

2009

REGION 6

REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT

Philippine National Health Research System
10/2009



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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
RHRDCWV	Regional Health Research and Development Committee in Western Visayas
RICUP	Research Information Communication Utilization Programme
RUHRA	Regional Unified Health Research Agenda
SOME	Structure/Organization Monitoring and Evaluation

I. Background and Objectives

The Regional Health research and Development Committee in Western Visayas RHRDCWV was established in 1986 and together with the health research committees of Regions 7 and 8 pioneered the promotion of health research and development at the regional level. It counts among its members 18 institutions in Western Visayas among which are some of the prestigious institutions of higher learning in the country. Over the years, the consortium has carried out a number of health research activities including capacity-building workshops, workshops on basic research methods, training course on ethical issues and a number of workshops to disseminate research results.

In 2008, the committee was able to approve two research proposals for funding under the consortium's regional research fund mechanism. In addition twelve more proposals were screened covering the following topics: lifestyle disorders, environmental health, waste management, herbal medicines and women's health.

Despite a long history of consistently carrying out health research and related activities, the consortium still has a long way to go in addressing the health research priorities that it agreed to pursue in 2005.

This overall objective of this rapid assessment is to strengthen health research and development in Western Visayas. Specifically the assessment will identify critical issues and gaps 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. The assessment team utilized the assessment framework and rapid appraisal instruments developed by the SOME 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 May 20 with health researchers and a meeting later in the afternoon with the members of the Executive Committee in attendance. A list of participants is attached (Annex B). The evaluation team also reviewed the Region VI RUHRA document, the 2009 operational plan, the consortium's accomplishment reports and its organizational structure.

III. Findings and Observations

A. Overall Findings and Observations

The health research committee for Western Visayas is one of the better-organized research consortia in the country and has over the years demonstrated its capacity to undertake and manage health research studies and related activities.

Since its inception in 1985 the committee has been fairly consistent in its performance in the promotion of health research and development particularly in the conduct of health research studies and in carrying out capacity building activities for its health research manpower and member institutions.

On the other hand, a critical appraisal of its accomplishments and performance shows that despite its proven track record and the growing experience and expertise of its health research manpower the committee has not taken advantage of the opportunities to access more substantial research funds at the national level. Instead it has continued to focus its attention and energy on the limited resources under the RRF even though many of the researchers claimed that the funding ceiling of the RRF hampered their ability to conduct more meaningful and more substantive studies. The researchers also clamored for more opportunities for institutional collaboration which is virtually impossible to carry out under the limited scope of the RRF mechanism.

This inability to cross the rate-limiting threshold of the RRF is the main reason why the RHRDCWV is still very far from its goal of responding to the health research priorities defined in the 2005 Region VI RUHRA. To get over this hump, the consortium will have to more effectively mobilize its seasoned and skilled researchers and organize them to develop proposals based on the top health research priorities.

The RHRDCWV has attempted to address a major organizational weakness by engaging a full-time person to provide administrative support to the work of the different sub-committees. While this has been effective in ensuring that coordinative and clerical tasks are performed in a more responsive manner, the need for a full-time manager that will be responsible for both technical and management oversight still exists.

Finally, the consortium needs to consider having a clear and well-defined strategic planning framework that will set the future directions of the consortium and serve as a guide for its operational plans and activities.

Given its extensive experience there is no doubt that RHRDCWV has the capacity to take on more challenging tasks and responsibilities and position itself to lead the promotion of health research and development not only in Region VI but in the Visayas cluster of regions as well .

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 and significance.

In 2005, with assistance from PCHRD, the CHD VI led the development of a health research agenda for the Western Visayas region. The preparation process involved reviewing documents and consultations with stakeholders using the following selection criteria: urgency, magnitude of the problem, feasibility, impact and adequacy of funding support. Seven groups of priority research issues were identified, namely: maternal and child health, communicable diseases, lifestyle disorders, health care financing, local health systems, alternative medicine and environmental health.

