



CARIBBEAN CENTRE FOR HEALTH POLICY AND SYSTEMS RESEARCH

RETREAT REPORT

This report provides an account of the process, outputs and main outcomes of the stakeholder retreat held on November 6 -7 2017

RETREAT REPORT

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RETREAT REPORT

1. Background

A fact-finding visit conducted by Michael Clarke in February 2017 recommended the establishment of a Southern Caribbean Centre for Health Systems and Policy Research to focus on Trinidad and Tobago, Guyana and Suriname. His report suggested a wide range of areas for the Centre's research programme, such as, policy impact assessment; performance evaluation of Health Authorities; and research on primary prevention initiatives. To obtain buy-in and inputs from key stakeholders, Prof Clarke recommended a retreat as a critical first step on the way forward, on amongst other things, the scope, function, governance structure and sustainability for the establishment of the Centre. The University of the West Indies (UWI), Faculty of Medical Sciences (FMS), in collaboration with the Ministry of Health (MoH) and support from the Pan American Health Organization (PAHO), hosted a two-day retreat with key stakeholders, on November 6 – 7 2017, to review the current efforts addressing health policy and systems research in the Caribbean, explore international best practices in the area and obtain consensus on the way forward for the establishment of this Centre.

To inform and support the retreat, a Consultant was engaged to:

- i. Prepare pre-retreat reports to inform discussions and work group sessions. These reports were:
a) Review of Current Health Research Centres and Initiatives in the Caribbean; b) Review of Review of the Scope of International Centres for Health Policy and Systems Research; c) Needs Assessment Report
- ii. Facilitate the retreat by serving as the main moderator, coordinating sessions, and overseeing support personnel
- iii. Prepare a Final Retreat Report providing an account of the process, retreat outcomes, and a proposal for the establishment for the Centre.

Activities i) and ii) have been executed and all related outputs delivered. This report provides an account of the stakeholder retreat, which was held on November 6 – 7, 2017. It outlines the process facilitation methodology utilised; analyses the critical outputs emanating from work-group sessions; and presents the main retreat outcome, which is a Strategic Framework for the Centre. The strategic framework is presented as a stand-alone document, to facilitate easy incorporation in promotional and resource mobilisation activities.

2. Process Facilitation Methodology

The objective of the retreat was to obtain inputs from key stakeholders regarding the scope and strategy for the establishment of the Caribbean Centre for Health Policy and Systems Research. To support this objective, the three pre-retreat reports were circulated to the participants prior to the retreat. The retreat process was facilitated using a blended approach, which included presentations, plenary discussions and

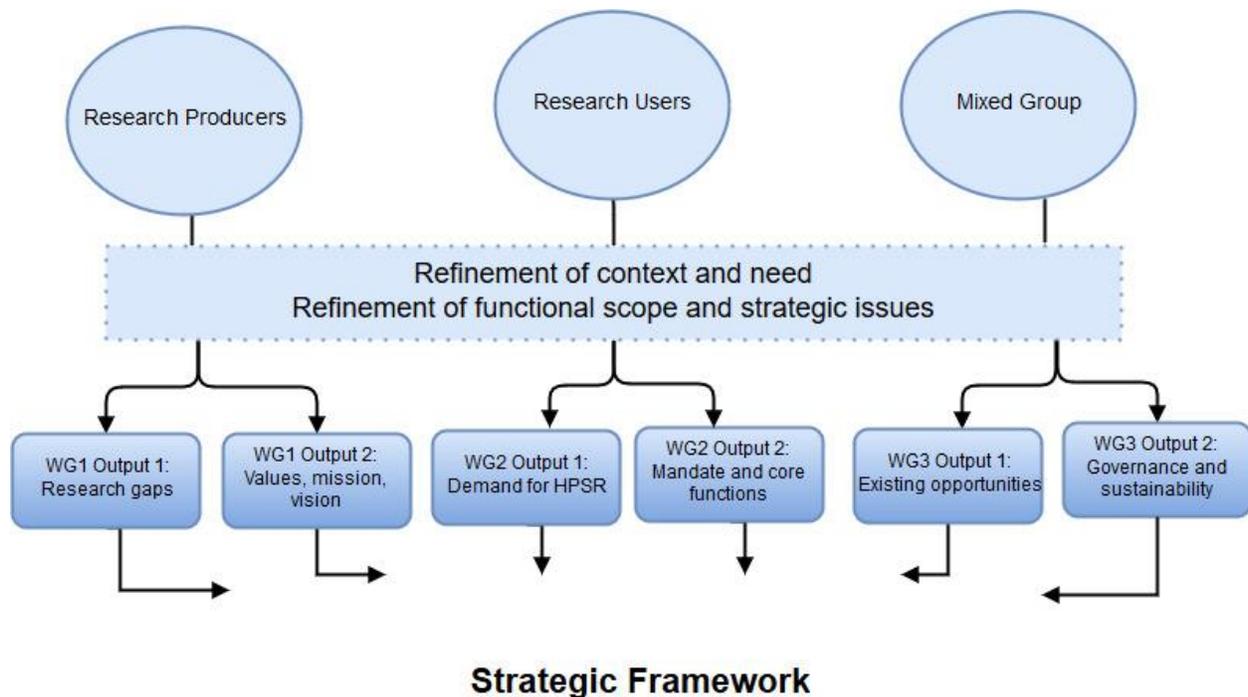
small to medium work-group sessions. This methodology allowed for clarification of issues and distillation of ideas for all participants.

