

## MEETING MINUTES

### INCLEN Board of Trustees Meeting Hotel Radisson Blu Dwarka, New Delhi-110065, India July 12-13, 2014

#### Board Members

**Present:** Marcel Tanner (MT) Chair, Presiding Officer; Demissie Habte (DH); Ranjit Roy Choudhury (RRC) ; Jonathan Lee Simon (JS); Shally Awasthi (SA); Manuel Emerson Donaldo (MED); Hesham Fathey Esayed (HFE); Jiao Wang (JW); Carlos Gomez(CG); Laura Sadowski (LS) in place of Peter Tugwell (PT) and Debashis Basu (DB)

**Regrets:** Palitha Abeykoon (PA) and Francois Chapuis (FC)

**Secretariat:** Narendra K Arora (NKA), Manoj Kumar Das (MKD), Rajat Mendiratta (RM) and Sanjeev Kumar Dhiman (SKD)

#### 1. Chair's Welcome

- The Chair (MT) welcomed all the Board Members and Secretariat members to the INCLEN Board Meeting.
- Apologies were received from PA and FC, who were unable to attend this year's meeting. In place of PT, LS represented the CanUSACLEN.
- All the BOT members signed 'conflict of interest' declaration
- Meeting agenda was reviewed and adopted by Chair.

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

- NKA introduced the IEO staff to the Board and briefed about the key changes. Rajat Mendiratta (Chief Operating Officer), Dharmesh Lal (Advisor), Sonika Verma (Program Officer), Neeraj Kashyap (Program Officer Bio-informatics), and Rakesh Pillai (Junior Program Officer) are the senior staff who joined IEO during last one year.

#### 3. Last Board meeting minutes

- Minutes of the last BOT meeting held during February 26-27, 2013 and BOT teleconference held on October 21, 2013 were reviewed by the Board. The minutes were unanimously approved and accepted.

#### 4. Action taken report

- NKA updated the Board on the status of decisions and action taken.
  - 4.1** Mapping of the projects with the research portfolio of IIGH: The mapping was done and presented in the program update section.
  - 4.2** Hosting the global meeting: To be discussed in the context of current financial situation and evolving governance structure

**4.3** Reorganization of INCLIN Board: Legal opinion has been obtained in this context and a list of 14 potential new Board members has been identified. CHNRI reciprocal representation on Board has concluded. The organization and potential new members would be discussed as part of the operational steps of INCLIN Strategic Plan 2012-21 (ISP 2012-21).

**4.4 Interaction with Universities:**

- MOU signed with Hamdard University, New Delhi: Academic collaboration initiated and PhD admission is expected to start this year academic session.
- Indira Gandhi National Open University (IGNOU), New Delhi: INCLIN has been recognized as RRC (Recognized Research Center) and academic activities are expected to start next year.

**4.5 SOP for Faculty recruitment:** Draft criteria for faculty, scientists and research staff at IIGH tabled for Board discussion and approval

**4.6 INCLIN publication**

- BOT had suggested during last Board meeting that secretariat does a search for publications that have listed INCLIN/regional CLEN/CEU as the affiliation of the author(s). The search was done for last 10 years. IEO could locate 296 such publications emanating from all the seven regions and IEO. There is limitation of process of search for articles where INCLIN/CEU/CERTC are listed as part of affiliation; Pubmed and other data bases do not have mechanism to specifically look for these. There is no definite pattern but the number of such articles (296) is much less than members are otherwise publishing. It appears, not many INCLIN members mention INCLIN/Regional CLEN or their CEU in their affiliation.
- INCLIN project on neuro-developmental disability in children led to series of publications, presentations in national and international conferences and culminated in to a National Program in India

**4.7 Disengagement and closure of projects:**

- The disengagement process of projects based in Lucknow (PI Dr Vishwajeet Kumar) and funded by BMGF is completed and balance project fund have been returned to BMGF, Seattle. INCLIN retained \$150000 as indemnity fund to be returned after 3 years (2016-17).

**4.8 Collaborations and partnerships:**

- MOU with Government of Haryana is signed to work in Palwal District on various field projects. INCLIN is also working together with state health department to execute RBSK (Rastriya Bal Swasthya Karykram) program that included the research findings from INCLIN NDD project. Recently INCLIN was invited to develop three implementation research projects that have been submitted under WHO implementation program in Haryana.

