

MEETING MINUTES

INCLLEN Board of Trustees Meeting Hotel Radha Ashok Mathura (U.P.) India 25-26th February, 2011

Board Members

Present: Demissie Habte (**DH**) Chair, Presiding Officer, Marcel Tanner (**MT**), Jonathan Lee Simon (**JS**), Palitha Abeykoon (**PA**), Francois Chapuis (**FC**) President, RECIF-Euro MedCLEN, A K Niswade (**AKN**) President, IndiaCLEN, Sergio Munoz (**SM**) President, LatinCLEN, Laura Sadowski (**LS**) Representing Peter Tugwell (**PT**), CanUSACLEN, Jin Xuejan (**JX**) Representing Jiyao Wang (**JW**), ChinaCLEN

Regrets: Ranjit Roy Choudhury (**RRC**), Amr Hassan (**AH**), INCLLEN-Africa; Manuel Emerson Donaldo (**MED**), INCLLEN-Asia.

Secretariat

Present: Narendra K. Arora (**NKA**) Member Secretary & Executive Director, Manoj Kumar Das (MKD), Director Projects; Harpreet Kaur (HK), Research Officer; Kiranmala Devi (KD), (Research Officer); Vishal Dogra (VD), (Program Officer); Jayanta Sengupta (JS), Senior Finance Manager; Stephanie Combs (SC), Finance Officer and Debjani Samantray (DS), Grants Manager.

Proceedings

Meeting was called to order at 9:30 a.m. on 25th February 2011 by Chair, DH.

1. Chair's Welcome

- The Chair welcomed all the participants to the INCLLEN Board Meeting.
- Apologies were received from AH, RRC and MED who were unable to attend this year's meeting due to other commitments.
- The Board Members and IEO staff were introduced to each other.

1.1. Board meeting Agenda

- The Chair reviewed and approved the agenda of the INCLLEN Board meeting.
- JS proposed to discuss the strategic plan immediately after lunch.

1.2. Last Board meeting minutes

Minutes of the following meetings were presented to the board:

1. BOT Meeting (27th -28th February, 2010)
2. Finance and Executive Committee Teleconference (6 September, 2010)
3. INCLLEN Finance and Executive Committee Teleconference (16 January, 2011)

Discussion and decisions

- JS proposed and LS seconded, the minutes of last BOT meetings were reviewed and approved by Board unanimously.

2. Action taken report

- NKA updated the Board on the current status of decisions taken at the last Board meeting.

2.1.Registration of CLENs as Legal entities:

Discussion and decisions

- Two CLENs (INCLLEN-Africa and LatinCLEN) out of 7 remain to be registered.
- Both these CLENs are multi-country. BOT suggested that instead of seeking full, legal status in every member country, the CLENs may devise alternative ways to formalize their legal status. „UN Registered Observer Status for NGOs“ to be explored for this.
- Part of the proposed strategic plan.

2.2.Induction of NGOs as CEUs

Action taken

- NGOs eligibility criteria drafted and put for Board discussion in the context of proposed strategic plan

Discussion and decisions

- Issues regarding induction of NGOs into INCLLEN network and the criteria for assigning CEUs status were discussed. Major concern was the differences between the activities of academic and research institutions that are currently INCLLEN members and the NGOs; NGOs are often providing service and do advocacy. Several Board members felt that INCLLEN can give any organization an affiliate membership for the period of the project or as product development partnership. The time limit of such partnership can be defined. Board was in general not for giving them membership.
- DH concluded by saying that membership to NGOs should be by invitation, on case to case basis, linked to specific project(s) and should have a time limit.

2.3.Criteria for CEU/ CERTC Accreditation

- SM presented the criteria for CEU/ CERTC accreditation. (**Annexure I**)

Discussion and decisions

- Board discussed need for revised criteria in the light of current international scenario and proposed IIGH and revised INCLLEN strategic plan. The accreditation has now to be viewed in terms of international vs. national recognition of courses offered by respective institutions. For the courses offered by the proposed IIGH and that by CEUs and CERTCs, accreditation can be obtained from international institutions if we achieve the desired standard as required by international

accreditation systems (e.g. Troped). Similarly European Credit Transfer System (ECTS) allows credits for various courses or modules required for the masters programs to be counted irrespective of the university or institution from where the course or module has been completed; the final degree is given by one university. In every country some universities are accredited and it will be useful to get linked to them.

- The board requested MT to help the secretariat get details of Troped and ECTS.

2.4 IPHIDE report

Action taken

- The Final report has been published and circulated to the CLENs and key stakeholders
- Report is uploaded on INCLLEN website.
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3. Overview of activities

3.1. Completed Projects

3.1.1. SAPNA-III- “South Asian Pneumococcal Alliance and the Invasive Bacterial Infection Surveillance Group”

Study site: Nepal, SriLanka, India

Partnership: Johns Hopkins University, CMC Vellore,

GAVI Principal Investigator: Dr Kurien Thomas

Duration: August 2008- March 2010.

Funding agency: Pneumo-ADIP, GAVI, Hib Initiative &

JHU Budget: \$508434

Status: Final Report submitted

3.1.2. Determinants of Under-nutrition and Assessment of Management at Different levels of Health care

Study site: India, 6 states

Partnership: Jointly between INCLLEN and IndiaCLEN

Principal Investigator: Dr Siddharth Ramji

Duration: 2008-2010

Funding Agency: WHO & MCH STAR

Budget: WHO (\$88000) & MCH STAR (\$157000)

Status: Final report submitted

3.1.3. Achieving MDG5: INCLLEN Program Evaluation Network Pilot Study into Governance of Health Systems in Ethiopia

Study site: Ethiopia

Partnership: Addis Ababa University

Principal Investigator: Dr Damen Mariam & Dr A K Patwari (Project Coordinator)

Duration: 2007-10

Funding agency: IDRC

Budget: \$ 132,000

Status: Draft report under preparation, dissemination to be done

3.1.4. SEARO Epidemiology Conference

Place: New Delhi

Partnership: WHO SEARO,

IEA Period: March 8-10, 2010

Funding Agency: CDC through PHMI

(Hyderabad) Budget: \$100,000

Status:

- 300+ Representatives from 11 countries in South East Asia Region including technical leaders, program managers from communicable and non-communicable diseases attended the meeting.
- Follow up National Level Epidemiology Meeting to develop Roadmap for using epidemiology in program planning and management has been organized in Nepal, Bangladesh, and Korea. In India the similar event is due in April 2011. (INCLLEN has been asked to organize this meeting as well)

3.1.5. Influenza Awareness, Preparedness and Response: Program to train Physicians across the country

Study site: India

Partnership: IPEN, ICMR (Ministry of Health) and NIHFWS, NICD, CDC, AIIMS

Principal Investigator: Dr Randeep Guleria (INCLLEN), Dr. Deoki Nandan (NIHFWS)

Duration: 2008-11

Funding agency: CDC (Atlanta) and

ICMR Budget: \$ 150,000

Status: Report drafting is under process.

3.2. Ongoing Projects

3.2.1. Neuro-developmental disabilities among Children in India

Study site: India

Partnership: Univ. of Pennsylvania, Stanford University, University of Wisconsin

Principal Investigator: Dr M K C

Duration: 2007-11

Funding Agencies: Autism speaks, National Trust (GOI), NIH & INCLLEN Inc Budget: \$ 740,000 (9 Sites)

3.2.2. The National Certification Committee for Polio Eradication (NCCPE)

Study site: India

Partnership: Ministry of Health and Family Welfare (GOI)

Member Coordinator of Committee: Dr N K Arora Duration:

(1998) 2008 – till India achieves polio-free status.

