

Report of the

Director of Research

May 2003 – April 2004

REPORT OF THE DIRECTOR OF RESEARCH

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Presented to the 49th Annual Meeting of the Caribbean Health Research Council

April 21, 2004

Two of the more significant achievements during the period 2003-2004 were the development of the Strategic Plan (2004-2009) and the employment of two key members of staff. The Plan really started to take shape at the Brainstorming Session of the last Council meeting and continued with the formation of a committee comprising the CHRC secretariat as well as representatives of the CMOs and CARICOM. Consultants were also employed to assist in its development. The CHRC Strategic Plan for 2004-2009 will be presented at this Council meeting during the Brainstorming Session for further feedback and endorsement. A Health Research Scientist has been recently employed. This is particularly remarkable since that position had been vacant since 1998 and the absence of someone in this post had greatly restricted the work of the CHRC during that period. The situation is expected to improve even more with the impending appointment of Research Scientists in Barbados and Jamaica. A Monitoring and Evaluation (M&E) Scientist has also been employed by the CHRC for the first time. This is significant, not only because it is funded from a project grant but it is a reflection of the growing appreciation for M&E in the Region and the role that CHRC is playing in this discipline.

The CHRC has responded to the appeals of its member countries and other partner organizations to take a lead role in monitoring and evaluation in the Caribbean. We are in the process of developing a regional M&E framework for HIV/AIDS programs and will be working with our partners to establish and support M&E systems in countries. We currently chair the Technical Working Group for M&E in the Caribbean which has started work on harmonizing the indicators requested by various agencies to monitor the progress of national AIDS programs. Currently, there is considerable overlap in the requests for indicator data by agencies such as the World Bank, UNAIDS and the United Nations General Assembly – Special Session on HIV/AIDS (UNGASS). This not only results in the resources of countries being stretched thin in trying to provide data but is also a source of great confusion. The Working Group comprises representatives of the CHRC, UNAIDS, CAREC, UWI and the Centers for Disease Control (CDC). The CHRC has also been recently selected as the agency with the responsibility for M&E in the program led by the Pan-Caribbean Partnership against HIV/AIDS (PANCAP) initiative of CARICOM, which was recently funded through the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). The CHRC expects that its efforts to provide support in the area of M&E for persons working in the various

HIV/AIDS program areas would result in a general sensitization of the importance as well as the building of capacity that would be transferred to other health areas. We envision the growth of an M&E culture in the Caribbean where managers would appreciate the importance of including a monitoring and evaluation component in all health programs.

Another highlight of the past year was the successful scientific meeting that was held in the Commonwealth of the Bahamas in early May 2003 at which a record 149 papers were presented in addition to the Feature Lectures. After the meeting, delegates were asked to propose ways in which the meeting can be improved. A number of suggestions were received of which a few have been implemented for this year's meeting. These include the receipt of Continuing Medical Education (CME) credits for persons attending the meeting, a plenary session showcasing young researchers and the facility to submit papers for presentation at the scientific meeting online, using the CHRC website. The website, which was created last year, is still in the process of being developed as we intend for it to have a central role in our efforts to improve communication with our stakeholders and in the dissemination of policy relevant research findings.

In the area of capacity building, research skills, both basic and advanced, as well as monitoring and evaluation (M&E) workshops were held in a number of countries. The Director of Research also benefited from capacity building with his participation at an induction program in the United Kingdom that was organized and coordinated by one of the CHRC elected members, Prof. Sally Davies. During the 2-week programme, useful contacts were made with key persons in the field of Research and Development. In addition, the discussions held and the literature received in the management of health research made the exercise very informative and useful. More details about the program can be seen in the report in Appendix 1.

We continued our efforts to support research through the block grant scheme. There were two Requests for Proposals announcements, in addition to processing the regular grant applications. The first was in the area of HIV/AIDS/STI and the second for intervention studies in chronic non-communicable diseases and violence. Overall, we awarded eight research grants to Caribbean researchers in 2003.

The CHRC is mindful of the slow economic growth in many of its member countries. We are also aware that the hosting of the annual scientific meeting can be a source of great financial burden to countries that volunteer. Consequently, from this year the CHRC has provided financial support to the host country and there is also a line in the budget for next year to continue this assistance. We also realize that the CHRC should seek funding from other sources in order to supplement quota contributions. The identification of

donor agencies to fund various programs is therefore critical. We have been able to do this through the European Union funded project aimed at Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC). Through this project, the CHRC has received and disbursed \$150 000(US) for the funding of studies by Caribbean researchers in addition to financial support for staffing, training workshops in M&E and the assessment of National AIDS Programmes. The CHRC will also be receiving assistance from other donor agencies shortly to support other programs. Fruitful discussions have been held with the Global AIDS Program of the Centers for Disease Control (GAP/CDC) and funding is forthcoming. The CHRC is one of the sub-recipients in the PANCAP/CARICOM grant from the GFATM that would be disbursed later in 2004.

ANNUAL SCIENTIFIC MEETING IN GUYANA

The 48th annual scientific meeting was hosted by the government of the Bahamas May 1-3, 2003. The CHRC is most grateful to the Ministry of Health and its planning committees, which worked assiduously to ensure the success of the meeting. There were three feature presentations. The first was by Dr. Perry Gomez who delivered on *'HIV/AIDS in the Bahamas: Scaling up – the Challenges'*. Dr. Gomez shared some of the features of their National AIDS Program that may have been responsible for the remarkable decrease in the incidence rate. Prof. Paul Levett presented on *'New Infections for the New Millennium: Why Infections are Emerging?'*, a very topical issue, since the meeting was held in the middle of the SARS scare. The third presentation was by Prof. John Garrow on *'Evidence on which Therapies should be Based'*. This is an issue of great significance, give our promotion of evidence based decision making. There were 80 oral and 69 poster presentations covering a range of health research issues that reflected both the interest of the regional health researcher well as the health priorities of the Region. The presentations were of the usual high standard. The Ed Kass Prize for best young researcher was awarded to Ms. M. Murray of the Faculty of Medical Sciences, UWI, St. Augustine for her study entitled *'A Nutrition Survey of Adults in One Rural and One Urban Community in Trinidad'*. The first prize in Glaxo-SmithKline competition for best posters went to Mr. R. McLean and his colleagues for their paper *'Implementation of Quality Assurance in Laboratories – a Cost Effectiveness Study'*. The second and third prizes went to Dr. T. Maitland and colleagues (*Nutritional Status of Perimenopausal Caribbean Immigrants to the United States of America and their American-Born Peers: Impact Of Acculturation*) and Mr. S. Hemmings (*Knowledge, Attitudes and Sexual Practices of the University of the West Indies Students towards HIV/AIDS*), respectively.