Despite the existence of and easy access to this reference document (downloadable through the PCHRD website) many health researchers who were present during the consultation meeting expressed their lack of awareness and familiarity with its content. The researchers could not recall the priority research areas described in the document. Most of the researchers agreed that the document was not well-disseminated. This sentiment was also echoed by some members of the Advisory Committee.

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 the priority areas for research do not provide an epidemiological, social, economic and policy-related description of the issues involved. Such gap in the analysis of the research issues makes it difficult for interested institutions and researchers to design and carry out research studies.

The RUHRA lists some of the important research issues but without a good description of the socio-economic context and epidemiological information,

interested researchers will have great difficulty in translating them into research proposals.

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 executive committee agreed that a review of the research agenda is in order and that the document needs to have more applications.

C. Health Research Manpower, Facilities And Capacity-Building

The presence of some of the country's leading institutions of higher learning in the consortium strongly support the claim of the health researchers and the Executive Committee that Region VI indeed possesses the capacity needed to undertake health research activities based on the identified health research priorities. However, the consortium has not proven to be effective in fully harnessing the expertise and skills of its seasoned researchers and in translating such expertise into research studies that address its main priorities. The current effort of the human resource development subcommittee is in the development of small-scale proposals under the RRF. Because of funding limitations, the RRF is unlikely to make a significant impact in addressing the priorities listed in the RUHRA.

D. Funding and Logistical Support for Health Research

1. Health researchers and the members of the advisory council expressed strong interest to access funds from the PNHRs.

During the session with researchers and the executive committee both groups demonstrated strong interest in accessing the national research funds of PCHRD and DOH. This interest is a reflection of the inadequacy of the research funding under the regional research funds of the consortium wherein research proposals have a ceiling of 100,000 pesos.

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

While the consortium has proposed a budget of 998,500 pesos for 2008-2009 to fund research proposals and to fund its operations, this amount is based on

an estimate of the proposals that are under review and is not based on an estimate of the funding requirements of its priority research needs.

The consortium has not assessed the requirements of the RUHRA and used the results to estimate the necessary research studies. There is also no resource mobilization component in the consortium's operational plan.

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

In 2008, the consortium was able to generate and review 12 research proposals and approve 2 research proposals for funding under the RRF mechanism. The proposals are aimed at addressing lifestyle disorders, environmental issues, waste management, herbal medicine and women's health. All of these research proposals are responsive to the priorities listed in the RUHRA. The two approved studies are in varying degrees of implementation and completion.

F. Organization, Leadership and Management

1. Advisory Council and Working Sub-Committees

The RHRDCWV has an Executive Committee that is responsible for setting directions and approval of policies, plans and budgets. Four working sub-committees (please see Annex C) are responsible for carrying out the consortium's activities.

2. The consortium hired a full-time staff to provide administrative and secretariat support. There is no full-time manager responsible for technical and management oversight.

To facilitate the work of the working committees and provide administrative support to the work of the consortium as a whole, the services of a full-time administrative staff was engaged. This move proved to be very helpful in

responding to the administrative burden that was at that time shouldered by the DOST regional office.

However, such organizational readjustment did little to address the need for a full-time manager who will be responsible for the provision of management and technical oversight to the consortium's activities and undertakings.

3. All working sub-committees are fully functional

Most of the accomplishments of the consortium can be attributed to the functionality of the four working sub-committees.

G. Information Dissemination and Utilization

The consortium has organized research forums on a regular basis as its main activity to disseminate the research results. The main weakness of this approach is the possibility of preaching to the converted and not reaching out to those who are the primary audience of the study results.

H. Ethics

Region VI has a trained and functioning ethics committee. The committee has been involved in 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 mobilizing health researchers to address the priority research issues

The consortium needs to revisit the research agenda and conduct a comprehensive program review. 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.

Once a comprehensive program review has been conducted on its top research priorities, the consortium needs to organize study groups that will be responsible

for developing research proposals and carrying out research studies. The study groups shall be composed of researchers coming from the different members of the consortium and shall ensure that the proposals respond to the research problems and issues from a comprehensive, strategic and long-term perspective. The establishment of a research program/s should be considered.

