Minutes of the Board of Trustees  
INCLEN Trust  
Heritage Village, Manesar, Haryana, India  
(April 4-5, 2005)

Members Present:  
Ranjit Roy Chaudhury, Chair, presiding Officer  
Demisse Habte  
Marcel Tanner (Teleconference)  
Ramesh Ahuja (representing IndiaCLEN)  
Cynthia Cordero (representing INCLEN-SEA)  
Amr Hassan (representing INCLEN Africa)  
Juan Manuel Lozano (representing Latin CLEN)  
Francois Chapuis (representing INCLEN Euro-Med)  
Ji-ayo Wang (representing ChinaCLEN)

Secretariat:  
Narendra Kumar Arora, Executive Director  
Rodolfo Dennis  
Stephanie Combs  
Hemant Kumar  
Vaishali Deshmukh  
Priyanka Thakur  
Richa Shankar  
Reena  
Sachin Ailawadi  
Chandan Singh

Unable to Attend:  
James Volmink  
Palitha Abeykoon  
Peter Tugwell

SUMMARY OF MAJOR DECISIONS MADE AND ACTIONS TO BE TAKEN:

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| Reports from the Chair, Executive Director, and CLEN heads | 1. Strategic Plan reviewed and compared to current status  
2. Research Sub Committee (RSC) and Capacity Building (CB) call for proposals for the current year were rejected. Additional consideration is requested. | 1. Secretariat to provide detail of expenditures for Leadership and management Program (LAMP), Virtual Campus (VC), Knowledge Plus Program (KPP) for next meeting.  
2. Integration of Leadership and Management Program, Knowledge Plus Program and Virtual Campus to develop common capacity building program  
3. INCLEN Executive Office (IEO) to reconsider all |
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**Meeting Proceedings**

Chair opened the meeting at 8:30 AM with a greeting and a welcome. The Chair welcomed everyone noting that this is his first meeting to Chair, the first meeting in Delhi after moving the INCLEN Executive Office, and the first meeting for Narendra Arora and his staff. He noted the importance of attendance, action, and true commitment. He graciously thanked all those attending and his regrets to those who were unable to attend.

The Chair emphasized that the Board of Trustees is the highest policy making/guidelines making body and there is a need for greater involvement of its members in all INCLEN activities.

The CLENs were reminded of their special responsibilities and that they made up the backbone of the organization. Thoughtful and specific feedback was solicited. He strongly encouraged all members to stay in contact to maximize the special knowledge and skills of the assembled members. He said that the regional CLEN strength has to be recognized, problems areas have to
be identified and there has to be a collective effort to solve these problems. He marked that the CLEN had individual needs and their uniqueness presented great variety, therefore, different strategies must be adopted for different CLENs. In this context he agreed to the formation of an advisory group for INCLEN Africa. (Advisory Board will be constituted by INCLEN Africa office in consultation with their constituent Clinical Epidemiologist Unit’s). CLENs will have to help each other both in terms of providing financial and technical support to each other.

Prof. Ranjit Roy Chaudhury said that currently, there is no core funding available and therefore it is a challenge for the board to set the ball rolling for INCLEN. He emphasized that there has to be tireless efforts for resource generation and a part of the project funding would have to go for the administrative support. At this moment of crisis, he pledged that INCLEN was to hold its head high rather than succumbing to the pressure and adopting a defeatist attitude.

The Chair said that is should be kept in mind that the strength of INCLEN lies in capacity building. There has to be increased communication between the Board and the INCLEN Executive Office and ways will have to be devised to increase this interaction and use the knowledge and wisdom of the board members more proactively. He asked the Executive Director to take initiative in this area.

He also said that INCLEN needs to develop leadership in research. To achieve this, and outstanding non-INCLEN partners will have to be brought into the fold. Also it was essential for the CLENs to develop relationships with policy makers and program managers. Lessons have to be taken from India CLEN as to how it has been able to forge such a close relationship with the Government of India. Prof. Ranjit Roy Chaudhury asked Ramesh Ahuja (IndiaCLEN) to commission a study by outsiders to identify the determinants of India Clinical Epidemiology Network’s success.

He said that the board needs to hear more from Clinical Epidemiology Networks regarding their issues, programs and problems that they are facing and a combined effort has to be made to overcome them.

He appreciated Narendra Arora and colleagues for devising an excellent Standard Operating Procedure saying that it was essential to have Standard Operating Procedures to see procedures that stimulate/initiate discussion but are not restrictive.

