

DEPARTMENT OF HEALTH

HEALTH RESEARCH POLICY



*A Guide to
doing
Health
Research
in Papua
New
Guinea*

JANUARY 2012

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Enquires should be addressed to Secretary for Health, National Department of Health, PO Box 807, **WAIGANI 131**, NCD, Papua New Guinea, Telephone + 301 3601, Email: health_secretary@health.gov.pg.

The development of this policy was coordinated by the Monitoring, Evaluation and Research Branch and the Policy Secretariat of the National Department of Health.

Cartoon contained in the Policy Document was edited to depict Papua New Guineans by Mr. Leslie Mesere, Health Promotion Branch, National Department of Health.

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FOREWORD

There is great disparity between and within district, provinces and regions in terms of development and performance in our health care system. When thinking of improving our health conditions, ensuring accessibility to the majority of our people in the rural areas and containing our health expenditure there remains a lack of accurate information on the performance of our health care system and how policies have affected performance.

There is an urgent need to improve understanding on how and for what we must do to organise ourselves to achieve health goals, including how we plan, manage and finance activities to improve health, as well as roles played by different actors in our efforts to provide services to our rural majority and our urban poor. There is also a need to provide scientifically sound, socially relevant and ethically acceptable guidance for more equitable, effective, efficient and affordable service delivery.

Although there is an established National Health Information System in place, it only captures specific and minimal information on certain selected programs. It does not cater for all range of information that is required by the National Department of Health, its partners and other stakeholders for decision making and policy development. Research, therefore is required both for the process of health policy making, on the desirable content of policies and in the collection and collation of information for the National Department of Health. Research findings noted at the national level must be translated into the poor health indicators in our country.

This research policy is a road map in guiding both the national and external researchers as well as our own research institutions in carrying out health research in Papua New Guinea. It would also strengthen, foster and enhance current coordination and collaboration with all health department stakeholders and partners in health in achieving the government's goals in improving the health and well being of our people in PNG.

It was with great pleasure that I now introduce this Health Research Policy to the National Department of Health and the potential users who will use it to improve health care and service delivery in Papua New Guinea.

A handwritten signature in dark ink, appearing to read 'Sasa Zibe'.

Hon. Sasa Zibe, MP
Minister for Health & HIV/AIDS



ACKNOWLEDGEMENT

The policy is the first ever to be developed by the National Department of Health as part of the initiative of the 2001-2010 National Health Plan since independence. It is a big milestone and it serves as a guide in coordination, control and implementation of all research activities undertaken in the country to improve health service delivery and the quality of life in Papua New Guinea.

I acknowledge and thank officers in the Monitoring, Evaluation and Research, Policy Planning, Health Promotion and Human Resources Management Branches of the National Department of Health. They contributed immensely to the development of this policy. Without their commitment and dedication this would not be possible.

I wish to also extend my sincere thanks to the World Health Organisation Technical Advisors for the input and funding assistance, the PNG Institute of Medical Research staff in particular Professor Peter Siba, Mr. Ben Haili, Provincial Health Advisor, Eastern Highlands Province and his staff and Mr. Russel Kitau, Department of Community Medicine of the School of Medicine and Health Sciences at the University of Papua New Guinea and other stakeholders who have contributed to developing this policy.

Dr. Clement Malau
Secretary for Health

POLICY ON HEALTH RESEARCH IN PAPUA NEW GUINEA

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CHAPTER ONE:

BASIS FOR THE POLICY ON HEALTH RESEARCH IN PAPUA NEW GUINEA

1.1 INTENT OF POLICY

There has never been a Research Policy developed by the Department of Health (NDoH) as the roadmap for researchers in Papua New Guinea (PNG) other than research guidelines developed by the Medical Research Advisory Committee (MRAC).

Therefore this policy will play a significant role in ensuring effective collaboration and coordination of all research work relating to health in PNG by stakeholders.

The policy provides the context and the direction of what needs to be done by all stakeholders that have business in health. It provides direction to the internal researchers as well as researchers coming from abroad to carry out research in PNG. The policy also provides goals, objectives and strategies in guiding the implementation of research in the country. Number of research committees, membership, their roles and functions are stated in the policy.

