CARIBBEAN PUBLIC HEALTH AGENCY
Preventing Disease, Promoting and Protecting Health
CARIBBEAN PUBLIC HEALTH AGENCY
ANNUAL CARIBBEAN HEALTH RESEARCH CONFERENCE

Celebrating 60 Years Of Research

Shelly-Ann Hunte
Research Scientist

© 2015
CARIBBEAN PUBLIC HEALTH AGENCY
Headquarters
16-18 Jamaica Blvd
Federation Park
Port of Spain
Trinidad and Tobago
www.carpha.org
Tel: +1-868: 299-0820; 299-0895; 622-4261
CARPHA expresses sincere thanks to those individuals whose time and efforts were instrumental in the preparation of this publication.

Special Thanks to:

**Dr. Donald Simeon**  
*Former Director and Scientific Secretary*  
*Caribbean Health Research Council and Director, Research, Training and Policy Development*  
*Caribbean Public Health Agency*

**Professor, Sir Errol Walrond**  
*This book has been an invaluable resource; it provides a comprehensive understanding of the history of the Health Research Councils in the Commonwealth Caribbean over a 40 year period.*

**Professor David Picou**  
*Former Director of Research and Scientific Secretary*  
*Commonwealth Caribbean Medical Research Council and the Caribbean Health Research Council*

**Professors T. Forrester, D. Picou and S. Walker**  
*Editors, The House that John Built, Tropical Metabolism Research Unit, UWI, 1956-2006*

**Former Scientific Secretaries**  
*Standing Advisory Committee for Medical Research in the British Caribbean Commonwealth Caribbean Medical Research Council*  
*Caribbean Health Research Council*

**Research Advisory Committee Members**  
*Caribbean Public Health Agency*

**Ria Rampersad**  
*Research Intern*  
*Caribbean Public Health Agency*

*Cover Design by Khreative Works*
# TABLE OF CONTENTS

Abbreviations ....................................................................................................................... i

Preface .................................................................................................................................... ii

The Evolution of the Regional Medical/Health Research Council

**SAC to CCMRC to CHRC to CARPHA** ........................................................................... 1

Annual Health Research Conference, 1956 – 2015 ............................................................... 15

Regional Research into Action:

**Its Influence on Policy, Practice and Health Programming** ........................................... 25

A Tribute to Former Scientific Secretaries and Research Advisory Committee Members .......... 34

Conclusion ............................................................................................................................... 49

References ............................................................................................................................... 51
ABBREVIATIONS

CANREC: Caribbean Network of Research Ethics Committees
CAREC: Caribbean Epidemiology Centre
CARICOM: Caribbean Community
CARPHA: Caribbean Public Health Agency
CCH: Caribbean Cooperation in Health
CCMRC: Commonwealth Caribbean Medical Research Council
CDC: Centers for Disease Control and Prevention
CDs: Communicable Diseases
CFNI: Caribbean Food and Nutrition Institute
CHRC: Caribbean Health Research Council
CMO: Chief Medical Officer
COHSOD: Council on Human and Social Development
EH: Environmental Health
ENHR: Essential National Health Research
FH: Family Health
HRS: Health Research Systems
HSR: Health Services Research
IGA: Inter-Governmental Agreement
L/C: Lab/ Clinical
M&E: Monitoring and Evaluation
MH: Mental Health
MRC: Medical Research Council
NCDs: Non-Communicable Diseases
NIH: National Institutes of Health
PAHO: Pan American Health Organization
RAC: Research Advisory Committee
SAC: Standing Advisory Committee for Medical Research
SRU: Sickle Cell Research Unit
TMRI: Tropical Medicine Research Institute
TMRU: Tropical Metabolism Research Unit
UCWI: The University College of the West Indies
UWI: The University of the West Indies
PREFACE

In 2015, we celebrate the 60th Diamond Jubilee of the Annual Caribbean Health Research Conference – 60 Years of Health Research. This is an outstanding achievement. There are few Caribbean initiatives or programs that have lasted 50 years or more. The University of the West Indies (UWI) and the West Indies cricket team are two that come to mind – even though the performance of our cricket team has not been very flattering in recent times. The longevity of the Conference is primarily the result of the remarkable efforts of persons who were entrusted to plan and manage it over the years as well as its acknowledged benefits. The latter were the reasons for the loyal participation of the delegates and were related to the ability of the Conference to evolve, ensuring that it maintained its relevance. This was important given the changes over time in the Region’s disease profile, its health and research systems and even the key national and regional health and research institutions.

As we reflect, it is important to note that the value of conducting research and sharing the findings with key stakeholders to guide health policy, programming and practice for the improved health of the Caribbean people was recognised and acted upon over 60 years ago. That is, since the 1950s, the promotion of evidence-based policies and practices were actively and successfully facilitated in the Caribbean!

But what really is the Annual Caribbean Health Research Conference? It is a landmark annual Caribbean event that has different meaning and significance for its different stakeholders.

The Annual Conference is an international scientific meeting at which research conducted in the Caribbean, or which has relevance to its people, is presented. That is, it is the principal forum for sharing new health research findings emanating from the Caribbean. Through a transparent and rigorous process research studies that attain the requisite high standard are selected for oral and poster presentation. The impressive quality of debate and discussion on the research presented has always been a hallmark of the Conference. In addition to the presentation of the original research findings, the programme also includes Feature Lectures in which luminaries make presentations on the current status or controversies in their respective fields. The highpoint of the Conference is the Awards Banquet at which the Region’s most accomplished health researchers are honoured for their contributions to science. Delegates look forward to this event to learn more about the careers of our champion researchers.

The Annual Conference is a training ground for the Region’s budding young researchers where they are schooled in scientific methodology and the interpretation of findings. The mix of senior and junior researchers at the Conference facilitates valuable mentorship. The Conference has been recognised as a rite of passage for all the leading Caribbean researchers who, early in their careers, had to deliver presentations before the Region’s top scientists and face their discerning scrutiny. This has always been a valuable teaching exercise. In addition to the feedback received after presentations, young researchers have the opportunity to participate in formal training workshops that address topics such as study design, data analysis, grant writing, and manuscript preparation.

The Conference is a hub around which a series of regional and international health and research meetings are hosted every year. These range from official meetings of CARICOM to ones hosted by various regional professional groups and international institutions. The annual meeting of the Region’s Chief Medical Officers (CMOs) is held immediately preceding the Conference. This facilitates the CMOs’ attendance at the Conference where they can identify research findings that are relevant to their needs and which can be used to guide their countries’ health policies and programming. In addition, because of the presence of so many senior health professionals and scientists, a number of professional associations and societies
have hosted their annual professional meetings around the Conference. Examples over the years include the Caribbean Association of Nephrologists and Urologists and the staging of the inaugural Bioethics Forum of the Bioethics Society of the English speaking Caribbean (BSEC). There are also a number of workshops and the launch of various regional and international health and research programs during the days preceding the Annual Conference. It is therefore not surprising that leading international research agencies such as the US National Institutes of Health (including Fogarty International Center, NCI and NIDA), British Medical Research Council, and the Council on Health Research for Development (COHRED), inter alia, have used this facility to host a range of high level meetings and training workshops. Indeed, the 2009 report of the World Cancer Research Fund/American Institute for Cancer Research i.e. Food, Nutrition, and Physical Activity: A Global Perspective was launched at an Annual Conference.

The Conference is a unique forum where all the key health stakeholders in the Caribbean gather once a year to share experiences. Attendees include researchers, policy makers, care providers and students. This distinctive congregation of professionals has spawned numerous regional and international collaborations among researchers as well as with policy makers. Researchers are better able to identify the needs of the policy makers and the latter are not only apprised of the latest research findings but also understand those researchers with similar interests. The Annual Conference also serves as a marketplace where innovations as well as new health products and programs are shared with stakeholders.

CARPHA is pleased to prepare this report, which also exemplifies the Annual Caribbean Health Research Conference. *60 Years of Health Research* is the result of team work with many of the Region’s research leaders making significant contributions. Even so, the contribution of the CARPHA Research Scientist, Ms Shelly-Ann Hunte towards the success of this report must be recognised. Her efforts are a timely reminder of the selfless dedication and leadership of persons such as Professors David Picou and Sir Errol Walrond who were responsible for ensuring the successful hosting of the Conference over the years.

This report, inter alia, chronicles the evolution of the Region’s medical/health research council, which was responsible for the hosting of the Conference over the last 60 years. Although there were name changes, the core functions of the council remained virtually the same. It was originally known as the Standing Advisory Committee when it was established in 1955. The name changed to the Commonwealth Caribbean Medical Research Council then the Caribbean Health Research Council in 1972 and 1998, respectively. In 2013, it was merged with four other CARICOM health institutions to form the Caribbean Public Health Agency. The innovations introduced over the years are highlighted in the report.

The report also includes a very useful analysis of the research presented over the 60 years. Trends were identified that reflected the relative importance of various health conditions in the Region, and therefore the research interests, over time. Critically, the publication highlights the impact of the research presented at the Conference. This includes the uptake of the research findings to influence health policy and programming as well as clinical practice. The report ends with tributes by the main actors who were responsible for the Conference’s success.

We truly hope that we have captured the essence of what is the Annual Caribbean Health Research Conference and therefore allow you to appreciate its significant contributions to the health of the Caribbean peoples over the last 60 years.

*Donald T. Simeon, Ph.D.*

*June, 2015*
Health Research Councils have a mandate to promote, coordinate, guide, govern, support and harvest research for health to inform policy, practice and health programming, with the aim of improving health and facilitating development. Historically, within the Region, the first record of such activities was in 1955 when the Standing Advisory Committee (SAC) for Medical Research in the British Caribbean was established. This evolved into the Commonwealth Caribbean Medical Research Council (CCMRC) in 1972, then the Caribbean Health Research Council (CHRC) in 1998. When the Caribbean Public Health Agency (CARPHA) became operational in 2013, it included the research council functions of the CHRC (see Figure 1).

**FIGURE 1: TIMELINE OF THE REGIONAL RESEARCH COUNCILS IN THE CARIBBEAN**
STANDING ADVISORY COMMITTEE (SAC) FOR MEDICAL RESEARCH IN THE BRITISH CARIBBEAN
1955 – 1972

In 1955, the Standing Advisory Committee (SAC) for Medical Research in the British Caribbean was established as an advisory body to the United Kingdom’s Secretary of State for the Colonies. The Committee’s mandate was “to advise on the need for medical research, on the means for ensuring that the results of research are applied in practice, and to keep under review the facilities for inter-territorial collaboration in medical research”. The SAC comprised the Territories’ Directors of Medical Services, Representatives from the University College of the West Indies (UCWI), Representatives of the Colonial Research Committee and Elected Members (distinguished scientists). Its administrative office was located at the Tropical Metabolism Research Unit (TMRU), UCWI, Jamaica (1).

The Committee subsequently held an advisory role to the Federal Government (West Indies Federation) upon its formation in 1958. Initially, the funding for this Committee was provided by the British Government. However, after the dissolution of the Federal Government in 1962, the Governments in the Region accepted responsibility for the SAC and by 1963 the Committee was funded by independent Governments in the Region as well as the Government of the United Kingdom. Oversight of the Committee’s work was provided at the Annual Council Meetings. Over the lifespan of the Committee, three Chairmen presided over these meetings (see Figure 2). The Secretariat, until 1961, comprised a sole Scientific and Administrative Secretary, Professor John Waterlow. Several distinguished scientists were later appointed (1) (see “Tribute to Former Scientific Secretaries”).

FIGURE 2: CHAIRMANSHP OF THE SAC

| 1958 - 1965 - Mr. B.H. Easter |
| 1965 - 1984 - Sir Hugh Springer |

SIGNIFICANT ACHIEVEMENTS OF SAC

Annual Scientific Meetings
The most significant achievement of the SAC was the hosting of the Annual Scientific Meetings (later renamed the Annual Caribbean Health Research Conference). The first Scientific Meeting was held in Jamaica in 1956. Thirty-two research papers were presented by researchers from Jamaica, Guyana and Trinidad and Tobago. These research papers explored some of the important health problems at that time and included studies on infectious diseases (e.g. malaria, yaws, and tuberculosis), the surgical treatments of peptic ulcers, malnutrition, neuropathies of unknown origin and diabetes (1).

The Block Grant Scheme
The SAC introduced the research grants scheme in 1957 with a block grant of £5000. The grants were awarded mainly to researchers executing small projects and funded equipment, supplies and secretarial or technical support. The distribution of these grants were critical as they financed the work of junior researchers as well as provided supplemental funding for larger projects (1). To date, research grants continue to be an important mechanism for building research capacity and promoting research in the Region. It has been renamed the Research Grants Programme.
COMMONWEALTH CARIBBEAN MEDICAL RESEARCH COUNCIL (CCMRC)  
1972 - 1998

In 1972, the SAC transitioned into the Commonwealth Caribbean Medical Research Council (CCMRC), when the Conference of Ministers Responsible for Health accepted a proposal for the formation of a formal Medical Research Council. The Council’s mandate was “to promote health and coordinate medical research in the Commonwealth Caribbean and to provide assistance to governments on matters relating to medical research, including the needs and priorities appropriate to the area”. CCMRC became an official regional institution (later a CARICOM institution), funded by contributions from CARICOM Member States.

Some of the main activities conducted by CCMRC included the hosting of the research grants programme; the hosting of the Annual Scientific and Council Meetings; building research capacity through the hosting of research skills workshops (basic and advanced); developing and disseminating clinical practice guidelines; and facilitating regional collaborative research. This work was administered through its Secretariat which consisted of several distinguished scientists (see “Tribute to Former Scientific Secretaries”). In 1988, Professor David Picou was appointed the first Director of Research and the Council’s administrative office was relocated from the Tropical Metabolism Research Unit (TMRU), UWI, Jamaica to Trinidad and Tobago. The composition of the Council, its Chairmen and the Director of Research is indicated in Figure 3 (1).