Francois Chapuis thanked the chair for providing extensive information and agreed with the idea of focus on research and communication. He said that there is a need to learn more about Indian success; ways to find out how to increase inter CLEN interaction and support for each other.

I. Introduction of New Trustees

Ji-yao Wang representing ChinaCLEN
Peter Tugwell representing CanUSA CLEN (in absentia)
**Introduction of new Executive Director**
Prof. Ranjit Roy Chaudhury introduced the new Executive Director saying that he is the leading light of research in India. Narendra Arora is a Pediatrician with training in clinical epidemiology at the University of Newcastle in 1993 and has remained a member of INCLEN thereafter. Many of his local programs and accolades were noted. Especially noted is his success with resource mobilization and his experience in setting up multicentric projects.

**Introduction of INCLEN staff**
Narendra Arora expresses his appreciation for the confidence of the Trustees in selecting him as the new Executive Director. He pledged that this 39 country network will always stand tall in the field of healthcare and that we will remain focused on the mission and vision of INCLEN. He pledged his total commitment to the strategic plan, the mission statement, the vision and the history of this great network.

The staff was introduced noting that the INCLEN Executive Office includes all staff regardless of where they are located. Already we are seeing frequent communications and great results from the brainstorming and discussions that have occurred. He introduced the attending staff and spoke to the future staffing methodology relative to the goals set forth by the Trustees and the needs of the network. Especially noted was the responsibility of website maintenance already being managed and updated by the INCLEN Executive Office staff.

**Review of the Minutes and Business arising**
The minutes of the September 23, 2014 had been routed and comments were incorporated into the draft presented. There was no discussion on the minutes from the Board of Trustees meeting held on September 23, 2014. A motion was made to approve the minutes as presented by Demisse Habte. The motion was seconded and the minutes were unanimously approved.

**II. Report for the year 04-05 including major INCLEN initiatives and strategic plan**
Rodolfo Dennis began by reminding all attendees of the Strategic Plan 04-07 and the four major strategies. First discussed was US Agency for International Development (USAID), IndiaCLEN Infectious Disease Initiative (IIDI) grant that ended Sept 30, 2014. Next was an introduction to the new USAID grant where INCLEN is affiliated with John Hopkins University (JHU) and Boston University (BU). ChildNET is the most active of all groups, due primarily to the prime mover, Shally Awasthi. Global Network does not consider themselves to be an INCLEN network, rather a network of which INCLEN is a member. Rodolfo Dennis specifically reminded everyone to actively look for opportunities to work with USAID and specifically the Global Research Activity (GRA) as they related to INCLEN desired activities. He asked the board to think about how to expand portfolios and how to increase INCLEN involvement in the same.

The funds available under Country Research activity (CRA) are less structured and the mechanism for accessing the funds is still unclear. The CFAR consortium was discussed noting that it was mostly an IndiaCLEN activity and would be expanded upon during the IndiaCLEN presentation. An overview of the US agency for International Development (USAID) technical areas was presented. There was a short discussion about the mission funds available from other country missions. In theory this mechanism is available at all US Agency for International Development (USAID) funded country mission. Narendra Arora spoke briefly about the ability
of INCLEN to expand its activities at the India mission and of the potential to open up new avenues at other country missions. There exists an opportunity but individual Clinical Epidemiology Network (CLENs) must go directly to the mission. Country Research Activity (CRA) will not be able to assist directly to access these funds but they did give information about the key personnel available in various country missions to their members. Ramesh Ahuja offered that IndiaCLEN Program for Health Intervention Development and Evaluation (IPHIDE) document is available on IndiaCLEN website. This can be used by other Clinical Epidemiology Network (CLEN’s)/Clinical Epidemiology Unit (CEU’s) to formulate their own strategic plans and approach country USAID missions to access research funds under Country Research Activity (CRA) mechanism.

The current grant of the Rockefeller Foundation expires on December 31, 2005 with no further extension available. There is a new director at Rockefeller Foundation and it might be prudent to approach them with new programs and new funding requests.

