

**Minutes of the Board of Trustees Meeting
Of The INCLEN Trust International**

February 27th and 28th 2009
Hotel Atrium, Faridabad, India

Board of Trustees:	Secretariat:
Demissie Habte (DH) Chair, Presiding Officer	Narendra K. Arora (NKA), Executive Director, Ex- Offico
Osman Sianipar (OS), Coordinador, INCLEN Asia	RM Pandey, Sr. Prog. Consultant (RMP)
Amr Hassan (AH), Secretary General, INCLEN Africa	Maria Elena Garcia-Zapata, FO (ME)
Sergio Munoz (SM), President, LatinCLEN	Dr. Manoja K Das (MKD)
Kurien Thomas (KT), President, IndiaCLEN	Dr. Suresh Rathi (SR)
Peter Tugwell (PT), Secretary General, CanUSACLEN	Mr. Rakesh Pillai (RP)
Jiyao Wang (JW) President, ChinaCLEN	Dr. Jyoti Dhawan (JD)
	Mr. Rakesh Kumar Singh (RKS)
Unable to Attend :	Ms. Simi Khan (SK)
François Chapuis (FC), Président, EuroMedCLEN	Vineesh Kumar (VK)
Marcel Tanner (MT)	Chandan Singh (CS)
Jonathan Lee Simon (JS)	
Palitha Abeykoon (PA)	

Summary of Significant and Action items resulting from the Meeting:

Agenda Items	Decisions/Items	Action to be taken
Registration of CLENs as legal entities	Circulate benefits and difficulties	IEO to prepare a note with inputs from IndiaCLEN about its legal status, the benefits and challenges
Induction of NGOs as CEUs	Circulate draft criteria	IEO to prepare criteria with inputs from IndiaCLEN for comments from all CLENs
MOU and Partnerships	INAHTAi	IEO to follow up possibility of partnership; to get in touch with David Sanders
	INDEPTH	AH to prepare a background to facilitate discussion with INDEPTH; nominate a nodal INCLEN Africa member for this task by end August 2009.
Highlighting Ongoing CLEN Activities	Booklet and Newsletter	IEO to develop a booklet of all the ongoing activities and disseminate; JCE newsletter platform to be used
Network Expansion & Consolidation	All regional CLENs	Induct 5 new faculty members in every CEU/ CERTC Activating INCLEN Scientific Advisory Committee (<i>Action IEO</i>) <i>INCLEN Africa</i> : IEO to re-direct Witts request for up gradation to CERTC <i>INCLEN Asia</i> : Invitation to Japan CEUs in to CLEN fold; IEO to contact BPKHS for CEU application

INCLEN Capacity Building Initiative	IEO, Delhi	LatinCLEN to provide details of distance learning program and its evaluation.
Financial Sustainability		Create a group of Biostatisticians for setting up INCLEN Data Management Unit AH to develop a plan to initiate capacity building activities in Gulf region
INCLEN Website	Re-organizing & Updating	SM to give a detailed feedback about website improvement IEO to compile all the annual reports of the CLENs and upload it on website Highlight the list of all programs in different CERTC"s Training opportunities to be updated Strategic Plan and Institutional policies to be uploaded on the website
New CEU/ CERTC	Drafting of criteria for accreditation	SM to draft a criteria for accreditation of regional CERTC and apply it for all the CLEN"s
Communication	Communication between CLEN presidents and IEO	IEO to organize CLEN teleconferences and discuss CLEN agenda

(1) Welcome by INCLEN Chair

Professor **DH**, Board Chair called the meeting in order to welcome all present. IEO staff was introduced to the BOT members. **NKA** mentioned about absence of **MT** and **FC** due to certain urgent commitments. The Chair addressed the Board and requested members to take up all key issues. He mentioned that though INCLEN continues to show recovery but still requires care and attention. It is an important global health institution with potential of widespread impact.

(2) Introduction of staff at IEO, Delhi and Philadelphia

MKD gave a brief introduction of new staff at IEO Delhi and Philadelphia since the last BOT in 2008.

