

**REGION VI
HEALTH RESEARCH AGENDA
2005 – 2010**

**Regional Office No. VI (Western Visayas)
Magsaysay Village, La Paz, Iloilo City 5000**

The RHRDC – REGION VI

The Regional Health Research and Development Committee (RHRDC) is a structure created by the Philippine Council for Health Research and Development (PCHRD) to link together researchers and institutions to facilitate health research activities attuned to regional health needs. The RHRDC is also expected to assist the PCHRD in establishing mechanisms to strengthen health research capabilities, encourage resource sharing between institutions, and promote the dissemination and utilization of health research results in the Region.

FUNCTIONS:

1. To identify priority regional problems which are amenable to research.
2. To establish priority research projects in response to the identified health problems.
3. To establish a mechanism for strengthening the manpower capabilities for health research in the region.
4. To provide a mechanism for coordinating research plans and projects in the region.
5. To encourage sharing of resources among research institutions.
6. To develop strategies to encourage and promote the utilization of research results in the region.

On behalf of the Regional Health Research and Development Committee (RHRDC) Region VI, I am very pleased to present the Health Research Agenda for 2005 – 2010. The RHRDC member institutions will continuously join our efforts to pursue and foster health research and development activities for the betterment of our people in Western Visayas.

Dr. Jaime Manila
Chair, RHRDC-Region VI

MESSAGE

Warm greetings to the members of the Regional Health Research & Development Committee. I consider it a great honor and privilege to be able to convey my message for the Health Research and Development Agenda 2005-2010.

As the Regional Director of the Department of Health Center for Health Development, the lead agency for the health sector here in Western Visayas, I wish to express my desire that a responsive, objective & doable research agenda will be identified in order to address the needs of Western Visayans and improve their quality of life.

This research agenda must be a powerful device that will cultivate knowledge and improve health practices. It must be a dynamic, sustainable and cost-effective means of advancing health & development. It must also adapt with the rapidly evolving pattern of health and disease, both the infectious and the non-communicable.

Through the years, may you continue to convene top-notch researchers and mobilize prestigious institutions that will facilitate health research activities attuned to the health needs of the Region. May you have the expertise to establish mechanisms that will reinforce health research activities. May you be able to think as clearly as possible about our present responsibilities and future direction and may its impact on the structure, process and outcome of health care be a living legacy that will be remembered by Western Visayans.

Research has already been paving the way for the prevention and control of most of the major disease threats of today. The challenges posed before us now are to maximize its use.

Lastly, I would like to commend you, the prime movers behind the Health Research and Development Agenda 2005-2010 for your laudable dedication to the tasks given you.

LYDIA S. DEPRA-RAMOS, MD, MPH, CESO VI
Regional Director
DOH-Center for Health Development WV



"We will have time to reach the Millennium Development Goals – worldwide and in most, or even all, individual countries – but only if we break with business as usual. We cannot win overnight. Success will require sustained action across the entire decade between now and the deadline. It takes time to train the teachers, nurses and engineers; to build the roads, schools and hospitals; to grow the small and large businesses able to create the jobs and income needed. So we must start now. And we must more than double global development assistance over the next few years. Nothing less will help to achieve the Goals."

Kofi A. Annan
United Nations Secretary-General

ACKNOWLEDGMENT

Allow me to use this opportunity to thank the other members of the Regional Health Research and Development Committee for their trust and confidence in me to convene the RHRDC member institutions in order to prepare the Health Research Agenda for 2005-2010 for Western Visayas.

The writer also wants to convey special thanks to the following:

Ms. Remy Sunio, PCHRD Coordinator and Ms. Mary Beth Doligosa, RHRDC Support Staff, for their unselfish and exceptional support.

Dr. Sofia Guanco-Chua, for her kind-hearted understanding, for being someone you can always turn to and specially her genuine commitment to help. You are indeed one of a kind.

Director Lydia S. Depra-Ramos, DOH-CHD WV, for believing in me and for giving me the opportunity to become a member of the RHRDC.

My family, for the inspirations.

Our Almighty Father, for the life and the talent, I offer this to **YOU**.

EDGARDO M. GONZAGA, MD, MSc
Convenor, Health Research Agenda 2005-2010 &
Chair, HRD Sub-Committee

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INPUTS

The Profile of Western Visayas

(Results from the 2000 Census of Population and Housing, NSO)

Eight percent of the total population were from Western Visayas

Western Visayas was the fourth biggest region in terms of population size among the 16 regions in the Philippines, contributing 8.12 percent to the 76.5 million population of the country as recorded in Census 2000.

Average household size recorded at 5.12 persons

The population of Western Visayas which covered the provinces of Aklan, Antique, Capiz, Iloilo, Negros Occidental, Guimaras, Iloilo City and Bacolod City, as of May 1, 2000 was 6,211,038 persons. This was up by more than 400 thousand persons as compared to the 1995 Census of Population (POPCEN). For the period 1995 to 2000, the annual population growth rate of Western Visayas was 1.56 percent, higher than that of the 1990 to 1995 period (1.30 percent). If the current annual population growth rate of the region continues, the population is expected to double in 44 years, increasing on the average, by 97 thousand persons a year or about 11 persons per hour.

The number of households increased to 1,211,804 as compared to 1,104,151 households in 1995. The average household size recorded in Census 2000 was 5.12 persons, slightly lower than the 1995 figure of 5.22 persons and slightly higher than the national average of five persons.