Current INCLEN programs were then discussed starting the Knowledge Plus and related programs. It was noted that Visanu Thamlikitkul as received a new position and has expressed his regrets for resigning. Board was informed about the progress made under knowledge plus program. INCLEN Executive Office to coordinate and facilitate dissemination of Knowledge Plus Program products. Virtual Campus philosophy was discussed noting that the project is currently stalled. A brief overview was presented describing the platform and delivery of Virtual Campus. Leadership and Management Program (LAMP) thrusts were discussed again noting that current progress has been minimal. It was noted that Leadership and Management Program (LAMP) has spent, approximately $525,000 over the life of the project. The Chair noted that World Health Organization (WHO) may be open to funding Leadership and Management Program (LAMP) and related activities but there must be a complete program with exercise and background materials. It was noted by Narendra Arora that the Leadership and Management Program (LAMP) coordinator was requested to provide by 31 March 2015 but did not deliver the product. A core product was discussed, something that could be modified for individuals, projects, Clinical Epidemiology Unit (CEUs) and regions. Chair stressed the need to obtain a complete proposal from Leadership and Management Program (LAMP) team that could be submitted to various funding agencies.

The progress of prior years under Research and Capacity Building program was briefly discussed. Board of Trustees was informed that projects sanctioned in year 03-04 were progressing albeit slowly, most did not attract any co-funding and no significant publication came out of this exercise. The board members agreed that the impact factor should be noted with all research including the project executed under Research and Capacity Building program. The current year proposals were discussed. Narendra Arora informed that the committee comprising of Marcel Tanner, Palitha Abeykoon and Narendra Arora reviewed the proposals and they were all rejected. There was a significant discussion about the criteria and the poor message that total rejection sends to the network. Board of Trustees requested that the committee notify all the applicants of strict criteria of

a. Strengthening of Network at regional and inter-regional level
b. Potential to scale up the research activities to an INCLEN wide program
c. Availability of Co-funding. (Institutional facilities and time protection are not considered co-funding.

Board of Trustees also recommended that the proposals will be considered, 2-3 of the most promising projects should be funded and closely monitored for specific deliverables. INCLEN Executive Office will give another deadline for these modifications.

The other INCLEN projects were updated for the current year including PreMED, South Asian Pneumococcal Network Alliance Project (SAPNA), ChildNET, Global Network for Perinatal and Reproductive Health (GNPRH), Brain Matters and World Safe. There was Board of Trustees discussion on how to leverage and translate the success stories of INCLEN such as IBIS, into a success pattern for other geographic and scientific areas. Again the Clinical Epidemiology Network was noted as being the center point of communication and possibly getting some funding for the projects.

The last item of current year discussion centered on the topic of development. Ten proposals/activities were discussed including the reason for the inability to translate the efforts into funding. It was noted that INCLEN submitted 10 pre-proposals or concept papers and all but one have been denied in the preliminary stage itself.

Efforts of the Chair from various contacts were brought forth: Wellcome trust would entertain training and European Commission has expressed an interest in Governance, National Institute of Health (NIH) in recycling antibiotics, Fogarty looking for Leadership and Management Program (LAMP) modules (five-day program). His recent trip to Africa was also discussed. World Health Organization (WHO) eastern Mediterranean office is keen to see Leadership and Management Program (LAMP), Knowledge Plus Program (KPP) and Virtual Campus (VC) used in their regions. Demisse Habte could be instrumental in developing relationship with the World Bank. There is a dearth of trained clinical epidemiologist; health economists and health social scientist in one of the richest areas of the world (Gulf countries) and this opportunity can be exploited by INCLEN.

There followed much discussion on how to strengthen the CLENs. All Board of Trustees members emphasized the need for communication and sharing of information between all i.e. INCLEN Executive Office, regional CLEN’s and CEUs/CERTs. INCLEN Executive Office and CLEN offices should facilitate this communication, while protecting the independence of Clinical Epidemiology Units. Amr Hassan felt that extending success of one CLEN to another was essential. Ji-ayo Wang expressed that interaction between CLENs should increase so as to share experiences. Improved communication globally is the key to success of the network. Collaborators must be encouraged to communicate with other CLENs to allow them to be a facilitator and to enhance the communications from Clinical Epidemiology Unit to CLEN, from CLEN to CLEN, and INCLEN Executive Office to CLENs/CEU’s. We need to put the word “networking” into practice and not just a name. We need to both respond to the market as well as try to drive the market. The INCLEN Executive Office will have to play an instrumental role in improving communication. There was discussion about how to work together and make the partnering a meaning reality instead of a casual conversation. Demisse Habte said that INCLEN needed to carve a niche and create the right environment for itself to develop and grow according
to the global funding scenario e.g. currently lots of activities in the health scenario are driven by Millennium Development Goals. Ramesh Ahuja said that INCLEN has two advantages: training and Human Resource Development that can be used as a brand.

