

MEETING MINUTES

INCLN Board of Trustees Meeting
Zhonsang Hospital (4th Floor)
Fudan University
Shanghai, China
May 5-6, 2016

Board Members

Present: Marcel Tanner (MT), Chairperson & Presiding Officer; Jonathan Lee Simon (JS); Nirmal Kumar Ganguly (NKG); C N Raghupathi (CNR); Virandar Singh Chauhan (VSC); Carlos Gomez (CG); Jiao Wang (JW); and K R John (KRJ)

RAB Members: Hesham El-Sayed (HES); Francois Chapuis (FC); Laura Sadowski (LS)
(Observers)

Regrets: Board Members: KS Reddy (KSR) and Gita Sen (GS)
RAB member: Manuel Emerson Donaldo (MED)

Secretariat: Narendra K Arora (NKA); Rajneesh Rastogi (RR); Manoj Kumar Das (MKD); and Rakesh Pillai (RP)

Day 1 (May 5, 2016)
Proceedings

Board of Trustees (BOT) meeting was called to order at 10:30Hrs on May 5, 2016 by Chair. All participants were requested to sign on attendance, conflict of interest and a non-disclosure agreement.

1. Chair's Welcome

- The Chair (MT) welcomed all the Board Members, and Secretariat members to the INCLN Board Meeting. The Chair also welcomed Regional Advisory Board (RAB) members as observers and special invitees to the Board meeting.
- Apologies were received from BOT members – KSR and GS, who were unable to attend this year's meeting.
- MT thanked JS for chairing the BOT meeting 2015 and INCLN Global Meeting 2015 at Johannesburg.
- On behalf of the BOT, the Chair thanked JW for hosting the Board meeting and the excellent arrangements made.
- Board members congratulated MT for taking over as the President of the Swiss Academy of Sciences since January 1st, 2016.
- Two issue regarding conflict of interest were raised: JS mentioned that he has joined the WHO headquarter (Child and Adolescent Health Division) with which INCLN has two projects; CNR informed that his wife Radhika is helping INCLN with field activities of a project in honorary capacity. The Chair ruled that both are insignificant and should not affect the proceedings of the Board meeting; rest of the Board agreed to this ruling.
- Meeting agenda was reviewed and adapted.

2. Introduction of staffs at INCLLEN Executive Office (IEO)

- NKA introduced the IEO staff to the Board. NKA informed that RR has joined recently as Chief Operations Officer.

3. Review of last meeting minutes

The following minutes were reviewed:

- INCLLEN BOT Meeting on February 21, 2015
 - Finance Committee Teleconference on Sep 28, 2015
 - BOT Teleconference on November 2, 2015
 - INCLLEN General Body Meeting on February 21, 2015
- Board approved the minutes unanimously.
 - Report on INCLLEN Global Meeting 2015 was also presented to the Board and approved.

4. Action taken report

NKA presented the actions taken on previous year's board decisions.

4.1 Execution of INCLLEN Strategic Plan

4.1.1 Governance restructuring - Reorganization of INCLLEN Board:

Board of Trustees has been re-constituted with new members. First meeting of re-constituted board was organized during Global-Lite meeting, Johannesburg on February 21, 2015.

4.1.2 Registration of modified Trust Deed Registration as per Board resolutions and subsequent ratification by the general body i.e. Board of Governors:

The modified Trust Deed was registered with the Registrar Office, New Delhi on Aug 12, 2015. (The original document was circulated during the Board meeting for signature by all)

4.1.3 Global INCLLEN Meeting:

The INCLLEN Global Meeting 2015 was held at Johannesburg during Feb 2015. The minutes have been submitted to BOT and approved.

4.1.4 Thematic Groups: Proposal development by Thematic groups

Five thematic groups were assembled with recommendation/nomination of members by RAB based on submission of letter of interest. The thematic groups met during Global INCLLEN meeting and agreed to pursue 6 concepts for full proposal development and seek funds. Two concept notes were submitted to different funding agencies, but failed to move to 2nd stage i.e. stage of full proposal development. One proposal was developed and submitted to funder, but all investigators/ partners did not register and submit full information. The proposal did not succeed to next level.

4.2 IIGH activities

4.2.1 Fund generation: Meeting with donors/ funders to seek support

The issue and strategies were included in this year Board's discussion agenda to seek guidance and support from trustees.

- NKA emphasized that new structure of board is very strong and shall help in accessing donors.

4.2.2 Land for IIGH to be explored

NKA has explored possible options and initiated discussions with Government of Haryana and Panchayat (local self government) in SOMAARTH area, Palwal for allocating lands. Even purchase from private market will be an option. Overall expected cost for this activity would be around USD 200,000. The Chair emphasized that the land issue need to be discussed separately along with the current financial status of the organization.

4.3 Network activities and collaboration

4.3.1 Network representation in Board: Regional Advisory Board

Regional Advisory Board (RAB) with CLEN representatives has been constituted; three RAB members included in the BOT. First, RAB meeting was held during the INCLN Global Meeting, 2015. RAB members have been invited for 2016 Board meeting as observers.

4.3.2 Expanding/ energizing network and engagement of RAB

Board made a clear call that RAB has a critical and major role in strengthening, and energizing the Network.

4.3.3 Develop collaborative research projects

RAB would discuss the issues in the light of experience of the last one year of setting up and functioning of the thematic groups. There is separate session to assign roles in this direction for RAB members, Board members and the IEO.

4.3.4 INCLN Newsletter

- Board was informed that the INCLN's newsletter could not be published in 2015. HES, detailed his efforts and inability to contact Network members and get material for the newsletter.

4.3.5 INCLN attributable publications

Publication with credit to INCLN (CLEN/CEU/CERTC/IEO) are being compiled regularly and put on INCLN website.

- Board was informed that IndiaCLEN is publishing a journal on clinical epidemiology and global health; LatinCLEN is also working to bring a special regional CLEN issue in the Journal of Clinical Epidemiology (JCE). These measures help improve the visibility of CLEN activities.

