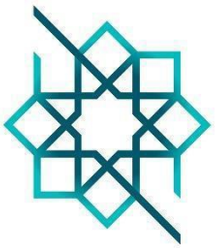

hsr2020
SIXTH GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH

II Latin American and Caribbean HSG Pre-Conferences on Health Systems Research

CARIBBEAN REGION

Sixth Global Symposium (2020)

RE-IMAGINING HEALTH SYSTEMS FOR BETTER HEALTH AND SOCIAL JUSTICE

September 16, 2019
University of West Indies
St Augustine
Trinidad and Tobago

Institutions

Co-Soponsors

Health Systems Global
http://healthsystemsglobal.org/

Pan American Health Organization
http://www.paho.org

The Universitiy of West Indies, St. Augustine Campus
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Background

Sixth Global Symposium on Health Systems Research 2020 in Dubai

Health Systems Global (HSG), the international society in health systems, programs and services, organizes a symposium every two years to bring together academics, policymakers and members of the civil society involved in health systems and policy research.

After Montreux 2010, Beijing 2012, Cape Town 2014, Vancouver 2016 and Liverpool 2018, Dubai 2020 was chosen as the venue for the next Global Symposium.

The main theme of the Symposium is ***"Re-imaging health systems for better health and social justice***". We organized a clycle of activities to promote regional exchange of and studies on health systems and services issues, in preparation for the global meeting in Dubai.

HSG Pre-Conferences in the Caribbean

The main motivation of this second **Pre-Conference in the Caribbean was** to enhance the debate on the design and implementation of policies for more equitable and effective health systems and services, providing a perspective from the Caribbean.

The purpose of these events was twofold: on the one hand, to generate a space for local exchange on the most relevant experiences and transformative visions, which will fuel a necessary debate on health systems. Secondly, we will try to support the selected papers for this pre-conference in the presentation of their summaries at the **Global Symposium to be held in Dubai.**

With the purpose of bringing together researchers and policymakers in health of the **Caribbean** working on issues related to health systems in the region, the proposal for this pre-conference included:

-To promote the exchange of experiences in a meeting of researchers and policymakers around interdisciplinary discussion tables.
-To stimulate the presentation of works by Latin American and Caribbean authors in the Open Call of the Global Symposium in March 2020.
-To strengthen the Caribbean presence of studies on health systems and policies in the symposium.

The Sub-regional HSG Preconference in the Caribbean will be benefited with the support and sponsorship of the Pan American Health Organization

This pre-conference received financial support from the Pan American Health Organization.

Daniel Maceira, Ph.D.
Miembro del Comité Ejecutivo de Health Systems Global,
Representante para Las Américas

hsr2020

Organization committee

Health Systems Global Referent

Daniel Maceira is an Argentine citizen, Ph.D. in Economics from Boston University, with research fields in health economics and industrial organization. He is Senior Researcher at the Center for the Study of State and Society (CEDES), Independent Researcher of the National Council of Scientific and Technological Research (CONICET), and Professor at the Economic Department, National University of Buenos Aires (UBA), Argentina. In addition, he develops teaching activities in several Postgraduate Programs in Health Economics and Public Health Policy in Argentina and the Latin American Region, such as the Master Program in Public Policies at the University Torcuato Di Tella and the Master Program in Design and Implementation of Public Policies at FLACSO, the Latin American University in Social Sciences. Maceira has collaborated with a wide array of institutions, such as the Canadian International Development Research Centre (IDRC), UNICEF, The World Health Organization, the Pan-American Health Organization, the Economic Commission for Latin America and the Caribbean (ECLAC), the United Nations Development Program (UNDP), USAid, the Inter-American Foundation (IAF), the Gates Foundation, The World Bank, the Global Development Network, the Global Fund for HIV, Malaria and Tuberculosis; the Inter-American Development Bank; the Global Alliance for Vaccines and Immunization (GAVI Alliance), among others. He has numerous national and international peer review publications and coordinated many research projects and technical assistance initiatives in developing countries, particularly in the Latin America and the Caribbean Region. In 2016 Maceira was elected Board Member of Health Systems Global, the international society in health programs and systems research, where he is part of the Executive Board and holds the chair of The Americas until October 2020.

Co-sponsor Referent

Donald Simeon is the Director of the Caribbean Centre for Health Systems Research and Development, and Professor of Biostatistics and Research at the Faculty of Medical Sciences, The University of the West Indies, Trinidad & Tobago. He is a Chartered Statistician and Fellow with the Royal Statistical Society, UK as well as a Registered Public Health Nutritionist. He has extensive health research experience as evidenced by the publication of over 80 scientific papers in peer-reviewed international journals, in addition to chapters in books/encyclopedia and other reports. He is also a founding member of the Bioethics Society of the English-speaking Caribbean.

