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TRINIDAD & TOBAGO, WEST INDIES

CCHSRD

Caribbean Centre for Health Systems
Research and Development
Better Health Systems...Healthier Lives

CCHSRD Newsletter

“Better Health Systems...Healthier Lives”

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About this Issue

Contents

Editorial	3
COVID-19 Research at the CCHSRD and Faculty of Medical Sciences	5
Virtual Symposium: The Impact of COVID-19 on Health Systems	8
'Human Resources for Health' Priorities for Trinidad & Tobago	12
Building Institutional Capacity for HPSR and Delivery Science	
K2P Mentorship: Policy Fellowship Module - Beirut, Lebanon	15
Promoting a Culture of Evidence-Informed Decision-Making - The Launch of an Evidence to Policy Fellowship Program	19

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Editorial

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Health Systems

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With the world reeling from the impact of the pandemic, there has been an increased appreciation of the value of health research. Everyone is anxious to know more about Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and more so, when there will be effective and safe treatments and vaccines for Coronavirus Disease 2019 (COVID-19). In response, scientists around the globe have been working overtime to provide answers as well as to review the effectiveness of non-pharmacological interventions (NPIs), which have been our primary means of controlling the pandemic to date.

For obvious reasons, the contributions of clinical trialists and biomedical scientists are in focus. There is also great appreciation for other scientists who have risen to the occasion and played critical roles in health emergencies. For example, infectious disease modellers have been providing timely support to policy makers and health programme managers. Although faced with limitations such as the availability and timeliness of data to include in their mathematical models, they have provided useful predictions of the spread of the pandemic. These have enabled health officials to strategically deploy human resources and essential services to manage the pandemic. They have also played a role in predicting the effects of and in guiding countries’ plans to lift restrictions.

Their response to the pandemic has been a good example of teamwork as we observe an unprecedented level of collaboration among scientists, sharing findings and working together. The supporting role of editors of scientific journals must be highlighted as they have made critical COVID-related publications open-access/free. Although the accelerated review process is



controversial, this has ensured the timely publication of relevant research. Additionally, there has been a remarkable growth in the use and value of pre-publications, allowing open feedback/peer-review of scientific papers before they are submitted for publication.

Notably, the CCHSRD has begun a comprehensive assessment of Caribbean health systems' responses to the pandemic. By and large, CARICOM countries have fared well and there are important lessons to share with other countries as well to apply ourselves as we prepare for future disasters. Indeed, we are at the start of the 2020 Hurricane Season even as we brace for the possibility of a new wave of COVID-19 infections. I have addressed some of the research efforts of the CCHSRD and the Faculty of Medical Sciences, St Augustine in this Issue of the CCHSRD Newsletter. However, there are other important and timely COVID-related research being conducted in the Caribbean. For example, the UWI COVID-19 Task Force, established by the Vice Chancellor has been providing excellent leadership.

Research Ethics Committees (RECs) have a grave responsibility in ensuring the timely review and approval of urgent COVID-19 research. It is hoped that this role is appreciated. To assist, guidelines regarding ethics review during the pandemic have been produced by PAHO and shared across the Region. There is a recommendation for full but accelerated reviews by RECs on proposals for such research. The guidelines also emphasize that researchers should be held at an even higher standard during health emergencies. On the topic of ethics, the critical role of data ethics has also been highlighted during the pandemic. This emerging field will be addressed in an upcoming Issue of the CCHSRD Newsletter, but it is timely

to note that it is not only relevant for research conducted using so-called 'big data'. Indeed, public officials have an ethical responsibility to ensure accuracy and clarity when presenting and sharing data with the public. Concerns have been registered when the numbers of confirmed COVID-19 cases were reported without the critical context of criteria for testing or even how many samples were tested. In addition, the continued comparison of the (raw) number of cases and deaths among countries of disparate population sizes (as opposed to the calculation and presentation of rates) is another issue to be urgently corrected.