4.4 INCLN Website

INCLN website is being improved with new look and expected to be launched by end of May 2016. Core thinking behind the new website design is to make it client friendly for better communication with outside and within the Network members; better communicate the activities and achievements of the INCLN Network; and provide a discussion-forum for the thematic group members. IEO is doing regular environmental scan for posting funding opportunities on INCLN website; this may be particularly useful for members of the thematic groups and younger investigators.

4.4.1 Functional CLEN websites

IEO again communicated its willingness to support or host CLEN websites.

4.5 Regulatory compliances

4.5.1 Renewal of FCRA approval

The FCRA renewal application has been submitted and response/ result are awaited. Meanwhile IEO has received extension of the FCRA till October 2016. The Chair suggested

that IEO should take the advice and help of Indian BOT members for accomplishing various regulatory requirements.

4.5.2 SIRO registration with Department of Science and Technology

Registration renewal with DST as SIRO in India has been done and the current registration is valid through 2019.

4.5.3 Provident fund for employees at IEO

The process for registration has been initiated and would be implemented in next few weeks.

4.6 USA Office transition and audit

For transition of USA office and audit of accounts, background situational analysis has been done and being submitted to Board for direction and decision.

4.7 INCLN-IIGH Laboratory closure

IIGH Laboratory at Delhi has been closed, infrastructure dismantled and premise vacated in February 2016. There was a strong recommendation from several Board members that establishing a public health laboratory will of immense benefit for the organization and should be re-established when a suitable project and funds are available.

Discussion and Decisions

Board expressed their unhappiness to hear the lethargy and non-response from the units and members across the Network. Members highlighted the importance of the communication within the Network. The issue of making communication among members more effective will be taken up in greater details during the RAB session and also in this year's work plan. There was unanimous view that, there should be new ways of preparing newsletters and minimally essential materials are shared in the network as newsletters. Similar strategy of sharing brief update by business heads through e-mails is practiced in business world. RAB members must communicate the INCLN strategy and Board intentions to the network members and seek facilitation and support from IEO as needed.

- The communication strategy must adopt tools to make it beyond business as usual. It was suggested that virtual opportunities need to be explored to strengthen RAB functioning and the network should explore optimal utilization of open sources for collaboration and communication.
- With dwindling number and interest of the 1st generation members, there is need for bringing the next generation of members for continuing the network activities. All CLEN presidents and RAB members would work with IEO to identify inactive members and Units in the Network.
- As global health and science evolve, INCLN also need to evolve. There is need for making INCLN a valuable organization and attractive for funders and governments.

5. Update on Program Activities (Director's Report)

5.1 Research activities at IEO

NKA presented the update on the program activities at INCLN (**List appended**). He briefed that IEO completed 10 projects in the previous year. At present there are 17 research projects being implemented at IEO including 6 new projects initiated in last one year. Additionally, the

IEO team is engaged in 11 research and technical support activities at national and international level. During last year, the IEO team has developed 26 projects and submitted for funding. There are 3 new approved projects awaiting fund release and initiation. Five projects are under review and awaiting decision. Remaining 18 proposals were not successful.

- NKA shared the detailed experience of childhood pneumonia program funded by BMGF. As part of this program, 10 projects across India are started. The process of selecting the investigators and initiating these projects was shared with the Board. Two of the selected sites are IndiaCLEN members. NKA also shared the experience with other multi-site studies led and coordinated by IEO. He highlighted the results and translational impacts of INCLN studies including study on neuro-developmental disorders (NDDs) and rotavirus vaccine introduction. INCLN tools for NDD have been notified by the Government of India as the official tools for deciding the disability status and certificate. The documents and processes developed by INCLN have been adapted by Government of India for rotavirus vaccine introduction in India. The findings of Research Priority Setting activity has been welcomed by the Indian Council of Health Research and Department of Biotechnology.

5.2 Data management facilities & Capacity building

MKD shared the software and data management efforts made at IEO. IEO has developed several data collection and management software including (1) demographics and longitudinal data collection program (SOMAARTH-I) being used at SOMAARTH DDESS site; (2) Cohort data collection in field (SOMAARTH-II) being used for a project in two states; (3) Cross-sectional data collection in field (SOMAARTH-III); (4) Active disease/ AEFI surveillance; (5) INCLN Qualitative Data Analysis Software (IQDAS) and (6) Data repository platform for managing the projects. All these software programs have been planned and developed to improve quality and have cross links between databases.

MKD briefed about the LAMP program being undertaken by INCLN. There are 38 middle level researchers trained under LAMP program, till now.

5.3. Progress made by the Thematic Groups

NKA shared the progresses made by the thematic groups and activities done since Global INCLN meeting at Johannesburg 2015. The detailed report has been tabled for information to Board.

- Mental health group developed one proposal and submitted under Google RFA, but not successful.
- Injury & violence thematic group could not develop the concept note as planned. However the group coordinator (KRJ) submitted a proposal to Indian Council of Medical Research (ICMR) as sole investigator restricting to one state in India.
- One proposal was developed by maternal health thematic group with Evelina Chapman (LatinCLEN) as Principal Investigator. No suitable RFA/ opportunity could be identified yet for submitting this proposal.
- Child health thematic group was developing a proposal on autism for RO-1 RFA (NIH-FIC) with Mohammad Rahbar as PI (CanUSACLEN). A pilot study was proposed to collect preliminary data for submitting in RO-1 grant. The pilot study required transfer of biological samples to USA for analysis. The site partners were identified by IEO. PI was

requested to send the detailed proposal for ethical and regulatory approval for biological sample transfer but none of the sites received these from the PI. The site investigators were not comfortable sending the blood samples to USA without a proper agreement and fulfilling other country-specific regulatory requirements. The proposal and study has not progressed further.

