

# Community-Managed Integrative Primary Health Care in the Philippines: ALTERNATIBONG KATILINGBANONG KALAMBO-ANG PANGLAWAS (AKKAP)

## Summary

**This paper discusses a model of integrative primary health care that empowers rural communities to take a leading role in wellness, prevention and healing in the context of societal health. This is explored through the experiences of Alternatibong Katilingbanong Kalambo-ang Panglawas (AKKAP), a Community-Managed Integrative Primary Health Care (CMIPHC) initiative based in Kidapawan City, North Cotabato, Philippines.**

CMIPHC has been field-tested by AKKAP in the Philippines since 1997, in line with the needs of remote agricultural communities in a tropical developing country. In such areas, health service delivery is limited, or virtually non-existent. The acronym "AKKAP" relates to the Filipino word for "embrace"—and it is with the same gesture of embracing and integration that AKKAP uses traditional Filipino and Chinese healing modalities, within the context of anthroposophically-extended medicine.

CMIPHC is grounded in sustainable integrated area development (SIAD) principles. The SIAD orientation ensures that programs are designed to nurture communities' physical, mental, spiritual, economic, environmental and societal health while taking into consideration the unique



**Fig.1. Mother embracing her child, Davao Oriental.**

cultural and ecological situation of each area. This is especially significant in a geographically- and culturally-diverse country such as the Philippines, an archipelago comprised of 7,107 islands and approximately 76 to 78 distinct ethnolinguistic groups.

AKKAP promotes CMIPHC through various core services: integrative primary health services (clinical and field-based), extensive training and community development support for grassroots organizations in partner communities, preparation of anthroposophic and traditional plant-based remedies, and food security and bioremediation advocacy through organic and biodynamic farming.

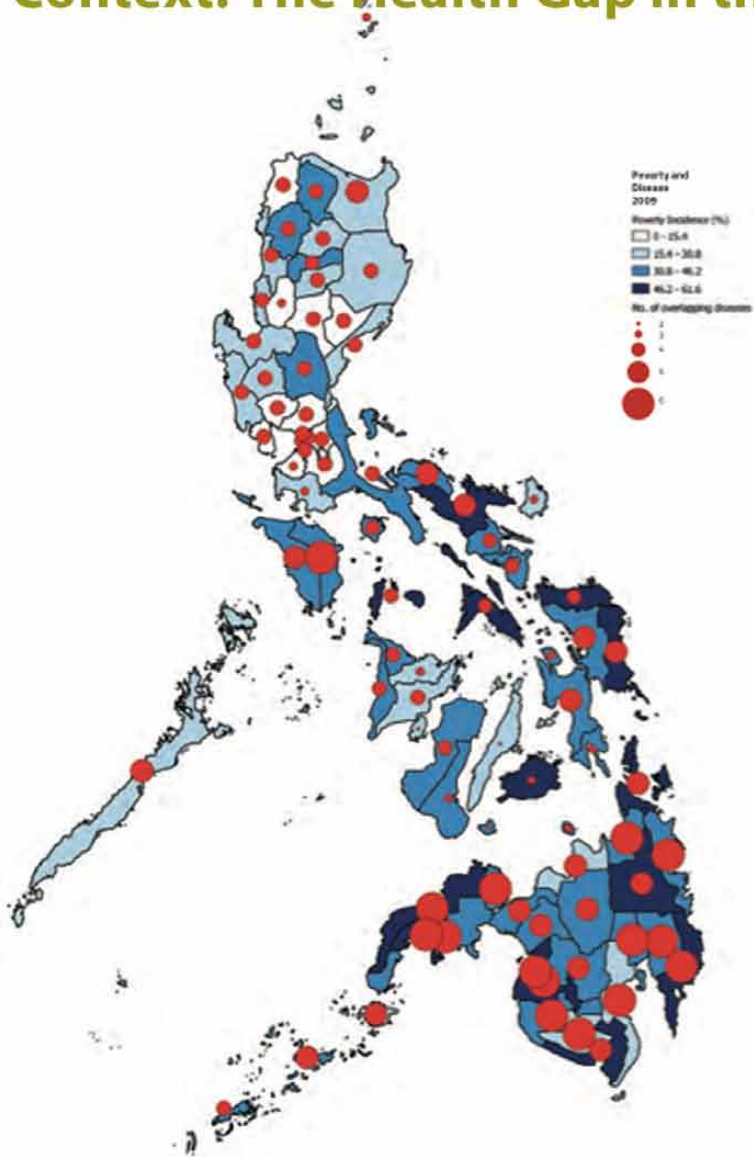
It is also important to note that these services are provided without any external funding. AKKAP is largely reliant on revenues generated from clinical fees, which are scaled down to remain affordable for farmers and professionals alike.