On the afternoon of the Council meeting, a 'brain-storming' session was held entitled **'Strategic Planning for Strengthening Health Research in the Caribbean'**. The presentations included an

'Introduction to the CHRC Strategic Plan' by Dr. DT Simeon, a 'Chief Medical Officer's Perspective' by Dr. J. Hawes and 'Communication Issues in Health Research' by Mr. T. Deyal. The session was chaired by Prof. S. Davies. The lively discussions addressed issues pertinent to CHRC's role for the next few years and created the ideal foundation for the subsequent preparation of the CHRC Strategic Plan 2004-2009.

CAPACITY BUILDING

The CHRC continued to address its mandate at strengthening the research capacity of member countries by hosting research skills workshops. Four basic workshops were held in Grenada, Jamaica, the Bahamas and Guyana, while two advanced workshops were held in Antigua and Jamaica. Overall, a total of 106 persons received training at the four basic workshops while 24 persons participated in the advanced workshops. More details about the workshops and their evaluations are presented in Appendix 2.

The CHRC expanded its research related training beyond the basic and advanced research skills to include monitoring and evaluation (M&E) workshops. Three were held over the past year in Barbados, St. Kitts & Nevis and Guyana. The workshops were primarily conducted to introduce the concept of M&E to persons who would be using the CHRC manual *Caribbean Indicators and Measurement Tools (CIMT) for the Evaluation of National AIDS Programs*. They cover the fundamentals of M&E and the development of indicators. Participants are also placed in groups to develop work plans to evaluate the various program areas of their country's multi-sectoral approach to managing the HIV/AIDS epidemic. The facilitators for the workshops were Dr. Ansari Ameen and Ms. Elizabeth Lloyd and their reports can be seen in Appendix 3. The CHRC intends to further develop these M&E workshops along similar lines as the basic and advanced research skills workshops, producing an accompanying manual that can be used as a reference guide. These workshops would be used to train health professions in the area of M&E so that they would be sensitized, be more M&E literate and be equipped to incorporate evaluation components into their various programs and projects.

In the drive to build capacity, the CHRC has collaborated with UWI to identify an intern to work with the M&E Scientist and Research Assistant. This trial started in February 2004 using funds from the SIRHASC project. This mentoring program will be expanded to include interns to work with the health research scientists employed by the CHRC. This is not only seen as a strategy to encourage individuals to eventually pursue a career in health research related fields but to also contribute to the training of young, bright researchers.

Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC)

One of the ways in which the CHRC is contributing to the fight against HIV/AIDS is through the

participation in the CARICOM managed, EU funded project which is aimed at Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC). The CHRC has two main responsibilities: the conduct of assessments of National AIDS Programmes in eight countries and the disbursement of grants for research in HIV/AIDS/STI. The eight countries are Anguilla, Bahamas, Barbados, Dominican Republic, Guyana, Jamaica, St. Kitts & Nevis and Trinidad & Tobago.

During the past year, a number of activities were completed. These include:

- Award of grants for research in HIV/AIDS/STI
- Appointment of a Monitoring and Evaluation Scientist
- Completion of final assessment report of the National HIV/AIDS Response of Barbados
- Completion of draft assessment report of the National HIV/AIDS Response of St. Kitts & Nevis
- Conducted Monitoring & Evaluation Workshops in Barbados, St. Kitts and Guyana.
- Recruitment of an Intern to work with the M&E Scientist and Research Assistant

Seven grants had been awarded in 2002. To date, final reports have been received from six (6) grant recipients. The results of three (3) of these studies will be presented at this year's Scientific Meeting. In 2003 there were fifteen (15) applications for the second round of grants and eight (8) were funded.

The Monitoring and Evaluation Scientist, Dr. Ansari Ameen joined the CHRC on 2 June 2003. Dr. Ameen is providing the necessary technical support to countries in the area of M&E and is conducting assessments of national HIV/AIDS response programmes. An intern was also recruited in February 2004 to work with Dr. Ameen and Ms Elizabeth Lloyd, the Research Assistant, as they conducted the country assessments.

The CHRC has developed a process by which the National AIDS Programmes in all countries will be assessed. The assessments focus on the overall national response to HIV/AIDS rather than specific programme components or interventions. The following approach is being employed:

- Documentation of the overall response of each country's NAP to the epidemic
- Description of the range of existing and planned programmatic interventions
- Presentation of standardized quantitative indicators of programme outcomes
- Identification of the lessons learned, challenges and future interventions and directions for the National AIDS Programmes.

In recognition of the time constraints of NAP staff and the multiple reporting requirements faced by them, a data collection process was employed that is primarily based on existing information and that is as non-intrusive and minimally burdensome as possible.

The programme assessments are being conducted via a three stage process:

1. The collection and review of existing written documentation regarding the national response to HIV/AIDS (e.g., strategic plans, evaluation reports, programme descriptions)
2. Collection of readily available quantitative indicators of program outcomes in accordance with those outlined in the CIMT guide.
3. Conduct of semi-structured interviews with key stakeholders and NAP staff on various aspects of the National HIV/AIDS response programmes.

During the past year, we completed the assessment of the NAP of Barbados. A draft of the report from St. Kitts & Nevis has also been completed, while the preparation of assessments of the other countries is well underway.

Essential National Health Research (ENHR)

Although there was not much activity by the formal ENHR committees in 2003, the realization of the ENHR strategy is very evident in a couple of Caribbean countries. In Jamaica and Barbados, there was effective collaboration between the Ministry of Health and the University of the West Indies in the area of health research. There are examples of the Ministry of Health commissioning the UWI to conduct the research it needed to develop policy. This is clearly ENHR in action and we hope that this is copied other countries in the Region.

In 2003, the ENHR Committee in Jamaica increased its membership and started meeting more regularly. It is also in the process of identifying funding to establish a secretariat and a website. A Policy Dialogue Workshop is planned for 2004. The ENHR committee of Barbados has remained dormant in spite of the ENHR related activities in that country. The CHRC is to make efforts to effect its revival. The ENHR Council of Trinidad and Tobago has continued to meet regularly and has recently completed its work plan for 2004. During the last year, it prepared a brochure with information related to ENHR and listing the achievements of the Council. However, it has not been successful to date in establishing a secretariat, which it hopes will be based in the Ministry of Health. After the CHRC research skills workshop in Grenada in September 2003, the opportunity was taken to formally introduce the ENHR concept to researchers in that country. The feedback has been positive and the CHRC will be working with stakeholders in Grenada to establish ENHR there.