Median age was 22 years

Western Visayas had a median age of 22 years. This meant that in 2000, half of the population was below 22 years old. In 1995, the median age was 20 years.

Both Aklan and Negros Occidental had the youngest median age with 20 years old, while Iloilo City had the highest median age with 24 years.

Sex ratio was recorded at 102

In Census 2000, the recorded sex ratio was 102 males for every 100 females, the same sex ratio recorded in 1995.

Dependency ratio was 71

The proportion of young dependents (0 to 14 years) was 36.5 percent, while the proportion of old dependents (65 years and over) accounted for 5.0 percent of the regional population. The proportion of economically active population (15 to 64 years) was 58.5 percent.

The overall dependency ratio in 2000 was 71.03. This meant that for every 100 persons aged 15 to 64 years, there were about 71 dependents (62 young dependents and nine old dependents).

Close to nine out of ten persons were Roman Catholic

Majority (86.53 percent) of the population of Western Visayas were Roman Catholics. Aglipayan (4.01 percent) and Evangelicals (1.48 percent), followed, while 7.71 percent belonged to other religious affiliations.

About 93 percent were literate

The proportion of household population 10 years old and over in Western Visayas who were able to read and write a simple message was 93.02 percent. Females' (93.58 percent) literacy rate was higher as compared to males' (92.45 percent).

Average number of children ever-born was three

On the average, the number of children ever-born to ever-married women in this region was three. This is true for all provinces and in Bacolod City, except for the City of Iloilo with two as the average number of children ever-born.

The provinces with a high proportion of women with eight or more children ever born were in Capiz and Negros Occidental with 7.31 percent and 6.38 percent, respectively.

Median age at first marriage was 21 years

Western Visayas had a median age at first marriage of 21 years. This meant that half of the ever-married women 15 to 49 years old, who entered married life for the first time was below 21 years old.

Most of the overseas workers were males

In 2000, there were 82,185 overseas workers as compared to 58,073 overseas workers in 1995 POPCEN. More than half (52.66 percent) of these overseas workers were males.

The population of overseas workers in 2000, had a median age of 32 years. This meant that half of the overseas workers were below 32 years old. Female overseas workers had a median age of 29 years, younger than their male counterparts (34 years).

Electricity was the main source of lighting

Majority (57.07 percent) of the households used electricity for lighting and 37.78 percent used kerosene or gas. Liquefied petroleum gas (LPG) as fuel for lighting was utilized by 0.80 percent of the total households.

Electricity was the main source of lighting in all provinces except in Guimaras, where majority of households in the province used kerosene (53.65 percent). Households using electricity in Guimaras accounted for 41.44 percent.

One in five households depended on shared, tubed/piped deep well for potable water.

The main sources of water supply for drinking and/or cooking were shared, tubed/piped deep well (22.22 percent); dug well (17.30 percent); and spring, lake, river, rain, etc. (9.81 percent).

Majority of the households used wood for cooking

Majority of the households used wood (61.00 percent) as fuel for cooking; 22.39 percent, liquefied petroleum gas (LPG); and only 1.54 percent, electricity.

About three out of ten households exclusively used water sealed, sewer/septic tank

The proportion of households with water sealed, sewer/septic tank, used exclusively by the households was 28.84 percent. About 18 percent had water sealed, other depository used exclusively by the households, and 15.58 percent used

closed pit. Households which did not have any toilet facility accounted for 14.34 percent.

One in two households burned their garbage

Proper disposal of garbage leads to a good environment and good health. About 58 percent of the households in Western Visayas disposed their garbage through burning; 14.39 percent, picked up by garbage truck; and 10.46 percent, dumping in individual pit.

Garbage disposal through burning is true in all provinces, except for Iloilo City and Bacolod City. In these two highly urbanized cities, the usual manner of garbage disposal was through collection by a garbage truck (Iloilo City, 45.63 percent and Bacolod City, 50.57 percent).

Seven out of ten households owned/amortized their housing units

Majority (71.50 percent) of the households owned/amortized their houses. Those who occupied their housing units for free with consent of the owner comprised 19.16 percent while 3.41 percent rented their housing units.

THE HEALTH SITUATION OF WESTERN VISAYAS

Presenter: Dr. Paulyn Jean Rossell-Ubial, Director III,
DOH-CHD WV

The most sensitive indicators of a community's health situation are infant and maternal deaths. Where there are significant reductions in these two indicators, it is safe to conclude that there is overall improvement of health status of the entire community. These indicators show the health situation of the most vulnerable members of society and therefore reflect how the entire population at large accesses health services and programs.

The health of Western Visayas has improved in the past decade. Infant mortality rate (IMR) has decreased from 57 in 1990 to 39 per 1,000 live births in 2003 (based on NDHS). Likewise, under-five mortality rate (UFMR) has improved from 80 in 1990 to 50 per 1,000 live births in 2003. However, for both indices the decline in the region has been lower than that of national figures. The national level of IMR in 2003 is already 29 per 1,000 live births while for UFMR it is 40 per 1,000 live births. For maternal mortality, the rates have likewise declined but to much less extent. The 1998 maternal mortality ratio (MMR) at national level shows 178 deaths for every 100,000 live births, in 2003 it went down 96. However, in Western Visayas, the MMR is much higher than the national in 2003 at 105 whereas the 1998 figure was very much lower at 70-80 per 100,000 live births.

