Kinse Anyos Na!

HEALTHbeat

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Health Secretary Enrique T. Ona introduces

COMPACK

The Complete Treatment Pack

KALUSUGAN PANGKALAHATAN

The SONA & Sec. Ona

Universal Access to Medicines

More Blood, More Life

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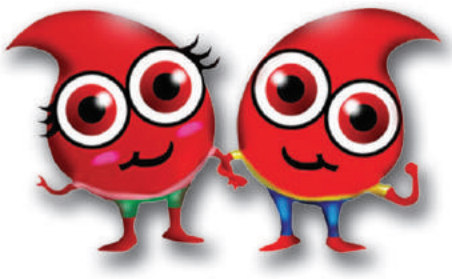

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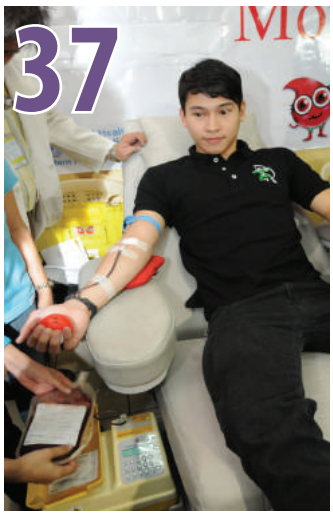

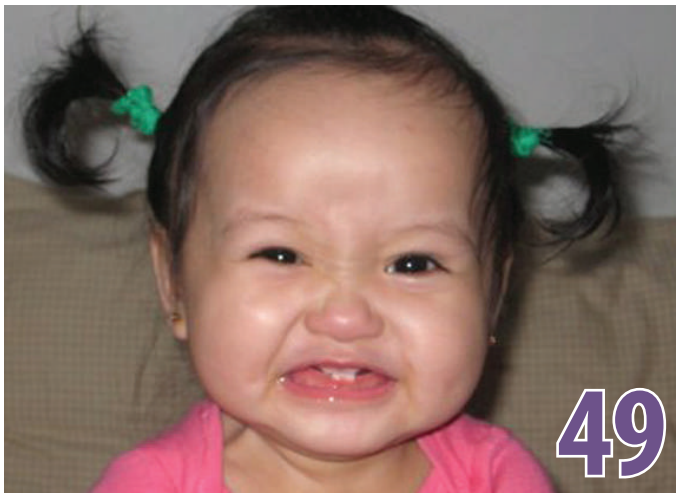

contents

NO HEALTH EXAM, MORE JOKES N'YO

In celebration of our 15th Anniversary, we will not stress you out with a quiz, instead, we will treat you with more joke pages...

HEALTH EXAM returns next issue.

HEALTHbeat
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Anniversaries

Ah, anniversary! It is the annual recurring date that commemorates or celebrates a notable event, such as a birth, founding, wedding, and even death. According to Wikepedia, the word anniversary was first used for Catholic feasts to commemorate saints. In the recent past, however, a year has become too long a time. Teenagers and young adults have been making a milestone over a month's last of their romantic relationships, and they call it a "monthsary". Maybe this only shows that today's love affairs are too fleeting.

In June, there were some notable anniversaries – the 150th birth anniversary of Dr. Jose Rizal on June 19, the 113th year of Philippine Independence on June 12; the 113th year also of the Department of Health on June 23; and the first year anniversary of President Benigno S. Aquino III on June 30. The latter, of course, became the favoriite of most Filipinos as the President and his accomplishments were scrutinized, rated and praised or criticized. These went on to July 25 when he delivered his second State of the Nation Address (SONA) in Congress and up to the end of the month.

Every minute the President delivered his speech, every *wang wang* that he uttered, every applause he received and even every cough he made were counted. Just how many? According to news reports, he spent 54 minutes in his SONA and there were 20 *wang wang* to describe abusive use of authority, 49 claps, and 9 coughs.

Now, we will do our own count. Unlike other government agencies, the DOH was never mentioned, but at least PhilHealth made it in the list. Among health accomplishments, immunization were mentioned twice and it was subsumed as a benefit of the Pantawid Pamilyang Pilipino Program and as one of the new laws recently passed in Congress. However, the President did not include the controversial bills on reproductive health and tobacco excise tax. Anyway, House Speaker Feliciano Belmonte mentioned them as priority bills in his opening speech for the second regular session of the 15th Congress.

What the President did not highlight on health issues in the limited time of the SONA, **HEALTHbeat** will do lengthily here. This is our commitment to the public and we have been doing justthat these past 15 years. And incidentally, this is our anniversary issue!

– The Editors

The SONA & Sec. Ona

SONA on Health

The Department of Health echoed the President's State of the Nation's Address (SONA) on July 25 as it reported that the government has already enrolled 5.2 million poor families identified in the Department of Social Welfare and Development's National Housing Targeting Survey for Poverty Reduction (NHTS-PR) in the National Health Insurance Program or PhilHealth.

Of the 5.2 million families, around 3.9 million families or an estimated 20 million beneficiaries were newly enrolled into the Sponsored Program with funds coming from the DOH budget allocation of Php 3.5 billion. These are the poor families neglected over the years and were not included in PhilHealth's Sponsored Program. Only 950,000 of those enrolled in the Sponsored Program in the past year match with the NHTS-PR and have been enrolled through subsidies from both the national and local governments.

From April to December 2011, families can avail of their PhilHealth benefits which include in-patient benefit packages in public and private health facilities as well as out-patient packages in accredited rural health units and health centers. Health Secretary Enrique T. Ona explained that expenses from admissions and hospitalizations from April to June this year will still be reimbursed by PhilHealth.

The President's SONA. Photo grabbed from <www.lugaluda.com>

DOH and PhilHealth in cooperation with the local government units are distributing PhilHealth cards all over the country. Ona called on all PhilHealth beneficiaries to be active in getting information on how to avail of their PhilHealth membership.

"It is important that the people know their entitlements and obligations as members," declared the health chief as he bared the government's plan to educate members of their benefits and responsibilities. PhilHealth desks are being set up in over 70 DOH-run tertiary hospitals all over the country to assist beneficiaries for the PhilHealth related concerns.

This August, PhilHealth launched the Case Rates scheme for the in-patient treatment of 22 common medical and surgical conditions. PhilHealth will reimburse a fixed package for the treatment or procedure concerned which will already include rooms, operating room charges, medicines, and the health professional's fee. The scheme will initially cover normal birth deliveries, caesarian operation, dengue, hypertension, stroke, acute gastroenteritis, newborn package, maternal package, appendectomy, among others. An added feature of this package is the "No-Balance Billing" or "Walang Dagdag Bayad" for NHTS-

PR members enrolled in PhilHealth admitted in public hospitals for these conditions.

Moreover, PhilHealth operations continue to be improved, and Php 350 million have been invested to facilitate the upgrading of its information technology (IT) capabilities to streamline all its processes including membership applications, accreditation, claims payments, etc.

The NHTS-PR is a mechanism to identify the poor Filipinos who will be beneficiaries of the Pantawid Pamilyang Pilipino Program of the DSWD. For 2012, the DOH is targeting the enrolment of some 10.8 million poor Filipino families identified by the NHTS-PR which represent the poorest 40% of the population.

The national government through the proposed DOH budget of Php 12 billion will fully subsidize the 5.2 million poorest Filipino families while it proposed that the next 5.6 million families will be subsidized by local governments. The DOH and PhilHealth will also launch an intensified campaign to encourage voluntary enrolment from informal sector which include self-employed professionals and individuals who can afford to pay the premium.

"Let us work together to achieve **Kalusugan Pangkalahatan** or Universal Health Care in three years," Ona encouraged.

Sec. Ona's Report

On June 23, DOH's 113th anniversary and a week short of his first year as health chief, Sec. Ona delivered an inspirational message which outlined his administration's accomplishments to the DOH employees. First and foremost of these accomplishments included the expansion of the social health insurance coverage of the poorest Filipinos, providing them access to health and other services, and the challenge the country faces in attaining the Millennium Development Goals by 2015, particularly the reduction of mother infant and child mortality.

Ona reminded the employees that President Aquino, upon assuming his office as the new president of the Republic, announced health as one of his top priorities. In response to this challenge, the DOH has laid out the health agenda of **Kalusugan Pangkalahatan** which focuses on the plight of the poorest Filipinos.

"**Kalusugan Pangkalahatan** is the DOH's very own strategy for poverty reduction; after all, healthy Filipinos are more productive and are better equipped to fight poverty," he said.

In his message, Ona emphasized the implementation of his hospital facilities enhancemen program. This started off with the Ospital ng Pinoy campaign and noted that "we have seen the benefits of cleaner and more orderly hospitals." He also noted that under this program, the DOH will expand and upgrade the barangay health stations, rural health units, local government hospitals, and DOH Regional Medical Centers.

PhilHealth Registration and Utilization - President Aquino's priority program on health. In this photo, government officials unite for another round of PhilHealth Sabado registration campaign in public elementary schools in June. From left to right are: Gov. Alfonso Umali Jr. of the League of Provinces of the Philippines; DSWD Secretary Corazon Juliano Soliman; DOH Secretary Enrique T. Ona; PIA Director General Jose Fabia and PhilHealth President Dr. Rey B. Aquino. (Photo by Romy Caparas)

He said, "We embarked to implement the Public-Private Partnerships (PPP) in health owing to the insufficiency of our resources. We have set up the DOH PPP Unit to assist all of our hospitals and other offices in their PPP endeavor. We have also been recognized by the United Nations Economic Commission for Europe as the Specialist Center for PPP in Health."

In terms of attaining the MDGs for health, Ona said that the DOH has launched various campaigns and has begun to scale up public health programs. Last April to June, the Measles Rubella Supplemental Immunization Activity was conducted and 15 million children have been immunized nationwide. Over the past months, the DOH continued to be at the forefront in the battle against dengue. The multi-agency and multi-stakeholder approach against this disease has increased the awareness of Filipinos to be better equipped to prevent it.

Ona also reported that the DOH has had several meetings with the Department of Budget and Management to lobby and to fight very hard for a 2012 budget of Php 80 billion pesos, almost triple the amount the department got this year. He said that this amount of money will enable the DOH to better serve our countrymen through more programs and projects designed to safeguard their health and well-being.

He stressed, "I am fighting for this because I believe that we can do it. I am lobbying for this amount in 2012 because I am confident that we can move this money and translate it to improved health services and better health outcomes for all Filipinos especially the poor."

The success of **Kalusugan Pangkalahatan**, Ona said, depends upon the men and women of this institution from the rank and file, from every region and every hospital, up to the Directors and to the Executive Committee members. He urged them to take public service to heart and become part of the movement to effect change in the bureaucracy.

It's been a year since Health Secretary Enrique T. Ona took the helm of the DOH. (Photo by Paking Repelente)

"The President's call for honesty in public service, for transparency in government transactions and programs, for accountability for our words and deeds, for excellence in the performance of our duties, will best be enshrined in the shining records of our toils," Ona said.

In conclusion he said, "We work not for ourselves, but for the welfare of the Filipino. Through our unity and cooperation, let us let the people, through their experiences, know of the effectiveness of our programs, and the nobility of our intentions."

COMPACK

Reaching the Poor with Medicines

by
JOYCE ANNE dP. CERIA, MARINETTE J. LADIORAY and VANESSA J. SAULOG
Edited by **ANNA MELISSA GUERERRO, MD**
DOH - National Center for Pharmaceutical Access and Management

Access to quality and affordable essential medicines is a vital component of **Kalusugan Pangkalahatan** (Universal Health Care). Even at the global level, medicines have been recognized as important in their own right – a critical tool to improve the health and lives of the world's poor. Target 8e of the Millennium Development Goals (MDGs) goes as far as setting a 2015 deadline to deliver essential medicines and treatments but there has generally been a slow and deficient effort to meet this target in developing countries including the Philippines.

No Kalusugan Pangkalahatan Without Medicines

When Health Secretary Enrique T. Ona began making his rounds in government hospitals as well as rural and barangay health stations last year, he saw the need to begin the work of making medicines available in government health facilities especially at the grassroots level as part of the mission to provide universal health care for all Filipinos. Indeed, everywhere he went, there was the clamor to make medicines continuously and sustainably available. This problem – the inadequate supply of medicines from the largest government tertiary hospitals down to the Botika ng Barangays – has been documented in various surveys looking into the responsiveness of the public sector in providing the basic medicinal needs of patients according to the prevailing diseases and health conditions in the country.

The 2009 World Health Organization (WHO) Health Facility Survey,

for example, demonstrates the poor availability of 15 key essential medicines in the public sector: 53.3% median availability for public health facilities and 33% for warehouses that supply the public health system. The average stock-out duration for public health pharmacies is 24.9 days while it is 43.8 days for public procurement.

Meanwhile, the 2010 Drug Availability Study conducted by the European Commission across 234 primary health care facilities and 65 hospital pharmacies across 10 regions in the country for an extended list of 44 essential medicines shows an even worse situation with mean availability of medicines at only 25%. The lack of sufficient and continuously available stocks of medicines in the public sector compared to the private sector where there is complete availability leaves no choice particularly for poor patients who are forced to buy medicines at higher prices as private outlets tend to apply higher mark-ups for both branded and generic drugs.

This access problem is further aggravated in rural areas where there is limited access to affordable medicines, which may be due to inadequate supply, geographical location, or simply the lack of financial support. It is no wonder that often poor patients do not take or complete their treatments, fill their prescriptions or many times do not even see a doctor for fear of incurring medical expenses that they cannot afford.

Over the last two years, medicines have been the subject of government price controls which have resulted in the reduction of the prices of some drugs previously contributing to Php 15 billion in total sales in the Philippine market. The price cuts made the targeted medicines more affordable to more patients but are deemed insufficient in making them accessible to the poor who in reality have to apportion first their meager resources to food, education and other basic needs before they can even save for medicines during times of sickness. There is an unquestionable need for government to design access and subsidy programs for indigents and other vulnerable sectors to reach the goal of universal health care. With about a third of the population or at least 30 million Filipinos falling below the poverty line, the challenge to ensure access to medicines is difficult but braving the challenge is necessary. **Kalusugan Pangkalahatan** cannot simply happen without medicines. The continued lack and inadequacy of drugs in the public sector will not support goals of improving health, uplifting the lives of the poor and increasing public satisfaction to government health services.

Thus, the Department of Health is bent on ensuring additional resources for health care including essential medicines to majority of the population especially the indigent sector. Efforts shall be focused at the primary health care level where access to basic medicines is a vital component of both cure and prevention averting the more disastrous and costly complications that lead to hospitalization and greater poverty for individuals, families and communities at large.

One of several rounds of Health Secretary Enrique T. Ona in government hospitals and health centers nationwide where he saw the need of making medicines available in government health facilities especially at the grassroots level. (Photo by Paking Repelente)

From P100 to DOH ComPacks

To reach the poorest Filipinos with essential medicines, the DOH through the National Center for Pharmaceutical Access and Management has re-designed the P100 Program piloted initially in government hospitals in 2008. The P100 program is now re-branded into the DOH Complete Treatment Pack (ComPack) program – a free drug access program for the poorest families covered by the Conditional Cash Transfer (CCT) Program of the Department of Social Welfare and Development (DSWD) otherwise known as the Pantawid Pamilyang Pinoy Program (4Ps) of the national government.

When P100 was launched in 2008, it did not only provide more affordable

DOH ComPack Program

LIST OF MEDICINES

NAME OF MEDICINES	DOSAGE FORM
ANTIBIOTICS	
Amoxicillin (as trihydrate)	500 mg capsule
Amoxicillin (as trihydrate)	250 mg/ 5 mL granules/ powder for suspension, 60 mL
Cloxacillin (as sodium salt)	500 mg capsule
Cloxacillin, (as sodium salt)	125 mg / 5 mL powder for suspension, 60mL
Cotrimoxazole	800 mg sulfamethoxazole + 160 mg trimethoprim, tablet
Cotrimoxazole	200 mg sulfamethoxazole + 40 mg trimethoprim per 5mL suspension, 60 mL
Cotrimoxazole	400 mg sulfamethoxazole + 80mg trimethoprim per 5ml suspension, 60 mL
Erythromycin (as stearate)	500 mg tablet
Ciprofloxacin (as hydrochloride)	500 mg tablet
Doxycycline	100 mg capsule
Metronidazole	500 mg tablet
Mebendazole	50 mg/ mL suspension, 10mL
DIABETES	
Metformin (as hydrochloride)	500 mg tablet
Glibenclamide	5 mg tablet
Gliclazide	80 mg tablet
HYPERCHOLESTEROLEMIA	
Simvastatin	20 mg tablet
HYPERTENSION & CARDIO DRUGS	
Amlodipine	10 mg tablet
Aspirin	80 mg tablet
Enalapril (as maleate)	10 mg tablet
Hydrochlorothiazide	25 mg tablet
Losartan (as potassium salt)	50 mg tablet
Metoprolol (as tartrate)	50 mg tablet
BRONCHODILATOR	
Lagundi	300 mg tablet
DIURETIC	
Sambong	250 mg tablet

treatments to patients but also emphasized rational drug use through promoting adherence to treatment. However, the P100 packs were then still sold in government hospitals. This time, the DOH ComPacks are to be provided for free to the CCT beneficiaries in 1,020 municipalities addressing common conditions such as hypertension, diabetes, respiratory infections, diarrhea and infections common in the community.

Children and adults who are covered by the 4Ps program of the DSWD can go to the rural health units (RHUs) where they are registered to avail of the medicine packages included in the DOH ComPack program. After being seen and diagnosed by the rural health physician, they should receive the ComPacks without any charges or fees provided that they comply with the following conditions: 1) must have a DSWD identification number; 2) must be registered in an RHU included in the CCT program; must be seen and diagnosed by an RHU physician; and must adhere to the treatment regimen and comply with the follow-up schedules as advised by the physician.

The DOH ComPacks shall also be made available in participating DOH and local government unit (LGU) hospitals on a consignment basis to allow sales to patients/consumers who are not covered by the 4Ps program at prices set by the DOH National Center for Pharmaceutical Access and Management. *(See table for the list of medicines included in the DOH ComPack.)*

Targeting Chronic NCDs

With the epidemiological shift that is already happening in the Philippines where the top leading causes of deaths and diseases are predominantly non-communicable diseases (NCDs), the availability and affordability of needed maintenance drugs to optimally control

diseases like hypertension, diabetes, asthma and chronic obstructive pulmonary disease (COPD) bring the issue of access to medicines to focus as health facility surveys conducted by the DOH and WHO consistently show poor availability of these medicines in the public sector. Medications for these chronic conditions have also been found to be not affordable for most Filipinos as the treatment courses still cost more than three-fourths of a day's wage of the lowest paid government worker.

By improving access to drugs targeting hypertension and diabetes, it is hoped that a model of care for NCDs at the primary health care level emerges where the continuum of preventive lifestyle interventions and optimal control through access to affordable treatment for those already sick is addressed. The DOH ComPack program hopes to respond to the global challenge of making drugs for NCDs accessible and affordable for the poor – one of the key action areas to be addressed during the United Nations High Level Meeting on NCDs this September.

The implementation of the DOH ComPack shall follow the guidelines and treatment recommendations laid out in the WHO Package of Essential Noncommunicable Disease Interventions for Primary Care in Low-resource Settings to ensure cost-effectiveness of the interventions with an acceptable quality of care even in resource-poor settings. Health system strengthening in the area of NCD prevention and control is an expected impact of the program that will empower RHU physicians, health workers and patients to address these diseases early in their course when action and response can yield the largest health benefits by preventing deaths and progression of disease, averting more costly hospitalizations, decreasing out-of-pocket costs and improving the quality of life of patients.

GENERICS

Safe, Effective, Mura pa! Saan ka pa?

by
TOMAS MARCELO G. AGANA III
President, Philippine Chamber of the Pharmaceutical Industry;
Chairman, ASEAN Pharmaceutical Club; President and CEO, PHAREX HealthCorp

Parang kailan lang, ang hirap magkasakit. Ang sama ng pakiramdam at marahil, di pa makapagtrabaho! Nadagdagan pa ang sakit pag nakikita mo ang presyo ng mga gamot na kailangan! Tataas ang blood pressure mo sa taas ng presyo ng gamot.

