

**PAN AMERICAN HEALTH
ORGANIZATION**

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ON MEDICAL RESEARCH**

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**REPORT ON THE
STANDING ADVISORY COMMITTEE
FOR MEDICAL RESEARCH
IN THE BRITISH CARIBBEAN**

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PAN AMERICAN HEALTH ORGANIZATION
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Report on

THE STANDING ADVISORY COMMITTEE FOR MEDICAL RESEARCH
IN THE BRITISH CARIBBEAN (SAC)*Origin and Development

After World War I, it became the policy of the British Government to decentralize research as far as possible, and to encourage territorial governments to share with the United Kingdom in the responsibility for planning, administering and financing research. With this object regional Medical Research Councils were set up in East and West Africa. At that time all the territories concerned were colonies. The East African Council represented Kenya, Tanganyika and Uganda, the West African Nigeria, Gold Coast, Sierra Leone and Gambia. All these countries are now independent, and the West African Council has ceased to exist, but the East African one continues as an inter-territorial body responsible to a Council of Ministers.

In the Caribbean region conditions were different; there was a much larger number of separate governmental units, all very small, compared with those of Africa, and, with few exceptions, poor. It was felt that, at least in the early stages, it would not be reasonable to expect these territories to finance research themselves out of their slender resources. Therefore it seemed advisable as a first step to establish a committee to advise the British Government on the needs for medical research in the region, and it was hoped that later it would develop into an autonomous council with executive powers, like the councils in Africa.

* Prepared for the Fourth Meeting of the PAHO Advisory Committee on Medical Research, 14-18 June 1965, by Dr. J.C. Waterlow, Director, Tropical Metabolism Research Unit of the Medical Research Council, and Honorary Professor of Experimental Medicine, University of the West Indies.

The Committee, which will be referred to as the SAC, was constituted by the Secretary of State for the Colonies in January, 1956. Its terms of reference were "To advise on the needs for medical research in Jamaica, Trinidad, British Guiana, Barbados, the Leeward Islands, the Windward Islands and British Honduras; to advise 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."

At the outset, therefore, the SAC was responsible to the Secretary of State in London. It was financed and administered through the Development and Welfare Organization, an official body with headquarters in Barbados, which was responsible for supervising on a regional basis the expenditure of money voted by Parliament for development and welfare.

In 1958 the West Indian territories, other than British Guiana and British Honduras, united in a Federation headed by a Governor-General, to whom the SAC then became responsible. The old Development and Welfare Organization was disbanded, and its functions, including the administration of the SAC, were taken over by the Federal Government.

In 1961 the Federation of the West Indies was dissolved, and shortly afterwards Jamaica and Trinidad became independent. The SAC therefore now represents some countries which are independent, others which are still colonies, and is no longer responsible to a single authority, as it was in the past. In practice, this seems not to matter; the Committee reports to all the governments which are represented on it, including that of the UK. With the disappearance of the Federal Government, responsibility for financial administration was transferred to the University of the West Indies, as the nearest approach to a regional body. The University acts as banker, and ensures that all money is

spent in accordance with the terms under which it is allocated, but apart from this it has no power to control the activities or policies of the Committee.

Composition of the SAC

The Chairman has always, as a matter of policy, been chosen from outside the medical profession. This follows our practice in the United Kingdom. The first Chairman was Sir Stephen Luke, Comptroller for Development and Welfare in Barbados. He was succeeded in 1958 by Mr. B.H. Easter, a retired Director of Education, who served until this year, and is now being followed by Dr. Hugh Springer, formerly Registrar of the University of the West Indies, and now Director of its Institute of Education. The members fall into four groups:

1. The professional heads of medical services of all the participating territories, i.e. Jamaica, Trinidad, Barbados, British Guiana, British Honduras, St. Lucia, Grenada, St. Vincent, Dominica, Antigua, St. Christopher-Nevis-Anguilla, Montserrat and the Bahamas.
2. Three delegates from the United Kingdom - the Adviser on Medical Research to the Minister for Overseas Development, and two representatives of the Tropical Medicine Research Board of the Medical Research Council. (See below).
3. Two representatives of the University of the West Indies.
4. Distinguished scientists of the region, appointed in their personal capacity. So far there have only been two under this heading, Dr. Wilbur Downs, formerly Director of the Trinidad Regional Virus Laboratory, and Dr. George Giglioli, the malariologist of British Guiana.

