



Health Research Policy

for the Caribbean

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Preface

The development of the Health Research Policy for the Caribbean was driven by the need for a document to guide the strengthening of systems to support the production, identification, and use of health research. It is critical that we take action and capitalize on opportunities such as the growing appreciation of the importance of evidence based decision making by Caribbean policy makers, programme managers and health care providers. Indeed, most health professionals now know that research has a critical role in finding solutions to the challenges they face including how to increase the efficiency of the utilization of the limited resources available to the health sector and the effectiveness of the programmes. Additionally, the Caribbean is well poised to join other regions in the promotion of ‘research-for-health’. This initiative recognizes the need to embrace a more holistic approach to health research and for closer collaboration with areas not traditionally recognized as producers of ‘health research’. The impact of the recent international project on the social determinants of health has emphasized the importance of working closely with and accessing the expertise and findings of researchers from other sectors such as education, agriculture and science and technology. However, a progressive strategy is urgently needed to facilitate this in the Caribbean.

The Caribbean, comprising primarily of Small Island Developing States (SIDS), faces a challenge relating to the underdevelopment of its health research systems. Although the region has for a long time been a world leader in health research in areas such as childhood malnutrition and Sickle Cell Anaemia, this research has been conducted in a couple of specialized research centres. Even as we continue to support these centres of excellence, systems must be strengthened to ensure the institutionalization of health research in all countries. This requires adequate facilities for health research governance, capacity development and retention, the conduct of essential research as well as for the uptake of research findings into policy and practice.

The Health Research Policy for the Caribbean was crafted using an inclusive approach in which input was sought and received from the producers and users of health research. Indeed, critical inputs were received from Ministries of Health, Regional Institutions, researchers and civil society. This approach was used to ensure that the Policy reflects their views even as it addresses their concerns and recommends strategies for improvement. The final product is therefore specific to the Caribbean and is suited to its many challenges – economic, health systems, health research systems and culture, and capacity. The key elements of this framework include the proposed structure and functions of Caribbean health research systems at the national and regional levels, the key strategies to establish and strengthen the systems, and a plan for its monitoring and evaluation.

The development of this Policy is timely as it complements and supports other regional initiatives such as the recent finalization of the third edition of the Caribbean Cooperation in Health (CCH III), the

report of the Caribbean Commission on Health and Development (CCHD), the imminent establishment of Caribbean Public Health Agency (CARPHA) and the development of the Caribbean Health Research Agenda. The process to develop the latter, a key companion document to the Policy, has already begun and is scheduled to be completed early in 2010.

It must however be emphasized that the primary value of the Policy is in its use to strengthen Caribbean health research systems at the national and regional levels. It is therefore hoped that the document would be endorsed by CARICOM's Council on Human and Social Development and adopted (or adapted, where necessary) and used by all Caribbean governments as well as by national and regional health and research institutions

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Acronyms

BIREME	=	Latin American and Caribbean Center on Health Sciences Information
BSEC	=	Bioethics Society of the English-speaking Caribbean
CAREC	=	Caribbean Epidemiology Centre
CARICOM	=	Caribbean Community
CARPHA	=	Caribbean Public Health Agency
CCH	=	Caribbean Cooperation in Health
CCHD	=	Caribbean Commission on Health and Development
CCMRC	=	Commonwealth Caribbean Medical Research Council
CEHI	=	Caribbean Environmental Health Institute
CFNI	=	Caribbean Food and Nutrition Institute
CHRC	=	Caribbean Health Research Council
CMO	=	Chief Medical Officer
COHRED	=	Council on Health Research for Development
ENHR	=	Essential National Health Research
EVIPNet	=	Evidence-Informed Policy Networks
HINARI	=	WHO Access to Research Initiative
IRB	=	Institutional Review Board
M&E	=	Monitoring and Evaluation
MOH	=	Ministry of Health
NHRS	=	National Health Research System
OECS	=	Organisation of Eastern Caribbean States
PAHO	=	Pan American Health Organization
PANCAP	=	Pan Caribbean Partnership against HIV/AIDS
RENPHER	=	Caribbean Regional Network for Policy and Health Systems Research
SALISES	=	Sir Arthur Lewis Institute of Social and Economic Studies
UWI	=	University of the West Indies
WHO	=	World Health Organization

Executive Summary

Although the Caribbean has produced research that has gained global recognition in areas such as the management of malnutrition and sickle cell anaemia, this work has been focused in a few university centres. There has been growing recognition of the need to expand the research base and conduct essential research to address the health challenges. Consequently, health research systems must be strengthened in order to enable national as well as regional health institutions to make their contributions.

The present health research Policy was developed to guide the establishment of strong and effective health research systems in the Caribbean. These health research systems must be appropriate to the needs, size and structure of the health systems in the Caribbean. In addition, with the international movement towards 'research for health' there is a need for a structured engagement of stakeholders from non-health sectors such as science and technology.

To guide the development of the Policy, a survey was conducted to review the health and health research policies as well as the existing and preferred governance structure for health research the Caribbean. It included interviews of officials in Ministries of Health as well as Regional Health Institutions and Civil Society Organizations. There was also a comprehensive review of relevant Caribbean and international literature, including the recently completed assessment of the health research system of Trinidad and Tobago and the survey to inform the development of a health research agenda for the Caribbean.

The Goal of the Policy

The Goal of the Policy is to guide the strengthening of systems that facilitate the development of evidence-based policies, programmes and practices thereby promoting health and development in the Caribbean. This will be effected through the increased production, access, and use of quality health research.

The Policy is therefore a blueprint that can be adopted or adapted by Caribbean governments to strengthen their national health research systems. It can also be used as a guide by national and regional research institutions as well as by an agency such as the Caribbean Health Research Council (CHRC) to drive the coordination of a multi-sectoral approach to research for health at the national and regional levels.

Proposed Structure/Functions of Caribbean Health Research Systems

At the National Level:

- There should be a single entity tasked with managing issues related to research for health. A body such as an Essential National Health Research (ENHR) Council with multi-sectoral representation can fulfil this mandate but the Ministry of Health (MOH) must play an active role.
 - o For countries with smaller population sizes and/or fewer actors in research, an ENHR Council may not be a feasible option and the MOH can perform its role.

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- A national health research agenda should be developed in consultation with all stakeholders.
 - The ENHR Council (or designated entity) should coordinate technical and financial support to local researchers from donors/development partners for the conduct of research that is consistent with the agenda.
 - Research ethics committees should be institutionalized to ensure that researchers uphold ethical standards.
 - A repository should be created for the consolidation of all local research for health including registers of researchers, research studies, etc.
 - A system must be established to manage tools and processes for knowledge transfer and the translation of research to policy.
 - The Council has a key role in communicating needs to the regional level as well as in supporting regional research efforts.

