



**CARIBBEAN HEALTH RESEARCH COUNCIL**

# *Director's Report*

Presented at the  
50<sup>th</sup> Annual Council Meeting



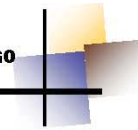
April 20<sup>th</sup> 2005  
Mount Irvine Bay Hotel, Tobago

## **REPORT OF THE CHRC DIRECTOR - 2004**

The ways in which the regional and international landscape impact on how the Caribbean Health Research Council (CHRC) is able to fulfill its Mission were well articulated in its 5-year Strategic Plan (2004-2009). The latter was presented to Council in 2004 and there is no need for repetition except to indicate that developments over the last year have served to underscore the frailty of the economies in the Caribbean. Hurricanes and floods have ravished the Region with Grenada and Guyana being the worst affected. The effects on countries' economies were extensive and governments are now less able to engage in national programmes to support the social and economic development of their countries. Although the need is greater in such times, funds are also less likely to be available for research. Another negative impact of the additional economic constraints facing member countries is on their ability to fulfill commitments such as the payment of the quota contributions to regional health institutions. This is an area of great concern as although the majority of member countries pay their contributions, the arrears of a few amounted to 942,000USD at the end of 2004.

The attainment of the Millennium Development Goals and realizing the objectives of the UNGASS declaration are matters to which regional governments are committed. Health research clearly has an important role to play in both. In collaboration with its partners, the CHRC has begun to work with countries to build capacity and provide technical assistance in the area of monitoring and evaluation (M&E) to enable them to fulfill the reporting requirements of the UNGASS.

Another regional development of particular relevance to the CHRC is the progress made by the Caribbean Commission on Health and Development (CCHD). A report is to be presented to the CARICOM Heads of Government by mid-2005. The evaluation of the Caribbean Cooperation in Health (CCH II) also has profound implications for Caribbean health in general and the CHRC in particular. The process restarted in 2004 with the CHRC having a coordinating role. The report



including recommendations for a successor is scheduled to be presented to the CARICOM Ministers Responsible for Health in September 2005.

The long overdue review of the five regional health institutions (RHI) finally got underway in 2004. The objectives of the review were to assess the effectiveness, efficiency, relevance and financial viability of the RHI. The final report for the CHRC is now available and the findings and recommendations vis a vis the 2004-2009 Strategic Plan is the topic for discussion at the 2005 Brainstorming Session of the Council meeting.

The staffing of the CHRC has not changed since the last Council meeting. It currently comprises the Director, one Research Scientist, one M&E Scientist, one M&E Officer and administrative staff. The inability to fill the posts of Research Scientists in Barbados and Jamaica severely impacted on work plans and it is hoped that these positions will be filled before the end of 2005 as well as additional posts of an M&E Scientist and an M&E Officer.

At the 49<sup>th</sup> annual Council meeting in St George's Grenada on April 21 2004, the Strategic Plan of the CHRC was approved. Subsequently, all activities have been guided by this document. In this report, the work conducted to the end of 2004 has been grouped according to the four principal Expected Results of the Plan. These are Advocacy/Advice/Communication; Research-related Activities; Capacity Building; and Sustainability and Financing.

### **ADVOCACY / ADVICE / COMMUNICATION**

The main activities that were conducted under this Expected Result included the dissemination of research findings; missions by the CHRC director to its 'smaller' member countries to reintroduce the CHRC to stakeholders and promote health research; promotion of health research at regional and international fora; the revision of the CHRC evidenced based guidelines for the management of prevalent diseases; and the continued development of the CHRC website.

### **DISSEMINATION OF HEALTH RESEARCH FINDINGS**

The hosting of the 49<sup>th</sup> Annual Scientific meeting in April 2004 was the CHRC's most significant activity for the dissemination of health research findings. Another important development was the drafting of a strategy for the dissemination of HIV/AIDS research results in the Caribbean.



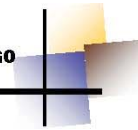
### **49th Annual Scientific Meeting**

The 49<sup>th</sup> Annual Scientific meeting of the CHRC was held at the Grand Beach Resort, St. George's Grenada on April 22-24, 2004. The conference was attended by health researchers, policy makers and health care professionals from the English, Dutch and French Caribbean. There were also researchers from the USA and UK, presenting the findings of research that have relevance to the health of the Caribbean peoples. There were 151 presentations, 78 orals and 73 posters, the most ever presented at an annual meeting. Apart from the 'traditional areas' of clinical, surgical and laboratory studies, presentations covered social issues such as violence, education and ethics as well as topics on dentistry.

The Ed Kass Research Prize for the Best Young Researcher was awarded to Ms C Singh who presented the results of a cross-sectional survey on the dispensing practices for sexually transmitted infections among pharmacists in Georgetown, Guyana. The top poster prize was awarded to Ms N Roopnarinesingh who presented the results of a cross-sectional community based study to determine the prevalence and risk factors of depression among secondary school students aged 13-19 years in Trinidad. The second placed poster prize was awarded to Dr J Hibbert who investigated metabolic stress and pro-inflammatory cytokines in sickle cell anaemia.

Three satellite meetings were also held during the scientific meeting. One was hosted by the Caribbean Association of Nephrologists and Urologists. The second meeting, by the Caribbean Association of Laboratory Medicine, focused on '*Infectious Diseases in the Caribbean*'. The third, by the National Institute on Drug Abuse USA, addressed '*Challenges and Issues in Surveillance, Monitoring and Evaluating Cross Island HIV, Infectious Disease and Drug Abuse Research Data*'.

Two distinguished and internationally renowned health researchers, both originally from Jamaica were honoured at the Awards Banquet. Professor Renn Holness, Head of the Department of Neurosurgery, Dalhousie University Medical School in Halifax, Canada was recognized for his outstanding contribution in the areas of Neurosurgery and Medical Education. Professor Franklyn Prendergast, Director of the Mayo Clinic, College of Medicine, Minnesota, USA, was recognized for his outstanding contribution to Research in the areas of Cancer and Molecular Biology.



## **Health Research Dissemination Strategy**

CHRC is leading the development of a strategy for disseminating information and products under the Strengthening the Institutional Response to HIV/AIDS/STI in the Caribbean (SIRHASC) project. The dissemination strategy is expected to have general applicability and to be of utility after the Project ends. One of the principal products of the Project is the findings of research studies funded through the CHRC. A dissemination Working Group was convened and its members include persons from the CHRC, CAREC, UWI and CARICOM. They are now completing the process that was initiated by consultants to develop a strategy for the dissemination of HIV/AIDS research findings. The draft report includes the major audiences, the most appropriate dissemination channels and the proposed dissemination process (Appendix 1).

## **PROMOTIONAL MISSIONS BY THE DIRECTOR**

The CHRC director embarked on a number of missions to its 'smaller' member countries to reintroduce CHRC to its stakeholders in those countries and promoting the use of evidence based decision making. The various products and services that the CHRC provides to its member States were shared with various officials in those countries. The opportunity was taken to introduce the CHRC Strategic Plan (2004-2009) and to enquire about additional ways in which the CHRC can contribute to improved health and development in their countries. Visits were made to St Vincent and the Grenadines (September 13-15, 2004), the Turks and Caicos Islands (October 4-7, 2004), Dominica (October 13-15, 2004) and the British Virgin Islands (October 17-19, 2004).

*St Vincent and the Grenadines:* meetings were held with the Minister of Health, the PS, Ministry of Health, the CMO, Chief Nursing Officer as well as the Medical Director, Milton Cato Memorial Hospital. A presentation was made at the monthly meeting of the Medical Association of St Vincent and the Grenadines to introduce the concept of ENHR and encourage their members to conduct 'essential' research to improve the quality of services that they provide. They were also informed about the support that CHRC can provide. Meetings were held with the Director and faculty members of the Kingstown Medical College, St. George's University as well as with staff at the HIV/AIDS Unit. The visit coincided with the weekly CME session at the Milton Cato Memorial Hospital and the CHRC director was invited to make a presentation.

