

CABINET OF HEALTH RESEARCH AND DEVELOPMENT

Ministry of Health, Timor-Leste

Draft

October 2009

Contents

	Page
1. Background	3
1.1. Country profile	3
1.2. Ministry of Health profile.....	3

1.3. Health problems	3
2. The Cabinet of Health Research and Development.....	4
2.1. Vision	4
2.2. Mission.....	4
2.3. Tasks and Functions	4
2.4. Values	5
2.5. Objectives.....	5
2.6. Organizational Structure of the IHR&D.....	6
3. Strategic components.....	6
3.1. Main Activities	6
3.2. Human Resources	6
3.3. Mobilization of other resources	7
4. Institutional approach	7
4.1. The Institutional Framework	7
4.2. Involvement of other implementers	9
4.3. Mechanism for coordination	10
5. Monitoring and Evaluation	10
5.1. Internal IHR&D processes	10
5.2. Monitoring indicators	11
Appendix	
Appendix – 1: Health and Health-related Indicators for Timor-Leste...	12
Appendix – 2: Organogram of the Cabinet of Health Research and Development	13
Appendix – 3: The Flow of Research Proposal Selection and Execution of Research Project	14

1. Background

1.1. Country Profile

The Democratic Republic of Timor-Leste, with a population of approximately one million people, gained independence in May 2002 from Indonesian administration. The country is situated on the eastern side of the island of Timor, which lies to the north west of Australia, within the eastern Indonesia archipelago. For administrative purposes Timor-Leste is divided into 13 districts, with the capital, Dili, situated in the central north area. The majority of the population is Catholic; traditional animist beliefs are also widely followed. The official languages of Timor-Leste are Tetun and Portuguese.

1.2. Ministry of Health Profile

The primary offices of the Ministry of Health are located in Caicoli, Dili. Health services are provided through the National Hospital (*Hospital Nacional Guido Valadares*), 5 district referral hospitals, 65 Community Health Centers (administered by District Health Offices in each district), 193 Health Posts, and more than 600 SISCa (*Servisu Integradu da Saúde Comunitária*) posts.

Health services are also supported by an autonomous institution, SAMES (Servicos Autonomo de Medicamentos e Equipmentos de Saude), which distributes medicine, medical equipment, and medical supplies to all health services locations.

1.3. Health Problems

Timor-Leste faces many challenges in the area of health. Health indicators show that poor health outcomes are faced particularly by infants, children and pregnant women. A high crude death rate, infant mortality rate, under-five mortality and maternal mortality rate show that the health status of the population still needs improvement (Appendix 1).

In order to obtain accurate data required to monitor and evaluate the impact and effectiveness of health interventions, appropriate and timely research studies need to be conducted. Robust and accurate data and information are required from various health areas in Timor-Leste, which will help to inform policy and guide service delivery. This can only be accomplished by good quality health research which provides reliable and valid data in identified areas of need.

Establishment of the **Cabinet of Health Research and Development (CHR&D)** is necessary so that all research activities can be coordinated effectively and conducted appropriately.

The Cabinet will organize, promote and integrate all research activities in the country.

2. The Cabinet of Health Research and Development

2.1 Vision

The vision of the Cabinet of Health Research and Development is:
Striving for better health through health research

2.2. Mission

The mission of the Cabinet of Health Research and Development is:
Evidence based health policy and programs informed by health research and development

2.3. Tasks and Functions

The Cabinet has main tasks and functions as follows:

1. To enhance and strengthen knowledge, competence, and skills of public health & clinical experts, in order to protect the public and to manage various health problems;

2. To develop and broaden collaborative networks among academic institutions (schools, institutions and universities, research centres and community service institutions) and professional organisations within and outside the country;
3. To participate in cultivating sensitivity, concern and empathy of health practitioners, especially public health experts, through promotion of good-quality, relevant, health-related data;
4. To research and develop various approaches and scientific methods in addressing health issues, through application of modern and strong public health science;
5. To help stakeholders (such as government, non-government organizations, community leaders, religious leaders and the general public) to increase the effectiveness and efficiency of various intervention programs;
6. To conduct Health System and Policy research which will contribute to providing accurate data and information for strengthening evidence-based health planning and program implementation;
7. To conduct research on biomedical aspects of health problems, especially emerging and new emerging diseases, which will be used for intervention planning.

