



## Member Agencies

Commission on Higher Education (CHED)  
Commission on Human Rights (CHR)  
Commission on Population (POPCOM)  
Dagupan Doctor's Villaflor Memorial Hospital (DDVMH)  
Department of Environment and Natural Resources (DENR)  
Department of Health - Center for Health Development (DOH-CHD)  
Department of Science and Technology (DOST)  
Don Mariano Marcos Memorial State University (DMMMSU)  
Ilocos Training and Regional Medical Center (ITRMC)  
Lyceum Northwestern University (LNU)  
Mariano Marcos Memorial Hospital and Medical Center (MMMHC)  
Mariano Marcos State University (MMSU)  
National Economic and Development Authority (NEDA)  
National Nutrition Council (NNC)  
National Statistical and Coordination Board (NSCB)  
Northwestern University (NWU)  
Philippine Information Agency (PIA)  
Region 1 Medical Center (R1MC)  
University of Northern Philippines (UNP)  
Virgen Milagrosa University Foundation (VMUF)



Region 1 Health Research and Development  
Committee  
(R1HRDC)

## Region 1 Health Research Agenda

**CY 2010 - 2015**





## OVERVIEW

In 2005, the Philippine Council for Health Research and Development conducted a series of sub-national consultation workshops all over the country. Its primary objective was to unify the health research efforts of all capable institutions found in the country to better address the pressing health needs and concerns of the Filipinos. As a result, the PCHRD came up with the National Unified Health Research Agenda in 2006. Aware that each region/zone has its unique health needs and priorities, the NUHRA was accompanied by Regional Unified Health Research Agenda.

The RUHRA for Region I has been the basis for the approval of researches being funded from the Regional Research Fund. On July 13, 2009, however, the Philippine National Health Research System – Structure, Organization, Monitoring and Evaluation (PNHRS-SOME) Committee noted that the present research agenda is too broad and, thus, lacking thematic focus.

Taking on the cue of the PNHRS-SOME Committee, the Region 1 Health Research and Development Committee deemed it proper to revisit and update the existing health research agenda.

On September 3, 2009, the R1HRDC conducted the first part of its health research agenda updating. Through the activity, members of the Committee were apprised of the present health situation of the region and at the local level, including the health status of special groups, namely women and children and the elderly. These information were used in the identification health research frameworks. Through synthesis, closely related outputs were later grouped into three research frameworks, to wit: (1) local health governance; (2) health needs of special groups; and, (3) biomedical research.

The R1HRDC conducted Phase 2 of its agenda updating on November 27, 2009, to identify more specific research topics under each of the three research frameworks earlier agreed upon. During the workshop, participants were grouped according to the three research frameworks. Each group accomplished four workshop forms, to wit:

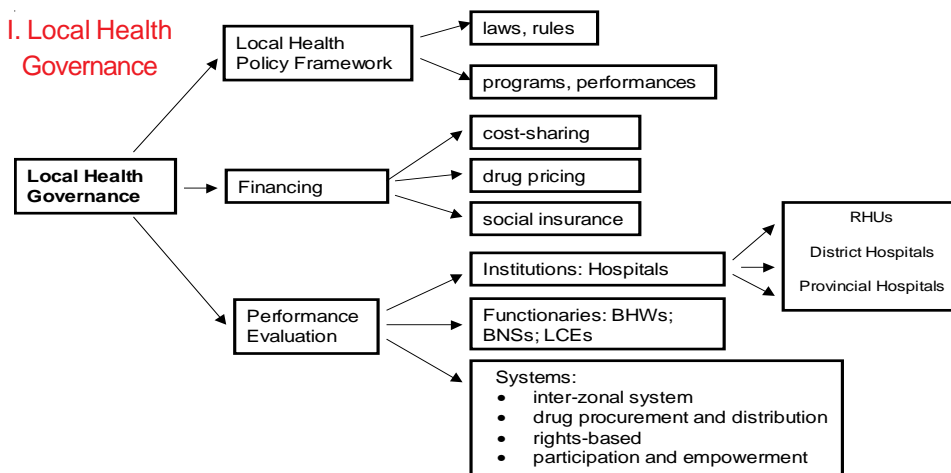
- Workshop Form 1a: Health Research Topic Identification;
- Workshop Form 1b: Health Research Topic Prioritization;
- Workshop Form 2: Strategic Themes and Force Posture; and
- Workshop Form 3: Research Areas and Special Capabilities.

