

# National Health Research Systems

in Pacific  
Island  
Countries



World Health  
Organization  
Western Pacific Region



Health Research  
Council of the Pacific



COHRED  
Council on Health Research and Development

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Island  
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# EXECUTIVE SUMMARY

As has been recognized by the Western Pacific Advisory Committee on Health Research (WPACHR) and the Health Research Council of the Pacific (HRCP), health research in Pacific island countries and areas (PICs) has been chronically underdeveloped. While these deficiencies are well recognized, the response to address these challenges has been insufficient. As shown by the results of this mapping, many PICs have no recognizable national health research systems (NHRs), and those that do would benefit from further development.

All PICs need the successful translation of research outputs and knowledge into policy and health care practices that address priority health issues—the goal of NHR development and research capacity strengthening in the Pacific. And as noted by HRCP, this aim encompasses a vision of Pacific research by and for Pacific people.

The main objective of the mapping was to provide baseline information on PICs' NHRs for consideration and discussion at the Regional Office for the Western Pacific's (WPRO) October 2007 meeting, "Consultation on Strengthening Health Research Capacity in the Pacific". The other objectives were to: (1) unite key country-level NHR information into a single, accessible document; (2) facilitate discussion among national and regional stakeholders on gaps, challenges and opportunities for strengthening their NHRs and research capacity; and (3) facilitate learning among PICs on issues related to NHRs and research capacity strengthening.

The methodology adopted for this activity was designed to obtain a sufficient overview of the current status of NHRs in 15 PICs. An NHR mapping template, developed by the Council on Health Research for Development (COHRED) was adapted for use as the basis for structured key informant interviews, which were the primary method of data collection. The data collected were mostly qualitative and consisted of a series of questions to guide a standardized description of an NHR in the key areas of governance and management institutions engaged in research for health, key stakeholders involved in research for health, and available literature and data review. Subsequent to the consultation, the preliminary findings were returned to the respective PICs for validation.

The mapping revealed that:

- Melanesian and larger Polynesian PICs generally have a more developed NHR structure and management processes than the smaller Polynesian and Micronesian PICs.
- a clearly articulated policy on health research is lacking in all PICs except Vanuatu.
- Fiji, Papua New Guinea, Solomon Islands and Tonga have invested in dedicated personnel and/or units responsible for development in health research and evidence-based policy and practice.
- most PICs can demonstrate fairly well-defined national health priorities; however, only the Cook Islands, Papua New Guinea and Vanuatu have developed national health research priorities
- PICs generally have no formal system for the monitoring and evaluation of health research.
- all PICs, with the exception of Nauru and Niue, have established processes for ethical review of research proposals.
- in most PICs, efforts to bring research and information to PIC policy-makers are ad hoc and individual-dependant. The Cook Islands, Fiji and Samoa, however, are taking more proactive efforts to incorporate the policy-making environment.
- ways in which policy-makers stay informed about advances in health and medical care are largely opportunistic, piecemeal and are frequently linked to involvement with meetings, workshops or conferences covered by a United Nations organization or the Secretariat of the Pacific Community (SPC).
- all PICs have relatively well-developed processes for routine health data collection.

- most PICs have limited capacity to regulate new health technologies, with many dependent upon indications of regulatory approval from high-income partner countries.
- key stakeholders for health research are usually quite limited and are dominated by the involved ministry of health, the World Health Organization (WHO) and SPC.
- available literature on research for health in the PICs mostly involves local ministry of health reports; local census, demographic and statistical reports; and summary documents from WHO and SPC.

This report highlights significant gaps in the foundations of PICs' NHRSSs, in particular, in governance and management, policy formulation and priority setting. In addition, many PICs lack a clear vision of what role health research has in efforts to improve health and health equity and to drive national development—a crucial question when designing effective NHRSSs. The mapping, however, identified structures, processes and policies (e.g. routine information systems, ethical and technical review capabilities and well-articulated health priorities) on which strengthening efforts can build.

# 1. INTRODUCTION

## 1.1 Background and aim

This mapping of national health research systems (NHRs) in Pacific island countries and areas (PICs), was undertaken by the Health Research Council of the Pacific (HRCP) after being commissioned by the Regional Office for the Western Pacific (WPRO) of the World Health Organization (WHO). The Council on Health Research for Development (COHRED) provided technical advice. The goal of this mapping is to provide baseline information on PICs' NHRs for consideration and discussion at the October 2007 WPRO meeting, "Consultation on Strengthening Health Research Capacity in the Pacific". This mapping is also consistent with HRCP objectives, and its results will be useful to HRCP's future work.

## 1.2 Definition of PICs

The 22 PICs are greatly diversified in terms of their geography, populations, cultures, economies and politics. Based on their ethnic, linguistic and cultural differences, PICs are categorized as shown in Table 1. The seven italicized PICs are territories of France, the United Kingdom of Great Britain and Northern Ireland (UK) or the United States of America (USA) and are not included in the mapping. The remaining 15 PICs are either fully independent nations, independent states in free association with either New Zealand or the USA, or a self-administering territory of New Zealand. As such, they are internally responsible for their NHRs.

**Table 1. Pacific island countries and areas**

Subregion	Country or area	Status
Melanesia	Fiji	Independent
	<i>New Caledonia</i>	Territory of France
	Papua New Guinea	Independent
	Solomon Islands	Independent
	Vanuatu	Independent
Micronesia	<i>Guam</i>	Territory of USA
	Kiribati	Independent
	Marshall Islands	Independent in free association with USA
	Federated States of Micronesia	Independent in free association with USA
	Nauru	Independent
	<i>Northern Marianas Islands</i>	Territory (commonwealth) of USA
	Palau	Independent in free association with USA
Polynesia	<i>American Samoa</i>	Territory of USA
	Cook Islands	Independent in free association with New Zealand
	<i>French Polynesia</i>	Territory of France
	Niue	Independent in free association with New Zealand
	<i>Pitcairn</i>	Territory of UK
	Samoa	Independent
	Tokelau	Self-administering territory of New Zealand
	Tonga	Independent
	Tuvalu	Independent
	<i>Wallis &amp; Futuna</i>	Territory of France

The PICs' diversity and challenges are evident by the facts that they:

- cover an ocean area of nearly 5 million square kilometres,
- have over 1000 separate languages,
- vary in population from just over 1000 to over 6 million,



- are undergoing an epidemiologic transition from mainly infectious diseases to mainly non-communicable diseases (NCDs),
- are undergoing demographic transitions with gradually aging populations, and
- have small populations that are particularly vulnerable to outward migration.

Table 2 also demonstrates the variability among these 15 PICs through their population and major development and economic indicators.

**Table 2. PICs' population, human development index and gross domestic product (GDP) per capita**

Subregion	Country	Estimated mid-2006 population <sup>1</sup>	Human development index (HDI) <sup>2</sup> 2004	Global HDI rank <sup>2,3</sup>	GDP per capita (PPP US\$) <sup>2</sup> 2004
Melanesia	Fiji Islands	831 263	0.758	90	6 066
	Papua New Guinea	6 187 108	0.523	139	2 341 <sup>a</sup>
	Solomon Islands	487 237	0.592	128	1 814 <sup>a</sup>
	Vanuatu	221 417	0.670	119	3 051 <sup>a</sup>
Micronesia	Kiribati	93 706	(1998)0.515 <sup>c</sup>	(1998)129	(2004-est) 790 <sup>b,d</sup>
	Marshall Islands	55 981	(1998)0.264 <sup>c</sup>	(1998)121	2 426 <sup>b,d</sup>
	FSM	110 218	(1998)0.569 <sup>c</sup>	(1998)120	FY2006 esti 2 254 <sup>b,d</sup>
	Nauru	10 131	(1998)0.663 <sup>c</sup>	(1998)103	(2005-06) 2 671 <sup>b,d</sup>
	Palau	20 044	(1998)0.861 <sup>c</sup>	(1998)46	(2005-est) 5 678 <sup>b,d</sup>
	Cook Islands	13 572	(1998)0.822 <sup>c</sup>	(1998)62	(2006) 9 300 <sup>b,d</sup>
Polynesia	Niue	1 591	(1998)0.774 <sup>c</sup>	(1998)70	(2002) 5 842 <sup>b,d</sup>
	Samoa	185 754	0.778	75	5 613
	Tokelau	1 398	NA	NA	(2006) 612 <sup>b,d</sup>
	Tonga	99 298	0.815	55	7 870 <sup>a</sup>
	Tuvalu	9 652	(1998)0.583 <sup>c</sup>	(1998)118	(2002) 1 139 <sup>b,d</sup>

Notes:

FSM = Federated States of Micronesia

NA = not applicable

a Estimates are based on regression

b Figure refers to per capita GDP at current market prices

c Figure refers to per capita GNP at current market prices

Sources:

1 Pacific Island Populations - Estimates and projections 2005-2015, Secretariat of the Pacific Community, Noumea, 2006. [<http://www.spc.int/demog/en/index.html>]

2 Human Development Report 2006 Beyond Scarcity: Power, poverty and the water global crisis. United Nations Development Programme, New York USA 2006. [<http://hdr.undp.org/en/media/HDR06-complete.pdf>]

3 Pacific Human Development Report 1999 (Creating Opportunities). New York, United Nations Development Programme, June 1999.

4 Western Pacific Country Health Information Profiles 2008 Revision. World Health Organization Regional Office for the Western Pacific, 2008.

### 1.3 Pacific health research and NHRs

For the purpose of this report, Pacific health research is defined as creative work undertaken on a systematic basis to increase and to use a stock of knowledge in order to understand and to improve human health in the Pacific. As has been recognized by the Western Pacific Advisory Committee on Health Research (WPACHR) and HRCF, health research in PICs has been chronically underdeveloped for various reasons including, but not limited to:

- PICs' poorly developed NHRs
- a lack of appreciation in PICs for the role of health research in information/evidence-based health policy and programme development
- poor demand for health research among PIC health systems and policy-makers
- limited human, fiscal and institutional resources dedicated to Pacific health research
- lack of research career paths in PICs and Pacific institutions

- limited access in PICs to information resources needed for health research development
- insufficient capacity-strengthening activities in PICs for health research
- a tendency for Pacific health research to be conducted and dominated by researchers from outside the Pacific
- lack of a critical mass of health researchers in PICs
- PICs' insufficient capacity for rigorous technical and ethical review of Pacific health research proposals.

While these deficiencies are well recognized by the PICs and other entities (e.g. WPACHR, HRCP, the Health Research Council of New Zealand, Australian Agency for International Development and New Zealand International Aid & Development Agency), the response to address these challenge has been insufficient.

PICs' mutual need—and indeed, the basic function of an NHRS—is the successful translation of research outputs and knowledge into policy and health care practices that address priority health issues. This is the goal of NHRS development and research capacity strengthening in the Pacific and, as noted by HRCP, encompasses a vision of Pacific research by and for Pacific people.

Through the last several years, HRCP, in collaboration with COHRED and WHO, has advocated strongly for the development of an NHRS model in the Pacific as essential to supporting national capacity to carry out health research on major Pacific health problems. Acknowledging that an appropriate Pacific NHRS model can contribute to the development of necessary mechanisms to ensure the efficient coordination and management of health research and the translation of this research to appropriate policy and programme development, HRCP created a model that has since been used in NHRS development workshops in the Marshall Islands, Samoa and Vanuatu (HRCP, 2006).

