



# HEALTHbeat

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**Dr. Lyndon Lee Suy**  
DOH Spokesperson

# MERSCoV on the Loose?



# MAG 'ALA STRESS' TAYO! 🕒

*Do you know that 30 minutes  
of daily exercise  
is good for your health?*



*So, everyday at 3:00PM  
let's take a break from work,  
relieve ourselves of stress,  
and do some physical exercises*



*Galaw Galaw  
baka pumanaw*



*Make 'Ala Stress'  
a Daily Habit*





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## A HealthBeat tradition ends, or, this is goodbye, Tony.

Goodbye. This was a constant greeting on his lips, when it started nobody was sure, was it this year? Tony invariably greeted his officemates and friends with a 'Goodbye' to the sound of "Good morning!"

Tony was the heart and soul of HealthBeat. From its inception to its camera-ready form, Tony had a hand. Actually, he was a one-man band orchestrating everything that went into this magazine. Especially the jokes.

He was the creative one, always thinking of putting out something, from the newsletter type internal publication "PIHES-ta" (of the erstwhile Public Information & Health Education Service of the Department of Health or DOH) where it metamorphosed into the HealthBeat (the official publication of the DOH) that we know today.

With Tony absent, HealthBeat will never be the same again.

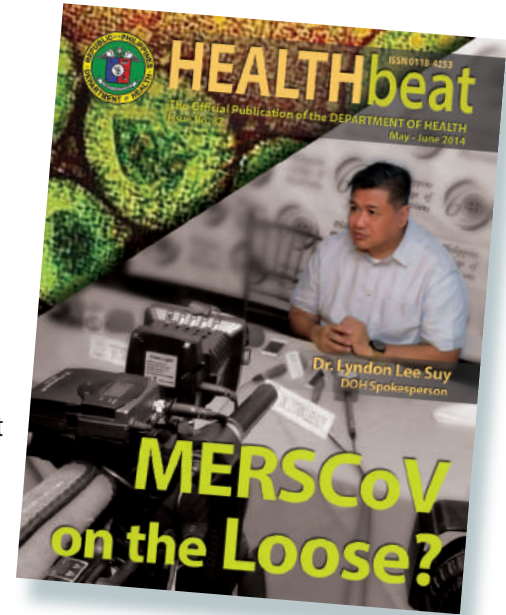
Speaking of changes, we revisit the people affected by Yolanda six months after the devastation and see from different perspectives how they are coping after the typhoon. We also review the threat that was MERSCoV and how the country with the Health department's newly designated spokesperson, Dr. Lyndon Lee Suy, addressed this potential public health concern of epic proportions.

The other articles are about topics that have come to our attention recently and we thought you might want to know more about it.

Expect more changes as we put out more issues. Another era begins.

So, we say a final goodbye to Tony. May you find more bliss in publishing heaven.

- The Editors



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## Six months after Typhoon Yolanda, health investment needed



May, 2014 - The full scale destruction and devastation wrought by super Typhoon Yolanda was a tragedy that affected the lives of millions but now we can find a way to build a sustainable health system for the future." says Dr. Julie Hall, WHO Country Representative.

As the nation marked six months since the Philippines worst ever natural disaster, communities are slowly rebuilding their lives.

"The WHO in support of the Department of Health, have moved from the initial emergency phase which focused on coordinating the arrival and dispersal of more than 150 foreign medical teams, coordination of emergency health services and supplies, and prevention of disease outbreaks to addressing the longer term health issues facing communities," said Dr. Hall.

"WHO continues to map the state of

repair and rebuilding of the 582 public health facilities that were damaged or destroyed and to provide advice to ensure government and aid monies are directed to where the need is the greatest."

"We need clean and safe health facilities for the 70,000 births expected in the next three months as well as for those individuals who have ongoing health complications from diseases such as diabetes, cancer and tuberculosis," Dr. Hall stated.

The WHO is working in communities to prevent disease outbreaks through health and hygiene promotion and ensuring families have access to, and use, clean water for drinking and washing.

"Six months after the event, we are seeing the emergence of mental health problems in communities with people coming to terms with the enormity of their loss, whether of loved ones, homes or livelihoods," said Dr. Hall. "The WHO has been

training local health workers in psychological first aid and community based mental health care to help address physical and mental health needs. We are also funding activities aimed at supporting the thousands of people disabled as a result of injuries caused by the Typhoon."

"Six months on, we have made real progress, but the resilience of the Filipino spirit alone will not be enough. Ensuring the resilience of the health infrastructure, universal health care for all Filipinos, and continued investments in health promotion are all required."

"The country needs a healthy population to sustain its successful economic development," said Dr. Hall. "The chance to make a sound investment for the future by strengthening health systems and infrastructure is now. We need to continue to place health at the heart of all healing." (WHO release)

## Yolanda child survivors want active roles in disaster planning – intl group

by:

**IBARRA C. MATEO**

<http://www.gmanetwork.com/news/story/359856/lifestyle/healthandwellness/yolanda-child-survivors-want-active-roles-in-disaster-planning-intl-group>

Children who survived Typhoon Yolanda and are still living in the areas devastated by the storm surge want to play active roles in planning for future emergencies and disasters to help them better cope in post-crisis situations.

This was among the findings of a study by Save the Children, a leading global and independent organization for children in need, and several non-governmental organizations (NGOs) that consulted 174 children and young people in Yolanda-stricken areas, specifically asking them what was most important to them after surviving the deadly typhoon.

In the section of the “State of the World’s Mothers 2014: Saving Mothers and Children in Humanitarian Crisis” discussing the Philippines and Yolanda, the report said older children want to take classes in “life skills” such as how to build shelters, environmental science, and fishing.

“They want more friendly spaces for children to share feelings and put their minds at ease. And they want adults and authorities to talk to them about exactly what is going on when a disaster strikes,” the annual report added.

### 105th out of 178 countries

For its 2014 edition, the annual “State of the World’s Mothers” report looks at the impact of humanitarian crises on

maternal, newborn, and child survival in countries consistently ranked as the most difficult places to be a mother.

It includes an annual “Mothers’ Index,” which this year surveyed 178 countries, and studied in-depth the link between poor performance on the indicators and chronic crises, conflict, and the everyday emergencies faced by mothers and children globally.

The Philippines landed on the 105th slot out of 178 countries ranked, down from last year’s 104th. In the Southeast Asian region, the Philippines is behind Vietnam, Thailand, Malaysia, and Singapore, and just ahead of Timor-Leste and Indonesia.

One troubling statistic revealed in the report is that in the Philippines, an increasing percentage of deaths of children under 5 years of age are occurring among newborn babies in the first month of life.

These mostly preventable deaths are likely to have risen in number following Yolanda – and are likely to have affected newborn girls disproportionately, the report said.

“Worldwide, women and children are much more likely than men to die in a disaster, whether man-made or natural,” it said.

There is an urgent need to increase access to healthcare in places where the government’s capacity is weak and conflict and insecurity is widespread, it added.

### Children, mothers the most vulnerable among survivors

Humanitarian emergencies can have a profound effect on the mental health of mothers and children.

“Abrupt life changes, family separation, worry about loved ones, and loss of community and family support are emotionally difficult for almost everyone caught up in a crisis,” said the report.

“Children are especially sensitive to the emotional states of their parents. When mothers and fathers are struggling to deal with their own stress, it can impair the ability of their traumatized children to process their own feelings,” it added.

Dr. Francesca Cuevas, director of health of Save the Children-Philippines, said the organization is helping restore the delivery of primary and basic health services.

“Health facilities are still overwhelmed...More than one million people have no access to basic health services. Pregnant women are giving birth without access to safe and clean health facilities,” Cuevas said at a press conference launching the report.

Cuevas added that psycho-social health services to mothers and children should be given priority because they are the “most vulnerable and most compromised” segment of the population affected by Yolanda.

## BEACON Boxes

One way Save the Children is trying to improve conditions for pregnant women and newborns is by the pre-positioning of “BEACON Boxes” in Yolanda-hit areas.

The BEACON Box, or Birthing Essentials And Care Of Newborns Box, contains basic tools and materials necessary to help a pregnant woman deliver in a safe and clean environment and packaged in a storm-proof box.

Cuevas said the BEACON Boxes will be prepositioned in the most vulnerable barangays in the Yolanda-affected areas, where more than 750 births are expected every day.

The BEACON Box supplies include plastic sheets, a tarpaulin, soap, sterile cord ties, sterile blades, clean towels, a birth certificate, and a lamp. The box aims to assist a pregnant woman in “giving birth in a clean environment if she cannot get to a health clinic.”

Save the Children has allotted P10 million to place these boxes in the most vulnerable barangays geared toward helping the most vulnerable pregnant women.

Statistically, more than 100 of those were likely to have involved a potentially life-threatening complication, Cueva added.

“We simply must all work harder to help communities prepare for disasters and protect pregnant women and newborns,” said Ned Olney, Philippine country director of the Save the Children.

## Everyone has the right to survive

Olney said Filipinos’ resiliency is being tested by more frequent and increasingly severe emergencies.

“Save the Children is now moving from relief work to the recovery stage. Emergency relief is ending, and we are adapting our activities to support the rebuilding of people’s homes and livelihoods,” Olney said.

Save the Children was one of the first international agencies to respond after Yolanda and remains the largest responder in some of the worst affected areas.

Almost six months after Yolanda wreaked havoc, the agency has helped more than 470,000 children and adults with assistance, including food, water, medicines, shelter, and hygiene items.

Olney said a “big focus” of their group is working to “keep children safe and in education.”

“Future disasters are inevitable and because of climate change they are likely to become even more common. The agency’s response is therefore not only supporting the huge recovery effort, but is also helping affected communities adapt and prepare for future disasters,” he said.

“Yolanda showed us the importance of helping mothers when vital services are destroyed or disrupted. It also showed us that after the initial emergency has passed, existing institutions can be rebuilt and aid can get through quickly,” he added.

He said it must be ensured that the poorest of the poor are not “left completely unprepared” and that “every child has the right to survive, no matter where he or she is born.”

Save the Children is urging the government and the civil society to:

- Ensure that every mother and newborn living in crisis has access to high quality health care,
- Build stronger health systems to minimize the damaging effects of crises on health,
- Develop national and local preparedness plans tailored to respond to the specific needs of mothers, children, and babies in emergencies, and
- Ensure adequate financing and coordination to timely respond to mothers’ and children’s needs in emergencies.

— BM, GMA News



[www.facebook.com/beat.tobacco.ph](http://www.facebook.com/beat.tobacco.ph)

# ARE PROMISES MADE TO BE BROKEN?

by

Dennis B. Magat

HEALTHbeat Staff

Filipino National Hero Dr. Jose Rizal once said that “the youth is the hope of Fatherland.” Yes, indeed, for they shall be their country’s future leaders. However, since 1990, more than 216 million children globally have died from preventable diseases before reaching their fifth birthday. With this development, will there still be hope? Will there still be leaders left to fill in the gap?

Despite rapid progress in reducing child deaths since 1990, the world still has not fulfilled its promise of survival for children.

UNICEF (United Nations Children’s Fund) has committed to track down progress for global commitments to children in support of the **Committing to Child Survival: A Promise Renewed** global movement.

**A Promise Renewed** is a movement based on shared responsibility for child survival, and is mobilizing and bringing together governments, civil society, private sector, and individuals in the cause of ending preventable child deaths within a generation. It also seeks to advance ‘Every Woman Every Child’ strategy launched by United Nations Secretary-General Ban Ki-Moon to improve the health of women and children through action and advocacy to accelerate reductions in preventable maternal, newborn, and child deaths.

Since its launch just over a year ago, **A Promise Renewed** has made strides by signing 176 governments to **Committing to Child Survival: A Promise Renewed** pledge.

**Committing to Child Survival: A Promise Renewed** is anchored on a

three-pronged strategy. First, Strengthening evidence-based country action plans: Participating governments must sharpen their country action plans to accelerate progress towards the Millennium Development Goal (MDG) and set a five-year milestones to monitor progress from 2015 to 2035.

Second, Monitoring and reporting: Governments and partners should increase the availability and accessibility of data and analysis on maternal, newborn, and child mortality to encourage stronger accountability for child survival. Each year, UNICEF and partners will release global progress reports to stimulate public dialogue and sustain the political commitment to child survival.

Third, Promoting global communication and social mobilization for child survival: Governments and partners will mobilize broad-based social support for the principle that ‘no child should die from preventable causes’. By harnessing the power of mobile technology, governments and partners are engaging all citizens, especially women and youth, in the search for innovative solutions to maternal, newborn, and child survival.

### CRITICAL AREAS

Another move towards preventing child deaths can be achieved through a concerted action in five critical areas like geography, high-burden populations, high-impact solutions, gender equality, and mutual accountability.

**Geography** pertains to the

scaling-up efforts of countries that account for 30% of all under-five deaths, particularly in South Asia and Sub-Saharan Africa. **High-burden population** is the strengthening of health systems to increase coverage among the underserved populations, including rural and low-income groups while **high-impact solutions** require intensifying efforts to address the five conditions for almost 60% of child deaths- pneumonia, diarrhea, malaria, pre-term birth complications and intrapartum-related complications.

**Gender equality** is investing in education for girls and women and empowering them to make decisions that impact their lives. This also promotes women’s rights, gender equality, and inclusive economic growth. **Mutual accountability** is building broad-based political support for maternal, newborn, and child survival, monitoring progress against a set of common metrics, and encouraging public dialogue on the triumphs and challenges of efforts to accelerate declines in preventable maternal, newborn, and child deaths.

### DECLINING PATTERNS

Despite the swift reduction in under-five deaths, child survival remains an urgent concern. In 2012, approximately 6.6 million children died before reaching their fifth birthday, or approximately 18,000 deaths every day. And the risk of dying before five years old varies according to where a child was born. Data revealed that under-five mortality rate in Luxembourg is just 2 per 1,000 live births compared to Sierra Leone’s 182 per 1,000 live births.



Since 1990, about 216 million children have died before reaching their fifth birthday. This figure is more than the current total population of Brazil, which is the world's fifth most populous country.

At the current rate of death reduction in children below five years old, the world will only be able to meet its MDG by 2028. This is 13 years after the deadline set in 2015 and by that time 35 million more children have died between 2015 and 2028, whose lives could have been saved if goals are met on time. Presently, only two regions in the Asia Pacific are on track to meet their 2015 deadline- East Asia and Pacific.

Globally, pneumonia, diarrhea, malaria and newborn conditions like prematurity are still the main causes of deaths and kill about 6,000 children younger than five years every day. The poorest children always fall victim to these easily preventable and treatable diseases.

Even with the advances in battling childhood diseases, pneumonia and diarrhea remain as the leading causes of deaths among under-fives, killing almost 5,000 children every day.

Malaria, on the other hand, remains a significant cause of child death, killing about 1,200 under-fives every day. The disease is concentrated mostly in Sub-Saharan Africa, where 14% of child deaths are recorded.

Despite declining patterns globally, neonatal deaths are growing as a share of growing under-five deaths amid faster progress in reducing mortality in the post-neonatal period. It is also harsh to note that most neonatal deaths are preventable.

West and Central Africa requires a lot of focus and attention for child survival because it is lagging behind all other regions. West and Central Africa is also the only regions not to have halved its under-five mortality rates since 1990, and the only

region that has virtually no reduction in the absolute number of children dying over the past 22 years. Its burden of child deaths now stands at about 2 million annually, almost equal to its 1990 level.

However, all is not lost in the campaign to reduce child deaths as some of the world's poorest countries in terms of national income have made the strongest gains in child survival. Seven high-mortality countries like Bangladesh, Ethiopia, Liberia, Malawi, Nepal, Timor-Leste, and the United Republic of Tanzania have already reduced their under-five mortality rates by two-thirds or more since 1990. Six of these countries are low income, proving that low national income is not a barrier to making faster gains in child survival.

Many middle-income countries have also made tremendous progress in reducing under-five deaths, and most high-income countries have also seen sharp declines since 1990. This only proves that rapid decreases even in high-income countries are possible.

In the Philippines, there are concrete achievements in terms of reducing under-five mortality from 59 per 1,000 live births in 1990 to 30 in 2012. Despite this decline, however, much still needs to be done. The country has to further reduce its maternal and infant mortality targets under the MDG. For 2015, these two indicators are set at 52 and 19 per 1,000 live births, respectively.

### TAKE ACTION, NOW

The need to take drastic action is now if we want to save millions of lives. The opportunity to end preventable child deaths has never been greater than it is today. Proven solutions and global and national efforts have saved the lives of 90 million children globally in the past 22 years.

With only a few months to go before the MDG deadline in 2015, now is the time to step up our efforts to make sure that more children survive past their fifth birthday, and get the chance to realize their full potential in life.

UNICEF Philippines Country Representative Lotta Sylwander said that "we need to address all aspects that affect a child's life and well being". She added that it is not only about health solutions and that poverty reduction, better nutrition and education, protection of children, birth registration, and achieving gender equality are interrelated important elements that help children survive and thrive.

"Achieving Universal Health Care is a top priority of the Aquino administration. The Department of Health is taking this course to ensure that health services and information reach all mothers and children, especially the poorest who need them most," Philippine Health Secretary Enrique Ona said.

A Promise Renewed is a call for action anchored on the government's flagship health campaign for Universal Health Care with the support of UNICEF, USAID, WHO, and UNFPA.

The time has come to recommit to child survival and renew the promise to give every child the best possible start in life. Achieving our MDG on time will mean millions of lives saved from preventable diseases. Let us renew and review our commitment.



## Renewing the Promise for Kalusugan Pangkalahatan

*Keynote Speech of Secretary Enrique Ona during the  
Stakeholders' Forum on Enhancing Capacities to Save Mothers and Children*

The Department of Health would like to thank our ever-dependable health and development partners for organizing this stakeholders' forum on enhancing capacities to save mothers and children.

I understand that today's gathering is related to a 2012 international mobilization led by the governments of Ethiopia, India, and the United States together with UNICEF. Back then, there was "**A Call to Action**" for an ambitious yet achievable goal: to end preventable child deaths.

"**Ending preventable child deaths**" has been defined to mean :

- a. Giving children a healthy start by providing pregnant mothers with quality antenatal care and nutrition during pregnancy;
- b. Giving newborns a safe delivery, the ability to breathe in the first crucial moments of life, and proper nourishment to avoid stunting;
- c. Ensuring that newborns are sheltered, breastfed, kept warm and shielded from diseases like HIV; and
- d. Protecting children from infectious diseases like malaria and pneumonia with vaccines, bednets, and antibiotics.