At the Regional Level:

- CHRC should act as the locus of regional coordination and communication. It also has a key role in supporting countries as they strengthen their health research systems.
- Decentralisation will be an important facet of regional governance. CHRC should serve a coordinating function but should lead a consensus process to designate focal entities and ‘centres of excellence’ for various aspects of research.
- Regional stakeholders should be mobilized to form networks/working groups to respond to discrete issues (e.g., mentoring to build capacity; ethics committees for the approval of research studies).
 - o This will enable the pooling of resources, especially in situations where there are challenges to identify a critical mass at the national level.
- A regional health research agenda should be developed and its implementation monitored. Support should also be given to countries to develop and implement their agendas.
 - o This should include negotiating with international development partners for the provision of technical and financial support.
- A Region-wide central repository for evidence generated through health research and related activities should be developed and managed.
- The regional focal point has a role in managing research communications in the Region. This may include the creation of a virtual platform to promote dialogue among health researchers.
- To facilitate knowledge sharing within the Region, face-to-face interactions have a key role. The Annual CHRC Scientific Conference should continue while professional societies and national medical associations should also be encouraged to host Scientific Meetings.

Key Strategies to Strengthen Health Research Systems

The Policy includes eight strategies to promote the strengthening of health research systems. They are grouped according to the key attributes of effective health research systems: Stewardship; Financing; Creating and Sustaining Resources; and Producing and Using Research.

- *Stewardship*
 1. Integrate health research systems into national health systems
 2. Promote inter-sectoral participation at all stages and levels of research for health
 3. Create an enabling environment for the ethical conduct of research
 4. Set a health research agenda at regional level, which can be adopted or adapted at the national level.
- Financing
 5. Mobilise financial resources for research for health
- Creating and Sustaining Resources
 6. Strengthen the cadre of professionals with the capacity to conceptualize, conduct, analyze, disseminate and translate the findings of various forms of research for health.
- Producing and Using Research
 7. Secure and consolidate international linkages and technical cooperation
 8. Strengthen mechanisms, tools, and capacity for knowledge management at the regional and national levels

Monitoring & Evaluating the Policy

The monitoring and evaluation (M&E) approach will be formulated through a consensus process, reflecting regionally agreed performance standards (indicators) for effective health research systems. Nevertheless, it is likely that the emphasis in the short-term will be on monitoring the establishment of important elements of the systems, whereas the emphasis in the longer term will be on determining the effectiveness.

Operational Issues in Implementing the Policy

The successful execution of the Policy hinges on the ability of all stakeholders to mobilise and/or re-direct human and financial resources to strengthen health research systems in the Caribbean. It is also paramount that there is consensus on the specific strategies outlined in this document. CHRC is well placed to lead the process, however it cannot act alone.



Introduction

Good health is essential to the sustainable development of the Caribbean. This was clearly recognized by the CARICOM Heads of Government in the Nassau Declaration (2001) – the ***‘Health of the Region is the Wealth of the Region’***. More so, they appreciated the importance of health research and made a strong call for ***‘evidenced based decision making at all levels’***. Research has a key role to play in producing the evidence needed by policy makers, programme managers and care providers to address the challenges faced in delivering health services and in the promotion of wellness in the Caribbean.

The Caribbean has had a strong health research tradition that begun in 1956 with the establishment of specialised research centres such as the Tropical Metabolism Research Unit at the University of the West Indies. Indeed, the Caribbean has been at the forefront of health research internationally in fields such as the management of malnutrition and sickle cell anaemia. The basis of a health research system for the Caribbean was also established around that time with the launch of the Standing Advisory Committee (SAC) for medical research in the British Caribbean. This was later known as the Commonwealth Caribbean Medical Research Council (CCMRC) and now the Caribbean Health Research Council (CHRC). The terms of reference of the SAC was ***‘to advise on the needs for medical research, on the needs for ensuring that the results of research are applied in practice, and to keep under review the facilities for inter-territorial collaboration in medical research’***. The SAC/CCMRC/CHRC has served as a resource to strengthen and facilitate the various attributes of a Caribbean regional health research system with its Annual Scientific Meeting serving as the hub.

The focus of this institution has transformed over the years as it has adapted to the changing landscape. For example, although biomedical research is still very important, there is an increased focus on operational and health services research. In addition, it has supported Essential National Health Research (ENHR) as a strategy to build local research capacity and to conduct research that addresses national health challenges. However, the relevance of ENHR as a sustainable strategy for the Caribbean (which comprises Small Island Developing States, many of which are unlikely to have a critical mass of researchers) has been questioned.

The promotion of monitoring and evaluation (M&E) by the CHRC has also been a recent development to support the generation of data to inform decision making by programme managers and policy makers. Moreover, there is now great support for the initiative promoted by the Council on Health Research for Development (COHRED) to strengthen national health research systems in developing countries as a sustainable 'research for health' strategy.

National Health Research Systems

It is critical that the Caribbean continues to be part of the international movement that promotes Research for Health. This entails the engagement of various sectors such as education, agriculture, economics, and science and technology to produce evidence that can be used to improve health and support broader development goals. Different types of research (e.g., anthropological, behavioural, bio-medical, clinical, economic, epidemiological, meta-analytical, operational, sociological) contribute to the evidence base used for health decision making.

Global experience suggests that a well functioning national health research system is critical to maximising the contributions of research to efforts aimed at improving health. A national health research system is defined as a "system for planning, coordinating, monitoring and managing health research resources and activities; and for promoting research for effective and equitable national health sector development" (WHO, 2001). The system is not limited solely to researchers; it includes "the people and institutions that govern, manage, demand, generate, communicate, or use research evidence to promote, restore, improve, or maintain the state of health and development of the population" (International Conference on Health Research for Development, Bangkok, Thailand, 2000).

WHO (2004b) has identified four functions of an effective health research system:

1. Stewardship

- Define and articulate a vision for a national health research system
- Identify appropriate health research priorities and coordinate adherence to them
- Set and monitor ethical standards for health research and research partnerships
- Monitor and evaluate the health research system

2. Financing

- Secure research funds and allocate them accountably

3. Creating and Sustaining Resources

- Build, strengthen and sustain the human and physical capacity to conduct and absorb health research

4. Producing and Using Research

- Produce scientifically validated research outputs
- Translate and communicate research to inform health policy, health practice, and public opinion
- Promote the use of research to develop drugs, vaccines, devices and other applications to improve health

These core functions are critical to ensure the production and accessibility of credible research to facilitate its use in evidence-based health decision-making.

In the early 1990s, the international community embraced the concept of *Essential National Health Research* (ENHR), which is defined as research that is used “to inform decision making on health actions, to improve efficiency and effectiveness of action for health, and to ensure that available resources achieve maximal results” (Task Force on Health Research for Development Secretariat, 1991). ENHR involves the inputs of the full spectrum of individuals and entities that have a vested interest in health and development. ENHR is also an attempt to ensure greater alignment between research and identified health priorities in a country.

Although introduced to the Region more than 10 years ago, there is evidence of activity consistent with ENHR in few Caribbean countries (e.g., Barbados, Jamaica, Trinidad and Tobago). ENHR efforts have had limited traction in the Region due, in part, to the less-than-optimal research ‘culture’. As noted in the CHRC 2004–2009 Strategic Plan, some of the factors that contribute to the slow evolution of these efforts are: (1) the relatively small research community that exists in the Region; (2) the underfunding of research; and (3) the fact that research capacity building has not been widely institutionalised (e.g., research skills-building is not a prominent feature of post-graduate health curricula in the Region).