FIGURE 3: COMPOSITION OF COMMONWEALTH CARIBBEAN MEDICAL RESEARCH COUNCIL/CARIBBEAN HEALTH RESEARCH COUNCIL

<table>
<thead>
<tr>
<th>Composition of the Council:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Representatives of Governments</strong> (Chief Medical Officers; CARICOM Secretariat and the relevant UK Agency representing dependent territories)</td>
</tr>
<tr>
<td><strong>Representatives of Academic Institutions</strong> (The University of the West Indies, The University of Guyana)</td>
</tr>
<tr>
<td><strong>Representatives of Affiliated Institutions</strong> The Caribbean Epidemiology Centre (CAREC); The Tropical Metabolism Research Unit (TMRU); The British Medical Research Council (MRC) Laboratories; Sickle Cell Unit; The Caribbean Food and Nutrition Institute (CFNI))</td>
</tr>
<tr>
<td><strong>Representative of other Invited Organizations (Observers)</strong> Pan American Health Organization (PAHO); National Institutes of Health (NIH); French Medical Research Council (INSERM); The United Nations Children's Fund (UNICEF); The Caribbean Institute of Perinatology (CIP); The Medical Alumni Association, UWI; The Caribbean Public Health Association (CARPHA); The Wellcome Trust , UK; The Government and University of the Netherlands Antilles</td>
</tr>
<tr>
<td>Chairmanship:</td>
</tr>
<tr>
<td>Sir Hugh Springer</td>
</tr>
<tr>
<td>Sir Arthur Lewis</td>
</tr>
<tr>
<td>Professor, Sir Kenneth Stuart</td>
</tr>
<tr>
<td>Sir John Golding</td>
</tr>
<tr>
<td>Sir Neville Nicholls</td>
</tr>
<tr>
<td>Sir Keith Hunte</td>
</tr>
<tr>
<td>Directors</td>
</tr>
<tr>
<td>1988 - 2002 – Professor David Picou</td>
</tr>
<tr>
<td>2002 - 2012 – Dr. Donald Simeon</td>
</tr>
</tbody>
</table>

SIGNIFICANT ACHIEVEMENTS OF CCMRC

Essential National Health Research

In 1992, CCMRC introduced the concept of Essential National Health Research (ENHR) at its 37th Annual Scientific Meeting in Curacao. ENHR is a tool that assists Governments to identify and prioritize health research areas/topics. Subsequently, in 1994 the Council developed a proposal to implement ENHR in the Caribbean. The Conference of CARICOM Ministers Responsible for Health later endorsed this proposal as
a research strategy to be implemented at the national and regional level \(^{(2)}\). Research scientists based in Barbados, Jamaica and Trinidad and Tobago were to work closely with Ministries of Health to plan and implement national and regional research on priority problems.

**Health Services Research and the Development of Clinical Guidelines**

CCMRC was awarded a three year grant to support health services research and training in 1992 by the Overseas Development Agency, UK. The project focused on diabetes and hypertension and it aimed to undertake research that would lead to improved methods of providing care and monitoring, improve the quality of health care for treatment; and to train health services staff in methods of health services research. A major outcome of the project was the development of “Guidelines for Managing Diabetes” in the form of a booklet as well as posters. These were widely distributed throughout the Caribbean. Similar publications were produced and disseminated for hypertension and asthma \(^{(2)}\). Over time, these guidelines have been updated to ensure that they incorporate current research findings.

![Guidelines for Managing Diabetes](image1)

**1ST EDITIONS OF THE CLINICAL PRACTICE GUIDELINES FOR DIABETES, HYPERTENSION AND ASTHMA**

**Research Skills Training**

In accordance with its mandate to promote and coordinate medical research in the Commonwealth Caribbean, CCMRC facilitated the training of doctors and other health professionals in research skills. Funding opportunities were sought for selected individuals to obtain Masters Degrees and Doctorates at research institutes. Also, research skills lectures and symposia were conducted at the Annual Scientific Meetings in collaboration with organizations such as the National Institutes of Health, USA \(^{(1)}\). These were well-attended and the positive feedback received, led to the development of research skills workshops (basic and advanced) and accompanying manuals to increase and improve the research capabilities of participants \(^{(2)}\). As the health research councils evolved, the workshops remained an important mechanism to build and strengthen health research capacity in the Region.
SCIENTIFIC SECRETARIES: PROFESSORS ALAN JACKSON (LEFT) AND DAVID PICOU (RIGHT) REPRESENT CCMRC AT THE PAN AMERICAN CONFERENCE FOR HEALTH RESEARCH POLICY, APRIL 1982, CARACAS

CCMRC IS REPRESENTED BY PROFESSOR DAVID PICOU (LEFT) AT PAHO’S SCIENTIFIC ADVISORY COMMITTEE MEETING, 1975
CARIBBEAN HEALTH RESEARCH COUNCIL (CHRC)  
1998-2012

In 1998, the Commonwealth Caribbean Medical Research Council (CCMRC) was renamed the Caribbean Health Research Council (CHRC). This change was essential to facilitate the inclusion of non-Commonwealth Caribbean countries such as Haiti, Suriname, the Netherland Antilles and French speaking countries such as Martinique and Guadeloupe. It was customary (as early as 1964) to have papers presented at the Annual Scientific Meetings by researchers from these countries (3).

Also reflected in the name change was the position that health research encompassed a broad range of non-medical research areas such as health services, social and behavioural sciences, health economics, etc. The Council’s membership composition remained the same. In 2002, Professor David Picou retired as Director and was succeeded by Dr. Donald Simeon. In 2004, the Council approved a new Strategic Plan which included a revision of its core functions and defined its Mission, Vision and Philosophy (see Figure 4).

FIGURE 4: CHRC’S MISSION, VISION AND PHILOSOPHY

The Council’s redefined core functions (4) (2004):

⇒ To advise governments and other decision makers on matters related to research and other related health matters
⇒ To stimulate and enable original health research in the Caribbean
⇒ To facilitate and promote communication and sharing of scientific outputs among health scientists and related professionals in the wider Caribbean region, especially through the organization of annual scientific meetings
⇒ To facilitate and promote the development and strengthening of research capacity throughout the Caribbean
⇒ To facilitate and promote the development and strengthening of monitoring and evaluation (M&E) capacity and systems in the Caribbean
⇒ To strengthen the Caribbean research culture through the conduct and coordination of research and related activities including the development of health research agendas and the establishment of the Essential National Health Research (ENHR) strategy
→ To supplement the financial resources of the Council by identifying additional sources of funding for research through fund raising activities

Other functions [4]:
→ To administer a Research Grants Scheme to fund health research projects
→ To promote a deeper understanding of ethics among researchers and the establishment of structures for ethical review and oversight in the Caribbean
→ To perform an advisory role to the scientific community in relation to the vision, scope, priorities and implementation strategies that should guide scientific research in the Region
→ To identify areas of health research of the greatest potential benefit to the people of the Caribbean
→ To collect, disseminate and publish reports and other information relating to health research in the Caribbean
→ To take all necessary actions consistent with the purposes of the Council.

Consistent with its predecessor organizations, the work of CHRC was carried out through the administration of Research Grants; the hosting of the Annual Scientific Meetings; delivery of Training Workshops along with the production of accompanying manuals (Basic and Advanced Research Skills, Research Ethics, Grant Writing and Monitoring and Evaluation); the promotion of Essential National Health Research; the development of Regional Clinical Practice Guidelines for conditions of public health importance (Hypertension, Diabetes, Asthma, Depression, Maternal Care in Pregnancy); facilitating the conduct of research in priority health areas through the development of the Health Research Agenda for the Caribbean; the provision of Technical Support to Member States and other Regional Health Organizations; and the promotion of Research Ethics [4].

SIGNIFICANT ACHIEVEMENTS OF CHRC

Monitoring and Evaluation
A major achievement of the CHRC was the establishment of its Monitoring and Evaluation (M&E) programmes. This included building awareness of the importance of M&E which led to a revolution and culture change that was supported by capacity development at the national and regional levels. The M&E programme began in 2003 and expanded with funding support in 2004 from the Centers for Disease Control and Prevention (CDC) such that the CHRC and now CARPHA is recognized as the lead Agency for M&E in the Caribbean.

![Participants engaged in group work at a basic M&E workshop](image)
Health Research Policy

In 2009, the CHRC developed the Health Research Policy for the Caribbean. The goal of the Policy is to guide the strengthening of systems to facilitate the development of evidence-based health policies, programmes and practices, through increased production, access and use of quality health research. The Policy provides a blueprint that can be adapted or adopted by CARICOM countries to facilitate the strengthening of national Health Research Systems (HRS). It outlines key strategies within each core function of an HRS: stewardship (governance), financing, building and maintaining resources and producing and using research. The Policy has been endorsed by the CARICOM’s Council on Human and Social Development (COHSOD) and shared with Member States (6).

Health Research Agenda for the Caribbean

The Health Research Policy of the Caribbean identified setting a Regional Health Research Agenda, which can be adapted or adopted by Member States, as a critical step towards strengthening HRS in the Caribbean. In 2011, CHRC developed and disseminated the Health Research Agenda for the Caribbean. The Agenda was endorsed by COHSOD. It defines the health research priorities of the Caribbean and identifies critical gaps in research. It contains the research priorities for each of the eight programme areas of the Caribbean Cooperation in Health (CCH III). CCH III defines the health priorities of CARICOM countries and comprises the following programme areas: Food and Nutrition, Communicable Diseases, Non-Communicable Diseases, Mental Health, Environmental Health, Family and Community Health, Strengthening Health Systems and Human Resources for Health. The Agenda was shared with research institutions, researchers and funding agencies. These included: Ministries of Health, Ministries of Science and Technology, Universities and other academic institutions, Regional Health Institutions, Health Professionals Associations, Non-Governmental Associations and the Pan American Health Organization (7).

CARIBBEAN PUBLIC HEALTH AGENCY (CARPHA)
2013 - Present

In July 2011, the Caribbean Public Health Agency (CARPHA) was legally established by an Inter-Governmental Agreement (IGA) signed by Heads of States of CARICOM Member States and began operation in January 2013. CARPHA is the principal regional institution charged with the provision of strategic direction in analysing, defining and responding to the public health priorities of Member States (see Figure 5).
The Agency rationalizes public health arrangements in the Region by combining the functions of five former Caribbean Regional Health Institutes (RHIs) into a single agency. They were:

- The Caribbean Environmental Health Institute (CEHI)
- The Caribbean Epidemiology Centre (CAREC)
- The Caribbean Food and Nutrition Institute (CFNI)
- The Caribbean Health Research Council (CHRC)
- The Caribbean Regional Drug Testing Laboratory (CRDTL)

**FIGURE 5: CARPHA’S MISSION**

**CARPHA’s Policy Framework for Research**

The IGA that established the Agency includes functions related to a Health Research Council. The Research, Training and Policy Development Unit (RePDU) of CARPHA has subsumed the functions and capacities of the previous Caribbean Health Research Council and the Unit’s core functions mirror those of its predecessors:

- Promote research for health, monitoring and evaluation (M&E) and use of evidence to drive policy
- Advise Governments and other stakeholders on research for health and on M&E matters
- Strengthen national and regional health research systems
- Develop mechanisms to support priority research
- Build and strengthen national and regional M&E systems
- Promote sharing of Region’s scientific outputs
- Facilitate the development of evidence-based health policy
- Facilitate evidence based practice
- Develop national and regional capacity in health research and M&E

CARPHA’s Research Advisory Committee (RAC) has replaced the Scientific and Management Committee of the former organizations (SAC, CCMRC, and CHRC). The RAC members are senior health researchers as well as senior public health officials involved in the development and implementation of health policy in the Caribbean. The Committee’s functions are to advise on the development, implementation and update of CARPHA’s research policies and its research agenda; advise on translation of research findings to policy, programmes and practice; support the dissemination of research findings, especially through the hosting
of the Annual Research Conference; critically assess applications for funding under the CARPHA Research Grants Programme; and to liaise and maintain partnerships/collaborations with researchers, Ministries of Health, Universities and other research organizations.

**SIGNIFICANT (RESEARCH COUNCIL) ACHIEVEMENTS OF CARPHA**

In addition to continuing the work of the former CHRC (Research Grants Programme; Annual Caribbean Health Research Conference; Training Workshops, developing Clinical Practice Guidelines, facilitating the conduct of research in priority health areas, and the provision of Technical Support to Member States), CARPHA has made significant progress in supporting the use of evidence in policymaking, practice and health programming and promoting the ethical oversight for research involving human participants in the Region.

**CARPHA’s Role in the Facilitation of Evidenced-Based Health Policy Making in the Region**

CARPHA has recognized that it has critical role to play in assisting Member States to narrow their research-policy gaps. As a result, the Agency has developed a Comprehensive Strategy for Building and Maintaining Robust Research-Policy Linkages. The strategy identifies the development and maintenance of a Knowledge Translation facility, the Evidence Informed Decision Making Network of the Caribbean (EvIDeNCe), to serve as a regional knowledge intermediary. The facility is dedicated to systematic synthesis, dissemination, exchange and translation of knowledge into regional health policy action. The mandate of CARPHA’s EvIDeNCe is to:

- Provide an accessible contextualized knowledge base to support Caribbean health policymaking needs;
- Facilitate regular and sustained dialogue and knowledge exchange between researchers and policy-makers; and
- Build capacity of researchers, policy-makers, and other research users.

As part of the research-related activities surrounding the 60th Anniversary of the Annual Caribbean Health Research Conference, CARPHA will launch its EvIDeNCe Portal. This Portal will make available both published and grey literature to Ministry of Health technical staff, CARPHA staff, Regional Health Authority policy and planning staff, health system stakeholders and University faculty and students. It will provide access to electronic libraries (e.g. Virtual Health Library, MedCarib etc.), packaged synthesis products (e.g. policy briefs, etc.) and online training tools & resources. It will also function as a clearinghouse for locally produced research.

