



16th Anniversary Issue

HEALTHbeat

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Certificate of Registration

This is to certify that

Department of Health

San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila,
Philippines

and at the Offices listed on the attached Appendix

operates a quality management system which has been assessed as conforming to

ISO 9001:2008

for the scope of activities

Health Systems Administration (Health Policies, Programs,
Systems and Standards Development; Health Research
Management; Capacity Building; Health Regulation; and
Health Program Monitoring and Evaluation).

CIP/4675/12/06/802 Issue Date: 17 July 2012

Assistant Secretary

GERARDO V. BAYUGO

Overall Quality Management Representative

Department of Health

ISO 9001:2008 CERTIFIED



Responsableng Pamilya, Ngayon Na!

**Pumunta sa health center para sa
impormasyon at serbisyo sa family planning.**



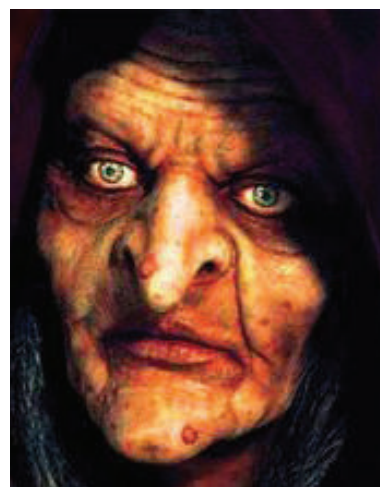


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Request for Action

There are two things to define our success in life: 1) The way we manage when we have nothing; and 2) The way we behave when we have everything.

The Department of Health rank-and-file employees have dedicated a lot of their time and effort to fulfill somebody's wish for this agency to be ISO-certified, even if it meant working overtime and on weekends polishing its systems and cleaning its processes to achieve quality management. Although many staff found it very hard to comply with the requirements, they saw the importance of the ISO in increasing their work efficiency. They hope that the top people in the organization would have a heart to provide their needs too.

The hazard pay, a monthly cash benefit under the Magna Carta for Health Workers, has not been given for seven months and counting. Management now tells health workers that they are working on some guidelines on how the hazard pay would be provided. A classification scheme – high-risk, low-risk, and no-risk – is rumored to be the basis of giving the hazard pay. But then in the last Friday of July, a hospital's staff received their hazard pay, leaving the Central and Regional Offices employees wanting. As if they were not exposed to work-related hazards, from monitoring and advocating field implementation of health programs to stress from seemingly impossible bosses who keep on bragging that the prevention and control of non-communicable diseases is a priority of this administration.

No DOH Central and Regional rank-and-file employee has P80 million declared in their SALN (Statement of Assets, Liabilities and Net Worth). Some may have P80 thousand in their savings account, but they hope that it could be more. Many who only have P80 in their wallet are trying very hard to make ends meet for the day. And some leaders still choose to be selfish in taking the hazard pay away from these health workers. Are they truly lifting the burdens of the poor or are they creating more poor?

And so what's next? In the pursuit of the DOH ISO Certification, issuing a "request for action" or "RFA" is fast becoming a management tool for corrective or preventive action if a certain work process has been found not implemented or if a client/customer has been dissatisfied with a product or service. The rank-and-file employees could only wish that they could also issue the same RFA to management for the release of their hazard pay.

To quote Secretary Enrique T. Ona's battlecry at the start of the ISO journey in March last year, "*Kaya natin 'to!*"

- The Editors



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Health Secretary Enrique T. Ona (sixth from left) receives the Certificate of Registration for operating a quality management system which has been assessed as conforming to ISO 9001:2008 in behalf of the 17 bureaus, centers and services of the Department of Health Central Office as well as the Centers for Health Development in Metro Manila and CaLaBaRZon. Renato V. Navarette, managing director of the Certification International Philippines, Inc. and Magdalena Mendoza, senior vice president, together with Arnel Abanto of the Development Academy of the Philippines (from fifth to third from left) officiate the awarding. Also in photo are DOH Executive Committee members and regional directors of Metro Manila and CaLaBaRZon. (Photo by Paking Replente)

DOH ISO Journey Comes Full Circle

by
ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

By mid-July, the Department of Health ISO journey comes to a full stop when the Certification International Philippines (CIP), Inc. announced that it has approved to grant the Certificate of Registration to the DOH for operating a quality management system (QMS) which has been assessed as conforming to ISO 9001:2008. The CIP said that the validity of the certificate is dated July 17, 2012 and they were already preparing the award letter and certificate for formal issuance the following week.

With this, the DOH has officially set the record as the first government agency to have a department-wide ISO quality management. The DOH—with its 17 bureaus, centers and services inside the Central Office compound and the two pilot Centers for Health Development (CHDs or regional offices) in Metro Manila and CaLaBaRZon—is now the biggest organization, both public and private, to be certified.

Antonio D. Kalaw Jr., president of the Development Academy of the

Philippines (DAP), in his written message, called the DOH's feat as "Super QMS" because of its huge scope covering five core processes and 19 offices. He said, "This international recognition is undoubtedly the result of the collective effort and hard work of everybody. You all deserve to be congratulated and commended for this success. I believe that the other line agencies look up to you even more and highly envy this recognition."

And the "victory day" came. Health Secretary Enrique T. Ona received the ISO

Certification from the CIP during its regular flag raising ceremony on July 23. CIP is an affiliate of a British company Certification International U.K. Ltd., and since its operations in the Philippines in 1995 has certified more than 900 Philippine and multinational companies who are leaders in their respective industry or service sectors.

Renato V. Navarette, CIP managing director and Magdalena Mendoza, DAP senior vice president, officiated the awarding of the ISO Certification to the DOH. The DOH engaged the technical assistance expertise of the DAP in developing a quality management system for the department.

Meanwhile, Assistant Secretary Gerardo V. Bayugo, the DOH overall quality management representative, congratulated and thanked all the DOH employees involved in the process of achieving this milestone of the department. He said that all the remaining 14 regional offices will also be certified next year.

ISO 9001:2008

ISO is short for International Organization for Standardization, the world's largest developer and publisher of international standards. Founded in 1947, ISO is a network of the national standards institutes of 159 countries, one member per country, with a Central Secretariat in Geneva, Switzerland, that coordinates the system. ISO is a non-governmental organization that forms a bridge between the public and private sectors.

According to ISO, "ISO" is not an abbreviation. It is a word, derived from the

ISO 9001:2008 CERTIFIED

DOH-Central Office

Bureau of Health Facilities and Services
Bureau of International Health Development
Bureau of Local Health Development
Health Emergency Management Staff
Health Policy Development and Planning Bureau
National Center for Disease Prevention and Control
National Center for Health Facilities Development
National Center for Health Promotion
National Center for Pharmaceutical Access and Management
National Epidemiology Center
Philippine Blood Center
Administrative Service
Finance Service
Human Health Resource Development Bureau
Information Management Service
Legal Service
Procurement Service

DOH-Regional Office

Center for Health Development - Metro Manila
Center for Health Development - CaLaBaRZon

Greek "isos," meaning "equal," which is the root for the prefix "Iso-" that occurs in a host of terms, such as "isometric" (of equal measure or dimensions) and "isotomy" (equality of laws, or of people before the law.) The name ISO is used around the world to denote the organization, thus avoiding the assortment of abbreviations that would result from the translation of "International Organization for Standardization" into the different national languages of members. Whatever the country, the short form of the organization's name is always ISO.

Standards ensure desirable characteristics of products and services such as quality, environmental friendliness, safety, reliability, efficiency and interchangeability and at an economical cost. ISO standards

provide technological, economic and societal benefits.

ISO 9001:2008 is the standard that provides quality management system or QMS regardless of what the organization does, its size, or whether it is private or public sector. QMS is deemed important in government as it promotes integrity, accountability, proper management of public affairs and public property as well as establishes effective practices aimed at the prevention of graft and corruption.

QMS in government agencies and personnel creates conditions that will transform them into professional, motivated and energized bureaucracies with adequate means to perform their public service.

The scope of the DOH QMS for health systems administration includes: health policies, programs, systems and standards development; health research management; capacity building; health regulation; and health program monitoring and evaluation.

The DOH ISO Journey

The DOH ISO journey began on March 14, 2011 when Sec. Ona led a simple ceremony and parade inside the Central Office compound which signified the start of the 12 steps of the ISO-QMS roadmap. *(See illustration next page.)* The health chief said with much enthusiasm and conviction, "Kaya natin 'to!"

The QMS institutionalization phase happened from April to August 2011. This involved the establishment of DOH ISO QMS Committee; engagement of the DAP

to provide technical assistance; awareness building among DOH officials and rank-and-file staff, including the contractuels; capability building of the quality management representatives, comprising of the director/s, division chiefs and ISO core team of each office; and the establishment of DOH QMS documentation – Quality Policy, Quality Manual, Quality Procedure and Quality Core Procedures.

On September 19, 2011, the DOH Central Office and two pilot CHDs started the implementation of its QMS after completion and approval of the basic documentation.

On January 30 this year, the grand launch of the ISO implementation was held. ASec. Bayugo said, "Now, looking at what we have accomplished, we can all say '*Abot Kamay Natin ang DOH ISO Certification.*'"

To spice things up and elicit everybody's support, cooperation and commitment at this grand launch, each participating office was asked to develop and present creatively a "tagline" or slogan for ISO implementation. The winners of the tagline and the presentation were awarded with cash prizes. The Bureau of International Health Cooperation's tagline, "*ISO TAYO: Serbisyong Dekalidad at SiguraDOH*" won, while the Administrative Service won the presentation.

At this time, only four steps in the ISO roadmap were needed to achieve until April – management review, final gap assessment, preparation for certification, and finally, third party certification audit.

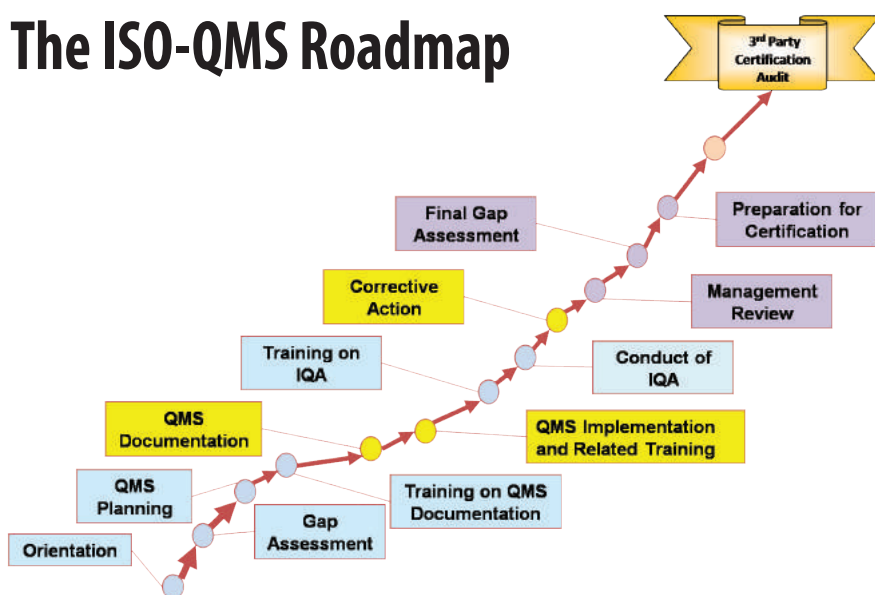
Starting in April, three audit procedures were made to prepare for ISO Certification, namely pre-audit conducted by the DOH internal auditor and two stages of external audit by CIP. Each audit process identified non-compliance or opportunities for improvement, root cause analysis of the problem/s, and submission of improvement plans. ISO Certification would only be granted when all these requirements were met.

And after all this long and difficult journey which was exciting, challenging and fulfilling, the much coveted ISO Certification was finally achieved. All praises to everyone.

The DOH ISO Certification is valid until July 16, 2015 subject to adherence to the agreed audit program and compliance with Certification International regulations. Bayugo is once again urging the commitment of the DOH employees to continuously improve, meet, and even exceed people's expectations of a quality management system that enhances health care service delivery.

Now, the DOH ISO journey comes in full circle in order to maintain and sustain its wonderful ISO 9001:2008 certification.

The ISO-QMS Roadmap



Bureau of International Health Cooperation's winning tagline during the ISO implementation launch on January 30.

SONA on Health

Excerpts from the English Translation of the Third State of the Nation Address (SONA) of

H.E. President BENIGNO S. AQUINO III

posted at the Official Gazette

This is my third SONA. It wasn't too long ago when we began to dream again; when, united, we chose the straight and righteous path.... In 2010, an estimated 36 million Filipinos were still not members of PhilHealth. Forty-two (42) billion pesos was needed to enroll them....

But what we know about our people, and what we had proven time and again to the world was this: Nothing is impossible to a united Filipino nation. It was change we dreamed of, and change we achieved; the benefits of change are now par for the course. Roads are straight and level, and properly paved....

And we are building an environment where progress can be felt by the majority. When we began office, there were 760,357 household-beneficiaries of the *Pantawid Pamilyang Pilipino Program*. Our target: 3.1 million within two years. By February of this year, the three millionth household-beneficiary of *Pantawid Pamilya* had been registered. Next year, we will enroll 3.8 million households—five times what we had at the beginning of our term.

This is a long-term project, with far-reaching impact. The research is in its initial stages, but already the figures show promise. Based on data from the Department of Social Welfare and Development: 1,672,977 mothers now get regular checkups; 1,672,814 children have been vaccinated against diarrhea, polio, measles, and various other diseases; 4.57 million students no longer need to miss school because of poverty.



President's Third SONA on July 23.

When we first took office, only 62 percent of Filipinos were enrolled in PhilHealth. Enrollment was not necessarily based on need but on being in the good graces of politicians. Now, 85 percent of our citizens are members. This means that since we received our mandate, 23.31 million more Filipinos have access to PhilHealth's array of benefits and services.

And here's even better news: the 5.2 million poorest households identified by our National Household Targeting System will now fully benefit from PhilHealth's programs, free of charge. Because of the Department of Health's No Balance Billing Policy, treatment for dengue, pneumonia, asthma, cataracts—as well as treatments for catastrophic diseases like breast cancer, prostate cancer, and acute leukemia—can be availed of for free by our poorest countrymen.

The process for our poorest PhilHealth members: Enter any government hospital. Show your PhilHealth card. Get treatment. And they return to their homes without having to shell out a single centavo. One of the briefings I attended noted that four out of ten Filipinos have never seen a health professional in their entire lifetime. Other figures are more dire: Six out of ten Filipinos die without being attended to by health professionals.

But whatever the basis, the number of Filipinos with no access to government health services remains a concern. And we are acting on this: In 2010, ten thousand nurses and midwives were deployed under the RNHeals Program; to date, we have deployed 30,801. Add to this over 11,000 Community Health Teams tasked to strengthen the links between doctors and nurses, and the communities they serve.

And today, because of efficient targeting, they are deployed to where they are most needed: to areas that have been for so long left in the margins of society. We have sent our health professionals to 1,021 localities covered by the *Pantawid Pamilya*, and to the 609 poorest cities and municipalities, as identified by the National Anti-Poverty Commission.

This new system addresses two issues: thousands of nurses and midwives now have jobs and an opportunity to gain valuable work experience; at the same time, millions of our countrymen now have increased access to quality health care.

But we are not satisfied with this.

What we want: true, universal, and holistic health care. This begins not in our hospitals, but within each and every household: Increased consciousness, routine inoculation, and regular checkups are necessary to keep sickness at bay. Add to this our efforts to ensure that we prevent the illnesses that are in our power to prevent.

For example: Last year, I told you about our anti-dengue mosquito traps. It is too early to claim total victory, our scientists are rigorous about testing, but the initial results have been very encouraging.

We tested the efficacy of those mosquito traps in areas with the highest reported incidence of dengue. In 2011, traps were distributed in Bukidnon—which had recorded 1,216 cases of dengue in 2010. After distribution, the number of cases decreased to 37—that is a 97 percent reduction rate. In the towns of Ballesteros and Claveria in Cagayan, there were 228 cases of dengue in 2010; in 2011, a mere eight cases were recorded. In Catarman, Northern Samar: 434 cases of dengue were reported in 2010. There were a mere four cases in 2011.

