

2009

# CAR

## REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT



**CORDILLERA**

**ADMINISTRATIVE REGION**

**REGIONAL HEALTH RESEARCH  
CAPACITY ASSESSMENT REPORT**

OCTOBER 2009

PREPARED BY: STRUCTURE/ORGANIZATION MONITORING AND EVALUATION COMMITTEE

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## ACRONYMS

<b>CRHRDC</b>	Cordillera Region Health Research Development Council
<b>COA</b>	Commission on Audit
<b>DOST</b>	Department of Science and Technology
<b>DOH</b>	Department of Health
<b>HRC</b>	Health Research Consortium
<b>NAST</b>	National Academy of Science and Technology
<b>NUHRA</b>	National Unified Health Research Agenda
<b>PCHRD</b>	Philippine Council for Health Research and Development
<b>PNHRS</b>	Philippine National Health Research System
<b>RHRDC</b>	Regional Health Research Development Councils
<b>RICUP</b>	Research Information Communication Utilization Programme
<b>RUHRA</b>	Regional Unified Health Research Agenda
<b>SOME</b>	Structure/Organization Monitoring and Evaluation

## **I. Introduction and Objectives**

The Cordillera Region Health Research and Development Committee (CRHRDC) was organized in March 25, 2008. A total of 10 of the leading academic institutions and agencies in CAR comprise the membership of the committee.

Since its organization in 2008, the committee has undertaken a number of activities including the formulation of the CRHRDC vision, mission and objectives and the conduct of a number of workshops and meetings designed to generate health research proposals to address the identified health research priorities.

This assessment is conducted to strengthen research and development in CAR. Specifically the assessment will identify critical issues and gaps in health research and development in the region and recommend measures that the health research consortium can use to improve the management and implementation of health research and development plans, programs and activities.

## **II. Methodology and Activities Undertaken**

The assessment was carried out by the members of the SOME with administrative and logistical support from PCHRD. A member of the sub-committee on research management joined the SOME in some of the assessment meetings and sessions. The assessment team utilized the assessment framework and instruments developed by the SOME sub-committee for this purpose (see Annex A).

Two meetings were held as part of the assessment process. The first meeting was conducted on the morning of July 14 with health researchers and a meeting later in the afternoon with the members of the CRHRDC executive management committee in attendance. A list of participants is attached (Annex B).

## **III. Findings and Observations**

### **A. Overall Findings and Observations**

The Cordillera Region Health Research and Development Committee (CRHRDC) is one of the newly organized health research consortia in the country. As such, the CRHRDC is experiencing many of the problems faced by developing research organizations. A

major issue that came out in the consultations is the lack of awareness of the health researchers with the RUHRA that was formulated in 2005. There was a growing consensus among those who participated in the consultation meeting with respect to the need to revisit and update the RUHRA.

The consortium has undertaken a series of activities designed to build capacity among the region's research manpower to develop proposals and carry out research studies. However, these capacity building activities were not specifically and clearly designed to address the priority research areas. The workshops are part of the consortium's efforts to generate research proposals under the region's regional research fund mechanism. This funding mechanism can be used to fund small-scale research projects. In effect, the consortium is focusing its efforts and resources on small research projects that do not address the key problems in the RUHRA, do not require multi-institutional and multidisciplinary participation and involvement. The researchers who were present during the consultation expressed strong interest to access the more substantial research funds at the national level. While sufficient funding is available and the region's researchers have the capacity to design and carry out research studies based on the region's health priorities, more needs to be done to make this happen. The lack of an organized and concerted effort to address the region's health research priorities is a serious gap that needs to be overcome.

The discussions also showed that despite the drafting of the consortium's vision, mission, goals and objectives, there was no concerted effort to conduct a comprehensive analysis of the problems and issues affecting health research and development and the formulation of a strategic plan to guide the CHRDC's growth and development.

A review of the organizational and management structure of CHRDC also showed some critical gaps particularly in the lack of a full-time person responsible for taking care of the day-to-day business of the organization. A number of the working sub-committees are not fully functional resulting in significant delays in the execution of planned activities and in the low utilization of funds from PCHRD.

Despite these shortcomings, the consortium possesses considerable resources in terms of manpower and facilities as some of the members are among the leading institutions of higher education in the country. The researchers who participated in the consultation meetings were highly motivated and expressed a strong desire to make a contribution to health research and development in the region.



The challenge to the consortium is how to harness these considerable human potential to more effectively address its major health problems through health research.

**B. Preparation and Utilization of Health Research Agenda**

1. RUHRA (2006-2010) was developed in 2005 but many health researchers are not aware of its content, significance and application.

The health research agenda for CAR was developed in 2005. The priority research areas included among others the following: local health system; lifestyle related diseases; women and children in difficult circumstances; environmental health; and infectious diseases. In July of 2008, the CRHRDC organized a strategic planning workshop that also reviewed the health research agenda. Despite these efforts to focus attention on the health research priorities, some researchers who attended the consultation meeting with the SOME Committee were not aware of the RUHRA.

The researchers and the members of the CRHRDC executive committee could not cite instances or examples of application or utilization of the RUHRA document.

