2009

REGION 3
REGIONAL HEALTH
RESEARCH CAPACITY
ASSESSMENT REPORT

REGION 3

REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT

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 Central Luzon Region Health Research and Development Consortium (CLHRDC) was organized in March 14, 2008. A total of 13 of the leading academic institutions and agencies in region 3 comprise the membership of the consortium. The DOST Regional Director chairs the CLHRDC and also provides administrative support to the activities of the consortium.

Since its establishment, the consortium has undertaken a number of activities including the formulation of the CLHRDC 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 priorities.

This assessment is conducted to strengthen research and development in Region 3. Specifically the assessment will identify critical issues and gaps in health research and development in the Central Luzon 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. Two members 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 February 4 and another consultation session on March 25 with health researchers and the members of the CLHRDC Advisory Council in attendance. A list of participants is attached (Annex B).

III. Findings and Observations

A. Overall Findings and Observations

The Central Luzon Health Research and Development Consortium is one of the newly organized health research consortia in the country. As such, the CLHRDC 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 to revisit and update the RUHRA.

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 CLHRDC's growth and development.

A review of the organizational and management structure of CLHRDC 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 Central Luzon. 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 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 region 3 was developed in 2005. The priority research areas included among others the following: endemic communicable diseases; maternal and child health; hospital services; governance in health; health care financing; and health regulation. Based on the feedback provided by the researchers and some members of the Board of Trustees, the RUHRA was not widely disseminated and utilized.

The researchers who participated in the consultations could not recall the priority areas mentioned in the RUHRA. No one could also recall having participated in its preparation.

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

A quick review of the RUHRA shows that while the document contains a good description of the health and development context, the priority areas for research 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 agenda 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

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 CLHRDC Advisory Council agreed that a review of the research agenda is in order and that the document needs to have more applications. The health researchers also expressed a strong interest for institutional collaboration to address the identified priority research areas.

C. Health Research Manpower, Facilities And Capacity-Building

1. Researchers and the Advisory Council are confident that region 3 has the capacity to undertake r and d activities.

The presence of leading academic institutions in the consortium strongly support the claim of the health researchers and the Advisory Council that region 3 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 region 3 as compared to the requirements in the RUHRA.

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

The consortium 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. <u>Funding and Logistical Support for Health Research</u>

While some member institutions provide limited funds for their researchers, the consortium is totally dependent on PCHRD and a grant from Philip Morris for its operations and research activities.

During the consultation meetings the researchers cited the limitations of the regional research fund and expressed their interest to access the PNHRS funds at the national level.

A review of the CLHRDC's three year-development plan shows that the consortium 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

Two workshops designed to generate research proposals in 2008 and early 2009 resulted in the submission of 9 research projects for funding. The proposals are designed to address the health needs of indigenous tribes, adolescents, herbal studies and infectious diseases. The proposals are presently undergoing review by the consortium and PCHRD.

A review of these proposals shows that these were prepared by individual researchers and were intended to be funded under the regional research fund. None of the proposals submitted involved collaboration among researchers and or institutions.

F. Organization, Leadership and Management

1. The organizational structure of CLHRDC is composed of an Advisory Council, four working sub-committees and a technical staff from DOST who serves as the secretariat.

   The health research consortium of Region 3 has an Advisory Council that is responsible for setting directions and approval of policies, plans and budgets. The council is chaired by the regional director of DOST. Management responsibilities and oversight is also performed by the council with administrative support from a secretariat assigned by the regional office of DOST. 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 advisory council 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 regional office.

3. The CLHRDC 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 long-term and strategic planning framework 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 planned activities.

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

CLHRDC 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 have a system in place to ensure wide dissemination and utilization of the results of research studies. In this regard the consortium plans to do the following: research forum and exhibit, press releases, text brigades.

H. Ethics

The CLHRDC has a trained and a functional ethics committee.

IV. Recommendations

1. Review and updating of the RUHRA and organizing its health research manpower along the 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.

   To have some impact, the CLHRDC is encouraged to focus on two or three top priority research areas and facilitate the preparation of research proposals along the identified priorities. The proposals need not be limited by the funding limitations under the RRF.

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 CLHRDC 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 CLHRDC 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 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.

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 de3velopment 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?

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?

Training on herbal medicine

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?

From the institutions and PCHRD

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?

Researchers are requesting to increase the ceiling per proposal.

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.

Region 3 - 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?

> *Review of documents; consultation meetings and interviews.*

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:

Agricultural/botanical

☒ Informal:

Short-term training on research proposal development specific for herbal medicine research.

☐ 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:

Herbal medicine/botanical research.

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?