Funding agency: Ministry of Health and Family Welfare (GOI) Budget: \$ 18000 per year

3.2.3. Measurement & Determinants of Childhood Obesity

Study site: India
Principal Investigator: Dr N K
Arora Duration: 2006-2011
Funding agency: INCLLEN
Inc Budget: \$ 354725

3.2.4. Study to Evaluate the impact of Topical Application of improved oil and/or improved skin care practices on Neonatal Mortality: a community based cluster randomized controlled trial in Rural India

Study site: Raebareli District, Uttar Pradesh (India)
Partners: ITRC Laboratory (Lucknow), Department of Dermatology, University of California, San Francisco (USA)
Principal Investigator: Dr Vishwajeet
Kumar Duration: 2009-14
Funding Agency: Bill & Melinda Gates Foundation
Budget: \$ 9986639

3.2.5. Efficacy of Zinc in treatment of severe and very severe pneumonia in Hospitalized Children 2-24 months of age

Study site: New Delhi, India
Partners: All India Institute of Medical Sciences, New
Delhi Principal Investigator: Dr Shinjini Bhatnagar
Duration: 2009-2011
Funding Agency: WHO and John Hopkins
University Budget: \$ 38000

3.2.6. Influenza Disease Burden in Rural Communities in India

Study site: Delhi, India
Partners: All India Institute of Medical Sciences (New Delhi), NIV (Pune),
Vadu DSS (Pune)
Principal Investigator: Dr Shobha
Broor Duration: 2009-11
Funding Agency: CDC,
Atlanta Budget: \$62000

3.2.7. Direct & Indirect Protection By Influenza Vaccine given to Children in India

Study site: Haryana, India
Partners: All India Institute of Medical Sciences (New
Delhi) Principal Investigator: Dr. Shobha Broor
Duration: 2009-11
Funding Agency: CDC
(Atlanta) Budget: \$ 84260

3.2.8. Environmental/ Genetics Triggers of preterm birth

Study site: Uttar Pradesh, India
Partners: University of IOWA
Principal Investigator: Dr Vishwajeet Kumar
Funding Agency: Bill & Melinda Gates Foundation
Duration: 2009-11
Budget: \$ 689257

3.2.9. Hib Sentinel Surveillance

a. At Uttar Pradesh (India)

Study site: Uttar Pradesh, India
Partners: JHU and CSMMU, Lucknow
Principal Investigator: Dr Vishwajeet Kumar
Funding Agency: USAID through JHU
Duration: 2009-10
Budget: \$ 40093

b. At AIIMS (India)

Principal Investigator: Dr. Shinjini Bhatnagar
Study site: AIIMS (New Delhi, India) Partners:
JHU, AIIMS, Delhi and KSCH, Delhi Funding
Agency: USAID through JHU Duration: 2009-
11
Budget: \$ 684440

c. At Chennai (India)

Principal Investigator: Dr P
Ramachandran Study site: Chennai, India
Partners: JHU, Institute of Child Health (Chennai)
Funding Agency: USAID through JHU
Duration: 2008-2011
Budget: \$ 498737

3.2.10. Child Health and Nutrition Research Initiative (CHNRI) Secretariat

Executive Director: Dr Narendra K
Arora Hosting Secretariat at New Delhi
(India) Period: 2010-2011
Funding Agency: CHNRI
Budget: \$ 1, 21,500 per annum

3.3. New Projects Launched

3.3.1. Foundational Work for a Brain-to-Society Diagnostic for Prevention of Childhood Obesity and its Chronic Diseases Consequences

Study site: Palwal (India) and Montreal
(Canada) Partners: McGill University, Canada
Principal Investigator: Dr N K Arora leading the
consortium Funding Agency: ICMR and CIHR
Duration: 2011-16 (5 years approved duration) Budget:
\$ 125000 from ICMR and \$ 60878 from CIHR

3.3.2. Aetiology of neonatal infection in South Asia ("ANISA")

Principal Investigator: Dr Vishwajeet
Kumar Study site: UP, India
Partners: Child Health Research Foundation
(Dhaka) Funding Agency: BMGF
Duration: 2011 - 2013
Budget: \$ 1,540,178

3.3.3. Grand Challenges 13 Population Health Metrics Research Consortium

Principal Investigator: Dr Vishwajeet Kumar

Study site: UP, India

Partners: University of

Washington Funding Agency:

BMGF Duration: Dec 2010 – May

2011 Budget: \$ 99,613

3.4. New Project Development

3.4.1. Childhood Obesity in India: A Multi-center Study on its measurement and determinants

Principal Investigator and Project Coordinator: Dr N K Arora

(INCLLEN) Submitted to Indian Council of Medical Research

Study sites: Delhi, Hyderabad, Shillong, Jamnagar and

Srinagar INCLLEN is coordinating the multisite study at 5 sites

In principle accepted. Expected to start in March 2011

3.4.2. Identifying the Logistics issues related to routine immunization services during outreach sessions in India

Principal Investigator: Dr M K

Das Study Site: Pan-India

Partnership: Ministry of Health and Family welfare, Govt. of

India. Submitted to BMGF Dec 2010

In principle accepted. Final discussion ongoing, Expected to start in April 2011.

3.4.3. The Economic Cost Of Dengue In India: A study at major teaching hospitals and nearby ambulatory institutions

Partner: Brandeis University, USA

Investigator: Dr Deoki Nandan, NIHFW, New Delhi

Funding: Sanofi Pasteur S.A. (through Brandeis

University) In principle accepted. Submitted to HMSC

Expected to start in March-April 2011

3.4.4. The Brain-to-Society Diagnostic Project for Lifestyle and Market Transformation to Promote Healthy Eating

Partner: McGill University, Canada

Principal Investigator: Laurette

Dube Co-Investigator: Dr N K Arora

Submitted to NIH in October 2010, result awaited

3.4.5. Cell Phone-Based Protocols for Diagnosis and Management of Childhood Pneumonia

Partner: PATH, Seattle

Principal Investigator: Dr M K Das (INCLLEN)

Submitted to DBT, Government of India and NIH in January 2011

- 3.4.6. Point-of-Care Device Designed to Detect Bacteria Directly from Blood of Neonates**
Partner: PATH, Seattle and George Washington University
Principal Investigators: Dr V Manchanda (CNBC, New Delhi) & Dr M K Das (INCLLEN)
Submitted to DBT, Government of India and NIH in January 2011
- 3.4.7. Portable Plasma Device for Disinfection in Low resource Settings**
Partners: PATH, Seattle and George Washington University, USA
Principal Investigators: Dr V Manchanda (CNBC, New Delhi) & Dr M K Das (INCLLEN)
Submitted to DBT and NIH in January 2011
- 3.4.8. Multicenter study (Phase III) on managing intractable epilepsy by anti-epileptic drugs and reflexology: A randomized clinical trial for validating the effectiveness of reflexology**
Partner: AIIMS, New Delhi
Principal Investigator: Dr Krishna Dalal,
AIIMS Coordinator: INCLLEN
Submitted to ICMR, Ministry of Health, Govt of India in January 2011
- 3.4.9. Study of genome wide DNA methylation in Obesity among Children**
Principal Investigator: Dr N K Arora, INCLLEN
Submitted to DBT, India in January 2011
In preparation for NIH in partnership with McGill University
- 3.4.10. Blood heavy metal levels and quantitative EEG in children with autism - a multi-centric cross sectional study**
Partner: AIIMS, New Delhi
Principal Investigator: Dr S Gulati,
AIIMS Coordinator: INCLLEN
Submitted to ICMR, India in January 2011
- 3.4.11. Evaluating Antimicrobial Activity of Chlorhexidine as an Umbilical cord cleansing agent of neonates in comparison to Dry Cord care and placebo: A Pilot Study**
Partner: JHU
Principal Investigator: Dr Sunil Sazawal (JHU/INCLLEN)
Submitted to Indian Council of Medical Research
- 3.4.12 Evaluating the Compliance to Consumption of Iron Fortified Soy Dal Analogue and its Effect on Iron Status Indicators and Growth among Children aged 2-11 Years: A Double Masked, Randomized, Controlled Trial**
Partner: JHU
Principal Investigator: Dr Sunil Sazawal (JHU/INCLLEN)
Submitted to Indian Council of Medical Research
- 3.4.13. Randomised, double-blind and placebo-controlled study on the efficacy of prebiotic oligofructose-enriched inulin on health outcomes of infants in India**
Partner: BENEEO-Orafti, Belgium
Principal Investigator: Dr Dipty Jain (Nagpur)
Submitted to BENEEO-Orafti, Belgium

- 3.4.14. Assessment of Burden of Unsafe Patient Care in India: A Patient Safety Research Capacity Building Initiative Through Learning-By-Doing Approach**
Partner: AIIMS, New Delhi & PGI,
Chandigarh Principal Investigator: Dr Joseph
Mathew Coordinator: INCLLEN
Submitted to WHO
- 3.4.15. Pilot studies of the Indian newborn stove trial**
Partner: University of Berkley, USA
Principal Investigator: Dr N K Arora,
INCLLEN Funding through University of
Berkley Submitted to HMSC for approval
- 3.4.16. Nonalcoholic fatty liver disease in school children aged 5-10 years in India and correlation with metabolic syndrome**
Partner: AEHRF, New Delhi
Co- Principal Investigator: Dr M K Das, INCLLEN
Submitted to Indian Council of Medical Research
In Principle approved. Expected to start in April 2011
- 3.4.17. Collaborative Hub for Research on Mental Health in South Asia**
Partner- University of Texas,
Principal Investigator: Prof Mohd Rahbbar
South Asia Investigators: Dr SK Khandelwal (AIIMS) and Dr Jyoti
Dhawan (Coordinator-INCLLEN)
Proposed sites: India, Nepal &
Srilanka Submitted to NIH in Jan 2011
- 3.4.18. Interdisciplinary Programme on „Developmental and Disease biology related to Pregnancy, Foetal life, Neonatal and early years and Biology of Ageing“**
Partner- AIIMS, New Delhi
Principal Investigator: Dr S
Gulati Submitted to DBT India
- 3.4.19. Maternal, newborn, child health and nutrition research priority setting in India**
Partner: Department of Health Research, ICMR
Principal Investigators: Dr N K Arora (INCLLEN) and Dr Vasantha
Thavraj (ICMR)
Indian Council of Medical Research has invited INCLLEN and CHNRI
to undertake this activity in India
- 3.4.20. Developing comprehensive maternal and newborn evidence based package for continuum of care**
Partner: Save the children and Saving Newborn
Lives Principal Investigators: Dr N K Arora and M K
Das Funding agency: BMGF (through Care, USA)

- 3.4.21. National Epidemiology Meeting**
Partner: WHO, SEARO, India, NICD
Investigator: Dr Sanjay Chaturvedi, UCMS, Dr. Kiran Goswami,
AIIMS Coordinator: INCLLEN
 - 3.4.22. Burden of dengue fever in and its economic consequences**
Partner: Brandeis University, Boston,
USA US PI: Donald Shepard
Indian PIs: Deokinandan (NIHF, New Delhi); SC Tyagi (CRME,
ICMR, Madurai)
Funding agency: Sanofi Pasteur through Brandies
University Submitted to HMSC for approval
- 3.5 New Programs under Development**
- 3.5.1. Improving Nutrition In Children Through Aligning Icds And Strategic Communication System**
Follow up of Undernutrition project completed, being submitted to WHO and other agencies
 - 3.5.2. Evaluation of Newborn Survival Interventions in South and South East Asia:**
Partner: CHNRI, being submitted to Save the Children and Saving Newborn Lives
 - 3.5.2.1. Vitamin B12, Iron and Folic Acid Deficiencies and Related Anaemia: A Study in Two States of India.**
Partner: AIIMS, New Delhi
 - 3.5.3. Management of hypertension through complementary and alternative medicine (Pranayam and Yoga) a randomized control trial.**
Partner: Patanjali Yogapitha, Haridwar

Discussion and decisions on program development

- The Board highly appreciated the successful and vibrant ongoing portfolio that has been now sustained for over three years. The board further appreciated the funds mobilized this year.
- Discussions and observations were also made in the context of proposed new strategic plan
- Following suggestions were made
 - Presenting the program development in a portfolio manner, wherein their current status, timelines and areas should be highlighted.
 - Follow up of the completed projects in terms of its outcomes in form of new projects and policy-program translations. The board also suggested disseminating and showcasing launched projects to the partners and policy makers. NKA gave examples: SAPNA project has been taken up by ICMR for which IndiaCLEN shall be leading the program; findings of under-nutrition project were presented to MOHFW and WCD for feeding the results in to policy, WHO is keen to follow up the study with intervention program; governance data will be presented at world congress of IEA and followed up with additional and expanded projects.

- IEO to opt for more international focused projects and pitch up the balance beyond India. Board was informed that most of the projects were written by IEO and efforts to involve CLENs for program development has not met with much success.
- INCLLEN should allocate some strategic funds for developing new projects. It was suggested that overhead part can be used as unrestricted money for strategic plan. JS suggested four options for this viz., government money for infrastructure development, endowment and savings from grants for developing new projects and project based support for core operation. It was also suggested to develop relationship and pursue potential philanthropies and donors.
- The board discussed that the European funders have the biggest partnership with Africa. So, to access the EU research funds, European based INCLLEN units may be approached for partnership with INCLLEN Africa. The board also suggested having European board members to facilitate access to EU-FP-7 funds.
- The board further suggested secretariat to learn from failed projects.
- Some other suggestions were to engage with government for facilitated/ accelerated review and to avoid HMSC delays and having a newsletter to communicate about ongoing activities to rest of the network.

4. CHNRI Secretariat at INCLLEN

- **Agreement signing:** Agreement was signed by Chair of Board from INCLLEN and CHNRI for a period of 2 years (January 1, 2010 to December 31, 2011)
- **Secretariat Transition:** During February 2010 team from IEO-Delhi visited Dhaka for mapping of the activities, documents and discussed about the handover process. The hard copies of documents including the financial documents received at IEO-Delhi between March & May 2010.
- **Secretariat staff:** The secretariat is being managed by technical staff supported by administrative and financial staff at IEO-Delhi.
- **Ongoing activities:** CHNRI has specific focus on research priority setting in health. A methodology has been developed and promoted by CHNRI called as the CHNRI research priority setting methodology. CHNRI has engaged a consultant for developing a software tool for research priority setting.
- **New activities undertaken under CHNRI:** To further communication and collaboration among researchers from different parts of the globe, a *Child Health and Nutrition Knowledge Network (CHNKN)* has been assembled. 2500+ potential members were invited to join the network for intellectual interaction and contribution. Of these, about 85 invitees have expressed inability to participate in this effort. CHNKN members are requested for suggesting the most pressing research issues in child health and nutrition in their national and regional context focusing on clinical, public health/ implementation, and basic science domains. We received 200+ research issues in child health and about 450+ in nutrition from 134 members. These suggested research issues are being used for identifying the discussion points in the CHNKN Discussion Forum.
- **CHNKN Discussion Forum** is a scientific interaction web platform on the CHNRI website, where CHNKN members will come together for to initiate, discuss on relevant research gaps and issues for furthering research in child health and nutrition. The discussion forum has been launched on CHNRI website.

- **Priority setting in India:** Indian Council for Medical Research has mandated INCLLEN and CHNRI for MNCHN research priority setting in India. This process will be using CHNRI methodology.
- **Capacity building in CHNRI Priority setting methodology:** The CHNRI and INCLLEN secretariat staffs are engaged in discussion and learning on this methodology. A face-to-face interaction with the originator of the methodology is expected in Mar-Apr 2011 to further the capacity building effort.
- **Financial transactions:** CHNRI financial transactions are being managed via both UBS bank (CHNRI bank account) and INCLLEN (Philadelphia bank account) depending on the nature of expenditure. CHNRI audit is done by Price water house Cooper, Geneva.
- **CHNRI Board meeting:** CHNRI Board meeting was held during January 21-22, 2011 at IEO-Delhi, New Delhi. CHNRI Board appreciated the efforts undertaken by INCLLEN for optimal synchronization of the CHNRI and INCLLEN activities and furthering the CHNRI activities.

Discussion and decisions

- The board discussed that how CHNRI engagement is helping INCLLEN. NKA said that the similarity between CHNRI and INCLLEN missions have helped each other a lot. The proposed activities of 2011 shall further promote research priority setting in the field of ,maternal, new born, child and nutrition sciences, encourage higher resource commitment by national government and donors, build local capacity in undertaking such an exercise and generate new evidence for better implementation of program and services.

5. SOMAARTH - INCLLEN Demographic and Environmental Surveillance Site at Palwal, Haryana (India)

INCLLEN has established a demographic and health surveillance site in Palwal district of Haryana which is only 80 KMs away from the capital. The surveillance site, SOMARTH includes 48 villages (approximately 200,000 populations) from three blocks of district Palwal (Hathin, Hodal and Palwal) and are circumscribed by three major roads i.e. Delhi–Mathura national highway (NH2) that forms eastern boundary of surveillance site; Palwal–Hathin state highway, forming western boundary; and connecting roads between these two roads that forms southern boundary. This site has been selected based on rapid economic transition and emergence of business and educational activities that will lead to changes in behavior and health of the individuals and the population at large.

INCLLEN Proposed Projects at SOMAARTH:

- *INCLLEN-McGill collaborative research project on Childhood Obesity.*
 Duration of the project: 5 years
 Funding Agency: ICMR CIHR
 Status: Preparatory phase of the program
- *INCLLEN-University of California collaborative research project on Indoor-air pollution and pregnancy outcome*
 Duration of the Project: 5 years (Pilot phase- Funding secured)
 Funding Agency: University of Callifornia
 Status: To be initiated in the month of June, 2011
- *INCLLEN- University of Tromso, Norway collaborative research Project on Climate change and Health*
 Duration of the project: 10 years (Pilot phase- Funding secured)

Funding Agency: University of Tromso, Norway, under Indo-Norway collaboration Programme

Status: To be initiated in the month of May, 2011.

- *INCLLEN-McGill collaborative research Project for Epigenetics and environmental exposure on childhood obesity.*

Duration of the project: 5 years

Funding Agency: Department of Biotechnology, Ministry of Science and Technology, Govt. of India

Status: Applied for Funding, A consortium of apex national laboratories and institutions created

- *INCLLEN-PATH collaborative research project on Rotavirus vaccine trial*

Duration of the project: 3-4

years Funding Agency: PATH

Status: Initial Plan of the trial is under discussion.

Discussion and decisions

- The board appreciated the work done and the projects being conceived for the surveillance site.

6. INCLLEN Capacity Building Initiative

- „Learning-by-doing“ is waiting for next phase rollout. (as part of proposed Strategic Plan)
- HK presented the list of PhD, Masters/M. Phil, Diploma/Certificate, and distance learning courses offered by CEUs and CERTCs of the INCLLEN network. (**ANNEXURE II**).

Discussion and decisions

- The board suggested using this information for benefit of INCLLEN in terms of resource generation for the capacity building initiative. LatinCLLEN to contribute in this initiative from its prior successful experience.

6.1.Participation in Meetings

More than 10 meetings were attended in the past year by NKA and other staff. Purpose of these meetings was to continue exploring possibilities of new programs where INCLLEN network can be involved, to broaden the visibility of INCLLEN and to establish strong presence and dynamism in research.

7. MOUs and Partnership

7.1.INDEPTH

Activities So Far

- Meeting between INCLLEN, INCLLEN-Africa and INDEPTH was held during June 7-8, 2010 at Ismailia, Egypt
 - INCLLEN: Dr Manoj Das
 - INCLLEN-Africa: Dr Amr Hassan and Dr Debashis Basu (South Africa)
 - INDEPTH: Dr Bernhards Ogutu
- Areas of collaboration identified
 - Training and capacity building

- Development of Joint research proposals and programs
- Expanding network
 - Establishing CEUs at suitable INDEPTH HDSSs
 - Establishing HDSSs at suitable INCLEN institutes
- Knowledge translation and policy advocacy
- MOU signed between parties on 28th January 2011

Next Steps

- Undertaking a mapping of training programs in the INCLEN-Africa, INCLEN-Asia and IndiaCLEN and INDEPTH sites.
- Establishing a Joint Working Group and Project Advisory Group.
- Prepare draft workplan and operationalisation of the activities.

7.2. JCE

- Collate information from all CLENs and publish a bi-annual newsletter via JCE.
- The board discussed about the JCE relationship and asked if it could be helpful for dissemination and communication. NKA said that Dr. Kurien Thomas is coordinating this activity and is preparing 6-7 articles for publishing in JCE. MT further suggested publishing outcomes and impacts of the projects.
- Partnership with JCE will become more important and strategic as part of the IIGH transformation process.

7.3. Public Health Foundation of India (PHFI)

Activities So Far

- Draft MOU accepted by both the organizations
- Areas of collaboration identified
 - Training and capacity building
 - Development of Joint research proposals and programs
 - Knowledge translation and policy advocacy
- Strengthening and expanding network
- MOU signed between on February 21, 2011.

Next Steps

- Establishing a Joint Working Group and Coordination Committee
- Prepare draft workplan and operationalisation of the activities

7.4. Duke University

- Not pursued as the Duke University investigators were interested only in assessing the research undertaken by IndiaCLEN Network without a long term plan

7.5 Institute of Genetics and Integrative Biology (IGIB), CSIR, New Delhi

- Under discussion

7.6. Jamia Milia Islamia University, New Delhi

- Under discussion

7.7. Partnership with M.P. Shah Medical College, Jamnagar, Gujarat

Under the initiative of Government of Gujarat – “Vibrant Gujarat”

- Draft MOU accepted by both the organizations
- Areas of collaboration identified
 - Training and capacity building
 - Research proposals and programs
 - Knowledge translation and policy advocacy
 - Strengthening and expanding network
- MOU signed between on February 22, 2011

Next Steps

- Establishing a Joint Working Group and Coordination Committee
- Prepare draft work plan and operationalisation of the activities

Guidelines to develop new partnerships and data sharing

- Secretariat was asked to draft an institutional policy on research data ownership, sharing, access and application. Existing guidelines and Partnership Assessment tool developed by the Centre for Global Health Research, Canada and other universities to be used as background for this.
- Policy drafted and put for Board Approval.

Discussion and decisions

- JS raised the issue of data being made public for larger good and better scientific applications. MT informed that Lancet has issued fresh guidelines for this and that must be used to update data policy accordingly. The approval is pending and would be complete after incorporation of the changes suggested. JS will help in giving this policy its final shape.

8. Network expansion and consolidation

8.1.INCLLEN Africa

- INCLLEN-Africa to review and provide update on application status of Aberdeen and Botswana University
- Application not received from the universities

8.2.INCLLEN Asia

8.2.1. Japan CEU

- Now part of the INCLLEN Asia, submitted the annual report

8.2.2. Nepal CEU (B. P. Koirala Institute of Health Sciences)

- Now part of the INCLLEN Asia, submitted the annual report

8.3.IndiaCLEN

- IndiaCLEN to declare status of prospective MOUs between IndiaCLEN and MCH-Star-supported four new CEUs: new CEUs approved by Governing Board
 - 4 new CEUs adopted

9. INCLLEN Website

9.1. Website hosting and maintenance

- INCLLEN website hosting and maintenance is done by BSD Infotech, New Delhi.
- Website has been given a new look with additional features like section on resources, funding opportunities (environmental scan) and interactive discussion forum.

9.2. Environmental scan and funding opportunities

To assist researchers and professionals from LMICs in grant search and attract them to visit INCLLEN website, a systematic grant and funding environment screening is being done. For this a new tab has been added on the home page “New Grant Opportunities”. The available opportunities are being announced in three sections: “New Funding Opportunities” section lists the new announcements this week, the “Current Funding Opportunities” section lists the RFAs that are active at present. The “Rolling Funding Opportunities” section provides the opportunities for submitting proposals throughout the year. A brief summary about each grant opportunity appears on clicking on the link. There is also a link to the web page announcement of the funding agency for detailed view.

9.3. Resources and Research Tools

To facilitate capacity building of researchers from Low and Middle income countries, and facilitate research, freely available open source materials have been collated and uploaded on INCLLEN website. The material has been compiled under the tab resources, sub tab compiled resources. These include publications, monographs, collated resource materials, presentations, statistical tools and software for sample size estimation. We will update/ add the materials based on feedback from the users, for this a rating mechanism would soon be launched on the website.

9.4.E- groups and INCLLEN Discussion Forum

The e-groups section of the INCLLEN website has been modified to e-groups and INCLLEN Discussion Forum. INCLLEN discussion forum has been initiated to stimulate discussion among the network community, for their technical contribution in analyzing and disseminating relevant knowledge and identifying gaps in the clinical and public health relevant issues that need further research. This is a scientific interaction web platform on the website, where network members will come together for to initiate, discuss on relevant research gaps and issues related to INCLLEN mandate.

Discussion and decisions

- The board appreciated the changes made to the website.

10. INCLLEN Library & Documentation Unit

INCLLEN library collection is increasing over years. Currently, INCLLEN has collections in the library in the form of 1424 books, 17 journals, 82 reports, 245 non-book materials and additional resources like thesis and other monographs and printed materials.

Till recent past the documentation was manual without systematic labeling and storing, resources categorization, proper classification, catalogue for search making the archiving and retrieving difficult.

With increasing project activities, collection of resources, need for proper documentation was felt need.

10.1. Present activity for automation of system

10.1.1. Technical Processing of Library Resources

- Accessioning (unique number)
- Classification (Universal Decimal Classification Scheme)
- Arrangement (categorization)
- Cataloguing (systematic bibliographical information)
- Book Numbering and organization of journals

10.1.2. Automation –WINISIS software is being used

WINISIS library automation software is free open source software (developed by UNESCO) for following advantages:

- For usage need customization
- Bibliographical database management Software
- High Storage and retrieval facility
- Facility of multiple searchable fields (like author, title, publisher etc)
- Benefit– fast search and retrieval, space, time , accuracy

10.1.3. Digitalization - Greenstone software for Digitalization is being used

- Plan of digitalization in 2 phases for INCLEN publications and documents
 - Phase 1: E-form preparation and Phase 2: Printed form
- Search option -Digital document can search by title, author, subject, keyword etc

Work done -Software customization done (insert logo, change side bar, setting with web server etc)

Digital archiving of projects started

Next steps: Complete digital archiving of Completed and ongoing projects. Expected to take about 6 months

Issue of going digital:

- Copyright issue for non-INCLEN documents and publications
- Risk of unnecessary document archiving

11. Regional CLEN Reports

(List of research projects completed and on-going from all CLENs is attached as Annexure-III)

11.1. CANUSA CLEN

LS presented the CanUSACLEN report on behalf of Dr. Peter Tugwell (President). CanUSACLEN has 2 CEUs and 9 CERTCs.

Capacity building / Training- LS said that the Caribbean region is in dire need of skills in the area of Epidemiology and the University of the West Indies (UWI) regards the development of this human resource as part of its responsibility as the leading regional university.

Involvement in Health Policy Decision-Making and Impacts- Members from CanUSA CLEN are involved in a broad array of public policy issues, a few examples are:

- Bob Fletcher is involved in developing national colorectal cancer screening guidelines and an editorial freedom statement for the World Association of Medical Editors.
- Peter Tugwell is involved in the Canadian Medical Association Journal Board, the Bangladesh (BRAC) board, and the COX-2 inhibitors policy and the WHO Health Systems Task Force.
- The University of Ottawa CEU was also involved in the development of the American College of Rheumatology clinical practice guidelines for osteoarthritis of hand and knees.
- The Cook County Hospital CEU is conducting a CDC sponsored randomized clinical trial to assess the effectiveness of screening for intimate partner violence (IPV) in women within health care settings.
- Laura Sadowski has begun a WHO consultancy and is serving as a member of the Steering Committee responsible for the development of health sector guidelines for violence against women.

Proposed Network Activities

- To build collaborative research linkages between CLEN and CERTC members,
- New institutional memberships to expand CanUSACLENs membership base

Problems and Challenges- Challenges faced by CanUSACLEN institutions and individual members are: inadequate funding for network activities, competing priorities, budget cuts, CanUSACLEN leaders transferring to other institutions.

11.2. CHINA CLEN

JX presented the ChinaCLEN report on behalf of the ChinaCLEN president Prof Jiyao Wang. It has 9 CEUs and 2 CERTCs.

Capacity building / Training: ChinaCLEN provides Undergraduate, Graduate and Postgraduate courses in Clinical Epidemiology, Evidence Base Medicine, Statistics in Medical Research and Developing Research Ability.

Involvement in Health Policy Decision-Making and Impacts: Prof. Jiyao Wang and most of the directors of CEUs are severing as the expert consultants of different agencies of the State Council of the People's Republic of China.

Proposed Network Activities

- The First Clinical Epidemiology Forum, 15-17 April, 2011, Shanghai
- The Second Clinical Epidemiology Forum, in the second half 2011, Beijing
- The 12th Bi-Annual Clinical Epidemiology Conference of China will be held in 2012.

Problems and Challenges- In spite of the achievements of ChinaCLEN in the past 20 years, not many inter CEU collaborative studies are underway. The key issue is to pursue more the major collaborative research initiatives for the tight cooperation within and among CLENs.

11.3. EuroMed CLEN

Dr François CHAPUIS (President) presented the report for EuroMed CLEN. It has 5 CEUs and 5 CERTCs.

Capacity building / Training- CEUs and CERTCs of EuroMed CLEN provide various courses for PhD, Masters and Distance learning.

Involvement in Health Policy Decision-Making and Impacts- Pr Yves Matillon, former adviser to the French Ministry for Health and Director of the French National Agency in charge of accreditation process for Health Care Organizations and Technology Assessment was nominated in 2006 as Head of a **national task force**. Pr Olivier Claris, member of EuroMed CLEN Board, is the President of the Lyon Hospitals Medical Board. Dr Gilles Landrison, a member of Lyon CERTC, was nominated in 2010 as head of a national task force in the French Ministry of European and Foreign Affairs.

Proposed Network Activities

- **Lyon** - The next Board of Directors will take place on May 16. CERTCs of Aarhus, Lausanne, Lyon and Quebec will be accredited. A new cooperation with Merieux Foundation will be created with Laos and, if it is possible, with African countries. In May 2011: Site visit in Cluj (Romania) in view of the accreditation of a CEU. Start up of Clinical Epidemiology courses to General Practitioners.
- **Lyon Annaba** - 2 Ethics seminars (March 16 – June 5 to 6, 2011), 2 Ethics videoconferences (January 2011)
- **Lausanne** - The IUMSP (University Institute of Social and Preventive Medicine) is 40 years old. A scientific meeting will be held in Lausanne on January 25 and 26 (www.iumsp.ch).
- **Problems and Challenges** - Irregularity and unpredictability of financial resources, conflicts in time protection, expansion of the network, implying a higher workload for the EuroMedCLEN office in Lyon.

11.4. IndiaCLEN

AKN (President) presented the annual report for IndiaCLEN. It has 13 CEUs and 2 CERTCs.

Capacity Building / Training: M.Sc/ M. Phil in Clinical Epidemiology are given at the CERTCs.

Network Expansion: With the support of MCH-Star four new CEUs (Rajinder Institute of Medical Sciences, Tata Motors Hospital, Motilal Nehru Medical College, and Jawaharlal Nehru Medical College) were established in 2010.

Preparation and Execution of the Five Year Plan of IndiaCLEN with MCH-Star Support: The five year strategic plan is being prepared for IndiaCLEN. The plan will take into account the immediate priorities of IndiaCLEN which are:

- To attain self-sufficiency.
- Expansion.
- Greater credibility and wider recognition.
- Improving the capacity and technical know-how of its members to emerge as leaders in public health.
- Become a champion of MNCHN and provide technical assistance in India and abroad.

These would be achieved through implementing focused research, capacity building and policy and advocacy action plans.

11.5. INCLLENAfrica

Secretariat compiled the reports from CEUs and CERTCs (6 of 9) of INCLLENAfrica and KD presented the annual report. Dr. Amr A. Hassan is the president of INCLLENAfrica. It has 6 CEUs and 3 CERTCs.

Capacity building/ Training: All CEUs and CERTCs of INCLLENAfrica provide various courses for PhD, Masters, Diploma/Certificate and Distance learning. Makerere University is trying to start a PhD program.

Proposed Network Activities:

- To complete the registration of IA as a regional network
- To improve communication between the secretariat and the council in order to make decision about the position of Secretary general and the status of secretariat office.
- Plan to hold Council meeting
- To continue collaboration with IEO on the new initiative and ongoing projects.

Problems and Challenges:

There is a growing feeling among member CEUs that the identity of the network is weekend due to difficulty in establishing collaborative work. Some members have questioned the benefits gained by being part of the Network as the main challenges continue unresolved in the form of:

- Sustainability through attracting new resources to the CLEN
- Team building and ownership among and between CEUs
- Communication among the CEUs and CERTCs in Africa
- Organization as a formal regional NGO
- Funding problem
- Increase publication rate

At CEU level the challenges are:

- Staff attrition
- Lack of adequate engagement of CEU alumni in research activities
- Continuing education especially in the areas of Biostatistics, Health Economist and Health Social Scientists.
- The teaching workload is quite enormous
- De-motivation by members to participate in network activities because of limited or lack of network collaboration activities.
- Unreliable internet connection at some of the institutes (e.g. Nairobi)
- Office space constraint at some of the institutes (e.g. Nairobi)
- Developing a Health Technology Management Unit (e.g. Johannesburg)
- Still facing problems of staffing and financing (e.g. Makerere University)

11.6. INCLLENAsia

Secretariat compiled the reports from CEUs and CERTCs (17 of 21) of INCLLENAsia and DS presented the annual report. Dr. Manuel Emerson Donaldo is the president of INCLLENAsia. It has 15 CEUs and 6 CERTCs.

Capacity building/ Training: CEUs and CERTCs of INCLLENAsia provide various courses for PhD, Masters, Diploma/Certificate and Distance learning. A large number of workshops on research methodology and related fields; biostatistics; proposal writing; quality of life; health information system; ICD-10 coding for clinicians; pharmaco-epidemiology; use of internet were conducted.

Involvement in Health Policy Decision-Making: The CEU and CERTCs members had active participation in health policy decision making at various levels.

Proposed Network Activities

PhilCLEN Meeting will be organized

Problems and Challenges:

- Dire need of new blood and younger membership; need to augment faculty members who are also researchers; high clinical and teaching load along with administrative load hampers with research activities; several senior members are retiring or have already retired.
- Financial problem; no funds to keep CEUs/CERTCs functional; funds are required for staff, communication;
- No collaboration and support from global and regional CLEN offices;
- Limited options and facilities for sustaining the capacity building activities;
- Resistance to evidence based medicine and little interest in clinical epidemiology.

11.7. LatinCLEN

Dr. Sergio R. Munoz, Director, presented the report of LatinCLEN. It has 11 CEUs and 6 CERTCs.

Capacity building/ Training: CEUs and CERTCs of LatinCLEN provide courses for Masters and, Diploma/Certificate.

Involvement in Health Policy Decision-Making and Impacts: Several projects in Argentina and Chile related to health sector reform.

Proposed Network Activities: Participation at the Cochrane collaboration colloquium to be held in Madrid, Spain (2011) and LatinCLEN XII to be held in Peru (2012)

Problems and Challenges:

- Very little activity among CEU"s and CERTC"s. Several calls to members have been done in order to revitalize the network.
- A new Executive Committee needed to be elected but no interest has been shown for members. No volunteers for accepting responsibilities at this level.
- The main challenge is the revitalization of the network. LatinCLEN has a very sophisticated information system, but it is fully unutilized. The domain www.latinclen.org and the hosting are being paid from a member"s pocket.

12. Legal and Administrative Matters

12.1. Permanent Registration under FCR Act-

- The Trust has applied for permanent registration on 29-09-09.
- The review process is still ongoing.

12.2. Exemption under 80G of IT Act-

- The previous 80G exemption expired on 31-03-2008.
- Trust reapplied for registration on 25-01-10 which was rejected due to inadequate charity work by the Trust.

12.3. Exemption under 35(1) of IT Act-

- Trust has applied for exemption on 07-12-09.
- Review process is still ongoing

12.4. Recognition as Scientific and Industrial Research Organization (SIRO)

- SIRO recognition has been renewed in August 2010 for 3 years period.

Discussion and decisions

- NKA suggested having a MOU between IndiaCLEN and INCLEN for routing foreign funds through INDIACLEN in case INCLEN does not get permanent FCRA registration. INCLEN will pay 1% as the administrative charges for all the funds so routed and also take care of the annual audit charges.

- BOT approved of the proposal. IndiaCLEN president asked the secretariat to proceed with development of the MOU.

12.5. Court case related to old office premise

- The Trust is defending a court case filed by R.D. Ramnath & Co., owner of the previous office filed in September, 2008 for vacation of premises and enhanced rent and damages for overstaying in his premises. The Trust vacated that office in May 2009.
- The case for enhanced rent and damages for overstaying is still going and is being attended by authorized representatives on every hearing.
- Last hearing was on 25th January 2011.
- BOT was informed that the Trust might have to pay additional rent if the court decided to enhance it for the period overstayed.

12.6. INCLLEN Logo registration in India

- We propose to register The INCLLEN Trust International logo in India.
- It is expected to take 8-12 months for the process.

12.7. Revision of Standard Operating Procedures (SOP)

- SOPs have been updated in the context of the law of the land based on the external evaluation reports by “Grant Thornton India” and “Manford Blue Ocean Pvt Ltd” on IndiaCLEN activities.
- The Revised SOP is divided into five divisions: Governance, Grant Management, Finance Operations, Human Resource Management, and Forms and Formats. Important changes proposed were:
 - In Finance Manual
 - Adoption of Accrual method of accounting
 - Creation of Development Fund
 - Accounting for surplus/loss of exchange rates
 - In HR Policy
 - Leave encashment option for unutilized leaves
- The revised SOPs were circulated to Board members in 2010, and approved.
- The revised SOPs are in action since October 2010.

12.8. INCLLEN Independent Ethics Committee (IEEC) Need

- Regulatory requirement for Department of Science and Industrial Research for SIRO recognition
 - Increasing number of projects- developed by INCLLEN- IEO and also collaborating programs
 - These projects need to be reviewed by ethics committees promptly
- So, INCLLEN Independent Ethics Committee has been constituted to facilitate research program implementation at INCLLEN.

Month of Initiation: January, 2011

Number of Members: 12

BOT was informed that IIEC is separate and independent from that managed by IndiaCLEN office.

12.9. Setting up of INCLLEN Trust Development Fund

- The INCLLEN Trust Development Fund to be set up to optimally utilizes funds and balance overheads of completed projects/programs.
- Resolution drafted and put for Board discussion and approval

It was proposed to create a specified fund named The INCLLEN Trust Development Fund to finance activities not linked with projects.

Need

- Develop corpus fund for overall organization development
- Meeting the administrative costs
- For covering the core expenses during lean phases

Source of fund

- Unutilized grants of completed projects/programs which can be transferred to this fund under intimation to donors.
- Interest earned on investments made out of project fund can be transferred to it if donor agrees.
- Part of unspent overheads will be transferred to it.
- All surpluses of income & expenditure account

Utilization of the fund

- Fund will be utilized for furthering the mission and vision of the Trust

Managing the fund

- The Executive Director shall be authorized to decide upon usage of INCLLEN Development Fund as per the SOP of The Trust.

Discussion & Decision

BOT approved the proposal of setting up of the INCLLEN Trust Development Fund. A new bank account will be opened for the purpose.

13. Work Plan for 2011-20112

Strategic matters - Reinventing INCLLEN

During BOT 2010, Executive Director had presented the „INCLLEN Reinvention“ plan as the strategic plan for the organization. Based on the BOT discussions and formal as well informal feedback from within and outside INCLLEN network, a revised “INCLLEN Strategic Plan 2011-2015” is put for Board discussion and follow up action. **(ANNEXURE IV).**

Summary of Strategic Plan 2011-2015

INCLLEN was established in 1980 by Rockefeller Foundation with the aim of improving health in the developing world through the dissemination and application of new discipline of clinical epidemiology to clinical practice. During 1980 to 1999, Rockefeller invested sizeable resources for the training of over 700 faculty members from 27 developing countries in the core disciplines of clinical epidemiology, epidemiology, biostatistics, health economics and

health social sciences. Since 2000, the Network is struggling to generate resources but attempts to encourage funders to invest for the core functioning of the INCLLEN network have not succeeded. INCLLEN Network has to gear itself to the challenges of a new environment where resources are available for policy and program relevant issues, for demonstration of scaling up established interventions, and for implementation research. Central to any strategic plan will have to factor in this reality. During 2005-10, core activities of INCLLEN could carry on primarily because INCLLEN Executive Office (IEO) developed and implemented several such projects mostly through the Indian Network. The global Network therefore needs to be strengthened in a manner that ensures constant and creative engagement of the members through large multi-centric, multi-country and demographic surveillance site based policy and program relevant studies concurrently with capacity building and resource generation. A large pool of trained faculty located in a Network of CEUs and CERTCs shall remain the unique selling proposition of INCLLEN and attraction for donors, policy makers and users of research.

Five interrelated strategic goals with related operational plans have been identified to provide for the INCLLEN vision and mission and align it to organizational development plan. Goals relate to (i) INCLLEN leadership, (ii) network expansion with knowledge exchange, (iii) undertaking research projects, (iv) building health research capacity, and (v) advocacy for translation. The Strategic Plan focuses on our current priorities; it retains flexibility and adaptability to changing circumstances and new opportunities and will have institutional mechanisms to maintain global outlook of INCLLEN.

As part of the leadership agenda of the organization, it is proposed to strengthen INCLLEN Executive Office and establish of INCLLEN Institute of Global Health (IIGH) as the institutional platform for research, training, translation and resource generation. IIGH shall perform as an engine for development and execution of projects and programs of the organization and host and facilitate activities of a Strategic Think Tank. IIGH shall have flexible contours to accommodate individuals, institutions and issues for larger aim of improving the health of people. Faculty from INCLLEN network and other parts of the world will be invited and provided an enabling environment at IIGH; raise their salaries to any possible amount which the donor agrees; and execute large multi-country, multi-centric studies with technical and administrative support of the IIGH. All these will be INCLLEN-IIGH projects and programs; funds will be routed through INCLLEN and thus the proposed strategy will be an essential resource generation mechanism. Talent building activities for research leadership will be resumed particularly in low and middle income countries through a structured mentorship program of “Learning-by-Doing” linked to on-going projects and leveraging on the resources and experiences of INCLLEN CEUs and CERTCs. Existing Network has to be consolidated through a series of measures, and expanded to bring in our fold new institutions, members and partners on the lines of IndiaCLEN Program Evaluation Network (IPEN). Aim will be to have a network, which will have an effective communication eco-system, contribute scientifically, facilitate generation of resources and evolve a strong mechanism for creation of next generation of research leadership. Partnership with organizations and investigators who have established demographic surveillance sites will be sought. An advocacy cell will be established at IIGH to translate research findings in to policies, programs and clinical guidelines. Proactive engagements with donors and funders for supporting and investing with INCLLEN to achieve their global health agenda in low and

middle income countries will be an important strategy for resource generation and sustainability of the INCLLEN. In the interim, internal funds of INCLLEN will be used for implementing the proposed strategic plan. Approximately \$ 300K will be required over next 18 months as the seed money to initiate activities under the strategic plan particularly those related to establishing the IIGH.

A Network-wide consultation to obtain feedback from individual INCLLEN members, CEU/CERTC directors and CLEN Presidents and their executive boards will be done before finalizing the strategic plan. Board will oversee its implementation through Program Committee and Search Committee.

Board discussions & decisions

There was an extensive discussion on the proposed strategy document.

The Board unanimously felt that continuing business as usual is not an option for INCLLEN. The proposed strategic plan was an appropriate and pragmatic option that has enough chances to succeed. Hence it should be made operational without delay.

The board emphasized the context in which the new plan was brought in. The contexts when INCLLEN came in to existence in 1980, and subsequently when last transformation occurred in 2000 were different from that in 2011. Equally important are the uniqueness of INCLLEN as an academic network compared to other organizations that have usual university framework. BOT felt that the broad framework of the proposed INCLLEN Institute of Global Health (IIGH) and INCLLEN Network should be trinity of research, training and translation of research findings. There are parallel examples elsewhere of institutions that do not function as universities but have university linkages. These include ICDDR-B, Dhaka, Ifikara Centre, Tanzania, and African Population and Health Research Institute, Nairobi. It is essential to maintain balance be achieved between the proposed institute and network.

The proposed strategic plan is going to be a big undertaking; shall need larger and active support from BOT and all regional CLENS. Members emphasized that the new structure (IIGH) should be built on the intellectual capital of the network, and existing network must be strengthened in the process. As strategic plan is implemented, the non functional CLENS need to be revived and the global arm expanded. Board suggested that IIGH should be modeled as an organization with core values of research, capacity building, translation and resource generation. IIGH should have university affiliations. INCLLEN and IIGH should clearly differentiate from other public health institutions and complement the existing global health agenda through its unique network structure; which flexibility to expand as required. An operational plan which addresses the succession issues will be developed and include milestones over next one year.

Members discussed extensively about additional administration and resource requirements. INCLLEN will have to mobilize internal as well as new finances. Possibility of tapping private sector was also discussed. Governance during transition and subsequently was discussed in depth. As an additional issue, board concluded that attracting researchers and faculty at IIGH may be difficult without appropriate academic and or scientific designations. DH suggested to explore giving scientific designations as is done in ICDDR, B; for this Rockefeller laboratory document can also be seen. JS thought that academic titles may be more attractive. LS suggested exploring a combination model for this.

Overall there was consensus that there should be a simple Board to guide the affairs of INCLLEN network and IIGH. During transition process, BOT membership should remain same but the process of identifying new board members should start; new board members should bring strategic advantage to the organization. The Board suggested that current IEO leadership (Executive Director) must provide continuity till transition period is over. Board strongly recommended a widely consultative process for the adoption of proposed strategic plan and development of its governance structure. All CLENS and their constituent CEUs and CERTCs are to be involved in the process.

Prof. Habte, Chair of BOT concluded the discussion with the remarks that Board strongly endorsed the INCLLEN strategic plan 2011-2015 and termed it as a great move to salvage INCLLEN. Board felt that the strategic plan was the outcome of the cumulative experiences since 1980 when INCLLEN came into existence. There is need to focus on developing a robust governance mechanism with a rationale succession plan at both board and management level. DH also emphasized the need for additional resources to prepare an operational plan with more clarity on strategies to mobilize funds and structure of business plan that will sustain the IIGH and other components of strategic plan. Secretariat shall obtain views of CLENS and their constituent CEUs/CERTCs on the transition process and potential contributions from individual members.

Board discussed the modalities and next steps to operationalize the strategic plan 2011-2015. It emerged that one should not be nervous of bye-laws and SOPs for the new structure; these can be taken care off as the INCLLEN moves forward. A time line for next steps is to be prepared with formation of subcommittees to perform specific tasks.

Chair moved a motion for the approval of the strategic plan and was unanimously accepted by the all the Board Members.

14. Financial Matters

- Draft INCLLEN Investment Policy put for Board discussion and approval.

For sustainability and financial gains for the Trust with the available funds that can be invested in lawful manner for benefit of the organization to further the mission and vision. The recent grant from BMGF has resulted in a large cash balance (over USD 5m) for INCLLEN. Currently, only 0.5% interest is available on this deposit. Such an opportunity carries with it the responsibility to safeguard the principle while maximizing the return on investment. An ever changing global economy and banking world results in the need for flexibility and security in order to properly safeguard and preserve these funds over the next 3-5 years.

In view of these, the proposed investment policy was approved by the board. Executive Director was authorized to decide about the investment according to the laws of the land and the mission of INCLLEN Trust considering following conditions: Safety of funds; Return on investment and Future cash requirements. As per Government of India rules, INCLLEN Trust can make fixed deposits in one of the scheduled banks as per the list of Reserve Bank of India.

15. Budget (ANNEXURE V)

- Jayanta Sengupta, Senior Finance Manager, IEO, Delhi and Stephanie Combs, Philadelphia, presented the financial status for INCLLEN Trust and INCLLEN Inc.
- For the Philadelphia INCLLEN office, the board agreed on giving Stephanie \$2000 per month as her consolidated salary and \$400 as office rent for her home as we need INCLLEN to have a US presence. The board also suggested that we need a legal presence, physical space and mailbox in USA and endorsed the option of moving the US office to a university space in Boston or any other university with an expected cost of nearly \$500 per month. Option of moving to Seattle was rejected. JS would talk to the VC/ President of the Boston University for the same.
- The board approved the budget for the year 2011.

16. Board Resolutions

- The board reviewed and approved the following resolutions:
 - Policy on Research data and material ownership, sharing, access and application.
 - The INCLLEN Trust Development Fund.
 - Investment of INCLLEN Funds
 - Opening of project related new Bank accounts as and when required.
 - Appointment of internal and statutory auditors for The INCLLEN Trust International and
 - Appointment of legal auditors.
 -

17. Executive board session

- All board members had an exclusive board session. The secretariat was informed of the following decisions:
 - The proposed strategic plan will be made operational with immediate effect. Two committees will be formed: Search committee for identifying new Board members and chaired by Marcel Tanner; and Program Committee for developing legal framework of IIGH, SOPs and institutional mechanisms to maintain its international structure, it will be chaired by Executive Director.
 - ED tenure was extended for one more term (three years).
- Next board meeting would be held at Bessel, Switzerland on 29-30th August, 2011. MT kindly offered to host the meeting. Local stay, hospitality including venue and food etc will be taken care of by MT's Institution. INCLLEN will bear all travel related cost.

The BOT meeting 2011 ended with thanks to the Chair of BOT. Chair thanked the secretarial for the smooth logistics arrangement and coordination and called the meeting to an end.