



HEALTHbeat

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Goodbye
TIGDAS!



Yesterday

The advent of public health started during the Spanish era. Hospital de Real and Hospital de San Lazaro became two of the first hospitals in the country. During the American period, the Philippine General Hospital was established and health promotion activities were initiated to bring health care awareness to the public.



contents

Goodbye Tigdas	5
Look Up to Statistics That Roar	12
Almost 5,000 New Cases of HIV/AIDS in 2013	15
Harmful Use of Alcohol	16
Smoking Cessation Clinics	19
Graphic Health Warnings Now	22
Health is On the Way	25
Top 10 Stories on Kalusugan Pangkalahatan	30
"The Doctor is In" Gets an Anak TV Seal	35
DOH-wide ISO 9001:2008 Certification	37
Innovating CSC-ARMM Form 211	39
Facts About Aflatoxin	41
Tips on Healthy Eating	42
This Page is On Fire	45
Burn	46
Severe Heat	47
Under My Umbrella	48
Swimming in Polluted Waters	49



jokes n'yo

37	stress RELIEF
43	KALAbeat
44	laughter HEALS
50	SAbear

Throwback Tigdas

THROWBACK TIGDAS, this is how we paraphrase Jessica Soho's commentary in her State of the Nation news program on GMA News TV describing the measles outbreak that was hogging the headlines and competing with fireworks-related injuries at the end of the 2013 and onto the first weeks of the new year. Throwback, meaning a sudden reminder of the past, fits measles to a T.

Measles is one of the childhood diseases that the country wanted so badly to be eliminated as early as 2008, but has been reset to 2017. Measles immunization which is given to a child at age 9 to 11 months is the parameter to become a fully-immunized child. And since the schedule of measles immunization comes much later than the rest of the immunization for other childhood diseases, mothers and caregivers tend to forget or take for granted its importance. Moreso, since it is an injectable immunization it takes a trained medical staff to give it and many children are often very afraid to take it. Mind you, we are not blaming mothers and children, we are just stating some of the reasons why measles immunization coverage is still very low despite the availability and accessibility of measles vaccines in health centers nationwide.

You may want to disagree but the expanded programme on immunization (EPI) is what made the Department of Health popular and closer to the mind and heart of the people beginning in the post-Martial Law era. The "Iligtas si Baby sa Tigdas" campaign in the late 1980s used the social marketing approach in communicating government programs. The "Oplan: Alis Disease: National Immunization Days" in the early 1990s used the social mobilization approach to rally local government units and all sectors of society to save children from preventable childhood diseases. It became the benchmark of all health campaigns in the country and the best practice of EPI implementation in Asia and even in the world.

Through the years, the DOH has institutionalized routine immunization in all health centers. It is also prompt in providing immunization services in evacuation centers during disasters and other emergencies. Yet measles coverage remained low in many areas to the point of experiencing outbreaks. If there is one good thing that happened during the measles outbreak, it is the fact that many of the new generation mothers became fully aware of the importance of immunization. Hopefully, the national and local health systems will not fail in providing the most basic services and education. Finally, just to rub it in, we hope that at least P1 billion annual allocation of Sin Tax revenues will go to disease prevention through health promotion.

- The Chief Editors

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Goodbye TIGDAS!

Outbreak!

Well, what do you know? For the first time in recent memory, a health issue other than firecracker/firework-related injury shared the limelight as a year-end-year-opener Department of Health concern: MEASLES.

In October 2013, The regional epidemiology surveillance unit (RESU) of the DOH-National Capital Region (NCR) reported an increasing number of measles cases in nine cities of Metro Manila. The DOH-NCR immediately warned local health authorities and directed them to strengthen the routine immunization in their respective areas to counter the increasing trend of measles cases.

In November, Director Eduardo C. Janairo ordered the replenishment of measles vaccines in all health facilities in Metro Manila in any instance that measles cases continued to rise and pose a threat of an outbreak.

Precautionary notices were sent to communities through barangay health workers. Measles warnings were aired by media and urged residents to bring children aged 9 months to 12 years old for vaccination to the nearest health center.

And as predicted, measles cases in the region burgeoned to more than a thousand per cent. The DOH-NCR instructed the deployment of teams of nurses to assist in evaluating patients and provide the necessary vaccinations to prevent further transmission of the disease. But the numbers kept on rising.

On January 4, 2014, the DOH declared an outbreak of the disease in Metro Manila and other parts of the country. Health Assistant Secretary and Director of National Epidemiology Center, Dr Enrique A. Tayag, reported that from January 1 to December 14, 2013, there were already 1,724 confirmed measles cases nationwide with 21 deaths. He added that among the 17 regions in the country, only four did not

report an increase in the number of measles cases – Central Visayas, Eastern Visayas, Northern Mindanao and the Caraga region in Mindanao.

The NCR had the most number of cases with 744. Measles outbreak was declared in the following Metro Manila areas: Quiapo, Sampaloc, Tondo, Binondo, Sta. Cruz, Port Area and Sta. Mesa in Manila; Dagat-dagatan and Bagong Barrio, in Caloocan City; Talon 2, Talon 5 and Pamplona Uno in Las Piñas; Longos and Tonsuya in Malabon; Alabang and Putatan in Muntinlupa; North Bay Boulevard South in Navotas; Moonwalk and Don Bosco in Parañaque; Bagong Tanyag in Taguig; and Ugong in Valenzuela

By this time, the DOH appealed to parents to have their children vaccinated against measles. Health Secretary Enrique T. Ona, however, reiterated that there was no reason to be scared, or to be too concerned. He emphasized the importance for parents to take a good look at their children always, so that when symptoms of measles appear,

the child could be brought to the hospital or health center.

In the final tally for 2013, a total of 6,497 suspect measles cases were reported nationwide, and 2,232 were classified as confirmed measles cases, including 23 deaths. NCR had the highest number of cases at 1051 (47%), followed by Southern Luzon with 526 (24%) and Western Visayas with 306 (14%) cases.

During the weeks of the measles outbreak, the media were reporting a new strain of the measles virus. The DOH was quick to assure the public that there was no new strain, citing the findings of the Research Institute for Tropical Medicine. A Filipino hip hop dancer who had flu-like symptoms on the day of the dance competition in Australia was also reported to have infected at least 14 people there. Squeezing the issue even further in the news were opinions on how the DOH was not handling the outbreak right and questions on why measles cases escalated despite the availability and accessibility of the vaccines.

As ASec Tayag pointed out, "Vaccines will not save lives, vaccination will."

Flashback

The Expanded Programme on Immunization (EPI) started in 1976 with the aim of making every Filipino child a fully immunized child (FIC). In 1986, to reach the Universal Child Immunization goal, one of the four major strategies the DOH explored was eliminating measles by 2008.

During these times, the standard routine immunization schedule for infants adopted in the Philippines was to provide maximum immunity against six vaccine-preventable diseases – childhood tuberculosis, diphtheria, pertussis, neonatal tetanus, polio and measles – before the



Health Secretary Enrique T. Ona (left) performs measles immunization together with Health Assistant Secretary Enrique A. Tayag (right) and World Health Organization Representative to the Philippines Dr. Julie Hall (center back) during the press conference to announce the "Goodbye Tigdas" campaign. (Photo by Paking Repelente)

child's first birthday. (Note that Hepatitis B vaccine was introduced and made available in the EPI since 1992 to only 40% of the infants. insufficient funds limited the immediate full implementation of the Hepatitis B vaccination. However, the enactment of Republic Act No. 10152 otherwise known as the "Mandatory Infants and Children Health Immunization Act" in June 2011 provided for all infants to be given the birth dose of the Hepatitis-B vaccine

within 24 hours of birth.)

Measles immunization has always been the most crucial and problematic in achieving the country's goal of at least 90% FIC. Measles vaccine is the last and given way behind other vaccines in the immunization schedule at 9 – 11 months old. Parents and caregivers have the tendency to forget or take for granted the importance of this

Please turn to page 9...



Ano ang Tigdas?

- Isang nakakahawang sakit na karaniwang apektado ay mga batang may edad 6 na buwan hanggang 12 taong gulang.
- Ito ay galing sa measles virus (rubeola).
- Kadalasan ang mga bata sa mahihirap na bansa ang nagkakaroon ng tigdas.

Anu-ano ang mga sintomas ng tigdas?

Ang mga sintomas ng tigdas ay:

- Lagnat na tumitindi pagdating ng 4-5 araw
- Sipon at ubo
- Pamumula at pagmumuta ng mga mata
- Kakaibang rashes sa buong katawan.

Agad na komunsulta sa health center kung may lagnat na ng dalawang araw upang mabigyan ng tamang lunas.

Kung hirap sa paghinga, pag-inom at pagkain, at nanghihina, agad na pumunta sa ospital.

Nakamamatay ba ang tigdas?

Oo, nakamamatay ang tigdas dahil sa komplikasyon na maaari nitong idulot tulad ng pulmonya. Maaari ding magkakaroon ng impeksyon sa tainga na puwedeng kumalat sa utak.

Paano nagkaka-tigdas ang isang tao?

- Kapag umubo o bumahing ang taong may tigdas ay maaaring maipasa ang virus sa ibang tao. Lalabas lamang ang mga sintomas ng tigdas matapos ang 8-12 araw.

Ano ang dapat gawin sa mga taong may tigdas?

- Ihiwalay ang mga may sakit na tigdas. Nakakahawa sila sa loob ng 4 na araw bago magkaroon ng sintomas ng tigdas, at hanggang sa 5 araw pagkatapos lumabas ang mga rashes.
- Mahabang pahinga at pagtulog ang kailangan ng bata.
- Kapag mataas ang lagnat, maaaring punasan ng maligamgam na tubig gamit ang bimpo. Iwasang punasan ang likod ng bata.
- Painumin ng maraming tubig.
- Tanggalin ang mga muta sa mata sa pamamagitan ng tubig na may konting asin.
- Diliman din ang kuwarto dahil sensitibo ang kanilang mata sa liwanag.
- Gupitin ang mga kuko at lagyan ng guwantes ang mga kamay para hindi magsugat ang balat sa pagkamot.
- Maaaring pahiran ng Calamine lotion ang mga makakating rashes.
- Kung may ubo at plema, ipainom ang ineresetang gamot ng doktor.





Maaari bang painumin ng kolantro ang may tigdas para gumaling agad at mawala ang mga rashes?

- Walang kinalaman ang pag-inom ng kolantro sa agarang paggaling ng pasyente.

Maaari bang pakainin ng nilagang itlog ang pasyente para lumabas lahat ang mga rashes?

- Ang pagpapakain ng nilagang itlog ay makatutulong para lumakas ang resistensya ng pasyente, hindi para lumabas lahat ang rashes ng pasyente.

Paano maiiwasan ang Tigdas?

- Gatas ng ina ang ibigay sa bata mula pagka-panganak hanggang 2 taong gulang o higit pa para lumakas ang resistensya.
- Pabakunahan ng dalawang beses laban sa tigdas ang mga bata sa edad na 9 na buwan at isang taong gulang sa pinakamalapit na health center.
- Kailangang kumpletuhin ang dalawang bakuna para sa higit na proteksyon laban sa tigdas.

Mali ang paniniwalang ang Tigdas ay karaniwang sakit na pagdadaan ng lahat ng mga bata na sadyang malalagpasan at lilipas din.

Ang Tigdas ay nakamamatay kaya hindi dapat balewalain!

Pabakunahan laban sa Tigdas ang inyong mga anak sa malapit na health center para masiguro ang kanilang kalusugan.

**Libre ito sa lahat ng health center, kaya
Bawal maningil, Bawal ang donasyon!**



...Continued from page 6

vaccine.

In 1988, measles was the first DOH campaign in the post-Martial Law era that used the social marketing approach to public information and health education. "Iligtas si Baby sa Tigdas," became the slogan to motivate parents to take their children to their nearest health center for free immunization. Wednesday has been designated as an immunization day.

In 1992, the DOH committed to conduct National Immunization Days annually for three years to accelerate the elimination of polio as well as to improve EPI coverage reach the country's FIC targets. Social mobilization and recruitment of 400,000 volunteers in 64,000 vaccination points were utilized in this grand health campaign which became the first in Asia. This approach could be done for oral polio vaccine because vaccination can easily be done by non-medical personnel. For measles

vaccine, however, it takes a different strategy because a trained medical staff is required to administer the injection.

By this time, routine immunization has been institutionalized and the steady supply of the vaccines in all health centers nationwide was established by the DOH. From time to time, the DOH needed to conduct nationwide supplemental immunization days and even extending to months, especially for measles, to reduce the number of children at risk of getting the infection which has accumulated over the years because of low immunization coverage in some areas as well as the need to eliminate measles in the country by 2008, an ambitious target that the Philippines set ahead of its neighbors in the Western Pacific Region.

There was the "Iwas Tigdas" in 1998; "Ligtas Tigdas" in 2004, "Knock-Out Tigdas" in 2007, and "Iligtas sa Tigdas ang Pinas" in 2011. All these measles campaigns used

the door-to-door immunization approach, meaning medical staff went to houses and schools to vaccinate target children against measles. Special immunization activities for children were also being conducted during outbreaks and as a preventive measure in evacuation centers during disasters and emergencies.

The first dose of the measles vaccine is given to children aged 9 to 11 months, while a second or booster dose is given to children aged 12 to 23 months. However, vaccination of children aged 6 months old is recommended for places with an outbreak.

With all these efforts, several children are still unvaccinated, and the goal to achieve "herd immunity" to measles has not been reached. Herd immunity is when more than 95% of the targeted children are vaccinated, and it is very difficult to achieve because during national or local government vaccination drives, certain



In early January, the Department of Health and local government units stepped up vaccination activities to prevent further outbreak in Metro Manila. Health Undersecretaries Janette L. Garin and Teodoro Herbosa are shown here leading a vaccination drive. (Photo by Paking Repelete)

places are not being covered, including areas with armed conflicts, slums, new settlements and even private subdivisions and high-rise condominiums. In fact, the country's target to eliminate measles by 2008 has been postponed to 2017. Measles elimination means that in a population of 100 million, like the Philippines, the laboratory-confirmed cases should not exceed 100 people.

With large population movement especially in Metro Manila and other big cities, a mix of vaccinated and unvaccinated population coexist. A measles patient can infect several other unvaccinated children and adults, thus outbreaks are likely to occur. In the recent outbreak in Metro Manila, babies under 9 months old were reported in media getting measles. In these cases, exclusively breastfeeding babies immediately upon birth and up to six months is very important to boost protection against many childhood diseases.

If there is one good thing that happened in the outbreak, it is the fact that many parents realized the importance of measles immunization that many of them are seen voluntarily submitting their children for it.

Spread the Knowledge Not the Virus

Measles is a highly contagious, serious disease caused by a virus. It remains one of the leading causes of death among young children globally, despite the availability of a safe and effective vaccine. As high as 10% of measles cases result in death among populations with high levels of malnutrition and a lack of adequate



Babies should be breastfed immediately upon birth to give them an immune boost from their mothers' colostrum, which is only produced at the first feed. Then, they should be breastfed as often as they want to for the next several months, and not be given any other food or drink. This is the best all-natural way of giving children protection against many diseases that stalk them in schools, playgrounds, and in other public places. Children should also be given the appropriate vaccinations for their age to ensure further immunity against other dangerous pathogens they may encounter later in their young lives. (SOURCE: WHO)

health care. Women infected while pregnant are also at risk of severe complications and the pregnancy may end in miscarriage or preterm delivery

Measles is caused by a virus of the paramyxovirus family. The measles virus normally grows in the cells that line the back of the throat and lungs. The virus is spread by coughing and sneezing as well as close personal contact or direct contact with infected nasal or throat secretions. The virus remains active and contagious in the air or on infected surfaces for up to two hours. It

can be transmitted by an infected person from four days prior to the onset of the rash to four days after the rash erupts.

