Essential National Health Research in the Philippines:

The First Five Years

1991 — 1996

Council on Health Research for Development
(COHRED)

Essential National Health Research in the Philippines: The First Five Years (1991-1996)

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F O R E W O R D

The health leadership in the Philippines had the foresight to be counted among the first few prime movers of the Essential National Health Research (ENHR) strategy to make research and its results more responsive to the needs of the policy-makers — for sound, scientific data to guide decision-making — and of the constituent communities — for better and more equitable health care.

Equity is the key to Health for All. To the extent that access to health services remains unduly biased against the disadvantaged and the vulnerable segments of the population, we cannot hold fast to our professional belief that all individuals have a fundamental right to health.

ENHR provides the focus and the mechanism for guiding health decisions and actions, even as it seeks to involve a broad base of stakeholders and partners in the process of finding and implementing solutions to health problems. In the Philippines, it has been continually evolving as a strong public-private partnership where the Department of Health holds the conductor's baton, but where it is the various networks of public and private researchers and research institutions, NGOs, and the local governments and their constituents who make the music ... and together, we will endeavour to play more beautiful music for ENHR.

On behalf of those who have contributed to making the ENHR Philippines of today, I take pride in playing a part in presenting this documentation of our five-year learning experiences.

Congratulations and more power to ENHR Philippines.

Carmencita Noriega Reodica, MD, MPH, CESO II
Secretary of Health

LIST OF ABBREVIATIONS / ACRONYMS

ARN	Asian Regional Network
CAR	Cordillera Administrative Region
CIDA	Canadian International Development Agency
COHRED	Council on Health Research for Development
CSP	Child Survival Programme
DDM	Data for Decision Making
DOH	Department of Health
ENHR	Essential National Health Research
ENHRFI	Essential National Health Research Foundation, Inc.
HAMIS	Health and Management Information System
HERDIN	Health Research and Development Information Network (Philippine database)
HRN	Health Research Network
HSR	Health Systems Research
IDRC	International Development Research Centre
LGU	Local Government Unit
LHB	Local Health Board
MFGD	Multisectoral Focus Group Discussion
NGO	Nongovernmental Organisation
NPMH	National Programme for Mental Health
PCHRD	Philippine Council for Health Research and Development
PMA	Philippine Medical Association
PNA	Philippine Nurses Association
PO	People's Organisation
PPA	Philippine Population Association
RHRDC	Regional Health Research Development Committee
RITM	Research Institute for Tropical Medicine
TFHSR	Task Force on Health Systems Research
TFHRD	Task Force on Health Research for Development
USAID	United States Agency for International Development

CHAPTER ONE — INTRODUCTION

> *ENHR is a long-term endeavour to enable a country, its researchers and its people to deal with their health problems. The enabling process has just begun, and countries must establish a mechanism and begin to apply the strategy. Inevitably when they do, they decide to tackle the immediate problems first. This is normal. Longer-term problems will be faced in due course. Give the process a chance!*[1]
>
> *Professor G. T. Castillo, 1993*

A health system that works is one that knows how to make health work as a system. Essential National Health Research (ENHR) Philippines strives to sustain the vision of committed and competent health work through essential health research.

Knowledge is the key to the understanding of a health system. And knowledge makes sense as meaningful social discourse only in the domains of cultures and communities, and then only if it is disseminated across constituencies as a condition of making social transformation possible. The meaning of health and the people who interpret it in relation to their lives form vital aspects of the system of knowing, doing and engaging in health as transformative practice.

The agenda is to forge a dynamic and vigorous health research culture that is rooted in initiatives which:

- ground health knowledge in local meanings and processes but at the same time aspire to link up with a world system of health work, espousing similar goals of fleshing out research with the dimensions of participation, solidarity, cultural interaction and multidisciplinarity;

- seek to empower constituents of health work as co-workers and co-advocates in sustaining healthy lives;

- put in place a rigourous and reflexive research system capable of addressing the most complex problems which emerge from specific conditions of diverse communities and the most cumbersome demands of policy-making at both governmental and nongovernmental levels.

We are presenting here a *system* of:

- research
- policy-making
- popular empowerment
- advocacy.

This system construes an efficient and empowering health culture as trajectile and aspirational, which could only be explored and fulfilled through a total and systematic confluence of the aforementioned components of the network. This is the ecology of health forces that ENHR Philippines is committed to maintain and nurture.

ENHR in the Philippines can justly be assessed in terms of:

- the global conditions which shaped it;
- its vision, policies and principles as well as strategies and organisational mechanisms;
- the problems and prospects of its initiatives in the arenas of advocacy; human resource development; networking; research planning, management, and implementation; research dissemination and utilisation; and resource generation;
- the relationship among major stakeholders in ENHR and its role in the Asian Research Network;
- the task of consensus-building through consultation, research prioritising, mobilising relevant groups and institutions for research implementation; and
- the possibilities offered by the future as ENHR casts a critical but creative look at gaps and hopes.

The task of Essential National Health Research in the local and global setting can only be undertaken by a community of health officials, professionals, policy-makers and workers who are fired up by the passion to create knowledge under the pressure and promise of social transformation. This work is an engagement and a struggle that will restore health as a life system by knowing and doing research.

The Global View

The Commission on Health Research for Development was formed in 1987 to seek ways of accelerating the improvement of people's health, especially in developing countries. Its specific mandate is to produce an expert evaluation of the state of health research relevant to developing countries and to make recommendations for action. The Commission is composed of 12 members, eight of whom come from developing countries. It conducted a survey of Health Research, and the findings were embodied in a report entitled "Health Research: Essential Link to Equity in Development."[2] This report was released at the Karolinska Nobel Conference in February 1990, and indicated that there is a gross discrepancy between the burden of illness in the world and investment in health research focused on industrialised countries.

The Commission concluded that research is an essential but often neglected link between human aspiration and action, and that there are many ways in which research can be applied to improve human health. Research to support informed and intelligent decision-making for health action is of highest priority, and good health is a driving force for development based on equity and social justice.

The focus of health research should be national, and each country — no matter how poor — should have a health research base which will enable it to understand its own problems and enhance the impact of limited resources. The process of setting priorities for national health research must be inclusive. It should involve scientists, decision-makers and representatives of the people as equal partners. The national research agenda should serve as a starting point for global research efforts. The Commission called this concept **Essential National Health Research** (ENHR).

The 43rd World Health Assembly in May 1990 acknowledged the importance of research and endorsed ENHR as an integral part of the national strategies for the achievement of "Health for All by the Year 2000". ENHR was conceived to correct the problems brought about by the compartmentalisation of research, policy formulation and programme implementation in health.

The Task Force on Health Research for Development was formed in late 1990 to implement the Commission's recommendations and promote the ENHR Strategy, specifically:

- Operationalising ENHR
- Supporting pilot activities at country level.

The main activity of the Task Force is to organise consultations with various developing countries and assist in the development of ENHR-related programmes.

Steps in the carrying out the ENHR strategy follow the following sequence:

- Formulation of a working group to promote the strategy and assess its national applicability;

- Holding of a two- to four-day workshop involving representatives of the three constituencies, namely, policy- and decision-makers, researchers and the community, to consider the value and feasibility of ENHR;

- Institutionalisation of the ENHR process and the formulation of the ENHR plan;

- Networking with other countries carrying out their own ENHR process;

- National acceptance of the ENHR plan and the organisation of its implementation and financing;

- Implementation, monitoring and evaluation of the ENHR plan and the continuation of the process.

In November 1990, an International Conference on ENHR was held in Pattaya, Thailand. Here, the participants identified seven elements for ENHR implementation:

- Promotion and Advocacy
- ENHR Mechanism
- Priority-Setting
- Capacity-Building and Strengthening
- Networking
- Financing
- Evaluation.

At the end of its mandate, the Task Force, as well as the countries which were actively involved in implementing the strategy, assessed progress and recommended the continuation of ENHR. At this juncture, the Second International Conference on Health Research for Development was held in Geneva, Switzerland, on March 8 and 9, 1993. The recommendation of the Task Force and the countries implementing the strategy was endorsed by 88 participants from 40 countries, agencies and organisations. This strong endorsement led a group of individuals from ten countries and three

agencies to establish the Council on Health Research for Development (COHRED) — a long-term mechanism to pursue the implementation of ENHR and the other recommendations of the Commission.

The COHRED was formally established as a nongovernmental organisation on March 10, 1993. It consists of member countries, agencies, organisations and a Board of 18 individuals. A majority of the board members are from developing countries.

Its goal is to assist countries to achieve better health and quality of life for all. It serves as a means by which countries, agencies and organisations (governmental or nongovernmental) can work together to promote, facilitate and support ENHR, and to address health issues of international priority and those requiring joint actions. It can provide "seed" funding and technical assistance for the planning and organisation of a country's ENHR initiative.

The Beginnings of ENHR in the Philippines

Former Secretary of Health, Dr. Alfredo R.A. Bengzon, once diagnosed the health research situation in the country in 1990 as being "in an epileptic state — uncoordinated, chaotic, non-purposive and exhausting." He noted at that time that there were at least 56 public and private institutions, comprising close to 1,000 highly trained scientists, engaged in health research. From 1980 to 1990, there were 894 research projects undertaken by these various health researchers. However, these included only those researches supported by the Philippine Council for Health Research and Development (PCHRD) and in-house studies conducted in large government hospitals and research institutions in Metro Manila. The latter constituted only a small subset of the universe of national research efforts.

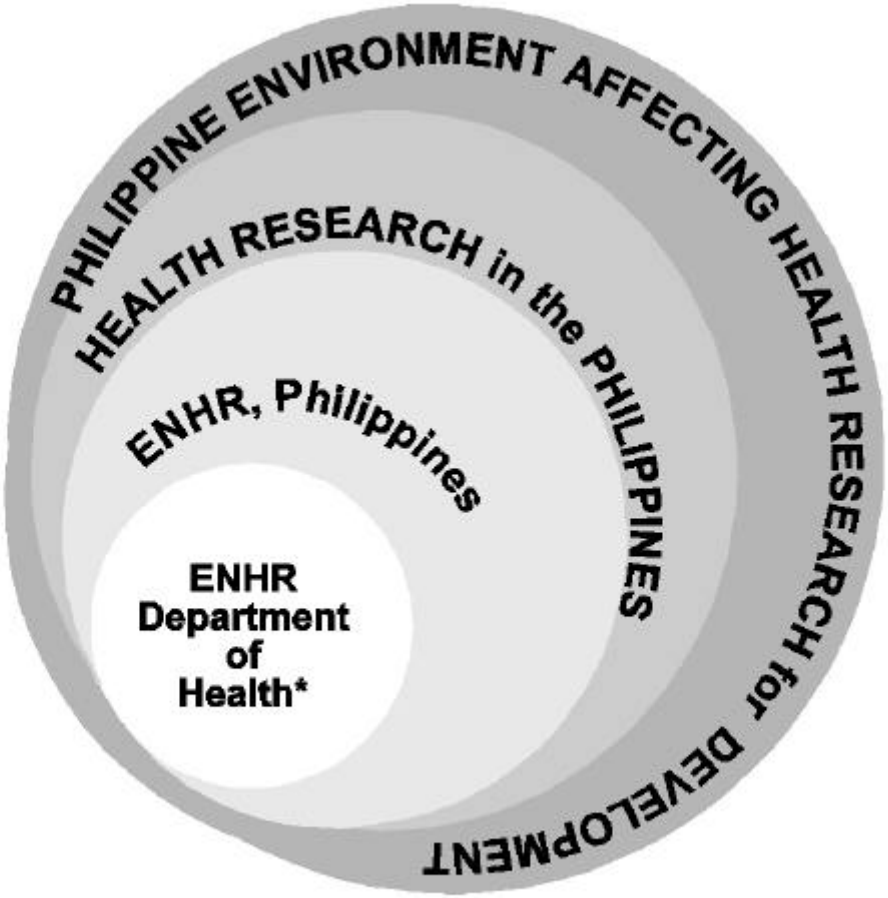
The majority of researches conducted by the Department of Health (DOH) were clinical or epidemiological in nature (75%). Very few studies were geared towards operations (15%) or impact assessments (5%). Others were on consumer utilisation (4%), while none was conducted on health care financing.