(3) Minutes of Last Meetings and Teleconferences

- BOT meeting 25th & 26th February 2008
- INCLEN Teleconference 21st May 2008
- INCLEN Teleconference 23rd July 2008
- INCLEN Teleconference 29th August 2008

- BOT Teleconference 17th December 2008

All minutes were duly approved by Board; the motion was moved by **PT** and seconded by **RRC**.

(3) Action taken report

- (a) Website update:** Website is being regularly updated with summary of projects along with other details available on the webpage.
- (b) MOU with Partners:** MOU with International Epidemiology Association (*IEA*) has been signed in January 2009. Partnership with *Samueli Institute* is on a hold for the time being because of financial issues. *INDEPTH* has shown great enthusiasm to work with INCLLEN.
- (c) Accreditation of NGOs as CEUs-** The common concern came out to be the misuse if NGO's were included as CEUs. But it was also agreed that this involvement will help to expand network. **Board Members** generally endorsed the idea of carefully drafting criteria for including NGOs as part of the INCLLEN network; past history of undertaking research and capabilities to undertake training activities should constitute essential criteria in addition to existing criteria. Membership should be offered in a manner that addresses the concerns expressed in the discussion. Experience of IndiaCLEN in this regard will be useful. It was concluded that once the criteria are finalized, they should be shared between CLENs and uploaded on INCLLEN website.
- (d) Inclusion of Malawi and Zambia as CEUs:** No applications had been received from both for CEU accreditation. Inclusion of Japanese CEUs in INCLLEN Asia was also discussed. Members agreed that for expanding the network and inclusion of leading institutions as part of the CLEN both regional CLEN and IEO have to work together in this activity.
- (e) IEO to prepare a generic format of all the policies:** **ED** mentioned that all the policies are in their generic format and await approval from the Board.

(4) Overview of Activities

The extensive list of new projects and proposals presented by **RMP** is as follows

a. New Initiatives

i. **Steroids in Cardiac Surgery- SIRS Trial:** Program to be carried out in partnership with Mc Master University, Canada and all INCLIN regions with funding from CIHR. For the vanguard component, only Canadian and Indian institutions are included. Full proposal has been submitted to ICMR-HMSC and MOU is to be signed.

ii. **Brain to Society Literacy project, SSHRC Major Collaborative Research Project:** The project will be funded by SSHRC, Canada and the PI of the said project is Laurette Dube from McGill University. INCLIN is one of the strategic partners in the project. The letter of intent has been submitted by McGill University.

iii. **Neuro-Developmental Disabilities (NDD):** This is one of the priority projects identified by INCLIN in 2005. This will now be expanded to all INCLIN regions. INCLIN will apply to NIH, under RO-1 scheme.

iv. **Hypertension and Pranayam-** A multi-centric field trial for the evaluation the efficacy of Yoga and Pranayam in Hypertension. This is still in conceptual phase.

v. **Health Research Capacity Building Initiative for Patient Safety in LMIC:** This project is submitted to WHO and will proceed in partnership with all INCLIN regions.

vi. **IMNCI- Concurrent Process & Impact Evaluation:** This program will proceed in partnership with MOHFW, GOI, India and funded by UNICEF, DFID and NIPI.

vii. **Global Model Injection Centers-** A global program to improve injection practices in LMICs: The program will be in partnership with all INCLIN regions and we are approaching Bill & Melinda Gates Foundation and GAVI.

viii. **Assessment of Injection Safety in Indonesia:** The program will be undertaken in partnership with INCLIN Asia, Ministry of Health, Indonesia and funding from WHO-SEARO.

ix. **Establishing Demographic Surveillance Sites at Palwal, Haryana and Chitoor, Andhra Pradesh, India:** The project is proposed to be funded by Apollo Health Research Foundation. The discussions are on to sign the MOU with AHREF.

x. **Obesity in Children in India:** It is one of the priority projects identified by INCLIN in 2005. The initial activity is proposed to be starting in India with

partnership of ICMR and Department of Health Research, India. Project is submitted to ICMR and awaiting final approvals.

b. New Projects

i. Etiology of Risk Factors and Interaction of Enteric Infections & Malnutrition and the Consequences for the Child Health & Development:

Supported by Fogarty International Centre and funded by Bill & Melinda Gates Foundation and Foundation for NIH. The grant for the said project is approximately USD 2.3m. The funding has been approved and the activities have started with an investigator's meeting in Washington, USA on February 14, 2009. It was mentioned that the funding agency wanted to route the grant directly to PI in Vellore but negotiations are on to route it through INCLEN Executive Office and FNIH will soon make a site visit to Philadelphia Office.

c. Ongoing Projects

- i. **Neuro-developmental disabilities among Children in India:** Supported by Autism Speaks, National Trust (GOI), NIH and INCLEN, this program is being carried out in partnership with University of Pennsylvania, Stanford University and University of Wisconsin. Field operations will start after getting clearance from HMSC, ICMR, and Government of India.
- ii. **South Asian Pneumococcal Alliance and the Invasive Bacterial Infection Surveillance Group (SAPNA-III):** A Pneumo-ADIP and HiB Initiative supported program and carried out in partnership with John Hopkins University. The project has sites in Nepal, Sri Lanka and India
- iii. **Achieving MDG5-INCLEN Program Evaluation Network Pilot Study into Governance of Health System in Ethiopia:** A CIHR supported program is being done in partnership with Medical College, Addis Ababa under Damen H Mariam. The program is based in Ethiopia. The data has been collected while its analysis and report preparation is still in progress.
- iv. **Determinants of Under-nutrition in under-5 children in Six Indian States and Assessment of Management at different levels of Health care:** The project is being carried out jointly between INCLEN and IndiaCLEN with funding from WHO and MCH-STAR, USAID.

d. Completed Projects

- i. World Alliance for Patient Safety (WHO): Preparation of background literature for INCLEN Capacity Building Initiative:** Supported by WHO and partnership with all INCLEN regions.

(5) Health Research Capacity Building & Institutional Strengthening: Proposed Roadmap

Classical research capacity building involves sending young faculty members to developed countries. It is expensive and probably inefficient and of doubtful relevance for home countries. The challenge at present is to develop a program that allows research training in-sites so that faculty members do not have to proceed on long leaves, but knowledge and skills are imparted in a structured manner and skills so acquired are directly applicable in their unique contexts.

The proposed capacity building program is designed on the framework of “Learning by Doing” model integrated with a mentorship program. The proposed initiative will build research expertise and leadership skills of junior- to mid-career medical faculty through: workshops that address essential topics in biostatistics, health economics, advocacy, health systems research, and program evaluation and translational research; leadership and management workshops that help participants effectively design, organize and implement research projects; advocacy workshops with the communication skills needed to effectively disseminate research findings and translate findings into novel, evidence-based health programs and policies; and accredited distance training options on all of the above. New or ongoing health research projects will be used as the back bone for the expert research training. Mentees along with their mentors will be expected to play a lead role in every stage of the research projects. The Advocacy and Communication cells will be set up at global and regional level to ensure that INCLEN led research findings and program and policy recommendations reach stakeholders, such as policy makers, service providers, the scientific media, civil society, the media, and those affected by the policies. The participants will not have to leave their place of work for long periods and thus the framework is anchored in the realities of LMIC’s health system. Initially, focus of training program will be maternal and child health systems research. Later, the program will expand to incorporate other areas of global health research, such as infectious diseases, and chronic diseases. Establishment of this program will strengthen

position of INCLEN as a leader in health research capacity development for applied and translational research.

The proposal was extensively discussed.

The model appeared to be a paradigm shift from previous INCLEN training, which can lay the foundations for an important building block and will help INCLEN in moving ahead. The various issues that will require special attention were discussed: quality and degree of research competencies acquired through this program, process of gap analysis, advocacy/ knowledge translation and development of virtual campus. The major challenge will be to achieve credibility nationally and internationally.

It was suggested that proposed strategy should be in addition to existing and traditional methods of capacity building. There are differences between CLENs and CERTC trainings are usually country specific. Hence flexibility will be required to cater to the needs of the regions, countries and category of participants. Board was unanimous that the proposed strategy must leverage on existing experience of CLENs in capacity building and explore ways and means to get the training accredited. All CLENs must be involved in the process and all constituencies of INCLEN network should benefit.

