



MINISTRY OF HEALTH

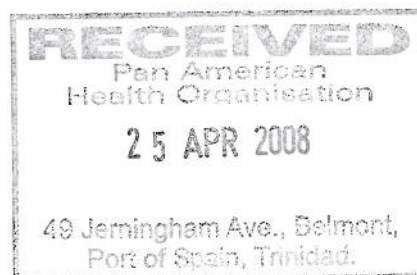
Government of the Republic of Trinidad and Tobago

OFFICE OF THE PERMANENT SECRETARY

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April 25, 2008

Dr. Carol Boyd-Scobie
PAHO/WHO Representative
Trinidad and Tobago
49 Jerningham Avenue
Port of Spain



Dear Dr. Boyd-Scobie,

Re: EVIPNet Application of Intent (AOI) - Revised

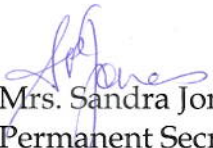
The Ministry of Health would like to thank the PAHO for favourably considering the Ministry's initial Application of Intent for the establishment of an EVIPNet in Trinidad and Tobago. The valuable comments provided, aimed at further strengthening our proposal, were positively received.

These comments have been included in the attached revised AOI which is now being resubmitted for your final approval.

The Ministry sincerely hopes that the revised AOI will receive your final approval and looks forward to a positive response and moving on to the implementation phase.

Thank you in advance for your kind consideration.

Regards,


Mrs. Sandra Jones
Permanent Secretary

PWR-TRT	
TO: HSA	DATE: 25.4.08
CC:	
ACTION:	
INFO:	FILE:
FILE REF: TRT-HSP-010-28	
DEADLINE:	

www.health.gov.tt

63, Park Street, Port of Spain, Trinidad. T: (868) 627-0010/12/14



EVIDENCE BASED POLICY Network
(EVIPNet)

APPLICATION OF INTENT (AOI)

SUBMITTED BY:

THE MINISTRY OF HEALTH

TRINIDAD AND TOBAGO

APRIL 15, 2008.

1. Application Lead Contact

Information on the application lead contact is provided below.

Name:	Mr. Earl Henry
Job Title:	Policy Development Specialist
Employer:	Ministry of Health Trinidad and Tobago
Address:	63 Park Street, Port-of-Spain Trinidad.
Phone:	868-627-0012 ext.524 Mobile: 868-734-8167. Fax: 868-624-8570
E-Mail:	earl.henry@health.gov.tt

2. Overview of Health Care System

The health care system in Trinidad and Tobago consists of the public health care system, the private health care systems and Non-Governmental Organizations (NGOs). However, the responsibility for the system as a whole, public, private and NGOs, ultimately lies with the Ministry of Health as reflected in its vision.

*“The Ministry of Health is a **proactive** institution that makes sound **evidence-based decisions** to assure standards of excellence are achieved by **all agencies** that promote, protect and improve the health of the people of Trinidad and Tobago.”*

The Ministry is currently engaged in a transformation process and is actively strengthening its capacity for evidence-based decision making in keeping with its vision. The establishment of an Evidence Based Policy Network (EVIPNet) in Trinidad and Tobago will not only facilitate the availability of timely and credible evidence for use in decision and policy making with respect to the development of various programmes and service delivery systems but also help the Ministry achieve its vision.

The public health care system in Trinidad and Tobago is totally funded by the government and is comprised of the Ministry of Health and five (5) semi-autonomous Regional Health Authorities, (RHA). The executive management of the Ministry of Health consists of the Minister of Health, Permanent Secretary, Deputy Permanent Secretary, Chief Medical Officer and the technical heads of the various units. The executive management of the RHA is comprised of a Board of Directors, Chief Executive Officer (CEO) and the various technical heads. The CEO of each RHA reports to respective Board of Directors and the Chairman of each board reports to the Minister of Health.

The primary focus of the ministry is on its governance role comprising financing, policy setting, research, planning, regulating and monitoring and evaluating the health care system. However, the ministry is also involved in the delivery of targeted national programmes through its vertical units. The RHAs are responsible for the delivery of primary, secondary and tertiary level care through a network of health care facilities strategically located throughout the country.

The private health care system is comprised primarily of independently owned and operated health care facilities located primarily in the urban and sub-urban areas of the country. Each facility is required to have a license to operate which is issued by the Ministry of Health. The ministry can also mandate that these privately owned facilities adhere to established national policies and regulations. Persons needing care are free to access the public, private or both systems to satisfy their health care needs.

The health care system in Trinidad and Tobago serves the entire population of approximately 1.3M people as well as visitors to the islands primarily from other Caribbean islands, North and South American and Europe. The strength of the system lies in the fact that the public system is free and easily accessible. The policy of the government is that every citizen or resident who presents himself/herself for care at one of the strategically located public institution should be assessed and treated by qualified health care professionals in a facility equipped to meet the needs of the patient.

Work is currently being done on the establishment of a National Health System whereby a pre-determined basket of services will be offered through a network of public and private institutions free of charge to all citizens and residents. However, evidence to inform the decision on which disease conditions should be included in the basket of services is not readily available. This gap in evidence represents an opportunity which can be addressed through the establishment of an EVIPNet. The implementation of the National Health System will provide the population with added benefits to complement the existing benefits available through the Chronic Disease Assistance Programme (CDAP) which provides free pharmaceuticals for several chronic diseases.

Although it is the intention of the government to provide quality health care services to meet the needs of the population, one of the major challenges in meeting this goal is the availability of evidence with respect to the actual health needs of the population to guide decision making and policy making. Evidence such as that provided by a health needs assessment is not readily available to inform the decision making process. Additionally, mechanisms to harness the outputs of research evidence is not well developed resulting in a very small percentage of this type of evidence reaching policy makers and decision makers. However, the ministry has engaged the services of a consultant to conduct a health needs assessment and plans to develop and implement a governance structure for the Essential National Health Research Council (ENHRC) to function as the focal point for harnessing research evidence.