### 1.3.1 NHRSs

An NHRS can be defined as the people and institutions that generate or use research evidence to maintain, promote and restore the health and development of a population; and the activities and environment that facilitate these processes. COHRED and WHO describe NHRSs' functions to be: (1) governance and stewardship, (2) financing, (3) capacity-building, (4) knowledge generation, and (5) knowledge translation and utilization. Any effort, institution or mechanism that is important in these five areas can be considered part of an NHRS (International Organizing Committee, 2000; Pang, 2003).

Alternatively, an NHRS can be defined as the people and institutions that generate or use research evidence to maintain, promote and restore the health and development of a population and the activities and environment that facilitate these processes.

### 1.3.2 Goals of NHRSs

The Pacific NHRS model identifies the goals of an NHRS to be to (1) generate and communicate knowledge that informs the national health plan and its implementation, thus contributing directly or indirectly to equitable health development in a country or area; (2) adapt and apply knowledge generated elsewhere to national health development; and (3) contribute to the global knowledge base on issues relevant to the country or area.

Given the wide range of expectations for NHRSs, some PICs may not wish to adhere to every goal, e.g. some may want to focus mainly on adapting and applying knowledge generated elsewhere, whereas others may want to go beyond these goals, seeing health research as a strategy for socioeconomic as well as health development.

## 2. METHODS AND PROCESSES

The objectives of the mapping were to:

- (1) unite key country-level health research system information into a single, accessible document,
- (2) facilitate discussion among national and regional stakeholders on gaps, challenges and opportunities for strengthening the significant and chronic underdevelopment of Pacific NHRSs and research capacity, and
- (3) facilitate learning among PICs on issues related to NHRSs and research capacity strengthening.

The methodology adopted for this activity was designed to obtain a structured overview of the current status of the NHRS in each PIC. An NHRS mapping template, developed by COHRED, has been used in other countries and regions (Ahmedov, 2007; Kennedy 2007; Kennedy, 2008) and was adapted for use as the basis for structured key informant interviews, which were the primary method of data collection <sup>1</sup> (see Annex 1).

The data collected through the mapping template were mostly qualitative and consisted of a series of questions to guide a standardized description of an NHRS in the following key areas:

- (1) NHRS governance and management
  - (a) governance of NHRS
  - (b) health and health research policies and priorities
  - (c) communication, dissemination and utilization of research
  - (d) routine health information systems
- (2) institutions engaged in commissioning, producing or using research for health
- (3) key stakeholders involved in research for health
- (4) available literature and data review.

Where there was more than a single informant in a PIC, a summary mapping instrument was synthesized to provide a consensus perspective. A key document review was conducted to identify policies or procedures related to health research, e.g. terms of reference for health-related committees, national health research priorities and national research policies.

Data were collected in a comprehensive and standardized manner in close collaboration with existing HRCF national focal points and involving NHRS stakeholders. However, due to time and other constraints, conducting more than one key informant interview per country was challenging, and most occurred only with the HRCF focal point. It was also necessary to augment the data collection activity through assistance from Fiji School of Medicine students and the HRCF research assistant. Obtaining good and standardized data on institutions and available literature was difficult; therefore, this information should be considered indicative.

Following collection of all key informant interview transcripts, they were collated by country and reviewed in detail by two senior members of the mapping team who also completed a summary mapping instrument for each PIC. In an innovative addition to the analysis of the COHRED tool, to facilitate communication of the mapping results to stakeholders, the mapping team member reviewing the country information also provided a subjective score for each of the 18 question areas in the NHRS governance and management section using the scoring scheme outlined in Table 3.

<sup>1</sup>Also available from <http://www.cohred.org/NHRSupport/>.

**Table 3. Additional scores for NHRS governance and management**

Score	Colour	Indication
0	Red	Little or nothing happening in this area
1	Yellow	Something happening in this area
2	Green	More development in this area compared to most PICs

In addition to these individual scores, two summary scores were also calculated: (1) one across the 18 question areas for NHRS governance and management for each PIC, scaled to 100 points; and (2) another across all 15 PICs for each of the 18 question areas, scaled to 100 points. It should be noted that the summary PIC scores failed to weigh the individual NHRS question areas by importance even though some issues are clearly more significant than others.

Pearson's correlation coefficient was calculated to assess correlation between score, country size and GDP.

Subsequent to the October 2007 WPRO conference, the preliminary findings were forwarded to the respective PICs for validation by the permanent minister of health (or equivalent) or by the HRCF focal point.

### 3. FINDINGS

NHRS mapping data were successfully collected from all 15 PICs targeted for the mapping. Thirty-three structured key informant interviews were conducted from July to September 2007 and analysed with any available documentation. The distribution of interviews by PIC is detailed in Table 4.

**Table 4. Distribution of interviews by PIC**

Subregion	Country	Number of interviews
Melanesia	Fiji Islands	1
	Papua New Guinea	1
	Solomon Islands	5
	Vanuatu	4
Micronesia	Kiribati	1
	Marshall Islands	1
	Federated States of Micronesia	1
	Palau	2
	Nauru	1
	Samoa	1
Polynesia	Cook Islands	7
	Niue	2
	Samoa	1
	Tokelau	1
	Tonga	2
	Tuvalu	3

#### 3.1 Governance and management

**Table 5. Scores for components of NHRS governance and management**

Summary mapping documents for each of the 15 PICs are attached as Annex 2.

		Melanesia				Micronesia					Polynesia					Summary	
		Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru		Palau
1	Governance and management																
1.1	Governance structure	2	2	1	2	1	0	2	1	2	0	1	1	1	1	1	60
1.2	Management/coordination	2	2	1	2	2	0	2	1	2	0	1	1	1	1	2	67
1.3	Dedicated person/unit in government	2	2	2	1	1	0	0	1	2	0	0	1	0	0	1	43
1.4	Plan/policy	0	2	1	2	0	0	1	0	1	0	0	0	0	0	1	27
1.5	Active national health priorities	2	2	2	2	2	1	2	2	2	0	1	2	2	2	2	87
1.6	Active national health research priorities	1	2	1	2	0	1	0	0	1	0	0	0	0	0	0	27
1.7	Research legislation	0	2	0	1	0	0	0	0	0	0	0	0	0	0	1	13
1.8	Stated values	1	2	1	2	0	0	1	0	2	0	0	1	0	0	0	33
1.9	Stated aims	2	2	1	0	0	0	1	0	2	0	0	2	1	0	1	40
1.10	M&E system	2	1	0	1	1	0	1	0	1	1	0	0	0	0	0	27
1.11	Ethical review process/structure	2	2	2	2	1	0	2	1	2	1	1	1	1	0	2	67
1.12	Efforts to increase research	2	1	1	1	2	1	2	0	1	1	1	0	1	0	1	50
1.13	How policy-makers informed of advances	1	1	1	1	2	1	1	1	1	1	0	1	0	0	1	43
1.14	Responsible party for result dissemination	2	1	1	1	1	2	1	1	1	1	1	1	0	1	2	57
1.15	Responsible party for M&E of policy/interventions	1	1	2	1	1	1	2	1	1	1	1	1	0	0	1	50
1.16	System to collect/analyse/report routine health information	2	2	2	2	2	1	2	2	2	2	2	2	2	1	2	93
1.17	Regulation of new health technologies, including drugs	2	2	1	0	0	1	1	2	1	1	0	1	0	0	1	43
1.18	Non-health ministries with officials dealing with health	1	0	0	1	0	0	0	0	1	1	0	0	0	0	0	13
Summary score (out of 100)		75	81	56	67	44	25	58	36	69	28	25	42	25	17	53	47

FSM = Federated States of Micronesia, M&E = monitoring and evaluation, PNG = Papua New Guinea



Table 5 reveals the great variability across the 15 PICs in NHRS governance and management. The summary scores and an overview of the component measures suggest that the 15 PICs can be divided into two categories—using a summary score cut-off value of 50—as follows:

- (1) PICs with summary NHRS governance and management score of greater than 50 (a range of 53–81): Fiji, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu
- (2) PICs with summary NHRS governance and management score of less than 50 (range of 17–44): Cook Islands, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Tokelau and Tuvalu

While variability still exists within these groups, an analysis of their NHRSs' structure and management reflects a difference in NHRS infrastructure between these two groups. National summary scores have a strong positive correlation with country population ( $r = 0.55$ ), demonstrating that larger PICs have higher scores for NHRS development.

### 3.1.1 NHRS governance structure and management and coordination processes

Table 6 shows scores for specific components related to NHRS governance structure and to NHRS management and coordination processes. The Melanesian and larger Polynesian PICs generally have more developed NHRS structure and management processes than the smaller Polynesian and Micronesian PICs.

**Table 6. Scores for NHRS structure and management and coordination**

NHRS governance and management component	Melanesia				Polynesia						Micronesia					Summary
	Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru	Palau	
1.1 Governance structure	2	2	1	2	1	0	2	1	2	0	1	1	1	1	1	60
1.2 Management and coordination	2	2	1	2	2	0	2	1	2	0	1	1	1	1	2	67

FSM = Federated States of Micronesia, PNG = Papua New Guinea

One notable exception to the groups, however, is Palau, which generally has a better-developed NHRS than the other Micronesian and smaller Polynesian PICs.

### 3.1.2 Research-specific personnel/unit and specific health research plans or policies

Table 7 shows that research-specific personnel and specific health research plans or policies are few across the PICs with only some exceptions. Only Fiji, Papua New Guinea, Solomon Islands and Tonga have established dedicated government personnel and/or units for development in the area of health research. In fact, a clearly articulated policy on health research is lacking in all PICs except Vanuatu. However, Papua New Guinea has a draft policy that has been submitted for government approval, and the Cook Islands is in the process of policy formulation.

**Table 7. Scores for NHRS-dedicated personnel/unit and an NHRS plan/policy**

NHRS governance and management component	Melanesia				Polynesia						Micronesia					Summary
	Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru	Palau	
1.3 Dedicated person/unit in government	2	2	2	1	1	0	0	1	2	0	0	1	0	0	1	43
1.4 Plan/policy	0	2	1	2	0	0	1	0	1	0	0	0	0	0	1	27

FSM = Federated States of Micronesia, PNG = Papua New Guinea

### 3.1.3 National health priorities, health research priorities and legislation

As noted in Table 8, most PICs demonstrate fairly well-defined national health priorities—but not health research priorities, which exist only in Papua New Guinea and Vanuatu. Specific legislation addressing health research is scarcer, with only Papua New Guinea possessing such legislation due to the establishment of the Papua New Guinea Institute of Medical Research (PNGIMR). Another example of specific government action on health research is an executive order to establish an institutional review board in Palau. There is also legislation in Vanuatu that is not health-specific but is related to research across all sectors.

**Table 8. Scores for national health priorities, health research priorities and legislation**

NHRS governance and management component	Melanesia				Polynesia						Micronesia					Summary
	Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru	Palau	
1.5 Active national health priorities	2	2	2	2	2	1	2	2	2	0	1	2	2	2	2	87
1.6 Active national health research priorities	1	2	1	2	0	1	0	0	1	0	0	0	0	0	0	27
1.7 Research legislation	0	2	0	1	0	0	0	0	0	0	0	0	0	0	1	13

FSM = Federated States of Micronesia, PNG = Papua New Guinea

#### 3.1.4 NHRS values and aims

Table 9 shows considerable variability in the existence of stated values and aims for NHRSs, with more specific values and aims articulated in PICs with more developed structures and processes for health research sectors.