The Board expressed confidence that although it will be donor dependent in the beginning, once established in one discipline, other specialties and disciplines can be taken up gradually as the 80% of the curriculum is likely to be common across disciplines.

Chair concluded that INCLEN should explore donor interest for this project and move into experiential learning process which is timely and relevant. It however, will not replace existing systems. This is a complex strategy and existing INCLEN capacities and experience must be utilized optimally.

ED requested the board members for aggressive efforts for mobilizing resources at local and global level for this endeavor.

(6) 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 reiterated the commitment of the members of the CanUSA CLEN to the mission and vision of INCLEN. He mentioned that English speaking Caribbean now has one CEU based at the University of the West Indies, Jamaica. With its 501(c) 3 status CanUSACLEN can apply for funding as a non-profit organization. The major intraCLEN projects of the respective CLEN are “Knowledge synthesis of Malaria prevention strategies, funded by CIHR” and “Developing evidence based clinical preventive guidelines for refugees and immigrant health in Canada”. For the interCLEN projects, he mentioned of the Workshop for Indian Biomedical Editors, Virtual campus, Leadership and Management Program (LAMP) and Funding Agencies and Knowledge Translation Study (FAKTS). As a progress in the Capacity building, the development of masters program in Epidemiology was mentioned which would benefit in building capacity in the region. This would be discussed at the Can USACLEN regional meeting which will also include members from LatinCLEN and PAHO. The achievements that were highlighted were the publishing of Can USACLEN manuscript, links with Jamaica CEU-UWI as a new institutional member and the perusal of **Elluminate** program for the teleconferences which is free. In the context of capacity building project, he suggested engagement of Prof Dick Heller and the People’s University.

MH Rahbar, Robert Fletcher, Susanne Fletcher and Peter Tugwell are keen to participate in the capacity building program particularly in the field of chronic disease, ageing and cancer.

b. ChinaCLEN

ChinaCLEN currently have a large number of on-going research programs including National Basic Research program of China, Study on efficacy and evaluation on Chinese traditional medicine, National fund for distinguished young scholars, China-CTR fund, Erasmus-Fudan University-ChinaCLEN joint study, Norway-Sino program on Chinese traditional medicine, and with Cochrane collaboration to setup database. ChinaCLEN already have an active on-going program in training in clinical epidemiology. Various meetings and workshops were also organized during the past year. The most important upcoming activity includes the 20th anniversary of ChinaCLEN and 11th Biannual Clinical Epidemiology Conference of China. ChinaCLEN was the only region to have submitted a proposal to World Alliance for Patient

Safety small research grants program and used INCLEN seed for developing the proposal.

c. EuroMedCLEN

Since **FC** was not present, the progress report was circulated but not discussed.

d. INCLEN-Africa

AH reported that the Secretariat explored the possibility of registering as a regional NGO with the Ministry of Social Affairs (MOSA), but it turned out that working with MOSA was very complicated and will put the network under many restrictions according to the Egyptian laws. Thus, the registration as a regional NGO in Egypt is in consultation with a lawyer. He further suggested that there should be accreditation from INCLEN for all Universities in the region applying for setting up CEUs and CERTC so that they will be interested in joining. He also reported that the Secretariat has received 2 applications from Ibadan University for membership of IA as CEU"s. It was pointed out that it was a challenge to bring together INCLEN fellows and also there was a lack of information about the network activities among members.

e. IndiaCLEN

IndiaCLEN has several on-going projects. There are five projects from the IPHIDE-CRA research grant (USAID-BU CFAR grant). These projects are coming to an end on September 30th, 2009. **KT** expressed his concern over the limited geographic area covered by MCH_STAR and all activities are restricted to operational and applied aspects of maternal and child health related. The number of projects where wider IndiaCLEN faculty involvement exists has gradually come down and there is an urgent need of developing a core financial support.