Both public and private sectors spent large amounts of money on numerous research projects, but the findings were seldom published or used for policy-making or health operations. Thus, it was clear to all that there was a need for a well-thought-out research policy and an agenda for setting priorities, coordinating efforts and raising the level of research output. All of these functions form the core of the strategy which is ENHR.

When the call for ENHR was formally made by the Commission on Health Research for Development at the 15th Nobel Conference in Stockholm in February 1990, the Department of Health (DOH) of the Philippines, through Dr. Bengzon, made a public commitment to promote and undertake ENHR in the country. He envisioned ENHR as a powerful tool for improving health policy and health service delivery. Immediately upon his return to the country, he formed an *ad hoc* Committee to plan the implementation of ENHR at the DOH.

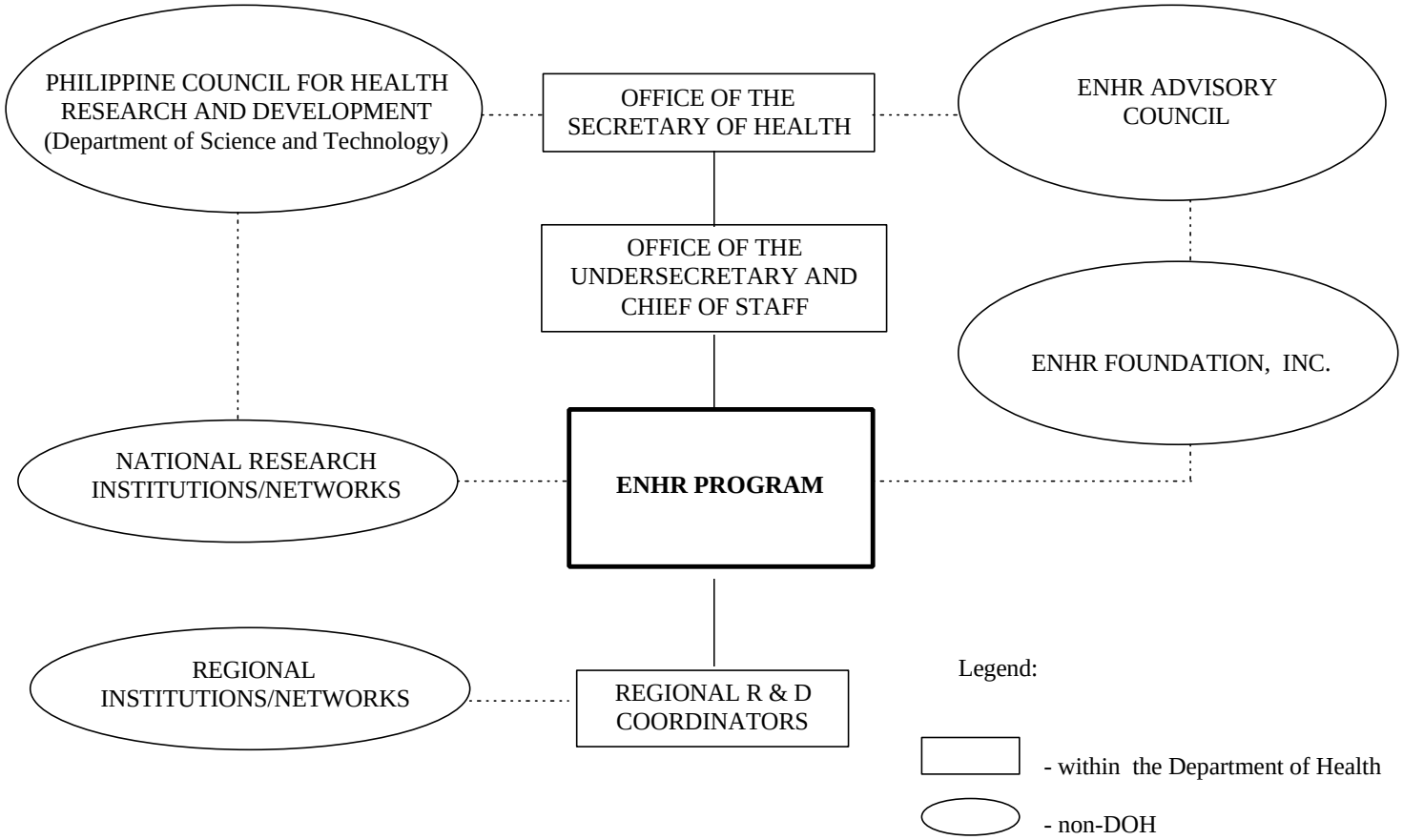
This monograph reviews the first five years of the ENHR Programme in the Philippines, its strategies and processes, its accomplishments and constraints as well as its directions for the future. The environmental context in which the Programme operates is shown in **Figure Chapter** One — -1. The primary focus of this review is on the inner circle: the ENHR Programme as it was born and developed in the Department of Health.

Figure Chapter One — -1 The Context of ENHR, Philippines



* The primary focus of this monograph

Figure Chapter One — -2 Key Working Relationships in ENHR, Philippines



CHAPTER TWO — ENHR PHILIPPINES: AN OVERVIEW

> *ENHR is opening the traditional boxes or compartments of our health system and allowing its different components to interact to produce a more dynamic, evolving whole that works for the people through the people.*
>
> *Dr. J. Z. Galvez Tan, 1994*

In its five years of existence, the Philippine ENHR Programme[3] has undergone several transitions. The first two years involved the first steps towards putting the ENHR Programme into operation. The next three years paved the way for achieving major breakthroughs and accomplishments. This chapter describes the processes and events leading to what ENHR Philippines is today.

To develop the ENHR programme, a consultative meeting was held on February 8-9, 1991. The output was the ENHR programme concept[4], as outlined in **Box Chapter** Two — -1. On April 8, 1991, the ENHR Unit was established in the Department of Health under the Office of the Secretary of Health. Two administrative issuances established the mandate for the said unit, namely: Department Order No. 107-B, series of 1991 and Administrative Order No. 104-A, series of 1991[5].

Research Agenda Formulation

In the formulating its national health research agenda, ENHR Philippines followed an iterative process of consultations and workshops in order to effect a broad-based participation and interaction of researchers, policy-makers, health service providers and the people.

The first stage of the consultation was conducted mainly among researchers, health policy-makers and health care providers. Five *ad hoc* committees were formed in each of the five main areas of responsibility of the Department of Health — Health Sector Organisation, Disease Control and Public Health, Personal Health Care, Health Care Financing and Health Product Development. Members of these committees were selected from various disciplines (clinical, biomedical, social sciences) — from both the public and private sectors and institutions.

The activities of the five consultative groups involved:

- Collation, review and evaluation of past and present studies relevant to the specific area of responsibility which would be contained in a "state-of-the-art" document;
- Developing criteria for prioritising research needs;

Box Chapter Two — -1 The ENHR Programme in the Philippines

Vision
The Philippines is one with the global community in the movement towards equity in development through health research. *Through a directed and organised application of the scientific process in dealing with the country's health problems and in strengthening health action, we envision the improvement of the health status of the greater majority of Filipinos and the equitable distribution of health services and benefits.*
Mission
The programme aims to create and sustain an environment conducive to research and a scientific culture within the health sector which will generate critical inputs for improving problem definition, policy formulation, operations efficiency and effectiveness in the health sector, given the limited resources.
Mandate
To direct, coordinate, support and sustain health research in the country in order to promote a scientific and data-based culture, especially in the health sector. *(see next page for continuation of Box 2-1)*

Box Chapter Two — -2 Objectives and Operational Strategies

Objectives
1. To reinforce research consciousness among policy-makers, programme implementors, health providers, professionals and the public; 2. To define priority health issues which research can address; 3. To establish and operate a mechanism which generates a dynamic research agenda responsive to the health needs of the Filipino people; 4. To develop technical and managerial competence for research to pursue a Philippine agenda; 5. To strengthen the capacity of local institutions to enhance and sustain productivity of researchers and research managers; 6. To generate nationally relevant as well as area- and/or culture-responsive research; 7. To ensure that research results inform policy formulation and programme development and implementation and 8. To maximise the impact of research in improved health sector operations and community action.
Operational Strategies
1. Advocacy and Promotion 2. Human Resource Development 3. Information Resource Development 4. Institutional Capability Building 5. Networking 6. Utilisation of Research Results 7. Resource Generation 8. Research Programme Management *(see next page for continuation of Box 2-2)*

Box Chapter Two — -3 Guiding Principles/Policies

GUIDING PRINCIPLES/POLICIES

1. The DOH shall play the lead role in ENHR.

2. The ENHR Programme shall build up, support, coordinate and sustain health research activities as an input to the National Health Plan and health programmes.

3. The DOH shall coordinate with the PCHRD, the academia, other government agencies and the private sector.

4. The ENHR agenda shall be dynamic. It shall be reviewed periodically through a broad-based participatory process involving both the doers and users of research.

5. The ENHR programme shall promote the decentralisation of research activities within a national framework of organisation and management.

6. The ENHR programme shall encourage initiative and creativity in solving problems through research.

7. Multidisciplinary group research and networking shall be the principal strategies of the programme.

8. ENHR shall promote active involvement of policy-makers, health care providers and the community in the conceptualisation, planning and implementation of research projects.

- Conduct of interviews, meetings, workshops involving different sectors, agencies, disciplines and end-users;

- Identification of research gaps; and

- Preparation of a working paper on research priorities which would cover a Five-Year Research Programme and a Two-Year Research Plan.

After seven months of various brainstorming activities, the committees formulated a five-year research agenda.

Since ENHR believes that, aside from these actors in the research efforts and activities in the country, the community represented by the Filipino common people is a vital sector in the determination of country-specific research priorities, a two-stage "*People's Consultation*" was held to capture the perceptions and health needs of the ultimate beneficiaries of health services. Level I consisted of a two-day consultative workshop with nongovernmental organisations (NGOs) and People's Organisations (POs). A "People's Health Research Agenda" evolved from this workshop. The second level of the People's Consultation involved multisectoral focus group discussions (MFGDs) at seven selected regions within the country — Cordillera Administrative Region (CAR), Central Luzon Region (Region III), Bicol Region (Region V), Western Visayas Region (Region VI), Central Visayas Region (Region VII), North-eastern Mindanao Region (Region X), and Central Mindanao Region (XII). The crux of this activity was to elicit the perceptions of the beneficiaries as to what their health needs are and the kind of health-seeking behaviour they utilise to address their health needs. Findings of the MFGDs were summarised according to three broad categories, i.e. health problems, problems in health services and health-seeking behaviour.

A national conference was held on April 24-25, 1992 at the Research Institute for Tropical Medicine (RITM) Training Centre to develop a national health research agenda that integrates the results of the previous consultations and is responsive to the health needs of the Filipino people. Since most of the results of the second stage (People's Consultation) validated that of the first stage and there were no substantial dissenting opinions regarding the agenda presented by the *ad hoc* committees, the process of its consolidation was facilitated. Outputs of the People's Consultation were used to identify additional research needs. Other activities during this conference included the presentation of ENHR global and national activities, and the prioritisation of the ENHR Research Agenda for 1992-1997.

After the national conference, another multidisciplinary core group was tasked with refining the ENHR Research Agenda. Regular meetings and consultations with the ENHR Steering Committee, Advisory Council and regional representatives were also arranged.

These efforts paid off. The Task Force on Health Research for Development contributed US $44,800 as a seed fund for establishing the Philippine ENHR Programme between July 1991 and January 1992. This became the prime source for the initial operations of the ENHR Unit in the DOH.

