

2009

REGION 1

REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT



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OCTOBER 2009

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ACRONYMS

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

I. Introduction and Objectives

The Region I Health Research and Development Committee (RIHRDC) was organized in 1989. A total of 20 of the leading academic institutions and agencies in Region 1 are part of the consortium. The consortium is chaired by the director of the NEDA regional office.

Since its establishment in 1989 and revitalization in 2000, the consortium has undertaken a number of activities including the formulation of a three-year development plan, the review and provision of financial support to research proposals and a number of capacity-building activities such as workshops designed to generate health research proposals to address the identified health research priorities.

This assessment is conducted to strengthen research and development in Region I. Specifically the assessment will identify critical issues and gaps in health research and development in the Ilocos region and recommend measures that the health research consortium can use to improve the management and implementation of health research and development 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 the assessment meetings and consultation 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 13 with health researchers and a meeting later in the afternoon with the members of the RIHRDC executive management committee in attendance. A list of participants is attached (Annex B).

III. Findings and Observations

A. Overall Findings and Observations

The Region I Health Research and Development Committee plays a vital role in the promotion of health research in Northern Luzon. Being one of the older health research consortia, it has already a number of accomplishments in developing the health research capacity of its member institutions and in addressing its health research priorities. Over the years, the consortium has carried out numerous training workshops and related activities designed to build capacity of the region's health research manpower. The RIHRDC also provided funding support to a number of research projects in line with its research priorities. However, because of funding limitations, the research projects are very small-scale and too infrequent to make a difference.

In addition, while the region was able to craft a research agenda and formulate a three-year development plan, it still has to demonstrate its ability to fully utilize the information available in the RUHRA and address the major issues that it identified as part of its strategic planning exercise. The consortium under the leadership of the NEDA regional director planned to review its current directions and expressed interest to more aggressively address the region's priorities. The consortium also needs to address a number of organizational and structural issues that constrain the consortium from more effectively carrying out its plans and programs. An important organizational issue is the need to expand the consortium's membership to include institutions from Pangasinan and other provinces that do not have adequate representation.

The consortium possesses a lot of potential in leading the effort in North Luzon to promote health research and development. It was responsible for facilitating the formulation of a common research agenda among regions 1, 2 and CAR in 2005. Unfortunately nothing came out of this initiative. The current interest of the region to review its plans and activities is a great opportunity to revitalize the initiative to consolidate health research activities in Northern Luzon.

B. Preparation and Utilization of Health Research Agenda

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

In 2005, with assistance from PCHRD, RIHRDC formulated the region 1 health research agenda. The preparation process involved reviewing documents and data and stakeholder consultations. Five groups of priority research issues were identified namely: performance of government hospitals, establishment of community-based health information systems, development of local health systems and local legislation for health.

During the consultation meeting, some researchers were not aware of the existence of the RUHRA. The researchers were also not aware of any event or forum wherein the content of the RUHRA was discussed or presented. In addition nobody could recall any activity or document that demonstrates concrete applications of the RUHRA.

In 2006, region 1 facilitated the development of a consolidated health research agenda for North Luzon. Region I was joined in this activity by representatives from Regions II and CAR.

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 is some discussion and presentation of health status indicators, the priority areas for research are not provided with 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 the potential contribution of their institutions and in the design and conduct of research studies.

The agenda also does not discuss how it can be utilized and lacks information on how it can be translated into an instrument for capacity-building, systems development and resource generation.

3. Strong interest to review the research agenda and transform it into an instrument that can be easily utilized and applied.

Both the group of researchers and the advisory council of region 1 agreed that a review of the research agenda is in order and that the document needs to have more applications. The advisory council members also agreed with the observation that the researchers need to be better organized so that they are

able to more effectively design and carry out research studies that address the priority research areas.

C. Health Research Manpower, Facilities And Capacity-Building

1. Interview with researchers and advisory council confirm the capacity of the region to address the priority research areas.

