

# **HEALTH RESEARCH AGENDA OF REGION 8**

## **FOREWORD**

The process of research agenda setting in the regions of the Philippines was designated by the Philippine National Health Research System's Technical Working Group for Research Management to be piloted in Region 8. All activities required in the setting of a regional research agenda were to be coordinated through the established structure of the Regional Health Research and Development Committee in Region (RHRDC – 8), its Secretariat, the Department of Science and Technology in Region 8 (DOST 8), and the RHRDC Coordinator, based in the Department of Health – Eastern Visayas (DOH – EV).

As early as January of 2005, a joint meeting of the four subcommittees of the RHRDC – 8, the Research Management, Resource Management, Ethics Review, and the Research Information Subcommittees, met to be oriented on the challenge of establishing the Region's research agenda for CY 2005 to 2010. It was agreed in this meeting that the technical framework within which this agenda will be based are to be the Millennium Health Development Goals, the Medium Term Philippine Development Plan 2004 – 2010, the 10-Point Agenda of GMA, the Regional Development Plan, and the Strategic Plans of the DOH. The Strategic Plan of the Health Sector in Region 8 was to provide the regional directions on health development for the years 2005 – 2010.

Health data from provincial and regional sources were gathered in situ by members of the Research Information Subcommittee. Copies of the different plans were sourced out from the NEDA, DOH, and DILG by the Ethics Review Subcommittee. A checklist to assess the research capacity and capabilities of various institutions and agencies was developed and sent out by the Resource Management Subcommittee. Analysis and synthesis of all the data gathered were done in separate and joint meetings by the subcommittees. The Research Management Subcommittee provided the matrix and preparation of the draft document for the Regional Health R & D Agenda Setting Consultative Workshop Forum on April 20 – 21, 2005.

The Regional Health Research Agenda for 2005 – 2010 and this report are made possible with the commitment and support of the Regional Health Research and Development in Region 8, its Members and Subcommittees, the Philippine Council for Health Research and Development (PCHRD), the Department of Health (DOH), Academic Institutions, Local Government Units and their Executives, and the Non-Government Organizations. Special acknowledgements are to Dr. Milagros Bacho-Bacus, Dr. Benita N. Pastor, Dr. Alan Feranil, Ms. Eresita Laguimon, Ms. Anicia Catameo, Ms. Rosa Gonzales, Ms. Adelaida Mendoza, Director Edgardo M. Esperancilla, Ms. Evelyn L. Elbore, Ms. Rosita G. Pacuri, the RESU/Planning Units of DOH-EV.

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## **SOCIO – DEMOGRAPHIC PROFILE OF REGION 8**

The political classification of Region 8 is assigned to Eastern Visayas, a group of islands located within the 10° 12' to 14° north latitude and 124° 19' to 126° east longitude in the eastern part of the Visayas belt of the Philippine archipelago. On the east, the region is bounded by the Pacific Ocean, on the north by the Bicol Peninsula, northwest by the Samar Sea, west by the Camotes Sea and south by the Surigao Strait and Bohol Sea. This region has three main islands that are connected by the San Juanico Bridge between the islands of Leyte and Samar and the Biliran Bridge between the islands of Leyte and Biliran. The island of Leyte is divided into two provinces, Leyte and Southern Leyte, while the island of Samar is divided into three provinces, Samar on the west, Eastern Samar, and Northern Samar. Biliran Province occupies the whole island of Biliran. Two cities are in Leyte - Tacloban City, its capital, and the Charter City of Ormoc. The capital of Southern Leyte is Maasin City. The fourth city in Region 8 is Calbayog City in Samar. There are twelve congressional district, a total of one hundred forty (140) municipalities and three thousand nine hundred thirty seven (3,937) barangays (or villages) in Region 8.

Eastern Visayas is the fourth largest region in total land area which is 21,431.9 square kilometers. Vast plains are traversed by mountain ranges with peaks ranging from 2,295 to 3,250 feet. Thick forests and deep valleys characterize these mountains with its trees, abaca, abundant metallic and non-metallic deposits, geothermal power reserve, rare flowers and fauna. Plains are dedicated to agricultural crops, sugarcane, coconut and fruit trees. The soil is fertile in most areas that still yield good harvest despite the region's being endowed with the second climatic type of no distinct dry season with very pronounced rainy period in November. A rich fishing resource surround the islands especially its bays. The region likewise offer beautiful natural attractions like beaches, beautiful islands, caves, mountains and lakes coupled with unique events in its history, like the discovery of the islands in 1521 by western voyagers led by Magellan as they set foot in Homonhon Island in Eastern Samar, the first catholic mass was celebrated on March 31, 1591 in Limasawa, Pana-on Island in Southern Leyte, the Balangiga massacre and the famous bells of Balangiga, Eastern Samar, and the Leyte Landing of Gen. Douglas MacArthur on October 20, 1944.