Relationship of the SAC to the Medical Research Council in the UK

As will be seen later, the greater part of the money spent on medical research in our region is derived from the UK government, mainly from the research funds of the Ministry of Overseas Development. The Ministry, in making its allocations, is guided by the technical advice of the Tropical Medicine Research Board, (TMRB) a committee of the Medical Research Council composed of physicians and scientists with experience in tropical and overseas medicine. In principle the Ministry will not make any grant unless it has the approval of the TMRB, and the TMRB will not consider any proposal for a research scheme in the Caribbean unless it has the approval of the SAC. The TMRB relies upon the SAC for local assessment - of whether the personnel is suitable, the scheme feasible under local conditions, and so on. The SAC does not by any means approve all the proposals put to it, but so far no proposal put forward to the TMRB by the SAC has yet been turned down.

In a sense, therefore, the TMRB acts as a parent body to the SAC. This relation will tend to change as the SAC begins to receive funds from sources other than the UK.

Operation and Organization1. Annual Meeting

The SAC meets annually, in March or April. Alternate meetings are held in Jamaica and in either Trinidad, Barbados or British Guiana. The reason that more meetings are held in Jamaica is not that it is the biggest territory, but because there is there the University of the West Indies and its medical school, which serve all the British and ex-British territories of the region.

2. Visitors and Observers

It has become the practice to invite a number of observers and visitors to attend the meetings. These are either representatives of organizations which are interested in medical research in this part of the world, e.g. The Pan American Health Organization, The Rockefeller Foundation, The National Institutes of Health/U.S. Public Health Service, or individual scientists who have shown an active interest in our problems. These visitors have been a great source of encouragement to the Committee. The directors of research units - the Trinidad Regional Virus Laboratory, and the two MRC units in Jamaica - also attend as observers.

3. Scientific Panel

For the transaction of business in the interval between annual meetings the SAC delegates its powers to a scientific panel consisting of the two University representatives, the Chief Medical Officer of Jamaica and the Scientific Secretary. This panel can be convened at any time to consider research proposals.

4. Secretariat

Until 1961 the Committee had two joint secretaries, one administrative - the Federal Medical Adviser - and one scientific. Since 1961 there has been only the Scientific Secretary. This post was first held by me, then by Dr. John Garrow, then by Dr. David Picou, all members of the staff of the MRC Tropical Metabolism Research Unit. The reason for this is that the work takes more time than can easily be spared by people in official or University positions. It is also considered desirable that the Secretary should himself be actively engaged in research.

The duties of the Secretary are:

- a. To arrange the annual meeting of the SAC and prepare the agenda.
- b. Between meetings, to process research proposals for submission to the scientific panel, and to convene the panel.
- c. To circulate all proposals and decisions to the participating governments and to the TMRB.
- d. To visit as many as possible of the territories each year, to enquire into research needs and look for research talent.
- e. To organize the program and make the physical arrangements for the annual scientific meeting (see below).

The running costs of the secretariat were originally paid by the UK alone, but since their independence, Jamaica and Trinidad also make contributions.

Scientific Meetings

Every year a scientific meeting is held for 2-3 days before the actual meeting of the Committee. The original idea was that the official members of the Committee would be in a better position to decide on the proposals submitted to them if they had previously been given an up-to-date picture of the research in progress. In fact this annual meeting has taken on a wider importance, because in our region it is the only regular occasion on which reasonable numbers of physicians and scientists from different territories are brought together in one place. This aspect of the meeting has been very much helped by the fact that there is included in the allocation for the secretariat a sum to cover the cost of bringing contributors to the meeting from other territories. Every year the SAC subsidizes the travel of 5 or 6 contributors in this way. Individual governments have followed this example, and Jamaica, Trinidad

and Barbados have each year made it possible for 3 or 4 doctors from their territories, in addition to the official representatives on the SAC, to attend the scientific meetings and present papers.

Whereas the meetings of the SAC are private, the scientific meetings are open to anyone interested. In recent years we have been anxious to develop contacts with neighboring non-British territories, and have been glad to accept papers at the scientific meetings by doctors from Puerto Rico, Martinique and Curaçao, as well as from the USA.

