PLENARY SESSION V
"ADDRESSING MINDANAO'S HEALTH PROBLEMS"

Proceeding from Discontent

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Let me begin by expressing my appreciation to your President, Dr. Conrado S. Dayrit, and the National Academy of Science and Technology for extending me this invitation to address you this morning. I am particularly honored by the presence of some of my teachers and mentors as well as comrades and colleagues in past and current ventures.

I recognize that you come from different places and perspectives. Some of you are from Mindanao, others are not; some are from the health sector, others have different interests. In crafting this address I hope to act as a catalyst for the generation of common understandings. On this particular occasion, the challenge is finding that common ground among the diversity of interests and concerns present today.

Those in the health sector of Mindanao may be concerned that their health status lags behind the national situation. This they may attribute to the low prioritization of Mindanao, and relate the solution of their health problems to uplifting the status of the region. Those from the health sector outside of Mindanao may believe that the problems of health are rooted in sectoral rather than regional concerns, that is, that the health sector does not receive the priority it deserves, and that therefore it is the status of the sector in its entirety that must be uplifted. Those outside the health sector – the scientists and academicians, among others – may feel the need to understand the role that they can or should play in this whole process. Thus, given this wide range of the concerns and expectations, perhaps what is needed is a road map that captures these different starting points towards a shared destination.

This morning, then, I would like to suggest some ideas that might serve as *guideposts* in our shared journey. These guideposts may look different from different angles of the journey; but at the end, they will hopefully help us long the path to the our common destination.

The first such guidepost is perhaps understanding that Mindanao, and the challenges it faces, is a microcosm of the challenges of national development.

Our country has been tagged as "the sick man of Asia," a dubious distinction that we seem to have difficulty overcoming. From 1980 to 1992, our per capita GNP declined by an average rate of 1% per year. In sharp contrast, average annual growth of per capita GNP for Indonesia was 4.0%; Singapore, 3.5%; Thailand, 6.0%; China, 7.6%; and South Korea, 8.5%. For 1996, real GDP growth for the Philippines is projected at 5%, a definite improvement from past years' performance. However, this continues to lag behind Indonesia's 6.5%; Singapore's 7.0%, and Malaysia's and Thailand's 8.0%. Our unemployment rate for 1994 was 9.0%, way beyond Indonesia's 3.5%, Thailand's 3.1%, Malaysia's 2.7%, and Singapore's 1.5%. Not surprisingly, the state of our people's health is likewise inferior by Asian standards. Life expectancy in the Philippines has been estimated at 64 years, poor in comparison with 69 years for Thailand, 71 years for Malaysia, and 75 years for Singapore. Similarly our infant mortality rate per 1,000 was established at 40, once again dismal compared to Thailand's 26, Malaysia's 14, and Singapore's 5. Our characterization as "sick", therefore, seems to apply booth figuratively and literally.

As the Philippines has fallen behind its Asian neighbors, Mindanao has fallen behind the rest of our country. In 1988, poverty incidence in the Philippines was estimated at 45.5% of the population. By 1991, this had declined to 44.5%. Poverty incidence in Mindanao, however, increased from 46.4% in 1988 to 53.2% in 1991. This relative poverty of Mindanao has had unfortunate consequences on the state of its health. From 1986 to 1990, life expectancy in the Philippines averaged 64.0 years, while infant mortality per 1,000 live births averaged 52.8 Over the same period, life expectancy in Mindanao was at 55.8 years, while its infant mortality rate was 90.8 per 1,000 live births. In 1992, the maternal death rate of the country was 0.82 per 1,000 live births; for Mindanao, the rate was double the national average – 1.61 per 1,000 live births.

The dynamic relationship between a community's health status and its state of economic development has been the subject of much study and debate. That such a relationship exists however is beyond dispute. Addressing our regional and national health problems then is closely and inextricably intertwined with the attainment of our development aspirations.

Yet this process has been elusive, protracted, and thus frustrating. Why is this so? It is certainly not due to a lack of resources of our land, which remains as rich as those of many of our more developed neighbors, or even more so. Neither is it due to a lack of resources of our spirit, which continues to exhibit the same resiliency and desire that has so often sustained us in times of crisis. I have often pondered this

question and have come to a realization that where we have come short is in harnessing our human resources, in cultivating the capabilities of our people such that our land becomes fruitful and our spirit productive.

