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ST. AUGUSTINE CAMPUS
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”

Vol. 2 | Issue 3 | October 2020



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Editorial

Building Capacity for Evidence Informed Policymaking (EIP)

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EDITORIAL

The CARICOM Caribbean generally did a good job in managing the first wave of infections associated with the COVID-19 pandemic. Notably, [surveillance data](#) from The UWI's George Alleyne Chronic Disease Research Centre indicate that most countries have maintained low numbers of confirmed cases and deaths over the last six months. However, a few countries are being severely challenged by a second wave of infections, and a worrying number of COVID-related deaths. Research into these disparate outcomes can identify good practices, which can be shared regionally and with other Small Island Developing States (SIDS). As in other regions, the second wave was preceded by the relaxation of restrictions in order to ease the economic and social fallout, precipitated by lockdowns. While there is an expectation that these decisions are evidence informed, it is unclear whether this is always the case. That is, is policy making still being guided by the most up-to-date and relevant research? A comparison between Barbados and Trinidad & Tobago (TT) may be useful as both countries had introduced similar non-pharmaceutical interventions, except for border closure. TT was recognized for its [exemplary resilience](#) during the first wave and was seen as an international good practice in COVID-19 management. However, it seems to have lost its handle on the control of the pandemic.



The country now has widespread community transmission, despite its borders being closed since March with many citizens still stranded overseas. On the other hand, Barbados was able to suppress local spread of SARS-COV-2 infections over the last six months even though its borders remained open throughout. The recent [statements](#) by the World Health Organization regarding the strategic use of lockdowns, keeping up-to-date on the science and on getting the basics right are instructive and may, at least partly, explain these different outcomes.

There is also a need for more Caribbean research on how the various non-pharmaceutical interventions to control the pandemic may have resulted in increased inequities. In most countries, COVID-related restrictions have resulted in severe economic consequences including increased rates of unemployment. Unfortunately, it is society's most at-risk who are the first to be affected and they also experience the greatest impact. Education is a critical area where inequities are increasing. Schools have been closed since March in most, if not all, CARICOM countries. Classes have since resumed online but preparations for and implementation of this teaching modality have been associated with numerous challenges with neither governments, schools, teachers, students nor parents seemingly on the same page. While a few children may excel academically in this environment, those who required remedial work at the start of 2020 are now worse off and the number of children with such needs would

have also increased. There are many reasons for this, mainly underpinned by challenges in accessing the online classes and in receiving adequate levels of support from parents and teachers. This is a situation that needs urgent attention as these vulnerable children have already lost more than half-year of instruction and are likely to fall even further behind by the time they return to physical classrooms. There are also reports of other risks that children face due to inadequate home supervision and we must consider the impact of being away from their schools for this extended period on their psychosocial development.

In this Issue of the CCHSRD Newsletter, the articles address two main areas: sharing research evidence with key stakeholders for use in decision-making; and building the capacity of professionals in the health and other social sectors in evidence-informed policymaking (EIP). CCHSRD is particularly pleased to have launched its Evidence to Policy Training Programme, which has a strong mentorship component. This represents a critical change in our approach to capacity building for professionals involved in the policy making process. Early signs are that this method will produce good results. We also look forward to developing capacity in the wider social sector under the Rapid & Responsive Evidence Partnership. Although CCHSRD's work has focused on health systems, we are always reminded that in order to have sustainable success in improving health outcomes, we must also address the social determinants of health. Capacity development of our social sector colleagues in EIP is therefore critical.

It is important that decision makers receive research findings in an appropriate format. While researchers must publish their work in scientific journals to contribute to global knowledge, they also have a responsibility to share these findings with local stakeholders. The latter include policy makers, programme managers and care providers who we encourage to base their decisions on the best available evidence. The hosting of the Inaugural National Health Research Conference in Trinidad and Tobago is therefore of great significance. Similarly, the hosting of the Virtual COVID-19 Symposia and the research on the readiness of health facilities to manage COVID-19 have been playing a critical role in keeping our stakeholders informed of the most up-to-date and relevant research evidence, as they manage or work towards averting the second wave of the pandemic.

I trust that you will find the articles in this Issue of our CCHSRD Newsletter very informative.

Stay safe.

- Donald T. Simeon (Professor)

Director, Caribbean Centre for Health Systems Research and Development



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Building Capacity for Evidence Informed Policymaking (EIP): CCHSRD Welcomes Its Inaugural Fellows



Building Capacity for Evidence Informed Policymaking (EIP)

CCHSRD Welcomes Its Inaugural Fellows

- Ms Nikisha Headley
Clerical Assistant, CCHSRD

CCHSRD launched its Evidence to Policy Fellowship Programme on July 27th, 2020. The inaugural Fellows were mid-career professionals from the Ministry of Health (MoH) and the South West Regional Health Authority (SWRHA), Trinidad and Tobago. The Programme commenced with a 5-day onsite training during which lectures and practical exercises were delivered by the CCHSRD team and colleagues from the Knowledge to Policy Center (K2P), American University of Beirut. Dr Damian Francis, Assistant Professor, Georgia College, also delivered a guest lecture.