Most CARICOM countries have done very well in 'flattening the curve' and should be applauded. However, we must be mindful of the situation in Haiti which has been reporting increasing numbers of new cases and deaths. In addition, new challenges are ahead as countries move to the stage of relaxing or removing the PHI-related restrictions. As we inevitably reopen our borders, there is the likelihood of introducing new infections. Since most of our economies are tourism-based, the Region will be faced with serious challenges as we manage our many visitors. This must be factored as we strengthen our systems to manage the myriad manifestations of the 'new normal'. Undoubtedly, things will not be the same as before, at least until we identify an effective and safe vaccine. As Prof Peter Piot, Director and Professor of Global Health of the London School of Hygiene & Tropical Medicine noted: *"This pandemic is not over anywhere, until it is over everywhere."*

- Donald T. Simeon (Professor)

Director, Caribbean Centre for Health Systems Research and Development



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COVID-19 Research at the CCHSRD and Faculty of Medical Sciences

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The Impact of COVID-19 on
Health Systems

'Human Resources for Health'
Priorities for Trinidad & Tobago

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for HPSR and Delivery Science
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The Impact of COVID-19 on Health Systems

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Priorities for Trinidad & Tobago

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for HPSR and Delivery Science
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Fellowship Module -
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Evidence- Informed Decision-
Making - The Launch of an
Evidence to Policy
Fellowship Program

COVID-19 Research at the CCHSRD and Faculty of Medical Sciences

- *Prof Donald T. Simeon*
Director, CCHSRD

The FMS COVID-19 Research Group must be commended for its timely leadership in the conduct of pandemic-related research at The UWI, St Augustine. Other notable research activities at the Caribbean Centre for Health Systems Research and Development and the Faculty of Medical Sciences include the hosting of online COVID-19 Symposia and the posting of critical COVID-related research resources on the CCHSRD website.

FMS COVID-19 Research Group

The CCHSRD has facilitated the establishment of the FMS COVID-19 Research Group. From the onset, it was decided that, as far as possible, multi-disciplinary, collaborative research would be conducted. Consequently, the Group comprises researchers from all Schools of the Faculty of Medical Sciences (FMS) as well as colleagues from the Sir Arthur Lewis Institute for Social and Economic Studies (SALISES), Faculty of Social Sciences – Department of Economics, Faculty of Engineering – Department of Geomatics, and the UWI-Arthur Lok Jack Global School of Business.

The Research Group has been meeting weekly since April 2, 2020 and its primary purpose is to coordinate COVID-related studies to ensure prioritization and efficient utilization of research resources, thereby preventing duplication and promoting synergies. To date, the Group has developed over 20 research projects, designed to provide the evidence needed to guide policies, programmes and practices to control COVID-19 and inform preparedness for future health emergencies.

In addition to its coordinating role, CCHSRD has provided technical support to the Group in proposal preparation and instrument design and will assist in data analysis and dissemination of the findings. Ethics is especially important when research is conducted during health emergencies and the Centre has been providing timely guidance and clarifications regarding the need for and the process to obtain ethics approval. Support is also provided in the identification and sharing of funding opportunities with the Group.

COVID-19 Research at the CCHSRD and Faculty of Medical Sciences

COVID-19 Virtual Symposia

Consistent with its mandate to provide evidence-based information and guidance to its partners, CCHSRD collaborated with the FMS to host its first COVID-19 Symposium on May 3, 2020 which focused on *'The Impact of COVID-19 on Health Systems'*. It was attended by over 500 online viewers and was recorded for future programming on UWI TV. Summaries of the 11 presentations are featured in this Issue of the CCHSRD Newsletter. The second Symposium is scheduled for June 21 and will address the *'Impact of COVID on Population Health in the Post-Lockdown Era'* while subsequent ones will focus on the presentation of findings of studies conducted by the FMS COVID-19 Research Group.

COVID-19 Research Resources on CCHSRD Website

To support the work of its stakeholders, CCHSRD has launched a [webpage](#) with relevant COVID-19 research resources/products. The items include links to evidence briefs and syntheses to guide the development of COVID-related policies and facilitate health system strengthening. There are also links to recent COVID-19 publications as well as guidelines for research ethics committees during the pandemic. Notably, there have been several COVID-specific funding opportunities to support the conduct of urgent research. These are also available on the webpage.