**Table 9. Scores for stated NHRS values and aims**

NHRS governance and management component	Melanesia				Polynesia						Micronesia					Summary
	Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru	Palau	
1.8 Stated values	1	2	1	2	0	0	1	0	2	0	0	1	0	0	0	33
1.9 Stated aims	2	2	1	0	0	0	1	0	2	0	0	2	1	0	1	40

FSM = Federated States of Micronesia, PNG = Papua New Guinea

#### 3.1.5 Monitoring and evaluation (M&E) systems and ethical review process and structure

As noted in Table 10, PICs generally have either no system for health research M&E or have only a nonspecific reporting requirement for researchers, with only Fiji as an exception. Fiji has a requirement that the NHRS governance body produce annual reports on health research.

In regards to the ethical review processes and structures, the seven PICs noted previously to have more well-developed NHRS governance and management all have a functional structure and processes for the technical and ethical review of health research proposals. Another six PICs undertake an ad hoc process as needed, and two have no clear process or structure for this key NHRS task. Variability also exists in the degree to which ethical review structures utilize standard operating procedures and forms to guide the review process.

**Table 10. Scores for M&E systems and the ethical review process and structure**

NHRS governance and management component	Melanesia				Polynesia						Micronesia					Summary
	Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru	Palau	
1.10 M&E system	2	1	0	1	1	0	1	0	1	1	0	0	0	0	0	27
1.11 Ethical review process/structure	2	2	2	2	1	0	2	1	2	1	1	1	1	0	2	67

FSM = Federated States of Micronesia, M&amp;E = monitoring and evaluation, PNG = Papua New Guinea

**3.1.6 Using research and staying informed about advances among policy-makers**

In most PICs, efforts to bring research and information to health sector policy-makers are ad hoc and individual-dependant. Some PICs, however, are taking more proactive efforts to incorporate research findings into the policy-making environment as exemplified by the following:

- Fiji's process of submitting research findings through the Ministry of Health's Executive Committee for specific translation to related policy and programmes.
- Samoa's active efforts through the Ministry of Health's Policy & Planning Unit and the National Health Research Committee to facilitate the use of research findings.
- The Cook Islands' specific activities with policy-makers to provide them with research findings to inform evidence-based policy and decision-making.

Generally, however, mechanisms through which policy-makers stay informed about advances in health and medical care are largely opportunistic, fragmented and are linked to involvement with meetings, workshops or conferences held by a United Nations organization or the Secretariat of the Pacific Community (SPC).

**Table 11. Scores for using research and staying informed among policy-makers**

NHRS governance and management component	Melanesia				Polynesia						Micronesia					Summary
	Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru	Palau	
1.12 Efforts to increase use of research	2	1	1	1	2	1	2	0	1	1	1	0	1	0	1	50
1.13 How policy-makers informed of advances	1	1	1	1	2	1	1	1	1	1	0	1	0	0	1	43

FSM = Federated States of Micronesia, PNG = Papua New Guinea

**3.1.7 Responsible party for research dissemination and M&E**

With few exceptions, the responsible party for research dissemination and M&E is the secretary of health, though as noted in Table 12, routine activities are rarely related to this responsibility.

**Table 12. Scores for responsible parties for research dissemination and M&E of research**

		Melanesia					Polynesia					Micronesia					Summary
		PNG	Fiji	Solomon Islands	Vanuatu	Samoa	Tonga	Cook Islands	Tuvalu	Niue	Tokelau	FSM	Kiribati	Marshall Islands	Palau	Nauru	
1.14	Responsible party for results dissemination	1	2	1	1	1	1	1	1	2	1	0	1	1	2	1	57
1.15	Responsible party for M&E of policy/interventions	1	1	2	1	2	1	1	1	1	1	0	1	1	1	0	50

FSM = Federated States of Micronesia, PNG = Papua New Guinea

### 3.1.8 Routine health information, technology regulation and non-health government stakeholders

All PICs have relatively well-developed processes for the routine collection, analysis and reporting of health information (Table 13).

**Table 13. Scores for routine health information, technology regulation and the status of non-ministry of health government stakeholders**

NHRS governance and management component		Melanesia				Polynesia					Micronesia					Summary	
		Fiji	PNG	Solomon Islands	Vanuatu	Cook Islands	Niue	Samoa	Tokelau	Tonga	Tuvalu	Kiribati	Marshall Islands	FSM	Nauru		Palau
1.16	System to collect/analyse/report routine health information	2	2	2	2	2	1	2	2	2	2	2	2	2	1	2	93
1.17	Regulation of new health technologies, including drugs	2	2	1	0	0	1	1	2	1	1	0	1	0	0	1	43
1.18	Non-health ministries with officials dealing with health	1	0	0	1	0	0	0	0	1	1	0	0	0	0	0	13

FSM = Federated States of Micronesia, PNG = Papua New Guinea

This table also shows that most PICs have limited capacity to regulate new health technologies, as many depend on regulatory approval from high-income countries, e.g. Australia, France, New Zealand and USA. Some PICs, however, have pharmacy and therapeutic committees that possess some regulatory capacity. Table 13 also shows that nearly all PICs fail to involve non-health government personnel in the health sector in general, and even less in health research.

### 3.1.9 Pacific-wide ranking of NHRS governance and management components

Table 14 ranks the summaries of NHRS governance and management components, which have been averaged across the Pacific from highest to lowest. Although the individual components have not been weighted for their significance to NHRSSs, this classification can show NHRSSs' strengths and weaknesses towards which efforts and resources can be rationally targeted.

**Table 14. Summary scores for NHRS governance and management components, from highest to lowest**

Component	Average Score
System to collect/analyse/report routine health information	93
Active national health priorities	87
Ethical review process/structure	67
Management/coordination	67
Structure	60
Responsible party for result dissemination	57
How use of research increased	50
Responsible party for M&E of policy/interventions	50
Dedicated person/unit	43
How policy-makers informed of advances	43
Regulation of new health technologies, including drugs	43
Stated aims	40
Stated values	33
Active national health research priorities	27
M&E system	27
Plan/policy	27
Non-health ministries with officials dealing with health	13
Research legislation	13

M&E = monitoring and evaluation

While variability among PICs exists, more than half (10 out of 18) of the summary items ranked below 50%.

### **3.2 NHRs in PICs: Institutions engaged in research for health**

As noted in a review of each PIC's NHRS map (see Annex 2), for most PICs, the major institutions involved in health research are within the involved ministry of health. A variety of other institutions, which may be involved in health research to varying degrees, include:

- other ministries, departments or offices, e.g. statistics office, ministry of education, ministry of agriculture or environmental department
- nongovernmental organizations, e.g. women's groups and HIV/AIDS foundations
- regional and international technical and donor organizations, e.g. Pacific Islands Applied Geoscience Commission (SOPAC), SPC, United Nations Children's Fund, United Nations Development Programme, United Nations Population Fund and WHO
- local and regional health professions training institutions, e.g., Fiji School of Medicine and the University of Papua New Guinea
- dedicated research institutes, e.g. PNGIMR and the Solomon Islands Medical Training & Research Institute (SIMTRI)
- overseas universities, especially those from Australia, New Zealand and USA.

### **3.3 NHRs in PICs: Key stakeholders involved in health research**

Key stakeholders are usually quite limited and dominated by the involved ministry of health, SPC and WHO. In a few PICs, other key stakeholders include:

- local tertiary educational institutions as in Fiji, Papua New Guinea and Samoa
- a local nongovernmental organization as in the Marshall Islands
- a major research project as in Tonga
- a dedicated research institute as in Papua New Guinea and Solomon Islands
- the meteorological service as in Niue



### **3.4     NHRs in PICs: Available literature and data review**

Available literature on health research in PICs mostly involves local ministry of health reports; local census, demographic and statistical reports; summary documents from SPC and WHO; and Internet- or paper-based journals, e.g. Pacific Health Dialog. Some key research-related documents were collected during the mapping and are available through the HRCP Secretariat as listed in Annex 3. Fiji was the only PIC reporting an active intent to archive key documents and reports related to health research.

### **3.5     Validation of results**

All countries endorsed and validated the results either actively or passively, e.g. Kiribati and the Marshall Islands. Only one country requested a minor amendment to its results.

## 4. DISCUSSION

The NHRS governance and management components are greatly varied in the PICs. The Melanesian and larger Polynesian PICs generally have more developed NHRS structures and management processes than the smaller Polynesian and Micronesian PICs. This is reflected in the moderate correlation with summary NHRS scores and population size as well as the two PIC categories that use a summary NHRS score cut-off value of 50. One notable exception to the groups is Palau, which generally has a better-developed NHRS than the other Micronesian and smaller Polynesian PICs. This may be related to Palau's high levels of social and economic development and strong health research partnerships with the USA.

Most PICs demonstrate fairly well-defined national health priorities and established health information systems. However, a clearly articulated policy and priorities for health research and the legislative and regulatory framework required to implement them are lacking in nearly all PICs. Countries also have little in the way of M&E systems for health research. This challenges PICs to translate research outputs and knowledge into policy and health care practices that address priority health issues. Such a policy is fundamental to a functional NHRS and is a priority area of development for PICs.

Furthermore, a reflection of a strong commitment to health research and an NHRS is the investment by the health system in dedicated personnel and/or units responsible for development in the area of health research and evidence-based policy and practice. This has only been shown by Fiji, Papua New Guinea, Solomon Islands and Tonga.

Most PICs do, however, have ethical review processes and structures and routine health data collection that may provide a basis on which NHRS development can build. Moreover, several PICs are taking more proactive efforts to incorporate research findings into the policy-making environment. The mapping also identified an important role for international and regional organizations in helping policy-makers stay informed about advances in health and medical care, but many PICs have limited capacity to regulate new health technologies with many high-income partner countries.

## 5. CONCLUSIONS

The NHRS mapping study provided useful evidence that can be used to inform NHRS development in the Region. It identified that some PICs could benefit from linking existing components into a formal NHRS. Policy development, priority setting and clarification (and extension) of governance and management roles and responsibilities are important steps to this goal.

In smaller PICs, very little governance and management framework for NHRSSs exists. Again, policy development, priority setting and establishment of system governance and management bodies are crucial, but an internal dialogue to identify NHRS needs would be valuable.

The mapping also identified that existing infrastructure, health priorities and health information systems in the health systems, as well as ethical review bodies in the NHRSSs, provide potential starting points on which NHRS development can be built. The role of regional cooperation in NHRS development, between PICs and with other countries and agencies, is another issue highlighted by the study. A regional research register, linking the various screening committees and feed-back mechanisms, could facilitate strengthening system governance more generally. These mechanisms could also be used to conduct regular evaluations of research relevance and impacts. Likewise, a regional repository of the various reports that are produced could be helpful in the dissemination and utilization of research findings.

Mapping of the health system is only the first step in an ongoing NHRS development and assessment process. A stepwise approach will be required, and actions to strengthen NHRSSs will need additional evidence assessing the capability of the system, i.e. what can and could the system do; its performance; i.e. is the NHRS achieving its goals; and the effectiveness of improvement interventions.

The baseline findings of this situational analysis suggest a need for all PICs to develop more robust NHRSSs as part of a strategy to translate research outputs and knowledge into policy and health care practices that address priority Pacific health issues.

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# ANNEX 1

## PACIFIC ISLAND COUNTRIES' NATIONAL HEALTH RESEARCH SYSTEM (NHRS) ANALYSIS, 2007 NHRS MAPPING QUESTIONNAIRE

Name \_\_\_\_\_ Position \_\_\_\_\_  
Contact \_\_\_\_\_

### 1. Governance and management of the NHRS

1.1 Describe the governance structure or mechanisms of health research in your country. (In other words, what is the overall governance of your NHRS?) Please provide the name of structure(s) or organization(s) involved and provide documents and/or references describing their roles and responsibilities where available.