The programme for the retreat is presented in Annex 1. The list of participants is detailed in Annex II. The overall retreat evaluation report is at Annex III.

3. Main Retreat Outputs

Two group sessions were used to refine the context and the need for the Centre; the Centre’s scope (mandate and core functions); and the related strategic imperatives (mission, vision, governance and sustainability). Participants were arranged into three work groups (WG) for each of these sessions. An attempt was made to homogenise the membership in the WGs according to role category—producers of research; users of the research; and a mixed group comprising users, representatives of regional agencies and partners. All groups were requested to consider the findings presented in the background documents, refine them and present the group’s collective conclusions. The work group process is illustrated in Figure 1. The main outputs from the work group are discussed in section 3.1 and 3.2 below. Copies of group presentations are provided in Annex IV.

Figure 1: Group Process, and outputs



3.1 Group Session 1: Refinement of the context and the need

3.1.1 Research gaps

The conclusions presented by WG1 corroborated the findings of the Needs Assessment. Potential niche areas for the Centre, that is, the health policy and systems research (HPSR) gaps that the Centre could fill were identified in the following areas:

1. Health systems research
2. Implementation Science (research to support the adoption of policies and practices that have been demonstrated to be effective)
3. Rapid response to knowledge/evidence needs
4. Research on the health policy making process
5. Policy impact assessment (research on policy outcomes)
6. Knowledge translation activities to policymakers and beneficiaries (community)

In addition to the above, WG1 also suggested three possible roles be ascribed to the Centre. Firstly, given that some existing research centres were currently involved in the conduct of research to inform policy, the WG suggested that the Centre could add value by playing a coordinating role. The concept of a policy consortium was therefore put forward, but not fully developed. Secondly, it was suggested that the Centre could play a part in linking or sharing data between regional research entities. Thirdly, the need for knowledge brokers to communicate research from academia to policymakers and to communities was explicitly recognised, and it was also suggested that the Centre could assume this role. It is important to note, however, that the knowledge broker function could be quite extensive, and generally includes activities beyond the communication of research findings.¹

WG1 noted three underlying factors that should be considered by the Centre in addressing the HPSR gaps:

1. Non-duplication: The methodological strengths and disciplinary mix of existing health research centres in the region should be documented so the niche area of the new Centre could be clearly identified.
2. Embedded research: Developing the Centre's research agenda should be done collaboratively with the Ministries of Health in the targeted countries. This would identify critical decisions to be made and define the research needed to address them.
3. Thematic research areas: Equity, knowledge translation, community empowerment and quality improvement were recognised as themes cutting across all health systems in the region.

¹ For a review of the functions and effectiveness of knowledge brokers, see: Catherine C. Bornbaum et al., "Exploring the Function and Effectiveness of Knowledge Brokers as Facilitators of Knowledge Translation in Health-Related Settings: A Systematic Review and Thematic Analysis," *Implementation Science* 10, no. 1 (December 2015), <https://doi.org/10.1186/s13012-015-0351-9>.

3.1.2 Demand for HPSR

The summary of deliberations presented by WG2, which was reflective of the users of research, also validated the findings of the Needs Assessment and complimented the presentation made by WG1. This group identified the following types of research and related services as being needed:

1. Health services research to improve efficiency and effectiveness in the healthcare sector
2. Health systems research to identify the best governance structure for health in the region
3. Support for Ministries of Health priority setting exercises
4. Response services to policy makers
5. Forums and dialogues with communities
6. Training in policy development

Like WG1, WG2 also presented key insights into potential roles and responsibilities for the Centre. These were:

- Knowledge sharing: It was felt that the Centre should play a role related to knowledge sharing through the provision of a regional repository of quality research studies.
- Promoting community engagement: The need for research outputs to impact the community was also raised by this WG and emphasised as a means to achieve behaviour change and improve health outcomes. WG2 suggested that the Caribbean Centre for HPSR should play a role in the democratisation of research findings. This issue was highlighted in the Needs Assessment Report, where it was noted as a specific concern of CARICOM.
- Understanding the contextual environment within which the Centre would operate, was seen as an important responsibility and required to ensure the effective delivery of services to users.