**CARPHA’S Research Ethics Committee (REC)**

In keeping with its responsibility to facilitate the establishment of systems that ensure that all studies conducted in its Member States comply with the highest ethical standards, CARPHA has established a Research Ethics Committee (REC). The Committee provides ethical oversight for research involving human participants conducted under its auspices, that is, research conducted by staff or funded by its Research Grants Programme. The services of the REC are available to CARPHA Member States. As such, 2 of the Committee’s 6 objectives are to:
Provide technical assistance/advice on matters related to research ethics to Chief Medical Officers, Research Ethics Committees and other officials from CARPHA Member States. This may include the conduct of reviews of research proposals for ethical acceptability, on request.

Provide ethical oversight for multi-country Caribbean research studies (11).

CARPHA also plays an important role in building capacity in its Member States to establish and manage RECs. This is achieved through training workshops and the provision of technical assistance. The recently established Caribbean Network of Research Ethics Committees (CANREC) provides a sustainable infrastructure for research ethics committees within CARPHA Member States to promote, exchange, and cooperate intra-regionally and internationally in matters of research and research ethics. It also provides harmonization of multidisciplinary ethical reviews between network members to improve the protection of human participants in all aspects of medical and health-related research involving human beings, human material and data; and it augments the sharing of information and intellectual resources, policies, and review strategies among network members (12).

SUMMARY
For the past 60 years the Region has benefited from the work of the different iterations of the Health Research Council. To date, much progress has been made to foster a research culture in the Region and to facilitate the production and use of research in policy, practice and health programming. The World Health Organization states that “…research and the evidence that it yields are critical elements for improving health and health equity, as well as economic development…” (14). Much has been done through the efforts of the research councils and the work continues in the Region.
Overview

The Annual Caribbean Health Research Conference (formerly the Annual Scientific Meeting) was and continues to be the main mechanism by which each iteration of the Health Research Council i.e. the Standing Advisory Committee for Medical Research (SAC), the Commonwealth Caribbean Medical Research Council (CCMRC), the Caribbean Health Research Council (CHRC) and now the Caribbean Public Health Agency (CARPHA), achieved its mandate to promote research and share the Region’s scientific outputs. The Conference is the largest in the English-speaking Caribbean with over 200 delegates in attendance. These include researchers, policy makers, students and health care providers; a unique network of health stakeholders are provided with a forum to collaborate, share needs, information and experiences.

In 1956, the SAC hosted the first Annual Scientific Meeting at the University College of the West Indies, Jamaica and 32 scientific papers were presented. Since then, the Conference has been hosted every year by the institutions that evolved from the SAC. The Conference is the longest running health research conference in Latin America and the Caribbean and has grown steadily over the years; there will be over 170 papers presented at the 2015 Conference. It is usually held in the third week of April for 2 ½ days and the deadline for submission of research papers is November 1st of the preceding year. Currently, papers are reviewed by the Research Advisory Committee of CARPHA; however, prior to establishment of CARPHA, papers were reviewed by the Scientific Secretaries and the Director.

Host Countries

The Conference venue is rotated throughout the Caribbean and has been held in 18 different countries. The Meeting was held most frequently in Jamaica (16) followed by Trinidad and Tobago (11) and Barbados (9) (see Table 1). For the first 15 years, the meeting was alternated each year between Jamaica, Guyana, Trinidad and Tobago and Barbados to reduce cost of travel as the majority of papers presented were from researchers in these countries (1). Also, the administrative office for the SAC and CCMRC was initially located within the Tropical Metabolism Research Unit (TMRU) at University of the West Indies, Jamaica.
<table>
<thead>
<tr>
<th>Host Countries</th>
<th>Number of Years</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>1</td>
<td>1990</td>
</tr>
<tr>
<td>Aruba</td>
<td>1</td>
<td>2014</td>
</tr>
<tr>
<td>Bahamas</td>
<td>3</td>
<td>1972; 1981; 2003</td>
</tr>
<tr>
<td>Belize</td>
<td>1</td>
<td>1977</td>
</tr>
<tr>
<td>British Virgin Islands</td>
<td>1</td>
<td>1987</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>1</td>
<td>2012</td>
</tr>
<tr>
<td>Curacao</td>
<td>1</td>
<td>1992</td>
</tr>
<tr>
<td>Grenada</td>
<td>2</td>
<td>2004; 2015</td>
</tr>
<tr>
<td>Montserrat</td>
<td>1</td>
<td>1989</td>
</tr>
<tr>
<td>St. Kitts &amp; Nevis</td>
<td>1</td>
<td>2006</td>
</tr>
<tr>
<td>St Lucia</td>
<td>2</td>
<td>1975; 2009</td>
</tr>
<tr>
<td>St. Maarten</td>
<td>1</td>
<td>1997</td>
</tr>
<tr>
<td>St. Vincent &amp; Grenadines</td>
<td>1</td>
<td>1985</td>
</tr>
<tr>
<td>Suriname</td>
<td>1</td>
<td>2008</td>
</tr>
</tbody>
</table>

**The Evolution of the Annual Caribbean Health Research Conference**

There are several significant events that should be noted when reviewing the history of the Conference (see Figure 6). These include:

- **Seminars and Symposia**

- **Publication of Conference Proceedings in the West Indian Medical Journal Supplements**
  The Conference proceedings and the abstracts of the papers accepted for presentation were first published in a supplement of the West Indian Medical Journal in 1983(1) and this continues to date.

- **Poster Presentations**
  In 1984, poster presentations were introduced as the quantity of research papers submitted increased and number of oral presentations were limited by the 2 ½ days duration of the Conference.
• **Registration Fee**
  Initially, researchers whose papers were accepted for presentation were funded by either the Council, their University or their respective Ministries of Health. However, over time researchers became responsible for supporting their attendance at the Conference. In addition, a registration fee was introduced in 1994 as funds available to the Council from the contributing Governments diminished and the number of participants increased (1).

• **Prizes**
  A prize for the best poster was introduced in 1984 to highlight the poster presentations and to remove any perception that these papers were of a lesser quality of research than the oral presentations. To encourage junior researchers and to foster a research culture, a prize was introduced in 1992 for the best oral presentation by a junior researcher. In 2005, this prize was renamed the “David Picou’s Research Award”. The student prize was introduced in 2006.

• **Conference Theme**
  From 2013, the Conferences were themed: 2013 – “Child Health”; 2014 –“Non-Communicable Diseases throughout the Life Course”; and 2015 – “Violence and Injuries Prevention: an Urgent Public Health Issue”. Irrespective of the conference theme, quality research papers in all priority health areas are considered for acceptance and presentation.

• **Research to Policy Meeting/Policy Dialogue**
  The first Research to Policy meeting was held in Barbados in 2013 on the day preceding the Conference. The meeting addressed issues related to childhood obesity. The Research to Policy meeting was entitled “Combating the Childhood Obesity Epidemic” and Chief Medical Officers (CMOs) from CARPHA Member States were the main target audience for this meeting. Other participants included CARPHA’s Research Advisory Committee members and academia. The meeting objectives were to present current knowledge relating to childhood obesity; present the current status in the Caribbean; and to identify and share recommendations for action by countries and other partners. In 2014, a Policy Dialogue was hosted in Aruba. The focus was also childhood obesity. At the dialogue, a policy brief on “Effective Interventions for the Prevention of Childhood Obesity” was presented and discussed with CMOs and other stakeholders.

  A stakeholder’s dialogue on “Strengthening Injury and Violence Prevention Efforts in the Caribbean” will feature at the 2015 Research to Policy meeting in Grenada. An evidence brief on “Preventing Interpersonal and Self-Directed Violence and Injuries in the Caribbean” will be shared and discussed. Invited stakeholders include individuals who will be involved in or affected by decisions about the issue.

• **Town Hall Meeting**
  The first Town Hall Meeting/Public Lecture was co-hosted by the Ministry of Health, Barbados and CARPHA on the evening preceding the start of the 2013 Conference. The topic was Childhood Obesity. After the presentations by the panellists, the floor was opened and a lively discussion ensued. There were over 70 members of the community present and they expressed their concerns about the seriousness of Childhood Obesity – both in terms of the high and increasing prevalence as well as the consequences. They also proffered suggestions regarding the reasons for the epidemic as well as policies and interventions, which they believed would be effective. In 2014, a similar Meeting was co-hosted with the Ministry of Public Health, Aruba.
• **Training Workshops**
  From as early as 1987, research skills training workshops (then called research skills symposia) were hosted during the week of the Conference. This continues to date and it is customary for the following training workshops to precede the Conference.
  - Basic Monitoring and Evaluation
  - Basic Research Skills
  - Study Designs
  - Data Analysis using Epi Info

![Figure 6: Historical Time of the Annual Health Research Conference](image)

**Awards Banquet**
The Awards Banquet was introduced in 1995. It was important to pay tribute to the Region’s research leaders and share their stories including the challenges faced early in their careers and their ultimate successes. This has proven to be quite inspirational to young researchers. Thus far, the work of 47 eminent researchers have received commendation (see Table 2).
Awardees, 2011:
Professors E. Nigel Harris & P. Figueroa

Awardee, 2012:
Dr S. Rawlins (right) receives his award from Dr H. Mohammed

Awardees, 2013:
Professors C. Christie-Samuels & R. Wilks

Awardees, 2014:
Minister of Public Health, Aruba: Dr Alex Schwengle (centre) and 2014 Awardees: Professors A. McCaw Binns (left) & F. Hickling (right)
TABLE 2: AWARDEES, 1995-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Awardees</th>
<th>Awardees, 2005: Special 50th Anniversary Ceremony</th>
<th>Year</th>
<th>Awardees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>Dr. David Picou</td>
<td>CARICOM Secretariat</td>
<td>2006</td>
<td>Prof. Henry Fraser</td>
</tr>
<tr>
<td></td>
<td>Dr. Theo Poon King</td>
<td>Tropical Metabolism Research Unit</td>
<td></td>
<td>Dr. Alan Patrick</td>
</tr>
<tr>
<td></td>
<td>Prof. E.R. Walrond</td>
<td>University of the West Indies</td>
<td>2007</td>
<td>Dr. Deanna Ashley</td>
</tr>
<tr>
<td></td>
<td>Prof. John Waterlow</td>
<td>Former CHRC Scientific Secretaries:</td>
<td></td>
<td>Prof. Terrence Forrester</td>
</tr>
<tr>
<td>1998</td>
<td>Sir George Alleyne</td>
<td>Sir George Alleyne</td>
<td>2008</td>
<td>Dr. Suraiya Ismail</td>
</tr>
<tr>
<td></td>
<td>Prof. Pamela Rodgers-Johnson</td>
<td>Prof. John Garrow</td>
<td></td>
<td>Prof. M. Cristina Leske</td>
</tr>
<tr>
<td></td>
<td>Prof. Kenneth Standard</td>
<td>Prof. Michael Golden</td>
<td>2009</td>
<td>Dr. Cecil Cyrus</td>
</tr>
<tr>
<td>1999</td>
<td>Prof. Vijay Naraynsingh</td>
<td>Prof. Gerald Grell</td>
<td>2010</td>
<td>Prof. J. Kennedy Cruickshank</td>
</tr>
<tr>
<td></td>
<td>Prof. Graham Serjeant</td>
<td>Prof. Alan Jackson</td>
<td></td>
<td>Prof. Owen Morgan</td>
</tr>
<tr>
<td>2000</td>
<td>Prof. Michael Golden</td>
<td>Prof. Paul Levet</td>
<td>2011</td>
<td>Prof. J. Peter Figueroa</td>
</tr>
<tr>
<td></td>
<td>Prof. Alan Jackson</td>
<td>Prof. Vijay Naraynsingh</td>
<td></td>
<td>Prof. E. Nigel Harris</td>
</tr>
<tr>
<td>2001</td>
<td>Prof. Ann Ashworth</td>
<td>Prof. Errol R. Walrond</td>
<td>2012</td>
<td>Dr. Samuel Rawlins</td>
</tr>
<tr>
<td></td>
<td>Dr. Elisha Tikasingh</td>
<td>Prof. John Waterlow</td>
<td></td>
<td>Prof. Celia Christie-Samuels</td>
</tr>
<tr>
<td></td>
<td>Prof. Farook Jahoor</td>
<td>Prof. David Picou</td>
<td>2013</td>
<td>Prof. Rainford Wilks</td>
</tr>
<tr>
<td></td>
<td>Prof. Sally McGregor</td>
<td></td>
<td></td>
<td>Prof. Frederick Hickling</td>
</tr>
<tr>
<td>2003</td>
<td>Prof. John Garrow</td>
<td></td>
<td>2014</td>
<td>Prof. Affette McCaw-Binns</td>
</tr>
<tr>
<td>2004</td>
<td>Prof. Renn Holness</td>
<td></td>
<td></td>
<td>Prof. Dave Chadee</td>
</tr>
<tr>
<td></td>
<td>Prof. Franklyn Prendergast</td>
<td></td>
<td>2015</td>
<td>Prof. Horace Fletcher</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prof. Susan Walker</td>
</tr>
</tbody>
</table>

Scientific Papers
Over the 60 year period (1956-2015), the number of papers presented increased dramatically from 32 (1956) to 172 (2015), with an average of 92 papers per year (See Figure 7). In 1984, researchers had the option to present their papers as posters either by choice or if they were not selected for an oral presentation. That year 12 papers were presented as posters. Thus far, the year 2015 would account for the largest number of presentations (Oral: 93; Poster: 79).

Poster presentations increased in numbers and in prominence over the years. Indeed, they will be featured at a “Wine and Cheese” function at the Opening Ceremony of the 60th Diamond Jubilee Conference in 2015. Like other international conferences, the Caribbean Health Research Conference is trending towards featuring more posters than oral presentations.

There has also been an increase in the number and quality of student presentations. In 2014, there were more than 15 student papers. These are primarily from medical students conducting research as part of their undergraduate programme. Papers are also presented by PhD, MPhil, MPH, MSc and DM students.
This is significant, given the critical role of the Conference in nurturing junior researchers and developing their capacity.