REPORT OF ACTIVITIES

Dr. Donald T. Simeon, Director of Research:

1. Chair, Scientific and Management Committee meetings

- April 29, 2003 Bahamas
- May 3, 2003 Bahamas
- July 9, 2003 Jamaica
- November 20, 2003 Jamaica
- January 8-9, 2004 Trinidad & Tobago

2. Research Skills Workshops

- September 1-3, 2003 Basic – Grenada
- September 8-11, 2003 Basic – Jamaica
- October 6-7, 2003 Advanced - Antigua
- October 17-19, 2003 Basic - Bahamas
- November 24-26, 2003 Advanced - Jamaica
- February 10-12, 2004 Basic - Guyana

3. Meeting with Sir Neville Nichols, Chairman, CHRC

- July 3, 2003 Barbados
- March 2, 2004 Barbados

4. CHRC Strategic Plan Committee meetings

- July 10, 2003 Jamaica
- August 8, 2003 Trinidad and Tobago

5. Capacity Building

- June 16-27, 2003 Induction Programme, London
- March 8-12, 2004 Grant Management Workshop for Centers for Disease Control, Global AIDS Program (CDC/GAP) grantees, Brazil

6. Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC) Project

- Attendance at Project Management Group and Project Advisory Group meetings along with **Ms. E. Lloyd and Dr. A. Ameen**
 - May 15-16, 2003 Grenada
 - August 14-16, 2003 Jamaica
 - October 16-17, 2003 Trinidad & Tobago
 - October 27-28, 2003 Trinidad & Tobago
 - February 2-3, 2004 Dominica

7. Planning Committee for 49th Annual CHRC Council and Scientific meetings

- July 28, 2003 Ministry of Health, Grenada
- January 12, 2004 Ministry of Health, Grenada
- April 1, 2004 Ministry of Health, Grenada

8. Pan-Caribbean Partnership against HIV/AIDS (PANCAP)

- Attendance at Annual General, Steering Committee and Sub-recipients meetings held on
 - November 12-13, 2003 Guyana
 - January 14-16, 2004 Guyana

March 29-30, 2004

Barbados

9. Monitoring and Evaluation Technical Working Group

September 26, 2003

Trinidad & Tobago

March 24, 2004

Trinidad & Tobago

10. Health Sub-committee, Vision 2020, Government of Trinidad and Tobago

- Preparation of paper on *Health Research for Trinidad & Tobago in 2020*
- Attendance at meetings to prepare the report of the Sub-committee - May 7, June 2, July 7, July 23, July 29, November 11, 2003 and February 17, 2004

11. May 8, 2003

- Presentation on Monitoring and Evaluation for UNDP Caribbean Regional Strategic Planners Network, Trinidad & Tobago

12. June 30-July 2, 2003

- Workshop to develop Cervical Cancer Screening Guidelines, CAREC, Trinidad and Tobago

13. August 26-27, 2003

- Revision of CHRC Clinical Guidelines for Managing Diabetes and Hypertension in Primary Care in the Caribbean, Barbados

14. September 21-21, 2003

- Caucus of Ministers Responsible for Health, Washington, DC, USA

15. October 21-23, 2003

- Annual General Meeting of Caribbean Coalition of National AIDS Program Coordinators (CCNAPC), Jamaica

16. December 1-5, 2003

- Forum 7, Global Health Forum, Geneva

17. Management Committee, ENHR Council of Trinidad and Tobago.

- Attend monthly meetings

Dr. Peter Figueroa, Scientific Secretary, Jamaica

1. Participated in development of the CHRC Strategic Plan 2004-2009

- Drafted sections of the Background
- Edited drafts
- Initial draft of Log Frame Analysis (with Dr. R. Brohim of CARICOM)
- Attended Committee meetings
-

2. Presented paper at the 48th CHRC Scientific meeting in Nassau, May 2003

3. Major research initiatives

- Jamaica accepted as part of the HIV Vaccine Trial Network
- PLACE method introduced in Montego Bay, Negril and Kingston

Professor Henry Fraser, Scientific Secretary, Barbados

As the lone Scientific Secretary on site at Cave Hill at present, activities for the year 2003 have been mostly routine:

1. Coordinating CHRC activities as they relate to the Cave Hill Campus, the Ministry of Health and QEH, Barbados, including supervision of the secretariat services for CHRC provided by the School of Clinical Medicine and Research
2. Coordinating the Annual Scientific meeting communications, circulars, invitations, submission of papers, attendance.
3. Through the offices of Dean, School of Clinical Medicine and Research, UWI and Director, Chronic Disease Research Center, promoting research activities, advising on projects and grant applications.
4. Chairing the UWI Institutional Review Board, Cave Hill Campus. At present this is an umbrella Board, but structure and function is under detailed discussion, re splitting into Sub-Committees for different disciplines.
5. Scientific Officer / Essential National Health Research Scientist: This post, intended for the Cave Hill Campus, has still not been effected. The requirement for UWI to guarantee establishment at the end of 2 years has created a "Catch 22" situation, and it is hoped that this situation can be resolved for the earliest possible appointment.

Dr. Laura McDougall, Scientific Secretary, Trinidad and Tobago

1. Participated in development of the CHRC Strategic Plan 2004-2009 including the editing of drafts.
2. Attendance at the Scientific Advisory Committee (SAC) meeting, CAREC – March 31-April 2, 2004
3. Attendance at the Council meeting, CAREC – April 5-6, 2004
4. Explore opportunities for collaborative link between the CHRC and the Canadian Institutes for Health Research (CIHR)

Dr. Navindra Persaud , Scientific Secretary, Guyana

1. Participated in development of the CHRC Strategic Plan 2004-2009.
2. Planned, coordinated and facilitated at the Basic Research Skills Workshop, Guyana – February 10-12, 2004

Dr. Ansari Ameen, Monitoring and Evaluation Scientist

In addition to duties related to the assessment of National AIDS Programs and the conduct of M&E training workshops:

Technical Assistance to Countries

- St. Kitts – Provide guidance on developing a monitoring and evaluation workplan (done within the context of the workshop);
- Anguilla: - Provide guidance on developing a monitoring and evaluation workplan (done within the context of the workshop);
- Guyana - Provide guidance on developing a monitoring and evaluation workplan (done within the context of the workshop);

- Trinidad and Tobago – Serving on Monitoring and Evaluation advisory committee.

Support to Partners/Institutions

- CAREC – Review and provide input on Monitoring and Evaluation section of their Behavioral Change Interventions for Sexual Health Promotion Manual
- UWI – Provided guidance on designing evaluations of activities under the UWI HARP programme activities in Trinidad

Ms. Elizabeth Lloyd, Research Assistant

In addition to duties related to the assessment of National AIDS Programs and the conduct of M&E training workshops:

- Management Committee, ENHR Council of Trinidad and Tobago.
- Attend monthly meetings
- Provide administrative support

PUBLICATIONS

Ricketts Wierenga A, Branday JM, **Simeon DT**, Pottinger A, Braithwaite B (2003)
Motivation for and concerns about entering a medical programme. West Indian Medical Journal **52**:304-10.

