

**Minutes of the Board of Trustees Meeting
Of INCLEN Trust International
March 18-19, 2007
Best Western Country Club, Harayana, India**

Members Present:	Secretariat:
Ranjit Roy Chaudhury (RRC) Chair Presiding Officer	Narendra K. Arora (NKA), Executive Director
Demissie Habte (DH)	Ashok Patwari, SPC (AP)
Marcel Tanner (MT)	M. Lakshman, SPC (ML)
Palitha Abeykoon (PA)	Manoj K. Das, PC (MD)
Jonathan Simon (JS)	Stephanie Combs, CFO (SC)
Osman Sanipar (OS), Coordinator, INCLEN SEA	Satish Joshi, HF/A (SJ)
Amr Hassan (AH), Secretary General, INCLEN Africa	Govind Tripathy
Antonio da Cunha (AC), President, LatinCLEN	Sachin Ailawadi
MKC Nair (MKC), President, IndiaCLEN	Chandan Singh
François Chapuis (FC), President, EuroMedCLEN	
Peter Tugwell (PT), Secretary General, CanUSACLEN	
Boheng Zhang (BZ) standing in for President ChinaCLEN	

Summary of Significant and Actions items resulting from the meeting:

Agenda Item	Decisions/Item	Action to be taken
Partnerships	Public Health Foundation of India	MoU with Public Health Foundation of India to be reworked and submitted to Executive Committee
Global Forum 11	BOT mini meeting, INCLEN participation	BOT members to find non-INCLEN support to attend
Website	Link INCLEN, Inc with INCLEN Trust; increased visibility/ access	Modify website to show INCLEN, Inc. activity in present; Link with WHO, UNICEF, World Bank and other such multilateral agencies. Update the CLEN information
Tasc 3	CEU's/ CERTCs to approach USAID country missions for HIV-related activities	Inform all CEU/CERTC Directors through CLEN-Chiefs and encourage to use the mechanism
Regional CLEN reports	Marketing Materials	IEO to prepare a few slides and route for BOT members to have in hand when they are in the field
	Individual membership	IEO to add web based TOR for individual membership (CLEN website)
	CERTC/CEU	IEO to update web for membership totals
	Inter-CLEN collaboration	IEO to facilitate at least one project between two CLENs

	IndiaCLEN external evaluation	IEO to post to web
CEU/CERTC Applications	CEU, Shandong University, ChinaCLEN	Approved
	CERTC, University Pretoria, INCLIN Africa	Approved
BOT Matters	RRC resignation as Chair	Accepted with regrets
	DH nominated as Chair	Approved
	PA requested to continue for another term (3 years)	Approved
	MT and RRC requested to continue as BOT members pending solicitation of new BOT with predetermined criteria	Approved
Executive Director Term	Extension for one more term (additional three years)	Approved
Administrative Matters	ED authorization to open/close bank accounts	Approved
	Accounts for March 31, 2006	Approved
	Authorized Finance Committee to approve accounts for annual year end	Approved
	ED authorized to enter into new lease for operations	Approved
Audit Report	ED authorized to seek new auditors for both Delhi and Philadelphia annual audit and Finance Committee authorized to review and approve from short list	Approved
Workplan and Budget	Annual Workplan	Approved
	Annual Budget	Approved
Marketing Strategy	Formalization of Marketing Plan	IEO to develop professional materials suitable for funders and other interested parties.

Meeting proceedings

BOT meeting was called to order by the Chair at 9:00 am. The Chair especially noted the significant event of having full attendance with Boheng Zhang acting on behalf of Jiyao Wang, President ChinaCLEN. Chair opened the session by welcoming the travelers, staff, and friends. There was a special welcome to new member, Jon Simon and the ChinaCLEN delegate, Boheng Zhang. He brought to the attention the large agenda to be taken up over the next two days and urged all members to be attentive and view each item from both the individual perspective and from the long term corporate INCLLEN Trust perspective.

For the record, the previous Chairs and members of the board were noted along with the most recent past two Executive Directors David Fraser and Mary Ann Lansang. Institutional memory is critical to keep in mind as the group moves forward. Upon that base, a stronger INCLLEN has been built. He reminded all in attendance of the significant and substantial training and the number of worldwide INCLLEN fellows still available as friends. There was a suggestion to make a directory of trained INCLLEN fellows and spread the network through them. These people can be called upon as the INCLLEN moves forward. Chair referred to the nearing end of his term as Chair and as a long time member of the Board. He cited these items with great pride and reverence.

The message of the Chair was clear. INCLLEN is changing; NKA is moving the organization forward together with the team. We are more than just alive; we are strong and healthy. The past experience together with evolution of the structure is serving INCLLEN well. He noted that with reemergence of INCLLEN, new partners seem willing to collaborate on projects that he has come across his own travels and contacts over the past few months. There are many new areas and ongoing areas where INCLLEN has many opportunities forward looking. He especially notes areas such as Pharmacology, Health Management research, Rapid Response to new and critical issues and training are areas where INCLLEN can add such incredible value. These things can be accomplished at the local, regional, National, and Global levels. INCLLEN is now being considered as one of the most powerful health network for epidemiology, drug developments, clinical evaluation, and ethics.

He summarized by thanking all members for their support during his term and noting that he will be passing the baton at the end of this two day meeting.

Minutes of BOT/ BOD/ Executive/ Finance Committee Meetings

RRC mentioned each of the minutes presented for review and approval BOT (INCLLEN Trust) meeting April 7th and 8th, 2006
Finance Committee teleconference minutes Dec 18, 2006
Executive Committee teleconference minutes Dec 18, 2006
BOD (INCLLEN Inc) meeting June 16, 2006

One correction was made to the BOD minutes noting that MT was unable to attend. The 2007 annual meeting of the BOD was scheduled for Monday, March 20, 2007 after the BOT meeting to attend to the annual meeting requirements. The BOD

minutes were noted into the record and the remaining minutes were approved by consensus.

Action Taken Report

AP took the floor and went over the highlights of action items from the previous meetings. The following items were especially noted:

- LAMP will be integrated with current projects and then updated with feedback from groups who have utilized and implemented these modules during at hands on training session. The members suggested that modules should be evaluated by CERTC & CEUs and adapt them to local and regional contexts. AH noted that Wits Public School is currently working on the LAMP modules to incorporate these into a formal training program in Africa. They will ultimately be looking to expand to a full Master's program. NKA noted that LAMP will be a major component of the IndiaCLEN restructuring initiative through a series of workshops. The LAMP team is being assembled and the LAMP modules will be updated and reworked to reflect the current needs of INCLEN and the current direction of Public Health training. FC noted that previous training modules have been used but LAMP has not been implemented. The PI training for new faculty could incorporate a subset of LAMP. JS asked if LAMP had ever been evaluated. NKA noted that LAMP modules really have not even been utilized on a corporate level. Within the past 6 months, these are being included in new large projects. AH noted that Africa Health Research Forum has been using LAMP modules for past 2 years but needs formal evaluation. RRC noted the numbers of other organizations were developing their own leadership programs and we may explore to tie up with these organizations for utilizing modules.
- The Finance Presentation has incorporated the specific project names that will be supporting the corporate structure.
- The ED work plan has incorporated Strategic Plan matters.
- The IndiaCLEN reorganization is intended to stand as the model for updating and strengthening the current CERTC structure in other CLENs.
- RF report was discussed for expansion to science matters and then include as part of the newsletter. The BOT members noted the importance of this funder in the history and ask "Can this report be used as leverage for funds or the end of the story?" NKA noted that it shows the evolution and the RF investment resulted in tangible products. It really becomes the progress report (dossier) of INCLEN over the past 4 years. AP noted that the science component would be added to the draft in the background paper and this would be submitted to the JCE as a historical article on the progress of INCLEN. NKA also added that this will be an effort to inform the CEUs about INCLEN likelihood to raise fund and to get back to RF for support.

- The ED report from the previous year was summarized and routed to all CLENs via the newsletter and is posted on the website for ongoing historical and viewing.

