



HEALTHbeat

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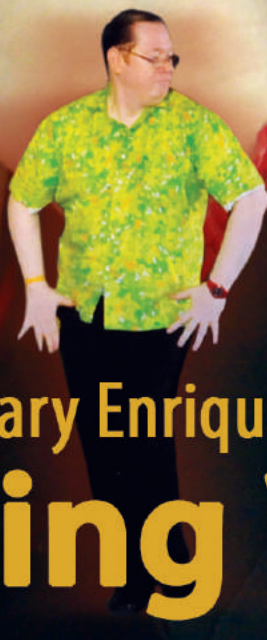
The Official Publication of the DEPARTMENT OF HEALTH
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**Kalusugan
Pangkalahatan**
Bullets of Accomplishments

Abot Kamay Natin
ISO Certification

Medical Tourism
Culture of Quality

Libreng Komiks
Antonio at Ellen



Assistant Secretary Enrique "Eric" Tayag

Trending Worldwide

RABID DOG KILLS!



Register and vaccinate your dog
at 3 months old and every year thereafter.

*Go to the nearest Provincial, City or
Municipal Agriculture Office in your area.*



EXERCISE

in the middle of your office work



10-20 seconds
2 times



10-15 seconds



6-10 seconds



15-20 seconds



3-5 seconds
3 times



10-12 seconds
each arm



10 seconds



10 seconds



8-10 seconds
each side



8-10 seconds
each side



10-15 seconds
2 times



Shake out hands
8-10 seconds

Final Destination

Towards the end of 2011, Northern Mindanao suffered massive flooding that caused more than a thousand people dead and leaving several thousands more homeless. Some people are made to believe that this is another sign that the end of the world will come this year.

December 21, 2012 is a date that is well known globally. Several hundred years ago, the Ancient Mayans predicted the apocalypse on this date. With their 5,125 year old calendar resetting itself to 0.0.0.0 on this date, many are preparing for the worst. However, the legitimacy of this Mayan prophesy is deemed questionable. Are we really in for our final destination?

That is also the question that emerged from the Department of Health officials at the start of the New Year. On the first working day, three Department Personnel Orders (DPOs) were issued to everyone's surprise, including those affected. A handful of people were becoming new directors and cluster heads, the seated top management and directors were reassigned, and some of those reassigned were allegedly have been told that this is not yet their final destination. That's not all folks, more DPOs are rumored to be issued.

HEALTHbeat's home office, the National Center for Health Promotion, is one of those affected. Our six months old director, Dr. Irma L. Asuncion, was transferred to the much bigger office – National Center for Disease Prevention and Control. On the other hand, our division chief, Dr. Ivanhoe C. Escartin, who was detailed to head the National Center for Pharmaceutical Access and Management three months earlier, came home to become our Acting Director IV. And not-so-finally, on the last week of January, by virtue of another DPO, our cluster head was also changed – from Assistant Secretary Gerardo V. Bayugo to Assistant Secretary Enrique "Eric" Tayag.

Change is good sometimes, but not all the time. Frequent change may be misconstrued with weak management. We can only hope that the series of changes happening in the DOH will bring more success towards the achievement of **Kalusugan Pangkalahatan**, not only for the benefit of the country's poorest of the poor but also for the working status of the humblest of DOH personnel. Or else, we are doomed to expect our final destination, without any more DPO nor any sequel just like in the movie of the same title.

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Health Assistant Secretary Enrique A. Tayag

Trending Worldwide

by

ELIZABETH G. MASCAREÑAS

HEALTHbeat Staff

Move Like Tayag

Move over, Kris Aquino! "His Royal Highness of All Media" is here at the Department of Health, in the person of Assistant Secretary Enrique "Eric" A. Tayag. Often seen in traditional media

(print, television and radio) with his iPad, he is the most reliable and accessible DOH resource person to discuss any health and medical issue under the sun, from the simple cold to the most complex and controversial reproductive health, that even young children can easily understand. And

lately, his dancing prowess seen on new media via the Internet and several social networking sites have made him an instant and sensational superstar who is trending worldwide. So, move over too, Mick Jagger!

"Trending worldwide" is an over-used description of people seeing something

and begin reporting it in social media format.

On December 28, 2011, during the launching at the East Avenue Medical Center of “Goodbye Paputok: The Safest Firecracker” audio compact disc (CD) featuring nine tracks of firecracker sound effects produced by the 6 Cycle Mind band, ASec. Tayag exhibited his amusing way of encouraging people to celebrate the New Year unharmed. With the band’s upbeat music at the background, he called on some children with cancer to dance with him on stage and enjoy the night away. This was caught by ABS CBN cameras and was first featured in their late newscast, “Bandila.”

Boy Abunda, talk show host, newscaster and star builder, said, “*Kung ikaw ay magpapa-manage sa akin, mag-usap po tayo.*”

Almost instantly, Tayag became a trending topic in social media when snippets of his dance moves appealed to audiences everywhere. All told, he brought home the message to Filipino revelers that merriment does not have to be risky and dangerous but

can be fun and safe.

The following day, his dance moves were again shown and this time as a spoof in the popular TV Patrol segment, “Mga Kwento ni Mark Logan.” Tayag’s other dancing videos posted on You Tube were shown, and a variety of music – from Waka Waka of Shakira to Nobody, Nobody But you of Wonder Girls to Moves like Jagger of the Maroon 5, among others – was incorporated. And due to insistent public demand, the TV Patrol segment was shown on TV not just once, nor twice, but three times during the holiday season. Of course, a few people in the health sector raised their eyebrows and snickered, but overall, people found Tayag more endearing. Not everyone in his position can make a stunt like that and still not lose a bit of respect from the media and the public at large.

From Epidemiologist to DOH Spokesperson

Before Tayag became a Health

Assistant Secretary, he was, and still concurrently is, the director of the DOH National Epidemiology Center (NEC).

NEC’s functions include: developing and evaluating surveillance and other health information systems; collecting, analyzing and disseminating reliable and timely information on the health status of the population; investigating disease outbreaks and other threats to the public’s health; evaluating efficiency and effectiveness of public health programs; providing technical assistance and experts services to implementing agencies on matters pertaining to epidemiological and health surveillance capabilities; and advising the Secretary and other DOH officials on matters pertaining to epidemiology and health surveillance.

Tayag rose from the ranks – from a resident trainee of the Field Epidemiology Training Program, to a past president of the Philippine Society of Microbiology and Infectious Diseases, to becoming the country’s foremost epidemiologist. The data from his chosen field of Medicine need to be understood by its users as well as for public consumption. Thus, he developed a skill on communication, translating complex medical terms to popular language that the people can easily comprehend.

At work, he combines seriousness with an eye for details, humor and sarcasm, a pinch of impatience, but long lasting passion for teamwork. He gets his inspiration from a genuine sense of public service, and just the simple thought that he can make a difference however small to make this a better place for everyone.

In times of disease outbreaks and epidemics, the media depended on Tayag for the most accurate information. And over the years, and whoever is leading the administration, he remains as the most sought-after DOH official by the media. His being



ASec Eric Tayag is also the concurrent director of the DOH National Epidemiology Center. Taken during the Journey to DOH ISO Certification Launch parade on January 30. (Photo by Paking Repelete)

media-friendly may be an understatement because he is loved by media.

Unknown to many, he is a naturally shy person, but the current demand from his job made him cope very well and became media savvy at every opportunity. He ascribes this to practice, hard work and building relationships with the media in and out of his work environment. His being very accessible to media may seem effortless, but he has some rules: no interviews during meetings and especially during REM (rapid eye movement) hours.

Tayag's advice to DOH officials facing the media: learn the do's and don'ts in public relation. Be available in both good and bad times, say yes before you say no, craft your message, say it in simple language that a five year old can grasp, be honest, tell the story before it becomes history, and finally, be professional at all times.

A Real Person

At home, Tayag's constant companions are books, books and more books. This may be the reason why he is so well-informed. He also likes to cook mouth-watering dishes. Now that may explain why he is on the hefty side. However, he finds time for a routine workout at the gym.

He is a strong advocate of healthy lifestyle. In several public and even private events, here and abroad, he would lead (often times requested by) participants in exercises that feature upbeat dance moves straight from the gym classes he has been attending since five years ago. He motivates people by reminding them to just dance as if nobody's watching, the mantra of discophiles. He got the moves, and it is now a well-known fact worldwide!

Shopping and watching movies are a few of Tayag's addictions. He loves surfing cable TV and match wits with whodunnit



TOP: ASec Eric Tayag presenting in style the "Goodbye Paputok: The Safest Firecracker" audio CD at its launching at East Avenue Medical Center on December 28. **BOTTOM:** Amidst members of the DOH beat reporters holding the CD. His being "media-friendly" may be an understatement because he is loved and respected by the media. (Photo by Paking Repelente)

crime/detective series. And nowadays, he gets his messages FAST across social media via Twitter (@erictayagsays).

His favorite quote comes from Edmund Burke: "All that is necessary for the triumph of evil is that good men do nothing". He says he finds his work at the DOH fulfilling and sees no reason why he should move his

cheese. But he quips, who knows what the future brings.

One thing is for sure, with Tayag's dedication to excellence and service to people, he can surely move the DOH to fulfill its mission in guaranteeing equitable, sustainable and quality health for all Filipinos, especially the poor.

Abot Kamay Natin

DOH ISO Certification

The Journey Continues

On March 14, 2011, the Department of Health's journey towards ISO Certification for Quality Management System (QMS), also referred to as ISO 9001:2008, began through simple rites during the regular flag ceremony.

On September 19, 2011, the DOH launched the implementation of its QMS after completion and approval of the basic documentation requirements as scheduled, namely: quality policy, quality manual, quality procedures, quality core procedures manual, orientation of DOH officials and personnel on ISO, capability building, among others.

On January 30 this year, the grand ISO launching was held. All personnel of the 17 bureaus, centers and offices inside the DOH Central Office compound plus the Centers for Health Development (CHDs or regional offices) of Metro Manila and CaLaBaRzon who have imbibed and exemplified the ideals of ISO participated in the event. Also present was Arnel Abanto, head of the project team from the Development Academy of the Philippines which was tapped by the DOH to provide technical assistance on the ISO Certification process.

Acting Undersecretary and Overall Quality Management Representative Gerardo V. Bayugo said, "Now, looking at what we have accomplished, we can all say 'Abot Kamay Natin ang DOH ISO Certification.' We are just four steps towards the last activities reflected in the ISO road map." As of end of January, the steps that are necessary to achieve are: management review, final gap assessment, preparation for certification, and finally third party certification audit.

Bayugo said, "Again, we want to solicit everybody's support, cooperation and commitment on the implementation and maintenance of the established DOH QMS to obtain our ISO 9001 Certification in the next two months. Enthusiastically we made it this far; and undoubtedly, ISO 9001:2008 Certification will be granted

to our Department as scheduled."

Meanwhile, Health Secretary Enrique T. Ona reiterated that if the DOH will get an ISO certification for QMS, it will be the first executive government agency that will be able to do so. Having said that, Ona led the employees into a pledge of commitment towards ISO certification.

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. Moreover, 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.

A Day of Festivities

The grand ISO launching started off with a parade where all offices displayed their own formulated tagline or slogan that clearly embody the purpose of ISO, the benefits





TOP: DOH Executive Committee members - front left to right: DOH Executive Committee members – Undersecretary David Lozada, ARMM Health Secretary Kadil "Jojo" Sinolinding, Health Secretary Enrique T. Ona, Undersecretary Teodoro Herbosa, and OIC-Undersecretary and Overall Quality Management Representative Gerardo Bayugo – lead the parade of employees displaying their ISO Certification tagline/slogan. **ABOVE LEFT:** The Bureau of International Health Cooperation employees (headed Director Mylene Beltran) pose with their winning tagline. **ABOVE RIGHT:** The National Center for Health Promotion employees (headed by OIC-Director Ivanhoe C. Escartin) are member of the organizing committee who designed and produced collateral materials for the launching.

that DOH and its stakeholders can enjoy once ISO-certified, and the commitment of each and every DOH staff to contribute to and sustain the implementation of QMS once the DOH is certified. Each tagline was then presented by the office staff in the form of a chant or a cheer not exceeding one

minute. The winners of the tagline and the presentation were awarded with cash prizes.

The Bureau of International Health Cooperation's tagline, "ISO TAYO: Serbisyon de Kalidad at SiguraDOH" won the grand prize, while the Administrative Service won the tagline presentation.

In the afternoon, the DOH executive committee members opened the health exhibit booths and the DOH personnel were led into fun and games by stretching not only their muscles but also their minds in re-learning ISO and other QMS initiatives.

- o o o -

Creating a CULTURE OF QUALITY

by

EMMANUEL A. TIONGSON, MD

DOH - Office for Special Concerns

The First Global Health Care Forum held on November 11, 2011 (11-11-11) at the newly inaugurated National Kidney and Transplant Institute Diagnostic Center Auditorium brought to fore how globally competitive the Philippines is in the area of Health and Human Resource, Health Infrastructure, state of the art technology, good governance, information technology and quality standards development.

The forum, with the theme "Towards Sustainability and Global Competitiveness," was sponsored by Health Core and HIM Communications in

cooperation with the Department of Health, National Accreditation Board for Hospitals of India and the Development Academy of the Philippines. It was attended by the Philippines biggest names in the healthcare arena and it confirmed that the country is a marketable medical tourism destination because of the excellent quality of care that it can provide to both international and local patients.

World class technology, competent, caring and compassionate health care providers, cost advantages, complemented by an English speaking

populace ready to provide assistance to the weary wanderer seeking for the proverbial "pot of gold of health and total wellness" completed the entire gamut of services that the Filipino people can afford to those who seek both preventive and curative care. Through coordinated and collaborative cooperation, the Philippines can be tagged as the next destination hub not only in Asia but for the entire world.

Health Secretary Enrique T. Ona underscored the realities of globalization and the opportunities and challenges for health care systems all over the world. He



Left: Ceremonial handshake of Health Secretary Enrique T. Ona and India Ambassador Yogendra Kumar. Right: Health Undersecretary and PPP Expert Teodoro Herbosa speaks at the forum. Also in photo, seated in front left, former Senator and Health Secretary Juan M. Flavio. (Photos grabbed from the Health Core website)

said, "It is imperative that we realize that the challenge we are facing right now is to learn how to become globally competitive. Losing out may prove too costly for our country grappling with limited resources for health." Ona added, "One area whose potential we have not truly maximized is that of Medical Tourism, also known as medical travel."

The government has been moving to put the necessary policy infrastructure to facilitate the advancement of medical tourism and remove any barriers that may hamper it. Ona stressed, "We need to define the role of medical tourism in the greater context of health care needs of the Philippines. Given that 30-40% of our countrymen die without even getting adequate health care, how will we ensure that medical tourism contribute in making health care accessible, affordable for the poor? Medical tourism can be seen as a means to an end, the end of course is our vision of **Kalusugan Pangkalahatan** or Universal Health Care rather than merely addressing the health needs of those who have already more."

After defining reforms under **Kalusugan Pangkalahatan**, the health chief added that all efforts to achieving this vision require huge investments. While the DOH is looking forward to a bigger budget next year, these efforts are still not enough. This is the reason why Public Private Partnership (PPP) is an essential element in the strategy. Through PPPs, the government will be able to mobilize private capital, technologies, expertise and efficiency for the benefit of improving health services for the poor.