*Examples: a national research commission, a medical research council tasked with overall review, the ministry of science and technology or of research.*

1.2 What is the actual ("day-to-day") management or coordination mechanism(s) of your country's NHRS? Provide names of structure(s), position(s) or organization(s) involved, and provide documents and/or references describing their roles and responsibilities where available.

*Example: director in ministry of health or higher education, president of the research council and/or a joint body of universities*



1.3 Does the ministry of health have a director/directorate/department that deals especially with and coordinates health research in your country? Provide the name and contact details of the responsible officer or structure. If there is no such office or officer in the ministry of health, are there offices in other government departments that take responsibility for health research? If so, provide the name and contact details of the responsible officer(s) or structure(s).

*Example: director of health/medical research in the ministry of health or an officer in ministry of education, science and technology, or research*

1.4 Does your country have a national health research plan or (specific) health research policy? If YES, provide a short description and relevant documents and/or references where available. If NO, is health research addressed (specifically) in other ways, such as in the overall health plan or health act, a national research policy or plan, a national development plan or policy, or documents of national bodies like research councils? If so, provide a short description and relevant documents and/or references where available.

*If “health research” is mentioned in any relevant national document, law, policy, mission statement or development plan, mention it here.*

1.5 Does your ministry of health have an “active” list of national health priorities? If YES, provide a short description and relevant documents and/or references where available, list the top 10 health priorities, and provide the date when these were officially adopted by the ministry of health.

*Example: list of official health priorities. If the ministry has no list but other national bodies do have, for example, a medical research council, answer the same questions.*

1.6 Does your ministry of health have an active list of national health research priorities? If YES, provide a short description and relevant documents and/or references where available, list the top 10 health priorities, and provide the date when these were officially adopted by the ministry of health.

*Example: list of official health research priorities. If the ministry has no list but other national bodies do have, for example, a medical research council, answer the same questions.*

1.7 Is there any legislation in your country that deals specifically with health research? If YES, provide a short description and relevant documents and/or references where available.

*Examples: Health Act (if it refers to health research), Health Research Act, Science and Technology Act, decrees, regulations (under acts), by-laws in provinces that deal especially with health research or acts that establish national health research body (e.g. Medical Research Council)*

1.8 Does the NHRS have stated values, such as an ethical conduct of research or issues of excellence, relevance or equity? If YES, provide a short description and relevant documents and/or references where available.

*Example: Medical research council documents often have clauses that deal with “research to be conducted to the highest ethical standards” or “research needs to be relevant to the country’s population”.*

1.9 What are the aims of the NHRS or of major components of the NHRS, for example, as might be included in mission or vision statements? Provide a short description and relevant documents and/or references where available to support your description.

*Example: if there are no clear aims or mission statement, state here; otherwise, list actual aims and objectives as listed in mission statements, or in other relevant documents.*

1.10 Does the NHRS have a system of monitoring and evaluation? If YES, provide the name(s) of the structure(s), mechanism(s), office(s) or organization(s) involved in monitoring and evaluation of the activities of the NHRS or of its major components, and provide relevant documents or references where available.

*Example: The ministry may be required to provide an annual report to parliament on health research; or, the medical research council may be required to list its activities (and that of others) in its annual report.*

1.11 Describe the ethical review processes or structures for health research in your country. Describe national or institutional ethics review of research protocols, and provide relevant documents and/or references where available.

*Is there a national ethics committee that reviews proposals? Do research institutions have ethics committees of their own; is there legislation requiring such committees? Who deals with internationally-sponsored research? Is there review of private (for-profit) health research?*

1.12 Describe how your country attempts to increase the utilization of research results by policy-makers, managers, practitioners and the public; in other words, how are you promoting or communicating evidence-based policy and decision-making? Provide a short description of efforts or mechanisms to achieve this, and provide relevant documents and/or references where available.

*Examples: the ministry of health may invite WHO to address policy-makers, organization of specific symposia or congresses, courses, links to the media and national guidelines on specific conditions*

1.13 Describe how the health service policy-makers (e.g. the ministry of health) in your country remain informed of advances in health and medical care produced internationally. Specifically, is there a regular mechanism whereby some institution in your country keeps the ministry of health up-to-date on advances in terms of the top 10 health priorities? Provide a short description of efforts or mechanisms to achieve this, and provide relevant documents and/or references where available.

*Examples: There is no specific mechanism; it occurs by meetings or attending conferences; or, there is an annual health forum with academics, researchers and ministry officials; or, the country adopts WHO recommendations directly.*

1.14 Who is responsible in your country for dissemination of research findings? Provide a short description of how this is done, if at all, and provide relevant documents and/or references and/or examples where available.

*Example: the director of research in the Ministry of Health or academic institutions*

1.15 Who is responsible in your country for monitoring and evaluation of the impact of new health policies or interventions on health and development? Provide a short description of how this is done, if at all, and provide relevant documents and/or references and/or examples where available.

*Example: the director of research in the Ministry of Health or academic institutions*

1.16 Give a brief description of the system for collecting, analysing and reporting of routine health information in your country. Provide a short description of how this is done, and provide relevant documents and/or references and/or examples where available.

*Examples: national statistical services, registries, major annual reports or international reporting requirements*

1.17 Describe how your country regulates the introduction of new health technologies, including drugs. Provide a short description of how this is done, and provide relevant documents and/or references and/or examples where available.

*Example: national drug regulating office or agency, national food regulating agency, commission of experts or commission of ministry officials or of both, or accepting foreign institution's approvals*



1.18 Does the ministry of finance and the ministry of science and technology (or their equivalents) have designated officials who deal with health/health sector/health research? If YES, give name(s), position(s) and details of responsibilities.

*Example: a ministry of finance official with specific liaison responsibility with ministry of health*

## 2. Institutions engaged in research for health

### 2.1 Identify institutions that commission and conduct research for health in your country.

(Note: Add additional rows as necessary.)

Institution	Fund	Conduct	Use
<b>(a) Government departments and agencies</b> (Include research institutes under government control and possibly ministries of education, science and technology, agriculture and finance, among others; in large countries, provincial departments and agencies may also be relevant.)			
	Yes/no	Yes/no	Yes/no
<b>(b) Health care system</b> (Provide the names of the major and teaching hospitals, health clinics, both the public and private sectors, or other important institutions in the health sector that commission or conduct research.)			
	Yes/no	Yes/no	Yes/no
<b>(c) Higher education and (national) research institutes/laboratories</b> (Include degree or equivalent awarding tertiary education institutions in both the public and private sectors. This includes research institutes and experimental stations operating under the direct control of, administered by or associated with higher education establishments. It also includes nonacademic and foreign institutions.)  Note: Medical schools may fall under this category or under Category (b) depending on the major source of their funding. For example, in some countries the medical schools fall directly under the ministry of health, and can then be listed in Category (b)			
	Yes/no	Yes/no	Yes/no
<b>(d) Private nonprofit organizations involved in research for health</b> (Can include civil society organizations like charitable institutions, national nongovernmental organizations, professional bodies [e.g. medical associations] and community organizations.)			
	Yes/no	Yes/no	Yes/no

<b>(e) Business enterprise or industry (private for-profit)</b> (Include any private for-profit company providing products or services whether national or foreign. This will mainly relate to pharmaceutical and biotechnology companies but may also include clinical research organizations and consultancy firms if they commission or conduct research for health.)			
	Yes/no	Yes/no	Yes/no
<b>(f) International research and development sponsors or partners involved in research for health</b> (Such as agencies, foundations, donors and international organizations active in the country. Include all such institutions directly involved with health research.)			
	Yes/no	Yes/no	Yes/no
<b>(g) Are there any other institutions, commissions, structures, councils, networks and/or fora in your country that has an important impact on the activities of the NHRS forum, research or professional networks that commission or conduct research and that were not mentioned above?</b>			
	Yes/no	Yes/no	Yes/no

2.2 Identify media organizations that play an active role in dissemination (and even conducting or commissioning) research for health in your country. Provide a short description of how this is done, if at all, and provide relevant documents and/or references and/or examples where available.

*Examples: newspapers or television channels with regular health updates and reporting*

### 3. Key stakeholders involved in “research for health” in your country

3.1 From the all institutions, commissions, other structures and mechanisms named previously, identify the positions and institutions that are the most influential in determining health research in your country. Provide a short description of them and how they influence the NHRS, if at all, and provide relevant documents, references and/or examples where available.

*Example: the three most influential stakeholders*

### 4. Available literature and data review on research for health in your country

4.1 What are the most important or most used previous analyses, reports or information sources on health and health research systems in your country, such as the World Health Survey, demographic and health surveys, surveillance systems, surveys of health system capacity and activity, resource flow studies, bibliometric studies and/or health research system assessments? Provide a short description of these, and provide relevant documents, references and/or examples where available.

*Examples: a specific annual report of the ministry of health, World Health Organization collaborative studies, health priority assessments, technical reviews by specific topics, etc.*

## Definitions<sup>1</sup>

**Dissemination.** The process of taking research findings reports and making them available to potential users of the information. This is considered more than the passive production of academic publications, which are classified as primary outputs of research. Dissemination activities may take the form of presentations to academics and other users, media activities, the production of targeted briefs and study or training days.

**Governance.** Sets out the framework of relationships, systems, processes and rules for making decisions within the system. It also provides the structure through which the system's objectives are set, as well as the means of attaining and monitoring the performance of those objectives.

**Health policy or intervention adoption.** For research findings to result in improvements in health or economic development, there generally has to be some behavioural change by policy-makers, managers, practitioners or the public. This may involve the implementation of new policies, the establishment of new services, the use of new drugs or treatments or changes to lifestyle.

**Health policy and intervention development.** Can refer to government, health service management, practitioner or other related policies. This may involve legislation, guidelines, care pathways, treatment protocols or other forms of policy. Interventions refer to health care services and methods of service delivery as well as drugs, techniques and devices.

**Health research.** The generation of knowledge that can be used to promote, restore, maintain, protect, monitor and/or conduct surveillance on population health. It includes biomedical research, which comprises the study of detection, cause, treatment and rehabilitation of persons with specific diseases or conditions; the design of methods, drugs and devices to address these health problems; and scientific investigations in such areas as cellular and molecular bases of disease, genetics and immunology. It also includes clinical research, which is based on the observation and treatment of patients or volunteers; epidemiological research, which is concerned with the study and control of diseases and of exposures and other situations suspected of being harmful to health; social science research, which investigates the broad social determinants of health; behavioural research, which is associated with risk factors for ill health and disease with a view to promoting health and preventing disease; operational research on health systems and how these can be improved to achieve desired health outcomes, including project or programme evaluation; and research capacity strengthening activities aimed to increase or strengthen individual or institutional capacities to conduct research.

**Legislation.** Includes all formal legal documents that governments use to influence society: acts, laws, decrees, policies, white papers and other official statements by a ministry.

**Management.** The process of leading and directing the operations of the NHRS. The distinction between governance and management is that governance covers what the system should do, how it should work and what measures should be taken to assess whether it achieves its objectives, whereas management relates to the planning and execution of the activities to make this happen.