The first sign of measles is usually high fever which begins about 10 to 12 days after exposure to the virus, and lasts four to seven days. Other symptoms include runny nose, cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a red rash erupts, usually on the face and upper neck. Over about three days, the rash spreads, eventually reaching the hands and feet. The rash lasts for five to six days, and then fades. On the average, the rash occurs within a range of seven to 18 days.

The most serious measles-related complications are severe respiratory infections such as pneumonia, severe diarrhea and related dehydration, encephalitis or an infection that causes brain swelling, ear infections, blindness and even death. Complications are more common in children under the age of five, or adults over the age of 20.

No specific antiviral treatment exists for the measles virus. Severe complications can be avoided

through supportive care that ensures good nutrition, adequate fluid intake and treatment of dehydration with the World Health Organization-recommended oral rehydration solution. This solution replaces fluids and other essential elements that are lost during diarrhea or vomiting. Antibiotics should be prescribed to treat eye and ear infections, and pneumonia. Children diagnosed with measles should also receive two doses of vitamin A supplements, given 24 hours apart. This treatment restores low vitamin A levels during measles that occur

even in well-nourished children as well as helps prevent eye damage and blindness. Vitamin A supplements have been shown to reduce the number of deaths from measles by 50%

Routine measles vaccination for children, combined with mass immunization campaigns in countries with high case and death rates, are key public health strategies to reduce measles deaths. The vaccine has been in use for 40 years. It is safe, effective and inexpensive. The measles vaccine is often incorporated with rubella (German measles) and/or mumps vaccines in countries where these illnesses are problems. It is equally effective in the single or combined form.

Fast Forward

From January 23 to February 3, 2014, the DOH staged an expanded catch-

up campaign aimed at preventing measles outbreaks and at the same time vaccinating every child who missed their routine measles immunization which means for two doses of the measles vaccine - first at between age 6-11 months and second at 1 year.

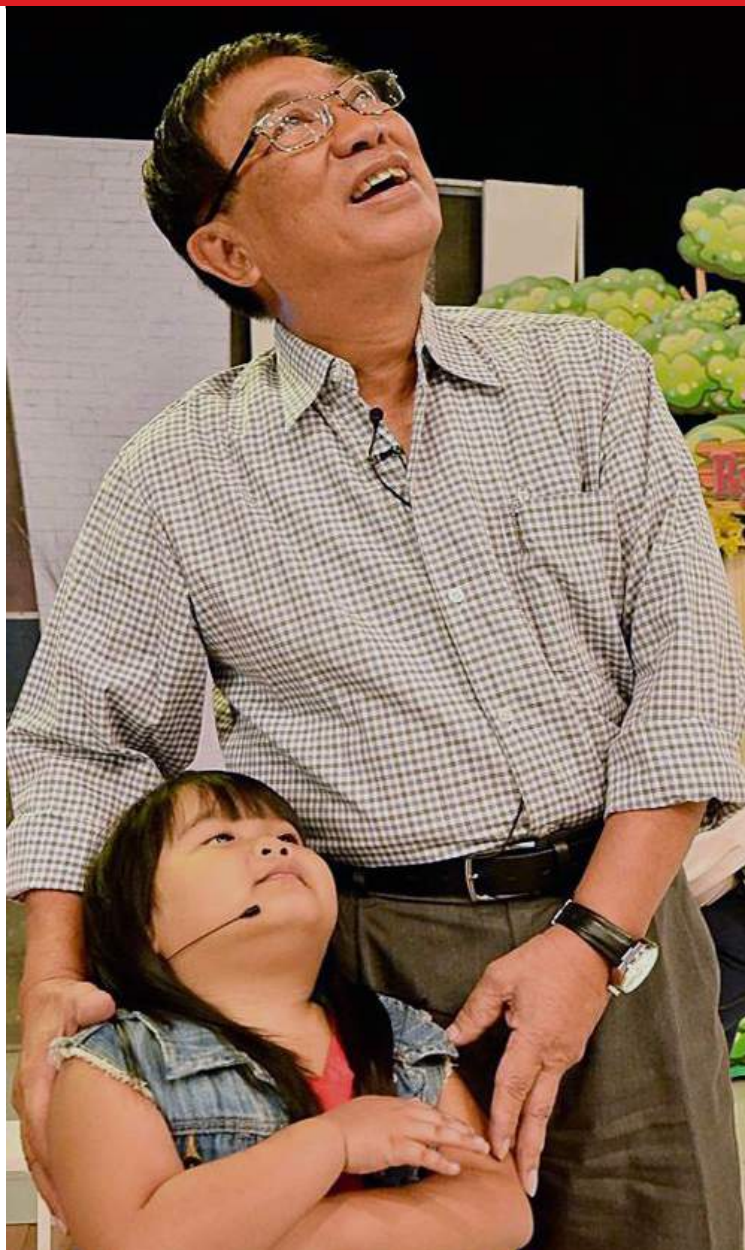
Dubbed as "Goodbye Tigdas," the campaign initially covered over 2 million children aged 6 months to 3 years in Metro Manila and seven nearby provinces, namely: Cavite, Laguna, Batangas, Rizal, Quezon, Bulacan and Pampanga. These areas were targeted because of increasing number of measles cases or deaths among children 3 years and under, contiguity with areas with reported outbreak (several areas in Metro Manila), several communities with low vaccine coverage, high population density, and high population mobility. vaccination is limited at health centers so that local government units can maximize

time with available health center staff. More importantly, mothers can also seek other health services for their families. Participating LGUs had the option to deploy teams to areas where turnout at health centers was low. The DOH also reiterated that the vaccines are provided to children for free as it enjoined health centers to refrain from asking for donations for immunization services not only for measles but also for other vaccine-preventable diseases.

Secretary Ona announced that a nationwide mass measles and oral polio vaccination campaign for 13 million children aged 9 months to 4 years old is slated in September 2014 or even earlier.

by **ANTHONY R. RODA**
and **GLEN S. RAMOS**
HEALTHbeat Staff





(Photos by Paking Repelente and Romy Caparas)

Look Up to Statistics that Roar

by
ELIZABETH G. MASCAREÑAS, RN, MPH
HEALTHbeat Staff

Did this, done that. Whatever the public, netizen and media commented on how the Department of Health handled the Iwas Paputok (Fireworks Injury Reduction) campaign in 2013, it

has explored everything, yet many of the needed measures are beyond its control. Nevertheless, the DOH has not stopped coordinating with various stakeholders, pushing laws and policies, administering

emergency services, doing research and surveillance, providing information, and yes, educating while entertaining the public just to make the longest and merriest Yuletide season in the country safe.

Target the Children

Every year, the 6-15 years old age group comprises the majority of injuries due to paputok (ffireworks/firecrackers), and they are the main target of the DOH campaign.

In a desperate move to lessen fireworks related injuries particularly among children, the DOH launched the Iwas Paputok campaign on the first week of December 2013 with Health Assistant Secretary Enrique A. Tayag dancing to the tune of Katy Perry's "Roar." The DOH wanted to spread the message that instead of using paputok, the public should dance in home or street parties, among other safe alternative merrymaking activities.

ASec Tayag's talent in dancing became public in 2011 for Iwas Paputok that his "Roar" dance, although still very much highly anticipated, was not a surprise anymore. What became unprecedented in last year's campaign was Health Secretary Enrique T. Ona's guesting in "The Ryzza Mae Show" on GMA 7 on December 19.

Ryzza may rightfully claim that she is the most popular child star of this generation, knowing that this "Aleng Maliit" has a great number of children and even adults following her on television, commercials and lately, movies. The health chief saw the opportunity to guest in Ryzza's TV show to encourage children not to use or even touch paputok, and instead use the dependable "torotot" (party horns) or watch community fireworks displays.

Although the October 2013 survey conducted by the DOH-National Epidemiology Center among Grades 1-5 in public and private schools in the National Capital Region (NCR), Region 1 and Region VI (the three regions with the highest paputok-related injuries in 2012) revealed that schoolchildren still prefer gory images

of maimed hands or loss of fingers to make them stop from using paputok, the DOH decided to scale down the use of gruesome images in light of the recent calamities that devastated the country, particularly the Zamboanga crisis and the massive flooding in Olongapo City in September, the 7.2 magnitude earthquake in the Visayas in October, and the most recent, Super Typhoon Yolanda affecting over 9.6 million people in eight regions of the country.

Thus, the campaign carried the theme, "Maging Ligas Ngayong Kapaskuhan, Mga Biktima ng Kalamidad Handugan." Ona opined, "When again many children get maimed from firework-related injuries, it becomes another disaster which

we can pretty much avoid."

Roaring Statistics

From December 21, 2013 - January 5, 2014, the DOH Fireworks-Related Injury Surveillance collected data from 50 sentinel hospitals composed of DOH, local government and private hospitals throughout the country. As the data came in, the DOH noted and expected that the number of paputok injuries would rise. Tayag who is also the DOH chief epidemiologist said, "People are in a festive mood towards the celebration of the New Year, reeling from the somber mood after the series of calamities that hit the country and so this



In an unprecedented move for the Iwas Paputok campaign, Health Secretary Enrique T. Ona guests in Aleng Maliit's "The Ryzza Mae Show" featuring on GMA-7. (Photos by Paking Repelente)

is one of the reasons why we are predicting 50 to 80 new firework-related injuries every hour."

Towards the New Year's eve celebration, the DOH shifted its messages and showed in media the various medical instruments to treat injuries and even cut bones. The DOH welcomed moves of local government units (LGUs) to enforce total ban of use of paputok by individuals, especially children and instead limiting its use to community firework display or the so-called "Just Watch, Do Not Touch" approach.

And the final countdown revealed the number of firework related injuries in 2013 was higher than in 2012. As of 6:00 am of January 6, 2014, the DOH reported a total of 1,018 paputok-related injuries. This is 73 (8%) cases higher than the five-year (2008-2012) average and 87 (9%) cases higher compared to the same time period last year. Majority (587 or 58%) of the cases were from NCR, followed by Region 4-A (CaLaBaRZon) with 80 (8%) cases and Region 6 (Western Visayas) with 73 (7%). In NCR, Manila 215 (37%), Quezon City 130 (22%), Mandaluyong 45 (8%), Marikina 37 (6%) and Las Piñas 36 (6%) reported the most number of injuries.

There were two cases of paputok

ingestion – a 1 year old and a 6-year old who ingested Popup and lucas. There were 19 cases of stray bullet injuries, which is lower compared to 2012 with 25 cases.

Of the total, 997 (97.9%) were paputok injuries, and 818 (82%) were males. Ages range from 1 yr to 74 yrs (median=14 yrs). A total of 250 (25%) cases were children less than 10 years old, and 376 (38%) were caused by the banned piccolo. The other fireworks that cause the most injuries were unknown firecrackers 121 (12%), Kwitis 105 (11%), Five star 46 (5%) and Pla-pla 45 (5%).

The DOH also reported 843 (85%) blast injuries without amputation compared to 753 (83%) in 2012. There were 25 (3%) amputations this year compared to 34 (4%) last year, and 147 (15%) eye injuries compared to 137 (15%) last year. Also, there was proportionately less by-standers who had injuries among those who had injuries in 2013 (363 or 36%) compared to 450 or 50% in 2012.

One death was reported. The most serious injuries incurred by the victims were that of the two boys from Balong Bato, Quezon City, who were gathering used firecracker powder that suddenly exploded on them. An 11-year old boy had amputation

of both hands and enucleation of his left eye, while a 12-year old boy died because of a severe head injury. The family donated the boy's kidneys to an ailing diabetic. Ona called this "an act of uncommon heroism and kindness."

Based on the statistics, Ona observed that the number of injuries could have been reduced if fewer revelers used piccolo. Because piccolo has consistently been the top firework that caused these injuries for so many years now, he urged LGUs to review their procedures on enforcement of their existing ordinances. For its part, the DOH has readied its draft bill on paputok and is looking for proponents in the newly-installed 16th Congress.

This draft bill will absolutely ban the use of paputok in residential areas, in order to safeguard the safety and health of the population in the community, and allow LGUs to identify specific non-residential areas in the barangay wherein the use of paputok will be contained, such that said activities will be regulated and controlled by the government authorities to avoid possible paputok-related injuries.

Moreover the draft bill calls for the absolute ban on the sale of paputok to children, to prevent them from using firecrackers unsupervised by their parents or guardians, and protect them from potential dangers arising from its use, aside from possible health illnesses they may sustain.

All Iwas Paputok efforts have not turned into smoke. As statistics seemed roaring and looking up, most injuries however were relatively milder in 2013. Paputok victims, no matter how small their injuries, were rushing to hospitals for prompt treatment including the anti-tetanus vaccine. There were also fewer injuries among children less than 10 years old compared to previous years.

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As statistics seemed roaring and looking up, most injuries however were relatively milder in 2013.

Almost 5,000 New Cases of HIV/AIDS in 2013

Although the prevalence of HIV/AIDS in the country is still considered low, the Philippine HIV and AIDS Registry for 2013 reveals a 69% increase in the newly reported HIV cases compared to the same period in 2012.

From January - December 2013, there were a total of 4,814 new cases. For 2012 and 2011, the registry showed 3,152 and 2,239 cases, respectively. In 2013, 94% were infected through sexual contact, 6% through needle sharing among injecting drug users, and less than 1% through mother to child transmission. There were 4,326 male and 214 female infected through sexual transmission.

The new infections are largely concentrated among key populations with specific risk behaviors, such as unprotected male-to-male sex, commercial (transactional) sex and injecting drug use. The age group with the most number of

cases are 20 - 34 years old. A significant number of cases are also reported among males 15 - 19 years old.

There were 197 deaths reported in 2013. The annual number of deaths from 1984 - 2010 ranges from 2 to 36 cases with an average of 14 deaths per year. However, beginning 2011, there was an increase in the number of recorded deaths, with 69 in 2011 and 177 in 2012.

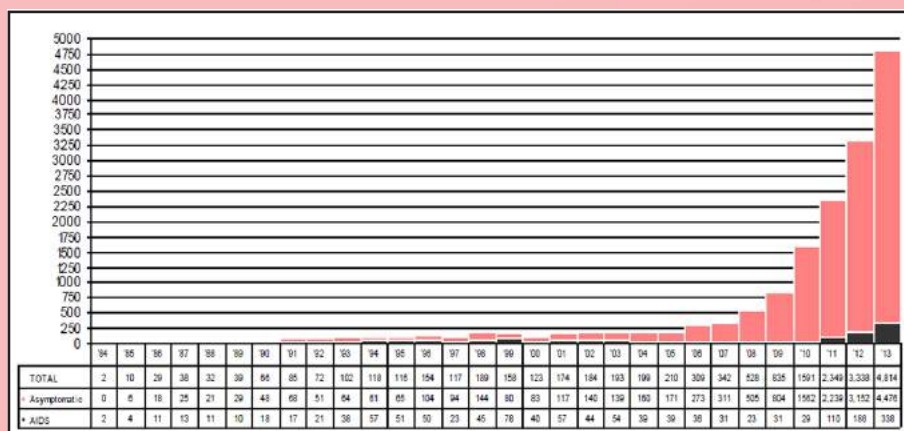
As of December 2013, there are 5,564 people living with HIV presently on anti-retroviral therapy (ART). These are the combined numbers of adult and pediatric patients currently enrolled and accessing anti-retroviral drugs in the 17 treatment hubs or hospitals around the country. This number is not cumulative and it does not include those who already have died, left the country, or decided to stop taking ART.

Since 1984 to present, there were 16,516 cases reported. Half (7,622 cases)

came from the National Capital Region. The other highest reporting regions were: CaLaBaRZon (13% or 1,995), Central Visayas (9% or 1,408), Central Luzon (8% or 1,270), and Davao Region (6% or 926). The rest of the country comprised 14% (2,158) of all cases.

The Philippines is one of only two countries in Asia, and one of seven globally, where the number of new HIV cases has increased by over 25% from 2001 to 2009. The biggest challenge the country faces now is to reach the targets of Millennium Development Goal No. 6 – halt AIDS with zero new HIV infections by the end of 2015; reverse the spread of HIV/AIDS, and; improve the quality of life of people living with HIV. This means primary prevention and diagnostic and treatment services to be made available to the most at risk population groups, especially in areas with high incidence of new HIV/AIDS cases.

