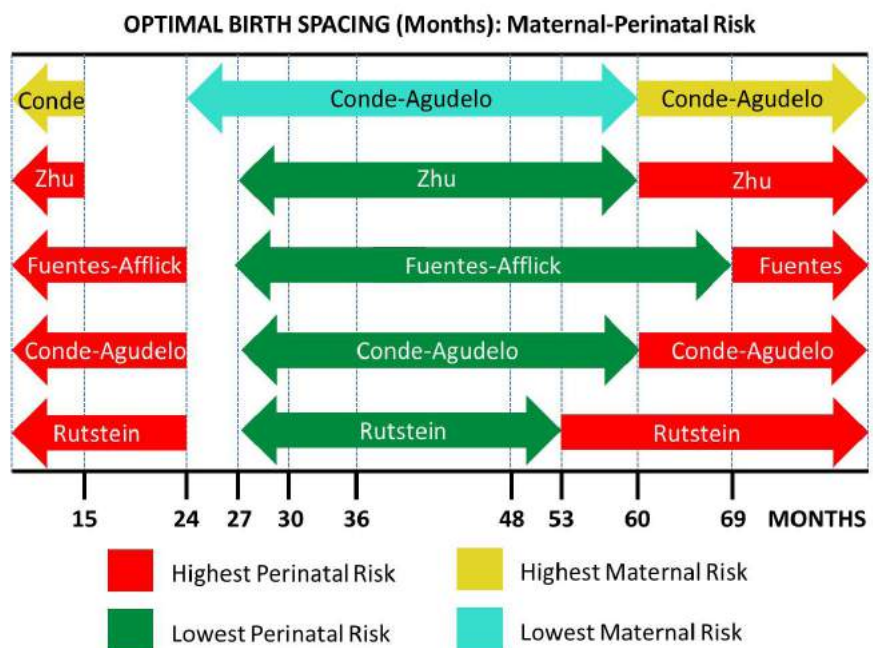
- 2.5 times more likely to survive childbirth.

Maternal risk of too early birth spacing of less than 15 months, according to a study conducted by Conde-Agudelo, has the highest maternal risk. This means that getting succeeding pregnancy before six months after giving birth can result to third trimester bleeding and other diseases

or even death related to pregnancy.

Meanwhile, the same study revealed that birth spacing beyond 60 months (5 years) is considered high risk for maternal diseases. This can result to postpartum hemorrhage and other pregnancy related illnesses or even deaths (See Table).

Studies by Zhu, Fuentes-Afflick, Rutstein and Conde-Agudelo agree that



birth spacing less than 24 months is high risk during labor and delivery of newborn. Birth spacing up to two years will likely result to postpartum bleeding and diseases related to birthing.

Referring back to the Table, Zhu and Conde-Agudelo agreed that inter-pregnancy interval of more than 60 months (5 years) will put the mother and the child to a high risk of having perinatal death and other diseases related to birthing too.

Meanwhile, Rutstein revealed that high perinatal risk will set-in if the birth spacing is more than 50 months while Fuentes-Afflick unveiled that high perinatal risk will occur if birth spacing is beyond 69 months.

To sum up the different studies in terms of high maternal-perinatal risk, it is safe to say that the OBS must be between 27-53 months.

In the context of Islam, Prophet Muhammad (*peace and blessings be upon him*) said: "And your body also has a right over you" (Narrated by Sahih Al-Bukhari). This means that our body has the right in ourselves.

For instance, if too close or too late birth spacing is supported by evidence that it puts high risk on mother or the child then it is the right of the woman to have rest before getting succeeding pregnancy or birth within the reasonable window period.



Photo grabbed from Google Search Images.

Allah says in the Qur'an: "His mother bears him with hardship and she brings him forth with hardship..." (Al Ahqaf 46:15)

It follows therefore that a woman who gave birth must have enough time within the reasonable period before entering into next pregnancy.

Moreover, Allah says in the Qur'an that "Mothers shall breastfeed their children for two whole years; (that is) for those who wish to complete the breastfeeding." (Al-Baqarah 2:233)

In other verses, Allah says: "And his weaning is in two years." (Luqman, 31:14). It can be deduced from the above verses

that breastfeeding or weaning period is 24 months.