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, the consortium can then develop a resource mobilization plan or strategy. It is important that the consortium attempt to access funds at the national level rather than be content with the funds available under the RRF. The consortium can establish a pool of funds coming from its members as its counterpart to whatever funds are mobilized from other sources.

3. Consider the designation/appointment of a full-time 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 the consortium needs to consider the appointment of a full-time manager or administrator in addition to the full-time administrative staff that is already in place. This particular position is important to respond to the organization's management requirements once the consortium scales up its plans and activities. The funding support from PCHRD can be initially utilized for this purpose. Ultimately however, the consortium needs to assume full responsibility for this item once it is able to generate its own resources.

4. Formulation of a long-term strategic plan to guide the consortium's future directions

The consortium needs a strategic planning framework that will define its long-term goals and objectives, lay out strategies and options and key results areas. The strategic plan shall also identify performance indicators that will help the

consortium track its own progress as it moves towards the achievement of its organizations goals and objectives.

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 6 - 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:

2005

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?

Institutional support and PCHRD

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

Remarks:

The health researchers expressed interest to access DOST-PCHRD and to aid them in sourcing out other external funding.

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

Yes No

3.3.1 If no, why?

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

Yes No

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

Increase the ceiling amount per research proposal (P100,000) of RRF.

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)?

2

Remarks:

Twelve proposals were prepared and reviewed. Three health researches of which have been approved, one health research is ongoing and none have been completed. There is and increased in the number of proposals in 2007 and 2008 because the funds ceiling has been increased from P50,000 to P100,000.

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?

Existing system is mainly dissemination through regional research symposia.

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

Weak capacity for dissemination.

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.

There were projects that involved LGUs and the consortium was concerned if the LGUs were able to use the results

Region 6 - 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 workshop was conducted and 5 small working groups were organized in accordance with the 5 identified priority areas.

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.

Informal:

Short-term training on research proposal design.

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:

Social sciences including demography and population studies as well as 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 funding, technical assistance, capacity building, setting up access to database and updating of research agenda.

3. Resource Mobilization:

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

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

Yes No

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

3.3 Has an annual work plan and budget been proposed?

Yes, when was it prepared? 2008

No

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

Technical assistance and resource generation.

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?

3

4.4 In 2008, how many research studies were completed?

0

3. Resource Mobilization:

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

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

Yes No

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

3.3 Has an annual work plan and budget been proposed?

Yes, when was it prepared? 2008

No

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

Technical assistance and resource generation.

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?

3

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?

Weak capacity for research dissemination and utilization. Of all committees, the research and utilization committee is the weakest.