Andrea Yearwood is the Policy Research Specialist at the Caribbean Centre for Health Systems Research and Development, at The University of the West Indies, St. Augustine, Trinidad and Tobago. She holds a PhD in Health Economics, a diploma in Health Systems Management, and a certificate in Knowledge Translation. She is the Leader of the Caribbean Community of Practice for Health Policy and Systems Research (CoP4HPSR), which is a network of researchers, policymakers and stakeholders in the Caribbean who are committed to building specialized knowledge about HPSR

Nikisha Headley currently works as Assistant to the Professor of Research and Biostatistics, Faculty of Medical Sciences, Prof. Donald Simeon. She also works as an independent Research Assistant for Clinical Studies conducted by Clinical Surgical Sciences Lecturers, UWI. She recently completed her training at the UWI, St. Augustine and holds a Master's of Science in Geoinformatics and Bachelors of Science in Biology and Environmental and Natural Resource Management. Current interest include management of coastal and marine resources and furthering her MSc Research on sea level rise in Small Island Developing States to the Doctors of Philosophy level.

Noelia Cabrera, BA in sociology, Universidad Nacional de la Plata (UNLP). She is currently an advanced student of the Master in Economic Sociology at The Universidad Nacional de San Martín (UNSAM). Since 2016 she has been working as a researcher at the Center for the Study of State and Society (CEDES) in projects on food systems, policies and public health. She is a member of the Research Policies Area and the Knowledge Management Area of the Health Research Directorate, Ministry of Health and Social Development, where she evaluates research projects and qualitative scientific articles.

Preconference Program

Health Systems Global Caribbean Preconference
St Augustine, Trinidad and Tobago
September 16, 2019
University of West Indies

PROGRAM

	Title	Authors	Institution	Country
09:00-09:30	Registration			
9:30 – 09:35	Host Institutional Welcome	Donald Simeon	The University of West Indies	Trinidad & Tobago
09:35-09:45	HSG mission and strategy in Latin America and the Caribbean	Daniel Maceira	Center for the Study of State and Society, Argentina & Health Systems Global Board	HSG
09:45-09:50	Thematic Working Groups and Emerging Voices in Latin America and the Caribbean	Daniel Maceira	Center for the Study of State and Society, Argentina & Health Systems Global Board	HSG
09:50-10:00	Pan American Health Organization: Strategic view	Gisele Almeida	Advisor, Health Systems and Policy Research, Pan American Health Organization	PAHO
	Panel I: Health Systems Performance in the Caribbean			
10:00 – 11:00	Moderator: Daniel Maceira			
	Leaving no one behind: Is the Caribbean's regional public health system on track?	Vishwanath Partapsingh	Ministry of Health	Trinidad & Tobago
	To assess the Quality of Outgoing Referrals from Primary Care Physicians, South-West Regional Health Authority, March 2019	Kavita Dharamraj; Nalini Maharaj; Maria Daniel; Kevin Ramadhin; Pedram Lalla;	South-West Regional Health Authority	Trinidad & Tobago
	Policy Analysis on Implementation of National Health Insurance in Grenada	Kennedy Roberts	St. George's University	Grenada
11:00 - 11:30	Coffee Break			
	Panel II: Measuring Health Systems Performance			
11:30 - 12:30	Moderator:			
	Using EQ-5D Health Outcomes to Understand and Quantify Health Inequality in the Caribbean.	Bailey H; Janssen M; La Foucade A, Boodraj G;; Castillo P; Wharton M.	The University of the West Indies; Erasmus MC; University of Technology, Jamaica; University of Belize	Trinidad & Tobago; Jamaica, Belize
	Enhancing Helath Systems Sustainabilty utlizing Big Data Analytics- Trinidad and Tobago A Case Study	Sandeep Maharaj; Gour Saha & Leah Ragbir	The University of the West Indies	Trinidad & Tobago
	Evidence of Disparities in Health-related Quality of Life in a Caribbean Small Island Developing State	Ivey M; Simeon D; Sakhamuri S; Lutchmansingh F; Conyette L & Seemungal T.	The University of the West Indies; Caribbean Centre for Health Systems Research and Development; , San Fernando General Hospital	Trinidad & Tobago
12:30 - 14:00	Lunch			

Preconference Program

Health Systems Global Caribbean Preconference
St Augustine, Trinidad and Tobago
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University of West Indies