This project is in its initial stages. But even this early on, we must thank Secretaries Ike Ona of DOH and Mario Montejo of Department of Science and Technology; may our gratitude and applause spur them into even more intensive research and collaboration.

Challenges remain. The high maternal mortality ratio in our country continues to alarm us. Which is why we have undertaken measures to address the healthcare needs of women. We, too, want **Kalusugan Pangkalahatan**; we want our medical institutions to have enough equipment, facilities, and manpower.

We can easier fulfill all these goals, if the Sin Tax Bill—which rationalizes taxes on alcohol and tobacco products—can be passed. This bill makes vice more expensive

while at the same time raising more money for health.

And what of our students—what welcomes them in the schools? Will they still first learn the alphabet beneath the shade of a tree? Will they still be squatting on the floor, tussling with classmates over a single textbook?... We are ending the backlogs in the education sector, but the potential for shortages remains as our student population continues to increase. Perhaps Responsible Parenthood can help address this....

When we assumed office and began establishing much-needed reform, there were those who belittled our government's performance. They claimed our achievements were mere luck, and what impact they may have as short-lived. There are still those who refuse to cease spreading negativity; they who keep their mouths pursed to good news, and have created an industry out of criticism.

If you have a problem with the fact that, before the year ends, every child will have their own chairs and own set of books, then look them straight in the eye and tell them, "I do not want you to go to school."

If you take issue with the fact that 5.2 million of the country's poorest households can now avail of quality healthcare services without worrying about the cost, then look them straight in the eye and tell them, "I do not want you to get better."

If it angers you that three million Filipino families have been empowered to fulfill their dreams because of *Pantawid Pamilya*, then look them straight in the eye and tell them, "I will take away the hope you now have for your future...."

Let's listen to some of the beneficiaries of these programs tell us in their own words how their lives have been changed.... (Video) *"It's a great help that our family is one of—if I'm not mistaken, one*

of the first—beneficiaries of the Category Z Package of PhilHealth. I'm so thankful for this. My child getting sick is not something to look forward to, but if that happens, PhilHealth will be there to ease the burden." – Kristine Tatualla, PhilHealth beneficiary....

This is what I have learned in the 25 months I have served as your president: Nothing is impossible. Nothing is impossible because if the Filipino people see that they are the only Bosses of their government, they will carry you, they will guide you, they themselves will lead you toward meaningful change. It isn't impossible for the Philippines to become the first country in Southeast Asia to provide free vaccines for the rotavirus....

Last year, I asked the Filipino people: Thank those who have done their share in bringing about positive change in society. The obstacles we encountered were no laughing matter, and I believe it is only right that we thank those who shouldered the burdens with us, in righting the wrongs brought about by bad governance....

This is my third SONA; only three remain. We are entering the midpoint of our administration. Last year, I challenged you to fully turn your back on the culture of negativism; to take every chance to uplift your fellow Filipinos.

From what we are experiencing today, it is clear: You succeeded. You are the wellspring of change. You said: It is possible.... This is why, to all the nurses, midwives, or doctors who chose to serve in the barrios: You made this change possible.

So whenever I come face to face with a mother who tells me, "Thank you, my child has been vaccinated," I respond: You made this happen....

I repeat: What was once impossible is now possible. I stand before you today and tell you: This is not my SONA. You made this happen. This is the SONA of the Filipino nation.

First in Southeast Asia

Rotavirus Vaccine

now part of the Expanded Programme on Immunization

In January, during the 13th Asian Conference on Diarrheal Disease and Nutrition (ASCODD) in Tagaytay City, Health Secretary Enrique T. Ona announced that the Philippines would introduce rotavirus vaccines as part of the Expanded Programme on Immunization (EPI). And on July 2, no less than President Benigno S. Aquino III launched the giving out of rotavirus vaccines, starting with the children living in the poorest communities which have the highest child morbidity and mortality rates from diarrheal diseases.

The President said, "For this year, 700,000 infants from the families listed in our National Household Targeting System will be vaccinated. This means that we will be able to protect 700,000 children from the poorest families in our country and give them a stronger, healthier start in life."

The rotavirus vaccines have been distributed nationwide to cover the said beneficiaries, and mothers of infants from 1-1/2 to 3-1/2 months are encouraged to submit their children for rotavirus vaccination to the nearest health centers in their barangays. With this move, the Philippines became the first country in Southeast Asia to implement the World Health Organization's (WHO) recommendation to introduce life-saving rotavirus vaccines through its EPI.

The President continues, "And this is not the only way we are fighting to diminish the occurrence of diarrhea-related hospitalization and death. Lives can



Health Secretary Enrique T. Ona administers the oral rotavirus vaccine to an infant while President Benigno S. Aquino III looks on during the ceremonial launch in Malacañan Palace.

be saved through simple measures that have been in place for some time, such as the administration of oral rehydration salt solutions, which can prevent up to 90 percent of diarrheal deaths. But we know that these strategies work best when used with preventive measures such as breastfeeding

and hand washing — and this is also where the rotavirus vaccine comes into play.

Rotavirus is a virus that infects the bowels. According to WHO statistics, rotavirus is the most common cause of diarrhea in infants and children resulting in deaths of about 600,000 children and over

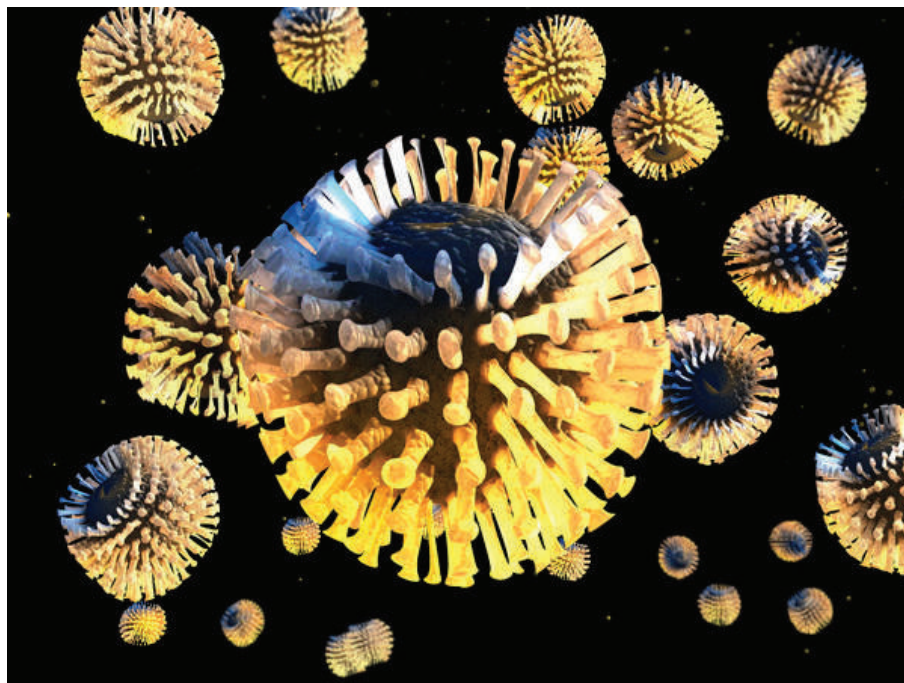
2 million hospitalizations worldwide each year.

Rotavirus diarrhea exacts an enormous toll on the health of young Filipino children and the nation's healthcare resources. Figures show that an estimated 3,500 children under age five die from rotavirus diarrhea annually (12% of all diarrheal deaths); 77% of children are infected with severe rotavirus before their second birthday; 31% of young child diarrhea-related hospitalizations are due to rotavirus; and 30% of young child diarrhea-related emergency room visits are due to rotavirus.

Rotavirus Diarrhea

Rotavirus is found everywhere and is an incredibly resilient virus. It is easily spread person-to-person through contaminated hands and objects. Children can become infected if they put their fingers in their mouths after touching something that has been contaminated. This usually happens when they do not wash their hands often enough, especially before eating and after using the toilet. People who care for children, parents and including health care and childcare workers, also can spread the virus, especially if they do not wash their hands after changing diapers.

While every child is vulnerable, children under two are the most susceptible to severe rotavirus infection. The transmission of other causes of diarrhea can be adequately stopped by improving water



Rotavirus is the most common cause of potentially fatal severe diarrhea among children worldwide. Photo grabbed from the Internet.

quality, sanitation and hygiene. But not with rotavirus transmission which makes prevention through vaccination the best way to protect children.

There is no specific medication to treat the rotavirus diarrhea. The infection is usually self-limiting for a few days in those with good immunity. Treatment generally consists of increased oral fluid intake to prevent dehydration. On the other hand, severe cases of dehydration may need to be hospitalized for replacing the lost fluids directly through the veins. This care can be out of reach for many in the poorest areas, making prevention essential to protecting child health.

Although vaccination is the best prevention against rotavirus infection in infants and young children, good personal hygiene such as hand washing is also important in controlling the spread of the infection.

Rotavirus vaccine prevents diarrhoea and vomiting caused by rotavirus only. It does not prevent diarrhoea and vomiting caused by other germs. Two different rotavirus vaccines are currently used in infants in the Philippines. Both vaccines are given orally (by mouth), and differ in the number of doses given. The vaccines may be given at the same time as other childhood vaccines.

ALIENS

Pinoy at Amerikano sa loob ng elevator na papuntang ground floor. Huminto ang elevator sa isang floor, bumukas ang pinto, at may isa pang Pinoy na bago pumasok ay nagtanong:

ED: Bababa ba?
RAUL: Bababa.
AMERIKANO: Are you aliens?



Enterovirus 71

(Hand, Foot and Mouth Disease)

On July 4, the World Health Organization (WHO) and the Ministry of Health of the Kingdom of Cambodia issued a press release that reported a respiratory disease with neurological system symptoms affecting children under seven (7) years old. It was announced as a “mysterious disease,” and as part of the International Health Regulations, neighboring countries are forewarned to act appropriately.

The first death in Cambodia occurred on April 20. A month later, 23 deaths were reported, and by June 20, there were 44 deaths. Most died within 24 hours and had exhibited symptoms including respiratory illnesses, fever and generalized neurological abnormalities.

On July 6, an initial sampling taken from 24 patients found that 15 tested positive for Enterovirus 71 (EV-71). The WHO noted that the cause of the outbreak has not been fully solved and that more analysis was needed.

On July 13, the joint investigation conducted by the Cambodia Ministry of Health, WHO, Institut Pasteur du Cambodge and the US Centers for Disease Control and Prevention, concluded severe complications of HFMD caused by EV-71. The investigation also revealed that the cases in Cambodia were from 14 provinces and many of the children were given steroids at some point during their illness. However, steroid use has been shown to worsen the condition of patients with EV-71.



Symptoms of Hand, Foot and Mouth Disease. (Photos courtesy of DOH-National Epidemiology Center)

The WHO explained that HFMD is a common viral illness that mostly affects infants and children below five years old.

HFMD is usually a mild disease, and nearly all patients recover in seven to 10 days without medical treatment. It is most commonly

caused by coxsackievirus A16 which usually results in a mild self-limiting disease with few complications.

However, HFMD is also caused by Enteroviruses, including EV-71, which has been associated with serious complications, and may be fatal. One of the complications is dehydration since some are not able to swallow enough liquids due to painful mouth sores. Moreover, EV-71 has been associated with meningitis and encephalitis, and may cause severe complications, including neurological, cardiovascular and respiratory problems.

In recent years, HFMD has caused outbreaks in several countries in the Asian region and has become an emerging threat following the almost complete eradication of polio. In contrast to polio, there are no available vaccines against EV-71 infections. Thousands of children have suffered and still suffer from the same disease in Vietnam, China and Thailand. In 2011, Vietnam has recorded 169 deaths from a virulent form of HFMD over 110,000 reported cases.

In the Philippines, the Department of Health said that EV-71 infections occur in the country but are not included in the reportable diseases. The fatal EV-71 infection is still very rare in the Philippines.

Health Secretary Enrique T. Ona placed the Bureau of Quarantine on alert in the conduct of its routine screening for arriving passengers in the country's various ports. He also instructed the National Epidemiology Center to include EV-71

infection as a notifiable disease in the country where all health providers, particularly physicians, must report individual cases or even outbreaks. Laboratory screening of specimens and confirmation of cases are done at the Research Institute of Tropical Medicine.

On July 20, Ona confirmed EV-71 in one of the eight (8) suspected HFMD cases reported to the DOH from July 10-14. A 1 year and 7-month old boy from Davao City tested positive for the EV-71. The boy developed fever and rashes on his hands, soles of feet, mouth and buttocks on July 6. The boy had no history of travel outside the country. A consultation was sought at a local health facility. He was sent home and has since recovered very well. No other cases were reported in their household nor in the community.

By the month's end, July 31, the DOH confirmed the second EV-71 associated HFMD in a 5-year old boy from Benguet. He had mild symptoms and no hospitalization was required.

Understanding HFMD

HFMD is different from foot-and-mouth disease (FMD) that affects cattle, sheep, and pigs. The diseases are caused by different viruses and are not related.

HFMD usually starts with a fever, poor appetite, a vague feeling of being unwell, and sore throat. One or two days after fever starts, painful sores develop usually in

the back of the mouth which begins as small red spots that blister and often become ulcers. A skin rash then develops on the palms of the hands and soles of the feet or on the knees, elbows, buttocks or genital area. Patients may not get all the symptoms of the disease. They may only get the mouth sore or skin rash.

There is no specific treatment available for HFMD. Instead, patients should drink plenty of water and may require symptomatic treatment to reduce fever and pain from ulcers.

The virus is known to be excreted in the feces since it is found in human intestines. Preventive measures include frequent hand washing with soap and water, particularly after touching any blister or sore, before preparing food and eating, before feeding young infants, after using the toilet and after changing diapers. It is also important to dispose properly used baby diapers, to clean contaminated surfaces and soiled items, including toys, with soap and water, and then disinfecting them.

Since HFMD is an infectious disease, keeping infants and sick children away from school or gatherings until they are well is necessary. Avoiding close contact with children with HFMD is also important. It will also be helpful to maintain cleanliness.

Remember, good hygiene as well as monitoring a sick child's condition and seeking immediate medical attention for those showing severe symptoms can lower the risk of infection.



Lost in Translation

TITSER: Here in my English class, you are forbidden to speak in Tagalog.

AJIE: Ma'am, may I go out?

TITSER: Why?

AJIE: Because, father, mother, me!

TITSER: What?!?

AJIE: I mean...

TATAY-INA-AKO!



President Benigno S. Aquino III (third from left), Health Secretary Enrique T. Ona (second from left) and PhilHealth President Eduardo P. Banzon (extreme right) pose with the first beneficiaries of the Z-Benefit Package for catastrophic illnesses.

The Z-Benefit Package

There are certain illnesses that a person cannot necessarily prepare for and fight in the same way as other known curable diseases. The worst of these are what called “catastrophic illnesses” which are literally catastrophic to one’s health, financial situation, and even emotional and psychological well-being.

Cancer is an example of these catastrophic illnesses that can lead to disability and death. The Philippine Health Insurance Corporation (PhilHealth) classifies catastrophic illnesses as “Type Z” cases and the corresponding Z-Benefit Package is set to cover the cost of treatment that cost roughly P100,000 to P200,000. Among those for the initial implementation are: early stage breast cancer, standard risk childhood acute lymphoblastic leukemia, and low to intermediate risk prostate cancer.

“This represents a change in the way PhilHealth does business,” President Benigno S. Aquino III said during the launch of the Z-Benefit Package at the Malacañan Palace on July 2. He explained that instead of focusing on one claim or one treatment alone, the focus is on the patient himself: from the surgery to post-operation care and even to therapy.