Number of HIV/AIDS Cases Reported in the Philippines by Year, January 1984 to December 2013 (N=16,516)



Harmful Use of Alcohol

"Drink Moderately or Responsibly" May NOT be the Right Message Anymore

by

ANTHONY R. RODA, MaHeSoS

HEALTHbeat Staff

Alcohol and Young People

"I can buy you, your friends, and this club," allegedly blurted out by an intoxicated Anne Curtis who also reportedly slapped other guests at an upscale club in Taguig City. Curtis, an endorser of an alcohol brand which is advertised as ideal for mixed drinking and marketed for the youth, made a series of Twitter posts after the incident went viral late last year. She said, *"For those who have read about the issue, yes, most of it is true... I had been on the super popular juice cleanse for 3 days and attended my best friends bachelorette that night, had one too many drink which led to some of these unfortunate events. That's why they say 'Drink in moderation.'"*

In situations like this, drinking moderately or responsibly, the so-called self-regulation message being proliferated by the alcohol industry, is emphasized but it hides the real health concern which teenagers and young adults usually engage in as part of their socialization – binge drinking. It may be defined as consuming five or more drinks in about two hours for men or four or more drinks for women.

Binge drinking takes a heavy toll on young people. They are at increased risk for alcohol-related harm. Alcohol clearly affects the brain as drinking results to difficulty in walking, blurred vision, slowed reactions, blackouts and impaired memory. Some people experience these impairments after only one or two drinks. Alcohol consumption

by young people carries particular risk because of the specific effects that alcohol has on their still developing brain. Recent studies have shown that the human brain does not stop developing at adolescence, but continues on in the twenties.

The World Health Organization (WHO) states that harmful use of alcohol is closely related to problems of injuries, traffic crashes, risky sexual behaviors and unexpected pregnancies. There is also a strong association between alcohol consumption and tobacco and other drug use among young people.

A lot of factors influence how and to what extent alcohol affects the brain, including how much and how often a person drinks, the age at which first drinking began, the person's age, level of education, gender, genetic background family history of alcoholism, among others. Even moderate drinking leads to short-term impairment, as shown by extensive research on the impact of drinking on driving. And repeated use of alcohol has a long-term negative effect on memory and learning.

In general, there is little awareness over the negative effects of alcohol consumption. It is hardly known for instance that ethanol in alcoholic beverages has been identified by the Interagency for Research on Cancer (IARC) as a group 1 carcinogen in humans, and this applies a stronger particular risks associated with drinking by young people.

Numerous studies dating back

several decades show that alcohol and heart health have a positive relationship. Moderate alcohol use may be of most benefit only for older adults or for those with existing risk factors for heart disease, such as high cholesterol. However, several current studies have linked even a little drinking of alcohol to a higher risk of cancer of the breast, liver, rectum, throat, mouth, and esophagus.

At any age, evidence shows that even moderate drinking may cause more harm than good. And it is clear from research that the strongest predictor of alcohol dependence in adulthood is heavy drinking during adolescence.

Addressing the Harmful Use of Alcohol by Young People

The WHO Western Pacific Regional Office and the Department of Health-Hong Kong Special Administrative Region called on a regional meeting to address the harmful use of alcohol by young people in Hong Kong, China on November 12-14, 2013. It was attended by 33 delegates from 17 countries, including the Philippines. This served as a follow-up to the meeting on "Non-Communicable Diseases Prevention and Control through the Reduction of Alcohol-Related Harm" also held in Hong Kong in 2012.

Alcohol consumption among young people is of growing concern throughout the Region, and has become the leading risk factor for disease burden and

injuries. At the regional and global level, WHO recently accorded high priority to the reduction of alcohol-related harm with the endorsement and implementation of the Global Strategy to Reduce Harmful Use of Alcohol and the Regional Strategy to Reduce Alcohol-Related Harm.

WHO urged countries to take key actions, such as increasing taxation and limiting alcohol marketing and access to alcohol through age restrictions, with the aim of reducing drinking and its negative consequences among young people and the general population.

In many countries represented in the meeting, prices of alcoholic beverages have become relatively lower and the product more affordable over the past years. Appropriate taxation provides a powerful means of making alcohol action sustainable.

In general, there is poor regulation of marketing of alcoholic beverages in the Region; in a significant number of countries there are no legal restrictions at all on marketing; in other countries the regulation and control of marketing is left to self regulation by the alcohol industry which is known to be deficient; and in some other countries, legislation may be present but enforcement mechanisms are not sufficient. On the other hand, the alcohol industry continues to establish a positive image for its products among young people through increased use of traditional and new media as well as sponsorship of sports or cultural events. The participants agreed that the ultimate goal must be a complete ban on all forms of marketing alcohol, as with tobacco products.

The participants also agreed that there must be no misunderstanding over drinking among young people, that young people should not drink alcoholic beverages. The initiation to drinking must also be

deferred as long as possible, preferably until the age of 21, but certainly not before 18. Legislation and its enforcement on minimum age for alcohol consumption and supply to minors are obvious instruments to protect young people.

Drunk driving control is regarded to be a relatively easy, achievable and necessary target for action, given also the fact that alcohol associated road accidents are a leading cause of death in the 15 to 29 years old. Evidence as collected on the establishment of legislation and its enforcement in some participating countries showed the ensuing positive impact on prevalence of road traffic fatalities.

The setting up of alcohol-free zones in communities or localities is increasingly being used on behalf of public safety, public order and public health. It is an effective way to reduce alcohol-related problems, for example during sports or cultural events, and deserves to be utilized more structurally by local governments. In this connection attention needs to be given also to certain settings like schools and working places that benefit from a clear "no alcohol drinking" rule.

In many countries, existing licensing regulations and systems need to be strengthened to maximize their potential to maintain public safety and public health. Effective control of density of outlets and opening hours is contributing to reducing alcohol related problems in communities. Furthermore, licensing is an obvious mechanism for the control of illicit alcohol.

The very nature of alcohol control requires a multi-sector approach. This is a requirement, a challenge, and at the same time, an opportunity to join



forces with institutions beyond health.

Young people themselves can be powerful partners or initiators for developing protective measures for their own health and safety when it comes to alcohol consumption and the promotion of alcoholic beverages. It is feasible and important to have young people's organizations at community or national level involved as full partners in policy development in this area.

Alcohol Control in the Philippines

Last year, two important pieces of legislation on alcohol control were enforced – Republic Act 10351 (An Act Restructuring the Excise Tax on Alcohol and Tobacco) otherwise known as the Sin Tax Reform and Republic Act No. 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 Sin Tax is already

on its second year of implementation while the Anti-Drunk and Drugged Driving with its implementing rules and regulation that took effect on September 21, 2013 would still take time before it is fully implemented because the Land Transportation Office will need to train police and traffic enforcers on the use of gadgets like the breath analyzer machines, how to conduct sobriety tests, and other protocols in apprehending violators of the law.

Despite these laws, much is still to be desired by the government, particularly the Department of Health, with regard to evidence-based data and implementation of policies and program on the reduction of alcohol-related harm vis-à-vis youth drinking. The DOH is concerned about the issue yet not many focused efforts take place. Reduction of alcohol-related harm in the DOH remains to be fragmented and only a small part or just mere alcohol control message are incorporated in various health programs/campaigns such as the prevention

and control of non-communicable diseases, healthy lifestyle, road safety, adolescent health and development, substance abuse, and even mental health.

However, the DOH is missing out the right message on the reduction of the harmful use of alcohol. In its Pilipinas Go4Health message targeting the youth and young adults for example, “Go Slow sa Tagay” or “Drink Moderately” is being communicated instead of “No Alcohol.” Moreover, the DOH should seriously think of developing a program specifically on the reduction of alcohol-related harm. The program may take the form of the National Tobacco Control Program in which multi-sector collaboration is deemed necessary to implement various strategies that include development and implementation of policies, settings approach advocacy, and education.

Following the WHO Global Strategy to Reduce Harmful Use of Alcohol and the Regional Strategy to Reduce Alcohol-Related Harm, the 10 areas for policy measures and interventions must be addressed: 1) leadership, awareness and commitment; 2) health services' response; 3) Community action; 4) drunk-driving policies and countermeasures; 5) availability of alcohol; 6) marketing of alcoholic beverages; 7) pricing policies; 8) reducing the negative consequences of drinking and alcohol intoxication; 9) reducing the public health impact of illicit alcohol and informally produced alcohol; and 10) monitoring and surveillance.

With the high proportion of young people and increased alcohol consumption in the Philippines, more specific action is urgently needed to address the harmful use of alcohol by young people. The DOH can look at the WHO strategy through a youth lens and even draft a country-specific youth strategy and effective interventions.



Art by Antonio Totto, Jr.



Lung Center of the Philippines is one of the DOH hospitals that offer smoking cessation services. (Photo courtesy of Riza San Juan)

Smoking Cessation Clinics

Health Secretary Enrique T. Ona, in a press statement on January 21, 2014, urged smokers who want to quit visit smoking cessation clinics all over the country and that there are enough health workers and medical professionals to help. He said, "The time to quit is now."

The Philippine Global Adult Tobacco Survey conducted in 2009 revealed that 17.3 million (28.3%) Filipinos aged 15 years and above currently smoke tobacco. Of this total, 14.6 million (47.7%) are men while and 2.8 million (9%) are women. About 80% of these men and women smoke daily averaging 11.3 and 7 sticks of cigarettes per day respectively. However, more than half (60.6%) of them want to quit. This translates to around 10 million Filipinos needing help to quit smoking.

According to the World Health Organization's Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence, it will not be possible to reduce

tobacco-related deaths over the next 30-50 years unless adult smokers are encouraged to quit. Due to the addictiveness of tobacco products, tobacco users will need support in quitting. However, only a small percentage of cigarette smokers (1-3%) achieve lasting abstinence, which is at least 12 months of abstinence from smoking, using will power alone.

An array of reasons why smokers want to kick their bad habit, including: health problems caused or exacerbated by smoking; children or loved one being affected by smoking; expectations of benefits for self and others; personal appearance and smell; increasing price of cigarettes; and the desire to achieve self-control. Others want to quit for increased energy or physical endurance, and because of the support for quitting they get from family and friends.

The world renowned American author and humorist Mark Twain quipped, "Quitting is easy, I've done it a thousand

times." Quitting is not that easy because tobacco dependence is a cluster of behavioral, cognitive and physiological phenomena. Very few tobacco users can successfully quit the habit in their first attempt. However, the evidence is strong that quitting can be done.

Nicotine – one of the three main components of cigarettes – the other two being tar and carbon monoxide – is the most addictive. It is absorbed into the blood and affects the brain within 10 seconds. It causes smokers to feel good because of the chemicals in the brain that nicotine releases. It also causes a surge of heart rate, blood pressure, and adrenaline which also feels good.

But nicotine also leaves the brain as fast as it enters, thus craving for another cigarette sets in. For heavy smokers and those who started smoking at a very young age, quitting causes nicotine withdrawal syndrome that leads to irritability, frustration

Please turn to page 21...

WANT TO QUIT SMOKING?



Visit a **SMOKING CESSATION CLINIC** nearest you.

DR. JOSE RODRIGUEZ MEMORIAL HOSPITAL

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0916-2683838/ 0943-6452152
Schedule: Mondays – Fridays 8:00 am – 4:30 pm

E. AMANG RODRIGUEZ MEM. MEDICAL CENTER

2nd floor, Out-Patient Dept. Brgy. Sto. Niño, Marikina
Telephone number: 948-1263 loc 274
Schedule: Friday 10am – 12:00nn & 2:00 pm – 4:00pm

LUNG CENTER OF THE PHILIPPINES

Quezon Ave., Quezon City
Telephone number: 924-6101
Schedule: Monday – Friday 8:00 am – 5:00 pm

PHILIPPINE HEART CENTER

8th floor Pulmonary Rehabilitation Section
East Ave., Quezon City
Telephone number: 925-2401 loc 3805-3806
Schedule: Monday – Friday 10:00 am – 1:00 pm

PHILIPPINE GENERAL HOSPITAL

Pulmonary Section, Central Block Building, Taft Ave., Manila
Telephone number: 554-8400 loc 3157
Schedule: Monday – Friday (by appointment) 1:00 – 5:00 pm

NATIONAL CHILDRENS HOSPITAL

264 E. Rodriguez Sr. Ave., Quezon City
Telephone number: 724-0659
Schedule: Monday – Friday 8:00 am – 5:00 pm

RIZAL MEDICAL CENTER

Shaw Blvd. Pasig City
Telephone number: 671-9740
Schedule: Monday – Friday 8:00 am – 5:00 pm

ST. LUKES MEDICAL CENTER -(QC)

Institute of Pulmonary Med. Ground floor, Main Bldg.,
E. Rodriguez Ave., Quezon City
Telephone number: 723-0101 loc 5421
Schedule: Friday (by appointment) 1:30 – 4:00 pm

SAN LORENZO RUIZ WOMENS HOSPITAL

O. Reyes St., Santulan, Malabon, Metro Manila
Telephone number: 294-4853, 294-4855
Schedule: Monday – Friday 8:00 am – 5:00 pm

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JP Rizal cor. P Tuazon St. Project 4, Quezon City, Philippines 1109
Telephone number: 421-22-50 to 61
Schedule: Monday : 8:00 am – 5:00 pm



For Inquiries call:

National Center for Disease Prevention & Control -Degenerative Disease Office

Telephone number: 651-7800 local 1751,1752

...Continued from page 19

or anger, anxiety, difficulty concentrating, decreased heart rate, sleep disturbance, and even increased appetite or weight gain. These become barriers to stop smoking.

Tobacco dependence should be viewed as a chronic disease that requires multiple interventions and sometimes many quit attempts are needed. Practical counselling (problem solving and skills training) and social support are important parts of treatment. Brief advice rather than constant reminders is effective. Thus, it is also very important for health workers, in taking a medical history of the patient, to ask if he/she is smoking or is constantly exposed to secondhand smoke and then offer some brief advice and guidance.

Also included in the wide range of smoking cessation techniques is the use of appropriate nicotine replacement therapy like patches, gums, lozenges, inhalers and sprays as well as bupropion and varenicline, the effective drugs of choice for treatment. Meanwhile, acupuncture, hypnosis, electronic cigarette, and other other methods for smoking cessation have NOT been scientifically proven to be effective.

All these techniques aimed at encouraging and helping smokers to stop using tobacco and avoid subsequent relapse. Ona stressed, "Evidence has shown that cessation is the only intervention with the potential to reduce tobacco-related deaths and should therefore be a part of an overall comprehensive tobacco control policy of any country."

The DOH has already established smoking cessation clinics and trained health staff in all of its regional offices. It also continues to advocate for other health facilities and local government units (LGUs) to make available smoking cessation services. In the DOH Red Orchid Awards, the provision and utilization of smoking

cessation services are necessary indicators to be considered 100% tobacco-free LGU, government health facility or office.

In Metro Manila, smoking cessation clinics are located in the Dr. Jose Rodriguez Memorial Hospital in Kalookan City, Amang Rodriguez Memorial Hospital in Marikina City, Rizal Medical Center in Pasig City, San Lorenzo Ruiz Women's Hospital in Malabon City, the Philippine General Hospital in Manila, the Lung Center of the Philippines, Philippine Heart Center, National Children's Hospital, St. Lukes Medical Center, and Quirino Memorial Medical Center, all in Quezon City.

If smokers quit at any age, the body repairs itself quite quickly. Nicotine leaves the body in just two hours, and the deadly chemical, carbon monoxide, leaves the blood stream after only 12 hours. Nicotine by-products are gone within two days. Within two months, the blood flow to the arms and legs improves, and the lungs begin to repair themselves in about three months. The sense of taste and smell improves, the skin will lose the 'grey' look that smokers get, and the body will be free of that stale tobacco smell. And the chance of getting heart disease and cancer begins to fall.