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

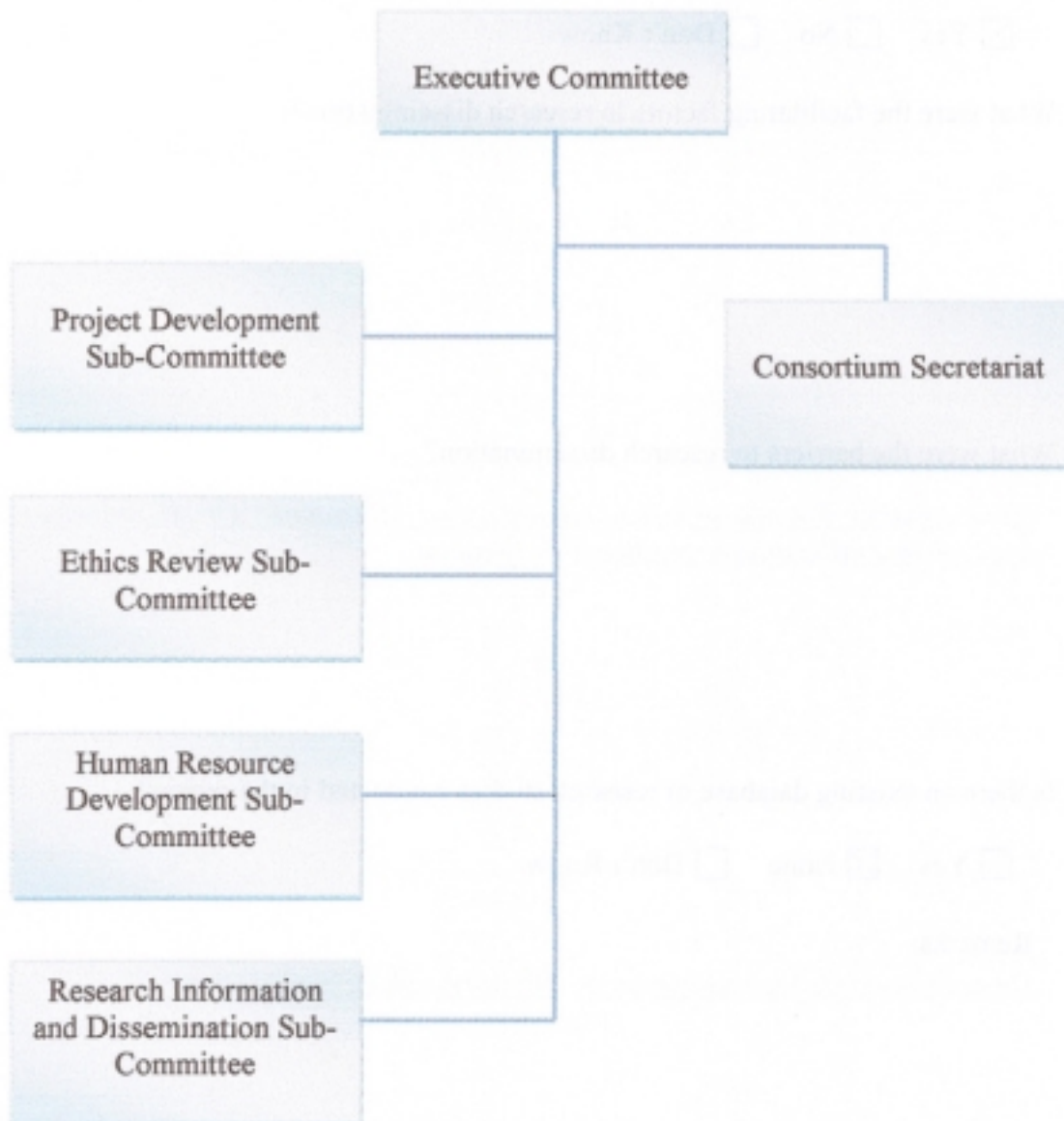
Yes None Don't Know

Remarks:

They are interested in training on the Herdin database management.

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?

There is a full-time administration person to support the daily operations of the consortium. (based on DOST)

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

- | | | |
|--------|--|--|
| PD | <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 |
| RICU | <input 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:

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

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:

While no epidemiological and socio-economic data were presented in the document, the disease burden was mentioned as a criterion for prioritization. The following are the priority areas: Maternal and Child Health, Communicable and Non-communicable Diseases, Health Care Financing, Local Health Systems and Devolution, Alternative Medicine, Environmental Health, Nutrition, Population and Family Planning, Special Sectors, Health Service Delivery, Substance Abuse, and Gender and Health

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:

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:

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2.4 What is the percentage of fund utilization?

99.99%

Remarks:

<i>P 998,572 was the proposed budget for 2009</i>

3. Organizational Structure

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

Yes No

Remarks:

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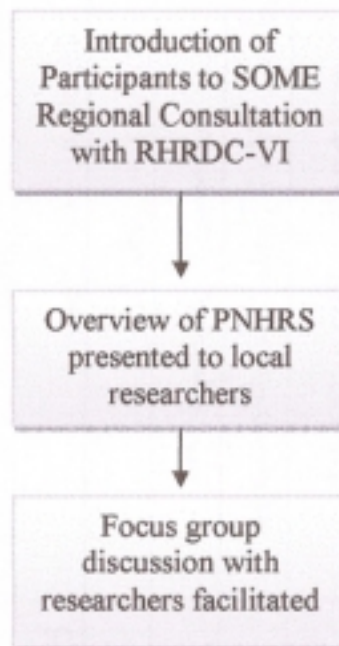
Annex B: Conference Procedure and List of Participants