It further guides the users of this policy on the roles and functions of various key stakeholders in the implementation of the policy.

The basis for this policy is derived from the 2001-2010 National Health Plan, which calls for greater participation of health research at all levels of health care.

The policy calls for greater collaboration and consultation with other research agencies and stakeholders, to strengthen partnership and encourage networking among agencies such as Universities, PNG Institute of Medical Research (IMR), National Statistical Office (NSO), National Research Institute (NRI) and other Government departments and non-government agencies.

1.2 BACKGROUND

1.2.1 HISTORICAL CONTEXT


Despite achievements made in reducing ill health and general improvement in the health status of the people in the last two decades, people in PNG are still suffering from preventable and treatable illnesses including new diseases, such as HIV/AIDS.

Health system and medical research has played a role in the past thirty years in the improvement of health of the people in PNG. Despite the emphasis in the last four national health plans (1974-1978, 1986-1990, 1991-1995, 1996-2000) to a larger extent on research carried out been on disease-related and ways to improve health services, health research, including medical and health systems research, not much has research been undertaken by managers as a management tool for policy development, assessing new approach to interventions and making informed decision across all levels of management.

Hospital and medical institutions at some degree have been involved in medical and clinical research, however, more for academic reasons than for guiding the department in health policy development and research into priority health problems.

PNG Institute of Medical Research (IMR) was established by an Act of Parliament as an arm of the NDoH to carry out medical and anthropological research in the early 1970s. It still continues to undertake these functions.

IMR has played a significant role in the area of medical research. Outcome of these research findings has contributed significantly to the development of



various health policies in the prevention, treatment and as well as improvement to health service delivery in the public health sector.

Ethical issues have always been a concern to the NDoH. The Medical Research Advisory Committee (MRAC), therefore, took responsibility over ethical matters. The NDoH has coordinated and monitored all research activities through the MRAC.

The mandate to carry out the research, however, was given to IMR in relation to medical, clinical and scientific research issues.

1.2.2 CURRENT SITUATION

PNG has adopted a unified National Health System. The health care providers who participate in delivering health services comprise of the government and its institutions, churches and other non-government organisations, the private sector and traditional health care providers.

Institutional relationships and linkages are defined under the Organic Law on the Provincial and Local Level Governments and the National Health Administration Act (1997).


Under the Organic Law on Provincial and Local Level Governments, the National Government is responsible for policy, standards, training, medical supplies, special services, public hospitals and monitoring. The provincial and local level governments are responsible for implementation of health policies, standards and programs.

The National Health Act 1997 further defines the powers, functions and responsibilities at different levels of government and their respective

administrations. Institutional and administrative relationships and linkages have been established under this Act to oversee the administration of the health services.

The main health issues currently of concern to the Government and the department that need to be addressed are:

- The health of the people is not improving. This applies particularly to the rural communities, where mothers and children are still dying from easily preventable and treatable conditions
- Adequate level of resources is available to support and respond to service delivery to improve the health of the people
- Inefficient management of the delivery of health services delivery, which compounds the issues of limited resources
- Inadequate access to basic health services due to unavailability of services, geographical isolations and social barriers
- Community support, initiatives and desire to improve their own health and community still poor and lacking
- The Department of Health lacks the capacity to coordinate, conduct and monitor research activities
- Health system research remains a low priority activity at all levels of Government due to lack of basic know how and support from the higher management
- Poor understanding on ethical issues and protection of individual and community rights
- Lack of resources (manpower, funding & logistics) in undertaking research activities
- Lack of a database and storage of health research information and findings
- No training program to develop Human Resource in Health Research
- No coherence to the National Health Policies and Guidelines

- 
- No proper guidelines and materials for staff training on health research
 - No guidelines and materials for advocacy and public awareness on health research

1.2.3 POLICY DEVELOPMENT PROCESS

Much effort has been made to include as many stakeholders as possible during the initial draft of the policy. The initial workshop involved the Eastern Highlands Province (EHP), the Institute of Medical Research (IMR) and the Department of Health staff who participated in the development of the initial draft. The University, particularly, the Department of Community Medicine also participated and had an input during the development stage.