Another challenge of the health system in Trinidad and Tobago is the migration of health care professionals, such as doctors, nurses, administrators and allied health professionals creating a shortage of health care professionals in the country. Doctors, nurses, and pharmacists are being recruited from the Philippines, Cuba, Nigeria, India and other Caribbean islands to help meet the demand. However, evidence related to the strategic human resource needs of the sector is not readily available to guide the decision making and policy making processes. The ministry is currently working with PAHO to conduct a complete analysis and assessment of the health workforce needs to assist the ministry in its strategic workforce planning.

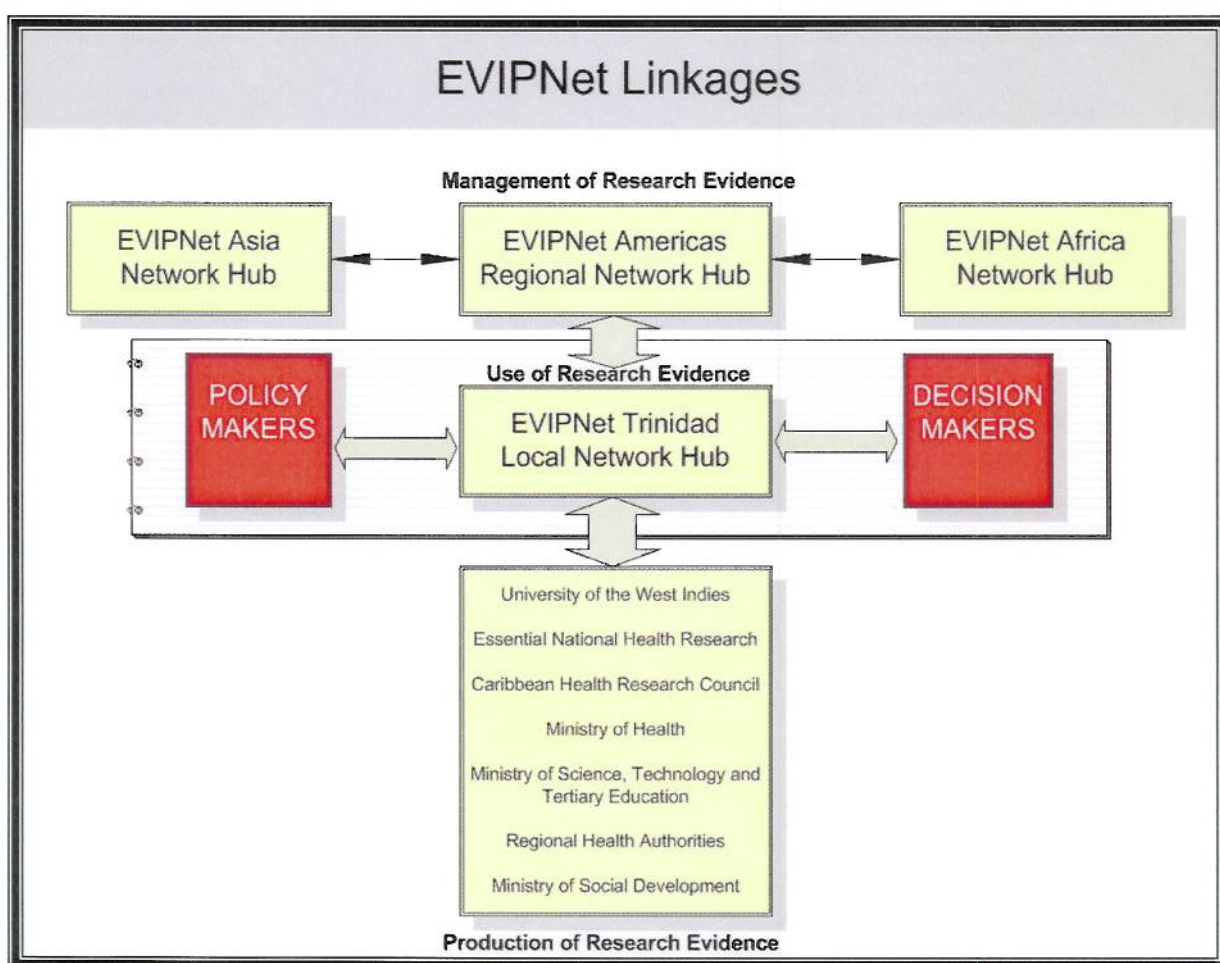
As Trinidad and Tobago continues to develop, so too does the health care system guided by the health sector reform programme and other initiatives. Part of this development includes the construction and commissioning of new health facilities. As a result, decision makers and policy makers are faced with the decision on where to locate new facilities, what type of facilities to construct and what are the most appropriate technologies to use in commissioning the facilities. Evidence to support these decisions is not readily available to the decision makers. This also

presents an opportunity for the proposed EVIPNet to produce evidence in support of these decisions.

3. Concept

One of the major elements of the proposed concept for EVIPNet is the integration of the collective efforts of the producers of research through the local hub and then to the regional hub. Notably, the main feature of the concept is its agency orientation. Figure 1 provides a graphical illustration of the “Agency” concept for EVIPNet in Trinidad and Tobago. In this regard, the expertise and other resources of the producers of research flow into, or are harnessed by, the Network for influencing the decision making and the policy development process. This configuration conceives of the Network as the *hub or secretariat* triggering research initiatives, shaping the uptake of research by users and, ultimately, influencing policy and the decision-making process. The creation of this hub and the coordination of these major producers of research will serve to enhance the linkages between producers and users of evidence.

