Easing the burden of most common vaccine-preventable diseases through the DOH Expanded Program on Immunization
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**MESSAGE**

**Immunization as public health intervention to attain Kalusugan Pangkalahatan**

Public health is concerned with the prevention and protection of our citizens from disease, and the promotion of their health. This proactive role involves continuing surveillance for possible health problems, and provision of health promotion and disease prevention services.

An effective proactive measure is the administration of vaccines to infants and children below five years old, adolescents and mothers to control and eliminate life-threatening infectious diseases. In the Philippines, statistics show a dramatic decline of cases and deaths in children due to vaccine-preventable diseases like measles, pertussis and diphtheria after the Expanded Program on Immunization was introduced in the 1970s. It has resulted to fewer infant, child and maternal deaths due to tetanus.

This year, the Department of Health initiated the conduct of School-based Adolescent Immunization Program in all public high schools in selected priority provinces and cities nationwide as a strategy to prevent occurrence of vaccine-preventable diseases like measles and tetanus among adolescents. Baguio City, Abra and Apayao were selected as top priority areas for this year with around 38,000 high school students given free booster dose of Measles, Mumps and Rubella (MMR) and Tetanus-diphtheria (Td).

Though cases and deaths due to measles had declined over the years, pockets of cases are still being reported. Thus, our goal to eliminate measles in the country by 2020 hinges on high measles immunization coverage not only during national campaigns but more so during routine vaccination schedules.

The Department of Health through its Expanded Program on Immunization (EPI) had established a comprehensive support system to ensure the efficacy of our vaccines by training health personnel in cold chain management and the proper administration of vaccines and the management of any adverse effects following immunization. Our vaccines are also assured of its utmost safety and efficacy as recommended by the Strategic Advisory Group of Experts (SAGE) on immunization of the World Health Organization.

“Immunization is a basic right of the child and no child shall be deprived of it.” It is a proven tool for controlling and eliminating life-threatening infectious diseases, not only among infants and children below five years old but also essential among adolescents and adults. Immunization is the most cost-effective measure to avoid medical and hospitalization expenses, and most especially to prevent the unnecessary loss of lives.

Public health is everyone's responsibility. The Department of Health continues to work in partnership with our Local Government Units to ensure that every child is given the life-saving interventions of immunizations. Meanwhile, our LGU partners, in cooperation with our people, must also continue to adhere with other protective measures, such as early and exclusive breastfeeding, improving sanitation, and practicing a healthy life style, among others.

With the continuing support of all sectors, especially our parents or other adults responsible over young children, we can all achieve Kalusugan Pangkalahatan or Universal Health Care by attaining the Millennium Development Goals of reducing child mortality, improving maternal health, and combating infectious diseases.
It was in 1966, when WHO took the momentous decision to undertake a global programme of smallpox eradication. An intensified effort to eradicate the disease began in January 1967. That year, there were more than 10 million cases and 2 million deaths worldwide. Philippines had about 60,855 deaths.

Smallpox is the first disease to have been fought on a global scale through massive vaccinations. In 1980, WHO officially declared that smallpox had been eradicated worldwide.

In 1988, WHO also launched the Global Polio Eradication Initiative to stop the polio virus that have crippled and paralyzed millions of children worldwide. Philippines then is among the 125 countries worldwide endemic with the disease.

Through the wide-scale immunization initiative of WHO along with the polio-endemic countries, polio cases have since decreased by more than 99 percent saving millions of children against the terrible effects of life-long polio-paralysis.

In 2000, countries in the Western Pacific Region that includes the Philippines, was declared polio-free. Only three countries remain endemic to present - Afghanistan, Nigeria and Pakistan.

**Vaccines, a major health breakthrough of the century**

Today's vaccines are among the most successful and major health breakthrough of the century and most cost-effective public health tools for preventing diseases and deaths saving countless lives worldwide.

According to UNICEF, the effectiveness of immunization is thoroughly proven. Unlike most other health and development interventions, immunization does not simply raise the chances that children will resist a disease: it virtually guarantees they will.

Smallpox which was once the most feared deadly disease of mankind has since then
eradicated through immunization. Our battle against polio is almost coming to end. Today, millions of children are now walking who would otherwise been paralyzed by the polio virus.

The success of the Smallpox Eradication Programme is one of the milestones in the history of immunization. This sets in motion the Expanded Programme on Immunization that aimed to eliminate diphtheria, pertussis (whooping cough), tetanus, measles, poliomyelitis and tuberculosis worldwide.

**The DOH Expanded Program on Immunization.**

**Immunization is a basic right of the child and no child shall be deprived of it.**

This underscores the Expanded Program on Immunization (EPI) of the Department of Health that begun in 1976 with the aid of the World Health Organization and UNICEF as a means to ensure that infants, children and mothers have access to routinely recommended vaccines against the most common vaccine-preventable diseases.

The EPI program initially began with four vaccines against six deadly diseases namely tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles. It aimed to reduce the morbidity and mortality among children against the most common preventable diseases.

Specifically, it aimed to eliminate measles infection, maternal and neonatal tetanus; prevent pulmonary tuberculosis among children; control diphtheria, pertussis, hepatitis B infection and German measles; and to sustain the polio-free status of the Philippines.

The Philippines has been declared polio-free since 2000 but is still at high risk for wild polio virus. Thus, sustaining the routine Oral Polio Vaccine (OPV) for infants is deemed vital so that no child will ever again suffer the terrible effects of lifelong polio-paralysis.

The success of the EPI program in controlling common vaccine-preventable diseases among infants and children are at par comparable. Diphtheria, pertussis, HepB infection, measles and German measles which are endemic claiming thousands of lives in the past centuries are now controlled through immunization and only few cases are being reported.

In 2010, the Aquino Health Agenda or Universal Health Care (AHA-UHC) for all Filipinos was pushed to improve, streamline and scale-up reform interventions to further address inequities in the health care system and ensure that all Filipinos, especially the poor have access to quality and affordable health care.

It is in this line that the Kalusugan Pangkalahatan (KP) was borne to further push the implementation of needed health reforms and ensure the attainment of the three (3) KP thrusts namely: Financial risk protection through NHIP enrollment and benefit delivery, improved access to hospitals and quality health care facilities and attainment of health-related MDGs.

DOH doubled its effort to accelerate its programs and activities towards its goal of providing universal access to all relevant vaccines.

In 2012, the government had allocated Ph1.8 billion for the EPI Program and an additional Ph1.5 billion for the immunization of senior citizens and children for the NHTS-PR families.

**Latest vaccines added in the EPI**

**The Hepatitis B (HepaB) Vaccine**

In 2005, Hepatitis B (HepaB) vaccine was added to the program to reduce the prevalence of chronic Hepatitis B infection acquired or commonly spread from mother to child at birth, or from person to person in early childhood. Hepatitis B is a potentially life-threatening liver infection caused by the hepatitis B virus. It is considered a major global health problem and the most serious type of viral hepatitis. It can cause both acute and chronic liver cirrhosis and liver cancer which can lead to death.