The Eastern Visayas projected population in 2005 based on the 2000 Census of Population and Housing is 3,906 with a population density of 182.3. Sixty two percent of the population are living in rural areas. There are 781,368 households with an average household number of members of five. People in western part and some municipalities/islands in the east of the region speak the Visayan or Cebuano dialect while the majority of people on the eastern part speak the different varieties of the Waray dialect. A rich culture, practices, beliefs and even food delicacies distinguish these two groups of people in Eastern Visayas. The region has produced its share of national heroes, acclaimed statesmen, politicians, professional, and even popular hosts and actors. The 2003 NSCB Reports a literacy rate of 90.9%. However, the 2003 Family Income Survey revealed that the average family income is Php 8,656.00 while the average monthly expenditure is Php 6,955.00 putting the region's poverty incidence at 35.5%.

### **Health Profile of Region 8**

The health profile in Region 8 is largely based on the data gathered from the annual report from the government facilities of municipalities through the Field Health Service Information System or FHSIS. Due to delay in the reports from the field as data are submitted to the provincial health offices for consolidation before these are sent to the regional office, complete data on which this profile is based is the data from CY 2004. Information is further

limited to health indicators like crude birth rate, crude death rate, infant deaths and its causes, maternal mortality and its causes, ten leading causes of morbidity and mortality, and, accomplishments in selected health programs like the maternal and child health care program, communicable diseases like schistosomiasis, filariasis, dengue, rabies, leprosy and malaria, sexually-transmitted diseases, and, environmental sanitation. Data on health manpower and health facilities is taken from the same report (FHSIS 2004). The status of Sentrong Sigla and/or TB DOTS certification, and PhilHealth accreditation is an updated report of CY 2006.

Crude Birth Rate remains in the range of 21.35 to 23.6 since 1999 to 2004 with an average annual population growth rate of 1.51. (NSCB Report 2003) It is estimated in the same NSCB Report that life expectancy for males is 64.65 years while for females it is 68.79 years. The year 2004 recorded the lowest crude death rate at 4.16 though the rate since 1999 is at a range of 4.16 to 4.38. Infant mortality rate is lowest in 2004 with a range of 9.8 to 12.65 since 1999. The common causes of infant deaths are still pneumonia, immaturity, septicemia, diarrhea, and respiratory distress syndrome. Maternal mortality rate is higher in 2004 at 1.22 from only 0.86 in 2003. The range in maternal mortality rate is 0.86 (2003) to 1.24 (1999 and 2001). The most common causes of maternal deaths are postpartum hemorrhage, eclampsia, placental retention, uterine atony, ectopic pregnancy, and abortion. Morbidity causes for all age groups include acute respiratory infections, diarrhea, diseases of the heart, influenza, and various accidents. The leading causes of deaths are cardiovascular diseases, pneumonia, different forms of malignancies, all forms of tuberculosis, and accidents.

Basic intervention strategies in maternal care program are prenatal, natal, postnatal and family planning services. Prenatal services in public health facilities include monitoring of women's weights, blood pressure, urine, hemoglobin/hematocrit, dental check-up, and tetanus toxoid vaccinations. Of the estimated 134,555 pregnant women only 61.8% had at least three or more prenatal visits while 58.7% had received two or more doses of tetanus toxoid. Curative (29.34%) and preventive (55.44%) dental services were provided to pregnant women. Seventy four percent (74%) of the 115,332 eligible population had at least one postpartum visit initiated breastfeeding. Among the family planning new acceptors (Total: 60,996), fifty-five % prefer the lactational amenorrhea method, 19% the pills, 6% the condom, 3% the modern natural family planning methods, 4% the intrauterine contraceptive device or IUD, 3% female sterilization, and 1% male sterilization. The contraceptive prevalence (including the current users of family planning) is 30%.

The expanded program on immunization, control of diarrhea and acute respiratory tract infection, the nutrition program, and dental health program are the interventions in child care. Fully immunized children (9 – 11 months old) reached 92,847 (81% of 115,332), 48,181 (42%) given the third dose of Hepa B vaccine, and 92% exclusively breastfed up to the fourth month of age. Oresol for the control of diarrhea program was provided to 15% and co-trimoxazole for the control of acute respiratory infection program was provided to 96% of the targeted 0-59 month old population of 156,083 in Region 8. The strategies adapted in the nutrition program include micronutrient supplementation, food fortification, and dietary diversification. Food supplementation is still implemented by Local Government Units, schools and non-government organizations and covered approximately 9.12% of moderately severe and 9.05% of severely malnourished children. In 2004, allocation of iron tablets would enable only 50.21% of pregnant women and 52% of lactating mothers to receive complete iron dosage. In the two rounds of vitamin A supplementation in February and April for 6 to 11 month-old children, 71% and 83% of 57,666 were covered respectively while 97% and 92% coverage was achieved in the 12 to 71 month-old children with a total of 577,436 eligible population. Only 0.40% of 961,099 women aged 15 to 49 were given iodized oil capsule. Curative dental services were provided to 27% of

105,183 preschoolers and 6% of children enrolled in schools. A larger percentage (43% of 109,565) of children in schools was given preventive dental services.

