



HEALTHbeat

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Michael Mamaril & Frances Elgo

Marriage & Health

DOH celebrates mothers who lovingly carried life in their wombs for nine months, brought it forth into the world and nursed and cared for it. DOH strives to keep mothers healthy, especially monitoring new mothers' and expecting mothers' condition



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Cover Me

Thank goodness there seems to be a growing interest in **HEALTHbeat** other than the jokes we publish. Many Department of Health regional offices are already contributing stories and some offices are even asking us to do a special issue on them. It's good to know that in this day and age when several publications have folded their printed editions to give way to digital formats, we are not only surviving but getting stronger.

Like many organization and school publications, **HEALTHbeat** maintains its editorial independence from management and employees' unions. Nevertheless, it is our primary objective to build the image of the DOH by widely disseminating its policies, programs and activities as well as advocating them to local government units which are mandated to implement health services to their constituents.

That leads us to answer an important query from a few of our readers on what does it take to be on the cover. Wow, we are starting to feel the pressure of magazines like Sports Illustrated or FHM. Hahaha. Anyway, although we label this magazine as "the official publication of the DOH," it does not mean that only DOH officials could grace our cover. We have the whole health sector to look for every issue.

In the years of our existence, we have put in the cover legislators, national and local government and health officials, leaders of civil society groups and celebrities championing health issues and concerns. It only takes a good story to land on the cover.

In this issue, we try to experiment with our cover and we did not look far for our "models." They are ordinary DOH Central Office employees who are sharing their extraordinary moment in their lives. The groom is from the National Center for Health Promotion (**HEALTHbeat**'s home office) and the bride is from the Health Policy Development and Planning Bureau.

If marriages are made in heaven, this one is not. Please don't get us wrong. You see, Mike and Frances' marriage is made in the DOH. And with all the debates surrounding the passage and implementation of the reproductive health (RH) law, heaven and the DOH are two opposite places. But whatever the Catholic Church may say about DOH employees supporting the RH law, majority of them still believe in the sanctity of marriage and in building a healthy and productive family.

If this issue and our cover will elicit varied reactions, then we have been successful in giving our readers engaging, fun and social content balanced with relevant health news and insights.

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Partnerships for Better Health Outcome

Health Secretary Enrique T. Ona strongly advocated for a wider partnership with government and the private sector to ensure that collective actions in improving the health of the masses will be implemented as he addressed the 66th World Health Assembly (WHA) in Geneva, Switzerland on May 21, 2013.

"We need to raise, harness and maximize the strengths of the various sectors involved to strengthen governance structures towards growth and sustainable development," he said.

At the WHA, Ona took the opportunity to share some of the triumphs and challenges that the Philippines has experienced since year 2000 when the country committed to be part of the Millennium Declaration. He emphasized that the Philippines is on track in most of its targets in the Millennium Development Goals (MDGs) as revealed by the 2013 Human Development and the 2012 MDG Regional Reports.

He said the invigorated demand and supply dynamics in the health sector has led to marked improvements in the reduction in newborn deaths and sepsis; significant progress in delivery care practices, coupled by the cessation of old ineffective or harmful practices; and successful start of breastfeeding, among others. This has led to the decrease in our child mortality rates allowing the country a chance to attain the MDG targets for child health. As for maternal mortality ratio, Ona stressed

that the country is now implementing several strategies, such as facility-based deliveries and reinvigorating reproductive health services, including the provision of information and commodities to ensure and meet the MDG targets on maternal health.

Other MDG targets for food poverty, communicable diseases and water supply and sanitation will likely to be met by the country, Ona added. Moreover, The recent passage of Alcohol and Tobacco Excise Tax Reform Act and the Responsible Parenthood and Reproductive Health Act has inspired the DOH to attain the targets it has set even beyond 2015 towards universal health care.

Ona also proposed road accidents to be included in the new global development framework. He stressed that it is a continuing health concern in lower and middle-income countries, especially in the Philippines.

"We must employ integration and unity in our policies and strategies, at the national, regional and global levels to attain the MDGs," Ona said.

The WHA is the decision-making body of the World Health Organization (WHO) and attended by delegations from all WHO Member States. It focuses on a specific health agenda prepared by the Executive Board. The main functions of the Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and



Health Secretary Enrique T. Ona addresses the 66th World Health Assembly in Geneva, Switzerland.

approve the proposed programme budget.

Delegates from the Department of Health also included Undersecretary Madeleine De Rosas Valera, FDA Director General Kenneth Hartigan- Go, DOH-NCR Regional Director Eduardo Janairo, Director Nestor Santiago of the Bureau of Local Health and Development, Director Maylene Beltran of the Bureau of International Health and Cooperation, Director Ivanhoe Escartin of National Center for Health Promotion, PhilHealth Board Member Alexander Ayco and Executive Director Jose Dante Dator of the National Kidney and Transplant Institute.

The 66th session of the WHA was held on May 20-28 May 2013.

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President Benigno S. Aquino III is the second Philippine president to be honored by the World Health Organization Western Pacific Regional Office in Manila during its commemoration of World Health Day on April 8. The first president to be given such distinction was his mother, President Corazon C. Aquino, in 1988. (Photo grabbed from PNoy Facebook page)

WHO Honors PNoy

The World Health Organization (WHO) in the Western Pacific Region, which is based in Manila, observed World Health Day 2013 on April 8 with a ceremony honoring President Benigno S. Aquino III for his leadership in public health.

WHO Regional Director for the Western Pacific Dr. Shin Young-soo said, "It is fitting that we celebrate World Health Day by recognizing President Aquino's exemplary leadership in public health. Among his most significant accomplishments have been raising taxes on tobacco and alcohol, and giving vulnerable Filipinos access to health insurance and to reproductive health care. He truly embodies the principle from

which WHO derives so much of its direction and inspiration: that the enjoyment of the highest attainable standard of health is a fundamental right."

Aquino, whose nickname is PNoy, is the second Philippine president who has the distinction of being honored by WHO. By mere twist of fate, his precedent was his mother, then President Corazon C. Aquino receiving the same recognition in 1988.

In his speech, PNoy said that 25 years ago when the WHO bestowed the honor in addressing the during World Health Day celebration, the Philippines was still reeling from the memories of Martial Law and had just began to regain footing as a

free nation.

"I believe you chose my mother to address you then because of what she represented: a people that valued life, and saw that compassion was the most powerful weapon against injustice and oppression; the belief that we all had a duty to protect and care for the most vulnerable members of society," he said.

Aquino added that he accepted the same honor with deep gratitude, knowing that "it recognizes not the triumph of a single man against seemingly insurmountable odds, but the strength of a people willing and eager and fervently working towards change."

He reiterated that the laws and reforms in the health care sector that his administration were able to pass emanate from the staunch resolve to reinstitute integrity in government service.

"Proper nutrition, proper access to healthcare, and an opportunity to build a dignified life should not be reserved only for those who have the means to pay for it. If we are to build a true regime of opportunities, then the most fundamental freedoms must all be extended to every citizen, regardless of their circumstances of their birth," he said in his speech.

The President stressed that implementing healthcare reform is a matter of compassion for those who have been relegated to the margins of society for so long, but it is also a matter of strategy. The people whose health his administration is investing heavily in are the same people who man workstations, till the fields, power the industries and fuel further economic growth.

The prospect of the true **Kalusugan Pangkalahatan** (universal health care is now within sight, he said, as 86 percent of the people are now enrolled in PhilHealth, with the lowest quintile of our population already benefitting from our No Balance Billing policy which allows them to

get treated in government hospitals without shelling out a single peso.

Aquino also said that passing the Sin Tax and the Responsible Parenthood laws may have taken a grueling political battle against entrenched interests, but they were passed and enacted into laws. He expects that with the continuous help of allies and advocates, these legislations would change the status quo of unequal access to health resources and knowledge.

The theme of World Health Day 2013 is high blood pressure, also known as hypertension. Implicated in many heart attacks, strokes and other cardiovascular diseases, high blood pressure is one among the leading causes of preventable death.

"Public health policy needs to address high blood pressure," Shin says. "If it doesn't then we won't be able to adequately address the epidemic of noncommunicable diseases that accounts for 80% of the deaths in our Region. High blood pressure is a major risk factor for the cardiovascular diseases that account for about half of noncommunicable disease deaths. So, the connection between controlling high blood pressure and achieving our ambitious targets for the control of the noncommunicable diseases is plain."

High blood pressure is often

related to behavioral or lifestyle factors. These include eating foods high in salt and fat, the harmful use of alcohol, physical inactivity and tobacco use.

In addition, metabolic risk factors – such as diabetes, high blood cholesterol and obesity – increase the risk of complications from high blood pressure, including heart disease, stroke, kidney failure and blindness.

The risk of developing high blood pressure and its dire consequences can be minimized by cutting down on salt and fat, eating a balanced diet, avoiding tobacco and the harmful use of alcohol and getting regular exercise. For many people, lifestyle changes are sufficient to control blood pressure. For others, medication is required. Inexpensive medication exists, which is effective when taken as prescribed.

The ultimate goal of World Health Day 2013 is to reduce heart attacks and strokes. Specific objectives of the campaign are to: raise awareness of the causes and consequences of high blood pressure; encourage adults to check their blood pressure and to follow the advice of health-care professionals; encourage self-care to prevent high blood pressure; make blood pressure measurement affordable to all; and encourage national and local authorities to create environments for healthy behaviors



LEFT: President Aquino is greeted by WHO Western Pacific Regional Director Dr. Shin Young-soo. **RIGHT:** Health Secretary Enrique T. Ona accompanies the President to the conference hall. (Photos grabbed from PNoy Facebook page)

World No Tobacco Day Awards 2013

Philippines Wins

PNoy and the Sin Tax Team

The World Health Organization - Western Pacific Region (WHO-WPR) where the Philippines belong, recognized President Benigno S. Aquino III and the Sin Tax team with a World No Tobacco Day award.

Every year on May 31, the WHO six regions name people and institutions that have made outstanding contributions to the advancement of the policies and measures contained in the WHO Framework Convention on Tobacco Control (FCTC) and its guidelines.

The initiatives to reform the excise tax system in the Philippines started 15 years ago and it was only under the administration of Pres. Aquino that this legislative measure has been approved and certified a priority. The strong lobby of the tobacco and alcohol industries prevented reforms in the Sin Tax Law for more than a decade but the strong support of the President for the reforms coupled with a dedicated team of legislators in the leadership of Senator Franklin M. Drilon and House Representative Isidro T. Ungab made all the difference.

On December 20, 2012, Pres. Aquino 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. He said it was 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.



Theme of World No Tobacco Day 2013.

The features of the new Sin Tax Law include: significant increases in tax rates of 108% (high-priced cigarettes) up to as much as 341% (low-priced cigarettes) in the first year alone; a shift from a four-tiered to a two-tiered tax system in the first year (2013); a shift to a unitary tax of P30 for cigarettes by 2017; perpetual annual tax increase of four percent; and earmarking of taxes for the universal health program and alternative livelihood for tobacco farmers.

The projected revenues and burden sharing between the tobacco and alcohol industry are as follows: P33.96 billion and P42.86B (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.

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

Amazingly, the key features of the original Sin Tax Reform proposal were preserved and were not compromised. Thanks to Sen. Drilon and Rep. Ungab, among others, the country got more than what it has expected.

The Sin Tax law was implemented on the first day of the new year, 2013.

This year, the WHO-WPR also awarded the World No Tobacco Day awards to: Phnom Penh Capital City, Cambodia; Dr. Huang Jiefu of the Chinese Association on Tobacco Control, China; Ministry of Health, Cook Islands; Hong Kong Council on Smoking and Health, Hong Kong (China); and Dr. Zariah Binti Dato' Mohd. Zain of the Lincoln University College, Malaysia.

Comprehensive TAPS Ban

On World No Tobacco Day, the WHO calls for a comprehensive ban on all tobacco advertising, promotion and sponsorship (TAPS).

WHO Regional Director for the Western Pacific Dr Shin Young-soo said, "As called for in the WHO FCTC, governments must comprehensively ban TAPS. We must halt the tobacco industry's aggressive

marketing of its products, which cause addiction, suffering and millions of deaths each year."

Comprehensive bans should include point-of-sale (PoS) advertising, a last refuge of advertising still allowed in most countries where all other kinds of tobacco advertising have been banned. Children are exposed to PoS advertising, since cigarettes are often sold near candy and other items aimed at children.

After Hong Kong (China) banned tobacco advertising in broadcast media, billboards and print media, it was found that brand recognition remained high at 30% to 64% among children whose families were non-smoking because PoS advertising and sponsorship were not controlled.

To subvert marketing bans, the tobacco industry has shifted to forms of indirect advertising, such as sponsorship of sports or cultural events and viral marketing, including word-of-mouth marketing.

The WHO FCTC entered into force in 2005. It obliges its 176 Parties to take incremental action to reduce demand and

supply for tobacco products including: protecting people from exposure to tobacco smoke; counteracting illicit trade; banning advertising, promotion and sponsorship; banning sales to minors; putting large health warnings on packages of tobacco; increasing tobacco taxes and creating a national coordinating mechanism for tobacco control. Of the six WHO regions, the WHO Western Pacific Region remains the only one in which all eligible Member States have ratified the WHO FCTC.

Evidence shows that comprehensive advertising bans lead to reductions in the number of people starting and continuing smoking. Comprehensive bans also work to counteract the deceptive and misleading nature of tobacco marketing campaigns; the unavoidable exposure of young people to tobacco marketing; the failure of the tobacco industry to effectively self-regulate; and the ineffectiveness of partial bans.

Nearly 80% of countries and areas in the Region now ban direct advertising of tobacco on national television, and half of

the Region's countries and areas now ban one of the main forms of indirect advertising – product placement of tobacco brands in television and films.

Moreover, in December 2012, Australia became the first country to sell cigarettes in standardized drab, dark brown packaging with large graphic health markings. There are no tobacco industry logos, brand imagery, colours or promotional text. Plain packaging is a highly effective way to counter the tobacco industry's ruthless marketing tactics. Also in 2012, Viet Nam adopted a Law on Prevention and Control of Tobacco Harms, which bans advertising and sponsorship by tobacco companies. Cambodia adopted a Sub-Decree on Measures for the Banning of Tobacco Product Advertising in 2011, which prohibits all direct advertising and sponsorship. In Palau, the Tobacco Control Act in 2011 resulted in a complete TAPS ban.

Partial TAPS Ban Only in the Philippines

Republic Act 9211 (Tobacco Regulation Act of 2003) does not provide a comprehensive TAPS ban. It only bans all tobacco advertisement and restricts promotion and sponsorship.

All forms of tobacco advertising in mass media are prohibited, but advertisements placed inside the premises of PoS establishments are allowed limited to leaflets, posters and similar materials. Cigarette brands may also appear on smoking related items like lighters and ashtrays.

Limited sponsorship is allowed but cigarette and tobacco companies are prohibited from sponsoring any sport, concert, cultural, or art event, as well as individual and team athletes, artists or performers where such sponsorship shall



The country's version of World No Tobacco Day celebration. Left poster: Promoting tobacco equals promoting death (left poster). Top Right: Crime scene installed at MRT station in Shaw. Bottom Right: Superman and Batman battle Yosi Kadiri. (Photos by Neil Bryan Hipolito)

require or involve the advertisement or promotion of any cigarette or tobacco product. On the other hand, promotion is allowed but it must be directed only to persons at least 18 years old. Minors are also not allowed to sell distribute and purchase cigarettes or any tobacco products. The sale or distribution of tobacco products is prohibited within 100 meters from any point of the perimeter of a school, playground, or other facility frequented by minors.

In anticipation of the opening of the new school year, the Department of Health met with a number of managers of convenient stores and representatives of supermarket associations on April 19 and May 28 to reiterate the prohibition of the sale of tobacco products near schools and other places frequented by minors.