AKKAP's experiences have also provided insights in the effective use of anthroposophic medicine to treat infectious diseases such as pulmonary tuberculosis, as well as frontline medical and psychosocial treatment in disaster situations.

The need to train a new generation of integrative and anthroposophic medical practitioners for research and continuing service delivery regardless of limited resources are among the many challenges faced by CMIPHC in the Philippines. Despite (or perhaps because) of these challenges, however, CMIPHC is a strong model of health service delivery that can be applied to many areas and contexts, both in the Philippines and worldwide.



# Context: The Health Gap in the Philippines



**Fig. 2: Poverty Incidence and Disease, PHDR 2012**

**Health service delivery**, especially in rural areas, remains to be a challenge in the Philippines. Limited facilities, plummeting incomes vis-à-vis rising prices of medicine and hospital care, along with limited health financing, are stumbling blocks to access for many far-flung poor communities, especially in a country where emphasis is on hospital-based curative care, not promotive health services. Any public or private investments have been largely focused in urban areas. In fact, a staggering four out of 10 doctors are in Metro Manila. Unconsciously, even health has fallen prey to elite capture, a tendency that has plagued the Philippines for generations.

This is particularly true in Mindanao, the southernmost island of the Philippines. Despite its cultural and ecological richness, Mindanao is home to many geographically-isolated and disadvantaged communities. Nine (9) of the fifteen (15) poorest provinces in the Philippines are in Mindanao.

Figure 2 shows that the relationship between poverty incidence and disease in Mindanao is the highest nationwide, a situation fueled by poor governance, inequitable distribution of natural resources, and unrelenting cycles of armed conflict with both communist and Islamic independence groups.<sup>1</sup>

This has been exacerbated by changing climate patterns. While Mindanao once enjoyed gentle climates year-round (a gift to its rice, corn and coconut farmers), violent typhoons have begun to occur, destroying crops and infrastructure particularly in areas made vulnerable by mining and logging.

But these gaps have also led to creative opportunities. The geographic and cultural insulation of Mindanao has allowed traditional Filipino medicine to flourish in rural communities, where the SIAD framework resonates as a more comprehensive, culturally-appropriate and community-based model of development.

Recent disaster situations such as Typhoon Pablo have proven the effectiveness of integrative medicine in treating trauma, depression, and other psychosomatic illnesses as a complement to mainstream biomedicine. The complementary and alternative medicine (CAM) framework has also been acknowledged by the Department of Health through the creation of the Philippine Institute of Traditional and Alternative Health Care (PITAHC). PITAHC has so far established parameters for accrediting acupuncture and homeopathy, although much policy development still remains to be done.

It is in this context that AKKAP, and CMIPHC, does its work.

<sup>1</sup> UNDP (2012) *Philippine Human Development Report* (Manila, Philippines: UNDP).





**Fig. 3: Members of the AKKAP network in Region X and XI**

**AKKAP was formally founded** as a non-profit NGO in 1997 in Kidapawan, North Cotabato. However, it can trace its beginnings in 1981, as the AKKAP core team was part of the Community Based Health Program (CBHP) under the Diocese of Kidapawan.

The CBHP was formed due to the socially-conscious, liberation theology-inspired grassroots work that progressive members of the Catholic Church in the Philippines spearheaded during the Marcos dictatorship. It is this same integrative, spiritually-informed framework of service that remains AKKAP's orientation until today.

It was also through CBHP that the AKKAP founders came to the conclusion that the popular method of doing medical missions and out-reach programs offer only temporary relief in far-flung areas. The only sustainable path, they realized, is to train and assist communities in managing and healing themselves.