**4.9 CLEN report template:** CLEN report template is revised as suggested by Board to reflect the research and capacity building activities that indicate their association with CLEN/CEU/CERTC.

### Discussion

- **Academic courses:** Board discussed on the recognition and accreditation of the courses offered at Jamia Hamdard University (JHU-Delhi) and Indira Gandhi Open University (IGNOU). Board stressed that the INCLIN courses and capacity building should - whenever possible - look for international accreditation and be affiliated to international credit transfer system such as ECTS through e.g TropED. This approach will also encourage CEUs/CERTCs units to go for similar accreditation.
- **Publication and credit to INCLIN:** Board discussed the issue of giving credit to INCLIN, regional-CLEN, and CEU/CERTC by the members in their publications. IEO to coordinate with the CLEN Presidents to improve the profile of INCLIN in scientific publications. High impact publications are one of the most effective strategies to improve the status and profile of INCLIN and regional Networks within the donor and scientific community. Secretariat with the help of regional CLEN representatives will attempt at annual listing of the INCLIN publications using bibliometric methods and to get top 20 publications that have influenced clinical practice, policy and public health programs.

### 5 Update on Program Activities

MKD presented the update on the program activities at INCLIN. The summary of projects operated through IEO is represented below. ([Detailed list of the projects as Annexure 1](#))

Research Area	Ongoing projects	New projects developed
1. Child Health	2	2
2. Maternal Health	0	2
3. Infectious Disease	2	0
4. Nutrition	1	3
5. Chronic Diseases	3	4
6. Mental Health	0	2
7. Environmental Health	0	2
8. Vaccine & Immunization Research	3	0
9. Health Technology Assessment	1	2
10. Research Priority Setting	1	0
11. Health Systems Research	0	2
12. Science Management	2	0
13. Capacity building	1	1
<b>Total</b>	<b>16</b>	<b>20</b>

## Discussion

Board appreciated the effort of the secretariat for generating several new projects and maintaining constant research resource flow with diversified research portfolio. The proactive approach of the IEO to generate research grants has helped it to survive. NKA clarified that INCLEN activities have remained India centric because despite efforts IEO has not succeeded in getting funds for projects in other parts of the network; during 2013-14, two proposals with multi-country study sites were submitted but were not approved; and currently almost all of the projects at INCLEN are competitively obtained. IEO has ensured at all times that it does not compete against India CLEN or any other regional CLEN. Within India, all multi-centric studies executed by INCLEN in recent years have involved India CLEN members. Meanwhile, regional CLENs have not been able to bring together investigators to write and submit any network proposal. **During discussion it emerged that several members in India and other regional**

**CLENs have been receiving big grants but do not route these projects through respective CEUs and CLEN secretariats due to administrative issues within their parent institutions.** INDEPTH network faces similar challenges. Board members endorsed the IEO strategy of competitively generating resources and avoiding competing with any of the regional CLENs. **After Rockefeller, no donor is ready to invest for the core activities of the Network and hence regional CLENs should work along with their constituent units and IEO to raise resources by harnessing the technical strength of their members.** Several Board members cautioned that **“expectation of entitlement in a network is undesirable”** and so support to CLEN offices and other activities will no longer be feasible because neither core funds nor a corpus is available. There was a suggestion that INCLEN should be present and visible on key global platforms; Board advised IEO to strategically decide on this issue so that it aligns with the overall program agenda of the organization and helps in raising resources.

The BMGF India pneumonia program grant was discussed. The Board was informed that President India CLEN is member of the joint working group. It is going to be a competitive grant and India CLEN members will be treated at par with other investigators.

## 6 Regional CLEN Report

### 6.1 CanUSACLEN

On behalf of PT, LS presented the CanUSACLEN annual report. CanUSACLEN members have been closely interacting and building capacity of members in University of West Indies (their newest member). In addition, CanUSACLEN members have conducted 7 capacity building workshops (India (2) and Chile (5)) with INCLEN members. *[Respective CLEN reports do not mention these activities in their annual reports.]* CanUSACLEN offered to collaborate with IIGH in strengthening capacity for conducting systematic reviews on key issues pertaining to LMICs. LS suggested for collaboration with Global Evidence Synthesis Initiative and participation of INCLEN at the global meetings on

public health to increase visibility. Next CanUSACLEN regional meeting is scheduled at Chapel Hill in winter 2015.