The Provinces, Senior Executive Management (SEM) of the Department of Health, Department Community Medicine, School of Medicine and health sciences, UPNG, National Research Institute and the Senior staff of the NDoH had an input by way of making comments on the draft prior to its finalization. The National Health Board (NHB) on 29th January 2008 endorsed the policy prior to NEC approval.

1.2.4 CONSISTENCY WITH GOVERNMENT AND OTHER RELATED POLICIES

This policy is in line with the following core Government commitments and policies:

- PNG Institute of Medical Research Act 1967
- PNG National Research Institute Act 1975
- National Health Administration Act 1997
- Public Hospitals Act 1994
- National Health Plan 2001-2010
- PNG Medium Term Development Strategy 2005-2010
- Public Health Act 1973
- Standards for Hospitals in PNG 2003
- Minimum Standards for District Health Services 2001
- National Population Policy 1997
- Health Promotion Policy 2003

CHAPTER TWO:

POLICY CONTEXT AND DIRECTIONS

2.1 POLICY GOAL AND OBJECTIVES

2.1.1 GOAL OF RESEARCH IN HEALTH

In accordance with the 2001 – 2010 National Health Plan, the program goal for research is:

To improve quality of patient care and public health programs through quality research, timely availability and use of reliable information.

2.1.2 POLICY AIM AND OBJECTIVES

The aim of this policy is to contribute to the health and development of the well being of the people of PNG by ensuring that, there is efficiency, equity and quality of health care through research.

The objectives of the policy are to:

- Improve staff capacity in training institutions to train personnel in medical, clinical and health systems research to undertake quality research
- Help generate evidence-based information for influencing policy decisions in the health sector and other related sectors
- Strengthen internal and external collaboration, information sharing as well as opportunity for learning across all levels of health system locally and internationally.
- Ensure development of appropriate tools for research and evaluation programs in all health training institutions
- Establish National organizational framework for coordination of health and medical research.

- Promote the use of evidence-based information from research for decision-making and policy development at all levels of health system
- Ensure easy access to research findings by all relevant health professionals including managers, trainers and researchers.
- Ensure research findings benefit the research subjects and the community in terms of development and employment.

2. 2 GUIDING PRINCIPLES OF THE POLICY

All research shall be guided by the following principles:

2.2.1 RESPONSIBILITY FOR THE POLICY

The Department of Health shall be responsible for the overall implementation of this policy in collaboration with the PNG Health Research Council (PNGHRC).

2.2.2 COLLABORATION AND PARTNERSHIP

A more comprehensive approach to research shall be practiced in PNG through effective collaboration and partnership amongst all stakeholders. PNGHRC shall play that pro-active role in establishing those linkages and partnerships

2.2.3 INFORMATION SHARING AND PUBLICATION

Research findings shall be shared with the NDoH, Health-care providers. Medical Training Institutes, research Institutes and stakeholders. These findings shall be published in medical journals and other appropriate publications.

2.2.4 OWNERSHIP ISSUES

Research information gathered by both external and internal researchers shall remain the property of the Government of PNG. All researchers shall obtain prior permission in writing from the department through the PNGHRC prior to removing research materials and findings from PNG.



2.2.5 PROTOCOL RELATING TO EXTERNAL RESEARCHERS

Overseas researchers who come to do research work in PNG shall obtain written approval for their proposals from PNGHRC as well as from their sponsoring institutions and collaborating institutions in PNG.

Their research topics shall be relevant to and that the findings likely to solve the current and emerging health issues. They shall pay a fee to conduct their research.

2.2.6 PROTOCOL RELATING TO INTERNAL RESEARCHERS

The researchers shall obtain written approval for their proposals from the PNGHRC.

