

Dr. Erlinda C. Palaganas
Member
Cordillera Regional Health Research and Development Consortium

Good morning everyone.

Let me give to you the presentation of the Cordillera Regional Health Research and Development Committee (CRHRDC).

Yesterday, I attended the session on policy brief. Some of the principles that we learn is to come up with a title that is “sexy”. My groupmates said maybe we can have the title “Joys of Birthing Pains: Lessons and Challenges.”

This morning, the presentation of my colleagues seem to have been 'made' already, the difference between the four presentations and our presentation is that we are basically starting. Our birthday is July 17, 2008. So we are just barely a month old.

This is the presentation of the committee and I am glad to mention that most of the committee are here with me today and I am basically the reporter.

The objective for this presentation is basically to share our experiences or our prospectives on the following: commitment and convergence towards common agenda and platform; fostering an active sense of community; sustainability of cooperation and outputs of the community or networks. But since as I have said we are just an infant, then we can just give you insights and prospectives as to how we have started our group.

The CRHRDC suffered several setbacks, but of course, not without gains. What are these some setbacks? Way back in 2005 we were already part of Region I, part of the zonal group. But just like the constraints that was mentioned by our colleagues, we also suffer constraints. What happened was we became a dying group. That dying group was slowly revived and resuscitated and its first CPR from the 2005 membership started in July 10, 2007 with no other than the PCHRD, DOST and the PNHRD which revived us and do the first CPR.

But I guess the first CPR in July 10 was not strong enough, there were several CPRs that came between July 10, 2007 and July 17, 2008. We see July 17, 2008 as our birth or rebirth, from 8:30 to 9:00pm, when we finally came up with a document that welcomes us to this group.

The resuscitating team are here with us, from DOST CAR, DOH CAR, CHED CAR, Baguio General Hospital and Medical Center, Saint Louis University, University of Baguio, University of the Cordilleras, BSU, UP Baguio and the Filipino-Chinese General Hospital. This was the resuscitating team that make up the Cordillera Health Research and Development Committee.

During that long hour of birthing, we came up with a regional vision which is derived from the DOH-CAR: healthy and economically productive individuals and families with universal access to quality health care services in the Cordillera Region.

We also crafted our vision which is a responsive, dynamic and ethically responsible health research community ensuring/espousing a participatory and empowering research process.

CRHRDC's mission is to provide, promote and sustain an enabling health research and development framework toward evidence-informed health and health related policies and action working for the attainment of regional and national goals.

We came up with Strategic Goals, these are:

1. To develop a regional research system that contributes to equitable health development.
2. To advance knowledge that underpins health and equitable, quality health care.
3. To evaluate, monitor and sustain the health research activities in the region.
4. To institute mechanism for the expansion of membership of the committee.
5. To generate and mobilize resources for the regional health research system.
6. To establish/strengthen linkages/network with other research consortia to attain regional and national health goals.

We all agreed that the context of research agenda is that the Cordillera Administrative Region is a rich region in a rich country but with poor people. We have rich natural resources, forest resources, water resources, agricultural lands, mineral resources but we are hindered with physical inaccessibility which remains to be a concern in CAR. The Cordillera is a problem of geography, wherein you have no roads, no roads means no health services. Whenever there are roads, these are difficult roads, when you have difficult roads these means difficulty in accessing health services.

The explicit intertwining of the issues on infrastructure and health is what makes health and development work in the Cordillera Administrative Region a continuing challenge. It has been said that the hierarchy of needs should always be the starting point of all programs, which will aim to target needs of a higher level. This will always be the case in CAR and, for sure, in similar provinces in the country where health seems to be an abstract in the minds of its people.

Our framework for health research agenda setting states that the critical success factors, through which research should be valued, promoted and assessed against one's own research reform agenda, are those which: involve collaboration in the design, management, evaluation and dissemination phase of the research that is context based; result in changes in policy, service delivery and people's behaviour; include a focus on communicating research findings in cross-cultural and non-academic contexts; strengthen indigenous people/people of the of the Cordilleras' research capacity; encourage multi-disciplinary and cross-cultural skills and perspectives; and seek to address problems through evaluation of health interventions and practices, rather than further demonstrating the nature and scale of problems.

These are translated under five themes:

1. Collaboration as a central process
2. Managing the research
3. Issues of transfer
4. Skills and knowledge exchange

5. Research application

During that labor time also, we identified the role of research. Research provides the solid foundation that forms the basis for sound public health policies, creation of supportive environments and the strengthening of community action. In order for research to play such a pro-active role, it must be designed and implemented with the above-described Cordilleran context in mind. Areas for research must be prioritized and focused according to the concrete needs of the Cordillera people. Research must involve the Cordillerans not only as subjects but as shapers and direction-setters. Finally, research must result in concrete changes and actions which lead to a better life and health status for the Cordillera people.

We have created committees to further respond to the health needs of the Cordillerans through research. These Working Committees are:

1. Research Management Subcommittee
 - To develop/update a coordinated and responsive agenda to promote innovation in health and health service delivery
2. Ethics Subcommittee
 - To ensure adherence to quality and ethical standards in health research
 - To create a clearing house for quality health research
3. Capacity Building Subcommittee
 - To develop and nurture a pool of experts with the capacity to conduct multidisciplinary research, communicating and utilizing its findings
4. Research Utilization Subcommittee
 - To promote awareness and appreciation of research
 - To advocate the integration of research-based knowledge into the health care system policies and actions
 - To create institutional/regional user-friendly research database systems.

These Committees will further look and work together towards such challenges which I cannot respond today because as I have said we are just starting. The challenge is how to foster an active sense of community among the members, sustainability of cooperation will be an issue, as well as output of the community or network. It will always be a continuing challenge for us to improve our capability as we are starting.

Earlier, one of our colleagues asked, are we a hare or a turtle? My colleagues who came over answered “We are a sleeping dragon”.

Thank you very much.

#