

**HEALTH RESEARCH AGENDA OF MINDANAO:
A ZONAL REPORT
2006-2010**

**Marlina C. Lacuesta, Ph.D.
Mindanao Facilitator
Health R&D Agenda Setting
With Penelope C. Sanz and Gail T. Ilagan**

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FOREWORD

It is the goal of any nation that its citizens enjoy a satisfactory quality of life, one that would allow them the freedom and dignity to be productive and self-sufficient members of society. It is to this end that institutions work to create the life conditions that allow a people to meet their basic needs for adequate food, clothing and shelter, communal peace, economic and political participation, and good health. The last is both an end and the means to attain the rest.

Indeed, without good health, all the other benefits of life taken together would fall short of the necessary ingredient required for one to be productive, contributory and self-sufficient. As welfare economics guru Amartya Sen insightfully articulated: "Good health enables each person to achieve the true end goal of development, that is, to lead the kind of life he or she has reason to value."

In the context of a developing nation such as the Philippines, putting in place the life conditions that make for the good health of its citizens should be given much import. After all, the nation is the people, and a strong and robust people makes for a strong and robust nation. Ensuring equity in health services becomes of paramount import, as it has been demonstrated that disadvantaged groups have poorer survival chances, suffer from heavier burden of illness and disability, and experience a pattern of blighted quality of life.

Efforts in the drive towards the achievement of national health goals have to be grounded in a unified definition of these goals. For this purpose, a vibrant research climate ought to be encouraged in order to define current health situations in the communities and identify the efforts of various sectors to meet particular concerns. Research would show up gaps in health service delivery, track appropriateness and adequacy of institutional responses, and document best practices for replication under similar conditions or for modification when the communal conditions warrant.

Research is a vital process towards knowledge production. It is a tool in discovery, in validating and refuting ideas, in developing and refining theories, and in predicting and managing events. In recognition of the crucial role research plays in monitoring life conditions that impact on or threaten the health of its citizens, the national budget allocates two percent of the national health expenditure for research. However, data cited in the Proceedings of the First Philippine National Health Research System Assembly 2004 show that the research sector consistently failed to fully tap this fund in CY 1997, 1998, 2002, and 2003¹. In fact, the declining figures for health research expenditure indicate that this vital and crucial process has been invariably neglected year after year.

It is in recognition of this seeming neglect that the First National Health Research Consultative Assembly was convened in 2004 through the joint efforts of the Department of Science and Technology (DOST), Department of Health (DOH), and the Commission on Higher Education (CHED). There it was urged that a national health research agenda should be formulated to a) provide focus in health research and development efforts in the country while addressing multi-disciplinary and cross-sectoral concerns; b) minimize duplication; c) maximize resource utilization among stakeholders; d) serve as a template for the country's research and development efforts for the next five years; and e) serve as a platform to advocate for local, national and international support.

It was similarly recommended that the research agenda be aligned with the Millennium Development Goals, the Philippines' Medium Term Development Plan (2001-2010), the

¹ Analysis of Funds Flow for Health Research and Development

Formula One Agenda² of the DOH, Gender and Development, Sustainable Development, and Regional Development Plan, among others.

The First National Health Research Consultative Assembly generated a plan of action in order to meet its goals. It called for the undertaking of a series of regional consultations that were aimed to 1) develop/formulate a five-year (2005-2010) national health research agenda; 2) prepare a short list of priority research topics/questions and identify lead agencies; 3) document the priority setting process; 4) prepare a monograph of research priorities; and 5) provide a plan for dissemination and advocacy.

The identified regional health research priorities would then serve as basis for funding regional health research projects, as well as topics to be encouraged for thesis or dissertation works and other research endeavors. Data from the regional consultations would also be utilized as inputs in the zonal and national health research agenda. More importantly, they are expected to improve quality health education as pertinent agencies that set and administer health policies, standards and regulatory activities to take these communal concerns into account.

In Mindanao, the regional consultations were held beginning September 2005. Six regions were covered, to include the Zamboanga Peninsula, Northern Mindanao, Davao Region, SOCCSKSARGEN, Caraga Region, and the Autonomous Region of Muslim Mindanao (ARMM).

This zonal report documents the proceedings from the regional consultations for Health Research and Development Agenda Setting in Mindanao.

² Modified from the Health Sector Reform Agenda

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The technical team constituted for the Mindanao R & D Agenda Setting are recognized for their tireless efforts and able assistance in the various phases of producing this report. Mr. Napoleon D. Amoyen, Dr. Annabelle P. Yumang, and Ms. Nelia S. Gumela facilitated the workshops during the Mindanao Health Forum. Ms. Penelope Sanz documented the proceedings and collaborated with Ms. Gail Ilagan in drafting this final report.

Marlina C. Lacuesta, PhD
Mindanao Facilitator
Health R&D Agenda Setting

THE MINDANAO ZONE

Mindanao in a Capsule

The Mindanao island group is located at the southern end of the Philippine Archipelago, close to Indonesia and Malaysia. Its 102,043 square kilometers comprise 34% of the nation's total land area. It is larger than Taiwan (36,000 sq. km.) or Singapore (1,000 sq. km.)

Mindanao's violent history attests that this is a land of beauty and abundance that has been contested by countless players over the centuries. This legacy of conquest and strife is a tangible reality for each and every one of the 18 million Mindanaoans of today.

Prior to the incursions of colonial forces, these islands were home to the Muslim peoples and the scattered tribes of Lumads, Mindanao's indigenous peoples (IPs), who in their respective ways put up much resistance to attempts at foreign domination. To break Moro³ and Lumad resistance, Spain set up fortified outposts and settlements in various regions to hold its pacification forces, mostly Christianized natives from Visayas and Luzon, ready for deployment where needed in the islands.

Over the centuries, the various colonial masters pursued the policy of aggressive migration of Christian settlers from Luzon and Visayas, effectively changing the demographics in the island group. The American period marked the peak in mass migration to Mindanao. Waves of migrants moved in, this time not so much to pacify the region, but also to tame its bounteous lands and turn these into viable agricultural estates that would provide goods for the world market and serve colonial economic interests.

This economic aggression on Mindanao did not end with the nation's liberation from successive colonial yoke. In fact, the Manila government took up where the previous foreign interests in Mindanao had left off. Mindanao's promise of prosperity continues to fuel the efforts to exploit its resources. Mindanao is recognized as the Food Basket of the Philippines, a moniker that, while justly deserved, came with a stiff price on the land and its original people.

The centuries-old contest for control of Mindanao has wreaked havoc on its battle scarred land. Extensive logging beginning in the 1950s had decimated Mindanao's forest cover to an alarming degree, with its extractive activities encroaching on the last bastions held on to by the Lumads, dispersing these people and, in many instances, effectively shattering their indigenous way of life. Incursions of Christian settlers converted forests into land holdings, aided by state policies that allowed vast tracts of land to be homesteaded and leased for pasture and other agricultural endeavors. Mindanao plays host to a multitude of multinational players, some of whom had been in Mindanao prior to Philippine independence, who are dictated by their own economic interests. The United States, in particular, through the USAID-funded Growth with Equity in Mindanao (GEM), continues to have its influential finger in the Mindanao pie, helping to set the long-term direction for the economic development of the island group.

Today, the Christian settlers form the majority of the Mindanao populace. The combined Muslim and Lumad tribes are in the minority, with the former accounting for around 19%

³ Moro as a term was first used by the Spaniards to refer to the Islamized peoples that they encountered in Mindanao who evoked the dreaded memory of the Moors that invaded Spain in 8th century. While originally intended as an epithet, the term has survived to refer to the Islamic believers in Mindanao. The term has since been dignified by the Muslims who refer to the Islamic state sought to be created through secession as Bangsamoro (Moro Nation).

and the latter making up roughly 5% (Rudkin, 2002). Politically and economically, the minority groups have been pushed to the margins, with their communities left behind in development efforts and livelihood generation.

While outsiders to Mindanao may be tempted to view Muslims and Lumads as unitary ethnic categories, both are respectively composed of distinct and disparate tribes that, more often than not, speak mutually unintelligible languages and have been known to fight among themselves for territory. There are 21 tribes that comprise the Lumads⁴. On the other hand, there are 13 Muslim ethnic groups⁵, of which the Tausog and the Maguindanao are the most dominant⁶. It was the preservation of tribal boundaries that kept Muslim and Lumad resistance localized in their respective territories, making it easier for the more militarily superior foreigners and settlers to overcome them or force them into retreat (Tiu, 2002). It has only been in the last 25 years that the Moro peoples have found a unified voice to demand for the creation of the Autonomous Region of Muslim Mindanao, an administrative constituency that covers a small portion of what they claim to be original Muslim territory.

There are Moro and Lumad entities that continue to this day to manifest resistance to the centuries-old rape and pillage of Mindanao, with certain Muslim groups proving to be the strongest advocate for territorial secession, and many Lumad tribes lodging ancestral domain claims on lands currently controlled by Christian settlers, multinational franchises, and the Philippine government (see map below). The ongoing Muslim rebellion, while sporadically interrupted by periods of ceasefire, peace negotiations, and at least one peace pact⁷, continue to be foremost in the concerns of the Philippine government and its armed forces.

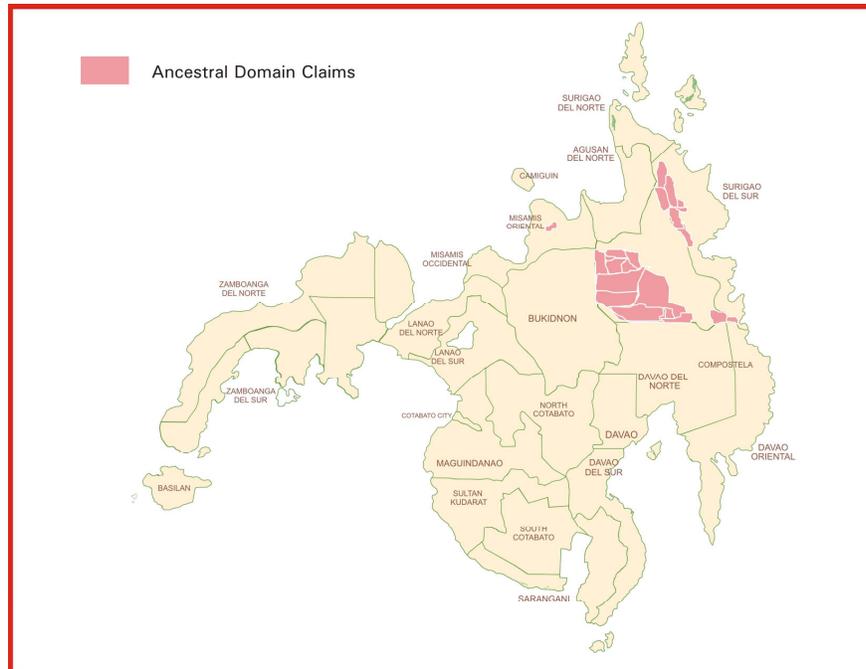
Down south, the residents joke about Mindanao as the promised land... only that it has been promised to someone else, and not to the Mindanaoans. The sinister joke may have basis in reality because the promise of economic prosperity through the exploitation of Mindanao's resources continues to fire up policy makers. The ailing economy of the Philippines creates the attraction for the benefits to be derived in exploiting the marine resources and mining prospects in Mindanao. Already, mining franchises have increasingly insinuated their activities in various regions in Mindanao, and not necessarily in a peaceful way. Mining and control of Mindanao's extensive deposits of metallic and non-metallic minerals may very well prove to be the next battleground for Mindanao interests.

⁴ These are the Ata (or Ata Manobo), Bagobo, Banua-on, Batak, Bla-an, Bukidnon, Dibabawon, Higaunon, Mamanwa, Mandaya, Mangguwangan, Manobo, Mansaka, Matigsalug, Pala'wan, Subanon, Tagakaolo, Tabganua, T'boli, Teduray, and Ubo.

⁵ These include the Tausog, Maguindanao, Maranao, Samal, Yakan, Badjao, Jama Mapun, Kalagan, Sangil, Kalibugan, Iranun, Pawani, and Molbog.

⁶ The Mindanao sultanates emerged from the Tausog and the Maguindanao.

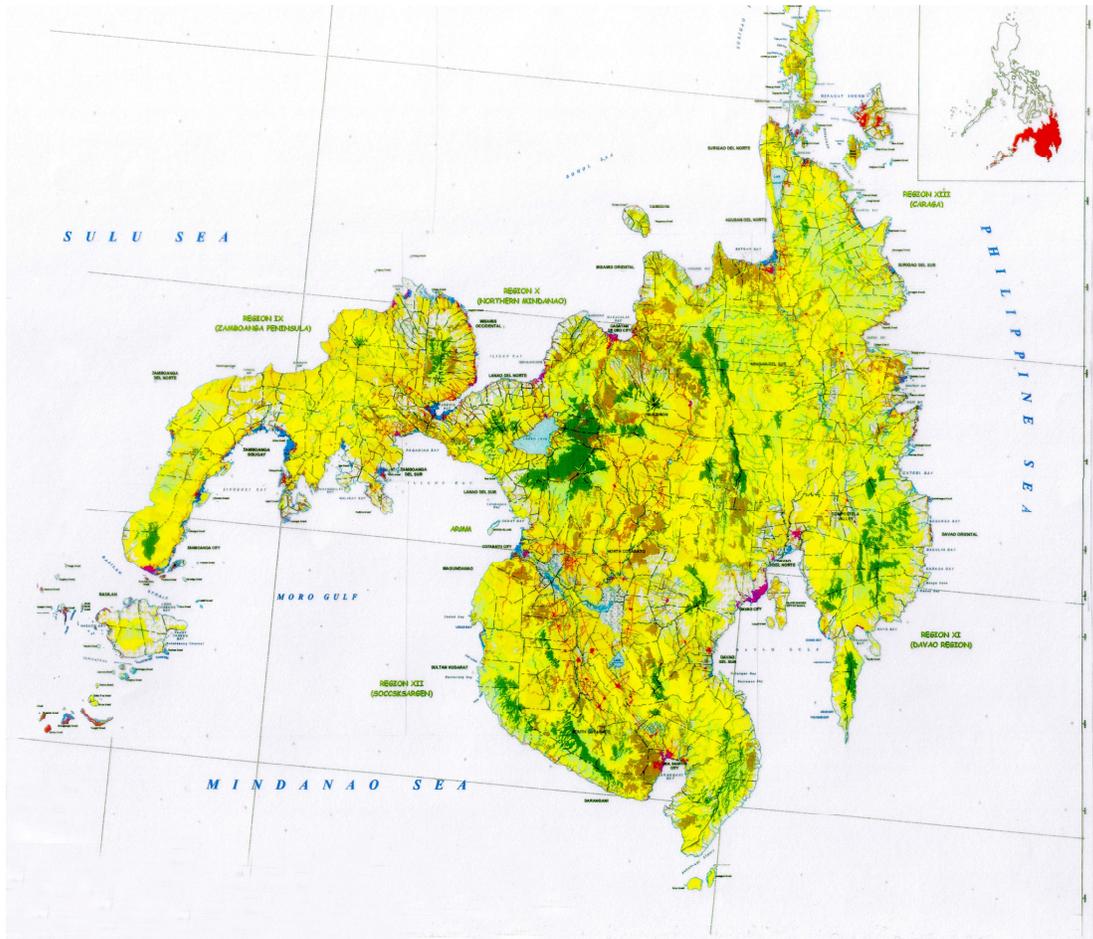
⁷ The GRP-MNLF (Moro National Liberation Front) Peace Accord was signed in 1996 granting the creation of the Autonomous Region of Muslim Mindanao.



Source: *Environmental Science for Social Change*, 1999.
 Illustration by Shaun A. Bonje

Indeed, its cruel history has made Mindanao a land of contradictions. Amidst so many bountiful resources and despite the island group’s considerable contribution to the national coffers, it is unthinkable that so many Mindanaoans live in abject poverty, denied the freedom and dignity to be politically participative, economically contributory, and economically self-sufficient.

But as the world ushers in the 21st century, the Mindanao constituency is waking up to the need for Mindanaoans to chart the region’s destiny. The call for federalism is strongest in these islands as it is seen as a viable instrument that would allow Mindanao to retain the fiscal gains from its economic enterprises, create the capital to generate livelihood and fund local government services, and ultimately create a better life for its people.



Source: *Environmental Science for Social Change*, 1999

Mindanao Eco-Political Geography

The Mindanao island group encompasses Mindanao island itself and the Sulu Archipelago to the southwest. The island group is divided into six administrative regions, namely; the Zamboanga Peninsula, Northern Mindanao, Davao Region, SOCCSKSARGEN, Caraga, and the Autonomous Region of Muslim Mindanao. These are further subdivided into 25 provinces.

Zamboanga Peninsula (Region IX) is located in Western Mindanao, with its administrative capital in Pagadian City. Comprising just 14.13% of Mindanao land area, it consists of the provinces of Zamboanga del Norte, Zamboanga del Sur, and Zamboanga Sibugay and two independent cities—Zamboanga City and Isabela City in the island of Basilan.

The region lies within 1,000 nautical miles of Brunei Darussalam, Eastern Indonesia, and East Malaysia, making it a convenient transit point for the flow of goods to and from these regions. Long credited as part of the Philippine southern backdoor, concerns continue to be raised over the regulation of contraband and the interborder traffic of undocumented labor. Unique to Zamboanga is the phenomenon of halaws, Filipino deportees from Malaysia, estimated to be as high as half a million⁸.

⁸ Rebollos (2005) reports that the Halaws are suffering from malnutrition, psychological scars, and increasing health risks due to unhygienic conditions in congested jails.