Ngunit ngayon, iba na ang panahon! Marami ka ng mapagpipilian! Dahil sa Generics, may mga iba't-ibang gamot na mapagpipilian, mga kapares ng brand ng gamot na dating ni-reseta ni Doctor para sa iyo! At itong mga generics na eto, higit na mas mura pa! Saan ka pa?

It really just seemed like yesterday, when then President Corazon C. Aquino signed into law the Generics Act of 1988. The whole world was watching our little nation, as we became the first to create a legislative framework encouraging the use of generics to widen access to medicines.

And we continued to be watched. And watched. And watched. And for a long time, nothing seemed to be happening. The innovator brands continued to dominate the market. There were a few chosen branded generics in certain categories that had encroached on multinational territory. But as we approached the new millennium, prices of medicines continued to rise.

The first decade of the new millennium saw a renewed battle to bring the cost of medicines by former President Gloria Macapagal-Arroyo. There was an urgency as the country reeled from the financial crisis and its own political-economic problems. The government authorized parallel importation through the Philippine International Trading Corporation, an unprecedented intervention into the pharmaceutical marketplace. Of course, the innovator multinationals were up in arms.

And though it made for a great political story, parallel importation lost steam as resources dwindled, as the government realized that it neither had the system nor the infrastructure to influence

the marketplace significantly.

But even as all this was unfolding, the local pharmaceutical companies never strayed from its mission to continue to provide low-cost, quality medicines. Despite meager resources, the local industry managed to invest in continuing to upgrade manufacturing practice and invest in marketing to continue to be competitive.

As this gathered momentum, the Philippine Chamber of the Pharmaceutical Industry or PCPI was born in 2004, a merger of four national pharmaceutical organizations, namely Chamber of Filipino Drug Manufacturers and Distributors, Inc., Association of Drug Industries of the Philippines, Filipino Drug Association, and Association of Philippine Pharmaceutical Manufacturers.

The first Intellectual Property Forum was organized by the Intellectual Property Organization, DOH and PCPI in 2006, to look into further stimulating the development of generic products as more and more patents expired. The output of the forum became the foundation for the 2008 Cheaper Medicines Act.

Believing that innovator medicines continued to be priced exorbitantly, the government implemented the Cheaper Medicines Act by imposing a half-price off ceiling on certain medicines. Some companies voluntarily reduced their prices as a gesture of cooperation. Hence, the industry nightmare of price control through the Maximum Drug Retail Price and Gamot na Mabisa at Abot-kaya Program finally became real.

And true to form, the industry is still reeling from this, as shown by the single-digit grown in the past 18 months, unheard of in years past. But despite this, the local industry continued its investments in quality manufacturing and marketing. And we are proud to see the tide has turned in our favor.

Finally, the era of Generics is at hand!

Today, the Filipino people are aware and comfortable with generics. The surveys have shown that acceptance of the quality of generics is high. The respondents welcome the big price differentials.

Generic medicine is no longer the 'inferior' quality alternative to innovator brands. We are confident that our local generic medicine is the same as the innovator brand. The DOH - Food and Drug Administration will confirm this. And millions of patients who have been using our branded and unbranded generics will attest to this.

It may have been a long road getting to where we are right now. But it was worth all the time and effort! Knowing that healthcare has become more affordable, more accessible is fulfilling!

We in PCPI, the voice of the local pharmaceutical industry devoted to making generics available, will make sure that the Filipinos will continue to benefit by making more and more generic medicines available, especially as more and more patents expire.

Salamat sa tiwala! Maasahan ninyo na patuloy ang paghandog namin ng de-kalidad at abot-kayang Generic Medicines! Saan ka pa?

FACEbeat

Walang Corrupt, Walang Mahirap?

IT'S COMPLICATED

Photo grabbed from a Facebook post

Universal Access to Medicines

The SARAH Access Framework 2011-2016

by
ANNA MELISSA GUERRERO, MD
DOH - National Center for Pharmaceutical Access and Management

"...Pharmaceuticals constitute a dominant element of the health care system. Their therapeutic capacities generate the entire range of health benefits: protection from disease; alleviation of its symptoms; cure. Thus, the interests of individuals, institutions and governments converge, coincide and oftentimes clash in this area of concern."

- Dr. Alfredo R.A. Bengzon
Former Secretary of Health,
1986-1992

In Support of Generics

The Philippines is celebrating this year 23 years of the generics advocacy – a fight that began when the Generics Act of 1988 became law under the revolutionary government of then President Corazon C. Aquino to make quality generics available and accessible to all Filipinos.

The historic passing of the Generics Law and the first National Drug Policy (NDP) were designed to set up reforms in how medicines are supplied and distributed in the country, assure their safety and quality in the market and encourage prescribers, dispensers and consumers to choose and use generics that will generate the most health benefits and cost savings to individual patients, the health system and the country at large.

The first NDP focused on five key action areas, known as the PQRST pillars: 1) **P**eople empowerment to assist patients in making informed choices with regard to their medicines; 2) **Q**uality assurance of drugs; 3) **R**ational drug use by health professionals and consumers; 4) **S**elf sufficiency in the manufacture and supply of drugs' and 5) **T**ailored procurement to achieve efficiency and economies of scale in pharmaceuticals.

For more than 20 years, the Philippines has worked towards improving access to medicines grounded on the pillars of the NDP and the Generics Law to address the drug needs of Filipinos undertaking large-scale national health programs for priority diseases and guiding health providers in the rational and cost-effective use of medicines in public sector health facilities through the essential medicines concept adopted in the selection of drugs for the Philippine National Drug Formulary (PNDF).

Although achievements have been made albeit slowly over the last two decades after medicines were put at the center of national legislation and policy, still large gaps remain in assuring access to medicines. According to the World Health Organization (WHO, 2004), the poorest and vulnerable sectors of the population still fall in the cracks of neglect with about a third of Filipinos not having regular and sustainable access to essential medicines.

Not an Easy Battle

At the turn of the millennium, a more serious and deliberate effort was mounted by the national government through measures such as parallel drug importation to bring in effective competition, the establishment of thousands of Botika ng Barangay in underserved communities and the passage of two more monumental laws deemed to further change the pharmaceutical landscape in the country: the Cheaper Medicines Law (Republic Act 9502) and the Food and Drug Administration Act of 2009 (Republic Act 9711).

The Cheaper Medicines Law, in particular, gave government additional powers to apply TRIPS *(Uruguay Round Agreement on Trade-Related Aspects of Intellectual Property Rights)* flexibilities for medicines still under patent deemed vital to address public health priorities and impose price ceilings on high-cost medicines where there are clear market failures lack of effective competition. The series of drug price reductions in 2009 and 2010 led to dramatic changes in the local pharmaceutical market curtailing its annual growth from a previous high of 11-12% down to just 3% in 2010 affecting both multinational and local players. However, the price reductions have been found insufficient in meeting its real objective of making drugs accessible to the poor who in reality do not have the purchasing power to buy their medicinal needs.

Affordable is Not Enough

While affordable generic drugs have now extensively penetrated the local market, their availability in public

health facilities catering to the poor and marginalized sectors is a different story. At present, drug availability surveys in many government health facilities still reveal that the mean availability of key essential medicines in public hospitals and primary health care facilities is only at 25%. The average stock out duration of drugs in the public sector ranges from 25 to 44 days. This leads to a situation where even indigent patients are forced to source their medicines from commercial outlets where price differentials are still high relative to the poor's meager income and purchasing power.

Even with the program of parallel drug importation and the series of drug price reductions pursued by the national government, there is still a problem of relatively high drug prices in the Philippines even surpassing other countries in Asia with higher average income levels. Cost and affordability issues do not only appear for single-source monopolistic products where median price ratios (MPR) were found at 26.33 in 2009 compared to international reference prices prior to the implementation of government price ceilings. The price of generic drugs which may cost only 30-70% of the innovator drugs depending on whether they are true generic or branded generic products may also have to be evaluated especially if the prices charged to patients seem higher than actual production costs would justify.

In 2010, for example, comparative procurement prices of drugs in selected countries in the ASEAN region *(See Table 1)* show that one government tertiary hospital in the country was still procuring medicines, mostly branded generics, way above the acquisition costs obtained in Malaysia, Vietnam and Thailand when compared in terms of GDP per capita in purchasing power parity dollar prices. Many other studies and price surveys would point to skewed dug prices in the country higher even than those in some wealthy countries like Germany and the United Kingdom.

Table 1.
Comparative procurement prices of selected drugs in four ASEAN countries in terms of average GDP per capita in purchasing power parity prices (in US dollars)

Medicine	Philippines ($ 3,500)	Vietnam ($ 3,100)	Malaysia ($ 14,700)	Singapore ($ 62,200)
1. Amoxicillin + Clavulanic acid	0.8192 (BG)	0.2830 (BG)	0.2160 (BG)	0.1918 (BG)
2. Ciprofloxacin	0.4096 (BG)	0.0310 (BG)	0.0986 (BG)	----
3. Ceftriaxone	11.3771 (BG)	3.8666 (BG)	3.3690 (B)	0.9927 (BG)
4. Atenolol	0.4869 (B)	0.0340 (BG)	0.3225 (BG) 0.0177 (G)	0.0069 (G)
5. Simvastatin	0.2207 (BG)	0.1430 (BG)	0.0873 (BG)	0.0180 (BG)
6. Atorvastatin	0.6765 (B)	1.3000 (B)	0.2834 (BG)	1.2117 (B)
7. Insulin isophane	0.7964 (B)	1.4880 (BG)	0.0650 (BG)	----
8. Metformin	0.0569 (BG)	0.0303 (BG)	0.0120 (BG)	0.0093 (G)
9. Methotrexate	0.1925 (BG)	0.1020 (G)	0.0934 (BG)	0.0693 (BG)
10. Hydrocortisone	3.3587 (B)	1.0647 (B)	0.5230 (BG)	1.3100 (B)
11. Ranitidine	0.2275 (BG)	0.0110 (G)	0.0380 (BG)	0.706 (BG)

Legend: G = *Generic*, **B** = *Branded*, **BG** = *Branded Generic*

Price, however, is not the only factor that acts as a barrier against the poor's access to medicines. Other obstacles include the lack of government financing that would give adequate inpatient and outpatient drug coverage, fragmented and inefficient supply and distributions systems in the public sector, information asymmetry, geographical factors, inadequate quality assurance of affordable generics that are already widely available in the market and problematic access to health facilities and professionals that can provide knowledge and information to patients on the treatments that are appropriate for them.

A Revolution that Must Continue

There is a formidable challenge to provide **Kalusugan Pangkalahatan** (Universal Health Care) in the next three to five years and the execution of this mandate will depend in part on the effective delivery of essential medicines to patients who need them. Currently, medicines represent at least 40% of total health expenditures in the Philippines and nearly half of household spending on health. In 2010, the DOH spent about 10% of its total budget for the procurement of drugs for major public health programs and PhilHealth reimbursed Php 10 billion worth of medicines out of the total Php 30 billion payments made to health providers. Local government unit (LGU) spending for medicines together with the procurement of other government agencies is estimated to be only at 3-5% in terms of market share.

With government investment in medicines accounting for only about 10-12% of the total market, it is easy to see how medicines in the country are paid for largely through out-of-pocket spending by individuals and families. Thus far, the limited government financing for medicines through DOH and LGU budgets as well as PhilHealth reimbursements has had little penetration and impact to the market to affect overall drug prices and improve access.

With the Philippines facing

an epidemiological transition of old and emerging infections, rising non-communicable diseases and the threat of pandemics, a bold and focused strategy to protect public health through a sustainable supply of life-saving medicines becomes an even more urgent priority. Old and new disease threats exert a tremendous pressure on the health system to meet its obligation of bringing not only generic and off-patent drugs but even key patented medicines to poor populations regardless of their ability to pay (e.g. antiretrovirals, drugs against resistant tuberculosis, anticancer drugs).

Thus, efforts to draw up a strategic plan to be implemented in the next five years began in 2009 to update the NDP and make country approaches and objectives attuned to the needs of the country in this most crucial time. The Philippine Medicines Policy (PMP) 2011 is the expression of government's highest political commitment to achieve better health outcomes for Filipinos through greater access to medicines consistent with the national aspiration for universal health care and the global commitment to forge partnerships on multiple fronts to bring medicines to the poorest people as contained in the Millennium Declaration. In the Preamble, the PMP recognizes how medicines are a vital part of any well-functioning health system and a sound and humane socioeconomic policy of a nation where it states: "Access to medicines forms part of the fulfilment of the human right to health where government plays a primary responsibility... The State plays the primary role in the progressive realization of equitable access to medicines for all its citizens, especially the poor."

SARAH: More than a Name

The SARAH Medicines Access Framework *(See Figure 1)* encompasses the five major pillars of the Philippine Medicines Policy 2011, namely: 1) **S**afety, Efficacy and Quality (SEQ) of medicines, 2) **A**ffordability and Availability, 3) **R**ational Use of Medicines, 4) **A**ccountability, Transparency and Good Governance and 5) **H**ealth Systems Support. Table 2 *(See next page)* outlines the broad objectives of each main pillar and outlines the strategies and policy instruments that shall be undertaken in the next three to five years to improve access to medicines.

SARAH articulates the values and principles that all stakeholders must pursue and adopt in a transparent, participative and harmonious manner to achieve equity and sustainability in the provision of medicines emphasizing the roles and responsibilities of all stakeholders.

Understanding that access to medicines is not solely the business of government, a consultative process was done during its crafting involving various actors to analyze country situation and needs, evaluate past and present initiatives, identify strengths and weaknesses in current efforts and draw commitment for a multi-sector and multi-stakeholder partnership in the goal of universal access to medicines. Those who were part of the process include other government agencies with roles in medicines provision, health provider associations and professional bodies, representatives from the local and multinational industry, DOH program managers, DOH regional health offices, local government officials and health workers, development partners, non-government organizations and civil society groups as well as patient advocates.

The outcome is a policy document that is a manifestation of support, cooperation and partnership by all stakeholders. The PMP 2011 is therefore the roadmap of the entire health sector and all other partners who bear responsibility for its outcome. The roadmap shall ensure that government adequately meets its obligation to protect public health through access to medicines while creating a climate conducive to the industry to continuously produce drugs and medicines compatible with the country's public health needs. The roadmap contributes to the overarching goal of universal health care, social protection, sustainability and equity in the delivery of services, promotion of primary health care as well as transparency and good governance in the health system.

Figure 1:
The SARAH Medicines Access Framework
and how it contributes to health sector and socioeconomic goals

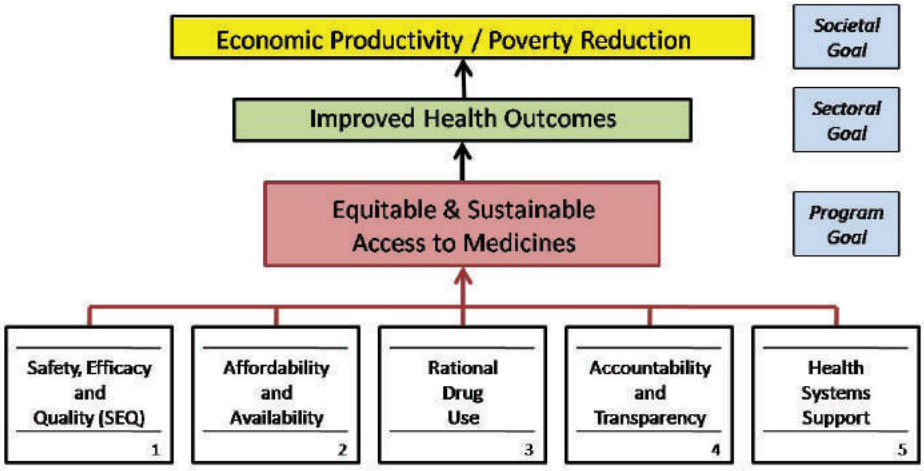

Table 2.
The SARAH Access Framework: Objectives and Strategies

PILLAR	STRATEGIES
Safety, Efficacy and Quality (SEQ) To assure the safety, efficacy and quality of medicinal products in the market	• Beefing up institutional capacity of FDAand retention of income to upgrade facilities, personnel, equipment and technical proficiency • Strict implementation of full GMP, GDP, GSP compliance and other regulatory standards • Quality assurance in the field system through regional Food and Drug Administration offices • Registration, regulation and oversight of clinical trials • Regulation of medicines promotions • Strengthening postmarketing surveillance • National Pharmacovigilance Program • Single-point of coordination for public authorities and private sector in the fight against counterfeit medicines
Availability and affordability To ensure the continuous availability of essential medicines in the health care system at prices that are within the reach of patients, consumers & the government	• Increasing government financing through social health insurance and DOH budget • Promoting generics use in both the public and private sectors through information campaigns and incentive-based systems • National Essential Medicines Facility (NEMF) with capacity for transparent pooled procurement and local and international sourcing of medicines to serve DOH and LGU health facilities • Simplified suppliers registration system (SSRS) for public procurement of medicineslisting eligible GMP/GSP/GDP compliant firms that shall assure the best quality and cost advantage to government • E-logistics system for medicines • Drug price reference index (DPRI) for government procurement and PHIC reimbursement of medicines • Electronic drug price monitoring system (EDPMS) • Price negotiation and use of TRIPS flexibilities for high-priced patented essential medicines • Price regulation for essential medicines where there are clear market failures • Government access programs for indigent and vulnerable populations • Drug consignment system or forward stocking in government hospitals • Linking with private sector to make quality affordable medicines available in public and private outlets
Rational use of medicines To promote the rational use of medicines in the public and private sectors using evidence-based and cost-effective treatments that will result in the best health outcomes for patients	• Enhancement of evidence-based selection processes and strict implementation of Philippine National Formulary in the supply, procurement, reimbursement and cost-effective use of medicines in the health sector • National Standard Treatment Guidelines linked to selection of drugs in the national formulary • Truthful medicines promotions by industry and banning direct-to consumer advertisements • National Framework for Rational Use of Medicines • Creation of Antimicrobial Resistance Control Program • Activation of Drugs and Therapeutics Committee in all health facilities
Accountability, transparency and good governance To institutionalize transparency, accountability and good governance along the registration, regulation, selection, procurement and management of medicines in the health sector	• Improved protocols for registration, licensing and inspection of drug establishments, selection, procurement, distribution, conduct of clinical trials and control of medicines promotions • Transparent data and information sharing on medicines in the health sector • Adherence to codes of conduct and ethical standards by government officials, health professionals, institutions, the academe and other stakeholders in the health sector • Declaration of company sponsorships and management of conflicts of interests • Compliance of industry, LGUs and other stakeholders to regulatory standards for pharmaceuticals • Rewards and incentives system for good governance in medicines (GGM) for public and private sector stakeholders
Health systems support To ensure that there is adequate health systems support from government and all stakeholders for the effective implementation of the PMP 2011	• Ensure adequate and competent human resources in all aspects of policy, management and implementation of the PMP • Update and revise curriculum of medical and allied health workers to integrate concepts and principles of PMP; national standard treatment guidelines and national formulary;good governance in medicines, among others • Support and conduct pharmaceutical research to guide policy formulation and program implementation • Use of technology for efficiency in operations and pharmaceutical management • Create unbiased and evidence-based Medicines Information System • Provide technical support to LGUs to ensure enforcement of policies at the local level with DOH-CHDs as training hubs • Deputizing LGU agents and officials for the implementation of the different pillars of the Philippines Medicines Policy (PMP) • Forge public-private partnerships (PPPs) that shall contribute to the national goal of improving access to essential medicines

KAPIT TUKO

Economics

When a *tuko* (gecko) clamps on something – the bark of a tree or the eaves of a house – it would be impossible to dislodge. This is the reason for the idiom "*kapit-tuko*," referring to some corrupt leaders shamelessly holding on to their positions. Now, a number of ordinary Filipinos are seemingly holding their luck of good fortune on these nocturnal lizards. The sound the geckos make may be annoying, but their current high value in the market could be very gratifying.