Health Assistant Secretary Enrique A. Tayag requested retailers to verify, pull out and ensure that no tobacco products are sold in near these establishments. He said that violations constitute a criminal offense and insisted on the commitment of retailers to make an inventory of stores that fall within the 100-meter rule and to completely stop the sale of cigarettes within such zone. He also reiterated that stores that are not within this zone can sell cigarettes but not to minors.

Tayag said that there are three possible solutions to the situation, namely: 1) compliance of retailers; 2) the DOH to issue cease-and-desist orders; and 3) file complaints in the court. As such, any interested person, not only the DOH, can file a complaint anytime and/or raise it in mass media. The DOH, Department of Trade and Industry and civil society organizations will continue to monitor compliance. The DOH has already issued an Order creating a team that will investigate complaints of violations on the 100-meter rule and other provisions of RA 9211.



Meanwhile, on May 31, Dr. Loida Labao-Alzona, head of the Metropolitan Manila Development Authority (MMDA) Health Public Safety and Environmental Protection, said that they will strictly implement smoking bans within public and private school zones. Vendors cannot sell cigarettes within a hundred meters from schools. This rule will also be applied to tobacco advertisements.

"Our target is for local government units (LGUs) to no longer issue business permits against stores that will be found in violation with the law to really discourage them from selling cigarettes," Alzona said.

Only a few local government LGUs in the country implement a total smoking advertisements ban in their areas: Davao City, Makati City, Bataan, Nueva Viscaya, and Iloilo City. No tobacco companies sued any of these LGUs.

Tobacco Kills

Tobacco use is a leading cause of preventable death, killing nearly 6 million people globally each year. Of this number, more than 600 000 are non-smokers who die from exposure to second-hand smoke. Unless urgent action is taken, the annual death toll could rise to more than 8 million by 2030. No consumer product kills as many

people, and as needlessly, as tobacco. It killed 100 million people in the 20th century. Unless urgent action is taken, the figure could rise to 1 billion in the 21st century.

Tobacco use is one of the biggest contributors to the epidemic of noncommunicable diseases in the Western Pacific Region, which is home to more than one fourth of the world's population. In the Region, it is estimated that two people die every minute from tobacco-related disease, and half of all women and children are regularly exposed to second-hand smoke at home and in public places. Moreover, the Western Pacific Region has the greatest number of smokers; the highest rates of male smokers; and the fastest increase in tobacco uptake by women and young people. In the Region, 12% of all deaths are attributable to tobacco.

Globally, tobacco use is responsible for an estimated 7% of all deaths due to tuberculosis and 12% of deaths due to lower respiratory infections. Among the major noncommunicable diseases, tobacco use is responsible for 10% of all deaths from cardiovascular diseases, 22% of all cancer deaths, and 36% of all deaths from diseases of the respiratory system. Moreover, tobacco use is responsible for 71% of all lung cancer deaths and 42% of all chronic obstructive pulmonary diseases.

ELECTRONIC CIGARETTE: **What We Don't Know May Hurt Us**

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

The Food and Drug Administration (FDA) recently reiterated an earlier Department of Health advisory in July 2010 that said the electronic cigarette (e-cigarette) is not a legitimate therapy for smokers trying to quit, as some marketers of e-cigarettes imply in their advertising. On the contrary, the FDA said the electronic cigarette promotes smoking among children and the youth and makes them less fearful of hazards and risks of smoking.

In FDA Advisory No. 2013-008 dated April 10, 2013, Acting Director Kenneth Hartigan-Go quoted Dr. Ala Alwan, Assistant

Director-General of the Noncommunicable Diseases and Mental Health Cluster of the World Health Organization (WHO), as saying the e-cigarette is not a proven nicotine replacement therapy and WHO has no scientific evidence to confirm the product's safety and efficacy.

E-cigarettes were originally invented in China by a company called Ruyan, but they are now produced by several companies around the world. E-cigarettes are increasingly becoming popular among Filipinos, particularly the youth, as the number of public places that prohibit

smoking is increasing and the recent higher tobacco taxes in the country make smoking more expensive.

Manufacturers and satisfied customers of e-cigarettes say that this nicotine vapor offers many advantages over traditional cigarette smoke. But regulatory agencies, health experts and tobacco control advocates are not sure. They have questions about the possible side effects of inhaling nicotine vapor, as well as other health risks e-cigarettes may pose to both users and the public. For this relatively new product, what we don't know may hurt us.

Most e-cigarettes are similar enough in appearance to be mistaken for regular cigarettes, but one has look inside and see the main difference: E-cigarettes do not contain tobacco, instead there is a mechanism that heats up liquid nicotine, which turns into a vapor that smokers inhale and exhale.

A typical starter kit, which contains the e-cigarette device, a battery and some liquid nicotine cartridges, can cost as little as P1,000 in the Philippines. Users must charge the battery regularly and some have complained about the need to replace batteries too frequently, although this may depend on the quality of the device and battery purchased. The liquid in the cartridges also needs to be resupplied



regularly, either by inserting a new cartridge or refilling an empty one. This makes e-cigarettes very expensive.

An e-cigarette can contain as much nicotine as a regular cigarette or more. The amount of nicotine depends on the content of the liquid-nicotine cartridge installed in it. Customers can choose cartridges containing nicotine in a range of strengths. There are also cartridges that said they contain liquid without nicotine, for users who want the sensory experience of smoking without its effect.

Users of e-cigarettes would think that there is no nicotine in it until they develop addiction. Nicotine is what makes smoking pleasurable. It is the addictive component of tobacco. It is absorbed into the blood and affects the brain within 10 seconds. It causes smokers to feel good because of the chemicals in the brain that it releases. It also causes a surge of heart rate, blood pressure, and adrenaline which also feels good. However, stimulation is then followed by depression and fatigue, leading the smoker to seek more nicotine and puff another cigarette. Addiction to nicotine results in withdrawal symptoms when a person tries to stop smoking.

E-cigarette manufacturers and marketers are saying they are careful not to directly market their product to young people, but it is openly sold in malls and can be easily purchased online. Moreover, the nicotine cartridges come in a wide range of flavors – chocolate, caramel, strawberry, bubble gum, among others – that are most likely to appeal to children and young adults. And young people may be attracted to e-cigarette as a result of the attention some celebrities are bringing to it, like Johnny Depp using one in the film "The Tourist." The film emphasized the message many manufacturers and marketers say that anyone can use e-cigarettes anywhere, even in

public places where smoking is prohibited.

While e-cigarettes do not produce secondhand smoke, they do produce secondhand vapor. Manufacturers say that it is merely water vapor and therefore harmless. To date, there is practically no comprehensive scientific data to say that e-cigarette is safe or harmful. It has not been subjected to thorough, independent testing, but to believe the manufacturer's health claims would not be wise without any trustworthy science to back it up.

Some individuals, particularly those with health conditions that make them sensitive, have reported that the vapor is irritating to their eyes, noses and throats, and that it affects their breathing and makes them nauseous. Tobacco control advocates say that people should not be subjected to secondhand vapor until manufacturers have proven it to be safe for everyone, including children, the elderly and people with certain medical conditions.

Tobacco control advocates in the Philippines see the use of these devices as a threat to the gains of implementing 100% smokefree public places. Since there are no clear laws and policies on e-cigarettes, many users are observed puffing e-cigarettes in no smoking public places. Some smokers claim they only use e-cigarettes when they are in non-smoking environments, so in these cases, the device might actually increase nicotine consumption. Tobacco control advocates believe that e-cigarettes could be used as an introduction to smoking rather than a preventative measure.

For smokers, watching e-cigarette users and smelling the smoke-like vapor can trigger longing to smoke. For quitters, these triggers can also be nearly unbearable.

Regulations vary, but some countries, including Australia, Canada, Israel and Mexico, have banned e-cigarettes. In the Philippines, the FDA Advisory only went as

far as saying that marketers of e-cigarettes should immediately remove from its websites and other informational materials any suggestion that WHO considers it to be safe and effective smoking cessation aid. Go also said, "The FDA has not registered any electronic cigarette products and will not register them as health products."

Meanwhile, the Inter-agency Committee-Tobacco (IAC-T), a committee that oversees the implementation of Republic Act 9211 (Tobacco Regulation Act of 2003) headed by the Department of Trade and Industry, said that it has no jurisdiction over e-cigarettes. Instead, the committee suggested that the local government units concerned should issue a licence to operate to retailers/distributors of e-cigarettes.

A week after the FDA warned the public against the use of the e-cigarettes, the Metro Manila Development Authority (MMDA) urged local government units to enact ordinances regulating the sale and use of e-cigarettes in respective localities.

Dr. Loida Labao-Alzona, director of MMDA Health, Public Safety and Environmental Protection, said the growing popularity of the e-cigarette necessitates amending the Tobacco Regulations Act of 2003 (Republic Act 9211) to regulate their sale and use. She said that the LGUs can step in while waiting for Congress to amend the law.

Alzona also added that MMDA is considering to ban the use of e-cigarettes in public places, like government offices, bus and jeepney terminals, loading and unloading bays, pedestrian passes, schools, hospitals, among others.

While waiting for some concrete health effect or regulation on e-cigarette use are still evolving, it may be better to follow the FDA advisory – "The public is advised NOT to smoke at all and NOT to use cigarettes, cigars, or e-cigarettes."



Flash mob with Health Assistant Secretary Eric Tayag in Binondo, Manila to signify the start of the Department of Health's Pilipinas Go4Health movement on June 6. (Photo by Paking Repelente)

Pilipinas Go4Health

DOH Goes Viral

Well, what do you know? The Department of Health goes viral in spreading information on health in webpages and social media sites targeting children and young adults – the largest user of the Internet and the ones whose behaviors are becoming unhealthy.

In May, "Pilipinas Go4Health" crept silently into the Internet, and on June 6, a grand launch was held at the Ramada Hotel in Binondo, Manila. "Pilipinas Go4Health" is a nationwide healthy lifestyle movement that aims to inform and engage

the youth as well as adults in forming healthy habits and practicing a healthy lifestyle through the promotion of 4 healthy behaviors (1. physical activity, 2. healthy diet, 3. no smoking, and 4. avoiding the harmful use of alcohol) to prevent the "fatal 4" diseases (1. cardiovascular disease, 2. cancer, 3. diabetes, and 4. chronic obstructive respiratory disease).

These diseases cause the far majority of deaths due to non-communicable diseases (NCDs) globally. In 2008, the National Statistics Office reported that these four diseases were also responsible for 54% of all deaths in the Philippines. Disturbingly,

30 to 50 percent of deaths attributed to NCDs occurred prematurely or before 60 years of age.

Health Secretary Enrique T. Ona said that Filipinos live in a time when the country distinctly depicts the convergence of disease patterns found in both developed and most developing countries. As the Philippines struggles to overcome infectious diseases, maternal, newborn and child health problems as well as nutritional deficiencies, NCDs are also rising rapidly.

Unlike infectious diseases, Ona added, NCDs are highly multi-factorial in

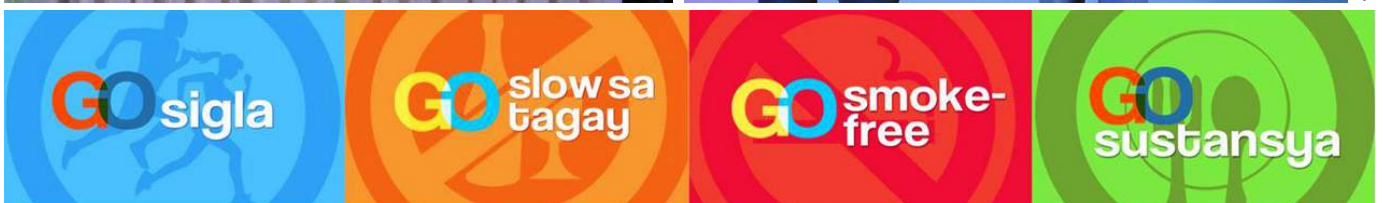
Please turn to page 16...

Pilipinas Go 4 Health!





Photos by: Peking Repeleante, Evelyn Dioso, Sunshine Alipoyo, Rhodoric Domingo and Diosdado Angeles, Jr.



...continued from page 13

nature and brought about by modifiable and non-modifiable risk factors. He stressed, we cannot change under normal circumstances our age, gender and hereditary risk factors, but we can change the fatty, rich, sugary and salty food we eat, the alcohol and other sweetened beverages we drink, the several hours we spent in front of the computer or television set, and the tobacco smoke we inhale and exhale.

The trouble with NCDs is that because the signs and symptoms take years to be seen and felt and epidemics take decades to become fully established, these diseases are often neglected by a great majority of the population. However, NCDs have their origins set at very young ages, thus healthy lifestyle must be taught and instilled in the youth.

Alarming Data

Data from the 7th National Nutrition Survey conducted by the Food and Nutrition Research Institute of the Department of Science and Technology, revealed that two (2) out of 100 children, 0-10 years old, are overweight. This may still not be an alarming figure to some people, but the same survey also revealed that as Filipinos grow older, the problem gets bigger. Overweight and obesity affects 27 adults, 20 years old and over, in every 100. Overweight, when left unattended, may result in many chronic NCDs like diabetes mellitus, heart diseases and hypertension. Children as young as eight years old can have hypertension because of obesity.

Child food consumption trends in the country today show a shift towards unhealthy pattern over the past few decades. Food marketing is considered to be a major contributor to this situation. The study on outdoor food advertisements

ASec. Eric Tayag on

QUESTION: What is the Pilipinas Go4Health Movement?

ANSWER: Pilipinas Go4Health is the Filipinos' big MOVE and moMENT to achieve healthier minds and bodies. Mindful that children under 20 years of age today face greater risks to their health compared to past generations, the Department of Health (DOH) declares war on the BIG 4 risky behaviors: unhealthy diet, physical inactivity, cigarette smoking and harmful use of alcohol.

There is scientific and social evidence that getting rid of these risks is the path to better and satisfying health. The DOH harnesses the power of social media to make it easier for children, parents, teachers, health providers, key opinion leaders, health advocates in government and the private sector, get and share accurate and practical information on lifestyle change.

Pilipinas Go4Health is the Philippines portal carved and served the way Michelle Obama's Let's Move has set in motion for America's fight against obesity. Only this time

the Philippines takes on the BIG 4.

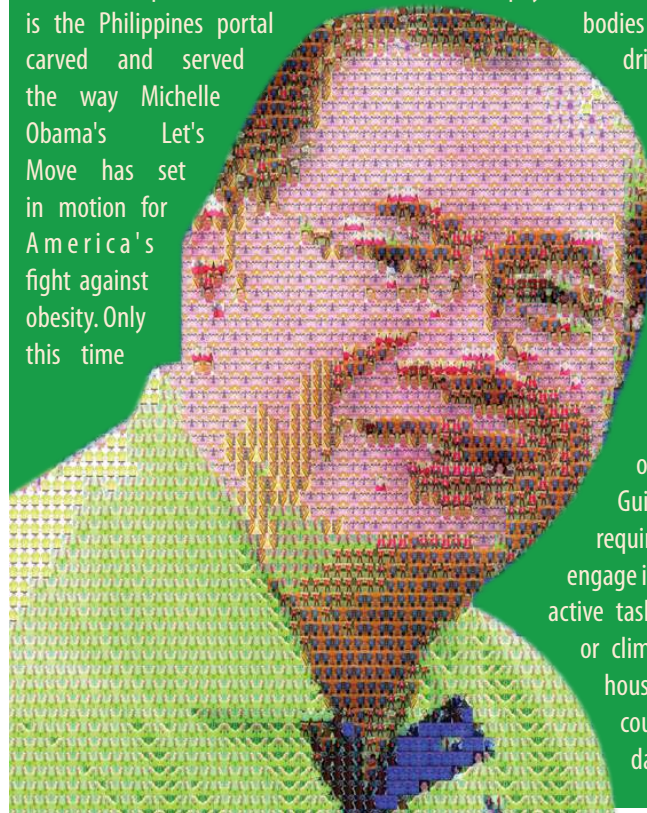
Q: What are the objectives of this Movement?

