REGION 8 REGIONAL HEALTH RESEARCH CAPACITY ASSESSMENT REPORT

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OCTOBER 2009

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ACRONYMS

COA Commission on Audit

DOST Department of Science and Technology

DOH Department of Health

EVHRDC Eastern Visayas Health Research & Development Consortium

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



I. Introduction and Objectives

The Eastern Visayas Health Research and Development Consortium (EVHRDC) was the first regional health research consortium to be established in the country. Organized in 1985 under the leadership of the regional health office, the RHRDC 8 has consistently been among the most successful and most productive health research consortia in the country. EVHRDC also has the most extensive and comprehensive composition from a membership perspective with almost all of the provinces in the region adequately represented in the advisory council.

Given its extensive experience in managing and promoting health research and development activities region 8 is well-positioned to scale-up and expand its operations and more effectively address its priority problems.

This assessment is designed to help the regional research consortium to consolidate its extensive experience and position itself to take on more challenging tasks in the promotion of health research and development in Eastern Visayas.

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).

A consultative meeting with the region's health research manpower was held in the morning of July 10 2009 followed by a session with the members of the advisory council in the afternoon. The assessment also included a review of the strategic plan documents that are coming out of the ongoing strategic planning process and the region 8 RUHRA that was developed in 2005.

III. Findings and Observations

A. Overall Findings and Observations

Under the inspiring leadership provided by the DOH, the EVHRDC has been performing at a consistently high level over the years. Annually, for more than 20 years, the consortium was able to generate, fund and manage many research

studies and related capacity-building activities. The consortium also has a regular forum to disseminate and discuss the research outputs to facilitate their application and utilization. One of the major strengths of the consortium is its extensive membership with all of the provinces amply represented in the Executive Committee. The member institutions are not only actively participating in the capacity building activities but are also submitting research proposals on a regular basis under the consortium's regional research fund mechanism.

With such a long and extensive experience in the management and implementation of health research activities, the consortium is now in an excellent position to take off and expand the scale of its activities so that it can respond to the priority research areas more effectively.

To make this happen, the consortium needs to institute some organizational adjustments that would enable its experienced researchers to focus on the regional health research priorities. The consortium also needs to formulate a strategic plan and build a long-term research program in the process.

B. Preparation and Utilization of Health Research Agenda

1. RUHRA (2006-2010) was developed in 2005.

In 2005, the Department of Health CHD VIII spearheaded the development of the RUHRA. A highly consultative process was adopted and 8 main groups of priority areas for health research were identified, namely: infectious diseases, degenerative diseases, family health, health services and health regulation. The consortium also made a conscious effort to align its regional priorities with the national unified health research agenda (NUHRA). Despite efforts to disseminate the document, there were still quite a number of researchers who were unaware of the region's health research priorities. The researchers also expressed strong interest to revisit and update the RUHRA.

2. The priority areas for health research in the health research agenda have not been subjected to a systematic analysis.

A review of the RUHRA shows that while the research questions for each of the priority areas for research are specified, the document does not contain a description of the epidemiology, and socio-economic aspects of the research issues. The RUHRA also provides a good context in terms of the major health problems and issues in the region but the lack of a more systematic



analysis of the priority research areas make the work of the health researchers very challenging.

The document also does not contain clear and specific recommendations on how the RUHRA can be translated into instruments that can help the consortium perform its mandate.

C. Health Research Manpower, Facilities And Capacity-Building

The members of the Executive Committee are confident about the capacity of region 8 to conduct the studies in response to the RUHRA

The consortium plays host to a number of the leading universities and academic institutions in Eastern Visayas. These colleges and universities possess the necessary manpower and facilities to undertake the research studies in behalf of the consortium.

D. Funding and Logistical Support for Health Research

1. Most of the member institutions have their own research funds to partially support funding needs of health researchers. However, the consortium is dependent almost exclusively on PCHRD for its funding requirements.

The members of EVHRDC especially the leading academic institutions have the capacity to generate research funds from external sources in addition to what the institutions allocate out of their own resources. However throughout its long existence, the consortium has been almost entirely dependent on PCHRD to finance not only its research projects but also its operations.