Staff

NKA introduced the staff from Delhi and Philadelphia offices. This is a partial list and represents the core INCLLEN staff. Nearly 20+ staff come and go from the office as projects come on and wind off. These variable staff and the core team all provide strong support to INCLLEN projects and the corpus. The core staffs are those who are financially supported by the INCLLEN funds. FC especially noted and appreciated the strong IEO organization structure which is undoubtedly the key to the progress seen in recent times.

ED Report

Overview of activities

AP submitted a brief summary of the Strategic plan, a quantitative summary of projects at various stages. He moved on to introduce or note each individually as follows:

- Childhood Obesity – to be followed up with additional proposal to IDRC and other funders to build a consortium of funders.
- Governance – funded by International development Research Center (IDRC), Canada and to be launched next month in Ethiopia, next will be a push for the same in Kenya and USAID is to fund a program in India.
- Traditional Medicine – will be expanded upon RRC later in the agenda. This will be a great collaboration between India and China in Phase I and expanded later to other parts of INCLLEN.
- Oral Amoxicillin in Severe Pneumonia- Home vs. Hospital – has been cleared by IRB and is expected to move forward in the next quarter
- Dengue is ready to kick start with support from Global Alliance for Vaccine Initiative (GAVI) and within the IndiaCLEN Program Evaluation Network (IPEN) network.
- International Clinical Operational and Health Service Research and Training Award (ICOHORTA) – not funded
- Global Oximetry – many sites identified and currently looking for funding by General Electric (GE).
- Entero-pathogen Surveillance and Integrity of Gut Function in conjunction with Fogarty International, LOI has been submitted to Gates Foundation.
- Chronic Disease – LOI submitted to IDRC in partnership with SFU, Vancouver, Canada- not funded
- TASC 3 HIV research – Boston University bid accepted. Five organizations accepted, launch of the meeting will occur on April 5 and will allow INCLLEN to bid on the country HIV funding from USAID.
- Smoking and Invasive Pneumococcal Disease – IRB clearance pending.
- MIC – phase II funded by USAID is rolling out at the current time

- MIC Global – LOI for 30 sites to be submitted to Gates when the existing process evaluation data is analyzed
- Avian Influenza – proposal under submission to CDC. They have requested regional workshops in India and core materials to be adapted for 30 LMIC.
- SAPNA II – approved and now includes Nepal and Sri Lanka. Expanded and funded by ADIP. Launching in the next 60 days.
- Steroids in Cardiac Surgery (SIRS) - in Partnership with McMaster University – LOI approved by CIHR

There was discussion on the projects by the BOT members and staff.

FC asked about the 16 new initiatives wondering whether we are prime movers, or we are followers, or else are we a CRO. NKA responded that in 11 out of 16 projects, INCLEN is prime mover. Entero-Pathogen, Chronic Disease Prevention, Global Oximetry, Steroid in Cardiac Surgery and TASC 3 are the projects where we are not prime mover. JS noted that in TASC 3 we could be a prime mover for a specific piece. RRC noted the importance of INCLEN impression in all of these. JS noted that many of the projects are India specific and Latin America and Africa are only minimally involved. Have we become too India centric? DH concurred and noted that it is probably an indication of weak CEUs and possibly the need for more training along with greater motivation among CEUs to take up the role of prime movers. Inadequate manpower and research capacity in Africa are challenges but over the next 12-18 months they will have 3-4 major projects and a lot of work to do.

AH noted the various “hats” make it difficult to specifically identify INCLEN in a particular project especially where the funds have been or are being funded directly to local Universities. How do they report to INCLEN when the link is not clear and the benefit has never been established? DH noted that the leaders of the CEUs need to move the information forward even if central or regional office is not directly involved. Somehow we need to connect back to the mission and vision of INCLEN with appropriate recognition. The survival of INCLEN is dependent upon this communication. AC noted that he is here today because he is an INCLEN fellow; we need to think about the past training and the projects that built the history of INCLEN. The list of RF report with more than a thousand publications was noted with pride and satisfaction. Many were not funded by RF or by INCLEN yet are still INCLEN activities because authors are all trained by INCLEN. We need to reinstitute the pride of the INCLEN family alumni.

AC also noted that the India centric model should be analyzed to understand why we do not have equitable balance of projects and leaders. IEO office in India may be a factor for better performance in India. FC remarked that we are leaders, we are a network of partners of choice global leaders and we need to understand how the INCLEN office runs projects. He reminded all attending that this geographic location was a strategic decision made with both the knowledge and the expectation that IndiaCLEN could and would be heavily involved in the first few years as a strong network member. This was part of the discussion and decision in establishing the current organizational structure.

AP also noted that the CLENs are doing lots of research projects independent of INCLEN and those projects are not appearing as INCLEN initiatives here in this

presentation. The INCLEN office is only presenting multi-site collaborative initiatives and projects where the funds are channeled through INCLEN. AH noted that Africa has significant challenges but still much is going on at the local CEU level. The issue is how do we get the projects to work from the CLEN office and country CEUs and not just from the Headquarters? Clearly CLEN chiefs and CEU directors have to demonstrate greater leadership.

PT noted that there is some tension about the sustainability of INCLEN as we transition from RF to our own resources; hence the current scenario should be viewed as part of the transition phase. There is a need to harness the energy and intense desire of IEO and Board to move forward with international grants and provide sustainability to network on one side and re-vitalize Latin America, Africa and Asia. INCLEN has a large number of individual members in 81 CEUs. The network has to motivate them to bring "INCLEN to the table" with the context of their University and individual needs.

AC asked how the existing and future projects can be used as part of our capacity building strategy and can encourage new leadership to emerge in different parts of INCLEN. Can protocols be made available on the web or via email so we can learn about existing work and possible expand them to use locally? MKC thanked JS for kicking off the discussion; he noted that INCLEN training itself is at the foundation of the work. He noted that other CLENs are busy just not visible. We need to share more of the experiences between CLENs. This might lead to more funding since we lack the tenacity to continue again and again in order to pursue funding. We need to strengthen the executive office and to allow the local CLENs and CEUs to also survive. MT agreeing also noted the need to understand that the leadership really is in India and the focus there is appropriate to the current stage of INCLEN. This is what the BOT has asked and we have been shown today that this has been delivered. MT noted that this problem will always remain with an organization such as INCLEN. For the past 6 years we are moving forward with INCLEN Trust. The higher visibility will always be with the engine and the headquarters. He cautioned not to become too nervous, but stay with the reality that some imbalance will always exist.

RRC has noted we need to survive with strong research. We have been in a survival mode and we need first to support the central office. We have been successful and now we may be ready to move forward to a more global focus.

NKA agreed noting that we need survival, growth, sustainability, and recognition. The immediate issue has been sustaining beyond June 2006; now we have a little breathing space, we may be ready to move forward beyond India and move forward. NKA noted that lessons have been learnt over the past 2-3 years. We are gradually moving out of discussions. Historically, there were no responses to requests from Headquarters. Now we are getting phenomenal response to every request. We are moving forward, more will be involved and inter-CLEN and INCLEN studies will result in more people using their INCLEN "hats" resulting in greater visibility. RRC speculated about the center of these projects be moving to the CLENs. NKA noted that this movement is being put into place.

NEW PROJECTS

AP then presented each of the new projects that have been launched during the current year.

- IMNCI: Baseline assessment – mega study by IPEN originally supported by UNICEF and now expanded by USAID support
- Neonatal Health Research Initiative – supported by USAID, field site has been set up and further expansion is expected upon successful completion of initial phases.
- Burden of Neurological and Mental Disabilities – University of Pennsylvania is the partner and the project supported by Autism Speaks. This has been submitted to the National Trust and NIH. A peer review has been completed.
- Rapid assessment of Essential Newborn Care Services - IPEN project that is nearing completion. Funded by USAID and PATH
- Social Barriers to Implementation of UIP & Polio – supported by WHO and is in the final report stage.