ENHR Programme Transitions

The passage of the Local Government Code in 1992 resulted in the devolution of health services to the local government units. DOH assumed its new role as "SERVICER OF SERVICERS." Because *research and development* was identified as one of the new main functions of the DOH, full support was given to the ENHR Unit.

In September 1992, the ENHR Unit was reorganised under the Office of the Chief of Staff and the Under-Secretary of Health. The reorganised ENHR Unit included the Chief of Staff as its Programme Manager; a secretariat to support the ENHR Unit for research programme management and monitoring, networking, and dissemination and utilisation of research results; an executive/steering committee of scientists from academic and research institutions; and health officials from the DOH to assist the Programme Manager in implementing the ENHR programme.

The Steering Committee, with the support of the secretariat, had the responsibility for institutional capability building, planning and reviewing research agenda, and evaluating research activities. A multisectoral, multidisciplinary 18-member Advisory Council assisted the Secretary of Health in setting directions and policies for ENHR, and in allocating funds to the different research areas. The Advisory Council, the Steering Committee and the Programme Manager were responsible for advocacy and promotion, resource generation and management.

In August 1994, the ENHR programme functioned as an *ad hoc* service with a Director serving as its new head. Consequently, there was an upsurge in the work force. Major activities of the programme strategies were undertaken, especially in advocacy and promotion as well as approval and funding of research projects.

On account of the exigencies of the public service, particularly in the DOH, a new Programme Manager took the helm in January 1996. Some staff who were detailed to the ENHR Programme were also recalled by their mother units but, with a substantially larger DOH budget for the Programme, the implementation of ENHR activities has been sustained.

The ENHR Foundation, Inc. was created first as a funding conduit, but it has been activated to perform more functions especially, since the abolition of the Steering Committee. The Committee had been the representative of the private sector researchers in ENHR. However, this became incompatible with the creation of a service within the bureaucratic structure, whereupon the ENHR Foundation was recognised as one which could serve this purpose in addition to providing some expertise needed by the Programme.

ENHR Philippines Today

After five years of promoting the ENHR strategies in the Philippines, the Programme has accomplished the following:

- clarified programme policy, direction and organisational structure towards greater and wider creation of a research culture in the health sector (government organisations, nongovernmental organisations, local government units, community and research institutions);

- started assessments of the current capabilities of the programme network from national to regional, and of partners in ENHR, e.g., DOH Central and Regional levels, Health Research Network (HRN) / Philippine Population Association (PPA), Philippine Council for Health Research and Development (PCHRD) (**Figure Chapter** One — -2 for key working relationships);

- started strengthening human resource development for central staff, Research and Development Coordinators at both central and regional levels, including partners in the ENHR Programme;

- revised/formulated and disseminated existing/new technical guidelines in proposal writing, technical review, project evaluation, conduct of training in research;

- firmed up mechanisms for greater participation of the regional field health units and research institutions/organisations in a) the carrying out of relevant participatory researches, b) the creation/strengthening of Regional Research Committees (Regional Research Committees in Regions VI, VII, VIII and IX are in place), and c) fund allocation for regional research activities and projects from regional funds;

- formulated bottom-up ENHR Programme plans and regional-based research agenda supportive of the priority thrusts of the DOH and responsive to specific regional health conditions;

- started analysing/synthesising completed researches for policy formulation, action for programme interventions, relevant information and data for health policy analysis and programme planning;

- produced promotional materials for the creation and sustenance of the research culture like, such as the newsletter, the executive brief, the ENHR Programme brochure, the primer and others;

- initiated and maintained a line item for the ENHR Programme in the DOH Annual Budget since 1995; and

- established mechanisms for a conscious effort to link health research with health action and policy.

As in any other organisation, the Programme has encountered several operational problems. For instance, the huge budget sourced from government coffers is not compatible with its staff size, and so there is a relatively low level of budget utilisation. Another problem is the limited authority of the Programme within the department since this is constricted by bureaucratic protocols.

To catch up with the changes and major paradigm shifts within the Department, various innovative advocacy efforts were set into motion, such as the dissemination of ENHR Programme Updates, Continuing Educational Capsules and Programme Leads. As a major response to the needs of the potential research partners within the DOH, human resource development activities were undertaken. These included running training courses tailored to the needs of the partners.

A recent SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the present ENHR Programme status in the DOH indicated the following:

A. Strengths

- a relatively higher budget from the Philippine government in 1996 which will enable it to accomplish its programme strategies;

- capable and supportive advocates and partners in the health research network;

- support from all levels of DOH management; and

- a research environment that values and practices participative, multidisciplinary and multisectoral health research.

B. Weaknesses

- a problem with the continuity of obtaining a high level of funds from the Philippine government;

- inadequate funds for institutional capability building;

- small and non-permanent staff; and

- an ENHR Unit is not yet institutionalised within the DOH.

C. Opportunities

- selection of the ENHR Philippines as COHRED's Asian Regional Network Focal Point for two years beginning this year;

- election of a new set of officers of the ENHR Foundation, Inc. and the re-focusing of its activities; and
- present re-engineering of the DOH, which will provide the opportunity for the DOH top management to constitute an organic and adequately staffed ENHR structure in the DOH.

D. Threats

- A non-permanent personnel complement who may be recalled at any time by their respective mother units, there being only a few existing permanent positions within the Programme. This happened in the early part of 1996 when 11 staff members (including the then Programme Director) were recalled by their mother unit; and
- future changes in the DOH management that might give a lower priority to the ENHR Programme.

In the main, the institutionalisation of the Programme in the Department has started. There is now better coordination and "meeting of minds" among the policy-makers and researchers as well as among the people who comprise the crux of the ENHR strategy. The greatest challenge is sustaining the interest of the government to reach out and continue to provide the appropriate environment for ENHR to flourish.

CHAPTER THREE — THE ENHR STRATEGIES

> *What is being envisaged is a radically revised strategy for health... It is a vision for the future... that had found a way to mobilise and empower its diverse human resources and institutions through improving communication and understanding; that was sensitive and adaptable to its differing cultures, customs, religions and capabilities ....*
>
> *Sir Kenneth Stuart, 1995*

The ENHR Philippines adheres to the concept and philosophy of the global ENHR movements and its strategies. But it builds its strategic options around local conditions, keeping itself open to changes as it evolves.

This chapter gives an overview of the ENHR Philippines' set of strategies. It details the objectives as these relate to the overall ENHR goals and vision. It is a critical report and analysis of what has been done so far and of some directions for the future.

Advocacy and Promotion

The first among the list of ENHR strategies is appropriately that of advocacy and promotion. Without these processes, no idea or concept can begin to take root. In this sense, ENHR has come a long way, as it is now becoming a buzz word. This can be attributed largely to the social marketing activities of an increasing cadre of health researchers and professionals who are catching the "ENHR fever" in the country. In all these endeavours, ENHR-DOH serves as the fulcrum providing direction and support. The ENHR Programme has developed into a movement kept together by a continuing and parallel set of research and research-related activities, a good number of them being advocatory and promotional in nature.

The heart and soul of ENHR are the researchers, research users, the research questions and studies. However, their work will not reach the target beneficiaries if these are not brought to their attention. ENHR in the Philippines was the initial seed that was planted; appropriate promotional activities enabled the roots to grow and entrench themselves well in the health community. Among the various research groups and bodies in the country, the ENHR Programme has probably one of the most developed and sustained advocatory and promotional activities for its products and services.

Applying social marketing principles, the products of ENHR are promoted in various forms. Completed research studies are first presented to a body of ENHR constituents during the ENHR monthly research forum, after which they are packaged into "user-friendly" executive briefs and featured in the quarterly *Tuklas Lunas* research publication.

This process ensures wider dissemination and, it is hoped, wider utilisation of the findings. For this purpose, the participation of relevant health managers in the project proposal review has also been institutionalised. In addition, selected papers on issues relevant to the

health community are made part of a manuscript series that are produced and distributed to a wider audience.

As these regular dissemination channels are maintained throughout the year, the Programme has an annual one-week celebration to catch public attention and arouse health research consciousness. This research activity-studded week includes both traditional and non-traditional ways of disseminating research findings and increasing research awareness.

Every research activity is seen as a venue for advocacy. For example, the formulation and updating of the health research agenda is always a serious effort for consensus-building, where the participation of interested individuals and agencies is generated on a wide scale.

These activities are further amplified in Chapter Five, which is devoted primarily to the advocacy activities of ENHR.

Human Resource Development

The implementation of the ENHR agenda will succeed if it matches with the existing human resource base for health research in at least four aspects: quantity, skills, topical interest and geographic area of operation. On a higher plane, we recognise, in keeping with the ENHR spirit, that we need researchers who have developed from traditional scientists into socially conscious and committed humanists. Or as Professor Gelia Castillo puts it, people who engage in research "where the heart leads and the best of science follows."

This is the ideal situation in human research capacity which ENHR wishes to approximate. Admittedly, this is a long-term dream and the goals have yet to be reached.

The present goals are more attainable and measurable. They attempt to deal with the current human resource gaps that have been identified and addressed:

- to generate a broader multidisciplinary human resource base for essential health research in the country;
- to build a science and data culture in the health system down to the service delivery level;
- to upgrade the skills of ENHR research staff.

These objectives were based on consultations and the results of a survey of health researchers and research in the country. The latter highlighted some inadequacies in the health research community, whose work has been heavily tilted towards biomedical studies and quite negligent of community-based and cross-disciplinary inquiries. Seeing the problems through the eyes of those who are affected will lead to realistic solutions and is the only way by which the roles of researchers as advocates for their welfare can be legitimised. ENHR Philippines acknowledges that the way to do this is through multidisciplinary research, which can only be done with a broad multidisciplinary research base.

Specifically identified as inadequacies in the present research pool are skills in applying theories and tools of health systems research, epidemiology, demography, biostatistics and the social sciences. ENHR has taken these observations to heart and pursued research agenda which addressed these inadequacies. This can be gleaned from an examination of researches that so far have been supported or facilitated by ENHR. Fifty-nine per cent were client-based (individual, household or community) and 31 per cent were inquiries into the realities of the supply side. From the titles of the studies, it could be surmised that they were at least interdisciplinary in framework. The ENHR needs to conduct a comprehensive assessment of these studies to get a clearer picture of the strengths and constraints of health research and researchers.

Building a critical mass of health researchers for ENHR work requires dedicated professionals who will have enough time and exposure to nurture the kind of expertise and ethos needed in health research work. ENHR Philippines is actively supporting efforts towards this end and has scored some major victories in arguing for a career service system for health scientists in the country. It is hoped that this will serve as an incentive to attract the brightest into the research profession.

Admittedly, building a science and data culture among health professionals and service providers is a long haul, and can only result from a continuing and conscious effort from many fronts. Many efforts by the ENHR Programme are directly or indirectly aimed at developing this culture, but these have not reached all levels of the targeted personnel. So far, these have been directed towards the managers and technical staff of the Department of Health (Central and Regional Offices) through training, distribution of research and executive briefs, and holding of regular research fora. In the future, the same efforts will have to be brought to the local government level; this is where the real action in health promotion occurs.

The ENHR secretariat performs a lead role in promoting ENHR work in the country, and therefore needs to be well-equipped for the task. Members of the staff have attended short-term training courses at the local and international levels in basic research, participatory action research, and research planning and management. While the secretariat was able to undertake the activities in the work plan, the returns from the training investments to the ENHR Programme have not been maximised due to the rapid turnover of ENHR staff (the latter, historically, have been "borrowed" personnel from other units of the DOH). Obviously, this has caused some discontinuities in pushing forward the ENHR agenda and work plan. There is also no long-term training plan for the staff.