PROGRAM

14:00- 14:10	Community of Practice	Kershelle Barker	Caribbean Centre for Health Systems Research and Development	Trinidad & Tobago
	Panel III: Health Services Performance and Non-Communicable Diseases			
14:10 - 15:30	Moderator: Donald Simeon			
	Prevalence of Refractive Errors in Selected Secondary School Students in Hinterland versus Coast land Regions of Guyana.	Emanuel Cummings	University of Guyana	Guyana
	Improving Access to Oral Health Services in Trinidad and Tobago: A Knowledge Translation Intervention	Andrea Yearwood; Rahul Naidu; Christie Tan & Hannah Serrano	Caribbean Centre for Health Systems Research and Development; The University of the West Indies; McMaster Health Forum	Trinidad & Tobago
	Affordable Surgical facilities and services for isolated communities with limited resources. Post disaster surgical services - The Montserrat Experience	Lewis L, Cassell R, Gerald –Ryan M, Joyce L, Meade N, Perkins F, Ogarro A, Kassim B;	Ministry of Health, Government of Montserrat	Monserrat
	Improving Access to Nocturnal Haemodialysis and Improved Quality of Care in the Eastern Region Health Authority	Rajeev Nagassar, Keston Daniel & Saskia Ramkisson	The Eastern Regional Health Authority	Trinidad & Tobago
15:30 - 16:00	Coffee Break			
	Panel IV: Health Services Performance and Communicable Diseases			
16:00- 17:20	Moderator: Andrea Yearwood			
	Knowledge and utilization of traditional medicine for type 2 diabetes mellitus among residents of Pakuri (St. Cuthbert's Mission) in Guyana	Cecil Boston	University of Guyana	Guyana
	The use of Geographic Information Systems for Vector Surveillance in a Small Island Developing State	Roshan Seeramsingh	Ministry of Health	Trinidad & Tobago
	One Health Leprosy Research in Suriname	Jack Menke	Anton de Kom Universiteit van Suriname	Suriname
	Public health organisations supporting economies: Understanding their growth and making them sustainable in a small island developing state context.	Vishwanath Partapsingh, Preslava Stoeva & John Porter	Ministry of Health	Trinidad & Tobago
17:20-18:00	Wrap up	Daniel Maceira	CEDES / HSG	HSG

Abstracts presented

LEAVING NO ONE BEHIND: IS THE CARIBBEAN'S REGIONAL PUBLIC HEALTH SYSTEM ON TRACK?

Vishwanath Partapsingh

Ministry of Heatlh, Trinidad and Tobago

Motivation
The Caribbean has a history of successful efforts towards regional health security. Its high density of small island developing states, (SIDS), increases its vulnerability to the multiplicity of public health threats, especially given the limited resources available. January 2013 brought the switch to an integrated regional public health mechanism, the Caribbean Public Health Agency, (CARPHA), as the vehicle for advancing these efforts. Six (6) years later, questions related to the equity in distribution of its work, and alliance with regional political commitments from CARPHA member states, (CMS), require exploration.

Objectives
1.To summarise the work of CARPHA for the period 2013-2018 through a systematic review of available literature.
2.To describe the concordance between the work done over the 2013-2018 period and regional-level political commitments which direct its work.

Methodology
A single case-study design, grounded in the congruence method was applied. This qualitative approach was well suited given its low reliance on large amounts of data. It allowed for reflection of the findings from thematic analysis of the data collected from document analysis against the directives of regional-level political commitments.

Results
CARPHA's 2013 efforts were unequally distributed among CMS. 7 CMS benefitted from projects across 4 categories, and 14 from 1 or 2 categories. The main foci of activities were: noncommunicable diseases (NCDs), communicable diseases (CDs), and investigation of outbreaks. Data to produce a similar disaggregated distribution by CMS for 2014-2018 was unavailable. However, 9 foci of activities were identified during this 5-year period.
An assessment of the concordance between 2013-2018 activities and the objectives and functions, strategic objectives, and goals of the Intergovernmental Agreement Establishing CARPHA (IGA), the 2014-2019 CARPHA Strategic Plan (CSP) and the Caribbean Cooperation in Health III (CCH III), indicated that while CARPHA's work was strongly aligned to the 6 objectives of Article 4 of the IGA, it was less aligned to the functions outlined by Article 5 of the IGA. The alignment with the strategic objectives of the 2014-2019 CSP, and goals of the CCH III was also weak. Collectively, the findings indicate the Caribbean is not on track to leaving no one behind.

Abstracts presented

TO ASSESS THE QUALITY OF OUTGOING REFERRALS FROM PRIMARY CARE PHYSICIANS, SOUTH-WEST REGIONAL HEALTH AUTHORITY, MARCH 2019

Kavita Dharamra, Nalini Maharaj, Maria Daniel, Kevin Ramadhin & Pedram Lalla

South-West Regional Health Authority

Motivation
As far as the authors are aware, in Trinidad and Tobago there is no published data on the adequacy or justification of referrals from Primary Care Physicians to specialist care services. Identifying gaps in the outgoing referrals would highlight areas which need strengthening, which would in turn, enhance the clinical management of patients, and improve the delivery of services.