Steele G, West S, **Simeon D** (2003)
Using a modified Course Experience Questionnaire (CEQ) to evaluate the innovative teaching of medical communication skills. Education for Health **16**: 133-44.

Simeon DT, Rattan RD, Panchoo K, Kungeesingh KV, Ali AC, Abdool PS (2003)
Body image of adolescents in a multi-ethnic Caribbean population. European Journal of Clinical Nutrition **57**:157-62.

Ivey M, **Simeon D**, Monteil, M (2003)
Climate variables are associated with seasonal acute asthma admissions to accident and emergency room facilities in Trinidad, West Indies. Clinical and Experimental Allergy **33**: 1526-30.

Anatol T, Pereira L, **Simeon D**, Sawh L (2003)
Risk factors for urinary tract calculi in Trinidad. Tropical Medicine & International Health **8**: 348-53.

APPENDIX 1. Report from the Induction Program for the CHRC Director of Research

REPORT

INDUCTION PROGRAMME

DIRECTOR OF THE CARIBBEAN HEALTH RESEARCH COUNCIL

HOSTED BY

RESEARCH AND DEVELOPMENT DEPARTMENT

DIRECTORATE OF HEALTH AND SOCIAL CARE

LONDON, UK

JUNE 16 – JUNE 26, 2003

Submitted to:

Project Implementation Unit

Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean

CARICOM Secretariat

Georgetown

Guyana

By:

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Trinidad and Tobago

Background

Induction programmes are used by organizations to prepare and assist newly appointed senior members of staff to adapt to their situation. They may be placed in departments or institutions where they work with or observe more experienced persons conduct activities similar to the duties they are expected to perform. Unfortunately, there was no such facility or process at the Caribbean Health Research Council (CHRC) when I was appointed as Director of Research in October 2002. My previous duties as Senior Lecturer in Biostatistics at the Faculty of Medical Sciences, University of the West Indies (UWI) were different from those in my current position, especially in terms of administration. Recognizing this, an offer was made by Prof. Sally Davies, elected member of the CHRC Council and Head, Research and Development, Directorate of Health and Social Care (DHSC), London UK to host an induction programme for my benefit. The programme was designed to expose the CHRC director to the health research system at the DHSC and the National Health Service (NHS) of the UK. This experience was not only expected to benefit the director personally but also the organization as the CHRC was currently in the process of developing a Strategic Plan for the period 2003-2008.

The Programme was designed to expose the CHRC director to the various strategies used by the Research and Development Department (R&D) of DHSC in the areas of administration/ management, communication/dissemination, research-related activities and capacity building. The persons with whom meetings were held, their institutions and a summary of the discussions are presented below.

A. Administration/Management

1. Prof. Sally Davies

Head, Research and Development
Directorate of Health and Social Care - London
40 Eastbourne Terrace
London, UK

Prof. Davies described the structure of the DHSC and its relation to the NHS. She also addressed the role and various functions of the R&D Department in London and how that was related to the other R&D Departments in the UK. She then introduced the members of her team.

2. **Dr. Peter Richardson**

Deputy Head, Research and Development

Directorate of Health and Social Care – London

Dr. Richardson is in charge of the commissioning of research for the London DHSC as well as the implementation of research findings. The annual R&D budget is eight million pounds, the majority of which is used to fund commissioned research (5.5 million), followed by a responsive research funding program (1.5 million) and education/ training (1 million). With respect to the commissioning of research, he explained the procedure of identifying the priority health research areas and the setting up of committees to craft the Request for Proposals and select the successful grantees. The review process was described. A web-based facility is used for the submission of grant applications as well as for hosting meetings of the committees. Such a facility saves paper and time. Templates of the application forms as well as for contracts between the DHSC and the successful applicants were shared with the CHRC.

In terms of the implementation of research findings, the R&D Department works closely with the National Institute for Clinical Excellence which produces national standards for clinical care. The standards are evidenced based, relying strongly on the research findings.

3. **Dr. Simon Dyer**

Senior Research Manager, Quality and Standards

Directorate of Health and Social Care – London

Dr. Dyer oversees the performance management of research funded by the R&D Department of the London DHSC. Discussions were held on the various systems and tools that are used to monitor the performance of the research studies.

He also described the process by which the research agenda is set. Researchers and policy makers are brought together to determine what is needed by the latter and what can be done with the available resources. This process greatly increases the chances that the research findings would be used by the policy makers.

4. **Dr. Mark Taylor**

Research Manager

Directorate of Health and Social Care – London

Dr. Taylor is in charge of monitoring the research funded by the R&D Department (budgeting as well as tracking of the projects). The scheduling of payments for each grant is agreed upon by the grantee and the DHSC and is based on the completion of clearly defined milestones. Discussions were also held on the National Research Register (www.update-software.com/national/), a database of ongoing and recently completed research projects funded by or of interest to the NHS as well as the Research Findings Electronic Register (http://tap.ukwebhost.eds.com/doh/refr_web.nsf/home). In the latter, executive summaries or abstracts of findings of research studies are posted in the public domain. Researchers are also requested to report the potential impact of their findings with respect to policy or practice.

The issue of consumer involvement in research was also discussed. Information was shared about '*Consumers in NHS Research*', an advisory group on consumer involvement in research and development in the Department of Health. Their main objectives are to develop strategic alliances and partnerships that can promote greater consumer involvement in research and to empower consumers to become more involved in research and development. The group produces a quarterly newsletter.

5. **Research and Development Board**

Department of Health

Richmond House

Westminster, London

The opportunity was offered and accepted to attend a meeting of the Research and Development Board of the DHSC. The meeting was attended by senior managers of the Department and the National Health Service. It addressed with policy and operational issues related to the reorganization of the R&D services in the UK, financial flows and funding within the system and budgets. In addition, a paper was presented on '*Race equality in research*' and sub-committee reports were tabled.

B. Communication/Dissemination

1. Dr. David Evans

Co-ordinator, C.H.A.I.N.
Directorate of Health and Social Care - London
40 Eastbourne Terrace
London, UK

Dr. Evans explained the reasons behind the development of the Contacts, Help, Advice and Information Network (C.H.A.I.N.). It is an informal network comprising mainly persons employed with the NHS of the UK and functions as a communication tool to facilitate links between professionals in research and evidence based health care. Its main function is to enable people to identify and make contact with each other, see who's doing what and share their experiences and enthusiasm in research and evidence based practice. A contact directory that contains the members' interests, background and contact details is available as a CD-ROM or website (www.doh.gov.uk/ntrd/chain/chain.html).

It would be very beneficial to build such a network for the Caribbean, where researchers and health care providers are spread over a number of countries. However, the cost of developing and servicing such a net based facility would have to be taken into account.

Dr. Evans also shared his experience in the implementation of changes in practice, based on research evidence. The various challenges that await persons inspired to do this were discussed.