Institutional Development

An important aspect of research capacity strengthening lies in the institutions where studies are conceptualised, implemented and utilised. The institutions housing the researchers should provide the proper environment and adequate institutional support so that researchers can carry out their scientific work. Administrative requirements of research implementation clash with the usual bureaucratic disbursement and accounting procedures. The job of inquiring into health conditions and linking health practices and health policy planning to health

research findings will not thrive well in an environment of red tape and institutional animosities. There is a basic understanding of these institutional requirements and, along these lines, an institutional development strategy has been identified and is being put into operation in ENHR.

The objective of institutional strengthening in ENHR in the Philippines is primarily to create sustained support for research institutions in order to improve research productivity, dissemination and utilisation. Identified weaknesses in this area include: the highly unequal level of research development and institutions in the different regions of the country; weak linkages among institutions, particularly in the following areas: between those that house the field researchers and laboratory researchers and between the doers and users of research results; inadequate equipment for data processing as well as network and communication facilities; poor library facilities in many institutions (both in document collections and facilities for electronic library networks); and lack of proper and effective venues for research dissemination.

The ENHR Programme has taken a selective stance in this strategy. The initial activities have been confined to equipping the ENHR Unit at the DOH and establishing coordinating mechanisms among various institutions and organisations involved in health research and health data collection, such as the Health Financing and Development Project, the HAMIS, the Health Research Network (HRN), the Philippine Institute for Development Studies, Health Systems Research, the Research Institute for Tropical Medicine, and the Bureau of Research and Laboratories. The ENHR Programme serves as the focal point. The same mechanism was also conceived for NGO linkages. For the latter, this coordination was partly achieved through individual membership of researchers from the said organisations participating in the ENHR Advisory Council, the ENHR Foundation and the former ENHR Steering Committee.

For the first activity, the physical set-up and the equipment acquisition of the ENHR secretariat made it possible for it to undertake the ENHR activities. The DOH information network has also established an electronic mailing system at the ENHR Unit.

On the second activity, aimed at institutional strengthening, attempts at establishing coordination among other agencies did not progress as well. For one thing, ENHR has limited personnel to oversee these activities. A re-prioritisation of activities along three tracks of institutional development may be presented as a more strategic option. These tracks are:

- self-strengthening;
- support in the development of other institutions; and
- developing workable and effective coordination mechanisms among relevant institutions where mutual strengthening activities are possible.

As regards the second point, this will help to prioritise recipient institutions by developing a set of criteria to classify research institutions, particularly in the regions. Earlier, both the HRN and ENHR had made some attempts in this regard. Closer coordination with the

Philippine Council for Health Research and Development would also contribute greatly to achieving this task.

The ENHR is also in a position to facilitate the administration of health research through policy reforms. It can work hand in hand with the Department of Science and Technology to continue to seek more flexibility in the administration of government research funds. Another area is the ethical review of research projects.

Information Resource Development

Information resource development is the third element in the research capacity strengthening triad of ENHR Philippines. The objective here is to create a mechanism to make data available to researchers and managers in a user-friendly manner and to provide for timely, accurate and relevant data collection, processing and analysis. The latter serves to fill in important gaps in the information necessary to help to solve health problems. There are two major types of information in this regard where ENHR intends to serve either as a clearing house or as a traffic node for data users. These are:

- library-type data bases like HERDIN, MEDLINE and POPLINE, and
- hard data, like survey data and administrative/service statistics.

At present, these data bases are housed in different agencies. The ENHR has started efforts to make an inventory and build a mechanism for making them more accessible to users.

The Philippines has a long history in health and health-related surveys as well as administrative data collection schemes for health. Research can go a long way towards answering some critical health issues despite the absence of new data-collection efforts. This can be done by encouraging secondary or second-stage analysis of existing data. The Philippines has a rich health data base resource (**Box Chapter** Three — -1). Some data bases, like the National Health Surveys, are repeated periodically.

Box Chapter Three — -1 Major Survey Data Bases on Health

MAJOR SURVEY DATA BASES ON HEALTH				
SURVEY TITLE	DATE	COVERAGE	SAMPLE SIZE	
National Health Survey	1978	Nationwide	15,000	Households
National Health Survey	1981	Nationwide	8,481	Households
National Health Survey	1987	Nationwide	18,500	Households
National Health Survey	1992	Nationwide	22,000	Households
National Tuberculosis Prevalence Survey	1982-1983	Nationwide		
National Demographic Survey	1968	Nationwide	8,175	EMW* 10+
National Demographic Survey	1973	Nationwide	9,142	EMW 15+
National Demographic Survey	1983	Nationwide	10,843	EMW 15-49
National Demographic Survey	1988	Nationwide	13,716	EMW 15-49
National Demographic Survey	1993	Nationwide	15,029	All women 15-49
Republic of the Philippines Fertility Survey	1978	Nationwide	9,268	EMW 15-49
National Safe Motherhood Survey	1993	Nationwide	8,481	Women 15-49 with pregnancy outcome
Young Adult Fertility and Sexuality Survey	1994	Nationwide	5,622 5,257	Females Males ages 15-24
Cebu Longitudinal Health and Nutrition Survey	1983-1993	Metro Cebu	3,000-2,648	Mother-infant pairs
National Nutrition Survey	1978	Nationwide	2,800	Households
National Nutrition Survey	1982	Nationwide	2,820	Households
National Nutrition Survey	1987	Nationwide	3,200	Households
Evaluation of Key Child Survival Activities in Metro Cebu	1988-1991	Metro Cebu		
Metro Cebu Infant Feeding Project (Nutrition)	1983-1985	Metro Cebu		
Reproductive Health and Unmet Need for Family Planning Survey	1993	Metro Manila & Nueva Ecija	780	Couples & 420 CMW** 25-44
UHNP Baseline Studies	1995	Metro Manila, Metro Cebu & Cagayan de Oro	21	Areas
UHNP KAP Survey on Health, Nutrition, and Family Planning	1995	Metro Manila, Metro Cebu & Cagayan de Oro	733	EMW 15-49
National Health, Nutrition and Population Survey: Population, Resources and Environment for the Philippine Future Project	1976	Nationwide	about 2,500	Households
National Health, Nutrition, Population and Health Services Survey: Economic and Social Impact Analysis/Women in Development Project	1979	Nationwide and Panay Island in Region VI	Variable sample sizes per project; at least 1,000 households per project	

* EMW - ever-married women

** CMW - currently married women

Moreover, a number of management issues can be addressed by proper analysis of the available administrative health statistics at the DOH alone. At present, there are at least three systems of this sort — the Field Health Service Information System (FHSIS), Field Epidemiology Training Programme data (FETP), and the Health and Management Information System (HAMIS). These data can be made available to interested parties to help inform health management at different levels. The ENHR can help in advocating their use and in facilitating this process. There have also been several attempts to promote utilisation of existing data by decision-makers, e.g., the Data for Decision Making project (See **Box Chapter** Three — -2).

Research Utilisation

In the ENHR paradigm, health research is undertaken primarily as a means to an end. It endeavours to understand the health system better — in all its aspects, at hierarchical levels, for all actors at the individual and institutional levels. The knowledge gained should subsequently inform policy, as well as day-to-day decision-making by health programme planners and managers, by health care providers, and by individuals, who are ultimately responsible for their health or their care-seeking behaviour.

Health research is an investment in health development, just as the latter is an investment in overall socio-economic development. Returns to investment in research are reckoned in terms of utilisation of the results and findings by the various end-users. Research utilisation is thus the ultimate yardstick for the success of the ENHR movement, whose declared purpose is equity and social justice. That is, research results guide decision-making towards sound health policies, efficient and effective health programmes, quality health care and equitable access to such care.

How has ENHR Philippines progressed along the path of research utilisation? The research fora, information campaigns, and ENHR publications and manuscript series are all part of a multi-pronged approach to advocacy and promotion, both for doing and for utilising health research. However, a planned and systematic effort to assess the extent of dissemination and utilisation of research findings has yet to be done. After the first five years, such an evaluation is called for and the conduct of this activity in 1997 will show whether or not the Programme is on track — and why.

To date, there have been success stories and some of them have been featured in previous publications (see Task Force on Health Research for Development, 1991). The following boxes — **Box Chapter** Three — -4**, Box Chapter** Three — -6 **and Box Chapter** Three — -8 — further exemplify successful linkages that have been forged between research on the one hand and health policy and action on the other.

Box Chapter Three — -2 Data for Decision Making Project (DDM)

The Philippine project is part of a four-country Data for Decision Making (DDM) project implemented by the United States Centers for Disease Control and Prevention through a grant from the United States Agency for International Development (USAID). The DDM project developed methods for strengthening the capacity of ministries of health in developing countries to use epidemiologic, economic, demographic and other health data in public health decision making. This strategy was tested in four countries — Bolivia, Cameroon, Mexico and the Philippines — in which decentralisation of health services had created an immediate need to strengthen the capacity of policy-makers, programme managers and health officials at sub-national levels to use information more effectively for improving public health.

The DDM project in the Philippines was initiated and implemented as one response of DOH to devolution. The pilot areas for this project were the Cordillera Administrative Region (CAR) in the northern Philippines and the Bicol Region in southern Luzon. The project has an important role in implementing devolution by (1) increasing access of local decision-makers to timely and relevant information and (2) influencing attitudes and behaviours of decision-makers by teaching local health board (LHB) members new skills, e.g., data analysis and presentation.

The project has four components:

1. identification of a set of consensus health indicators;
2. establishment of work stations called Rapid Appraisal for Priority Setting and Informed Decision-Making (RAPID) in the two pilot areas;
3. improvement of skills in communication; and
4. enhancement of management strategies.

The project was able to empower a number of participating LHBs to organise and review its mandate. Most importantly, they realised and demonstrated that data (health indicators) can be utilised for priority-setting; health problem analysis; planning and budget; resource allocation; identifying intervention strategies; evaluation of programme effectiveness and impact; advocacy and communications.

Box Chapter Three — -4 Utilisation of Research Findings on Mental Health

1. Baseline Study on Mental Disorders

One of the priorities identified in the first national ENHR agenda-setting workshop was the need for a baseline epidemiological study of mental disorders.

This was undertaken in a collaborative manner by several groups, including the National Programme for Mental Health (NPMH) of the Department of Health. The baseline study was done in the Western Visayas Region (Region VI) and yielded the following major results for adults (prevalence rates):

Anxiety	14.3%
Panic Disorder	5.6%
Depression	5.3%
Psychosis	4.3%

and the following prevalence rates for children:

Enuresis	9.3%
Speech and language disorder	3.9%
Mental subnormality	3.7%
Adaptation reaction	2.4%
Neurotic disorders	1.1%

These findings show rates higher than international figures for psychosis (4.3% vs. 1%); anxiety (14.3% vs. 5-6%); and panic disorder (5.6% vs. 2%). The depression rate is similar to those from other studies.

Among children, enuresis (9.3% vs. 1-7%) and mental subnormality (3.7% vs. 1%) rates are higher among those in Region VI.

As a consequence of these findings, the NPMH decided to undertake an intensive training of the health personnel in Region VI, starting with the municipalities that were direct respondents of the baseline survey. Thus far, 41 physicians, 38 nurses, 35 midwives and 8 other paramedical personnel have been trained. The training consisted of the identification and management of mental health problems at the primary level of care, including both psychiatric morbidities and psychosocial distress syndrome with a module on planning appropriate programmes which are achievable in their communities.

The NPMH was also able to secure funding to procure psychotropic drugs for the treatment of patients, which was previously not available in the drug procurement programme of DOH.

(see next page for continuation of Box 3-3)

Box Chapter Three — -6 Doctors to the Barrios Programme

2. Doctors to the Barrios Programme

When Secretary Flavier assumed office, one of his priorities was the deployment of physicians to doctorless areas of the country. Since the physicians were going to be sent to far-flung places quite isolated from urban civilisation and the usual life to which they had been accustomed, it was obvious that they would be under a tremendous amount of stress. To understand the situation better, an action research programme was undertaken. This consisted of psychosocial debriefing sessions on site with the first two batches of physicians, which numbered 81 doctors in 67 municipalities all over the country. Questionnaires were also administered to determine the extent of psychosocial disturbances present in the communities being served.

