

**MEETING MINUTES**

**INCLEN Board of Trustees Meeting  
Hotel Atrium  
Faridabad, Haryana, India  
Feb 26-27, 2013**

**Board Members**

**Present:** Marcel Tanner (MT) Chair, Presiding Officer; Demissie Habte (DH); Ranjit Roy Choudhury (RRC) ; Jonathan Lee Simon (JS); Robert E Black (RB); Francois Chapuis(FC); Shally Awasthi (SA); Laura Sadowski (LS) in place of Peter Tugwell (PT), Jiao Wang (JW) and Carlos Gomez(CG) LatinCLEN.

**Regrets:** Palitha Abeykoon (PA), Manuel Emerson Donaldo (MED); and Paul Rheeder (PR)

**Secretariat:** Narendra K Arora (NKA), Manoj Kumar Das (MKD), Jasleen Kaur (JK), Saiji Thomas (ST), Sanjeev Kumar (SK)

**1. Chair's Welcome**

- DH initiated the meeting as the Chair and as was decided in the last Board meeting, he handed over the Chair to MT. The new Chair (MT) welcomed all the Board Members and Secretariat members to the INCLEN Board Meeting. Several members commented that this Board meeting was more important than we had in the past.
- Apologies were received from PA, MED, PR, who were unable to attend this year's meeting. In place of PT, LS represented the CanUSACLEN.

**2. Introduction to staff at INCLEN Executive Office**

- NKA introduced the IEO staff to the Board and briefed about the key changes.

**3. Last Board meeting minutes**

- Minutes of the last BOT meeting held during March 05-06, 2012 was presented to the Board

**Discussions and decisions**

- The minutes of last BOT meeting were reviewed. Motion was moved by RRC and seconded by RB and then minutes approved by Board unanimously.

**4. Action taken report**

- MKD updated the Board on the status of decisions and action taken.

**4.1 Feedback from Network on INCLEN Strategic Plan:** The strategic plan document was circulated to the network and obtained feedback from 74 out of 90 (88) institutions during April-July 2012.

**4.2 INCLEN Strategic Plan & establishment of IIGH:** The Strategic Plan document and implementation is revised and placed for Board discussion and guidance.

**4.3 Governance of INCLEN and IIGH:** Organogram and governance mechanism drafted for Board discussion.

**4.4 Interaction with Universities:**

- MOU is under discussion with Jamia Hamdard University.
- Application for Recognized Research Center of IGNOU has been submitted. This will enable INCLEN/IIGH to admit PhD students.
- Interaction with Amity University has been initiated.

**4.5 Faculty recruitment SOP development:** Draft criteria for faculty, scientists and research staff at IIGH placed for Board discussion.

**4.6 Timeline for the operation plan:** Timeline for the activities has been placed for Board discussion.

**4.7 Board meeting in China during Oct 2012:** INCLEN proposal for attending the meeting in China was not accepted initially by the organizers, but when later they accepted, time was very short to pursue. Also financial constraint prevented from organizing the meeting. .

**4.8 Disengagement process:** Significant progress has been made but yet to be completed.

All the transactions were reviewed by KPMG and final report was received by us in March 2012. All the employees and Investigators of the project were released on June 30, 2012. Principal Investigator (Dr Vishwajeet Kumar: VK) and Co-Investigator (Ms Aarti Kumar: AK) were released on June 30, 2012 but signed the disengagement document on Oct, 2012. All the premises used for project activities were vacated by June 30, 2012 and Lucknow office premise was vacated in Oct 2012. Moveable assets for Emollient and Preterm projects were handed over to Community Empower Lab (CEL) as directed by BMGF and that for ANISA project were transferred to Delhi (awaiting information for further transfer as per CHF, Bangladesh). The pending activities include:

- o Transfer of DNA kits to India
- o Audit for the 2012-2013
- o Balance fund refund to BMGF

Audit of the transactions for 2011-12 has been completed and the same for 2012-2013 is to be completed by April 2013.