Quit COLD TURKEY Tips

Quitting abruptly or going "cold turkey" may be unpleasant at first but it is more effective than tapering down the number of cigarette being smoked.

Once you have decided you want to quit, plan before you stop:

- Throw away all cigarettes, lighters, and ashtrays in your home and car.
- If your partner smokes, suggest that he or she stops, too, or only smokes outside the house. Children in the house suffer if anyone smokes in your home.
- Plan how to handle the places and events that you know make you want to smoke. If possible, avoid them in the first few weeks.
- Talk to your family and friends about how they can help and

encourage you to quit.

Remember each craving only lasts a few minutes:

- Use the 4Ds — delay smoking; deep breathing; drink water; and do something else.
- If you have a cigarette, it's not the end of your quit attempt. A slip-up is a setback, not a defeat. Continue quitting.

Treat yourself with money you have saved. Your efforts deserve to be rewarded!



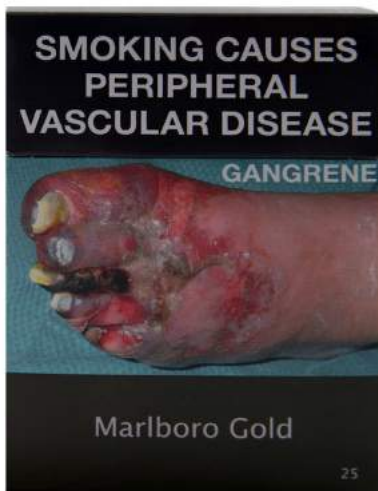
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AUSTRALIA



THAILAND AND
MANY COUNTRIES



PHILIPPINES

Graphic Health Warnings Now

Death For Sale

"How Do You Sell Death..." – a brochure developed by the American Cancer Society, Framework Convention Alliance and the Campaign for Tobacco-Free Kids – describes cigarette packages to be an important part of the tobacco industry's marketing strategy since they are literally the "face" of the product they are promoting. Unlike many other products, cigarette packages are viewed constantly, each time a smoker lights up. Package design is used to reinforce brand imagery, to minimize perceptions of risk, and to contribute to the smoker's identity.

For the same reasons, tobacco control efforts have leaned toward the use of picture-based health warnings a.k.a. graphic health warnings (GHWs) on tobacco packaging which have the potential for extensive reach for tobacco users and constitute one of the strongest first lines of defense in tackling the global epidemic of tobacco use.

Warning the public of the hazards of tobacco use is part of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), the first global treaty devoted to public health that focuses on supply and demand, and harm reduction strategies to improve the health of the population by eliminating or reducing smoking and secondhand smoke exposure. The Philippines has ratified the FCTC and it entered into force in the country in September 2005.

Article 11 of the WHO FCTC zeroes in the international guidelines for tobacco packaging and labelling. It covers three primary areas, namely: 1) government-mandated health warnings; 2) labelling of tobacco constituents and emissions, and; 3) the removal of misleading information from the package.

As an obligation to the WHO FCTC, the Philippines should have already implemented GHWs on cigarette packs by 2008. However, the GHW bill filed in Congress that year was vehemently opposed

by pro-tobacco congressmen. In 2010, sans the law, the Department of Health issued Administrative Order (AO) 2010-0013 requiring graphic health information and prohibiting misleading descriptors such as "light," "mild," or "ultra" on cigarette packs. The DOH issued this Order within its mandate under the Consumer Act, the Administrative Code, and Article 11 of the WHO FCTC and its implementing guidelines. As expected, tobacco companies opposed the AO and filed six lawsuits to stop its implementation. The DOH is still awaiting the Supreme Court to issue its final decision to these lawsuits. This year marks the sixth year since the country lapsed on its deadline to implement GHWs.

Show and Tell

A picture paints a thousand words and GHWs hit home fast and hard. The reach of these health warnings on tobacco packaging cannot be underestimated.

A recent study conducted by the Harvard School of Public Health and

Legacy, a public health foundation in the US, provides evidence that hard-hitting pictorial cigarette warnings visually depicting health effects of smoking play a life-saving role in emphasizing the dangers of smoking and encouraging smokers to quit. The research examined the reactions to cigarette warning labels from 3,300 smokers and found that GHWs are more effective than text-only warnings. Smokers included in the study indicated that GHWs are more impactful, credible and have greater effect on their intentions to quit.

A Social Weather Station (SWS) survey done in December 2012 reflects a strong public support for the passage of the GHW law in the Philippines that would effectively deter the public, especially the youth, from smoking. The survey said that eight out of 10 (81%) Filipinos are in favor of Congress to enact a GHW law, and 77% of Filipinos agree that this move will help them decrease or stop smoking.

Several countries in the Association of Southeast Asian Nations (ASEAN) have already implemented the placement of GHWs on cigarette packs, namely: Thailand, Brunei, Singapore, Vietnam and Malaysia. Even Indonesia, the only ASEAN country that is not a signatory to the WHO FCTC, is set to place GHWs by July 2014. The Philippines is lagging behind with only text warnings placed at the bottom of the front panel of cigarette packs.

GHW Battle Begins in Congress

After the Sin Tax law was enacted by the 15th Congress in December 2012, a new battle begins in the 16th Congress to pass a law on GHWs on tobacco product packages.

The Senate Committee on Health and Demography took the lead by conducting its initial public hearing on Senate Bill No.

(SBN) 27 authored by Senator Pia Cayetano and SBN 499 authored by Senate President Franklin Drilon on January 22, 2014.

Cayetano said in a press statement before the hearing, "This will be 'round three' for the GHW Bill which failed to pass in the 14th and 15th Congress due to strong resistance from the tobacco industry. I hope that this time around, we will have more colleagues who are ready to support the GHW Bill in the interest of public health."

Cayetano's bill requires cigarette and tobacco product packages to bear full-color graphic health warnings occupying at least 60 percent of the upper front and 60 percent of the upper back panels of the packaging. The warning should consist of a picture showing the health dangers of tobacco use or exposure to second-hand smoke, and a textual warning related to the picture. Both components should comply with guidelines issued by the DOH.

Meanwhile, Drilon's bill seeks to prohibit cigarette packages from bearing descriptors that would directly or indirectly suggest that a particular tobacco product is less harmful than any other tobacco product or brand. Samples of such descriptors include, but are not limited to "low-tar," "light" and "mild."

The DOH, for its part, supports the passage of the bills with utmost priority. The position paper dated January 20, 2014 signed by Health Secretary Enrique T. Ona reiterated that the Philippines being a party to the FCTC is obliged to implement its provisions. The DOH also noted that studies show many smokers have no knowledge about the ill effects of smoking that cause diseases and premature deaths. Others know a little beyond a vague notion that "Smoking is dangerous to your health." Thus, there is an urgent need to have specific, strongly worded and larger label information on tobacco product packages to encourage

smokers to quit and discourage non-smokers from ever starting to smoke.

The DOH position paper further noted that studies show that GHWs on tobacco products are effective ways of informing smokers on the hazards of smoking. Evaluations made on many countries that require GHW on tobacco products conclude that they are effective in discouraging smoking and increasing public awareness on the effects of smoking. However, the size and position of GHWs in cigarette packs are critical to their effectiveness.

In a report posted in Inquirer.net on January 24, Cayetano said that the tobacco companies have "in principle" indicated their support for the measure but also proposed changes to the measure. The Senator was quoted as saying, "The concerns they raised dealt with details, such as the size of the GHW on the cigarette packs, which is understandable. I feel we could work this out with the other side, the health advocates who want a bigger graphic health warning. I hope that we can resolve this and have a law."

The size and the placement of the GHW on tobacco product packages will be the center of deliberations in Congress if the legislators would finally agree that a law be passed. Senator Miriam Defensor Santiago already filed her own version of the bill on January 15 requiring the textual health warning printed bottom portion of the front panel occupying 35% while the GHW printed at the bottom portion of the back panel occupying 45%.

Meanwhile at the House of Representatives, at least eight bills have been filed in the Committee on Health requiring GHWs on tobacco products, as of January 31. The principal authors of these bills include Congressman Marcelino R. Teodoro, Neil C. Tupaz, Jr, Joseph Gilbert F. Violago, Eric D.

Singson, Leah S. Paquiz, Ibarra M. Gutierrez III and Walden F. Bello, Jerry P. Trenas, and Edcel "Grex" B. Lagman. In the majority of the bills, the size of the GHW ranged from 50% to 85% of the front and back panels, while the bill filed by Singson requires 30% text warning at the bottom of the front panel and the 30% GHW at the bottom of the back panel. As of this writing, no public hearing has been set yet.

Cancer Survivors Demand GHWs

The New Vois Association of the Philippines (NVAP), a civil society group composed mainly of throat cancer survivors, continues to demand for the passage of the GHW law. Emer Rojas, NVAP's president and a global cancer ambassador, said, "Ten per cent of the world's 1.3 billion smokers can be found in Southeast Asia where the Philippines belong. We are the second largest smoking population in this region

with 17.3 million adults smoking. More than 87,000 Filipinos die every year because of smoking – that's more than the number of those who succumb to heart attack and stroke. This is clear and present danger that must be addressed at the soonest."

According to the Southeast Asia Tobacco Control Alliance (SEATCA), the Philippines is among the top three countries with the most number of smoking women in the region. It is estimated that nine percent of Filipino women are smokers, more than their counterparts in Indonesia, the country that holds the most number of tobacco consumers in the region. Only 4.5 percent of Indonesian women are smokers. Meanwhile, an estimated 10.5 percent of Filipino children aged 13-15 years are also smoking.

Rojas said, "The tobacco industry is out to target a new generation of smokers. All around shelves in various groceries and convenient stores you see cigarette packs designed like chocolate bars and lipstick

that one's attention is easily grabbed. While the industry is barred by law to advertise their products, these packages serve as the cheapest way to communicate to their potential customers."

A study released by the Institute for Global Tobacco Control at Johns Hopkins Bloomberg School of Public Health in October last year, revealed the immense effects of tobacco marketing at reaching kids in low and middle-income countries. The survey showed more than two-thirds of children aged 5 to 6 were able to distinguish at least one cigarette brand through its logo in Brazil, China, India, Nigeria, Pakistan, and Russia. Some of the children surveyed do not live with smokers and are just exposed to these logos through displays in retail stores.

"Implementing a law that will mandate the industry to place GHWs is not just about passing a legislation, it's about addressing a public health concern. GHWs will tell women, children and the poor the real effects of smoking and they can make an informed choice if they will still go for it," said Rojas.

Yosi Kadir

While waiting for a law to be passed, the DOH continues to expose the ill-effects of smoking through health promotion and advocacy campaigns targeting the youth and young adults in schools and workplaces via "Smoker's Body" (a graphic representation of what smoking does to the different parts of the body) and "Yosi Kadir" (a mascot depicting the ugly effects of smoking to one's personality).

The DOH messages remain clear: 'Quit Smoking' for those who currently smoke and 'Be Smart, Don't Start,' for children and adolescents who are the main targets of the tobacco industry in its advertising and marketing campaigns.



New Vois Association of the Philippines (NVAP) – a civil society group composed mainly of throat cancer survivors – continues to demand for the passage of the GHW law. The photo shows the press conference before the Right to Health Walk of cancer survivors and persons with disabilities on January 17, 2014. Among the speakers are NVAP President Emer Rojas (right) and Health Assistant Secretary Enrique A. Tayag (second from left).



TOP: Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels - a health promotion bus roving in Yolanda-affected areas becomes the symbol of the Department of Health that health is on the way. ABOVE: (Left) The National Center for Health Promotion, Bicol Medical Center, DOH Regional Office in Eastern Visayas and local government health staff deliver basic medical consultation and risk communication. (Right) The team is fortunate enough to meet and talk with Tacloban City Mayor Alfred S. Romualdez who is doing his rounds of evacuation centers.

HEALTH IS ON THE WAY

by

NEIL BRYAN S. HIPOLITO, RN and LIZELLE CHRISTINE F. JUSAYAN

National Center for Health Promotion

Much has been said about the devastation brought about by Super Typhoon Yolanda that affected several areas in eight regions of the country on November

8, 2013. The national and local governments were overwhelmed in their response and relief efforts, and now it will take years for recovery and rehabilitation, particularly in

Eastern Visayas where the 15 feet storm surge almost flattened some areas.

Right after the disaster, the

Please turn to page 28...



Dagat na, dagat na!

"Noong gabi pa lang sinabihan ko na yung mga anak ko na mag-ayos ng mga gamit nila. Mga 4 o'clock ng umaga ginising na kami ng asawa ko at ang sabi niya ay huwag na kaming matulog dahil lumalakas na yung hangin.

Tapos nung malakas na ang hangin yung asawa ko nakatingin sa labas at kami ng mga anak ko ay nasa bintana. Dasal namin, 'Lord sana yung hangin umokay na.' Iyong mga puno nagbabagsakan na, 'yung bubong ng mga katabi naming bahay ay lumilipad na. Noong medyo humupa na ang hangin, pagtingin ko sa likod ng bahay namin, naku,

dagat na! Sumigaw ako sa sa asawa ko, DAGAT NA! DAGAT NA! Yung mga niyog inaanod na ng tubig. Yung Nanay ng asawa ko kinarga niya. Pumunta kami sa bundok para di kami abutin ng tubig dagat.

Maraming salamat sa lahat lahat ng tulong ninyo. Sa mga nanunungkulan sa gobyerno, sana matulungan kami kasi hirap na hirap na talaga mga tao dito. Dapat alamin nila kung sinu-sino ba talaga ang dapat matulungan. Baka mapunta lang kung kanino ang ibibigay nila."

- EVANGELINE ABALOS
Brgy. Opong, Tolosa, Leyte



Photos in this article by Joerem Ceria, Clarence Damasco and Neil Bryan Hipolito



Kailangan magtiis...

"Maraming beses na rin kaming nadadalaw ng DOH at matutuwa at nagpapasalamat kami na pinupuntahan kami dito. Nakakaraos naman kami sa aming pang-araw-araw, kaya lang nga pila kami nang pila. Kailangan magtiis kasi marami kaming nangangailangan ng tulong.

Sa ngayon, namumulot kami ng mga kahoy na inanod nung baha para

lang makagawa kami ng bahay. Mabuti na lang at nakaligtas kami ng mga anak ko. Tinulungan ako ng mga kapitbahay na kargahin ang mga anak ko sa bubong. Pero 'yung kapatid ko at saka mga anak niya nawala lahat. Nawala na silang lahat at hindi pa namin natatagpuan ang katawan nila."

- LIZELLE PABI
San Jose, Leyte





Inisip ko agad na tutulong ako...

"Nasa bahay ako noong mangyari 'yung bagyo. Around 6:00 am nang magising ako, humahangin-hangin na. Nanonood pa nga kami sa labas kung ano ang nangyayari. After three hours, malakas na talaga 'yung bagyo. Biglang taas ang tubig, abot tuhod. Tapos 'yung tubig maitim na at may kasama pang debris. Doon ako nasugatan. Inakyat ko na ang mga magulang ko sa second floor ng bahay namin.

Noong unang linggo matapos ang bagyo, medyo okay ang delivery ng mga health services kasi nga maraming supplies at pumupuntang health workers from other regions. Nagkaka-problema lang kung saan sila ide-deploy at kung sino ang kokontakin. Tapos, nagkakawalaan noon ang mga nurses namin kasi 'yung iba umalis agad. Nagkaroon tuloy ng limitation ang health personnel dahil hindi naging sapat ang kanilang bilang para maibigay lahat ng pangangailangan ng tao.

'Nung nalaman kong kulang sa health personnel, inisip ko agad na

tutulong ako. This is the time na kailangan ang serbisyo ko kahit pa nga napaka-risky ng pupuntahan namin, walang monetary benefits ang ilalaan kong serbisyo, o kaya ay kung may second chance pa ako para manatili sa RN heals program. 'Yung co-nurses ko sa RN heals, ganoon din at kayang-kaya pa din naman mag-serbisyo. Ang naging problema lang ay wala silang matuluyan kasi sira ang lahat ng bahay.