Objective
To assess the Quality of Outgoing Referrals from Primary Care Physicians, South-West Regional Health Authority, March 2019.

Methodology
Design: Descriptive, retrospective, cross-sectional. Settings and Study Participants: In March 2019, consecutive convenient sampling was done where 1366 outgoing referrals from the primary care physicians working at twenty-three (23) Primary Health Care Centres, SWRHA were audited. Main Outcome Measures: Proportion of adequate and complete referral parameters; Proportion of justified and unjustified referrals. Statistical Methods: Descriptive Statistics were used to calculate the proportion of adequate and complete referral parameters and the distribution of referral scores; proportion of legible referrals, outgoing referrals by County and patient consultations referred per health centre.

Results
In terms of adequacy and completeness: Demographics - 1065 (77.96%) - completed, but partially adequate; Diagnoses - 1252 (91.65%) adequately completed; History - 1145 (83.82%) completed and partially adequate; Examination findings - 597 (43.70%) - completed and adequate. In 786 (57.54%) of referrals the treatment given was not completed. In the majority of referrals, sections that were completed and adequate include: recent labs - 57.54%; current medications - 48.83%; footer - 55.20%. The scores ranged from 5 to 21; Median - 15; Mode - 16. Based on the senior Primary Care Physician's (PCPs) perception, 94.36% of the outgoing referrals were justified.

Conclusion
Most of the referrals, were justified. Over half of the referrals scored over 15 out of 21. The adequacy of referrals can further be assessed by an expert panel of end-users. Gaps identified and areas for strengthening include: Development of guidelines for referral from primary care to specialist care services; creation of a discharge summary form from secondary/tertiary care which may result in better patient care and management.

Abstracts presented

POLICY ANALYSIS ON IMPLEMENTATION OF NATIONAL HEALTH INSURANCE IN GRENADA

Kennedy Roberts

St. George's University, Grenada

Motivation

Health Financing Reform is taking place in several countries in the Caribbean and Grenada is no exception. Discussions have been taking place for over twenty five years on the implementation of a National Health Insurance (NHI) program and the current Government is actively planning to launch it in 2020. A secretariat has been established and staffed, and a consultation process is taking place to get input from the population. International funding is being used to finance the development and implementation of the NHI program and the process does not reflect an integrated multisectoral approach consistent with the vision of Universal Health Coverage (UHC) and the UN Sustainable Development Goals. The ministry of Health has not been openly advocating the implementation of UHC as a top priority but has been promoting the efforts towards NHI.

Objective

The objective of the Policy Analysis is to document the major issues relating to the development and implementation of NHI in Grenada and compare this with the recommendations of PAHO and WHO.

Methodology

The research will use the Policy Triangle methodology developed by Gill Walt and Lucy Gilson as the theoretical framework for conducting the analysis. The process utilized over the 25 year period will be assessed to examine the role played by the Policy Makers and the key factors that contributed to the slow implementation. The economic, social, environmental and political context will be analyzed to determine the prevailing conditions over the period and how it affected implementation. The content to the NHI program will be carefully looked at and will be compared with the recommended approaches for the implementation in small developing countries. Finally the key actors involved in the process will be examined to determine who supported the initiative or not and the role played in moving the process forward.

Results

The expected results will provide information on the factors that contributed to the development and implementation of NHI in Grenada. It would also provide the basis to analyze the role that NHI will play within the overall health sector

Abstracts presented

USING EQ-5D HEALTH OUTCOMES TO UNDERSTAND AND QUANTIFY HEALTH INEQUALITY IN THE CARIBBEAN

Bailey Henry[1]; Janssen Matthieu[2], La Foucade Althea[1], Boodraj Girjanauth[3]; Castillo Philip[4]; Wharton Marjorie[1,]

[1]The University of the West Indies
[2]Erasmus MC
[3]University of Technology, Jamaica;
[4]University of Belize

Motivation
While there have been some investigations into health inequalities in the Caribbean, these have been focused on specific populations and/or specific illnesses. Researchers and policy makers have not had tools that facilitate comparison between different demographic and/or disease groups at region or country level.

Objectives
This study uses a generic health outcomes instrument to evaluate health inequality in the populations of Barbados, Belize, Jamaica, and compares these with recently published findings for Trinidad and Tobago(T&T).

Methods
In 2013-2014 The EQ-5D questionnaire was included in surveys of representative samples of (minimum) 2000 adults each in Barbados, Belize, Jamaica and T&T. The Kakwani Index was used to quantify the extent of inequality in each country and to make comparisons with other countries.

