



HEALTHbeat


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Health Undersecretary David J. Lozada, Jr.

Formula for a HEALTHY LIFESTYLE

A close-up photograph of a woman with dark hair, wearing a white lab coat, smiling warmly while holding a newborn baby. The baby is wearing a white hospital gown and has a white identification band on its wrist. The woman's hands are gently cradling the baby's head. The background is softly blurred, showing a window with natural light.

There are few things on earth comparable to a mother's love and touch. And DOH, like a loving mother who gives only the best care to her baby, gives Filipinos quality service with full attention and care.

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Health Regulator

The Department of Health, as the principal health agency in the Philippines, is responsible for ensuring access to basic public health services to all Filipinos through the provision of quality health care and regulation of providers of health goods and services. Given this mandate, the DOH is both a stakeholder in the health sector and a policy and regulatory body for health.

The last month of 2012 and the first month of 2013 emphasized the DOH's role as a health regulator. Two controversial laws – Republic Act 10351 (An Act Restructuring the Excise Tax on Alcohol and Tobacco) and Republic Act 10354 (An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health) – were finally enacted after more than a decade of lobbying, discussions and debates.

Due to this success, some more health laws and policies are the offering, like the ban on the residential use of fireworks, picture-based health warnings on tobacco product packages, guidelines on stem cell therapy, among others.

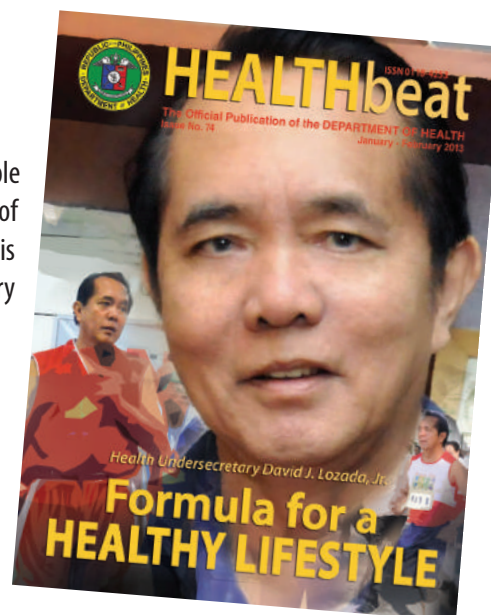
Critics maintained that these laws and regulations will only breed corruption. However, the DOH has been working hard in its fight against corruption. In July 2012, the DOH central office and two regional offices have been certified with ISO 9001:2008 for establishing its quality management system, and the rest of the regional offices are on its way to be fully certified. This is a first in the department-wide ISO certification. In September 2012, the DOH ratings of sincerity in fighting corruption has improved from "good" to "very good" and it led the agencies under the executive branch of government, according to the 2012 Social Weather Station (SWS) Survey of Enterprises on Corruption. Moreover, the DOH is already in the "proficiency stage," of implementing the Performance Governance System (PGS), one step shy before fully institutionalizing it. The PGS is an essential part in carrying out good governance and advancing strategies in fighting corruption. The DOH is one of six government agencies selected in 2009 to institutionalize the PGS.

This year, the DOH has its hands full, and all eyes are set on how the new health laws as well as the forthcoming health policies would turn out in terms of their implementation. But with the systems in place plus the conscious effort to attain the goals of **Kalusugan Pangkalahatan** (universal health care) for all Filipinos, particularly the poor, the DOH will not bat an eye on its would-be successes.

— The Editors

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Health Undersecretary David J. Lozada, Jr.

Formula for a HEALTHY LIFESTYLE

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

Practice What You Preach

With today's busy lifestyle, how can one still have quality time for family, friends, leisure and other social commitments? Health Undersecretary David J. Lozada, Jr. has a formula for that – healthy lifestyle.

Talk about healthy lifestyle, it seems that no one in the Department of Health knows it better than USec Lozada or USec Dave. He believes in the saying, "practice what you preach," and he says that one needs to be healthy and good-looking in order to cope with the demands and rigors of daily life.

In fact, in the DOH Outstanding Healthy Lifestyle Advocacy Awards night last year when he did his welcome remarks, the male celebrity emcee could not resist saying he hopes to be just like USec. Dave for being healthy and having dashing good looks when he reaches his sixties.

But what does it mean to have

a healthy lifestyle? This is one question that USec Dave can answer with authority, he being a role model of living a healthy lifestyle.

During working days, USec. Dave is a regular fixture of the DOH compound, sweating his body out by jogging or brisk walking between 6:30 am and 7:30 am. For USec. Dave, getting regular exercise, adequate sleep, eating nutritious food and balancing the demands of work with relaxation help to provide a balanced and healthy well-being. He says that focusing on work while neglecting wellness can cause a lot of stress, poor health and the inability to cope with the demands of daily life.

USec Dave's practice of healthy living started since childhood when his parents, who lived a simple life in Bacolod City, greatly influenced him. His father, the late Atty. David Lozada, Sr. together with his mother, Mrs. Corazon J. Lozada, regularly engaged in brisk walking in the park in Bacolod City during weekends. Both of his



parents were never smokers nor were they alcohol drinkers. For his recreation, USec's father was fond of reading books about great men and women of the world and planting fruit-bearing trees in their backyard.

Being in public service for 36 years starting in 1974, USec Dave always made it a point to convince his staff to engage in regular physical activities like running, jogging and brisk walking even for about 20 minutes. Exercise for him gives him the feeling of well-being which cannot be underestimated. And of course, relaxation is also an integral part of a healthy lifestyle.

For USec Dave, basketball is one sport where he can combine relaxation and exercise. Because of his fondness for basketball, it was his dream to have a picture taken with the Philippine basketball icon Robert "Bobby" Jaworski or "Big J" to his millions of fans during the '70s. Any visitor in his office can never miss his autographed photo with the Philippine basketball legend displayed inside his office.

Just recently, his basketball team known as the Team of USec Lozada's Cluster was the champion in the DOH's Ona Cup 2012 dubbed as "*Ehersisyong Pangambayanan para sa Kalusugang Pangkalahatan*."

USec Dave does not only play basketball to relax. He also does some analysis on the different basketball strategies of the US National Basketball Association (NBA) play-offs.

He never runs out of stories about basketball. His intensity and dedication in playing basketball, however, caused him to trip while running in a basketball game between San Lazaro Hospital and the DOH Basketball team in last year's DOH Inter-hospital Basketball competition. He injured his right hand.

Jokingly, he says that the injury he sustained was because he was practicing so hard in order to be drafted for the NBA alongside his favorite Kobe Bryant since he will soon retire from the DOH.

Another form of relaxation that USec Dave enjoys is running. Running is not an ordinary activity for him. It has been a part of his life. In fact, his initial experience with running started since he was 9 years old because of an incident when a dog chased him. He has become so good at running that, at 64, he placed second for the male category - 50 years and above during the Fun Run of the DOH Runners Club on December 17, 2012.

Having a sense of humor is another form of relaxation for USec Dave. His speeches and lectures will never bore you because of the humorous anecdotes of his childhood and early days in the DOH. Just like basketball, he never runs out of such stories.

On weekends and work-free days, he has his dogs (German Shepherd, Labrador and Rottweiler) to take care of at home. He personally goes to the grocery to buy them dog food, shampoo and other necessities. He has a helper who takes care of the dogs' regular bathing. His dogs are bigger than his helper, he quipped.

USec Dave is one person who is up and about by dawn and keeps himself busy by watching news or reading the newspapers for the day. He says "My body clock is set to go off at 3 am or 4 am".

Being an early riser, he also gets to bed as early as 9 pm, except when he has to attend meetings, seminars or workshops or when asked to sing during socials of said seminars/workshops. These activities end late, thus his routine sleeping pattern is affected. He believes that one must get adequate sleep to give the body time to recover and grow. But he never regrets



LEFT: As a basketball enthusiast, Health Undersecretary David Lozada, Jr. leads the opening of the DOH Ona Cup 2012 sportsfest. **RIGHT:** Together with Health Assistant Secretary and National Nutrition Council Executive Directro Maria-Bernadita Flores, USec Dave plants vegetables in a school garden to signify the start of the Nutrition Month (July) last year. (Photos by Paking Repeleante)



LEFT: In last year's Outstanding Healthy Lifestyle Advocacy Awards night, the celebrity emcee could not resist saying he hopes to be just like USec. Dave for being healthy and having dashing good looks when he reach his sixties. (Photo by Rhoderic Domingo) **RIGHT:** USec Dave receives a plaque of recognition for being one of the directors of the DOH-National Capital Region during its 25th Anniversary last year. (Photo by Paking Replente)

staying up late because he loves entertaining fellow health workers.

He is also a very straightforward public servant who advocates not only a healthy lifestyle but clean living. He is also a very warm, considerate person who lends a helping hand to whoever comes to him for any assistance.

For USec Dave, he has gained the greatest confidence in his life through the achievement of his personal goals and realistic expectations, and created an atmosphere that is positive and supportive, with the emphasis on enjoyment in work.

USec Dave, The Public Servant

USec Dave established a record of progressive responsibilities in health governance. He rose from the ranks, having started his career in the medical profession as a resident physician of the Corazon Locsin Montelibano Memorial Hospital in Bacolod City to Health Undersecretary.

Among his positions in hospital administration and public health include: chief of Kabanakalan District Hospital; provincial health officer of Negros Occidental; administrative manager of then Bureau of Food and Drugs; program manager for the National Drug Policy; director of the Non-Communicable Disease Prevention Center; and director of the Procurement and Logistics Service.

He also served as regional director for four regions – Western Visayas (Iloilo), Central Visayas (Cebu), National Capital Region and Southern Tagalog. He then became a health assistant secretary for Internal Management Support and was appointed as chair of the DOH Integrity Development Committee, an anti-graft and corruption body. As committee chair, the DOH has been consistently recognized as the most sincere in fighting graft and corruption among the line agencies as evidenced by several recognition bestowed by the Presidential Anti-Graft Commission

of the Office of the Ombudsman, including reputable public pulse and social weather station surveys.

USec Dave is presently the undersecretary for attached agencies, like the National Nutrition Council, Population Commission, Philippine National AIDS Council and the Bureau of Local Health Development. He also provides direction and technical assistance to local government units (56 provinces) in the development of their Rationalization Plan, and he is designated as focal person in the institutionalization of the DOH Performance Governance System.

Not many people are aware that USec Dave currently holds the rank of Lt. Commander of the Philippine Navy, 201st Naval Reserve Squadron. Prior to this, he has been a Marine Officer with basic training at the Basic School in Ternate, Cavite.

On August 15 this year, he will be celebrating his 65th birthday.

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**To keep the body in good health is a duty,
otherwise we shall not be able to keep our mind strong and clear.**

— Buddha (c. 563 BC to 483 BC)

Belly Gud for Health **The Executive Edition**

Health Secretary Enrique T. Ona encourages the Department of Health executives to lead a healthy lifestyle and undergo a waist circumference reduction in the workplace challenge called “Belly Gud for Health.”

“Stress that comes with management work can lead to binge eating and lack of physical activity that may result to overnutrition. We don’t want our health executives to suffer the consequences of non-communicable diseases (NCDs), thus we are offering our undersecretaries, assistant secretaries, directors, division chiefs and program managers a light and enjoyable challenge to be fit by attaining and maintaining a desirable waist circumference,” Ona said.

Waist circumference is a simple and easy measure of central obesity which is the amount of visceral fat (the fat that surrounds the inner organs) among adults and a significant indicator of risk for NCDs particularly heart disease and stroke. The desirable waist circumference for adults is less than 90 centimeters (cm) for males and less than 80 cm for females.

Local studies revealed that among adults, 20 years and over, a trend was noted towards an increase in overweight at 0.67 percentage point annually for the past 15 years from 1993 to 2008. This trend is an indication that such age group has higher risk to lifestyle degenerative NCDs.

The 2008 National Nutrition and Health Survey revealed that across



Health Secretary Enrique T. Ona leads the “Belly Gud for Health: The Executive Edition,” a waist circumference reduction challenge. His waist measures 101 cm. (Photo by Paking Repelente)

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

Mechanics

“Belly Gud for Health” is a six months challenge where the DOH executives undergo nutrition and physical activity counselling, healthy diet, aerobic and isometric exercises, and stress management. It is jointly organized by the National Center for Disease Prevention and Control –

Degenerative Disease Office and the National Center for Health Promotion.

The participants of the challenge are 25 DOH executives and senior management staff with a belly measuring above the desirable waist circumference and have undergone risk factor assessment (glucose, cholesterol, blood pressure, body

mass index). A certificate of enrollment and two DOH-produced exercise videos are provided to the participants. The top executives are also assigned a personal fitness mentor who will constantly remind them about diet and physical activities to follow. They are also encouraged to walk or jog before or after office hours and make use

of exercise facilities in the DOH compound.

The participants are expected to work on their own interventions in accordance to their preference, schedule and convenience. However, they are expected to apply only healthy and natural interventions. The use of slimming drugs or herbal products and other formulations, including liposuction or other artificial interventions are prohibited.

A monthly monitoring and recording of their waist circumference will be made and monthly recognition and rewards will be provided for those who have decreased their previous waist circumference. At the end of the six months, the male and female executives who attained the greatest reduction of their belly fats will be declared as winners. In case of a tie, the participant with the most number of attendance in the various sessions prepared for them will be the winner. Prizes include health products and services, like fruit baskets and gift certificates to wellness spa.



TOP: Health Undersecretary Teodoro T. Herbosa, the DOH executive who seemingly will have a difficult time in shedding off his 118.3 cm belly, accepts the six months challenge. **BOTTOM:** Health Secretary Enrique T. Ona poses with the Belly Gud for Health 2012 winners: Ma. Teresa Aparente (Finance Service) who lost 9.55 cm, and Efren Gorospe (Bureau of Local Health Development) who lost 5.45 cm. (Photos by Paking Repelente.

Bringing the Challenge to Other Agencies

Last year, “Belly Gud for Health” was conducted among DOH rank-and-file employees. From a total of 779 personnel, 362 or 46.5% persevered to accomplish desirable waist circumference levels for the a period of six months. At the end of the challenge, only 10 were recognized as top performers. The top female, Ma. Teresa Aparente (Finance Service), lost 9.55 cm, and Efren Gorospe (Bureau of Local Health Development) lost 5.45 cm. They received a plaque and P5,000 cash prize each.

Secretary Ona also revealed that this year the DOH intends bring the “Belly Gud for Health” challenge to other government offices as well.

- o O o -

Belly Interesting

by

RHODERIC N. DOMINGO

National Center for Health Promotion

'Twas in the July-August 2012 issue of **HEALTHbeat** that I wrote the article "Belly Big? Belly Bad!" to introduce the Department of Health's advocacy and health intervention challenge to reduce the prevalence of overnutrition as indicated by high waist circumference. I became the butt of jokes when my supervisor assigned me to do the design for the various health promotion materials needed for the "Belly Gud for Health" — a waist circumference reduction challenge in the workplace.

Oh well, since the office is forcing me into it, I decided to volunteer to the six months challenge. In June, during the launch, my belly was recorded at 108.45 centimeters (cm). I knew my belly was big, but when they informed me that the desirable waist circumference for adult males was less than 90 cms (and >80 for adult females), I realized that I was really in bad shape.

Although I attended the Fitness Camp conducted by the National Center for Disease Prevention and Control — Degenerative Disease Office a few months prior to the challenge, I missed many of the good healthy lifestyle sessions provided for us. However, I tried my very best to follow the steps in my "Hip Hop Abs" exercise video collection in most days of the week before I go to work. I also restrained myself from eating large portions of rice on mealtimes. Again, my colleagues would joke about the half cup of rice I eat for lunch telling me,



The author's article on Belly Gud for Health in the July - August 2012 issue of HEALTHbeat (left). Six months after taking the waist circumference reduction challenge, he ends up ranking No. 10 among the top performing participants and receives a plaque from Undersecretary Nemesio Gako and Assistant Secretary Enrique Tayag (right).

"Magpakatotoo ka nga! (Be true to yourself!)"

My biggest surprise for the New Year came during the regular flag ceremony on January 7 when my name was announced as being one of the top performers of the challenge for the month for shedding off 4.35 cm from my belly. My officemates were shocked in awe, too. I received a t-shirt and a vest and I thought that would be the best prize I could get from this challenge, and of course my new 104.10 cm waist circumference. And I smiled at the thought that I have 14 cm more to shed off to have a desirable belly.