In countries where there has been some success in ENHR-type initiatives, two factors have been present: (1) commitment and leadership on the part of the Ministry of Health (MOH) and (2) close collaboration between the MOH and the University of the West Indies (UWI). The presence of an established academic institution (with a critical mass of researchers) coupled with designated MOH structures and staff with research mandates have resulted in the timely production and use of research that is of local significance in those countries.

It is noteworthy that within the Caribbean, where needs and priorities for health research are shared across countries—and where the issue of economies of scale is highly salient—there might be a need to formally adapt the concept of ENHR to Essential Regional Health Research (ERHR). An ERHR approach would focus on the collective research needs of the Region. It would also reflect the reality that research and strategic information capacity varies considerably across countries. As part of an ERHR strategy, Caribbean stakeholders would reach consensus on the establishment of formal mechanisms to leverage research at the country level that can be of regional benefit. They would also foster country-to-country transfer of information, tools, and expertise, consistent with the Caribbean Cooperation in Health (CCH) concept.

Regional Efforts Related to Research for Health

The Caribbean has made significant contributions to the global knowledge base on health and health interventions. Historically, entities such as the Tropical Metabolism Research Unit (TMRU) of the University of the West Indies (UWI), Sickle Cell Unit, Caribbean Epidemiology Centre (CAREC) and CHRC have played pivotal roles. For example, research on the treatment of severe malnutrition at the TMRU has saved countless lives globally. In his paper entitled ‘Impact of Caribbean Health Research on International Health’, Jackson (2006) highlighted some of the more noteworthy achievements by Caribbean researchers and research institutions.

In recent years, CHRC has also played a pivotal role with respect to HIV/AIDS monitoring and evaluation (M&E). As such, its institutional mandate has expanded to reflect the need for health decision making based on different types of evidence, not just conventional ‘research’.

In addition to indigenous Caribbean institutions, other agencies such as the Pan American Health Organization (PAHO) have contributed to efforts to strengthen health research in the Region. PAHO is playing an important role in launching the ‘EVIPNet’ (Evidence Informed Policy Networks) concept in the Americas, which is about to be introduced in the English-

speaking Caribbean. The concept of EVIPNet is consistent with pre-existing plans to establish a multidisciplinary Caribbean Regional Network for Policy and Health Systems Research (RENPHER). RENPHER, which is intended to be housed within the UWI and would be under the aegis of CHRC, will facilitate both direct and indirect research-related technical and capacity-building support to policy makers and managers in the health sector.

Purpose and Scope of the Policy

In recent years, there has been an increasing momentum to better coordinate health research efforts in the Region and more systematically fill information gaps that can be addressed through research. The present document provides a regional framework for establishing an effective governance structure for health research, as well as addressing capacity gaps related to health research in the Caribbean. Issues relating to the financing of health research and the uptake of the findings are also addressed. The background work preceding this document has focused primarily on the English-speaking Caribbean. However, in the interest of moving towards a truly pan-Caribbean approach, the document discusses the structure and functions of a system that can ultimately evolve to serve the Region as a whole.

The remainder of this document presents the following elements:

- Current status of health research systems in the Caribbean
- Goal and objectives of a regional Policy on research for health
- Underlying principles of the Policy
- Proposed structure and functions of health research systems in the Caribbean
- Key strategies to strengthen health research systems
- Monitoring and evaluating the implementation of the Caribbean Health Research Policy
- Key issues in operationalising the Policy

Process Used to Develop the Policy

Consistent with its 2004-2009 Strategic Plan, CHRC embarked on a project to develop the Caribbean Health Research Policy. A Steering Committee was established to provide oversight while funding was successfully sourced from PAHO. A consultant was employed to conduct the necessary background research and prepare the Policy document.

The following were the steps taken in developing the Policy:

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- Step 1:** Conduct a comprehensive review of Caribbean and international literature on all aspects of research for health. This included health research policies developed in other developing countries and critical Caribbean health reports such as the Caribbean Cooperation in Health (CCH) and the Caribbean Commission on Health and Development (CCHD). National strategic planning and other relevant documents were solicited from the 18 CHRC member countries and these also offered insights on key issues related to the development of the Policy.
- Step 2:** Conduct a multi-country survey to assess the status of health research systems and review the reports of the recently completed assessment of the national health research system of Trinidad and Tobago and the COHRED survey to support the development of a Caribbean health research agenda.
- Step 3:** Analyze/synthesize the ensuing data and reports and prepare a preliminary overview document, which was presented to delegates at the 2007 CHRC Council Meeting.
- Step 4:** Based on preliminary feedback from the CHRC Council Meeting, the first complete draft of the document was finalised and distributed to the Steering Committee, CHRC Scientific Secretaries and other stakeholders for review and comment.
- Step 5:** Presentation of the Policy to delegates attending the CHRC Annual Scientific Conference in 2008 for feedback.
- Step 6:** Finalization of the Policy document for endorsement by CARICOM's Council for Human and Social Development (COHSOD) and adoption/adaption by countries.

Status of Health Research Systems in the Caribbean

Three data sources were used to describe the current status of health research systems in the Caribbean and contributed greatly to the evidence base used to develop the Policy:

1. The national health research system assessment of Trinidad and Tobago (2006). See Appendix 1.
2. COHRED's survey to support the development of a Caribbean health research agenda (2007). See Appendix 2.
3. CHRC's multi-country health research systems assessment (2007). See Appendix 3.

Collectively, the three assessments highlight the following issues related to health research in the Caribbean:

- Governments within the Region are moving towards a more strategic approach to health policy, planning, and programming, as evidenced by the number of planning documents being developed at the national and regional levels.
- There are common health priorities across some countries – Caribbean Cooperation in Health (CCH).
- With a few exceptions, the 'National Health Research System' is either non-existent or not well defined in countries. Governance of health research is less than optimal. Different entities are supporting various aspects of research, with very little coordination.
- There is a need for a health research agenda. It is likely that more research is conducted in highly-resourced areas than in other areas.
- With respect to financial resources, budgets are largely allocated to the **routine** collection of data, with relatively little available for research. However, although these data have great potential as a source of evidence, they are underutilised with very little secondary data analyses being conducted on them.

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- Some development partners have financial and technical cooperation resources that are not fully utilised by countries to support the conduct of research and strengthen research capacity. The extent to which country stakeholders are aware of and can access these resources is not known.
 - Science and Technology Ministries/Units have to be engaged as we seek to develop relevant technologies to support research for health
 - There is a need to improve communication between researchers and end users, including improved translation and dissemination of research evidence. There is the sentiment that useful research findings exist within the Region, but they have not been ‘packaged’ correctly.
 - Face-to-face interaction (e.g., via meetings, workshops, or technical presentations) is an important means of knowledge transfer in the Caribbean. However, information technology needs to be further exploited to support knowledge transfer.
 - Ministries of Health (MOH) are regarded as the central authority for health. However, their potential to act as a pivotal player in the stewardship of health research systems has not been fully realised.
 - Stakeholders in the Region see the need for special, multi-sectoral **structures to promote** and coordinate research. Essential Health Research Councils can play an important role.
 - Within countries, research expertise can be found at the MOH as well as other government entities (e.g., Ministry of Education, Central Statistics Office), academic institutions, and regional health institutions.
 - With the exception of the academic/research settings, insufficient processes or mechanisms exist within countries to tap into the global body of health evidence and international research findings. This is left **largely to the discretion** of individuals who take the initiative to locate research evidence. Systematic means of identifying and documenting relevant research findings and health evidence from both within and outside of the Region should be strengthened. A systematic approach to reviewing research for quality, methodological rigor, and/or relevance to the local context also needs to be implemented.