**National health research system (NHRS).** The total of efforts in health research in a country, including both public and private sectors. NHRSs are described by their five components by the Council on Health Research for Development and the World Health Organization: (1) governance and stewardship, (2) financing, (3) capacity building, (4) knowledge generation and (5) knowledge translation and utilization. Any effort, institution or mechanism that is important in these five areas can be considered as part of an NHRS.

<sup>1</sup>AbouZahr C. and Boerma T. Health information systems: the foundations of public health, *Bulletin of the World Health Organization*, 2005, 83:578–583.

***Routine health information systems.*** Health information systems should provide data on at least one of the following:

- health determinants (socioeconomic, environmental, behavioural and genetic factors) and the contextual and legal environments within which the health system operates;
- inputs to the health system and related processes including policy and organization, health infrastructure, facilities and equipment, costs, human and financial resources and health information systems;
- the performance or outputs of the health system such as availability, quality and use of and services;
- health outcomes (mortality, morbidity, disability, well-being, disease outbreaks and health status); and
- health inequities in determinants, coverage and use of services, and outcomes, including key stratifiers such as sex, socioeconomic status, ethnic group and geographical location.

## NATIONAL HEALTH RESEARCH SYSTEM MAP BY COUNTRY

### Melanesia

#### Data summary for FIJI

number of respondents = 1, Ministry of Health research officer and Health Research Council of the Pacific (HRCP) focal point

I	NHRS governance and management	Details
1.1 (2)	• Structure	National Health Research Committee (NHRC); Fiji National Research Ethics Review Committee (FNRERC)
1.2 (2)	• Management/coordination	Director – Curative Services is Chair – NHRC and oversees Ministry of Health research matters
1.3 (2)	• Dedicated person/unit	Full-time Ministry of Health research officer who coordinates and facilitates health research in Fiji and serves as Secretariat to both NHRC and FNRERC
1.4 (0)	• Plan/policy	None
1.5 (2)	• Active national health priorities	Defined in Ministry of Health strategic plans for HIV/AIDS, noncommunicable diseases (NCDs) and risk factors, nutrition, environmental health, health systems research, programme evaluation, health promotion
1.6 (1)	• Active national health research priorities	Same as national health priorities
1.7 (0)	• Research legislation	None
1.8 (1)	• Stated values	Not explicitly, but implied in NHRC terms of reference and other Ministry of Health information on health research
1.9 (2)	• Stated aims	Yes, as noted in NHRC terms of reference and other Ministry of Health information on health research
1.10 (2)	• Monitoring and evaluation (M&E) system	Through required adverse event, annual progress, and final project reports; annual report from NHRC
1.11 (2)	• Ethical review process/structure	Yes, FNRERC with regular meetings and standard operating procedures and forms
1.12 (2)	• How use of research increased	Mainly through information brought to the Ministry of Health Executive Committee that is translated into policy action; specific efforts at evidence-based programme development (e.g. NCDs)
1.13 (1)	• How policy-makers informed of advances	Mostly through efforts of World Health Organization (WHO) and Secretariat of the Pacific Community (SPC); some through national reports (e.g. NCDs)
1.14 (2)	• Responsible party for result dissemination	Ministry of Health research officer archiving research-related documents; select key research findings distributed through information, education and communicate material prepared by National Centre for Health Promotion
1.15 (1)	• Responsible party for M&E of policy/interventions	At the discretion of the Ministry of Health Executive Committee and responsible directors
1.16 (2)	• System to collect/analyse/report routine health information	Through Patient Information System. regular reports from other service sites, some disease-based registries (e.g. cancer)
1.17 (2)	• Regulation of new health technologies, including drugs	National Drugs and Therapeutics Committee, National Equipment Committee, National Training Committee
1.18 (1)	• Non-health ministries with officials dealing with health	Designated officer for health in the Ministry of Finance and National Planning



NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Ministry of Health (Y/Y/Y); Ministry of Education (N/N/Y)
2.1b	• Health care system institutions	Divisional hospitals (N/Y/Y)
2.1c	• Higher education institutions/national research institutes/laboratories	Fiji School of Medicine (Y/Y/Y), Fiji School of Nursing (N/Y/Y)
2.1d	• Private nonprofit organizations	Fiji Medical Association (N/Y/Y); SPC/Pacific Islands AIDS Foundation/South Pacific Applied Geoscience Commission (Y/Y/Y)
2.1e	• Business enterprise or industry	Tebbutt Research (N/Y/N)
2.1f	• International research and development, sponsors/partners	WHO, United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF) (Y/N/Y); (Y/Y/Y)
2.2	• Media organizations active in dissemination	Health promotion flyers and brochures through media and National Centre for Health Promotion, media releases and health warnings, one television station, multiple radio stations, talk-back radio and health talks on radio, three newspapers, several Fiji-based Internet sites
3	Key stakeholders	Ministry of Health, WHO, Fiji School of Medicine
4	Sources for previous analysis, reports or information	Ministry of Health with strategic plan, corporate plan, annual reports; other reports in priority areas (e.g. NCDs, HIV/AIDS); National Health Research guide in 1999; flyers and brochures with information on HRSsystem; WHO reports, country surveys, and national demographic reports

**Data summary for PAPUA NEW GUINEA**  
number of respondents = 1, Director of Monitoring, Evaluation and Research Branch, Ministry of Health

1	NHRS Governance and Management	Details
1.1 (2)	• Structure	Ministry of Health Research and Ethics Committee–Medical Research Advisory Committee (MRAC) Monitoring, Evaluation and Research Branch of Ministry of Health Director Yes Yes. Safe motherhood, immunization, malaria, HIV/AIDS Leading causes of disability, deformity and mortality; priority health programmes and interventions; re-emerging and emerging diseases; organizational and service delivery issues Institute of Medical Research (IMR) Act Yes, has principles and MRAC has guidelines To contribute to health & development by ensuring efficiency, equity and quality health care 20 core indicators to assess performance-health sector by M&E officer; reporting requirements through ethics committee
1.2 (2)	• Management/coordination	
1.3 (2)	• Dedicated person/unit	
1.4 (2)	• Plan/policy	
1.5 (2)	• Active national health priorities	
1.6 (2)	• Active national health research priorities	
1.7 (2)	• Research legislation	MRAC guidelines Weak, need external assistance From international meetings. Publications, e.g. WHO Organized forums/meetings, e.g. annual medical symposium; <i>IMR Journal</i> Usually overseas consultants due to lack of capacity National Health Interview Survey monthly reporting form. Feedback available upon request Rules and regulations, e.g. National Pharmacy Board Interagency committees with varied representation “as required”
1.8 (2)	• Stated values	
1.9 (2)	• Stated aims	
1.10 (1)	• M&E system	MRAC guidelines Weak, need external assistance From international meetings. Publications, e.g. WHO Organized forums/meetings, e.g. annual medical symposium; <i>IMR Journal</i> Usually overseas consultants due to lack of capacity National Health Interview Survey monthly reporting form. Feedback available upon request Rules and regulations, e.g. National Pharmacy Board Interagency committees with varied representation “as required”
1.11 (2)	• Ethical review process/structure	
1.12 (1)	• How use of research increased	
1.13 (1)	• How policy-makers informed of advances	
1.14 (1)	• Responsible party for result dissemination	
1.15 (1)	• Responsible party for M&E of policy/interventions	MRAC guidelines Weak, need external assistance From international meetings. Publications, e.g. WHO Organized forums/meetings, e.g. annual medical symposium; <i>IMR Journal</i> Usually overseas consultants due to lack of capacity National Health Interview Survey monthly reporting form. Feedback available upon request Rules and regulations, e.g. National Pharmacy Board Interagency committees with varied representation “as required”
1.16 (2)	• System to collect/analyse/report routine health information	
1.17 (2)	• Regulation of new health technologies, including drugs	
1.18 (0)	• Non-health ministries with officials dealing with health	Interagency committees with varied representation “as required”

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Conditions & Use: IMR (use only), universities, National Agricultural Research Institute, Ministry of Health, Ministry of Education
2.1b	• Health care system institutions	Conditions & Use: IMR, large & teaching hospitals, Ministry of Health, National Research Institute, National Statistics Office
2.1c	• Higher education institutions/national research institutes/laboratories	Conditions & Use: Ministry of Higher Education, Research, Science and Technology
2.1d	• Private nonprofit organizations	Conditions & Use: WorldVision, Papua New Guinea Nurses' Association, National Statistics Office, National AIDS Council (funds)
2.1e	• Business enterprise or industry	NA
2.1f	• International research and development sponsors/partners	Fund, Conditions & Use: WHO, UNDP, UNICEF, Australian Agency for International Development
2.1g	• Important others	NA
2.2	• Media organizations active in dissemination	NA
3	Key stakeholders	University of Papua New Guinea Medical School, public and private doctors, IMR, Ministry of Health, National Statistics Office
4	Sources for previous analysis, reports or information	<i>IMR Journal</i> , National Statistics Office publications, WHO publications, National Research Institute, Institute of National Affairs

## Data summary for SOLOMON ISLANDS

number of respondents = 5, Ministry of Health – three directors, chief of health promotion and head of paediatrics

1	NHRS Governance and management	Details
1.1 (1)	• Structure	National Health Research and Ethics Committee, Ministry of Health's Health Promotion Department, National Health Promotion Committee, Ministry of Education's National Research Committee, Solomon Islands Medical Training & Research Institute (SIMTRI)
1.2 (1)	• Management/coordination	NHREC chair is Permanent Secretary (with broad representation), National Health Promotion Committee chair, Director of Health Promotion Services (with broad representation)
1.3 (2)	• Dedicated person/unit	NHREC chair, SIMTRI head
1.4 (1)	• Plan/policy	No, NHREC policy and guidelines. Emphasis on building local capacity, protecting rights and promoting ownership
1.5 (2)	• Active national health priorities	Yes, malaria, HIV/sexually transmitted infections, reproductive health, NCDs, early childhood illnesses
1.6 (1)	• Active national health research priorities	No, but divisions may come up with own priorities
1.7 (0)	• Research legislation	No
1.8 (1)	• Stated values	No, only through NHREC
1.9 (1)	• Stated aims	Ethical research, only if benefits Solomon Islanders, research should transfer skills to Solomon Islands' researchers
1.10 (0)	• M&E system	No.
1.11 (2)	• Ethical review process/structure	Yes. All detailed proposals
1.12 (1)	• How use of research increased	National health conference. Copy of all publications with Solomon Islands. All analyses must be done in Solomon Islands.
1.13 (1)	• How policy-makers informed of advances	Department heads attending overseas meetings and national health conference
1.14 (1)	• Responsible party for results dissemination	No one. Individual researchers and SIMTRI
1.15 (2)	• Responsible party for M&E of policy/interventions	Director of the Ministry of Health Planning and Evaluation Division, field officers, nurses, doctors
1.16 (2)	• System to collect/analyse/report routine health information	Provinces and National Health Division submit information to the Health Information System in the Ministry of Health Statistical Unit in the National Planning Unit
1.17 (1)	• Regulation of new health technologies, including drugs	National Drugs and Therapeutic Committee-anything University of the South Pacific. Any technology "proven" to work in region, e.g. Australia
1.18 (0)	• Non-health ministries with officials dealing with health	None

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	SIMTRI, Ministry of Education (conduct & use but not funding)
2.1b	• Health care system institutions	SIMTRI, National Referral Hospital
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	None
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	WHO
2.1g	• Important others	None
2.2	• Media organizations active in dissemination	None
3	Key stakeholders	Ministry of Health, SIMTRI
4	Sources for previous analysis, reports or information	Demographic Health Survey (by Ministry of Finance with Ministry of Health assistance) and pieces from other sources