- IEO could not get in touch with the coordinator of Diabetes & Metabolic Syndrome thematic group in Kenya despite repeated efforts. IEO organized teleconferences with other group members. The ChinaCLEN Investigator developed the LOI and later submitted the full proposal to MRC/Wellcome Trust. Due to incomplete registration and information submission by the other investigators, the proposal was disqualified.
- In response to a 'Call for Case Studies' for Implementation Research and Delivery Science (IRDS), two members (one each from IndiaCLEN and INCLIN Africa) responded at individual capacity. In addition, HES submitted a LOI in his individual capacity.
- Additionally, Liangzhi Xu (China CLEN) shared a concept note on maternal health. IEO is looking for suitable RFA to submit. The China CLEN members have started Registry Study on Obesity and pre-diabetes, which they are interested to expand to the other parts of network.
- The challenges expressed by the coordinators of the thematic groups:
 - The original group which made the proposals could not be brought together even for skype meetings/teleconferences.
 - Probably some of the members are no more interested in the thematic group.
 - The members are not responding to emails and telephone calls.
 - No suitable funding opportunity/ RFA for some of the proposals were available. Probably the proposals selected for pursuing by thematic groups may not be high on priority and requires alternate sources.
 - There is need for reorganizing and reinventing the thematic groups.

Discussion & Decisions

- Board appreciated the effort of the secretariat for developing new proposals and maintaining constant research resource flow.
- Chair (MT) mentioned that several issues are common in most of networks, across the globe. All offices (CEUs, CERTCs, CLENs and IEO) should deal with it by working more closely. Conflict of interests between investigators, institutions and the Network should be resolved more sensibly. Director's report has stimulated discussion and appealed to CEUs and CERTCs to share problems with IEO.
- Board pointed to the opportunity of building consortium of researchers and suggested that BMGF pneumonia investigators should be assembled in to a consortium. Consortium approach will help to build credibility and acceptance with donors. It was mentioned that donors like BMGF try to link with a single organization that could effectively manage grants and ensure accountability. Members further supported the idea and suggested by creating a database of repository of experts. Such opportunities can also be utilized to strengthen the Network structure.
- Several members emphasized the opportunities in health technology assessment, and advised that IEO should make dedicated efforts to develop this area as a focus for

research. In this arena, there are upcoming opportunities with MedTECH start-up funds. Board supported the idea of exploring public-private partnership (PPP) models in technology assessment.

- Board advised that INCLN should stay focused on good science, global questions and access to money. To make INCLN attractive to the donors, Board proposed the idea of taking a portfolio approach of research for INCLN. Over last five years or so, IEO developed research projects in broad three or four domains in India. HES reminded of the international studies done by regional CLENs in the past and lessons that could be drawn from these. IEO should now focus on developing global centric projects which shall become USP for INCLN. Board suggested identifying new areas of emerging global priorities and niche areas for INCLN such as emerging epidemics (Zika), antimicrobial resistance, health technology assessment, neglected diseases (DNDi) as relevant to the regions to take global leadership through the network units and members. It was mentioned that NIH is looking for partners to act on during emergency situations. Chair (MT) also indicated to look for collaboration with In-Depth network. NKA requested RAB members from Africa-CLEN and Latin-CLEN to help identify 4 institutions/investigators from their respective regions who can be approached for the proposed multi-country Zika surveillance program by 30th June 2016. These may or may not be from the existing INCLN Network.
- BOT was informed that for the INCLN-BMGF funded projects, there was no interest to route these through India CLEN by the two Investigators; reasons are not very clear but CEUs at both sites are non-functional. Board opined that IndiaCLEN and IEO in India are separate legal entities: IndiaCLEN is responsible for the units and members in India; INCLN Trust has mandate to keep INCLN going. For sustenance both have to work in appropriate direction as per their respective mandates. CNR reminded that several of the for-profit agencies have both country office and global office in the same country/ city, but they functional separately.
- Board members wanted IEO to protect the intellectual property rights of INCLN for the tools and software developed by them even if these are for open access. Board suggested registering the software developed by INCLN for copyright and trademark.
- IEO and RAB to further discuss the modalities of reconvening the thematic groups for developing and pursuing the proposals in emerging issues identified.

6. Regional Advisory Board (RAB) Report & Network Affairs

RAB had meeting in two sessions: for 1.5 hours before the beginning of the main Board meeting (5th May 2016) and another session of 1.5 hours at the start of day 2 (6th May 2016). IEO team was present during both the sessions. Board members attended the RAB meeting as observers. Following is the summary of the discussions related to RAB and Network affairs and covers both the RAB meeting and Board observations.

Chair of Regional Advisory Board (RAB), CG briefed Board about the RAB proceedings and Network during last 15 months. CLEN representatives discussed their network status, functioning of the thematic groups and the challenges to sustain the Network activities. CG indicated that most of the INCLN units across the CLENs appeared to be inactive. Communication between the members was a key issue. The response was similar from Latin-

CLEN, INCLIN Africa, and IndiaCLEN. China-CLEN has been active at both the CEU and country network level. The EuroMedCLEN and CanUSACLEN are continuing with their activities at regional and local level, but the collaboration with the other CLENs/ units is minimal or non-existent. As the older and first generation members are moving on, replacement with younger generation has not occurred in most parts of the Network; this has been the most important challenge to keep the Network active.