In Islamic Jurisprudence, it is not recommended to become pregnant within the 24 months breastfeeding time-frame because the living child is still entitled to suckle up to 24 months or 2 whole years. It is also not advisable to wean the child before 24 months because it is contrary to the weaning period which is 2 years.

The Prophet (*peace and blessing be upon him*) reinforce the aforesaid verses by saying: "Gheelah (breastfeeding while in the period of pregnancy) overtakes the rider and throws him from the horse" - Reported by Abu Dawud. Meaning, getting pregnant while her baby still suckling within 2 years is just like overthrowing or ousting the baby's right to breastfeed from the mother.

Under the above circumstances, if the Muslim woman is discouraged to get pregnant during period of suckling which is 24 months plus the usual pregnancy period of 9 months, then the earliest birth spacing in Islamic viewpoint is 33 months (24 + 9 = 33).

Now, to examine closely whether it is commensurate with the studies in the Table, it can safely conclude that 33 months birth spacing is within the optimal birth spacing window period which is between 27-53 months in terms of maternal-perinatal risk!



taxi DRIVER

Tinapik ng pasahero ang taxi driver sa likod...

DRIVER: WAAAAHHHHHHH!!!

DENPOT: Bakit ka sumigaw?

DRIVER: Sorry bossing. Bago lang kasi ako sa taxi.

Pero 25 years po kasi akong driver ng funeraria.



Almusal

Habang nag-aalmusal...

OSCAR: Malamig na sinangag, maalat na sabaw, matabang na kape... Paano ka ba naman gaganahan nito?!?

DELIA: Maasim na itlog, malambot na ari, malaking tiyan... Akala mo ba ginaganahan ako?!? Tse!

Historical

DADO: Pare, nag-away kami ni Misis kagabi, nag-historical siya!

EGAY: Pare baka ang ibig mo sabihin ay nag-hysterical

DADO: Hinde, historical kasi inungkat lahat ng kasalanan ko simula nang magkakilala kami.

Shades

RUBEN: Alam mo, love, para kang shades.

RIA: Ahihihi... Bakit naman? Kasi malamig ako sa mga mata mo?

RUBEN: Hindi, kasi nagdidilim ang paningin ko kapag nakikita kita!

Wanted Driver

DANNY: Pare, bakit malungkot ka?

EDWIN: 'Yung asawa ko kasi nag-hire ng driver. Gwapo, bata at macho!

DANNY: Nagseselos ka?

EDWIN: Nagtataka lang ako kasi wala naman kaming sasakyan!

Honey, My Love,



SO SWEET

Sa Kanto...

DIANA: Mare, tingnan mo 'yung Mister mong si James, lasing at gumegewang sa paglalakad.

JOY: Tekang nga. Lolokohin ko siya at magpapanggap akong prostitute dito sa kanto.

Dumaan ang Mister ni Joy at...

JOY: Psst! Available ako ngayon, pwede ka ba?!?

JAMES: Ayoko! Kamukha mo Misis ko!

Sa Beerhouse...

May ka-table na GRO ang lalaki...

GRO: Pogi, gusto mo ng ligaya?!?

JOEREM: Eh kung mapapaligaya mo ako tulad ng ligayang binibigay ng Misis ko.

GRO: Sure, ako pa. Paano ka ba niya pinapaligaya?

JOEREM: Siyempre, walang bayad!

Kamukha

JULIAN: Honey, sabi nila sa opisina kapag naka-sideview ako kamukha ko daw si Jose Rizal... kapag nakaharap kamukha ko naman si Manuel Roxas? Ano kaya ibig sabihin 'nun?

ERMA: Mukha kang pera!

Kupit

JUN: Isa sa mga bata ang kumupit ng pera sa pitaka ko!

JEAN: Ba't mo pinagbi-bintangan ang mga anak mo? Malay mo, ako ang kumuha!

JUN: Siguradong hindi ikaw! Kasi, may natira!

Milyonaryo

ROSE: Mare, alam mo ba na ako ang dahilan kung bakit milyonaryo ang asawa ko?!?

ARLENE: Bakit ano ba siya noon?

ROSE: Bilyonaryo!

Saksak

HUKOM: Misis, sabihin mo sa husgado kung bakit mo sinaksak ang Mister mo ng kutsilyo habang siya ay natutulog.

