

INCLLEN news

■ JULY 2004
■ VOLUME 25
■ NO. 2

In this issue

1. Professor Chaudhury's Message
1. Turning scientific knowledge into effective action
4. Showcase of regional CLEN studies at GMXX
6. LAMP moves onward into program building phase
6. Nairobi CEU's LAMP workshop on strategic planning
9. Cardiovascular disease burden in developing countries
10. INCLLEN-Africa in the "Network of Networks" Workshop
11. CanUSACLEN's top priorities for this year
11. IndiaCLEN program for health intervention development and evaluation
12. LatinCLEN's e-Learning Master's Program underway
12. INCLLEN-SEA assesses capabilities of CEUs and CERTCs
13. First RECIF-EuroMed CLEN general regional meeting held in Lyon
14. ChinaCLEN aligns goals and activities with INCLLEN strategic plan
14. IBIS Study Group to expand surveillance
15. CIHR Knowledge Translation study presented at Agra workshop
16. Oral Health Network for Persons with Disabilities organized by RECIF-EuroMed CLEN
17. INCLLEN-Africa studies equity issues in provision of AIDS medicines.
18. Neurological, Psychiatric and Developmental Disorders (NPDD) Interest Group convened
19. Global Forum for Health Research holds Forum 8 in Mexico
20. Ministerial Summit on Health Research to be held in Mexico
21. Important announcements

Message from the INCLLEN BOT Chair

It is an honor and a privilege for me to address you as the Chairman of the Board of Trustees of this prestigious organization. I will do my utmost to live up to the expectations placed in me and maintain the high standards of leadership and dedication set up by my predecessors.



Professor R.R. Chaudhury

More than ever before, the strengths of the INCLLEN Trust are sorely needed to meet the challenges of today in the field of health. However, these strengths and the potentials of our organization are not being utilized fully by the international health community. It is up to each one of us to use every opportunity to participate in national programs of health development. We should strive harder to demonstrate that our global network of trained multi-disciplinary professionals can carry out health research relevant to the needs and priorities of the countries and, more importantly, can utilize research results to modify national and international health programs.

(to page 3)

Bridging the Know-Do Gap

Dr. Tikki Pang



In September 2000 the member states of the United Nations adopted the Millennium Declaration. Subsequently, after consultations among international agencies, including the World Bank, the International Monetary Fund, and the specialized agencies of the United Nations, the General Assembly recognized the Millennium Development Goals (MDGs) as part of the road map for implementing the Millennium Declaration. Out of the 8 MDGs, three are directly health related, namely: to reduce child mortality; improve maternal health; and combat AIDS, malaria, TB and

(to page 3)



The INCLLEN Trust Mission

We are a unique, global network of clinical epidemiologists, biostatisticians, social scientists and other health care professionals affiliated with leading academic medical institutions.

We are dedicated to improving the health of disadvantaged populations, particularly in low- and middle-income countries, by promoting equitable health care based on the best evidence of effectiveness and the efficient use of resources.

We achieve this by conducting collaborative, interdisciplinary research on high-priority health problems, and by training future generations of leaders in health care research.

INCLLEN Board of Trustees

INCLLEN Executive Office

Mary Ann Lansang
Executive Director

Rodolfo Dennis
Senior Program Consultant

Tina Heiler
Development & Grants Officer

Stephanie Combs
Finance Officer

Mila Montejo
Administrative Officer

Adrean Yang
Database Systems Supervisor

Stephanie Lezotte
Administrative Assistant

Lucia Valdez
Administrative Assistant

Maria Lourdes Vasquez
Clerk

Raldy Benavente
Messenger

Ranjit Roy Chaudhury
Chair, Board of Trustees, INCLLEN Trust
Chair, Board of Directors, INCLLEN Inc.
National Institute of Immunology
New Delhi, India

Palitha Abeykoon
Colombo, Sri Lanka

Demissie Habte
World Bank
African Technical Families
Washington D.C., USA

Marcel Tanner
Director, Swiss Tropical Institute
Basel, Switzerland

Margaret Thomas
University of North Carolina
Chapel Hill NC, USA

James Volmink
University of Cape Town
Cape Town, South Africa

Ramesh Ahuja
President, IndiaCLEN
Lucknow, India

Francois Chapuis
President, INCLLEN Euro-Mediterranean
Lyon, France

Cynthia Cordero
Coordinator, INCLLEN-Southeast Asia
Manila, Philippines

Amr Hassan
Secretary-General, INCLLEN-Africa
Ismailia, Egypt

Juan Manuel Lozano
President, LatinCLEN
Bogota, Colombia

Peter Tugwell
Secretary-General, CanUSACLEN
Ottawa, Canada

Wang Jialiang
President, ChinaCLEN
Chengdu, China

Editor's Note

The INCLLEN Executive Office assumes full responsibility for editing and publishing the INCLLEN Newsletter bi-annually.