3.1.3 Existing opportunities that could be leveraged by the Centre

WG3 flagged several windows of opportunity that could be capitalised to support the establishment of the Centre and its ongoing work-programme. The existing opportunities noted were:

1. Health system restructuring: The WG recognised that health systems must engage in continuous change and innovation if they are to be resilient. The Centre's programme of work could therefore be built around restructuring activities taking place in Caribbean countries.
2. Capacity development for human resources for health: The requirement to build competencies to meet the needs for the conduct, use and uptake of research and policy among health professionals. The Centre for HPSR could therefore position itself as a Training Centre to meet these needs.
3. Sustainable Development Goals (SDGs): Each of the 17 goals in the 2030 Agenda for Sustainable Development has implications for health. Health in the sustainable development era therefore

requires a renewed focus on multi-sectoral action. It was felt that in shaping the Centre's research agenda, consideration could be given to facilitate the social determinants of health and as such the interdisciplinary Health in all policies (HiAP) approaches.

4. South-South cooperation: In advancing its research agenda, maximum use of existing networks and collaboration with countries, especially those in South America, should be explored and made.

The group noted the need for an evaluation framework (including indicators addressing ethics) for assessment of research and other outcomes from the Centre's activities to be developed upon its start-up.

Funding from UWI, Governments, research grants and consultancy fees were identified as possible sources of funding for the Centre. WG3 identified funding as the main challenge associated with the proposed establishment and sustainability of the Centre. Four (4) strategies to address funding challenges were advanced:

- To improve opportunities for research grants, research projects in low-income Caribbean countries should be targeted. This would necessitate removal of word 'Southern' from the proposed name of the Centre.
- Aligning the Centre's research agenda to the Sustainable Development Agenda and related priorities.
- Relentless pursuit of organisational efficiency, including the maximum use of technology to produce outputs with minimum waste.
- Pursuing a business model with multi-layered financing. Tier 1 could include fixed contributions from UWI, Governments (Ministries of Health and other Ministries) and partnering universities (University of Guyana and University of Suriname). Tier 2 could include fee-for-service. This would cover professional fees for services payable by benefiting countries or engagement of the Centre on a retainer basis. Tier 3 could include research grants and the fourth tier could include resource mobilisation from non-traditional, as well as new funding, sources such as philanthropies or the Caribbean diaspora.

In addressing financing challenges, WG3 emphasised the need to avoid predatory funding, such as research grants provided by pharmaceutical companies or other agencies, intended to promote a cause.

This means that care would have to be taken by the Centre to ensure that staff and Centre associates comply with policies on declaration of competing interest.²

3.2 Working Session 2: Addressing functional scope and strategic imperatives

3.2.1 Mission, vision and values

The mission proposed by WG1 for the Centre was ‘to generate and facilitate the use of evidence to empower countries to strengthen health systems and policy making processes and to enable greater equity in health.’ This statement is reflective of the proposals made in the Needs Assessment Report, which recommended the Centre should focus on research execution as well as research utilisation. The vision accentuated a world-class centre that is responsive to the changing environment. Suggested core values included:

- Excellence in all areas of operation
- Integrity
- Credibility
- Transparency
- Equity
- Innovative and solution driven
- Responsive to needs of stakeholders
- Inclusive- collaborative, social justice
- Ethics

3.2.2 Core functions

Participants in WG2 concurred with the list of functions outlined in the Needs Assessment Report. These were:

- 1.1 Research on operational issues of specific health programmes
- 1.2 Research on the operational and management issues related to the systems/structures for health care delivery e.g. regional health authorities in Trinidad and Tobago and Guyana
- 1.3 Implementation research for specific products or services
- 1.4 Quality improvement research
- 1.5 Research into the process of health policy making in the Caribbean
- 1.6 Health policy analysis (analysis of policy alternatives affecting the health system or the health of the public)
- 1.7 Health policy impact assessments

² Competing interest exists when authors’ interpretation of data or presentation of information may be influenced by, or may be perceived to be influenced by, their personal or financial relationship with other people or organisations.

- 1.8 Production and dissemination of research syntheses, briefs and other products to impact policy and systems
- 1.9 Response service for policymakers and health system leaders
- 1.10 Host deliberative forums to support health policy and health systems decision making
- 1.11 Training and development

Three additional functions were also proposed:

- 1.12 Research on specific health policy and systems problems identified by countries
- 1.13 Community engagement and outreach (different forum and dialogues with communities, and engaging communities in participatory research)
- 1.14 Research repository

Priority setting, the research repository and the convening of forums and dialogues were presented by WG2 as quick wins.

