

Director's Report 2009

Presented at the 55th Annual Council Meeting
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We are at the end of the CHRC Strategic Plan (2004-2009) and its comprehensive review is forthcoming. However, a quick assessment would identify areas of progress as well as challenges. Even so, the changes to the external environment since the Plan was developed back in 2003 must be taken into consideration. Importantly, CHRC was able to maintain the flexibility to respond to the changing needs of its constituents while still using the Plan as the basis for its annual work plans.

A significant development over that period was the growth of monitoring and evaluation (M&E) as a tool to produce the evidence needed to guide the implementation of health programmes, with CHRC being identified as the lead regional institution to develop capacity and provide technical support. CHRC's work in M&E began primarily in support of HIV project grants for which performance was a critical criterion for continued funding. These grants also required an increased level of accountability. However, the role of M&E as a management tool for all health programmes is now appreciated by health officials throughout the Caribbean. This is of particular relevance when placed in the context of the health sector reform that most countries have embraced. One of the features of this reform is the creation of Health Authorities that have the responsibility of delivering services with the Ministry of Health retaining the responsibility for policy development and oversight. There is now an increased need for the Ministries to develop and implement M&E systems to enable the performance based management of these Authorities. CHRC has begun to work with countries to support the development of such systems. There is clearly a need for functional M&E Units in Ministries of Health manned by staff with the requisite skills. To address this, CHRC has been having discussions with regional universities to develop M&E courses to be offered in training programmes for health professionals. There are also plans to collaborate with colleagues in Brazil to develop post-graduate Degrees programmes in M&E through a CARICOM/Brazil cooperation facility. Such programmes would complement the in-service training that CHRC has been delivering and would lead to the institutionalization of M&E throughout the health sector.

The Strategic Plan had identified Essential National Health Research (ENHR) as the principal mechanism for countries to produce the health research that they need to enable the evidence based development of policies and health interventions. While CHRC still supports this strategy, more emphasis is being placed on the strengthening of national health research systems to achieve this objective. Indeed, the Health Research Policy

for the Caribbean identifies ways in which countries can develop or strengthen the main elements of their health research system. The latter relate to governance, research financing, human and other resources for producing research and the dissemination and uptake of the findings. The emergence of the concept of research for health in preference to health research was another recent development. It has become increasingly clear that the determinants and maintenance of health are multi-sectoral and consequently, the conduct of essential research for health transcends the usual health research stakeholders. Partnership with our research colleagues in areas such as social sciences, science and technology, and education is critical if we are to achieve our health goals.

The mandate of the CHRC is to promote and facilitate evidence based decision making by policy makers, programme managers and health care providers. The development of the Caribbean Health Research Policy and Health Research Agenda were identified in the Strategic Plan as being fundamental to achieving this. The Policy was completed in 2009 as part of a consultative process involving the principal players. It has since been endorsed by CARICOM and submitted to countries and health research institutions for its adoption or adaptation, as necessary. However, it is clear that a lot more has to be done to get the strategies accepted and implemented. The same challenge will be faced when the Caribbean Health Research Agenda is completed. Work on the latter has begun after much delay. There had been repeated calls for CHRC to develop the Agenda which is needed to identify the priorities and guide the conduct as well as funding mechanisms for health research. However, CHRC strongly believed that the Agenda should be closely linked to the health priorities as defined by the third edition of the Caribbean Cooperation in Health (CCH III). The extended period over which the CCH III was developed resulted in the delay in the Agenda. However, it is expected that it will be completed by the end of 2010. Even before then CHRC and its partners will have to determine how to get this Regional Agenda adopted or adapted at National level by Ministries of Health and other health and research institutions as well as how to develop / secure the necessary resources that are needed for its implementation. Resources include the research skills, facilities and funding. We believe that collaboration among regional stakeholders including the private sector as well as with international institutions and agencies are the key.

Perhaps the greatest challenge faced by CHRC over the last few years was the uncertainty regarding its funding. CHRC's core budget is financed by quota contributions from its Member Countries and at the end of 2009, the arrears owed was the equivalent to budgets for three years' work. This has resulted in an even greater reliance on project grants for the conduct of CHRC work. Indeed, over the last few years, project grant funding accounted for over 60 percent of expenditure. The deficits in income for the core budget have had a significant impact on the employment of key members of staff. For example, CHRC has been functioning without the services of a Research Scientist for over a year. The absence of Research Scientists has resulted in the inability of CHRC to conduct some major activities in the Strategic Plan. Uncertainty regarding funding is not the only challenge faced in the retention of staff. CARICOM has decided to proceed with the establishment of the Caribbean Public Health Agency (CARPHA) over the period 2010-2014. The plan is for CARPHA to subsume the functions of all the

CARICOM regional health institutions, including CHRC. The fate of the staff of the five institutions is still uncertain. In such a climate, it is very difficult to retain staff and, more so, to recruit quality professionals.

Although the income from both quota contributions and project grants in 2009 was half the level of the previous year, CHRC was still able to complete a large proportion of the activities in the 2009 work programme (See **Appendix 1**). The Herculean efforts of the small but totally committed and hardworking staff must be highly commended. The efficient deployment of CHRC staff was also a highlight. We believe that there is room for even greater efficiency through the use of electronic media for the conduct of meetings and training workshops. Although face-to-face interactions are valuable, CHRC and other Caribbean institutions have to build the infrastructure as well as use existing facilities to enable this. A quick scan of the scene would identify an extraordinary situation in which there is frequent unnecessary travel by health professionals across the region putatively to attend meetings and other interventions. Some colleagues have even described it as wastage of our limited resources (human and financial). We hope that this is addressed urgently.

By and large, 2009 was a successful year for CHRC as we were able to provide capacity development and technical support to health professionals in 18 countries in 2009 (See **Appendix 2**). One of the highlights was a mission to Haiti to build relationships with its Ministry of Health and strengthen ties with the world renowned health research institution, the GHESKIO Centre. Unfortunately, the January 2010 earthquake has resulted in a change in plans. However, CHRC is certain that health research and M&E have a critical role in the rebuilding process and has launched the initiative *CHRC with Haiti*. The main purpose is to raise funds and identify other resources to assist in the recovery of the country's health sector.

We report the activities conducted by the CHRC in 2009, grouped according to the four programme areas as defined in the Strategic Plan. These are Advocacy/Advice/Communication; Capacity Building; Research-related Activities; and Sustainability and Financing.

ADVOCACY / ADVICE / COMMUNICATION

The main activities conducted in this area included: the production of evidenced based clinical guidelines for the management of prevalent diseases; the dissemination of research findings; missions to countries to engage and strengthen CHRC's relationship with stakeholders and to promote research for health; and the promotion of health research and related matters at regional and international fora.

CLINICAL GUIDELINES TO FACILITATE EVIDENCE-BASED PRACTICE

It is important that health care providers in the Caribbean manage patients using international best practices, while taking into account the special circumstances in the Caribbean. CHRC has been playing its role through the development of clinical guidelines to manage the most important public health diseases in the Caribbean.

Managing Diabetes and Hypertension in the Caribbean

As had been indicated previously, the two first CHRC clinical guidelines for *Managing Diabetes in Primary Care in the Caribbean* and *Managing Hypertension in Primary Care in the Caribbean* were revised and disseminated to stakeholders. CHRC also conducted training workshops to facilitate their proper use.

CHRC is also working with partners to develop pocket versions of these guidelines as initial feedback from care providers indicated a great demand for them.

Managing Asthma in the Caribbean

The completion and launch of the revised CHRC Clinical guidelines for *Managing Asthma in the Caribbean* was the 2009 highlight of CHRC's drive to support evidence based practice in the Caribbean. The revision of the Asthma guidelines was a successful collaboration between CHRC and subject experts from the Faculty of Medical Sciences, UWI. The project would not have been successful without the valuable contributions from the Chief Medical Officers of the CHRC Member Countries, the Caribbean College of Family Physicians and other Caribbean asthma specialists.

Managing Depression in Primary Care in the Caribbean

CHRC completed a draft of its new guidelines for *Managing Depression in Primary Care in the Caribbean*. The review process was close to being completed at the end of 2009 and CHRC will launch these guidelines during the first half of 2010.

Maternal Care in Pregnancy

The development of these guidelines has again been delayed. The main reasons were the inability to identify a suitable partner and funding constraints. However, CHRC appreciate the critical need for these guidelines and are working on ensuring that they are developed as soon as possible.