Board expressed concern over the fact that as part of IPHIDE grant there was a budget for the administration and financial activities of IndiaCLEN but it comes to an end by September, 2009. Also, there are lots of MCH-STAR projects but without any significant overheads. Therefore, IndiaCLEN has to work out a strategy for continuing its operations. **NKA** also informed that MCH-STAR has sanctioned funds for IndiaCLEN strategic planning process in July-August 2009 of this year.

f. LatinCLEN

The discussion started with the difficulty to register the LatinCLEN as legal entity as the office moves with the office of the President. **Chair** asked for resolving the issue of LatinCLEN President after SM lays down the office in the coming year.

SM threw some light on the Masters program in Clinical Epidemiology through e-learning which is a joint program among the CEUs and the responsibilities were also duly shared. To evaluate the user satisfaction and technical competence, comparison was done between e-learning and face to face learning. To evaluate the user satisfaction and technical competence, comparison was done between e-learning and face to face learning. Clinical epidemiology and study design components could be taught equally well through either of the methods, but for biostatistics, face to face learning was preferred. Tutors, who are easily accessible, are critical for the success of distance learning. For this purpose, "Illuminate" program can be used and is free for up to 3 connections.

g. INCLEN Asia

For making it a registered legal entity, INCLEN Asia has the same issue of multiple countries and CEUs and CERTCs which are widely dispersed and moving office of the President. It was reported that NGO can be an associate member in INCLEN Asia. **OS** requested IEO to speak to BPKHS medical college, Dharan, Nepal to apply for CEU. He further reported of the CCEB, Newcastle, Australia which runs the distance learning program for clinical epidemiology and biostatistics.

Discussion on CLEN Reports:

Discussion during CLEN presentations revealed that a lot of research and capacity building activities are currently happening across the regions. The chair urged to prepare a booklet to highlight various activities going on in different CLENs. Board also suggested that we summarize the CLEN reports and give them wider publicity. It was suggested that the JCE platform should be used to restart the newsletter. The annual reports should be compiled and uploaded on the website and circulated to all the members. IEO should prepare a note as to how IndiaCLEN is registered and its benefits. LatinCLEN has gained valuable experience in distance learning and from the evaluation exercise IEO needed to

obtain details of their program and evaluation results for feeding in to proposed INCLEN Capacity Building program. SM and his team are to be closely involved for proposed program. Similarly CCEB, Newcastle has extensive experience in the distance learning for clinical epidemiology and shall be contacted to be part of the process. FACE is registered in Philippines; can its mandate and structure be widened to make it the legal entity for INCLEN Asia. The issue is to be followed with OS for the possibilities and alternatives.

7. Program Development: Participation in Meetings & Outcomes

The purpose behind this presentation was to highlight following issues: ensure presence of INCLEN in these global platforms; to link with the current global health agendas of chronic diseases, patient safety and research capacity building; and explore possibilities of new partnership for evolving a forward looking INCLEN in coming years. It was also emphasized that INCLEN funds were not utilized for any of the 15-20 national and international visits. **Board** appreciated the effort to present INCLEN internationally but suggested that it should also provide opportunity to INCLEN members from respective countries and regions, which can further push our larger agenda on the international platforms.

8. Expanding Network (MOUs /Partnership with other organization) MOUs Signed:

International Epidemiology Association (IEA)

The focus of partnership with IEA is capacity building. INCLEN will be involved in the development of e-modules and other training programs. The MOU was signed on 5th January, 2009 in IEO-Delhi office. Prof. BL Verma, Regional Coordinator, IEA was present on behalf of his organization.

MOUs in Progress:

Samueli Institute, Washington DC

NKA mentioned that the progress on partnership with Samueli Institute is on hold due to the financial crunch.

CRASH-2 Trial

It is a childhood injury program and Prof Hesham, Suez Canal University, Egypt, had taken leadership to get INCLEN involved in the multi-country clinical trial

with the objective of accelerating patient recruitment. As of now, they are not keen as subject recruitment is almost complete.