[COVID-19 RESOURCES](#)

Solidarity Trial

It is important to highlight the leadership role that the FMS and CCHSRD have been playing in the preparation for Trinidad and Tobago's participation in the Solidarity Trial. The Trial is hosted by the World Health Organization (WHO) and was designed to assess the effectiveness of pharmaceutical interventions to slow COVID-19 disease progression and improve survival. Trinidad and Tobago is expected to be a registered site and would begin the recruitment of patients after research ethics approvals have been obtained and the local oversight committee appointed. Other Caribbean countries have also stepped up to contribute to the identification of an effective treatment for COVID-19 and have written to WHO indicating their interest in being Trial sites. A UWI-led Regional Steering Committee, chaired by Professor Marvin Reid, has been providing timely technical support to participating Caribbean countries.





UWI

ST. AUGUSTINE CAMPUS
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Editorial

COVID Research at the
CCHSRD and Faculty of
Medical Sciences

**Virtual Symposium:
The Impact of COVID-19 on
Health Systems**

‘Human Resources for Health’
Priorities for Trinidad & Tobago

Building Institutional Capacity
for HPSR and Delivery Science
K2P Mentorship: Policy
Fellowship Module -
Beirut, Lebanon

Promoting a Culture of
Evidence- Informed Decision-
Making - The Launch of an
Evidence to Policy
Fellowship Program

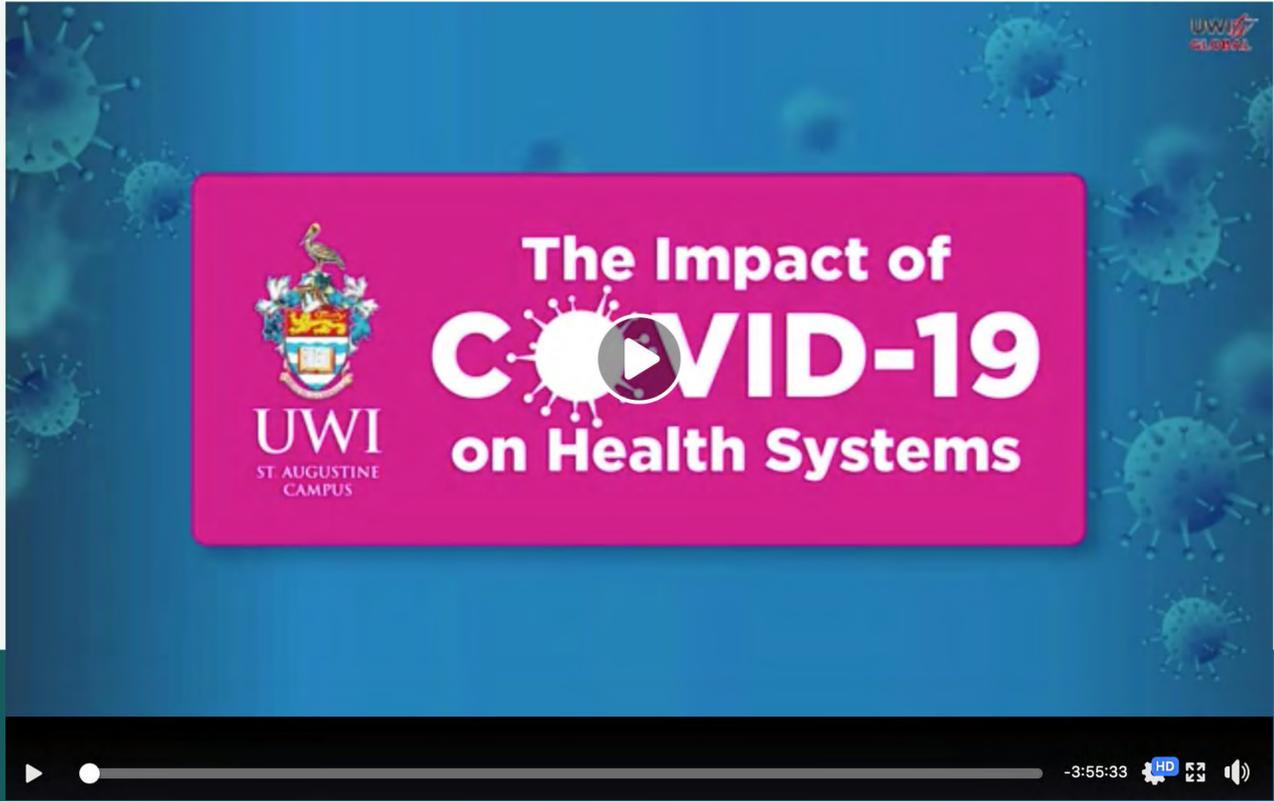
Virtual Symposium: The Impact of COVID-19 on Health Systems