Aquino stated, “The Z-benefit package provides full

coverage for our countrymen suffering from dire illnesses, opening new doors to Filipinos in the margins, around the margins, of society. So if Aling Nena has been diagnosed with early-stage breast cancer, PhilHealth will pay for the entire course of her treatment in any of the government hospitals contracted to provide this package: from cardiopulmonary clearance and surgery, to the complete session of therapy and even radiation therapy if it is necessary.”

For 2012, PhilHealth has allotted three billion pesos for the Z-Benefit package, 1.3 billion pesos of which will be used for the treatment of 12,000 people afflicted with either breast cancer, childhood leukemia, or prostate cancer. This is only the initial implementation of that program and PhilHealth will expand the coverage in the coming months.

Meanwhile, Health Secretary and PhilHealth Chairman of the Board Enrique T. Ona said that the most important part is that the poor, as identified by the National Household Targeting System for Poverty Reduction (NHTS-PR) as well as those enrolled by the local government units under PhilHealth’s Sponsored Program, need not pay a cent when they get treated for these diseases in 22 identified hospitals contracted to provide the Z-benefit package.

ANG TUNAY NA LALAKI

ay paubos na...

Ikot ng Buhay

BAKLA - Ibibigay ang pera sa lalaki...
LALAKI - Ilulustay ang pera para sa babae...
BABAE - Pupunta sa bakla sa parlor para magpaganda.

Unfair

Kapag girls...

FRANCES: Ang ganda mo naman!
ELAINE: Thank you, pareho lang naman tayo, 'Gurl.

Kapag boys...

MIKE: Ang gwapo mo naman!
L.G.: Bakla ka ba, 'Pre?!?

Baclaran

JOEL: 'Ma, bayad... Baclaran.
(*Nagpa-cute sabay kindat sa guwapong lalaking umabot ng kanyang bayad.*)
ERWIN: (Kumindat din sa bakla, *nagpa-cute din, at nagbayad ng kanyang pamasaha...*)
'Ma, bayad... Bacla-ren!

Pakiss

CHRIS: Pare pakiss naman.
DANNY: Baliw! Mukha mo!
CHRIS: Dali na! Pakiss 'pre...
DANNY: Anak ng... Saan ba kasi?!?

Duwag

JERRY: 'Pre, duwag ka, noh?
MIGZ: Hindi, ah.
JERRY: Eh bakit nung biglang nag-blackout, yumakap ka sa 'kin at yumapos ka pa?!?
MIGZ: Hindi ako duwag! Bakla ako! Kuha mo?!?

6-Pack Abs

IGGY: 'Tay! Tingnan mo abs ko! 6-pack yan!
BENJIE: Wow! Machong-macho na talaga ang anak ko! Paano mo nagawa 'yan, anak?
IGGY: Belly dancing, 'Tay!

Basketball

JUN: Magpalalaki ka nga, anak!
JEFF: Opo, 'Tay! Sasali na nga ako sa basketball team!
JUN: 'Yan ang gusto ko!
JEFF: 'Nay, nakita n'yong ba ang pompoms ko?!?
LITA: Alin, anak? Yun bang pink?

Gustong Babae

EDGAR: 'Pre, ano ba ang gusto mo sa babae?!?
BRIAN: 'Yung hindi malikot ang ulo kapag kinukulutan ko!

Kuya

FRED: Hindi na matutuloy ang kasal natin...
JOYCE: Ha? Bakit?!?
FRED: Kuya mo kasi, eh!
JOYCE: Hindi noh! Gusto ka ng Kuya ko!
FRED: 'Yun nga ang problema, eh. Gusto ko rin siya!

Mens

CHANCHAN: Nay, may mens na po ako!
JOSIE: Anong kulay, aber?!?
CHANCHAN: Dark brown, 'Nay!
JOSIE: Lintik na bata 'to! LBM yan! Hala, maghugas ka ng puwet. Ambisyosang baklang 'to!

Kandila

PASTOR: Itong PUTI na kandila ang sisindihan ng mga dalaga't binata para makakita ng tunay na pag-ibig...
PULA naman sa mga may-asawa para tumagal ang pag-ibig...
At ASUL sa mga balo para makakita ng bagong pag-ibig...
ROMY: Eh, sa amin pong mga bakla, ano po ba ang sisindihan namin?!?
PASTOR: Magsindi kayo ng KATOL para hindi kayo lamukin kakahintay ng pag-ibig.

Photo floats in the Internet

Access DOH

Following the principle of **Kalusugan Pangkalahatan**, here are some new ways the Department of Health employs using the various kinds of media to reach more Filipinos.

The Doctor Is In

Are you tired of showbiz news and often obviously fabricated celebrity gossips or controversies in late Sunday afternoon programming of the country's giant television stations? Well, it is time to pick-up that remote control and switch to People's Television (PTV-4) every Sunday, 4:30 - 5:00 pm, because "The Doctor is In."

And that doctor is no regular doctor. He is the country's foremost epidemiologist, the Department of Health's spokesperson, and the social

media sensation – Assistant Secretary Enrique "Eric" Tayag. He is joined by a lady doctor co-host, Dr. Darah Chavez together with other doctors and health experts as guests in the show to raise people's consciousness on health matters.

"The Doctor is In" tackles current health issues affecting the country, health tips and ideal practices of individuals and communities to contribute to a healthier Philippines. The show started airing on June 24 and will run for two TV seasons (26 episodes).



Health Assistant Secretary Eric Tayag (center, facing the camera) and Dr. Darah Chavez (right) will hopefully change your late Sunday afternoon viewing habit to switch from the often fabricated showbiz news and gossips to relevant health news and feature stories. (Photo by Paking Repelente and article by Rowena M. Bunoan)

Health Beat on Air

Health Beat, so it seems, is not only the official Department of Health magazine, it is also now a health segment of Mornings@ANC over at ABS CBN's cable news network.

Aside from health, this 2-hour morning news and talk television program features all the information needed to start the day - local and world news from around the globe, reports and analysis from the floor of the Philippine Stock Exchange, technology, sports, environment, entertainment, along with the latest trends affecting Filipinos here and abroad. It airs from 9am to 11am on weekdays.

The anchors of the show are Pinky Webb, Ron Cruz, Ginger Conejero and Paolo Abrera. DOH officials and program managers often guest as resource persons in the health segment.



Video grab of the health segment in Mornings@ANC.

DOH Call Center & Smart Infoboard

The Department of Health, Philippine Long Distance Telephone Company (PLDT) and Smart Communications, Inc. (Smart) have teamed up to use a range of call and text solutions to help Filipinos get equitable and accessible health care. These initiatives were presented during the DOH's 114th anniversary celebration on June 22.

PLDT inaugurated the DOH Call Center to provide immediate aid and accurate information for queries on urgent concerns like dengue, meningococemia, diseases outbreaks, health emergencies, availability of public health programs ancillary services for blood supply, rabies centers, and diagnostic clinics. This hotline operates 24/7 and it covers all mobile and landline calls from anywhere in the country. The number to dial is 165-DOH, i.e. 165-364.

On the other hand, Smart introduced the use of Infoboard for the DOH to broadcast health news, updates and campaigns via subscribed text broadcasts and speedy reporting for citizen concerns, questions, surveys or disease monitoring to Filipinos, straight to the Smart mobile phones of subscribed individual members, anytime and anywhere.

The Infoboard technology was mainly developed for disaster mitigation

and prevention and schools, but it has several other applications, including sports, gated communities, and real estate. Now, the DOH took advantage of the Infoboard for its programs and activities.

For more information on the Infoboard, contact the DOH Information Management Service or e-mail Smart at <communications@smart.com.ph>.

Health Assistant Secretary Gerardo V. Bayugo said, "In the 114 years of DOH's existence, the need to innovate our communication to provide equal and accessible healthcare for all is now imperative more than ever. That is why we partnered with the nation's leading wireless services provider to present Filipinos with a speedy and timely solution to their needs in health and physical well-being."



DOH Assistant Secretary Gerardo V. Bayugo (fifth from left) gives a 'thumbs up' for the use of wireless communication technologies to achieve *Kalusugan Pangkalahatan* with (from L-R) Smart's Ramon Duremdes, Louie De Guzman and Darwin Flores, PLDT's Renato Castañeda, Anthony L. Lim and Beth Lui, DOH's Mayleen Aguirre and Crispinita Valdez, PLDT's Lucia Sy, and DOH's Kenneth Ronquillo. (Photo from www1.smart.com.ph)

Secured Health Information Network & Exchange

SHINE, which stands for Secured Health Information Network and Exchange, is an electronic medical records and electronic inter-facility health referral system that Smart Communications Inc. developed in consultation with the Department of Health and the healthcare community. It is a multisectoral effort to help improve the Philippine health system in line with the Millennium Development Goals (MDG) target of reducing the maternal mortality ratio of 162 per 100,000 live births to 52 by the year 2015.

The system can be patients, doctors and other health care professionals, medical resources like pharmacies and diagnostic laboratories, hospitals and health institutions like the DOH and local government units (LGUs) via the Web.

With SHINE, health workers can also access the system via GPRS- or 3G-enabled mobile phones that can run Java applications and/or computers connected to the Internet to register patients, record consultations and services rendered or commodities provided and generally access electronic records of individual patients.



Photo shows SHINE logo and the training conducted in Iloilo late last year with Dr. Juan Antonio Perez III, director of the DOH Bureau of Local Health Development (far center).

To a midwife at a barangay health station, SHINE is a means to keep patient information updated and accurate, to generate the required DOH reports faster and more efficiently, and to search and locate resources for the patient in the health network via the convenience of a menu in her/his mobile phone.

SHINE simply makes it easier and faster for a health worker to attend to

the health requirements of a patient, and replaces most, if not all, of the paperwork that goes with it.

The platform accommodates the electronic registration of patients, recording of consultations, filling up and sending of referral, acknowledgement and feedback forms, search for a healthcare specialist or facility, setting of appointments as well as the sending of SMS notifications and reminders to the patient.

LGUs are expected to benefit mainly through more accurate and faster reports. SHINE allows the generation of various reports aligned with the DOH data dictionary and aligned with key DOH reporting systems such as the Field Health Service Information System (FHSIS) and Philippine Integrated Disease Surveillance and Response (PIDSR). If necessary, reports can be customized according to the requirements of the LGU.

Since SHINE addresses time consuming and repetitive documentation at the point of care, patients are also expected to benefit in terms of convenience, cost savings, and ultimately improved health.

Dengue Text Blast

During the celebration of the ASEAN Dengue Day on June 15 in the City of San Fernando, Pampanga, Health Secretary Enrique T. Ona introduced a new strategy to emphasize community action against dengue by tapping information technology to implement 'specific targeting' of dengue cases in communities in an effort to significantly reduce cases and deaths. This process would allow real-time reporting of dengue cases from rural health units and

hospitals.

Under the system, rural health units or hospitals can report suspected dengue cases to the dengue coordinator, who would forward the message to the Philippine Information Agency (PIA) and to the community health team. The PIA will then conduct a mobile phone 'text blast' in the affected area about dengue prevention while the health teams will conduct investigation.

Moreover, the patient's name and address will be given to the community health team which will visit the patient on the same day and identify other possible patients in the neighborhood and will advise them to seek medical consultation. Searching and destroying mosquito breeding places is still the main message among community members.

According to PIA Regional Director Robert Baldago, "PIA has collaborated



Health Secretary Enrique T. Ona announces a new strategy to emphasize community action against dengue by tapping information technology to implement 'specific targeting' of dengue case. This strategy is in partnership with the Philippine Information Agency. (Photo by Paking Repelente)

with the National Telecommunications Commission (NTC), Smart Communications and Globe Telecom to allocate a total of 100,000 monthly free text messages per PIA regional office which will be used in sending free information on dengue prevention and control. Text messages will be sent directly to various stakeholders, partners and barangay officials of the affected communities."

Aside from information on dengue, Baldago said that the 'text blast' will also be used to send free public advisories on other health risks and calamity warnings such as flood and typhoon notices to recipients segmented by provinces, sectors, occupations and genders.

"The 'text blast' for dengue warning is pilot-tested in Pampanga and will eventually be implemented in other provinces in the country," said Ona.

ASEAN e-Health Bulletin

The Philippines is the lead shepherd in the publication of ASEAN e-Health Bulletin launched at the 11th ASEAN Health Ministers Meeting in Phuket, Thailand on July 5. Health Assistant Secretary Enrique A. Tayag is the editor and Anthony R. Roda, OIC-Division Chief of the National Center for Health Promotion, is the focal point.

The ASEAN e-Health Bulletin is published biannually by the Health and Communicable Diseases Division (HCDD) of the ASEAN Secretariat based in Jakarta, Indonesia. It is also posted on the ASEAN website.

It prioritizes articles that showcase the achievements of regional health cooperation, particularly in HIV/AIDS, communicable diseases, traditional medicine, pharmaceutical development, disaster management, maternal and child health, non-communicable diseases and tobacco control, among others.

The ASEAN e-Health Bulletin is also a venue for sharing good practices in health initiatives that address gaps common or shared by other ASEAN member states. It also posts future announcements of regional events.

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[<http://www.doh.gov.ph>](http://www.doh.gov.ph)

TELLING OUR STORY

From Personal Gains to Advocate



A family in Compostela Valley turns into a family health advocate.

Many young couples in Maragusan, a municipality in the province of Compostela Valley in the Philippines had limited opportunities to learn about different family planning options available to them. As a response, USAID, through its Health Promotion and Communication project, provided technical assistance to the Compostela Valley local government by training health service providers and volunteers how to communicate and counsel couples effectively in voluntary family planning and to conduct health classes. One of the young couples benefiting from this training was Dan and Analy Casie. The Casie family took advantage of the new family health services offered by the municipality.

Supported by her husband, Analy completed all the required antenatal check-ups, gave birth in a health center to a healthy daughter, and practiced exclusive breastfeeding. The Casie family decided to wait a few more years before their next child. They met with the local midwife and together made the decision to have Analy use injectables – an effective temporary family planning method – to space their next child.

Experiencing firsthand the advantages of caring for the health of his family and spacing their children, Dan has become an advocate and spokesperson of male involvement in family health in his community. He now works closely with the Municipal Health Office to reach more families with family planning and safe motherhood messages. In recognition of his endeavors to share the responsibility of ensuring his wife's safer pregnancy and planning their family, Dan was awarded Most Responsible Father during a municipal-level Safe Motherhood health event.

As Dan and Analy ensure that their daughter gets the care and love she needs, they have become enthusiastic family health advocates, encouraging other couples in their community to prepare a birth plan, complete prenatal and postnatal care, bring their children to the health center for timely immunizations, and use family planning to space births.

"...Because of our decision to space births, we can make ends meet even with the meager resources that we have."

*- Dan and Analy Casie,
Compostela Valley*

Reprinted with permission from "Telling Our Story" by the US Agency for International Development <<http://philippines.usaid.gov>>

Navigating through the maze of information from medical research can be difficult and confusing. This brief aims to provide concise and evidence-based information on state-of-the-art medical practice.

Postpartum Contraception

Research has demonstrated that more than 90% of women postpartum either want to delay the next pregnancy for at least two years or avoid future pregnancies.¹ Fetal death, pre-term delivery, small for gestational age, neonatal death, low birth weight risks, as well as maternal morbidity and mortality risks, are lower with births spaced from three to five years.²

Client-centered family planning counseling focused on informed choice and voluntarism is associated with a three-fold increase in the likelihood of client satisfaction and method continuation at 7 months postpartum.³ A breastfeeding woman can choose from several hormonal or non-hormonal methods, depending on how much time has passed since childbirth.⁴ The following are the contraceptive choices during postpartum period:

Lactational Amenorrhea Method (LAM)

- Highly effective modern method of family planning that can be used by postpartum women, if mother is (a) less than 6 months postpartum⁵, (b) fully or nearly fully breastfeeding⁶, and (c) amenorrheic.
- Effectiveness declines as weaning takes place or breastfeeding is supplemented.
- Evidence suggests that LAM users are more likely than non-LAM users to become new acceptors of other modern methods.⁷

Progestin-Only Contraceptives (POCs)

- Include implants, progestin-only injectables (e.g. Depo Provera or DMPA) and pills.
- Appropriate for breastfeeding mothers at 6 weeks or more postpartum.⁸
- If using LAM for postpartum contraception, POCs may be delayed until 6 months postpartum.⁹
- Do not adversely affect breastfeeding performance when used during lactation, infant growth, health, or development.¹⁰
- Postpartum women who are not breastfeeding can start immediately.