**4.9 Collaborations and partnerships:**

- INDEPTH Network: Collaboration for setting up demographic surveillance activity initiated in India
- Public Health Foundation (PHFI); Partnership project for Neurodevelopment Disability at Hyderabad completed
- Apollo Hospitals Education and Research Foundation (AHERF); Our first collaborative project on childhood non-alcoholic fatty liver disease is completed. Discussions are on initiating a new project to comprehensively address non-communicable diseases and establishing a new surveillance site in District Chittoor, Andhra Pradesh.
- MOU with Government of Haryana signed for functioning in SOMAARTH demographic site

**4.10 Old office premise court case:** Balance payment for the old IEO office premise (Yusuf Sarai, New Delhi) paid and court case is now closed.

**5 Update on Program Activities**

NKA and MKD presented the update on the program activities at INCLEN. The summary of projects operated through IEO as follows:

Research Area	Ongoing projects	New projects developed
1. Child Health	1	3
2. Infectious Disease	4	1
3. Chronic Diseases	3	2
4. Mental Health	1	1
5. Environmental Health	1	2
6. Vaccine Research	4	1
7. Health Technology Assessment	1	1
8. Research Priority Setting	1	0
9. Science Management	2	0
10. Surveillance	1 (3*)	0 (7*)
<b>Total</b>	<b>19</b>	<b>11</b>

*\* Projects at Surveillance site SOMAARTH are included in the projects in other categories*

### Discussion and decisions

Board appreciated the effort of the secretariat for generating several new projects and maintaining constant research resource flow. RRC asked about the roadmap of INCLEN and how do these projects fit in with the roadmap for next 5 years? Several members commented that all these projects are India based and wanted to know how IEO proposed expanding and replicating these researches in other regions of INCLEN network. MT suggested that the evolving research portfolio should synergize with the new INCLEN Strategic Plan. He also suggested making a Gantt chart with projects, fund generated, projections etc and adding the publications to this. Issue related to competition with IndiaCLEN was raised by some members. MT suggested that that SOMAARTH needed to be part of INDEPTH Network and bio-banking facility may be set up as part of our field activities. LS added that the units are undertaking several projects at the institute level, but it does not make sense to include these as INCLEN projects. CG mentioned that there are 3 projects being done in LatinCLEN where more than 2 CEUs are involved, but these are not INCLEN projects. He commented that it's important to make a clear distinction of what is a network study? MT suggested suitable modification in the CLEN report format.

NKA informed that IEO has aggressively written projects, responded to RFAs and all its current grants are competitively obtained. The current success rate is about 1:8 of the proposals submitted. IEO is trying hard to expand beyond India and applying with multi-country projects; most recently INCLEN has applied to NIH (R01) for expanding NDD project to 4 south Asian countries. It appears, we may require some time when we succeed in getting multi-country projects. He also added that we can share the project documents and the associated tools that are currently funded with regional-CLENS or

CEUs/CERTCs if they are keen to pursue and apply for funding. We shall inform all the regional CLENs after this meeting regarding the proposals that can be shared for obtaining local funding. From next year onwards we shall have a presentation detailing efforts for internationalizing the activities of INCLLEN.

NKA clarified that IEO is particularly careful that IEO does not end up competing with either INDIACLEN or any other regional CLEN; IEO has been writing proposals and obtained the projects based on competition and there is no instance where INDIACLEN was also an applicant. NKA assured the Board that IEO does not have any intentions to compete with any CLEN at any time. When an opportunity arises, IEO shall facilitate the CLEN applications. IEO has focused on multi-center studies or large field trials. NKA highlighted that although the activities are focused in India, but the funders are primarily international.

## **6 INCLLEN Strategic Plan 2012-2021 and Feedback from Network**

NKA presented the INCLLEN Strategic Plan of INCLLEN including the consultative processes involved in the development and modifications till date. The process started in 2009 and first draft was first presented to BOT in February 2010. Thereafter, three rounds of BOT consultations and two rounds of Network consultations have taken place. The most recent Network wide consultation took place in April-July 2012.