- CHRC is regarded as the pivotal institution in developing a functional health research system for the Caribbean. There is also the perception that tertiary-level academic institutions should be better utilised in strengthening health research systems in the Region.

Goal & Objectives of the Caribbean Policy on Research for Health

Goal

To guide the strengthening of systems that facilitate the development of evidence-based policies, programmes and practices thereby promoting health and development in the Caribbean – through the increased production, access, and use of quality health research.

Objectives

1. To describe the essential elements for effective health research governance in the Caribbean
2. To guide efforts to develop capacity and mobilise resources for the production and use of research in health and development efforts
3. To guide efforts aimed at facilitating the translation of research to practice through effective knowledge management.

Underlying Principles

The following principles will guide the execution of the Policy:

1. **EQUITY**— Support for the generation and use of research evidence to enable Caribbean countries to promote health for all their citizens and minimize health disparities
2. **QUALITY**—Rigor and high standards in research activities (including governance processes)
3. **RELEVANCE**—Alignment of research with health priorities, policies, and programmes
4. **ETHICS**—Ethical practice at all stages and levels of the health research process, including dissemination and use
5. **TRANSPARENCY**—Open lines of communication between researchers, policy makers, and other end users of research evidence
6. **INCLUSIVENESS**— Participation of the full spectrum of health stakeholders in the research process
7. **EVALUATION**— Timely assessment/review of the Policy for appropriateness, as well as efficiency of implementation and effectiveness
8. **SUSTAINABILITY**— Institutionalization of health research systems through the strengthening of existing organisational structures, mechanisms, and processes; and the implementation of the proposed strategies.

Structure and Functions of Health Research Systems in the Caribbean

Both the successful execution of research studies and the application of research findings to improve health outcomes are predicated upon two important issues: governance and capacity.

Health research governance may be defined as the processes, mechanisms, and structures established or employed by health research stakeholders to generate and use research evidence to improve health

Health research capacity may be defined as the skills, resources, and structures available at various levels to generate health-related evidence and apply that evidence to health policy development and planning processes, as well as the management and evaluation of health programmes.

The following are key attributes of health research governance and capacity:

Attributes of Effective Governance and Management

- Existence of a designated entity/mechanism to coordinate and manage the various components of the health research system
- Active engagement of the full spectrum of stakeholders
- System to coordinate/harmonise the efforts of various research entities
- System for identifying and managing health research funding
- Defined systematic process/mechanism for determining/updating health research priorities
- Mechanism for managing human capacity development related to research
- Systems of accountability for maintaining ethical and scientific rigor
- Processes/mechanisms for making research accessible
- Processes/mechanisms for incorporating research evidence into policies, programmes and practice
- System for monitoring and evaluating health research activities

Capacity for Research and Knowledge Management

- Ability of policy makers and decision makers to communicate information needs to researchers and other stakeholders
- Mechanisms for strengthening and maintaining the cadre of professionals with skills in:
 - conducting various forms of health research
 - accessing and assessing research findings for relevance and rigor
 - translating research findings to practice
- Capability in communicating health research findings
- Skills in applying research findings to health planning, management, and policy processes

Achieving the above is very important and an essential prerequisite for effective governance of the regional health research system. It will also result in greater clarity in terms of the structure of the system and the respective roles and responsibilities of different stakeholders. A health research system involves multiple stakeholders—funders, producers, and users of research evidence. **An effective coordinating entity or mechanism is at the cornerstone of a functional health research system.** The development of a health research agenda that is aligned with the health and social development goals (and fully endorsed by health stakeholders) has to be one of the first tasks when an effective health research governance arrangement has been operationalised.

Structure/Functions for Health Research Systems in the Caribbean

(a) At the National Level:

- a.1** To facilitate in-country governance and management of research, there should be a single entity tasked with the responsibility of managing issues related to research for health in the country. An ENHR Council with multi-sectoral representation can fulfil this mandate. In some countries, the MOH will play an active role in, and possibly lead, the ENHR Council.
- a.2** There should be a mechanism to ensure engagement of the full spectrum of health research stakeholders on the ENHR Council. COHRED describes four main ‘actors’ in a National Health Research System:

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1. Researchers
 2. Decision makers (e.g., policy makers, health managers, health care providers)
 3. Communities and civil society
 4. Development agencies/international community

In countries with an effective media sector, the media is an additional ‘actor’ that should be engaged. It is also important to establish links and collaborate with Science and Technology Ministries/Units in the country.

- a.3** For countries with few actors in research, an ENHR Council may not be a feasible option and the MOH can perform its role. The appointment/assignment of a focal point under the supervision of the Chief Medical Officer (CMO) may be preferable. This individual will be responsible for liaising with relevant MOH units (e.g., Head of the MOH’s Research Unit (if such a unit exists), the Health Information Unit, or a similar entity tasked with managing the MOH’s data and information needs), as well as other non-MOH entities involved in local research.
- a.4** A national health research agenda should be developed in consultation with all stakeholders. A timeline should also be established for its coordinated execution.
 - Health research institutions (centres of excellence) have a key role in working with other stakeholders in the production of health research, consistent with the national agenda.
- a.5** The ENHR Council (or designated entity) should coordinate technical and financial support to local researchers from donors/development partners for the conduct of research identified in the agenda.
- a.6** Research Ethics Committees should be institutionalized to ensure that researchers uphold ethical standards.
- a.7** To facilitate effective knowledge management and the translation of research to policy, the ENHR Council will need to define local users of research evidence, map out their different information needs, and identify the most appropriate strategies/mechanisms. For example, each of the following sub-groups may have a vested interest in contributing to research and knowledge management processes related to health, and may have very different needs in terms of research evidence and may require different approaches:
 - Cabinet members

- Public health officials involved in the generation, management, and/or use of health information
- MOH staff (at national and sub-national levels)
- Researchers
- Civil society organisations
- The Community
- Private-sector practitioners and groups
- Caribbean regional institutions
- Development partners/international organisations

There will be a need to consult with other research stakeholders on the best approach to knowledge management (e.g., Policy briefs and dialogues, Conferences or 'Research Days', Virtual Health Library, Listservs, MOH web site, research database).

- a.8** A repository should be created for consolidating all local evidence being generated for health (e.g., research, M&E, surveillance, routine health information). Coordination can also be facilitated through development of a register of local researchers/research institutions and research studies being conducted in the country. A determination should be made at the local level regarding the entity most appropriate to manage the above, as it may be determined that another entity (e.g., a local tertiary institution), and not the MOH, is best poised to manage the central repository.
- a.9** The ENHR Council (or other designated national coordinating entity) has a key role in communicating needs to the regional level. It will also be pivotal in supporting regional research coordination efforts. Its Chairman/representative should act as the liaison with appropriate regional body i.e. the CHRC.
- a.10** PAHO has a role to play in:
- Financing (e.g., allocating a portion of PAHO country budgets to support research),
 - Supporting evidence informed policy development such as through operationalising EVIPNet, and
 - Advocacy for health research with policy makers and senior health officials within the country.