III. CLEN Presentations.

**INCLEN Africa presentation**

The meeting two years ago suggested to “bury INCLEN Africa” but, they found a new direction and started to make plans. INCLEN Africa has been involved in many inter-CLEN research programs including “Intussusceptions & diarrhea” “Danger signs of neonatal illness” and “Zinc supplementation in treatment of acute watery diarrhea”. All these were ChildNET studies funded by US Agency of International Development (USAID) through John Hopkins University (JHU). Narendra Arora informed that two sites in INCLEN Africa would be included for Global Research Activity funded Multicentre Operational Study of Home Based Management of Severe Pneumonia in Children with Oral Amoxicillin (APIS study). The current year meeting has not been held. Amr Hassan detailed out the critical need for the meeting in order to follow up with the previous year’s work. He requested the assistance of the Executive Director and staff to develop a satisfactory program that would allow them to hold the meeting. He also suggested the establishment of an advisory committee and training was noted as one the most important things for the region.

It was noted that Cameroon Clinical Epidemiology Unit was not active. Issue was raised regarding approaching USAID mission in INCLEN Africa countries to access research funds under Country Research Activity mechanism. IndiaCLEN-IPHIDE format could be used to develop locally appropriate strategic plan. The concern about the proper utilization of CERTC was expressed and it was proposed to get people from other CLENS for training.

**China CLEN presentation**

Wang Jialang has been asked to be on the advisory committee after superannuating.

Ji Yao Wang has published a book on Evidence Based Medicine and was requested to be the editor of the Chinese Medical Journal for articles on Traditional Medicine and Evidence Based Medicine. It was noted that Evidence Based Medicine could be looked upon as strength. Leadership and Management Program (LAMP) modules have been translated into Chinese. China CLEN was asked by the board to document the process of “scaling up” of an intervention that they are doing so well so that it could be integrated into Leadership and Management Program (LAMP).

The annual China CLEN meeting has been planned. Ji-Yao said that funding for workshops is not a problem, but if a meeting of all Clinical Epidemiology Units is to be arranged there is a requirement of financial support from IEO to make traveling arrangements. A national meeting would require funding.

India CLEN president expressed interest in collaborating with ChinaCLEN to work on Traditional Medicine (Areas: arthritis, asthma, chronic liver diseases, diabetes). At a late stage, LatinCLEN or others that are actively using traditional medicines can also be made partners in
this endeavor. IndiaCLEN is looking for traditional medicines for chronic illness with the eye to producing controlled drugs based upon the evaluation of traditional medicines. The quality of the clinical trials will be critical. The evaluation will be done by Randomized Control Trial (RCT) methods wherein Chinese Institute of Traditional Medicine can participate. INCLEN Africa also showed interest in this project. Francois Chapuis emphasized the need for a strong methodology in such trial. Juan Lozano said that the Office of Alternative Medicine in their region could also be instrumental in the process. There is insufficient empirical data to support the guidelines for the use of traditional medicine. Experience is important but these experiences need to be documented so that guidelines can be developed.

**INCLEN Euro-Med**
The INCLEN Euro-Med CLEN president said that there are 4 CERTCs including Quebec that is culturally connected to France. There are 4 CEUs existing and 3 more are to be added shortly (Algeria, Alger, Morocco).

There are two boards, scientific and administrative, which give their inputs. A very competitive Master and PhD program in Clinical Epidemiology in French has been devised and is ongoing. The CLEN gets 10% to 20% support but it is not enough to support everything. Francois Chapuis stressed that there was need to explore new areas like research on research, fate of biomedical research, biomedical devices, and self-therapy.

He said that intra CLEN research is stimulated but not organized by the CLEN. To date there are no CEU researches and this is a weakness. INCLEN Euro-MED is working on new ideas for the donors to expand the current funding projects and to keep looking forward.

The president said that they were planning to extend the INCLEN network into the French speaking parts of Africa with the INCLEN Euro-Med taking the lead. Further possibilities are to be explored for Indo-French collaboration on research technology.

Next meeting is planned for June 2005, and will intra and Inter CLEN research programs. There are problems with sustainability and source of money. CLEN office needs funds from research and training but some of the CEUs do not want to share the overhead money, although CLEN helps them to organize a proposal that is accepted.