2. Mrs. Penny Palmer

Deputy Program Manager
And

Dr. Pauline Allen

Lecturer
NHS Service Delivery and Organisation (SDO) R&D Programme
London School of Hygiene and Tropical Medicine
99 Gower Street, London

The NHS Service Delivery and Organisation (SDO) R&D Programme was established in 1999 to consolidate and develop the evidence base on the organisation, management and delivery of health services. It aims to ensure the availability and accessibility of good research-based evidence about different models of health service. It is involved in the generation of the evidence base to encourage

change and the identification and development of appropriate R&D methods and capacity. Its mandate is very broad addressing issues for any condition or user group and including all health sectors – preventive, primary, secondary and tertiary. Consequently it commissions a wide range of research, from policy analysis to clinical trials.

The involvement of all stakeholders is critical to its success. This is exemplified in its ‘listening exercise’ that is used to identify research priorities. Calls for Research Proposals are then made for these priority issues. There is an SDO Commissioning Board that manages the process. Its composition reflects the commitment to involving all stakeholders and includes service users, health care professionals, service managers, researchers and policy makers. Discussions were held on the processing of the research grants as well as on the projects were monitored.

The dissemination process was also described. Summaries of the results of the commissioned research are posted on the SDO website (www.sdo.lshtm.ac.uk). Most important, the findings are translated and packaged for use by the relevant stakeholders. Briefing Papers are also produced and sent to the relevant stakeholders along with the SDO newsletter.

3. **Prof. Jos Kleijnen**

Director,

Mr. Paul Wilson

Research Fellow / Dissemination Officer

And

Ms Alison Booth

Dissemination Officer

NHS Centre for Reviews and Dissemination

University of York

Heslington, York

Discussions were held with the above persons on the role, structure and functioning of the Centre for Reviews and Dissemination (CRD). The primary aim of the CRD is to undertake and commission credible, rigorous reviews of research findings on the effectiveness of health care relevant to the NHS and disseminate the results of research to NHS decision makers. It also provides an information and enquiry service on reviews and economic evaluations for health care professionals, purchasers and providers, NHS managers, information providers, health service researchers and consumer organisations. It has a role to encourage research-based practice in the NHS by networking with health care professionals and

collaborates in conducting research into ways in which research evidence can be better disseminated and implemented. The CRD is a sister organisation of the UK Cochrane Centre, which is part of the international network, the Cochrane Collaboration, well-known for preparing, maintaining and disseminating systematic reviews of research on health care.

The main dissemination strategies of the CRD are through the production of summary bulletins, presentations in the mass media and journalist stories. Its regular publications include *Effective Health Care*, *Effectiveness matters* and *Cost-Effectiveness Matters*. Although there is some attempt to reach the consumer / general population, the publications are really aimed at the more educated reader.

Providing information and access to the publications and website of the CRD (www.york.ac.uk/inst/crd) is an important service that the CHRC can provide to its stakeholders. This can contribute significantly to improved evidence-based practice as well as the development of a research culture in the Caribbean. The CHRC was also given a copy of the document entitled '*Undertaking Systematic Reviews of Research on Effectiveness – CRD's Guidance for those Carrying Out or Commissioning Reviews*'. This is to be shared with interested researchers in the Caribbean.

4. **Dr. Ben Toth**

Head of Knowledge Management

NHS Information Authority

Rocky Lane, Birmingham

There were discussions and demonstrations relating to the recently launched National Electronic Library in Health (www.nelh.nhs.uk). This was established to serve as a digital library for NHS staff, patients and the public. It is structured to give the user access to research news as well as information on all issues related to health. There are links to PubMed and the Cochrane Library with access to some sites limited to some categories of NHS staff (due to high licensing fees). Currently there are 100,000 users per month and it costs approximately 6 million pounds per year to maintain. Dr. Toth added that the problem of the cost of journals was not limited to the NELH and to address this an 'open archives' system has become popular where researchers are encouraged to publish their papers in free access internet journals. Similarly, there is also access through the NEHL to research papers that have been posted on the websites of universities. This latter practice is growing and researchers indicate to publishing companies that they reserve the right to publish an electronic copy of their manuscript on their university's website. Other interesting sites that were visited included BioMed Central (www.biomedcentral.com), an open archives publisher, Clinical Evidence, produced by the British Medical Journal group and

www.freemedicaljournals.com.

Dr. Toth indicated that the system was not expensive to establish with the main cost being for the maintenance of the site, including its contents.

C. Research Related Activities

1. Prof. Grant Lewison

Bibliometrics Research Group
Department of Information Sciences
School of Informatics, City University
Northampton Square, London

Prof. Lewison discussed and demonstrated the use of bibliometrics to measure the importance of research. This is particularly useful in situations where institutions have to justify budgetary allocations for health research. His team has developed a Research Output Database that has been put to many uses.

The possibility of commissioning a study through his research group was discussed. One area of interest was to measure research output in the CHRC member countries, perhaps comparing it with other Caribbean countries. The analysis can be broken down among various diseases groups (such as chronic non-communicable diseases) over a defined time period. Outputs can be defined by the number of publications, the quality of the journals in which they were published and the citations received. Such a study can also be used to measure the level of collaboration within the Region as well as with international institutions

2. Prof. Martin Buxton and Dr. Steve Hanney

Health Economics Research Group
Brunel University, West London

Discussions focused on the important work conducted by Prof. Buxton and Dr. Hanney on the 'payback model'. This addresses the requirement for expenditure on health services research to be justified. They have developed a methodology in which five main categories of payback i.e. knowledge, research benefits, political and administrative benefits, health sector benefits and broader economic benefits can be assessed. The importance of good case studies to demonstrate the value of research was emphasized. Applications of their model to various situations were examined and the possibility of conducting a study

in the Caribbean explored. CHRC offered to act as a facilitator to identify collaborators for such a study in the Caribbean, perhaps the Health Economics Unit, UWI.

The payback model as a measure of research output and value can also be used to monitor the performance of health research systems.

3. **Prof. Alan Jackson**

Divisional Co-Director
Institute of Human Nutrition
University of Southampton
Southampton General Hospital
Southampton, UK

Prof. Jackson is also an elected member of the CHRC Council and the opportunity was taken for us to hold discussions on CHRC related matters. Of particular importance was the CHRC Strategic Plan that was being developed. He shared his views on the current and future roles of the CHRC and its relationship with its stakeholders.

4. **Prof. Roger Jones**

Head
Centre for Caribbean Medicine
Lambeth Walk, London

Prof. Jones explained the history and development of the Centre for Caribbean Medicine (CCM) as well as its current status and links with the UWI. We also discussed ways to increase the interest and work of the Centre and how there can be greater collaboration with the CHRC and researchers in the Caribbean. Currently the Centre facilitates a staff/student exchange programme between the School of Medicine, Guy's, King's and St. Thomas', London University and the UWI. However, there has been limited success in the area of joint projects or applications for research funds between academics of the two institutions.