"**A Call to Action**" was then followed recently by "**A Promise Renewed**" or APR, where a broader set of partners in health and development reunited around the same goal of ending preventable child deaths.

APR identified **five critical areas** by which dramatic reductions in preventable child deaths can be achieved through concerted action .

Attention was given to the area of **geography**, which refers to scaling up efforts in priority areas that account for 80 percent of all under-five deaths.

Then, stakeholders were urged to look at **high-burden populations**, in particular to strengthen health systems to increase coverage among underserved populations, including rural and low-income groups.

**High-impact solutions** were also called for in order to better address the five conditions responsible for almost 60 percent of child deaths – pneumonia, diarrhea, malaria, pre-term birth complications, and intrapartum-related complications.

**Gender equality** was cited as a paramount concern, in that investments in education for girls and women were seen as necessary to empower them to make informed decisions that impact their lives.

Finally, it was understood that **mutual accountability** should prevail by building broad-based political support for maternal, newborn and child survival; monitoring progress against a set of common metrics; and encouraging public dialogue on the triumphs and challenges of efforts to accelerate declines in preventable maternal, newborn and child deaths.

Here in the Philippines, protecting the lives of both children and their mothers is a mandate enshrined in the 1987 Constitution which is currently in effect. No less than our supreme law or social contract between the government and its people requires that we end preventable child and maternal deaths.



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**R.A. No. 10354 or the Responsible Parenthood and Reproductive Health Act of 2012 (RPRH Law) is the Philippine government's latest renewal of its promise to save the lives not only of women in general and mothers in particular, but also of children.**

The honorable Supreme Court of the Philippines (SC) has already declared the RPRH Law to be “not unconstitutional”, with the exception of a few items. Furthermore, the SC has likewise lifted its *Status Quo Ante* Order on the RPRH Law, which means that the provisions in the republic act and its implementing rules and regulations not touched by the SC can now be fully implemented.

“Reproductive health care” as defined in the RPRH Law allows for the introduction and use of **high-impact solutions** in maternal, infant, and child health and nutrition.

Drugs and devices identified by the UN Commission on **Life-Saving Commodities**, which include commodities spanning the full continuum of reproductive, maternal, newborn, and child health (RMNCH) care **can now be procured by the DOH and distributed directly to all government health facilities**, subject to the requirements of the RPRH Law.

**Midwives and nurses are now allowed to administer lifesaving drugs** such as, but not limited to, oxytocin and magnesium sulfate.

Mothers will now be able to practice **healthy timing and spacing of pregnancy (HTSP)**, which is an intervention to help women and families delay or space their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children, *within the context of free and informed choice, and taking into account fertility intentions and desired family size.*

The RPRH Law, through its Declaration of Policy, also **prioritizes the provision of services to high-burden populations and vulnerable groups in identified geographical areas**, by giving preferential access to those identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) and other government measures of identifying marginalization.

Also complementary to the RPRH Law is the Universal Health Care (UHC) or *Kalusugan Pangkalahatan* (KP) program of the DOH which **strengthens both the supply and demand side of health systems** where mothers and their children shall have access to quality care.

The RPRH Law also promotes **gender equality**.

It **establishes “reproductive health rights”** to be the “rights of individuals and couples, to decide freely and responsibly whether or not to have children; the number, spacing and timing of their children; to make other decisions concerning reproduction, free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual health and reproductive health”.

The State is also now required to provide **age- and development-appropriate reproductive health education to adolescents (including young girls)**, concerning “values formation; knowledge and skills in self-protection against discrimination; sexual abuse and violence against women and children and other forms of gender based violence and teen pregnancy; physical, social and emotional changes in adolescents; women’s rights and children’s rights; responsible teenage behavior; gender and development; and responsible parenthood”.

Finally, the RPRH Law ensures **mutual accountability**. Broad-based political support and dialogue is ensured by recognition of the active participation of Civil Service Organizations (CSOs) which is comprehensively defined to include not only non-government organizations (NGOs) and people’s organizations (POs), but also faith-based organizations and other citizen’s groups. The CSOs are being invited by government to help plan and monitor programs and projects, engage in policy discussions, and actively participate in collaborative activities.

I am quite confident that the portions of the RPRH Law and its implementing rules not found to be unconstitutional by the SC do provide the necessary health policies and directives that will readily synergize with the five critical areas named by the APR effort. Your DOH is now in the process of revising the implementing rules of the RPRH Law to make them consistent with the specific rulings of the SC.

We invite all concerned stakeholders present here and with us in spirit and intent to support and join the DOH as it prepares for and proceeds with full-scale implementation of the sustained provisions of the RPRH Law and its implementing rules, if only at least to manifest that yes, we are all renewing our promise to end preventable child and maternal deaths.

# "We Are Not Letting Mothers Die"

*Bureau of Local Health Systems Development-DOH and Zuellig Family Foundation*

In the Philippines, the latest maternal mortality ratio (MMR) reported is 211 as of 2011, which is nowhere near the Millennium Development Goal (MDG) target of 52 by 2015. However, the Department of Health (DOH) is not about to let the country miss the target even if it is just a year away.

"We are not letting mothers die" is the battle cry of the DOH when it intensified its campaign to make sure the Philippines meets its maternal health target under the MDG No. 5.

The DOH partnered with the Zuellig Family Foundation (ZFF) in May 2013 through a Memorandum of Understanding to implement the ZFF's Health Change Model which has helped lower maternal deaths in areas where ZFF has worked before. In this model, leadership has been shown to be a key instrument to improve health outcomes, hence, the focus on local chief executives and health leaders.

The partnership program between DOH and ZFF, called the "Health Leadership and Governance Program (HLGP)," began in August 2013 and will run until 2015. As of last February this year, mayors and municipal

health officers of 263 municipalities out of the targeted 609 underwent the first Municipal Leadership and Governance Program (MLGP).

According to Health Secretary Enrique T. Ona, the program has so far resulted in having mayors who now realize that they must not only acknowledge existing health problems but must also take the extra step of being part of the solution.

Furthermore, in a speech of Secretary Ona delivered by DOH Bureau of Local Health Systems Development Director Nestor Santiago Jr. during the HLGP Learning Forum in Antipolo City on 26-27 March 2014, he emphasized that "despite numerous efforts, inequity still exists and access to quality health facilities and services are still difficult, especially for the poor and the most vulnerable segment of the population, the mothers and children."

At the forum, the DOH Regional Directors presented before Secretary Ona their respective region's MMR and IMR as well as their specific strategies to help provinces, cities and municipalities reduce their mortality rates and meet the MDGs.

In terms of constructing more facilities, Secretary Ona said that the government, through its Health Facility Enhancement Program, is not only looking to build more facilities but also to make sure "these are functioning, complete with health human resource and services, and accredited by Philhealth". And once these are in place, mayors must "issue policies and ordinances that would support the use of these facilities, encourage the poor to avail of the services through incentives and establish a functional referral system in their community".

For Regional Director Abdullah Dumama of Region XI, the HLGP has been very helpful because it deepened the understanding of local chief executives about local health system and in turn, enabled them to create municipal health plans. According to Dr. Dumama, "You will not fail when you have plans".

With the program, DOH and ZFF foresee that the Philippines will achieve the MDG target on maternal health by 2015 with the reducing rate of collective MMR and IMR of municipalities.



[www.youtube.com/user/BeatTobacco](http://www.youtube.com/user/BeatTobacco)



## DOH FILES NOW OUT

The Department of Health (DOH) adds another publication to its roster of public information materials designed to make the public aware of its programs and efforts to promote health and prevent diseases.

Named DOH Files, the eight-page, full-color publication focuses on priority and current DOH programs, issues and concerns to be published monthly. With 10,000 copies per issue, its contents will also be carried by a popular health/medical newsletter or magazine with 30,000 circulation.

The main recipients through mail of DOH Files are local health officials, local government executives, legislators and other health partners.



### Philippine Health Scenario: Then & Now

*Gov't-sponsored members to reach 14.7 M families by yearend*

By Sec. Enrique T. Ona



**KP ROADSHOW** The Department of Health (DOH) launched the DOH on Wheels: Kalusugan Pangkalahatan or KP Roadshow last May 15 led by Health Secretary Enrique T. Ona. The wide range of health services for all members of the family were showcased aside from special service packages for adolescents and the elderly. The Kalusugan Pangkalahatan Roadshow is also set to conquer Dinagat and Surigao in CARAGA this June; Tacloban, Ormoc, and Cebu in July; and then Iloilo, Antique and Caticlan in August.

Historically, in developing countries like the Philippines, there has always been a connection between the ability to pay for health interventions, and their accessibility. Health interventions, are more difficult to access for the poor because they do not have enough financial means. This is the scenario that actually paved the way for the Department of Health to actively pursue Universal Health Care or *Kalusugan Pangkalahatan* (KP).

KP is the strategy of the current administration of the Philippine government to achieve inclusive growth, poverty reduction and bring better health to our populace, especially the poor, by addressing the infrastructure gaps.

KP, now on its third year, is anchored on three pillars; namely, financial risk protection, available and equipped health facilities, and attainment of our health Millennium Development Goals (MDGs).

The government aims to break the link between the ability to pay and accessibility to health service, through health financing

schemes. PhilHealth, which is the national health insurance program in the Philippines, acts as a third-party payer for health services. It ensures that services are available to the poor while protecting them from financial catastrophe, should a family member suffer from an infectious disease or other ailments.

Allow me to share with you that for 2013, the PhilHealth coverage rate was 82 percent or 77.86 million of the 2013 projected Philippine population, including 5.2 million families belonging to the first quintile of the population or the poorest of the poor. This year, the number of National Government-sponsored members shall reach 14.72 million families or an additional 9.52 million. These now include those who belong to the 2nd quintile, or the next poorest segment of the population. The total national subsidy amounting to PHP 35.3 billion was part of the tax collection through the passage of RA 10351 or the Sin Tax Law.

#### Challenges

Effective service delivery for disease prevention and cure

continued on P. 2

### KP(han) Forum

The achievement of *Kalusugan Pangkalahatan* (KP) is not going to be a walk in the park; and the road towards it is not lined with a bed of roses. But with a collective effort and determination, whatever challenges it may pose will always find a good solution to address them.

The *DOH Files* launches in this issue KP(han) Forum—a journalistic remake of the usual *kapitan* forum—to get insights from various health officials and stakeholders, as well as health advocates, on what else can be done to give KP the successful fruition it deserves.

For this maiden KP(han), Undersecretary Teodoro J. Herbosa, MD gives us a good appraisal of the initial gains and challenges of KP, as well as his insights of what may be expected in the years to come.

The *DOH Files*: KP has been launched three years ago, where are we now in terms of the goals that the laid? Could you cite concrete facts?

**Usec. Herbosa:** We have achieved Universal Health Care through the passage of sin tax and allocation of 35.7 billion for enrolment of millions of Filipinos for PhilHealth program effectively enrolling 40-50 million people belonging to the poorest sector of the society even if poverty level is 25 percent.

#### The DOH Files:

What have been the changes in the health sector after its launch? Specific points perhaps?

**Usec. Herbosa:** Financing for health service delivery has enabled health facilities to

continued on P. 3



U.Sec. Teodoro J. Herbosa

*The DOH Files' second issue.*

## *Introducing the*

# Hospital Accreditation Committee

by

**Roxanne Austine R. Estrella, RN and Harold James E. Doroteo, RN**

DOH Health Policy Interns/Research Fellows

Pursuant to the strategic thrust of “Improved access to quality hospitals and health care facilities,” of the Kalusugan Pangkalahatan (KP) or Universal Health Care, the Department of Health established the Hospital Accreditation Commission (HAC) to serve as the national accrediting body for hospitals in the Philippines under Administrative Order 2013 – 0002 dated January 18, 2013.

### **Accreditation of Hospitals in the Philippines**

For almost four (4) decades, the Philippine Medicare Commission and its successor, the Philippine Health Insurance Corporation (PhilHealth) accredit health institutional care providers in the country to assure the provision of quality health services by both government and private hospitals.

The hospital’s capabilities, processes, and outcomes are assessed against a set of criteria called the Benchbook Standards. Hospitals that are accredited are eligible for reimbursement of hospital expenses and professional fees.

There are other hospital accreditation schemes in the Philippines such as Accreditation for Residency Training Programs by the medical specialty societies, for reimbursement of expenses by the Employment Compensation Commission, for medical tourism by the Philippine Council for Accreditation of Health Organizations (PCAHO), and for quality by the Joint Commission International, the Accreditation

Canada International, and the National Accrediting Body for Hospitals from India.

### **History of HAC**

The vision of a national accrediting body started when Dr. Enrique T. Ona, then newly appointed Secretary of Health, had discussions with the President of PCAHO, key Department of Health (DOH) and PhilHealth officials on how the quality of hospital services could be improved.

He pointed out that there were several national and international accrediting bodies for hospitals in the country thereby creating a confusing situation. He wanted to establish a single national accrediting body for government and private hospitals in the country which is separate from the DOH and PhilHealth.

A Special Committee, headed by then Undersecretary of Health Alexander Padilla was created in July 2010, to study the designation of a national accreditation body from among existing government agencies or health professional organizations.

On September 10, 2010, the Special Committee recommended that PCAHO be designated as the national accrediting body for hospitals in the Philippines using the PhilHealth Benchbook Standards. These recommendations were endorsed by a Consultation Meeting of stakeholders held on June 11, 2011.

Since PCAHO as the national accrediting body would not be able to charge

accreditation fees that would cover all the costs of accreditation, the DOH or PhilHealth would have to support it with a grant or subsidy. However, because of its non-governmental or private nature, there were legal barriers to giving governmental funds to PCAHO.

The establishment of an independent body called Hospital Accreditation Commission (HAC) was then recommended. The HAC will be composed of governmental agencies and professional health associations involved in the operation and management of hospitals.

The primary task of the HAC is to survey the hospitals’ capabilities, policies and procedures to determine compliance with the Enhanced Benchbook Standards recently revised by PhilHealth.

HAC was accorded recognition as a Third (3rd) Party accrediting body pursuant to PhilHealth Board Resolution No. 786, s 2005 and Section 32 of the Implementing Rules and Regulations of Rep Act 7875 as amended by Republic Act 10606. Under the Third (3rd) Party Policy, the results of the survey by HAC will fulfill one of the requirements for Accreditation as “Advanced Participation” by PhilHealth, which will be rolled out in January next year.

### **The Role and Organizational Structure of HAC**

Spearheaded by Undersecretary Teodoro J. Herbosa, HAC aims to improve the quality of health care services of both government and private hospitals in the Philippines.



HAC intends to ensure that the equipment and infrastructure projects acquired through the Health Facility Enhancement Program (HFEP), the new staffing pattern and the program of Human Resource Development, and others are properly utilized to support the provision of quality hospital care.

It is projected that there will be a significant increase in the income of hospitals, especially government, from PhilHealth due to subsidy of membership premiums of the lowest 40% of the population by national and local governments. This will improve the capabilities of the hospitals to provide quality health care.

The commission is composed of government agencies and health professional organizations that are considered major stakeholders in the accreditation of hospitals. Regular and alternate members are nominated by the DOH, PhilHealth, PCAHO, Philippine Hospital Association (PHA), Philippine Medical Association (PMA), Philippine College of Hospital Administrators (PCHA), Private Hospital Association of the Philippines, Inc. (PHAPI), and Philippine Nurses Association (PNA).

### **HOSPITAL ACCREDITATION COMMISSION (HAC) MEMBERS**

#### **DEPARTMENT OF HEALTH (DOH)**

Regular Member: Usec. Teodoro Herbosa (Chairperson)  
Alternate Member: Asec. Gerardo Bayugo

#### **PHILIPPINE HEALTH INSURANCE CORPORATION (PHIC)**

Regular Member: Dr. Francisco Soria  
Alternate Member: Dr. Leizel Lagrada

#### **PHILIPPINE COUNCIL ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS (PCAHO)**

Regular Member: Dr. Tomas P. Maramba (Vice-Chairperson)  
Alternate Member: Dr. Ricardo Costes

#### **PHILIPPINE HOSPITAL ASSOCIATION (PHA)**

Regular Member: Dr. Bu Castro (Secretary)  
Alternate Member: Dr. Ruben Flores

#### **PHILIPPINE MEDICAL ASSOCIATION (PMA)**

Regular Member: Dr. Aileen Riego-Javier  
Alternate Member: Dr. Hermogenes Jarin

#### **PHILIPPINE COLLEGE OF HOSPITAL ADMINISTRATORS (PCHA)**

Regular Member: Dr. Ricardo F. Adriano, Jr.  
Alternate Member: Dr. Jessie H. Contreras

#### **PRIVATE HOSPITAL ASSOCIATION OF THE PHILIPPINES, INC. (PHAPI)**

Regular Member: Dr. Rustico Jimenez (Treasurer)  
Alternate Member: Dr. Irineo Bernardo III

#### **PHILIPPINE NURSES ASSOCIATION (PNA)**

Regular Member: Ms. Mabel San Juan  
Alternate Member: Mr. Edward B. Malzan

### **Orientation and Strategic Planning Workshop**

On December 5 – 6, 2013, HAC conducted a two-day orientation and strategic planning attended by selected representatives from the HAC member organizations.

On the first day, there was orientation on the concepts and principles of quality in health services presented by Dr. Marilyn Yap, Chair of the Committee on Standards of PCAHO. This was followed by the presentation of the concepts and process of accreditation by Dr. Tomas P. Maramba, HAC Vice-Chairperson.

Dr. Leizel Lagrada, PhilHealth Vice President/OIC of Quality Assurance Group, explained the policies and procedures of Accreditation by PhilHealth. Dr. Jose Acuin, PhilHealth Consultant, presented the enhanced PhilHealth Benchbook Standards and the Scoring and Rating System.

On the second day, Mr. Manuel Tan (guest facilitator) orchestrated a workshop on Strategic Planning where participants identified critical issues and were divided into groups for further discussions. Undersecretary Herbosa led the drafting of an Action Plan for 2014.

### **Future Steps**

HAC sent two members to participate in a Training of Trainers on Survey for Enhanced Benchbook Standards conducted by PhilHealth Consultant Dr. Acuin.

HAC will conduct Training of Surveyors in the last week of June 2014. The trainees will be from those who attended the Orientation on Quality in Health and Accreditation nominated by the member organizations. In the second half of 2014, HAC will accept applications for survey and conduct survey of hospitals. utilizing the Enhanced Benchbook Standards. Those who pass the survey will be eligible for Advanced Participation in PhilHealth Accreditation in January 2015.