Usually an attempt is made to organize the meeting around a general topic, such as "Child Health", "Metabolic Disease", or "Infectious and Parasitic Diseases" but some sessions are always left for papers in other topics. The word "research" is rather widely interpreted. We believe that worth-while research can be done at every level, and that no one need consider that "research is not for me". The first step therefore is to encourage clinicians and public health officers, whether working in hospitals, clinics or in the field, to analyze their experiences, and to present them at the meetings. For example, one of the most successful papers in recent years was a time-and-motion study by three public health nurses in Barbados of what actually happens in a Government Health Center. On the other hand, individual case reports, of the type that characterizes a purely clinical meeting, are not encouraged.

In Appendix A are summarized the number and origin of the papers given at the scientific meetings since 1956.

The Scope of Medical Research in the British Caribbean

In this paper we are concerned with the administrative rather than the scientific aspects of medical research in the British Caribbean. The activities will therefore be grouped according to their size and nature of organization.

1. Research Units

a) The Trinidad Regional Virus Laboratory

This laboratory, located in Port of Spain, Trinidad, is the oldest of the research units. It is supported jointly by the Rockefeller Foundation, the British Government and local governments, mainly that of Trinidad. Since 1962 the TRVL has been incorporated in the University of the West Indies as part of the Department of Microbiology, although some members of staff are staff members of the Rockefeller Foundation, and therefore not employed by the University. There is an Advisory Board, appointed by the Vice-Chancellor of the University, which meets once a year at the time of the SAC meeting to approve the Director's scientific program and his budget. This Advisory Board includes two representatives of the SAC.

b) The Tropical Metabolism Research Unit (TMRU) of the Medical Research Council

This Unit was established in Jamaica in 1954. It is loosely attached to the University and medical school, and its ward is operated as part of the teaching hospital. The director has an honorary chair in the University. The Unit is administered by the MRC in London; its funds come from the Ministry of Overseas Development, via the MRC.

c) The Epidemiological Research Unit (Jamaica)

This Unit was established in 1962. Like the TMRU, it is situated in the campus of the University of the West Indies, but is administered and financed by the MRC in London.

The SAC receives reports from all three units, but it has no direct control over the activities of the two MRC units.

2. Large Research Schemes

a) Trial of typhoid vaccine in British Guiana

In 1958 Dr. C.C. Nicholson, Deputy Director of Medical Services, British Guiana, proposed to the SAC that British Guiana would be a suitable place for testing the effectiveness of different antityphoid vaccines, and put forward a detailed plan. This proposal was strongly supported by the SAC, and in London, and the trial was organized as a collaborative enterprise between the Colonial Office, WHO, the US Army and the Government of British Guiana. That Government provided all the local personnel, field workers, recorders, etc. A bacteriologist and an epidemiologist were appointed from the UK. The test vaccines were provided by the US Army. This trial, which has been extremely successful, is now in its concluding stages.

b) Studies on cutaneous Leishmaniasis in British Honduras

This disease appears to be fairly common among the forest dwellers of Central America and until recently the vector was unknown. In 1960 a team was sent out from the UK, consisting of a parasitologist and an entomologist, to work on this problem, and a field station was set up in the forest country. These studies are still continuing. The Government of British Honduras contributes the local costs, and acts as the administrative authority. The remainder of the cost is borne by the UK.

Reports on both these schemes are presented each year to the SAC.

3. Intermediate Research Schemes

In the first 10 years a number of research projects have been supported that have been of fairly short duration - 1-3 years - and involve only moderate expenditure, of the order of 5000 pounds sterling a year. A list of these schemes is given in Appendix B.

The usual procedure is that a proposal is put to the SAC, which may reject, approve or modify it. If approved, the proposal is transmitted to the TMRB in London, and a grant is made to the appropriate authority - territorial government or university - according to where the work is to be done.

4. Small Research Schemes

The Ministry in the UK has made available to the SAC a block grant from which small research projects, costing less than 1500 pounds sterling, can be supported without reference to London. Since 1962 the governments of Jamaica and Trinidad also make a contribution to this block grant.

These small grants have been given for pieces of equipment, temporary technical or secretarial assistance, travelling, etc. and have proved very useful in helping individuals to get started. A list of these grants is given in Appendix C.