2.4. Values

To run the Cabinet properly and effectively, seven principal values should be applied:

1. *Ethics*: working in an environment guided by a strong value system, with respect as the central tenet;
2. *Professionalism*: behaviour is conducted in a competent and appropriate manner, with skills appropriate to the needs of the institution, and dress code befitting the organization;
3. *Objectivity*: work and decisions are not influenced by personal feelings or opinions in considering and representing facts;
4. *Effectiveness*: work is successful in producing a desired or intended result, which will be prompt, useful and cost-effective;
5. *Timeliness*: activities and actions are carried out at the most opportune time, such that they provide genuine value or service;
6. *Teamwork*: benefiting the Cabinet by promoting effectiveness and efficiency through the combined action of the group;
7. *Equity*: promoting fair and impartial treatment of both genders, without bias or prejudice.

2.5. Objectives

As a national level Cabinet, the Cabinet of Health Research and Development should have objectives that support evidence-based policy and programs of the Ministry of Health. The research results should illustrate the real health and health-related conditions of the Timor-Leste population in order that they can be used by the Ministry of Health to make accurate decisions for policy and programs. To facilitate the efficient and effective use of resources, the Cabinet should have a set of research priorities and collaborate with national and international agencies.

The objectives of the Cabinet can be described as follows:

1. To set research priorities and develop a short, medium and long-term health research strategic plan;
2. To align health research to national and local health priorities and needs;
3. To conduct health research to meet the ultimate goals of equity and development according to the Institute's values and principles;
4. To respond immediately to current health research needs and challenges and provide evidence-based research findings to assist decision-making for all stakeholders;
5. To ensure that research results are used efficiently and linked to policy, planning, service delivery and policy instruments;
6. To create synergy and promote collaboration and multi-disciplinary linkages;
7. To develop capacity to promote and manage health research and related science, including health research information;
8. To advocate and mobilize resources for research and development.

2.6. Organizational structure of the CHR&D

The organizational structure of the Cabinet on Health Research and Development (Appendix 2) consists of:

1. Governing Board
2. Technical and Ethical Committee
3. Office of the Cabinet of Health Research and Development:
 - a. The Head of the Cabinet
 - b. Secretariat
 - c. Department of Health System and Policy Research and Development
 - d. Department of Biomedical and Pharmaceutical Research and Development
 - e. Researcher Groups, each group consisting of Senior Researchers and Junior Researchers

3. Strategic components

3.1. Main Activities

The Institute will perform activities to a high standard, in line with achieving the objectives of the organisation. These include:

1. Identify existing research and validate research results, including facilities based data, in order to assess appropriateness for Ministry of Health policy guidance;
2. Identify research priorities;
3. Encourage health professionals (researchers, health staff, and academics) to submit research proposals;
4. Conduct research in areas of health system and policy, and biomedical aspects of diseases (health problems);
5. Training (short, medium and long term) on research methodology and continuous education.

3.2. Human Resources

Health professionals and allied personnel can participate in health research activities. The Cabinet should encourage all health personnel to engage in their area of interest and support individuals to write research proposal and apply for grants. As there is a current shortage of research personnel within Timor-Leste, the Ministry of Health can consider recruiting new graduates as well as experienced professionals. In addition, existing health care can be supported and encouraged to participate in research activities. Several types of human resource (government or non-government officials) can be called on and coordinated to be involved in research activities, such as:

1. Health professionals who are interested in research;
2. MAs, PhDs and PhD candidates;
3. Ministry of Health staff who are interested in research;
4. Students of health schools (medical, nursing, midwifery etc);
5. Recruitment of new staff (new graduates and/or experienced professionals).

3.3. Mobilization of other resources

In addition to human resources, the Cabinet will require funding and logistical support. Some budgetary support can be allocated from The Ministry of Health budget with additional support and funding for specific activities or research studies obtained from donor agencies.

Procurement of equipment is also necessary for the successful running of the Cabinet. This includes computers and printers, a photocopier, telephone, fax, internet access, filing cabinets, stationery supplies, power conditioner, etc. These are required for the day-to-day, long-term functioning of the Cabinet, and can be funded by budgets from either the Ministry of Health or donor agencies.