DISSEMINATION OF HEALTH RESEARCH FINDINGS

The principal activities in this Programme Area in 2008 were the hosting of the 54th Annual CHRC Scientific Conference; the publishing of the Quarterly Newsletter CHRC News; and the maintenance of the CHRC Website.

54th Annual Scientific Meeting

CHRC successfully hosted its 54th Annual Scientific Meeting in St Lucia in April 2009. Among the highlights was the presence of over 40 students, among the 200 delegates, who travelled to St Lucia for the presentation of papers that they co-authored. This is a clear sign that the future of Caribbean health research is in safe hands. The Awards Banquet was another feature at which two stalwarts of Caribbean research were honoured, Prof. Jean W. Pape of Haiti and Dr. Cecil Cyrus of St. Vincent and the Grenadines. The former's feature lecture on

'*Successes and Challenges in the Fight Against AIDS in Haiti*' was memorable as he took the delegates on an amazing journey that resulted in the establishment of the world-renowned GHESKIO research centre.

Another of the highlights of the Conference was the contribution of Prof. Martin Wiseman, Project Director of the World Cancer Research Fund. In a feature lecture and satellite meeting, he shared the findings and recommendations of the reports of the *Global Perspective on Diet, Nutrition, Physical Activity and Cancer*. Significantly, it was the first time that the policy recommendations of this large international project were presented anywhere in the world.

The programme included over 115 presentations on the findings of original research in priority health areas as well as four Feature Lectures. The standard of the research was high and Letters of Commendation were issued to the authors of 12 of the papers in recognition of Excellence in Research. This initiative was introduced in 2008 when such Letters were given to nine researchers. The David Picou Research Prize for "Best Young Researcher" was awarded to Dr. D. Holder-Nevins from Jamaica. The prize for the Best Student Paper was awarded to the team comprising K. Jurawan, D. Dindial, S. Hosein, D. King and A. Sahadeo from Trinidad and Tobago. There were also two Poster Prizes. Details on the prize winners are posted on the CHRC website.

Newsletter – CHRC News

Four Issues of our quarterly Newsletter, *CHRC News* were published in 2009. *CHRC News* has a key role in ensuring that our partners are continually updated on the work of the CHRC and highlighting other health research and M&E developments. It is also used to disseminate research findings that have implications for policy and practice.

Website

The website remains an important vehicle by which CHRC communicates with stakeholders, including the posting of research products for uptake by end users. Consequently, it has been continuously reviewed and updated.

To monitor the usage of the website, the number of visits and hits were recorded. These metrics indicate that there was an average of 241 daily visits in 2009, compared with 124 in 2008. Average daily visits reached a high of 515 in October. In addition, there was an average of 2061 daily hits in 2009, compared with 1105 in 2008. The peak was in September with 3968 hits.

There is therefore objective data that there has been an increase in use of the CHRC website. However, CHRC will be striving to review the site to identify ways to make it even more useful to stakeholders and encourage greater utilization.

COUNTRY MISSIONS

At the 2009 CHRC Council meeting, members indicated that it was critical for CHRC to scale up visits its member countries to determine their needs first hand. This would ensure that the programmes would continue to be relevant to their needs. Subsequently, the CHRC Director has made promotional visits to seven countries meeting with various officials of the Ministry of Health and other stakeholders reminding them of the services that CHRC offers while getting feedback on their health research and M&E needs.

Belize: In addition to paying a courtesy call on the Minister, meetings were held with the CEO of the Ministry of Health, the Director of Health Services and other senior officials in the Ministry. The opportunity was also taken to meet with health researchers at the University of Belize as well as the heads of the Nurses Association and the National AIDS Program.

Cayman Islands: This was a very productive visit and included meetings with a number of officials from the Ministry of Health including the Minister, Chief Administrative Officer, Chief Medical Officer (CMO) and Heads of Departments as well as representatives from the Nurses' Association, Medical and Dental Council, and Cayman's HIV/AIDS programme. The meetings focused on identifying that country's health research and M&E needs and the best approach to providing the necessary support.

Haiti: CHRC held pioneering talks with the Director General, Ministry of Health setting the stage for a productive relationship between CHRC and various health stakeholders in Haiti. Meetings were also held with Prof. Jean Pape, Director of the GHEKIO health research centre and the Focal Point and M&E Advisor, National AIDS Programme. In all cases, it was felt that there were a number of opportunities for CHRC to work closely with officials in Haiti to strengthen their health research and M&E systems. The situation is now much more challenging since the January 12 2010 earthquake.

St. Kitts & Nevis: During the launch of the CHRC Asthma management guidelines, meetings were held with the Minister of Health and the Permanent Secretary (PS) of the Health Ministry, Nevis as well as officials in the HIV Secretariat regarding support in the area of M&E on the island

St. Lucia: During the planning stage of the 54th Annual CHRC meetings, discussions were held with officials of the Health Ministry including the Minister, PS and CMO regarding CHRC support in the areas of health research and M&E.

Trinidad and Tobago: Discussions were held with the PS, Ministry of Health and the CMO regarding the development of an M&E framework for the Ministry's performance based system. There were also meetings with the Chief Secretary of the Tobago House of Assembly regarding the development of an M&E system for the health sector on that island.

Turks & Caicos Islands: During a visit to that country, CHRC held discussion with the PS, Ministry of Health, the Director of Health Services and the Chief Administrative Officer regarding support in the areas of research ethics, health research and M&E.

PROMOTION OF HEALTH RESEARCH

In 2009, CHRC continued to advise Caribbean governments and other agencies on health research and M&E matters. Activities included membership and participation in a number of facilities of the CARICOM Secretariat and other regional agencies as well as representing Caribbean interests at international fora.

Regional Activities

CHRC contributed to a number of meetings of policy making bodies:

- Caucus of Ministers Responsible for Health
- Chief Medical Officers
- Caribbean Public Health Agency (CARPHA) – member of Project Management Team and participation at Steering Committee meetings
- Council for Human and Social Development (COHSOD)
- Caribbean Epidemiology Centre (CAREC) Council
- Pan Caribbean Partnership against HIV/AIDS (PANCAP) – Membership on a number of Committees
- Caribbean HIV/AIDS Regional Training Network (CHART) – Member of Advisory Board
- PAHO HIV Caribbean Office (PHCO) – Strategic planning meeting
- Bioethics Society of the English speaking Caribbean
- Trans-Caribbean HIV/AIDS Research Initiative (TCHARI)
- PEPFAR Consultative Meeting – Development of Regional Partnership Framework
- CARICOM Secretary General’s Meeting for Human Resources Managers of Regional Institutions
- Evidence Informed Policy Network [EVIPNet] Steering Committee (Trinidad & Tobago)
- Trinidad and Tobago’s Ministry of Health – Research Ethics Committee (Chair)
- Trinidad and Tobago’s Ministry of Health – Quality Awards Committee (Chair)

International Activities

CHRC represented the Caribbean at international meetings/initiatives:

- Council on Health Research for Development (COHRED) – Board Member
- Global Forum on Research for Health
- 13th Meeting of the Global Monitoring and Evaluation Reference Group (MERG), which was established in 1998 to advise UNAIDS on monitoring and evaluation (M&E) at all levels of the Programme.
- Strengthening Nurses’ Capacity in HIV Policy Development in Sub-Saharan Africa and the Caribbean – Member, International Advisory Committee
- Follow-up meeting to the 1st Latin-American Conference on Research and Innovation for Health - Cuba

- McMaster Health Forum – Deliberative Dialogue on *Engaging Civil Society in Supporting Research Use in Health Systems*. Canada.
- First Monitoring and Evaluation International Seminar for Senior M&E Staff – FIOCRUZ, Brazil

CAPACITY BUILDING

The activities related to Capacity Building included the hosting of Training Workshops, providing Technical Support, the Internship Programme and disbursement of funds under the Research Grant Programme.

TRAINING WORKSHOPS

There is some debate regarding the value of training workshops. Whereas it is clear that a well conducted workshop can increase knowledge and skills of health professionals, it is important that the right persons attend, that the infrastructure is available to enable them to apply and implement the new knowledge, and follow-up technical support should be available. CHRC has been attempting to address the latter and there has been some success in 2009 with follow-up technical support who attend the M&E workshops. However, this was not the case with the research skills workshops due to the absence of Research Scientists on staff at the CHRC.