Ona explained that partnerships with the private sector need not be confined to local investors. Encouraging foreign investments in the country would help local hospitals upgrade their health facilities and services just as much. Partnerships with



Director Criselda Abesamis presented the current efforts of the Philippine Medical Tourism Program. (Photo grabbed from the Health Core website)

healthcare providers in other countries would also provide the opportunity for technology transfer and improvement of human resource capability. Collaboration on a PPP basis will also help address issues such as accreditation, equity, insurance portability and human resource development both on a local and international scale. Subsequent improvements in health facilities and human capital will only serve to further the strength of medical tourism in our country and to our national health environment.

"Let us work together to chart this course to improve our health care system not only because of opportunities and challenges presented by globalization and medical travel but also because the Filipino people will truly benefit from its success," Ona concluded.

Medical Tourism Now

The benefits of global healthcare, the readiness of the Philippines in providing it, and strategies for improving the Philippine

health sector to conform to international standards were discussed at the forum. DOH officials and other Philippine healthcare sector leaders attended the forum with some foreign delegates, including India's Ambassador to the Philippines, Yogendra Kumar.

When India entered into global healthcare, their entire healthcare sector not only improved but they also increased their capacity and resources to serve local patients through the transfer of knowledge and technology they received when global healthcare was developed. Aside from India, the Philippines' neighbors including Singapore, Malaysia and Thailand are presently earning billions of dollars by providing international quality healthcare to overseas patients who go to their hospitals for treatment.

Government efforts to make the Philippines as potentially the next global healthcare hub in Asia started in 2004 through the Philippine Medical Tourism Program under the Office of Special Concerns headed by Assistant Secretary of Health Elmer G. Punzalan and Director Criselda Abesamis.

According to Abesamis, the program utilizes the PPP model through a multiagency and multi-sectoral approach. Its current program managers, Dr. Emmanuel A. Tiongson and Dr. Jasmin Peralta would continue on with the successes in the past, learn from its failures, and forge on towards greater heights in program implementation.

"The institutionalization of the Medical Tourism program would provide the necessary 'shot in the arm' towards sustainability and global competitiveness," Abesamis said. "There is currently a redrafting of the National Policy Framework for the Implementation of the Philippine Medical Tourism Program to align with the DOH thrust to achieve **Kalusugan**

Pangkalahatan for the improvement of the local health care system, address social equity issues and contribute to the economic growth of the country. She added that this is a big step towards accessibility and affordability of quality healthcare services for the entire nation in the years to come.

The ongoing review of the standards for tertiary hospitals, specialty clinics (in dermatology, plastic surgery, dentistry, ophthalmology, etc.), wellness and spas, retirement facilities and drug treatment and rehabilitation centers is another step in the right direction. The continued advocacy on quality healthcare and patient safety in all regions of the country bodes well for the

industry as it ensures espousal of continuous quality improvement in all hospitals catering not only to foreign but local patients as well.

Accreditation being given by international accrediting bodies under the International Society for Quality in Health Care (ISQua) like the Joint Commission International, Accreditation Canada, UK Trent and others, and together with its local counterpart the Philippine Council for the Accreditation of Health Care Organizations (PCAHO), and now even strengthened by the joint assistance of the National Accreditation Board for Hospitals (India) and the Development Academy of the Philippines would assure that hospitals willing to

provide Medical Tourism services will be able to deliver globally-acceptable services.

In the movie "A Field of Dreams," Kevin Costner said, "If you build it, they will come." Surely, in this light, in terms of quality health care delivery, the country must put in the necessary groundwork that needs to be built for the institution of quality systems not only in the private sector but more so in the public health sector to achieve better health outcomes for the Filipino people. Creating a culture of quality is the key to making the dream of choosing the Philippines as the next destination hub for health and wellness in the world a reality.

- o O o -

FACEbeat



Love Hurts

Photo grabbed from Facebook post.

Reformed, Responsive, Restructured PhilHealth

February is National Health Insurance Program (NHIP) Month in recognition of the important role that health insurance play in every Filipino's life. PhilHealth, a government owned and controlled corporation, leads the administration of NHIP. It was created by virtue of Republic Act (RA) 7875, as amended by RA 9241.

Dr. Eduardo P. Banzon, president and chief executive officer (CEO), envisions the organization to be a "reformed, responsive and restructured" PhilHealth. These are his clear, direct and firm directives to provide better and improved social health insurance benefits and services to all Filipinos.

Reformed

The new payment scheme called "case rates" was introduced on September 1, 2011. This was initiated to empower members with the knowledge of how much PhilHealth covers for every medical condition. The case rate method of paying for benefits is similar to a "pakyaw" system wherein all services are already included in the package.

It was also designed to specifically reduce the turnaround time or processing of claim documents from 60 days to as quick as 10 days or even less since the benefit amount is clearly identified.

To date, PhilHealth has 23 medical



PhilHealth's New President and CEO - Dr. Eduardo P. Banzon

and surgical procedures being paid for through the new payment scheme and with the new directions, expanded case rates will soon be implemented, making fee-for-service dispensible.

PhilHealth will also introduce to more hospitals Phase 1 of the "e-claims project" that will do away with paper transactions. especially where claims processing is problematic. Through e-claims, accredited health care providers will be

given access to PhilHealth's database system that will enable them to automatically verify the benefit eligibility of members and their dependents.

Banzon is optimistic that once the e-claims project is fully implemented, there will be a shift to paperless transactions from eligibility checking to claims filing. Indeed, this is a critical step towards improving the system and making things more convenient for PhilHealth members and partner-providers as well.

Responsive

The challenge of the Aquino administration has been explicitly communicated – to achieve universal health care through the massive expansion of PhilHealth coverage to all Filipinos belonging to the marginalized sector of society. It started with the use of the National

Household Targeting System for Poverty Reduction of the Department of Social Welfare and Development to identify the poorest of the poor who will be provided with health insurance coverage. Universal health care through PhilHealth also aims to reduce out-of-pocket expenditures to prevent the poor from the burden of debt, especially in times of illness.

The introduction of No Balance Billing (NBB) Policy to Sponsored Program

members is one of the more remarkable evidences that PhilHealth is sincere in its mandate of ensuring that all Filipinos will be provided with quality health care.

"The marching orders coming from President Benigno S. Aquino III and Health Secretary Enrique T. Ona are very clear, and we are doing all that is necessary, not only to make our benefits more responsive, but to ensure that our members will no longer spend a single centavo when they get hospitalized," Banzon said.

He also emphasized that the NBB Policy will ensure that contracted hospitals and doctors would not change more than the agreed case rates amounts.

The NBB that is currently being implemented in government hospitals will soon be offered to private hospitals. Eventually, it will be available to other member-types to enable them to experience true financial risk protection.

Restructured

PhilHealth is taking bold, aggressive moves to achieve universal health care with the introduction of a new set of enhanced benefits designed to improve financial risk protection for all its members.

Priority goes to the roll-out of primary care benefits that will entitle members to basic, quality health care services through accredited public and even



"Are DOH and PhilHealth one?," comments a fan in the Department of Health (Philippines) Facebook page. For those who don't know, PhilHealth is an attached agency of the DOH. Photo taken during the press conference announcing February the National Health Insurance Program Month. (Photo by Paking Repelente)

private health care providers nationwide. The primary care benefits will feature expanded outpatient providers in which every PhilHealth member will be assigned to facilities and primary care physicians. Implementation will be enhanced by introducing a system wherein release of payments is tied to performance, with incentives for additional quality and quantity indicators.

Also underway is the development of the PhilHealth Plus that will initially be available to government employees. These are supplementary benefits on top of the basic benefit package funded by either the employer or the members themselves.

Similar to other benefits, the PhilHealth Plus is primarily designed to lessen out-of-pocket expenses. Banzon assured members that no matter what it takes, these expanded benefits and improved quality services will be provided to all PhilHealth members.

"It is already a given that every reform requires adjustments. To make these reforms truly achievable, we should learn to accept its flaws, and from these flaws make the necessary transformation that will lead us to accomplishing our targets," he stressed.

These efforts are best summed in PhilHealth's battlecry, **"Bawat Pilipino, Miyembro. Bawat, Miyembro, Protektado. Kalusugan Natin, Segurado."**

HEALTH tip

Know enough about your parents' health...

Prepare for a family emergency by gathering important details about your parents' health. For each parent, create a medical reference file that includes birth date, doctors' names and phone numbers, and insurance information. Compile a list of allergies, medications, major health problems and surgeries. Also include advance directives or legal documents that outline your parents' decisions about health care, such as whether to use life-support machines. *(Lifted from Mayo Clinic website.)*



Plan Your Retirement

A funny thing happened at the Department of Health Central Office early this year when the administrative officers were tasked to distribute plaques of appreciation to regular employees bearing their number of years in service – bronze plated for below 19 years; silver for 20-29 years, and gold for 30 years or more. For those who proudly, or shall we say bravely, displayed their plaques on their desks, this is a constant reminder that the clock is loudly ticking and retirement age is fast approaching.

Please don't hate us for stating this fact: if it were not for the young contractual employees inside the Central Office compound, the DOH would look like one big home for the aged. But mind you, there's nothing wrong with growing old, especially if you have lived a happy and productive life. If retirement is nearing for

many, it may be the end of a job or a career, but it does not mean the end of life. It is very possible to make your retirement years happy and healthy. And thank God if you do not have major health conditions or physical problems.

In the Philippines, the life expectancy for women is around 73 years and for men, 67 years. If you leave work at 65, for example, you could expect between 2 and 8 years (at least) of retirement.

If you are retiring in a year or two, plan ahead. If you are unsure whether or not to retire earlier than the mandatory age of 65, it may help to take long service leave or extended unpaid leave to give retirement living a trial run. Going from working a full-time job to having nowhere specific that you have to do or be each day sounds fantastic, but some retirees end up feeling bored and

unproductive. After years of a structured schedule, the hours can seem endless. Some people feel loss of self-worth once they stop working, and loneliness is a common source of depression in older people.

Partner issues can crop up too, especially when one has retired or plans to retire, while the other wants to continue working. Working out on how much time to spend together can be difficult. For those who are living in an extended family household, this may not be too much of a problem. There are a lot of people at home to spend time with. But then again, grandparents may find themselves to be obligated to baby sit all the time, and that could be a source of emotional stress.

Then there are money issues of retirement. Even if you have made reasonably sure that you have money to

live on, it may still be not enough. Make sure to consult with a financial planner or accountant to help preserve as much of your money as possible and create a budget to maintain the lifestyle you want.

People who plan an active life after retirement tend to be happier than those who have no plans or routines. Now, let us count the ways to have a happy and healthy retirement:

1. Make and Stick to a Budget.

Once you retire, your priorities shift. You will have to spend less money on some things and more on others. You may no longer need to pay for transportation to work, but you may need to pay more on health or medicine costs. Thus, you will still need to make a budget and stick to it. This is a way to stretch your retirement income. Remember to always take advantage of the multitude of discounts for senior citizens.

2. Downsize and Save. Many people buy larger and larger homes over the course of their lives as their families grow and their careers blossom. But by retirement age, your children are probably grown and out of the house. Even if you do not have a mortgage, you are still paying for utilities that probably are not getting much use and spending both time and money to keep up your home's exterior. Now is the time to consider scaling back to a smaller house so that you will only be responsible for maintaining the interior of your home. After your house, your car is usually the next major expense. If you have different cars for different purposes, consider whether those cars fit your needs as a retiree. A smaller, more fuel-efficient car could save you a lot of money. It may also be cheaper in the long run to get a newer car that requires less maintenance.

3. Keep on Working. Many people are finding that their savings are not going as far as they thought due to the rising cost

of everything. Many retirees take part-time jobs, either related to their previous careers or in an entirely different field. Some put up a small business. Having a regular schedule and interacting with different people on a daily basis can help maintain the emotional and mental health of retirees.

4. Stay Active. Despite all of the things that you could be doing, it is easy to get into a rut when you are retired, especially if you live alone. Sitting around the house is not just bad for your mental health, it is bad for your physical health as well. There are exercises that you can do to keep yourself fit. However, being active does not just mean exercising. You may have to seek out new friends and join clubs or groups in your community for recreational and social activities.

5. Share Your Knowledge. Even if teaching was not your profession, it is still something that you can take up after you retire. Not necessarily teaching children (although if you are interested in a second career, it is a possibility), but teaching other adults what you've learned in the years spent in your chosen industry. Some colleges and technical schools like to employ people who have a lot of real-world experience, even if they do not have teaching experience. Many companies also employ career coaches or bring in speakers to share their knowledge with their employees.

6. Become a Student. It is never too late to go back to school. There are plenty of senior citizens setting foot on campus to earn undergraduate or graduate degrees. If that idea is too far-fetched for you, there are several institutions offering short courses. Continuing your education keeps your mind sharp and active.

7. Learn a Skill, Start a Hobby. Many of us have skills or hobbies that we wish we picked up but never got around to. Now is your chance. You could learn how to play the

guitar, use the computer or ballroom dance. Maybe you do not want to learn how to do anything, but you are interested in starting a collection. There are plenty of online groups and forums dedicated to various hobbies. Some of them meet in person or even hold conventions. No matter what your interest, you can find others out there with whom to discuss it.

8. Volunteer. Volunteering not only keeps you moving and engaged, it also instills a sense of purpose and fulfillment. Check out volunteer opportunities at the local school, non-government or charity organization or church. There are a lot of things that you can do that naturally fit your interests.

9. Get Political. Casting your vote when election time rolls around is just the tip of the iceberg when it comes to participating in the political process. You could find yourself working for someone running for local or national office. They all need volunteers help to get there. If you do not want to campaigning for a politician, consider the issues that most affect you and the pieces of legislation that your local and national representatives could advocate for or vote on. There are countless grassroots organizations and special interest groups devoted to a particular issue or category of issues. They work to get politicians interested in their cause and try to convince them to vote a certain way, and they need volunteers to help spread the word.

10. Travel. If you ask most people what they look forward to about retirement, the ability to travel would probably be high on the list. Retirees are seen as people with endless amounts of free time and few attachments to keep them from spending months away from home. If you have the money to travel and the desire, go for it!

Happy retirement!

- o o o -

Photo grabbed from the Internet.

Safe Water in Metro Manila homes

by

GLEN S. RAMOS
HEALTHbeat Staff

Boiling Water

Just what is the proper way of boiling water? How many minutes should you have to boil in order for the water to become potable and safe for consumption? Is boiled water safe for consumption? When should we boil water?

There are myths and misconceptions in the manner of boiling water, like the length of time that it needs to be heated to kill harmful disease organisms. Some of the common water boiling time that is customarily followed includes 5-10 minutes, some 15-20 minutes, and others boil it again after the water cools down.

Why do we boil water? Boiling water kills pathogens, but not all organisms like the amoeba which can be found in endemic areas where there is no source of clean water. In drinking boiled water, one can also consume leftovers from the boiling process and some of these are aluminum particles, corruptions, and toxic metals, chemicals such as lead, mercury and asbestos that have contaminated the water or in the boiling receptacle. Boiling water also consumes energy which is pretty

expensive if you are using kerosene or gas for heating.

