

## MEETING MINUTES

**INCLLEN Board of Trustees Meeting**  
**Hotel Noormahal**  
**Karnal, Haryana, India**  
**March 05-06, 2012**

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### **Board Members**

**Present:** Demissie Habte (**DH**) Chair, Presiding Officer; Marcel Tanner (**MT**); Ranjit Roy Choudhury (**RRC**); Jonathan Lee Simon (**JS**); Robert E Black (**RB**); Francois Chapuis (**FC**) President, RECIF-Euro MedCLEN; Sergio Munoz (**SM**) President, LatinCLEN; Amr Hassan (**AH**), INCLLEN-Africa; Peter Tugwell (**PT**), President, CanUSACLEN and A K Niswade (**AKN**), President, IndiaCLEN

**Regrets:** Palitha Abeykoon (**PA**), Manuel Emerson Donaldo (**MED**), Jiyao Wang (**JW**)

**Secretariat Present:** Narendra K Arora (**NKA**), Manoj Kumar Das (**MKD**), Director Projects; Stephanie Combs, Finance Officer (**SC**), Faruque Ahmed, Professor of Global Health, IIGH (**FA**), Jasleen Kaur (**JK**) Executive Assistant

### **Day 1 (March 05, 2012)**

#### **Proceedings**

Meeting was called to order at 9:30 a.m. on March 05, 2012 by Chair, DH.

#### **1. Chair's Welcome**

- The Chair welcomed all the participants to the INCLLEN Board Meeting.
- Apologies were received from PA, JW and MED who were unable to attend this year's meeting.

#### **2. Board meeting Agenda**

- The Chair reviewed and approved the agenda items for the INCLLEN Board meeting.
- Chair also suggested that as some of the Board Members are reaching later, the agenda item on Disengagement with BMGF projects to discuss later.

#### **3. Introduction to new staffs at INCLLEN Executive Office and Somaarth Field Site**

- NKA introduced the IEO staff at Delhi and Philadelphia to the Board. NKA introduced FA joined as Professor of Global Health at IIGH to the Board. JK joined as executive assistant to ED. NKA also briefed Board that about 40 research and support staffs are in position at IEO-Delhi office and about 60+ field staffs are in position at Palwal study site.

#### **4. Last Board meeting minutes**

- Minutes of the last BOT meeting held during August 29-30, 2011 was presented to the Board.

#### **Discussion and decisions**

- The minutes of last BOT meetings were reviewed and approved by Board unanimously.
- Chair thanked MT and his office team (Christine Walliser) for hosting the last Board meeting during Aug 29-30, 2012 at Basel and supporting the local logistics.

### **5. Action taken report**

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

#### **5.1 INCLLEN Strategic Plan and establishment of IIGH Action Taken**

The Strategic Plan document is revised and placed for Board discussion and guidance.

##### **5.1.1 University affiliation Action Taken**

- IEO is discussing with the Hamdard University, New Delhi and a MOU has been drafted and shared with the Hamdard University
- IEO is in the process of application to Indira Gandhi National Open University, New Delhi for recognition as Regional Research Center

##### **5.1.2 Governance under the new strategic plan Action Taken**

- Governance framework and institutional organogram has been prepared as per the discussions held during last Board meeting and placed for discussion and approval by Board.

##### **5.1.3 Timeline Action Taken**

- Timeline for the activities has been placed for discussion and approval by Board.

#### **5.2 Include research projects in different CEUs and CERTCs as Network Program Activity Action Taken**

- Projects in the network in the program activity are included in the CLEN report and also in the Program Activity.

#### **5.3 Disengagement for the BMGF projects with Dr Vishwajeet Kumar as PI Action Taken**

- Based on Board guidance, the Bank accounts at Lucknow were frozen on Sep 06, 2011 and subsequently the Bank accounts were closed on Feb 23, 2012.
- A series of teleconferences were held with BMGF officials and BMGF has agreed for disengagement for the three projects.
- A Disengagement meeting was held on December 22, 2011 at IEO, New Delhi and as per the agreed terms, KPMG has been engaged for audit and administration on January 25, 2012. Also to guide the process, legal expert has been engaged.

- KPMG has started the investigative audit of Lucknow projects since January 30, 2012.
- Disengagement process is ongoing and expected to be completed by Mar 2012.

#### **5.4 Collaboration and partnerships Action Taken**

- INDEPTH Network: Collaboration for setting up demographic surveillance activity initiated in India.
- Public Health Foundation of India (PHFI): Partnership for Neurodevelopment Disability project at Hyderabad
- Apollo Hospitals Education and Research Foundation (AHERF): New research project initiated (NAFLD project) and collaboration for Convergence Meeting at Delhi is under discussion.
- Journal of Clinical Epidemiology (JCE): IndiaCLEN Special Issue publication is in process. Out of the 8 papers, 7 papers are accepted and 1 is under review. Publication is expected in next 3- 4 months.

#### **5.5 TOR for Principal Investigator Action Taken**

- TOR for Principal Investigator has been drafted and submitted for Board discussion

#### **5.6 Overhead from projects to be indicated separately Action Taken**

- Overhead component for projects is indicated in the financial report for the Board meeting as a separate line item.

#### **5.7 INCLLEN website renovation Action Taken**

- INCLLEN website has been renovated and the feedback and response is very encouraging

#### **5.8 INCLLEN Newsletter Action Taken**

- INCLLEN Newsletter restarted and the Newsletter circulated to Network in March 2012

#### **5.9 Old office premise court case Action Taken**

- Final decision on case for old office premise by Court given on 28 Feb 2012 and INCLLEN shall have to make balance payment to the owner.

### **6 Update on Program Activities**

MKD presented the update on the program activities at INCLLEN. The summary of projects operated through IEO is as follows.

Research Area	Ongoing projects	Projects developed
1. Child Health	3	5
2. Infectious Disease	3	3
3. Chronic Diseases	3	5

4. Neurology & Mental Health	1	2
5. Environmental Health	1	2
6. Vaccine Research	3	1
7. Health-Technology Assessment	3	0
8. Patient Safety	1	0
9. Capacity Building	1	0
10. Technical Assistance	1	1
11. Research Priority Setting	1	0
12. Science Management	2	0
13. Surveillance	1 (4 listed under other categories)	0 (3 listed under other categories)
<b>Total</b>	<b>24</b>	<b>19</b>

Detail of the projects is attached as Annexure.

Summary of on-going projects in the Network compiled from the CLEN reports were as follows.

Research Area	Ongoing Projects						
	CanUSACLEN	IndiaCLEN	EuromedCLEN	INCLenAsia	INCLen Africa	LatinCLEN	ChinaCLEN
1.Child Health		1		1	2		
2.Infectious Disease	1	1		9	3		
3.Chronic Diseases	2			13	4	2	2
4.Neurology & Mental Health	1			4	1		
5.Environmental Health					23		
6.Vaccine Research				4			2
7.Health-Technology Assessment		1	3	5	3		3
8.Patient Safety	1		1	4			1
9.Capacity Building				1	1		
10.Technical Assistance				5	5		
11.Research Priority Setting		2	5	8	4		2
12.Science Management							
13.Surveillance		2		1	1		
14.Clinical trial			3	3	1		3
15.Cost Effectiveness/Evaluation		2		2			
16.Maternal Health				4	7		
17.Monitoring and Evaluation					6		
18.Interventions					12	2	
19.Health system			8		15		
<b>Total</b>	<b>5</b>	<b>9</b>	<b>20</b>	<b>64</b>	<b>88</b>	<b>4</b>	<b>13</b>

### Discussion and decisions

- Board appreciated the effort of the secretariat for generating several new projects and maintaining resource flow..
- Board also discussed about the project activities in the network CEUs. A very large number of projects are going on addressing a wide range of important health issues. It is apparent that many of the network activities are not known to the CLEN offices.
- DH asked how IEO is able to attract funds for so many the projects in India. RRC intervened to add that the IEO has identified the government priorities and pursued them as a strategy.

- DH inquired the way IEO covers its various core organizational costs. NKA explained that we are leveraging the direct project expenses to cover several of the office expenses by multi-tasking of the personnel involved without affecting the quality and needs of the primary project milestones. The deficit mostly in the form of utilities, rentals etc. and some core personnel requirements are recovered from the overheads.
- RB asked about the primary affiliations of investigators; those from the executive office and those from the network? NKA informed that he is now PI for 4-5 projects only and rest are being led by the other investigators at IEO and a few projects are led by the network members. He also added that the DESS at Palwal has started attracting partners and donors and projects.
- There was extended discussion on SOMAARTH DESS set up near Delhi. RB asked if there is any strategic plan for sustenance of the DESS as this is a costly affair and also INCLLEN shall also need to take in to account of the complexity of adding several projects in the same area. MT added that DESS must have a pipeline plan to ensure usage and funding all the time. JS also added that DESS is a tremendous opportunity and this must not be considered as an ordinary DSS but seen and nurtured as a Development site. NKA thanked the Board for the valuable insight in to operations of Palwal DESS. He also informed of the efforts to build in resources for operating the core activities of the DESS in all the field projects. INCLLEN is also attempting to forge alliance with the state government and looking actively for relevant and feasible projects that can be executed in this location. He also added that the GIS epidemiology is a key component in the DESS. The Secretariat shall prepare and present the Strategic Plan for SOMAARTH DESS in the Board meeting next year.
- The Board also advised to circulate the MoU with INDEPTH to INCLLEN Africa units for their perusal. Setting up new DSS can also be used to generate resources by network units e.g. pharmacovigilance.

## **7 Update on disengagement of Lucknow projects (BMGF funded)**

- NKA briefed board about the evolution of events and course of actions taken related to the three projects funded by BMGF at Lucknow. Based on the Board's guidance the bank accounts at Lucknow were frozen in first week of September 2011 and later closed in February 2012. A series of teleconference with BMGF officials were held and BMGF agreed to disengagement for the projects. In December 2011 a disengagement meeting was held attended by the Principal Investigator & Director - Research & Evaluation (Dr Vishwajeet Kumar), INCLLEN Chair and Board Members, Executive Director, and representatives from BMGF. All stakeholders agreed for disengagement, INCLLEN and Dr Vishwajeet Kumar to sign a disengagement MoU, and engaging KPMG as the auditor and administrator. BMGF also agreed to cover the cost of disengagement including cost of engagement of KPMG and lawyer. INCLLEN drafted disengagement MOU and revised several times based on feedback from Dr Vishwajeet Kumar (VK) and BMGF, but VK refused to sign the MOU. KPMG was engaged on 25 January 2012 and started working since January 30, 2012. For the Board meeting, KMPG has submitted a status update report as on 31 January, 2012 and the same has been submitted to Board.
- NKA tabled and presented the status update report of KPMG and the issues raised in the report

- Project Funds (Emollient and Pre-term) were transferred to India from Philadelphia office to IndiaCLEN in June 2010 for administrative and legal reasons. (The issue was discussed and agreed in Board meetings of 2010 and 2011). Details of fund transfer and its utilization was discussed by the Board.
- The project funds were being used since March 2011.
- At Lucknow site, there were major lapses in financial and account keeping by the Principal Investigator.
- NKA informed that he was given to understand that BMGF has engaged KPMG to strengthen Dr Vishwajeet Kumar's organization (Community Empowerment Laboratory – CEL). However, KPMG has given in writing that there is no conflict of interest.

### **Board Discussion and decision**

DH and FC informed the Board that the Finance and Executive Committees were kept informed of all the development regarding disengagement process at all steps telephonically and through e-mails. DH and MT requested that the electronic copy of final KPMG report to be sent to all board members as soon as it is available.

NKA clarified to queries that BMGF has agreed to cover audit and legal costs and letter to this effect had been sent to BMGF for the record on the advice of Board members. PT raised the issue of insurance coverage for the Board members if any legal and financial issues come during their tenure with the Board. NKA and MT apprised Board that all Board members are covered for indemnity as per a policy taken and SC shall extract the policy document and circulate to Board members.

### **Summary**

The Board unanimously agreed on the following related to disengagement.

- Board observed that all the actions taken by the secretariat for initiating the studies at Lucknow were for smooth and speedy execution of the BMGF studies.
- In the current scenario, and in-view of events of last 6-8 months, INCLLEN/IndiaCLEN must disengage from all three projects as soon as possible.
- Ensure safeguard of INCLLEN and IndiaCLEN from all legal and financial aspects and all necessary actions may be taken for this purpose. NKA shall work closely with AKN, President IndiaCLEN for this purpose.
- INCLLEN/IndiaCLEN to engage the legal expert and auditor to handle related outstanding issues.
- Before final disengagement occurs and money transferred, letter to be signed that explicitly takes care and indemnify INCLLEN and INDIACLEN from immediate and long term effects. Final disengagement letter will be cleared by the Board.
- Inform Board members of the insurance and indemnity by INCLLEN executive office.

## **8 Regional CLEN Report**

### **8.1 CanUSACLEN**

Peter Tugwell presented the CanUSACLEN report. It has 2 CEUs and 9 CERTCs.

### **Capacity building / Training**

- The CEU at University of the West Indies (UWI) is currently building its capacity via the planning of a series of workshops on evidence synthesis in collaboration with the Cochrane Collaboration, the Pan-American Health Organization and the secretariat of CanUSACLEN, the University of Ottawa CEU. The series is planned to be held during spring 2012.
- CanUSACLEN is under discussion with People's University (Dick Heller) for program in China.

### **Involvement in policy and decision making**

CanUSACLEN members 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 CanUSACLEN 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. PT expressed his disappointment with INCLLEN for missing opportunities to partner with new organizations and expanding its sphere of influence.

### **Discussion**

- Several INCLLEN fellows do not mention and identify themselves as part of INCEN, but their CVs do mention their association with INCLLEN. Challenge remains for attracting star fellows of the Network to contribute towards the growth and visibility of the INCLLEN. PT strongly suggested collaborating and participating in the activities of Cochrane Collaboration and similar other national and global organization.

## **8.2 CHINA CLEN**

MKD 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 policy and decision making**

- Prof. Jiyao Wang serves as the expert reviewer of China National Natural Science Foundation
- Prof. Jiyao Wang and most of the Directors of CEUs are severing as experts and consultants of different agencies of the State Council of the People's Republic of China.
- The members of ChinaCLEN provided consulting service for both within ChinaCLEN and outside regularly. Services range from purely advisory assistance to complete design/ statistical analysis/data management support for projects.

### **Proposed Network Activities**

- Annual Academic Forum on Clinical Epidemiology, the Chinese Medical Association, April 2012, Hangzhou.
- The 12th Bi-Annual Clinical Epidemiology Conference of China will be held in October 2012.

### **Discussion**

Board complemented ChinaCLEN for its continued success and support from Government. DH and several other members suggested emulating this strategy for all other CLENs and INCLLEN units. IndiaCLEN consistently and currently IEO has also adopted the same approach and succeeded.

## **8.3 EuroMed CLEN**

Dr François Chapuis (FC) (President) presented the report for EuroMedCLEN. It has 5 CEUs and 5 CERTCs. Quebec University has not been responding and stopped taking students from EuroMedCLEN. Originally Quebec included in EuroMedCLEN owing to language. IEO to update addresses of the EuroMed CLEN.

### **Capacity building / Training**

- CEUs and CERTCs of EuroMed CLEN provide various courses for PhD, Masters and Distance learning.
- Several young researchers have bagged the researcher grants.
- Romania accepts students from French speaking African countries; it is economical for the students.
- New Masters in Disability and Rehabilitation has started in French language.

### **Involvement in policy and decision making**



- Dr Guy Chazot is president of Trace Elements UNESCO. This network, associating with the five continents, has the responsibility to coordinate research and training in order to develop new knowledge about trace elements.
- Dr Yves Matillon, former adviser to the French Ministry was nominated in 2006 as Head of a national task force. This national ministerial task force has the objective to propose a policy for monitoring and assessing competence, during active professional life.
- Dr Olivier Claris, a pediatrician, and member of EuroMedCLEN Board, was reelected as 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**

- Student exchange program between France and Denmark:
  - Trainees from Denmark will be in Lyon for 6 months.
  - Trainees from France will spend 2 months in Denmark
- Executive Committee meeting scheduled in Nov-Dec 2012.
- Meeting of the scientific Board and the Board of Directors which will take place in Nov-Dec 2012.
- The General Meeting of RECIF EuroMed CLEN will be held in April 2013.
- Morocco will be assessed in order to become a CEU.

### **Problems and challenges**

- Irregularity and unpredictability of financial resources.
- Conflicts in time protection by members

### **Discussion**

DH complemented EuroMEDCLEN for being active and undertaking so many activities. RRC also appreciated for the excellent report and asked how can we do business more than usual and publications from CLENs and include name of INCLLEN network. FC clarified that there are issues related to publication as it has to follow the rules and CEU/RCIF names can be written in the affiliation. RRC and DH expressed that the future of INCLLEN lies with the CLENs and CEUs/CERTCs. We can only progress by taking multicenter studies. MT added that the francophone factor may be leveraged for expanding network and undertaking the activities. IIGH may be useful in this aspect, but CLENs need to lead and plan for strategic directions and animating the possibilities.

### **8.4 IndiaCLEN**

AKN (President) presented the annual report for IndiaCLEN. It has 13 CEUs and 2 CERTCs. IndiaCLEN shall have their general body meeting on April 21-22, 2012 in Nagpur. New President, Prof Shelly Awasthi will take over from AKN.

### **Network Expansion & Projects**

- Three new members were added to the Network since the last report. Applications have been received from three more institutes for recognition as CEU of IndiaCLEN. The matter is under consideration.
- Kurien Thomas is leading a project and working with Ministry of Health, Government of India to design the next phase of HIV-AIDS control program in India. This is a highly prestigious and visible activity. Same group was also involved with the program development of previous phase.

### **Discussion**

- DH congratulated IndiaCLEN for consistent good performance. RRC suggested that IndiaCLEN takes up mentoring of CEUs and CERTCs in other regions through twinning approach. PT encouraged forging partnership with groups in Nepal and Bangladesh that shall open up additional opportunities to be associated with Cochrane activities in the region.

### **8.5 INCLLEN Africa**

AH expressed his appreciation for IEO which compiled the reports from CEUs and CERTCs (6 of 9) of INCLLEN Africa. It has 6 CEUs and 3 CERTCs. AH suggested to drop Cameroon from the network for lack of individuals who could take over the CEU function.

### **Capacity building/ Training**

- All CEUs and CERTCs of INCLLEN Africa provide various courses for PhD, Masters, Diploma/Certificate and Distance learning.

### **Involvement in policy and decision making**

- Members are involved in the national committees responsible for the national programs and developing clinical guidelines
- As a requirement for national accreditation of the Faculty of Medicine Suez Canal University, a strategic research plan for the faculty based on the community and health policy requirement has been prepared.
- Dr Deb Basu is involved with Public Health program in Pretoria Province, South Africa
- Prof J A Matenga is involved in National Burden survey through Ministry of Health and Child Welfare, Uganda.
- Prof L Gwanzura, and Prof Rusakaniko, Zimbabwe are developing National AIDS Research Policy.
- Senior staffs of Ifikara Health Institute (IHI) serve on a number of technical groups –to provide advice directly to decision-makers at the Ministry of Health and Social Welfare, Tanzania.
- IHI senior scientists also serve on the Medicines for Malaria Venture Scientific Advisory Committee (MMV-ESAC).
- CEU members involved in preparation of National Guidelines for Family Planning Services in Ethiopia
- Addis Ababa CEU, Ethiopia associated with review of National Health Research Ethics.

### **Proposed Network Activities:**

- Develop CEUs at three other universities in Ethiopia as part of the Medical Education

#### Partnership Initiative

- To improve communication between the INCLLEN Africa secretariat and the council to decide 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:**

##### **CLEN and network level**

- Some members have questioned the benefits gained by being part of the Network. 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
  - Lack of communication among the CEUs and CERTCs in Africa
  - Organization of CLEN as a formal regional NGO
  - Funding
  - Publication

##### **CEU level**

- Staff attrition
- Lack of adequate engagement of CEU alumni in research activities
- Academic workload on members
- Lack of motivation among members to participate in network activities because of limited or lack of network collaboration activities
- Lack of continuing education, especially in Biostatistics, Health Economics and Health Social Scientists
- Unreliable internet connection at some of the institutes
- Office space constraint at some of the institutes

#### **Discussion**

AH apprised Board that he has moved to Middle East on sabbatical for last one year. To decide on the succession of CLEN headship, IEO facilitated two teleconferences involving INCLLEN Africa Council members. Council has decided that term of Dr Paul Rheeder will be extended as the President of the Council (2012-14) and Dr Debashis Basu has been nominated as the Coordinator of the network. He also added that Mecca Institute is also interested to have a CEU.

DH said that Africa has been a challenging region with too many countries. MT shared the example of IHI which has grown despite challenges. JS enquired what is the value addition and contribution of CLEN to the network and individual CEUs/ CERTCs. AH responded that there is no core CLEN activity. Most of the members are busy in routine academic and clinical activities. MT added that some of the units have not contributed optimally to the network, although they are active and involved with several research and multi-site studies. We need to have engines in each region. As there is no core fund available for the network activities and meetings, INCLLEN Africa need to reposition itself and leverage existing successful institutions e.g. the INDEPTH partnership and explore opportunities that are dedicated for Africa.

#### **8.6 INCLLEN-Asia**

IEO compiled the reports from CEUs and CERTCs (17 of 21) of INCLLEN Asia and MKD presented the annual report. It has 15 CEUs and 6 CERTCs.

### **Capacity building/ Training**

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

### **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**

- Retinoblastoma study is planned between Malaysia and Indonesia
- PhilCLEN and its constituents CEUs/CERTCs have been approached to come into partnership with national FDA. They will provide technical assistance to FDA to evaluate clinical trials for documenting efficacy and safety of drugs submitted for product registration in Philippines. Terms of Reference and memorandum of agreement is being negotiated at the moment.
- Develop CEU, BPKIHS, Nepal as a national and international training center

### **Problems and Challenges**

- Shortage of faculty and other academic commitments of the available faculty
- Increasing number of students but limited faculty commitment
- Increased request for research methodology trainings from other institutions
- To enhance medical writing skills to increase the number of publications
- To increase the volume of clinical research.
- There is increasing desire to create opportunities for regional networking for research projects, knowledge translation into policy and practice and training however, leadership is required to translate this idea.
- Lack of funding sources
- Lack of infrastructure support and equipment at CEU level

### **Discussion**

DH commented that the activities done by the units and members are huge and encouraging. He also expressed whether these can be used for showcasing and fund generation. RRC and AH proposed that we undertake intellectual mapping for the network including both research and capacity building activities. RRC suggested preparing a brochure reflecting the activities and potentials of the network as advocacy material. JS and RB asked how far we can include the activities of members who have secured funding themselves and worked without INCLLEN support. RB was interested in the network's capability to undertake collaborative research.

## **8.7 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 offer Masters and, Diploma/Certificate courses through face to face and distance learning mode. Distance learning course in Clinical Epidemiology is getting accredited by Chilean University. In this 2-year course, 18-20 students are admitted every year.

### **Intra-CLEN research & Involvement in Health Policy Decision Making**

- Several projects are on-going in Argentina and Chile related to health sector reform. Bolivia and Peru are also involved in these studies. There is close relationship with Latin-American Cochrane Collaboration.

### **Proposed Network Activities**

LatinCLEN XII meeting is to be held in Peru (May 23-25, 2012); jointly organized with the Ibero-American Cochrane group. In the previous meeting of the group 70 members were present in October 2011. These are all self financed.

### **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 little interest among members for accepting CLEN responsibilities.
- The main challenge is the revitalization of the network. LatinCLEN has a very sophisticated information system, but it is not fully utilized. The domain [www.latinclen.org](http://www.latinclen.org) is being paid from a member's pocket.

### **Discussion**

DH complemented the LatinCLEN for making efforts to maintain activity without funds. . LatinCLEN presents a good example for conducting self-financed CLEN meeting every two years linked to some conference/ meeting.

## **9 INCLLEN Strategic Plan 2012-2017**

NKA presented the revised INCLLEN Strategic Plan (ISP) based on the feedback obtained in August 2011 Board meeting. The ISP addressed the strategic objectives, work plan for each of the objective followed by the organizational relationship and organo-gram for implementing the strategic plan.

### **Discussion**

DH said that Board has already accepted the Strategic Plan in principle and asked Board members to give their comments and suggestion to further fine tune the plan.

AH asked to about the details of network consultation and feedback received. MT suggested that the revised strategic plan after March 2012 Board Meeting is sent to all the CEUs/CERTCs again as a last consultation process. The Network will be asked to send their suggestions for modifications if any. CLEN secretariats shall facilitate the process for getting the responses. MT suggested that after the responses are received, a Board teleconference is to be organized to

decide the future course of action. NKA suggested June 2012 as the deadline for completion of the final consultation.

MT added that we can have an Executive Summary in French and Spanish for wider consumption and FC and SM can assist for the translation into French and Spanish respectively. It was unanimously agreed by Board that a meeting would be planned in the second half of 2012. Global Health Systems Research Meeting is being organized in Beijing in October-November, 2012. Board unanimously suggested that along with the Board Meeting, Global INCLLEN Meeting be also organized, linked to the Beijing Meeting with a special INCLLEN session to show case some of the recent operational and implementation research work of the Network. The occasion will also be used to formally launch the IIGH. MT suggested that ChinaCLEN may be requested for the possible support for the organization of the Global Meeting. He also mentioned about the possibility of supporting a few members from the INCLLEN Africa. Overall, it will be a self financed global meeting as INCLLEN has no finances to pay for the travel and local stay of the participants.

### **Specific discussion on ISP goals, objectives and operational plan**

Board members suggested that the guiding principles should be: leadership in global health, strengthening and expansion of network and maintaining the global character of the Network. Other issues listed as guiding principles are to be taken up as operational objectives and accordingly discussed.

The Board suggested that INCLLEN needs to reposition itself with the changing needs in health research and capacity building and align with other ongoing global health initiatives. For this, the strategic plan shall mention specific initiatives with which attempts will be made to forge linkages and partnerships. Regional CLENs will be involved in this process.

While identifying research areas and domains, current research activities along with interest of the network members, and CEUs/CERTCs, thematic groups, funding opportunities and national and regional research priorities should be taken in to account to encourage Network wide participation.

Secretariat will get in touch with Troped/ECTS and get the details of processes for obtaining international accreditation of the capacity building programs offered at different INCLLEN units across the Network.

As part of the Network consolidation and expansion, individual members can be given INCLLEN credential number or credential-business card to have a unique identity and encourage members particularly the younger ones to feel ownership with the Network.

There was discussion about the structure and function of IIGH. SOPs for the recruitment of Faculty and other functions are to be developed. Draft documents shall be circulated to CLEN presidents for their inputs. At present effort will be to obtain university affiliation so that it can offer courses that are recognized. The intention of university affiliation shall also be to attract better researchers and provide national and international credibility.

MT added that international accreditation is important and landscape of training should keep the global context in consideration. Possibility of offering dual degree, one from the parent CEU/CERTC and other from IIGH/INCLLEN will be explored. FC suggested that we can have a core program at parent institute and additional modules from IIGH. RB, SM and JS added that this strategy may also be motivating for the CEUs and for resource generation at IIGH. Student fee at IIGH will also be part of the resource generation plan for INCLLEN along with scaled up research portfolio.

RRC commented that the knowledge translation and policy unit need not have geographic boundary; the policy unit at IIGH can support the CLENs and CEUs across the Network.

Board members suggested that the network members can function as adjunct professor/faculty in IIGH. MT raised the possibility of linkage of demographic surveillance sites located across the network and leveraging them for academic and research activities.

As part of the discussions, Board also had an executive session attended by only the Board members.

DH summarized the discussion and action points.

- DH emphasized that the strategic plan focuses on strengthening INCLLEN, and IIGH is a part of the whole picture and a strategy to achieve the goal and the guiding principles.
- Secretariat shall revise the strategic plan document in the light of Board discussions and circulate to the CEUs/CERTCs and CLENs, collate the feedback and present the final version to Board and general body in the Beijing meeting. .
- IEO to coordinate and organize the China meeting. IEO to contact the CLENs for appropriate planning of the global meeting and INCLLEN scientific session.
- IEO to contact and coordinate with the organizers of Global Health Systems Research Meeting for INCLLEN session. .
- Each CLEN to identify suitable topic and presenter for the INCLLEN session.
- Board composition will be retained till next the Board meeting.

## **10 Legal and administrative issues**

### **10.1 Court case related to office premise in Yusuf Sarai (old office)**

- The final decision on the case for enhanced rent and damages for overstaying was given by the court in February 2012. The court decided that INCLLEN to pay an enhanced rent at @75/sq ft for the period of 08/05/2008 to 25/05/2009. So, INCLLEN will need to pay the balance rent as decided by the court and close the case. Board was informed that court decision was fair and in line with market realities. Boards approved the payment of balance rent as directed by the court and close the case.

### **10.2 INCLLEN Independent Ethics Committee (IIEC)**

- Six meeting of IIEC held till date. IIEC reviewed 13 proposals and approved 12.

### **10.3 Approval for Vehicle purchase for DESS activity**

NKA requested Board's approval for purchase of a vehicle for SOMAARTH DESS activity. The money available from project overheads shall be used for this.

#### **Discussion**

Board suggested that since it is an administrative and not Board issue, management should take such decisions at IEO level. If IEO can make the budget work, then they can buy the vehicle.

### **10.4 INCLLEN website**

INCLLEN website has been updated since Aug 2011 and is user friendly, easy in navigation and interactive. The new website is easier for updating and maintaining the contents. Several new features have been added like, dropdown menu for various sections and sub-sections. Website has a member area for Board members, and staffs protected by password for uploading documents for close circulation only. The network directory has

been updated. Limited directory (only name and institution) is available for open viewing and the detailed one is available for only members. The search module allows searching specific content and topic. There is a dynamic network map with CEU/CERTCs represented country wise on the global map. The pages are printer friendly and convertible to html/pdf format for printing. Compiled resources section comprises of open source research methodology literature, documents, and presentations for use by young researchers. There is a section for uploading the funding opportunities available in different areas for network and public consumption, and is regularly updated. Discussion forum for interacting on specific issues and developing new ideas and proposals is also integrated in the website. Event calendar, option for 12 language translation, linkage to social network (twitter, face book), email and online chat compatible format are likely to improve the usage. Soon a mobile browser compatible version will be launched. Since the launch of the new website, approximately 500 hits per day by about 200 visitors have been recorded and are increasing gradually. The visitors belong to different parts of world.

#### **Discussion**

Board members appreciated the effort of the IEO. DH requested that these features be shared with the network as it would be new and useful and benefit all. FC suggested linking of the favorite networks to INCLLEN website for easy navigation.

### **10.5 Library and documentation**

INCLLEN library resources are being digitalized and automated using WINISIS software. Digitalization of documents is being done using Greenstone software, a open source software, which supports multi-format and multi-type documents. Additionally, for each completed project a separate section with different components is being archived.

#### **Discussion**

Board members appreciated the effort of the IEO as this is useful for the IIGH.

### **10.6 Resolutions**

The following resolutions were discussed and approved by the Board unanimously.

- Confirmation of the engagement of KPMG to investigate and audit accounts at BMGF projects in Lucknow and their appointment as administrator for the disengagement process
- Appointment of Statutory Auditor for auditing the transactions for year 2011-12
- Appointment of Legal Advisor
- Appointment of Internal Auditor
- Authorization for bank account operations
- Authorization for investment of funds
- Engagement of Legal Expert for Disengagement of BMGF funded projects
- Authorization for purchase of assets
- Authorization for hiring space

## **11 Financial Matters**

### **11.1 Audit for Year 2010-2011**



SC presented the financial status for INCLLEN Trust and INCLLEN Inc. SC presented the audit report and Form 990 for INCLLEN Inc for year 2010-11. JS proposed and MT seconded the approval of the audit.

NKA presented the audit report of INCLLEN Trust for the year 2010-11. SM proposed and AH seconded approval.

Both the audit reports were unanimously approved and accepted by the Board.

NKA presented the budget for the year 2012-13. A total of US\$ 260k for core funding of IEO and \$100k for the strategic plan cum IIGH was projected. As per the Board's decision to have a BOG meeting in China, additional US\$20K was added to the IEO budget. DH proposed the motion, SM seconded the approval of the proposed budget of US\$ 280K for IEO and US\$100K for strategic plan cum IIGH. Board unanimously endorsed the budget. Only 3-5 participants of the INCLLEN session will be supported for travel and logistics. All the other INCLLEN members attending the global meeting will be self financed.

Additionally, NKA requested the Board that for convenience and to save time, Board may authorize any of the Delhi/India based Board Member to attend finance committee teleconference, sign all finance and other administrative papers as well as resolutions. The Board unanimously approved the proposal.

DH summarized the discussion:

- Approve the audit report for INCLLEN Inc.
- Approve the audit report of INCLLEN Trust.
- Approve the projected budget of US\$280K for IEO core activities and US\$100K for strategic plan cum IIGH
- Plan for an INCLLEN session and the BOG meeting linked to China Health Systems meeting in 2012. Also launch the strategic plan and IIGH during this meeting.
- Board approved authorization to Delhi/India based Board members to attend finance committee teleconferences, and to sign the resolutions on behalf of the Board as needed.

The BOT meeting 2012 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.