Results
The Kakwani indices of all four countries are in the lower quadrants when compared among the 22 countries worldwide for which this index has been estimated. At 0.080 and 0.083 respectively, Jamaica and Belize have the two lowest Kakwani Index values worldwide. Barbados (0.106) is just under the median. Decomposition of the Kakwani Index for Jamaica shows that EQ-5D dimensions 'explain' 20.3% of the health inequality of which almost half is due to the pain/discomfort dimension. In Barbados, as age progresses, so does the disparity between genders on the pain/discomfort and mobility dimensions. A similar trend is observed for Jamaica, but not for Belize. OLS regression models were run to test for the impact of socio-demographic factors on health outcomes, controlling for age and gender. Education was observed to have a significant coefficient ($p<0.05$) for models with EQ-5D index value as the dependent variable in all countries. Income was only observed to have a significant coefficient for Barbados. Controlling for age and gender, self-rated health was actually higher in poor districts of Belize than in the rest of the country.

Discussion
EQ-5D health outcomes allow in depth analysis of differences in health outcomes across demographic groups in the 4 countries of this study. The findings of this study give policy makers and academics quantifiable, actionable information on the extent and nature of health inequality in the four countries.

Abstracts presented

EVIDENCE OF DISPARITIES IN HEALTH-RELATED QUALITY OF LIFE IN A CARIBBEAN SMALL ISLAND DEVELOPING STATE

Ivey Marsha[1]; Simeon Donald[1]; Sakhamuri Sateesh[1]; Lutchmansingh Fallon[1]; Conyette Liane[2] & Seemungal Terence[1]

[1]The University of the West Indies

[2] San Fernando General Hospital

Introduction

Trinidad and Tobago, like many small island states in the Caribbean, has undergone an epidemiological transition from infectious diseases to chronic non-communicable diseases being the leading cause of mortality and morbidity. An important element of the response to these health issues, is identifying and addressing health disparities. High levels of inequity in a society have a negative impact on health.

Aims

To describe health-rated quality of life, including physical and mental health and to examine associations with measures of disparity i.e. sex and social class in the Trinidad and Tobago.

Methods

Data from the Trinidad and Tobago Burden of Obstructive Lung Disease (BOLD-TT) study, which examined the prevalence of chronic obstructive lung disease was used for this analysis. The study utilised a two-stage stratified random sample of 1104 persons, ≥40 years old. Questionnaires measured socio-demographics and the Veteran Rand (VR-12) assessment of health-related quality of life. The VR-12 instrument assessed physical (general health, physical functioning and role playing and bodily pain) and mental health (vitality, role-emotional, mental health and social functioning). These were classified into a physical health component (PCS) and mental health component (MCS) scores ranging from 0-100; lower scores indicated poorer health. Highest level of education attained, and employment status were used as proxies for social class. General Linear Models were used to examine associations between PCS and MCS and sex, education and employment, controlling for age.

Findings

Mean age of the participants was 54.1 (SD10.8) years; 59.9% were females; 47.2% had no/primary education; 55.7% were employed. Mean PCS and MCS (SD) scores were 47.9 (7.4) and 54.6 (8.9) respectively with females having lower mean MCS than males ($p<.001$). There were significant mean differences in PCS and MCS by employment and education status. Persons who were not working had lower mean PCS ($p<.001$) and MCS ($p=.014$) than those employed; and persons with a primary education had lower PCS ($p<.0001$) than those with secondary or post-secondary education. Multiple regression identified employment ($p<.001$) and education ($p=.097$) as independent predictors of PCS while sex ($p=.002$) and employment ($p=.021$) predicted MCS.

Conclusion

Generally, the results indicate health inequities exist in this Trinidad and Tobago population i.e. poorer health-related quality of life among females, the unemployed and the poorly educated.

Abstracts presented

PREVALENCE OF REFRACTIVE ERRORS IN SELECTED SECONDARY SCHOOL STUDENTS IN HINTERLAND VERSUS COAST LAND REGIONS OF GUYANA

Emanuel Cummings

University of Guyana

MOTIVATION

Refractive error could be considered as an avoidable condition among various conditions leading to visual disabilities in children. It has been reported worldwide that uncorrected refractive errors can be asymptomatic, it may cause prominent visual impairment in school aged children thereby negatively affecting their educational outcomes. Little is known about the extent of uncorrected refractive error in school aged children nationally or in selected communities. Guyana's geographical disposition has contributed to the disparities in the delivery of its health care services. Hence being vulnerable in achieving universal health coverage.