A: Simply, Filipinos who yearn and seek to lead healthy lives, will make the right choices while there is still time to act. Filipinos will be liberated from the shackles of misinformation or lack of information, indifference or uncaring attitude, bad or careless practices and habits. The DOH hopes to recreate the environment that will provide Filipinos readily available peer-assessed information shared by a team of devoted health advocates. By providing critical resources, DOH and other partners from government, private sector, civil society and international organizations will be able to carry out this noble mission of addressing bad influences to better health.

Let's Go 4 healthy diets. Let's GO 4 physical exercises. Let's GO 4 smoke-free bodies and buddies. Let's GO 4 less drinking alcohol.

Q: What is the importance of exercise in maintaining a healthy lifestyle?

A: The human body is designed for motion. Daily physical activity is for everyone, from the very young to the very old. The Philippine National Guidelines on Physical Activity requires children and adults to engage in at least 60 minutes of daily active tasks like the simple walking or climbing the stairs and doing household or school chores. Of course, engaging in exercise, dance or sports is even



Pilipinas Go4Health

healthier.

However, today's lifestyle is laden with quick fixes and labor-saving habits which does not support the original purpose of the body which is to move. The lack of or insufficient movement of the body has grave consequences to one's health. It has been associated with increased risk for heart diseases, stroke, diabetes, obesity, some cancers, and even depression and anxiety.

Q: What kind of diet would you suggest to Filipinos?

A: Food consumption trends in the country, particularly among children and young adults, show a shift towards unhealthy pattern over the past few decades. Food marketing is considered to be a major contributor to this situation. The study on outdoor food advertisements around schools in Metro Manila and Rizal conducted in July to October 2012 clearly showed that majority of the food items being advertised were for unhealthy food products or food rich in energy and have little nutritional value. Unhealthy food items are those that are high in fat, salt, or sugar.

Eating right and maintaining proper diet means suiting it up to your needs with more vegetables and fruits, less meat and unhealthy fats, less processed foods, less salt, reading labels, avoiding big portions and drinking less sugar-laden beverages.

Q: What is your message to the youth who are curious about smoking?

A: "Be smart, don't start," remains to be the message the DOH wants to impart to children and young adults. Many Filipino children start smoking at the age of 7, and it takes these children three to four years of regular use for dependence to set in. Most smokers become addicted to tobacco when they are too young

to make informed choices that will result in serious health consequences many years later for them to avoid early on. By the time most smokers are old enough to make informed choices, they are already addicted to cigarettes and they find it very hard to quit and they may already start to suffer from its negative consequences.

Q: Studies have shown that moderate drinking is good for health. What are your thoughts?

A: The effect of alcohol on health is complex. Each body is built differently – for some people, even mild alcohol use carries major health risks, while for others, moderate drinking may offer some degree of health benefits.

Of course, there are various health and social concerns related to alcohol consumption. To name a few – road accidents, violence, depression, and even acquiring sexually transmitted infections, including HIV/AIDS. People under the influence may have impaired judgment that may lead them to engage in risky behaviors. And we cannot determine exactly how much alcohol is to be consumed before the harmful effects happen.

Generally, it is still much better to drink less or not to drink alcohol at all.

Q: What is your hope for the youth today in terms of health?

A: Let's take off with the famous quote of our national hero, Dr. Jose Rizal, who said, "the youth is the hope of our fatherland." We want our future leaders and workforce to be physically and mentally fit and strong to move the country forward. The youth can make the right choices NOW. Let's Go4Health!

around 30 schools in Metro Manila and Rizal in 2012 showed that there were 9,687 food advertisements within 500-meter radius, and 85% of these were advertisements for unhealthy food products. Unhealthy food items are those that are high in fat, salt, and caloric content. Half of these unhealthy food advertisements were softdrinks and other sweetened beverages.

Another alarming result of this study was that alcoholic beverages accounted for 7% of the advertisements located near schools. No wonder Filipinos even at a young age of 13, have their first taste of alcohol. The results of the Philippines 2011 Global School Health Survey conducted by the DOH, World Health Organization and US Centers for Disease Prevention and Control indicate that 18.7% of adolescents, 13 – 15 years old, currently drink alcohol. Exposure to alcohol advertisements has the potential to increase the prevalence on alcohol use among the youth.

On the other hand, there seems to be good news in the latest data on youth smoking. The Philippines Global Youth Tobacco Survey revealed a very 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. The intensified actions of various national government, local government and non-government agencies on developing and implementing tobacco control policies and programs in the Philippines may have contributed to this decrease. And hopefully, the revitalized Sin Tax law on tobacco products that has started to be implemented this year would create further decrease in smoking among the youth.

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



LEFT: Log on <www.go4health.ph> and register to join the Healthy Lifestyle Movement. **RIGHT:** Pilipinas Go4Health is also on Facebook, Twitter and You Tube.

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 NCDs.

Adult smoking is still considered very high at 28.3% of total adults (17.3 million Filipinos, 15 years old and above), according to the Philippines Global Adult Survey in 2009. Among this total, 47.7% (14.6 million) are males and 9% (2.8 million) are females. According to WHO, 10 Filipinos die by the hour due to tobacco-related diseases.

And then comes the problem of physical inactivity. The fast-changing technology comes into play here. Children, as well as adults, are fixated on computers, if not on their television screens. The National

Physical Activity Guidelines developed by the DOH, WHO and the NCD Coalition recommend at least 60 minutes of physical activity and exercise most days of the week if not every day for normal healthy children and adults. And reports that Physical Education in schools have been reduced to 15 - 30 minutes a week is not helping. Many schools are even making this a time for homeroom classes instead of play, exercise or sports.

Sign Up Now

Pilipinas Go4Health Movement does not intend to give the youth and adults more time just sitting in front of the computer. But while they are using the Internet anyway they are encouraged to get

the vital information to improve their health. The website will introduce them to a host of resources, including guidance for health and fitness experts, and access to various health tools to help achieve healthy lifestyle, such as the Body Mass Index (BMI) calculator, calorie counter, challenge app (application); and the waist-to-hip ratio app.

Pilipinas Go4Health is open to all Filipinos who want to start a healthy lifestyle or help someone achieve a healthy lifestyle. Just log on to <www.go4health.ph> and register. Or see it in Facebook, Twitter and You Tube. (See the URLs or uniform resource locators in the photo on this page.)

Pilipinas Go4Health is powered by the DOH National Center for Health Promotion.

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Online in July



Beat Tobacco

The **NATIONAL TOBACCO CONTROL COORDINATING OFFICE** Website
powered by the DOH - National Center for Health Promotion



Director and Head Executive Assistant Jaime Lagahid is one of the DOH officials who is required to plant 10 trees per year till 2016. (Photo by Paking Replente)

Green for Health

All DOH Officials to Plant 10 Trees Every Year until 2016

The Department of Health held a tree-planting activity at the Dr. Jose N. Rodriguez Memorial Hospital in Tala, Kalookan City as part of its contribution to the government's National Greening Program (NGP) that seeks to mitigate the effects of climate change in the country.

The NGP is a massive forest rehabilitation program of the government established by virtue of Executive Order No. 26 issued on February 24, 2011 by President Benigno S. Aquino III. It seeks to grow 1.5 billion trees in 1.5 million hectares nationwide within a period of six years, from 2011 to 2016.

Health Secretary Enrique T. Ona said, "We are instructing all officials of the DOH to plant 10 trees each year until 2016." He

added that climate and weather changes have a direct impact on the nation's health. The health effects of climate change include the rise of diseases and deaths related to temperature, extreme weather, air pollution, water and food, vector and rodents, and mental, nutritional, and infectious health effects.

Aside from being a reforestation initiative, the NGP is also seen as a climate change mitigation strategy as it seeks to enhance the country's forest stock to absorb carbon dioxide, which is largely blamed for global warming. It is also designed to reduce poverty, providing alternative livelihood activities for marginalized upland and lowland households relating to seedling production and care and maintenance of newly-planted trees.

Social Dialogue

by

Health Assistant Secretary PAULYN JEAN ROSELL-UBIAL

Head, Operations Cluster for the Visayas

Long before the Department of Health has started its successful journey for a department-wide ISO 9001:2008 certification for quality management system, it has already put in place several management reforms to strengthen the organization and improve its services. There is already the Performance Governance System (PGS) which is an essential management tool in carrying out good governance and advancing strategies in fighting corruption, and the Social Dialogue Project which works to improve the working conditions, management and productivity in order to provide quality public service.

The International Labor Organization (ILO) defines Social Dialogue as “all types of negotiation, consultation or simply exchange of information between or among representatives of governments, employers and workers, on issues of common interest relating to economic and social policy.” It works to promote democracy, workers’ rights and occupational health and safety as well as alleviate poverty.

According to ILO, health services are one of the fundamental sectors of society and the economy. Decent working conditions for health workers are essential to provide health services and to ensure that all members of society have access to social health protection. The lack of capacity to provide health services has

significant effects on individual and public health, poverty, income generation, labor market productivity, economic growth and development. While the burden of disease and the demand for health services varies in each community, the affordability of health care challenges most countries. Therefore, many governments have considered or implemented wide-spread reforms of their health care systems, reshaping the employment environment for health care workers.

Hospitals and other health facilities are rarely considered as workplaces. As the demand for health services grows and the shortage of qualified health personnel becomes more severe, working conditions deteriorate and the quality of health care may be jeopardized. Health facilities are unique work environments and encouraging improvements of working conditions are important so that health workers are encouraged and supported to provide high

quality care in their own communities.

The DOH Social Dialogue Project started way back in 2003 by the LO/FTF Council, the Danish trade union council for international development cooperation. It was then spearheaded then by the Civil Service Commission, and the DOH and Department of Education were the first government agencies to show interest and support for the project.

Phase I ran from October 2003 to March 2008 in three pilot hospitals and a health center, namely: Vicente Sotto Memorial Medical Center in Cebu City; Davao Medical Center (now known as the Southern Philippines Medical Center) in Davao City; Rizal Medical Center in Pasig City; and the Batasan Hills Health Center operated by the Quezon City Health Office.

Phase II ran from April 2008 to October 2011 and saw a wider and deeper involvement of the DOH with eight hospitals and three offices, including the DOH Central Office, joining in. The major output of this phase was the survey for DOH Central Office health workers and the launching of “5S.”

5S is the name of a workplace organization method that uses a list of five Japanese words: *seiri*, *seiton*, *seiso*, *seiketsu*, and *shitsuke*. Translated into English, it means: Sorting; Straightening or setting in order to flow; Systematic Cleaning (or Shine); Standardize; and Service (or Sustain). The list describes how



Health Assistant Secretary Pauly Jean Rosell-Ubial (center) in one of the workshops to implement the DOH Social Development Project.

to organize a work space for efficiency and effectiveness by identifying and storing the items used, maintaining the area and items, and sustaining the new order. The decision-making process usually comes from a dialogue about standardization, which builds understanding among employees of how they should do the work.

During this Phase, a technical working group was also organized to craft the occupational health and safety standards for public sector health workers which led to the issuance of Administrative Order (AO) No. 2012-0020, entitled "Guidelines Governing the Occupational Health and Safety of Public Health Workers."

The DOH is already in Phase III implementation and the Social Dialogue Project now focuses on capacity building and roll-out of tools and mechanisms to all DOH centers for health development (CHDs or regional health offices) and hospitals of the DOH. The kick-off activity of this Phase was the National Seminar on Social Dialogue for Quality Public Service held on October 1-3, 2012 in Muntinlupa City. This was followed by series of workshops for regional directors on October 24-27, 2012 in Cebu City and for assistant regional directors on April 10-12, 2013 in Virac, Catanduanes. *(A sample of how a workshop group interprets Social Dialogue is seen in the side box article on this page.)*

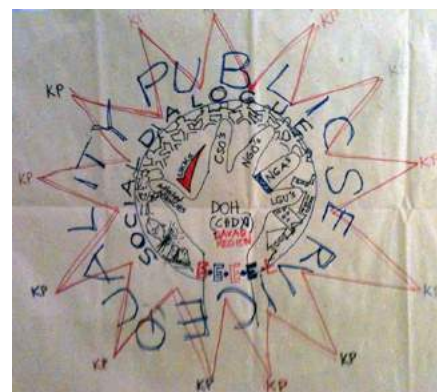
Upcoming activities for Phase III are consultative meetings and workshops to finalize the implementing rules for the AO on occupational health and safety and workshop/roll-out training workshops for hospital chiefs on SD principles and tools scheduled in July and August 2013.

The DOH Social Dialogue Project team includes Health Undersecretary David J. Lozada as chairperson and Health Assistant Secretary Paulyn Jean Rosell-Ubial as vice-chairperson.

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Dr. Abdullah B. Dumama Jr., DOH Center for Health Development (CHD)-Davao director, presents the group's output for the Workshop on Social Dialogue as a Management Tool in Virac, Catanduanes in April 2013. His group include OIC-Assistant Regional Director Ma. Socorro D. De Gracia and Helena Ramla C. Hechanova.



CHD-Davao Output for the Workshop on Social Dialogue as a Management Tool

From the perspective of the participants from Center for Health Development (CHD) - Davao, the healthcare system in the region is represented by this logo showing a hand with the CHD at the center. The five fingers represent the different stakeholders (DOH attached agencies, civil society organizations, non-government organizations, national government agencies, and local government units) that the CHD closely collaborates with in order to fulfill its mandate to be the leader in health in the region.

In the logo, the ring represents the commitment of the CHD to provide assistance to the hospitals. The bracelet symbolizes the "5 Es" of success – Expert Plans, Enabling Environment, Engaging Others, Evaluation, and Enhancement that are needed by the CHD to meet its goals. (Note that 5th E or Enhancement has been added by CHD-Davao Director Abdullah Dumama to the 4 Es of Assistant Director Adriano Suba-an of CHD-National Capital Region.)

But before the CHD can work with actors outside the DOH in the healthcare system, the CHD has to take into consideration its internal dynamics. As the saying goes, "A house divided cannot stand." This dynamics is represented by the Management on one side

and the Workforce or employees (represented by the Union or the check in the logo) on the other side.

Management provides over-all direction in the CHD while the Union provides a check and balance as they participate in the policy-making process. When employees participate in the management process and management recognizes the importance of having an active, motivated and competent workforce; positive and meaningful changes happen. This is made possible through Social Dialogue.

If unity of purpose and harmony between management and union exists, then the CHD can work effectively with the other actors in the healthcare system.

The CHD and its partners work collectively towards issues of mutual interest, as shown in diagrams in the circle outside the hand, such as building healthy communities, providing excellent health facilities, productivity, sustainable environment, and education.

When all these issues of mutual interests are attained, Quality Public Service, through the realization of **Kalusugan Pangkalahatan** (KP or universal health care) goals as symbolized by the shining rays of the sun is achieved.

PhilHealth: Red Tape-Free

The Civil Service Commission (CSC) lauded the Philippine Health Insurance Corporation (PhilHealth) as one of the top leading agencies among a list of 449 government agencies that passed the CSC's Anti-Red Tape Report Card Survey for the year 2012.

Together with PhilHealth are the Department of Trade and Industry, Bureau of Internal Revenue, Social Security System, and Land Transportation Office leading the

list of 50 other government offices obtaining an "excellent" rating, the highest in the scale with scores between 90 and 100.

CSC Chairman Francisco T. Duque III explained that government agencies were rated based on their compliance with the Anti-Red Tape Act (ARTA) of 2007 to improve the efficiency in the delivery of government service to the public by reducing bureaucratic red tape, preventing graft and corruption, and providing penalties. The

public's comments and feedbacks are vital to establish effective practices in government.