VILMA: Your Honor, inisip ko kasi, kung baril ang gagamitin ko, eh, baka magising ang anak ko.

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

Artificial Sweeteners: **SWEETNESS** minus the calories

by

ELAINE CUNANAN

Philippine Society of Endocrinology and Metabolism

Filipinos are known for our fondness for sweets – from "kakanin" and good old "halo-halo" as common everyday treats to "puto bumbong," "bibingka" and fruit salad on special occasions. However, it is this same affection for "sweets" that is currently tagged as one of the reasons for the rising incidence of diabetes and obesity in the country. Is there a way that will allow us to indulge our sweet tooth without gaining the extra unwanted calories? Is using artificial sweeteners our next best choice?

Artificial or non-nutritive sweeteners are substances that provide the sweetness of ordinary table sugar (sucrose) minus the calories. Since they are much sweeter than sucrose, an extremely small amount is needed to create the same sweetness. Thus, products made with artificial sweeteners have much lower calories than those made with sucrose.

Five artificial sweeteners are currently approved by the US Food

and Drug Administration (US FDA) and an "acceptable daily intake" (ADI) has been set for each sweetener. ADI is the maximum amount that can be safely consumed each day over a lifetime and this is set at about 100 times less than the smallest amount that might cause harm. (Please see Table.)

Look at each sweetener:

Saccharin. It is the first artificial sweetener that was discovered in 1879. It is 300-500 times sweeter than sucrose. Although it has a bitter aftertaste, this can be minimized by blending it with other sweeteners.

In 1977, saccharin was almost pulled out from the market due to findings that it can cause bladder cancer in laboratory rats. Subsequent studies have found that it is unlikely to occur in humans, since the mechanism believed to cause cancer in mice does not exist in humans. The original study has also been criticized due to the very high dosages used which were hundreds of times higher than that for humans.

In 2000, the National Toxicology Program (NTP) of the National Institutes of Health in the US concluded that saccharin should be removed from the list of potential carcinogens. The warning has now been removed from saccharin-containing products.

Aspartame. It was accidentally discovered in 1965 by James Schlatter while working on an anti-ulcer drug. He noted its sweet taste when he licked his aspartame-contaminated finger. It is derived from two amino acids aspartic acid and phenylalanine. It is 200 times as sweet as sucrose with a similar caloric



Approved Artificial Sweeteners	Brand Names	Sweetness compared to sugar	ADI* milligrams (mg) per kilogram (kg)	Estimated ADI equivalent**	Can be used for cooking or baking
Saccharin	Sweet'N Low, SugarTwin	300-500x	5 mg per kg	9 to 12 packets of sweetener	Yes
Aspartame	NutraSweet, Equal, PAL sweet	200x	50 mg per kg	18 to 19 cans of diet cola	No
Acesulfame K	Sunett, Sweet One	200x	15 mg per kg	30 to 32 cans of diet cola	Yes
Sucralose	Splenda	600x	5 mg per kg	6 cans of diet cola	Yes
Neotame	----	7,000-13,000x	18 mg a day	not available in the Philippines	Yes

*Acceptable daily intake (ADI) limit per kilogram (2.2 pounds) of body weight

**Product-consumption equivalent for a 150-pound person

value (4 kilocalories/gram), but the amount used is small enough to consider aspartame essentially free of calories. It is partly converted in the body to methanol but the quantity is much lower than those produced by natural foods. It loses its sweetness when heated though, so it cannot be used for cooking or baking.

Some studies have initially linked aspartame with brain tumors as well as leukemias and lymphomas in laboratory animals. Subsequent studies conducted and reviewed by the US FDA, NTP and the European Food Safety Authority have concluded that there is no scientific evidence supporting a link between aspartame and any type of cancer. There is also no proof that aspartame causes or worsens Parkinson's, Alzheimer's, multiple sclerosis or systemic lupus erythematosus. Just recently, a panel of leading experts convened and came up with a comprehensive reappraisal which conclusively determined that aspartame is safe. Because of the phenylalanine component, people with the rare disorder, phenylketonuria should restrict aspartame

use because their body cannot metabolize phenylalanine.

Acesulfame-K (potassium). It is 200 times sweeter than sugar with zero calories. It is not metabolized or stored in the body. In 1988, the US FDA and Food and Agriculture Organization Joint Expert Committee on Food Additives evaluated the sweetener's safety and have declared it safe for human consumption.