Experts in the field of local health governance, biomedicine and biomedical research and statistics, and specialists in the areas of maternal and child care, persons with disabilities, indigenous peoples' welfare and the elderly were invited to provide inputs and insights during the workshops.

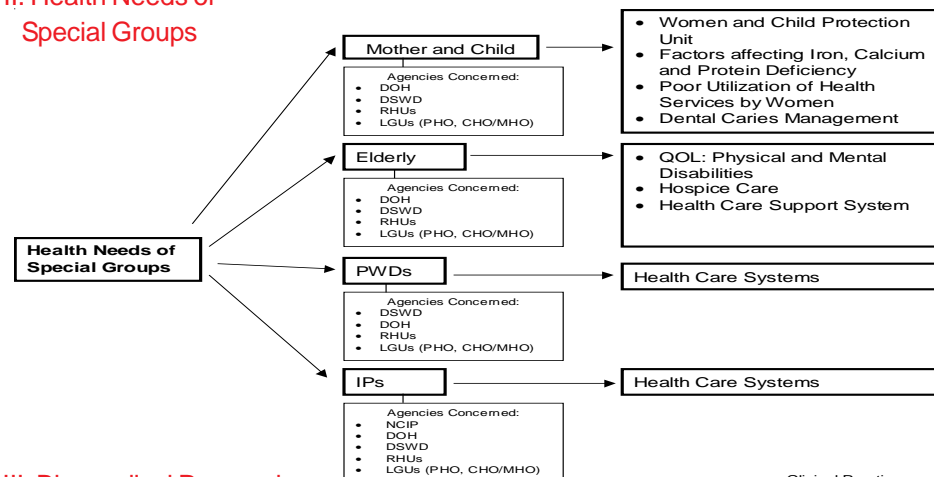


## Research Agenda Frameworks

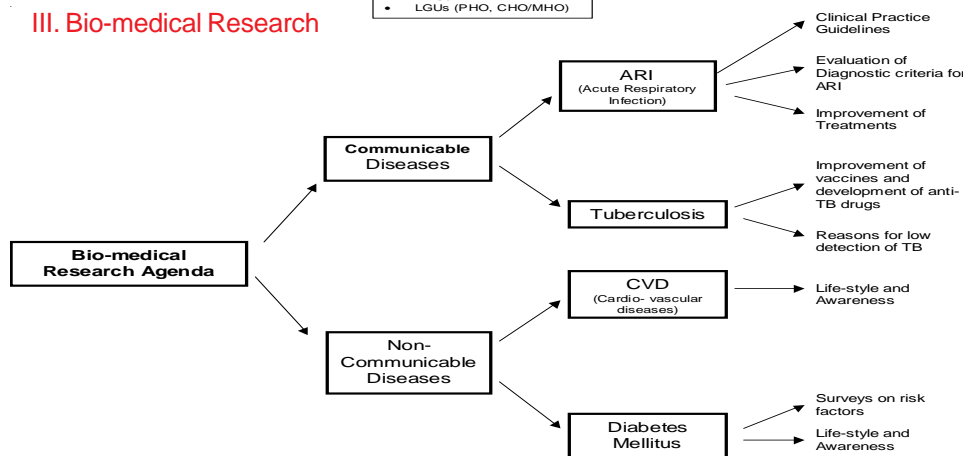
### I. Local Health Governance



### II. Health Needs of Special Groups



### III. Bio-medical Research





## WORKSHOP FORM 3

### Research Areas and Special Capabilities

Strategic Themes/ Researchable Topics	SCP Alternatives	1	2	3
Early detection of ERDs - Dengue - AH1N1 - Leptospirosis			/	
Level of awareness on LRDs			/	
Awareness and Practice on HL Habits			/	

Legend: SCP Alternatives (based on sources of resources-human, non-human; perspective of implementing entity)

1 – Mainly External (80% of resources from outside source)

2 – Mixed Source (both internal and external)

3 – Mainly Internal (80% of resources from the institution)