PhilHealth's frontline service delivery, service quality, physical working condition, and overall client satisfaction were surveyed. Also checked was the observance of the "No Noon Break" policy; presence of a public assistance desk/center; availability of basic facilities such as comfort rooms; and special lane for persons with disabilities, pregnant women, and the elderly.

Due to excellent service it provided to its members, various PhilHealth Regional and Local Health Insurance Offices (LHIO) in different regions in the country were awarded the CSC Citizens Satisfaction Center Seal of Excellence in 2012 which include: PhilHealth Region IV-B in Batangas City including its LHIO in Puerto Princesa, Palawan; LHIOs in the cities of Bacolod, Kabankalan, and Passi under the PhilHealth Region VI; and in Marawi City under the PhilHealth-ARMM (Autonomous Region in Muslim Mindanao).

It was also in 2012 when the results of the Social Weather Station (SWS) nationwide survey showed that PhilHealth has a Net satisfaction rating of +82, which in SWS's terminology is "excellent" in terms of PhilHealth's support and protection across all areas and classes of its members and dependents.

PhilHealth Executive Vice President and Chief Operating Officer Atty. Alexander A. Padilla said that with this recognition, PhilHealth will sustain and raise further the bar of excellence.



FDA Philippines: ISO 9001:2008 Certified

The Department of Health - Food and Drug Administration (FDA) received on May 10, 2013 its ISO 9001:2008 certification for Quality Management System (QMS) from TÜV Rheinland Philippines, a provider of technical safety and certification services worldwide.

Acting Director Kenneth Hartigan-Go said, "With this award of certification, our plans of a department-wide ISO-QMS certification are succeeding eventually. Our efforts towards achieving excellence, minimizing wastage in time, efforts and resources to hurdle over unorganized and unnecessary processes will transform the department into a more organized, motivated and efficient bureaucracy."

He added, "QMS is important, especially in government service as it promotes integrity, accountability, proper management of public affairs and public property. It also establishes an effective system in the prevention of graft and corruption within the agency."

The ISO-QMS system starts in the documentation of an individual's task and strictly observing his/her duties accordingly then attaining ways to further improve the job to become more efficient and effective. It is a continuing process of improving the system to gain a more valuable result.

ISO is short for International Organization for Standardization, the world's largest developer and publisher of international standards. ISO 9001:2008 is the standard that provides quality management



Health Secretary Enrique T. Ona (front row, third from right) graces the awarding of ISO 9001:2008 certification to the Food and Drug Administration Philippines.

system or QMS for organizations regardless of what it does, its size, or whether it is private or public sector. QMS is a model created for setting up a valuable and applicable system for ensuring quality services, environmental friendliness, safety, reliability, efficiency and interchangeability.

The QMS provides guidelines and requirements for systematizing processes, defining clearer tasks and activities for each staff, giving due relevance to customer requirements, and ensuring the provision of work requirements. Because of this, the efficiency, effectiveness and quality of services are ensured in compliance with statutory and regulatory.

As part of the ISO certification process, the FDA has conducted a series of orientation and training programs for all its employees. The essential steps needed in

the achievement of an ISO certification were made, including management review, gap assessments and third party certification audit.

"With this ISO certification, we expect that the FDA will further improve its services in licensing, monitoring and regulating the flow of food, drugs, cosmetics, medical devices, hazardous substances, and also ensuring the quality and safety of food and drugs in the country," Go concluded.

FDA is now part of the growing list of DOH offices that is ISO 9001:2008 certified. In July 2012, the DOH received the distinction as the biggest organization, both public and private, with 17 bureaus, centers and services of the Central Office and two Centers for Health Development (regional offices) in Metro Manila and CaLaBaRZon to be certified.

DUKTOR KO!

READER DISCRETION IS ADVISED

Ganda Lang

- CHIT: Gusto kong gumanda pero wala akong pera! May paraan pa ba na mas mura?
- DOK: Meron!
- CHIT: Paano po?
- DOK: Tumabi ka sa mas pangit sa 'yo!

Alas Otso

- RAUL: Dok, problema ko, nadudumi ako tuwing alas-otso ng umaga.
- DOK: So, anong problema dun?!?
- RAUL: Eh alas-nuwebe po ako nagigising!

Sakit sa Ihi

- DOK: Ang ihi kapag matamis, may diabetes ka. Kapag maalat, may kidney trouble ka. At kapag maasim, acidic ka.
- ROMY: Ganoon po ba iyon?
- DOK: Oo. Pero kapag tinikman o ininom mo ang ihi, may brain problem ka.

Inutil

- DOK: I'm sorry, wala na akong magagawa para tumayo pa ang 'Manoy' mo. Palagyan mo na lang ng bolitas.
- EDWIN: Pagkatapos po, dok?!?
- DOK: Gamitan mo ng magnet para tumayo.



Hmmm... kaya pala ganyan magsulat si Dok!
(Grabbed from the Internet)

Healthy Lifestyle

Lawit na ang dila at humihingal na inakyat ang hagdan papuntang 5th floor ng gusali papunta sa klinika ng duktur...

- DAVE: Dok, ano po ba ang gagawin ko para bumuti pakiramdam ko?
- REBECCA: Magdiyeta ka para mabawasan ang taba mo. Tumigil ka sa paninigarilyo at pag-inom. Tapos pumunta ka sa optiko.
- DAVE: (Nag-alala) Optiko? Bakit po?
- REBECCA: Para mabasa mo ang karatula sa pinto! Arkitekto ako, eh. 'Yung duktur nasa 1st Floor.

Health-Conscious

Nagkataon, nagkasabay tumakbo sa park...

- ERNIE: Pare, duktur ako. Mahilig akong mag-jogging kasi health-conscious ako! Ikaw?!?
- FRANK: Snatcher 'Pre! Wealth-conscious ako!

Good News, Bad News

- DOK: Meron akong good news and bad news sa 'yo..
- ANGEL: Ano po 'yun, Dok?
- DOK: Ang good news ay may isang araw ka pa para mabuhay. Ang bad news nakalimutan kong sabihin kahapon...

First Names

- DOK: Misis, ang ibig n'yong sabihin naka limang lalaking anak ka na pero pare-pareho ang first name nila? Pwede ba 'yun?
- ERMA: Opo naman. magkakaiba naman ang family name eh.

Pag-asa

- DONATO: Dok, Dok... Malala na talaga ang kondisyon ng asawa ko. May pag-asa pa po ba siya?
- DOK: Well, well, well... Depende 'yan sa kung ano ba talaga ang inaasahan mo.

Marriage & Health

Is there a real connection?

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

Health Benefits of Getting Married?

If two people are truly, madly, deeply in love, should they marry?

There are no perfect marriages. There are no marriage made in heaven, they are made on earth by two people trying to make their marriage work.

In this modern age, having proven that there is no assurance of a fairy tale "live happily ever after" ending, why do some people still plunge into the unknown – marriage?

A New York Times article by Tara Parker-Pope (April 14, 2010) traced back scholarly studies to suggest that there is a health advantage to marriage and discovered a groundbreaking 1858 "conjugal condition" study by British epidemiologist, William Farr that showed the unmarried died from disease "in undue proportion" to their married counterparts, and the widowed fared worst of all.

Farr's study divided the adult population into three distinct categories: the "married," consisting of husbands and wives; the "celibate," defined as the bachelors and spinsters who had never married; and finally the "widowed," those who had experienced the death of a spouse. Using birth, death and marriage records, Farr analyzed the relative mortality rates of the three groups at various ages. Based on the data he got, Farr concluded that, "Marriage is a healthy



Our Cover: Mr. & Mrs. Michael Patrick and Frances Rose Mamaril. This marriage is not made in heaven, it is made in the Department of Health.

estate" because married people lived longer, healthier lives.

Since then, scientists have continued to document the "marriage advantage": the fact that married people, on average, appear to be healthier and live longer than unmarried people. And there have been a lot of contemporary studies that showed married people are less likely to get pneumonia, have surgery, develop cancer or have heart attacks.

Interestingly, there are also studies that show married couples who are more content in their relationship tend to gain more weight, and thus the effects of marriage might be unhealthy too. A

study Dr. Andrea Meltzer of the Southern Methodist University in Dallas published in the Health Psychology Journal in April 2013, found that on average, men and women who are satisfied with their marriage gained one tenth of a BMI unit every six months. In contrast, couples who were less satisfied in their relationship tended to gain less weight over time.

The research suggested that those who were happy with their partners might be less likely to worry about their figures, because they were not motivated to look elsewhere for love. Meltzer said that by focusing more on weight in terms of health as opposed to appearance, satisfied couples

may be able to avoid potentially unhealthy weight gain.

Meanwhile, the Journal of Health and Social Behavior in March 2013 published a study which contradicts previous research that extolled the health benefits of partnership. Hui Zheng, an assistant professor of sociology at Ohio State University and lead author of the study, said that marriage is good for health of some people, but it is not equally protective for everyone.

In the study, researchers tracked 789,000 people who participated in the National Health Interview Survey from 1986 to 2004. Participants were asked to rate their health from excellent to poor. Follow-up data allowed Zheng and Patricia Thomas, a postdoctoral fellow at the University of Texas at Austin, to determine that 24,100 participants died between 1986 and 2006.

When they reported excellent health, unmarried people in the study were on average 75% more likely to have died than married people. More specifically, separated folks were 58% more likely to

die during these studies, divorced people were 62% more likely and widowed people were 93% more likely to die compared with married people.

This means that overall being unmarried – including never married, separated, divorced and widowed – significantly increases the risk of death within three years. This confirms the volumes of previous research that has found that marriage has protective effects for healthy people.

However, when unmarried people reported fair (as opposed to excellent, very good, good or poor) health, they were 40% more likely to die than married people of similar state of health in the study. That breaks down to a 39% greater risk of dying for those who were separated, a 31% higher risk for divorced people and 20% higher risk of dying for widowed people compared with those who were married.

This means the numbers equal out when both married and unmarried people report poor health. Marriage provides less protection against death as health deteriorates. Moreover, married people

tend to overestimate how healthy they are, compared to others.

One thing that is clear about all the studies that connect marriage to health: like marriage itself, it's complicated!

So, if you are already married, maintain a loving relationship and a healthy lifestyle so that you can enjoy several fruitful years with your spouse and family. And if you are at the stage of your life when you are thinking about getting married, do it because you love someone, and not because you think it is going to keep you healthy and live longer.

Michael & Frances: A Marriage Made in the DOH

Marriage, whether it is beneficial to health or not, is still generally an interesting topic that many people would like to talk or read about, even more so if it is made in the Department of Health.

Michael Patrick Mamaril, health education and promotion officer of the National Center for Health Promotion (NCHP,



Former and current DOH and PhilHealth executives plus notable health partners are principal sponsors of Michael and Frances' wedding. Their love story began at the office of former Health Undersecretary Mario C. Villaverde (third from right).



LEFT: *That's right kids, don't look at the wedding kiss. RIGHT:* *Even at the wedding reception, Health Assistant Secretary Eric Tayag couldn't resist his dance for health advocacy.*

HEALTHbeat's home office) and Frances Rose Elgo, supervising health program officer of the Health Policy Development and Planning Bureau (HPDPB) tied the knot on May 18, 2013 with a number of former and current DOH and PhilHealth executives as well as health partners stood as principal sponsors.

Michael and Frances have known each other since October 2005, started their relationship in October 2009, became engaged on December 25, 2012, and 143 days later (*Note that 143 is a popular combination of numbers to mean "I Love You" – Ed.*) got married at St. Vincent de Paul Church in Manila.

In October 2009, Michael was a clerk at the office of then Assistant Secretary Mario V. Villaverde when Frances was chosen and would start to be an Executive Assistant (EA). Michael couldn't care less about Frances because he had a girlfriend then and he assumed that EAs are usually in their late 30's or early 40's. Meanwhile, on her first day of work, Frances found herself in the wrong building and asked the guard to help her contact the office of ASec. Villaverde and Michael was the one who answered the call. Frances said, "The first time I talked with Michael over the phone, I am already attracted to his voice. *Malambing kasi.*"

Then it happened, a few minutes

after the call Michael picked Frances up in the wrong building. She recalled, "A thin young man approached me and he introduced himself as Michael. My first impression was he looks like a "totoy" – a high school boy. He, on the other hand, was amazed to see the new EA as young and pretty.

Well, that was it; it was not love at first sight and their relationship became purely professional. But sometime in 2009, Michael broke up with his girlfriend, and he and Frances became close. He said, "We were not just officemates, we eventually became best friends and went to movies, arcade and malls together." She said, "Every time Asec. Villaverde, who later became Undersecretary, stayed late in the office for meetings, Michael also stayed to accompany me. That's how we became close. I got to know him better everyday. He is quiet but I discovered that he is a very interesting person, intelligent, trustworthy and has a very good sense of humor."

When USec Villaverde left the DOH, Frances then transferred to HPDPB. Michael began courting her there. In March 2010, she realized that she was falling in love with Michael whom she described as an "amazing and lovable man."

Michael said, "The time when we became us, I got to know her better. We clicked with majority of the things we talked

about. I guess the Lord really has ways of making a person destined for another person. For me it is Frances that the Lord gave, and I am blessed for having someone beautiful, intelligent, and sexy all rolled into one."

In January 2012, he transferred to NCHP where he got a much higher position. Work and pay got better for Michael. Then came the engagement.

Sometime in June or July 2012, he received a simple text from Frances saying, "Ano plano mo sa 'kin. beh?!?". For him, it had the effect of being thrown with ice cold water on the face. It was the question every boyfriend did not expect to be asked, especially when he was not expecting it and seemingly not yet ready to surrender his freedom.

However, Michael being the dedicated boyfriend that he was, had thought of a perfect scenario for his wedding proposal. He and his aunt planned a trip to Hongkong on August 25-27, 2012 with Frances and her mom. Then, Michael would propose to Frances at Hongkong Disneyland.

But God seemed to have other plans for them. A week before the trip, Mike had a fever and was diagnosed with dengue. He was confined from August 23 to 26 at the San Lazaro Hospital. The wedding proposal was postponed and rescheduled to

December 25 – it was not only Christmas Day but the birthday of Michael's late mother, which made it more memorable. And he succeeded this time around.

Frances said that the engagement time was only short but it's all worth it. They managed to pull off the wedding in less than five months of preparation. "Hands on kami pareho. We consulted and helped each other and attended various bridal fairs almost every weekend," Frances said.

Michael said that their relationship is full of love which he is very proud to say. He hopes that their love will be stronger and more mature now that they are married. During their 143 days of engagement, they did not have a "major" fight, which he believes is a good sign. "Bilang lang ang tampuhan moments namin," he said. On the other hand, Frances agreed that their love is getting bigger and stronger everyday.

Now as a married couple, Michael explained that he is still his same old self that Frances has grown to love. He is a child at heart who still goes to arcades, watch anime movies, read comic books – the things he used to do since his elementary years. He confessed that he sometimes feels guilty of always inviting Frances to go with him to arcades because he knows that this bonding might become expensive later as both of them has to save for the future.

"But being with your loved one is priceless, especially when you enjoy each other's presence. That for me is quality time, you can never put a price on that," Michael



Forgive the National Center for Health Promotion (NCHP) staff for not missing the opportunity to include their photo in this article. For the DOH Central Office personnel who posted a comment in Facebook that spread like wildfire in the DOH compound saying that government personnel should retire at age 45, eat your heart out because many NCHP staff are still in the reproductive age group. (Patulan ba? Hahaha.)

proudly said.

Frances, after the wedding, said that she is still the same person but very much happier. She loves to wake up every morning knowing that Michael is always there beside her. She likes to prepare his chocolate drink every morning and tries really hard to cook for him. Anyway, she quips, Michael's favorite is so easy to cook – instant pancit canton. In terms of other aspects, Frances knows that he will be supportive of her, being her number one fanatic fan.