**FIGURE 7: NUMBER OF ORAL AND POSTER PRESENTATION BY TEN YEAR BANDS, 1956-2015**

![Number of Oral and Poster Presentations, 1956-2015](image)

- **Oral:**
  - 1956-1965: 390
  - 1966-1975: 525
  - 1976-1985: 596
  - 1986-1995: 567
  - 1996-2005: 695
  - 2006-2015: 596

- **Posters:**
  - 1956-1965: 0
  - 1966-1975: 0
  - 1976-1985: 24
  - 1996-2005: 465
  - 2006-2015: 585
Approximately 4287 scientific papers were presented at the Annual Caribbean Health Research Conferences over the 60 year period. Researchers from 25 Caribbean countries have participated as well as from the UK, USA, Canada, Europe, Africa and Australia. The majority of these papers were submitted by researchers from Jamaica (38%), Barbados (14%) and Trinidad Tobago (28%) (see Table 3 for breakdown by country).

**TABLE 3: NUMBER OF ORAL AND POSTER PRESENTATIONS BY COUNTRY, 1956-2015**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ANGUILLA</td>
<td>1</td>
<td>MONTserrat</td>
<td>12</td>
</tr>
<tr>
<td>ANTIGUA &amp; BARBUDA</td>
<td>44</td>
<td>NETHERLANDS ANTILLES</td>
<td>102</td>
</tr>
<tr>
<td>BAHAMAS</td>
<td>78</td>
<td>PUERTO RICO</td>
<td>8</td>
</tr>
<tr>
<td>BARBADOS</td>
<td>606</td>
<td>S.T KITTS</td>
<td>15</td>
</tr>
<tr>
<td>BELIZE</td>
<td>29</td>
<td>ST. LUCIA</td>
<td>47</td>
</tr>
<tr>
<td>BERMUDA</td>
<td>2</td>
<td>ST VINCENT AND THE GRENADINES</td>
<td>26</td>
</tr>
<tr>
<td>BRITISH VIRGIN ISLANDS</td>
<td>4</td>
<td>SURINAME</td>
<td>18</td>
</tr>
<tr>
<td>CAYMAN ISLANDS</td>
<td>6</td>
<td>TURKS &amp; CAICOS ISLANDS</td>
<td>12</td>
</tr>
<tr>
<td>CUBA</td>
<td>3</td>
<td>TRINIDAD &amp; TOBAGO</td>
<td>1191</td>
</tr>
<tr>
<td>COMMONWEALTH OF DOMINICA</td>
<td>46</td>
<td>UNITED KINGDOM</td>
<td>63</td>
</tr>
<tr>
<td>FRENCH GUYANA</td>
<td>2</td>
<td>UNITED STATES OF AMERICA</td>
<td>54</td>
</tr>
<tr>
<td>GRENADA</td>
<td>49</td>
<td>CANADA</td>
<td>21</td>
</tr>
<tr>
<td>GUADELOUPE/ MARTINIQUE</td>
<td>57</td>
<td>EUROPE</td>
<td>9</td>
</tr>
<tr>
<td>GUYANA</td>
<td>134</td>
<td>AFRICA</td>
<td>4</td>
</tr>
<tr>
<td>HAITI</td>
<td>2</td>
<td>AUSTRALIA</td>
<td>4</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>1637</td>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>
Research Areas Presented, 1956-2015
Several different research areas have been addressed over the years. Most of the papers presented can be classified in the following broad research categories: Communicable Diseases, Non-Communicable Diseases, Nutrition, Family Health, Mental Health, Environmental Health, Health Services, and Lab/Clinical Studies. A summary of the research categories presented over the past 60 years is presented in Table 4 and Figure 8. It is important to note that some research studies could have been classified into more than one of the stated research categories; however, each paper was counted only once. Also, the categorization was based mainly on the title of the studies (especially for the earlier years). The following are the details of each category:

- **Communicable Diseases (CDs)** include infectious diseases such as gastroenteritis, leptospirosis, dengue, malaria, sexually transmitted infections, etc.
- **Non-Communicable Diseases (NCDs)** include lifestyle diseases such as diabetes, hypertension, cancer, cardiovascular diseases and other chronic conditions like systemic lupus, asthma, etc.
- **Nutrition** includes malnutrition, nutritional surveys, food consumption and composition, vitamin and protein deficiencies, obesity, etc.
- **Family Health (FH)** includes maternal and child health, adolescent health, sexual and reproductive health, injuries, accidents, violence, elderly health, public health and community-based studies, etc.
- **Mental Health (MH)** includes mental disorders (depression, schizophrenia, dementia, eating disorders, and conduct disorders), suicide, substance abuse, etc.
- **Environmental Health (EH)** includes worker’s health, occupational health, pesticide contamination and management, etc.
- **Health Services Research (HSR)** includes hospital utilization and admissions, waiting times, bed turnover, patient satisfaction surveys, quality of care, etc.
- **Lab/Clinical Studies (L/C)** include biomedical investigations, histopathological investigations, surgery, etc.
- **Other Areas** include dental research, ophthalmology research, etc.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>% of Papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD</td>
<td>NCDs</td>
</tr>
<tr>
<td>1956-1965</td>
<td>19.0</td>
</tr>
<tr>
<td>1966-1975</td>
<td>12.0</td>
</tr>
<tr>
<td>1976-1985</td>
<td>9.6</td>
</tr>
<tr>
<td>1986-1995</td>
<td>16.8</td>
</tr>
<tr>
<td>1996-2005</td>
<td>17.3</td>
</tr>
<tr>
<td>2006-2015</td>
<td>12.3</td>
</tr>
</tbody>
</table>

CD- Communicable Diseases; NCDs- Non-Communicable Diseases; Nutrition; MH- Mental Health; EH- Environmental Health; HSR-Health Services Research; L/C; Lab/Clinical Studies
Research Categories, Analysis by the Decades

Professor E.R. Walrond’s publication, CCMRC, A History 1956-1995 contributed significantly to the analysis of the first 40 years.

1956-1965
Within the first decade, approximately 19% of the papers were presented on communicable/infectious diseases. Research investigation on diseases such as typhoid, gastroenteritis, leptospirosis, poliomyelitis, syphilis, tuberculosis and worm infestations were frequently presented over the ten year period. Scientific papers on the epidemiology of diabetes, hypertension, haemoglobinopathies, stroke, cancer of the breast and cervix accounted for the majority of the research presented on non-communicable diseases (10%). Nutrition papers (10.8%) highlighted the findings from studies on malnutrition, vitamin deficiencies and nutritional surveys. Studies conducted on family health accounted for approximately 40.5% of the papers presented. This included papers on maternal and child health, accidents and other community studies. Other research areas represented were environmental health (5.1%) which included papers on occupational health, health services research (4.9%), lab/clinical studies (4.6%) and mental health (1.3%).
Researchers who contributed significantly/ participated regularly during this period include: M.A. Byer, W.G. Downs, G. Giglioli, L. Grant, B.B.G. Nehaul, T. Poon-King and J. Waterlow

1966-1975
In the second decade, the percentage of papers presented on communicable diseases decreased from 19% to 12%. Research papers on non-communicable diseases increased from 10% to 16%, with studies on cancer, haemoglobinopathies, hypertension, glomerulonephritis and cardiovascular surveys remaining prevalent. Family health again accounted for greater than one-third of the papers presented. It is noted that family planning became the subject of many presentations as there was a strong emphasis in this area all around the Caribbean. Other research papers classified as family health studies included road traffic accidents and studies on maternal and child health that were frequently presented. Lab and clinical studies also increased and work on organ transplantation was first reported in this period. Nutritional studies accounted for 8% of papers presented with the focus being malnutrition. The representation of research on health services increased from 4.9% to 6.3% as studies addressing issues pertaining to the education of health workers and intensive care services emerged. Mental health studies (1.9%) on suicide and drug use (cannabis) also debuted during this period. There were fewer papers on environmental health presented (2.1%).

Researchers who contributed significantly/ participated regularly during this period include: J.A.S. Hall, C. Miller, D. Picou, T. Poon-King and E. Potter

1976-1985
Studies on child health and development were recurrent during this decade. This, along with papers on maternal health, accidents (drownings and injuries), family planning and sexual health resulted in a strong representation of family health in this period (41.1%). Papers on sickle cell disease, cancers, cardiovascular studies and hypertension dominated the non-communicable diseases category of research (13.9%). Malnutrition remained the focus of nutritional studies (9.8%); however, studies on breast feeding and obesity were emerging. Papers on communicable diseases declined to 9.6% from 12% in the previous decade; but HTLV-1 disease and its link to T-Cell leukaemia and lymphomas would be recognized in this decade. The percentage of papers presented on health services increased (6.3% to 8.8%) as research on health services evaluation, emergency surgical services, neonatal and other intensive care services appeared in this decade. Research on mental health declined to 1.1% during this decade. The percentage of papers on lab and clinical research remained consistent with the previous decade, whereas environmental studies were marginally represented (1.4%).

Researchers who contributed significantly/ participated regularly during this period include: A. C. Cyrus, H. Fraser, M. Golden, A. Jackson and V. Naraynsingh.

1986-1995
Research papers on the epidemiology of HIV/AIDS can account for the marked increased in presentations on communicable diseases during this decade (9.6% to 16.8%). Other infections reported included chlamydia, human papilloma virus and cholera. There was a notable decrease in the percentage of papers that were classified as family health (41.1% to 24.1%). However, research on perinatal and neonatal care and mortality, maternal health and mortality was discernible in this decade. Research on the efficacy and effectiveness of health care services (such as waiting times and bed turnover) contributed to increase in the percentage of health services papers presented (8.8% to 17.2%). The profile of papers related to non-communicable diseases (11.9%) remained similar to previous decades (sickle cell disease, diabetes,
cancer, hypertension, cardiovascular disease). Lab and clinical studies accounted for 11.9% of the papers presented. In addition to the papers on malnutrition, research on iron deficiency anaemia featured in the nutrition category (9.2%). Mental health papers (2.9%) presented included studies on drug addictions and suicide. Environmental papers (1.6%) included studies on disasters.


1996-2005

Within this decade, family health accounted for one fifth of the papers and new topics included teenage pregnancy and domestic violence. Research on the health of the elderly, maternal mortality and sexual health was also prominent in this period. Investigations on hospital utilization, the assessment of admissions, patient satisfaction and quality of care dominated health services research (15.7%). HIV/AIDS/STIs research pertaining to risk factors and stigma and discrimination was frequently presented in the communicable diseases research category (17.3%). Other communicable diseases papers presented included dengue, salmonellosis, influenza and the human papilloma virus. The percentage of research papers on non-communicable diseases increased (11.9% to 13.7%). The profile of non-communicable diseases reported on remained consistent with the previous decades (diabetes, cardiovascular diseases, hypertension, cancers, sickle cell disease); however, studies on hypertension and diabetes focused on management and control. Research on asthma emerged and was featured every year within this period. Lab and clinical studies decreased from 11.9% to 8.0% but there was still a good representation of surgical papers. Mental health research papers doubled (from 2.9% to 5.9%) and included new areas such as depression and schizophrenia. Papers on suicide and substance abuse were still present. Papers on malnutrition declined and nutrition topics (4.0%) included maternal nutrition, breast feeding and obesity. Environmental studies (2.3%) included areas such as disaster preparedness.


2006-2015

The examination of papers in the sixth decade of the Annual Health Research Conference indicated an obvious increase from the previous decade in research on non-communicable diseases (13.7% to 20.9%). Research on lifestyle diseases such as cancer, diabetes, hypertension, cardiovascular diseases monopolized this category and studies focused on risk factors, management, control and treatment adherence. Research on injuries and violence, adolescent health, sexual health and maternal and child health contributed significantly to the family health papers (25.4%). The percentage of papers on communicable diseases decreased from the previous decade (17.3% to 12.3%) and research on HIV/AIDS (anti-retroviral therapy, testing, prevention, stigma and discrimination), dengue, malaria, influenza, human papilloma virus and Salmonellosis were noted during this period. The profile of health services research (12.2%) remained consistent with the previous decades (hospital utilization, the assessment of admissions, waiting time, patient satisfaction etc.). Nutrition papers (6.5%) examined dietary patterns and nutrient intake, eating disorders, food composition and childhood obesity. Research on depression, dementia, conduct disorders and substance abuse comprised the majority of mental health papers (5.5%).
The submission of surgical research papers reduced and consequently presentations on lab and clinical studies declined (6.5%). Environmental papers (4.4%) included research on pesticide contamination and management.

REGIONAL RESEARCH INTO ACTION:
ITS INFLUENCE ON POLICY, PRACTICE AND HEALTH PROGRAMMING

Over 4000 medical/health research papers have been presented over the 60 year period (1956-2015) at the Annual Caribbean Health Research Conference. How have these findings impacted on the policy, practice and health programming at a Regional and National Level? This question was first posed in the 1970s, that is, “…to what extent has the research sponsored by the SAC and CCMRC benefitted the Caribbean People?” Professors Alleyne and Wren’s response was:

“Benefits have been derived in various ways. First, many diseases of the region e.g. veno-occlusive have been characterized with the help of pilot grants given by the SAC. The original studies on Schistosomiasis in St. Lucia were grants, and it is fair to say that from these small beginnings that the sophisticated Research and Control Department grew. The studies on Family Planning now being supported by the CCMRC are fundamental to our plans for developing sound policies in this area. These are a few of the points of direct relevance. But it is of equal importance that the SAC by its meetings, its research schemes, its active encouragement of young researchers, has helped to sow and nurture a scientific culture which is indispensable to our developing region. Today, when the answer to many of the health problems of the region is seen in terms of social, political and medical engineering, it is even more important to realize that many of the solutions proposed are founded on much of the basic scientific knowledge gathered with great care by workers who were supported directly or indirectly by the SAC” (G.A.O Alleyne and M. Wren, 1976) (1)

Forty years later, the question still remains relevant. The Heads of Government of CARICOM highlighted the importance of evidence-based decision making at all levels in the Nassau Declaration of 2001. This was consistent with the growing groundswell for health policies, programs and practices in the Caribbean to be informed by the best scientific evidence. There are numerous examples of how the 60 years research evidence (presented at the Caribbean Annual Health Research Conferences) have influenced policy, practice and health programming in the Region. In this section, Professor David Picou shares his perspective on the translation of research findings presented at the Annual Caribbean Health Research Conference. Also, a few examples of research that has influenced practice, policy and/or health programming are documented. Space and time limits permit the sharing of but a few of these noteworthy examples.
In 1959, Professor David Picou was appointed Scientific Officer by the Medical Research Council (London) based at the newly established Tropical Metabolism Research Unit (TMRU) in Jamaica. When TMRU was transferred to the University of the West Indies in 1968, he joined the Faculty of Medicine as a Professor of Experimental Medicine and was later appointed Director, TMRU (1973-80).