In 2009, over 170 persons from 16 different countries benefitted from nine CHRC in-service training workshops. These included Basic Research Skills (2), Fundamentals of M&E (2), Data Management and Analysis (2), Conduct of KAPB Surveys, Data Analysis and Use, and M&E Software training. Participants were primarily staff of Ministries of Health and other Government Ministries and Programmes.

Basic Research Skills Workshop

Description: The workshop targeted staff of the South-West Regional Health Authority and focused on imparting the fundamentals of research methodology. The participants were also divided into five groups and each worked on the development of research proposal during the workshop.

Country: Trinidad and Tobago

Participants: 28

Basic Research Skills Workshop

Description: The workshop was part of the first workshop Summer Workshop Series hosted by Epidemiology Research Unit of the Tropical Medicine Research Institute, UWI in collaboration with the Ministry of Health Jamaica and the CHRC.

Country: Jamaica

Participants: 13

Data Management and Analysis

Description: The objectives of the workshop are to enable the participants to develop an appreciation for the need for data analyses; appreciate key data processing and analysis issues; develop practical skills

in the use of a statistical software (EpiInfo) for data processing and the conduct of basic analyses; and identify and conduct the most appropriate analyses for different types of data

Country: St. Lucia

Participants: 14

Data Management and Analysis

Description: The workshop was also apart of the first workshop Summer Workshop Series hosted by Epidemiology Research Unit of the Tropical Medicine Research Institute, UWI in collaboration with the Ministry of Health Jamaica and the CHRC.

Country: Jamaica

Participants: 8

Basic M&E Workshop

Description: The workshop targeted staff of the Ministry of Health and NGOs. The objectives were to create an understanding of the basic concepts practical approaches used in monitoring and evaluation; to introduce the available tools and techniques to monitor and evaluate programmes; and to gain hands on experience in identifying and selecting appropriate and indicators and developing M&E frameworks

Country: Suriname

Participants: 27

Basic M&E Workshop

Description: The workshop sought to provide participants from the Ministry of Health and the National AIDS Programme with an understanding of M&E and the role they can play in the development of a functional M&E system in the Turks & Caicos Islands.

Country: Turks and Caicos

Participants: 10

Data Analysis and Data Use workshop

Description: This activity was spearheaded by the OECS HIV/AIDS Project Unit and was held to assist persons who specialize in Data Analysis and Use. At the end of the workshop participants were better able to analyze data and review data sources for completeness, accuracy, and quality before its use.

Countries: Barbados, Belize, Dominica, Dominican Republic, Haiti, Jamaica, Montserrat, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines

Participants: 28

KAPB Surveys Workshop

Description: This workshop was part of the OECS Global Fund Project to train the National AIDS Programme staff in survey implementation.

Countries: Antigua, Dominica, Grenada, St. Kitts, St. Lucia and St. Vincent

Participants: 15

M&E Software Training Workshop

Description: CHRC entered into a partnership with UNAIDS and UNICEF to conduct an M&E Software Training Workshop. This training was relevant to M&E Officers and persons directly involved in handling M&E data. It was designed specifically to respond to a significant gap in the availability at the country-level of appropriate software to manage M&E data.

Countries: Antigua, Bahamas, Barbados, Belize, Dominica, Grenada, Haiti, Jamaica, Montserrat, St. Kitts, St. Lucia, St. Vincent, Suriname and Tobago

Participants: 28

TECHNICAL SUPPORT

CHRC was only able to provide limited support/advice to a number of researchers in the development of research protocols, the analysis of data and the preparation of reports due to the absence of Research Scientists on staff.

However, the technical support provided in 2009 was mainly in the area of M&E. CHRC staff worked closely with officials in Ministries of Health and other national programmes to identify the needs and develop/strengthen their M&E systems including frameworks and strategies for data collection, reporting and use. Support was also provided in developing and reviewing indicators for monitoring the performance of various programmes.

Caribbean Cooperation in Health

CHRC provided support to CARICOM Secretariat with finalization of indicators and the reporting process for the third edition of the Caribbean Cooperation in Health (CCH III). That support included the following:

- Completing and reviewing the M&E indicators
- Developing the M&E chapter of the CCH III document.

ANTIGUA: Review of M&E status & identification of M&E needs

The objective of the mission was to conduct a review of the M&E processes at the National AIDS Program (NAP) with the aim of identifying areas for follow up support. CHRC agreed to do the following M&E activities:

- M&E training workshop to be held in Antigua for the benefit of persons representing the NAP, NGO's, Civil Society Organizations and Ministry of Health staff
- Provide support with 2010 UNGASS report
- Contribute to the development of the M&E component of the new HIV National Strategic Plan (NSP)
- Provide training and mentorship opportunities for an M&E Officer

BELIZE: Needs assessment mission

The mission was conducted to re-establish contact with that country's response given its new Government and identify technical support needs.

CAYMAN ISLANDS: Technical support mission

CHRC visited Grand Cayman and met with the Minister of Health and senior Ministry officials, as well as representatives from the Nurses' Association, Medical and Dental Council, and Cayman's HIV/AIDS programme. The meetings focused on identifying that country's M&E needs and the best approach to providing the necessary support.

DOMINICA: M&E support to the National AIDS Programme

The NAP Director requested support from CHRC with finalizing the M&E framework to be included in the revised NSP. This request for support was a follow-up to work initiated in December 2008.

CHRC also engaged in meetings with the NAP Director and Coordinator to revise/update the country's M&E plan. CHRC and the M&E staff updated and wrote sections of the new M&E plan. At the end of the mission, there was a complete draft of the M&E plan.

ST. KITTS AND NEVIS: Technical support missions (3)

The objectives of these sessions were to complete outstanding sections of the National M&E Plan. The missions also involved a consultation with the M&E Officer, St Kitts on the development of an evaluation plan and data collection tool for assessing the outcomes of the newly introduced Men's Health Programme aimed at encouraging men to seek health care at Ministry of Health clinics.

TRINIDAD AND TOBAGO: Technical support

CHRC was engaged by the PS and CMO to develop a framework for the M&E of the performance-based management system that was implemented in the Ministry of Health.

CHRC also responded to an official request from the Chief Secretary, Tobago House Assembly (Administrative Head, Tobago) for an intervention to review the system in Tobago and identify areas for support.

HAITI: Development of M&E Plan

CHRC visited Haiti to provide support with the development of an M&E Plan. There was full endorsement of this initiative at a meeting with the Director General, Ministry of Health. A working session was held to draft an outline for the Plan and to agree on a process and time line for completion.

ST. MAARTEN: M&E Support

The NAP Director requested support from CHRC with conducting a mid-term review of the NSP of St. Maarten. The purpose of the review was to assess progress with respect to implementing the five year strategic plan, document successes, identify challenges and make recommendations for improving implementation for the remainder of the plan.

DOMINICAN REPUBLIC: M&E support to the National AIDS Programme

The NAP staff from the Dominican Republic requested support from CHRC with the development of documentation to accompany their new data management systems for HIV/AIDS. CHRC met with staff from COPRESIDA to review the software system and discuss how CHRC could support with preparing the administrator and user documentation. This project ended with the delivery of a complete user manual to the NAP of the Dominican Republic.

OECS HIV/AIDS Project Unit

CHRC has been providing ongoing M&E support to the OECS HIV/AIDS Project Unit (HAPU) and OECS countries with developing M&E systems under its Global Fund Grant. Support has included: M&E system management, development of an M&E plan for the Grant, developing data collection tools, facilitating the collection and verification of data, and assistance with reporting to the Global Fund.

INTERNSHIP PROGRAMME

Due to the absence of any Research Scientists on staff during 2009, it was not feasible to recruit any health research interns. Given the critical role of mentorship in building research capacity in the Caribbean, CHRC hopes to launch this initiative in 2010.

There were also no M&E interns at the CHRC in 2009 due to the financial constraints of the institutions that had indicated interest. At the start of 2009 CHRC embarked on a marketing drive for the programme. A brochure was developed and distributed to the Chief Medical Officers' and Directors of the National AIDS Programme throughout the Caribbean region. The purpose of the M&E internship programme is to provide hands-on training and experience to candidates in order to strengthen their ability to actively engage in monitoring and evaluating their country's health programmes.

CHRC also worked with the OECS HAPU on developing their preceptorship programme which was launched in late 2009. During this period it was agreed upon that CHRC would train an intern as part of the preceptorship programme in 2010.