In 2004, the Directly Observed Treatment of Short Course Chemotherapy for Tuberculosis or DOTS had already been implemented region-wide. TB symptomatics were examined by sputum microscopy and 17.39% (3,277 out of 18,843) were positive and all were initiated treatment. A total of 220 new cases of leprosy were detected in the same year, 3.4% less than 15 years old and 91% multi-bacillary. Compliance to mass treatment using praziquantel among populations of schistosomiasis-endemic areas of Region 8 (61 municipalities; 826 barangays) was 29%. Targeted individuals (69,596) who submitted stools for examination was only 48% and 4.6% were positive for schistosomiasis. Forty-five percent of the total animal bite cases (4,301) were given exposure examination and given prophylactic treatment. Twenty cases of rabies were however reported in the later months of 2003 up to the early months of 2004. Mass treatment using diethylcarbazine citrate (DEC) combined with albendazole among individuals 2 year old and over in communities “endemic” to filariasis achieved 56.23% coverage in Region 8. The filaria-positive cases among the targeted population of 100,287 was 0.92%. No indigenous case of malaria was reported. The six malaria cases who were in Samar were individuals who came from Palawan. Entomological studies however show that the mosquito vector is present in the region. Less than one percent of the high risk targeted population was reported to complain of either vaginal or urethral discharge or genital ulcers of unspecified sexually-transmitted diseases.

Region 8 has an abundant source of water. Yet, it is reported that only 84% have access to safe drinking water. Drinking water supplies are from three sources: Level I (wells/springs) – 34%; Level II (communal faucets/pumps)- 27%; and, Level III (water system) – 21% and doubtful sources (18%). Households getting water from doubtful sources boil their water for drinking. Fifty-seven percent of the total households have sanitary garbage disposal while 72% have access to sanitary toilets.

Health services is directly provided by facilities owned by the Local Government, private individuals or corporations, religious groups, state universities, and the military. There are only two retained hospitals of the Department of Health – the Eastern Visayas Regional Medical Center in Tacloban City and the Schistosomiasis Research Hospital and Acute Crisis Intervention Center in Palo, Leyte. At present there are fifty one (51) government-owned and twenty seven privately-owned hospitals in Eastern Visayas with an average bed-to-population ratio of less than one per 1,000 population. Except for the Samar Provincial Hospital, Eastern Visayas Regional Medical Center and the Biliran Provincial Hospital which reported an occupancy rate of 85% and over 100%, the rest of the government-owned hospitals reported an average occupancy rate of 62%. In 2004, a total of 165 hospital manpower was reported. This included physicians, nurses, and all hospital staff and personnel in the region. Rural Health Units, Barangay Health Stations, and other health facilities which totaled 157 and 816, respectively, were manned by 160 physicians, 220 public health nurses, 97 dentists, 898 rural health midwives, and 211 rural sanitary inspectors. Health facilities with no physicians were assigned doctors under the “Doctors to the Barrios” Program or the “Leaders for Health” initiative. Communities had a total of 16,830 barangay health workers at a ratio of 1:43 households. By the end of the second quarter of 2006, forty two (42) rural health units in Region 8 are certified Sentrong Sigla Phase II Level I facilities, two (2) private health facilities and thirteen (13) rural health units certified TB DOTS centers. From the 2004 data of the Philippine Health Insurance or PhilHealth Office in Region 8, sixty-five (65) hospitals and sixty-three (63) rural health units have been accredited. Other health facilities providing health services are four (4) birthing homes, twenty (25) drug testing laboratories, sixty-nine (69) clinical laboratories,

seventy-six x-ray laboratories, three (3) blood banks, three (3) blood collecting units, one (1) dialysis center, forty-six (46) hospital-based and four hundred ninety nine (499) free-standing drugstores and eighty-five (85) drug distributors. Ensuring availability of drugs in far-flung areas in the region are eighty-eight (88) “Botika ng Barangays” that have received initial packages of drugs and medicines worth Php 25,000. Sustaining the supply of drugs to these outlets is the “Health Plus”, an initiative of the Germany Technical Cooperation (GTZ). Three hospitals in Southern Leyte (the southern Leyte Provincial Hospital, Sogod District Hospital, Anahawan are ensured of availability of low cost, high quality drugs