CG mentioned that less than 5 LatinCLEN units may be active now. HES briefed about the INCLIN Africa, challenges related to poor communication and response, vanishing old INCLIN members and thought only 2-3 units are working and in touch now. KRJ briefed about IndiaCLEN and indicated that very few senior members of the Network are interested; there was poor response in the recently organized India CLEN meeting and expression of private medical institutes for joining the network and working for the Network. LS mentioned that the West Indies unit is very active now and CanUSACLEN members are having excellent collaborative work with them. She reiterated the technical assistance offer from CanUSACLEN members for other CLEN members for developing proposals. JW briefed that ChinaCLEN struggled for about 10 years in past. She pursued to sustain the network through government support. Recently government of China has been supporting clinical research and many research activities are being undertaken at the units. The same is also being extended by the university. Two meetings every year is being organized for ChinaCLEN members. FC indicated that membership of EuroMedCLEN has expanded beyond French speaking region with Denmark as the member. EuroMedCLEN is organizing annual meeting and bringing out 2 newsletters every year. There are student exchange programs. FC clarified that although the projects are being undertaken by the units, but none under the banner of EuroMedCLEN. He also mentioned that the projects share part of the overhead for EuroMedCLEN secretariat. No collaboration with any other CLEN has been undertaken.

HES mentioned the need to attract new generation of researchers in to the Network. Opportunities like scholarships were suggested by RAB members to support new generation of scientists. HES also mentioned about the opportunities for conducting multi-centric clinical trials.

Role of RAB: RAB should decide the research agenda and explore new opportunities and BOT shall be addressing policy issues. Challenges of keeping the thematic group active and productive were discussed extensively. The example of Autism proposal by the child health group was discussed in detail and difficulties identified. For the different thematic groups, the RAB members cited lack of response from the members to both e-mails and telephone calls. RAB expects IEO to further facilitate the communication among thematic group members. Several RAB members felt that there has been no significant progress since the formation of thematic groups in the Johannesburg meeting and therefore, things have to dramatically shift to make the whole initiative successful.

LS strongly felt that coordinator and PI of the thematic groups should have very close interaction and preferably should be the same person at this stage of the evolution of the thematic groups. The RAB Chair felt that group membership is very heterogeneous and several of them do not appear to be interested. The thematic groups therefore need to be

reconstituted and new members identified. Key requirement for the groups to become active is to find leaders who are ready to write proposals and take the lead as PIs for the thematic groups. Another issue raised by some RAB members was the issue of reluctance by some PIs to share their proposals for IPR reasons. It was suggested that group members should give an undertaking that LOI and proposals shared during the proceedings of the thematic will be treated as confidential and ownership cannot be claimed by anyone other than the person who first shared it with the group.

RAB suggested that after the thematic group or PIs have their LOIs accepted for second stage, IEO may provide logistic and financial support if required to facilitate the development of full proposal and its submission to the funding agencies.

RAB also discussed its own functioning: they shall have frequent meetings to take stock of the progress and actively pursue and communicate with the thematic group members.

Discussion and decisions

Chair (MT) summarised that CLEN presidents always were and are the key drivers and appealed to each region to develop its own identity. Board expressed unhappiness and concern hearing to the RAB members and status of network units and members. Board was also disheartened to hear the progress made by the thematic groups, since INCLEN Global Meeting 2015.

Board suggested the following activities:

- Generate the current status of the units in each CLEN (the units that are active, dormant/sleeping or dead/closed) and generate the list of members available at these units and their areas of interest, so that they can be inducted/engaged for research activities in the network: RAB members and IEO to work for these
- RAB members should coordinate with IEO to help identify the active members and device ways of inducting new members and new institutions for the thematic groups. Overall aim will be to identify the potential leaders and PIs and create consortiums of researchers and institutions that can become attractive to donors as well. This may be one of the important ways to energize the thematic groups and make them productive.
- One of the RAB members mentioned the scope of extending memberships to other professional institutions. Chair (MT) mentioned that this is the discretion of CLEN presidents and requested not to be dependent on IEO for such decisions.
- The RAB members and IEO to look for Europe-Africa; China-Africa and other inter-region/ inter-CLEN opportunities for network study. There are several good opportunities of working with other networks and consortia such as for example DNDi, EDCTP and InDepth.
- RAB along with IEO to search for alternate funding opportunities that also align with investment environment and global health priorities: viz. Zika, AMR.
- All out efforts to be made to increase communication between RAB, CLEN members, IEO and thematic group members.

- IEO and RAB must keep in mind the possibilities of the technical assistance offer and partnership from CanUSACLEN and EuroMedCLEN while preparing research proposals under different thematic groups.
- Chair (MT) has requested each CLEN presidents to share a list of ongoing projects, key challenges faced and what each CLENs could offer to others in the network with IEO. The list should reach IEO and the chair by end of June 2016.
- RAB decided to develop a new framework of its functioning. They shall be meeting weekly over next few months to draw a work plan for its activities with focused attention to a few themes and proposals rather than a diffused approach. It is expected that positive results shall be visible within next two or three months.
- Based on the discussion during the Board meeting and subsequent meeting with some RAB members, NKA clarified on the administration of projects developed by thematic groups. It will be highly desirable to route all thematic group projects through IEO for coordination. However, if the PI and the team do not want to route the proposal through INCLLEN, IEO shall continue play the role of match maker and facilitate meetings like teleconferences etc. In either case, it is important that all projects have clear and prominent INCLLEN branding. (Mere acknowledgement to INCLLEN Network has little relevance).

7. Administrative issues

7.1 INCLLEN Inc. transition

NKA briefed about the status of INCLLEN Inc. from the point of retaining the public charity status. NKA presented the flow of funds from both federal sources and private philanthropies during last 10 years. To retain the public charity status, it is required that the 501 C (3) organizations must have at least 33% grants of federal sources in any five year period. Based on the fund flow status, INCLLEN Inc. lost the public charity status since 2015. To retain the public charity status of INCLLEN Inc., and based on the fund projections, infusion of USD 400,000 is needed in 2016 and USD 1.25 m in 2017, which is not likely in the current grants and financial situation of either INCLLEN Inc. or INCLLEN Trust International. It is equally important for the Board to know that private philanthropy like BMGF cannot give grants to 501 C (3) organizations if they lose their public charity status. One of the primary purposes of having US office of the organization was to receive Gates grants are also not fulfilled in the current scenario. NKA also informed that for the BMGF to give grants to Indian entity, The INCLLEN Trust International will have to obtain equivalence determination certificate i.e. the entity is a public charity organization as per US laws as well. INCLLEN has already initiated the process of obtaining the equivalence determination certificate from BMGF.