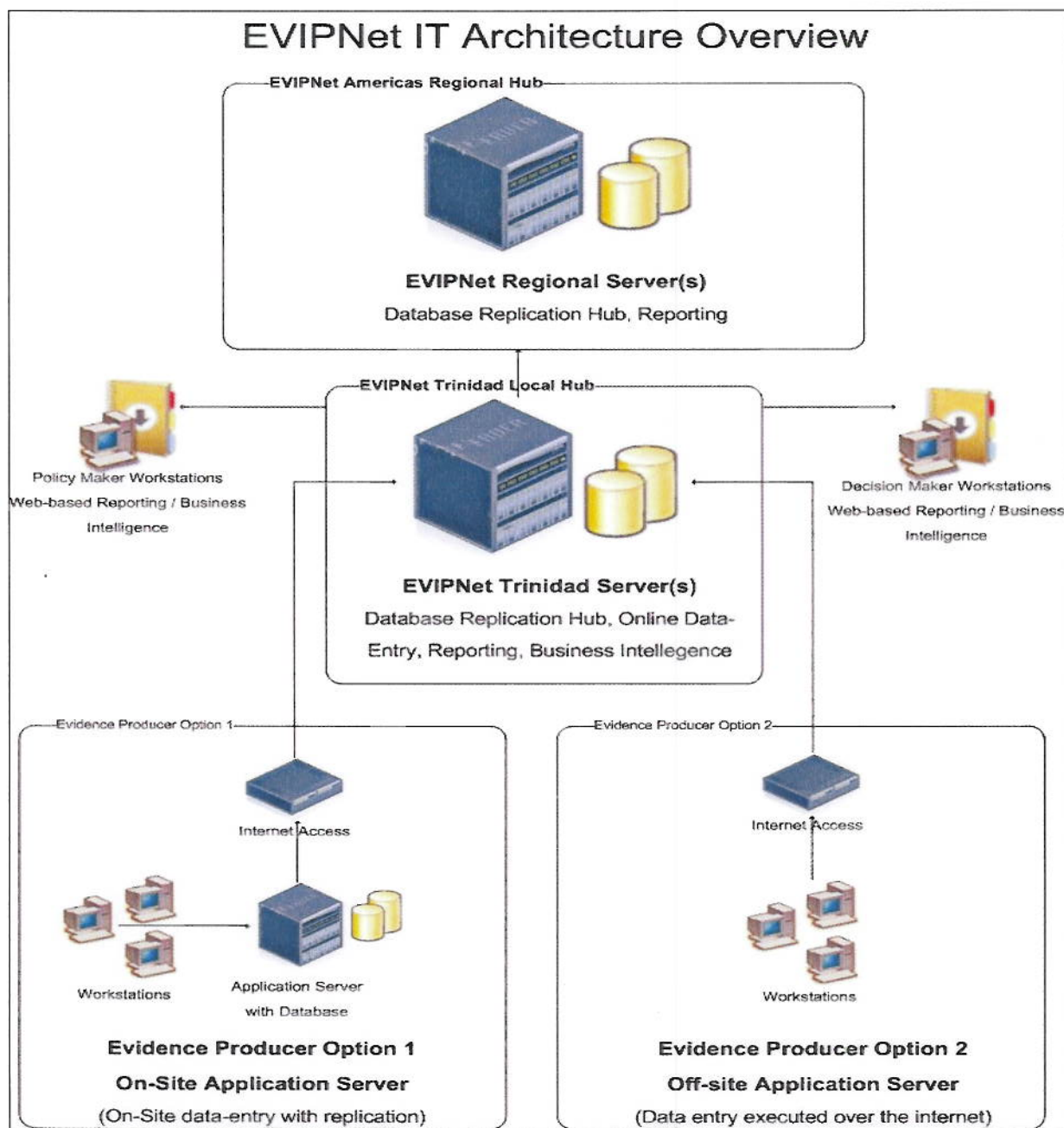
Figure1: Concept of the EVIPNet in Trinidad and Tobago



The **Primary Objective** of the proposed network is to foster research activity and knowledge transfer that will have a direct impact upon policy formulation and decision making in the health sector of Trinidad and Tobago.

The **Secondary Objective** of the proposed network is to establish collaborative linkages between and among the producers of research and the users of research evidence.

The proposed IT network to support this concept is shown in Figure 2.



Evidence producers posted their outputs to the EVIPNet Trinidad Data Center where it is “filtered,” combined and warehoused. Evidence producers have two options for submitting data based on their anticipated data entry throughput. Lighter throughput producers may log on directly to the EVIPNet Trinidad Data Center Extranet for data entry, while producers with heavier, specialized data entry requirements will have their specialized applications located in-house with nightly updates. The “filtered” information is then referred to the EVIPNet Regional Network Hub in the specified format for further assessment, “filtering” and warehousing.

The proposed services to be provided by the EVIPNet will be implemented using a phased approach. Table 1 provides the details of the various phases.

Table 1: EVIPNet Scope of Services

<i>Phases</i>	<i>Major Services</i>	<i>Details of Proposed Services</i>
Phase One (1)	Fostering awareness and utilization of Evidence	<ol style="list-style-type: none"> 1. Host meetings with decision makers and policy makers to outline the goals and objectives of EVIPNet and how it can help them; 2. Identify who are the champions of the project to the users of research; 3. Develop common understanding of what constitutes evidence; 4. Provide examples of how evidence can be used in decision and policy making and the benefits of having the evidence readily available; 5. Obtain feedback from users of evidence on the specific type of evidence is required and in what format.
Phase Two (2)	Develop Linkages	<ol style="list-style-type: none"> 1. Develop matrix of users of evidence and producers of evidence; 2. Develop partnerships and/or linkages with research agencies; 3. Host meetings with users of evidence and producers of evidence to build mutually beneficial relationships, to learn about each other and to share priorities; 4. Develop strategies to link research to policy and action and ensure that research products are relevant to the needs of policy and decision-makers; 5. Develop and implement knowledge brokerage activity to fit the diverse needs of decision makers, policy makers and other key stakeholders.
Phase Three (3)	Capacity Building	<ol style="list-style-type: none"> 1. Provide training for policy makers and decision-makers aimed at enhancing users’ capacity to acquire, assess and apply evidence; 2. Host breakfast or lunch time sessions for the executives to present cases which highlight the benefits of incorporating evidence in the decision making or policy making process; 3. Host training in research methodologies and systematic reviews; 4. Host training in the synthesis of knowledge throughout

<i>Phases</i>	<i>Major Services</i>	<i>Details of Proposed Services</i>
		the various stages of the research process.
Phase Four (4)	Agenda Setting	<ol style="list-style-type: none"> 1. Facilitate the process of priority and agenda setting with key decision makers, policy makers and researchers. 2. Support the production of new health research initiatives based on identified gaps. 3. Develop and present policy briefs to raise issue awareness 4. Advocate for the introduction of incentives for the effective use of evidence in decision and policy making.
Phase Five (5)	Timely Access to credible evidence	<ol style="list-style-type: none"> 1. Act as a filter for research evidence submitted to the network to be uploaded to EVIPNet Americas. 2. Widen access to research evidence through electronic and print formats. 3. Provide one-stop shopping for optimally packaged systematic reviews, policy briefs and evidence summaries that are of a high quality. 4. Create studies which are relevant to the health policy agenda and the health care system.

