

NATIONAL UNIFIED HEALTH RESEARCH AGENDA



2011-2016

Background Information

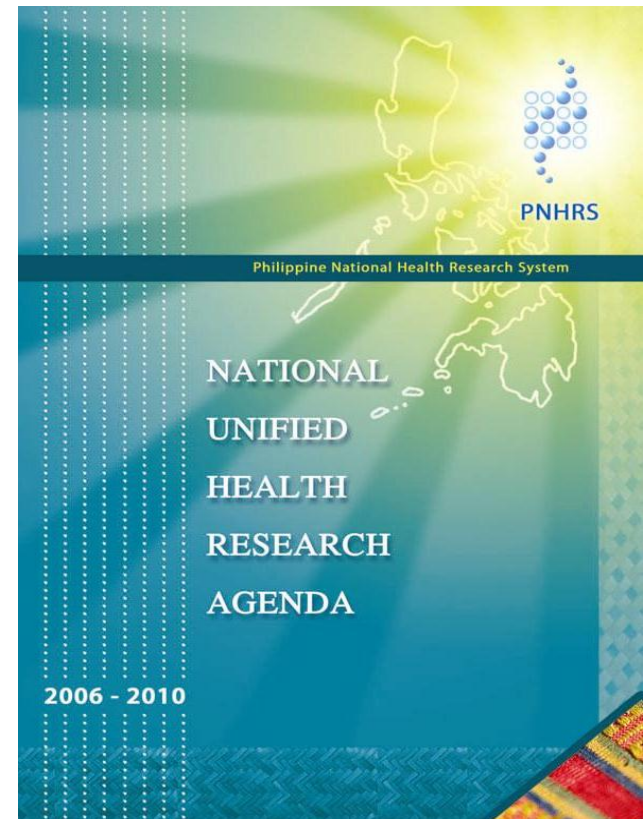
- Responded to the 1st PNHRS Consultative Assembly's (June 2004) recommendation of formulating of a **UNIFIED HEALTH RESEARCH AGENDA** for the PNHRS
 - minimize duplication
 - maximize resource utilization among stakeholders

- PNHRS Research Agenda Committee (formerly Research Management Committee)
 - tasked to oversee the formulation of the unified health research agenda

Background Information

NUHRA 2006-2010

- Provided focus in health research and development efforts in the country for 2006-2010
- Defined the health research priorities which are aligned to and supportive of the country's thrusts and goals to include the MDGs
- Multisectoral, multidisciplinary, multi-level process
 - > Stakeholders consultation – regional, zonal, national



Background Information

NUHRA 2006-2010

- Updated in 2008 into **Updated NUHRA 2008-2010** to account for recent developments, new directions and thrusts of concerned agencies, other health related initiatives

Mid period assessment (2007-2008)

Consultation with public and private sectors and line agencies of the government

- ❖ ***Updating on project implementation / research priorities addressed in coordination with concerned agencies***
- ❖ ***Validation of updated NUHRA 2008-2010 with concerned agencies and other stakeholders***



Background Information:

Funding and Implementation

□ NUHRA 2006-2010

- Responsible agencies and possible funding sources identified in the document

Background Information:

Funding and Implementation

- Updated NUHRA 2008-2010
 - Shortlisted the NUHRA priorities
 - Core agencies (PCHRD, DOH, CHED) – to fund proposals
 - PCHRD-DOST - technology development, health service delivery
 - DOH - Fourmula One
 - CHED ZRCs- health education
 - PCHRD
 - Clearinghouse
 - Referral to DOH and CHED

Background Information:

Assessment

□ End assessment

- Formulation process perceived as highly participatory and effective
 - involved various stakeholders at the provincial, regional, and national levels
 - but private sector participation in the process was perceived as minimal
- NUHRA was developed despite limitations in budget and time

Background Information:

Assessment

□ End assessment

■ Health research priorities

- perceived as relevant to the country's public health situation
- address the health issues of the poor and disadvantaged segments of the population
- seen as too public health oriented and too many with the limited resources for research.

Background Information:

Assessment

□ End assessment

- NUHRA dissemination perceived as inadequate
- About 23% of research priorities addressed
- Some respondents opined that having a new series of consultations for NUHRA 2011-2016 would not yield new health research priorities since the country's public health situation has not changed.