## **6.2 INCLEN Africa**

HFE presented the INCLEN Africa status report. Paul Rheeder resigned as the president of INCLEN Africa in March 2014 and thereafter, series of teleconferences were facilitated by IEO to re-organize the INCLEN Africa Executive. HFE is nominated as the Secretary General and DB as treasurer. There were real challenges in organizing the Africa Council teleconferences; many CEU directors agreed to participate initially but did not take up the call at the time of teleconference.

HFE informed that even after several reminders, CEUs did not send their report for CLEN report. He presented the current status from two CEUs (Suez Canal & WITTS) and remaining reports were from 2012 report. Membership is large but most are not active and not responding to the communications. Each unit is active at local and institute level as independent unit. DB submitted that Africa is a large continent with more than 50 countries and has regional and sub-regional communication challenges. He proposed to have South Africa CLEN with the two existing CEUs and adding few more from the regional and logistic aspect. Financial support for the CLEN office was raised.

## **6.3 China CLEN**

JW presented the report for China CLEN. A large number of projects are being undertaken at CEU and CLEN level and most of the projects were supported by government agencies. Several of the projects are part of the National Science & Technology Pillar Program in the Twelfth Five-year Plan Period of China. China CLEN has active research collaboration with Erasmus University. More than 200 journal articles and several monographs were published in 2013. In collaboration with the global medical organizations (GlobalMD), EMBA program will be launched at Fudan University in 2014. In Shanghai Nursing Evidence-based Care Center has been established.

China CLEN Executive Committee meetings are held regularly. China CLEN is represented in most of the national level conferences on clinical epidemiology and evidence based medicine. China CLEN news express is being circulated to the members and CEUs. Chair INCLEN Board addressed the conference of Chinese Clinical Epidemiology Association in May 2013 through video-link. Over 100 doctors, researchers have been trained in clinical epidemiology during last year.

## **6.4 LatinCLEN**

CG presented the LatinCLEN report. CEUs and CERTCs offer several capacity building exercises through both face to face and distance learning mode. CG expressed his difficulty in obtaining information from the units particularly about the network research projects. CINETS is a network of three universities (involving Universities Javeriana, Nacional and Antioquia) in Colombia (National Centre for Research in

Evidence and Technology Evaluation). Network have drafted 28 clinical guidelines for Colombia and 7 more in process along with the manual for implementing the clinical guidelines. Special LatinCLEN issue of JCE is in progress and 14 manuscripts from Spain, Colombia, Chile and Argentina are under review and 8 more are to be submitted July – August 2014. University of Javeriana CERTC is planning to start PhD in Clinical Epidemiology, MSc in Biostatistics and MSc Health Economics by next year. LatinCLEN meeting is being planned for 2015 in Colombia. Non-functional website, poor response from members and lack of resources to manage the secretariat were identified as key challenges.

#### 6.4 INCLen-Asia

MED informed Board about non response from the network institutes and members even after several reminders and communications. So there was nothing to report from INCLen Asia. (Reports for the last three Board meetings were directly collected and collated by IEO with lot of effort and resources.) He also updated Board that a special issue was planned for JCE. MED and Antonio Dans circulated the offer to all members but only Japan CEU (2 articles) responded to request for the special issue of JCE other than authors from Philippines (90% articles).

#### 6.5 EuroMed CLEN

FC was not able to attend the meeting but sent the annual report. The report was reviewed by the Board and noticed that capacity building is the key activity of the CLEN reflected in the report.

#### 6.6 IndiaCLEN

SA presented the activities of IndiaCLEN. Out of 15 CEUs, SA could obtain progress report from 3 CEUs. There are 3 ongoing IntraCLEN research activities. IndiaCLEN has ongoing MPhil course at Trivandrum CERTC. SA informed that the Journal “Clinical Epidemiology and Global Health (CEGH)” has been launched in partnership with Elsevier Publications. The CEGH has been listed in Scopus, Science Direct, Hinari and lined for Pubmed listing. Annual conference with focus on postgraduate capacity development was organized in Mar 2013 and this year conference is planned for Sep 2014. These conferences are self financed and attendees seek support from their institutions. In addition, IndiaCLEN day was celebrated by organizing activities in the respective institutions.