Child Health & Nutrition Research Initiative (CHNRI)

MKD came up with the evolving partnership with Child Health Nutrition Research Institute, CHNRI. He described the various activities, objectives, mission of the CHNRI. This global program was started with support from World Bank, WHO and Global Forum for Health Research. It was highlighted that the Secretariat at Bangladesh has completed two terms of 2 years each and they were looking for an alternate site. INCLEN responded to the RFA in this regard; for which it has been short listed from 11 other organizations that had submitted the LOI. As part of the working arrangements, all joint projects can be known as INCLEN-CHNRI projects and funds will be routed through INCLEN. In addition, there will be reciprocal membership on the respective boards; INCLEN BOT chair is proposed to be on the board of CHNRI and CHNRI Board chair will be invited on INCLEN board. Since, both are also working in the same area; diversion of INCLEN energy in any different way would not be too much applicable. Thus INCLEN hosting the Secretariat will be an achievement for the organization in terms of fund raising and together they will complement each other's strength. At the time of transition to a new organization, CHNRI will have US\$ 500,000 and that should be sufficient for running the secretariat for two years. **Board** agreed that there is no major conflict in terms of agenda but raised the question that what they have for INCLEN and why did they approach INCLEN at this critical time. Concerns were also expressed about the extra focus of INCLEN on child health; diversion of Executive Director's time to CHNRI related activities and essential need of maintaining distinct identity of INCLEN as part of this alliance.

Chair mentioned that with the available funds, INCLEN will be under contractual obligation to run CHNRI. These extra funds will also be able to complement INCLEN's own infrastructure during initial 2 years. He also mentioned that Bob Black, chair of CHNRI, is an astute fund raiser and with a proactive INCLEN, he will help raise funds benefitting both the organizations. INCLEN is in a shaky financial status and needs a shock to wake it up. Hence, this alliance will in no way impair the global face of INCLEN.

INCLEN BOT accepted the proposal and it concluded that overall support will be provided to the partnership between INCLEN and CHNRI subject to taking

effective steps to maintain the identity and agenda of INCLEN. **ED** emphasized that once the responsibility is vested on INCLEN, the administration will be managed by it only. It will be ensured that partnership in no way erodes the identity of INCLEN or divert the focus of IEO from its established agenda. He also assured the Board to make this partnership a winning proposition for all concerned and a forward looking step for INCLEN.

Health Information for All (HIFA) 2015

MKD presented mission and vision of HIFA2015 (Health Information for All by 2015). Contact has already been established with organizers of the campaign and obtained institutional membership. Members endorsed the present level of partnership.

IN-DEPTH Network

After a teleconference between both the executive directors (INCLEN and IN-DEPTH) there appeared to be great interest on both sides to have a formal partnership between two organizations. IN-DEPTH have their annual meeting in Pune, India in October 2009; ED, INCLEN was invited for the meeting. Meanwhile portfolio of activities and network membership details has been shared through website. CEUs in Egypt and Zambia are close to network's demographic sites and could participate in studies. AH was requested to explore and prepare a brief background paper to identify areas and processes which will be of greatest benefit for INCLEN Africa network and shall guide INCLEN executive office for the dialogue process. He will also nominate a representative from INCLEN Africa who shall work with IEO to take the process further. He agreed to provide the background paper by end of August 2009.

Foundation for Revitalization of Local Health Tradition (FRLHT)

FRLHT work in the area of traditional medicine and are restricted to India for its operations. The purpose will be to stimulate interest in traditional medicine research in our faculty.

(8) Partnership with Key Stake Holders:

The Board was briefed about the National Certification Committee for Polio Eradication and shifting of its Secretariat at IEO, Delhi by Ministry of Health and Family Welfare, Government of India. This has helped in recognition of INCLEN with Ministry of Health (Government of India) as a distinct organisation. NCCPE

has a distinguished membership and chaired by one of the former secretary of health, MOHFW, GOI. GOI gives funds to operate the secretariat

(9) Website- Update:

RP presented on the annual update of the webpage of INCLEN. It was unanimously agreed that CERTC's and CEU's to be distinguished clearly on the web and also annual reports of all the Clens to be converted to fixed format and highlighted under various CLENs. In addition, under capacity building, courses offered by various CERTCs, and other details; relevant details from LatinCLEN about their distance learning program, course announcements and training opportunities are to be made available on INCLEN website. It was decided that **SM** will scan through the website and give his suggestions to improve it and also that INCLEN strategic plan should be uploaded on the web and should be placed after the mission statement.