He apprised the Board that it took 4 months and over 750 phone calls to get the responses from 74/90 (82%) CEUs and CERTCs. Two CEUs informed that they no longer existed and did not want to be part of the Network. Out of 74 CEUs/CERTCs, 48 endorsed the strategic plan without any change (65%), and 26% (19/74) endorsed it with some suggestions. There were 7 institutions (9%) which had reservations about the whole strategy and thought that INCLLEN cannot be revived in this manner. From the feedback, it was apparent that a lot of people are in favor of the new structure and arrangement. Members are interested to participate in the interest groups and technical advisory committees. Units want to be involved in multi-centric studies and participate in different formats of capacity building. There are suggestions for linking INCLLEN with professional groups and global health programs e.g. Cochrane collaboration and establishing IIGH branches in different parts of the network. There was suggestion on research priorities, and establishing subject specific interest groups. The key concerns raised were about the very existence and survival of the network in current research and academic scenario. Some of them had reservations about the worth of another global health institution and its current India centric activities with questionable value for institutions in other parts of the network. Notwithstanding their concerns and reservations, no definite suggestion/solution for bringing the change and revive INCLLEN as a Network and as an institutions were forthcoming. Overall message was that there is need for metamorphosis; need for INCLLEN to move forward and over 2/3<sup>rd</sup> of the units supported the proposed strategic plan.

## **Discussion and Decision**

In view of the overwhelming response from the Network once again, the Board unanimously decided to accept the INCLen Strategic Plan 2012-2021 and move forward with its execution.

The Board decided that several CEUs as network entities were non functional as was the experiment of regionalization. However INCLen has to move forward; willing and active CEUs are to be invited to be part of the new strategic plan. MT and other members suggested that the IEO gets in touch with the CEUs and CERTCs, finds out about their current membership, status of their fulfilling the INCLen membership criteria, willingness to contribute to the execution of new ISP and be part of the Network.

MT recalled the situation during 1999-2000 and briefed that different views were expressed by different CLENS. This lack of coherence may be due to lack of face to face meeting of INCLen general body for a long time now. This view was echoed by several Board members and expressed the need for organizing the global INCLen meet. There were several suggestions to materialize a global meeting: such a meeting can be organized once in 2-3 years; CLENS by rotation can be co-host; INCLen should not hold these meetings in the usual format but organize it in a strategic manner, it could be linked to another meeting e.g. IEA World Congress, meeting of the thematic groups so that it leads to network activity in the form of new proposals, and capacity building programs.

JW observed that ChinaCLEN survived because it formed an association which is holding regular general body meetings. She advised that regional initiatives may be allowed to move forward concurrently with the global initiatives of INCLen and IIGH. FC and SA also endorsed the views.

In view of the difficulties to attract talent and trained manpower at IIGH, MT suggested exploring the models of setting up research chair positions in different departments/divisions to ensure diversity, mobility and crystallization. RRC suggested tapping CSR funds from corporate sector in India. Regarding the network in Africa, MT informed that there is constant challenge for trained manpower in research but some of the strategies discussed may be able to attract qualified personnel from Africa as well.

DH observed that as we move forward to execute the new strategic plan, we must ensure that there is something for everybody involved and the strategy thus attracts members to re-connect with the network activities.

The Board strongly endorsed the view of holding the global INCLen meeting. A new format of face to face meetings should be adopted which nourishes the investigators and the Network. One of the key and strategic purposes of these meetings will be to give INCLen and IIGH a global character. Such initiative and revival of the face to face meetings will help re-connect members particularly the new ones once again with the INCLen movement and create awareness of the new developments in the network.

## 7 Execution of INCLIN Strategic Plan 2012-2021 (ISP)

NKA presented the execution plan for INCLIN strategic plan and IIGH establishment. He recalled the events and experiences of INCLIN since 2000 when strategy for INCLIN Transformation was implemented. He informed that there are positive vibes towards the new INCLIN Strategic Plan and IIGH among the INCLIN units, investigators and donors. Some major donors have enquired about our interest to play the fund manager's role as was done in the past by INCLIN.