Boiling water will not also remove the water's turbidity or cloudiness. Turbidity is the denseness of a fluid caused by individual particles or suspended solids that are generally invisible to the naked eye, similar to smoke in air. The measurement of turbidity is a key test of water quality. Similarly, the taste of the water you boil will become different from what it should be.

It is advisable to boil water only in extreme emergencies and if the potability is questionable. If possible, never use an aluminum kettle or container to boil water because some particles are removed or detached when the container is used for a long time. The best vessel to use is a stainless steel or a clay pot.

In case there is no clean water, this is the best time to boil water until it is hot enough to kill disease organisms. Let the water cool down and then your water is safe to drink.

Water Disinfection

According to the World Health

Organization's (WHO's) Sustainable Development and Healthy Environments Water, Sanitation and Health Standards, even though the water is boiled, the turbid water still needs to be disinfected with chemicals such as a chlorine solution but it should be cleared beforehand by letting the impurities settle, or by filtering.

Chapter II of the Code on Sanitation of the Philippines prescribes standard rules and procedures in the evaluation, treatment and disinfection of contaminated water sources as prescribed by the National Drinking Standards.

Section 3 of the Code states that before water is used, distributed or sold for drinking, it should pass the criteria on standard parameters and values for bacteriological, physical, chemical, biological and radiological quality set by the Philippine National Standards for Drinking Water.

Engineer Nilo C. Marayag, head of the Environmental Health and Sanitation Cluster of Department of Health's Center for Health Development - Metro Manila (CHD-MM), explained that water treatment is necessary to render the supply of water potable. "There should be no water supplier allowed to operate a water system for public use unless the water is treated according to the prescribed rules of treatment," Marayag stated.

The main water disinfectant to be used is chlorine in all existing water facilities that exceeded the bacteriological value set by the Philippine National Standards for Drinking Water which is having an MPN (Most Probable Number) of coliform organisms not exceeding 50 per 100 ml.

In the case of Metro Manila, there are two water service concessionaires, Manilad Water Services, Inc. and Manila Water Company, Inc., providing quality and sanitary safe potable water to residents. The



Engr. Nilo C. Marayag (left), head of the Environmental Health and Sanitation Cluster of Department of Health's Center for Health Development-Metro Manila, is being interviewed by Howie Severino (right) in GMA News TV.

water from these facilities is undergoing a monthly examination conducted by the Metro Manila Drinking Water Quality Monitoring Committee (MMDWQMC) to ensure safe drinking water supply for the residents of Metro Manila.

The DOH is encouraging the use of sodium hypochlorite solution if unsure of the quality of water such as those that are delivered by water trucks in barangays. Chlorine tablet may also be used to disinfect the water. In fact, the CHD-MM has provided sodium hypochlorite solutions to all its local government units to augment their supply of water disinfectant.

CHD-MM Director Eduardo C. Janairo, who is also the chairman of the MMDWQMC, assured residents of the Metro Manila that water coming from service lines to homes and public establishments has been tested negative on coliforms and is considered safe to drink.

He also added that water samples taken from the 1,228 water sampling points

all over the region from the last monthly examination of 2011 is certified to be of "sanitary quality." These samples have also been tested negative of the e-coli bacteria which are usually found in contaminated water.

Sanitary quality, according to the Philippine National Standards for Drinking Water, requires that total coliform must not be detectable in any 100 milliliter (ml) sample. "In case of large quantities where sufficient samples are examined, it must not be present in 95% of samples taken throughout in a 12-month period from regular sampling points," Janairo explained.

The MMDWQMC was created based on Executive Order no. 489 - Institutionalizing the Inter-Agency Committee on Environmental Health. It is designed to strengthen the mandate of the Inter-Agency Committee on Environmental Health with the sole purpose of ensuring safe drinking water supply for the residents of Metro Manila. The MMDWQMC regularly

gets water samples monthly from identified sampling points in Metro Manila.

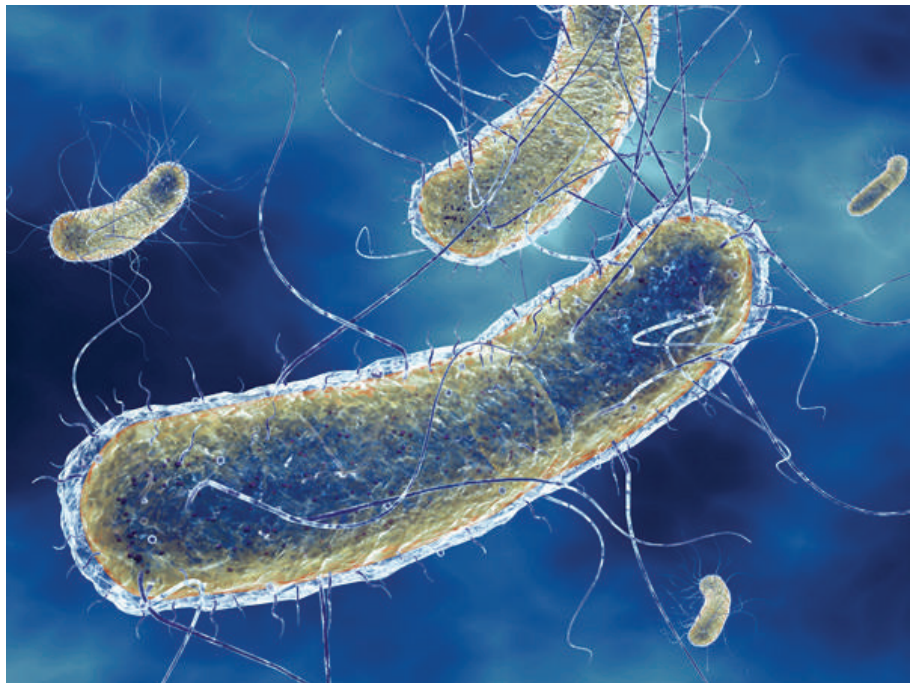
Maynilad caters to the east side of Metro Manila which covers part of the city of Manila and Quezon City, Mandaluyong City, most part of Makati City, Pasig City, San Juan City, Marikina City, Taguig City and the Municipality of Pateros while Manila Water covers most part of the city of Manila, part of Quezon City, Caloocan City, Malabon City, Navotas City, Valenzuela City, Muntinlupa City, Las Pinas City, part of Makati City, Paranaque City and Pasay City.

Water Treatment

Most water in Metro Manila comes from the Angat River and Laguna de Bay which then discharges to Ipo Dam in San Mateo, Bulacan. It will then travel to about 6.4 kilometers in three tunnels carrying about 4,650 million liters of water a day to the Bicti Basins located in Norzagaray, then proceeds to the La Mesa Dam in Novaliches, Quezon City.

The La Mesa Treatment Plants 1 and 2 turns the raw water from the Angat into clean, safe and potable water by going through a multi-stage process which involves coagulation – rapid spinning and adding alum and polymer to water to collect dirt and other solid particles; flocculation – water will be mixed slowly by machines known as flocculators that remove dirt that floats; sedimentation – where the collected dirt is separated from water; chlorination – to disinfect water from germs; filtration – filter beds are used to separate the remaining sediments from the water, and algae, harmful bacteria and left-over dirt are removed; and post chlorination – the water will be disinfected with chlorine again to ensure that there is residual chlorine to protect our water from bacteria.

After treatment, the water flows



The E-coli bacteria from contaminated drinking water and food can cause serious infection and become life-threatening if not treated immediately. Photo grabbed from <<http://www.topnews.in/health>>.

through pipe networks including reservoirs and pumping stations. From these stations, potable water is distributed to consumers all over Metro Manila.

The E-Coli Bacteria

The *Escherichia coli* or e-coli bacteria come from human and animal waste. If the water coming out of your faucet is tested positive of the bacteria, you must immediately check your pipe connections at home. You have to ensure that there is no filthy water seeping through your service lines. If it is near a septic tank or submerged in filthy water or in a canal, you should immediately transfer it to a safer place away from harm's way.

There are many ways where a person can be infected by e-coli. It can be contracted by drinking water, even if tap water contains chlorine and has undergone treatment. You can also acquire it by eating contaminated food, such as unpasteurized

milk or fresh vegetables. Infected people who work in restaurants and public establishments who do not wash their hands properly after using the toilet can spread the infection to customers. You can also get it by having physical contact with an infected person, known as person-to-person contact.

E-coli is commonly found in the stomach of warm blooded organisms. It can cause food poisoning and can become life-threatening and can also cause serious infection if not treated immediately.

A person affected with e-coli suffers from abdominal pain, diarrhea, fever, fatigue, nausea and vomiting. The symptoms may last within three to four days after being exposed to the bacteria, however, in some cases they may appear within a day or a week later.

Always practice personal hygiene. Wash hands regularly and properly. It is the most basic but essential health habit that everyone should make to prevent any kind of illness.

REVOLUTION

Lovers

JESSICA: "Ano ba talaga ang gusto mo, away o gulo?"
TJ: "Away na lang para walang gulo!"

Drive

Habang nagda-drive...
GLADYS: Love, pa-kiss naman, oh.
CHOLO: Gusto mo bang mabangga tayo? Ako na lang ang kikiss sa 'yo.
GLADYS: Sige.
CHOLO: Eh, pikit ka muna.

Pick-up

HAROLD: Kasya pa ba ko?
DIANE: Saan?
HAROLD: D'yan... sa puso mo?
DIANE: Go lang! Sampuan, kaya nito.

What's the Matter?

MIKE: Napansin ko, tila umiiyak ka. What's the matter?!?
ALMA: Huhuhu. Matter is anything that occupies space and has mass.

Sample

MARIANE: Lab na lab kita. Lahat kakayanin kong ibigay sa iyo. Handa akong mamatay para sa 'yo!
CHRISTIAN: Sample, Sample, Sample!

Mountaineering

Umakyat ng bundok ang mag-syota, nang...
RHOY: Love, mahuhulog na ko! Tulungan mo ko!
MARA: *(Hinawakan ng nobya ang kamay ng nobyo)* Honey, ang sabi nga nila, "If you love someone, you should let him go."
RHOY: Hayooooooooop kaaaaaah.... *(Echo... Blagag!)*

Used Toys

SHEILA: Hoy, gurl, bakit ka nagkaka-ganyan? Nakita mo lang ang ex mo na may iba nang girlfriend, ganyan ka na. Nagseselos ka?
TERE: Medyo.
SHEILA: 'Di ka ba tinuruan ng magulang mo nung bata ka na ibigay ang used toys sa mga less fortunate?

Tatay

MARLON: Bakit mahal, anong problema?!?
GRACE: Maghiwalay na tayo. Hindi ka gusto ni Tatay.
MARLON: Mas lalo ako! 'Di ako pumapatol sa lalaki at sa matanda pa.

Kapatid, Anak

ED: Sa tagal ng pagiging mag-syota natin, para na kitang KAPATID!
MAY: Sa akin, para na kitang ANAK. Dede ka nang dede, buwisit ka!

Emoterang Lamang Loob

PUSO: Talagang mahal ko siya.
UTAK: Alam ko. Sobra pa nga 'di ba?
PUSO: Alam mo pala, bakit pilit mo siyang kinakalimutan?
UTAK: Kasi ayaw kitang masaktan.
BITUKA: Sa sobrang pagmamahal mo sa kanya, 'di ka na kumakain at tulala pa.
ATAY: Lagi ka pang umiinom, apektado na kami nila kidneys.
BAGA: Ako din, nahihirapan nang huminga.

Catch **HEALTHbeat** Online
<<http://www.doh.gov.ph>>

Interactive Komiks

A New Health Education Tool

Introduction

The Filipino komiks (from the English word “comics”) is a print material that features a story narrated through a series of picture panels depicting scenes in the characters’ life. These pictures are often accompanied by dialogue placed in speech balloons, with a few written descriptions.

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.

Antonio at Ellen: Isang Labs Story

This komiks tells the story of the young couple Antonio and Ellen, as they begin their family life. Its main target audience includes newly-married couples who are encouraged to plan their family’s future.

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.

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

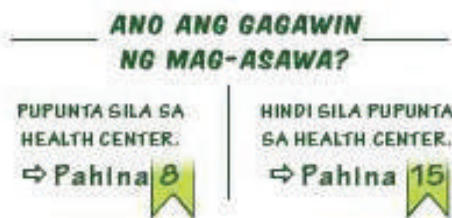
signifies that every decision bears a consequence for the characters.

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 practice healthy behaviors on planning for their family’s future.

Own a Copy

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

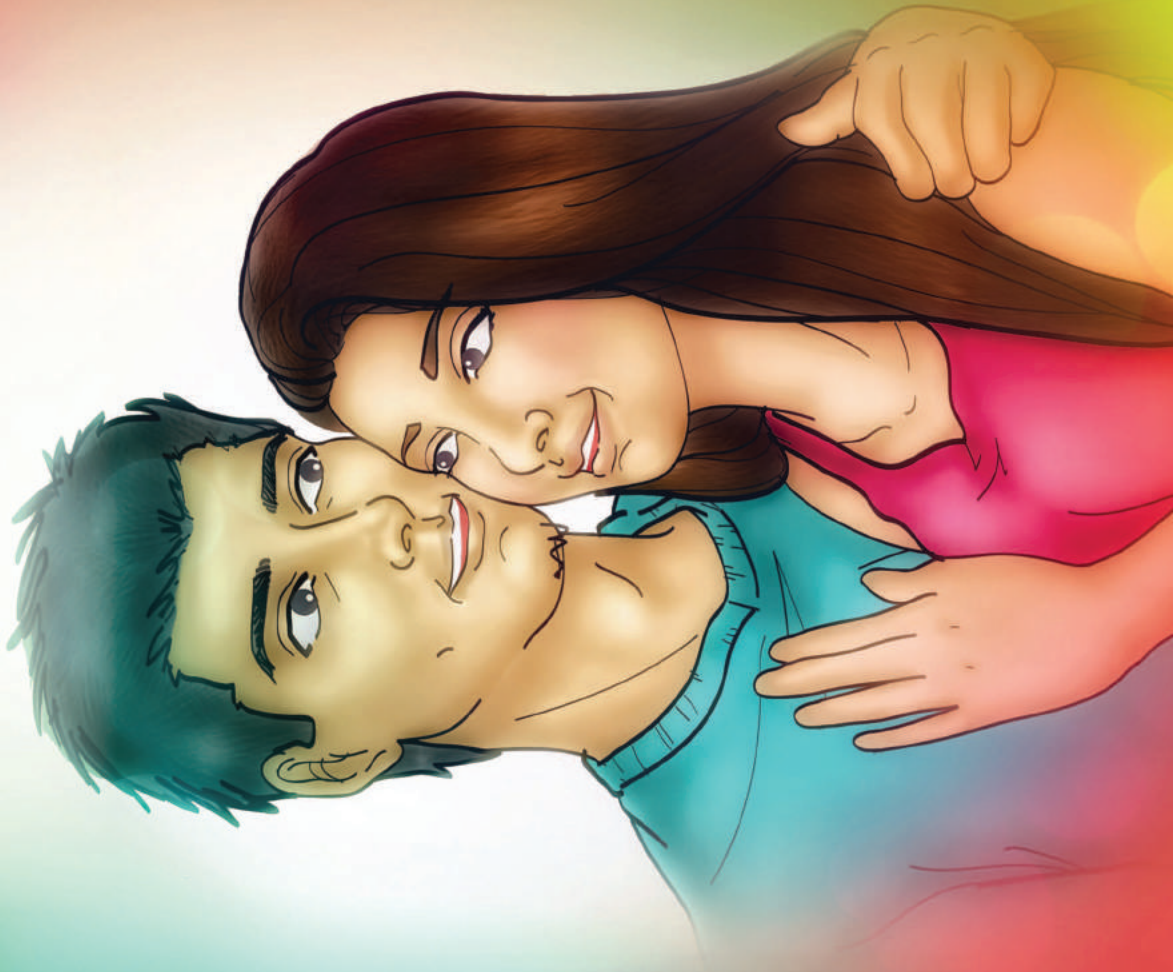
1. Detach three middle spreads with “Antonio at Ellen: Isang Labs Story” from this **HEALTHbeat** issue starting from page 21.
2. Cut detached spreads in the middle where the staples used to be. You will have six individual sheets.
3. Separate komiks pages from the instruction page, and fold them in the middle.
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/>

ANTONIO AT ELLEN

ISANG LABS STORY



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



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



DOH



NASA IYONG KAMAY ANG KAPALARAN NINA ANTONIO AT ELLEN.