Board discussion and decision

Board discussed about the pros and cons of closure of INCLLEN Inc. Board also agreed that as per present situation, it is financially unviable and futile to maintain the INCLLEN Inc. without having the public charity status. In future if required we may consider reopening the USA operations. In addition, several Board members raised issues of the complex global financial and political environment and new US laws like FATCA which can have difficulties for INCLLEN and its Board. Board took following decisions unanimously:

- Close the INCLLEN Inc. and authorized Chairperson and Executive Director to complete necessary documentation and proceed for closure of the organization. All regulatory obligations are to be fulfilled.
- Undertake complete audit for the years 2015 and 2016 and submit the audited statements to competent authorities.
- Balance funds if any at the INCLLEN Inc. are to be returned back to The INCLLEN Trust International, New Delhi India
- Communicate BMGF for the transition of existing grants from INCLLEN Inc. to The INCLLEN Trust International in India.
- The Board authorized Chair, Dr Tanner and Executive Director, Dr. N. K. Arora to complete procedural requirements for the same.

7.2 Finance report

Board reviewed the audit report for 2014-15 and the finance committee review report during teleconference. Board ratified and accepted the audit report for 2014-15.

RR presented the financial report for the last five years. The following observations were made:

- There is no core fund available at present. The available funds are for implementing the program activities. The administrative costs provided by the donors are just enough to meet with current expenses of the organization.
- There is a concentration of donors with grants coming from few agencies only. The organization would not be able to sustain external or internal shock and makes it vulnerable situation.

Discussion and decision

Board noted the financial situation and the solvency status. Board also discussed the role of finance committee and oversight. Board decided and advised the following:

- There is a most urgent need for expanding the funding base and look for diversified portfolio of the funders.
- CNR to be the Chair of Finance Committee. CNR to review the financial report before it is presented to Board.
- Board also advised RAB and IEO to work together to generate projects.
- Board to guide ED in exploring opportunities and approaching potential funders for various types of grants and endowments.

7.3 Tax notice & other administrative issues

RR shared the status update on the income tax return review for the year 2012-13. RR appraised the observations made by the assessing officer and responses and appeal made by INCLLEN. Board endorsed the management decision to hire a tax consultant in helping in drafting the responses and presentation before the assessing officer.

The Chair (MT) asked the Indian Board members to keep the Board informed of new and emerging regulatory issues related to organizations like INCLLEN.

Discussion and decision

Board advised ED and IEO to pursue the matter as per advice of the tax consultant and apprise the Board of the status regularly.

8. Work plan

NKA presented the work plan for year 2016-17. The work plan incorporated the discussions held during the Board meeting and RAB meeting.

8.1 Support and Facilitation to RAB Activities

8.1.1 RAB to prepare work plan

RAB is requested to prepare the work plan for the year 2016-17 with specific actions for the CLENs and shall focus on the following

- Contact members in network (CLEN)
- Identify young members in the region/CLEN interested in Thematic Group research areas
- Encourage participation of Thematic Group members
- Sharing of current/past research/ publications relevant to Thematic Groups
- Other strategies to revive their CLENs

The work plan shall be shared by RAB by May 31, 2016.

8.1.2. Quarterly RAB meetings

- RAB shall meet through Skype/ Teleconference and IEO shall organise/ facilitate the meetings as indicated by RAB chair.

The suggested timeline is every quarter: June 2016, September 2016, January 2017, and April 2017

8.1.3. Creating additional communication channels within the network

- Interactive INCLEN website with linkage to CLEN web pages
 - The webpage to have the updated network directory
 - Environmental scan for research funding shall be updated by IEO
 - Discussion forum for Thematic Groups shall be created on the website
- Newsletter to be prepared and HES shall coordinate till 2017.
 - a. RAB members to prepare a 2 page summary of their region providing: (i) achievements; (ii) challenges; and (iii) what CLEN can offer for collaborative activities along with three photographs. These are to be forwarded to HES by 31 July 2016 so that newsletter can be prepared.

8.2. Expanding Research Agenda & Portfolio

IEO and RAB to work together for expanding the research portfolio including the following components:

- Strengthening and bringing right persons in the Thematic Groups
- Identify global health themes (currently topical and potentially fundable for multi-country studies, e.g. Zika virus, AMR, vaccine related project)
- IEO shall take lead in writing at least one multi-CLEN research proposal
- Overall strategy will be on developing a portfolio approach of projects like it has been attempted for Indian operations

- A consortium approach to assemble teams around specific RFAs: RAB members are requested to help with identification of investigators and potential PIs in their regions from both within and outside the regional Networks.
 - a. RAB members from LatinCLEN and INCLN Africa to identify 3-4 names of potential investigators who are willing to participate in a Network study on Zika surveillance project with IEO by July 2016. CG, Chair RAB agreed to write a proposal to this effect and lead the exercise.

8.3. Data Services

IEO shall work towards creating a data service unit which shall allow pooling, massaging and interpreting data from various sources. CNR shall advise IEO to develop this service further.

8.4. Resource Generation

- Systematic search for unconventional sources (e.g. private foundations in Non-OECD countries; CSR funds)
- Organise a multi-stakeholder and donor workshop to explore funding opportunity
 - SOMAARTH related
 - Network (national and international)
- Engage Board members for fund raising

8.5. Furthering IIGH agenda

- **Land acquisition**

ED will explore the options of acquiring land by approaching state government and local self-government representatives in the SOMAARTH area. ED shall explore assistance from Board for raising corpus to acquire land.
- **Public health laboratory**

Having public health laboratory shall provide INCLN with strategic advantage and be able to attract funding. IEO shall make effort to re-establish the laboratory through projects.
- **Capacity building activities**

ED and IEO to explore the issues related to capacity building:

 - Streamlining PhD program (issues related to supervisor)
 - Explore possibilities of starting new short programs (e.g. vaccinology, ethics, demographic surveillance, GIS epidemiology, qualitative research)
 - Expanding LAMP program

8.6. Review of Activities by Board

Board will be updated regularly about program and financial status through 4 monthly meeting (teleconference/ skype)

The suggested timeline: Oct 2016, Feb 2017

Next Board meeting will be in August 2017 after the audit of Trust accounts is completed for the FY16-17.