Crude birth rate (CBR) and Crude death rate (CDR) remain steady for the period 1990 – 2003 showing that there was no significant increase or reduction, which reflect a steady population growth rate at 1.5% per annum.

Major health problems of the area have been identified to still include a number of infectious diseases as well as degenerative or non-communicable diseases. Among the priority disease, which may be considered high-burden disease is rabies where the Region ranks third in the number of human rabies deaths among the 16 regions in the country.

Among the non-communicable, diabetes, cardiovascular diseases and cancers remain of high incidence. These diseases are being addressed through the preventive strategy of healthy lifestyle promotion.

For 2005-2010, the Department of Health (DOH) has set the following major programs and initiatives that will directly and for some indirectly determine the health and well – being of the constituency such as:

- Primary of which is ensuring *Women's Health* through the Reproductive Health (RH) approach, integrating Family Planning (FP) promotion with other reproductive health concerns and services.
- Secondary of which is *Child Health*. As statistics have shown us, reduction in child mortality has been significant but interventions to ensure further reduction has to be sustained such as child immunization, nutrition, management of childhood illnesses and community-based and institution-based initiatives to make them child-friendly.
- The third and fourth thrusts focus on *infectious diseases and healthy lifestyle* promotion.

- Cross – cutting health concerns should also be addressed such as improving the *environmental and occupational health* situations as well as threats of *emerging diseases* such as SARS, HIV/AIDS and Avian Flu and *bioterrorism*.
- There are non-health concerns that have health status impacts in the current thrusts of the DOH. Among these are *local health systems* development particularly the establishment of linkages and inter-LGU cooperation such as the Inter-Local Health Zones (ILHZ) and quality assurance programs such as Sentrong Sigla (SS).
- And finally, the sustaining mechanism to ensure health reforms are institutionalized are the *health care financing (HCF)* reforms which primarily focuses on universal social health insurance, establishing a *functional drug management system and fiscal autonomy for government hospitals*.

Gains have been made in so many areas of the health sector reform as well as in health status improvement. However, new and innovative strategies have to be in place to ensure the attainment of national health objectives and international goals such as the Millennium Development Goals (MDGs) and International Conference on Population Development (ICPD).

The research agenda for 2005 – 2010 must enable us to get data and information on the above thrusts and priorities so as to ensure that we are on the right track. We need to get information on which strategies work and which do not. What are cost-effective interventions that will ensure we get the best mileage for our limited government resources. We need to get information on the perspective, views and misconceptions of our clients so that we can tailor fit health interventions and even operations policies to their needs and nuances.

Millennium Development Goals Report Card (Western Visayas)

Goals, targets and indicators

A framework of 8 goals, 18 targets and 48 indicators to measure progress towards the Millennium Development goals was adopted by a consensus of experts from the United Nations Secretariat and IMF, OECD and the World Bank.

Goal 1. Eradicate extreme poverty and hunger	
<p>Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</p>	<ul style="list-style-type: none"> • In terms of core poor families (proportion of families below food subsistence level), the target was to go from 20% in 1990 to 10% in 2015. Core poor families is currently at 13.1%, making the country on track. • Western Visayas has a core poor incidence, by family, of 18.4%. • In terms of population, 34% of people in the Philippines including core poor are below the poverty line, making the government's own goal in reducing poverty from 34 to 17% especially challenging.
<p>Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p>	<ul style="list-style-type: none"> • Malnutrition still poses a major threat to the Filipino child's survival. The percentage of underweight children aged 0-5 years old decreased only by an average of in 0.31% per year from 34.5% in 1990 to 31% in 2001. • To meet the target, the pace of reduction for malnutrition should be more than double. • Western Visayas has 35.2% underweight prevalence rate.

- Halve the proportion of population below minimum level of dietary energy consumption and halve proportion of underweight children (under 5 years old)
- Prevalence of underweight children (under five years)
 - Region VI target (2015): 13.10%
 - Status: Region VI (2004): 17.8

Goal 2. Achieve universal primary education	
<p>Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<ul style="list-style-type: none"> • The school participation rate in the elementary level increased from 85.1% in 1991 to 96.9% in 2000. Given the current rate of progress, we are on track in meeting the target by 2015. • Cohort survival rate is declining from 68.6% (1991) to 63.5% (2000). • Western Visayas has 82.5% participation rate

- Region VI targets (2015)
 - Elementary Cohort Survival Rate: 85.0
 - Elementary Net Enrolment Rate: 99.0

Goal 3. Promote gender equality and empower women	
<p>Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</p>	<ul style="list-style-type: none"> • Women and men have equal status, especially education outcomes where there is near gender parity. • The Philippines is on the track to meet this goal. • For school year 2001-2002, the drop-out rate in elementary school (Grades 1-6) for boys is 8.72% compared to 6.68% for girls. • Challenge is the reverse gender gap. • Western Visayas has more females than males going school (83% female, 81% male).

Goal 4. Reduce child mortality	
<p>Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</p>	<ul style="list-style-type: none"> • Under-5 mortality rate significantly declined from 80% per 1000 live births in 1990 to 48% in 1998.