The newsletter serves as a forum for exchanging information and current research among INCLLEN faculty and associates and also introduces first-time readers to INCLLEN activities.

This newsletter continues to enhance its focus on the research activities and training of the INCLLEN faculty.

INCLLEN News is published bi-annually by the INCLLEN Trust. All submissions, correspondence and address changes should be sent to:

Editor, INCLLEN Executive Office
Section E, 5th floor, Ramon Magsaysay Center
1680 Roxas Blvd.
Malate, Manila 1004
Philippines
Phone: (632) 521-3166 up to 85
Local 159
Fax: (632) 400-4374
Email: inclen@inclentrust.org

or to:

1420 Walnut St., Suite 411
Philadelphia, PA, USA 19102-4003
Phone: (1) (215) 222-7700
Fax: (1) (215) 222-7741

The INCLLEN Executive office reserves the right to edit all submissions.

This issue of *INCLLEN News* is available on the Web: www.inclentrust.org

INCLLEN News is produced by Limbus Sytems Inc: mikeg@tri-isys.com

Bridging the Know-Do Gap

(from page 1)

other diseases. The other goals are to eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; ensure environmental sustainability; and develop a global partnership for development. Outlined in the MDGs are 18 targets and 48 indicators. Thirty to 40% of these indicators are related to health.

The achievement of these health-related Millennium Development Goals (MDGs) depends on turning scientific knowledge into effective action for people's health through bridging of the "know-do" gap: the gulf that exists between what we know and what we do in practice, and between scientific potential and health realization. The failure to rapidly put existing and new knowledge into practice, in the broader context of building health systems, is a key challenge for the health research community. The "know-do" gap exists for each of the MDGs, and represents a fundamental and very pragmatic knowledge translation challenge that must be addressed to strengthen health systems performance towards achieving the MDGs.



While many examples of the "know-do" gap exist, getting research findings into practice is a difficult and complicated task. The main challenge is to translate knowledge into health decision-making and clinical practice in order to create an enabling environment for community benefits to accrue. Such an enabling environment consists of an effective health system that is able to link research to policy, put evidence into practice, and obtain the support of the public, communities, and society for the role of knowledge in improving health.

In order to advocate for the knowledge translation and bridging the "know-do" gap, the World Health Organization is preparing a World Report on Knowledge for Better Health to be released at a Ministerial Summit on Health Research in Mexico in November 2004. (See related article on page 20)

The Report will expound several key messages:

- Research is an investment, not a cost
- A broader, more inclusive view of health research is needed
- Research should be applied to improve health equity
- Research must be conducted according to universal ethical standards
- Knowledge derived from research must be accessible to all

Message from the INCLIN BOT Chair

(from page 1)

Our recently developed Strategic Plan of Action provides us with a framework for carrying out our mandate. We need to strengthen our CLENs and develop more INCLIN units worldwide. We need to develop more partnerships among our CLENs and with other organizations outside INCLIN. We would like to offer not only our considerable strengths in research methodology, planning and implementing research in support of equitable distribution of health care and social justice, but also we need to take a more active role in advocacy programs to ensure that health care is provided to all as a basic human right.

There are, of course, difficulties and constraints in the functioning of a wide network of collaborating units spread over the globe. These need to be looked at carefully and overcome so that our diversity becomes our strength. With this strength we need to mobilize resources so that continued functioning of our network at the present level, or even more, is ensured and assured. The members of the Board of Trustees are fully aware of these problems and are taking steps to address them.

I wish each of you success in your endeavors and I am looking forward to working even more closely than before with the members of our family

Prof. Ranjit Roy Chaudhury

- Civil society has a vital part to play in setting research priorities.