Thus, in support and to strengthen the hepatitis B control and other vaccine-preventable diseases, President Aquino signed in 2011 RA 10152 or the "Mandatory Basic Immunization Services for Infants and Children" which mandates the immunization of infants and children below five years old, including the giving of Hepatitis B vaccine to infants within 24 hours after birth. The hepatitis B birth dose is free and is included in the Essential Intrapartum and Newborn Care (EINC) package, while the subsequent doses are given on the 6th and 14th weeks from birth.

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The Measles, Mumps and Rubella (MMR) Vaccine

In 2010, Measles, Mumps, Rubella (MMR) Vaccine was added as a regular routine vaccine of the program aside from the Measles Vaccine given to children 9-11 months of age.

The MMR is given to children 12-15 months of age as a second opportunity dose for those who were not given measles vaccine at 9-11 months of age and those children who were immunized but failed to develop sufficient immunity against measles.

Aside from measles, the MMR also protects children against mumps, a highly contagious disease that leads to the painful swelling of the salivary glands, and German measles or rubella.

Measles, mumps and rubella are serious viral diseases. These can be transmitted or acquired through infected droplets by sneezing, coughing or by close contact or exposure to infected individuals.

Though German Measles is a mild disease compared to measles, its primary danger is the infection of pregnant women and women of child bearing age. It can cause miscarriage, premature delivery and serious birth defects including heart problems, hearing and sight problems and cognitive impairment.

The Pentavalent Vaccine

Also in 2010, DPT+HepB+Hib or known as Pentavalent vaccine was initially introduced in Western Visayas, Central Visayas and CARAGA region. This was only implemented in the Cordillera region towards the end of the first quarter of 2013.

The Penta is a 5-in-1 vaccine that can protect children from five vaccine-preventable diseases namely Diphtheria, Pertussis, Tetanus, Hepatitis B and Haemophilus Influenzae Type B infection or known as the culprit for pneumonia and meningitis among infants and children below five years old.

Infants given Pentavalent vaccine need not be given DPT and HepB separately except for the monovolent Hepatitis B vaccine that is mandatorily given to infants within 24 hours after birth.

The Rotavirus Vaccine

In the Philippines, diarrhea and dehydration remains among the top 10 leading causes of morbidity among Filipino children and fifth leading cause of infant mortality that account for an estimated 3,500 deaths yearly in children below 59 months of age.

Thus, considering the great burden that rotavirus gastroenteritis imposes to children, Health Secretary Enrique T. Ona announced during the 13th Asian Conference on Diarrheal Diseases and Nutrition in January of 2012 the addition of yet another vaccine in the EPI program. This is the rotavirus vaccine which can prevent infant mortality from the most severe episodes of rotavirus infection, particularly in impoverished regions where access to health services is limited and scarce.

This was implemented in the region mid-June of 2012 giving priority to infants from the poor families or those belonging to the National Household Targeting System for Poverty Reduction (NHTS-PR) of the DSWD. The Rotavirus vaccine is given orally in two doses. The first dose is given to infants 6 weeks to less than 15 weeks and the second dose at 10 weeks to less than 32 weeks of age.

The Philippines is the first country in Asia to implement the WHO recommendation of introducing the Rotavirus vaccine in the National Immunization Program.

The Measles-Rubella Supplemental Immunization Activity (MR-SIA) in CAR

From 2006 to 2009 there has been no measles cases reported in the Cordillera region as a result of the successful mass measles vaccination conducted nationwide since 1998 as part of the 10-year Philippine Measles Elimination Campaign (PMEC) strategy.

However, in the later part of 2010 measles cases started to escalate in the region owing to the low annual routine coverage in the previous years that contributed to the measles virus outbreak. In that year alone 91 were laboratory confirmed positive for measles of which 47 percent were unimmunized.

In 2011, measles outbreak occurred in many parts of the country including the Cordillera Region. In teh region the Regional Epidemiology and Surveillance Unit (RESU) reported 682 measles cases of which 103 were confirmed positive. Most of the confirmed cases were also unimmunized. Record also showed that in 2011, CAR had a total of 171 rubella positive cases and 2 confirmed cases

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DOH CAR gives free MMR and Td to high school students
by Diana Domes - Palangchao

The Department of Health, noting that significant proportion of the country’s population are adolescents who represent the most active and vulnerable to vaccine-preventable diseases, had initiated this year the conduct of School-based Adolescent Immunization Program in all public high schools in selected priority provinces and cities nationwide.

The program is a one-month activity that sets to immunize Grades 7-10 or first year to fourth year high school students with free booster dose of Measles, Mumps, Rubella (MMR) and Tetanus-Diphtheria (Td).

The program is also part of the Maternal and Child Health and Nutrition (MNCHN) Strategy towards the attainment of the Millennium Development Goals (MDG) 4 & 5 - reduction of child mortality and improved maternal health by the end of 2015.

In our region, Baguio City, Apayao and Abra were selected as top priority areas for this year with around 38,000 high school students. Remaining provinces in the region will be targeted for inclusion by 2014. The program started in August and is expected to end on the third week of September this year.

Measles, Mumps and Rubella are serious viral diseases. They can be transmitted or acquired through infected droplets by sneezing, coughing or by close contact or exposure to infected individuals.

Surprisingly, most of the measles cases belong to the adolescent age-group (age 10-19 yrs old), which may indicate that they may have been vaccinated against measles but may not have developed enough immunity against the disease or they may not have been vaccinated at all.

To note, from January to August 31 of this year, the Regional Epidemiology Surveillance Unit (RESU) recorded a total of 159 suspected measles cases of which 35 were laboratory confirmed positive for measles with one fatality.

Thus, through the program, it is hoped that a 100 percent accomplishment will be achieved to reduce the number and pool of susceptible children to measles and other common vaccine-preventable diseases and further prevent outbreaks in the schools.

Kudos to all schools and DepEd nurses, the local government unit as well as other partners for their effort and commitment towards the Malusog na Kabataan, kabalikat at pag-asa para sa kaunlaran.
Myths and facts about vaccination

Myth 1: Better hygiene and sanitation will make diseases disappear – vaccines are not necessary. FALSE
Fact 1: While better hygiene, hand washing and clean water help protect people from infectious diseases, many infections can spread regardless of how clean we are. If people are not vaccinated, diseases that have become uncommon, such as polio and measles, will quickly reappear.