Intrauterine Device (IUD)

- May be inserted immediately postpartum or within 48 hours of delivery by a trained health worker.

- Alternatively, insertion should be delayed until 4–6 weeks postpartum¹¹ (also known as interval insertion) to assure full uterus involution.
- Has no effect on quantity or quality of breast milk or health of infant.¹²
- Immediate postpartum insertion appears safe and effective, with the advantages which include high motivation, assurance that the woman is not pregnant, and convenience^{13–14}. Expulsion rates appear to be higher than with interval insertion.

Condoms

- May be used any time postpartum.
- Have no effect on quantity or quality of breast milk or the health of infant.
- Useful as interim method if initiation of another chosen method must be postponed.
- Lubricated condoms help overcome vaginal dryness during intercourse, which is a common problem in breastfeeding women.

Bilateral Tubal Ligation (BTL)

- May be performed immediately postpartum.
- If not performed immediately or within 7 days, delay 6 weeks or more after childbirth.¹⁵
- Ideal timing is after recovery from delivery and once the health of the infant is more certain.
- Has no effect on quantity or quality of breast milk or health of infant.



No Scalpel Vasectomy (NSV)

- Not related to the birth event, and can be performed any time after delivery following comprehensive counseling procedure to assure informed choice.
- Male spouse can undergo NSV once the health of the infant is more certain.
- Interim method should be provided for three months following NSV procedure, if the couple is sexually active.¹⁶

Combined Oral Contraceptives (COCs)

- Should be avoided by breastfeeding women up to 6 months postpartum unless other more appropriate methods are not available or acceptable.¹⁷
- If not breastfeeding, can be started after 3 weeks after childbirth.
- If taken during the first 6–8 weeks postpartum, can decrease the amount of breast milk and may affect the healthy growth of the infant.¹⁸

During postpartum period, return to fertility is unpredictable and may occur before the onset of regular menstrual cycle, even in breastfeeding women. The first ovulation in non-lactating women typically occurs 45 days postpartum but may occur earlier.¹⁹ Natural family planning, as a postpartum method, is not recommended until resumption of regular menses.²⁰

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Interactive Komiks: Educating a New Breed

Introduction

In August 2011, the Department of Health with technical assistance from the US Agency for International Development (USAID) produced an interactive *komiks*, titled *Antonio at Ellen: Isang Labs Story*. The *komiks* tells the story of a typical Filipino couple who makes decisions for their family everyday. The *komiks* became an instant hit among mothers and health workers. It is now being used at health centers while clients wait for their turn or during health classes when health education facilitators punctuate their key messages with scenes from the *komiks*.

In the Philippines, *komiks* were the most widely read periodicals in the 1980's, with dozens of titles sold on newsstands every day¹. From its humor-based origin, modern comics have evolved to include stories from other genres such as suspense, horror, fantasy and romance. Despite the decline of the *komiks* industry over the years with the introduction of new technologies and other forms of entertainment, this genre remains a familiar medium among many Filipinos and now serves as a new interactive health education tool.

Ikaw at Ako ay Tayo

In January 2012, staff and technical specialists of the Department of Health's National Center for Health Promotion attended a workshop on social and behavior change communication supported by USAID's Health Promotion & Communication Project. At this workshop, a communication plan to promote spousal communication as an essential ingredient in family health was hatched. Thus was born *Ikaw at Ako ay Tayo*, DOH's second interactive *komiks* on family health.

In its storyline, the *komiks* integrates a broad spectrum of maternal, newborn and child health, nutrition and family planning messages utilizing the life-cycle approach, which promotes care for mothers and children from pregnancy to delivery, postpartum period, and childhood, recognizing that safe motherhood, child care and family planning are essential to the health of both the mother and child; and that a healthy start in life is essential to the long-term health and wellbeing of each child.

This time, the readers meet the Sonrisa family of Mike and Tess. The

komiks' colorful and attractive images with its simple and relatable plot make for a simple yet effective tool for visual-loving Filipinos, but what makes this *komiks* special is that it follows an interactive format.

In each chapter of the story, the reader is encouraged to make the decision on behalf of the main characters. Each choice will lead to a specific resulting scenario, which signifies that every decision bears a consequence for the characters.



Ultimately, the *komiks* aims to educate young couples on the relevance of the characters' story in their own lives. In the process, it enjoins its readers to learn about and practice healthy behaviors on planning for their family's future.

Own a Copy of this Interactive Komiks

By following the 5 simple steps below, you can now have your own copy of the interactive *komiks*:

1. Detach 3 middle spreads with *Ikaw at Ako ay Tayo* from this **HEALTHbeat** issue starting from page 21.
2. Cut detached spreads in the middle where the staples used to be. You will have six individual sheets.
3. Separate *komiks* pages from the instruction page, and fold them in the middle in the given order.
4. Staple *komiks* twice along the fold.
5. You now have your own copy of the interactive *komiks*! Use it in health facilities during health classes, individual or group counseling, or in the waiting areas.

¹ <http://planetphilippines.com/entertainment/komiks-industryfights-for-survival/>

Ang materyal na ito ay hatid sa inyo ng Department of Health,
sa pakikipagtulungan ng Health Promotion and Communication Project ng USAID.



DOH



IKAW AT AKO AY TAYO



PARA SA IMPORMASYON AT SERBISYO
SA FAMILY PLANNING, PUMUNTA
SA HEALTH CENTER.

**NASA IYONG KAMAY
ANG KAPALARAN NINA
MIKE AT TESS.**



Sa bawat yugto ng kanilang buhay,
ikaw ang pipili kung anong landas ang
kanilang tatahakin.

• • • • •

Basahin ang tanong sa dulo
ng bawat eksena.

Halimbawa:

**KAILAN MULING
MABUBUNTIS SI TESS?**

Pumili ng sagot at buksan sa
nakatakdang pahina.

Halimbawa:

NGAYON NA.

⇒ Pahina 3

HINDI PA MUNA.

⇒ Pahina 4

**KUNG PHILHEALTH MEMBER,
PHILHEALTH
ANG BAHALA SA IYO!**



SAGOT NG PHILHEALTH

ang payad sa panganganak ni Misis
sa mga *accredited* na pampublikong pagamutan o *lying-in clinics*,
birthing homes o *midwife-managed clinics*.



SAGOT NG PHILHEALTH

ang mga pangunahing serbisyong binibigay
sa bagong panganak na sanggol.



SAGOT NG PHILHEALTH

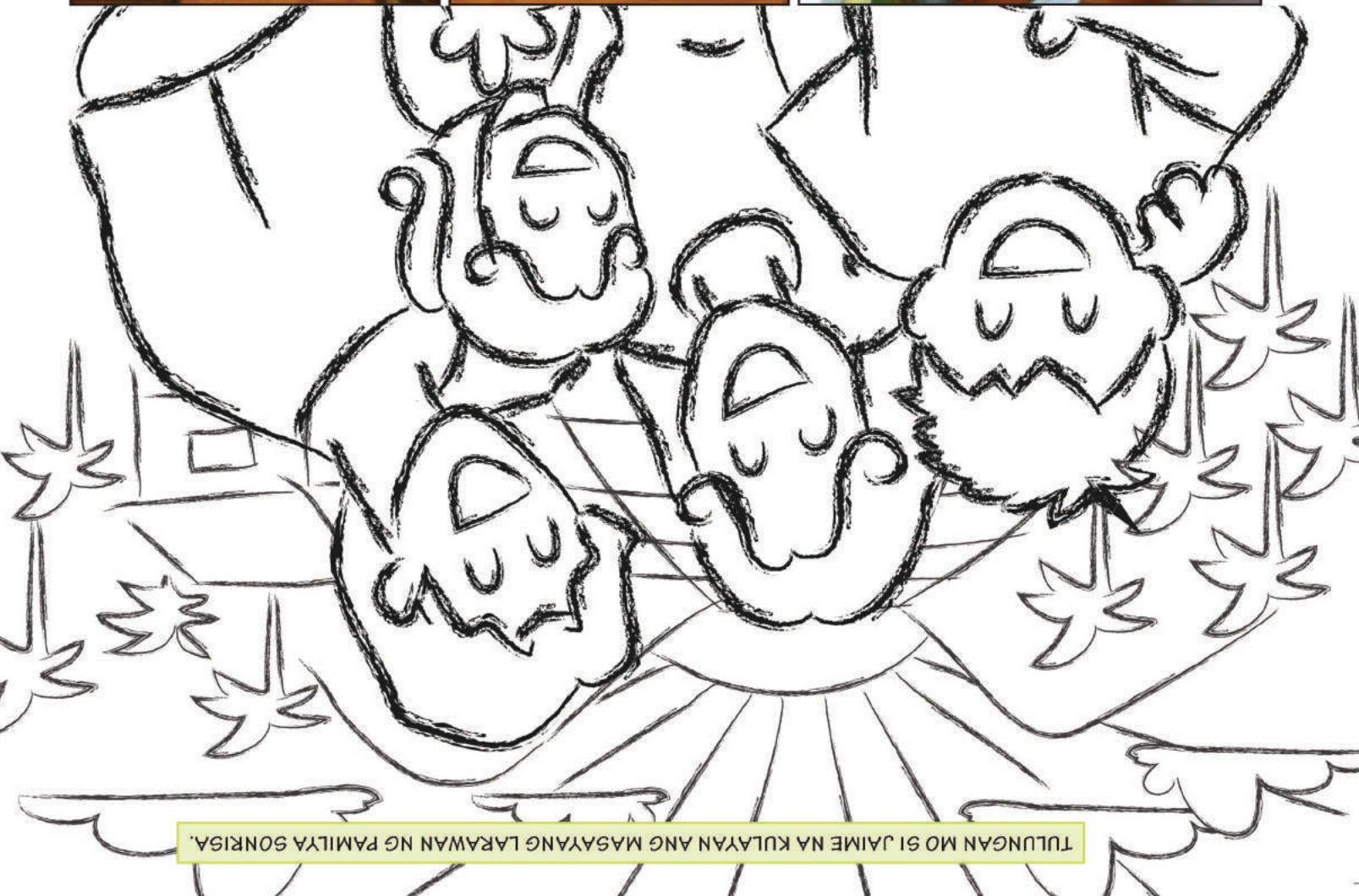
ang P 4,000 kung magpapatali o magpapalagay ng IUD si Misis,
o magpapa-vasectomy si Mister sa kahit saang
accredited na pagamutan.

Para magamit ang mga benepisyo:

- Dalhin ang Iyong Health Insurance Card (HI Card) at Member Data Record
- Pumunta sa pinakamalapit na pagamutang *accredited* ng PhilHealth at hanapin ang karatulang ito:



**PUMUNTA SA PINAKAMALAPIT NA TANGGAPAN NG PHILHEALTH
PARA SA KARAGDAGANG IMPORMASYON.**



UNANG ARAW

1

KAKAIBA ANG UMAGANG ITO PARA SA PAMILYA SONRISA. UNANG ARAW NGAYON SA KINDERGARTEN NI JAIME, ANG PANGANAY NINA MIKE AT TESS.



"Wag mong kalimutan ang baon mo, Jaime..."

yung face towel para sa pawis mo....

maghugas ng kamay bago kumain ha?

Opo, Nanay.

HINATID NG MAG-ANAK SI JAIME SA ESKWELA.



Babay.

ANO'NG PLANO?

AT NATAPOS
ANG UNANG
ARAW NI
JAIME SA
ESKUWELA.

Nanay! Binigyan ako ng
star ni Ma'am Anal

Talaga?
Ang galing
naman ng
anak ko.

KINAGABIHAN...

Kumpleto na ang bakuna ni
Janice! Salamat sa pagsama
sa health center kanina.

Puwede na bang
sundan si Janice?

Pag-usapan natin kung
anong makapuputi sa
pamilya natin.

KAILAN MULING MABUBUNTIS SI TESS?

NGAYON NA.

⇒ Pahina 3

HINDI PA MUNA.

⇒ Pahina 4

ANG PAMILYA SONRISA

AT MABILIS NGANG LUMIPAS ANG PANAHON...

ARAW NG
PAGKIKI-ALA

TALENT
SHOW

HAPPY BIRTHDAY!
JUNJUN

Mga anak, maghugas na ng mga
kamay. Kakain na tayo.
O tabi-tabi. Buhat ni Tatay yung
kaban ng bigas natin.

Ang lakas ni Tatay!
Parang si Superman.

Hay naku Tess.
Itong si Junjun ay
lumalaking bolero.

Manang-mana sa iyo.
Ha. Ha. Ha.

WAKAS.

SINUBUKAN NINA MIKE AT TESS ANG STANDARD DAYS METHOD.



Mahal, pwede na ba?

'Di pa pwede.



Mahal, pwede na ba?

'Di pa pwede.

JULY

1 2 3 4 5 6 7
8 9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30 31



Ngayon, ayon sa aking kalkulasyon, pwede na ang di pwede!

Ang galing magbilang ng mister ko. Pwede na!

NABUNTIS NGANG ULIT SI TESS...

NAGPA-PRENATAL NANG 4 NA BESES,



NANGANAK SA HEALTH FACILITY,



NAGPASUSO,



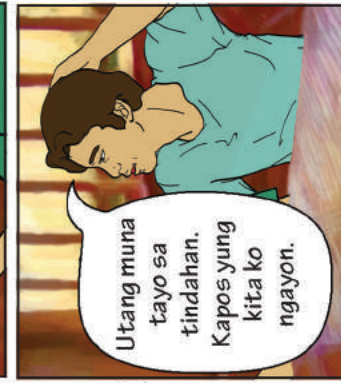
AT NAKUMPLETO ANG BAKUNA NI JUNJUN.



HINDI NAGING MADALI PARA KINA MIKE AT TESS ANG MGA PANGYAYARI.



Jaime, mag-absent ka muna. Walang bantay sa mga kapatid mo. Kukuha kasi ako ng mga labada.



Utang muna tayo sa tindahan. Kapos yung kita ko ngayon.



Naku po! Janice! Wag mong hawakan yan. Baka mapaso ka!



Tatlo na sila, Mike. Punta na tayo sa health center.

Para magpa-bakuna?

Hindi. Para ito sa pamilya natin.

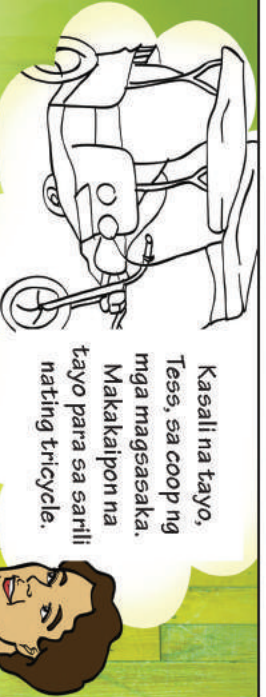
PUPUNTA BA ANG MAG-ASAWA SA HEALTH CENTER PARA SA IMPORMASYON AT SERBISYO SA FAMILY PLANNING?

OO.

HINDI.

MAGHIHINTAY KAY BABY NUMBER 3

NAGHINTAY MUNA GINA MIKE AT TESS BAGO SUNDAN SI JANICE.



⇒ Pahina 5

SI MIKE AT ANG NSV*

NAGKASUNDO ANG MAG-AGAWA NA MAGPA-NSV SI MIKE.



*NSV - Non-scalpel Vasectomy

⇒ Pahina 15

NAGKASUNDO ANG MAG-ASAWA NA MAGPA-LIGATE SI TESS.