2. The health research agenda does not include a systematic analysis of the identified priority needs

A quick review of the RUHRA document shows that while there was an attempt to identify specific research questions the priority areas for research as listed in the RUHRA do not provide a comprehensive epidemiological, social, economic and policy-related description of the research issues involved. Such gap in the analysis of the research issues makes it difficult for interested institutions and researchers to position their role and contribution to the research and development effort. The lack of information also creates problems in designing research studies and in preparing research proposals.

The research agenda document also does not discuss how it can be utilized and how the information it provides can be translated into an instrument for capacity-building, systems development and resource generation

**C. Health Research Manpower, Facilities And Capacity-Building**

1. Researchers and governing board are confident that CAR has the capacity to undertake research and development activities.

The presence of leading academic institutions in the CRHRDC strongly support the claim of the health researchers and the executive committee that CAR possesses the capacity needed to undertake health research activities based on the identified health research priorities.

This confidence however needs to be further validated and confirmed after a more comprehensive assessment of the facility and manpower capacities of CAR as compared to the requirements in the RUHRA

2. The CRHRDC has proposed some training activities for 2009 but the consortium does not have a long-term capacity building plan.

The committee conducted two workshops in 2008 designed to generate research proposals. It also proposed additional training courses on research design and proposal development for 2009. However, the consortium does not have a capacity building plan that would guide development of the region's manpower and facilities. There is also no assessment of its existing capacities that would serve as the basis for long term capacity building.

#### D. Funding and Logistical Support for Health Research

While some member institutions provide limited funds for their researchers, the consortium is totally dependent on PCHRD for its operations and research activities. For the 2008-2009 the consortium received 490,700 pesos from PCHRD to fund its operations.

During the consultation, the health researchers cited instances where they were able to access research funds from their academic institutions. Based on the available records, the committee is dependent solely on the regional research funds of PCHRD to finance its operations and research activities.

The CRHRDC does not have an estimate of the total amount of funds needed to finance research projects based on the RUHRA. Consequently it also does not have a resource mobilization plan to generate the necessary resources.



#### E. Development of Research Proposals and Conduct of health Research studies

A workshop on research design and methodology was conducted in Nov. 2008. The workshop was attended by 35 participants and was designed to develop the skills in preparing research proposals. This activity is also meant to take advantage of the funds available under the regional research fund mechanism. Under this funding scheme, the committee can approve funding support to research proposals below 100,000 pesos. Despite these efforts, the consortium has yet to fund a research proposal that address the region's priority problems.

During the consultation meeting, a member of the PNHRS Research Management Committee presented the process of accessing PNHRS funds at the local level. The researchers expressed strong interest to access the PNHRS funds. This interest was further enhanced when a member of the SOME Committee shared the difficulties of the other regions in effectively utilizing the regional research fund.

#### F. Organization, Leadership and Management

1. The organizational structure of CRHRDC is composed of an executive committee, four working sub-committees and a secretariat.

The health research committee of CAR has an executive committee that is responsible for setting directions and approval of policies, plans and budgets. The board is chaired by the regional director of the DOH-CHD. Four working sub-committees (please see Annex C) are responsible for carrying out the consortium's plans, programs and activities. A staff assigned by the DOST regional office serves as the secretariat of the committee.

2. No provision in the organizational structure for the day to day management tasks and responsibilities.

A review of the organizational structure shows that there is no one responsible for the day-to-day management of the activities of the committee. The Executive Committee does not meet often enough to carry out the required management tasks. To a certain extent the secretariat carries some of the management burden particularly in coordinating the work of the different working sub-committees. But there is danger of work overload as the staff assigned to the secretariat is also doing full-time work at the DOST.

3. The CRHRDC has an operational plan for 2009 and a three year development plan but the consortium does not have a strategic plan to guide its long-term growth and development.

The consortium was able to formulate an operational plan for the period October 1, 2008 to September 30, 2009. The plan includes among others workshops and short-term training courses on research design and proposal development. The proposal also includes a training course on ethics and ethical issues. This is intended to activate the region's ethics sub-committee. There is also a planned activity to train the consortium on the use an application of the HERDIN database system.

While these activities are needed and will undoubtedly help the capacity of the consortium to undertake health research projects, the absence of a strategic plan that will serve as its blueprint for long-term growth and development is a major shortcoming that the consortium needs to overcome.

4. Not all sub-committees are fully functional and there were significant delays in the implementation of the development and operational plans

While the research and development and capacity building sub-committees are actively involved in the generation and review of research proposals and in the conduct of training workshops for health researchers, these activities are too far-in-between resulting in delays in plan execution and implementation.

#### G. Information Dissemination and Utilization

CRHRDC does not have a research database management system. The consortium has included a planned activity in 2009 to organize a training course to have the HERDIN system in place. However, the activity has yet to be conducted.

The consortium also does not yet have a system in place to ensure wide dissemination and utilization of the results of research studies.

#### H. Ethics

The consortium has a trained and functional ethics committee.

#### IV. Recommendations

##### Cordillera Region Health Research and Development Committee (CRHRDC):

1. Review, updating and elaboration of the RUHRA and provide more opportunities for the researchers to design and carry out studies that have multidisciplinary and multi-institutional involvement

The committee is encouraged to revisit the research agenda and update its content and render it more relevant. The revision should include a systematic analysis of the research priorities and describe them along epidemiological, social, political and economic lines.