**Data summary for VANUATU**  
number of respondents = 4, director-general of health, senior environmental health officer, a statistician in National Statistics Office (not Ministry of Health), Pacific Action for Health project officer

1	NHRS governance and management	Details
1.1 (2)	• Structure	National Health Research Committee. Health Research Policy. Not very active
1.2 (2)	• Management/coordination	Ministry of Health research focal point, who coordinates with the National Health Research Committee as required
1.3 (1)	• Dedicated person/unit	No unit, but want one in the Directorate of Public Health; director of public health is research focal point
1.4 (2)	• Plan/policy	Yes, National health policy recognizes research as important.
1.5 (2)	• Active national health priorities	Yes. Malaria and other vectorborne disease control, NCDs, environmental health, HIV/AIDS, tuberculosis/leprosy, oral health, immunization, health promotion, substance abuse
1.6 (2)	• Active national health research priorities	Yes. Malaria, acute respiratory infections and airway diseases, air pollution, occupational health and injuries, mental health, herbal medicine, micronutrients
1.7 (1)	• Research legislation	Not on health research, but there is a national act on research across all sectors
1.8 (2)	• Stated values	Yes. Health Research Policy (did not receive copy)
1.9 (0)	• Stated aims	Ministry of Health conducts baseline surveys; otherwise, done by external institutions, e.g. universities, WHO, SPC, UNICEF
1.10 (1)	• M&E system	Yes, under research policy must provide findings, but little research is being done
1.11 (2)	• Ethical review process/structure	Vanuatu Health Research and Ethics Committee
1.12 (1)	• How use of research increased	Surveys used to guide programmes
1.13 (1)	• How policy-makers informed of advances	Adopt SPC, WHO, etc. recommendations
1.14 (1)	• Responsible party for results dissemination	Ministry of Health section responsible for study or commissioning organisation, nongovernmental organization (NGOs), media, literature, newsletters, Internet, CDs (but little research is being done)
1.15 (1)	• Responsible party for M&E of policy/interventions	Should be Ministry of Health policy and planning section, but usually each section for their programmes
1.16 (2)	• System to collect/analyse/report routine health information	Hospitals, health centres and dispensaries send monthly reports to National Statistics Office
1.17 (0)	• Regulation of new health technologies, including drugs	No. Accepts and mainly uses drugs, etc. from Australia and New Zealand. Whatever WHO recommends
1.18 (1)	• Non-health ministries with officials dealing with health	Yes. Officer in Ministry of Finance and Economic Management mainly for donor health projects

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Ministry of Health, National Statistics Office, Ministry for Agriculture, Environment Unit
2.1b	• Health care system institutions	Public Health Department, hospitals
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	Foundation of the Peoples of South Pacific International, Wan Smol Bag, Vanuatu Health Association, Oxfam, Save the Children (Australia)
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	WHO, SPC, Liverpool School of Tropical Medicine
2.1g	• Important others	Transient
2.2	• Media organizations active in dissemination	Vanuatu Broadcasting and Television Corporation, Vanuatu <i>Daily Post</i> , Vanuatu <i>Independent</i> , Wan Smol Bag theatre group. If information, provided by Ministry of Health, otherwise sourced from Internet, etc.
3	Key stakeholders	Foundation of the Peoples of South Pacific International, WHO, SPC, UNICEF, National Statistics Office, Ministry for Agriculture, Environment Unit, Chamber of Commerce and Industry (for Kava)
4	Sources for previous analysis, reports or information	Annual reports, health priority assessments, collaborative study reports by WHO/SPC/UNICEF



## Micronesia

### **Data summary for KIRIBATI** number of respondents = 1, nutritionist and HRCP focal point

	NHRS governance and management	Details
1.1 (1)	• Structure	No formal structure; general responsibility of Ministry of Health permanent secretary and department heads
1.2 (1)	• Management/coordination	Only through individual efforts
1.3 (0)	• Dedicated person/unit	None
1.4 (0)	• Plan/policy	None
1.5 (1)	• Active national health priorities	Current work underway on 4-year strategic plan; priorities: decrease mortality rate, improve maternal health, decrease tuberculosis rates, decrease NCDs
1.6 (0)	• Active national health research priorities	None
1.7 (0)	• Research legislation	None
1.8 (0)	• Stated values	None
1.9 (0)	• Stated aims	None
1.10 (0)	• M&E system	None
1.11 (1)	• Ethical review process/structure	Only ad hoc efforts of the Ministry of Health Senior Management Committee that will review proposals as needed
1.12 (1)	• How use of research increased	Only via occasional reports to policy-makers on locally relevant data, e.g. preliminary NCD-STEPS data
1.13 (0)	• How policy-makers informed of advances	Only if informed by those working for them
1.14 (1)	• Responsible party for result dissemination	The individual carrying out any research is responsible for the dissemination of results; reports to media if approved by supervisors
1.15 (1)	• Responsible party for M&E of policy/interventions	Ministry of Health Permanent Secretary and Ministry of Health Senior Management Committee
1.16 (2)	• System to collect/analyse/report routine health information	Regular reports (monthly) from all clinical care sites; forwarded for regular processing and reporting; also with production of the Ministry of Health Annual Report.
1.17 (0)	• Regulation of new health technologies, including drugs	None
1.18 (0)	• Non-health ministries with officials dealing with health	None

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Ministry of Health (N/Y/Y)
2.1b	• Health care system institutions	National Hospital (N/Y/Y)
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	None
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	WHO/UNICEF/Global Fund to Fight AIDS, Tuberculosis and Malaria (Y/Y/Y)
2.2	• Media organizations active in dissemination	Radio (2), newspaper, with occasional reporting for Ministry of Health
3	Key stakeholders	Ministry of Health
4	Sources for previous analysis, reports or information	Through individuals or in relevant committees

**Data summary for the MARSHALL ISLANDS**  
number of respondents = 1, HRCF focal point and chair, Referral Committee chair, Pharmacy Committee / Vice President – Pacific Basin Medical Association, Clinical director for special medical care programme, Ministry of Health’s Institutional Review Committee (MOH-IRC)

1	NHRS governance and management	Details
1.1 (1)	• Structure	Research submissions initially reviewed by Secretary of Health with referral to the MOH-IRC for review and recommendations for approval or otherwise
1.2 (1)	• Management/coordination	Through MOH-IRC
1.3 (1)	• Dedicated person/unit	Through MOH-IRC as needed
1.4 (0)	• Plan/policy	None
1.5 (2)	• Active national health priorities	Yes
1.6 (0)	• Active national health research priorities	None
1.7 (0)	• Research legislation	None
1.8 (1)	• Stated values	Through MOH-IRC
1.9 (2)	• Stated aims	Noted as functions of MOH-IRC: review health-related research proposals and research priorities for the Ministry of Health, review and act on proposals, provide recommendations to Ministry of Health to authorize publication of results
1.10 (0)	• M&E system	None
1.11 (1)	• Ethical review process/structure	Through MOH-IRC; minimal standard operating procedures and forms
1.12 (0)	• How use of research increased	None
1.13 (1)	• How policy-makers informed of advances	Through efforts of international organizations (SPC, WHO, etc.)
1.14 (1)	• Responsible party for result dissemination	Secretary of health
1.15 (1)	• Responsible party for M&E of policy/interventions	Secretary of health
1.16 (2)	• System to collect/analyse/report routine health information	Two levels of data collection/reporting: 1) through the Ministry of Health with statistics provided by the Health Planning Office; 2) through the national Economic Policy Planning and Statistics Office (EPPSO), which collects all country data including research data
1.17 (1)	• Regulation of new health technologies, including drugs	Through secretary of health with consultation from relevant Ministry of Health personnel; Ministry of Health Pharmaceutics Committee
1.18 (0)	• Non-health ministries with officials dealing with health	None

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Ministry of Health only
2.1b	• Health care system institutions	Under Ministry of Health
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	Women United Together Marshall Islands (WUTMI) (N/Y/Y); Marshall Islands Medical Society(N/Y/Y)
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	Several institutions from USA, e.g. University of Washington (Y/Y/Y); WHO (Y/Y/Y)
2.2	• Media organizations active in dissemination	Ministry of Health Promotion Department; newspaper (1); television (1)
3	Key stakeholders	Secretary of health; MOH-IRC chair; EPPSO; WUTMI
4	Sources for previous analysis, reports or information	Through reports submitted to secretary of health after research completed

**Data summary for the FEDERATED STATES OF MICRONESIA**  
number of respondents = 1, assistant secretary of health, Department of Health, Education and Social Affairs

1	NHRS governance and management	Details
1.1 (1)	• Structure	An ad hoc informal committee considers proposals as they arise
1.2 (1)	• Management/coordination	Through secretary and assistant secretary of health
1.3 (0)	• Dedicated person/unit	None
1.4 (0)	• Plan/policy	None
1.5 (2)	• Active national health priorities	As outlined in the National Strategic Development Plan
1.6 (0)	• Active national health research priorities	None
1.7 (0)	• Research legislation	None
1.8 (0)	• Stated values	None, but consider basic tenants of research ethics in proposal reviews
1.9 (1)	• Stated aims	Promote new knowledge while protecting the health and safety of our people
1.10 (0)	• M&E system	None
1.11 (1)	• Ethical review process/structure	Ad hoc committee considers basic tenants of research ethics in proposal review: do no harm, benefit vs. risk assessment, etc.; no standard forms or operating procedures
1.12 (1)	• How use of research increased	Encouragement of joint authorship, submission of reports to health authorities and presentation of findings to appropriate audiences
1.13 (0)	• How policy-makers informed of advances	No specific mechanisms, only by the initiative of concerned staff members
1.14 (0)	• Responsible party for result dissemination	No specific mechanism, through secretary's office on an ad hoc basis
1.15 (0)	• Responsible party for M&E of policy/interventions	None
1.16 (2)	• System to collect/analyse/report routine health information	Vital and health service statistics collected at the state level and provided to the national level where annual reports are compiled
1.17 (0)	• Regulation of new health technologies, including drugs	None
1.18 (0)	• Non-health ministries with officials dealing with health	None



NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Department of Health, Education and Social Affairs, departments of health
2.1b	• Health care system institutions	National hospitals and departments of public health
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	Micronesia Human Resources Development Center
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	SPC and WHO
2.2	• Media organizations active in dissemination	TV/radio, government websites
3	Key stakeholders	Department of Health, Education and Social Affairs, departments of health
4	Sources for previous analysis, reports or information	WHO, <i>Pacific Health Dialog</i> , MedLine

**Data summary for NAURU**  
number of respondents = 1, director of public health and HRCP focal point

1	NHRS governance and management	Details
1.1 (1)	• Structure	Only ad hoc collaborations between Ministry of Health, Nauru Bureau of Statistics, and technical agencies (e.g. SPC and WHO)
1.2 (1)	• Management/coordination	Ad hoc distribution of tasks: Ministry of Health organizes research team; Nauru Bureau of Statistics responsible for data entry; technical agencies responsible for data analysis, interpretation, report printing
1.3 (0)	• Dedicated person/unit	None
1.4 (0)	• Plan/policy	None
1.5 (2)	• Active national health priorities	As noted in the National Sustainable Development Strategy (2005–2025): prevention of NCDs with emphasis on physical activity, nutrition, alcohol and smoking; organizational and management reform; delivery of quality health services; improved secondary prevention of diabetes; adequate prevention of communicable diseases
1.6 (0)	• Active national health research priorities	None
1.7 (0)	• Research legislation	None
1.8 (0)	• Stated values	None
1.9 (0)	• Stated aims	None
1.10 (0)	• M&E system	None
1.11 (0)	• Ethical review process/structure	None
1.12 (0)	• How use of research increased	None
1.13 (0)	• How policy-makers informed of advances	None
1.14 (1)	• Responsible party for result dissemination	Secretary of health & medical services, Department of Public Health, Nauru Bureau of Statistics
1.15 (0)	• Responsible party for M&E of policy/interventions	None
1.16 (1)	• System to collect/analyse/report routine health information	Manual data collection and analysis with reports to director of medical services, director of public health, director of nursing, director of administration, secretary of health and medical services and minister of health
1.17 (0)	• Regulation of new health technologies, including drugs	None
1.18 (0)	• Non-health ministries with officials dealing with health	None, although the Ministry of Finance is involved if finances are needed for research activity



NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Only Ministry of Health
2.1b	• Health care system institutions	Nauru General Hospital, and Department of Public Health (Y/Y/Y)
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	None
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	WHO/SPC (Y/Y/Y)
2.2	• Media organizations active in dissemination	None
3	Key stakeholders	Ministry of Health, Nauru Bureau of Statistics, Ministry of Finance
4	Sources for previous analysis, reports or information	NCD-STEPS report

**Data summary for PALAU**  
number of respondents = 2, minister of health and director of clinical services

1	NHRS governance and management	Details
1.1 (1)	• Structure	Institutional Review Board (IRB), based at the Ministry of Health, was created by Executive Order to review applications that involve human subjects. Members include: minister of health; director of public health; director of hospital and clinical services; chair or representative from the Committee on Health and Education, House of Delegates; chair or representative from the Committee on Health, Senate of the Palau National Congress; and an appointed representative from the community. Secretariat is the Office of Human Resources and is assisted by the chief of ancillary services.
1.2 (2)	• Management/coordination	Research management is through the Office of Human Resources under the minister of health and is located at Belau National Hospital. Julie Tellei fulfils this role and is the focal point for health research. She also serves at the IRB Secretariat.
1.3 (1)	• Dedicated person/unit	Only as noted through human resources office
1.4 (1)	• Plan/policy	No plan on research. However, human resource development plans were formalized in 2005. IRB maintains records and reports on the proceedings of the board and its determinations.
1.5 (2)	• Active national health priorities	In 2005, the Ministry of Health established its vision, mission, goals and core values. A 5-year plan exists and a new strategic plan for the Ministry of Health is in the works. Priorities are consistent with major health care problems (e.g. diabetes, hypertension and cancer as the leading causes of death in Palau).
1.6 (0)	• Active national health research priorities	There is no active list, but the Ministry of Health is working on its 5-year strategic plan, which will be finalized this year.
1.7 (1)	• Research legislation	Executive Order as noted. Also, there is legislation that created a cancer registry as part of a comprehensive national cancer plan, which was funded by the Centers for Disease Control and Prevention (CDC) and is in implementation phase.
1.8 (0)	• Stated values	The Ministry of Health is undergoing an assessment and will put these guidelines into place as quality assurance tools.
1.9 (1)	• Stated aims	The aims are to ensure that appropriate human research is conducted in Palau for its needs and contributes to world knowledge but also to protect Palauans from inappropriate external research, which has occurred in the past.
1.10 (0)	• M&E system	No formal system in place; Secretariat and IRB members have presented updates of ongoing research projects by National Institutes of Health, CDC and Japan International Cooperation Agency to committees on health at the National Congress
1.11 (2)	• Ethical review process/structure	Through the IRB with review of research when it is presented and discussions on the protection of humans as well as the intellectual property rights, e.g. who owns the blood sera or parts
1.12 (1)	• How use of research increased	A specific system for this is not in place as not much research occurs. There is a gap between research findings and the implementation of policy that addresses the research due to the financial constraints. However, a recommendation has been made to the National Congress to establish a research centre at Palau Community College to make appropriate assessment studies as basis for legislation (similar to the Institute of Medicine approach).

NHRS governance and management		Details
1.13 (1)	<ul style="list-style-type: none"> <li>How policy-makers informed of advances</li> </ul>	Through meetings, conferences, consultants, personal studies, and Internet searches; journals, Internet and the Ministry share research information with their staff members and newspapers that pick up various research and practical research outcomes that are appropriate for Palau. Television also discusses the various outcomes of research.
1.14 (2)	<ul style="list-style-type: none"> <li>Responsible party for results dissemination</li> </ul>	Office of the Community Advocacy Program disseminates public health information to the community; Ministry of Health ensures that all research done through the IRB reaches the library, community colleges and the national archives in report form
1.15 (1)	<ul style="list-style-type: none"> <li>Responsible party for M&amp;E of policy/interventions</li> </ul>	Office of the Community Advocacy Program monitors and evaluates impacts of public health messages; also, through Ministry of Health management personnel
1.16 (2)	<ul style="list-style-type: none"> <li>System to collect/analyse/report routine health information</li> </ul>	Public Health Information System collects, archives, analyses and produces an annual report of health indicators in a publication called <i>Facts and Figures 2007</i> .
1.17 (1)	<ul style="list-style-type: none"> <li>Regulation of new health technologies, including drugs</li> </ul>	No specific regulations, but new technology is discussed at the chiefs of divisions, directors of bureaus, Health Services Administration, Office of Nursing and minister of health monthly meetings before introduction. New drugs are addressed by a pharmacy and therapeutics committee chaired by the chief pharmacist. Information technology is addressed by a cardex committee every week.
1.18 (0)	<ul style="list-style-type: none"> <li>Non-health ministries with officials dealing with health</li> </ul>	None, other than involvement of the Ministry of Finance with budget
2	Institutions engaged in research for health	
2.1a	<ul style="list-style-type: none"> <li>Government departments/agencies</li> </ul>	Ministry of Health
2.1b	<ul style="list-style-type: none"> <li>Health care system institutions</li> </ul>	National Hospital, Department of Public Health
2.1c	<ul style="list-style-type: none"> <li>Higher education institutions/national research institutes/laboratories</li> </ul>	Universities from New York, Utah and California
2.1d	<ul style="list-style-type: none"> <li>Private nonprofit organizations</li> </ul>	The Environment, Inc.
2.1e	<ul style="list-style-type: none"> <li>Business enterprise or industry</li> </ul>	Meleka Environmental
2.1f	<ul style="list-style-type: none"> <li>International research and development sponsors/partners</li> </ul>	Department of Health and Human Services, Fogarty International Center, National Institutes of Health, University of Utah
2.2	<ul style="list-style-type: none"> <li>Media organizations active in dissemination</li> </ul>	Island Times: weekly articles, announcements about public health events, topics and articles from public health officials; newspapers (3); television: Palau National Communications Corporation
3	Key stakeholders	Ministry of Health, IRB, committees of the National Congress that oversee the Ministry of Health
4	Sources for previous analysis, reports or information	Local community assessments, Reportable Disease Surveillance Network, Inform ACTION from the Pacific Public Health Surveillance Network, <i>Pacific Health Dialog</i> , WHO country profiles



## Polynesia

### Data summary for COOK ISLANDS

number of respondents = 7, Ministry of Health – nutritionist, doctor, environmental officer, health planner; National Environment Service – fisheries research officer, climate officer

1	NHRS governance and management	Details
1.1 (1)	• Structure	Research Office (ResOfc) within Office of the Prime Minister with new research director (April 2007)
1.2 (2)	• Management/coordination	Application for research → ResOfc → relevant Ministry for comments and recommendations → National Research Committee → research permit (if approved)
1.3 (1)	• Dedicated person/unit	Ministry of Health has a Health Research Committee that advises the ResOfc
1.4 (0)	• Plan/policy	No current research plan/policy; however, policy currently being formulated by ResOfc
1.5 (2)	• Active national health priorities	Yes, as noted in the <i>Ministry of Health Strategic Plan: 2007–2011</i>
1.6 (0)	• Active national health research priorities	Probably not, though there is a reported reference to the health priorities on a research website
1.7 (0)	• Research legislation	No
1.8 (0)	• Stated values	No
1.9 (0)	• Stated aims	No, however, a related document is currently being prepared by the ResOfc
1.10 (1)	• M&E system for NHRS	Minimal, only through submission and presumed review of reports
1.11 (1)	• Ethical review process/structure	No committee for ethical review; requires review and approval from overseas Ethical Review Committee, also gets advice from Health Research Council of New Zealand or HRCF as needed
1.12 (2)	• How use of research increased	Increasing work with policy-makers with research findings to provide evidence-based policy and decision-making
1.13 (2)	• How policy-makers informed of advances	WHO/SPC meetings; overseas conferences; annual Cook Islands health conference; visiting consultants; memorandum of understanding with New Zealand health provider for support; training attachments through National Human Resources Department; noted lack of access to medical and other health journals that require funding
1.14 (1)	• Responsible party for results dissemination	ResOfc requires three reports: ResOfc, National Library, relevant ministry/organization; different ministries/departments with individual dissemination strategies
1.15 (1)	• Responsible party for M&E of policy/interventions	Relevant ministry or organization, usually in the form of a review or formal evaluation and report
1.16 (2)	• System to collect/analyse/report routine health information	Routine data collection throughout Ministry of Health (e.g. NCDs, immunizations, water quality, etc.); Ministry of Health with Statistics Unit that publishes an annual health statistics bulletin with some separate reports
1.17 (0)	• Regulation of new health technologies, including drugs	No specific mechanism; some regulatory bodies – Public Health CODEX Committee, Pesticide Board/Committee (not active), Cook Islands Medical & Dental Council
1.18 (0)	• Non-health ministries with officials dealing with health	Minimal, Statistics Office in Ministry of Finance – census, expenditure survey with some health questions

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Ministry of Health, Ministry of Marine Resources, National Environment Service, National Statistics Office Ministry of Education, Ministry of Agriculture
2.1b	• Health care system institutions	Rarotonga Hospital
2.1c	• Higher education institutions/national research institutes/laboratories	None
2.1d	• Private nonprofit organizations	Pacific Islands AIDS Foundation
2.1e	• Business enterprise or industry	None
2.1f	• International research and development sponsors/partners	Institute of Environmental Science and Research (New Zealand), WHO, SPC, NZ National Institute of Water and Atmospheric Research, Pacific Islands Applied Geoscience Commission, Australian Agency for International Development, Asian Development Bank
2.2	• Media organizations active in dissemination	Television (1); national radio (1); FM radio (3); newspapers – 1 daily, 2 weekly; international radio/television; SPC media productions
3	Key stakeholders	WHO (via resolutions/outcomes of meetings); SPC (via outcomes of conferences and meetings)
4	Sources for previous analysis, reports or information	Ministry of Health Statistics Bulletin, WHO publications/updates, population census, Ministry of Health health surveys/reports

**Data summary for NIUE**  
number of respondents = 2, environmental health officer/HRCP focal point; chief of public health