RESEARCH GRANT PROGRAMME

This programme, which primarily provides support for junior researchers to conduct essential research, has always been a priority for CHRC. However, in 2009 and only five grant proposals were given financial support. This was primarily due to the poor quality of the proposals submitted and proposals not falling in priority areas.

There is a clear need for more training in the area of grant writing. CHRC had partnered with the MRC (UK) to host a couple of these workshops a few years ago. This has to be revisited. There is also a need for more senior researchers to work with their juniors to assist them in the preparation of competitive proposals.

When the Caribbean Health Research Agenda is completed, it will be published and used as the guide for the CHRC Grants Programme. This will inform applicants and guide their focus to conduct research in priority areas.

The programme was also affected by the financial constraints that CHRC faced in 2009. Among the successful proposals, CHRC was only able to provide partial funding of the approved budgets. Consequently, approximately 23 000USD were disbursed in 2009 under this Programme.

RESEARCH RELATED ACTIVITIES

The research related activities that the CHRC conducted over the last year included the completion and endorsement of Health Research Policy for the Caribbean, the commencement of work to develop the Caribbean Health Research Agenda, work in the area of Monitoring and Evaluation (M&E), and support for Essential National Health Research (ENHR).

HEALTH RESEARCH POLICY

The Health Research Policy for the Caribbean has been developed. It was also endorsed by CARICOM and shared with all CHRC member countries and regional institutions for adoption/adaptation. This is critical given its role in guiding the strengthening of systems to increase the production, access and use of essential research and thus facilitate evidence-based health policies, programmes and practices. The Policy is available on the CHRC website and we encourage all stakeholders to review it and contribute to the implementation of the proposed strategies.

HEALTH RESEARCH AGENDA

CHRC has started work on the development of the long-awaited Health Research Agenda for the Caribbean. This Agenda will identify priority areas and guide the conduct of research in the region and so contribute to the achievement of health goals. Work on the Agenda will be completed in 2010 and it will complement the Caribbean health priorities as defined by the Caribbean Cooperation in Health (CCH III). Indeed, the Agenda will comprise research priorities for each of the eight CCH III Programme areas.

CHRC is receiving technical support in the development of the Agenda from COHRED and the project is guided by a Steering Committee. The latter comprises the Chief Medical Officers of two member countries and two CHRC Scientific Secretaries.

Due to financial constraints, it was not possible to host meetings/workshops with stakeholders to develop the Agenda. Instead, consultations with key partners will take place electronically using emails and the CHRC website. The Delphi Methodology is being used to obtain consensus on the priority research topics for each CCH III Programme Area.

The proposal for the development of the Agenda is presented in **Appendix 3**.

MONITORING AND EVALUATION

The M&E activities that relate to Training Workshops and Technical Support have been addressed in previous sections of this Report. It should also be noted that a training database was established to facilitate follow up with individuals in order to assess their application of the concepts and techniques acquired.

Other M&E activities include the development of country M&E plans, the CARICOM/Brazil cooperation, and the work of Caribbean M&E Technical Working Group.

Development of M&E Plans

CHRC supported countries with the development and implementation of national M&E Plans and the review of national strategic plans during 2009:

Dominica

The National AIDS Programme Director requested support from CHRC with revising the National HIV/AIDS M&E plan. The M&E plan had to be updated since there was a new National Strategic Plan.

Haiti

CHRC provided support to Haiti through the hiring of a consultant to develop an M&E Plan for that country. CHRC also visited Haiti to meet with country officials to understand, first hand, the local situation.

St. Kitts and Nevis

Working sessions were conducted with the staff of the National AIDS Programme to develop specific components of the M&E Plan. Special emphasis was placed on a review of the Harmonized Indicator Matrix and the identification of corresponding definitions for these indicators.

PANCAP/Brazil Cooperation

CHRC was invited by PANCAP in 2006 to take the lead in negotiating and executing a technical support co-operation agreement with the Government of Brazil in the area of Monitoring & Evaluation. Several areas of technical co-operation have been identified, one of which is M&E training & capacity building. Specifically, CHRC proposed to work with stakeholders to develop tertiary level M&E courses and programs. The intention is for Caribbean universities to offer higher level training in M&E, perhaps at the Masters Level. M&E courses are also to be developed and offered to students in all health sciences training programs. This would lead to the production of health professionals who have basic M&E training and support the eventual institutionalization of M&E in the health sector.

In 2009, a Tertiary Educators Committee was established in Trinidad and Tobago, consisting of government agencies responsible for M&E and tertiary level training institutions. All institutions and representatives agreed to the prospect of support through this Cooperation. As a next step in moving this collaboration forward, the Committee proposed that a team from Brazil travel to the Caribbean for a series of meetings with stakeholders. The meetings would be focused on:

- Support to academic institutions with developing M&E courses and training materials;
- Support to CHRC with reviewing and standardizing training materials for the in-service training workshops with health professionals;
- Consultations with the Caribbean Regional Monitoring and Evaluation Technical Working Group around developing an indicator database for use in the Caribbean. This can be modelled on Monitor Aids that is used by the National AIDS Program in Brazil.

Caribbean Regional Technical Working Group (TWG)

CHRC continued to convene and facilitate TWG meetings in its effort to harmonize M&E technical assistance in the Caribbean. Ten meetings were held during 2009. The group also welcomed 2 new agencies to the group: the Caribbean HIV/AIDS Alliance (CHAA) and Caribbean HIV/AIDS Regional Training Network (CHART).

In 2009, CHRC conducted joint activities with its TWG partners which included:

- Regional training activities in which member agencies assisted with funding, planning and facilitation.
- Continued collaboration between CHRC and the OECS HAPU with CHRC supporting the latter's work program and activities including data collection.

CHRC also facilitated the Annual retreat of the TWG which was held in August, 2009. The two-day session was used to review the functioning of the TWG including the revision of its Terms of Reference in order to ensure that the group continued to be relevant to the needs of the region and continued to implement a comprehensive approach to addressing the M&E challenges of the region.

ESSENTIAL NATIONAL HEALTH RESEARCH (ENHR)

CHRC continued to support the activities conducted by the ENHR Council of Trinidad and Tobago. The revival of the ENHR Committee in Jamaica was also welcomed and CHRC stands ready to provide support.

Trinidad and Tobago

For much of 2009, the ENHR Council of Trinidad and Tobago was engaged in dialogue with the Ministry of Health on the uptake of findings from the assessment of the National Health Research System of Trinidad and Tobago. The assessment was led by the ENHR Council in collaboration with CHRC, PAHO and COHRED, and forms part of a larger framework envisioned by the Ministry of Health to promote the increased use of credible evidence to inform policy decisions. In this regard, the ENHR Council has worked with a group, led by the Directorate of Health Policy, Research and Planning, Ministry of Health, to obtain a planning grant from PAHO to establish an Evidence Informed Policy Network (EVIPNet) in Trinidad and Tobago.

The EVIPNet Steering Committee has recognized that a functional ENHR Council was central to many of its activities and has proposed changes to the structure and function of the ENHR Council. Significantly, the proposal suggests a cabinet appointed ENHR Council with appropriate resources to carry out its mandate. Additionally, it is proposed that the Secretariat of the ENHR Council reside and be supported from within the Ministry of Health. These suggestions have to be submitted for approval by the managers in the Ministry of Health, but are currently being considered by the ENHR Management Committee.

Jamaica

The Ministry of Health in Jamaica has re-established the Essential National Health Research Committee under the chairmanship of the Director of Health Promotion & Protection Division. The goal of the Essential National Health Research Committee is to provide evidence-based advice to support policy formulation, decision-making, priority-setting, planning of programmes, and the development of guidelines thereby promoting health and development in Jamaica.

The Committee comprises health experts from the Ministry of Health, statutory bodies, academia, international agencies and non-governmental organizations. These experts have been charged with the responsibility to identify, manage and share the national health research priorities as well as facilitate the full implementation of the national health research system.

Other ENHR related activities in Jamaica include the hosting of two research training workshops in July 2009 by the Epidemiological Research Unit (ERU), Tropical Medicine Research Institute, the UWI in collaboration with the Ministry of Health and CHRC. These were the CHRC Basic Research Skills and the Data Analysis and Management workshops. This was the first instalment of a comprehensive health research summer programme planned by the ERU.