Regional Health Research and Development Consortium – VI (RHRDC – VI)

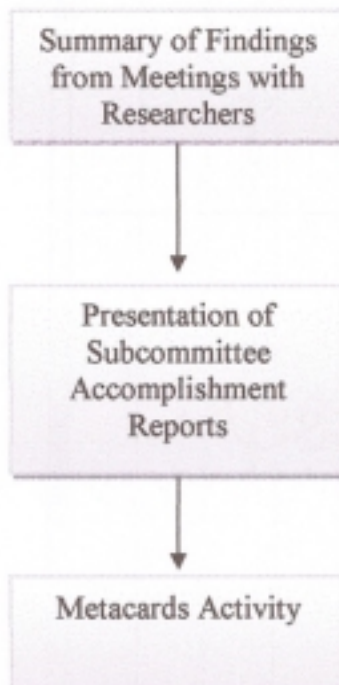
I. SOME ASSESSMENT TEAM AND TECHNICAL STAFF

Name	Designation/Institution
1. Dr. Johnny Nanagas	SOME Committee Chair
2. Dr. Joe Rodriguez	SOME Committee member
3. Prof. Nina Castillo-Carandang	SOME Committee member
4. Dr. Noel Juban	SOME Committee member
5. Ms. Remedios Birondo	Committee on Science & Technology
6. Dr. Elizabeth Matibag	Some Committee member
7. Ms. Clarissa Reyes	Some Committee member
8. Ms. Merle Opeña	PCHRD
9. Ms. Annie Catameo	PCHRD
10. Ms. Wilma Santos	PCHRD
11. Mr. Mark Tano	PCHRD
12. Ms. Belle Intia	PCHRD
13. Dr. Christopher Santiago	SOME Documentor

II. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM RHRDC-VI



III. FLOWCHART OF ACTIVITIES: MEETING WITH MEMBERS OF RHRDC VI



I. ATTENDANCE SHEET WITH RESEARCHERS
(page 1)

	NAME	AGENCY	SIGNATURE
1	Carolyn L. Yoro	CPU	<i>CYOR</i>
2	Vicente Balines	UPV	<i>V. Balines</i>
3	Mrs. Jocelyn Long-on	Univ. of San Agustin	<i>Jocelyn Long-on</i>
4	John Ma-Pablo R. Manago	PNHRS	<i>John Ma-Pablo R. Manago</i>
5	GERARDUS PERMOCUT	WYSU	<i>Gerardus Permocut</i>
6	Lerra L. Paris	USA	<i>Lerra L. Paris</i>
7	Jane S. Geduspan	UPV	<i>Jane S. Geduspan</i>
8	JAIMIE MANILA	WVSU	<i>Jaimie Manila</i>
9	MYRNA L. ABELLO	WVSU	<i>Myrna L. Abello</i>
10	NOOR <i>LIKIAN</i>	UPCCH	<i>Noor Likian</i>



Republic of the Philippines
DEPARTMENT OF SCIENCE AND TECHNOLOGY
Regional Health Research and Development Committee
Region 6 (Western Visayas)

May 20, 2009
Sarabia Manor Hotel
8:00 am - 1:00 pm

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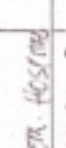
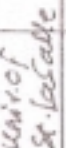




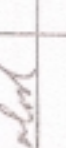


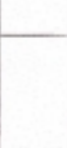
	NAME	AGENCY	SIGNATURE
11	PERY C SUMRLO	DEPT 6	[Signature]
12	ANITA Liway	RRRRC	[Signature]
13	Maria Thelma Serwidad	SPU - Iloilo	[Signature]
14	WILMA J Santos	RHARD-DIST	[Signature]
15	Milagres M. Viacrus	DEH - CHD XI	[Signature]
16	CHRISTOPHER W. SANTOS	DCE - UPCM	[Signature]
17	ANICIA P. CATANED	PCARD - DIST	[Signature]
18	Wendy I. MORAÑA	PCARD - DIST	[Signature]
19	Helen Frost	COA - PCHD UP college of medicine SDMF	[Signature]
20	Nina Castillo Carunday		[Signature]