*The Turks and Caicos Islands:* meetings were held with the Minister of Health, the PS, Ministry of Health, the CMO and Chief Nursing Officer as well as the director, physicians, the pharmacist and lab



director of the hospital. In addition to promoting health research and informing officials about CHRC's work, the opportunity was taken to speak with individuals who had an interest in health research.

***Dominica:*** the CHRC director met with government officials including the Minister of Health, the PS, Ministry of Health, CMO, national epidemiologist and the Head of the HIV/AIDS Unit. A presentation was made at the Princess Margaret Hospital and the audience included medical officers, interns and nurses. The Director of Research, Ross University was also present. A visit was made to the Dominica State College, Faculty of Health Sciences where a meeting was held with faculty members of the School of Nursing.

***British Virgin Islands:*** A meeting was held with the Director of Health Services, Director of Primary Health Care and the National Epidemiologist to update them of CHRC activities. The opportunity was also taken to meet with the persons who had attended a CHRC basic research skills workshop a year earlier to enquire how they had progressed since that time and to provide guidance to those who were conducting research.

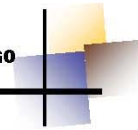
#### **PROMOTION OF HEALTH RESEARCH AT INTERNATIONAL FORA**

The CHRC continued to participate in various fora to ensure that CHRC maintains its international profile and continues to make a contribution to research and the promotion of health and development in the Caribbean.

**CARICOM:** The CHRC had the opportunity to highlight the importance of health research to the Caribbean at the COHSOD and the Caucus of Ministers Responsible for Health meetings. Reports are presented to share CHRC's work programmes and products.

**PANCAP:** The CHRC is a member of the Steering Committee of the Pan Caribbean Partnership against HIV/AIDS (PANCAP). As the lead regional agency for Monitoring and Evaluation (M&E), the CHRC is the sub-recipient for this area in the PANCAP Global Fund grant. This will facilitate the CHRC continued contribution to the M&E of various HIV/AIDS programmes at both the regional and national levels.

**Global Forum for Health Research:** A presentation was made at **Forum 8**, the 8<sup>th</sup> annual meeting of



the Global Forum for Health Research, in Mexico entitled '*Health Research National Plans, linking priorities and actions: The Case of the Caribbean*'. The CHRC has also collaborated with sister institutions in Latin America to establish the Latin America and Caribbean Forum for Health Research (LACFHR), which was launched at that meeting in Mexico.

### **CLINICAL GUIDELINES FOR THE MANAGEMENT OF DISEASES**

Workshops were held during 2004 to revise the CHRC guidelines for the management of Diabetes and Hypertension in Primary Care in the Caribbean. In what can be described as a wonderful example of collaboration with a sister institution, the CHRC has been working with PAHO to complete revision of the two guidelines, which would be launched in April/May 2005. The workshops comprised regional experts in the management of diabetes and hypertension as well as representatives of the primary care team that manage these chronic diseases. At the completion of the revision process, a dissemination as well as an M&E plan will be utilized to ensure that the guidelines reach the target audience and maximize their impact on the quality of life of the patients.

The revision of the CHRC guidelines for the management of asthma is due to begin in 2005. This will also be conducted in collaboration with PAHO.

### **WEBSITE ([www.chrc-caribbean.org](http://www.chrc-caribbean.org))**

Several pages were added to the website over the past year. These include the research reports of studies that the CHRC has funded through the Block Grant Scheme; an overview of the last annual Scientific Meeting; the titles of all the papers presented at that Meeting; and the Director's Report to Council. It is hope that eventually the abstracts of the papers presented would also be published on the website. Member of the CHRC secretariat and their contact information are also published on the website now.

Future plans for the website include the acquisition of a webmaster to continue the development of the site as a tool for dissemination and communication of CHRC activities and events. There are also plans for the website to be used more for the coordination of research and related activities as well as to increase the profile of the CHRC.



## **RESEARCH RELATED ACTIVITIES**

The research related activities that the CHRC was involved in over the last year included providing the lead in Monitoring and Evaluation (M&E) activities in the Caribbean; support of Essential National Health Research (ENHR); and coordinating the evaluation of the Caribbean Cooperation in Health initiative (CCH II).

### **MONITORING AND EVALUATION**

Greater emphasis is now being placed on the monitoring and evaluation (M&E) of programmes and projects in the Caribbean. The CHRC is pleased with this new development as M&E is an important source of evidence/information to guide decision making at all levels. The CHRC is now recognized as the lead regional health institution in the area of M&E and with funding primarily from the SIRHASC project, a number of activities were conducted in the last year. These include the conduct of M&E training workshops; the assessment of the National AIDS Programmes in a number of countries and the dissemination of these findings; the provision of Technical Assistance to regional organizations and countries; the coordination of M&E activities in the Caribbean; the development of M&E technical resource material; and the development of a Regional M&E Strategic Framework.

#### **Training Workshops**

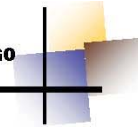
Details on these activities are given in the Section of this report entitled '**CAPACITY BUILDING**'.

#### **Assessments of National HIV/AIDS Programmes**

The assessments of the National AIDS Programmes (NAP) focus on the overall national response to HIV/AIDS rather than specific programme components or interventions. The following approach was 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 NAPs, the data collection process is primarily based on the use of existing information and is designed



to be as non-intrusive and minimally burdensome as possible.

The programme assessments were conducted using 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 etc.)
2. Collection of readily available quantitative indicators of program outcomes in accordance with those outlined in the Caribbean Indicators and Measurement Tools for Monitoring and Evaluating HIV/AIDS Programmes (CIMT) guide.
3. Conduct of semi-structured interviews with key stakeholders and NAP staff on various aspects of the National HIV/AIDS response programmes.

**To date, NAP assessments of Anguilla, Barbados, Dominican Republic, Guyana and St. Kitts & Nevis have been completed.** The report on the Barbados assessment was presented in the 2004 Report to Council. The

#### **Presentation of the Findings of the NAP Assessments**

The findings of the NAP assessments were presented in Barbados (September, 2004), Dominican Republic (Nov, 2004) and Anguilla (December, 2004). In each instance, a CHRC team presented the main assessment findings to key stakeholders i.e. Ministry of Health, HIV/AIDS programme managers, representatives of Government Ministries and departments, health care providers, several key nongovernmental organizations and Persons Living with HIV/AIDS (PLWHA). The feedback has been very positive, comments indicated concurrence with key assessment findings and requests for additional technical assistance from CHRC. CHRC received expressions of gratitude for the time and effort invested in the assessment process, the results of which are already being incorporated into programme planning.

A presentation entitled '*Assessments of the National HIV/AIDS Programmes in the Caribbean: Key findings and Lessons Learned*' was presented by the CHRC M&E Scientist at the University of the West Indies HIV/AIDS Response Programme (UWI HAARP) 2<sup>nd</sup> Annual Business and Scientific Meeting.



## **M&E Technical Assistance to Regional Partners**

### *Caribbean Epidemiology Centre (CAREC)*

Presentation at the Caribbean Cervical Cancer Prevention and Control Project (CCCPCP) meeting entitled “The Role of National Program Coordinators in Monitoring and Evaluation: Program Indicators and the Role of Information Systems”.

Technical assistance with the design and evaluation of a CAREC Pilot Study on developing partnerships between PLWHA and health care providers in St. Lucia in the delivery of care and follow-up services.

### *Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC)*

Presentation on Indicators for Monitoring and Evaluating National AIDS Programmes at its AGM

### *Caribbean Regional Network of Persons Living with HIV/AIDS (CRN+)*

Technical assistance with the development and costing of the consolidated workplan for the CRN+ Global Fund Grant proposal

Technical assistance with developing M&E indicators for the CRN+ Global Fund Grant proposal

CHRC is the sub-recipient with the CRN+ under the Global Fund Grant to provide technical assistance to CRN+ with programme monitoring and evaluation and the collection of baseline data.

### *The University of the West Indies (UWI)*

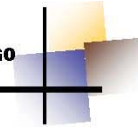
Technical assistance and consultations to the UWI’s Business Development Office, St Augustine with preparing four Capability Statements for the Government of Trinidad & Tobago.

## **M&E Technical Assistance to Countries**

### *Trinidad & Tobago*

M&E Advisory Committee: The CHRC is represented on the M&E advisory committee to the National AIDS Coordinating Committee (NACC). CHRC works through the M&E Committee to provide advice to the NACC on a wide range of M&E-related issues. Areas of technical assistance have included:

- Development of M&E indicators for the National Strategic Plan;
- Development of Terms of Reference for retaining consultants; and
- Proposal review and selection of contractors.



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M&E Research Committee: CHRC is providing technical assistance to the NACC with identifying research priorities and topics for the conduct of operational research and special studies to collect the data needed to monitor the implementation of the National Strategic Plan.

#### *Belize*

CHRC is providing ongoing consultations to the Technical Director of the National AIDS Programme of Belize on matters related to selecting contractors for M&E services.

#### *St. Maarten*

CHRC staff reviewed and commented on the draft AIDS Programme Effort Index (API) instrument that was being developed for use in St. Maarten. CHRC staff also provided consultations on the data collection methods and reviewed and commented on the draft study report.

#### *Jamaica*

CHRC staff contributed to multi-institutional mid-term review of the Jamaica National Strategic Plan. CHRC collaborated with World Bank, UNICEF and UNAIDS staff to review and evaluate the M&E system.

#### *OECS*

CHRC staff have been working with representatives from five OECS countries and the Clinton Foundation to plan for the monitoring and evaluation of the OECS Global Fund Grant. To date, CHRC has negotiated and executed a Memorandum of Understanding with the OECS Secretariat for \$110,000 USD (from DfID). This is to provide M&E technical assistance to the countries in preparation for the execution of the Global Fund Grant.

### **Coordination of M&E Activities in the Region**

*M&E Technical Working Group*: CHRC chairs a monitoring and evaluation technical working group comprised of representatives from:

- The Caribbean Health Research Council (CHRC);
- The Caribbean Epidemiology Centre (CAREC);

- The Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC);
- The United Nations Joint Programme on HIV/AIDS (UNAIDS);
- The US Centers for Disease Control and Prevention (CDC); and
- The US Agency for International Development (USAID/Measure Evaluation).

The M&E Technical Working Group was created in response to the increasing number of agencies conducting M&E assessments and providing technical assistance in the Caribbean region and the subsequent complaints from countries about the ensuing reporting burden and duplication of effort. The TWG aims to harmonize and coordinate work plans of the participating institutions so as to develop and implement coordinated M&E technical assistance to countries in the Region. The TWG addresses a wide range of M&E issues such as the revision of the CIMT; the development of a core set of indicators which meet the requirements of all major reporting systems (UNGASS, MDGs etc.); the development a common set of M&E training manuals, and the conduct of multi-agency assessments of NAP.

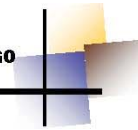
The TWG also has an important role in working with countries to ensure that they fulfill international reporting requirements such as UNGASS.

#### **Development of M&E Technical Resource Materials**

*Revision of the CIMT* : The Caribbean Indicators and Measurement Tools for Monitoring and Evaluating HIV/AIDS Programmes (CIMT) was put through a rigorous review and update process in an effort to ensure consistency and adherence to the international monitoring and evaluation standards. The document was reviewed by the Monitoring and Evaluation Technical Working Group who has the responsibility to ensure that the indicators are representative of the indicators used throughout the region by various agencies (UNGASS, Global Fund, World Bank). The document will be published in English and disseminated by May 2005. It will also be translated in Spanish, French and Dutch for use throughout the region.

#### **Development of M&E Regional Strategic Framework**

CHRC, in collaboration with UNAIDS and CAREC, is leading the development of a Regional Monitoring and Evaluation Strategic Framework for the Caribbean. The framework would be a



blueprint for M&E in the Caribbean. It is also intended to coordinate the efforts of the various M&E technical assistance providers in the Region and articulate a framework for ensuring the monitoring and evaluation of national AIDS programmes and addressing the reporting requirements of funding institutions such as the Global Fund and the World Bank. It will also include a collective plan for the development of M&E capacity and M&E systems for countries in the Region.

### **ESSENTIAL NATIONAL HEALTH RESEARCH (ENHR)**

Although the ENHR strategy may be present in other countries in the Caribbean to a limited extent, formal activities were conducted only in Trinidad and Tobago and Jamaica.

#### **ENHR activities in Trinidad & Tobago**

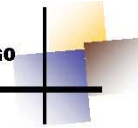
The ENHR Council of Trinidad and Tobago has continued to function, even though it continues to face challenges primarily due to the absence of a secretariat. The principal activities in 2004 include:

- A meeting was held with the ENHR Management Committee and Dr R Doon, Chief Medical Officer, Ministry of Health to obtain guidance on how to proceed with efforts to solicit full participation and support of the Directorate of Health, Policy, Research and Epidemiology. The CMO expressed the Ministry's commitment to the ENHR process in Trinidad and Tobago and his willingness to sponsor activities such as workshops and seminars.
- The development of an ENHR brochure is in progress. When completed, it is to be distributed to key stakeholders to increase the visibility/profile of the Council. Included in the brochure are details on ENHR, its importance, how it can help foster a research culture and how it links to the strategic goals of a national health research system.
- Dr D. Ramdath, a member of the ENHR Management Committee met at the 2004 CHRC Scientific Conference with Dr I Gerstenbluth, member of the board of the Council on Health Research for Development (COHRED). A summary of the work of the ENHR Council was provided to him to help make a case for additional technical support from COHRED to help with ENHR activities in the Caribbean.
- The 5<sup>th</sup> annual Council meeting was held in July 29, 2004 with the theme being "***Towards More Evidence-based Research***". Presentations included a '*Report on Priority Setting for Health Research*' by Ms L. Hewitt, *Health Research in the Context of the Ministry of Health* by Dr. B. Shivnauth and *Health Research for Policy Planning* by Dr. D. Ramdath.

- Dr D. Ramdath was elected as the new chair of the ENHR Management Committee after the resignation of the previous chair, Ms Linda Hewitt.
- The membership of the Council and Management Committees was reviewed to ensure all stakeholders are represented. Consequently, representatives from the UWI Medical library, the media, the Inter-Religious Organization and the Regional Health Authorities would be asked to serve as members of the Management Committee.
- The ENHR Management Committee met with the Monitoring and Evaluation Officer of the National AIDS Coordinating Committee (NACC) who sought help in the identification of priority areas for research in the area of HIV/AIDS. Assistance in reviewing research proposals was also requested. The NACC also requested the presence of Dr R Williams or Dr D Simeon to serve as a member on their soon-to-be-established National HIV/AIDS Research Committee.
- Plans were made to have a meeting in 2005 at which a wide range of stakeholders would be informed of the priority setting exercises and to get their feedback on the priorities identified. The intention is to get consensus from the majority of key stakeholders on the essential national health research priorities and also to have them accepted and established nationally. It is also aimed at getting the political backing that is required.
- In 2005 the Council aims to involve as many relevant stakeholders in the ENHR process to work towards the establishment of a national health research system (NHRS) in Trinidad and Tobago. Consequently, collaboration is imminent with PAHO through the Health Research Systems Analysis (HRSA) Initiative. The latter was launched in 2002 by the World Health Organization (WHO) and updated in 2003. It is promoted by the WHO along with other institutions and governments worldwide. It constitutes a collective effort to develop concepts, tools and methods allowing for an improved characterization and analysis method of the processes involved in the policies, management, production and utilization of health research. Through this initiative, financial and technical assistance has been offered by PAHO to assist with some future ENHR activities, details are to be confirmed. Requests will be made for seed money to start the ENHR Secretariat and fund a research assistant to help with ENHR objectives. It is also the intention to solicit future funding from the Ministry of Health to sustain the operations of the Secretariat.

### **ENHR activities in Jamaica**

Work by the ENHR Committee continued although there have not been many formal meetings of the



committee.

- Basic and Advanced Research Skills Training Workshops were conducted in collaboration with its major stakeholders to build health research capacity.
- The TMRI presented a mini-conference entitled "*From Research to Policy and Practice*" at which there were the following presentations: *Promoting Child Development: Integrating Early Childhood Stimulation into Healthcare Services* by Professor S Walker, *Sickle Cell Disease Research: Impact on Policy and Health* by Dr. M. Reid and *Chronic Cardiovascular Disease*

*Research into Policy in Jamaica* by Professor R. Wilks.

- The ENHR concept was presented to the executive of the Association of Consultant Physicians who were asked to join the Committee. An invitation letter was also sent to the Scientific Research Council for a representative. Other key stakeholders identified were as the Medical Association of Jamaica, Paediatric Association of Jamaica, Association of Consultant Physicians, Nurses Association of Jamaica, allied professional groups in medicine, major training institutes,

Planning Institute of Jamaica and the Registrar General's Department.

- In addressing the objective of documenting ongoing research, there are plans to identify primary source documents or data that could be used to build a framework for data analysis; document ongoing research activities; and identify the impact of research on policy. The results of these activities would support the use of research in determining policy and programme development. Outcomes of the aforementioned tasks could also be used in attempts at advocacy.
- The ENHR Committee met with Dr I. Gerstenbluth, member of the board of the Council on Health Research for Development (COHRED). He indicated that COHRED would willingly provide technical support for efforts at setting health research priorities. This would involve providing training or special presentations by individuals from COHRED. It was recommended that the ENHR council submit to COHRED a proposal for assessing the status of the health research system. Plans to develop the research database; involve research and non-governmental organizations in ENHR; as well as the process of setting health research priorities were detailed at the meeting.
- An ENHR Officer post was successfully lobbied for within the Epidemiological Research and Data Analysis Unit of the Ministry of Health. The position will be funded by the National Health Fund for the next five years. This person will be the ENHR point person for the Ministry of Health and will have responsibility for among other things, a "research to policy" dialogue workshop to be held in the fourth quarter of 2005.
- A location within SALISES is being sought to house the ENHR Secretariat. The National Health

Support Fund (NHSF) was also identified as another possible funding source for ENHR.

## **EVALUATION OF CCH II**

At the COHSOD meeting in April 2004 in Tobago, the overdue evaluation of the CCH II was revisited. It was revealed that the process was to have been completed in December 2002 but the evaluation had not begun, primarily because of a lack of funds. The urgency of the situation was

emphasized and the decision taken to fast-track the process. A renewed commitment was made to complete the evaluation so that the results can be presented at the Caucus of Ministers responsible for Health meeting in September 2004. A steering committee was formed comprising Mr. L. Alleyne (Rep. Ministry of Health, Trinidad and Tobago), Dr. R. Brohim (CARICOM), Mrs. V. Brown (CPC/PAHO), Dr. M. Dahl-Regis (CMO, Bahamas), Dr. J. Hawes (CMO, Montserrat), Dr. F. Henry (CFNI), Dr. J. Hospedales (CAREC), Ms. J. Joseph (CARICOM), Dr. D. Simeon (CHRC) and Dr. B. Wint (CMO, Jamaica).

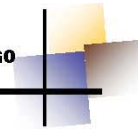
The CHRC was asked to coordinate the exercise for which a consultant was to be employed to conduct the actual evaluation. Again, the process was stalled due to unavailability of funds. However, after much effort to identify resources for the exercise, funding was secured from UNICEF, CARICOM and the CHRC. The process has started with data being collected in countries by research assistants and is expected to be completed by September 2005.

## **CAPACITY BUILDING**

The activities related to Capacity Building included the hosting of training workshops, staff training, the identification of areas for specialized training and the disbursement of funding to support research under the Block Grant Scheme.

## **TRAINING WORKSHOPS**

Between May-December of 2004, three basic and one advanced research skills workshops were hosted by the CHRC. There was also a research ethics workshop and four Monitoring and Evaluation workshops. Over 200 persons received training at these workshops. Details are presented in Appendix 2.



The hosting of the ethics workshop was of particular relevance as it was in response to a need expressed at the 2004 Council meeting for the establishment of national research ethics committees. The workshop participants comprised persons who were expected to sit on the national committees of Dominica, Guyana, St. Vincent and the Grenadines and Trinidad and Tobago. Three CMOs were present as well as other senior Ministry of Health officials. The workshop was an important first step in the establishment of the committees. The CMOs are expected to take the next steps with support from the CHRC. The drafting of legislation was identified as being necessary to support the research ethics committees. Assistance from the legal department of CARICOM would be sought.

Two of the research skills workshops were hosted in collaboration with the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES). This was an important collaboration between the CHRC and a Social Sciences Institute and the goal is to provide research training to persons involved in development of social policies. Follow up workshops will focus on the preparation of grant proposals.

#### **STAFF TRAINING**

Dr. R. Williams who was employed as Research Scientist in April 2004 attended Summer Short Courses at the John Hopkins School of Public Health, Maryland, USA. The training, which focussed on epidemiology, has contributed positively towards Dr. Williams' job performance.

#### **IDENTIFICATION OF AREAS FOR SPECIALIZED TRAINING**

One area that was identified in which there is a great need for training is Monitoring and Evaluation (M&E). This has become particularly apparent with its new emphasis in the Caribbean. There are no formal training programmes at any of the regional Universities. However, the CHRC was successful in identifying funding for scholarships to send suitable persons from the Caribbean to attend training courses through the PANCAP Global Fund grant. Persons would be trained at both the short-term (summer courses) and longer term (MSc programmes) levels.

It is also apparent that the CHRC has to work with regional training institutions to develop programmes to build capacity in the area of M&E. The CHRC has plans to approach the UWI to address this.

It must also be pointed out that the CHRC has received funding through the SIRHASC project for the



part-time employment of an M&E intern. Through this initiative a UWI student is employed to work with the M&E staff at the CHRC. The intention is to create interest in M&E as well as for the intern to gain valuable experience.

### **BLOCK GRANT SCHEME**

Although resources are limited, the CHRC has used the Block Grant Scheme to encourage research in areas identified by Council as priority. For example, there was the announcement of a special Request for Proposal for research in the area of Health Promotion and Social Determinants of Health in 2004. We received six proposals, five of which had very good funding potential.

As a result of the special RFPs over the last couple of years, there has been an increase in the number of research studies funded by the CHRC, especially in priority areas. Indeed, in 2004, the CHRC disbursed the largest sum ever under the Block Grant Scheme.

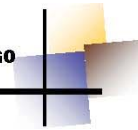
The CHRC has also recently made the decision to reserve a portion of the annual Block Grant budget to support research in the 'smaller' member countries. The inability to access funding has been identified as one of the main reasons for the less than optimal production of research in these States.

### **Evaluation of the Block Grant Scheme**

The impact of the Block Grant Scheme has often been queried. As a result, Prof. P. Levett, former Scientific Secretary with the CHRC has conducted an evaluation of the programme. He reviewed the period 1985-1995 during which time 40 grants were disbursed. The findings from 18 (45%) studies were presented at the CHRC annual meeting. In addition, 22 publications were identified using Medline.

The following are his recommendations:

1. All grant recipients should be required to offer the work for presentation at CHRC meetings. Acknowledgment of CHRC support should be required on all publications, and a copy of each publication should be deposited with CHRC.
2. Failure to comply with these requirements should delay consideration of any further grant applications.
3. Grants should not be awarded to applicants who have failed to complete previous projects or to



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file progress reports as required by CHRC.

The CHRC intends to implement these recommendations as well as those from the Dissemination Working Group that address the format of reports (See Appendix 1). Over the last two years, grantees have had to sign MOUs agreeing to their responsibilities.

## **SUSTAINABILITY AND FINANCING**

Sustainability and financing is one of the more critical Expected Results of the CHRC Strategic Plan, especially in light of the severe financial challenges faced by member countries. The ways in which

the CHRC has addressed this matter were the identification of donor partners to support the various programmes; as well as of cost saving strategies and income generation activities. As has been the case in recent years, these efforts have resulted in the decreased dependence on core (quota

contribution) funds with extra-budgetary income supporting many of the programmes as well as contributing towards staff costs.

So far, support from donor partners has been for activities related to the HIV/AIDS epidemic. In many cases, capacity strengthening at the country level through these programmes is likely to benefit other health conditions. While we are aware of the implications of the HIV/AIDS epidemic for Regional development and we are grateful for the funding received, it is still important to identify donor partners to support programmes such as the chronic non-communicable diseases. This is proving to be quite a challenge.

## **SUPPORT FROM DONOR PARTNERS**

Income from donor agencies (the EU through the SIRHASC project) contributed 36 percent of the CHRC expenditure in 2004 (See the **Consolidated Financial Statement**). This included 46 percent of Staff Costs and 79 percent of Office and General Costs. This contribution allowed for more core resources to go towards programme activities. Although the SIRHASC project ends in 2004, the CHRC is the sub-recipient for M&E on Global Fund grants to PANCAP and CRN+. We are also likely to have a similar role on Global Fund grants to the OECS. The funding obtained from these grants not only facilitate the conduct of M&E activities as described in the grant proposals but also allows CHRC to conduct the work necessary to build a strong M&E culture in the Region as well as



M&E capacity in the member countries.

The CHRC has also recently signed a Co-operative Agreement with the Center for Disease Control and Prevention (CDC) to provide technical assistance to countries of the Region in the areas of M&E. The agreement provides funding for a five year period and will cover the cost of two monitoring and evaluation officers at CHRC. The budget for the 5-year period is \$500 000.

The CDC support is not only in the form of the above grant as they have also assigned an M&E Specialist Dr. A Brown to the CHRC to provide support in its M&E activities. Dr. Brown's salary is covered by the CDC.

### **COST SAVING STRATEGIES**

Because of the high cost of air travel within the Caribbean, the hosting of meetings with persons coming from different countries can be very expensive. The meetings of CHRC Scientific and

Management Committee usually require that as many as five of its members travel to another country. During 2004, the CHRC started the hosting of these meetings using a conference call facility. This has reduced the cost of these meetings considerably. The savings are not only in terms of the travel and per diem costs but also in time, as travelling can take as long as two days in order to attend a half-day meeting.

### **INCOME GENERATING STRATEGIES**

In light of the number of activities that the CHRC must conduct to fulfill its **Mission** and the small size of its staff, there was limited opportunity to focus on income generating activities. However, CHRC products that have potential in this area include the Research Skills workshops and manuals. Indeed, towards the end of 2004 a trial agreement was negotiated with the Bookstore of the UWI, St. Augustine Trinidad and Tobago to sell the manuals. The outcome of the trial has been very encouraging and the intention is to sell more of them, not only at the UWI bookshop at St Augustine but also at the Mona and Cave Hill campuses.

Another potential income generating activity could be the hosting of the training workshops on a fee-for-service basis. Although they are quite popular, the workshops are currently been conducted with



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the only charge being for the manuals. Consideration is being given to charging a fee for these workshops, to individuals or institutions. There have also been discussions to expand the workshops and host Health Research Summer Programmes, in collaboration with the UWI.



## REPORT ON MEETING AND ACTIVITIES

### **Dr. Donald T Simeon, Director**

#### ***Management***

##### Chair, Scientific and Management Committee Meetings

- April 20, 2004 Grenada
- April 24, 2004 Grenada
- August 4, 2004 Barbados (Conference call)
- November 9, 2004 Trinidad and Tobago (Conference call)

#### ***Advocacy/Advice/Communication***

- April 28-30, 2004 COHSOD Meeting Tobago
- May 13, 2004 PAHO officials from their Bioethics programme,  
BIREME and Washington Trinidad
- May 24-26, 2004 Preparation Meeting for Global Forum for  
Health Research Mexico
- June 3-4, 2004 Caribbean Commission on Health and Development St. Kitts
- June 5, 2004 CCHII Evaluation –Steering Committee Meeting St. Kitts
- August 5-6, 2004 Clinical Guidelines Workshop Barbados
- September 7-8, 2004 Meeting at UNAIDS Geneva
- September 13-16, 2004 Country visit St. Vincent & Grenadines
- September 25-26, 2004 Caucus of Ministers responsible for Health Washington, DC
- October 5-7, 2004 Country visit Turks & Caicos Islands
- October 14-15, 2004 Country visit Dominica
- October 18-19, 2004 Country visit British Virgin Islands
- October 20-24, 2004 PANCAP AGM Barbados
- October 25-27, 2004 Monitoring & Evaluation Reference Group (MERG)  
Meeting at UNAIDS Geneva
- November 8, 2004 Planning meeting for 2005 Annual Meetings Tobago
- November 15-19, 2004 Global Forum for Health Research Meeting Mexico
- November 22-24, 2004 PANCAP Workshop on (Stigma & Discrimination) St. Kitts
- December 13-15, 2004 UNAIDS Program Coordinating Board AGM Jamaica

#### ***Research Related Activities***

- June 11-12, 2004 UWI HAARP Meeting Jamaica



- July 29, 2004 ENHR Council Meeting Trinidad & Tobago
- November 26-27, 2004 Dissemination of NAP Assessment Findings Dominican Republic
- September 21, 2004 Dissemination of NAP Assessment Findings Barbados

***Capacity Building***

- June 14-17, 2004 Basic Research Skills Workshop Jamaica
- June 23-25, 2004 M&E Training Workshop Bahamas
- July 26-27, 2004 Basic Research Skills Workshop Trinidad & Tobago
- December 2-4, 2004 Research Ethics in Workshop Trinidad & Tobago

**Professor Henry Fraser, Scientific Secretary – Barbados**

- Participation in all Scientific and Management Committee Meetings
- Participation in Scientific Meeting in Grenada, April 2004, and in the planning and organization thereof and planning for CHRC in Tobago, 2005
- Review of grant proposals
- Participation in Planning Workshop for CHRC Guidelines for Management of Diabetes in the Caribbean and Guidelines for Management of Hypertension in the Caribbean
- Lead writer on Guidelines for Management of Hypertension Guidelines and development of document with Dr. Glenda Maynard of PAHO.
- Public Orator for Annual Awards Banquet.
- Representation of CHRC informally at Ministry of Health meetings, SCMR Board Meetings etc., and other dialogue in Barbados.
- Negotiations re appointment of ENHR Scientist at Cave Hill, etc.

**Dr. Navindra Persaud, Scientific Secretary – Guyana**

- Participated in all Scientific and Management Committee meetings for the period.
- Participated in Council and Scientific meeting held in Grenada in 2004.
- Review of Grant Proposals during the reporting period.
- Assisted persons submitting papers from Guyana with the preparation of their manuscripts.
- Assisted in the establishment of a research unit at the Guyana Responsible Parenthood Association.
- Prepared guidelines for the preparation of grants by staff at the Georgetown Public Hospital Corporation.

**Dr. Anselm Hennis, Scientific Secretary – Barbados**

- Participation in all Scientific and Management Committee Meetings.
- Participation in the planning and organization for CHRC in Tobago, 2005.
- Review of grant proposals submitted to CHRC.

- Participation in Planning Workshops for CHRC Guidelines for Management of Diabetes in the Caribbean and Guidelines for Management of Hypertension in the Caribbean.
- Lead writer on Guidelines for Management of Diabetes and development of the document with Dr. Glenda Maynard of PAHO. Attended the meeting in Nassau, Bahamas in this capacity in November 2004, and presented papers on `Developing Guidelines for the Primary Care Management of Diabetes` and `Lower Limb Amputation in Persons with Diabetes`.
- Representation of CHRC informally at Ministry of Health meetings convened to develop CNCD strategies.

**Dr. Laura McDougall, Scientific Secretary - Trinidad & Tobago**

- Participation in all Scientific and Management Committee Meetings.
- Participation in Scientific Meetings in Grenada (April 2004) and in planning and organising the Caribbean Health Research Council [CHRC] Meeting in Tobago (April 2005), including site visits and media coverage.
- Reviewed grant proposals submitted to CHRC.
- Wrote and designed brochure commemorating CHRC's 50th Anniverasary.
- Co-organised and presented at CHRC Research Ethics Workshop for four member countries held in Trinidad & Tobago in December 2004.
- Presented at Research Skills Workshops held in Barbados (November 2004) and in Trinidad & Tobago (January 2005).
- Facilitated linkage with the Canadian Institutes for Health Research [CIHR].
- Interviewed potential candidates for evaluation and monitoring specialists.
- Participated in selecting new scientific secretaries for Trinidad & Tobago.

**Ansari Ameen, Monitoring and Evaluation Scientist**

*May 2004*

- Conducted M&E training workshop in Trinidad and Tobago for members of the National AIDS Coordinating Committee, non-governmental organizations and other partners.
- Completed Assessment of The National HIV/AIDS Programme (NAP) of The Federation of St. Kitts and Nevis
- *“The Role of National Program Coordinators in Monitoring and Evaluation: Program Indicators and the Role of Information Systems”*. Presentation at the Caribbean Cervical Cancer Prevention and Control Project (CCCPCP).

*June 2004*

- Conducted M&E training workshop in The Bahamas for members of the National AIDS Coordinating Committee and partners involved in the multi-sectoral response to HIV/AIDS.
- *“Assessments of the National HIV/AIDS Programmes in the Caribbean: Key Findings and Lessons Learned”* presented at The University of the West Indies HIV/AIDS Response Programme (UWI HAARP) 2<sup>nd</sup> Annual Business and Scientific Meeting.

- CHRC conducted a workshop to revise the Caribbean Indicators and Measurement Tools for Monitoring and Evaluation of HIV/AIDS Programmes in the Caribbean (CIMT).

*August 2004*

- Completed Assessment of The National HIV/AIDS Programme (NAP) of Anguilla
- Technical assistance and consultations to the UWI's Business Development Office with preparing four Capability Statements for the Government of Trinidad & Tobago.

*September 2004*

- Completed Assessment of The National HIV/AIDS Programme (NAP) of The Dominican Republic.
- Presentation of findings of the National AIDS Programme Assessment to Key Stakeholders in the Barbados.
- Contributed to multi-institutional mid-term review of the Jamaica National Strategic Plan. CHRC collaborated with World Bank, UNICEF and UNAIDS staff to review and evaluate the M&E system.

*October 2004*

- Completed Assessment of The National HIV/AIDS Programme (NAP) of Guyana
- Presentation on HIV/AIDS M&E Indicators to the Caribbean Coalition of National AIDS Programme Coordinators on Indicators for Monitoring and Evaluating National AIDS Programmes.

*November 2004*

- Presentation of findings of the National AIDS Programme Assessment to Key Stakeholders in the Dominican Republic.
- Conducted M&E training workshop in The Dominican Republic for members of the National AIDS Coordinating Committee and partners involved in the multi-sectoral response to HIV/AIDS.

*December 2004*

- Presentation of findings of the National AIDS Programme Assessment to Key Stakeholders in the Anguilla.
- Conducted M&E training workshop in Anguilla for members of the National AIDS Coordinating Committee and partners involved in the multi-sectoral response to HIV/AIDS.
- Working with representatives from the Clinton Foundation and five OECS countries to plan for the monitoring and evaluation of the Global Fund Grant.

**Ms. Elizabeth Lloyd, Monitoring and Evaluation Officer**

*Monitoring and Evaluation Training Workshops*

- Scheduled, co-ordinated and co-facilitated workshops in Trinidad & Tobago, Bahamas, Dominican Republic and Anguilla

*NAP Assessments*

- Scheduled and co-ordinated NAP assessments in Anguilla, Barbados, Dominican Republic, Guyana and St Kitts and Nevis
- Conducted key informant interviews with interviewees in St. Kitts & Nevis and Anguilla
- Researched, drafted and edited NAP assessment reports
- Collected data on M&E indicators for each assessment report.
- Presented the results of NAP assessments to key stakeholders in Barbados, St. Kitts & Nevis and Anguilla

*M&E Technical Assistance*

- Assisted in the provision of monitoring and evaluation technical assistance to CCNAPC, CAREC and OECS Global Fund Project.

*M&E Technical Working Group (TWG)*

- Provide administrative and logistical support to the M&E technical working group.
- Participate fully in the activities of the TWG

*Dissemination Working Group (DWG)*

- Liase with the consultants to ensure the timely and accurate completion of the dissemination strategy
- Provide administrative support to the DWG i.e handle all logistical arrangements for the meeting, record decisions and guide follow-up action.
- Provide technical input on the DWG

*ENHR Council of Trinidad and Tobago - Management Committee*

- Provide logistic and administrative function in support of this committee's work. i.e. liase with the membership to schedule meetings, prepare minutes and agendas of meetings and provide input as a representative of CHRC.

*General*

- Monitor all activities under the SIRHASC project to ensure timely completion.
- Prepare quarterly technical reports
- Represent CHRC at quarterly meetings of the Project Management Group to report on project implementation
- Handle logistical arrangements and prepare presentations on behalf of the Director in preparation for his attendance at selected meetings.

## **APPENDIX 1**

### **DRAFT REPORT**

# **DISSEMINATION OF HIV/AIDS RESEARCH FINDINGS FROM STUDIES FUNDED BY THE CHRC**

**Ansari Ameen (CHRC)  
Elizabeth Lloyd (CHRC)  
Carl Browne (CARICOM)  
Marjan DeBruin (UWI)  
Roger McLean (UWI)  
Jones P. Madierra (CAREC)  
Bilali Camara (CAREC)  
Dawn Foderingham (UNAIDS)**



## MAJOR AUDIENCES FOR RESEARCH REPORTS

The major audiences for HIV/AIDS/STI research reports are:

0. Policy-Makers
0. Practitioners/Programme Managers
0. Academic Audiences
0. International Funding Agencies/Donors
0. Wider Audiences

It was felt that all target audiences should be provided with the full report and executive summary.

### POLICY-MAKERS

#### *Specification of the Audience*

- Decision-Makers with the capacity to define/change the HIV/AIDS environment
- Lobbyists (e.g., action groups, NGOs, Faith Based Organizations, advocacy groups)
- Government, Ministers, CARICOM, Permanent Secretaries, CMOs, etc.
- Semi-Government organizations – i.e., those that serve as advisory to the Governments;
- Private sector/businesses
- Civil Society

#### *Most Appropriate Dissemination Channels*

##### Public Sector Policy-Makers

- ✓ Face-to-face
- ✓ Briefings, Presentations
- ✓ Executive Summaries/Fact Sheets

##### Private Sector Decision-Makers

- ✓ Face-to-face
- ✓ Briefings, Presentations,
- ✓ Telephone by “Messengers”



- ✓ Executive Summaries/Fact Sheets

#### Civil Society Organizations

- ✓ Special Events
- ✓ Face-to-Face
- ✓ Mass Media
- ✓ Telephone
- ✓ Use all channels or most as appropriate

## **PRACTITIONERS, PROGRAMME MANAGERS, IMPLEMENTERS**

### *Specification of the Audience*

- National AIDS Committees (Coordinating Bodies)
- National AIDS Programmes (Implementing Bodies)
- Health Care Providers
- Community-based organisations (CGOs)
- Faith-based (FBOs)
- Lab Directors
- Epidemiologists
- Regional & International Technical Assistance organizations – UWI, CAREC, CHRC, UNAIDS
- Sector Programme managers (Ministries of Education, Labor, Health, etc.)

### *Most Appropriate Dissemination Channels*

#### Technical Assistance Institutions

- ✓ Workshops/Seminars/Conferences
- ✓ Databases accessible through websites

#### National HIV/AIDS Bodies

- ✓ E-mail, fact sheets, full reports via organisations such as Caribbean Coalition of National AIDS Programme Coordinators (CCNAPC) & PANCAP
- ✓ Web Sites

#### Sector Programme Managers

- ✓ Quality Press releases
- ✓ Web Sites

- ✓ List serves
- ✓ Letters
- ✓ Mass Media
- ✓ “Trickle down” from National Coordinating Bodies and TA providers

CSOs, FBOs

- ✓ Face-to-face
- ✓ Briefings, Presentations, Meetings of Policy-Makers
- ✓ Executive Summaries/Fact Sheets
- ✓ Face-to-face
- ✓ Telephone by “Messengers”

**ACADEMIC AUDIENCES**

*Specification of the Audience*

- Local, regional and international academic community;
- All disciplines
- Community and tertiary-level educators

*Most Appropriate Dissemination Channels*

- ✓ Publications
  - Special Issues
  - Books
  - Journals
- ✓ Conferences
- ✓ Regional and International Meetings
- ✓ World Wide Web
- ✓ List Servers
- ✓ Caribbean Publishers Network (CAPNET)

**INTERNATIONAL DONORS/FUNDING AGENCIES**

*Specification of the Audience*

- The European Union
- The World Bank
- The International Monetary Fund
- The Global Fund
- German Technical Cooperation
- USAID



- CDC
- CIDA
- DFID

### *Most Appropriate Dissemination Channels*

- ✓ Face-to-Face Meetings/Briefings
- ✓ Technical Project Reports
- ✓ Country/Recipient Reports
- ✓ Conferences/Meetings (e.g., PANCAP, CHRC)
- ✓ Summary Reports or Executive Summaries

## **WIDER AUDIENCES**

### *Specification of the Audience*

- Persons Living with HIV/AIDS (PLWHA)
- Men who have Sex with Men (MSM)
- Commercial sex Workers (CSW)
- Vulnerable Groups
- Parents
- Youth
- Children

### *Most Appropriate Dissemination Channels*

- ✓ Face-to-face
- ✓ Mass Media – radio, television, newspaper, billboards, magazines
- ✓ World Wide Web
- ✓ Special Public Events

## **THE DISSEMINATION PROCESS**

### *Ideal Requirements for Completed Research Products*

**0. Completed research reports should be submitted to the funding institution and, at a minimum, contain the following sections:**

- Abstract
- Executive Summary

- Standard Research Report Sections (i.e., background, literature review, methodology, results, etc.)
- Implications for Practice (researcher should specify target audience)
- Implications for Policy (researcher should specify target audience)
- Directions for Future Research

In addition, the funding institution should request that the researchers indicate their perceptions of the most appropriate dissemination channels when submitting the final report.

The funding institution needs to also assume responsibility for adequately addressing the issue of ownership of the research product as well as dissemination rights.

**0. Standardized abstracts of all completed research should be placed in a central database**

- The Database will be maintained by an institution (to be determined) and should allow the capacity to search using various criteria.

**0. Funding for Dissemination of Research**

- The funding institution should assume responsibility for ensuring the appropriate dissemination of the research products and secure funding for the dissemination activities.
- Institutions are encouraged to build their own internal dissemination capacity.
  - Funding for dissemination specialists and/or dissemination activities should be built into the budgets for the research where possible.
  - To the extent that institutions do not have existing capacity to engage in dissemination activities, they could look to partner agencies for assistance or contract out for services

**0. Institutions' Dissemination Specialists should work with individual researchers to disseminate research. Major Steps will include:**

- Collaboratively identifying target audiences;
- Selecting dissemination channels that are most appropriate to the target audience(s);
- Developing the products to be disseminated;
- Planning and implementing the dissemination activities;
- Designing and implementing follow-up activities to assess reach and utility of the information disseminated.

**5. Monitoring and Evaluation**

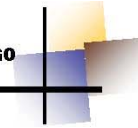


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This process will be subjected to ongoing monitoring. A set of evaluation indicators will be developed and applied to the strategy in order to assess reach and impact.

## NON-EXHAUSTIVE LIST OF DISSEMINATION CHANNELS

- Face-to-face methods;
- Memos and/or letters;
- Fact Sheets
- Executive Summaries;
- Telephone Conversations;
- The World Wide Web – Special Applications, Interactive interfaces;
- The Mass Media – Newspapers, Radio, Television;
- Billboards;
- Magazines;
- Journal publications;
- Conferences / meetings;
- Exhibitions at events
- Press Conferences;
- Use of special “messengers”



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## APPENDIX 2

### BASIC RESEARCH SKILLS WORKSHOPS

#### June 14-17, 2004 (Jamaica)

The CHRC co-hosted this Workshop in Jamaica with the Tropical Metabolism Research Institute (TMRI) and the Ministry of Health (MoH). A total of 48 persons attended from the Ministry of Health (including the Regional Health Authorities) and the University of the West Indies. The facilitators for the workshop included staff from the TMRI, the MoH and the CHRC. The TMRI persons included Professor R Wilks, Dr N Younger, Dr C Powell, Mrs S Chang-Lopez, Ms K Clarke, Dr M Boyne and Dr J Meeks Gardner. The presenters from the MoH were Dr G Gordon-Strachan and Ms C Walters. The CHRC facilitators were Dr. D. Simeon and Dr. R. Williams.

The participants were divided into seven groups which worked during the workshop to draft proposal for the following topics:

- Group 1: Prevalence and associated factors for Anaemia among University Students aged 19 – 25 years
- Group 2: Source of Referral for Patients Presenting for Screening Mammography
- Group 3: Reasons for the Decline in Condom Use among Jamaican Men
- Group 4: Increase in Prostate Cancer Cases among Jamaican Men
- Group 5: Knowledge of Safe Sex Practices among Girls in Forms 1 – 5
- Group 6: Knowledge of Sickle Cell Status on Partner Choice
- Group 7: Effect of Premature Onset of Puberty on Sexual Practices in Boys

The participants responded favourably to all evaluation questions. This may be related to the extended length from a 3-day to a 4-day workshop. In fact, one of the more frequently suggested ways in which the workshop could be improved was for a further extension to 5 days. Another suggestion was that the manual be made available prior to the workshop in order for participants to make preparations beforehand.

Questions on what participants liked most and least about the workshop were frequently met with the following responses:

#### *Liked most about workshop:*

- Group exercises and resource material
- Informal approach and interactive nature along with the patience of facilitators

#### *Liked least about workshop:*

- Insufficient time to assimilate a vast amount of information
- Intensity of presentations particularly those of a quantitative nature



July 26-27, 2004 (Trinidad & Tobago)

CHRC co-hosted a Basic Research Skills Workshop in Trinidad with the Caribbean Water and Wastewater Association (CWWA) that was held at the Emerald Plaza in St Augustine. Twenty four persons comprising staff from the Water and Sewerage Authority (WASA), The Tobago House of Assembly, Environment Tobago, The Solid Waste Management Company Limited (SWMCOL), Faculties of Science and Agriculture and Civil Engineering, UWI, and the Psychiatric Social Work Department of St Ann's Hospital participated in the workshop. The facilitators of the workshop were Dr D Simeon and Dr R Williams.

At the end of the workshop, participants drafted research questions and draft proposals for the following research topics:

- Group 1: Characterization of environmentally friendly vehicles in Trinidad and Tobago.
- Group 2: Leaching of contaminants from open storage of waste in landfills in Trinidad and Tobago.
- Group 3: Determination of the usage of plastics in Trinidad and Tobago based on recyclable garbage.
- Group 4: Impact of the tourism industry on the environment in Tobago

An evaluation of the workshop was conducted by the CWWA and participants were asked to rate each of the 7 sessions for their usefulness and relevance, time allocation and degree of difficulty. Twenty one participants (87%) completed the evaluation forms. 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.

Sessions were also considered to be very useful and relevant by the majority of the participants. In general, the sessions were found to be *very useful*. The degree of difficulty of the sessions was overall *about right*. From the written comments, the participants found the presentations to be very good and wished there was more time to go into further details in some of the areas e.g. data collection tools and data analysis. They also found that their interest and competence in doing research had been heightened and are looking forward to participating in a CHRC Advanced Research Skills Workshop in the future.

November 24-26, 2004 (Barbados)

CHRC co-hosted a Basic Research Skills Workshop in Barbados with the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) that was held at UWI, Cave Hill Campus. The facilitators were Dr. R. Williams and Dr. L. McDougall. The objectives were to provide basic skills necessary to undertake health research, including research design, choice of appropriate methodologies, data analysis, report writing and the management of the research process. This was the first of two workshops to be held in Barbados as part of the Wellcome Trust funded research project, "*Migration Family Structures and Morbidity from External Causes*" The second workshop to be held in 2005 will have an emphasis on proposal development and execution.



## **ADVANCED RESEARCH SKILLS WORKSHOPS**

November 24-26, 2004 (Jamaica)

CHRC co-hosted an Advanced Research Skills Workshop in Jamaica with the Tropical Metabolism Research Institute (TMRI), UWI and the Ministry of Health (MoH). It was held at the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES), UWI, Mona Campus. This workshop was also conducted as part of the “Migration Family Structures and Morbidity from External Causes” project under which further basic and advanced research skills will be conducted in conjunction with SALISES and CHRC. Thirteen persons participated in the workshop. They comprised staff mainly from the Ministry of Health and various departments from the UWI campus. The facilitators of the workshop were Ms K Fox (UWI), Dr M Reid (TMRI), Dr G Strachan (MoH), Dr N Younger (UWI) and Dr R Williams (CHRC).

At the end of the presentation aspect of the workshop, participants drafted questions and proposed study designs for the following research topics:

- Group 1:                    Impact of media driven HIV/AIDS information on sexual practices of university students?
- Group 2:                    Knowledge, attitudes and practices of Kingston and St Andrew (KSA) pharmacists towards persons living with HIV/AIDS (PLWHA).
- Group 3:                    Level of knowledge of obesity in adults 20 years and older

An evaluation of the workshop was conducted and participants were asked to rate each of the 10 sessions for their usefulness and relevance, amount of information obtained and whether they were clear and easy to understand. The majority of participants found all sessions to be *good* or *very good*. From the written comments, the participants found the information including the introduction to SPSS very relevant and useful in their area of work. There was general consensus that the time in which information was covered was too short. Suggestions were made to either extend the workshop for 2-5 more days or have more preparation time before the start of the workshop. All participants said that they would recommend this course to their colleagues to improve their research skills and also to provide an avenue for self-development.

## **RESEARCH ETHICS WORKSHOPS**

DECEMBER 2-4, 2004 (Trinidad and Tobago)

CHRC hosted a Research Ethics Workshop in Trinidad in collaboration with PAHO, Health Canada and the University of Miami. Twenty two persons participated in the



workshop. They comprised mainly staff from the Ministries of Health, the University of the West Indies and health organizations or hospitals from Dominica, Guyana, St Vincent & the Grenadines and Trinidad & Tobago. The facilitators of the workshop were Dr D Aarons, Dr K Goodman, Dr L McDougall and Ms J Parsons. The topics presented are listed below:

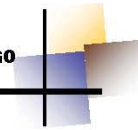
Topic (Presenter)

- Introduction to Research ethics (Dr K Goodman)
- Making risk potential benefit assessments (Dr D Aarons)
- Informed Consent: Adults with decisional capacity (Ms J Parsons)
- Vulnerable populations: Children and mentally impaired adult subjects (Dr D Aarons)
- Epidemiology, genetic and social science research (Ms J Parsons)
- Responsible conduct of research (Dr K Goodman)
- Special populations- women and minorities (Ms J Parsons)
- Overview of ethics in international research (Dr K Goodman)
- Research ethics committees-constitution, terms of ref, procedures role in monitoring research (Dr L McDougall)
- Clinical ethics (Dr Derrick Aarons)

An evaluation of the workshop was conducted by the CHRC in which participants were asked to rate the sessions. Seventeen participants (~77%) completed the evaluation forms. In terms of program content and course length, the majority of participants found them *about right* and more than 90% said they would recommend this workshop to other colleagues. The majority of participants felt that the workshop objectives, practical application, faculty selection, opportunity to interact with the faculty and ask questions were either *good or excellent*.

In all sessions, on average 86% of the participants found them very useful. Making Risk Potential Benefit Assessments, Overview of Ethics in International Research, Research Ethics Committees and the Responsible Conduct of Research were considered to be the most useful. On average 70% felt that they were more prepared to be able to apply ethical principles when reviewing research, to address issues specific to ethics in international collaborative research, to help to constitute an ethics committee and to identify, analyze and resolve ethics issues in health care. From the written comments it was suggested that more member countries should be invited to participate in similar ethics workshops in the future. It was also suggested that CHRC be involved in the drafting of a template for legislation for the member countries to support the establishment of ethics committees. Also, CHRC should continue networking and encouraging personnel to become trained in ethics since there is a clear need for this in the Caribbean.

Based on discussions and suggestions made at the workshop, the following steps are to be taken;



- 1) To work with CARICOM to develop draft legislation for the establishment of Ethics Committees.
- 0) To review the progress in the establishment of Ethics Committees in the member countries.
- 0) To conduct similar ethics workshops in other countries and also refresher courses among the countries represented at the workshops.
- 0) To establish networks so that trained personnel in member countries can support and work with each other.

## **Monitoring and Evaluation Workshops**

### MAY 10 - 12, 2004 (Trinidad & Tobago)

CHRC hosted a monitoring and evaluation training workshop in collaboration with the National AIDS Co-ordinating Committee of Trinidad & Tobago (NACC). The workshop was facilitated by Dr. A Ameen and Ms. E Lloyd. The objectives were to provide participants with an introduction to the basic concepts of monitoring and evaluation and the skill of selecting and utilizing appropriate indicators to monitor or evaluate their programme. Twenty-nine (29) participants attended the workshop representing the Ministry of Health, the NACC, the National AIDS Programme and several HIV/AIDS focused non-governmental organizations.

Participants received specific information on the use and application of the Caribbean Indicators and Measurement Tools (CIMT) for the evaluation of National HIV/AIDS Programmes in the Caribbean. They were divided into groups which identified persons within their organisations responsible for data collection. The workshop evaluation formed proved that the workshop was very well received with all respondents indicating the event was *very useful*. They were particularly appreciative of the training in developing the capacity of agencies involved in the multi-sectoral response to HIV/AIDS.

### June 23 – 25, 2004 (Bahamas)

A Monitoring and evaluation workshop was held in the Bahamas at the Conference Room of the Bahamas National HIV/AIDS Programme (NAP). This workshop followed the format of the Trinidad workshop both in content, format and objectives. Twenty-one (21) participants attended this workshop from the Ministry of Health, the Bahamas National HIV/AIDS Programme, the Surveillance Unit of the Department of Public Health; HIV/AIDS Research Centre and the Princess Margaret Hospital. Workshop attendees approached their group work with enthusiasm and produced good quality work plans. CHRC received several requests for follow-up technical support to the NAP in the area of M&E.

### November 23 – 25, 2004 (Dominican Republic)



The CHRC partnered with the Presidential Council on HIV/AIDS (COPRESIDA) and UNAIDS to facilitate an M&E training workshop in the Dominican Republic. In spite of the language difference, the workshop was successfully run by Dr. A Ameen and Ms. E Lloyd. The availability of quality simultaneous translation facilitated technical presentations as well as the group interaction which followed. This activity followed the format of all previous workshops. Twenty-eight (28) participants attended the workshop from international HIV/AIDS institutions, COPRESIDA, other government departments and non-governmental organisations. The level of participant interaction was high as was the quality of group work, which was completed on the final day of the workshop. Workshop evaluation forms indicated a very positive response to the workshop. 80% of respondents indicated an increase in their level of knowledge on completion of the workshop. Several requests were received for follow-up M&E training.

December 2-3, 2004 (Anguilla)

In-keeping with CHRC's commitment to collaborate with partner agencies working in the area of M&E, the organisation co-facilitated a CRIS training workshop which was held in Anguilla at the end of the year. Ms. E Lloyd facilitated presentations on the fundamentals of M&E and presented the revised CIMT indicators to a group of technical persons who formed themselves into an M&E Reference Group responsible for collecting and submitting data for the UNGASS indicators.