Zamboanga Peninsula is the country's principal source of seaweed. It is touted to have enormous potential for continued fisheries and aquaculture development. The northwest section has abundant agricultural resources (corn, coconut, rice, rubber, abaca, cassava, cacao), marine resources (yellow tuna, milk fish, tilapia, and crab), and mining resources (chromium ore, manganese, copper, lead, zinc, quartz, silica sand, marble, and nickel)⁹.

Northern Mindanao (Region X) consists of the provinces of Bukidnon, Camiguin, Lanao del Norte, Misamis Oriental, and Cagayan de Oro City. The latter is the administrative center and capital of the region.

The heyday of a robust mining industry in Northern Mindanao may be in the past, but the steel mills, cement plants, and ferro-alloy factories are still operating. Land utilization of Region 10 for small-scale mining still eats up at least 527 hectares.

Northern Mindanao is experiencing the brunt of demographic transition, with population growth swelling in the urban centers and exacerbating pollution of waterways and the degradation of soil. Difficulty in regulating agricultural run-offs, domestic wastes, and industrial effluents contribute to the degradation of its freshwater and marine ecosystems.

The region is a major producer of fresh foods and grains. Extensive land areas are devoted to cultivation of sugarcane (61,213 has.), banana (36,465 has.), and palm oil (610.95 has.) However, Echavez and Bagaporo (2005) report that the region is undergoing low productivity, particularly in its major products—rice, corn, green nuts, and sugarcane. Illegal economic activities and illegal settlements harass the upland/forest ecosystem. Agricultural lands are being converted into industrial lands.

Davao Region (Region IX) is located in the southeastern portion of Mindanao. The region encompasses the provinces of Davao Oriental, Davao del Sur, Davao del Norte and Compostela Valley, the islands of Samal and Sarangani, as well as Davao City, the region's administrative center.

The region is a rich source of agricultural products and is endowed with extensive commercial metallic and non-metallic mineral deposits. Davao Oriental yields chromite, laterite, and garnierite, Compostela Valley has gold and copper, while Davao del Sur has iron magnetite sand. Compostela Valley hosts the majority of the gold rush areas.

With large tracts of land planted to banana located in Davao City, Panabo City, Tagum City, Davao del Sur, Davao del Norte, and Compostela Valley, Region XI is a top producer of bananas. In 2003 alone, it is estimated that the region produced 2.3 metric tons of bananas for export.

However, the region is also witness to mass displacement due to armed conflict, which results in the growing incidence of poverty and the swelling of squatter colonies. The World Bank (2003) reports that the 2000 armed conflict in Mindanao caused an estimated 17,000 evacuees to relocate to Davao.

SOCCSKSARGEN (Region XII) is an acronym for the provinces of South Cotabato, Cotabato, Sultan Kudarat, and Sarangani, and the city of General Santos. Koronadal City in South Cotabato is the administrative center. This region also includes Cotabato City, which is geographically located in, but not part of, Maguindanao Province.

SOCCSKSARGEN is a major player in the tuna export industry. Primary fishery export commodities include fresh tuna, sashimi tuna, skipjack, and atlantic bonitos.

⁹ From GEM data base, accessed through <http://www.mindanao.org>

It is also a major agricultural center producing among others corn, cotton, pineapple, banana, asparagus, grains and livestock for domestic and international markets (Mindanao.org).

The region shows much promise for economic expansion with the strengthening of economic cooperation with neighboring countries in East Asia. SOCCSKSARGEN is believed to have significant mineral and petroleum reserves. Multinational investors have been eyeing mining opportunities in this region for copper and gold. However, the perception of a volatile peace and order situation in the region manifests the greatest threat to its ability to attract investment.

Caraga (Region XIII) is located in the northeastern part of Mindanao. It is composed of the provinces of Agusan del Norte, Agusan del Sur, Surigao del Norte, and Surigao del Sur. The administrative center is Butuan City in Agusan del Norte. Caraga's proximity to Cebu and Manila favors ease of shipment of its produce to the bigger local market.

Agricultural investments focus on banana, abaca, falcata, rubber, mangoes, and root crops. Agusan del Sur pioneered palm oil plantations in a bid to diversify production of tree crops. Today, large palm oil plantations produce palm crude oil that is shipped to Manila for refining into cooking oil. Cottage industry products include banana chips, value-added mango juice and dried mango. The region also produces prawn, crab, and brackishwater fishery products for export.

Caraga has vast deposits of important minerals such as nickel, chromite and gold.

However, the region is the area most affected by heavy rainfall. Poor coastal roads hinder the integration of this region with the economic mainstream. Extensive logging in the past has depleted Caraga's forests. The region remains among the poorer areas in Mindanao.

The Autonomous Region of Muslim Mindanao (ARMM) is a special region that covers the territories predominantly populated by Muslim peoples, to include the whole of the Sulu Archipelago (Basilan, Tawi-tawi, and Sulu) and the mainland provinces of Lanao del Sur and Maguindanao. The ARMM's administrative center is in Cotabato City, which is not a part of the ARMM.

A majority of the 13 Filipino Muslim groups are found in this region (Magindanao, Maranao, Tausug, Iranuns, Samal, Jama Mapun, and the Badjao). Poverty incidence has consistently remained high, and functional literacy has consistently remained alarmingly low¹⁰ as the government troops figure in sporadic armed encounters with rebel and bandit groups, interrupting livelihood and educational activities in many areas. At the height of the sporadic offensives, classrooms are abandoned, destroyed, or are appropriated for use as evacuation centers or temporary military headquarters¹¹.

Agriculture provides income for the majority of ARMM's labor force. Major crops are palay, corn, and copra. About half of the region's gross domestic products are derived from the agriculture, fishery, and forestry sectors.

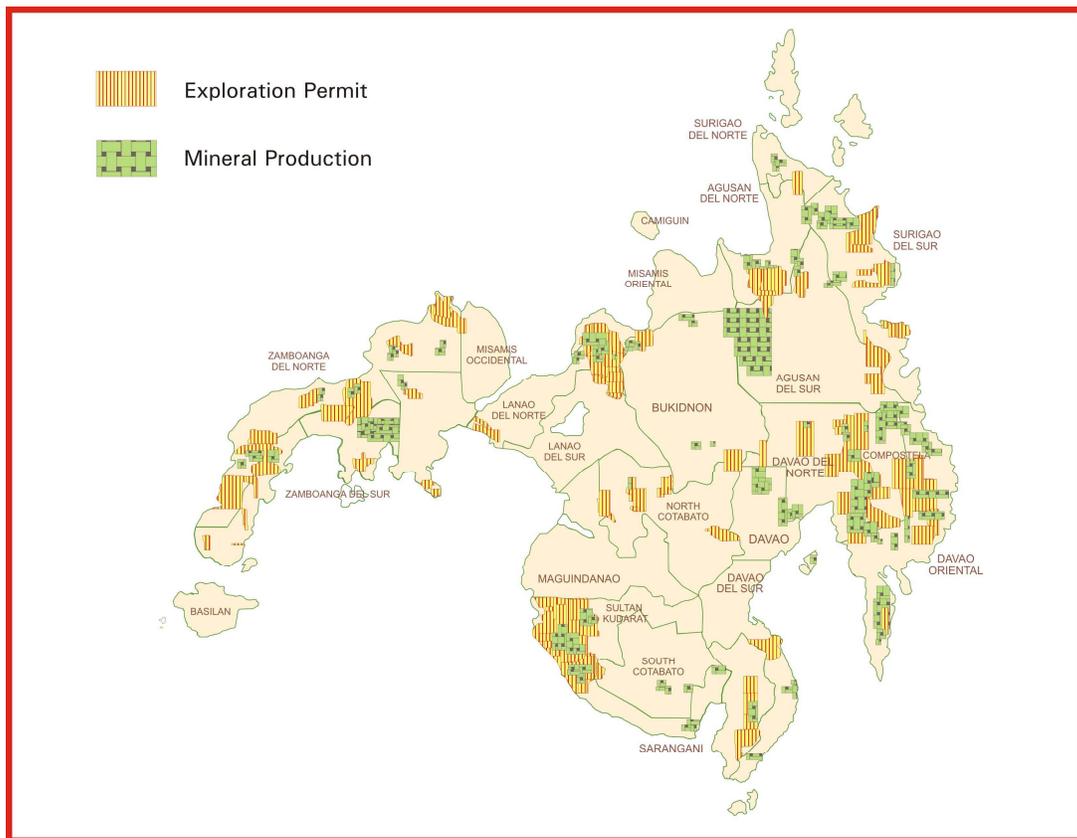
¹⁰ 2003 NSO Functional Literacy, Education and Mass Media Survey places the functional literacy figure at 62.9%.

¹¹ The repeated patterns of internal displacement have borne an emerging social movement among those affected. Calling their movement "bakwit power", the evacuees have organized themselves and linked with civil society groups to demand, among others, an end to Mindanao offensives, their representation in the ongoing peace talks, or the creation of "permanent evacuation centers" (Canuday, 2005).

Mindanao Land and Key Resources

Mindanao's total land area of 102,043 square kilometers is largely appropriated for various agricultural and highly extractive development projects such as mining and logging. While Mindanao forests account for approximately 40% of the nation's forest cover, the actual acreage for old growth forest is down to 209,000 hectares, second growth forests cover 1.4 million hectares, and brushlands account for 791,800 hectares. The disappearing forests have serious implication on the survival of many endemic species of wildlife, to include herbal and medicinal plant sources. Plantations of banana, pineapple, rubber, falcata, and other commercial crops eat up at least 1,414,213 hectares¹².

Extensive deposits of natural gas and minerals--both metallic and non-metallic--have been identified. As shown in the map below, a number of mining claims have already been made. In fact, Mindanao hosts 11 of 23 flagship mining projects of the President Gloria Macapagal-Arroyo (PGMA) government. Small-scale mining operations, like those in Compostela Valley, feature a glaring lack of safety controls and pose much difficulty for the local governments to regulate. The entry of large mining concessions into forest communities, as in the case of Siocon in Zamboanga del Norte and Tampakan in South Cotabato, often generates strong protest from residents and environmentalist groups.



Source: *Environmental Science for Social Change*, 1999.
Illustration by Shaun A. Bonje

¹² Mindanao 2000 Development Framework Plan.

Mindanao Human Development

Technocrats and economists paint Mindanao as the gateway to economic opportunity. However, a closer look at the life situation of its people is more telling of the economic and social opportunities denied them.

Five centuries of war, characterized by the World Bank (2002) as the “second oldest on earth” after the conflict between North and South Sudan, has wrought untold adverse social cost. Despite the abundance of Mindanao’s resources, from which the technocrats ground their rosy projections for economic growth in the region, the indicators brought out in the prestigious 2005 Philippine Human Development Report (PHDR) reveal the impoverished state of many Mindanaoans.

The 2005 PHDR shows that in the years from 1986 to 2004 when liberal democracy was said to have flowered again in the rest of the nation, Mindanao bore the highest number of armed encounters. As shown in Table 1, ten provinces are affected by armed skirmishes between the secessionist Moro Islamic Liberation Front (MILF) and the Moro National Liberation Front (MNLF). The communist insurgent group New People’s Army (NPA) engage government troops in five provinces, most fiercely in Northern Mindanao and in the Davao Region. The phenomenon of internally displaced persons (IDPs) due to war is gaining much concern, necessitating a serious inquiry into the emerging psycho-social health issues that sporadic evacuations on this scale and duration bring.

Table 1. PROVINCES WITH THE HIGHEST NUMBER OF ARMED ENCOUNTERS (1986-2004)

Encounters involving the MILF or MNLF	Encounters involving the NPA
Maguindanao	Quezon
North Cotabato	Davao del Norte
Basilan	Albay
Lanao del Norte	Cagayan
Lanao del Sur	Metro Manila
Davao del Sur	Davao Oriental
South Cotabato	Isabela
Sultan Kudarat	Davao del Sur
Sulu	Camarines Sur
Zamboanga del Sur	Agusan del Sur
	Surigao del Sur
	Kalinga-Apayao

Source: C. Bautista (2005) as cited in PHDR 2005

Over the years, the armed encounters in Mindanao conflict flashpoints consistently push the indicators for life expectancy and human development in Basilan, Tawi-tawi, Maguindanao, Lanao del Sur, and Sulu to the cellar.

Seven Mindanao provinces rank among the ten lowest provinces in terms of the Human Development Index (HDI).

Sulu in the ARMM continues to record the lowest HDI at 0.301¹³. The ARMM provinces of Maguindanao, Tawi-tawi, Basilan, and Lanao del Sur also show up in the bottom ten. In 2005, Sarangani and Zamboanga joined these provinces for the dubious distinction.

In terms of Gender Development Index (GDI)¹⁴, eight of the bottom ten provinces are in

¹³ The HDI measures the overall achievement in three basic dimensions of human development: longevity, knowledge, and a decent standard of living (PHDR 2005: 97)

¹⁴ The GDI is an adjusted measure for inequality in the achievement of men and women (PHDR 2005: 106)

Mindanao. Agusan del Sur joins the seven Mindanao provinces that are in the cellar for HDI measures.

Income disparities reveal the economic inequity that characterizes the social conditions in Mindanao. It is emphasized in the case of Lanao del Norte, where the richest 10% consume 17 times more than the poorest 10% (PHDR 2005: 111). Five other Mindanao provinces are listed among the most inequitable.

Table 2. TOP AND BOTTOM PROVINCES IN INEQUALITY BASED ON SHARE IN CONSUMPTION OF POOREST 10% TO RICHEST 10% (2003)

Most Inequitable Provinces	Poorest 10%	Richest 10%	Ratio: Richest 10% to Poorest 10%
Iloilo	2.8	31.9	11.6
Davao del Sur	2.6	30.8	11.8
Misamis Oriental	2.6	30.5	11.9
Zamboanga del Sur	2.7	33.1	12.4
Bukidnon	2.6	33.1	12.7
Zamboanga del Norte	2.8	36.2	13.0
Cebu	2.4	31.7	13.4
Camarines Norte	2.9	39.3	13.5
Negros Oriental	2.3	37.3	16.3
Lanao del Norte	2.4	41.4	17.0

Source: PHDR 2005 1

The Lumad Situation

Left out in most situational reports on Mindanao is the continuing experience of its Lumad groups. Centuries of violent conflicts and the escalating aggression have dispossessed the IPs of their ancestral lands. The dispossession has been tantamount to a lethal attack on the Lumad way of life, rendering tribes unable to stay together to practice and sustain their traditional way of life (Alejo, 2002). As a result, many Lumads migrate to the urban centers to beg.

Local civil society and missionary efforts help some Lumad groups to stake ancestral domain claims as per the provisions of the Indigenous People Rights Acts (IPRA), reclaim their cultural traditions, and practice sustainable forestry and agriculture in those rare territories that they have been fortunate to retain (Somoza, 2004). In progressive cities, efforts are made mainly by educational institutions to grant scholarship for Lumad youth to help them share in the cultural benefits of citizenship in this country.

The foregoing review of the human development situation in Mindanao indicate that future health researches in the region need to go beyond demographics to examine health differentials in terms of natural biological variations, age groups, class, historical-geographical locations, geo-political settings, and cultural systems, among others.

MINDANAO HEALTH SITUATION

An Overview of the Health Situation in Mindanao

The consultations on the health situation in the six regions of Mindanao covered in this report revealed that that the leading causes of illnesses and deaths are predominantly preventable. This emphasizes the general inadequacy of health care service delivery, as well as the failure on the part of the health information and education system to serve its function.

Endemic diseases such as dengue, tuberculosis, and malaria have yet to be contained. In addition, common infections that could have been prevented through vaccination, hygienic and sanitary practices, and timely educational interventions, continue to claim a high number of casualties. Filth- and lifestyle-related diseases rank among the leading causes of illnesses and death in the zone. There is an increasing concern for work- and industry-related health risks.

Health care providers in all six regions are hobbled by bureaucratic, manpower, and budgetary constraints in the delivery, provision, and distribution of health services and supplies. Databanking, documentation, and socio-behavioral researches are sorely lacking to form a general picture of the health situation.

Injury resulting from violent means remain to be remarkably high as a result of sporadic skirmishes and crime-related incidences. The incidence of injuries resulting from work-related activities indicates scant attention given to safety precautions in the workplace. Poverty and lack of access to health facilities make the availment of traditional health remedies and services the only option for many residents, especially on the matter of maternal health and childcare. Inadequate infrastructure and lack of medical supplies contribute to the overall difficulty in making quality health care accessible to the ordinary Mindanaoan.

In recent years, the attractiveness of overseas employment for health care providers has impacted on the quality of social support for health services in Mindanao. The burgeoning of nursing educational institutions has been a boon to the sector as it has provided health service organizations with a seemingly endless supply of short-term student trainees. However, efficient operations in health facilities, to include the supervision of trainees, rely heavily on trained nurses who should be familiar with the daily activities. The fast turnover of trained nurses has resulted in a general slowdown in the performance of routine procedures in many hospitals, clinics, and health centers. The situation is further aggravated by career shifts doctors are making in order to enhance their qualification for overseas employment as nurses.

It is recognized that culture influences health-consciousness in terms of the nature of health practices, knowledge, and beliefs. Culture and gender influence the quality of health-seeking behavior. In the light of the peculiar culture- and gender-prescribed behaviors that Mindanaoans manifest, notably among its IP and Moro populace, socio-behavioral researches should be undertaken to benchmark the Mindanaoan's health-seeking practices and determine region-specific health risk factors.

The following are the respective health situation culled from the individual reports on the regional consultations held.