Neotame. It is chemically similar to aspartame but is much sweeter. It is 7,000 to 13,000 times sweeter than sucrose. It does not accumulate in the body and is rapidly excreted unchanged. It is stable when heated so it can be used in cooking or baking. It is considered safe for those suffering from phenylketonuria since it is not metabolized into phenylalanine. Neotame was approved by the US FDA in 2002, but is not yet widely used in food products.

Sucralose. It is produced from sucrose when three chlorine atoms replace three hydroxyl groups. It was accidentally discovered during the process of developing an insecticide. It is 600 times as sweet as

sucrose. It is stable in heat and can be used in baked and fried goods. Although sucralose is made from table sugar, it adds no calories because it is minimally absorbed by the body and passes out unchanged. After reviewing more than 110 animal and human studies, the US FDA approved sucralose in 1999 for use as a general-purpose sweetener.

The product Splenda which contains sucralose is not calorie-free though. It is also composed of calorie-containing glucose and maltodextrin (nutritive sugars which are breakdown products of carbohydrates) to increase bulk.

One of the major concerns on the use of artificial sweeteners is that if it is beneficial for diabetics. The American Diabetes Association states that artificial sweeteners are a safe alternative for diabetics since they do not significantly affect glycemic control, insulin levels, blood lipid levels or blood pressure. However, the diabetics have to keep in mind that some foods containing artificial sweeteners may contain other carbohydrates which can affect blood glucose level.

Another concern is the safety of use of artificial sweeteners for pregnant women and children. Aspartame, acesulfame-K and sucralose have been deemed safe for use in moderation during pregnancy and lactation. On the other hand, studies show that saccharin crosses the placenta and may remain in fetal tissue, so its use by pregnant women still remains in question. For pregnant women, it is advised to consult their obstetricians first before switching to artificial sweeteners.

Several studies have documented that the US FDA-approved artificial sweeteners are safe for children above two (2) years of age. However,

it is important to note that children still need calories from nutritious foods to achieve proper growth and development.

The American Dietetic Association discourages the use of artificial sweeteners in children less than 2 years old since their safety has not been sufficiently assessed in this age group.

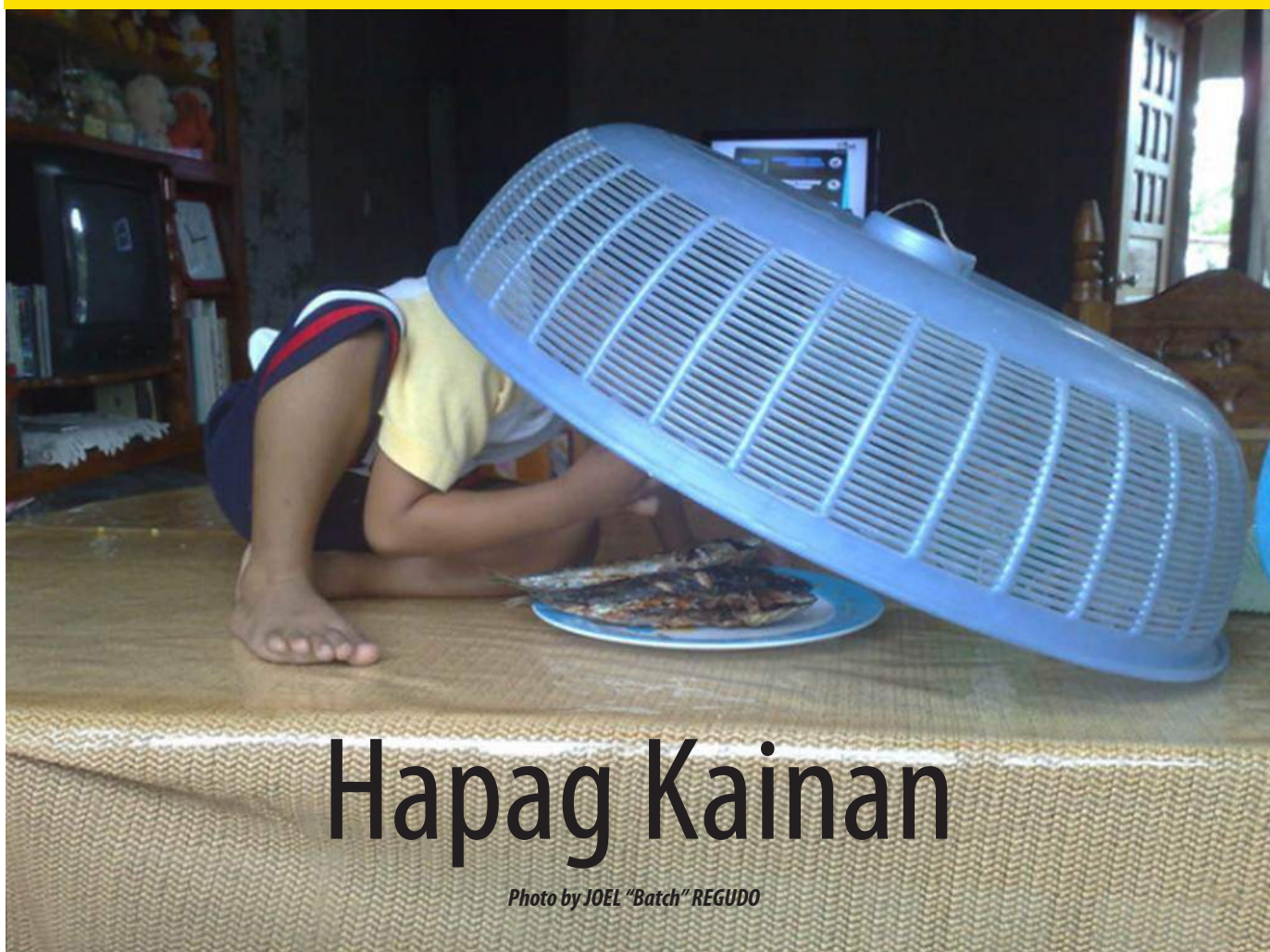
Artificial sweeteners supply sweetness to food with little added calories than foods containing sucrose. It can