Results showed that the physicians were affected emotionally by critical internal issues such as their background, training, feeling of competence and commitment; and by external issues such as peace and order, cultural eccentricities, politics and local government procedures, and administrative/bureaucratic entanglements. Emotional reactions ranged from anxiety and fear, depression, disgust, shock, worry, a sense of helplessness, anger, frustration, guilt and ambivalence to challenge, excitement, enthusiasm and happiness. What was clear, however, was that they needed to have an opportunity to ventilate their feelings and reactions so that these would not interfere with their work. It was found that the psychosocial distress levels for both adults and children were almost at the same level as, if not higher than those found in other areas of the Philippines.

On the basis of these findings, the NPMH undertook several intervention activities. First, it regularly conducted debriefing of the succeeding batches of physicians sent to the barrios. Then they were trained on the detection and management of psychosocial problems and psychiatric morbidities at the primary level of care. The NPMH also gave psychotropic medications to these doctors for the treatment of psychosis, depression and anxiety.

Box Chapter Three — -8 Capacity Building on Health Systems Research (HSR)

The Task Force on Health Systems Research was formed on October 30, 1992 to advocate the use of HSR in our health services. Thus, a project proposal was submitted to the ENHR Unit whose objective was to develop the capacity of the DOH and local health services to utilise HSR as a management tool in improving the delivery and quality of services provided to the people.

The first step was to organise a project team from both the faculty of College of Public Health, UP Manila, and from other academic institutions. To get their support, an orientation seminar was held for the Service Directors and Programme Managers and the Regional Health Directors. Four regions were selected, based on their capacity to support both research training activities and research projects. From these four regions and from the ENHR and the Health Manpower Development and Training Service office, trainers were trained in HSR and pedagogical techniques.

Subsequently, in each of the four regions, a workshop on design of proposals and conduct of HSR studies was run by the regional trainers for field personnel from rural health units, city and provincial health offices and hospitals. Research teams were formed who developed research projects based on their priority health problems. After problem analysis, data collection and development of work plans were learned, a research proposal was presented for funding by the Regional Health Office. The research project was implemented with the assistance of facilitators. Another workshop was then held for data analysis, development of solutions and writing reports. The research results were presented to potential users to help them to implement the recommendations.

To date, almost 60 participants in three regions have formulated about 20 HSR proposals which are now being put into effect.

The Task Force on Health Systems Research has held annual meetings since 1992 and quarterly meetings since 1994. The meetings updated the members of the network on HSR on the progress of projects of the Task Force. Further, the results of two HSR studies were presented as a means of disseminating the findings and recommendations.

Networking

Networking, or the linking of the significant partners in the ENHR Programme, is a strategy that is like the nervous system. The nerve centre is the ENHR Unit, which sends and receives impulses, and radiates a system of subnational, national, regional and international nodes. At its best, this mechanism is highly sensitive, informative, responsive, holistic and integrative.

Networking aims to strengthen research consciousness and promote the development of a vibrant mechanism for organising and managing essential health research at all levels of the health care delivery system. This is done by bringing together researchers of various disciplines, policy- and decision-makers of the public and private sectors, and the community. Frequent and sustained interaction among these partners encourages research on the priority health problems of the country, promotes the development and use of multidisciplinary perspectives and approaches in health research, and increases the demand for research output and the application of these in health policy and decision-making as well as health action.

Furthermore, networks provide important sources of invaluable insights from lived experiences, allow for the sharing and mobilisation of resources and expertise, reduce duplication and present opportunities for international collaboration in regional and global health research.

The mandate to strengthen existing networks and develop new ones in ENHR Philippines is contained in Administrative Order No. 104-A, series 1991 of the Department of Health: "Although the Department of Health shall play the lead role in the ENHR Programme, it shall establish interagency and multisectoral linkages in order to broaden and deepen the research capabilities available to the health services..."

The ENHR Philippines national network includes about 1,000 health researchers; academic institutions, such as the UP School of Economics, UP College of Public Health, UP Population Institute, De La Salle University Social Development Research Centre and the Clinical Epidemiology Unit of the UP College of Medicine; institutions within and outside the Department of Health, such as the Research Institute for Tropical Medicine and the Philippine Institute of Development Studies, respectively; health profession associations, such as the Philippine Medical Association, the Philippine Nurses Association and the Philippine Population Association; nongovernmental organisations, such as the Community Medicine Development Foundation and the International Institute for Rural Reconstruction; people's organisations, such as the Foundation for People's Concerns; programme managers and policy-makers.

Underlying this national network is the subnational network of regional health and development committees, research and development coordinators of the Department of Health, and academic institutions.

At the regional level, ENHR Philippines is a member of the Asian Regional ENHR Network (ARN), and currently serves as the focal point for the ARN.

For international networking, linkages have been established with the Puebla Group, International Clinical Epidemiology Network, Field Epidemiology Training Programme, World Health Organization, United Nations Children's Fund, United States Agency for International Development, International Development Research Center of Canada, Australian Agency for International Development, Asian Development Bank and World Bank.

As an integral part of the ENHR strategy, multidisciplinary and multisectoral networking is accepted and regarded by Filipino researchers, policy- and decision-makers as a necessary process for consensus building and partnership. This element can be strengthened further by extending and enhancing linkages to the community. This weak and, at times, missing link needs to be understood more fully.

Resource Generation

Resource sufficiency ensures and sustains the viability of the ENHR movement. A continuing concern is the mobilisation of funds for promoting and developing the ENHR mechanism, research capacity strengthening and financing of research projects. Sourcing is from national and international funds, private and public donors, and other innovative schemes. Since funds are perennially limited, appropriate, efficient and equitable distribution of health research monies are desired qualities of a sound financial management plan.

It has been recommended that 2% of national health expenditures be allocated to research and research capacity strengthening in developing countries (Task Force for Health Research and Development, 1991). This would meet the funding needs during the various stages of establishing the ENHR Programme, including coordination, organising meetings, publications, developing the research agenda, capacity building, networking, research project grants, technical support to young researchers, and improving information systems.

In the early years, fund sources relied solely on contributions of the Task Force on Health Research for Development (TFHRD), International Development Research Center (IDRC) and the United States Agency for International Development (USAID) through the Child Survival Programme (CSP).

In 1993, a milestone was achieved in that funds were allocated from the DOH's National Budget, in addition to sustained fund support from the Child Survival Programme (CSP), whose grant of four million pesos became a seed fund for putting into operation the ENHR Foundation, Inc., which is a strong partner of the ENHR Programme at DOH.

To obtain additional sources, two donors' meetings were held in November 1993 (Sulo Hotel) and in May 1994 (Subic Bay Free Port Zone). Unfortunately, not much funds were generated from the two meetings. This notwithstanding, at the Sulo meeting the then Secretary of Health, Dr. Juan M. Flavier, declared his strong support for the programme. At the Subic

Bay meeting, remarks by representatives of donor agencies and prospective private sector partners were encouraging and enlightening.

The representative from IDRC, the agency which initially provided a major chunk of the ENHR Programme's funds, felt that they got excellent value for their money due to the numerous programme accomplishments. The Andres Soriano Corporation representative said that his company is "committed to encourage, conduct and finance research in different fields — one of which is health". Very important food for thought was offered by the local representative of the Canadian International Development Agency (CIDA), who said that, "as you go along from the development stage into implementation, it is important that your partners, meaning the NGOs, the LGUs, the grassroots and the community organisations, buy into your research. That will, to a certain extent, determine the sustainability of what you are trying to do."

National government and international funding over the last five years is shown in **Table Chapter** Three — -1. There was a sharp rise and fall in the former, and lower spurts in the latter. It is significant that, from 1995 onwards, the ENHR Programme had a line item in the DOH budget. In the same year, an administrative order on the allocation of research funds by the regional health offices all over the country was issued. Service programmes at the national office were also encouraged to integrate line items for research into their respective budgets.

Table Chapter Three — -1 Level and Source of ENHR Funding, Department of Health, July 1991 to 1996 (in Thousand Pesos)*

Date	Funding Source		
	Government	Foreign	Total
July 1991 to December 1992	428	1,574	2,002
1993	23,362	–	23,362
1994	5,915	4,692	10,607
1995	2,660	3,000	5,660
1996	19,791	–	19,791
Total	52,156	9,266	61,422

* DOH programmes and special projects, including those that are foreign-assisted, have research components integrated into their activities. These research funds are not reflected here as part of the ENHR Programme in DOH.

Programme Management

Overall management of the ENHR Programme in the DOH consists of planning, organising, coordinating and assessing the various components of the Programme.

Planning involves the setting of goals, objectives and targets, identifying the strategies and activities, and determining the funding requirements. As a unit of the DOH, planning for the Programme follows the planning cycle of the Department, which, in turn, responds to the requirements of the budgetary process of the legislature. This means that, within the DOH, the ENHR Unit has to justify and defend its budget against the other competing claims of bigger and older services.

As regards organising, the ENHR Programme went through several organisational structures, as described in Chapter Two. The ongoing re-engineering of the government bureaucracy is expected to result in a larger, organic staff complement, thereby enabling the Programme to implement its various operational strategies more effectively.

Coordination is achieved through role definitions, specification and allocation of functions, oral and verbal communications, periodic reports and staff meetings. A project to produce a manual of operations is ongoing and is expected to be finished in December 1996. Assessment is carried out, in part, through field visits, meetings and other monitoring activities. Accomplishment reports are done semi-annually.

In mid-1995, a review of health research in the country was initiated, with completed researches done by the DOH during the period 1988–1992 as the first data set. The review classified 185 completed studies and found that, among the research areas, health sector organisation came first, followed in descending order by prevention and control of diseases, personal health care and health care financing (see **Table Chapter** Three — -2). In terms of research thrusts, the highest number was devoted to evaluation/impact research, followed by other socio-behavioural studies, operations research/health systems research, economic research and, lastly, policy research. The exercise helped to identify the research gaps, as shown by the distribution of the cases in the matrix. This is an example of the need for an ongoing assessment of the status and achievements of the Programme, its strengths and weaknesses and the lessons learned.

Table Chapter Three — -2 Health Research Matrix: Number of completed Health Researches at the DOH Central Office by ENHR Research Area and Research Thrust, 1988-1992

Research Field or Methodology	ENHR Major Thrusts				
	Personal Health Care	Health Sector Organisation	Prevention & Control of Diseases	Health Care Financing	Total
Policy Research		2			2
Economic Research		2		2	4
Other Socio-Behavioural Research	39	8	9		56
Operations/Health Systems Research	1	39	9		49
Evaluation/Impact Research	15	16	43		74
TOTAL	55	67	61	2	185

Source: Layo Danao, L. 1995. "A Review of the Status of ENHR in the Philippines." ENHR/DOH. Manila

CHAPTER FOUR — THE ENHR MECHANISM: EVOLUTION AND PROCESSES

> *It is ... inspiring, exhilarating ... that ENHR should, in the concepts and approaches it has adopted, present a radical paradigm shift... ENHR teaches that, in operation, reform should be inclusive rather than exclusive, breaking out of traditional moulds and stereotypes, to include many interests and persuasions, even if, or precisely because, they may be conflicting....*
>
> *Dr. A.R.A. Bengzon, 1993*

When the Philippine Secretary of Health in 1990, Dr. Alfredo Bengzon, attended the 15th Nobel Conference in Stockholm, Sweden, he described the findings and strategies presented by the independent International Commission on Health Research for Development as "revolutionary." He believed the strategies that strengthened the links between people's problems with research-policy-action were crucial to the promotion of health and equity for Filipinos. As the line agency for the provision of health services in 1990, the Department of Health was well placed to experiment with this new paradigm of research coordination and priority-setting.