NUHRA 2011-2016

□ RAC DECISION

- Considering the findings of the NUHRA assessment (strengths, weaknesses, other concerns)
- To assure funding and commitment
- To focus on “doable” research priorities

□ A consolidation of the institutional research priorities of the PNHRS core agencies

- PCHRD-DOST
- DOH
- CHED
- NIH

NUHRA 2011-2016

□ PURPOSE

- To provide focus and direction on health research and development efforts that will address the country's health concerns for 2011-2016
- To serve as a guide where policy makers, funding and donor agencies and researchers from public and private sectors should invest to ensure the health and productivity of the country's citizenry
- To assist in providing evidence based solutions to pressing national and local health problems
- To serve as basis to maximize resource utilization and minimize duplication of research efforts

NUHRA 2011-2016

□ Framework

- Millenium Development Goals
- Philippine Development Plan 2011-2016
- “*Kalusugang Pangkalahatan*” or the Aquino Health Agenda
- Presidential Coordinating Council on R&D’s (PCCRD) National R&D Priorities Plan 2011-2016
- DOST 5-Point Priority Program for 2011-2016

NUHRA 2011-2016

□ Methodology

- Each of the core agency had research priority setting activities
 - Consultation process
 - Involvement of stakeholders and experts from the public and private sectors

NUHRA 2011-2016

RESEARCH PRIORITIES

Research Priorities

- Major Research Areas
 - Health financing
 - Health service delivery
 - Health technology development
 - Health related concerns

Research Priorities

- Health financing
 - Financial risk protection
 - to eliminate, if not greatly reducing the amounts patients must pay out of pocket to avail health services.
 - to provide Filipinos substantial financial risk protection.

Research Priorities

- Health service delivery
 - Improving access to quality hospitals and health care facilities
 - upgrading to expand capacity and provide quality services
 - enhancement of capacity to attend to traumatic injuries and other type of emergencies and manage common causes of morbidity and mortality especially non-communicable diseases and their complications
 - Improving provision of public health services

Research Priorities

- Health technology development
 - Diagnostics
 - Genomics/molecular technology
 - Functional foods
 - Drug discovery and development
 - Hospital equipment and biomedical devices
 - Health ICT

Research Priorities

- Health technology development
 - Diagnostics
 - development of diagnostics for priority infectious diseases and non-communicable diseases
 - for early detection and/or prediction of disease and mortality
 - will also look at genetic or biological markers associated with DM, CVD, and cancer.

Research Priorities

- Health technology development
 - Genomics/molecular technology
 - Use of information in the human genome in the design of vaccines, therapeutics, and diagnostic devices or products.

Research Priorities

- Health technology development
 - Functional foods
 - Research on the health benefits and safety assessment of food or food components in reducing risk for disease occurrence, specifically lifestyle related diseases such as CVD, diabetes, and cancer

Research Priorities

- Health technology development
 - Drug discovery and development
 - discovery of new drugs which can be developed up to the pre-clinical stage.
 - discovery of compounds or molecular drug targets (genomics) that can serve as candidates for drug development
 - drugs for common infectious diseases and lifestyle related disorders.

Research Priorities

- Health technology development
 - Hospital equipment and biomedical devices
 - development of affordable, safe and reliable diagnostic and therapeutic tools and devices for the Filipinos.

Research Priorities

- Health technology development
 - Health ICT
 - to support collection, analysis and transmission of health-related data in a cost-effective manner
 - to promote the concept of “telemedicine” from the separate but related dimensions of “device and service.”

Research Priorities

- Health related concerns
 - Environmental and climate change
 - Disease transmission is affected by the environmental health which refers to the control of physical, biological, chemical and socio-cultural factors.
 - Health social sciences (including community development)
 - understanding of the non-biological character of health would deepen the understanding of health and disease, and dynamics of disease.

NUHRA 2011-2016

□ Funding

- Will adopt the existing mechanism
- Each core agency, PCHRD, DOH, and CHED, will fund proposals aligned to their respective research priorities
- PCHRD will act as clearinghouse and referral agency

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□ Next steps

- Finalization of the document
- Advocacy
 - Review of past advocacy activities
 - Strengthen dissemination
- M&E of agenda implementation
 - Review of existing process
 - Establish a system for tracking

NUHRA 2011-2016

 **THANK YOU**