Five years from now, Frances sees themselves as having one or two kids and

living happily in their new house and doing quite well their own careers. *(A true DOH couple practicing reproductive health. – Ed.)* Michael sees that they have fully paid the mortgage on the land Frances availed of in Antipolo. By then, the house construction would be in its final stages also. Presently, the newlyweds reside in Pasig while paying off the mortgage.

They vowed to continue to support and bring out the best of each other, for better or for worse, in sickness and in health, with God's help.

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Wedding Day vs. Wedding Night

On wedding DAY the organs are playing...

On wedding NIGHT, they're playing with their organs.





Photo grabbed from <img.sparknotes.com>

Lessons on S.E.X.

Na-Vice Ganda ang DOH

Na-Vice Ganda ang DOH! (The Department of Health did a Vice Ganda!)

Almost at the same time when gay comedian Vice Ganda was getting flak from netizens after his "rape" joke about GMA vice president and news anchor Jessica Soho, during his comedy concert at Smart Araneta Coliseum on May 17, the Department of Health also drew criticisms from several sectors for the S.E.X. slogan of its alleged new campaign to improve healthy lifestyle of business process outsourcing (BPO) workers immediately after the press conference that was held on May 25.

S.E.X. is supposed to be an acronym for "Stress-free, Eat right, eXercise." The campaign is part of the "iCare Healthy Lifestyle Office Caravan" which aims to conduct health assessments and workshops in 300 call center companies covering 200,000 agents. However, this campaign did not originate from the DOH, but initiated by

a group in the private sector.

Eastern Samar Representative Ben Evardone, chair of the House public information committee, was quick to object to the use of the acronym. He was quoted in media as saying, "The program is good. The program is laudable. But the use of the acronym SEX is unpalatable and totally unacceptable. That corrupts the good intention of the program."

Representatives of call centers were also reported to object on the slogan. This is reminiscent of news reports a few years back quoting a University of the Philippines Population Institute study of 675 call center agents and 254 non-call center agents that said call center workers engage in more "risky sexual behaviors" than their non-call center counterparts. The news that came out then has created a stigma that HIV infection was higher among these workers.

Just like Vice Ganda who did a public apology to Jessica Soho in his noontime TV show, Health Assistant

Secretary Enrique "Eric" Tayag apologized too in his media interviews.

Tayag said that S.E.X. was the slogan used to have immediate public recall on the message 'stress-free, eat right and exercise'. He said the project proponents thought it would be funny, but did not expect news reports coming out with headlines such as 'Call Center Agents Need to Have More Sex: Department of Health.'

In an interview with GMA News online, Tayag said, "*Humihingi kami ng sorry, I hope they understand that we don't have bad intentions.*" He also reiterated that the view that HIV cases are common in the call center industry did not come from the DOH. "*Binabalita na 'yung mga call centers agents, 'yun ang mga maraming HIV, which we denied. Wala kaming kinonfirm na ganun,*" he added.

S.E.X. is SEX

S.E.X. is SEX, no matter how

creatively people would express it. And "rape" too, for that matter. And in a country where sex is still taboo, all sex messages – including legitimate ones for programs like reproductive health and HIV/AIDS prevention and control – are in for public scrutiny and criticisms.

For several decades, the DOH is applying advertising and other communication techniques in many of its health promotion programs and campaigns. It knows very well that short but powerful messages would generate rapid awareness of a health issue. However, it also knows that many popular, cute and even gay terms would make people outside the intended target audience squirm when they see or hear them in various media.

One major function of the DOH National Center for Health Promotion and its regional counterparts is to ensure that the messages and materials the DOH produced and disseminated are not only accurate but also culture-sensitive.

But somehow, the DOH sometimes slips and is dragged into unnecessary controversies due to hurriedly-made campaigns and hastily-entered partnerships with other institutions or groups, especially those with different or vested interests other than public health. The supposed S.E.X. Campaign will be a constant reminder that the DOH should maintain its credibility and sensibility in the eyes of the public.

Some people shrugged off the reactions on the Vice Ganda rape joke as OA or overacting, but for many the joke went too far. Some people in the DOH dismissed the S.E.X. brouhaha and reasoned that good or bad publicity is still publicity. If you are in showbiz this kind of publicity may be good, but if you are working for government protecting and promoting people's health and wellness, it is not only bad, it is very, very wrong.



Health Assistant Secretaries Enrique A. Tayag and Paulyn Jean Rosell-Ubial together with Health Undersecretary David J. Lozada light a sulô to signify solidarity and support for people living with HIV/AIDS. (Photo by Paking Repeleante)

In Solidarity

The Department of Health led the observance of the 30th International AIDS Candlelight Memorial at the Quadri-Centennial Square of the University of Santo Tomas on May 31 as part of the global action to increase public awareness on HIV/AIDS and to call on leaders, policy makers and communities to take an active role in the fight against HIV/AIDS.

This year's theme, "In Solidarity," emphasizes how it is essential for stakeholders and communities of people living with HIV for a more effective response. This will also aim to bring into fruition the advocacy of communities and stakeholders for universal access to quality health and social services.

The International AIDS Candlelight Memorial is one of the world's oldest and largest grassroots mobilization campaigns for HIV awareness in the world. In fact, the Global Network of People Living with HIV is composed of 1200 organizations in 115 countries.

The Candlelight Memorial started in 1983 during a time of confusion and misconception about a mysterious disease sweeping the gay community in San Francisco, USA. Four men namely Bobbi Campbell, Bobby Reynolds, Dan Turner, and Mark Feldman

decided to put a 'face on the disease' by coordinating a small vigil behind a banner that read "Fighting For Our Lives".

Since then, the AIDS Candlelight Memorial brings together people in every region of the world to honor those who died due to AIDS, support people living with HIV, and advocate for HIV treatment, prevention, care, and support.

Meanwhile, the number of HIV cases in the country since 1984 until April 2013 now stands at 13,179. From January to April 2013, the number of HIV cases now reached 1,477.

For the month of April alone, there were 388 HIV cases. This figure is 67% higher compared to the same period last year. Of the total 388 new HIV cases reported in April, 25 were AIDS cases. The 20-29 years age group had the most (61%) number of HIV cases.

Sexual contact was the most (92%) predominant mode of transmission, followed by needle sharing among drug users, and males having sex with other males.

AIDS cases since 1984 until April 2013 now stands at 1,253. There were 353 reported deaths due to AIDS since 1984.

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Kabutihang Asal

Kabutihang Asal

JULIAN: 'Nay alam n'yo pinatayo ako ni Itay sa bus para ibigay ang upuan ko sa babae!
JEAN: Anak kabutihang asal 'yun!
JULIAN: Kahit nakakandong ako kay Itay?

Puro Aral

TITSER: Jerry! Late ka na naman! Lagi ka nalang ganyan! Feeling mo bright ka? Sige, tingnan natin. Who is our national hero?
JERRY: Dr. Jose P. Rizal, Ma'am!
TITSER: At nakatsamba ang bobo!
JERRY: Eh ikaw, Ma'am, kilala mo si Aurora?
TITSER: Hindi, sino siya?
JERRY: 'Yan kasi, puro kayo aral. Kabit po siya ng asawa n'yo!

Turo

PAULO: Kuya, ang galing ng titser ko. Tinuruan kami ng kagandahang asal.
IAN: Eh di marunong ka nang gumalang at mag-po at opo?
PAULO: Natural! Tanga ka ba?!?

Bad Words

TITSER: Ano sinabi ng mga magulang mo nang makita ang grades mo?
BAMBI: Lahat po ba o tatanggalin ko po yung mga bad words?
TITSER: Aba siyempre tanggalin mo ang mga bad words.
BAMBI: Ah, wala naman po.

Maliit na Bagay

ALEGRIA: Father, pagsabihan mo naman po 'yung mga sakristan mo. Umiihi sila sa pader!
FATHER: Manang naman. Maliit na bagay lang naman, huwag mo nang pansinin!
ALEGRIA: Naku, Father, malalaki po, MALAKI!

Bukas na Bag

Naglalakad ang isang turistang Amerikano. Napansin ni Joyce na bukas ang bag ng 'Kano...
JOYCE: Fred, sabihin mo nga doon sa turistang 'Kano na yung bag n'ya bukas.
FRED: Hey, Joe! Your bag is tomorrow!

Mr. DJ

NEIL: Hello, Mr. DJ. May nakaiwan ng wallet na may laman na P30,000 at ID ng isang may pangalang Mr. Aldrin Reyes sa taxi ko.
MR. DJ: Wow, napakabuti ng iyong ugali. Isosoli mo na ba ito ngayon?
NEIL: Ay, hindi po. Gusto ko lang mag-dedicate ng isang malungkot na kanta para sa kanya.

Langya

AVIC: 'Langya kang lalaki ka! Ginabi ka na naman! Lasing ka pa! Ang kapal ng mukha mo! Hayop ka!
NOEL: Tumahimik ka nga d'yan! Kasambahay ka lang dito!

Special Message

DIANE: Dad gusto ko po maging espesyal ang debut party ko. Dapat ang message n'yo sa akin ay mata-touch ako at maiiyak.
EUGENIO: Anak, ampon ka!!!

Luhod

FRANK: Ano nangyari sa away n'yo ni Misis?!?
ERNIE: 'Di lumuhod siya sa harapan ko!
FRANK: Wow talaga? Ano sabi n'ya?
ERNIE: Hoy! Lumabas ka d'yan sa ilalim ng kama!

Ligo

ROSE: Inday, bakit namatay ang aso ko
INDAY: Pinaliguan ko po ng laundry soap.
ROSE: Nakamamatay ba yun?!?
INDAY: Ewan ko nga po eh, pag-off ko ng washing machine, patay na siya.

Linis

TINA: Ang linis talaga ng canteen ninyo!
LYN: Salamat po, Ma'am. Bakit n'yo po nasabi 'yon?
TINA: Kasi lahat ng pagkain ninyo, lasang sabon!

Gasul

EDWARD: Apo, pakiabot naman ng posporo.
GIAN: Andyan naman po 'yung gasul.
EDWARD: So, ipanlilinis ko yong gasul sa tenga ko, ganon ba?!?

Human infection caused by **Avian Influenza A** **(H7N9)**

As of May 31, 2013, the public health authorities of China reported three (3) cases of human infections with avian influenza A(H7N9) virus, a total of 132 human cases including 37 deaths have been reported to the World Health Organization (WHO).

Epidemiological investigations so far have revealed that while limited human-to-human transmission cannot be excluded in two confirmed clusters of cases, there is no evidence of sustained human-to-human transmission.

As of this date, the Department of Health declared that the Philippines is still free from avian influenza A(H7N9).

Avian Influenza A(H7N9)

Avian influenza A H7 viruses are a group of influenza viruses that normally circulate among birds. The avian influenza A(H7N9) virus is one subgroup among the larger group of H7 viruses. Although some H7 viruses (H7N2, H7N3 and H7N7) have occasionally been found to infect humans, no human infections with H7N9 viruses have been reported until recent reports from China.

Most patients with this infection have had severe pneumonia. Symptoms include fever, cough, colds, sneezing,



shortness of breath and difficulty of breathing. However, information is still limited about the full spectrum of illness that infection with avian influenza A(H7N9) virus might cause.

New cases that are reported are now being compiled and posted daily, and the most current information on cases can be found in Disease Outbreak News.

Health authorities still do not know why this virus is infecting humans because they do not know the source of exposure for these human infections. However, analysis of the genes of these viruses suggests that

although the viruses have evolved in birds, they may infect mammals more easily than other avian viruses.

From 1996 to 2012, human infections with H7 influenza viruses (H7N2, H7N3, and H7N7) were reported in Canada, Italy, Mexico, the Netherlands, the United Kingdom, and USA. Most of these infections occurred in association with poultry outbreaks. The infections mainly resulted in conjunctivitis and mild upper respiratory symptoms, with the exception of one death, which occurred in the Netherlands. Until this event, no human infections with H7 influenza viruses have been reported in China.

Some of the confirmed cases in China had contact with animals or with environments where animals are housed. The virus has now been found in chickens, ducks, and captive-bred pigeons at live bird markets near locations where cases have been reported. The possibility of an animal source of the infection is being investigated, as is the possibility of person-to-person transmission.

Prevention

Although both the source of infection and the mode of transmission for avian influenza A(H7N9) virus are uncertain,

it is prudent to follow basic hygienic practices to prevent infection. They include hand and respiratory hygiene and food safety measures:

Hand Hygiene

- Wash your hands before, during, and after you prepare food; before you eat; after you use the toilet; after handling animals or animal waste; when your hands are dirty; and when providing care when someone in your home is sick. Hand hygiene will also prevent the transmission of infections to yourself (from touching contaminated surfaces) and in hospitals to patients, health care workers and others.
- Wash your hands with soap and running water when hands are visibly dirty; if hands are not visibly dirty, wash them with soap and water or use an alcohol-based hand cleanser.

Respiratory Hygiene

- Cover your mouth and nose with a medical mask, tissue, or a sleeve or flexed elbow when coughing or sneezing.
- Throw the used tissue into a closed bin immediately after use.
- Perform hand hygiene after contact with respiratory secretions.

Influenza viruses are not transmitted through consuming well-cooked food. Because influenza viruses are inactivated by normal temperatures used for cooking (so that food reaches 70°C in all parts - "piping" hot - no "pink" parts), it is safe to eat properly prepared and cooked meat, including poultry and game birds.

In areas experiencing outbreaks, meat products can be safely consumed

provided that these items are properly cooked and properly handled during food preparation. The consumption of raw meat and uncooked blood-based dishes is a high-risk practice and should be discouraged.

When Preparing Meat

- Always keep raw meat separate from cooked or ready-to-eat foods to avoid contamination.
- Do not use the same chopping board or the same knife for raw meat and other foods.
- Do not handle both raw and cooked foods without washing your hands in between and do not place cooked meat back on the same plate or surface it was on before cooking.
- Do not use raw or soft-boiled eggs in food preparations that will not be heat treated or cooked.
- After handling raw meat, wash your hands thoroughly with soap and water.
- Wash and disinfect all surfaces and utensils that have been in contact with raw meat.

When Visiting Live Markets:

- Avoid direct contact with live animals and surfaces in contact with animals.
- If you live on a farm and raise animals for food, such as pigs and poultry:
- Be sure to keep children away from sick and dead animals.
 - Keep animal species separated as much as possible.
 - Report immediately to local authorities any cases of sick and dead animals. Sick or dead animals should not be butchered and prepared for food.

Although some evidence points

to live poultry as a source of infection, it cannot yet be confirmed that live poultry is the primary or the only source of infection. Neither is there enough evidence to exclude other possible animal or environmental sources of infection.

Live markets should be closed briefly on a regular basis for thorough cleaning, with all birds temporarily removed during cleaning. Regular sampling and testing of new batches of birds brought



into a live market can help ensure earlier detection of infected birds for removal.

Regular maintenance of live markets also ensures that economic disruption and consumer access to protein sources are minimized, and that the bird trade is not diverted into uncontrolled distribution and sales channels.

The risk of virus transmission can be substantially reduced by applying good market practices.

Vaccine & Treatment

No vaccine for the prevention of avian influenza A(H7N9) infections in humans is currently available. However, viruses have already been isolated and characterized from the initial cases. The first step in development of a vaccine is the selection of candidate viruses that could go into a vaccine. WHO, in collaboration with partners, will continue to characterize available avian influenza A(H7N9) viruses to identify the best candidate viruses. These candidate vaccine viruses can then be used for the manufacture of vaccine if this step becomes necessary.

As for treatment, when influenza antiviral drugs known as neuraminidase inhibitors are given early in the course of illness, they are effective against seasonal influenza virus and influenza A (H5N1) virus infection. At this time, there is little experience with the use of these drugs for the treatment of H7N9 infection. Further, influenza viruses can become resistant to these drugs.

Health Care

Health authorities do not know enough yet about these avian influenza infections to determine whether there is a significant risk of community person to

person spread. This possibility is the subject of epidemiological investigations that are now taking place.