The target population for the network will include the following:

1. The executive management of Ministry of Health consisting of the Minister of Health, Permanent Secretary, Deputy Permanent Secretary, Chief Medical Officer and the technical heads of the various units.
2. The executive management of the RHA comprising the Board of Directors, the Chief Executive Officer (CEO) and the various technical heads.
3. The executive management of private health care institutions,
4. The Board of Directors of NGO's and independent and institutional researchers.
5. The Ministers and executive management of non-health ministries such as the Ministry of Social Development, Finance and National Security (Immigration).

Credible evidence will be provided to the target population based on the outputs of meetings with policy makers and decision makers. These meetings will be specifically designed to develop a common understanding of issues and priorities with respect to the health system and health service delivery and the evidence requirements to address the priority issues. Health system and health service delivery issues which may be addressed include the following:

1. Health System financing;
2. Human Resource Planning;
3. Health Technology Assessment;
4. Revision of the National Drug Formulary
5. Chronic non-communicable diseases

This will also be reinforced by reviewing the goals set by the Government of Trinidad and Tobago to achieve developed country status by the year 2020, the **Millennium Development Goals** as well as Trinidad's commitment under the **Caribbean Co-operation in Health (CCH III)** which identifies the following priority areas of collaboration; HIV/AIDS, Chronic Diseases and Mental Health.

Possible Sources of evidence to support the EVIPNet currently exists in the following entities in Trinidad and Tobago:

- Government departments and agencies;
- Public Health care system including vertical services;
- Higher education and research institutes/laboratories;
- Private non-profit organizations;
- Private for-profit enterprise or industry including private practitioners;
- International research and development sponsors or partners;
- Non-Governmental Organizations.

These institutions possess the capacity to produce useful research which can be harnessed through the EVIPNet. However, training will be required to build capacity to acquire, assess and adapt research evidence and present it in a user friendly format.

4. Location

The initial catchment area for the EVIPNet will include all of Trinidad and Tobago with a population of approximately 1.3 million people. This catchment area was selected because the Ministry of Health as well as local policy makers, decision makers and researchers have pledged their support for the project. The network will initially be set up in Trinidad and Tobago and as the network becomes more established the catchment area will be widened to include other interested Caribbean islands.

The network will be hosted at the head office of the Ministry of Health where it will be managed by the Ministry's Directorate of Health Policy, Research and Planning. This location also makes IT management support readily available and facilitates easy communication between researchers, policy makers and decision makers within the ministry. In addition, linkages will be established with the Virtual Health Library (A collection of scientific and technical health information sources in the region) and the web site of other government ministries to facilitate easy access to available evidence.

5. Development Plan

Once the Application of Intent has been accepted and Trinidad and Tobago identified as a location for establishing EVIPNet, the core team will meet to develop a governance structure as well as to initiate preparation of the implementation phase application. Various committees will be established to ensure that the tasks required for implementation of the network are completed and to identify the gaps in skills and resource requirement.

Resources within the team with respect to research, advocacy, management capacity, networking skill, organizational arrangements and structure will be determined and complimented with related information from a recently concluded assessment of the National Health Research System of Trinidad and Tobago. Team members will then be added to complement the existing skills of the core team as well as to ensure that there is representation from various stakeholder groups such as the University of the West Indies (UWI) and Non-Governmental Organizations (NGO). Training opportunities for team members will also be identified to build capacity in areas such as systematic reviews. The Caribbean Health Research Council would continue to play a lead role in building research capacity.

Following team building and training, plans will be developed to facilitate consultations with all the relevant stakeholders i.e. policy makers, researchers, health care providers, professional groups, NGOs, other government ministries and information and IT specialists. These consultations will take the form of a one day workshop involving producers of evidence. Meetings with policy makers and decision makers will also be initiated with the objective of establishing what they consider as barriers to the use of evidence in their daily routine as well as to identify and agree on priority areas where there are evidence gaps. Once this is answered, their responses will be utilized to develop strategies to address each barrier and gap identified.

The location of the EVIPNet at the head office of the Ministry of Health and the proposal that it be managed by the Ministry's Directorate of Health Policy, Research and Planning, facilitates direct access to the priority setting mechanisms and outputs of the ministry. Included in the EVIPNet team are at least five senior employees on the Ministry of Health who will be involved in the priority setting exercise of the ministry; one such person is the Policy Development Specialist who has direct responsibility for ensuring that national policies are drafted based on the national health policy agenda developed by the ministry. The mechanism employed by the ministry therefore will inherently become a major component of the priority setting mechanism of the EVIPNet team with the added benefit of virtually zero resource allocation.

The EVIPNet team will also examine available national and regional plans, the epidemiological profile of the country as well as international obligations resulting from treaties and conventions signed by the government in a preliminary effort to establish consistency between the priorities of the decision makers and those outlined in these documents.

There also exist a functional Essential National Health Research (ENHR) Council in Trinidad and Tobago, which comprises several government ministries and NGOs. The Ministry of Health is currently giving consideration to the establishment of a governance structure for the ENHR Council. Interfacing with the ENHR Council could provide an access point to the EVIPNet team and provide the means for engaging a significant stakeholder group.

Critical to the success of the EVIPNet is a robust IT network, therefore consultations with the IT personnel will be conducted very early to ensure that the hardware, software and other resources required for the physical network are determined. The government as well as the Ministry of Health is currently engaged in the development of a very robust IT network. This current work provides the possible opportunity for the IT requirements for the EVIPNet to be integrated into this project. Additionally, the physical space required to house the network will be determined at an early stage as well as the technical and data entry staffing requirements to maintain the network.

