Reverse Research Day

Using Policy Priorities to drive Research for Health

Meeting Report

JULY 2022

Caribbean Centre for Health Systems Research and Development
2nd Floor, Sir George Alleyne Building
25A Warner Street
St Augustine,
Trinidad and Tobago

Reverse Research Day
Draft Meeting Report

July 2022

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BACKGROUND

The Ministry of Health (MoH), Trinidad and Tobago (T&T) collaborated with [Caribbean Centre for Health Systems Research and Development (CCHSRD)](#), Faculty of Medical Sciences, The University of the West Indies (UWI) to host T&T's first **Reverse Research Day** (RRD).

RRDs are very powerful mechanisms in facilitating the conduct of research that is relevant to decision-makers. They provide a forum where policy actors (policymakers, health planners, programme managers and civil society) can share their research needs with research and academic institutions.

Policy decisions are influenced by several factors including political interest, values, feasibility, cost, public health emergencies, institutional constraints, and research evidence. Research evidence is an important input in the policymaking process, as it is derived from systematic methods used to collect and analyse observations or to test interventions. Policymakers need access to robust evidence to make well-informed decisions. Evidence is needed to clarify what policies, services and programmes are needed, how to deliver the required services, the financial and governance arrangements needed to support new interventions and how to implement change[1]. As such, the RRD enabled policymakers, health planners, and programme managers to share their research needs to inform decision-making, and to engage in an Evidence Informed Policymaking (EIP) approach to address priorities[2].

The MoH is currently finalising their 2021 – 2025 Strategic Plan which includes the strategic pillars and priority areas listed below. The generation of research evidence linked to these Strategic Priority Areas (SPAs) is essential to inform decision-making at the Ministry.

STRATEGIC PILLAR	STRATEGIC PRIORITY AREA
1. Enabled Environment	Leadership & Governance
	Regulatory and System Government
	Strategic Alliances
2. Strengthened Health System	Human Resources
	Health Infrastructure*
	Medical Supplies Management*

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[1] Ref: SUPPORT Tools for evidence-informed health Policymaking (STP)

[2] EIP is an approach to policy decisions that aims to ensure that decision-making is well informed by the best available evidence.

STRATEGIC PILLAR	STRATEGIC PRIORITY AREA
	Digitalisation of the Health Sector
3. Health Service Delivery	Prevention Care & Treatment of Chronic Non-Communicable Diseases
	Prevention Care & Treatment of Communicable Diseases
	Mental Health & Wellness
	Maternal & Child Health
	Healthy Ageing*
4. Health Emergencies and Risk Management**	Health Emergencies Preparedness & Response
5. Diversification in Health	Medical Tourism

These SPAs were not addressed during the RRD as the MoH's current research needs were not provided.
** This Strategic Pillar was not addressed during the RRD as the MoH's current research needs were not provided.

The RRD was funded by the World Health Organization Alliance for Health Policy and Systems Research as part of the Building Institutional Capacity for HPSR and Delivery Science Project[3], a mentorship project led by the Knowledge to Policy (K2P) Center, American University of Beirut, Lebanon. The RRD was held on July 18, 2022, at Hyatt Regency Hotel, Port of Spain.

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[3] This project is funded by the World Health Organization, Alliance for Health Policy and Systems Research (AHPSR) and aims to develop sustainable institutional capacity for Evidence-Informed Decision-Making in Health in six mentee institutions. CCHSRD is the mentee institution in the region of the Americas.

OBJECTIVES OF THE REVERSE RESEARCH DAY

a) To share the research needs of policymakers with research organisations and academic institutions

b) To promote the generation of contextualised evidence needed by policymaking institutions and other policy actors

c) To strengthen the relationship between researchers and policy actors and foster new partnerships, as well as discuss guidelines for data mapping, data access, data use and authorship for publications

d) To outline the collaborative process for sharing lessons learnt from the Ministry of Health through publications

e) To generate research priorities that will inform the National Health Research Agenda

f) To strengthen the national health research culture

ACHIEVEMENTS

Increased sensitisation / awareness of the MoH's research needs
Forty (40) representatives from the MoH, Regional Health Authorities (RHAs), academic institutions, professional associations, and Civil Society Organisations (CSOs) participated in the RRD.