Narendra Arora raised the issue of the participation of countries from ‘INCLEN Euro-med’ in the upcoming project on Governance of Public Health. Francois Chapuis said that he was trained in public health and would be pleased to be associated with this project and help to identify more partners in the European Union.

**IndiaCLEN**
IndiaCLEN must hold out their hand to the other Clinical Epidemiology Networks and guide them into the success that has been the trademark of IndiaCLEN. It was acknowledged that Program evaluations are critical to success.

In India some believe there is a need for more Clinical Epidemiologist Units. Even if new Clinical Epidemiologist Units might not be formally recognized, it is necessary to engage more
individuals to participate in multisite projects that will be critical to the future of IndiaCLEN. Plans need to be made to invite and encourage individuals from outside the existing Clinical Epidemiology Units. Some of the projects will mandate additional locations beyond the eight existing sites.

According to Narendra Arora the success of IndiaCLEN lies in the multi centric approach and in concurrent capacity building. Most of the studies that brought IndiaCLEN visibility and name were policy and program relevant. When the budgets are submitted for an activity, it is necessary that Capacity Building be an inherent component of the study. Capacity building is inevitable to research. Equally important was the strategy of working in close partnership with national and state government. India CLEN has a direct dialogue with the leaders of Health in the country. Third strength of IndiaCLEN has been – adherence to the commitments and the timelines, delivery of product and accountability of the individual to the project. Prof Ranjit Roy Chaudhury’s lifetime award was noted with congratulations.

CAN USA CLEN note present. Report accepted in absentia.

Latin CLEN
Some of the CEUs that are not CERTC are providing formal training programs. They could apply to be upgraded but chose to stay as a Clinical Epidemiologist Unit. Distance learning (MSc Epidemiology) programme has been devised in Spanish; the students to interact via e-dialog for assignments and for group discussion. Leadership and Management Program (LAMP) modules have also been translated in Spanish.

Acute Respiratory Infection guidelines developed under Knowledge Plus Program had a long journey with the Ministry of Health to determine the necessity of this program. They are currently reviewing the literature. 2 Epidemiologists, 5 clinicians, 3 assistants have completed the guidelines and the survey questions.

Temuco, Chile already has a strong base for distance training program. This aided the development of the existing system. From September 20014, 17 students have enrolled for exclusive e-learning. The students are charged approx $2,500 per year for a two year program. The funds from this program are directed back to the University.

INCLLEN-SEA
INCLLEN-SEA encompasses many countries very different from each other making regional work a great challenge.

INCLLEN-SEA is currently working on a collaborative capacity building program entitled “Development and Marketing of Self-Instructional Modules in Clinical Economics and Related Discipline”. A proposal has been submitted to its partners including INCLLEN. This project is envisioned to prepare INCLLEN-SEA to develop a distance-learning program in clinical economics with the University of Newcastle as one of the main movers given their long years of experience in distance learning programs.
Cynthia Cordero introduced the Clinical Research Centre (CRC), Malaysia, CEU as the only non-academic member of the network. CRC is a centre under the ministry of Health under the leadership of its Director, Dr. Lim Tec Onn. Dr. Sarojini recently replaced Dr Rugayah Bakri as its INCLEN-SEA Country Coordinator. INCLEN-SEA had also tried to communicate with the CEUs in Japan with an intention to involve them in regional activities and eventually make them a member. However, Japan CEUs have expressed that they are not interested in regional affiliation although they want an INCLEN global affiliation. Due to these experiences, the BOT proposed that a principle/philosophy has to be developed about geographic location of CLENs.

INCLEN SEA believes that if it is successful in strengthening the national CEUs they would build a better network. Thus, one of the main thrusts of the network is to strengthen its member CEUs/CERTCs. Recently, a successful collaboration between Aga Khan CEU and CRC Malaysia was demonstrated in a workshop on research methodology and good clinical practice in Pakistan.

As for leadership, the incoming INCLEN SEA Regional Coordinator, Dr. Osman Sanipar in concurrence with the Board of Coordinators decided to retain the current Administrative Officer for at least a year to assist Dr. Sanipar during the leadership transition.

Given its geographic diversity, INCLEN SEA has used teleconferencing as its main communication tool. It was suggested that Work Bank country offices should be approached for video/teleconferencing facilities.