'Nung nagpo-provide kami ng serbisyo sa ilang lugar, na-appreciate naman talaga ng tao. Nagpapasalamat ang karamihan sa aming pagdating para magbigay ng tetanus toxoid vaccine at medical consultation. Ang akala nila sa City Health Office pa sila pupunta.

Para sa DOH, I guess, i-continue ang support at 'yung spirit of providing selfless service to the people, kahit nagkakaroon ng kakulangan sa supplies at human resources. At least nakikita ng mga tao na aktibo tayo sa pagtulong sa kanila."

- DAWN BELTRAN
RNheals Nurse

...Continued from page 25

Department of Health did not only send the needed medicines and medical supplies but also waves of medical teams to ensure that people in affected communities have access to emergency, basic and even comprehensive services. And as post-Yolanda efforts entered the early recovery period, the DOH shifted its focus to public health as threats of epidemics loom in vulnerable communities that do not have access to safe water and which suffer from poor or inadequate sanitation or vector control.

One of the interventions employed by the DOH is risk communication in the attempt to manage some of the stresses after the disaster by ensuring efficient and accessible quality health services, preventing and reducing risks to individual health and the overall environment, and promoting healthier lifestyles.

Health promotion / information officers of the DOH National Center for Health Promotion (NCHP) teamed up with doctors, nurses and other paramedical staff of various DOH central and regional offices and hospitals to offer "Oplan: Handog Kalusugan," in coordination with the affected local government units and communities. As the medical team provided consultation and immunization services, the health promotion staff conducted health education on the potential risks of outbreaks and epidemics of diarrhea, measles, dengue, leptospirosis and other diseases that commonly occur in disaster areas, temporary shelters and evacuation centers. They also distributed health information materials to the public as well as media organizations in the area.

At the center of the activities is the Lakbay Buhay Kalusugan (LBK) - Kalusugan Pangkalahatan on Wheels, a bus especially converted into a mobile consultation and examination clinic. LBK was originally

intended as a health promotion caravan to celebrate good health through a fiesta-like setting and spread key messages on health-seeking behaviors and practices on safe motherhood, child health and nutrition, family planning and responsible parenthood, and prevention of teenage pregnancy through exhibits, fun and games. However, LBK has now been proven effective in health emergency response operations in Yolanda-affected areas.

Without going too far off the LBK's original concept, the risk communication activities also included lectures, exhibits, and even demonstration of proper handwashing technique through dance using Psy's hit song "Gentleman."

The LBK has already made two trips to Leyte in the first month after the disaster. The first trip on November 13-20, 2013 was

to assist the DOH Central Office team on its assessment of the health situation and medical mission while in the second trip on December 1-5, 2013, health promotion and risk communication activities were incorporated by NCHP to the medical mission provided by the Bicol Medical Center. In the latter trip, the team was able to visit two evacuation centers in San Jose Elementary School and a nearby Iglesia ni Kristo church as well as Leyte Progressive High School, and two barangays – Brgy. Maribe in Tanauan and Brgy. Opong in Tolosa.

In one of these sites, the team was fortunate enough to meet and talk with Tacloban City Mayor Alfred S. Romualdez who was doing his rounds of evacuation centers. He recognized the efforts of the DOH and was very grateful for the assistance given by the department.

In extreme disasters and health emergencies including Yolanda, people often see the grim pictures of body bags with the screaming DOH logo in news reports. These pictures do not exactly convey health. With the LBK bus roving in Yolanda-affected areas, it became the symbol of the DOH that health is on the way.

Rosemarie Aguirre, NCHP division chief and head of the risk communication team, said, "The LBK bus was utilized for transporting the medical and health promotion team to different places. It also provided comfort to patients that entered the bus for consultation. On the other hand, the risk communication activities done outside the bus encouraged people to think and practice healthy habits despite their seemingly hopeless condition."

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Health Assistant Secretary Enrique A. Tayag and DOH Health Promotion Director Ivanhoe C. Escartin (back row, fourth and third from left) recognize the winners of the "Parangal sa mga Kuwentong Kalusugan Pangkalahatan". Photos of winners courtesy of Kara M. Santos of Probe Media Foundation, Inc.

DOH Honors Top 10 Stories on KALUSUGAN PANGKALAHATAN

Ten stories on the importance of maternal and child health, nutrition, breastfeeding, access to health facilities, and social health insurance were recognized by the Department of Health for their ability to share ordinary folk's strides in making a health-conscious community and healthy family. (See complete list of the winning stories in the next pages.)

Dubbed as "Parangal sa mga

Kuwentong Kalusugan Pangkalahatan" (Recognizing Stories on Universal Health Care), the health awards commended media practitioners whose works highlight good stories under the theme of Kalusugan Pangkalahatan – the health reform agenda of the Aquino administration, which covers a range of issues like financial risk protection through social health insurance, access to health facilities and attainment

of the country's public health targets in the Millennium Development Goals (MDGs).

Dr Enrique "Eric" Tayag, DOH assistant secretary and spokesperson for public health, said, "By telling their stories, of their struggles and little successes in life, our friends in the media will be powerful instruments in getting the message across. Needless to say, we should have healthy

Please turn to page 32...

Top 10 Stories on Kalusugan Pangkalahatan

TELEVISION



SILANG MGA WALA SA MAPA

Reel Time,
GMA News TV

The documentary tells the story of Filipino medical volunteers, led by Dr. Roel Cagape, who give their selfless services and compassion to the less fortunate members of the B'laan tribe from Saranggani Province. Dr. Cagape introduced Ambulansyang Kabayo to transport sick patients from remote villages during emergency situations. He also created medical programs e-text kay Doc and Botika sa Barangay, catering to people seeking medical advice at any time of the day.



NUTRITION

Investigative Documentaries
GMA News TV

Two out of 10 children are underweight while 3 out of every 10 are overweight. In Metro Manila, 7% of the population is obese. Many people do not have the proper livelihood to buy nutritious food for their families, while others do not have enough knowledge on a proper diet. One of the targets of the MDGs is to decrease the incidence of underweight Filipino children, but current data show the country has far to go to achieve this goal before the 2015 deadline.

RADIO

BIDA SPECIALS: CHOLERA OUTBREAK

Notre Dame Broadcasting Corporation (Kidapawan, North Cotabato)
by Malu Cadelina Manar

The 30-minute documentary talks on the cholera outbreak in a remote village in Parang, Maguindanao, and introduces the community-led total sanitation activities, particularly the proper disposal of human waste, as solutions to stop the problem.

BIDA SPECIALS: BANGIS NG DENGUE

Notre Dame Broadcasting Corporation (Kidapawan, North Cotabato)
by Malu Cadelina Manar

The documentary focuses on how virulent the dengue virus has become. Since January 2013, Kidapawan City recorded the highest number of dengue cases in North Cotabato, and had the highest mortality rate. Chikungunya, another disease caused by the dengue mosquitoes, is also discussed here as well as ways on how people could prevent the spread of these diseases.



Top 10 Stories on Kalusugan Pangkalahatan

PRINT



PHILHEALTH IMPLEMENTS 'NO BALANCE BILLING' SCHEME

Philippine Star

by Sheila V. Crisostomo

The article gives a newsworthy and practical approach to explaining the Philippine Health Insurance Corporation's (PhilHealth's) case payment scheme for specific medical cases and surgical procedures and the "no balance billing" scheme to equalize the reimbursements of private and government hospitals and to maximize the benefit packages of its members.



BREAST WARS: LIFE SAVING WITH BREASTFEEDING

Sun Star Cebu

by Ma. Theresa Q. Tabada
and Cherry Ann T. Lim

The two-part special feature looks at the road that Cebu City took in becoming a breastfeeding champion and the challenges the city had to overcome to sustain the breastfeeding practice that will definitely save more lives.

ONLINE

MORE THAN HALF A MILLION PINOY KIDS SUFFER FROM SEVERE MALNUTRITION

GMA News Online
by Claire Delfin



The story details how malnutrition makes Filipino children, the third poorest and most disadvantaged sector in the Philippines, next to fishermen and farmers, and highlights efforts in saving these children. The story, in particular, was meant to urge voters to use their voting power to help end children's miseries.



AT FABELLA HOSPITAL, MOMS ARE HUMAN INCUBATORS

GMA News Online
by Denise M. Chiu

A look at the ingenious techniques the Dr. Jose Fabella Memorial Hospital has developed to cope with the lack of resources and an increasing number of teenage mothers. The story provides a unique look into why the reproductive health law is necessary in ensuring maternal and infant health in the Philippines.

Top 10 Stories on Kalusugan Pangkalahatan

SPECIAL CITATION: BLOG

BREAKING THE CODE: SAVING THE BABIES!

<www.alvindakis.blogspot.com>

Alvin Clyod Dakis, RN

A commentary blog post about the attempt of multinational commercial milk companies to amend Executive Order 51 or the Milk Code of the Philippines, a law that ensures safe and adequate nutrition for infants through the promotion of breastfeeding and the regulation of promotion, distribution, selling, advertising, product public relations, and information services of artificial milk formulas and other covered products. The blog post received good responses from breastfeeding advocates in Twitter, and it was picked up and republished by “unBlogged,” the official blog section of PhilStar.com, which features emerging and seasoned bloggers.



HPV VACCINATION: WHY PARENTS HAVE SECOND THOUGHTS – AND WHY THEY SHOULDN'T

<www.stefdelacruz.com>

by Stefanie Ann DV de la Cruz, MD



Parents in the Philippines are having second thoughts about getting their children vaccinated against the human papilloma virus (HPV) despite its proven cost-effectiveness in preventing cervical cancer. This layman-friendly article on why parents shouldn't hesitate, emphasized the value of prevention over cure, and cited evidence to support the points. Making health decisions to prevent disease (in contrast to treating them) can be difficult: Most people give low salience to prevention, especially in our country. Sharing this article to Filipinos just might urge everyone to take a more active stand against cervical cancer and other health issues. The article was also published in the social health community blog, Talk Health Partnership.

...Continued from page 30

citizens to be able to build empowered communities.”

A total of 114 entries produced by 43 media practitioners vied for the health media awards. Two entries each from four media categories – print, radio, television, and online were selected as winners, including two special citations awarded to bloggers who also happen to be health practitioners. Each winning story received P20,000 cash and a trophy.

Joining and Judging

All submitted entries were

published, broadcasted or posted online between January 1, 2012 and June 30, 2013. The entries were written in English or Filipino, but those in the local language were accepted if they had English translation. A media practitioner was allowed to submit up to five entries and could win twice. The deadline was set on May 31, 2013 but was extended until August 31, 2013.

Out of the 114 entries submitted, only 94 stories were eligible as complying to the set criteria. The stories underwent two layers of review including a preliminary judging, where 22 finalists were shortlisted and a final judging where a panel identified 10 winning stories. The media entries were

rated for their coverage of the overall theme, content, and overall technical quality.

The preliminary judging panel was composed of: Anthony Roda of the DOH National Center for Health Promotion (also chief editor of **HEALTHbeat**); Rom Dongeto of the Philippine Legislator's Committee on Population and Development; Ariel Sebellino, executive director of the Philippine Press Institute; Johanna Son of Inter Press Service Asia Pacific; print journalist Diana Mendoza; and broadcast journalist Booma Cruz.

The final panel of judges was composed of both health and media representatives, namely: DOH



Components of Lakbay Buhay Kalusugan: Kalusugan Pangkalahatan on Wheels

Undersecretary Janette Garin; Dr Israel Francis Pargas of PhilHealth; Cecilia "Che Che" Lazaro of Probe Media Foundation, Inc.' and Redmond Batario of the Center for Community Journalism and Development.

ASec Tayag and Dr Ivanhoe C. Escartin, director of DOH National Center for Health Promotion, led the awarding ceremonies held at the Bayleaf Hotel in Intramuros, Manila on November 29, 2013.

LBK Gives Back

Parangal sa mga Kuwentong Kalusugan Pangkalahatan is an offshoot of

Lakbay Buhay Kalusugan (LBK): Kalusugan Pangkalahatan on Wheels - a comprehensive health promotion caravan that brings information, education and entertainment to all members of the family in remote communities. LBK features a customized bus equipped with consultation and clinic areas where pregnant women, mothers and children are provided with basic health services as well as practical information on safe motherhood, childbirth, nutrition, birth spacing and healthy lifestyle.

Director Escartin said that the LBK has been conceptualized to provide health promotion activities in a fiesta atmosphere

in areas it visited. In its recent trips, however, the LBK has also been proven effective in bringing health information and services in areas devastated by Typhoon Yolanda.

LBK is a model for public-private partnerships in health promotion and service delivery. The media has always been an important partner in the implementation and promotion of LBK that the DOH saw it fit to also recognize the great support it has been receiving from media practitioners. Probe Media Foundation, Inc. is a media organization that has been helping the DOH in implementing this LBK in the last three years.

"The Doctor is In" Gets an Anak TV Seal

"THE DOCTOR IS IN," a 30-minute health news and feature stories produced by the Department of Health-National Center for Health Promotion and aired on People's Television (PTV-4) received an ANAK TV SEAL in an award ceremony held at the Soka Gakkai Building in Quezon City on December 12, 2013.

"The Doctor is In" is hosted by the country's foremost epidemiologist and Department of Health's spokesperson, Assistant Secretary Enrique "Eric" Tayag and co-host, Dr. Darah Chavez. It tackles current health issues affecting the country, health tips and ideal practices of individuals and communities to contribute to a healthier Philippines.

The ANAK TV SEAL is a national award created by the Southeast Asian Foundation for Children and Television (SEAFCTV). According to its website, the

seal is bestowed by various stakeholders (including parents, educators, business and media people, government, media, non-government organizations, the religious sector and youth) on TV programs airing on Philippine television, whether locally-produced or not, which they think are child-sensitive. The criteria used are as diverse as the disciplines represented in the multi-sectoral jury.

A Primary Level Jury composed of over 3,000 jurors screens the entries employing flexible guidelines. These judging sessions are held all over the country from February to October. The Secondary Level Jury, where the qualified entrants are elevated to, scrutinizes the programs from various vantage points such as the moral slant, artistic merit, educational content, cultural relevance and others.

Entries that receive the Secondary

Jury's nod in the final round are then endorsed to the board of the SEAFCTV (composed of network presidents and general managers), which formally declares the chosen entries as winners of the ANAK TV SEAL. The seal can now be displayed during the airing of the program as a guide to parents and educators that the program has been screened not just by the industry or a government institution but by the a thick layer of stakeholders, not only in Metro Manila but nationwide.

It is hoped that teachers and parents will rally behind the chosen programs, encouraging children to view them, increasing popular viewership, which will hopefully translate to better revenues for such responsibly-made programs.

Watch out for new season episodes this 2014!

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LEFT PHOTO: Health Assistant Secretary Enrique "Eric" Tayag and Dr. Darah Chavez host "The Doctor is In" aired on People's Television (PTV-4). **RIGHT PHOTO:** Director Ivanhoe C. Escartin and Division Chief Rosemarie G. Aguirre (on centerstage) of the DOH National Center for Health Promotion receive the Anak TV Seal for the show.

KASALANAN KITA

7 Kasalanang Nakamamatay

1. SELOS
Nakakawala ng tiwala sasarili.
2. INGGIT
Nakakawala ng pera sa bulsa.
3. GALIT
Nakakawala ng ganda ng mukha.
4. KASAKIMAN
Nakakawala ng kaibigan.
5. KATAKAWAN
Nakakawala ng ganda sa katawan.
6. KAYABANGAN
Nakakawala ng hangin sa kapaligiran.
7. KAMUNDUHAN
Nakakawala ng enerhiya sa katawan.