Increased awareness of the types of research being conducted at research organisations

Agreement on highest priorities

Research questions related to the top research priorities within each Strategic Priority Area

PROCESS AND OUTPUTS

Overview of Process

Focal points from the MoH delivered brief presentations on the Ministry's SPAs, following which working groups – comprising representatives from the MoH, Regional Health Authorities (RHAs), academic institutions, professional associations, and Civil Society Organisations (CSOs) – were convened to:

1. deliberate on the research needs within the SPAs
2. determine if there is existing relevant data and/or research evidence
3. develop research questions for the top priority research needs
4. brainstorm funding opportunities for research projects
5. establish collaborative teams and develop a follow up plan to prepare research proposals

Appendices I and II contain the meeting agenda and profile of the participants. The research priorities identified for each SPA are on pages 8 -15. For each table, the top three priorities are in bold.

Strategic Pillar 1: Enabled Environment
Strategic Priority Areas: **Leadership and Governance; Regulatory and System Government; Strategic Alliances**
Research Priorities

1. **Leadership in the context of a resilient, agile, and highly responsive public health care sector**
2. **The gaps of existing regulatory oversight/control required by the MoH**
3. **Policy reform and business process transformation**
4. Assessment of the regulatory framework in alignment with World Health Organization (WHO)
5. Assessment of the Ministry's role and mandate in alignment with its current functions, including best practices
6. Review of existing relationships (behaviours) between the different Inspectorates operating under different legislations
7. Assessment of the customer needs in the light of the regulatory services
8. Evaluation of RHA's operation and the alignment to their mandate and international standards
9. Assessment of the governance structure and the alignment of the vertical services[4] with national priorities.

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[4] Insect and Vector Control Division, Chemistry, Food and Drugs Division, T&T Public Health Lab and Drug Inspectorate

Strategic Pillar 2: Strengthened Health System
Strategic Priority Area: **Digitalisation of the Health Sector**
Research Priorities

1. **The use of Information & Communication Technology (ICT) to track and monitor patients with non-communicable diseases and other diseases/conditions**
2. **The use of digitalisation for better patient outcomes**
3. **The integration of public and private health care systems using ICT**
4. The use of ICT in the management of pandemics, disease control and prevention, and self-management
5. The use of ICT in managing the distribution and allocation of health sector resources towards improvement in health outcomes
6. Cost benefit and cost effectiveness analysis of the ICT implementation in the health sector
7. Perception of healthcare workers on ICT literacy, infrastructure, and implementation
8. Human Resources for Health (HRH) resistance to change related to ICT implementation
9. Barriers to and facilitators for telehealth (with a focus on HRH)
10. Security, confidentiality, interpretability, and standardisation in ICT implementation
11. Evaluation of ICT implementation
12. An assessment of ICT capacity to determine usage: (i) by Regional Health Authority (RHA); (ii) in public vs. private sector; and (iii) per service digitalised
13. An assessment of training needs in ICT literacy (basic and advanced, health informatics and data analytics)
14. The level of ICT usage/application within the public health care sector vs. "whole of government"

Strategic Pillar 2: Strengthened Health System
Strategic Priority Areas: **Human Resources; Institutional Strengthening for Health Systems Improvement**
Research Priorities

1. **Needs Assessment focusing on HRH capacity, resource allocation and utilisation**
2. **Public perception of the health institutions**
3. **Best practices / models that facilitate an integrated approach to strengthen health systems**
4. Audit of the services available in the public healthcare systems.
5. Assessment of the accreditation of institutions in both public and private health care systems
6. The impact of strategic plans on health systems strengthening
7. Health systems resilience for future pandemics

Strategic Pillar 3: Health Service Delivery
Strategic Priority Area: **Prevention, Care & Treatment of Chronic Non-Communicable Diseases**
Research Priorities

1. **Development of standardised clinical guidelines for NCDs treatment and management**
2. **The effect of Gestational Diabetes Mellitus (GDM) on risk factors (obesity), anthropometric measures (height and weight) and metabolic outcomes in children**
3. **The efficacy and effectiveness of medications (i.e., polypharmacy) used to treat and manage NCDs in the public and private health care sectors**
4. Assessment and streamlining of NCDs care at primary health care facilities
5. Evaluation of the NCDs Strategic Plan 2017
6. Morbidity and mortality of NCDs pre- and post-COVID-19
7. Re-engineering NCDs services in the public health care system
8. Establishment of a National NCDs surveillance system
9. The impact of the sugar sweetened beverages (SSBs) policy on childhood obesity
10. Evaluation of the HEARTS algorithm
11. Targeted multi-disciplinary and multi-dimensional interventions (addressing social and mental health issues) to treat and manage NCDs patients
12. Facilitators and barriers to COVID-19 vaccine uptake in NCDs patients