be useful for losing weight or preventing weight gain. However, some sugar-free foods may contain more calories and more fat than the sugar sweetened versions. It is important to check the "Nutrition Facts" on the label to see whether you are really getting fewer calories. You can also check the fat content. Consider price as well. Sugar-free varieties usually cost more.

Whether you are munching on a sucrose-sweetened snack or an artificially-sweetened one, it pays to remember that too much of a good thing can be a bad thing. Always eat and drink in moderation.



FACEbeat



Hapag Kainan

Photo by JOEL "Batch" REGUDO



John Michael Angeles, Healthbeat's youngest fan.

READING is Healthy

"Reading is to the mind what exercise is to the body," said Joseph Addison (1672-1719), English essayist, poet, playwright and politician.

It is obvious that the main benefit of reading is getting knowledge. It is a great "brain tool" that help people of all ages to learn and develop important skills for education or self-improvement. But not everyone realize that reading has its health

benefits as well. Reading helps a person to cope with stress and anxiety by providing a form of relaxation and escapism. A calmer mind and soul eventually lead to a healthy life, and reading does that.

Reading is beneficial to children, even babies. We know how babies love lullabies, and in the same way, they will respond wonderfully too if we read to them. Babies will love seeing books with colourful

pictures and reading to them different rhymes and rhythms will make them love the sound effects they hear. We might never realize, but they are actually into a learning process.

As children grow to become toddlers, books with colorful pictures or cartoon characters excite them. Toddlers love colors, alphabets and numbers. Nursery rhymes or small story books make them very

happy. They are learning and enjoying it as well.

Preschoolers, on the other hand, have already an understanding of alphabets and words and reading books involving slight complex texts is what they like. They love reading books on animals, fairies or cartoons. Parents can widen the child's knowledge if they can make pre-schoolers read some educational books.

For children who have sight or reading difficulties such as visual impairment or dyslexia, they can still enjoy the wonderful world of storytelling and literature. If they are unable to read by themselves, parents can read to them. Many books are also available in audio CDs. For the visually impaired, Braille versions of some books are also available.

Reading is a great bonding activity for parents and children. A parent could read to the child, or they could read while enjoying a story together. This is a fantastic way to spend quality time with your child, and can be a very bonding experience.