(b) At the Regional Level:

- b.1** With a mandate to promote, facilitate, and support health research in the Caribbean Region and help disseminate the findings, the CHRC is best suited to act as the locus of regional coordination and communication. It also has a key role in supporting countries as they strengthen their health research systems.
- b.2** Decentralisation will be an important facet of regional governance. CHRC should lead a consensus process to designate focal entities and ‘centres of excellence’ for various aspects of research. For example the TMRI and the SALISES of the UWI and the Windward Islands Research and Education Foundation of the St. George’s University should have key roles. Although research may not currently be a critical part of their core mandate, Regional Health Institutions also have a role to play. There is a clear need for them to conduct research that is essential for guiding their work. This would be encouraged in the soon-to-be-established Caribbean Public Health Agency (CARPHA).
- In addition, CHRC should strategically post Research Scientists so that all countries receive support in strengthening national health research systems. This can be achieved through geo-political groupings (e.g., OECS, British and Dutch Overseas Territories, etc.) or based on the stage of development of their national health research systems and related needs.
- b.3** CHRC should mobilise regional stakeholders to form virtual ‘communities of practice’ networks or committees/working groups to respond to discrete issues. This will enable the pooling of resources, especially in situations where there are challenges to identify a critical mass at the national level. Examples include
- Peer review committee established to:
 - o Assess locally conducted research being considered for use in policy development or inclusion in a regional central repository for research
 - o Review international research evidence in respect of quality and relevance
 - o Review Caribbean research before submission to international peer-reviewed journals.
(There may be a need to strengthen current capacity in the area of critical appraisal of the literature.)
 - Research Ethics Committee to serve the needs of countries without adequate capacity. It can comprise persons from these countries as well as other persons with specialized skills.

- CHRC should continue to work with regional partners in the development of regional public goods such as clinical guidelines / disease management protocols to promote evidence-based practice.

b.4 Greater emphasis should be placed on utilizing existing facilities that can promote effective health research system building in the Caribbean. Examples include:

- Evidence Informed Policy Network (EVIPNet)
- Bioethics Society of the English speaking Caribbean (BSEC)
- 'Standard Operating Procedures' for Research and Ethics Committees in the Caribbean
- The CHRC Knowledge Management Toolkit for Translating Research to Policy
- Virtual Health Library

In addition, the following are under development / to be developed:

- Regional health research listserv to facilitate virtual communications throughout the Region
- Researcher Database
- Standard Terms of Reference for ENHR Councils
- Linkages with Science and Technology

b.5 A regional health research agenda should be developed and its implementation monitored. Support should also be given to countries to develop and implement their agendas.

b.6 Development partners and international organisations have roles to play in terms of financing health research activities in the Region, as well as providing technical cooperation to countries, including research mentoring.

b.7 A Region-wide central repository for evidence generated through health research and related activities should be developed and managed.

b.8 The regional focal point has a role in managing research communications in the Region. This may include the creation of a virtual platform to promote dialogue among health researchers.

b.9 To facilitate knowledge sharing within the Region, face-to-face interactions have a key role. The Annual CHRC Scientific Conference should continue while professional societies and national medical associations should also be encouraged to host Scientific Meetings.

Key Strategies for Strengthening Health Research Systems

The following strategies are grouped according to the core functions of an effective health research system i.e. stewardship; financing; creating and sustaining resources; producing and using research.

Stewardship

1. Integrate health research systems into national health systems

Sub-strategies:

- a. Promote recognition of health research systems as part of national health systems. This should be endorsed in the CCH-III document and national health policies.
- b. Through a consultative process, develop a regional health research agenda that is aligned with regional health initiatives (e.g., CCH-III)
- c. Lobby Caribbean governments to allocate a defined percentage of national health budgets for health research
- d. Advocate for the creation of dedicated staff (units) within Ministries of Health to focus on commissioning/production, collation, synthesis, and use of research findings
- e. Establish/strengthen a system to use research findings/evidence in the development of policies

2. Promote inter-sectoral participation in all stages and levels of research for health

Sub-strategies:

- a. Strengthen existing national (e.g., MOH Research Unit or Health Information Unit) and regional structures (e.g., CHRC) to provide oversight of multi-sectoral efforts related to research for health
- b. Appreciate the key roles in research for health and facilitate collaboration among sectors such as Science and Technology, Economics, Social Sciences, Education etc.

- c. Through the recruitment and deployment of staff, strengthen CHRC's support infrastructure in the Region to facilitate linkages between regional and national systems
- d. Alignment/Coordination of various sources of strategic information, including research, monitoring and evaluation, surveillance, and health information systems

3. Create an enabling environment for the ethical conduct of research

Sub-strategies:

- a. Build capacity and raise awareness regarding the existence and functions of research ethics committees within countries and the Region at large, with support to agencies such as the Bioethics Society of the English Speaking Caribbean (BSEC)
- b. Create mechanisms for communication and coordination between different research ethics committees. This can include the establishment of a network of national ethics committees, especially among the smaller countries.
- c. Establish a legal framework for health-related research, including issues such as human subjects protection, intellectual property, and information protection.

4. Set a health research agenda at regional level, which can be adopted or adapted at the national level

Sub-strategies:

- a. Develop research priorities in a transparent manner and including all stakeholders in the process
- b. Must be supported by enabling mechanisms – financing, capacity
- c. Research institutions and individual researchers must be informed of and understand priority research issues

Financing

5. Mobilise financial resources available for research for health

Sub-strategies:

- a. Conduct a costing exercise to determine the financial resource requirements of executing the regional health research agenda
- b. Advocate for government funding of national health research – 2% of health budget should be allocated for research

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- c. By underscoring the research link with program evaluation and operations research, advocate for allocation of funds for research as a component of international grants (e.g., The Global Fund) and other resources and technical cooperation for health and social development. COHRED recommends that 5% of these funds should be invested in research.
 - d. Lobby development partners (e.g., PAHO and other U.N. agencies, bilateral donors) to allocate a set portion of the total health resources for research
 - e. Advocate for increased country contributions to regional research efforts e.g. through CHRC
 - f. Establish a facility to identify and share health research funding sources with researchers
 - g. Build regional grant writing capacity to compete internationally for health research funding
 - h. Lobby for private sector support of health research

Creating and Sustaining Resources

6. Strengthen the cadre of professionals with the capacity to conceptualize, conduct, analyze, disseminate, and translate the findings of various forms of research for health

Sub-strategies:

- a. Identify the health research capacity needs (critical mass) (both the magnitude and types of need) to adequately address the Regional health research agenda
- b. Review and, if needed, revise pre-service curricula (schools of medicine, schools of nursing, public health programmes, community health programmes at tertiary-level academic institutions) and incorporate research skills-building modules, as appropriate
- c. Through in-service training and research mentoring (via technical cooperation), increase the cadre of individuals who possess the appropriate mix of grant writing, research methodology, publishing, critical appraisal of the literature and knowledge management skills to address health research priorities
- d. Establish mechanisms for regional cooperation in research including the development of communities of practice / networks of researchers
- e. Regional Centres of Excellence / Research Institutions have a critical role in the conduct of essential research