Strategic Pillar 3: Health Service Delivery
Strategic Priority Area: **Prevention, Care & Treatment of Communicable Diseases**
Research Priorities

1. **COVID-19 (lessons learnt, vaccine hesitancy and uptake)**
2. **Prevalence of emerging and re-emerging vector-borne diseases**
3. **Standardisation of a laboratory information system (LIS) within the healthcare sector**
4. Tuberculosis (TB)
5. Antimicrobial resistance (Methicillin-resistant *Staphylococcus aureus* (MRSA))
6. Sexually Transmitted Infections (syphilis)
7. An assessment of the healthcare system to respond to emerging infectious disease (e.g., Monkey Pox)
8. Evaluation of the response of the local health system to: detect; assess and report during a public health event (International Health Regulation 2005)
9. Surveillance of emerging and re-emerging infectious diseases
10. Evaluation of the impact of interventions (surveillance, materials, staffing) on the burden of communicable diseases
11. Assessment of the use and impact of the WHO/Centers for Disease Control (CDC) recommended strategies or guidelines (e.g., Geographic Information Systems (GIS) surveillance)
12. Guidelines for the prevention and treatment of communicable diseases
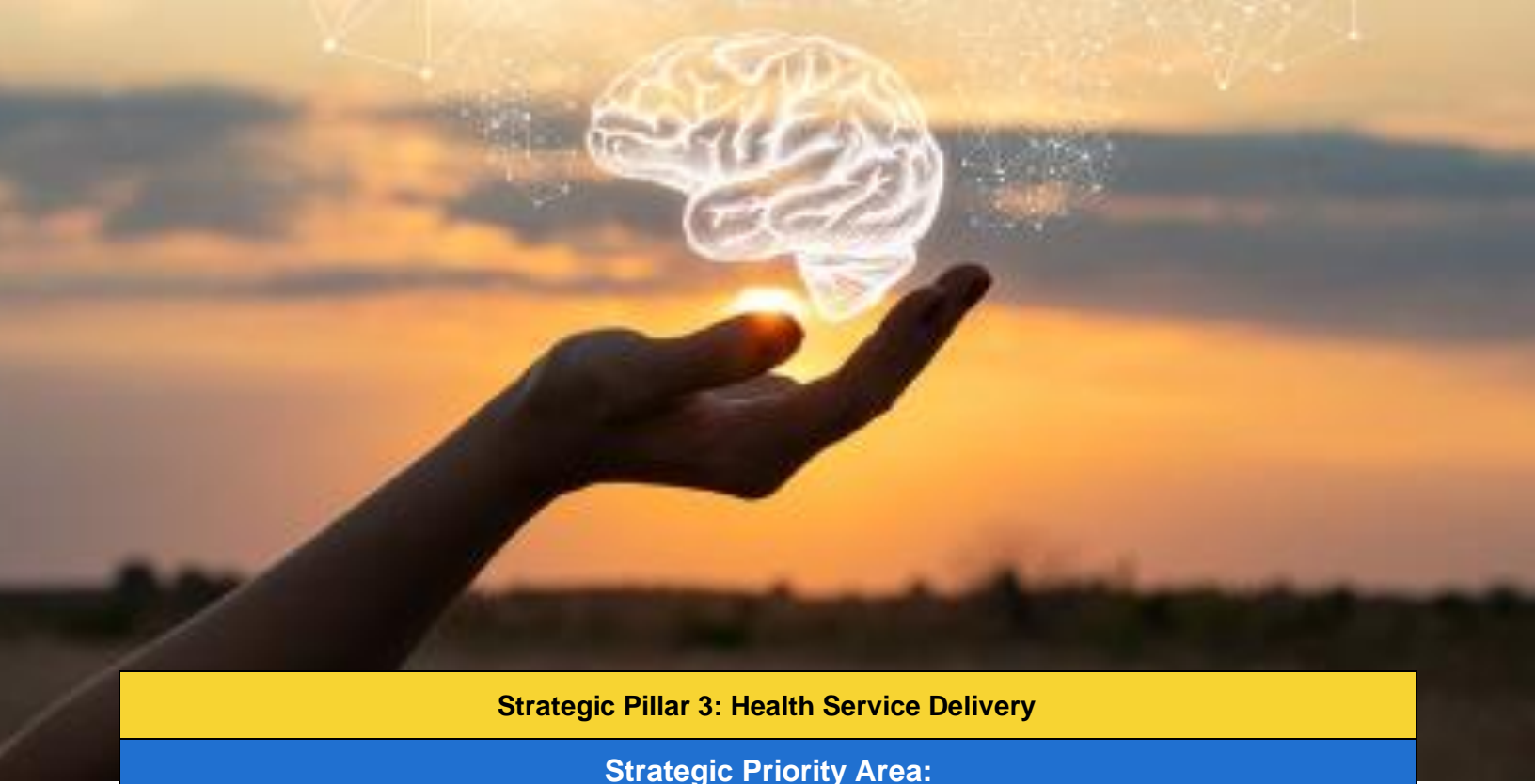
Strategic Pillar 3: Health Service Delivery
Strategic Priority Area: **Mental Health and Wellness**
Research Priorities