When informed about the availability of research funds at the national level, the health researchers expressed strong interest in how those funds can be accessed. The researchers also mentioned the difficulties of generating more substantive proposals that respond to the identified priorities given the limitations of the regional research fund.

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

An important application of the RUHRA is its translation into a resource mobilization plan or strategy based on an estimate of the cost of the research studies to address the identified priorities. While the consortium has been encouraging its members to put up counterpart funding, no estimates of the funding requirements to address the priorities are available.

3. Institutional support for health research exists in Region VIII

The health researchers and members of the executive committee 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

Region VIII is the most prolific among all the health research consortia in the country in the generation of research proposals and in the conduct of research studies. During the period 2007-2008 alone, the consortium was able to generate 30 research proposals and fund 5 research proposals under its RRF. The proposals are in line with its identified health priorities.

Despite this productivity and high level of performance, a review of the researches that had been conducted will show that these studies are very small scale, individually driven with minimal institutional and multidisciplinary involvement. As such these studies are unlikely to have a significant impact on the region's research priorities. The studies are too small-scale and too diffuse and disconnected to make a difference. One of the factors that stifled the growth of the consortium's research activities is the putting of too much focus and attention on managing the regional research fund. Most of its experienced researchers are spending a lot of time reviewing small proposals and doing capacity building activities instead of preparing more strategic and substantive research proposals and carrying out research studies.

F. Organization, Leadership and Management

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

The health research consortium of Region VIII has an Executive Committee that is responsible for setting directions and approval of policies, plans and budgets. Management and oversight is performed by the executive committee with administrative support from an administrative assistant assigned for this purpose. Four working sub-committees (please see Annex B organizational structure) are responsible for carrying out the consortium's plans, programs and activities.

2. A full-time staff to provide administrative support is available.

The consortium is able to perform efficiently its planned activities and reporting responsibilities mainly because of the presence of a fulltime administrative support staff. The staff also facilitates the work of the different committees. The guidance and facilitation of the DOH representative who is also the chair of the research management committee is also one of the factors for the consortium's smooth operations.

3. The consortium does not yet have a strategic plan to guide its operations and future directions.

One of the weaknesses of EVHRDC is the absence of a strategic planning framework that will serve as a guide for the consortium's growth and development. During the consultation, the members of the advisory council expressed their interest to formulate a strategic plan.

4. All sub-committees are fully functional.

Another source of strength for the EVHRDC is the functionality of its working committees. The committees have regular meetings and are able to conduct its planned activities on time. As a result, the consortium has one of the highest fund utilization levels among the different research consortia in the country.

G. Information Dissemination and Utilization

The consortium is one of the few research consortia that are able to regularly hold research forums for its completed researches. These events serve to facilitate the dissemination and utilization of research results in the region.

H. Ethics

Region VIII has a trained and functional sub-committee on ethics. The sub-committee has been actively involved in the ethical review of the research proposals and in other activities designed to promote the protection of patient's rights and safety.

IV. Recommendations

1. Develop and establish a long-term research program anchored on the regions' research priorities by organizing its research manpower and providing more opportunities for collaboration and interaction among its member institutions.

EVHRDC needs to transition and graduate from the regional research fund and consider the preparation and submission of more strategic and more program-oriented research proposals and projects in line with its identified research priorities. To make this happen, the consortium needs to focus on its top priorities, organize its health research manpower, develop a long term research development program and translate such a program into specific research projects.

In making this shift the consortium can take advantage of the funding opportunities available at the national level.

2. Prepare a strategic planning framework that will define and describe the consortium's long-term goals and objectives and the strategies and approaches needed to achieve them.

EVHRDC should proceed with its desire to formulate a long-term development plan that will serve to guide the consortium's future directions. In addition to the development of a strategic planning framework, the

members should also use the strategic planning activity to discuss and agree on the future role of the consortium in the management of research activities and other resources. A clear understanding of the role of the consortium is needed especially if the members decide to mobilize resources outside of the grants being provided by PCHRD/PNHRS.

