

2009

# REGION 5

## REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT



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OCTOBER 2009

PREPARED BY: STRUCTURE/ORGANIZATION MONITORING AND EVALUATION COMMITTEE

## TABLE OF CONTENTS

I.	Introduction and Objectives of the Assessment.....	1
II.	Methodology and Activities Undertaken.....	1
III.	Findings and Observations.....	1
	A. Preparation and Utilization of Health Research Agenda.....	2
	B. Health research manpower, facilities and capacity-building.....	3
	C. Funding and Logistical Support for Health Research.....	4
	D. Development of Research Proposals.....	4
	E. Organization, leadership and management.....	4
	F. Information Dissemination and Utilization.....	6
	G. Ethics.....	6
IV.	Recommendations.....	6
	Annex A: Assessment Framework and Instruments.....	8
	Annex B: Conference Procedures and List of Participants.....	29
	Annex C: Region 5 Organizational Structure.....	33

## ACRONYMS

<b>BCHRD</b>	Bicol Consortium for Health Research & Development
<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

## **I. Introduction and Objectives of the Assessment**

The Bicol Consortium for Health Research and Development (BCHRD) was organized in July 20, 2007. The consortium counts among its members seven government and academic institutions in the Bicol region. Since its establishment in 2007, the consortium has undertaken a number of preparatory and capacity building activities but the consortium's plan to drum up interest in health research and development has been foiled by a number of organizational factors.

This assessment is conducted to strengthen research and development in Region V. Specifically the assessment will (i) identify critical issues and gaps in health research and development in Bicol; and (ii) 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 Structure/Organization Monitoring and Evaluation (SOME) with administrative and logistical support from PCHRD. The assessment team utilized the assessment framework and instruments developed by the committee for this purpose (see Annex A).

Two meetings were held as part of the assessment process. The first meeting was conducted in the morning of August 4 with health researchers and in the afternoon a second meeting was conducted with the members of the Executive/Management Committee in attendance. The Region 5 RUHRA, 2009 operational plan, accomplishment reports and organizational structure were reviewed as part of the assessment process.

## **III. Findings and Observations**

### **Overall Findings and Observations**

The BCHRD was organized in 2007 and counts among its members seven (7) academic and government institutions in the Bicol region. In 2008, with funding support from PCHRD, the consortium carried out capacity building activities designed to develop the skills of health researchers and generate research proposals.

A major problem faced by the BCHRD is the inability of the members of the Advisory Council to agree on how best to take advantage of some resources that were offered by a company involved in the manufacture of cigarettes. The DOH regional office and two member institutions under it have not yet signed the memorandum of agreement and as a result, the consortium has been unable to fully carry out its planned activities.

A related problem is the limited institutional membership with many researchers unable to fully participate mainly because the institutions that they represent are not yet members of the consortium.

In addition, while the consortium has formulated a health research agenda in 2005, the researchers who attended the consultation meeting were not aware of the region's health research priorities and could not recall instances where the research agenda was presented and disseminated.

Given these many challenges, the consortium needs assistance from the PNHRS in addressing its organizational issues. The BCHRDC also needs to activate the different working committees and use the RRF to get the health researchers organized and focused on the region's health research priorities.

#### A. Preparation and Utilization of Health Research Agenda

1. The Region 5 RUHRA (2006-2010) was developed in 2005. It contained a brief description of the priority research areas but since its formulation the RUHRA has not been disseminated, discussed and utilized.

In 2005, PCHRD supported the development of the Region V unified health research agenda (RUHRA). The preparation process involved the review of relevant documents and stakeholder consultations. The identified priority areas included the following: Infectious diseases, lifestyle disorders, environmental health, malnutrition, health care financing and diseases of the elderly.

Since its formulation four years ago, the RUHRA has not been subjected to a critical and systematic analysis. The document has also been not widely disseminated as many researchers who attended the consultation meeting were not aware of its content and could not recall instances where the research agenda was presented and discussed.