The following Monday (January 14), before the launch of "Belly Gud for Health: The Executive Edition," the winners for last year's challenge was announced. I could not believe it when my name was called first to get a plaque for being in the 10th spot among the good performing participants. (See complete list of the Top 10 performers.)

I remembered I ended my **HEALTHbeat** article with a question: "I wonder, will I ever get a prize at the end of this campaign?" Now, I got my first DOH plaque and I owe it to my belly!



The Top 8 good performing participants of the Belly Gud for Health 2012 pose with Undersecretary Nemesio Gako and Assistant Secretary Enrique Tayag. (Photo by Jun Angeles)

Good Performing Participants of the BELLY GUD FOR HEALTH 2012

NAME	OFFICE	WAIST CIRCUMFERENCE (cm)		
		June 2012	January 2013	Difference
EVELYN PEREZ	National Center for Health Promotion	88.45	79.20	9.25
LAURITA MENDOZA	Health Policy Development & Planning Bureau	86.55	77.85	8.70
MA. SOCORRO DAROLE	Administration Technical Cluster	84.05	76.50	7.55
ROMANA DANAG	Dangerous Drug Abuse Prevention & Treatment	84.15	78.55	5.60
BLESILDA VIORGE	National Center for Health Promotion	87.45	81.90	5.55
IMELDA CORPUZ	Accounting	94.20	89.45	4.75
PATRICK ACUÑA	National Center for Pharmaceutical Access & Management	93.60	89.20	4.40
RHODERIC DOMINGO	National Center for Health Promotion	108.45	104.10	4.35

BELLY GUD FOR HEALTH 2012 Grand Winners

NAME	OFFICE	WAIST CIRCUMFERENCE (cm)		
		June 2012	January 2013	Difference
MA. THERESA APARENTE	Finance Service	80.40	70.85	9.55
EFREN GOROSPE	Bureau of Local Health Development	91.00	85.55	5.45

World Health Day 2013 High Blood Pressure

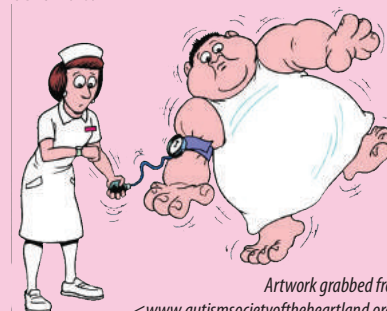
High blood pressure is the public health concern that is highlighted in the theme of World Health Day for 2013. World Health Day is celebrated on April 7 to mark the anniversary of the founding of the World Health Organization (WHO) in 1948.

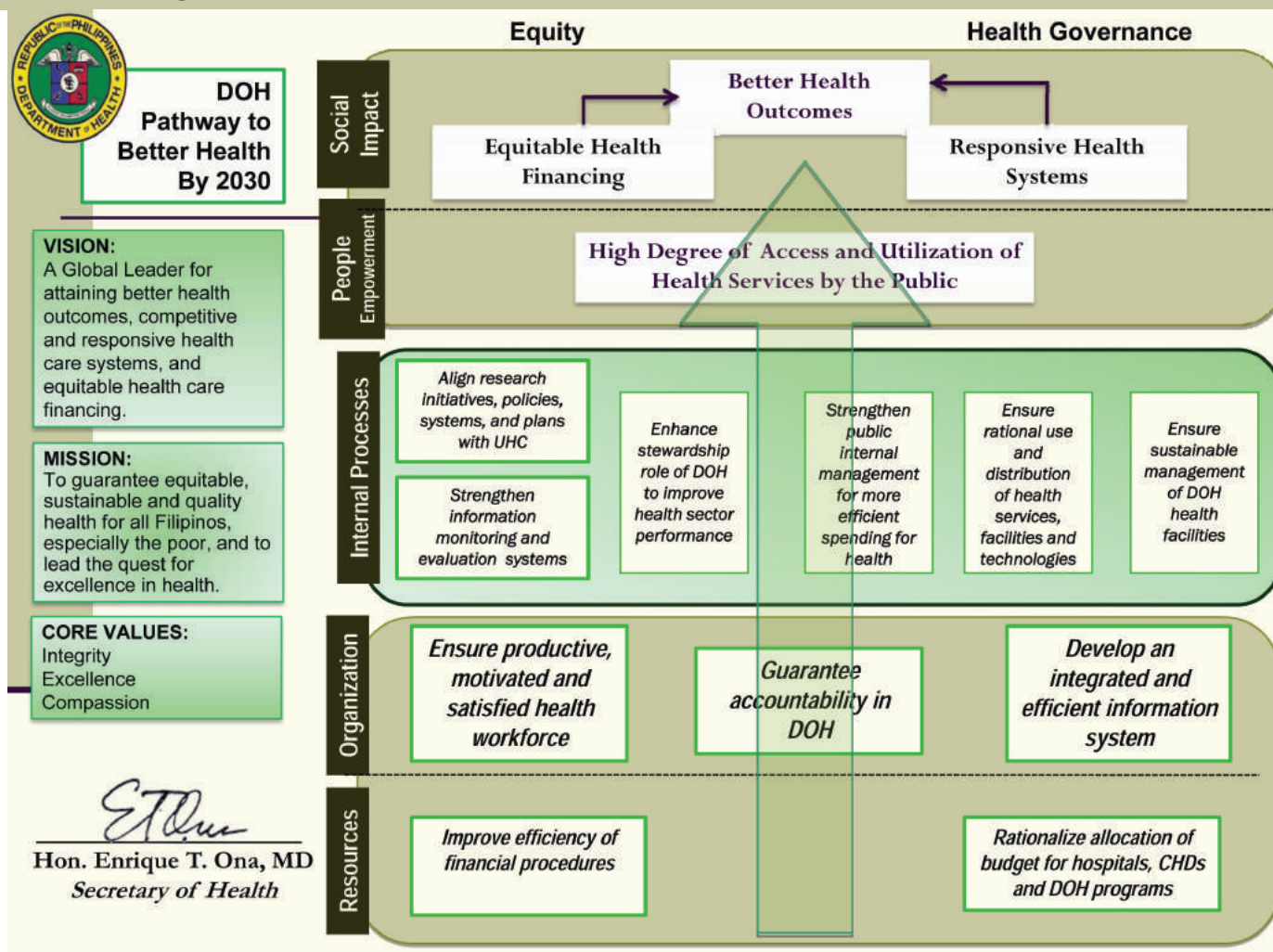
High blood pressure or hypertension increases the risk of heart attack, stroke and kidney failure. If left uncontrolled, high blood pressure can also cause blindness, irregularities of the heartbeat and heart failure. The risk of developing these complications is higher in the presence of other cardiovascular risk factors such as diabetes.

According to the WHO, one in three adults worldwide has high blood pressure. The proportion increases with age, from 1 in 10 people in their 20s and 30s to 5 in 10 people in their 50s. However, high blood pressure is both preventable and treatable. The risk of developing high blood pressure can be reduced by: reducing salt intake; eating a balanced diet; avoiding harmful use of alcohol; taking regular physical activity; maintaining a healthy body weight; and avoiding tobacco use.

The ultimate goal of World Health Day 2013 is to reduce heart attacks and strokes. Thus, there is a need to raise awareness of the causes and consequences of high blood pressure and to provide information on how to prevent high blood pressure and related complications.

Adults are encouraged to check their blood pressure and to follow the advice of health-care professionals as well as self-care to prevent high blood pressure. National and local authorities are also urged to make blood pressure measurement affordable to all and to create enabling environments for healthy behaviors.





DOH Pathway to Better Health by 2030 as approved by Health Secretary Enrique T. Ona.

DOH Performance Governance System

Two major problems in the country's public sector must be constantly addressed: 1) inability to translate development goals into concrete strategies that produce actual breakthrough results, and 2) corruption in government.

In an effort to address these governance problems in the Philippines, the Millennium Challenge Account – a

bilateral development fund worth USD 450 million – was provided in 2009 to finance programs targeted at reducing poverty and stimulating economic growth. The fund is administered by the Millennium Challenge Corporation (MCC) which tapped the Institute for Solidarity in Asia (ISA), an independent non-profit and non-partisan advocacy organization, to introduce and

institutionalize the Performance Governance System (PGS) in local governments, civil society groups and public agencies, including the Department of Health.

The DOH, Department of Education, Department of Public Works and Highways, Department of Transportation and Communication, Bureau of Internal Revenue and the Philippine National Police

were selected to institutionalize the PGS based on the following selection criteria: 1) significant revenue generation; 2) high levels of procurement; 3) major spending on infrastructure; and 4) institutional gains in improving their integrity systems based on their higher than average scores in the Integrity Development Review conducted by the Office of the Ombudsman in 2009.

The PGS is the principal mechanism through which ISA works to help reform its partner organizations. It is based on the methodology of the “balanced scorecard” a management reform and evaluation tool developed by a management consultant and a professor at Harvard Business School. The balanced scorecard process translates organizational strategy into concrete and quantifiable outcomes by measuring whether the operational activities of an organization are aligned with its larger-scale and longer-term objectives and strategies.

The PGS pathway is unique for each organization, and each stage involves capacity-building programs that are progressively more advanced and more technical in content. It is a rigorous accreditation program divided into four distinct stages. To complete each stage and graduate to the next, the organization must meet specific performance targets, as verified by ISA inspectors. The four stages are: Initiation, Compliance, Proficiency and Institutionalization.

DOH PGS

The PGS is the framework adopted by the DOH to better implement and sustain its health reforms under **Kalusugan Pangkalahatan** (universal health care), particularly in realizing significant outcomes in terms of better health,

financial risk protection, and assured access to health facilities. The focus on these three important outcomes speaks of the responsiveness of the health system for the Filipino poor. It is envisioned that by 2030, DOH has fully achieved its goals for all Filipinos.

Under the Initiation stage, the vision, mission and values of each agency is translated into specific Agency Road Map showing directions of the agency in achieving its mandates in accordance with the Medium Development Goals established by the government and onwards before the year 2030.

In the Compliance stage, the roles and activities of each DOH unit and sub-units are aligned to the achievement of the agency's goals and objectives associated to the government's programs under the Medium Term Development Goals. The Health Policy Development and Planning Bureau (HPDPB) serves as the DOH's Office for Strategy Management (OSM) and all

centers for health development (CHD) and hospitals shall align their health programs to **Kalusugan Pangkalahatan** and trickle them down to the provincial and municipal/city health offices, rural health units and barangay health units. The DOH-PGS scorecard now becomes the overarching policy framework into which all programs must fit in. When the different DOH offices plan their activities and request for their budgets, they must design them in a way that contribute to the realization of the objectives laid out in the PGS scorecard.

In the Proficiency stage, the HPDPB as OSM is responsible for strategy development, scorecard management, organization alignment, planning and budgeting, human capital alignment, strategy communications, initiatives management, strategy review process, and best practice sharing. It is also tasked to monitor these activities using an established scorecard at every level which must be aligned to the DOH scorecard. The DOH is currently working to pass the proficiency stage through the conduct of an external audit by evaluators composed of multi-sectoral groups. The results of the audit will be presented during a revalida session scheduled on March 18 - 21, 2013.

In the Institutionalization stage, the breakthrough results will be evaluated. This means that particular roles and activities of every element or individual in the organization are linked to the achievement of the DOH's mission goals and objectives. The PGS aims to build a culture of participative governance that will in turn strengthen performance-based governance in public institutions, and realize concrete and tangible results within two to three years from the time of enrolment or engagement in the system. Critical requirements



PGS cascading workshop for DOH Hospitals, headed by Health Undersecretary David J. Lozada (top photo, standing).

are expected from each of the stages, adopting a sequential process from strategy identification, formulation and successful strategy execution.

DOH Pathway to Better Health by 2030

The PGS is designed to strengthen government institutions by focusing on the attainment of long-term vision and by reducing the gap between strategy formulation and strategy implementation to achieve intended results. It seeks to empower organizations to translate their multitude of plans into a singular vision that is highlighted in a Strategy Map which is a visual representation of the strategies and objectives as these are interconnected and executed. (See Figure on page 15.)

The DOH PGS Pathway outlines the vision, mission, goals, and targets of the agency to be attained by 2030. It has five perspectives or areas of excellence (i.e. Social Impact, People Empowerment, Internal Processes, Organization and Resources) and two key strategic categories: Equity and Health Governance, and 15 agency broad objectives.

These are: better health outcomes; equitable health care financing; responsive health systems; high degree of access and



Health Assistant Secretary Paulyn Jean Rosell-Ubial (left) with Institute for Solidarity in Asia (ISA) Executive Director Christopher P. Zaens (right) during the PGS Boot Camp in Cebu.

utilization of health services by the public; aligning research initiatives, policies, systems and plans with **Kalusugan Pangkalahatan**; strengthening information monitoring and evaluation systems; enhancing stewardship role of DOH to improve health sector performance; strengthening public internal management for more efficient spending for health; ensuring rational use and distribution of

health services, facilities and technologies; ensuring sustainable management of DOH health facilities; ensuring productive, motivated and satisfied health workforce; guaranteeing accountability in DOH; providing modern information system; rationalizing allocation of budget for hospitals, CHDs and DOH programs; and improving efficiency on financial procedures.

The execution of PGS in the DOH is still a work in progress. It is still being reviewed to fine tune the strategies toward the directions and goals of **Kalusugan Pangkalahatan** and reformulated to be more responsive to the needs of the health sector given its constraints.

In order for the DOH to successfully implement **Kalusugan Pangkalahatan** and the PGS, a multi-sectoral governance council called the National Advisory Committee for Health (NACH) was organized on June 29, 2011. To date, the NACH has representatives from the local government units, other government agencies, non-government organizations, academe, legislative body, private sector, media, and professional groups. Health Secretary Enrique T. Ona, NACH chairman, stressed the important dual role of NACH as an advisory body and performance evaluator of the DOH in assuming its leadership role in the health sector.

KALAbeat

Filipino Horror Story

Pasado alas dose nang madaling araw, naglakad si Mark sa Balete Drive nang biglang makarinig siya ng boses... "Mark! Mark!" Lumington siya ngunit walang nakita, at lumakad siyang muli nang... "Mark! Mark!" Natakot siya at binilisan ang paglalakad, hanggang makita niya ang isang babala na nakapaskil sa gate ng isang lumang bahay na nagsasaad... "Mag-ingat sa asong ngongo."



iCHT

(Intelligent Community Health Team)

by
GLEN S. RAMOS
HEALTHbeat Staff

The Center for Health Development - National Capital Region (CHD-NCR) with the support of the US Agency for International Development (USAID) and the University of the Philippines School of Economics Foundation, Inc. (UPEcon) - Health Policy Development Program recently launched the Intelligent Community Health Team or iCHT.

The iCHT is an electronic information system used for the facilitation of electronic health information from the health centers up to the provincial level. According to CHD-NCR Director Eduardo C. Janairo, the iCHT is developed to help address the lack of forms used by the community health team (CHT) members in profiling health information and developing "health use plans" (HUPs) from among the targeted families.

The iCHT was developed by the UPEcon with support from USAID, and the technical content was provided by CHD-NCR. The system is aimed at addressing the challenges posed by CHT deployment in various local government units (LGUs), such as the deficiency and unavailability of forms.

"The system will aid in the processing and consolidating of all the



Dr. Eduardo C. Janairo, director of the DOH Center for Health Development-National Capital Region, and Dr. Alberto P. Herrera, Marikina city health officer (seated in the background) observe the pilot-testing of the iCHT system.

information included in the various forms used by CHTs and then transmitting them from the health centers up to the provincial level," Janairo explained. "The reporting and recording of health information by CHTs will be facilitated without the hassle of paper work. They will only be using an electronic tablet. Eventually, it is more economical, faster and more reliable," Janairo added.

The UPEcon describes the

system as an accelerator which speeds up the development of individual household profiles, the accomplishment of HUPs based on identified health risks, the delivery of health messages, the facilitation of referral to providers, the monitoring of adherence to HUPs, and the generation of reports from all collected information. Basically, all the health information materials and forms used by CHTs were converted to electronic format.

The iCHT System

The iCHT system has two main applications. The android-based application which is installed in electronic tablets, where CHT members encode data they gathered from families.

All the forms previously used by CHTs were translated electronically and standardized health messages were also included in the tablets through pop-up messages and videos where patients are shown basic health information while being interviewed.