- f. Increase country capacity to conduct systematic reviews and meta-analyses

Producing and Using Research

7. Secure/consolidate international linkages and technical cooperation

Sub-strategies:

- a. Facilitate formal agreements with international research entities for capacity-building support and technical cooperation
- b. Facilitate regional participation in global initiatives and/or ‘communities of practice’ related to health research
- c. Provide guidance on participation in international and/or multi-centre studies

8. Strengthen mechanisms, tools, and capacity for knowledge management at the regional and national levels

Sub-strategies:

- a. Promote/institutionalise the use of research evidence in the development of policies. The CHRC ‘research-to-policy’ toolkit is a key facility.
- b. Building the capacity of health decision makers to foster evidence-based policy making and programming
- c. Adapt standardized templates, materials, and approaches in support of data dissemination and use by different stakeholders (synchronizing research data dissemination with policy and programme processes)
- d. Enhance existing fora (e.g., CHRC Council and Scientific Meetings) for more effective diffusion of information
- e. Institutionalize innovative strategies such as the use of policy briefs and dialogues to bridge the gap between researchers and policy makers
- f. Create a regional ‘gateway’ to health research evidence using facilities such as the Virtual Health Library; support the concept of ‘open access’ to research findings
- g. Establish a central repository of information on current Caribbean research studies (including funding sources) and local research data related to health
- h. Utilize available technology (e.g., listservs, blogs, and webcasts to facilitate regional communication and information sharing)
- i. Tailor research dissemination products toward health advocacy groups
- j. Partner with media entities and institutions to increase media competence in dissemination of health research findings

Agencies to Support the Strategies

Given its mandate, the CHRC has a critical lead role at the regional level and working with the relevant counterparts at the national level to facilitate the implementation of the strategies. However, a collective approach is needed that involves a number of agencies includes:

- Bioethics Society of the English- Speaking Caribbean
- CARICOM Secretariat
- PAHO
- Regional Health Institutions
- UWI (CARIMAC, Libraries, SALISES, TMRI)

Monitoring & Evaluating the Implementation of the Policy

The monitoring and evaluation (M&E) strategy will be formulated through a consensus process, reflecting regionally agreed upon performance standards (indicators) for effective health research systems. Nevertheless, it is likely that the emphasis in the short-term will be on monitoring the establishment of important elements of the system, whereas the emphasis in the longer term will be on determining its effectiveness. The key elements include:

1. Assessing the existence of core elements of the health research system. Indicators can include:

- Number of countries with a written national health research Policy and agenda
- Number of countries with a governing body for health research such as an ENHR Council
- Number of health sciences training programmes with research methods courses
- Number of research skills training workshops conducted to build capacity in health-sector workers
- Establishment of a Caribbean-regional repository for health-related research evidence
- Percentage of national health budget allocated for research
- Percentage of development funding allocated to research
- Number and proportion of a) research projects, b) research publications that address national/regional priorities
- Number of countries with Research Units or staff in the Ministry of Health
- Number of countries with research ethics committees

2. Assessing the quality and effectiveness of the health research system.

Indicators can include:

- Number of countries in which health research is integrated into health system
- Number of countries with inter-sectoral participation in health research
- Number of countries with health research agendas
- Number of countries with functional research ethics committees
- Number of countries with system in place to use research evidence in the development of health policies
- Number of countries with dedicated health research budget

3. **Products that reflect effective health research systems:**

- Health-related strategic information gaps are filled through research (as appropriate)
- Health policies and programs developed based on research evidence
- Increased use of research evidence by civil society (including advocacy groups)
- Increased peer-reviewed publications
- Increased media coverage of research findings

In addition to the quantitative monitoring of health research systems (vis-à-vis the above indicators), qualitative data gathering from country and regional stakeholders will also yield valuable information for on-going analysis.

Operational Issues in Implementing the Policy

The successful execution of the Policy hinges on the ability of CHRC and other stakeholders to mobilise and/or re-direct human and financial resources for strengthening health research systems in the Caribbean.

The following must be addressed in order to expedite the implementation of the Policy:

- Prioritise strategies
- Establish timelines and milestones
- Determine the resource requirements to implement the Policy (human and financial)
- Develop a resource mobilisation plan
- Conduct periodic monitoring regarding the efficiency of the implementation of the Policy and an evaluation of its effectiveness regarding strengthening health research systems in the Caribbean

There is a critical need for an agency to lead the process and CHRC is well placed to do so. However, it cannot act alone.

It is also paramount that there is broad-scale consensus on the specific strategies outlined in this document, as well as commitments from stakeholders to generate the financial, human, and technical resources required to produce and use research evidence in the development of the policies and programmes that would improve the lives of Caribbean people.

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Appendix 1

Assessment of the Trinidad and Tobago National Health Research System

In 2006, the Trinidad and Tobago Essential National Health Research Council received funding from PAHO and conducted a National Health Research System Assessment (NHRSA). The assessment was designed for the following purposes:

- To document the nature and structure of the existing health research system in the country and
- To make recommendations for strengthening the systems.

The assessment, which was qualitative in nature, was also to serve as a pilot for the rest of the Caribbean.

A total of 56 key informants (representing entities that fund, conduct, and/or use research for health in Trinidad and Tobago) were identified for inclusion in the assessment. Of that number, 38 individuals completed the questionnaire, either self-administered or by interview.

Summary of key findings:

- There is an awareness of the benefits of health research in the country.
- The national health research system is poorly coordinated.
- There is little strategic direction in terms of national policy and priorities.
- There is limited collaboration between producers and users of research.
- M&E of research production and use is sub-optimal.
- Research findings should be presented in a more user-friendly manner.

Recommendations:

- Trinidad and Tobago should initiate a process of national health research policy development in line with regional efforts and the national development policy, “Vision 2020”. Particular priorities should be:
 - o Formalising governance and management mechanisms for the system

-
- o Establishing a formal priority-setting process for health research
 - o Capacity building in research utilisation within the MOH
 - Steps should be taken to increase the skills and capacity within the MOH to coordinate research, provide support and guidance on research priorities, and monitor and evaluate health research production and usage. This should take the form of a distinct and strengthened Health Research Unit within the MOH.
 - An assessment should be conducted to examine the human capacity, research funding, and research outputs required to support an efficient NHRS.
 - Legislation should be passed for a budgetary allocation specifically for the conduct and utilisation of essential national health research.
 - An internal assessment of the capacity of the MOH to carry out these functions should be conducted.
 - Create a national register of researchers and research conducted, and a National Health Information System with varying levels of access by stakeholders. This should reside within the proposed Health Research Unit in the MOH.
 - National health research ethics guidelines should be established by the MOH in partnership with CHRC, UWI, and other stakeholders in research.
 - Ethics committees should be established in each Regional Health Authority. These would function according to national guidelines and be regulated by MOH.
 - Research communication should be strengthened. There is a need to involve communication specialists, including journalists, in the data generation-utilisation process since they can act as knowledge brokers between producers and users of research.
 - Generators of research in Trinidad and Tobago should collaborate more with other researchers and NHRS partners, and try to seek both patient and public involvement when deciding on the research agenda.
 - There should be more involvement of social and behavioural scientists in the NHRS.