The revision should also include very specific recommendations and guidelines on how the agenda can be applied and put to use. An important application is the active engagement of health researchers to focus on the region's top priorities and prepare proposals that address the research issues in a comprehensive and strategic manner. The proposed projects should involve different disciplines and different institutions and need not necessarily be limited to the regional research fund.

2. Based on the updated RUHRA and a comprehensive assessment of the major issues and factors affecting health research and development, formulate a R and D strategic plan

The SOME recommends that the CRHRDC formulate a 5-year strategic plan. It is also recommended that the plan be based on the updated RUHRA. An assessment of the research manpower and facilities of the region needs to be conducted and the results used to develop a capacity building component of the strategic plan. A resource mobilization component also needs to be incorporated into the strategic plan based on the estimated costs of the priority research projects and the potential funding sources.

3. Strengthening of CHRDC organizational and management structure

In order to ensure that the decisions and approved programs and activities of the consortium are carried out, a full-time manager or administrator needs to be designated or appointed. Because it may take time to carry out this recommendation,



it is suggested that a member of the Advisory Committee be designated as acting executive director or manager to fill-up and bridge this organizational gap.

The funding support from PCHRD can be initially utilized to support the cost of hiring this staff. Ultimately however, the committee needs to assume full responsibility for this item particularly when it is able to generate its own resources.

## Annex A: Assessment Framework and Instruments

### Framework for Developing Regional Capacity for Health Research

Under the PNHRS, the regions play an important role in undertaking health research activities to respond to the country's health needs and problems. Over the years, regional research activities were undertaken under the management and leadership of the Regional Health Research Development Councils (RHRDC). A recent evaluation of the RHRDC showed a wide variation in the performance of the 16 RHRDCs all over the country. The evaluation also recommended a number of strategies and approaches in order to improve the performance of regional capability to carry out and manage health research activities.

In line with this recommendation and in recognition of the strategic importance of the regions in supporting the PNHRS, the following framework is proposed to guide the PNHRS in strengthening regional capability to perform health research activities.

The framework consists of the different critical components of a research development program and a set of questions that identify key issues and problems as well as opportunities for strengthening the program.



Framework for Building Regional Health Research Capability

- I. *Preparation and Utilization Health Research Agenda:*** The health research agenda is a list of priority research areas in the region.

Some suggested principles and standards in the development of the regional research agenda:

- The research agenda should be based on local/national health problems
- There should be local evidence to support the research agenda
- The process of identifying the research priorities should be highly consultative and participative

**A. Content**

1. In 1998, was there a well-defined health research agenda for the region?
2. If yes, what was the basis for the identified research priorities? Is there evidence to support the priority research areas? Does the agenda respond to the health problems from a local as well as national perspective?
3. If no, what constrained the region from having one? What were the key problems and issues that prevented the region from developing an evidence-based regional agenda for health research?

**B. Process**

1. How was the research agenda developed? Who were involved in its development?
2. What were the problems and issues encountered in the formulation of the research agenda? What could have been done to make the process more effective?

- II. *Development of Research Manpower and Facilities:*** Refers to the availability of skilled manpower to conduct health research in the region.

Some suggested principles/standards:

- Number should be adequate to carry out the planned research activities
- There should be expertise in research methods and in the technical areas based on the priority list



1. Is there adequate research manpower (experts in research design and methodology and experts in specific content areas as defined by the health research agenda) in the region to carry out the region's health research plan?
2. If no, what is being done to address the lack of manpower? Is there a training program in place? Does the region possess the capacity to develop the skills of local researchers? What constraints are being encountered in the area of training and capacity-building?
3. Are there opportunities (institutions or individuals) that can be tapped to strengthen existing health research manpower?
4. What kind of support does the region expect from the national level to help develop the skills of local researchers?

**III. *Resource Mobilization:*** Refers to the capacity of the region to mobilize funds and other resources for health research.

1. Are there enough funds to carry out the planned research activities?
2. If no, what are the constraints in mobilizing resources for research?
3. Are there potential funding sources within the region that can be tapped for health research?
4. What kind of support the region will need from the national level to develop regional capability to mobilize resources for health research?

**IV. *Development and Review of Research Proposals:*** Refers to the capacity of the region to appraise submitted research proposals for content, design, and methodology

1. In 2008, what is the quality of research proposals submitted in terms of content, design, and methodology?
2. Are the specific content areas as defined by the health research agenda?
3. If no, what were the reasons why?

**V. *Conduct of Research Studies:*** Refers to the research output of the region both in terms of quantity and quality.

1. In 2008, were the planned research studies conducted?
2. If no, what were the reasons why?

3. Were the researches that were conducted of good quality?
4. If no, why? What can be done to improve the quality of health research in the region?  
What kind of support the region will need from national levels to make this happen?

**VI. *Research Dissemination***

1. Were the researches that were conducted in 2008 disseminated? How?
2. If no proper dissemination was done, what were the constraints? Were the completed researches published?
3. Are there opportunities that can improve research dissemination in the future?