### **Health Research Challenges for Region 8**

The Millennium Development Goals (MDG) for 2015, the Medium Term Philippine Development Plan for 2004 to 2010 and the Health Sector Reform Agenda pose great challenges particularly for health research in Eastern Visayas. In a presentation of the Philippine Progress Report on the Millennium Development Goals by the NEDA representative, Ms. Virginia C. Mabute during the consultative forum for research agenda setting , it was noted that while the reduction of under-5 mortality rate by 2/3 in 2015 is a high target for the Philippines, the rate of reduction in child mortality from 1990 (80 per 1,000 live births) to 48 in 1998, the target is likely to be achieved. The challenges are to sustain the strategies like expanded program on immunization, micronutrient supplementation, food fortification, and dietary diversification, investment in the needed resources, and innovative interventions to improve child care. As noted further, maternal mortality rate reduction from 1990 to 1998 is slow. Attaining the MDG by 2015 means that strategies in maternal care must be strengthened, innovations to improve services for women and mothers, and enhance capabilities of health workers in maternal health care. In the report, challenges remain, despite a decrease in fertility rate of women from 1993 to 1998 by 10% and increase in contraceptive prevalence rate from 40% to 46.5% in the same period of time, on efforts towards getting appropriate data in order develop policies in reproductive health that will adequately respond to the needs of the public and the underserved groups like the adolescents and men, in particular, consider the Filipino culture, and be able to sustain the provision of contraceptive supplies especially for the poor. Another challenge for research is to identify or develop interventions or strategies to improve and sustain the quality of reproductive health and family planning services.

It is further reported that the number of confirmed cases of HIV/AIDS is low and the rate of increase in the number of cases is slow. The challenge of preventing the occurrence of a full-blown epidemic exists however. Morbidity and mortality from all forms of tuberculosis remain among the top leading causes. No indigenous cases of malaria have been reported in the region. Mass treatment of people in schistosomiasis and filariasis-endemic areas are implemented. But, these two diseases remain public health problems in Region 8. Dengue cases occur even in urban areas. Strategies to improve delivery of services and control of vectors are implemented. Still there remain the challenge to identify interventions and strategies to improve and sustain efficient and effective means to prevent and control these diseases and improve the quality of health care for the affected individuals.

The progress report noted that the proportion of households with access to safe drinking water increased from 73.7% in 1991 to 78.5% in 2000. This rate of progress will enable the country to meet the MDG target of 86.8% by 2015 yet the challenge is to find strategies or interventions to enable island and upland areas of the region and the poor have access to safe drinking water, to prevent contamination or improve the quality of water resources. The FHSIS environmental report of 2004 show a low proportion of households with sanitary toilets. This phenomenon has been observed in areas with inadequate source of water, in rocky or sandy

areas, and in marchlands. Designs of toilets adapted to these kind geographical locations remain a challenge in research.

## **THE REGIONAL HEALTH RESEARCH AGENDA 2005 -2010**

### **Research Priority Setting**

On April 20 to 21, 2006 eighty-eight (88) representatives from government line agencies in the region (DOH and attached agencies POPCOM and PhilHealth; DOST; PIA; NEDA; DILG; and DepEd), local government units (PHO, Leyte; Municipality of Isabel, Leyte; CHO, Tacloban City; PHO, Southern Leyte; Province of, Biliran; Provincial Government of Eastern Samar; PHO, Samar; Municipality of Allen, Northern Samar; Municipality of Baybay, Leyte; Municipality of Alang-alang, Leyte; and, the Municipality of Carigara, Leyte), DOH-retained hospitals (EVRMC and SRH), provincial, district, and community hospitals (Provincial Hospitals of Leyte, Southern Leyte; Calubian, Abuyog, Burauen, Carigara, Ormoc, Palompon, Hilongos, Baybay District Hospitals; Matalom, Villaba, Babatngon, and Kananga Community Hospitals), state colleges and universities, and other schools (UPM SHS; UP Tacloban Campus; Eastern Visayas State University, So. Leyte State University; Leyte State University VISCA; Leyte Normal University; RTR- Medical Foundation; Holy Infant College; St. Scholastic's College of Health Sciences; Eastern Samar State University; Samar State University; and, the Naval Institute of Technology), non-government organizations (Leyte Medical Society; Hayag Family Development Center; World Vision; Runggiyan; and, PSR-RDC/Elderly), tri-media (ABS-CBN), national offices (PCHRD; and, DOH).