Beyond the messages of the Report, an action plan will be developed to launch concrete initiatives that will hopefully promote the sustainable application of research for health improvement and health equity.

Summary of a plenary talk given by Dr. Tikki Pang at the INCLIN Global Meeting XX held on February 11-14, 2004 in Agra, India. Dr. Pang is the Director of the Research Policy and Cooperation Department, World Health Organization, Geneva.

*"Knowing is not enough, we must apply;
willing is not enough, we must do."*

- Goethe

Translating research to policy and action: INCLEN studies showcased at GM XX

At a special plenary session of the INCLEN Global Meeting XX in February 2004, six regional CLENs presented research studies from their regions that demonstrated an impact on health policy or action. A research on the effectiveness of amoxicillin was presented by Dr. Shally Awasthi (IndiaCLEN), followed by presentations by Dr. Ranga Masanganise (INCLEN-Africa), Dr. Juan Gabriel Ruiz (LatinCLEN), Dr. Iwan Dwiprahasto (INCLEN-SEA), Dr. Wang Jialiang (ChinaCLEN), and Dr. Laura Sadowski (CanUSACLEN).

The “IndiaCLEN Short-Course Amoxicillin Therapy for Pneumonia (ISCAP)” study was presented by Dr. Awasthi on behalf of the ISCAP Study Group. Given the growing resistance of the common respiratory pathogens to co-trimoxazole worldwide, amoxycillin was identified as an alternative drug for the treatment of pneumonia. However, its use in the National ARI Control Program would be very costly. Thus the ISCAP study group investigated the effectiveness of amoxicillin for a shorter duration in the treatment of non-severe pneumonia. The group found that 3-day treatment of amoxicillin is as effective as 5-day treatment. The WHO treatment guidelines for non-severe pneumonia were subsequently changed. This paper was recently published in the *British Medical Journal* (See *New Publications* on page 23).



Dr. Masanganise



Dr. Rose Kambarami

Dr. Masanganise, presenting on behalf of Dr. Rose Kambarami, talked about “*The HIV/AIDS Quality of Care Initiative (HAQOCI)*”, a collaborative program of the Clinical Epidemiology Research and Training Centre, University of Zimbabwe and the Zimbabwe Ministry of Health and Child Welfare. Supported by the US Centers for Disease Control and Prevention - Global AIDS Program, the initiative developed standard treatment guidelines for HIV/AIDS care through a national stakeholders meeting. It also identified gaps in the knowledge and skills of health workers on HIV/AIDS care through a national baseline survey. HAQOCI also developed patient information on HIV care; established opportunistic infections pilot clinics for the introduction of anti-retroviral drugs to the public sector;



Bulawayo Opportunistic Infections Clinic, Zimbabwe

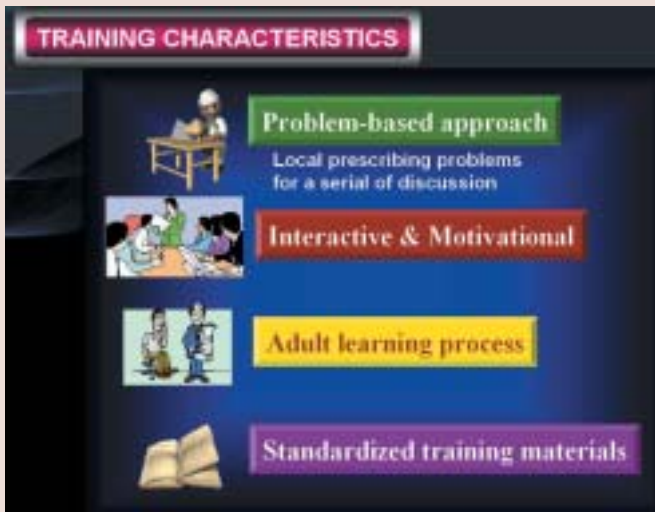
and developed training materials. In addition, HAQOCI is currently training trainers on the prevention and treatment of opportunistic infections, discharge planning for chronically ill patients and use of anti-retroviral drugs.

