Minutes of the Board of Trustees Meeting
Of INCLEN Trust International
February 25th and 26th 2008
Hotel Jaipur Palace, Jaipur, India

Members Present:	**Secretariat:**
Demissie Habte (DH) Chair Presiding Officer	Narendra K. Arora (NKA), Executive Director
Ranjit Roy Chaudhury (RRC)	RM Pandey Sr Prog Off (RMP)
Palitha Abeykoon (PA)	Stephanie Combs, CFO (SC)
Jonathan Simon (JS) Satish Joshi, HF/A (SJ)	
Osman Sanipar (OS), Coordinador, INCLEN SEA	Maria Elena Garcia-Zapata,FO(ME)
Amr Hassan (AH), Secretary Gen., INCLEN Africa	Leena Sushant (LS)
Sergio Munoz (SM), President, LatinCLEN	Durga Kumar (DK)
MKC Nair (MKC), President, IndiaCLEN	Rakesh Singh
Peter Tugwell (PT), Secretary General, CanUSACLEN Chandan Singh	Sachin Ailawadi
Jiyao Wang (JW) President, China CLEN	
François Chapuis (FC), President, EuroMedCLEN	Unable to Attend
Marcel Tanner	Unable to Attend

Summary of Significant and Actions items resulting from the meeting:

Agenda Item	**Decisions/Item**	**Action to be taken**
Executive Director Update	Map of projects that are under consideration requested	Staff to prepare a map of activities and post on the website.
MOU and Partnerships	Samueli Institute Information	Staff to prepare a biosketch
MOU and Partnerships	IN DEPTH	Staff to add this item in next work plan, how to work together
INCLEN Africa	Malawi	CEU status to be pursued
IndiaCLEN and New CEU applications	Membership of CEU criteria	Staff to review the Bye-laws and provide copy in background materials for next meeting. CLENs to discuss at monthly teleconference.
LatinCLEN	Capacity Building	Share platform and content information with the other CLENs at monthly teleconference
INCLEN Asia	Japan CEU	Japan CEU to be contacted and invited to join the CLEN.
Strategic Matters: Strengthened	Strengthen CLEN	PA to write a “two page” summary on the needs of poor countries and

Regional CLENs and INCLEN		how they could be strengthened and route to the CLEN heads.

(1) Welcome by INCLEN Chair

Board Chair called to order and an introduction was given by each staff and BOT member. Special welcome was extended to Sergio Munoz, Kurien Thomas, RM Pandey, Maria Elena Garcia-Zapata, Durga Kumar. The Chair addressed the full board and then some key issues. In addition to the regular agenda, we will also have some time to bring BOT issues to the table and have some unscripted discussions. He raised the questions that are we heading where we need to or what needs to be done. There will be time to discuss and many interesting items to bring forward. He asked for additional agenda items and then accepted approval of the agenda, turning the meeting over to NKA.

(2) Minutes of past Board of Trustees Meetings and Teleconferences

- *BOT meeting March 18th and 19th 2007*
- *Finance Committee Teleconference July 16th , 2007*
- *Finance Committee Teleconference July 30th , 2007*
- *Executive & Finance Committee Teleconference Dec 28th ,*
- *2007 BOD meeting March 19, 2007(information only)*

All minutes were duly moved, seconded, and approved by consensus as submitted.

(3) Action taken report

PHFI is headed by KS Reddy and will be established in 9 sites of India. They are focused on capacity building and the MOU has been reworked and with the approval of the Chair, has been sent to PHFI for input. There was much discussion on the role of IndiaCLEN and INCLEN with the MCH Star project. KT expressed concern that multiple MOUs would cause confusion and make for an awkward relationship with the funder. RRC commented that such a situation did not cause any problems but instead strengthened the independent standing to the CLEN. MOU clarification was sought by KT regarding the MCH Star agreement. RRC noted that they could have both MOU with same person. Multi center agreements can exist along side of a National agreement. NKA compared the Obesity and the NDD projects as being both INCLEN and IndiaCLEN. KT was especially concerned about the duplicate reporting and not about the actual working together. There was a consensus around the table about looking at the ultimate goal and to try and stay away from the “rule setting” that becomes a burden. Capacity building efforts will cross corporate and CLEN boundaries and we should look after needs versus the form of the matter. We need to stay focused. We should be aware and to take advantage of the IEO to augment whenever possible even if it appears that there are duplication. We need to maximize the actual resources however that may look on the surface to promote

the common goals and objectives. Since we are all in the same organization we will always be on the same side. The issue of ownership is inevitable and there will be some things that INCLEN does that will be impacting the CLENs. The lines will blur from time to time and some clarification will be necessary. INCLEN is the teacher and mentor regardless of where the office is located. There is no real competition, although it was also noted that ownership issues will arise from time to time. It is always a great "problem" when a CLEN is strong enough to negotiate on its own. All agreed that this is a very good "problem" to have and we should bear this in mind as we seek clarification on the boundaries. All present noted that it will remain important for the CLEN to have a strong voice, otherwise they will vanish and there will be no network. Success can be shared and the strength of the IEO has enabled INCLEN to be more competitive. MCH Star has been developed as a consortium, set up for three Indian institutions, PFI, IndiaCLEN, and PHFI. They will be working together and will develop relationships.

The Global Forum has been regularly attended to gain visibility. The regional CLENs has a regional meeting to increase the INCLEN presence and also give the local organization the synergy that is created with large meeting of like minded professionals. GF key to partner linkages. The Global Forum 11 was held on 29th October to 2nd November, 2007, at Beijing, Peoples Republic of China. NKA was funded by WHO and the two Senior Program Officers, Ashok Patwari and RM Pandey attended were supported from INCLEN projects. Annual meeting of the ChinaCLEN was organized on 29th October as a satellite meeting of Forum 11, attended by 32 ChinaCLEN members.