The web-based application is installed in the LGU's main servers and used mainly by health managers. All the data collected by CHTs in the tablet will

be sent to this server where it will be consolidated and synchronized. The system will then automatically facilitate the referral of families who need family planning, maternal, newborn, child health and nutrition, and tuberculosis services to health care facilities in their areas.

The UPecon pilot-tested the potential of the iCHT system in improving CHT tasks in Barangay Tumana, Marikina City in November 2012. A total of 18 randomly selected CHT members were tasked to assess the ease of using the iCHT and were subjected to a time and motion analysis to determine the length of time needed to profile families and develop HUPs.

The relative cost of the iCHT system versus the use of paper-based forms and materials for a five-year period and the amount of savings that may be derived for each CHT member in a year were also estimated.

According to UPecon, the iCHT system is beneficial in terms of lower costs and the lesser time spent in performing CHT related tasks. The cost of using the iCHT system versus the paper-based approach is lower, and the cost of household visits is lower because of the shorter time spent in profiling, developing HUPs, delivering health messages, data processing and reporting.

The CHTs involved in the assessment validated the user-friendliness of the application and the portability and convenience of bringing a tablet instead of a set of forms and booklets. The multimedia format of health messages became more interesting to families and more effective. Data gathering, processing and synchronizing to the main servers were more economical, fast and reliable and provided instant report consolidation.

According to Janairo, the use of the iCHT system will be expanded to all the cities in Metro Manila and eventually all CHT



Some members of the Community Health Team in Marikina City pose with their electronic tablet containing the android-based iCHT application during the turnover ceremony of the iCHT system in Marikina City on December 10, 2012. In the back row from left to right are: Senator Chiz Escudero, Mayor Del de Guzman, USAID's Ann Hirschey (partly hidden), Director Eduardo Janairo and City Health Officer Alberto Herrera.

will be carrying electronic tablets instead of paper-based forms. "With the iCHT system in place, we can expect a faster, economical and better approach in processing the health profiles of families. We can also generate savings of about Php 9,000 per CHT annually," he added.

"Let us continue to explore and make use of what technology can offer us for a more effective and improved productivity and greater integration of information systems and data sources," Janairo concluded.

About the CHTs

Kalusugan Pangkalahatan (universal health care) is the government's quest to improve the health status of all Filipinos. And it is the mission of the DOH to implement and ensure that its goals are achieved.

One of the components of **Kalusugan Pangkalahatan** is the deployment of CHTs or health and social

services personnel to various areas of the country to deliver health information as well as to provide assistance for those who need access to health services. The CHT will be providing forms to every member of a family including infant, child, pregnant woman and in each form they will identify what illness the member has, and the what kind of health services health department can provide for each member.

The CHTs conduct door-to-door visits to reach all families, especially the poorest Filipino households identified by the Department of Social Welfare and Development's National Household Targeting System. The objective is to link these families to social service providers, provide critical social services if needed, and deliver key health messages.

A CHT is composed of a rural health midwife, barangay chairman, barangay health worker, chairman of the Barangay Committee on Health, barangay nutrition scholar and other community volunteers.



Representatives from Barangay Dolores in Antipas, North Cotabato receive the plaque and P250,000 prize from Health Secretary Enrique T. Ona and Assistant Secretary Enrique A. Tayag for being hailed as the top Barangay with Best Sanitation Practices. (Photo by Paking Replente)

Barangays with Best Sanitation Practices

Barangay Dolores in Antipas, North Cotabato was hailed the winner of the Department of Health's National Search for Barangay with Best Sanitation Practices (BBSP) 2012, and received P250,000 cash prize. The other two barangays named runners up were: Barangay Esperanza in Ormoc City—second, and Barangay Imbayo in Malaybalay, Bukidnon—third. They received P200,000 and P150,000, respectively. These three barangays bested 29 other finalists. *(See complete list next page.)*

Health Secretary Enrique T. Ona said that the yearly search for BBSP aims

to give recognition to local government units (LGUs) at the barangay level that demonstrate exemplary contributions in obtaining and sustaining the targets under the Philippine Sanitation Sector Roadmap and the Millennium Development Goals (MDGs) on Water and Sanitation. These barangays were chosen from among the various regional winners nationwide who have demonstrated good practices on their programs and projects on environmental sanitation.

The criteria for winning were the number of toilets in a barangay, safe water

supply, increase in toilet coverage, use of approved budget for water and sanitation projects, and other local initiatives like wastes management, wastewater management, beautification, legislative support and community participation.

According to the Joint Monitoring Project (JMP) Progress Report, released by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 2012, estimated 63% of the world's population has access to improved sanitation. Despite these gains, however, the report of the Global Annual Assessment

of Sanitation and Drinking-Water (GLAAS) – a UN-Water initiative implemented by the WHO – cited that even if the rate of progress cited in the JMP Report were to continue until the end of the MDG period in 2015, universal sanitation coverage would still be far off. About 2.4 billion people would remain to have no access to improved sanitation facilities. Given this scenario, billions will continue to be at risk of water, sanitation and hygiene (WASH)-related diseases such as diarrhea, which in 2011 alone killed 2 million people and caused 4 billion episodes of the disease.

Without rapid progress in WASH, the growth of national economies will continue to be impeded. Evidence suggests that lack of access to safe drinking water and adequate sanitation costs countries between 1% and 7% of their annual Gross Domestic Product.

According to Ona, the JMP report for the Philippines revealed that there has been a meaningful increase in sanitation coverage in both urban and rural areas in the country from 1990 to 2010. Overall coverage has increased from 45% (1990) to 69% (2010). The disparity between urban and rural sanitation coverage was greatly reduced from 24 percentage points in 1990 to only 10 percentage points in 2010. The report also revealed that if the current coverage trend is confirmed, the Philippines will attain the MDG sanitation target by

2015.

“This is truly good news for all of us, however despite this improvement, we have to consider that about 1 of 12 Filipinos still practice open defecation,” Ona said. “The recent calamities caused by typhoons in the last two to three years have destroyed thousands of houses and have significantly affected the country’s sanitation coverage,”

he added.

Ona also revealed that the last typhoon Pablo damaged nearly 100,000 houses in southern Mindanao including those in Barangay Bantacan, New Bataan and Barangay Banlag, Monkayo both in Compostela Valley Province which happened to be two of the national nominees from Region XI (Davao Region). These barangays have reached their goals which qualified them in this search but unfortunately, on the night of December 4, 2012, all of their preparations and achievements were washed away by Pablo, just a day before the national validation was conducted.

Despite incidents like these, Ona encouraged all LGUs, particularly the barangays, to continue implementing policies and actions to meet the sanitation target, promote programs aimed to raise awareness on the importance of health and hygiene and mobilize communities towards changing sanitation and hygiene practices through sanitation, health, education campaigns.

The national search for BBSP is now on its fifth year of implementation. It started in 2008 when the United Nations General Assembly declared the International Year of Sanitation with the goal of accelerating progress towards meeting the MDG target for sanitation. The 2012 awarding ceremony was held at the Landbank Plaza in Manila on January 16, 2013.

Barangay with Best Sanitation Practices

WINNERS

RANK	REGION	BARANGAY
First Prize	12 - Central Mindanao	Brgy. Dolores, Antipas, North Cotabato
Second Prize	8 - Eastern Visayas	Brgy. Esperanza, Ormoc City
Third Prize	10 - Northern Mindanao	Brgy. Imbayao, Malaybalay, Bukidnon

FINALISTS

REGION	BARANGAY
National Capital Region	Brgy. 176 Bagong Silang, Caloocan City Brgy. UP Campus, Quezon City
Cordillera Administrative Region	Brgy. Bilabila, Sallapadan, Abra Brgy. Lourdes Subdivision Extension, Baguio City
1 - Ilocos Region	Brgy. Amanoaoac, Mapandan, Pangasinan Brgy. Amedo, Bolinao, Pangasinan
2 - Cagayan Valley	Brgy. Kayhuvokan, Basco, Batanes Brgy. Ibung, Villaverde, Nueva Vizcaya
3 - Central Luzon	Brgy. Bacsay, Camiling, Tarlac Brgy. Manaois, Paniqui, Tarlac
4A - CaLaBaRZon	Brgy. Cambuja, Sta. Maria, Laguna Brgy. Macasipac, Sta. Maria, Laguna
4B - MiMaRoPa	Brgy. Poblacion, Concepcion, Romblon Brgy. Manlibunan, Sta. Cruz, Marinduque
5 - Bicol Region	Brgy. San Francisco, Lagonoy, Camarines Sur Brgy. Lipason, Pilar, Sorsogon
6 - Western Visayas	Brgy. Jagnaya, Jamindan, Capiz Brgy. Agdayao, Passi City, Iloilo
7 - Central Visayas	Brgy. Concepcion, Loay, Bohol Brgy. San Agustin, Sagbayan, Bohol
8 - Eastern Visayas	Brgy. Asgad, Salcedo, Eastern Samar
9 - Zamboanga Peninsula	Brgy. Kalilangan, San Pablo, Zamboanga del Sur Brgy. Pao, San Pablo, Zamboanga del Sur
10 - Northern Mindanao	Brgy. Labuyo, Tangub City, Misamis Occidental
11 - Davao Region	Brgy. Banlag, Monkayo, Compostela Valley Brgy. Bantacan, New Bataan, Compostela Valley
12 - Central Mindanao	Brgy. Pulanglupa, Mlang, North Cotabato
CARAGA	Brgy. Mahayahay, Sibagat, Agusan del Sur Brgy. Maticdum, Tandag City, Surigao del Sur

National Framework and Strategic Plan

National Health Laboratory Network

The Department of Health, in collaboration with the World Health Organization-Western Pacific Regional Office (WHO-WPRO) and the Philippine Council for Quality Assurance in Clinical Laboratories, launched in November 2012 the national framework and strategic plan for the National Health Laboratory Network (NHLN) to optimize the function of government and private laboratories as major and integral part of health care delivery system.

The health laboratory is recognized as an integral part of the overall health care delivery system. The laboratory is often the major source of data in the rapid identification and prevention of communicable diseases. In the past, the DOH Bureau of Research and Laboratories (BRL) served as the central public health laboratory that exercised technical supervision over a network of laboratories. When the BRL was abolished in 2000, some of its functions were transferred to six designated national reference laboratories (NRLs) for specific disease areas. These NRLs are the National Kidney and Transplant Institute, Lung Center of the Philippines, Research Institute for Tropical Medicine, East Avenue Medical Center, STD-AIDS Central Cooperative Laboratory - San Lazaro Hospital and the Philippine Heart Center.

However, since adequate resources were not provided, the designated NRLs were unable, in varying degrees, to carry out their mandates. They are still in the process of fully operationalizing and strengthening their capabilities and the mechanism for networking and collaboration from their

level down to the municipal/rural level has not been established.

In 2010, the WHO-WPRO transmitted a document entitled "Asia Pacific Strategy for the Strengthening of Health Laboratories" which was approved in the 2009 Western Pacific Regional Committee Meeting. Pursuant to the DOH's commitment, a Task Force LABNET was tasked to formulate a strategic plan (2011-2016) for the National Health Laboratory Network with a vision to provide quality, reliable, affordable and accessible laboratory information for the appropriate management of patients and prevention/control of diseases. Its goals include an efficient, effective and sustainable National Health Laboratory Network, laboratory services meeting local and international quality standards, safe working conditions for laboratory workers and fiscal sustainability. Dr. Tomas Maramba is the overall chairman of the technical working group that created the strategic plan.

The strategic plan has nine areas to focus on, namely: program for capability building; leadership and governance; promotion of rational use of laboratory services; maintenance of safe laboratory services; information management; quality assurance of laboratory services; financing of health laboratory services; support of research and ethics in laboratory services; and laboratory network.

Administrative Order No. 2012-0021 dated October 12, 2012 was issued to provide a national framework for the organization of all government and private

hospitals at all levels into a functional National Health Laboratory Network as well as to provide guidance for the implementation of the strategic plan.

Health Undersecretary David J. Lozada Jr. said the establishment of the national framework shall pave way for the institutionalization of quality management system for a systematized and standardized networking (i.e., mechanism for referral of samples, information data flow, feedback, and consultation).

He added that the framework is also one of the "bold initiatives" and strategies in the achievement of **Kalusugan Pangkalahatan** (universal health care). It draws the direction for bolstering and promoting institutional and operational capacities of the health laboratories to improve diagnostics, surveillance, and monitoring through the implementation of the strategic plan for the National Health Laboratory Network.

"The institutionalization of the Administrative Order on the National Framework of the National Health Laboratory Network is very timely to promote the effective collaboration among health facilities and health services for technical cooperation. The network will try to identify priority areas to strengthen, which will form as the basis in the planning and implementation of collaborative activities. Such a network and an efficient collaboration will achieve the very core of the goal to achieve the Universal Health Care or the **Kalusugan Pangkalahatan**," Lozada concluded.

25 Years of the Field Epidemiology Training Program

TOTAL RECALL

by

ELIZABETH G. MASCAREÑAS, RN, MPH
HEALTHbeat Staff

Disease outbreaks spark fear whenever we are subjected to strong typhoons that can cause flooding and devastating landslides. Or outbreaks from other countries, like the Flu virus in the US that can be easily brought home by “*balikbayans*.”

According to the World Health Organization (WHO), a disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. It may occur in a restricted geographical area, or may extend over several countries. It may last for a few days or weeks, or for several years.

It can also be a single case of a communicable disease long absent from a population, or caused by an agent (e.g. bacterium or virus) not previously recognized in that community or area, or the emergence of a previously unknown disease, may also constitute an outbreak and should be reported and investigated, WHO added.

Disease Detectives a.k.a. Epidemiologists

WHO defines epidemiology as the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health



CHEERS FOR 25 YEARS. Dr. Mark White (left), the technical consultant from US Centers for Disease Control (CDC) who started the Field Epidemiology Training Program (FETP) in the Department of Health in 1987, makes a toast with Health Assistant Secretary Enrique A. Tayag (right), who is also the director of the National Epidemiology Center, the home of FETP. (Photo by Romeo S. Caparas)

problems. Various methods can be used to carry out epidemiological investigations – surveillance and descriptive studies can be used to study distribution, and analytical studies are used to study determinants.

The Field Epidemiology Training Program (FETP) is a two-year skills and competency-based post-graduate program designed to develop epidemiological expertise among health professionals.

FETP aims to develop skills and competencies that are not easily taught in academic or workplace settings. These

competencies are epidemiological methods, disease epidemiology, biostatistics, public health surveillance, public health practice and service, laboratory and biosafety, computer technology, communications, management and leadership, and teaching and mentoring.

As a DOH training program, FETP has benefited the public health sector with applied technical skills for evidence-based decision-making. It enhances the credibility of the government health sector in the development of strategic health

information.

When there are rumors of an outbreak or media reports an outbreak, the Regional Epidemiology Surveillance Unit (RESU) will verify the health event. If the local government request for an investigation, the Department of Health-National Epidemiology Center (NEC), where the FETP is based, will send an epidemiologist or fellow (an FETP trainee) to investigate the situation. If in case the local government does not request for assistance but it is of national issue, NEC will still send fellow for verification, and it will serve as a training opportunity for fellows.

The field activities of the fellows include: determination if there is an outbreak;

confirm disease through laboratory findings; determine source of outbreak; determine risk factors for disease; and recommend preventive and control measures to health authorities and local chief executives.

FETP fellows have conducted studies on the following: SARS, influenza-like illnesses, food and chemical poisoning, fireworks-related injuries, disasters, vaccine-preventable diseases like measles, vector-borne diseases (dengue, malaria, etc.), food- and water-borne diseases (cholera, typhoid, etc.), and Ebola reston virus.

In 1988 and 2006, the National Epidemic Sentinel Surveillance System (NESSS) and the Philippine Integrated Disease Surveillance and Response (PIDSR)

were set up, respectively. At present, there are 16 regional sentinel sites throughout the country. This network has served as an early warning system for outbreaks. FETP also contributes to Event-based Surveillance and Response (ESR), HIV/AIDS, acute flaccid paralysis/polio and injury surveillance.

At the end of the training, FETP graduates earn a certificate as Public Health Specialists in Applied Epidemiology (PHSAE) and the FETP graduates are recognized not only nationally, but internationally as well.

The FETP graduate is eligible for a Medical Specialist III position (or its equivalent for non-physicians) or higher. Each fellow will be asked to sign a contract to serve the government for two years for every year of training completed.