- Region VI Status
 - Infant mortality rate (IMR) per 1,000 live births: 39.00
(Region VI target: 18.0)
 - Under- five mortality rate per 1,000 live births: 50.0
(Region VI target: 20.0)
 - Fully immunized children: 84.3
(Region VI target: 95.0)
 - Proportion of 1 year old immunized against measles is 84.3
(Region VI target: 95% by 2015)

Goal 5. Improve maternal death	
<p>Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</p>	<ul style="list-style-type: none"> • Regional Status <ul style="list-style-type: none"> Maternal mortality ratio (mothers who die due to pregnancy): 172 per 100,000 live births Baseline data: 76.21; Region VI target: 40 Proportion of birth attended by skilled health personnel 47; Region VI target: 83

- Universal access to Reproductive Health
- Increase access to reproductive health services to 60% by 2005, 80% by 2010, and 100 by 2015.
- Reduce unmet need – proportion of women not using Contraceptives and unable to get the desired birth space and number of children: 46.1 in Region VI

Goal 6. Combat HIV/AIDS, malaria and other diseases	
<p>Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p>	<p>While HIV/AIDS has not reached an epidemic proportion, high risk behavior and situations are documented:</p> <ul style="list-style-type: none"> • Sexually transmissible infections are increasing. • High proportion of unsafe sex among sex workers. • An increasing number of OFWs are infected. • Injectable Drug Users are on the rise. • HIV Infection in children is appearing.
<p>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<ul style="list-style-type: none"> • TB incidence in the country remains one of the highest in the world, with 75% Filipinos dying everyday from the disease. Malaria, though no longer a leading cause of death is still one of the ten leading causes of illness. • Western Visayas is one of the regions with the most number of TB cases in 2002 and 2003. • However, there are excellent TB and anti-malaria programmes in the country.

- HIV infection rate in persons 15-24 years of age should be reduced by 25% in the most affected countries and 25% globally in 2010.
(Region VI Status: 22)
- Malaria and other major diseases
(Region VI Status (2003)

Number of malaria cases: 11; death 0

Number of TB cases: 10,887; death: 2,687 (41%)

Prevalence of TB: 162/100,000 population

Goal 7. Ensure environmental sustainability	
<p>Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<ul style="list-style-type: none"> • The four key areas are: reforestation, bio-diversity protection, renewable energy and reduction of carbon dioxide emissions. The Philippines is making strong efforts in all four key areas. • A continuing issue is the application of existing environmental laws.
<p>Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation</p>	<ul style="list-style-type: none"> • The proportion of households with access to safe water increased from 73.7% in 1991 to 76.3% in 2000. With current rate of progress, it is probable that we will meet MDG target of 86.8% by 2015.
<p>Target 11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<ul style="list-style-type: none"> • Slum dwellers in the country live in heavily populated, deteriorated, hazardous urban areas. • There are 1.3 million informal settlers identified in key urban centers or about 7.5 million population in 2000. 57% are in Metro Manila.

- Land area covered by forest.
Region VI Status: 21.23% (2003)
- Proportion of HH with access to safe drinking water:
Baseline data: 73.7%
Regional Target: 95%
Region VI Status: 90%
- Proportion of HH with access to sanitary toilets
Baseline Data: 81.96%
Region VI Target: 95%
Region VI Status: 90%

Goal 8. Develop a global partnership for development	
<p>Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction - both nationally and internationally</p>	<ul style="list-style-type: none"> • The Philippines is working hard as part of the Group of 21-post-Doha/Cancun to bring about fairer international trading system.
<p>Target 13. Address the special needs of the least developed countries. Includes: tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>	<ul style="list-style-type: none"> •
<p>Target 14. Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	<ul style="list-style-type: none"> •

Goal 8. Develop a global partnership for development	
<p>Target 15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<ul style="list-style-type: none"> • In the Philippines, debt servicing has taken up a significant portion of the national budget. • In 2004, the debt service was 31.4% of the total proposed budget.
<p>Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p>	<ul style="list-style-type: none"> • In 2001, youth unemployment in the Philippines is 19% of labour force who are 15-24 years old.
<p>Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<ul style="list-style-type: none"> • In 1991, the Philippines was categorized as a country with low access (50-79% of the population) to affordable essential drugs.
<p>Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<ul style="list-style-type: none"> • In 2002, there are 42 for every 1000 Filipinos who have access to telephone mainlines, an improvement from only 10/1000 in 1990. • There are 191 for every 1,000 Filipinos are cellular subscribers; 44 for every 1,000 are internet users.

THROUGHPUT

The Model

Agenda Setting is very essential in the management and implementation of research activities. Due to the limited resources to support the conduct of researches by various sectors, specific areas and priorities must be identified and clearly stated.