Three goals of the 2012-2021 INCLIN Strategic Plan are: (i) *achieving leadership in global health; (ii) re-energizing and expansion of the network and (iii) INCLIN maintains its global character.* To achieve the goals of the new ISP, NKA felt that there is need for identifying and focusing on few niche areas and proactive engagement and partnerships with highly successful investigators and institutions across the globe beyond the Network. He emphasized the importance of governance structure of INCLIN Trust and the proposed IIGH. As we move with the execution of new strategic plan, the organization has to become more dynamic and action oriented. According to current bye-laws, BOT is the highest policy and decision making body but major decisions in INCLIN have to be ratified by the Board of Governors (i.e. the general body of INCLIN). At present, the BOG is not active; we did not have face-to-face meeting for a long time and hence getting opinion and ratification from the CEUs is a long and challenging process. For obtaining feedback on the 2012-2021 ISP, IEO spent four months, made over 750 calls besides e-communications. Therefore, there is need to seriously consider re-structuring the governance of INCLIN and IIGH to make the organization more dynamic and responsive to current academic and research environment. As per the legal opinion sought by IEO, IIGH is to be set up as a Special Purpose Vehicle (SPV) and a Public Charitable Trust at Delhi, India. For the SPV, a separate Board may be constituted with representation from the INCLIN Board and Network. In this manner, INCLIN will have three Boards: INCLIN Inc., The INCLIN Trust International; and INCLIN Institute of Global Health (IIGH).

Legal Consultant (Anshuj Dhingra) made a presentation to the Board about the challenges and options for IIGH as SPV. He suggested that IIGH is registered as a Trust with Board of Trustees as the highest policy and decision making body. He strongly suggested that IIGH should have a governance structure that makes the new entity more dynamic. The lawyer also informed that in the present global scenario, government of India has made very stringent regulations regarding foreign currency. The trusts operating in India requiring FCRA registration and handling of foreign currency should have at least 60% Indian trustees. It takes about 6-8 weeks to register a new Trust. While drafting memorandum and articles of the trust, he advised to be clear about the kind of governance structure INCLIN will be envisaging for future.

### **Discussion and decisions:**

There was extensive discussion regarding pros- and cons of having a separate Board for IIGH that has the flexibility of taking all the decisions and provide dynamism to the organization. However, several Board members were of the opinion that managing three Boards (INCLIN Inc., Trust and IIGH) will not be easy and complicate the overall governance of the organization. Multiple Boards might jeopardize the smooth functioning of the organization. MT proposed to have only one Board for INCLIN Trust and IIGH accommodating the required modifications and fulfill the requirements for FCRA in terms of BOT

membership. FC informed that trust has provision for more Board members and we can restructure the composition as per the government of India regulations. This was supported by the other Board members as well. JS suggested that Board passes a resolution for re-structuring the governance of INCLLEN Trust and CLEN heads then take this resolution to their respective networks. RB thought that since we have the mandate of the governing body for the new ISP and which includes the provision of special purpose vehicle in the form of IIGH creation, there is no need to go back to governing body for further consultations. There was also a suggestion that a separate board for IIGH is created at this time but over time, the Trust and IIGH boards can merge with modifications in the basic governance structure.

The Board suggested that the Secretariat prepared for both the options concurrently: (1) strategies and processes to bring about changes in the current composition of Board of INCLLEN Trust and its governance structure incorporating IIGH also in to it and (2) plan for establishing separate SPV Trust for IIGH.

Board felt that IIGH will be focal point for all the scientific, research and capacity building activities of INCLLEN. IIGH should aim for international accreditation for its different programs. Board also suggested for scheduling a session on human resource development and management issues (for about 2 hours) during Board meetings in future to further streamline the functioning of IIGH. There was also discussion on the faculty selection, payment criteria and performance assessment. This must have an international aspect. The Board also discussed about the challenges of possible variation between salary at the Institute and salary allowed by funder under a project(s). Board asked NKA and team to draft a plan on this and put forth for consideration.