Appendix 2

COHRED Survey to Develop Caribbean Health Research Agenda

In early 2006, the Council on Health Research for Development (COHRED) conducted an independent assessment of health research policies and priority setting to guide the process of establishing a health research agenda for the Caribbean. The assessment entailed a small survey targeting the Ministries of Health of 18 English-speaking Caribbean countries.

Responses were received from 10 of the 18 countries.

Summary of key findings:

At the time of the assessment:

- 9 countries had health policies in place.
- Of the 9 countries, 3 explicitly mentioned health research in their health policies.
- No countries had a health research policy in place, however:
 - o 3 countries indicated that a health research policy is being developed.
 - o 1 country indicated interest in developing a health research policy.
 - o 1 country identified national health research priorities.

Appendix 3

Multi-country Health Research Systems Assessment

To guide the development of the Health Research Policy for the Caribbean, the health research systems of various Caribbean countries were analyzed. Building on the assessment of the Trinidad and Tobago national health research system, CHRC conducted a brief assessment of the situation in other countries.

The Trinidad and Tobago assessment was qualitative in nature; however, a decision was made to restructure the assessment tools to be used in the other countries, making them primarily quantitative. This was to facilitate data collection, analysis, and interpretation within the time frame designated for developing the regional health research policy.

The assessment focused on two critical issues:

- Health research systems – governance and capacity
- Demand for, access to, and utilisation of health research findings

The assessment team comprised a lead consultant and CHRC research staff.

The assessment targeted stakeholders from the following types of entities:

- Ministries of Health
- Ministries of Education
- Ministries of Environmental Health
- Academic and research institutions
- Quasi-governmental entities such as Public Hospital Authorities
- Civil-society organisations
- Media associations
- Regional and multilateral development partners

Data were gathered via:

- Review (health and health research policy documents from countries)

- A mapping tool to document issues such as who conducted research in a particular country, what dissemination methods existed, and who were the major 'players' with respect to health decision making
- A 38-item structured questionnaire for country stakeholders
- A 25-item semi-structured questionnaire for regional-level stakeholders

Although there is an increasing international body of evidence on health research system assessments, no single, pre-existing tool adequately addressed all of the issues identified for the Caribbean multi-country health research systems assessment. As a result, special tools were developed for the purposes of the Caribbean assessment, drawing upon the tools and experiences from previous assessments (including but not limited to the Trinidad and Tobago NHRSA).

The tools were pre-tested in Barbados and slight modifications were made before application to the other countries. They were administered via face-to-face and telephone interviews.

Countries visited during the assessment:

In light of time and budget constraints, the assessment team administered the mapping tool and structured questionnaire in the following five countries:

- Barbados
- The Bahamas
- Jamaica
- St. Lucia
- Turks and Caicos Islands (TCI)

Although only a few countries were targeted for in-country data gathering, the above countries were purposely chosen to represent the range of situations related to health research in the Caribbean. This would shed light on the diversity vis-à-vis health research that exists within the Region.

Description of Sample:

Data from 43 country respondents were included in the assessment.

COUNTRY	NO. OF RESPONDENTS BY TYPE OF INSTITUTION					
	MINISTRY OF HEALTH	OTHER GOV. ENTITY	ACADEMIC/ RESEARCH INSTITUTION	MEDIA	OTHER	TOTAL
Barbados	3	2	1	--	--	6
The Bahamas	2	5	2	--	--	9
Jamaica	5	2	2	--	--	9
St. Lucia	2	2	2	--	1	7
Turks and Caicos Islands	5	2	4	1	--	12
TOTAL	17	13	11	1	1	43

The respondents had served for an average of 4.4 years in the position held at the time of the interview (range: <1 years to 14 years). Nineteen percent of respondents indicated that they were members of regional or multi-national health research bodies or initiatives.

Of the 43 respondents, 30% reported that their institution funded health research, and 60% reported that their organisation conducted some form of health research.

In addition to the country key informants, eight individuals from the following regional institutions were targeted for regional key informant interviews:

1. Caribbean Community Secretariat (CARICOM)
2. Caribbean Epidemiology Centre (CAREC)
3. Caribbean Food and Nutrition Institute (CFNI)
4. Organisation of Eastern Caribbean States (OECS)
5. Pan American Health Organization (PAHO)
6. Pan Caribbean Partnership against HIV/AIDS (PANCAP)
7. St. George's University (SGU)
8. University of the West Indies (UWI)

Interviews were successfully completed for six of the above eight regional institutions. In addition to the above institutions, one individual from The Caribbean Environmental Health Institute (CEHI) was interviewed. However, his input was captured as an in-country respondent in the St. Lucia country sample.

Summary of key findings—country-level respondents:

a) Country Governance of Research

- Only nine respondents (21%) claimed that the country has one governing body for health research. Among those nine respondents, The Bahamas was the only country not represented.
- For respondents who claimed that there is a single research governing body, the most commonly cited function of the governing body was to approve proposed research studies, followed by determining the quality/use of local research and identifying or reviewing international research.
- When asked about the types of institutions that are members of the governing body, the most common answer was the MOH, followed by academic institutions.
- Respondents mentioned that limited coordination, transparency, and political buy-in were challenges faced by the governing body.
- Of the 43 respondents, 17 (40%) reported that the country has at least one institutional review board (IRB) or Research Ethics Committee (REC). Notably, all 17 respondents were from Barbados, The Bahamas, and Jamaica. However, in those countries, there were conflicting answers related to the number of IRBs and RECs that exist within the country.
- When asked who decides the health research priorities for the country, respondents most frequently mentioned the CMO (51%), followed by the Minister of Health (44%), researchers (37%), and funders/donors (32%). Only 7% of respondents mentioned that members of the country’s governing body for health research decide on the health research priorities.

b) Knowledge Management

- Ten respondents (approximately one-quarter of the sample) reported that the country has a central repository, such as a database or library, for data from all health research studies conducted within the country. Although all five countries were represented among those 10 respondents, the fact that most respondents in the study reported a lack of a central repository suggests that a) knowledge of the existence of a central repository is not universal and/or b) there are varying views on what constitutes a central repository for health research.