1. Zamboanga Peninsula (Region IX)

Health Status. Reported to be leading causes of illnesses are acute respiratory infections, influenza, upper and lower respiratory tract infections, bronchitis, diarrhea/gastroenteritis, pneumonia, all forms of hypertension, skin disorders, and all forms of tuberculosis.

The leading causes of death are injuries, all forms of cancer, pneumonia, cardiovascular disease, disease of the kidney, septicemia, and cerebrovascular disease. Wounds that result from gunshot and other forms of violent assault on the person form the bulk of the reported deaths due to injuries sustained.

Health Care Delivery. The region's local health services are of low quality, hampered by substandard infrastructure and the lack of properly trained health care professionals.

Region IX has to contend with deteriorating facilities and equipment that cannot be adequately upgraded because of funding constraints. Bureaucratic procedures are seen to cause delays in the procurement of reasonably priced, safe and effective drugs, such that a steady inventory cannot be maintained and made available. Shortages impact on the region's responsiveness to deal with the fatal effects of epidemics and preventable infectious diseases.

With the concentration of trained health care professionals in the urban centers, there is a need to upgrade the skills of community health care providers and to operationally link them to the health care system. In this way, local health care capabilities can be enhanced.

Health Financing. Inadequate funding, inefficient sourcing, and ineffective allocation continue to plague health care delivery in the region. Programs and procurement of supplies are subject to changing priorities, budget cutbacks, reserve requirements, and budget deficits.

Due to devolution, Region IX's Local Government Units (LGUs) implement health policies inconsistently and unilaterally, often without the input of health care professionals who can provide the policymakers with a realistic context of the health situation. The resulting decrease in budget has lowered the morale of both the health workers and beneficiaries. It is recommended that health personnel should have representation in the policymaking deliberations. Furthermore, health policy directions should be elevated for integration in the development plan of the LGUs, such that health plans continue to be sustainable and consistent, regardless of leadership changes.

Health Information and Education System. Region IX has a poor databanking/retrieval system. An updated database on health statistics should be established and made accessible, to generate prompt and consistent data to improve health intelligence and for public information. It was also noted that advocacy and health education programs, especially for vulnerable groups, are inadequate. For example, there is a prevailing lack of awareness on patients' rights (i.e., Magna Carta for Patients). There is a need for inter-agency cooperation in various aspects of health research, information, and education.

With regard to health education, the region recommends that the curriculum of health workers should include alternative/complementary medicine, gender sensitivity, preventive health care, primary health care, and cultural sensitivity. Culture-sensitive education programs addressing health problems should be devised along with educational strategies that include community participatory programs.

Health Service Delivery. The region has too many health programs vying for priority and, given the budget constraints, it is important to promote linkage and sharing of costs of local health care. The private sector, NGOs, as well as community resources lack participation in the development of local health systems. What little there is of existing community-based health programs should be sustained, especially those that engage in the local production of herbal and alternative medicine that can fill the gap provided by sporadic shortages of pharmaceutical supplies.

There is a need to review the effect of devolution on health programs and priorities. A policy review of devolved services should be conducted as well. Specifically, diagnostic tests for common illnesses and treatment strategies need to be examined for appropriateness and cost-effectiveness. It is also important to establish treatment compliance and drug resistance.

2. Northern Mindanao (Region X)

Health Status. Acute respiratory infection is the leading cause of sickness. Respiratory diseases such as bronchitis also feature among the more prevalent causes. Mosquito-borne dengue and malaria, while not among the leading causes of death, are endemic in the region.

Diseases of the circulatory system are the region's leading cause of death. Due to poverty and lack of access to maternal health care, it is indicated that home delivery assisted by traditional midwives or hilot is commonly practiced, which may contribute to the relatively high maternal mortality rate. Infant mortality is also increasing, mainly due to poverty-related malnutrition and poor health practices, and the absence of sanitary toilets and potable water supply.

CBR is at 10.35/1,000 of the population. CDR is at 7.79/1,000. IMR is at 11.62/1,000 livebirths, while MMR registers at an alarming 21.33/1,000 livebirths. Home deliveries are indicated to be preferred because of poverty, geographical location, and inability to pay hospital fees.

Health Care Delivery. The region has various social concerns and issues that impact on health. For one, the bulk of the population is engaged in farming, fishing, and informal labor, income from which affords them less access to social opportunities. The IPs are experiencing dislocation from their ancestral domain, which poses the difficulty of documenting their knowledge systems and health practices. Poor living conditions characterize the Muslim communities, as well as the rural and urban poor communities. These life conditions make it especially hard for women, children, the elderly, and the different-abled. In addition, ECCD services in the region are scarce or even absent in some remote barangays. This contributes to the spotty provision and distribution of health services in the region.

Health Financing. The region is plagued with various concerns, most impacting on the scarce availability of drugs and medical supplies and lack of access to health facilities. Special programs, such as reproductive health and rabies control in certain provinces, have been pursued with the help of donor agencies. The phasing out of these special arrangements affects the sustainability of these programs.

Health Information and Education System. The Family Planning Program has been implemented with a convergence of the concerted efforts of LGUs, GOs and NGO linkages and partnerships. Trained community-based reproductive health workers are in place in most barangays. Crude birth rate, however, is still increasing as the phasing out of donor grants for reproductive health is compromising the steady supply of contraceptives.

Health Service Delivery. All across the region, there is a marked lack of potable water sources for the households and difficult access to health facilities and medical supplies. Food and drug regulation needs strengthening in the region. Counterfeit drugs, to include unregistered drugs, unregistered drugs with local equivalent, and substandard drugs, are made available in the region by drugstores owned and operated by non-pharmacists, in violation of RA 5921. Similarly, the operations of small-scale enterprises for food manufacturing should be closely monitored for standards compliance.

3. The Davao Region (Region XI)

Health Status. AURI and ALRI are listed as among the leading causes of morbidity, along with pneumonia, diarrhea and gastroenteritis, hypertensive diseases, influenza, all forms of tuberculosis, genitourinary disease, intestinal parasitism, and anemia.

Leading causes of mortality include cerebrovascular diseases (all forms), malignant neoplasms (all forms), diseases of the digestive system, pneumonia, heart diseases, hypertensive diseases, diseases of the genitourinary system, and tuberculosis (all forms).

In 2004, the CBR in Davao Region was recorded at 20.4/1,000 population, while the CDR was 3.2/1,000. MMR registered at 99.4/1,000 livebirths, with the leading causes related to complications of labor and delivery. IMR is at 12.0/1,000 livebirths.

Health Care Delivery. Davao Region has 24 government hospitals and 97 private hospitals. There are 46 Rural Health Units/MHCs and 19 District Health Offices. There are barangay health stations in 56.6% or 656 out of 1,158 barangays.

The standard ratio of health personnel in the region's local health units is not being met. With the diaspora of nurses and doctors for greener pastures, the meager pool of human resource in the health sector now poses a grave concern in the region. Those health professionals who choose to remain have to contend with low pay, heavy workload, inappropriate extension of professional services, and the constant threat of malpractice.

Health Financing. There are two major funding sources for of health services: the national appropriation of health subsidy to local health units, and the budget allocated by the local government units. Issues pertaining to health legislation and policies are inclined towards the mechanisms and politics of health budget appropriations. This could be at the expense of meeting the region's immediate health priorities and long-term health plans.

Health Information and Education System. The health issues in the region cut across three main areas, namely; environmental issues, special groups, and quality care. The environmental issues in the region include air and water quality, land use planning and conversions, mining, solid waste and forest management, and utilization of hazardous chemicals. The peculiar needs of women, children, and the elderly, as well as the emerging health issues that are unique in the experience of dislocated IPs and rehabilitated youth, deserve attention. Quality care is required to address persistent preventable morbidity and mortality causes, especially those that are waterborne.

Health Service Delivery. In the pursuit of quality assurance standards, there is a need to regulate standards for the delivery of health services. In this effort, the Sentrong Sigla certification of health facilities has been implemented in the region. However, its impact in improving health service delivery has yet to be documented.

4. SOCCSKSARGEN (Region XII)

Health Status. The major diseases are hypertension, diabetes, kidney diseases, and lung diseases. Infectious diseases like dengue, tuberculosis, and diarrhea commonly afflict the population, especially the youth. The prevalence of acute respiratory infection and tuberculosis was found among schoolchildren and teachers.

The leading causes of death in the region are attributed to unhealthy lifestyles that alarmingly afflict even the young, who manifest prevalent high-risk behaviors that adversely impact on good health.

The 2004 CBR is reported at 19.32/1,000, down by 0.59 rate points from the 2003 figure. CDR is at 2.96/1,000. Male mortality was 3.58/1,000. IMR is 5.82/1,000 livebirths, with infant death accounting for 3.8% of the total deaths registered in the region. MMR, on the other hand, is at 0.82/1,000 livebirths, with the leading causes attributed to postpartum hemorrhage.

Health Care Delivery. There are barangay health stations in 75.5% or 899 out of 1,190 barangays. The region has four Provincial Health Offices and 47 mean health centers. A combined bed capacity of 3,237 is provided by its 27 government hospitals and 76 private hospitals.

Despite having 114 doctors, 190 nurses, 14 nutritionists, 58 medical technologists, 39 dental aides, and 53 dentists, the lack of medical professionals is felt strongly in the region. Owing to the high poverty incidence, local health systems manned mostly by 6,760 barangay health workers and 2,714 birth attendants are inundated with the community health concerns that would have been best addressed by trained specialists and more advanced health care facilities. But while there is a regional hospital in Cotabato City, the patients there generally come from in and around Cotabato City, indicating that residents in the rest of the region seek medical interventions elsewhere.

Health Financing. The Cotabato Regional Medical Center (CRMC), like other government facilities, is plagued by funds constraints. This limits its ability to ensure quality health care in the region. To augment CRMC's service, the various local government units have initiatives to fund community-based primary health care facilities in their areas. Local government units also allocate financial resources to maintain trained personnel to man these local health units and provide better public access to community health care.

Health Information and Education System. Various health policies are already in place in the local government units. However, there are still problems in legislation and implementation of early child-care development policies.

It is also indicated that a massive information and education campaign should be directed at promoting healthy lifestyles, preventing infectious diseases, and decreasing community and domestic violence. The school system could be tapped to foster health management attitudes among the young.

It is noted that the use of herbal medicine has gained acceptance in the region. The DOH is further intensifying campaigns on backyard cultivation of herbal plants.

Health Service Delivery. The public health situation is hounded by lack of medicine for the poor and indigent, improper food and water handling in the households, and unsanitary living conditions in many barangays. The blood bank reports a chronic inadequacy of the necessary blood supply that might prove crucial to ensure a timely response during sporadic dengue outbreaks.

Rabies management is a public health issue in some areas. There is also a need to look for more effective means to combat the breeding of disease-carrying mosquitoes. The health risks posed by the use of agricultural chemicals and pesticides in plantations should be monitored.

The unique placement of the region in the path of international trade requires interagency coordination for the strict implementation of quarantine rules for livestock and fishery products. Recently, for example, health authorities have been alerted that the region is in the path of migratory birds that might carry the avian flu virus. As the traffic of goods and people across borders increases in the years to come, the region should have mechanisms in place to respond to health hazards that might come from this source.

5. Caraga (Region XIII)

Health Status. The region's leading causes of morbidity are upper respiratory tract infection, acute respiratory infection and bronchitis, hypertensive cardiovascular diseases,

diarrhea, pneumonia, accidents/wounds and injuries. Schistosomiasis is endemic in the region.

It is reported that the leading causes of death are hypertensive cardiovascular diseases, pneumonia, accidents in all forms, cancer of all types, and tuberculosis (all forms).

In 2004, Caraga registered a CBR of 19.1/1,000. It is alarming that MMR and IMR in Caraga are among the highest in the Philippines. Filth-related diseases are implicated in the top ten causes for infant death.

Health Care Delivery. There is a dearth of medical practitioners and health workers to serve Caraga, and this situation is not indicated to be a temporary problem. Regional figures show that there is only one public health doctor for 25,000 patients, and only one nurse for 19,210 patients. There is one dentist for every 38,000 in the population. The midwives are relatively overworked as well, with each one serving 3,320 clients.

The region has retained the Center for Health Development, Caraga Regional Hospital, and the Adela Serra Ty Memorial Medical Center as government-run facilities. Local health facilities include four Provincial Health Offices, three City Health Offices, 79 Rural Health Units/MHCs, and 506 Barangay Health Stations.

Health Financing. Caraga remains to be one of the poorest regions in the country, but as with the other regions, the LGUs in Caraga are similarly called upon to increase its participation in health services and to employ operational investment in the pursuit of better health for its constituents. This is something that the cash-strapped LGUs find hard to do. Donor agencies have short-term commitments to fund special programs, especially for reproductive health.

Health Information and Education System. The local health facilities are in place and accessible to most communities, making them a potential network for centralized dissemination and documentation of health information. However, budgetary constraints deter from the full utilization of this network for information and education campaigns on special programs.

Health Service Delivery. Efforts are directed at putting local government initiatives in place to identify community health priorities, establish appropriate monitoring and evaluation systems, and allocate expenditure towards a functional local health management system.

Among the public health issues that deserve particular attention are the prevention and management of schistosomiasis, tuberculosis, and pneumonia.

6. Autonomous Region of Muslim Mindanao (ARMM)

Health Status. Infectious diseases, namely hepatitis, scabies, diarrhea, waterborne diseases, food poisoning, and dengue, are reported in the regional consultation as the leading causes of sickness. In 2003, the top ten leading causes of morbidity included influenza, diarrhea, skin diseases, pneumonia, and bronchitis.

Accidents and gunshot wounds top the leading causes of mortality in the ARMM. The list also includes cardiovascular diseases, pneumonia, respiratory TB, diarrhea, and hypertension.

The region's CBR in 2003 was at 19.13/1,000 and the CDR was at 1.54/1,000. The MMR was 1.57/1,000, while IMR was reported at 5.91/1,000 livebirths. The statistics were taken from the 2004 Regional Annual Report of the DOH ARMM.

Health Care Delivery. Only 12.7% or 238 of 1,872 barangays in the ARMM have barangay health centers. The region suffers from a scarcity of medical practitioners. Trained barangay health workers and birth attendants augment the personnel requirements of the public health sector.

Health Information and Education System. The implementation of RA 9262, or the Anti-Violence Against Women and Their Children Act, has particular import in this predominantly Muslim region. Efforts to advocate RA 9262 must take into account its implications vis-a-vis the Code of Muslim Personal Laws (CPML) to ensure cultural sensitivity.

Health Service Delivery. Inadequate program management affects the delivery of basic health care services. Particular attention should be accorded to the training of health workers, especially in the management of infectious diseases.

The region is the site of intermittent armed encounters that periodically displace residents from their homes. The crowded and unsanitary conditions in evacuation centers contribute to the adverse health experiences of the evacuees.

Higher incidences of maternal and infant deaths occur among IPs in the ARMM, indicating that this is a sector least served by available reproductive health services.

HEALTH RESEARCH RESOURCES (1999-2004)

A survey of the health studies done in the zone by various research institutions during the preceding five years yielded the following data.

As a general practice in the generation of health research resources, it was reported that LGUs do not initiate researches. National line agencies are dependent on their respective central offices, which actually determine their research agenda.

Through the institutionalization of the Pediatrics Research Center for Mindanao (PRCM) in the mid-1990s, Region IX was able to initiate developments in local research. Thus far, it has already conducted over 50 clinical trials and community-based researches, mostly in the fields of pediatrics and maternal and child health. The establishment of the Ateneo de Zamboanga University School of Medicine (ADZU-SM) has also churned out researches that focus mainly on community-based interventions, public health and medical education. Moreover, in November 2002, PRCM & ADZU-SM conducted a joint study on Identifying and Prioritizing Health Research Areas.

In Region X, several academic institutions, namely Xavier University-Ateneo de Cagayan's Dr. Jose P. Rizal College of Medicine and the Research Institute for Mindanao Culture (RIMCU), Capitol University, and Liceo de Cagayan University, have research and development extension offices that undertake health research, among others. In addition, state universities such as Mindanao Polytechnic State College (MPSC), MSU-Iligan Institute of Technology, MSUNawan, and Central Mindanao University also conduct researches that concern health conditions in Region X. The following is the list of health research resources from these institutions:

*Dr. Jose P. Rizal College of Medicine
Xavier University-Ateneo de Cagayan*

Dr. Jose P. Rizal College of Medicine generated its 2000-2005 research development plan to help it meet its objective to become Region X's research center in health and medicine

focusing on community research, basic science research/clinical research, and herbal medicine research.

Specifically on community research, the college of medicine aims to study 1) the impact of indigenous methods of treatment and diagnosis on common health problems in the community; 2) methods of prevention of common diseases in the community; 3) baseline information on various health and health-related issues.

Its basic science research centers on gross anatomy, biochemistry, histology, and microbiology, while clinical research studies the prevention and disease patterns, recognition/diagnosis, and treatment/management.

Herbal medicine research endeavors are toward preparation and dosaging.

The Dr. J.P. Rizal College of Medicine has five committees that screen and review research proposals, namely: 1) the technical review committee, which is tasked to review all aspects of the research proposals; 2) the ethics review committee, which looks into the ethical issues related to the proposals; 3) the finance committee, which is responsible for tapping funding agencies to support research projects; 4) the publication committee, whose main function is to edit completed researchers for publication in the college journals; and 5) the training committee, which imparts research skills to faculty and students.