3. Undertake adjustments in the consortium's organizational and management structure.

Presently, the consortium does not have a full-time manager or administrator other than the full-time administrative support staff. The management tasks and responsibilities are expected to grow exponentially as the consortium is able to attract more substantial funding and expand its research portfolio. In anticipation of these additional responsibilities and demands RHRDC 8 should consider the hiring of a full-time manager and support staff.

4. Prepare to take more responsibilities in leading health research and development in the Visayas cluster of regions.

EVHRDC has an important role to play in leading the effort for health research and development in the Visayas. Given its demonstrated successful experience in the management of health research activities the consortium can provide much-needed leadership in consolidating health research and development activities in partnership with regions 6 and 7.

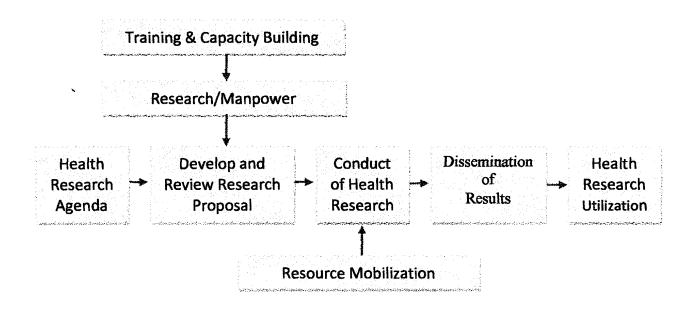
Annex A: Assessment Framework and Instruments

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?

Region 8 - Guide Questions for Health Researchers

Section 18

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: The region decided to adapt the National Unified Health Research Agenda (NUHRA) 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? ⊠ No Yes 1.5. Are you aware whether or not the Regional Health Research Agenda was used in the following? ⊠ No 1.5.1. Capacity building plan Yes

No No

⊠ No

Yes Yes

1.5.2. Resource mobilization plan Yes

1.5.3. Advocacy tool

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

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| 3.4.1 | If not, do you have any recommendati effective? | ons to make this i | runging mechanism mo |
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| Health P | Research | Dissemination | on and Utilization, gas | |
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| 5.1 Is there | e an existir | ng system to dis | sseminate the results of the research study? | |
| | ⊠ Yes | ☐ No | | |
| 5.1.1 | If yes, ho | w do you dissen | minate the results of the study? | |
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| 5.2 What a | re the usu | al problems in t | the dissemination of your research findings? | |
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| 5.3 Did an | y of your r | esearches contr | ribute to the formulation of policies or helped h | lealth |
| manag | ers or heal | th workers mak | te informed decisions? | |
| | Yes Yes | ⊠ No | Do not know | |
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| 5.3.1 | Please ela | borate. | | |
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Region 8 - Guide Questions for Council Members

| 1. 15 thore a | vell-defined h | nealth research age | nda for the | region? | ⊠ Yes | ∐ No |
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| 2. How was t | he research ag | genda developed? | | *** ** | | |
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| over acceptance of the second | | | | | | |
| 1.3. Was the | research age | nda utilized? | ☐ Yes | ⊠ No | | ine vive constraint for start for constraint income |
| 1.3.1. Ho | w was it utiliz | zed? | | | | |
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| 2.2 Is there ac | _ | ch human resourc | c iii tiic regi | | , | • |