To promote the role of HAC as the national accrediting body for hospitals, a year-round advocacy campaign is currently being rolled out to various hospitals, institutions and professional organizations affected by accreditation of hospitals. The Commission is planning for the induction of its members by the Secretary of Health and its official launch in June 2014.

# DOH: ZERO TOLERANCE for DRUNK and/or DRUGGED DRIVING

Don't drink and/or use drugs and drive.

Health Secretary Enrique Ona today urged drivers and motorists of both public and private vehicles to refrain from driving while under the influence of alcohol, and/or dangerous drugs and similar substances.

This is in line with the Implementing Rules and Regulations (IRR) of Republic Act No. 10586, otherwise known as the "Anti-Drunk and Drugged Driving Act of 2013." This Act penalizes any person caught driving under the influence of alcohol, dangerous drugs and similar substances.

"With the new IRR, the Department of Health (DOH) sets the parameters on testing drunk and drugged drivers using alcohol breath analyzers (ABAs) and drug testing kits," said Ona, adding that these means of testing should comply with the standards prescribed by the agency and used only by deputized law enforcement officers nationwide, he added.

Based on the latest DOH Online National Electronic Injury Surveillance System (ONEISS), a total of 3,557 transport / vehicular crash-related injury cases were reported from October-December of 2013, with the National Capital Region registering the highest reported cases at 19.9% or 708 cases.

Topping the list of the reported risk factors for transport/vehicular crash related injury cases was alcohol/liquor at 8.7% or 309 cases; while motorcycle was the most common mode of transport of those who were injured, accounting for 57.6% or 2,049 cases of

total reported crash related injury cases.

Driving under the influence of alcohol (DUIA) refers to the act of operating a motor vehicle while the driver's Blood Alcohol Concentration (BAC) has reached intoxication levels set by the DOH as determined by alcohol breath analyzers. BAC refers to the measure of the amount of alcohol in a person's blood.

Thus, drivers of trucks, buses, motorcycles, and other public utility vehicles who are found with more than 0.0% of BAC will be penalized for DUIA. On the other hand, drivers of private motor vehicles weighing 4500 kg below who are found with 0.05% or more BAC or level of intoxication will also be penalized. Examples of these private motor vehicles are sedans, SUVs, AUVs, pick-ups, and vans.

For those suspected to be driving under the influence of dangerous drugs and other similar substances (DUID), the driver will be subjected to a drug recognition protocol, then screening test and a confirmatory test.

"This is another effort from the Department to contribute to the decrease in the number of motor accidents and injuries; among other efforts such as the enactment of Republic Act 8750 in 1999 requiring the mandatory use of seat belts among motorists, as well as the improvement of capacity of our health facilities to respond to such cases," Ona further explained.

A driver found to have been DUIA/ DUID will be penalized as follows: if the violation did not result in physical injuries

or homicide, the penalty of three (3) months imprisonment, and a fine ranging from Php20,000 up to Php80,000 will be imposed; if the violation resulted in physical injuries, the penalty provided in Article 263 or Article 249 of the Revised Penal Code, whichever is higher, and a fine ranging from Php 100,000 to Php 200,000; and if the violation resulted in homicide, the penalty provided in Article 249 of the Revised Penal Code and a fine ranging from Php 300,000- Php 500,000.

The non-professional driver's license of a person found to have violated the law will be confiscated and suspended for a period of 12 months for the first conviction and permanent revocation for the second conviction. On the other hand, the professional driver's license will be confiscated and permanently revoked for the first conviction. The permanent revocation of a driver's license will disqualify the person from being granted any kind of driver's license in the future.

The IRR is jointly prescribed by the DOH, Department of Transportation and Communications (DOTC), Department of Interior and Local Government-National Police Commission (NAPOLCOM) to carry out the provisions and implementations of this Act. It took effect last June 1.

"The overall goal here is to reduce accidents and injuries in the country, and the DOH is continuously working with our partners to promote injury prevention, road safety and for other health care services," Ona concluded. (*Media Relations Unit - DOH*)



## DISSECTING THE ANTI-DRUNK AND DRUGGED DRIVING ACT OF 2013

by

**Dr. Clarito U. Cairo, Jr., DPSVI, DPCOM**

Program Manager, Violence & Injury Prevention Program  
Disease Prevention & Control Bureau - DOH

Road crashes have become rampant in this age of urbanization, motorization, and mobility although many cases have been under reported. As a matter of fact, they are consistent as the leading cause of mortality in the country among the different causes of injuries (including mauling/assault, falls, and drowning) based on partial reports from the Department of Health's Online National Electronic Injury Surveillance System (ONEISS) for the period of 2010-2013. The intake of alcoholic beverages has been tagged as the leading risk factor associated with road traffic injuries.

In May 2013, Republic Act 10586 "An Act Penalizing Persons Driving under the Influence of Alcohol, Dangerous Drugs, and Similar Substances, and for Other Purposes", otherwise known as the *Anti-Drunk and Drugged Driving Act of 2013*, was signed into law. The Department of Transportation and Communications (DOTC), Department of Health (DOH) and Department of the Interior and Local Government (DILG) through the National Police Commission (NAPOLCOM) were tasked to prescribe jointly the Implementing Rules and Regulations (IRR) of Republic Act 10586. Although the said IRR was already signed by the heads of the three departments last April 2014, it took effect starting June this year.

### DUIA or DUID

*Driving under the influence of alcohol* (DUIA) refers to the act of operating a motor vehicle while the driver's *blood alcohol concentration* (BAC) level has, after being subjected to an alcohol breath analyzer (ABA) test, reached the level of intoxication. A driver of a private motor vehicle with a gross vehicle weight not exceeding 4500 kg (for example: sedans, SUVs, AUVs, pickups, vans), a BAC of 0.05% or higher will be considered DUIA.

On the other hand, drivers of trucks, buses, motorcycles, and public utility vehicles who have a BAC of more than 0.0% will be considered DUIA.

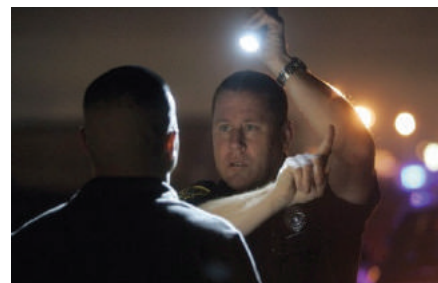
*Driving under the influence of dangerous drugs and other similar substances* (DUID) refers to the act of operating a motor vehicle while the driver, after being subjected to a confirmatory test is found to be positive for use of any dangerous drug. Only ABAs and drug testing kits that comply with the standards prescribed by the DOH shall be used by *deputized law enforcement officers* (LEOs) nationwide.

The LEO will flag down the motor vehicle only after establishing the probable cause that the driver is under the influence of alcohol, dangerous drugs and/or other similar substances.

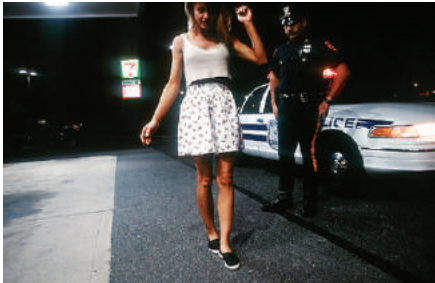
Probable causes include traffic offenses like lane straddling, making sudden stops, over-speeding, swerving, or weaving. In the course of apprehension for another traffic offense, the evident smell of alcohol in a driver's breath, generally slurred speech in response to questioning, bloodshot or reddish eyes, flushed face, poor coordination, difficulty in understanding and responding intelligently to questions will also be considered as probable causes.

The LEO will then direct the apprehended driver to step out of his vehicle and will inform him of his assessment and will proceed to perform all of the following *field sobriety tests* (FSTs):

**1.) The Eye Test (horizontal gaze nystagmus)** refers to horizontal or lateral jerking of the driver's eyes as he / she gazes sideways following a moving object such as a pen or the tip of a penlight held by the LEO from a distance of about one foot (1 ft) away from the face of the driver;



**2.) The Walk-and-Turn** requires the driver to walk heel-to-toe along a straight line for nine (9) steps, turn at the end and return to the point of origin without any difficulty; and



**3.) The One-Leg Stand** requires the driver to stand on either right or left leg with both arms on the side. The driver is instructed to keep the foot raised about six (6) inches off the ground for thirty (30) seconds.



If the driver passes all of the three FSTs, the driver shall be apprehended for the other traffic offense only. If the driver fails any of the FSTs, the LEO will proceed to determine the driver's BAC level through the use of the ABA on site.

A driver of a motor vehicle who refuses to undergo the mandatory testing as required will be penalized by the confiscation and automatic revocation of his / her driver's license.

A driver who, after ABA testing, registers a BAC higher than the prescribed limit shall be put under arrest and the motor vehicle impounded. In case of a BAC within the allowed limit, the driver will be apprehended for the other traffic offense

only. If a driver has passed the FSTs and / or ABA test, he will no longer be subjected to drug screening test.

#### **PENALTIES**

A driver found to be DUIA/DUID will be penalized as follows:

**1.)** If the violation did not result in physical injuries or homicide, the penalty of three (3) months imprisonment and a fine ranging from PhP20,000 up to PhP80,000 will be imposed;

**2.)** If the violation resulted in physical injuries, the penalty provided in Article 263 or Article 249 of the Revised Penal Code, whichever is higher, and a fine ranging from PhP100,000 to PhP200,000; and

**3.)** If the violation resulted in homicide, the penalty provided in Article 249 of the Revised Penal Code and a fine ranging from PhP300,000- PhP500,000.

The non-professional driver's license of a person found to have violated the law will be confiscated and suspended for a period of 12 months for the first conviction and permanent revocation for the second conviction.

On the other hand, the professional driver's license will be confiscated and permanently revoked for the first conviction. The permanent revocation of a driver's license will disqualify the person from being granted any kind of driver's license in the future.

#### **CHALLENGE**

Indeed, the intention of RA 10586 is to prevent drivers who are under the influence of alcohol and/or dangerous drugs to roam the streets thereby minimizing, if not eliminating, road crashes.

The biggest challenge now is on the enforcement by the Land Transportation Office, Philippine National Police, Metropolitan Manila Development Authority and local government units (LGUs) which could spell the difference between success and failure of its implementation as well as between safety and fatality among the motorists / vulnerable road users.

Road safety is such a big responsibility of every road user. RA 10586 will definitely boost awareness on personal responsibility and discipline towards attaining road safety.





# MERS-CoV on the Loose?

by

**Elizabeth G. Mascareñas, RN, MPH**

HEALTHbeat Staff

While the Christian world was busy preparing for the Holy Week, the Philippines was shocked with the news of a MERS-CoV case entering the country.

### What is MERS-CoV?

According to the US Centers for Disease Prevention and Control (CDC), the Middle East Respiratory Syndrome (MERS) coronavirus (CoV) is a strain of coronavirus that causes MERS, a respiratory illness. MERS-CoV is a beta coronavirus that was first reported in 2012 in Saudi Arabia. Also called “novel coronavirus,” or “nCoV,” MERS-CoV is different from the other coronaviruses that have been found in people before.

MERS is a highly fatal respiratory illness presenting as an influenza-like illness characterized by fever, cough and often with diarrhea. In August 29, 2013, a forty-one year-old Filipina nurse died of severe MERS-CoV infection in an undisclosed hospital facility in Riyadh, Kingdom of Saudi Arabia. Her embalmed body was repatriated and brought home in a hermetically-sealed coffin for final interment in November of the same year without the need for special precautions.

The World Health Organization (WHO) said that on November 11, 2013, the Ministry of Health of Saudi Arabia announced that MERS-CoV had been detected in a camel linked to a human case in their country. This finding is consistent with previously published reports of MERS-CoV reactive antibodies in camels. However, this finding does not necessarily implicate camels directly in the chain of transmission to humans. The critical

question that remains about this virus is the route by which humans are infected, and the way in which they are exposed.

Most patients who tested positive for MERS-CoV had neither a human source of infection nor direct exposure to animals, including camels. It is still unclear whether camels, even if infected with MERS-CoV, play a role in transmission to humans. Further genetic sequencing and epidemiologic data are needed to understand the role, if any, of camels in the transmission of MERS CoV to humans, WHO added.

Unfortunately, there is limited data on its transmission but experts said that it could possibly be through direct contact of household members and health care providers to confirmed cases. The diagnosis is made through Polymerase Chain Reaction using nose and throat swab and the treatment remains supportive and based on the patient’s clinical condition.

Meanwhile, last April 11 this year, the United Arab Emirates (UAE) Ministry of Interior reported the death of an Overseas Filipino Worker allegedly due to MERS-CoV.

While the WHO Country Office in Manila has yet to confirm this case, Ms. Grace Relucio-Princesa, the Philippine Ambassador to the UAE received confirmation from National Health Authorities in UAE of the second Filipino to die of MERS-CoV.

Immediately, the Department of Health (DOH) through its Bureau of Quarantine (BOQ) was alerted just in case the remains are brought back to the Philippines.

The DOH also received a report that five other Filipino workers in Al Ain City in UAE were quarantined after routine contact tracing.

The DOH, through its National Epidemiology Center (NEC), reported that the husband of one of the quarantined OFWs in Al Ain had visited his wife and returned to the Philippines last April 6. The husband was quarantined at home and did not show any signs or symptoms of the disease.

Because of this, the DOH advised that any person flying in the country who presents with severe respiratory illness within 14 days since the day of arrival and with history of travel to the Middle East or any Arabian Peninsula country (includes Jordan, Iraq, Kuwait, Bahrain, Qatar, UAE, Oman, Yemen and Saudi Arabia) should be tested for MERS-CoV. These cases are reported to the NEC and the Research Institute for Tropical Medicine (RITM) for confirmation of the diagnosis

However, despite these events, no travel restrictions to and from any Arabian Peninsula country were imposed. Filipino travelers to the Arabian Peninsula were advised to avoid contact with persons with influenza-like illness and observe frequent hand washing. They have to submit themselves to any government hospital if they become ill within 14 days from arrival and should not visit crowded places until symptoms disappear. Hospitals were instructed to report to DOH any patient who maybe suspected to have MERS-CoV infection.

Meanwhile, President Benigno Aquino designated Dr. Lyndon L. Lee Suy as the DOH Spokesperson to head and mobilize

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the Inter-agency Task Force on MERS-CoV to create awareness among our people on MERS-CoV and to prevent the spread of this communicable disease.

### **Etihad Airlines flight EY 0424: The Carrier**

As there are tens of thousands of overseas Filipino workers (OFWs) entering and exiting from the Arabian Peninsula, it was crucial for the DOH to be vigilant to prevent the MERS-CoV from entering and spreading in the country.

However, on April 15, 2014, Etihad Airlines flight EY 0424 brought to Manila a 45 year-old Filipino male nurse together with 413 other passengers.

The said male nurse (who was positive for the MERSCoV as tested by an UAE medical facility and, therefore, was considered as the country's index passenger), was previously exposed to the Filipino paramedic who died of MERS-CoV last April 11, 2014. The index passenger, who has been confirmed as the first reported case in the country, had undergone test in UAE but was able to go home without waiting for the result of the examination.

Fortunately, the DOH was able to track the index passenger while he was on his way home to his province and requested his relatives and well-wishers to subject themselves to testing and medical observation at a DOH regional hospital.

Since ten (10) days had elapsed from the reported testing date in UAE, the Task Force decided to perform another test on the index passenger on 16 April at the RITM who tested negative.

Lee Suy explained that at the time he was traveling from Abu Dhabi to Manila last Tuesday, 15 April --- a seven-hour flight --- he was still deemed a positive carrier of the MERS-CoV, and that all of his fellow passengers were exposed to him, including any number that may have been in close

contact with him for the duration of the flight. They were all at risk of infection.

In order to validate the result, RITM again submitted the index passenger to a second test and the result was negative. The patient was eventually cleared of MERSCoV infection.

As a health precaution, the DOH approved the issuance of a Bureau of Quarantine alert bulletin to those travelling from the Arabian Peninsula and through our international airports so that those who may be affected by the MERS-CoV will be given prompt assistance. The topic MERSCoV is now included in the Pre-Departure Orientation Seminar (PDOS) of our OFWs.

DOH also established 24-hour hotlines that may be called by the citizens and foreign nationals residing in the Philippines who may need assistance with regards to MERS-CoV.

The following numbers are the DOH hotlines for MERS-CoV: 711-1001; 711-1002; 0922-884-1564; 0920-949-8419; 0915-772-5621.

### **Contact Tracing**

Because of the entry of the index passenger to our country, the DOH initially conducted contact tracing of the 12 passengers seated near the index passenger. However, to ensure that MERS-CoV will have no chance of penetrating the country, President Aquino ordered the Task Force to track and test all the 414 passengers of Etihad Airlines flight EY 0424.

According to the DOH interim guidelines number 2 of the enhanced surveillance of MERS-CoV on contact tracing, contact tracing is the identification and diagnosis of a person who may have come into contact with an infected person.

Contact tracing plays an important role in containing outbreaks of infectious diseases. The main purpose of contact tracing is: to confirm diagnosis; determine the extent of secondary transmission; identify appropriate control measures for the specific disease.

### **General principles in contact tracing for MERS-CoV:**

1. Contact tracing and monitoring is considered only for the initial cases found at the start of the outbreak. Given the epidemiologic characteristics of coronaviruses, i.e., these viruses are contagious even before the onset of illness and have potential for asymptomatic cases to shed virus, such tracking will not be an effective way to control the outbreak once sustained community transmission in a particular area is established.
2. The goal of timely case and contact identification is to limit the spread of MERS-CoV to limit the impact of the disease on the health care system.
3. Contact tracing focuses on the subset of the population most likely to be at risk of infections and in the network of transmission routes. However, contact tracing interviews should always be voluntary.
4. The public health benefits derived from contact tracing largely depends on the organizational capacity to ensure quality in the conduct of contact tracing. When staff or logistics resources are limited, contact tracing becomes ineffective.
5. It is important to determine the extent of contact tracing to be implemented. When it is clear that the disease can be passed onto others at a rate faster than that of finding the contacts, it is time to stop the contact tracing and move on to the community-based containment measures.

The government spent at least P2.07 million in its efforts to track, test and monitor all 414 passengers of Etihad Airlines flight EY 0424. Dr. Lyndon Lee Suy said the photo chromatography reaction test, which requires a nose and throat swab from the tested person, costs P5,000 for each test.

"Consider the economic cost of parents unable to report for work and losing income, or



children missing school. A widespread MERS-CoV infection will pose a graver, bigger problem for the Philippines," said Lee Suy.