After a careful selection process, the chosen Fellows were required to select a priority topic, in consultation with officials at their institutions, for which evidence was needed to inform policy. The topics included *Providing Targeted Access to Sexual and Reproductive Health Services to Adolescents (MoH)* and *Improving Efficiency in the Health System to Address Overcrowding in Emergency Departments (SWRHA)*.

During the onsite training, the Fellows prepared an outline of an Evidence Brief for Policy (EBP) for their selected topic. To complete the development of their EBP for submission and



L: Ms Nikisha Headley (CCHSRD) assists Ms Jenise Tyson (MoH Fellow) during one of the on-site training sessions

R: Ms Lee-Ann Harper (SWRHA Fellow) completes a practical exercise during training

use by their institutions, the Fellows are being mentored by the CCHSRD team over a 3-month period.

The Centre's Fellowship Programme was designed in collaboration with the K2P Centre, a WHO-Collaborating Centre for Evidence-Informed Policy and Practice. The Programme provides a unique opportunity for Fellows to develop capacity to find, appraise, package, and use research evidence to inform decision-making. This includes the development of evidence briefs and other strategic products to support the policymaking process. A second cohort of Fellows will be hosted in early 2021.



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CCHSRD Joins the Rapid & Responsive Evidence Partnership

- *Prof Donald T. Simeon*
Director, CCHSRD

CCHSRD has formally joined the Rapid & Responsive Evidence Partnership (RREP). This is a project funded by the International Development Research Centre (IDRC) and the William and Flora Hewlett Foundation. Led by IDRC, it aims to strengthen the use of evidence in decision-making in the health and other social sectors.

Despite the widely acknowledged importance of using evidence in decision-making, public agencies in most low- and middle-income countries (LMICs) do not have systems with adequate capacity to effectively support such policymaking. The mandate of RREP is to enable participating organisations to identify appropriate tools and strategies to support evidence-informed policymaking in their countries. These should be timely and responsive; complement research evidence with citizen values and stakeholder insights; and strengthen systems towards making evidence use the norm.

RREP includes organizations, based in 11 countries, involved in supporting policymakers and other decision makers in the use of research evidence. Such support includes defining social sector problems and causes; framing options to address them; and identifying implementation considerations. The approach employed in the project is to pilot and iteratively refine approved tools to support evidence-informed policymaking across social systems. Critical mentorship is provided by WHO Collaborating Centres in the area of Evidence Informed Policymaking. Indeed, the project is benefitting from the experience and expertise of these organizations as well as the RREP participants as we test whether the mechanisms used in health systems such as rapid response services, stakeholder dialogues, and citizen panels, can be adapted and used by other social actors.

CCHSRD Joins the Rapid & Responsive Evidence Partnership

CCHSRD is excited to collaborate with its RREP partners to establish its Rapid Response Service whereby evidence briefs will be produced in response to requests from officials in the health and non-health social sectors for urgent evidence to support policy development. Such briefs are normally developed within 30 days but there will also be 3- and 10-day evidence syntheses.

In addition, RREP will facilitate the hosting of policy dialogues in which key stakeholders come together to identify evidence-driven solutions to urgent problems such as those related to the social sector's response to the COVID-19 pandemic.



CCHSRD also looks forward to hosting citizens' panels towards ensuring that civil society is able to contribute to the decision-making process in a structured manner. This is an area that urgently needs to be strengthened in the Caribbean.



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Preparedness of Primary Health Care Facilities in Trinidad & Tobago for COVID-19: Generating Evidence to Inform the Health System's Response

Preparedness of Primary Health Care Facilities in Trinidad & Tobago for COVID-19

Generating Evidence to Inform the Health System's Response

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

CCHSRD is leading a multidisciplinary team of researchers at The UWI, St. Augustine to conduct an assessment of the capacity of Primary Health Care (PHC) facilities to manage COVID-19 in Trinidad and Tobago. A comprehensive online COVID-19 PHC Health Facility Assessment tool, developed by Options Consultancy Services, was used for the investigation. The instrument was designed to measure facilities' preparedness for the management of COVID-19 and assessed human resources; information, education & communication (IEC); surveillance; triage & early recognition; diagnosis; isolation; case management; infection control & prevention; and logistics.

Senior healthcare representatives at 77 PHC facilities across the country completed the tool. Preliminary analysis of the data indicated adequate capacity to manage COVID-19 in areas such as human resources, IEC and surveillance.