In one unconfirmed story, a Dabawenyo bank employee is said to have sold geckos to a certain Chinese buyer and he became an instant millionaire. The lure of easy money has spread like wildfire, and the catching and trading geckos have become a lucrative business. Geckos are reportedly exported to Malaysia, China and South Korea, where they are used as aphrodisiacs as well as medical treatments for asthma, cancer, tuberculosis, impotence and HIV/AIDS.

The numerous benefits of geckos to Medicine allegedly started when a scientific paper published the Journal of Chinese Medicinal Materials (Zhong Yao Cai) in 1998 said that the heads and feet of geckos "have obvious pharmacological action without any toxic or side effects…" Further Internet search on the medicinal wonders of geckos provided information of medical studies that claimed active substances in geckos not only enhance the immune system, neutralize toxins, and remove malignant tumors, especially in the digestive system.

Although these studies and claims have not been substantiated as medical facts, the demand for geckos as traditional medicine ingredients has become "rampant collection and trade," the Department of Enviornment and Natural Resources said.

Reports claimed that the gecko is priced according to its weight and this may range from P5,000 to as high as P500,000 or even more. Wildlife officials said that scammers may have infiltrated the gecko trade because of the exorbitant prices being quoted by buyers online or in the Internet. To supposedly fetch a higher price, a gecko should sport red, orange or white spots on its skin, their feet splayed flat and shaped like a flower. A marketable "perfect" gecko should also weigh 400 grams or more, with a body length of at least 21 inches. It should look healthy with no severed body parts, and fed with food (mainly insects) found in natural environment.

Environment

Although environmental experts say that the gecko is not

yet in danger of extinction, it may headed that way if the demand for them rises and if little effort is done to prevent their being smuggled. In the wild, geckos eat a variety of insects found in forests. They keep the population of ravaging insects like locusts at bay. Larger species hunt small birds and rodents.

Theoretically, if the number of geckos eating these insects decline, an environmental disaster may happen in the Philippines. Damaging insects could wreck havoc in the countryside and this may lead to a shortage of products from crops and a big economic nightmare that can affect farmers and market all over the country.

Then there is the health aspect of this situation. As Senator Manny Villar expressed in a press statement, the hunting of geckos may open doors for insects carrying diseases, like the dengue virus-carrying mosquitoes, to thrive.

He said that "recent reports stating the rise in hunting and selling of these reptiles because of their high cost in the international wildlife market coincide with the rise in the number of dengue patients being monitored by the Department of Health (DOH)."

Villar, chairman of the Senate Committee on Trade and Commerce, filed Senate Resolution No. 538 urging the committee to investigate on the reported massive trading of geckos. The probe aims to create measures "that will protect the specie from threats, ensure their survival and maintain the unique balance of our ecosystem."

Meanwhile, the Protected Areas and Wildlife Bureau (PAWB) reiterated that it is illegal to buy and sell geckos without a permit from government. Under Republic Act 9147 or the Philippine Wildlife Resources Conservation and Protection Act catching and selling of protected animals are illegal.

Environment Secretary Ramon Paje said "The law expressly provides that the collection, trade or transport of geckos without appropriate permits is punishable by imprisonment and fine, specifically, if the technique used in the capture of the gecko is inappropriate."

Collecting and trading geckos without permit can be punishable by up to four years in jail and a fine of up to P300,000.

Photos in this article are grabbed from the Internet.

Health

The DOH reiterated that there is no proof to support claims that geckos can cure cancer, asthma, tuberculosis, impotence and HIV/AIDS. Thus, the department does not recommend it as cure for any ailment.

The use of geckos as cure, which is unproven and have no scientific basis, could be dangerous because patients might not seek the proper treatment for their diseases like asthma which could become more serious and later require hospitalization and other more complicated as well as more expensive treatment. Further, this is likely to aggravate their overall health and put them at greater risk.

"Ang worry nga naming sa DOH, hindi nalang 'yung kung nakakagaling or hindi. Baka sa halip na magpatingin o magpagamot, mag-rely sa paggamit ng tuko at sa halip na maagapan natin, baka lalong magkaroon ng problema," Dr. Lyndon Lee Suy of the National Center for Disease Prevention and Control said in a news interview.

For diseases like asthma, there are now very effective treatments that are easily available and at affordable prices that can provide relief from asthma. With regular treatment, asthmatics can successfully control asthmatic symptoms and live a comfortable, healthy life.

For patients with HIV, there are now available antiviral medications that can control the progress of the disease.

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CAT FIGHT

Pretty

Nakasalubong ng nobya ang kanyang nobyo na kasama ang kabarkadang babae...

JOY: 'Pag in-love pala, sometimes you forget that you're pretty.
JAMES: But you're always pretty. Bakit mo naman nasabi 'yan?!?
JOY: Paano ba naman, pati pangit na katulad niya *(sabay turo sa kabarkadang si Diane)* ay 'di ko maiwasang pagselosan.
DIANE: Hooooy! Gusto mong sapakin ko mukha mo!

Panget

EVELYN: Kamusta naman love life mo, ngayon?
LITA: Eto, tulad mo, hindi maganda...
EVELYN: Ano, panget? Sabunutan kaya kita!

Shoutout

JOAN: Sa tuwing sinasabhan ko ang boyfriend ko ng "I Love You" sa text at Facebook shoutouts, alam ko na masaya siya.
EDNA: Paano mo naman nasabi 'yun?
JOAN: Kasi naman ang reply niya, "HaHaHa." Oh, 'di ba ang saya-saya niya?

Photo from <funguerilla.com>

Profile

AU: Hot ka nga, naka-private naman account mo sa Facebook. Anong sense? Please be stalker-friendly.
JOSIE: Naka-public nga profile mo. Itsura mo naman ganyan. Anong sense? Please be environment-friendly.

Find

GLENDA: He'll never find anyone like me.
DENISE: That's the point, gurl! Hindi talaga siya hahanap ng isang katulad mo.

Plastic

LIBBY: Sobrang tindi ng sikat ng araw ngayon, noh? Ang init ng panahon...
WENA: Take care, gurl at baka masunog ka. Plastik ka pa naman!

Science

ROSE: The past is passed. I learned my lessons. History ko na lang siya.
ARLYN: May history nga kayo, may Chemistry naman kami ngayon!
CHIT: *(Ngingiti-ngiti)* Ano ba naman kayo girls. 'Di ba ninyo alam na matagal-tagal na namin ine-explore ang Anatomy naming dalawa?!?

Religion

BECCA: You know what, girl.
JENNY: What?!?
BECCA: I dreamed of you and St. Peter. It was very funny. Para daw tayo makapasok patungong langit, ilista natin lahat ang ating kasalanan.
JENNY: So what's funny there?
BECCA: Nagulat ako at natawa nang sumigaw ka ng "Extra paper pa nga!"

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(-: Jokes and photo from the Internet :-)

PROGRESS TOWARDS Malaria Elimination

by
ABIGAIL CORPUZ-QUETULIO
HEALTHbeat Staff

Considerable Progress

If there is one target in the Millennium Development Goals (MDG) that the Philippines has a high probability of attaining, it is in the control and elimination of malaria. The country has already made considerable progress towards combating malaria and is likely to meet its target of 24 malaria cases per 100,000 by 2015.

The Philippines has been cited in the World Malaria Report of 2008 as one of the best performing countries in terms of malaria morbidity and mortality reduction. Malaria cases in the country have continued to decline for the past 10 years from an annual average of 41, 665 during 2000-2005 to only 19,150 in 2009 (52% decline). Malaria admissions also fell sharply from 2,242 to 757 cases during the same period (66% decline), and deaths fell from 73 in 2007 to 22 deaths in 2010.

In the recent Disease Surveillance Report released by the Department of Health's National Epidemiology Center (DOH NEC), from January to May 14 this year, a total of 765 cases were reported and this is 52% lower compared to same period last year (1,595 cases). Of the total cases, 13 died; this is higher compared to the same period last year (10 deaths).

The NEC report also showed that the majority of documented cases of malaria were male and most of the cases belonged to the 1 to 10 years age group. The endemic provinces in the country with the most number of cases were Palawan (292 cases), Tawi-Tawi (185 cases), Occidental Mindoro (57 cases), Saranggani Province (37 cases), Cagayan (31 cases) and Zambales (29 cases).

The improvement can be attributed to the strong malaria control and elimination program of the government. Health Secretary Enrique T. Ona emphasized that the good performance of the malaria control program for the past years is the result of continued collaboration between the DOH, local governments, local partners as well as international agencies.

As a malaria-eliminating country, the Philippines receives nearly USD$70 million of support provided by the Global Fund for the malaria activities. Another boost to the program came recently when the DOH announced on August 5 the designation by the World Health Organization (WHO) of the Research Institute for Tropical Medicine (RITM) as a collaborating centre for malaria diagnosis.

The RITM is the DOH's principal arm in advanced research and development that contribute to the prevention and control of infectious and tropical diseases especially important for public health. The RITM, through its Department of Parasitology, is now tasked to maintain a specimen bank for testing and evaluating malaria rapid diagnostic tests; evaluate commercially-available malaria rapid diagnostic tests in collaboration with the WHO; maintain a regional malaria blood film; provide expert microscopy services to evaluate other malaria diagnostic and laboratory tests that are in the product development stage; and provide applicable technical advice to WHO and other groups regarding laboratory-based diagnosis of malaria.

"This is a welcome enhancement in our efforts to eliminate malaria and a recognition of our commitment in advancing health research in the country," Ona said.

Challenges Remain

Although malaria cases have consistently been declining, some challenges still remain. The WHO lists the Philippines among the 10 malaria endemic countries in the Western Pacific region. The disease is still endemic in 59 provinces, with 26 "Category A" provinces contributing about 90 percent of the total reported cases. There are 10.8 million people at risk of acquiring the disease in these endemic areas, and malaria still has the ninth highest morbidity rate in the country.

In malaria endemic provinces, only certain municipalities actually have malaria cases and these are mostly rural, hard-

to-reach areas, and especially in forested, swampy, hilly and mountainous regions — the preferred habitat of the Anopheles mosquito that transmits the parasite. These areas are among the poorest in the country and have a high percentage of indigenous people.

Through early diagnosis and prompt treatment, vector control through the use of insecticide-treated mosquito nets, spraying of insecticides, and early detection and management of epidemics, the Philippines can eliminate malaria. Current malaria-free provinces must also be on the lookout against any resurgence of the disease in their areas.

The country sets its vision of malaria eradication by 2020.

About Malaria

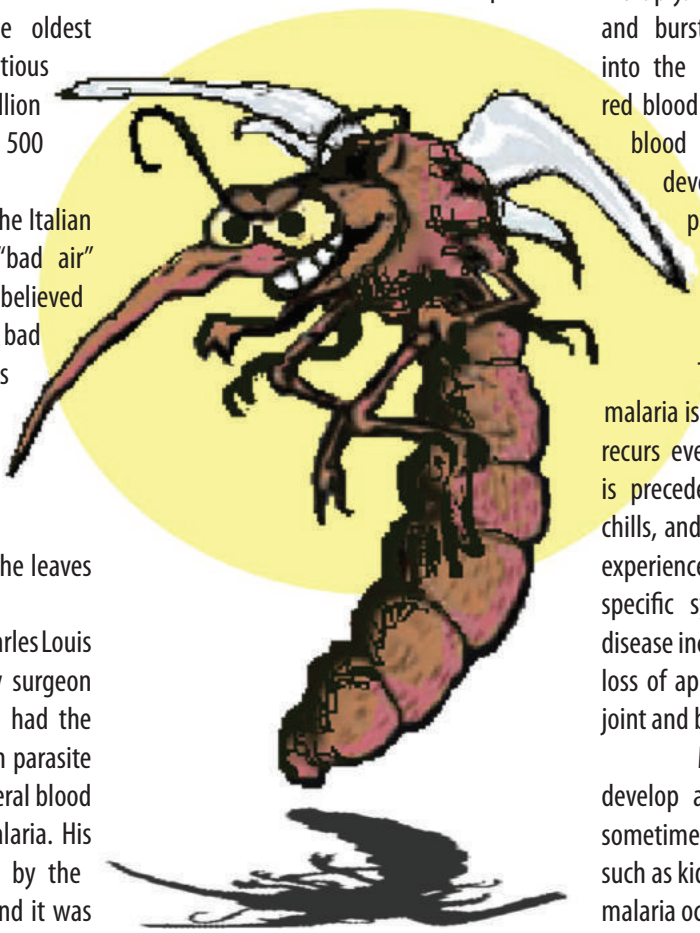
Malaria is one of the oldest diseases in history. It is an infectious disease which causes about 2 million deaths worldwide and about 500 million new cases yearly.

Malaria is derived from the Italian word "mal aria" which means "bad air" because in the beginning it was believed that the disease was caused by bad air. Traditional beliefs such as this continue to exist even in the country today. In Davao del Norte, for example, the indigenous people, Ata-Manobo, still believe that malaria comes from food or the leaves of certain trees.

On November 6, 1880, Charles Louis Alphonse Laveran, a French army surgeon stationed in Constantine, Algeria, had the first true sighting of the protozoan parasite (called plasmodium) in the peripheral blood films taken from soldiers with malaria. His discovery, however, was rejected by the medical community of the time and it was not until 1886 that it was accepted by Italian scientists, who were then the leaders in medicine. In 1898, Sir Ronald Ross who was working in the Presidency General Hospital in Calcutta, India, discovered that the carrier of malaria is mosquitoes.

Malaria-carrying mosquitoes are generally found in tropical and sub-tropical climates. The disease spreads from person to person through the bites of infected mosquitoes. However, there are other ways in which the infection is transmitted, such as blood transfusion or organ transplants, sharing of needles (especially among drug users), and tranplacenta (transfer of malaria parasites from an infected mother to her unborn child).

There are four known species of the plasmodium parasite that cause disease in man: Plasmodium (P) falciparum, P. vivax, P. ovale and P. malariae. All of them are present in the Philippines. P. falciparum largely causes severe disease and death. The other three are generally cause a milder disease that is rarely fatal. There is a fifth kind of plasmodium and this is called P. knowlesi. It is a disease of animals (zoonosis) that causes malaria in macaques (a monkey specie) but can also infect humans.



The malaria parasite needs both mosquitoes and humans to complete its life cycle. A female mosquito becomes infected when it sucks blood from an infected human. The parasite then develops within the mosquito to a form that is infective to humans. Thereafter, the parasite is transmitted to humans that the mosquito bites.

In humans, the parasites are carried by bloodstream into the liver where they invade liver cells, develop further and multiply. The liver cells eventually swell and burst, which releases the parasites into the bloodstream where they invade red blood cells, feed on the protein in the blood cells, multiply some more and develop further. In 48 to 72 hours the parasite-containing red blood cell ruptures and releases the form of the parasite that is infective to mosquitoes.

The typical presentation of malaria is high grade fever that periodically recurs every two to three days. The fever is preceded by several hours of shaking chills, and as the fever subsides the patient experiences marked sweating. Other non-specific symptoms that characterize the disease include fatigue, headache, dizziness, loss of appetite, nausea, vomiting, muscle, joint and back pain, and dry cough.

Malaria patients sooner or later develop anemia, but more dreadful and sometimes fatal complications of the disease such as kidney and liver failure, and cerebral malaria occasionally occur.

BURNOUT!

Duktor

NEIL: Dok, may side effect po ba ang Viagra?!?
DUKTOR: Ano ka ba?!? Sa front ang effect nun at hindi sa side!

Dentista

Pumunta si Sheila sa dentista at pag-upo niya sa silya biglang tinanggal ang panty sabay bumukaka...
DENTISTA: Ah, Misis... dentista ako at hindi OB-GYNE.
SHEILA: Alam ko po, Doc. Pero, 'di ba kayo ang gumawa ng pustiso ng Mister ko?!? So, please paki tanggal lang po!

Manghuhula

MANGHUHULA: Sorry Misis, but your husband will meet a violent death.
VILMA: Alam ko po 'yon, ang gusto kong malaman kung maaabswelto ba ako?!?

Mangkukulam

PRESCY: Magkano po ba ang magpakulam sa inyo?!?
MANGKUKULAM: P3,000.
PRESCY: Wow! Bakit ang mahal?
MANGKUKULAM: Asa ka pa, girl. Barbie at Ken kaya ang gamit ko!

Lifeguard

LIFEGUARD: Sir, bawal umihi sa pool.
IVANHOE: Ikaw naman, lahat ay umiihi sa pool, di ba? 'Di mo ba alam?
LIFEGUARD: Opo, pero inside the pool po, hindi d'yan sa diving board.

Teacher

ULYSSES: Ma'am, pagagalitan ba ninyo ako sa bagay na hindi ko naman ginawa?
TEACHER: Natural hindi.
ULYSSES: Good! 'Di ko po ginawa ang assignment ko, eh!

Singer

SINGER: Have you seen my latest TV ad? I'm singing again.
BENJIE: Alam mo, yang boses na yan, mahirap pulutin dyan sa tabi-tabi.
SINGER: You're so nice,. Mahirap hanapin 'no? So unique kasi.
BENJIE: Anong unique? Mahirap pulutin kasi basag!

Artist

LUNINGNING: Ito bang pangit na 'to ang tinatawag ninyong ART?!? Ang pangit, nakakasuka! Painting ba 'to?
ARTIST: Ah, eh... Hindi po Ma'am, salamin yan!

Rapist

Sumisigaw ang babaeng nire-rape...
AILEEN: Tulong! Tulong!
RAPIST: 'Wag ka nang humingi ng tulong, kaya ko itong mag-isa!
AILEEN: Sure ka?!? Ah, okay! 'Wag na! 'Wag na! Kaya na daw niyang mag-isa!

Prostitute

JOEREM: Hey, are you free tonight?!?
PROSTITUTE: Anong free ka d'yan? I'm expensive!!!

Housewife

ANAK: Mommy, hayop po ba ang talong?
EVITA: 'Di yun hayop anak, gulay yon. Bakit mo naman naitanong?
ANAK: Sabi kasi ni yaya kay Dad, "Hayop ang talong mo Kuya, ang laki!"

(-: Jokes and photo from the Internet :-)

A HEALTHIER RIDE
with Tricycle Drivers

Tricycle, a motorcycle with a sidecar (passenger-cabin), is a popular and inexpensive form of public transportation in the Philippines, mostly plying short distances on smaller roads. Increasingly popular in South Cotabato Province in Southern Philippines are the tricycle drivers who have embarked on a new journey — the route to better health. These drivers are making a difference in their communities by contributing to a healthier, better educated population.

The initiative began in March 2009 when USAID supported South Cotabato's Provincial Health Office in conducting a behavior change communication planning exercise. The Provincial Health Office saw the need to address myths and misconceptions on maternal and child health, family planning, HIV/AIDS and tuberculosis. USAID's Health Promotion and Communication Project (HealthPRO) assisted the local government in crafting a program for the Drivers for Health to deliver basic health messages to community members. Thirty members of a tricycle drivers' association in Koronadal City joined the pioneering efforts.

The drivers received training from USAID and the Provincial Health Office on basic health message dissemination and were provided with health promotion materials. Inspired and empowered, the drivers, who were busy earning a living during the day, completed the series of evening classes spread out over a period of two months.

While waiting for more passengers, a member of the Drivers for Health uses a brochure to discuss family planning with a passenger. "For the first time in 20 years a new role for us as health advocates was recognized," says Hipulito Peligro, member-driver. (Photo by Ledesma/USAID/HealthPRO)

The drivers transformed their privately owned tricycles into "mini IEC (information, education and communication) mobiles," placing stickers with health messages on them. Initially, the drivers were disseminating basic health information and referring their passengers to the health clinics for family planning and other services as needed. Later on, they also became free "transporters" of patients – often pregnant and postpartum women – referred by local health officials to the provincial hospital in emergency situations.

Now, the Drivers for Health have nearly doubled membership and are part of the provincial health referral system. In 2010 alone, they were able to disseminate health information on family planning and maternal and child health to more than 100,000 passengers, referred more than 1,000 women to health facilities, and brought hundreds of patients to the provincial hospital. Supported and recognized by the local government, the Drivers for Health are carrying out their duties as advocates for health, encouraging and providing inspiration to other drivers, and building trust and recognition in communities.