Health care workers often come into contact with patients with infectious diseases. Therefore, WHO recommends that appropriate infection prevention and control measures be consistently applied in health care settings, and that the health status of health care workers be closely monitored.

Together with standard precautions, health care workers caring for those suspected or confirmed to have avian influenza A(H7N9) infection should use additional precautions.

Local and national health authorities are taking the following measures: enhanced surveillance for pneumonia cases of unknown origin to ensure early detection and laboratory confirmation of new cases; epidemiological investigation, including assessment of suspected cases and contacts of known cases; and close collaboration with animal health authorities to determine the source of the infection, among others.

The DOH is enforcing the following measures to prevent the entry of H7N9 in the country:

- Monitoring of fever for all incoming airline passengers especially those coming from China, Taiwan and other Asian countries.
- Coordinating closely with Department of Agriculture for poultry epidemics.
- Hospitals are alerted for unusual lung infections.
- Research Institute for Tropical Medicines has capacity and ready to examine or confine suspected patients.
- Public is advised to report unusual influenza-like infections.

A Pandemic Threat?

An animal influenza virus that develops the ability to infect people could theoretically carry a risk of causing a pandemic. However, whether the avian influenza A(H7N9) virus could actually cause a pandemic is unknown. Other animal influenza viruses that have been found to infect people occasionally have not gone on to cause a pandemic.

The number of cases identified in China is low. WHO does not advise the application of any travel measures with respect to visitors to China nor to persons leaving China. Travelers to China are advised to take some common sense precautions, like not touching birds or other animals and washing hands often. Poultry and poultry products should be fully cooked.

There is no evidence to link the current cases with any Chinese products. WHO advises against any restrictions to trade at this time.

WHO does not recommend any travel restrictions with respect to this event. WHO will continue to provide updated information as it becomes available.

Since the emergence of this virus, WHO has been working under the International Health Regulations to provide information to Member States. WHO is also working with international partners to coordinate the global health response, including risk assessment, the provision of updated information on the situation, guidance to health authorities and technical health agencies on interim surveillance recommendations, laboratory testing of cases, infection control, and clinical management.

WHO will continue to work with Member States and international health partners and share updated information as it becomes available.

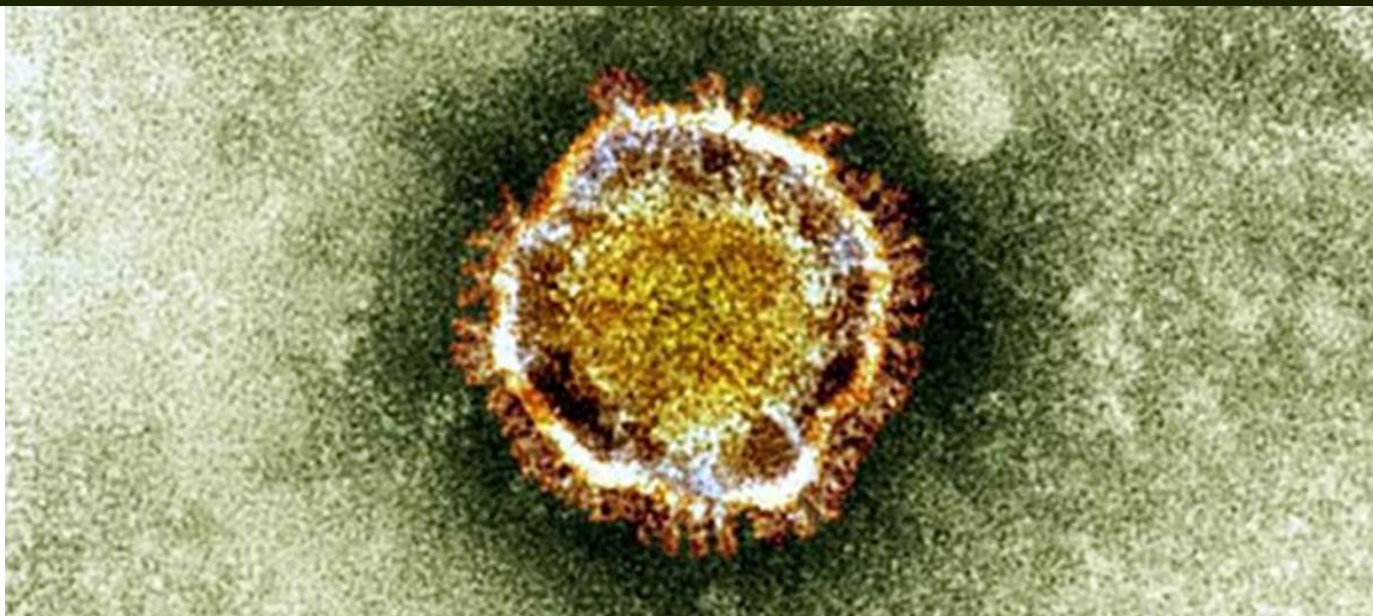


Photo above grabbed from <www.neatorama.com>. Most of the content of the article below is lifted from a WHO media release.

MERS-CoV

Middle East Respiratory Syndrome Coronavirus

Toward the end of May 2013, the Ministry of Health in Saudi Arabia has notified the World Health Organization (WHO) of an additional five laboratory-confirmed cases with Middle East respiratory syndrome coronavirus (MERS-CoV).

All five patients are from the Eastern region of the country, but not from Al-Ahsa, where an outbreak began in a health care facility in April 2013. The patients had underlying medical conditions which required multiple hospital visits. The government is conducting investigations into the likely source of infection in both the health care and the community settings.

The first patient is a 56-year-old man with underlying medical conditions, who became ill on May 12 and died on May 20. The second patient is an 85-year-old

woman with underlying medical conditions who became ill on May 17 and in critical condition. The third patient is a 76-year-old woman with underlying medical conditions who became ill on May 24 and was discharged from the hospital on May 27. The fourth patient is a 77-year-old man with underlying medical conditions who became ill on May 19 and died on May 26. The fifth patient is a 73-year-old man with underlying medical conditions who became ill on May 18 and died on May 26.

Additionally, a patient earlier reported from Al-Ahsa, an 81-year-old woman has died. The government is continuing to investigate the outbreaks in the country.

In France, the first laboratory-confirmed case in the country, with recent

travel from the United Arab Emirates has died.

Globally, from September 2012 to date, WHO has been informed of a total of 49 laboratory-confirmed cases of infection with MERS-CoV, including 27 deaths.

WHO has received reports of laboratory-confirmed cases originating in the following countries in the Middle East to date: Jordan, Qatar, Saudi Arabia, and the United Arab Emirates (UAE). France, Germany, Tunisia and the United Kingdom also reported laboratory-confirmed cases; they were either transferred for care of the disease or returned from the Middle East and subsequently became ill. In France, Tunisia and the United Kingdom, there has been limited local transmission among patients who had not been to the Middle

East but had been in close contact with the laboratory-confirmed or probable cases.

Based on the current situation and available information, WHO encourages all Member States to continue their surveillance for severe acute respiratory infections (SARI) and to carefully review any unusual patterns.

Health care providers are advised to maintain vigilance. Recent travellers returning from the Middle East who develop SARI should be tested for MERS-CoV as advised in the current surveillance recommendations. Specimens from patients' lower respiratory tracts should be obtained for diagnosis where possible. Clinicians are reminded that MERS-CoV infection should be considered even with atypical signs and symptoms, such as diarrhea, in patients who are immunocompromised.

Health care facilities are reminded of the importance of systematic

implementation of infection prevention and control. Health care facilities that provide care for patients suspected or confirmed with MERS-CoV infection should take appropriate measures to decrease the risk of transmission of the virus to other patients, health care workers and visitors.

All Member States are reminded to promptly assess and notify WHO of any new case of infection with MERS-CoV, along with information about potential exposures that may have resulted in infection and a description of the clinical course. Investigation into the source of exposure should promptly be initiated to identify the mode of exposure, so that further transmission of the virus can be prevented.

WHO does not advise special screening at points of entry with regard to this event nor does it currently recommend the application of any travel or trade

restrictions.

Meanwhile, in the Philippines, the media reported that Migrante-Middle East, a civil society organization of overseas Filipino workers (OFWs) calls on government to send medical attachés to Saudi Arabia and neighboring countries educate the workers and prepare them for contingencies.

On the other hand, the Department of Health is placed on "heightened alert" against MERS-CoV cases coming in the country. Health Assistant Secretary Enrique Tayag advised anyone, especially those who came from Middle East, who experience the symptoms should rush to the nearest hospital that has an intensive care unit. The DOH also recommended hand and respiratory hygiene, meaning keeping the hands clean and covering the mouth and nose when coughing and sneezing to prevent the spread of the illness.

KALAbeat

Huling Habilin

Ang huling habilin ng isang matandang malapit nang mamatay sa kanyang tatlong kaibigan na sina Father Ariel, Doctor Dennis at Attorney Paquito...

MATANDA: Nais ko sanang patunayan na maaaring kong dalhin sa kabilang buhay ang aking konting naipon na kayamanan. Narito ang tatlong envelopes na may lamang pera na tig-kalahating milyon at hinihiling ko sa inyo na ang mga ito ay isama ninyo sa aking hukay upang madala ko sa kabilang buhay.

Pagkasambit nito ay nawalan ng buhay ang matanda at umuwing luhaan ang tatlong magkaibigan bitbit ang tig-isang inihabiling

envelope. At pagkatapos ng libing ay nag-usap ang tatlo:

FATHER ARIEL: Nais ko sanang ipagtapat sa inyo na binawasan ko ng 100 libo ang pera na isinama ko sa hukay. Kailangan ko na kasing maipaayos ang sirang bubong ng simbahan.

DR. DENNIS: Nabawasan ko naman ng 200 libo yung pera para makabili ng mga bagong gamit sa aking klinika.

ATTY. PAQUITO: Mga peste kayo, hindi pala kayo pwedeng pagkatiwalaan! Samantalang ako, buong-buo 'yung kalahating milyon na isinulat ko sa post dated check at inihulog ko sa hukay ng matanda!



TUBERCULOSIS

AS OLD AS TIME

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Age-Old TB

Tuberculosis (TB) has been known to be a major affliction of humans since ancient times. It had many names and various descriptions until its exact causative agent was known, their signs and symptoms were well-defined, and the continuing research for its more effective combinations of drugs and the shortest period of treatment has evolved.

Around 460 BC, Hippocrates described TB as a symptom of malady called "phthisis," meaning to waste away. This wasting away is one of the signs and symptoms of pulmonary TB disease in addition to cough for at least two weeks. Furthermore, Hippocrates identified phthisis as the most widespread disease of the times, and noted that it was almost always fatal. Due to common phthisis-related fatalities, he wrote something which no doctor would dare write today, that is the stern warning to physicians against visiting patients in the late stages of phthisis because the inevitable death of their patients might destroy their reputation. This is akin to the prevailing stigma confronting TB control today. Throughout history, TB has been referred to as consumption, scrofula, wasting disease, white plague, and king's evil.

About 2400 BC, TB was indicated in the fragments of the spinal column that

came from Egyptian mummies. The Lancet confirmed this molecular evidence for TB in an ancient Egyptian mummy found by the German Institute for Archaeology in the tombs of the nobles at Thebes-West, Upper Egypt. In medical vernacular, TB of the spine is termed Pott's disease. Pott's disease is a presentation of extrapulmonary TB wherein the TB bacilli are seen in any other organ other than lung. Extrapulmonary TB can affect the spine, a kind of TB arthritis of the intervertebral joints. It is named after Percivall Pott, a British surgeon.

In the 15th century, another indication of TB disease was evident among people with TB infection that has reached the lymph nodes of the neck which was believed in ancient times as the "king's evil". These lymph nodes act as filters or traps for foreign particles and are important in the proper functioning of the immune system. They are packed tightly with the white blood cells called lymphocytes and macrophages. When TB bacilli are engulfed by these lymph nodes, they become inflamed or enlarged. This enlargement is now called lymphadenopathy or better termed as scrofula.

In the 16th century, Franciscus Sylvius was the first to identify the tubercles as a characteristic change occurring in the lungs and other areas of the patients' body. He was also the first person to recognize

that the skin ulcers caused by scrofula resembled tubercles (swelling lesion in TB) seen in phthisis, noting that "phthisis is the scrofula of the lung" in his book *Opera Medica*. Tubercle is the name of the small inflammatory nodule that forms when the immune system builds a wall around the TB bacteria in the lungs.

In the 17th century, Robert Whytte gave the first clinical description of TB meningitis. Scattered tubercles may establish in the brain, meninges (coating of the brain), or adjacent bone during the bacilleemia (the presence of bacilli in the circulating blood) that follows primary infection or late reactivation TB elsewhere in the body. Meningitis develops most commonly as a complication of post-primary infection in infants and young children and from chronic reactivation bacilleemia in older adults with immune deficiency caused by aging, alcoholism, malnutrition, malignancy or infection.

In the 18th century, people thought that TB was hereditary. Later, a French surgeon, Jean-Antoine Villemin, proved that TB was contagious. Even at the present time, there are still people who believe that TB disease is inherited from the parents. However, this is a myth, and in reality, if somebody has an active TB and coughs, the TB bacilli are forcefully thrown to the air through tiny droplets. If someone

inhales the TB bacilli, he/she will then manifest TB disease if the body's immunity is not strong enough to fight the invading TB bacilli. If however the one who harbors the TB bacilli has enough resistance, the TB bacilli will be killed or it will be walled off and remain as latent TB. In fact the World Health Organization estimated that 30% of the world population has latent TB, meaning they have no symptoms and cannot transmit the TB bacilli.

Moreover, it is in 18th century that the causative microscopic bacteria were identified by Robert Koch, and it was named after him as Koch's bacilli. In credit to him, sometimes physicians used Koch's pneumonia as technical term instead of pulmonary TB at the hospital setting. Additionally, he demonstrated that the microbes' unique protein membrane had made it difficult to visualize under microscope until a specific stain called the Zeihl-Neelsen stain was discovered. This stain, also known as the acid-fast stain, was credited to Franz Ziehl and Friedrich Neelsen as the discoverers. Currently, this stain is now being used in identifying acid fast bacilli (AFB) under sputum microscopy in diagnosing TB bacilli.

Opposite the x-ray, sputum exam is still the gold standard in diagnosing pulmonary TB. X-ray serves as an additional diagnostic tool if the sputum microscopy turned negative. The electromagnetic radiation of x-ray, which was discovered by Wilhelm Conrad Roentgen in 1895, is also valuable diagnostic tool in detecting other diseases like cancer of the lung that exhibited similar signs and symptoms of pulmonary TB. In credit to the discoverer, radiologists sometimes used roentgenological report in releasing x-ray results.

In the 18th century also, TB cases and deaths rose due to poorly ventilated and overcrowded housing, primitive



"Smile with No Worries" by Katherine 'Kai' Buhay. Third place winner of the the photo contest "To Be Free is To Be TB-Free" held by the Philippine Business for Social Progress (PBSP) in August 2011.

poor hygiene and sanitation practices, and other risk factors. Even at present time, TB continues to rise in countries or communities with poor TB control measures considering that TB is transmitted through air droplets during coughing, sneezing and expectorating. However, with the discovery of sanatorium by Edward Livingston

Trudeau in 1884, the concept of isolating TB patients was started. Sanatorium became the concept of sanitarium that was used to isolate leprosy patients in the past. Today, the isolation concept is being implemented among admitted TB patients in the hospital setting to prevent further transmission of TB bacilli to other individuals.

In the 19th century, French scientists Albert Calmette and Camille Guérin developed the vaccine against TB. This vaccine is famously called BCG or *Bacillus Calmette-Guérin*. The vaccine can prevent TB among children if given before the entry of TB bacilli and it can protect against TB (especially TB meningitis) up to 15 years.