| ∑ Informal: | 014 0 - 1 |
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| Short-term training on research proposal design, At | to show a second |
| - Training-Workshop on Principles of Good Clini | col Phactice and Research |
| Ethics for Investigators and Ethics Committee Men | |
| 28 - 30, 2008]- Standards Operating Proceed | dures for Ethics Review |
| Committees (Advance Course) [July 6-8, 2009] | |
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| Scholarship Grants: | |
| There were 5 scholars in the region supported by D | <u>OST</u> |
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| Study Tour: | |
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| 2.5 Are there mentors who can be tapped for capacity building in a Yes No Don't Know | esearcn? |
| 2.5.1 If YES, please specify in what areas: | |
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| 2.6 What kind of support does the region expect from national, reglevels to help develop the skills of local researchers? | gional, and international |
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| Provision of funding, technical assistance, capacity build | ling, setting up access to |
| database and updating of research agenda. | |
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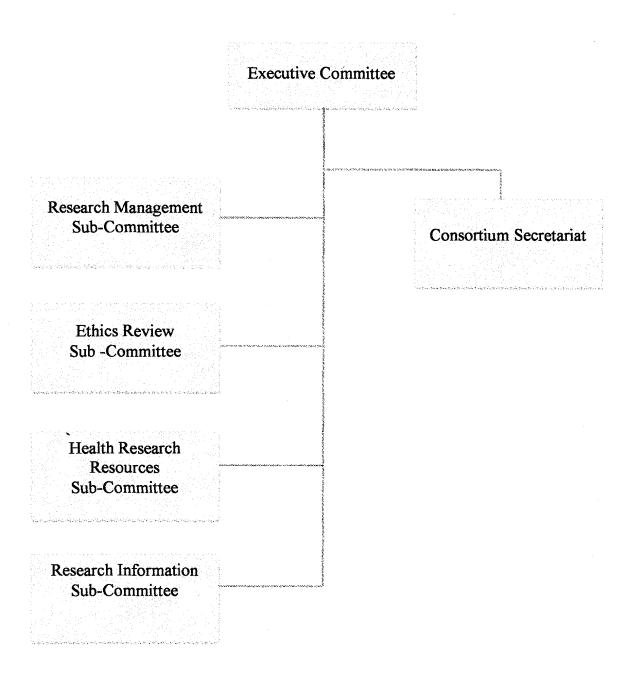
| 3. | Resource Mobilization: Refers to the capacity of the region to mobilize funds and other resources for health research |
|----|---|
| | 3.1 Do you know how much is your funding requirement for your priority research needs? \[\sum \text{Yes} \sum \text{No} \] |
| | 3.2 Are there enough funds to carry out the planned research activities? Yes No |
| | 3.3 Has an annual work plan and budget been proposed? |
| | ✓ Yes, when was it prepared? <u>September 28, 2008</u>☐ 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? 30 |
| | 4.2 In 2008, how many proposals were reviewed in terms of ethics, methodology, content and utilization? 15 |
| | 4.3 In 2008, how many research studies were funded? |
| | 4.4 In 2008, how many research studies were completed? |
| | |

| | | es were no | t implemented or n | ot part of NUHRA/RU | HRA, what were the |
|------------------------|--|--|--|--|--|
| reas | ons? | 100,000,000,000,000,000,000,000,000,000 | | | |
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| Reseai | rch Disse | eminatio | n and Utilization | a | |
| 5.1. D | oes the co | nsortium h | ave an established | system for dissemination | on of research result |
| | ⊠ Yes | ☐ No | ☐ Don't Know | | |
| 5.2. W | Vere the res | searches th | nat were conducted/ | completed in 2008 diss | seminated? |
| | ⊠ Yes | ☐ No | ☐ Don't Know | ☐ Not applicable | |
| 5.3. W | ere the res | search resu | ılts disseminated to | the relevant stakeholde | ers? |
| | ⊠ Yes | ☐ No | Don't Know | ☐ Not applicable | |
| 5.4. H | low were t | he results | disseminated? | | |
| П | Published | in peer-re | viewed journals: | | |
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| Barrier, activities and a second | |
| | ate in their research forums dissemination of the results |
| of researches in the region? | |
| ☐ Yes ☐ No ☒ Dor | n't Know |
| What were the facilitating factor | ors to research dissemination? |
| They have a hudget for a disse | emination forum (annually) |
| | |
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| | |
| What were the barriers to resea | arch dissemination? |
| Proposals didn't have a plan | on how to disseminate and utilize the research results |
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| Is there an existing database of | Presearch studies conducted in the region? |
| Is there an existing database of | fresearch studies conducted in the region? |
| | fresearch studies conducted in the region? Don't Know |
| Yes None I | |
| | Don't Know |
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| Xes | Don't Know ng on the Herdin database management. There were 1 |
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6. Leadership and Management