2. Inadequate utilization of the health research agenda.

A review of the accomplishments of the BHRDC showed little evidence of application of the health research agenda. No attempt was made to develop assessment instruments based on the research priorities. The consortium also failed to translate the agenda into a plan for capacity building and mobilize resources for health research.

3. Strong interest to review the research agenda and transform it into an instrument for resource mobilization and capacity building

Both the group of researchers and the governing board suggested that a review of the research agenda is in order and that the document needs to undergo a systematic analysis to facilitate the preparation of research proposals and enable easier access to interested users for other useful applications. Some of the other uses and applications of the RUHRA are described below.

**B. Health research manpower, facilities and capacity-building**

1. The region's health research manpower possesses the skills and expertise to carry out the required studies based on the identified priorities.

The members of the BHRDC clearly have the expertise needed to design and carry out health researches and respond to the region's health research needs. However, it was noted during the consultation meetings that many researchers who were interested to participate were unable to do so because they belonged to institutions that are not members of the consortium.

2. Training of research manpower has been carried out but there is no long-term human resource development program and it is unclear if the training course was guided by the health research agenda.

In 2008, the consortium through the Technical Working Group (TWG) conducted a training course on research design and protocol development among health researchers. The training activity was designed to generate health research proposals.

Members of the TWG and the governing board acknowledged that the region does not have a capacity-building strategy in place. There was also no attempt on the part of the consortium to assess the manpower needs of the region based on the identified research priorities.

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

1. Institutional support for health research exists although funds for research are scarce and highly competitive.

Health researchers claim that while some institutions have research funds, these funds are inadequate and in many instances the health researchers have to compete with researchers from other sectors. In addition to the provision of funding support some institutions reduce the teaching load of faculty members who are able to complete and publish their research studies. Faculty members who are invited to present their papers also get some funding support from the institution.

Presently the consortium has received 490, 530 pesos from PCHRD to fund its operations. It also received a grant of 500,000 pesos from Philip Morris Philippines.

2. The consortium does not have a resource mobilization strategy

The consortium has not attempted to translate the research priorities listed in the RUHRA into a cost estimate and use the results to formulate a resource generation/mobilization plan. This inadequacy makes the consortium totally dependent on PCHRD support and renders it highly vulnerable to the unpredictable changes in government budgeting.

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

The BCHRD through the TWG conducted a workshop designed to generate research proposals for funding under the regional research fund. While this is a promising development, the consortium needs to mobilize its working committees and provide more opportunities for the health research manpower to prepare and submit proposals based on the identified research priorities.

### E. Organization, leadership and management

1. Management structure

The BCHRD is composed of 8 member institutions and agencies. The consortium has an Executive Committee that is responsible for the approval of policies, programs and plans. Four sub-committees comprise the technical and



working arm of the consortium. An important organizational issue is the need to get the DOH regional office and its attached institutions to sign the memorandum of agreement and actively participate in the consortium's activities. Based on the information provided during the consultation meeting, the DOH CHD has some reservations about the funding support provided by a cigarette manufacturer.

Another important issue is the non-inclusion of many institutions in the region whose researchers are very interested to participate in the conduct of health research studies and related activities. The inclusion of these institutions can further boost the health research capacity of the BCHRDR.

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

A review of the organizational structure of BCHRDR shows that there is no one responsible for the day-to-day management of the activities of the consortium. This organizational flaw is common among the different regional research consortia and is often masked by the services performed by the secretariat staff coming from the DOST regional office. The lack of a full-time manager is one of the reasons for the delay in the implementation of the consortium's planned activities.

3. The consortium has an operational plan for 2009. However, there is no strategic plan for health research and development in the region.

The BCHRDR prepared and submitted an operational plan for 2008-2009 that included a number of capacity building activities for health researchers and member institutions. However, the absence of a strategic planning framework makes it difficult to judge whether the operational plan contains the necessary activities that will lead the consortium to its goals and objectives.