"The Philippines has implemented the 'no regrets policy' in dealing with the MERS-CoV. The Task Force is aggressively tracking down the remaining passengers. No country can question how the Philippines is responding presently to the MERS-CoV threat," Lee Suy added.

Meanwhile, President Aquino directed all government agencies concerned to sit down together and craft a "more concrete, more detailed, and more comprehensive response to emerging infectious diseases."

The following are the partner government agencies in combating MERS-CoV:

- the Department of Labor and Employment, POEA and OWWA;
- the Department of Foreign Affairs, and its foreign posts, especially the Philippine embassy in the UAE;
- the Department of Justice and the Bureau of Immigration;
- the Department of the Interior and Local Government and the Philippine National Police (PNP);
- the Department of National Defense, Office of Civil Defense and the National Disaster Risk Reduction Management Council;
- the Department of Transportation & Communications and attached agencies;
- the Presidential Communications Operations Office, and its attached agencies --- People's Television, Radyo ng Bayan, Philippine Information Agency and Philippine News Agency; and
- the Presidential Management Service

"The DOH has a plan on dealing with emerging diseases, but it is only a health plan. The President wants to see a bigger, wider plan involving more agencies. He wants it to be a multi-agency initiative. The DOH cannot do it alone," Lee Suy explained.

Lee Suy emphasized that the threat of MERS-CoV does not end with the testing of the Etihad passengers, adding that "we have to be more vigilant and ready for any other threat that may endanger the Filipino's health."

"What we are doing with the Etihad Airlines flight EY 0424 passengers now, we have done in the past. Let me make this clear. We have this active surveillance since August 2012. We are not just focusing on Flight 424. We are also looking at other flights. The surveillance is ongoing," Lee Suy said.

As of May 7, only nine of the 414 passengers have not yet been contacted or tracked down by the Task Force. Three hundred ninety-six (396) passengers have already been tested and all tests yielded negative results.

Meanwhile, a benefit package (such as cost of laboratory tests) for Philippine Health Insurance Corporation (PhilHealth) members who may be suspected or infected with MERS-CoV will be shouldered by the PhilHealth.

The DOH assured the public, especially the OFWs based in the Arabian Peninsula and their families and communities, that government will exert maximum efforts to keep them informed and aware of all vital developments. The DOH also extends full assistance through the various regional and district hospitals, regional offices, the Bureau of Quarantine and attached agencies such as PhilHealth.

As of May 8, 2014, or twenty-three days after the entry of the index passenger, the country remains MERS-CoV free.

In another development, the DOH recently advised Filipinos who intend to perform the Hajj or Umrah pilgrimages in the Arabian Peninsula this year to postpone or delay their trips or risk getting infected with the Middle East Respiratory Syndrome Coronavirus or MERSCoV.

"Persons who are 60 years old and above, pregnant women, children below five years old, those who have diabetes, kidney disease, chronic lung disease, weak

immunity ----- they are all at high risk of contracting MERSCoV," Health Secretary Enrique Ona declared.

These high-risk groups are advised to delay their trips to the Arabian Peninsula, where according to the World Health Organization (WHO), "699 laboratory-confirmed cases of human infection with MERS-CoV have been reported, including at least 209 deaths."

Overall, 63.5% of cases are male and the ages ranged from 9 months to 94 years old.

According to WHO, the affected countries in the Arabian Peninsula include Iran, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia (KSA), United Arab Emirates (UAE) and Yemen.

Muslim pilgrims gather in Mecca to perform rituals based on those conducted by the Prophet Muhammad during his last visit to the city. Performing these rituals, known as the Hajj, is the fifth pillar of Islam and the most significant manifestation of Islamic faith and unity. Undertaking the Hajj at least once in his lifetime is a duty for Muslims who are physically and financially able to make the journey to Mecca.

**Hajj** is expected to fall between October 2-7, 2014.

**Umrah** is also known as the "lesser pilgrimage," in comparison to the annual Hajj pilgrimage of Islam. It is a visit one makes to the Grand Mosque in Makkah, Saudi Arabia, outside of the designated Hajj pilgrimage dates. The word "umrah" means to visit an important place.

The exact dates of Islamic holidays cannot be determined in advance, due to the nature of the Islamic lunar calendar. Estimates are based on expected visibility of the hilal (waxing crescent moon following a new moon) and may vary according to location.

"Filipino pilgrims to Mecca are advised to consult a doctor before travelling to review the risk and assess whether making the pilgrimage is advisable," the health chief concluded.

# MERS-CoV

## From a Muslim Perspective

by

**TATO M. USMAN, MD, MPAIM**

Department of Health - Autonomous Region in Muslim Mindanao

### What is MERS-CoV?

The Middle East Respiratory Syndrome Corona Virus (MERS-CoV) was first reported in Saudi Arabia in 2012. Thereafter, MERS-CoV cases were reported in other Arab countries like Jordan, Kuwait, Oman, Qatar, United Arab Emirates and even in non-Arabian peninsula countries such as France, Italy, etc.

In 21 April 2014, the Ministry of Health of the United Arab Emirates (UAE) reported an additional 9 laboratory-confirmed cases of MERS-CoV.

As of 24 April 2014, WHO (World Health Organization) has recorded a total of 250 laboratory-confirmed cases, including 93 deaths.

### How does one get infected with MERS-CoV?

MERS-CoV has been shown to spread from one infected person to another susceptible through close contact. This means that during the infective stage, patients usually experience severe acute respiratory illness with symptoms of fever, cough, and shortness of breath. Its average incubation period (from exposure to the appearance of signs and symptoms of disease) is 3-14 days. After the 14 days incubation period and the

person does not show any sign and symptom of MERS-CoV, that person is said to be free of MERS-CoV. Similarly, if the suspected person is a carrier of MERS-CoV but does not show the said signs and symptoms of the disease, then that person is said to be non-infective or asymptomatic.

### What if somebody traveled recently to countries with reported MERS-CoV cases?

If someone has a recent travel to countries with reported MERS-CoV cases, he or she should consult a healthcare provider for medical advice. If he or she has already developed fever and symptoms of lower respiratory illness such as cough or shortness of breath within 14 days after travelling from countries in the Arabian Peninsula or neighboring countries with MERS-CoV cases, he or she should consult a healthcare provider in the area for health evaluation and advice.

### What are the tests for MERS-CoV?

The polymerase chain reaction (PCR) lab test and viral isolation of virus in the laboratory through a mouth swab can be used to screen or confirm people suspected with MERS-CoV; otherwise tests are not

routinely available and done in countries not afflicted with the said virus.

### What is the treatment for MERS-CoV?

As of now, there is no anti-viral therapy recommended for illnesses caused by MERS-CoV except palliative or supportive medical care. Meaning, the patients are treated symptomatically without addressing the viral cause. In fact, there is no available vaccine yet against MERS-CoV.

### What are the Islamic insights on MERS-CoV?

In the Noble Qur'an: "Oh you who believe! Obey Allah and Obey Messenger, and those of you who are in authority" (An-Nisa: 59). It is clearly stated in this verse the hierarchy of orders to obey. If you happened to be one of the suspected carrier of MERS-CoV, then you are obliged to obey health authorities in their efforts to stop MERS-CoV. It is contrary to play hide and seek with health authorities, but rather, one has to cooperate with the health authorities and its other subsidiaries in fighting against MERS-CoV.

Moreover, Allah Almighty says in the Noble Qur'an, "And do not be cast into ruin by your own hands..." (Al-Baqarah: 195).



Additionally, the Messenger of Allah (PBUH) said: "Do not (impose) harm, nor (inflect) harm".

It can be deduced in the said verse and hadith that one should not let disease harm oneself. For instance, if you are among the passengers of Etihad Airlines that carried a positive MERS-CoV case, then you are obliged to coordinate and cooperate with the health authorities so that an appropriate health care shall be given and further transmission of the disease could be deterred.

In Islamic history, Al-Bukhari records the story of `Umar ibn Al-Khattab (may Allah be pleased with him) in this concern (infectious diseases) on the authority of `Abdullah ibn `Abbas who said: `Umar ibn Al-Khattab departed for Sham (the Levant) and when he reached Sargh, a place near Al-Yarmuk, the commander of the (Muslim) army, Abu `Ubaydah ibn Al-Jarrah, and his companions met him and told him that an epidemic of plague had broken out in Sham. `Umar said, "Call for me the early Muhajirun (immigrants to Madinah)." So `Umar called them, consulted them, and informed them that an epidemic of plague had broken out in Sham.

Similarly, at that time `Abdur-Rahman ibn `Auf, who had been absent because of some job, came and said (outbreak of plague), "I have some knowledge about this. I have heard Allah's Messenger saying, 'If you hear about it (an outbreak of plague) in a land, do not go to it; but if plague breaks out in a country where you are staying, do not run away from it.'"

Finally, it is not recommended however that anyone like Bangsamoro who wanted to travel overseas be postponed or cancelled. As of date, current



## HEALTH ADVISORY

### Middle East Respiratory Syndrome Coronavirus (MERS-CoV) for PILGRIMS

As of May 2014, more than 635 cases of Middle East respiratory syndrome coronavirus (MERS-CoV) have been reported to the World Health Organization. The virus appears to be circulating widely throughout the Arabian Peninsula.

Cases among residents detected in the community may arise from contact with infected animals or unprocessed products from infected animals, person-to-person spread or acquisition in the healthcare setting by individuals who remained living in the community.

There is no information at this time to suggest that widespread transmission is occurring in communities.



(Photo grabbed from the internet)

### Travel Advisory for Pilgrims to Umra and Hajj

#### Before Travelling

- Observe proper hand hygiene
- Cover mouth and nose when coughing or sneezing
- Keep distance of at least one meter from persons having acute febrile respiratory symptoms;
- Avoid eating undercooked meat or food prepared under unsanitary conditions
- Wash fruits and vegetables properly before eating
- Maintain good personal hygiene
- Travelers who develop significant acute respiratory illness with fever and cough are advised to delay their travel
- Persons with pre-existing major medical conditions (e.g. diabetes, chronic lung disease, immunodeficiency) are advised to consult a doctor before travelling to review the risk and assess their condition for they are more likely to develop severe infection for MERS.

#### During Umra or Hajj

Travellers who develop a significant acute respiratory illness with fever and cough (severe enough to interfere with usual daily activities) during Umra or Hajj should:

- Report to the medical staff accompanying the group or to the local health services
- Cover mouth and nose when coughing or sneezing, wash hands afterwards, or if this is not possible, cough or sneeze into upper sleeves of your clothing
- Avoid attending crowded places and preferably isolate yourself until the end of the respiratory symptoms
- If isolation is not possible, use a tissue for covering nose and mouth or a surgical mask when in crowded places

**Avoid close contact with camels, visiting farms and consuming unpasteurized camel milk, urine or improperly cooked meat.**

#### After Umra or Hajj

Travellers who develop a significant acute respiratory illness with fever and cough during the two weeks after their return should:

- Seek medical attention, informing health authorities of your recent travel for Umra or Hajj
- Take precautions when coughing or sneezing (see instruction above)
- Minimize contact with others to keep from infecting them.
- Cooperate with the actions/advises of the health authorities

**Let us all work together for a MERS-CoV-Free Philippines! Protect Yourself.**

**For more information please call the DOH Hotline: 711-1001 to 02**

 [www.facebook.com/OfficialDOHgov](http://www.facebook.com/OfficialDOHgov)

WHO travel notice is Watch (Level 1) which advises travelers to countries in or near the Arabian Peninsula to follow standard precautions, such as proper hand washing and avoiding close contact with people who are ill. If someone has to visit patient or person suspected with MERS-CoV, the proper use of mask and good personal hygiene

will suffice. Likewise, health authorities must be vigilant and do sustained active surveillance and contact tracing to those exposed to MERS-CoV in coordination and partnership with all stakeholders.

Allah Almighty knows best.

# Philippine Health Secretary Addresses the World Health Organization

21 May 2014 - Philippine Health Secretary Dr. Enrique Ona addressed the 67th World Health Assembly at the Palais des Nations in Geneva Switzerland yesterday, 20 May 2014.

With climate change and health at the heart of the Assembly's Debate, Secretary Ona emphasized that "the link between climate and health couldn't be as relevant, especially to the Philippines, as today."

Secretary Ona shared to the 194 member delegation of international health leaders and policy members the Philippine experience in Typhoon Haiyan – the strongest typhoon to make landfall in recorded history. The typhoon brought widescale destruction which prompted the World Health Organization (WHO) to categorize the needed response a Grade 3, the highest internal emergency category.

"There were lessons learned and experiences are carefully studied as the country reviews its existing policies and programs," the Health Secretary said. His speech drove in the point the important principle of "building back better" in the reconstruction of health structures to make the health system more resilient, more responsive, more adaptable and effective in responding to the effects of climate change as well as mitigating their impact to the public.

Climate change has resulted to observable effects to weather and environment that has a direct co-relation to public health. Many prevalent human infections, including malaria, dengue fever, and cholera, are climate sensitive and hence may increase in their incidences should temperatures rise.

The spread of so-called waterborne infections which most often cause diarrheal illness flourish in the wake of heavy rainfalls due to water contamination. Moreover, many pathogens that cause diarrheal disease reproduce more quickly in warmer conditions.

"In this modern age, CLIMATE is recognized as an important determinant for health," Secretary Ona stressed. In response, the Philippines initiated the development and implementation of the national policy for health action on adaption to climate change, strengthened public health systems including disease surveillance and monitoring, enhanced disaster preparedness and health action in emergencies, and enhanced awareness of the population on climate change.

"Health is one of the most visible dimensions of climate change," according to Secretary Ona. The Health Leader called on the Assembly for a "united front against the health impacts of climate change to achieve universal health care for our people."

In fact, in the Philippines 45 million poor and near poor Filipinos are already covered by the national health insurance.

The World Health Assembly is an annual gathering of health ministers, non-governmental organizations (NGOs), health professionals and policy makers to discuss and make decisions on key global health issues. This year, more than 3,000 delegates are attending the Assembly which runs from 19 to 24 May 2014. *PRESS RELEASE - Department of Foreign Affairs*



*Philippine Health Secretary Dr. Enrique Ona addresses the World Health Assembly at the Palais des Nation Assembly Hall in Geneva, Switzerland on 20 May 2014.*

# The Link Between CLIMATE and HEALTH

(Remarks of Health Secretary Enrique T. Ona at the 67th World Health Assembly | May 20, 2014 | Geneva, Switzerland)

The link between climate and health couldn't be as relevant, especially to the Philippines, as today. Considered one of the most vulnerable countries in the world due to its archipelagic make-up and location, the Philippines experiences an average of 20 typhoons annually, and faces increasing disaster risks with geologic and seismic dangers interacting with meteorological hazards.

On the 8th of November 2013, Typhoon Yolanda, or known internationally as Haiyan, a category 5 super typhoon and considered to be the strongest to make landfall in recorded world history, quickly came, and left the Philippines just as quickly, leaving behind unimaginable devastation. About Four (4) million Filipinos or almost a million Filipino families lost their homes, around 6,315 people died and there are still 1,785 people missing. Further, a total of 608 health facilities (42 Hospitals, 105 Rural Health Units and 461 Barangay Health Stations) were damaged.

The world watched; the world mobilized and responded; and soon it was just one massive spontaneous action to assist our Government in relief, recovery, and rehabilitation, and in bringing back smiles especially to those who were directly hit.

Yolanda or Haiyan, the 24th typhoon that visited the country last year, struck at the time the country was barely up from armed conflict and floods in the South, and a 7.2 magnitude earthquake also in the same region. Haiyan brought together the international community to one massive humanitarian effort to help the Philippines in all stages of responding to the emergency and into the rehabilitation phase. For example, 191 foreign medical teams composed of 3,145 medical staff of doctors, nurses and paramedics arrived immediately few days after the typhoon to assist the Department of Health of the Philippines to respond to the medical needs of our people.

I wish to express our sincere thanks, our heartfelt appreciation for the outpouring of support from the international community. To the Director General Dr. Margaret Chan, thank you most sincerely. You mobilized the whole Organization, and through the leadership of Regional Director Dr. Shin Young- Soo, WHO supported us in coordinating health sector response to the emergency. It was so heartwarming, and it meant a lot to see and feel that we were not alone. Thank you.

There were lessons learned and experiences are carefully studied as the country reviews its existing policies and programs. Could we have prepared better? Maybe not at that time, but definitely, yes, in the future. As the Government began the difficult road to reconstruction and rebuilding, not only of physical structures but of lives and relationships, the goal of "building back better" becomes the guiding principle for our work.

It is good, and it helps to reflect on and understand why such tragic events occur. It brings home the value of preparedness, organized response, concern for each other, the universality of human frailty and the indomitable spirit to rise from whatever adversity and of course, the oft-repeated respect for our environment.

In this modern age, CLIMATE is recognized as an important determinant for health. We read about significant increases in deaths as ambient temperature increases; of the relation between the incidence of diarrheal diseases to variations in temperature and precipitation, over space and time; of increases in dengue and dengue hemorrhagic fever as the proportion of the global population exposed to dengue increases. Health hazards have increased due to the insidious effects of increasing temperatures and increased production of certain air pollutants and aero allergens.

In the Philippines, for example, a comparison of malaria cases and temperature trends over a 10-year period [1995-2005] showed a significant relationship between increasing prevalence of malaria with increasing temperature. Increases in rainfall, temperature and relative humidity over a 17-year period [1992-2009] also showed increasing trends in cholera cases.



What then is the link between climate and health? Experts present to us elaborate diagrams and complex figures. But these complex figures only show how health is affected through both direct and indirect exposures in various pathways – through environmental conditions; social and economic conditions or what we consider the upstream determinants of health, and health system conditions. Understanding this helps us to determine what actions the health sector can take as adaptations to climate change and thus appropriately prepare and mitigate the health impacts.

In line with this and as a commitment to climate change adaptation, the Department of Health of the Philippines initiated the development and implementation of the national policy for health action on adaptation to climate change, strengthened public health systems including disease surveillance and monitoring, enhanced disaster preparedness and health action in emergencies, and enhanced awareness of the population on climate change.

For example, the Philippine Integrated Disease Surveillance and Response was redesigned to incorporate climate change indicators: rainfall, temperature, relative humidity, and solar radiation extremes. The Strategic Plan for Climate Change and Health Adaptation [2014-2016] aims to protect the health of Filipinos by improving the adaptive capacity of the health care delivery system, and prioritizes action on the country's 20 most vulnerable provinces and 45 million poor and near poor Filipinos that are already covered by our national health insurance.