There is clearly the potential for growth in the collaboration between the CCM and Caribbean institutions/researchers.

5. **Dr. Mark Lewis**
Director of Analysis and Clinical Development
NW London Strategic Health Authority

The discussion with Dr. Lewis focussed on the role of the Pharmaceutical Industry Competitiveness Task Force, an example of government – industry collaboration. The primary role of the task force is the governance and facilitation of research in the industry. We discussed the reasons that have been identified for the inefficiency of pharmaceutical research. One particularly important area of collaboration between the NHS and the pharmaceutical industry has to do with the production of non-profitable drugs, such as those used for children.

D. Capacity Development

1. **Dr. Cliff Bailey**
Head, Research and Development
Directorate of Health and Social Care – North England
Leeds, UK

Discussions with Dr. Bailey focussed on health research capacity building. It is intended that all team members of the DHSC would have basic training in research awareness and critical appraisal. In addition, support is given to persons who would like to receive further training in health research, to the doctoral level if so inclined. The latter would result in the production of career scientists. However, this career pathway is not that straightforward as there is often conflict between the need to provide services and conduct research. The presence of posts that are joint appointments with Universities and the DHSC addresses this challenge to some extent.

The formation of Research Support Units (RSU) is a strategy used to support inexperienced persons who have an interest in health research. Support is given in research methodology, preparing proposals and in identifying sources of funding. It is appreciated that a mentoring scheme is needed for the guiding of young researchers. Consequently, in various regions in North England, networks of health researchers have been formed. Core funding is provided by the NHS for the functioning of these research clubs. Mention was made of the Lancaster Model of RSU in North England that was developed by Prof. Tony Gatherall, based at the Lancaster University and funded by the NHS. To build capacity, workshops and 1-day meetings are held.

Prof. Bailey indicated that the overall objective of the health research capacity building exercise is to build a

research culture where providers and managers question the methods that they use. They would then be aware of why they do or don't conduct their various tasks.

2. **Prof. Barrie Margetts**

Public Health Nutrition

Institute of Human Nutrition

University of Southampton

Southampton General Hospital

Southampton, UK

Discussion with Prof. Margetts focussed on potential areas of collaboration between his Unit and the CHRC. The importance of nutrition to the health of the Caribbean people was recognized and a proposal was discussed for the co-hosting of workshops in nutritional epidemiology as a means to solve problems in public health nutrition. A date of April 2004 was proposed and further discussions are to be held.

Conclusion

The two-week induction was a very productive exercise. Useful contacts were made with key persons in the field of Research and Development in the DHSC. In addition, the many sessions of discussions and demonstrations as well as the literature received in the management of health research made the exercise quite informative and useful. It may not be possible to implement many of the methodologies and strategies that are used in the R&D department of the DHSC, mainly because of the difference in capacity and funding of the CHRC and the health research system in the Caribbean. However, the attendance at the Induction Programme would surely impact on the way programs are designed to manage health research in the Caribbean.

Acknowledgments

The exercise would not have been possible without the facilitation of Prof. Sally Davies, Head, R&D, Directorate of Health and Social Care, London, UK and the funding provided by the Project Implementation Unit, Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC) Project, CARICOM Secretariat, Georgetown, Guyana.

APPENDIX 2. RESEARCH SKILLS WORKSHOP 2003 – 2004

For the period May 2003 to April 2004, CHRC conducted four Basic and two Advanced Research Skills Workshops.

BASIC RESEARCH SKILLS WORKSHOPS

SEPTEMBER 1-3, 2004 GRENADA

CHRC co-hosted a Basic Research Skills Workshop in Grenada with the Ministry of Health that was held at the St Georges University. Twenty-one persons comprising staff from the Ministry of Health, Education and Housing and Social Services, private physicians and NGOs participated in the workshop. The facilitators of the workshop were Dr D Simeon, Ms M Ivey (CAREC), Dr T McCann (SGU), Dr J Rayner (SGU) and Dr C. Cox-Mcpherson (SGU).

At the end of the workshop, participants drafted protocols for the following research studies:

- Group 1: A KAP study of asthma patients and their parents attending the A&E departments of the three main hospitals in Grenada
- Group 2: A KAP study of HIV/AIDS among hotel workers in Grenada
- Group 3: Core knowledge of asthma in A&E patients aged 1-18y at the General Hospital St. George's
- Group 4: Effects of nutritional status on morbidity among patients undergoing abdominal surgery

An evaluation of the workshop was conducted and participants were asked to rate each of the 11 sessions for their usefulness and relevance, time allocation and degree of difficulty. Thirteen participants (62%) completed the evaluation forms (see Table 1).

In terms of time allocation, none of the participants felt that any of the sessions were too long with the majority stating that they were *about right* with sessions. The exception was 69% of the participants found the session on 'Designing a Study' was *too short*. Sessions were also considered to be useful and relevant by the majority of the participants. In general, the sessions were found to be *very useful*. Interestingly as much as 85% of the participants considered 'Designing a Study' to be only *somewhat useful*. The degree of difficulty of the sessions was overall *about right*.

SEPTEMBER 8 – 11, 2003- JAMAICA

In September, a Basic Research Skills Workshop was held in Jamaica co-hosted by the Ministry of Health (MOH). Twenty-two (22) participants from MOH, the health regions and UWI registered for the 4-day workshop. The Workshop was facilitated by Professor Rainford Wilks (TMRI), Dr Namvar Zohoori (TMRI), Dr Novie Younger (TMRI), Dr Christine Powell (TMRI), Mrs Susan Chang-Lopez (TMRI), Dr Julie Meeks-Gardner (TMRI), Dr Michael Boyne (staff from the TMRI), Dr Elizabeth Ward (MOH), Miss Christine Walters (MOH), Dr Derrick Aarons (Consultant Bioethicist) and Dr Donald Simeon.

At the end of the workshop, participants drafted protocols for the following research studies:

- Group 1: Prevalence of Iron Deficiency and Depression in Pregnant Women During the First 28 weeks in a Primary Health Care Facility
- Group 2: Weight Loss in Hospital Patients
- Group 3: Effect of Fast Food Consumption on Childhood Obesity
- Group 4: Health-Related Practices of Food Handlers in Jamaica
- Group 5: Recurrent Pregnancies in HIV Positive Women

The sessions at workshop were evaluated using a 3-point scale (Poor/Average/Good). The overall value of the workshop was considered to be *good* by 88% of the participants and the majority found it to be informative, the exercises to be useful and the training materials to be clear and easy to understand (Table 2).