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The Mother of Philippine Pediatrics

DR. FE DEL MUNDO

(November 27, 1911 - August 6, 2011)

Dr. Fe del Mundo, the country's distinguished pediatrician and national scientist, passed away on August 6 at the age of 99.

As national scientist, Dr. del Mundo conducted important pioneering researches on infectious diseases and dedicated much of her life to the cause of pediatrics in the country.

Her most significant researches dealt mainly with viral diseases, particularly those on poliomyelitis, rubeola, rubella and varicella. These clinical researches served as reference in the use of vaccine and immunizations in the country. The absence of well-equipped laboratories for analysis did not restrain her from determining the nature of the sickness. Dr. del Mundo would send specimens or blood samples for polio to New York, measles to London, rubella to Switzerland, and chickenpox to Japan. In 1954, she helped characterize dengue fever at the clinical and laboratory levels, which contributed to a better understanding of the disease.

Dr. Del Mundo also invented two devices to help people in the rural communities. In 1973, she invented a simple inexpensive incubator made of bamboo that can be easily made for rural communities. She also developed an improvised bamboo radiant warmer and a photo therapy device that could cure babies with jaundice. These inventions reflected her interest in rural health, particularly those in underserved or unreached rural areas.

She also formulated strategies to incorporate the ways of the hilot or traditional birth attendant to the family planning and birth attending framework of health services in rural communities. Dr. del Mundo pioneered the building up of

Health Secretary Enrique T. Ona delivers a eulogy for Dr. Fe del Mundo, national scientist and the grand dame of Philippine pediatrics. (Photo by Paking Repelente)

President Benigno S. Aquino III conferred the Order of the Golden Heart with the rank of Grand Collar posthumously on National Scientist Fe del Mundo. (Photo by Paking Repelente)

indigenous health workers and organized rural extension teams to advise mothers on breastfeeding and child care. She promoted the idea of linking hospitals to the community through the public immersion of phsyicians and other medical personnel to facilitate greater coordination among health workers and the public for common health programs such as immunization and nutrition. She called for the greater integration of midwives into the medical community, noting their more visible presence within rural communities.

In 1957, Dr. del Mundo established the Children's Memorial Hospital which was later renamed Dr. Fe del Mundo Medical Center. To do this, she sold her own home and personal effects. The hospital was expanded in 1966 with the establishment of an Institute of Maternal and Child Health, the first of its kind in Asia. The hospital continues to admit thousands of children requiring quality medical help.

A woman of many firsts, Dr. del Mundo was the first female and first Asian to be enrolled in Pediatrics at the prestigious all-male Harvard Medical School (1935-1940) as a Philippine Commonwealth scholar. She was also the first woman to head a government general hospital in the Philippines when she was appointed as director of the Manila Children's Hospital (later renamed as Dr. Jose R. Reyes Memorial Medical Center) in 1943. She was also the first diplomate of the American Board of Pediatrics (1947), which introduced the Filipino women and physicians to the world. She was also the first Asian president of the Medical Women's International Association and became the first woman president of the Philippine Medical Association, a first in the association's decade-long hispory. More than a decade after, she became the first Philippine delegate to the World Academy of Science in Trieste, Italy (1993).

Dr. del Mundo joined the faculty of the University of Santo Tomas as an associate professor of Pediatrics from 1943-1954. She then transferred to Far Eastern University (FEU) as professor of Pediatrics and chairman of the Pediatrics Department from 1954-1974. She eventually became *Professor Emeritus* of FEU in 1974. The Philippine Women's University, the Medical Women's College of Pensylvania, Smith College in Northampton, Massachusettes, and the University of the Philippines conferred on her *Honoris Causa* degrees. Part of her commitment to quality medical education was her acceptance of students from different schools to be trained at her hospital, an idea she adapted from the Harvard Medical School.

She was admitted at the National Academy of Science and Technology, Philippines in 1979 in recognition of her important contributions to science and the community as a pediatrician, teacher, researcher, humanitarian, and grand dame of Philippine Pediatrics and Medicine. In 1980, Dr. del Mundo became the first woman National Scientist when she was conferred the Rank and Title of National Scientist - the highest honor that the Philippine Government can bestow on a Filipino scientist for her outsanding contributions to science and technology.

Her undeniable devotion to child care earned her numerous prestigious national and international awards, including the Elizabeth Blackwell award for outstanding service to mankind in 1966, the distinguished Ramon Magsaysay award for public service by a private citizen in 1977, the Blessed Teresa of Calcutta award in 1980, and recently, the 2010 Order of Lakandula with the rank of Bayani by the Philippine Government.

Dr. del Mundo was a valedictorian of the University of the Philippines College of Medicine (1933). She placed third in the national medical board exams thereafter and was named the Most Outstanding Scholar in Medicine in the Philippines in 1933. She was granted a scholarship by then President Manuel Quezon in 1936 and she obtained a post-graduate training in Pediatrics at Harvard Medical School for five years. In 1940, she received her Master in Bacteriology from Boston University in Massachussets.

This article is taken from the Programme of Necrological Services prepared by the National Academy of Science and Technology.

NBA with DOH

NBA FIT returned to the Philippines from July 25 – August 7, across Metro Manila, and this year it was fully endorsed by the Department of Health. It is the National Basketball League's (NBA) global comprehensive health and wellness program that encourages physical activity and healthy living for children and families through programs and events.

NBA FIT is congruent with the DOH's ongoing healthy lifestyle campaign, dubbed as Ehersisyong Pangkalusugan Para Sa Lahat," to convey the message that engaging in daily physical activity and regular exercise is for everyone, regardless of age, gender and social status and it is very important in attaining one's health and well-being.

Non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancers and chronic respiratory diseases are the leading causes of preventable illnesses, disability and deaths in the country, and even in most parts of the globe, today. And NCDs are strongly associated and causally linked with four behaviors: unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. All roads lead to the prevention and control of NCDs, as health ministers and world leaders tackle this in the United Nations Summit in New York this September.

The NBA FIT Philippines 2011 featured Filipino-American Miami Heat head coach Erik Spoelstra, who led his team to the NBA Finals this season. Spoelstra, an NBA FIT team member and NBA Ambassador to the Philippines was assisted by some staff of his Heat coaching staff, as well as local health and wellness experts and celebrities.

During the two-week event, Spoelstra conducted NBA FIT Clinics held at grade schools, high schools, universities and shopping malls. These interactive health seminars focused on three keys to a healthy lifestyle – regular physical activity, better daily nutrition and smart personal choices. Participants took part in various health tests,

enjoyed health cooking demonstrations and joined in a timed fitness obstacle course challenge. Also included in the event were basketball camp and celebrity challenge at the Araneta Coliseum as well as a fun run held at the Fort Bonifacio Global City.

The NBA FIT event was expanded to include a basketball clinic held at the Florentino Torres High School in Tondo, Manila which the DOH, Department of Education and the City of Manila co-sponsored.

Health Secretary Enrique T. Ona, in a press statement, said that the school was chosen as a setting for the event to emphasize the need to start early in promoting healthy lifestyle. "Healthy behaviors need to be taught early so that it can be carried on until adulthood. Physical education and sports programs, which are well within the mandate of the schools, should incorporate the message of healthy diets and avoidance of vices." he said.

For his part, Spoelstra emphasized that he had a really fulfilling trip last year working with Filipino families and youth and he was equally thrilled to come back to the Philippines this year. "Healthy living and physical activity are so important and NBA FIT is a chance for me to give back to the local community where basketball is such a passion amongst the people," he added.

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Filipino-American Miami Heat head coach, Erik Spoelstra, returns to the Philippines for a series of NBA FIT health and wellness activities. Below, he holds a basketball clinic for students of Florentino Torres High School in Tondo, Manila. Right, he gives a personalized signature basketball to Director Irma L. Asuncion of the National Center for Health Promotion. Bottom, Representatives from the DOH, DepEd, F. Torres High School and City of Manila join Spoelstra and his coaching staff in a DOH-initiated awareness drive on physical activity and exercise. (Photos in this article by Joerem P. Ceria)

A taste of ENERGY

by
DONATO DENNIS B. MAGAT
HEALTHbeat Staff

"So many things to do, but oh so little time..."

This has been a common complaint of every busy individual today. The God-given 24 hours now seem inadequate to perform all the tasks scheduled for the day. Also, man's sleeping pattern has been slowly changing due mainly to stress, traffic, different work environment and biological clock pattern.

In some countries, it is not uncommon to see people having two or even three jobs in order to make both ends meet. Some of our OFW (overseas Filipino workers) *kababayan* are not new to this kind of work schedule. Call it multi-tasking or whatever, but given the opportunity to earn more for a better life, any man/woman will do just about anything. The need to stretch one's energy, productivity, alertness and to stay focus on the job paved the way for the popularity of energy drinks.

In order to stay wide awake and alert on the job, Japan in 1960 released Lipovitan. This so called "energy drink" was marketed mostly to the blue collar workers.

Also in the 1960s, Gatorade was introduced in the United States in order to improve the performance of its athletes. It was invented for the football team of the University of Florida, the Gators, hence the name Gatorade. The drink was designed primarily to aid hydration of the Gator athletes and lengthen their performance levels.

In 1985, Jolt Cola was introduced in the United States. Its marketing strategy centered on the drink's caffeine content which aimed at promoting wakefulness.

Pepsi Cola Company also introduced in the market its line of energy drink in 1995 named Josta but was

Photo by Joerem P. Ceria

discontinued in 1999.

In 2001, Coca Cola introduced its own line of energy drink, Powerade. Other energy drinks introduced in the market were Blue Bolt, Blue Charge, Hype, and Monster. In 2007, energy drinks in powder and tablet form became common in the market.

Today, Red Bull dominates the long list of energy drinks in the market with a market share of about 47% after its introduction in 1997.

Indeed, the demand for energy drinks grew by leaps and bounds. By 2007, the energy drink market in the US has grown to a whopping $5.4 billion.

Energy drinks are attractive to young people. Approximately 65% of energy drink consumers are between the ages of 13 and 35 years old. A 2008 Patient Poll conducted by the Pennsylvania Medical Society Institute for Good Medicine found that 20% of its respondents aged 21-30 years have used energy drinks in high school or college in order to stay awake longer to study or write a paper.

Presently, there are a total of 67 energy drinks registered with the Philippine Food and Drug Administration (FDA). However, the FDA can not mention the brand names as this might be construed as form of advertisement or promotion of product. The complete list of registered energy drinks in the market can only be obtained from the Philippine FDA upon request. The FDA also stressed that not all energy drinks sold in the country are tested, validated, and registered.

The use of energy drinks to stay awake is nothing new. Based on label declaration, energy drinks commonly contain sugar and lots of caffeine. Its caffeine should not exceed 200 ppm (parts per million). A typical energy drink contains about 80 milligrams (mg) of caffeine similar to a cup of coffee, while an average soft drink only contains about 18-48 mg of caffeine.

Some of the common ingredients found in energy drinks are:

Caffeine - the most common stimulant, found in coffee, is also found in most soft drinks sold in the market today. The only difference is that energy drinks contain caffeine at much higher doses. Caffeine stimulates the central nervous system giving the body a sense of alertness. It can raise heart rate and blood pressure while dehydrating the body. A lot of people experience side effects above 200 mg, which include sleeplessness, heart palpitations, headaches, nausea, and most commonly the jitters. Large amounts of caffeine can increase blood pressure and sometimes impair blood flow to the heart. It may also trigger abnormal heart rhythms, which may be life-threatening in some people.

Ephedrine - an ingredient found in many decongestants, which may cause heart problems. This is one reason why health experts advise pregnant women and young children to avoid taking energy drink.

Taurine - is an amino acid that the body naturally produces. It helps regulate heartbeat, muscle contractions, and energy levels. Usually, the body makes enough that it does not need supplementation. However, it is believed that under "stress conditions" like illness, physical exertion or injury, the body does not create enough of it.

Guarana – is a plant that originated from South America. Amazonians have used it for a long time to increase alertness and energy. Guarana is also found in coffee and tea, and are known stimulants.

B Vitamins - These are essentially the things that help convert sugar into energy. It also improves muscle tone.

Ginseng – an herb known to increase energy and has some anti-fatigue components, like relieving stress, and increasing memory. Ginseng is nothing that is naturally created by the body, so having this in your drink certainly will not hurt. A 200 mg/day seems to be the standard dose, but you can safely take up to 2700 mg. Rare side effects such as diarrhea and headache have been reported.

Ginkgo Biloba - This ingredient is named after the rare tree it originated from. It is believed to help with memory retention, concentration, circulation, and as an anti-depressant. A 60 mg is a standard supplementation dose, but a 240 mg should be taken with caution. People on anti-depressants should not take ginkgo. Some side effects include blood thinning, nausea, vomiting, diarrhea, headaches, dizziness, heart palpitations and restlessness.

L-Carnitine - An amino acid usually created by the liver and kidneys. This helps on metabolism and energy levels. Because of the way it interacts with the body, it may act as a thermogenic and help increase weight loss and endurance during exercise. Rare side effects include nausea, vomiting, abdominal pain and diarrhea.

Sugars - Glucose is the body's preferred fuel. It is for this reason that one gets hyper with a lot of sugar. Energy drinks contain an overdose of sugar, which is transformed into energy. However, too much sugar intake may result to diabetes.

Yerba Mate - This substance is derived from leaves of a shrub in the Holly family. It is a natural source of caffeine, but some believe that the form of caffeine in Yerba Mate does not produce the negative side affects like the caffeine in coffee and guarana.

Creatine - is naturally obtained by eating meat. Creatine helps with supplying energy to the muscles and is usually found in energy drinks and products that are marketed to body builders.

Acai (pronounced ah-sah-ee) ***Berry*** - This ingredient is finding its way into more and more energy drinks. Acai

berry comes from the Acai Palm tree which is found in South America. The berries are rich in anti-oxidants, but not as much as blueberry. Most of the acai berry benefits have no scientific basis and are attributed to marketing hype.

Energy drinks have their down side. In an article at the Manila Bulletin dated March 7, 2011, it was suggested that consumers of energy drinks should go slow in taking them because excess consumption can cause agitation, headache, palpitation, anxiety, irritability, insomnia and indigestion.

These adverse effects, which are attributable primarily to caffeine, are very common in energy drinks because of at least a couple of reasons. Firstly, unlike hot coffee that is sipped slowly, an energy drink is consumed rather quickly. Secondly, many ingredients in energy drinks are believed to work synergistically with caffeine, which greatly enhances not only the desired but also the adverse effects of the latter.

Another word of caution in taking these energy drinks is that it should not be

Popular energy drinks abroad. Photo grabbed from < menstuff.org>

consumed while exercising or indulging in a sport activity because caffeine is a diuretic (i.e., it causes one to urinate very often) which promotes dehydration.

Energy drinks are different from, and should not be confused with, sports drinks that are formulated to keep people hydrated during intense physical activity.

Energy drinks are generally safe as long as they are taken in moderation and not mixed with any alcoholic substance. Nowadays, an emerging trend is mixing an energy drink with gin or vodka in order to make a high-energy cocktail. This is dangerous, since alcohol is a depressant and has a tranquilizing effect on the body.

Energy drinks can lessen some of the subjective effects of alcohol while the drinker may feel more stimulated and less fatigued. This mixture can be very fatal as energy drinks can mask the influence of alcohol and the drinker may misinterpret their actual level of intoxication.

Studies have shown that alcohol plus energy drink significantly reduces subjective alcohol-related symptoms such as headache, weakness, dry mouth, and impairment of motor coordination, which means, when alcohol and an energy drink are combined, one may inadvertently consume very large amounts of alcohol.

On November 2010, the US FDA warned four companies that caffeine added to their malt alcoholic beverages is unsafe. There is evidence linking the combination of caffeine and alcohol on these products posed a public health concern.

Red Bull may be the best selling product in the market today but this was banned in 2000 by the French government

HEALTH advisory

FDA: Beware of Health Claims of Water Products

On August 9, the Department of Health - Food and Drug Administration (FDA) issued a warning on the use of non-certified therapeutic or clinical claims for the promotion of water purification devices producing water labelled as "alkaline water," "oxygenated water," "pi water," "ionized water" or "energized water."

Examples of unproven claims advertised by companies selling the so-called water products include: disease prevention and control, longevity, antioxidant, greater absorption of nutrients, and other physiological or health benefits. Likewise, their flyers and brochures contain testimonials and anecdotal evidences lacking scientific or clinical studies associated with using their water products.

The FDA warns the public that these therapeutic/clinical claims are not validated by the agency and are not supported by any certification issued by its Center for Device Regulation, Radiation Health, and Research (CDRRHR). The CDRRHR issues a Certificate of Health Related Device Registration for water purification devices that produce safe drinking water or purified water. These water products labeled as "alkaline water," "oxygenated water," "pi water," "ionized water" or "energized water" were never issued a Certificate. The list of companies that have been issued with this Certificate for their water purification devices by the CDRRHR is available at the DOH website <www.doh.gov.ph>.

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after an 18-year old Irish athlete died after consuming four cans of Red Bull. French laws dictate the maximum amount of caffeine that companies can add to a product, and Red Bull exceeds the limit. Denmark and Norway have also banned the drink. Other countries like Canada require the can to carry a warning label for pregnant women and children.

Some of the reported adverse effects of excessive intake of energy drinks to the body are:

- Sleeping problems resulting insomnia due to high amounts of caffeine;
- Dehydration from loss of body fluid since caffeine is a diuretic;
- Dizziness, nausea, and irritability also from caffeine;
- Allergic reactions like hives, rashes, itching or oral swelling;
- Liver toxicity if vitamin B3 exceeds 3000 mg and skin lesions or burning sensation if vitamin B6 exceeds 100 mg;
- Gastrointestinal problems because energy drinks contain too much carbohydrate. This makes it hard for the body to absorb the nutrients from the intestines going to the bloodstream; and
- Diarrhea because most energy drinks contain large quantities of inositol.

The rule of moderation should always be considered when consuming energy drinks. Instead of energy drinks, try natural energy-giving foods like cereal, pasta, rice, bread, starchy food like potato, kamote, corn, to name a few, and B complex vitamins which are necessary for the body's production of energy, coupled with a balanced diet and the right amount of sleep and exercise.

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Torn Between TWO...

by
CATRINA N. EUSTAQUIO, RN
Nurse Volunteer
Dr. Jose N. Rodriguez Memorial Hospital

I'm not singing.

I am reading a book entitled "Setting your Heart on Fire, Seven Invitations to Liberate your Life" by Raphael Cushnir. I just want to share one topic that I think fits every RN's common dilemma – to work or not? I will start this with the author's one line, "CLARITY and STRENGTH of PURPOSE are what fulfill your HEART'S DESIRE."

I'll ask you first. As a registered nurse (RN), what is your heart's desire?

RNs who are not financially stable (and I must add, who pressured themselves) are torn between these two options: to work (commonly on a not nursing-related job) or not. I cannot judge others decision for we do not have the same situations.

The author makes me realize that whatever my decision might be, CONVICTION and CONSISTENCY are of great impact. I shall quote, "All that's necessary is enough AWARENESS and CONVICTION to support your intention with CONSISTENT action."

It's really difficult to weigh things where you'll be benefited the most (or where your family will be) though you're certain about your heart's desire. CLARITY is vague – not for what you want but for the stuff that needs to be done.

After I weighed things, prayed on my own, after I sought experts' advice, and after I talked to my loved ones, I made this decision: to ignore, as of this moment, all opportunities that are beyond the perimeter of nursing practice.

"As of this moment" does not suggest that I don't have conviction. I just want to acknowledge the presence of life's surprises. Every decision has its consequence. And mine is that I can't help my family with penny issues for now. (What's yours?)

Consistent actions will be MAINLY based on HUMAN INTERVENTIONS – mainly on my efforts; primarily on my plans. "Mainly" does not imply that it's the "ONLY".