There had been regional agreements and resolutions calling for decisive action to address the health impacts of climate change. But individually, and collegially, more still remain to be done.

Clearly, health is one of the most visible “human dimensions” of climate change. The health impacts of climate change are diverse; though some may be uncertain and poorly understood. But these are real, irreversible, potentially very large, and these come on top of many other strains on the health system. However, as what we, as well as many other countries have embarked on, there are multiple opportunities for improving health as we meet the challenges of adaptation and mitigation.

The call is for us to do what we should have done yesterday. A united front against the health impacts of climate change is needed to achieve universal health care for our people.

Thank you for your attention.



PHILIPPINE HEALTH ADVISORIES

## Climate Change **Malaria**



### **Climate Change**

Climate change is “change in climate which is attributed directly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods” (United Nations Framework Convention on Climate Change, 1992)

Climate change affects the most fundamental determinants of health: air; food; water; shelter; and freedom from diseases.

Climate change increases the number of disasters, such as floods and drought, resulting in an increased number of diseases, such as DENGUE, LEPTOSPIROSIS, CHOLERA, MALARIA, and TYPHOID FEVER.

## PH HOSTS 4th ASEAN DENGUE DAY; CASES LOWER COMPARED TO SAME PERIOD LAST YEAR



*Participants of this year's ASEAN Dengue Summit & ASEAN Dengue Day held in Clark Pampanga pose for a souvenir photo.*

The country takes its turn in hosting the ASEAN Dengue Day this year in Pampanga, Department of Health (DOH) Spokesperson Lyndon Lee Suy declared today, adding that the people should continue to be vigilant in combating dengue even if there is less reported cases this year.

"The ASEAN Dengue Day is observed in all ASEAN + 3 member states as part of the region's strategy to address this serious public health threat," Lee Suy explained, adding that the ASEAN countries have the highest number of dengue infections in Asia-Pacific. The Asia-Pacific region bears 75% of the current global disease burden.

June 15 was declared ASEAN Dengue Day during the 10th ASEAN Health Ministers' Meeting held in Singapore in July 2010. On this day, member-states hold simultaneous activities in their countries, all geared towards raising awareness on dengue and to mobilize resources for the prevention and control of dengue not only in the health sector but also

the private and non-health public sectors.

The country's anti-dengue efforts is anchored on the Four o'Clock Habit, a cleanup activity that starts at 4PM and premised on the dengue mosquito's feeding frenzy hours that start at 4PM.

This year's theme is, "ASEAN Unity and Harmony: Key in The Fight Against Dengue." ASEAN +3 is composed of Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Singapore, Thailand, Vietnam, and the Philippines. The +3 is composed of China, Japan, and Korea.

Meanwhile, as of May 31 this year, a total of 23,867 dengue cases have been reported to the DOH's National Epidemiology Center. This figure is 50.98% lower compared to the same period last year (48,686).

Most of the cases came from Central Luzon or Region III (10.21%), CaLaBaRZon or Region IV-A (10.14%), Eastern Visayas or Region VIII (9.93%), SoCCSKSarGen or Region XII (9.48%),

and the National Capital Region (8.55%).

Ages of the cases ranged from less than 1 month to 96 years old. Majority of the cases were male. Most of the cases were from the 5 to 14 years age group. There were 99 deaths.

The DOH anti-dengue activities that contributed to the lowering in the number of cases include vector control activities, such as the promotion of the 4 o'clock habit in communities and following the 4S against dengue. The 4S means Search & destroy mosquito breeding places, use Self-protection measures, Seek early consultation for fevers lasting more than 2 days, and Say yes to fogging when there is an impending outbreak. Additionally, advocacy among stakeholders and interagency collaboration were intensified.

"The frequent rains are upon us and it tells us that we should continue to be vigilant, continue to clean-up at 4 o'clock in the afternoon," Lee Suy concluded.

*(Media Relations Unit - DOH)*

## PHILIPPINES RABIES-FREE by 2020?

by  
**Abigail Corpuz-Quetulio**  
HEALTHbeat Staff

A hundred percent fatal but also preventable. This is rabies.

**Rabies** is a zoonosis, a disease that is transmitted from animals to humans that is caused by a virus. Human infection usually happens after a transdermal bite or scratch by an infected animal. Every year, around 55,000 people die of rabies, mostly in Asia and Africa and dogs are the source of the majority of human rabies deaths. (World Health Organization, July 2013)

In the Philippines, rabies is considered a significant public health concern for it is one of the most acutely fatal infections and is responsible for the death of around 200-250 Filipinos in a year. (National Rabies Prevention and Control Program Briefer, May 2014)

In 2012, there were 231 deaths due to rabies recorded at the Department of Health's (DOH National Epidemiology Center. Most human rabies cases were reported in CALABARZON (38 cases); followed by Central Luzon (26 cases); Ilocos Region (23 cases); Bicol and SOCKSARGEN (19 cases). The National Capital Region reported 12 deaths.

In 2013, there were 199 rabies cases and deaths reported. Most human rabies cases were reported in CALABARZON (35 cases), followed by Cagayan Valley Region (22), Bicol (21), SOCKSARGEN (19), and Davao (16). The National Capital Region reported 9 deaths.

Dogs were primarily responsible for 81.88% of the biting incidents.

### **The Anti-Rabies Act (RA 9482)**

In 2007, Republic Act 9482 or the "Anti-Rabies Act of 2007" was signed into law which strengthened the efforts of the DOH, Department of Agriculture (DA), and partner non-government agencies, non-government organizations and private organizations to control and eliminate rabies in the country.

Its goal is to eliminate rabies and declare the Philippines Rabies-Free by year 2020.

The Act is re-defining the mandate of the National Rabies Prevention and Control Program, increasing appropriation for rabies prevention and control, and providing penalties for non-compliance to the provisions of the law.

Implementing agencies include: Department of Agriculture (DA), Department of health (DOH), Department of interior and Local Government (DILG) and Department of Education (DepEd), as well as Local Government Units (LGUs) with the assistance of the Department of environment and Natural Resources (DENR), Non-Governmental Organization (NGOs) and People's Organizations (POs).

Major strategies to reach its goal also include the provision of Post-Exposure Prophylaxis (PEP) to all rabies exposures/

animal bite victims of potentially rabid animals, and Pre-Exposure Prophylaxis (PrEP) to high risk individuals and school children in high incidence areas.

The Program also seeks to strengthen campaigns for responsible pet ownership, training of medical doctors and nurses on the guidelines on the management of animal bite victims, and other advocacy campaigns such as Rabies Awareness Month in March every year and World Rabies Day every September 28.

Moreover, the implementing agencies are also mandated to strengthen promotion of dog vaccination, dog population, impounding, field control and disposition of unregistered, stray and unvaccinated dogs. Establishment of a central database system for registered vaccinated dogs is also needed.

The Program should be a multi-agency effort in controlling and eliminating Rabies in the country.

The amount of Php100M necessary to implement the provisions of the Act will be initially charged against the appropriations of the DOH, DA, DILG and DepEd under the General Appropriates Act. For the LGUs, it will be taken from their Internal Revenue Allotment as well as other local funds. Thereafter, such sums necessary for its continued implementation will be included in the annual General Appropriations Act.



Meanwhile, pet owners who fail or refuse to have their dog registered and immunized against rabies will be fined for Php2,000. Likewise, for pet owners who refuse to have their dog vaccinated will be liable to pay for the vaccination of both the dog and the individuals bitten by their dog. Pet owners who refuse to have their dog put under observation after it has bitten an individual will be fined for Php10,000 up to Php25,000.

### MOU Signing between DOH and DA

In May 2013, the DOH and DA signed a Memorandum of Agreement (MOA) providing financial assistance to the DA to augment the procurement of anti-rabies vaccines amounting to Php 69,545,000.00. With the DA allocated budget of Php40M, the joint rabies program now has Php109.5M fund.

The target is to vaccinate at least 70% of the total dog population. This partnership seeks to fast-track the achievement of zero human rabies cases by 2016, a step toward the goal of rabies-free Philippines by 2020.

Currently, there are 16 islands in the country that have been declared "rabies-free". These Islands include: the provinces of Siquijor; Batanes, Biliran, Guimaras Camiguin and Marinduque, the island of Municipality of Limasawa, Camotes (4 Municipalities), Coron, Culion and Busuanga of Palawan; Malapascua island of Cebu, and Apo and Olympia Island of Negros Oriental.

Both agencies believe that rabies can be prevented and that vaccination coupled with responsible pet ownership can indeed help achieve the goal of a rabies-free Philippines by 2020.

### First Aid Advice

The DOH advises bite victims to:

1. Immediately wash wound/ bite site with soap and water for at least 10 minutes
2. Visit any of the government's 424 animal bite treatment centers or any health facility for proper management.
3. **DO NOT:**
  - a. Depend on tandok, mananambal and other traditional healing methods because these remedies will not prevent rabies.
  - b. Apply garlic and other topical or traditional remedies on the bite site/s
  - c. Induce bleeding in the wound as rabies virus is not found in the blood.

## Istatistika

Ano daw ang mas masarap kesa pinaupong manok?  
According to 100 women: **Pinatayong IBON!**



90% of women like men in pink T-Shirt. But ironically,  
90% of men in pink T-Shirts don't like women.

# WHO Calls on Governments to Raise Tobacco Taxes

MANILA, 28 May 2014 – On World No Tobacco Day (31 May), the World Health Organization (WHO) in the Western Pacific Region urges governments to raise taxes on tobacco products. Two people die each minute from tobacco-related diseases in the Region, which is home to one-third of the world's smokers.

"Increasing the price of tobacco products through taxation is a win-win situation. It promotes health by discouraging people to take up this deadly habit and it also increases revenues which can be channelled towards initiatives for health or social welfare," noted Dr Susan Mercado, Director, Building Healthy Communities and Populations, Western Pacific Region, during the opening of a regional workshop on tobacco taxation and illicit trade organized by Southeast Asian Tobacco Control Alliance (SEATCA) and hosted by the WHO Regional Office for the Western Pacific in Manila last week. "The only ones that lose are the tobacco companies," Dr Mercado added.

The WHO Framework Convention on Tobacco Control (WHO FCTC) recommends tax and price policies on tobacco products as a way to reduce consumption. Evidence shows that price increases on cigarettes are highly effective in reducing demand in countries of all income levels. Higher prices induce cessation and prevent initiation of tobacco use. They also reduce relapse among those who have quit and reduce consumption among continuing users. Research also shows that higher taxes are effective in

reducing tobacco use among lower-income groups and in preventing young people from starting to smoke.

The World Health Report 2010 indicated that a 50% increase in tobacco excise taxes would generate more than US\$ 1.4 billion in additional funds in 22 low-income countries. In countries such as the Lao People's Democratic Republic and Viet Nam, the extra revenue can represent 10% and more of total expenditure on health, providing means to increase government expenditure and reduce the burden of out-of-pocket expenditure.

WHO is committed to help governments design intelligent tobacco tax policies that best satisfy these dual goals of tobacco use reduction and revenue generation. In the Western Pacific Region, WHO has worked closely with the ministries of finance of Cambodia, China and Viet Nam to review existing excise tobacco taxation on tobacco and explore ways to configure tax policy and administration to improve revenue collection and reduce tobacco consumption.

Cambodian officials from the Ministry of Economy and Finance together with WHO and SEATCA assessed the Cambodian tobacco tax system in 2012. The collaboration involved evaluating the strengths and weaknesses of the current tobacco tax system, and subsequently assessing the impact of a different tax policy proposal designed to improve tax revenue and public health outcomes for Cambodia.

Since 2007, WHO has engaged

with the Ministry of Finance of China and collaborated with researchers in the Central University of Finance and Economics and Johns Hopkins Bloomberg School of Public Health. In consultation with the Research Institute for Fiscal Science of the Ministry of Finance, the team examined available evidence on demand for cigarettes for the overall population and youth, and the impact of taxes on the economy of China using input-output analysis. WHO continues to collaborate with the Ministry of Finance through technical support for analysis of the Chinese tax system, administration and policy process.

Officials from the Ministry of Finance of Viet Nam took part in a tax workshop organized by the WHO Regional Office for the Western Pacific and received technical assistance from WHO on tobacco tax administration and implementation issues. Tax administrators prepared a document for the Ministry of Finance specifying areas of improvement in the current excise system, administration and implementation.

Pacific island countries have a Pacific Tobacco Taxation Project to help countries increase tobacco taxes through workshops, meetings and country-based technical missions. Several countries have successfully taken measures to increase taxes on cigarettes.

- In 2013, Cook Islands budget included a 33% increase on the import tax for cigarettes.

- Fiji successfully increased the excise duty on both cigarettes and alcohol by 10% in 2012.
- In Papua New Guinea, the 2012 budget included a 15% increase in tobacco excise tax, and the 2013 budget included a further 10% increase.
- In Tonga, the 2013 tobacco taxation proposal includes a 15% increase in average price per pack in year one, a 15% increase in year two, and a 13% increase in year three.

In the Philippines, President Benigno S. Aquino III, one of the recipients of the World No Tobacco Day Awards 2013, signed Republic Act 10351 or the Sin Tax Bill into law on 20 December 2012. Incremental revenues from the law will be used to fund health premium subsidy of the poor, fund the upgrading and modernization of government hospitals and facilities, expand public health programmes, such as immunization to achieve the Millennium Development Goals, hire health workers, and fund health promotion and implementation research to support Universal Health Coverage.

The tobacco epidemic is one of the biggest public health threats, killing nearly 6 million people a year. More than 5 million of

those deaths are the result of direct tobacco use while more than 600 000 are the result of non-smokers being exposed to second-hand smoke. Approximately one person dies every six seconds due to tobacco, accounting for one in 10 adult deaths. Up to half of current users will eventually die of a tobacco-related disease.

Unchecked, tobacco-related deaths will increase to more than 8 million annually by 2030. More than 80% of those deaths will be in low- and middle-income countries. Moreover, if current trends continue, tobacco may cause 1 billion deaths in this century.

Every year, Dr Margaret Chan, WHO Director-General, recognizes people and institutions that have made outstanding contributions to the advancement of the policies and measures contained in the WHO FCTC and its guidelines. There are six awardees from each region and globally there are two recipients of the WHO Director-General Special Recognition Award. This year, one of these special recognition awards has been granted to SEATCA.

"This award recognizes the valuable contribution of SEATCA as a regional ally especially in the area of tobacco taxation. SEATCA is a key catalyst and leader in tobacco tax reform in the ASEAN community bringing together various stakeholders and working closely with ministries of health and finance"

says WHO Regional Director for the Western Pacific, Dr Shin Young-soo. "Increasing the retail price of tobacco products through higher taxes is the single most effective way to reduce the demand for tobacco."

Other recipients from the Western Pacific Region of the World No Tobacco Day Award are the following:

- Professor Teh-wei Hu (People's Republic of China)
- Dr Wang Longde (People's Republic of China)
- Mr Siosifa Tuitupou Tu'utafaiva, Minister for Revenue and Customs (Kingdom of Tonga)
- Lord/Mr Tu'i'afitu, Minister of Health (Kingdom of Tonga)
- Hon. Tariana Turia, Associate Minister of Health (New Zealand)
- Republic of Palau National Government (Republic of Palau)

*(World Health Organization – Western Pacific Region)*





# Sin Tax Law

## Effective In Reducing Smoking Prevalence Among Youth and Poor

30 May 2014, Manila – In celebration of the World No Tobacco Day with the theme “Raise Taxes on Tobacco,” the Department of Health, together with the Department of Finance, Bureau of Internal Revenue, World Health Organization, and World Bank, presented results of a national survey showing the effectiveness of the Sin Tax law in reducing smoking prevalence among the youth and the poor.

The national survey, conducted by the Social Weather Stations, Inc. (SWS) in March 2014, aimed to assess the effects of RA 10351, otherwise known as the Sin Tax law, a year after its implementation. The household survey, with 1,200 respondents nationwide, revealed that the law succeeded in reducing smoking prevalence among population sub-groups, particularly the youth and the poor.

The study showed that the prevalence of smoking for those belonging to Socio-Economic Class E or the very poor dropped from 38% in December 2012 to 25% in March 2014. Across age groups, smoking

prevalence among those belonging to the 18 to 24 year-old age group as also reduced from 35% in December 2012 to 18% in March 2014.

DOH Secretary Enrique Ona said, “Although we’ve been only a year in the implementation of the Sin Tax law, we are glad to already see a decrease in smoking prevalence among the youth and the poor, the main groups we aimed to protect through the law. Reducing overall prevalence of smoking in the country however, will take some time.”

Survey results showed that there is a reduction of smoking prevalence among population sub-groups, the overall smoking prevalence in the country has not yet significantly decreased since the implementation of the Sin Tax law. One possible reason for this is the shift to less expensive brands. Based on the survey, 45% of smoker switched to another brand of cigarettes when prices increased.

Almost seven out of ten (67%) Filipino smokers buy cigarettes per stick,

making it more affordable than buying per pack. According to the survey, median price of cigarette per stick in the country is at Php 3.00 in spite of the price increase.

DOH Secretary Ona added, “The implementation of the Sin Tax law is in its initial stage and we are very hopeful that it will reach its goal of reducing overall smoking prevalence in the country as tobacco taxes continuously increase each year. As of now, the Sin Tax law is already providing health benefits to Filipinos by contributing additional funds for the implementation of DOH’s Kalusugan Pangkalahatan program.”

DOH has a computed share of Php 45.1 billion from the actual 2013 Sin Tax revenue collections which was allotted to expansion of PhilHealth coverage to 14.7 M poor and near-poor Filipino families with subsidy from the national government from Php 12.5 billion in 2013 to Php 35.6 billion in 2014. The remainder of funds would go to upgrading health facilities.



[www.youtube.com/user/BeatTobacco](http://www.youtube.com/user/BeatTobacco)

# Remembering Tony

*"If I die at age 50, I will have no regrets because I have lived a full life".*

Those were the words of my dear friend Anthony Roda, or Tony to everyone.

Tony indeed lived a full life, in fact, a colorful one. He graduated Bachelor of Arts in Communication Arts and Master of Health Social Science from the De La Salle University. He was also the Editor-in-Chief of the official DOH publication HealthBeat, a creative writer/director of DOH health promotion materials in various formats, event organizer and campaign strategist for the DOH and other professional/non-government organizations, and one of the DOH tobacco control program coordinators and ASEAN focal points on tobacco control.

During Tony's illustrious career, he received several awards like the Gawad Oscar Florendo (GOF) Outstanding Public information Tool for HealthBeat on December 2003. According to its website, "The Gawad Oscar M. Florendo is a special awards program that reflects the genuine concern of the Public Relations Organization of the Philippines to recognize the outstanding public information programs and projects initiated by Philippine government institutions.