4. None of the working committees has been activated. A technical Working group has been organized to temporarily perform the technical tasks and responsibilities.

The organizational structure of the consortium mentions the following sub-committees that are tasked with carrying out its research and related activities: research management, capacity building, information dissemination and utilization and ethics. Presently, none of the working committees is functional. In their absence, the TWG is responsible for carrying out the planned activities.

**F. Information Dissemination and Utilization**

The consortium does not have a system for sharing research information. There is also no established system of disseminating research information to promote the utilization of research results.

**G. Ethics**

The consortium has a trained ethics committee in place.

**IV. Recommendations**

1. Review and updating of the health research agenda and mobilization of the health research manpower to focus on the top priority research areas.

The consortium needs to review and conduct a more systematic analysis of the identified health research priorities. The review and revision should not only update the list and render it more relevant but also provide enough description of the problems and issues to enable the participating institutions to determine the kind of contributions they can make to the research and development effort.

Based on the agreed top priorities, the consortium needs to mobilize and organize its health research manpower so they can focus on the preparation and submission of research proposals. As the consortium is just starting, it can initially start using its regional research fund for this purpose. But once it gains some experience in the management of research projects, the consortium can move on and submit proposals for funding by the PNHRF at the national level.

2. Strengthen its organizational capacity by engaging the services of a full-time manager or administrator, activating the working committees and expanding its membership to other interested institutions

The BCHRD should consider the hiring of a full-time manager or administrator who will be responsible for carrying out the decisions of the advisory council or executive committee. This fulltime staff shall also take care of the consortium's day-to-day operations and ensure the necessary submission of reports and documents to funding agencies.

To fully support the performance of the technical work of the consortium, the four working committees need to be activated. The chair shall issue a memorandum to formalize this process.

Another important organizational gap that needs to be addressed is the inability of interested researchers to participate in the consortium's activities mainly because their mother institutions are not members of BCHRD. There is a need to expand the membership of the consortium to ensure wider participation and enhance BCHRD's research capacity.

3. Formulation of a health research and development strategic plan.

The strategic plan should be based on a comprehensive analysis of the problems and issues and must be anchored on the research priorities listed and described in the RUHRA. The strategic plan should also include a capacity building, resource mobilization and information dissemination components.

The strategic plan will be the basis for the formulation of the consortium's annual operational plans.

## 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 5 - 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?

*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

### 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, and out-of-pocket.*

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

**Remarks:**

*Funds are not sufficient. They want to access PCHRD-Manila funds.*

3.3 Have you received funding support from the RHRDC through the RRF?

Yes  No

3.3.1 If no, why?

*Only one was able to receive funding support from the RHRDC.*

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?

*To facilitate access to funds from DOST-PCHRD in Manila and at the regional level to be more flexible.*

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

4.1 How many research proposals have been prepared?

1

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

0

Remarks:

*Only one research proposal has been prepared and on-going.*

## 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?

*The Information Dissemination Sub-Committee has not yet been activated to provide support.*

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 5- 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?

They engaged the services of a researcher and utilized the following process: 1) Review of documents; 2) interview of stakeholders; and 3) consultative workshop.

Research priorities: MDR-TB; paragonimiasis among TB symptomatic; impact of specialty clinics and government facilities on health out migration in Bicol; health impact of mining tailings (environmental); socio cultural factors in CV's diseases and IEC; coping mechanisms of poverty gaps in health care; strategies in augmenting hospital income, indigency, professional fees standard; comprehensive R&D across eco-zones; field assessment/capacity enhancement , health workers, traditional healers, overseas caregivers; assessment of feeding programs and nutrition; health rehabilitation, seniors

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 agricultural programs*

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:

Agriculture, 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?

1

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

1

4.3 In 2008, how many research studies were funded?

1

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?