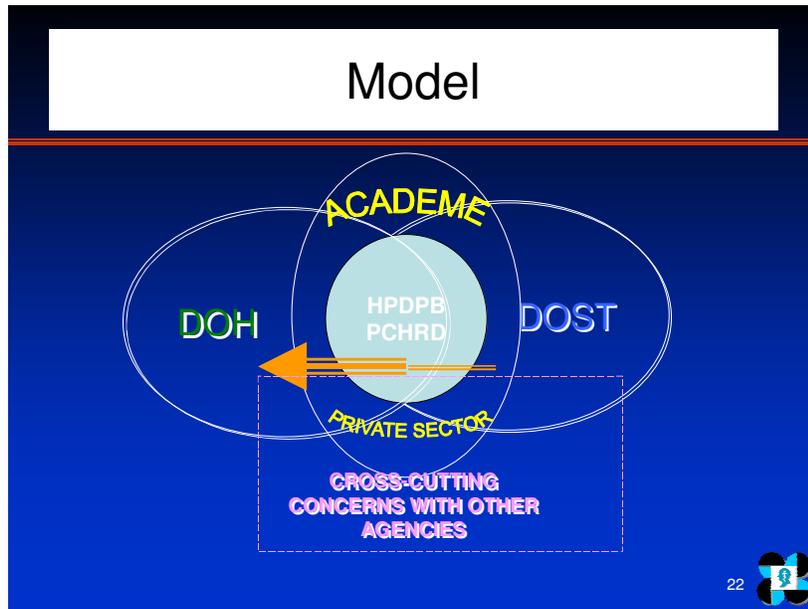
To make the agenda more realistic and responsive, these should reflect the needs of various sectors. Various health problems and issues should be identified through a multi-disciplinary, multi-sectoral consultation with other stakeholders. Likewise, health issues and concerns may also be elicited from the various working papers, policy directions and commitments or declarations of various health and health-related sectors, which are evidence-based in nature.

To carry out this endeavor, the convenor adopted the suggested mechanism and framework as suggested by the PCHRD. The mechanism has been developed to come up with a specific model as described in the Philippine National Health Research System (PNHRS).

In a nutshell, the PNHRS is part of a global movement, which was espoused by the Council on Health Research for Development (COHRED) to establish national health research systems in country settings.

The PNHRS has been anchored on the principles set by the Essential National Health Research on participation, equity, efficiency, effectiveness and quality.

Below is the model used by PCHRD and Convenor in identifying the priorities for health research and development.



The Process

Context and Structure of the Workshop

Reference: PCHRD Guidelines for Consultation 2005/ 4th Health Research for Action National Forum

Workshop Objective

The workshop aimed to formulate the REGIONAL HEALTH RESEARCH AGENDA for 2005-2010.

The INPUTS in determining the priorities were presented in the morning of September 8, 2005, the day of the consultative–workshop. Distinguished speakers/ resource persons were invited to discuss the following topics:

- a. Report on Population/ Family Planning
- b. State of Health of Western Visayas
- c. Medium-Term Regional Development Plan for Health

Likewise, a reactor was invited to give comments on the topics that were presented and discussed.

The above topics served as the ISSUES FOR DISCUSSIONS during the workshop and the basis for determining and selecting the PRIORITY RESEARCH AREAS.

The following criteria were used in determining the priority areas such as:

- Urgency/ magnitude of the issue/ problem/ prevalence (rank) of the disease/ burden to the community;
- Feasibility/ do-ability of the research based on existing capabilities;
- Impact of R & D on a greater number of the population (in terms of mortality and morbidity, quality of life, social desirability, cost of health care, and in anticipating future health problems and issues;
- Research have impact on the health issues being addressed; and
- Area is not well funded/ neglected by other agencies.

A standard matrix was used for reporting of priority areas/ topics. Each group was provided during the actual workshop.

Structure

One workshop was conducted. Five (5) small working groups were formed. The groupings are as follows:

- GROUP 1: LGUs
- GROUP 2: Government Agencies
- GROUP 3: Non – government organizations/ agencies
- GROUP 4: Academic Institutions
- GROUP 5: Medical Specialties/ Hospitals

Each small working group selected among themselves a **CHAIRPERSON** who guided, moderated and directed the discussion to the requirements of the standard matrix. The Chairperson ensured that the group's output had been finalized and submitted to the organizers for consolidation and presentation.

Likewise, the working groups selected from among its members a **RAPPORTEUR**. The rapporteur assisted the chair in preparing the workshop output.

METHODOLOGY

The workshop had utilized a participatory approach in doing the group's output.

Expected Output

After coming up with a consensus, each working group listed down their three (3) – five (5) priority issues using the standard matrix.

The working groups' outputs were displayed in the board and were presented during the final plenary session. Comments and reactions were entertained during each presentation.

THE GROUPINGS

Academic Institution		
Chair	Dr. Myrna Abello	West Visayas State University (WVSU)
Members	Dr. Alma Frondoza Dr. Helen Correa Dr. Philip Ian Padilla Ms. Mageline Catedral Dr. Tomas Sajo Prof. Florenda Espanola Mr. Joselito Mendoza	Central Philippine University (CPU) Commission of Higher Education (CHED) University of Philippines in the Visayas (UPV) Central Philippine University (CPU) Iloilo Doctor's College (IDC) University of Philippines in the Visayas (UPV) Western Visayas College of Science and Technology (WVCST)

Local Government Units (LGUs)		
Chair	Dr. Nelly Abiera	PHO, Antique
Members	Dr. Jessica G. Fama Dr. Merigene C. Ortizo Dr. Leonardo Deza Dr. Noel Villanueva Dr. Amelita Robles Dr. Peter Paul L. Hinolan Dr. Betty Polido	PHO, Negros Occidental CHO, Bago City, Negros Occidental CHO, Passi City, Iloilo CHO, Sipalay City CHO, Roxas City, Capiz CHO, Escalante City, Negros Occidental Facilitator (CPU)

Non-Government Organizations (NGOs)		
Chair	Mr. Teomarte Tayo	Citizens Iloilo Coalition Against TB (CICAT)
Members	Fr. Fernando V. Peralta Ms. Teresita Chua Dr. Alice Ferrer	Don Bosco Save the Children, Inc. Facilitator (UPV)