**VII. *Research Utilization***

1. Were the research results utilized? How
2. If no, why? What were the constraints? What can be done to help improve the utilization of the research results?

**VIII. *Leadership and Management***

1. Is the current composition of the governing council in the region adequate?
2. If no, what are the reasons why?
3. Is there a strategic plan in place for health research and development in the region? If none, why? What kind of assistance will the region need to make this happen?

**CAR - Guide Questions for Review of Documents****1. Guidelines for Research Agenda**

1.1. Is the research agenda evidenced based?

☐ Yes    ☒ No

Remarks:

1.2. Does the research agenda cover the following?

1.2.1. Epidemiological    ☐ Yes    ☒ No

1.2.2. Sociological    ☐ Yes    ☒ No

1.2.3. Economic    ☐ Yes    ☒ No

1.2.4. Policy    ☐ Yes    ☒ No

Remarks:

The RURHA contained background information on some basic health indicators



1.3. Does the agenda contain the recommendations and steps to ensure its utilization?

☐ Yes ☒ No

Remarks:

## 2. Plan

2.1 What kind of plan do they have?

☐ Strategic Plan ☒ Operational Plan

Remarks:

*They have a 3-year research and development plan and a one-year operational plan*

2.2 Does plan clearly contains the following?

2.2.1 Objectives and Goals ☒ Yes ☐ No

2.2.2 Indicators ☐ Yes ☒ No

2.2.3 Strategies ☐ Yes ☒ No

2.2.4 Activities ☒ Yes ☐ No

2.2.5 Budget ☒ Yes ☐ No

Remarks:

2.3 Are the activities conducted as scheduled? ☐ Yes ☐ No

Remarks:

2.4 What is the percentage of fund utilization?

5% ???

Remarks:

### 3. Organizational Structure

3.1 Does the organizational structure reflect the need for day-today management and oversight?

☐ Yes ☒ No

Remarks:

There is no full time manager and admin support is provided by DOST. There is no strong leader and advocate for R&D.

#### 4. Guidelines for Research Agenda

4.1 Is the research agenda evidenced based?

☐ Yes    ☒ No

Remarks:

4.2 Does the research agenda cover the following?

4.2.1 Epidemiological    ☐ Yes    ☒ No

4.2.2 Sociological    ☐ Yes    ☒ No

4.2.3 Economic    ☐ Yes    ☒ No

4.2.4 Policy    ☐ Yes    ☒ No

Remarks:

4.3 Does the agenda contain the recommendations and steps to ensure its utilization?

☐ Yes    ☒ No

Remarks:



## 5. Plan

5.1 What kind of plan do they have?

☐ Strategic Plan ☒ Operational Plan

Remarks:

5.2 Does plan clearly contains the following?

5.2.1 Objectives and Goals ☐ Yes ☒ No

5.2.2 Indicators ☐ Yes ☒ No

5.2.3 Strategies ☐ Yes ☒ No

5.2.4 Activities ☒ Yes ☐ No

5.2.5 Budget ☒ Yes ☐ No

Remarks:

5.3 Are the activities conducted as scheduled? ☐ Yes ☒ No

Remarks:

Some activities were not conducted.

5.4 What is the percentage of fund utilization?

Remarks:

## 6. Organizational Structure

6.1 Does the organizational structure reflect the need for day-to-day management and oversight?

☐ Yes ☒ No

Remarks:

## CAR - Guide Questions for Health Researchers

### 1. Formulation of Health Research Agenda

1.1. Are you aware of the existence of a regional and national health research agenda?

☐ Yes ☒ No

1.2. Have you seen or do you have a copy of these documents?

☐ Yes ☒ No

Remarks:

1.3. Were you able to participate in the discussions leading to the formulation of the NUHRA/ RUHRA?

☐ Yes ☒ No

1.4. Were you able to participate in a forum where the Regional Health Research Agenda was discussed?

☐ Yes ☒ No

1.5. Are you aware whether or not the Regional Health Research Agenda was used in the following?

1.5.1. Capacity building plan ☐ Yes ☒ No

1.5.2. Resource mobilization plan ☐ Yes ☒ No

1.5.3. Advocacy tool ☐ Yes ☒ No



## 2. Adequacy of Health Researchers, Research Facilities and Existence of Capacity Building Plan

2.1 Are there enough skilled researchers in the region to undertake health research based on the identified health research priorities?

☒ Yes ☐ No

2.1.1 If No, why?

2.2 Are there health research facilities in the region where research are conducted based on the identified health research priorities?