I made my plan not to make myself believe that these things SHOULD happen (in a snap). Instead, it's a reminder that these are the consistent actions that will HELP fulfill my heart's desire. "In a snap" means that TIME has also its say. (Pray for patience.)

But above all these, I still believe in DIVINE INTERVENTION because if God and fate allow me and these things to happen, NO hindrances can halt. The Lord blesses Philippine nurses.

SHARE YOUR THOUGHTS ON HEALTH ISSUES. EMAIL US AT
healthbeat@ymail.com

CHALLENGING MMDA's Smokefree Policy

by
ANTHONY R. RODA, MaHeSoS
HEALTHbeat Staff

Tobacco Industry's Same Old Tactic

One tactic the tobacco industry uses to perpetuate their business despite the obvious hazards their products bring to both smokers and non-smokers is to undermine the efforts of health advocates and regulatory agencies pushing for stronger No Smoking or smokefree policies. This is a standard operating procedure worldwide and lately, for the nth time, this is what the tobacco industry has been doing in the country. The focus of their attention now is the No Smoking in Public Places Policy of the Metropolitan Manila Development Authority (MMDA).

The term "tobacco industry" includes the tobacco companies and those representing the interests of the tobacco industry (e.g. retailers groups, law firms, public relations/advertising agencies, and other front groups).

On July 1, after a month-long information dissemination drive, MMDA strictly implemented the smoking ban in all public areas in Metro Manila, which means smokers caught violating the new policy will be apprehended and fined.

The MMDA is not on its own in implementing this policy, they are strongly supported by the 17 Metro Manila local government units (LGUs), Department of Health, Department of Justice, Civil Service Commission, University of the Philippines-College of Law, Framework Convention on

Tobacco Control Alliance Philippines, and the Land Transportation and Franchising Regulatory Board (LTFRB).

The MMDA is responsible for major thoroughfares (loading bays, footbridges, stairwells of train stations), and in public utility vehicles and land transportation terminals in coordination with LTFRB; the LGUs are responsible for city roads and establishments in their jurisdiction; and the Civil Service Commission is responsible for government vehicles and offices.

Deputized "environmental enforcers" are deployed to monitor the areas within the MMDA's jurisdiction. These enforcers wear mint green polo-shirt uniform with MMDA logo and carry with them identification cards which are clearly visible and displayed. They are in charge of issuing Environmental Violation Receipts (EVRs) to persons caught violating the No Smoking Policy.

Environmental enforcers are deployed in teams. Each team has a team leader and an assistant team leader, who will both have the exclusive authority to issue EVRs. They are assisted by a photographer and a recorder to document each apprehension made by their team leader or assistant team leader.

Spotters are also deployed by the MMDA for each team to monitor possible violators of the agency's regulations. It is the spotter's duty to bring the violator to the Environmental Enforcer for issuance of ticket. The Environmental Officer tells the violator of the details of his/her violation, and the proper payment process.

The penalty ranges from P500 up to P1,000 for the first offense, or 8-hour community service. LGUs, as well as other government agencies may impose different penalties in amount or in kind.

The MMDA records in its website the total number of anti-smoking apprehensions they made, and as of August 5, there were already 4,668 violators.

MMDA environmental enforcers issuing a ticket to an offender on the first day of implementing the smoking ban policy. Photos in this article courtesy of MMDA.

Pros and Cons

On May 29, when the MMDA announced to the media its smoking ban in public places, the TV Patrol text poll on ABS-CBN showed 91% of the viewing public agreeing with the new MMDA policy. This is evident of a silent majority of the population who are against tobacco use, especially in public places.

Several public health advocates also threw their support behind MMDA. Dr. Oscar Tinio, president of the Philippine Medical Association said, "It is an irrefutable fact that cigarettes cause health deterioration and more devastatingly, death in one of every two of its users. MMDA's smokefree campaign, which we greatly support and are encouraged by, is one of the crucial measures needed to fight tobacco and save the lives of our loved ones. As doctors and guardians of health, PMA and other sectors of society are here to campaign for truly smokefree Philippines."

Emer Rojas, the Global Cancer Ambassador for the Philippines and president of New Vois Association of the Philippines - a tobacco control advocacy group composed mainly of cancer victims that attribute their cancer to smoking, said, "A smokefree

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Legal Bases of MMDA's No Smoking Policy

WORLD HEALTH ORGANIZATION
FRAMEWORK CONVENTION ON TOBACCO CONTROL

• The Philippines is a signatory to the World Health Organization - Framework Convention on Tobacco Control (WHO-FCTC) Treaty in 2005.

REPUBLIC ACT 9211
The Tobacco Regulation Act of 2003

• Section 4 (n) defines a "public place" as enclosed or confined areas of all hospitals, medical clinics, schools, public transportation terminals and offices, and buildings such as private and public offices, recreational places, shopping malls, movie houses, hotels restaurants and the like."
• The absolute smoking ban applies to the following public places:
- centers of youth activity such as schools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for person under 18
- elevators and stairwells
- locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials
- within the buildings and premises of public and private hospitals, medical, dental and optical clinics, health centers, nursing homes, dispensaries and laboratories

• public conveyances and public facilities including airport and ship terminals and train and bus stations, restaurants and conference halls, except for separate smoking areas. (Section 5)
• Because of the overarching definition of public places, the foregoing enumeration is construed to mean only such places which are enclosed or confined
• Section 6 of the Act refers to areas where smoking is restricted. Owners/ proprietors/administrators of such areas are required to designate smoking/ non-smoking areas:
- all enclosed spaces open to the general public;
- private workplaces; and
- other places not covered under Section 5 where non-smokers may be exposed to tobacco smoke

REPUBLIC ACT 8749
Clean Air Act of 1999 and its
Implementing Rules and Regulations (IRR)

• RA 8749, Section 24. Pollution From Smoking. Smoking inside a public building or an enclosed public place including public vehicles and other means of transport or in any enclosed area outside of one's private residence, private place of work or any duly designated smoking area is hereby prohibited under this Act. This provision shall be implemented by the LGU's.
• IRR, SECTION 1. Ban on Smoking.- The Local Government Units (LGU's) shall within six (6) months from the effectivity of these Implementing Rules and Regulations, implement or enforce a ban on smoking inside a public building or in any enclosed area outside of one's private residence, private place of work or any duly designated smoking area which shall be enclosed

CIVIL SERVICE COMMISSION
MEMORANDUM CIRCULAR NO. 17-2009
Re: 100% Smoke-Free Environment Policy

• Legal Basis: RA 9211 and WHO-FCTC
• Salient Provisions:
- Absolute Prohibition of Smoking in or on the premises, buildings, and grounds of government agencies providing health, education and/or social welfare and development services such as hospitals, health centers, schools and universities, colleges, etc.
- No "Smoking Areas" shall be designated in such places
- Exception: An outdoor space designated by the head of agency that meets with defined requirements
- Ashtrays to be removed except in smoking areas
- Smoking prohibited in government vehicles
- Building administrators are required to ensure strict compliance with the no-smoking policy

• Penal Provision: violations shall be ground for disciplinary action pursuant to Rule XIV (Discipline) of the Omnibus Rules Implementing Book V of EO 292
• The Court's ruling concludes that where no "Smoking Areas" have been designated in a relevant area covered by Section 6 of RA 9211, the smoker should only be warned, not penalized.

LAND TRANSPORTATION FRANCHISING AND REGULATORY BOARD
MEMORANDUM CIRCULAR NO. 2009-036

• The LTFRB prohibits smoking in all public utility vehicles and public land transportation terminals

LOCAL GOVERNMENT UNITS ORDINANCES/ISSUANCES
ON TOBACCO CONTROL/NON-SMOKING

• Each of the Local Government Unit of Metro Manila has its own policy on tobacco control
• All cities, except Caloocan, Muntinlupa, Mandaluyong, and Navotas, reiterate RA 9211
• The cities mentioned above have stricter rules. They have expanded definition of public places to include open spaces to include open spaces or have deleted the word "enclosed" from definition of public places.

SOURCE: ***Frequently Asked Questions - No Smoking in Public Places Policy: 12 Things You Need to Know" posted in the MMDA Website.***

...Continued from page 33

environment discourages smoking and helps in reducing the risks of cancers brought about by second hand smoke. Cancer is the number three killer in the world. It is one of the most dreadful among non-communicable diseases. MMDA's initiative saves lives."

Speaking for the DOH, Assistant Secretary Eric Tayag said, "We hope that one day, there will be no need for apprehension of smokers, that the entire Philippines will be voluntarily and completely smoke-free."

But all is not well with the MMDA policy. There is the tobacco industry to contend with. As MMDA Chairman Francis Tolentino revealed, "From the beginning, we knew that this policy would not be met with the favor of cigarette companies. However, there is this irrefutably miserable statistic that begs to be addressed: a Filipino dies a tobacco-related death every 6 minutes. As public servants, we are determined to push policies that protect our people."

It seems like even Yosi Kadiri is being apprehended by no less than MMDA General Manager Corazon T. Jimenez.

These threats are not the only attempts of the tobacco industry to interfere in MMDA's initiatives to promote public health. During the first quarter of the project, a representative of the tobacco industry visited the offices of MMDA in search of documents on the marketing strategies of the smokefree campaign.

Local government units are also feeling the pressure. Officials from Quezon City, Marikina, and Las Piñas have relayed the increased number of visits from representatives of tobacco firms since the beginning of MMDA's smokefree policy. According to the health officials, they are being offered assistance in their health projects and being intimidated on the pending cases of business establishments not complying with the policies on tobacco advertisements and promotions.

A Joint Memorandum Circular between Civil Service Commission and DOH No. 2010-01, however, states that government officials shall not accept any offer for assistance from the tobacco industry. Also, it prohibits unnecessary interactions with their representatives. This is to protect the bureaucracy from potential impediment of tobacco control measures by those who work to further the interests of the tobacco industry.

Trade groups have also attempted to impose burden on MMDA's campaign. In June, the Federation of Philippine Industries (FPI) wrote a letter to Executive Secretary Paquito N. Ochoa inquiring about the jurisdiction of MMDA to enforce provisions of RA 9211 and other smokefree policies. The website of FPI shows that Philip Morris is a valued sponsor and Philip Morris Fortune Tobacco Corporation's (PMFTC) Managing Director Chris Nelson sits on their Board of Directors.

The Philippines is a party to World Health Organization's Framework Convention on Tobacco Control. In compliance with Article 5.3 of this treaty, the country needs to be alert and firm in protecting its tobacco control policies from the commercial and vested interests of the tobacco industry.

The Legal Battle

Barely a week after the MMDA fully implemented its smoking ban policy, Chris Nelson said in a Malaya news report on July 7, the PMFTC is prepared to take action against the MMDA on the regularity of the issuance. He was even quoted as saying, "It may not even be us, it could be a smoker who may take action."

And it happened. Two smokers have taken the MMDA to court after they were fined for smoking in public. On July 26, the Philippine Daily Inquirer reported, Antony Clemente and Vrianne Lamsen, in their petition, asked the Mandaluyong Regional Trial Court to stop the MMDA from implementing a ban on smoking in public

places in Metro Manila. The two were said to have been apprehended by an MMDA enforcer after they were caught smoking on the sidewalk on EDSA, near Farmers Market in Cubao, Quezon City, on July 6.

Lawyer Luis de la Paz told the Inquirer that the area where the two complainants were caught smoking was not covered by Republic Act (RA) 9211 or the Tobacco Regulation Act of 2003. He was further quoted as saying, "We also contest the authority of the MMDA to collect fees and impose punishment on supposed violators."

On August 2, a group of lawyers supportive of the MMDA ban has questioned De la Paz's motives for going to court in a bid to halt the agency's efforts. HealthJustice, a non-profit public health law think-tank that has helped gain popularity for various tobacco control measures, issued a press release that claimed that one of the clients of De la Paz's law firm (Gonzales Batiller David Leabres & Reyes) is Philip Morris Manufacturing Inc., as listed on the company's website. *(Eventually, ABS CBN news report showed that Philip Morris was already removed from the list of clients.)*

In several interviews, De la Paz was also quoted to exclaim that the smoking ban of MMDA is unconstitutional.

"Where is it written that you have the right to smoke in sidewalks, side streets, and thoroughfares? What is the grave and irreparable injury to smokers when they cannot smoke in those areas?" argued University of the Philippines College of Law professor Teddy Te. "On the other hand, what is constitutional is the government's obligation to uphold the right to health of its citizens."

Atty. Ipat Luna of HealthJustice reiterated, "The national predicament stands: hundreds of Filipinos die every single day because of both cigarette addiction and second-hand smoke. Let us not forget that public safety is the backbone of this smokefree policy."

Turn of Events: Hotter by the Day

On August 15, Monday, Judge Carlos Valenzuela of Branch 213 of the Mandaluyong Regional Trial Court issued the temporary restraining order (TRO) for 20 days ruling in favor of the two complainants. They were required to post the P100,000 bond, which would cover the claims of damages if the court's final decision went in MMDA's favor.

On Tuesday, one of the complainants of the smoking ban, identified as Antony Clemente, claimed in an interview with ABS-CBN News that he did not pay for the required bond to file the case. He said, *"Hindi ko naman siya kayang bayaran kasi minimum wage lang naman ako. Bale nagkakaugnayan lang d'yan, attorney lang ho. 'Yung Philip Morris ang naaapektuhan kasi. Dahil sa pinapatupad na paghuhuli na 'yan, syempre 'yung negosyo, naaapektuhan."*

The supposed admission sparked an outrage among tobacco control advocates. Dr. Jaime Galvez Tan, former health secretary, expressed his dismay in a press statement, "The admission of the complainant that the case was fabricated should appall Filipinos to no end. The tobacco industry is obviously pulling out all stops to block laudable public health measures like the MMDA's enforcement campaign." Tan further said, "Cases like these show how the tobacco industry belittles the competence of medical authorities in guarding the health of our citizens. In planting a witness against MMDA, they undermine the authority of the government to take care of its people."

The following days, PMFTC issued a statement denying the allegations that the company was behind the complaint. Meanwhile, the petitioners' lawyer dismissed the news report as "unreliable," claiming his client was misquoted.

On Friday, August 19, tobacco farmers from La Union were reported to have helped pay for the P100,000 bond required by the court. This signalled the start of a 20-day TRO on the enforcement of the no-smoking policy on sidewalks and public thoroughfares in Metro Manila.

Also on Friday, MMDA filed a motion for reconsideration before the court to lift the TRO based on Clemente's disclosure Tuesday night. MMDA Chairman Tolentino said, "The complainants were planted and their arrest by our environmental enforcers was planned that's why we can say that some businessmen were interested in this case."

Despite this temporary setback, the MMDA together with the local government units would still pursue the enforcement of its smoking ban in areas covered by RA 9211. Meanwhile, the DOH issued a press statement that said it supports MMDA's decision. The statement concluded, "In its pursuit of **Kalusugan Pangkalahatan**, the DOH stresses that the right of a smoker ceases when he or she violates the rights of others to protect their own health."

As of this writing, the case still progresses, but everyone should be reminded of the 2006 landmark US government lawsuit against the major tobacco companies where District Court Judge Gladys Kessler found they have violated civil racketeering laws, defrauded the public, lied for decades about targeting of children and health risks of smoking.

Kessler said, "The tobacco industry is an industry… that survives, and profits from selling a highly addictive product which causes diseases that lead to a staggering number of deaths per year, an immeasurable amount of human suffering and economic loss..."

BLOODY *Awards*

The Department of Health staged a bloody award, but there was no need to sound the alarm. On the contrary, it was more of a happy occasion as 335 outstanding local government executives were recognized in the 13th National "Sandugo" Awards for giving their full support and be personally involved in the DOH National Voluntary Blood Services Program (NVBSP). The winners comprised of 4 governors, 7 city mayors, 34 municipal mayors and 290 barangay captains.

Traditionally, there would have been only one awarding ceremony to recognize all awardees. But owing to the growing number of local government executives committed in implementing NVBSP in their areas, the DOH, since last year, held several awarding ceremonies – one each for Luzon, Visayas and Mindanao's first and second time awardees, and another exclusively for governor, mayor and hall of fame awardees. A third year win meant elevation to the hall of fame. The awarding ceremony in Manila was held at the Diamond Hotel on July 26, and it also served as a culminating activity for the National Voluntary Blood Donation Month.

Secretary Jesse Robredo of the Department of the Interior and Local Government, who was the guest speaker during the awarding ceremony, lauded local chief executives. *"Hindi sayang ang paglahok ninyo dito sa programa,* as this really extends the life of our fellow Filipinos," he said.

Meanwhile, Health Assistant Secretary Paulyn Jean Rosell-Ubial said that, as of last year, the voluntary blood-letting program has produced 800,000 blood units, but the country is still short of 200,000 units. She urged local executives to sustain their efforts to ensure an adequate supply of voluntary blood.

The advocacy for voluntary blood donation was given a great boost in 1994 when Republic Act 7719 was passed by Congress and signed by then President Fidel V. Ramos. Pursuant to law, both government agencies and private organizations are mobilized to promote voluntary blood donation and collect the lifesaving fluid.

The criteria for the selection of the Sandugo awardees include: personal involvement and commitment to the NVBSP; provision of resources in the promotion of voluntary blood donation; being instrumental for the high percentage of voluntary blood donation in the jurisdiction which inludes blood collected by government and private hospitals, Philippine National Red Cross Blood Centers, local health services and non-government organizations; and exemplary administrative action in support of the NVBSP such as issuances within the last three years of at least one of the following policy tools, namely: memorandum circular, Sangguniang Bayan resolution, ordinance, executive order, administrative order or memorandum of agreement.