Research Institute for Mindanao Culture (RIMCU)
Xavier University-Ateneo de Cagayan

Founded in 1957, RIMCU conducts researches in the fields of demography, anthropology, economics, history and political science, churning out at least 400 research projects with topics that range from health, nutrition, medical and epidemiology research. RIMCU has at least eight research associates, including the Director, who are mostly social sciences specialists.

During the pertinent period, the RIMCU published several monographs on health, such as: 1) Women for Peace: A Study on the Impact of Armed Conflict among the Women in Mindanao; 2) Health and Survival of the Urban Poor of Cagayan de Oro City, Philippines; 3) Rural Mothers' Management of ARI in the Northern Mindanao Region; 4) Health Care Financing for the Rural Poor; and 5) Child Labor in Northern Mindanao, Philippines.

Research and Extension Office (REXCO)
Capitol University

Established in 1995, REXCO is responsible for both in-house and funding agency-supported research projects. It also conducts seminars and trainings to develop and enhance the culture of research among Capitol University's faculty members (Capitol University Office of the Vice President for Research and Extension).

REXCO's research agenda is strongly anchored on the University's mission statement as well as on the 12-point agenda of President Gloria Macapagal-Arroyo. It has a technical committee and ethics review board that screens and review proposals according to human and financial resources, school policy, and priority areas. The research agenda will then be determined after a consultation with research officers from its various colleges.

Based on REXCO's Medium Term Institutional Development Plan for 2004-2009, at least PhP500,000 per year is allotted for the undertaking of research projects. It is expected that it will be able to conduct around 30-40 researches for two years. This excludes the budget

for data banking, research congress, publication of college journals, research outputs and other research-related activities.

Most health researches that were conducted in CU were executed by or coordinated with its College of Nursing. Thus far, it has been able to produce research outputs such as: 1) Health-related Quality of Life of Breast Cancer Patients (2003); 2) Women Leaders of Barangay Dayawan Playing Participatory Lead Roles in the Health Resources Development Program of CCC (2002); 3) Contraceptive Failure in Northern Mindanao: Results from a Population-based Survey (2002); 4) Analysis on the Family Planning Survey in Region 10 (2002); and 5) Knowledge and Perception on HIV/AIDS and Sexual Attitude and Behavior of High School Students of Cagayan Capitol College (2001).

Mindanao Polytechnic State College (MPSC)

This state college has four major areas of concentration, namely science and technology, engineering, environmental modeling, and policy studies. However, it has conducted health researches since 1998, among which are: 1) a research facility survey for the DOH Safe Motherhood project; 2) the treatment practices of mothers in the control of diarrhea in Misamis Oriental; 3) the solid waste management sensitivity level of the residents of Isla de Oro, Cagayan de Oro City; and 4) identification and analysis of indigent patient benefits of pilot.

In Davao, health researches on community health are conducted by the Institute of Primary Health Care (IPHC) of the Davao Medical School Foundation. The Social Science, Research and Training Office (SRTDO) of the Ateneo de Davao University, on the other hand, has undertaken studies on women and adolescent reproductive health. In ADDU, the Engineering Department is undertaking a longitudinal study on water quality in the watershed areas, while its Center for Local Governance (CLG) has teamed up with USAID for studies on the implementation of the Clean Air Act and the Global Climate Change Mitigation Plan. The defunct Expanded Tertiary Education Equivalency and Accreditation Program (ETEEAP) of the ADDU has likewise generated researches on nursing care and procedures. Environmental NGOs such as Interphase Development Interventions (IDIS) are engaged in studies on health concerns of banana plantation residents. The Davao-based Alternative Forum for Research in Mindanao (AFRIM) also has several investigative researches on health, environment and IP issues.

The Caraga Region reports that there were eight health researches conducted from 1999 to 2005. The proponents include the Local Health Assistance Division of Health Care Financing, the University of the Philippines College of Public Health, Xavier University-Ateneo de Cagayan's RIMCU, and the Davao Medical School Foundation (DMSF). The finished projects include the Local Health Account in Agusan del Sur (2003), undertaken for the CDH Caraga, and Drug Procurement and Distribution in Caraga (2004) for the DOH. Results have similarly been submitted by RIMCU for the 1999 study entitled Multi-Indicator Cluster Survey in Family Planning, Maternal & Child Health and Nutrition - Province of Surigao. In the same year, the DMSF submitted the reports on the same survey conducted for the provinces of Agusan Sur and Surigao Sur. It is noted that in 1997, San Nicolas College conducted the first such survey in Surigao del Norte.

Ongoing researches in the Caraga Region include two projects undertaken by the UP College of Public Health. The first is on the Efficacy and Safety of Fraziquantrel in the Treatment of Schistosomiasis Japonicum to be conducted in Agusan del Sur. In Agusan del Norte, on the other hand, the UP CPH is gathering data for a Field Evaluation of the Malaria Rapid Diagnostic Test for the Diagnosis of Falciparum and Non-falciparum Infections. This year, the UP CPH will schedule the undertaking of a study on the Factors Associated with the Acceptance of Mass Drug Administration for Filariasis in Selected Municipalities in

Agusan del Sur.

As of the preparation of this report, SOCCSKSARGEN and the Autonomous Region of Muslim Mindanao had yet to submit an inventory of their respective research resources.

METHODOLOGY

Pre-regional Consultation Orientation

Prior to regional consultations, an orientation on health and research agenda setting in Mindanao was conducted in Davao City. This was organized through the joint efforts of the Philippine Council for Health Research and Development (PCHRD), CHED XI, DOST XI, and DOH XI. The meeting was facilitated by Dr. Marlina C. Lacuesta, the Zonal Facilitator for Mindanao.

During this orientation, it was conveyed that Mindanao was clustered as a zone for the consultation process. The regions to compose the zone would be Western Mindanao (Region IX), Northern Mindanao (Region X), Southeastern Mindanao (Region XI), Central Mindanao (Region XII), Northeastern Mindanao (Region XIII), and the Autonomous Region of Muslim Mindanao.

It was at this orientation where regional facilitators were briefed on the objectives, processes and expected output of the consultation-workshops. It was stressed that stakeholders must have ownership of the results of the workshop, which underscores that indigenous peoples, women, medical practitioners, academe, government and civil society, among others, must be equally represented such that issues, concerns and health research priorities must be generated from them.

The following activities were required of the zonal as well as regional consultations: a) review/assess the zone's health situation/status; b) assess health R & D resources (includes researches); c) identify gaps, problems, and emerging concerns; d) identify zonal/regional priority research areas; e) document techniques/strategies used in arriving at priorities; and f) prepare zonal/regional report. In data gathering, the following strategies were to be employed: a) assessment of health situation and health R & D resources through desk review, key informant review (KII), round table discussion; b) identification of gaps, problems, and emerging concerns through consultative workshops; and c) identification of priority R&D areas through workshops.

Criteria for prioritization of R & D areas

The urgency or magnitude of the issue/problem/prevalence of the disease/burden to the community was a major criterion for prioritization of R & D areas. Added to this was the feasibility/doability of the research based on existing capabilities. The 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/issues was another consideration that the regional facilitators had to bring out. Research must also have an impact on the health issues being addressed. Lastly, it was important to note that the research area on health to be identified was not at the moment well funded by other agencies.

Regional Consultations

Participants from government agencies, civil society, academe, women, children, and special groups were invited to the regional consultations. During the workshop, they were

divided into various groups to tackle health issues and concerns related to the environment, quality of care, health policies/legislations, public health issues, health care delivery system/field care service, quality health education, local health system, and other concerns. (For a profile of the participants to the regional consultations, please see Annex C.)

The regional consultation in Region X was facilitated by the Research Institute for Mindanao Cultures (RIMCU), with demographer Dr. Chona Echavez as the lead person. Dr. Grace Rebollos, Vice President for Research of the Western Mindanao State University, was the facilitator for Region IX workshop. Dr. Victoria Lupase, Davao Medical School Foundation's Director for Research, organized Region XI's consultative workshop. On the other hand, Notre Dame University – Cotabato City's Vice President for Research Dr. Dolores Daguino was responsible for Region XII and the Autonomous Region for Muslim Mindanao (ARMM). Ms. Lucy Tagudin, who has a Masters Degree in Public Health, was in charge for the Caraga Region.

While the general format for the conduct of the regional consultations was provided during the pre-consultation orientation, the actual conduct generated slight variations in output. This could be attributed to the unique geographical considerations¹⁵ and health conditions besetting each region, as well as cultural variations among participants and the availability of data on hand for reference during the consultation workshops.

The Davao Region discussions, for example, dwelled heavily on the impact of environmental issues, land use planning and conversion, mining, and concerns over air and water quality. For Northern Mindanao, a detailed regional situationer was provided prior to the consultation workshop, such that during the consultation output, some remarkable highlights on the health concerns per province were specified. In the ARMM, which is least served by health service providers, the consultation became a venue for looking into the health resource requirements of the region, with attention to the culture-sensitivity in implementation of RA 9262.¹⁶ For Caraga, consultations were done in the grassroots community and among special groups to validate health statistics. This process was able to turn up health conditions peculiar to the individual provinces.

Following are brief summaries of the methods employed by each region for the preparation of the regional reports:

Zamboanga Peninsula (Region IX)

Facilitator: Dr. Grace Rebollos

- Documentary analysis of secondary data (DOH, MHO reports, NEDA, ZC)
- Consultation with members of the original PCHRD team
- Consultation with the original team of provincial doctors who contributed to the 2004 CHD-DOH report
- Planning for the consultation workshop
- Consultation workshop

A total of 50 participants attended the regional consultation held at the Western Mindanao State University in Zamboanga City during the afternoon of 14 September 2005. Among the participants were members of the academe, national line agencies, DOH, DOST, NEDA, and local government representatives.

¹⁵ The ARMM, for example, covers non-contiguous provinces.

¹⁶ Perhaps owing to the fact that the source of conflict-related health risks is beyond the purview of the participants to control, the ARMM consultation workshop was marked by a glaring lack of discussion on the health impact of war and evacuations.

Northern Mindanao (Region X)
Facilitator: Dr. Chona R. Echavez

- Gathering of secondary data, annual and quarterly reports, medium-term development plans, and strategic development plans from pre-selected national line agencies and local government units
- Interviews with point persons in the national and local government units, as well as those in the academe with the use of a semi-structured questionnaire (Capitol University, DSWD, MIPC, PPOs in Lanao and Bukidnon, Lanao PHO)
- Presentation of current status of all sectors in the region (NEDA), and health status and plans (DOH and DOST), health issues and concerns of the region (RIMCU) to the workshop participants
- Conduct of consultative workshop

The consultative workshop on 14 October 2005 was held at the Commission on Population Training Center in Carmen, Cagayan de Oro City. It was attended by 49 participants representing CHED, DOLE, the Mines and Geosciences Bureau, DSWD, NEDA, Iligan CPDO, Misamis Oriental and Lanao del Norte PPDO, MSPC, Xavier University, Liceo de Cagayan, PhilHealth, Capital University, Group Foundation, PHILDHARRA, DENR, Misamis Oriental FPA, MSU-IIT, DOST, DOH, CHO, CPOC, CHD-NM, DA-NOMINRC, CGH, POPCOM, Gingoog City CHO, and Misamis Oriental PHO.

Davao Region (Region XI)
Facilitator: Dr. Victoria Lupase

- Review of database on regional statistics, resource profile, and health status
- Review of high-risk employment conditions in the region
- Key informant interviews
- Round table discussions (RTD)
- Consultative workshops for identification of gaps/problems and emerging concerns
- Consultative workshop to validate priority R & D areas.

A total of 50 participants from the academe, government and non-government organizations, and other special groups attended the consultative workshop on 04 October 2005. The consultation process was facilitated by Napoleon Amoyen, Nelia Gumela and Dr. Annabelle Yumang.

SOCCSKSARGEN (Region XII) and Autonomous Region of Muslim Mindanao
Facilitator: Dr. Dolores Daguino

- Desk review of existing documents and reports of relevant institutions
- Key informant interviews of key personnel of DOH, DSWD, NEDA, LGUs, etc
- Consultative workshop

Thirty respondents representing 13 public and private institutions in Region XII (CRMC, DOST, NEDA, POPCOM, CHED, DOLE, CHO, PHO, Kambayabaya, DA XII, OCSWDS, DepEd 12, and NDBRCFI-PHCDP) were interviewed to establish the health situation and resources in Region XII. For the ARMM, ten respondents representing the DOST, DepEd, CFSI, RCBW, UNYPHIL, and DOH were interviewed.

Due to the geographical distance, only 15 participants from Region XII and 10 from the ARMM were able to attend the 29 September 2005 joint regional consultative workshop at the Notre Dame University. All of them were based in Cotabato City, except for the DSWD Maguindanao representative. The consultative workshop participants were from the following offices: DOH, DOST, CRMC, DA, CHED, NEDA, POPCOM, DOLE, DepEd,

OCSWDS, CHO, OSCA, NDMU, Kambayabaya, CFSI, RCBW, and UNYPHIL.

Caraga Region (Region XIII)

Facilitator: Ms. Lucy O. Tagudin

- Deductive approach - discussion of the general overview of the Region with Mindanao Zone Convenor Dr. Marlina Lacuesta, Ms. Vicky Lupase of DMSF, Ms. Ina Rebuanon and Dr. Allan Feranil of PCHRD
- Inductive approach to include focus group discussions, group dynamics sessions, key informant interviews, field validations/verifications in grassroots communities
- Review of secondary data from NSO, DOH, and other health references
- Comparison of data against opinions of frontliners
- Application of the DOH's Health Sector Reform Agenda to prioritize regional health research agenda

Key informant interviews, focus group and round table discussions, as well as group dynamics sessions were used to draw the necessary data on the health situation and health information needs of the Region. The agencies that provided the information include Alterdev (Butuan City), Loving Presence Foundation (Surigao del Sur), NEDA Caraga, EDCAS Inc (Butuan City), St. Paul University (Surigao City), Agusan del Norte Provincial Health Office, Northern Mindanao State Institute for Science and Technology (Butuan City), and the tribal leaders in Agusan del Norte.

To draw up the health research priorities for Caraga, the facilitator categorized the priorities into three areas of concern: environment, quality care, and women, children and special groups. Given the fairly large sample size that participated in the FGDs and the KIIs, an aggregate of priority concerns at both the provincial and regional levels could be drawn.

Health Forum on Mindanao

The Health Forum on Mindanao was held on 8 November 2005 at the Davao Medical School Foundation. This served as the culminating activity of the regional consultations. It was here that the regional facilitators presented their respective health issues vis-à-vis socio-political and eco-geographical peculiarities of their area. Fifty-four (54) participants attended the forum representing the PCHRD, government agencies (DOH, DOST, DSWD, DENR, NEDA, POPCOM, PHILHEALTH, DA, CHED, and LGUs), nongovernment organizations (IPHC, MIPC, DPF, Global Fund Malaria, DRH, DMSF, Kinasang-an Foundation, and CRS), special groups (MWG, IWAG), media groups (MindNews), and the academe (Urios College, ADDU, and ADZU). (For particular details on the attendance, please see Annex D.)

At the conclusion of the forum, Mindanao's research agenda were identified and prioritized under three main themes, namely, environment, quality care and women, children and special groups (indigenous peoples and the elderly).

HEALTH RESEARCH PRIORITIES

The following is a summary of the output from the Mindanao Health Forum done on 8 November 2005.

Quality of Care

Access to health care ranked first among the research priorities identified in the regional consultations. Region-specific risk factors of diseases ought to be identified. All regions had indicated problems with geographical location and physical provision of health facilities. The

ARMM, as well as Caraga, Zamboanga Peninsula, and Northern Mindanao, report that dilapidated health infrastructure and inadequate medical provisions severely test the regions' capacity to deliver quality health care. There is high utilization of traditional medical treatment and birth assistance.

Glaring differentials in the availment of health services by disadvantaged groups were quite common in the regions where there is markedly skewed income distribution. In Northern Mindanao, the unpredictable supply of contraceptives, dependent on the support of the USAID, has done much to erode gains from the Family Planning campaign.

Everywhere in the Mindanao zone, the overseas opportunities for nurses have affected the delivery of health services. Caraga and SOCCSKSARGEN are experiencing a dearth of medical professionals and have increasingly been relying on the services of barangay health workers and other volunteer health attendants. It is recommended that attention should also be focused on nurturing other health care providers--to provide them relevant trainings and security of tenure--to elevate their capability to provide basic health services.

Budgetary constraints impact on the region's responsive health service delivery to address current and emerging health concerns. Region IX reports far-ranging adverse effects on the operations of the health sector with the budget cutbacks enforced by the local government. The devolution of health services to the local government units has exacerbated these problems for sustaining operations, especially of special programs, as the funding for these become subject to local politics in budget allocation. Technical, information, and budget support for health legislation and policies are similarly dependent on the resources provided by the LGUs. Some regions report the drying up of donor grants for health programs.

Problems in the regulation of counterfeit and substandard drugs were reported in Northern Mindanao and Zamboanga. In the light of the skewed deployment of trained professionals in the zone, the complementarity of alternative health care should be evaluated.

The matrix of their prioritization as drawn up by the workshop participants is presented in Annex A.

Environment

It was determined that research studies on water quality should be prioritized, followed by toxic/hazardous chemicals and wastes. Air quality ranks third. The unregulated spraying of chemicals in banana plantations affect air and water quality, and was observed to accompany a higher incidence of respiratory and skin diseases among residents in high-risk areas. In a study conducted by Romeo Quijano (2003) of the UP College of Medicine, it was found that the bulk of pesticides sprayed on target pests in banana plantations actually end up in the rivers, wells, and rainwater deposits for households.