Dr. Ruiz of LatinCLEN presented the study, “*Randomized controlled trial on Kangaroo Mother Care: Results of follow-up at one year of corrected age*”. Kangaroo Mother Care (KMC) involved a 24-hour per day skin-to-skin contact on the mother’s chest, almost exclusive breastfeeding, and early discharge with intensive ambulatory monitoring. Control babies remained in incubators until usual discharge criteria were met. The study showed benefits of KMC compared to traditional care in terms of increased growth, less severe morbidities, and shorter duration of hospital stay. Additionally, more infants receiving KMC were breastfed until 3 months of corrected age. Currently, follow-up researches on KMC are being conducted; and two major hospitals in Bogotá (Clinica del Niño, Seguro Social and Hospital San Ignacio at Javeriana University) are providing KMC. An international network called International Network for Kangaroo Mother Care (INK) was also established. For details of their publications and other activities visit <http://kangaroo.javeriana.edu.co/inicio.html>.



Kangaroo Mother Care: reducing infant morbidity and hospital stay

Dr. Dwiprahasto discussed the study, “Interactive training on rational use of drugs to improve quality of prescribing and to prevent medication error”. The primary objective of this study was to improve the prescription patterns of providers in primary health centers (PHCs) in Indonesia. The study also aimed to reduce healthcare costs in these centers. Healthcare professionals in 148 PHCs underwent interactive and problem-based training on medication error, evidence-based medicine, and rational use of drugs. Self-monitoring, supervision, and feedback by the training teams were also done. Usual practice was observed in the 54 PHCs that served as the control group. There were significant improvements in the prescription patterns in the intervention group, but not in the control group. Further, even with the costs of training, the intervention group was found to be less costly than the control group. The Indonesian government has adopted this training program, making it a policy for all healthcare providers at the district level to undergo this interactive and problem-based training.



Study of prescription patterns in Indonesia led to adoption of training modules by the government

Dr. Wang reported on ChinaCLEN’s program, “Strengthening Health Research Capacity (SHRC) in China”. The program aims to improve health research activities including health policy development. One of the strategies of the program is participation of ChinaCLEN representatives in the National Ministry of Health and National Essential Health Research (NEHR) evaluation meeting in Beijing. Through the SHRC program, recommendations for quality improvement and policy enhancements of ongoing NEHR projects were made.



Strengthening health research capacity in China

The program also involved translation of materials on health research capacity strengthening into Chinese, with a plan to disseminate the same to researchers and policy makers. As an offshoot of this program, another SHRC workshop targeting health policy makers and

national health research leaders in China is being planned by ChinaCLEN in collaboration with the Ministry of Health in 2004.

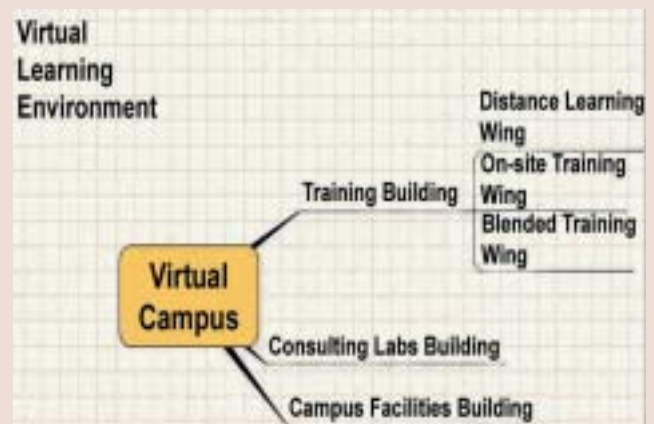
Dr. Sadowski presented “WORLDSAFE: A Multinational Study of Family Violence”, an inter-regional research on family violence conducted by the WorldSAFE (World Studies of Abuse in Family Environments) study group. The goal of the collaboration is to develop effective interventions and procedures for prevention and decrease of family violence. The study was conducted in 18 rural and urban, slum and non-slum communities in Brazil, Chile,



Family violence: intervention needed.

Egypt, India, and the Philippines. Dr. Sadowski described the characteristics and magnitude of domestic violence in the participating sites. Details on the prevalence, risk factors, and consequences of physical and psychological Intimate Partner Violence (IPV) are featured in the upcoming issue of the *Injury Control and Safety Promotion Journal*, thus contributing to the increased awareness and concern in the health sector (See *New Publications on page 23*). This initiative paved the way to the development of intervention programs in the participating countries, including routine screening for child abuse and domestic violence in Chile, Egypt and India; the inclusion of family violence in health care training and medical school curricula in Brazil, Egypt and India; and the formation of child protection services and support groups for women in the Philippines.