The participants were grouped into nine (9) and assigned to specific research areas in the working paper that had been categorized within the framework of the Health Sector Reform Agenda, namely, Public Health Reform Area, Hospital Reform Area, Local Systems Reform Area, Regulations Reform Area, and Health financing Reform Area. The research problems under the Public Health Reform Area were further divided into the Infectious (or Communicable) Diseases, Non-Infectious (Degenerative & Lifestyle) Diseases, Maternal & Child Health Care, and Environmental Issues and Concerns. Each group was assigned its facilitator and reporter who were members of the RHRDC 8 Subcommittees and were familiar with the working paper for the research agenda. Although research problems had been enumerated by the subcommittees in the draft, participants were advised to identify research problems met in their respective work and challenges that had been presented to them during the presentations of the DOH and Regional Strategic Development Plans, the Philippine Progress Report on the Millennium Development Goals that they believe should be included. Participants initially rated each research problem in the particular reform area where they were assigned using a score sheet where the criterion included feasibility of the study to be conducted in the region and opportunity for collaboration, urgency of need for the information, and political acceptability of the project. Research problems were then prioritized for implementation per term, 2005 to 2006, 2007 to 2008, 2009 to 2010, and beyond 2010.

Research priorities in Public Health Reform Area are presented in Table 1A. Public Health: Infectious (or Communicable) Diseases, Table 1B. Public Health: Non-Infectious (Degenerative & Lifestyle) Diseases, Table 1C. Maternal and Child Care, and Table 1D. Environmental Issues and Concerns. Table 2 lists the research priorities under the Local Health Systems Reform Areas, Table 3 lists the research priorities in Health Regulation, and Table 4 lists the research priorities in the reform area of Health Financing.



### **Institutional Capacity and Health Research Capabilities**

A survey made by the Resource Management Subcommittee of RHRDC 8 among institutions and agencies in the region showed a common need to upgrade its library resources to meet the demands for literatures from faculty and student researchers. Laboratory equipment and supplies needed to conduct experimental students were also lacking. Only state colleges and universities had a budget for research and had designated research units. Grants for the conduct of research studies and research activities were either inadequate or lacking in most institutions and especially among government line agencies.

Manpower capability needs in research included the development of teams with technical expertise on the following areas: literature search, designing of coding manuals, data collection, data editing and encoding, and technical report writing. Although the survey revealed faculty members in academic institutions and even in government agencies with masters and doctoral degrees, specific areas for postgraduate studies in biostatistics, microbiology, parasitology, clinical pathology, clinical epidemiology, demography, and health physicist remain a need for Eastern Visayas. Researchers still need to have good knowledge in problem analysis, designing a conceptual framework, statement of objectives and hypothesis, research designs, sampling methods, sample size estimation, and data management. A working knowledge on health economics, medical anthropology, health policy and planning, gender and development, sustainable development, medical statistics, and ethics in research are still required by researchers.

### **Research Information Strategy**

The Information Subcommittee of RHRDC 8 during its meetings prior to the Regional Research Agenda Setting in April 2005 identified the following strategies for implementation during the period 2005 to 2010: sustain the annual regional research forum, quarterly publication of the RHRDC 8 newsletter, establish a website for the RHRDC 8, advocate for the conduct of at least two health research project per institution and agency, and encourage the integration of research information in agency newsletters, meetings, press conferences and bulletins.

### **CHALLENGES FOR THE RHRDC 8**

The research agenda for the region must be disseminated to its twenty member agencies, the Department of Health – Eastern Visayas, Department of Science and Technology 8, National Economic and Development Authority 8, Philippine Information Agency 8, Department of Interior and Local Government 8, Department of Education 8, Eastern Visayas State University, Eastern Samar State University, Samar State University, University of Eastern Philippines, Leyte Normal University, RTR –Medical Foundation, St. Scholastica’s College of Health Sciences, UP Manila’s School of Health Sciences, UP Visayas Tacloban Campus, Eastern Visayas Regional Medical Center, St. Joseph College, Divine Word Hospital, Leyte Medical Society, and the Leyte State University, to development partners with projects and other concerns in Eastern Visayas, non-government organizations, the tri-media, and other sectors in the community. Researchers must identify research problems within the research priorities. Development of faculty and staff must focus on regional capability needs, and institutions enhance their capabilities to enable researchers to successfully implement their projects.

Activities identified by the RHRDC 8 for 2005 to 2007 include a meeting with decision-makers of institutions and development partners in Region 8 to identify areas to focus on in the research agenda and commit investments on institutional capacity and manpower capability-building. Another objective for these meetings is the promotion of collaboration and sharing of

resources between and among institutions. Representation of the Regional Health Research and Development Committee at the Regional Development Council in Region 8 will provide opportunities to lobby its concerns to local government executives and other key stakeholders who are represented in the Council. Resource generation needs to be strengthened and concretize identified strategies of the Resource Management Subcommittee. The Development of a Manual of Operations for Ethics Committees/Ethics Boards will assist the Ethics Subcommittees in the review of proposals. Increasing research production and improving the quality of researches in the region continue to be the commitment of the Research Management Subcommittee. Micro-teaching in colleges and universities will be provided to researchers. Consultations to proponents and monitoring the implementation of projects are a responsibility of this subcommittee. Disseminating research activities and research output is the challenge for the Information Committee. All challenges will be a united and concerted efforts of all members and the success, the success for Eastern Visayas as well!