### Discussion

There was extensive discussion on the current state of the Network and issues related to its functioning. **In general, Board observed that although individuals are actively engaged in their research and capacity building activities, as a Network not much seems to be happening.**

There are several formal and informal interactions between INCLen members and units across

regions, which remain un-documented. Thus INCLEN as a Network has succeeded in providing a platform for sustained technical and research communication and relationships among its membership but this has not lead to activities that can be termed as Network programs. Board was appreciative of the specific challenges in INCLEN Africa. **The key concern among members from Network perspective is 'what is there in it for me'**. This needs to be discussed in detail during the forthcoming INCLEN global meeting. In several parts of the network, CEU/CERTCs were functioning till dedicated funding was available but now many of these units have closed down due to lack of support from the host Institutions. Most of the INCLEN members are not keen to route their projects through CEU/CERTCs. 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. Units in CanUSA CLEN and Euromed CLEN are able to get support from their host institutions. China CLEN has formed Chinese Clinical Epidemiology Association which has also helped in keeping the network active and expanded its membership base. Chair and Board observed that EuroMed CLEN could potentially raise project funds from EU under Horizon 2020 and EDCTP-2 funding mechanisms. Significant resources are available under these funding platforms and African countries can particularly benefit from this. Euromed CLEN can pursue EU funding platforms and may also partner with Francophone countries in Africa for projects. The publications also do not mention regional CLEN or INCLEN or their respective CEUs in their affiliation.

**Communication challenges** within the global network as a whole and at regional level were discussed. Environmental scan for research grant opportunities is being done at IEO and updated at regular interval. NKA offered that IEO shall host and maintain the websites of the all regional CLENs. The CLENs shall have the responsibility of providing the contents for the web-pages. An INCLEN network news letter is to be circulated and HFE took the responsibility for bringing out the same at regular interval. To improve communication between IEO and rest of the Network, Board suggested appointing a communication officer cum network coordinator at IEO.

The proposal by DB for setting up South Africa CLEN was deferred till the next Global INCLEN meeting.

## **7 INCLEN Strategic Plan 2012-2021 (ISP 2012-21) implementation**

### **7.1 INCLEN-IIGH Functioning**

NKA apprised the Board of the progress made towards implementation of INCLEN Strategic Plan (ISP) since last Board meeting. Affiliation/recognition of INCLEN/IIGH by JHU-India and IGNOU for doctoral program is already mentioned in the previous section. Board discussed the issues of attracting highly productive, and eminent international researchers as faculty members for IIGH. Board Members emphasized that **INCLEN members should be able to clearly perceive academic, professional and career**



**advantage by associating and working with IIGH.** Network institutions should also find it advantageous seconding their faculty to IIGH. Everybody appreciated that there will be initial difficulties to achieve this but high quality research and generation of relevant evidence through multi-country multi-site studies shall gradually attract talent to the Institute. Suggestions like starting of a Fellowship program and establishing Distinguished Chair were made. There was also a suggestion that some of the Board members may lend their names to become initial Fellows and Visiting Faculty. There can be annual convocation to honor the students, researchers and faculty. There was unanimity that working for IIGH should become prestigious. Focus should now be to have multi-country studies with investigators from across the Network in addition to its current portfolio of projects and programs. **Funding for multi-country INCLIN studies will be more likely with the formation of interest groups and participation by members across the regions.** This strategy will provide opportunities for the Network to come together, support revival and its growth. (Annexure 2)

## 7.2 INCLIN Governance

At present, two Boards with overlapping membership exist to provide leadership and manage INCLIN Inc. registered in Philadelphia, USA and The INCLIN Trust International registered in Delhi, India. As part of the ISP 2012-21, INCLIN Institute of Global Health (IIGH) is to be set up in Delhi NCR, India. Secretariat took legal opinion about the governance structure with the proposed new entity coming up as part of our new strategic plan. Board in its last meeting in February 2013 had strongly advised to aim for a single Board of Trustees (under the INCLIN Trust International, New Delhi) for the management of both the INCLIN Network and proposed IIGH. IEO further consulted lawyers and government departments in India to discuss the merits and de-merits of various governance models for the INCLIN Trust International. The decision for the governance framework will also have to take in to account the current regulatory and fiscal guidelines of Government of India and permissions to carry out the business of 'not-for-profit' organization like INCLIN. Based on these consultations and discussion among Board during past one year it was decided to have single Board for the INCLIN Trust International to manage the Network affairs through IEO and the activities of IIGH.