One of the collaboration INCLEN – SEA has explored is through the USAID Country Missions. In the Philippines, for example, USAID has a big mission. Upon the recommendation of the Board of Coordinators, the INCLEN-SEA coordinator has instructed the country coordinators to contact their respective country missions. However, most country missions have identified partners already. CEUs and CERTCs can thus take part in the projects through these identified USAID partners.

Another potential INCLEN-SEA project is a partnership with the Scientists for Health and Development (SHARED)-Asia Pacific. INCLEN-SEA is currently collaborating with this network in the Philippines in developing on-line databases of researches. It is envisioned that this project shall expand on a regional level.

**IV Finance and Treasurers report**

The Audit results were discussed with a focus on the cash balances of each company (INCLEN Trust & INCLEN Inc) and the need for consolidation of results according to the US reporting standards. The expenses were analyzed with note made of the significant decrease in research spending largely due to projects continuing to push out past their anticipated end dates. It was reported that there were no reportable conditions discovered during the audit. The Executive Director and the Finance Officer requested that the current auditors, Asher and Co. be retained for one year in order to fully transition into the new company structure.

A motion to do so was made by Demisse Habte, seconded and passed unanimously.
Next, the financial activity of the current year and the next year and the next year were presented. The current spending rate is consistent with the past three years indicating a stable office and administrative level that is able to support many more programs. The final discussion centered on the dwindling cash balances. The projected cash balance at June 30th 20016 would be approximately $250K. This much would be needed to legally close the companies. There has been substantially no revenue raised over the past four years. The expenses have been effectively trimmed and for all practical terms, there is one year of funding left for INCLEN Trust. It was noted that INCLEN, Inc. has a cost reimbursable contract with USAID through Boston University that would allow the USAID-INDIA mission funded projects and related administration to continue.

V. INCLEN Legal entity in INDIA
Mr Vinay Gupta, Mr Kumar, Mr Chandrayan, Mr. Rakesh Bakshi

Bansal and Co. has been with INCLEN for five years to conduct audits in India and to offer advice from time to time. They have been requested to facilitate establishment of INCLEN Trust as a legal entity in India. They were represented by Mr Vinay Gupta, Mr Kumar, Mr Chandrayan. Mr. Rakesh Bakshi (lawyer) who will look after legal aspects of these activities.

INCLEN Trust was originally chartered in Manila and now needs to be chartered in India to allow the INCLEN Executive Office to fully conduct business with government, banks, and other legal entities. Bansal and Co. along with their attorneys started with the INCLEN Trust Manila deed and then made the necessary adjustments for the Indian law requirements. The document before the Board of Trustees is a draft and subject to their direction. There was an explanation regarding one significant change, the concept of Settler, who cannot be an Executive Officer or a Board of Trustees member due to possible unfavorable regulations from the Taxing authorities. There are some terminology changes that were required as well as other materials. The bylaws were also presented here for record. They are not part of the Trust deed but are to supplement.

The changes from earlier drafts were discussed, and a suggestion was made to have J.N Pande as the settler or someone else who is retired and therefore would be qualified. The Executive Director and the Chair will take this matter up following the meeting. Another significant change is in the term Governing Body, which is the term, used as per the requirements of Indian law for the previous term “Board of Governor”.

There was significant discussion about the document some being required by law and others being more representative of the way the Board of Trustees actually interacts. All participants were reminded that the Manila Trust document was developed with no history, trying to predict the needs and process of the new organization and was written according to the necessity of Philippine Law. Now it is necessary to write the document with a four year history and according to Indian Law. Bansal noted the comments and was directed to provide a comparative document in the next week to be routed to the members.
VI. Formation of Committees

The Board moved to adjourn to a closed session with the Executive Director and Rodolfo Dennis requested to remain. As a result of this session, two committees were formed 1) Executive Committee comprising of Demise Habte, Francois Chapuis, Ramesh Ahuja and 2) Finance Committee comprised of Ramesh Ahuja and Francois Chapuis. These committees are to meet quarterly and assist the Executive Director with current legal, financial, and operational matters. These committees will be incorporated into Standard Operating Procedures (SOP’s) organogram. As per the requirements of Indian Laws, IndiaCLEN President will also be nominated as the treasurer of INCLEN Trust. INCLEN does not have written Standard Operating Procedures for its various functions and activities. INCLEN Executive Office has prepared a draft of Standard Operating Procedures. Board of Trustees discussed it and suggested that it should be reviewed and refined by INCLEN Executive Office in consultation with executive committee before circulating to Board of Trustees. The board then returned to regular session.