At the same plenary session, Dr. Sergio Munoz presented INCLen’s plans for the Virtual Campus Program, a web-based learning environment in clinical epidemiology, health-related disciplines, leadership and management (See *INCLen News, January 2004*). This program will involve faculty members from 50 CEUs and 20 CERTCs to develop capacity in low- and middle-income countries. It is envisioned that through this program, a significant number of health professionals will be trained on essential health research and evidence-based health policy and practice. For details, write to Dr. Munoz, Coordinator of the Virtual Campus Development Team at munozs@ufro.com.



Leadership and Management Program begins new phase

The INCLLEN Leadership and Management Program (LAMP) launched a new phase of coordinated, “region-up” program-building.

In its initial phase, LAMP focused on developing a set of leadership and management learning resources and organizing event-based training (primarily, workshops) at regional CLEN meetings and at the past three annual INCLLEN general meetings. Over the next three years, LAMP will broaden and intensify its activities through two key strategies:

1. Enhancing continuing education opportunities for current INCLLEN faculty, and extending these to other health and development leaders and managers outside the network, through the creation of a Health Research Leadership and Management Certificate Program, and
2. Focusing on the “next generation” of health researchers by creating formal region-based mentoring programs, and integrating leadership and management (L&M) coursework into current INCLLEN training programs.

Good Leaders and Managers are Made, Not Born

LAMP was founded on the belief that the health research community of networks, organizations, institutes, policy-making bodies and individuals has a critical responsibility and role to play in developing its leaders. Good leaders and managers are not born; they are made through training and experience.

Training in research design and methodology and the acquisition of content area expertise do not magically translate into strong L&M performance. Nor does the simple creation of opportunities to lead produce the kind of experience that grows effective leadership and management.

Health researchers need training materials, courses and events specifically directed at strengthening L&M performance in areas such as team building; conflict resolution; time management; setting, monitoring and achieving performance goals; use of information and communication technologies; budget planning; project governance and management; and strategic planning.



Participants of the Leadership and Management School's workshop on Project Governance and Management

Nairobi CEU holds LAMP Workshop on strategic planning



Small group discussion on CEU challenges at the LAMP Nairobi Workshop

The Nairobi Clinical Epidemiology Unit (CEU) held its first Leadership and Management Program (LAMP) workshop in collaboration with INCLLEN-Africa's (IA) LAMP working group on May 21, 2004. This is the third LAMP workshop in INCLLEN-Africa since its leadership decided to prioritize capacity strengthening in leadership and management during the 8th IA meeting in May 2003.

The objectives of the one-day workshop were to introduce the LAMP Program; to have an in-depth discussion on the Strategic Planning Module; and to explore the leadership and management challenges faced by the participants at the personal and unit (CEU) levels.

Coordinated by Dr. James Kairie, Nairobi CEU Director, the workshop was attended by 8 CEU members, with Drs. Vic Neufeld and James Hakim as resource persons.

Health researchers need not just the opportunity to lead but the right kinds of opportunities – opportunities that are timely, fit with their interests and goals, offer real space for learning and professional development, and provide room to take risks. At the same time, health researchers need exposure to strong L&M role models and mentorship from senior peers. These are the central tenets of LAMP – tenets that will accelerate achievement of the INCLLEN mission.

LAMP in 2003-04

During the past year, LAMP has revised and updated its library of L&M learning resources, adding a new module on “Locating, Appraising and Referencing Research on the Web”. The set of modules has now been translated into Chinese; and work is currently underway on Spanish language versions.



The launch of the IndiaCLEN Research Leaders Program

LAMP also introduced a Leadership and Management School in conjunction with GM XX in Agra, India this past February. The “school” consisted of two concurrent full-day workshops. The first workshop on Leadership Challenge for CERTCs and Regional LAMP Teams was led by James Hakim, Manjula Datta and Vic Neufeld and attended by leaders of CERTCs as well as teams of LAMP “champions” from each

region. Two key messages emerged from the discussion groups:

1. LAMP activities need to be expanded to include students in INCLLEN training programs with L&M competencies being introduced into current graduate program coursework.
2. Strong L&M performance is not widely demonstrated among “first generation” fellows; CERTCs also need to offer continuing education opportunities using the LAMP modules.