9. Budget

NKA presented budget for the year 2016-17. NKA highlighted that we have fund available for running the expenses from the available grants but there is no corpus available. Budget for **US \$4.493m** (including **US \$ 3.976m** for the program and **US \$ 0.516m** for administrative expenses) was presented against available funds of **US \$ 4.56m**. Board reviewed and approved the budget for the year. (Annexure-A)

The cost of closure of the INCLLEN Inc. was also discussed and Board approved the expenses towards the same. (Annexure-B)

10. Executive Session

Board had an executive session (during which ED and the IEO staffs were not present). Following the executive session MT briefed about the key decision points taken by Board during the executive session.

- IEO and RAB to work together to prepare the portfolio of research programs that can be taken by INCLLEN demonstrating its international character.
- Reenergize and improve the communication strategies in the network adopting the new methodologies and technology
- Close the INCLLEN Inc. after completion of all regulatory requirements including audit for FY 14-15 & FY 15-16. .
- CNR to be the chair of Finance Committee and review the financial reports before sharing with the Board
- INCLLEN Constitution to be put on the website
- Succession plan for ED to be considered and becomes agenda item at next Board
- Succession plan for the Chair is to be considered and becomes an agenda item at next Board

11. Resolutions for administrative and financial matters

The following resolutions for administrative and financial management for the Trust were signed:

Appointment of auditor; bank operations; internal auditor; investment; legal advisor; purchase and hiring of space and assets; accepting the grants transferred from INCLLEN Inc. to Trust.

The resolutions for INCLLEN Inc. signed were: closure of the INCLLEN Inc. and transfer of the grants with Inc. to INCLLEN Trust.

Chair thanked the Board members for their participation and guidance. Chair appreciated the RAB members for their participation and input for strengthening the network.

Chair specially thanked JW and ChinaCLEN team for the logistics arrangements and called the meeting to an end.

Annexure –A

S. No.	Direct Program Budgets	Budget (USD)
1	BASIS- S Pneumonia surveillance	390,797
2	Evaluation of HBNC-Plus Program	120,335
3	Childhood Obesity- Scoping study	20,206
4	ECOeye	9,995
5	Impact of Household Sources on Outdoor Pollution	31,438
6	Social Capital	4,444
7	Brain-to-Society Diagnostics-Childhood Obesity	45,477
8	Rotavirus vaccine introduction	300,000
9	Intussusception in Infants	300,000
10	Pneumonia Research in India	2,250,000
11	Saving Lives at Birth : M-CTG	175,000
12	Improving Quality of CARE	100,000
13	NCCPE	150,000
14	Saving Newborn lives-End Term Evaluation	52,632
15	Bio-Statistics	5,597
16	GIS	20,692
	Sub-Total of Program Budgets	3,976,612

Administration Budgets		Budget (USD)
1	SOMAARTH	81,835
2	ED Office	135,293
3	Administration – IEO	141,792
4	HR-IEO	91,897
5	Finance and Operations-IEO	65,780
	Total	516,596

Annexure - B

Projected Expenditure for Closing Down INCLLEN, Inc

Grant shifts to Trust	Amount
INCLLEN closes all costs through June 30, 2016	
All insurance will lapse April 1, 2016	n/a
Staff time March to June @\$2,400 mo.	\$ 9,600
Audit \$2,000 per year - two years (optional) approx. 1 month	\$ 4,000
Tax filing for FY2016 (FY15 has been filed)	\$ 1,000
Corporate Records shipped to India	\$ 750
Legal paperwork to dissolve corporation, approximately two weeks	\$ 250
Bank and wire fees	\$ 100
Estimated shut down costs	\$ 15,700

Appended List

OVERVIEW OF INCLN ACTIVITIES Summary of projects operated through IEO

Research Area	Completed projects	Ongoing projects	New projects in pipeline	New projects not funded
1. Child Health	3	8	4	4
2. Maternal Health	0	0	0	1
3. Chronic Diseases	1	3	1	3
4. Mental Health	0	0	1	1
5. Injury & Violence	0	0	0	0
6. Nutrition	1	0	0	3
7. Environmental Health	1	2	1	3
8. Health Technology Assessment	1	2	0	1
9. Geospatial Epidemiology	0	1	0	1
10. Research Priority Setting	1	0	0	0
11. Health Systems & Implementation Research	0	1*	1*	1
12. Science Management	1	1	0	0
13. Capacity building	1	2	1	0
14. Program Support (National and International)		9		
Total	10	28	8	18

New projects launched: 6
New projects approved in pipeline: 3
New projects developed: 24

Funding Agencies

Area	Completed projects	Ongoing projects	New projects
Indian	ICMR National Trust IJP	ICMR DST MOH IJP	DBT
International	BMGF CDC USAID PHI, EPA, CHNRI	WHO JHU BMGF GC Canada EPA USAID	WHO UNDP

1. CHILD HEALTH

Completed projects

Study Title	Area	Funder	Period
Saving Newborn Lives in Uttar Pradesh through Improved Management of Birth Asphyxia: Situational Analysis	India (UP)	USAID (Save the children)	2015
Carrying Field Testing of WHO Tools & Guidelines For Quality of Hospital care	India	WHO	2015
Hib Initiative : Hospital based Sentinel Surveillance for Meningitis in Children	India	JHU	2015