$\square$ Yes $\boxtimes$ No

3.2 Are there enough funds to carry out the planned research activities? $\square$ Yes $\boxtimes$ No

3.3 Has an annual work plan and budget been proposed?

$\boxtimes$ Yes, when was it prepared? *2009*

$\square$ 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?

Provision of additional funding and technical support

4. Development, Approval and Conduct of Research Studies:

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

?

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

?

4.3 In 2008, how many research studies were funded?

?

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?

_____

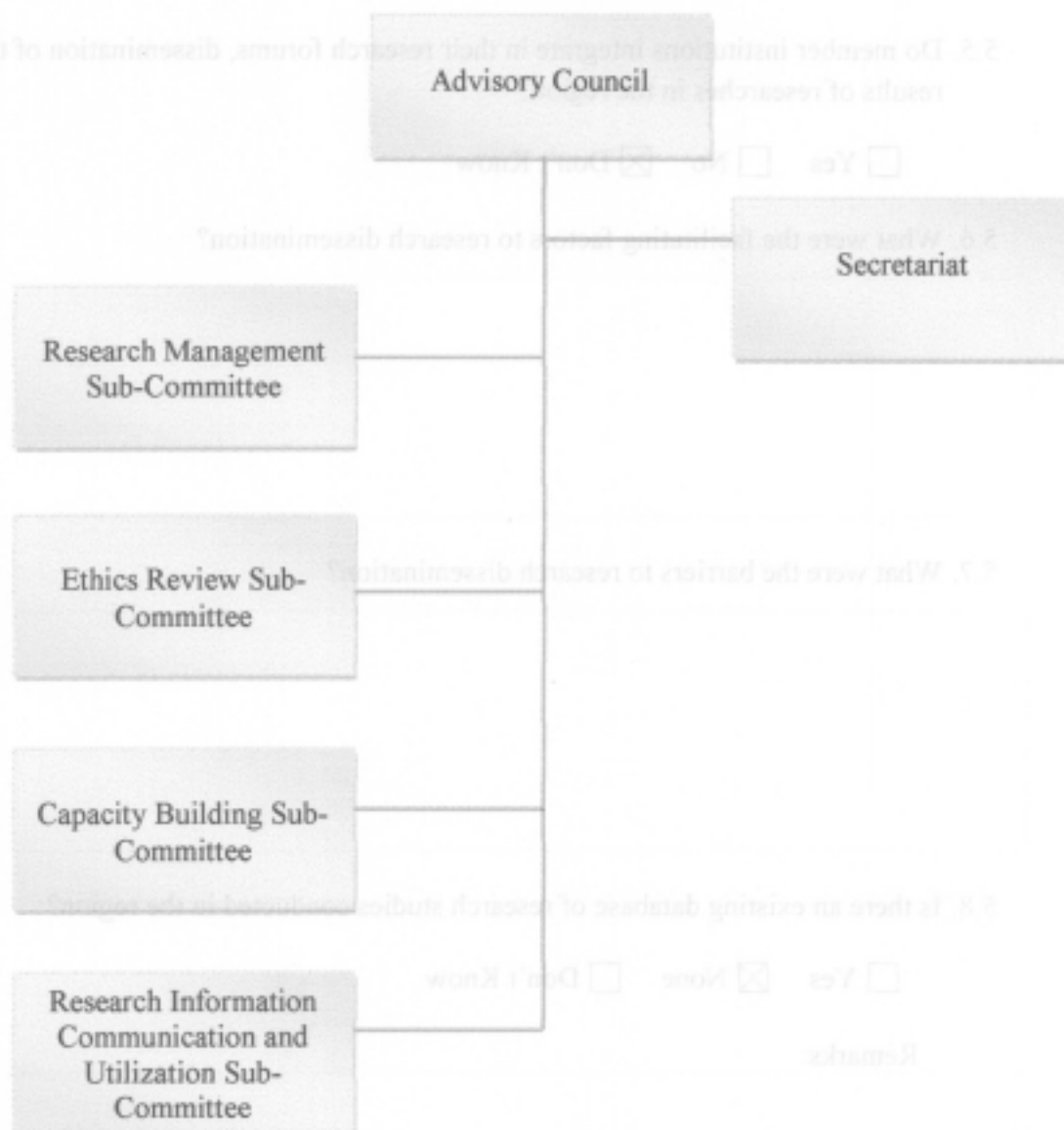5.7. What were the barriers to research dissemination?

