



17th Anniversary Issue

HEALTHbeat

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"Ang tagumpay natin dapat ang batayan at sukatan ay ilan ang Pilipinong makakaiwas pumunta ng ospital dahil inaalagaan ang kanilang kalusugan."

- President Benigno S. Aquino III

President Benigno S. Aquino III celebrates

115 Years of DOH



Proper eating and nutrition is key to optimal health and also prevents diseases and defects among infants and children. DOH's feeding programs keep Filipinos especially indigent Filipinos who may not afford nutritious food everyday-properly nourished.



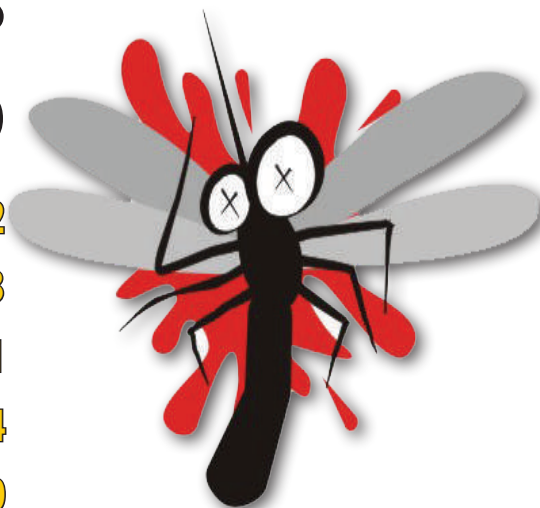


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www.healthbeat.ph

The World Wide Web was developed by British engineer Sir Tim Berners-Lee in 1989 and became publicly available on the Internet on August 6, 1991. Only 22 years later that **HEALTHbeat** joins the millions of websites on the Internet world. Finally, we're online at <www.healthbeat.ph>.

Our being online happens during our 17th anniversary. For many, it may be too late already, but we still consider it a feat. We are now truly circulating around the globe, but the only problem is how to make even the slightest portion of Internet users visit us. Hopefully, we can be like a virus that spread, catch attention and be trending worldwide to cause some sort of a good pandemic on the Internet. How's that for wishful thinking?

Incidentally, the **HEALTHbeat** online has a twin, "Beat Tobacco," <www.beat-tobacco.ph>, the website of the National Tobacco Control Coordinating Office of the National Center for Health Promotion. At present, these are the only responsive web design sites under the Department of Health, meaning they provide an optimal viewing experience – easy reading and navigation with a minimum of resizing, panning, and scrolling – across a wide range of devices, from desktop computer monitors to mobile phones. These websites also have links to social media sites that will surely make our staff busy moderating various comments that visitors make. Be kind, like us, and please do not bully us in cyberspace. That's another wishful thinking!

Maintaining websites and engaging in social media sites may be the only way to go in this day and age. **HEALTHbeat** has vast information to share which is done in a light and often witty manner. And by doing just that, we hope that we would be able to build the image of the DOH as current and forward-looking as possible. Even if the DOH turned 115 years old on June 23, 2013, we are still one of the frontrunners in government that provide efficient and effective services.

Therefore, this issue is about celebrating the colorful past, nurturing the successes of the present, and moving forward to a brighter future – and that would mean **Kalusugan Pangkalahatan**.

Join us, wherever you are in the world! Here's hoping that both the printed and digital versions of **HEALTHbeat** will continue to exist even long after the original editorial staff, who are still currently doing most of the work, eventually retires. Hahaha.

– The Editors

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Hon. Marisol Castillo Aragon-Sampelo

From Health Reporter to Congresswoman

by
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HEALTHbeat Staff

Congresswoman Sol

Marisol Castillo Aragon-Sampelo, who we dotingly call "Sol Aragon" or "Mareng Sol" is the newly-

elected congresswoman of the Third District of Laguna, comprising San Pablo City, Alaminos, Calauan, Liliw, Nagcarlan, Rizal, and Victoria with a total population of 511,005 in 2007.



Health Reporter turned Congresswoman Sol Aragon-Sampelo pays a courtesy visit to Health Secretary Enrique T. Ona on June 14, 2013. (Photo by Paking Repelente)

Sol was born in Barangay Concepcion in San Pablo City on November 7, 1977. She finished Developmental Communication, Major in Community Broadcasting at the University of the Philippines - Los Baños (UPLB). Sol is married to Paulo Sampelo and has a daughter named Anica.

After finishing college, she worked as key account officer at Easy Call Company and later became a manager. In 1999, she was employed in the ABS-CBN News and Current Affairs, the news division of Philippine media conglomerate ABS-CBN Corporation, as a writer of the public affairs program "Hoy Gising," and eventually became a segment producer and a reporter of the show.

Seeing her commitment and enthusiasm at work, she was given a stint in the program "Alas Singko Y Medya" as a segment host given the task of being "the bargain lady." She was then promoted as a field reporter in "TV Patrol," "Bandila," ANC (ABS-CBN's cable news network), as well as a news reporter of the morning show – "Umagang Kay Ganda," and then landed as a news anchor of "Nagbabagang Balita."

Also up her sleeves were hosting ABS-CBN documentaries like "Kalye" and "Mga Kwento ng Lansangan," and co-hosting assignment in the multi-awarded

live educational-public service-medical talk show, *"Salamat Dok."* As if her TV tasks were not enough, Sol also anchored with Alvin Elchico a radio program called "S.R.O or *Suhestiyon, Reaksyon at Opinyon.*"

Because of her exceptional and dedicated performance in the broadcasting field, Sol became the best field reporter of the UPLB Gandingan Award in 2006 and was nominated in the same category in 2007. She has also been honored with a Distinguished Alumna Award in Media Practice by UP in 2009. She was one of the recipients of the Outstanding San Pablitos Award in May 2010 during the commemoration of the city's 70th Charter Anniversary. She was also recognized as the best field reporter in the 2011 Communication Guild (Comguild) Awards, a yearly award given by the highly-regarded deans and schools heads of several colleges and universities in the Philippines.

As a news reporter, Sol has been assigned to cover the health beat since 2001, and that easily made her the collaborator of the Department of Health in bringing health news and information to the people.

On September 15, 2012, she announced in her show *"Salamat Dok,"* that she would be leaving her life as news and current affairs reporter and host to become a politician. Despite her lack of money, experience, and connection, Sol still emerged as winner in the recent mid-term elections.

Throwback Friday with Mareng Sol

On a Friday, June 14, 2013, Congresswoman Sol paid a courtesy visit to Health Secretary Enrique T. Ona who heartwarmingly welcomed her and even asked her to sit in a meeting on the DOH computerized reporting system of health outcomes coming from local government units. It looked like a fitting meeting

for a former health reporter turned Congresswoman. She assured Ona that she will become an ally on health issues and concerns in Congress.

After the meeting, Congresswoman Sol turned to Mareng Sol when she visited the DOH Media Relations Unit staff who she worked with almost every day for more than a decade.

HEALTHbeat did not miss this

opportunity to interview her. Mareng Sol was asked about her memorable stories she did as a health news reporter and admitted that the health issue closest to her heart was dengue.

Sol narrated: *"Masyadong malapit sa akin ang storya ng dengue. Una kasi nagka-dengue ang anak ko at alam ko 'yung feeling ng isang nanay kapag nagka-dengue ang anak —'yung pangamba ng isang ina*



TOP: DOH Media Relations Unit (MRU) and HEALTHbeat Staff Elizabeth Mascareñas did not miss the opportunity to interview and make an article on the newly-elected Congresswoman. **ABOVE:** Sol Aragones, as a health reporter, poses with her colleagues and MRU staff during one of their coverages. (Photos by Paking Replente)



Sol Aragones admits that the health issue that is close to her heart is dengue because she knows how it feels like having a child afflicted with dengue. In this photo, Sol poses with the giants in DOH dengue control program - (from L-R) Dr. Vito Roque, Jr. (head of the Public Health Surveillance Unit at the National Epidemiology Center), Dr. Lyndon Lee-Suy (Dengue Control Program manager of the National Center for Disease Prevention and Control) and Health Assistant Secretary Eric Tayag. (Photo by Paking Repelente)

kapag nagkasakit ang kanilang anak.”

“Bilang news reporter, ‘yun ang naging adbokasiya ko, na kailangang sagutin sa isip ng mga tao kung ano ang dapat nilang gawin, paano sila dapat mag-ingat sa punto de vista ng isang nanay. Kaya kapag gumagawa ako ng mga dengue stories, talagang iniyu-humanize ko. Hinahanap ko kung sino ang mga nagka-dengue, hinahanap ko ‘yung mga kwento nila, at hinahanap ko kung saan nagkulang o paano pa dapat ma-improve ang ating sitwasyon.”

She continued, “Inaalam ko ‘yung mga iba’t ibang anggulo ng sakit na dengue na dapat malaman ng tao. Ang mga pinakadulo at pinakamalalayong barangay na may kiti-kiti napasok ko na. Kumbaga, parang lahat din ng anggulo ng sakit na ito natalakay ko na rin.”

Then she mused, “Ang nakakatawang kwento naman d’yan, minsan ay may nag-text sa akin at ang tawag na sa akin ay doktora. Tiinatanong nila kung

ano ang mga sintomas ng dengue. Kahit sa opisina namin tinaanong ako, ‘O, ito ba ‘yung rashes ng dengue?’ Sagot ko naman, ‘Hindi ganyan, dapat flashy!’ Talagang ‘yung mga natuklasan ko at nalaman ko sa dengue ang naging malapit na istorya sa akin”.

She added, “Ang mga kuwentong ginawa ko ay simple, may kurot at malapit sa puso ng tao para mas madali nilang maintindihan. ‘Yun naman ang sukatan ng maayos na kwento – ang maintindihan ka ng tao mula sa maliliit hanggang sa matataas na tao.”

When asked why she decided to enter politics, Sol said, “Una, ipinagdasal ko ‘yun. Kasi bata pa ako, may calling na talaga ako sa public service. Nagtuturo ako ng salita ng Bibliya sa malalayong barangay o far-flung areas. Doon mismo sa bakuran ko, nagtuturo ako sa mga bata tuwing bakasyon. Tinuturuan ko sila ng ABC o kaya nagba-Bible study kami, o kumanta. Mahilig talaga ako sa ganoon, kaysa naman walang gawin ‘yung

mga bata doon sa barangay.”

She shared, “Ako talaga, ngayon ko na lang sasabihin, ay religious. Ang bahagi ng kinikita ko taun-taon ay nag-a-identify ako ng mahihirap na barangay kapag December at bumibili ako ng groceries para naman may masarap silang pang-Noche Buena. So, may calling talaga ako for public service na hindi ko na syempre ikinukwento palagi.”

She narrated, “At a certain point dumating ‘yung pagkakataon na tahakin ko naman ang ibang direksyon, ang pagiging politiko. Ipinagdasal ko sa Diyos na kung ito ang Kanyang laan para sa akin, mangyayari ito. So, sinubukan ko kasi ayoko na dumating ang panahon na hindi ko pinagbigyan ang nararamdaman ko kasi baka pagsisihan ko lang.”

Sol continued, “Kung dati ginagawa ko ‘yung kwento ng mga tao, humahanap ako ng institution na pwedeng tumulong sa kanila, ngayon directly involved na ako doon sa kwento ng buhay ng tao. Mas maliit na nga lang ang sakop – doon sa distrito namin. Ang priorities ko wala pa rin namang pinagkaiba, eh. Parang itinuloy ko lang ang public service ko bilang reporter, at ibinabandera ko pa rin ang mga isyu ng kalusugan.”

She said, “Sa mga speeches ko, ang gusto ko talaga ay ang magkaroon ng PhilHealth coverage ang mga tao. Sisimulan ko ‘yun, lalo na sa mga tricycle drivers kasi naaawa ako sa kanila at nakabilad sa init at ulan. Madalas ‘yung pinapasada nila ay sapat lang sa pamilya nila, at kapag nagkasakit na hindi na nila alam kung paano ang gagawin. Dapat may health insurance talaga na magbibigay proteksyon sa kanila. Pero ang sabi ko, ang pangarap kong maitulong sa kanila, hati kami sa premium. Hindi ko nga alam kung kaya ng budget ng distrito.”

Then she enumerated her priorities, “Pangalawa ay sa mga senior citizens. Gusto ko magkaroon sila ng libre

man lang na bakuna kasi hindi lahat ng matatanda ay kaya pang magpabakuna. Pangatlo, ang pangarap ko ay 'yung doctors to the barrios. Isa 'yun sa hihingin kong tulong sa DOH. Kasi 'yung place namin ay may mga barangay na masyadong malalayo. Ang tendency minsan, sa kawalan ng kaalaman ang mga tao, lumalala nalang ang kanilang karamdaman dahil wala silang masyadong access sa health care. So, dapat kahit once a week or twice a month may duktor na bibisita sa kanila."

When asked how her being a reporter helped her during her campaign period, Sol said, "Advantage 'yung pagiging reporter ko doon sa kampanya ko. Dahil nga naikot ko na halos ang Luzon, Visayas at Mindanao, ramdam ko na 'yung pulso ng tao kaya madali ko silang pakisamahan, madali ko nang nalaman kung ano ang mga pangangailangan nila."

She added, "During the campaign, hindi ko iniisip na nangangampanya ako. Ang iniisip ko ay gumagawa ako ng dokumentaryo ng buhay ng bawat tao. So, napaka-natural – hindi ako kumakamay lang, umuupo ako

at nakikinig sa mga kwento nila. Inaalam ko 'yung pangangailangan nila and from there sinusulat ko 'yon ha, may journal ako! Alam ko na ito ang kailangan ng barangay na ito, ng bayan na ito, kasi pitong bayan ang sakop ng distrito ko. Sabi ko na kapag naupo ako, babalikan ko 'yung mga kwento nila para kapag gumawa ako ng batas at programa na swak sa pangangailangan nila. So, 'yung skills ko sa pagiging isang reporter, 'yun siguro ang nakatulong talaga."

On her learnings during the campaign trail, Sol said, "Napakaganda ng learning experience ko doon sa campaign. Dapat talaga ay marunong kang makinig sa pangangailangan ng mga tao at para malaman mo rin kung paano ka lilikha o guguhit ng programa para sa kanila. Ang mga pangako ko sa kanila ay simple lang. Gusto kong magkaroon ng libreng bags, sapatos at uniform ang mga bata tuwing pasukan. 'Yung bags, ibibigay ko yan, pero 'yung uniform ang gusto ko ay magkaroon ng kooperatiba sa bawat barangay para sila ang tatahi ng uniforms. May hanapbuhay na sila, napunta pa 'yun sa anak o sa kapitbahay nila. Hindi ko

sinasabi na madali ang implementation nito. It's a process, baka sa ikalawa o ikatlong taon ko sa panunungkulan. Tapos, 'yung ospital sa amin ay gusto kong maging secondary hospital. Para 'yun sa mga kababayan ko na tuwing magkakasakit ay hindi na kailangang pumunta pa ng Maynila o kung saan man para magpa-dialysis o kung anumang treatment. Kumbaga, dapat available na ang mga ito sa amin. Pero hindi madali ang lahat ng ito, dahan-dahan kong ipatutupad kasi 'yun ang nakikita kong basic needs ng mga tao sa distrito ko – health, education and livelihood."

Other things Sol wants to provide her constituents are academic scholarship and/or educational assistance to deserving students in the tertiary level. She also plans to upgrade the "Dalubhasaan ng Lungsod ng San Pablo" (DLSP) into a university status with the assistance of the city government in order to create more courses and accommodate more students to produce quality graduates with high educational standards.

Aside from upgrading the San Pablo City General Hospital from a primary hospital to a secondary hospital, she also wants to establish a satellite hospital in the Municipality of Liliw so that the residents will no longer have to travel to Sta. Cruz or Nagcarlan for simple medical attention and other medical emergencies.

Meanwhile, Sol also plans to provide a medical benefit package for the elderly who will celebrate his/her 80th birthday. These benefits may include monetary assistance, medicines, wellness certificates, among others.

This neophyte lady lawmaker hopes that she could become a member of the House Committee on Health. The DOH hopes so too because it means more allies in the legislative branch of government who will make health on top of their priorities.



Even if Congress has not opened yet during her courtesy visit to the DOH on June 14, 2013, Congresswoman Sol Aragones is already asked by Health Secretary Enrique T. Ona to sit in a meeting on the computerized reporting system of health outcomes coming from local government units. (Photo by Paking Repelente)



(From left to right) Former and Present Health Secretaries — Dr Esperanza Cabral, Dr Alberto Romualdez, Jr. and Enrique T. Ona — with Dr. Ernesto Domingo of the University of the Philippines - National Institutes of Health (UP-NIH) Universal Health Care Study Group who acts as moderator, listen and answer queries from stakeholders during the launch of Health System Shapers at the DOH Duque Hall on June 19, 2013. (Photo by Dr Juan Antonio Ricarte)

Health System Shapers

Taking off from the success of the Secretary's Cup – a six-month campaign to spread awareness on **Kalusugan Pangkalahatan** (universal health care) through nationwide collegiate debates, community townhall meetings, talk series and roundtable discussions that tackled the different issues that impact on health which ended in March 2013 – now comes the Health System Shapers (HSS) Project, an advocacy campaign that targets the different social sectors to talk about their roles in the health care system which was launched on June 19, 2013 at the Department of Health's Duque Hall.