SUSTAINABILITY AND FINANCING

Not unexpectedly, the impact of the global economic crisis on CHRC's income was even greater in 2009 than it was in 2008. The decrease in income from Member Countries' quota contributions to CHRC's core budget was compounded by the ending of most of the project grants in 2009. Indeed, the income last year for both the core budget and the projects was less than half the level received in 2008. This led to arrears owed by CHRC member countries to rise to over 980 000USD. These funds are needed to employ staff such as Research Scientists and Communication Specialists to conduct the outstanding activities in the CHRC Strategic Plan. To date, CHRC has been unable to identify a successful strategy to recover the outstanding funds from the few countries with quota arrears.

Fortunately, CHRC was able to secure a new co-operative agreement with US Centers for Disease Control and Prevention (CDC) for another three years to continue our work in the area of M&E. CHRC also contributed to the development of the successful PANCAP proposal to the Global Fund and is expected to receive funding when that project starts in 2011. These new sources of funding are welcome as they will contribute to CHRC being able to conduct more work towards achieving its goals. Even as CHRC is grateful to CDC and its other funding partners for the support, it must be noted that the funds are for specific purposes and additional sources of fund and/or partnerships are urgently needed to enable the conduct of other outstanding activities in the CHRC Strategic Plan.

Cooperative Agreement with CDC

CHRC has successfully negotiated a new cooperative agreement with the Centers for Disease Control and Prevention. This three year agreement will see CHRC working closely with CDC staff to establish a regional M&E training and technical assistance facility to further develop the M&E capacity of the Caribbean. Twelve (12) PEPFAR countries will benefit from this work which will focus on three broad areas i) Serve as the lead regional M&E training provider, guided by a coordinated and comprehensive M&E training strategy ii) Provide M&E training and technical support to National AIDS Programmes and Civil Society Organizations working with most at risk populations and iii) Conduct meta analyses of regional M&E findings for use by policy makers and programme managers.

PANCAP Global Fund Grant

CHRC was one of agencies involved in preparing the successful regional proposal to the Global Fund. CHRC took the lead in coordinating Objective 6 of the proposal “Strengthening monitoring, evaluation and operational research capabilities” and activities included i) the conduct of operations research ii) development of the region’s capacity to produce, analyze and use data in policy making and iii) dissemination and use of research results.

LIST OF ACTIVITIES CONDUCTED BY SECRETARIAT AND STAFF

Dr. Donald T. Simeon, Director

Management:

- Scientific & Management Committee meetings (quarterly)
- CHRC Council Meeting
- Meeting with CHRC Chairman
- Staff Meetings (monthly)

Advocacy/Advice/Communication:

- Meetings of the CARICOM Secretariat
 - o Caucus of Ministers Responsible for Health
 - o Council for Human and Social Development [COHSOD]
 - o Chief Medical Officers
 - o Caribbean Public Health Agency [CARPHA] Steering Committee – member of the Project Management Team
- Promotional visits to Belize, Cayman Islands, Haiti, St Kitts & Nevis, St. Lucia, Tobago, Turks & Caicos Islands
- Plan and manage the Annual CHRC Council and Scientific Meetings
 - o Identify venue and negotiate rates
 - o Edited abstracts for publication in the WIMJ Supplement of the 2009 CHRC Scientific Meeting
 - o Review papers for selection for 2010 CHRC Scientific Meeting
- Council on Health Research for Development [COHRED] Board meeting – Geneva
- CAREC Council meeting – Trinidad and Tobago
- Launch of CHRC Clinical Guidelines for the Management of Asthma – Trinidad & Tobago and St Kitts & Nevis
- Evidence Informed Policy Network [EVIPNet] Steering Committee (Trinidad & Tobago)
- Trinidad and Tobago Ministry of Health Quality Awards Committee (Chairman)
- *CHRC News* – Newsletter of the CHRC - Editor

Capacity Building:

- Research Skills Training Workshops in Trinidad & Tobago, St. Lucia
- Review of grant proposals
- First Monitoring and Evaluation International Seminar for Senior M&E Staff – Thinking Evaluation in (Situ) Action: from theory to program changes – FIOCRUZ, Brazil
- Workshop on Effective Project Planning and Evaluation in Biomedical Research – Jamaica
- Strengthening Nurses’ Capacity in HIV Policy Development in Sub-Saharan Africa and the Caribbean – Member, International Advisory Committee

Research Related Activities:

- Chair, Ethics Committee, Ministry of Health, Trinidad & Tobago
- 3rd Bioethics Forum: *Bioethical Standards – People and the Environment* – Trinidad & Tobago. Chair, Local Organization Committee
- The Bioethics Society of the English-Speaking Caribbean [BSEC] Executive Meetings
- Peer review meeting - *SUPPORT Tools for Evidence-informed Health Policymaking (STP)* – London
- McMaster Health Forum – Deliberative Dialogue on *Engaging Civil Society in Supporting Research Use in Health Systems*. Canada.
- Trans-Caribbean HIV/AIDS Research Initiative (TCHARI) – 3rd Working Group Meeting – Puerto Rico
- Global Forum for Health Research - Cuba
- Follow-up meeting to the 1st Latin-American Conference on Research and Innovation for Health - Cuba
- Launch – Evidence Informed Policy Network (EVIPNet) in Trinidad and Tobago
- Trinidad & Tobago Medical Association 15th Medical Research Conference – received Award for Research Excellence
- PEPFAR Consultative Meeting – Development of Regional Partnership Framework – St. Lucia
- CARICOM/Brazil Cooperation – meetings to develop tertiary level M&E training programmes
- Annual CHRC Scientific Meeting – St Lucia

Sustainability and Financing

- Contributed to the preparation of successful grant proposal to the Centers for Disease Control and Prevention (CDC)
- Contributed to the preparation of CDC component of successful PANCAP grant proposal to the Global Fund

Professor Anselm Hennis, Scientific Secretary

- Participation in all Scientific and Management Committee Meetings.
- Review of grant proposals
- Review papers for selection for 2010 CHRC Scientific Meeting
- Edited abstracts for publication in the WIMJ Supplement of the 2009 CHRC Scientific Meeting
- Coordinated the judging of the Student's Prize at the 2009 Meeting

Professor Elsie LeFranc, Scientific Secretary

- Chaired meetings of the scientific and management committee
- Review of and papers for the 2010 meeting
- Editing of abstracts for publication in the WIMJ Supplement of the 2009 CHRC Scientific Meeting
- Review of grant proposals

Dr. Terese Maitland

- Participated in meetings of the scientific and management committee
- Reviewed and scored all papers submitted for the 2010 scientific meeting
- Reviewed grant proposals submitted to CHRC for funding.
- Facilitated at CHRC Basic Research Skills workshop in Trinidad and Tobago
- Facilitated at CHRC Data Management and Analysis workshop in St Lucia
- Participated in CAREC National Epidemiologists and Lab Directors Meeting

Dr. Navindra Persaud, Scientific Secretary

- Participated in all Scientific and Management Committee meetings
- Reviewed grants proposals that were submitted during the reporting period
- Reviewed papers submitted for the scientific meeting
- Edited of abstracts for publication in the WIMJ Supplement of the 2009 CHRC Scientific Meeting
- Assisted persons submitting papers from Guyana with the preparation of their manuscripts
- Developed guidelines for the submission of abstracts for the Research Day sponsored by Georgetown Public Hospital Corporation and assisted with the review and selection of abstracts for the meeting.
- Provided technical support to all presenters for the development of their presentation and coached presenters whose papers were accepted on presentation techniques.
- Provided support and guidance to persons conducting research projects from the University of Guyana, the Ministry of Health and other agencies.
- Supported the design, implementation, analysis, and preparation of the report for the second round of BSS in Guyana

Professor Dan Ramdath, Scientific Secretary

- Assisted Director with administrative matters.
- Participated in Scientific Management Committee meetings.
- Reviewed grant applications for possible funding.
- Reviewed scientific papers submitted to the annual CHRC Scientific Meeting.
- Edited of abstracts for publication in the WIMJ Supplement of the 2009 CHRC Scientific Meeting
- Member, CHRC Steering Committee for the Development of the Caribbean Health Research Agenda.
- Provided support for persons submitting proposals for consideration under the CHRC Research Grants Programme.
- Met with Vice-President of the Trinidad and Tobago Medical Association to explore collaboration in hosting the 55th Scientific Meeting in Trinidad
- Worked with the Program Manager at the Michener Institute, Toronto, Canada to guide the course content for their on-line Diabetes Educator Programme in order to harmonize with the contents of the CHRC guidelines.
- Chair, ENHR Council of Trinidad and Tobago