1. **National prevalence study and the risk factors for mental health disorders, including children and adolescents**
2. **Inpatient admissions associated with the decriminalisation of marijuana**
3. **Leading causes of self-harm or non-suicidal self-injury and resilience**
4. Substance abuse, including alcohol
5. Intellectual disabilities
6. Trauma (childhood trauma) and grief specifically related to dimensions of abuse, violence, natural disasters and impact throughout the life cycle
7. Effects of burnout and stress on the mental health of working and student populations (due to work or academic pressures) and coping mechanisms utilised
8. Relationship between the onset of stress and age
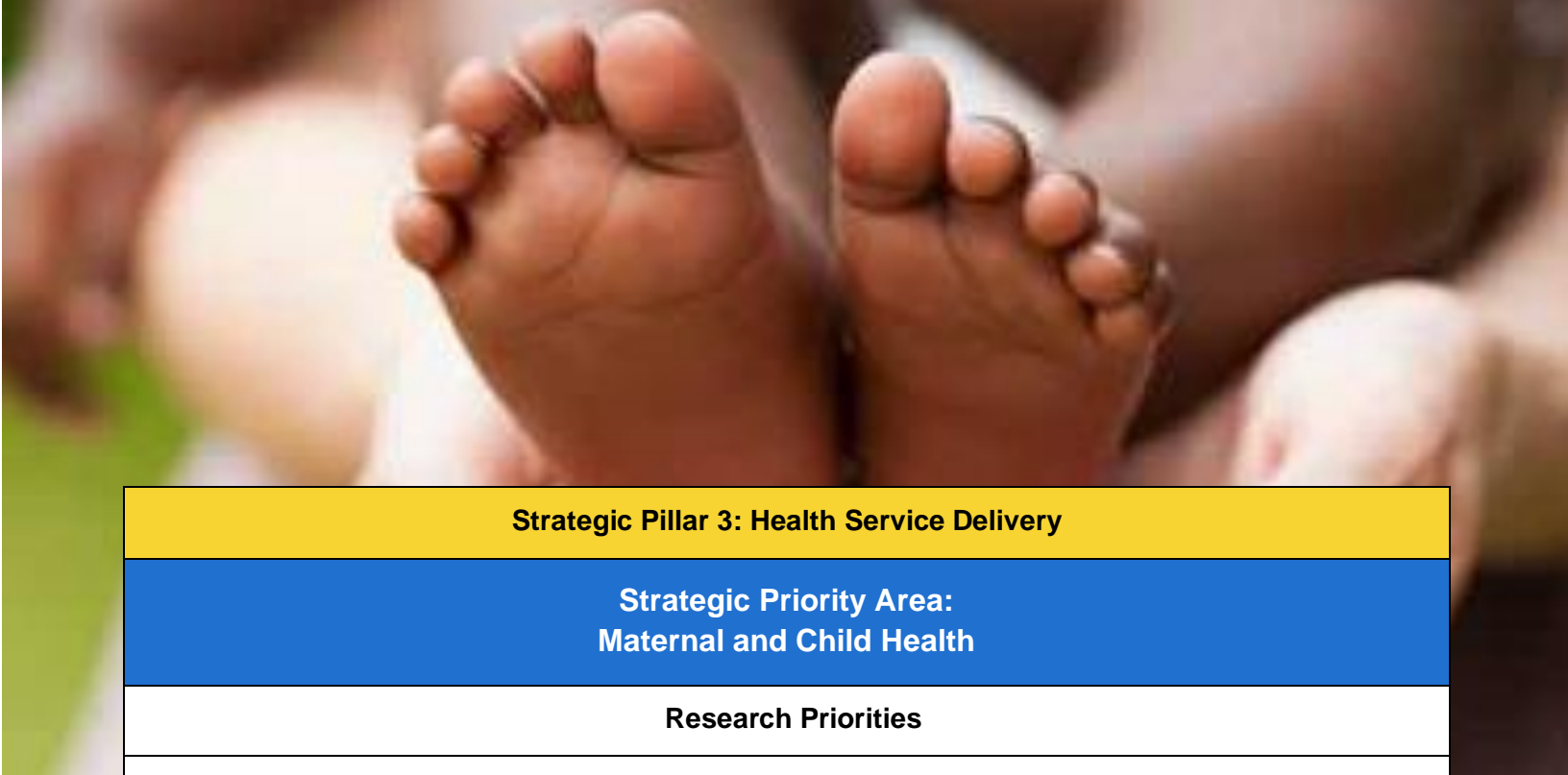
Strategic Pillar 3: Health Service Delivery
Strategic Priority Area: **Maternal and Child Health**
Research Priorities