Professor Picou was selected to serve as a Scientific Secretary of the Standing Advisory Committee (SAC) for Medical Research in the British Caribbean in 1962. In 1988, he was appointed the first Director of Research of the Commonwealth Caribbean Medical Research Council (CCMRC), the organization that evolved from the SAC. He served as Director for 14 years until he retired in 2002. This rich research background best positions him to share his views on the translation of research findings into action. He believes that building and maintaining a research culture, strengthening communication between policymakers and researchers and understanding the processes and the planning cycles of Ministries of Health and other relevant organizations, are all key elements in the process of translating research findings into action.

How has research findings presented at Annual Caribbean Health Research Conferences influenced policy, practice and health programming?
Professor Picou highlights that the Annual Caribbean Health Research Conferences hosted by the Councils (SAC, CCMRC, CHRC, and CARPHA) has been instrumental in building a research culture in the Region’s health sector by promoting research and sharing findings. He also provided three examples of research findings that resulted in action: the discovery of veno-occlusive disease of the liver; the relationship between ackee poisoning and “vomiting sickness”; as well as the development of a Regional “Strategy and Plan of Action to Combat Gastroenteritis and Malnutrition in Children under two years of Age” (see Figure 9).

What are some of the challenges faced?
Communication: Professor Picou shares that in his experience, translating research findings into action is not a simple process and communication between researchers and policymakers must be strengthened as their technical language and processes differ.

Timing: He also highlights that researchers must be acquainted with the budgeting and planning cycles of Ministries of Health and other institutions that are involved in policymaking, planning and health programming to ensure that the relevant findings are readily available to influence these processes.
Example 1: Veno-Occlusive Disease of the Liver (14)

Annual Scientific Meeting Presentations:
1956: Stuart K. A clinical follow-up and further observation of veno-occlusive disease of the liver.

Problem: Children presenting at the University Hospital in the 1950s with abdominal swelling caused by the accumulation of fluid and the enlargement of liver and spleen. Varied outcome among the affected: get better without medication; persistent liver damage leading to cirrhosis of liver; or die from liver disease.

Action: Investigation by UWI Researchers (Professor Jeliffe, Stuart & Bras) revealed that common to all patients was the consumption of bush tea. Biopsies showed damage to the blood vessels within the liver with obstruction to the outflow of blood. A new disease was discovered - Veno-Occlusive Disease. A toxic substance in a common plant in Jamaica Crotalaria fulva known locally as “white back” was isolated as the cause.

Outcome: Public education campaigns resulted in a dramatic fall in the number of cases in the 1960’s and by the following decade it was rare to see a single case.

Example 2: Ackee (Blighia sapida) Poisoning and “Vomiting Sickness” (14)

Annual Scientific Meeting Presentations:
1956: Feng, P. Ackee Poisoning: relationship to “Vomit Sickness”.

Problem: Patients (mainly children) presenting at hospitals in Jamaica with a dramatic onset of severe vomiting, followed by rapid prostration with a low blood pressure and tachycardia. This may be followed by a latent period of improvement or may pass direct into the terminal phase of drowsiness, twitching, convulsion, coma and death. Vomit sickness was even more common among the poor.

Action: Investigation by UWI researchers revealed that eating the unripe Ackee was the cause of “vomiting sickness”. A compound (toxic saponin) that was found in the “pot water” was poisonous and caused the vomiting sickness by severely dropping the blood sugar.

Outcome: identification of the cause resulted in a significant reduction in the occurrence of the condition.

Example 3: Malnutrition and Gastroenteritis in Children: A Manual for Hospital Treatment and Management (2)

Annual Scientific Meeting Presentations:
Numerous papers were presented to address this problem. Here are a few examples
1976: Golden M. Protein synthesis, breakdown and turnover in protein energy malnutrition.

Problem: In the 1950’s malnutrition was the leading cause of death among young children in the Caribbean and worldwide.

Action: Research conducted by staff at TMRU, the Department of Paediatrics, UWI, and the Children’s Hospital led to the production of a manual on “Malnutrition and Gastroenteritis in Children: A Manual for Hospital Treatment and Management” which played an important role in the treatment of malnutrition in the Caribbean. Subsequently, in response to an appeal that emerged from the Commonwealth Caribbean Secretariat, Fifth Caribbean Health Ministers Conference (1973), a Technical Working Group was assembled and met in St. Vincent (1974) and a “Strategy and Plan of Action to Combat Gastroenteritis and Malnutrition in Children under two years of Age” was formulated.

Outcome: This Plan of Action led to the development of comprehensive programs to address the leading causes of morbidity and mortality in young children in the Caribbean. The research done by TMRU also provided substantial input for three major WHO technical papers on the management of malnutrition as well as a campaign led by WHO to reduce malnutrition in developing countries (2).
EXAMPLES: RESEARCH INTO ACTION - NUTRITION

Brief History of the Tropical Metabolism Research Unit (TMRU)
The Tropical Metabolism Research Unit (TMRU) was founded in October 1954 as a clinical research unit with a ward and fully equipped laboratory at the University College of the West Indies (UCWI). TMRU, which was established by the British Medical Research Council (MRC), was its first unit to be set up in an overseas University. The Unit, which was the brainchild of Professor John Waterlow, was set up to investigate basic metabolic changes in malnourished children. Professor Waterlow was appointed the Unit’s first director and remained at TMRU until 1970. In 1968, the administration and financing of the Unit was handed over to the University of the West Indies (UWI). Financial assistance was provided from the Overseas Development Ministry of the Government of the UK for the first 8 years after the transition (2).

EXAMPLES: RESEARCH INTO ACTION

In the 1950s malnutrition was the leading cause of death among young children in the Caribbean and worldwide. Two decades later, as a result of the research conducted at TMRU, death among severely malnourished children admitted to TMRU was almost non-existent. This decline in mortality resulted in the preparation of a manual: “Malnutrition and Gastroenteritis in Children: A Manual for Hospital Treatment and Management”, which played an important role in improving the treatment of malnutrition in the Caribbean and internationally (2).

In 1973, at the Fifth Caribbean Health Ministers Conference, there was a call for the development of a strategy and plan of action to address the “large preventable waste of life caused by gastroenteritis and malnutrition in children under 2 years of age”. A Technical Working Group was assembled and met in St. Vincent (1974) and a “Strategy and Plan of Action to Combat Gastroenteritis and Malnutrition in Children under two years of Age” was formulated. The research conducted at TMRU provided evidence that mortality was not an inevitable outcome of severe malnutrition and contributed to the technical and political will that formulated and implemented this public health campaign throughout the Caribbean (2).

The research done by TMRU demonstrated the metabolic changes caused by malnutrition and pioneered the effective treatment of severe malnutrition. The Unit received the attention of international organizations such as World Health Organization (WHO) and the Food and Agriculture Organizations (FAO). The founding director of TMRU (Professor Waterlow) and other TMRU directors and members of staff have served on several WHO/FAO Expert
and Advisory Committees and specific research was commissioned by WHO to be conducted by TMRU. The research done by TMRU provided substantial input for 3 major WHO technical publications (2):

3. Management of a child with serious infection or severe malnutrition, Guidelines for care at the first referral level in developing countries, Geneva, 2000

This research also informed a sustained campaign led by the WHO to reduce malnutrition in developing countries. These are just a few of the early examples of how research conducted by a remarkable institution impacted on health and development regionally and internationally (2).

Regional Plan of Action for Promoting Health Weights in the Caribbean: Prevention and Control of Childhood Obesity

Over a three year period (2011-2013), over 15 research papers were presented at the Conference highlighting the problem of childhood obesity. The data indicated that the prevalence of overweight/obesity were between 28-35% among children and adolescents in the Region. Consequently, CARPHA has developed and disseminated a “Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity” to Member States. Its goal is to halt and reverse the rise in child and adolescent obesity in the Caribbean by 2025. The Plan of Action provides a comprehensive public health response and lines of action for supporting Member States, as they address the broad environmental factors as well as behavioural, cultural and social dimensions involved in childhood obesity in their countries.

EXAMPLE: RESEARCH INTO ACTION - SICKLE CELL DISEASE

Brief History of the Sickle Cell Research Unit (SRU)
The development of research interests in sickle cell disease in the Caribbean can be traced from the first recorded case (in Grenada), the founding of the University Hospital of the West Indies, and the establishment of the Sickle Cell Unit with its influence on clinical practice in this disease worldwide (15).

The early work on Sickle Cell Disease in the 1950s & 60’s was championed by members of staff of the Department of Medicine, University of the West Indies with notable contributions by Drs. Paul Milner and Graham Serjeant. These early studies were supported by grants from the Wellcome trust 1967-1972. In 1972, funding for the sickle cell programme was undertaken by the British Medical Research Council until 1999 (1). In 1999, the MRC Sickle Cell Laboratories were transferred to the UWI and the Sickle Cell Unit (SCU) became an integral part of the newly formed Tropical Medicine Research Institute (TMRI) and is considered one of the leading research centres in the world in this field (15).
The contributions of the Sickle Cell Unit to research, clinical care, national, regional and international health policies have been derived from various types of research performed at the Unit including birth cohort studies, clinical trials and laboratory studies.

The Sickle Cell Cohort

The first birth cohort study (Jamaica Sickle Cell Cohort Study) consisted of a cohort study of children with sickle cell disease based on 100,000 consecutive births between 1973-81 years at the Victoria Jubilee Hospital in Kingston, Jamaica (16). The second birth cohort study (JamSCUB) consisted of a cohort of children born after November 1995 at the Victoria Jubilee, University Hospital and the Spanish Town hospital with Homozygous S sickle cell disease or Sickle –B-Thalassemia disease (17)(18). Some important clinical advances that resulted from various research investigations and follow-up of cohorts include the following (16)(18-22).

- The importance of new-born screening and diagnosis of sickle cell disease to prevent early deaths.
- The prevention of pneumococcal infection using benzathine penicillin from 4 months to 4 years of age.
- The education of mothers in the early diagnosis of acute splenic sequestration which reduced the mortality from this complication by 90%.
- The identification of parvovirus B19 infection as the cause of the aplastic crisis.
- The daily care and management of the painful crisis.
- The factors that contribute to the lower intelligence quotient often described in sickle cell disease.
- The use of zinc sulphate in the treatment of leg ulcers.
- The role of venous incompetence in the poor healing of chronic leg ulcers infection.
- The importance of out-patient follow-up on a regular basis to establish steady state blood levels and clinical features.
- The clinical efficacy and cost-effectiveness of hydroxyurea for secondary stroke prevention.
- The nutritional consequences of sickle cell disease.
- The importance of asthma in the outcome of persons with sickle cell disease.

Research conducted at the SCU has influenced clinical practice in the Region and worldwide. This has been facilitated by the CHRC, the predecessor of CARPHA, through several initiatives. These include having dedicated scientific sessions on sickle cell disease at Annual Caribbean Health Research Conference, including sickle cell disease research as a regional health research priority topic and providing
grant support to researchers at the Sickle Cell Unit. For example, with research funding support from the CHRC, researchers at the Sickle Cell Unit have focused on describing and understanding target organ damage, in particular, renal complications of sickle cell disease \(^{23-27}\). The findings from this body of work has been incorporated in national Sickle Cell Guidelines \(^{28}\). Additionally, staff from the Sickle Cell Unit play an integral role in CAREST, “Caribbean Network for Researchers on Sickle Cell Disease and Thalassemia”. The objectives of CAREST are to:

- Promote Sickle Cell Disease and Thalassemia as public health concerns in the region
- Improve the quality of care offered to persons and their families affected with Sickle Cell Disease and Thalassemia by the creation of clinical protocols or standard of care guidelines appropriate to the level of development within each territory
- Provide the framework for collaborative research on research priorities in Sickle Cell Disease and Thalassemia within the region
- Act as a technical resource for families, non-governmental organizations NGOs and governments in the region on Sickle Cell Disease and Thalassemia
- Assist in the implementation of newborn screening programme for the Caribbean

Staff from the Unit also has been asked to advise on the development of sickle cell services in Nigeria, Uganda, Congo Brazzaville, Cameroon, Brazil, Bahrain, Saudi Arabia and throughout Central India where sickle cell disease is a major public health problem. The Unit also played an important role in providing outreach programmes, genetic counselling courses and Sickle Cell Fellowships for candidates from the UK, USA, Canada, Nigeria and Ghana \(^{16}\).

