



The Changing Landscape of Health Research in the Philippines

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The Philippine health scene today is beset with problems. This is the reality that has not been acknowledged for a long time now.

It has been said that acknowledging that a problem exists is the first step to healing. By accepting that Philippine health has problems, we can then begin to work towards finding solutions. Given the current situations, however, this may no longer be a choice. Indeed, how can we continue to turn a blind eye when confronted with the following facts:

- That in today's age of wonder drugs and alternative health care, the Philippines is grouped among countries where less than 30 percent of the population have regular access to essential drugs. The cost of medicines is so high that for the average Filipino, it has become a choice between buying the drugs they need to get well or putting food on the table.
- Also in health care, three out of five sick Filipinos are not able to see a doctor. Five out of ten die without receiving medical attention. The women have it worse, since ten women die every 24 hours in the Philippines from causes related to pregnancy and childbirth.
- While fellow Asian countries like Singapore and Vietnam are already exploring the possibilities of biotechnology, the Philippines continues to contend with infectious diseases that should have been eliminated years ago. Tuberculosis alone kills at least 75 Filipinos every single day, with another 100,000 contracting the disease daily.
- And in the 2007/2008 Human Development Index Report, the Philippines ranked 90th out of 177 countries, and was classified among countries with Medium Human Development. The Human Development Index (HDI) goes for a broader definition of well-being as measured by three dimensions of human development, namely: living a long and healthy life, as measured by life expectancy; being educated, as measured by adult literacy and enrollment at the primary, secondary and tertiary levels; and having a decent standard of living, as measured by purchasing power parity and income.

Research as a tool for growth and development: the PNHRs

While the picture I have just given is undeniably dismal, it is not hopeless and certainly not beyond saving. The solution, in fact, has been there all along but has not been given its due recognition. I am referring, of course, to research and its direct role to a country's growth and development.

With the myriad health problems that the government is facing and the static, if not dwindling, resources for health and health research, it has become paramount to determine research priorities in health. We cannot address all issues all at once.

The more realistic approach is to choose the most important, most relevant, high-impact researches that will address the most pressing problems, both at the local and the national levels, with a bias for addressing issues that most affect the poor members of society, the disadvantaged, and those with special needs. More importantly, based on papers published by the COHRED on poverty reduction strategies or prosperity promotion, health research was shown to have a direct link to health and subsequently to the total human and social development.

Before we can put this strategy to work, there needs to be in place a smoothly-operating system, comprised of, and run by key players in the health community. Thus in March 2003, the Department of Science and Technology (DOST) and the Department of Health (DOH) signed the Memorandum of Understanding which established the Philippine National Health Research System (PNHRS).

In March 2007, the PNHRS was expanded to include the Commission on Higher Education (CHED) and the UP Manila National Institutes of Health (UPM-NIH).

The PNHRS is actually part of a global movement adopted by the Council on Health Research for Development (COHRED) to establish national health research systems in country settings. The rationale behind this is to be able to come up with coordinated and coherent research agenda which relate to, and converge with, the broader health, economic, political, educational and science and technology systems of the country through an integrated national framework for health research.

Moreover, PNHRS seeks to create and sustain an enabling environment for health research. Inputs from researches can also be used by members of legislative and other policymaking bodies for more effective health and health-related policies and actions.

The strategic goals of the PNHRS are:

- 1) To ensure that health research is linked to health system needs;
- 2) To ensure that investments in health research yield the most benefits;
- 3) To foster high performing and ethical research organizations.

The President, no less, and the executive branch of government have recognized the importance of the PNHRS through the issuance of Proclamation number 1309 declaring every second week of August as PNHRS week and enjoining all government agencies to work together and ensure the plans and programs of the PNHRS.

Six committees were created to help the PNHRS Governing Council develop the strategic framework and plans of the different PNHRS areas of concern. The committees are:

Research Management, which provides technical and policy advice in setting the health research agenda. It formulates policies and attends to matters related to priority setting, proposal review, funding and fund sourcing, and project monitoring and evaluation.