(10) New CEU's/ CERTC's:

INCLEN Africa had received two applications from Ibadan University which are yet to be discussed with the council of Africa. **IEO** also received a note from Wits University, Pretoria for upgrading their CEU to CERTC; **NKA** to redirect the note for consideration to INCLEN Africa. Board concluded that there should be differential level and designation for CERTCs that are providing training for participants beyond their country. Something should be done to evaluate and assess the criteria or quality of training imparted by CERTCs.

(11) BOT Matters:

a.Registration of CLEN's

IEO has kept aside USD 2500 for CLEN that have still not got their CLENs registered as legal entity. INCLEN Asia, INCLEN Africa and LatinCLEN are still not registered. ChinaCLEN was approved by Ministry of Public Health in 1989 and there is no assurance of additional benefits after registration for them particularly when there is no regular source of fund from outside. **IEO** shall prepare a note with the help of IndiaCLEN about the benefits and responsibilities of getting regional networks registered as legal entities in their countries or regions.

b. **Activating Scientific Advisory Committee of INCLEN**

It was suggested that IEO should get in touch with the SAC which was nominated last year to let them know that they have been nominated. The members are to be involved in the review of new projects and related new research activities.

c. **Communication between IEO, CLEN-Offices and individual CEUs and CERTCs**

CLEN presidents desired that while identifying CEUs or CERTCs as participants for the proposed INCLEN studies, CLEN presidents' offices are involved. In this regard, it was pointed out that during 2008, the CLEN presidents teleconference was converted to Board of trustees' telecom and a correction needs to be made this year. Issues to be discussed during these teleconferences should address CLEN issues and restricted to CLEN presidents.

d. **New BOT Members**

It was unanimously decided by the Board that there will be no change in Board membership for next one year. All members who have completed their terms were requested to be on the Board for one more year.

(11) Annual Review of Legal & Administrative Matters:

NKA explained the board of the reframed HR and administrative policies at IEO. He further proposed to the Board the requirement of (i) one more statutory signatory for bank operations in Delhi office (Ms. Vaishali Deshmukh), (ii) for extension of tenure of auditor, V Shankar & Aiyar Co as the statutory auditor for The INCLEN Trust International, (iii) an internal audit system and (iv) appointment of legal advisor. BOT accepted all the proposals.

Institutional Policies/ SOP's:

SK presented four institutional policies of the organization: (i) **Financial Conflict of Interest policy**; (ii) **Misconduct Assurance policy**; (iii) **Document Retention policy**; and (iv) **Whistle Blower policy**. The Board unanimously approved the policies. It was concluded that policies will be uploaded on the websites after signature of the Board resolution.

(12) Organizational and Administrative Issues for IEO-Philadelphia Office

The Board went in to an executive session for this purpose. FC was connected through a teleconference. Background and circumstances leading to non-availability of audited accounts of the organization for 2007-2008 were discussed. It was unanimously decided to replace the Finance Officer for her inability to accomplishing financial tasks. Discussions were also held to make Philadelphia operations more efficient and accountable.

(13) Financial Calender:

MEGZ presented the financial calendar for 2009-2010.

(14) Work-plan and Budget (2009-2010):

NKA presented his proposed work plan for the upcoming year.

The work plan is drafted around the INCLLEN strategic plan (2003-2010). Issues were taken up in broadly under three headings: health research capacity building; priority INCLLEN research projects and strengthening network.

Detailed framework of health research capacity initiative was presented on day 1 with extensive and useful input from the Board. With funding from MCH-STAR-USAID program within next few weeks, the program is proposed to start from India and support of all the CLENS. NKA requested the Board members for their support to the program and collective efforts to obtain additional funds from other donors now that we have seed funding available in India.

In next phase, the attempt will be to expand the project to other regions of INCLLEN. IEO proposed to apply the NDD project to NIH in 2010 for RO 1 application for 5-6 countries covering all the other regions. Governance of Public Health Systems is the other project that was initiated with IDRC help in Ethiopia and now IEO has proposed to expand it to other countries.