CHAPTER THREE: POLICIES AND STRATEGIES

The following Policies and Strategies are the framework for the policy:

POLICY # 1

**There shall be one single national health sector research
co-ordination body in PNG**

Strategies:

PNGHRC shall be established as the sole authority for the approval and coordination of all health and medical research in PNG.

Where appropriate the Council shall establish:

- One health Systems Research Technical Committee and a Medical Research Technical Committee to co-ordinate and monitor all health related research in PNG
- Any member of sub-committees in the department and institutions such as Universities, IMR and hospitals such as Port Moresby General Hospital to screen all research proposals prior to the final approval by any of the technical committees
- Establish a Provincial Health Research Committees in each province
- The members of PNGHRC shall be appointed by the Minister for Health

POLICY # 2

Training of health personnel in research methodology and its application shall be encouraged in line with the overall health sector human resource development strategies

Strategies:

Strategies for achieving this policy shall be through:

- Encouragement of training institutions to introduce research & evaluation training in their curriculum
- Development of research training modules
- Conduct in-service training in research methodology and its applications
- Introduction of awards for best researchers and
- Establishment of data base for training purposes

POLICY # 3

Staff of the Research Coordinating and Monitoring Unit of the NDOH shall possess appropriate qualifications to effectively co-ordinate and implement the research policy

Strategies:

- Establishment of a Secretariat with appropriately qualified research personnel within the NDOH unit responsible to support the PNGHRC
- Establishment of a personnel development plan
- Selection of personnel for training and
- Implementation of the training plan

POLICY # 4

**Health, medical and clinical research shall target and address;
identified priority health issues and problems in the
National Health Plan and global strategies**

Strategies:

Identify and address;

- Leading causes of disability, deformity, morbidity and mortality
- Priority health programs and interventions
- Re-immersing diseases and emerging diseases
- Organizational and service delivery issues

POLICY # 5

PNGHRC shall be the custodian of all health research findings

Strategies:

Shall ensure that:

- All research results and findings shall be deposited with the PNGHRC
- Written permission shall be obtained from PNGHRC for publication, dissemination and use of research findings
- A database is established for all proposed and completed research and
- All research topics are to be approved by the PNGHRC



POLICY # 6

**All research findings, documents and medical specimen shall remain the
property of the PNG Government**

Strategies:

Shall be achieved through:

- Development of agreements to comply with international and national ethical and patent laws
- Development of legislation on patent and related issues
- Development of research data base
- Mandatory requirement for all research findings and reports are submitted to the Department and
- Established time frame for researchers shall report to the PNGHRC with their progress on timely basis.

POLICY # 7

Accessibility and dissemination of research information to appropriate stakeholders shall be made through the PNGHRC

Strategies:

Strategies for achieving this policy shall be through the:

- Development of mechanisms for dissemination of information from the completed researches
- Presentation of research findings to the Department, specially organised forums, seminars and through health symposiums
- Storage of research findings in a secured location and
- Promotion of research based health interventions

Policy # 8

The PNGHRC shall establish a National System for Database Co-ordination and monitoring health medical research

Strategies:

Shall be achieved through:

- Inventory of approved and rejected Research Proposal by individuals, institutions and organizations;
- Maintenance of an inventory of research completed;
- Establishment of records for all research findings; and;
- Development of a framework for monitoring of all research activities



POLICY # 9

**Monitoring and Research Branch of NDOH shall be responsible for
coordinating and implementing health research policy**

Strategies:

Shall be archived through:

- Development of research guidelines and protocols
- Allocation of adequate resourcing of Health Research and Management Unit
- All research requirements and enquiries are to be directed to the Health Research coordination and Management Unit and
- Consult the Policy Unit of NDoH to conduct reviews on a regular basis

CHAPTER FOUR:

ROLE DELINEATION

Key stakeholders shall implement the policy in the following manner:

4.1 NATIONAL DEPARTMENT OF HEALTH

- Provide regulatory and policy advice on issues relating to conduct of research in the country
- Is responsible for setting standards
- Review the policy on regular basis, look at related legislations and set standards relating to policy implementation
- Provide management support to the functions of the PNGHRC