Regional Health Research Capacity Assessment Report

(page 3)

	NAME	AGENCY	SIGNATURE
21	Glydeth R. Matibay	DEH-HPDRB	Glydeth R. Matibay
22	Remedios S. Bivendo	Com. on S ₂ T H ₂ Ed.	Remedios S. Bivendo
23	Bele G. Intia	PCARD-DOST	Bele G. Intia
24	MA. ALICIA SORIANO SANCHEZ	DOST VI	Alicia Soriano Sanchez
25	MADINA CLAIRE B. PALABRICA	DOST VI	M. Claire B. Palabrica
26	Jesse R. Rodriguez	STATE	Jesse R. Rodriguez
27	MARILYN M. OPENTA	PCARD	Marilyn M. Openta
28			

IV. ATTENDANCE SHEET CONSORTIUM MEMBERS (page 1)


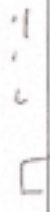







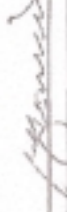
 Republic of the Philippines DEPARTMENT OF SCIENCE AND TECHNOLOGY Regional Health Research and Development Committee Region 6 (Western Visayas)		May 20, 2009 Sarabla Manor Hotel 12 PM - 5 PM	
NAME	AGENCY	SIGNATURE	CONTACT #
1. Agnes F. Hojilla	DR PABLO O. TORRE, MD, FRCP College of Nursing, St. Isidore		0917-885-2110 / 5135 or 0916-985583
2. Jocelyn May Flor A. Cadava	University of St. Isidore		091989234
3. Lilibeth A. French	PIA		
4. Harold Alfred Marshall	POPCOM VI		09277234942
5. Cynthia Luncampas	NSRF-C		335-8684 0917-885-317
6. DR. BOLITUADE S. GARCERA	USCS - Bacolod		09173009059
7. MA VICTORIA VILCABEAL MD	NSRF		09176280002
8. Pura Jane Serna	WUSU		0920414341
9. Antho Geuter Lirio	WUWMC		09178476189
10. Jane S. Geduspan	LUPV		Jane Geduspan 315-8384

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	NAME	AGENCY	SIGNATURE	PHONE
11	GERARDO PENECILIA DR. PABLO SUBONG	WVSN		(038) 3200
12	Online N. Bana	USA, ZADDC MI		095559847
13	JANIE MARICA	WVSN		0918903592
14	Catchy L. Yere	CPH		0955431148
15	NOEL SUEBAN	NIH - WPM		07178461
16	ROWEN R. GELONGA	DOST VI		
17	Juan Mg. Tabo F. Manages	SOMSE		0915941
18	AUNIE CATAMEO	PCHRO		0917-4711
19	St. Joseph R. Malting	DEF - Leg Div		0921436185
20	Remedios B. Biondo	H Reg Com S.T.		03