The Impact of COVID-19 on Health Systems

- Ms Kershelle Barker
Research Assistant, CCHSRD

The Faculty of Medical Sciences (FMS) and the CCHSRD held an interactive virtual symposium on Sunday 3rd May, 2020 to share information on *The Impact of COVID-19 on Health Systems*.

The symposium was co-hosted by Professor Terence Seemungal (Dean of the Faculty) and Professor Donald Simeon (Director of the CCHSRD), and moderated by Ms Marsha Ivey (Lecturer in Public Health and Associate Dean of Public Relations, FMS).



**Missed the Symposium?
View the Recording Here**



**(or see Pages 10 and 11 for Key Messages
from the presentations)**

Editorial

COVID Research at the CCHSRD and Faculty of Medical Sciences

**Virtual Symposium:
The Impact of COVID-19 on Health Systems**

‘Human Resources for Health’ Priorities for Trinidad & Tobago

Building Institutional Capacity for HPSR and Delivery Science K2P Mentorship: Policy Fellowship Module - Beirut, Lebanon

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The Impact of COVID-19 on Health Systems



Dr Stanley Giddings
Lecturer in Adult Medicine,
FMS, The UWI
**Lessons from the
Spanish Flu of 1918**

The Spanish Flu of 1918 infected over 500 million people, with 50 million deaths. The second wave of infection – which came as cities relaxed their restrictions – was much more deadly, and there were no vaccines, anti-viral drugs or flu shots available. Lessons learnt include the importance of relying on the proper channels for information; being wary of unproven drugs; preparing for reoccurrence, and the value of non-pharmacological interventions.



Professor Christine Carrington
Professor in Molecular Genetics and
Virology, FMS, The UWI
**SARS-CoV-2 Survival in
the Environment**

Viruses can only multiply inside a living cell, and their protein shells can be damaged by heat. The main route of COVID-19 transmission is via respiratory droplets and contaminated surfaces, where – under favourable conditions – the virus can last for hours, even days. Some viruses can last longer on stainless steel and plastic than on other surfaces, in some cases up to 7 days. However, they can be easily deactivated within one minute, by standard disinfection methods. SARS-CoV-2 (the virus that causes COVID-19) has so far shown it is not spread airborne, but more studies are needed.



Professor Christopher Oura
Professor in Veterinary Virology,
FMS, The UWI
**Is Wildlife Now a
Public Health Problem?**

Around 70% of new and emerging viruses came from an animal. Animals and wildlife play a special role in the spread of pathogens to humans. The reasons viruses emerge in humans are because of how rapidly they change and adapt, and because of human behaviour: encroaching on animals' territory through deforestation; modern agricultural practices; wild meat markets and eating habits; rapid global transport; and high-density human populations.

It is therefore important to use the One Health approach to manage the situation. Improved surveillance in animals would allow us to identify important viruses early.



Professor Terence Seemungal
Dean, FMS, The UWI
**Pathogenesis: Implications for
the Health Care System**

The life cycle of SARS-CoV-2 and how it affects the body have critical public health implications. This knowledge is required for the successful development of a vaccine. Oxford University was one of the first groups to launch vaccine trials in humans, but there were over 100 other projects around the world. It is likely to take more than a year to develop and roll out a safe and effective vaccine.