As of 2012, FETP was able to train 98 (22 batches) epidemiologists in 25 years. The program has largely benefitted from its shoe leather epidemiology (epidemiology conducted as a field study; also called gum-boots epidemiology) than a classroom type approach to this discipline.

Total Recall

FETP was established in 1987 by Dr. Manuel M. Dayrit, who was then the head executive assistant of Health Secretary Alfredo R.A. Benzon and concurrent director of the Public Information and Health Education Service, and Dr. Mark White, consultant from the United States Centers for Disease Control and Prevention (CDC). Funding support came from the United States Agency for International Development (USAID).

According to White, before the establishment of FETP, nobody knew about outbreaks or epidemics, because no one has seen the usefulness of reporting them. He said that when they started the program, they actually had to set up a



TOP: Batches of FETP fellows in 25 years are formally recognized in a special homecoming conference in Tagaytay City. **ABOVE:** FETP fellows in a more candid shot donning their specially designed eyewear. (Photos by Romeo S. Caparas)

sentinel surveillance system, and counted people coming to the hospital with unusual diseases.

"For the first six months nothing happened, and then came the huge national red tide outbreak," White recalled. The red tide poison was concentrated in *tahong* (mussel) and not in fish. With red tide poisoning, after five minutes of eating *tahong*, the person gets very sick and paralyzed. The people became aware of that and the problem came when people were already afraid to eat not only *tahong* but even fish. This resulted in millions of pesos lost by fisherfolks.

White said, "We sent our teams to the Bureau of Fish and Aquatic Resources and figure out where the *tahong* came from so they could check and tell the public whether or not it was safe again to eat *tahong*." He added, "The most important thing we did to reverse the situation was mainly media hype. The fisherfolks would cook delicious *inihaw* (grilled) fish! We cook them on the stage and eat them while the people watch. When we did not die, they knew it was safe to eat fish!"

Another experience that White could not forget was when the Pinatubo erupted. He said, "We were very fortunate that PHILVOCS (Philippine Institute of Vulcanology and Seismology) gave us six months warning that this huge eruption was going to happen. That allowed us to work with the local government and the military to help prepare evacuation centers."

White continued, "Dr. Ma. Consorcia Lim-Quizon, municipal health officer and nine months pregnant at that time, was in charge of the evacuation center in Tarlac. I had to come and do her job because she delivered a baby during the eruption. There were so many people displaced in one day, but because of the preparations and good relationship with the local government, the Secretary of Health and the whole government bureaucracy knew exactly what was going on. We gave information and provided them with daily updates on the situation of the more than 120,000 people at evacuation centers as well as the daily counts of cases of measles, cholera, diarrhea, among others. The data provided were very helpful for government.

One of the problems in distributing goods is not knowing what the evacuees need; institutions and individuals may give other things except what the evacuees really needed."

FETP Milestones

FETP is currently housed at the DOH-NEC under the directorship of Health Assistant Secretary Enrique Tayag, himself a product of FETP. NEC has three divisions – Applied Public Health Surveillance Division, Public Health Surveillance and Informatics Division, and Surveys, Risk Assessment and Evaluation Division. NEC specializes in public health surveillance, outbreak management, epidemiological research and risk assessment, advocates for evidence-based decision making at all levels of public health system, and builds capacity for applied epidemiology.

Tayag said that 1987 to 1992 was the "era towards institutionalization" of FETP. This five-year period was made colorful by the following milestones: investigating red tide poisoning, cholera and ebola reston virus in monkeys; addressing epidemiologic concerns during the Baguio earthquake, Mt. Pinatubo eruption, and Ormoc, Leyte flooding; and the establishment of surveillance systems such as the National Epidemic Sentinel Surveillance System, HIV/AIDS Registry, and Fireworks Injury Surveillance. When the program was finally institutionalized in 1992, it coincided with FETP receiving its first John Snow Award for the establishment of surveillance system in the evacuation camps after Mt. Pinatubo eruption.

1993 to 1997 was the period Tayag referred to as "the era towards network building." The Regional Epidemiology Unit (REU) started to be established in the different regional health offices in the



Health Secretary Enrique T. Ona (center) looks on the FETP milestones in 25 years. With him are Dr. Mark White (left) and Health Assistant Secretary Enrique A. Tayag (right). (Photo by Romeo S. Caparas)

country. Later, REUs was called Regional Epidemiology and Surveillance Units (RESUs), and FETP became autonomous as a training program. After the grant expired in 1994, the FETP became an autonomous program funded by the Department of Health under Department Order 383, series of 1994 and it was placed under the Office of the Secretary of Health.

1998 to 2000 was called the "era towards permanency." It started with the centennial celebrations of the Republic of the Philippines, and FETP was attached to the NEC's Applied Public Health Division. Although this era lasted only for three years, it was highlighted by coveting two successive international William Foege Awards.

Finally, 2001 to 2012 was dubbed as "the era towards public service." FETP became the center for developing professional field epidemiologists. FETP evolved from a foreign-assisted training program to a government-sponsored training program, and now as a DOH thrust to render public health services in terms of building epidemiological capacities and capabilities. In this period, similar programs were also established in other countries in the regions of Africa, America, Central Asian, Eastern Mediterranean, European, Southeast Asian, and Western Pacific. This became an international network known as TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network) which holds yearly conferences.

During this era a gamut of new diseases emerged, such as meningococcal disease, SARS or severe acute respiratory syndrome, avian influenza, influenza A (H1N1), ebola reston virus in pigs. The era also brought home awards of distinction for poster and oral presentations in FETP international conferences, such as the Charles Merrieux, Ian Hardy, among others. Moreover, the FETP fellows published

WANTED: FETP Fellows

The Field Epidemiology Training Program (FETP) opens its doors to interested candidates who understand the country's public health infrastructure and issues, possess excellent interpersonal skills, are committed to public health as a career and wish to enhance their knowledge and skill in applied public health and field investigation.

The program welcomes applications from persons who meet the following screening criteria:

- Health Professionals (physicians, nurses, veterinarians, medical technologists, physical therapists, dentists or any other medical health related courses);
- Must be willing to travel and be deployed anywhere in the Philippines and abroad, and able to adapt to any public health events and emergency;
- Must be willing to provide 4-year return service to the Philippine government after completion of the two-year FETP course.

The next batch of FETP training will begin in November 2013. Those who are interested may contact:

GILBERT D. SANTOS Tel. No.: (02) 6517800 local 2954 Facsimile: (02) 732-9057 E-mail: fetp_philippines@yahoo.com	OR	MA. NEMIA L. SUCALDITO, MD, PHSAE OIC, Applied Public Health Division (02) 651-7800 local 2929 E-mail: manemia_sucaldito@yahoo.com
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The following should be submitted together with the application form:

1. Letter of intent addressed to Health Assistant Secretary Enrique A. Tayag, MD, Director IV, National Epidemiology Center, Department of Health;
2. Letters of endorsement from two professional references;
3. Photocopy of diploma (please bring original copy during the interview);
4. Photocopy of Board Exam results (please bring original copy during the interview); and
5. Two (2) passport size picture

The deadline for application is on October 15, 2013, 5:00 pm.

outbreak investigations in local and international journals. The country also hosted the TEPHINET bi-regional conference.

25 Years and Counting

The FETP celebrated its 25th anniversary in the DOH Convention Center on January 21, 2013, which was immediately followed by a conference in Summit Ridge Hotel on January 22-25.

Health Secretary Enrique T. Ona said in his message that the country's epidemiologists have demonstrated integrity and excellence in their pursuit to maintain the goals for health security.

He remarked, "They have honed their experience in the field each time by trial and error. It is 'learning by doing' that made them valuable despite the fact that their work has been largely unknown to most of us. They have worked behind the scenes through all these years. It is now time to pay tribute to them. They are so much like the rest of us in public health, unheralded but true to our mission."

Much is to be expected from FETP, Ona stressed, especially in building local capacity for facing varied health threats, in forging stronger ties with policy makers, program implementers, various stakeholders and other parties, and in making sure that

its decisions are not only evidence-informed but are also aligned with the achievement of **Kalusugan Pangkalahatan** (universal health care).

He said he has been privy to the fact that the FETP continues to this day as a non-degree training program even as the DOH continue to recognize the graduates as having completed a course equivalent to a master's degree. He wished for the program to exert genuine efforts this time to convert it into a degree-training program. This will add honor and prestige while preserving its highest reputation for excellent work in

public health. He is also pleased with FETP's plans to expand participation to Southeast Asian neighbors

Moreover, Ona encouraged the program to hone the skills of program managers in the DOH Central Office so that they can improve the outputs on research and scientific publications as well as in monitoring and evaluation of the agency's performance.

"This time your efforts will not be unknown but will most likely leave a lasting mark," Ona concluded.

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Photo by Joerem P. Ceria



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Watch Out for The **HEALTHbeat** Website this 2013!



Front-of-Pack LABELING

The Food and Drug Administration (FDA) of the Department of Health released the guidelines on voluntary declaration of front-of-pack (FOP) labeling for energy or calorie content on the labels of processed food products.

FOP labeling or sign posting aims to improve renewed interest and heighten awareness of consumers on energy content of products. The FDA shall allow the use of fact-based labeling to provide a simple and immediate way for consumers to make healthier food choices.

Under FDA Circular 2012-015 dated December 13, 2012, signed by Acting Director Kenneth Y. Hartigan-Go, MD, the FOP labeling shall be based on the following:

1. Format of Energy Declaration of FOP or Principal Display Panel. The declaration shall be at the lower right hand portion of the principal display in a cylindrical shape with a white color background. The border line of the cylindrical shape and lines and fonts appearing inside the cylindrical shape shall be legible and the color of which shall be in good contrast with the background.

2. Presentation of Information Inside the Cylindrical Format. The only information that shall appear are the statement "energy or calories," the amount of energy per serving of the food, and the percentage of the calorie value based on RENI (Recommended Energy and Nutrient Intake) for energy. (See photo for sample FOP presentation.)

All interested food manufacturers or distributors are required to submit the revised labels of their processed food products reflecting the FOP labeling to FDA for approval. Efforts to enhance consumer education in understanding FOP labeling shall be carried out by the food industry on its advertising campaign or materials.

Susi ng **PUSO** ko

Bagay

SIMBOY: Ikaw ba 'yung nanliligaw sa classmate ko??
CEDRIC: Oo, bakit?
SIMBOY: Tigilan mo na slya dahil hindi kayo bagay!
CEDRIC: Eh sino ang bagay, kayo?
SIMBOY: Hindi...TAYO!

Ayaw

DESI: Sa tuwing nagdadala ako ng girlfriend sa bahay para ipakilala sa parents ko, hindi nagugustuhan ni Mommy.
IVAN: Magdala ka kasi ng kamukha ng Mommy mo!
DESI: Na-try ko na rin, kaya lang ayaw naman ni Daddy!

Lolo

CHRIS: Last month, ipinakilala ko ang GF ko sa lolo kong milyonaryo!
AJIE: Anong nangyari? Boto ba ang lolo mo sa kanya?
CHRIS: Oo! Lola ko na siya gayon!

Galit?

BOY: Galit ka?
AILEEN: Hinde.
BOY: Galit ka yata, eh.
AILEEN: Hindi nga.
BOY: Eh, bakit hindi ka namamansin?
AILEEN: Gago ka pala, eh. Hindi naman kita kilala, noh??

Chicksilog

RON: Pare tingnan mo 'yun oh! Ang cute ng chicks at sexy pa.
ROMMEL: Ah, 'yun ba?
RON: Oo! Dali ipakilala mo naman ako.
ROMMEL: Sandali lang at tatawagin ko...
Oy, Kuyaaaah! May gustong magpapakilala sa 'yo.
RON: Ngeek, chicksilog! Chicks na may itlog!

Crush

FRED: Balita ko, crush mo ko? May boyfriend ka na ba?
JOYCE: *(Kinilig)* Ah, eh, wala. Ikaw?
FRED: Daig kita, 'teh! Ako meron!

Hula

NOEL: Miss, hulaan kita. Gusto mo?
AVIC: Oo ba.
NOEL: Single ka no?
AVIC: Ay, oo. Ang galing, paano mo nalaman?
NOEL: Ang pangit mo kaya!

Dinner Date

CIARRA: *(Galing powder room, binalikan niya ang ka-dinner date...)*
Ewww, kadiri!
NEIL: Bakit?!?
CIARRA: Nangulangot ka ba tapos pinahid mo sa ilalim ng table?
NEIL: Paano mo nalaman?
CIARRA: Glass table kaya yan!

Lason

FRANCES: Alam mo, kung ikaw lang ang mapapangasawa ko, lalagyan ko ng lason ang kape mo!
MICHAEL: Alam mo rin, kung ikaw ang magiging asawa ko, iinumina ko!

Susi

ERNEST: Babes, alam mo ikaw ang susi ng puso ko.
ABBY: Talaga lang ha! Eh, sino 'yung kasama mo kahapon?!?
ERNEST: Siya lang 'yung duplicate!

Halik

ALDRIN: Pwede ba kitang halikan sa kamay??
EULA: Bakit? May problema ba sa labi ko?





Fresh from winning the Ms. Universe 1st Runner Up, Janine Tugonon joins Assistant Secretary Eric Tayag in a community event to promote Aksyon Paputok Injury Reduction (APIR) Gangnam Style in Pandacan, Manila. (Photo by Neil Bryan Hipolito)

APIR Gangnam Style

The Department of Health's Aksyon Paputok Injury Reduction (APIR) Campaign for 2012-2013 started off with Health Assistant Secretary Enrique A. Tayag calling on the public to do the phenomenal Korean horse-riding dance moves of "Gangnam Style" or use other safe merrymaking alternatives to greet the New Year and ended up with a public outcry against indiscriminate use of gun to a more serious call for gun control after the death of 7-year old Stephanie Nicole Ella in Caloocan City.

Nevertheless, the DOH announced a 9% or 90 cases decrease in the final count

of fireworks-related injuries from the whole surveillance period from December 21, 2012 to January 5, 2013 reported by 50 sentinel hospitals nationwide that registered 931 injuries compared to last year's 1,021 injuries.

The sentinel hospitals include 32 DOH hospitals, 4 local government hospitals, 13 private hospitals and the state-run Philippine General Hospital. Every year, the trending of cases are reported by the 50 sentinel hospitals, although there are 94 non-sentinel hospitals that are also reporting cases in the DOH Online Electronic Injury Surveillance System this year.

Of the 931 cases this year, 904 were due to fireworks, 25 from stray bullets and two (2) from fireworks ingestion. There were three deaths, including that of Ella who was hit by a stray bullet on the head on New Year's Eve while watching a fireworks display and died three days later.

Health Secretary Enrique T. Ona said, "The tragic death of Ella from a stray bullet and scores of others who were innocently injured from indiscriminate firing from irresponsible citizens should prompt actions from the Philippine National Police on better gun control as well as our citizen's responsible behavior."

Among those who sustained injuries from stray bullets, many were females (14, 56%) with age ranging from 2 years to 72 years. Most cases (7, 28%) were reported from Central Visayas (Region 7).

Piccolo Again!

There were more (714, 79%) males injured than females this year. The most affected group were the 6-10 years old age group (240, 27%). Ages ranged from nine (9) months to 79 years. The 9-month old infant was reported to have been hit by a piccolo used by his older sibling inside the house.

The illegal piccolo was again the leading cause of fireworks-related injuries this year, with 236 (26%) cases, mostly

by children. It is a small firecracker that is very affordable and even small children can acquire it. Piccolo comes in enticing packaging with a cartoon character, and can be easily mistaken as candy. It is said to be smuggled into the country, but there are unconfirmed reports that piccolo is already being manufactured in the country.

Other injury-causing fireworks this year include: 142 (165) cases from unknown fireworks or the patients did not know or recognize the fireworks; 128 (14%) cases from kwitis (skyrocket), a legal fireworks; 55 (6%) cases from the illegal 5-star; and 42 (4%) cases from the illegal pla-pla.

More injuries (661, 73%) occurred in the streets and 351 (53%) of them were passive users or onlookers or passersby.

Among injured adults, 78 (9%) used fireworks under the influence of alcohol.

There were 759 (83%) who sustained blast/burn injuries without amputation, 137 (15%) from eye injuries, and 34 (4%) from blast/burn injuries with amputations.