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:

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                          ┌─────────────────────┐
                          │   Advisory Council  │
                          └─────────────────────┘
                                     │
                                     │              ┌─────────────────┐
                                     │              │   Secretariat   │
                                     │              └─────────────────┘
   ┌──────────────────────────┐     │
   │  Research Management      │─────┤
   │  Sub-Committee            │     │
   └──────────────────────────┘     │
                                     │
   ┌──────────────────────────┐     │
   │  Ethics Review Sub-       │─────┤
   │  Committee                │     │
   └──────────────────────────┘     │
                                     │
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   │  Capacity Building Sub-   │─────┤
   │  Committee                │     │
   └──────────────────────────┘     │
                                     │
   ┌──────────────────────────┐     │
   │  Research Information     │     │
   │  Communication and        │─────┘
   │  Utilization Sub-         │
   │  Committee                │
   └──────────────────────────┘
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6.2. Who is responsible for the daily operations of the consortium?

> *Angeles University provides technical support while DOST provided administrative support.*

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

R&D	☒ Functional	☐ NOT Functional
Ethics	☒ Functional	☐ NOT Functional
HRD	☒ Functional	☐ NOT Functional
RICUP	☐ Functional	☒ NOT Functional
_____	☐ Functional	☐ NOT Functional
_____	☐ Functional	☐ NOT Functional
_____	☐ Functional	☐ 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 for 2009.

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 3 - 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 socio-economic profile and health indicators of the region.

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? <u>24%</u>

Remarks:

The proposed budget for 2008 – 2009 was 400,000 pesos. By March 2009 the unexpended balance was 303,295.74 pesos

3. Organizational Structure

3.1 Does the organizational structure reflect the need for day-today management and oversight?
   ☐ Yes   ☒ No

Remarks:

Annex B: Conference Proceedings and List of Participants

DOCUMENTATION: SOME REGIONAL CONSULTATION

REGION 3 CONSORTIUM FOR HEALTH RESEARCH AND DEVELOPMENT CLHRDC

I.   ASSESSMENT TEAM AND TECHNICAL STAFF

Name	Designation/Institution
1) Dr. Juan Ma. Pablo Nanagas	SOME Committee Chair
2) Dr. Jose Rodriguez	SOME Committee member
3) Dr. Noel Juban	SOME Committee member
4) Prof. Nina Castillo – Carandang	SOME Committee member
5) Dr. Elizabeth Matibag	SOME Committee member
6) Ms. Merlita Opeña	PCHRD
7) Ms. Anicia Catameo	PCHRD
8) Ms. Veronica de Leon	PCHRD
9) Ms. Joanna Marie Lim	PCHRD
10) Ms. Ullyann Carticiano	PCHRD

II.   LIST OF PARTICIPANTS (February 4, 2009)

1. Robert Mark Polintan – Holy Angel University
2. Mr. Jefferson Mangulabnan – Holy Angel University
3. Mr. Mark Polintan – Holy Angel University
4. Dr. Zenaida R.Guillasper – Nueva Ecija University of Science & Technology
5. Dr. Grace M. Cruz – Bulacan State University
6. Prof. Dyna Escobar – Ramon Magsaysay Technological University
7. Ms. Rosa Fortaleza – Commission on Population
8. Ms.Gloria Vergara – University of the Assumption
9. Dr. Conrado Oliveros – Department of Science and Technology
10. Ms. Ma. Gemma Arante – Department of Science and Technology
11. Ms. Bella Panlilio – Angeles University Foundation

III.   LIST OF PARTICIPANTS (March 25, 2009)

1. MCD Cristobal – Commission on Higher Education
2. Ms. Ma. Gemma Arante – Department of Science and Technology
3. Mr. Vincent Sarmiento – Angeles University Foundation
4. Mr. Jefferson Mangulabna – Holy Angel University

5. Mr. Charlie Sanchez – Department of Health
6. Ms. Gloria Vergara – University of the Assumption
7. Ms. Zenaida Guillasper – Nueva Ecija University of Science & Technology
8. Ms. Bella Panlilio – Angeles University Foundation
9. Ms. Grace Cruz – Bulacan State University
10. Prof. RC Pagulayan – Angeles University Foundation

I. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM EVHRDC

Introduction of
Participants to SOME
Regional Consultation
with CLHRDC

↓

Overview of PNHRS
presented to local
researchers

↓

Focus group
discussion with
researchers facilitated
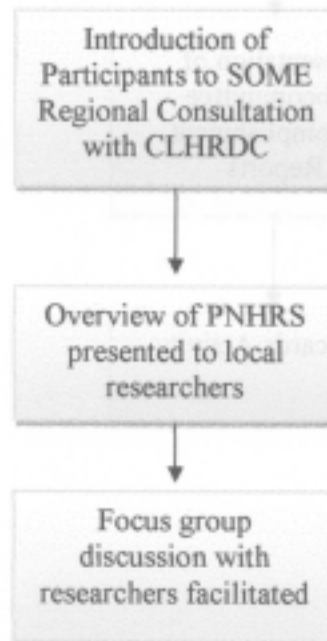
II. FLOWCHART OF ACTIVITIES: MEETING WITH MEMBERS OF CLHRDC