ONGOING PROJECTS

Four ongoing projects were summarized

- Model Injection Centers-Phase I – First year completed and the final evaluation report of the first 25 medical schools in progress
- Risk factors and consequences of *S. pneumoniae* – with JHU to be completed next year.
- Development of Self Instruction Modules in Clinical Economics – INCLEN SEA developed 18 modules that have been field tested. They are in the final stages and the modules will be loaded to the website upon completion
- Safe Water Systems - IPEN study funded by USAID making good progress

COMPLETED PROJECTS

AP presented a summary of the completed projects.

- SAPNA I – GAVI funded and has now moved to a multi country Phase II
- APPIS II- Safety of outpatient treatment of severe pneumonia - Egypt pilot study completed and final reports filed
- Intussusception and Diarrhea- Four Country Surveillance funded by USAID; has bearing on production of Rota Virus vaccine
- Evidence Based coverage policy on Tobacco dependence – LatinCLEN had an INCLEN grant but has been so successful to optimize the leverage of funds. They are now making attempts to secure additional funds for Phase II.
- Acute Febrile illness in Children Dengue – USAID
- Infections in Childhood Diabetes Mellitus
- School Mental Health Program – to put the result / modules on website for global information and application.
- Risk factors Yeast Colonization

- Prevalence of atypical Bacterial Pathogens
- ISCAP - II Wheeze
- ISCAP – IV effectiveness 3 day vs. 5 day co-trimocazole
- Tamil Nadu Response to HIV/AIDS

Discussion on completed projects

RRC inquired about the number of publications created by these completed projects and asked how do we pursue stronger response at a higher level, suitable for publication in the top journals? AP noted that once finished, he is hounding all investigators to get papers that can be published. We need to build this in the SOPs and the milestones. Now we can push them to publish especially now that we are a partner with JCE. We can use this to assist investigators to publish and many of them are interested in being on the editorial board to modify and rewrite. This will help in truly reflecting the level of research being completed. DH noted the huge number of completed projects and congratulated the INCLLEN team

HIGHLIGHTED PROJECT

Traditional Medicine Project was presented by RRC. Diabetes Proposal has been submitted to ICMR. The major obstacle with this program to take off is the standardization of plant materials. The issue about standardization and funding is likely to be resolved within the next 3 months. DH requested a quick overview of the protocol. An additional problem was noted that the plant *Gymnema Silvestre* has a number of references and publications in India but there is no reference of the plant in Chinese Traditional Medicine for diabetes. The international data about this herb has been sent to Chinese counterparts but there is some resistance from Chinese Academy of Traditional Medicine.

RRC highlighted his interactions with the Samuelli Institute (Alexandria, Virginia, USA based). The Institute is funding a JHU study in Pune about determinants and profile of Traditional Medicine practices in HIV. They have shown interest to involve ICMR and INCLLEN in this project. Samuelli Institute and INCLLEN have expressed desire to enter into MOU to work together in India, China, Egypt, South Africa, and Brazil in a phased manner. RRC found the Institute well informed about Traditional Medicine issues and help in pushing forward the INCLLEN agenda on Traditional Medicine. NKA noted that globally there is interest to characterize health seeking behavior related to traditional medicine, generic issues like relationship of temperament, ying/yang in Chinese medicine, to the need and response to Traditional Medicine. BZ informed that recently the Chinese Government and press have called for more research on the usage and validity of traditional medicine. AC noted the challenges of measuring outcomes of Traditional Medicine therapy, and variations of practice according to cultures and regions; DH will be looking at the Traditional Medicine opportunities within Addis Ababa.

MT thought the MOU with Samuelli Institute was great progress and asked about the timeline/date of anticipated progress. RRC will develop a revised table for the diabetes project in India and MoU with the Samuelli Institute.

KEY PROJECTS

These are projects of major interest and areas of great focus at this time. Many of these projects are being rolled out in India and with the idea to be further launched into the global INCLLEN community. AP/ML/MD presented a more comprehensive summary of the progress on a few selected projects. The highlighted information contained existing site information and current funding status. Progress and anticipated results were also noted.

- **Governance**

Ethiopia is the first country and Kenya will be rolled out next. Global funding will be solicited after getting results from the first one or two sites. MT wondered about the linkage of INCLLEN governance project funded by IDRC to the Norwegian Governance Initiative. The Norwegian government has put significant funds into governance studies in Tanzania and India. AP explained that INCLLEN has prepared a proposal for 10 countries. The Ethiopia site is a pilot. INCLLEN's goal is to mount a study linking four continents with high maternal mortality. EU will also be approached on Framework 7, since health is an important segment. NKA also noted that Prasanna Hota, former Health Secretary Government of India and a career bureaucrat, has been co-opted as a co-investigator for governance project.

- **NDSS (Ramtek Study)**

It is the first attempt by INCLLEN to establish surveillance site to study health issues in a longitudinal manner. This site is developed to investigate neonatal issues. USAID is funding this endeavor.

- **TASC3**

JS noted that this mechanism will be the manner of funds transfer from USAID to the local sites.

PT asked about the existing strengths of INCLLEN and how much the network can handle and still do it well. PT stressed that we need to consolidate in existing areas rather than targeting new areas. NKA responded that we are rapidly moving to non communicable disease (chronic) mostly pushed by Rodolfo Dennis from Latin CLEN. Child Health, HIV, Maternal Health, Chronic Diseases can all be managed with a large and diverse network.

PT noted that a project needs to be developed into a program and we need to be careful not to take on more than we can do at a satisfactory level. AH asked how does Africa fit into the TASC3? JS noted Ian Sonic, Tom Coates from UCLA, Sidney Rosen of Johannesburg, and JS are involved in this program. MT noted the members from Tanzania and Kenya are already involved. JS said INCLLEN executive office will be the focal point but there are people from each local site. DH thought this was the way to develop capacity within Africa, he wondered if AH could stay involved and monitor progress of the projects.

DH also noted that whether CLEN office can be involved in selection and monitoring the local partners. AC wondered about the model used to select the sites and knows that region to region will have some variation. He is interested in governance and would like to have the protocol. He wondered if

funds are not given via INCLEN can they still participate. NKA resoundingly said “YES!” This is more an issue of recognition and visibility of INCLEN and forward movement rather than money.

JS speculated that this project is a good test of the network ability to move forward. This project is a big empty envelope and global network must be made aware of the project. If any CEU, CLEN had a good and substantiated idea, they could appeal to their own mission to utilize this mechanism for their own use. The funds will be routed via INCLEN since this is the mechanism. AH sees the need for the CLEN to be the prime mover for the regions and to become a coordinator for the local CEUs. DH wanted to know how the 75+ CEUs will be notified. We need to see how the network will respond. Each CLEN needs to step up to the plate and take up the opportunity.

- **Neuro Developmental Disabilities**

This is a full INCLEN project with a great roadmap. Autism Speaks heard about the project from NIH and has agreed for funding. National Trust, GOI already agreed to fund it partially and a response from NIH is awaited. A larger study is already being considered and a RO1 is under way and will be submitted once the original results are available. NKA spoke about multi-country involvement of China and Uganda as they will be the next countries to roll out. DH asked about the NDST and other deliverables of the project and could the information be shared with the various CLENs? NKA, yes that is the strategy after tool is validated. NKA noted that the group is using Clinical Epidemiology principles to establish a national program for early identification of NDDs in the community and initiate preventative and rehabilitation programs. There was much discussion about the specifics of the project. MKC responded that a cross cultural relevant tool is being validated that will have application in LMIC societies across the world.

- **MIC assessment to intervention**

NKA informed the board that Nairobi has picked up the protocol and instruments. This shows that the dissemination of results used for some countries but can be made available to ALL INCLEN countries. Global MIC will take about \$2M per annum. GAVI and Gates can be potential funders for this study. MT gave total support to the project and thinks now that Gates foundation situation has changed and will be more agreeable to this type of proposal. The landscape is more agreeable to these downstream projects. NKA informed that a peer assessment of the Phase I have been done. Assessment analysis will be done in the next 4 weeks and incorporated into the LOI. MT noted that full proposals must be submitted to Gates by August 2007 to be considered in the 2008 funding cycle. DH hated to be a “broken record” but again noted that this is the opportunity for the CLENS and CEUs to pick up and take this matter on.