It was suggested that baseline studies/assessment of the quality of environment related to mining and its effects on the health of surrounding communities should be pursued. While it is recognized that mining may bring significant contribution in the advancement of economic growth, its long-term effects on the environment and on the people's health are anticipated, especially with the proposed deregulation of the mining industry. Currently, about 10% of the active small scale mining operators of Region XI are using mercury, while 90% are using cyanide (Bureau of Mines, 2004).

The fifth environmental issue that impacts on health is vector-borne diseases, e.g.; Dengue. Region XII and the ARMM raised the concern for the prevention of avian flu.

However, in terms of urgency, the group is more worried about air quality than water quality. Mining comes next, while toxic/hazardous chemicals and wastes and land conversion ranked fifth and sixth in priority (see Annex B).

Women, Children and Special Groups

During the workshop, the group assigned to deliberate health issues concerning women, children and special groups was not able to rank the issues and concerns. They decided to put a higher premium on the discussions that took place. The following were identified to be major concerns:

1. Health care practices among Indigenous Peoples and Muslims including rational and traditional health practices and drug use.
2. Issues and concerns of health care financing – devolution, PhilHealth, HMOs, etc.
3. Health issues and concerns of internally displaced persons, externally displaced persons (deportees) including children and the elderly, differently-abled persons, and persons in difficult situations
4. Participation of civil society in health care delivery
5. Utilization of health research results for policy formulation, programs and projects
6. Injuries research--to look into causes, intervention, segregation by sex, age, areas and preventive measures.
7. Effects of urbanization on poor women.
8. Diaspora of health workers
9. Links between gender, sexuality and violence.

There is also a need for those in the health care system to understand the cultural influences on the health-seeking behavior of the people in the region. It is noted that in the regional reports, the need to focus on the health needs of special groups surfaced. Foremost among the concerns raised was on the health experiences of women, highlighted by the scarcity of access to safe water and the predominance of childbirth attended by traditional birth attendants, notably in Caraga, Northern Mindanao, and the ARMM. In Region XII, on the other hand, alarm is raised over the unhealthy lifestyles of its youth, to include the prevalence of smoking and substance abuse. Concern was articulated in the ARMM and Davao consultations on maternal and infant health, diseases, and health-seeking behaviors of the IPs in the context of their culture and belief. In the Davao workshop, the issue of health care for the elderly was discussed.

The forum also recommended a number of actions that should be taken in promoting health and health research. These included the following:

1. Advocacy in various fora and consortia
2. Values in the conduct of research--It should be multi-disciplinary, culture-sensitive, ethical, responsive, action-based and Mindanao-wide
3. In organizing the health research network, it is suggested that it should also be Mindanao-wide and be based on regional health development council at DOST
4. The academe and NGOs can select the topic for thesis/research
5. Package proposals for funding support and with RHRDC

Using the standard matrix provided by the PCHRD, the health research priorities that were borne out of the Health Forum on Mindanao were constructed as follows:

MINDANAO ZONAL HEALTH PRIORITY AREAS

A. Quality of Care

Broad R&D Area	Specific Topic	Rationale	Objectives	Responsible Agency	Funding Source
1. Access to health care	<p>Access of vulnerable groups (youth, IDPs) to health care</p> <p>Access to health care services by IPs and IDPs</p>	<p>Vulnerability to sustain health problems is high among certain groups like IPs, IDPs, and youth</p> <p>Poor access to quality health services among IDPs, IPs</p>	<p>To assess the impact of health education and health care services on these vulnerable groups</p> <p>To generate baseline study on the access to health services and sanitation by IPs and IDPs</p> <p>To identify the health services among IPs and IDPs</p> <p>To identify alternative medicines and management of IPs and IDPs</p> <p>To describe the factors affecting health seeking behavior of IPs and IDPs</p> <p>To determine the health problems, health priorities, alternative medicines, and health seeking behaviors of indigenous cultural communities in Mindanao</p>	<p>LGU, DOH</p> <p>DSWD, DOH, LGU, CFSI</p>	
2. Health service delivery	<p>Health insurance utilization</p> <p>Referral System</p> <p>Access to medicines and supplies</p> <p>Postnatal and health services among IPs</p>	<p>Poor access, quality and practices on health among IPs</p>	<p>To identify barriers and enhancers to effective referral system</p> <p>To generate baseline data on access, quality, practices among IPs on health services and sanitation</p>	<p>DOH, LGUs</p> <p>DOH, CFSI, LGUs</p>	

6. Quality Standards/ Health Education	Cost-efficiency of diagnostic and therapeutic management Health Education	Need to regulate standards for the delivery of health services to decrease morbidity and mortality	Assess the Sentrong Sigla certified facilities and compare with non-certified facilities on cost and effectiveness of health care To assess the cost-efficiency and therapeutic management of top 10 causes of morbidity and mortality	DOH Health facilities DOH, Universities	
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B. Environment

Broad R&D Area	Specific Topic	Rationale	Objectives	Responsible Agency	Funding Source
1. Mining Related Health Problems	Reproductive Health problems	Lack of in-depth study on women and children's health in high risk areas	To investigate reproductive problems among women and children in high risk areas	DENR, EMB, DOH, DSWD, NGOs, LGUs, Task Force, Universities	
2. Air quality	Chemical/ Physical Analysis Monitoring of air quality	Unregulated aerial spraying of pesticides and agricultural chemicals, increased respiratory and skin diseases and presence of residential communities in high risk areas Unregulated chemical spraying, incidence of ARI	To determine air quality in high risk areas in Region XI	DENR, EMB, LGU, Universities, DOST, NGOs	
3. Water quality	Parasitism and water-borne diseases	High incidence of water-borne diseases and parasitism	To determine water quality in high risk areas in Region XI	DOH, LGU	
4. Toxic and Hazardous Chemicals and Wastes	Effects of chemical-based farming on health	Lack of regulation in the use of pesticides, improper use of pesticides among small farmers, chemical exposure in plantation areas	To determine effects of chemicals on health in communities exposed to use of chemicals Documenting the use of chemicals, diseases associated with chemical exposure, safety and	DA, DOH, LGU, DOST, DENR, EMB, NGOs and universities -same-	

			precautionary measures used by farmers		
5. Health Effects of Land Use, Planning and Conversion	Impact of land use, planning and conversion on people's health	Declining food security from conversion of agricultural lands to residential and commercial use Geographical and social displacement Soil degradation	To find out the impact of land use planning and conversion on health To study the socioeconomic status of displaced persons	DENR, LGU, DAR, NIA, PCA, DILG, DA, NGO	
6. Endemic Diseases (Dengue, Schistosomiasis, Malaria, etc)	Vector-borne diseases	Lack of sanitation, absence of baseline data on endemic diseases, no assessment of medical interventions	To determine sensitivity and acceptability of surveillance system of the DOH To determine the import of sanitary toilet model in schisto-flooded areas To determine use of herbal medicine in the treatment of vector-borne diseases, e.g., tawatawa for dengue To test appropriate strategy to control schistosomiasis	DOH DOH/PHO, AOS DOH, Universities DOH	

C. Women, Children, and Other Special Groups

Broad R&D Area	Specific Topic	Rationale	Objectives	Responsible Agency	Funding Source
1. Health care priorities among IPs and Muslims	Reproductive health	No study done on this	To determine IP and Muslim practices on fertility regulation	NCIP, DOH, NGO, DSWD	
2. Health care financing	Health care insurance				
3. Health issues concerning IDPs and EPPs					

<p>4. Participation of civil society in health care delivery</p>	<p>Community partners in TB intervention among women and children</p> <p>Community integration of rehabilitated children</p>	<p>No assessment of the role of community partners in TB prevention</p> <p>Lack of documentation on rehabilitation of children</p>	<p>To determine the effectiveness of community partners in TB prevention</p> <p>To determine the effectiveness of pre-community integration process by the rehabilitating agencies</p>	<p>DOH and other stakeholders</p> <p>DSWD</p>	
<p>5. Utilization of health research</p>	<p>Utilization of research in policy formulation</p>	<p>Non-functioning of local health zones, lack of health-related ordinances, and poor implementation of existing ordinances</p> <p>Non-involvement of stakeholders and potential partners not tapped</p>	<p>To identify local health zones that are functional and nonfunctional</p> <p>To create a listing of partners and stakeholders in terms of legislation and execution of health policies (children in need of special protection, elderly mental health, reproductive health, TB intervention)</p> <p>To find out the extent of utilization of research on children, elderly, mental health, reproductive health in policy formulation</p>	<p>DOH, LGU</p> <p>DSWD, DOH, NGOs</p>	

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ANNEX A

ZONAL RESEARCH AND DEVELOPMENT PRIORITY AREAS FOR QUALITY CARE

Issue	Urgency	Feasibility Most	Impact	Not well- funded	Total	Rank
Health legislation and policies	15	20	16	11	62	3
Access to health care	12	10	11	20	53	1
Human resources	15	20	18	19	72	5
Health care financing	16	16	16	14	62	4
Health service delivery	13	12	13	23	61	2
QA standards/ health education	18	15	21	18	72	6

ANNEX B

ZONAL RESEARCH AND DEVELOPMENT PRIORITY AREAS FOR ENVIRONMENT

Issues	Urgency		Feasibility Most	Impact	Not well- funded	Total	Rank
Mining	1.8	III	5.0	4	6	18	4
Air Quality	1.0	I	6	2	2	11	3
Water Quality	1.6	II	1	1	4	8	1
Toxic/Hazardous chemicals and wastes	2.2	IV	2	3	1	10	2
Land use planning	3.4	VI	3	6	3	18	5
Vector-borne diseases e.g. Dengue	2.7	V	4	5	5	19	6

ANNEX C

LIST OF AGENCIES REPRESENTED IN THE REGIONAL CONSULTATIONS

Region	Date	Venue	# of Participants	Agencies Represented
Western Mindanao (Zamboanga Peninsula)	14 October 2005	Guidance Conference Room, Western Mindanao State University, Zamboanga City	50	WMSU, DOST, Pediatrics Research Center for Mindanao, DOH, CHED, LGUs, NEDA, DSWD
Northern Mindanao	14 October 2005	Commission on Population Training Center Serina St., Carmen, Cagayan de Oro City	49	CHED, DOLE, Mines and Geosciences Bureau, DSWD, NEDA, Iligan CPDO, Misamis Oriental and Lanao del Norte PPDO, MSPC, Xavier University, Liceo de Cagayan, PhilHealth, Capital University, Group Foundation, PHILDHRRRA, DENR, Misamis Oriental FPA, MSUIT, DOST, DOH, CHO, CPOC, CHDNM, DA-NOMINRC, CGH, POPCOM, Gingoog City CHO, and Misamis Oriental PHO
Southern Mindanao (Davao Region)	04 October 2005	Davao Medical School Foundation Davao City	50	ADDU, DOST, NEDA, DMC, Center for Health Development for Southern Mindanao, CHED, DPF, DOH, IWAG, DSWD, POPCOM, PhilHealth, DA, IPHC, MIPC,

				CHO, DRH, MWG, DMSF, City Mayor's Office
Caraga Region	None	None	None	KII, FGD and RTD were done among NGOs (Alterdev, Loving Presence Foundation, EDCAS, Inc), academe (St. Paul University, Northern Mindanao State Institute for Science and Technology), NEDA Region XIII, and Agusan del Norte PHO. Personnel from DOST, DOH, DILG, Adela Serra Ty Memorial Hospital, PHIC, and BFAD joined in the various discussion sessions
Central Mindanao (SOCCSKSARGEN)	29 September 2005	Beata Tariman Hall Notre Dame University Cotabato City	15	DOH, DOST, CRMC, DAXII, CHEDROXII, NEDA XII, POPCOM XII, DepEd 12, OCSWDS, OSCA, Notre Dame of Marbel, Notre Dame of Cotabato
ARMM	29 September 2005	Beata Tariman Hall Notre Dame University Cotabato City	10	DOST, DOH, DSWD, DepEd, CFSI, RCBW, UNYPHIL

ANNEX D

RESEARCH PRIORITY AREAS/TOPICS – Region 9

GROUP I: PUBLIC HEALTH					
Broad R&D Area	Specific topic(s)	Rationale	Objective	Responsible Agency	Funding Source
1. Pulmonary tuberculosis and pneumonia	<ul style="list-style-type: none"> • Evaluation of CARI Program • Prevalence of TB • KAP of mothers and health workers on pneumonia • Factors related to the knowledge /referral of pneumonia cases to the health center • Health-seeking behavior of patients with ARI • Factors affecting implementation of DOTS (including attitudes of health personnel) • TB Risk Factors (including gender and occupation) 	<ul style="list-style-type: none"> -Low case finding and handling -Inadequate drugs/ medicine, personnel, facilities and logistics -Low level of information and education -Inadequate environmental sanitation -Malnutrition 	<ul style="list-style-type: none"> -To evaluate extent of implementation of CARI/ Anti-TB Programs -To determine health information- and health care-seeking behavior of mothers and health workers - To determine TB risk factors 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
2. Diarrhea / gastro-enteritis	<ul style="list-style-type: none"> • Risk practices for cholera • Weaning behavior among indigenous communities • Access to safe, potable water • Food handling (sanitary permits, intensive food sanitation campaign, etc.) • Home management of diarrhea, with focus on practices of marginalized groups 	<ul style="list-style-type: none"> -Inadequacies in medicines, -Unsanitary toilet facilities / environmental sanitation -Low access to potable water -Poverty and low literacy -Scanty information about cultural communities 	<ul style="list-style-type: none"> -To examine factors related to case management of diarrhea especially among indigenous communities, marginalized groups - To facilitate access to safe water resources 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
3. STD- HIV/AIDS	<ul style="list-style-type: none"> • HIV/STD surveillance among high-risk population • Prevalence of STDs, AIDS in selected at-risk groups • Sexual practices and behavior of sexually active groups • Safe sex practices (inc. condom use) of sexually active groups • KAP of selected groups at risk regarding STDs and HIV/AIDS • Strategies for prevention and control of STD/ HIV 	<ul style="list-style-type: none"> - Poverty and vulnerability to human trafficking - Low awareness and compliance with safe sex measures - Low public awareness on STDs and HIV/AIDS (including prevention and control) 	<ul style="list-style-type: none"> -To investigate HIV/STD KAPs and prevalence in high-risk and sexually active groups -To determine level of KAPs relative to safe sex practices -To enhance awareness of STD/HIV prevention and control measures 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External

GROUP I: PUBLIC HEALTH (cont'd)					
Broad R&D Area	Specific topic(s)	Rationale	Objective	Responsible Agency	Funding Source
4. Dengue	<ul style="list-style-type: none"> Local epidemiology of dengue Changing clinical course of dengue infection Larval index survey as an early warning indicator for dengue outbreaks Migration patterns of dengue vectors Evaluation of various strategies for control and prevention of dengue Evaluation of dengue control programs LGU and private agency participation in control and prevention of dengue 	<ul style="list-style-type: none"> Low community participation in control of breeding places Lack of public awareness on preventive measures Low enforcement of local regulatory ordinances on stray animals 	<ul style="list-style-type: none"> To model the spread of dengue To determine effectiveness of early warning indicators, prevention and control strategies for dengue To assess effectiveness of dengue control programs including participation of LGUs, private agencies in anti-dengue advocacy and promotion 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
5. Malaria	<ul style="list-style-type: none"> Incidence/ prevalence of malaria cases Evaluation of type and pattern of anti-malarial drug resistance of Plasmodium falciparum (in- vitro and in-vivo) 	<ul style="list-style-type: none"> Proximity to endemic areas of Sulu and Tawi-Tawi Low community participation in control of breeding places Lack of public awareness on preventive measures 	<ul style="list-style-type: none"> To study prevalence/ incidence of malaria in Zamboanga City and other endemic areas To examine anti-malarial drug resistance of Plasmodium falciparum 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
6. Rabies	<ul style="list-style-type: none"> Incidence/ prevalence of rabies / dog bite cases Cost effectiveness of different modalities of post-exposure prophylaxis Evaluation of dog anti-rabies immunization program KAP of the community regarding dog bites / rabies Utilization of the Animal Bite Center in Western Mindanao 	<ul style="list-style-type: none"> Low public awareness on control measures, enforcement of local ordinances / regulations on stray animals, costly vaccines 	<ul style="list-style-type: none"> To examine incidence/ prevalence rabies/dogbite cases To evaluate cost effectiveness of anti-rabies treatment programs, including utilization of public facilities (Animal Bite Centers) To determine public KAPs on dog bites/rabies 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External

GROUP II: DEGENERATIVE DISEASES					
Broad R&D Area	Specific topic(s)	Rationale	Objective	Responsible Agency	Funding Source
1. Cardiovascular disease	<ul style="list-style-type: none"> Epidemiologic studies on the incidence, prevalence of modifiable risk factors for CVDs CFRs and prognosis of specific CVDs Treatment compliance 	Weaknesses in advocacy re healthy lifestyles; Knowledge deficit in early detection; High cost of medicines Lack of personnel trained in case management	<ul style="list-style-type: none"> -To determine incidence/ prevalence of CVDs -To study treatment management and compliance in CVDs 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
2. Diabetes mellitus	<ul style="list-style-type: none"> Incidence and prevalence of diabetes Nutritional habits and diet preference of diabetics Treatment compliance in diabetes, including alternative medicine Education and advocacy for prevention / control of diabetes 	Low awareness and education re diabetes prevention and care Case management problems (expensive medicines and treatment compliance)	<ul style="list-style-type: none"> -To determine incidence/ prevalence of diabetes - To examine case management and treatment compliance including dietary management -To enhance awareness for prevention / control of diabetes 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
3. Malignant neoplasm	<ul style="list-style-type: none"> Profile of cancer patients KAPs of physicians and surgeons on cancer pain management The role of support groups in the management of cancer patients Compliance with cancer management 	Inadequate skills in early diagnosis and treatment; expensive detection procedures, lack of medicines	<ul style="list-style-type: none"> -To profile cancer patients -To determine cancer case handling practices including pain management and the role of support systems in case management 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External
4. Disease of the Kidney	<ul style="list-style-type: none"> Local capacity for case handling Health education and advocacy re lifestyle factors associated with kidney diseases 	Lack of equipment and medicine to manage cases, e.g., dialysis machine, reagents for lab exams; lack of trained personnel for case handling; insufficient advocacy on dietary limitations and healthy lifestyle	<ul style="list-style-type: none"> -To document kidney case handling practices and local treatment facilities/ personnel (in)capacities -To develop IEC materials and advocacy strategies relative to kidney disease prevention 	DOH LGU (CHO/ PHO/ MHO)	PCHRD/ External