3.2.3 Governance structure

A relatively simple governance structure was proposed by WG3 for the Centre. Whereas it was recognised that the Centre's research programme would be interdisciplinary in nature, it was also agreed that the FMS would be the host Faculty and would therefore be responsible for managing the Centre. WG3 recommended an Advisory Committee to assist with goal setting (including the identification of priorities) and monitoring the achievement of strategic objectives. The suggested composition of the Advisory Committee was as follows:

- Research Institutions external to UWI - Guyana and Suriname
- Regional partners such as PAHO, CARPHA, Healthy Caribbean Coalition
- Ministry representatives
- Community representative or layperson, nominated by a civil society organization
- Representative from an international partner

4. Retreat Outcome – The Strategic Framework

The expected outcome of the two-day meeting was: 'agreement among partners regarding the scope of the Centre, including its values, vision, mission, purpose, governance and the broad strategy for its operationalisation'. This outcome was achieved and a strategic framework for the Centre has been developed, taking into account the findings from the Needs Assessment Report, the synthesised findings from the WGs, and the concerns raised by stakeholders during plenary. The strategic framework focuses on four key elements: vision, mission, goals and strategies and provides the answers to the why, what and how for the proposed Centre. The framework defines the strategic direction for the Centre and the approach to its work. The purpose of the framework is to provide structure to guide long-term planning for the Centre and it is presented as a stand-alone document to this Final Report.

5. Next Steps

At the close of the retreat, the following immediate next steps were presented and agreed upon:

1. Preparation of the Retreat Report
2. Preparation of Proposal for the establishment of the Centre with recommendation of the Faculty Board, Campus Academic Board and Campus Finance and General Purposes Committee to Campus Council
3. Further consultations with main Partners (University of Guyana, University of Suriname, Ministries of Health, Development Agencies such as the IDRC, IDB, PAHO/WHO)
4. Bilateral Partners meetings to accelerate implementation
5. A task force will be convened to take the process forward.

6. Annexes

ANNEX I - AGENDA

Southern Caribbean Centre for Health Policy and Systems Research

Stakeholder Retreat

Trinidad Hilton Hotel

November 6th – 7th, 2017

Goal:

To establish the Southern Caribbean Centre for Health Policy and Systems Research at the Faculty of Medical Sciences, University of The West Indies, St Augustine Campus, Trinidad and Tobago.

Objective:

To conduct a Stakeholder Retreat to obtain inputs from key stakeholders regarding the scope and strategy for the establishment of the Southern Caribbean Centre for Health Policy and Systems Research.

Expected Outcome:

Agreement among partners regarding the scope of the Centre, including its values, vision, mission, purpose, governance and the strategy for its operationalisation and sustainability.

Monday November 6th

8:00 am to 8:30 am

Registration

8:30 am to 9:20 am

Opening Ceremony

Remarks

Professor Terrence Seemungal, Dean, FMS, UWI

Dr. Rudolph Cummings, Programme Manager, CARICOM Secretariat

Dr. Bernadette Theodore Ghandi, PAHO/WHO representative,
Trinidad and Tobago

Address: Honourable Terrence Deyalsingh, Minister of Health, Trinidad and Tobago

TECHNICAL SESSION 1	DEFINING WHY - THE CONTEXT AND NEED
9:20 am to 9:40 am	Overview of Health Policy and Systems Research An Overview of Retreat Objectives and Day 1 Agenda Professor Donald Simeon
9:40 am to 10:00 am	A Public Health Research Agenda for Equity in the Southern Caribbean Professor Michael Clarke
10:00 am to 10:30 am	COFFEE BREAK
10:30 am to 10:55 am	Review of Current Health Research Centres and Initiatives in the Caribbean Professor Christopher Oura
10:55 am to 11:20 am	Review of the Scope of International Centres for Health Policy and Research Professor Rahul Naidu
11:20 am to 12: noon	Needs Assessment for a Health Policy and Systems Research Centre in the Caribbean Professor Donald Simeon
12:00 noon to 1:00 pm	LUNCH
WORKING SESSION 1	GAPS, NEEDS AND OPPORTUNITIES
1:00 pm to 2:45 pm	Group Work
2:45 pm to 4:15 pm	Plenary Summary of Day 1

Tuesday November 7th

8:00 am to 9:00 am

Recap of Day 1

Overview of Day 2 Agenda and Expected Outcomes

Dr Karen Pierre

9:00 am to 9:30 am

Overview of Mc Master Health Forum and Opportunities for Collaboration

Professor Kaelan Moat, Managing Director McMaster Health Forum

TECHNICAL SESSION 2

DETERMINING WHAT

9:30 am to 9:45 am

Southern Caribbean Centre for Health Policy and Systems Research:
Values, Vision, Mission