☒ Yes ☐ No

2.2.1 If No, why?

2.3 What needs to be done to strengthen health research manpower in terms of number and skills?

More training on research development

2.4 Is there a long term capacity building program to continue to train health researchers in the region?

☐ Yes ☒ No

### 3. Adequacy of Funding and Logistical Support for Health Research

3.1 Where do you get funding support for your research activities?

*Regional Research Fund, Institutional funding, Philippine Band of Mercy*

3.2 Are these funds sufficient given what you need? ☐ Yes ☒ No

Remarks:

3.3 Have you received funding support from the RHRDC through the RRF? ☒ Yes  
☐ No

3.3.1 If no, why?

3.4 Under PCHRD fund, there is a ceiling of PhP 100,000 per proposal. Do you think this is adequate?

☐ Yes ☒ No

3.4.1 If not, do you have any recommendations to make this funding mechanism more effective?

*Increase the ceiling amount for RHRDC funding beyond P100,000*

#### 4. Preparation of Research Proposals and Conduct of Health Researches

4.1 How many research proposals have been  prepared?

4.2 How many health researches have you completed in the past two years (2007 and 2008)?

Remarks:



## 5. Health Research Dissemination and Utilization

5.1 Is there an existing system to disseminate the results of the research study?

☐ Yes ☒ No

5.1.1 If yes, how do you disseminate the results of the study?

5.2 What are the usual problems in the dissemination of your research findings?

5.3 Did any of your researches contribute to the formulation of policies or helped health managers or health workers make informed decisions?

☒ Yes ☐ No ☐ Do not know

5.3.1 Please elaborate.

A study was conducted in a university (about quality of tap water in the campus) where the results were channeled to proper authorities.

## CAR - Guide Questions for Council Members

### 1. Health Research Agenda:

1.1. Is there a well-defined health research agenda for the region? ☒ Yes ☐ No

1.2. How was the research agenda developed?

*A group was commissioned to lead the development of the CHRDC agenda. Consultations with stakeholders were conducted.*

1.3. Was the research agenda utilized? ☐ Yes ☒ No

1.3.1. How was it utilized?

### 2. Manpower, Facilities and Capacity Building Plan

2.1 Do you have an inventory of health research manpower and research facilities based on your identified research needs?

☐ Yes ☒ No ☐ Don't Know

2.2 Is there adequate research human resource in the region to carry out the region's health research plan?

☒ Yes ☐ No ☐ Don't Know

2.2.1 In research design and methodology? ☒ Yes ☒ No ☐ Don't Know

2.2.2 In specific content areas as defined by the health research agenda?

☐ Yes ☐ No ☒ Don't Know

2.2.3 If no, what was the region's response to the lack of human resource?

2.3 Do you have a plan to develop your health research manpower based on the needs of the region?

☒ Yes ☐ No ☐ Don't Know

Remarks:

*Through a 1 year plan containing proposals for training on research proposal development and research methods.*

2.4 Based on your requirement, does the region possess the capacity to develop skills of local researchers?

☒ Yes ☐ No ☐ Don't Know

2.4.1 If yes, please cite the training programs [consider also offerings at member institutions]

☐ Formal:



☒ Informal:

Training on Basic Health Research Methods, Writeshop on Proposal Development, Training in Health Research Ethics, Training on Statistical Analysis

☐ Scholarship Grants:

☐ Study Tour:

2.5 Are there mentors who can be tapped for capacity building in research?

☒ Yes ☐ No ☐ Don't Know

2.5.1 If YES, please specify in what areas:

Basic Health Research Methods, Proposal Development, Health Research Ethics, Statistical Analysis

2.6 What kind of support does the region expect from national, regional and international levels to help develop the skills of local researchers?

Technical assistance and funding

### 3. Resource Mobilization:

*Refers to the capacity of the region to mobilize funds and other resources for health research*

3.1 Do you know how much is your funding requirement for your priority research needs?

☐ Yes ☒ No

3.2 Are there enough funds to carry out the planned research activities? ☐ Yes ☒ No

3.3 Has an annual work plan and budget been proposed?

☒ Yes, when was it prepared? 2008

☐ No

3.4 What kind of support does the region expect from the national, regional, and international levels to develop regional capability to mobilize resources for health research?

*Technical assistance and funding*

### 4. Development, Approval and Conduct of Research Studies:

4.1 In 2008, how many proposals were produced by the consortium?

4

4.2 In 2008, how many proposals were reviewed in terms of ethics, methodology, content and utilization?

4

4.3 In 2008, how many research studies were funded?

0

4.4 In 2008, how many research studies were completed?

0

4.5 Were the proposals parts of the NUHRA/RUHRA? ☒ Yes ☐ No ☐ Don't Know

4.6 If the researches were not implemented or not part of NUHRA/RUHRA, what were the reasons?

## 5. Research Dissemination and Utilization

5.1. Does the consortium have an established system for dissemination of research results?

☐ Yes ☒ No ☐ Don't Know

5.2. Were the researches that were conducted/completed in 2008 disseminated?

☐ Yes ☐ No ☐ Don't Know ☒ Not applicable

5.3. Were the research results disseminated to the relevant stakeholders?

☐ Yes ☐ No ☐ Don't Know ☒ Not applicable

5.4. How were the results disseminated?

☐ Published in peer-reviewed journals:

☐ Policy Briefs:

☐ Public Presentations:



☐ Web-based media:

5.5. Do member institutions integrate in their research forums dissemination of the results of researches in the region?

☐ Yes    ☐ No    ☐ Don't Know

5.6. What were the facilitating factors to research dissemination?

5.7. What were the barriers to research dissemination?

5.8. Is there an existing database of research studies conducted in the region?

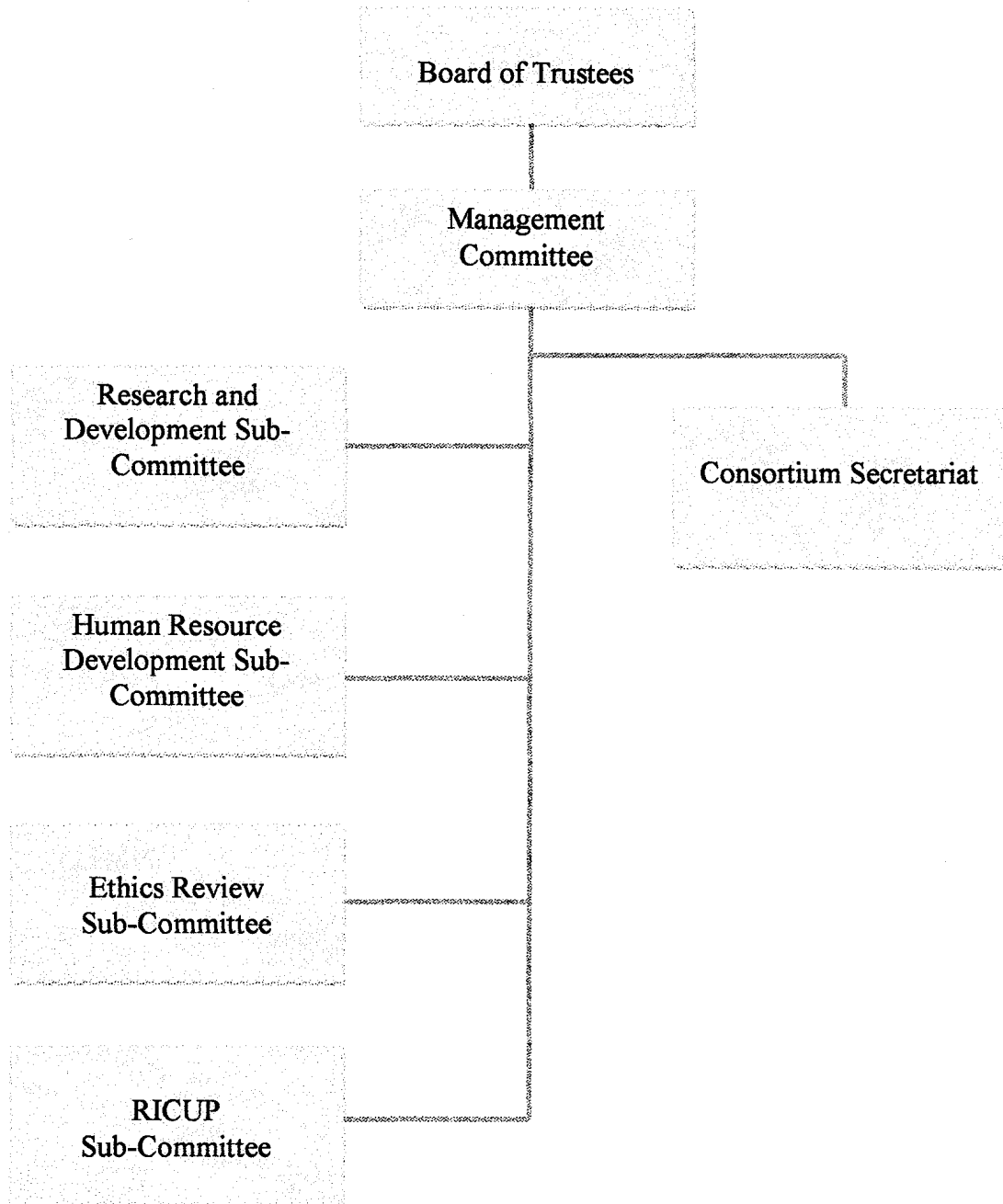
☐ Yes    ☒ None    ☐ Don't Know

Remarks:

*Database for health researches from CAR is currently in the planning stages*

## 6. Leadership and Management

6.1. Describe/draw the organizational structure of the governing council:



6.2. Who is responsible for the daily operations of the consortium?

*None. No manager is taking care of the day-to-day operational concerns of CCHRD.  
A secretariat from DOST-CAR performs some of the administrative responsibilities.*

6.3. Which of the following subcommittees are functional? Check appropriate boxes.

R&D	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional
Ethics	<input type="checkbox"/> Functional	<input checked="" type="checkbox"/> NOT Functional
HRD	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional
RICUP	<input type="checkbox"/> Functional	<input checked="" type="checkbox"/> NOT Functional
<u>Management</u>	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional
_____	<input type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional
_____	<input type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional

6.4. Define the roles and responsibilities of the members of the governing council:

*See Annex C i.e. Organizational Structure*

6.5. Is there an existing Manual of Operations?

☐ Yes ☒ No ☐ Don't Know

Remarks:

6.6. Do you have a five-year strategic plan? (Get a copy of the document)

☐ Yes ☒ No ☐ Don't Know

Remarks:

Only an Annual operational plan was made

6.7. Do you have an operational plan for 2009?

(Get a copy of the document)