4.2 PNG INSTITUTE OF MEDICAL RESEARCH

- Provide advice on research to the Minister for Health through the PNGHRC
- Provide advice and technical assistance to the health systems and medical research and the provincial health research committees as required
- Provide and facilitate training and development of national and international researchers
- Facilitate and assist the NDoH in collecting, storage, retrieval and transportation of specimens in relation to research
- Undertake medical, anthropological, social and systems research when and where required

4.3 PROVINCIAL HEALTH ADMINISTRATIONS

- Establishment of Provincial Health Research Committees
- Plan, coordinate and monitor medical and health researches conducted in the provinces
- Provide supervision and assistance to researchers in province
- Provide advice to provincial authorities on any research activities in the province

4.4 PAPUA NEW GUINEA HEALTH RESEARCH COUNCIL

The PNGHRC in collaboration with the Department of Health shall strive to:

- Provide advice on health research to the Minister for Health
- Establish and improve linkages with key stakeholders
- Approve all research proposals through the two technical committees
- Secure and approve funds in terms of research grants and other resources for research activities
- Recommend issuance of the entry visas where required upon approval of research proposals by external researchers
- Identify priority health concerns for research for the department in consultation with stakeholders and respective branches
- Coordinate all research activities through the secretariat
- Establish mechanism for publication and dissemination of research findings through establishment of a PNGHRC website
- Development of database for all research activities
- Collaboration with other sectors through partnership agreements
- Ensure proper bidding process is in place for research grants to adequately finance research projects
- Develop standardize research methods including research protocols for submission to PNGHRC

4.5 HEALTH SYSTEM RESEARCH TECHNICAL COMMITTEE

- Review and recommend to the PNGHRC research proposals for approval
- Ensure the ethical guidelines of the PNGHRC are adhered to at all times
- Ensure the research proposals are technically sound and relevant to NDOH areas of need for research
- Provide technical advice to the provincial health research committees
- Ensure that Researchers follow right protocols/procedures

4.6 MEDICAL RESEARCH TECHNICAL COMMITTEE

- Review and recommend to the PNGHRC research proposals for approval
- Ensure the ethical guidelines of the PNGHRC are adhered to
- Ensure the research proposals are scientifically sound and relevant to NDOH areas of need for research
- Ensure health research is done in line with the aims and goals of the national government and the National Health Plan
- Provide technical advice to the provincial health research committees

4.7 PROVINCIAL HEALTH RESEARCH COMMITTEE

- Approval for research to be conducted in the provinces
- Ensure peoples rights and safety are guarded
- Provide assistance to local researchers
- Ensure skill transfer to the local researchers
- Ensure PNG Health Research Policy is adhered to
- Clearance of ethical and scientific research proposals
- Dissemination of research report to the PNGHRC

CHAPTER FIVE:

MONITORING AND REVIEW ARRANGEMENT

Monitoring and evaluation is crucial in assessing the extent of implementation of this policy and to measure whether the objectives set were achieved. Thus the Department of Health has the ultimate role in the monitoring and evaluation of this policy. The responsibilities for the monitoring and evaluation are as follows:

5.1 NATIONAL DEPARTMENT OF HEALTH

The Department of Health, through the ***Policy and Planning Branch***, shall be responsible for the overall Monitoring and Evaluation of this policy.

It shall monitor the policy implementation ***quarterly by collecting required data*** as an ongoing activity and report with recommendations to the Minister for Health on regular basis.