INCLLEN has taken up issues of Global Health, of particular relevance to LMIC that include existing as well as emerging health problems during last four years. Based on our success and gradually accumulating expertise in India through IPEN, program evaluations & development are other areas where we have been moving at the level of network. The strategy has been to take up projects that have potential to become programs for the network and wide acceptance among network members. Overall, the

network is moving beyond Clinical Epidemiology but engage in areas and projects that continue to interest clinicians as well as public health specialists.

INCLLEN proposed to carry forward the current strategy of developing a few proposals/programs in line with global/regional priorities and approach various funding agencies (International, National, and Regional agencies); encourage CLENs to use projects already developed by IEO for exploring funds and implementation in their regions; and respond to new RFAs selectively and where group/individuals from CLENs show interest.

Strengthening and further expansion of network: He proposed that all CEUs and CERTCs should induct 5 young faculty members as their new members; these can then be mentored and prepared to take over the INCLLEN leadership as the current cohort moves on. All regional CLENs are proposed to become registered/legal entities in their regions and the CLENs will need to have their constitutions. To achieve this, IEO shall provide up to \$ 2500 for registration of formal entity. Currently, CLENs that are already registered include: CanUSACLEN; ChinaCLEN; IndiaCLEN; and EuroMed CLEN. The CLENs that are not yet registered include: INCLLEN Africa; LatinCLEN; and INCLLEN Asia.

CLENs shall be funded for developing new projects and programs; \$2500 advance for development of LOI in response to funder's RFP and \$ 5000 for development of full proposal if invited by the funder.

Expanding and consolidating the Network: CLENs were urged to identify Partner Medical College (PMC) in the country/ regional that could be invited to be part of the multi-site studies; PMC capacity building will occur through their participation in studies and over time can be inducted as CEUs. To improve network dynamics and on the basis of feedback from CLEN presidents, IEO will ensure and facilitate proactive and dynamic communication between: IEO & Regional CLENs; IEO, Regional CLEN & CEU/CERTC: and Regional CLEN & CERTC. For this purpose, IEO & Regional CLENs will have 3-monthly teleconferences and Regional CLEN & CEU/CERTC will initiate 6-monthly teleconference among themselves.

To achieve some of the above objectives, ChinaCLEN; INCLLEN Asia; INCLLEN Africa; and LatinCLEN will be provided with \$5000 for core activities including organization of two teleconferences within CLEN CEUs/ CERTCs. IndiaCLEN has already got sufficient funds to operate its organizational activities. Due to severe

financial constraints, IEO, will not be able to provide this support to remaining CLENs

Board was unanimous that INCLEN is in the right direction and should vigorously pursue the strategies presented in the work-plan. INCLEN is trying to re-position itself in tune with the global health realities particularly keeping in view the needs of LMICs. All agreed that CLENs should do more to sustain the network. There were suggestions to explore possibility of selling INCLEN products e.g. participants for capacity building initiative can be charged after initial stabilization of the program. Services for data management and training in specialized research and allied areas e.g. LAMP workshops can be offered by INCLEN. IEO will create a group with representation from different regions to initiate setting up data management unit. A well made out booklet highlighting achievements and activities of different CLENs will be prepared. There was a discussion to hold global INCLEN meeting. various options including twinning with annual meeting of other organization e.g. IEA or with annual CLEN meeting e.g. ChinaCLEN meeting were discussed. Several CLEN presidents felt that members might be able to cover their travel from different sources including their own universities; core organizational expenditure will have to be arranged by IEO. Chair added that Global INCLEN meeting will create spark and a renaissance for INCLEN and shall bring Network in lime light. He will write to all Board members to provide concrete suggestions and generate funds for such an issue. The Chair BOT concluded by saying that the management has helped INCLEN to continue to breathe with no oxygen. He suggested the CLEN presidents to revitalize their CEU's. The work plan and budget was approved unanimously.

(15) Acknowledging contributions of Dr. R M Pandey, Senior Program Consultant

The contributions of Dr. R M Pandey to INCLEN, Delhi, were warmly and fondly acknowledged.

(16) Any Other Business

Next BOT meeting shall be held on February 26-27, 2010 (Friday & Saturday). BOT members were requested to mark the dates in their calendars.

The meeting adjourned with the thanks of the Chair (DH).