In 1943, Selman A. Waksman discovered Streptomycin from purified *Streptomyces griseus* as an effective antibiotic against TB bacilli and was first administered to a human on November 20, 1944. The results were extremely impressive. The disease immediately stopped its progression, the bacteria disappeared from the patient's sputum, and he recovered fully. However, resistant mutants began to appear after a few months, endangering the success of antibiotic therapy. It was soon proven that using a combination of drugs would solve this problem. This paved the way to the discovery of more anti-TB drugs such the development of PAS (para-aminosalicylic acid). PAS was an oral agent unlike streptomycin, administered through injection due to its instability in the gastric acid.

Thereafter, more effective drugs like INH (isoniazid) came in 1950's and treatment with rifampicin followed. Currently, more combinations are being used to lessen resistant to anti-TB drugs through DOTS or directly observed shot course. Patients who are resistant to at least rifampicin and isoniazid are called MDR-TB (multi-drug-resistant TB) while those patients with additional resistance to fluoroquinolones and at least one of the injectables or the second line antituberculosis drugs are termed XDR-TB (extensively drug-resistant TB). Notably, XDR-TB cases have been recognized by the WHO as the major challenge to be addressed

in order to eradicate TB.

TB and Islam

In Islam, the importance of health and well-being is emphasized. It was narrated that The Messenger of Allah (Peace be upon Him or PBUH) said: "Allah has not sent down a disease except that He has sent down its cure" (Bukhari and Muslim). This denotes that every disease has its cure but it is up for the medical scientists to discover it. In fact, The Messenger of Allah (PBUH) directed people to seek cure, saying: "Seek cure, O servants of Allah, and never use unlawful (haram) substances." This indicates that if anyone is afflicted with disease, it is obligatory upon him to seek medical consultation in order to cure his diseases. For instance, if someone exhibits the signs and symptoms of TB, he should undergo the most accurate and affordable test like sputum examinations under microscopy.

Likewise, if someone is found positive for TB, he has to take effective and complete medications against TB. However, the Ruling of employing medications should be based on the recommendations of the reliable physician or authorized health workers like nurses and midwives, among others. Likewise, it is obligatory upon the physician who is employed to treat patients to do his best to help the patients recover from their illnesses. The general texts of Islamic law (Sharia'h) which encourage cooperation, helping the needy and removing afflictions are indicative of this. This includes treating the patients who seek help. Thus, contagious disease is harmful. It is not permissible for him to abstain from or neglect treating them. The Messenger of Allah (PBUH) said: "Harm should be removed".

Moreover, if the standard regimen should last up to six months or beyond then it is compulsory for the TB patient to comply.

Evidently, it is narrated by Imam Ahmad that the Messenger of Allah (PBUH) said: "Allah has not sent down a disease except that He also sent down its cure; whoever knows it (the cure), knows it, and whoever is unaware of it (the cure), he is unaware of it; (the medicine) while those who are ignorant of it are unaware of it." Remarkably, one should neither fail to take the prescribed anti-TB drugs religiously (or be defaulter) nor recommended to self-medicate because it is contrary to the teaching of Islam.

Islam also emphasizes the importance of precautionary measures (al-akhdh bil-asbab). If the mode of transmitting TB bacilli is through improper coughing, sneezing or expectorating phlegm, then everybody is mandated to observe good manners (al-khuluq). Every TB patient should cover his mouth and nose lightly loose with handkerchief or tissue whenever he coughs or sneezes to avoid airborne transmission of droplets containing microorganisms. Evidently, the practice being done by the Messenger of Allah (PBUH) was through employing the back of his left palm during coughing or sneezing and routinely washing his hands for at least 5 times daily.

Moreover, people with active TB should not expectorate everywhere. Instead, he should observe hygienic expelling of phlegm or saliva in a tissue or paper and dispose it properly. Under the Islamic Jurisprudence, it is prohibited to harm oneself or another. The Messenger of Allah (PBUH) said: "The person with a contagious disease should not approach a healthy person" (Sahih Muslim). He (PBUH) also said: "Do not harm and do not be harmed."

It is therefore important that one knows how to avoid spreading TB and prevent from contracting it in order to mitigate if not totally eradicated the century-old TB in the near future.

Allah Almighty knows best.

Mining for Knowledge

by

JO DAVID BORCES

DOH Center for Health Development - Central Visayas

Under the blazing heat of the summer months in the Queen City of the South, the Department of Health Center for Health Development-Central Visayas or Region 7 (CHD-7) mined for knowledge and expect it to put into a more systematic and proficient use. On April 2 – 4, the CHD-7 staff, DOH representatives, provincial health team leaders, chiefs and representatives of hospitals in the region participated in the workshop on Knowledge Management (KM).

KM has many definitions but the CHD-7 uses the term to describe “an integrated approach of creating, sharing and applying knowledge to enhance organizational productivity, profitability

and growth.” Director Asuncion M. Anden added a new twist in the definition of KM and pushed for the message of “KKK” or “KM para sa KP para sa Kausaban” (Knowledge Management for Kalusugan Pangkalahatan for Change). She stressed the importance of utilizing innovative tools for knowledge sharing not only for the attainment of the thrusts of the universal health care but also to send out health messages for people to remember, to permeate, to become evident in their actions, thus permitting change for their better health and lifestyle.

Information and communication technology (ICT) is one of the recognized enabling tools for health reform and service delivery objectives. ICT is the strategic

instrument to support the implementation of **Kalusugan Pangkalahatan** with the end objective of better health outcomes, better health system and equitable health financing.

The DOH Information Management System (IMS) continues to scale up programs and projects that will improve data management and health information system. It has developed the National Electronic- (e-) Health Strategic Framework which defines five strategic goals in using ICT. One of these goals is to institutionalize KM systems to promote knowledge exchange and utilization especially at sub-national levels. It is aimed to increase capacities for knowledge production, use and application in knowledge translation and health research; improve access, exchange and sharing using various resources like portals, dashboards, databases, publications, call center, e-library, among others; improve knowledge tools and hubs as well as learning and resource centers; and promote standards, processes and procedures.

Charity Tan, chief of IMS Knowledge Management Division, said that the DOH is rich in valuable information and experiences that are lost because it is not able to document and put them into writing. It is high time to enable DOH people to create, capture, store, retrieve, use and share knowledge.

Anden assured that KM will take a big part of the CHD's knowledge mining, sharing and sustainability. She said valuable knowledge and information are available



Director Asuncion M. Anden of Center for Health Development-Central Visayas (left) and Charity Tan, Information Management Service-Knowledge Management Division chief (center) putting knowledge management into good use in Region 7.



DOH Center for Health Development-Central Visayas staff, DOH representatives, provincial health team leaders, chiefs and representatives of hospitals in the region participate in the Knowledge Management (KM) workshop.

every day and so are the innovative tools. She envisioned the knowledge that the CHD has acquired yesterday and today would be of much use tomorrow, may it be for reference or research. She added that the ISO certification the CHD is currently working on and this KM orientation workshop came in timely as these two complements each other towards the region's proficiency and growth. The first day of the workshop focused on the basic concepts of KM and the assessment

of the participants' understanding, appreciation and confidence in using it. The second day involved hands-on activities on the practical KM tools as well as forming the community of practice (CoP) in CHD-7. It is a community that connects health advocates to create new ideas and strategies for faster problem solving. The innovations erased excuses like geographical hindrances because everyone may now connect each other via the Internet. On the third day, the

groups planned out and presented their own action plans.

"It is through imbibing the system of Knowledge Management that we would be able to steadfastly attend to our responsibilities as health advocates and at the same time attain the goals of Kalusugan Pangkalahatan. With the ascending path of KM towards betterment, the message of health will be knocking on every Filipino's doorstep in no time," Anden concluded.

Malapit na malapit na!

HEALTHbeat online

GOOD NEWS for our avid readers who constantly complain of difficulties in accessing **HEALTHbeat** in the DOH Website. Our very own website is currently under construction and hopefully will be online in July – our anniversary month. By then you can access relevant health information this magazine provides through a more reliable and faster Internet link. You can also comment on the articles we publish and connect with us through social media sites. How's that for improving your Knowledge Management?!?



Photo by Joerem P. Ceria

Community Health Team (CHT) Volunteers ***ON THE MOVE!***

CHT in Eastern Visayas

The Community Health Team (CHT) has a fundamental role in linking communities and health centers. It carries the hope to achieve *Kalusugan Pangkalahatan* (universal health care) for the betterment of Filipinos.

CHT mobilization started in October 2011 by the Department of Health together with the Departments of the Interior and Local Government (DILG), Social Welfare and Development (DSWD), and Education (DepEd) to guarantee that every family in the community, especially the poorest Filipino households identified through the DSWD's National Household Targeting System, is periodically visited and attended by health and social service providers.

Each team is composed of a leader, either a midwife or nurse, and four members that include a barangay health worker or traditional birth attendant, a social welfare development office representative or parent-leader, a barangay nutritionist, and a barangay service population officer. Their major task is to link families to social service providers, provide critical social services when needed, and deliver key health messages.



In Eastern Visayas, the DOH Center for Health Development-Eastern Visayas (CHD-EV) and the Strengthening Maternal and Child Health Services in Eastern Visayas (SMACHS-EV) Project of the Japan International Cooperation Agency (JICA) conducted CHT orientation and trained a total of 3,159 volunteers in Leyte and Ormoc from May to September 2011. The orientation focused on CHT's roles and responsibilities related to maternal and child health, such as pregnancy and postpartum and newborn tracking by CHT members to increase access to health services among

pregnant and postpartum mothers. .

One year after the orientation, while some CHT members have left the team due to family and personal difficulties, others still continue to work as a CHT with remarkable dedication and willingness to help people in the community. The Project, therefore, decided to conduct follow-up activities for these CHT members in partnership with their counterparts of Ormoc City and the Province of Leyte. In November and December 2012, four CHT conventions were held to encourage CHT members to improve their work, share experiences, and strengthen the partnership of CHTs with the local government units (LGUs) and other organizations in advocating maternal and child health. Due to the large volume of participants in Leyte, three conventions were conducted by dividing the area into clusters.

A total of 57 outstanding CHT members (31 in Leyte and 26 in Ormoc City) were recognized during the conventions. They were selected based on the following criteria – 100% submission of reports for three months, 90% average of postpartum women who have had four prenatal visits tracked; 80% average of pregnant women having a birth plan tracked; and 100%

About the DOH/JICA SMACHS-EV Project: Through the Department of Health Center for Health Development-Eastern Visayas (DOH CHD-EV), the Philippine Government collaborated with Japan International Cooperation Agency (JICA) and launched the Project for Strengthening Maternal and Child Health Services in Eastern Visayas, more known as SMACHS-EV Project. The Project is a four-year undertaking that commenced in June 2010 as initiative and commitment of the government to achieve the Millennium Development Goals, particularly in reducing child mortality and improving maternal health by 2015.

attendance in CHT monthly meetings. Those who have met these criteria were subjected to additional battery of tests which includes knowledge on maternal and child health and CHT as well as client satisfaction survey (an interview of mothers who were supported by these CHT members).

Outstanding CHT Volunteers

Four outstanding CHT members were invited in Ormoc City to share their thoughts and feelings about their volunteer work. They are Lea Sarmiento, Nida Balderanas, Nerissa Lumanta and Rosa Regencia.

Their journey as CHT member did not happen overnight. For Lea, it was a mix of curiosity, invitation and encouragement from her barangay captain, and a yearning to help others inspired her to join the training conducted by the DOH-JICA SMACHS-EV Project in 2011. Nida and Nerissa were already barangay nutrition scholars (BNS) when they were asked to attend the

training. Rosa, on the other hand, started as a barangay service point officer (BSP0) in her district, but she had to stop to take care of her small child. She later became a barangay health worker (BHW) and was trained to become a member of the CHT team.

Rosa, when asked the importance of being a CHT member, said “I am glad that through my work, I am able to give tips to mothers and monitor them, especially during and after their pregnancy. My work gives me contentment and simple joy by giving information to my clients, who in turn show me importance which makes me really motivated.” The other three women agreed with beaming faces.

The results of the evaluation and interview of their clients on their work left a notable mark in their life as a member of the CHT. They expressed an upliftment of their spirits to know that their hard work is being appreciated. Moreover, the friendship they built with the women they tracked in the performance of their work is one treasure they will definitely keep.



Four of the top most outstanding CHT members in Eastern Visayas interviewed in this article. From left to right: Nida Balderas, Lea Sarmiento, Rosa Regencia and Nerissa Lumanta.

As CHT members, they too have had their fair share of rough times. As a saying goes, “Life would be boring if we only have the good times.” Lea shared, “There were times when mothers were irked by my frequent visits and persistence that they channeled their anger to their children. One time, a mother scolded and spanked her child because I disturbed her with my visit. Rosa, for her part, experienced not being allowed to enter the house and having to talk outside.

As shared by the outstanding CHT members, some mothers did not give importance to their maternal and child health care books that they left them with their children to play with or were placed somewhere else that they could no longer find. They all agreed that being CHT members is not all about sweet times, but the desire to help others fueled them to continue their work just to encourage mothers to go to health centers.

The four women also said that their work coupled by regular meetings and capacity building activities like the CHT conventions have set their minds with clearer objectives in community work. Nerissa said, “I want to accomplish zero maternal and neonatal death,” while Lea and Rosa aims to “lessen home deliveries and increase prenatal visits among communities.” Nida, as a BNS, also aspires having no neonatal deaths and no malnourished children.

The four outstanding CHT members provided some small recommendations for the successful operation of CHT work:

- **Start local.** Let’s face it, it is the barangay that is directly involved in and affected by the work of the CHT, so might as well include the local government in this endeavor, especially the barangay councils.
- **Don’t hesitate to communicate.** Grab every opportunity to open

up and voice out concerns to the barangay captains and other members of the barangay council.

- **Stimulate and motivate.**

Money does not make the world go round, we know that, and the CHT members are not in for the money. Nevertheless, they will be more than grateful for modest incentives for their effort.

- **Refresh and nurture.** DOH and Provincial Health Office's interventions to upgrade their knowledge and skills on maternal and child health is important for CHT members. They might have been long gone from school, but a few symposia, lectures, counselling, and/or health education will do good to boost their memory and keep them posted.

- **Pass that ordinance.** Passing and enacting an ordinance may be a small step to sustainability of the CHT, but small steps are better than taking no step at all.

The four agreed all CHT members



Representatives from the DOH, Province of Leyte, USAID and JICA launch of the Maternal, Newborn, Child Health and Nutrition Service Delivery Network in one of the CHT Conventions in Eastern Visayas.

may also have the chance to be recognized if they will become seriously involved with their work. Most of the CHT members are volunteers and not government workers, but they still carry so much hope for the health betterment of the communities they serve.

How to keep them motivated in their work is always a challenge. The DOH, LGUs and other sectors should work together as one to find ways, like providing incentives and due acknowledgement of their work, to continuously motivate the CHT volunteers.

Japan Provides Non-Project Grant Aid to DOH, DepEd, DSWD and TESDA

The Department of Health, together with the Technical Education and Skills Development Authority (TESDA), Department of Social Welfare and Development (DSWD), and Department of Education (DepEd), received a Non-Project Grant Aid (NPGA) from the Government of Japan on May 14.

Health Secretary Enrique T. Ona explained that the NPGA is assistance from the Government of Japan in the form of goods/products provision to support the promotion of the economic and social development of developing countries by utilizing products made by Japanese small

and medium enterprises.

"In our desire to achieve Kalusugan Pangkalahatan (Universal Health Care), these industrial products will be a big boost to improving our public health facilities by addressing the infrastructure gaps and ensuring quality healthcare for all Filipinos," Ona explained.

Under the said grant, the DOH will receive six units of computed radiography machines which will be distributed to the Philippine Orthopedic Center, Quirino Memorial Medical Center, Rizal Medical Center, San Lazaro Hospital, Jose Reyes Memorial Medical Center, and Amang Rodriguez

Memorial Medical Center. These equipment cost approximately P23,120,701.59.