GROUP III: HEALTHY LIFESTYLE CONCERNS

Broad R&D Area	Specific topic(s)	Rationale	Objective	Responsible Agency*	Funding Source
1. Trauma/ Violence	<ul style="list-style-type: none"> • Peace Advocacy vs. the Culture of Violence including gun proliferation in the region • KAPs on safety precautions (including street signs) and incidence of local accidents • Local preparedness for mass violence, calamity or injury • Quick Reaction and Emergency • Referral/ Response Mechanisms • Local capacities and mechanisms for Conflict Transformation (Resolution and Management) 	<p>Injury is foremost cause of death in the region Peace and order is precarious, spillovers of violence from the island provinces Urban-related problems due to presence of industrial factories Need to activate / empower / train local peace and order councils (Lupong Tagapamayapa) for conflict management</p>	<ul style="list-style-type: none"> - To promote the culture of peace in the community through public education and media - To enhance conflict transformation skills (negotiation, mediation, facilitation, dialogue handling, etc.) - To enhance local competence for disaster management and violence - To determine safety consciousness 	DOH LGU (CHO/ PHO/ MHO) PNP, NGOs, Academe, Media, DSWD	-UNDP -LGSP -OPAPP -USAID (USIP)
2. Nutritional health risks and disorders	<ul style="list-style-type: none"> • Prevalence of macronutrient malnutrition and anemia • Attitude toward commercially prepared multivitamins • Public awareness on nutrition and unhealthy eating habits • Nutritional and behavioral studies among indigenous communities • Bottle feeding practices: factors associated with exclusive use (vs. breast feeding) • Weaning practices of breastfeeding mothers • Food preparation habits of mothers • KAPs on appetite stimulants • Food fallacies • Evaluation and implementation of Milk Code in government and private hospitals 	<p>Poverty and food insecurity Food fallacies Inaccurate evaluation of nutritional status (age uncertainty, erroneous weighing procedures), Insufficient food supplementation (iron, Vitamin A) also due to lack of funds, prevalence of parasitism Need to emphasize breastfeeding Low knowledge re practices of indigenous groups</p>	<ul style="list-style-type: none"> -To examine the prevalence of malnutrition (including macronutrient malnutrition and anemia); -To document public KAPs on nutrition and eating habits (including food fallacies, appetite stimulants, commercially prepared multivitamins and breastfeeding) - To determine nutritional and food preparation practices among indigenous groups 	DOH LGU (CHO/ PHO/ MHO) Academe Media, NCIP, OMA, NNC, DA, BFAR, DTI	PCHRD/ External

GROUP III: HEALTHY LIFESTYLE CONCERNS (cont'd)

Broad R&D Area	Specific topic(s)	Rationale	Objective	Responsible Agency*	Funding Source
3. Environmental/ occupational health risks	<ul style="list-style-type: none"> • Waste disposal / solid waste management and the development of appropriate waste disposal technologies • Evaluation of compliance to the Sanitation Code • Occupational hazards and safety measures in factories and various workplaces (especially areas using chemicals) • KAPs on proper food sanitation • KAPs on solid and waste water management • Mining: Its effects on indigenous communities (also with implications for their access to health care) 	<p>Poor environmental sanitation; improper solid/ water waste disposal; pollution from industry (E.g., sediment and chemical pollution in factories, or waterways and communities within mining areas , i.e., mine tailings in the Zamboanga Peninsula), health care access limitations due to mining and industrial company controls, i.e., TVI checkpoints restrict availment of health services and facilities, and access to herbal resource</p>	<ul style="list-style-type: none"> -To explore KAPs in solid and water waste disposal (household and industry levels) - To examine the implementation of occupational safety measures in industrial areas and workplaces -To determine the effects of mining on health status of affected communities -To determine food sanitation KAPs among indigenous and marginalized households 	<p>DENR-EMB, DOH LGU (CHO/ PHO/ MHO) Academe Media, NCIP, OMA</p>	<p>PCHR/ External</p>
4. Substance abuse	<ul style="list-style-type: none"> • Prevalence of drug abuse among adolescents and young adults • Risk factors associated with drug abuse • Random drug testing among students, government and private employees • Utilization of Drug Rehabilitation Centers in Western Mindanao 	<p>Unbridled sniffing of rugby among youth and street children Weak anti-drug abuse advocacy Need for counseling and values formation programs Non-maximization of drug rehabilitation facility</p>	<ul style="list-style-type: none"> -To determine prevalence of drug abuse among adolescents and young adults (including students, government and private employees -To examine patterns associated to drug use/ abuse -To study problems related to the operation and development of drug rehabilitation centers in the region 	<p>DOH-DDB, LGU (Anti-drug abuse councils, CHO/ PHO/ MHO), PNP, drug rehab centers, Academe, Media</p>	<p>PCHR/ External</p>
5. Smoking	<ul style="list-style-type: none"> • Prevalence of smoking in different establishments/ schools/offices • Effects of passive smoking on the health of children • KAPs related to smoking, • Review of implementation of the Tobacco Regulation Act • Effectiveness of Anti-Smoking Campaigns 	<p>Seeming disregard for smoking hazards and anti-smoking notices</p> <p>Exposure of children and non-smokers to passive smoking</p>	<ul style="list-style-type: none"> - To strengthen the anti-smoking campaign through an evaluation of adherence to anti-smoking law - To determine popular KAPs on smoking - To document cases arising from passive smoking effects especially among children 	<p>DOH, DENR, DOST LGU (CHO/ PHO/ MHO) PNP, NGOs, Academe, Media, DSWD</p>	<p>PCHR/ External</p>

GROUP IV : HEALTH OF FAMILIES AND HEALTH OF SPECIAL POPULATIONS

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Infants and children	<ul style="list-style-type: none"> • Immunization among cultural communities (factors associated with compliance to immunization) • Impact of maternal education on child mortality among cultural communities in Region 9 • KAPs associated to the low utilization of pre- natal services • Trauma healing services for displaced children • Early childhood education and development services (day care and childminding services) especially among indigenous communities • Needs of trafficked children /street children • Parenting practices among indigenous communities 	<p>High malnutrition due to low awareness and knowledge of health services, especially home-based health care</p> <p>Violence toward children / physical and sexual abuse</p> <p>Lack of trauma healing services and facilities to deal with cases of child abuse and trafficking</p> <p>Vagrancy and street children in urban areas</p>	<p>-To determine the reach of health and early childhood services among cultural communities</p> <p>-To document mothers' availment of prenatal and health education</p> <p>-To examine and evaluate services for children exposed to violent circumstances, including street children and undocumented juvenile deportees</p>	<p>DOH – PRCM, LGU (CHO/ PHO/ MHO)</p> <p>PNP, NGOs, Academe, NCIP, DOLE, Media, DSWD, church, DEPED</p>	<p>-UNICEF</p> <p>-PCHR</p> <p>-ASIA</p> <p>ACTS-ECPAT/ IACAT</p>
2. Women in difficult circumstances	<ul style="list-style-type: none"> • Gender sensitivity among community leaders • Capacity for handling of VAWC cases (for health and law enforcement personnel; • Availability of local services for traumatized women (e.g., feminist counseling and trauma healing services; productive skills and livelihood opportunities) • Sexual harassment in workplace 	<p>Physical and emotional abuse</p> <p>Lack of trained personnel to handle VAWC</p> <p>Poverty and risk factors for sexual trafficking and prostitution</p> <p>Need for gender sensitivity among local community officials, including female leaders</p>	<p>- To determine availability of services especially to victimized women (VAWC cases, trafficked and prostituted women, etc.)</p> <p>-To evaluate local women support mechanisms (especially among health and law enforcement personnel) and strengthen these</p> <p>-To enhance access to opportunities for skills development and income generation</p>	<p>DOH – PRCM, LGU (CHO/ PHO/ MHO)</p> <p>TESDA , PNP (Gender desk), NCIP, DOLE, DSWD, NGOs, Academe, Media, church</p>	<p>-Ford Found'n</p> <p>-UNIFEM</p>
3. Adolescents and youth	<ul style="list-style-type: none"> • School and community services for youth • Youth preparation for the world of work and career; for college and /or skills enrichment for vocational efficiency • Gender and sexuality issues affecting youth, especially Muslim and IP youth • Alternative learning systems for out of school youth and related services 	<p>Malnutrition, substance abuse, lack of basic health assistance; prevalence of youth in conflict with the law; lack of information on adolescent behavior relative to sexuality and fertility concerns especially among Muslim and indigenous populations; idle out of school youth</p>	<p>-To strengthen school- and community-based youth services (counseling and training)</p> <p>-To document Muslim and IP youths' KAPs on gender and sexuality issues (love, friendship, marriage, reproductive health info/ care-seeking behavior, etc.)</p> <p>-To determine opportunities for enhancing development options for out of school youth</p>	<p>DOH – PRCM, LGU (CHO/ PHO/ MHO)</p> <p>PNP, DEPED, CHED, Academe (Extension Services) , NCIP, DOLE, Media, DSWD, NGOs,church</p>	<p>-PCHR</p> <p>-UNFPA</p>

GROUP IV : HEALTH OF FAMILIES AND HEALTH OF SPECIAL POPULATIONS (cont'd)

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
4. Urban poor	<ul style="list-style-type: none"> • Conditions of habitability in landless and homeless households • Livelihood-cum-health care financing strategies • Advocacy for primary health care and herbal treatments • Documentation of displaced communities' needs and referral services 	Overcrowding, congested population; high prevalence of malnutrition; growing urban poor communities due to influx of migrants; high rate of unemployment; insufficient government assistance	-To determine the extent of health care services in urban poor communities, - To study urban poor alternatives in home-based treatment and availment of affordable health care financing schemes - To document urban poor community conditions of (in)habitability in support of anti-poverty advocacy -To explore ways of enhancing access to livelihood opportunities	DOLE, DSWD, DOH, LGU (Social Service Offices), HLURB, DTI, NGOs, Church (Social Action), Academe (Extension Services)	-Ford Found'n -Peace & Equity Found'n -NAPC -DOLE -DTI

GROUP V: CROSS-CUTTING CONCERNS					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Quality of Health Care Delivery	<u>Health Programs and Policies:</u> (Focus on Devolution) <ul style="list-style-type: none"> • Policy review of devolved health programs and services, and standards for prioritization • Effects of devolution on health programs • Comparative studies on health service delivery before and after devolution • Survey on level of client and provider satisfaction on devolution (pre- and post-) • Status of community- based programs in the context of devolution 	<p>Precarious policy environment, too many programs that need prioritization based on relevance</p> <p>Need to sustain community-based health programs; negative attitude towards devolution</p> <p>Matching services with the health-seeking behavior of communities</p>	<p>-To determine priority health policies and programs for implementation based on empirically grounded and relevant local realities</p> <p>-To examine the effects of devolution on the quality of health programs and services</p> <p>-To document broad KAPs on devolution among health management and staff, and served communities</p>	DOH, LGU (CHO / MHO/ PHO, Health Boards)	PCHRD/ External
	<u>Health Equipment and Facilities:</u> <ul style="list-style-type: none"> • Alternative strategies and creative budgeting for procurement of health equipment and facilities • KAPs and advocacy on primary health care 	<p>Deteriorating facilities and equipment aggravated by lack of funding and slow bureaucratic processing and disbursement of operational funds; inability to procure much needed equipment due to lack of funds; tertiary hospitals concentrated in urban areas</p>	<p>-To explore appropriate technologies as alternatives to expensive health equipment and facilities</p> <p>-To study pro-active and responsive mechanisms as well as non-traditional budgetary resources for procurement of equipment</p>	DOH, LGU (CHO / MHO/ PHO, Health Boards, Local budget offices), DBM	PCHRD/ External
	<u>Health Personnel:</u> <ul style="list-style-type: none"> • Distribution of health workers as to number and availability • Implementation of incentives, continuing education, non-monetary benefits for health personnel • Innovations in human resource management and development that involves career path, incentives, and rural service component • Review of formative processes (education and training) in the value systems of health and medical professionals 	<p>Inadequate number and clustering of health workers in urban centers</p> <p>Career shifts to nursing, job turnover and overseas employment</p> <p>Low compensation packages and unsatisfactory incentives and reward system</p>	<p>-To provide information for rationalizing the distribution of health workers in the region</p> <p>-To examine current compensation and incentive systems and develop innovative mechanisms for benefiting health personnel</p> <p>-To review curricula and other formative components in the education and training of health and medical professionals</p>	DOH, LGU (CHO / MHO/ PHO, Health Boards, Local budget offices), DBM CHED (Boards/ Tech'l Panels of Medical Education & Nursing Education, Academe	PCHRD/ External

GROUP V: CROSS-CUTTING CONCERNS (cont'd)

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Quality of Health Care Delivery (cont'd)	<u>Procurement of medicines and other health products</u> <ul style="list-style-type: none"> Local production of drugs and other health products, including herbal medicine encouraged Attitudes of the public and medical community re herbal medicines Clinical trials of indigenous plants and marine products 	Limited access to reasonably priced by safe and effective drugs; safety and efficacy of other health products need to be ensured	-To explore appropriate technologies as alternatives to expensive health equipment and facilities; -To study pro-active and responsive mechanisms as well as non-traditional budgetary resources for procurement of equipment	DOH, LGU (CHO / MHO/ PHO), NCIP, DOST, DTI, Academe, Media, Business groups	PCHR/ External
2. Local Health Systems	<ul style="list-style-type: none"> Factors influencing poor LGU compliance to the implementation of health standards and regulations Sociocultural beliefs and value systems contrary to appropriate use of health services Factors associated with the role of the local health board in the delivery of quality health care 	Low quality of local health service delivery; local health facilities need upgrading and repair, equipments to be procured; personnel to be trained to enhance local health service capabilities	-To examine LGU compliance with health standards and regulations -To determine the sociocultural environment for the availment of health services -To study the role of the local health board in delivering quality health care	DOH, LGU (CHO / MHO/ PHO, Health Boards), Academe (Public Ad / Health Sciences)	PCHR/ External
	<ul style="list-style-type: none"> Factors associated with the LGU engagement and participation of private sector, NGOs, and communities in local health policy determination and health systems development 	LGUs hesitate to involve private sector, NGOs, in the development of local health systems	-To investigate the factors related to LGU involvement of non-government stakeholders in determining health policy and health care systems	DOH, LGU (CHO / MHO/ PHO, Health Boards), Academe (Public Ad / Health Sciences) NGOs	PCHR/ External
	<ul style="list-style-type: none"> Strategies to promote linkages and cost-sharing schemes including local health care financing systems for better use of local health resources 	Non-maximization of local health resources due to lack of confidence on lower level facilities	-To explore ways of engaging a wider support base in the development of health care financing schemes and health resource utilization	DOH, LGU (CHO / MHO/ PHO, Health Boards), Phil-Health, NGOs	PCHR/ External
3. Health Information and Education System	<ul style="list-style-type: none"> Review and improvement of health reporting and documentation systems (with immediate and frequently updatable, sharable information) 	Poor databanking / retrieval, inadequate database on health statistics Inadequate public information to improve health intelligence / statistics	-To strengthen health reporting and recording systems -To improve health intelligence retrieval and access	DOH, LGU (CHO / MHO/ PHO), NCSO, Academe (Health Sciences) NGOs	PCHR/ External
	<ul style="list-style-type: none"> Affirmative action in health advocacy and education programs for vulnerable sectors 	Inadequate advocacy and health education programs especially for vulnerable groups	-To focus public attention on the health status and overall plight of vulnerable sectors	DOH, LGU (CHO / MHO/ PHO), DEPED, CHED, NCIP Media, NAPC, Academe, PIA, NGOs, Church	-PCHR -NAPC -PEF

GROUP V: CROSS-CUTTING CONCERNS (cont'd)