Reading with the child is also a great conversation starter. A parent can talk to the child about the ideas and messages conveyed in a story, and ask them what they feel about them. This will encourage the child to analyze what they have read and learned about, and form opinions which he/she can then confidently share with the parent and others.

Reading is a more interactive activity than watching television. When children read they are involved with the book, imagining the characters and scenes, and painting images in their minds, rather than just staring blankly at a television screen. This encourages the child to be creative and think for themselves.

Reading also develops language, vocabulary and all round comprehension skills. Spelling and writing skills are also

improved by regular reading. But not only that, books can help children learn more about the world around them. They can read and learn about morals, friendship, love and family.

If the child is going through a difficult time in life, such as the separation of parents, starting a new school, the death of a loved one, bullying, or puberty, books can be a great source of information and comfort. There are books that a child can read at these times to help understand what he/she is going through. This may help to relieve any anxiety and stress the child may feel.

Reading can give a child the tools to make good choices in life, whether it be about positive relationships, education, health and lifestyle. Children can learn about their bodies, healthy lifestyle, diet and exercise through reading books and magazines.

As children become teenagers, they have the passion of seeking more knowledge which obviously comes from books. They also develop their own interest for a particular type of writing styles or stories. Fiction and non-fiction are some things which fascinate them a lot. They will have their own favorite authors. Developing a particular taste of books as a teen will forever remain in him/her.

Reading is great for adults too! Settling down with a good book or a favorite magazine is a great way to unwind at the end of a stressful day, and enjoy some personal time. Reading can take one's mind off worries and woes, and offer a bit of time out that helps to put things in perspective and help one cope better.

But don't think that the benefits of reading for adults are limited to relaxation! Adults can also develop their vocabulary and improve their spelling, literacy and comprehension skills in the same way that children do. Life is a learning curve – it's

never too late to learn.

Reading improves concentration and focus. It requires a person to focus on what he/she is reading for long periods. Unlike magazines, Internet posts or e-mails that might contain small chunks of information, books tell the whole story. Since a person must concentrate in order to read, like a muscle, he/she will get better at concentration.

There is a huge choice of books available – fiction, non-fiction, biographies, and the list is endless. A person is bound to find something he/she enjoys. On the other hand, self-help, self-improvement, health, motivational and educational books will give a person greater awareness and general knowledge. Reading is a great way to expand one's own horizons.

The more a person reads, the more knowledgeable he/she will become. With more knowledge comes more confidence, and more confidence builds self-esteem. Reading also improves memory. Many studies show if a person does not use his/her memory, he/she will lose it. The crossword puzzle is an example of a word game that staves off Alzheimer's. Reading, although not a game, helps a person stretch memory muscles in a similar way. Reading requires remembering details, facts and figures and in literature, plot lines, themes and characters.

Now remember, while bolstering on brainpower and working on wellbeing through reading, being physically fit is important as well. Make sure to take some time off to do some exercise. A person needs at least 30 minutes of moderate exercise a day. Stay active to keep fit and healthy.

And make sure to eat healthy. Don't gorge on unhealthy junk food while sitting still and reading. Try fruits, vegetables, nuts and seeds that will keep the body fit and healthy.

Answers to “OO, HINDI, PWEDE!” on Page 3

1. **PWEDE.** The safety of use of artificial sweeteners for pregnant women and children has become a health concern. However, aspartame, acesulfame-K and sucralose are said to be safe for use in moderation during pregnancy and lactation. On the other hand, studies show that saccharin crosses the placenta and may remain in fetal tissue, so its use by pregnant women still remains in question. For pregnant women, it is advised to consult their obstetricians first before switching to artificial sweeteners. (See “Sweetness Minus the Calories on page 44.)

2. **HINDI.** Risky births have been categorized in reproductive health and family planning literatures by the “four too’s”: those that occur to women who are too young or too old, or for births that are too many or too close together. Having children too close together has long been associated with increased risk of various adverse health outcomes, including deaths of mothers and children. Increasing the interval between births or optimal birth spacing can save lives and improve the health and well-being of mothers and their families. (See “Optimal Birth Spacing” on page 41.)

3. **PWEDE.** For children who have sight or reading difficulties such as visual impairment or dyslexia, they can still enjoy the wonderful world of storytelling and literature. If they are unable to read by themselves, parents can read to them. Many books are also available in audio CDs. For the visually impaired, Braille versions of some books are also available. (See “Reading is Healthy” on page 47.)