The presence of leading academic institutions and experienced researchers in the consortium strongly confirm without a doubt that the region has what it takes to undertake the necessary activities to address the priority research areas.

2. Region I has proposed a list of capacity-building activities as part of its three-year development plan

A review of the consortium's three-year R and D plan shows that it has a capacity-building component. The plan includes an activity to conduct a training needs assessment and various training activities to develop the skills of researchers in the region. The plan is focused mainly on human resource development and does not make any mention about upgrading of facilities. There is also no mention of how the capacity building component relates to the RUHRA and the priority needs of the region.

D. Funding and Logistical Support for Health Research

1. Health researchers and the members of the advisory council agree that other than the funds provided by PCHRD the consortium does not have access to other funding sources.

The group of health researchers and members of the RIHRDC Executive Management Committee are in agreement with respect to the issue of inadequacy of funds that can be accessed by researchers in the region. Some of the large academic institutions and state universities have their own research funds. However, these funds are not solely dedicated to the health sector and competition from the other sectors is stiff.

The funding support by provided by PCHRD through the RRF is the main source of funds available to the consortium and its member institutions and researchers. Many researchers expressed their concern about the funding

restrictions inherent to the RRF. One researcher claimed that she had to radically reduce the scope of her study in order to stay within the funding ceiling prescribed under the RRF.

When informed about the availability of more substantial research funds at the national level, the researchers expressed strong interest to access those funds. The researchers also articulated their desire to have more collaboration with other institutions in the region.

2. The region has not come up with an estimate of its funding requirements based on the identified health research priorities.

An important application of the RUHRA is its translation into a resource mobilization plan or strategy based on an estimate of the cost of the research studies to address the identified priorities. While region 1 has a three year development plan and budget, there is no estimate of how much it would cost to carry out the necessary research activities that would address the priority research areas. The region has not yet envisioned mobilizing other sources of funds in addition to what it is getting from PCHRD.

3. Institutional support for health research exists.

The health researchers and members of the advisory council claimed that member institutions have internal mechanisms that support the work of researchers. In academic institutions such support may be in the form of reducing the teaching load of researchers and some form of financial support for those who are invited to present their research papers.

E. Development of Research Proposals and Conduct of Health Research Studies

Over the years, the consortium has provided funding support to a number of research projects. Most of the studies were on the subject of herbal medicine and on selected public health programs. Very little has been done to address the priority issues of hospital performance, health systems and local legislation. The expertise and the interest is certainly there but the funding support and the lack of opportunities for multidisciplinary and institutional collaboration constrain the researchers from more aggressively pursuing these priority research areas.

F. Organization, Leadership and Management

1. The organizational structure of RIHRDC is composed of an advisory council, a management committee, four working sub-committees and a secretariat

The health research consortium of Region I has an Advisory Council that is responsible for setting directions and approval of policies, plans and budgets. Management and oversight is performed by the Management Committee with administrative support from a secretariat assigned by the NEDA regional office. Four working sub-committees (please see Annex C) are responsible for carrying out the consortium's plans, programs and activities.

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 consortium. The Management 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 staffs assigned to the secretariat are also doing full-time work and have other responsibilities in the institutions where they come from.

3. A strategic plan for 2008-2010 has been formulated by the RIHRDC

The 3 year development plan prepared by the consortium contains the basic elements of a well-crafted strategic plan. However, the plan does not appear to have clear strategies and activities that address the priority research issues. The document that was given to the committee for review also does not appear to be evidence-based as no data are offered to substantiate the strategic analysis conducted. In addition, the document does not include performance indicators without which progress in meeting the goals and objectives cannot be measured and determined.

G. Information Dissemination and Utilization

The consortium does not have a database of researches and related information that can be easily accessed by researchers. However, the region has scheduled a training course on the use and application of the HERDIN Neon software

program. This program can be adopted by the different institutions to encode and input health research information.