The HSS Project is a joint effort

of the DOH, University of the Philippines-National Institutes of Health (UP-NIH) Universal Health Care Study Group, Asian Institute of Management (AIM) Dr. Stephen Zuellig Center for Asian Business Transformation, Pharmaceutical and Healthcare Association of the Philippines, Journalism for Nation Building Foundation, with support from the GT-Metro Foundation, HSS is a series of activities that includes legislative discussions, talk series by health experts, monthly sectoral discussions and a congress to bring together all the shapers of the health sector. These activities are aimed at gathering all the different sectors of society, including individuals

or groups that are shaping and reforming the health system; aligning the efforts and goals of these sectors and link them with government efforts; and coming out with a policy paper on universal health care for 2016 and beyond.

Health Secretary Enrique T. Ona, along with former secretaries Dr Alberto Romualdez Jr. and Dr Esperanza Cabral, led the launch and formed a panel to discuss today's pressing health issues. The event was attended by representatives from the different government agencies, professional organizations, pharmaceutical and health maintenance organization (HMO) industries, the academe, and non-government

organizations.

Ona reiterated that health is a responsibility of the state and of individuals, requiring every sector to get involved in shaping the health system.

Kalusugan Pangkalahatan Updates

The HSS Project launch started with Ona's speech that provided some significant breakthroughs in the last three years toward **Kalusugan Pangkalahatan**.

Health Insurance. On top of the list of achievements is the enrolment of the poorest 5.2 million of Filipino households identified in the National Household Targeting System (also known as Quintile 1) to the Philippine Health Insurance Corporation (PhilHealth) using national government subsidy. Last year, their premiums were also increased from Php 100 per month or Php 1,200 annually to Php 200 per month or Php 2,400 yearly per family. The national government appropriated Php 12.5 billion yearly for this purpose in 2012 and 2013.

With this, PhilHealth's enrolment is said to have increased to 84%, but Ona was quick to note that upon evaluation of the data, enrolment does not translate to coverage. He said the NHTS is a test evaluation of households and not families. The DOH is realizing now that there are still 4.7 million additional individuals above the age of 21 that need to be enrolled and this will require additional premium. The DOH is correcting the data now, and Ona said the actual coverage to date is actually only 69%.

With the passage of the Alcohol and Tobacco Excise Tax Reform Act last year, the DOH is looking at enrolling the remainder of this 5.2 million households and expanding the enrolment to the next 5 million poorest households (Quintile 2) that will cost another Php 12-15 billion annually.



Health System Shapers logo

The sponsored families will enjoy attendant benefits in government health facilities without paying even a single centavo in the no-balance billing program for the initial 23 most common medical and surgical conditions paid through case rates. In the next few months, Ona said, PhilHealth will expand the case rates to cover practically all other diseases.

One question raised by Ona was, "Where is that boundary wherein the national government will pay for the premium?" He said, at the rate of premium the country has right now, it would be impossible to cover completely the total cost of care of some major diseases. Therefore, he said, PhilHealth must study the extent of what he termed as the co-payment that would be needed for those who can pay part if not all, the entire cost of care.

Ona then highlighted the need to enhance research capabilities and do in depth studies, not only in the country's situation but also how other countries are pursuing their efforts on universal health care.

Health Facilities. Complementing the health insurance coverage is improving access to quality health care facilities and services through the Health Facilities Enhancement Program (HFEP) where the upgrading and rehabilitation of 3,576 health facilities are either ongoing or have been completed – 29% are hospitals; 42% are rural health units with a birthing facility; and the rest are barangay health stations. The DOH is also ensuring that district hospitals have, at the minimum, a functioning operating room ready for emergency operations.

With this, Ona said the DOH has started training programs for Nurse Anesthetist. He also disclosed that the DOH is ensuring the Information Technology capacity of health facilities even down to the rural health units.

Ona added that 20 DOH hospitals are up for modernization through various strategies including public-private partnerships. He also reported that the preparation for the bidding of strategically-located nine (9) cancer centers for patients who need either chemotherapy or radiation therapy thru linear accelerator and eight (8) more centers that can do heart operations and even transplants are now ongoing.

Human Health Resources. To ensure that health facilities remain functional and not become "white elephants," several strategies are underway to address the gaps in health human resources.

Ona mentioned the *RNheals* (Registered Nurses for Health Enhancement And Local Service) where at the moment 22,500 nurses are scattered both in the rural health units and hospitals all over the country.

It started in 2010 as an emergency measure for the hundreds of thousands jobless nurses, but now it is time to take a closer look at this program. He said that the DOH is suggesting that half of the *RNheals*

nurses would be permanently included in the program of the national government and be paid the usual salary now of a regular nurse as our assistance to the local government units.

Moreover, Ona noted that the DOH has mandated all its regional medical centers to develop a residency program in Family Medicine through the Philippine Academy for Family Physicians to be participated in by the Doctors to the Barrios and interested municipal health officers.

Health Programs. Concrete actions to ensure that the country meets its health-related Millennium Development Goals of reducing maternal, infant and child mortality and morbidity include the deployment of the community health teams, doctors to the barrios and RNheals nurses. Ona said that with the entry of newly-elected mayors in 609 identified municipalities, the DOH has partnered with the Zuellig Family Foundation for Community Health Partnership Program to improve health governance and ultimately improve health outcomes at the local level.

Health Policies. Ona proudly mentioned the two landmark laws that

were passed last year – the Responsible Parenthood and Reproductive Health Act and the Alcohol and Tobacco Excise Tax. He said that among the priority bills the DOH is recommending to the President in the new Congress is an amendment to the devolution of health care under the Local Government Code.

The health chief said that there appears to be a consensus that the health system should be devolved up to the provincial level. However, he admitted that it will entail tremendous convincing of mayors because this move will have implications to the internal revenue allotment (IRA) for local governments.

Ona expects that this will be one of the discussions for the HSS Project.

Other Health Issues Up for Discussion

During the HSS Project launch, Former Health Secretary Esperanza Cabral seconded Ona's call for enhancing research capabilities especially in health policy and implementation. She said that accessible and accurate data benefits everyone in shaping the health system.

On the other hand, former Health Secretary Alberto Romualdez, Jr. shared the four domains of the health system that need to be focused on. These are: 1) recipient of care; 2) providers of care or the medical and professionals; 3) institutions, and; 4) policy making. He also reiterated that changing the way of health business as well as access to health services are important to health system evolution.

Other health issues and concerns presented by the audience as points for discussion included: access to medicines; integrity and ethical standards for pharmaceutical companies; ASEAN Harmonization on Traditional Medicine and Health; and the role of health maintenance organizations (HMOs) in universal health care.

In closing, Ona said, "The Department of Health needs everyone who is willing to lend a hand in our push towards UHC. The Health System Shapers is one such initiative wherein stakeholders in health can come together... define and work for the health care system that will translate the dream of health and productive Filipinos into reality."



(Photo by Dr Juan Antonio Ricarte)

PhilHealth: New President, New Law

New President

On June 18, 2003, Deputy Presidential Spokesperson Abigail Valte announced that President Benigno S. Aquino III named Alexander A. Padilla as a member of the board of directors of the Philippine Health Insurance Corporation (PhilHealth) and approved his nomination as the new president and chief executive officer (CEO) of the agency.

Valte also said that Padilla's appointment was stalled due to the appointments ban before the May 13 senatorial elections, when Health Secretary Enrique T. Ona was designated PhilHealth's officer-in-charge.

Padilla was previously appointed by Aquino as chief government negotiator tasked to handle the peace talks with the Communist Party of the Philippines (CPP), its political arm the National Democratic Front (NDF), and its armed wing the New People's Army (NPA).

He reportedly has given up his role as chief peace negotiator saying that the negotiations are not getting anywhere because of the conditions imposed by the communist rebels before the talks would proceed. These conditions include the government to abolish the conditional cash transfer, the military's Oplan Bayanihan, and PAMANA (PAYapa at MAsaganang PamayaNAn) – the national government's program and framework for peace and development implemented in areas affected by conflict and communities covered by existing peace agreements.

Padilla is a 56-year-old veteran human rights lawyer and has served as undersecretary of the Department of Health from May 2003 to November 2010. He moved to PhilHealth and became its chief operating officer before getting his present appointment as president and CEO.

New Law

On June 21, 2013, President Aquino signed Republic Act 10606 or the National Health Insurance Act of 2013, the law providing mandatory health care for all Filipinos, including indigent, elderly, abandoned children and persons with disabilities with the national government subsidizing their premium contributions.

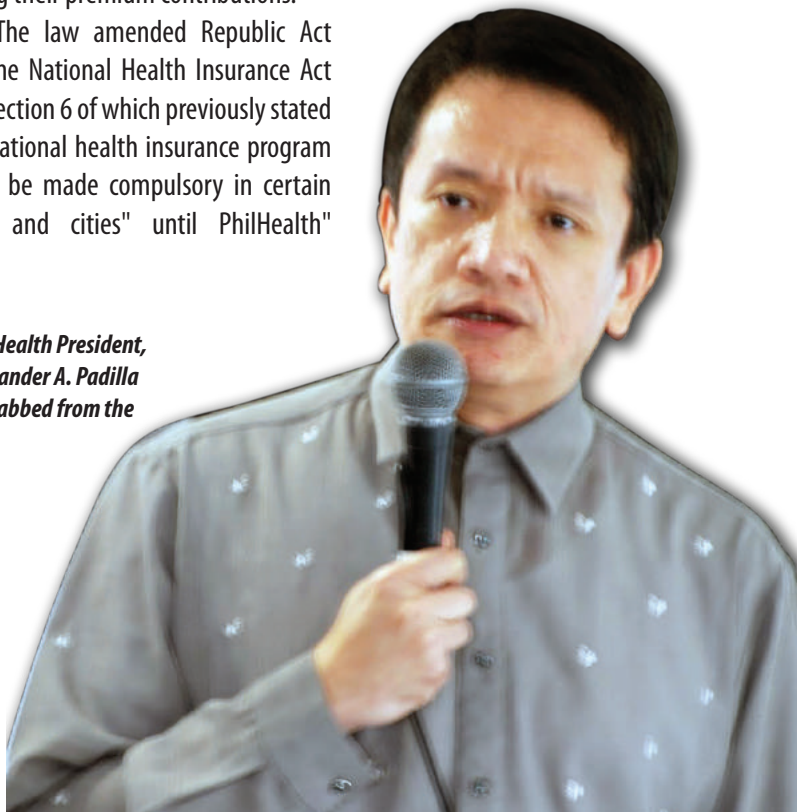
The law amended Republic Act 7875 or the National Health Insurance Act of 1995, Section 6 of which previously stated that the national health insurance program "shall not be made compulsory in certain provinces and cities" until PhilHealth

shall be able to ensure that members in such localities shall have reasonable access to adequate and acceptable health care services."

The provision is now amended to say that the program "shall be compulsory in all provinces, cities, and municipalities nationwide, notwithstanding the existence of local government unit- (LGU-)based health insurance programs" adding that the PhilHealth, DOH, LGUs and other agencies and NGOs "shall ensure that members in such localities shall have access to quality and cost-effective health care services."

The new law is a proof of the government's commitment to **Kalusugan Pangkalahatan** (universal health care).

*New PhilHealth President,
Atty. Alexander A. Padilla
(Photo grabbed from the
Internet)*





The winning local government units (LGUs) of the first Champions for Health Governance Awards as represented by (Front row, L-R) Mayor Matet Debuque - Anilao, Iloilo; Mayor Dahlia Loyola - Carmona, Cavite; Mayor Faustino Silang - Tayabas, Quezon; Mayor Belman Mantos - San Pablo, Zamboanga del Sur and Dr. Jaime Exconde, Jr. - City Health Officer, Valenzuela City. Joining them presenting the Awards are (Back row, L-R) Sanjiv Navangul, president and managing director of MSD; DOH Undersecretary Ted Herbosa; Leni Robredo, congresswoman-elect 3rd District of Camarines Sur and Kaya Natin! Board Member; DILG Undersecretary Austere Panadero and Dr. Mario Villaverde, associate dean of Ateneo School of Government.

Champions for Health Governance

Barangay emergency midwives, pageants for pregnant women, a customized ambulance for citizens living in the mountains dubbed “Sakyanan ni Nanay”, a diabetes club called “Sweet Company,” health councils dedicated to nutrition, Millennium Development Goals monitoring, tobacco control, and real-time financial reports.

These are just some of the exemplary initiatives developed by local government units (LGUs) around the country to improve the state of public health in their communities.

Kaya Natin!, a movement dedicated to good governance and ethical leadership, the Ateneo School of Government, the Department of Health (DOH), the Department of the Interior

and Local Government (DILG), and global pharmaceutical company MSD have chosen 5 LGUs that implement the country's best community and public health programs for the Champions for Health Governance Awards in its awards ceremony held June 20, 2013 at Bayleaf Hotel, Manila. These best cities and municipalities were honored for their program's effectiveness, innovation, leadership, and transparency and accountability.

Before awarding the five winners, there were 10 finalists, namely Anilao, Iloilo; Caloocan City; Carmona, Cavite; Marikina City; Opol, Misamis Oriental; San Mateo, Isabela; San Pablo, Zamboanga del Sur; Tagudin, Ilocos Sur; Tayabas, Quezon and Valenzuela City whose programs were selected out of 48 cities and municipalities

that have sent in their health initiatives for the competition.

These programs were also chosen based on the progress they have attained for each of the health-related Millennium Development Goals: reducing child mortality rates; improving maternal health; and reducing incidences of infectious diseases such as HIV/AIDS, malaria, and tuberculosis.

The LGUs underwent an intensive two-level review of entries by external experts in the area of public health and governance. From the screening, site visits and evaluation, the Champions for Health Governance Awardees that emerged are Valenzuela City; Carmona, Cavite; Tayabas, Quezon; Anilao, Iloilo; and San Pablo, Zamboanga del Sur. The 5 winning LGUs each received a cash grant to continue



Health Undersecretary Teodoro Herbosa said, "It is the communities that perform (well) that should be the ones that we give support to. With little money and resources, they were able to produce outstanding outcomes."

funding their local health programs.

"We are very proud to honor these local government units for the work that they have done to improve the quality and access to healthcare services in their areas," says Sanjiv Navangul, President and Managing Director of MSD in the Philippines. "With their work anchored in leadership with ethics and integrity, more communities

in the Philippines will be closer to achieving the health-related Millennium Development Goals, which not only improve and save lives, but also give a boost to our country's productivity."

For Harvey Keh, director for youth leadership and social entrepreneurship of the Ateneo School of Government, and lead convener of the Kaya Natin! Movement,

the awards celebrate the ingenuity and effectiveness of LGUs and their health units.

"Our finalists and our awardees have shown that the lack of resources is not a hindrance to providing their constituents with effective, responsive services," says Keh.

This statement was seconded by DOH Undersecretary Teodoro Herbosa, who said that these LGUs, despite being in fifth and sixth class municipalities thought up unique and creative ideas in health promotion stressing the importance of making the most of what a community could have. "It is the communities that perform (well) that should be the ones that we give support to," he said. "With little money and resources, they were able to produce outstanding outcomes."

The Champions for Health Governance Awardees and their communities are indeed true testaments to the power of good governance, where responsible, ethical leadership pays dividends, and where a collaborative environment thrives. The LGU's focus on innovation and efficiency in responding to the healthcare needs of their constituents truly contributes to the transformational change in our country's public health system.

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For more information on the Champions for Health Governance Awards, log on to <www.healthgovernance.weebly.com>, like us on Facebook at <[facebook.com/HealthGovernance](https://www.facebook.com/HealthGovernance)>, or follow us on Twitter at <twitter.com/healthgovawards>.

Oooooooooh...

DOH magpapakalat ng isang uri ng lamok para labanan ang lamok na nagdadala ng dengue...

Ewwwww...

Ang uri ng mga lamok na ito ay may dala-dalang katol.

*Joke seen on ABS-CBN Going Bulilit;
Clip art grabbed from the Internet.*



Time for Dengue Control

by
JOEREM P. CERIA, RN

DOH National Center for Health Promotion

Here comes the rainy days and among the various diseases on the Department of Health watch is dengue. Although the disease is no longer considered as seasonal because cases are seen the whole year round, dengue still surges during the rainy season.

In an effort to bring down dengue cases in massive numbers, the DOH re-launched this year the “4 o’clock habit” anti-dengue strategy in Batangas City on April 4 at the height of the summer months. Then, the DOH intensified its campaign in Cebu City on June 15 in observance of the ASEAN Dengue Day.