***The re-structured Board of Trustees will have majority of Indian Trustees (60%) and will be the highest policy and decision making body of the organization to satisfy the local regulatory requirements.***

Number of members and composition of the re-constituted Board were discussed in detail including the number of Indian and foreign members. After discussing the pros and cons of different options, the Board unanimously decided that for an executive efficiency, **the re-constituted Board will have 10 members with six Indian and four international members. Out of six Indian members, one will be India CLEN**

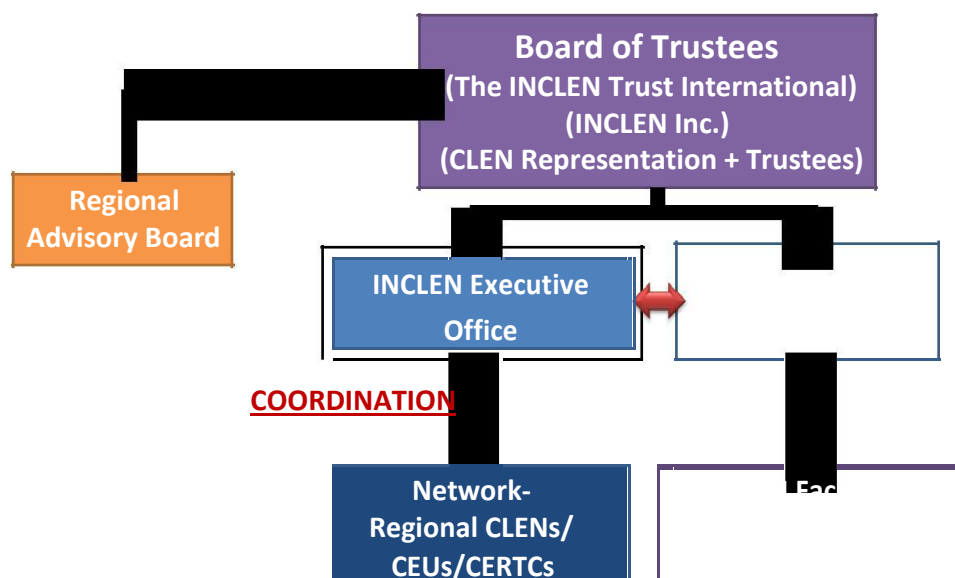


**representative and two out four international members will be representatives from the other six regional CLENs.** The Board members will be eminent Indian and International scientists/personalities from medicine and other diverse fields with global outlook.

A seven member **Regional Advisory Board (RAB)** comprised of one representative from each of the regional CLENs will be constituted. **RAB will be the voice of the Network and advice the Board of Trustees** about Network issues and facilitate sustained and productive engagement of the Network in research and capacity building activities and catalyze need based Network expansion. The regional CLENs will decide their representation on the RAB. The term of RAB members will be for two years and Chairperson will be by rotation. The Chairperson of RAB along with one other member will represent the Network on the Board of Trustees as two international members representing the six regional CLENs.

**IIGH will be permanently located in Delhi NCR (India) and IEO may shift to new locations as decided by the Board from time to time.** Chief Functionaries of IEO and IIGH shall directly report to the Board. Executive Director of INCLen will also remain the chief functionary of IIGH till two are co-located in India. As and when, the IEO shifts to a new location, the two entities can have separate chief functionaries. *IIGH shall lead the research and technical activities of the INCLen and network coordination and other administrative activities to be executed by IEO.*

## INCLen Governance - 2014



## Transition Governance

### 7.2.1 Board of Trustees

**Indian Board members (Independent):** RRC shall be rotating out. Five new Board members have to be identified. Several eminent Indians with global outlook in health, health business and IT sector were identified as potential Board members. The brief CVs and list were circulated to Board members for their opinion. Among the 15 identified potential members Board members indicated their preference and voted. Based on the votes ranking was done for the potential members. The identified Board members in the order of preference were K S Reddy (KSR), Gita Sen (GS), Paul Lalwani (PL), Lalit Kant (LK), N K Ganguly (NKG), V S Chauhan (VSC), Mahima Datla, C N Raghupathy, S Parasuraman, and Y K Chawla. First five who consent to be on the Board shall be sent formal invitation. NKA shall contact each identified member to obtain their consent. *(Post script: As the minutes are being prepared, KSR, NKG, VSC have agreed; LK declined due to potential conflict of interest – he administers two BMGF funded INCLEN projects; GS and PL will respond in next two weeks.)*

**Indian Board Member (India CLEN Representative):** SA will remain on the Board as India CLEN representative till the next President/representative is nominated.