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

• • • • •

Basahin ang tanong sa dulo
ng bawat eksena.

Halimbawa:

— **ANO ANG GAGAWIN** —
NG MAG-ASAWA?

Pumili ng sagot at buksan sa
nakatakdang pahina.

Halimbawa:

PUPUNTA SILA SA
HEALTH CENTER.

⇒ Pahina 8

HINDI SILA PUPUNTA
SA HEALTH CENTER.

⇒ Pahina 15

PLANO AKO



1. BILUGAN ANG LARAWAN NG IYONG PAMILYA NGAYON.
2. BILUGAN ANG LARAWAN NG IYONG PAMILYA SA 20__
(PAGKALIPAS NG 5 TAON).
3. BILUGAN ANG MGA HAKBANG NA IYONG GAGAWIN KUNG
MAGPAPLANO KAYO.



Kakausapin ko ang
asawa ko



Makikilahok ako sa
Health Events



Makikilahok ako sa
Health Classes



Magpapakonsulta ako sa
Health Center



Mag-aagwat ako ng
3-5 taon sa panganganak



Gagamit ako ng modernong
family planning method



Kakausapin ko ang mga
kalibigan kong nagplano
ng pamilya

Ang sarili kong plano

**ANG PAMILYA
KO SA**

20__

 **WALANG
ANAK**

 **MAY
ISANG
ANAK**

 **MAY
DALAWANG
ANAK**

 **MAY
3-4 NA
ANAK**

 **MAY5
O HIGIT PANG
ANAK
+5**

PANGARAP KO PARA SA AKING PAMILYA

Bilugan ang iyong pangarap.



Manirahan sa ligtas at
maginhawang tahanan.



Makabili ng mga gamit
sa bahay.



Magkaroon ng malilit
na negosyo.



Mapag-aral ang aking
mga anak.



Makapag-ipon.



Magkaroon ng sapat
na oras kasama ang
aking mga anak.



Makabili ng sarili
kong sasakyan.



Pangalan at
Lagda



Planuhin ang Pamilya,
Planuhin ang Kinabukasan

MAY P

PANUTO:

ANG PAMILYA
KO NGAYON

20__



WALANG
ANAK



MAY
ISANG
ANAK



MAY
DALAWANG
ANAK



MAY
3-4 NA
ANAK



MAY5
O HIGIT PANG
ANAK
+5

ANTONIO AT ELLEN: ISANG LABS STORY

1



HETO SI ANTONIO, 25 YEARS OLD.
IN LAB NA IN LAB KAY ELLEN.

HETO SI ELLEN, 24 YEARS OLD.
IN LAB NA IN LAB DIN KAY ANTONIO.

Kasalang
A VA



NAUWI SA KASALANG BAYAN NI MAYOR
ANG KANILANG PAGMAMAHALAN.



PAANO MATATAPOS
ANG KANILANG KUWENTO?

ANG KANILANG KAPALARAN AY NASA IYONG MGA KAMAY.

PAGKALIPAS NG DALAWANG BUWAN...



ANO ANG GAGAWIN NG MAG-ASAWA?

PUPUNTA SA HEALTH CENTER
PARA MAGPA-CHECK-UP.

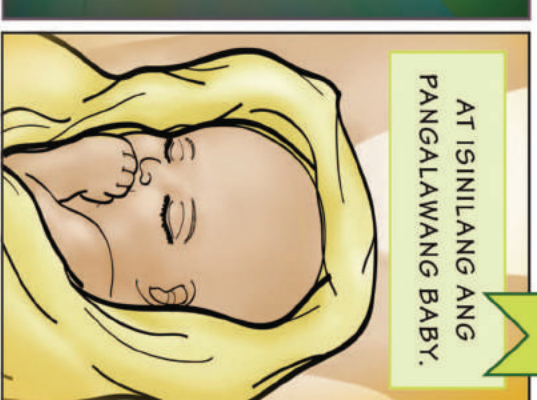
⇒ Pahina 3

HINDI PUPUNTA SA
HEALTH CENTER.

⇒ Pahina 11

BUNTIS NA NAMAN

PAGKALIPAS NG 6 NA BUWAN...



WAKAS.

PINAINOM NI ELLEN NG TUBIG, JUICE AT IBA PANG INUMIN SI NIÑO...



Labs, nagtatae na naman si Niño.



Naku po!
Kawawa naman si Niño
at gastos na naman!

...BUMAGSAK ANG TIMBANG NI NIÑO KAYA DINALA SIYA SA HEALTH CENTER.

Madalas mo bang pinapasuso si baby?
Huwag mo siyang bigyan ng iba pang inumin
bukod sa gatas mo. 'Da best ang gatas ng
ina sa unang 6 na buwan ni baby. Tumatagal
ng 8 oras ang gatas mo kahit di naka-ref.



Kahit wala ka,
pwede pa ring gatas
mo ang ibigay
kay Niño.
Pwedeng ipunin
at ibigay kay Niño
gamit ang tasa.
Huwag gumamit
ng bote.



ANO ANG GAGAWIN NG ELLEN?

TANGING GATAS LANG NI ELLEN
ANG IBIGAY.

⇒ Pahina 6

MAGPAPASUSO PERO PAPAINUMIN
PA RIN NG IBANG INUMIN.

⇒ Pahina 15

EXCITED NA INANTAY NG MAG-ASAWA
ANG RESULTA SA HEALTH CENTER...



Congrats!
Buntis ka, Iha!

Yes!

Kailangan na ni misis ng dagdag na alaga.
Dapat 4 o higit pang beses ka magpa-check-up
bago manganak.

ITINURO NI MA'AM MELBA ANG MGA KARANIWANG
GINAGAWA SA ISANG PRENATAL CHECK-UP.



Kailangan nating bantayan
ang kanyang kalusugan...



...pati rin yung kay baby.



...at anti-
tetanus shots.

Kailangan mo ang iron
with folic acid...

ANO ANG GAGAWIN NI ELLEN?

PUPUNTA NG 4 NA BESES PARA
SA PRENATAL CHECK-UP.

⇒ Pahina 4

IPAGPAPALIBAN ANG
MGA CHECK-UP.

⇒ Pahina 12

SAAN DAPAT MANGANAK SI ELLEN?

PUMUNTA SI ELLEN SA SUMUNOD NA PRENATAL CHECK-UP.



SA BAHAY...



SAAN MANGANGANAK SI ELLEN?

SA HEALTH CENTER.

⇒ Pahina 5

SA BAHAY.

⇒ Pahina 13

BAHAY O BUHAY?

NAGPASYA SINA ANTONIO NA MAGPAHILOT NA LANG SI ELLEN KAY ALING YOLING AT MANGANAK SA BAHAY.



Naku!
Matindi ang pagdurugo...
Di ko na ito kaya.



SA OSPITAL...

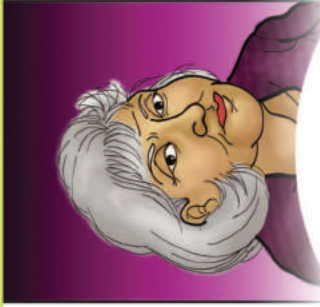


⇒ Pahina 6

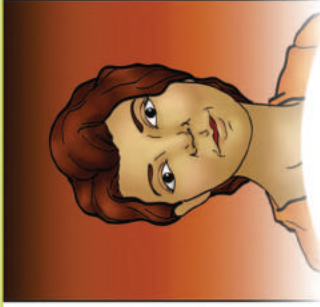
HINDI PUMUNTA SI ELLEN SA MGA SUMUNOD NA PRENATAL CHECK-UP.
Sinunod lamang niya ang mga sabi-sabi tungkol sa pagbubuntis.



Huwag kang titingin sa mga pangit baka mapaglihian mo.



Ellen, huwag kang kakain ng alimasag! Baka dumami ang binti ng baby!



Huwag kang kakain ng talong! Baka maging blue ang baby!

ISANG ARAW ...

HINDI ALAM NI ELLEN
NA HINDI ORDINARYONG
SAKIT NG ULO ANG
NARARAMDAMAN NIYA.
NALAMAN LANG NIYA SA
OSPITAL NA DULOT ITO NG
TUMAAS NIYANG PRESYON.



WAKAS.

AT DUMATING NA ANG ARAW...



Tara na sa health center!

HEALTH
CENTER
1KM

PAGOD MAN, UMAAPAW SA SAYA SI ELLEN.



Sa tabi mo na muna si Niño hanggang kayo'y umuwi.
Pasusuhin mo siya palagi.

Gatas mo lamang ang ipasuso kay Niño
hanggang siya'y mag-6 na buwan
para maging mas matalino at malusog si Niño.

Di niya kailangan ng tubig, juice, katas
o ibang gatas...

Di ka rin mabubuntis agad kung gatas mo lamang
ang pinapasuso kay Niño sa loob ng 6 na buwan
at kung di pa bumabalik ang iyong regla.

Pwede nating pag-usapan ang wastong pag-aagwat
ng pagbubuntis mo sa susunod niyong balik.



Korti pa lang
ang lumalabas
na gatas pero
normal ito.
Dadami ang
gatas pag mas
madalas na ang
pagpapasuso.



ANO ANG GAGAWIN NI ELLEN?

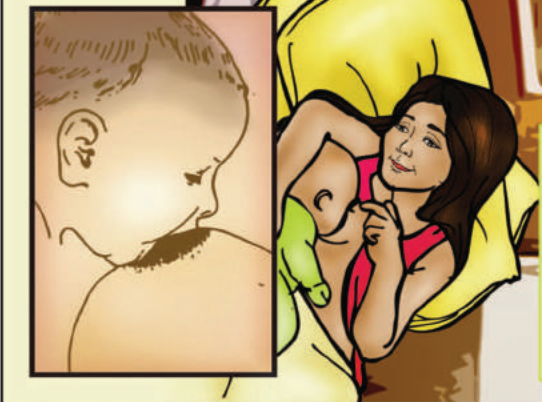
TANGING PAGPAPASUSO LANG.

⇒ Pahina 6

HINDI EKSKLUSIBONG PAGPAPASUSO.

⇒ Pahina 14

EKSKLUSIBONG
PINASUSO NI
ELLEN SI NIÑO.



Anak, gusto ko pa ng
isang apo kaagad.

Nay, baka hindi namin
kayarin ni Antonio ang
magkaroon agad ng
isa pang anak.



KINAGABIHAN...

Wala pang anim na buwan si Niño.
Sa tingin mo ba dapat tayong
magkaroon ng isa pang anak agad?

Kaya ba natin?
Di sapat ang ipon natin
at kailangang turok pa
ang ating atensyon at
pag-alaga kay Niño.

Naalala mo? Pwede tayong
tulungan ni Ma'am Melba
mag-agwat, di ba?



—HIHINGI BA SILA NG TULONG PARA PLANUHIN ANG PAMILYA?

OO, HIHINGI NG TULONG
AT PUPUNTA SA HEALTH CENTER.

⇒ Pahina 7

HINDI HIHINGI NG TULONG AT
HINDI PUPUNTA SA HEALTH CENTER.

⇒ Pahina 15

SA PALENGKE...



Bili na dito! Bili na!

Magkano ang 3 kilo?

SA HEALTH CENTER...



Misis, buntis ho kayo...

Ang putla mo. Bibigyan
kita ng iron with folic acid.

Kailangan mong ingatan ang
iyong sarili at bumalik ka sa
susunod na buwan.

—ANO ANG GAGAWIN NI ELLEN?

BABALIK SA HEALTH CENTER.

⇒ Pahina 4

HINDI NA BABALIK.

⇒ Pahina 12



Tat...

Ay! Saklolo!
Himnatay!

MULA NOON, NAGING PANATAG NA SI ELLEN SA PAGGAMIT NG INJECTABLES PARA MAKAPAG-AGWAT.

I lab you!

Ma-ma

NA-ENJOY NG MAG-ASAWA ANG PANAHON NILA KAY NIÑO.

SA KANYANG UNANG MGA SALITA...

UNANG MGA HAKBANG...

UNANG ARAW SA DAY CARE CENTER...

NGAYON, HANDA NA SINA ANTONIO AT ELLEN NA HARAPIN ANG PANIBAGONG KABANATA NG KANILANG BUHAY.

WAKAS.

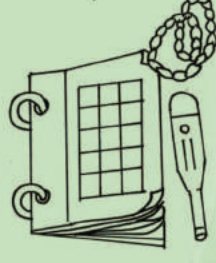
SA HEALTH CENTER...

Tama lang ang 3 hanggang 5 taong agwat sa panganganak. Makukuha ni Niño ang aruga at atensyong kailangan. Makakapahinga ang katawan ni Ellen. Makakapag-ipon ka rin, Antonio.

Paano po ba mag-agwat?

Maraming paraan.

Andyan ang Billings ovulation method, fertility beads, pills, IUD, injectables, condom, atbp.



Lahat ito ay ligtas, maaasahan at epektibo. Ang ilan ay angkop sa inang nagpapasuso. Hindi maaapektuhan ang iyang gatas. Kailangan niyo lang makinig, mag-usap at pumili.

ANO ANG GAGAWIN NG MAG-ASAWA?

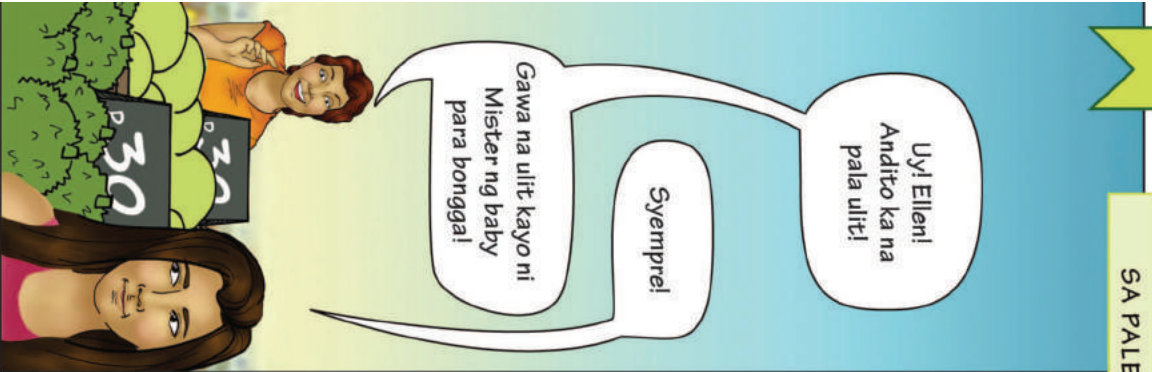
PIPILI NG PARAAN.