OCTOBER 17-19, BAHAMAS

The University of the West Indies Clinical Programme – Bahamas, co-hosted the Basic Research Skills Workshop. There were 33 participants who comprised medical practitioners employed at the UWI and Ministry of Health as well as other members of the Medical Association of the Bahamas. The facilitators of the workshop were Ms. C. Walters (MOH, Jamaica), Mrs. C. Winters (Central Statistical Office, Bahamas) and Dr D Simeon.

At the end of the workshop, participants in groups drafted protocols for the following research studies:

- Group 1: Change in the age of presentation of breast cancer over the last 10 years in the Bahamas
- Group 2: Attitudes and behaviour towards obesity and its treatment among patients attending clinics in New Providence
- Group 3: Prevalence of latex sensitivity among health care workers in high risk areas at the Princess Margaret Hospital
- Group 4: Comparative study of long-term outcomes in laser-treated sleep apnea in the Bahamas
- Group 5: Incidence and complications of deep vein thrombosis in the Princess Margaret Hospital 100995-200

Eighteen persons, a little more than half of the participants (55%) completed the evaluation forms (Table

1). The majority of the participants felt that the time allocation was *about right* although 44% felt that the sessions on Sample Size and Data Analysis were *too short*. More than 70% of the workshop participants rated all the sessions as being *very useful*. The Bahamian participants, more than 77% in all cases, rated the degree of difficulty to be *about right* for all the sessions.

FEBRUARY 10-12, 2004, GUYANA

The Ministry of Health in Guyana, co-hosted the Basic Research Skills Workshop. The workshop was attended by 30 participants representing staff from the MOH, University of Guyana and NGOs. The participants comprised persons of different disciplines such as of physicians, medical technologists, lecturers, surveillance officers, public health inspectors, epidemiologist, radiographers and social workers. The facilitators of the workshop were Dr D Simeon, Dr N Persaud (MOH, Guyana) and Ms M Ivey (CAREC).

At the end of the workshop, participants in groups drafted proposals for the following research studies:

1. Knowledge and attitude toward leprosy in the general population.
2. KAPB of nurses regarding HIV/AIDS.
3. Nutrition and its impact on HIV/AIDS.
4. Can adequate knowledge and healthy attitudes enable adolescents to have better sexual and reproductive health.

Twenty-six participants (87%) completed the evaluation forms. The time allocated for sessions were on the whole *about right* for most of the participants but sessions on Ethical Principles (81%) and Measurements (54%) were considered *too short* (Table 1). When rated for usefulness and relevance, all sessions were considered to be *very useful* by the participants – each session received the said response by 85% or more of the participants. Generally, no participant that completed an evaluation form considered the sessions to be *too long* or *not useful*. Overall the degree of difficulty of the sessions was considered to be *about right*.

ADVANCED RESEARCH SKILLS WORKSHOPS

OCTOBER 6-8, 2003 - ANTIGUA

The workshop was co-hosted by the Caribbean Harm Reduction Coalition and included twelve (12) participants from Belize, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, St. Lucia, St Vincent and Trinidad and Tobago. Mrs Catherine Chesnut (National Drug Council, Cayman Islands) and Dr Donald Simeon facilitated the workshop.

The individuals had been working on drug abuse surveys in their countries and brought their data to the workshop.

NOVEMBER 24 – 26, 2003 – JAMAICA

The workshop was co-hosted by the Ministry of Health and included twelve (12) participants, who were divided into three groups. Dr Georgiana Gordon-Strachan (MOH), Miss Christine Walters (MOH), Miss Kadene Clarke (TMRI), Dr Ian Hambleton (TMRI) and Dr Donald Simeon facilitated the workshop.

The groups determined a research topic and question as well as designed a short questionnaire around the following topics.

- Group 1: Knowledge, Attitude and Practice Survey of Diabetes and its Risk Factors
- Group 2: Does the Administrative School Structure Contribute to Violent Behaviour among High School Students in St Andrew, Jamaica?
- Group 3: Knowledge of Asthma among Household Heads in the Kingston Metropolitan Area (KMA).

The sessions at workshop were evaluated using a 3-point scale (Poor/Average/Good). The participants responded favourably to all aspects of the workshop (Table 2).

GENERAL COMMENTS

Generally, participants found the workshops to be timely, informative, valuable, well structured and stimulating. Some participants expressed in their general comments that the overall workshop should have been more than three days for them to fully assimilate the material. Persons also indicated that the material covered would stimulate them to conduct more research as well as help them to address some of the health and social issues within their country. Consistent requests by some of participants from the countries were for the workshop manuals to be made available prior to the workshop in order for participants to make preparations beforehand, extending the workshops by a day or two and for follow-up workshops to be conducted.