H. Ethics

RIHRDC has a trained and functioning ethics committee. The committee has been responsible for the ethical review of the research proposals that had been approved for funding by the consortium.

IV. Recommendations

1. Review and updating of the RUHRA and providing opportunities for health researchers to be organized and focused on the identified health research priorities

The consortium 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 follow-through activity is the organization of the health researchers into study groups. The study groups will be tasked with the design and conduct of research studies in accordance with the region's research priorities. The proposals shall be multidisciplinary and multi-institutional in nature and shall be submitted for funding at the national level.

2. Estimate funding requirements and development of a resource mobilization strategy.

Another important activity for the consortium is the estimation of the funding requirements based on the identified research priorities. To facilitate this process, the region may need to develop or adopt costing or estimation models.

Based on the estimates of the funding requirements and a review of the potential sources of funding, the consortium can then develop a resource mobilization plan or strategy.

3. Designation/Appointment of a manager or administrator who will be responsible for the day to day management of the activities of the consortium.

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 Management 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 consortium needs to assume full responsibility for this item particularly when it is able to generate its own resources.

4. Expansion of the membership of the consortium

The R1HRDC should consider expanding its membership to include academic institutions from the other provinces in the region. The infusion of additional talented and experienced researchers to the regional pool can help the consortium address its priority research problems and issues.

5. Review and enhancement of the R1CHRD Strategic Plan

The consortium is encouraged to revisit the Strategic Plan of 2008 and make the necessary updating and revisions. The review should consider the use of the RUHRA as the anchor on which the strategic analysis of key issues and problems should be based. The use of the most current and updated information and a longer time-frame (5 years) be adopted.

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?

Region 1 - 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:

There is an interest to review and update their research agenda.

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?

Further training and skills enhancement.

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

☐ Yes ☒ No

They have a three-year development plan where capacity building is embedded. However, this plan contains only short term training courses on research design and methodology and proposal development.

3. Adequacy of Funding and Logistical Support for Health Research

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

From the institution (applicable only for state universities), PCHRD, LGUs, and out-of-pocket.

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

Remarks:

Funds are not sufficient. Health researchers sometimes reduced the scope of the study to accommodate the amount of funding. Many proposals were generated but only few can be supported due to insufficiency of funds.

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?

Institutions should provide financial counterpart and some projects can be funded directly by DOST-PCHRD in Manila

4. Preparation of Research Proposals and Conduct of Health Researches

4.1 How many research proposals have been prepared?

12

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

?

Remarks:

Twelve proposals were prepared and reviewed. Six health researches of which have been approved and are ongoing. None have been completed. ?????

Of the existing approved researches, there is no institutional collaboration. There is an initiative to organize researchers into study groups focused on high priority research topics.

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?

Weak capacity for dissemination. No fora and symposia organized to disseminate 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.

Region 1 - 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?

There was a group organized to facilitate the formulation of the health research agenda. A consultation workshop was conducted and nineteen priority areas were identified. The priority areas were ranked and these were the following: Acute Respiratory Infections, Pneumonia Tuberculosis Food and Water borne diseases Dengue Fever Other Infectious Diseases (Leprosy)- Diabetes Hypertension and CVD Kidney Diseases COPD/Lung Diseases Healthy Lifestyle Women and Child Protection Adolescent and Youth Geriatric Health Health Information System Quality Assurance Systems Indigenous People Occupational Health Migrant Health Others - Dental Caries Management

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:

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:

Academic programs for researchers. Statistical analysis of health research data with computer application; short course on essentials of writing of biomedical research papers.

☒ Informal:

Short-term training on research proposal development.

☒ Scholarship Grants:

DOST

☐ 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:

Alternative medicine, herbal studies, and research design

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

Provision of additional funding and technical support

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?

4. Development, Approval and Conduct of Research Studies:

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

12

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

12

4.3 In 2008, how many research studies were funded?

6

4.4 In 2008, how many research studies were completed?

?

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?