Dr Sandra Reid
Senior Lecturer in Psychiatry,
FMS, The UWI
**The Future - Physical Distancing
and Socialisation**

Physical distancing is effective in controlling the spread of COVID-19. It could become the new norm, but the extent will vary from country to country. There are many challenges for the future in the Caribbean as the hosting of carnivals, 'limes', parties and social life will be affected. This can affect quality of life and plans should be put in place to monitor the well-being of citizens. Stigma and fear associated with COVID-19 can continue for some time.



Dr Godfrey St. Bernard
Senior Fellow, SALISES, The UWI
**Projections for Spread
in the Caribbean**

As of April 30, 2020, there were 3.4 million COVID-19 cases and over 230,000 deaths globally. Some countries were more effective in controlling spread such as New Zealand, South Korea, Taiwan and Iceland, while some countries remained at the epicentre, including the U.S.A., Spain, Italy, France and the U.K. Caribbean territories were seeing much more favourable numbers, with relatively low numbers of cases and deaths.

It is important to understand the nature of sporadic, cluster and community spread, and there is a need for efficient contact tracing.

The Impact of COVID-19 on Health Systems



Dr Marlene Attzs
Lecturer in Economics,
FSS, The UWI
**Economic Impact of the
COVID-19 Lockdown
on the Caribbean**

There has been significant disruption of supply chains which will affect all Caribbean countries due to our dependence on imports. Economies will be significantly impacted due to higher expenditures by the health sector, resulting in unprecedented and unsustainable levels of debt. Additionally, lower economic activity leads to declining economic growth, higher unemployment, and larger budget deficits. It is also important to consider the secondary impact, including social and psychological effects, inequality and inequity.

The current situation, however, provides opportunities for research on the direct and indirect effects on the economy, for relevant policy development.



Dr Lystra Fletcher-Paul
Lecturer in Biometrics,
FFA, The UWI
**COVID-19 Implications for
Food Security**

COVID-19 has resulted in multiple socioeconomic challenges in the Caribbean, which will greatly affect food security i.e. in terms of its availability, access and utilisation. Most Caribbean countries depend heavily on imports so supply chain challenges will have a major impact. Agriculture must be an essential pillar in the economy.

Everyone has a responsibility. “Buy local, eat local, and invest in local farmers”.



Ms Patti-Ann Williams
Chief Technical Coordinator for Disaster
Preparedness, Ministry of Health
**COVID-19 and Preparedness
for the Hurricane Season**

As we head into the hurricane season, it is important to remember that many citizens are usually negatively impacted by flooding, and COVID-19 would add to those seasonal challenges. To manage COVID-19 and the upcoming hurricane season, there needs to be collaboration with health and non-health stakeholders; training and capacity building in emergency HR management; adequate provision of PPE; early surveillance and warning systems; preparation of facilities for emergencies; evacuation and shelter management plans; and public education and community outreach.



Dr Sateesh Sakhamuri
Lecturer in Adult Medicine,
FMS, The UWI
**Post-COVID-19 Challenges
for the Health Care System**

COVID-19 is only a few months old and we do not know much about the disease, the exact clinical course and outcomes for patients, protective immunity after recovery, or the long term consequences. This is new territory and with a lack of data and literature, it is difficult to predict the outcomes.

Going forward, it is important to study long-term pulmonary, vascular and mental health effects in recovered COVID-19 patients, which can impose a significant burden on our health care systems. We also need longitudinal studies on the impact on children and pregnancy.



Professor Donald T. Simeon
Director, CCHSRD, The UWI
**Health Systems Response
to the COVID-19 Crisis**

In determining a system’s ability to adequately respond in times of crisis or health emergencies, key factors include preparedness, responsiveness and resilience. Sudden demands for essential services can overburden the system and cause disruptions and shortages. It is therefore important to ensure mitigation and containment strategies are in place for dealing with the impacts of COVID-19.