Medical Specialties and Hospitals		
Chair	Dr. Ma. Victoria Villareal	Philippine Pediatric Society
Members	Dr. Ruth Jink Aposaga Dr. Sheenly Vi S. Suresca Dr. Francis I. Pasaporte Dr. Daphne Estrada Dr. Aretha Liwag	Philippine Obstetrics and Gynecology Society Philippine College of Chest Physicians Diabetes Club Consortium Western Visayas Sanitarium Facilitator, WVSUMC

Government Agencies		
Chair		
Members	Harold Alfred Marshall Res N. Villavicencio Salvacion R. Gayoma Jonic F. Natividad Ma. Edesa P. Ferrer Dr. Shiela A. P. Zarandin Arnel Villarín Ma. Naheda C. Borres Dr. Sophia Pulmones Dr. Victoria Mancilla Dr. Elizabeth Ellaga Dr. Ma. Julia Villanueva Dr. Edgardo M. Silva Ms. Charmaine Malata	Population Commission (POPCOM) National Census and Statistics Office (NCSO) Dept. Social Welfare and Development (DSWD) Department of Agriculture (DA) Dept. of Labor and Employment (DOLE) Phil. Health Insurance Corp. (PHILHEALTH) Nat'l Statistical Coordination Board (NSCB) Nat'l Commission for Indigenous People Department of Health (DOH) Department of Health (DOH) Facilitator, WVSU

OUTPUTS

The Fruits of Thy Labor

GROUP: ACADEMIC INSTITUTIONS

PRIORITY AREA: ALTERNATIVE MEDICINE

Issue of Concern	Magnitude of the Problem (Extent, prevalence, urgency, burden to the community)	Problem with the health concern? Or reasons for the persistence of the problem?	Can the specific problem be solved by R & D? (Yes or No)	Type of Research? -Biomedical -Product dev. -Operations -Communications -Others ?	Feasibility of the study based on the existing resources of the zone/region (Yes or No)	Impact of R & D on the issue addressed? On greater number of population? Cost of health care?	Research area not well funded? (Yes or No)	Priority Status? -High -Medium -Low
Magnitude of Utilization	1	Cost of western medicine Easy access	Yes	Social Research	Yes	Yes	Yes	High
Safety/ Efficacy/ Effectiveness/ Quality/ Therapeutic value	2	No clinical trials were done	Yes	-Biomedical -Product Devt.	Yes	Yes	Yes	High
Ethical/ Legal Aspects	3	Fixation on western medicine Western bias of medical education	Yes	Ethics/ Social Research	Yes	Yes	Yes	High
Profile of Dispensers/ Practitioners/ Acceptors (Users)	4	Aggressive , increase marketing/ promotion	Yes	Social Research	Yes	Yes	Yes	High

GROUP: NON-GOVERNMENT ORGANIZATIONS

Issue of Concern	Magnitude of the Problem (Extent, prevalence, urgency, burden to the community)	Problem with the health concern? Or reasons for the persistence of the problem?	Can the specific problem be solved by R & D? (Yes or No)	Type of Research? -Biomedical -Product dev. -Operations -Communications -Others ?	Feasibility of the study based on the existing resources of the zone/ region (Yes or No)	Impact of R & D on the issue addressed? On greater number of population? Cost of health care?	Research area not well funded? (Yes or No)	Priority Status? -High -Medium -Low
Environmental degradation of coastal sources of food	3	Food security	Yes	Operations	Yes	Yes	Yes	High
Impact of industrial waste management on the ground water	2	Contaminated water	Yes	-Biomedical/ chemical -Operations	Yes	Yes	Yes	High
Knowledge/ Attitudes/ Practices of farmers on the utilization of agri- chemicals	4	Poor knowledge Ill effects on their health	Yes	-Operations - Communication -Biomedical/ chemical	Yes	Yes	Yes	High
Myths/ misconceptions on TB in WV	1	Wrong information	Yes	Communications	Yes	Yes	Yes	High
Environmental hazards faced by street children	5	Health effects	Yes	Operations	Yes	Yes	Yes	High
Psychosocial development of children in social welfare institutions	6	Psycho-social well being	Yes	Social research	Yes	Yes	Yes	High

GROUP: LOCAL GOVERNMENT UNITS

Issue of Concern	Magnitude of the Problem (Extent, prevalence, urgency, burden to the community)	Problem with the health concern? Or reasons for the persistence of the problem?	Can the specific problem be solved by R & D? (Yes or No)	Type of Research? -Biomedical -Product dev. -Operations - -Communications -Others ?	Feasibility of the study based on the existing resources of the zone/ region (Yes or No)	Impact of R & D on the issue addressed? On greater number of population? Cost of health care?	Research area not well funded? (Yes or No)	Priority Status? -High - Medium -Low
Malnutrition	1	High prevalence rate	Yes	-Operation -Descriptive survey	Yes	Yes	Yes	High
TB	2	Drug Resistance Social effects	Yes	Epidemiological	Yes	Yes	Yes	High
Maternal and Child Health	3	Low percent of deliveries attended by skilled workers	Yes	Operation	Yes	Yes	Yes	High
Devolution	4	Effects on health care delivery	No	Survey	Yes	Yes	Yes	High
Health Care Financing	5	Identification of indigents (criteria) Validation	Yes	Operation	Yes	Yes	Yes	High
Healthy Lifestyle	6	Knowledge/ Attitudes/ Practices of health workers	Yes	Survey	Yes	Yes	Yes	High