From January 1 – June 15, a total of 45,037 cases and 193 deaths were already reported by the DOH National Epidemiology Center. But compared to the same period last year, there were 1,299 fewer cases or 2.80% decline. Most of the dengue cases recorded are from Central Visayas (6,020 or 38.04% increase), CaLaBaRZon (5,046 or 18.38% decrease), Davao Region (4,513 or

22.40% increase), Western Visayas (5,109 or 95.30% increase), and SoCCKSarGen (4,394 or 131.08% increase). The high-risk areas are pinpointed predominantly in urban centers where there is poor environmental management of household waste.

The National Capital Region registered 3,073 cases (6,678 fewer cases or 67.54% decrease). Quezon City (677 cases or 77.34% decrease), Manila (556 cases or 66.08% decrease), Kalookan (369 cases or 67.29% decrease), Parañaque (193 cases or 67.18% decrease) and Valenzuela (198 cases or 63.20% decrease). The health chief warns that areas with lower incidence should not remain complacent as the dengue season peaks between August and September.

The 4 o’clock habit against dengue brings out a simple, practical countermeasure to reduce mosquito density to a level that makes dengue transmission manageable. An integrated mosquito control requires relentless, concerted efforts of community leaders and citizens to unite and attack the

problem at the source: eliminating mosquito breeding sites. Small-scale environmental or household insect spraying and quality and timely clinical management of dengue patients are likewise effective but with uncertain results if not too late.

Health Secretary Enrique T. Ona gave pointers on how to undertake the 4 o’clock habit. It is the back-to-basics STOP, LOOK & LISTEN approach. The preliminaries include mapping out high risk areas in a locality, organizing teams that will undertake critical response activities and establishing a system of communications for better coordination and sustained cooperation.

STOP means “dropping” everything and shifting current task for mosquito control. LOOK means that around 4 o’clock and until next hour, assigned teams carry out systematic “search and destroy” activities that will identify and eliminate mosquito-breeding sites. LISTEN entails heeding the instructions from local authorities,



Health Secretary Enrique T. Ona during the ASEAN Dengue Day in Cebu City in Central Visayas – the region with the most number of recorded cases in the first half of the year. The health chief urged everyone to do the “4 o’clock habit.” (Photos by Paking Repelente)



community leaders, or work supervisors for synchronous implementation of the 4 o'clock habit. This can be done on a daily basis, or at least on a weekly basis based on institutional capacity and prevailing resources.

Ona also urged the newly-seated local government officials to make dengue control one of their top priorities. He announced that the DOH has already inked a pact with the Department of the Interior and Local Government (DILG) as well as the Department of Science and Technology (DOST) and the Department of Education (DepEd) to collaborate on dengue control efforts nationwide.

The DILG leads all local government units to implement the Aksyon Barangay Kontra Dengue in high-risk communities, while the DOST, DepEd and the DOH scale up the home-grown ovicidal-larvicidal (OL) mosquito trap in selected schools located in areas known to have high dengue cases.

The DOST provides free 700,000 OL trap kits in schools, with the assistance of DepEd. The DOH, on the other hand, will identify high dengue sites, distribute the OL traps and study its effectivity.



Health Secretary Enrique T. Ona and Science and Technology Secretary Mario Montejo demonstrate the home-grown ovicidal-larvicidal (OL) mosquito trap technology to Kamuning Elementary School students and media practitioners. (Photo by Paking Repelente)

An OL trap kit consists of a black container, a lawanit paddle where mosquitos lay their eggs and a pack of pellets used to make a solution that kills eggs and larvae of mosquitoes. The OL traps will be used in monitoring dengue cases in schools as well as barangays.

On June 20, Ona and DOST

Secretary Mario Montejo led the launching of the installation of OL traps in Kamuning Elementary School in Quezon City.

"Dengue needs urgent action and we need it now. In the absence of the usual cures and vaccines, we have to rely on the basics of early prevention and community action," Ona concluded.

Dance Against Dengue



Health Assistant Secretary Enrique A. Tayag led the world-famous Cebu Provincial Detention and Rehabilitation Center (CPDRC) Dancing Inmates in a dance video for dengue prevention and control. Tayag and the inmates danced to several tunes, including a children's song that carry the message "*Walang lamok, walang dengue.*"

The video can be seen in YouTube with the title, "Dance against dengue with ASec. Eric Tayag and Cebu inmates."



LEFT: Anti-dengue misting/spraying drive in bus terminals along EDSA. **RIGHT:** MMDA General Manager Corazon T. Jimenez and DOH-NCR Director Eduardo C. Janairo answer queries from the media.

DOH-NCR & MMDA Joint Effort

Anti-Dengue Drive in Metro Manila

The Department of Health-National Capital Region (DOH-NCR) together with the Metropolitan Manila Development Authority (MMDA) conducted a joint anti-dengue spraying, disinfection and clean-up drive of bus terminals located along EDSA on July 12, 2013.

"We are targeting bus terminals because mosquitoes also travel by bus coming from neighboring regions and provinces of Metro Manila. And passengers who are sleeping in terminals while waiting for their trip home may be bitten by these mosquitoes. Also, there are travelling passengers who already have fever and when bitten by a mosquito, the virus can be transferred to another passenger by the same mosquito," Regional Director Eduardo C. Janairo explained.

"We have started the campaign against dengue in the region in 2011 with a total of 25,533 cases, now we have only 3,837 dengue cases. This is due to the support and coordination of the MMDA, Department of Education, Department of

Interior and Local Government, Department of Science and Technology, barangay officials and the continuous reporting of suspected cases by the community. We also extend our gratitude to bus companies for their support to our anti-dengue campaign," Janairo stated.

He clarified that the chemicals used for spraying are certified environment friendly by the Fertilizer and Pesticide Authority. "One droplet is enough to kill mosquitoes and other insects such as cockroaches and even flies. The affectivity can last up to three months," Janairo added.

During the joint anti-dengue drive, misting/spraying water-based insecticide by DOH-NCR started at 6:30 a.m. with a simultaneous clean-up operation by the MMDA and distribution of flyers and posters on dengue by health workers. Water holding containers were emptied; esteros and gutters will be inspected and cleaned. Garbage cans, comfort rooms and waiting areas were disinfected to prevent the spread of bacteria. Open canals and stagnant waters

were treated with larvicide to kill the eggs and larvae.

Among the bus companies that were sprayed and disinfected were RJ Express, Inc., Victory Liner Inc., First North Luzon Transit, JAM Liner, Ceres Tours, JAC Liner Inc., Florida Bus, DLTB Bus Co., ALPS Bus Co., AB Liner, Lucena Lines, Dominion Bus Lines, Dalin Bus, Viron Transit, Super Lines Trans, Co. Inc., Raymund Transportation, Five Star Bus Co., Santrans, Inc., ES Transport, Genesis Transport Service, Inc., HM Transport, Inc., Partas Bus Co., N. Dela Rosa Transit, Ferminas Bus Co., Philtranco and Isarog Lines.

The 3,837 dengue cases covered the period from January 1 to June 29, 2013 as reported by the Regional Epidemiology Surveillance Unit. Quezon City has the most number of cases with 922, followed by Manila City with 614 and Caloocan City with 470. Nine deaths were reported.

"Our target is zero-dengue case in Metro Manila and we can do it with the assistance and cooperation of all," Janairo concluded.

Responsible Drinking

by
GLEN S. RAMOS
HEALTHbeat Staff

When we say “party,” we already have wine, beer and liquor in mind. The more beer or alcoholic drinks, the merrier the party becomes as most habitual drinkers agree. Drinking is enjoyable and fun when done moderately and responsibly.

Drinking has become a norm in gatherings, parties and social events everywhere in the country. According to some party buffs, drinking livens up the party and removes everyone’s inhibitions. But drinking may also lead to undesirable results.

In launching Pilipinas Go4Health – a healthy lifestyle movement targeting the children and young adults in forming four healthy behaviors (1. physical activity, 2. healthy diet, 3. no smoking, and 4. avoiding the harmful use of alcohol) to prevent the

“fatal four” diseases (1. cardiovascular disease, 2. cancer, 3. diabetes, and 4. chronic obstructive respiratory disease) – the Department of Health reiterates that the effect of alcohol on health is complex and each body is built differently that for some people, even mild alcohol use carries major health risks, while for others, moderate drinking may offer some degree of health benefits.

There are also various health and social concerns related to alcohol consumption that include but not limited to 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. The DOH has not determined

exactly how much alcohol is to be consumed before these harmful effects happen. Therefore, the general advise for the public is that it is much better not to drink alcohol at all or to drink less.

Before indulging into drinking, you should know your limitation and the situation you are in. Always consider your own safety and that of everyone in the place. Being a responsible drinker means knowing when to drink, how much to drink and being in control. Like the old saying goes, “Always put whatever alcohol you drink in your stomach; and don’t let any of it get into your head.” Or else, all hell breaks loose.

Dr Jose Mari Castro, Medical Specialist II and head of the Health Emergency and Management Staff of the Department of Health - National Capital



LEFT: Dr Jose Mari Castro, Medical Specialist II and head of the Health Emergency and Management Staff of the Department of Health - National Capital Region. **RIGHT:** Dr Castro is interviewed by Edu Manzano on health concerns in TV5 Good Morning Club.

Region, defines responsible drinking as knowing your limit and being in control over what and how much you drink.

"There are various forms of alcoholic drinks like beer and wine. Drinking responsibly means you never have to say or feel sorry for whatever happen while you were drinking. One can drink without becoming drunk. A person can also experience enjoyment and pleasure from drinking if he/she desires to drink responsibly," Castro explained.

He advised those planning to drink outside their home, to best plan ahead on how to get back home safely. Get help from people you trust if necessary. When in a bar, do not leave your drink unattended to prevent others from spiking it. If you are drinking with a friend, attend to him/her if he/she consumed too much. And better to not drink at all if you are planning to

do precarious activities like driving and swimming.

Alcohol abuse is a major cause for concern due to its well-known toxicity in the brain, the heart, the liver and its relationship to accidents.

Castro emphasized, "If you don't drink, don't start." But he added, "If you choose to drink, there are ways to make safety and health a priority when drinking."

"Keep track of how much you consumed. You should finish your drink before refilling so that you can keep track of how much you drank. Set a limit and stick to it. Women should only drink two standard drinks a day and men should drink only three standard drinks a day, no more no less," he added.

"The effects of alcohol in men and women are different. In general, women tend to be smaller with a higher percentage

of body fat and lower percentage of water. There are implications that excessive alcohol consumption is a risk factor for osteoporosis and breast cancer," Castro said.

He further stated that although some studies claim that one glass of alcohol each day helps in the proper functioning of the heart, excess alcohol can also affect its vital operations. It would not be able to pump the required amount of blood needed to other parts our body. Too much alcohol may also affect the functioning of our endocrine glands which are responsible for secreting growth hormones, tissue function, metabolism, among others. Moreover, drinking weakens the immune system.

Alcohol is a central nervous system depressant. When taken in excessive amount, it has a harmful effect on human body and causes liver cirrhosis, increased risk of cancer, coma, and in some cases, even death.

"Don't allow yourself to be pressured to drink more. Never mix your drink with other alcohol, dangerous drugs or even medicines. Don't treat alcoholic drinks as thirst quenchers. Most important is to eat before and even during drinking. Have a low alcohol alternative to avoid being intoxicated," Castro warned.

He also warned drinkers to avoid unfamiliar drinks like zombies and other fruit and rum concoctions because the amount of alcohol cannot be measured and it is a mixture of two or several alcohol which can cause immediate intoxication.

"When you attend social occasions and decide to take a drink, make sure that it improves your social affairs and not harm your social standing," he concluded.

Drunk and Drugged Driving

On May 27, 2013, President Benigno S. Aquino III signed Republic Act No.

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Photo by Joerem P. Ceria





10586, An Act Penalizing Persons Driving Under the Influence of Alcohol, Dangerous Drugs and Other Similar Substances, also known as the "Anti-Drunk and Drugged Driving Act of 2013".

The primary objective of the law is to ensure road safety among pedestrians, commuters and drivers. Admonishment against drunk driving comes with strict penalties such as penalties amounting to as high as P500,000 and a corresponding jail term for violators.

The law mandates various government agencies including the Land Transportation Office, Philippine National Police, Metropolitan Manila Development Authority and deputized local traffic enforcers to conduct field sobriety, chemical and confirmatory tests on suspected drunk drivers.

A law enforcement officer who has probable cause to believe that a person

is driving under the influence of alcohol, dangerous drugs and/or similar substances by apparent indications and manifestations may pull over motorists on suspicion of driving under the influence (DUI).

Significant signs of a DUI are "overspeeding, weaving, lane straddling, sudden stops, swerving, poor coordination, evident smell of alcohol in a person's breath or signs of use of dangerous drugs and other similar substances.

Traffic enforcers use a breath analyzer (breathalyzer) to determine the level of alcohol in the blood of a person by compelling the person to breathe through the gadget.

Although the law does not specify the "level of intoxication" needed to fall within the definition of DUI, the law gives the determination of a DUI threshold level to the Department of Health, National Police Commission and Department of

Transportation and Communication.

The United States set the current blood alcohol level limit at 0.08 percent for a DUI. The World Health Organization recommends an alcohol blood level of 0.05. Blood alcohol content (BAC) measures the amount of alcohol per 100 mg of blood. A BAC of 0.05 percent means 50 mg of alcohol per 100 ml of blood. It can be equivalent to four to five bottles of alcoholic beverages, the effect of which depends on the body built of a person or how the body can fast absorb alcohol.

Motorists suspected of driving under the influence of illegal drugs will be brought to the nearest police station for drug testing by law enforcers.

Section 7 of the act provides compulsory alcohol and/or chemical testing, including a drug screening test to be done to drivers involved in motor accidents, as mandated by Republic Act No. 9165

(Comprehensive Dangerous Drugs Act of 2002).

The law also demands "direct liability of operators and/or owner of the offending vehicle" of public utility vehicles, delivery vans, cargo trucks, container trucks, school and company buses, hotel transports, cars or vans for rent and taxi cabs. The offending driver and the owner of the vehicle will be principally held liable for civil damages.

The range of penalties is from three-month imprisonment and fines of Php 20,000 to Php 80,000 if there are no physical injuries incurred during the violation. Fines of Php 100,000 to Php 200,000 and the penalty for imprisonment will be provided depending on the violations involved. If there is homicide, the fine goes up to Php 300,000 to Php 500,000, with the penalty of imprisonment.

Under Section 4, the law mandates every driver to be educated on safe driving, including the consequences of driving or operating a motor vehicle under the influence of alcohol and illegal drugs as part of the procedure for acquiring or renewing a driver's license.

The Land Transportation Office shall confiscate and suspend for 12 months the license of a non-professional driver for the first conviction of DUI. Second conviction means revoking of the driver's license.

For professional drivers, their license would be confiscated and permanently revoked for the first conviction, which shall be the basis to disqualify the driver from "being granted any kind of driver's license afterwards."

Refusal to comply with mandatory tests for field sobriety and drug tests will result in confiscation and automatic revocation of license, aside from "other penalties provided and/or other pertinent laws."

beatBOX



Obesity is a Disease

The American Medical Association has declared on June 18, 2013 that obesity is a disease. So if you still see chubby children as cute and cuddly, well now they are to be regarded as having an illness, that is if you're living in the US.

But think about this. Non-communicable diseases (NCDs) have their origins set at very young ages, thus healthy lifestyle must be taught as young as possible. Data from the 7th National Nutrition Survey (2008) conducted by the Food and Nutrition Research Institute of the Department of Science and Technology, show that two (2) out of 100 children, 0-10 years old, are overweight.

You may think that this is still not an alarming figure. 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.

ABOUT THE PHOTO

Lizelle Christine F. Jusayan of the National Center for Health Promotion and Jose Lorenzo P. Dizon (student doing on-the-job training) share a moment of "hypertensive sweetness." (Photo provided by Brian Aviguetero)

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

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



Patingin Ka Na!

Parang

ROMY: 'Pre, parang lalagnatin ako...
ARIEL: Eh 'di uminom ka ng gamot.
Malay mo, parang gagaling ka!

Tingin

JULIAN: 'Tay, masama ang pakiramdam ko.
JUN: Aba, mataas nga ang lagnat mo! Patitingnan kita sa duktor.
JULIAN: 'Tay, nakakatamad eh. Kung titingnan niya lang pala ako, ipapadala ko nalang sa inyo ang piktyur ko.

Safe

MIGZ: Matanong ko lang, ano ang ginagawa mo para maging safe sex?
LORRIE: Ang mga boyfriend ko kasi ngayon ay may kinakasama na, kaya sinisigurado ko na naka-lock ang pinto.

Exciting

GRACE: Mare, alam mo ba na ang pagsisiping naming mag-asawa ay 'yung bang tinatawag namin na "OLYMPIC SEX".
DELIA: Wow! Napaka-exciting siguro talaga ng sex life ninyo ni Mister.
GRACE: Hindi nga eh. Kasi nangyayari lang 'yun once every four years.

Botika

RAUL: Miss, ano ba ang mabisang gamot sa sinok?
At sinampal siya ng Pharmacist...
RAUL: Aray! Ba't mo ko sinampal?
PHARMACIST: Well, tingnan mo wala ka nang sinok, 'di ba?
RAUL: Bwisit! Hindi ako ang may sinok kundi 'yung Misis ko na nag-iintay sa kotse!