The INCLEN website has been updated and a presentation will be made later in the program.

The INCLEN Brochure was updated with all INCLEN photos. The response from network members to send local and action photos was strong. The new INCLEN brochure which can serve as professional materials suitable for funding agencies and other interested parties was circulated.

The TOR for the INCLEN Membership is posted on the web. Addresses of all the members have been updated Membership totals were updated and the. We currently have 1,718 members.

The Chronic Disease Prevention Centre project proposed at Aga Khan Univeristy, Karachi, Pakistan (INCLEN Asia) and involved LatinCLEN and INCLEN Africa could not clear the proposal stage.

The IndiaCLEN External Evaluation report is posted on the web.

(4) Introduction to staff at IEO– Delhi & Philadelphia

The new staff members were briefly introduced by NKA. Each had an opportunity to speak a little about their roles and goals as a part of the team.

(5) Executive Director's report of activities

Overview of activities

There was an extensive list presented of new projects and proposals including the following:

a. New Initiatives

1) IPEN (INCLEN Program Evaluation Network) Multi-country Programme for ACcountable and Transparent (IMPACT) Health Governance: The concept note was approved and the full proposal was submitted and decision for funding to be received in March 2008.
2) Global Model Injection Centers- A program to improve injection practices in India - Phase II: in all INCLEN regions. Letter of Intent to be submitted for study in 30 sites in Low and Middle Income countries.
3) Measurement & Determinants of Childhood Obesity in India: full proposal was submitted to ICMR for funding the India component.
4) Traditional Medicine:
    a. INCLEN - JHU- Samueli Institute collaborative project "Examination of the role of traditional Indian medicine for HIV/AIDS in India" Full proposal submitted to ICMR, HMSC clearance is awaited
    b. "INCLEN India-China Program in Traditional Medicine: draft proposal prepared and is under submission to ICMR.
    c. INCLEN - JHU- Samueli Institute collaborative project "Complimentary Alternative Medicine (CAM) approaches in management of HIV diseases and its complications" : letter of intent received from Brazil, Chile, Colombia, Zimababwe, Peru, south Africa and India. Developing draft proposal to be submitted to NIH, USA
    d. Hypertension and Pranayam: A multi-centre clinical trial for the evaluation of efficacy of Yog and Pranayam in Hypertension : this is still in the conceptual phase.
5) Global Oximetry: the University of Manchester interested to set up 2 sites in India in Rohtak and Vellore. The project had been cancelled but is now beginning to take shape.
6) INCLEN Research and Training Centres for Prevention and Control of Chronic Diseases in Low and Middle Income Countries: The LOI was submitted but was not among those invited for submitting full proposal.
7) Entero -Pathogen Surveillance- Assessment of Burden of Diarrheal Diseases and Public Health Programs to Control Diarrhea in Africa and Asia: Countries like Brazil, India, Kenya and Egypt are participating in this

study. LOI accepted by the Gates Foundation. Full proposal was submitted.

8) Steroid in Cardiac Surgery (SIRS): a total of 50 centres participating from the regions of Canada, India, Turkey, South Africa, China, Columbia, Egypt, Pakistan, Brazil, Chile and Phillipines. Full proposal was submitted. Initially a vanguard phase will be conducted at 10 centres in India and will be funded by the Mc Master University.
9) MCRI: Health as a source of innovation and competitive advantage for business and formations: A "Brain-to-Society Systems" knowledge platform to guide individual, organizational and societal choices: Linked to 9 research programs related to Obesity and individual & societal behavior across Canada, USA and India. LOI was submitted in February 2008. Decision is expected in June 2008..

b. <u>New Projects</u>

1. *Achieving MDG 5: IPEN Pilot study into Governance of Health systems in Ethiopia: a* pilot study launched in Ethiopia in June 2007. The desk review of key maternal health indicators completed, and the instrument development workshop held in Ethiopia in November 2007. The concept note was approved. Full proposal was submitted and decision for funding to be received in March 2008.

2. *South Asian Pneumococcal Alliance and the Invasive Bacterial Infection Surveillance Group (SAPNA-III):* Multi country study in India, Nepal and Sri Lanka launched in April 2007.

3. *Cigarette Smoking and Invasive Pneumococcal Disease, Case Control Study in Vellore, India:* Study is currently awaiting approval from ICMR/ GOI (Ministry of Health and Family Welfare) and is ready to be launched.

4. *Influenza Awareness and Preparedness Program to train Physicians across the country:* training material has been finalized for a series of zonal level workshop across the country. Resource persons for Zonal level workshop trained. The workshops to be held in March – April 2008.
5. *IndiaCLEN Multicentre Trial of Home Versus Hospital Oral Amoxicillin for management of Severe Pneumonia in Children:* work plan and budget approved.
6. *Clinical Profile, Practice Patterns and Outcomes of MDRTB in India- An IndiaCLEN Multi-centric Study:* study launched in June 2007. two workshops have been held in order to fianlise the protocol and study details.
7. *Maternal Neonatal Childhood Health Nutrition – Sustainable Technical Assistance and Response –(MCH- STAR):* Phase I was launched in December 2007.

c. Ongoing Projects

1) *Risk Factors and Consequences of S. pneumoniae colonization in the nasopharynx of infants in Vellore, India:* this project is likely to be completed in April 2008.
2) *Integrated Management of Neonatal and Childhood Illness: in* the Quantitative component, data collection, cleaning, scanning and verification done. Final cleaning is in progress and the statistical analysis to be completed. In the Qualitative component workshops are held and data collection is completed.
3) *Neuro-developmental disabilities among Children:* Field validation of the NDST is being done using the Consensus Clinical Criteria. The technical advisory group meeting, National and regional workshops to train the field staff on operational matters is being organized in March 2008.
4) *Model Injection Centres Model Injection Centers: A Global Program to improve injection practices in LMICs– Phase II:* Phase II was launched in January 2007. The participants have been trained in Injection waste handling procedures.
5) *South Asian Pneumococcal Alliance and the Invasive Bacterial Infection Surveillance Group (SAPNA-II):* the multi country study in India, Nepal and Srilanka was lauched in April 2007.
6) *Neonatal Disease Surveillance Site – Phase II:* Phase I was completed in September 2007. Preparations for Phase II under progress.