**International Board Members (Independent):** PA shall be rotating out; MT agreed to stay on the Board and continue as the Chair of the Board for next two years. JS agreed to stay on the Board for next two years.

**International Board Members (Regional CLEN Representatives):** CG (who was unanimously elected as the Chair of the transition RAB) and JW will be CLEN representatives on the Board for next two years. RAB members will have tenure of two years.

### 7.2.2 Regional Advisory Board

All the seven CLEN representatives on the Board of Trustees at present will become members of the transition RAB. CG was unanimously nominated as the RAB Chair. The tenure of RAB membership shall be for 2 years. CG and JY will be the regional CLEN representatives on the Board of Trustees. SA will be India CLEN nominee on the BOT till next president comes on board.

## 8 Transition Plan & Organization of INCLEN Global Lite Meeting

**INCLEN Global Lite meeting will be organized in February 2015.** DB graciously agreed to organize the meeting in **Johannesburg (South Africa)**. The meeting will be attended by approximately 35 INCLEN members (@ 5 members from every regional CLEN), 7 RAB members and BOT members. IEO has budgeted approximately USD 150,000 for the purpose. **The INCLEN members will be identified from the regions** by the respective CLEN

representatives **for the proposed interest/thematic groups** and the Global Meeting so that meeting translates in to concrete action in the form of proposals. The membership to the interest groups will be decided based on established research interest of the individual member.

BOT and RAB will also meet during the global meeting. The RAB Chair shall present to BOT, the activities of regional CLENs, work plan for 2015-2016 and strategies to generate resources. Other RAB members will attend the BOT as observers. One of the main focuses of the Global Lite meeting will be to re-energize Network through interest/thematic groups in to developing research and capacity building proposals and obtain funding.

## **9 Disengagement of CDC funded projects**

Board reiterated and endorsed that the public health laboratory expanded the technical and intellectual bandwidth of INCLN and IIGH. NKA briefed about the background and events that led to the disengagement of the CDC funded Influenza projects with Dr S Broor as Investigator (*Background document enclosed as Annexure 3*). The disengagement agreement was mediated and negotiated by RRC and NKG (Board nominees) and subsequent steps were followed in letter and spirit to accomplish the disengagement in a smooth and harmonious manner. NKA apprised the BOT that the initial phase of disengagement were completed on May 31, 2014. All project material is still lying in laboratory premises. INCLN now has to transfer the biological material, equipments and reagents to AIIMS investigators. Dean Research AIIMS identified the specific investigators who will take over project material belonging to three different projects. INCLN Management has communicated to Dean Research AIIMS that equipments which are part of laboratory infrastructure should be retained by INCLN. Board emphasized that it is important to keep the laboratory functional as this will be strong plus point for the IIGH and shall interest donors for investing on laboratory based INCLN projects. Chair and Board placed on record special thanks to RRC for his facilitation to ensure smooth disengagement and the Board was also very thankful to the INCLN executive team for all their efforts to reach a harmonic transition.

## **10 Administrative and Financial Matters**

NKA presented the financial statement and audit statement for INCLN Trust & INCLN Inc. for the year 2012-13. These audit statements were circulated and approved in the October 2013 teleconference. A line item of \$ 145000 mentioned as written off in the INCLN Inc. audit statement, was observed by Board. NKA clarified that this was the outstanding salary of ED from previous years and has now been written off. NKA does not take his salary from INCLN Inc. account any more. DH moved the motion and MED seconded for the approval

of audit report for Trust (2012-13). For Inc audit (2012-13), RRC moved and DH seconded the motion of approval.

SKD presented the trial balance sheet for 2013-14 for INCLen Trust and Inc. including the expenses for 1<sup>st</sup> quarter of 2014-15 year. The Board advised to continue to work for a diversified funding base and not to be over dependent on a few large donors.

NKA presented the budget for the year 2014-15 for board discussion and approval. Board suggested adding the budget line item for the proposed INCLen Global Lite meeting in Johannesburg. As advised, the revised budget with USD 150,000 for the proposed INCLen meeting along with RAB & BOT meetings was presented. JS moved and RRC and DH seconded the motion to approve the budget. ([Annexure 4](#)).

Resolutions approved by board members in the meeting pertain to following: appointment of the statutory auditor, internal auditor, and legal advisor; bank operations, investments, and hiring/purchase of premises/additional space.

