

Interview: PCHRD Executive Director Quintin Kintanar

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I first saw Dr. Quintin Kintanar in 1984, when he delivered the keynote address before an international group of biochemists during the Fourth Federation of Asian and Oceanian Biochemists Symposium held in Manila. He was then the deputy director general of the National Science and Technology Authority.

He again delivered the keynote speech for the PBS-IUB Biochemical Education Workshop in October of 1987. He was by now the executive director of the Philippine Council for Health Research and Development. He was introduced to the Workshop participants as the heartthrob of female medical students at UP and "suki" of the Philippine Biochemical Society.

Dr. Kintanar was the first I interviewed among the heads of the different funding agencies. I arrived 10 minutes early for my appointment and was informed that he had gone to his usual lunch with his family. He was expected to drive back to Bicutan soon. When he arrived, he smiled at me and went straight to his office. His secretary introduced me as the correspondent from PBS Bulletin and a faculty member of St. Scholastica's College. His eyes lit up. Then he asked me what subjects I teach. It turned out we had one thing in common. Dr. Kintanar used to teach college biochemistry at St. Scholastica's in the late '70s, the course I now teach.

As the interview proceeded, Dr. Kintanar struck me as somebody with a firm grasp of the health problems in this country, moving quickly, despite budget constraints, to solve those problems.

A month after the interview, I met rural health workers actively promoting herbal medicine in the provinces. I learned that, unfortunately, rural folk still believe that the expensive multinational drugs are by far better, and that it is the matrons from Forbes Park who appreciate more Dr. Kintanar's herbal medicine.



What is the budget of PCHRD for 1988-1989?

For calendar year 1988, the latest appropriation by Congress which is still to be released is about ₱13 million. In addition to regular government appropriations, we have special projects that are funded by foreign agencies or local foundations. We have an additional ₱2 million funded by USAID, then about ₱1 million from the International Development and Research Center of Canada and small grants from local foundations. All in all about ₱16 million.

What projects are funded under basic research?

At the Research Institute of Tropical Medicine some projects are basic in the sense that they cannot be instantly applied but we are what we classify as mission-oriented. We support such projects as schistosomiasis research. The Schistosomiasis Research Unit in Leyte has field-tested a new drug, Praziquantel. It is orally administered and is quite effective. In support of this program, we have many basic projects such as studies on the changes in the morphology of *Schistosoma japonicum* using

electron microscope pictures comparing the treated versus control groups and the life cycle of the parasites.

We also supported a study on the relationship between susceptibility to malaria and glucose-6-phosphate dehydrogenase deficiency in Filipinos. I think this is an example of a basic pharmacogenetic type of study.

What projects are funded under applied research?

Applied research is our mandate because PCHRD supports mainly applied research to answer the health problems in the country. So we categorize the research program into three.

One is related to biotechnology to study the pathogenesis as well as management of various health problems. Included here are the major communicable diseases like tuberculosis, tropical diseases like malaria, communicable diseases of children like diarrhea and respiratory tract infections, and mother-child health and nutrition.

Another category is pharmaceutical programs. Here we have mainly the integrated medicinal plant studies, with the cooperation of various research centers and departments of the U.P. College of Medicine, the U.S.T., the U.P. Los Baños, College of Agriculture and so on. We study all aspects of the medicinal plants: agriculture, propagation and the requirements of the garden, plantation, isolation, characterization of the active component, and dosage formulation. Four are actually about to be commercialized. Two of these, *lagundi* and *tiang gubat*, which are for cough and diarrhea, are being bought by a private firm, the Philippine Herbal Group. A portion of medicinal plants are used for the production of crude pharmaceuticals processed in the same way as modern medicine; that is, as tablets, capsules and liquids.

The last category involves studies on how to make health services and programs of the Department of Health more effective and more efficient. We are now studying how to make finance schemes. One is the health maintenance organization as a mechanism for providing health care in the community. This is in the nature of pre-need insurance wherein the members of the community pay a certain amount which will be used when they need health services.

The other is, we have assisted a volunteer nongovernment organization in helping people start a business like a cooperative store and a rice mill. The proceeds and profits from these businesses are used for primary health care such as medication under the needs of their program. This organization is primarily engaged in health care. These are the two studies on how to make more effective the delivery of health care services.

All in all, we have 30 projects.