These projects show successful project resource mobilization.

d. Completed Projects

1) *Model Injection Centers: A Program to improve injection practices in the country - Phase I:* phase I in 25 medical schools completed. Evaluation report of first phase of report completed.
2) *Development and Marketing of Self Instructional Modules in Clinical Economics and Related Disciplines:* 18 modules were developed and field tested. The project was completed in March 2007.
3) *Safe Water Systems Intervention Project in Urban Slums of Dehardun and Haridwar:* the project was completed in June 2007.
4) *Rapid Assessment of Essential Newborn Care Services and Needs in NRHM Priority States of India: the project has been completed and publication is in progress.*
5) *Social Determinants for Effective Implementation of UIP and Polio Eradication Programmes in Moradabad and J.P. Nagar Districts, Uttar Pradesh, India* **:** the project has been successfully completed and the publication is in progress.

Development projects to be added to agenda and this list. KT requests action from INCLEN to help develop a multi country study in HIV/AIDS, TB, Malaria and apply for Global Fund.

e. Selected Projects

1) *Achieving MDG 5: IPEN Pilot study into Governance of Health systems in Ethiopia:* the workshop on Development of Study instrument was held in Addis Ababa in November 2007. The finalization of study instrument and translation into local languages is in progress. The data collection is likely to begin in March- April 2008.
2) *Neuro-developmental disabilities among Children:* the modules for assessing 10 developmental disabilities and the Family counseling module finalized. NDST subjected to reliability test (test-retest and inter-rater reliability) at Delhi and Thiruvananthapuram. The analysis of this test has been completed.
3) *Influenza Awareness and Preparedness Program to train Physicians across the country:* The finalization of curriculum and course material about influenza. To develop capacity amongst physicians to detect influenza early and to deal with it in case of any outbreak.
4) *Neonatal Disease Surveillance Study:* Phase I was completed in September 2007. The data analysis and final report writing is in progress.

The discussion centered on the prime movers and the various locations. There was some concern around the table about the selection criteria for projects being considered and sites that are involved in the proposal or initiative at an early stage. NKA clarified that most of the sites were suggestions only and the local investigators had not been contacted. In the case of projects such as the Global Oximetry, the funder was familiar and had requested specific sites. The BOT members were all pleased with the variety of projects and funders and encouraged the Management to continue.

Each CLEN must find their own funds. The history of the IEO finding funds for the CLENs has not been strong. AH feels that this is the first time that the CLENs have been asked to generate funds. The money should come from the countries. The CLEN itself does not have access to the money, in Africa it is very country oriented. DH noted that the CLEN should be helping the CEU at the country level. The IEO has been trying to establish credibility by generating large multi centric studies and then bring in the CLEN. IEO would implement common and high level strategies. The difficulty is the country versus the CLEN or international level. There are bilateral and international sources, the Egyptian group needs to submit a proposal but IEO and BOT should be looking to augment and assist with these proposals and will also be aware and watching for new projects and sources that could be shared with INCLEN Africa and other CLENs.

IndiaCLEN has found a bilateral source and is now well positioned. The other CLENs need to pursue similar sources. The relationship need to be developed

and sustained. At the present time the IndiaCLEN units (IPEN is strong and can negotiate with public health) INCLEN is negotiating for co-funding. At the CEU level almost no negotiation. There are a few PIs that have brought funds forward. They do so via IndiaCLEN. Admittedly, a single country CLEN has some advantage. However, if the PI is not chasing, how will the CEU or the CLEN see any success. In India, the PI is using IndiaCLEN for projects but in Africa, the PIs may have great success, they are not routing the funds through the CLENs. It was noted that India, through the historic relationship with USAID has a full staff and services. The other CLENs have no infrastructure. The CLEN Presidents need to take the initiative and be the prime movers for their regions. We need to remember that we have to share with the prime movers that have shown interest and participated. Historically, (during the past year) there was a proposal that was duplicated by a CEU member that had been privileged with the information. Trust among members need to be ensured. Public embarrassment is necessary if there is a breach in the confidence.

Some of the new projects were shown and the participation of local CEUs were noted. Sadly, the CLEN heads did not know about the upcoming projects and the activities in which the CEUs of their region were involved. Communication remains an issue. The CLEN should be kept abreast of the developments. Sometimes the funder is choosing based upon specific criteria. This is to be expected but still the CLEN should be notified. Perhaps they could be contacting these units and offering support.

There was a question about the selection of sites. There is no strict systematic approach. It can be based upon the funder, projects needs, and interest of PI/participants. NKA explained that the obesity project sites were based upon ethnicity requirements of the project, institute and funding agency. Governance project was based upon a casual meeting at GF 9 Mumbai with Sharmila Mahtre – IDRC and Damien from Ethiopia.

It was noted that these projects were selected because they seemed to be well poised for expansion. An arbitrary decision is detrimental to the other projects. It was asked that there be a process about the selection and the purpose of this section.

The conversation then moved to the selection of PIs. There was much discussion about the selection and the impression that some are more important and thereby others are less important. The selection here is simply a choice by the management to select a few projects for further details. Other projects could have been chosen. Currently these four projects were chose due to their expectation that they could be ramped up to a major international status. This matter was discussed extensively at the BOT meeting of 2006. It was decided that management would select a few projects to emphasize and he was expected to select them, bring them forward and then report at the annual meetings.