**EXAMPLES: RESEARCH INTO ACTION: COMMUNICABLE DISEASES**

**COMMUNICABLE DISEASES WITH EPIDEMIC POTENTIAL**

Within the first two decades of the Annual Caribbean Health Research Conference, a significant number of the research papers were presented on communicable diseases with epidemic potential such as poliomyelitis, measles, and rubella. These papers include but are not limited to the following:

- Grant LS, Peat AA. The epidemiology of the first poliomyelitis epidemic in Jamaica, 1954
- Wells AV. Poliomyelitis immunity in St. Lucia, 1959
- Charles KDB, Grant LS. A review of poliomyelitis in Jamaica, 1961
- Golding JSR. The practical management of an outbreak of polio in a small community, 1961
- Byer, MA. The cost effectiveness of a campaign for the immunization of children in Barbados, 1963
- Dyal W. Immunization Surveys in Jamaica, 1965
- Spence L. Studies on poliomyelitis undertaken during the vaccination campaigns in Trinidad in 1963, 1966
- King SD. Sero-epidemiology of rubella in Jamaica, 1970
- Siung O. The 1971-1972 poliomyelitis epidemic on Trinidad, 1972
- Lowry MF, Miller CG. Measles in Jamaican Children, 1975
- Reid HFM, Ali S, Read E. Immunization of the premature newborn, 1983
• Persad K, Rajkumar G, Diggory P, Hull B. Rubella immunity status in a pregnant population in Trinidad, 1984
• Benons LL, Smith H, Hospedales J. Measles surveillance in the English-speaking Caribbean and in Suriname- a key strategy in the campaign to eliminate indigenous measles by 1995, 1993
• Lewis MJ, Legall G. Surveillance of rubella and congenital rubella in the Caribbean and costing the burden of disease, 1998

The findings of such studies would have highlighted the public health importance of these diseases and the need for intervention to eliminate and prevent them. The Expanded Programme on Immunization (EPI) was implemented by the Pan American Health Organization between 1978 and 1980 in the member countries of the former Caribbean Epidemiology Centre (Anguilla, Antigua & Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Suriname, Trinidad & Tobago and Turks & Caicos Islands). The establishment of the program in these countries resulted in focused activities, including training and the development of operational guidelines using research conducted in the Caribbean. The programmes in the Caribbean are considered best practices in immunization. (29-30)

ADULT T-CELL LEUKAEMIA/LYMPHOMA (ATL)

At the first Scientific Meeting in 1956, E.K. Cruickshank presented a paper on neuropathies (later known as HTLV-1 Associated Myelopathy/ Tropical Spastic Paraparesis (HAM/TSP)) of undetermined origin in Jamaica. Over the years, several researchers presented hypotheses on its aetiology; however, it remained undetermined until the discovery of human T-cell lymphotropic virus type 1 (HTLV-1). At the Annual Scientific Meeting in 1988, J.K. Cruickshank et al reported on this link: Tropical Spastic Paraparesis and HTLV-1. Viral Prevalence among relatives of UK patients in Britain and Jamaica.

Several research papers have been presented on this topic at the Conferences over the decades. Researchers in the Caribbean have contributed to an improved understanding of the disease mechanisms, clinical features and aetiology of neurological syndromes manifesting as diseases of the spinal cord and peripheral nerves. Collaborative projects among researchers at the Trinidad and Tobago, Barbados and the Jamaica campuses of The University of the West Indies and researchers in Japan, South America and the United States of America led to rapid expansion of the understanding of HTLV-1 immunopathology and its association with ATL and HTLV-1 Associated Myelopathy/ Tropical Spastic Paraparesis (HAM/TSP), tropical ataxic neuropathy (TAN) and polymyositis (31).

THE ERADICATION OF ACUTE NEPHRITIS IN TRINIDAD AND TOBAGO

From as early as 1966, research on Streptococcus and the epidemic of acute nephritis in Trinidad and Tobago was presented at the Annual Caribbean Health Research Conference. Within the next two decades, several research papers were presented that described collaborative research investigations with scientists from the USA and UK. This research led to the discovery of four new nephritogenic Streptococci in Trinidad and Tobago. The Streptococcal Disease Unit (1966 to 1988) was then established to provide continued surveillance, treatment and control measures leading to the virtual disappearance of the disease (1) (20) (21).
EXAMPLE: RESEARCH INTO ACTION - NON COMMUNICABLE DISEASES

Clinical Practice Guidelines
In 1992, CCMRC was awarded a three year grant by the Overseas Development Agency, UK, for health services research and training in the Caribbean. Discussions with Ministries of Health and other stakeholders indicated that Diabetes and Hypertension should be the focus.

One of the four objectives of the project was to disseminate the research findings and develop guidelines for the management of diabetes and hypertension in the Caribbean. The findings of several surveys conducted as part of this project have been communicated in publications and presentations regionally including the Annual Caribbean Health Research Conference (2).

In 1995, the first evidence-based regional clinical practice guidelines, “Managing Diabetes in Primary Care”, was developed using research findings from this study as well as other Caribbean and international research. The overall aim of the guidelines was to achieve informed asymptomatic patients, free from complications. Over 6000 copies were published and disseminated along with 1000 posters on a “Diabetes Care Plan” (2). This was followed by the development of the “Managing Hypertension in Primary Care in the Caribbean” guidelines in 1998. The guidelines were distributed throughout the primary health care system of the entire English-speaking Caribbean, targeting doctors, nurses, nurse practitioners and other health care personnel involved in the care of patients with diabetes and hypertension.
scientific secretaries have contributed inordinately to the work of the Carribean health research council (chrc) and its predecessors, the commonwealth caribbean medical research council (ccmrc) and the standing advisory committee (sac) for medical research. in 2013, when chrc was subsumed into carpha, the work of the scientific secretaries was conveyed to the newly appointed research advisory committee (rac). the rac membership include scientists from a range of disciplines (public health, biomedical sciences, clinical medicine, social and behavioural sciences) as well as senior public health officials involved in the development and implementation of health policy in the caribbean.

in 1955, professor john waterlow, was appointed the first scientific secretary of the sac and operated solely until 1961. professor john garrow (1961), professor david picou (1962), professor george alleyne (1965) and professor errol walrond (1972) were subsequently appointed to the secretariat. they were followed by several distinguished scientists who maintained full time occupation as they worked assiduously to dispense their duties as scientific secretaries. they have played an important role in the work of the regional health research councils, most notably in the hosting of the annual health research conference where their duties included reviewing and selecting research papers to be presented at the conference. they were also tasked with the responsibilities listed in figure 9. the work of the scientific secretaries were for the most part altruistic; however, at times a small honorarium was traditionally given contingent on the availability of funds.

**figure 9: duties of a scientific secretary**

- review and assess scientific papers submitted for the annual chrc scientific meetings
- assist in the preparation of the scientific programme of the annual chrc scientific meetings
- assist in editing all material for the proceedings of the annual chrc scientific meetings for publication in the west indian medical journal
- assist in running the annual chrc scientific meetings, including organizing the poster displays, selection of oral and poster presentations for prizes
- assist in preparation of written papers for the annual council meeting
- attend the annual council & scientific meetings and preparatory and post-meeting sessions
- preparation of research proposals, papers and documents
- critically assess applications for research grants under the research grants programme
- assist in training activities
- assist in organization of and participation in other meetings and workshops
- liaise and maintain contact with researchers, ministry of health, university and other research organizations in country of residence
As we celebrate the 60th Diamond Jubilee Anniversary of the Annual Caribbean Health Research Conference, we pay tribute to the former Scientific Secretaries and current Research Advisory Committee Members.

Professor John C. Waterlow
Scientific Secretary: 1956 - 1972

Professor John Waterlow first arrived in the Caribbean in 1945 on a mission for the Adviser on Nutrition to the Colonial Office, Professor BS Platt, to investigate the problem of infant malnutrition. Over the next 6 months he visited Trinidad, Guyana and then Jamaica where he worked at the Kingston Public Hospital. He returned to the UK and was sent to join Professor Platt’s Medical Research Council (MRC) Unit in Gambia where he stayed for 18 months. In 1950, he returned to Jamaica where he negotiated a proposal for a shared appointment at the University College of the West Indies (UCWI). He was to devote 1/3 of his time teaching in the Department of Physiology and the rest of his time to work on childhood malnutrition (1951-1954). By 1954, he established the Tropical Metabolism Research Unit (TMRU), a clinical research unit with a ward and a fully equipped modern laboratory. TMRU was set up to investigate the basic metabolic changes in the malnourished child. It was the first Unit to be set up by the MRC in an overseas University and he was appointed the Unit’s first Director and remained in that position until his retirement in 1970. When the Standing Advisory Committee (SAC) for Medical Research in the British Caribbean was established in 1955, Professor Waterlow was appointed its sole Scientific Secretary until 1961. In 1972, the Conference of Ministers responsible for Health accepted his proposal for the transition of the SAC into the Commonwealth Caribbean Medical Research Council (CCMRC). He continued to play an important role in the evolution of CCMRC and was appointed an elected member in 1970 after his return to the UK. He was re-elected until his plea of failing health in 1998.

Professor Emeritus John Garrow
Scientific Secretary: 1961 - 1965

Professor John Garrow is Emeritus Professor of Clinical Nutrition, University of London. He has been Honorary Consultant Physician at the following hospitals: St Bartholomew’s Hospital, St Mark’s Hospital, Royal London Hospital and Northwick Park Hospital. He was the Head of Nutrition Research Unit at the MRC Clinical Research Centre, Harrow, (London) and member of Department of Health Committee on Medical Aspects of Food Policy (COMA). He was appointed Scientific Secretary of the Standing Advisory Committee (SAC) for Medical Research in the British Caribbean (1961 to 1965). Professor Garrow also served as Chair of the Joint Advisory Committee on Nutrition Education and the Chair of Association for the Study of Obesity. He has been the chairman of Health Watch (formerly the Campaign against Health Fraud) from 1991–1993, 1997–1999, and 2003-2005 and editor of the European Journal of Clinical Nutrition from 1988 to 1999.
“The work of being a Scientific Secretary was an onerous and unpaid but the rewards were contributing to the much needed expansion of health research capacity in the Caribbean.”

Professor Emeritus David Ivan Picou
Scientific Secretary: 1962 - 1988
Director of Research: 1988 - 2002

After graduating with a BSc. from Long Island University, Brooklyn, New York (1948) Professor David Picou entered UCWI (1949) and graduated with an MBBS degree (1955) and a PhD (1963). He did 1 year as a paediatric resident (1957) and another year as Research Fellow in Clinical Nutrition (1958) at the Children’s Hospital of Philadelphia. In 1959, he was appointed a Scientific Officer by the Medical Research Council (London) based at the newly established Tropical Metabolism Research Unit (TMRU) in Jamaica. He was appointed Professor of Experimental Medicine and Director TMRU at UWI (1973-80). Professor Picou served as a Scientific Secretary from 1962 – 88 and he was the first Director of Research, CCMRC (1988 - 2002).

“The serving as a Scientific Secretary was a rewarding experience, giving me as it did an opportunity to be involved in and help to guide scientific development in health in the Caribbean. It is gratifying to see how the "SAC" has developed into the vibrant institution that is the CCMRC which is now the premier institution for showcasing Caribbean health science.”

Professor, Sir George Alleyne
Scientific Secretary: 1965 - 1981

Sir George Alleyne, a native of Barbados, became Director of the Pan American Health Organization (PAHO), Regional Office of the World Health Organization (WHO) on 1 February 1995 and completed a second four-year term on 31 January 2003. In 2003 he was elected Director Emeritus of PAHO. From February 2003 until December 2010 he was the UN Secretary General’s Special Envoy for HIV/AIDS in the Caribbean. In October 2003 he was appointed Chancellor of the University of the West Indies. He currently holds an Adjunct professorship on the Bloomberg School of Public Health, Johns Hopkins University. Dr. Alleyne has received numerous awards in recognition of his work, including prestigious decorations and national honours from many countries of the Americas. In 1990, he was made Knight Bachelor by Her Majesty Queen Elizabeth II for his services to Medicine. In 2001, he was awarded the Order of the Caribbean Community, the highest honour that can be conferred on a Caribbean national.
“As scientific secretary, I derived the greatest satisfaction in encouraging young researchers and those from the UWI non-campus countries to embark in research relevant to the territories in which they worked.”

Professor Emeritus, Sir Errol R. Walrond
Scientific Secretary: 1972 - 1999

Professor Walrond attended Guy’s Hospital Medical School, London. He held the positions: Lecturer/ Senior Lecturer/Professor of Surgery/ Dean University Hospital, University of the West Indies, Jamaica and Barbados. From 1966 – 2001. He served as a Scientific Secretary from 1972 to 1999 for the Commonwealth Caribbean Medical Research Council. During this time served on the CAREC Advisory Board (Chairman), Barbados Association of Medical Practitioners’ Task Force on AIDS; National Advisory Committee on AIDS in Barbados (Chairman); and member of the Management Committee of the WHO Global Programme on AIDS. His published research includes: A History of the Caribbean Medical Research Council 1956-1995; Diabetes foot problems, Behavioural studies in children on Risk factors for AIDS; Ethics knowledge among medical students and health personnel. Since 2000, he has been Foundation President of the Caribbean College of Surgeons; Foundation chairman of the Caribbean Accreditation Authority for Education in Medicine and other Health Professions; Chairman of the Medical Council of Barbados; and Trustee and chairman of the Arnott Cato Foundation.

“Ensuring that both the great personalities and the most junior beginner could join together with respect and discipline to bend their minds to tackling the most difficult of health problems and through Chief Medical Officers provide advice and informed guidance to the people and governments of the Region.”

Professor Alan Jackson
Scientific Secretary: 1980 - 1985

Professor Jackson has been Professor of Human Nutrition, University of Southampton since 1985. He is Director of the National Institute of Health Research, Southampton Biomedical Centre in Nutrition. Having trained in paediatrics he was Director of the Tropical Metabolism Research Unit, University of the West Indies, Jamaica. There he worked on developing the evidence base for the WHO guidelines on effective treatment of severe malnutrition. He was an elected member of the CCMRC/CHRC (1997-2013), foundation Chair of the Scientific Advisory Committee on Nutrition to the UK’s Departments of Health and Food Standards Agency (2000-2010) and a member of the nutrition panel of the European Food Safety Authority. Currently, he is President of the Association for Nutrition, convener for the International Malnutrition Task Force and Chairman for the Continuous Update Panel for the World Cancer Research Fund/American Institute for Cancer Research. His focus has been to bring the science of nutrition into the practical delivery of clinical and population services.
“The SAC/CCMRC/CHRC has been a most remarkable organisation. There have been many laudatory documents written and, if anything, they underestimate the importance that it has had in the development of medicine, academia and health within the Caribbean.”