A new surveillance, a survey on respiratory illnesses due to fireworks-induced pollution, was introduced this year. A total of 511 cases were reported by three pilot hospitals – Lung Center of the Philippines, Dr. Jose Reyes Memorial Medical Center and East Avenue Medical Center.

Metro Manila had the most number of injuries with 521 (56%) cases, although this is 4% lower compared to last year. The City of Manila recorded 168 (32%)



The Department of Health uses every trick in the book to reduce fireworks injuries, especially among children – from torotot, street rallies, hospital visits to Gangnam Style – in its Aksyon Paputok Injury Reduction (APIR) campaign this year. (Editorial cartoon from the Philippine Daily Inquirer, December 31, 2012 and photos by Paking Repelente)

cases, Quezon City with 120 (23%) cases and Mandaluyong City with 44 (8%) cases.

Tougher Laws

On New Year's Eve (December 31, 2012), news carried headlines that President Benigno S. Aquino III ordered law enforcement agencies to draw up more stringent rules in implementing laws against the manufacture and sale of powerful firecrackers. The President may be hinting that he wants a tougher law to Republic Act (RA) 7183 that regulates the sale, manufacture, distribution and use of firecrackers and pyrotechnics.

On January 10, the DOH participated in a public hearing called by the Senate to discuss Senate Bill No. 1532, an act banning the use of firecrackers in residential areas, authored by Senator Miriam Defensor-Santiago as well as Senate Bill No. 1088, an act amending Section 11 of RA 7183 by providing stiffer penalties, by Senator Manny Villar.

In a position paper, the DOH lauded both bills as they are consistent with the strategy in eliminating risks from fireworks

injuries through strict law enforcements by local governments, residential fireworks ban and a shift to more local government-led community fireworks display.

The DOH recommended the delisting of kwitis, watusi, small trianggulo, El Diablo (labintador) and whistle bomb from RA 7183. The DOH also wanted a provision for safety measures of workers engaged in different stages of manufacture to prevent undue exposure to occupational/health hazards that may be encountered by workers in the fireworks industry. Moreover, the DOH wanted to include a provision in the law that

specifies the role of the Bureau of Customs in conducting monitoring and surveillance activities in relation to smuggling/illicit trade of imported fireworks and other pyrotechnic devices.

Secretary Ona also revealed plans on the conduct of a Summit that will invite various government and non-government agencies, lawmakers and some representatives from the fireworks industry to discuss several options that will result in better outcomes. These options include strict and rigorous law enforcements by local governments, ban on the residential use of fireworks in Metro Manila, and shift to more local government-led community fireworks display.

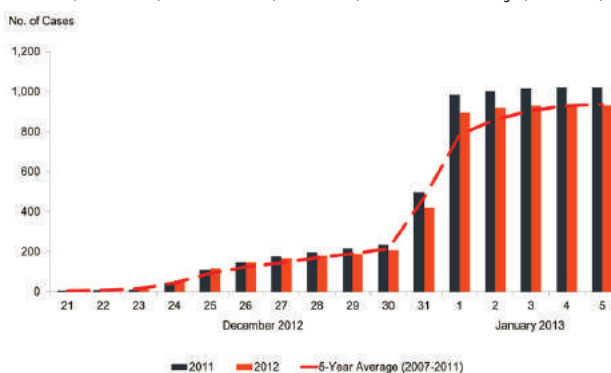
"Of course, central to this plan, is fostering culture change that will eliminate risks to fireworks injuries through harmless revelry," Ona added.

Ona concluded that the DOH is modestly satisfied with the outcome of this year's campaign. He said, "We will do better next time, but we have to find new ways on how to deal with this and hopefully the Summit will be able to provide us the answers."

- o O o -

Daily Cumulative Number of Fireworks-related Injuries

Dec. 21, 2012-Jan. 5, 2013 vs. Dec. 21, 2011-Jan. 5, 2012 vs. 5-Year Average (2007-2011)



Based on the fireworks injury surveillance report from the 50 sentinel hospitals from December 21, 2012 - January 5, 2013, there were 931 cases. This was 90 cases (9%) lower compared to 2011 and 8 cases (1%) lower versus the five-year average. (Source: National Epidemiology Center)



Oh yes, the DOH also tried to motivate children not to use fireworks with its touching TV advertisement (left), but some people seem cannot be convinced. The right photo, courtesy of East Avenue Medical Center, shows the severely injured hand of a 17-year old male after using Goodbye Philippines.

Funny Valentine

Happy Valentine

JULIAN: Happy Valentine, Love. Mwaah.
 AU: Uy Mare, ang sweet naman ng asawa mo. At may kiss pa talaga.
 ERMA: Anong sweet doon? Eh tuwing Valentine's Day n'ya lang ako hinahalikan!

Valentine's Gift

DAISY: Honey, kapag ba niregaluhan kita bukas sa Valentine's Day, gagamitin mo agad ang iniregalo ko?
 MIGZ: Oo naman! Ano ba ireregalo mo?
 DAISY: Memorial Plan!

My Angel

JOSHUA: Mom, 'di po ba ang angel lumilipad?
 ROSE: Oo naman, anak.
 JOSHUA: Bakit po si yaya tinatawag ni Dad na "My Angel" pero hindi naman siya lumilipad?
 ROSE: Halika, puntahan natin ang yaya mo at makikita mo kung paano siya lumipad sa bintana!

Maintenance

EVELYN: *(Sa telepono)* Hello, please send maintenance, ang Mister ko kasi tatalon sa bintana! Bilisan n'yo lang!
 RECEPTION: Ma'am bakit po maintenance?
 EVELYN: Eh ayaw kasing mabuksan ng bintana!

Sweets

EMAN: Honey, buksan mo na 'yung sweets!
 ELLEN: Thanks, Hon. Nasaan 'yung sweets?
 EMAN: Yung sweets ng ilaw! 'Di ako makakita, ang dilim!

Diamond Ring

NOEL: 'Pre, ano regalo mo kay Misis sa Valentine's Day?
 EDWIN: Heto, pekeng diamond ring.
 NOEL: Ha?!? Ba't di mo nalang perahin?
 EDWIN: Ano ka ba, ang hirap kayang humanap ng pekeng pera ngayon.

Nighty Nite

JOEREM: Good night, Love...
 LEN: Honey, nakasara na ba ang pinto?
 JOEREM: Oo.
 LEN: 'Yung gripo? 'Yung bintana?
 JOEREM: Oo!
 LEN: Ano pa ba ang hindi nasasara?
 JOEREM: 'Yung bibig mo nalang, Love!!!

Madaling Araw

KRISTAL: 'Tay, sino ang mas mahal mo, ako o si Nanay?
 FRANCIS: Syempre ikaw anak...
 KRISTAL: Ah, kaya pala sa madaling araw, ako po ay kinukumutan niyo at si Nanay naman po ay hinuhubaran n'yo. Ang sweet n'yo po 'Tay!



Kalabit

GLEN: 'Pre, bakit ka tulala?
 DONATO: Ang asawa ko kasi, gabi-gabi nalang akong kinakalabit.
 GLEN: Sarap nun! Anong problema dun?
 DONATO: Anong masarap dun? Eh, tatlong taon nang patay ang asawa ko!

Walang Hanggan

DELIA: Gaano mo ako kamahal?
 OSCAR: Parang binibilang ko ang mga bituin sa langit.
 DELIA: Walang hangganan?
 OSCAR: Hindi. Aksaya lang sa oras!

3 Roses

DOK IVAN: Grabe 'yung inoperahan ko kanina, nakakuha ako ng 3 roses sa tiyan n'ya!
 DOK JIMMY: Ha?!? Saan daw galing 'yun?
 DOK IVAN: Ewan ko, wala kasing kasamang card eh!



President Benigno S. Aquino III (seated, second from right), together with Senate President Juan Ponce Enrile and House Speaker Sonny Belmonte, signs the Sin Tax Reform Law as the proponents of the law and Cabinet members look on. (Photo by Paking Repelente)

The Saga of Two Health Laws **Sex & Sin**

The Department of Health has two things to be merry before Christmas last year, two controversial Congress bills that took more than a decade to lobby became laws, finally.

On December 20, 2012, President Benigno S. Aquino III signed into law Republic Act 10351 (An Act Restructuring the Excise Tax on Alcohol and Tobacco) otherwise known as the Sin Tax Reform Act of 2012 in Malacañang Palace. It was the first time in nearly 16 years for such reform to be enacted. The ceremonial signing was witnessed by representatives from the Senate, Congress, Department of Health, Department of Finance, Department of Budget and Management, Department of the Interior and Local Government, Department of Transportation

and Communications, other government agencies, health professionals, medical societies, patients' groups, academe, and other health advocates from the civil society.

The following day, the President signed into law Republic Act 10354, entitled "An Act Providing for a National Policy on Responsible Parenthood and Reproductive Health," after 13 years and four months since it was first filed in Congress. Unlike that of the Sin Tax, there was no fanfare or grand gesture, and as Palace spokesperson put it, partly out of respect for the Catholic Church, which opposes the law. In fact, the signing was only revealed the night before the law was posted in the Official Gazette on December 29, 2012.

Deputy Presidential Spokesperson Abigail Valte said in a press statement,

"The passage into law of the Responsible Parenthood Act closes a highly divisive chapter of our history – a chapter borne of the convictions of those who argued for, or against this Act, whether in the legislative branch or in civil society. At the same time, it opens the possibility of cooperation and reconciliation among different sectors in society: engagement and dialogue characterized not by animosity, but by our collective desire to better the welfare of the Filipino people."

Responsible Parenthood & Reproductive Health Law

According to the authors of the bill, the law is not perfect, but it is already a big step in making the reproductive health

(RH) services available. The key features of the law include: the mandate of providing RH services is shared by both the national and local governments; parental consent is necessary before minors get access to contraceptives and other RH services, except if they are pregnant, have given birth or had a miscarriage; sex education is optional for private schools; and providing RH services is optional for private health institutions.

The Congress bicameral conference committee also agreed to change some contentious provisions of the bill and decided to: add the words "responsible and "consensual" in the phrase "...people can have a responsible, safe, satisfying and consensual sex life;" instead of "religion," the delivery of reproductive health services will respect "religious beliefs;" and removal of any mention of international treaties, as well as population and development.

As expected, in the first working day of the 2013 (January 2), the same day that the law was first published in two major dailies, James Imbong and his wife Lovely-Ann filed the first petition before the Supreme Court seeking to bar its implementation, saying that the law is unconstitutional. James is the son of Catholic Bishops' Conference of the Philippines legal counsel Jo Imbong. In the middle of January, news reports carried the story that the Supreme Court opted to seek comment on the petition from Malacanang before deciding on whether or to grant the prayer for temporary restraining order against implementation of the controversial law.

Meanwhile, the law took effect on January 17. The Department of Health is expected to come up with the implementing rules and regulations (IRR) within 60 days.

Sin Tax Reform

Like the responsible parenthood

and reproductive health law, the sin tax measure was a priority of the Aquino government. The President said in his speech during the signing ceremony at Malacañang, "Today, we sign, finally, a law that serves as an early Christmas gift to millions of Filipinos who will be covered by the universal health care program, who will benefit from new public clinics and hospitals that will be built, and who will be discouraged from smoking and drinking."

The projected revenues and burden sharing between the tobacco and alcohol industry are as follows: P33.96 billion and 42.86B (69-31 burden sharing) for 2013 and 2014, respectively; P50.63B (66-34) in 2015; P56.86B (65-35) in 2016; and P64.18B (64-36) in 2017. These revenues sum up to P248.49B in five years.

For tobacco in particular, the incremental revenues are as follows: P23.4B in 2013; P29.56B in 2014; P33.52B in 2015; P37.09B in 2016; and P40.9B in 2017. These add up to P164.47B.

For fermented liquors or beer: P4.5B in 2013; P6.99B in 2014; P9.52B in 2015; P12.06B in 2016; and P15.46B in 2017. These add up to a total of P48.53B.

For distilled spirits: P6.06B in 2013; P6.31B in 2014; P7.59B in 2015; P7.71B in 2016; and P7.82 B. These total to P35.49B.

On earmarking, 15% of the P248B projected revenues will be allocated for livelihood programs of Virginia tobacco and barley leaf farmers as mandated by Republic Acts 7171 and 8240.

To prevent excise tax from being eroded by inflation, it will be increased by four percent every year effective 2016 for distilled spirits, and 2018 for cigarettes and beer.

After deducting the support for farmers, 80% of the incremental revenues will be allocated for the universal health care program and 20 percent will be allocated for nationwide medical assistance and health enhancement facilities program.

The Sin Tax law was implemented on the first day of the new year. Many stores started selling tobacco and alcoholic products at inflated prices even a week or two before its implementation. Some stores allegedly were hoarding their products in anticipation of the raised prices. Tobacco control advocates saw this move by retailers as actually encouraging more smokers to quit



Members of the Senate and House panels do the 'thumbs up' sign after approving the bicameral conference committee report on the Responsible Parenthood/Reproductive Health bill on December 17, 2012. (Photo and caption grabbed from the Senate of the Philippines website)



Anticipating a large chunk of the Sin Tax for health promotion, a health promotion planning workshop participated in by the tobacco control coordinators and health promotion/information officers from the 17 DOH regional offices and some tobacco control advocates from other government and non-government agencies was staged in Vigan, Ilocos Sur in January 2013. (Photo by Neil Bryan Hipolito)

sooner. Nevertheless, in the first few weeks of January, there was public confusion on what the real prices of alcohol and tobacco products should be with the new sin tax.

Meanwhile, the DOH-National Center for Health Promotion staged its health promotion planning workshop for the National Tobacco Control Program in the tobacco growing region in the Heritage City of Vigan, Ilocos Sur on January 20-25, 2013. This is in anticipation of larger funds that will be provided for health promotion as mandated in the Sin Tax Law. The participants of the workshop were tobacco control coordinators, health promotion/information officers in all the 17 regions plus the members of the Sector-Wide Anti-Tobacco (SWAT) committee on Article 12 of the World Health Organization-Framework Convention on Tobacco Control, which is on education, communication, training and public awareness. They planned the needed health promotion strategies and activities to address the ill effects of tobacco use targeting various audiences – youth,

women, national and local leaders, as well as tobacco farmers and workers.

What Now?

Health Secretary Enrique T. Ona considers the passage of the Sin Tax law a victory for the health of the Filipino people.

He declared, "The enactment of this law is a victory in our campaign to protect our people, especially the young and the poor, from the ill effects of smoking and excessive drinking. With higher prices, the number of young and poor people smoking and drinking excessively will be reduced significantly, resulting in lower incidence of smoking related non communicable illnesses such as lung cancer, heart attack, strokes and chronic lung disease as well as diseases associated with excessive drinking such as liver diseases and trauma secondary to drunk driving. At the same time, the additional revenues will be used to fund the expansion of PhilHealth enrolment to the second poorest 20% of our population, upgrade and

modernize our hospitals and other health facilities, and expand our existing preventive and promotive programs under **Kalusugan Pangkalahatan**."

On the other hand, Ona said that the law on responsible parenthood and reproductive health will empower women of reproductive age to have informed choices on their reproductive health. Likewise, their partners will also play a significant role as decision making requires the consent of both parties to determine their number of children and when they want to have.

As what was issued in a press statement, "The Department of Health is confident that in the long run, the Church can be our ally in the implementation of this law because what we want is quality of life for everyone."

Will the epic saga in the passage and enactment of the two controversial health laws finally find their happy ending? Or are we just seeing an unfolding of the chapter of new conflicts and confusion? Let's all find out together in **HEALTHbeat**.

Task Force BATANG INA

by
GLEN S. RAMOS
HEALTHbeat Staff

The Filipino adolescent population in the country, aged 15-24 years, totals 16.5 million and they are expected to reach 30 million by 2030.

The National Summit on Teen Pregnancy held in Manila in September 2012 revealed the rising cases of teen pregnancy in the country with one-third of all these pregnancies happening between the ages of 15 and 24 and some even younger at the age of 10.

According to the 2011 United Nation Population Fund Agency (UNFPA), teenage pregnancies in the Philippines surged by 70 percent from a period of 10 years. It is the highest among the six countries in the Association of Southeast Asian Nations (ASEAN) with 53 births per 1,000 women aged between 15 and 19.

The 2010 data by the National Statistics Office showed the total number of teenage mothers who gave birth to their first baby is 655,980 (26.7%). A total of 1,260 teenage mothers gave birth below 15 years old and a total of 174,085 from aged 15-19. The data also noted a steady decline of registered teenage marriages from 14.8% in 2000 to 13% in 2010.