Myth 2: Vaccines have several damaging and long-term side-effects that are yet unknown. Vaccination can even be fatal. FALSE
Fact 2: Vaccines are very safe. Most vaccine reactions are usually minor and temporary, such as a sore arm or mild fever. Very serious health events are extremely rare and are carefully monitored and investigated. You are far more likely to be seriously injured by a vaccine-preventable disease than by a vaccine. While any serious injury or death caused by vaccines is one too many, the benefits of vaccination greatly outweigh the risk, and many, many more injuries and deaths would occur without vaccines.

Myth 3: The combined vaccine against diphtheria, tetanus and pertussis (whooping cough) and the vaccine against poliomyelitis cause sudden infant death syndrome. FALSE
Fact 3: There is no causal link between the administering of the vaccines and sudden infant death, however, these vaccines are administered at a time when babies can suffer sudden infant death syndrome (SIDS). In other words, the SIDS deaths are coincidental to vaccination and would have occurred even if no vaccinations had been given. It is important to remember that these four diseases are life-threatening and babies who are not vaccinated against them are at serious risk of death or serious disability.

Myth 4: Vaccine-preventable diseases are almost eradicated in my country, so there is no reason to be vaccinated. FALSE
Fact 4: Although vaccine preventable diseases have become uncommon in many countries, the infectious agents that cause them continue to circulate in some parts of the world. In a highly inter-connected world, these agents can cross geographical borders and infect anyone who is not protected. So two key reasons to get vaccinated are to protect ourselves and to protect those around us. We should not rely on people around us to stop the spread of disease; we, too, must do what we can.

Myth 5: Vaccine-preventable childhood illnesses are just an unfortunate fact of life. FALSE
Fact 5: Vaccine preventable diseases do not have to be ‘facts of life’. Illnesses such as measles, mumps and rubella are serious and can lead to severe complications in both children and adults, including pneumonia, encephalitis, blindness, diarrhoea, ear infections, congenital rubella syndrome (if a woman becomes infected with rubella in early pregnancy), and death. All these diseases and suffering can be prevented with vaccines. Failure to vaccinate against these diseases leaves children unnecessarily vulnerable.

Myth 6: Giving a child more than one vaccine at a time can increase the risk of harmful side-effects, which can overload the child’s immune system. FALSE
Fact 6: Scientific evidence shows that giving several vaccines at the same time has no adverse effect on a child’s immune system. Children are exposed to several hundred foreign substances that trigger an immune response every day. The simple act of eating food introduces new antigens into the body, and numerous bacteria live in the mouth and nose. A child is exposed to far more antigens from a common cold or sore throat than they are from vaccines. Key advantages of having several vaccines at once is fewer clinic visits, which saves time and money, and children are more likely to complete the recommended vaccinations on schedule. Also, when it is possible to have a combined vaccination, e.g. for measles, mumps and rubella, that means fewer injections.

Myth 7: Influenza is just a nuisance, and the vaccine isn’t very effective. FALSE
Fact 7: Influenza is much more than a nuisance. It is a serious disease that kills 300 000-500 000 people worldwide every year. Pregnant women, small children, elderly people with poor health and anyone with a chronic condition, like asthma or heart disease, are at higher risk for severe infection and death. Vaccinating pregnant women has the added benefit of protecting their newborns (there is currently no vaccine for babies under six months). Vaccination offers immunity to the three most prevalent strains circulating in any given season. It is the best way to reduce your chances of severe flu and of spreading it to others. Avoiding the flu means avoiding extra medical care costs and lost income from missing days of work or school.

Myth 8: It is better to be immunized through disease than through vaccines. FALSE
Fact 8: Vaccines interact with the immune system to produce an immune response similar to that produced by the natural infection, but they do not cause the disease or put the immunized person at risk of its potential complications. In contrast, the price paid for getting immunity through natural infection might be mental retardation from Haemophilus influenzae type b (Hib), birth defects from rubella, liver cancer from hepatitis B virus, or death from measles.

Myth 9: Vaccines contain mercury which is dangerous. FALSE
Fact 9: Thiomersal is an organic, mercury-containing compound added to some vaccines as a preservative. It is the most widely-used preservative for vaccines that are provided in multi-dose vials. There is no evidence to suggest that the amount of thiomersal used in vaccines poses a health risk.

Myth 10: Vaccines cause autism FALSE
Fact 10: The 1998 study which raised concerns about a possible link between measles-mumps-rubella (MMR) vaccine and autism was later found to be seriously flawed, and the paper has been retracted by the journal that published it. Unfortunately, its publication set off a panic that led to dropping immunization rates, and subsequent outbreaks of these diseases. There is no evidence of a link between MMR vaccine and autism or autistic disorders. Source-WHO
The Department of Health to stop the rising cases of dengue in the country revived the “Four O’clock Habit” packaged as "Sugpuin ang Dengue! Mag 4 o’clock Habit: Stop, Look, and Listen, Aksyon Barangay Kontra Dengue (ABKD) Pagtibayin"

In CAR dengue cases had already reached 5,761 from January to August 31, 2013, showing a 43% increase compared to the same period last year. Increases of cases occurred in the provinces of Abra, Baguio City, Kalinga and Mt. Province. In 2012, a total of 4039 dengue cases with twelve deaths were recorded. This year eight deaths were recorded as of August 31, 2013.

Clustering of cases were noted in 8 CAR barangays, namely South Poblacion in Bucay, Abra; Poblacion in Kabugao, Apayao; Pinsao Pilot Project in Baguio City; Loakan and Ucab in Itogon; Tabio in Mankayan; and Otucan Norte and Sur in Bauko. Barangay Libertad in Abulug, Cagayan, adjoining the province of Apayao, was also reported to have a clustering of cases, which means that three confirmed dengue cases occurred in the area within a period of four weeks.

Department Memorandum No. 0156, s.2013 entitled “Adopting the 4 o’clock habit as a Strategy Against Dengue” calls on everyone to stop at 4pm, look inside and outside their houses to search and destroy possible mosquito breeding sites, and listen to Barangay Officials for the proper ways of eliminating dengue.

The 4 o’clock habit campaign was first launched in 1996 to encourage community members to search and destroy mosquito breeding places every 4:00 PM. The revival was prompted by the continuing rise of dengue cases despite efforts made by stakeholders. The campaign emphasizes the need for people to realize that the only way to prevent dengue is their active cooperation and participation to search and destroy mosquito breeding places. Different stakeholders against dengue should strengthen their collaboration, support and commitment in order to protect the health of the people.

Barangay officials, being the closest group to reach the households, are sought to be the most effective to encourage their constituents to act against dengue. As the main source of information Barangay Officials should undertake dengue disease surveillance and vector surveillance data to guide the dengue drive of their constituents. They can link-up with health authorities to learn how to conduct disease and vector surveillance.

Disease surveillance tracks the number of dengue cases in the community, while vector surveillance identifies the location in the community of containers or areas where the dengue virus carrying aedes aegypti are found. Once identified the community shall know where to search and conduct clean-up drives of mosquito breeding sites.