4. Institutional approach

4.1. The Institutional Framework

4.1.1. Identification of Research Areas

The Governing Board will decide upon priority research areas. To facilitate identification of research priority areas, The Board will conduct a series of meetings and discussions with key stakeholders in the health arena, including: the Ministry of Health, national hospital and referral hospital, health NGOs, and health development agencies. All the research initiatives should be written based on a set of research priorities that have been decided by the Board.

4.1.2. Writing proposals/ proposal development

All parties / stakeholders who intend to submit research proposals should refer to the research priorities. Where applicable, the content area of the research project should be in line with and address components of the research priorities.

The proposal should consist of the following:

- a. Background information;
- b. Research questions;
- c. Objectives;
- d. Theoretical concept/ conceptual framework;
- e. Methodology: population, sample technique, variables, data collection technique, data processing and analysis;
- f. Researcher team;
- g. Budget;
- h. Time table;
- i. References.

4.1.3. Approval

The Secretariat of the CHR&D will receive research project proposals and distribute them to the Department of Health System and Policy R & D or the Department of Biomedical and Pharmaceutical R & D (depending on the content of the proposal) for review. This initial review by the relevant Department will be to assess whether the content of the proposal is in line with identified research priority areas. Each proposal will be ranked according to their importance in addressing the priority areas, from 'very important' to 'less important'.

Each Department will return the ranked proposal back to the Secretariat who will forward them on to the Technical and Ethical Committee for review. The Committee will review the proposals for technical merit and ethical consideration. The decision can be:

- a. Fully accepted, with technical and ethical clearance passed;
- b. Provisionally accepted, pending changes, additions or clarifications;
- c. Not accepted.

The proposals which require changes or clarifications (category b) must be resubmitted, and again pass through the selection mechanisms of the Technical and Ethical Committee.

The proposals which are approved by the Committee will be brought to the Head of Institute and the Governing Board, who together will decide whether the research project will be funded, depending on the budget allocation of the Ministry of Health and importance of the potential research findings.

4.1.4. Implementation

Under the supervision of The Department and the Head of Institute, the researcher (the Principle Investigator) and his/her team conduct research. In execution of the research project, the research team should follow the mechanisms that are already stated in the Project Proposal / Project Protocol. For administrative and technical support of the research project, the principle investigator should coordinate with the Secretariat, and the relevant Department respectively. If the Department require further expert advice they can consult with member/s of the Technical and Ethical Committee who are technically expert in the research area.

At the end of the project, the principal investigator should submit a final report of research results and article/s to the Head of Institute.

4.2. Involvement of other implementers

Other implementers such as national and international institutions, NGOs and individuals can be involved in research activities. They might be involved in proposing research initiatives, providing budget, and/or providing human resources.

4.2.1. Research initiatives

Each party who proposes research initiatives should follow the selection mechanism. They should submit the proposal to the Cabinet of Health Research and Development. The Cabinet will distribute the proposal to either the Department of Health System and Policy R&D or the Department of Biomedical and Pharmaceutical R&D, depending on the content of the research. The proposal will be circulated among staff / senior researchers in the Department to be reviewed and ranked based on priority of content. The set of research proposal priorities will then be sent to the Technical and Ethical Committee to review the proposals for technical merit and ethical consideration.

4.2.2. Budget

The source of budget for running the Cabinet can be from Government annual budgeting and / or from donor agencies, nationally as well as internationally. The budget of the Cabinet from the Government is part of the Ministry of Health budget, and the Ministry of Health and the Governing Board will decide the allocation of this budget.

4.2.3. Human resources:

- a. *Researchers:* Local researchers, for example from an NGO or University, and researchers from overseas can conduct health research in Timor-Leste. Using Timorese research assistants would help to build local capacity. Encouraging overseas researchers to conduct health research in Timor-Leste would help to develop links with Universities and health institutions in other countries.
- b. *Training:* Training workshops, for example on research methodologies, can be funded and organised by interested parties, such as local and international NGOs or universities. Also, on-the-job training of Timorese research assistants will build the capacity of local staff.
- c. *Scholarships:* Universities, donor agencies, NGOs, and other interested organisations can assist by providing or funding scholarships such as Master's and PhDs in health-related fields.