⇒ Pahina 8

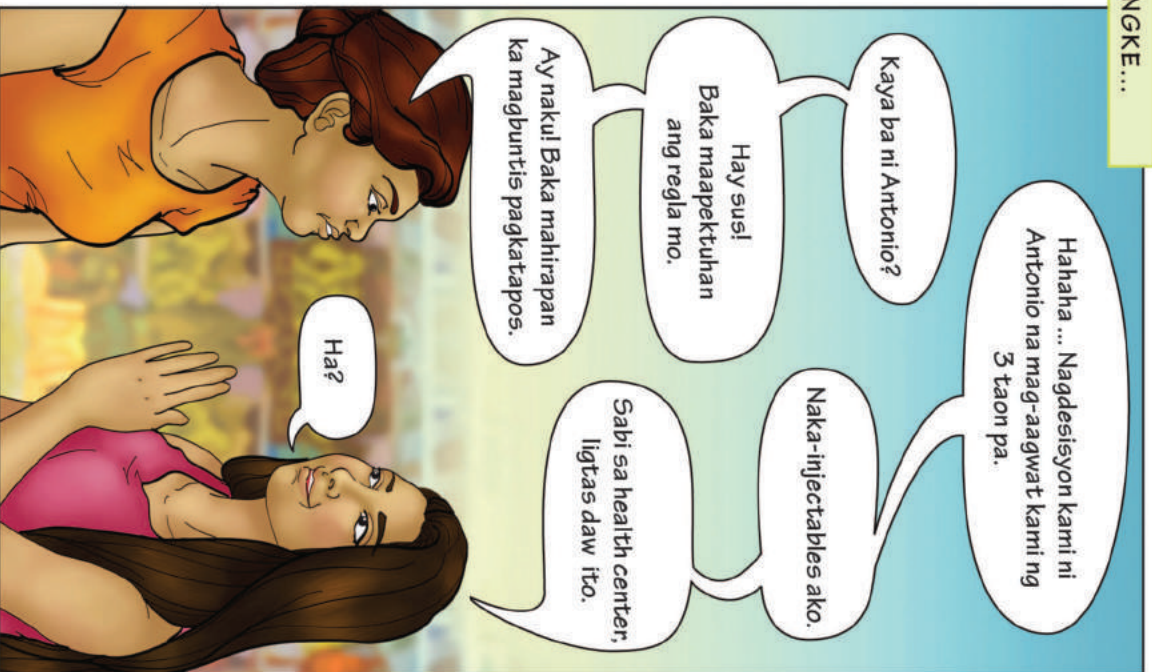
HINDI PIPILI NG PARAAN.

⇒ Pahina 15

SA PALENGKE...



SA HEALTH CENTER...



ANO ANG GAGAWIN NI ELLEN?

BABALIK SA HEALTH CENTER
PARA MAGTANONG.

⇒ Pahina 9

ITITIGIL ANG INJECTABLES AT
DI NA BABALIK SA HEALTH CENTER.

⇒ Pahina 15

ANO ANG GAGAWIN NI ELLEN?

ITUTULUY ANG INJECTABLES.

⇒ Pahina 10

ITITIGIL ANG INJECTABLES.

⇒ Pahina 15



Health Secretary Enrique T. Ona (extreme right) shows off the LBK bus to foreign health partners. (Photo courtesy of HealthPro)

LAKBAY BUHAY KALUSUGAN

The Journey Continues

In March 2011, the Department of Health launched a health promotion caravan called Lakbay Buhay Kalusugan (LBK). LBK uses the concept of a travelling bus as a platform for DOH and Local Government Units to spread key messages on health-seeking behaviors and practices to hard-to-reach poor families and communities. The LBK specifically aims to increase general public awareness on maternal and child health, nutrition, family planning and

tuberculosis with the main message of “No One is Left Behind: We are All Drivers in this Journey to Health.”

LBK is a festive health caravan with a customized bus that serves as a mobile maternal and child health consultation clinic, offering prenatal, postpartum and child care services with integrated family planning and nutrition counseling. The event includes a guided tour of an interactive health exhibit, health education classes, enter-educate

activities, as well as broadcasting of videos and radio spots.

LBK is a model of public-private partnership for health promotion, communication and education. It is made possible by a partnership among DOH’s National Center for Health Promotion, Local Government Units, United States Agency for International Development (USAID), and private partners such as the Dona Marta T. Hernandez Foundation of Victory Liner

Inc., Melawares, Air21, OMF Literature Inc., Dakila – Philippine Collective for Modern Heroism, Manila Broadcasting Company, UNTV, Center for Community Journalism and Development, Philippine Press Institute, the Alliance of Young Nurse Leaders and Advocates International, Inc. Victory Liner, Inc. donated the bus, and other media partners pledged print space and air time for the LBK's collaterals.

Since its launch, the LBK has proven to be an effective model for public-private partnerships in delivering critical health information and services. In 2011 it has travelled to 11 LGUs directly reaching 30,760 people with key health messages; whereas 1,823 pregnant and 8,052 children received prenatal and child care services on

the LBK bus.

To support LBK in the first year of its implementation, over Php15 million has been leveraged from the Local Government Units and Centers for Health Development, media agencies and private partners. Nearly 100 LBK stories have been produced in print, TV, radio and online. Partial report from MediaBanc, a news monitoring agency, estimated reach at 15,266,390 individuals, and a public relations value of Php1.9 million.

DOH's NCHP was actively involved in the original LBK concept development, and contributed to the implementation of LBK events in 2011. NCHP is now working toward making LBK a sustainable DOH intervention designed to bring health

promotion and select health care services to most disadvantaged areas of the Philippines.

In 2012, the NCHP will offer LBK to other LGUs and CHDs as a health promotion platform for Kalusugang Pangkalahatan, involving the Philippine Health Insurance, and showcasing the emerging role of Community Health Teams as health advocates. Several LGUs have already signified their intention to host LBK in 2012. Among these are Albay, Batangas, Metro Manila and Palawan in Luzon; Capiz, Leyte, Western Samar, Aklan in Visayas, and Zambo del Norte, Zamboanga Sibugay, Misamis Oriental and Davao del Sur in Mindanao.

The LBK journey continues...

- o o o -

spiritual HEALTH

Gaano Kahirap ang Buhay?



Pinoys kid laughing, grabbed from <<http://mattovatter.com>>

Isang araw, ipinasyal ng isang milyonaryong ama ang kanyang bunsong anak na lalaki upang ipakita sa kanya kung paano mamuhay ang isang maralita. Nagpalipas sila ng ilang oras sa pinagsasakahan ng isang mahirap na pamilya. Habang pasakay na sila sa kanilang SUV (service utility vehicle) para umuwi, tinanong ng ama ang kanyang anak, "Nakita mo ba kung gaano sila kahirap? Ano ang iyong natutunan?"

Sumagot ang anak, "Tayo po may isang alagang aso, sila apat. Tayo may swimming pool, sila may ilog. May ilaw tayo sa gabi, sila may mga bituin. Bumibili tayo ng pagkain, sila nagtatanim para may makain. Malaki, matibay at guwardiyado ang ating bahay para sa ating proteksyon, sila mga kaibigan ang sandigan. Marami tayong libro at may Internet pa sa bahay, sila may isang Bibliya."

At habang nilalakbay nila ang daan, sinabi ng anak, "Salamat Papa, ipinakita at ipinaramdam mo sa akin kung gaano kahirap ang buhay natin."



GUNAW

2012

RONALD: 2012 na. Tsk. Tsk. Tsk.

BIANCA: Bakit hindi ka masaya?

RONALD: Magugunaw na kasi ang mundo ngayong taon.

BIANCA: Hindi totoo yan!

RONALD: Sana nga. Ayaw kitang makitang magunaw. Ikaw kasi ang mundo ko.

Lindol

SANDY: Uy, lumindol kahapon ah? Naramdaman mo yun?

EMMERSON: Ah, hindi eh.

SANDY: Sa bagay... pagmamahal ko nga hindi mo maramdaman, lindol pa kaya.

Daming Manloloko

JACKIE: Sa dami ng manloloko ngayon sa mundo, mahirap na ang magtiwala. Kaya ibibigay ko lang ang oo ko sa taong karapat-dapat.

GEMER: Kapag pangit, huwag nang magpa-hard-to-get. Hard-to-want ka na nga eh. Huwag ganoon!

Tukso

EDWIN: Ang daming babae ang lumalapit sa akin. 'Pre, tulungan mo kong malayo sa tukso.

NOEL: Paano ka nila tinutukso?

EDWIN: Bading! Bakla! Beki! 'Kaasar nga!

Sino Sa Amin?

AMAD: Sino ba sa amin ang mahal mo?

EMAN: Oo nga! Sino ba talaga sa amin?

MACON: Pareho-pareho ko kayong mahal.

NEIL: Wow! Magulang?!? At kami ang mga anak mo? Ganoon?

Officially Ending

AURING: I'm officially ending our friendship.

ERMING: Okay ka lang?!? Official ba ang friendship? Personal kaya 'yun! Kaloka!

Alarm

EVELYN: Alarm clock ka ba?

JOEL: Bakit?

EVELYN: Kasi umaga palang, gusto na kitang patayin.

Unang Kukunin

JUN: Ngayong nakuha ko na ang iyong matamis na oo, may itatanong lang ako sa iyo.

HILLARY: Ano 'yun, mahal ko?

JUN: Kung ako ay isang puno ng saging, ano ang una mong kukunin? Puso ko o saging ko?

Kapag Wala Ka

ELGENE: Kapag wala ka bang tenga, maghihikaw ka?

PAULA: Siyempre hindi.

ELGENE: Kapag wala kang daliri mag sisingsing ka?

PAULA: Hindi rin!

ELGENE: Eh bakit ka nagba-BRA?!? Feel mo lang?

Deadline

KENNETH: Deadline ka ba?

GRACE: Hindi, bakit?

KENNETH: Palagi kasi kitang hinahabol!

GRACE: Baka ikaw ang deadline!

KENNETH: Bakit naman?

GRACE: Kinakabahan kasi ako kapag malapit ka na!

Breast Cancer: Risk Factors and You

With research growing rapidly and changes happening so often, finding and sorting facts can sometimes be difficult and confusing. This brief aims to provide you with concise evidence-based information to keep you abreast of state-of-the-art medical practice.

Breast cancer is known as the number one cause of cancer morbidity and mortality among Filipino women, accounting for almost 30 % of all female malignancies. Latest data reveal that three out of every 100 Filipinas are likely to develop breast cancer in their lifetime and that one out of every 100 are likely to die from the disease before age 75¹.

According to existing evidences collected by researchers, there are many different risk factors of breast cancer. Being a woman is the main risk factor for developing breast cancer. This risk increases as women get older. Asian, Hispanic, and Native-American women have a lower risk of developing and dying from breast cancer. Estimated 5-10% of breast cancer cases are hereditary². Some factors, such as gender, aging, race, ethnicity and family history, can't be controlled; others are related to individual behaviors and practices, such as drinking, smoking, etc. Some factors are known to influence risk more than others, and the risk of breast cancer changes over time due to aging and lifestyle³.

Alcohol Use

Modest amount of alcohol regularly taken over a long period of time increases a woman's risk for invasive breast cancer⁴. Women who drink as sparingly as three to six glasses of alcohol per week (regardless whether it is wine, beer or liquor) are 15% more likely to develop breast cancer than non-alcoholic drinkers.

Smoking

Active smoking is linked to an increased risk for breast cancer in postmenopausal women. The more cigarettes and the longer a woman has been smoking, the higher her breast cancer risk⁵.

Overweight and Obesity

Studies showed that postmenopausal women who are overweight or obese have advanced breast cancer at significantly higher rates than women of normal weight or less than normal weight. After menopause, obese women have 1.5 times the risk of women of a healthy weight⁶.

Other Factors

Both contraceptive pill users and non-users, in general, can have breast cancer but studies⁷ show that breast cancer was found slightly more among women who continuously used pills in the last 10 years. This risk seems to go back to normal over time once the pills are stopped⁸. Researches have not conclusively shown whether the contraceptive pills caused the slight increase in cases of breast cancer. It is possible that women who use oral contraceptives already had cancer even before using pills and their condition was detected sooner because they visited health facilities more often⁹.

Other known factors include having no children or having a first child after the age of 30; combined hormone replacement therapy; and not continuously breastfeeding.

Reducing Risks

To reduce the risk of breast cancer, women can practice the following simple, yet effective healthy behaviors.

1. Breastfeeding lowers the risk of breast cancer, especially if it continues for 1.5 – 2 years.
2. Moderation is key when it comes to alcohol. Consuming less than 3 drinks a week (about 4.9g of alcohol a day) is not associated with significantly increased breast cancer risk. However, for some women who are more predisposed for heart attacks, the benefits of drinking a glass of wine a day to reduce risk for cardiovascular diseases may outweigh the increased risk for breast cancer.
3. Maintaining healthy weight by balancing food intake with physical activities and avoiding excessive weight gain¹⁰. Exercising is a means of reducing risk for developing breast cancer among women. Regular moderate to vigorous physical activity is believed to mitigate levels of endogenous sex hormones, modulate insulin and insulin-like growth factors and increase immunity¹¹. Physical activity also reduces the risk for colon, endometrial cancer, and possibly prostate, lung, and ovarian cancer, by 10 to 30%¹².

1 <http://www.gov.ph/2011/10/25/doh-and-philippine-cancer-society-continue-fight-versus-breast-cancer/>

2 <http://www.cancer.org> Accessed January 2012.

3 Ibid.

4 <http://jama.ama-assn.org/content/306/17/1884.abstract>

5 <http://www.medscape.com/viewarticle/738648>

6 Huang Z, Hankinson SE, Cloditz GA, et al. Dual effects of weight and weight gain on breast cancer risk. *Journal of the American Medical Association* 1997; 278(17):1407–1411

7 Grubric DM, Hartmann LC, Cerhan JR, et al. Risk of breast cancer with oral contraceptives use in women with a family history of breast cancer. *JAMA* 2000; 284(14):1791–98.

8 <http://www.cancer.org> Accessed January 2012.

9 Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and hormonal contraceptives: Collaborative reanalysis of individual data on 53,297 women with breast cancer and 100,239 women without breast cancer from 54 epidemiological studies. *Lancet* 1996; 347:1713–1727.

10 <http://www.cancer.org> Accessed January 2012.

11 <http://www.medscape.com/viewarticle/710261>

12 Ibid.



Modifying Health Risk Factors

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Health risk is a disease precursor associated with a higher than average rate of illness or death. Disease precursors include demographic variables, certain individual behaviors, family and individual histories, and certain physiologic changes (changes in the characteristic of normal and healthy functioning of the body).

Risk factors of Chronic NCDs

The common risk factors of chronic or persistent and long-lasting non-communicable diseases (NCDs) include: unhealthy diet, physical inactivity, tobacco and alcohol use, age and heredity.

Unhealthy diet, physical inactivity or sedentary lifestyle, tobacco and alcohol use are modifiable risk factors leading intermediate risk factors such as elevated blood pressure, raise blood sugar, abnormal blood lipids, overweight and obesity, and abnormal lung function. Intermediate risk factors will likely result to major chronic NCDs namely heart disease, cancer, stroke, diabetes and chronic respiratory diseases (chronic bronchitis and emphysema) if no healthy lifestyle interventions and perhaps medications are instituted to bring back to its normal physiologic state.

On the other hand, age and heredity are non-modifiable risk factors that will increase a person's chances of developing chronic NCDs in the long run.

Modifiable Risk Factors

The following are some modifiable

risk factors:

Overweight/Obesity. A growing number of Filipinos are now becoming overweight or obese, which poses a threat to the health of their heart and metabolism. But for many, weight loss can be a struggle because it means substantial changes in eating and exercising habits. These can be some of the hardest habits to change, and there is no quick fix. However, even just a small weight loss could have a big impact on their health, quality of life, and on the length of their life. It is therefore important to reduce calorie intake. A small calorie deficit of 100 calories per day leads to a 10 lbs weight loss over a year. If a person has other risk factors, he/she should know that losing weight can help manage blood pressure and cholesterol, among others.

High Blood Glucose. Insulin resistance and high blood glucose are substantial risk factors for diabetes and in the long run, heart disease and stroke. A fasting plasma glucose (FPG) test helps determine if a person's glucose levels are too high. (FPG under 100 is healthy blood glucose level; FPG of 100-125 means a pre-diabetes stage; and FPG more than 125 is diabetes.) For people in pre-diabetes and diabetes stage, aggressive lifestyle modification is needed. But before starting on any lifestyle change, always seek the doctor's advice.

Hypertension. High blood pressure leads to elevated risk for myocardial infarction, stroke, eye problems and kidney disease. Often a silent disease, many patients will not know they have high blood pressure until informed by their health

care provider. For people without diabetes, blood pressure should be measured at each regular visit or at least once every 2 years if it is less than 120/80 mmHg. Meanwhile, for patients with diabetes, blood pressure should be measured at each regular visit to the doctor. Interventions include a DASH (Dietary Approaches to Stop Hypertension) diet. Also, a diet high in whole grains, fruits, vegetables, and low-fat dairy and low in saturated, trans fat and cholesterol is essential. Physical activity is needed and weight loss, if applicable.

Physical Inactivity. A significant percentage of coronary heart disease deaths can be attributed to an inactive lifestyle, and consistent exercise can reduce cardiovascular diseases (CVD) risk. Staying active can: increase insulin sensitivity, improve lipid levels, lower blood pressure, aid weight management, and improve blood glucose management in type 2 diabetes. Everyone is encouraged to find ways to fit physical activity into his/her daily routine, like taking the stairs, parking further away, or walking. It is also important to aim for at least 30 minutes of moderate aerobic exercise three times a week, and build from there. Joining an exercise group can also keep one's motivation.

Smoking. Most smokers know that smoking is bad for their health, but quitting is often easier said than done. Health professionals, family members and friends can help smokers by encouraging them to quit and giving brief advice by emphasizing not only the grave dangers of continuing smoking, but also the tremendous benefits

of quitting.

What About Modifying Non-Modifiable Risk Factors?

Age as a risk factor of chronic NCDs cannot be modified. However, it can be modified physically through cosmetic surgery but not biologically.

On one hand, premature ageing can be deterred through healthy lifestyle but it can be hastened also through unhealthy lifestyle like tobacco use.

Evidently, smoking restricts blood flow through the capillaries (tiny veins near the skins surface) preventing oxygen and nutrients getting to the skin, increases production of an enzyme which breaks

down the supply of collagen to the skin's structure (collagen supply is vital to the skin's elasticity), reduces the body's store of vitamin A which provides protection from skin damage, gets in the way of absorption of vitamin C (a vital antioxidant for skin protection and health), and smokers continual puckering from drawing on a cigarette and squinting in reaction to the cigarette smoke results in deeply wrinkled skin around the eyes and mouth – classic signs of a "smoker's face."

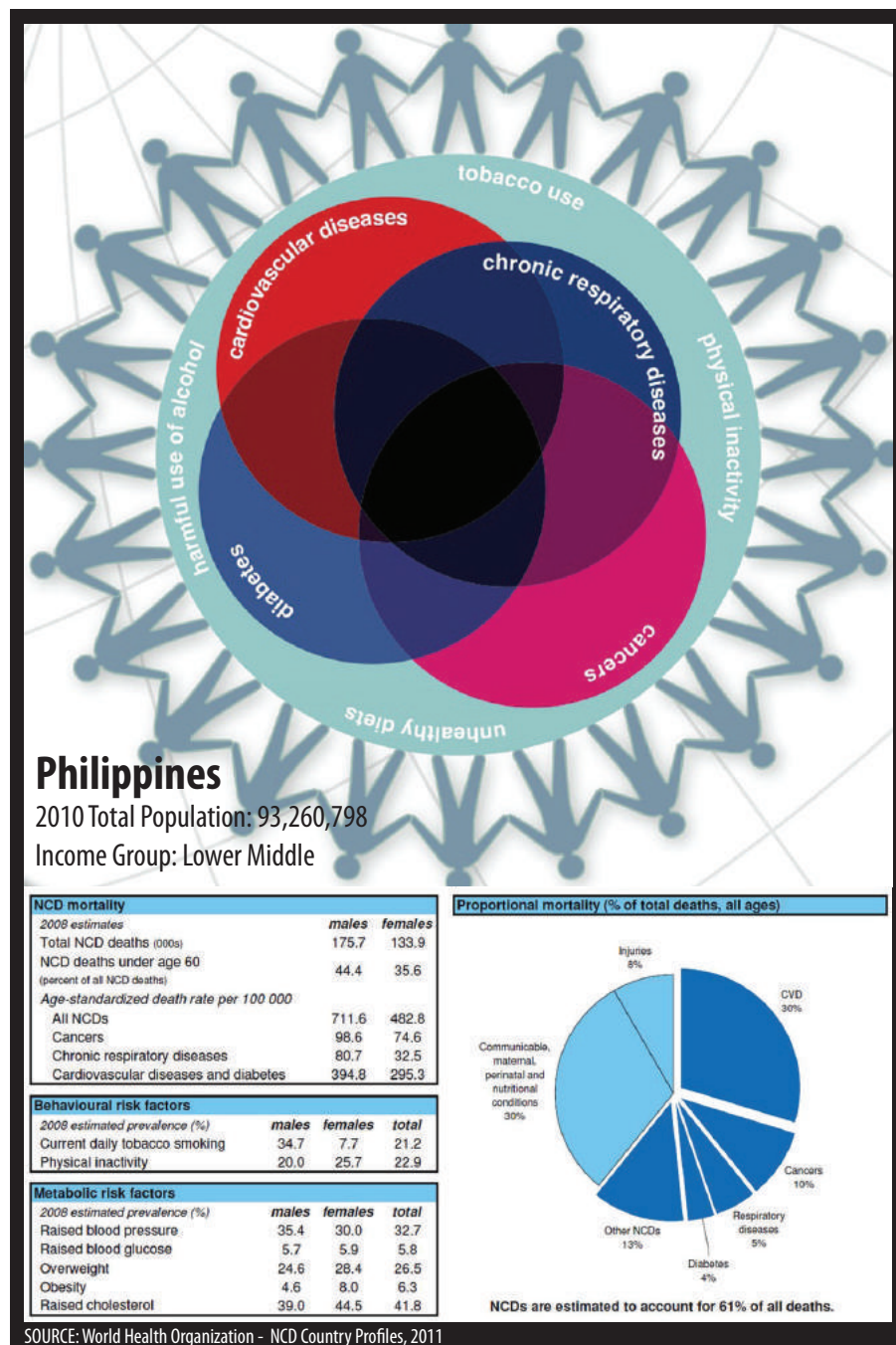
Imam Ahmad narrated that Usamah bin Shuraik said: "I was with the Prophet (*peace and blessings be upon him*) when the Bedouins came to him and said, 'O Messenger of Allah, should we seek medicine?' He said, 'Yes, O slaves of Allah, seek medicine, for Allah has not created a disease but he has also created its cure, except for one illness.' They said, 'And what is that?' He said, 'Old age.'"

As regards the heredity, human genetic engineering may play a role. However, it is controversial and complex subject, fraught with ethical and moral debates, full of intriguing science and medicine.

The Prophet (*peace and blessings be upon him*) said: "Choose carefully whom to plant your nutfa (semen). Verily, bloodline flows into blood vessels." This Prophet's saying clearly expresses that there are hereditary diseases that runs in the family and could be handed from generation to generation. In Egypt, prospect couples undergo tests for hereditary diseases before entering to marriage to help identify their offspring's risk factors.

As such, modifying non-modifiable risk factor on heredity could be avoided if people who are planning to have partner in life should choose spouse whose family has devoid of genetic risk factors.

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MORE FUN TO EAT IN THE PHILIPPINES? (Photo courtesy of Mike Ace Monzon, Cavite City Health Office)

Are Pinoys **THIN** or **FAT**?

by

ABIGAIL CORPUZ-QUETULIO

HEALTHbeat Staff

Are Filipinos getting thin or fat? A rising number of Filipinos, it seems, are at high risk of getting non-communicable diseases (NCDs) because of their weight.

Obesity in the World

The terms "overweight" and "obesity" refer to a person's overall body weight and whether it is too high. Overweight is having extra body weight

from muscle, bone, fat, and/or water. Obesity is having a high amount of extra body fat.

Data from the World Health Organization (WHO) shows that worldwide obesity more than doubled between 1980 and 2008. More than one in 10 adults were obese and about 10% of men while 14% of women were obese compared to 5% for men and 8% for women in 1980. Moreover, 205 million men and 297 million women were obese which means a total of more than half

a billion adults worldwide.

The top 5 countries with the highest prevalence rate of obesity among its population are Nauru (71.1%), Cook Islands (64.1%), Tonga (59.6%), Samoa (55.5%) and Palau (50.7%). On the other hand, the bottom five countries with the lowest rate are Madagascar (1.7%), Vietnam (1.6%), Nepal (1.5%), Ethiopia (1.2%) and Bangladesh (1.1%). Prevalence of obesity and overweight among adults were highest

in the Americas and lowest in Southeast Asia.

In Asia, Malaysia has the highest prevalence rate of obesity with 14.1% followed by Thailand (8.5%), Brunei (7.9%), Singapore (6.4%) and the Philippines (5.2%). Among the lowest rates are Indonesia (4.7%), Myanmar (4.1%), Lao PDR (3.0%), Cambodia (2.3%) and Vietnam (1.6%).

In the Philippines

Based on the National Nutrition Survey (2008) conducted by the Food and Nutrition and Research Institute, 26.7% of adults 20 years and over were overweight, of which 5.2% were obese. Accordingly, the prevalence of overweight has continuously increased from 16.6% in 1993 to 26.6% in 2008. There were more overweight females (30.1%) than males (23.0%); and there were also more obese females (6.6%) than males (3.7%).

Among the regions with the high prevalence of overweight adults are National Capital Region (NCR) with 32.2% followed by Cordillera Autonomous Region (CAR) 29.9%, and Central Luzon (29.8%). Conversely, those regions with the lowest prevalence of overweight adults include Autonomous Region in Muslim Mindanao (ARMM) with 17.1%, Western Visayas (19.4%) and Bicol (20.5%).

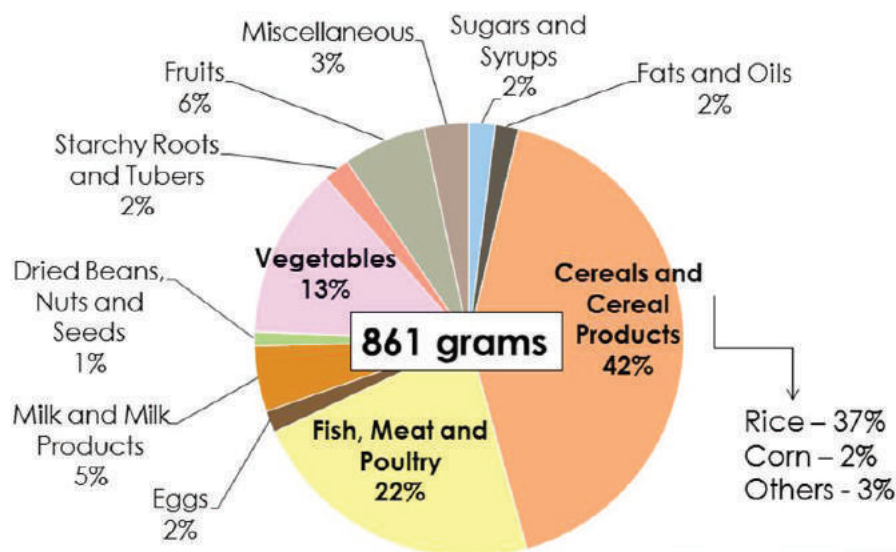
Meanwhile, the regions with high prevalence rate of obesity are in NCR, Eastern Visayas and Central Luzon while low prevalence in ARMM, Bicol and Western Visayas.

Food Consumption of Pinoyos

More fun to eat in the Philippines? Candido Astrologo Jr., director of the National Statistical Board, cited 2008 statistics that

What and How Much Do We Eat?

SOURCE: National Nutrition Survey (2008)



Mean one day per capita food consumption (grams)

showed Filipinos consumed 861 grams of food on the average per day. He said, "We ate more cereals, vegetables, fish, meat and poultry. Rice comprised more than one-third of our daily food consumption."

Accordingly, looking at the trend between 1978 and 2008, the daily food consumption by Filipinos decreased annually by 0.1% from 1978 on a compounded basis. Data show that the lowest food intake was noted in 1993 at 803 grams per day. From 1993, intake of poultry increased the highest by 4.3% followed by meat by 3.1% on an annual compounded basis. The consumption of rice slightly increased by 0.1%. However, starchy roots and tubers declined by 2.6%, and so were fruits by 2.2%.

"From the data, there is an increasing trend in the prevalence of overweight and obesity among children, adolescents and adults. This is because we have fastfoods, Facebook and Farmville," Astrologo noted. "We can also say that consumption of fish, meat and poultry has been increasing while intake of fruits and vegetables has been on the downtrend.

One of the reasons is because fruits and vegetables are expensive," he added.

Measuring Obesity

The following are three ways to measure overweight and obesity:

1) Body Mass Index (BMI).

According to the WHO, BMI is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²). It says that a BMI greater than or equal to 25 is overweight and a BMI greater than or equal to 30 is obesity.

2) Waist Circumference.

Based on WHO standards, waist circumference should be measured at the midpoint between the lower margin of the least palpable rib and the top of the iliac crest, using a stretch-resistant tape that provides a constant 100 gram tension. Hip circumference should be measured around the widest portion of the buttocks, with the tape parallel to the floor.

3) Waist Hip Ratio.

of the circumference of the waist to that of the hips (waist/hip). WHO noted that abdominal obesity is defined as waist-hip ratio above 0.90 for males and above 0.85 for females, or a BMI above 30.0.