DILG Secretary Jesse Robredo and DOH Assistant Secretary Paulyn Jean Rosell-Ubial lead the holding of the "bloody" and happy 13th National Sandugo Awards ceremony at the Diamond Hotel in Manila on July 26. (Photo by Romy Caparas)

13th SANDUGO AWARDS

for Outstanding Local Government Executives

TENTH TIME AWARDEES

DAVAO REGION (Region 11)

- Julito T. Nacorda
  Brgy. Captain - Brgy. Panibasan
  Maco, Compostela Valley
- Noel L. Tabacon
  Brgy. Captain - Brgy. Busaon
  Tagum City, Davao Del Norte

NINTH TIME AWARDEE

DAVAO REGION (Region 11)

- Jose C. Edig
  Brgy. Captain - Brgy. Canocotan
  Tagum City, Davao Del Norte

EIGHTH TIME AWARDEES

DAVAO REGION (Region 11)

- Efrenia A. Sistoza
  Brgy. Captain - Brgy. Magnaga
  Pantukan, Compostela Valley
- Santiago T. Neo
  Brgy. Captain - Brgy. Magugpo
  Tagum City, Davao Del Norte
- Manuel V. Suaybaguio III
  Brgy. Captain - Brgy. Magugpo North
  Tagum City, Davao Del Norte

SEVENTH TIME AWARDEES

WESTERN VISAYAS (Region 6)

- Jude V. Semillano
  Brgy. Captain - Brgy. Brgy. Camansi
  Kabankalan, Negros Occidental
- Ronilo M. Sarito
  Brgy. Captain - Brgy. XIII
  Victorias, Negros Occidental

EASTERN VISAYAS (Region 8)

- Jesus P. Estrada
  Brgy. Captain - Brgy. Talahid
  Almeria, Biliran
- Hilarion C. Lanugan
  Brgy. Captain - Brgy. Pili, Almeria, Biliran

DAVAO REGION (Region 11)

- **REY T. UY**
  Mayor - Tagum City, Davao Del Norte
- **ARTHUR CARLOS VOLTAIRE R. RIMANDO**
  Mayor - Maco City, Compostela Valley
- Ferdinand A. Gocon
  Brgy. Captain - Brgy. Mabunao
  Panabo City, Davao Del Norte
- Alfredo R. Pagdilao
  Brgy. Captain - Brgy. Magugpo South
  Tagum City, Davao Del Norte
- Jimmy C. Tablo
  Brgy. Captain - Brgy. Manga
  Matanao, Davao Del Sur

SIXTH TIME AWARDEES

WESTERN VISAYAS (Region 6)

- Warren C. Batiles
  Brgy. Captain - Brgy. Zone 5
  Cadiz, Negros Occidental
- Lanie A. Galleron
  Brgy. Captain - Brgy. Luna
  Cadiz, Negros Occidental
- Felicidad T. Badajos
  Brgy. Captain - Brgy. Su-ay
  Himamaylan, Negros Occidental
- Rita Ann L. Tamargo
  Brgy. Captain - Brgy. Poblacion 1
  Himamaylan, Negros Occidental
- Edmundo M. Jaranilla
  Brgy. Captain - Brgy. Poblacion 9
  Kabankalan, Negros Occidental

ZAMBOANGA PENINSULA (Region 9)

- **CELSO L. LOBREGAT**
  Mayor – Zamboanga City,
  Zamboanga Del Sur

DAVAO REGION (Region 11)

- **MANUEL B. BRILLANTES, JR.**
  Mayor - Monkayo, Compostela Valley
- Nick D. Alaba
  Brgy. Captain - Brgy. Poblacion
  Maco, Compostela Valley
- Maria Cecilia C. Neri
  Brgy. Captain - Brgy. New Leyte
  Maco, Compostela Valley
- Jacinto G. Napitan
  Brgy. Captain - Brgy. Katipunan
  New Bataan, Compostela Valley
- Welfredo C. Acdal
  Brgy. Captain - Brgy. Katipunan
  Panabo City, Davao Del Norte
- Rosalie P. Gentiles
  Brgy. Captain - Brgy. Kasilak
  Panabo City, Davao Del Norte
- Pablo V. Libre, Jr.
  Brgy. Captain - Brgy. Buenavista
  Panabo City, Davao Del Norte
- Abebon A. Magarang
  Brgy. Captain - Brgy. Datu Abdul Dadia,
  Panabo City, Davao Del Norte
- Angelita B. Rosel
  Brgy. Captain - Brgy. San Nicolas
  Panabo City, Davao Del Norte
- Antonio M. Rio
  Brgy. Captain - Brgy. Mankilam
  Tagum City, Davao Del Norte
- Maximo D. Suico
  Brgy. Captain - Brgy. San Miguel
  Tagum City, Davao Del Norte
- Romeo M. Baquirel
  Brgy. Captain - Brgy. Mahayag
  Davao, Davao Del Sur

FIFTH TIME AWARDEES

WESTERN VISAYAS (Region 6)

- Joedith C. Gallego
  Brgy. Captain - Brgy. E. Lopez
  Silay, Negros Occidental
- Norma R. Balbin
  Brgy. Captain - Brgy. Brgy. 1
  Sipalay, Negros Occidental
- Elir D. Borres
  Brgy. Captain - Brgy. Camindangan
  Sipalay, Negros Occidental
- Edwin Pahilanga
  Brgy. Captain - Brgy. Bubog
  Talisay, Negros Occidental

DAVAO REGION (Region 11)

- **LORENZO L. BALBIN, JR.**
  Mayor - New Bataan, Compostela Valley
- **JUAN CIPRIANO CELSO V. SARENAS, ME**
  Mayor - Pantukan, Compostela Valley
- Manolito G. Cuasito
  Brgy. Captain - Brgy. Sawangan
  Mawab, Compostela Valley
- Danilo A. Dapat
  Brgy. Captain - Brgy. Nueva Visayas
  Mawab, Compostela Valley
- Ruperto S. Gonzaga III
  Brgy. Captain - Brgy. Poblacion
  Mawab, Compostela Valley
- Antonio L. Urbano, Jr.
  Brgy. Captain - Brgy. Andili
  Mawab, Compostela Valley

FOURTH TIME AWARDEES

CENTRAL LUZON (Region 3)

- **VICTOR A. YAP**
  Governor – Tarlac

BICOL REGION (Region 5)

- **EVELYN S. YU**
  Mayor - Calabanga, Camarines Sur
- Vicente B. Pedres, Sr.
  Brgy. Captain - Brgy. Tula-Tula Pequeño
  Ligao, Albay

WESTERN VISAYAS (Region 6)

- Philmore Bacharo
  Brgy. Captain - Brgy. Zone 3
  Cadiz, Negros Occidental
- Anthony V. Javelosa
  Brgy. Captain - Brgy. Aguisan
  Himamaylan, Negros Occidental
- Allan G. Leonida
  Brgy. Captain - Brgy. Nabali-an
  Himamaylan, Negros Occidental
- Erlenito L. Castillo
  Brgy. Captain - Brgy. Pinggot
  Ilog, Negros Occidental
- Joel S. Senares
  Brgy. Captain - Brgy. Nagasi
  La-Carlota, Negros Occidental

NORTHERN MINDANAO (Region 10)

- Merando A. Bentuan, Sr.
  Brgy. Captain - Brgy. Silae
  Malaybalay, Bukidnon
- Domingo D. Hingpit
  Brgy. Captain - Brgy. St.Peter
  Malaybalay, Bukidnon
- Benjamin M. Maputi, Sr.
  Brgy. Captain - Brgy. Imbayao
  Malaybalay, Bukidnon
- Glorio D. Sajulga
  Brgy. Captain - Brgy. Aglayan
  Malaybalay, Bukidnon
- Renato S. Sumbongan
  Brgy. Captain - Brgy. Caburacanan
  Malaybalay, Bukidnon

DAVAO REGION (Region 11)

- **ARTURO T. UY**
  Governor - Compostela Valley
- **RODOLFO P. DEL ROSARIO**
  Governor - Davao Del Norte
- **JOSE L. SILVOSA, SR.**
  Mayor - Panabo City, Davao Del Norte
- **HADJI AMIR B. MUÑOZ**
  Mayor - Mabini, Compostela Valley
- **EVALINA J. JAMPAYAS, MD**
  Mayor - Mawab, Compostela Valley
- **JOSEPH NILO F. PARREÑAS, MD**
  Mayor - Asuncion, Davao Del Norte
- **LOLITA A. MORAL**
  Mayor - Braulio E. Dujali, Davao Del Norte
- **ROEL O. PARAS**
  Mayor - Malalag, Davao Del Sur

- **VICENTE A. FERNANDEZ**
  Mayor - Matanao, Davao Del Sur
- Margarito A. Alcos, Jr.
  Brgy. Captain - Brgy. Ngan
  Compostela, Compostela Valley
- Venerando T. Ocampo
  Brgy. Captain - Brgy. Bagongon
  Compostela, Compostela Valley
- Jose Narciso L. Collera
  Brgy. Captain - Brgy. Cadunan
  Mabini, Compostela Valley
- Charles B. Calamba
  Brgy. Captain - Brgy. Cabacungan
  Nabunturan, Compostela Valley
- Norberto D. Porcadilla
  Brgy. Captain - Brgy. Basak
  Nabunturan, Compostela Valley
- Guillermo B. Zabala
  Brgy. Captain - Brgy. Cabidianan
  Nabunturan, Compostela Valley
- Victor D. Balonos
  Brgy. Captain - Brgy. San Roque
  New Bataan, Compostela Valley
- Julius B. Recto
  Brgy. Captain - Brgy. Cabinuangan
  New Bataan, Compostela Valley
- Samuel U. Angoy
  Brgy. Captain - Brgy. Apokon
  Tagum City, Davao Del Norte
- Arthur S. Ansale
  Brgy. Captain - Brgy. Cuambogan
  Tagum City, Davao Del Norte
- Rudy M. Corpuz
  Brgy. Captain - Brgy. La Filipina
  Tagum City, Davao Del Norte
- Ronald S. Eliot
  Brgy. Captain - Brgy. Visayan Village
  Tagum City, Davao Del Norte
- Celedonia M. Mamayabay
  Brgy. Captain - Brgy. Nueva Fuerza
  Tagum City, Davao Del Norte
- Deogracias A. Andrin, Sr.
  Brgy. Captain - Brgy. Bulacan
  Malalag, Davao Del Sur
- Roel C. Cantonao
  Brgy. Captain - Brgy. Mabini
  Malalag, Davao Del Sur
- Nerie I. Bustamante
  Brgy. Captain - Brgy. Lower Katipunan
  Padada, Davao Del Sur
- Alfonsa U. Saragena
  Brgy. Captain - Brgy. N. C. Ordaneza
  Padada, Davao Del Sur

THIRD TIME AWARDEES

CAGAYAN VALLEY (Region 2)
- **MARILYN J. TAGUINOD**
  Mayor – Penablanca, Cagayan

CENTRAL LUZON (Region 3)
- **EDGARDO S. FELIPE**
  Mayor - Anao, Tarlac
- Gerald S. Constantino
  Brgy. Captain - Brgy. Sta. Ines
  Plaridel, Bulacan

BICOL REGION (Region 5)
- **RUEL T. VELARDE**
  Mayor - Tinambac, Camarines Sur
- Andy R. Posillo
  Brgy. Captain - Brgy. Tula-Tula Grande
  Ligao, Albay
- Medina R. Capricho
  Brgy. Captain - Brgy. Sta. Salud
  Calabanga, Camarines Sur
- Jeffrey C. Moralde
  Brgy. Captain - Brgy. Peñafrancia
  Naga, Camarines Sur

WESTERN VISAYAS (Region 6)
- **LAWRENCE MARXIEN J. DELA CRUZ**
  Mayor - Don Salvador Benedicto
  Negros Occidental
- Edwin P. Dalumpines
  Brgy. Captain - Brgy. Dulao
  Bago, Negros Occidental
- Remy B. Jalea
  Brgy. Captain - Brgy. Binubuhan
  Bago, Negros Occidental
- Eduardo T. Javier
  Brgy. Captain - Brgy. Caduhaan
  Cadiz, Negros Occidental
- Zenaida V. Po
  Brgy. Captain - Brgy. Zone 4
  Cadiz, Negros Occidental
- Ray F. Yee
  Brgy. Captain - Brgy. Cabahug
  Cadiz, Negros Occidental
- Eden H. Bacordo
  Brgy. Captain - Brgy. Bagong Silang
  Don Salvador Benedicto,
  Negros Occidental
- Emmanuel T. Castro
  Brgy. Captain - Brgy. Cabanbanan
  Himamaylan, Negros Occidental

Governors, mayors and barangay captains commit to support the National Voluntary Blood Services Program. (Photo by Romy Caparas)

Enchong Dee - athlete and matinee actor - donates blood at the DOH in response to the call for more voluntary blood donors as this is will help patients needing blood and its components, like dengue cases. (Photo by Paking Repelente)

- Angely S. Gonzales
  Brgy. Captain - Brgy. Hilamonan
  Kabankalan, Negros Occidental
- Benjie M. Miranda
  Brgy. Captain - Brgy. Tan-awan
  Kabankalan, Negros Occidental
- Jose Luis A. Jalandoni
  Brgy. Captain - Brgy. I Poblacion
  La-Carlota, Negros Occidental
- Joel E. Rumbines
  Brgy. Captain - Brgy. Balabag
  La Carlota, Negros Occidental
- Leoni Mieh R. Salvador
  Brgy. Captain - Brgy. Batuan
  La Carlota, Negros Occidental
- Joel G. Sarol
  Brgy. Captain - Brgy. 5 Poblacion
  Sipalay, Negros-Occidental
- Nelly A. Acuña
  Brgy. Captain - Brgy. 5
  Victorias, Negros-Occidental

EASTERN VISAYAS (Region 8)

- **MANUEL A. LABRADOR, SR.**
  Mayor - Silago, Southern Leyte
- Crisanto S. Petargue
  Brgy. Captain - Brgy. Iyusan
  Almeria, Biliran
- Elena C. Gonzal
  Brgy. Captain - Brgy. Patag, Culaba, Biliran

NORTHERN MINDANAO (Region 10)

- Eleazar J. Condes
  Brgy. Captain - Brgy. Sto. Nino,
  Malaybalay, Bukidnon
- Juan P. Galacio
  Brgy. Captain - Brgy. Maligaya
  Malaybalay, Bukidnon
- Paciencia R. Gamboa
  Brgy. Captain - Brgy. 08
  Malaybalay, Bukidnon
- Jocelyn B. Rodriguez
  Brgy. Captain - Brgy. Nazareth
  Cagayan De Oro, Misamis Oriental

DAVAO REGION (Region 11)

- **CESAR C. COLINA, SR.**
  Mayor - Maragusan, Compostela Valley
- **TEOPISTA T. JAUOD**
  Mayor - Montevista, Compostela Valley
- **EDGARDO L. TIMBOL**
  Mayor - Kapalong, Davao Del Norte
- Harry C. Cabiling
  Brgy. Captain - Brgy. San Miguel
  Compostela, Compostela Valley
- Ramon A. Eyas
  Brgy. Captain - Brgy. Mangayon
  Compostela, Compostela Valley
- Felipe C. Vibora
  Brgy. Captain - Brgy. Siocon
  Compostela, Compostela Valley
- Benjamen L. Amahan
  Brgy. Captain - Brgy. Naga
  Laak, Compostela Valley
- Victor M. Bontog
  Brgy. Captain - Brgy. Ceboleda
  Laak, Compostela Valley
- Moises D. Doca
  Brgy. Captain - Brgy. Kapatagan
  Laak, Compostela Valley
- Camilo A. Mag-aso, Sr.
  Brgy. Captain - Brgy. Langtud
  Laak, Compostela Valley
- Anita S. Montojo
  Brgy. Captain - Brgy. Kaligutan
  Laak, Compostela Valley
- Romeo S. Sumaliday
  Brgy. Captain - Brgy. Binasbas
  Laak, Compostela Valley
- Danilo J. Tazo
  Brgy. Captain - Brgy. Amorcruz
  Laak, Compostela Valley
- Bibiano F. Bunayog
  Brgy. Captain - Brgy. Del Pilar
  Mabini, Compostela Valley
- Randy R. Opisan
  Brgy. Captain - Brgy. Cuambog
  Mabini, Compostela Valley
- Aurelia E. Sasutil
  Brgy. Captain - Brgy. Anitapan
  Mabini, Compostela Valley
- Juan Climaco G. Abelleja
  Brgy. Captain - Brgy. Elizalde
  Maco, Compostela Valley
- Antonio A. Ang
  Brgy. Captain - Brgy. Anibongan
  Maco, Compostela Valley
- Edgardo C. Barriga, Sr.
  Brgy. Captain - Brgy. Lapu-Lapu
  Maco, Compostela Valley
- Noemi F. Gadong
  Brgy. Captain - Brgy. Malamodao
  Maco, Compostela Valley
- Carmen C. Mira
  Brgy. Captain - Brgy. Langgam
  Maco, Compostela Valley
- Roland D. Alviso
  Brgy. Captain - Brgy. Bawani
  Mawab, Compostela Valley
- Melchor C. Ang, Sr.
  Brgy. Captain - Brgy. Nuevo Iloco
  Mawab, Compostela Valley
- Victorino N. Delgado
  Brgy. Captain - Brgy. Concepcion
  Mawab, Compostela Valley
- Marjorie J. Donato
  Brgy. Captain - Brgy. Malinawon
  Mawab, Compostela Valley
- Joseph Arvin S. Garillos
  Brgy. Captain - Brgy. Salvacion
  Mawab, Compostela Valley
- Elena M. Tambis
  Brgy. Captain - Brgy. Saosao
  Mawab, Compostela Valley
- Nestor S. Tormis
  Brgy. Captain - Brgy. Tuboran
  Mawab, Compostela Valley
- Simporiano T. Remedios
  Brgy. Captain - Brgy. Tapia
  Montevista, Compostela Valley
- Lupicinio C. Bagaslao
  Brgy. Captain - Brgy. Santa Maria
  Nabunturan, Compostela Valley
- Hipolito A. Baluis
  Brgy. Captain - Brgy. Pangutosan
  Nabunturan, Compostela Valley
- Vicente Y. Diano, Sr.
  Brgy. Captain - Brgy. Magsaysay
  Nabunturan, Compostela Valley
- Ireneo A. Jubane
  Brgy. Captain - Brgy. Antequera
  Nabunturan, Compostela Valley
- Abundio C. Cubio
  Brgy. Captain - Brgy. Panag
  New Bataan, Compostela Valley
- Lorna V. Arangcon
  Brgy. Captain - Brgy. Tibagon
  Pantukan, Compostela Valley
- John Elmer V. Lawas
  Brgy. Captain - Brgy. Bongabong
  Pantukan, Compostela Valley
- Elizabeth E. Mabiscay
  Brgy. Captain - Brgy. Fuentes
  Pantukan, Compostela Valley
- Wahidon B. Takasan
  Brgy. Captain - Brgy. Matiao
  Pantukan, Compostela Valley
- Roberto M. Yugo, MPA
  Brgy. Captain - Brgy. Kingking
  Pantukan, Compostela Valley
- Alvin S. Almeda, Sr.
  Brgy. Captain - Brgy. New Bantayan
  Asuncion, Davao Del Norte
- Francisco O. Cabalisa
  Brgy. Captain - Brgy. Canatan
  Asuncion, Davao Del Norte
- Jocelyn R. Magtulis
  Brgy. Captain - Brgy. Dujali
  Braulio E. Dujali, Davao Del Norte
- Florencio E. Padasas
  Brgy. Captain - Brgy. New Casay
  Braulio E. Dujali, Davao Del Norte
- Romel J. Beldua
  Brgy. Captain - Brgy. Luna
  Kapalong, Davao Del Norte
- Arturo M. Beltran, Jr.
  Brgy. Captain - Brgy. Mabantao
  Kapalong, Davao Del Norte
- Baltazar R. Solis, Jr.
  Brgy. Captain - Brgy. Sampao
  Kapalong, Davao Del Norte
- Maria Theresa R. Timbol
  Brgy. Captain - Brgy. Maniki
  Kapalong, Davao Del Norte
- Letecia C. Cabactulan
  Brgy. Captain - Brgy. Lower Panaga
  Panabo City, Davao Del Norte
- Sabino L. Hista
  Brgy. Captain - Brgy. Kauswagan
  Panabo City, Davao Del Norte
- Miguel P. Niez, DBA
  Brgy. Captain - Brgy. A.O. Floirendo
  Panabo City, Davao Del Norte
- Manuel O. Palban
  Brgy. Captain - Brgy. Cacao
  Panabo City, Davao Del Norte
- Dionisio C. Repuela, Sr.
  Brgy. Captain - Brgy. San Pedro
  Panabo City, Davao Del Norte
- Mario M. Sambalilo
  Brgy. Captain - Brgy. New Malitbog
  Panabo City, Davao Del Norte
- Edwin P. Ballesteros
  Brgy. Captain - Brgy. Liboganon
  Tagum City, Davao Del Norte
- Ruthman B. Ladia
  Brgy. Captain - Brgy. Madaum
  Tagum City, Davao Del Norte
- Clarita B. Rey
  Brgy. Captain - Brgy. Magdum
  Tagum City, Davao Del Norte
- Carolina H. Legaspi
  Brgy. Captain - Brgy. Poblacion
  Hagonoy, Davao Del Sur
- Ronaldo T. Enangkile
  Brgy. Captain - Brgy. Pitu
  Malalag, Davao Del Sur
- Franquilio S. Guinogom
  Brgy. Captain - Brgy. Savoy
  Matanao, Davao Del Sur
- Darwin T. Gepitulan
  Brgy. Captain - Brgy. Upper Limonso
  Padada, Davao Del Sur
- Avelino T. Abad
  Brgy. Captain - Brgy. Calubihan
  Banaybanay, Davao Oriental
- Emedio S. Mante
  Brgy. Captain - Brgy. Cabangcalan
  Banaybanay, Davao Oriental
- Sergio P. Marcos
  Brgy. Captain - Brgy. Rang-ay
  Banaybanay, Davao Oriental

SECOND TIME AWARDEES

CENTRAL LUZON (Region 3)

- Rosemarie I. Torres
  Brgy. Captain - Brgy. Rizal, Anao, Tarlac
- Wilfredo G. Velasco
  Brgy. Captain - Brgy. Bantog
  Anao, Tarlac

BICOL REGION (Region 5)