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DEN GUE / CHIKUNGUN YA ALERT!

What is DENGUE?
◊ Dengue is a disease caused by a virus.
◊ The virus can be carried by the *Aedes* mosquito which can transmit the virus to another person through its bite.
◊ Can be fatal.
◊ A person can get sick of dengue four times because there are four types of dengue virus.

What is CHIKUNGUNYA?
◊ Chikungunya is an illness caused by a virus.
◊ Like Dengue, the Chikungunya virus can be transmitted through the bite of the *Aedes* mosquito.
◊ It is rarely fatal.
◊ A single infection usually confers lifelong immunity.

SIGNS and SYMPTOMS
◊ Fever
◊ Headache
◊ Eye pain
◊ Rashes
◊ Muscle/body pains
◊ Abdominal pain
◊ Loss of appetite
◊ Nose bleeding and/or gum bleeding
◊ Nausea and vomiting

SIGNS and SYMPTOMS
◊ Fever
◊ Headache
◊ Rashes
◊ **Joint pains**
  - severe and persistent
  - can last for weeks or even months
◊ Muscle Pain
◊ Loss of appetite
◊ Nausea and Vomiting

WHAT TO DO when showing signs and symptoms
◊ Seek early medical consultation.
◊ Do not self-medicate.

PREVENTION and CONTROL
◊ **STOP** at 4 o’clock pm.
◊ **LOOK** inside and outside your house.
  • Search and Destroy all possible *Aedes* Mosquito breeding sites
    - change the water in flower vases once a week
    - clean roof gutters regularly
    - dispose used tires properly or fill these with soil
    - turn upside down all tin cans and bottles which can accumulate water.
    - tightly cover drums and other water containers
    - dispose your garbage properly
  • Avoid Mosquito bites
    - use long sleeved shirts and long pants
    - use protective screens for doors and windows
◊ **LISTEN** to barangay officials about the dengue/chikungunya status of your barangay.
The Department of Health Cordillera is advising the public to be alert as chikungunya and dengue cases are increasing in the region.

From February to August 31 of this year, a total of 902 chikungunya cases in the region were recorded by the Regional Epidemiology Surveillance (RESU). Of the total cases, Ifugao had 736, Mt. Province and Baguio City with 40 respectively, Apayao with 37, Kalinga with 23, Benguet with 16, Abra with 3 and 7 cases are from outside the region.

Out of the blood specimens sent to RITM for laboratory confirmation, 44 were confirmed positive for chikungunya virus. Most of these positive cases came from Ifugao with 18, Mt. Province with 10, Kalinga with 6 respectively and Baguio City with 2, Abra with 1 and 1 confirmed case from outside the region.

In June of this year, DOH-CAR declared an outbreak of chikungunya in the Municipality of Lamut, Ifugao after almost 500 individuals were hit by the viral diseases. No death, however, was recorded.

Most of the leading signs and symptoms exhibited by the patients as reported are fever, rash, arthralgia, headache, arthritis, myalgia, backpain, nausea, and vomiting.

According to World Health Organization (WHO) Chikungunya is a viral disease which is transmitted to humans through the bite of infected female mosquitoes. These mosquitoes involved are Aedes aegypti and Aedes albopictus, two species which can also transmit other mosquito-borne viruses such as dengue. They bite during the day mostly in the early morning and late in the afternoon. After the bite of an infected mosquito, onset of illness occurs usually between four and eight days but can range from two to 12 days.

Chikungunya shares some clinical signs with dengue, and can be misdiagnosed in areas where dengue is common.

It is characterized by an abrupt onset of fever frequently accompanied by joint pain. Other common signs and symptoms include muscle pain, headache, nausue, fatigue and rash. The joint pain is often very debilitating, but usually ends within a few days or weeks. Most patients recover fully, but in some cases joint pain may persist for several months, or even years. It is rarely fatal, unlike the dengue.

There are no specific and commercial drugs to cure the viral disease. Treatment is focused at relieving the symptoms, including joint pain. Giving of aspirin is likewise not recommended. More importantly, seek an early medical consultation when signs and symptoms occur.

The prevention and control of chikungunya and dengue virus relies primarily on reducing and eliminating all possible mosquito breeding sites. These mosquitoes breed primarily in a wide variety of rain-filled containers which are common around workplaces and human dwellings such as flower vases, pails, discarded tyres, cans, water bottles and other containers that can accumulate water.

The public is hereby urged to practice the DOH “Four O’clock habit” as a strategy to eliminate the transmission of the dengue virus which are expected to rise during the rainy season. Likewise, the campaign shall serve to emphasize that the prevention of dengue as well as chikungunya relies primarily on the active participation and cooperation of the community.

Upon onset of signs and symptoms, consult a doctor immediately.
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The Department of Health-Cordillera rallied the commitment and support of the local government units to its health programs and activities towards the attainment of the Millennium Development Goals, specifically MDG 4 and 5 which is the reduction of maternal, infant, and child mortality.

Based on the 2012 LGU Scorecard on Health performance result, the Cordillera region attained “red marks” in most of its indicators which means that desired targets were not met.

Among the indicators with red marks includes MCP and TB accreditation, TB cure rate, Fully Immunized Child (FIC), exclusive breastfeeding, access to sanitary water and toilet and facility-based delivery. CAR was rated excellent or green in at least four of its indicators and was rated fair to at least five of its indicators which includes Philhealth sponsorship, health financing and deliveries being attended by skilled health professionals.

DOH-CAR Regional Director Dr. Valeriano Jesus V. Lopez said that the result of the LGU scorecard shall serve as an inspiration and challenge to the LGUs in pursuing the most coveted health reforms for Kalusugan Pangkalahatan.

“Our local government officials play a very important role in the implementation and fulfillment of our commitment in Kalusugan Pangkalahatan to build a healthier community and nation for our poor citizens,” Lopez stressed.

During the Municipal Health Leadership Governance Program for the poor, DOH CAR Assistant Regional Director Dr. Amelita M. Pangilinan said that the “red marks” is a “go signal” to reallocate resources towards basic social services and intensify efforts towards the implementation of MDG-responsive programs, projects and activities.

“But we cannot do it alone. DOH cannot do it alone. The LGUs, being the frontline service providers of most basic services play a very crucial role, specifically in the legislation and execution of laws in support to the delivery of better health services in the communities,” Pangilinan said.

She said she is very optimistic that the “red marks” in the LGU scorecard will serve as a wake-up call most especially for local government units to show more commitment and perform the needed actions in pursuing health reforms for Kalusugan Pangkalahatan.