An actual test run of the donated computed radiography machine was conducted at the San Lazaro Hospital STD-AIDS Central Cooperative Laboratory.

On the other hand, the DepEd will receive notebooks, ballpens, and first aid kits; DSWD will receive wheelchairs; while TESDA will receive CNC gang tool lathe, industrial vacuum cleaners, jackhammers, impact wrenches, miter saws, hand shears, nibblers, and training tools for electronic circuit.

- o o o -

Bayani Challenge

by

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CaLaBaRZon

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The famous painting by Carlos "Botong" Francisco's depicting people lifting a bamboo house and carrying it to another place visualized "*bayanihan*" – one of the most celebrated Filipino traditions. But bayanihan is more than transferring houses, it applies to group activities where people would gather together helping one another to accomplish a work.

Bayanihan applies to group activities like planting, harvesting and drying of palays, helping neighbors in time of disasters like typhoon, flood and earthquake. Typically, when we speak of "*bayanihan*", we mean communal spirit where difficult tasks become possible through the strength of unity and cooperation.

Bayanihan is a Filipino term derived from the word bayan (which refers to a nation, town or community). The word bayanihan means a communal unity or effort to achieve an objective.

This is also the objective of the "*Bayani Challenge*," a 5-day gathering of volunteers where they give the best of themselves and work together toward the goal of expressing love for country and caring for the poor through building of homes, repairing schools, health missions, tree planting, activities with the kids (paraing pambata) and many more.

With the theme "*Isang Bayan, Isang Bayanihan*," this year's challenge was brought to 34 provinces across the country,



Top Left: Bayani Challenge 2013 official logo. **Top Right:** The famous bayanihan painting by Carlos "Botong" Francisco. **Bottom:** Then CHD-4A Director Edgardo Gonzaga poses at the foreground of the Lakbay Buhay Kalusugan - Kalusugan Pankalahatan on Wheels. Is this bus the new symbol of bayanihan for health?

including Metro Manila and CaLaBaRZon -27.
provinces of Cavite and Laguna on March 23

The Department of Health became

one of the many government agencies, civil society groups and private organizations that joined the Bayani Challenge 2013 organized by Pilipinas Natin – the flagship volunteer program of the Presidential Communications Operations Office and Gawad Kalinga.

The Bayani Challenge was started in the aftermath of the tragic mudslide that buried an entire barangay in 2006 in Barangay Ginsaugon, St. Bernard town, Southern Leyte. The first Bayani Challenge gathered 400 volunteers who built core shelters for 25 families and served as inspiration to future volunteer projects.

In CaLaBaRZon

The DOH Center for Health Development-CaLaBaRZon or Region 4A

(DOH-4A), under the stewardship of then Director Edgardo Gonzaga, determined the local government units (LGUs) that would be the sites of the health missions for the Bayani Challenge in the region, namely: Brgy. Hugo Perez Elementary School in Trece Martires City, Cavite and Pulong Sta. Cruz in Calamba, Laguna.

The DOH-4A gathered 170 volunteers (106 in Cavite and 64 in Laguna) composed of doctors, RNheals nurses, teachers, barangay health workers and other barangay officials and divided them into medical/surgical and health educator teams. The region also provided all logistical needs especially medicines and supplies.

The Lakbay Buhay Kalusugan-Kalusugan Pangkalahatan on Wheels, a health promotion caravan bus managed

by the DOH National Center for Health Promotion became the highlight of these events. It showcased how mobile the DOH is in terms of delivering health care services to the people.

The Bayani Challenge served 455 residents in Trece Martires City and 390 residents in Calamba, Laguna. Pregnant women and children directly received prenatal and child care services on the bus.

In Metro Manila

At the DOH Center for Health Development - National Capital Region (DOH-NCR), Director Eduardo C. Janairo has identified three cities namely Manila, Pasay and Paranaque where the event will be held. Among the barangays chosen were Barangay



TOP: Left: DOH-4A team and City Health Office staff in Trece Martires, Cavite. Right: Nutritional counseling and feeding program for the children of Pulong Sta. Cruz in Calamba, Laguna. **BOTTOM:** Aside from medical missions, DOH-NCR conducts anti-dengue space spraying and misting, "linis estero" activities, and health education in Parañaque (left) Pasay (center) and Tondo (right).

#56, Zone 5, Tondo in Manila; Barangay #165 in Pasay and Barangay Baclaran in Parañaque. These LGUs were chosen due to the distinct presence of “esteros” to nearby health centers, which directly exposes the community to health risk such as respiratory tract infections and insect-borne diseases like dengue.

The DOH-NCR in coordination with the LGUs concern and City Health Officers work hand-in-hand and conducted anti-dengue space spraying and misting, “linis estero” activities, medical mission and health education.

Health risk assessment, medical consultations, rapid diagnostic test and free treatment with medicines were also conducted.

The activities were done with thru the collaborative actions of the region’s Health Emergency Management Staff (HEMS), Health Operation Division (HOD), Special Medical Action Response Team (SMART) and the Environmental Health and Sanitation Staff.

Among those who volunteered for the event were Community Health Teams (CHTs), Home Owners Association, Barangay Health Workers, Health Center Staff, Barangay Officials, Barangay Tanods and residents of the barangays.

A total of 346 volunteers who joined the challenge, 76 in Manila, 147 in Parañaque and 199 in Pasay. There were 89 patients registered for the medical mission in Parañaque, 105 in Manila and 13 patients were given Rapid Diagnostic Test and 33 in Pasay.

“We are proud to announce that we have successfully accomplished the requirements of the Bayani Challenge 2013. And we will sustain these activities, empowering the communities and involving them by becoming responsible for their own health and safety”, Janairo emphasized.

beatBOX



Breaking Things When Angry

Anger is a kinetic emotion that needs to be physically released. It causes an increase in blood flow and adrenaline which can trigger a person to explode or become out of control. It feels good to break something because you are allowing the adrenaline coursing through your system a release. HOWEVER, there is a risk is that you will, in the future, no longer be able to control your physical aggression and will harm someone. Therapy would be the most efficient way to tackle this problem. A therapist can teach you more appropriate and healthier problem-solving skills.

ABOUT THE PHOTO

Anticipating the release of the Marvel Comics superhero movie Thor: The Dark World (a.k.a. Thor 2) in November, “DirecTHOR” Eduardo C. Janairo of DOH Center for Health Development-National Capital Region does his own pirated version while waiting for the start of the groundbreaking ceremony of a Botika ng Barangay in Tondo, Manila. He may be getting a little bit impatient., but he is not angry. Or else, he will transform into Hulk and not Thor. (Photo provided by Glen S. Ramos)

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We will create some health tidbit the way we see your photo.



Bayang Magiliw

An RH Film?

At a time when the Supreme Court handed down a status quo ante order that suspended the implementation of the controversial Republic Act 10354 (otherwise known as the "Responsible Parenthood and Reproductive Health Act of 2012) for 120 days, and at the height of the mid-term elections, an Indie film bravely tackled

the issues on reproductive health (RH) and family planning that was shown in select SM cinemas on April 17, with the premier night in SM Megamall on April 15.

The movie is entitled "Bayang Magiliw," the opening line of the Philippine National Anthem and translated as "Funky Town," directed by the award-winning Gil Portes and produced by his outfit, Teamwork Film Productions. It is written by Enrique V.

Ramos and stars Wendell Ramos, Giselle Toengi, Arnold Reyes, Jackie Lou Blanco, Lloyd Sammartino, Racquel Villavicencio, Althea Vega, Sue Prado, Princess Manzon, Rob Sy, Benjie Felipe, Tony Mabesa, Dax Alejandro, Jess Evardone, AJ Dee, and Ellen Adarna.

The film was graded B by the Cinema Evaluation Board and classified R16 by the Movie and Television Review and Classification Board. The B grade entitles Bayang Magiliw to 65 percent tax rebate, while the R16 classification allows teenagers (16 above) and adults to watch the film

Bayang Magiliw is a social satire about a fictional town in Quezon province called Magiliw where a handsome and charismatic Mayor outlawed contraception and family planning among his constituents. As a result, Magiliw is the country's most densely populated town outside Metro Manila. Ironically, or perhaps fittingly, the Mayor is secretly a womanizer who has fathered several illegitimate children around the town. His sexual appetite is as prodigious as his zeal for the Catholic doctrine of "go forth and multiply".

Two incidents cause a chain of events that will rock Magiliw. One day an old aristocratic couple from Magiliw finds an abandoned baby boy and decided to nurture him. Their daughter, a corporate lawyer based in Manila adopted the abandoned baby boy. Later on, trouble ensues after the mayor found out that the baby boy is his illegitimate child.

The other incident involves a local obstetric-gynecologist who was sent to jail for prescribing contraceptives to the women of Magiliw. Not long after, the doctor meets the corporate lawyer and together they



fought against the mayor.

In one scene, the mayor was shown running naked on the street, chased with a bolo by an irate husband who caught the mayor and his wife in bed.

The film tries to inject a lot of political issues and the Catholic Church was not spared. The arguments for and against RH law are everywhere in the script.

In a press conference, Portes insisted that the film is based on a true story that happened in his hometown of Pagbilao in Quezon province. The lead character was really a vice mayor, a very powerful one, in his barrio. Portes also said, "When we were doing the movie, there was no intention that it will be espousing the reproductive health law. That was purely coincidental."

Mixed Reviews

Bayang Magiliw got mixed reviews from columnists, writers and bloggers.

Julie Yap Daza in Manila Bulletin wrote, "A movie so insanely true to life it can only be surrealistic, bizarre but honest. Honestly, watching it in the company of 200 indie-philies was like being carried up to the ceiling by an angel during a near-death experience and looking down and realizing so this is how we are." She ended her review by saying, "The hilarious ending is worth every centavo of your admission ticket." Fort Yerro of Sun.Star commented, "A satire is most effective when it is lighthearted and amusing. Bayang Magiliw sometimes loses its compass and drifts dangerously close to being taken seriously. Thankfully, Gil Portes manages to steer the movie back in the right direction. Still, I miss lines that are witty, if not outright funny."

Fred Hawson, in his blog "Fred Said," wrote, "Sometimes the director was not too sure where the movie was going. The supposedly satiric comedy is limited, and not



Wendell Ramos as the handsome and charismatic Mayor outlawed contraception and family planning among his constituents. (Photo grabbed from Bayang Magiliw's Facebook page)

too funny. In fact, there were more dramatic scenes than funny." However, his review concluded, "I commend director Gil Portes for boldly tackling a controversial theme. The good intention was obviously there, but the finished product was uneven."

Philbert Dy of "Click the City" said, "While the cause is definitely worthy, the movie itself is a little clumsily crafted, the argument coming off as simplistic and patronizing, all of it wrapped in a story that just seems to fizzle out." He further explained, "The movie makes an important argument, but it doesn't do it very well. It creates a straw man as opposition, an empty target worthy of easy disdain. This all spirals into a story that can't quite resolve all of its issues. Entire threads are dropped, the consequences of events never explored. It basically forces an ending, ignoring all the dangling threads left by two acts worth of setup, jumping ahead and cheating through all the drama. The film is so eager to make its points that it almost completely disregards the demands of its narrative."

Mikhail Lecaros termed the movie in the headline of his review in GMA News Online as a "missed opportunity." He wrote, "The cleverest thing about 'Bayang Magiliw'

is its title. Simply put, the film is never as slyly comic or, conversely, as uproariously farcical as it could have been." He added, "That the film fails is truly unfortunate, given the relevance of the issues being discussed and taking into account the pedigree of its creators, to say nothing of the impressive cast they have assembled. Under better circumstances (i.e., if it were a better film), I would have been proud to call 'Bayang Magiliw' a daring piece of local filmmaking that was worthy of its R16 rating and sure to spark debate on social issues."

Skilty Labastilla of the blog – Musings from Three Time Zones said, "It's ironic that the movie is rated R16 because its storytelling is so elementary, its characterization so simplistic, and its performances so broad that it seems to be targeted at kids. Quite an embarrassing effort."

And finally, here is what **HEALTHbeat** has to say, "Bayang Magiliw reflects the ugly situation in tackling reproductive health issues in the country – institutions, individuals and moviemakers are meddling and not helping; they spark discussions and debates that point to everything but not to a solution."

Estudyante Blues

Utak

Excited pumasok ang 3-year old na lalaki sa preschool for the first time. Habang pinapaliguan ni Mommy, pinansin niya ang kanyang testicles...

JOEREM: Mommy, ito po ba ang utak ko?

REMY: Hindi pa ngayon anak, hindi pa...

Silip

JOAN: Inay, inay! Sinisilip ng kaklase ko 'yung panty ko!

CITA: Ha?!? Bastos 'yun, ah! Anong ginawa mo?

JOAN: Inalis ko at itinago ko 'yung panty sa bag ko para hindi n'ya makita!

Bobo

FLOR: Engot ka talaga, 1 to 10 lang hindi mo kayang bilangan?

ERIC: Mas engot si Itay, 'Nay! Kasi nadinig ko minsan sabi niya kay yaya, "Tama na Inday, hanggang tatlo lang kaya ko."

Only Child

JEFF: 'Nay, tinanong ako ng titser ko kanina kung meron pa akong kapatid na mag-aaral sa school.

LITA: Mabait pala siya at at nagka-interest na malaman 'yun. Pero ano ang sabi niya nung sinabi mong only child ka?

JEFF: Huminga po siya ng malalim, at sinabing "Salamat naman!"

Perfect

NOEL: Anak sa bawat perfect mo sa test, bibigyan kita ng P100!

JONNEL: Pwede po gawin ninyong P200?

NOEL: Bakit?

JONNEL: Tig-100 po kami nung kokopyahan ko!

Kamusta

NELSON: Kamusta ang exam mo?

FRED: Easy as "1-2-3" lang po 'Tay!

NELSON: Oh bakit parang malungkot ka?

FRED: 'Di ko po nasagot yung 4 to 100. Ang hirap eh!

Re-quiz

STUDENT: Sir, baka pwede naman pong mag re-quiz?

TITSER: Sige... Anong song?!?

Kamag-anak

KRISTAL: 'Tay, meron ba tayong kamag-anak na mahirap?

FRANCIS: Meron, pero hindi ko kilala.

KRISTAL: Eh kamag-anak na mayaman?

FRANCIS: Meron, pero hindi tayo kilala!

Totoo Ba?

TITSER: Totoo bang hindi naninigarilyo, umiinom, nagsusugal at nambababae ang Papa mo?

RJ: Opo!

TITSER: Wow! Anong sikreto nya?

RJ: Walang pera!

Late

TITSER: Bakit late ka, Edong?

EDONG: Nahulog po kasi yung 500 peso bill nung mama...

TITSER: At tinulungan mong maghanap?

EDONG: Hindi po. Tinapakan ko lang po hanggang umalis siya, kaya po ako late.

Bumbay

EJ SAM: Paano mo malalaman kung ang batang lalaking Bumbay ay binata na?

EDREI: Kapag nagka-bigote at balbas na siya?

EJ SAM: Hindi!

EDREI: Paano nga?

EJ SAM: Eh 'di kung simula na niyang isuot ang diaper sa ulo niya!




Artwork grabbed from the Internet.



DOH celebrates fathers' hardwork and love for their families. DOH looks after fathers' health to enable them to continue doing what they do for their loved ones.

SUGPUIN ANG DENGUE!



MAG **4** O'CLOCK HABIT ARAW-ARAW



STOP

at **4 pm**



LOOK

sa loob at labas
ng bahay para mag-
"Search and Destroy"
ng mga posibleng
pamugaran ng lamok



LISTEN

sa barangay officials
para sa tamang
paraan ng pagsugpo
ng Dengue
sa inyong lugar

Aksyon **Barangay Kontra Dengue,** **PAGTIBAYIN!**