Professor Susan Walker, Scientific Secretary

- Participated in meetings of the Scientific and Management Committee
- Reviewed and scored all papers submitted for the 2010 scientific meeting
- Edited abstracts for publication in the supplement of the 2009 scientific meeting.
- Reviewed grant proposals submitted to CHRC for funding.
- Coordinated judging of David Picou Prize at 2009 scientific meeting
- Member of the Steering Committee for development of the Caribbean Health Research Agenda

Dr. Ansari Ameen, Monitoring and Evaluation Scientist

Advocacy/Advice/Communication

- On-going Consultations with the OECS HIV/AIDS Project Unit (HAPU) of the OECS Secretariat
 - Provide on-going M&E support and consultations to the OECS HAPU as it relates to developing and implementing a monitoring and evaluation system for use in Phase II of the OECS Global Fund Grant
 - Collaborate with staff from the OECS to design a study to document key lessons learned from the implementation of the OECS Global Fund Grant
- Consultations with the Ministry of Labor (Trinidad & Tobago) on the design and evaluation of a pilot IEC project to be implemented in Tobago.
- Provide M&E Technical Support to the National AIDS Programme in Dominica
 - Technical support to NAP Director and staff with developing indicators for the National Strategic Plan (NSP).
 - Technical support to the NAP with developing a Monitoring and Evaluation Plan to accompany the revised NSP
- Support the National AIDS Programme in the Dominican Republic
 - Technical support to M&E Officer and NAP in the Dominican Republic with identification and selection of a consultant to document the IT platform to be used in the Dominican Republic for Data Management and Analysis.
- Provide Support to UNAIDS with the development of standards and curricula for the capacity development of M&E Officers and UNAIDS M&E support staff.
 - Contribute to workshop with International Development Partners to develop M&E training standards and curricula.
- M&E Technical Support to the National AIDS Programme of St. Maarten.
 - Conduct a Mid-Term Review of the NSP of St. Maarten for the purpose of identifying successes and challenges with implementing the National Strategic Plan and making recommendations to improve implementation over the remaining NSP period.

Research-Related Activities

- On-going Consultations with the HIV/AIDS Project Unit (HAPU) of the OECS Secretariat
 - Provide M&E technical support to the OECS Secretariat with various aspects of planning for the conduct of KAPB surveys in 6 OECS countries.
 - Facilitate a consensus-building workshop with key stakeholders from six (6) OECS countries to develop a core instrument for use during the conduct of KAPB surveys in the OECS countries;
 - Support the OECS Secretariat with the development of terms of reference for a contractor to conduct KAPB surveys in the OECS
 - Evaluate proposals from potential contractor for the conduct of KAPB surveys.

Capacity Building

- Collaborate with the M&E Technical Working Group to design and execute a Data Analysis and Dissemination Training workshop for representatives from 11 countries
 - Plan workshop structure and content
 - Develop presentations and workshop materials
 - Facilitate sessions of workshop
- Collaborate with the M&E Technical Working Group to design and execute a Data Management Training workshop (CRIS and DevInfo) for representatives from 16 countries.
 - Plan workshop structure and content
- Work with other CHRC staff and the National AIDS Programme in Suriname to design an M&E Workshop for implementing agencies under the Suriname Global Fund Grant
 - Develop workshop training materials
 - Facilitate the training workshop

Sustainability and Financing

- Meetings of the M&E Technical Working Group (TWG)
 - Chair periodic meetings of the M&E TWG
 - Facilitate Annual Retreat of the TWG.
- Represent Caribbean M&E Technical Working Group at Annual Meeting of the Global Monitoring and Evaluation Reference Group
 - Prepare and deliver presentation on the state of M&E in the Caribbean.
 - Prepare and deliver commentary on MERG product on Curriculum Standards and Capacity Building.
- Negotiate revised and expanded scope of services under the MOU between CHRC and the OECS Secretariat
- Work with other CHRC and PANCAP staff to prepare M&E section of the successful PANCAP Round 9 Global Fund Proposal
- Prepare proposal for UNESCO to develop M&E Framework for education sector
- Participate in Mission to Brazil to pursue M&E cooperation mechanisms between Brazil and the Caribbean
- Participate/Contribute to Regional Partner Meetings
 - CHART Principal and Partners Meeting.
 - PHCO Strategic Planning Meeting.
 - PANCAP Priority Area Coordinating Committee Meetings.
- Contribute to preparation and hosting of CHRC Annual Conference
 - Serve on Awards Banquet sub-committee

Ms. Elizabeth Lloyd, Senior Monitoring and Evaluation Officer

Capacity Building

Workshops

- Ensured the successful planning and delivery of a Regional M&E Software Training Workshop
 - o Performed the role of Chairperson

- o Ensured effective planning & management of the workshop including coordinating the work of partner institutions (UNAIDS, UNICEF)
- o Represented CHRC's interests during planning sessions
- o Managed the work of CHRC administrative staff responsible for handling all workshop logistics
- o Conducted M&E training sessions
- Ensured the successful planning and delivery of M&E Training workshop in Suriname
 - o Worked with staff of the PAHO country office, National AIDS Programme and Ministry of Health to develop workshop agenda to respond to the country's training needs.
 - o Customized training material to meet the needs of workshop participants
 - o Managed the work of CHRC administrative staff responsible for handling all workshop logistics
 - o Conducted M&E training sessions
 - o Contributed to the management of the workshop – timing of presentations, group dynamics.
- Ensured the successful planning and delivery of M&E Training workshop in Turks & Caicos Islands
 - o Ensured successful planning & execution of the workshop including coordinating in-country local stakeholders at the National AIDS Programme and Ministry of Health
 - o Customized training material to meet the needs of workshop participants
 - o Managed and delivered 3 day training to group of 20 cross-sectoral participants
 - o Managed the work of CHRC administrative staff responsible for handling all workshop logistics
 - o Conducted M&E training sessions
- UNGASS Training Workshop
 - o Contributed to the development of the workshop agenda,
 - o Chaired segments of the week-long programme
 - o Delivered 3 training sessions to participants and facilitated group work sessions

Technical Support

- Conducted individual training, provided instruction, mentoring and coaching of M&E Officers in 6 member countries
- Conducted a mission to Cayman Islands focused on identifying that country's M&E needs and the best approach to providing the necessary support
- Conducted technical support mission to Haiti for the purpose of guiding work for development of that country's M&E Plan
- Conducted technical support mission to St Kitts & Nevis for the purpose of revising their M&E Plan in response to their new National Strategic Plan
- Conducted technical support mission to Antigua with the aim of re-establishing contact with the restructured NAP. Held discussions with the Chief Medical Officer to advocate for the post of M&E Officer at the NAP and to discuss and agree on technical support requirements and a timeline for follow up.
- Delivered a presentation on Data Use workshop targeting OECS countries involved in the OECS GFATM project
- Conducted a mission to Belize to re-establish contact with that country's response given its new Government and identified technical support needs

- Provided technical advice to the Centre for Gender and Development Studies with the development and implementation of the M&E component of their UNIFEM-funded project on Incest, Child Sexual Abuse and HIV
- Provided technical advice in the area of M&E training to the M&E Officer at the Trinidad & Tobago Health Training Centre
- Provided technical guidance to the M&E Officer at CRN+ and the National AIDS Co-ordinating Committee, Trinidad & Tobago
- Provided technical support to PANCAP in the preparation of Global Fund Round 9 proposal
- Initiate and conduct discussions with the Chief Secretary, Tobago House of Assembly regarding M&E support to the Assembly and the Tobago HIV/AIDS Coordinating Committee Secretariat
- Develop and deliver M&E training session at the Trinidad and Tobago Ministry of Health Technical Heads Meeting and facilitate work planning sessions of this group

Advocacy/Advice/Communication

- Co-ordinated and facilitated the M&E Technical Working Group bi-monthly meetings with the aim of harmonizing the work of regional technical support agencies in the development of M&E systems
- Provided support to CARICOM Secretariat with the finalization of CCH III indicators and reporting process
- Contributed articles to CHRC quarterly newsletter and supported its promotion
- Engaged in discussion with the PAHO HIV Caribbean Office on their work in the Overseas Territories and developed a plan for collaboration on M&E capacity building activities
- Represented CHRC and ENHR Council on the EVIPNet Core Committee and participated in activities aimed at promoting and developing EVIPNet in Trinidad & Tobago