Site selection was further discussed. The governance project was especially noted as having had a non-systematic method of selection and in retrospect, some INCLEN African members had put in more effort to the area of governance and my have been interested in such a project.

Finally, the topic of overheads were discussed along with the need for the members to drive their own projects. There are some co-investigators that are not members of a CLEN. What is the overall status of this situation. Should they be allowed to be such major players on INCLEN projects without having them in the network. It seems that it is a lack of ownership to the network that resides at the network level. Some corrective action needs to be taken in order to preserve the network. Contributions and value added issues are often misunderstood or not considered and more emphasis needs to be placed on how the CLEN itself can help with various projects. It was suggested that new PI or project people could specifically be approached in order to keep a high profile.

How do we define the network? Individuals to CEUs to CLENs to INCLEN to make the overall network. The issue is how do we define and then work with the relationships of all these levels and keep to our goals and keep ourselves healthy and moving forward. Active individuals have not made an active network. Capacity building and training used to keep all the parties together. Now the multicentric studies are replacing that unity but is still in the early stages. Working within INCLEN does give credibility but how can you reciprocate? External reviews, auditing, IRB, are all facilities that the network is providing. As these facilities improve and expand more and more investigators will be asking and seeking to join. Sharing the responsibilities will allow all parties to ease the individual burdens. Each CLEN must focus on specific duties that can be provided and then sell it to the individuals. With the lack of co-funding is difficult and each participant must seek out new ideas to augment historic functions or do we need to take a new direction. The young people must be brought forward and then help to define what can be done at a regional level. INCLEN can provide the technical support within the existing framework and the local CLEN or CEU needs to tap into the existing funders and local projects. Each CLEN will require different levels of help.

Virtual Campus is a great opportunity to capitalize upon the high impact and strategic and existing systems. There are many web based systems available with local mentorship that can be utilized well for the type of structure that is currently and forward looking for INCLEN and its various levels of membership.

Avian project is a result of MOU since CDC needed to transfer the money to a government agency. They were able to transfer the fund to ICMR and in turn they were able to transfer the funds due to the existing of the MOU with IndiaCLEN. The money transferred smoothly without any excessive review or stress. This is a training program to train all districts and will be rapidly expanded into adjoining areas.

The question was raised about where was the WHO? CDC helps with curriculum but this seems like a WHO partnership. INCLEN is currently working with the MOH and there were some sensitive areas that have now been settled and the Joint Secretary is now considering the project to make it a GOI project based upon the seed money from CDC.

It was further noted that maybe the WHO should have a membership on this board. Some candidates with related expertise and areas should be considered. Historically, they were invited. They declined but left the door open. JW will contact the WHO and RRC will also be traveling to BALI and will do the same. Hopefully names brought forward by next years. Should a formal relationship be established with the WHO collaborating center giving INCLEN a stronger presence? There was a consensus that the time has arrived and should be pursued. INCLEN may be too broad for the generally narrow mandate with WHO. Who would be the collaborator? Things are mentioned just to think about options that have not been considered. CanUSACLEN has one set up directly with DGB option. They usually need a specific project and specific locale oriented. There are other options that could be pursued. Avian Flu may be the opportunity to enter into some more formal type of area. NKA to pursue this "sideways" entry to the WHO.

Ramtek possible funder NIPI, Gates, Rockfeller which are highly fundable and of high interest within the funding world

Discussion about strengthening of CLENs and extending the network. About bringing new CLENs. SM will bring to the CLEN and ask them how to do this and push into the existing CLEN structure. Site development is difficult to pursue and really has become "cutting edge" if they can be set up (albeit through struggle) they can be used for many other projects and then the money will come. China has been working to set up a similar system to the one in India funded by the government. Infant mortality rates are a huge concern in LMIC countries and around the world. Reference again to the need to be informed about who is working on various projects and where the projects are active. This is going to be tough. Neonatal surveillance site setting up would be a very tough assignment for a CLEN and a sustained support for surveillance site will be needed.

f. **Forum 11 participation/outcomes:** there was a presentation on the Global Forum 11 meeting attended by NKA, RMP and Dr. A. Patwari. NKA requested the permission of the board for participating in Forum 12 meeting to be held in Bamoko, Bali on 17th – 19th November, 2008. They also plan to have INCLEN Asia Meeting during that time.

(6) MOUs / Partnerships with other organizations

In Progress:

1. *Public Health Foundation of India*
2. *Samueli*
3. *CRASH – 2*

The three MOUs were passed by consensus. There was a request for more information about the Samueli Institute and the source of its funding. There was additional reference to the PHFI agreement that was recorded earlier in the minutes. All attendees agreed that this was an important move forward and although the MOUs were generic in nature, they would serve as a formal reminder of our partners and progress.

Evolving

1. *World Alliance for Patient Safety*
2. *International Epidemiology Association*
3. *Global Burden of Disease, Injuries and Risk Factors Study (GBD Study)*
4. *Health Technology Assessment International (HTAi)*

AH brought up In-Depth and wondered how we could utilize the IEO to advance the relationship. He asked that they be added to the new work plan for the upcoming year.

(7) <u>Website Development</u>

The changes in the work plan were very well received. The BOT members especially liked the world map with the member faces on their respective continents. The suggestions from last year were all reflected in the current presentation and the linkage with partners was an impressive amount of relationships. There were suggestions that the partner universities should also be organized either by CLENs or Alphabetically. They also said that if the full publications of the CEU members could be uploaded in PDF format.

There was great discussion about having a more dynamic and interactive website where people could update their own information and reports, papers, publications etc. could be uploaded to the site. Utilization figures were impressive and the BOT members thanked the staff for an impressive update.

(8) Regional CLEN reports

The CLEN reports were extensive and supplemented with a variety of slides. The reports are appended to these minutes as part of the official document and the comments on them are noted as follows:

a. CanUSACLEN

PT spoke of the commitment of the main participants. After reviewing the minutes and other activities, three points arose.