“Let us not, however, loosen our belts on programs where we performed well or attained a “green” indicator, instead we should strive more to complement the other programs so that NOT ONLY will the “color” change, but more importantly, the health of the people, especially the poor, will be more better if not best in conditions. Though we fall short on some indicators, may these serve to inspire and keep the “passion burning” as we continue our efforts and solidarity towards the "green" path for Kalusugan Pangkalahatan,” Lopez said.

The LGU Scorecard on health measures and tracks the general performance of local government units in implementing and achieving results desired for health reforms. Scorecards are assessment reports of the general performance of major stakeholders presented in a visual manner.

It is a color coded report cards that reflect performance and contribution of the stakeholder that clients feel are valuable in improving the health system.

A green rating or excellent means the performance exceeded or has attained the 2016 national targets. Yellow rating or fair also means the performance is equal/higher than the 2012 national average but lower than the 2016 targets, while red rating indicates failure in the attainment of the desired targets.
To jumpstart the participation of the region in the Go4Health Movement, CHD CAR Regional Director Valeriano Jesus V. Lopez issued CHD CAR Circular No. 2013-012 dated June 20, 2013 adopting the PILIPINAS GO4HEALTH MOVEMENT, a Nationwide Healthy Lifestyle Movement spearheaded by the Department of Health.

Director Lopez knowing that effective advocacy for health is led by the LGU leadership issued the Circular to all Provincial Governors; City and Municipal Mayors; and Provincial, Municipal, City Health Officers, including Chiefs of Hospitals and Medical Center Chiefs.

The movement calls for the adoption of healthy practices to prevent non-communicable diseases caused by unhealthy lifestyle practices such as lack of regular exercise, poor nutrition, smoking, and consumption of alcohol.

The Circular encourages everyone to make a personal commitment to engage in healthy lifestyle through physical activity, proper nutrition, and the prevention or cessation of smoking and alcohol consumption.

“There is abundant scientific and social evidence that addressing these habits is the path to better health,” said Health Secretary Enrique Ona who led the launching of the movement on June 6, 2013.

The Local Government can adopt these project ideas:

- Issue information or regular health bulletins based on the following habits: Go Sigla (Physical Activity), Go Slow sa Tagay (Prevent or stop alcohol consumption), Go Smoke-free (Stop smoking), Go Sustansya (Proper Nutrition).
- Organize meetings and fora on proper lifestyle habits featuring local health experts or DOH resource persons.
- Partner with private organizations to enhance services related to the four health habits.
- Feature healthy lifestyle as part of local festivities or celebrations.
- Share updates and good news via the Pilipinas Go4Health website.
- Promote the Pilipinas Go4Health movement in schools, workplaces, and communities.
- Provide parks and areas where people can do group exercises, jog, walk, and do other physical activities that promote good health.
- Encourage all citizens to participate in healthy lifestyle activities.
- Issue a resolution that bans or minimizes the sale of junk food, soda, and other unhealthy foods especially in schools.
- Support and encourage schools, workplaces and communities that do their own healthy lifestyle activities.
- Be one of the cities and/or municipalities that support healthy physical activities that are done in local parks and recreational areas.

For more information on the movement and ways of adopting healthy lifestyles, everyone is encouraged to become a member of Pilipinas Go4Health Movement by registering through www.go4health.ph.
The Cordillera Association of Regional Executives (CARE) held their Annual General Assembly Meeting on July 15, 2013 at Baguio Country Club highlighting the importance of healthy lifestyle by inviting as guest speaker the Health Assistant Secretary Dr. Eric A. Tayag who talked about health and wellness, particularly the prevention of the ten leading causes of morbidity and mortality in the country.

Leading the culprits among the top ten causes of morbidity and mortality we encounter today are lifestyle-related diseases, such as diseases of the heart, vascular system, hypertension and diabetes.

The common risk factors of these lifestyle-related diseases are tobacco use, unhealthy diet, physical inactivity, and alcohol consumption. Dr. Tayag cited a study of dietary intake trends that reveal increasing consumption of energy dense foods high in fats and sugars, and increasing obesity among younger age groups (9-11 years old) from 2.4% in 1993 to 4.8% in 2005 and 4.6% in 2008.

To avert lifestyle-related diseases among adults and even children in the Philippines, Dr. Tayag introduced the "Pilipinas Go4Health" program.

This nationwide healthy lifestyle movement, spearheaded by the Department of Health (DOH) and its partners, aims to inform and encourage Filipinos from all walks of life to practice a healthy lifestyle by making a personal commitment to physical activity, proper nutrition, and the prevention or cessation of smoking and alcohol consumption.

Continued on Page 18
In line with the government's effort to protect people from the ill-effects of tobacco, the Department of Health recently recognized various institutions in Luzon for painstakingly implementing the 100 percent smoke-free environment.

Of the 74 contenders in the Luzon Cluster, all of the seven hospitals and two government offices from the Cordillera region were recognized as Red Orchid Awardees elevating Luis Hora Memorial Regional Hospital (LHMRH) in Bauko, Mt. Province to the Hall of Fame for being a Red Orchid Awardee for three consecutive years.

The other regional Red Orchid Awardees in the hospital category are Baguio General Hospital and Medical Center (BGHMC), Kapangan Medicare and Community Hospital (KMCH) in Benguet, Barlig District Hospital in Mt. Province, Mayoyao District Hospital in Ifugao, Far North Luzon General Hospital and Training Center and Conner District Hospital in Apayao.

The two government offices are Commission on Population-Cordillera and Benguet Provincial Health Office in La Trinidad, Benguet. No Local Government Unit in the region joined the search this year.

Except for the CHDs, hospitals and government offices, LGUs proclaimed as Red Orchid Awardees this year received a P100,000 worth of NCD Diagnostic Kit aside from the specially designed trophy, certificate and tarpaulin. LGUs elevated to the hall of fame also received an additional P500,000 project grant during the National Zonal Recognition for LGUs in July mainly to sustain their tobacco control activities.

Last year, all of the regional contenders in the hospital category also won as Red Orchid Awardees except for KMCH and Sablan local government unit that landed as Pink Orchid Awardees. Sablan however, was not able to join the search this year.

Assistant Secretary of Health and Chairperson of the DOH Red Orchid Awards Dr. Paulyn Jean Russel-Ubial emphasized that winners in the annual search which started in 2010 were chosen on the strength of their comprehensive and meritorious efforts to implement the 100 percent smoke-free environment.
free environment following the "MPOWER" tobacco control policies and initiatives of World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).

The WHO-FCTC "MPOWER" initiatives are the six proven tobacco control policies namely: monitor tobacco use and prevention policies; protect people from tobacco smoke; offer help to quit tobacco use; warn against the dangers of tobacco; enforce bans on tobacco advertising; and raise taxes on tobacco.

Ubial stressed that all health facilities must be smoke-free zone areas. She warns that dirty ashtrays will be awarded to health facilities who fail to strictly enforce tobacco control measures and will be publicized in the print and electronic media.