ANNEXES

ANNEX 1

MONITORING FRAMEWORK WITH SPECIFIC POLICY BENCHMARKS

Activity	Action officer(s) & concerned Stakeholders	Time frame	Indicator of Achievement	Source of Information
1.To establish a PNGHRC replacing the current MRAC by 2015	Director MERB and PA	By end of 2015	PNGHRC in place	Quarterly review reports, Branch annual reports
2.To ensure Health Training Institutions have Research as part of their training in their Curriculum	Director MERB and PA Director HRB, Heads of Schools	By end of 2015 when policy will be reviewed.	Number of training institutions having Research in their Curriculum	Policy Evaluation Report
3.To collaborate with program managers identify research areas through a consultation process for research to be done by research scientists and research institutions	Director MERB, PA, Program Managers for the 4 strategic programs	By end of 2013	1.List of Research areas identified for research 2.Number of research projects approved and done	Quarterly Review Reports
4.To ensure adequate resources are allocated for research activities annually to support research activities	Director MERB & PA	At the time of Budget preparation yearly	Amount of funding earmarked for research	From annual budget appropriations
5.To get Principal Researchers to give copies of their research reports to PNGHRC to build up a database for all research	Director MERB PA Individual PIs PNGHRC	At the time of completion of their report	Number of research reports submitted	PNGHRC database
6.To assist provinces establish provincial research committees	Director MERB PA	When provinces are ready	1.Number of provinces having research Committees	Provincial reports on number of research done
7.To develop research training plan for research unit staff to be trained at Masters/PhD level as qualified research scientists to carry out all forms of research with the aim of building national capacity	Director MERB PA Director HRB	By end of 2013	End of 2013 training plan in place	Policy evaluation report in 2015

ANNEX 2:

MEMBERSHIP OF THE COMMITTEES

The guideline for the following committees includes;

- The PNGHRC shall consist of minimum of seven members and maximum of ten members
- The technical committees shall consist of minimum of five members and maximum of seven members
- The membership for PNGHRC and Technical Committees will hold office for three (3) years
- Each institution shall clear their research proposal by their research sub-committees before being submitted to any of the two technical committees depending on the nature of the research
- All research proposals shall be submitted to the PNGHRC through the Secretariat.

The membership of the various committees shall consist of the following:

Membership of the PNG Health Research Council (PNGHRC)

The membership of the PNGHRC shall have the following representative:

- The Secretary of Health (Chairman)
- The Director of Monitoring and Research, NDOH Representative
- The Director, IMR
- Director of NRI or his/her delegate
- Director of NAQIA or his/her delegate
- Director of NARI or his/her delegate
- Chairman of PNG Churches Medical Council or his/her representative
- Legal Officer of National Department of Health
- Chairman of PNG Medical Board
- President of the Women's Council
- Executive Manager – Strategic Policy
- Executive Manager – Medical Standards

Membership of the Health System Research Technical Committee (HSRTC)

The membership of this committee shall consist of: -

- Executive Manager - Strategic Policy NDOH (Chairman)
- Principal Advisor of Health Research Section, Monitoring & Research Branch
(alternate Chair Person - in the absence of Chairman)
- Chairman of Medical Faculty Research Committee
- Deputy Director, PNGIMR
- Director, NRI or his representative
- Representatives from other Branches within NDOH as and when required
- WHO representative (Technical Advisor)

Membership of the Medical Research Technical Committee (MRTC)

The membership of this committee shall consist of:

- Executive Manager – Medical Standards NDOH (Chairman)
- Director of PNGIMR (alternate in the absence of the Chairman)
- Deputy Director PNGIMR
- Chairman of Medical Faculty Ethical Sub-Committee
- Chairman of the Clinical Sciences – Medical Faculty, UPNG
- Director of Disease Control
- Director of NAQIA

Membership of the Provincial Health Research Committee

The membership of this committee shall consist of:

- Chief Executive Officer – Provincial Health Authority (Chairman)
- Deputy Provincial Health Advisor
- Chief Executive Officer of Provincial Hospital (alternate Chair Person, in the absence of the chairman)
- Director, Medical Services of Provincial Hospital
- Provincial Church Health representative
- Representative from the office of the Administrator

ANNEX 3

DEFINITIONS

RESEARCH

Research is a quest for knowledge through diligent search or investigation or experimentation aimed at the discovery and interpretation of new knowledge. It utilizes scientific methods, which are the systematic body of procedures and techniques applied to carry out the investigation and experiment targeted at obtaining this new knowledge. In Science, research usually refers to efforts to discover new knowledge or develop new processes or new products. In fields apart from science, research means collection, analyzing and presentation of information.