1) Sergio and PAHO general director met at a resurgence of ASHMO. NKA needs to meet director. Luis Cuervo is in Washington at PAHO and is an INCLEN graduate.
2) Lifted disappointed when Jamaica was turned down. LC encouraged attendees to work with IEO Philadelphia to develop a new relationship with Jamaica. The application was requested that they resubmit for CEU. CanUSA CLEN has determined that all the criteria was met and they are being recommended for acceptance.
3) The final item is request the value added component of the CanUSA to contribute to the mission of INCLEN. Value added is the key, especially in the area of e learning and its relationship of mentoring. The business community is interested in successor ship and succession planning. There is a wealth of information regarding this as it relates to business strategy. Training, knowledge translation and e-learning.

This could be developing modules/mentorship that would be tailored to the needs of the recipient. This could be certificate, masters, PhD. Must be proactive and needs based. Should this be circulated to the members? There was some talk about the old Gates proposal that needed updating and to be geared to a specific funder.

The membership is not interested in fund searching, grant writing, collaborative research, proposal writing, etc. The membership is only interested in something that will see a definitive and immediate "value added" effect to INCLEN specific to the mission and vision.

IndiaCLEN has tried many training programs with only limited results. They would be interested in some new approaches. If there is a model that can be supported, CanUSA CLEN will be the evangelists. FAIMER is a strong contender for funding and developing a capacity building curriculum to advance medical education. They will seek funding for the right project and they are keen to develop something with INCLEN in the way of a formal training program. This will probably be a joint INCLEN/FAIMER. What will individuals do with these capacity skills?

There was discussion about the up-to-date at CMC Vellore set up by Suzanne Fletcher. Very successful after three year the University has picked it up as part of their program.

Can CanUSA CLEN get the curriculum to the areas need that focuses on research?

b. *ChinaCLEN*

See slides and background report for information. Great success and it was pointed out that the advantage of a country CLEN. JW was asked to further expand upon the on-line distance education program relating to funding and program especially in view of the CanUSA CLEN discussion earlier. JW explained that they tape the lectures and papers then they are shown to the students. There is some examination questions at the end of the lecture to see if they had understood the materials. There are many programs that are taped in

this manner including cardiology, etc. Epidemiology is a huge advantage to a grant seeker for some of the bigger grants and programs. The materials are available on the hospital intra net and telemedicine.
The programs are not evaluated, they are taped lectures. There are no charges as the gvt is paying for this as continuing medical education. Updated annually and assessment by examination.

China CLEN was congratulated on its Shanghai Science and Technical Award, 3rd Grade 2007. It was a notable award and a tribute to the work being done.

c. EuroCLEN members are advised to read and comment directly to FC

d. INCLEN-Africa

In process of getting registered in Egypt but multi-country network is very difficult. They are now consulting the advice of a lawyer. Two CERTS, 7 CEUs, 153 members.

Involvement vs. ownership. It seems that many things seem to be moving forward due to the interest of specific staff but usually due to the training of INCLEN. During the training it was mentioned that people would come together and build a network. People and institutions were trained by criteria. Trainees were communicated about the sense of obligation to the network and too INCLEN. The funds were fast flowing and it presented the need for communications and required attention. Now you can reciprocate and provide a service. Now the beneficiary is more direct but needs more discussion. In Africa, HIV has been a priority. Now the request is made, training could be pursued if you are able to:

1) Get funds,
2) Recruit the interested parties,
3) Get them to work together.

This is problematic. The grants are there, they are able to get money but it is not being done via INCLEN. How do we get them to work together? An institution is always easier because you have people to support you and to credit synergy.

Newsletter preparation required that the publication be complied and every year a few were selected and then published in the newsletter. The people are doing work. We need to strengthen form INCLEN, we need to send to the CEU. Then the CLEN can be contracted to do a coordinating role if necessary.
What are the barriers to routing money through INCLEN and the INCLEN acknowledgement? They are required to ask other INCLEN members to participate. How can they overcome the need to work within the CEU but they want someone outside of the unit. The perception is that the institution will require them to use the institution staff, overheads, and they will be restricted. The team concept is easy to discuss but more difficult to implement. They must

see value added and they must see that the barriers are eliminated or minimized for both real and perceived.

There must be 2-3 persons that will become the champion and push some quality projects through the CLEN. After breakthrough, the barriers will start to come down. Even though there are many countries, a few successes will mean the beginning of some synergy. This will all revolve around the existence of capacity and a broad based funder.

What happened to the 300K. The money is still there. Site visits to Kenya and Zambia, try out an IPEN type model and they visited several other sites. Initial response was lukewarm. They responded to action.. Institute of social research responded and UNICEF and DFID responded and they launched. Kenya was silent. There is so much money for HIV and with PEPFAR. Malawi needs to be processed as a CEU. This is a legitimate concern and needs to be acted upon.

There is a significant lack of trained members in the critical areas of Malaria, HIV, and TB. We need to pursue how we can meet these needs with the high level capacity building that makes INCLEN strong. INCLEN Africa has developed a mentor/mentee workshop that is based upon the LAMP module. This is being further developed into a training workshop with the ultimate goal to have a Master Course in this area.

e. *IndiaCLEN IPEN*

Members will be joining IndiaCLEN as members. See slides for additional materials. USAID is the primary supporter. How many of the researchers spend 75% of time. None. CEU outside of medical group. Is there room for the NGO who are not within the framework of Medical college or hospitals. Would we now have room for non physicians.

What makes IndiaCLEN different from others? Clear mission statement, organized managers, we should stay with either. The formation of thematic lines and groups is an advantage, excellent relationship with the health department and researchers. It is hard to determine what the reason for success is. What can IndiaCLEN do for the other CLENs. KT will take it back to the GB and they can take it under advisement. What are the differenced and what is the impact.