The output of the ministry's priority setting process including its strategic plan and business plans, the outputs of the consultations with users and producers of evidence as well as the

literature reviews will constitute the priority setting mechanism for the EVIPNet team. It is critical that the team selects a project with a high possibility of success to build credibility for the network, to demonstrate the usefulness of EVIPNet as well as to build the confidence of policy makers and decision makers in using EVIPNet.

In order to enhance the sustainability of the network, sources of funding must be secured for the medium and long term. Consequently, a “Funding Committee” will be proposed and assigned the task of sourcing additional funds for the network. Early identification of possible funding sources as well as commitment of funds from donors will ensure the sustainability of the network.

6. Integration and Partnerships

Although there are a number of entities involved in research in the catchment area, they are not well organized as there is very little coordination or collaboration between these research entities, policy makers and decision makers. Consequently, very little “evidence” is used in the decision making process. The proposed EVIPNet will provide the coordination mechanism necessary to bring policy makers, decision makers and researchers together as well as to increase the use of evidence in decision and policy making.

A National Health Research System Assessment was conducted recently by the Essential National Health Research (ENHR) Council of Trinidad and Tobago in collaboration with PAHO/WHO and the MOH in an effort to provide evidence to support recommendations for the strengthening of the Health Research System (HRS). It was envisioned that this could promote the development and implementation of more evidence-based decision making for health policies, programmes and practice. Among the recommendations from the study were:

1. Trinidad and Tobago should initiate a process of national health research policy development in line with regional efforts and the national development policy, Vision 2020. Particular priorities should be:
 - Formalizing governance and management mechanisms for the system;
 - Establishing a formal priority setting process for health research;
 - Capacity building in research utilization within the MOH.
2. Ministry of Health should have a key role in the governance and management of the NHRS. Therefore, steps should be taken to increase the capacity within the MOH to coordinate research, provide support and guidance on research priorities, and monitor and evaluate health research production and usage. This should take the form of a distinct and strengthened Health Research Unit within the MOH.
3. An assessment should be conducted to examine human capacity, research funding and research outputs required to support an efficient NHRS.
4. A national register of researchers and research produced should be created and disseminated, along with a National Health Information System with varying levels of access. This facility should be managed by the proposed Health Research Unit in the MOH and updated on a regular basis.
5. National health research ethical guidelines should be established by the MOH in partnership with CHRC, UWI and other stakeholders in research and disseminated or shared with all stakeholders.
6. A strategy should be developed to facilitate communication between the users and producers of research. There is need to involve communication specialists, including journalists, in the data generation-utilization process who can act as knowledge brokers.

This timely study lays a very solid foundation for the need of a network such as EVIPNet as well as demonstrates the fact that major stakeholders are actively pursuing the goal of making evidence-based decision and policy making a reality in the catchment area.

In addition to the above recommendations, strategies will be developed to market EVIPNet locally and regionally. It is proposed that once the network is successfully launched in Trinidad and Tobago, other interested Caribbean islands will be approached to join the network and increase the catchment area.

7. Linkages

The Government of Trinidad and Tobago developed and is currently executing a very detailed plan to make Trinidad and Tobago a developed country by the year 2020. The plan contains goals and objectives such as:

1. Developing Innovative People
2. Nurturing a Caring Society
3. Enabling Competitive Business
4. Investing in sound Infrastructure and the Environment
5. Promoting Effective Government
6. Capital Programme

Achieving these goals requires multi-sectoral cooperation and collaboration. Each goal cannot be achieved by a single government ministry. Therefore various ministries must cooperate and collaborate to ensure that the goal is achieved. Monitoring and evaluation also requires that periodic reports be submitted to the lead Ministry for each goal. This existing “structure” will be utilized by the EVIPNet to establish the necessary multi-sectoral linkages. There will be no need to break new ground since the linkages between the Ministries already exist making the tasks ahead for establishing the network an easier one. In addition, the Directorate of Health Policy, Research and Planning of the Ministry of Health, the CHRC and the ENHR will be taking lead roles in establishing the network facilitating involvement by researchers, policy makers and decision makers.

Linkages have also been established with other public policy makers in government ministries such as the Ministry of Science Technology and Tertiary Education and the Ministry of Social Development.

8. Budget and Resource Requirements for Planning Phase Proposal

ITEM DISCRIPTION	COST USD
Data & Information Collection	
<ul style="list-style-type: none"> • Collection of information & data from stakeholders through focus groups discussions • Assessment of current practices of policy makers • Review of the ministry’s strategic and business plans; • Review of the epidemiological profile and international treaties and conventions; • Review of the competencies of team members and determine the additional competencies required. 	2,500

ITEM DISCRIPTION	COST USD
Networking Activities <ul style="list-style-type: none"> • Develop matrix of users of evidence and producers of evidence; • Hosting of networking event for users and producers of research; • Production of marketing and promotional materials to influence greater awareness; • Travel to workshops/focus group discussions; for delegates to and from Tobago; 	2,000
Workshops and Meetings <ul style="list-style-type: none"> • Hosting of a one day workshop for producers of evidence to develop a common understanding of what constitutes evidence and on the specific type of evidence required and in what format; • Host meetings with decision makers and policy makers to outline the goals and objectives of EVIPNet and how it can help them, to develop a common understanding of what constitutes evidence; to provide examples of how evidence can be used in decision and policy making and the benefits of having the evidence readily available and to obtain feedback from users of evidence on the specific type of evidence required and in what format. 	4,000
Assessment of IT Requirements <ul style="list-style-type: none"> • Determination of hardware and software requirements for network 	1,500
Short Term salary: ONE Research Assistant/Project Officer employed for 12 months at half time @ US\$1200/month	7,200
Materials and Supplies	2,500
Amount being requested	\$19,700.00
Counterpart Support (in kind contribution) <ul style="list-style-type: none"> • Secretarial support for all planning activities; • Team planning meetings and travel; • Development of a stakeholder management plan; • Development of a risk assessment/risk mitigation plan; • Development of a training plan for EVIPNet team • Development of the Planning Phase Proposal • Buy out time for core team members @10% time 	7,000 1,500 500 500 500 1,500 12,500

ITEM DISCRIPTION	COST USD
Fund Raising Contributions	10,000
Total in Kind Contribution	\$34,000.00

N.B The salary costs included in the budget are similar to typical salary rates for the position included in the budget. It is envisioned that the person in this positions will have the responsibility for the day to day operations of the project office during the planning phase.