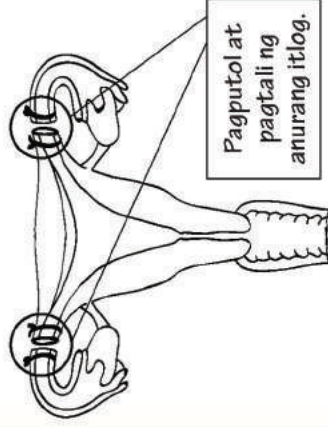


Mabisa, ligtas at maasahan ang ligation o pagpapatali. Isa itong permanenteng paraan ng pagpapalano ng pamilya para sa mga babaeng ayaw nang mabuntis muli.

Ang pagpapatali ay isang simpleng operasyon na ginagawa ng isang doktor na nagsanay dito.

May maliit na hiwa na gagawin sa may bahagi ng iyong tiyan upang maputol ang iyong dalawang fallopian tubes o yung anurang itlog.

Kapag naputol ang anuran, di na magtatagpo ang iyong itlog at ang punlay ni Mike.



Sabi nila, sobra daw pong nagiging mahilig sa pagtatalik ang isang babaeng nagpa-ligate.

Hindi nakaka-apekto sa pagkatao ng babae ang pagpapa-ligate, pero may ilang mas panatag nang makipagtatalik dahil hindi na sila nangangamba na mabuntis muli.

*BTL - Bilateral Tubal Ligation

⇒ Pahina 15

SA BAHAY...



Yipee!

Janice, magiging ate ka na.

SI TESS AY...

NAGPA-PRENATAL NANG 4 NA BESES,



NANGANAK SA HEALTH FACILITY,



NAGPASUSO,



AT NAKUMPLETO ANG BAKUNA NI JUNJUN.



ISANG GABI...



Tatlo na sila, Mike. . Punta na tayo sa health center.

Para magpabakuna?

Hindi. Para ito sa pamilya natin.

PUPUNTA BA ANG MAG-ASAWA SA HEALTH CENTER PARA SA IMPORMASYON AT SERBISYO SA FAMILY PLANNING?

OO.

⇒ Pahina 6

HINDI.

⇒ Pahina 7

SA HEALTH CENTER HUMINGING PAYO SINA MIKE AT TESS MULA KAY MAM MELBA, ANG KANILANG MIDWIFE SA BARANGAY.



May mga pansamantala't permanenteng paraan ng family planning. Ligtas, mabisa at maasahan ang mga ito.

Mag-usap kayo at purili kung anong paraan ang para sa inyo at sino sa inyong dalawa ang sasailalim sa paraang mapipili niyo.

KINAGABIHAN...



Ikaw o ako?

Kahit sino.

Para sa ating pamilya naman ito.

SINO ANG SASAGOT PARA SA KANILANG PAMILYA?

SI TESS.

⇒ Pahina 9 o 10 o 11 o 12

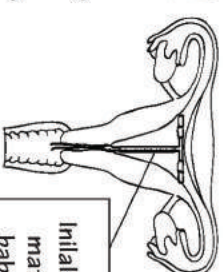
SI MIKE.

⇒ Pahina 13

NAGKASUNDO ANG MAG-ASAWA NA MAGPAPA-IUD INSERTION SI TESS.



Ang IUD ay sinilit lang ng dulo ng isang lapis. Inilalagay ng isang nagsanay na health worker ang IUD sa loob ng matris para hindi makapasok ang punlay.



Inilalagay sa matris ng babae ang maliit at malambot na plastik.

Totoo po ba na ang IUD ay masama sa kalusugan?

Hindi. Ligtas at mabisa ang IUD.

Hindi maapektuhan ang mga gawain mo, Tess. Hindi ka manghihina dahil dito.

Mabisa ang IUD sa loob ng 12 taon pero pwede itong ipalis kahit kailan kung nais na ulit magbuntis.

Bumisita kayo ulit at handa akong tumulong...



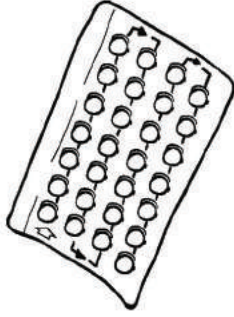
*IUD - Intrauterine Device

⇒ Pahina 15

NAGKASUNDO ANG MAG-ASAWA NA MAG-PI-PILLS SI TESS.



Mabisa, ligtas at maaasahan ang pills.
Uminom ka nito sa takdang oras araw-araw.

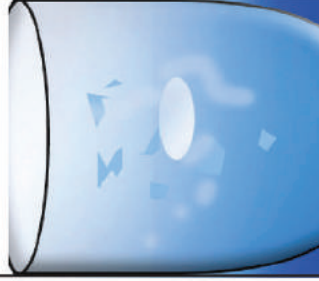


Ano ba ang ginagawa ng pills?



Pinipigil ng pills ang obulasyon at pinapalapot din nito ang tinatawag nating cervical mucus kaya hindi nakakapasok ang sperm o punlay ng lalaki.

Natutunaw ang pills gaya ng ibang tabletang iniinom.



May mga babae na nakararanas ng side effects tulad ng pagkahilo o sakit ng ulo. Hindi ibig sabihin nito ay may sakit ka. Nawawala din ang side effects pagkatapos ng ilang buwan.

Bumisita kayo ulit at handa akong tumulong sa inyo...



PAGKALIPAS NG ILANG BUWAN...



Mike, buntis ako ulit.

AT NAHIRAPAN SI TESS NA MANGANAK.

Aaaaaaargh!!!!



NAHIRAPAN LALO SA BUHAY SINA MIKE AT TESS.

Janice, mag-absent ka muna. Bantayan mo sina Junjun at Jennifer. Marami akong labada ngayon.



Aabsent nanaman po ako? Babagsak na ako niyan.



'Nay, lampas na po ang deadline pero wala pa rin akong pambayad dun sa project namin. Pano na 'yan?



Doble kayod na ako pero di pa rin sapat.



ISANG KARANIWANG ARAW SA BAHAY NG MGA SONRISA...



WAKAS.

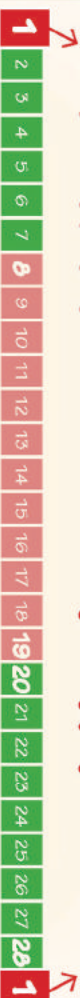
NAGKASUNDO ANG MAG-ASAWA NA GUMAMIT NG NATURAL NA PARAAN NG PAGAPLANO NG PAMILYA.



Ang Standard Days Method o SDM ay base sa Calendar Method. Ito ay mabisa para sa mga babaeng regular ang pagreregla sa loob ng 26-32 araw.

- Hindi ito kasimbisa para sa mga babaeng may:
 - Pagrereglang mas maigsi sa 26 araw o mas mahaba sa 32 araw (di-regular na pagreregla)
 - Di regular na pagreregla nang di bababa sa 2 beses sa loob ng 1 taon.
- Sa paraang ito, inaalam niyo ang mga araw kung kailan ka puwedeng mabuntis para maiwasan niyo ito o makagamit kayo ng proteksyon.

Unang araw ng iyong regla



Unang araw ng iyong susunod na siklo

Hindi ka mabubuntis

Maaari kang mabuntis

Hindi ka mabubuntis



Halimbawa, 28 araw ang iyong regular na siklo.

Hindi ka mabubuntis mula sa unang araw ng iyong regla hanggang sa ika-7 araw ng iyong siklo.

Maaari kang mabuntis sa ika-8 hanggang ika-19 na araw. Hindi ka mabubuntis mula sa ika-20 araw hanggang sa susunod na araw ng iyong regla.

Subukan niyo ni Mike. Bumalik kayo at handa akong tumulong sa inyo.



*SDM - Standard Days Method



BRUHA KA

Ahihihi

ROSE: Mare, alam mo ba na ang mga witches ay hindi nagsusuot ng panty?!?
 ARLYN: Talaga, Mare? Bakit?
 ROSE: Siyempre, para maipit nila nang maigi ang walis.
 ARLYN: Ay, kaya pala tawa sila nang tawa habang lumilipad kasi nakikiliti ang mga bruha.
 ROSE: Hihihi. Bruha ka talaga, Mare!
 ARLYN: Mas bruha ka, Mare! Hihihi.

Tik-Tak

JAMES: Miss, anong oras na?
 JOY: Sorry, wala akong relo, eh.
 JAMES: Oh talaga? E balitang balita sa bayan na two-timer ka!

Mwaah

MARIO: Nakita kita sa mall kagabi. Sino yung ka-date mo? Ipinagpalit mo na ba ako sa kanya?
 JOAN: Love, hindi naman kita pinagpalit eh, nagdagdag lang ako. Mwaah.

Boom

GERRY: Pwede bang manligaw?
 JUVIE: Oo naman. Basta 'wag lang sa akin.

Pak

CHICHI: Hoy! Bakit ka ganyan makatingin sa boobs ko?
 HAROLD: Bakit masama ba? Eh, meron akong mga mata!
 CHICHI: Puwes, 'etong sa 'yo! (*Sinampal ang lalaki.*)
 HAROLD: Bakit mo ako sinampal?
 CHICHI: Masama ba?!? Eh, meron akong kamay!

Ngek

NEIL: Pakasal na tayo?
 MACON: Sige
 NEIL: 'San mo gusto? Sa pari o sa Judge?
 MACON: Syempre sa 'yo! Engot na 'to... At inirereto pa ako sa iba!

Bang

JUDGE: Totoo bang binato mo ng silya ang iyong asawa?
 ERA: Opo, your honor!
 JUDGE: Bakit mo ginawa 'yon?
 ERA: Eh, hindi ko po mabuhat 'yung mesa!

Pwe

ERMING: Mare, pangit ba ako?
 AURING: Pangit ang nanay mo, pangit tatay mo, pangit mga kapatid mo. Ano ka, isang himala?!?

Awww

RACHEL: Bakit ang landi mo?
 AILEEN: Affected ka? Ikaw kaya ang maging maganda na tulad ko, mananahimik ka ba?!?

Yehey

JOEREM: Honey, sino ang tinitingnan mo?
 LEN: 'Yung isa sa nakikipag-inuman sa kanto. Siya ang ex ko, hon! I heard, naging lasenggo na siya after our break-up five years ago.
 JOEREM: Grabe! Ang tagal naman ng celebration niya!

Blagag

EMAN: Lalayas na ako.
 ELLEN: Ha?!? Bakit?!?
 EMAN: Bakit ako lalayas?
 ELLEN: Hindi! Ang ibig kong sabihin, bakit ngayon ka lang lalayas!

Ahem

RUBEN: Matatanda na tayo, pero dapat matalas pa ang memory natin. Pwede ba kitang subukan?
 RIA: Aba oo! Sige tanungin mo ako?
 RUBEN: Five plus five?
 RIA: Twelve, right?!?
 RUBEN: Matalas pa rin memorya mo! Magaling ka pa rin sa English hanggang ngayon.

Photo grabbed from <<http://bellwitchstory.com/>>

Inequalities in Non-Communicable Diseases*

by

VALERIE GILBERT T. ULEP, MD and JOHN JULIARD GO, MD

The epidemic of non-communicable diseases (NCDs) is increasing rapidly in emerging economies, particularly in Asia-Pacific. In the Philippines, epidemiologic transition from infectious to non-infectious type of illnesses has been observed. Using the National Statistics Office death registry, approximately 76 percent of the total deaths are non-infectious in nature (see Figure 1). Fifty four (54) percent of deaths are due to the "fatal four" NCDs, namely, cardiovascular disease, cancer, diabetes, and chronic respiratory disease. Around 35-50 percent occurred prematurely, or before age 60 years. The life expectancy at birth (2011 estimates) for Filipino men is 68 years and for Filipino women is 74 years. Deaths from NCDs continue to rise globally but with a relatively faster rate in developing countries like the Philippines.

In the past, NCDs were generally perceived as "diseases of the affluence" or of the rich. Major NCDs were linked to over-



RICH AND POOR. Consumption of unhealthy food is higher among the rich. Smoking is higher among the poor. And a quarter of the adult population is alcohol drinkers, and the prevalence is similar to all socio-economic class. (Photo grabbed from <<http://skilledtoserve.com>>)

nutrition, food availability and accessibility, and other forms of modern lifestyles that are directly related to affluence. However, current Philippine NCD data indicate that NCDs now are a problem of both the rich and the poor, varying only on the nature of exposure to known NCD risk factors. Higher prevalence of obesity and diabetes mellitus was observed in the richer population, but higher prevalence of tobacco use and high salt and oil consumption was observed

among the poorer segments. Hence, it can be argued that NCD risk factors can now be found in all population segments, regardless of socio-economic status (SES).

Macro-Social Determinants

The epidemic and inequality in NCDs can be conceptually organized in Figure 2. Dr. David Stuckler (2006), of the Department of Sociology in University of Cambridge, proved the effects of macro-economic and social

factors in relation to the emergence and inequalities of NCDs. He identified three important general drivers of NCDs in developing countries: economic growth, trade flows and technological advancement.

Relating economic activity with NCDs is complex as this may not directly describe causality. However, conditions and processes of economic growth like urbanization, food availability, employment and technology are important contributory

*Based on the study entitled "Developing a National Strategy to Address the Determinants of Inequities in Non-communicable Diseases (NCDs): Mapping Phase" conducted by the Philippine Institute for Development Studies (PIDS), commissioned with the World Health Organization (WHO) for the Department of Health. The authors of this article – Dr. Valerie Gilbert Ulep is a Supervising Research Specialist for Health at PIDS and Dr. John Juliard Go is currently the Technical Officer for NCDs at WHO Philippines Office.

factors. As population's income level increases, people's behavior, consumption and expenditure change. Rapid growth opens doors to modify a population's risk just as their lifestyle catch up to their newfound wealth. This scenario is a growing trend in most emerging economies like China, India, Philippines and other countries in Asia and Latin America.

One of the processes related to economic growth is rapid urbanization. In developing Asia, the growth of urbanization is very fast compared to the rich countries. To cope with the fast pace in urban areas, many people resorted to dietary and lifestyle changes. The flourishing opportunities in different industries which are highly concentrated in major cities drive many people from rural to urban areas. Consequently, the high urbanization rate will then affect food and lifestyle dynamics. In urban settings where food production is concentrated, manufacturers take advantage of economies of scale. This leads to lower prices encouraging people to eat outside the home. Urbanization may also promote physical inactivity as a result of fast and convenient transport system.

There is a growing concern that NCDs is now also shifting to the poorer segments in developing countries. Many studies establish that the urban poor population has a higher risk of acquiring NCD compared to the rural poor. This can be attributed to different factors like higher level of stress due to physical and environmental pollution (e.g. overcrowding and noise), the rampant consumption of unhealthy diet (e.g. pre-cooked food sold in the streets) and the lack of access to health service which hinders early diagnosis.