OBJECTIVES

This study was aimed at determining the factors that may contributed to the prevalence and patterns of refractive errors in school aged children in a hinterland versus a suburban community in Guyana, to promote the awareness with respect to eye care services among the study populations and the regions as a whole with the purpose of formulating a policy for the delivery of wider coverage of such services.

METHODOLOGY

This cross-sectional study was conducted to assess the prevalence refractive errors in high school students of aged 13-17 in two distinct areas in Guyana. A total of 328 students were interviewed for demographic and other relevant information and subjected to vision acuity testing.

RESULTS

There were an overall prevalence of 18 % of refraction errors. The most prevalent refractive error was Myopia (14.6%) followed by Astigmatism with (5.4%) In the hinterland region there was an overall prevalence of 21 % as compared to 16.4 % in the Coast. Refractive errors were more common among females and descendants of Asians as compared to other groups. The study also found a significant uncorrected refractive errors in the hinterland (85 %) as compared to (67 %0 along the coast .Among the factors that may have contributed to the incidence of refractive errors were ethnicity, age, gender, extra-curricular activities, academical tasks, awareness and availability of eye care services.

Abstracts presented

IMPROVING ACCESS TO ORAL HEALTH SERVICES IN TRINIDAD AND TOBAGO: A KNOWLEDGE TRANSLATION INTERVENTION

Andrea Yearwood[1]; Rahul Naidu[2]; Christie Tan[3] & Hannah Serrano[3]

[1]Caribbean Centre for Health Systems Research and Development

[2]The University of the West Indies; [3]McMaster Health Forum

Motivation

Officials with responsibility for health system stewardship face complex decisions and need support to make evidence-informed decisions. Knowledge translation products and interventions can support policymakers' in their governance function. These products and interventions can address well know and pressing health issues but can also be used to bring attention to less obvious problems requiring policy intervention. Despite oral disease affecting half of the world's population, oral health is a neglected area of global health. The poor and disadvantaged carry a greater burden of oral disease compared to the better-off, and oral health can often serve as a marker for social inequality. In Trinidad and Tobago, free dental care delivered in government facilities, is available for children and adults. Notwithstanding, problems of access are known to exist. Discrepancies between the number of oral health providers in the private and public sector give rise to challenges in obtaining care by poorer groups. Imbalances in urban/rural distribution of oral care providers result in lower socioeconomic groups and rural communities accessing services from unregistered/untrained practitioners.

Objective

To bring the problem of inequitable access to oral health services to the attention of policymakers in Trinidad and Tobago to stimulate policy action to improve the population's access to essential services.

Methodology

We developed a Briefing Note, by appraising and synthesizing relevant global and local research evidence and packaging it in concise and user-friendly language and disseminated to policymakers. A policy briefing on the Note will be conducted at the end of which participants will be asked to evaluate the usefulness of the knowledge product, and the extent to which the intervention influenced their intention to implement measures to improve access to oral health services for vulnerable communities and population groups.

Results

Integrating oral health into primary health care; using mobile units or teledentistry; and combining dental health prevention with existing programs and infrastructure are promising strategies for Trinidad and Tobago. Findings from the briefing meeting are expected to provide insight about the usefulness of the knowledge translation intervention in stimulating policy change.

Abstracts presented

AFFORDABLE SURGICAL FACILITIES AND SERVICES FOR ISOLATED COMMUNITIES WITH LIMITED RESOURCES. POST DISASTER SURGICAL SERVICES - THE MONTSERRAT EXPERIENCE

Lewis L, Cassell R, Gerald –Ryan M, Joyce L, Meade N, Perkins F, Ogarro A, Kassim B

Ministry of Health, Government of Montserrat

Affordable surgical facilities are an indispensable requirement for small island communities and rural communities which are isolated, and subject to major disruption of services by natural disasters such as hurricanes and volcanic eruptions.

Montserrat has had the misfortune of experiencing severe disruption of health care services by both hurricanes and volcanic eruptions.

This paper presents a brief summary of these events, describes the impact of these events on the health sector, and the mitigating measures which reduced the impact of the events.

These events and activities of the Montserrat post disaster surgical experiences in both the public and private sector, are listed below and include the events related to the impact of hurricanes Irma and Maria in August 2018, Hurricane Hugo in 1989, and the volcanic eruptions of 2006 to the present time.

The Montserrat experience - Post disaster surgical services 2018	
Post Hurricane Health Sector Report	2018
St Johns District Clinic Surgical Services	1995 to 2000
Hurricane Hugo Glendon Hospital Plymouth	1989

The paper ends with a presentation of a proposed training program for non specialist medical practitioners who are expected to cope with similar natural disasters, and a summary of the proposed related activities for a private sector Institute of Surgical Research and Education.