DOH-Cordillera being a Red Orchid Hall of Fame Awardee in 2012 shall be strictly monitoring all health facilities in the region with their compliance to the WHO-FCTC guidelines and shall be assisting other government offices and hospitals as potential entries next year.

Meanwhile, Secretary of Health Enrique T. Ona in his speech is hopeful that with the Reform Excise Tax or the Sin Tax Bill which was recently approved into law by the current administration, the country can now enforce stricter ban on tobacco advertising, promotion and sponsorship as a means to protect the health and save lives especially the youth from the ill-effects of tobacco.

He lobbied the new set of incoming officials not only to maintain and sustain the efforts but more importantly to support and expand to innovative ideas to end tobacco promotion, advertising, use and abuse as a realization to the fulfillment of Universal Health Care for Kalusugan Pangkalahatan.
Could you provide more context or ask a specific question about the document? The text seems to be discussing health and lifestyle choices, particularly in the context of the Philippines. It mentions Pilipinas Go4Health and the Life's Simple 7 program, which includes goals such as exercising, managing cholesterol, eating a healthy diet, managing blood pressure, and maintaining a healthy weight. The text also talks about the importance of not smoking and the benefits of regular physical activity.

I was standing near a store that sells cigarettes and liquor when a young man arrived, with some coins in hand, and asked the sales clerk the prize of a certain cigarette brand. He counted his coins after the sales clerk told him the prize and, finding that his money was not enough to buy him a stick or two, he left the store without his cigarette.

The main target clients are the schoolchildren and the workforce. The healthy lifestyle movement seeks to get institutional commitment from both private and public sector in promoting healthy lifestyle and tap partners to implement healthy lifestyle programs through community involvement, institutional participation and personal commitment to increase awareness, change habits and enhance skills.

In response, the CARE members as willing partners gave their commitment to support the program.

Setting an example, Dr. Tayag led a dance exercise as CARE members followed and set a goal to better living through healthy lifestyle. Pilipinas Go4Health, Cordillera Go4Health, indeed.

I was standing near a store that sells cigarettes and liquor when a young man arrived, with some coins in hand, and asked the sales clerk the prize of a certain cigarette brand. He counted his coins after the sales clerk told him the prize and, finding that his money was not enough to buy him a stick or two, he left the store without his cigarette.

The young man may later have enough money to buy his cigarette but momentarily that is one stick less to feed an addiction or develop an addiction to nicotine. Multiply this scenario among young people who have no resources to spend for cigarettes then the SIN TAX LAW is accomplishing its purpose.

The law, which was signed by President Benigno Aquino III on December 20, 2012, became effective on January 1, 2013, as part of a government bid to boost finances. It will gradually increase taxes on tobacco to thirty pesos per pack by 2017 and set the increase of 4% annually starting in 2018. The law is estimated to generate additional revenues of PhP. 33.98 B of combined tobacco and alcohol taxes on the first year of implementation alone.

One deterrent of tobacco consumption is access restriction or giving potential buyers less or no opportunity to buy and consume tobacco products, an important move in avoiding the smoking habit especially by young people whom cigarette companies are now targeting as potential customers in the long term. Not less than Philip Morris in a memo stated "Today’s teenager is tomorrow’s potential regular customer."

The SIN TAX LAW contributes in limiting access to cigarettes, The Global Youth Tobacco Survey conducted in the Philippines show that 50.1% buy cigarettes in a store, while 21.0% usually smoke at home among the youth surveyed aged 13 to 15. The increased cost of each cigarette stick is a strategy to hinder a young customer in buying cigarettes.

Access restriction to tobacco products by the youth was first enshrined in RA 9211 (An Act regulating the packaging, use, sale, distribution and advertisements of tobacco products). It prohibits the sale or distribution of tobacco products within 100 meters from any point of the perimeter of any school, playground, or other facility frequented by minors; the sale or distribution to minors (including samples); and the purchase from minors.

The law mandates an absolute ban on smoking in schools and other centers of youth activity, most especially for a minor to sell, buy or smoke tobacco products. Further, sale of tobacco products in vending machines are prohibited.

Despite these laws to restrict access the ideal scenario is preventing every youth from starting to smoke, highlighting the role of tobacco advertisement, promotion and sponsorship (TAPS) which tobacco companies employ to hook and keep the youth into the smoking habit.

According to Health Justice, a non-stock, non-profit organization created to fulfill the vision of bridging the gap between public health and law, a "vast majority of peer-reviewed studies conclude that tobacco advertising leads to an increase in tobacco consumption."

Continued on Page 22
The Department of Health and the University of the Philippines is on its way in finalizing the Administrative Order which will institutionalize the National Telehealth Program (NTP) or telemedicine in the country as another means to achieve Universal Health Care or Kalusugan Pangkalahatan.

This was announced by Health Secretary Enrique T. Ona during the Telehealth Symposium held in Intramuros, Manila in July.

The Telehealth Program is one among the country’s efforts to achieve Kalusugan Pangkalahatan through Information and Communications Technology (ICT). It features the use mobile health solutions and internet wherein doctors in far flung and remote areas can be promptly assisted in handling a difficult case by a clinical specialist based in the cities.

Ona said this hopes to reduce travels and hospitalization of patients by connecting them to medical specialists with the click of a button. This will also facilitate accurate and timely information exchange for prompt action on patients needing emergency care.

“For so long, we have known that the accurate and timely data in our local health centers hold the key to monitoring the performance of our health system. But since time immemorial, government has not systematically implemented such information systems,” said Sec. Ona in his speech.

The AO on telehealth once approved will support KP’s strategic instruments “to establish a modern information system that shall provide evidence for policy and program development, and support for immediate and efficient provision of health care and management of province-wide health systems.”

The geographical nature of the Philippines is one of the great factors that impedes the delivery of affordable and quality health care services in many parts of the country.

While it is true that part of the problem had been eased by the deployment of competent and dedicated doctors to doctorless, hard to reach and economically underdeveloped municipalities throughout the country through the DOH Doctors-to-the-Barrios (DttBs) program, portion of medical cases in their respective health units still requires the expertise of clinical specialists who are mostly based in the urban areas. Initiatives under the NTP were seen as relevant measure to the problem.

Since 2007, the University of the Philippines Manila through the National Telehealth Center has been supporting DTTBs and Municipal Health Officers (MHOs) through the use of eMail and SMS based Telemedicine.

In 2008, health workers in the Cordillera region including DttBs had been trained on the telemedicine project using cellphones and internet as means of information exchange.

With the aid of Information and Communications Technology (ICT), trained health workers are now connected 24/7 allowing them medical referrals to clinical specialists based in the cities.