☒ Yes ☐ No ☐ Don't Know

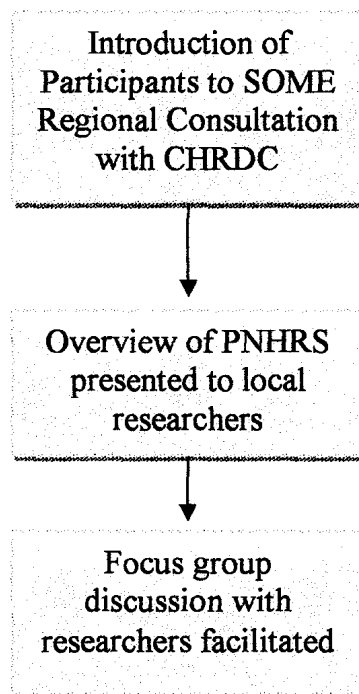
Remarks:

## Annex B: Conference Procedure and List of Participants

### I. ASSESSMENT TEAM AND TECHNICAL STAFF

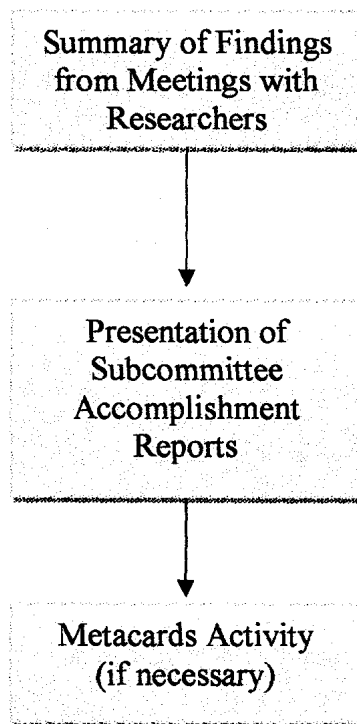
Name	Designation/Institution
Dr. Joe Rodriguez	SOME Committee member
Dr. Antonio Ligsay	Research Agenda Committee member
Ms. Remedios Birondo	Committee on Science & Technology – House of Representatives
Ms. Merlita Opeña	PCHRD
Mr. Mark Joseph Tano	PCHRD

### II. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM CHRDC





### III. FLOWCHART OF ACTIVITIES: MEETING WITH MEMBERS OF CHRDC



## IV. ATTENDANCE SHEET WITH RESEARCHERS

NAME	INSTITUTION	CONTACT NUMBER	MAILING ADDRESS	EMAIL	SIGNATURE
CHRISTINE DORRIS KERRICK	UB	442-3316-1002	CHRISTINE.DORRIS@UB.EDU University of Bingham PO Box 600 B.C.		<i>[Signature]</i>
JENNIFER T. HIGGINS	UC	442-3316-1003	Researcher & B.C. 1003 University of B.C. Campus Services Campus - North Campus - B.C.		<i>[Signature]</i>
AQUATINE B. NUBS	CHD-CHD	442-80-18	BCHME Conference Keweenaw Point, Mich. Bingham City		<i>[Signature]</i>
SANDY MARTIN J. J. NA	REHMC	442-4716	REHMC Campus - B.C. 1003 Campus - B.C. 1003		<i>[Signature]</i>
ORAH BINAYAN	BSU	09274445208	BSU CON LA TRINIDAD BENGUET		<i>[Signature]</i>
RUTH BATALLI	Institute of Social Res.	09287107149	BSU - B.C. 1003 Campus - B.C. 1003		<i>[Signature]</i>
ANITA DAVAO	PEST-CHD	09287107149	BSU - B.C. 1003 Campus - B.C. 1003		<i>[Signature]</i>
Erinda C. Palagonia	UP-Biology	09287107149	BSU - B.C. 1003 Campus - B.C. 1003		<i>[Signature]</i>