SCIENTIFIC RESEARCH (also called Basic, Fundamental or Pure Research)

Scientific research is usually involved in the discovery and search for new knowledge. It aims at better understanding of a particular subject or phenomenon and the aim of the research need not have any particular use. Research of this nature is usually directed at fundamental problems of theoretical importance and not necessarily of practical use.

APPLIED RESEARCH

Applied research is directed at solving problems of immediate or potential importance. The research is directed at development and testing of interventions that are of practical importance. Often the results of this type of study are applied back into the system to improve the system. In clinical or medical field we look at new interventions to treat and prevent diseases and also gaining knowledge about the nature of their health and illnesses. In business, studies of this nature look at developing new or better products or improving the existing ones.

For managers, research in this area provides them vital information for making wise decisions about resource allocation and human resource management and training etc.

CLINICAL RESEARCH

Clinical Research or investigation is simply an extension of the normal function of a Physician. When working with patients, the Physician feels the need to know more about the nature of a particular disease and here his focus is on studying the disease and questions such as how and why the patient has the disease.

This was the traditional view but today with the continuing scientific development in a rapidly changing world, it highlights the need for all health care providers including the nurses and allied health workers to carry out this type of research to identify new knowledge, improve professional education and improve patient care practices.

BIOMEDICAL RESEARCH

A Biomedical research center around areas of human physiology, influence upon its functions and dysfunctions and upon the efficacy of the treatments and the emphasis is more on patient and disease rather than on the health care system.

Biomedical research can at times be used interchangeably with medical research.

MEDICAL RESEARCH

Medical research traditionally grew out of the encounter between health care providers and the patients with the diseases. These clinical encounters turn health professionals into researchers to observe, test, treat and record experiment and generally link the art of medicine to the rigor of scientific investigation. The researcher pursues their research at the bedside, into the laboratory among other people and population and the use of animals to do experiments to advance their understanding and control of disease and promoting well-being.



EPIDEMIOLOGICAL RESEARCH (Epidemiological surveys, Epidemiological studies)

Epidemiological studies involve the study of distribution and determinants of health and diseases. It is concerned with the patterns of disease occurrence in human populations and the factors that influence these patterns. The disease occurrence is categorized by time, place and persons.

Studies of these types are categorized under several names and they can be called: descriptive studies, case-control studies, cohort and intervention studies.

Methods used in these studies help to discover the chain of events, which can help to explain disease occurrence and etiology and point the way to prevention and control.

HEALTH SERVICES RESEARCH (also Operational or Health Systems Research)

Health Systems Research examines the performance of the health services with the intension to improving them. This type of research is a response to problems identified in the operation of the system. It can be classified as applied research as results from this research helps to make wise decisions that lead to positive outcomes.