Table 1: Workshop Evaluation by Country - Grenada, Bahamas and Guyana

	Session Topics										
	Choosing Topics n (%)	Study Design n (%)	Sampling n (%)	Sample Size n (%)	Data Analysis n (%)	Ethical Principles n (%)	Research proposals n (%)	Data Collection Tools n (%)	Measurements n (%)	Designing a Study n (%)	Scientific Papers n (%)
Grenada (n=13)											
Time											
<i>Too Short</i>	1 (8)	4 (31)	5 (38)	4 (31)	3 (31)	1 (8)	2 (15)	1 (8)	4 (31)	9 (69)	2 (15)
<i>About Right</i>	12 (92)	9 (69)	8 (62)	8 (62)	7 (54)	11 (85)	10 (77)	10 (77)	7 (54)	2 (15)	9 (69)
<i>Too Long</i>	-	-	-	-	-	-	-	-	-	-	-
Usefulness											
<i>Very Useful</i>	11 (85)	12 (92)	11 (85)	11 (85)	9 (69)	11 (85)	9 (69)	8 (62)	8 (62)	-	10 (77)
<i>Somewhat Useful</i>	2 (15)	1 (8)	2 (15)	1 (8)	3 (23)	1 (8)	3 (23)	3 (23)	3 (23)	11 (85)	1 (8)
<i>Not Useful</i>		-	-	-	-	-	-	-	-	-	-
Difficulty											
<i>Too Easy</i>	1 (8)	-	-	-	-	-	-	-	-	2 (15)	-
<i>About Right</i>	11 (85)	12 (72)	11 (85)	9 (69)	10 (77)	12 (92)	12 (92)	9 (69)	8 (62)	9 (69)	11 (85)
<i>Too Difficult</i>	1 (8)	1 (8)	2 (15)	2 (15)	2 (15)	-	-	1 (8)	3 (33)	-	-
Bahamas (n=18)											
Time											
<i>Too Short</i>	3 (17)	4 (22)	3 (17)	8 (44)	8 (44)	-	1 (6)	1 (6)	5 (28)	2 (11)	1 (6)
<i>About Right</i>	15 (83)	13 (72)	14 (78)	10 (56)	10 (56)	18 (100)	16 (89)	15 (83)	12 (67)	16 (89)	13 (72)
<i>Too Long</i>	-	-	-	-	-	-	-	-	-	-	-
Usefulness											
<i>Very Useful</i>	15 (83)	15 (83)	14 (78)	17 (94)	17 (94)	14 (78)	15 (83)	14 (78)	15 (83)	17 (94)	13 (72)
<i>Somewhat Useful</i>	3 (17)	2 (11)	3 (17)	1 (6)	1 (6)	4 (22)	2 (11)	2 (11)	2 (11)	1 (6)	1 (6)
<i>Not Useful</i>	-	-	-	-	-	-	-	-	-	-	-
Difficulty											
<i>Too Easy</i>	-	-	-	-	-	-	-	-	-	1 (6)	-
<i>About Right</i>	18 (100)	17 (94)	17 (94)	14 (78)	14 (78)	18 (100)	17 (94)	16 (89)	17 (94)	17 (94)	14 (78)
<i>Too Difficult</i>	-	-	-	3 (17)	4 (22)	-	-	-	-	-	-
Guyana (n=26)											
Time											
<i>Too Short</i>	7 (27)	12 (46)	7 (27)	10 (39)	11 (42)	21 (81)	7 (27)	4 (15)	14 (54)	9 (35)	3 (12)
<i>About Right</i>	18 (69)	13 (50)	18 (69)	15 (58)	15 (58)	5 (19)	19 (73)	21 (81)	12 (46)	16 (62)	23 (89)
<i>Too Long</i>	-	-	-	-	-	-	-	-	-	-	-
Usefulness											
<i>Very Useful</i>	23 (89)	23 (89)	22 (85)	22 (85)	22 (85)	23 (89)	23 (89)	23 (89)	23 (89)	23 (89)	23 (89)
<i>Somewhat Useful</i>	2 (8)	2 (8)	3 (12)	4 (15)	4 (15)	3 (12)	3 (12)	2 (8)	3 (12)	2 (8)	3 (12)
<i>Not Useful</i>	-	-	-	-	-	-	-	-	-	-	-
Difficulty											
<i>Too Easy</i>	-	3 (12)	-	1 (4)	1 (4)	2 (8)	1 (4)	1 (4)	-	1 (4)	2 (8)
<i>About Right</i>	25 (96)	21 (81)	23 (89)	19 (73)	20 (77)	24 (92)	24 (92)	24 (92)	21 (81)	23 (89)	24 (92)
<i>Too Difficult</i>	-	-	2 (8)	6 (23)	5 (19)	-	-	-	5 (19)	1 (4)	-

Table 2: Research Skills Workshop Evaluations – Jamaica

QUESTION	Basic Workshop September 2003		Advanced Workshop November 2003	
	Average	Good	Average	Good
1. Overall value of the workshop	11.8	88.2	20.0	80.0
2. How informative were the presentation?	5.6	94.4	20.0	80.0
3. How useful were the group exercises?	22.2	77.8	---	100.0
4. How clear and easy to understand were the training materials and exercises?	25.0	75.0	20.0	80.0
5. How do you rate the physical facilities?	29.4	70.6	20.0*	60.0
6. How do you rate the coffee break and lunch?	33.3	66.7	20.0	80.0

Appendix 3. Reports of the Monitoring and Evaluation workshops

BARBADOS: 22 – 24 APRIL, 2003

At the Caribbean Indicators and Measurement Tools (CIMT) Training Workshop held in March 2003, Trinidad it was noted that this was the second workshop at which there was no participation from Barbados. It was felt that there was great need to conduct an activity in Barbados in order to maintain their involvement in the project. The National HIV/AIDS Commission, Barbados welcomed this idea and agreed to jointly host a training workshop in Barbados for members of the Inter-Ministerial Committee on HIV/AIDS.

During the period 22 – 24 April 2003 the training workshop was held. The aim of this activity was to provide participants with a general appreciation for monitoring and evaluation and the use of indicators. Participants also received specific training in the use and application of the Caribbean Indicators and Measurement Tools (CIMT) for the Evaluation of National AIDS Programmes. A total of 18 persons attended the workshop representing the National HIV/AIDS Commission, Ministries of Health, the Attorney General, Tourism, Labour & Social Security, Education, Home Affairs, Commerce and Consumer Affairs, as well as the Barbados Defense Force.

The workshop was successfully facilitated by Dr. Joseph Amon, Consultant attached to the John Snow Institute, USA who worked closely with CHRC in the development of the CIMT Document and who provided training at the previous workshop held in Trinidad. One of the main outcomes of the workshop was the development of a draft Monitoring and Evaluation workplan which sets the framework for the evaluation of the National HIV/AIDS Programme of Barbados. CHRC is satisfied that key persons involved in the exercise in Barbados were adequately exposed to monitoring and evaluation issues and are now better equipped to support the exercise in-country.

CHRC took this opportunity to invite Dr. Ansari Ameen, the candidate selected to fill the post of Monitoring and Evaluation Scientist. Dr. Ameen attended two days of the workshop and assisted in facilitation. This provided a good opportunity for him to acquire a sense of the type of work involved in the project and to become acquainted with key persons involved in the exercise in Barbados.

ST. KITTS & NEVIS, 23 – 26 June, 2003

At the Monitoring and Evaluation Indicators Training Workshop held in Trinidad in March 2003, there were direct requests from both Anguilla and St. Kitts for a workshop to be held in either or both of these countries in order to allow for the further training of local persons involved in the exercise in each

territory. In response to this, CHRC hosted a workshop in St. Kitts 23 – 26 June, 2003 inviting participants from St. Kitts, Nevis and Anguilla. A total of 17 persons attended this workshop which was facilitated by Dr. Ameen and Ms. Lloyd of the CHRC. The main outcome of this workshop was the development of a draft Monitoring and Evaluation workplan which set the framework for the evaluation of the National HIV/AIDS Programmes of St. Kitts & Nevis as well as Anguilla.

MONITORING AND EVALUATION WORKSHOP, GUYANA

During the period 4 – 6 November, 2003 CHRC conducted a Monitoring and Evaluation Training Workshop at the Pegasus Hotel in Georgetown, Guyana. The aim of this activity was to provide participants with an appreciation for Monitoring and Evaluation and the use of the Indicators. Participants received specific information on the use and application of the Caribbean Indicators and Measurement Tools (CIMT) for the Evaluation of National AIDS Programmes in the Caribbean. Twenty-five (25) participants attended the workshop from the Ministry of Health, National AIDS Programme and FHI local office.

Participants found the workshop to be useful in exposing them to the fundamentals of monitoring and evaluation. It was felt that a large amount of information was packed into the three day period. It was felt that the workshop could be improved by allowing more time for group work and additional information on indicators.