Weak capacity for research dissemination and utilization.

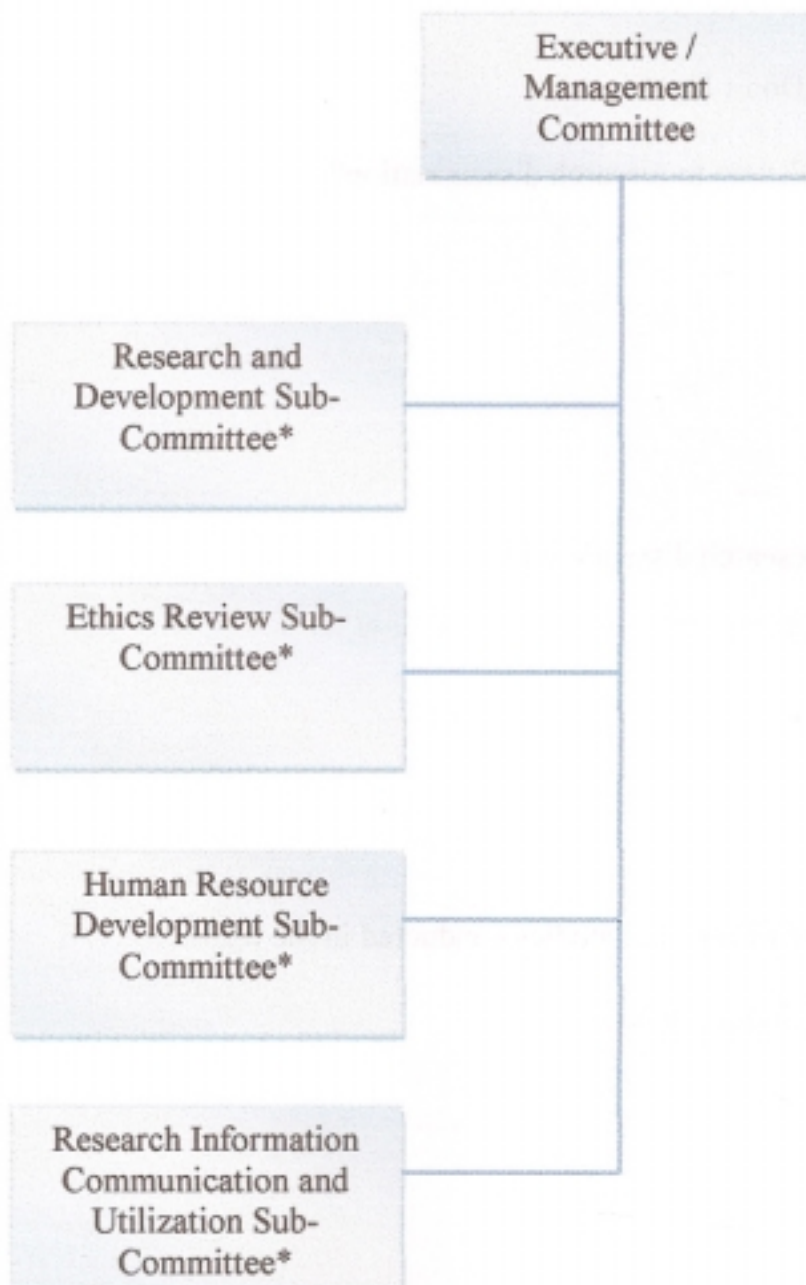
5.8. Is there an existing database of research studies conducted in the region?

☐ Yes ☒ None ☐ Don't Know

Remarks:

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?

No one. The sub-committees are functioning independently. The consortium has a strong chairperson who is also the regional director of NEDA and has a strong development orientation.

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 checked="" type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional
HRD	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> NOT Functional
RICUP	<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
_____	<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: Organization 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:

There is a three year development plan and a one year operational plan.