Sustainability and Financing

- Developed core elements of CHRC's proposal to the Ministry of Health, Trinidad & Tobago- Results Based Management Framework
- Developed elements of the proposal for New Cooperative Agreement between CDC and CHRC
- Developed elements of CHRC's proposal for PANCAP Round 9 Global Fund Proposal and led review session with the team of consultants preparing the proposal

Participation at Meetings

- CARICOM Human Resource Managers Meeting, Barbados aimed at learning about the process for becoming a full CARICOM institution and the attendant benefits
- Global Health Forum, Havana Cuba
- PANCAP Annual General Meeting

Personal Development

- First Monitoring & Evaluation International Seminar for Senior M&E Staff, Rio de Janeiro, Brazil
- Caribbean Health Leadership Institute (CHLI), Leadership training Programme

Administrative/ Project Management

- Guided the preparation and reviewed quarterly PANCAP GFATM technical reports
- Guided the preparation and reviewed CDC Semi-Annual progress report

- Participated in CDC briefing sessions receive updates on Co-operative Agreement rules and guidelines
- Participated in audit of CHRC's project finances
- Participated in PANCAP monitoring mission to discuss progress and project implementation issues
- Managed the work of the Administrative Assistant to ensure efficient execution of all administrative matters
- Conducted performance review of Administrative staff
- In conjunction with and in the absence of the M&E Specialist, managed staff (M&E Officer, Admin Assistant, Finance Officer) to ensure fidelity to work plan, expenditure and project deadlines as well as supported and maintained good work ethic and staff morale

Ms. Shelly Hunte, Research Assistant

(from September 2009)

Research-Related Activities

- Worked on proposal to develop Health Research Agenda for the Caribbean including the questionnaire
- Identified participants to the development of the Agenda

Capacity Building

- Support to researchers with data management and analysis
- Planned hosting of Basic Research Skills workshop

Appendices to Director's Report

| | | |
|----------|---|----|
| 1 | Report on Completion of Activities in 2009 Work Programme | 59 |
| 2 | Summary of CHRC Activities in other Countries | 62 |
| 3 | Proposal - Development of Health Research Agenda for the Caribbean | 64 |

APPENDIX 1

REPORT ON COMPLETION OF ACTIVITIES IN 2009 WORK PROGRAMME

| Planned Activities | Status |
|---|--|
| Present reports to CMOs, Health Ministers, COHSOD and other decision makers on health research and related matters | Participation at CARICOM Secretariat meetings—COHSOD; Caucus of Health Ministers; CMO's; CARPHA; PANCAP |
| Produce and disseminate quarterly CHRC newsletter (<i>CHRC News</i>) | 4 Issues of <i>CHRC News</i> were published in 2009 |
| Produce and disseminate health research information targeting policy makers, health care providers and the public using the CHRC website and other media. | CHRC products and other relevant research findings were disseminated via the website, Newsletter, CDs etc. |
| Conduct training workshops for utilization of the CHRC Clinical Guidelines | Lack of funding impeded progress in this area |
| Develop and publish Guidelines for the Management of Maternal Care and Pregnancy | Delayed due to unavailability of partners and funding |
| Visits by CHRC Director to four (4) member countries to promote health research and related matters | Director has made promotional visits to 7 countries (Belize, Cayman Islands, Haiti, St. Kitts & Nevis, St. Lucia, Trinidad and Tobago, Turks & Caicos Islands) |
| Revive Regional Network on Policy and Health Systems Research (RENPHER) | Lack of funding prevented work in this area but proposal was drafted to identify funding |
| Expand and maintain website | The website was continuously updated and expanded |
| Participate in international health research and related meetings | Contributions have been made at a number of international meetings |
| Host 54th Annual Scientific Meeting | 54 th CHRC Conference was successfully hosted in St Lucia attended by 200 delegates from 22 countries |
| Disseminate and Promote Caribbean Health Research Policy | Health Research Policy was completed and endorsed by CARICOM. |
| Complete and promote regional health research agenda | Work on the establishment of the Regional Health Research Agenda began this year and will be completed in 2010 |
| Work with countries and regional partners conducting CCHIII related activities, especially in the area of research, monitoring and evaluation and production of clinical guidelines | Completed list of CCH III indicators, CMO's reporting template and M&E chapter of CCH III document. |

| Planned Activities | Status |
|---|---|
| Promote and support Essential National Health Research (ENHR) | ENHR activities in Jamaica and Trinidad & Tobago supported |
| Provide Technical Assistance/Support to develop national M&E systems | CHRC worked with NAP and MoH staff of 18 countries over the past year providing:- <ul style="list-style-type: none"> • M&E skills training • Support with the development of National M&E Plans • Technical assistance with implementing M&E systems |
| Conduct 2 multi-country research studies | Funding constraints impeded the conduct of this activity |
| Conduct literature reviews in three priority health areas | Funding constraints impeded the conduct of this activity |
| Administer the research grant programme to the value of \$100 000 | Only 5 research grants totalling \$23,000 were disbursed in 2009 due to poor quality of proposals and funding constraints |
| Conduct training workshops complemented by country level follow up activity with participants to support the actual conduct of research | 9 training workshops were conducted in 2009 to the benefit of over 100 participants from 19 countries |
| Support the establishment of national research ethics committees | Worked with Bioethics Society to develop template for establishing ethics committees and disseminating these to Ministries of Health |
| Assist researchers to prepare research proposals, design research studies, analyze data and prepare research papers | Limited support was provided to individual researchers and Ministry of Health staff |
| Conduct of internship programme | The programme was advertised however funding constraints at country-level limited uptake by interested participants |
| Identify donor agencies to fund scholarships and internships in research related fields. | Limited progress was made in this area |
| Strengthen research component of curricula of training programs for health professionals | Limited progress was made in this area |
| Establish mentoring network in Eastern Caribbean | Limited progress was made in this area |
| Demonstrate value of CHRC and health research to countries to encourage the payment of quota arrears | Limited progress was made in this area. Level of arrears increased to almost \$1 Million |
| Source extra-budgetary funding for programs from donor partners | 52% of income was generated from donor partners. Also, received a new 3-year grant from CDC |

| Planned Activities | Status |
|---|--|
| Conduct proposal writing workshops | No progress was made in this area |
| Use of electronic media for the conduct of meetings and workshops | 2 Scientific and Management meetings held using electronic media |
| Placement of senior staff at CHRC by partner agencies | No progress was made in this area |

APPENDIX 2

SUMMARY OF CHRC ACTIVITIES IN COUNTRIES

| COUNTRY | SUPPORT GIVEN |
|-----------------------------|--|
| Antigua and Barbuda | <ul style="list-style-type: none"> • M&E Software Training Workshop • M&E Technical Support |
| Bahamas | <ul style="list-style-type: none"> • M&E Software Training Workshop |
| Barbados | <ul style="list-style-type: none"> • M&E Software Training Workshop |
| Belize | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop • Mission to identify health research and M&E support needs |
| Cayman Islands | <ul style="list-style-type: none"> • Mission to identify health research and M&E support needs |
| Dominica | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop • Support to finalize M&E framework • Support with the revision of the M&E Plan |
| Grenada | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop |
| Jamaica | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop • Basic research skills workshop • Data Management and Analysis Workshop |
| Montserrat | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop |
| St Kitts & Nevis | <ul style="list-style-type: none"> • M&E Software Training Workshop • Support with completing National M&E Plan • Data Analysis and Use Workshop • Launch of Clinical Guidelines for Asthma Management |
| St Lucia | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop • Research Skills Workshop • M&E Technical Support |
| St Vincent & the Grenadines | <ul style="list-style-type: none"> • M&E Software Training Workshop |

| COUNTRY | SUPPORT GIVEN |
|------------------------|---|
| Suriname | <ul style="list-style-type: none"> • M&E Software Training Workshop • Basic M&E Training Workshop • Conduct of a Needs Assessment |
| Trinidad and Tobago | <ul style="list-style-type: none"> • M&E Software Training Workshop • Basic Research Skills Workshop • Meeting with Health Officials to identify M&E needs • Launch of Clinical Guidelines for Asthma Management • Support to Ministry of Health's Research Ethics Committee |
| Turks & Caicos Islands | <ul style="list-style-type: none"> • Basic M&E Training Workshop • Mission to identify health research and M&E needs • M&E technical support |
| Dominican Republic | <ul style="list-style-type: none"> • Data Analysis and Use Workshop • Support with the development of data management systems for HIV/AIDS |
| Haiti | <ul style="list-style-type: none"> • M&E Software Training Workshop • Data Analysis and Use Workshop • Support with the development of an M&E Plan • Meeting with Ministry of Health Officials |
| St. Maarten | <ul style="list-style-type: none"> • Conduct of a mid-term review of the National Strategic Plan |

APPENDIX 3

PROPOSAL

Development of Health Research Agenda for the Caribbean

BACKGROUND

In the Nassau Declaration of 2001, the Heads of Government of CARICOM championed the importance of evidence-based decision making [1]. This is consistent with the growing ground swell for health policies, programs and practices in the Caribbean to be informed by the best scientific knowledge.