Galit

ERIKA: Dok, nag-aalala ako sa kapatid ko. Dati kasi kinakausap niya ang sarili niya! Pero ngayon, hindi na niya ginagawa yun!
DOK: Aba eh di mabuti! Senyales yun na gumagaling na siya. Eh ano naman daw ang dahilan at 'di na niya kinakausap ang sarili niya?
ERIKA: Magkagalit na daw sila!

Tampo

AU: Hindi mo ako naiintindihan!
JERRY: Anong ibig mong sabihin?

Benta

PARI: Hija, alam mo bang kasalanan sa Diyos ang magbenta ng laman?
JOAN: Alam ko po, Father. Pero sino naman po ang bibili kung magbebenta ako ng buto???

Lihi

CHE: Babe, gising please... Gusto ko ng egg pie.
DENNIS: Mag pregnancy test ka muna. Kapag positive kahit saan ibibili kita ng egg pie. Kapag hindi mag-DIET ka!

Takot

NELSON: Pare, masyado na akong tinatakot ng Misis ko at humihingi pa ng sustento ngayon.
FRANCIS: Hindi ba matagal na kayong hiwalay??
NELSON: 'Yun nga eh. Kapag hindi daw ako magbibigay, babalik daw siya sa akin!

Ayaw

MANNY: Ano ang tawag sa babaeng ayaw makipag-date?
MARIVIC: Eh 'di pakipot! Ano naman ang tawag sa lalaking ayaw magkipag-date?
MANNY: Ano?
MARIVIC: Eh, 'di kuripot!

Bara

DONATO: Bakit mo ba ako laging binabara??
ANGIE: Eh, mukha ka kasing inidoro!!!

DOH Red Orchid Awards 2013

by

ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

Now on its 4th Year

The Department of Health's Red Orchid Awards 2013 – the search for 100% Tobacco-Free Environments, particularly local government units, government offices and government hospitals – was successfully held in three zonal awarding ceremonies in June that culminated in the national awarding ceremony at the Philippine International Convention Center on July 2.

The zonal awarding ceremonies were held at the: Crown Plaza Galleria Hotel in Pasig City on June 4 for Luzon; Sarrosa International Hotel in Cebu City on June 13 for the Visayas; and SMX Convention Center – SM Lanang Premier in Davao City on June 20 for Mindanao.

Now on its fourth year, the DOH decided to conduct four awards ceremonies this year because of the increasing number of institutions wanting to be tobacco-free each year. From merely 46 finalists and 8 winners in 2010, the number went up to 89 finalists and 30 winners in 2011, and even rose further to 113 finalists and 86 winners last year.

This year, a total of 170 institutions comprising of 2 provinces, 14 cities, 44 municipalities, 35 government offices, 15 DOH centers for health development (CHDs or regional offices), 60 government hospitals vied for the distinction of being proclaimed as Red Orchid awardees. This means local government units and government offices must score between 90% and 100% while government hospitals and DOH regional

offices must score between 95% and 100% during the validation visits conducted by teams coming from the DOH, Civil Service Commission, Philippine Ambulatory Pediatric Association and Framework Convention on Tobacco Control Alliance Philippines (FCAP).

The scores were based on the strength of their comprehensive efforts to implement a 100% Tobacco-Free Environment following the World Health Organization's (WHO's) "MPOWER" initiative, which served as basis for setting the indicators for the DOH awards. MPOWER is an acronym that denotes the six proven tobacco control policies, namely: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn against the

dangers of tobacco; Enforce bans on tobacco advertising; and Raise taxes on tobacco.

Validation of cities and municipalities involved not only looking at policy and program documents but also random monitoring visits to offices, health facilities, schools, public markets, retail stores, transport terminals and communities. Meanwhile, in order for a provincial government to be recognized, its capitol, health office, and hospital must be 100% tobacco-free.

An LGU, office or hospital implementing stricter regulation more than what have been set by the indicators may get bonus points, thus some institutions may get a grade more than 100%. It means that the institution is raising the bar in implementing tobacco control measures.



Health Assistant Secretary Paulyn Jean Rosell-Ubial, overall chair of the DOH Red Orchid Awards, signals the Number 4 for the fourth year the DOH has been holding the search for 100% tobacco-free environments. (Photo by Paking Repelente)



Health Secretary Enrique T. Ona delivers his keynote address before a jam-packed crowd during the DOR Red Orchid Awards Hall of Fame National Awarding Ceremony at the Philippine International Convention Center on July 2, 2013. (Photo by Paking Repelente)



The World Health Organization takes the Red Orchid Award Hall of Fame Awarding ceremony at the Philippine International Convention Center on July 2, 2013 to present the World No Tobacco Day Award 2013 to President Benigno S. Aquino and the Philippines Sin Tax Team. In the photo, Dr Julie Hall and Dr Susan Pineda-Mercado award Senator Franklin Drilon, Representative Isidro T. Ungab, Bureau of Internal Revenue Commissioner Kim Henares and Health Secretary Enrique T. Ona. President Benigno S. Aquino III and Finance Secretary Cesar Purisima were not able to attend the ceremony. (Photo by Paking Repelente)

Meanwhile, institutions whose scores do not reach the top range of scores are considered runners-up. LGUs and offices

that scored between 70% and 89% and hospitals and DOH regional offices that scored between 75% and 94% received the

Pink Orchid Awards. On the other hand, LGUs and offices that scored between 60% and 69% and hospitals and DOH regional offices that scored between 65% and 74% received the White Orchid Awards. Institutions that got a score below these ranges were given Certificates of Participation for their efforts to be tobacco-free.

There was a twist in handing the awards this year in all categories – the scores of the institutions were announced and they were ranked accordingly. Health Assistant Secretary Paulyn Jean Rosell-Ubial, the Red Orchid Awards chairperson, said, “We will make substance to the title 100% Tobacco-Free Environments by announcing how much an institution has achieved in enforcing its tobacco control measures.” This year, 118 of the 170 institutions got a score of 100% and above.

The Red Orchid awardees in any category will receive a specially-designed trophy, a mounted certificate and a tarpaulin. Only the Red Orchid LGU awardees will receive an additional P100,000 worth of diagnostic kits for non-communicable diseases (NCDs) courtesy of the DOH National Center for Pharmaceutical Access and Management. The runners-up received a mounted certificate and a tarpaulin.

Hall of Fame Honorees & Special Awards

This year, 24 institutions comprising of 2 cities, 10 municipalities, 1 government office, 9 hospitals and 2 DOH CHDs were elevated to the DOH Red Orchid Awards Hall of Fame for winning for three consecutive years.

These institutions now belong to the elite Hall of Fame honorees adding up to last year's 5 LGUs and 2 CHDs, namely: Calauag, Quezon; Davao City; Legazpi City; Maasin City; Talisayan, Misamis Oriental;



Health Secretary Enrique T. Ona, Health Assistant Secretary Paulyn Rosell-Ubial, World Health Organization Country Representative Julie Hall and House Representative Ismael Del Norte, Nueva Vizcaya; Dupax del Sur, Nueva Vizcaya; Solano, Nueva Vizcaya; Calatrava, Romblon; Buenavista, Guimaras; Amlan, Negros Oriental; Naval, Biliran; Alama

CHD-Cordillera Administrative Region; and CHD-SoCCSKSarGen or Region 12.

The Hall of Fame honorees received a specially-designed trophy, mounted certificate and tarpaulin, and each of the LGU awardees received an additional P500,000 (minus the tax) cash grant to be used in sustaining the implementation of tobacco control measures.

The Red Orchid Awards committee decided to also recognize with a Special

Award two government offices for breaking new ground in tobacco control.

First is the Philippine Amusement and Gaming Corporation (PAGCOR) in Iloilo City for making its casino tobacco-free and proving that such policy does not affect nor reduce revenues, and in fact it is good for business as well as for people who frequent and for the people who work in the casino.

Second is the National Parks Development Committee in the City of

Manila for making the 54-hectare Rizal (Luneta) Park clean and smokefree by deploying enforcers to look out and apprehend violators who can be fined from P500 to P10,000 or from 8 hours to 16 hours of community service, depending on the number of offenses made.

Implementing tobacco-free policies is a key intervention in preventing the damaging effects of smoking and exposure to secondhand smoke. It also provides a



Andro Ungab pose with local government executives and health officials of the 12 Red Orchid Hall of Fame cities and municipalities, namely: Balanga City; Roxas City; Dupax da, North Cotabato; Tantaran, South Cotabato; and Vuel, Agusan del Sur.

healthy and pleasant environment to live, work and play.

Dirty Ashtray Citation

ASecUbial also announced that the DOH executive committee is contemplating on giving out "Dirty Ashtray Citations" next year to DOH offices and hospitals that fail to enforce the provisions of Republic Act (RA) 9211 (Tobacco Regulation Act of 2003) where

it declares an absolute smoking ban in health and hospital facilities as well as in centers of youth activity. The health facilities that will receive this citation will be publicized and posted in the DOH publications, websites and social media networks.

Aside from RA 9211, the Red Orchid Awards is meant to advocate and promulgate DOH Administrative Order 2009-0010 and Civil Service Commission Memorandum Circular No. 17, dated May 29,

2009 on the 100% smoke-free environment policy, and most especially to push for the full implementation of the World Health Organization Framework Convention on Tobacco Control which the Philippines ratified and put into force since September 2005.

The Red Orchid Awards is a major activity of the National Center for Health Promotion, also designated as the DOH National Tobacco Control Coordinating Office.



DOH RED ORCHID AWARDS 2013

The Complete List of Winners & Finalists

HALL OF FAME HONOREES

CITY GOVERNMENT

REGION	
3	Balanga City
6	Roxas City

MUNICIPAL GOVERNMENT

REGION	
2	Dupax del Norte, Nueva Vizcaya
2	Dupax del Sur, Nueva Vizcaya
2	Solano, Nueva Vizcaya
MiMaRoPa	Calatrava, Romblon
6	Buenavista, Guimaras
7	Amlan, Negros Oriental
8	Naval, Biliran
12	Alamada, North Cotabato
12	Tantangan, South Cotabato
CARAGA	Veruela, Agusan del Sur

GOVERNMENT OFFICE

REGION	
2	Provincial Health Office, Nueva Vizcaya

GOVERNMENT HOSPITAL

REGION	
NCR	Quirino Memorial Medical Center
CAR	Luis Hora Memorial Regional Hospital
1	Mariano Marcos Memorial Hospital and Medical Center
2	Nueva Vizcaya Provincial Hospital
CaLaBaRZon	Tagaytay Treatment and Rehabilitation Center
MiMaRoPa	Ospital ng Palawan
6	Corazon Locsin Montelibano Memorial Regional Hospital
6	Western Visayas Sanitarium
12	Cotabato Regional and Medical Center

DOH CENTER FOR HEALTH DEVELOPMENT

REGION	
5	CHD Bicol Region
6	CHD Western Visayas

SPECIAL AWARD RECIPIENTS

REGION	
6	Philippine Amusement and Gaming Corporation – Iloilo City
NCR	National Parks Development Committee (Rizal Park, Manila)

RED ORCHID AWARDEES

PROVINCIAL GOVERNMENT

REGION		SCORE
10	Misamis Occidental	105%
2	Nueva Vizcaya	102%

CITY GOVERNMENT

REGION		SCORE
6	Iloilo City	101%
2	Santiago City	101%
9	Dipolog City	100%
NCR	Marikina City	96%
11	Panabo City	94%
12	Kidapawan City	91%

MUNICIPAL GOVERNMENT

REGION		SCORE
12	Esperanza, Sultan Kudarat	101%
2	Kasibu, Nueva Vizcaya	101%
CaLaBaRZon	Carmona, Cavite	100%
2	Diadi, Nueva Vizcaya	100%
6	Dumalag, Capiz	100%
7	Mabinay, Negros Oriental	100%
6	New Lucena, Iloilo	100%
9	Ambaguio, Nueva Vizcaya	99%
6	Anilao, Iloilo	99%
2	Quezon, Nueva Vizcaya	99%
12	Tupi, South Cotabato	99%
7	Bindoy, Negros Oriental	98%
1	San Gabriel, La Union	98%
6	Sta. Barbara, Iloilo	98%
2	Villaverde, Nueva Vizcaya	98%
8	Hinunangan, Southern Leyte	97%
8	San Juan, Southern Leyte	97%
1	Alilem, Ilocos Sur	96%
1	San Juan, La Union	96%
1	Bauang, La Union	95%
8	Pintuyan, Southern Leyte	95%
9	Dumingag, Zamboanga del Norte	94%
12	Makilala, Cotabato	94%
5	San Jacinto, Masbate	93%
8	Libangon, Southern Leyte	91%

GOVERNMENT OFFICE

REGION		SCORE
12	68th Infantry (Kaagapay) Battalion, 210, PA	105%
6	Bureau of Jail Management and Penology – Bago City	105%
1	Civil Service Commission – Region 1	105%
1	Department of Education – Region 1	105%
1	Nueva Vizcaya Police Provincial Office	105%
10	Department of Budget and Management – Region 10	103%
12	Civil Service Commission – Region 12	102%
10	Misamis Occidental Provincial Health Office	102%
CAR	Benguet Provincial Health Office	100%
CAR	Commission on Population - CAR	100%
11	Compostela Provincial Capitol	100%
10	Department of Education – Misamis Occidental	100%
10	Land Transportation Office – Region 10	100%
2	Philippine National Police – Santiago City	100%
6	PhilHealth – Region 6	98%
2	National Food Authority – Santiago City	98%
ARMM	Regional Planning and Development Office	97%
2	Bureau of Jail Management & Penology – Santiago City	95%
NCR	Bangko Sentral ng Pilipinas	95%
NCR	Metropolitan Manila Development Authority	95%
CARAGA	Butuan City Jail	90%
11	Civil Service Commission – Region 11	90%

GOVERNMENT HOSPITAL

REGION		SCORE
CAR	Baguio General Hospital and Medical Center	100%
CAR	Barlig District Hospital	100%
CAR	Conner District Hospital	100%
12	Cotabato Sanitarium	100%
8	Eastern Visayas Regional Medical Center	100%
CAR	Far North Luzon General Hospital and Training Center	100%
10	Hilarion Ramiro Sr. Regional Training and Teaching Hospital	100%
1	Ilocos Training and Regional Medical Center	100%
CAR	Kapangan District Hospital	100%
2	Kasibu Municipal Hospital	100%
9	Margosatubig Regional Hospital	100%
3	Mariveles Mental Hospital	100%
10	Misamis Occidental Provincial Hospital	100%
NCR	National Children's Hospital	100%
10	Northern Mindanao Medical Center	100%
1	Region 1 Medical Center	100%
12	Roel Senador Memorial Hospital	100%
8	Schistosomiasis Control and Research Hospital	100%
2	Southern Isabela General Hospital	100%
7	Talisay District Hospital	100%

REGION		SCORE
2	Veterans Regional Hospital	100%
NCR	Amang Rodriguez Memorial Medical Center	98%
5	Bicol Regional Training and Teaching Hospital	98%
5	Bicol Sanitarium	98%
7	Eversley Child's Sanitarium General Hospital	98%
CAR	Mayoyao District Hospital	98%
7	Vicente Sotto Memorial Medical Center	98%
3	Bataan General Hospital	97%
CARAGA	CARAGA Regional Hospital	97%
2	Dupax District Hospital	97%
3	Jose B. Lingad Memorial Regional Hospital	97%
6	Don Jose Monfort Medical Center Extension Hospital	97%
3	Paulino J. Garcia Memorial Research & Medical Center	97%
3	Talavera Extension Hospital	97%
5	Bicol Medical Center	95%
NCR	Rizal Medical Center	95%
11	Southern Philippines Medical Center	95%
9	Zamboanga Medical Center	95%

DOH CENTER FOR HEALTH DEVELOPMENT

REGION		SCORE
CaLaBaRZon	CHD – CaLaBaRZon	104%
11	CHD – Davao Region	104%
1	CHD – LUPang Ilocos	104%
ARMM	CHD – ARMM	102%
CARAGA	CHD – CARAGA	100%
7	CHD – Central Visayas	100%
8	CHD – Eastern Visayas	100%
MiMaRoPa	CHD – MiMaRoPa	100%
10	CHD – Northern Mindanao	100%
2	CHD – Cagayan Valley	94%

PINK ORCHID AWARDEES

CITY GOVERNMENT

REGION		SCORE
7	Bayawan City	87%
10	Oroquieta City	87%
CARAGA	Bislig City	85%
1	San Fernando City, La Union	81%
NCR	Makati City	80%

MUNICIPAL GOVERNMENT

REGION		SCORE
2	Aritao, Nueva Vizcaya	88%
2	Bayombong, Nueva Vizcaya	87%
7	Valencia, Negros Oriental	84%

REGION		SCORE
6	Cabatu-an, Iloilo	83%
8	Anahawan, Southern Leyte	82%
1	Rosario, La Union	82%
6	Ma-asin, Iloilo	78%
9	Roseller T. Sim, Zamboanga Sibugay	72%

GOVERNMENT OFFICE

REGION		SCORE
ARMM	Department of Transportation and Communication	89%
12	Polomolok Municipal Police Station	88%
CARAGA	Surigao del Sur District Jail	88%
1	Ilocos Norte Water District	77%
6	Civil Service Commission – Region 6	76%
3	Philippine National Police – Balanga City	76%

GOVERNMENT HOSPITAL

REGION		SCORE
NCR	Dr. Jose N. Rodriguez Memorial Hospital	90%
6	Western Visayas Medical Center	90%
7	Saint Anthony Mother and Child Hospital	89%
NCR	San Lorenzo Ruiz Women's Hospital	89%
NCR	Lung Center of the Philippines	88%
6	Tabiana Memorial District Hospital	88%
7	Gov. Celestino Gallares Memorial Hospital	85%
7	Don Emilio del Valle Memorial Hospital	82%
7	Siaton District Hospital	82%
MiMaRoPa	Culion Sanitarium	77%
11	Davao Regional Hospital	75%

DOH CENTER FOR HEALTH DEVELOPMENT

REGION		SCORE
3	CHD – Central Luzon	90%
NCR	CHD – National Capital Region	88%
9	CHD – Zamboanga Peninsula	88%

WHITE ORCHID AWARDEES

CITY GOVERNMENT

REGION		SCORE
ARMM	Marawi City	54%

MUNICIPAL GOVERNMENT

REGION		SCORE
3	San Felipe, Zambales	63%

GOVERNMENT OFFICE

REGION		SCORE
11	Davao del Norte District Jail	69%
11	Department of the Interior and Local Government – Region 11	68%
1	Pag-ibig Fund – La Union	60%

GOVERNMENT HOSPITAL

REGION		SCORE
CaLaBaRZon	Batangas Medical Center	71%

CERTIFICATE OF PARTICIPATION

GOVERNMENT HOSPITAL

REGION		SCORE
CaLaBaRZon	New Horizon Treatment and Rehabilitation Center	63%

GOVERNMENT OFFICE

REGION		SCORE
3	Commission on Population – Region 3	40%



Beat Tobacco
The DOH National Tobacco Control Coordinating Office Website

www.beat-tobacco.ph



www.facebook.com/beat.tobacco.ph



www.youtube.com/user/BeatTobacco

Pinoy Tayo!