Dr. Antonio L. Dans, professor of UP College of Medicine, said that BMI is not a good measure of obesity. He noted that a study of 20,000 people around the world in 52 countries found that BMI does increase the risk of cardiovascular diseases (CVD), but by 8% to 10% only. He said that the most important measure of obesity is the waist hip ratio because the risk of CVDs is by 100%. In BMI, the incidence of obesity among Filipinos is less than 3%, but if waist hip ratio were to be used, it is a third of Filipinos who are at risk of CVDs, which means a third of Filipinos are obese.

"So we are wondering why there are so many "payat" (thin people) who are admitted in the hospital? They might be light in terms of weight but their waist hip ratio are high," Dans explained. Also, data shows that female obesity by waist hip ratio

is 55% while in men it is 12%.

The WHO reported CVDs as one of the four main non-communicable diseases (NCDs). The other three are cancer, chronic lung diseases and diabetes. These NCDs kill three in five people worldwide, and cause great socio-economic harm within all countries, particularly in developing nations.

The NCD Epidemic

NCD is a medical condition or disease which is non-infectious, of long duration, and generally slow in progression. According to WHO Report (2008), 36million die in the world each year from NCDs. This means 60 deaths per minute from NCDs worldwide.

Dans noted that of the 60 deaths per minute, 15 of these are premature, which means they occur in people less than 60 years old. He explained, "These people were still productive and working, in other words, it was not their time to retire yet."

About 2.5 million deaths,

translated into 6 deaths per minute, from NCDs each year occur in Southeast Asia. In the Philippines, there are around 200,000 deaths per year from NCDs alone.

"It is the most important epidemic that we have faced. I cannot imagine an epidemic more important or greater devastation than this," Dans stressed.

He presented an agenda for action which include 3 types of interventions, namely: downstream, midstream and upstream.

Downstream interventions mean having basic clinic and hospital services for the sick. Midstream interventions include basic preventive packages like health insurance and other public health services initiated by the Department of Health. And finally, upstream interventions mean all members of society, like workplaces, schools and communities as well as all branches of the government (executive, legislative and judiciary) should be involved and moved into action.

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FEEDback



Hadu Ken wrote the following post on the Facebook page of the Department of Health (Philippines) on January 28, 2011...

"While I was surfing on the net for some health updates, I was quite shocked, perplexed, disappointed when I found this page from Health Beat, the official publication of the Department of Health (Philippines)!"

Do you consider this page as "INFORMATIVE." Even if the local setting such as in Cebu, newspapers are banned to publish sexually explicit and malicious material.

Although this dated March 2011, I don't know whether this has been put to notice but I do care. You dare place the logo of the leading agency of health care in this publication?!"

How disgraceful!"

No excuses from **HEALTHbeat** for the "disgraceful" joke page. Sex jokes seemingly suffer the same situation as many serious issues on reproductive health. Some people like them, some people don't. For many, good laughter as well as good sex (i.e. within the bounds of what is legal and moral) are important for healthy living. Anyway, we'll be more discreet with our jokes next time. — *The Editors*



TOP: The APIR (Aksyon: Paputok Injury Reduction) campaign of the Department of Health and its partners urge local government units to conduct community fireworks display to deter residential use of paputok and reduce injury cases. **BOTTOM:** DOH and partners even inspect manufacturers and retailers in Bocaue, Bulacan for them to produce and sell only legal paputok. (Photos by Paking Repelente)

APIR or Disappear?

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

Paputok: What Now?

Gretchen Fullido in ABS-CBN's TV Patrol once said in her report that if there is one government agency that never runs out of gimmicks in promoting its various programs, it is the Department of Health. But as in life, there comes a point when doing the best isn't good enough. This cliché

also goes well with firecrackers/fireworks injury prevention and control.

Every year, Filipinos welcome the New Year with merrymaking activities coupled with injuries and deaths. This has been an endless tradition of losing limbs and lives in the belief of driving away evil spirits by lighting fireworks/firecrackers.

Last year, the Department of

Health and its partners veered away from scare tactics of showing graphic mutilated fingers as a result of firecracker blast. Instead, they urged local government units (LGUs) to stage public display of fireworks to be handled by professionals in their area/locality. Some LGUs heeded the call, and the DOH was delighted. But of course, it hoped that many more LGUs would join.

The DOH became very busy promoting public display of fireworks to every city while at the same time discouraging individual use of fireworks/firecrackers to prevent injuries. Also, it focused on giving positive holiday messages.

The five reminders to prevent harm and injury are: 1) fireworks cause injuries and endanger health 2) children should not use any fireworks 3) keep away from exploding fireworks 4) never pick used fireworks and 5) seek immediate medical treatment for all firework injuries.

And New Year's celebrations can be made safe for the whole family by following the five simple tips: 1) promote and participate in the community fireworks display in your area; 2) celebrate a safe holiday with family and loved ones; 3) use alternative noise-makers to welcome the New Year like car horns, cans, pots and pans, radio music, etc.; 4) join merry-making activities such as street parties, concerts, games; 5) use the time to reflect on the lessons of the past year and make resolutions for a better 2012!

Health Secretary Enrique T. Ona said, "Our strategy is to be positive. The image we will focus is the complete set of fingers and this represents our five reminders to prevent injury and five suggestions to keep safe while celebrating the holidays."

"We at the DOH recognize the need for implementing a new strategy for the reduction of fireworks-related injuries as the number of cases between 2009 and 2010 decreased by a mere 1.4%," the health chief explained. "We are aiming for much better results in 2011," Ona added.

Ona particularly enjoined all citizens to participate in the creation of community fireworks displays. The primary purpose of these would be to have designated areas for the safe and responsible use of fireworks in each community. These

areas will be situated at ideal locations with adequate buffer zones to avoid injury to individuals, fire hazards and other accidents.

The health chief added that communities will hopefully be able to pool their resources to provide such displays with even better fireworks than they would be able to purchase individually. The DOH is one with all Filipinos in their wish to welcome the New Year with brilliant festivities and the community fireworks displays will help strike a balance between merriment and safety.

And when Typhoon Sendong tragedy struck some major cities in Mindanao and Visayas, Ona went as far as appealing to other LGUs and individuals to donate their resources intended for firecrackers/fireworks to aid the flood-stricken victims.

APIR...

On November 24, 2011, the DOH launched its firecracker campaign dubbed as Aksyon: Paputok Injury Reduction or APIR.

The main objective of the campaign was to prevent injuries/deaths because celebrations should not be marked by tragedies.

APIR, as the acronym hinted, used the image of the hands and fingers – the body parts usually affected by paputok injuries, but this time, healthy hands. The word APIR as described by the UP Diksyunaryong Filipino is a sign of greeting by slapping of the hands. This is also what is termed as "High-Five" or "Give Me Five" used in the US. The APIR campaign symbolized people in agreement and Filipinos as one in reducing or even eliminating paputok-related injury cases.

Towards the end of the year, when news reports carried images of the different types of illegal and powerful firecrackers sold in the market which were gruesomely named as "Goodbye Philippines," "Goodbye Gloria," and "End of the World," the famous rock band, 6 Cycle Mind, produced an audio compact disc (CD) containing nine tracks of firecracker sounds from five star, super lolo, judas belt, whistle bomb, kwitis, trompillo,



Health Secretary Enrique T. Ona (center) holding the "Goodbye Paputok - The Safest Paputok" CD pose with the members of the 6 Cycle Mind band - the producer of the CD. Also in photo are Assistant Secretary Gerardo Bayugo (extreme left) and Assistant Secretary Enrique Tayag (extreme right.) (Photo by Paking Repelente)

and others. The band donated the CD to the DOH in an effort to promote safe and injury-free New Year. It was packaged to look like a big five star and called it as "Goodbye Paputok," the safest firecracker. It was launched at the East Avenue Medical Center on December 28, 2011, distributed the following day to some LGUs and made downloadable at the DOH website. In fact, more than 10,000 web visitors downloaded the material.

...Or Disappear?

Despite the stern warning to children, parents and caregivers about the dangers on the use of fireworks/firecrackers and the shift of the government's approach, the campaign produced the same results.

For the whole surveillance period from December 21 2011 to January 5, 2012 in 50 sentinel sites, the DOH registered a total of 1,021 injuries. Of these total, 987 were fireworks-related, 29 due to stray bullet and 5 were caused by firecracker ingestion. These figures compared to the same period from the previous year showed no improvement - total injuries reached 1,022 and broken down to 972 fireworks-related, 39 stray bullet and 11 were fireworks ingestion. That's only one case less from the total injuries this year.

Most injuries were caused by piccolo, kwitis, luces, five star and some unknown fireworks. And most cases came from the National Capital Region (590), CALABARZON (77), Ilocos Region (73), and Central Luzon (68).



And as the campaign turned out, paputok-related cases showed no improvement. Most cases still came from children below 10 years old. In the photo, from left to right, Health Secretary Enrique T. Ona, East Avenue Medical Center (EAMC) Chief Roland Cortez and Philippine National Police Director General Nicanor Bartolome look on a boy suffering from a minor blast injury, one of the first cases being treated at EAMC on December 31. (Photo by Paking Repele)

Health authorities also strongly reminded the public that most cases of fireworks-related injuries come from the 1-10 years age group. This group is followed by the 11-20 years age group in number of injuries. From December 21, 2011 to January 5, 2012, most age group injured were the 1-10 years (296 cases) and the 11-20 (198 cases).

Worse, this year's revelry turned out to be the deadliest with a total of 4 deaths recorded. Three deaths were due to blast injuries while one was due to stray bullet. In the previous year, there was one

death reported and this was due to fireworks ingestion.

In some regions/cities where the use of fireworks/firecrackers is totally banned, it could be observed that there were lesser injuries reported. And the questions were sounded off again — Should the government impose a total ban on fireworks/firecrackers? Should the list of illegal and legal fireworks/firecrackers be reviewed annually? Or should the government simply do nothing and channel its efforts and logistics to some other pressing issues at hand? What now? APIR or disappear??

Do Re Mi Fa So LANDI Mo...

Sa dinami-dami ng description ng CUTE sa mundo,
sa SALAMIN ko pa talaga nakita ang true meaning nito.





©Dashevskiy 2011. (Photo courtesy of HealthPro.)

Kalusugan Pangkalahatan

● ● ● ● ● ● ● Bullets of Accomplishments in 2011

by

JOSEPH ANTHONY D. LACHICA, MD

Office of the Secretary

*The Department of Health is giving full attention and action to the needs of millions of poor families comprising the great majority of the population. This is the essence of **Kalusugan Pangkalahatan** (aka Universal Health Care). How far has the DOH gone in its implementation, and what did it achieve in 2011?*

Financial Risk Protection

• **Philippines Closer to Universal Health Care.** According to PhilHealth (Philippine Health Insurance Corporation) data, as of October 2011, a total of 79 million Filipinos or 82% of the population (based on a 2011 population projection of 95.7 million

Filipinos) are covered by PhilHealth as either enrolled members or dependents. Among those enrolled are 5.2 million or 100% of the National Household Targeting System for Poverty Reduction (NHTS-PR) families and 4.26 million families from the informal sector.

• **Poor Families Enrolled in**

PhilHealth. Some 5.2 million of the poorest Filipino families identified in the NHTS-PR, a tool to ascertain poverty of families, have been enrolled in PhilHealth from April to December 2011 through full subsidy from the national government. An additional 4.55 million poor families were enrolled in partnership with the local government units.

- **Members from the Informal Sector also Enrolled.** A total of 4.26 million families have been enrolled this year as individually paying members. This represents those belonging in informal sector which includes tricycle drivers and market vendors in one end of the spectrum, and lawyers and businessmen on the other.

- **PhilHealth Sabado 2 Conducted.** The National PhilHealth Registration Day was conducted on June 25, 2011 with the goal of increasing PhilHealth enrolment and disseminating information regarding PhilHealth membership and benefits. A total of 719,930 Philhealth membership cards were distributed to the poor included in the NHTS-PR list. Some 7,238 members from the informal sector were also registered. An orientation on PhilHealth entitlements and responsibilities for 40,536 members was also conducted that same day.

- **PhilHealth Case Rates Scheme Introduced.** In September 2011, the PhilHealth Case Rate Payment Scheme which seeks to improve turn-around time for claims processing and payment to providers in order to achieve better cost-efficiency was introduced. It provides an all-in package payment for 23 of the most common conditions, including: dengue I (dengue fever and dengue hemorrhagic fever or DHF Grades I and II), dengue II (DHF Grades III and IV), pneumonia I (moderate risk), pneumonia II (high risk), essential hypertension, cerebral infarction (CVA I), cerebro-vascular accident (hemorrhage, CVA II), acute gastroenteritis,

asthma, typhoid fever, newborn care package, normal spontaneous delivery package, caesarean section, appendectomy, cholecystectomy, dilatation and curettage, thyroidectomy, herniorrhaphy, mastectomy, hysterectomy and cataract surgery. Members of PhilHealth sponsored program are entitled to No Balance Billing when admitted to a government hospital, treated for any of the 23 cases outlined in the Case Rates Payment Scheme or availing existing outpatient packages for tuberculosis - directly observed treatment shortcourse (TB-DOTS), malaria or HIV/AIDS.

- **Amendments to the PhilHealth Law Filed.** Bills have been filed in Congress seeking to amend the National Health Insurance Program law to make it more responsive to ongoing efforts towards universal health care. In particular, it aims to ensure that the national government shall provide the premium for the identified poor while the local governments shall ensure enrollment of the informal sector to PhilHealth.

- **PhilHealth Desks Established in Department of Health Hospitals.**

Department Memorandum 2011-0814 was issued instructing all DOH hospitals to have PhilHealth Desks which seeks to provide assistance for members to navigate the claims process in hospitals and to aid in facilitating the enrolment of indigents and individually paying members.

- **Public-Private Partnerships to Increase Enrollment Launched.** PhilHealth entered in partnership with the various private companies to promote coverage among the informal sector or individually paying members. Industry giants SM and other information technology (IT)-based companies will support PhilHealth by making registration easier and more convenient by increasing registration centers and by utilizing IT tools for enrolment and payment. Telecom giants Smart and Globe have committed to assist in promotional messages to its millions of subscribers. Various other companies such as Watson's, Unilab, Fresenius and GSK, among others will provide discounts for PhilHealth members to entice individually paying members to enroll.

- **DOH Licensing and**



PhilHealth Sabado - registering the poorest of the poor to become PhilHealth members. (Photo by Paking Repelente)



Secretary Enrique T. Ona looks at the operating room facilities of Ciriaco Tirol Hospital in Aklan. This is just one of the Secretary's numerous inspection visits in the effort to enhance and upgrade hospitals and health facilities nationwide. (Photo by Paking Repeleante)

PhilHealth Accreditation of Hospitals Unified. Previously, the DOH and PhilHealth had separate standards for licensing and accreditation of health facilities. Administrative Order 2011-0020 mandates that hospitals licensed by DOH are automatically accredited by PhilHealth as Center for Safety.

- **PhilHealth Set to Upgrade Information Technology Capabilities.** A total of Php350M has been allotted to upgrade PhilHealth IT tools to enable efficient operations and faster performance and shorter waiting time for PhilHealth transactions such as enrollment, claims processing, reimbursement, etc.