This then is the second guidepost: that the breadth and scope of the challenge of development demands a response that is people-centered.

Our paradigms for development have been focused primarily on hardware – infrastructure, facilities, equipment. Yet these are merely instruments. Our approach to development must be led by the development of our human resource, one that has, as its heart, the advancement of the capacities of the people that enable, enliven, and ennoble the instruments.

Many of those steeped in the technical disciplines may, when confronted with this proposition, assume that they themselves would be excluded, believing that they have already attained the desired level of expertise or competence. After all, most have had years of training and a string of initials after their names to prove it.

However, what I propose is not merely the development of competence, but rather the development of *cross-functional* competence. Our times dictate that we journey out of the confines and comforts of our own disciplines, and become conversant in a broad range of fields – information technology; management, economics and finance; human operations and relations; politics and government. This would require us to master a wide range of associated skills – technical, conceptual, programmatic, organizational, and political. More importantly, we would need the ability to apply, relate, and integrate these competencies across a breadth of activities – information gathering, decision making, policy formulation, program implementation, and organizational management. The activities themselves may be familiar. However, the true challenge lies in proceeding through these activities interactively, that is, in a manner that brings us together and enables us to orchestrate the various dimensions of our expertise and interest.

Unfortunately, in contrast, the reward structure of our society, and hence the orientation of our education, places a premium on specialization – by field, by subfield, and by sub-sub-field - this possibly approaching ridiculous proportions. Furthermore, training has been aimed at the development of analytical skills – where, in the pursuit of understanding, things are broken down and taken apart. Little import has been accorded to the development of those skills that enable one to integrate and synthesize.

This is particularly characteristic of us in the medical profession. We focus on technical proficiency as the standard of excellence. We strive to gain deeper and deeper expertise, yet we succeed only in gaining narrower and narrower perspectives. We face the danger of fragmenting our patient into a collection of symptoms, as we move farther and farther away from remembering that the object of our concern is not merely a set of disordered systems but a human person.

Furthermore, we focus on the individual patient rather than the community of which he is part. Yet logic dictates that treating a patient with a communicable

disease, for example, necessitates equal and equivalent attention to the home and the workplace from which he came and to which he will return. I believe that one major reason why TB continues to be a national shame, despite general awareness of it by our people and the availability of effective treatment methods, is because of the wall that has been erected between personal care and community care.

Perhaps this is why we in the health sector, and indeed the scientific community as a whole, are not accorded the ascendancy that we so rightfully deserve. We may arrive at our notions using disciplined scientific means. We may be selfless and dedicated, industrious, and imaginative. But even if our cause is just, our hearts pure, our service vital, we find critical gaps between the primary of our vision and the inferiority of our reality.

My diagnosis is that we may, in fact, be suffering from terminal egocentricity, that is, a closed-minded belief that the essential righteousness of our cause, the propriety of our methods and the soundness of our expertise are and should be the only ingredients necessary to advance our state. We have been content to live in our own small world, safe with our concepts, secure with our technology, conversant in our jargon, and comforted by the nobility of our cause. In our desire to be self-sufficient, we have become self-absorbed; and our safe, sanitized world has become a prison. For example, we have been shy and timorous, unconcerned with, and perhaps even disdainful of dirtying our hands in the world of *realpolitik*, even when this is often the arena where battles for recognition and resources are waged and won. Our self-imposed seclusion has restricted the development of competencies beyond the specific sphere of our expertise. This has, ironically, circumscribed our abilities, making us turn inwards, rather than upwards and outwards.

Davao was instrumental in my own personal awakening regarding the value of broader perspectives, those that transcend sector and discipline. I made my first provincial sortie as Secretary of Health to Davao in April 1986. This was upon the urgings of Chito Ayala who conveyed to me that the people, having come down from the "highs" of EDSA, were now becoming restive to see and feel the benefits of the reforms for which they had fought. I listened to their grievances – the lack of medicines, the lack of health personnel, the lack of health facilities – and wondered how these could be addressed, particularly given the sorry state of the government that we had inherited from the dictator. It was through these reflections that I made an important realization – that health was not merely the sum of various technical considerations, but could be a potentially potent political tool to serve well and govern effectively. For health, being a basic, common, and primal good, with concrete manifestations and appreciable benefits, could be the means through which the Aquino administration would make an immediate, actual, and enduring impact on our people's lives. I took these arguments to the President and subsequently received an additional budgetary allocation, this at a time when the other departments were being mandated to tighten their belts.