Pinoy

Mag-asawa papasok sa hotel...
RECEPTIONIST: Tsek-in po kayo?
FLORANTE: Hindi... Noy-pi kami.

Balikbayan

BOY: *(Sa hospital)* Honey, bakit mukhang Amerkano itong bagong baby natin, wala naman sa lahi natin ito ah.
AILEEN: 'Di ba Hon, mahilig ka sa imported. Iyong mga kotse natin, German made. Ang appliances natin halos lahat Japan made. Eh 'yung jewelries na binigay mo sa akin, mostly European made. Kaya itong baby natin, may pagka-American made.

Headphone

ELLEN: Honey, sabi ng stewardess pwede raw nating iuwi itong headphones.
EMAN: Aanhin natin yan? Wala naman tayong eroplano sa bahay.

Gum

STEWARDESS: Ma'am, chewing gum para 'di sumakit ang tenga n'yo habang pababa ang plane.
BECCA: Thank you!
Bago lumabas ng eroplano...
BECCA: Miss, paano ba tanggalin itong chewing gum sa tenga ko?

Handaan

LIZ: Wow! Ang bait naman ng may birthday. Binigyan pa ako ng isang basong tubig. Siguro may crush siya sa akin.
VICOY: Tingin ko hindi. Napansin kasi niyang kanina ka pa kumakain kaya binigyan ka na niya ng tubig para tumigil ka na diyan.

Manok

WENG: Manang, may langaw sa arroz caldo ko!
ATCHENG: Hello! Sa halagang P5.00, anong ini-expect mo, manok?

Pitas

TITSER: Nelda, kailan pinipitas ang mangga kapag kulay green o kulay yellow?
NELDA: Ma'am, kapag po tulog ang may-ari!

Ilan

PARI: Ilan ba ang asawa mo?
DONATO: 16 po, Father.
PARI: Ha?!? Bakit ang dami?
DONATO: 4 richer, 4 poorer, 4 better and 4 worse. Kumpleto po 'yan.

Bawal

ALEGRIA: *(Galit kay Mister)* Nabubuhay ka lang ngayon dahil bawal na ang manakit ng hayop ngayon!

Ligaw

GIAN: Lolo, magtatanong lang po, saan po ba papunta ang daan na ito?
EDWARD: Iho, tumanda na ako sa lugar na ito, pero hindi ko pa nakitang umalis ang daan na 'yan!

Traffic

CHRIS: *(Inilabas sa balsa nitong traffic enforcer ang violation ticket...)* Name?
FOREIGNER: Wilhelm von Corgrinski Papakovitz!
CHRIS: *(Ibinulsa ang tiket...)* Ah, okay, next time be careful, ha?

Asim

LITA: 'Sis, paano ko ba sasabihin sa boyfriend ko na maasim ang amoy n'ya nang hindi siya magdaramdam?
LUZ: Ganito ang sabihin mo, "May dugong bughaw ka ba? Ka-smell mo kasi ang Datu Puti!"

Saan?

ERNIE: Pare, saan lugar parehong kulot ang buhok ng babae at lalake?
FRANK: Ang bastos mo naman...
ERNIE: Huh? Eh di sa Africa! Anong bastos 'dun?

Go Halal! Go Healthy!

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development -
Autonomous Region in Muslim Mindanao

On June 6, 2013, the Department of Health officially launched the Pilipinas Go4 Health as a new healthy lifestyle package to combat the major non-communicable diseases (NCDs) through "Go Sigla" (physical activity), "Go Sustansya" (proper nutrition), "Go Smoke-free" (no smoking) and "Go Slow sa Tagay" (moderation in alcohol).

In Autonomous Region in Muslim Mindanao (ARMM), the DOH healthy lifestyle package is adoptable and implementable especially on proper nutrition. However, tobacco use, even growing and selling, has already been declared haram (unlawful) by the Supreme Council of Darul Ifta of the Philippines while alcoholic beverages consumption even in small amount are

absolutely haram as opposed to halal (lawful), and therefore ARMM will give a big emphasis on other healthy lifestyle strategic interventions.

In congruence with "Go Sustansya" of Pilipinas Go4Health, Muslims must only eat halal and healthy foods including beverages as mandated by Islam. Muslims should learn and acquire knowledge on nutrition from womb to tomb. For the adults, it is incumbent to adopt the healthy plate containing complex carbohydrates, preferably white meat protein, vegetables, fruits and dairy products daily.

Shedding light more on proper nutrition, there are sufficient verses that speak in this aspect. As a divine guidance,

Allah (SWT or "Subhana wa t'ala," meaning *Glorified and Exalted is He*) says, "O mankind! Eat of what is lawful and good on earth, and do not walk in Satan's footsteps, for he is an open enemy for you." (Qur'an 2:168) Allah (SWT) also says, "O believers! Eat of the good (lawful) things which We have provided you, and be grateful to Allah, if it is He Whom you worship." (Qur'an 2:172) Additionally, Allah (SWT) says, "They ask you (Muhammad): What (food) is lawful to them? Say: Lawful to you (as food) are things good and pure." (Qur'an 5:4) "Allah has indeed made unlawful to you carrion, blood and the flesh of swine." (Qur'an 2:173) "And it is He who has subjected to you the ocean, so that you may eat thereof flesh that is flesh and tender." (Qur'an 16:14) "O believers! Wine and gambling, idols, and divining arrows are abominations devised by Satan. Avoid them, so that you may prosper." (Qur'an 5:90)

These verses pertaining to food including beverages is better explained in the science and shariah (Islamic Law) viewpoint. For example, one cannot say that food is halal and good if it is not healthy and nutritious or one cannot say that food is halal if the food is not clean and pure or with contamination of hazardous ingredients or materials. In gist, the concept of halal foods including beverages must be halal and wholesome. Halal foods must be nutritious and healthy. This concept starts from production including its source, feeds if halal animals, its manner of handling and transportation to consumption. It means halal is free of haram including



Dr. Tato Usman (extreme right), vice chairman and managing trustee of Muslim Mindanao Halal Certification Board Inc. is being interviewed by TV Alhijrah network in Malaysia on the potentiality in Muslim Mindanao as halal hub of the Philippines.

contamination of microorganisms from farm to plate or from farm to fork or from farm to mouth.

Moreover, Muslims are urged to eat only what is truly halal, apply cosmetics, other products consumed by human in order to achieve good health and well-being. The Prophet (*PBUH* or *peace be upon him*) said: "Many people put lot of effort in worship of Allah (*SWT*) and then spread their hands saying O Allah (*SWT*)! O Allah (*SWT*)! Please accept our supplications. But if their eating is haram, their clothing is haram, how then their prayer be accepted." (Narrated by Muslim and Al-Tirmidhi) This saying of the Prophet (*PBUH*) indicates that using products consist of haram or contaminated with haram is clearly unlawful to use by Muslims.

In halal assurance, halal foods and beverages must also comply with Good Manufacturing Practices (GMP), Hazard Analysis and Critical Control Point (HACCP) and Codex Alimentarius (a collection of internationally accepted food safety standards), among others as part of halal assurance. In fact, in a food establishment and processing, medical certificates should be obtained by the staff and workers assigned therein to ensure that the said workers are not carriers of infectious diseases. This scheme helps to detect early some diseases before it is too late to discover. Likewise, it will boost the health policymakers to implement the DOH program in the field of prevention and early detection of diseases.

On June 8, the Muslim Mindanao Halal Certification Board Inc. (MMHCBI) headed by Dr. Tato Usman (vice-chairman and managing trustee) visited Manila Hotel for the renewal of halal certification because it is the top destination of Muslim international airlines whose crews are Muslims. Manila Hotel is the only certified hotel in Manila with halal foods and



On June 8, the Muslim Mindanao Halal Certification Board Inc. audited and certified the halal kitchen and food section of Manila Hotel.

beverages.

On June 10-13, the MMHCBI visited Malaysia, being the halal hub of Asia, and visited some government institutions working on halal production, processing, certification and marketing. Among the institutions visited by the MMHCBI were the Universiti of Putra Malaysia (UPM) being tasked to work on halal assurance through laboratory testing, Jabatan Kamajuan Islam Malaysia (JAKIM) which is the sole halal certification body of Malaysian government, and Halal Development Corporation (HDC) as a center for marketing and promotion of different halal products.

UPM as a research and laboratory institution is the one tasked with halal quality assurance to ensure that food and beverages is 100% halal. It is equipped with different laboratory equipment like polymerase chain reaction (PCR) to detect DNA of pig and other machines to detect alcohol contamination or externally introduce to the food products.

Interestingly, one experiment conducted by UPM was to test whether alcohol beverages used on sizzling food

was still present or not because some claimed that after lighting the said alcohol, the entire alcohol introduced will totally be disappeared. In this experiment, it was revealed in the laboratory test that even after lighting the alcohol until the flame is totally disappeared, there is still a trace of alcohol. Therefore, sizzling foods are unlawful for Muslims to eat when alcohol is used. Evidently, The Prophet (*PBUH*) said: "I swear by Allah (*SWT*) in whose hands is my life. When a person eats a tiny piece of an item which is haram (unlawful), none of his deeds are accepted by Allah (*SWT*) for forty days. When the flesh of the body is built from haram then his body only deserves the hell fire." (Narrated by Muslim) Also, the Prophet (*PBUH*) succinctly replied, "Every intoxicant (alcohol beverages) is Khamr, and every Khamr is haram." (Narrated by Muslim) He also said, "Of that which intoxicates in a large amount, a small amount is haram." (Narrated by Ahmad Abu Dawud and At-Tirmidhi.)

Another interesting issue is whether or not soft drinks have alcohol

content in small amount. UPM was able to test certain soft drinks and found out that it has an alcohol. Therefore, Muslims must refrain from drinking soft drinks because it is not healthy drinks as well. It is highly discouraged because it is inconsonant to ARMM Go4 Health.

Inescapably, science and shariah must go hand and hand in order to determine whether foods, beverages, parenteral nutrition, medicines, toothpastes, cosmetics, lotion, dishwashing detergents, and other certifiable products are halal or haram. Science must scientifically explain the facts before the Islamic Ruling (Fatwa) can be issued.

In the Philippines, there are at least 26 halal certification bodies registered at Security and Exchange Commission. However, there is no single standard guideline being used to ensure halal assurance in certifying foods and non-food products. Besides, there are no halal laboratory standards to follow that are accredited by the government to ensure the

halal is 100% halal. These issues must be looked into by the Philippine government especially if it intends to enter the halal market.

Based on the statistics released by HDC, only 2% is being supplied by halal producers worldwide. This 2% halal supply is worth billions of dollars. On the other hand, there are 98% unmet need on halal demand worldwide. In essence, the unmet demand on halal market is more than trillions of dollars. Therefore, halal market is huge and a very good opportunity for the Philippines to boost its economy, increase job generation, mitigate hunger, poverty, and help meet Millennium Development Goal 1.

Recently, Republic Act 9997 was passed by Congress wherein the National Commission for Muslim Filipinos (NCMF), who is tasked to facilitate the haj in Saudi Arabia, is the one mandated to implement this Act. However, it has no provisions on penalties and no implementing rules and regulation for its clear implementation.

Inasmuch as halal is backed up by

science before declaring it as 100% halal, especially the involvement of food safety, health and nutrition, as well as the GMP, HACCP and Codex Alimentarius, the health department is the appropriate agency to provide implementing policy guidelines on halal in relation to GMP, ISO, HACCP, and other food safety standards. Besides, the DOH has the Research Institute for Tropical Medicine that is well established research and laboratory that can be enhanced to test haram products or the DOH should put up its branch on research and laboratory similar to UPM in ARMM. However, the only way to realize this intelligent opportunity is to work hand-in-hand with the Regional Autonomous Government through DOH-ARMM who has the potential capability and human resources with regards to halal and health.

Finally, halal foods and beverages are not only for Muslims but it can be consumed by Christians and Jews. So, Pilipinas, Go Halal! Go Healthy!

- o o o -

KALAbeat

Takeoff

Isang stewardess ang nagsimulang mag-check ng mga pasahero ng eroplano bago ito mag-takeoff. Isang matandang babae ang humiling sa kanya, "Paki alalahanan ang Mister ko na uminom ng gamot para sa kanyang sakit sa puso. Nasa business class siya, seat #8." Sinigurado ng stewardess na gagawin niya ang kanyang hiling.

Pagkatapos mag-takeoff ng eroplano, lumapit ang stewardess sa isang matandang lalaki na nakaupo sa seat #8...

STEWARDESS: Sir, huwag po ninyong kalimutan na uminom ng inyong gamot sa puso."

EDWIN: Paano mo nalaman na ako ay may sakit sa puso?

STEWARDESS: Sinabi po ng Misis ninyo na paalalahanan ko daw po kayo.

Humagulgol ng iyak ang matandang lalaki...

STEWARDESS: Sir, may problema po ba?

EDWIN: Patay na ang asawa ko. Nandito sa eroplano ang bangkay niya. luuwi ko na siya sa amin...



Paid Leave Benefits for Victims of VAW

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

Violence Against Women (VAW)

The age-old problem of violence against women and children exists in every country, including the Philippines.

The 2008 National Demographic and Health Survey (NDHS) conducted by the National Statistics Office (NSO) introduced the "women safety module" which aimed at capturing the extent and types of violence against women (VAW) experienced by women (15-49 years old). The survey revealed that one in five women in this age group has experienced physical violence since age 15. About 14.4% of married women have experienced physical abuse from their husbands; and more than one-third (37%) of separated or widowed women have experienced physical violence, implying that domestic violence could be the reason for separation or annulment.

On the other hand, the number of VAW cases reported to the Philippine National Police (PNP) in 2012 increased by 23.3% from the 2011 report. The 2012 report is so far the highest number of reported VAW cases since 1997. The trend, however, is not conclusive of a decreasing or increasing VAW incidence in the country because data are based only from what was reported to PNP.

Since 1991, the Department of Social Welfare and Development has been assisting adult women victims of forced



prostitution, illegal recruitment, battering, rape, incest and armed conflict. Also, since 1995, the Department of Health and the Women's Crisis Centre have been jointly operating a government hospital-based crisis and healing center for victims of VAW.

There are also non-government agencies providing support to women victims of violence. Some of these are the Bathaluman Crisis Centre Foundation Inc.,

Women's Crisis Centre, Stop the Abuse and Violence Against Our Women (SAVE Our Women). These agencies also provide education programs, recreation activities and skills training.

SAVE our Women, in particular, provides psycho-social support and referrals to female survivors of domestic and intimate-relationship violence (and their children), and spreads awareness about the realities and prevalence of domestic and intimate-relationship. They also give information on facts, statistics, procedures, and Philippine laws that protect women, prosecute abusers and prevent further abuse, including Republic Act (RA) 9262 or the Anti-Violence Against Women and their Children Act of 2004.