- **IMNCI Project**

This program serving as an evaluation of the child health services in India. The International advisory Group has AC as a key member. This is a 5 year

project and has potentially global implications. There are possibilities that the project may be extended to Brazil and Pakistan. AC suggested that tripartite agreement between India, South Africa, and Brazil might be used to initiate activities in Brazil.

PARTNERSHIPS

The completed MOUs discussed at last year's BOT meeting were presented in the background material. There was special discussion about the JCE and the involvement of PT along with Mary Ann Lansang and Tony Dans and AC, each being instrumental in the progress. PT wanted to involve LMIC. He noted that INCLEN and JCE have a lot of friends in the developing and developed world and the linkages are strong. This is an entrée for both INCLEN and JCE that will allow them to legitimize the publications especially where English is second language. We can push the best publications. This discussion began years ago and with perseverance has finally come to fruition.

The Simon Fraser and ICMR, India MOUs are very general. Specific projects should be contracted or at least more formalized. PT requested that the CLENs be informed in an agreement that with an organization that is located within the region. ICMR holds all the authority for external country research. To be a partner will facilitate further international research in India.

The MOU process was briefly discussed. First a contact is made by an INCLEN BOT member or the Headquarters. It is then submitted to the BOT for approval and finally signed if and when all areas of concern are resolved.

MOU with FAIMER, USA moved and approved without significant discussion. It was noted the benefit of the training for INCLEN was tremendous and since FAIMER has other global offices, each CLEN head was urged to contact any office within its area and pursue.

Samueli Institute MOU revolves around complementary medicines. JS thought some wording should be added about intellectual property rights. The other BOT members agreed and reminded all that in order to stay true to the INCLEN mission, global access to the IPR rather than a funding benefit must be sought. It was noted by the ED that there is standard language available and the MoU will be revised and then routed for electronic review/approval.

Public Health Foundation of India draft MOU resulted in lengthy discussion about the strategic benefit or hindrance of having this type of MOU with one Public Health Foundation when there were many such organizations within the INCLEN reach. DH cautioned that this is a new enterprise and we need to be careful. There are a large number of Public Health Schools around the world and why this one and not others. DH suggested that a regional CLEN i.e. IndiaCLEN is involved. JS understood that this will be a global INCLEN benefit and could provide resources that stand to benefit more than just IndiaCLEN. RRC and PA emphasized that the faculty will be driven from international sources. JS and MT suggested that MOU with PHFI might be considered as a beginning of an initiative to augment and streamline regional public

health training through a consortium approach. MT felt that it should be done at the INCLEN level and the MOU becomes INCLEN plus PHFI. It was agreed that the MOU would be reworked and then routed to all by e-mail with follow-up and need for approval.

GLOBAL FORUM 10 & 11

SC presented a few slides from Rodolfo Dennis relating to the direct activities of INCLEN at the Global Forum 10. PT asked if there is any opportunity for an informal INCLEN meeting at this and future Global Forum meetings. It seems like a logical place and an opportunity to reaffirm the identity of INCLEN. There was a discussion around formalizing the relationship with the Global Forum. INCLEN could more proactively pursue the attendance even if it must be self funded. MT also suggested that the CLEN reports may be presented/ disseminated during these meetings. ChinaCLEN was requested to push for an INCLEN session as has been done for Forum IX and X meetings. BOT members should also be there and have faculty and a mini BOT meeting at the same time. A few hours together could serve to move the INCLEN agenda forward. It was noted by NKA that a full BOT meeting would not be practical at the Global Forum meetings due to the availability of members and financial reasons. For the same reason, presentation/ dissemination of CLEN reports during Global Forum meetings may not be feasible at this juncture. RRC added that for the INCLEN meeting during GF, former board members can also be invited.

WEBSITE

ML presented a few slides of the INCLEN Trust website especially noting the use of the INCLEN directory. MT noted that the presentation made INCLEN, Inc. appear to be dead and asked that the website be reworked to show that in fact both organizations are alive and well. It was agreed that a better presentation could be done and the site would be modified. RRC raised the issue of encouraging funders to book at the INCLEN website. MT suggested putting a link for INCLEN on WHO, UNICEF, USAID, and World Bank websites for better visibility and we need to pursue it. PA and RRC agreed to pursue with WHO-SEARO for this.

REGIONAL CLEN REPORTS

Each CLEN provided background materials for the BOT and these materials were available at the time of the meeting. Only discussion and presentations subsequent to those materials are reported in the minutes of the meeting.

CanUSA CLEN

Suzanne Fletcher was first and foremost thanked for her historical efforts to create the group and organize the CLEN. It was acknowledged that this group had a primary mandate to support the other CLENS and the opportunity to develop research programs within Canada and USA. The most recent meeting of CanUSA CLEN was a joint meeting with the SGIM Annual meeting, a 5,000 member meeting that CanUSA CLEN joined. PT gave a plenary session and then the annual meeting was piggybacked. One issue discussed as how quickly can new people be brought in. Some Universities are very strong and seem appropriate to fast track. There are now

10 Universities and he noted that they allow individual members outside of the University structure.

Specific areas of interest were brought to the attention of the other BOT members. Bob Fletcher has offered to help with VC. The Fletchers have been involved with a new medical text “up-to-date” that is both an impressive and up-to-date look at evidence based medicine. They specifically would like to know how they can be more helpful to INCLEN on various workshops that are being done around the world. They would like to have a few up-to-date slides on INCLEN and INCLEN related projects pasted on website that can be slipped into workshops and presentations. Laura Sadowski was also thanked for the CanUSA CLEN website development and upkeep. Dates for the next CanUSA meeting in Sao Paulo are Oct 27-28 along with the Cochrane Colloquium.

PT wanted to especially convey that meetings are critical; piggybacking upon regional activity would help and these meetings are necessary for the donors and for the research itself. PT suggested that the BOT keep in mind the importance of a global INCLEN meeting. Other points made revolved around Individual membership, PhD training, succession planning within CEU/CERTC, getting closer to the other networks, and funding.

Furthering the discussion, NKA noted that the first generation CERTCs were the teachers to the rest of INCLEN. If they could take the lead or take CLEN leaders from the other regions and help, INCLEN could progress at a faster rate. World Safe, World Shake are good examples of potential projects. AC echoed similar thoughts and hoped for more active role from CanUSA CLEN members. RRC also suggested they do some training at other CLENs. The unmentioned hope in the beginning was that CanUSA CLEN would bring funds to INCLEN. PT stated that the North America should not be leading the challenge. However, FC noted that the joint ventures need to be developed. MT emphasized the joint ventures do need to be developed and the EuroMedCLEN is always ready to assist and will especially support Framework 7 and activities in Africa. CanUSA CLEN will pursue the possibilities of funding to initiate training of fellows from CEUs in LMIC.

Issue of individual INCLEN membership was raised and MT clarified that each CLEN need to make decisions and put to the board for approval. FC informed board that they have declined applications for individual membership. RRC added that CLENs should have their respective criteria for membership. DH raised the issue of obligation of members towards INCLEN. A poll was taken regarding the status of allowing individual membership:

- CanUSACLEN- YES
- AfricaCLEN- YES
- IndiaCLEN individual membership but loosely affiliated with a CEU
- SEACLEN- YES
- China CLEN- NO but has the Epidemiology Society as parallel membership
- LatinCLEN- NO
- Euro MedCLEN- NO

It was agreed that decisions about individual membership to be taken at individual CLEN level if their constitution/by laws and local regulations would allow. Board would only like to be informed of these changes for review and ratification. ML was

asked to put on the website information related to the constitutions of the specific CLENs about individual membership.

The BOT agreed that it was up to the individual CLEN but they must have some criteria especially with respect to the boundaries of epidemiology, regional issues and noting the obligations of membership along with the benefits such as networking and the interaction with other epidemiologists. IEO needs to update SOPs along with the general criteria and publish on the web.

ChinaCLEN

Dr. Wang sent her apology and regards to all. ChinaCLEN was having difficulty in getting students for master's program due to funding issues. Undergraduate training is less than optimum due to the timing of coursework early in the medical training; this issue is being discussed and needs to be further developed. The main focus of the training is on the faculty or potential faculty that will eventually be the teachers of Clinical Epidemiology. The candidates are generally concentrated in public health. In Shanghai, in order for a Junior Physician to be promoted to a Senior Physician, they must pass the Clinical Epidemiology examination. This encourages many to take the Epidemiology course but if they can pass on their own due to good coverage of the topic in earlier studies it is not necessary. Other locations in China do not require the same test. The Board was apprised of the impressive system.

The current ChinaCLEN Distance Education Delivery System has 20+ sites and has enrolled approximately 100 clinicians. Additionally, 15 students will be sent to Erasmus University in Europe. Many Chinese Universities have similar agreements with other Universities in the Developed world. All training will enhance community based medicine as the Government of China is pushing for primary, secondary, and then finally up to tertiary care, in order of significance.

There are 28 professor positions for ChinaCLEN, which admittedly uses a different system. FC noted that 10,000 students were trained and it was minimal and on a voluntary basis.

There was discussion about the ChinaCLEN logo. OS wanted to know the boundaries of the individual logos and the BOT clearly stated the each CLEN should have the "world" of Trust integrated into the logo. However, the reality is that only China and CanUSA CLEN still retain the world logo. In Bangkok 2000, it was agreed; the IEO will review the logos and request the CLENs to modify if needed. The website will be updated by the IEO for information contained in the regional reports.

EURO Med CLEN

The first question presented by FC was "What makes a strong network?" " In the Euro Med CLEN it is desired for all CEUs to be autonomous. Currently, EURO Med CLEN has 4 CERTCs and 5 CEUs; the unit in Quebec has dual membership with EURO Med CLEN and CanUSA CLEN. Prospective units are given the rules, and apply them as they wish. The current work is being done by a combination of INCLEN trained and non-INCLEN trained scientist working together. They are pushing all CEUs to become CERTCs and to further the third generation training. The

master's degree in ethics is now in the process of accreditation for a PhD program. EuroMedCLEN will be reviewing all EU projects for ethics related matters.

This CLEN holds Bi-annual meetings and next year will be the 20th anniversary of EuroMed CLEN. They will have a special session with a dedicated anniversary theme in addition to the meeting. The group will be expanding some work on Medical devices which is a new and exciting area for the researchers. The ethics certification is a four year process, they have 450,000 euros to start up.

MT suggested that CLEN reports be presented at the Global Forum. This could be a full session. The BOT meeting would be limited to administrative issues. AH issued thanks for the training in the Frano-phone Africa. EuroMed CLEN could also help by sending the message to CEUs in this region to join INCLEN Africa. PT wondered if there were opportunities for the Brits; and suggested maybe the individual membership will allow for this. Holland was interested but there was no follow-up and need to be pursued again. Swiss Tropical institute wants to link with EuroMed-CLEN. FC will follow-up with MT.

RRC reminded all attendees about collaboration between CLENs. We have the strength of "one big family". AC mentioned the difference between a recommendation and a strategy. More communication is needed but the website is up-to date and should be utilized. NKA suggested that we post the CLEN reports as board proceedings and circulate them as well. NKA to take two board members and put together a plan to pursue more partnerships between the CLENs. DH noted institutionalization and strengthening the EU – Asia link for training and research program development. This could be taken up in a phased manner.

INCLEN Africa

Currently there is a Distance Learning program in Zimbabwe but two Universities also provide a Masters Program. Pretoria was accepted as a CERTC and they were asked to create a link with Wits to allow movement between faculty and students. This would also allow some standardization of training and extend on to CEUs that do not have the opportunity of their own CERTC. AH requested CanUSA CLEN to assist with the development of a standardized curriculum. Currently they provide certificates for post graduate training across the CLEN. DH discussed training, suggested that PT and others to form a committee to discuss the MSc curriculum. It would have to be tailored to the group and where the person will work, as their priorities will be different and as time moves on, the needs will change. INCLEN training must be needs driven. PT noted that Clinical Epidemiology had many definitions and some standardization is necessary with the ability to meet local needs.

The INCLEN Africa website is updated every two months or so. AH especially complemented the IEO for communications on grants, and upcoming meetings There were some upcoming clinical trials work where they could use some assistance from Euro Med CLEN. They have already started and will push forward with setting up a network for clinical trials before the RFAs are even released. Having the structure in place would position them to act quickly when new drug trials are announced.

Four papers from AfricaCLEN were presented at the Global forum with the help and assistance of the IEO. The problems and challenges for AfricaCLEN is the same as elsewhere with many investigators working through non-INCLEN sources. AH was keen to find a way to bring the work through INCLEN and the CLEN. A final note of thanks was made to the Swiss Tropical Institute for their support.

MT sees the clinical trial networks as a good way forward but reminded AH to include In-Depth and EDCTP. There are a lot of funds available, but the emphasis needs to be placed on centers and not focused so tightly upon trial sites. Gates is moving forward and INCLEN Africa must forge even stronger links to these partners. Clinical efforts combined with the CERTC will be important. AH noted that they have been in conversations with In-Depth but have struggled. MT gave some references to pursue and could help with introductions. MT also added to pursue for a MOU with In-Depth for training. This can be used as an entry to forge relationships with In-Depth and later proposal to set up a clinical trial site can be negotiated. AKP will work with INCLEN Africa/ Pretoria-Wits group to facilitate linkage with In-Depth. DH suggested that LatinCLEN should also join with Africa CLEN in this effort.

IndiaCLEN's response to external evaluation

The IndiaCLEN report and the IndiaCLEN response to the external evaluation were presented together by MKC. The formal response to the external evaluation along with the presentation materials were made available to the BOT members at the meeting and only the subsequent discussion is minuted here as with the other CLEN reports.

The response to the external evaluation was delayed due to the IndiaCLEN consensus process. The final plan is submitted here for your review by BOT. Ultimately, the USAID India mission, INCLEN and IndiaCLEN are looking for long term sustainability. The funder and the management have been concerned about the status of the science and the long term research studies although USAID continues to be interested and wishes to have long term partnership with IndiaCLEN.

The response has been developed to ensure continuity and to streamline responsibilities. In general the new program officer will have complete authority with approval of the president. There is need to wean off the over dependence of the USAID funds and find other funders. MKC explained the BU-INCLEN-IndiaCLEN relationships. Program director and President will have specific responsibilities. IndiaCLEN GB will be notified via the President and that will help to increase the speed at which projects move and problems are solved. Efficiency and quality will be the desired results of the reorganization.

Milestones will set up the road map. Historically, the workshops and programs within IndiaCLEN have not given the results that were originally desired. One of the past problems with the CERTC has been the lack of a full time course coordinator. Additionally, the promise of specialized faculty outside of the Trivandrum faculty will add credibility. PT asked "will there be a PhD aspect?" CanUSA CLEN is moving toward the PhD program rather than a Masters level clinician. MKC responded that in fact many of the MPhil students have moved on to a PhD.

RRC clarified that this report is informational only and BOT approval is not required. FC remembered the part of the decision to move the INCLEN headquarters to India was based upon the strength of the IndiaCLEN network. Now, this will make the process even stronger and we need to be aware of any way to spread lessons to the other CLENs. NKA noted that \$ 2M are available in the USAID pipeline, and has been getting delayed. This money is now available and expected to flow freely with projects kicked off, IndiaCLEN infrastructure will be totally overhauled and the money has been reformatted. There will be no annual conference. DH commented that he is looking forward to a progress report next year. The reporting requirements seem burdensome and the bureaucracy is evident but the progress must be documented.

AC agrees this is a very unique situation with the funding. RRC originally thought the successes would be laid out and shared with the other CLENs. The evaluation report will be posted to the web site or can be circulated to the CLENs. It can be picked up from there. AH shared his thoughts that this is really the first attempt to institutionalize a CLEN. FC reminded everyone that the external evaluation was the focal point of this process. This was of great benefit. He too, had concerns about the change in leadership at both the INCLEN and CLEN level and the impact it could have on the CLEN. MT agreed that an external evaluation is crucial. We need not to copy rather, let's follow with interest. Structures need to be tailored to each CLEN and CEUs to the unique settings. We need to report about the progress so that others can learn from the experience. "Bureaucratic acrobatics" were mentioned in regards to the magnitude of reporting that is prescribed. This was noted and acknowledged that when successful, the reporting would be less cumbersome although the current requirement of quarterly reporting is necessary to maintain constant pressure and visibility to all parties. MKC added that every 90 days assessment will be done about the progress.

PA wanted to know the breakdown of IndiaCLEN funding and its relevance for a small CLEN to move forward to more professional type of management. NKA mentioned to the board that IndiaCLEN funding from USAID is about 55% and non USAID is about 45% (UNICEF, WHO, CDC, PATH). But the core has been fully supported by USAID. They are looking for overheads from the other sources to help carry the burden and to sustain the long term health of the IndiaCLEN network. Core as a percent of science funds will be 30% for the current time. Additionally, there are overheads taken by BU and INCLEN. JS feels that there is a strong need and a total justification for the core support in the USAID money. We need to "tax" our science as we move along.

Latin CLEN

Since the last BOT meeting, the LatinCLEN officers have updated the addresses and sent a survey to find out details of activities with all the CEUs of the region. The survey resulted in the development, review, and implementation of clinical guidelines. Communications have improved and members are now more motivated. The survey gave them a good data base of names and now they circulate a news bulletin on a quarterly basis. This has spurred interest. SKYPE has been an incredible addition to the communications and its application is being widely used. AC encouraged all

CLEN heads to implement SKYPE as widely as possible. LatinCLEN is part of the board of the EPILAC and have participated in the activities. This, too, has given added visibility to the group. Board members suggested that similar surveys can be initiated by other regional CLENS. It has motivating effect as well.

Sergio Munoz will be taking over as the next president of LatinCLEN. LatinCLEN has its next annual meeting in June 2007 in Barcelona, Spain. An extensive discussion on establishing partnerships between PAHO and LatinCLEN ensued. Luis Gabriel Cuervo can be a useful link to forge this partnership further. In October 2007, Cochrane Colloquium will be held in Sao Paolo. The occasion can be used to strengthen relationships between LatinCLEN, INCLLEN and Cochrane.

INCLLEN-SEA

OS presented the INCLLEN-SEA report. Last year, INCLLEN SEA discussed the possibility of changing its name to more clearly represent the country members that make up its constituency. OS reported that there was no consensus for a new name and the current bylaws would make such a change difficult. The biggest challenge for this group is the geography and language barriers that exist in its member countries. Currently the CLEN head is located in Indonesia with the management remaining at the University of the Philippines CEU. The Foundation for the Advancement of Clinical Epidemiology (FACE) carries out all the network fund management needs. As with the other CLENS, the intraCLEN research is strong and represents most of the countries within INCLLEN-SEA and 5 of CEUs. There was one InterCLEN project that was especially strong headed by Cynthia Cordero of the University of the Philippines.

OS circulated the SIM project documentation for the information and use of the BOT members. There are 18 modules including 11 modules for biostatistics, 6 on clinical economics and a 3 part module on clinical practice guideline development. INCLLEN-SEA would like to work with IndiaCLEN to exchange information. The modules have been reviewed and there is a meeting scheduled for March 16 and 17 to put together the 6 modules to address inconsistencies and maximize integration of the modules. Overall packaging will also be addressed. The target date of 31 March has been set to consolidate all the modules in electronic format (CD) and to establish version 1 of printed materials.

There has been some local interest in purchasing the biostatistical modules by a local Philippines Hospital and the University of the Philippines will use the same biostatistics modules in their basic course work. INCLLEN was recognized and thanked for supporting this project and there was confidence in the potential for additional partners as the modules were completed.

It was also noted that Tony and Leonilla Dans have been the leaders in moving the JCE collaboration forward. This is seen as a tremendous opportunity for INCLLEN to gain visibility and have access to both a professional journal and the editing skills needed to assist non-English speaking countries with polishing publications to the international level. There continues to be much local support for the ongoing K+ projects at the local level and MA Lansang continues to be involved with the LAMP projects.

RRC suggested that INCLLEN be recognized with each article submitted for publication. However, since the financing for these projects comes from the Universities and from consulting fees by the members, it seems difficult to acknowledge INCLLEN on each article. Sometimes the department will submit without the CLEN knowing. It is important to track the publications of members even if INCLLEN is not recognized. The RF report really shows the breath and depth of the INCLLEN publications and more care should be used to keep abreast.

The capacity building efforts of INCLLEN SEA are centered on the above mentioned SIMS modules but also include local training and the Khon Kaen/ Chulalongkorn/ Mahidol Universities International course for Master of Science Program in Health Development. Forward looking INCLLEN SEA will focus on promoting the use and sale of the SIMS modules and upgrading several interested CEUs to CERTCs. The name change is still being considered but will require more discussion among the members.

CEU/CERTC Applications

Shandong University within ChinaCLEN has met all the requirements for status as a CEU. RRC wondered if there should be additional criteria for application. NKA briefly set forth the criteria that seemed to be sufficient by the consensus of the BOT members.

Moved and approved for membership.

The application from University of Pretoria was reviewed and all agreed that the criteria were met to accept as a CERTC. The application was moved and approved for membership.

Medical Council from Bangladesh has inquired about joining as a CEU, NKA to call and send full information. It was discussed that the application needs to be directed to INCLLEN-SEA for the follow up.

PA noted the progress on the Sri Lanka CEU, they are getting organized but were not ready in time for this meeting. This will be submitted at a later date when the requirements and paperwork were fulfilled.

LatinCLEN had interest from a local University but they seem to have dropped out before completing the paperwork. There is a University in Lisbon that is interested. This will provide a link for the Portuguese speaking countries.

BOT MATTERS

The BOT discussed their own membership issues and have taken the following action;

RRC has requested that his term as the Chairman of INCLLEN has come to a close. The other BOT members accepted his resignation with regrets and a discussion was conducted about the new Chair position. DH was nominated and elected as the new Chairman with the full consensus of the other BOT members. He accepted and pledged to follow the strong example set by the previous Chair and those preceding him.

It was the end of the first term for PA. BOT unanimously asked him to continue for another term of 3 years.

Next was a discussion of terms for MT and RRC. It was decided that the BOT needed to be stronger in resource development and the current applicants should only be considered along side of others that would potentially bring fund access to INCLN. Gender imbalance is another issue of concern for BOT composition. The current applications were put on hold, the BOT members each committed to bringing new names to the next BOT meeting. MT and RRC were both asked to continue on the Board and both have agreed with the understanding that they will step down mid-term when the new members are ratified. All these actions were moved and approved by consensus.

Executive Director Term

The ED term extension was discussed in closed session. An announcement was made that the BOT had unanimously offered a full three year extension to NKA and he has accepted. The BOT offered its congratulations to NKA and reaffirmed its commitment to the current direction of INCLN.

Annual review of Administrative Matters

SJ began the presentation discussing the legal and administrative matters completed during the past year. The BOT was interested in the 80G filing that would allow for public and private contributors to enjoy a tax benefit from contributions to INCLN. This will greatly assist in obtaining funds from Indian organizations and foundations. Banking regulations in India require that the BOT have a resolution to allow the ED to open and close bank accounts that are used in the day to day activities as well as those used for projects. The BOT was shown the current accounts that have been opened and it was requested that blanket approval be resolved so the ED can open/close accounts in the future. Moved and approved to allow the ED to open/close bank accounts as required, and this resolution stands until revoked. The finance committee was authorized to take further approvals and asked about the cost to maintain so many accounts. It was noted that there were no extra costs.