However, there were areas to be strengthened including diagnosis, isolation and infection prevention & control. A full report that details the level of preparedness of each facility as well as recommendations for improvement will be presented to the Ministry of Health and the Regional Health Authorities.

This assessment was timely as the Ministry of Health had established a 'parallel health system' as one of its key COVID-19 containment strategies. This includes a separate arrangement at facilities to diagnose, manage and treat confirmed COVID-19 cases, that does not interfere with the routine provision of health services. The success of this strategy requires PHC facilities to be prepared for COVID-19 and have the necessary resources in place.



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COVID-19 Effects on Population Health in the Post-Lockdown Era

- Ms Kershelle Barker
Research Assistant, CCHSRD

The Faculty of Medical Sciences (FMS) and the CCHSRD held its second interactive virtual symposium on Sunday 21st June, 2020 to share timely information with its stakeholders. The theme was *COVID-19 Effects on Population Health in the Post-Lockdown Era*.

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 **Page 15** for Key Messages from the presentations)



COVID-19 Effects on Population Health in the Post-Lockdown Era

The following are the six panelists and summaries of their presentations.



Mr Winston Dookeran
Professor of Practice, Institute of International Relations, The UWI
Geopolitical Shifts in the COVID-19 World Order

COVID-19 is a catalyst for geopolitical shifts in the world order. The pandemic has been a “global political stress test”, capable of either establishing the resilience of economies, or questioning state capacity. COVID-19 could reverse global human development in terms of education, health and living status, and Small Island Developing States are particularly vulnerable.

Digitalisation would be the driver of globalisation’s next chapter. The success of the Caribbean response will depend on actions related to health diplomacy and finance.



Professor Gerard Hutchinson
Professor and Unit Lead for Psychiatry, FMS, The UWI
Fear and Stigma in the time of COVID-19

Fear and stigma are natural reactions to the pandemic, and to overcome it, we have to support each other. In pandemics, the fear of death guides people’s responses and has profound influences on behaviour, including denial and panic. Stigma - in the context of infectious disease - is an important component of people’s health-seeking and the way the general public responds.

We can combat fear and stigma through a therapeutic alliance - “to become empowered and resilient, to bring relief, engender recovery, and set the stage for rebuilding”.



Mr Adil Mohammed
Year 4 Medical Student, FMS, The UWI
The New Normal – A Student’s Perspective

Time away from the classroom means that students have more time for personal development, creative expression and to increase their environmental awareness. On the other hand, there are concerns about unemployment, increased uncertainty about the future, and the loss of holistic development as part of education. However, there is hope - students have shown tremendous solidarity and have formed alliances for social responsibility and humanitarianism as they weather the pandemic.



Professor Christopher Oura
Professor in Veterinary Virology, FMS, The UWI
What is the Potential for Future Zoonoses from Wild animals in T&T?

About 75% of new and emerging pathogens in humans come from animals, and around 60% of diseases are zoonotic. Since we have a lot of wildlife in Trinidad and Tobago, it is important to review the role of wild animals as a source of diseases in humans. Vectors that transmit zoonotic pathogens, and wildlife and domestic animals susceptible to zoonoses are present in T&T. There is also direct contact between wildlife and humans as hunting and the wild meat industry are very popular. To reduce risk, we must stop the illegal importation of wildlife, promote a safe and regulated hunting and wild meat industry, and practise active surveillance.



Professor Terence Seemungal
Professor of Medicine and Dean, FMS, The UWI
Coronavirus – A Second Wave?

A ‘Second Wave’ is a phenomenon of infections that can develop during a pandemic. The disease infects one group first, infections appear to decrease, and then increase in a different part of the population. In 1918 (Spanish Flu) and 2009 (H1N1), the second waves were larger than the first. We cannot stop a second wave entirely, without a vaccine. Most models suggest that relaxing of social isolation measures will lead to second waves, unless there is adequate testing, combined with contact tracing. In addition to COVID-19, we can also expect a second wave of NCD complications and deaths.



Dr Carlene Radix
Head of Health, Organization of Eastern Caribbean States (OECS)
Impact of COVID-19 on NCDs

In an [open letter to CARICOM Heads of State and Government](#), the *Healthy Caribbean Coalition* called for coordinated responses to threats presented by COVID-19, especially for persons with NCDs, as they are at increased risk of poor outcomes if infected. In the Caribbean and throughout the world, there have been disruptions in NCD services, and civil society organisations have stepped up in several ways such as strengthened telemedicine capacity, strengthened regional treatment and care networks, and increased advocacy on behalf of NCD patients.