Over the years the amount of money spent on medical research in our region has gradually increased. Formally, the SAC is only concerned with funds from official sources under the four headings above, which together amount to about 300,000 pounds sterling a year. It has no direct concern with grants made by outside bodies, such as the Rockefeller Foundation and the Wellcome Trust, who have given very generous support

to the University. However, the presence on the Committee of University members enables it to get a complete picture and prevents overlap. In principle there is nothing to prevent funds from private or extra-governmental sources being put at the disposal of the Committee. The arrangement by which the University is responsible for the financial administration ensures proper accounting and auditing.

Conclusion

We had hoped that by now the SAC would have evolved into a Council with a corporate existence, capable of employing its own staff and administering its own finances. This evolution has been delayed by the disintegration of the West Indies Federation. However, there are still ways in which the usefulness of the SAC can be extended.

The Committee has at its disposal a great deal of information about research needs and research activities in the region; it is in a good position to give other bodies who may be interested in promoting research in the area advice about local conditions, personnel and resources. It has already been recognized by the NIH as a national nominating committee for post-doctoral research fellowships, and one such fellow has been appointed on the recommendation of the SAC.

The question has often been raised, whether the SAC should not in some way be enlarged to include territories other than those of the British Commonwealth. There are many difficulties about this. First, there is no common administrative framework. Secondly, it is difficult to know where to draw the line. In addition to the strictly Caribbean countries - Puerto Rico, Cuba, Haiti, the French and Dutch islands - many of the mainland countries of Central and South America have problems similar to ours. There

is always the danger of reducing the effectiveness of the SAC by over-
extending it. Lastly, it seems unwise to attempt to create another inter-
national body which would surely overlap with existing organizations such
as PAHO.

For all these reasons we have so far confined ourselves to trying
to develop scientific links with colleagues doing similar work and facing
similar problems in other countries, by inviting them on a personal basis
to attend meetings of the Committee as observers, and the scientific
meeting as contributors.

The SAC's aims and the scope of its activities are modest enough,
but we hope that it will be an increasingly useful channel for the promotion
of research in the region.

APPENDIX A

Scientific Meetings of the Standing Advisory
Committee for Medical Research in the British Caribbean

<u>Date</u>	<u>Place</u>	
1956	Jamaica	General
1957	Trinidad	Infectious Diseases
1958	Jamaica	Nutrition
1959	British Guiana	General
1960	Jamaica	Cardiovascular and Metabolic Disease
1961	Barbados	The Impact of Research on Public Health
1962	Jamaica	Studies on the Blood
1963	Trinidad	The Child in the West Indies
1964	Jamaica	Metabolic and Endocrine Disease

Number and Origin of Papers

Origin	<u>1956</u>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>
Jamaica	4 ¹ / ₂	2 ¹ / ₂	5 ¹ / ₂	8	0	4	3	3	3
Trinidad	4	5	3	11	9	7	7	12	6
British Guiana	6	8	3	17	1	6	2	2	0
Barbados	0	0	1	2	2	4	4	5	1
Small islands and British Honduras	0	1	0	1	0	5	2	2	1
U.W.I.	16 ¹ / ₂	6 ¹ / ₂	12 ¹ / ₂	12	18 ¹ / ₂	15	12	8 ¹ / ₂	10
T.R.V.L.	0	5	1	1	2	3	5	2	2
M.R.C.	1	0	1	0	5	0	2	2 ¹ / ₂	4
Non-British	0	0	0	1	1 ¹ / ₂	0	1	2	10
Other	1	1	0	0	0	0	2	0	8
TOTAL	33	29	27	53	38	44	40	39	45

APPENDIX B

Research Schemes of Intermediate Size*

Supported from Development and Welfare Funds

(1957-64)

1. Programs at the Department of Pathology, University of the West Indies, in histochemistry and immunochemistry, in hemoglobinopathies and in atherosclerosis
2. Survey of diabetes mellitus in Trinidad
3. Nutrition survey in Barbados
4. Study of neuropathy in Jamaica
5. Research on bat rabies
6. Research on cardiovascular abnormalities in Trinidad in relation to Chagas' disease.

* From 3,000 to 7,000 pounds sterling annually.