Since the early 1990's the concept of Essential National Health Research (ENHR) was introduced to low and middle income countries as a strategy to ensure that limited resources for health are invested in areas with the highest social return. It promotes research as being essential to guide resource allocation and address issues of inequity. It also reinforces the links between research, action and policy [2]. Many developing countries, including the Caribbean, encounter several constraints which highlight the need for ENHR and the prioritization of research. There are limited numbers of researchers and research centres, and funding for health research is usually dependent on international donor agencies. More often than not, the research agendas of the latter are already set and not consistent with the health priorities of the country. The result is that researchers are enticed away from important national or regional issues[3].

The Caribbean Cooperation in Health Initiative (CCH) identifies the health priorities of the Caribbean. The latest edition, the CCH III, was recently endorsed by CARICOM member states and includes eight program areas:

1. Communicable Diseases.
2. Food and Nutrition.
3. Chronic Non-Communicable Diseases.
4. Human Resource Development.
5. Family and Community Health Services.
6. Strengthening Health Systems.
7. Environmental Health.
8. Mental Health.

There is a requirement for the activities conducted to achieve the Expected Results for the various CCH III Programme Areas to be well grounded in research. It is therefore necessary that a Health Research Agenda be developed to complement the CCH III.

In addition, one of the principal strategies proposed in the recently developed Health Research Policy of the Caribbean[4] is the development, at the regional level, of a health research agenda in consultation with all stakeholders. This agenda would then be available to be adopted or adapted at a national level by CARICOM Countries.

The process to develop the Caribbean Health Research Agenda is therefore driven by the need:

1. To fill gaps in the availability of locally relevant research evidence to inform health policies, intervention programs and practices at the national and regional levels.
2. For health research priorities to complement the recently defined health priorities in the CCH III.
3. To help redress the undesirable practice in which some researchers in the Caribbean conduct research on basis of resource availability rather than priority.

GOAL AND OBJECTIVES

Overall Goal

To develop a Health Research Agenda for the Caribbean that will clearly identify priority areas and guide research in the region to facilitate the achievement of health-related development goals and improve the health outcomes of the people in the Caribbean.

Objectives

1. To identify areas for research that should be given high priority in the Caribbean. Priorities will be developed for each Program Area of the CCH III.
2. To identify critical gaps and prepare a health research agenda that can be adapted or adopted by Caribbean countries.

METHODS

Oversight of the development of the Caribbean Health Research Agenda will be provided by a Steering Committee comprising Chief Medical Officers and members of the CHRC Secretariat. The Council on Health for Research Development (COHRED) will provide key technical support. COHRED has been supporting the development of National Research Agendas in countries globally for over fifteen (15) years.

The development and implementation of the Agenda will be conducted in five (5) phases.

Phase 1

In the first phase, background documents will be collated that highlight the research related issues that need to be considered. Documents will include the CCH III, the Caribbean Health Research Policy and any other relevant documents available such as the Report of the Caribbean Commission on Health and Development. Where possible, publications that include a situation analysis of the particular CCH III Programme Area will be shared. Such publications may include a review of literature of issues such as disease burden, economic consequences, gaps in research, health and health research systems, and community needs/demands [2].

Phase 2

In the second phase, relevant stakeholders will be identified and invited to form a representative Working Group responsible for developing the agenda [2]. The stakeholders will include:

1. Chief Medical Officers/ Ministries of Health Representatives
2. Content Experts - Universities, Regional Health Institutions, Others
3. Non-Governmental Organizations and Community Representatives

Phase 3

The third phase includes the use of Delphi Methodology to determine the priority areas for research. Delphi Methods can be defined as the use of an iterative process to achieve consensus or expert opinion where a problem does not permit the application of precise analytical techniques but can benefit from subjective judgment on a collective basis. In its simplest form the method is anonymous, has controlled iteration and feedback and formal group judgment [5,6,7].

The Steps involved in the Delphi Methodology include [8]:

1. Development of the first round Delphi questionnaire and its testing for proper wording etc.
2. Transmission of the questionnaire to panelists who would submit their responses (electronically).
3. Analysis of the 1st round of feedback.
4. Preparation of the second round questionnaire and transmitting it to panelists.
5. Analysis of the second round of questionnaires (repeat steps 4 and 5, if necessary).
Analysis is typically done with graphs or diagrams. The final results will be presented in the form of assertions and rationale and circulated again for comment.
6. Preparation of a report by the analysis team – a report of the final conclusions will be generated and circulated to the relevant persons. This will include the priorities for each CCH III programme area.

The hosting of regular face-to-face meetings is not an option due to the costs involved. To circumvent this, the Delphi will be conducted using emails. The short questionnaire will be sent to the panellists who will be asked to respond in two weeks. In the first-round questionnaire, the panellists will be asked to list what they believe would be priority areas of research for each of the CCH III sub-priority areas in that particular Programme Area. For the second-round Delphi, the questionnaire will include a list of the research topics for each sub-priority area and the panellists will be asked to rank what they believe to be the top 5. In addition, they will be asked whether they believe there are adequate resources (human, financial as well as facilities) to available to address these topics in the Caribbean

Wiki

CHRC and COHRED will collaborate to create a wiki to guide the process. It will be accessible from the websites of the two institutions and will be used to obtain feedback from stakeholders. At the end of the two rounds of Delphi, the priority areas will be posted on the wiki so that all stakeholders can give their comments / make their contributions. This information will be used in the finalization of the agenda.

A **wiki** is a collaborative software program that typically allows web pages to be created and collaboratively edited using a common web browser. Websites running such programs are themselves referred to as wikis. A wiki system is usually an application server that runs on one or more web servers. The content is stored in a file system, and changes to the content are stored in a relational database management system.

Scoring and Ranking Research Priorities

During the second round of the Delphi, the research priorities identified by the above methods will be ranked using the procedure stated in *COHRED's Manual for Research Priority Setting Using the ENHR Strategy*^[2].

This procedure involves the application of a list of criteria to each priority area identified will be assessed. The scores will then be used to rank the areas [3]. The criteria to be used for priority setting will include the following:

1. Appropriateness
2. Relevancy
3. The chance of success
4. Impact of the research outcome

Phase 4

FOLLOW UP AND IMPLEMENTATION ^[2]

This phase includes:

1. Research problem specification within each research area.
2. Development of specific research questions.
3. Publication and dissemination of the Caribbean Health Research Agenda.
4. Identification of resource requirements and sources of funding.
5. Identification of potential research groups for implementation.

Phase 5

MONITORING AND EVALUATION ^[2]

Relevant indicators will be identified/ developed to monitor the uptake and implementation of the agenda such as a review of the research topics funded and published. The indicators will be reviewed by the stakeholders involved in the development of the agenda.

The impact of the agenda on the conduct of essential research will be the subject of an independent review four (4) years after it has been developed. The findings will be used to revise the agenda.

TIMEFRAME

The process to develop the Agenda will begin in November 2009. At this time, research priorities will be developed for two of the eight CCH III Programme Areas – Food & Nutrition and Communicable Diseases. It is expected that a draft Agenda will be prepared for these Areas by April 2010. At this time, two more Programme Areas will be addressed. It is expected that research priorities for all eight Programme Areas will be completed by November 30 2010.

Phase 4 will be implemented for each of the Programme Areas as soon as their priorities have been determined.

PROJECT MANAGEMENT

Project oversight will be provided by the Steering Committee comprising Chief Medical Officers and CHRC Scientific Secretaries. The day-to-day running of the project will be the responsibility of the Project Manager.

The project implementation team will comprise a Project Manager and a Research Assistant with technical support from COHRED.

Quarterly progress reports will be submitted to the Steering Committee by the Project manager.

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