Abstracts presented

IMPROVING ACCESS TO NOCTURNAL HAEMODIALYSIS AND IMPROVED QUALITY OF CARE IN THE EASTERN REGION HEALTH AUTHORITY

Rajeev Nagassar, Keston Daniel & Saskia Ramkisson

The Eastern Regional Health Authority

Objective

To determine patient perceptions of the optimal method to improve access and quality of patient care by introducing late night and/early morning dialysis (LNEM).

Methods

Using convenience sampling, random phone calls were made to patients on the Eastern regional Health Authority (ERHA) dialysis waiting list, as well as current patients being dialyzed at the Sangre Grande Hospital (SGH). This gave a population of approximately 155 patients. Participants were asked to rate on a scale of 1 to 10, their health condition. The survey was conducted over a period of 1 day and data collectors were guided by a survey instrument.

Results

64 persons were surveyed, 41% responded. Age: 27-78 years, μ 55. 34.9% of patients had dialysis for 2 years. 14 patients resided outside the ERHA catchment. 58% were interested in LNEM sessions: 24%, 8pm-12pm, 60%, 2am-6pm. 57% with LNEM preference had support of a friend/family. 22% will have to hire a vehicle for transportation, 14% will depend on public transportation. 70% interested in LNEM sessions rated themselves as moderately-very sick. 54% have 1 person accompanying them with 35% attending by themselves. 42% of respondents who indicated they were not interested in LNEM sessions, they (67%) sited transportation as the main hindrance followed by limited social support (63%).

Discussion

Late night/Early morning dialysis is a feasible option in the ERHA. Efforts should be made to assist patients with transport and social support to improve access and quality of patient care.

Abstracts presented

KNOWLEDGE AND UTILIZATION OF TRADITIONAL MEDICINE FOR TYPE 2 DIABETES MELLITUS AMONG RESIDENTS OF PAKURI (ST. CUTHBERT'S MISSION) IN GUYANA

Cecil Boston

University of Guyana

Aim

This study was designed to determine the knowledge and utilization of traditional medicine for Type 2 Diabetes (T2DM) among residents of Pakuri (St. Cuthbert's Mission) in Guyana.

Methodology

The study utilized a descriptive cross sectional design. Systematic random sampling procedures were done to identify study population. Prior informed consent from the village council, the Ministry of Indigenous Peoples' Affairs and individual participants were sought before the commencement of the study. The study was conducted over a four-week period.

Results

Three hundred and eighteen (318) participants were recruited for the study. The mean (±SD) knowledge score was 85.1 ± 16.8 with 50.9% of the study participants having good knowledge in traditional medicine for diabetes. DM affected 40.3% of the study participants, of this, more than half of the participants used traditional medicine to control their symptoms. Significant association was seen with age, gender, education and marital status among participants using traditional medicine for diabetes.

Conclusion

It is concluded that the use of traditional medicine is becoming increasingly popular and as such, efforts need to be made to revive and coordinate the use of medicinal plants/herbs by the Ministry of Public Health and Ministry of Indigenous People's Affair including the native flora of the local ecosystems. In addition, conclusive evidence on the contribution of the traditional medicine on the final outcome of management of T2DM could not be reach since the study was not controlled.

Abstracts presented

THE USE OF GEOGRAPHIC INFORMATION SYSTEMS FOR VECTOR SURVEILLANCE IN A SMALL ISLAND DEVELOPING STATE

Roshan Seeramsingh

Ministry of Heatlh, Trinidad and Tobago

Motivation

The Insect Vector Control Division (IVCD) of the Ministry of Health (MOH) is tasked with protecting the health of both the national and migrant populations residing in Trinidad and Tobago, from vector borne diseases. Critical to achieving this mandate is the need for an effective surveillance system, with usable data being readily available for analysis to improve decision making. Having identified several gaps in the existing surveillance system, there is a need to consider innovative, technological solutions to improve vector surveillance.

Objective

The primary goal of this project was to harness available geo-spatial technologies to strengthen the IVCD's surveillance system. This was achieved using the following objective: To design and test a cost-effective GIS-based environmental and entomological surveillance system for arboviral disease vector control.

Methodology

A mixed methods approach was applied to this case-study. Qualitative analysis methods, including key informant interviews, document analysis, and process tracing were used to understand data flow within the IVCD surveillance system from the point of on-field data collection to report generation and decision-making. The individual property was selected as the optimal unit of measure for property-level analysis. A pre-existing buildings shapefile was updated using 2014/2015 aerial imagery to improve spatial accuracy and each building attributed with a unique Identifier using ArcGIS. The shapefile's attribute fields were designed to mirror the paper-based form. The shapefile was then exported to GPS devices using the ArcPad software.