Sir, aren't you going to provoke the ire of the multinationals by competing with their products?

Well, it is in a way competing with them although not directly because the modern medicines cater to the urban and the more affluent portion of the population. We envision that the plants will cater to the rural and poorer population who cannot afford the modern drugs. So in addition to the herbal pharmaceutical processing plants in Metro Manila, herbal

medicine is going to be processed by four plants in the Department of Health located in regions

We have another aspect of integrated medicinal plants which is directly related to folk medicine. We teach the *herbolarios* and the community how to use medicinal plants scientifically. We have in our manual 85 plants which we are recommending for different conditions like cough, fever, pain, diarrhea, external wounds, and so on. This is a companion program to the herbal pharmaceuticals which will be marketed through the Botika sa Barangay or the Rural Health Unit of the DOH. We realize we cannot reach the majority of people if we just depend on pharmaceuticals sold over the counter of the drug store. So we are teaching the community and the *herbolarios* to use medicinal plants the more scientific way.

Who will teach the *herbolarios* the scientific way of using medicinal plants?

We have in our project several experts. We have experts in agricultural requirements of the plants who can teach them the botanical identification, how to take care of the plants and let them grow. And then we have also pharmacists who are experts on the preparation. Actually it is a simple procedure of putting the right amounts of leaves, boiling them for so many minutes and then taking half a glass or so. It is recommended on the basis of our studies which are also undertaken by pharmacologists like Dr. Maramba who study the effects of these preparations on human subjects. And then we have for the pharmaceuticals, training for those who would like to undertake tablet and capsule preparation. There

Know your PCIRD Executive Director

Educational Background: Doctor of Medicine, University of the Philippines, 1961; Ph.D. in Environmental Medicine (With distinction), Baltimore, Maryland, U.S.A., 1970; Scientific visit as IAEA Fellow, Temple University, Philadelphia, Pennsylvania, U.S.A., 1984.

Management Training: Profession of Management Seminar, Louie Allen Management Consultants, 1973; Junior Executive Training, Civil Service Commission, 1976; Career Executive Service Development Program - Phase II (Highly Meritorious), Development Academy of the Phil., 1978.

Publications: 60 papers published, here and abroad, in the fields of Pharmacology, Toxicology, Pharmaceutical Industry, Microbiology, Medicinal Plants, Fatty Liver, Lipid Metabolism Environment, Science and Technology.

Scholarships/Awards: University and College Scholar, UPCM; Republic Cultural Heritage Award for Science, 1963; The Most Outstanding Young Men (TOYM) Award for Science, 1975; Most Productive Researcher, NIST Diamond Jubilee, 1976; First Prize, NSDB Outstanding Research, 1979; UP Alumni Association Professional Achievement Award for Science, 1981; Honorary Dilemate in Anesthesiology, Phil. Board of Anesthesiology, Oct., 1982; Phi Kappa Mu Fraternity (UPCM) Achievement Award in Research Administration, Dec. 1983; Academician, National Academy of Science and Technology (NAST), July, 1985; Industrial Research Foundation, Inc. (IRF) Research Chair Awardee in Environmental Toxicology, NIST, 1985.

Some important Positions Held: President, Radioisotope Society of the Phil., 1974-1975; President, Phil. Society of Endocrinology and Metabolism, 1975-1976; Diplomate in Endocrinology and Metabolism, Phil. Board of Endocrinology and Metabolism; President, Phil. Association for the Advancement of Science (PhIAAS) 1980-1983, 1984-present; currently Professor of Pharmacology, UP College of Medicine; Leader, ASEAN-Committee on Science and Technology (COST) Phil.; Editor, Phil. Journal of Science.

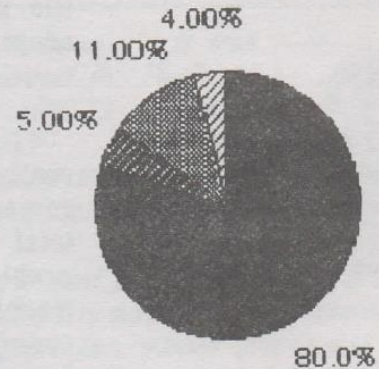
Citations: Outstanding Leaders of the Phil., 1980; Men of Achievement, (U.K.) 1980; Who's Who in the World, (U.S.A.) 1980.

how much goes to administration, research, and operating expenses?