Kakaibang Trip

AURORA: Bading ka ba?
JERRY: Hindi ah.
AURORA: Halikan mo nga ako.
JERRY: Ayoko.
AURORA: Halikan mo ako sabi eh!
JERRY: Ayoko nga...
AURORA: Bading ka nga.
JERRY: Hindi nga. (*Biglang sigaw sa ka-tropa.*) Tol! Ano ba itong lola mo?!? Nakakadiri ang trip!!!

Beauty Secret

LUZ: Simple lang naman ang formula para sa isang successful na marriage...
EDNA: Ano 'yun, Mare?
LUZ: Dapat may beauty secret ka para 'yang Mister mo hindi magkaroon ng secret beauties.

Tunay na Kagandahan

TERE: Ang tunay na kagandahan ay hindi nakikita sa pisikal na anyo ng isang tao kundi nasa puso.
SHEILA: 'Yan ang paniwala ng mga pangIt, Mare!
TERE: Oo nga. Kaya tayo quiet lang!

Just Friendly

MADEL: Malandi ka!
GED: I'm not malandi. I'm just friendly with a twist.

Limot Ko Na

GILBERT: Pare, may nakalimutan ako...
GLEN: Ano 'yun?
GILBERT: Bobo ka ba? Nakalimutan ko nga, eh!

Wala Lang

CALOY: Nakakita ka na ba ng wala?
ROMMEL: Niloloko mo ba ako? Wala nga, paano ko makikita?
CALOY: Takpan mo mata mo. Ano ang nakikita mo?
ROMMEL: Wala...
CALOY: O, 'di nakakita ka ng wala.

Homeless

TONIO: 'Pre, anong tawag sa kuto na nasa ulo ng kalbo?
PAKING: Hindi ko alam... Ano nga ba?
TONIO: Eh, 'di HOMELESS.

Bigay ni Mister

GRACE: Ang ganda ng kwintas mo!
DELIA: Galing sa Mister ko. He was forced to buy it for me kasi nahuli ko siyang hinahalikan ang maid namin.
GRACE: Terrible! Pinalayas mo na ba 'yang maid mo?
DELIA: Hindi pa. Gusto ko pa ng matching earrings, eh. Balak ko pa ngang magdagdag ng maid.

Adik

RAUL: 'Pre, ano ba ang mas nakaka-adik, drugs or sex?
ED: Ayon sa survey, 99 sa 100 na babae ang sumagot ng "It depends on the pusher!"

Aanhin Pa?

Isang lalaking sawi ang nagwari...
Aanhin pa ang gabi, kung wala ka namang katabi?
Eh may nakarinig...
Ano naman ang silbi ng may katabi, kung wala namang nangyayari.
Eh may humirit...
Eh ano naman kung may nangyayari kung wala namang nabubuon baby.
Eh may affected...
Paanong may mabubuon baby kung pareho kayong lalaki.
Eh sumagot ng bakla...
Aanhin mo naman ang babae, kung mukha namang lalaki!



TOP: President Benigno S. Aquino III (second from left) witness the awarding of the department-wide Quality Management System to Health Secretary Enrique T. Ona (extreme right) conferred by the Certification International, Philippines (CIP) at the Heroes Hall, Malacañan Palace on December 18, 2013. **ABOVE:** DOH Executive Committee members and some Central Office directors (left photo) and directors of regional health offices and hospitals (right photo) pose with the President. (Photos by Paking Repelente)

DOH-wide ISO 9001:2008 Certification

President Benigno S. Aquino III recognized the Department of Health the prestigious ISO 9001:2008 certification in a ceremony held at the Heroes Hall, Malacañan Palace on December 18, 2013. The DOH becomes the first government agency under the executive branch to have a department-wide Quality Management System under a

single ISO 9001:2008 certification conferred by the Certification International Philippines, Inc. (CIP).

Aquino said the DOH-wide ISO 9001:2008 certification is another concrete sign of the government's positive transformation during his administration. He quipped: "What does an ISO certification

mean to the ordinary Filipino? Simple, this reform will ensure faster, more efficient health services for our people. The stricter standards will improve our processes involving documentation, planning, monitoring and feedback in rendering quality services to our people."

Having an ISO (International

Organization for Standardization)-certification means that an agency or company strictly ensure that their management systems operate effectively as a guide for achieving their organizational performance goals, such as commitment to quality and client satisfaction.

The DOH is described by the CIP as “the single department-wide and biggest agency under the executive branch to be certified,” even by other certifying bodies in the country, both in the public and private institutions. This certification covers all 17 different bureaus and offices in the Central Office, the Food and Drug Administration and the 16 regional health offices (called Center for Health Development) around the country.

Aside from the DOH offices, six tertiary care hospitals scattered in the archipelago and one attached agency will also be awarded. The six hospitals are: Region 1 Medical Center (Dagupan City, Pangasinan), Ilocos Training and Regional Medical Center (San Fernando City, La Union), Quirino Memorial Medical Center (Quezon City), Philippine Children’s Medical Center (Quezon City), Mariano Marcos Memorial Hospital and Medical Center (Batac City, Ilocos Norte), and Rizal Medical Center (Pasig City). The lone attached agency is the Food and Drug Administration.

The President announced that the

DOH targets 64 more DOH hospitals to be ISO-certified by 2015. But he challenged the DOH, “Kung gusto niyong 2014, okay rin po sakin ‘yan. (If you want it in 2014, that’s very fine with me.)”

For his part, Health Secretary Enrique T. Ona declared, “Being ISO-certified is a step towards excellence,” adding that the certification means that the DOH is now deemed efficient and was able to minimize wastage in time, effort and resources and eliminate unorganized and unnecessary processes.

The DOH ISO-certification is the result of the collective effort of each and every individual throughout the entire bureaucracy, a feat dubbed by the Development Academy of the Philippines as a Super Quality Management System.

The significance of having a single ISO Certification to cover the whole Department system is that it now has an integrated yet seamless network of processes and systems that make it united. On the other hand, the challenge of having a single ISO 9001:2008 Certification is that, the success of one is the success of all, yet the opposite is also true because the failure of one office will affect the entire bureaucracy.

The CIP has been in the Philippines since 1995 and is an affiliate of the British company Certification International U.K. Ltd. It has since certified more than 900

Philippine and multinational companies who are leaders in their respective industry or service sector. CIP is also the certifying body of majority of government offices and institutions.

The DOH journey to ISO certification started with a March 2011 launching. In April of the same year, the agency engaged the technical assistance of the Development Academy of the Philippines (DAP) to develop a Quality Management System (QMS) by August. Then in September, the QMS was implemented in all offices with the assistance of DAP. On July 17, 2012, the DOH Central Office’s 17 bureaus, centers and services of the Central Office and two regional offices in Metro Manila and CaLaBaRzon were certified. Meanwhile, on May 10, 2013, it was the DOH Food and Drug Administration (FDA)’s turn to be certified by TÜV Rheinland Philippines, a provider of technical safety and certification services worldwide.

“With the ISO-certification, the public can expect the DOH to be more efficient and more responsive to the health concerns and needs of the Filipino citizenry which is the purpose and intention of **Kalusugang Pangkalahatan** (Universal Health Care),” Ona concluded.

The President, however, asked the DOH not to be content with its achievement, and it should continue its efforts to improve its service.



Life begins at
RETIREMENT
-healthbeat.ph

February 28, 2014 is announced as the last working day for Department of Health personnel who opted for retirement in the Rationalization (Rat) Plan. HEALTHbeat wishes you all a happy, healthy and productive life!

Innovating CSC-ARMM Form 211

NCD Metrologies in Medical Certificate for Government Employee Entrants

by

TATO M. USMAN, MD, MPAIM

DOH - Autonomous Region in Muslim Mindanao

Major non-communicable diseases (NCDs) – stroke, heart disease, cancer, diabetes and chronic lung disease – are among the 10 leading causes of deaths locally, nationally and globally. In fact, UN Secretary General Ban Ki Moon stated, “Cancer, diabetes, heart diseases are no longer the diseases of the wealthy. Today, they hamper the people and the economies of the poorest population even more than infectious diseases. This represents a public health emergency in slow motion.”

In many countries, however, cost-effective interventions, both population-wide and high-risk approaches, exist and have worked using the World Health Organization (WHO) causation and intervention pathways.

- In Japan, reduction of salt intake resulted in lower blood pressure (BP) and great reduction in stroke deaths.
- In Poland, changed in dietary fats resulted in 20% decline in heart disease deaths.
- In Mauritius in Africa, changing cooking oil from palm to soya resulted in 15% decrease in serum cholesterol in the population.
- In North Karelia Project, Finland, over 25 years, a community-based activity encouraging a healthier diet reduced annual heart disease deaths by 73%.

In 2010, the WHO endorsed a set of low-cost individual treatment protocol consisting of early screening

and timely treatment in a primary health care setting named WHO Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings.

In 2011, the Department of Health issued Administrative Order No. 0013-A to increase patient's access quality essential medicines to include drugs for NCDs otherwise known as ComPack (Complete

Treatment Pack).

In 2012, Department of Health likewise issued Administrative Order No. 0029 adopting the WHO PEN and renamed it as Phil PEN. In 2013, Philippine Health Insurance Corporation (PhilHealth) issued its Circular No. 0020 adopting the Phil PEN.

The DOH-ARMM has already conducted five batches of Phil PEN training and distributed glucometers, cholesterol



From the cover of the World Health Organization publication on the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-Resource Settings

meters and other portable medical gadgets for dry chemistry tests. Two batches of this training were conducted in Manila, and dovetail them to the two-day Seminar on Urinalysis: Maximizing the Use of a Basic Tool for the Diagnosis and Prevention of Kidney Diseases under the Renal Disease Control Program (REDCOP) of the National Kidney and Transplant Institute (NKI). The first day was devoted to observation and study tour on different NKI laboratories and interaction with patients having dialysis. The second day was more on didactic lectures and case study exercises. During these seminars, the ARMM participants were given hundreds of 10-parameter dipstick urinalysis strips for them to implement what has been learnt in diagnosing the 10 clinical syndromes in nephrology.

Late last year, DOH-ARMM issued Department Memorandum No. 2767, s. 2013 to all provincial health officers and government physicians in ARMM to adopt the newly revised Civil Service Commission (CSC)-ARMM Form 211 for medical certification of government employee entrants. This form was enriched to include the Phil PEN metrologies such as blood glucose, total blood cholesterol, 10-parameter dipstick urinalysis, body mass index (BMI), waist circumference, and waist to hip ratio (W-HR) among others.

The DOH-ARMM also issued Department Circular to all line agencies in the region to adopt the aforesaid CSC-ARMM Form. This is expected to be fully implemented starting 2014.

In the Noble Qur'an, Chapter 13, The Thunder, Verse 11, Allah Almighty says: "Verily, Allah will not change the condition of a people as long as they do not change their state themselves..."

It can be deduced from this verse that if the people will not change or do something effective interventions

to mitigate the state of epidemic on NCDs in slow motion as quoted from the UN Secretary General the member states will remain in a state of epidemic.

In reality, Allah Almighty created human in healthy condition but it is the human that chooses lifestyle leading to unhealthy condition. As a matter of fact, NCDs are considered human-made diseases

due to unhealthy lifestyle such as tobacco use, alcohol use, physical inactivity and unhealthy diet.

In an authentic Hadith, the Prophet *Peace be upon him*, said: "There are two blessings forgotten by people: health and time."

Allah Almighty knows best.

- o o o -



ERRATUM

Right Photo, Wrong City

In the Special Edition on Breastfeeding (October 2013) for the Department of Health-National Capital Region (DOH-NCR), **HEALTHbeat** seemingly found the right photo above for the article on page 39 that we titled "Gatas Mo, Buhay Ko" about the simultaneous breastfeeding cum breastmilk donation in two districts of Caloocan City held on August 31, 2013. However, the DOH-NCR called our attention on the mistake we made because the photo rightfully belongs to Valenzuela City which was taken during the simultaneous CAMANAVA breastmilk-letting activity in October 2012. With the hundreds of photos submitted to us by the 17 local government units of Metro Manila, we slipped with our choice. Sorry about that Dr. Jaime M. Exconde, officer-in-charge of Valenzuela City Health Department. We hope that this erratum will rectify some confusion.

- The Chief Editors



Facts About Aflatoxin

Molds in food may cause cancer. This is what the Department of Health-Food and Drug Administration (FDA) said in its advisory on “Consumer Information on Food Products Contaminated with Carcinogenic Aflatoxin” dated January 22, 2014, in time for the National Cancer Consciousness Week.

Aflatoxin is a naturally occurring contaminant produced by mold, particularly *Aspergillus flavus* and *Aspergillus parasiticus*. These molds grow on crops, especially peanuts, stored under conditions of warmth and humidity.

Aflatoxin is also known as an “anti-nutritional” or “anti-nutrient” toxin because it binds proteins, vitamins and minerals so that the body cannot absorb the nutrients. In children, aflatoxin can stunt growth and can lead to kwashiorkor – a debilitating disease of nutritional deficiency. If ingested over a prolonged period of time in large doses, the poison can inhibit the immune system. With prolonged cell exposure, aflatoxin causes mutation of cell DNA (deoxyribonucleic acid) which is responsible in encoding the genetic instructions for the development and function of cells, tissues and organism. The mutations cause by aflatoxin increase the risk of developing cancer cells.

Aflatoxin B1 has been classified as a known human carcinogen and is known to cause liver cancer in animals. Aflatoxins may also be associated with liver cell cancer

in humans in Africa and Asia where peanuts are a dietary mainstay. Recent research has shown a strong association between long-term dietary aflatoxin exposure in conjunction with hepatitis B (a viral infectious disease of the liver) and increased rates of liver cancer.

Humans are exposed to aflatoxins by ingesting contaminated foods. Since aflatoxins are widespread in nature, the FDA permits low levels of exposure, meaning not going beyond the acceptable limit of 20 parts per billion or ppb (ug/kg).

Aflatoxin may be an “unavoidable contaminant,” but sampling and testing of peanut-based products for the level of aflatoxin by importing countries are routine activities around the globe. When Philippine products fail the test and these are shipped back to the country, it becomes a source of embarrassment in the arena of international trade. It affects the credibility of Filipino food companies, and it undermines the confidence of consumers on agencies like the Department of Agriculture and the FDA.

The FDA-Center for Food Regulation and Research laboratory is regularly testing several pre-packaged peanuts both imported and locally manufactured. It is also conducting systematic audit of manufacturers for compliance with the current Good Manufacturing Practice and Hazard Analysis Critical Control Points.

Although aflatoxin makes peanuts taste bitter, some unscrupulous food processors or peanut vendors simply mix bad peanuts with good ones rather than throw them out. Diluting contaminated or adulterated raw or food ingredients with non-contaminated or unadulterated ones in order to comply with the acceptable regulatory limits of the FDA or the international market is prohibited under Republic Act (RA) 3720 (The Food, Drugs and Devices, and Cosmetic Act), RA 9711 (The FDA Act), and RA 7394 (The Consumer Act of the Philippines).

The FDA warns all food manufacturers against processing aflatoxin-contaminated or adulterated raw ingredients into finished products. It also strongly advises the public to buy only FDA-registered pre-packaged peanuts and other grain products, including milk products, from FDA-licensed food manufacturers.

Likewise, the FDA warns of the possibility that the peanuts sold or offered for sale by ambulant and street vendors, who are under the purview of local government units, contain aflatoxin beyond the allowable limits. The agency encourages the public to report unscrupulous and unlicensed food processors or manufacturers and unregistered food products through email at <report@fda.gov.ph>.

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Tips on Healthy Eating

The Department of Health-Food and Drug Administration (FDA), issued its first public advisory for 2014 on healthy eating. Dr. Kenneth Hartigan-Go, FDA acting director, said that people often blame processed food products in the market as the primary cause of obesity or chronic diseases, such as hypertension or diabetes. But this is only part of the problem. They have, in fact, coined the word “junk food” or “empty calories” to mean specifically processed food that offer little protein, vitamins or minerals, but have lots of calories from sugar or fat, or are high in salt.

However, Go pointed out that there are some fresh food that may also fit in the definition. FDA-registered processed food products are labelled with the ingredients or with nutrition facts to guide consumers in their choice of food. He said, the problem really is the choice people make to their unhealthy eating habits.