- **Professional Fees Evaluated.** A study on physicians' professional fees is currently being done in order to assist PhilHealth in setting up guidelines for proper determination of doctors' fees in connection with the Case Rates Scheme. The DOH believes in providing a reference for reasonable professional fees which would not only protect against excessiveness but also serve to give value the expertise and

skill of physicians.

- **Catastrophic Care Package Being Developed.** The DOH, together with PhilHealth, the Presidential Management Staff and the Philippine Charity Sweepstakes Office, is developing a Catastrophic Care Package which would provide substantial assistance to any member who contracts illnesses such as cancer and end-stage renal disease.

Health Facilities Enhancement

- **Implementation of Health Facility Enhancement Program (HFEP) Fast-tracked.** This seeks to improve health centers, rural health units, district and provincial hospitals all over the country in partnership with local government units (LGUs). As of November 28, 2011, a total of 98.8% of the projects with funding from the Continuing Appropriation (CONAP) of 2010 were either completed or on-going. In 2011, there was an allocated budget of Php7.14 billion for HFEP. This was to fund 1,559 infrastructure projects and 280 equipment

projects. As of December 12, 2011, some 177 projects were ongoing, 447 had been awarded, 313 had been bidded, and 517 were for bidding. A projected 90% of the total allocation for HFEP projects is expected to be obligated by December 31, 2011.

- **Modern Diagnostic Equipment Provided to DOH Hospitals.** As part of its efforts to enhance and upgrade hospitals and health facilities nationwide, a number of strategically located DOH medical centers will be provided with brand new, modern diagnostic equipment early in 2012 – one 16 slice CT Scan will be given to the Philippine Orthopedic Center, Dr. Paulino J. Garcia Memorial Research and Medical Center, Jose B. Lingad Memorial Regional Hospital and Bicol Regional Training and Teaching Hospital; four x-ray machines will be given to Veterans Regional Hospital, Batangas Regional Hospital, Margosatubig Regional Hospital and Cotabato Regional and Medical Center; and an ultrasound machine will be given to Adela Sera Ty Memorial Medical Center. The DOH savings for 2010 amounting to Php193 million were used for the procurement of these equipment.

- **Public-Private Partnerships (PPP) Initiated.** Recognizing its limited resources, the DOH will be looking to the private sector for partners in its continuing effort to upgrade and modernize the DOH hospitals. Given the experience of the DOH in implementing PPP projects in hospitals in the past, the United Nations Economic Council for Europe designated the Philippines as the site of its International Specialist Center for PPP for Health to oversee 30 PPPs being planned for the coming years. Most of these projects aim to modernize the infrastructure and improve the services of DOH hospitals. Two such projects which are in the advanced stages of planning are the modernization of the Philippine Orthopedic Center and the Vaccine Self-Sufficiency Project of the

Research Institute for Tropical Medicine which aims to reduce the cost of vaccines and ensure an adequate supply of locally manufactured quality vaccines.

- **Health Workers Deployed.** The Registered Nurses for Health Enhancement and Local Service (RNheals) Program which was started in February 2011 deployed close to 10,000 nurses to serve in different rural communities across the country. A second batch of nurses was deployed in October 2011 to serve in DOH hospitals to augment their human resource requirements. As of November 28, 2011, the RNheals II program has been able to recruit more than 11,236 nurses. Meanwhile, 900 midwives out of the 1,000 targeted for deployment have been sent to different communities across the country through the Rural Health Midwives Placement Program. Finally, the Doctors to the Barrios Program has deployed 113 physicians to various municipalities in 2011 and there are plans to expand volunteer doctors recruitment and deployment in 2012.

- **DOH Complete Treatment Pack Launched.** Complete treatment packages or COMPACK for diseases such as hypertension and diabetes have been distributed to 1,000 rural health units to be availed of for free by members of the Conditional Cash Transfer Program.

Attaining Millennium Development Goals (MDGs)

- **Prioritization of Responsible Parenthood and Reproductive Health (RP/RH) Bill Pushed.** In 2011, the RP/RH Bill was included in the administration's priority legislations. The DOH has persistently lobbied and raised public awareness through advocacies and information campaign.

- **Measles-Rubella Supplemental Immunization Activity (MR-SIA)**



Start of the multi-sectoral and multi-agency Aksyon Barangay Kontra Dengue campaign. (Photo by Paking Repelete)

Conducted from April to May 2011.

The MR-SIA was a nationwide door-to-door activity which sought to reduce the number of children susceptible to measles and to prevent outbreaks. The impetus for this activity was the fact that even though measles vaccinations were given free and available in all health centers nationwide, there were still children dying from the disease. A total of 15,649,907 children aged 9 months to 7 years and 11 months were given vaccinations for measles and rubella, reaching 84% of the targeted population of 18.6 million.

- **Exercise and Healthy Lifestyle Promoted.** On May 15, 2011, the DOH held an advocacy campaign for exercise and healthy lifestyle dubbed "Ehersistiyong Pangkalusugan Para sa Lahat," with no less than President Benigno S. Aquino III leading the nation in exercise. Over 4,000 participants attended the event at the Quezon City Memorial Circle. The event sought to encourage everyone to exercise as physical inactivity increases the risk of non-communicable diseases (NCDs). In addition,

the DOH has partnered with the Philippine Medical Association in combating NCDs by promoting healthy lifestyle through an intensive and continuous media campaign.

- **Anti-Dengue Campaigns Launched.** During the ASEAN Dengue Day last June 15, 2011, public schools, churches, public markets and communities were urged to conduct anti-dengue activities. Through the Memorandum of Agreement between the DOH, Department of the Interior and Local Government (DILG) and Liga ng mga Barangay, each member-barangay participated in the implementation of dengue prevention and control programs using the funds from their Internal Revenue Allotment. Moreover, the Ovi-Larvi Trap System, a low cost contraption designed to kill mosquito eggs, was introduced. Insecticide-treated curtains were also put up within school premises. In August 2011, the DOH together with its partners – DILG, Department of Science and Technology, Department of Education, Department of Environment and Natural Resources, Metropolitan Manila Development Authority

and the LGUs launched an anti-dengue campaign, "Aksyon Barangay Kontra Dengue (ABKD)." The campaign urged communities to conduct regular weekly clean-up drives. This was done alongside an intensified tri-media campaign to generate public support for the clean-up activities.

- **Aksyon: Paputok Injury Reduction (APIR) Launched.** To reduce fireworks-related injuries that usually happen during the celebration of the New Year, the DOH launched its APIR campaign on November 24, 2011. It encourages everyone to keep safe while remaining festive during the holiday season. Communities are advised to pool resources for community fireworks display so that they can designate areas for safe and responsible fireworks use. As part of this initiative, the DOH inspected several fireworks factories and outlets in Bocaue, Bulacan on December 8, 2011. Community fireworks displays were promoted in cooperation with the local government units (LGUs) of Malolos, Bulacan and the City of Manila. Lastly, "Goodbye Paputok," an audio CD containing the sounds of firecrackers was launched on December 28, 2011.

- **Public Health Commodities Provided to LGUs.** A total of Php3.6 billion of assistance in the form of vaccines, assorted medicines, TB drugs, insecticide-treated nets, laboratory supplies and technical support, among others, were provided to LGUs to assist them in the implementation of their public health programs.

- **Community Health Teams (CHTs) Deployed.** The organization of CHTs in each priority population area is one way to achieve health-related MDGs. CHTs are groups of volunteers who will assist families with their health needs, provide health information and facilitate communication with other health providers. RNheals nurses will be trained to become trainers and supervisors to coordinate with

community-level workers and CHTs. As of October 2011, the training of trainers of the CHTs in Centers for Health Development (CHDs or DOH regional offices) nationwide had been completed. Current efforts also include harmonizing public and private sector initiatives in support of CHTs to ensure that each family is assisted with their health needs, receive appropriate health messages, and navigate to the nearest health facilities.

- **New Vaccines Included for 2012.** In 2012, pneumococcal and rotavirus vaccines will be included in the immunization program for children of NHTS-PR families. Pneumonia and diarrhea caused by rotavirus are among the top causes of morbidity and mortality for children under 5 years of age. Pneumococcal vaccines will also be provided to both children and the elderly who have an increased susceptibility to pneumonia.

Other Accomplishments

- **Senior Policy Seminar on Universal Health Care Held.** The DOH in cooperation with the World Bank, World Health Organization, US Agency for International Development, the European Union and other development partners gathered all major stakeholders in the health sector through the Senior Policy Seminar on Health Care Financing and Universal Health Care to discuss the administration's health agenda and to solicit the commitment of stakeholders to seeing its fruition. Senior officials from the Ministry of Health in Mexico shared their experiences in the implementation of *Seguro Popular* which is their national health insurance program similar to PhilHealth.

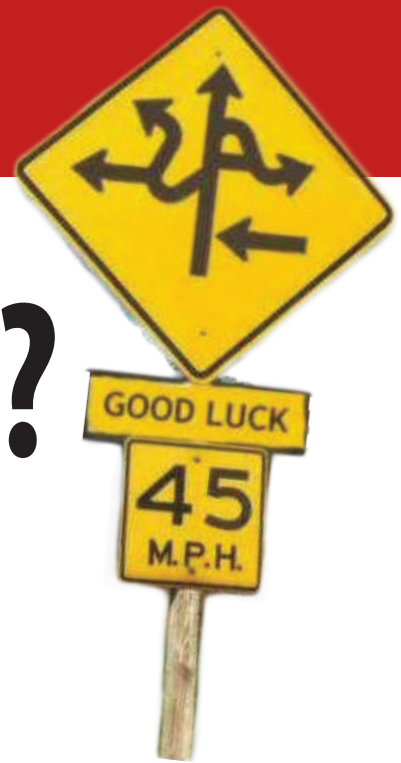
- **Sec. Enrique T. Ona Elected Vice President (VP) of the World Health Assembly.** The 64th World Health Assembly held in Geneva, Switzerland from May 16-

24, 2011 elected the Philippine Health Secretary as its VP. He was tasked in leading the discussions among member states on clinical and scientific aspects of the global efforts against NCDs. The World Health Assembly concluded with the commitment of all member states to scale up interventions and strengthen cooperation in fighting NCDs.

- **DOH Supported the Successful Bid of the Philippine Commission on Audit (COA) as the External Auditor of the WHO.** The Philippine COA was selected as the external auditor of the WHO for the next three years during the 64th World Health Assembly. With the support of the DOH and the Department of Foreign Affairs which liaised with other member states, COA's bid bested other auditing institutions from Spain, Germany, France and Malaysia. This feat has not only won our country international prestige but it is also a testament to our government's drive for transparency and good governance.

- **Php42.2 Billion DOH Budget for Kalusugan Pangkalahatan Approved.** The 2012 General Appropriations Act mandates the DOH to pursue the strategic thrusts of **Kalusugan Pangkalahatan** for the coming fiscal year. Php12 billion has been allotted for premium coverage of the poorest 5.4 million Filipino families at an increased premium of Php2,400 per year. Likewise, Php8 billion has been allotted for the health facilities enhancement program to assist LGUs in improving and enhancing their hospitals and health facilities. This amount includes Php 3 billion as equity for the PPP projects in DOH medical centers. Over Php2 billion has been earmarked for the scaling up of public health programs in pursuit of MDGs. This includes assistance to LGUs in terms of health worker augmentation and provision of public health commodities such as medicines and vaccines, among others.

Saan Ka Galing?



Kidney Operation

IKE: Dok, ngayong kaoopera ninyo palang sa 'kin sa kidneys ko, saan lugar po kaya muna ako makapagpapahinga para lubusang gumaling?
DOK: Ah, eh, 'di sa Biak na Bato!

Skin Disease

EDGAR: Alam mo bang ang Boni Avenue ay hindi bagay sa Mandaluyong?
BRIAN: Eh, saan naman ito bagay?
EDGAR: Sa Makati! Dahil ang buni ay makati!

Baby, Baby, Baby, Oh

ARLYN: Di ba galing sa coconut ang coconut oil?
ROSE: Oo.
ARLYN: At sa olive galing ang olive oil?
ROSE: Oo.
ARLYN: Eh, mare, saan galing ang baby oil?

Little People

JOY: According to geologists, hindi bagay patirahin ang mga maliliit na tao sa Pandacan.
JAMES: Ha, eh saan naman daw sila mas bagay tumira?
JOY: Sa Muntinlupa.

Mistress

DONATO: Pare, saan ko ba dapat patirahin ang kabit ko para hindi masundan ng Misis ko?
GLEN: 'Pre, ikuha mo siya ng bahay sa Dasmariñas o Imus o General Trias.
DONATO: Bakit naman dun pa, pare?
GLEN: Cavit-e!

Layas

ERMA: Mare, pwede ba dito muna ko sa inyo? Lumayas ako sa 'min kasi buntis ako.
DELIA: Dapat pumunta ka sa taong nakabuntis sa 'yo!?!
ERMA: Kaya nga dito ako pumunta, eh. Andyan ba si pare?

Snake

JERRY: Chris, may gift ako para sa 'yo, galing pa ng India! It's a 10 ft. snake...
CHRIS: Niloloko mo ba ako?!...10 ft.? Hoy di ako ganon katanga!. Ang snake walang FEET!

Papuntang Langit

TITSER: Class, sino gusto pumunta sa langit?
(*Lahat ay nagtaas ng kamay maliban kay Junjun.*)
TITSER: Bakit Junjun, ayaw mo bang pumunta sa langit?
JUNJUN: Sabi po kasi ng nanay ko umuwi ako agad... Gagabihin ba tayo?!?

Evolution

TITSER: Ang tao ay nilikha ng Diyos ayon sa Kanyang kaanyuan.
GERALD: Ma'am, hindi po. Ang sabi ng tatay ko, ang tao ay galing sa unggoy.
TITSER: Keep quiet, Gerald! Hindi natin tinatalakay ang pinanggalingan ng angkan mo!

Galing School

Umuwi ang anak galing sa school...
JEFF: (*Galit*) 'Nay! 'Nay! Pinapatawag kayo ng principal namin!
LITA: Bakit? May ginawa ka na naman na katarantaduhan?
JEFF: Ako ba?!? Baka ikaw. Ikaw nga dyan ang pinapatawag 'di ba?

SHARE YOUR JOKES!

Email us at
healthbeat@ymail.com



“Goiter Iwasan Panatilihin ang Kalusugan”



- Upang Trabaho'y Mapagbutihan
- Screening ay Kailangan
- Palawakin ang wastong kaalaman

THYROID COUNCIL
OF THE
PHILIPPINES



2008

Para sa ligtas na panganganak, dapat 4 na beses magpa-pre-natal check-up sa health center

Sa iyong pagbisita:

- Susubaybayan ng dalubhasang doctor, nurse o midwife ang iyong kalusugan at ang paglaki ni baby
- Bibigyan ka ng libreng ferrous sulfate na may folic acid
- Babakunahan ka para ligtas kayo ni baby laban sa tetano, isang mapanganib na sakit
- Matuturuan kang gumawa ng Birth Plan
- Marami pang iba

Kailan ang 4 na check-up?

Bilang ng check-up	Buwan ng pagbubuntis
1	Kapag hindi niregla hanggang 3 buwan
2	Mula 4 hanggang 6 na buwan
3 at 4	Mula 7 hanggang 9 na buwan



*Alamin kung paano maging mas handa.
Pumunta sa pinakamalapit na health center.*