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┌─────────────────────┐
│  Summary of Findings │
│  from Meetings with  │
│     Researchers      │
└─────────────────────┘
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           ▼
┌─────────────────────┐
│   Presentation of    │
│    Subcommittee      │
│   Accomplishment     │
│      Reports         │
└─────────────────────┘
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│  Metacards Activity  │
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Annex C: Region 3 Organizational Structure

Board of Trustees

Management Committee

Research and Development Sub-Committee

Consortium Secretariat

Human Resource Development Sub-Committee

Ethics Review Sub-Committee

RICUP Sub-Committee
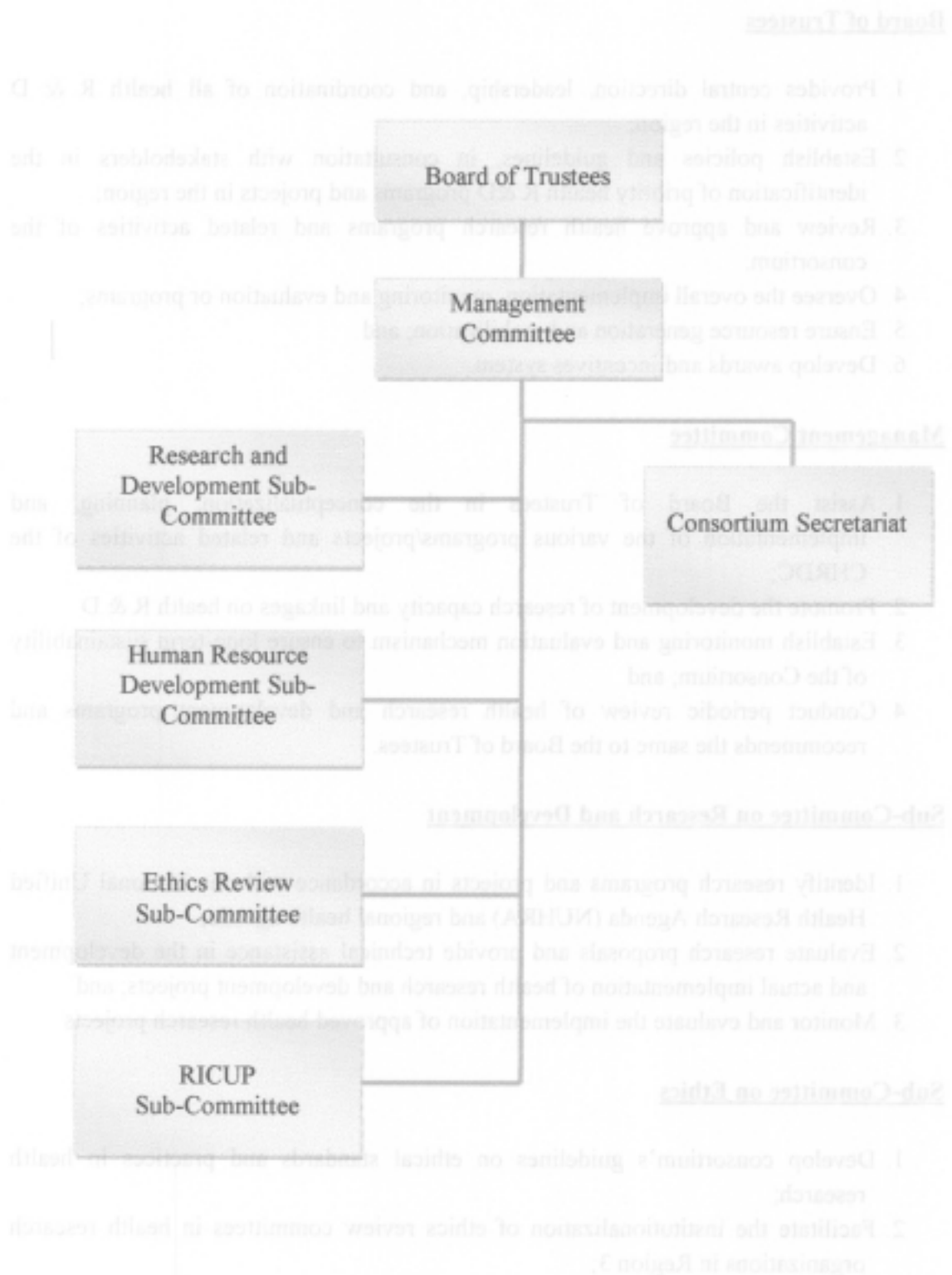
ORGANIZATIONAL FUNCTIONS (Region 3):

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 or 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 3;

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 3;
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.

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

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