

Alberto G. Romualdez, Jr. Outstanding Health Research Award (AROHRA)

GUIDELINES

PURPOSE

The Alberto G. Romualdez, Jr. Outstanding Health Research Award (AROHRA) encourages researchers to be sensitive to the scientific and technological requirements of the health delivery system and rewards those whose research have contributed significantly to addressing prevalent health issues.

The Award gives recognition to a research program or project that has demonstrated the link between research and practice through the utilization of research findings in the health delivery system. Given by the Department of Science and Technology- Philippine Council for Health Research and Development (DOST-PCHRD) in collaboration with the Department of Health (DOH), the award has two (2) categories: Biomedical Research and Health Services Research.

NOMINATION PROCEDURES

1. What can be nominated

Any health research program or project may be considered for the Award. Work to be nominated may fall under any of two categories: Biomedical Research or Health Services Research.

For **Biomedical Research**, the program or project must be engaged in generating and/or adapting appropriate health technologies that address specific health problems and emphasize the development of diagnostic tools and techniques, biological (e.g. drugs, vaccines, functional foods, etc.), biomedical devices, and ICT-based healthcare technologies.

For **Health Services Research**, the program or project must be involved in the organization, administration, operation, utilization and other aspects of health services delivery systems that address the country's social, political, cultural, and economic conditions.

2. Who can nominate

Any institution; members of the consortium; scientific, technological and professional societies or associations; research institutes; universities and colleges; and individuals may nominate. Self-nomination is not allowed.

3. Who can be nominated and what can be a nominated entry

The award is open to a completed research program or project done by Filipino researcher/s. The nominated entry must be done mainly in the Philippines.

For purposes of this Award, a research program refers to a group of interrelated or complementing research projects that require an interdisciplinary or multidisciplinary approach to meet established goal/s within a specific time frame, while a research project refers to the

basic unit in the investigation of specific research problems with predetermined objective/s to be accomplished within a specific time frame.

4. How to nominate

Nominations should be made using the prescribed nomination form. Entries from both consortium member institutions and non-consortium member institutions must be submitted to and endorsed by the Chair of the consortium. Each nomination should include **ALL** of the following:

- a. **Write-up on the impact of the project on health delivery**, a contextualization of the problem that the project/program seeks to address and a description of the program/project, highlighting how the results were utilized, as well as the benefits derived from their utilization.
 - b. **One copy of each of the technical reports and/or publications** of the completed projects leading to technology transfer and/or translation to a policy formulation or program intervention.
 - c. **Statement from the technology user(s) and program or project end-user** describing the contribution of the technology and project or program in improving health delivery.
- After the preliminary screening, the judges may ask for additional supporting documents from the nominees.

5. Schedule of Selection and Awarding

The Award is given every three (3) years.

6. Where to send nominations

- a. Nominations should be submitted to the regional consortium secretariat not later the deadline. (Please refer to the attached paper for list of addresses)
- b. Endorsed entries by the consortium chair should be submitted to DOST-PCHR.

SELECTION

1. Criteria for Selection

Criteria for selection will vary according to category.

a. Biomedical Research

a.1 Extent of impact on health/quality of life (50 %)

- Contributed to the promotion of well-being of a significant section of the population – the technology developed or adapted must have addressed any of the top ten morbidity/mortality of the Philippines/ diseases or within the NOH/MDGs 25 %
- Provided a long-term solution to health problems affecting majority of the population - the technology developed or adapted must have provided a 15 %

reduction in the burden of disease

- Addresses a health priority or commitment (aligned with NUHRA) 5 %
- Has short gestation period for timely application of results (the duration of development and application fall within 3 years) 5 %

a.2 Economic benefits (30 %)

- Result to savings accruing from import substitution and reduced healthcare cost (cost benefit derived from the use and application of the product or process) 15 %
- Has a potential for export (Quality assurance and patent application has been done to ensure that the product is safe and comparable to a product of process) 5 %
- Increases productivity and generates employment (based on a potential technology commercialization plan or proof of commercial initiation or an intent for commercial application e.g. medicinal product has generated work for Filipino farmers) 5 %
- Achieves better allocation/application of health resources (The technology used locally sourced materials or if it is a process, has sourced the experts within local expert community, which includes local manufacturing plants and experts from local engineers/technicians, if applicable) 5 %

a.3 S&T benefits (20 %)