Both imperatives have been taken up in the LAMP workplan for Phase II.

(to page 8)

Library of LAMP Modules

Strategic Planning
Team and Coalition Building
Time Management
Locating, Appraising and Referencing Research on the Web
Efficient Email
E-Conferencing
Mentoring
Financial Management
Project Management
Budgeting and Accounting Manual

Dr. Neufeld explained the objectives of the LAMP program and described the various LAMP activities in the different national and regional networks of clinical epidemiology (CLENs). He also presented results of evaluation activities done by the CLENs. Finally, he introduced the LAMP modules, emphasizing how they could be useful to the participants.

Dr. Hakim presented the Strategic Planning Module, including a discussion on the components of the strategic planning processes. The session was followed by a group discussion on the challenges at the personal and unit (CEU) levels. The participants also explored strategies to



Dr. Dorothy Mbori-Ngacha presents LAMP plans for Nairobi CEU

resolve these challenges. The discussions generated a wealth of information and ideas, and resulted in the formulation of further plans

for LAMP activities in Nairobi. The participants agreed to organize a LAMP working group that will lead the CEU Nairobi in using the Strategic Planning Module to identify and resolve challenges among individual CEU members and to prepare a strategic planning process for the CEU.

The IA LAMP working group has been invited to conduct a similar workshop at the Makerere CEU in Uganda. Dr. Opar Toliva, one of the participants of the workshop, and his colleagues at Makerere CEU are currently planning for this event scheduled in the last quarter of 2004.

Amr Hassan
Secretary-General
INCLLEN-Africa

(from previous page)

Leaders of INCLEN multi-center research studies participated in the second L&M School workshop. This workshop on project governance and management was facilitated by Shrikant Bangdiwala. Through lively discussion of case studies and their own experiences, participants became more attuned to project governance and management issues and the need for effective tools to address them. Participants were introduced to the notion of a governance document and, by the end of the day, each had drafted an outline of such a document for their own project.

A post-workshop evaluation indicated that all participants were highly satisfied with the overall quality of the workshop and the relevance of the workshop content to their responsibilities as a leader/manager.

Shorter versions of the two workshops were also presented as Continuing Education Sessions during the Agra meeting by LAMP team members.

The biggest LAMP story in 2003-4 comes from the regions where CEU/CERTC level activities are being initiated. As the LAMP modules are being translated in Spanish in LatinCLEN, they are being assembled into a course that will become part of the LatinCLEN Master's program (jointly sponsored by the CERTCs at Javeriana University (Bogota, Colombia) and the Universidad de la Frontera (Temuco, Chile).

In IndiaCLEN a "Research Leaders Program" (RLP) was officially launched at a recent (June 5-6) workshop in Chennai. The participants include two junior faculty members from each CEU, with one or two mentors from the ranks of "first generation" INCLen fellows. This exciting program has the full support of the IndiaCLEN governing council.

The INCLen-Africa (IA) regional and council meetings were a setting for members to study the LAMP modules and move forward work plans for IA (Entebbe in May 03, Ismailia in January 04, Nairobi in May 04). A Harare LAMP team of four persons has been active from September 2003 to June 2004 working through the modules and implementing a personal change project. A similar team was formed in Nairobi during the May 2004 Nairobi LAMP workshop.

In INCLen-SEA, Iwan Dwiprahasto of Gadjadara University (GMU) in Yogyakarta, Indonesia took over from Cynthia Cordero as the LAMP coordinator for INCLen-SEA. A LAMP discussion group was formed at GMU.

The enthusiastic team of ChinaCLEN members who attended the global meeting in Agra have completed translation of the LAMP modules into Chinese. They are now planning a LAMP workshop in conjunction with the ChinaCLEN meeting scheduled for late August.

Program Building 2004-2007

Over the next three years, LAMP will face the challenge of building a broader and more ambitious program from the "regions up" — a program that is tailored to region- and CERTC-specific needs and realities but which, at the same time, is standardized across the regions and reflects common L&M issues. This program will have three streams:

Stream 1 (Targeted at students in INCLen training programs): Incorporation of L&M elements into current (and future) Master's programs.

Stream 2 (Targeted at INCLen "junior" faculty): Learning-by-doing projects with a mentoring component by "senior" INCLen faculty.