Report from 2011 Family Health Survey also showed that childbirth from women of older groups is slowly declining

while it is rapidly increasing from among girls aged 15 to 19 years old, from 39 per 1,000 live births in 2006 to 54 in 2011, nationwide.

Batang Ina Task Force

Dr. Eduardo C. Janairo, director of the Center for Health Development - National Capital Region, initiated steps to lessen the high incidence of teenage pregnancies in Metro Manila and provide support and health care services from among

the identified mothers through the creation of the "Batang Ina Task Force".

According to Janairo the task force aims to promote comprehensive reproductive health education, adolescent-friendly health services, adolescent's reproductive health awareness and also provides early intervention programs to prevent teenage pregnancy.

"Teenage pregnancy greatly contributes to higher maternal and infant mortality because physically, their bodies



Mandaluyong City Mayor Benjamin Abalos (right) talks with teenage mothers at the launching of the first "Batang Ina Task Force," pledging his commitment to curb the increasing number of teenage pregnancy in the city. (Photo by Oscar Arceo of the Mandaluyong City Administrative Office)

are inadequate or not large enough to carry an infant in their womb. An adolescent's body is still growing and she will need more nutritional support to meet both her needs and that of her child, Janairo explained.

He also added that children born to teenage mothers have low birth weights and

may incur inborn defects, mental retardation and even blindness due to the fact that they are raised by their mothers who lack parenting skills. Behavioral, emotional and financial problems will also develop as a result of the unplanned pregnancy.

The first "Batang Ina Task Force"

was formally launched in Mandaluyong City in December 2012 with City Mayor Benjamin Abalos pledging his commitment to curb the increasing number of teenage pregnancy in the city.

Abalos, created Executive Order No. 007 s.2012, "Creating Task Force Batang Ina to Promote Adolescent's Reproductive Health Awareness and Early Intervention Programs to Prevent Teenage Pregnancy in the City of Mandaluyong."

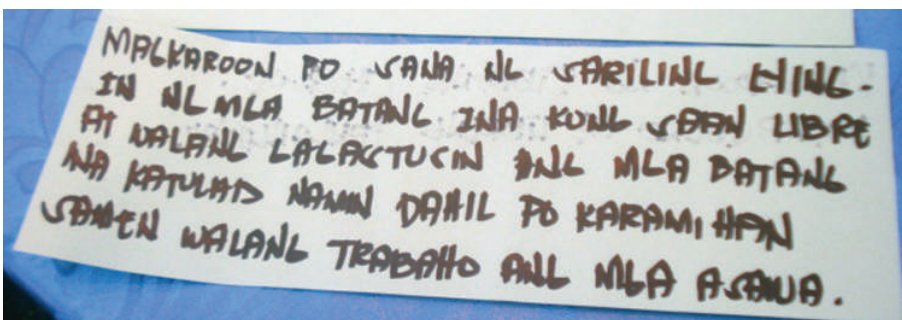
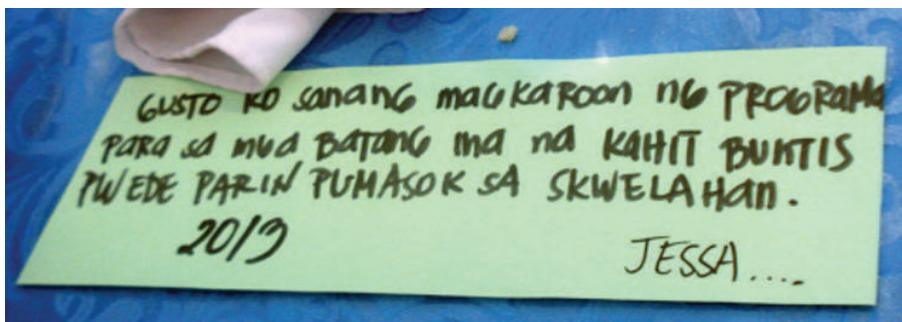
Under the order, the city will focus on providing adolescent education program providing education and job assistance and adolescent's support program through counseling and case management for adolescent mothers.

Teen parent and child care program will also provide health information and services on prenatal care, immunization, safe delivery, post-partum care, breastfeeding, nutrition and HIV/AIDS. And for homeless teen mothers, the city will provide a safe, decent home and youth-friendly environment.

The 2012 Teenage Pregnancy Report from Mandaluyong City Local Civil Registry reported a total of 568 cases compared to 470 in the previous year. Ages range from 14 to 19 years old. Most of pregnancies occur in teenagers at age 19 with 211 cases, aged 18 with 149 cases, age 17 with 118, 16 with 65 cases, 15 with 19 cases and aged 14 with 6 cases.

Last year, from among the City's lying-in facilities, Mauway and People's reported a total of 72 and 26 teenage pregnancies, respectively. Mandaluyong City Medical Center has a total of 868.

"We will be organizing this task force region wide with the support of all local government units to ensure that young pregnant women will get the proper health care and social support they need. We will also be providing them the right information



TOP: Dr. Pecos R.I. Camarines - city health officer and Rosalinda Pagkalinawan - health promotion officer (standing, second and third from left) with the participants of the Batang Ina Task Force launching in Mandaluyong City. **BOTTOM:** Wishes of teenage mothers who attended the launching. (Photo by Oscar Arceo of the Mandaluyong City Administrative Office)

and teach them responsibility for their sexual and reproductive rights," Janairo stated.

Effects of Teenage Pregnancy

According to Mandaluyong City Health Officer, Dr. Pecos R.I. Camarines, pregnant adolescents are vulnerable to higher maternal deaths and complications, higher fetal complications and mortality

rate compared to 20-34 year old mothers and premature births.

"Teenage mothers face a lot of risks. Because her womb and body is not yet fully developed, having a puts her baby at risk of complications such as giving birth to babies with low birth weights and inborn defects, mental retardation and blindness," Camarines explained.

"They also have limited chances for

education and self-development. A pregnant adolescent tends to drop out of school due to embarrassment and peer pressure," he added.

"It is very important that everyone should be involved, parents, community, the government and religious groups in addressing the problem of teenage pregnancy in the country," Camarines concluded.

Beware of PREGNANT DOLLS

During the Christmas season last year, Director Eduardo C. Janairo of the Center for Health Development - National Capital Region strongly advised parents not to buy the pregnant dolls that are proliferating around shopping areas in Metro Manila and also from some buy-and-sell websites in the Internet.

"I recommend parents not to give the pregnant dolls for gifts. It is inappropriate and offensive. It promotes teenage pregnancy and tends to glamorize the life of teenage girls who have babies at a young age which is not a very good example to share to children," Janairo stated.

"The emotional development of a child takes place during the tender age of five to eight. They should be presented with a toy that is educational and essential to their learning years and be guided in playing with it," he said.

Janairo added that the imaginative minds of children are influenced by what they see and hear. From age four years through five, they



Photo floats in the Internet.

build up role playing scenarios. They participate in this type of play through the use of toy figures, puppets, dolls, or stuffed animals. They act out a particular role and create a drama amongst themselves. They often dress up and use props in this kind of role play.

He explained that most children during this age period are yet to distinguish the difference between fantasy and reality. Most children will think pregnancy is fine because they are presented with an attractive pregnant doll to play with.

The pregnant doll being sold has a detachable stomach where a baby will come out of the tummy. The anatomical presentation is a perversion of the natural way of a child's delivery.

"As parents, we should be responsible in providing our children with significant information about life as they grow up rather than learning them from others sources," Janairo advised.

Pregnant dolls were banned in the United States in 2002 following complaints from various customers.

Responsible PARENTHOOD

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

(Photos courtesy of HealthPro, USAID)

Responsible parenting (or parenthood) is primarily an obligatory duty of the parents. The Prophet (*peace be upon him or PBUH*) said: "Take care! Each of you is a shepherd and each of you shall be asked concerning his flock; a leader is a shepherd of his people, and he shall be asked concerning his flock; and a man is a shepherd of the people of his house, and he shall be asked concerning his flock; and a woman is a shepherd of the house of her husband and over their children, and she shall be asked concerning them."

(Narrated by Bukhari and Muslim)

Inescapably, responsible parenting is a core responsibility incumbent upon parents.

Choosing The Right Spouse

In propagating high-quality plants or animals, one is persuaded to choose their admirable and excellent qualities by tracing their progenitors or direct ancestors.

Correspondingly, Islamic parenting stems from choosing the right spouse. The Prophet (*PBUH*) said: "Make a good choice for (your) spouse, for blood will tell." *(Narrated by Ibn Majah)*

In choosing a future husband,

the Prophet (*PBUH*) said: "When someone with whose religion and character you are satisfied, asks to marry your daughter, agree to his request. If you do not do so, there will be corruption and great evil on earth." *(Narrated by Tirmidhee)*

Likewise, in selecting a future wife, the Prophet (*PBUH*) said: "A woman is normally sought as a wife for her wealth, her beauty, her nobility, or her deen (religiousness), so choose a religious woman and you will prosper." *(Narrated by Muslim)*

Moreover, the Prophet (*PBUH*) said: "The right of the child on his parents is to be given good breeding (family background) and good name." *(Narrated by Baihaqi)*

Choosing the ideal life partner is the right step in responsible parenthood because there are negative family characteristics that are inheritable and predispositions that are transmittable to offspring (like HIV, among others) that would affect the qualities of children to be healthy, educated, pious, righteous and well-behaved citizens.

Parenting: An Act of Worship

Allah (*SWT* or "*Subhanahu wa ta'ala*," an Arabic phrase meaning glory to



God) says: "I have only created jinn and mankind so that they worship Me." (*Al-Qur'an, Chapter 51, Verse 56*)

"Worship is an all inclusive term for all that God loves of external and internal sayings and actions of a person. In other words, worship is everything one says or does for the pleasure of Allah (SWT)."

Needless to say, worship is not only focused on the five pillars of Islam (such as prayers, fasting, charity, etc.), but it includes everyday actions in life. Everything we do like keeping ourselves healthy, going to rest room or going to sleep is a form of worship already with corresponding rewards if it is done in accordance with the teachings of Islam. The same ruling that applies to responsible parenthood.

In educating children, everybody agrees that the first teacher of the child is the parent, especially the mother, before school teachers. The Prophet (PBUH) said: "The best of you is one who gives a good education (intellectual and moral) to his children".

Seeking knowledge is one of the highest types of worship. The Prophet (PBUH) told his companions that "Seeking knowledge is a (religious) duty on every Muslim." In another saying he said: "Seeking knowledge for one hour is better than praying for 70 years."

Undeniably, taking care of children like educating them is an act of worship.

Children's Right to Good Upbringing

While children are inclined to get influenced by their friend's manners, still the primary and major guidance lies on the parents.

The Prophet (PBUH) said: "The right of the child on his parents is to be given good upbringing and good name." (*Narrated by Baihaqi*)

Similarly, Prophet Muhammad

(PBUH) said: "He who provides good upbringing to three daughters shall go to Paradise." A man asked, "What if one has only two daughters?" "He also shall go to Paradise." Another man asked, "And what if one has only one daughter?" "He too," replied the Prophet (PBUH).

Unquestionably, good upbringing is one of the legitimate rights of the children over their parents.

No To Violence

Violence against women and children (VAWC) still exists today and it needs to be addressed not only by the government, but all sectors of the society.

It is important to note that the Prophet Muhammad (PBUH) never hit a woman, child and servant in his lifetime.

Evidently, Prophet Muhammad's (PBUH) grandsons Hassan and Hussain allowed them to ride on his shoulders even during his prayers. In streets he would offer "salaam" (*a salutation meaning "peace"*) to children, play and cut jokes with them. Sometimes, he would even kiss small children in the street.

In one occasion, Abu Salmah

narrated that Abu Hurairah said: "The Prophet of Allah (PBUH) kissed Hasan ibn 'Ali (his grandson) while Aqra' ibn Habis was sitting nearby. Aqra' said, "I have 10 children and have never kissed one of them." The Prophet (PBUH) looked at him and said, "Those who show no mercy will be shown no mercy." (*Narrated by Bukhari*)

In fact, studies have indicated that exposure to child maltreatment and other forms of violence during childhood are associated with risk factors and risk-taking behaviors later in life such as depression, obesity, and substance abuse like alcohol and drug use.

In gist, violence against women and children has no room in Islam.

Role of Nutrition in Parenting

Nutrition is critical in child's physical, physiological and mental health development that starts as early as pregnancy up to infant and young child feeding.

For the past 20 years, new evidence has accumulated that undernutrition *in utero* (in



the womb) and in the early years of life can contribute to determine chronic diseases in adult life, by causing permanent changes in the body's structure, physiology and metabolism.

Also, studies show that people who had been small at birth but who gained weight rapidly during early childhood (1 to 5 years) had the highest adult blood pressure.

Allah (SWT) said: "And if they are pregnant, then spend on them until they deliver." (*Al-Qur'an, Chapter 65, Verse 6*)

Abdullah bin Amr reported that the Prophet (PBUH) said, "It is sufficient for a person to be sinful that he be negligent to those who he (is responsible for) feeding." (*Narrated by Abu Dawud*)

Also, Prophet Mohammad (PBUH) said, "Whoever had a daughter, tutored her on good morals, educated her well and fed her properly; she will be a protection for him from hell fire."

Incontestably, the role of correct and apt nutrition is indispensable in parenting.

Superiority of Strong Believer

The Prophet (PBUH) said, "The strong believer is better and more beloved to Allah than the weak believer although there is good in each..." (*Narrated by Muslim*)

Furthermore, the Prophet (PBUH) said, "Upon death, man's deeds will (definitely) stop except for three deeds, namely: a continuous charitable fund, endowment or goodwill; knowledge left for people to benefit from; and pious, righteous and God-fearing child who continuously pray Allah, the Almighty, for the soul of his parents." (*Narrated by Muslim*)

Hence, Prophet Muhammad (PBUH) said: "The best Muslim is the one who is best to his family." (*Narrated by Tirmidhee*)

Allah Almighty knows best.

beatBOX



Don't Let Your Computer Stare You Down

Many people blink less than normal when working on a computer, which can lead to dry eyes. The solution? Refresh your eyes by making a conscious effort to blink more often. Blinking produces tears, which can help moisten and lubricate your eyes.

- Lifted from Mayo Clinic's Housecall

ABOUT THE PHOTO

For our initial experiment in reinventing the "beatBOX," we use the candid photo of Dr. Ivanhoe C. Escartin, director of the National Center for Health Promotion - the home office of HEALTHbeat, taken by Glen S. Ramos in a workshop.

Do you have funny (but not offensive) photo you want to publish in HEALTHbeat. Just email your high resolution photo with caption at <healthbeat@ymail.com>. Include the name and office of the photographer. Make sure you also get the permission of your subject/s.





40.5% Decrease

The intensified actions of different national government, local government and non-government agencies on developing and implementing tobacco control policies and programs in the Philippines may have contributed to the significant 40.5% decrease in the prevalence of tobacco use among the youth, ages 13 to 15, over a 4-year period from 46.2% in 2007 to 27.5% in 2011.

This is the result of the recently released results of the fourth round of the Philippines Global Youth Tobacco Survey (GYTS) conducted among high school students nationwide in 2011 by the Department of Health - National Epidemiology Center. Now that a revitalized Sin Tax law on tobacco products has started to be implemented, it is hoped that the

prevalence of smoking among the youth will be further decreased.

Health Secretary Enrique T. Ona reiterated that there can be no stronger argument on the harmful effects of smoking than its effects on the young population. He said that studies have shown that most young people who smoke regularly continue to smoke throughout adulthood. Smoking at a young age also reduces the rate of growth of the lungs and increases the risk of lung cancer and other non-communicable diseases.

Aside from the dramatic decrease in prevalence of tobacco use among youth from 2007 to 2011, the prevalence of current use of any tobacco product and current cigarette smoking had dropped significantly from almost half (49.8%) to more than half (58.9%) respectively. The prevalence of current use of other tobacco product also

decreased significantly by 24.7%. *Current smokers* are those who smoked cigarettes on one or more days in the past 30 days. It follows that the likelihood of never smokers to initiate smoking in the next year also decreased significantly by 22.8%. *Never smoker* is a person who had never tried or experimented with cigarette smoking, even one or two puffs.