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**ANNEXES**

**ANNEX A**

**TABLES OF RESEARCH PRIORITIES 2005 – 2010**

Table 1A. Public Health: Infectious (or Communicable) Diseases

Diseases	RESEARCH GAPS	PRIORITY PER TERM			
		2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
<b>I. Public Health</b>					
<b>1. Infectious Diseases:</b>					
<b>a. Tuberculosis</b>	1. Evaluation of DOTS Strategy; 2. Prevalence of PTB in children 3. Tests to differentiate PTB, fungal infection of the lungs, and paragonimiasis ; and 4. Prevalence of MDR-TB 5. Evaluation of PPMD				
<b>b. Schistosomiasis</b>	1. Other diseases associated with Schisto 2. Survey among other areas for schistosomiasis and the snail vector colonies 3. Vaccine against schistosomiasis				
<b>c. Filariasis</b>	1. Presence of microfilaria in different mosquito vectors				
<b>d. Diarrheal diseases</b>	1. Causes of diarrhea in different age groups 2. Endemic areas for capillariasis				

<b>e. Dengue</b>	3. Other vectors for capillariasis 4. Diagnostic test to differentiate various diarrhea 5. Areas with sources of drinking water contaminated with amoeba histolytica				
	1. Aedes mosquito vector breeding places				
<b>f. Emerging Infectious Diseases</b>					
<b>Zoonotic diseases</b>	Prevalence of Zoonotic diseases				

Table 1B. Non-Infectious (or Degenerative & Lifestyle) Diseases

	RESEARCH GAPS	PRIORITY PER TERM			
		2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
<b>2. Non-Infectious Diseases (Degenerative &amp; Life-style Diseases)</b>					
A. Cardiovascular Diseases	Impact of healthy lifestyle program				
	Drugs for the treatment of different types of cardiovascular diseases				
	Evaluation of treatment protocol for different types of cardiovascular diseases				
	Strategies for the rehabilitation of stroke and post-op cardiac cases				
	Cost benefit analysis of the different diseases				

<p>b. Malignancies</p> <p>C. Endocrine Diseases</p>	<p>Tumor markers for various types and different organs affected  Evaluation of different treatment modalities  Screening tests for various malignancies  Strategies to improve the quality of life among cancer patients  Prevalence of different type of cancers  Cost benefit analysis of the different diseases  Evaluation of different anti-mutagenic agents</p> <p>Screening tests for various types of endocrine diseases  Standard treatment guideline for every type of endocrine disease  Evaluation of support groups, like Diabetes Clinics, on individuals affected with the disease  Cost benefit analysis of the different diseases</p>				
	RESEARCH GAPS	<b>PRIORITY PER TERM</b>			
		2005 - 2006	2007 - 2008	2009 – 2010	Beyond 2010
D. Metabolic Diseases	Screening tests for various types of metabolic diseases Diagnostic algorithm for each type of metabolic disease Standard treatment guideline for every type metabolic disease Cost benefit analysis of the different diseases				
E. Accidents	Risk factors to accidents Strategies to prevent accidents Incidence of different type of accidents Cost benefit analysis of the different diseases				
F. Drug/Substance Abuse	Extent of drug abuse among various age groups				

G. HIV/AIDS & STDs	and sectors Strategies in the prevention and control of drug abuse Diagnostic tools in the diagnosis of various types of abused drugs Management of any type of drug abuse Impact of various types of rehabilitation strategies Cost benefit analysis of the different diseases				
	Prevalence/Incidence of sexually- transmitted diseases Risk factors to sexually-transmitted diseases Psychosocial determinants in sexually-transmitted diseases Cost benefit analysis of the different diseases				
H. Diseases of the Elderly	Prevalence of illnesses among the elderly Management of common treatment modalities Evaluation of senior citizens groups				

Table 1C. Public Health: Maternal and Child Health

RESEARCH AREA	RESEARCH GAPS	PRIORITY PER TERM			
		2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
<b>3. Maternal and Child Health</b>	<b>3. Maternal and Child Health</b>  - Evaluation of MCH Programs, projects, and strategies  - Strategies to enhance health-seeking behavior of people in communities, particularly, MCRAs, pregnant				