SJ presented a short discussion on the need to have the accounts ratified per the Indian regulation. The year ended March 31, 2006 and the upcoming year ending March 31, 2007 will need to be ratified. The 06 year end had only a balance of 5,000 Rs contributed from the settler and has been properly filed. The upcoming year will be ready for approval after the audit, sometime in July or August. NKA and RRC thanked the members of both the finance and the executive committees for their work this past year. This resolution is before us to approve the 2006 accounts and allow the Finance Committee to review and approve the accounts on behalf of the BOT when they are ready. FC concurred and supported the motion to approve the resolution allowing the Finance Committee to approve the accounts for the year ended 2006. Moved and approved.

The legal requirements of the office space were discussed. The current lease expires next year and it is anticipated that the rents will increase beyond the budget abilities

of INCLEN. Existing regulations will allow an NGO such as INCLEN to operate from certain residential areas which will allow for a more agreeable rate although it is still anticipated to be higher than the current rate. Moved and approved to authorize NKA to enter into a new lease as needed by the operations. The matter will be brought to the Finance and Executive Committee members before final approval by the ED.

Policy on Foreign Exchange was presented and discussed. INCLEN must operate grants in the funder currency which will cause gains and losses. Most of the time, these amounts are insignificant and are treated as miscellaneous expense/gains. In the event of a material gain or loss subject to the restriction of the donor, INCLEN will absorb into the corpus. PA suggested using the UN currency rate which is fixed monthly. It was agreed that the gain should be set to the core when ever possible.

There was discussion on currency appreciation and depreciation as well as hyperinflation. INCLEN needs to further document the policy on gains and losses as well as the interest earned policy. The SOP is to be expanded and then submitted to the Finance Committee for review and approval.

Per Diem

Rates were discussed and the need for a multilayer local vs. international set of rates was acknowledged. SJ has been directed to look into the UN rates that are multi layered and but can be complicated. IEO will discuss and try to simplify. Local guidelines are applied to the IEO Delhi. There are a lot of changes and we are looking for a broad guideline. SJ was requested to rewrite and bring to the finance committee.

Financial calendar

The corpus financial calendar was reviewed by the BOT. FC requested that this be a regular item for the finance committee for information and review. He strongly applauded this level of organization and acknowledged the ever increasing maturity of the administration side of INCLEN. Other comments from the BOT members were equally positive.

FINANCIAL MATTERS

The financial status of the current year and the cash forecast for the next three years was presented by SC. She especially noted the increased spending in research where we will be over budget. This is a strong indicator of positive movement on the science projects as historically, research was always rolled out slower than anticipated. It was noted that the VC had not started and there was a discussion about the components of fundraising and marketing. MT suggested that in the next year, a greater emphasis should be placed on marketing materials now that there is some good news to report and funders will be entertaining requests from INCLEN.

The cash projects were presented sequentially with the pervious year's cash projections. The cash projections as of march 2007 see a significant decline in the slope of the line during last two years. Controlled spending, cross subsidizing and the

remaining RF grant funding has brought the current year spending to nearly zero causing the line to flatten out. It was pointed out that if we continue at our current rate with no new funds, we still have more than two years of funds available. This presents the “worst case scenario” which allows the first breathing room of many years. The graph also forecasts cash flow in the event that one of the major projects being pushed by INCLEN should be funded. Such a funding situation would provide for the stabilization of cash at the \$1M mark which would provide all essential working capital needs.

There was considerable conversation about the progress over the past 5 years and the road ahead. FC noted that this result was what had been hoped for in the process of shifting the Headquarters to India. Strong management combined with a strong CLEN was the strategic decision that had been taken three years ago in consideration of the new ED and the geographic location. He especially noted the good management and the low cost of the current operations. Next step for INCLEN is to remain stable and try to build up the corpus fund. PT encouraged more marketing and communications. The news is good, the projects are strong, and now INCLEN must be made more visible. Materials for the possible funding agencies are important but even more important at this time is the need to draw in the CLENs and get them to be part of the forward momentum.

DH also noted a small sigh of relief but cautioned that a company like INCLEN really needed a corpus fund of approximately \$5m in order to remain viable in the long run. Once fully stabilized, INCLEN needs to look at ways to acquire such a corpus and suggested that we may need to facilitate some global clinical trials. JS cautioned that it would be impossible to build such a corpus with grant funds. Small amounts can be earned without corresponding expenses but at \$10K-15K per year would take endless time to build to any significant level. He strongly urged that we watch for opportunities to form consortium for our own survival as well as strength. The future of funding now looks to be centered on partner building and working consortiums.

FC suggested we again go to RF to pursue a possible corpus fund. Now that we can provide some evidence of survival and progress, we should start bringing them into the news and begin the necessary ground work. PT noted the similarity of INCLEN to the Cochrane centers. We should take a look at how they have managed to acquire both central and regional funding. There are some lessons to be learnt there.

DH suggested that we also pursue corporate funders for corpus money and challenged RRC to approach Tata. RRC agreed and noted the need for some professional marketing materials and possibly even a short video. PT further challenged the BOT to recruit new members with this corpus building in mind.

AC suggested that we put together a comprehensive manner of disseminating the information. He asked NKA to publish in the JCE or the Web or even to send out an email note to the members. It was agreed that the materials presented at this meeting were not appropriate for general consumption but that a different method of communication could be prepared that would be better understood. The purpose would be to challenge all the CLENs to jump back on to the “sailing ship” and permanently put to rest the thoughts of a “sinking ship.” PA concurred and further suggested that it might be time to strengthen the staff in the area of fund raising and

development. It would appear that INCLEN now has something to offer that is supported with some evidence. All these items should be coordinated by the development of a resource mobilization strategy within the IEO. It was also agreed that RRC, NKA & PA will pursue for Tata, IEO will target Rockefeller and DH will facilitate, PA for WHO, FC will pursue with EU and regional CLENs to pursue for local funding options.

Thoughts then turned to the possibility of a global meeting. RRC suggested that we should try to find a company to under write a global meeting, all members agreed that face to face meetings were critical to maintain momentum at the local and regional levels and would facilitate the continued progress at the corporate level.

AUDIT REPORT TO THE BOARD

SC then reported the annual audit results to the board. The distribution of assets was noted as being all cash and the expense were compared to the previous year. Items of significance were especially noted as the change in fiscal year end for INCLEN Trust to March 31, 2006 resulting in a 9 month year. In order to accommodate the short year, the fixed costs such as rent and insurance were allocation on a 9month basis instead of a full year. Soft costs such as projects and salaries were charged according to the actual period in which they occurred as per Accounting Standards resulting in only 9 months of charges for the period. The consolidated report required that both companies have the same reporting period and the data from the Trust was manually “rolled forward” to include the unaudited 3 months between April 1, 2006 and June 30, 2006. This resulted in the presentation of data for both companies for the full 12 month period. Fixed and soft costs for the Trust were taken into account in order to accomplish this regulated presentation.

INCLEN is subject to the A-133 audit requirements, which are the highest audit requirements in USA. The same requirements are employed at institutions such as JHU and BU. Once again INCLEN has met these standards and present the reports for the BOT with no reportable conditions and an unqualified opinion. This represents the highest possible status. The BOT congratulated both NKA and SC for their diligence and high standards and FC noted that this continuing high standard was a great pride to the BOT.

SC then requested a change in the external annual auditors. She supported this by citing the industry standard of changing auditors on a periodic basis and the need to the newly formed INCLEN IEO Delhi to have a strong audit agency to assure that all requirements were met and that we launch in a strong manner. RRC noted that the balance was between having fresh eyes to review and advice against the benefit of having an entity that knew you and could advise based upon that knowledge. Several other BOT members acknowledged that their own agencies rotated Auditors on a periodic basis and supported that it was both an industry standard and probably in the best interest of INCLEN. It was moved and approved that both the Philadelphia and Delhi offices seek new external auditors and bring the short list to the Finance Committee via teleconference for ratification.