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



| - | | e assista <mark>nt (under the s</mark> upervision of D(ns of the c <mark>onsortium.</mark> |
|---|--|--|
| | | |
| | | |
| | | tees are functional? Check appropriate box |
| R&D | ⊠ Functional— | NOT Functional |
| Ethics | | NOT Functional |
| HRD | | ☐ NOT Functional |
| RICUP | | ☐ NOT Functional |
| | ☐ Functional | NOT Functional |
| | Functional | ☐ NOT Functional |
| | Functional | NOT Functional |
| efine the role | s and responsibilities | s of the members of the governing council: |
| | s and responsibilities Organization Structur | s of the members of the governing council: |
| 444000000000000000000000000000000000000 | | s of the members of the governing council: |
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| 6.5. Is there an existing Manual of Operations? | ☐ Yes | ☐ No | Don't Know |
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| Remarks: | LECTURE CHECKER CHECKER SOME AND AND | | |
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| 66 Danier have a first many attention of a 12-22 (Cata | | | |
| 6.6. Do you have a five-year strategic plan? (Get a | copy of th | e docume | ent) |
| ☐ Yes ☐ No ☐ Don't Know | | | |
| Remarks: | , open om and objective of the day, thought applicable to | entelmonente monentelmonto monente | |
| The only have a one year operational plan | | | |
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| | Control of the Contro | | |
| 6.7. Do you have an operational plan for 2009? | (Get a co | py of the | document) |
| Yes No Don't Know | | | |
| Remarks: | | | |
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Rapid Appraisal Methodology

Guide Questions for Review of Documents

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| Remarks: | | | | | |
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| epidemiological des | scriptions. | | | | |
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| 2. Does the research a | ands sover the fo | llovrino? | | | |
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| 1.2.1. Epidemiolog | | ⊠ No | | | |
| 1.2.2. Sociological | Yes | ⊠ No | | | |
| | | M Na | | | - |
| 1.2.3. Economic | ☐ Yes | ₩ 140 | | | |
| | ☐ Yes | ⊠ No | | | |
| 1.2.3. Economic | | | | | |
| 1.2.3. Economic | | | | | |
| 1.2.3. Economic 1.2.4. Policy | | | | | |
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| 1.2.3. Economic 1.2.4. Policy | | | | | |
| 1.2.3. Economic 1.2.4. Policy | | | | | |

| | Yes No |
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| Rema | rks: |
| The I Rese imple forun RHRi institu | search Information Strategy Information Subcommittee of RHRDC 8 during its meetings prior to the Regional Parch Agenda Setting in April 2005 identified the following strategies for ementation during the period 2005 to 2010: sustain the annual regional research on a quarterly publication of the RHRDC 8 newsletter, establish a website for the DC 8, advocate for the conduct of at least two health research project per oution and agency, and encourage the integration of research information in the cy newsletters, meetings, press conferences and bulletins." |
| Plan | |
| 0 1 33754 | Lind of alon de them have 0 |
| 2.1 What | kind of plan do they have? |
| | Strategic Plan |
| Rema | rks: |
| <u>No lo</u> | ong term strategic plan |
| i vana | |
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| | |
| 2.2 Does | plan clearly contains the following? |
| 2.2 Does 2.2.1 | plan clearly contains the following? Objectives and Goals Yes No |
| | |
| 2.2.1 | Objectives and Goals Yes No Indicators Yes No |
| 2.2.1 | Objectives and Goals Yes No Indicators Yes No Strategies Yes No |
| 2.2.1 2.2.2 2.2.3 2.2.4 | Objectives and Goals Yes No Indicators Yes No Strategies Yes No |
| 2.2.1 2.2.2 2.2.3 2.2.4 | Objectives and Goals |
| 2.2.1 2.2.2 2.2.3 2.2.4 2.2.5 | Objectives and Goals |
| 2.2.1 2.2.2 2.2.3 2.2.4 2.2.5 | Objectives and Goals Yes No Indicators Yes No Strategies Yes No Activities Yes No Budget Yes No |

| | Remarks: |
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| .4 | What is the percentage of fund utilization? |
| | · |
| | Remarks: |
| | The budget amount for 200 was \cancel{P} 802,338 |
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|)r | ganizational Structure |
| | Does the organizational structure reflect the need for day-today management and |
| | oversight? |
| | |
| | Remarks: |
| | Full time administrative support staff has been engaged |
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| | |