A key intervention in stopping the cycle of violence to women and children is the establishment of crisis centers in urban settings. However, due to scarcity of resources, these centers tend to focus only on serious cases.

The Philippine government, recognizing the growing problem of violence to women and children, has enacted several laws protecting women from violence like the Anti-Sexual Harassment, Anti-Rape and Rape Victim Assistance and Protection, Anti-Trafficking in Persons, Anti-Violence Against Women and Children with Women's and Children's Desks and Services.

In 2007, Senator Pia S. Cayetano

filed Senate Bill No. 1407 in the Philippine Senate seeking to declare November 25 of every year as the “National Consciousness Day for the Elimination of Violence against Women” in the Philippines. It eventually became a law on July 2012 with the enactment of RA 10398.

Paid Leave Benefits

Not many people are aware that all women employees who are victims of violence in the government sector, local government units, government-owned and controlled corporations and state colleges and universities are entitled to a paid leave

of absence up to 10 days in addition to other paid leaves under the Labor Code and Civil Service Rules and Regulations, extendible when the necessity arises as specified in the protection order.

This ruling is relative to the RA 9262 (Anti-Violence Against Women and Their Children Act of 2004), and the country's effort to address violence committed against women and children in keeping with the fundamental freedoms guaranteed under the Constitution and the Provisions of the Universal Declaration of Human Rights, the Convention on the Elimination of all forms of Discrimination Against Women, Convention on the Rights of the Child and other

international human rights instruments of which the Philippines is a party.

For private sector employees, the only requirement is for the victim-survivor to present to her employer a certification from the barangay captain or kagawad, or the clerk or court, where the legal action is pending.

For government employees, the prescribed application for leave form must be filed, citing as basis RA 9262. Any of the following supporting documents shall be attached to the application for leave – barangay protection order; temporary/permanent protection order obtained from the court; or a certification issued

KNOW YOUR LAW

Defining Violence Against Women and Children under Republic Act 9262

Section 3(a)

"Violence against women and their children" refers to any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty. It includes, but is not limited to, the following acts:

A. "Physical Violence" refers to acts that include bodily or physical harm;

B. "Sexual violence" refers to an act which is sexual in nature, committed against a woman or her child. It includes, but is not limited to:

a) rape, sexual harassment, acts of lasciviousness, treating a woman or her child as a sex object, making demeaning and sexually suggestive remarks, physically attacking the sexual parts of the victim's body, forcing her/him to watch obscene publications and indecent shows or forcing the woman or her child to do indecent acts and/or make films thereof, forcing the wife and mistress/lover to live in the conjugal home or sleep together in the same room with the abuser;

b) acts causing or attempting to cause the victim to engage in any sexual activity by force, threat of force, physical or other harm or threat of physical or other harm or coercion;

c) Prostituting the woman or child.

C. "Psychological violence" refers to acts or omissions causing or likely to cause mental or emotional suffering of the victim such as but not limited to intimidation, harassment, stalking, damage to property, public ridicule or humiliation, repeated verbal abuse and mental infidelity. It includes causing or allowing the victim to witness the physical, sexual or psychological abuse of a member of the family to which the victim belongs, or to witness pornography in any form or to witness abusive injury to pets or to unlawful or unwanted deprivation of the right to custody and/or visitation of common children.

D. "Economic abuse" refers to acts that make or attempt to make a woman financially dependent which includes, but is not limited to the following:

1. withdrawal of financial support or preventing the victim from engaging in any legitimate profession, occupation, business or activity, except in cases wherein the other spouse/partner objects on valid, serious and moral grounds as defined in Article 73 of the Family Code;

2. deprivation or threat of deprivation of financial resources and the right to the use and enjoyment of the conjugal, community or property owned in common;

3. destroying household property;

4. controlling the victims' own money or properties or solely controlling the conjugal money or properties.

by the barangay captain or kagawad, or the prosecutor or clerk of court where the application for a protection order has been filed by the employee.

A police report specifying details of the incident and a medical certificate may be considered, at the discretion of the immediate supervisor of the employee concerned. The application for leave must be filed before the actual leave of absence or immediately upon return from such leave.

Mothers of children who are victims of abuse are also entitled to this leave benefit if the child is being abused in the presence of the mother, it can fall under the definition of psychological violence in

the law, thus the mother can use RA 9262. She shall be entitled to the leave benefit provided that she submits the required certification and other documents.

However, if the act of abuse or violence is directed only to the child and not the mother, the law that will apply is RA 7610 or the "Special Protection of Children Against Abuse, Exploitation and Discrimination Act," therefore the provision of RA 9262 on leave benefit will not be applicable.

Any employer who shall prejudice the right of the person under this section shall be penalized in accordance with the provisions of the Labor Code and Civil Service Rules and Regulations. Likewise, an

employer who shall prejudice any person for assisting a co-employee who is a victim under this Act shall likewise be liable for discrimination.

Any employee victim of violence may avail of the leave benefit in a continuous or intermittent manner to cover the days that she has to attend to medical and legal concerns. Section 43 of RA 9262 specifically provides that the leave may be extended when the need arises, as specified in the protection order issued by the barangay or the court.

This leave is an addition to existing paid leave benefits of employees under existing laws, company policies,

Section 5

The crime of violence against women and their children is committed through any of the following acts:

- (a) Causing physical harm to the woman or her child;
- (b) Threatening to cause the woman or her child physical harm;
- (c) Attempting to cause the woman or her child physical harm;
- (d) Placing the woman or her child in fear of imminent physical harm;
- (e) Attempting to compel or compelling the woman or her child to engage in conduct which the woman or her child has the right to desist from or desist from conduct which the woman or her child has the right to engage in, or attempting to restrict or restricting the woman's or her child's freedom of movement or conduct by force or threat of force, physical or other harm or threat of physical or other harm, or intimidation directed against the woman or child. This shall include, but not limited to, the following acts committed with the purpose or effect of controlling or restricting the woman's or her child's movement or conduct:
 - (1) Threatening to deprive or actually depriving the woman or her child of custody to her/his family;
 - (2) Depriving or threatening to deprive the woman or her children of financial support legally due her or her family, or deliberately providing the woman's children insufficient financial support;
 - (3) Depriving or threatening to deprive the woman or her child of a legal right;
 - (4) Preventing the woman in engaging in any legitimate

profession, occupation, business or activity or controlling the victim's own money or properties, or solely controlling the conjugal or common money, or properties;

- (f) Inflicting or threatening to inflict physical harm on oneself for the purpose of controlling her actions or decisions;
- (g) Causing or attempting to cause the woman or her child to engage in any sexual activity which does not constitute rape, by force or threat of force, physical harm, or through intimidation directed against the woman or her child or her/his immediate family;
- (h) Engaging in purposeful, knowing, or reckless conduct, personally or through another, that alarms or causes substantial emotional or psychological distress to the woman or her child. This shall include, but not be limited to, the following acts:
 - (1) Stalking or following the woman or her child in public or private places;
 - (2) Peering in the window or lingering outside the residence of the woman or her child;
 - (3) Entering or remaining in the dwelling or on the property of the woman or her child against her/his will;
 - (4) Destroying the property and personal belongings or inflicting harm to animals or pets of the woman or her child; and
 - (5) Engaging in any form of harassment or violence;
- (i) Causing mental or emotional anguish, public ridicule or humiliation to the woman or her child, including, but not limited to, repeated verbal and emotional abuse, and denial of financial support or custody of minor children or access to the woman's child/children.

and collective bargaining or negotiation agreements. Usage of the leave benefit shall be at the option of the woman employee. It is non-cumulative and not convertible to cash. The leave benefits that are not availed of are considered waived.

Employers and heads of the agency are presumed to know the provisions of the law. This entitlement is provided for in RA 9262 and its implementing rules and regulations (IRR) which has been published in, and circulated since year 2004.

The Department of Labor and Employment (DOLE) has also included information about it in the "Employers' Guide on Workers' Benefits Under Existing Laws" handbook, while the Civil Service Commission (CSC) has issued Memorandum Circular No. 15, s. 2006 to all agency heads.

A private sector employer who denies the application for leave shall be held liable for discrimination and violation of RA 9262, in relation to applicable provisions of the Labor Code. For the government sector, any official who denies the application for leave despite submission of accompanying protection order shall be held liable for "conduct prejudicial to the best interest of service."

The administrative enforcement of this leave entitlement is considered within the jurisdiction of the DOLE regional director for those in the private sector, and the CSC for those in the government. For inquiries or complaints, concerned parties can contact the DOLE or CSC regional or field offices in their area.

The issue of violence to women and children can be stop. Society has laid down several remedies and afforded protection for them. However, in order for the prosecutors to step in, victims of violence must be ready to stand (without fear) and face her tormentor.

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RPRH Law Still On Hold

NADIR, the opposite of zenith or the direction pointing directly below a particular location, is also believed to be the word to describe the opposite of milestone or a significant point in development. The Responsible Parenthood (RP) - Reproductive Health (RH) Law which has been regarded as a milestone law after 13 years and four months since it was first filed in Congress is suffering a downward direction in the Supreme Court.

Let's just rewind some of the important events, and start on the week that the digital version of **HEALTHbeat** was first posted in its own newly-constructed website.

On July 16, 2013, the lapse of the 120-day period of the status quo ante (SQA) order by the Supreme Court against the implementation of the law, the high court with a vote of 8-7 decided to indefinitely extend the SQA. Simply put, the law still cannot be implemented until who knows when.

This news seemed not a fitting welcome for former Iloilo representative and one of the authors of the RH law, Dr. Janette Garin, who officially started her duties as health undersecretary on July 15. For many other pro-RH advocates, this was a surprisingly disappointing decision

because during the oral argument on July 9 the high court justices hinted that anti-RH groups might have gone to the wrong venue, the high tribunal, telling them they should have sought Congress instead.

The SQA order for 120 days started on March 19. In issuing this order, the Supreme Court said more debates are needed as the new law faced at least 14 petitions seeking to declare it as unconstitutional.

This high court order also came four days after Health Secretary Enrique T. Ona signed the law's Implementing Rules and Regulations (IRR) in Baseco, Tondo, Manila on March 15. The IRR also went through a series of public consultations in key cities of the country – Davao City on March 5, Cebu City on March 6, and Manila on March 8.

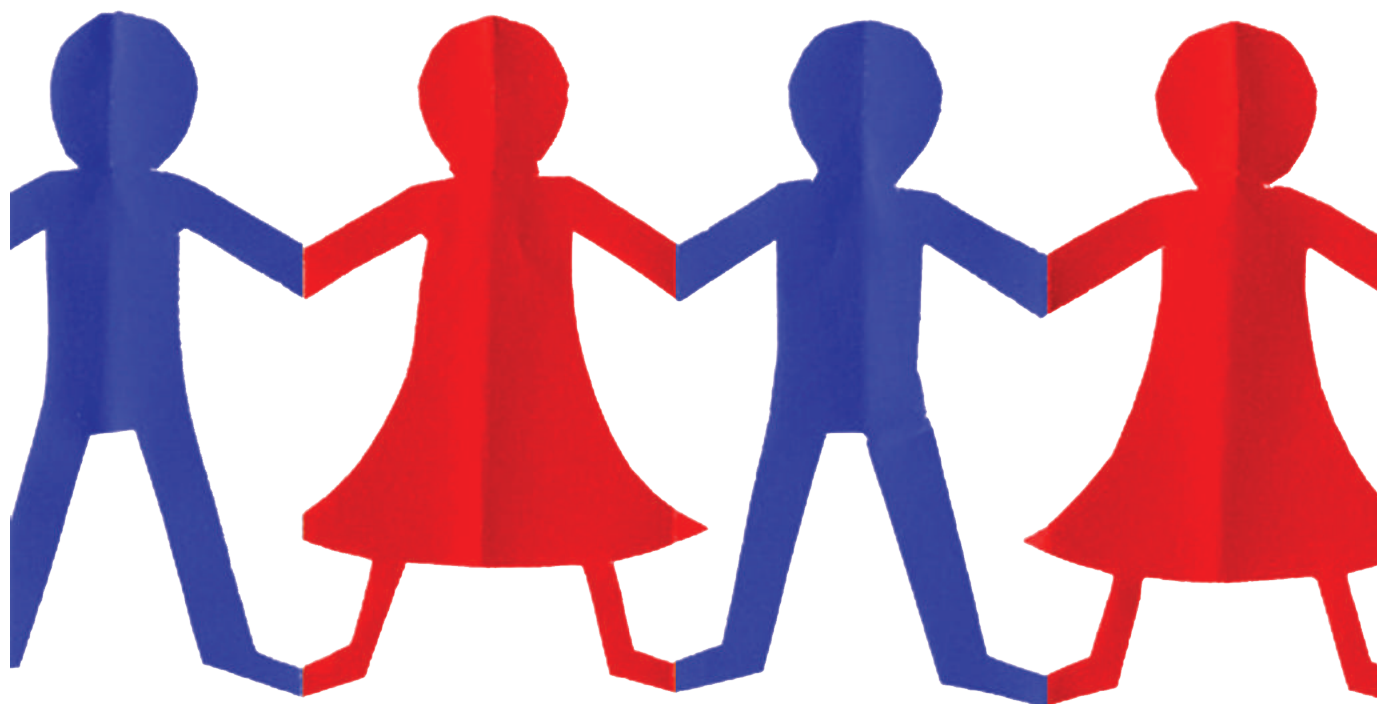
The RP-RH law became effective on January 17. This was the 15-day prescriptive period after the law was published in two major dailies on January 2, the first working day of the year. On this same date, the first petition to declare the law unconstitutional was received by the Supreme Court. The high court did not act on the petition then.

On December 21, 2012, President Benigno S. Aquino III signed the RP-RH law without fanfare or grand gesture, and as Palace spokesperson put it, partly out of respect for the Catholic Church, which opposes the law. The law was signed after 13 years and four months since it was first filed in Congress.

Now, let's fastforward a little bit. As of **HEALTHbeat**'s press time, the second part of the oral argument set by the Supreme Court on July 23 has not happened yet. Whether the result will be good news or still bad news for the DOH, you will see it printed in the next issue already. But we will keep you on track in the "Breaking News" section of our website. So, visit us frequently at <www.healthbeat.ph> or like us on Facebook to receive our updates.

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For the Children

Free Pneumonia Vaccine in CARAGA and ARMM

On June 17, the Department of Health (DOH) announced that its program on immunization will now include free immunization against pneumonia in children in the country's health centers. "We are introducing the Pneumococcal Conjugate Vaccine (PCV) to the Philippine vaccination program for infants," Health Secretary Enrique Ona revealed, adding that this is another historical milestone to the DOH Expanded Program on Immunization (EPI).

According to the Philippines Health Statistics of 2010, pneumonia ranks as the #2 leading cause of infant mortality in 2010 which accounts for 2,628 deaths. Pneumonia can cost up to P23,500 for hospitalization, including professional fee, consultation, laboratory tests and medication. The vaccine costs P2,050 per full vaccination (3 doses of the PCV) per child. The integration of PCV will be phased. Two

regions, CARAGA and Autonomous Region in Muslim Mindanao (ARMM), will be the first recipients of the PCV. Additional regions will be included every year for administration of pneumococcal vaccines until 100% of the regions are covered.

CARAGA was chosen for initial

PCV implementation to complement the Rotavirus vaccination that started in July 2012. The region was selected as the site for the impact study on the rotavirus vaccination which will end on 2014.

CARAGA and ARMM, ranked #13 among the regions with high number of



Launching of "DOHbol Time sa CARAGA Laban sa Pulmonya" in Butuan City on July 17. From left to right: Butuan City Mayor Ferdinand Amante Jr., Health Assistant Secretary Enrique Tayag and DOH Center for Health Development-CARAGA Director Arnel L. Valencia. (Photo grabbed from PIA CARAGA Updates Facebook page.

pneumonia cases.

The vaccine will be given to 333,000 infants aged between six (6) months to 11 months old residing in the provinces and cities of the two regions. These infants represent the 14% of the 2.4 million target infants nationwide.

"This is part of our goal to achieve better health outcomes and meet our health-related Millennium Development Goals by strengthening existing public health programs, such as expanding immunization interventions," Ona concluded.

The DOH Expanded Program on Immunization provides FREE vaccines that protect infants and children from the common vaccine preventable diseases. Vaccines include BCG for childhood tuberculosis, rotavirus vaccine, measles-mumps-rubella vaccines (MMR), polio vaccine, and pentavalent vaccine which is a combination of Diphtheria-Pertussis-Tetanus-Hepatitis B-Haemophilus influenza vaccines.

Evaluation and Diagnosis of Children With Disabilities in NCR

In celebration of the National Disability Prevention and Rehabilitation Week (July 17-23), the Department of Health - National Capital Region (DOH-NCR) in coordination with the Philippine Association for Citizens with Developmental



and Learning Disabilities (PACDLD) today held a medical campaign for the evaluation and diagnosis of children with disabilities in the region.

"We would like these children to be properly identified, appropriately diagnosed by medical professionals and be provided with the proper treatment and intervention for their care and treatment," Regional Director Eduardo C. Janairo stated.

"We will also educate the parents of these children for them to fully understand their siblings and give them the proper care based on their needs," he added.