The rapid industrialization has changed the methods of production, processing, distribution and marketing of food products. The marketing techniques

and practices have also modified the dietary preferences and food composition of typical diet. Today, there is a noticeable dietary shift towards high in fat, refined carbohydrates and low-fiber diet in most countries. There is a decreasing supply per capita of vegetable products vis vis increasing supply per capita of meat products. Increasing supply per

capita was also noticed for animal fats and sweeteners. Process in trade has contributory effect on the emergence of NCDs. As the world becomes more globalized and more countries commit to trade liberalization, the landscape of food supply changed drastically. Changes in food supply from traditional to Western and processed food

Figure 1.
Share of Total Deaths by Cause, Philippines, 2008
(Source: Calculation of data from the National Statistics Office)

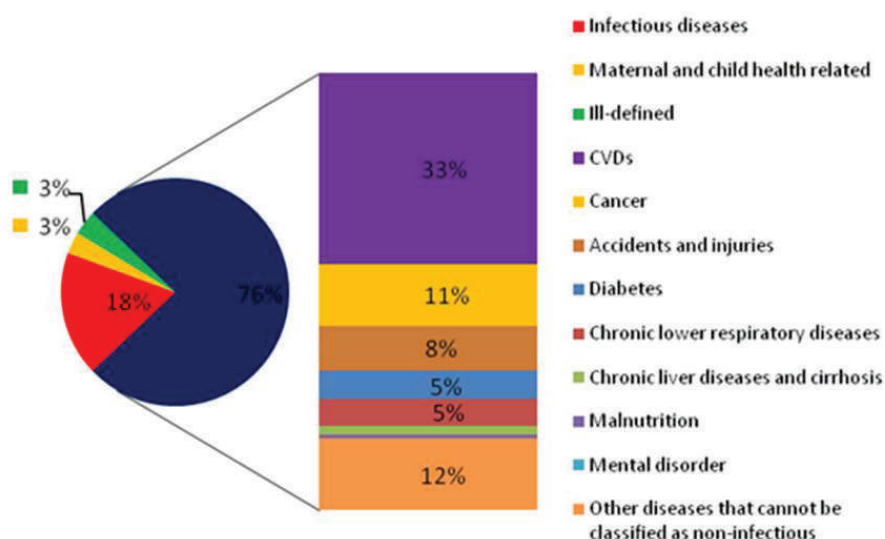
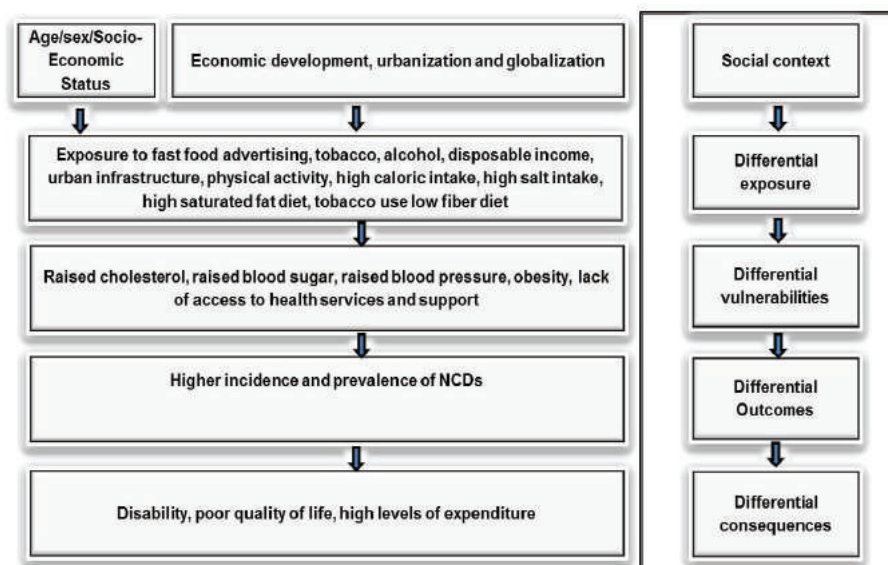


Figure 2.
Priority Public Health Conditions Knowledge Network
Framework of the World Health Organization



can be driven by different factors.

However, in general, the influx of Foreign Direct Investments (FDI) has been very instrumental in changing the type of food available in the market. FDI is the investment of foreign assets into domestic structures, equipment, and organizations. In most cases, as foreign companies acquire large shares and pour investments to local food firms, they can now produce, retail and distribute locally and globally accepted products. Conditions for FDI were facilitated through the easing on FDI regulations as part of structural adjustment programs and free trade agreements among countries. FDI has played a critical role in the diet transition. It has especially targeted highly processed foods. There is a close relationship between a rise in FDI and increased investments in processed foods. In most emerging markets like the Philippines, FDI in food industries grew significantly. Though the country is experiencing fluctuations of total value FDI in contrast to many ASEAN (Association of Southeast Asian Nations) countries, food and beverage industry is one of the few industries that sustained growth from 1980 to 2007. At present, 41 percent of FDI in manufacturing are from food and beverage production.

Under the free trade liberalization, countries can now also readily ship goods, materials and services beyond their political and economic boundaries. Undoubtedly, it has positive impact on domestic economy, but lowering trade barriers is also directly associated with increased an import which then leads to greater availability of goods including tobacco, alcohol and processed foods. In the Philippines, the quantity of import is more than twice the export, ascertaining the country's reliance on imported food items. In addition, there was a significant increase in the quantity of imported food like meat, dairy products

and oils in the past two decades. In meat and related preparations, the country imported 41 million kilograms in the early 90's compared to 381 million kilograms in 2010, a 32 percent annual increase. A similar pattern was also observed in other food items especially animal and vegetable fat.

Exposure and Vulnerability Factors

The macro-social conditions put a population group more at risk to different exposures which eventually lead to them to higher odds of having NCDs. The major NCDs are known to share common risk factors: consumption of unhealthy diet, smoking, sedentary lifestyle and alcohol consumption. Dietary and nutrition, as modifiable risk factors occupy prominent position in the prevention and control NCDs.

In the past decade, there was an observable increase in the consumption of unhealthy food items (i.e., saturated oil, meat and sugar), and decrease in the consumption of complex carbohydrates like root crops and vegetables. Analysis of the latest National Nutrition Surveys reveals higher consumption of unhealthy food items among the richer segments. However, synergistic analysis of urbanity and socio-economic status reveals a high consumption of the urban poor of several unhealthy food items including food oil and food outside home which is considered being high in saturated oil and sugar.

Tobacco use is considered as one of the commonly shared risk factors of major NCDs like cardiovascular diseases, certain cancers and diabetes mellitus. Smoking is also linked with chronic obstructive pulmonary disease and injuries. Thus, quitting smoking can significantly reduce various forms of illness. The harmful effect of smoking is not solely found in smokers. Many studies have also implicated the

dangers of secondhand smoking on health. In the Philippines, 31 percent of the adult population are current smokers and 14 percent used tobacco in the past. The prevalence of smoking is significantly higher among the poor adults.

Alcohol is causally linked (to varying degrees) to different cancers, cardiovascular diseases, liver disease and pancreatitis. In the Philippines, about quarter of the adult population is alcohol drinkers, and the prevalence is similar across all socio-economic classes.

Vulnerabilities occur as synergistic effect of different exposures. Three important vulnerabilities are featured in this study, namely: obesity, total blood cholesterol and hypertension. In the Philippines, around 5 percent of the population is now considered to be obese, 10 percent are diagnosed with hypercholesterolemia and 24 percent are considered hypertensive. In several time series analyses, there is an increasing trend of borderline obesity and total blood cholesterol.

Disaggregating the prevalence by socio-economic status and other welfare indicators like educational attainment and urbanity reveals positive correlation between obesity and total cholesterol but no discernable correlation in hypertension. In other words, obesity and hypercholesterolemia are more likely to occur among the richer population.

Why Invest in NCD Prevention and Control for the Poor?

Contrary to prior beliefs, NCDs are not anymore just diseases of the affluent. The study clearly illustrates that NCD risk and vulnerability factors are now eminent in all socio-economic groups. The poor are particularly exposed to tobacco use and high salt consumption, and will likely suffer

from NCDs in the future. About a quarter of NCD deaths are also happening below age 60 years, and contribute further to lost productivity and to the vicious cycle of NCD and poverty.

NCD is comparable to a wave. The current disease patterns of developing countries like the Philippines where infectious diseases are plummeting while NCDs are emerging was experienced by many Western developed countries 50-70 years ago. In those years, the epidemic of NCDs usually afflicted the richer segment and eventually shifted to the poorer population. Given the wave-like characteristic, the initial contact of NCD in developing countries is usually the richer segments, and it is projected to occur in the poorer segments in the long term. The shift from rich to poor can be attributed to several behavioral, environmental and economic conditions.

Prevention and control of NCDs should start very early. As the wave would likely fall on the poorer segments as ascertained by global experience, it is necessary to educate and promote healthy lifestyles among the poor to prevent NCDs. As the richer segments have more provisions and access to mitigate or alter the effect of NCDs, the poorer segments would not have enough resources or chances to do so, specifically the curative phase of NCDs. Thus, if not addressed in a timely and appropriate manner, catastrophic effects would be higher among the poor.

Public health managers in charge of tackling NCDs should think long term. The agenda of NCD prevention and control may

not seemingly be politically attractive as results are not observable in the short-term, but this frame of mind should be changed and advocacy efforts should continue to rally more substantial policy- and programme-level support for addressing NCDs.

Moving Forward

By presenting the current situation of NCDs especially the determinants and inequalities, it is hoped that this will facilitate strengthened interest and commitment among stakeholders to accelerate national and local efforts in addressing NCDs.

The Department of Health, as the lead institution, can consider some of the following recommendations:

- The country should define a more aggressive position on combating NCDs and their risk factors. Risk factors like unhealthy food, alcohol and smoking are hard to regulate because of the possible political and economic backlash once controlled. National position on tobacco control is already well-defined as enshrined in several laws and policy guidelines but needs additional features and refinements (i.e. sin tax laws, graphic warnings). However, regulation of unhealthy food and alcohol seems very lax. In setting a national position, all risk factors that are feasible for regulation should be well-identified, and the level and kind of regulation should also be set.

- The country should develop a national multisectoral plan to address the drivers of NCDs. A whole-of-government and whole-of-society approach should be put

into action. One of the most effective ways in institutionalizing a national multisectoral strategy is to convene different sectors of society for consultation and dialogue. Organizing and setting responsibilities of individual institutions can maximize complementary strengths and synergy of actions that would yield to better results.

- Promotion of healthy lifestyle should be strengthened and scaled up, not just through health education and awareness-raising campaigns but through ensuring the provision of supportive policy and physical environments for the practice of healthier lifestyles. Healthy settings – health-promoting schools and healthy workplaces – should continually be encouraged.

- The possibility of creation a health promotion foundation which will design and oversee innovative and effective health promotion campaigns in the country should be explored.

- Delivery of essential NCD interventions at the primary care level, with effective referral systems, should be ensured. Rural health units often provide the first interface of the poor with the health system. Enhancing access to essential medicines and services of the poor and providing measures for their financial risk protection can help reduce inequities due to NCDs and risk factors.

- The national strategy should include a provision that open doors for more researches that tackles NCDs. Building research centers that focuses on NCDs would lead more to collaboration and network.

LOVE 
generation

YOUNG MAN's love affair is **ROMANCING**.
MIDDLE AGE MAN's love affair is **WOMANIZING**.
OLD MAN's love affair is **FINANCING**.

DOH releases the

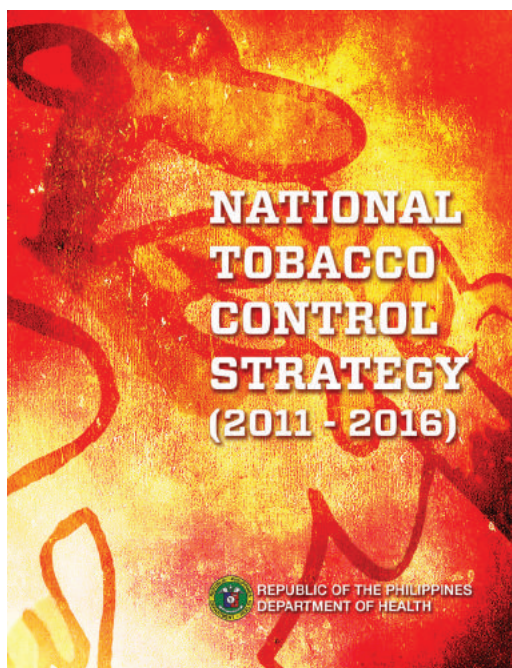
National Tobacco Control Strategy

On July 24, the Department of Health released the National Tobacco Control Strategy (NTCS), the country's first-ever comprehensive and coordinated approach with clear and measurable targets to be achieved by 2016.

The NTCS reflects the government's political commitment to strengthen national capacities to address the rising incidence, developmental challenges, the social and economic impact of non-communicable diseases as reflected in the United Nations Political Declaration on the Prevention and Control of NCDs and to move for the complete implementation of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) to protect public health from the devastating effect of tobacco use.

In the Philippines, two of the 10 leading causes of morbidity and seven of the 10 leading causes of mortality today are NCDs. The major causes affecting the lives of the people are linked by the common and preventable biological risk factors – high blood pressure, high blood cholesterol, overweight; and by related major behavioral risk factors – unhealthy diet and nutrition, physical inactivity, excessive alcohol drinking and tobacco use.

With the vision of "Tobacco-free Philippines: Healthier People, Communities, and Environments," the NTCS builds on the premise that future generations of Filipinos will be given the right to live in a protected environment and communities freed from the bondage of tobacco use and relieved from the socio-economic burden of tobacco-



Cover of the NTCS.

related diseases through well planned and designed strategies.

For the Philippines to implement the WHO-FCTC, the country, under the leadership of the DOH, engaged all relevant sectors of government, civil society, and non-governmental organizations to take action within their social, cultural, occupational, and political networks and spheres of influence, and came up with the Philippine NTCS 2011-2016. The twin goals of the Strategy are the attainment of the lowest possible prevalence of tobacco use and the highest level of protection from secondhand smoke.

The DOH also announced the establishment of a National Tobacco Control Coordinating Office lodged under the National Center for Health Promotion to

synchronize all tobacco control efforts of the DOH organization as well as enjoining other government and non-government organizations through the mobilization of Sector-Wide Anti-Tobacco (SWAT) committees.

Tobacco is the single most preventable cause of death in the world today. It is the only legal consumer product that can harm everyone exposed to it and kills up to half of those who use it as intended. It also kills 10 Filipinos by the hour due to tobacco-related diseases. And unlike many other dangerous substances, tobacco-related diseases usually do not begin for years or decades after tobacco use starts. Because developing countries, like the Philippines, are still in the early stages of the tobacco epidemic, they have yet to experience the full impact of tobacco related diseases and deaths already evident in the wealthier countries where tobacco use has been common for much of the past century.

Tobacco use is common in the country due to its low price and easy access, aggressive and widespread marketing, lack of awareness about its dangers and inconsistent public policies against its uses. The cure for this devastating epidemic is dependent on concerted actions of people in the community, government and civil societies.

A series of NTCS dissemination forums were held in key cities of Luzon, Visayas and Mindanao in July and August. Here, the DOH enjoined its partners and the public at large to make it happen.

- o o o -

Belly Big? Belly Bad!

by

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National Center for Health Promotion

I've been chubby all my life, but somehow I could still tuck my tummy in to a deceiving desirable figure. But not now, I already have grown so big. Blame it on my previous year-long work in a Call Center. Don't get me wrong, I'm not saying that business process outsourcing companies did this to me, it's just that I turned to the bad habit of binge eating and physical inactivity at work, and oversleeping after work hours.

Thank goodness I landed in a job in the Department of Health at the start of this year, and hopefully, things will change for the best for my weight. "You wish," became the pranks of some officemates. Yet, I'm quite determined to lose some weight which led me to participating in a "Fitness Camp" conducted by the DOH Degenerative Disease Office (DDO) of the National Center for Disease Prevention and Control (NCDPC) in

May. But fate had its way of playing a joke on me because when a request came to our office to design some health promotion materials for a

new workplace weight loss program, I was personally handpicked by my supervisor to do the job. "Okay, just rub it in some more," I said to myself, "*Kapag ako pumayat, ewan ko na lang...*"

Overnutrition

Overnutrition, i.e. overweight and obesity, is a serious health concern especially in the light of its strong association with the development of non-communicable diseases (NCDs) which are among the leading causes of mortality, morbidity and disability in the country today. These NCDs

include cardiovascular diseases, cancer, diabetes mellitus, hypertension, renal diseases,

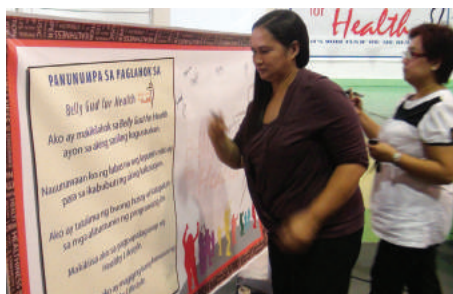
degenerative arthritis, gout, and gallbladder diseases. With the various medical consequences associated with overnutrition, this weight will contribute to decreased productivity and economic growth retardation.