4. **HINDI.** To protect the youth from the hazards of smoking and exposure to secondhand smoke, Republic Act 9211 or the Tobacco Regulation Act of 2003 imposed the absolute smoking ban in all centers of youth activity such as, but not limited to elementary and high schools, colleges and universities. Likewise, minors are not allowed to sell, distribute and purchase cigarettes or any tobacco product. Moreover, the sale or distribution of tobacco products is prohibited within 100 meters (or about the length of three basketball courts) from any point of the perimeter of a school or other facility frequented by minors. (See “Balik Eskwela, Bawal ang Sigarilyo” on page 18.)

5. **OO.** In the Philippines, according to a joint study commissioned by the Water and Sanitation Program-East Asia and the Pacific (WSP-EAP) of the World Bank in 2008, at least 20 million Filipinos were exposed to poor sanitation. This means that a full one-fourth of the Philippine population either had poor hygiene practices; did not have the benefit of an accessible and safe toilet; or did not dispose of their human waste properly. The fact that less than half of all Filipinos wash their hands after using the toilet is a very telling statistic that speaks of the country’s unfortunate cleaning and sanitation levels. (See “I Clean, I Save!” on page 21.)

6. **OO.** Aside from building strength and stamina and toning the muscles, biking greatly improves the performance of one’s heart. It makes the heart pound in a

steady pace at the same time freeing the arteries of unneeded fatty deposits. According to the British Medical Association, biking just 20 miles (32.1 kilometers) in a week can reduce the risk of coronary heart disease by as much as 50%. (See “Biking for Health” on page 6.)

7. **OO.** For many smokers, quitting cold turkey without the aid of nicotine replacement therapy (NRT in the form of drugs or patches) is effective. This is what Health Undersecretary David Lozada, Jr. said in his keynote address during the DOH Red Orchid Awards 2011 or the search for 100% tobacco-free environments. He said this in the light of the additional prize of P100,000 worth of NRT to winners. He stressed that they must continue to strengthen their education and counseling services for people who wanted to quit smoking over and above the mere giving away of nicotine drugs and patches. (See *Making the Philippines 100% Tobacco-Free* on page 10.)

8. **HINDI.** The body arts industry, particularly tattoo, has taken an aggressive growth in the last couple years, with the number of tattoo artists and enthusiasts multiplying at a fast rate, and this continued rise in trend calls the need to address the issues on safety and health of both the artists and that of that public. But alas, unlike in advanced countries, there are no laws that govern the tattoo industry in the Philippines – artists are not registered and safety and health measures are not strictly enforced. (See “Spread the Ink, Not the Disease” on page 38.)

9. **PWEDE.** Yes, surgeons can operate on their immediate family, but as a general practice or standard, they should not. Even Dr. Jose Rizal, in his time, had realized this. He wrote: “I have operated on mother with much success and she could see with much clearness immediately after. The post-operative course went well for three days, but encouraged by this, she did not follow my instructions and she got up and lay down alone, removed and put back the eyepad, always telling me that nothing was going to happen until her eyes became so inflamed (she suspected that during the night she received a blow... The operative wound gaped, the iris prolapsed and now there is violent inflammation. Nothing can quiet her and she reads and goes to bright lights and rubs her eyes... Now I can understand why it is prohibited for one to treat members of his family.” (See *Rizal - National Hero, Health Worker* on page 26.)

10. **HINDI.** Universal Health Care (UHC) is defined as “a focused approach to health reform implementation ensuring that all Filipinos especially the poor receive the benefits of health reform. It is a deliberate focus on the poor to ensure that they are given financial risk protection through enrollment to PhilHealth and they are able to access affordable and quality health care and services in times of need.” The principles of UHC not only involves effective health insurance coverage but also improvement of access to quality hospitals and other health care facilities, and attainment of health-related Millennium Development Goals. (See “Universal Health Care” on page 29.)

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?

Titser, Titser...