AKKAP's work extends to training and partnering with many communities throughout North Cotabato, Compostela Valley, the Davao peninsula, Lanao, Bukidnon and the Zamboanga peninsula, forming a network/referral system of community-based integrative health practitioners all over Mindanao.

All work is done by an eight (8)-member management team: one anthroposophic doctor specializing in community medi-

-cine and acupuncture, one medical technician, one nursing graduate, one midwife graduate, four community health workers. All are trained in traditional Filipino and Chinese medicine, and anthroposophic medicine is used as a overall organizing framework. Psychological, medical and spiritual dimensions are factored into diagnosis and treatment, stimulating the ability of the patient to self-heal, in a supportive, nurturing and process-based manner.

## Programs

**The Community-Managed Integrative Primary Health Care** approach strives for healed and whole “therapeutic communities” in every corner of the Philippines. However, this can only be achieved if all communities regardless of socioeconomic status are able to consciously and responsibly take charge of their lives—and that means being able to reframe the current fragmented paradigms of health, nutrition, agriculture, education, and indeed, of social development in general.

This is done through five (5) core services:

### 1. Integrative Primary Health Services

*Filipino Traditional Medicine, Massage, Herbal Medicine, Acupuncture, Tuina, Moxibustion, Cupping, Anthroposophic Medicines (remedies, compresses and footbaths, biography-art therapy, eurythmy).*

AKKAP has been able to field-test this model by proving CMIPHC as a cost-effective, accessible and sustainable public health modality.

Given that the minimum daily wage in Mindanao averages PHP 200 (USD 5), AKKAP charges PHP 25-50 (USD 1) for medical consultations, PHP 35 (USD 0.7) for 60ml of potentized remedies, and anywhere from PHP 65 to PHP 175 (USD 1-3.5) for compress, footbath, acupuncture, ventosa or massage. Integrative treatments have also proven effective in the treatment of pulmonary tuberculosis, chronic asthma, and other infectious diseases common in tropical countries.





**Fig. 4: Integrative Health Outreach in Andap, New Bataan, Compostela Valley for families displaced by Typhoon Pablo.**

The volunteer health workers include doctors, nurses and even teachers from surrounding communities who, by necessity, have learned acupuncture, traditional massage and psychosocial counseling techniques, among others, to help their students deal with the trauma. Eight months after Pablo, the children no longer cry in fear when it rains, but a host of other diseases need to be treated—including renal issues from trauma and canned food, respiratory issues from inadequate shelter. Much remains to be done, especially by the community members themselves, who above all else wish to be able to respond to their own needs, on their own terms.

## 2. Training Workshops

*The basic principles of integrative medicine are introduced through a comprehensive view of the Human Being, Society, Environment & the Cosmos.*



**Fig. 5 and 6: Trainings at the Kidapawan AKKAP Center. Case review onfield in Tumanding, Arakan, North Cotabato.**

AKKAP's training workshops include discussions on early childhood development, biodynamic farming and herbal processing, biography-art therapy and patient care, as well as acupuncture training and clinical apprenticeship for those working in community managed integrative primary health care programs.

Trainings are given to partner communities and organizations at absolute minimum cost. Thus far, a system of regular training, re-training and referral for communities in Region 10 and 11 is in place, while challenging cases that cannot be dealt with at the sitio and barangay level are referred to AKKAP.

## 3. Community Development



**Fig. 7: Community health workers, such as those from Sitio Natipakan, Latagan, Matalam, North Cotabato, are empowered to provide basic health services such as the differential diagnosis and treatment of basic illnesses, and the production of remedies with medicinal herbs grown from the community garden.**

The grassroots health center in Natipakan is self-sustaining—all net proceeds are divided in such a way that 20 percent goes to the community, 30 is folded back to the program, 50 percent to the community volunteers who produced the remedies. Health workers have also been trained in basic blood typing and urine/fecal testing, so medical records of each family in Natipakan are updated, creating a "living blood bank".



Educational activities on nutrition and sanitation are folded into the rhythms of community life. Special health events are scheduled into the town fiestas, and in the spirit of brotherhood, the community supports the health workers by helping tend their fields whenever they have to travel for periodic training.

#### 4. Kitchen Pharmacy

*Production of granules, tinctures, syrups, liniments and ointments, along with other anthroposophic remedies for community use.*



**Fig. 8:** Biodynamic mangosteen rinds being dried before processing.

#### 5. Biodynamic Farming

*AKKAP runs three small biodynamic farms, using organic and biodynamic farming techniques to grow rice, medicinal plants and fruit.*



**Fig. 9:** Rice Farm in New Cebu, Pres. Roxas, North Cotabato. Bioremediation, charcoal filtering of irrigation systems and various biodynamic preparations are used to heal a 2.5-hectare plot that was once heavily sprayed with chemicals. The surrounding fields are dry and fallow with black bug infestations, but this rice field is green and alive. Key to the project is the building of a seed bank using heirloom black, red and purple rice varieties, cross pollinating strains for hardiness and flavor, and testing them against black bugs and golden snails. As of today, they have 32 BD lines, and the irrigation filtration system is able to cut down the chemical content on the water from 70% from entry to zero upon exit.

## Towards Social Healing: Challenges, Opportunities, & Ways Forward



**While AKKAP has been able to make inroads** in community-managed integrative primary health care (CMIPHC) in Mindanao in the last sixteen years, many challenges remain.

- **Limited human resources**, and the need to train a new generation of more community health practitioners on the differential diagnosis and comprehensive management of diseases. This includes doctors, nurses, midwives, health researchers, pharmacists, community organizers,



art therapists, biodynamic farmers, educators and facilitators, among others.

AKKAP has been approached by various local governments, training hospitals and schools to help integrate CMIPHC in their programs. However, nominal transfer of technology without the full context of integrative and anthroposophic medicine is problematic. Conversations are ongoing among some Filipino anthroposophic practitioners regarding the **setup of a suitable SIAD-oriented adult education center**. It is envisioned that such an educational program can also provide training for community health workers, as a complement to the existing International Post-Graduate Medical Training (IPMT) facilitated by the Medical Section of the Goetheanum.

- While medical records are kept, more **in-depth documentation and research** is necessary particularly for individual case studies to be used for cognition-based medicine (CBM) research on the applications of integral medicine.
- **Practical, facilitative and complementary relationships with the local Department of Health, private hospitals and mainstream medical practitioners** need to be enhanced. This is needed for both primary health care delivery and manufacturing of remedies.
- Further work is required in **strengthening the pharmaceutical component of integrative medicine**. Resources for the local manufacturing of remedies must be developed, and by doing so, assure steady and affordable supply at the grassroots level.

While the mother tincture for key anthroposophic remedies is still imported from Europe, the trajectory is to **encourage research and development of local medicinal plants**. This has been challenging given the Philippine Food and Drug Administration's lack of clear frameworks on the legal regulation of traditional and integrative pharmaceutical preparations.

As such, long-term work such as policy lobbying and the conduct of clinical studies and longitudinal trials on integrative and anthroposophic medicine will be crucial.



• **Patients' organizations also need to be supported.**

Monthly patients' sessions were once conducted in the AKKAP center, but lack of manpower has since curtailed the full conduct of such activities.

- **Partnerships with other Anthroposophic Medical Organizations**, both in the Philippines and abroad, must also be strengthened. While approximately a dozen trained anthroposophic doctors are currently practicing in the Philippines, only one is currently located in Mindanao.

Ultimately, the long-term vision is to **nurture a wide network of anthroposophic health initiatives**, converging both professional and grassroots efforts in the medical and allied health sciences towards a social medicine that is truly relevant for the Philippines.

All these components come together to create a comprehensive picture of Filipinos striving towards better health and self-healing, not only on the level of the conscious individual, but also for more harmonious families, and stronger and empowered communities.

**AKKAP can be visited at Purok 2, Lanao Kidapawan City, North Cotabato, 9400 Philippines. For more information, contact AKKAP Executive Director Dr. Rosalinda Maglana at [moonmaglana@gmail.com](mailto:moonmaglana@gmail.com).**