Overnutrition has been recognized as a public health problem, particularly in developed countries where there is an abundance of food and supply and physical activity continues to diminish due to automation and mechanization. According to studies of the Food and Nutrition Research Institute (FNRI) of the Department of Science and Technology (DOST), among adults 20 years old and over in the Philippines, a trend was noted towards an increase in overweight at 0.67 percentage point annually for the past 15 years from 1993 to 2008. This trend is an indication that such age group has higher risk to lifestyle degenerative NCDs.

Based on waist and hip circumference among adults, females were more at risk than males to high waist and hip ratio and high waist circumference as they grow older. High weight-height ratio and high waist circumference in females recorded an annual average increase of 2.6 and 0.83 percentage points, respectively, from 1998 to 2008. However, overweight lactating mothers recorded an annual average increase of 0.25 percentage point from 1998 to 2008.

Moreover, the 2008 National Nutrition and Health Survey revealed that across population groups, there is an emerging concern in the increase in





BELLY GUD FOR HEALTH, workplace weight loss advocacy campaign initiated by the Degenerative Disease Office of the National Center for Disease Prevention and Control and piloted in the DOH Central Office involves waist circumference measuring and monitoring, diet and physical activity lectures and exercise sessions as well as recognition and awards to top performers. (Photos by Frederick C. Pereña)

overnutrition over the years, while males being more vulnerable than females. Android or apple-shaped obesity was prevalent particularly among Filipino women. Apple-shaped obesity was six times more common in women than men, affecting 7 in 10 women and 1 in 10 men, respectively.

Belly Gud For Health

In a play of words creating a new health meaning to the expression "very good," the DOH introduced "Belly Gud for Health" – an advocacy campaign strategy that is envisioned to be a light and enjoyable challenge for people to be fit by attaining and maintaining a desirable waist circumference.

Waist circumference is a simple

and easy measure of the amount of visceral fat or central obesity among adults and a significant indicator of risk for NCDs particularly heart disease and stroke.

The campaign is being pilot-tested among DOH Central Office employees and if it would turn out to be successful will become a model for advocacy and health intervention to reduce the prevalence of overnutrition as indicated by high waist circumference. Already in the offing to follow suit are the employees of the Cabinet's human development and poverty reduction cluster. Who knows, this will become the standard in public and private workplaces soon?

This weight loss campaign started with measuring waist circumference of employees during the week-long DOH anniversary celebrations in the last week

of June. All employees were required to undergo this and experts from the FNRI-DOST were the ones measuring them. Employees found to have high waist circumference were selected to volunteer in the series of healthy lifestyle interventions, particularly engaging in diet and physical activity. The criteria for selection are: males with over 90 centimeters (cm) and females with over 80 cm waist circumference.

Unofficial results coming from the DDO-NCDCP revealed an average of more than 50 percent of employees that were measured per office have high waist circumference. Obviously, I am included in this statistics with 109 cm. Fortunately, or is it unfortunately, I belong to the majority.

The volunteers are expected to attend the monthly half-day session on nutrition and physical activity from July

to December. Experts on nutrition and physical activity coming from government and private sectors, academe, fitness gyms and other institutions are scheduled to be resource speakers in lectures, physical exercise regimens and other relevant activities.

The learning from the month's session are adopted thru an hour-long afternoon physical exercises or activities on Mondays thru Thursdays until new routines are taught in the following month. Jogging or walking is reserved on Fridays inside the DOH compound. This process goes on for six months or up to December.

The volunteers are also encouraged to attend the aerobic exercises at the DOH Gym on Tuesdays and Thursdays. They are also expected to participate in 'ALA STRES' (read: Walang Stress) at 3:00 pm everyday when DDO-NCDC leads them in a short

prayer and some isometric exercises.

Then the volunteers will undergo a monthly monitoring and recording of waist circumference to gauge individual progress. Non-cash incentives are provided to top performing participants at the time of measurement that will serve as reward for their effort as well as reinforce their positive behavior.

And on the first Monday of the New Year, awards will be provided. One participant will be declared as the Grand Winner. He/she must have the greatest cumulative reduction in waist circumference in the span of six months and must have reached or maintained a desirable waist circumference. In case of a tie, the participant with the most number of attendance in monthly nutrition and physical activity sessions will be the winner. And in the event that none of the participants reaches his/her

desireable waist circumference at the final measurement, the one with the greatest cumulative reduction in six months will be declared the winner. He/she will receive a plaque of recognition and P5,000 cash.

Meanwhile, participants who reach or maintain a desirable waist circumference will be given a certificate of recognition and P1,000 cash. And for those who will not reached the desirable waist circumference but achieved the greatest cumulative reduction within the six months period will also receive the same prize.

All other participants who joined for six months will be given consolation prizes. The office with the greatest percentage of participants who joined will also be given a consolation prize.

I wonder, will I ever get a prize at the end of this campaign?

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KALABeat

Bakit Tayo Nabubuhay Nang Ganito Katagal?

Dumating na ang araw na dapat nang punuan ng Diyos ang mundo. Ang una nilikha ay ang KALABAW. Ang sabi Niya, "Pumunta ka sa bukid, magtrabaho at tiisin ang init ng araw at pagkatapos ay gumawa ka ng gatas para sa iyong amo. Bibigyan kita ng buhay hanggang 60 taon." Ang sagot ng kalabaw, "Mahirap na buhay sa loob ng 60 taon ang ibibigay po Ninyo. Bigyan nalang po Ninyo ako ng 20 taon at ibabalik ko sa Inyo ang 40 taon." At sumangayon ang Diyos.

Pagkatapos ay nilikha ng Diyos ang ASO. Ang sabi Niya, "Umupo ka sa labas ng iyong tirahan at kahulan ang sinumang dadaan sa harap nito. Bibigyan kita ng buhay hanggang 20 taon." Ang sagot ng aso, "Napatagal po nang panahong ito para sa pagkahol lamang. Bigyan nalang po Ninyo ako ng 10 taon, at ibabalik ko po sa Inyo ang 10." Napabuntung-hininga ang Diyos na sumangayon.

Sumunod, nilikha ng Diyos ang UNGGOY. Ang sabi niya, "Maging aktibo ka, ilabas ang iyong angking galing na magpatawa at magpaligaya." Bibigyan kita ng buhay hanggang 20 taon." Nakakabugnot

po ang buhay na ganito, magpatawa nang 20 taon? Huwag naman po. Kung ibinalik sa Inyo ng aso ang 10, ganoon din po ang gagawin ko. Okay lang po sana sa Inyo." At napilitang sumangayon muli ang Diyos.

At hanggang sa nilikha na ng Diyos ang TAO. Ang sabi niya, "Kumain, maglaro at matulog. Ito lang ang iyong gagawin... ang magpakasaya. Bibigyan kita ng buhay hanggang 20 taon." Ang sabi ng tao, "Ano po, 20 taon lang? Huwag naman po. Maaari po kayang kunin ko nalang ang 40 taon ng kalabaw, 10 taon ng aso at 10 taon ng unggoy na isinauli sa Inyo. Magiging 80 taon po lahat ang sa akin." Ang sagot ng Diyos, "Okay, pagbibigyan kita."

Ito ang dahilan kung bakit sa loob ng unang 20 taon, ang tao ay walang ginawa kundi ang kumain, maglaro at matulog; ang sumunod na 40 taon ay maging alila sa pagtatrabaho upang suportahan ang pamilya; ang susunod na 10 taon ay magpatawa at magpaligaya ng kanyang mga apo; at ang huling 10 taon ay umupo sa labas ng pinto at sigawan ang lahat nang dumadaan.

B E W A R E O F

Untreatable Gonorrhea

"Superbug"

Last year, scientists reported finding a "superbug" strain of gonorrhea in Japan in 2008 that was resistant to all recommended antibiotics. They warned then that it could transform a once easily treatable infection into a global health threat.

Last June, the World Health Organization (WHO) said those fears are now a reality with several countries, including Australia, France, Japan, Norway, Sweden and the United Kingdom reporting cases of the sexually transmitted infection resistant to cephalosporin antibiotics – the last option for drugs against gonorrhea.

Every year, an estimated 106 million people are infected with gonorrhea. It is one of the most common sexually transmitted infections (STIs) in the world and is most prevalent in south and southeast Asia and sub-Saharan Africa.

In the Philippines, information about gonorrhea and other STIs is limited because the official statistics come only from government-run treatment centers, and it is probable that the vast majority of people with STIs are treated outside these centers. The prevalence rate of the gonorrhea in the Philippines is placed at 1% of the general population.

This high incidence of infection accompanied by dwindling treatment options will make gonorrhea a major



Drug-resistant gonorrhea is said to be on the rise worldwide. (Artwork floats in the Internet.)

public health challenge. Dr Manjula Lusti-Narasimhan of the Department of Reproductive Health and Research at WHO in Geneva said, "The available data only shows the tip of the iceberg. Without adequate surveillance we won't know the extent of resistance, and without research into new antimicrobial agents, there could soon be no

effective treatment for patients."

Antimicrobial (or drug) resistance is caused by the unrestricted access to antimicrobials, overuse and poor quality of antibiotics, as well as natural genetic mutations within disease organisms. In addition, gonorrhea strains tend to retain genetic resistance to previous antibiotics even after their use has been discontinued. The extent of this resistance worldwide is not known due to lack of reliable data for gonorrhea in many countries and insufficient research.

Unfortunately in the Philippines, inappropriate and improper use of antibiotics has long been a major problem, and these practices promote the emergence of untreatable gonorrhea. Among these practices are: self-medication or buying antibiotics without consultation with a doctor; skipping a dose of antibiotic; not finishing the prescribed treatment course of the antibiotics; and using antibiotics like over-the-counter drugs, meaning without doctor's supervision.

About Gonorrhea

Gonorrhea is a bacterial sexually transmitted infection. It can grow easily in the warm, moist areas of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and in the urethra (urine canal) in women and men. The bacteria can also grow in the mouth, throat,

eyes, and anus.

A person can get gonorrhea by having sex (vaginal, anal or oral sex) with someone who has the disease. Gonorrhea can still be transmitted via fluids even if a man does not ejaculate. Gonorrhea can also be spread from an untreated mother to her baby during childbirth. People who have had gonorrhea and have been treated may get infected again if they have sexual contact with a person infected with gonorrhea. Any sexually active person can be at risk of getting infected with the disease.

Some men with gonorrhea may have no symptoms at all. However, common symptoms in men include a burning sensation when urinating, or a white, yellow, or green discharge from the penis that usually appears 1 to 14 days after infection. Sometimes men with gonorrhea get painful or swollen testicles.

Most women with gonorrhea do not have any symptoms. Even when a woman has symptoms, they are often mild and can be mistaken for a bladder or vaginal infection. The initial symptoms in women can include a painful or burning sensation when urinating, increased vaginal discharge, or vaginal bleeding between periods. Women with gonorrhea are at risk of developing serious complications from the infection, even if symptoms are not present or are mild.

Symptoms of rectal infection in both men and women may include discharge, anal itching, soreness, bleeding, or painful bowel movements. Rectal infections may also cause no symptoms. Infections in the throat may cause a sore throat, but usually cause no symptoms.

However, with the new "superbug" strain, the WHO said that gonorrhea has not only adapted to

elude antibiotics but it also developed less painful symptoms. Before, if a person had urethral gonorrhea, it would be very painful to urinate; it is like passing razor blades. Now, it is not that painful anymore and people with gonorrhea sometimes only notice the discharge if they look when they urinate. The organism has readjusted itself to provide fewer symptoms so that it can survive longer.

Most of the time, a urine test can be used to test for gonorrhea. However, if a person has had oral and/or anal sex, swabs may be used to collect samples from the throat and/or rectum. In some cases, a swab may be used to collect a sample from a man's urethra or a woman's cervix.

Gonorrhea can be cured with the right treatment. It is important to take all of the medication prescribed to

cure gonorrhea. Medication for gonorrhea should not be shared with anyone. Although medication will stop the infection, it will not repair any permanent damage done by the disease, like infertility. Drug-resistant strains of gonorrhea are increasing, and successful treatment of gonorrhea is becoming more difficult. If a person's symptoms continue for more than a few days after receiving treatment, he or she should return to a doctor to be reevaluated.

Experts now say the best way to reduce the risk of even greater resistance developing - beyond the urgent need to develop effective new drugs - is to treat gonorrhea with combinations of two or more types of antibiotic at the same time. This technique is used in the treatment of some other infections like tuberculosis in an attempt to make it more difficult for the bacteria to learn how to conquer the drugs.

If a person has been diagnosed and treated for gonorrhea, he/she should tell all recent anal, vaginal, or oral sex partners so they can see a doctor and be treated. This will reduce the risk that the sex partners will develop serious complications from gonorrhea and will also reduce the person's risk of becoming re-infected. A person with gonorrhea and all of his/her sex partners must avoid having sex until they have completed their treatment for gonorrhea and until they no longer have symptoms.

Latex condoms, when used consistently and correctly, can reduce the risk of getting or giving gonorrhea. The most certain way to avoid gonorrhea is to not have sex or to be in a long-term, mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

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Before, if a person has urethral gonorrhea, it would be very painful to urinate; it is like passing razor blades. Now with the "superbug" strain of gonorrhea, it is not that painful anymore and people with gonorrhea sometimes only notice the discharge if they look when they urinate. (Artwork by Antonio Totto Jr.)



Islamic View on Vaccination

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

On Vaccination

According to the World Health Organization (WHO), immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine (or vaccination). Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach

activities; and vaccination does not require any major lifestyle change, WHO added.

Meanwhile, the Department of Health has been implementing an immunization program that covers vaccine-preventable diseases like DPT (diphtheria, pertussis & tetanus) and MMR (measles, mumps & rubella), among others.

These vaccines are increasing and recently the immunization program is being extended to senior citizens by providing protection against life-threatening diseases namely, influenza and pneumococcal pneumonia. In this connection, DOH issued Administrative Order (AO) No. 2011-0018 dated November 2, 2011 on the implementing guidelines on the provision of these vaccines to indigent senior citizens.

In the Autonomous Region in Muslim Mindanao, free immunization for

indigent senior citizens has started with a campaign slogan, "*Kahit si Lolo at Lola Kailangan ng Bakuna. Sa Health Center Pumunta.*"

Preventing Disease in Islam

In Islamic perspective, the Qur'an and Sunnah (teachings of the Messenger of Allah) give guidelines concerning the promotion of physical health of humans. As such, Muslims are required by Islam to take all the necessary steps to protect themselves against diseases and stay healthy.

Evidently, the Prophet (*peace and blessings be upon him*) is reported to have said, "He who reaches the morning while health in his body, safe in his residence and having his day's sustenance, will be as if the entire life of this world was granted to him"

(At-Tirmidhi).

In addition, Imam Ahmad narrated that Abu Bakr As-Siddiq said, I heard the Messenger (peace and blessings be upon him) of Allah saying, "Ask Allah for certainty and good health for indeed, no one will have a better possession after certainty of Faith than good health" (At-Tirmidhi).

Shedding more light relative to disease prevention, the late Saudi scholar Sheikh `Abdul-`Aziz Ibn Baz (may Allah bless his soul), stated: "There is nothing wrong in giving preventive treatment if there is a fear that the disease may occur because of the presence of an epidemic or other factors that may cause diseases. Also, there is nothing wrong with giving vaccines to ward off the feared disease, because the Prophet (peace and blessings be upon him) is reported to have said, "Whoever eats seven dates of Madinah in the morning will not be harmed by witchcraft or poison" (Al-Bukhaari and Muslim). This is a kind of warding off a problem before it happens. So if there is a fear of sickness and a person is vaccinated against an infection that is present in the land or elsewhere, there is nothing wrong

with that because it is a kind of protection."

Moreover, Sheikh Ahmad Kutty, a senior lecturer and an Islamic scholar at the Islamic Institute of Toronto, Ontario, Canada, stated: "Immunization against possible or future occurrences of diseases does not contravene Muslim's faith in Ghayb (unseen), as an exclusive knowledge of Allah. Muslim must be fully convinced that matters of Ghayb are known only to Allah. At the same time Islam teaches Muslims that they must plan and prepare themselves for contingences and presumed harm based on their understanding of being Sunnat-ullah (laws of Allah) in creation.