1. **Factors to decrease maternal, perinatal, and new-born morbidity and mortality**
2. **Analysis of "near miss" obstetric cases**
3. **Assessment of obstetric adverse events and recommendations for improvement**
4. Causes of infant (<1 year) and child (<5 years) mortality
5. Special healthcare needs in children and adolescents
6. Elimination of mother to child transmission of HIV and syphilis
7. COVID-19 in pregnancy: effects on maternal and neonatal outcomes
8. Prematurity and pre-term birth
9. The dynamics of contraceptive use
10. Environmental exposures associated with reproductive and developmental outcomes
11. Drug and alcohol use during pregnancy
12. Prevention of unintended pregnancy and sexually transmitted infections (STIs)
13. Obesity among reproductive-aged women
14. Breastfeeding and complementary feeding
15. The association between growth and development and obesity in infants and children
16. Prevalence of inherited diseases
17. Autism and developmental disabilities
18. Reproductive care for girls and women with disabilities
19. Cervical, endometrial, and ovarian cancer
20. Social and commercial determinants of health
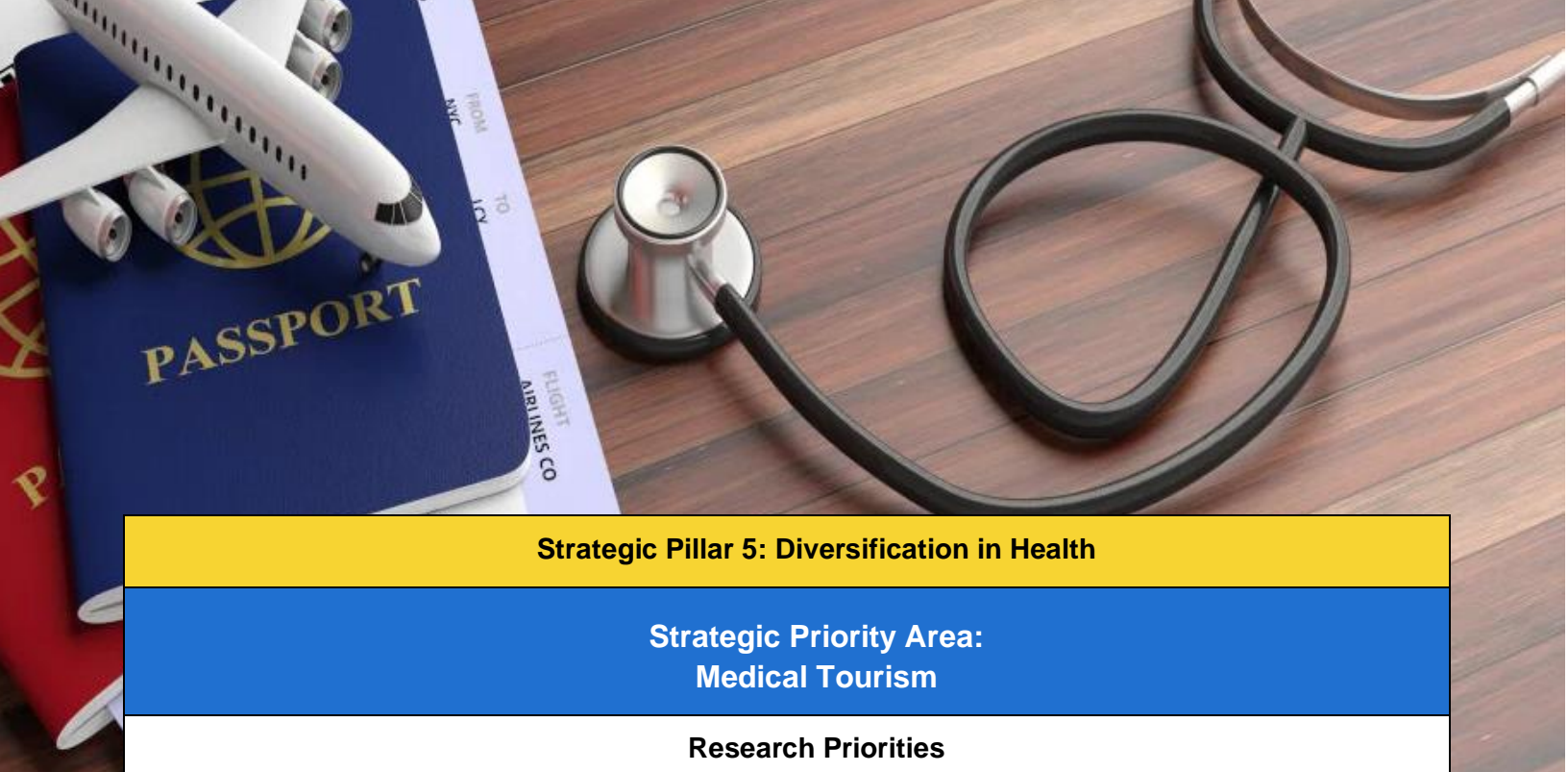
Strategic Pillar 5: Diversification in Health
Strategic Priority Area: **Medical Tourism**
Research Priorities

1. **Assessment of medical tourism services and procedures offered regionally and their associated costs**
2. **Medical tourism in T&T in both the public and private sectors**
3. **Readiness of universities and tertiary institutions in T&T to provide medical tourism education**
4. Readiness of T&T's public healthcare institutions to provide medical tourism services and procedures
5. Readiness of Couva Medical and Multi-Training Facility as a tertiary/quaternary referral hospital for medical tourism
6. Readiness of Tobago for medical tourists post-receipt of health care
7. Areas of competence for medical tourism consumption
8. Improvement of public perception of healthcare institutions in T&T
9. Assessment and streamlining of the available medical tourism services
10. Standardisation of medical tourism services and their comparison within the region
11. Case studies of the current medical tourism services, including an assessment of best practices (e.g., Tobago's dialysis system)
12. Cost comparison of private sector health care services in T&T and other countries in the region

NEXT STEPS

1. The majority of the working group members for each SPA agreed to develop at least one **research proposal** to address the most urgent research need of the MoH.

    a. Continued participation in the working groups is voluntary.

    b. CCHSRD will liaise with working group members and coordinate all subsequent meetings, scheduling the first meeting during the month of September.

2. The research priorities shared at the RRD will be used to inform the **National Health Research Agenda**. The main steps are listed below:

    a. CCHSRD will conduct mapping of the relevant stakeholders and the National Health Research System.

    b. Other organisations (RHAs, academic organisations, CSOs, etc) will be invited to add their research agendas/ priorities to the list generated for each SPA.

    c. Stakeholders will be invited to rate the research priorities using the following criteria: **relevance**, **appropriateness**, **feasibility**, and **impact of the outcome**.

    d. In the last quarter of 2022, a formal consultation will be held with key stakeholders to validate the final National Health Research Agenda (process and resulting list of research priorities) and discuss plans for dissemination, adoption, and implementation.

ASSESSMENT OF RRD EVALUATION FORM
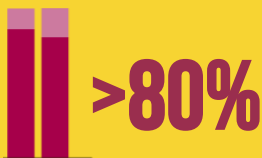
Of the 30 participants who completed the Evaluation Form (response rate – 75%):

- All participants indicated that the Reverse Research Day (RRD) was engaging.
- 55% of the respondents stated that the RRD successfully met their expectations while 45% indicated that their expectations were partially met.

The majority of the participants stated that the RRD was:
- worth their time (97%);
- good/excellent overall (93%); and
- neither too short nor too long (duration) (90%).

The majority of the participants (97%) agreed/ strongly agreed that:
- the objectives of the RRD were clearly stated; and
- the working group session was useful and productive.

Ninety-three percent (93%) of the participants indicated they are interested in attending the next iteration of this event.

More than 80% of the participants agreed/ strongly agreed that:
- the RRD provided them with an opportunity to network (87%); and
- the design of the RRD was effective in meeting the objectives (83%).

More than 75% of the participants agreed/ strongly agreed that:
1. they were assigned to a working group that is best aligned to their discipline (80%);
2. the working group session provided a better understanding of the research undertaken at other organisations (77%); and
3. they have a better understanding of the research needs of the MoH (77%).

Forty-three percent (43%) of the participants agreed/ strongly agreed that the content on the MoH's Strategic Priorities was new to them.

See Appendix III for additional details.

97%

>80%

>75%

"content was new to me"

Below are a few of the comments submitted via the Evaluation Form.

" Great initiative. A lot still needs to be done in conducting relevant policy driven research. This is a great first step. I applaud the efforts of the team.

" This working model has enormous potential to transform health care services nationally.

" It was very interesting and a step in the right direction to actually get to make an impact on policy development.

" Following this, I hope that a database of collaborative projects can be set up with the opportunity for persons to join research that they are interested in supporting.

APPENDIX I: REVERSE RESEARCH DAY AGENDA

July 18, 2022
9:00 AM – 3:30 PM

Jade, Sapphire, and Ruby Rooms
Hyatt Regency Hotel

OBJECTIVES

- To share the research needs of policymakers with research organisations and academic institutions
- To promote the generation of contextualised evidence needed by policymaking institutions and other policy actors
- To strengthen the relationship between the researchers and policy actors and foster new partnerships, as well as discuss guidelines for data mapping, access and use, and authorship for publications
- To outline the collaborative process for sharing lessons learnt from the Ministry of Health through publications
- To generate research priorities that will inform the National Health Research Agenda
- To strengthen the national health research culture

AGENDA

9:00 – 9:05 AM	**Welcome**	Prof. Donald T. Simeon
9:05 – 9:15 AM	**Opening Remarks**	Prof. Terence Seemungal
9:15 – 9:25 AM	**Opening Remarks**	Mr Lawrence Jaisingh
9:25 – 9:35 AM	**Contextualised Evidence for Decision-Making**	Ms Racha Fadlallah
9:35 – 9:50 AM	**Overview of MoH Strategic Plans**	Mr Lawrence Jaisingh
9:50 – 10:00 AM	**Overview of Reverse Research Day**	Prof. Donald T. Simeon
10:00 – 10:35 AM	**Presentations on Strategic Priority Areas**	Focal Points, MoH
1. Diversification and Medical Tourism Strategy		Dr Stewart Smith
2. Digitalisation of the Health Sector		Mr Ryan Ramcharan

3. Prevention, Care and Treatment of Chronic Non-Communicable Diseases		Dr Anushka Bissoon
4. Prevention, Care and Treatment of Communicable Diseases		Dr Roshan Parasram

10:35 – 10:55 AM	**BREAK**	

10:55 – 11:30 AM	**Presentations on Strategic Priority Areas**	Focal Points, MoH
5. Maternal and Child Health		Dr Adesh Sirjusingh
6. Mental Health and Wellness		Dr Hazel Othello
7. Regulation, Leadership and Governance		Mr Lawrence Jaisingh
8. Institutional Strengthening for Health Systems Improvement		Dr Stewart Smith

11:30 – 11:45 AM	**Key Strategies for Successful Research Collaborations**	Dr Rohan Maharaj
11:45 AM – 12:00 PM	**Overview of Breakout Sessions**	Prof. Donald T. Simeon

12:00 – 1:00 PM	**LUNCH**	

1:00 – 3:00 PM	**Breakout Sessions**

Objectives:

- To deliberate on the research needs of the Strategic Priority Areas
- To determine if there is existing relevant data and/or research evidence
- To develop research questions
- To brainstorm funding opportunities
- To establish collaborative teams and develop follow-up plans

3:00 – 3:30 PM	**Wrap Up and Next Steps**	Prof. Donald T. Simeon

APPENDIX II: PROFILE OF PARTICIPANTS

Table 1 below presents a profile of the RRD participants.

