



[Vol. 22, No. 1 \(April 1994\)](#)

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## **A Movement, A Spirit, A Lifestyle Change**

*by John Eberlee*

Pneumonia and other acute respiratory infections are a major cause of illness and death in the Philippines, despite the fact that effective treatments exist.

Young children are most at risk, particularly those who live in communities not served by physicians, according to studies by the Research Institute for Tropical Medicine, in the Department of Health (DOH). Most patients do get better when treated with inexpensive antibiotics, but the problem is first to find a qualified person to diagnose the illness, then prescribe treatment.

During the 1980s, the DOH launched a research project to determine whether midwives in rural communities could replace physicians for the purpose of diagnosing and treating acute respiratory infections (ARI). The researchers assessed a simple diagnostic method known as the WHO/ARI algorithm. It is based on two key signs: a respiratory rate of 50 breaths per minute or higher, indicating that antibiotics are required, and an indrawn chest, indicating a need for hospitalization. Researchers evaluated the algorithm in a five-year study involving tens of thousands of children in eight communities in the southern Philippines.

The study showed that midwives are indeed capable of diagnosing and managing acute respiratory infections. Using the WHO/ARI algorithm is also more cost-effective. As a result, the algorithm is now being introduced nationwide. The Department of Health expects that reductions in morbidity and mortality rates for respiratory illnesses will follow.

### **A SUCCESS STORY**

"We call this a success story," said Dr. Tessa Tan Torres, a clinical epidemiologist at the University of the Philippines College of Medicine. The study addressed an important problem, was well planned and well executed. In this regard, it was atypical of many research studies, she told delegates at a conference on Needs-based Technology Assessment in November 1993 in Ottawa.

"A former Secretary of Health once described health research in the Philippines as a state of nervous convulsion leading to no purposeful activity" because a large number of projects are never completed, published or utilized in health care operations", said Dr. Tan Torres.

But now the Essential National Health Research (ENHR) strategy offers hope for more effective health research. This DOH initiative aims to raise research standards in the Philippines to the same level as success stories like the ARI project, by promoting and developing a scientific and data-based culture throughout the health sector.

Jointly sponsored by IDRC and the Council on Health Research for Development in Geneva, the ENHR initiative in the Philippines aims to improve people's health by first setting priorities among different

health problems. Then the relevant research questions are determined in a participatory process involving communities, researchers, and policy and decision makers. Thus, developing a national research agenda is a process determined by both the practitioners and the users of research. Since research resources are limited, such a process allows priorities to be set in the broadest and fairest possible way.

## **EFFECTIVE AND EQUITABLE**

By adhering to these principles, "we believe ENHR will lead to better, more effective and more equitable health care," said Dr. Tan Torres, who serves on the ENHR executive committee. "It will decrease the burden of illness and ultimately improve the health of the people."

According to Dr. Tan Torres, one of the most important achievements to date in the Philippines is the creation of an ENHR office within the Department of Health that will help direct research efforts across the country. Another major achievement is the development of the first ENHR agenda -- a list of six research priorities that took more than two years to compile.

"It was a very complicated and democratic process," explained Dr. Tan Torres. "We spoke with policy makers. We commissioned five consultative groups, composed of people from the academic and clinical sciences, to review the available literature and identify important research gaps. We tried to define research needs from the people's point of view by conducting focus group discussions nationwide. All of the feedback we received was then input into a national conference."

The resulting agenda deliberately excludes studies on health problems for which funding is already available, such as cardio-vascular diseases, cancer and AIDS. The idea is to reserve money for issues that have rarely been addressed, said Dr. Tan Torres.

One of the priorities is to study the impact of indigenous beliefs and practices on health, including the relationship between cultural and religious beliefs on the one hand, and public health messages on the other. "For example, in the area of family planning, our country hasn't advanced at all. In 1990, we had a population of 60.7 million and a growth rate of 2.3%," said Dr. Tan Torres. "Eighty to ninety percent of the population is Roman Catholic and the Church is a very strong institution. Therefore, we want to find out how to work with it to improve family planning and to decrease the growth rate."

## **RESEARCH FOR THE MARGINALIZED**

Another priority is to conduct baseline epidemiological studies on mental health problems -- a topic that was suggested not only by academics but also by ordinary Filipinos. Filipinos expressed concern about mental health and the large numbers of homeless people -- many suffering from mental health illnesses -- in urban areas. In addition, the agenda calls for research on the health problems of marginalized groups such as street children, violence and disaster victims, internal refugees, political detainees and disabled persons.

Under the ENHR program, infectious diseases are also a priority, especially research on tuberculosis. Despite being one of the top five causes of illness and death in the Philippines, tuberculosis attracts very little attention. It is true that some research funds are already available for tuberculosis, said Dr. Tan Torres, but only for studies that specifically link the disease to AIDS.

The two remaining priorities are both concerned with health services. The ENHR agenda includes studies to evaluate the implementation of national health programs, and to develop strategies to encourage the rational use of drugs in hospitals.

For Dr. Tan Torres and her colleagues, the next step is to secure funding for these projects from the Department of Health and from outside sources, including international donor agencies. At the same time, they plan to try some advocacy work. "We want to create a demand for research and prepare policy makers for the data that results -- data that they asked for but may not know how to deal with when it arrives."

The goal of this program, concludes Dr. Tan Torres, is to catalyse a revolution in health research. "ENHR is meant to be a movement, a spirit, a lifestyle change. We now have the political will to make that happen. But the success of ENHR will ultimately depend on the people who will be changed by it."

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ISSN 0315-9981. This magazine is listed in the Canadian Magazine Index.

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