A significant increase in the percent of students who had been taught in class the dangers of smoking (2.2%) could also be a contributory factor in the decrease in tobacco use. Consistently, a significant increase in number of youth who think that the smoke from others is harmful to them is also evident in the survey results. A 13.8% increase from the previous survey is a good indicator that the students are aware of the ill-effects of secondhand smoke to them.

This belief of students probably

FACT SHEET: Global Youth Tobacco Survey, Philippines 2011 (Ages 13-15)

The Philippines Global Youth Tobacco Survey (GYTS) includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, exposure to secondhand smoke (SHS), cessation, media and advertising, and school curriculum. These determinants are components the Philippines could include in a comprehensive tobacco control program.

The Philippines GYTS was a school-based survey of students in

year 1, 2, 3 and 4 conducted in 2011. A two-stage cluster sample design was used to produce representative data for the Philippines. At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes were randomly selected and all students in selected classes were eligible to participate. A total of 6,044 students participated in the Philippines GYTS of which 3,708 were ages 13 to 15 years. The overall response rate of all students surveyed was 84.1%.

Prevalence

27.5% of students had ever smoked cigarettes (Boys = 36.0%, Girls = 20.0%)
13.7% currently use any tobacco product (Boys = 18.8%, Girls = 9.3%)
8.9% currently smoke cigarettes (Boys = 12.9%, Girls = 5.3%)
7.3% currently use other tobacco products (Boys = 9.9%, Girls = 5.0%)
10.5% of never smokers are likely to initiate smoking next year

Knowledge and Attitudes

28.7% think boys and 12.1% think girls who smoke have more friends
7.7% think boys and 6.4% think girls who smoke look more attractive
Access and Availability - Current Smokers
21.0% usually smoke at home
50.1% buy cigarettes in a store
37.3% who bought cigarettes in a store were NOT refused purchase because of their age

Exposure to Secondhand Smoke (SHS)

42.9% live in homes where others smoke in their presence
57.9% are around others who smoke in places outside their home
92.3% think smoking should be banned from public places
78.3% think smoke from others is harmful to them
48.7% have one or more parents who smoke
9.5% have most or all friends who smoke

Cessation - Current Smokers

88.6% want to stop smoking
85.8% tried to stop smoking during the past year
87.3% have ever received help to stop smoking

Media and Advertising

89.4% saw anti-smoking media messages, in the past 30 days
80.7% saw pro-cigarette ads on billboards, in the past 30 days
72.4% saw pro-cigarette ads in newspapers or magazines, in the past 30 days
10.1% have an object with a cigarette brand logo
6.4% were offered free cigarettes by a tobacco company representative

School

71.1% had been taught in class, during the past year, about the dangers of smoking
57.4% had discussed in class, during the past year, reasons why people their age smoke
67.9% had been taught in class, during the past year, the effects of tobacco use

Highlights

- 13.7% of students currently use any form of tobacco; 8.9% of students currently smoke cigarettes; 7.3% currently use some other form of tobacco
- SHS exposure – more than two in five students live in homes where others smoke, and close to three in five students are exposed to smoke around others outside of the home; half the students have one or more parents who smoke and 9.5% of students have friends who smoke
- Close to eight in 10 students think smoke from others is harmful to them
- More than nine in 10 students think smoking in public places should be banned
- Close to nine in 10 current smokers want to stop smoking
- One in 10 students has an object (or promotional items) with a cigarette brand or logo on it
- Nine in 10 students saw antismoking media messages in the past 30 days; eight in 10 students saw pro-cigarette ads on billboards; and over seven in 10 saw pro-cigarette ads in newspapers or magazines in the past 30 days

global
youth
tobacco
survey

For additional information, please contact Agnes Benegas-Segarra, MD | e-mail: agnes.segarra@yahoo.com

explains the significant decrease of 36.7% on number of students who have most or all friends smoking. Certainly, students who believed that secondhand smoke is harmful to their health stay away from those students who smoke.

Results show that anti-tobacco advertisement is getting stronger and wider in scope. As compared to previous survey, the youth now have greater exposure to anti-smoking media messages (increase of 2.2%) than in pro-cigarette ads on billboards and print media which were decreased by 8.2% and 14.6% respectively.

Moreover, there were significant decrease on proportions of students who have an object (or promotional items) with cigarette brand or logo on it (19.8%) and proportion of students who were offered free cigarettes by tobacco company representative (24.7%)

Ona said that the GYTS truly is an important resource for program managers, policy makers, anti-tobacco advocates and all those involved in tobacco control. Evidence-based decision making is crucial in policy directions, guidelines and program planning. The results of the survey will aid policy makers and implementers in assessing whether current efforts to curtail the preventable epidemic among the youth have been successful.

About the GYTS

The GYTS was developed by the Tobacco Free Initiative, World Health Organization, and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC) in collaboration with a range of countries representing the

six WHO regions to gather comprehensive tobacco prevention and control information on young people.

The Philippines GYTS includes data on prevalence of cigarette and other tobacco use, access/availability and price, secondhand smoke exposure, cessation, media and advertising, and school curriculum. These determinants are components the Philippines could include and utilize to evaluate a comprehensive tobacco control program.

The Philippines had accomplished four rounds of GYTS. The first Philippines' GYTS was conducted in 2000 and was repeated as a second round in September-October in 2003, the third round was in January-February 2007. The fourth round of GYTS was conducted in February - March 2011.

The GYTS is a school-based survey that uses a two-stage cluster sample design to produce representative samples of students in year levels associated with the age group 13-15 years. All classes in the selected year levels were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

At the first stage, schools were selected with probability proportional to enrollment size. At the second stage, classes

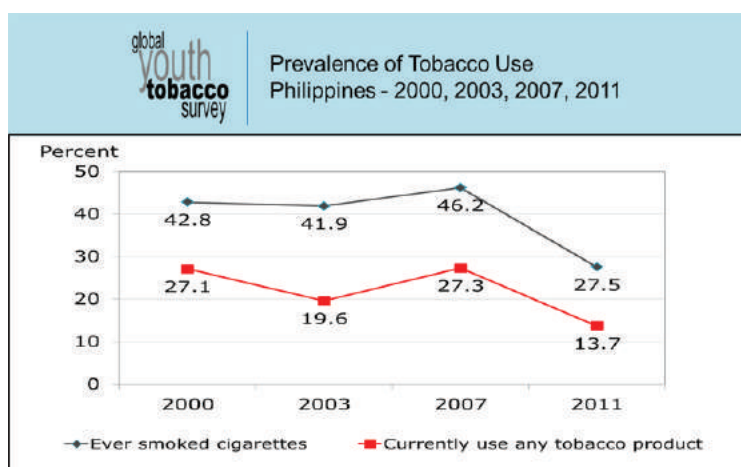
were randomly selected and all students in selected classes were eligible to participate. The school response rate was 98.6%, the student response rate was 85.2%, and the overall response rate was 84.1%. A total of 6,044 students participated in the Philippines fourth round of GYTS. (*See the Fact Sheet next page for the summary of results.*)

Discussion

The GYTS results showed an early age of initiation of cigarette usage among adolescents in the country. Tobacco control education therefore needs to start at a very young age. Thus, the Department of Education memorandum which mandates the integration of instructions on the hazardous effects of smoking in the school curricula needs to be fully enforced. However, very limited levels of tobacco-related issues are currently discussed in the formal school curriculum.

Filipino adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as water pipes (shisha) and e-cigarettes. Despite the existence of a lot of information on tobacco control, a significant information gap exists on the use of other forms of tobacco. The use of e-cigarettes and shisha is becoming an alarming new trend.

The GYTS also reported a significant number of students who were exposed to tobacco smoke at home and public places, and almost all of them believe that smoking in public places should be banned. There is a need to pass laws that ban smoking in public places, or if such laws have been passed,



to effectively enforce those laws.

Moreover, the passage of a law mandating graphic health warning in cigarette packs should be pursued. These picture-based health warnings are more effective than textual warnings because the ill-effects of tobacco use can be easily seen. The youth need to be informed of the ill-effects of tobacco use to prevent them from picking up the habit.

Susceptibility to begin smoking in the next year is high among both boys and girls, but Philippine laws mandate only partial prohibition in tobacco advertisements, promotion and sponsorship (TAPS) in the country. The tobacco industry is just shifting its TAPS activities to other venues or forms not prohibited by law. Students are still reporting being exposed to pro-smoking media campaigns because the TAPS ban is only partial. There should be a total ban on TAPS to reduce exposure of youth on pro-tobacco advertisements.

The GYTS reported that many youth wanted to quit smoking, but teachers, who are in the best position to help them quit smoking, are not formally trained to prevent tobacco use among their students. Effective and comprehensive tobacco cessation programs as well as health promotion strategies need to be formulated and implemented to prevent tobacco use. Non-government organizations can also play a vital role as a resource for youth interested in quitting.

Finally, crafting and enforcing tobacco control policies should take into consideration that children are likely to start smoking if they grow up in an environment where tobacco advertising is prolific, where smoking rates are high among adults (including those that serve as role models for young people), where tobacco products are cheap and easily accessible, and where smoking is unrestricted in public places.

Pictorial Health Warnings: Indonesia In, Philippines Out

Serbia tops the latest world list of countries who light up the most cigarettes and Indonesia tops the list in the Association of Southeast Asian Nations (ASEAN) countries, but at least these countries have done something about their extremely high smoking statistics and have implemented laws mandating pictorial health warnings on cigarette packs.

Pictorial warnings are images of health effects of tobacco use and these are perceived as more effective smoking deterrents than textual warnings. According to Health Justice Philippines, a non-government organization working on tobacco control and other public health policies, pictorial warnings are the most cost-effective means to warn smokers about the effects of smoking, because tobacco companies themselves pay for the cost of printing on the packs. Pictorial warnings also strip away any false notions of glamor that tobacco companies try to project on their products.

Indonesia became the latest ASEAN nation to require pictorial warnings to be placed on cigarette packs, aside from textual warnings. In the ASEAN, the Philippines and Myanmar are left not implementing this kind of warnings.

The enforcement of policies requiring pictorial health warnings on cigarette packs is an obligation of Parties under Article 11 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Ironically, the Philippines is a state Party to the WHO FCTC while Indonesia is not.

This year marks the fifth year since the Philippines lapsed on its deadline



DOH poster campaign in 2010 to push for pictorial health warnings in cigarette packs.

to implement pictorial health warnings. Previous efforts to require these warnings have repeatedly been blocked. In 2008, the GHW bill sponsored by Congressman Paul Daza was choked by pro-tobacco congressmen who opposed the bill. In 2010, the Department of Health administrative order mandating pictorial warnings was met by five different lawsuits filed by tobacco companies. Some of the cases are now pending in the Supreme Court.

Nonetheless, public health advocates are optimistic in light of the passage of the sin tax law. Health champions pin their hopes on the pictorial health warning bill filed by Senator Pia Cayetano and co-sponsored by Senator Franklin Drilon last September, and on the counterpart versions filed by Representatives Marcelino Teodoro, Niel Tupas, Teodorico Haresco, and Raul Daza.

Dispelling Cancer Myths

February 4 is World Cancer Day and this year the focus is on Target 5 of the World Cancer Declaration – dispel damaging myths and misconceptions about cancer, under the tagline “Cancer - Did you know?”. The following four myths are emphasized at the global level:

MYTH 1: CANCER IS JUST A HEALTH ISSUE. Cancer is not just a health issue. It has wide-reaching social, economic, development, and human rights implications. Cancer constitutes a major challenge to development, undermining social and economic advances throughout

the world.

Evidence shows approximately 47% of cancer cases and 55% of cancer deaths occur in less developed regions of the world. The situation is predicted to get worse. If current trends continue, cancer cases will increase by 81% in developing countries by 2030.

Today, the impact of cancer on individuals, communities and populations threatens to prevent the achievement of the Millennium Development Goals (MDGs) by 2015. Cancer is both a cause and an outcome of poverty. Cancer negatively impacts

families' ability to earn an income, with high treatment costs pushing them further into poverty. At the same time, poverty, lack of access to education and healthcare increases a person's risk of getting cancer and dying from the disease.

Cancer is also threatening further improvements in women's health and gender equality. Just two cancers, cervical and breast, together account for over 750,000 deaths each year with the large majority of deaths occurring in developing countries.

MYTH 2: CANCER IS A DISEASE OF THE WEALTHY, ELDERLY AND DEVELOPED COUNTRIES. The truth is cancer is a global epidemic. It affects all ages and socio-economic groups, with developing countries bearing a disproportionate burden. But the truth is, cancer is a global issue and becoming an increasing public health problem in poorer countries.

Cancer now accounts for more deaths worldwide than HIV/AIDS, tuberculosis and malaria combined. Of the 7.6 million global deaths from cancer in 2008, more than 55% occurred in less developed regions of the world. By 2030, 60-70% of the estimated 21.4 million new cancer cases per year are predicted to occur in developing countries.

Cervical cancer is just one example of the disproportionate burden borne in the developing world. Over 85% of the 275,000 women who die every year from cervical cancer are from developing countries. If left unchecked, by 2030 cervical cancer will kill as many as 430,000 women per year, virtually all in these countries.

There are massive inequities in



World Cancer Day 2013's tagline "Cancer - Did you know?" to dispel damaging myths and misconceptions about cancer.

access to pain relief with more than 99% of untreated and painful deaths occurring in developing countries. In 2009, more than 90% of the global consumption of opioid analgesics was in Australia, Canada, New Zealand, the US and some European countries; with less than 10% of global quantities used by the other 80% of the world's population.

MYTH 3: CANCER IS A DEATH SENTENCE. Yet the truth is that many cancers that were once considered a death sentence can now be cured and for many more people, their cancer can be treated effectively.

Advances in understanding risk and prevention, early detection and treatment have revolutionized the management of cancer leading to improved outcomes for patients. With few exceptions, early stage cancers are less lethal and more treatable than late stage cancers.

In countries with more than a decade of experience with organized breast cancer screening programs, the reduction in mortality from breast cancer is significant, with for example, Australia's mammographic screening program established in 1991, integral to achieving an almost 30% reduction in mortality from breast cancer over the last two decades.

Cervical cancer rates in wealthier nations plummeted once Pap Smear testing was introduced broadly - and rates continue to lower, with recent figures showing that in some countries such as the United Kingdom, mortality has halved between 1990 and 2010.

MYTH 4: CANCER IS MY FATE. However, the truth lies with the right strategies which can prevent a third of the most common cancers. Prevention is the most cost-effective and sustainable way of reducing the global cancer burden in the long-term.

Global, regional and national policies and programs that promote healthy lifestyles can substantially reduce cancers that are caused by risk factors such as alcohol, unhealthy diet and physical inactivity. Improving diet, physical activity and maintaining a healthy body weight could prevent around a third of the most common cancers.

Based on current trends, tobacco use is estimated to kill one billion people in the 21st century. Addressing tobacco use, which is linked to 71% of all lung cancer deaths, and accounts for at least 22% of all cancer deaths is therefore critical.

For developing countries, the situation often goes beyond addressing behavioral change, with many countries facing a 'double burden' of exposures, the most common of which is cancer-causing infections. Chronic infections are estimated to cause approximately 16% of all cancers globally, with this figure rising to almost 23% in developing countries. Several of the most common cancers in developing countries such as liver, cervical and stomach cancers are associated with infections with hepatitis B virus (HBV), the human papillomavirus (HPV), and the bacterium

Helicobacter pylori (*H. pylori*), respectively. As a consequence, the introduction of safe, effective and affordable vaccines should be implemented as part of national cancer control plans.

Exposure to a wide range of environmental causes of cancer in our personal and professional lives, including exposure to indoor air pollution, radiation and excessive sunlight are also major preventable causes of cancer.

Herbal Supplements in Cancer Treatment

The third week of January is National Cancer Consciousness Week in the Philippines, and Philippine Society of Medical Oncology (PSMO), a scientific and professional organization of medical oncologists, held a press conference that responded whether the use of herbal supplements in cancer treatment is boon or bane.

There is an increasing number of herbal supplements, both food and medicines, being promoted in the Philippines and abroad. Patients have little knowledge about them other than what they see and



National Cancer Consciousness Week press conference that tackles the use of herbal supplements in cancer treatment. From left are: Dr. Ellie May Villegas and Dr. Felycette Gay Lapus - Philippine Society of Medical Oncology vice president and president respectively, and Dr. Oscar Gutierrez, Jr., food and drug regulation officer of the DOH Food and Drug Administration.

read in the advertisements; results of which are merely anecdotal. The PSMO saw the urgency to demystify the allure of herbal alternatives and inform cancer patients and their families about herbal supplements so that they can make educated and informed decisions about their treatment, and discuss options with their multidisciplinary team of specialists.