Ms Renee Franklin

9:45 am to 10:00 am

Southern Caribbean Centre for Health Policy and
Systems Research: Mandate and Core functions

Professor Christopher Oura

10:00 am to 10:30 am

COFFEE BREAK

10:30 am to 10:45 am

Southern Caribbean Centre for Health Policy and
Systems Research: Governance, funding/financing and
sustainability

Professor Donald Simeon

WORKING SESSION 2

STRATEGIC FRAMEWORK

10:45 am to 12:00 noon

Group Work

12:00 noon to 1:00 pm

LUNCH

1:00 pm to 1:45 pm

Group Work (cont'd)

1:45 pm to 3:15 pm

Plenary

THE WAY FORWARD – SOUTHERN CARIBBEAN CENTRE FOR HEALTH POLICY AND SYSTEMS RESEARCH

3:15 pm to 4:00 pm

Next Steps towards the Operationalisation of the Centre

Professor Donald Simeon

4:00 pm to 4:15 pm

Closing Remarks

Professor Terence Seemungal, Dean, FMS, UWI

Mr Richard Madray, Permanent Secretary, MoH

ANNEX II – LIST OF PARTICIPANTS

No	Name	Organisation	
1.	Minister of Health: Honourable Terrence Deyalsingh	Office of the Minister of Health	Trinidad and Tobago - Ministry of Health & RHAS
2.	Dr Vishwanath Partapsingh CMOH	Office of the CMO	
3.	Lawrence Jaisingh	Directorate of Policy, Planning and Research	
4.	Avion Bamodu	Medical Director Office; Health Programmes, Technical Support Services	
5.	Betty Ann Pilgrim	National Administration Nursing Services	
6.	SWRHA: Michelle Murray	CEO, SWRHA Representative	
7.	ERHA: Keston Daniel	Research Officer, ERHA	
8.	NWRHA: Magda Baksh	Research Officer, Policy, Planning and Research, NWRHA	
9.	SWRHA: Mohan Ramjit	General Manager Policy, Planning and Research, SWRHA	
10	NCRHA: Vernessar Cummings	Manager of Business Planning and Support, NCRHA	
11	NCRHA: Dr. Rodney Ramroop	Director of Health	
12	THA: Dr Agatha Carrington	Secretary for Health, Wellness and Family development	THA
13	TRHA: Dr. Ogonna Okeke	Rep, CEO, TRHA	
14	Prof Marshall Tulloch-Reid	CAIHR (Caribbean Institute for Health Research)	Regional and International Participants
15	Dr. Emanuel Cummings	University of Guyana	
16	Dr. Jack Menke	University of Suriname	

No	Name	Organisation	
17	Edith Tilon-Moore	Ministry of Health Suriname	
18	Dr Rudolph Cummings	CARICOM Secretariat	
19	Dr. Christina Howitt	Chronic Disease Research Centre (CDRC)	
20	Prof Michael Clarke	Advisor, Dean, FMS	
21	Prof Rainford Wilks	Dean's Research	
22	Prof Seeromanie Harding	Advisory Committee	
23	Maureen Matheson	Ministry of Planning	Trinidad based participants, External to UWI
24	Sharifa Ali-Abdullah	UNDP	
25	Dorri Agostini	IDB	
26	Dr Edwin Bolastig	PAHO	
27	Marina Hilaire-Bartlett	PSI-Caribbean	
28	Shelly Ann Hunte	CARPHA	
29	Dr. Andrea Yearwood	CARPHA	
30	Dr. Sonia Roache	President, Caribbean College of Family Physicians	
31	Dr. Mark West	President, TSOTT	
32	Dr Joanna Sooknanan	University of Trinidad and Tobago	
33	Prof Terrence Seemungal	Dean	
34	Dr Asha Pemberton-Gaskin	Department Clinical Medical Science (HOD)	UWI - MedSci
35	Dr Sandra Reid	Department Clinical Medical Science	
36	Prof Dilip Dan	Department of Clinical Surgical Sciences (HOD)	
37	Dr Patrick Harnarayan	Department of Clinical Surgical Sciences	
38	Dr Gershwin Davis	Department Para Clinical Sciences (HOD)	