There was significant discussion about the move from medical University based CEUs to the IndiaCLEN recommended NGOs. The bye-laws would have to be the ultimate decision but perhaps it was time to revise. There was concern about the criteria outside of the university structure which provides a mechanism for training and funds transfer/management.

The autonomy of the CLENs was also discussed. If a CLEN in good faith presents a site for CEU status and the BOT declines, what will happen. Is the BOT the ultimate decision maker or just a certifying body. The group agreed to

postpone the decision but acknowledge that more work was required. KT would take all this information back to the Governing Body and further discussion would occur.

It was noted the effective progress of the IBIS project starting in 1998 funding by USAID and now by GAVI. There were significant variation by geographic location. There is now sufficient data to influence policy and protocol. The IRB was also discussed and it was noted that there is a nearly 100% rejection rate from the group. DH especially noted that such a tough IRB would eventually become ineffective as researchers would seek out less strict IRB bodies for clearance. Funders, too, could become disenfranchised.

KT presented the new organization and referred to the future work in response to the external evaluation.

f. *LatinCLEN*

The Latin CLEN presentation was impressive as the highlights showed great diversity in projects and participation by many of the countries in the CLEN. LatinCLEN has participated in several INCLEN studies and currently the Tobacco Study from Brazil has secured outside funding.

The capacity building platform was impressive and the BOT Chair request that SM prepare additional information for the group on the web based learning system and the entire Latin CLEN website. The links available and the ease of navigation was impressive. The site includes publications, research projects, CEU contacts and membership lists to name a few. The system has secure and non secure areas. Many of the data base areas are maintained by the members themselves with access to upload and correct immediately. There is a subscription area that also has the ability to alert via email as each member sets up criteria for notification. Each member sets up personal user name and password which protects the information posted at the author level. It was suggested that we could standardize. Interest was high and many CLEN heads indicated interest in having some assistance with setting up similar databases and websites.

Communication system – files, lectures, research proposals, Data, web based groups was also presented. The current system is graduating 16 students per year and is self funded. The group can break even with 14 students but has set a maximum enrollment of 20 per year. The student fees pay for tutors, software, books, and upon completion awards a Master's Degree from Temucco.

There was a long discussion about the Latin CLEN meeting has 100 members in attendance that were all self funded. Other CLENs were impressed that so many

people were able to find resources to attend. This will become a high priority for the monthly teleconferences between CLENs.

g. *INCLEN Asia*

INCLEN Asia was applauded for the updated name to more closely reflect the membership and its new logo. OS expressed some concern and was looking for some guidance about what is the role of INCLEN Asia when it is sponsored by university? WHO and INCLEN need to find a way to work together to support epidemiology especially in the INCLEN Asia region. The WHO has a huge presence but seems to be operating without any or with very little interaction with the INCLEN trained fellows.

The group launched into a discussion about training and the way each CLEN seems to be developing a separate system with separate content. There appeared to be significant duplication and very little exchange of notes. Is there any coordination, currently no. Network dynamics and network coordination is emerging repeatedly. There are lots of training programs but what are we leaving from each other. How can we bring synergy between programs. How do we learn from each other.

Communication was also brought up. OS was requested to contact Japan and send them an invitation so that they could formally be part of the INCLEN Asia group.

(9) IndiaCLEN – Response to External Evaluation

The report of the external evaluation is attached as the background material.

(10) Strategic Matters: Strengthened Regional CLENs & INCLEN

The BOT Chair requested a 2 hour session devoted to CLEN topics as determined by the CLENs themselves. There was no specific agenda and the conversation

RRC stressed the need to have a people-centric approach. To identify people, resources and offer training to them.

PT – need to have incentive for young leaders from within the group; need clarity around mission; value-added approach; identify young individuals – have leadership courses take help of senior people to work as mentors – 2 mentors from each cohort so 14 mentors over a period of 5 years will be able to build up a cohort of individuals so that there is no vacuum created.

PA – We need to understand what are we not doing? What are we not happy about? Need to reach out to our frustration; in 5 years time where do we want INCLEN to be? We need to identify the outcome. Identify what we are missing out on and then try and plan to achieve those goals.

KT – what we have learnt that capacity building is very necessary or otherwise in next 4-5 years we will have major problem…….we are doing well now but will not be able to do if new people are not inducted now.

JS – irrespective of success or failure of CLENs we need to train young individuals for the coming future. I am surprised why should we have only 2 mentors per CLEN but it may not be sufficient. We need to see do we address CLEN wise approach or should it be country-specific. In some CLENs with many countries there are different governments promoting different areas of research.

DH – we need to build a mechanism to groom these new people and also we need to have a system built in to see how these young individuals are motivated and may be retained.

PT – retention maybe easy for single country CLENs but multi-country CLENs may have some difficulties.

SM- In LatinCLEN we don't have such problems as most of these CEUs are associated with the governments.

AH – We need to identify our focus on the network and not on the CLENs as such. Use the available resources and see what fits into different CLENs. The CLENs should help each other. We need to have a single strategy for all the CLENs and then modify according to the needs of the CLEN.

PA – We have a current structure of organization with the aim to improve the health of the people. When Sri Lanka CEU is part of a larger CLEN it gives us credibility that we have like-minded people who are working on these issues. The advantage of being a part of CLEN helps to benefit from large pool of expertise and it gives credibility to the individuals too.

JS – the needs of all the CLENs are very different

DH – training programs and other aspects of CLENs can be replicated from area to area but still some local sensitivity is needed. The multi-country studies are really the key to linking the CLENs and even the IEO Delhi.

KT we are looking to strengthen the overall network. The problem seems to be defective communication. That is the easy on to fix. Also, why some country level network why regional network is so difficult. Do we need to strengthen the National CEU and let the track record of India and China see if it can work

effectively in the other nations around the world. We do not want to lose the regional CLEN but if the country is strong, it seems that the CLEN will also be healthy and practical. Collaborative training, leadership training, research and capacity building. We need to build on what we learned.