The Philippines has had a long tradition of health research, with various levels of research coordination for different disciplines, fields of interest, and types of organisations or agencies (see Annex). However, not all stakeholders have been represented or involved in these coordinating mechanisms. Communities had the smallest voice, if any at all, on what health researchers should be addressing. On the other hand, although the predominant forces were scientists in the academia and government agencies, the linkages for research utilisation, particularly at the Department of Health, were tenuous. Decision-makers in health programmes as well as top policy-making levels had little appreciation of research, or of the need to commit more research resources. Indeed, as Dr. Bengzon himself said, ENHR was an idea whose time has come.

This chapter describes the continuing experiment with an ENHR mechanism in the Philippines. Born in the Department of Health, the ENHR mechanism has gradually evolved into a partnership between a governmental body and a nongovernmental organisation. The political context and other factors from which this came about are described, including an appraisal of the strengths and weaknesses of the Philippine ENHR mechanism.

The ENHR Programme in the Department of Health

Grappling with the Political Winds of Change

A key factor in the central role of the DOH for ENHR coordination was the presence of a champion at the DOH who had the political will to harness the tremendous existing and potential research resources within and outside the Department. Several discussions and consultations with local and international groups subsequently transpired in 1990.

In April 1991, the ENHR Programme was formally instituted under the Office of the Secretary of Health, with an Under-Secretary of Health, Dr. Tomas Maramba, as the Programme Manager. Although the Programme was centred on the DOH, collaboration was forged with other stakeholders through the Advisory Council and a Steering Committee composed of both DOH and non-DOH representatives. Multisectoral, multidisciplinary and multilevel consultations with a motley group of stakeholders eventually led to a five-year National ENHR Agenda.

Changes in the DOH leadership resulted in changes in the structure and staff of the Programme. In September 1992, the Programme evolved into an ENHR Unit under the Office of the Chief of Staff, with Under-Secretary of Health, Dr. Jaime Galvez-Tan, as the Programme Manager. Thanks to the presence of another champion, there was a surge of funds from the Government of the Philippines (GOP) devoted to the ENHR Agenda, even as a strong advocacy programme for ENHR emerged.

In August 1994, yet another Department Order transformed the ENHR Unit into an ENHR Service. A larger staff complement assigned to the Unit eventually led to the phasing out of the ENHR Steering Committee. Under the new Programme Manager, Dr. Jovencia Quintong, efforts were made to strengthen research capabilities at the subnational levels and decentralise research activities. In cooperation with the PCHRD and the Health Research Network, Regional Research Committees were established and provided with funds for developmental research. (See **Box Chapter** Four — -1.)

Still another change in the DOH stewardship brought about a re-shuffling of personnel. Thus in January 1996, there was a reduction in staff and a reversal to the status of an ENHR Programme under the Office of the Chief of Staff. With Mrs. Remedios Paulino as programme manager, advocacy efforts were consolidated and further attempts were made to strengthen linkages with institutions and agencies outside DOH.

Over the years, the Philippine Council for Health Research and Development (PCHRD), as the highest policy-making body in the health research sector, was involved in the conception and implementation of the Programme. There is mutual representation on the respective governing/advisory councils of PCHRD and the ENHR Programme. Aside from active participation in priority-setting for the National ENHR Agenda, the PCHRD and the ENHR Programme jointly support research capacity-strengthening activities, notably for the

development of capacity at subnational levels and for epidemiological research. A mutual referral system for support of research projects also exists between the two bodies, including joint financial support for some research projects.

Box Chapter Four — -1 Regional Research Mechanism

In order to achieve the goals and objectives of the ENHR Programme, a responsive and functional organisational structure and good programme management are very important. This nationwide implementation of the ENHR Programme necessitated a hierarchy of organisational structures from the national or central to the regional and provincial levels. Each organisational level has its own roles and responsibilities and operations in the Region, taking into consideration the new roles and responsibilities of the Department of Health under the devolved set-up but without losing sight of its primordial responsibility as the lead agency in health. Hence, after putting in place the Central ENHR Programme structure, the process of establishing a smaller structure at the subnational level began. The Essential Regional Health Research (ERHR) mechanisms were developed and are at various stages of institutionalisation in accordance with the climate and readiness of the bureaucracy in the various regions. The process essentially involves the following activities:

1) Issuance of a Department Circular designating regional research coordinators, with defined functions, and strengthening the implementation of the Essential Regional Health Research Programme.

2) A series of Round Table Discussions at regional level among the Central ENHR staff, the Regional Health Director, the Regional Research Coordinator, Regional PCHRD representative, Regional Health Research Network representative, and representatives from the local provincial level, the municipal health office, the regional research academia and an NGO involved in health research. The operational details of ERHR were discussed and action plans were developed, centering around the creation and development of Regional Research Committees.

3) Stratification of all the regions as to the capabilities in Essential Regional Health Research (ERHR) according to certain criteria, so that appropriate assistance can be provided by the Central ENHR.

4) Regional research agenda formulation through a broad-based participatory process involving research doers and users.

5) Allocating regional funds for research based on Research and Development as one of the Key Result Areas (KRA) of the DOH under the devolution.

6) Organising regional-based research activities and ensuring that research results lead to improved policy, programme and operations effectiveness at the regional level.

Table Chapter Four — -1 Levels of Essential Regional Health Research Programme (ERHR)

Level I – Criteria		Region
1.	No substantial research capability (R & D not trained on Basic Research Methodology)	
2.	No capability for managing ERHR	
3.	No organised regional research committee and financing strategies	
4.	No established research network	
5.	No research agenda and action plan	
Transition Phase		
1.	Substantial research capability (R & D Coordinators trained on Basic Research or with experience in implementing Research Projects)	I, II, IV, V, X,
2.	Minimum research network established	XII, NCR
3.	Some capabilities for managing ERHR, including organising regional research Financial Strategies	CAR, ARMM
4.	Regional Research Committee organised	
5.	ERHR Action Plan developed	
Level II		
1.	Capability for undertaking research and managing ERHR	
2.	Research Network in place	III, VII, VIII
3.	Organised and functional Regional Research Financing Strategies	XI, NCR, VI, IX
4.	Regional Research Committee Organised and Functional	
5.	Regional Research Agenda and Action Plan developed and being implementing	

A Critical Appraisal of a DOH-Centered ENHR Mechanism

Strengths. In the handbook, "ENHR: A Strategy for Action in Health and Human Development" (Task Force for Health Research for Development, 1991[6]), three primary objectives for an ENHR mechanism and structure are given:

- to ensure that high-priority health issues receive the attention of researchers;
- to facilitate the integration of research across disciplines and sectors; and
- to strengthen research-policy-action linkages.

To a large extent, the ENHR Programme in DOH has achieved these objectives in its five years of existence.

The wide consultations leading to the development of the five-year National ENHR Agenda and the subsequent dissemination of these priority areas ensured that priority issues were addressed by researchers. The new mechanism was flexible enough in its approach to include the important input of people's organisations and NGOs in priority-setting and in the conduct of research. Multidisciplinary collaboration was strongly encouraged by the Programme; however, multisectoral responses have not been as strong.

The DOH is mandated to engage in health research in support of health care delivery. As such, the Secretary of Health, once she or he buys into the ENHR strategy, is a powerful and influential advocate of health research. In addition, there is a strong potential (which was achieved by some administrations) for generating health research resources and funds from within DOH as well as from multilateral or bilateral aid arrangements. Aside from human and financial resources, rich databases from various health surveys and intervention programmes are scattered across the various health programmes of DOH (see **Box Chapter Three — -1 Major Survey Data** Bases on Health). As a clearing house, the ENHR Programme can make these largely under-tapped databases available to the public for utilisation or further analytic work.

A major strength of the mechanism is the facilitation of direct links to policy-makers and health programme managers, thus strengthening research-policy-action linkages. In addition, through the Programme, the research culture and capacity within the DOH has gradually improved, both at the central level and at the periphery. A contributing factor to this is that dissemination and utilisation of research results in the health service delivery system are more efficient through the Programme, compared to non-DOH agencies which do not have direct access to the system. There is still much to be done, but activities to date have developed a core of health service providers who can conduct quality research and/or utilise research results to improve service delivery.

Constraints. Since its inception in 1991, the ENHR Programme has seen six Secretaries of Health. With each change in DOH leadership came instability. The frequent changes in the ENHR programme manager and the learning curve for each successor have

contributed to the waxing and waning of the Programme. To date, the Programme has not been fully institutionalised within the DOH, although it receives a regular budget for operations.

As with many other units operating under the governmental system, the ENHR Programme has had to learn to negotiate with the governmental bureaucracy. This has affected budget planning and management, personnel requirements and, most especially, has slowed down the release of funds for operations and research. The lack of personnel, in turn, has meant that some initiatives, particularly with regard to coordination with NGOs and people's organisations, have not been sufficiently sustained.

Close ties with top decision-makers in health, although desirable, may also have drawbacks. By centering the ENHR mechanism on the DOH, there is a potential (albeit minimal to date) for compromising the health research agenda and/or output because of the mechanism's relationship with the DOH top management.

The ENHR Foundation, Inc.

The ENHR Foundation, Inc. is an NGO that is closely linked to the ENHR Programme. Incorporated in January 1993, it has members from the academia, NGOs and governmental groups other than the DOH. It was initially conceived to partially solve the problems arising from the government bureaucracy. Since then, it has expanded in scope to complement the coordinating functions of the ENHR Programme, particularly in terms of involving institutions, agencies and groups outside the DOH.

The first president of the Foundation was a researcher from the academia, Dr. Antonio Perlas. Before the dissolution of the Steering Committee of the ENHR Programme in 1994, he and other members of the Foundation served as active committee members. In 1996, Dr. Corazon Raymundo, a demographer from the academia, assumed the presidency of the Foundation. It is significant to note that Dr. Raymundo was formerly head of the Health Research Network, which aims to bridge biomedical and social sciences research and strengthen capacity at subnational levels.

The Foundation is currently a fairly new and small group of interested individuals and groups, but it is relatively stable and autonomous. The bureaucracy is minimal in terms of financial and programme management. Thus, the Foundation is able to manage non-DOH resources more efficiently. Such "researcher-friendly" and flexible project management systems are valuable in improving the research environment in the country. Most importantly, because of its membership's experience in research or work with community groups, it is able to bring into the ENHR programme additional technical expertise.

On the other hand, the Foundation has to confront constraints. Being a relatively young organisation, it has to generate its own resources for its day-to-day operations. In contrast to the staff of the ENHR Programme in DOH, members of the Foundation work on a part-time basis and have had relatively unstructured activities. Lastly, as an NGO, it does not have a direct, stable and well-delineated linkage with policy-makers.

The Current Philippine ENHR Mechanism

The ENHR mechanism in the Philippines is like a bamboo, swaying with the political winds of change, surviving, and taking root. And like the bamboo which is most prominent as a thicket of bamboo trees, the current mechanism has developed into an alliance of stakeholders: the ENHR Programme in the DOH on the one hand, and the ENHR Foundation on the other. In this alliance, the strengths of each separate mechanism are enhanced, while the weaknesses of each are diminished through complementary functions.

The evolution of this symbiosis of stakeholders is far from over and is far from perfect. But it has come a long way in building bridges among researchers, decision-makers and the Filipino people.

CHAPTER FIVE — ADVOCACY AND CONSENSUS BUILDING: SPRINGBOARD TO SUSTAINABILITY

> *Revolution is born in the mind, brought to life in the heart, but is sustained in the sinews of men and women... We need kindred spirits to lead in the process of reform... as we move to communicate, persuade, mobilise, galvanise, light a fire within the health sector... in the larger world outside ... In order to move forward, we will need to rock the boat, to question, challenge and change established ways of thinking and doing.*[7]
>
> *Dr. A.R.A. Bengzon, 1993*

At the time Dr. Alfredo Bengzon delivered the Keynote Address at the International Conference on Health Research for Development in Geneva in 1993, the ENHR strategy had begun to take root in several countries. From there, prime movers found kindred spirits who helped to push the movement forward to other parts of the globe.