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
3. Health Information and Education System (cont'd)	<ul style="list-style-type: none"> • IEC on patients' rights • Magna Carta for Patients 	Lack of awareness on patients' rights	-To enhance the awareness of and sensitivity to patients' rights in the provision of health care	DOH, LGU (CHO / MHO/ PHO), CHR, Media, PIA Academe , NGOs, Church	PCHRD/ External
	<ul style="list-style-type: none"> • Inter-agency collaborative processes in health research, education, and healthy lifestyle advocacy 	Need for inter-agency cooperation in various aspects of health research and IEC	-To determine ways of engaging a multi-sectoral involvement in health research, education and advocacy	DOH, LGU (CHO / MHO/ PHO), DEPED, CHED, NEDA, NCSO, Media, Academe , PIA, NGOs, Church	PCHRD/ External
	<ul style="list-style-type: none"> • Development of culture-sensitive IEC materials and teaching models 	Health learning resources tend to be disregard of local cultural diversity; further translation and illustration needed	-To review and package culture-sensitive health IEC materials and develop a corresponding educational delivery system	DOH, LGU (CHO / MHO/ PHO), DEPED, CHED, NEDA, NCSO, Media, Academe , PIA, NGOs (Popular Education) , Church	PCHRD/ External
	<ul style="list-style-type: none"> • Updating of curricular content with more socially relevant issues for infusion in training / education of health workers • Curricular review of rural and urban poor exposure and health service in the training of health and medical professionals 	Emphasis on commercial, biomedical orientation in training of health care providers; need for alternative / complementary medicine, gender sensitivity, preventive health care, primary health care, cultural sensitivity Need to intensify urban- or rural poor community service for medical and paramedical students / graduates	-To root curricular content in empirically grounded problems and realities -To develop a pre-service appreciation for the health needs of rural and urban poor communities	DOH, LGU (CHO / MHO/ PHO), DEPED, CHED (Tech'l Panels in Med. & Health Scs), Academe , PIA, NGOs, Church	PCHRD/ External
4. Health Care Financing	<ul style="list-style-type: none"> • A survey of community-based financing schemes • Linking community-based financing schemes with the national health insurance program 	Health insurance benefits biased toward hospital-based care when most are out patients Low affordability of health care services (expensive medicines, professional fees, facilities, etc.)	-To explore health care financing schemes for low income groups -To examine flexibilities in entitlement to and availment of health care services outside traditional modalities.	DOH, LGU (CHO / MHO/ PHO, Health Boards), PhilHealth, DSWD, NGOs	-PCHRD -Phil-Health

ANNEX E

RESEARCH PRIORITY AREAS/TOPICS – Region 10

PUBLIC HEALTH					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Why dengue has not been eradicated in the region/country	<p>1. Increase in the cases of dengue in the region</p> <p>2. Life cycle of mosquitoes (habitat characteristics of mosquitoes), how dengue mosquitoes adapted to the environment which may be causing the rising cases in recent years</p>	<p>1. The rising cases of dengue in recent years despite the efforts and other measures introduced to fight this disease</p> <p>2. Absence of studies looking into the breeding habits of dengue-causing mosquitoes</p>	<p>1. To determine the factors that cause the increase/prevalence of the disease in the region</p> <p>2. To identify mosquito strains/ viral sero types</p> <p>3. To determine genetic make-up of the mosquito</p> <p>4. To identify the specific stage in the life cycle of the vector where effective intervention can be introduced</p>	CHD 10, DOH, PCHRD, DOST, XU	EU, WHO, PCHRD, LGUs
2. Chronic diseases, obesity	Lifestyle factors, the role of fastfood industry on the rising cases of chronic diseases in the region, an in-depth study on what will make people stop smoking	The rising cases of chronic diseases in the region	To determine the factors that cause the rising cases of chronic diseases in the region	DOH, PCHRD, CHD 10, DOST	WHO
3. Combating Cancer: Chemical residues in plant food	Incidence of colon cancer, leukemia among plantation workers	Increasing use of chemicals in controlling pest among plant food	To determine traces of chemical residues in fruits and vegetables sold in the public market	DA, DOH, NGOs involved in health and agriculture, academe	EU, WHO, FAO
4. Health status of families, especially children under 5 (with mothers working overseas)	Health status of children under 5 with absentee mothers	Feminization of overseas work	To determine the health status of children under 5 with mothers working overseas	DOH, NGOs involved in health	EU, WHO, UNIFEM

ENVIRONMENT					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
Environment, health risk and safety management (1)	Risk Assessment and Safety Management of industries of Region 10	1. Industries are perceived to be the source of health related problems cause by emitted environmental pollutants from manufacturing and processing activities 2. No available information on environmental, health risk and safety management	1. To assess the EHS management of the industries 2. To develop a policy recommendation to appropriate agencies 3. To develop a wider private participation on the monitoring of the environmental compliance	NGO, DOST, DENR-ERDS	DENR-EMB, DOST, NGO
Environmental pollution	1. Identification and quantification of specific air and water pollutants 2. Measurement of air pollutants in Region 10 3. Microbiological, air and water quality assessment of Cagayan de Oro/water table level analysis 4. Dumpsite of CDO, its effect on the health of scavengers & its surrounding communities	1. No data/information available 2. No data/information available 3. No data/information available 4. No data/information available	1. To determine the effects of asbestos carcinogens 4. To determine the common illness	1. DENR/DOST 3. LGU/DENR 4. LGU/DENR	1. LGU/DENR 3. LGU/DENR 4. LGU/DENR
Rural-urban migration	1. Assessment of the extent of impact of urban-rural migration in the urban environment and health 2. Environmental factors affecting the survival and proliferation of vector hosts of transmissible diseases (e.g. dengue)	1. No data/information available 2. No data/information available		LGU	LGU
Pesticides (3)	Effects of pesticides use of banana plantation in Bukidnon (workers and community)	No data/information available		DA/DENR	DA-DAR POs
Small scale mining	Effects of small scale mining practices on the handlers, community and environment	No data/information available		DENR-ERDS	DENR
Land conversion	Effects of shifting of the cropping patterns on the biodiversity in Bukidnon			LGU	LGU

ENVIRONMENT (cont'd)					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
Medicinal plants in Region 10 (2)	1. Inventory of medicinal plants in Region 10	1. No information available on the indigenous varieties of herbal plants		1. DENR/ DOST	1. DENR/ DOST/ LGU
	2. Planting stock production & plantation development of medicinal plants			2. DENR/ DA	2. DENR/ DA
	3. Agro-climate study on medicinal plants	3. No information available		3. DA	3. DA
Indigenous medical practices	Determination of the existing indigenous medical practices			DA/ DENR/ DOST	DOST/ DA/ DENR

VULNERABLE GROUPS					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Exploitation/ Discrimination	Profile/characteristics of domestic violence perpetrators in jail	- Why do they inflict pain? - The home is no longer a sanctuary	- To identify and characterize abusers in jail	- DSWD, MPSC, LGUs	PCHR- DOST, LGU, and others
2. Values formation of indigenous communities	- Preservation of cultural heritage or indigenous knowledge system - Ethno-botany on IPs valuation	- Why IPs communities are not protected	- To identify cultural identities of IPs	- MPSC - LGUs	- do -
3. Alternative livelihood opportunities	Identification of livelihood opportunities	- To augment income of indigenous communities	- To identify technologies to empower vulnerable groups identified	- MPSC - RIMCU - LGUs - DOST	- do -
4. Workers in hazardous places	Identification of substances causing diseases in hazardous workplaces	- Protection of workers' welfare	- To coordinate resources of GOs and accredited scientific research institutions for validation of diseases	- DOH - LGUs - DOLE	- do -
5. Support services	<i>Senior Citizens:</i> - Assessment of Expanded Senior Citizens Act - Food distribution within households with senior citizen members <i>Differently-abled persons:</i> - Assessment of status of implementation of Batas Pambansa 344 - Assessment of the status of implementation of the utilization of the 1% budget for PWD	- Discounts for senior citizens - Malnourished senior citizens	<i>Senior Citizens:</i> - To assess implementation of Expanded Senior Citizens Act - To be able to determine food and nutrient intake of senior citizens <i>Differently-abled persons:</i> - To assess implementation of RA 344 - To assess implementation of the status of implementation	<i>Senior Citizens:</i> - NNC - Food and Nutrition Research Ins.-DOST - BFAD <i>Differently-abled persons:</i> - LGUs - External agencies (multi-disciplinary)	- do -
6. . Exploitation/ Discrimination (b) Child labor	Child Labor – effects on the health and well-being of the children	Child Labor is quite alarming as reported by DSWD	- To identify impact of child labor on the health and well-being of the child	- DSWD, MPSC, LGUs	- do -
7. Mental health of children who are victims of armed conflict	Effects on the health and well-being of the children of the armed conflict	There are areas in Region 10 that are experiencing conflict (land, ideological conflicts)	- To identify impact of armed conflict on the health and well-being of the child	- DSWD, MPSC, LGUs	- do -

HEALTH CARE FINANCING					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
Health Care Financing	Willingness and capacity to pay the members and the LGU	<p>1. Capable but not willing (vice versa): want to know what are the reasons behind this</p> <p>2. How to encourage individual paying members and the LGU to sustain the contribution</p> <p>3. Customer's satisfaction and benefits ceiling</p> <p>4. Why do some health facilities resist being accredited by PhilHealth?</p>	<p>-To reduce financial burden among members</p> <p>-PhilHealth: To increase their share in health care financing</p> <p>-To leverage the upgrading of health facilities</p> <p>-To reduce the bias against government hospitals</p> <p>-To rationalize health care spending of the LGUs.</p> <p>- To lessen LGU intervention in paying contribution</p> <p>-To establish the referral network</p> <p>-To ensure replicability of Good Practice</p>	<p>-PHIC</p> <p>-LGU</p> <p>-Private Sector</p> <p>-DOH</p> <p>-NSCB - National Statistical Coordination Board (for sampling design and data analysis)</p>	<p>-DOH Manila</p> <p>-Foreign Donors</p>

ANNEX F

RESEARCH PRIORITY AREAS/TOPICS – Region 11

ENVIRONMENT					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Air quality	Air quality studies -Chemical/ Physical analysis	Unregulated aerial spraying Increasing respiratory/skin infections	To determine air quality in high risk areas in Davao Region	DENR-EMB, LGU, Universities, DOST, NGOs	PCHRD/ External
2. Water quality	Water quality in at-risk areas -Microbiological, chemical/physical analysis Spread of water- borne diseases	Prevalence of waterborne diseases and parasitism (diarrhea, etc.)	To determine water quality in high risk areas in Davao Region	-do- DOH	PCHRD/ External
3. Land use planning and conversion	Impact of (poor) Land use planning and conversion to people's health	Declining food security due to improper conversion of agricultural to residential or commercial areas Economic and social displacement Soil degradation	To determine impact of land use planning and crop conversion to people's health Socio and economic activities/ Status	DENR, LGU, DR, NIA, PCA, DILG, DA, NGOs	PCHRD/ External
4. Mining	Mining-related health problems Environment-related health problems Reproductive health problems in at-risk areas	No in-depth investigation on women and children's health in high risk areas Poor implementation of RA 9262	To investigate reproductive health problems among women and children in high risk areas (mining sites, etc)	DENR-EMB, DOH, DSWD, NGOs, LGU, Task-Force, Universities	PCHRD/ External
5. Solid wastes	Solid waste management	Lack of facilities for waste disposal and recycling	To determine appropriate solid waste management for Davao Region	DENR-EMB, DOH, LGU, DOST, NGOs	PCHRD
6. Forest management	Effect of deforestation on the indigenous people's resource management	-Declining watershed areas -Loss of wildlife/extinction of plants -Violation of IP rights on the management of resources within their ancestral domain	To determine extent of watershed areas and loss of wildlife/plants	DENR, LGU, NGOs, NCIP, Universities	PCHRD
7. Hazardous chemicals	Effects of chemical-based farming	-Lack of regulation – use of pesticides -Small-scale farmers' improper pesticide application	To determine effects of chemicals on human beings	DA, DOH, LGU, DOST, DENR-EMB, NGOs Universities	PCHRD

WOMEN, CHILDREN AND SPECIAL GROUPS					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1.Reproductive health	Indigenous health	Seldom researched Undocumented Less prioritized sector	To determine IP practice on FP or fertility regulation To identify culturally- appropriate program/ project initiatives in the IP communities	NCIP DOH NGOs DSWD	PCHRD Ford Found'n
2. Children in Need of Special Protection	Community integration of rehabilitated children	Undocumented Focused only on rehabilitation	To determine effectiveness of pre-community integration processes by the rehabilitating agencies	DSWD	PCHRD UNICEF
3. Older Persons	Quality of life concept of older persons	Less focused pack of information	To determine the concept of “quality of life” among older persons	DSWD NGOs	PCHRD/ External
4. Mental Health	Mental health among older persons	Lack of awareness on the mental health status of the older persons	To recognize the mental health status of older persons To determine appropriate early intervention for OP's	DSWD NGOs Coalition of services for the elderly	PCHRD/ External
5. TB among women (children and men)	Community partners in TB prevention	No assessment on the role of the community partners in tuberculosis prevention	To determine effectiveness of community partners in tuberculosis prevention	DOH and other stakeholders	PCHRD/ External

QUALITY CARE					
Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Access to health care	<p>Access of vulnerable groups to health care (youth, IPs)</p> <p>Access to medicines and supplies</p>	Vulnerability to certain health problems is particularly high among certain groups	<p>To assess the impact of health education on the incidence of smoking among youths in Davao City</p> <p>To describe factors affecting the health seeking behavior of IPs (Manobos, Bagobos)</p> <p>To identify barriers and enhancers to effective referral system</p>	LGU	
2. Health legislations and policies	Interaction of LGUs and health care unit (esp. Sentrong Sigla)	Delivery of health services is dependent on rational appropriation of health subsidy	<p>To determine the utilization rate of health insurance among ...</p> <p>To identify barriers and enhancers in health insurance utilization</p> <p>To describe mechanisms of health budget appropriation in the LGUs</p> <p>To describe the legislative support of local chief executives (all levels) in health</p>	<p>PHIC</p> <p>PHIC</p> <p>LGU</p> <p>LGU</p>	
3. Human resources	<p>-Remuneration of health care workers</p> <p>-Medical malpractice</p> <p>-Migration patterns of health care personnel</p> <p>-Involuntary servitude</p> <p>-Career tracking</p>	Reasons for migration of health workers due to low income, high workload and fear of malpractice	<p>To identify contemporary career issues and needs of doctors, nurses, midwives and volunteer health workers</p> <p>To determine prevalence of proportion of involuntary servitude among health care workers</p>	<p>Civil Service Commission</p> <p>DOLE</p>	
4. Quality Assurance standards	<p>Cost-efficiency of diagnostic and therapeutic management</p> <p>Health education</p> <p>Sentrong Sigla</p>	There is a need to regulate the standards for the delivery of health services to decrease morbidity and mortality and increase cost-effectiveness of health care	<p>To compare utilization of health services between Sentrong Sigla and non-Sentrong Sigla certified facilities</p> <p>To assess cost-efficiency of diagnostic and therapeutic management of top ten causes of mortality and morbidity</p>	DOH	

ANNEX G

RESEARCH PRIORITY AREAS/TOPICS – Region 12

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Healthy lifestyle concern - Substance abuse	Factors affecting substance abuse In Central Mindanao	<ul style="list-style-type: none"> - Increasing incidence of criminality attributed to drugs - Lack of Mental Health facilities and drug rehab centers in cities of Region XII 	<ul style="list-style-type: none"> - To determine the extent of substance abuse and use of illegal drugs - To document Incidence of drug-related criminality - To identify causes and factors affecting drug addiction - To profile users (PDEA, DSWD, NARCOM) 	NGO	--
2. Quality health education	Extent of Integration of health education in school curriculum in Region XII	<ul style="list-style-type: none"> - Increasing incidences of children's diseases - Improved diseases prevention among children through increased health education for school children 	<ul style="list-style-type: none"> - To determine the nature, level and extent of subject integration of health education in the Elementary/ High School/ College - To determine the teachers capability/ preparation for subject integration of health education 	DepEd CHED DOH	--
3. Healthy lifestyle concern – Environmental health risks	Impact on community health of chemical exposures in agricultural plantations in Sarangani & Cotabato provinces	<ul style="list-style-type: none"> - Rising incidence of chemical exposure – related diseases in different plantation areas, especially in major agricultural communities 	<ul style="list-style-type: none"> - To determine the nature and effect on health of communities exposed to hazardous chemicals in agricultural plantations: (types of diseases assoc. with chemical exposures, types of hazardous chemicals used that are hazardous to health, profiling of affected communities/ plantations using chemicals, safety preventive measures of communities/ plantations) 	DOH DENR DA- BAR NGO	--
4. Health policies/ Legislations	Nature of health policies and Its Implementation in the Local Government Units	<ul style="list-style-type: none"> - Improve the quality of health care delivery systems in the local governments 	<ul style="list-style-type: none"> - To determine and classify local health policies 1999-2004 of the national and local LGUs - To identify its implementation issues and recommendations for strengthening health legislations role in health development of the region 	DOH NEDA DILG	--

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
5. Local health systems	Functionality and effectiveness of local health boards in health promotion and development	- strengthen and empower local health bodies for effective regional health development and delivery systems	- To determine the funding, priority issues, collaboration mechanisms, board capacities/ needs, etc. - To determine the functionality, effectiveness, efficiency of the local health boards for health development—identify best practices of functionality	DOH DILG	--
6. Traditional health care practices/ norms	Health practices, alternative medicines and health seeking behaviors among indigenous and cultural communities in Region XII	- inadequate information for health promotion and service delivery for the indigenous communities	- To determine the health problems, health practices, alternative medicine, and health seeking behaviors of indigenous and cultural communities in the region— Teduray, Bilaan, Tboli, Maguindanao, Maranao, etc.	NCIP DOH	--
7. Public health issues - Infectious diseases a. Dengue	Dengue immunization and cure	- no vaccine/ medication cure for dengue	- To identify alternative sources of herbal/ chemical cure for dengue disease	RITM DOH	--
8. Family health and health of special populations – mother and the newborn	Factors affecting incidence of neonatal tetanus in Region XII	- high prevalence of neonatal tetanus	- To Identify perceptions and practices of mothers and hilots leading to neonatal tetanus	DOH CRMC	--