Go explained the different reasons why fresh or raw agricultural products are processed and pre-packaged by food manufacturers, including: a) to store food

longer or increase the shelf life, b) to make it more palatable or tastier, or c) to prevent food from spoiling. Different methods are used to preserve food, such as cooking, canning, drying, irradiation, chemical food preservation, and fermentation.

Some processed foods are high in salt, sugar, fat or caloric content. He advised consumers to read the nutritional information on the label, such as the number of calories per serving, the number of grams of fat, the level of sodium added, the level of cholesterol, or sugar content. This nutritional information helps consumers to reduce their nutritional health risks. They should watch out for calories to manage their body weight. They should watch out for sodium and cholesterol to reduce the risk of hypertension. Lastly, they should watch out for sugar levels in their food to prevent acquired diabetes.

Sodium, cholesterol, and sugar are all part of the normal diet of healthy people. People should watch out for serving sizes rather than deprive themselves of their favorite food. Limit food intake rather than

eliminate them. There are food products that appear to be “junk” or “empty in calories,” but are actually good sources of other micronutrients, such as calcium or potassium that are also important in maintaining good health.

Finally, Go advised consumers to remember or observe the following:

1. Sugar or fat can increase weight when the caloric intake from sugar or fat is more than what the body needs.
2. Never be influenced by advertisements or promotional gimmicks. Read the product nutritional label or nutrient content on the label.
3. Diversify your diet and eat a balance meal. Eat enough rice, bread, fruit, vegetables, meat, fish, poultry, vegetables, and fruits. Eat food in moderation.
4. Drink enough water to quench your thirst. For proper metabolism and to promote exertion of wastes from the body.



Art by Antonio Totto, Jr.

Dami Kong Tuwa

Pinakasalan ng babae ang kanyang kasintahan. Pagkatapos ng selebrasyon, ibinigay ng kanyang ina ang isang kabubukas pa lamang na savings passbook ng isang banko na naglalaman na ng P25,000. Ang sabi ng ina, "Anak, tanggapin mo itong passbook at gawin mo itong record o talaan ng inyong pagsasama bilang mag-asawa. Kapag may masayang nangyari sa iyong buhay, magdeposito ka ng pera at isulat mo sa tabi nito ang dahilan. Lakihan ang halaga ng deposito sa mga pagkakataong labis ang kaligayahang natanggap. Ginawa ko na ang unang deposito para sa iyo ngayon. Gawin ninyong mag-asawa ang mga susunod na deposito. Sa paglipas ng panahon at babalikan ninyo ang passbook na ito, malalaman ninyo kung gaano karaming kaligayahan ang inyong pinagsaluhan."

At sinabi ng babae ito sa kanyang asawa. Napagkasunduan nilang dalawa na ipagpatuloy ang magandang ideya na ito. Hindi sila makapaghintay sa susunod nilang deposito. Lumipas ang mga araw at ito ang naging anyo ng kanilang passbook:

7 Feb:	P 2,000, unang birthday celebration ni Mister bilang may asawa
1 Mar:	P 5,000, nakakuha si Misis ng increase sa kanyang sahod
20 Mar:	P 3,000, bakasyon sa Bali, Indonesia
15 Apr:	P10,000, buntis si Misis
1 Jun:	P 5,000, na-promote si Mister
at iba pa...	

Subalit, habang lumilipas ang panahon, nagsisimula nang magtalo at mag-away ng mag-asawa kahit sa mga maliliit na bagay lamang. Hindi na sila nakakapag-usap ng masinsinan at unti-unting na nilang pinagsisisihan na pinakasalan nila ang isa't isa. Wala nang pag-ibig sa pagitan ng mag-asawa.

Isang araw, kinausap ni Misis ang kanyang ina at sinabing, "Ma, hindi ko na siya matiis! Napagpasyahan na namin na kami'y maghiwalay." Ang tugon ng kanyang ina, "Okay, wala na naman akong magagawa kung iyan ang desisyon ninyo. Isa lang ang gusto kong gawin ninyo bago kayo tuluyang maghiwalay. Naaalala mo ba 'yung savings passbook na ibinigay ko sa araw ng kasal ninyo? Isarado mo muna ang bank account na iyon at gastusin mong lahat ang laman. Hindi mo na dapat ipinagpapatuloy ang account na iyon dahil hindi naman naging maayos ang inyong pagsasama."

Sumangayon si Misis sa kanyang ina. Pumunta siya sa banko at habang nakapila at naghihintay para isarado ang kanyang account, binuksan

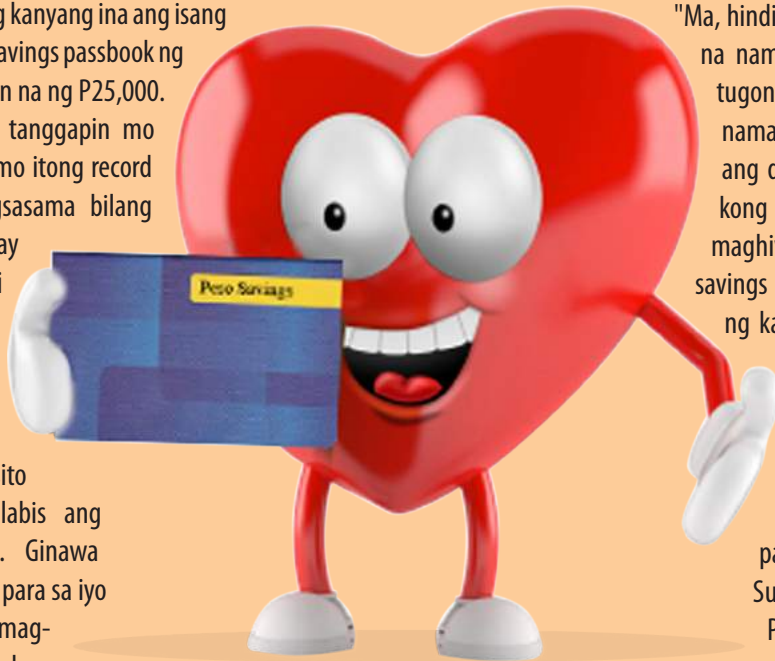
niya ang passbook at binasa ang mga nakasulat dito. Unti-unting nanunumbalik ang alaala ng masasayang araw nilang mag-asawa. Naiyak siya at hindi na maatim isarado ang account at siya ay umuwi na lamang.

Sa bahay, ibinigay ni Misis kay Mister ang passbook at sinabi niyang siya na lamang ang magsara ng account at gumastos ng laman nito.

Kinabukasan ay pumunta si Mister sa banko at habang nakapila ay binasa niya ang lahat nang nakasulat sa passbook at napaluha. Matapos ang ilang sandali, umalis na siya ng banko at umuwi.

Inabot ni Mister ang passbook sa kanyang Misis at nang buksan niya ito ay nakita niyang may bagong deposito na nagkakahalaga ng P50,000. At sa linya nito ay may nakasulat din na: "Ito ang araw na aking napagtanto kung gaano kita kamahal at kung gaano karaming ligaya ang ibinigay mo sa akin nitong mga nakalipas na mga taon."

At naiyak na niyakap ni Misis si Mister. Itinabi na nilang muli ang passbook.



(Ito ay halaw sa kwentong lumabas sa Internet; isinalin lamang sa Filipino ng HEALTHbeat para magmukhang orihinal. Hahaha.)

PAG-IBIG

SA PANAHOON NG KRISIS

Sad Love

Saddest Love Story Ever

RIA: Huhuhu!

RUBEN: Huhuhuhu.

-The End-

Brief Love

JOEREM: Alam mo, para kang brief ko...

LENI: Excuse me?!?

JOEREM: Kasi, halata man o hindi, pakiramdam ko ay kulang pa rin kung wala ka.

Love Smile

BOY: Nakalunok ka ba ng kwitis?

AILEEN: Bakit naman?

BOY: Kapag ngumiti ka kasi, may spark!

Love Angel

FRED: I want to be your angel who'll guide, follow, and love you..

JOYCE: Weh, talaga?

FRED: Oo naman, kaya lang, how can I be an angel kung sa ngiti mo pa lang, nadedemonyo na ko?!?

Dog Love

JOJO: Ano, naniniwala ka na sa akin na hindi mo mapapasunod sa gusto mo ang bagong aso natin.

ROSE: Huwag kang mainip. Nahirapan din naman ako sa iyo nung una.

Timeless Love

MACON: Anong gusto mong gift sa Valentine's Day?

NEIL: Relo.

MACON: May relo ka pa naman, ah.

NEIL: Eh kasi, sinira mo ang relo ko eh.

MACON: Ha? Paano ko sinira?

NEIL: Tuwing kasama kasi kita, tumitigil ang oras ko.

Angry Love

MAY: Hoy! Harapin mo ako!

ED: Ayoko!

MAY: Harapin mo ko sabi, eh...

ED: Ayoko nga!

MAY: Ba't ba kapag nagagalit ka, tumatalikod ka? Bakla ka ba?

ED: Mamaya na! Nawawala kasi ang galit ko pag kaharap kita!

Joke Love

MICHAEL: Isa kang JOKE!

FRANCES: Huh?!?

MICHAEL: Pinapasaya mo kasi ang bawat minutong kasama kita.

Love Comics

BOY: Sagutin mo lang ako, ibibigay ko sa iyo ang buwan at mga bituin.

GIRL: Hmp. Nabasa ko na iyan sa komiks ah.

BOY: Oo nga. Sa 'yo ko nga hiniram 'yung komiks, eh.

Love Millionaire

BETCHA: Kung naging milyonaryo ka lang, pagtitiyagaan kitang maging nobyo kahit ganyan ang itsura mo.

REX: Kung naging milyonaryo ako, sinisiguro ko sa iyo na pipila ka!

Love in a Can

EMAN: Araw-araw nalang sardinas ang pinapakain mo sa akin.

ELLEN: Huwag kang mag-alala, love. Marunong na akong magluto ngayon.

EMAN: Talaga?.

ELLEN: Oo. Natuklasan kong mas masarap pala ang sardinas kapag iginisa.

Stupid Love

JOJI: Walanghiya ka! Magpapakamatay na talaga ako kapag mahuli ulit kitang nambababae.

DANNY: Magtigil ka nga! Sampung taon mo nang sinasabi sa akin 'yan, hindi mo naman ginagawa.

Undying Love

EDMOND: Love, kapag namatay ako, mag-asawa ka ulit agad. Si Dennis ang gusto ko.

ABBY: Kaaway mo 'yun, ah!

EDMOND: Kaya nga gusto kong magdusa rin siya, eh.

This Page is On Fire

Fire is FAST. In just two minutes, a fire can become life-threatening. In five minutes, a residence can be engulfed in flames.

Fire is DARK. Fire produces gases that make you disoriented and drowsy. Instead of being awakened by a fire, you may fall into a deeper sleep. Asphyxiation (suffocation) is the leading cause of fire deaths than burn.

Fire is HOT. Heat and smoke from fire can be more dangerous than the flames. Inhaling the superhot air can destroy your lungs.

These are the three basic characteristic of fire for you to understand and protect yourself. Death and injury are the greatest risk of fire. The causes of fire are related to everyday living which is quite impossible to change. In the Philippines, the top five causes of fire are faulty electrical connection, combustible material (match, candle, gas lamp, mosquito coil), electrical appliance, cooking equipment, and lighted cigarette.

Fire can wipe out blocks of houses and other of properties, but its effect on human lives cannot be overestimated. Two of the worst fires in Metro Manila in recent

history are the Manor Hotel fire in August 2001 with 70 casualties and the Ozone Disco tragedy in March 1996 leaving at least 162 people dead, many of whom were high school and college students attending graduation or end of the school year celebrations. In the Manor Hotel fire, only one died of severe burns but the rest died of suffocation. In the Ozone Disco fire, all casualties were completely burned. In both incidents, the victims were trapped because of the lack of fire exits.

Both fire incidents underscored the two most common risks associated with fire: burns and asphyxiation due to smoke. Other risks to health are trauma and injury from falling debris.

March is Fire Prevention Month in the Philippines because it marks the start of the hot, dry season during which most fires occur. However, fire incidents are plenty too in December, the improper connections of Christmas lights as well as firecracker/fireworks add up to the major causes of fire.

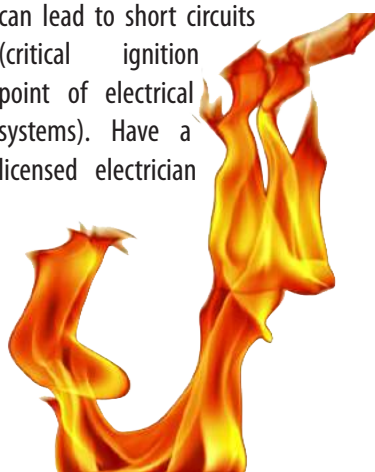
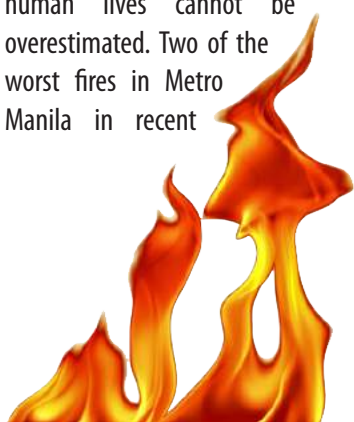
Before Fire

- Maintain proper electrical connection. Overloading and worn-out wiring can lead to short circuits (critical ignition point of electrical systems). Have a licensed electrician

to regularly check and maintain electrical installations.

- Do not overload extension cords or outlets. Inspect cords for frayed or exposed wires or loose plugs.
- Unplug appliances after every use.
- Never leave cooking unattended. Keep towels, pot holders and curtains away from flames.
- Do not leave lighted candles, gas lamps and mosquito coils unattended.
- Store or dispose properly matches, flammable liquids, lighters, and other combustible materials. Keep these materials away from the reach of children and even pets.
- If you must smoke, do it responsibly. Never smoke in bed or when drowsy or medicated. Don't throw lit cigarette butts on dried leaves, garbage, and other flammable materials.

- Have an escape plan. Review escape routes with your family. Make sure windows are not nailed or locked. In high-rise buildings, never lock fire exits or doorways, halls or stairways. Teach family members to stay low to the floor, where the air is safer, when escaping from a fire.



During Fire

- Do not panic. Get out of the house immediately and call the Fire Department.
- When escaping a fire, check closed doors with the back of your hand to feel for heat before you open them. If the door is hot do not open it. Find a second way out, like a window. If you cannot escape through a window, hang a white sheet outside the window to alert firefighters to your presence. Stuff the cracks around the door with towels,

rag, bedding or tape and cover vents to keep smoke out.

- When escaping a fire, if the door is cold slowly open it and ensure that fire and/or smoke is not blocking your escape route. If the escape route is blocked, shut the door and use another escape route. If clear, leave immediately and close the door behind you. Be prepared to crawl.
- If your clothes catch on fire, you should stop, drop, and roll until the fire is extinguished.

After Fire

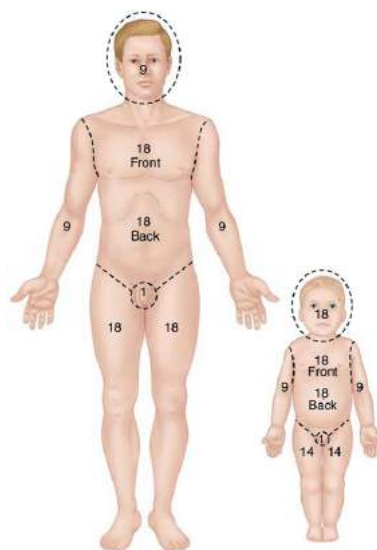
- Once you are out of the house or a building, STAY OUT! Do not go back inside for any reason.
- If you are with a burn victim or are a burn victim yourself, seek medical attention immediately. Cool and cover your burns until emergency units arrive.
- Tell the Fire Department if you know of anyone trapped in the building.
- Only enter when the Fire Department tells you it is safe to do so.