Explicitly, the Qur'an and the Sunnah ruled that the universe functions according to the law of causation. Muslim should not simply wait for the miracles to happen, rather one should make use of causes to obtain benefits or remove harm. In fact, the Prophet (peace and blessings be upon him) was always planning in advance for every move; he was a real strategist as a leader, and this in no small measure stands as the cause of his astounding success in his mission.

In one situation, a nomad came to the Prophet (peace and blessings be upon him) and reported that he had left his camel unleashed in the desert trusting that Allah would take care of it. The Prophet (peace and blessings be upon him) told him he should have rather tied his camel first and then put his trust in Allah."

Also, even the Ministry of Hajj (Kingdom of Saudi Arabia) required all visitors from all over the world arriving for the purpose of Umrah (minor hajj) and Hajj (pilgrimage to Mecca) to have a certificate of vaccination against meningococcal meningitis. Whereas, travelers arriving from the countries known to be infected with yellow fever (as shown in the WHO Weekly Epidemiological Record) must present a valid yellow fever vaccination certificate in accordance with the International Health Regulations.

Therefore, taking all necessary precautions to prevent presumed harm or diseases like vaccination is perfectly permissible (and even encouraged) in Islam.

Allah Almighty knows best.

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FACEbeat

AGING: A State of Mind

Photo floats in the Internet



Red July in Central Luzon

by

LENI P. CARREON

DOH Center for Health Development - Central Luzon

Pampanga Governor Lilia Pineda and Dr. Leonita Gorgolon, director of the Department of Health - Center for Health Development (CHD) in Central Luzon, spearheaded the kick-off activity and celebration of the Blood Donors Month in July. This provided an opportunity for more Pampanguenos to voluntarily donate blood as well as for them to continuously advocate local government units to strengthen their blood networking system.

Gorgolon emphasized that Central Luzon is constantly doing its best to ensure blood safety and availability guaranteeing its quality systems starting from the transfusion process of donors to the follow-up of the recipients of transfusion.

Highlighting this year's kick-off event was the Walk for Life, human blood formation, dance exercises and the releasing of red balloons to honor the invaluable contribution of voluntary blood donors who are co-partners in saving human lives. A ceremonial signing of the Pledge of Commitment among different partners and local leaders completed the event.

Gorgolon also acknowledged the presence of Dr. Remedios Ong, pathologist from Angeles University Foundation who talked about quality management of blood services in their Level IV hospital which is now recognized by the DOH as one of



Blood Donors Month celebrations in Central Luzon.

the outstanding blood banks nationwide. Ong shared their best practice from donor recruitment to good manufacturing practice to good hospital practice and clinical approach. Ong also emphasized that they make sure that they give the right blood to the right person at the right time. She added that their approach may look simple but the most important factor they consider is the frontline health service providers in the hospital who serve with commitment and political conviction.

Hand in hand with quality blood service in the hospital, Gorgolon also

challenged local government officials and health workers to organize community-based blood donor registry wherein every barangay has a list of individuals who are registered as blood donors complete with their ABO group and RH type and other contact information. These potential donors will serve as walking blood donors who are ready to donate blood when needed in the community. She added that health workers should lead in the advocacy work and recruitment of donors while the Local Blood Council will serve as a governing body.

Gorgolon even cited provisions of the Republic Act No. 7719 where it stated that adequate, safe affordable and equitable distribution of supply blood and blood products

shall be ensured. In Central Luzon, blood transfusion is commonly used in pregnancy-related complications and severe childhood anemia. She added that blood supply should also be considered during disasters and emergencies.

CHD Central Luzon continues to enhance partnership with DOH hospitals, Philippine National Red Cross, local government units and other health partners like schools, media, police, and private companies, towards comprehensive networking system leading to sustainable blood supply.

The Need for *SPEED*

In observance of the National Disaster Risk Reduction Month, the Department of Health through the Health Emergency Management Staff (HEMS) held a nationwide simulation of the Surveillance in Post Extreme Emergencies and Disaster (SPEED) on July 17-19.

SPEED is an early warning surveillance system that monitors health conditions (both communicable and non-communicable), injuries and health trends using web-based software. It is a powerful tool for health managers to get vital information for appropriate and timely response during emergencies and disasters. It likewise enriches the DOH's health emergency preparedness, management and response.

Health Secretary Enrique T. Ona said that the simulation exercise is one of the biggest exercise that will test the viability of the SPEED system as well as the reporting ability of health workers using short messaging service in evacuation centers, hospitals, and other health facilities. Likewise, this will also test the ability of its regional health personnel in the validation of health data from the local level and transform these into actionable information.

Ona added that SPEED serves as an alert warning tool for the health emergency managers in providing appropriate and timely interventions to address prevailing health conditions, thus preventing the occurrence of possible outbreaks and controlling complications.

Also part of this innovative reporting system is the SPEED Health Facility Code Book which contains a set of codes developed and assigned to each health facility that will enable the SPEED system to identify the origin of a report. To date, 11,395 health facilities have been coded, which include main health centers, barangay health stations, government and private hospitals, and some identified evacuation centers. The Code Book serves as a reference material that provides quick and ready access for health personnel who will use the SPEED system.

To date, SPEED has provided valuable health data during and after the eruption of Mt. Bulusan in Sorsogon, floodings in Northern Mindanao, onslaught of typhoons Juaning, Pedring, Quiel and the most recent tropical storm Sendong in Cagayan de Oro and Iligan Cities

SPEED is a collaborative effort of the

DOH and the World Health Organization (WHO) with support from Australia, USA, Finland and Spain governments and aid agencies.

Be Part of SPEED

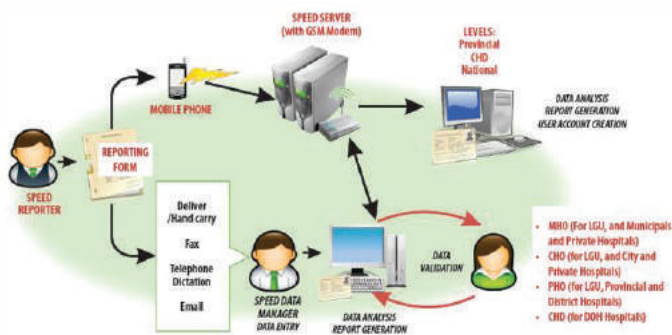
Individuals and institutions can be a partner with the DOH and help SPEED save more lives through initiatives like:

Policy Support. Implement as part of the LGU's early warning system, in accordance with the health information management provisions of Republic Act 10121 (The Philippine Disaster Risk Reduction and Management Law) to hasten the determination of health conditions and needs of their disaster-affected constituencies;

Infrastructure Support. Improve telecommunication connectivity of barangays, municipalities, provinces, and regions;

Equipment Assistance. Provide the necessary communication hardware for SPEED implementation especially in health centers and other health facilities; and

Human Resource, Advocacy and Training Support. Support training programs and actual use of SPEED in disaster-prone and disaster-affected areas



LEFT: How SPEED works. Legend: MHO = Municipal Health Office; CHO = City Health Office; PHO = Provincial Health Office; LGU = Local Government Unit; CHD = Center for Health Development or the DOH regional office; → signifies the sending of Immediate Notification Alert when health conditions with high epidemic potential are seen in health facilities. **RIGHT: SPEED nationwide simulation exercise.** (Photo by Paking Repeleto)

Batangas TREAT

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

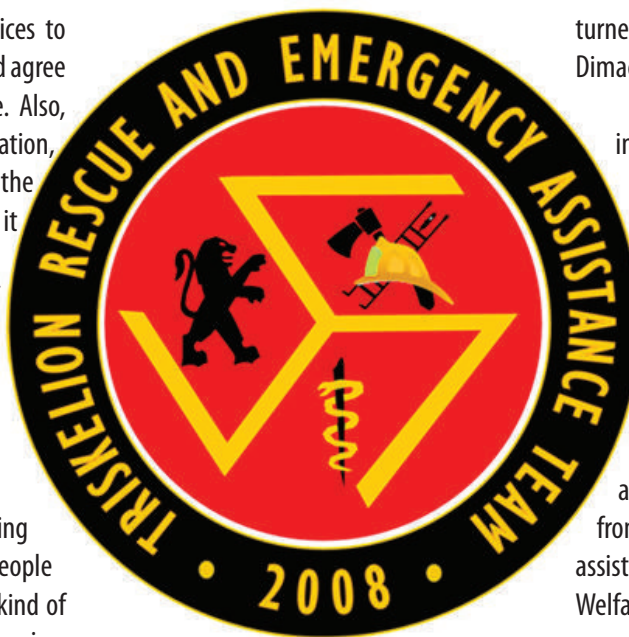
In terms of providing services to the people, it is a fact and many would agree that government cannot do it alone. Also, because of rapid increasing population, migration, and modernization, the government needs all the support it can get from other sources.

At the Department of Health, since the start of the Aquino administration, public-private partnership has been a primary strategy in improving services and upgrading people's health.

Another avenue of extending the reach of the government to its people is volunteerism. In today's fast-paced kind of living, many would wonder if volunteerism still exists. While it is true that the spirit of Bayanihan is innate in every Filipino's heart, the need to work double time in order to survive prevents every Juan to render volunteer work in their community.

The province of Batangas is proud to announce that the spirit of volunteerism is still very much alive through the Trisikelion Rescue and Emergency Assistance Team (TREAT).

TREAT started in mid-2007 when about 10 members of the Tau Gamma Phi volunteered as fire brigade at the Batangas City Fire Station (BCFS) under City Fire Marshal CINSP Romel Tradio. In May of 2008, TREAT's membership rose to 44 and underwent Basic Fire Brigade Training. Since then, the group actively participated in every fire prevention activity and emergency response efforts of Batangas and



was affiliated with the Batangas Emergency Brigade Deployment, an auxiliary program of the BCFS.

In December 2008, about 100 TREAT members underwent the Vehicular Accident Response and Victim Extrication Training under the Vehicular Accident Deployment program of the BCFS. As a result of the group's participation, TREAT was awarded by the Bureau of Fire Protection (BFP) Region IV-A a plaque for its involvement in Fire Prevention Month.

In August 2009, TREAT again was awarded a plaque of recognition by the Department of Interior and Local Government for its invaluable support to the BCFS during the anniversary celebration of the BFP at the national headquarters.

In January 2010, a fire-rescue van with the TREAT and Tau Gamma Phi logo was

turned over to the BCFS by Mayor Eduardo Dimacuha of Batangas City.

"Clearly, the involvement of TREAT in our community is very much welcome as it bridges the gap in the province's response to any disaster, service delivery, and mobilization," Mayor Dimacuha said.

He noted that TREAT played a pivotal role during the January 2011 rescue and retrieval operation of a vehicular accident involving a car, bus and jeepney resulting to six fatalities from the crushed passenger jeep. It also assisted the BFP, the Department of Social Welfare and Development, and other non-government organizations (NGOs) and coordinated with different private school and government offices for the 1st National Simultaneous Earthquake Drill on February 2011, and organized a motorcade for the 2011 Fire Prevention month with the theme, "*Kahandaan Sa Sunog... Tungo Sa Kaunlaran*."

Other activities the TREAT participated in were OPLAN Balik-Eskwela inspection of about 12 colleges and universities for the school year 2011-2012 where TREAT members assisted BFP personnel in the cleaning and flushing of canals, and inspection of electrical wirings in said schools, evacuation and rescue operations in flooded barangays of Pallocan West, Gulod Labac, libjo, Sta Clara, and Sta Rita Ilaya, clearing and cleaning operations of esteros, drainage, canals, and ditches in Barangay Sta Clara, Batangas City, participated in Alay Lakad 2011 along with



Some of the drills and training programs TREAT members joined to hone their skills in order to be more equipped and relevant to the demands of the times. (Photos courtesy of TREAT)

NGO's, local government, and private offices for the education of indigenous children of Batangas.

TREAT also joined in the OPLAN Yuletide Fire Safety from Christmas last 2011

and OPLAN "Iwas Paputok, Sakuna at Sunog" from 28 December 2011 to 1 January 2012.

Batangas City Fire Marshal Superintendent Romel Tradio expressed his satisfaction with TREAT's involvement and

stressed that such accomplishments were worth emulating. He added that TREAT will continue to upgrade its skills in order to be more equipped and relevant to the demands of the times.

In Memoriam



JUAN M. LOPEZ, MD, PGradDipPH, MPH

June 21, 1959 - July 3, 2012

Director of the Philippine National AIDS Council Secretariat, former Chief of Applied Public Health Division of the National Epidemiology Center, and Founding President of the Unyon ng mga Kawani ng Kagawaran ng Kalusugan Sentral (UKKKS).





Tattoo

FRANK: Hala! Pare, paparating na asawa mo at papauwiin ka na.

ERNIE: Wala yan! Kapag ipinakita ko ang tattoo ko sa dibdib, uuwi na yan. *(At ipinakita nga sa Misis ang tattoo at bigla itong umalis nang walang imik.)*

FRANK: Astig ka, 'Pre. Bilib ako sa 'yo! Patingin nga ng tattoo mo... *(Ang nakalagay sa tattoo ay: "Mauna ka na boss, susunod na ko.")*

Balita

EVELYN: Ano itong nabalitaan kong may kabit kang 18 years old, ha?!?

JOEL: Huh? Ano ka? Huli ka na! 23 years old na kaya siya ngayon!

Bilib

TITSER: Paulo, paano mo nagawa na ma-perfect ang exam mo, ha?!?

PAULO: Bilib ka na naman sakin Ma'am?!? Mata ko pa lang ang ginamit ko d'yan. Paano pa kaya kung pati utak ko na?!?

Ina at Anak

LUZ: Hoy bata ka!

KRYSTAL: Hoy? Bata ako? Saan ako galing? Alas dos na ng madaling araw ah? Katanda ko na, wala pa akong isip? Hindi ko ba alam na nag-aalala na si Nanay at Tatay? Walang hiya akong bata? Hala sige, lumayas na 'ko at huwag na akong babalik?!?

LUZ: Grabe ka naman, anak. Itatanong ko lang naman kung kumain ka na?!?

KRYSTAL: Sorry 'Nay . Na-excite lang po ako.

Gising

TITSER: Denpot! Gumising ka!

DENPOT: Ma'am?!?

TITSER: Palagi nalang kitang ginigising sa klase ko!

DENPOT: Okay lang po yun, Ma'am. Ikaw din naman po ang nagpapatulog sa akin eh!

Contribution

IKING: What can you contribute to our company?

BLESSY: Ay, ganito pala dito sa kumpanya n'yo... may ambagan?!?

Facebook is Life

JEAN: Anak! Takbo na nasusunog na bahay natin!

BABY: Wait lang 'Nay, mag-post muna ako sa FB na nasusunog na bahay natin!

JEAN: Aba! Dalian mo't magla-LIKE pa ako!

JUN: Hoooy! Dalhin n'yo at baka masunog 'yang computer! Magko-COMMENT pa ako!

Cellphone

GLEN: 'Tol, anong cellphone mo?

DENNIS: Apple, 'tol. Ikaw?

GLEN: Blackberry.

DENNIS: Eh, ikaw, Philip?

PHILIP: Cherry lang. Ikaw ba, Ariel, ano?

ARIEL: *(Naku, ano kaya isasagot ko. Puro prutas ang brand ng cellphone nila...)* Ano... eh... kuwan... BANANA!

Dagdag

DELIA: Honey, gusto mo bang magpadagdag ako ng boobs?

OSCAR: Huwag na, sweetheart. Tama na sa akin 'yung dalawa.

(Title text graphics floats in the Internet)

*Pagod ka na ba sa showbiz tsismis sa TV tuwing Linggo ng hapon?
Lipat na sa makabuluhang talakayan sa kalusugan!*

THE DOCTOR IS IN

Linggo, 4:30-5:00 ng hapon sa PTV-4
Hosted by: DOH ASec. Eric Tayag & Dr. Darah Chavez





REACHING THE POOR

To Reduce Unmet Need