1	NHRS governance and management	Details
1.1 (0)	• Structure	None
1.2 (0)	• Management/coordination	None
1.3 (0)	• Dedicated person/unit	None
1.4 (0)	• Plan/policy	None
1.5 (1)	• Active national health priorities	Each division has its own priorities with different stated missions/visions, in general to improve health of the people, have a healthy environment and improve quality of life in the community
1.6 (1)	• Active national health research priorities	Unclear; may have been on “cancer and asthma”
1.7 (0)	• Research legislation	None
1.8 (0)	• Stated values	None
1.9 (0)	• Stated aims	None
1.10 (0)	• M&E system	None
1.11 (0)	• Ethical review process/structure	None
1.12 (1)	• How use of research increased	Some attempts to increase access to health research (e.g. through journals) and some processes to inform policy-makers
1.13 (1)	• How policy-makers informed of advances	No specific mechanism, but informed through documents and resources from SPC, WHO and other institutions
1.14 (2)	• Responsible party for results dissemination	Ministry of Health, plus HRCP focal point disseminating relevant research findings and information within Ministry of Health and elsewhere
1.15 (1)	• Responsible party for M&E of policy/interventions	Director of health/Ministry of Health
1.16 (1)	• System to collect/analyse/report routine health information	Each division with its own data collection, analysis and reporting to a committee and more broadly Statistics Office within Government
1.17 (1)	• Regulation of new health technologies, including drugs	No formal mechanism, occasional ad hoc committee, policy being formulated
1.18 (0)	• Non-health ministries with officials dealing with health	None

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	<ul style="list-style-type: none"> <li>Government departments/agencies</li> </ul>	Ministry of Health (N/Y/Y), Ministry of Education (N/Y/Y), Ministry of Agriculture, Forestry and Fisheries (N/Y/Y)
2.1b	<ul style="list-style-type: none"> <li>Health care system institutions</li> </ul>	National hospital
2.1c	<ul style="list-style-type: none"> <li>Higher education institutions/national research institutes/laboratories</li> </ul>	Boston University
2.1d	<ul style="list-style-type: none"> <li>Private nonprofit organizations</li> </ul>	None
2.1e	<ul style="list-style-type: none"> <li>Business enterprise or industry</li> </ul>	None
2.1f	<ul style="list-style-type: none"> <li>International research and development sponsors/partners</li> </ul>	WHO, Niue Meteorological Service (climate change, health and food)
2.2	<ul style="list-style-type: none"> <li>Media organizations active in dissemination</li> </ul>	None
3	Key stakeholders	Ministry of Health; Planning Office (in Prime Minister's Office); Niue Meteorological Service; Ministry of Education; Ministry of Agriculture, Forestry and Fisheries
4	Sources for previous analysis, reports or information	No regular annual health reports; some graduate student projects and activities including annual reports, agriculture and health, health systems strengthening, infectious diseases, etc.; some other previous studies on cancer, asthma, breast milk, and diabetes diet and exercise.



**Data summary for SAMOA**  
number of respondents = 1, assistant chief executive officer (CEO) for research strategic planning, Ministry of Health

1	NHRS governance and management	Details
1.1 (2)	• Structure	National Health Research Committee (NHRC) currently under review
1.2 (2)	• Management/coordination	Assistant CEO for Research Strategic Planning is the NHRC chair. Broad membership
1.3 (0)	• Dedicated person/unit	No, but Minister or CEO can establish advisory committee
1.4 (1)	• Plan/policy	No, but terms of reference for NHRC
1.5 (2)	• Active national health priorities	Yes, health promotion and prevention, human resources for health, quality assurance for health, improving facilities, NCDs
1.6 (0)	• Active national health research priorities	No, but would come from the Health Strategic Plan
1.7 (0)	• Research legislation	No, but under consideration
1.8 (1)	• Stated values	Only terms of reference for NHRC
1.9 (1)	• Stated aims	Manage sound external research that benefits Samoa
1.10 (1)	• M&E system	NHRC only views final draft of any manuscripts
1.11 (2)	• Ethical review process/structure	Yes, depends on who is funding and doing research. Should be ethically and technically sound.
1.12 (2)	• How use of research increased	Policy and Planning Unit in Ministry of Health. NHRC ensures any research is good and useful
1.13 (1)	• How policy-makers informed of advances	Internet and continuing medical education are available.
1.14 (1)	• Responsible party for result dissemination	NHRC puts a copy of research in library
1.15 (2)	• Responsible party for M&E of policy/interventions	Strategic Division (Ministry of Health), Policy and Planning Unit
1.16 (2)	• System to collect/analyse/report routine health information	Health information system (HIS). Paper information is inputted electronically. Community-based HIS for public-funded services. Annual Health Report
1.17 (1)	• Regulation of new health technologies, including drugs	Drug policy; narcotics legislation; drug, food and other goods bill under consideration
1.18 (0)	• Non-health ministries with officials dealing with health	NA

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	Screening role of NHRC
2.1b	• Health care system institutions	National Referral Hospital in Upolu and Savaii Teaching Hospital
2.1c	• Higher education institutions/national research institutes/laboratories	NA
2.1d	• Private nonprofit organizations	NA
2.1e	• Business enterprise or industry	Not yet
2.1f	• International research and development sponsors/partners	WHO/SPC together with Ministry of Health
2.1g	• Others	National University of Samoa's Research Council to join NHRC
2.2	• Media organizations active in dissemination	NA
3	Key stakeholders	National University of Samoa, Oceania School of Medicine, regional institutions, Ministry of Health
4	Sources for previous analysis, reports or information	International journals, WHO and World Bank publications

**Data summary for TOKELAU**  
number of respondents = 1, HRCF Focal Point Dr Petelo Alapati Tavite, Adviser, Department of Health

1	NHRS governance and management	Details
1.1 (1)	• Structure	Director of health informs minister of health AND all (three) village councils
1.2 (1)	• Management/coordination	Mainly through director of health
1.3 (1)	• Dedicated person/unit	Director of health will nominate appropriate coordinator, e.g. dental
1.4 (0)	• Plan/policy	No. Research as required/requested by regional/international organizations
1.5 (2)	• Active national health priorities	(1) human resources, (2) in-service/undergraduate training, (3) hospital services, (4) drug supplies, (5) patient referral scheme, (6) public health, (7) clinical services, (8) dental services, (9) child and maternal health, (10) nutrition
1.6 (0)	• Active national health research priorities	No
1.7 (0)	• Research legislation	No
1.8 (0)	• Stated values	No
1.9 (0)	• Stated aims	None
1.10 (0)	• M&E system	No. Director of health or appointee
1.11 (1)	• Ethical review process/structure	At discretion of director of health
1.12 (0)	• How use of research increased	Little awareness/acceptance by decision/policy-makers hence low demand. STEPS a good example
1.13 (1)	• How policy-makers informed of advances	Ad hoc by attending meetings/conferences as recommended by external organizations
1.14 (1)	• Responsible party for results dissemination	Director of health at ministerial level. Research coordinator, public health officers/registered nurses to public, etc.
1.15 (1)	• Responsible party for M&E of policy/interventions	Director of health
1.16 (2)	• System to collect/analyse/report routine health information	Paper records from hospitals go to national health office for analysis. Electronic system being trialled
1.17 (2)	• Regulation of new health technologies, including drugs	After consultation between National Health Body, medical officers, village councils and Government
1.18 (0)	• Non-health ministries with officials dealing with health	None. National Finance Manager oversees all health programmes

NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	NA
2.1b	• Health care system institutions	Tokelau Department of Health; conduct (only with assistance), fund, use
2.1c	• Higher education institutions/national research institutes/laboratories	NA
2.1d	• Private nonprofit organizations	NA
2.1e	• Business enterprise or industry	NA
2.1f	• International research and development sponsors/partners	WHO/SPC/UNICEF; fund, conduct and use
2.1g	• Other	Health Research Council of New Zealand; fund, conduct and use
2.2	• Media organizations active in dissemination	Local FM radio stations
3	Key stakeholders	Minister of health, director of health, regional organizations
4	Sources for previous analysis, reports or information	Tokelau Island Migrant Study. Stanhope JM, Sampson VM, Prior IA, 1981

## Data summary for TUVALU

Number of respondents = 2, (acting) director of health, health promotion officer

1	NHRS governance and management	Details
1.1 (0)	• Structure	No. Directors collaborating with Department of Public Health, overseen by director of public health and permanent secretary
1.2 (0)	• Management/coordination	None. Director of public health corresponds with Fiji School of Medicine
1.3 (0)	• Dedicated person/unit	None. Only director of public health doing research
1.4 (0)	• Plan/policy	None
1.5 (0)	• Active national health priorities	None. Only social development (health) component of National Strategy for Sustained Development
1.6 (0)	• Active national health research priorities	None
1.7 (0)	• Research legislation	Public Health Act, Human Rights
1.8 (0)	• Stated values	None. Only individual projects have their values
1.9 (0)	• Stated aims	Not yet. Major components, e.g. NCD-STEPS, HIV studies
1.10 (1)	• M&E system	Only follow-ups and reviews by international sponsors
1.11 (1)	• Ethical review process/structure	No. At discretion of directors or permanent secretary
1.12 (1)	• How use of research increased	Not much, e.g. based on surveys
1.13 (1)	• How policy-makers informed of advances	Networking with "outside world" through meetings/seminars/Internet/newsletters/e-mails/journals/articles from Ministry of Health
1.14 (1)	• Responsible party for results dissemination	Director of health, Department of Public Health, health education and promotion officer, media, ministries connected to large external organizations
1.15 (1)	• Responsible party for M&E of policy/interventions	Director of Health with advice from Attorney General's Office, e.g. new policy
1.16 (2)	• System to collect/analyse/report routine health information	Monthly reports by coding clerk and health statistician who then prepare annual reports
1.17 (1)	• Regulation of new health technologies, including drugs	Drug policy. Advice from suppliers and from WHO
1.18 (1)	• Non-health ministries with officials dealing with health	Ministry of Finance has section dealing specifically with foreign aid



NHRS governance and management		Details
2	Institutions engaged in research for health	
2.1a	• Government departments/agencies	NA
2.1b	• Health care system institutions	Princess Margaret Hospital use; Ministry of Health, e.g. teen pregnancy
2.1c	• Higher education institutions/national research institutes/laboratories	From Fiji. Secondary schools do minor research as part of studies
2.1d	• Private nonprofit organizations	Tuvalu Family Association, Tuvalu Family Health Association, Tuvalu Association of NGOs (TANGO), United Nations Population Fund, WHO
2.1e	• Business enterprise or industry	NA
2.1f	• International research and development sponsors/partners	James Cook University (through WHO), SPC, UNICEF, United Nations Population Fund, WHO
2.1g	• Other	Fiji School of Medicine
2.2	• Media organizations active in dissemination	Tuvalu Media Corporation helps Ministry of Health through radio (only)
3	Key stakeholders	NGOs, Ministry of Education, Ministry of Home Affairs, Ministry of Health, Fiji School of Medicine, Tuvalu Family Association, Statistics Office
4	Sources for previous analysis, reports or information	Annual Ministry of Health report, individual studies

### LIST OF KEY RESEARCH-RELATED DOCUMENTS COLLECTED DURING THE MAPPING

- The Cook Islands submitted a document outlining the research office, which also covered its National Research Committee.
- Fiji submitted 11 documents, including flyers, a clearance procedures document, Fiji National Research Ethics Review Committee (FNRERC) application form and membership details, National Health Research Committee aims and membership details, FNRERC progress report format and health research officer position description.
- Palau submitted the Institutional Review Board Executive Order and Addendum to the Executive Order.
- Papua New Guinea submitted a research policy draft document.
- Tonga submitted a health research unit corporate plan.
- Tuvalu submitted a matrix of Te Kakeega II, with strategic areas and the health section under social development highlighted.
- Vanuatu submitted three supporting documents detailing the proposed set-up of a research unit, research issues and the Ministry of Health structure.





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