APPENDIX CSmall Research Projects Supported from the Block Grant of the SAC(1957 to January, 1964)

<u>Recipient</u>	<u>Place of Work</u>	<u>Project</u>
D.B. Stewart	UCWI	Pelvimetry
G.T.M. Cummins	UCWI	Survey on incidence of carcinoma of the cervix
V. Keating	UCWI	Anesthetic research
L.J. Charles	Ghana	Study of <u>A. bellator</u> in British Guiana
S.J. Patrick	UCWI	Studies on carbohydrate metabolism
K.H. Uttley	Antigua	Epidemiology in Antigua
K.H. Uttley	Antigua	Statistical advice on previous scheme
H.G. Dixon and W.B. Robertson	UCWI	Effect of hypertension on blood vessels of the placenta
E.K. Cruickshank and J.E. MacIver	UCWI	Studies with radioactive vitamin B ₁₂
A.V. Wells	St. Lucia	The distribution of immunity to polio-myelitis in St. Lucia
H.G. Dixon	UCWI	Survey of pre-eclampsia and eclampsia in hospital deliveries
J.D. Arneaud and B.E.R. Symonds	Trinidad	Causes of geographical restriction of veno-occlusive disease
G. Bras	UCWI	Study on cirrhosis of liver in cattle in British Guiana
R.H. Burnell	UCWI	Investigation of chemical properties of bush teas in Haiti
J.C. Waterlow	MRC UCWI	Electrolyte disturbances in malnourished infants

<u>Recipients</u>	<u>Place of Work</u>	<u>Project</u>
S.J. Patrick	UCWI	Metabolic studies on rat liver under different dietary conditions
Winston Adams	British Guiana	Incidence of glycosuria in different age groups
J.F. Palmer	UCWI	Studies on electrical changes in the central nervous system
G. Bras	UCWI	Studies by the fluorescent antibody technique in veno-occlusive disease and arteriosclerosis
Elaine Read	Jamaica	Analysis of deliveries at Victoria Jubilee Hospital
W.E. Adams	British Guiana	Filariasis in Barbados
L.S. Grant	UCWI	Leptospirosis in Jamaica
D. Gore	UCWI	VOD in pigs and dogs
P. Feng	UCWI	Fish poisoning in St. Kitts
J.F. Palmer	UCWI	Electrical changes in the nervous system
I.J.L. Goldberg	UCWI	Gastroenteritis and thyroid function
R.D. Montgomery	UCWI	Jamaica neuropathies
W.C.C. Pakeman	UCWI	Medical Records
E. Cochrane	Barbados	Aortic dilatation and serology
E.L.S. Robertson	Trinidad	Cleft lip in Trinidad
W.A. dos Santos	Barbados	Beta lipoprotein and hypertension
C.F. Hutchison	Jamaica	Neonatal deaths
P.A. Clarke	UCWI	Serum iron estimations
R. Richards	UCWI	Iodine uptake in thyroid
W.A. Harland	UCWI	Iodo-aminoacids
H. McFarlane	UCWI	Electrophoresis of thyroid proteins

<u>Recipient</u>	<u>Place of Work</u>	<u>Project</u>
S.O. Suite	Trinidad	Congenital heart disease
M.U. Henry	Trinidad	Folic acid deficiency
P. George	UCWI	Anemia and menstrual loss
R.A. Irvine	UCWI	Protein turnover and molecular size
E.E. Ward	UCWI	Electrolytes in gastroenteritis
K.L. Standard	UCWI	Analysis of nutrition survey results
J. Gourlay and K.L. Standard	UCWI	Infection and growth failure
L.S. Grant	UCWI	Leptospirosis in W.I. islands
D.C. Turk	UCWI	Study of the distribution of <u>Haemophilus influenzae</u> in Jamaica
E.R. Gunn	British Guiana	Heat cramps and working efficiency in sugar workers
L.J. Charles	Ghana	Investigation into the Simian malaria parasite <u>Plasmodium kochi</u>
C.F. Hutchinson	Jamaica	Autopsy findings in neonatal death
P. George	Jamaica	Menstrual loss: a comparative study in 2 social groups
H. McFarlane	UWI	Differentiation of Treponemal antibodies
M. Thorburn	UWI	Cytogenic studies
J.F. Palmer	UWI	Release of catecholamines from the nervous system