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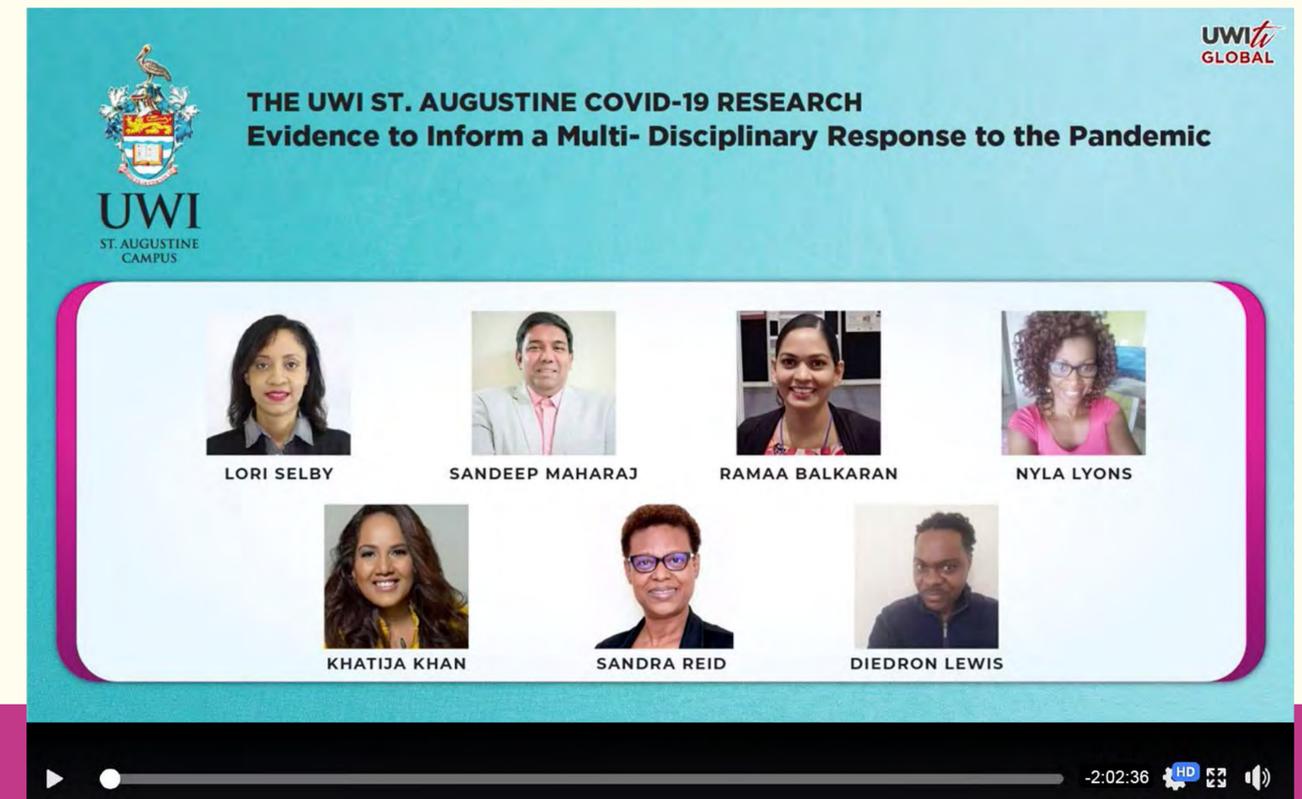
- *Ms Kershelle Barker*
Research Assistant, CCHSRD

The third interactive virtual symposium of the Faculty of Medical Sciences (FMS) and the CCHSRD was held on Thursday 3rd September, 2020. This symposium highlighted some of the COVID-19 research being conducted by staff of The UWI St. Augustine campus.

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?
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2020 NATIONAL HEALTH RESEARCH CONFERENCE

**“ADVANCING HEALTH RESEARCH
IN TRINIDAD & TOBAGO”**

November 19 & 20, 2020
2-DAY VIRTUAL CONFERENCE



JOIN US ONLINE!

The Faculty of Medical Sciences, The University of the West Indies; The Ministry of Health; The Tobago House of Assembly; Regional Health Authorities; The University of Trinidad and Tobago; and The University of the Southern Caribbean will be hosting the country's first National Health Research Conference on **Thursday 19th and Friday 20th November 2020.**

Experience the Conference via the exciting, innovative and interactive online platform:
HUBILO

The Conference will feature more than 30 Oral Presentations and a 3D Poster Hall with over 70 posters, highlighting indigenous research on COVID-19, Diabetes, Cancer, Cardiovascular Diseases, Mental Health, Oral Health, Veterinary Health, Health Systems and more.

Attendees will be able to set-up their virtual profile, including photos; visit the virtual speaker lounge; view live and pre-recorded sessions, participate in polls, Q&A and contests; visit the networking lounge, and network with exhibitors and sponsors.

Registration Fee:

- Delegates: \$200 TTD
- Students: \$100 TTD

For more info, visit <http://conferences.sta.uwi.edu/nhrc/>
or email 2020nationalconference@gmail.com

REGISTER NOW

Registration Deadline:
November 12, 2020



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