## Research Agenda Framework 1: Local Health Governance

### Workshop 1.a Health Research Topic Identification

Identified key problems, issues, concerns, gaps in knowledge, etc.	Perceived Causes	Focus/Topics of Investigation
<b>A. Laws, Rules, Programs</b>		
1 Absence or lack of local ordinances in support of national health programs	o poor advocacy/information dissemination not within the priority of LGUs	o Factors determining the responsiveness of LGUs to National Health Programs  o Local Health Legislations: A Survey
2 Poor implementation of health programs at the local level	o health program is least priority of LCEs	o Health Status Before and After Devolution: A Comparative Assessment o Health Budgetary Allocation of LGUs: A Survey
<b>B. Financing</b>		
1 No standard market price of medicines	o ineffective mechanisms on drug price monitoring and control	o Assessment of the Procurement, Stocking and Distribution Systems and Procedures of LGU-controlled Hospitals
2 Lack of medicines in government hospitals	o delayed procurement o long and circuitous bidding process o lack of knowledge/awareness on policies on bidding and procurement o lack of fund	
3 Insufficient budget of LGUs to cover all identified health insurance beneficiaries	o assessment/prioritization of beneficiaries to be included in the social insurance program of the LGU o too much dependence on IRA or no other fund sources	o Level of responsiveness of the Prioritization Criteria for Local Health Insurance Beneficiaries
<b>C. Performance Evaluation</b>		
1 Inadequate quality of health services and health care delivery systems	o limited budget/support of LCEs  o limitations in: - efficiency and capability of health personnel - physical and functional status of health facilities - access to health services and facilities	o Leadership Roles of LCEs in Promoting Local Quality Health Care Services  o Best Practices in Quality Health Care Services Among RHUs, District and Provincial Hospitals in Region I: Case Studies  o Assessment of the Inter-Zonal Health Systems in La Union and Pangasinan
2 Inadequate performance of local health functionaries	o Insufficient honorarium/incentives o lack of training/preparation	o Factors that Affect the Performance of BHWs and BNS in the Delivery of Local Health Programs



## WORKSHOP FORM 1.b Health Research Topic Prioritization

Research Topics	Magnitude of the problem <sup>1/</sup>				Gaps in knowledge/Tools as reasons for the persistence of the problem				Feasibility of research based on local resources				Responsiveness of the health issue on the poor/vulnerable group				Total Score	Rank
	H (3)	M (2)	L (1)	N (0)	H (3)	M (2)	L (1)	N (0)	H (3)	M (2)	L (1)	N (0)	H (3)	M (2)	L (1)	N (0)		
<b>A. Laws, Rules, Programs</b>																		
Absence or lack of ordinances in support to national health programs		2				2				2				3			9	3
Poor implementation of health programs at the local level	3					2					1			2			8	4
<b>B. Financing</b>																		
No standard market price of medicines	3					3					1			3			10	2
Lack of medicines in government hospitals	3						1				1			2			7	5
Insufficient budget of LGUs to cover all identified health insurance beneficiaries		2					2			2				3			9	3
<b>C. Performance Evaluation</b>																		
Inadequate quality of health services and health care delivery systems	3					3				2				3			11	1
Inadequate performance of local health functionaries		2					2			2				2			8	4

<sup>1/</sup>Extent, prevalence, urgency, burden to the community



## WORKSHOP FORM 2 Strategic Themes and Force Posture

Strategic Themes/ Researchable Topics	Force Posture Alternative		3
	1	2 a b	
Early detection of ERDs - Dengue - AH1N1 - Leptospirosis			NRL RITM DOH-Hospitals WHO
Level of awareness on LRDs			DOH LGUs Community Academe WHO
Awareness and Practice on HL Habits			DOH LGUs Community Academe WHO

Legend:

- 1 – (One Agency Project Implementation Approach/One Project, One Agency, One Sector Approach)
- 2 – Twinning Approach
  - 2.a. Partnership approach (between peers of equal capacities)
  - 2.b. Big brother-Small Brother Approach
- 3 – Collaboration Approach  
(Multi-project, inter-agency, inter-sectoral and interdisciplinary)



### WORKSHOP FORM 1.b Health Research Topic Prioritization

Research Topics	Magnitude of the problem <sup>1/</sup>				Gaps in knowledge/ Tools as reasons for the persistence of the problem				Feasibility of research based on local resources				Responsiveness of the health issue on the poor/vulnerable group				Total	Rank
	H	M	L	N	H	M	L	N	H	M	L	N	H	M	L	N		
	(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)		
A. Infectious and Non-Infectious Diseases																		
Early detection of ERDs - Dengue - AH1N1 - Leptospirosis	3				3				3				2				2.75	3
Level of awareness on LRDs	3				3				3				3				3	1.5
Awareness and Practice on HL Habits	3				3				3				3				3	1.5