6.7. Do you have an operational plan for 2009? (Get a copy of the document)

☒ Yes ☐ No ☐ Don't Know

Remarks:

Rapid Appraisal Methodology

Region 1 - 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 and some health indicators. The priorities for the research topics were not subjected to a systematic analysis.

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

Remarks:

2.4 What is the percentage of fund utilization?

47%

Remarks:

782,380 total funds less 416,829.

The region is also a recipient of a research fund from Philip Morris Philippines to a tune of P500,000 pesos in 2008.

3. Organizational Structure

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

☐ Yes ☒ No

Remarks:

Administration support is embedded into the sub-committee structure.

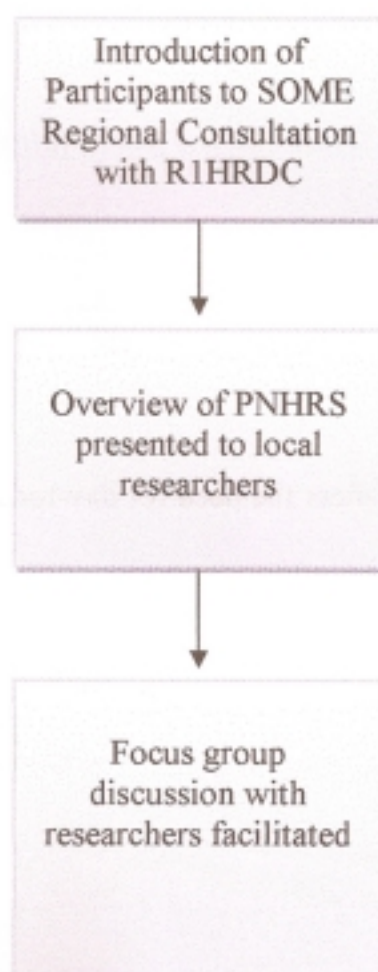
Annex B: Conference Procedure and List of Participants

REGION 1 HEALTH RESEARCH & DEVELOPMENT CONSORTIUM

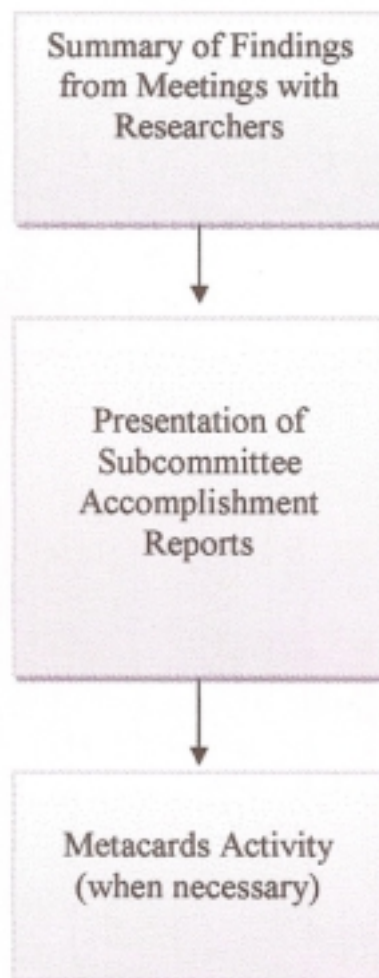
I. ASSESSMENT TEAM AND TECHNICAL STAFF

Name	Institution
1. Dr. Joe Rodriguez	SOME Committee member
2. Dr. Antonio Ligsay	Research Agenda Committee Member
3. Merle Opeña	PCHRD
4. Mark Joseph Tano	PCHRD

II. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM R1HRDC



III. FLOWCHART OF ACTIVITIES: MEETING WITH MEMBERS OF RIHRDC



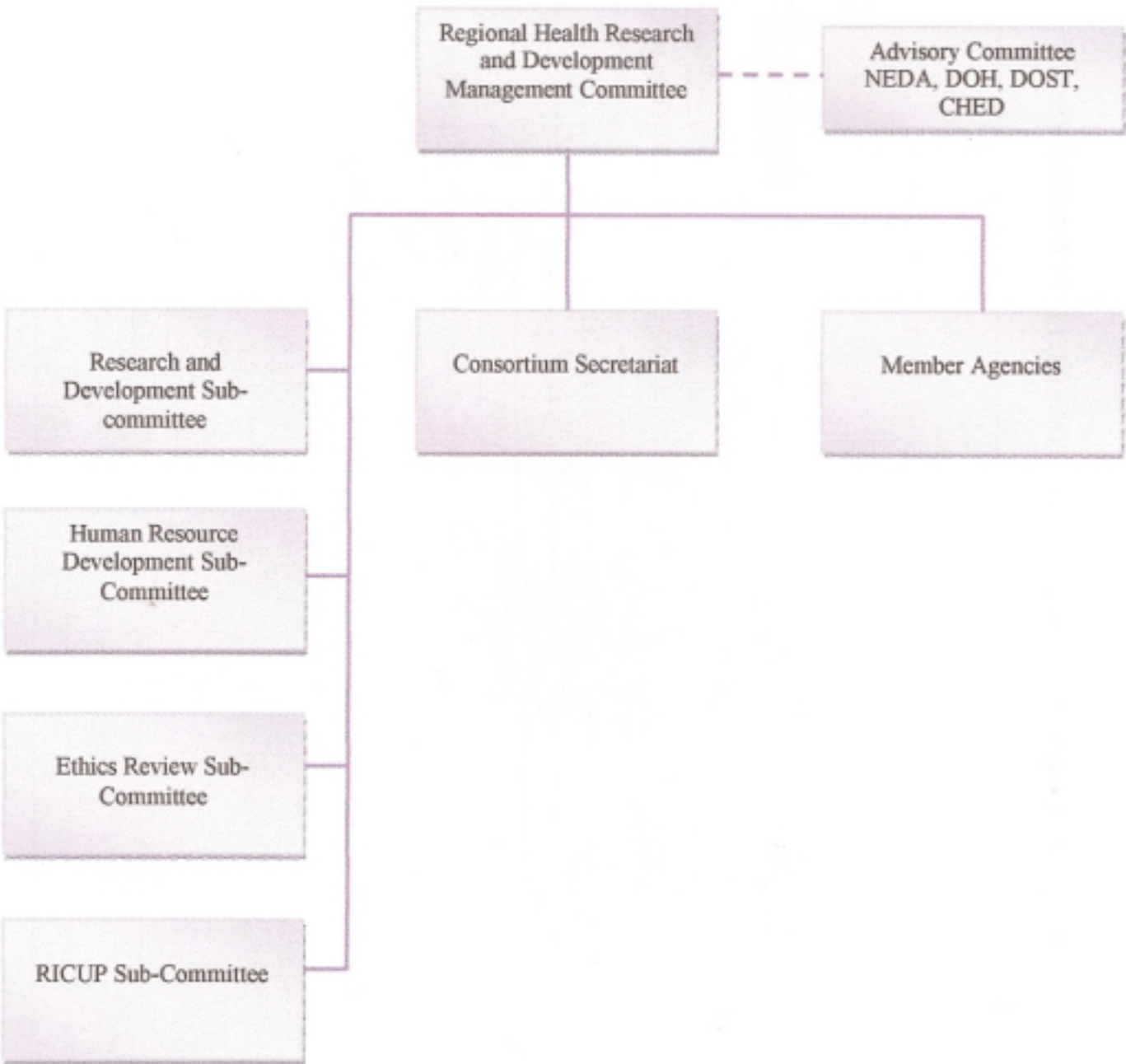
V. ATTENDANCE SHEET WITH CONSORTIUM MEMBERS

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

Region 1 - Consortium

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Annex C: Region 1 Organizational Structure



ORGANIZATIONAL FUNCTIONS (Region 1):

Advisory Committee

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 Region 1;

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 Region 1;
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.