- Manuel B. Bangate
  Brgy. Captain - Brgy. Malama
  Ligao, Albay
- Nicolas S. Aluzan
  Brgy. Captain - Brgy. Ponglon
  San Jose, Camarines Sur

WESTERN VISAYAS (Region 6)

- Caroline Mendoza
  Brgy. Captain - Brgy. Calumangan
  Bago, Negros Occidental

• Severino G. Villanueva
Brgy. Captain - Brgy. Napoles
Bago, Negros Occidental
• Dionesio J. Villaruz
Brgy. Captain - Brgy. Cadiz Viejo
Cadiz, Negros Occidental
• Bartolome E. Barbon
Brgy. Captain - Brgy. Pinowayan
Don Salvador Benedicto, Negros Occidental
• Juanito D. Pedrosa, Jr.
Brgy. Captain - Brgy. Kumaliskis
Don Salvador Benedicto, Negros Occidental
• Rolando A. Cabasag
Brgy. Captain - Brgy. San Rafael
Hinoba-An, Negros Occidental
• Nicasio E. Caderon
Brgy. Captain - Brgy. Gil Montilla
Sipalay, Negros Occidental
• Jose D. Dignadice
Brgy. Captain - Brgy. VI-A
Victorias, Negros Occidental
• Melba A. Silava
Brgy. Captain - Brgy. XVIII-A
Victorias, Negros Occidental

DAVAO REGION (Region 11)

• **REYNALDO B. NAVARRO**
Mayor - Laak, Compostela Valley
• **MARCELINO A. PERANDOS**
Mayor - Carmen, Davao Del Norte
• **NESTOR L. ALCORAN**
Mayor - New Corella, Davao Del Norte
• **PEDRO T. MEJOS**
Mayor - Banaybanay, Davao Oriental
• Wilfredo C. Ang
Brgy. Captain - Brgy. Poblacion
Compostela, Compostela Valley
• Florencio B. Felisilda
Brgy. Captain - Brgy. Cabuyoan
Mabini, Compostela Valley
• Rando S. Masig
Brgy. Captain - Brgy. Libudon
Mabini, Compostela Valley
• Ray S. Nebrea
Brgy. Captain - Brgy. Pindasan
Mabini, Compostela Valley
• Pacita B. Obeja
Brgy. Captain - Brgy. Anislagan
Maco, Compostela Valley
• Carlito N. Aton
Brgy. Captain - Brgy. Tagnocon
Nabunturan, Compostela Valley
• Susana A. Calooy
Brgy. Captain - Brgy. Magsaysay
New Bataan, Compostela Valley
• Celso D. Lariwan
Brgy. Captain - Brgy. Napnapan
Pantukan, Compostela Valley
• Omar B. Muñoz
Brgy. Captain - Brgy. Bongbong
Pantukan, Compostela Valley
• Edgar T. Castillo, RN
Brgy. Captain - Brgy. Cambanogoy
Asuncion, Davao Del Norte

MORE BLOOD. MORE LIVES. Young police officers donate their precious blood to save lives during the blood letting activity at the Ynares Complex in Antipolo City during the World Blood Donors Day on June 14. (Photo by Romy Caparas)

• Rene S. Hingone, Sr.
Brgy. Captain - Brgy. Camansa
Asuncion, Davao Del Norte
• Eduardo A. Domat-ol
Brgy. Captain - Brgy. Sua-on
Kapalong, Davao Del Norte
• Rufo G. Galvan
Brgy. Captain - Brgy. Capungagan
Kapalong, Davao Del Norte
• Edgar A. Yongque
Brgy. Captain - Brgy. Limbaan
New Corella, Davao Del Norte
• Dominador J. Mosa
Brgy. Captain - Brgy. Dapco
Panabo City, Davao Del Norte
• Dizon P. Namuag, MBA
Brgy. Captain - Brgy. New Visayas
Panabo City, Davao Del Norte
• Vicente C. Pagaduan
Brgy. Captain - Brgy. Sindaton
Panabo City, Davao Del Norte
• Criselda S. Soriano
Brgy. Captain - Brgy. Sinayawan
Hagonoy, Davao Del Sur
• Lorcel F. Colango
Brgy. Captain - Brgy. Paniquian
Banaybanay, Davao Oriental
• Merlita O. Dimpas
Brgy. Captain - Brgy. Caganganan
Banaybanay, Davao Oriental
• Valerio P. Literatus Jr.
Brgy. Captain - Brgy. Puntalinao
Banaybanay, Davao Oriental
• Nenita B. Obeniet
Brgy. Captain - Brgy. Mogbongcogon
Banaybanay, Davao Oriental
• Rene R. Quibo
Brgy. Captain - Brgy. Piso
Banaybanay, Davao Oriental
• Diosdado M. Satera, Sr.
Brgy. Captain - Brgy. Maputi
Banaybanay, Davao Oriental
• Yolindo C. Solamo, Sr.
Brgy. Captain - Brgy. Poblacion
Banaybanay, Davao Oriental

SOCCSKSARGEN (Region 12)

• Antonio S. Alegada
Brgy. Captain - Brgy. Macebolig
Kidapawan, North Cotabato
• Ronnie L. Duak
Brgy. Captain - Brgy. Nuangan
Kidapawan, North Cotabato

FIRST TIME AWARDEES

CORDILLERA ADMINISTRATIVE REGION (CAR)

• **CHRIS MARK S. DELA CRUZ**
Mayor - Rizal, Kalinga
• Flordeliza D. Magkilat
Brgy. Captain - Brgy. Calaocan
Rizal, Kalinga

CAGAYAN VALLEY (Region 2)

• Jovito R. Allam
Brgy. Captain - Brgy. Cabasan
Penablanca, Cagayan

CENTRAL LUZON (Region 3)

• Manolito C. de la Cruz, Sr.
Brgy. Captain - Brgy. Sipat
Plaridel, Bulacan
• Maximo V. Lazaro
Brgy. Captain - Brgy. Agnaya
Plaridel, Bulacan
• Oliver S. Espera
Brgy. Captain - Brgy. San Martin de Porres
San Jose Del Monte, Bulacan
• Cesar C. Bautista
Brgy. Captain - Brgy. Casili, Anao, Tarlac

BICOL (Region 5)

• **LUISA DC. ANGELES**
Mayor - Bombon, Camarines Sur
• **EMMANUEL T. PRADO**
Mayor - Camaligan, Camarines Sur
• Elmer A. Lorica
Brgy. Captain - Brgy. Mi-isi
Daraga, Albay
• Pedro S. Patriarca
Brgy. Captain - Brgy. Mauraro
Guinobatan, Albay
• Melquiades T. Bellen, Jr.
Brgy. Captain - Brgy. Catburawan
Ligao, Albay
• Amado V. Manlangit
Brgy. Captain - Brgy. Pandan
Ligao, Albay
• Mario O. Olarte
Brgy. Captain - Brgy. Tagpo
Ligao, Albay
• Eleuterio L. Quililan
Brgy. Captain - Brgy. Cavasi
Ligao, Albay
• Lourdes R. Rolda
Brgy. Captain - Brgy. Tomolin
Ligao, Albay
• Ernesto R. Arandia
Brgy. Captain - Brgy. Tablon, Oas, Albay
• Ramon Jr. B. Mirasol
Brgy. Captain - Brgy. Bombon
Tabaco, Albay
• Edgardo O. Abarro
Brgy. Captain - Brgy. San Jose
Bombon, Camarines Sur
• Harry S. Benitez
Brgy. Captain - Brgy. San Antonio
Bombon, Camarines Sur
• Augusto O. Laure
Brgy. Captain - Brgy. San Roque
Bombon, Camarines Sur
• Ferdinand V. Brazil
Brgy. Captain - Brgy. Sto. Domingo
Bula, Camarines Sur
• Juanito B. Escaro
Brgy. Captain - Brgy. Fabrica
Calabanga, Camarines Sur
• Edgardo Sargento
Brgy. Captain - Brgy. Sibobo
Calabanga, Camarines Sur
• Jose Ruperto S. Sinogba
Brgy. Captain - Brgy. Labao
Libmanan, Camarines Sur
• Josephine G. Fandiño
Brgy. Captain - Brgy. Colacling
Lupi, Camarines Sur
• Rogel Abel A. Flores
Brgy. Captain - Brgy. Sto. Domingo
Milaor, Camarines Sur
• Gerry M. Sta. Ana
Brgy. Captain - Brgy. Amparado
Milaor, Camarines Sur
• Marciano C. Balderaje
Brgy. Captain - Brgy. Pipian
San Fernando, Camarines Sur
• Juan P. Olbara
Brgy. Captain - Brgy. Dolo
San-Jose, Camarines Sur

- Anacorita I. Dullas
  Brgy. Captain - Brgy. South Villazar
  Sipocot, Camarines Sur

WESTERN VISAYAS (Region 6)

- **ALFREDO G. MARANON, JR.**
  Governor - Negros Occidental
- **AGUSTIN ERNESTO G. BASCON**
  Mayor - Himamaylan, Negros Occidental
- **EVELIO R. LEONARDIA**
  Mayor - Bacolod City, Negros Occidental
- **ALEJANDRO Y. MIRASOL**
  Mayor - Binalbagan, Negros Occidental
- Danilo U. Famoso
  Brgy. Captain - Brgy. Sampinit
  Bago, Negros Occidental
- Sergio T. Piansay
  Brgy. Captain - Brgy. Poblacion
  Bago, Negros Occidental
- Jacinto V. Torres, Jr.
  Brgy. Captain - Brgy. Don Jorge Araneta
  Bago, Negros Occidental
- Helen Doza
  Brgy. Captain - Brgy. Sicaba
  Cadiz, Negros Occidental
- Rodel Evidente
  Brgy. Captain - Brgy. Burgos
  Cadiz, Negros Occidental
- Jose Dino Hautea
  Brgy. Captain - Brgy. 8
  Cadiz, Negros Occidental
- Nyorlito Jubay
  Brgy. Captain - Brgy. Bonifacio
  Cadiz, Negros Occidental
- Aladino S. Lumayno
  Brgy. Captain - Brgy. Balintawak
  Escalante, Negros Occidental
- Salvacion G. Gonzales
  Brgy. Captain - Brgy. Mambagaton
  Himamaylan, Negros Occidental
- Jonathan B. Guancia
  Brgy. Captain - Brgy. Poblacion 2
  Himamaylan, Negros-Occidental
- Pablo M. Libo-on
  Brgy. Captain - Brgy. Caradi-on
  Himamaylan, Negros-Occidental
- Elbert B. Miguel
  Brgy. Captain - Brgy. San Antonio
  Himamaylan, Negros Occidental
- Aladino M. Quiquiles
  Brgy. Captain - Brgy. Poblacion 4
  Himamaylan, Negros Occidental
- Francisco L. Bilbao
  Brgy. Captain - Brgy. Po-ok
  Hinoba-An, Negros Occidental
- Myra A. Cardinal
  Brgy. Captain - Brgy. Asia
  Hinoba-An, Negros Occidental
- Ma. Teresita B. Sarino
  Brgy. Captain - Brgy. Daug
  Hinoba-An, Negros Occidental
- Elmar O. Aries
  Brgy. Captain - Brgy. RSB
  La Carlota, Negros Occidental
- Francisco D. Oplas
  Brgy. Captain - Brgy. Ara-al
  La Carlota, Negros Occidental
- Cassidy S. Buatag
  Brgy. Captain - Brgy. VII
  Victorias, Negros Occidental
- Alexander L. Palanca
  Brgy. Captain - Brgy. III
  Victorias, Negros Occidental

EASTERN VISAYAS (Region 8)

- **DOMINADOR O. AGAJAN**
  Mayor - Almeria, Biliran
- **ROMEO M. GOMEZ**
  Mayor - Hinunangan, Southern Leyte
- Evangeline Y. Ganoza
  Brgy. Captain - Brgy. Victory
  Abuyog, Leyte
- Jonathan L. Balo
  Brgy. Captain - Brgy. Tahusan
  Hinunangan, Southern Leyte
- Apolonio F. Engcoy
  Brgy. Captain - Brgy. Sto Niño
  Hinunangan, Southern Leyte

ZAMBOANGA PENINSULA (Region 9)

- **JAMES L. YECYEC**
  Mayor - Pitogo, Zamboanga Del Sur
- Leo E. Manunday
  Brgy. Captain - Brgy. Liguac
  Pitogo, Zamboanga Del Sur
- Harrisio B. Vendencia
  Brgy. Captain - Brgy. Colojo
  Pitogo, Zamboanga Del Sur

NORTHERN MINDANAO (Region 10)

- **IGNACIO W. ZUBIRI**
  Mayor - Malaybalay City, Bukidnon
- **DEXTER B. YASAY**
  Mayor - Opol, Misamis-Oriental
- Marbie S. Binahon
  Brgy. Captain - Brgy. 2
  Malaybalay, Bukidnon
- Michael P. Daniot
  Brgy. Captain - Brgy. 03
  Malaybalay, Bukidnon
- Edgar P. Evacuado
  Brgy. Captain - Brgy. 10
  Malaybalay, Bukidnon
- Zaldy T. Singatao
  Brgy. Captain - Brgy. Kulaman
  Malaybalay, Bukidnon
- Virgilio G. Tadlas
  Brgy. Captain - Brgy. Magsaysay
  Malaybalay, Bukidnon
- Jacinto G. Tadlas
  Brgy. Captain - Brgy. Casisang
  Malaybalay, Bukidnon

DAVAO REGION (Region 11)

- **JESSIE S. BOLO**
  Mayor - Compostela, Compostela Valley
- **ROMEO C. CLARIN**
  Mayor - Nabunturan, Compostela Valley
- **PEDRO F. CAMINERO, JR.**
  Mayor - Padada, Davao Del Sur
- Graciano T. Abellanida
  Brgy. Captain - Brgy. Banbanon
  Laak, Compostela Valley
- Nestor C. Sevillano
  Brgy. Captain - Brgy. Tagnanan
  Mabini, Compostela Valley
- Fervencio A. Apit
  Brgy. Pangi, Maco, Compostela Valley
- Romel L. Albarico
  Brgy. Captain - Brgy. Lahi
  Maragusan, Compostela Valley
- Ernesto G. Abucay
  Brgy. Captain - Brgy. Libasan
  Nabunturan, Compostela Valley
- Tito R. Amora
  Brgy. Captain - Brgy. Kao-Sto. Niño
  Nabunturan, Compostela Valley
- Elsa A. Daanoy
  Brgy. Captain - Brgy. San Roque
  Nabunturan, Compostela Valley
- Cirila A. Engbino
  Brgy. Captain - Brgy. Tagdangua
  Pantukan, Compostela Valley
- Cecilio B. Cinco
  Brgy. Captain - Brgy. Camoning
  Asuncion, Davao Del Norte
- Cornelio C. Adaya
  Brgy. Cebulano,
  Carmen, Davao Del Norte
- Lynsiel C. Inso
  Brgy. Captain - Brgy. Aleja
  Carmen, Davao Del Norte
- Apolonio T. Ledesma
  Brgy. Captain - Brgy. Tubod
  Carmen, Davao Del Norte
- Visluminda P. Librero
  Brgy. Captain - Brgy. Anibongan,
  Carmen, Davao Del Norte
- Romeo D. Obial
  Brgy. Captain - Brgy. Mabaus
  Carmen, Davao Del Norte
- Romeo L. Flores
  Brgy. Captain - Brgy. Katipunan
  Kapalong, Davao Del Norte
- Nestor D. Galos
  Brgy. Captain - Brgy. Mamacao
  Kapalong, Davao Del Norte
- Vicente F. Cardeño, Jr.
  Brgy. Captain - Brgy. Patrocenio
  New Corella, Davao Del Norte
- Danilo D. Mahinay
  Brgy. Captain - Brgy. New Cortez
  New Corella, Davao Del Norte
- Rodolfo O. Comidoy
  Brgy. Captain - Brgy. Poblacion
  New Corella, Davao Del Norte
- Fernando U. Candol
  Brgy. Captain - Brgy. Tibungol
  Panabo City, Davao Del Norte
- Rex C. Mellijor
  Brgy. Captain - Brgy. Sta. Cruz
  Panabo City, Davao Del Norte
- Lucrecio R. Royo
  Brgy. Captain - Brgy. Kimamon
  Santo Tomas, Davao Del Norte
- Vicente A. Chatto
  Brgy. Captain - Brgy. San Agustin
  Tagum City, Davao Del Norte
- Merlinda A. Dumat
  Brgy. Captain - Brgy. New Balamban
  Tagum City, Davao Del Norte
- Rodito B. Pielago
  Brgy. Captain - Brgy. San Isidr
  Tagum City, Davao Del Norte
- Silverio P. Quibradero
  Brgy. Captain - Brgy. Pagsabangan
  Tagum City, Davao Del Norte
- Amelita C. Armecin
  Brgy. Captain - Brgy. Tagansule
  Malalag, Davao Del Sur
- Victorino C. Fernandez
  Brgy. Captain - Brgy. Tubalan
  Malita, Davao Del Sur
- Filomeno M. Uy
  Brgy. Captain - Brgy. Bolila
  Malita, Davao Del Sur
- Ptolemy T. Lanticse
  Brgy. Captain - Brgy. Palili
  Padada, Davao Del Sur
- Juliver A. Sarno
  Brgy. Captain - Brgy. Harada Butai
  Padada, Davao Del Sur
- Cipriano M. Sayson, Jr.
  Brgy. Captain - Brgy. Punta Piape
  Padada, Davao Del Sur
- Ronald D. Chavez - Brgy. Mahayag
  Banaybanay, Davao Oriental
- Ruel Q. Diola
  Brgy. Captain - Brgy. Causwagan
  Banaybanay, Davao Oriental
- Renato D. Miguel, Sr.
  Brgy. Captain - Brgy. Pintatagan
  Banaybanay, Davao Oriental
- Vicente G. Montera
  Brgy. Captain - Brgy. San Vicente
  Banaybanay, Davao Oriental

CARAGA (Region 13)

- **ERNESTO T. MATUGAS**
  Mayor - Surigao City, Surigao Del Norte

Kilig Moments

Kilig

EDGAR: Sobrang tamlay ng pag-ibig ko...
BRIAN: Talaga, 'pre?!?
EDGAR: Oo, pag-ihi na lang ang dahilan ng pagkilig ko...

Type

ED: Anong blood type mo?
MAY: Type O. Eh ikaw?
ED: Type ko? U.

Hirap

JOAN: Kaya naman naghihirap ang Pilipinas eh...
JUN: Dahil ba sa mga corrupt sa gobyerno?
JOAN: Hindi, dahil lagi na lang tayong nagmamahalan.

Bagyo

FRANCIS: Bagyo ka ba?
LUZ: Uh, ah, hindi, bakit?
FRANCIS: Kasi the moment you left my area of responsibility, you leave my heart in the state of calamity!

Daan

NITO: Dadaan pa ba ako sa inyo?
EDNA: Ikaw?!? Ikaw ang bahala.
NITO: O, didiretso na lang ako sa puso mo?

Fight

DINKY: Ginawa ko naman lahat eh. Minahal kita sa paraan na alam ko. Pero, bakit naging ganun pa rin?
TERE: Are you starting a fight with me?
DINKY: No, I'm just finding a reason to fight for you.

Away

FRANK: Nag-away na naman kami ng girlfriend ko.
ERNIE: Sabihin mo lang yung dalawang salita na gustong-gustong marinig ng mga babae.
FRANK: "Mahal Kita"?
ERNIE: Hindi. "Mali ako."