WORKPLAN AND BUDGET

NKA presented a short history of the past two years and the lessons learnt. He acknowledged that the programs took much more time to roll out than it was anticipated. Building partnerships, recruiting colleagues, moving from a broad principle to a specific plan that could be implemented on the ground was time consuming and essential to the success of any project. He commented on the change in attitude about INCLEN from the outside world who now knew that INCLEN was not dead. He cautioned that we still need to send the message that we are more than “not dead” we are alive and heading to a strong and healthy future. He reaffirmed the progress reported in the earlier ED report and noted that there was still much to be done and more projects to be formalized and launched. With a better understanding of the long gestation period, he recommends the INCLEN stay on the existing course and continues the emphasis on protocol, partners, funding, and establishing INCLEN credibility.

He spoke of strategic alliances, partnership, and MOUs. These collaborative arrangements would be built upon the guiding principles of identifying the scope of work, impact to stakeholders, working relationships and evaluation of the effectiveness of the relationships. He emphasized the need for country specific and global efforts. PIs and CLEN heads must be further involved and committed to the vision and mission. Greater communication to and from CLENs and PIs would continue to be the main stay of the strong research that will become the backbone for INCLEN. He also emphasized each CLEN to have one multi-site study (3-9 sites) to regenerate the organization. Leadership can be supported from the INCLEN Executive offices in the areas of administration and funds management but clearly the CLEN heads are a vital element in the long term health.

Efforts must be made to attract new talent. The IEO will continue with its internship program and information will be sent directly to the CLEN heads as well as being available on the website. The IndiaCLEN restructure will be watched and assistance will be provided so that progress can be documented and where possible shared with other CLENs.

Long term goals are to continue with the existing priorities of Obesity, Governance, and Traditional Medicine. Additionally, the New Year will see the launch of the Virtual Campus project with the longer term goal of attaining an international level certification. The JCE will greatly enhance the visibility of INCLEN and provide a high standard and strong mechanism to achieve greater numbers of high level publications. He also emphasized for greater presence of ChinaCLEN members at global forum – 11 and arrange for ½ day parallel session dedicated to INCLEN.

The strategic plan developed for the 2003-2007 is still viable today and requested the board to accept 2003-2010 strategic plan. The combination of strong global presence, matrix networking and partnerships, programs to support high priority global health issues and the virtual campus are as strategically aligned today as they were when they were first put on paper. NKA strongly urged the BOT to consider expanding the current Strategic plan as is into the year 2010.

The BOT discussed the progress over the past two years. PT urged that the internship program was to again be routed to the CLEN heads and asked about the costs to

INCLLEN. NKA reported that these interns were paid \$500/mo plus travel to and from their home.

BZ committed that China would assemble 40-50 INCLLEN members and the BOT members pledged to attempt to raise their own funds to attend the upcoming Global Forum 11 to be held in Beijing.

RRC noted the work plan discussion with special appreciation to the application of the strategic plan. AC remarked in the movement from "INCLLEN Trust" to "INCLLEN We Trust" and the comment was met with a round of applause. He noted that LatinCLEN was very happy with the movement and the strategic direction is strong. Concern was expressed about accomplishing succession planning especially at the CLEN level. We are here because we believe the slope can go from steep to flat to upward. We are trying to approach stability and we need to believe in the mission and that change is possible. We all want to create a better world and better future. LatinCLEN was in a state of disinterest and disillusionment. Barcelona will be an opportunity to motivate INCLLEN people and the funders making them aware about the current status. It was called to AC attention that FAIMER has a regional office in Brazil and they should also be approached. Finally, AC noted that LatinCLEN is doing the CLEN newsletter and would like to have one article from each CLEN and IEO. He also requested an article on proceedings of this meeting especially financial status and the intern program.

PT agreed and is looking for the next step forward. Public relations strategy, press strategy will become critical, how can we do this? Now is the time to work through this; a press release would be timely. We still need to tap some new sources such as the Millbank fund (Dan Fox) from NY, which is interested in linking evidence to health care. NKA and DH will work together to link up and develop a complete marketing strategy.

FC cautioned that a network organization is really an organization that starts at the bottom and flows to the top; we still needs to be organized at the CLEN level. The turnaround is remarkable for the corpus organization, the momentum is exciting and in a short period of just two years is a very quick turnaround. We are now a network of networks with a history of training and capacity building and now we need to organize research. Research management of activities is the quickest way to assist the local researcher. The regional networks are the key to the future. Each CLEN must submit one research in order to get the engine to move. We need more energy. NKA must organize and keep the pressure on to the CLENs and they must not get overwhelmed by their daily obligations. We all need to remember the commitments that were made here at this meeting. A handout will not help, that has been proven in our history. We need to get the press and the word out. We have limited access to the International journalists but we need the international exposure especially the Lancet or BMJ with sections for informative articles.

AC pushed for the visibility of the internal networks of like-minded scientists such as Childnet. Not regional but rather disciplinary. These disciplinary related networks is what brought new project and new research in the past and could and would work in the future. FC suggested a multi complementary approach with efforts both by discipline and by region.

The BOT summarized by stating their approval of the plan and it was moved and approved by consensus.

BUDGET

The budget was then presented. The format was unchanged from previous years and each item was reviewed. NKA especially noted the high research amounts that were from already committed funds such as USAID, GAVI, and Autism Speaks. The Priority Health areas would start with INCLLEN funds but as with Neuro Dev and Governance would be strongly directed to partnerships and funders. INCLLEN funds will finally be truly used as seed money.

The network coordination total expenses of \$550K would be substantially offset by research overheads which were listed per the last year request of the BOT. The net result of all expense netted against the confirmed and projected research funds were \$420K of INCLLEN corpus fund to be used to continue the current movement to sustainability.

The budget discussion began with a comment from PA strongly urging the need of promotional materials under the fundraising and marketing areas. He noted that these areas were under spent in the previous year but the New Year is a perfect time to produce and circulate some high quality and substantive materials to promote INCLLEN.

FC stated that Euro Med again wants \$5,000 for French speaking Africa. This was approved by the BOT and NKA was asked to increase the budget accordingly. FC and AH agreed that these funds would be used to establish new CEUs which will be also linked to AfricaCLEN.

DH asked about the possibility of needing additional funds for new upcoming projects and NKA noted that additional funds would not be required and if necessary we will shift the funds within the Priority area. RRC would like a more formal push on resource mobilization and fundraising.

OS was concerned that there was intention to strengthen the CERTC but no budget. NKA noted that INCLLEN will be using the VC project which is in the budget to help strengthen the local CERTC and this will attract new funds. He noted that there will be a review component included in the VC development. OS wondered if a CLEN can have a small amount of money to generate for proposal development. NKA said that it is not in the budget but possibly after some work has been done at the local level it could be considered. Board had recommended to pursue with IEO for cause specific grants and will be considered as per necessity.

The BOT then moved and approved the budget by consensus noting the additional \$5K for French Speaking Africa.

OTHER MATTERS

The Chair summarized the two days and encouraged all BOT members to find funding to the Forum 11 meeting in Beijing Oct 29- Nov 2. Although it was agreed

that a full BOT meeting will not be possible so early in the fiscal year, it was agreed that a mini board meeting would be important to keep up communications.

The dates for the next full board meeting was discussed and confirmed for the 24th to 25th February. All agreed that the attendance of the full board is critical.

As a final matter, DH the incoming chair thanked RRC for all his efforts and for setting a high standard for future Chair to follow. He recommended and received a consensus to pass a resolution for leadership and by proclamation formally recognized the great role of RRC during this transition period. Additionally, it was noted for the record that beside every good man was a good woman and thanks and appreciation was extended to Mrs. Chaudhury.

Meeting was closed at 14:00 hrs on 19th March 2007.

FUNVAL