ANNEX H

RESEARCH PRIORITY AREAS/TOPICS – ARMM

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
1. Public health issues – Infectious Diseases a. Hepatitis b. Scabies c. Diarrhea d. Water-borne diseases e. Food poisoning f. Dengue	Prevalence, causes, practices and management of infectious diseases in the ARMM	<ul style="list-style-type: none"> - inadequate program management and delivery of basic health services - high prevalence of infectious diseases in the region - enhance the knowledge, attitudes and practice of disease management among vulnerable groups - improve the capacity of health service providers in the management of infectious diseases 	<ul style="list-style-type: none"> - To determine the prevalence of infectious diseases in the region - To determine the knowledge, attitudes, practice (KAPs) among vulnerable groups to infectious diseases - To assess the capacity of health service providers in the management of infectious diseases 	DOH LGUs DILG DepEd DOST	--
2. Family health and health of special populations - Violence Against Women and Children (VAWC)	Prevalence, degree of occurrence and effects, and advocacy situation on VAWC in the ARMM	<ul style="list-style-type: none"> - low level of awareness and knowledge of personal, maternal, and child care - need for advocacy through multimedia on RA 9262 - need to strengthen interfaith collaboration - need to intensify implementation of RA 9262 and CMPL - develop IEC materials on VAWC that are gender responsive and culture sensitive 	<ul style="list-style-type: none"> - To conduct situational analysis of programs/services/ interventions on the prevention/ elimination of VAWC in the region - To determine prevalence, types, degree of occurrence, effects of VAWC - To determine the extent and problems of implementation of RA 9262 - To determine the implications of RA 9262 vis-à-vis Code of Muslim Personal Laws (CMPL) 	CHED DSWD RCBW (Regional Commission on Bangsa-moro Women) DILG PNP CHR DepEd	--
3. Family health and health of special populations - Internally Displaced Persons (IDPs)	Health needs and access to health care services of the Internally Displaced Communities in the ARMM	<ul style="list-style-type: none"> - poor access, quality, practices on health promotion among IDPs - low level of health education/ awareness and their rights - inadequate mechanisms on disaster management 	<ul style="list-style-type: none"> - To determine the health diseases/ issues/ problems affecting the internally displaced communities - To determine their access to quality health services - To determine their health and sanitation practices and problems 	DSWD DOH LGUs CFSI	--

Broad R&D Area	Specific topic	Rationale	Objective	Responsible Agency	Funding Source
4. Health policies/ Legislations	Situational analysis of advocacy and implementation of health policies/ legislations in the ARMM	- need for advocacy and lobbying for more laws/ legislations on health promotion and development	- To determine the nature and extent of implementation of the health laws in the region - To determine the problems in the implementation of health policies - To determine the health issues and concerns needing legislative aid in the regional and local levels	DOH DILG RLA LGUs	--
5. Family health and health of special populations - Indigenous Peoples	Maternal health practices and diseases and health services for the Indigenous Peoples in the ARMM	- high incidence of maternal and infant deaths among the IPs - high prevalence of health diseases among the IPs - poor access to health services among the IPs	- determine health diseases/ issues among the IPs - identify IPs health practices and health seeking behaviors especially on the mother and newborn health - identify postnatal and health practices among IPs	DOH CFSI LGUs	--

ANNEX I

RESEARCH PRIORITY AREAS/TOPICS – CARAGA

HEALTH SERVICES					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
<u>Endemic Diseases</u>					
Schistosomiasis	<ul style="list-style-type: none"> > Attitude and practice of people in schisto endemic areas > Sanitary Toilet Model for schisto – its impact in the reduction of schistosomiasis cases in ADS > Elimination of Schistosomiasis in Surigao Del Norte 	<p>Absence of baseline information/ data on attitudes and practices</p> <p>No effective sanitary toilet- type specially in flooded areas</p> <p>In 2004 there were 452 reported cases of schistosomiasis, 260 were males and 192 females, ages 15-65 y.o.</p>	<p>To formulate better/ appropriate strategy to control schisto</p> <p>To determine the extent/impact of the said model in schisto flooded endemic areas</p> <p>To conduct a study on how to eliminate the parasite</p>	<p>DOH</p> <p>DOH-PHO</p> <p>DOH, PHO, DepEd, DA</p>	<p>PCHRD/ NIH</p> <p>PCHRD/ NIH</p> <p>PCHRD/ NIH</p>
Malaria	> An evaluation on the Malaria Early Warning System in ADS	No present evaluation-study yet	To determine the sensitivity and acceptability of the specific surveillance system	DOH-PHO	PCHRD/ NIH
Filaria	> Incidence of Filariasis in Caraga region	Post assessment of mass treatment	To determine the impact of mass treatment program in the reduction of filarial cases	DOH- Stakeholders	--
Dengue	<ul style="list-style-type: none"> > Tawa-Tawa Plant as an alternative approach in managing dengue confirmed cases > * Ecology vectors relative to existing environmental condition > * Assessment in the efficacy of preventive measures applied 	Testimonial study	To distinguish the beneficial health effect of the plant among dengue confirmed cases	DOH / LGUs	RITM Global Fund

HEALTH SERVICES					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
<u>Endemic Diseases</u>					
Parasites	> Baseline survey of Fasciolae and other parasites emerging disease in Caraga	No evidenced-based data to establish endemic mapping and lack of diagnostic capability	Investigate Fasciolae incidence in Caraga	DOH – PHO, A DN	--
	> Prevalence of soil transmitted Helminthiasis among school children	No baseline data	STH burden among school children		
<u>Maternal and Child Health</u>					
Dental	> Prevalence survey of dental carries among pre-school and pregnant women	No baseline data	Establish baseline data	LGU DOH	--
	> * Effectiveness of rolling dental clinic in preventing dental carries among pregnant women	Impact in the prevention of dental carries	Determine the impact of rolling dental clinic in the prevention of dental carries among APs	LGU	

HEALTH SERVICES					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
<u>Maternal and Child Health</u>					
* Contraceptive Self-Reliance Plus (AO 158)	> LEAD for health project implementation in the pilot areas in Caraga region	Empowering LGU toward self-reliance in securing their own contraceptive supply lies in the effective interplay of local initiative and organization/allocation/mobilization of their limited resources vis-à-vis external support	Conduct a process documentation on the implementation, monitoring and evaluation of the LEAD for health project in the pilot areas in Caraga region	LGUs	DOH LEAD for Health
Family Planning contraceptives	> Private sector participation in the implementation of CSR+	Public service delivery of family planning needs complementation in the private sector. It would be worthwhile to explore the viability of expanding FP service delivery in the private sector	Determine the existing levels of readiness or absorptive capacity concerning the expansion of FP service delivery in the private sector, particularly among 3 sub-sectors namely: <ul style="list-style-type: none"> ➤ Private practice doctors and nurses ➤ Industries/workplace ➤ Clinics/pharmacies/private distributors 	POPCOM 13	USAID or AUSAID
* Malnutrition	> Nutritional status of pre-schoolers and school children 1995-2005	Identification of number of cases by type and location	To determine the extent of malnutrition in the region	POPCOM 13	USAID
Cancer	>Fiber rich foods / vegetable consumption study among Caraganons	Cancer is the fourth leading cause of mortality especially among women	To determine the consumption of fiber rich foods/vegetables among Caraganons Establish data on food-related causes of cancer	DOH and Other Stakeholders	DOH PCHRD NIH

HEALTH SERVICES					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
<i>Hospital Services</i>					
Public Health Component	>* Baseline data on the incidence of different cancers in Caraga > Quality of public health services among government hospitals > Perception of Caraganons towards govt. hospital vs. private hospitals	Identification of the number of cases by type and location Govt. hospitals must deliver public health service There's no efficient referral mechanism and utilization of care and services	To determine the extent of cancer related diseases in the region To determine/identify extent of hospitals implementing quality public health service component in Caraga Assess strong and weak areas in both govt. and private hospitals	DOH and Private Hosp.	DOH and LGU
OTHER PRIORITY TOPICS <i>(Based on Key Informant Interview, FGD and Round Table Discussions)</i>					
ALTERDEV (NGO) – Based at Butuan City					
Violence Against Women and Their Children	Factors affecting the high risk and incidence of rape / sexual harassment/assault	No reports No baseline data / information	To establish baseline information	LGU NGOs DOH	--
<i>Video Games/ Computer technology</i>	Effects of computer games in the school performance of students Study on emotional health risk/effect among the family members, with member working abroad	Health risk of radiation obtained from computers among users			

Loving Presence Foundation – Based at Bislig City (Surigao del Sur)					
Primary ear care and hearing health care	Hearing impairment	Although sensory (hearing & sight) impairment is not or not directly immediate/life threatening, it interferes with the quality of life. It has negative impacts in communication abilities, socio-economic status, learning skills; cognitive & psychosocial functions	<ul style="list-style-type: none"> > To Identify updated risk factors, consequences, and its preventive aspects > To create appropriate referral system > To identify suitable projects and community awareness mechanism 	DOH, DepEd, Loving Presence Foundation	LGU, Christian Blind Mission (CBM), DOH
Violence Against Children	Effect of child battery to the learning capacity of Pupils	Emergence of many “special children” in Special Schools	To determine the effects of child battery to the learning ability of pupils	DOH Dep Ed	PCHRD/ External
NEDA – Regional Office Caraga					
Public Health Service Delivery	Referral system Budgetary considerations	Effect of devolution on public health services delivery system	To determine the effect of devolution on public health services delivery in the region.	DOH and private hospitals	DOH & LGU
Pollution –caused diseases (Areas along Cabadbaran Fruits, Pacific Cement and Mercury/ heavy metals contamination of Agusan River)	Incidence of morbidity and mortality	Identification of the number of cases by type and location	To determine the extent of pollution caused diseases in the region	DOH and EMB	DOH & EMB
Water- Borne Diseases	Incidence of morbidity and mortality	Identification of the number of cases by type and location	To determine the extent of water – borne diseases in the region	DOH & EMB	
Violence Against Women and Children/Among Adolescents	Factors affecting the incidence in the region	No reports / baseline data	To determine some factors predisposing VAWC	LGU and DOH	LGU and DOH
Occupational Hazards	Effects of mining to health conditions people living around it			DOH & EMB	DOH & EMB
Reproductive Health	Degree or baseline data in the incidence of reproductive cancers and other reproductive tract infections among women			DOH LGUs NGOs	CPC VI MSH - LEAD

EDCADS Inc. (NGO)- Butuan City Based					
Barangay – based Advocacy and Education (BABAE) Team development and strengthening VAWC	> Community-based monitoring (CBM) > Monthly inflow and outflow of information > Functional	The BABAE teams are responsible in the education, information, communication and advocacy activities of the community. Given the limited period of intervention and resources, these newly formed committees have been underutilized and potentials underestimated. This component seek to develop and ensure the functionality of the community information system (CIS)	To set-up and sustained community driven and community- led information, communication and health advocacy mechanism	BABAE teams, LGU, DOH	LGU and DOH
St. Paul University – Based at Surigao City					
Common Schools Ailments	Respiratory Tract Infections among students and high prevalence of hypertension among the faculty	Some would just take these for granted thus worsening the situation. It is then proposed to have a study more on this.	> Expose detrimental effects of these diseases ➤ Determine measures in managing these conditions thus ensuring good health	Dep Ed DOH	PCHRD NIH
Provincial Health Office of Agusan del Norte					
Leprosy	> Treatment Compliant of Leprosy Patient on MDT	The activity will determine factors affecting patients under MDT treatment	To establish compliance factors that will improve treatment strategies for MDT patients	LGU DOH	Global Fund
Northern Mindanao State Institute for Science and Technology – Butuan City					
IKS on health related matters Environment	> Survey of IKS (health) in rural areas > Assessment of IKS applicability to community. Environmental risks of industrial gaseous emissions		Establish realistic / reliable IKS data Effect/impact of agricultural and industrial chemicals to workers	LGU DOH NGO DENR – EMB DOLE	--

Tribal Chieftains / Leaders of Lawan-Lawan, Las Nieves, Agusan del Norte					
Health Insurance Program	> Perceptions Among Tribal Communities Concerning Health Insurance /Health Care Financing	No existing HCF/ Insurance Program among Tribal Groups	Determine the Perceptions of Tribal Group on HCF/Insurance	PHIC DOH NCIP	PCHRD NCIP DOH
Traditional Medicine	Alternative medicine in the Treatment of Common Illnesses Using Indigenous materials/resources	Far flung area with abundant herbal plants	Establish scientific evidence of indigenous herbs growing in tribal communities for common illnesses		
Common Illnesses	A study on the Common Illnesses among Tribal Communities	No baseline data Hard to reach area	Identify common illnesses among tribal people		

HEALTH CARE FINANCING					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
Health Care Insurance	> Market research: Development of user's fee standardization	No standard user's fee at present	To establish standard user's fee for health services	PHIC DOH	PCHRD NIH
	> Support value of Philhealth Reimbursements to Hospital Operations: Determinant of Quality Improvement Programs	Less budget for health services/ non-priority for budget allocation of health services	To identify hindering factors in budget allocation among LGUs	PHIC LGU / Hosp	
	> Profile of Utilization of PCF by enrolled PHIC Members				
	> Factors Affecting the Non-Sustainability of CBHCF Initiatives				
	> Perceptions Among Tribal Communities Concerning Health Insurance /Health Care Financing	Non-enrolment to PHIC No existing HCF/ Insurance Program among Tribal Groups	To determine the perceptions of Tribal Group on HCF/Insurance as basis planning	DOH LGUs	
	> Survey of Health Maintenance Organizations and their Viability in the Region			PHIC DOH NCIP	PCHRD NCIP DOH
	> Feasibility of Corporitization in Public Hospitals of Caraga				

GOOD GOVERNANCE IN HEALTH					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
LGU performance in health	<p>Local health account and factors affecting the allocation and expenditures for health</p> <p>Effectiveness of tools/systems used in monitoring and evaluation in implementing health services/programs</p> <p>Utilization of health data/information for local legislation/policy development</p> <p>Appraisal study on the functionality of health management systems including its local health bodies/committees</p> <p>Hospital services: Cash deposits prior to admission</p>	<p>Health is not considered a priority</p> <p>Poor appreciation in the deficiencies of health service delivery</p> <p>Several tools being used Not integrated –like a tool Poor utilization of M & E results</p> <p>Lack of health service related ordinances/ resolutions</p> <p>Non-functionality of some inter-local health zones (ILHZ)</p> <p>No deposit no admission/ services policy of hospital</p>	<p>To identify the perception/factors affecting budget allocation</p> <p>To identify tools on M&E (from different agencies)</p> <p>To profile existing ordinances/ resolutions and extent of implementations</p> <p>To identify functioning / non- functioning ILHZ and its aspects concerning functionality</p>	LGU DOH	PCHRD NIH
Resource mobilization in LGUs	Extent in networking and linkages Human resource development programs	LGU unable to maximize skills in the utilization partners/stakeholders	To establish and strengthen linkage and partnership To maximize human resource	LGU DOH	PCHRD NIH
Health Information System	Data banking and utilization Technology assessment	Unsystematic consolidation, banking and utilization	To establish organized data banking To determine capacity of LGU in information and communication technology	DOH LGU	
Service capability	KSA assessment on health service among officials Review of policies and procedures		To determine existing competencies of local officials on Health Service Delivery	DOH DILG	PCHRD NIH

HEALTH REGULATION					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
Pharmaco-economics	Factors affecting the preference of private physicians to drugs and medicines not included in the PNDF and PhilHealth positive list	Many underlying issues/facts concerning the non-use of medicines by private physicians that are reimbursable to PHIC	To determine the benefits and other reasons of patronizing non-reimbursable drugs	PMA, DOH, LGU, PHIC Pharmacies	PCHRD/ External
Health economics	Determinants in costing professional fees: A basis for standardization	Identify the common/existing preference among private physicians in the valuation of prof. fees	To determine the basis of physicians in quoting the professional fees		
Contraceptive Self-Reliance Plus (CSR+) /AO 158	Private sector participation in the implementation of CSR	Public service delivery of family planning (FP) needs complementation in the private sector. It would be worthwhile to explore the viability of expanding FP service delivery the private sector.	To determine the existing levels of readiness or absorptive capacity concerning the expansion of FP service delivery in the private sector	POPCOM / USAID	MSH - LEAD
Health information and management	Electronic networking and database management: health service regulation; RH; disease incidence/prevalence; lifestyle; food safety.	Inaccessibility/ non-utilization of information and data of some level	To provide fast, updated and correct information to the population To link Caraga health services to world wide web	DOH	PCHRD MSH - LEAD
	TNA on Information technology and management for health workers Baseline data on the regulation compliance and monitoring of food providers, restaurants and water refilling stations			DOH BFAD	PCHRD/ External

HEALTH REGULATION (cont'd)					
Broad R&D Area	Specific Topic	Rationale	Objective (s)	Responsible Agency	Funding Source
Garbage disposal	Study on social orientation/pre-disposition, roles and the extent of implementing rules and regulations	Malignant problem of improper disposal affecting all sectors of society	To determine the role of culture, perception and level of education in combating the problem of garbage disposal	DepEd, DOH	PCHRD/ External
Health Care Waste Mgt.	Impact of health care waste on public and the environment			DOH LGU	PCHRD/ External
Hospital regulation / Accreditation and student's affiliation	Comparison between nursing students affiliated with DOH accredited health facilities vs. non-DOH accredited facilities		To develop standards	DOH	
Food and Drugs	Baseline survey – monitoring on good practice/ compliance in food prep., processing, manufacturing	Non-compliance on good practices	To encourage proper compliance	DOH BFAD	