The Board headed for an Executive Session in the forenoon of second day. MT briefed about the key discussions and decisions of the Board after the executive session:

- Board still thinks that organization will aim to have one board that takes care of the governance needs for a dynamic organization and membership composition that fulfills the FCRA needs
- As discussed on the first day, to keep the options of a separate board for IIGH open if the above issues remain unresolved
- The Secretariat to take another legal opinion to clarify various issues raised by the Board and suggest strategy(ies) for ultimately having a single board for the INCLLEN Trust and IIGH. JS to assist identification of a suitable legal linkage in India, from where BU has been seeking opinion and MT to identify the International legal expert for opinion, if required. MT and NKA to have teleconference with the legal consultant if required.
- The organization is on the right tract, but continues to be in a fragile state and shall require further consolidation.
- There has to be transition planning at all levels: identification of new Board members, re-defining of roles and responsibilities of the Board and the secretariat; identifying investigators who can write proposals and new programs which then can be taken to funding agencies and donors for support. We can seriously consider models from ICDDR, B and South Africa to second scientists for limited periods to accomplish pre-defined tasks. Structure and functioning of PHFI can also be studied as they are in the process of setting up multiple institutions.

- Three board members (DH, RRC and PA) are finishing the term. Board will require reconstitution in the light of discussions and changes that will occur to execute the ISP 2012-20121. JS agreed to stay on for one more year on the Board. MT will remain Chair of the INCLEM Board. MT suggested that the some possible names are identified, their brief CV be circulated to the Board and Board then takes a decision for their induction into Boards. Board also discussed the possibility of inviting representation from philanthropic organizations, management and private sector onto the INCLEM Board besides bio-medical scientists. Donors can be invited to be members of the Advisory Board.
- Reciprocal representation of Board Members on CHNRI Board and INCLEM Board is to be decided after CHNRI Board meeting. Possibility of reciprocal representation on the respective Executive Committees was suggested. DH will represent INCLEM on CHNRI Board for the forthcoming meeting (Feb 28 and March 1, 2013).
- All Board members thanked DH for serving the as Chair of the Board since 2007 and welcomed MT as the new Chair of the Board.

### **8 Disengagement of Lucknow projects (three BMGF funded projects)**

NKA briefed about the progress and current status of the disengagement process. He appraised that the PI, all employees have been released from the project services since June 30, 2012. All hired premises have been vacated and payments to the landlords have been done. All the vendors have been paid, except a few who were involved in vacating the main project office. The audit for years 2010-11 and 2011-12 has been completed by INDIACLEN auditor and on receipt of the pending receipts/invoices audit for 2012-13 shall also be done. After competition of the audit and clearance of all liabilities, we need to refund about USD 4.5 million to BMGF and Board resolution is needed. Board thanked IndiaCLEN for providing full support for the disengagement and related processes.

*Grand Challenge Project (GC-13) under Dr V Kumar:* NKA also appraised the Board about a grand challenge (GC-13) project undertaken at Lucknow by Dr V Kumar as PI. The funds were received from University of Washington at The INCLEM Trust. PI submitted final project report directly to the funding agency, but he has not submitted the original invoices to INCLEM (as required by FCRA requirements) to initiate reimbursement process despite repeated reminders. IEO consulted Auditor on this issue. Based on the experience of other BMGF disengagement projects, we are concerned and wish to return the fund to funder.

MT, RB and JS strongly felt that INCLEM should soon clear this account as well. Board supported and approved to return the balance funds to University of Washington along with a detailed note about the circumstances in which the funds are to be returned. NKA clarified that returning FCRA funds from India is a long process, but we shall do the needful.



## **9 Regional CLEN Report**

There were some common observations from the different CLEN presentations. These need to be put up upfront from the next Board meeting onwards. The format of CLEN reports will also be changed to capture the following issues with clarity. CLENs report a large number of research projects that are actually individual investigator driven projects and which are neither CEU based projects nor intra-CLEN activities. CLEN activities will be those projects where at least two CEUs are participating or when the projects are routed through the respective CEUs or the CLEN offices. These are to be presented as a matrix of research projects similar to that presented by IEO. Capacity building activities need to be consolidated across the CLENs and presented accordingly. Similarly, CLEN publications will be those that involve work done in more than one CEU, INCLEN members across the CLEN are co-authors and authors are presenting activities undertaken through CEUs. One of the sections of the reports will be for innovations in capacity building and research activities. Furthermore, Board decided that IEO with help from the CLEN presidents find out the functional status of the CEUs and CERTCs in different regions.

### **9.1 China CLEN**

JW presented the report for China CLEN. There are about 300 projects in progress across the CEUs/CERTCs. Several of the projects are part of the National Science & Technology Pillar Program in the Twelfth Five-year Plan Period of China. Clinical Research Collaborative Network led by China CLEN is providing clinical research methodology and technology service public platform in the country, where all the CEUs/CERTCs are involved. As part of the collaboration between Fudan University and Erasmus University, China CLEN is providing undergraduate and postgraduate courses in Clinical Epidemiology, Evidence Based Medicine, Statistics in Medical Research and Development Research Ability. Apart from this, over 500 doctors, researchers and more than 1000 residents have been trained in clinical epidemiology during last year. Seminars on the progress on the research area of clinical epidemiology were held regularly in Fudan University. The members of China CLEN provided consulting service for both within China CLEN and outside regularly. New China CLEN central office is opened at Evidence-Based Medicine Center of Fudan University since August 2012. This was possible due to support of the University head, an old INCLEN fellow. JW expressed willingness to be part of the virtual campus program of INCLEN.

### **Discussion**

Board complemented China CLEN and JW for the leadership, continued success and ability to obtain support from the members as well as from the Government. JW invited members of INCLEN Board to write reviews and editorials for the CHINACLEN journal 'Frontiers of Medicine'. DH suggested that CHINACLEN provided good lessons for the other CLENs to keep the network active. According JW, the key principles of success were: China CLEN joined Chinese Medical Association (Clinical Epidemiology) and continued as an association; earned lot of good will and credibility in the country and production of lot of students who have been able to help the CLEN in different manners. The support and facilitation by Fudan University Head, who is an old INCLEN fellow was also appreciated by Board.

### **9.2 EuroMed CLEN**

FC presented the report for EuroMed CLEN. Currently 10 units (6 CEUs and 4 CERTCs) are part of EuroMed CLEN. The units are undertaking various courses for PhD, masters and distance learning, several short term courses on clinical epidemiology and biostatistics. A biannual newsletter is published for members. Annual CLEN meetings are regularly held and next meeting is scheduled in September in Romania; this meeting shall also celebrate the 20 years of INCLIN French union. The creation of a new Clinical Epidemiology Unit in Belgium (Liège), represented by Prof. Olivier Bruyère was discussed during the meeting of the CLEN scientific council. FC informed Board about the extensive work of the CLEN in ethics and coordination of an Ethics Network of almost 2000 committees by EuroMedCLEN. The Quebec unit is not responding and likely that they are not interested to be part of the network. Similarly Cameroon is also not interested to continue to be part of the network. FC communicated willingness for participating in the IIGH and capacity building process. He suggested setting up EuroMed IIGH to strengthen current CLEN activities and establish closer relationship with the proposed IIGH at IEO.

### **Discussion**

Board appreciated the work being done EuroMedCLEN. MT commented that the several CLEN units are very much active and need to be have greater participation with the IIGH.

### **9.3 INCLIN Africa**

No representative from INCLIN Africa could attend the Board meeting due to last minute exigencies. The report communicated by PR was read by members. The report included activities from 3 CEUs. PR had also a sent letter mentioning the challenges of INCLIN in general and the CLEN specifically. MT commented that sites like IFAKARA are active and productive and completely committed to other networks. A lot can be done through such INCLIN units to activate the network. Board thanked PR for his candid assessment but felt that INCLIN Africa has to be more forward looking. Clinical Epidemiology needs re-definition as has been repeatedly discussed in the Board on several previous occasions. INCLIN is to be considered as a label and brand instead of harping on its literal meaning. NKA will write a letter and communicate with him on the issue separately.

### **9.4 IndiaCLEN**

SA presented the activities of IndiaCLEN. There are 4 ongoing research activities. IndiaCLEN has 10 seats for MPhil course at Trivandrum CERTC. SA appraised Board about the launch of Journal "Clinical Epidemiology and Global Health (CEGH)" in partnership with Elsevier publication. The journal shall be formally launched during IndiaCLEN annual meeting in Mar 2-3, 2013 at Lucknow. Annual meeting is focusing on PG training as the theme. SA also informed that support from Cochrane collaboration, MGR University and private industry has been collected for the journal. IndiaCLEN is to sign an MOU with Cytespace Research Private Limited a clinical research organization. This is expected to enhance the routing of Clinical Trials through IndiaCLEN network.

Board appreciated the effort of organizing annual meeting to enthuse the members. FC asked about the InterCLEN projects and relation with IEO. SA responded that there is no interCLEN project now. She also mentioned that although IEO and IndiaCLEN are separate legal entities, proximity is beneficial. MT

suggested that IEO and IndiaCLEN discuss their relationship and modalities of their joint activities in India.

### **9.5 LatinCLEN**

CG presented the LatinCLEN report. CG briefed about the CEUs and CERTCs and various academic courses offered by the units through face to face and distance learning mode. Limited information from the units is available about the research projects being undertaken in the network. The units are also involved in developing clinical practice guidelines. CG informed the Board about the challenges of surviving as network due to lack of interest and response from the members. Some sub-networks have been created based on the interest and need of the local faculty, e.g. in Columbia, Chile and Argentina. Website is also not functional due to fund shortage. He was particularly concerned about the need for resources to establish communication with members. Last LatinCLEN meeting was held along with Cochrane symposium in May 2012 in Lima. Next meeting is planned in 2014.

Board appreciated the efforts despite problems and challenges. Board persuaded CG to continue planning for the LatinCLEN meeting. NKA assured to look into the matter of making the LatinCLEN website operational.

### **9.6 INCLen-Asia**

MED could not attend the meeting this year as well. He also expressed inability to collect and compile the CLEN report. IEO compiled the reports from CEUs and CERTCs (15 of 20) of INCLen Asia. NKA also informed that for last 3 years IEO has been collecting and compiling the reports from CEUs/CERTCs. MT mentioned and requested CLENs to collect and collate the CLEN report.

### **9.7 CanUSACLEN**

On behalf of PT, LS presented the CanUSACLEN annual report. She informed that research and mentoring with support from other units is being done at Jamaica CEU. There are training and research activities ongoing between CanUSACLEN and LatinCLEN and IndiaCLEN. Several of members are involved in national, regional and global level policy making. She informed that Chicago CEU is being closed as there is no manpower and unit does not fulfill the requirements. .

Board appreciated the activities being done at CanUSACLEN and engagement of the members in network activities.

## **10 Administrative and Financial Matters**

MKD updated the Board on status of the MOUs. A MOU with State of Haryana has been signed to facilitate the SOMAARTH activities. An update on the MOU with Jamia Hamdard University, New Delhi was also given. Board endorsed both the MOUs.

Website update and hit rate was also presented. Board was also apprised on the activities of the INCLen Independent Ethics committee.

DH moved the motion and JS seconded proposal to approve the audit reports for 2011-12 for both Trust and Inc..

SK presented the financial status for the year 2012-2013. NKA thereafter presented the budget for 2013- In view of the increasing revenue generation and large volume of the projects handled by the organization, MT suggested that financial reports should be shared and discussed with finance committee twice a year. Financial report is to be presented against the plan for the year and reasons for variations if there are any. Similarly, available reserves with the organization and cash flow projections are to be presented along with the budget for the coming year. Secretariat need to consider adoption of international financial regulations which are also consistent with the laws of the land. IEO should avoid deficit budgeting and projected expenses for the year is covered with the revenue generated and available reserves. The secretariat will present the status of reserves available on 31<sup>st</sup> March, 2013 along with the budget to the Finance Committee through circulation for formal approval of the budget for 2013-2014.

#### **11. Board matters**

Next Board meeting was suggested during Feb 24-25, 2014 or Feb 28-Mar 01, 2014.

Chair thanked the Board members. Chair and all Board members expressed deep appreciation to DH for his contributions as Chair of BOT. Chair thanked the secretariat for the smooth logistics arrangement and coordination and called the meeting to an end.