*Information and Dissemination sub-committee not yet activated...*

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

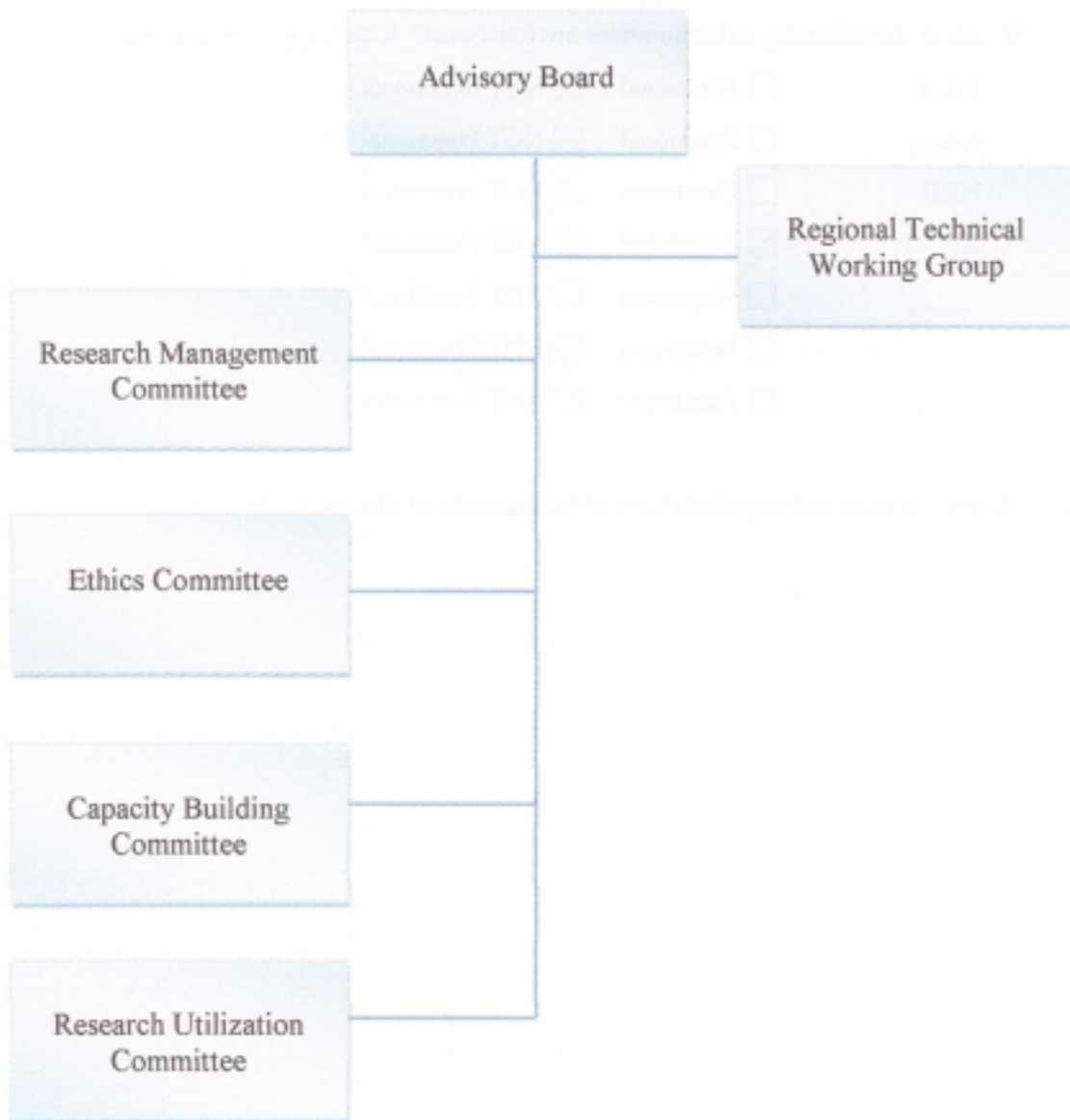
Yes    None    Don't Know

Remarks:

*They have a survey of researches done but do not have an existing database and have not been trained to use the Herdin database.*

## 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.*

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

- |        |  |  |
|--------|--|--|
| R&D    | <input type="checkbox"/> Functional            | <input checked="" type="checkbox"/> NOT Functional |
| Ethics | <input type="checkbox"/> Functional            | <input checked="" type="checkbox"/> NOT Functional |
| HRD    | <input type="checkbox"/> Functional            | <input checked="" type="checkbox"/> NOT Functional |
| RICUP  | <input checked="" type="checkbox"/> Functional | <input checked="" 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 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 5 - 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:

*They use existing health indicators but not specific to the priority health researches.*

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 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?

???????

Remarks:

### 3. Organizational Structure

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

Yes  No

Remarks:

*The DOST provides admin and secretarial support. There is technical support provided by Bicol Regional Training Hospital, Ago University, and Bicol University.*



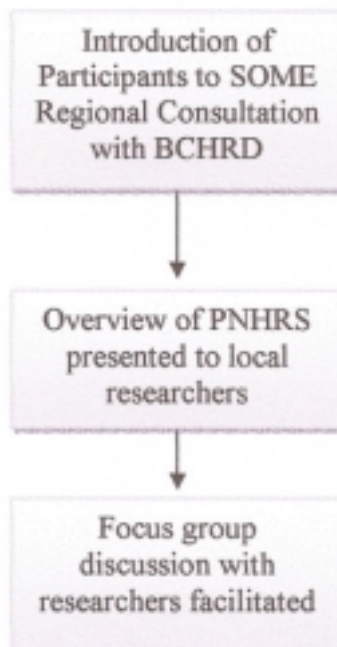
**Annex B: Conference Procedures and List of Participants**

**Bicol Consortium on Health Research and Development (BCHRD)**

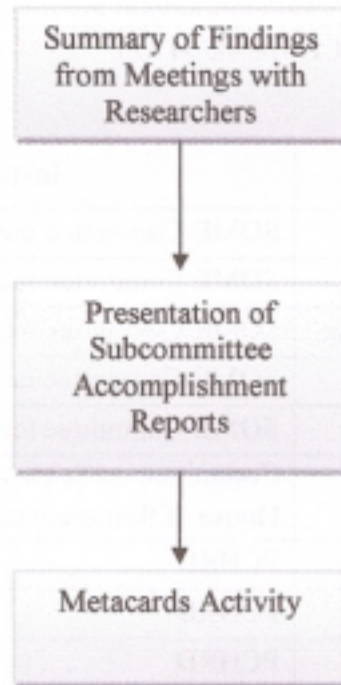
**I. ASSESSMENT TEAM AND TECHNICAL STAFF**

Name	Institution
1. Dr. Joe Rodriguez	SOME Committee member
2. Dr. Noel Juban	SOME Committee member
3. Prof. Nina Castillo-Carandang	SOME Committee member
4. Dr. Elizabeth Matibag	SOME Committee member
5. Dr. Clarissa Reyes	SOME Committee member
6. Ms. Remedios Birondo	Committee on Science & Technology – House of Representatives
7. Ms. Merlita Opeña	PCHRD
8. Ms. Anicia Catameo	PCHRD
9. Mr. Mark Joseph Tano	PCHRD