The CCHSRD conducted an assessment of Trinidad and Tobago’s health system’s response to COVID-19 by reviewing the Ministry of Health’s strategies in comparison with WHO’s Policy Recommendations for Strengthening the Health System Response to COVID-19. This assessment revealed that T&T has been responsive to the challenges, having implemented relevant strategies that correspond to all 16 WHO recommendations.

**The second Virtual Symposium will be held on
Sunday 21st June, 2020, and will focus on
COVID-19 Effects on Population Health in the
Post-Lockdown Era.**



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COVID Research at the
CCHSRD and Faculty of
Medical Sciences

Virtual Symposium:
The Impact of COVID-19 on
Health Systems

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Priorities for Trinidad & Tobago**

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for HPSR and Delivery Science
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Evidence- Informed Decision-
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Evidence to Policy
Fellowship Program



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UWI

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COVID Research at the
CCHSRD and Faculty of
Medical Sciences

Virtual Symposium:
The Impact of COVID-19 on
Health Systems

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Priorities for Trinidad & Tobago**

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for HPSR and Delivery Science
K2P Mentorship: Policy
Fellowship Module -
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Evidence- Informed Decision-
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Evidence to Policy
Fellowship Program

‘Human Resources for Health’ Priorities for Trinidad & Tobago

- *Ms Shelly-Ann Hunte*
Research Fellow, CCHSRD

In October 2019, CCHSRD hosted a workshop to determine the priority issues that must be addressed in order to resolve the Human Resources for Health (HRH) challenges in Trinidad and Tobago. HRH, with a focus on numbers, competencies, technical capacity and skill sets, was identified by the Ministry of Health (MOH) as a top health system priority.

To gain a full understanding of the critical HRH issues and to generate an initial list of HRH matters that needed urgent action, several preliminary activities were conducted. These included consultations with key stakeholders such as human resource focal points and technical officers at the MOH, as well as representatives from academia; review of relevant national and regional HRH documents; and a systematic search of online daily newspapers to track the key HRH issues that received national attention in the previous 12 months.

Stakeholders from the following institutions were then invited and participated in the priority setting workshop: Ministry of

Health, Regional Health Authorities, Pan American Health Organization, The University of the West Indies, University of the Southern Caribbean, University of Trinidad and Tobago, Medical Board of Trinidad and Tobago, Trinidad and Tobago Registered Nurses Association, Nursing Council of Trinidad and Tobago, Dental Council of Trinidad and Tobago and Women Working for Social Progress.

The objective of the workshop was ‘to generate, in collaboration with key stakeholders, a priority list of HRH topics for Trinidad and Tobago, for which evidence to policy action is needed’. During the workshop, participants engaged in plenary discussions and group exercises to revise and validate the initial list of topics, as well as to rate the topics using predefined criteria (expected improvement in health system performance, impact on patient and customer experience, relevance, public interest, need for evidence, political will, feasibility).

'Human Resources for Health' Priorities for Trinidad & Tobago

The resultant list of HRH priority topics (ranked) included:

- 1 Strategies to improve planning to ensure that HRH production is aligned to national needs.
- 2 Align availability and competencies of health and social workforce to meet current and future national health needs (e.g. to meet the non-communicable diseases challenge).
- 3 Strategies to align investment in HRH to current and future national needs.
- 4 Interventions to create an attractive and supportive working environment for health professionals in order to improve recruitment and retention.
- 5 Strategies to improve the distribution of HRH in rural and underserved areas, to ensure adequate population access and coverage.
- 6 Strategies to manage migration of health professionals.

CCHSRD has begun several post-prioritization activities to support the strengthening of HRH in Trinidad and Tobago, with emphasis on the primary healthcare workforce. The Centre is currently working with national stakeholders, with support from Knowledge to Policy Centre, American University of Beirut, to develop an evidence brief for policy that will be deliberated at an upcoming Stakeholder Dialogue. To facilitate uptake, the Centre also plans to conduct citizen engagement and media sensitization activities.