VII. Executive Director’s work plan and budget

Narendra Arora spoke briefly of the honor and challenge for the Executive Director to take INCLEN to the next phase and expressed deep gratitude for being entrusted for the post of Executive Director. He acknowledged that the significant work already done has paved the way for the new director. He said that he was fully aware of the crisis that INCLEN is undergoing at present, and accordingly has made a very small work plan and budget. The inability of INCLEN to translate the work of highly trained clinicians is clearly a pattern that we need to understand. Introspection and understanding is required about donor’s attitude and perception towards the organization. No other organization has developed a medical network on such a large scale. Out of ten proposals submitted only one has been accepted, the others being rejected at the pre-proposal stage only. Our technical competency is not in questions but there is some reluctance at the donor level to invite INCLEN to participate further.

The Executive Director said that we need resources to do purposeful acts that are derived from the mission statement and not merely to survive. Also important is collaborative research and training. Capacity building must be thought of as an inevitable part of research; it will be more permanent as part of the larger research activity. Training will be accomplished by mandating that every PI have a mentee with every project and by rationalizing current capacity building activities.

He proposed that remaining resources must be invested in important global issues that might attract global funds. We must focus on projects that can be published and rolled out to the donor in a short period of time.

Childhood Obesity – A cross sectional survey can be done and published and rolled out to the donor within a short period of time. Childhood Obesity is a problem of both developed and developing countries and the World Health Organization (WHO) declares it as a global epidemic. The Director General of Indian Council of Medical Research (ICMR) has proposed to put $200K into the work plan of next year for sites in India. Total of 1.5-2M would be needed to complete the Obesity study. We will start with the INCLEN and India funds and as those
portions are underway, use their success to leverage funds from other countries and other sources.

**Mental Health** – Most of the existing data is based upon modeling of small data sets and countries are looking for actual data. Almost 15% of the world population is unable to fully support themselves due to mental disabilities and related disorders. This also applies to the developed world and may be even higher in the developing world. The project has been discussed for two years. It is time for INCLEN to move forward and stop the cannibalization of INCLEN, we will be the prime mover and the others come as INCLEN members and not as members of another network. We should not be small partner in projects. We are large enough network to work on a small component of any study.

The two studies together will cover almost ever CLEN, the actual sites will be determined as the projects begin and will be based upon the availability and the appropriate staffing relative to the needs of the projects. It is estimated that there will be as many as 20 sites involved with these two projects.

**Traditional Medicine** – A smaller project on traditional medicine can also be brought in focusing on China and India where traditional medicine is most widely used.

Together these three projects will have a high profile and will show the donor and the health policy makers what INCLEN can do and is capable of having future.

**Training** – The guidelines principle for training is that every site will have a mandatory mentee for every Principal Investigator “Do work for us and capacity building will be possible”. We do not need to look exclusively for capacity building money because, it is not available. We need to look for research and build the capacity into the main proposal. IndiaCLEN and USAID is a very good example of using research activity as a tool for capacity building.

**VC, LAMP, and K+:** These programs are currently fragmented. To have better synergy, all three should be brought in on the same platform and a more marketable product is to be delivered. The plan is to meet with existing members and interested parties and get a comprehensive plan together by end of June. We need to take the things that we have learned and leverage it into real funds.

**Regional CLENS: Regional CLEN Meetings** are very important. There will be some requirements before disbursement that will be formalized and applied equally to all CLENS. CLENS that will be provided support to hold the regional meetings will have to arrange a minimum co-funding of 25% of the total budget for the meeting. INCLEN-Sea ($15K), INCLEN Africa ($20K), LatinCLEN ($15K) and ChinaCLEN ($15K) will be supported to hold regional CLEN meetings. Executive Director plans to attend all CLEN Meetings. To sustain the regional offices in the just above mentioned CLENS $25K was approved by the trustees (including $5K for INCLEN Euromed for French speaking Africa).
**Fundraising:** INCLEN has initiated talks with the local organizing committee of the Forum 9 (ICMR, India) to be a co-host and run parallel symposium. All the big donors attend and we need to put best foot forward and show what INCLEN can do. This is a high visibility conference.

Jon Simon from Boston University is coming this month and will discuss the possibility of getting projects from other USAID mission countries. We need to leverage the projects to leverage the funds to support regional meetings.