The first telemedicine research-cum-service was conducted in the remote areas of Batanes to Zamboanga in 2004 in partnership in the then Commission on Information and Communication Technology (CICT) and the Department of Science and Technology-Philippine Council for Health Research and Development (DOST-PCHRD) in 2008.//
in 2012. Most of the confirmed rubella cases were below 9 years old.

The low pockets of measles coverage in the previous years were due to high number of refusals of parents and caregivers to submit their children for immunization. Other factors that contributed to the pool of susceptible children resulting to the measles outbreak in the region are misconception, lack of knowledge and poor attitudes towards immunization.

This prompted the Department to Health to conduct a nationwide door-to-door mass immunization activity dubbed as the Measles-Rubella Supplemental Immunization Activity (MR-SIA) for children 9-95 months. This aimed to reduce the number or pool of children at risk of getting measles and accelerate the control of rubella.

The nationwide target for MR-SIA was 95 percent. The region had an accomplishment of 82 percent with a total of 296,481 children aged 9 to 95 months immunized against measles and rubella.

Though the campaign had reduced the number and pool of susceptible children in the region resulting to only one confirmed measles case in 2012, the fight against measles is not yet over. Attaining a high routine coverage immunization for measles is therefore a must if we are to realize our vision of a measles-free Cordillera.

Conclusion

Anchored on the thrusts of Kalusugan Pangkalahatan and committed to its goal of universal access to all relevant vaccine for all at risk, the Department of Health had been accelerating its programs and activities to ensure that all Filipinos especially the poor received the benefits of health reforms.

Immunization is a life-saving intervention that had greatly contributed to the achievement of the Millennium Development Goal (MDG) 4 to reduce child mortality and MDG 5 to improve maternal health.

Immunization had saved the lives of millions of children worldwide who would otherwise have been paralyzed or had died even before reaching the age of one.//

Empowering the consumers to make informed choices on the amount of calories or energy, sugar, sodium, and fats help in reducing diet-related non-communicable diseases (NCDs) that afflict the Filipino population in urban areas, particularly children and adolescents. Obesity among children, acquired diabetes, juvenile hypertension, among other NCDs, are partly attributed to asymmetry of information and massive advertisement of processed food products. Consumers, especially children and adolescents, can improve their dietary habits by making correct food choices. Understanding the front-of-pack (FOP) labels of processed food products currently implemented by the Food and Drug Administration (FDA) can facilitate correct choices.

On December 13, 2012, the FDA issued Circular No. 2012-015 to guide food processors and manufacturers to voluntarily print the energy or caloric content of processed food products on the principal display panels (PDP), aside from those printed on Nutrition Facts at the side or back information panel of food labels. The FOP label gives consumers ready information on nutritional facts by just reading the PDP of processed food products. Knowing the nutrient content relative to size per serving, the consumers are able to make healthy choices. It helps reduce receptivity and vulnerability of consumers to messages that lead to unhealthy dietary choices.

Children are exposed to unhealthy diet every day because of the poor choice of food made available to them in school and at home, which influence their eating habits.

Consumers should watch out for the calories declaration found on the PDP. The FOP declaration will be on the lower right hand portion of the PDP in a cylindrical shape with a white color background. Inside cylindrical shape graphics, the statement "each amount in grams serving contains the number of calories or energy, and the percentage of the calories or energy value based on RENI (Recommended Energy and Nutrient Intake)".

For ages 7 to 9 years old, 1,600 calories is required per day. A serving of the Snack Food, for example, has 60 calories, which is equivalent to around 3.75% of RENI for the day. A consumer is able to compute how much more calories does he or she needs to be able to reach his or her recommended energy intake for the day. The FOP information serves as a guide in monitoring caloric or energy intake. With this, the consumer is able to decide how much should be consumed. The package serving size informs a consumer how much is nutrient content of a processed food, but it will not tell him or her how much to eat. Deciding on how much of a particular food should be eaten is based on RENI, taking into account the age, the body weight and the type of activities or work.

In order to continuously empower the consumers to make healthy food choices, the FDA will soon expand the voluntary FOP labeling requirement to cover sugar, sodium and fats.

All food manufacturers, traders or distributors are enjoined to revise their labels and labeling materials to reflect the FOP label for energy or calories following FDA Circular No. 2012-015. The FOP labels are expected to be part of the food processors’ educational and advertising campaign materials.//FDA Release

The Philippine’s observance of ASEAN Dengue Day celebration in Cebu City on June 15, 2013 promoted the Four o’clock habit. In the Cordillera Administrative Region an orientation about the campaign was conducted on May 28, 2013 among Dengue Control Program Coordinators from the different provinces of the region and Baguio City. They were joined by their Health Education and Promotion Officers and the Provincial Health Team Leaders. Plans to launch the campaign were prepared during the meeting.

It is hoped that promoting the Four o’clock habit would result in developing practices to eliminate mosquito breeding sites of aedes aegypti, the dengue-carrying mosquito that breeds in clean stagnant water.//
The Center for Health Development-Cordillera Administrative Region (CHD-CAR), in partnership with Japan International Cooperation Agency (JICA) and System Science Consultants, Inc. through the project, “Cordillera-wide Strengthening of the Local Health for effective and efficient delivery of Maternal and Child Health services”, spearheaded the Project Expansion Plan Development Workshop on July 24 and 30, 2013 at the Regional Training Center, CHD-CAR, Baguio City.

In a statement, CHD-CAR Regional Director Dr. Valeriano Jesus V. Lopez said that the activity was very essential for the CHD’s direction until FY2016 on strengthening their technical assistance to all local government units in the region on heightening the local health system to support the implementation of Maternal, Newborn and Child Health and Nutrition (MNCHN) strategy. He added that while JICA has directly supported the provinces of Apayao, Benguet and 6 municipalities of Abra as the target sites, CHD is responsible for expanding project’s good practices to the rest of the region, namely provinces of Kalinga, Mountain Province, Ifugao, Baguio City and the remaining 21 municipalities of Abra.

“Using the model currently implemented in the JICA-supported sites, we will make sure that the CHD-CAR’s technical assistance will respond to the diverse need of our local populace in accordance to the localized guideline of MNCHN as well as to the Indigenous Peoples Rights Act,” Lopez said.

Guided by the JICA-SSC Project Chief Advisor, Dr. Makoto Tobe, the workshop dwelled on the expected outputs of the project. The output 1 outlined the (1.1) revitalizing Inter-Local Health Zone and establishing Common Health Trust Fund, (1.2) Enactment of ordinance to support the facility-based delivery and support for community health team (CHT), and (1.3) expanding PhilHealth enrolment. For output 2 were (2.1) implementation of localized MNCHN manual of operation and Maternal and Neonatal Death Review (MNDR), (2.2) maximum utilization of Family Health Diary (Mother and Child Health Book localized to the region, (2.3) monitoring of Basic Emergency Obstetric and Newborn Care (BEmONC), (2.4) development and utilization of MNCHN IEC for CHT, (2.5) strengthening of MNCHN Referral guideline, and (2.7) development of Barangay MNCHN Health Emergency Plan. Output 3 consists of (3.1) Re-assessment of BEmONC facility mapping, (3.2) BEmONC training, (3.3) Equipment / facility improvement, (3.4) Human resource complement, (3.5) BEmONC certification, and (3.6) accreditation of PhilHealth Maternity Care Package (MCP) and Newborn Care Package (NCP).