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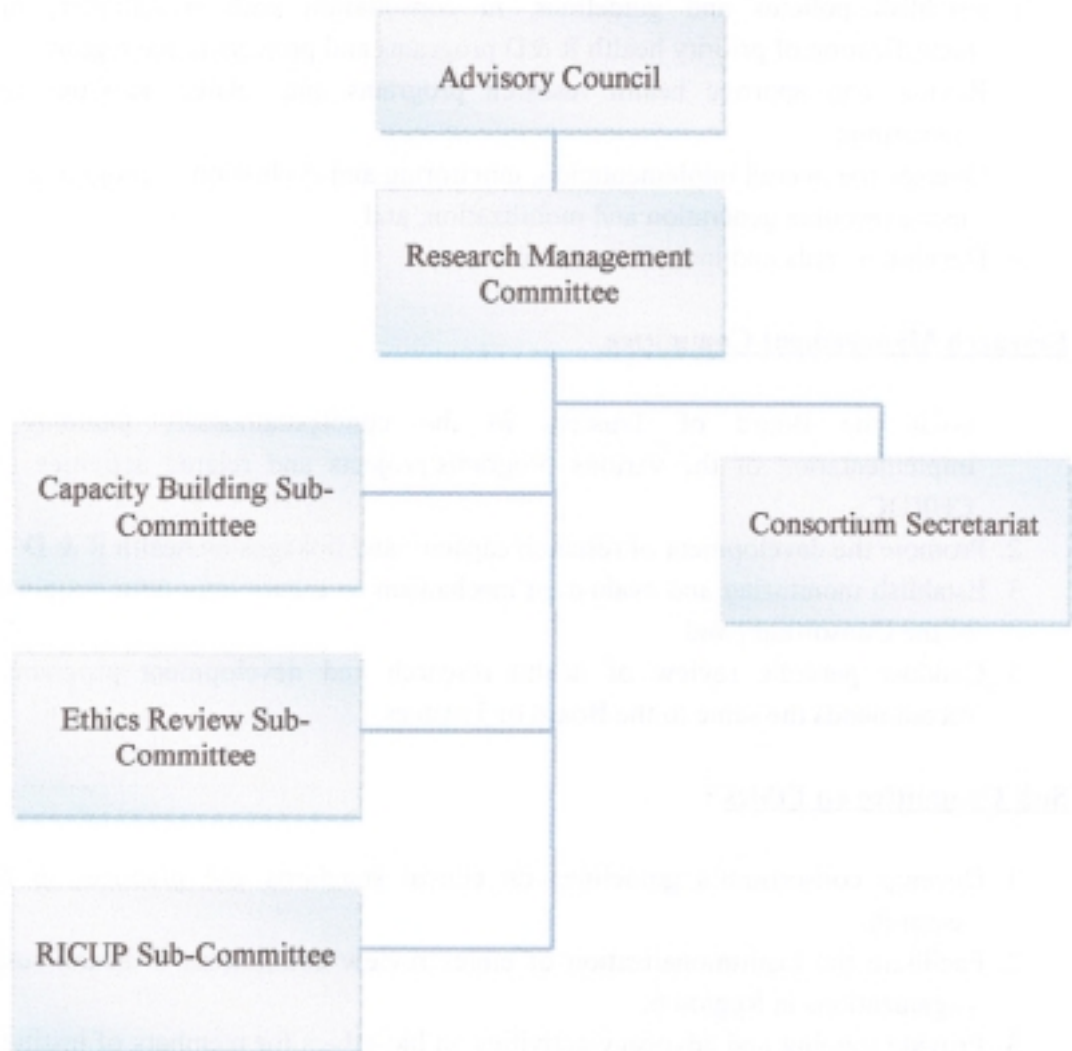
	NAME	AGENCY	SIGNATURE / CONTACT #
21	MILAGROS M. VIACRUCIS	SEN-CHG XI	
22	MERY C SORDO	DOST 6	
23	MA. ALICIA SOLEDAD BARRAZA	DOST VI	
24	KADINA CLAIRE B. PALABRICA	DOST VI	
25	MA. SOPHIA S. PULPESQUE M/D	DIN-CHD WU	
26	MERL M ORENIA	PCHRD	
27	Jene R. Rodriguez Christopher M.N. Santiago	SOPMS DCE-UPCM	 
28			
29	MARK JOSEPH A. JARD	PCHRD	
30	R. Sornio	Unit of San Agustin	

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(page 4)

	NAME	AGENCY	SIGNATURE
31	Ms Pat <u>Chermaine Melton</u>	WVSL - COM	<u>Chermaine</u> 091670492
32			
33			
34			
35			
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Annex C: Region 6 Organizational Structure



ORGANIZATIONAL FUNCTIONS (Region 6):

Advisory Council

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 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 6;
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 Capacity Building

1. Assess the human resource requirements for health research of the institutions within Region 6;
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.