4.3. Mechanism for coordination

The Cabinet of Health Research and Development acts as a 'clearing house'. This means that all research projects which will be executed must have approval from the Cabinet. The Cabinet will give technical and ethical clearance to every research proposal that meets the minimal standard of research methodology and ethical aspects.

All of the incoming research initiatives (from internal CHR&D researchers as well as from other institutions or individuals) will be reviewed either by the Department of Health System and Policy Research and Development or the Department of Biomedical and Pharmaceutical Research and Development (depending on the context of proposals). After extensive review, the Department arranges project proposals based on priority of their content. The set of those project proposals will be sent to the Technical and Ethical Committee to be reviewed. The Committee will decide which project proposals are technically and ethically sound (meet minimal requirements).

The proposals which are approved by the Committee will be brought to the Head of Cabinet and the Governing Board, who together will decide whether the research project will be funded, depending on the budget allocation of the Ministry of Health and importance of the potential research findings. All aspects of administrative and budget during execution of the research will be handled by the Secretariat.

5. Monitoring and Evaluation

5.1. Internal IHR&D processes

Each research project proposal must have a timetable showing what, when, and where research activities are to be executed. Either the Department of Health System and Policy Research and Development or the Department of Biomedical and Pharmaceutical Research and Development (depending on the context of proposals) will monitor the progress of the research activities referred to in the timetable. Every 3 months the Department provides progress reports to the Head of Institution.

In case of problems that emerge during field activities or execution of research, the Department can ask the researcher to meet and discuss possible solutions. For crucial problems that could not be solved by the Department and Researchers, the Department should propose to the Head of Cabinet to conduct a meeting with The Department, the Head of Institute, the Technical and Ethical Committee, and the Advisory Board (if needed) to seek appropriate solutions. The process and result of this meeting will be recorded by the Secretariat.

Monitoring indicators

Monitoring indicators are needed to monitor and evaluate whether goals are met. For the purpose of monitoring and evaluation the following indicators can be applied:

1. How many research project proposals can be proposed by researchers (internal CHR&D, Ministry of Health staff, Clinicians / Hospitals, NGOs, International Agencies, students);
2. How many research project proposals are approved (technically and ethically meet minimal standard);
3. How many research project proposals are funded (government or non-government budget);
4. How many research projects are finished on time (final report of research result);
5. How many articles or policy papers have been published in national or international journals (source of articles could be research result, references or original ideas/concepts);
6. How many scientific papers submitted to national and international scientific activities (seminars, workshops, etc);
7. How many times and how many researchers delivered presentations in national and international scientific activities (seminars, workshops, etc);
8. How many researchers (internal CHR&D) graduated (MAs and PhDs) during the year;
9. How many evidence-based policies and programs are produced by the Ministry of Health each year;
10. How many times (how frequent) the results of Timor-Leste health research are quoted as references by national or international scientists or institutions.

Appendix 1.

Health and Health-related Indicators for Timor-Leste

INDICATOR	VALUE	YEAR
1. Annual growth rate	3.18%	2006
2. Sex ratio	M:F 103:100	2006
3. % women in reproductive age group	44.5%	2006
4. Crude birth rate	42.3 births per 1000 population	2006
5. Total fertility rate	6.7 children per woman in her whole life-bearing age	2006
6. Crude death rate	10.6 deaths per 1000 population	2006
7. Infant mortality rate both sexes	88 deaths per 1000 live births	2006
8. Under-five mortality rate	130 deaths per 1000 live births	2004
9. Life expectancy at birth (both sexes)	59.5 years	2006
10. Maternal mortality	660 maternal deaths per 100,000 live births	2000
11. % population with access to improved sanitation, urban areas	79.2%	2007
12. % population with access to improved sanitation, rural areas	35.2%	2007
13. Prevalence of underweight children under five years of age	48.6%	2007

(Sources: 1. The Millennium Development Goals, Timor-Leste, United Nations Development Fund, 2009; 2. Tabela Statistica Saude, Gabinete Sistema informasaun Saude e Vigilancia Epidemiologia, Ministerio da Saude, 2009)

Appendix 2

Organogram: