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REVIEW OF STRATEGIC PLAN 2004-2009



Progress & Next Steps

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EXECUTIVE SUMMARY

Background

The Caribbean Health Research Council (CHRC) has a mandate to promote health research in the Region. The CHRC Strategic Plan (the Plan) for the period 2004-2009 is oriented towards CHRC's vision which states that findings from health research in the Caribbean will be a primary basis for decision making, promoting optimal health and development in the region. This section of the document is an executive summary of the mid-term Review of CHRC's Strategic Plan – 2004-2009.

DAH / Dr. John E. Harvey, was engaged to conduct a review of the CHRC Strategic Plan.

The specific objectives of the review are as follows:

- Determine the progress made on achievement of goals as well as the completion of activities listed for each Expected Result in the Plan.
- Compare the work conducted with the targets described in Strategic Plan.
- Review of relevant documents such as CHRC Council reports etc.
- Conduct interviews of key stakeholders.

The study drew on both qualitative and quantitative methods in its design and during the data collection phase. We collected data on both outputs e.g., trainings provided, and outcomes as reflected by stakeholder perceptions.

Study Limitation

Although we were able to gather some reported and anecdotal data using our survey instruments, we were not able to collect hard data to report on some of the measures provided in the log frame and required (Comparison of work conducted with the targets described in the Strategic Plan) as part of our assessment. In specific instances (Goal, Expected Result 3), data were not available for those indicators of outcomes. These Regional outcomes, quite often, depended on factors exogenous to CHRC and can be better captured as primary data resulting from a customer satisfaction survey or from extant data. However, we attempted to collate the listings of interventions, trainings,

communications, etc. to reflect CHRC's achievements against the various Plan objectives. Appendices 1-3: Capacity Building Support to Countries, Trainings Offered, Communication Strategies on Health Research present our attempts to document achievements against the Plan's objectives.

Summary of Progress

Over the last four years CHRC has made considerable progress informed by the Strategic Plan. Since the approval of the Plan by the Council, CHRC has accomplished a great deal. The feedback from stakeholders indicates that the quality and accomplishments of CHRC are increasing at an impressive rate.

Anecdotal responses reflect the above sentiment:

"The impact of CHRC over its 50+ year history on health knowledge and information has been critical-especially with very limited resources. Its role as a facilitator of health research would be greatly enhanced with a more serious commitment of human and financial resources to the CHRC."

"A major achievement of CHRC has been the consistent hosting of the annual scientific meeting which provides a forum for the presentation and discussion of Caribbean research, which is more relevant to the populations locally and therefore, more applicable to decision (policy) makers. CHRC has also provided extensive training which provides capacity building in research methodology and its application. They have also been successful in developing regional clinical guidelines for the management of diseases of regional interest: diabetes, hypertension, and asthma."

*"CHRC is heading in the right direction in promoting research and being a resource"
"Without CHRC the smaller islands would have limited exposure to training in Research Skills and in Monitoring and Evaluation."*

Other responses also reflect the challenges that CHRC faces:

"Weaknesses of CHRC are tied to its limited impact on policy; must acknowledge that it has a role on policy".

"CHRC must make its output more attractive; propagate, stimulate, and incorporate new technology in doing outreach and training."

"More related research is necessary in relation to burden of disease and some significant large research projects (high budget) should be initiated instead of several small projects."

"Funding of the CHRC is through the mechanism of subventions from regional governments. Failure of governments to honour these obligations has severely constrained the work of the organization."

CHRC has accomplished some of the expected results. In other cases the expected results point in a direction. Regardless of their nature, important advances have been made in all areas of the Plan (see [Appendices 1 - 3](#)).

Observations

The following observations were made during our review.

1. The CHRC strategic plan continues to be filled with significant and relevant goals for the region. Given the scope of the plan and the inconsistency of the core budget, affecting staff planning, and limiting the ability to hire a full time communication specialist, the level of progress and achievements across key result areas was exceptional.
2. CHRC was able to do more with less, thereby increasing its efficiency. However, the effectiveness with regard to evidence based policy decisions remains uncertain. CHRC is not able to effectively generalize key research findings to the general public. This resource, staffing and other constraint in manpower has to be urgently addressed for the CHRC to fulfil its mandate and realize its potential.
3. There are differences in perceptions between the smaller countries and the larger countries with regard to CHRC's impact on research activities and in building research capacity. It is felt by the smaller countries that CHRC remains a resource that is available for consultation and that they have benefited from the trainings provided by CHRC.
4. All interviewees felt that CHRC has a vital role to play. However, its relevance for informing evidence based Policy making has not been established. One of the larger countries feels that CHRC needs to be proactive in working with countries in setting their Annual Agenda for research and strategic activities.
5. CMOs interviewed felt that they have not been diligent in supporting CHRC's mandate regarding evidence based research by communicating research evidence provided at conferences etc.
6. Some stakeholders felt that CHRC could better maximize partnering with the public and private sectors.
7. The Vision for CHRC is evolving as it seeks to adjust to resource shortages, and to adjust to market realities, regarding funding opportunities e.g., the role of M&E in CHRC's programming. Some stakeholders see CHRC's workshops and activities around M&E as major achievements, and should be a niche which could expand CHRC's relevance.

Recommendations

The following recommendations were made as a result of our analysis.

1. We recommend that a customer perception survey and analysis be conducted to measure the effectiveness and impact of CHRC programming on member countries and nationals. Such a survey should be conducted periodically, on a schedule that allows measuring and reporting on performance and quality.
2. The survey will measure the level of increased awareness by policy makers and the general public on the role and value of health research. It will also capture the use of evidence in the development of policy.
3. CHRC should schedule and participate in meetings with key personnel in the MOHs to plan their Research Agendas and to discuss current and planned policy initiatives regarding health. These meetings would help countries focus their resources on Regional priorities, and also identify opportunities for resource sharing. We recognize that there may be some demands on already stretched resources; however, CHRC could be strategic in Countries, and in fora for this type of activity.
4. CHRC should contract a Business Development specialist/Grant writer, to coordinate and write proposals. This person will work with the personnel at the various MOHs to support their Research Agendas by partnering with them and helping develop their capacity to seek grants in support of their Research Agenda.
5. CHRC should consider fee for service options, given its leadership role in M&E programme development and implementation. CHRC's technical support and training capacity has been strengthened and its workshops have broad appeal for agencies and countries. According to one stakeholder, "CHRC should build a niche in the M&E specialty area and become the reference point for M & E in the Region."
6. CHRC should develop a demand base model for providing support for health research, building relevance and sustainability by responding to training and health systems needs in both the public and private sectors. Demand based models require the active participation of the beneficiary, not only in identifying the need to be serviced, but also in providing the solution. This type of partnership maximizes the outcome from the intervention.
7. CHRC should support private sector initiatives by using Cause-Related Marketing and research. CHRC's current and planned research may have complementary or other value to private sector organizations. Private organizations are quite often prepared to associate their brand with a good cause; such as a marketing effort around a social or other charitable cause e.g. HIV prevention. Many donor organizations have a preference for public/private mixes in support of an event or solution.

Key Words and Acronyms

CARICOM	Caribbean Community
CAREC	Caribbean Epidemiology Centre
CARPHA	Caribbean Public Health Agency
CHRC	Caribbean Health Research Council
CCH III	Caribbean Cooperation in Health III
COHSOD	Council for Human and Social Development
CMO	Chief Medical Officer
CRN	Caribbean Regional Network of People Living With HIV/AIDS
ENHR	Essential National Health Research
M&E	Monitoring and Evaluation
OECS	Organization of Eastern Caribbean States
SALISES	Sir Arthur Lewis Institute of Social and Economic Studies
SWOT	Strengths, Weaknesses, Opportunities and Threats
The Plan	CHRC' Strategic Plan – 2004-2009
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership against HIV/AIDS
UWI	University of the West Indies

1. INTRODUCTION

The Caribbean Health Research Council (CHRC) Strategic Plan (the Plan) for Years 2004-2009 provides a comprehensive, multi-year framework for carrying out CHRC's mission. It is oriented towards CHRC's vision which states that findings from health research in the Caribbean will be a primary basis for decision making, promoting optimal health and development in the region.

The Plan provides the CHRC, Regional Governments, other members and the public with a report on the challenges and priorities for health research in the region over the next several years, and, it also provides a blueprint for how CHRC will provide leadership in research to address these challenges. It lays out the strategic goals and expected results CHRC has set for itself, and it serves as a yardstick against which CHRC will measure progress.

1.1 The Performance Mandate

The CHRC is a regional health institution that was founded as the Standing Advisory Committee for medical research in the British Caribbean in 1955. The core mandate of the CHRC includes facilitating the use of evidence to inform the decision making of policy makers, programme managers, care providers and the public. The principal source of this evidence is from the conduct of sound research and the conduct of monitoring and evaluation activities.

The landscape of the Caribbean has changed much since 1955 and the CHRC is challenged to ensure that it retains its relevance to its member countries. Primary among the health related changes is the disease profile with chronic non-communicable diseases replacing infectious and nutrient deficiency diseases as the most important causes of morbidity and mortality. Their management also places a heavy financial burden on various countries.

With the appointment of a new Director in 2002, work began the following year to develop a strategic plan to guide the work of the institution. A Steering Committee was formed, consultants hired and all the key stakeholders were engaged in discussions in

order to identify the way forward. The CHRC Strategic Plan (2004-2009) was eventually adopted at the 49th Annual CHRC Council Meeting in April 2004. It is comprised of a Situation Analysis of Health and Health Research in the Caribbean, a SWOT Analysis, the Expected Results and Accompanying Activities, a Proposed Management Structure, and a Budget. The Plan also includes the proposed management structure and a monitoring and evaluation plan. The monitoring and evaluation plan also includes an independent review, as well as a final evaluation.

1.2. Objectives of the Evaluation

- Determine the progress made on achievement of goals as well as the completion of activities listed for each Expected Result in the Plan.
- Compare the work conducted with the targets described in Strategic Plan.
- Review of relevant documents such as CHRC Council reports etc.
- Conduct interviews of key stakeholders.
- Analyze data collected and make recommendations.

1.3. Approach and Methodology

This review seeks to describe the impact of CHRC's Strategic Plan. Various indicators identified in the log frame were used to assess the extent to which the CHRC has impacted the region through the Plan. The study drew on both qualitative and quantitative methods in its design and during the data collection phase.

1.4. Data Collection Strategies

The study team utilized standard strategies for collecting data. In general, these included:

- Unstructured interactive interviews and semi-structured interviews.
- Acquiring pertinent extant data from secondary data sources, such as Council reports and data on targets or performance measures identified in the Plan, or established as part of the evaluation.
- Acquiring data from primary data sources, such as surveys (direct, telephone, internet-based) of key respondents directly affected by CHRC.

- Analyzing systems i.e., identifying the interconnected systems that support or affect CHRC.
- Reviewing health research documentation, including but not limited to pertinent reports and findings.

1.5. Sampling Methodology

We solicited a list of key stakeholders from CHRC, agreed on a suitable sample and implemented a data collection strategy using prepared questionnaires and other tools ([See Appendix- 5 – Stakeholders Questionnaire](#)).

2. PROGRESS REPORT ON THE IMPLEMENTATION OF THE STRATEGIC PLAN

The purpose of this section of the document is to provide an assessment of the achievements made as a result of implementing the Strategic Plan. CHRC operates in a period of unprecedented health and financial challenges. Over the past years, CHRC's research funding has declined, while health conditions have continued to change and research needs continue to grow.

2.1. Expected Results and Activities

The core functions of the CHRC were grouped into four (4) expected results that will be delivered by the end of 2009. These expected results will assist the CHRC in achieving its Purpose, as well as help the organization with carrying out its Mission.

- Advocacy / Advice / Communication;
- Research Related Activities;
- Capacity Building;
- Sustainability and Financing

What follows is an outline of the progress made under each of the Plan's four (4) expected result areas. It reports some of the accomplishments for each of the Plan's four (4) objectives and 37 action items. It is important to realize that this report only touches the surface, as we profile the progress made in implementing the plan, and many important achievements of the CHRC may have not been reported.

Expected Result 1 - Advocacy / Advice / Communication

A stronger health research culture is developed in the Caribbean, with policy makers and other stakeholders making more evidence based decisions.

No.	Action Item(s)	Progress
1.1	Promote the value of health research including Monitoring and Evaluation (M&E).	<p>Substantial progress has been made in promoting the value of health research including using monitoring and evaluation as a vehicle:</p> <ul style="list-style-type: none">• Capacity building support has been provided to member countries in M & E, Research Skills, Research Dissemination and Communication, Research Ethics, Epi Info Training and Grant Writing. <p>Appendix-1 – CHRC Capacity Building Support to Countries – 2007 provides a list of capacity building support to member countries in 2007</p> <ul style="list-style-type: none">• Clinical guidelines have been developed for Managing Hypertension and Managing Diabetes.• Research conferences are facilitated including the annual scientific meeting.• Presentations at CARICOM meetings e.g. CMOs meeting.• Research Scientists provide trainings, conduct research and provide guidance to researchers throughout the region.• M&E Strategic Plan has been developed.• CHRC is the Regional technical lead for monitoring and evaluation.• Development of Caribbean Indicators and Measurement Tools for M&E of HIV/AIDS Programmes.• Development of a Regional Framework for M&E of HIV/AIDS in the Caribbean.• Multiple workshops have been held on M&E to Regional staff including Informatics, Data Use.• M&E Support to the OECS.• Individual country capacity has been strengthened through M&E technical assistance sessions, for example, St. Lucia, St. Kitts and Nevis and Antigua.
1.2	Promote evidence based policy and its implementation by linking research findings to policy advice, especially in the area of health	<p>Decision makers surveyed from CHRC member countries did not have hard evidence on the use of research findings provided through CHRC as a basis for</p>

No. **Action Item(s)**
systems and services.

Progress

decision making. However, they all acknowledged the importance of research findings in decision making.

CHRC's efforts to promote evidence based policy include:

- CHRC consultations to member countries, researchers and other stakeholders on its research efforts.
- CHRC participates in developing the Caribbean health research agenda
- CHRC provided training on research methods to member country researchers.
- CHRC in 2007 published the manuscript; "Dissemination Strategy for Information & Research Projects," which was produced under the SIRHASC/PANCAP project. While this product was developed for the purpose of facilitating information sharing around the SIRHASC project, it was felt that elements can be useful to other projects seeking to explicitly incorporate information dissemination as a component of the project.
- CHRC uses its annual scientific meeting as its main vehicle for publishing regional research and to disseminate this research to policymakers.
- Proposal for use of EVIPNet as a vehicle for providing evidence for policy presented.
- NAPs assessment
- CHRC developed the "Research to Policy" toolkit which is to be pretested before publication and dissemination
- Research to policy workshop was conducted in 2007
- CMOs facilitated to attend CHRC's Research Conference

1.3 Establish mechanisms for ongoing dialogue between CHRC and policy makers and other stakeholders especially in the smaller territories.

The CHRC director has held regular meetings with government officials, CMOs and other MOH officials. Whilst CMOs in the smaller territories felt satisfied with the level of access, some health officials felt that the planning and timing of these meetings could be more effectively scheduled around individual government's plans; and an appropriate work program could be developed.

No.	Action Item(s)	Progress
		<p>Feedback included:</p> <ul style="list-style-type: none"> • CHRC needs to be more proactive. • CHRC needs to market itself. • CHRC can serve as a clearing house. • CHRC needs to partner with key institutions in both the public and private sectors. • CHRC should develop the approach of PAHO and work with countries around an annual programme and priorities. However, CHRC's efforts have to be strategic, given its paucity of resources when compared to institutions such as PAHO.
1.4	Develop a communication strategy. Produce and disseminate regular research notes and newsletters in a format that can influence policy makers and inform/empower the public.	<p>CHRC has developed a communication strategy and used various communication channels: for example, print and electronic media to publish its research, meeting notes, training schedules, plans, etc. The website is relatively current with various publications and information and is used as the major facility for communication. (See Appendix – 3 – CHRC Communication Strategies on Health Research 2004 – 2007 for list of communication activities and channels).</p> <p>The Minutes of the 51ST Council Meeting suggest:</p> <p>Promoting CHRC by:</p> <ul style="list-style-type: none"> • Developing email lists and circulate CHRC material to professional associations, political listings and media houses. • Courtesy calls made to new Ministers of Health with a "Briefing Package" which <i>should</i> include: Strategic Plan, CHRC Newsletters, WIMJ Supplement, Workshop manuals, Director's report. <p>Other efforts include:</p> <ul style="list-style-type: none"> • Newsletters are sent to each country • CHRC does not have a communication specialist which is affecting its ability to disseminate research and to help "generalize research evidence to the public."

No.	Action Item(s)	Progress
1.5	Produce, update, disseminate and promote the use of clinical guidelines for the management of prevalent diseases.	<p data-bbox="787 191 1537 363">CHRC has produced two quality documents: “Managing Hypertension in Primary Care in the Caribbean (2007)” and “Managing Diabetes in Primary Care in the Caribbean (2006)”.</p> <ul data-bbox="836 405 1537 968" style="list-style-type: none"> <li data-bbox="836 405 1537 541">• These documents update previous publications of 1998 and 1995 respectively, incorporating the significant advances in the management of these two conditions. <li data-bbox="836 548 1537 646">• These guidelines have been made available and are reported as being used by the MOHs. <li data-bbox="836 653 1537 789">• Guidelines are to be promoted, by the Scientific Secretaries, for use in medical schools as a resource/text in teaching programmes. <li data-bbox="836 795 1537 968">• Guidelines for asthma treatment, which were originally produced in 1997, are being revised. Guidelines for management of depression and maternal care in pregnancy are being prepared.

Expected Result 2 - Research Related Activities

A health research policy and agenda adopted and being implemented in keeping with CARICOM priorities.

No.	Action Item(s)	Progress
2.1- 2.3	Develop a regional health research policy, as well as a regional and national health research agenda.	A Policy Framework for health research in the Caribbean was drafted in 2007. The goal of the Policy Framework is to support evidence-based policies and programmes that promote health and development through the increased production, access, and use of quality health research in the Caribbean. <ul style="list-style-type: none">• The first meeting for the development of the regional health research priorities and agenda was held in April 2008 and the health research priorities are to be completed by the end of 2008.
2.4	Promote Essential National Health Research (ENHR) concept and mechanism.	The ENHR system is being developed under the leadership and guidance of the CHRC, however, the capacity to develop ENHR at the country level is limited. <ul style="list-style-type: none">• ENHR scientists posts have been filled in Barbados and in Jamaica, and they are engaged in research• ENHR scientists to work with CHRC grants awardees to publish findings• CHRC supported the establishment of the ENHR Council of T&T.
2.5- 2.8	Evaluate research activities undertaken in the Region. Identify possible areas of collaboration with other regional and international research institutions/governments such as CAREC, SALISES. Facilitate greater involvement of non-traditional health research.	CHRC collaborates with many regional and other organizations in research activities: <ul style="list-style-type: none">• CHRC collaborates with CAREC, the Center for Gender and Development Studies, UWI (in conduct of research projects) as well as PAHO (in development of Clinical Guidelines).• CHRC collaborated with SALISES to provide research training to persons involved in the development of social policies.• CHRC works closely with the Health Economics Unit at UWI.• ENHR Scientist employed who is a social scientist.• Appointment of Scientific Secretary who is a Social Scientist

No. Action Item(s)

2.9 Work with member countries to develop regional Monitoring and Evaluation (M&E) strategic framework and national systems and coordinate M&E activities being conducted by various agencies.

Progress

CHRC is making substantial contributions in developing a Monitoring & Evaluation culture, and in developing capacity for Monitoring & Evaluation. CHRC is also providing support to PANCAP.

- Each of the 18 member countries have benefited from M&E technical support and capacity development activities.
- One stakeholder feels that CHRC has a place as the lead Agency for M&E in general.

Expected Result 3 - Capacity Building

Increased capacity to conduct health research and related activities in the Caribbean

No.	Action Items	Progress
3.1 - 3.3	Facilitate training workshops in areas such as research methodologies, monitoring and evaluation, critical appraisal, research ethics, health systems and health policy research. Geared to health managers and policy makers, for long-term and short-term.	<p data-bbox="841 405 1485 716">During the period 2004-2007, over 40 workshops were held in all member countries providing training to more than 900 persons in areas such as; basic and advanced research skills, research ethics, monitoring and evaluation, informatics and data analysis, grant writing, disseminating research findings.</p> <p data-bbox="841 722 1485 827">(See Appendix- 2 – Trainings Offered and Number of Participants: 2004 – 2007 for a detailed list of trainings)</p> <p data-bbox="841 863 1485 1003">The Director identified gaps in workshop offerings in areas such as: critical appraisal of evidence, qualitative research methods and research to policy.</p> <p data-bbox="841 1039 1485 1180">Assessments and feedback from workshops are now being implemented. This is a good practice for improving both facilitator and participant skill levels.</p> <p data-bbox="841 1215 1485 1283">Grant writing workshops have been held in member countries.</p> <p data-bbox="841 1318 1485 1386">Research ethics workshops have been held via video conferencing.</p> <p data-bbox="841 1421 1485 1467">Research skills workshops have been held.</p>

No. Action Items

3.4 Collaborate with regional universities involved in the training of regional health researchers by encouraging the incorporation/ strengthening of research methodology in the curriculum.

Progress

CHRC routinely partners with, or otherwise collaborate with regional universities through:

- Members of the Council are from regional universities; UWI, University of Guyana with St George's University from Grenada serving as an observer. Universities also have key roles in participation at Annual Research Conference.
- Indirect support, through co-hosting workshops.
- Scientific secretaries appointed from regional Universities
- Research grants requiring supervision of faculty
- Curricula involving research methodology e.g., the CHRC Basic Research Skills workshop is used as part of the curriculum for the MSc Sports Medicine and MSc. Epidemiology courses at the UWI, Mona.

No. Action Items

3.5- Identify potential trainees for
3.12 placement in research programmes
at international institutions.

Source scholarships and fellowships
at the international and regional
levels for persons to pursue relevant
areas of study.

Establish network of researchers /
mentoring programme, especially in
the smaller territories.

Administer block grant scheme in
keeping with regional priorities as
indicated in health research policy
and agenda.

Collaborate with international
research institutions to access
resources and expertise in order to
build Regional research capacity.

Promote institutional reviews for the
strengthening of research.

Promote and support the
establishment and management of
Research Ethics Committees including
the training of key persons such as
CMOs.

Host internship programme for
Caribbean nationals with potential to
gain experience in research and
research-related activities

Progress

CHRC provided technical assistance to
regional and national institutions and new
universities. Beneficiaries include:
CARICOM, CAREC, PAHO, PANCAP, OECS,
CRN, USC, and UTEC.

Scholarships provided to staff of CHRC
and regional governments to attend
training in Thailand and in other
countries.

There have also been some specific RFPs
to encourage research in priority areas.

CHRC's research grant programme has
played a key role in building research
capacity by providing junior researchers
with a start and by funding essential
research in CCH priority areas.

ENHR activities involved PAHO using WHO
methodology.

**The Internship/Mentoring
programme was developed and
provided for staff of countries from
the region to receive instruction on
M&E principles and concepts with
hands on experience based on the
needs identified by countries.**

- The internship programme was
supported by the governments of St
Kitts and Nevis in 2007 - three staff
members from St Kitts and two from
Nevis Ministries of Health had four-
month attachments at the CHRC.

The Director has a personal interest in
developing the mentoring programme.
Interns are hosted at the CHRC
Secretariat.

CHRC conducted training to support
establishment of national research ethics
committees

Collaborated with the Bioethics Society of
the English speaking Caribbean to develop
the template to establish ethics
committees

Collaborated with COHRED, which
provides valuable TA

Expected Result 4 - Sustainability and Financing

Resources mobilized to ensure the financing of CHRC and the sustainability of health research in the Caribbean.

No Action Items

4.1 Strengthen mechanism to encourage timely payment of quota contribution.

Progress

CHRC Director has made visits to countries to meet with senior decision makers in the MOH to highlight CHRC work

Some procedures implemented to support timely payment of quota contributions include:

- Itemized receivables and ageing of receivables.
- Statements with receivables to be reported to members.
- Invoicing (to be done monthly).
- Relationships with the finance offices.

4.2 Seek extra-budgetary funding for programs from donor agencies including private sector companies.

Extra-budgetary funding is being sought through proposals being written to donor agencies. A significant portion of CHRC budget and expenditures have been from donor agencies such as CDC and PANCP

4.3 Identify areas for cost saving and cost sharing.

Donor funding has increased from 36% of CHRC expenditures in 2004, 49% in 2005 and 62% in 2007. Income was generated principally from SIRHASC in 2004 and principally from CDC and PANCAP in later years. Limited funding was also received from CRN and DFD in support of M&E activities and PAHO for research system strengthening.

No Action Items

4.4 Facilitate the preparation of grant proposals for the funding of research studies/programs in priority areas including the hosting of proposal writing workshops.

4.5 Pursue partnerships with regional and international universities and institutions to complement CHRC staff through fellowships and placements

4.6 Increase the use of electronic media for training workshops, hosting meetings and networking with partners.

4.7 Identify and conduct income generating activities.

Progress

A number of grant writing workshops have been provided in collaboration with other agencies and countries:

- Although there have been some levels of success this remains an area of deficiency. Capacity needs to be developed both in the development of grant writing skills for researchers and in grant writing by CHRC to support programs.
- Successes have been in HIV funded programmes; however, CHRC needs financial support to complete its other programmes.
- Typically donor funds are targeted, limiting funding for regional priorities for health.
- Grant writing workshops were co-hosted with MRC (UK).

In 2006 and 2007 support from donor partners has been primarily for HIV/AIDS activities. Donor contributions although targeted, expanded CHRC's capacity in critical areas such as M&E, and in training and technical assistance. A CDC M&E Specialist was attached to CHRC for a six month period. Collaboration was also done with UWI for the employment of ENHR Scientists.

Scientific and management committees meetings are being teleconferenced, and CHRC collaborated with CIHR to host a research ethics workshop via the World Bank's Global development learning network video-conference facility.

Research Skills Manuals have been sold.

Management Structure

Secretariat structure required to ensure that the Expected Results of the Strategic Plan 2004-2009 are to be achieved.

No. Action Items

Progress

5.1	In order to match CHRC organizational structure to its strategy the following personnel are needed:	CHRC Secretariat has not contracted the Public Relations and Communication Specialist.
	Director / Chief Executive Officer	In place
	Health Research Scientists Monitoring and Evaluation Scientists	In place
	Monitoring and Evaluation Officers	In place
	Public Relations and Communication Specialist	Not in place
	Administrative Staff – administrators/ secretaries	In place
	Interns	Completed
	Research Assistants	In place
5.2.	Strategic placement of Scientific Secretaries to ensure coverage and support of all CHRC member countries.	Scientific Secretaries were placed in Barbados, Jamaica, Guyana and Trinidad and Tobago.
5.3	Appointment of Corresponding Secretaries to serve as a direct link between the CHRC and the Ministries of Health.	Some appointments were made; however, they did not function as intended. Some CMOs acted as Corresponding Secretaries.
5.4.	Developing budgets that steer resources into those activities critical to strategic success and optimizing the use of funding from donor partners.	CHRC Secretariat has hired a Chief Financial Officer and now has the ability to take pro-active actions and decisions regarding its budgeting and cost management systems. However, it is challenged by the availability of funding. CHRC now maximizes the use of donor funding, building capacity that services many priorities, however, it could benefit from sourcing non-dedicated funding from some

No. Action Items

6.0 Budget: The proposed expenditure on the 5 year Strategic Plan is US\$4,265,000.

Staff=\$1,875,000,
Operating costs =\$360,000
Activities = \$2,030,000

Expected Result 1=630,000
Expected Result 2=350,000
Expected Result 3=935,000
Expected Result 4=115,000

Progress

donor partners.

The plan is based on the assumption that quota contributions and arrears will be collected in a timely manner.

- There is an outstanding balance of over \$1,089,025 inclusive of arrears.
- Jamaica's has led the countries in arrears with 83% and 81% of outstanding arrears in 2006 and 2007 respectively. Belize and Grenada follow Jamaica with outstanding arrears of 7% and 3% respectively in 2007.

An accounting of expenditures associated with the activities of the ERs was not available.

3. STAKEHOLDER PERCEPTIONS

The plan for conducting a review of the progress in implementing the 2004-2009 Strategic Plan met a wide range of stakeholder interests both within CHRC and in the Region. We attempted to gauge the perceptions and interest of a range of stakeholders on the outcomes from CHRC activities by surveying a sample of stakeholders across the Region (see [Appendix-4 – Schedule of Stakeholders Meetings – CHRC for List and Appendix 5 – Stakeholders Questionnaire](#)). The survey was designed to measure the effect of CHRC programmes and policies on the Region and on the individual countries. We did not attempt to gauge the perceptions of those who are not directly involved with CHRC.

In developing the questionnaire we attempted to gain participant feedback not only on the guiding question but also on the broader strategy, focusing less on the input output relationship and more on the perceived outcomes. Respondents were very open in their responses, providing complete answers on many of the questions. These answers were aggregated and summarized using the proportion of respondents' views on individual questions and on related ER/Strategies. For each question the various views were aggregated and the three categories of responses (In favour, Opposed and Mixed Views) tabulated only as a reference point for type of responses. We are grateful to all who took time to respond to the Questionnaire or agreed to be interviewed.

The responses were analyzed by our consulting team. The following discussions of results should be instructive to the CHRC as it attempts to measure the effect of their policies and programmes. The Secretariat must also give careful consideration to the strategies in light of the views expressed in the responses. The following section of this paper describes the review.

This review of Stakeholder responses is part of a broader range of feedback on the implementation of the Strategic Plan.

SUMMARY AND CONCLUSIONS STAKEHOLDER RESPONSES

Question 1: What is your understanding of the role of the CHRC? In what priority order would you put these roles?

Strategy: *Developing a stronger health research culture in the Caribbean, with countries and other stakeholders making more evidence based decisions.*

Response:

In Favour	90%	Opposed	0%	Mixed Views	10%
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Summary: There was general consensus that CHRC has a leadership role to play in developing a stronger health research culture, advising governments on the research agenda and in conducting and supporting health research. However, there were some mixed feelings about these priorities. Ten percent of respondents felt that CHRC should play a more supportive role focusing on advocacy, communication and technical assistance around developing and strengthening of monitoring and evaluation capacity and systems.

Question 2: What are the regional priorities for health research? What role do you see CHRC playing in achieving these priorities?

Strategy: *Develop a health research policy and agenda adopted and implemented in keeping with CARICOM priorities.*

Response:

In Favour	100%	Opposed	0%	Mixed Views	0%
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Summary: There was consensus on the breadth of health priorities (CCH III), especially, around communicable and chronic non-communicable diseases, mental health, including substance abuse, environmental health, and nutrition. However, there were a variety of interests for CHRC to lobby and increase the social science and behavioural health aspects of research priorities and in future regional research agenda, providing block grants, continuing research meetings and trainings, and in promoting best practice at the primary care level through guidelines. There is consensus on CHRC's coordinating role, and its role in tracking progress in achieving objectives. There is also consensus that CHRC should set the research agenda and work with the appropriate areas within the MOHs to prioritize research.

Question 3: What are your perceptions about the functioning and impact of CHRC?

Strategy: *Increased capacity to conduct health research and related activities in the Caribbean.*

Response:

In Favour	65 %	Opposed	10%	Mixed Views	25%
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Summary: There were varied views about the functioning and impact of CHRC in building internal and external capacity to do health research. However, there was consensus that CHRC has increased its capacity and that regional governments are not giving the organization the recognition and financial support to achieve its objectives. There was interest in seeing CHRC provide larger projects and increase its role as facilitator. There were also expressions that CHRC is not informing policy, instead, CHRC is focused on disease management.

Question 4: What do you see as the major achievements of CHRC, if any? Is there a research culture?

Strategy: *Developing a stronger health research culture in the Caribbean, with countries and other stakeholders making more evidence based decisions.*

Response:

In Favour	85 %	Opposed	15%	Mixed Views	0%
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Summary: There was general consensus that CHRC had major achievements related to stimulating health research through the Scientific Conferences, bringing critical health problems to the attention of the region's governments and by its facilitation of research through collaboration, grants etc. However, there were a minority of views that the conference could be more focused, around themes/subjects. These views were also that the research culture is taking hold more at the Campus countries, where there is research capacity and less on the non-campus countries, where leadership should come from the MOH. Major achievements noted were the development of M&E capacity and awareness throughout the region and the publishing of Clinical guidelines in select areas.

Question 5: How has the availability of resources for research changed over the past 3 years, within the region?

Strategy: *Resources mobilized to ensure the financing of CHRC and the sustainability of health research in the Caribbean.*

Response:

In Favour	25 %	Opposed	75%	Mixed Views	0%
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Summary: There was general consensus that CHRC has suffered from resource shortages as member countries have either failed to meet their obligations or have been late in making payments. However, CHRC and researchers have benefited from International donors who increasingly have funded major projects or help to build capacity in critical areas such as HIV/AIDS. There have also been positive externalities or spillover effects from investment in health surveillance, research, and monitoring by the International donors.

Question 6: What is your opinion on the existing Strategic Plan? Is it relevant? What areas of improvement, if any, are necessary to make the plan relevant?

Strategy: *Resources mobilized to ensure the financing of CHRC and the sustainability of health research in the Caribbean.*

Response:

In Favour	50 %	Opposed	0%	Mixed Views	50%
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Summary: Respondents felt that CHRC’s strategic plan is highly relevant to the development of research capacity within the region; that it was well designed and accomplished most of its Expected Results. However, some respondents felt that the plan could be improved by detailing planned activities around key strategies such as: cooperation with Regional Health Institutions and Universities; ongoing dialogue with the regions MOHs’ PAHO, WHO, and related agencies. There was general concern about the sustainability of CHRC and what is perceived as the absence of a clear plan, or reporting on those areas within the plan that would improve sustainability e.g., ER4: 4.1-4.3. Recognition was also given to the need for the individual countries to develop their own related plan. Some respondents felt that CHRC may have some unrealizable goals regarding e.g., advisory role using research evidence, or on Policy. The respondents felt that CHRC’s product could be improved “by using technology to

propagate" (e.g. web-casting, distance education for training and outreach). One CMO expressed that the Council should direct the research agenda for the country and that the CMO is the conduit for the country. He also expressed that a priority research area be developed as a theme for the Research Conference.

Question 7: Which priorities for health research have been funded by CHRC? What Level? How has this funding changed?

Strategy: *A health research policy and agenda adopted and being implemented in keeping with CARICOM priorities.*

Response:

In Favour	0 %	Opposed	60%	Mixed Views	40%
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Summary: The perceived priorities for health research receiving support from CHRC were in the areas of HIV/AIDS, chronic non-communicable diseases and strengthening health systems. It is also perceived that there has not been a specific effort by CHRC to focus on any particular health priority as currently identified by CCH. It is felt that CHRC should be taking responsibility for setting direction, e.g., "here is what should be done," "here is what it means," that CHRC should be the leader. However, it was noted that CHRC only provides limited funding, and therefore cannot do much more than provide seed, start-up, or supplementary funding. CHRC has been seen, thus far, as only providing the clinical guidelines in addressing priorities for health research.

Question 8: How has advice been provided to the various governments on health research and policy development?

Strategy: *A stronger health research culture developed in the Caribbean, with countries and other stakeholders making more evidence based decisions.*

Response:

In Favour	80 %	Opposed	20%	Mixed Views	0%
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Summary: The majority of the key respondents felt that advice was provided to the various governments through various communication channels: ongoing direct briefing by the Director of CHRC working through the region; Scientific secretaries who communicate with CMOs; Annual Scientific Conference(s); papers presented at meetings (COHSOD, Caucus of Health Ministers, Heads of Government, CMOs,); CMOs communication with politicians etc., that policy be based on evidence. However, a minority of

respondents, (20%), felt that this area of communication has been a major weakness and that little or no advice is provided.

Question 9: How is CHRC funded? Is this funding adequate to support the core functions of CHRC?

Strategy: *Resources mobilized to ensure the financing of CHRC and the sustainability of health research in the Caribbean.*

Response:

In Favour	25 %	Opposed	75%	Mixed Views	0%
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Summary: There was general consensus that CHRC has suffered from resource shortages. Funding through the country quotas has been unreliable and inadequate to support core functions. However, there have been successful efforts, recently, to get non-governmental funding e.g., CDC, PAHO, Global Fund etc. It was felt by most interviewees that CHRC needs to develop a niche and be more proactive in becoming local partners with multinationals etc. Also, CHRC needs to target some resources to local business, and include businesses on an Advisory committee. A minority of respondents felt that the larger countries are benefiting more from the trainings provided by CHRC in developing research capacity. It was also observed that there was no training provided on the clinical guidelines distributed by CHRC.

Question 10: What is the role of the regional governments and institutions in achieving the research objectives? What capacity is there to monitor and evaluate achievements in the region?

Strategy: *A stronger health research culture developed in the Caribbean, with countries and other stakeholders making more evidence based decisions. A health research policy and agenda adopted and being implemented in keeping with CARICOM priorities.*

Response:

In Favour	50 %	Opposed	0%	Mixed Views	50%
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Summary: There was general consensus that the regional governments have major roles to play, including; encouraging research, having transparent discussions of research findings, mobilizing resources to conduct research, and developing evidence based policies. However, there are mixed feelings about achievements. It is felt that CCH III needs to be finalized and initiated with in-country responsibility to monitor indicators for achievement

of goals. Respondents felt that there was limited recognition of the need to achieve research objectives and therefore, many potentially achievable health-related targets have not been met, while the burden of many major illnesses continues to rise. They see CHRC as a glue to help publicize the research agenda and that the governments need to be reminded of the agenda, with CHRC playing an advocacy role. Respondents feel that, because of the work of CHRC, there is some capacity to monitor and evaluate achievements in the region. However, research capacity is very limited. Some countries are developing research capacity, led by Jamaica.

Question 11: What are the most recognizable advantages to your country of being a member of the CHRC?

Strategy: *A stronger health research culture developed in the Caribbean, with countries and other stakeholders making more evidence based decisions. A health research policy and agenda adopted and being implemented in keeping with CARICOM priorities.*

Response:

In Favour	100 %	Opposed	0%	Mixed Views	0%
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Summary: There was general consensus that CHRC has benefited member countries. These perceived benefits include: participation in development of regional health research policies, discussions and decisions about relevant research agendas and priorities; access to research information, Caribbean evidence, and CHRC practice guidelines; strengthening of the local health research ethos and training through the award of several CHRC grants; development of young researchers in their careers through training, funding and participation at annual scientific meetings; capacity building of in-country skills for valid health research through training and technical assistance which leads to better evidence-based decision making at all levels; input from others of similar kind of knowledge. However, there also was the view that CMOs need to be more involved.

Question 12: Is the CHRC aware of the research potential in your country and do they make use of it?

Strategy: *Resources mobilized to ensure the financing of CHRC and the sustainability of health research in the Caribbean.*

Response:

In Favour	50 %	Opposed	50%	Mixed Views	0%
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Summary: There were conflicting views on the awareness and use of the research potential in these countries. There are those who feel that CHRC is very aware of the countries strengths and limitations. However, CHRC does not make use of the research potential. Other respondents reported that CHRC provides opportunities for presenting research findings and that there have been extremely successful outcomes, as locally supported research has been published internationally and also cited on the CHRC website. It was also reported that CHRC has requested support from citizens, but did not get the support, thus limiting participation in regional issues. CHRC has made efforts through newsletters, website, etc., but countries have not used the research. Two of the respondents felt that CHRC needs to figure out how CHRC can become more involved with the MOHs, and that its profile needs to be built upon and elaborated to be accepted by the government ministries. These respondents also felt that the CHRC needs to work harder with the ministries.

Summary of Progress

Over the last four years CHRC has made considerable progress informed by the Strategic Plan. Since the approval of the Plan by the Council, CHRC has accomplished a great deal. The feedback from stakeholders shows that the recognition of the quality and accomplishments of CHRC grows at an impressive rate. Some expected results have been accomplished. In other cases the expected results point in a direction. Regardless of their nature, important advances have been made in all areas of the Plan.

Study Limitation

Although we were able to gather some reported and anecdotal data using our survey instruments, we were not able to collect hard data to report on some of the measures provided in the log frame and required (Comparison of work conducted with the targets described in the Strategic Plan) as part of our assessment. In specific instances (Goal, Expected Result 3), data were not available for those indicators of outcomes. These Regional outcomes, quite often, depended on factors exogenous to CHRC and can be better captured as primary data resulting from a customer satisfaction survey or from extant data. However, we attempted to collate the listings of interventions, trainings, communications, etc. to reflect CHRC's achievements against the various Plan objectives. Appendices 1-3: Capacity Building Support to Countries, Trainings Offered,

Communication Strategies on Health Research present our attempts to document achievements against the Plan's objectives.

4. STRATEGIC ISSUES

This section of the reports provides details on the strategic issues for CHRC, including opportunities, threats, weaknesses and strengths. More specifically, we look at institutionalization of health research; the creation of a new Caribbean Public Health Agency (CARPHA); and member countries default on contributions.

4.1. Opportunities for CHRC

The conduct of this mid-term review is viewed as critical to enable the Council to determine the level of progress that is being made, whether the goals are being achieved, as well as to identify the challenges faced and to make recommendations to ensure the efficient and effective conduct of activities to achieve its mandate.

Four years ago CHRC embarked on a process to develop a strategic plan to support its Mission and Vision. Following detailed consultation, the Plan was adopted at the 49th Annual CHRC Council Meeting in April 2004. The initiatives embedded within that Plan responded to the external environment, recognized the unique features of CHRC as a Regional Institution and articulated the region's health research values, goals and ambitions. It outlined four fundamental goals or expected results organized around the themes of "advocacy/advice/communication", "research related activities", "capacity building", and "sustainability and financing".

Over the past four years, many things have changed in the Region's health environment. CHRC is in a period of uncertainty as to its ongoing independence as a regional institution; the health focus in the region continues to be on chronic diseases and HIV; CHRC's financing from member countries has become increasingly uncertain and recognition of the accomplishments of CHRC in new and critical areas has taken hold.

Institutionalization of Health Research

Current efforts at institutionalization of health research for policy making and planning have been stimulated by some key drivers: attempts at developing a research culture through a multiplicity of congruent health research, surveillance and monitoring activities, and building research capacity to expand the evidence base for using health research evidence in policy making. These growth pillars have taken the form of: Key Documents – Caribbean Health Research Policy, Strategic Plan, Essential National Health Research Strategy (ENHR), CCH I-III; Research – collaboration on research, publication of research, research conferences; Human Resources – CHRC, Health Research Scientists, MOHs; Financing – domestic and International resources for health; Linkages and partnerships – individual, institutional, community, national and regional.

As described in this document, some progress has taken place around key Expected Result areas. However, this progress has been uneven with smaller countries not achieving the desired outcomes around national health research. Generalizations have been made around health research capacity, under-funding of research, leadership and collaborations. Given these gaps and needs, an assessment of alternative strategies for increasing health research for policy should be considered.

CHRC has expanded its role with respect to HIV/AIDS M&E, effectively developing capacity and a competitive advantage in planning, designing and implementing M&E systems. It has expanded its mandate and relevance to the countries and the region in this critical area. This is an area that has an appeal. It is a derived demand, satisfies a need, does not require significant technical research capacity, and builds upon existing processes and data within the country, regardless of size. It is a growth area supporting health research, and can provide strong leadership in measuring the impact of policy and in monitoring the health of the people of the region.

CHRC is rapidly providing the capacity to design and track health research programmes, identifying health problems and risks factors that affect the population and the ability to monitor outcomes and impact. CHRC's M&E activities can be beneficial to all areas within the region, increasing CHRC's relevance and sustainability while becoming the clearinghouse for designing and implementing research accountability systems. The

region's approach to solving chronic disease problems can be further defined in the scientific approach that uses research, surveillance, developing strategies, program implementation and monitoring and evaluation.

The International developments geared to: (1) Strengthen leadership and promote research for health, equity and development and, (2) Review and restructure the health research strategy (See: Director's Report 2007, 53rd Annual Council Meeting; Paramaribo Suriname), further make the case for the region to increase its relevance to health research by considering non-traditional research and satisfying donor needs for data and accountability.

4.2. Threats to CHRC

Creation of a new Caribbean Public Health Agency

There is an imminent threat to CHRC's current structure, operations and functioning by the proposed creation of the new Caribbean Public Health Agency. In July 2007, the Heads of Government conditionally accepted COHOD's recommendation to create a new public health agency, if cost-effective, incorporating the functions of the existing Regional Health Institutions. The Ministers agreed to proceed with the establishment of a Caribbean Public Health Agency (CARPHA, as named during a meeting of the Caucus of Health Ministers) and established a process for the development and implementation of the new agency. There have been a number of discussions, and plans are ongoing for the implementation of the new agency. CHRC has put forward a proposal to remain separate, the outcome of which is still pending. What is certain is that there will be a new governance structure and financing arrangement.

Member Countries Defaults on Contributions

Some member countries have not been current on their contributions leading to substantial deficits. This pattern of arrears has continued over time putting this and the other RHIs in deficits. Ultimately, these arrears and inconsistent patterns of payments have affected the ability of this organization to implement its strategic plan. Although CHRC has a responsibility to make good faith attempts to collect these contributions, alternative planning needs to be done around these substantial payments as many strategic objectives would not be achievable if budgeted with these funds.

5. OBSERVATIONS

This section presents the observations which resulted from the review of the Plan. We have made observations related to staffing, resources, the ability of CHRC to effectively generalize research findings; the impact of CHRC in building research capacity; and the importance of maximizing partnerships with both public and private organizations .

1. The CHRC strategic plan continues to be filled with significant and relevant goals for the region. Given the scope of the plan and the inconsistency of the core budget, affecting staff planning, and limiting the ability to hire a full time communication specialist, the level of progress and achievements across key result areas was exceptional.
2. CHRC was able to do more with less, thereby increasing its efficiency. However, the effectiveness with regard to evidence based policy decisions remains uncertain. CHRC is not able to effectively generalize key research findings to the general public. This resource, staffing and other constraint in manpower has to be urgently addressed for the CHRC to fulfil its mandate and realize its potential.
3. There are differences in perceptions between the smaller countries and the larger countries with regard to CHRC's impact on research activities and in building research capacity. It is felt by the smaller countries that CHRC remains a resource that is available for consultation and that they have benefited from the trainings provided by CHRC.
4. All interviewees felt that CHRC has a vital role to play. However, its relevance for informing evidence based Policy making has not been established. One of the larger countries feels that CHRC needs to be proactive in working with countries in setting their Annual Agenda for research and strategic activities.
5. CMOs interviewed felt that they have not been diligent in supporting CHRC's mandate regarding evidence based research by communicating research evidence provided at conferences etc.
6. Some stakeholders felt that CHRC could better maximize partnering with the public and private sectors.
7. The Vision for CHRC is evolving as it seeks to adjust to resource shortages, and to adjust to market realities, regarding funding opportunities e.g., the role of M&E in CHRC's programming. Some stakeholders see CHRC's workshops and activities around M&E as major achievements, and should be a niche which could expand CHRC's relevance.

6. RECOMMENDATIONS

This section provides recommendations which have resulted from our analysis of the data collected. Our recommendations, which include best practices, are being made in order to further strengthen the organization.

1. We recommend that a customer perception survey and analysis be conducted to measure the effectiveness and impact of CHRC programming on member countries and nationals. Such a survey should be conducted periodically, on a schedule that allows measuring and reporting on performance and quality.
2. The survey will measure the level of increased awareness by policy makers and the general public on the role and value of health research. It will also capture the use of evidence in the development of policy.
3. CHRC should schedule and participate in meetings with key personnel in the MOHs to plan their Research Agendas and to discuss current and planned policy initiatives regarding health. These meetings would help countries focus their resources on Regional priorities, and also identify opportunities for resource sharing. We recognize that there may be some demands on already stretched resources, however, CHRC could be strategic in Countries, and in fora for this type of activity.
4. CHRC should contract a Business Development specialist/Grant writer, to coordinate and write proposals. This person will work with the personnel at the various MOHs to support their Research Agendas by partnering with them and helping develop their capacity to seek grants in support of their Research Agenda.
5. CHRC should consider fee for service options, given its leadership role in M&E programme development and implementation. CHRC's technical support and training capacity has been strengthened and its workshops have broad appeal for agencies and countries. According to one stakeholder, "CHRC should build a niche in the M&E specialty area and become the reference point for M & E in the Region."

6. CHRC should develop a demand base model for providing support for health research, building relevance and sustainability by responding to training and health systems needs in both the public and private sectors. Demand based models require the active participation of the beneficiary, not only in identifying the need to be serviced, but also in providing the solution. This type of partnership maximizes the outcome from the intervention.

7. CHRC should support private sector initiatives by using Cause-Related Marketing and research. CHRC's current and planned research may have complementary or other value to private sector organizations. Private organizations are quite often prepared to associate their brand with a good cause; such as a marketing effort around a social or other charitable cause e.g. HIV prevention. Many donor organizations have a preference for public/private mixes in support of an event or solution.

7. NEXT STEPS

This review of the CHRC Strategic Plan marks an important step toward making an impact on regional and national health research, planning and programming. Our findings outline the progress made in implementing the strategic plan. However, there is a great deal of work to be done.

Implementing the expected results and action steps will require:

- Focusing on what the system and resources can provide and on prioritizing the use of these resources.
- Putting emphasis on the regional and national needs for health research.
- Re-assessing current priorities, given the environmental scan and opportunities.
- Improving the management of outcomes by close monitoring and by feedback.

These are major challenges for the leadership, management and staff of CHRC. However, they should be approached collectively, including stakeholders, to maximize efficiency and effectiveness in achieving these outcomes. The adoption of this approach will be crucial to national and regional feelings of relevance.

8. CONCLUSION

There are many changes in the environment within which CHRC is operating, both internally and externally. The foregoing outlines some of these changes and poses questions which are relevant as CHRC engages in its next planning cycle. Given these changes, and CHRC's accomplishments in fulfilling the goals and expected results of its Strategic Plan 2004-2009, it is now time to consider directions for the rest of the planning period and the coming years.

Clearly, planning is an ongoing process, not just a one-time report on the future of the agency. CHRC's Strategic Plan sets the agenda for the agency. Additionally, it will guide the agency's direction, priorities, and resources. Evaluation and continuing review of the plan will allow it to keep pace with the changing environment in the health research area.

Over the next several months, the CHRC Council will develop a process to facilitate a renewal of the Strategic Plan. The previous discussion items provide input regarding the key issues facing CHRC. To provide the necessary context, these discussion items are supplemented by the Progress Report sections outlining the accomplishments CHRC has made in fulfilling the expected results areas outlined in the CHRC Strategic Plan 2004-2009.

The CHRC is a remarkable institution that creates an exceptional learning environment infused by research and scholarship of the highest international standard. The review and renewal of CHRC's Strategic Plan 2004-2009 will help ensure that the Region continues to direct its collective health research resources to productive and successful ends.

Appendix 1 - CHRC Capacity Building Support to Countries: 2007

COUNTRY	SUPPORT FROM CHRC
Anguilla	Regional M&E Training workshop In-country M&E training workshop targeting the VCT team.
Antigua	Epi Info Training Workshop M&E Module, ASAP Workshop, Mexico
Bahamas	Research Dissemination & Communication workshop
Barbados	Epi Info Training workshop Research Dissemination & Communication workshop M&E Module, ASAP Workshop, Mexico Research Ethics workshop
Belize	Epi Info Training workshop
Bermuda	Rapid Assessment of the M&E status and need of Bermuda Regional M&E Training workshop
British Virgin Islands	Regional M&E Training workshop
Cayman Islands	Rapid Assessment of the M&E status and need of Bermuda Regional M&E Training workshop
Dominica	Research Skills workshop Epi Info workshop M&E Module, ASAP Workshop, Mexico Research Ethics workshop In-country technical assistance with developing and implementing M&E systems for the OECS Global Fund Grant
Dominica Continued	Revision of National M&E Plan
Grenada	In-country technical assistance with developing and implementing M&E systems for the OECS Global Fund Grant Support with the revision of National M&E Plan M&E Module, ASAP Workshop, Mexico Research Dissemination & Communication workshop
Guyana	Research Skills workshop

COUNTRY	SUPPORT FROM CHRC
	<p>M&E Module, ASAP Workshop, Mexico</p> <p>Grant Writing Workshop</p>
Jamaica	<p>Epi Info Training workshop</p> <p>Research Dissemination & Communication workshop</p> <p>M&E Module, ASAP Workshop, Mexico</p> <p>Research Ethics workshop</p> <p>Grant Writing workshop</p> <p>Research Skills Workshop (Basic & Advanced)</p>
Montserrat	<p>Assessment of M&E Needs</p> <p>Launch of Diabetes Manual</p> <p>Identification of technical support areas and timeline</p>
St Kitts & Nevis	<p>In-country technical assistance with developing and implementing M&E systems for the OECS Global Fund Grant</p> <p>Epi Info Workshop</p> <p>M&E Module, ASAP Workshop, Mexico</p> <p>Technical support with the identification of baseline data to facilitate reporting on World Bank indicators</p>
St Lucia	<p>In-country technical assistance with developing and implementing M&E systems for the OECS Global Fund Grant</p> <p>Technical support with the conduct of an assessment of the HIV/AIDS M&E system</p>
St Vincent & the Grenadines	<p>In-country technical assistance with developing and implementing M&E systems for the OECS Global Fund Grant</p> <p>M&E Module, ASAP Workshop, Mexico</p> <p>Research Dissemination & Communication workshop</p>
Trinidad & Tobago	<p>Research Skills Workshop</p> <p>Epi Info Training Workshop</p> <p>Grant Writing workshop</p> <p>M&E Module, ASAP Workshop, Mexico</p>

COUNTRY	SUPPORT FROM CHRC
	Research Dissemination & Communication Workshop
Turks & Caicos Islands	Regional M&E Training workshop
Curacao	M&E training workshop
St Maarten	M&E Workshop Technical assistance with the development of M&E Framework
Haiti	Research Dissemination & Communication Workshop
Suriname	M&E Module, ASAP Workshop, Mexico M&E Needs Assessment

Appendix 2 - Trainings Offered and Number of Participants: 2004-2007

YEAR	TRAINING	# PARTICIPANTS
2004		
February	Basic Research Skills Workshop (Guyana)	30
May	M& E Training Workshop (Trinidad & Tobago)	29
June	Basic Research Skills Workshop (Jamaica)	48
June	M & E Training Workshop (Bahamas)	21
July	Basic Research Skills Workshop (Trinidad And Tobago)	24
November	Research Skills Workshop (Barbados)	12
November	Advanced Research Skills (Jamaica)	13
November	M & E Training Workshop (Dominican Republic)	28
December	Research Ethics Workshop (Trinidad & Tobago)	29
December	M & E Training Workshop (Anguilla)	15
2005		
January	Basic Research Skills Workshop (Trinidad & Tobago)	23
February	Basic Research Skills Workshop (Trinidad & Tobago)	31
May	Basic Research Skills Workshop (Trinidad & Tobago)	20
June	M & E Training Workshop (Belize)	25
July	Proposal Development &	25

YEAR	TRAINING	# PARTICIPANTS
	Execution Workshop	
August	(Barbados) Monitoring and Evaluation of Population, Health and Nutrition Programmes	1
October	(Thailand) Proposal Development &	10
November	Execution Workshop (Trinidad And Tobago) Ethics Training Workshop (Belize)	22
2006		
January	Grant Writing Workshop (Trinidad)	26
March	Basic Research Skills Workshop (Guyana)	24
April	Basic Research Skills Workshop (St. Kitts & Nevis)	18
May	Basic Research Skills Workshop (Trinidad)	20
May	Basic Research Skills Workshop (Antigua)	26
May	Basic Research Skills Workshop (St. Lucia)	37
October	Monitoring and Evaluation Workshop (Trinidad And Tobago)	17
October	Data Management And Analysis Workshop (Trinidad And Tobago)	20
N/A	Monitoring and Evaluation	
	Workshops for CARICOM Youth	
2007		
March	Ambassador Mini-grant Programme (St Lucia, Suriname, and Belize)	40
March	Basic Research Skills Workshops (Trinidad And Tobago)	17
March	Research Ethics (Video-Conference)	40

YEAR	TRAINING	# PARTICIPANTS
April	Monitoring And Evaluation	29
May	(St. Maarten) Grant Writing Workshop (Jamaica)	26
June	Basic Research Skills Workshops (Guyana)	29
June	Basic Research Skills Workshops (Jamaica)	14
September	Dissemination Workshop (Jamaica)	17
October	Data Analysis And Management Workshops (JAMAICA)	18
November	Data Analysis and Management Workshops (TRINIDAD & TOBAGO)	15
December	Basic Research Skills Workshops (Dominica)	20

Appendix 3 –CHRC Communication Strategies on Health Research 2004-2007

Year	Strategies
2004	<ul style="list-style-type: none"> • 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 were presented to share CHRC's work programmes and products. • PANCAP: The CHRC was a member of the Steering Committee of the Pan Caribbean Partnership against HIV/AIDS (PANCAP) until 2006. 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 facilitates 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 the 8th annual meeting. The Global Forum for Health Research, in Mexico entitled '<i>Health Research National Plans, linking priorities and actions: The Case of the Caribbean</i>'. 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.
2005	<ul style="list-style-type: none"> • Missions by the CHRC Director to member countries to 'reintroduce' the CHRC to stakeholders and promote health research. • Restructuring of the CHRC website. • Preparations for the launch of the first issue of the CHRC newsletter • Presenters of Feature Papers at Annual Conference to prepare articles for publication in the <i>West Indian Medical Journal</i>
2006	<p>The Newsletter, <i>CHRC News</i> was launched in 2006 with the first Issue being published in January of that year. Four Issues of this publication are published quarterly. The primary purpose of the Newsletter is to serve as a medium by which stakeholders are updated on the work of the CHRC and other research related activities. CHRC News is also an important medium for the dissemination of research findings that have implications for policy</p>

Year	Strategies
	<p>and practice.</p> <ol style="list-style-type: none"> 1. There were five (5) Translated Articles for Publication in the Regional Print Media, they are as follows: <ul style="list-style-type: none"> • Taking care of women with HIV reduces the spread of HIV to their babies. • Commercial sex workers in Suriname. • The mixture of drugs, alcohol and sex equals HIV for young adolescents. • New parasitic infections among HIV/AIDS persons in the Caribbean. • Ineffective condom use and the Caribbean “Village Ram” killing of our women.
2007	<p>Website Restructured to enhance communication and dissemination of research and related products</p> <p>Research Products</p> <p>One of the challenges faced was getting research findings to the end users i.e. policy makers, programme managers and care providers. While the CHRC Annual Conference has played and continues to play a critical role, CHRC needs to identify additional, innovative strategies. To address this, CHRC developed a range of products from Caribbean HIV research publications. CHRC expects that these will bring the research evidence closer to the users. These products will be sent to Ministries of Health, National AIDS Programmes and media houses throughout the Caribbean. All are also available on the CHRC website.</p> <p><u>1. Bibliographic Database of Caribbean HIV/AIDS Research:</u> this comprises a comprehensive collection of published literature on HIV/AIDS in the Caribbean – from the initial stages of the epidemic up to the end of 2007. It is presented in electronic database format to facilitate easy access to the publications. The database is a compilation of bibliographic information and abstracts that will enable searches for publications using words and topics of interest. Each record shows a different document or source of information. The database provides sufficient information for users to be able to find the documents listed. At a minimum, this includes the title of the publication and the publisher, but in the vast majority of cases additional information has been provided, e.g. author(s), full citation details, abstract and contact information of corresponding author. Full text of articles has been provided where these are freely available to the public. The database concentrates on published research, with special emphasis on peer-reviewed publications such as journal articles, books, book</p>

Year	Strategies
	<p>chapters, academic conference papers, theses and dissertations.</p> <p>It was compiled via searches of online databases, libraries and consultations with Caribbean researchers. Numerous projects and initiatives have sought to describe, analyze and address the HIV/ AIDS epidemic in the Caribbean. However, there has not been such a systematic compilation of publications.</p> <p>The database is available on CDs as well as on the CHRC website in two software formats: <i>EndNote</i> and <i>Greenstone</i>. CHRC expects that by accessing and analyzing the publications in the database and applying the evidence can lead to:</p> <ul style="list-style-type: none"> • Increase in the formulation of evidence-informed policies • Development of evidence informed (and probably more effective) interventions • Better targeting of scarce human and other resources • Knowledge transfer between countries • Avoidance of duplication of effort • Identification of research gaps • Guidance in building capacity to conduct research responsive to the needs of the Caribbean. <p><u>2. Literature Reviews</u> in three specific areas were commissioned to identify consistencies in findings across studies and makes recommendations for policy, practice and further research:</p> <ul style="list-style-type: none"> • Social and cultural factors driving the HIV epidemic in the Caribbean • Evaluation of interventions in the Caribbean to prevent HIV among young people • Drug and alcohol consumption and trade and HIV in the Caribbean <p>These topics were selected following consultations with Caribbean experts regarding priorities. The work on the first of these reviews was completed and the report published. This is available on the CHRC website and will be sent to stakeholders.</p> <p><u>3. Other Dissemination Formats:</u> 10 research studies of public health significance were translated into formats that are more easily digestible by our key stakeholders including the public. This was conducted in collaboration with the Caribbean Institute of Media and Communication (CARIMAC). These products include:</p>

Year	Strategies
	<ul style="list-style-type: none"> • Podcasts; this includes the use of an audio recording of a newscast highlighting the results of 2 research studies. The use of podcasts is an innovative approach to get research results to a wider audience. • Press Releases; the findings of five studies were converted to Press releases. These are available in both English and Spanish. • News Features; Feature articles for Newspapers and Magazines were produced using the results of five research studies. These are also available in English and Spanish. • Research Summaries; The summaries of 10 Caribbean research studies were written in a format that is easily understood by a variety of stakeholders – available in English and Spanish. <p>These have been published and are available on the CHRC website.</p> <p style="text-align: center;"><u>4. Four CHRC newsletters were produced in 2007.</u></p>

Source: Caribbean Health Research Council

Appendix 4 - Schedule of Stakeholder Meetings - CHRC

Thursday, 13th March	UWI /Ministry of Health Jamaica
	Dr. Sheila Forrester – CMO
	Professor Peter Figueoroa – CHRC Scientific Secretary
	Prof Susan Walker – CHRC Scientific Secretary
	Dr. Aldrie Henry-Lee – E-mail survey

Monday, 17th March	CHRC
	Dr. Donald Simeon - Director
	Ms. Elizabeth LLOYD – Sr M&.E Officer

Tuesday, 18th March	UWI -Faculty of Medicine
	Dr. Rohan Maharaj
	Prof. Dan Ramdath – Scientific Secretary
	Prof Samuel Ransewak - Dean
	Dr. Christine Carrington
	Mr. Kumar Boodram – Administrator, St James

Wednesday, 19th March	CAREC
	Dr. Eldonna Boisson

Thursday, 20th March	UWI Health Economics Unit
	Dr. Karl Theodore
	CHRC
	Ms. Elizabeth Lloyd
	Mr. Ansari Ameen
	Ms Dolcie Furlonge
	Dr. Donald Simeon

April 1st - April 16th	E-MAILS
	Dr. Merceline Dahl-Regis – CMO Bahamas
	Dr. Anselm Hennis – CHRS Scientific Secretary/UWI Barbados
	Dr. Joy St John – CMO Barbados
	Prof Henry Fraser – Dean ,UWI Barbados
	Dr. John Cann – CMO Bermuda (Interviewed)
	Dr. Navindra Persaud – CHRC Scientific Secretary Guyana
	Dr. Rudolph Cummings – CARICOM Secretariat
	Mr. Carl Brown – PANCAP
	Dr. Eddie Greene – CARICOM (Interviewed)
	Dr. Carl Hannoman – Director, Medical School, Guyana
	Dr. Patrick Martin – CMO Bermuda
	Dr. Robert Brohim – MOH Suriname (Interviewed)
	Dr. Rohit Doon – CMO Trinidad (Interviewed)
	Ms. Sandra Jones – PS Trinidad (Interviewed)
	Dr. Andrea Yearwood – MOH (Interviewed)
	Prof Sally Davies – CHRC Council
	Prof Alan Jackson – CHRC Council
	Prof Elsie Le Franc – Scientific Secretary, CHRC Council

Appendix 5 – Stakeholder Questionnaire

Mid-term Review of the CHRC Strategic Plan (2004-2009)



STAKEHOLDER QUESTIONNAIRE

Prepared by:

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Mid-term Review of the CHRC Strategic Plan (2004-2009)

The purpose of the questionnaire is to gather general information that would help us assess the implementation of the Strategic Plan of the CHRC. The Plan was intended to achieve specific research and monitoring and evaluation goals.

Through this evaluation, we will provide CHRC lessons learned and good practices that can provide critical input on the implementation and success of the Plan.

Sampling methodology

This is a purposive sampling approach that seeks to get opinions of select Stakeholders about the CHRC. We want to include representative views on the development of CHRC; implementation of the Plan; policies, standards and regulations and; effectiveness and impact of the implementation of the Plan. Our interest in this assessment is in the feedback of the Stakeholders as we seek to understand the interrelationships that affect the implementation of the Plan.

Coordination

The Evaluation of the implementation of the Plan is done on behalf of the CHRC. The Survey Coordinator is:

**Dr. Donald Simeon, Director
Caribbean Health Research Council**

**QUESTIONS WILL BE ADAPTED FOR VARIOUS STAKEHOLDERS
ACCORDINGLY**

EVALUATION OF THE CHRC STRATEGIC PLAN STAKEHOLDER DISCUSSION GUIDE

We are seeking answers on your awareness of the CHRC, any relationships or participation in its activities, and your knowledge of the benefits of CHRC. Please provide answers to the following questions or circle the letters for all that apply.

Date (dd/mm/yy): ____/____/____ Stakeholder Office_____

General Questions

1. What is your understanding of the role of the CHRC? In what priority order would you put these roles?
2. What are the regional priorities for health research? What role do you see CHRC playing in achieving these priorities?
3. What are your perceptions about the functioning and impact of CHRC?
4. What do you see as the major achievements of CHRC, if any? Is there a research culture?
5. How has the availability of resources for research changed over the past 3 years, within the region?
6. What is your opinion on the existing Strategic Plan? Is it relevant? What areas of improvement, if any, are necessary to make the plan relevant?

7. Which priorities for health research have been funded by CHRC? What level? How has this funding changed?

8. How has advice been provided to the various governments on health research and policy development?

9. How is CHRC funded? Is this funding adequate to support the core functions of CHRC?

10. What is the role of the regional governments and institutions in achieving the research objectives? What capacity is there to monitor and evaluate achievements in the region?

11. What are the most recognizable advantages to your country of being a member of the CHRC?

12. Is the CHRC aware of the research potential in your country and do they make use of it?

Development of a health research culture; advocacy, advice and communication

1. What are the achievements of CHRC, with regard to: increasing evidence based decisions, and incorporating research findings in decision making?
2. How have the Annual meetings, and research reporting changed over the plan period?
3. Are results from the meetings, research briefs etc., published and communicated? In what form does communication of results take place?
4. What types of outreach or public education have taken place?
5. What form does communication take with stakeholders/ how effective are these communications in building the health research culture?
6. What clinical guidelines for the management of prevalent diseases are produced and disseminated?
7. How could the reports to donors, lending institutions, and regional institutions be enhanced? What are your suggestions for the dissemination of the information, in order that it is useful for policy making?

Implementation of a health research policy and agenda

1. What steps have been taken in developing a regional health research policy, and agenda?

2. How is non-traditional health research (behavioural and social sciences) incorporated in CHRC activities?

3. What support and coordination is being provided around the regional health research agenda and policy?

4. How is the Essential National Health Research (ENHR) promoted and facilitated?

5. How are problems identified by health care givers, policy makers and the public incorporated in the research agenda?

Build capacity to conduct health research and related activities in the Caribbean

1. Have training workshops been developed in the following key areas? Indicate (Yes) or (No).
 - a. Research methodology ()
 - b. Monitoring and evaluation ()
 - c. Critical appraisal ()
 - d. Research ethics ()
 - e. Health systems ()
 - f. Health policy research ()
 - g. Other areas-----

2. How was success in these workshops measured?

3. What type of collaborations with other academic and research institutions occurred?

4. What types of support were provided by international and regional institutions?
 - a. Funding ()
 - b. Scholarships ()
 - c. Mentoring ()
 - d. Curricula ()

5. How does your country participate in/monitor the policy and its implementation of CHRC? How would you like to see it changed if you are not satisfied with the current arrangements? What would you like to see the CHRC include in their programme?