### WORKSHOP FORM 2 Strategic Themes and Force Posture

Strategic Themes/Researchable topics	Force posture Alternatives			CONCERNED AGENCIES
	1	2		
		a	b	
o Absence or lack of ordinances in support to national health programs				/ DILG, DOH, NEDA
o Poor implementation of health programs at the local level		/		DOH, DILG
o No standard market price of medicines				/ DOH, DTI, PITC
o Lack of medicines in government hospitals		/		DOH, LGUs
o Insufficient budget of LGUs to cover all identified health insurance beneficiaries	/			LGU, PHILHEALTH
o Inadequate quality of health services and health care delivery systems				/ DOH, PHILHEALTH, LGUS
o Inadequate performance of local health functionaries			/	DILG, LGUS

Legend:

- 1 – (One Agency Project Implementation Approach/One Project, One Agency, One Sector Approach)
- 2 – Twinning Approach
  - 2.a. Partnership approach (between peers of equal capacities)
  - 2.b. Big brother-Small Brother Approach
- 3 – Collaboration Approach  
(Multi-project, inter-agency, inter-sectoral and interdisciplinary)



### WORKSHOP FORM 3 Research Areas and Special Capabilities

Strategic Themes/Researchable topics	SCP Alternatives		
	1	2	3
o Absence or lack of ordinances in support to national health programs		/	
o Poor implementation of health programs at the local level		/	
o No standard market price of medicines		/	
o Lack of medicines in government hospitals		/	
o Insufficient budget of LGUs to cover all identified health insurance beneficiaries		/	
o Inadequate quality of health services and health care delivery systems		/	
o Inadequate performance of local health functionaries		/	

Legend: SCP Alternatives (based on sources of resources-human, non-human; perspective of implementing entity)

1 – Mainly External (80% of resources from outside source)

2 – Mixed Source (both internal and external)

3 – Mainly Internal (80% of resources from the institution)



### Research Agenda Framework 3: Bio-Medical Research

#### Workshop 1.a Health Research Topic Identification

Identified key problems, issues, concerns, gaps in knowledge, etc.	Perceived Causes	Focus/Topic of Investigation
<b>A. Infectious and Non-Infectious Diseases</b>		
1. Cases of emerging and re-emerging diseases - Dengue - AH1N1 - Leptospirosis	o low level of information and awareness of the ERDs	o Factors Affecting Effective Information Education Campaigns Focused on Emerging and Re-emerging Diseases
2. Increasing incidence of Lifestyle-Related Diseases (LRDs); HL-related diseases continue to be the top leading cause of mortality	o low level of information  o lack of awareness on HL habits	o Factors Affecting Effective IEC Campaigns Focused on Lifestyle Related Diseases by Age Groups  o Comparative Study on the Behavioral Responses of Various Age Groups on Lifestyle Related Diseases (LRDs) IEC Campaigns



## WORKSHOP FORM 3 Research Areas and Special Capabilities

Strategic Themes/Researchable topics	SCP Alternatives Alternatives	1	2	3
<b>A. Mother and Child</b>				
o Functionality and effectiveness of social protection mechanisms at the barangay level			x	
o Extent of utilization of health services by women and children			x	
o Causes of dental caries proliferation among children			x	
<b>B. Elderly</b>				
o Gaps are in elderly health care			x	
o Factors that affect QOL of the elderly			x	
o Hospice care system development for the elderly			x	
o Extent of health care support systems for the elderly			x	
<b>C. PWDs</b>				
o To determine the extent of health care program for PWDs			x	
<b>D. IPs</b>				
o Socio-economic database system and mapping of IP communities in the region - focused on: a. overall health status of IPs b. inventory of existing health practices and their impact on the health status of IPs			x	
o Functional and Effective Health Delivery System for the IPs in Interior Municipalities of Region I			x	

Legend: SCP Alternatives (based on sources of resources-human, non-human; perspective of implementing entity)

1 – Mainly External (80% of resources from outside source)

2 – Mixed Source (both internal and external)

3 – Mainly Internal (80% of resources from the institution)