GPS training was conducted with field staff, following which 17 field teams undertook two cycles of data collection on both paper and GPS devices.

Upon the completion of each cycle, data from the GPS devices was transferred to the computer using ArcPad following which quantitative analysis was conducted using ArcGIS and Microsoft Excel.

Results

The GIS-based system eliminates the use of paper forms thereby limiting room for errors in data entry, aggregation, calculation and transcription. Strategically leveraging GIS technology through such a system has improved data quality and management, and created opportunities for mapping and spatial analysis which is not feasible using the paper-based system. Such modern, innovative approach is appropriate for limited-resources Small Island Developing States.

Abstracts presented

ONE HEALTH LEPROSY RESEARCH IN SURINAME

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Motivation

Leprosy is spread all over the world. In 2017, 210,671 new leprosy patients were registered worldwide. With 126,164 new cases in India and 26,875 in Brazil, these countries are the largest "suppliers" of leprosy.
In Suriname DNA of leprosy bacterium type 4 (West African type) was found on excavated bones of an African woman who died around 150 years ago. Also DNA of leprosy bacterium type 1 and/or 2 (Asian types) were determined in the soil around armadillo burrows. These findings indicate that leprosy came from different continents, and that the leprosy bacterium has nestled in nature in Suriname. This was also reported in Brazil and the USA indicating that "unexplained" leprosy infections can be attributed to contact with the soil or armadillos. In Suriname the meat of these animals is consumed by Maroon and other groups. The current leprosy paradigm refers to an infection transmitted from person to person. However, in the new approach animals and soil also play a role. This justifies interdisciplinary research.

Objective

To contribute to health policies through innovative research based on the One Health principle that ecologically links human beings, disease and environment in the transmission of leprosy, which includes (mythological) perceptions of leprosy patients. This is considered key to reduce health disparities and promote health equity across local and migrant populations in urban and rural regions.

Methodology

The methodology comprises a comprehensive approach to assess the causes and consequences of infectious disease at the levels of individuals, populations, communities, and ecosystems. This includes 1) the host-parasite relationship as a key ecological interaction 2) specific methods of disease ecology by scanning links between people, animals and environments, 3) paleopathological and DNA-based techniques in leprosy research.

Results

The recent discovery in Suriname of the presence of DNA from leprosy bacteria in the habitat of the armadillo indicates that both animals and soil might be carriers of these microorganisms. Inclusion of the environment and the traditional Maroon and Indigenous populations based on a One Health approach may contribute to new research lines on the origin of Leprosy as well as new policies for eradication.

Abstracts presented

PUBLIC HEALTH ORGANISATIONS SUPPORTING ECONOMIES: UNDERSTANDING THEIR GROWTH AND MAKING THEM SUSTAINABLE IN A SMALL ISLAND DEVELOPING STATE CONTEXT

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Motivation

The Caribbean is one of the most tourism-dependent regions in the World, ranking first in terms of its direct contribution to regional gross domestic product (GDP). This economic dependence has been threatened by multiple public health events, such as outbreaks of food-borne illnesses and emerging tropical diseases, including Chikungunya and Zika viruses. The region's small island developing state, (SIDS), context makes this economic dependence a greater vulnerability, given the limited resources to fight such threats. The Tourism and Health Programme (THP), which began operations in 2014 under the Caribbean Public Health Agency, (CARPHA), represents regional efforts to reduce these threats, ultimately towards economic security. Ensuring sustainability of the THP is vital. The Greiner Growth Model, (GGM), provides a framework for analysing organisational growth by assessing the management styles applied to the organisation and the management challenges experienced over time, thus allowing for identifying recommendations to support organisational growth.

Objectives

Within the context above, this study seeks to:

1.To identify the stages of growth that the THP has experienced using the GGM.

2.To develop recommendations towards sustainability of the THP.

Methodology

A single case-study design, grounded in the congruence method and the detailed narrative variety of process-tracing was used. Data was collected using semi-structured face-to-face interviews and discourse analysis. Data analysis applied sociological imagination and framework analysis.

Results

The THP was diagnosed as concurrently exhibiting characteristics of the first three evolutionary phases (Creativity, Direction, and Delegation) and the first two revolutionary phases (Leadership and Autonomy crises) of the GGM. It highlighted that the organisation was engaged in creating products and a market for them, while still having a focus on channelling staff's energy towards sustainable growth activities, while still faced with the need for leadership to pull the organisation together beyond that provided by a founder, and while faced with a burdensome and centralised hierarchy which a directive leadership style cannot manage. Engaging in the range of operations to execute such a mismatched complex of activities develops images of inefficiency and ineffectiveness, thus bringing to question the future success of the THP and the probability of its sustainability.

Meeting pictures

Meeting pictures