The medical team consists of six neuro-developmental paediatricians from the Philippine Children's Medical Center and National Children's Hospital, one physical therapist from PACDLD who will evaluate and diagnose children suspected with disabilities from the cities of Marikina (7

children), Malabon (5), Paranaque (5) and Valenzuela (5). Ages of children were from 0-7 years old.

The World Health Organization (WHO) estimated 10% or about 8.5 million Filipinos have disability and 3.9 million needs rehabilitation services on a regular basis but only 0.9 million were given access to health services.

According to a 2005 study conducted by the Department of Education, there are 2.7 million Filipino children with disability. Of these only 78,144 (1.9%) are attending school.

In Metro Manila, an estimated 100,000 children with disabilities in each major city in NCR are yet to be identified and properly diagnosed by a medical professional.

From 2007-2012, the PACDLD and DOH-NCR have conducted three batches of Training on the Prevention, Early Detection and Intervention of Disabilities Among Children from selected staff of local government units and parents of PWDs.

Janairo emphasized that DOH-NCR will provide financial support and manpower to perform assessment for targeted children. "We will conduct five medical campaigns for PWDs all over the region to seek out and identify more children with disabilities and provide them their much needed care and medical attention."

- o o o -

Yuck!

*Isang gabi may lola na sumakay sa likurang upuan ng taxi.
At habang bumabyahe nag-abot ng mani sa driver...*

DRIVER: Lola salamat po. Ang bait po ninyo.

Paulit-ulit na binigyan ni lola ng mani 'yung driver...

DRIVER: Lola, tama na po ito. Baka maubusan na kayo.

LOLA: Ayos lang. 'Yung chocolate lang naman ang kinakain ko d'yan eh.



A Heart for Public Health

by

GRACE FE R. BUQUIRAN, MD

I have been working as a rural health physician in a place somewhere in Southern Philippines for one year and a half when I was asked this challenging question, "What is there in public health that you choose to forgo training in Pediatrics?" Whew! Coming from someone who knew my plans and dreams when I was in medical school, knocked me off my feet. I could feel the bafflement in his voice when he asked me that question.

Lorenz knew I've always wanted to become a pediatrician. I used to tell him how I enjoyed pediatrics classes even if some of my classmates openly expressed they would rather prefer internal medicine, obstetrics or surgery than pediatrics. I used to tell him how I enjoyed my rotation in Pediatrics during my internship days. One friend doctor even told me that all he remembered during his Pediatrics rotation were screaming, crying and annoying kids. I told him, "Well, use some art and innovations; you will definitely enjoy."



Dr. Grace Fe R. Buquiran, the contributing writer.

It was February 2007. I was eight days old then as a licensed physician when I was hired to work as a rural health physician. Okay, to be honest, I applied for the job because I needed some funds to pay for the oath taking which was a month away aside from the fact that residency training starts later part of that year.

On my first day, I was led to Dr John Alexander Gutierrez, a physician younger than me but had been with the health office for 15 months. John, who later on became a friend, gave me a very thorough orientation about public health. "In public health, you travel with key persons, prominent ones at that. In public health, there is fame..." Okay, I didn't take that seriously then. Nevertheless, I wanted to validate the information myself.

I started doing consultations, supervised, attended training programs and conferences, and enjoyed every minute of it. I have the opportunity to work with politicians and with key persons in community service. I find field work as fun because I get to interact with my officemates and some residents. John introduced me to prominent persons and travel with them. I then realized that in public health there is a different sense of fulfillment.

In the course of my conversation with Lorenz, I told him I wanted to stay in public health because I want to help people. He answered, "Why? You can still help them even when you're in the hospital?" I answered him, "Yes I can. But how about those who cannot pay for hospital consultations, those who don't even have enough fare for transportation to the nearest health facility, those who cannot buy vaccines for their child's immunization, and those people whose priority is how to get food to be served

in the table?" Lorenz smiled. I know I made him think really well.

I was surprised with the way I answered Lorenz. Two years in public health made me realize that I will definitely grow more should I remain in Public Health. Public Health and Community Service continues to overwhelm me. Being educated in the city in some way detached me from some realities of poverty or if not, maybe I just didn't care. I grew up in Public Health. I became more mature and more compassionate. This is what my profession is all about after all - compassion.

I still have to meet lots of people. I still have a lot to learn. Now, I cannot help but smile when I make extra effort to turn about a used tire so it would not serve as a breeding place for mosquitoes, the carriers for dengue and malaria, when I asked a mother carrying a baby with her if the baby is immunized. I even get exasperated at times with mothers withholding breastfeeding for reasons I find unreasonable. It even surprises me when I do counseling on family planning, physical abuse, and sexually transmitted infection patients for I used to believe that was Dr John's forte.

There is greater room for growth for me in public health. It is in this job that I find much fulfillment in being a doctor. Some people, even my parents, might not understand why I choose to stay in Public Health but I know in time they will. They will eventually be like Lorenz who understood and promised to support me all the way, whatever makes me happy. Lorenz is now supporting a charitable institution. I'm so proud of him and I'm so glad he joined me and supported me wholeheartedly in my pursuit of community service.



115 Years of DOH

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

DOH Roots

Traditional ways of healing through herbs and rituals already existed long before the Spaniards began their 400-year rule in the Philippines, and the growth of the public health system in the country only dates as far back as 1577. It auspiciously began at the portera of the old Franciscan convent in Intramuros where Brother Juan Clemente, a friar, put up a dispensary for administering medical treatment to indigents of Manila.

The project was a success and in order to keep the great demand for service, the dispensary was expanded and organized into a hospital. This was the San Lazaro Hospital, originally a leper asylum and housed patients with venereal diseases.

Another hospital founded in 1596 by the Brotherhood of Misericordia for the poor was the San Juan de Dios Hospital. It

was later given to the Brotherhood of San Juan de Dios in 1656, which eventually became a private hospital, the precursor of the University of Santo Tomas Hospital.

Many hospitals were established in other parts of the country. The presence of a hospital system was seen by the setting up of asylums, orphanages and other institutions and associations dedicated to the welfare of the people. In 1631, the organized isolation of the sick began with the arrival of 150 lepers from Japan who were deliberately sent to the Philippines to test the zeal of Catholic missionaries.

An important development in public health administration during the Spanish regime was the provision of safe water supply in 1690. Padre Juan de Peralta established a water system in San Juan del Monte for the city of Manila.

In 1805, real prevention work

was initiated by the Spanish government with the introduction of anti-smallpox vaccination. This was a beneficent act of King Charles IV of Spain who sent a scientific expedition under the leadership of his personal physician, Dr. Francisco Javier de Balmis. A year later, the Central Board of Vaccination was created to prevent smallpox and propagate the vaccine virus.

The year 1863 earmarked the enactment of various public health laws, particularly on housing, water supply, factory sanitation, and health for the regularly organized communities.

The positions of provincial health officers, known as *Medicos Titulares*, were created in 1878. The Superior Board of Health and Charity headed by Inspector General (equivalent to the Director of Health) was established in 1888.

This was the condition of the

public health system in the Philippines when the Americans occupied Manila.

DOH Beginnings

1898 is best remembered as the year when the Philippines was finally free from four centuries of Spanish regime. The Philippine revolution ended and the country's independence was said to have been won on June 12, 1898. Eleven days later, on June 23, 1898, the Department of Public Works, Education and Hygiene was formally proclaimed by President

Emilio Aguinaldo. This is the date when the Department of Health (DOH) commemorates its founding anniversary.

However, Aguinaldo's proclamation was not continued because they lost to the Americans. On September 29, 1898 under General Orders No. 15, a Board of Health was organized for the City of Manila. It was composed of a president and two active members. In addition, two outstanding Filipino physicians – Dr. T.H. Pardo de Tavera and Dr. Aristone Bautista Lim – were named honorary members. This Board, however, has the main purpose of protecting the

health of the American troops. On August 26, 1899, the Board of Health was abolished while Dr. Guy Edie was appointed as the first Commissioner of Health. At this time, the registration of births, deaths, and marriages began.

On July 1, 1901, through Act No. 157, the Philippine Commission headed by William Howard Taft created the Board of Health for the Philippine Islands. This Board was placed under the office of the Commissioner of Public Health and served as the local Board of Health for Manila. It became the Insular Board of Health when the provincial health boards and municipal health boards were created on December 2, 1901 through Act No. 307 and Act No. 308, respectively. This started the completion of a nationwide health organization under the government.

In 1905, by virtue of Act No. 1407, the Insular Board of Health was abolished and its functions were taken over by the Bureau of Health under the Department of Interior. Dr. Victor Heiser was the first director of health. Then in 1906, Repealing Act No. 307 of the Philippine Commission Act No. 1487 ordered that the provincial boards of health be replaced with district health officers. In 1915, the Bureau of Health was renamed into Philippine Health Service, and later reverted back to its previous name.

In 1912, under the Fajardo Act, municipalities were consolidated into sanitary divisions and the Health Fund was established. This organization continued until 1915 when the name of the Bureau of Health was changed to Philippine Health Service. Dr. Vicente de Jesus was the first Filipino director of health. Later, the Philippine Health Service was reverted back to its former name, Bureau of Health.

The Reorganization of 1932 created the Department of Public Instruction. Under this office, the Bureau of Health together with



TOP: During the Spanish time in 1631, Hospital de San Lazaro provided isolation for those who were afflicted with contagious diseases. **ABOVE:** A mobile used by the Philippine Health Service to dispense medicines in the 1920s during the American regime.

the Bureau of Public Welfare, the Philippine General Hospital and the five examinary boards (medical, pharmaceutical, dental, optical and nursing) were placed under the supervision and control of the Commissioner of Health and Public Welfare. Dr. Basilio J. Valdez was the first commissioner.

Toward the Present DOH

The first significant step towards the creation of the present DOH took place in January 7, 1941, through Executive Order No. 317 pursuant to Commonwealth Act No. 430 which created the Department of Health and Public Welfare. Dr. Jose Fabella was its first Secretary.

The Department included the following: Bureau of Quarantine; health department of chartered cities; provincial, city, and municipal hospitals; dispensaries and clinics; public markets and slaughter houses; health resorts; and all charitable agencies.

However, two years of Japanese occupation erased all that. In February 1942, the Japanese Imperial Army created the Department of Education, Health and Public Welfare, but health programs were practically non-existent. This set-up lasted until Freedom Day in 1945 with the return of the Americans as well as the previous Department of Health and Public Welfare.

In the 1947 reorganization, the Bureau of Public Welfare was transferred to the Office of the President, and the DOH was created. Under this set-up were the Office of the Secretary, Bureau of Health, Bureau of Quarantine, and all City Health Departments. The Bureau of Hospitals was created, separating the preventive from the curative phase of health work. The Division of Nursing was also created and placed directly under the Secretary of Health.

In 1950, another reorganization



Three of the so-called "designer hospitals" erected during the Martial Law era.

brought further changes in the structure of the DOH. Under Executive Order No. 392, series of 1950, the Divisions of Tuberculosis, Health Education and Information, and Nursing were placed under the Office of the Secretary. Also, the Office of Public Health Research Laboratory was created.

The reorganization of 1958 brought the creation of two Undersecretaries of Health – one for Medical Services and the other for Special Services. This reorganization also created eight regional health offices.

In 1969, Republic Act No. 6111, or the so-called Philippine Medical Care Act of 1969, authorized hospitalization, surgical, and medical expense benefits for the people. And in 1970, health services were classified into primary, secondary, and tertiary levels through the restructured health care delivery system.

In 1971, the DOH went through another reorganization and the offices created were the Food and Drug Administration, Bureau of Disease Intelligence Center, Malaria Eradication

Service, Bureau of Dental Health Service, the National Comprehensive Maternal and Child Health/Family Planning Program, National Nutrition Program, and the National Schistosomiasis Control, among others.

Martial Law and People Power

On September 21, 1972, Martial Law was declared. Through the passage of Letter of Implementation No. 8 pursuant to Presidential Decree No. 1, dated September 24, 1972, the DOH underwent several internal changes necessary to meet the needs of the "New Society." The Ministry of Health was born, and the first Minister of Health was Dr. Clemente Gatmaitan.

The Ministry was divided into 12 health regions covering several provinces and cities under a regional health director. The National Cancer Center and the Radiation Health Service were created. The Philippine Medical Care Commission, the Dangerous Drugs Board, National Nutrition Council, Population Commission, National

Schistosomiasis Control Council and the Tondo General Hospital were attached.

If there is one legacy that people remember from the Martial Law era, it is the network of hospitals that were established - Philippine Heart Center in 1975; Philippine Children's Medical Center in 1979, Lung Center of the Philippines in 1981, and National Kidney and Transplant Institute in 1983.

In 1982, under Executive Order No. 851, the Ministry of Health had another series of reorganization. The Health Education and Manpower Development Service was created and the Bureau of Food and Drugs assumed the functions of the Food and Drug Administration.

The People Power Revolution in 1986 saw the collapse of the semi-parliamentary system of government introduced during the Martial Law years. When the new government took over, the Ministry of Health became the Department of Health once more.

The reorganization of 1987 under Executive Order No. 119 signalled the beginning of another set-up. Under the Secretary of Health were five offices headed by an undersecretary and an assistant

secretary, namely: Offices of the Chief of Staff, Public Health Services, Hospital and Facilities Services, Standard and Regulations, and Management Services.

Added to the 12 regional health offices was the National Capital Region for Health with jurisdiction comprising the cities and municipalities of Metro Manila. Later, the regional health offices were to include Cordillera Administrative Region and the Autonomous Region in Muslim Mindanao. A National Health Facilities was also created to be composed of seven special research centers and hospitals and eight medical centers.

In 1988, the much needed facelift in the DOH happened in the San Lazaro compound. New buildings were erected and old ones were renovated.

Among the health programs that were given importance were the expanded programme on immunization, control of diarrheal diseases, the Milk Code and the National Drug Policy which brought about the implementation of the Generics Law.

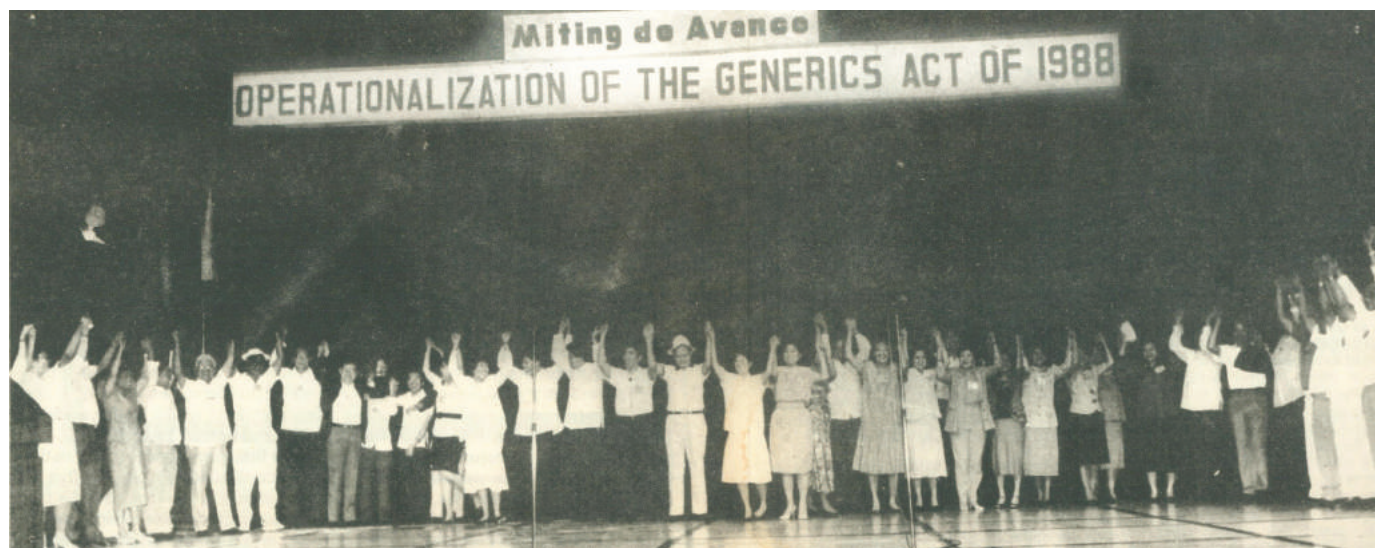
Devolution of Health Services

In October 1991, the enactment

of Republic Act No. 7160 or the Local Government Code paved the way for the full transfer of powers the implementation of health services as well as functions of devolved health personnel to the local government units. Then in March 1992, Republic Act 7305 or the Magna Carta of Public Health Workers was enacted to ensure that health workers are properly compensated, thereby helping to promote better delivery of quality health care service.

The Department of Health changed its role from one of implementation to one of governance. The DOH began servicing the health needs of local governments by influencing health policies and programs, providing technical assistance and support, and exerting its leadership in a new setting where the provision of health became the main responsibility of local chief executives.