Participants at the HRH Priority Setting Meeting held on October 2, 2019



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Editorial

COVID Research at the
CCHSRD and Faculty of
Medical Sciences

Virtual Symposium:
The Impact of COVID-19 on
Health Systems

‘Human Resources for Health’
Priorities for Trinidad & Tobago

**Building Institutional Capacity
for HPSR and Delivery Science
K2P Mentorship: Policy
Fellowship Module -
Beirut, Lebanon**

Promoting a Culture of
Evidence- Informed Decision-
Making - The Launch of an
Evidence to Policy
Fellowship Program



Building Institutional Capacity for HPSR and Delivery Science K2P Mentorship: Policy Fellowship Module - Beirut, Lebanon





UWI

ST. AUGUSTINE CAMPUS
TRINIDAD & TOBAGO, WEST INDIES

Editorial

COVID Research at the
CCHSRD and Faculty of
Medical Sciences

Virtual Symposium:
The Impact of COVID-19 on
Health Systems

'Human Resources for Health'
Priorities for Trinidad & Tobago

**Building Institutional Capacity
for HPSR and Delivery Science
K2P Mentorship: Policy
Fellowship Module -
Beirut, Lebanon**

Promoting a Culture of
Evidence- Informed Decision-
Making - The Launch of an
Evidence to Policy
Fellowship Program

Building Institutional Capacity for HPSR and Delivery Science

K2P Mentorship: Policy Fellowship Module Beirut, Lebanon

- Ms Shelly-Ann Hunte¹, Ms Kershelle Barker²

¹Research Fellow, CCHSRD

²Research Assistant, CCHSRD

Background

The CCHSRD continues to work closely with the Knowledge to Policy Centre (K2P), American University of Beirut (AUB), Lebanon to strengthen the CCHSRD's Health Policy and Systems Research (HPSR) capacity, as well as that of its stakeholders in the Caribbean.

CCHSRD is one of five institutions selected to participate in a mentorship programme, led by the K2P Centre and funded by the World Health Organization (WHO) Alliance for Health Policy and Systems Research (AHPSR).

The purpose of the programme is to:

- Develop durable and sustainable capacity for evidence-informed decision-making in health, by ensuring the required skills, incentives and systems are in place.
- Strengthen the capacity of researchers and policymakers and their respective institutions to support evidence-informed decision-making in health.
- Establish and nurture critical links and collaborations between researchers and policymakers.

K2P Mentorship: Policy Fellowship Module - Beirut, Lebanon

Policy Fellowship Module

As part of the mentorship programme, K2P extended an invitation to staff at the CCHSRD to attend a 4-day Policy Fellowship at the AUB, from Monday 24th to Thursday 27th February 2020. This training equipped participants with knowledge translation and evidence-informed policymaking skills. Additionally, the programme provided an opportunity to advance work on ongoing projects.

There were two teams in attendance at this cohort of the Policy Fellowship Programme – Nigeria and the Caribbean. Ms Shelly-Ann Hunte (CCHSRD Research Fellow) and Ms Kershelle Barker (CCHSRD Research Assistant) comprised the Caribbean team.

The Programme included a mix of capacity building activities, hands-on training and a site visit to the Ministry of Public Health, Lebanon.

The 4-day program included training on the following areas:

- Evidence-informed policymaking and Knowledge Translation (KT) products;
- Designing search strategies to identify and access research evidence on priority topics;
- Developing a Policy Brief;
- Developing a Rapid Response Service/Product;
- Developing a Policy Fellowship prototype;
- Data visualization;
- Building capacity on evidence-based advocacy; and
- Designing course modules



*The Program Fellows at the Ministry of Public Health, Beirut, Lebanon.
L-R: Ms Shelly-Ann Hunte (CCHSRD), Dr Irene Eze, Dr Oliver and Dr Ijeoma Okedo-Alex
(African Institute for Health Policy & Health Systems) and Ms Kershelle Barker (CCHSRD)*

K2P Mentorship: Policy Fellowship Module - Beirut, Lebanon



The Program Fellows with members of the K2P Centre and the Dean, Faculty of Medical Sciences, AUB (Centre)

In addition to the training, the visit included practical exercises for the CCHSRD team to further develop an Evidence Brief for Policy (EBP) on Human Resources for Health in preparation for an upcoming Stakeholder Dialogue, as well as to advance work on the Centre's Evidence to Policy Fellowship Program, scheduled to be launched in 2020.