Organisation	RRD Participants
Ministry of Health (MoH)	1. Mr Ryan Ramcharan 2. Dr Anushka Bisoon-Putnam 3. Dr Vishan Seetahal 4. Dr Adesh Sirjusingh 5. Dr Hazel Othello 6. Mr Farz Khan 7. Ms Anesa Siboo 8. Ms Zobida Khan-Mohammed 9. Mr Lawrence Jaisingh 10. Ms Zada Mohammed
The University of the West Indies (The UWI)	1. Professor Dilip Dan 2. Dr Shalini Pooransingh 3. Professor Rohan Maharaj 4. Dr Jeffrey Edwards 5. Dr Shane Khan 6. Dr Sandra Reid 7. Professor Gerard Hutchinson 8. Ms Marsha Ivey
University of Trinidad and Tobago (UTT)	9. Dr Karen Pierre 10. Dr Samantha Glasgow 11. Dr Amalia Hosein 12. Ms Amanda Carrington 13. Ms Carol Anne Stephens
University of the Southern Caribbean (USC)	14. Mrs Phyllis Woolford 15. Ms Paula Valley-Thom 16. Ms Sadia Moore 17. Dr Glenda Hinkson 18. Mrs Jean Alexander-Waldron
Eastern Regional Health Authority (ERHA)	19. Dr Rajiv Bhagaloo 20. Dr Chidiebere Ezeanya

Organisation	RRD Participants
North Central Regional Health Authority (NCRHA)	21. Dr Keisha Gangaram 22. Dr Chavin Gopaul
North West Regional Health Authority (NWRHA)	23. Ms Carolyn Heeraman 24. Mr Vivek Maharaj 25. Mr Adrian Mulraine
South West Regional Health Authority (SWRHA)	26. Ms Krystal Richardson 27. Ms Joanna Maharaj 28. Dr Sandi Arthur
Tobago Regional Health Authority (TRHA)	29. Mr Simon Wiltshire 30. Mrs Michelle Edwards-Benjamin 31. Mrs Simone Reid-Des Vignes
Pan American Health Organization (PAHO)	32. Dr Erica Wheeler 33. Dr Paul Edwards
National AIDS Coordinating Committee (NACC)	34. Dr Ayanna Sebro
Trinidad and Tobago Medical Association (TTMA)	35. Dr Marisa Nimrod
Trinidad and Tobago Registered Nurses Association (TTRNA)	36. Ms Elizabeth George
Trinidad and Tobago Association of Nutritionists and Dietitians (TTANDI)	37. Ms Natalia St. Louis
The Diabetes Association of Trinidad & Tobago (DATT)	38. Ms Andrew Dhanoo
Trinidad and Tobago Association of Psychologists (TTAP)	39. Ms Wendy Jeremie
Mamatoto Resource & Birth Centre	40. Ms Debrah Lewis

APPENDIX III: ADDITIONAL EVALUATION DATA

Participants' responses (n=30) to the question,
"To what extent do you agree with the following statements?"

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
	n (%)				
The objectives of the Reverse Research Day were clearly stated.	14 (47)	15 (50)	0 (0)	1 (3)	0 (0)
The design of the Reverse Research Day (presentation, working group sessions) was effective in meeting the objectives.	9 (30)	16 (53)	5 (17)	0 (0)	0 (0)
The content on the Ministry of Health's Strategy Priorities was new to me.	1 (3)	12 (40)	5 (17)	8 (27)	4 (13)
I have a better understanding of the research needs of the Ministry of Health.	11 (37)	12 (40)	3 (10)	3 (10)	1 (3)
I was assigned to a working group that is best aligned to my discipline.	13 (43)	11 (37)	3 (10)	3 (10)	0 (0)
The working session was useful.	17 (57)	11 (37)	1 (3)	1 (3)	0 (0)
The working session was productive.	15 (50)	14 (47)	0 (0)	1 (3)	0 (0)
The working session provided a better understanding of the research undertaken at the organisations.	9 (30)	14 (47)	6 (20)	1 (3)	0 (0)
The Reverse Research Day provided me with an opportunity to network.	10 (33)	16 (53)	2 (7)	2 (7)	0 (0)
I am interested in attending the next iteration of this event.	19 (63)	9 (30)	2 (7)	0 (0)	0 (0)