APPENDIX I

9. Partnership Team

The core partnership team is composed of ten professionals from the public and private sectors. The range of expertise which currently reside with in the core team include leadership, management, biostatistics, training, information systems, policy development, health financing, epidemiology, research, knowledge dissemination, systematic review, programme and project management.

The team contact lead has committed to devoting a minimum of twenty percent of his time to the network. Additionally, each on the other members of the core team has committed to devoting a minimum of ten percent of their professional time to the network; this does not include meeting time. Additional team members will be added as necessary.

The following bio-sketches provide a brief description of the skills and experience of the core team members.

Name : **Earl Henry**
Date of Birth : 08 February 1963
Sex : Male
Nationality : Citizen of Trinidad and Tobago

Earl Henry holds a BSc. in Radiography and a Masters of Business Administration with a concentration in Healthcare Administration including Health Policy, Health Financing and Health Management. Earl also holds a NEBOSH certificate in Occupational Health and Safety.

Earl is currently employed with the Ministry of Health, Trinidad and Tobago in the position of Policy Development Specialist. His responsibilities include the formulation, implementation and review of national health policies and providing technical support for the development of policies for the vertical units of the Ministry of Health. He also provides technical support for the development of regional and institutional policies the Regional Health Authorities.

Earl has more than five years managing healthcare facilities in both the public and private sectors locally and regionally. His range of experience includes Policy development, Strategic Planning, Operational Planning and Financial Management including Budgeting.

Earl worked with international consultants on projects to determine the need for a hospital in the Point Fortin Area and in developing the service plan and staffing for the proposed new facility. He was also trained as a Local Surveyor by the Joint Commission International for the proposed Accreditation System for Healthcare Facilities in Trinidad and Tobago.

Education:

- Diploma in Managing Works and Costs (Project Management) – Institute of Commercial Management UK;
- NEBOSH UK – National General Certificate in Occupational Health and Safety, CHESS Ltd. San Fernando Trinidad;
- MBA (1998) Howard University Washington DC;
- BSc. Radiography, Minor in Electrical Engineering (1993) Howard University, Washington DC;

Further Training:

- Bridging the Research Policy Gap – Caribbean Health Research Council (CHRC) and Caribbean Institute of Media and Communication (CARIMAC);
- Health Facility Surveyor Training – Ministry of Health Trinidad and Joint Commission International;
- Industrial Relations for Managers;
- Strategic Thinking for the new millennium – The Singapore Experience
- Contract Negotiation and Management.

Awards:

- BETA GAMMA SIGMA Honors Society Inductee (1998) – based on graduating GPA;
- Student Technologist Award – based on demonstrated competencies and votes from Clinical Instructors;
- Academic Achievement Award – Based on highest class GPA;
- Star Foundation Scholarship Award – 1989

Employment History:

- Policy Development Specialist – Ministry of Health Trinidad and Tobago - April 2007 – Present;
- Administrative Manager – S1S Limited, Procurement and Engineering Specialist – Jan. 2006 – Present;
- Business Development Consultant – UROCARE Skilled Nursing Facility – Aug. 2006 – Nov. 2007;
- Consultant – PricewaterhouseCoopers – April 2005 – Feb. 2006
- Administrator – Eureka Medical – Nov. 2003 – Nov. 2004;
- Manager Strategic Planning and Marketing – Belgroves Funeral Home and Crematorium – July 2003 – Oct. 2003;
- Manager Healthcare Facility, Area Hospital Point Fortin – June 1999 – July 2003
- Senior Radiographer – Howard University Hospital Washington DC – June 1990 – June 1998;
- Patient Scheduling Clerk – Howard University Hospital Washington DC – May 1989 – May 1990;

Name : **Dan Ramdath**
Date of Birth :
Sex : Male
Nationality : Trinidadian

Dan Ramdath is a Professor of Biochemistry and the Head of the Department of Preclinical Sciences at the University of the West Indies (UWI), St. Augustine Trinidad. Dan is the holder of the following academic qualifications:

- BSc Nurtition 1982
- MSc Nutrition and Metabolism, 1985
- PhD Nutrition and Metabolism, 1989
- Postdoc. Clinical Biochemistry, 1989 - 1991
- Postdoc. Clinical Biochemistry, 1991 - 1992

Employment History:

Sept 1988- Lecturer - Tropical Metabolism Research Unit, UWI, Mona, Jamaica
Feb 1993

April 1991- Commonwealth Medical Fellow - Department of Biochemistry, Guy's
July, 1992 Hospital, University of London, UK.

Mar 1993- Lecturer - Faculty of Medical Sciences, UWI.
Jul 2001

Nov 1997- Honorary Lecturer: Medicine & Therapeutics, Univ of Aberdeen, Scotland
April 1998 (concurrent)

Jul 2001 to Senior Lecturer - Faculty of Medical Sciences, UWI
Jan 2006 Trinidad & Tobago

Jan 2006 to Professor of Biochemistry & Head, Department of Preclinical Sciences
Present Faculty of Medical Sciences, University of the West Indies, St. Augustine,
Trinidad & Tobago

HONORS & AWARDS

- Guardian Teaching Award Nominee
- Awarded Indefinite Tenure
- Nutriset Fellowship.
- Commonwealth Development Fellowship.
- Jamaica's Young Scientist Award - Shell/Scientific Research Council of Jamaica.
- Commonwealth Medical Fellowship.

MEMBERSHIP IN PROFESSIONAL ORGANISATIONS:

- American Society for Nutrition
- Caribbean Association of Nutritionists & Dietitians
- American Association for Clinical Chemistry
- Canadian Diabetes Association
- The Nutrition Society (UK)

Selected peer-reviewed publications.