## Research Agenda Framework 2: Health Needs of Special Groups

### Workshop 1.a Health Research Topic Identification

Identified key problems, issues, concerns, gaps in knowledge, etc.	Perceived Causes	Focus/Topics of Investigation
<b>A. Mother and Child</b>		
1. Functionality and effectiveness of social protection mechanisms at the barangay level	o Lack of awareness, lack of will power to implement complicated procedures.	o Functionality and effectiveness of social protection mechanisms at the barangay level
2. Health services utilization by women	o Insufficient promotion of health services by concerned agencies in far-flung places of residence	o Extent of utilization of health services by women and children
3. Dental caries prevalence among children	o Insufficiency of services and facilities for dental caries management	o Causes of Dental Caries Proliferation Among Children
<b>B. Elderly</b>		
1. Health service provision for senior citizens under RA 9257	o Seeming negligence of the citizenry on the needs of elderly	o Gaps in Elderly Health Care o Assessment of the Implementation of RA 9257
2. Poor QOL of the elderly	o Insufficient gov't support for elderly concerns	o Factors that affect QOL of the elderly
3. Lack of hospice care for the elderly	o No existing systems/policies for hospice care	o Hospice care system development for the elderly
4. Insufficiency of health care support system for the elderly	o No health care support systems in the remote brgy's	o Extent of health care support systems for the elderly
<b>C. PWDs</b>		
1. Neglected health care for PWDs	o Insufficient health care program implementation for PWDs	o Extent of Health Care Programs for PWDs o Assessment of the Implementation of the Magna Carta of PWDs in Health Care
<b>D. IPs</b>		
1. Absence of socio-economic profiling of Indigenous People in the region	o Limited funds allotted for SEP preparation by the NCIP	o Socio-economic Database System Development and Mapping of IP communities in the Region (focused on overall status of IPs and inventory of existing practices and their impact on the health status of IPs)  o Functional and Effective Health Delivery System for IPs in Interior Municipalities of Region I



## WORKSHOP FORM 1.b Health Research Topic Prioritization

Research Topics	Magnitude of the problem <sup>1/</sup>				Gaps in knowledge/ Tools as reasons for the persistence of the problem				Feasibility of research based on local resources				Responsiveness of the health issue on the poor/ vulnerable group				Total Score	Rank
	H	M	L	N	H	M	L	N	H	M	L	N	H	M	L	N		
	(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)	(3)	(2)	(1)	(0)		
<b>A. Mother and Child</b>																		
o Functionality and effectiveness of social protection mechanisms at the barangay level	12	4			12	4			12	4			18				66	2
o Extent of utilization of health services by women and children	12	2	1		9	2	2		3	8	1		6	4	2		52	8
o Causes of dental caries proliferation among children	6	6	1		9		2	0		10		0	6	6	1		47	9
<b>B. Elderly</b>																		
o Gaps in elderly health care	15	2			3	10			6	8			3	10			57	5.5
o Factors that affect QOL of the elderly	9	6			9	4	1		6	4	2		6	8			55	7
o Hospice care system development for the elderly	15	2			9	6			6	8			6	8			60	3
o Extent of health care support systems for the elderly	9	6			9	6			6	6	1		9	6			58	4
<b>C. PWDs</b>																		
o Extent of health care program for PWDs	9	6			9	4	1		9	6			6	6	1		57	5.5
<b>D. IPs</b>																		
o Socio-economic database system and mapping of IP communities in the region - focused on: a. overall health status of IPs b. inventory of existing health practices and their impact on the health status of IPs	15	2			15	2			12	4			15	2			67	1
o Functional and Effective Health Delivery System for the IPs in Interior Municipalities of the Region I																		



## WORKSHOP FORM 2 Strategic Themes and Force Posture

Strategic Themes/Researchable topics	Force posture Alternatives			3
	1	2		
		a	b	
<b>A. Mother and Child</b>				
o Factors affecting the delivery services for the protection of mother & children by the brgy administration				x
o Extent of utilization of health services by women and children				x
o Causes of dental caries proliferation among children				x
<b>B. Elderly</b>				
o Gaps are in elderly health care				x
o Factors that affect QOL of the elderly	x			
o Hospice care system development for the elderly				x
o Extent of health care support systems for the elderly				x
<b>C. PWDs</b>				
o To determine the extent of health care program for PWDs				x
<b>D. IPs</b>				
o Socio-economic database system and mapping of IP communities in the region - focused on: a. overall health status of IPs b. inventory of existing health practices and their impact on the health status of IPs		x		
o Functional and Effective Health Delivery System for the IPs in Interior Municipalities of Region I		x		

**Legend:**

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