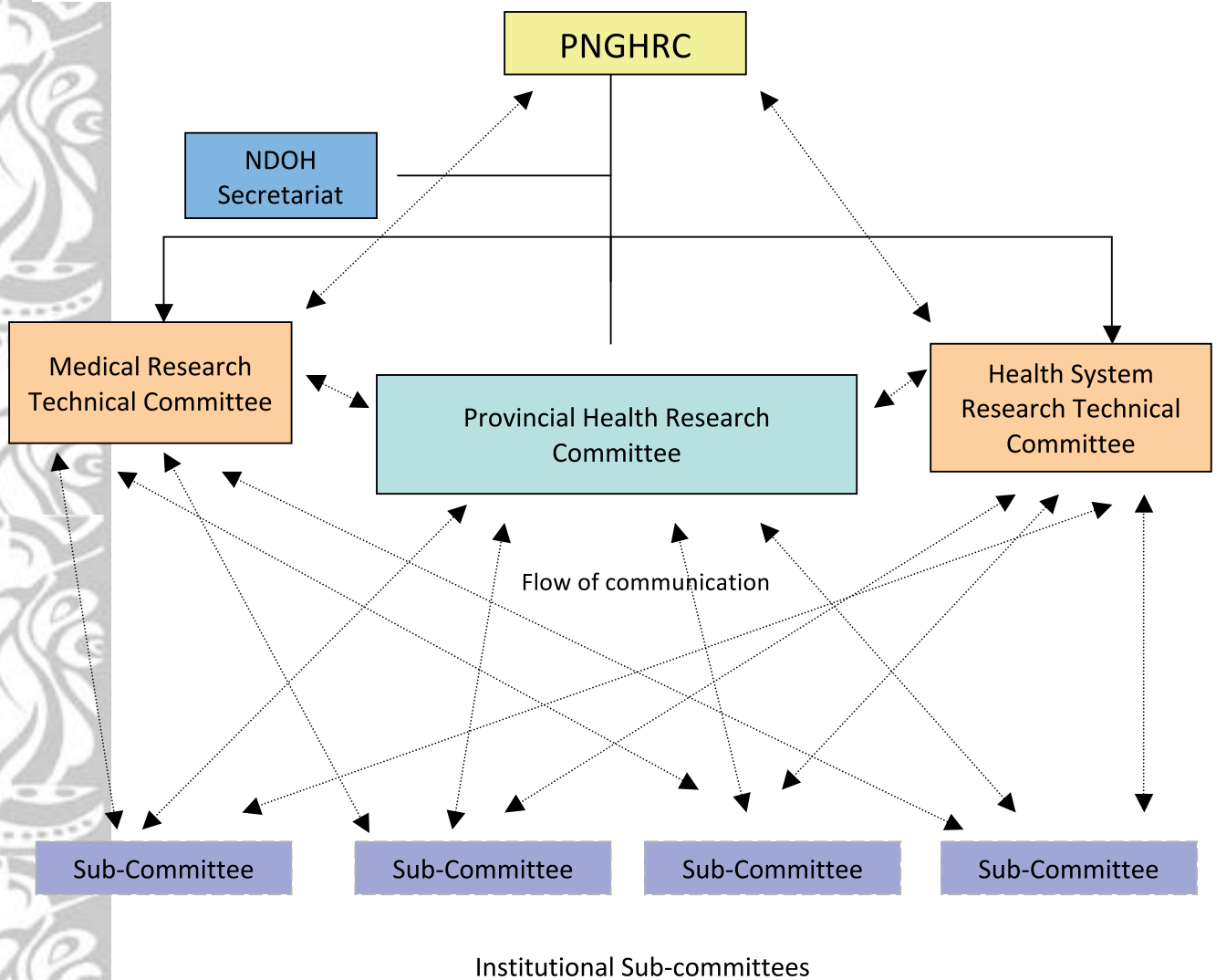
ANNEX 4

ABBREVIATION

NDOH	-	National Department of Health
PNGHRC	-	Papua New Guinea Health Research Council
MRTC	-	Medical Research Technical Committee
HSRTC	-	Health System Research Technical Committee
PNG IMR	-	Papua New Guinea Institute of Medical Research
PHRC	-	Provincial Health Research Committee
PA	-	Provincial Administrator
PHA	-	Provincial Health Advisor
CEO	-	Chief Executive Officer
MRAC	-	Medical Research Advisory Committee
NHP	-	National Health Plan
NRI	-	National Research Institute
IB	-	Independent Body
PNGHEFW	-	PNG Health Expenditure Framework
AHA	-	Assistant Health Advisor

ANNEX 5:

COMMUNICATION STRUCTURE OF THE RESEARCH PROTOCOL





Tribute to Late Coleman Pinda Moni [May 28th 1953-April 9th 2010]

The Late Coleman Moni joined the National Department of Health in 1986. He worked in various capacities at NDOH but his greatest accomplishments were the policies he drafted. He had exceptional writing skills and as Principal Policy Adviser, he was instrumental in the development of many policies for NDoH and the Research Policy 2010 was one of the last policies he worked on.

We pay tribute to him and acknowledge his contribution.

Monitoring, Evaluation and Research Branch, National Department of Health, PO Box 807, **WAIGANI 131**,
NCD, Papua New Guinea, Telephone + 301 3650, Email: urarang_kitur@health.gov.pg