**DEPOSIT EARLY CASH IS ONLY**

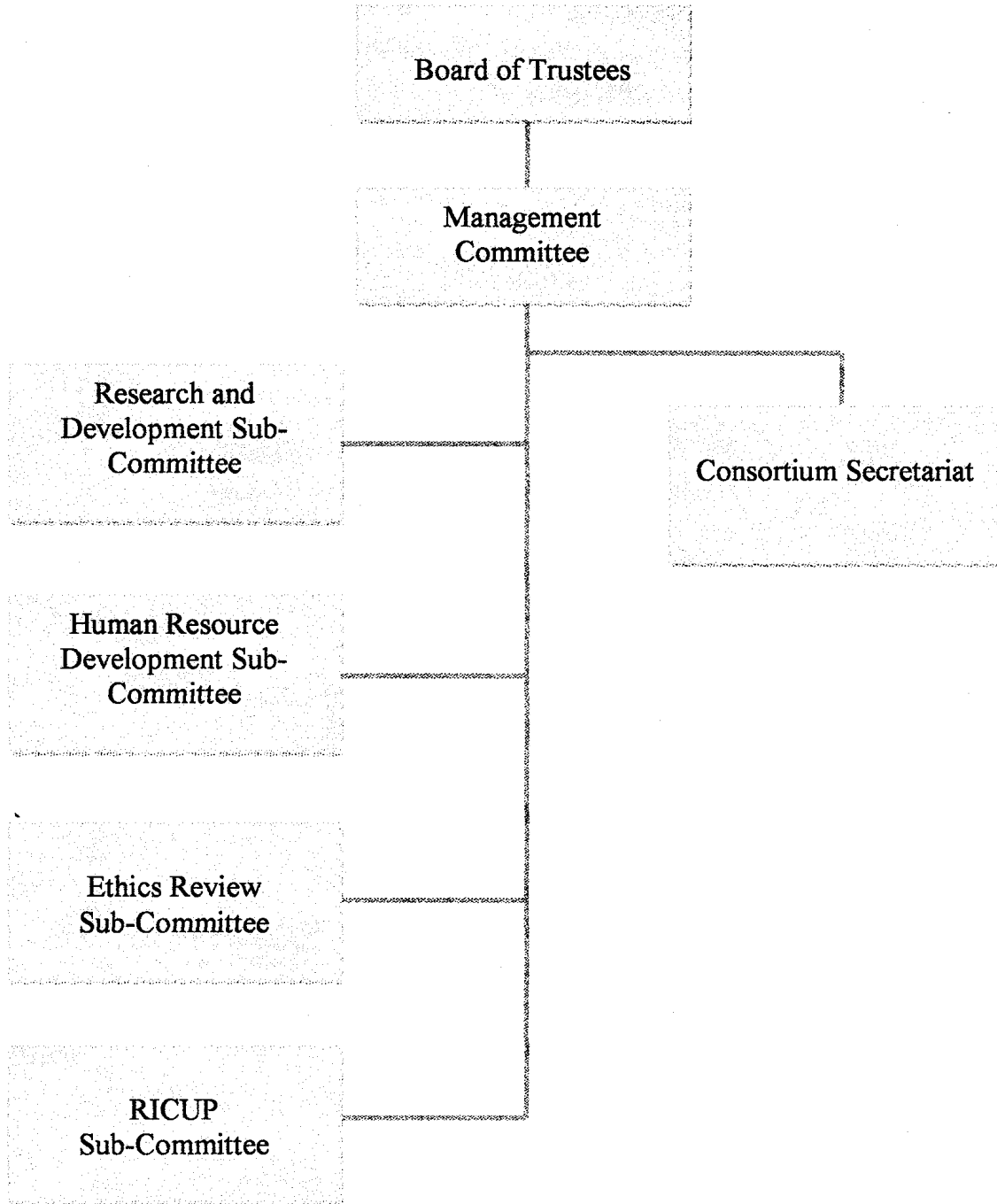
Philippine National Health Research System  
Committee on Structure, Organization, Monitoring and Evaluation

2015

CAR - Council Members

NAME	INSTITUTION	CONTACT NUMBER	MAILING ADDRESS	EMAIL	SIGNATURE
Shawn B. Hays	BSU - CON	09274045208	BSU LA TRAINING BENICUET	shawn-hays@bsu.edu	Shawn
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CONN			LA TRAINING		
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			POST-CAR	post-car@bsu.edu	Post-Car
			POST-CAR	post-car@bsu.edu	Post-Car

## Annex C: CAR Organizational Structure



## **ORGANIZATIONAL FUNCTIONS (CAR):**

### **Board of Trustees**

1. Provides central direction, leadership, and coordination of all health R & D activities in the region;
2. Establish policies and guidelines, in consultation with stakeholders in the identification of priority health R &D programs and projects in the region;
3. Review and approve health research programs and related activities of the consortium;
4. Oversee the overall implementation, monitoring and evaluation of programs;
5. Ensure resource generation and mobilization; and
6. Develop awards and incentives system.

### **Management Committee**

1. Assist the Board of Trustees in the conceptualization, planning, and implementation of the various programs/projects and related activities of the CHRDC;
2. Promote the development of research capacity and linkages on health R & D
3. Establish monitoring and evaluation mechanism to ensure long-term sustainability of the Consortium; and
4. Conduct periodic review of health research and development programs and recommends the same to the Board of Trustees.

### **Sub-Committee on Research and Development**

1. Identify research programs and projects in accordance with the National Unified Health Research Agenda (NUHRA) and regional health agenda;
2. Evaluate research proposals and provide technical assistance in the development and actual implementation of health research and development projects; and
3. Monitor and evaluate the implementation of approved health research projects

### **Sub-Committee on Ethics**

1. Develop consortium's guidelines on ethical standards and practices in health research;
2. Facilitate the institutionalization of ethics review committees in health research organizations in CAR;



3. Provide training and advocacy activities on bio-ethics for members of institutional ethics review bodies;
4. Review proposals as to compliance of ethical standards; and
5. Monitor compliance to ethical and other standards of on-going projects.

**Sub-Committee on Research Information, Communication, and Utilization**

1. Develop mechanism to facilitate dissemination and utilization of research information to various target clients;
2. Collect and package research information for database development; and
3. Collaborate with government, private sector, and non-government organizations for the use of health research results into policies, actions, products, and services.

**Sub-Committee on Human Resource Development**

1. Assess the human resource requirements for health research of the institutions within CAR;
2. Develop a comprehensive health research human resource development plan and monitor its implementation; and
3. Establish a sustainable mechanism for sharing of resources and exchange of expertise and information.