Ethics, which ensures adherence to universal ethical principles and values on the dignity of health research participants.

Capacity Building which provides technical and policy advice in the development and continuous supply of human and institutional resources for health research. I would like to mention that the PNHRS launched the Best Mentor in Health Research Award to give research mentors their due recognition, as well as to sustain their passion for research.

Research Utilization- provides technical and policy advice to develop and sustain knowledge management systems. The Committee also carries out communication and advocacy strategies to connect research to health needs and outcomes, policies and action.

Resource Mobilization which provides technical and policy advice and support to secure sustainable financing, and ensures equity, effective and efficient use of resources for health research and development. Finally, the Committee on

Structure/ Organization, Monitoring and Evaluation (SOME) which provides technical and policy advice to ensure that the stewardship and leadership of the PNHRS espouses health research that connects to health needs and outcomes, policies and action.

Policies will be formulated and determined by the governing council and the secretariat will be based at the PCHRD.

I would like to state that the PNHRs is a nationwide undertaking. In fact, we are in the process of developing various models of Regional Health Research Systems (RHRS) to suit the individual profile and readiness of the different regions. This will be facilitated through PCHRD's Regional Health Research and Development Committees (RHRDCs).

Before 2006, there were regional health research committees in six regions: Region I, VI, VII, VIII, XI and NCR. In 2006-2007, 5 new regional health research committees were created: Region II, V, IX, XII and ARMM. In early 2008, we have started the regional health research committee in Region IV. And before the end of 2008, we would have established the RHRDCs in Region III and CAR the MOA of which was just recently signed and , Region X and CARAGA which will have their MOA signed in the middle of May 2008.

The National Unified Health Research Agenda

The National Unified Health Research Agenda or NUHRA consolidates inputs that were drawn from multi-sectoral, regional and national consultations to determine the health areas and topics that need to be addressed for the period 2006 to 2010.

The bottoms-up approach was used to gather as many perspectives as possible, with participants coming from government and non-government agencies, the academe, professional organizations, research institutions, civil society and funding agencies.

The agenda are in line with global and national initiatives that influence the health sector, including the Millennium Development Goals, the Medium Term Philippine Development Plan, the Formula One, the Framework for Health Reforms, and the Science and Technology Agenda.

The NUHRA is expected to serve the needs of the population. Since each region's health needs are different, the PNHRs engaged the services of facilitators to also determine the health research priorities at the regional or zonal levels.

The development of a health research agenda for each of the 17 regions of the country was done by first clustering the country into zones composed of at least three contiguous regions.

The country was divided into four zones, namely:

North Luzon- comprised of Ilocos, Cagayan Valley, and the Cordillera Autonomous Region

South Luzon- comprised of Bicol, Calabarzon, Mimaropa, and Metro Manila

Visayas- comprised of Eastern, Central and Western Visayas, and

Mindanao- comprised of Zamboanga Peninsula, North Mindanao, Davao, Caraga, Socsargen, and the autonomous Region of Muslim Mindanao.

To arrive at the zonal priorities, research topics were rated using a set of criteria, such as urgency, magnitude, impact, feasibility, potential R & D contribution, utilization, collaboration potential, and gender responsiveness of the problem in health.

The research priority topics identified in these publications are not comprehensive and final. Note that the NUHRA identified research priorities for the period 2006 to 2010. They are actually an evolving list of priorities that can be seen as research topics that are in need of immediate action given current thrusts and realities.

The seven major areas of the NUHRA include : health financing, governance, health regulations, health service delivery, health technology development, health research ethics and health information.

The NUHRA is available on our Council's website at www.pchrd.dost.gov.ph. Ideally, we could build on the current NUHRA and henceforth identify priorities on a five-year basis, especially since health concerns span over periods of time. We also need to consider the emergence of external factors that affect the health landscape, such as globalization, migration and advances in information technology. Science is rapidly evolving and we have to keep up with the ever changing landscape. Having a national health research system with a strong national set of research priorities will be a crucial first step in realizing the country's goal of growth and progress.