Taking the cue from global prime movers, the national movement proceeded to undertake advocacy and promotion activities "in whatever manner, in whatever sequence, and to whatever extent" (COHRED, 1993) as appropriate for the Philippine setting.

This chapter highlights the initiatives and experiences of ENHR Philippines in advocacy and consensus building, and critically examines its achievements in the light of the global and national goals and objectives of ENHR.

Initial Steps: Advocacy for Installing ENHR

How does a revolutionary strategy like ENHR take root in an environment with established though not necessarily healthy ways of thinking and doing?

- The DOH, after buying into the ENHR strategy, became the prime mover and catalyst for getting the ENHR process off the ground.

- This prime mover proceeded to persuade a core group of like-minded spirits from critical ENHR constituencies — scientists/researchers, policy- and decision-makers, and the communities — to buy into the strategy, and then organise them at appropriate times and stages into either an Ad Hoc Committee, a Working Group or some other task-oriented body.

- These various bodies worked towards a progressive build-up of activities such as workshops, consultative meetings and national conferences that led to:

- introduction of the ENHR concept to high-level representatives from the health sector
- drafting of a conceptual framework for the ENHR movement in the Philippines
- formulation of a plan for the development of the ENHR Programme in the DOH
- issuance of an administrative order that formally established the ENHR Programme
- development of a five-year national agenda on health research
- inclusion of a line budget for the ENHR Programme in the annual national budget (Government Appropriations Act)
- creation of a multisectoral and multidisciplinary advisory body to provide direction to the ENHR Programme
- establishment of a unit in the DOH dedicated to serve as ENHR "desk" in the broader context of ENHR Philippines

- These developments and milestones further led to the entrenchment of ENHR with all its elements and operational strategies in place:
  - formulation of annual operational (work and financial) plans
  - target-oriented development and packaging of advocacy materials
  - regular conduct of advocacy activities, such as orientation meetings and sensitisation sessions
  - coinage of an ENHR Programme catch phrase, TUKLAS LUNAS, a national language adaptation of ENHR (see **Box Chapter** Five — -1).

Continuing Steps: Advocacy for Sustaining ENHR

The ENHR process is sustained by its constituencies and stakeholders. And the process of reform must progress from awareness, appreciation and acceptance to commitment and supportive action. The participation of the three key constituencies in the ENHR process in a sustained manner would foster greater interaction among them. The ENHR loop or chain can only be as strong as its weakest link, and continuing advocacy is needed to complement the dynamic, ever-evolving ENHR mechanisms and processes.

The more significant follow-through advocacy and promotion activities of ENHR Philippines are described below.

- Annual celebration of Health Research Consciousness Week, also considered as the *Tuklas Lunas* Programme Anniversary, in the first week of April. National and regional activities range from radio programme slots and research symposia to exhibits and poster/slogan contests. The theme for 1996 was "Problemang Pangkalusugan ... TUKLAS LUNASan!" [Health Problems ... (Re)search for the Solution(s)]. A *Tuklas Lunas* promotional jingle was composed and performed to an "exercise for body fitness" beat.

- Monthly research fora. The proponents of completed research projects present their findings to invited representatives from ENHR constituencies. The post-presentation open forum often brings to the surface new research concerns and enriches the analysis of and insights gained from the results of the study.

- Quarterly *Tuklas Lunas* Newsletter. Started in 1995, this publication features items of news and views on ENHR, articles about and advocacy statements by selected DOH officials and other ENHR partners, short research articles and the like. For instance, the first issue for 1996 carried the call for proposals. The second issue had a section eliciting feedback from readers, while the third issue provided an update on and a directory of regional health research network (HRN) members. (See **Figure Chapter** Five — -1 for a pictorial glance at samples of the Newsletter and other ENHR publications.)

- Quarterly *Tuklas Lunas* Executive Briefs. This comes out in tandem with the Newsletter, and features abridged, user-friendly versions of research reports submitted by proponents. Both publications are circulated to DOH Central and Regional Offices, the academia, health-related NGOs and other government agencies, local government executives, and selected members of the legislative body and the international community.

- ENHR Programme Papers. — These colour-coded manuscript series are produced and distributed in five tracks:

  1. Programme Updates
  2. Continuing Education Capsules
  3. Programme Leads
  4. Policy Pointers
  5. Research Samplers.

  They are content- and client-selective and can come out at anytime or as the need arises. Tracks 4 and 5 are drawn from completed studies. Track 4 is for policy- and decision-makers, while Track 5 is for the technically minded who would be interested in various specifications and operational measurements, sampling and data collection techniques, and other methodological concerns.

- Promotional items. — T-shirts, caps, ball-point pens, fans and folders have been distributed at various times in conjunction with other advocacy initiatives,

in addition to the regular and comics-style brochures. Desk calendars on ENHR were given out as promotional items before the start of 1997.

Box Chapter Five — -1 ENHR in the Philippines: TUKLAS LUNAS

The ENHR Philippines logo depicts a bright, revolutionary idea that illuminates the darkest and remotest corners of its surroundings; the irregular shapes and lines reflect the dynamism and flexibility of the ENHR strategy and process

TUKLAS in the Philippine language is both a noun and a verb.

As a noun, it represents the subject or object that is discovered.

As a verb, it refers to the act or process of searching or discovery.

LUNAS is also both a noun and a verb.

As a noun, it can mean healing, relief or the solution to a problem.

As a verb, it refers to the act or process of healing or finding the solution(s) to a problem.

TUKLAS LUNAS, therefore, is the core purpose of ENHR.

- National and regional Research and Development (R & D) Coordinators. — Each DOH office, service or programme has a designated R and D Coordinator who serves as focal point for ENHR activities at that unit.
- Integration of research dissemination results in activating individual research projects. — To promote and ensure closer research-policy-action linkages, the plan and corresponding budget for dissemination and utilisation activities, particularly in the areas and communities where the study will be conducted, already form part of research proposals approved for funding in the latter part of 1996. In addition, the expected end-users, particularly the senior officials of DOH, participate in the review of proposals and can input their own concerns and needs to the revised protocol. Their favourable endorsement plays a major role in the review and approval process for funding.
- Consultation and consensus building. — ENHR principles at work is practical advocacy, and constituents participate in research agenda formulation and priority-setting, as well as in developing ENHR Programme plans. Focus group and round table discussions down to the regional level have been utilised to update and enrich the Programme. The output of the recently conducted National Consensus Workshop on the Formulation of a Medium-Term Health Research Agenda (1996-2000) and a draft Manual of Operations to be completed by the end of 1996 will still go through validation workshops before

they are officially adopted and widely disseminated to partners, stakeholders and constituencies.

Figure Chapter Five — -1 ENHR Philippines — Some Advocacy Materials

Crucial Steps: Advocacy for Strengthening ENHR

If ENHR is to continually move forward, it must broaden the range of participants — and their participation — in the ENHR process. The possibilities are endless, but there is a need to take stock and assess the ground that ENHR Philippines has so far covered in advocating and promoting TUKLAS LUNAS.

Advocacy paves the way for persons and institutions to buy into the ENHR strategy. Without it, consensus building cannot begin and the other ENHR elements and processes cannot stand in synergy. Thus, advocacy and promotion activities are really the springboard to sustainability of the ENHR strategy at whatever level, and the fact that the recognised and accepted ENHR pillars and elements are in place in the Philippines reflects the relative effectiveness of the strategies used to promote the movement.

The goals and objectives set forth in both global and national ENHR documents have been reached earlier than expected, albeit at varying levels of achievement. A closer look at these performance flags would give an indication of what areas leave room for improvement and what gaps need to be bridged.

It may be noted that in this chapter, sustaining ENHR connotes maintaining the gains achieved so far, or simply holding ground. However, such gains could fall short of expectations. Thus, strengthening ENHR calls for the gaining of more ground. A good advocacy plan should involve the conscious and continuing reorientation and fine-tuning of strategies in response to changes in national needs and/or in any of the other elements.

For instance, the content of advocacy materials must be formulated very carefully, with progressive messages that build on previous materials. Perhaps an advocacy and promotion matrix that identifies target institutions/groups, their levels of sensitisation, the range of venues for reaching them, the varying contexts/contents of the substantive materials, and the intensity of the advocacy activities (timing, frequency and duration) could be developed as a blueprint for advocacy and promotion. There could be mechanisms that provide information on a regular basis about what the constituencies want and need to know. Promoting the idea of a dynamic health system that is progressively evolving into one that breeds equity and social justice as a result of the judicious application of objective scientific knowledge requires in itself a dynamic and flexible approach to advocacy and promotion.

ENHR Philippines has learned along the way, adapting and improvising, in keeping with the COHRED's call for inclusiveness and opportunism.

CHAPTER SIX — ENHR IN THE FUTURE

As the health guardian of the Filipino people, the Department of Health believes in a holistic approach to health care and endeavours to address the physical as well as the mental, emotional and spiritual needs of the care seeker. In carrying out our health mandate, we make crucial decisions that aim to balance the risks and benefits to the individual and to society as a whole.

Dr. C. Noriega-Reodica, 1996

Revisiting the ENHR Vision and Mission

Five years after the beginning of ENHR Philippines, tribute must be paid to the framers, the core group and the leadership of DOH. ENHR is alive, gaining steam and pushing ahead towards its original vision as enshrined in the Administrative Order that created it in 1991. This means that the ENHR Programme has gained the trust and support of an important group of health professionals in the country. This also means that ENHR as a concept and as a process is seen as addressing important gaps in health and development.

This review of the ENHR Programme and its vision concludes that the original vision is valid: applying the scientific process in dealing with the country's health problems and in strengthening action will lead to improvement of health status in a more equitable manner.

The challenge is not in the statement of the vision nor in its mission. It is in expanding the reach of the ENHR philosophy and ethics through rigour in research methods. It goes beyond the traditional substance and method of health research.

This has been put in different but consistent ways by two of the pioneers of ENHR Philippines. Former Secretary Bengzon sees ENHR as the beginning of a new way of thinking, feeling and acting, and whose application goes beyond the area of health. As an instrument of reform, ENHR should be expansive rather than restrictive in substance, drawing as many lessons and alliances from many disciplines, especially the social sciences, which help one to better understand the behaviour of persons and communities. This was echoed by National Academician Gelia Castillo who stated that "rigour is what makes science scientific but relevance is what makes it humane". ENHR as a link to equity in development demands multidisciplinarity, intersectoral research and effective bonds among research, policy and action on policy. Research capacity should include the capability to recognise the equity dimension of health and development.

Taking it from these two pillars of health development in the country, ENHR still has a long way to go before its vision can be achieved.

Scanning the Environment

Knowing the challenges and the big expectations from ENHR is a daunting prospect. But realising that the seed has been planted and is nurtured by a group of committed and able individuals gives reason for hope. However, a hard and objective internal look coupled with an assessment of changes in its critical external environment will better help to chart ENHR's directions.

This monograph has enabled us to prefigure ENHR's future. As a relatively young movement which has both noble and ambitious goals, ENHR has some strengths that it can build on and some weaknesses that it must overcome. At the same time, some external factors are enabling and some are threatening ENHR's operation.

As mentioned in Chapter 4, the ENHR link to policy-makers is direct. It has a built-in fund generation window. It is to the credit of the ENHR and DOH leadership that the ENHR annual budget increased from P 2.6 million in 1994 to P 23 million in 1995. Aside from budgetary allocation, support from DOH leadership and other units of DOH still constitutes a large potential for ENHR work. While the present Secretary of Health is a research advocate, ENHR has only just begun to tap into this vast reservoir of goodwill and commitment. Furthermore, essential research as a skill and philosophy has to be built into the consciousness and operation of the other DOH units. The good work of the ENHR Programme in advocacy and promotion activities, as evidenced by the materials being produced and disseminated such as the *Tuklas Lunas* Newsletter, the ENHR quarterly journal, executive briefs as well as the regular research fora, is expected to eventually transform DOH units into advocates and practitioners of essential research themselves.