**Professor Mike Golden**  
**Scientific Secretary: 1985 - 1990**

After qualification, Michael Golden became an adult gastroenterologist. However, he soon recognised the crucial influence of nutrition on his patients and moved to London School of Hygiene and Tropical Medicine under Prof John Waterlow. He was then seconded to the TMRU where he remained for 17 years, treating and investigating many aspects of nutritional illness from the bench to bedside to community and published several sentinel papers. When Prof Alan Jackson left TMRU, he was appointed Director of the TMRU and became a Scientific Secretary to the CCMRC. He returned to the UK in 1991, however, he continued to work with malnutrition, particularly in Africa. He wrote the WHO manual for the treatment of malnutrition and then working with NGOs and UNICEF organised treatment for the victims of several wars starting with the Rwandan genocide and the siege of Sarajevo and progressing to the problems of many countries in conflict. He has taught local clinicians, interacted with Ministries of Health and introduced national protocols into about 40 countries.

“Those of us who served on the Council over the last several years took over the baton passed on to us by the British Medical Research Council (MRC), and have been proudly able to say today, that an excellent job has been done by a relay of membership”

**Professor Gerald Grell**  
**Scientific Secretary: 1988 - 1990**

Professor Grell, a registered medical practitioner in the United Kingdom, Jamaica, Barbados and Dominica, has earned the epithet Heart Doctor because of his work, both as a consultant physician and academician, in the condition of hypertension and its effects on the heart. In the 50 years of UWI’s existence, he is the second and one of only three UWI medical graduates to have attained Full Professorships of Medicine at that University. He is the only medical graduate in the chronicle of UWI to rise to the position of Pro-Vice Chancellor, a top administrative office. He is the first OECS person to hold the position of Director of Office of University Services in Barbados. Professor Grell is one of the very few medical graduates, and the only Dominican, to have earned an M.D. (Doctor of Medicine) by Doctoral Research Thesis. In 1993, the Vice-Chancellor appointed him Honorary Professor of Medicine on all three campuses of UWI. The above stated, alongside his sundry awards, honours, distinctions, academic appointments including visiting professorship, citation in several books, magazines, learned and scientific journals, editorships, authorships and co-authorships of countless works, are, to use here in a very sincere and meaningful way what has become a cliché, too numerous to mention.
Professor, Sir Henry Fraser  
Scientific Secretary: 1988 - 2007

Senator Professor Emeritus Sir Henry Fraser is retired Dean of the Faculty of Medical Sciences and Founding Director of the Chronic Disease Research Centre of the UWI, Cave Hill Campus. He is the author of more than 100 medical and scientific papers on medical education, hypertension, obesity, drug treatment, health of the elderly and other subjects, and has been a Sunday columnist for many years, currently writing Things that Matter in the Sunday Advocate. He has had parallel careers in Architectural History and as writer, artist, public orator and TV presenter, and is best known for his many books on Barbados heritage and architecture, and TV series Treasures of Barbados & recent series Pillars of Worship & Parliament 375 for CBC-TV. He was Knighted in November 2014.

“... interacting with such senior and brilliant minds, as existed among the Scientific Secretaries then, was one of the most enriching experiences of my career. This exposure has enabled me to guide numerous juniors to an academic career and I will always be grateful to the CCMRC.”

Professor Vijay Naraynsingh  
Scientific Secretary: 1988 - 2001

Following graduation (1974) with medals and distinctions in Anatomy and Surgery, Professor Vijay Naraynsingh has had a distinguished career that led to Fellowships in several International Colleges, Reader in Surgery (1990), Personal Chair (1997), and Departmental Chair (2002) in the University of the West Indies. He has served as President Caribbean College of Surgeons since 2007 and was the Scientific Secretary of the CCMRC for 13 years. He is the recipient of awards from 23 organisations internationally, regionally and locally for his contributions to medicine, community service and humanitarian work. At age 42, he was one of the youngest recipients of the National Award (The Chaconia Gold) for service in Medicine to Trinidad and Tobago. In 2003, he was the first and only Caribbean Surgeon to be granted the Fellowship of the Royal College of Surgeons (FRCS England) without examination. He has published over 250 papers in international journals. In 1991, he was chosen by Medicine Sans Frontieres (Nobel laureate) to be one of five surgeons worldwide to sit on an international panel on colon trauma surgery (Brussels, Belgium). He was chosen as the surgeon to the Pope when John Paul II visited Trinidad and Tobago in 1985.
From the outset it was obvious that it was a distinct honour to be able to serve the region through CCMRC and then its CHRC incarnation, as there was always a real sense of mission in the organization to drive development of science in the region for the improvement of health and wellbeing.

Professor Terrence Forrester  
Scientific Secretary: 1990 - 2005  

Dr. Forrester is a Professor of Experimental Medicine at the University of the West Indies (UWI). He is Chief Scientist at UWI Solutions for Developing Countries (UWI SODECO) with a longstanding interest in the aetiology and pathogenesis of cardiovascular disease, primarily hypertension. He is also the founding Director of the Tropical Medicine Research Institute. Dr. Forrester has received several awards in recognition of his work. In 2003, he received the Vice Chancellor’s Award for Excellence in Research at UWI. In 2006, he was the recipient of the prestigious Anthony N. Sabga Caribbean Awards for Excellence, one of the Region’s leading recognition programs. That same year, the inaugural Caribbean Laureate also earned the Boehringer Ingleheim Award for Hypertension Research in Developing Countries. In 2010 he was awarded the Gold Musgrave Medal for excellence in science and in 2012 received national honours, The Order of Jamaica for research in medicine. He has served in an advisory capacity to several health organizations, including the Caribbean Community’s Caribbean Commission of Health and Development, the Caribbean Health Research Council, the International Atomic Energy Agency, the International Society of Hypertension, the Pan American Health Organization (Advisory Committee on Health Research), the United Kingdom Medical Research Council, U.S. Centers for Disease Control and Prevention, and the World Health Organization. Dr. Forrester was a member of the board of the Pan American Health and Education Foundation in 2009-2013. He is a current member of the WHO expert advisory group on Ending Childhood Obesity.

“Being a Scientific Secretary of the Caribbean Health Research Council (CHRC) for 18 years was a wonderful experience especially under the leadership of David Picou, Director of Research. The CHRC was highly effective and extremely efficient in promoting health research throughout the Caribbean. I have many pleasant memories of the work we did and the persons with whom I worked.”

Professor J. Peter Figueroa  
Scientific Secretary: 1992 - 2009  

J. Peter Figueroa is Professor of Public Health, Epidemiology and HIV/AIDS at UWI, Mona, Jamaica where he has led the development of a doctorate of public health (DrPH) program. He was a Scientific Secretary of the Caribbean Health Research Council for 18 years (1992 – 2009). Professor Figueroa did his medical degree (1972) and Public Health training (1975) at UWI and a PhD in epidemiology at the London School of Tropical Medicine and Hygiene (1996). He worked in Public Health and became the
Principal Medical Officer (Epidemiology) in the Ministry of Health, Jamaica where he led the development of the surveillance system, the investigation of disease outbreaks and established the Epidemiology Research and Training Unit where numerous research studies were conducted. In his 40 years of public health service he has published widely on communicable diseases, HIV and other STIs and various public health topics including over 137 peer reviewed papers and 3 books.

“It was my privilege to serve as a CHRC Scientific Secretary from 1999-2004. I learned a great deal from my fellow Scientific Secretaries and increased my appreciation of public health in the broadest sense. These experiences continue to inform my work to this day. I would like to offer my congratulations to CARPHA on the occasion of the 60th annual meeting, and my encouragement to all those who are presenting their work at this meeting.”

Professor Paul Levett
Scientific Secretary: 1999 - 2004

Professor Paul Levett joined the UWI faculty in Barbados in 1988, and was promoted to a chair in Clinical Microbiology in 1999. He became the first microbiologist from the Caribbean to be certified by the American Board of Medical Microbiology, and is a Fellow of the Canadian College of Microbiologists and of the American Academy of Microbiology. He is an authority on leptospirosis and has authored and edited two books and over 190 peer-reviewed publications. Professor Levett received a UWI Vice-Chancellor’s Award for Excellence in Research in 2001 and both a CDC Honour Award and a U.S. DHSS Secretary’s Award for Distinguished Service in 2002, for his work at the Centers for Disease Control and Prevention during the 2001 anthrax investigation. In 2013 he earned a DSc degree from the University of Surrey. Since 2003 he has been the Clinical Director of the Saskatchewan Disease Control Laboratory in Regina, Saskatchewan.
“A treasured standard-bearer for the protection of the health of the Caribbean peoples that has stood the test of time. I am privileged to have been associated with the Conference first as a researcher, then as Scientific Secretary and now as Director of Research. We are well poised for 60 more years of service; facilitating the generation and uptake of the research evidence required for improved health and wellness.”

Dr. Donald Simeon
Scientific Secretary: 2001 - 2002
Director (CHRC): 2002 - 2012
Director, Research, Training and Policy Development (CARPHA): 2013 - Present

Enrolment in the graduate programme in Nutrition at the Tropical Metabolism Research Unit (TMRU), UWI, Mona, Jamaica in 1983 marked his introduction to health research. His tenure at the TMRU included being trained to be a health research scientist under its Directors, Profs Alan Jackson and Michael Golden and my PhD supervisor and mentor, Prof Sally Grantham-McGregor. When he left the Unit as a Lecturer in 1995, in addition to the PhD in Nutrition, he had an MSc in Medical Statistics from the London School of Hygiene and Tropical Medicine (1989). By then, he was quite an accomplished researcher and participated in a number of international research conferences. However, the CCMRC/CHRC Conference was always his favourite. He made his first presentation in 1987 and many more followed. He was appointed Essential National Health Research Scientist at CCMRC in 1995 where his primary responsibility was building health research systems, including the research capacity of health professionals, throughout the Caribbean. During this time, the Research Skills Workshops (Basic and Advanced) were established and the accompanying manuals developed. In 1998, he returned to the UWI for a second tenure, this time on the St Augustine Campus in Trinidad & Tobago. He was Lecturer then Senior Lecturer in the Faculty of Medical Sciences and also Associate Dean (Research). During this tenure at the UWI, it was a proud achievement when he was appointed as a CHRC Scientific Secretary in 2001. With over 50 publications in peer-reviewed journals and book chapters as well as over 30 presentations at international scientific and other professional meetings, he was elevated to the position of Director, CHRC in 2002. He continued in that post until it transitioned into CARPHA in 2013 when he became the inaugural Director of Research. He was therefore well positioned to ensure that the core functions of the Council, including the Research Conference, were successfully transitioned into CARPHA.
“Being a CHRC Scientific Secretary during the heady days of the late 1990’s-early 2000’s was an incredible experience. In one fell swoop my appointment shifted the gender balance substantially and lowered the average age of Scientific Secretaries! Mostly, I recall the dedication and wisdom of the “grey heads” as they called themselves – Peter Figueroa, Henry Fraser, and David Picou, who were so very devoted to guiding high quality health research in the Caribbean to be as outcome-oriented as possible. I also recall the reverence for the bright lights from the Caribbean who had established themselves as giants and leaders in research across the diaspora. This sort of respect for mentors isn’t commonplace everywhere.”

Dr. Laura McDougall
Scientific Secretary: 2003 - 2005

Dr. Laura McDougall completed her medical degree at the University of Calgary and a specialty in Public Health and Preventive Medicine at the University of British Columbia. After several years as Assistant Professor of Medicine at the University of Calgary, she headed to Trinidad and lectured in the Public Health and Primary Care unit in the Faculty of Medical Sciences at the University of the West Indies. From 2000-2004, she served as the head of Non-communicable Diseases (NCD) and Injury at the Caribbean Epidemiology Centre (PAHO/WHO) in Trinidad and Tobago and was a Scientific Secretary for the Caribbean Health Research Council. Thereafter, Dr. McDougall consulted on immunization policies and vaccines for the World Health Organization (WHO/HQ). She then served as medical lead of the Alberta Cervical and Breast Cancer Screening Programs from 2007-2012 before assuming her current position as Medical and Scientific Director for the Alberta Cancer Prevention Legacy Fund (ACPLF) for Alberta Health Services.

“Serving as Scientific Secretary has been a truly humbling and wonderful learning experience for me. In this role I was afforded the opportunity to review and appreciate the excellent research work on varied topics, that is being done across the Caribbean”

Dr. Navindra Persaud
Scientific Secretary: 2003 - 2012

Dr. Navindra Persaud is a Medical Epidemiologist who specializes in Infectious Disease Prevention and Control. He works for Management Sciences for Health as Global Technical Lead for Health Information Systems and has over 20 years of progressively increasing responsibility developing, managing, implementing, monitoring, and evaluating public health programs in diverse settings in Guyana, the Caribbean, Africa and Asia. Dr. Persaud’s technical areas of expertise include the development of information systems for a broad range of health intervention areas; public health surveillance; survey design and implementation; research methodologies; impact evaluation; strategic planning; proposal development; report writing; and curriculum and training material development. Dr. Persaud has publications in refereed academic journals,
other non-refereed articles, many local publications, numerous abstracts and conference presentations, and several invited lectures. He earned his MBBS degree in Medicine from the University of Guyana, and MPH and PhD (Epidemiology) degrees from the University of Miami.

“It was indeed a privilege and honour to serve as a scientific secretary and to contribute to the development of medical research in the Region”.

Professor Anselm Hennis  
Scientific Secretary: 2004 - 2012
Dr. Anselm Hennis is Director of the Department of Non-communicable Diseases and Mental Health, PAHO. He graduated in Medicine (University of the West Indies (UWI)), qualified in Internal Medicine (FRCP (UK)), and obtained masters and doctoral degrees in Epidemiology (London School of Hygiene & Tropical Medicine). Dr. Hennis became Director of the Chronic Disease Research Centre, (2006), and Professor of Medicine and Epidemiology, UWI (2008). He was also Research Associate Professor, Stony Brook University, NY. Hennis has collaborated on NIH grants, co-authored more than 110 papers and won several research awards. He has trained doctors and researchers; developed guidelines and established national disease surveillance systems.

“Privileged to be able to contribute to building research capacity and fostering the production and uptake of credible evidence for promoting the health of people in the Caribbean.”