K2P remains committed to providing online support and mentorship to CCHSRD for the completion of project deliverables and establishing the Centre as the regional hub for KT products and services.



The Program Fellows during one of the training sessions at the K2P Centre, AUB.



The K2P team leads the Program Fellows in a discussion during one of the training sessions.



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COVID Research at the
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Medical Sciences

Virtual Symposium:
The Impact of COVID-19 on
Health Systems

‘Human Resources for Health’
Priorities for Trinidad & Tobago

Building Institutional Capacity
for HPSR and Delivery Science
K2P Mentorship: Policy
Fellowship Module -
Beirut, Lebanon

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Evidence- Informed Decision-
Making - The Launch of an
Evidence to Policy
Fellowship Program**



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UWI

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COVID Research at the
CCHSRD and Faculty of
Medical Sciences

Virtual Symposium:
The Impact of COVID-19 on
Health Systems

'Human Resources for Health'
Priorities for Trinidad & Tobago

Building Institutional Capacity
for HPSR and Delivery Science
K2P Mentorship: Policy
Fellowship Module -
Beirut, Lebanon

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Evidence-Informed Decision-
Making - The Launch of an
Evidence to Policy
Fellowship Program**

Promoting a Culture of Evidence-Informed Decision-Making

The Launch of an Evidence to Policy Fellowship Program

- *Shelly-Ann Hunte*
Research Fellow, CCHSRD

Research evidence is the cornerstone of sound decision-making in the health sector. The COVID-19 pandemic is a reminder that health policies and decisions should germinate from the best available research evidence, even during emergencies ([WHO COVID-19: A coordinated Global Research Roadmap](#)).

CCHSRD continues to advocate for the use of the best available research evidence in health policy and health system decision-making; and in 2020, the Centre will launch its **Evidence to Policy Fellowship Program**.

The Evidence to Policy Fellowship Program is a key output of an umbrella Mentorship Programme that is led by the Knowledge to Policy Centre, Lebanon, and funded by the World Health Organization (WHO) Alliance for Health Policy and Systems Research (AHPSR). CCHSRD is one of five participating institutions.

The purpose of the Fellowship Program is to promote a culture of evidence-informed policymaking and practice by building the capacity of: Caribbean policymakers to find, appraise and use evidence in decision-making for the development and advancement of the health sector; and Caribbean health researchers to develop knowledge translation (KT) products and services and engage in uptake activities to support the policymaking process.

Benefits of participating in the Program include personal and professional development; the development/harnessing of skills needed to achieve research impact or to support evidence-informed policymaking; and the opportunity to bring new insights, approaches, skills, and networks to the Fellows' organizations.

The Launch of an Evidence to Policy Fellowship Program

The Program will run twice per year and is provisionally scheduled to commence in July 2020 with the selection of two mid-career professionals employed in the public health sector in Trinidad and Tobago, whose duties include health policymaking and/or system strengthening. The second cohort will comprise two researchers from Guyana/Suriname and is provisionally scheduled to start in November 2020.

Selected Fellows will participate in an onsite five-day training program that includes sessions on *the policymaking process; effective literature searching; priority setting process and criteria; writing an evidence brief for policy; and an introduction to KT products and services*. This face of face training will be followed by three months of virtual coaching and mentoring to support the development of a KT product or service selected by the respective Fellows.

After completing the Fellowship, the Centre will follow-up with the Fellows to encourage and support the implementation of the selected KT product or service, as well as to identify and document relevant changes that were realized in their institutions.

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CCHSRD
Caribbean Centre for Health Systems
Research and Development
Better Health Systems...Healthier Lives

**2020
EVIDENCE
TO POLICY
FELLOWSHIP
PROGRAM**

**CALL FOR
APPLICATIONS**

Application Deadline: June 5, 2020

APPLY NOW



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