	<p>women, lactating mothers, and parents with children</p> <ul style="list-style-type: none"> <li>- Accurate, timely, and appropriate indicators of maternal and child health status and services</li> <li>- Extent of domestic violence, rape, prostitution, and other gender issues</li> <li>- Prevalence/Incidence of maternal and childhood diseases among indigenous groups, socially-displaced, and, differently-abled populations, children of OFWs</li> <li>- Risk factors/determinants of maternal and childhood diseases among indigenous groups, socially-displaced, and differently-abled populations, children of OFWs</li> <li>- Evaluation of strategies to provide nutritional interventions</li> <li>- Evaluation of under-weight children program</li> <li>- Evaluation of strategies directed towards indigenous group socially displace and children of OFWs</li> <li>- Evaluation of data collection</li> </ul>				
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Table 1D. Public Health: Environmental Issues and Concerns

RESEARCH AREA GAPS/PROBLEMS	RESEARCH AREA GAPS	PRIORITY PER TERM			
		2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
Public Health	<b>ENVIRONMENT</b>				
	Pollution by Air, Water and Land				
	Pollutant Assessment in Irrigation Paddies				
	Health Status of Agricultural Workers Exposed to Synthetic Pesticides				
	Compliance of Conditions Stated in the Environmental Permits				
	Assessment of heavy Metals Load in Marine Organisms near				
	Mining/Factories/Small Scale Industries				
	The effect of mining/geothermal power plants and other industries on the workers and community				
	Groundwater Quality Assessment				
	Assessment of waste disposal of hospitals, food establishments, households, gasoline stations				
	And septic tanks, its utilization and control.				
	Assessment of DOH and DENR Environment Protection Advocacy Program				
	Extent of compliance to clean air & water act				
	Control of Household Pests				
Sewage Analysis					
Disease-Causing Microorganisms in Sewage					
Pollutant Assessment in Fish Pond/Fish Pen					
Pollutant Assessment in Irrigation Pesticide Residues					

	Particulates/Allergens Affecting Pregnant Women & the unborn child  Extent of Oil Spills of Marine Waters Extent of Pollution in Swimming Areas Assessment of Sewage Disposal Practices Ecological Sewage Management System				
RESEARCH AREA GAPS/PROBLEMS	RESEARCH AREA GAPS	PRIORITY PER TERM			
		2005 – 2006	2007 - 2008	2009 - 2010	Beyond 2010
	Microbial Loading in Leachate Contaminated soil Screening of oil-Degrading Microorganisms Concentration of Poly-cyclic Aromatic Hydrocarbon (PAH) Leading to Parental Changes Levels of Pollution of Vinyl/Polyurethane Foam from Bed Mattresses Effect of pollution on the growth of herbal plants Effect of pests on herbal plants Deforestation and effects of vectors of Diseases				

Table 2. Hospital Reform Area

RESEARCH AREA	RESEARCH GAPS	PRIORITY PER TERM			
		2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
<b>II. Hospital Reform Area</b>					
	<b>1. Utilization</b>				
	Utilization of different category of hospitals: government				
	-owned and privately-owned				
	Case mix in each category and type of ownership of hospital				
	Level of satisfaction of patients in different hospital category and ownership				

	<p><b>2. Procurement</b> Evaluation of drug selection, procurement, distribution or allocation, and stocking</p> <p><b>3. Patient Management</b> Evaluation of clinical protocol guidelines for every condition Strategies to alleviate symptoms or cure a specific illness or disease or hasten recovery of patients Strategies to prevent hospital-acquired infections Strategies to decrease turn-around time for patients in the out-patient department and admissions Strategies to improve patient-physician and patient-nurse relationship</p> <p><b>4. Financial System</b> Evaluation of income generation of different category and ownership of hospitals Evaluation of budgeting and accounting of different category and ownership of hospitals Eval. of cost of illnesses per type of illness or condition</p> <p><b>5. Information System</b> Evaluation of hospital record-keeping, data-banking, and dissemination</p>				
RESEARCH AREA	RESEARCH GAPS	PRIORITY PER TERM			
	<p><b>6. Institutional Capacity</b> Assessment of diagnostic capacity of different category and ownership of hospitals Assessment of critical medical equipment capacity of different category and ownership of</p>	2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010

	hospitals				
	Assessment of manpower compliment and ratio of different category and type of ownership of hospital				

Table 3. Local Health Systems Reform Area

RESEARCH AREAS		RESEARCH GAPS	PRIORITY PER TERM			
			2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
III	<b>Local Health Systems Development</b>	Assessment of Interlocal Health Zones re:				
		1. Identifying and intervening for local health needs and problems;				
		2. Type of model used;				
		3. Networking strategies with NGOs and private sector.				
		4. Human Resource Development				
		5. Referral network				
		6. Drug management				
		7. Health financing schemes & LGU allocation				
		8. Health information system				
		9. Extent of community participation				
	10. Health service utilization and customer satisfaction					