1. Ramdath DD, Simeon DI, Wong MS & Grantham-McGregor S. The iron status of school children with varying intensities of *Trichuris trichiura* infection. *Parasitology*, **110**. 347-351. 1995.
2. Cooper ES, Ramdath DD, Whyte-Alleng C, Howell S, Seargent BE. Plasma proteins in children with Trichuris dysentary syndrome. *J Clin Path*, **50**. 236-240, 1997.
3. Meeks Gardner J, Witter M, Ramdath DD. Effect of zinc supplementation on growth and morbidity of undernourished Jamaican children. *European Journal of Clinical Nutrition*, **52**. 34-39. 1998.
4. Busch CP, Ramdath DD, Ramsewak S, Hegele RA. Association of PON2 variation with birth weight in Trinidadian neonates of South Asian ancestry. *Pharmacogenetics*. 1999, **9**:351-356.
5. Hegele RA, Ban MR, Busch CP, Ramsewak S, Ramdath DD. Lipoprotein-genotype associations in Trinidadian neonates. *Clinical Biochemistry*. 1999, **32**:429-437.

Name : Dr. Donald T. Simeon
Date of Birth : July 30, 1960
Sex : Male
Nationality : Citizen of Trinidad and Tobago

Donald Simeon is currently the Director of the Caribbean Health Research Council which is responsible for coordinating health research in the Caribbean. Donald is the holder of the following academic qualifications:

- Ph.D. (Nutrition) - University of the West Indies, Mona, Jamaica
- MSc (Medical Statistics) - London School of Hygiene and Tropical Medicine, University of London
- BSc (Agriculture) - University of the West Indies, St. Augustine, Trinidad and Tobago

Additional Work Experience:

- 1998 – 2002: Lecturer then Senior Lecturer in Biostatistics, Faculty of Medical Sciences, University of the West Indies, St. Augustine, Trinidad and Tobago
- 1995 – 1998: Health Research Scientist, Caribbean Health Research Council, Trinidad and Tobago
- 1990 – 1995: Lecturer, Tropical Metabolism Research Unit, Faculty of Medicine, University of the West Indies, Mona, Jamaica
- 1989 – 1990: Assistant Lecturer, Tropical Metabolism Research Unit, Faculty of Medicine, University of the West Indies, Mona, Jamaica
- 1986 – 1988: Research Assistant, Tropical Metabolism Research Unit, Faculty of Medicine, University of the West Indies, Mona, Jamaica

Donald has extensive research experience as evidenced by the publication of over 50 scientific papers in peer-reviewed international journals, in addition to chapters in books/encyclopedia. He also made dozens to oral presentations of research findings at international scientific and regional professional conferences in many countries.

Donald also has experience teaching undergraduate and graduate students in research methods, statistics and public health nutrition. He has also conducted research skills workshops for health professionals in over 14 Caribbean countries.

Professional qualifications and Affiliations:

- Chartered Statistician and Fellow, Royal Statistical Society, UK
- Registered Public Health Nutritionist, Nutrition Society, UK

Member:

- Management Committee of the Essential National Health Research Council of Trinidad and Tobago

Name : Carlton Jackman
Date of Birth : 11th October 1956
Sex : Male
Nationality : Trinidadian

Carlton Jackman holds a B.Sc. Economics from the University of West Indies and is currently employed as a Research Officer at the Eastern Regional Health Authority in Trinidad.

Carlton's main areas of relevant expertise include programme planning and economic and statistical research. The following list outlines the key accomplishments and responsibilities:

Programme Planning

- Development of a Research Agenda geared toward improving the nature of interventions and health services in the eastern region of Trinidad and Tobago.
- Strengthen the research capacity of the ERHA via the creation of a Steering, Research and Ethic Committee to facilitate governance and management of health research at the institutional level.
- Development of programmatic responses, via thematic workshops (e.g. Ethical Issues in International Health Research,) to the gaps in health research capacity at the national and sub-national level
- Assisted in the development of the Eastern Regional Health Authority's Strategic Plan 2007-2012

Health Research

- Assisted in the design of procedures for a Population Health profiling and Mass Screening Programme for the eastern region of Trinidad.

Academic Research Interest

- Authored a detailed economic research study that examined the socio-economic and policy implications that accession to the **Free Trade Area of the Americas (FTAA)** may have on the labour markets within **C.A.R.I.C.O.M.** This necessitated the statistical analysis of cross-sectional data for C.A.R.I.C.O.M member states within the framework of standard theoretical trade models and an evaluation of the other existing and proposed regional and sub- regional groupings.
- Developed an econometric model to evaluate the contribution that the qualitative and quantitative improvement in the domestic human capital has had on the changing structure of exports within the economy of Trinidad and Tobago.

Name : Leo Alleyne
Date of Birth :
Sex : Male
Nationality : Trinidadian

Leo Alleyne is a Senior Research Officer in the Directorate of Health Policy, Research and Planning at the Ministry of Health, Trinidad and Tobago. Leo's responsibilities include conducting and disseminating research evidence, supervision of staff attached to the research sub-unit as well as preparation of policy brief for presentation to decision-makers at the Ministry of Health.

Leo is the holder of the Executive Masters Degree in Business Administration from the Arthur Lok Jack Institute of Business, University of the West Indies and the Bachelor of Science Degree in Industrial Management from the University of the West Indies. He is also the holder of the certificate in Strengthening the Essential Public Health Functions from the World Bank Institute and is the holder of a diploma in Industrial Relations from the Cipriani Labour College in Trinidad and Tobago. Mr. Alleyne has other special training in project management, and research methodology from other institutions such as the IDB, PAHO and Caribbean Medical Research Council.

Mr. Alleyne is the co-producer of the Report on the Global Youth Tobacco Survey 2000 (Trinidad and Tobago segment). He is currently working on the report of the follow up survey which was conducted in May 2000. He is an exponent of human resource management having undergone extensive training in management studies and represented Trinidad and Tobago at the "Call for Action" on human resources in health which was held in Canada in October 2005. In addition, he has played a major role in designing the health action plan for Vision 2020 which is a plan focused on having Trinidad and Tobago achieve developed country status by the year 2020.

Name : **Angelina Garcia**
Date of Birth : 3rd June 1955
Sex : Female
Nationality : Trinidadian

Angelina Garcia is currently employed with the Ministry of Health in Trinidad as a Research Officer. Angelina holds a B.Sc. Sociology from the University of the West Indies, St. Augustine, Trinidad and is also a Registered Nurse and Licensed Midwife.