Dr. Oscar Gutierrez Jr., a food and drug regulation officer of the Department of Health- Food and Drug Administration (FDA) said that many of these herbal medicines, food, and supplements have become very attractive to cancer patients due to their advertised quick results, and some for their low price tags. However, these products are supplements made to support nutrition and health care and not as a substitute for mainstream health care and medicines. They have no approved therapeutic claims and no documented curative effects. Thus, patients should always seek proper health care and treatment from their doctors.

He defined dietary or food supplements as processed food products intended to supplement the diet that bears or contains one or more of the following dietary ingredients: vitamin, mineral, herb, or other botanical, amino acid, or dietary substance to increase total daily intakes in amounts conforming to the latest RENI or internationally agreed minimum daily requirements. These supplements are usually in capsule, tablet, liquid, gel, powder, or pill forms. They are not used as conventional food or as the sole item of a meal or diet and they are not replacement for drugs and medicines.

"The FDA has issued circulars and administrative orders that put correct labeling for supplements to ensure that the products are not commercially sold or advertised with therapeutic claims, and we make sure that these products carry the label

'No Approved Therapeutic Claims,'" Gutierrez said.

He added that the FDA ensures safety as well as truthfulness and validity of label claims. These products do not have curative effects and testimonials or anecdotal information associated with healing and curing are not allowed.

"We recommend that patients seek professional medical advice," he stressed.

Several medical and technological advances have been made in cancer research and more people are surviving cancer. These include innovative cancer medicines backed by clinical trials, personalized health care or fitting the treatment to the patients, proper and accurate diagnosis, targeted and biologic therapies, multidisciplinary treatment and side-effect management. Targeted therapies and diagnostic tests not only help improve medical decision-making but also offer clinical benefits for patients. All of these together have resulted in more Filipinos surviving cancer.

At the press conference, Dr. Ellie May Villegas, PSMO vice president, shared the benefits of integrative oncology in cancer treatment. She said that cancer patients want to try alternative treatment, and integrative oncology is the safe way for patients to mix alternative therapies such as acupuncture, massage therapies, diet management, music therapy, meditation, or yoga alongside their standard cancer treatment. These methods, however, should not be used alone or to replace research-based and standard of care cancer treatment. It is still important to retain proper cancer treatment to get best results.

Villegas explained that Integrative oncology employs evidence-based complementary therapies to control physical and emotional symptoms. They are non-invasive, non-toxic, and are adjunctive therapies. They are used with the standard

of care treatment and not as the mainstream care. There is a growing international demand for integrative oncology because symptom relief is sought by patients under active treatment; symptom relief and guidance are also sought during survivorship; and cancer patients want complementary therapies.

She cautioned the public that integrative cancer therapies do not treat tumors but only control physical and emotional symptoms. There are no viable alternatives to mainstream cancer treatment, but sadly many agents and regimens are promoted for use instead of mainstream care for cancer and other serious illnesses.

Dr. Felycette Gay Lapus, PSMO president, said prevention and early detection are ultimate goals in decreasing the cancer incidence and increasing survival rates in the country. It is equally important for patients to receive proven, effective, and safe cancer therapies as early as possible. The PSMO feels that it is imperative that they inform the public with documented facts regarding the use and misuse of herbal supplements to replace standard cancer treatment.

She reiterated that the main goal for cancer management is still correct information. The more a patient is knowledgeable about the facts, the more he/she can make educated decisions with his doctors on the right course of effective and safe treatment.

"Herbal supplements and alternative treatment cannot replace proven medicines that should be the standard of care in cancer management, and while they may seem appealing, patients should be vigilant that they are not being misled by false promises," Lapuz concluded.

The PSMO can be reached through <www.psmo.org.ph> or call the PSMO Secretariat at 721-9326.

Of Pandemics and Communicable Diseases



(Photo by Paking Repelente)

The "High-Level Cross-Sectoral Consultation on Pandemics as Threats to Regional and National Security" meeting was held in Manila at the Pan Pacific Hotel on January 9-11, 2013. During this meeting, Health Secretary Enrique T. Ona noted that increased population, undocumented migrants, cross-border movement of population, safe water supply, and poor sanitation are all contributory factors to the occurrence of pandemics. He, however, expressed optimism that establishing an ASEAN desk to address the issues of health pandemics is a giant step towards averting a large-scale disaster among ASEAN member states. He added that intensifying health resources, effective response to pandemics, and closer coordination and sharing of information between and among countries are some measures to promote stability of every nation. Ona stressed that no country should be caught off-guard in a pandemic situation as economic losses due to these are enormous.



(Photo courtesy of Dr. Allan Evangelista, DOH-Bureau of International Health Cooperation)

The ASEAN Expert Group on Communicable Diseases (AEGCD) held its seventh meeting in Manila at the Diamond Hotel on November 7-9, 2012 to continue to explore possible areas of collaboration and joint approaches to prevention, surveillance and timely response to communicable diseases as well as emerging infectious diseases among the 10 member states of the Association of Southeast Asian Nations.

One of the major activities of the AEGCD is the simultaneous conduct of activities to raise awareness on dengue and to mobilize resources of its prevention and control. In 2010, the ASEAN Health Ministers emphasized the need to address dengue by involving various stakeholders and declared June 15 of every year as ASEAN Dengue Day. The date coincides with the month in which dengue infections in the region typically peak.



ABOVE: "Lakbay Buhay Kalusugan (LBK): Kalusugan Pangkalahatan on Wheels in one of its trips in Libon, Albay. INSET: LBK bus gets a facelift. (Photo by Romy Caparas)

National Center for Health Promotion

BIDA Health Promo

by

ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

The Department of Health's National Center for Health Promotion (NCHP) boasts "BIDA Health Promo" as its corporate slogan. "Bida" connotes the main character in a story or play. Well, the NCHP proves it is worthy of the title as it ended the year 2012 by winning two important awards for effectively inspiring positive changes in health behaviors of people, communities, and even the population at large.

Good Practice Awards

Lakbay Buhay Kalusugan (LBK), a health initiative initially supported by the

US Agency for International Development (USAID)/Philippines Health Promotion and Communication project lodged at the NCHP became one of the recipients of the Best Practice Awards 2012 of the National Economic and Development Authority (NEDA) on December 18, 2012.

LBK uses a travelling bus as a platform for the DOH and local government units (LGUs) 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, tuberculosis and non-communicable diseases with the main message of "No One is Left Behind: We are All Drivers in this Journey to Health."

NCHP launched the LBK on March 3, 2011 in Capas, Tarlac where public-private partnership for health promotion was put into action. Victory Liner donated the bus. Private sector companies contributed family gift packs. Media partners like the Philippine Daily Inquirer, Manila Broadcasting Corporation and UNTV provided valuable media coverage. The DOH Center for Health Development (CHD) and LGU health professionals and health volunteers

committed their time and resources to reach out to those who need health information and services the most --- mothers, fathers, and children from the poorest communities. Probe Media Foundation Inc. managed the daily operations of LBK.

By May 2012, the DOH made 18 stops in hard-to-reach areas, reaching over 38,400 beneficiaries, including 3,108 pregnant women and 10,440 children. LBK has reached out to the Aetas of Tarlac, to the farming and fishing families of Negros Occidental, to the Matigsalogs of Bukidnon, to the B'laans of South Cotabato, to the Muslims of Maguindanao, and to the Subanens in Gutalac, Zamboanga del Norte where the largest group of poor people at 8,417 were served during its two-day stay there.

LBK has become DOH's version of the DOJ's Justice on Wheels and DepEd's School-on-the-Bus. The idea of a travelling caravan is not new but LBK is so novel a concept that local and national media have covered the LBK events extensively. In recognition of its success, commitment to quality, and partnership-building ideology, LBK received the Merit Award from Health Market Innovations in the Philippines.

Apart from the initial USAID funding, DOH, CHDs, LGUs, and the private sector collectively contributed cash and goods for LBK in its first year on the road. Funding from LGUs supported food and transportation for the participants, provided at the discretion and financial capabilities of local counterparts. Encouraged by LBK's success, many new private partners are interested in joining LBK.

In December 2011, an independent research agency, TNS, conducted a household survey in six provinces where LBK took place. Out of 154 respondents surveyed, 49% said LBK was highly informative. LBK participants felt motivated by their LBK experience.



*Health Assistant Secretary Madeleine de Rosas- Valera (center) receives the award for **Lakbay Buhay Kalusugan** as one of the recipients of the National Economic and Development Authority's Good Practice Awards 2012. On her right is Director Mylene Beltran of the Bureau of International Health Cooperation. (Photo by Rey Soriano)*

About 54% could easily recall ways to care for a child while 48% remembered vividly messages on family planning.

Motivation translated into specific actions. One out of three respondents talked about LBK with his or her spouse. One out of 10 respondents started using a family planning method or went to a health center after experiencing LBK.

Today, NCHP continues this effective and innovative health promotion platform and uses the LBK to move the Aquino Health Agenda of universal access to quality health care for all Filipinos and to advance government efforts in reaching MDG targets by 2015. The NCHP recommends a stronger LBK: **Kalusugan Pangkalahatan** on Wheels program and proposes to transform eight China-donated mobile clinics into LBK that will be managed by the CHDs.

Aligned with the **Kalusugan Pangkalahatan** directives, the LBK event will have the following components: **1. Health Information** that includes training of the members of community

health teams (CHT) on interpersonal communication and counselling, facilitation of LBK exhibit and classes by trained CHT members, and entertainment-education (enter-educate) activities like community play; **2. Service Delivery** that includes prenatal and postpartum care, well child care, immunization and vitamin A supplementation, deworming, family planning and nutrition counselling, IUD (intrauterine device) insertion and distribution of the family planning commodities, and other services that the LGU can offer; **3. Health Financing** that includes service marketing of PhilHealth and distribution of PhilHealth cards; and **4. Health Facility Enhancement** that includes distribution of equipment/supplies to a health facility as determined by the DOH.

In 2012, NCHP completed successful trips in the disadvantaged communities of Libon, Albay (March), La-lo, Cagayan (July), Pili, Camarines Sur (October), and Payatas A, Quezon City (December).

Healthy Lifestyle Exemplar Awards

LBK: Kalusugan Pangkalahatan on Wheels became one of the outstanding features for NCHP to be recognized as one of the six recipients of the 1st Healthy Lifestyle Exemplar Awards given by the H&L (Health and Lifestyle) magazine on November 27, 2012.

H&L is a monthly magazine for doctors and other healthcare professionals that aims not only to provide them with informative scientific and clinical updates, but also constantly reminds them of their important role as vanguards and staunch advocates in health promotion activities. On its 10th anniversary, H&L initiated the first of what will be a biennial search for healthy lifestyle champions or individuals, groups, institutions and organizations with sustained activities and programs that promote a healthy lifestyle advocacy and are able to effectively inspire positive changes in the health-seeking behavior of other people in the community or the bigger population at large.

NCHP garnered the award for

government institution category for its excellence in health education and public service. As the DOH's arm in promoting health in settings where people live, work, learn and play, NCHP has effectively executed comprehensive, evidence-based health promotion programs, and has enforced policies, standards, facilities and packages to effect positive behavior change.

The Award cited NCHP's major health programs including tobacco control, breastfeeding communication for behavioral impact, risk communication and LBK, a health promotion caravan traveling to remote communities delivering health information and basic health services to the poorest of the poor, emphasizing the message that by eliminating common lifestyle risks, they could improve their quality of life and prevent life-threatening diseases.

The other five awardees were: Dr. Adolfo B. Bellosillo, for excellence in public health education; Dr. Willie T. Ong, for excellence in health journalism and public health; the missionary couple Lanie and Ely Matuga, for excellence in community

service; Philippine Heart Association (PHA), for excellence in public health education (professional organization category); and "Salamat Dok" (ABS-CBN), for excellence in health education and public service (mass media category).

Meanwhile, the recipients of plaques of commendation were: Manila Adventist Medical Center, Alliance of Young Nurse Leaders and Advocates International Inc., Novartis Healthcare Philippines, and GMA's Pinoy MD.

The board of judges was composed of top authorities in Philippine medicine and was chaired by Dr. Ramon Abarquez Jr., emeritus professor at the University of the Philippines College of Medicine. The other judges were Doctors Abdias Aquino, Ramon Arcadio, Rebecca Castillo, Fernando Melendres, Camellia Posoncuy, Francisca Roa and Antonio Villalon.

At the Awards night, Sen. Edgardo Angara delivered the keynote speech and former Health Secretary Esperanza Cabral graced the occasion to personally give the award to the healthy lifestyle exemplars.

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LEFT PHOTO: Anthony Roda, OIC Division Chief (third from left), receives the H&L's Healthy Lifestyle Exemplar Awards 2012 for the National Center for Health Promotion. Also in photo from left to right: Dr. Ramon Abarquez Jr., former Health Secretary Esperanza Cabral and Dr. Rafael Castillo, H&L editor-in-chief. (Photo by Rhoderic Domingo) **RIGHT PHOTO:** H&L Magazine's December 2012 issue.



My Son, My Son

Pogi

NANCY: Honey ang pogi ng anak natin, kinuha sa 'yo!
 ARIEL: Paano nangyari eh hindi naman ako gwapo?
 NANCY: 'Yun nga eh. Walang natira sa 'yo, napunta lahat sa kanya!

Drive

Sa harap ng Hospital Nursery window...

DANNY: Pare, paglaki ng anak mo, I'm sure, magaling siya mag-drive.
 JOEL: Bakit? Malaki ba ang kamay?
 DANNY: Hindi, 'Pre. Kamukha siya ng driver ninyo!

Barya

PAULO: Ma, pwede po bang manghingi ng barya at ibibigay ko lang po sa matanda.
 JOSIE: Wow, ang bait naman ng anak ko! Nasaan ba 'yung matanda?
 PAULO: Ayun po! Nagbebenta ng ice cream!

Prayer

LITA: Son, please lead the prayer para magsimula na ang birthday party mo.
 JEFF: Paano po?
 LITA: Just pray what you heard me pray kanina.
 JEFF: "Diyos ko! Bakit ko inimbita ang mga taong ito! Ang lalakas lumamon!"



Artwork grabbed from the Internet.

Bili

KENKI: 'Tay bili mo po ako laruan na remote control car! 'Yung medyo malaki.
 DENNIS: Hay salamat. Akala ko bading ka, anak! Eh ano gagawin mo sa malaking car?
 KENKI: Pasasakayin ko po si Barbie!

Takot

EDWARD: Anak, bading ka ba?
 CHANCHAN: Aba, Dad! Alam n'yo ba na takot sa akin ang mga classmates ko? Respetado ako sa school.
 EDWARD: Talaga anak?!?
 CHANCHAN: Oo Dad! Ang tawag nga nila sa akin ay Mahal na Reyna!

Sawi

RJ: (Sawi) Lolo, masakit po ba talaga ang magmahal ng LUBOS?
 RAUL: Apo, mayaman tayo! Ayos lang kahit magmahal ang PULBOS!
 'Wag na umiyak, ok?

Kopya

TITSER LIZ: Nangopya ka na naman sa katabi mo 'noh? Parehong-pareho ang sagot n'yo!
 JASTINE: Eh, Ma'am siguro po dahil parehong-pareho din ang mga tanong nyo!

Bagsak

NELSON: Bakit bagsak ka sa exam?
 LANCE: Dahil po sa pag-absent 'Tay!
 NELSON: Absent ka nung itinuro?
 LANCE: Hindi po! Absent yung katabi ko nung exam!

Gipit

NELSON: Anak malungkot kami ng Inay mo kasi gipit tayo. Hindi ka muna makakapag-aral!
 JERRY: 'Tay ako naman po masaya kasi kahapon pa ako na-kickout!

Hirap

ERIC: 'Tay, sa hirap ng buhay ko sa Maynila, ang brief ko butas na!
 RUDY: Mas hirap ang buhay ko sa probinsya, anak! 'Yung suot kong Carter brief, garter na lang!

The moment Filipinos open their eyes to the world, DOH welcomes them with open arms. DOH takes newborn Filipinos in its care to look after their proper nourishment and development.



GOITER Sugpuin **Isip Patalinuhin** **IODIZED SALT** Gamitin



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