My third guidepost is that people-centered development must be institution-driven.

In developing countries where resources are meager, the prime concern becomes individual survival. This is dangerous on several counts. First, it encourages isolation. This is just as true of the rich, who build walls to protect what they have accumulated, as it is of the poor, for whom survival is the only command. Second, the need to survive promotes short-range, piecemeal, quick-fix approaches to what are essentially long standing, structural, and endemic problems.

These two ill effects of the survival imperative – isolation and short-term thinking – are precisely the opposite of that which is required to assure the sustainability of development initiatives: cooperation in the pursuit of long-term solutions to the development dilemma. This then finds concrete expression in the building of institutions, particularly those which are directed at human resource development. For such an endeavor, if it is to be realized to the extent and of the nature previously described, can only be organized, supported, enhanced, and sustained in an institutional context.

Mindanao does not lack for bright persons, or successful entrepreneurs, or profitable businesses. Neither does the country as a whole. Yet these cannot operate in isolation. Institutions are required to ensure that these persons and enterprises exist and persist. These institutions should seek to become centers of excellence that cultivate the breadth of competencies required by our time, adopting intersectoral and interdisciplinary, yet integrative and interactive approaches to teaching, learning, and practice.

In addition, these institutions should operate as a network, collectively serving as the vehicle through which the base of knowledge, skills, and values is clarified, communicated, and enriched. The "lone star" model of institution-building cannot and should not prevail.

Finally, it would be unwise to merely transplant foreign, often Western, institutional archetypes and force fit these to the Philippine setting. Rather, institutions created should be rooted in and reflective of that which is unique in our tradition, experience, and situation. The implements of technique and technology, Western though these may be, can then be grafted on and adopted in a manner that is appropriate and beneficial.

It would not be surprising – though certainly ironic – if Mindanao, which has become infamous for its level of tension and discord, would be the catalyst for the initiation of this undertaking which is founded on cooperation trust. Often, the impetus for change is born out of a rising level of discontent. The response to that discontent is to either come closer together, by building institutions aimed at reform, or to pull further apart, by fragmenting, and possibly destroying, the old order. This is the precise challenge that Mindanao now faces. Perhaps the creation of structures and systems geared towards human resource development could be the venue through which Mindanao comes together rather than comes apart.

One final note. Capacity-building is generally not viewed as "center-stage" material among those who make and move moneys. The returns take too long. The benefits are difficult to touch, to measure, to project. In PR language, it's not sexy enough. Notice, however, that the nature and quality of that which ultimately assumes center stage is, of necessity, a function of the capacities of the people responsible for its production and presentation. It is in this context that investments in the human resource, and in institutions geared towards such, emerge as a critical and immediate imperative.

We are not going to reach these goals overnight, over a year, or even over a term. So we must have the patience, perseverance, and perspicacity, for it is only by breaking out of the confines of our narrower interests and inclinations, by tearing down the imprisoning walls of dogma, doctrine, and discipline that keep us apart, by gaining comfort in and appreciation for each other's worlds, that we can begin to come together and move forward as a sector, as a community, as a region, and as a nation.

Panelists

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Quezon Avenue, Cotabato

My former boss in the Department of Health, Alfredo R.A. Bengzon; Fellow Panelists, Scientists, Academicians, Ladies, and Gentlemen.

The paper "Proceeding from Discontent" was perfectly presented in that it clearly discusses "guideposts" to direct solutions to the age-old problems of health in Mindanao in relation to national development.

The Medical Mission Group Hospital and Health Services Cooperative Philippines (MMGHSCP) was basically formed out of this discontent. With the failure of the government to provide the necessary health services here in Mindanao, a Davao group under Dr. Ting Tiongco started this cooperative in 1982.