Further, a resolution was also passed by the Bboard of Trustees of "The INCLen Trust International" to approve "modification in the trust deed and the articles of the INCLen Trust

International to incorporate the re-structured governance of the INCLen Trust International. This resolution will be ratified by Board of Governors through circulation.

## 11. RAB meeting

A session of newly constituted RAB members was held for 2 hours on day 2 of the BOT meeting. **Report of the Chair of RAB CG is enclosed** ([Annexure 5](#)).

## 12. Board Executive Session

Board had an executive session for 1 hour. Chair briefed about the summary of discussion during executive session.

The following discussion and decisions were communicated

1. Board decided to renew of contract for ED till 2017 and thanked him for his great commitment to INCLen
2. Board was highly appreciative of the new spirit and enthusiasm of the regions/RAB and urged all for capitalizing on this to re-energize the network.
3. INCLen Management will quickly follow up for contacting the new members of the Board and to get its final reconstituted form. IEO will work closely with RAB to complete milestones as per suggested timeline. Along with this, there has to be planning for succession at various levels.
4. Board re-emphasized the issues raised during discussion on program development, attracting eminent and successful investigators and re-activating the Network and offered that Board shall work closely with INCLen Management to facilitate this process. Board suggested that RAB should start discussing to raise funds for CLen activities.

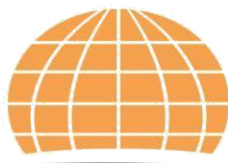
5. INCLen Global light meeting will be held in South Africa and DB shall be the local host. If not feasible logistically, then it will be held in India. This will re-start journey interrupted at Agra in 2004.

### **13. Next Board meeting and INCLen Global meeting**

**The next Board meeting will be held along with the INCLen global meeting at Johannesburg, South Africa on 20-22 February, 2015.**

### **14. Closure**

Chair thanked the Board members for their active participation and taking INCLen in to its new phase. Chair and all Board members expressed deep appreciation to DH, RRC and PA for their contributions as Board members of INCLen. Board also thanked RAB for initiating their activities right away and urged them for carrying back the messages from the meeting for re-energizing the Network. Chair thanked the secretariat for the smooth logistics arrangement and coordination and called the meeting to an end.



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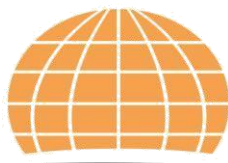
## Reconstituted Board Members (2014)

### International Trustees

- 1. Marcel Tanner**  
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Director, Swiss Tropical and Public Health Institute, Basel, Switzerland
- 2. Jonathon Lee Simon**  
Trustee  
Director, Center for Global Health and Development, Boston University, Boston (USA)
- 3. Carlos Gomez Restrepo**  
Representative – LatinCLEN  
Director, Pontificia Universidad Javeriana, Bogota, Colombia
- 4. Jiyao Wang**  
Representative – ChinaCLEN  
Director & Professor of Gastroenterology/ Hematology, Zhongshan Hospital, Fudan University, China

### Indian Trustees

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Trustee  
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  - 6. Nirmal Kumar Ganguly**  
Trustee  
Advisor, Translational Health Science and Technology Institute, New Delhi & Former Director General-Indian Council of Medical Research
  - 7. Virander S. Chauhan**  
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Director, International Centre for Genetic Engineering and Biotechnology, New Delhi
  - 8. C. N. Raghupathi**  
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Vice President and Head of India Business Unit, Infosys, Bangalore
  - 9. Gita Sen**  
Trustee  
Development Economist-Centre for Public Policy, IIM, Bangalore & Adjunct Professor of Global Health & Population, Harvard School of Public Health
  - 10. Shally Awasthi**  
Representative – IndiaCLEN  
Professor of Pediatrics, King George Medical College, Lucknow
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## Regional Advisory Board Members

- 1. Carlos Gómez Restrepo**  
Chairman- RAB  
Representative - LatinCLEN
  - 2. Jiyao Wang**  
Representative - ChinaCLEN
  - 3. Shally Awasthi**  
Representative - IndiaCLEN
  - 4. Hesham El-Sayed**  
Representative - AfricaCLEN
  - 5. Laura Sadowski**  
Representative - CanUSACLEN
  - 6. Manuel Emerson Donaldo**  
Representative - AsiaCLEN
  - 7. Francois Chapuis**  
Representative - EuroMedCLEN
-