The workshop was concluded with presentation of the expansion plan to all CHD-CAR participants, JICA representatives and the JICA-SSC Expert team.

According to CHD-CAR Assistant Regional Director, Dr. Amelita Pangilinan, the expansion plan will be their basis when they revisit their 2013 annual operation plan (AOP) for the remaining months in 2013 after their Regional Program Implementation Review in August 2013 along with developing their regional AOP for the period of 2014 to 2016.

Except from the Department of Health’s funding support for Health Facilities Enhancement Program and PhilHealth Sponsorship enrolment, CHD-CAR has allocated a minimum budget of 17 million pesos to all activities reflected in the plan.

Meanwhile, Ms. Atsuko Itsuki of JICA Philippine office reiterated her appreciation to all officials and personnel of CHD-CAR on their active participation to the project. She emphasized the importance of the expansion plan towards region-wide intervention on saving the lives of the mothers and babies.

The expansion plan is now on process for signature by all concerned divisions and final approval by the CHD-CAR Regional Director.
The GYTS asked about media and advertising or tobacco products. Results showed that in the past 30 days 89.4% saw anti-smoking media messages, 80.7% saw pro-cigarette ads on billboards, 72.4% saw pro-cigarette ads in newspapers or magazines, and 10.1% have an object with a cigarette brand logo.

Preventing the youth from smoking is a primary objective of the Framework Convention on Tobacco Control (FCTC) by requiring all parties to implement total ban on tobacco advertising, promotion, and sponsorship within five years of ratifying the treaty.

FCTC defines tobacco advertising and promotion as “...any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly...” (Article 1 of the FCTC), while tobacco sponsorship means “...any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly...”

The minimum requirement for compliance to FCTC are ban on tobacco advertisement, promotion and sponsorships that "promote by means that are false, misleading, and deceptive about characteristics, health hazards or emissions of tobacco products,” including a mandate health on warnings and disclosure of TAPS.”

Enforcement of the prohibition of TAPS means also the ban of retail display, misleading terms colors, image, etc. of product package and design; internet sales of tobacco products; and brand stretching, which occurs “when a tobacco brand name, emblem, trademark, logo or trade insignia or any other distinctive feature (including distinctive color combinations) is connected with a non-tobacco product or service in such a way that the tobacco product and the non-tobacco product or service are likely to be associated.”

Contributions packaged as the corporate social responsibility of a tobacco company is also prohibited; as well as prevent the use of legitimate expressions through journalistic, artistic or academic expression to PROMOTE tobacco products; and depiction of smoking in media. Republic Act 9211 likewise bans tobacco advertising in mass media through Section 22, which states that “all forms of tobacco advertising in mass media shall be prohibited...”

After the young man left the store a middle aged man arrived and ordered a pack of cigarettes. While we do not give up on adults addicted to nicotine, we have high hopes that the youth can avoid it. The full support for access restriction and ban on TAPs can help ensure good health for our youth.
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ISO - QMS CORNER

CHD-CAR quest for ISO Certification
by Diana Domes - Palangchao

The Center for Health Development Cordillera through its ISO Core Team spearheaded various activities in line with its quest for ISO certification.

These activities include cascading of International Organization for Standardization-Quality Management Systems (ISO-QMS) trainings, continuous conduct of orientations/updating on ISO QMS, conduct of 5S program and trainings on documentation and IQA.

The ISO-QMS provide guidelines for systematized processes and clearer tasks towards productivity, efficiency and quality services.

Drawn along this line, CHD-CAR through continuous orientation/education and training started on the 5S program. The 5S program (Sort, Set in order, Shine and Sweep, Standardize and Sustain) is set towards good housekeeping and improved productivity and safety in the workplace. The 5S program was made a priority, with every Friday of the week as 5S day for employees. Random and spot inspection was also done to check compliance with the 5S program and sustain the practice.

Though it spurred too many issues and concerns on how to do the 5S, the unending labor though not perfectly done, yielded a positive result as CHD-CAR through the assistance of Texas Instruments was certified as 2S compliant. But, much work is waiting ahead as the office is set to prepare for its final ISO Audit by CIP.

During the initial gap assessment at the start of the year, there were individual differences, misunderstandings and confusions on ISO. But continuous education and orientation through cascading of trainings and updates on ISO-QMS during flag ceremonies and meetings, the ISO Core processes and its direction was slowly grasped and understood.

The preparation for ISO audit was a very tedious and arduous task, noting that it had to be done side-by-side with their designated functions. With the number of forms and different processes to be prepared confusions are unavoidable. But through dedication and team work even if it meant working overtime and on weekends, the preparation of needed documents was slowly accomplished.

But issues, concerns and challenges remained. During the first round of audit by the CHD-CAR IQA Team, Request for Actions (RFAs) were issued to various process owners. “ISOs na dayta” are the only words you can hear as they read its content because it would mean Root Cause Analysis (RCA).

During the final gap assessment on the second quarter of the year, some core processes have to be reviewed and re-packaged. This would mean “ISOs manen” and another RCA.

Holding to the agency’s dream of becoming ISO certified and given the time constraint, each division seated to review and revise some of their core processes based on the recommendations of the ISO-QMS point persons from DOH-Manila.

Towards the end of August, DOH-Manila came for a two-day final coaching and mentoring for the Stage 2 Final ISO Audit. Again, there were some documents that needed to be accomplished and put in place.

While performing their functions, each staff sacrificed and worked round-the-clock to accomplish and package the voluminous documents and evidences in preparation for the audit.

With all the sacrifices, headaches and not to mention working overtime, CHD-CAR is indeed prepared and SiguraDOH towards ISO certification.//

DOH QUALITY POLICY

The Department of Health, as the nation’s leader in health, is committed to guarantee equitable, accessible and quality health services for all Filipinos.

We at the DOH, together with our partners, shall ensure the highest standards of health care in compliance with statutory and regulatory requirements;

And shall continually improve our quality management systems to the satisfaction of our citizens.

“ISO Tayo...Serbisyon de Kalidad at SiguraDOH”
Let's DOH the O' CLOCK HABIT everyday

STOP at 4 pm

LOOK for possible mosquito breeding places inside and outside your homes and destroy these

LISTEN to barangay officials about dengue status of your barangay. And, join the Aksyon Barangay Kontra Dengue