Table 4. Health Regulation Reform Area

RESEARCH AREA	RESEARCH GAPS	PRIORITY PER TERM			
		2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
<b>IV. Health Regulation</b>	Assessment of health facility performance as a result of a. PhilHealth Accreditation; b. Sentrong Sigla certification; and, c. DOH licensing/accreditation.				
	Measuring health care performance of the a. private practitioners; b. local and foreign groups; and, c. socio-civic-religious organizations.				
	Assessment of consumers/clients/patients perception of regulation on health facilities				
	Assessment of clinical laboratory performance as a result of licensing/accreditation				

RESEARCH AREA		RESEARCH GAPS	PRIORITY PER TERM			
			2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
IV	<b>Health Regulation</b>	<p>Assessment of drugstores, food &amp; other public facilities performance as a result of</p> <p>a. BFAD Regulations &amp; Standards; b. LGU Ordinances</p> <p>Assessment of consumers/clients/patients perception of regulation on</p> <p>a. drugstores b. food and other public establishments c. Prescription of drugs (compliance with RA 6675 or Generic Act of the Philippines)</p> <p>Evaluation of new regulation strategies, as the following:</p> <p>a. rotation of FDROs provincial assignment; b. Mini-BFAD Laboratory; and, c. deputizing staff at LGU level.</p>				
	Herbal Plants and Traditional Medical Practices	<p>Evaluation of plants and medical practices traditionally used by people in the community for various illnesses</p> <p>Determinants of curative effects and growth of herbal plants</p>				

Table 5. Health Financing Reform Area

RESEARCH AREA		RESEARCH GAPS	PRIORITY PER TERM			
			2005 - 2006	2007 - 2008	2009 - 2010	Beyond 2010
<b>V.</b>	<b>Health Financing</b>	Consumer utilization and satisfaction with PhilHealth benefit packages and services;				
		Survey of actual cost and charges of health care facilities and providers;				
		Status of LGU payment of premiums for indigent members;				
		Evaluation of community-based financing schemes; and,				
		Evaluation of hospital spending and public health care.				
		Evaluation of PHIC Indigency, Self-employed and Individually-Paying Programs				
		Assessment of PHIC premium: benefit contribution structure				
		Assessment of allocation and utilization of health budget at the LGU level, DOH and regional level				
		Evaluation of Philhealth processing of Claims				

## **ANNEX B**

### **Regional Health R&D Agenda Setting Consultative Workshop-Forum**

#### **Mechanics of the Workshop**

##### **Backgrounder:**

- RHRDC Preparatory activities:
  - Assess priorities set by different entities
    - Health Sector Reform Agenda (5 reform areas)
    - National/Regional Agenda/Plans
      - MTPDP
      - Ten point Agenda
      - Regional Strategic Plan
  - Revisit Previous R&D Agenda and accomplishments
  - Assess Current needs
  - Survey of Regional Health R&D Resources and Capabilities

##### **Objective of the workshop**

To prioritize research problems to be undertaken within the next five years (2005-2010) or even beyond.

##### **Mechanics**

- There will be 11 groups with each group to deliberate on specific Research area./research gaps/problems
- Using the score sheet provided, prioritize the identified research problems as to year of implementation
- The group may add other concerns/problems not identified in the proposed list
- Each group has assigned facilitators and rapporteur.



### Workshop Grouping

Group/Research Topic	Members	Facilitators/Rapporteur
I. Public Health 1. Infectious Diseases	Dr. Edgardo Daya Dr. Ma. Teresita Caidic Dr. Felix Afable Nora D. Estela Wilfreda Pule	Prof. Esther Bañar – F Ms. Daisy Perez – R Mr. Leonido Olobia – F Dr. Ma. Sol Villones - F
2. Non-Infectious Diseases		Prof. Amabel A. Ganzo – R Dr. Laarni Dacuno - F
3. Maternal & Child Health		Dr. Teresita M. Cajano – F Dr. Corazon V. Sabulao - R
4. Environment		Prof. Minerva Villaflor – F Dr. Felisa Gomba - R
II. Hospital Reform Area		Dr. Vicente L. Ramo – F Dr. Gloria Fabrigas - F Engr. Zosimo Adobo - R
III. Local Health Systems Development 1. Inter-Local Health Zones		Dr. Iluminado C. Nical – R Dr. Fidelita D. Dico - F
2. Geographically Isolated & Disadvantaged Areas		Mr. Catalino Dotollo – F Ms. Virginia Mabute - R
IV. Health Regulation 1. Facilities/Hospital Standards		Atty. Anabelle De Veyra– F Jounalita Bascug - R
2. Food, Drugs, Devices		Ernesto M. Granada – R Dr. Sonia Cabahit - F
V. Health Financing 1. Insurance		Pastor Homeres – F Gemma Tabao - R
2. Community Financial Schemes		Dr. Carmen Garado – F Carmelita Zabala - R