- Improves knowledge and/or resolves issues that focus on a solution or technological innovation regarding a health problem 15 %
- Serves as stepping stone for other areas of investigation (with impact on knowledge generation) 5 %

b. Health Services Research

b.1 Extent of impact on health/quality of life (60 %)

- Contributed to the promotion of well-being of a significant section of the population (the operational nature/extent of the health services problem being addressed fall within the top ten morbidity/mortality of the Philippines/ diseases or within the NOH/MDGs) 20 %
- Provided a long-term solution to health problems affecting majority of the population – (the project's operation or administration has brought about a solution to an administrative/operational/utilization problem of a health service/disease or situation) ¹ 30 %

¹ The general areas that can be considered are as follows:

1. Decision based solution to operational problems, e.g., Clinical Practice Guidelines that significantly reduce mortality/morbidity
2. Improvement of the value chain in the health care system in terms of services or product delivery, e.g., procedures that provide quality assurance in the cold chain of EPI that preserve vaccine integrity and potency
3. Application of qualitative/quantitative research results in operationalizing efficiency in the current health programs of the DOH, e.g., DOTS, Mass drug treatment in schistosomiasis, filariasis, geohelminths, as well as operational solution to reduce drug resistant malaria
4. A health technology adaptation for which managerial/operational solutions were done or implemented to facilitate the adaption.

- Addresses a health priority or commitment (aligned with NUHRA) 5 %
- Has short gestation period for timely application of results (the realizable gain must have been documented and/or attested by the program manager/s of DOH within 3 years of project implementation) 5 %

b.2 Economic benefits (30 %)

- Result to savings accruing from reduced healthcare cost (cost benefit or utilization cost derived from the organizational/administrative/operational change) 15 %
- Increases productivity (the aspect of human resources for health that translates into productivity as a result of the organizational involvement of the project with existing health programs) 10 %
- Achieves better allocation/application of health resources (the savings or streamlining of services/procurement/system processes that have changed, which resulted in better health services) 5 %

b.3 S&T benefits (10 %)

- Improves knowledge and/or resolves issues on health problems (the managerial/operational issue on services being resolved) 5 %
- Serves as stepping stone for other areas of investigation (the value of the project to generate research questions that will further improve health) 5 %

2. Procedure for Selection

- a. There will be two (2) levels of selection: Preliminary Screening and Final Selection
- b. Preliminary Screening:
 - b.1 Nominations for the Award will be considered by a Screening Committee composed of distinguished scientists and technical experts appointed by the DOST-PCHRD. The Screening Committee can undertake visits or interview nominees or other concerned individuals to validate statements made in the nomination form.
 - b.2 The Screening Committee recommends the shortlisted candidates to the Board of Judges for its consideration.
- c. Final Selection:
 - c.1 The Board of Judges reviews the work of short-listed candidates and decides on the awardee for each category based on the set criteria.
 - c.2 In the event that no research program or project sufficiently meets the qualifications for either or both categories, the Board of Judges has the prerogative not to give the Award. Nominations will be considered for screening in the next awarding year.

5. A health technology adaptation for which cultural/political/social changes have been done or implemented to facilitate the adaptation

c.3 The decision of the Board of Judges is final.

INCENTIVES

The Award consists of a cash prize of **P 500,000** and a trophy for winners of each category.

TIMETABLE

Activity	Target Date
Call for nomination	October – 2 nd week of February (succeeding year)
Submission of complete documents to: <ul style="list-style-type: none">- Consortium- DOST-PCHRD	End of February (succeeding year) 1 st week of March (succeeding year)
Screening of nominees' complete documents	March-April (succeeding year)
Preliminary Screening	May (succeeding year)
Final Selection	June (succeeding year)
Awarding of Winners	PNHRS Week Celebration (second week of August)