Tony also bagged the 1996 GOF Gold prize for "Heroes For Health," a video documentary on the Doctors to the Barrios program and "Volunteer of the Year" award in 1994 of the Remedios AIDS Foundation.

Tony may appear suplado to some who do not know him personally, because of his seriousness in his work. His work is his passion. A proof of this is his one-man army effort in putting together HealthBeat, from planning to lay-outing.

Although staffwriters and contributors do their share, Tony completes most of the Magazine's pages, especially the jokes sections. He once told me that HealthBeat's readership grew tremendously because of his jokes. (Bwahahaha . . .) Of course, HealthBeat is a very serious, informative reference magazine.

What I remember most about Tony? It was fun working with him because he does not run out of creative ideas. To him, it was "work while you work, play while you play."



*Tony Roda, 50, during an anti-tobacco conference.*

His addiction to tobacco is an open secret among close friends, but ironically he worked so hard against tobacco addiction including his own. His blog site against smoking was once closed by a known government official/politician.

The closure of his blog did not stop him from disseminating information on the hazards of tobacco addiction because of his desire to save millions of lives. In fact, it only pushed him farther & harder to concentrate more on his smoking advocacies.

Tony never stopped ranting about smoking. In fact, he was well-loved & respected among his peers in South East Asian countries.

When not working or when work is done especially during

regional training, Tony enjoys beer and singing, always of course with his supply of nicotine at hand.

Tony died on April 7, the day when the world commemorated World Health Day. Just when everyone is raising the bar of consciousness on health, my friend never had the chance to regain his health.

So long, my friend, Godspeed. Kita kita na lng tyo jan soon. Chill the beers. Fill your new world with laughter. Teach us again how to laugh, even without you.

Of course, this page will not be complete without some anecdotes or words of remembrances from some of Tony's friends. Here are some:

*We are very sad and we offer our sincere condolences to the Health Promotion Division and to his family and close friends. May his soul rest in peace.*

WHO EPI Team

*My heart is broken and words can't express my sorrow, he was such a GREAT person and he will live on my memories forever. He was a GREAT AFPTC Focal Point from the Philippines and Chief Editor for E-Health Bulletin.*

Michael Glen



*I'm so shocked and sad reading your email. Words seem inadequate to express the sadness I feel. As Michael said, Mr. Tony was such a great person, and very cooperative. He always promptly responded to our queries. It was an honor to have known him. My deepest condolence for Mr. Tony's family.*

Tia

*Tony Roda is one of the handful of tobacco control advocates who are always in the thick of things.*

*He was responsible for coming up and promoting the famous slogan: "No Deal With the Tobacco Industry" which accompanied the development of the Civil Service Commission and DOH's Joint Memorandum Circular (Protecting the Bureaucracy Against Tobacco Industry Interference). Advocates from different parts of the world have found this slogan impressive and have sought to adopt it.*

*No Deal with the Tobacco Industry. I would not have thought of saying something so direct but Tony, having struggled for decades with his cigarette addiction, knew just what to say to keep children from being lured into a lifelong addiction.*

*Being a civil servant who served the public for most of his life, Tony knew just the right message that would resonate with public officers who might be enticed by the tobacco industry's misleading arguments or offers of "so-called corporate social responsibility" contributions. "Fake CSR!" as Tony passionately calls it. This is because he defines tobacco industry's fake CSR as a contribution that is given at the expense of delayed, diluted, or ditched life-saving tobacco control policies.*

Atty. Deborah Sy

*Words seem inadequate to express the sadness we feel by the loss of Mr. Tony Roda. He will remain in our hearts forever. Our thoughts and prayers are with Mr. Tony Roda's family and DOH Philippines during this difficult time.*

ASEAN Secretariat

*We are sincerely extending the most heartfelt condolences to the work family and personal family of Mr. Tony Roda. He has been very instrumental in the success of the tobacco control and communications initiatives in ASEAN.*

*I am deeply saddened with his passing. The ASEC family through the Health Division will make the necessary announcement to relevant ASEAN officials, especially the AFPTC. We will also make the necessary requiem section in future relevant communication publication.*

Dr. Fernando, MD, MDM Assistant Director/Head  
Health Communicable Diseases Division  
ASEAN Secretariat



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*We are very sad to know Mr. Tony Roda passed away. We will miss him forever.*  
Bounlay Phommasack

*We are very sorry to hear that but he still remains in our heart forever.*  
Khatthanaphone

*It is regretted to hear this sad news and on behalf of MoH Cambodia, I would like to share our mourning and wish that his soul goes to peace and heaven.*  
Dr. Vandine, MoH Cambodia

*We are deeply sorry to hear about the death of Mr. Tony Roda. Please inform his family to accept our most heartfelt sympathies for this loss. We will certainly miss him.*

Dr. Bounpheng Philavong, MD, MPH, DrPH  
Director of Centre for HIV/AIDS and STI  
Ministry of Health, Laos

*It is with a heavy and sad heart to let you all know our colleague Tony Roda from the DOH Philippines just passed away today (April 7). May he rest in peace.*

Bungon Ritthiphakdee

*So sorry to hear this sad news. It is surely a big loss for AFPTC family. I remember Mr. Toni Roda as a friendly gentleman. My thought and prayers go to him. May his soul rest in peace.*

Tiara Pakasi, Indonesia

*I am so sorry to hear this sad news. It is a big loss for AFPTC family!*  
Phan Thi Hai, Vice Director  
VINACOSH Standing Office, Ministry of Health

*It's really unexpected and sad to hear this sad news. It's a lost to AFPTC and more so for Tony's loved ones. But this NCDs toll, we all need to work harder to control NCDs. Tony's passing away reminds us all to look after our own health. May Tony rest in peace.*

Prof. Prakrit Vathesatogkit, MD  
Executive Secretary, Action on Smoking and Health Foundation, Thailand

*On behalf of Thai team, we are really sorry for this huge lost, we hope we would work hard together to achieve our goal for him in both tobacco control and other NCD problems.*

Dr. Nopporn Cheanklin, MD, MPH  
Deputy Director General  
Department of Disease Control  
Ministry of Public Health, Thailand

*May he rest in peace. Our prayers and condolences.*

Tony Leachon, MD, FPCP, FACP  
Vice President, Philippine College of Physicians

*Condolences and Prayers. I feel sad to learn about his early demise;-)*  
Dr. Ofelia Samar Sy

*Many people could not understand the passion Tony had for tobacco control because he was heavily addicted to the product. Surely, he couldn't be completely trusted or the cynic would say this is nothing but a job for him, no more, no less.*

*I, on the other hand, understood him from the very beginning because I had the same affliction for more than three decades before stopping. There is really no contradiction. One could even surmise that as one experienced the evils of tobacco addiction, one's passion to prevent or stop the epidemic from touching future generations only grew stronger.*

*Tony Roda was one such person, dedicated and committed to the cause, ultimately offering himself as a grim reminder why we should never relent in our efforts to eradicate this epidemic.*

Atty. Alexander Padilla  
President and Chief Executive Officer, PhilHealth

*Farewell to dear friend and colleague, Tony. It has been great working with you and it has been wonderful being friends with you. Thank you for being a blessing to me and to many others whose lives you have touched. You are sometimes misunderstood, but those who know you will profess you are undoubtedly a true friend and a good man. You left us at age 50, you rest in peace dear friend.*

Dr. John Juliard Go  
WHO Philippines

*Let us pray for his eternal repose, even as we strengthen our resolve to achieve a tobacco-free Philippines.*

Ulysses Dorotheo, MD, FPAO  
Project Director, SEATCA Southeast Asia Tobacco Control Alliance  
SITT Southeast Asia Initiative On Tobacco Tax

*Am at a lost for words with the passing of a good friend and partner. Have known Tony for many years (since 2005) primarily through his friends Nonong Mendoza, Au Banda, Luz Tagunigar. His premature death will leave a void in DOH. Rest well dear friend and ally. You know you joined your friend Nonong. I know that you are happy up there with our loving Father.*

Dr. Maricar Limpin  
Executive Director, FACP

## Remembering Tony Roda

A few days after Tony's passing, I stopped by his office at the NCHPT to see it untouched, one last time, and say goodbye to a man whom I have seen for years in the halls of DOH and in meeting rooms, but never really got to know outside our common advocacy.



There on his whiteboard were scribbles on plans and directions for his beloved department for the year 2014, of course, well beyond our pursuits in tobacco control.

On his conference table were flowers, candles, religious icons, and even food -- a simple tribute from DOH staff who were still reeling from the news, but cracking jokes in deference to the memory of Tony's acerbic wit (which I have also fallen victim to at one time).

Once again I found myself feeling a sense of loss, one shared with Tony's colleagues in the DOH and fellow tobacco control advocates, knowing that it might be a long time before we see the likes of Tony walk down the halls of DOH again.

-- Evita Ricafort,  
tobacco control advocate

*The most inspiring thing that Tony told me is that "He is building Leaders, not Bosses". He always gives credit to those who work hard. He has a very good eye for people who have potential to be a great leader.*

*It is a big loss for me to lose a good mentor, how I wish I was able to complete my training under his supervision.*

Neil Bryan S. Hipolito, R.N.

Health Program Officer I

National Center for Health Promotion

Department of Health

*Without any free MMFF season pass from MMDA, Tony watched all the MMFF entries in 2011 and tracked the length of time each of the movies showed the smoking behavior on screen. His action led to the formulation of rules on the depiction of smoking in MMFF movie entries.*

Dr. Loida Alzona

MMDA

Tony is survived by brother Cornelio and sister Dr. Margery Genabe and their respective families.



# Beat Tobacco

# DOH CELEBRATES BABAE MAHALAGA KA!

*Contributed by*  
**Karen Alparce-Villanueva**  
**Merck Sharp & Dohme (I.A.) Corporation**

May brings to mind the Flores De Mayo, Santacruzán and Mother's Day which serve to honor the women who have been the guiding light, the beacon of hope and the nurturer of families here and all over the world. And so it happens that May is also Cervical Cancer Awareness Month for the Department of Health (DOH) and it is only fitting that we stop and ponder on how every Filipino loves and cares for their mother, wife, sister, daughter, friend and for the women in their lives.

Since 2008, the DOH partnered with global healthcare company MSD and the country's various medical societies such as the Philippine Obstetrics and Gynecological Society (POGS), the Society of Gynecologic Oncologists of the Philippines (SGOP), and the Philippine Society of Colposcopy and Cervical Pathology and other NGO groups in an effort to raise awareness on cervical cancer and its prevention through screening, vaccination, and healthy lifestyle.

Indeed, I have been a witness to this PPP which is a coming together of kindred souls who wish to make a difference, albeit very simply and despite it being a long and arduous task.

Dubbed Babae, Mahalaga Ka! (Woman, you are important!), the partnership first established the month of May as cervical cancer awareness month.

Over the years, policies and

programs have been established such as the national guidelines for cervical cancer prevention and control, conduct of lay forums on disease education and prevention and awareness campaigns.

In 2009, a national screening program was piloted in 13 government hospitals using the visual inspection with acetic acid (VIA) method.

The following year 2010, all 58 government hospitals offered a 1-day free cervical screening during the month of May to women 25 to 45 years old. The 1st National Symposium on Cervical Cancer Prevention and Control was also well-attended by the different stakeholders in government.

In 2011, regional celebrations of cervical cancer awareness month were done along with free weekly screening.

Marking the 5th year of the partnership, the screening program was made more meaningful and practical as government hospitals offered the free screening all month long, cryotherapy machines were donated to hospitals to allow for single visit approach where treatment in the same facility is provided, and a multi-stakeholder summit was conducted featuring local and international resource speakers to advance the cause of the advocacy program.

In 2013, the Degenerative Disease Office (DDO) led by Dr. Bambi Caluag under the leadership of Dr. Irma Asuncion of the

National Center for Disease Prevention and Control implemented VIA training to 56 local government units (LGUs) so that they may be able to provide the service to the women in their communities.

With the devolution of health, the provision of cervical cancer screening is a welcome development and institutionalizes this important intervention to be able to reduce the incidence of cervical cancer.

This year, 2014, the screening program will be expanded to include several LGUs which have been trained for VIA namely Valenzuela, Paranaque, Makati, Marikina, Albay and Surigao Del Sur.

Cervical cancer is the 2nd most common cancer in women worldwide. In the Philippines, 12 Filipino women die from cervical cancer each day.

It is caused by the human papillomavirus (HPV) which is the most common sexually transmitted infection in both men and women. Aside from cervical cancer, HPV can cause genital warts and cancers of the head, neck, and genital area.

Screening and vaccination can help prevent cervical cancer and other HPV-related diseases.

Bringing the advocacy of cervical cancer in the awareness of the public was not an easy task especially with the multitude of concerns that the country is tackling. A public information campaign and policy advocacy



has been at the heart of the program. It was important to engage the media not only in the capital city but in the different key cities in the regions by conducting press conferences in the different partner hospitals.

Close coordination with the technical working group composed of the offices of the DDO, the National Center for Health Promotion of the DOH, and the officers of the medical societies were key to the success of the program.

Each partner had an important role in the program – DOH was the main body coordinating with all stakeholders; the medical societies provided the technical expertise to conduct training, screening, and lay fora; MSD provided the resources for the educational materials and partnered with media for the information campaign.

Aside from awareness, the program brought together different stakeholders to advocate for a national policy that is

focused on prevention, early diagnosis and treatment. And so it was a welcome development that the DOH National Center for Pharmaceutical Access and Management (NCPAM) has undertaken a Cost-Utility Analysis of Screening and HPV Vaccination.

The study concluded that the strategy of expanding coverage of VIA targeting 80% of adult women 35-45 years old done at five-year intervals is the most efficient and cost-saving strategy to implement in the Philippines. This has the benefit of reducing cervical cancer cases and deaths by at least 25%.

Adding a vaccination program among 11-year old girls at a cost of Php 2,400 per vaccinated child is potentially cost-effective using the 1 GDP per capita threshold in the Philippine setting. HPV vaccination can further reduce cervical cancer burden by 50% with the most favourable assumption that the vaccines provide lifelong immunity

against HPV 16/18.

Recently, the EU and the Philippine FDA approved the two-dose regimen of the HPV vaccine for adolescents, because studies have shown that this is optimal because of their robust immune system.

Since the program started, there are about 30,000 women between 25-45 years old being screened every year during the month of May, most of them have never been screened since becoming sexually active.

Cervical cancer awareness has reached 99% in 2010 from a baseline of 40% in 2008 when the program was started.

Vaccination has yet to be included in the national immunization program but we are hopeful that with a strong public-private partnership and with more stakeholders joining the advocacy, this will come in the near future so that more women and young girls will be saved from cervical cancer.

## KALAbeat

High heels were invented by a woman who had been kissed on the forehead. – *By Christopher Morley*

I went on a diet in 2 weeks. I lost 14 days.

They say i look good

i say ... i taste even better!!! hehehehe!!!

A jealous woman does better investigation than the NBI.

Give a girl the right shoes and she can conquer the world.  
– *By Marilyn Monroe*

A foolish man tells a woman to stop talking, but a wise man tells her that her mouth is extremely beautiful when her lips are closed.

Curve: The loveliest distance between two points

Men and women are so different,  
but still can't live without each other.

A woman opens beer bottles with a beer bottle opener.

According to researches, an average woman spends about 120 hours a year looking at herself in the mirror, which is approximately 5 entire days a year!

Women love a bargain.

# 120 - bed OSPITAL NG PARAÑAQUE *Inaugurated*

Health Secretary Enrique T. Ona and Parañaque City Mayor Edwin L. Olivarez recently led the formal opening and blessing of the new 120-bed Ospital ng Parañaque.

The city government spent Php200 million to build the six-storey hospital, which broke ground on August 31, 2013 – Mayor Olivarez' second month in office.

Health Secretary Enrique Ona praised the city officials for building the hospital which he likened to a private hospital when he saw the quality of the construction and its facilities.

"Just one look and you can see that this is a very nice hospital," Ona said. "Hopefully, the Ospital ng Parañaque will also be able to provide high quality service to the people of Parañaque and nearby areas similar to the services we see in private hospitals".

Aside from the hospital upgrade, the mayor said the city is working to strengthen the health centers in the city's 16 barangays to enable them to provide primary health care, including the provision of lying-in maternity wards.

The Department of Health through its Health Facility Enhancement Program (HFEP) committed to provide at least Php20 million from the 2015 budget to further augment the new hospital's

facilities and equipment, plus another Php33 million for the city's various health centers.

"This is God's gift to us, and we must keep it in good shape so that our people will fully benefit from the only public hospital in the city," the mayor said during the opening.

Also in attendance were the city's two congressmen, 1st District Rep. Eric L. Olivarez and 2nd District Rep. Gustavo Tambunting who both said they will see to it that the budget promised by Secretary Ona next year will materialize through their work in Congress.

The new hospital is an addition to the existing 39-bed hospital which used to be called the Parañaque Community Hospital. It stands along Quirino Avenue, right across the Saint Andrew's Cathedral in Barangay La Huerta.

The old hospital severely lacked medicines, supplies, and equipment. As the only public hospital in the city, it was always congested.

Mayor Olivarez vowed to address the facility's perennial lack of medicines, supplies and modern equipment through regular appropriations. He also promised to add more trained personnel to ensure the delivery of efficient service to the public.

Pahinga Muna, Mag HEALTHbeat Online  
**www.healthbeat.ph**



**www.facebook.com/DOH.HEALTHbeat.ph**

## FREE MEN'S HEALTH CHECK IN DOH HOSPITALS FOR FATHERS' DAY

It was the men's turn.

The Department of Health (DOH) recently conducted free digital rectal examinations (DRE) to males aged 40 years and above in 27 DOH – retained hospitals and 37 private hospitals in the country in conjunction with the worldwide celebration of Father's Day dubbed as "National PaDRE and Men's Health Day."

DRE is one of the main screening procedures in assessing the prostate. Most Filipinos are still uninformed about prostate cancer and a vast majority of cases are detected in the advanced stage. Screening among men is needed to detect the disease in its early stages.

DOH records reveal that prostate cancer is now ranked as the 4th most common cancer among males. According to the 2010 Cancer Facts and Figures, about 2,712 new cases are diagnosed yearly in the Philippines with an estimated 1,410 deaths. The incidence rate starts to increase sharply starting at age 55.

"Advancing age is the most important risk and the number of Filipino males aged 40 years and older is the main reason for the significant increase and the expected continuing increase in cases," Health Secretary Enrique Ona declared, adding that a substantial number of prostate cancer is very slow growing and may initially have no clinical impact.

The national "PaDRE" program started in 1996 as a project of the DOH and the Philippine Urological Association (PUA).

The program was conceptualized in order to catch the attention of the Filipino male population and to increase awareness on prostate diseases, particularly prostate cancer.

Last year, there were already 64

DRE centers all over the country with more than a thousand patients examined and screened by urologist in a day. This year, activities included the distribution of posters, a Facebook poster and slogan contest, press conference, fun run, and technical updates.

### Cancer

## Prostate Cancer

Prostate cancer is the 4th leading cancer in men. It occurs in the prostate gland, a small gland that produces the semen or fluid that nourishes and transports sperm.

There are three main stages of prostate cancer: 1) localized (cancer just in the prostate gland); 2) locally advanced prostate cancer (has spread beyond the prostate capsule but is still connected to the prostate gland); and 3) advanced or metastatic prostate cancer (has spread outside the prostate gland with no remaining link to the original cancer in the prostate gland).

### Cause

Not clear what causes prostate cancer

### Risk Factors

- Age (Older men—50 years old and above—are prone to prostate cancer.)
- Family history (if father or brother developed prostate cancer at or under the age of 60 or more than one man on the same side of the family has had prostate cancer)
- Diet high in fat (including dairy products) and low in fresh fruit and vegetables
- High intake of calcium (such as from dairy foods)

### Signs and Symptoms (Usually in More Advanced Prostate Cancer)

- Trouble urinating
- Decreased force in the stream of urine
- Blood in the urine

- Blood in the semen
- Swelling in the legs
- Discomfort in the pelvic area
- Bone pain

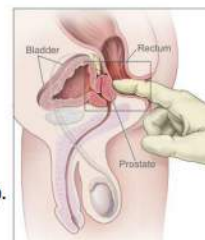
### Treatment

Management of prostate cancer is usually done by:

- Radiation therapy using high-energy x-rays to destroy the cancer cells, while doing as little harm as possible to normal cells
- Hormone therapy (tablets or injections) to delay or stop the growth of cancer cells
- Chemotherapy
- Removal of the prostate gland (radical prostatectomy)

### Prevention

- Eat a balanced diet.
- Quit smoking.
- Exercise regularly.
- Avoid too much alcohol intake.
- Get regular medical check-up.



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Image from [http://www.medicinenet.com/prostate\\_cancer\\_screening/page2.htm](http://www.medicinenet.com/prostate_cancer_screening/page2.htm)



# *Prostate cancer:* **The scourge of fathers**

By

**George Nava True II**

Being a father isn't easy. Raising a family and securing the future of your kids is a big challenge for most dads. This huge responsibility can affect their health and make them easy targets for a lot of diseases, including prostate cancer.

Worldwide, prostate cancer is the third most common cancer in men and the second most common cancer among Filipino males. Local statistics aren't available but in 2010, the Department of Health said six million Filipino men over 50 are susceptible to the disease.

While the incidence of prostate cancer is lower in Asians compared to Caucasians, experts said this is still alarming because Asian patients are often diagnosed when the disease has already spread to other parts of the body.

The reason why prostate cancer is often ignored is because there are no symptoms in the early stages of the disease. This type of cancer usually grows slowly and is found initially in the prostate gland where it doesn't cause any trouble. No wonder it's called the "silent killer of men."

Located in front of the rectum, the prostate is a small, walnut-shaped gland found between the bladder and the penis. It produces a fluid that nourishes and protects sperm. During ejaculation, this fluid mixes with sperm and is expelled as semen.

No one knows what causes prostate cancer but it starts when some cells become abnormal. These abnormal cells may later form

a tumor and invade healthy tissue or they may break off and spread throughout the body.

The risk of getting prostate cancer increases with old age. The usual victims are men over 65. The chances of getting it also increase if you have a family history of the disease or if the women in your family have breast cancer. Obesity is another risk factor as well as being black.

In its advanced stage, prostate cancer may cause the following symptoms: difficulty urinating, blood in the urine or semen, back, hip or thigh pain, decreased force when urinating, and erectile dysfunction.

As mentioned earlier, early detection of prostate cancer is the key to successful treatment. This is important since some types of prostate cancer may spread quickly and result in complications.

When prostate cancer spreads or metastasizes, it can affect other organs like the bladder and bones. At this stage, the disease may be controlled but it can't be cured.

Screening for prostate cancer remains controversial and medical organizations differ in their recommendations. Some believe that screening healthy men with no symptoms and no family history of the disease has no benefits. Others said screening should be done by men in their 50s regardless of whether or not they have any symptoms.

To detect prostate cancer, the doctor may perform a digital rectal exam (DRE) or prostate-specific antigen (PSA) test.

Both are recommended by the Philippine Urological Association.

In DRE, the doctor inserts a gloved, lubricated finger in the rectum to examine the prostate for changes in texture, shape or size. In the PSA test, the patient's blood is analysed for the presence of PSA that is produced by the prostate gland. It's normal to have some PSA in the blood but high levels may indicate prostate enlargement or cancer.

"PSA testing combined with DRE helps identify prostate cancers at their earliest stages, but studies haven't proved that these tests save lives. For that reason, there is debate surrounding prostate cancer screening," according to Mayo Clinic doctors.

If the doctor discovers something after conducting these two exams, he or she may recommend more tests to confirm whether the patient has prostate cancer. These include a transrectal ultrasound and a prostate biopsy.

The former uses a small, cigar-shaped probe inserted into the rectum to take a picture of the prostate gland. In a prostate biopsy, the doctor uses a thin needle inserted into the prostate to take tissue samples. These samples are analysed in a lab for the presence of cancer cells.

If cancer cells are found, imaging tests may be required to see how far the cancer has spread. These include a bone scan, ultrasound, computerized

tomography scan and magnetic resonance imaging. These tests will tell the doctor the extent or stage of prostate cancer in the body.

### The Mayo Clinic defines these stages as:

**Stage I.** This stage signifies very early cancer that's confined to a small area of the prostate. When viewed under a microscope, the cancer cells aren't considered aggressive.

**Stage II.** Cancer at this stage may still be small but may be considered aggressive when cancer cells are viewed under the microscope. Or cancer that is stage II may be larger and may have grown to involve both sides of the prostate gland.

**Stage III.** The cancer has spread beyond the prostate to the seminal vesicles or other nearby tissues.

**Stage IV.** The cancer has grown to invade nearby organs, such as the bladder, or spread to lymph nodes, bones, lungs or other organs.

Treatment of prostate cancer depends on the stage of the disease, how fast it is spreading and the patient's health. Your doctor should tell you the risks and benefits of each treatment so you can decide what is best for you.

Those with early stage prostate cancer may not require any treatment and the doctor may observe the patient first. This is known as active surveillance.

"In active surveillance, regular follow-up blood tests, rectal exams and possibly biopsies may be performed to monitor progression of your cancer. If tests show your cancer is progressing, you may opt for a prostate cancer treatment such as surgery or radiation," the Mayo Clinic said.

"Active surveillance may be an option for cancer that isn't causing symptoms, is expected to grow very slowly and is confined to a small area of the prostate.

Active surveillance may also be considered for a man who has another serious health condition or an advanced age that makes cancer treatment more difficult," it added.

Treatment options for prostate cancer include radiation therapy, hormone therapy, surgery to remove the prostate (prostatectomy), ultrasound treatment, chemotherapy, and immunotherapy.

To prevent prostate cancer, eat lots of fruits and vegetables. Stay away from high-fat foods. In this day of quick fixes and instant solutions, it's easy to pop a vitamin pill in favor of real food. However, research has shown that foods rich in vitamins and minerals are better than supplements.

Exercise is good for the prostate so make it a habit to exercise daily to maintain a healthy weight and reduce your risk of acquiring prostate cancer. There's no need to spend a fortune on gym membership to stay fit. Many exercises like walking, jogging and aerobics can be done at home and won't cost you a cent. But don't overdo it. Start slowly and increase your exercise routine gradually.

For those with a family history of the disease, consider taking medications like 5-alpha reductase inhibitors, including finasteride and dutasteride to reduce your risk of getting prostate cancer.

"However, some evidence indicates that men taking these medications may have an increased risk of getting a more serious form of prostate cancer (high-grade prostate cancer). If you're concerned about your risk of developing prostate cancer, talk with your doctor," the Mayo Clinic concluded.

\* \* \*

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**TANONG:** "Saang lugar parehong kulot ang buhok ng babae at lalake?"

**SAGOT:** "Haha..! Gusto ko yang iniisip m0! Tama ka! Sa AFRICA!" :D

• • • • •

**Pedro:** pare. may nakalimutan ako.

**Juan:** anu un?

**Pedro:** bobo kba? nakalimutan ko nga eh!

• • • • •

**GIRL:** :Kung talagang tayo, kahit san sulok ng mundo magtatagpo tayo."

**BOY:** "Never tayo magtatagpo. Walang sulok ang mundo. Bilog ito bilog!"

• • • • •

**ROMY:** "Waiter, bigyan mo nga ako ng isang tasang kape!"

**WAITER:** "Yes sir, black coffee po ba?"

**ROMY:** "Bakit? May iba pa ba kayong kulay?"

• • • • •

Isang daga (bubuwit) ang nakakita ng paniki at buong pagmamalaki na nagkuwento sa kanyang nanay:  
**"Mommy, mommy magiging santo po ata ako, kasi nakakita ako ng anghel...."**

• • • • •

# ECTODERMAL DYSPLASIA:

## Hairless and Sweatless

*“Porke wala akong sweat glands, nasa SPED na?”*

By

Elizabeth G. Mascareñas, RN, MPH

Staffwriter

### Living with ectodermal dysplasia

At 6 months, Jed Montevirgen was diagnosed with Ectodermal Dysplasia at the University of the East Ramon Magsaysay (UERM), his mother Missy revealed. Jed was brought to the doctor because Missy noticed that although his body felt so hot, he did not perspire. Then at age 6, he was diagnosed with Attention Deficit Hyperactive Disorder (ADHD) at the Capitol Medical Center.

they affect less than 200,000 people. The organization estimates that between 1 to 7 in 10,000 births in the US result in ectodermal dysplasia.

Hypohidrotic Ectodermal Dysplasia (HED) is a rare genetic disorder diagnosed on the basis of fine, sparse hair (hypotrichosis); few and often pointed teeth (hypodontia); and diminished or absent sweat function (hypohidrosis).

membranes in the mouth and nose. HED is most commonly caused by an alteration in the ectodysplasin A gene, inherited on the X-chromosome (XLHED).

Males with their single X-chromosome are fully affected by XLHED, while females inheriting one normal and one altered X-chromosome are variably affected. XLHED is also known as Christ-Siemens-Touraine syndrome.

In the first years of life, XLHED-affected individuals are at risk for severe medical complications, most often associated with their inability to sweat, leading to hyperthermia, and their reduced mucous secretion predisposing them to respiratory infections. Through childhood, the focus of medical care for XLHED patients may shift to the chronic skin issues and severe hypodontia with its associated medical and self-esteem issues. The average adult tooth count in male patients affected with XLHED is only 6, and the few remaining teeth often are conical or peg-like. Dentures may be prescribed as early as age 2-3 yrs to enhance feeding and growth and to begin to address what are often life-long psychosocial issues.

While many families and doctors have found ways to manage their symptoms over the years, currently there are no specific therapies for the treatment of XLHED. This



Jed with mother Missy and author.

According to the US-based National Foundation for Ectodermal Dysplasia (NFED), ectodermal dysplasias are a large and complex group of diseases, and are considered rare conditions because

There are a number of secondary features of HED that may include a reduction in mucous glands in the pharynx, larynx, trachea and bronchi, dry eye symptoms, eczema, asthma and dry mucous



disorder may not have specific treatment or cure, but this does not mean that children with this disease cannot live a happy life.

### **Ectodermal Dysplasia in the eyes of a mother**

Despite these conditions, Jed went to a regular school in his hometown in Marinduque from preschool up to the 5th Grade because there was no school for children with special needs like him.

Missy recounts they had to transfer residence recently to Biñan, Laguna where she found work as a sales operations manager in a real estate company. They also found a school offering Special Education (SPED) classes.

Jed, then 12 years old, was hesitant at first to attend his SPED class. "He thought that he did not belong to that group and even asked me one time why he needs to attend a SPED class. I explained to him his condition and how his SPED class can help him live like a regular student", Missy explained.

Eventually, he accepted the fact that he had to attend SPED everyday and do the tasks that his teacher would ask him to do. Jed's first days in school made his mother anxious as he would be exposed to a totally new environment. There were new faces, new rules of behaving. All of it was really scary at first, even for her. She remembers frequently texting his teacher and his Principal just to make sure that Jed was doing fine and that he could stand the heat.

Jed didn't wear shoes in his previous school. Now he wears the complete set of uniform (undershirt, polo barong, long pants, socks and shoes). Missy said that wearing his uniform is a challenging task for Jed knowing that wearing socks could really heat up his body. But he seldom removes his socks and shoes in school now. "And he really did a great job! He just cools himself by having wet face towel and cold water ready

all the time," Missy relates.

"My Jed really enjoys the company of his friends, they often visit him at our house and spend time with him. They never treat Jed as a person with disability. They like his company and I can say that they really love my son," Missy said.

Jed often gets high scores in tests, and that made his mother secure in the knowledge that he is really doing good in school. "Jed is a very sweet and thoughtful son, a loving brother to his siblings and a God-fearing person. He will not eat his food without praying, prays as soon as he wakes up and never goes to bed without praying," his mother beams.

Jed is now independent, knows how to control his anger and lives a normal life; a life most parents want their children to have. "And his school really helped me in molding my son to what he has become now," Missy asserts.

Jed, at Grade 7, is studying at the Panorama Montessori School of Biñan in Laguna. Under the Special Education Department (SPED), the school accepts children with autism spectrum disorder, intellectual disability, learning disability, attention deficit hyperactive disorder

(ADHD), emotional/behavioral disorder, and health impairments.

Republic Act 7277 or the Magna Carta for Disabled Persons (An Act Providing for the Rehabilitation, Self-development and Self-reliance of Disabled Persons and their Integration into the Mainstream of Society and for Other Purposes), the government is obliged to "encourage learning institutions to take into account the special needs of disabled persons with respect to the use of school facilities, class schedules, physical education requirements and other pertinent consideration. The State shall also promote the provision by learning institutions, of auxiliary services that will facilitate the learning process for disabled persons."

And in compliance with the above law, the Department of Education (DepEd) issued DECS Order No. 26, s. 1997, that says "we shall endeavor to include a provision for special education e.g. gifted and talented, autism, ADHD to name a few."

Jed's school, the Panorama Montessori School of Biñan, offers different programs for special children such as early intervention program which applies to children of school age or younger who are at risk of developing a handicapped condition



*Jed during one of his classes.*

or other special needs that may affect their development and growth. The school's early childhood special education program focuses on the self help skills of children with special needs aged 3-7 years old and also prepares students for functional academics.

Ms Racquel Matic-Asuncion, school principal, remembers when Jed first came to Panorama Montessori School at 12 years old and entered Grade 6. Jed was aloof and distant, behaviors that was quite challenging for his teachers. Jed sometimes acted like a child with tantrums and fits. He also questioned the need for him to go to the SPED class.

"Porke wala akong sweat glands, nasa SPED na?" Jed asked Missy at one time.

With fine, sparse hair, no teeth, and dry skin, Jed became distant and shy about mingling with other children. Jed sees himself as different from other children, a difference that hinders his ability to excel in school. Ms. Asuncion said that controlling anger, frustrations, and dealing with difficult people are the most crucial phase of Jed's special education.

### Individualized Education Plan

Jed was provided with a highly structured school environment, highly trained teachers, and an Individualized Education Plan that was charted and regularly monitored. Jed was identified as exceptional and was determined that he should be with the inclusion program for grade 6. Inclusion program means that Jed attends regular academic classes but has to extend one hour under the SPED department.

Jed's individualized education plans consist of different goals to achieve. Goal #1 is cognitive in order for Jed to meet the academic requirements needed in Grade 6 with 70% accuracy and compliance measured by the teacher/charted observation.

Goal #2 is communication wherein Jed, at the end of the school year, will be

able to talk to teachers and classmates with polite expressions (i.e. "Excuse me", "Thank you", "I'm sorry", "Welcome", "Please", "Po", and "Opo") with 60% accuracy measured by teacher/charted observation. The goal also intends to teach Jed to be able to use the appropriate polite expressions in settings that call for it, and able to answer questions in a complete sentence.

Goal #3 deals with Jed's social-emotional growth. This teaches him to participate in academic and non-academic activities to build his self confidence. Jed also undergoes daily counseling on the events that took place in school and at home to encourage him to be open in expressing his ideas and emotions.

Goal #4 teaches Jed to comply with the teacher's instructions, both in regular and special education. Meanwhile goal #5 encourages Jed to participate in sports and comply with the rules and regulations of the game.

And goal #6 on nutrition will teach him to develop a balanced diet that entails eating vegetables and fruits in school and to tolerate different textures in food.

### Present Level of Performance: March 2014

At the end of the school year, Jed was one of the students that have improved greatly since he entered this school. It was visible to everybody who knew him how he progressed and changed in a short span of time.

Jed can now follow his teacher's instructions without any hesitation. When asked, his teachers say that he is one very bright student but sometimes his laziness gets in the way. There are times when he would depend on his mother to do his homework or remind him when it is due. But Jed is still dealing with this issue.

Jed still sometimes has tantrums and fits. But his friends know that when they need his help, they can depend on him. He acts like a big brother when he stays in the SPED classroom. He always teaches Kim, (a SPED classmate), gently the proper way to act around other people.

Now, he is very open to the people around him, especially his friends. He can now converse with them even outside the SPED classroom. He has learned the importance of having peers to talk to and laugh with. He now listens to the advice of his teachers regarding his behavior and actions. He may act like a child sometimes, but when reprimanded, he does what is expected of his age.

What does the future hold for a child like Jed? Jed can be a computer wizard, as he is very much interested in information technology. He wants to develop a computer software that will make him rich. He can be the next Mark Zuckerberg!



*Jed with mother Missy, the author and SPED Department Officers.*

# 'Kakahayblad Ka

## Dugo Dugo

DOK IVAN: Ano ang problema mo?  
ED: Dok, gusto ko sanang magpatingin sa inyo dahil sa aking high blood.

DOK IVAN: Bat mo naman nasabing high blood ka? Eh, ang payat-payat mo na nga at sa tingin ko'y wala ka na yatang dugo!

ED: Maniwala po kayo Dok. Talaga pong sobra-sobra ang dugo ko!

DOK IVAN: Paanong nangyaring sumobra 'yang dugo mo?

ED: Kasi Dok, suka ko dugo, tae ko dugo!

## Congratulations!

DOK ERNIE: Congratulations! Sabihin mo na sa asawa mo na buntis ka!

BAMBI: Wala po akong asawa... Single ako.

DOK ERNIE: Ah, sabihin mo nalang sa boyfriend mo na buntis ka.

BAMBI: Wala po akong boyfriend.

DOK ERNIE: Ganun ba? Ganito nalang... Sabihin mo sa mga magulang mo na magdasal... dahil Ikaw na ang susunod na Virgin Mary.

## Bestfriend

BO: Condoms are like bestfriends.

ALVIN: Ha? Bakit mo naman nasabi 'yan?

BO: They're always there to protect you when it gets hard.

## Haba ng Hair

ANAK: 'Tay, bakit po wala ng buhok si lolo?"

TATAY: Anak, iyan ay tanda ng KARUNUNGAN!

ANAK: Ah kaya po pala ang kapal at haba ng buhok nyo!

## Hot Tea

RUDOLF: Hot tea, please.

NICOLAS: Ako rin, hot tea. Make sure malinis ang baso.

*Pagkaraan ng dalawang minuto...*

WAITER: Order ninyo sir, dalawang hot tea. Kanino na nga po 'yung malinis ang baso?

## Soft drink o Tubig

GF: Kung isang inumin 'yang crush mo, ano siya?

BF: Uhhmm, siguro soft drink.

GF: Ah... Eh ako?

BF: (Ngumiti) Tubig!

GF: Siya softdrinks, ako tubig lang? Wala ngang lasa ang tubig eh! Mas mahal mo yata siya kesa sa akin, eh!

BF: Hindi sa ganun. Kasi ang soft drinks minsan mo lang dapat iniinom kasi hindi healthy. 'Tsaka mabubuhay naman ako na wala 'yun. Eh ang tubig, araw-araw ko kailangan at higit sa lahat, isa 'yun sa mga importanteng bagay na ikabubuhay ko. Parang IKAW.

## Jet

MARIA: JET ka ba?"

JUAN: Bakit, dahil mabilis ako sa panliligaw sa yo?

MARIA: Hindi. Kasi kapag dumadaan ka, naiwan ang GUHIT ng amoy mo. Yuck!"

## Bongga Ka, Girl

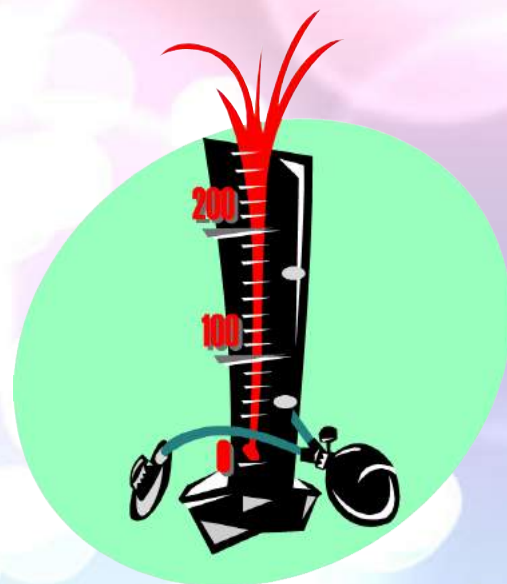
Girl 1: Nandyan na yung sundo ko. 'Yung limousine. Sabay ba kayo girls?

Girl 2: 'Wag na, girl.. Pababa na ang helicopter na sundo ko sa helipad. Ikaw, girl?

GIRL 3: Nandyan na rin naman ang sundo ko, eh.

GIRL 1&2: Saan?

GIRL 3: Hayun oh. Yung cute guy na naglalakad na may dalang flowers. Siya ang boyfriend ko.





# Health and Social Media in the Philippines

by  
**Dennis B. Magat**  
HEALTHbeat Staff

The influence of social media to Filipinos knows no boundaries. Pre-school children, students, professionals, and even grandmothers, are into computer these days. According to the Internet World Stats, the Philippines is the 6th top internet users in Asia today.

From an estimated 2013 population of 92.3 million, 33.6 million Filipinos are active internet users. This is translated to about 3.5 out of 10 Filipinos are online at any given time. Most (40%) of the these online population belong to the 15-24 years old, followed by the 25-34 years age group (31%), 35-44 years (16%), and 45-54 years (9%).

In Southeast Asia, the Philippines had the fastest growth rate in internet audience at 22%, and also the fastest growth recorded in search engine usage at 19%. The average Filipino spends 16.4 hours on the internet per month. About 41.5% of the total internet time is spent on social media, 17.3% on services, and 14.5% on news and information. Also, about 40% of Filipino smartphone owners browse the internet using their mobile device.

Ironically, at least 80% of prepaid, postpaid and business subscribers of telecommunications companies want cheaper, faster, more accessible, and reliable internet connection at the guaranteed minimum speed as stated in the purchased package at the cheapest possible rate.

Subscribers want greater transparency from the telecommunications

industry and the government with respect to Internet usage. They reasoned out that they want to increase the competitiveness of the country's internet speed and access to boost productivity and to spur economic growth through business process outsourcing (BPOs) and small and medium scale enterprises (SMEs), particularly online-based enterprises.

Filipino web users are more likely to visit a social networking site (17%), multimedia site (5%) entertainment site (5%), photo sharing site (3%), search engine site (3%) and gaming site (1%).

In 2011, 24/7 Wall Street research showed the Philippines as the country with the highest (93.9%) Facebook penetration. The Philippines is followed by Israel (91%), Turkey (90.9%), Chile (90.2%), and Argentina (89.2%). The country is also the 8th most popular country in Twitter.

There are countless social media in the internet today. Some of these are Twitter, Facebook, FourSquare, Quora, YouTube, LinkedIn, and Google+.

Twitter is a microblog and users usually tell their followers what has popped up in their heads. Facebook tells everyone what he/she did. FourSquare tells everyone where they did it based on their location. Quora, on the other hand, asks everyone a question to get collective answers.

YouTube broadcasts your claim to fame and being a TV producer for everyone to see. LinkedIn tells everyone about your

achievements. It is also known as the Business Facebook where companies and individuals use the network to meet and look up information about the people and companies they are about to engage with. Google+ gets everyone to see what you are up to.

Undoubtedly, Facebook is the most (750M users) popular social networking site, followed by Twitter (250M users), LinkedIn (110M users), Pinterest (85.5M users), and MySpace (70.5M users).

The primary use of social media is to socially interact online via content-sharing, collaboration, and updating. However, do Filipinos also use social media for their health concerns?

Social media has been found to potentially influence people's decision on their health. A study compiled by Demi and Cooper Advertising and DC Interactive Group showed that more than 90% of people ages 18-24 said they would trust health information they found on social media channels.

Also, a PwC Health Research Institute survey showed that 40% said they have used social media sites to find health-related consumer reviews like treatment or physicians, one in every three internet users used YouTube, Facebook, and Twitter to find medical information, research, and share their symptoms, and offer opinions about doctors, treatments, drugs, and health plans, and one in every four have posted about their health experience.

According to the study, 45% of respondents said health information

obtained from social media sites would cause them to seek a second opinion, 41% said social media sites would influence their choice of a specific physician, hospital, or medical facility, more than 40% said health information on social media sites would affect how they manage a chronic condition or any diet and exercise routines, while 34% said social media sites would affect their decision to take certain medications.

With this development, health professionals are also joining the bandwagon. Many doctors now are becoming social media savvy.

A 2013 Digital Doctor Survey conducted by ZocDoc, a service that helps patients receive faster access to care and optimizes doctors' schedules in the USA, revealed that tech-savvy physicians are largely embracing changing healthcare technology trends. The said survey further revealed that 83% of physicians have a website dedicated to their practice, 74% use a practice management system in their office, 63% allow patients to fill out medical forms online ahead of time, and 62% have sent prescriptions to a patient electronically.

Current Department of Health Spokesperson Dr. Lyndon Lee Suy does not go for that kind of practice. He added that there are things better seen by the health worker through actual physical examination than by description alone using the internet. Consultation without actual assessment of the patient has its limitations and is unreliable.

In 2013, Moorhead et al conducted a systematic review to find out how people use social media for health communication and what benefits and/or limitations have been reported.

The reasons for using social media for health communication were as follows:

1. provide health information on a range of conditions

2. provide answers to medical questions
3. facilitate dialogue between patients, or between patients and health professionals
4. collect data on patient experiences and opinions
5. health intervention, health promotion or education
6. reduce stigma
7. professional online consultation

The benefits of social media are the following:

1. increased interaction with others
2. more available, shared and tailored information
3. increased accessibility and widening access
4. peer/social/emotional support
5. public health surveillance
6. potential to influence health policy

Despite the benefits mentioned above, the limitations outweighed the benefits.

The limitations of social media include:

1. lack of reliability
2. quality concerns
3. lack of confidentiality and privacy
4. often unaware of the risks of disclosing personal information online
5. risks associated with communicating harmful or incorrect advice
6. information overload
7. not sure how to correctly apply information found online to their personal health situation
8. certain media technologies may be more effective in behavior change than others
9. adverse health consequences
10. negative health behaviors
11. social media may act as a deterrent for patients from visiting health professionals

12. currently, health professionals may not often use social media to communicate to patients

The era of the internet is on us now, despite the Philippines having one of the slowest internet connections in Asia. It has its pros and cons. What works for one may not also prove effective for his neighbor. Dr. Lee Suy suggests that if time permits, one should always go for actual physical examination for precise management of cases.

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# Feed the Children in Malabon and Manila

by  
**Glen S. Ramos**  
Staffwriter

On September last year, the Department of Health – National Capital Regional Office (DOH-NCRO) started its community feeding program in Barangay Catmon in Malabon City having registered a prevalence rate of 4.92% of combined underweight (3.79% or 1,857 cases) and severely underweight (1.13% or 556 cases) among preschoolers aged six years old and below. A more alarming data on stunting showed a 12.91% (3,750 cases) and severe stunting at 6.31% (1,832 cases) based on the Operation Timbang (OPT) result of 2012.

A validation on the 2013 OPT result showed that Barangay Catmon still topped the list in the prevalence of stunting and severe stunting at 36.06% with 1,171 cases. Wasting and severe wasting prevalence is at 6.8% affecting 221 children, underweight and severe underweight at 5.3% with 172 cases.

Because of this alarming situation, then DOH-NCRO Director Eduardo C. Janairo, immediately coordinated with the local government officials, health workers and parents of children and implemented the Community Feeding Project for the wasted and severely wasted children on October 7, 2013 to January 2014. The program lasted for 90 days. A total of 221 targeted children were given free sustenance.

Out of the 221 children in Barangay Catmon, 5 children (2.26%) went from severe



*A beneficiary of the feeding program.*





DOH Undersecretary Teodoro Herbosa shares a light moment with Malabon City Health Officer Dr. Rommel Lizan, then DOH-NCRO Director Eduardo Janairo and Dr. Ruben Siapno, DOH-NCRO Assistant Regional Director during the final activity of the community feeding program.

underweight to normal, 54 children (24.43%) from underweight to normal, 7 children (3.17%) from severe wasted to normal, 29 children (13.12%) from wasted to normal and 43 was sustained in height for age.

According to Director Janairo, the objective of the feeding program is to improve the nutritional well-being of the identified wasted and severely wasted children in the community. "This is to ensure that adequate food with vitamins and nutrients is given to and consumed by the children. Proper nutrition is effective in preventing growth failure, provides protection against diarrheal diseases, stimulates child mental and ensure physical growth & development growth," he stated.

He also added that the feeding program is likewise meant to keep them healthy and strong in preparation for the opening of classes on June.

Also included among the targeted areas of the community feeding program were Barangays 128, 129, 130 and 133 in the Smokey Mountain in the City of Manila. These were the areas that registered the most number of under nutrition among children in the region as validated by the 2012 Operation Timbang (OPT 2012). There

were a total of total of 190 identified children in the Smokey Mountain District.

Out of the 190 children in the Smokey Mountain district, 10 children (5.26%) went from severe underweight to normal, 58 children (30.53%) from underweight to normal and 27 children (14.21%) from severe underweight to underweight.

During the End Program of the Community Feeding Project on May 29, 2014, Undersecretary Teodoro J. Herbosa reported most of the preschool children under the feeding project gained reasonable weight and sustained their nourishment. He assured that the project will be continued in other areas of Metro Manila to help address the single biggest cause of disease which is malnutrition.

"Most of the undernourished children in Metro Manila are preschool-aged children and can be found in low and middle-income classes. We need to protect these children by providing them the proper nutrition so that we can prevent the risk of a long-term functional impairment, such as poor educational and intellectual performance," Undersecretary Teodoro J. Herbosa declared.

The OPT 2012 identified 10,404 severely underweight and 33,699 underweight preschoolers at the National Capital Region using the weight of age as basis. Results of the OPT 2012 among the LGUs with the most number of combined severely and underweight children were San Juan at 6%, Malabon at 4.92%, Pasay – 3.93%, Navotas – 3.69%, Pasig – 3.68%, Manila – 3.67%, Las Pinas – 3.23%, Pateros – 3.0%, Valenzuela – 2.66%, Paranaque – 2.64%, Muntinlupa – 2.59%, Caloocan – 2.15%, Taguig – 2.05%, Quezon City – 1.87%, Mandaluyong- 1.27%, Marikina – 0.96% and Makati with 0.91%.

Three cities, namely Quezon, Caloocan and Manila, registered the most number of severely underweight preschoolers in 2012. However, there are already on-going feeding activities being sponsored by the local government and non-government organizations. In the city of Manila, feeding programs in selected areas are being undertaken in day care centers by the local social welfare office.

According to the United Nations Children's Fund, malnutrition is defined as under nutrition resulting to insufficient food intake and repeated infectious diseases. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition).



# Pasukan Na!

## Quiz

1. Trulalu
2. Eklavu
3. Eklavu
4. Trulalu ...

- Isang batang bakla na sumasagot sa quiz na True or False

## Get Here

GURO: You're late. How did you get here? Did you ride or did you walk?  
EDGAR: Of course, did you ride! What do you think of me, did you walk?

## Sakay Na!

GURO: Bakit hindi ka nagsusulat?  
CHRIS: Ma'am wala po akong bolpen!  
GURO: Na naman? Paano ka nakaka-pasok ng walang bolpen?  
CHRIS: Sumasakay po ng jeep!

## Always Late

INAY: Sabi ng titser mo lagi kang late?  
JENNY: Kasalanan po ng iskul!  
INAY: Bakit?  
JENNY: Lagi nilang pinapatunog ang bell bago ako dumating!

## No ID, No Entry

GUARD: ID mo?  
CHIT: Eto oh.  
GUARD: I-pin mo.  
CHIT: (Ngumanga) Hirap naman dito, pati ipin tinitingnan!

## Flappy Bird

GURO: Class, narito ang dalawang ibon: isang pipit ant isang maya. Maaari n'yo bang ituro sa akin kung alin dito ang pipit?  
JUNJUN: Ma'am, 'yung pong pipit ay katabi po ng maya!

## Wow, Heavy!

GURO: Ang tawag sa maliit na hipon ay hibi.  
CLARITO: Ma'am, bakit po hibi eh magaan lang naman yun?

## Diabetes

GURO: Prescy, kapag may 100 candies ako at kinain ko ang 95, meron na lang akong ano?  
PRESCY: Meron po kayong taglay na kadamutan at ikamamatay mo 'yan ng diabetes!

## Bawal Matulog

GURO: Bawal kayong matulog dito sa classroom dahil hindi ito bahay.  
EDNA: Eh 'di bawal din mag-aral sa bahay, Ma'am, dahil hindi 'yun classroom

## Hoy, Gising!

GURO: Class, gisingin n'yo 'yang natutulog sa likuran habang nagtuturo ako dito!  
AILEEN: Eh mam, kayo po nagpatulog, dapat kayo din po manggising!

## Problem Solving

GURO: Who can solve this problem? (At sinulat sa blackboard ang  $3x5 - 4x9/10 \times 6 = ?$ )  
CLASS: (Walang imik lahat)  
GURO: Lizelle, go to the blackboard and solve the problem ...  
LIZELLE: (Tumayo at pumunta sa unahan. Kinuha ang eraser at binura lahat...) 'Yan Ma'am, your problem is solved!  
CLASS: (Nagpalakpakan!)

## DisKurso!

INAY: Anak, ano ang kursong gusto mong kunin sa college?  
JIMBO: Political Science po para linisin ang kalat sa lipunan!  
INAY: 'Yung kalat mo sa bahay 'di mo malinis, sa lipunan pa kaya?!?

## Tamad

NOEL: Araw-araw ako sinasabihan sa bahay na TAMAD kaya araw-araw din akong nagpaplanong maglayas!  
EDWIN: Bakit hindi natutuloy?  
NOEL: Tinatamad ako!

## Salbahe

GURO: Misis, pinatawag kita dahil ang salbahe ni Kristal. pagkagaling ng bakasyon!  
LUZ: Aba Ma'am, dalawang buwan salbahe 'yan sa bahay pero hindi kita pinatawag!





# WANTED: FETP Fellows

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



**We welcome applications from persons who meet the following screening criteria:**

- ▶ Health Professionals (physicians, nurses, veterinarians, medical technologists, dentists or any health-related courses)
- ▶ At least two (2) years experience in public health service
- ▶ Must be willing to travel and be deployed ANYWHERE in the Philippines and abroad and able to adapt to any public health events and emergency
- ▶ Must be willing to provide 4-year return service to the Philippine government after completion of the two-year FETP course
- ▶ Age preferably 25 to 45 years old
- ▶ Should completely accomplish the FETP Application Form and requirements (DOH-NEC-QMOP-01-FORM1.REV.1)

The next batch of FETP training will begin in December 2014. Those who are interested may contact:

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manemia\_sucaldito@yahoo.com

**The following requirements should be submitted together with the application form:**

1. Letter of intent addressed to Director of the National Epidemiology Center, DOH
2. Letters of endorsement from Head of Office (2 Professional Supervisors)
3. Photocopy of Diploma (please bring original during the interview)
4. Photocopy of Board Exam Results (please bring the original copy during the interview); and
5. Two (2) latest Passport-size picture

**The Screening for Batch 26 applicants is on September 15, 2014. 8:00am, Monday.**

Building 19, Room 304, 3rd Floor  
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