There was discussion on how these projects were chosen. The key issue is to do something with high visibility and high impact in a short period of time; Projects should have cross-country relevance and have high impact. Millennium Develop Goals can be used as guidelines for further proposals. The two projects mentioned above were chosen after a lot of discussion and brainstorming. We could not identify any global projects that could be done within a short time line in the communicable disease area. Infectious disease like HIV-AIDS, TB, Malaria have important research questions to be answered but all such projects will required 3-5 years for any meaning outcomes. Within non-communicable diseases, these two disorders seemed to stand out with a great need and the ability to accomplish fieldwork with relevant results within a reasonable time frame. These issues are not extensively researched and hence have several unanswered questions. Both projects have cross-cultural relevance and are global issues and we can measure modifiable risk.

It was noted that not everyone would be able to participate. When asked about the selection of countries, the Executive Director said that names of countries will be decided in the future in conjunction with the CLEN offices. The country names presented to Board of Trustees are arbitrary in order to show the broad picture.

There was a consensus of the members that this selection indicates that INCLEN is ahead of its time. When everyone is working on infectious disease we are looking beyond. We must take those investigators who will deliver, and this has to be the first criterion. We are having a big shift from the past ‘Best Prospects’ to new ‘Best Prospects’. What happens if some of the proposals do not come to fruition? Although it appears that a lot of work is done, we need to make sure that the work done is deliverable. We need gentle pressure and organization in order to make a complete project.

Regional CLENs will be approached before the sites are chosen. The funds that are committed are for the initial ground work. We start with the INCLEN funds and the committed donors, then as we are up we approach other donors with the expansion plans. We need to approach the World Bank etc that can commit funds in a relatively short period of time.

We will be able to move into evaluation if we can get stabilized. We must accept that our current international image is weak and we need to establish credibility.

**Global Meeting** will not be held.
Training Opportunities
During the past three months, the INCLEN Executive Office has researched possible training opportunities for INCLEN fellows and members. These sites can be accessed by geographic location, countries qualified to apply, and the disciplines covered. Many of these fellowships and training opportunities are paid. Although INCLEN will not be able to fund training of this nature, the INCLEN Executive Office has pledged the assistance of the staff to locate and apply for training that may be of interest to members of INCLEN.

Membership Directory
The INCLEN Executive Office staff has been updating the membership directory by email and contacting CEUs and CLENs within INCLEN. A CD was handed out to all Board of Trustees members with the most current information. Currently INCLEN has activity in 39 countries with 1,242 members. Each Clinical Epidemiology Network head was asked to review the information for accuracy and to notify the INCLEN Executive Office of any changes. The INCLEN Executive Office will update this directory every six months and it will be available through the website shortly.

Budget: Budget was discussed and amended by trustees. For strengthening regionalization in Euro med region, $5K was added for French Speaking African countries. Motion to approve the budget was placed by Ramesh Ahuja and approved unanimously. (Copy of the approved budget attached).

VIII Other Matters
The registration of Marci Thomas was discussed and accepted with regrets. It was noted that she had submitted the name of a colleague. The board will begin a formal search for a replacement; members were encouraged to present the names and credentials of qualified colleagues. It was also noted that two positions will expire before the end of 2005. Further action will be taken before that time.

There were two applicants for membership, IFAKARA requesting to be a new Clinical Epidemiology Unit, there was a short discussion followed by a motion by Amr Hassan, seconded and approved unanimously to accept IFAKARA as a new Clinical Epidemiology Unit. The second application was from AARHUS who has requested to be a CERTC. There was a short discussion followed by a motion by Demisse Habte, seconded and approved unanimously to accept.

A resolution was presented to allow the Executive Director to execute a lease and other legal matters related to the INCLEN Executive Office in Delhi. There was a motion by Cynthia Cordero, seconded and approved unanimously to authorize the Executive Director to execute all matters necessary to the INCLEN Executive Office in Delhi.

There was a resolution to commend Mary Ann Lansang for her work and efforts over the past four years as the Executive Director. Motion made by Ji-Yao Wang, seconded and approved unanimously to so commend her. The Chair was requested to finalize, sign, and send the appreciation letter or certificate to Mary Ann Lansang with the appreciation of all the Board of Trustees.
There being no further discussion The Chair thanked the staff for their work in putting the meeting together, and thanked the members for their diligent efforts in the meeting and for their commitment to the future of INCLEN. The meeting was adjourned.