Professor Dan Ramdath  
Scientific Secretary: 2005 - 2012  
Research Advisory Committee: 2013 - Present
Professor Dan Ramdath is an internationally recognized clinical research scientist who has excelled in the production of credible research to influence health policy, and in building capacity among healthcare practitioners and community groups, to promote better health outcomes of people in the Caribbean. He has trained numerous graduate students and actively built research capacity at UWI and throughout the Caribbean. He is currently a Research Scientist at Guelph Food Research Centre, where his research focuses on validating the health promoting properties of food to support the regulatory framework for health claims substantiation. Professor Ramdath has made significant contributions to current guidelines for Recommended Dietary Intakes and for the Management of Diabetes and Hypertension in the Caribbean. He produced Nutrition Facts of the recipes contained in the Naparima Girls High School cookbook, which now serves as a guide for dietary intakes. His work with severely malnourished children has helped to inform the WHO guidelines for management of malnourished populations.
“Provided invaluable engagement in the development and assessment of public health policy and other critical health developments in the Caribbean.”

Professor Emeritus Elsie Le Franc  
Scientific Secretary: 2005 -2012  
Research Advisory Committee Member: 2013 - Present

Professor Le Franc has had teaching, research and consulting experience in the Caribbean, where she has also worked on and evaluated regional and national health sector reform efforts. She has assessed government health policies and systems in several Caribbean countries. She was the Director of the Institute of Social and Economic Research at the University of the West Indies, Mona from 1999-2005. She has been an independent consultant for WHO, PAHO, Ford Foundation, IADB, UNICEF, UNESCO, SAGE & UNFEM. She has been a Principal Investigator for research funded by - among others - the Welcome Trust (UK), USAID, and Family Health International. With funding from the Wellcome Trust she and her team conducted a major quantitative study on Interpersonal Violence and Aggression in Jamaica, Barbados and Trinidad. With support from PAHO and the IADB, her team developed the health sector reform strategy for the Caribbean region in 1995. More recently she has been involved in initiatives across Latin America and the Caribbean to develop regional networks that would focus on strengthening health systems so as to improve the use of evidence in policy-making.

“The aspect of CHRC’s work that I found most rewarding was the efforts to build health research capacity through providing a forum in which young researchers could gain experience in presenting their work, providing seed funding for their research, and the various training workshops held. These helped many persons to become established researchers”

Professor Susan Walker  
Scientific Secretary: 2005 - 2011

Susan Walker is Professor of Nutrition and Director of the Tropical Medicine Research Institute at The University of the West Indies (UWI), Jamaica. She heads the Child Development Research Group at UWI whose work in developing low cost approaches to promote children’s development and the rigorous evaluations have been critical in driving global attention to the importance of early stimulation for children under 3 years and has influenced the expansion of work and commitment in this area by several international agencies. She is an internationally recognised expert in global child development and was lead author in papers in the highly influential Lancet series (2007, 2011) on child development and a coordinator of the 2013 series on Maternal and Child Nutrition. She is now engaged in international efforts to inform scale up of interventions for young children and is a member of the Institute of Medicine’s Forum on Investing in Young Children Globally.
“Find yourself in the service of others,” by Mahatma Gandhi.

Dr. Terese Maitland
Scientific Secretary: 2009 - 2012
Dr. Terese E. Maitland, National Epidemiologist /Chief of the National Epidemiology and Research Unit (NERU), Turks and Caicos Islands (TCI; 2007- present), served as a Scientific Secretary from 2009-2012. Her work focuses on strengthening the public health infrastructure in the Caribbean by improving public health surveillance, mentorship and capacity building, and spearheading research to inform health-in-all policy development to facilitate evidence-informed decision making in health. An alumnus of UWI (Mona), University of Miami (UM) and Florida International University (FIU), and the only Caribbean recipient among thirteen Global Health Leadership Awards from the Canadian Global Health Research Initiative (2008 – 2012), she successfully utilized the award funds to support TCI’s public health infrastructural strengthening. Dr. Maitland’s three-decade long career includes academia, public health practice, research and administration. Her resume includes appointments at FIU, UM, The Caribbean Food and Nutrition Institute/ PAHO, and UWI’s Tropical Metabolism Research Unit. She has published in referred journals and conference proceedings, made numerous oral presentations, and facilitated workshops on public health disciplines/issues regionally and internationally.

“New roles in life always bring new knowledge and being a Scientific Secretary and now a RAC member continues to prove this.”

Professor Minerva Thame
Scientific Secretary – 2011 - 2012
Research Advisory Committee – 2013 - Present
Minerva Thame is the Professor and Head, Department of Child and Adolescent Health, Deputy Dean and Chair for the Committee of Graduate Studies, Faculty of Medicine Sciences (FMS), UWI, Jamaica and Consultant Paediatrician, UHWI. Her research involves the roles of maternal anthropometry on foetal growth in pregnant women with Sickle Cell disease and pregnant adolescents. Her work involves running the Special Care Nursery and teaching undergraduate and postgraduate students. In 2007 and 2009 she received the Principal’s Award for the Most Outstanding Researcher in the FMS receiving also the Principal’s Award for Best Research Publication for the 3 papers in 2009. She was the Paul Harris Fellow Award in 2009 for recognition of her work in clinical medicine in Jamaica. In 2011 she received the Vice Chancellor’s Award for Excellence for Research.
“Serving on the Research Advisory Committee at CARPHA is a privilege which facilitates a unique overview of research in the region and a means to be of service to the regions’ research community”

Professor Calum Macpherson  
Research Advisory Committee: 2013 - Present

Born and raised in East Africa. Tertiary education at Sheffield University and Imperial College. His research focuses on global One Health issues including socio-economics, human behaviour, zoonotic parasitic and viral infections. Supervised over 70 MSc, M tropMed, MPH and over 10 PhD students. Organized tropical medicine electives in Kenya, Uganda, Morocco, Peru, Cuba, Trinidad & Tobago, Grenada and Guyana and currently takes students annually to Kenya. Substantive work posts have been at Imperial College, AMREF (the Flying Doctors) in East Africa, the Swiss Tropical Institute in Tanzania, the Liverpool School of Tropical Medicine, UWI, Trinidad & Tobago and St. George’s University, Grenada. The founding director of Windward Island Research and Education Foundation, a 501 c 3 charitable foundation registered in NY, UK and Grenada. Written/edited five books, 20 book chapters and over 100 papers on studies conducted in more than 50 countries. Served on numerous committees and delivered plenary and conference presentations at over 100 conferences.

Professor Marvin Reid  
Research Advisory Committee: 2013 - Present

Professor Marvin Reid is the Director of the Tropical Metabolism Research Unit and Associate Lecturer in Department of Community Medicine & Psychiatry at the University of the West Indies, Mona. His research interests spans the gamut of community medicine, clinical trials and human metabolism. Specifically as a metabolist and clinical nutritionist, Professor Reid conducts research into the use of non-radioactive molecules to investigate how the body responds to illness. He has co-authored over 100 peer-reviewed articles and has received the Mona Campus Principal’s and the UWI Vice Chancellor’s Award for Research Excellence as well as other international awards for research publications. Professor Reid believes firmly in the importance of mentoring his colleagues, graduate students and young scientists in research methods and within this context he was happy to accept an invitation to become a member of the Research Advisory Committee of CARPHA in 2013.
“Challenging, rewarding, privileged and extremely educating after only one year. Looking forward with anticipation mixed with dread to the coming year.”

Dr. Simone Keizer-Beache
Research Advisory Committee Member: 2013 - Present

Dr. Simone Keizer-Beache is the Chief Medical Officer of St. Vincent and the Grenadines (SVG). She earned her MBBS from the University of the West Indies, Cave Hill and then a MSc. in the area of her passion, Accident & Emergency Medicine. After serving as supervisor of the Accident & Emergency Department of the Milton Cato Memorial Hospital (MCMH) in St. Vincent and the Grenadines for nine years, Dr. Keizer-Beache was appointed Medical Director of the hospital. Seeking formal health management training, she pursued and obtained an MPH again from the UWI Cave Hill. On return to St. Vincent, Dr. Keizer-Beache was appointed Chief Medical Officer. She is new to research publication. Her first article was published in the Emergency Medicine Journal and focuses on the challenges of the emergency department of the MCMH. She is passionate about increasing medical research in SVG to support evidence-based practice. Dr. Keizer-Beache believes her training in emergency medicine and public health has provided her with a unique perspective of health and the provision of health services. She has applied this insight to her role as Chief Medical Officer, driving her focus on the reorientation of health care services.

“It has been a privilege to be part of the RAC as it has allowed me to contribute to a truly regional academic enterprise that is vital to developing research capacity in the Caribbean and from which I have learned and been encouraged by in my own career.”

Professor Gerard Hutchinson
Research Advisory Committee Member: 2013 - Present

Dr. Gerard Hutchinson is currently the Professor and Unit Lead in Psychiatry, at the School of Medicine, Faculty of Medical Sciences (FMS), University of the West Indies, St Augustine. He also serves currently as the coordinator of the DM Psychiatry and the Programme Director of the MSc Clinical Psychology programme, UWI, St Augustine. He functions as the Head of Psychiatry at the North Central Regional Health Authority, Trinidad and Tobago. He is a graduate of the University of the West Indies and the Institute of Psychiatry, Kings College, University of London and the London School of Hygiene and Tropical Medicine in Epidemiology. He has been employed at the University of the West Indies (At. Augustine) since 1999 and was previously a Clinical Lecturer in Psychiatry at the Institute of Psychiatry, King’s College, University of London. He has published as author or co-author over 100 peer-reviewed papers and book chapters. He serves as a manuscript reviewer for several regional and international journals. His research interests include migration related issues in mental health, developmental trajectories in mental illness and suicidal behaviour in the Caribbean.
Conclusion

It would be fitting to complete this report by quoting the comments made by Professor Michael Golden in commemoration of the 60th Diamond Jubilee Anniversary of the Annual Caribbean Health Research Conference:

“The dialogue and information exchange between staff of the Ministries of Health, the practicing clinicians and academics was and remained remarkable. It is clear that where there is a problem there is either a solution or there is a research project to find a solution. The close cooperation between the Ministries and the academic community resulted in research being directed at solving problems rather than being simple academic exercises, and the presentation of the research meant that the results of research were quickly translated into policy.

I have now worked in numerous developing countries and in none has there been an organisation to fulfil the critical role played by the CCMRC. These countries, by and large, remain with extremely poor health services, practitioners who are hopelessly out of date and Ministry staff that are incapable of addressing the health problems of the countries that they serve. There is no co-ordination, slow intermittent application of advances, a dearth of indigenous expertise and the advice which comes tardily from abroad is given by those who do not understand the particular problems of the country and impose universal simplistic solutions.

The Caribbean is different and this is largely due to the University of the West Indies and the CCMRC/CHRC. This in turn has been the result of the appointment of very remarkable individuals with vision, foresight, academic rigour, energy and integrity to CCMRC/CHRC and their counterparts in the Ministries of Health. I was continuously impressed by the fact that Senior Technical Officers in the Ministries had the ability to identify and articulate their national problems and priorities, to write cutting-edge proposals and then work with the University and CCMRC/CHRC staff to collect and analyse the data.

The Annual Scientific Meeting of the CCMRC/CHRC set the tone for the quality and rigour of work that was expected – and it was normally of world class. The meetings themselves were also remarkable because the presentations were attended by senior staff from most disciplines – so that one would get insightful comments from surgeons, physiologists or gynaecologists on public health topics. Most overseas attendees commented that these meetings were amongst the highest quality meetings they attended in any part of the world. Junior staff were encouraged and mentored and often produced papers of a quality that gave more senior staff a surprise.

I remember two papers in particular. The first was by a junior doctor in Kingston Public Hospital, Jamaica, whose work day was to sew up dozens of machete wounds, which often presented late, in a mêlée of patients. The practice at that time was to leave wounds that presented late open to granulate which required repeated visits to the service. He simply sewed them all closed, carefully noting the time of the wounding and following them up.
Over 90% of those that had been wounded more than 48 hours previously healed satisfactorily. The old world war advice to prevent gas gangrene was shown to be unnecessary by a young doctor in a hectic service by a simple inexpensive research project that changed policy, saved numerous visits to the service and solved a problem. This to me represented wonderful research.

The second was of a young paediatrician who was shocked by finding a very young child with sexually transmitted disease. She set up a project and collected a whole series of such children, did the bacteriology and had a confidential nurse do home visits to collect and analyse sensitive data anonymously. After the paper was presented it led to a session in Parliament and legislation. Again, a young doctor collected data systematically about a real problem that shocked her in her normal practice that led to policy change.

These two papers by busy juniors, which are among the least spectacular or quoted papers, show how an ethos of research engendered and supported by CCMRC can lead to changes of policy and solutions to problems that are faced daily in our health services. Reading the abstracts of the work over the past 60 years show a great many examples of indigenous research that was the direct result of the work of CCMRC, UWI, the research institutes and Ministries working in close collaboration to transform the Health of the Caribbean people. This includes work that has had a world wide impact and not only on the Caribbean; the early work on helminth elimination in St Lucia, the work on HTLV-1 and HIV, and more recently the work on foetal origins of adult disease, stunting and mental development in children and sickle cell disease are examples of the Caribbean leading the world – all presented at the CCMRC meetings and all resulting in strategies to transform the health of the population.

The remarkable thing is the relatively small amounts of money that were involved in maintaining the organisation from the beginning. We owe a great debt of gratitude to John Waterlow, David Picou, Micky Waldron and Champ Alleyne upon whose shoulders those that came later stood, and also to the British Government, the Medical Research Council and particularly the University of The West indies who nurtured and funded this unique organisation when funds were limited."
REFERENCES

14. The University of the West Indies (Jamaica). Research for Development: UWI, 2009

33. The University of the West Indies. UWI St Augustine Campus names six Honorary Graduands. 2015 (cited 2015 June 1). Available from URL: https://sta.uwi.edu/news/releases/release.asp?id=1101