Pangarap Maging

TITSER: Class, anong pangarap ninyong maging paglaki ninyo?!?
 IKE: Gusto ko pong maging duktor para makagamot ng kapwa...
 PAU: Gusto ko pong maging nurse para mag-alaga sa kapwa...
 BOY: Ako po, Mayor para makatulong sa kapwa...
 GERRY: Ako, Presidente! Maglilingkod ako sa kapwa...
 TITSER: Ikaw naman, Siony. Ano ang gusto mong maging?
 SIONY: Gusto ko pong maging KAPWA, para tiba-tiba!

English-Math

ELMER: Absent po ako kahapon, kasi, nakunan ang nanay ko at ako ang naiwan.
 TITSER: Speak English because this is an English class.
 ELMER: I was absent yesterday because my mother was subtraction and I was the remainder!

English-Tagalog

TITSER: Who can make a sentence then translate it in Tagalog?
 DAVE: My teacher is beautiful, isn't she?
 TITSER: Very good. Now, translate it in Tagalog.
 DAVE: Ang guro ko ay maganda, maganda nga ba?

Spanish

TITSER: Class, use "fuera" in a Spanish sentence.
 ERIC: Mis maestras son bonitas.
(My teachers are beautiful.)
 TITSER: Oh, that's very flattering, Eric, but where's "fuera"?
 ERIC: Fuera ka!

Opposite

TITSER: Teddy, give me the opposite of this sentence, "Children in the dark make mistakes."
 TEDDY: "Mistakes in the dark can make children," Ma'am.

Similarity

TITSER: Anong similarity nina Jose Rizal, Andres Bonifacio at Ninoy Aquino?
 JAYPEE: Ma'am, sa pagkakaalam ko po, lahat sila namatay ng holiday!

Biology

TITSER: irma, alam ba ninyo kung bakit may sabaw ang balot?
 IRMA: Hindi pooooooh...
 TITSER: Kung ikaw kaya ang ikulong sa shell, saan ka dyi-jingle? Aber? Saan?? Sumagot kaaaah!!! Saaaaaaan?!?

Art

TITSER: Class draw a fish!
 CLASS: Yes ma'am!
 TITSER: Lilibeth, why is your drawing very dirty?!?
 LILIBETH: Ma'am, bagoong po yan."

Right Conduct

TITSER: Meron bang bobo dito sa klase? Kung meron tumayo!
(May tumayong estudyante...)
 TITSER: Bobo ka ba?
 VIRGIE: Hindi po. Naaawa lang po ako sa 'yo, Ma'am, dahil ikaw lang ang nakatayo eh. Sasamahan na kita.

School Project

NANAY: Bakit buntis ka?
 MYLENE: Project po ito sa school, Nay, tungkol sa miracle of life.
 NANAY: Sino ama n'yan? Sabihin mo!
 MYLENE: Marami po, Nay. Group project po kasi eh.

- o o o -

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

**BALIK
ESKWELA**

**WAG MAG YOSI
WAG KADIRI**



BAWAL MANIGARILYO at MAGTINDA NG SIGARILYO

SA LOOB, LABAS AT PALIGID NG ESKWELAHAN
na may distansya na 100 meters o katumbas ng tatlong basketball courts ang layo.



MULTA
P5,000 - P400,000
at
PAGKAKULONG
30 ARAW - 3 TAON
depende sa bigat ng paglabag sa batas

BREASTFEEDING

Tama. Sapat. EKsklusibo!



Ang sagot upang siguradong matalino, malusog at iwas-sakit si baby, gawin ang mga sumusunod:

- ✓ **Tama** ang paglagay kay baby sa dibdib ni mommy mula pagkasilang hanggang makasuso kay mommy.
- ✓ **Sapat** na ang gatas ni mommy. Kaunting breast milk lang ang kailangan ni baby sa mga unang linggo. Habang nagpapasuso nang madalas si mommy, dadami ang gatas para patuloy na matugunan ang pangangailangan ni baby sa kanyang paglaki.
- ✓ **EKsklusibong** gatas ni mommy lamang ang ibigay kay baby sa unang 6 na buwan. May tubig at kumpleto sa sustansya ang breast milk. Pag 6 months na si baby, bigyan siya ng tama at ligtas na pagkain at inumin habang patuloy ang pagpapasuso.

Gawing **TSEK!** ang breastfeeding! **Tama. Sapat. EKsklusibo!**



DOH

Log on to:
www.breastfeeding-doh.gov.ph
Or call (02) 123-4567



DOH BREASTFEEDING

For more information visit your nearest health center