2 Days

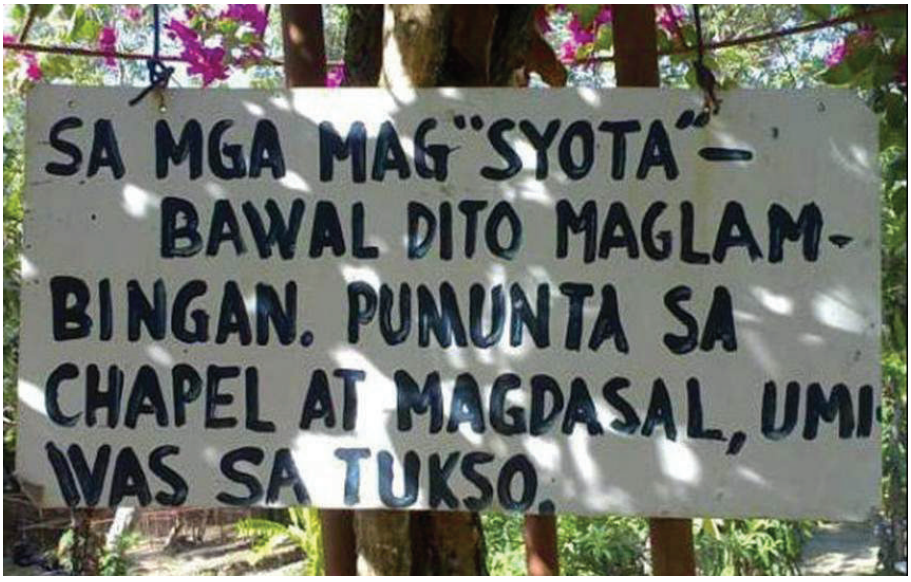
EMAN: Pumayag ka na please... Dalawang araw lang naman kitang mamahalin...
ELLEN: Dalawang araw lang?!?
EMAN: Oo... ARAW-ARAW.

4 Words

MARIO: There are only four words that is so much better than I LOVE YOU.
EVELYN: I love you, too?!?
MARIO: No! That is – I'M HERE TO STAY.

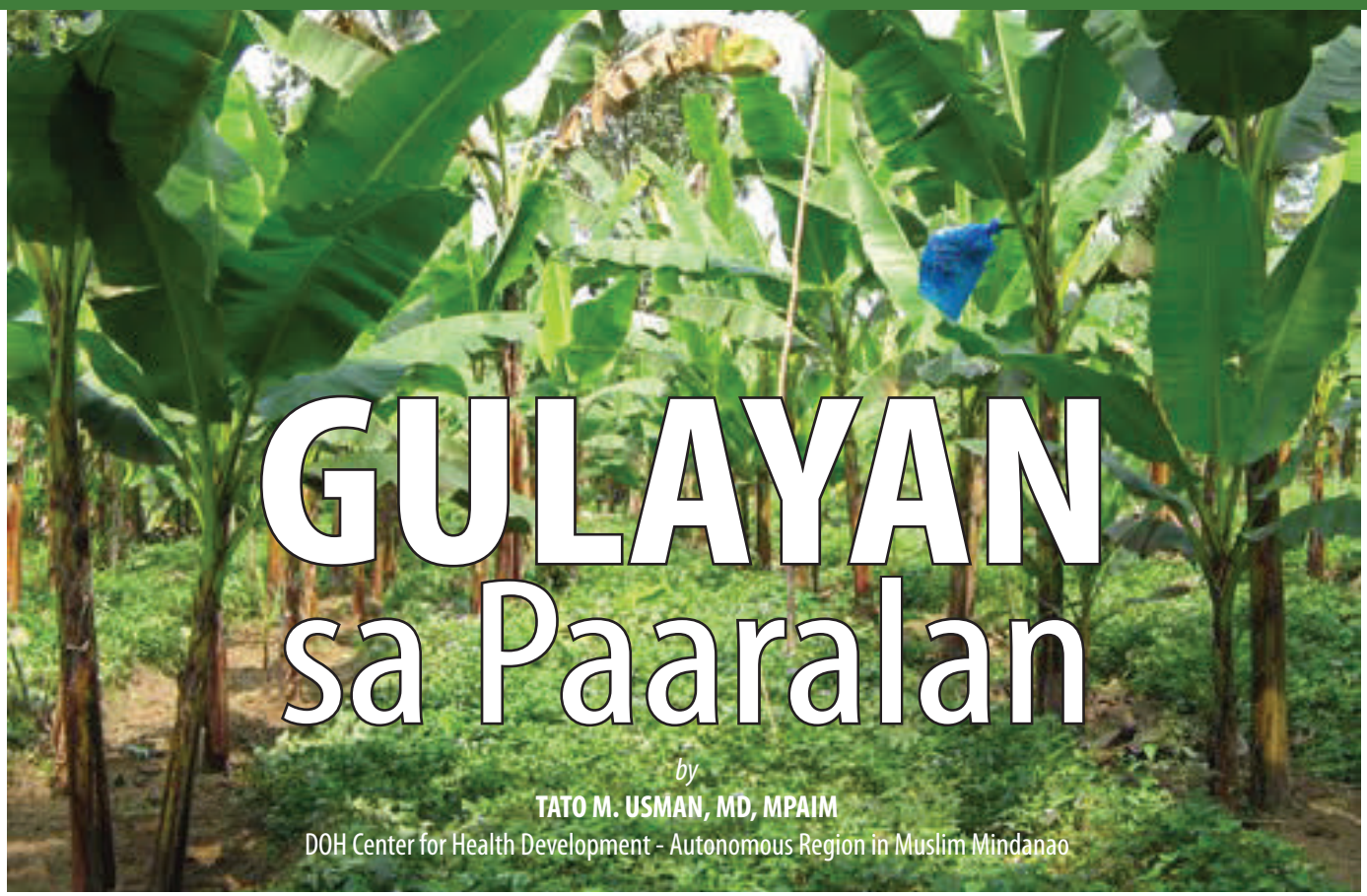
Quote

"It's not the goodbye that hurts... but the flashbacks that follow."



BASAGAN NG MOMENT! Photo grabbed from a Facebook post.

(-: Jokes and photo from the Internet :-)



GULAYAN sa Paaralan

by
TATO M. USMAN, MD, MPAIM
DOH Center for Health Development - Autonomous Region in Muslim Mindanao

Low Intake of Fruits & Veggies

The World Health Organization (WHO) said about 1.7 million (2.8%) of deaths globally is attributed to low fruit & vegetables consumption. Particularly, it is estimated to cause around 14% of gastrointestinal cancer deaths, around 11% of ischemic heart disease deaths and around 9% of stroke deaths. In the WHO Western Pacific Region, where the Philippines belong, low intake of fruits and vegetables ranks as the fourth leading risk factors attributable to death.

In the Philippines, only 19% of national population eat fruits and vegetables more than four times a day. The recommended standard should be 100% eating five servings daily.

According to the National Cancer Institute (NCI), eating vegetables reduces the risk of hypertension, heart disease, stroke, diabetes and many types of cancer. A recently published WHO/Food and Agriculture Organization report recommends a minimum of 400 grams of fruit and vegetables per day (excluding potatoes and other starchy tubers) for the prevention of chronic diseases such as heart disease, cancer, diabetes and obesity, as well as for the prevention and alleviation of several micronutrient deficiencies, especially in less developed countries.

Many constituents and functional aspects of vegetables may be responsible for their apparent protective effects on the development of diabetes and cardiovascular diseases (CVDs). Among these are fibers, folate, potassium, magnesium, phytoestrogens and antioxidant contents. Other components of vegetables like vitamins, minerals and phytochemicals may play a role in the prevention of chronic noncommunicable diseases.

Several studies claim that dietary fiber delays the absorption of carbohydrates after a meal and thereby decreases the concentration of insulin in the blood. It increases satiety, reduces hunger, and decreases energy intake and hence contributes to weight control and avoidance of obesity which may lead to type 2 diabetes. In addition, water-soluble dietary fiber decreases both total and low-density lipoprotein (LDL) cholesterol while not affecting levels of high-density lipoprotein (HDL) cholesterol. Dietary fiber is also associated with lower blood pressure in several observational studies.

Dietary folate, on the other hand, have vasculoprotective effects, meaning it has the ability to protect the vascular system from damage. In one randomized control trial, supplementation of the diet with folic acid and vitamin B6 was shown to reduce markers of endothelial dysfunction and progression of subclinical atherosclerosis.

One of the training programs on Gulayan sa Paaralan held in ARMM.

Meanwhile, dietary potassium is said to lower blood pressure in both hypertensive and normotensive persons, while dietary magnesium plays an important role in insulin action, and hypomagnesemia is well recognized in persons with diabetes. Hypomagnesia may impair insulin secretion and promote insulin resistance in diabetic patient.

Dietary antioxidants, or substances in food that act like a broom in sweeping away harmful chemicals in the body, stimulate the production of antibodies and interferon that protects the body from viral invaders and cancer cells thereby building the body's immune system. This process may not be achieved overnight but it is a guarantee that a body with a strong immune system will not be prone to viral attack. The dietary antioxidants are Vitamin E, Vitamin C, and Selenium.

Dietary phytoestrogens – broadly defined to include isoflavones, coumestans, and lignans – play an important role in prevention of menopausal symptoms, osteoporosis, cancer, and heart disease. A number of these compounds have been identified in commonly consumed fruits, vegetables, and whole grains. Soybeans, clover and alfalfa sprouts, and oilseeds (such as flaxseed) are the most significant dietary sources of isoflavones, coumestans, and lignans, respectively.

Increasing Vegetable Intake

At the start of the year, Agriculture Secretary Proceso J. Alcala issued Administrative Order No. 5 on the *Programang Agrikulturang Pilipino – Gulayan sa Paaralan* (Vegetable Garden in School). This is consistent with the Department of Agriculture's goal to attain food self-reliance and self-sufficiency via vegetable growing.

Specifically, the program aims to promote vegetable production through natural farming in public elementary and high schools, to establish or maintain school gardens to serve as food basket or main source of vegetables to sustain supplementary feeding and to showcase small-scale food production model in schools for the household communities to replicate and promote family food security.

Part of implementing strategies is the creation of Agri-Pinoy Implementing Team (APIT) consisting of key players and stakeholders in the Department of Health, National Nutrition Council, Department of Social Welfare and Development, Department of Agrarian Reform, Department of Environment and Natural Resoruces and the Department of the Interior and Local Government to be led by the DA. Other strategies include masterlisting of eligible schools, social preparation and value formation by identified focal person of APIT, training programs on growing vegetables using self-produce organic fertilizer and the establishment of school gardens.

In the Autonomous Region in Muslim Mindanao, several training programs to implement the *Gulayan sa Paaralan* have been conducted which were participated by elementary and high school educators and some LGU representatives in the region.

Planting and Eating in Islam

In Islamic perspective, everybody is encouraged to plant fruits, vegetables and other crops as part of food security. Anent this, Prophet Muhammad *(peace and blessings be upon him)* said: "Whoever plants a crop thereby eaten by man or animal or bird is charity" *(narrated by Al-Bukharie)*. This means that the one who planted the plants will gain charity as reward if it is eaten by animal or even stolen by somebody but the stealer will incur sin.

Moreover, growing vegetables in school is part of physical activity or exercise. Likewise, using organic fertilizer is healthier practice. The Prophet was reported to have said: "The stomach is the tank of the body and the veins go down to it. When the stomach is healthy the veins come back in a healthy condition, but when it is in a bad condition, they return diseased."

Taiwan Adventist College's HEALTH 100

by
ELIZABETH G. MASCAREÑAS
HEALTHbeat Staff

Nutrition is one of the most powerful and important elements that affect proper health. The food we take everyday matters to our physical health. This is the concept of "Health 100," a 10-day community immersion program or "lifestyle camp" of the health promotion department of the Taiwan Adventist College (TAC).

Taiwan is historically known as "Formosa," meaning beautiful island. It is an island of East Asia the western Pacific Ocean and located off the southeast coast of mainland China. The island forms over 99% of the current territory of the Republic of China (ROC) following the Chinese Civil War in 1950.

In 1951, the Taiwan Adventist College (TAC) was founded. It is one of the 5,000 Seventh-day Adventist education institutes around the world and considered as one of the most beautiful campus in Taiwan because of its natural environment. The TAC has three departments – Theology, English and Health Promotion.

In Health Promotion, students are trained for health ministry work. They undergo training on hydrotherapy, massage, natural remedies and lifestyle management. Health ministry is proven as a useful tool to reach more people and spread the gospel.

"Health 100" is a health promotion program designed to prevent chronic diseases and help people who had developed conditions such as hypertension, diabetes, or high blood cholesterol control to recover from their conditions in the most natural way. This program is based on the Adventist Church's eight healthy principles called "NEWSTART" — balance **N**utrition, regular **E**xercise, drink enough **W**ater, **S**unlight, **T**emperance, fresh **A**ir, proper **R**est and **T**rust in God.

The author (extreme left is one of the participants of the Health 100 - Lifestyle Camp.

During the 10-day program, participants learn how to exercise, cook nutritious food and eat properly as well as engage in spiritual reformation. Also, by applying the eight healthy principles, the body system gradually excretes accumulated toxins and restores its self-healing power that God has set in the body. Finally, recovery of the body's proper function happens and health is regained.

In the "Health 100" lifestyle camp, the nutrition aspect applies the principles of low salt, low fat with no refine oil, low sugar with no refine sugar, and no animal products, but use whole grains, vegetables and fruits abundantly. No refine sugar means the use of molasses, dates or honey only because they have more nutrient contents than white sugar. Moreover, the use of seeds (sesame, sunflower, pumpkin, flex) and nuts (almond, cashew, walnut) are encouraged because they are good sources of unsaturated fatty acids and antioxidants like vitamin E. They also help the body reduce excess blood cholesterol, fight disorders and build strong cells.

Participants are also taught to take vegetable and fruits not in same meal, meaning fruits should be taken on an empty stomach to detoxify your system, especially for those who have digestive problems. After each meal, participants are also encouraged to do brisk walking around the campus for at least 10 minutes. This becomes an opportunity for the facilitators to interview the participants and know the changes or improvements they have experienced during the program.

The use of natural and plant base food sources will largely reduce the danger of toxins found in processed or animal food, which is one of the causes of acquiring cancer and/or chronic diseases.

During the program, participants are required to take biochemical test, before and after 10 days. The test results would show lifestyle changes that would give great impact in blood cholesterol, triglyceride, blood sugar and blood pressure control. Some of the participants have lost weight from 1 to 3 kilograms after the program.

HEALTH 100 Sample Recipes

Pumpkin Macaroni Soup

Ingredients:

Pumpkin (medium size)	1kg	Macaroni	300g
Black mushroom	2-3pcs	Carrot (diced)	1/2cup
Onion (diced)	1 cup	Salt	to taste
Cashew nut (unbaked)	1/2 cup	Soy milk (optional)	1/2cup
Parsley (fresh or dry)	pinch		

Steps:

1. Peel the pumpkin and remove seeds, cut into cubes, and steam until soft. When the pumpkin becomes soft, mash it with a spoon or fork.
2. In a blender, blend 1/2 cup of cashew nuts with 1/2 cup of water, until it becomes very fine liquid. Set aside.
3. Soak the black mushroom in water, until soft, cut into cube.
4. Boil macaroni until cooked.
5. In a cooking pan, boil 1 cup of water. When water is boiling, add onion, cook until it turned transparent. Add another 3-4 cups of water(you may adjust the amount of water). Put diced carrot and black mushroom. Cook until carrot becomes soft.
6. Add mashed pumpkin into soup, cook for 2-3minutes, and then add cooked macaroni, blended cashew nut liquid and soy milk (optional). Add salt to taste.
7. Sprinkle fresh or dry parsley, and then turn off the fire.

Smart ORAL HEALTH Practices

Oral health is essential to general health and wellbeing. By practicing good dental habits with children at home, visiting the dentist regularly and following a balanced diet, parents can help keep their children smiling with confidence.

Unfortunately, many children are without proper oral health care and can develop severe tooth decay, known as early childhood caries. Children experiencing tooth decay can suffer from severe pain, problems eating and speaking, and an inability to concentrate and do well in school.

The following tips to parents and caregivers can help children ages 0 to 5 develop healthy oral health habits to protect their teeth for a lifetime:

Smile, Denise, smile... (Photo by Cristina Gamboa-Juatchon)

• Breastfeed the baby. This will prevent painful early childhood caries or what is known as baby bottle tooth decay which is acquired by letting the baby fall asleep with a bottle in the mouth.

• Wipe or brush baby's teeth daily, especially after eating, with a clean washcloth or a moist, soft child's toothbrush, without toothpaste.

• Encourage the child to use training cups at 6 months of age.

• Give the child water rather than juice when thirsty. After six months of age, one small serving of juice a day is sufficient.

• Once the baby is eating solid foods, limit the number of sweet and sticky foods. Instead, offer a variety of healthy foods from all of the food groups. Don't forget fruits and vegetables.

• Don't share toothbrush or eating utensils with the baby. The bacteria in one's mouth can cause tooth decay in the child.

• Check the baby's teeth and gums for early tooth decay. Look for white spots on the teeth, swelling, bleeding or pimples on the gums.

• When the child is about 2 years old, help her brush with a small amount of fluoride toothpaste twice a day.

• Ask the dentist about fluoride or fluoridated drinking water and other ways to protect child's teeth.

• Supervise children while they brush their teeth, making sure they use a small amount of toothpaste and brush thoroughly. Young children need help brushing their teeth until they are about 7 years of age.

• Show and help the child how to floss until he/she develops the skills to do it on his/her own. Remember, parents are children's first teacher and can help them develop healthy habits that last a lifetime.

Smart oral health practices are just one step in preparing children to reach their greatest potential in school and in life.

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Food Trip

READER DISCRETION IS ADVISED

Bigas

TITSER: Class, alam niyo ba na ang bawat butil ng bigas ay galing sa dugo at pawis ng mga magsasaka?
CLASS: Eeewww! Yuck! Kadiri!

Kanin

Sa isang dinner date, napansin ng lalaki na ang kanyang date na may kulangot malapit sa kanyang labi...
GERRY: Ah, eh... may kanin ka yata near your upper lip.
JUVY: *(Dinilaan niya ito)* Ikaw talaga, hindi naman kanin eh... ULAM!

Dinner

ABBY: Nag-dinner kami ng BF ko kagabi. Impressed ako, ang laki ng resto, ang dami ng choices.
BETH: Ows? Ano pangalan ng resto?
ABBY: Food Court.

Cake

JUNJUN: Pare, tikman mo itong cake. Masarap! Gawa ng Mommy ko 'yan!
AJIE: Ikaw na lang titikman ko, pare. Tutal gawa ka din naman ng Mommy mo. I Love You, Pare!

Chocolates

ROSIE: I love how chocolates melt in my hands...
BECCA: Bakit naman, Mare?!?
ROSIE: Ano ka ba? Isa lang ibig sabihin nun... I'm so hot!

Itlog Na Pula

Sa palengke...
MARIBETH: Mare, kapag nakakakita ako ng itlog na pula, naalala ko 'yung kumpare mo...
JOSIE: Bakit, Mare? Ganoon ba kalaki ang itlog ni pare?
MARIBETH: Hindi. Ganoon kaalat!

Siopao

Sa Restaurant...
EDWIN: Siopao nga, yung babae.
WAITRESS: Babae?
EDWIN: Oo, yung may papel na sapin, parang napkin.
WAITRESS: Ah! Lalaki ang nandito.
EDWIN: Lalaki?
WAITRESS: May itlog po!

Pizza

Sa Pizza Hut...
NOEL: Anong mga specialties n'yo dito?
WAITER: Sir, we serve all kinds of pizza.
NOEL: Talaga?!? Bigyan mo nga ako ng Shakey's!

Burger

Nakita ng customer kung paano inipit ng cook sa kanyang kilikili ang hamburger...
RIA: 'Yan na ang pinakababoy na nakita ko sa restaurant ninyo!
COOK: Ma'am, hindi pa ninyo nakikita kung paano ko ginagawa yung donut!

Beer

OSCAR: Kuha mo pa nga ako ng beer...
DELIA: Hoy! Tama na yang beer mo masyado ka magastos!
OSCAR: Ikaw, ang mga make-up mo ang magastos!
DELIA: Nagpapaganda ako para sayo!
OSCAR: Ako naman, umiinom para gumanda ka!

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3-5 taong agwat, dapat!

Kalusugan. Nutrisyon. Edukasyon.
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sa tamang agwat ng mga bata.

Para sa impormasyon at serbisyo sa family planning,
pumunta sa health center.

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