No	Name	Organisation	
39	Dr Vijay Chattu	Department Para Clinical Sciences	
40	Dr Asha Pemberton-Gaskin	Department Clinical Medical Science (HOD)	
41	Prof Chidum Ezenwaka	Department Para Clinical Sciences	
42	Dr Rajiv Dahiya	School of Pharmacy, Director	
43	Dr Rian Extavour	School of Pharmacy	
44	Dr Sandeep Maharaj	School of Pharmacy	
45	Dr Oscar Ocho	School of Nursing, Director	
46	Prof Bharat Bassaw	Obstetrics and Gyneecology Unit	
47	Dr Kenneth Charles	Deputy Dean of Research and Graduate Studies	
48	Maureen Manchouk	Deans' Advisory committee	
49	Dr Charlene Roach	Department of Political Sciences	Faculty of Social Sciences
50	Dr. Hamid Ghany	SALISES (Director)	
51	Dr. Rajini Haracksingh	Department of Life Sciences	Faculty of Science and Technology
52	Prof Patrick Hosein	Department of Computing and Information Technology	
53	Dr. Salys Sultan	Department of Computing and Information Technology	
54	Dr Nigel Jalsa	Department of Chemistry	
55	Dr Donna Comissiong	Department of Mathematics and Statistics	
56	Dr Chris Maharaj	Mechanical and Manufacturing Engineering	Faculty of Engineering
57	Dr Keeran Ward	Chemical Engineering	
58	Dr Sean Rocke	Electrical and Computer	
59	Dr Korinne Louison	School of Education	Faculty of Humanities and Education
60	Dr Sa'eed Halilu Bawa	Senior Lecturer	

No	Name	Organisation	
61	Dr Marquitta Webb	Lecturer	Faculty of Food and Agriculture
62	Charmaine Metivier	Research Fellow	HEU
63	Dr. Christine Laptiste	Research Fellow	
64	Prof John Agard	Director	Office of Research
65	Cheryle Dubay-Tewarie	Manager, Research Funding and Business Development	
66	Prof Donald Simeon	Prof, Research & Biostats, FMS	FMS Research Centre Working Group
67	Prof Rahul Naidu	Prof, Dental Public Health, FMS	
68	Prof Christopher Oura	Prof, Veterinary Virology, FMS	
69	Dr Shalini Pooransingh	Epidemiology, Para Clinical Sciences, FMS	
70	Dr Karen Sealey	Executive Technical Advisor, MoH	
71	Renee Franklin	Senior Health Planner, MoH	

ANNEX III – EVALUATION REPORT

Report: Overall Evaluation of the Caribbean Centre for HPSR Stakeholder Retreat

The Stakeholder Retreat for the Southern Caribbean Centre for Health Policy and Systems Research was held at the Trinidad Hilton on the November 6th - 7th 2017. The retreat ran between the hours of 8am and 4pm and had a total of 59 participants on Day 1, and 55 on Day 2. Various presentations and activities engaged the participants over the days at the end of which, an evaluation form was filled out. Twenty-four evaluation forms were completed, reflecting a less than 50% response rate.

TABLE SHOWING PARTICIPANTS RATING RESPONSES:

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	MISSING
The objectives of the stakeholder retreat were clearly stated	11	13	0	0	0	0
The retreat met the defined objectives	8	13	0	0	0	3
The facilitators were well-prepared	16	8	0	0	0	0
The facilitators communicated effectively	15	9	0	0	0	0
The supporting documents provided were useful	9	13	1	0	0	1
Working group sessions were engaging and relevant	16	6	1	0	0	1
The retreat's programme of work was appropriate	12	10	2	0	0	0
Time scheduled was appropriate to meet the stated objectives	10	14	0	0	0	0
Overall, the sessions were effective	13	10	0	0	0	1
The retreat was well organized	16	7	0	0	0	1
The Meals/Break items were good	15	8	1	0	0	0
The venue chosen was suitable	17	5	1	0	1	0
Overall, logistics were good and went well	17	7	0	0	0	0

In general, the responses were positive with 96% of responses either agreeing or strongly agreeing with the corresponding fields. There were 6 Neutral responses and one negative response, which corresponded to the participant's opinion of the venue selected and its suitability. Of note, there were no negative responses relating to the programme's appropriateness and relevance. Responses concerning the documents provided and the preparedness and effectiveness of the facilitators were positive with the exception of 1 neutral response in respect of the supporting documents.

General Comments:

The Comments were generally on the extent to which participants enjoyed the retreat and were looking forward to the next steps. They commended the organisation and productive nature of the retreat. However, one comment noted: "It would have been better if more preparation could have been done for the working groups. Background documents were sent after 5pm on Friday before the meeting. These should have been sent earlier".

It can be concluded, as reflected in the table, that all participants agreed that the retreat's objectives were clearly stated and were met over the course of the 2 days.