**II. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM BCHRD**



**III. FLOWCHART OF ACTIVITIES: MEETING WITH MEMBERS OF BCHRD**



IV. ATTENDANCE SHEET WITH RESEARCHERS

PNHRS-SOME CONSULTATION MEETING *Resonancia*

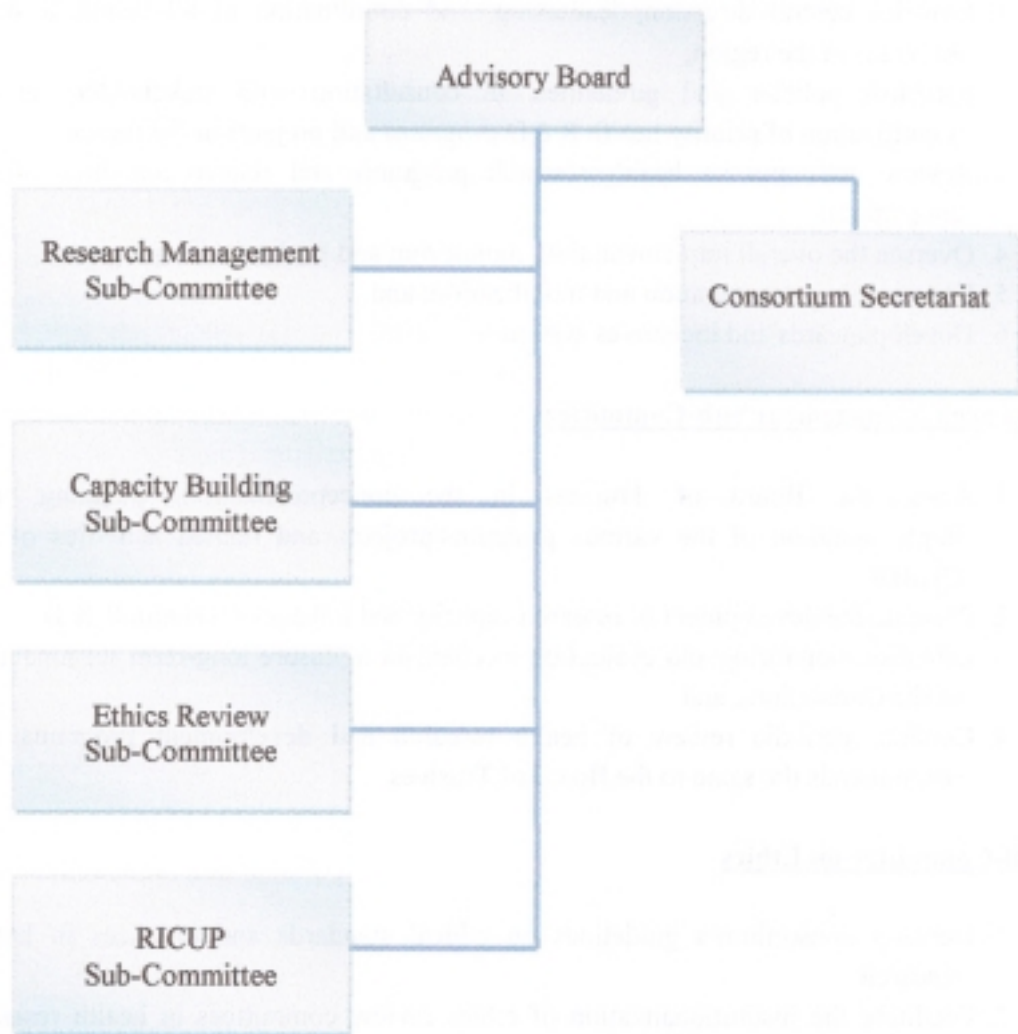
July 20, 2009

9:00 am to 3:00 pm  
 President's Board Room, Ground Floor Wang Building  
 De La Salle Health Sciences Institute, Dasmariñas, Cavite

NAME	INSTITUTION	CONTACT NOS.	EMAIL ADDRESS	SIGNATURE
1. <i>Christy Rueda</i>	<i>WPLB</i>	<i>5-919 535 5284</i>	<i>christy@wplb.com</i>	<i>[Signature]</i>
2. <i>Dr. Victoria M. Barrios</i>	<i>WPLB</i>	<i>5-919 535 5284</i>	<i>vbarrios@wplb.com</i>	<i>[Signature]</i>
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**Annex C: Region 5 Organizational Structure**



## **ORGANIZATIONAL FUNCTIONS (Region 5):**

### **Advisory Board**

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.

### **Research Management Sub-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 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 5;
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.