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Thank you very much, Dr. Acuin.

Phil members of the Panel, our Keynote Speakers, participants from all the other regions. Thank you very much for giving me this opportunity to share with you what we have experienced in Region 11.

We're almost 19 years old, that's a long way to go. And for the past 19 years or so we've been a turtle and hare both crawling and hopping. Maybe we've lost a lot of grounds but I think we're still on track. And yesterday I attended a session with Dr. Galvez-Tan and he asked me: "Warly why are you here?" I said I would like to reconnect, and I think the PNHRs is a good way of making ourselves get reconnected. And come to think of it the theme of convergence, all along we have been really converging in the region.

What we really need more is convergence in a manner that is collaborative, participative, and maybe sharing of expertise and resources. So, let me share with you our experience from Region 11 from Mindanao.

Region 11, has been blessed for a lot of reasons. We are not visited by typhoons but we have a lot of potential area for research especially in environment, in plantations; we have one of the biggest, if not the biggest, banana plantations in the Philippines. We supply the world with most bananas, and in fact one of the research that we have approved recently was the effect of some of the chemicals that are being used in the banana plantation on women, and we have approved that because I think it is relevant. And when we mentioned that with some of our members in the corporate group he said that I think we should present the result of that study. So, it is really a creation of PCHRD hoping to link together institutions to facilitate health research activities attune to regional health needs.

At the start there was really already an intent for collaboration and convergence. And for a long time we were calling ourselves a committee until last two or three months ago we said, "I think we should abandon the use of committee because we are more of a consortium."

Our members are, mainly we start with institutional members but on review we found out that the strength of an institution sometimes does not belong to the institution itself but to some members of the institution. And we feel and we believe that to let such individuals go is a pity, and so we said that we should have individual membership in RHRDC.

Our mandate is straightforward: create and promote a healthy health research environment.

We are composed of five different committees, we have: the management committee;

research and development committee which is really the backbone of RHRDC; the human resource and development committee; research information and utilization committee; and the ethics and review committee.

The last committee has been not too active, but due to visitations and urging from PNHRs and Dr. Marita Reyes, we have activated it and we have reached the point that in Region 11 we intend to become the committee that will review all research proposals, the ethics committee.

These are the members of the Region 11. Our membership is not limited to so-called health institutions. We believe that health issues cut across all agencies and therefore we have invited Ateneo de Davao which is an academe, the Davao Medical School Foundation, RECORD Foundation which is a private foundation, San Pedro College, NEDA, DENR, the Davao Medical Center, the University of Immaculate Conception, POPCOM, Brokenshire College, Davao Doctors College, UP Mindanao, the Philippine Science High School, and I would like to add that the Davao City Water District would like to become a member of the group, and lately the Davao City Chamber of Commerce have shown their interest and we thought that I think we need that because one of the biggest problems we've encountered is in the field of translating the so-called researches that we have into commercialization. And in fact perhaps that could be the secret of how we can continue sustaining our activities.

Our functions are straightforward: we formulate policies on research in the area; we prioritize research areas; we improve research capabilities through workshops and training programs.

Throughout the year we have monthly trainings on research methodology, research writing, problem identification, protocol development and the like, the last one of which was on ethics.

We intend to improve dissemination and utilization of research output through our annual forum with results are presented to stakeholders. One of our concrete results of that forum is that in one area where there is a high incidents of parasitism in one municipality, the research output of one of our members became a jumping point for an ordinance that was eventually passed in the municipality.

So what have we done so far?

We have conducted researches. This year there were 11 who submitted proposals but only two were approved mainly because the papers did not meet the standards required by the technical working group. So there is not really a dearth of proposals, its just that we don't have the kind of capacity or capability to come up with research proposal that meets standards; this is one area where we think we need to strengthen ourselves.

We're conducting an inventory of researches that have been done in the area.

We continue to come up with manpower development; I will show you later on what have

we done on this part. And one of our critical areas is on organizational strengthening and networking with stakeholders. There is an inherent weakness in the design of an RHRDC; I don't know how we or you can help us strengthen that kind of structure.

In terms of manpower development we have granted scholarships through PCHRD on clinical epidemiology, biostatistics, public health epidemiology, and we've conducted workshops; but lately we have a dearth of applicants for postgraduate studies. We have not been able to attract a pool of individuals who would go and follow or provide the next step, and we are quite worried about that.

I think I was just joking yesterday with Jimmy Galvez-Tan when he said that we are underpaying ourselves; but I think PCHRD's budget is really—i don't know if its underpaid or undervalued *o wala talagang budget* (or no budget at all). Although I heard the budget is much, much better now; we are given PhP500,000.00 annual budget for each region. And in terms of absorptive—*yung binibigay sa aming pera* (the money given to us)—quite a certain amount has not been really spent specially in the production of research paper mainly because we are not able to get quality proposals. So that's one area, I think, where perhaps PNHRs can help us.

These are some of the issues and concerns that we have identified as a committee or even as a consortium: the provision of a full-time staff or a part-time staff greatly affects the performance of a group, and because there is no full-time staff we have changes in our secretary because of changes of assignments of the members in the institution.

We have problems with commitment and priorities of which a member, and of course there is an organizational system weakness which is quite inherent. So some of the issues are on synergy, coordination expertise corresponds, and I guess you can provide the answer.

Thank you very much!

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