Ongoing projects

Study Title	Area	Funder	Period
Research Program to Emphasize Public Health Significance of Childhood Pneumonia in India	India (10 sites)	BMGF	2013-18
Baseline Assessment for Streptococcus Pneumonia of India Serotypes (BASIS)	India	JHU	2015-16
Implementation of HBNC-Plus strategy at District Level: A NIPI-INCLN Initiative	India (3 States)	NIPI	2015-16
Improving Quality of Care for Mothers and Newborns at District Hospitals and FRUs of three Districts of Haryana.	India	WHO	2015-17
Intussusception in Infants: Multisite Hospital Based Surveillance in India	India (19 sites)	BMGF	2014-2017
To study the potential association of all cause death and hospitalization with routine UIP vaccinations administered to a cohort of infants in Kerala and Tamil Nadu, India	India (Kerala, Tamil Nadu)	WHO	2013-2016
Observational study to document experiences from limited rollout of Rotavirus vaccine in the public health system	India (Delhi, Pune, Vellore)	BMGF	2014-2018
Saving Newborn Lives in Uttar Pradesh through Improved Management of Birth Asphyxia: Impact assessment	India (UP)	USAID (Save the children)	2016

New projects developed (Approved for funding)

Study Title	Area	Funder	Status
Multicenter Active AEFI Sentinel Surveillance in India (MAASS-India)	India	UNDP	Approved for funding (To start in Apr-May 2016)
Implementation Research on management of Possible Serious Bacterial Infection (PSBI) in young infants (0-59 days) where referral is not feasible in 2 PHC areas of the Palwal District of Haryana	India (Haryana)	WHO	Approved for funding (To start June-Jul 2016)

New projects developed (under review)

Study Title	Area	Funder	Status
Development of Tools & Guidelines For Quality Improvement for MCH care	India (MP & Gujarat)	WHO	Under review
Antimicrobial Injection Utilization in Palwal: Estimating Burden, Demand and Irrational practices in Palwal district, Haryana	India (Haryana)	Indian Council of Medical Research	Under review

New projects developed (Not funded)

Study Title	Area	Funder	Status
Strategies to identify the poor and socially disadvantaged rural population and improve their access to primary health services (particularly related to women & children) in District Palwal and Yamuna Nagar, Haryana, India	India (Haryana)	USAID, Government of Haryana	Not funded
Does Human Milk Enhance Neuro-developmental Outcomes in Low Birth weight Neonates? [The LBW Human Milk Study] (INCLIN-Stanford University)	India (Haryana)	NIH	Not Funded
Community based intensive human lactation support for low birth weight infants and its impact on neuro-developmental status	India (Haryana)	Grand Challenges India (DBT & BMGF)	Not Funded

Identifying Immunological Biomarkers of Effective Live Influenza Vaccination in Norwegian and Indian Children (IBELIVE)	India & Norway	Norway Research Council	Not Funded
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2. MATERNAL HEALTH

New projects developed (not funded)

Study Title	Area	Funder	Status
Effect of engaging and enhancing the critical knowledge on pregnancy and newborn of family members on appropriate care seeking for pregnant women and newborn in District Palwal (SOMARTH DDESS) of Haryana	India (Haryana)	WHO, Government of Haryana	Not Funded

3. CHRONIC DISEASES

Completed Project

Study Title	Area	Funder	Status
Measurement & Determinants of Childhood Obesity	India (5 sites)	ICMR INCLEN Inc	2011-2016

Ongoing projects

Study Title	Area	Funder	Period
Foundational Work for a Brain-to-Society Diagnostic for Prevention of Childhood Obesity and its Chronic Diseases Consequences	India and Canada	ICMR-CIHR	2011-2016
Relationship between social capital and body composition in adolescents and young adults living in a society under transition (rural Palwal and urban Faridabad, Haryana): An exploratory Study	India (Haryana)	ICMR	2012-2016
Scoping study for addressing obesity among children and adolescents in India	India	WHO	2016

New projects developed (under review)

Study Title	Area	Funder	Status
Food Environment, Food behaviour & Type-2 Diabetes Mellitus: Evidence from a Rapidly Transitioning Rural Community	India (Haryana)	Tata Cornell Initiative	Under review

New projects developed (Not funded)

Study Title	Area	Funder	Status
Intervening on environmental factors to enable healthful behaviours and prevent type 2 diabetes within remote Indigenous Australian communities and rural Indian villages	India & Australia	ICMR & GACD	Not funded
Leveraging social capital to enhance adherence to management guidelines among type-2 diabetes patients – Extending foundational work for a ‘Brain-to-Society’ project	India (Haryana)	Vodafone-Mobile for Good Award	Not funded
Registry Research on Acupuncture for Metabolic Syndrome	India (Haryana)	MRC/Welcome Trust	Not Funded

MENTAL HEALTH

New projects developed (approved for funding)

Study Title	Area	Funder	Status
Prevalence and Incidence of Neurocognitive Disorders in the Elderly of India	India	DBT	Approved 2016 Expected to start June 2016

New projects developed (Not funded)

Study Title	Area	Funder	Status
Community based screening and referral of 0-6 years old children with developmental delays and neurological disorders using a mobile based neuro-developmental screening tool (NDST) in rural Haryana (INCLIN-SOMAARTH DDESS) in Palwal District	India (Haryana)	Vodafone	Not Funded

4. INJURY & VIOLNCE

No project at this moment

5. NUTRITION

Completed projects

Study Title	Area	Funder	Period
<i>The Feeding Infant and Toddler Study, India- Preparatory Phase</i>	India	Nestle Nutrition Institute	2013-2015

New projects developed (not funded)

Study Title	Area	Funder	Status
Exploring the situation and determinants of nutrition-related behavior of adolescent girls along the spectrum of upward social-economic mobility in transitive rural communities from North India	India (Haryana)	The Sackler Institute for Nutrition Science	Not funded
Sentinel sites for monitoring nutrition transition in developing countries: Learning from a pilot in Haryana, India	India (Haryana)	IMMANA	Not funded
Pulse Innovation Platform-India (PIP-India): Bridging Value-Addition to Agriculture and Health Through Food Convergent Innovation.	India (Haryana)	USAID	Pending for approval/ funding