GROUP: GOVERNMENT AGENCIES

Issue of Concern	Magnitude of the Problem	Problem with the health concern? Or reasons for the persistence of the problem?	Can the specific problem be solved by R & D? (Yes or No)	Type of Research? -Biomedical -Product dev. -Operations -Communications -Others ?	Feasibility of the study based on the existing resources of the zone/ region (Yes or No)	Impact of R & D on the issue addressed? On greater number of population? Cost of health care?	Research area not well funded? (Yes or No)	Priority Status? -High -Medium -Low
Acceptability of CSR Strategy among Local Chief Executives	5	Lack of knowledge	Yes	-Operations -Communications	Yes	Yes	Yes	High
High maternal/ infant death	5	-Lack of knowledge -Poor utilization	Yes	-Operations -Communications	Yes	Yes	Yes	High
Awareness of PhilHealth card holders of their benefits and responsibilities	5	Lack of knowledge	Yes	-Operations -Communications	Yes	Yes	Yes	High
High incidence of rabies (human or canine)	5	-Lack of knowledge/ of government funds -Poor enforcement of dog ordinance	Yes	-Operations -Communications	Yes	Yes	Yes	High
Community awareness about Sentrong Sigla	5	-Lack of knowledge -Lack of commitment (HW)	Yes	-Operations -Communications	Yes	Yes	Yes	High
Health seeking behavior Indigenous People	5	Lack of knowledge	Yes	-Operations -Communications	Yes	Yes	Yes	High
Awareness of govt hws about local health system	5	Lack of knowledge	Yes	-Operations -Communications	Yes	Yes	Yes	High

GROUP: MEDICAL SPECIALTIES/ HOSPITALS

Issue of Concern	Magnitude of the Problem	Problem with the health concern? Or reasons for the persistence of the problem?	Can the specific problem be solved by R & D? (Yes/ No)	Type of Research? -Biomedical -Product dev. -Operations - Communications -Others ?	Feasibility of the study based on the existing resources of the zone/ region (Yes or No)	Impact of R & D on the issue addressed? On greater number of population? Cost of health care?	Research area not well funded? (Yes or No)	Priority Status? -High -Medium -Low
Communicable Diseases (Hep B, Typhoid, TB, pneumonia, diarrhea, rabies and dengue) Hospital ICC	1	Inadequate knowledge KAP Treatment options Lack of data	Yes	-Biomedical -KAP Survey -Epidemiological	Yes	High	Yes	High
Non-communicable diseases (metabolic dses, malignancies, mental dis.) Alternative/ Trad Medicine	1	Inadequate knowledge KAP Treatment options Lack of data	Yes	-Biomedical -KAP Survey -Epidemiological	Yes	High	Yes	High
MCH (violence against children/ women, immunizable diseases, maternal morbidity and mortality)	1	Inadequate knowledge KAP Treatment options Lack of data	Yes	-Biomedical -KAP Survey -Epidemiological	Yes	High	Yes	High
Nutrition and wellness promotion	1	Inadequate knowledge/KAP Tx options Lack of data	Yes	-Biomedical -KAP Survey -Epidemiological	Yes	High	Yes	High

THE SUMMARY

1. MATERNAL AND CHILD HEALTH

- a. Violence against children/ women: Moral, Financial and Social Implications
- b. Immunizable/ preventable childhood diseases
- c. Maternal mortality/ morbidity
- d. Psychosocial development of children in social welfare institutions
- e. Low percent of deliveries attended by skilled workers
- f. Commercially/ sexually abused children
- g. Adolescent Reproductive Health: Issues, Concerns and Assessment of Practices and Innovations

2. COMMUNICABLE DISEASES

- a. Epidemiology of TB, Rabies, Dengue, Pneumonia, Typhoid, Diarrhea
- b. Hospital Infection Control
- c. TB- drug resistance, myths and misconceptions
- d. Rabies – enforcement of dog ordinance

3. NON-COMMUNICABLE DISEASES

- a. Malignancies - epidemiology
- b. Metabolic disorders (Diabetes, Dyslipidemia, etc) - epidemiology
- c. Mental Health Disorders – epidemiology, facilities and services
- d. KAP of health workers on healthy lifestyle

4. HEALTH CARE FINANCING

- a. Identification of indigents - validation study
- b. Awareness of PHILHEALTH members of their benefits and responsibilities

5. LOCAL HEALTH SYSTEM AND DEVOLUTION

- a. Effects of devolution on health care delivery
- b. Awareness of government health workers about local health system
- c. Community awareness on 'Sentrong Sigla' and their perception on its value/ importance

6. ALTERNATIVE MEDICINE

- a. Therapeutic effects on non-communicable diseases like DM and kidney diseases
- b. Magnitude of utilization
- c. Safety/ efficacy/ effectiveness and quality
- d. Ethical and legal aspects
- e. Profile of dispensers/ practitioners/ users
- f. Regulations/ categorization

7. ENVIRONMENTAL HEALTH

- a. Coastal degradation and effects on food sources
- b. Effects of Industrial Wastes
- c. KAP on agricultural pesticides/ chemical use and effects on health (risk identification)
- d. Environment hazards facing the street children

8. NUTRITION

- a. Long term sustainable prevention and control program
- b. Unresolved problem (what's wrong?)