We believe that our country is "the sick man of Asia"; we have lagged behind our neighboring countries in almost everything including health. In this area, Mindanao is badly neglected. Dr. Bengzon says that it is certainly not due to a lack of resources in our land. We are rich in natural resources and we have sufficient technical know-how at the desired level of expertise or competence.

We strongly agree with Dr. Bengzon that our approach to development must start with the development of our human resources, an approach that has at its heart the advancement of the capabilities of the people to the fullest.

The MMGHSCP believes that its strength stems from the geographical location and administrative distance of Mindanao from Central Government – Manila. Because of this, doctors realized that they had to pool their resources, be self-reliant, and the Davao Cooperative was formed to answer the basic needs of health.

The basic ideas presented by Dr. Bengzon are within the framework of the MMGHSCP.

Thank you very much for your kind attention and I also thank the National Academy of Science and Technology for inviting me here.

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It is always a pleasure to listen to Dr. Alran Bengzon. It is an honor to be asked to serve as a reactor to his scholarly presentation to the body particularly his views of the need to understand Mindanao if we are to face the challenges of changing the view that the Philippines is the sick man of Asia.

In the Mindanao Task Force for Poverty Alleviation (MTFPA), we are constantly faced with the question: How can most of the poor benefit from all the development initiatives?

The presentation of Dr. Bengzon indicates that institutions have to be involved – poverty alleviation will have to involve not only individuals but also institutions.

Can those who are in the field of science and technology bring benefits of improved technology to enable the communities to improve in a manner that the people in the community can understand and manage for itself?

The MTFPA is in the process of demonstrating that computer technology can be linked to some technologies to fight poverty.

My main question is to what extent can Mindanao set the model for extending benefits for the poor, its main goal, its main basis for measuring its own effectiveness.

Dr. Bengzon speaks of a "people-centered response". This, to my mind, is the main challenge, not just a response that is designed by specialists and scientists for the people but one that involves them from design to implementation to monitoring and evaluation.

This, my fellow Mindanaoans, is a major question that I hope you can tackle.

Thank you.

RECOMMENDATIONS

WHEREAS, the people of Mindanao are of varied origins, cultures, and religious beliefs,

WHEREAS, their active participation and co-existence are essential ingredients in the promotion of peace and development,

WHEREAS, conservation of natural resources and development are often at cross-purposes and should, therefore, be properly managed to attain sustainable development,

WHEREAS, in planning development and implementation, the lessons of the past should be a major consideration,

WHEREAS, the future of the Mindanaoans depends not only on the development of the region's physical and natural resources, but most especially, on a healthy human resource which should be shaped by a holistic education, characterized by high moral values and ethical standards, surrounded by an ecologically balanced environment,

WHEREAS, the culture of science and technology should be ingrained in the consciousness of every citizen, and therefore, must be vigorously pursued at all levels,

WHEREAS, science and technology are vital in the planning and implementation of development programs for Mindanao,

BE IT RESOLVED, as it is hereby resolved, that:

- The principle of UNITY AND DIVERSITY in all developmental efforts and endeavors in Mindanao be advocated and adhered to;
- A Human Resource Development Program that has all the components of quality education characterized by high moral values and ethical standards, responsive to the needs of the Region and supportive of the business environment, based on pro-active participation of all concerned be formulated and implemented;
- All developmental plans be based on Mindanao's carrying capacity in terms of present and projected population and the proper utilization of resources;
- The health problems in Mindanao both at the individual and community levels be addressed;
- The science culture be fostered in both formal and nonformal education and nurtured as a way of life;

- A vigorous transfer of technology appropriate to Mindanao be undertaken; and
- Relevant S & T programs tempered by a conscious effort to maintain the ecological balance in the environment be continously pursued.

FURTHER RESOLVED that these resolutions be presented and adopted by the participants of the 18th Annual Scientific Meeting of the Academy, and

FINALLY, RESOLVED that copies of the approved resolutions be submitted to the President, Cabinet Secretaries, Office of the Presidential Assistant for Mindanao, local government units, state colleges and universities, and NGOs in Mindanao for consideration.

Presented to:

The participants of the 18th Annual Scientific Meeting this 11th day of July 1996 at the Insular Century Hotel, Davao City

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