Significant changes in the DOH organizational structure were necessary to support these laws which included the branching out of the Office of Public Health Services to form the Office for Special Concerns. Under this new office, headed by an assistant secretary, were the services of the maternal and child health, family planning, nutrition, dental health and the



The Generics Act of 1988, the law that changed the face of the pharmaceutical industry celebrates its 25th year of implementation this year.



The DOH has an image and a history of drawing a massive crowd for health events. On February 16, 2003, the Healthy Lifestyle Campaign was launched via breaking of the Guinness World Records of the Largest Aerobics Demonstration Class held at the Quirino Grandstand, Rizal Park. The Philippines still hold the record today with 48,188 people participating breaking the record set by the University of Guadalejera in Mexico on June 6, 1998 with 38,633 participants. Thailand attempted to break the record in November 2002, but only reached 46,824 people participating.

inclusion of the national AIDS/sexually transmitted diseases prevention and control program. Two big offices also merged to become the Office of Hospital, Facilities, Standards and Regulation.

The health programs that were highlighted included the national immunization days, national micronutrient campaign, disaster management, urban health and nutrition project, traditional medicine, doctors to the barrios, among others. Media organizations were heavily tapped to promote these health program, and "Let's DOH It!" becomes a national battlecry.

Health Sector Reforms

On February 14, 1995, Republic Act No. 7875 instituted the National Health Insurance Program (NHIP) for all Filipinos and established the Philippine Health Insurance

Corporation (PhilHealth), a government-owned and controlled corporation attached to the DOH.

In 1999, through Executive Order 102, the functions and operations of DOH were to be aligned with the provisions of Administrative Code 1987 and Local Government Code of 1991. Several services were merged and made larger to be known either as Centers or Bureaus and the DOH regional office was renamed as Center for Health Development (CHD).

At this time, the Health Sector Reform Agenda (HSRA) of the Philippines 1999-2004 was launched. The reforms included fiscal autonomy to government hospitals; funding for priority health programs; promoting the development of local health systems and assurance of effective performance; strengthening of capacities of health regulatory agencies and expanding coverage of the NHIP.

The National Objectives for Health 1999-2004, which indicates the Philippines' objectives to eradicate and control infectious diseases, major chronic illnesses and injuries, was also launched. This encouraged healthy lifestyle and health-seeking behaviors towards the prevention of diseases.

On July 13, 2001, Administrative Order 37 stated the guidelines on the HSRA implementation plan, where 13 convergence sites or advance implementation areas were established. In 2003, through Administrative Order 50, the one-script systems improvement program was established to unify, synchronize, and target priority public health programs. Moreover, 68 DOH hospitals were provided with fiscal autonomy, allowing 100% retention and use of hospital income to improve health facilities.

In 2005, FOURmula ONE (F1) for Health was launched as a blueprint of

reform implementation aiming for a more responsive health system, more equitable health financing, and better health outcomes. Within the medium term 2005-2010, F1 was devised to address the issues on fragmentation of the Philippine health system and inequity in health care. Also, F1 intended to achieve speedy, precise, and well-coordinated critical reforms to improve the health system of the country.

In 2007, four administrative orders were issued to support the establishment of the one-stop shop licensure system for hospitals. And in 2008, Republic Act No. 9502 or the Universally Accessible Cheaper and Quality Medicines Act of 2008 was enacted to make quality medicines more accessible to every Filipino. This also paved the way for the establishment of the National Center for Pharmaceutical Access and Management.

And in 2009, the Republic Act No. 9711 was enacted to strengthen and rationalize the capacity of the Bureau of Food and Drugs by establishing adequate testing

laboratories and field offices, upgrading its equipment, augmenting its human resource complement, giving authority to retain its income, and renaming it the Food and Drug Administration.

Kalusugan Pangkalahatan

In July 2010, the country welcomed a new leadership in need of transformational change. In his platform of government, President Benigno S. Aquino III embraced the qualities of integrity, humility and trust-worthiness in public leadership and recognized the absence of these qualities in government as a major cause of widespread poverty, misery and despair. In his “social contract with the Filipino people,” Aquino committed transformational leadership “from treating health as just another area for political patronage to recognizing the advancement and protection of public health, which includes responsible parenthood, as key measures of good governance.”

The DOH is committed to pursue the present administration’s Universal Health Care agenda, also referred to as **Kalusugan Pangkalahatan**. This is the provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public.

To promote integrity, accountability, proper management of public affairs and public property as well as establish effective practices aimed at the prevention of graft and corruption, the DOH pursued to be ISO certified for operating a quality management system (QMS).

ISO is short for International Organization for Standardization, the world’s largest developer and publisher of international standards. QMS in the DOH and its personnel, on the other hand, is expected to create conditions that will transform them into professional, motivated and energized bureaucracies with adequate means to



DOH executives and directors receive the ISO 9001:2008 certification dated July 17, 2012. The DOH has officially set the record as the first government agency to have a department-wide ISO quality management.

perform their public service.

On July 17, 2012, the DOH – with its 17 bureaus, centers and services inside the Central Office compound and the two pilot Centers for Health Development (CHDs or regional offices) in Metro Manila and CaLaBaRZon – has achieved its ISO 9001:2008 certification. The DOH has officially set the record as the first government agency to have a department-wide ISO quality management.

Halfway through the Aquino administration, the DOH has taken significant steps towards **Kalusugan Pangkalahatan**. During the simple rites for the celebration of the DOH 115th anniversary with Aquino as guest of honor, Health Secretary Enrique T. Ona proudly mentioned of significant health reforms under the DOH belt – the Alcohol and Tobacco Excise Tax Reform Act, the Responsible Parenthood and Reproductive Health Act and, recently, the National Health Insurance Act of 2013.

He declared, “These reforms are testaments to President Aquino’s

resolve in instituting long needed health reforms,” adding that the high premium this administration is paying for human development – on health and social services – is something that is unmatched in DOH history.

On December 20, 2012, Aquino signed Republic Act (RA) No. 10351 or An Act Restructuring the Excise Tax on Alcohol and Tobacco is also otherwise known as the Sin Tax Reform 2012 and took into effect on the first day of the following year. The passing of this law is seen as a victory in the government’s campaign to protect the people, especially the young and the poor, from the ill effects of smoking and excessive drinking. RA 10351 aims to reduce tobacco and alcohol consumption among the Filipinos that leads to better health outcomes.

This law also aims to generate revenues to fund **Kalusugan Pangkalahatan**. After deducting the allocations for assistance to tobacco farmers under existing laws RA 7171 and RA 8240,

eighty percent (80%) of the remaining balance of the incremental revenue will be set aside for the universal health care under the National Health Insurance Program and twenty percent (20%) will be allocated nationwide for medical assistance and health enhancement facilities program.

On December 21, 2012, Aquino signed RA 10354 or The Responsible Parenthood and Reproductive Health Act that provides for a national policy on responsible parenthood and reproductive health, universal access to reproductive health care services including maternal care. On June 21, 2013, Aquino signed RA 10606, also known as An Act Amending RA 7875 otherwise known as the National Health Insurance Act of 1995, as Amended and for Other Purposes.

This law mandates the government to provide comprehensive health care services to all Filipinos through a socialized health insurance program that will prioritize the health care needs of the underprivileged, sick, elderly, persons with disabilities,



Top health executives pose on the occasion of the Department of Health's 115th Anniversary. (Photo by Paking Repelente)



During the DOH 115th Anniversary celebration at the DOH Convention Hall with the theme, "115 Taong Pangangalaga Sa Kalusugan Ng Bawa't Pilipino," President Benigno S. Aquino III delivers his message (top photo) and international singing sensation, Charice, renders a couple of songs for the event (bottom photo). [Photos by Ryan Lim / Malacañang Photo Bureau]

women and children and provide free health care services to indigents.

Ona also cited the significant headway in the DOH commitment to improve financial risk protection through the expansion of PhilHealth membership and benefits to the poorest 5.3 million families; and improve responsiveness of the country's health system and ensure availability and access to quality health services with the

(NOTE: This is an update of an article published in the second issue of HEALTHbeat, 17 years ago.)

rehabilitation and upgrading of 4,518 health facilities, and hopefully 7,325 more until 2016, through straight government subsidy and other schemes including public private partnerships.

The health chief added that to achieve better health outcomes and meet the health-related Millennium Development Goals, the DOH strengthened existing public health programs through

deployment of community health teams and health professionals to underserved areas, provision of safe and good quality public health supplies and medicines, and expanded immunization interventions with Rotavirus vaccination, pneumococcal vaccines, hepatitis vaccines and others.

Aquino reminded the DOH: *"Simple lamang po ang bukal ng ating mga napipitas na tagumpay sa tuwid na daan: katapatan sa ating tungkulin; malasakit sa ating kapwa, at ang di-nagmamaliw na hangaring magkaroon ng malusog at maunlad na bansa. Kung walang tiwali, walang Pilipinong mag-aatubiling magpagamot dahil wala siyang pambayad sa ospital. Kung walang magkakamal sa kaban ng bayan, mawawala rin ang mga kakarag-karag na ospital na kulang-kulang ang gamot. Samahan ninyo akong salubungin ang buhang-liwayway ng pagbabago, at ang katuparan ng ating mga pangarap. Alam ko pong kasama ko ang buong Department of Health sa misyong ito, kaya naman kumpiyansa rin akong hinding-hindi tayo mabibigo.*

Siguro noong nag-umpisa tayo, 40 percent nga raw ng ating populasyon ay hindi makakakita ng health professional sa kanilang tanang buhay. Ngayon po'y talagang pinupuntahan na natin ang bawat lugar ng Pilipinas maski gaano kaliblib po ito. Ang tagumpay po natin ay hindi sa dami nang gusali o equipment na makuha natin. Ang tagumpay natin dapat ang batayan at sukatan ay ilan ang Pilipinong makakaiwas pumunta ng ospital dahil inaalagaan ang kanilang kalusugan. Mas maganda na sigurong makaiwas ng sakit kaysa gamutin ang sakit, 'di po ba? Kaya inaasahan ko po kayo, kayong mga dalubhasa, kami po ang iyong alalay."

And the history of the DOH continues to unfold...

Anong Bisyo Mo?

Bisyo Na 'To!

JOJIE: Puro ka nalang bisyo! Magbago ka na!
DANNY: Dalawa lang naman ang bisyo ko eh. Una, ang malasing sa pagmamahal mo. At ang pangalawa ang isugal lahat para sa 'yo.

Tigilan Mo Na!

JOYCE: Kung talagang mahal mo ako, itigil mo na ang mga bisyo mo.
FRED: 'Yun lang ba? Kaya ko naman itigil lahat eh. Maliban sa isa...
JOYCE: At ano naman 'yun?
FRED: Ang ibigin ka!

Work Out

DIANE: San ka punta?
NEIL: Sa gym. Bakit?
DIANE: Sama ako, pwede?
NEIL: Sure. Bakit naisipan mong sumama?
DIANE: Baka sakali lang...
NEIL: Baka sakaling ano?
DIANE: Na mag-WORK OUT din ang feelings natin. Malay mo, FIT pala tayo sa isa't isa.

Bastos

ERA: Ano kaya ang pinaguusapan ng mga lalaki kung sila-sila lang?
BECCA: Gaya din natin, kung tayo-tayo.
ERA: Ang babastos talaga nila, ano?!?

Beauty

EDGAR: Pare, bakit gumaganda ang mga babae habang umiinom tayo ng beer?
BRIAN: 'Pre, may kasabihan na "Beauty is in the eyes of the beer holder."

Band-Aid

Umuwing lasing. Nadulas. Nasugatan ang mukha. Tiningnan sa salamin at ginamot. Kinaumagahan...

FRANCES: Lasing ka kagabi, noh?
MICHAEL: Hindi ah..
FRANCES: Hindi? Eh bakit may band-aid yung salamin?!?

Dali

JOEREM: Waiter, bilis... Bigyan mo ako ng isang Redhorse bago magkagulo.
Binigyan agad ng waiter, at mabilis naubos ang beer. Hanggang sa panlimang bote...
JOEREM: Bilis bigyan mo ulit ako bago magkagulo
WAITER: Opo sir, pero kelan po ba yung gulo na sinasabi n'yo?
JOEREM: Baka ngayon na, kasi wala akong pera, eh.

Pera

JOEL: Walanghiya ka, kung hindi dahil sa pera ko wala sana itong bahay natin ngayon!
EVELYN: Ano ka! Kung hindi dahil sa pera mo, eh wala sana ako dito!

Panalo

Habang nagjo-jogging...
JED: Pare, ang ganda naman ng Rolex mo!
GLEN: Napanalunan ko sa karera.
JED: Talaga? Eh ilan naman kayong tumakbo?
GLEN: Tatlo lang... 'yung pulis, 'yung may-ari at ako!

Tattoo

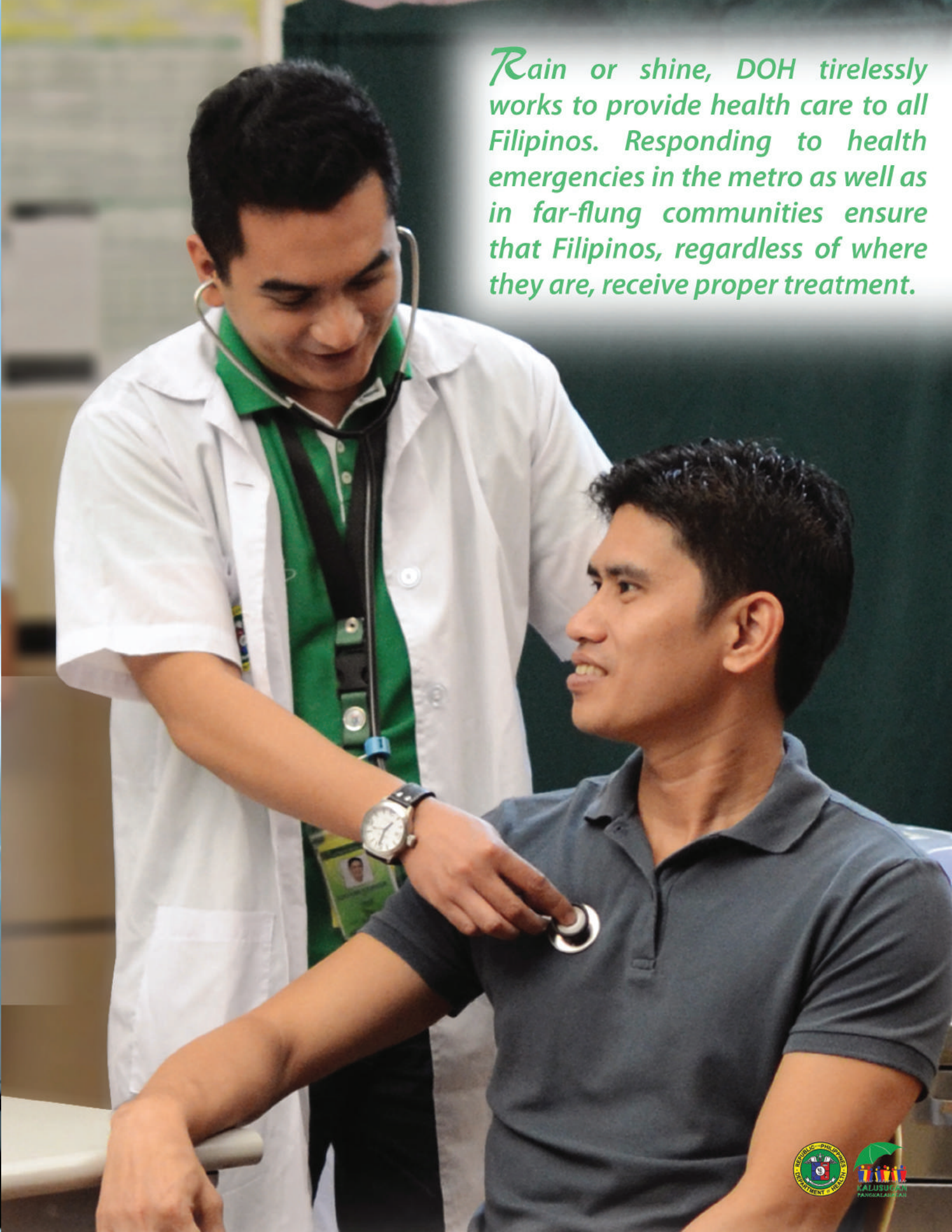
JONNIE: Dad, nagpa-tattoo ako ng Dragon.
NOEL: Pangmacho 'yan ah! Pero bakit sa tiyan? Dapat sa dibdib!
JONNIE: Dad naman, paano makikita ang tattoo ko kung naka-bra ako?!?

Paborito

ALDRIN: Inday, titira dito ang biyanan ko ng isang buwan. Ito ang listahan ng mga paborito n'yang pagkain.
INDAY: Ok po, Sir.
ALDRIN: Kapag may niluto ka d'yan, lagot ka sa akin!

Photo by Rey Soriano

Rain or shine, DOH tirelessly works to provide health care to all Filipinos. Responding to health emergencies in the metro as well as in far-flung communities ensure that Filipinos, regardless of where they are, receive proper treatment.





CONDOM HABIT

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