SM suggesting we could increase sense of ownership to the network. How about a certificate of the Network. Small but effective. How about an accreditation for the training programs.

OS in the past we have suffered from communication from IEO who has 2-3 subcommittees with Sr. Consultant. Is this structure the best way? Could we have a subcommittee at the IEO level to bring synergy.

PT impressed about all the people self funding to Spain from the LatinCLEN area. Revisit the INCLEN meeting annually. People will find ways to self fund. Meetings are really the key to being connected at the meetings. This inspires people and brings them together. It also helps us to assess where we are.

DH Does Management develop a strategy? We the Board members themselves need to step in?

JS suggested that Board needs to stay engaged over the course of the upcoming year. PT agrees and suggests that there be a monthly meeting with the executive committee.

All members agree but wondered how to proceed.

BOT members to summarize what has been said today and then pass on to the Executive Office who will add as necessary and proceed. RRC and PT will take the lead in the beginning. PA to prepare a small paper on how to strengthen weak/poor countries. Who will chair? No decision but each BOT member will write to NKA with suggestions on strengthening the network.

(11) New CEU/CERTC Applications

a. *National Institute of Health & Family Welfare, Delhi, India*
b. *DESH, Chennai, India.*
c. *Schizophrenia Research Foundation (SCARF), Chennai, India*
d. *Beijing University of Chinese Medicine, Beijing, China APPPROVED*
e. *Faculty of Medicine, University of Colombo, Colombo, Sri Lanka APPROVED*

IndiaCLEN will first discuss the applications in their accreditation committee and then forward the applications to IEO. JW said that she accredits the CEU in Beijing. It was approved by the board. OS need to determine if community medicine is same as epidemiology then accept LankaCLEN as CEU, otherwise if community medicine is different then as associate member. Based upon what is

being done vs. what. Given the broad definition of epidemiology, then they accept. Though LankaCLEN was registered, approved Faculty of Medicine, University of Colombo, should have Clinical Epidemiologists in their faculty.

There was discussion about the structure of INCLEN. NGO would be a departure from medical schools. The criteria should be strict. The clarity will require thoughtful and long range thinking about how to proceed. We need to be very very careful. “Department” is the item. KT to provide a “two page” criteria for admission. Will they still be CEUs? Associates? INCLEN Asia has some associate CEUs. Africa has “associate organization” when they do not meet the overall criteria and they do not take the primary role. CanUSA accept individual members. The issue is all CLENs have different criteria. At INCLEN level we have a fixed criteria. Ultimately we would need to amend the bylaws. This is a board matter.

There has to be congruency between CLEN and INCLEN. The regional CLEN must have the obligation and the mandate to select their own partners. CEU must be a Board level or any level.? We need to sort it out. The CLENs are independent but to bypass the INCLEN cooperation will potentially harm both groups. Regional CLENs should evaluate and recommend to the INCLEN Board. Then Board will approve and then the CLEN can move forward in order to keep the network.

NKA and team to review and report back.

(12) BOT Matters

- *Registration of CLENs*

INCLEN Asia – not yet but in process
LatinCLEN – no
INCLENAfrica – in process
ChinaCLEN – no
CanUSACLEN – yes
IndiaCLEN Yes
EuroMedCLEN – unknown

DH If assistance is required approach IEO. There will be some small funding available to each CLEN for formal registration. The goal of the registration is to formalize the entity in its respective location to attract funders and to give each CLEN member a more permanent feeling.

- *Term and membership of Executive & Finance Committee*

Executive Committee chair is board chair, plus two others one CLEN and one non CLEN SM.and JS

Finance Committee is one India member KT (treas), DH, and PA

Program Committee Chair by PT with all CLEN heads and NKA to meet monthly

Membership of these committees was approved by consensus and each committee was to have a two year term.

- *New BOT Members*

Each submission was discussed individually. It was noted that the non-CLEN heads could be 4-7 with MT and RRC ready to roll off the board. There was a discussion about balance with country support and gender. Extend RRC for one year. Marcel Tanner has completed his term. There was a discussion about reconvening a search committee to recruit new members. NKA to build a file and talk to candidate with the local CLEN person. There should be a substantive. Short list criteria (Laura Sadowski) must be interviewed by a board member.

(13) Annual Review of Administration Matters

a. *Legal and Administrative Matters (SIRO, Audit and Certification, FCRA, IT. Tax, 80G) auditor approved and extended for up to five years as recommended by management.:* the extension of appointment of Auditor.

b. *SOPs(INCLEN Misconduct Assurance Policy, Conflict of Interest)*

Would like the development of form for disclosure.
Implicit approval. Misconduct Policy applies to US based and references US federal law. Approved as applied to NIH grant when required. The IEO to prepare a generic model which will be circulated to all BOT Members

c. *Financial Calendar was presented for information of the members*

d. *International Accounting:* Maria Elena explained the need, convergence and benefits of shifting to International Financial & Reporting Standards system of auditing. She said that 33 countries are already adopting it.

(14) Financial Matters

a. *Financial status*
b. *Audit reports*
c. *International Learning Experience: Transfer of funds – Trust to INCLEN Inc.:* Stephanie gave a presentation on the need of transfer of funds from InclenTrust (which does not exist in US) to INCLEN Inc. NKA explained the need for transfer of cash. It was approved by the board.

(15) Work Plan for 07-08:

a. Historical Summary

NKA told about the 2005 BOT meeting which showed the cash projections that showed 18 months were left for the organization to wind up. Several steps had to be covered if we had to revive the organization INCLEN vision is a bridge between clinicians and public health.