USAID, 48 percent, but much of this money is not with us now. It was transferred to the Department of Health. That is why I mentioned it is only 2 million from USAID now, instead of 18 million as in the past.

As far as breakdown on PCHRD expenditure, research and development is 80 percent. Services, which means information services, publications, and so on, is 11 percent. Then for education and training, where we give scholarships and fellowships, about 5 percent. General administration, that is our staff here, is about 4 percent.

PCHRD EXPENDITURES



What are the priorities for funded researches for 1989-1990?

Communicable diseases are still the priority. The others are: maternal and child health; degenerative, metabolic, and mental disorders; malnutrition; and environmental health, safety, and rehabilitation.

- Research and Development
- ▨ Education and Training
- ▩ Services - Information, Publications, etc.
- ▧ General Administration

What is the 5-year development plan of PCHRD? What would you want to see?

We have already outlined our program from 1988 up to 1992. Essentially the thrusts remain the same, except that we have also allocated funds for projects of an urgent nature that may surface. We are going to have projects on mercury toxicity. It is a big problem in some parts of the country where gold mining is a major concern. We have put that in our medium-term plan.

We have also included a research program on coconut oil, its nutritional and medical aspects. Yes, it is our answer against the soybean attack on coconut oil. We have some health questions that need to be answered. There are some clinical trials that need to be done on new products developed by the group in Harvard which has a medium chain triglyceride from coconut oil. It is useful as an energy source for sick patients including premature infants.

We are also submitting a proposal on the ill effects of smoking on health. I am going to talk with the representatives of the International Development Research Center of Canada tomorrow on that project proposal funding.

The others are on the maintenance of our programs on communicable diseases and malnutrition. We have just completed the study done by the Food and Nutrition Research Institute that set new standards for Filipino growth and development from ages 0 to 19 years of age. We were using very arbitrary standards mainly based on American and later on Filipino standards. Recently, we completed a survey of the population of the entire Philippines, which showed that the standard for Filipinos is a little lower than what we use. The weight-for-age standard

was about 8 to 17 percent higher than what it should be. We were probably exaggerating the number of undernourished or underweights because our standards were too high. We are validating at the moment these standards through the Ermita Health Science Community, composed of U.P. and the other institutions in the Ermita area. If found to be valid, we will have a conference maybe towards the end of the year. We will call all the medical and nutrition-related agencies and organizations to adapt just one standard.

How do you respond to the claim that the Japanese are simply using our brains for their researches and exploiting us?

I guess it is mutually beneficial, but more beneficial to us. We really need assistance and funding, otherwise we cannot do research. The budget of PCHRD is very small compared to the total requirements. The economic equivalents of our health problems have been estimated from the top ten mortality, top ten morbidity diseases, illnesses, and malnutrition cases in the country. The health expenditures to meet these needs which can be equated with the loss in productivity of the people who are sick and which could have been prevented if they were taken care of, is estimated to be ₱3.5 billion. We are talking of a problem worth ₱10 billion and our research fund is only about ₱13 million. So you can see the disparity of our resources and our problems.

How would you respond to the allegation that concentration of a great deal of budget to applied research may backfire in the long run; that we may not even call the research as our own unless we go back to basic research?

Yes, of course. We are not the only council that is supporting research in the country. The PNSS is supposed to fund more basic researches. We have a new council on Advanced Science and Technology which is going to fund university-based research in the high technology area, basic in nature. So we have not been completely applied, although most of our funds go to applied research. But there are other agencies that are supporting basic research.

How long is your term as executive director of PCHRD? When your term is over, how would you like people to remember your administration?

There is no definite term. We would like to contribute to the health of the Filipino. We feel that the first 5 years of PCHRD had been very productive. It was recognized as the council for the health sector. I am very happy to come in, after the initial difficult period had passed. I think there is still much to be done. We are going into new areas, new fields of research, and new programs.

Included in our development plan for the next 5 years are the new Medical and Research Institute and new Health Research Implementation Center which we shall call the National Institute of Health. These will be located at the corner of Taft Avenue and Pedro Gil. We will set up a new building there.

I have talked with the president of U.P., the Secretary (DOST), and representatives of JICA (Japanese International Cooperation Agency). If we are convincing enough, we might get a new health research center to put up there. ※