The ENHR Foundation is seen as a positive force in spreading the ENHR message and implementing ENHR strategies. The ENHR Programme can easily draw on the expertise and resources of the Foundation because of their complementary activities and very close relationship. The Foundation is not subject to the administrative bureaucracy of the DOH and can therefore manage non-government resources more efficiently and effectively. The ENHR Unit of the DOH is largely maximising this facility.

As there are positive forces within the ENHR programme which enable ENHR to work, so there are also factors that hamper it. The DOH still has an amount of important organisational development work to do. Given the work that the ENHR Programme is setting itself to accomplish, a most important constraint is the small ENHR staff in the DOH and its inadequacy in the necessary skills for research and information management. The ENHR Unit is not yet institutionalised in the DOH organisation and does not have a personnel structure of its own. As it is, there is a discrepancy between the task ahead for ENHR and the warm bodies that are supposed to support and undertake the work plan. This does not augur well for the development of a scientific culture within the DOH. It is therefore not surprising that ENHR is still not yet fully able to perform its multiple roles within DOH, such as serving as a clearinghouse for research.

Research has to be elevated to a higher plane in the line-up of DOH concerns, particularly with its new mandate of technical and policy support under the devolved set-up of public programmes. Important first steps involve strengthening research management capacity, particularly in ensuring the quality of research output and translating this into feasible recommendations for policy and programmes.

Outside of the DOH exist many opportunities as well as threats for ENHR promotion and implementation. Foremost among the threats is the low appreciation for research among the users of research results. On the supply side, there are potentially restrictive policies that require centralised clearance for research, especially those assisted by government funds. Devolution has greatly weakened the influence of DOH at the local government level where research is also least appreciated. This can mean that there will be a low level of research and training-for-research funds from this level.

Devolution, however, can be an opportunity insofar as it serves as a channel to reach the grassroots levels. There are various untapped resources in the country and elsewhere which can be organised for essential research work, ranging from information and data bases to technical expertise to funds. This is where a larger and more able core group can make a difference. Devolution tells us that this larger and more able group of researchers should be more strategic in their topical as well as geographic interest in the conduct of research. Efforts to decentralise research locale, expertise and therefore findings are the order of the day in order to achieve equity in health through research. The abundance of health and health-related databases is a most promising opportunity that has not yet been taken advantage of (**Box Chapter** Three — -1). A group of important questions in health promotion can be responded to by conducting secondary analyses of these data sets. This means that several gaps in knowledge can be attended to without new data collection, which makes research an expensive and time-consuming endeavour.

All these opportunities for enhancing ENHR work are fortunately happening at a time when the larger environment is more conducive to developmental work in almost any field. The revolution in information technology is making the world much smaller, and the access to this vast possibility for tapping into almost limitless bodies of information can only be advantageous to health research and its objectives. The transformation of this possibility into reality can in turn only be helped by the good economic prospects of the Philippines and other countries in the Region.

All these positive developments in the external environment of ENHR Philippines can be enhanced by its present role as the focal point for the Asian Regional ENHR Network. During the next two years (September 1996 to August 1998), ENHR Philippines is tasked to coordinate and advocate for initialising or stepping up ENHR work in no fewer than ten countries in the Asian region. ENHR Philippines welcomes this challenge as well as seeing this as a further opportunity for growth and enhancement in its own work.

Looking Ahead

Is the achievement of a scientific and data culture at all levels of health promotion—in an environment of solidarity and diversity, consensus-building, innovation, community involvement and caring—within the realm of possibility in the Philippines? Will the present organisation and strategies of ENHR be able to get anywhere close to this vision? What are the next steps?

The environmental analysis in the preceding section tells us that pursuing the ENHR vision in the Philippines is still a promising proposition in spite of some real but surmountable road blocks. Perhaps what is necessary is to take a hard, objective look at the enabling as well as the constraining factors along the path to ENHR goals. It does not seem necessary to scale down the goals, but a carefully identified series of "do-ables" with a definite time frame will improve the probability of getting ENHR Philippines on a sure track towards its mission and vision.

The first order of strategic "do-ables" is in the housekeeping division, where consolidation of the ENHR institution/structure and the main actors for strengthening purposes is a must. Proceeding with the current work plan can be hampered by the small number and non-permanence of the ENHR staff within the DOH — the focal point of ENHR in the Philippines. A more appropriate skill-building plan for the staff and the present and future researcher base will be pursued with an eye towards attaining a better match between the researchers and the work ahead of them.

Consolidation of databases and of the diverse expertise in finding solutions to health problems should also be in the priority order of the day. In view of this, the role of ENHR as a clearinghouse for major health research hard and raw databases will be pursued as an assistance and an efficient resource for researchers, who need not run around in search of information in their analytical work.

In the pursuit of ENHR work, the users of research are seen as critical allies whose awareness and appreciation of research results in relation to their own health promotion work will have to be increased. Advocacy within DOH, particularly among service managers, will be strengthened and this should soon trickle down outside of DOH and to the grassroots level. Only when they are transformed into working allies can we say that ENHR work has reached a sustainable level of operation.

Continuing efforts for resource generation will always be a priority concern:

- Better methods of fund generation from private sector;
- Better allocation and utilisation of funds in DOH, especially those from special projects.

While efficiency in the conduct of ENHR work is a positive value to pursue, the level of efforts required to reach the ENHR objectives even within each strategy is tremendous. As

such, traditional and non-traditional funding windows will be pursued for health and development work.

In propagating ENHR, ENHR Philippines will be looking everywhere for technology development and for sources of inspiration, resources and skills. At the grassroots level, the people's increasing and changing requirements for health remain a rich source of ideas and work. At the national level, interaction with information sources, other researchers and health managers opens a world of possibilities for inquiry and action as long as one keeps an open and flexible mind to events as they unfold. At the regional level, ENHR Philippine's role as the focal point for the Asian Regional ENHR Network offers a wide-ranging opportunity to learn from the experiences of the neighbouring countries as they pursue their own ENHR work plan and objectives. At the global level, the close work relationship with COHRED offers a wellspring for technical support in advancing essential health research work.

In proceeding to do ENHR work in the immediate future, it is important to keep in mind that the continuing search for solutions will always bring ENHR Philippines to the crossroads of tradition and change. What is important to remember at every juncture is that we have managed to have the means to do so, the solidarity to pursue the truth, and the realisation that there is no limit to this pursuit.

ENHR will not be built in a day — but, some day, it will assume a role in achieving equity in health promotion by its commitment to work and its steadfastness in its ethics and ideals.

Annex

EXISTING INSTITUTIONS AND NETWORKS FOR HEALTH RESEARCH IN THE PHILIPPINES

Structure	*Primary Functions*	*Stakeholders Involved*
Philippine Council for Health Research and Development (PCHRD), national and regional levels	• created in March 1982 through Executive Order No. 784 in order to lead, direct and coordinate S & T activities in the health sciences • operates under the Department of Science and Technology • mission: to provide and strengthen the scientific and technological base for health care delivery • has a National Health Research & Development Plan consistent with the S & T Master Plan and the Philippine Development Plan • priority programmes: pharmaco-chemicals, herbal medicines, vaccines/other biologicals, nutritional products, biomedical devices, traditional areas of concern like communicable and non-communicable diseases, health policy research • provides research grants • research capacity strengthening • disseminates research results • facilitates utilisation as well as commercialisation of research outputs/products	• Dept. of Science & Technology and its councils and institutes • Dept. of Health • Metro Manila Health Science Community • Regional Health Research and Development Committees • Academia • Research institutions • Local foundations and networks • Private enterprises • International organisations

Structure	*Primary Functions*	*Stakeholders Involved*
National Research Council of the Philippines (NRCP) Divisions with special relevance to health research: • Medical Sciences • Pharmaceutical Sciences • Biological Sciences • Social Sciences	• created in December 1993 under Act No. 4120 • in 1982, Executive Order No. 784 designated NRCP as the Sectoral Council engaged primarily in supporting research of a more basic and fundamental nature • provides assistance for the development of research capabilities and a limited number of health research grants • acts as an advisory and consultative body to government policy-makers in matters relating to sciences and technology • provides an annual forum and symposia for interaction of researchers and dissemination of research results	• Dept. of Science and Technology • Academia • Research institutions • Prominent scientists and technologists sit on the governing board of NRCP
National Academy of Science and Technology (NAST)	• created in 1976 through Presidential Decree No.1003-A • in 1982, Executive Order No. 818 mandated the Academy as an advisory body to the President of the Philippines and his Cabinet on policies relating to science and technology • gives recognition to outstanding achievements in science and technology as well as meaningful incentives to those engaged in S & T research • promotes scientific productivity • establishes international linkages • promotes awareness in S & T	• Dept. of Science and Technology • Academia • Research institutions • Top policy-makers in government • Currently has 43 living Academicians, eight of whom are National Scientists

Structure	*Primary Functions*	*Stakeholders Involved*

Department of Health
• ENHR Programme
• Research Institute for Tropical Medicine
• Field Epidemiology Training Programme
• Bureau of Research & Laboratories
• Community Health Service
• Research programmes within specific services, divisions, control programmes and special programmes
• Research committees in specialty hospitals, retained and regional hospitals
	• mobilise and provide funds for research
	• promote a research culture and advocate for health research
	• plan, direct and/or implement priority research programmes and projects
	• research capacity strengthening
	• strengthen linkages locally and internationally
		• Dept. of Health
		  • Field personnel
		  • Programme managers
		  • Policy makers
		• Academia
		• Research institutions
		• NGOs
		• People's Organisations
		• International organisations like COHRED

Research committees in academic and research institutions, clusters of academic institutions (e.g., Metro Manila Health Sciences Community)	• coordinate, fund, approve research grants within the specific institution • disseminate research results • utilise and apply research results	• Academe • Hospitals • Communities • Department of Health • Department of Science & Technology

Structure	*Primary Functions*	*Stakeholders Involved*

Health Research Network	• established by the Philippine Population Association to generate for the DOH information on national and regional health trends as well as progress of health programmes
	• promotes awareness and capacity for social science research as a decision-making tool
	• develops and strengthens research linkages between the DOH field offices and local research institutions
	• encourages multidisciplinary and collaborative research through the formation of, or participation in, national and international networks
		• Philippine Population Association
		• Academia
		• Department of Health
		  • Field personnel
		  • Programme managers
		  • Policy-makers
		• Local Government Units

Networks for specific interest groups and disciplines, e.g.: • Philippine Clinical Epidemiology Network • Task Force for Health Systems Research • Field Epidemiology Training Programme • Philippine Health Social Sciences Association • Philippine Population Association	• mobilise resources for research for specific interest group • plan and implement health research projects/programmes • strengthen research capacity • disseminate research results • utilise research results	• Academia • Department of Health • Department of Science & Technology • NGOs • Local Government Units • Local health services

Structure	*Primary Functions*	*Stakeholders Involved*
Societies/Associations of health professions, e.g.: • Philippine Medical Association • Association of Philippine Medical Colleges • Specialty medical societies • Philippine Nurses Association	• coordinate, fund, approve research grants within a specific association • strengthen research capacity • disseminate research results • utilise research results	• Academia • NGOs • Hospitals • Health practitioners • Department of Health
Nongovernmental organisations, e.g.: • Medical Action Group • *Kabalikat ng Pamilyang Pilipino* Foundation • Woman's Health • Institute of Social Studies and Action • Consumers' Association • Special interest groups for specific diseases, e.g.: Philippine Coalition against Tuberculosis, Philippine HIV/AIDS NGO Support Programme	• advocacy for health policy and action research • focus on participatory action research • mobilise resources for research for specific purposes • plan and implement health research projects and action programmes • disseminate research results • utilise research results	• Communities • People's Organisations • Policy-makers • Local government units

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R E F E R E N C E S

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