9. POPULATION AND FAMILY PLANNING

- a. Acceptability of Contraceptive Self Reliance (CSR) Strategy by the Local Chief Executives
- b. Population Management: Knowledge, Attitudes and Practices

10. SPECIAL SECTORS

- a. Health seeking behavior/ health needs of indigenous people
- b. Health needs of graying population
- c. Reproductive health needs of persons with disabilities (PWDs)

11. HEALTH SERVICE DELIVERY

- a. Health Care: Access, Cost and Alternatives
- b. Assessment of Public Service Delivery System
- c. Brain drain among health care providers and strategies to meet the short fall

12. SUBSTANCE ABUSE

- a. Extent of the problem of substance abuse in schools and mechanisms to deal with it

13. GENDER AND HEALTH

The RHRDC
Execom/Subcommittees

Executive Committee	
1. Dr. Jaime Manila (Chairperson)	- 508-4422
2. Director Zinnia Parcon-Teruel	- 320-0907
3. Dir Arturo Valero (NEDA)	- 335-1070
4. Dr. Sofia Chua	- 321-1036 / 321-0235
5. Dr. Edgardo Gonzaga	- (033) 523-9515
6. Dr. Edgar Portigo	- 337-2921 / 337-7702 / 337-5103
7. Dr. Aretha Liwag	- 508-3113
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2. Dr. Elnora Cabalfin (CPU)	- 329-1971 or 78 or 79 – Chemistry Dept.
3. Dr Fely David (CPU)	- 329-1971 or 78 or 79 or 329-0418– Graduate School
4. Dr. Milagros Sison (CEH)	- 6210-443
5. Ms. Isabel Blanca (NEDA)	- 335-0677/ Fax No. 335-1070
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4. Ms. Melinda Jamelo (NEDA)	- 335-0677
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4. Ms. Annie Aplao (PIA)	

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<p>13.) St. Paul's University Iloilo (SPUI) Sr. Carolina Agravante Director Gen. Luna St., Iloilo City Tel. No. 338-10-95 Fax. No. 336-5619</p>	<p>14.) Iloilo Doctor's Hospital (IDH) Dr. Rolando Padilla Hospital Director Molo, Iloilo City Tel. No. 337-77-02 / 09 Fax. No. 335-08-62</p>

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<p>23) Department of Science and Technology-Region VI (DOST-Region VI) Engr. Zinnia Parcon-Teruel Regional Director Magsaysay Village, La Paz Iloilo City Tel. No.: 320-0907 Fax. No.: 320-0908</p>	

The Completed RHRDC- Funded Researches

- Awareness, Access and Utilization of Health Services by Households in Depressed Areas in Iloilo City
- A Comparison of the Effects of Tolnaftate and *Cassia Alata* Ointment in Tinea Skin Infection
- Efficacy of Rice Water Powder Salt Solutions in the Treatment of Diarrhea
- A Study of Solid Waste Disposal Practices of Iloilo Residents
- A Study of Indigenous Medical and Medicinal Resources as a Component in Herbal Care Delivery System of Two Rural Communities in Negros Occidental
- Food Choices of Urban Mothers During Illness in the Family
- Case Study of Katin-Aran Sponsored Health Program for Households of Rural Workers in Barangay Lapayon, Leganes, Iloilo
- An Evaluation Study of the Family Planning Project in the Province of Iloilo
- Invention, Strategies, Outcomes and Perceived Effects of Non-Government Organizations' Health Assistance Program for the Urban Poor in Iloilo City
- The Roles/ Functions and Performance of the Department of Health (DOH) – Barangay Health Workers (BHW) as Perceived by the Mothers, The DOH Personnel and the BHWs Themselves: An Exploratory Study
- Mutagenicity and Anti-Mutagenicity Screening of *Parol-Parolan* Leaves, Fruits, Roots and Stem (*C. halicaca*)
- Taxonomic Identification and Anti–Cancer Screening of Bryophyted Commonly Found in Iloilo City
- Cytotoxic Assays of the Whole Plant (Leaf, Stem, Root, Fruit and Seed) of *Barringtonia asiatica* (*Bolo bitoon* and *Cardispermum halicacabun*)
- Wild Medicinal Plants in Panay: Phase I Taxonomic Identification
- Histochemical Studies of “BIAB”
- A Preliminary Investigation of the Anti–Microbial Properties of “BIAB”
- The Bioactivity of Aqueous Extracts from Soft Corals
- Cyanide Determination of Selected Medicinal Plants in Iloilo
- Comparative Study Using Latin Square Design on the Efficacy of Tropical *Cymbopogon*, Placebo and Piroxicam on Muscle and Joint Pains

- A Study of the Water Supply Among Households in Selected Areas in Iloilo City
- Chemical and Antitubercular Studies on *Morinda citrifolia linn* (noni) fruit
- The Epidemiology of Child Abuse in the City of Iloilo from 1995 – 2000
- A Preliminary Study on the Potability of Water in Public Elementary Schools in Iloilo City based on its Coliform Content
- Personal and Work Characteristics, Knowledge: Their Relation to Attitudes of Bacolod City Nurses Towards HIV/ AIDS