ANNEX IV – PRESENTATIONS FROM WORK-GROUP SESSIONS

WORKING SESSION 1 WG1



Southern Caribbean Centre for
Health Policy and Systems Research
Stakeholder Retreat

Work Group 1a
Monday November 6, 2017

Review and consideration/deliberation of the findings of the background documents, with the aim of defining, agreeing and presenting on the gaps in respect of health policy and systems research in the region

HPSR gaps in the Region

- Methodological strengths and disciplinary mix of existing centres: need to be documented so we determine the niche of this centre
 - Potential niche: focus on health systems research; implementation science.
 - Other centres doing bits of policy: the role of this centre could be convening health policy consortium.
 - Rapid response to knowledge needs
- Assessment of impact of policy (process and outcomes)
 - National monitoring of inequalities; one potential way of measuring impact

HPSR gaps in the Region

- Need for knowledge brokers:
 - Communication: knowledge translation from academia to policymakers, also to beneficiaries (community level); charities
- Data sources: linked data between regional centres; informatics
- Digitalisation of data; ehealth

HPSR gaps in the Region

- Developing research agenda:
- MoH of 3 countries: identify critical decisions to be made; this defines the research required to underpin them.
- Cross-cutting themes: equity; knowledge translation; community empowerment; quality improvement

WORKING SESSION 1 WG2



Southern Caribbean Centre for
Health Policy and Systems Research
Stakeholder Retreat

Work Group 2a
Monday November 6, 2017

Review and consideration/deliberation of the findings of the background documents, with the aim of defining, agreeing and presenting on the need/demand side for outputs of a Centre for HPSR

Need for outputs of a HPSR Centre in the Region

- Training in policy development.
- Health services research, improve efficiency and effectiveness in the Healthcare Sector.
- The centre should understand the contextual framework within which it operates as to communicate its findings
- Research geared toward understanding the best governance structure for health in the region.
- Centre looks at progressive financing for sustainability

Need for outputs of a HPSR Centre in the Region

- The centre should be a repository of research excellence
- Create transdisciplinary research approach to gaining a global perspective on health and hence improve outcomes
- Research should inform primary healthcare allocations
- There should be the participation of the community in research
- The centre should focus on forums and dialogue with community

Need for outputs of a HPSR Centre in the Region

- Support Priority setting exercises
- Response services to policy makers.

WORKING SESSION 1 WG3



Southern Caribbean Centre for
Health Policy and Systems Research
Stakeholder Retreat

Work Group 3a

Monday November 6, 2017

Review and consideration/deliberation of the findings of the background documents, with the aim of defining, agreeing and presenting on opportunities for a Caribbean Centre for Health Policy and Systems Research

Outline (Business Plan)

- Operational Structure
- Funding
- Other Issues

Ownership of the Centre

- Part of the UWI?
- Independent
- Renaming of Centre – Removal of word southern.
- Inclusion of other low-income Caribbean countries – may help with funding.

Business Plan

- Who are the buyers/funders/investors?
- Expectations – What do we have to offer?
- “Pilotitis”- Sustainability
- Training Centre
- Human Resources for health

Operational Funding

- Piggy-backing on restructuring of health system
- Policy relevant research and world class research – bridge gap. This may lead to opportunities for funding.
- “Leaner” Model – Use of technology and available resources and data.

\$ Potential Funders \$

- Governments
- Universities involved
- Consultancy services
- Retainer fee
- Participating countries should pay a fee and get their own funding
- Non-traditional funding – philanthropists, the caribbean diaspora
- Agenda should be in line with SDGs – may help with funding.

- Collaboration with other South American countries eg Brazil, Chile. Possible problem may be change in government.
- Social return.

- Within MOH- MOH contracted UWI in past
- Health in all policies – interdisciplinary. Can get funding from other ministries depending on problem being investigated eg ministry of transport and car accidents
- RHAs have semi-autonomous budget
- Social Funding eg crowd funding.

Research

- Focus on need eg Haiti, Cuba, Dominica.
- Trinidad and Tobago may not attract much funding
- Predatory funding eg HIV. Need a clear research agenda as opposed to source of funding.

Thoughts

- Not alone!
- There is a network we can tap into.
- Need for a communications specialist to "sell" work of centre.
- Ethics department – source of funding and uses.
- Build evaluation strategies from Day 1.

WORKING SESSION 2 WG1



Southern Caribbean Centre for
Health Policy and Systems Research
Stakeholder Retreat

Work Group 1a
Tuesday November 7, 2017

Review and consideration/deliberation of the
recommendations of the background documents,
with the aim of defining, agreeing and presenting on
the key elements of the Centre's values, vision,
mission

Key elements of the Centre's MISSION

To generate and facilitate the use of evidence to empower countries to strengthen health systems and policy making processes and to enable greater equity in health.