Angelina worked as a nurse and midwife in the medical field for twenty years. As a Senior Nurse/Midwife she gained years of experience in partnership, knowledge dissemination, program planning and leadership.

Angelina's position as a Research Officer expanded her experiences in information retrieval, knowledge dissemination, partnership, program planning and leadership. She coordinated the Baby Friendly Hospital Initiative Project at Hospital level followed by a similar project at the national level. She assisted in the implementation of the project by hosting sensitization workshops and conducting training sessions for doctors.

Angelina was also instrumental in the development of the national breast feeding policy and the national public health policy.

Name : Avery Hinds
Date of Birth : 3rd January 1978
Sex : Male
Nationality : Trinidadian

Avery Hinds is a Medical Epidemiologist employed with the North West Regional Health Authority. Avery is the holder of a Bachelor of Medicine; Bachelor of Surgery from the University of the West Indies as well as a Masters degree in Epidemiology from the University of Cambridge.

Avery's interests include the development of sound health information management practices; augmentation of research capacity; and generation of reliable and timely Health Research Data to inform Evidence-Based Health Policy decisions.

Recently Completed Projects:

- Evaluation of the Expanded Programme of Immunisation - in collaboration with CAREC and MoH (July 2007)
- Establishment of Sentinel Surveillance Sites for Severe Acute Respiratory Infection - in collaboration with CAREC and NSU (August 2007)
- Coordination of Post-disaster Epidemiologic Surveillance (post Hurricane Dean, National EOC Jamaica) in collaboration with PAHO (August 2007)
- Evaluation of Core Capacities for Response to Avian/ Pandemic Influenza - in collaboration with PAHO and MoH (September 2007)

Ongoing Projects:

- Design and execution of a Clinical Audit workshop for Medical Professionals to improve the quality of health care delivery
- Design and implementation of framework to facilitate review of management and outcomes of Chronic Non-Communicable Disease in Primary, Secondary and Tertiary Care in Trinidad and Tobago

Publications:

- "Stenting of Partial and Total Coronary Occlusions in Trinidad and Tobago"
CN Thomas, DH Williams, A Hinds, S Daniel, F Ryan, C Ramroop, CF Nath, D Crosby:
West Indian Med J Mar 2001; 50 (1): 22-26

Name : **Heera Rampaul**
Date of Birth : January 28, 1953
Sex : Male
Nationality : Trinidadian

Heera Rampaul joined the Management Executive Team of the Ministry of Health in January 2005. He is directly responsible for planning, implementation and operations of Information Systems and Technology at the Ministry's Head Office and twenty-five Vertical Services Units. His portfolio also entails ensuring cohesion of IT policy amongst the Regional Health Authorities to ensure homogeneous data linkage and exchange. He is also heavily involved in the implementation of a National Health Information System under the Ministry's Health Sector Reform Programme (HSRP).

Mr. Rampaul holds a BSc (Computer Science) and an MBA (Information Management) and has over twenty years experience in information systems and technology and has been involved in areas which include manufacturing, legal and healthcare. His leadership has guided the department to becoming a focal point within the Ministry being called upon by various arms to provide both infrastructure and health-related business systems.

His intent is to use IT as a strategic tool to drive the business of healthcare. His focus has been on information systems planning with a view of aligning business systems with information technology. He continually strives to ensure forward-based strategies to impact on healthcare delivery via continuous evaluation and engineering of processes and procedures to ensure both consistent and innovative business solutions.

Name : **Edwin Vicente Bolastig**
Date of Birth : April 10, 1970
Sex : Male
Nationality : Filipino

Edwin Vicente C. Bolastig is a UN Volunteer Health Policy, Planning and Financing Specialist, currently attached to the Ministry of Health of the Republic of Trinidad and Tobago. He provides technical support to the Office of the Chief Medical Officer and the Directorate of Health Policy, Research and Planning, as part of the “Institutional Strengthening of the MOH Project”, a partnership between the United Nations Development Programme (UNDP)-Trinidad and Tobago and T&T’s Ministry of Health. He has collaborated with the MOH and other key stakeholders on such areas as health policy review and development, health research system development, development of the national drug formulary, and the development of an essential basket of services for the National Health Service, among others.

Prior to this international posting, Dr Bolastig has been involved, over the past 10 years, in the development and management of various public health policies and programmes in the Philippines, starting from grassroots, community-based health work, to academe-attached, community-based health programmes (CBHPs) of the University of the Philippines College of Medicine, and culminating in national health policy-making work at the Philippines’ Department of Health. He has likewise been involved in health sector reform work in the Philippines, including crafting of the National Objectives for Health (NOH), and drafting of the implementation frameworks of the following: the second phase of the Health Sector Reform Agenda (HSRA); the Sector-wide Approach, locally known as Sector Development Approach for Health (SDAH); harmonization of the health regulatory system, including pharmaceutical reforms; and other related policies.

Dr Bolastig acquired his MD degree from the University of the Philippines College of Medicine in 1995 and an MSc on Health Policy, Planning and Financing jointly from the London School of Hygiene and Tropical Medicine and the London School of Economics in 2005.

Name : Sandra Indar
Date of Birth :
Sex : Female
Nationality : Trinidadian

Sandra is currently employed with the Ministry of Science, Technology and Tertiary Education as the Director of Research, Planning and Technical Services. She is the holder of a Master of Science degree in Government, a Diploma in Public Administration and a Bachelor of Arts degree in Economics and History from the University of the West Indies Trinidad.

Additional Work Experience:

Operational Research Officer 111 (Ag)	January 2001- December 2004
Senior Economist	Ministry of Human Development and Tertiary Education (2000–2001)
Senior Economist	Ministry of Public Utilities (1999–2000)
Planning Officer 11 – (1993 - 1999)	Ministry of Sport and Youth Affairs (1983–1999)
Planning Officer 11 – Ag.- (1985- 1990)	
Senior Planning Officer (Ag) (1990- 1995)	
Project Analyst 1 (1983 - 1993)	

Additional Training

- Strategy in an Era of Change - UWI Institute of Business
- Planning and Project Cycle Management - Ministry of Planning and Development
- Strategic Planning - UWI Institute of Business