This was possible from collaborative interdisciplinary research, high priority health problems, visibility impact and network growth over time.

b. Status of Priority Projects and Capacity Building

As the new plan was brought forward, a few large scale multi country projects where the core funding could be obtained from overheads. The goal was high visibility, high impact and short gestation. There was a strong emphasis on training and it was always hoped the LAMP would somehow be retooled to be useful. Partnerships were the very heart and center of the plan. The Strategic Plan became the very center of each move. Capacity building, high priority health problem resolution, network partnership and capacity building through the virtual campus.

c. Financial Management

The overall plan was to establish sustainable financing to maintain $500K to $1M in the bank for emergencies and to support all core activities from projects. The rather grim graphic chart of years ago needed to see a drastic change in the slope of the line. Financial discipline was needed.

d. Implementation Plan

Currently the plan has been started with a few large projects who are contributing to the overall core activities. During the past year 94% of all expenditures within INCLEN are supported by research grant funds. The remaining 6% (approximately $50K) is still supported by the corpus. More work is necessary but clearly the new strategy is working and the slope of the line is getting ever more flattened as it prepares to slope upwards.

e. Understanding the Network

In order to truly understand the network, calls were made to a 23 INCLEN members across 6 CLENs between June 21, 2007 and September 20, 2007. They were all leaders in their fields, all at the pinnacle of their careers(professors, heads of departments, institutions and many are decision makers at National and International Agencies)), and all strongly united in the fact that INCLEN had been a turning point in their professional lives, attributed INCLEN trainings to several of their achievements. Yet, none of them had time for INCLEN projects and could only committee to keeping INCLEN in their minds. We seem to have lost touch with our alumni on a very deep and emotional level. They were truly committed to our capacity training and felt that this was a direction for INCLEN to continue. However, no ideas about how to make that happen.

f. Strategic Alliances, Partnerships, MOUs

Strategic alliances and partnerships have been formalized by the recent MOU process. We are committed to the true spirit of partnership and have not entered into any agreement where INCLEN would be a subservient partner. As the MOUs are crafted, there are many discussions with partners and potential partners that are leading us to a visible position of strength and get our names into the minds of those around the globe that are the prime movers of global health concerns.

g. INCLEN Niche: Network Redefined

The strategic plan is being implemented, the IEO core activities are well positioned to move INCLEN into financial sustainability but still there is a missing strength, the Network itself. To have a strong core office is essential to maintaining a strong network. Now is the time to look to the network itself and see how the weaker CLENs and the CEUs that are located in the poorest countries can be straightened. Forward looking we need to focus on the very soul of INCLEN, its network.

For the next year the IEO will help the Network to become stronger with the same philosophy that is helping the IEO itself to become stronger. Good research projects that will be able to support the core activity. To that end, if approved by the BOT, the budget reflects funds available to the CLENs to directly support the development of LOI in response to funder RFPs. The type of seed money can be used for any discipline but must be multicountry (China must have multiple sites within China). The overheads will be shared by the IEO and the CLEN with the eventual grant routed through INCEN.

The IEO will continue to provide full administrative support and will assist with funder reporting, intern recruitment, editorial assistance in addition to funds transfer and maintaining calendars.

All CLENs are encouraged to participate and hopefully some of the projects can be based upon the successful IPEN model.

h. Budget for 08-09

The budget for FY08-09 was presented, moved and approved with no changes.

NKA admitted that he takes the responsibility for moving forward with better communication between CLEN and with the IEO office.

Can we have thematic groups developed across INCLEN in addition to the geographic groupings, yes ultimately this will happen. For now, we need to move forward with a project and that will pick up the theme as the project will grow and progress. People will automatically group for the project. The more options the

more groups. Within our network can we provide areas of excellence? The CLEN heads can decide on these areas and proceed with teams as appropriate.

This model will answer a lot of the issues that have been coming up over the past years. How to move forward with projects and overcome the issues that have been holding up the progress. The details can be worked out over the CLEN meetings. LAMP can be improved. INCLEN Africa Witts University can take this matter up and make it an INCLEN course. .

What is the mechanism for getting the current work? Map of the proposals that are currently underway and being managed by the IEO. More discussion on the young faculty. How will the funds be tracked and utilized so that the seed money is not abused.
We need to tap into the alumni. It was specified that $2500 advance for development of LOI in response to funder's RFP. $5000 advance for development of full proposal if invited by the funder. There is no limit to the number of revolutions of funding. The seed money from INCLEN will replace regional meetings.

IEO will need the time to prepare a full proposal and work out all the details. Social learning and research learning. Use the social learning for the Virtual Campus and use the research learning, we save for the advanced students. Need to see where the global/national needs are required and allow the CLEN to develop the proposal and then shop around. Later on to write the proposal more is necessary.

CanUSA CLEN will take back to the membership and will work for a year.

Budget clarification on Global Forum 12 funds used for some travel, publications, marketing. Could you have a friendly donor meeting and do a presentation. Fundraising in addition to visibility. Could we self fund the global forum or some sort of INCLEN Global meeting. PT will organize the meeting and Amr has offered to facilitate the location. Budget Approved by consensus.

February 27-28, 2009 Friday Saturday

16) Acknowledging Contributions of Stephanie Combs

The contributions of the Philadelphia office were noted. Especially noted was the contribution by Stephanie Combs who leaves the company after almost 7 years for sabbatical. Each BOT member and NKA said a few words to thank SC for her contribution. The pervasive theme was the clarity of the financial reporting which enabled the company to stay focused on the issue at hand. There was a small hand-shaking ceremony where SC was presented a gift and given a warm send off to her next adventure. She in turn thanked them each and everyone for their support and noted that the future reporting was in good hands with the new finance staff in Delhi and Philadelphia SJ and ME.

(17) Any Other Business

The next board meeting dates were discussed and 27th and 28th February, 2009 were decided.

The meeting was adjourned with the thanks of the Chair.