- To empower SIDS- Small Island Developing States- to transform systems for health to meet the needs of their populations
- To strengthen health systems and policy making
- To strengthen the culture of evidence-based decision making
- A key strategy for improving health
- Aligning policy with systems, systems with policies
- Building capacity in the Region
- Greater equity in health
- Health for all- improved health
- Efficiency in delivery- communication, sharing
- Multidisciplinary sectors working together
- Develop policies that are driven by evidence- Tailored to our nations, population, changing/ different environments, innovation to deal with particular issues countries may have (contexture)
- Beneficiaries-
 - The Population
 - Researchers- Building their capacity
 - Policy Makers

Key elements of the Centre's VISION

- A World Class centre for driving synergy among policymakers, researchers and communities for optimal population health/ better health outcomes.
- For the Caribbean and similar geographic spaces- innovative, tailored
- Universal Health – equitable access
- Impact- Better health, better health outcomes
- Adds Value
- Responsive to the changing environment

Key elements of the Centre's VALUES

- Excellence in all that is done- research, training, staffing etc
- Integrity- A credible source
- Transparency- in the conducting of operations
- Equity- Equitable reach in service delivery
- Innovative and solution driven
- Responsive- to needs of stakeholders
- Inclusive- collaborative, social justice
- Respect- for all stakeholders, ethics
- Action oriented

WORKING SESSION 2 WG2



Southern Caribbean Centre for
Health Policy and Systems Research
Stakeholder Retreat

Work Group 2a
Tuesday November 7, 2017

Review and consideration/deliberation of the findings of the background documents, with the aim of defining, agreeing and presenting on the key elements of the Centre's mandate and core functions

Key elements of the Centre's mandate

- Mandate ????????
- ? Determined by Governments
- ? Determined by the Centre
- ? Determined by the Mission/Core functions

Summary Statement on Functions

- Build capacity in the region through research, knowledge translation, technical support and evidence-based capacity development

Functions

- Research execution
 - Agree with the list in the Needs Assessment Report (Executive Summary 1.1 – 1.7)
- Also add:
 - Research on health problems identified by countries

Technical* Service Delivery

- * Include technical to differentiate from delivery of healthcare services
- Priority setting
- Knowledge Translation
- Agreed with (2.1 & 2.3)

Consultancy services

- To provide professional services in any area that falls under the Centre's mandate

Training and Development

Community engagement and outreach

- Needs to clearly identify what community means

Low Hanging Fruit

- Name of Center
- Where will it be placed
- Easy wins/priorities
 - Priority Setting
 - Repository
 - Research Agenda
 - Forums and Dialogue

Key elements of the Centre's core functions

- Act as a knowledge broker
 - Knowledge translation
 - Capacity development
 -

WORKING SESSION 2 WG3



Southern Caribbean Centre for
Health Policy and Systems Research
Stakeholder Retreat

Work Group 3a
Tuesday November 7, 2017

Review and consideration/deliberation of the findings of the background documents, with the aim of defining, agreeing and presenting on governance systems to inform a suitable model for the Caribbean Centre for Health Policy and Systems Research

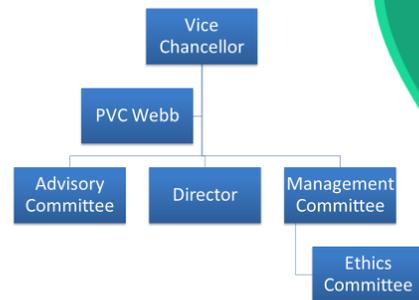
Outline

- ❖ Genesis of Centre
- ❖ Organisational Structure of Centre
- ❖ Role of Advisory Committee
- ❖ Membership of Advisory Committee
- ❖ Other thoughts

Proposed Genesis of Centre

- Start out of FMS
- But independent eventually
- Report to Vice Chancellor
- Arrangement among UWI, CARE and Chronic Disease Centre of Barbados
- Abide by UWI regulations

UWI then independent



Role of Advisory Committee

- Not a board of directors
- Watchdog Role – keep things on track.
Example did you fulfill your objectives?
- No decision on research

Advisory Committee Membership (initially)

1. Other Institutions external to UWI - Guyana and Suriname
2. Partners such as PAHO, ISCR, CARPHA, HCC
3. Ministry Representatives
4. Layperson – choice? Leader from civil society chosen by the centre's governing body
5. International Partner to lend knowledge and support initially. "Buyer" with connectivity to funding world.

Other thoughts

- Work in centre needs to be recognised within departments for promotion
- HAT Health Assessment Technology projects
- First project may be SDG for health, Health in All, Vision 2030
- Secondments between Ministries and Academia
- MPH students liasing with centre

- Exchange of staff within participatory countries
- New staff in FMS can work in centre to get training in research
- WHO framework of engagement with non-state actors (FENSA)