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- According to the 10 respondents who reported the existence of a central repository, access to the central repository is quite limited: MOH staff and/or research staff and members of the health research governing body are often the individuals who have access to the central repository.
 - When asked which entity manages the central repository, the MOH and tertiary-level institutions were mentioned most often.
 - Four out of the 43 respondents reported that their country has a formal mechanism for reviewing findings from health research conducted outside of the country. The four respondents came from The Bahamas, Jamaica, and TCI.
 - When asked how health research findings were disseminated within the country, 47% of respondents mentioned ‘grey’ literature, followed by regional journals (28%), international journals (26%), websites (23%), and databases (11%). Approximately 20% of respondents mentioned the media (in particular newspapers). The importance of face-to-face knowledge transfer cannot be understated: one-third of respondents rely on meetings, workshops, or technical presentations, and 14% mentioned other researchers or academic/research institutions as their source of research findings.

c) Institutional Governance of Research

- Based on the information provided by the respondents, targeted institutions in The Bahamas, Jamaica, and TCI have some form of governance with respect to research. No respondents from Barbados or St. Lucia reported the existence of a health research unit, health research budget, or process/mechanism for reviewing research findings within their institutions.
- Fifteen (35%) out of the 43 respondents included in the assessment reported that their organisation has a health research unit.
- Ten respondents from The Bahamas, Jamaica, and TCI reported that their organisation has a specific budget for health research, representing 23% of the total sample.
- Nine out of the 43 respondents (21%) reported that their organisation has a formal process or mechanism for reviewing research findings to determine quality and relevance to the organisation’s work.

- When asked about the persons or entities responsible for setting research priorities for the organisation, respondents cited the head of the institution, followed by the MOH and policymakers, the head of the research unit, research staff within the organisation, and funders/donors.

d) Use of Research

- Thirty-nine out of the 43 respondents (91%) reported that their organisation used research to inform its activities.
- Seventeen respondents (40%) reported that the data come primarily from local research, compared with 13 (30%) and 10 (23%) reporting that the data come primarily from regional and international research, respectively.
- Respondents perceive that the overall use of research by health decision makers is generally sub-optimal. Only 19% of respondents believe that the country's health decision makers use data correctly and consistently. 63% reported that health decision makers use the data inconsistently; 7% believe they use the data incorrectly, and 2% report that decision makers do not use research data at all. All five countries were represented among the 27 respondents who reported that health decision makers use data inconsistently.
- Sixty-five percent of respondents report that decision makers have used research specifically from their organisation at some time in the past. All five countries were represented among the respondents who made that claim.
- When asked about their personal sources of research findings, a large proportion of respondents (65%) reported that they relied on Internet. Specific websites noted were online search engines for medical and health literature (e.g., Medline and PubMed), generic Internet search engines (e.g., Google), as well as the websites of international organisations (e.g., PAHO and other U.N. agencies). Databases also play an important role in knowledge management, with 35% of respondents stating that they look for research findings in databases managed by CAREC, PAHO, UWI, and other entities. Forty-two percent of respondents claim that they rely on other Caribbean researchers and Caribbean academic or research institutions for research data, and 37% rely on other researchers and research institutions external to the Caribbean. One-fifth of respondents get their research information in-house from their colleagues.

e) Additional information obtained from country key informants

- Individual institutions within countries often have budget line items for research. There is less clarity regarding national-level budget allocations specifically for research. It is quite common for ‘research’ to be grouped with health information systems, M&E, and surveillance. In small societies with limited human and financial resources, this might be an appropriate model. However, compared to surveillance and M&E, for which there has been an influx of financial resources and international technical cooperation (particularly for specific diseases such as HIV), research has been relegated to second priority.
- The role of the private-sector is not well defined, and the engagement of private-sector entities is inconsistent.
- There are no formal mechanisms for communicating priorities to researchers.
- With the exception of the annual CHRC Scientific Conference, there are very limited opportunities for face-to-face discussion and sharing of research. In some countries, tertiary-level academic institutions host ‘Research Days’ and are creative in terms of engaging the media and other stakeholders in those activities. However, respondents expressed an interest in seeing more of these types of events.
- Coordination of research efforts has been largely the result of the goodwill and the collegial nature of individuals, not the existence of systems or mechanisms that facilitate the harmonisation of research efforts by different stakeholders.
- When asked about ways to improve demand for research, many respondents recommended a special structure (such as a unit within the MOH) dedicated to promoting research. Increasing access to research findings was also mentioned frequently.
- When asked about ways to improve the use of research, respondents mentioned the need to improve communication/dissemination between researchers and end users. There is the sentiment that useful research findings exist within the Region, but they have not been ‘packaged’ correctly.

f) Perspectives of Regional-level Stakeholders

- Stakeholders from regional organisations and development agencies feel that the Ministry of Health is the most appropriate institution to house a national-level health research governing body, although its membership should extend beyond the public health sector.
- In terms of regional-level governance, respondents believed that the entity providing leadership on the regional research for health should also be the locus of coordination.
- Development partners have financial and technical cooperation resources that are not fully utilised by countries to advance research agendas and strengthen research capacity at different levels. The extent to which all relevant country stakeholders are aware of these resources is not known.
- There was a recurring viewpoint among the regional-level key informants that UWI and other tertiary-level academic institutions are not being utilised to the extent they should in building research capacity in the region, despite their potential value-added contributions.
- Regional-level stakeholders would like to see more fora for country sharing of research and experiences.
- Information technology needs to be further exploited to support knowledge transfer within the region.
- CHRC is regarded as an entity that has great potential in terms of knowledge management and the coordination of health research capacity development efforts in the Region.
- Consensus should be reached on focal points for dealing with specific aspects of health evidence. There is also an interest in the establishment of a register (or another mechanism) for keeping track of researchers and research activities in the Region. CHRC is considered best equipped to pursue the above.
- Quite a lot of research has been done. The problem is how research is being communicated to target groups. While there are some isolated examples of the use of media in dissemination, there is a need to be more systematic in terms of researchers' engagement of media and other communication specialists.

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- The Region needs more policy round tables on the basis of research. This mechanism should be built into research proposals. When funding research, the end point should be appropriate dissemination of findings to end users, not just report writing.

g) Mapping Exercise and Desk Review

Unlike the individual questionnaires, there was limited application of the mapping tool developed for the assessment. The original intention was for countries to submit information vis-à-vis some of the questions posed in the mapping tool. However, this approach was not feasible. In-depth information was only obtained for the five countries where country visits were conducted.

Highlights of the findings;

- Governments within the Region are moving towards a more strategic approach to health policy, planning, and programming, as evidenced by a number of planning documents being developed at the national and regional levels.
- There are common health priorities across many countries.
- Some countries in the Region have national health policies or plans that outline strategic priorities for the health sector. However, there is a lack of corresponding policies, plans, or components of national health strategies that outline identified health information needs that can be addressed through research and a strategic approach for filling those information gaps. Very few countries have an agreed-upon means of establishing health research priorities.
- Countries do not have a formal health research system per se. The ‘system’ comprises individuals and entities that are supporting various aspects of the research process, with very little coordination. Additionally,
 - o CMOs are regarded by many as the lead authority for research.
 - o Research Units are not common within Ministries of Health, although some Ministries have Health Information Units, Surveillance Units, and/or M&E Units
 - o In some countries, there are entities within the Ministry of Health with overlapping mandates of research and routine health information systems.
 - o In some countries, there are pockets of research expertise; however, inter-sectoral linkages are sub-optimal. Formal mechanisms of communication between

researchers within a given countries are also less than optimal. In general, non-health sectors are not engaged systematically in health research efforts.

- More research is conducted in highly-resourced areas (e.g., HIV) than in other areas.
- With respect to financial resources, budgets are largely allocated to the routine collection of data, with relatively little available for research. Routinely collected data are currently underutilized as a potential source of data for secondary data analysis, as they could contribute to the solving of priority health and development problems.