Burn

Burn is a type of injury to flesh caused by open flame, hot liquid or steam, friction, electricity, radiation, contact with hot object, chemicals, or from explosions. Managing burn injuries properly is crucial since it is painful, disfiguring and disabling. Complications may be experienced such as shock, infection, multiple organ dysfunction syndrome, electrolyte imbalance, and respiratory distress.

The treatment of burns will depend on seriousness of the tissue damage and its extent. Burns are classified according to seriousness of tissue damage.

- **FIRST DEGREE** —redness and swelling in the outermost layer of the skin, and painful to touch.
- **SECOND DEGREE** — redness, swelling and blistering, and damage extended to the cutaneous layer of the skin. Some skin may be lost, and appears glossy from leaking fluid.
- **THIRD DEGREE** — damage of the entire layer of the skin, sometimes



RULE OF 9 - a formula for estimating the percentage of adult body surface covered by burns by assigning 9% to the head and each arm, twice 9% (18%) to each leg and the anterior and posterior trunk, and 1% to the perineum. This is modified in infants and children because of the proportionately larger head size. Grabbed from <thefreedictionary.com>

including fat, muscle, organs, and bone beneath the skin. Skin may appear charred.

The assessment of the extent of the damage due to burn, or how much body surface is affected is best done by using the Rule of 9. In this method, the body surface is divided into percentages. (See illustration.)

Quick response to burn victims in the first few minutes after it occurs can make a big difference in the severity of the injury. When victim is literally on fire: "Stop, Drop, and Roll" to put out the flames. Take away all burned clothing because it can adhere to the burned skin. Get rid of all jewelry, belts and tight clothing from over the burned areas and from around the victim's neck because burned areas will swell immediately.

For first degree burns, immerse in cool, fresh water or place cool, wet compresses on the burn until pain subsides. Wrap/cover the burn with a sterile, non-adhesive bandage or clean cloth. Do not apply butter, toothpaste, ointment and other things because these may cause infection. but for infants or elderly, or if the extent of the first degree burn extent is large, it is better to seek emergency medical attention.

Severe Heat

Temperature usually rises in the Philippines in March and lasting for three months or maybe more. We do not know what will happen to our dry season or what most Filipinos have already termed as "summer," now that we are experiencing unpredictable weather due to the effects of climate change. For sure though, hot and humid conditions add to the discomfort of high temperatures. Droughts may occur if long period passes without substantial rainfall.

BE PREPARED...

- Increase the amount of water or non-alcoholic drinks that you consume, despite your activity level. Drink before you feel thirsty. Consult your physician if you have a limit on the amount of daily fluid intake or you are taking water pills.
- Avoid beverages that contain caffeine, alcohol, or large amounts of sugar. These types of beverages will cause you to lose more body fluids.
- When possible, stay inside. If you have access to an air conditioner, use it. Electric fans do not provide relief from heat-related illnesses when temperatures are in the mid 30 °Celsius and above.
- Taking a cool shower or bath is a useful way to cool off.
- Wear lightweight, light-colored, loose-fitting clothing.
- Never leave people or pets in parked vehicles, especially with the windows closed.
- Young children, elderly people, and those who are sick or overweight are at greater risk than others to experience harmful effects of heat.

IF YOU ARE OUT THERE IN THE HEAT...

- Limit your outdoor activity to early morning and evening hours.
- Limit exercise. Be sure to drink at least two to four glasses of cool liquids every hour.
- Frequently take breaks under shady areas.
- There are a number of ways to protect yourself from the sun. Use an umbrella or wear hat, sunglasses and sunscreen that is SPF 15 or higher (the most effective products say "broad spectrum" or "UVA/UVB protection" on their labels).

Heat stroke is the most serious heat-related disorder. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. When heat stroke occurs, the body temperature can rise to 41 °Celsius or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not given.

The symptoms of heat stroke include: hot, dry skin or profuse sweating; hallucinations; chills; throbbing headache; high body temperature; confusion/dizziness; and slurred speech. Help a person who might be suffering from heat stroke and take the following steps: call for medical assistance immediately; move the sick person to a cool shaded area; soak his/her clothes with water; spray, sponge or shower him/her with water; fan the body.

People with the following conditions are especially prone to heat stroke: alcoholism; chronic illnesses like heart disease; obesity; uncontrolled diabetes; Parkinson's disease; older age; use of certain medications such as diuretics and antihistamines; and use of some illegal psychoactive drugs such as methamphetamine (shabu, in the Philippines).

Under My Umbrella

In the Philippines, a tropical country where there are only two seasons, the wet and dry seasons, it is very common to see men using umbrellas to protect themselves from rain, but not from the sun which is considered unmanly. This stereotypical attitude is not only happening in the country but throughout the globe dating back to ancient times.

But did you know that the umbrella was originally used to protect people from the SUN.? People have been using umbrellas for thousands of years to protect them from the sun and its heat and only a few hundred years for rain protection. Although in Ancient Greece it is said that umbrellas were first used by women in the 5th century BC and men did not use them as they were not considered to be manly enough, in other places, culture and time, the umbrella has been a symbol of power in men.

Ancient Egyptians believed the sky was the underbelly of a god that looked like a giant umbrella. Thus, the Pharaohs and other notable people were often seen under the shade of an umbrella. In the 1400s sailors from Portugal that were destined for the East Indies carried an umbrella over their captain's head when they landed on a

new island. Why? To show his authority. On the other hand, some British soldiers took umbrellas with them into the battles of the Napoleonic wars in the early 1800s until the British military decided that they were not a fitting image for fighting soldiers. Now, many men refuse to use the umbrella under the sun.

But that may be changing. In 2011, Reuters reported that Japanese

men have embraced the parasol in efforts to stay cool, collected, and not sweaty – the result of power conservation efforts post-Fukushima, hotter-than-usual summers, and sheer practicality. The Takashimaya department store chain claimed, "There's been a spike in demand for men's sun umbrellas of about three times since the previous summer. Most of them buy it for business when they have to step outside of the office to go to a meeting. They feel that it's rude to show up to work or a meeting all sweaty and worn out from the heat."

And last year, a study by Dermatologists at Emory University in Atlanta says the umbrella could help shield skin from ultraviolet (UV) rays. The researchers found that any fully-functioning handheld umbrella can block more

than three-quarters of UV light on a sunny day. Choose black umbrellas especially because these seem to do the job well, by blocking at least 90 percent of rays.

In the scorching heat the Philippines is experiencing at the height of the dry season, a practical advice for men is to use the umbrella. Now guys, would you dare use one for your health?

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(Photo by Frederick C. Pereña)

Swimming in Polluted Waters

Swimming is fun and a healthy exercise or sport especially during summer when the weather is hot. But choose wisely the places you would want to dip your body.

Manila Bay has become a popular destination of people who cannot afford to go to resorts and beaches. Sadly, the Manila Bay and several other bodies of water in the country are full of wastes coming from urban and industrial development, farming, animal-feeding operations, mining, combustion of fossil fuels and even faulty sewage systems. National and local governments should issue advisories against swimming in these areas. But even public swimming pools and jacuzzi hot tubs are not without health risks, therefore owners should ensure that their facilities are regularly cleaned, filtered and disinfected to prevent diseases.

Small children, infants, the elderly, and those with compromised immune systems are most likely to develop illnesses or infections after swimming in,

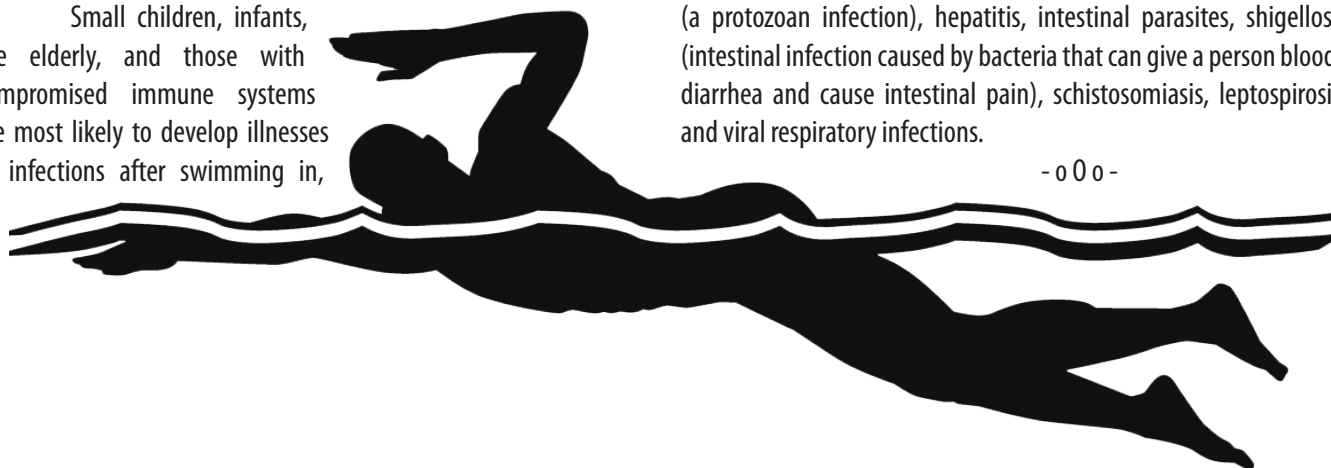
ingesting, or contaminating open wounds with, polluted water.

Viral Gastroenteritis is the most common illness associated with swimming in polluted water. Although the symptoms are usually minor, they may present in a variety of forms that can include one or more of the following: chills, nausea, diarrhea, stomachache, headache and fever.

Other illnesses that result from swimming in polluted water include diseases affecting the eye (sore eyes or conjunctivitis), ear (otitis media or impacted cerumen with or without hearing loss), skin infections (fungal, bacterial or toxic from human and industrial wastes).

In highly polluted water swimmers may be exposed to more serious diseases like amoebic dysentery, cholera, giardiasis (a protozoan infection), hepatitis, intestinal parasites, shigellosis (intestinal infection caused by bacteria that can give a person bloody diarrhea and cause intestinal pain), schistosomiasis, leptospirosis, and viral respiratory infections.

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Mag-ingat sa pagsakay ng jeep lalung-lalo na sa gabi...

Isang gabi sumakay ako ng jeep. Lahat ng pasahero nakatitig sa akin. Walang umiimik. Napaka-*weird* man ang aking naramdaman, hindi na ako bumaba.

Dahil nakasanayan ko namang magbayad pagkasakay inilabas ko ang bayad ko at sinabing, "Ma, bayad po, sa Sandiganbayan lang." Pero lahat nakatingin pa rin sa akin. Wala pa ring umiimik. Yung isa bumulong sa kanyang katabi.

Naiirita kong sinabi: "Pwede pong paki-abot ng bayad ko!?" Pero, lahat sila nakatingin pa rin sa akin.

Maya-maya, may isang matandang babae ang umusog palapit sa akin at bumulong, "Hindi ka na dapat na naparito, iho. Umalis ka na habang hindi pa nakakaalis itong sasakyan. At kung

hindi, pagsisisihan mo ang pwedeng mangyari sa iyo. Hindi ka na makakauwi sa inyo!"

Napalunok ako. Pinagpawisan ng malapot at sumagot, "Ano po ang ibig ninyong sabihin?" At ang sagot niya, "INARKILA NAMIN TO. MAGNA-NIGHT SWIMMING KAMI! TANGA KA BA!?"



Artwork grabbed from <www.picstopin.com>

CLINIC HOURS

Clipart grabbed from <www.pbtpng.org>



Iron Deficiency

Isang medical intern na gusut-gusot ang uniform ang na-late at nagmamadaling pumasok sa emergency room. Pinuna siya ng medical consultant...

DOK JIMMY: Dr Asuncion, may IRON deficiency ka!

Sosyal at Sexy

Isang sexy at sosyal na pasyente ang pumasok sa clinic para magpakonsulta...

BAMBI: Doc, I'd like to get something off my chest...

DOK FRANK: And, what's that, iha?!?

BAMBI: Your eyes, po.

Check-Up Muna

DOK ERNIE: Maaaring kailanganin mo lang ng aspirin o kaya naman ay bypass surgery. Kaya magsagawa ako ng thorough check-up.

RAYMOND: Anong check-up, Dok?

DOK ERNIE: Kailangan kong i-check ang bank account at credit rating mo kung kakayanin mo nga ang bypass.

Reseta

ADEL: Dok, ano po ang gagawin ko dito sa resetang ito?

DOK MEME: Inumin mo 'yan!

ADEL: Hindi po kaya mahirinan ako dito?

Masakit Ba?

DOK YUL: Aalisin ko ang eyebags mo.

Lalagyan ko ng bridge ang ilong mo. Babawasan ko ang panga mo, enhance ko ang lips mo at papaputiin kita.

AILEEN: Eh Dok, masakit po ba iyon?

DOK YUL: Mararamdaman mo lang naman ang sakit kapag nakita mo na ang bill na babayaran mo.

Successful ang Operasyon

DOK IVAN: Successful ang operasyon. Ito ang salamin, maaari mo nang tingnan ang iyong sarili.

JOEL: Waaaaaah.

DOK IVAN: Bakit ka sumigaw at parang kang natakot?

JOEL: Bakit ako naging babae?

DOK IVAN: Hindi ba ikaw yung gustong magpa-sex change?

JOEL: Dok, naman! Magpapatuli lang sana ako!

Hotcake

LITA: Dok, anong gagawin ko sa anak ko? Ang liit ng ari niya?

DOK NITTOY: Madali lang yan, Misis. Pakainin mo ng hotcake.

Kinabukasan sa agahan, nagluto si Lita ng sampung hotcake.

JEFF: Wow, ang daming hotcake!

LITA: Ops, ops, ops... Tatlo lang ang sa 'yo d'yan. Pito ang sa tatay mo.

Mid-Life Crisis

DOK MARWIN: Ano po ang pangalan nila?

LELAY: Aleli Beltran po.

DOK MARWIN: Ah, oo. Natatandaan ko nga kayo. Ilan taong gulang na?

LELAY: Eksaktong 35 na po.

DOK MARWIN: Aba'y apat na taon na pong ganyan ang sinasabi ninyong edad sa akin.

LELAY: Aba, Dok. Hindi ako katulad ng ibang babae d'yan na pabagu-bago ang isip at sinasabi. Ako po ay mayroon isang salita.

Nursery

DOK ANTHONY: Mister, pwede mo na pong tingnan ang baby mo sa Nursery, sa may 2nd Floor.

RENATO: Paano ko naman po siya makikila. eh ang daming bata 'dun?!?

DOK ANTHONY: Pambihira, sarili mong anak hindi mo kilala?

Hahaha

EDWIN: Dok, gusto kong bilhin ang nireseta ninyong gamot para tuluyan akong gumaling, pero wala po akong pera.

DOK ALAN: Hahahahaha!

EDWIN: Bakit po kayo tumatawa?

DOK ALAN: Kasi laughter is the best medicine.



HON. JOSE FABELLA
1941-1945



HON. BASILIO J. VALDES
1945



HON. JOSE C. LOCSIN
1945-1946



HON. ANTONIO C. VILLARAMA
1946-1950



HON. JUAN C. SALCEDO JR.
1950-1953



HON. PAULINO J. GARCIA
1954-1958; 1965-1968



HON. ELPIDIO I. VALENCIA
1958-1961



HON. FRANCISCO Q. DUQUE
1961-1963

Yesterday

On January 7, 1941, the Executive Order 317 formalized the Department of Public Health and Welfare with Dr. Jose Fabella as its first Department Secretary. Dr. Fabella's priorities were the elimination of tuberculosis, malaria and leprosy; and the reduction of malnutrition and infant mortality rate.



Sa babaeng anyo at pagtingin ko,

PROTEKSYON ko, Hawak ko



PNGOC
Philippine NGO Council
on Population, Health and
Welfare Inc.



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