ENVIRONMENTAL HEALTH

Completed Project

Study Title	Area	Funder	Period
Impact of Household Sources on Outdoor Pollution at Village and Regional Scales in India	India	University of California, Env Protection Agency	2015

Ongoing projects

Study Title	Area	Funder	Period
Measurement and modelling for quantifying air quality and impact of household sources on outdoor pollution at	India (Haryana)	Environmental Protection Agency	2014-2016

village and regional scale in India			
EcoEyes: Creating youth leadership group for conserving the water ecologies & promoting WaSH in southern districts of Haryana.	India (Haryana)	Ministry of Science & Technology, GOI, India	2016-17

New projects developed (under review)

Study Title	Area	Funder	Status
Personal Exposure Assessment at SOMAARTH, Palwal Haryana (PEAS)	India (Haryana)	University of California	Submitted in Feb 2016 Under Review

New projects developed (not funded)

Study Title	Area	Funder	Status
Exposure to POPs, non-POPs and metals of pregnant women of rural Haryana (North India) and birth outcomes followed by early childhood neurodevelopment: SOMAARTH Environment Cohort	India (Haryana)	Norway Research Council	Not Funded
Understanding Community perception on climate change and human health risks at SOMAARTH environmental health tracking site located in Palwal district of Haryana, India	India (Haryana)	Korea Green Fund-2015 (Green Asia Grant)	Not funded
Impact of clean cooking fuel (LPG) intervention on systolic blood pressure of rural adult subjects (<30 years old) residing in INCLEN SOMAARTH DDESS, District Palwal (Haryana) in North India: INCLEN-AIIMS Study.	India (Haryana)	Global Alliance for Clean Cook Stoves (GACC)	Not funded

HEALTH TECHNOLOGYASSESSMENT

Completed Project

Study Title	Area	Funder	Period
Cell Phone-Based Protocols for Diagnosis and Management of Childhood Pneumonia	India	NIH & DBT	2012-2015

Ongoing projects

Study Title	Area	Funder	Period
m-CTG: A low cost mobile-phone cardiocograph device for antenatal and intrapartum monitoring to prevent perinatal mortality in low resource settings	India	Grand Challenges Canada	2014-2016
A Low Cost and Easy to use Cuff-less Blood Pressure Measuring Device using Pulse Transit Time and Pre-ejection Period	India	Indo-US Grand Challenge (DST)	2014-2016

New projects developed (not funded)

Study Title	Area	Funder	Status
Cell Phone-based Support (CPS) for Healthy Infant Nutrition in India	India (Haryana)	India-Canada Centre for Innovative Multi-disciplinary Partnerships	Not funded
Rules-Engine based Neuro-developmental Screening Application for Children below 9 years	India (Haryana)	Google	Not Funded

6. GEOSPATIAL EPIDEMIOLOGY

Ongoing projects

Study Title	Area	Funder	Period
EcoEyes: Creating youth leadership group for conserving the water ecologies & promoting WaSH in southern districts of Haryana.	Haryana (India)	Department of Science and Technology, Gol	2016-17

New projects developed (not funded)

Study Title	Area	Funder	Status
Understanding community perceptions on climate change and human health risks at SOMAARTH environmental health tracking site located in Palwal district of Haryana, India	India (Haryana)	Green Asia Grant	Not funded

RESEARCH PRIORITY SETTING

Completed

Study Title	Area	Funder	Period
Maternal, newborn, child health and nutrition	India	ICMR & CHNRI	2012-16

research priority setting in India			
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7. HEALTH SYSTEM RESEARCH

New Projects Developed (not funded)

Study Title	Area	Funder	Period
Measles-rubella (MR) vaccination as a platform for integrated delivery of women's, children's and adolescents' health interventions	India (Haryana)	Indo-UK joint program (UKMRC-DBT)	Not funded

8. SCIENCE MANAGEMENT

Completed projects

Study Title	Area	Funder	Period
Child Health and Nutrition Research Initiative (CHNRI) Secretariat	Global	CHNRI	2010-14

CHNRI Foundation dissolved in Dec 2014

Ongoing projects

Study Title	Area	Funder	Period
National Certification Committee for Polio Eradication (NCCPE)	India	Govt of India	2008– till Global Polio eradication

9. CAPACITY BUILDING

Ongoing activities

Study Title	Area	Funder	Period
Research Leadership and Management Program (LAMP)	India	ICMR IJP, BMGF	Twice a year (Nov 2015; Oct-Nov 2016)
Research Methodology Workshop for young researchers	India	IJP	2 workshops planned (June-Jul 2016)

10. PROGRAM SUPPORT

Ongoing support to National Government/ Research Agency

Activity	Area	Funder	Period
Support for the strengthening of AEFI surveillance program	Vaccine safety	Government of India	2008 onwards
Introduction of Rotavirus vaccine under UIP in India	Vaccine	Government of India	2015-17
Introduction of Pneumococcal conjugate vaccine under UIP in India	Vaccine	Government of India	2016-18
Introduction of oral cholera vaccine	Vaccine	Government of	2016-18

under UIP in selected site in India		India	
Screening and intervention for NDDs in India	Child health & Development	Government of India	2014 onwards
Establishing District Early Intervention Centre at Palwal, Haryana (under Rastriya Bal Surakha Karyakram)	Palwal (Haryana)	Government of India	February 2014 onwards
Safe Injection Practices among health care providers	Palwal (Haryana)	Government of Haryana	January 2014 onwards

Ongoing support to International Research Agenda

Activity	Area	Funder	Period
SAGE- WHO	Vaccine safety	WHO	2012-2017
Research priority Setting in Social Behavioral Intervention in Maternal and Child Health	Mother and child health	WHO	2015-2017