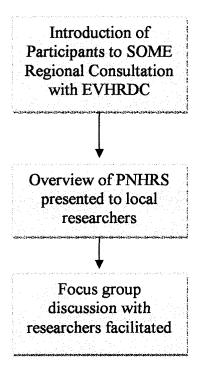
Annex B: Conference Proceedings and List of Participants

Eastern Visayas Health Research & Development Consortium - Region 8

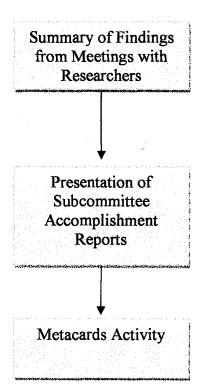
I. SOME ASSESSMENT TEAM AND TECHNICAL STAFF

| Name | Designation/Institution | | | |
|----------------------------|---|--|--|--|
| Dr. Juan Ma. Pablo Nanagas | SOME Committee Chair | | | |
| Dr. Antonio D. Ligsay | Research Agenda Committee Member | | | |
| Dr. Fe Barquin | Research Agenda Committee Member | | | |
| Dr. Joe Rodriguez | SOME Committee member | | | |
| Prof. Nina Carandang | SOME Committee member | | | |
| Ms. Remedios Birondo | Committee on Science & Technology – House of Representatives | | | |
| Merle Opeña | PCHRD | | | |
| Annie Catameo | PCHRD | | | |
| Mark Tano | PCHRD | | | |

II. FLOWCHART OF ACTIVITIES: MEETING WITH RESEARCHERS FROM EVHRDC



III. FLOWCHART OF ACTIVITIES: MEETING WITH MEMBERS OF EVHRDC



IV. ATTENDANCE SHEET WITH RESEARCHERS

GIONAL PARTICIPANTS ONLY

Philippine National Health Research System

Committee on Structure Organization Monitoring and Evaluation

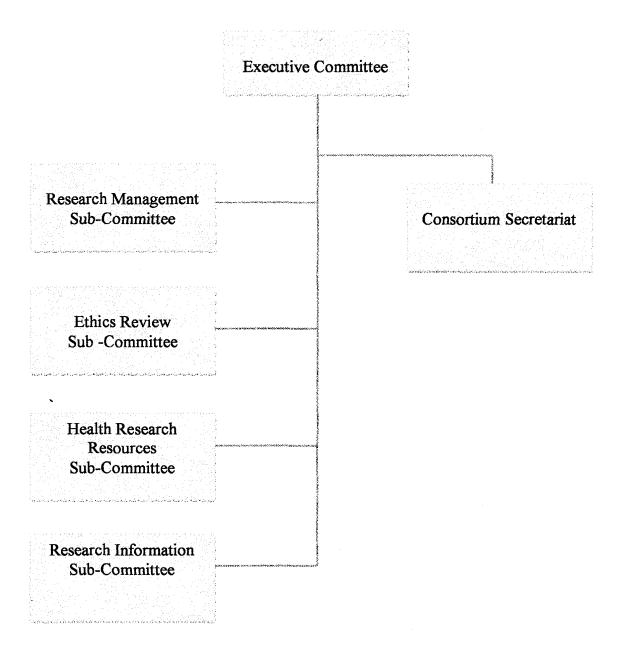
12th Regional Consultation with Eastern Visayas Health Research and Development Consortium Research 1

| NAME | INSTITUTION | CONTACT | MAILING | EMAIL | SIGNATURE |
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V. ATTENDANCE SHEET WITH CONSORTIUM MEMBERS

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Annex C: Region 8 Organizational Structure



ORGANIZATIONAL FUNCTIONS (Region 8):

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 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;
- 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;
- 4. Conduct periodic review of health t=research and development programs and recommends the same to the Board of Trustees; and
- 5. Executive Director is responsible for day-to-day management tasks and functions.

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 8;

- 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 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 8;
- 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.