Stream 3 (Open to all INCLen faculty along with other health and development leaders and managers outside the network): A continuing education program, with a menu of offerings featuring event-based training and a



Nairobi CEU members discuss plans at a recent LAMP workshop

new "certificate program".

At present, two regional programs, each focused on Streams 2 and 3, are seeking funding support. Other regions are expected to develop similar program proposals within the coming year.

In collaboration with interested CERTCs and their faculty, inter-regional LAMP teams will work to integrate the inventory of learning resources into current INCLen training programs (Stream 1). The aim over the middle-term is to develop a modular course (based on these resources) that would become the foundation for a Health Research Leadership and Management Certificate Program (Stream 3). This course will be designed for multiple modes of delivery — onsite as well as online and traditional distance learning. Stronger emphasis will be placed on problem-based learning-by-doing assignments and mini-projects.

Through these program-building strategies, LAMP is expected to meet the stated milestones of the 2003-2007 INCLen Strategic Plan: "By 2005 and every year thereafter, each CEU/CERTC will have at least 2 members trained in leadership and management, either through self-learning modules, and/or via the INCLen 'Virtual Campus' project and other distance learning modes."

*Nancy Johnson
Project Coordinator
Leadership and Management Program*

Emergence and prevention of cardiovascular disease in non-western countries

Once primarily a problem of highly industrialized countries more than 30 years ago, cardiovascular diseases (CVD) now pose a major burden to low- and middle-income countries. Studies show that deaths due to CVD in these countries have increased at an alarming rate over the past 40 years. The prevalence of coronary heart disease has been increasing in India, Latin America and the Middle East. A high incidence of stroke has also been documented in China, Southeast Asia and sub-Saharan Africa. In addition, the early occurrence of cardiovascular events in individuals from developing countries before 70 years of age is becoming a great concern and must be addressed.

Dr. K. Srinath Reddy, a professor of cardiology at the All India Institute of Medical Sciences and coordinator of the Global Initiative for Cardiovascular Health Research in Developing Countries (IC-Health), discussed this problem in a recent article published in the *New England Journal of Medicine* entitled "Cardiovascular disease in non-Western countries" (See *New Publications on page 23*). This increasing CVD problem in developing countries has also been discussed by Prof. Stephen Leeder, Professor of Public Health and Dean of the College of Medicine at the University of Sidney, and his colleagues in a publication entitled "A Race Against Time: The Challenge of Cardiovascular Disease in Developing Countries",¹ sponsored by the Australian Health Policy Institute, University of Sidney; the Initiative for Cardiovascular Health Research in Developing Countries; Mailman School of Public Health and the Earth Institute at the University of Columbia.

Dr. Reddy cited projections of CVD mortality and morbidity rates, considering these as signals of the "the advance of the epidemics". Among the reasons for this occurrence are adverse lifestyles brought about by urbanization and globalization. These lifestyles such as smoking and high-fat diets (like most Western diets) have increased in most non-Western countries over the past two decades, exposing populations in low- and middle-income countries to these known risk factors for CVD. However, CVD has not been given much

attention by health workers and policy makers in these countries where infectious diseases remain to be a health challenge. Compounded by poor healthcare systems limiting access to appropriate management especially by the poor sectors of their societies, Dr. Reddy predicted that the CVD problem will get worse in the next decade.



Prof. Leeder and colleagues also presented compelling data showing that CVD is cutting into productive work forces in developing countries. Given the aging population, CVD will become a major health problem within 20 years due to expensive medical care. They further argued that CVD should be in the women's health agenda since CVD now causes four times as many deaths in mothers in most developing countries than do childbirth and HIV/AIDS combined. However, no funding agency for international aid funds research and programs on women's CVD.

While lifestyle modifications by personal choice have proven to be an effective preventive intervention for CVD in Western countries, Dr. Reddy contended that this bottom-up approach of community mobilization through health education must be complemented with legislation and regulation in addressing the problem in non-Western countries. Further, although globalization was identified as one of the factors for the CVD problem, it also offers a great opportunity for transfer of technology on CVD management by Western countries to non-Western countries. Collaborative researches should involve not only Western countries but also researchers from non-Western countries. This way, a coordinated research and program effort for the prevention and control of the growing burden of CVD in the world may be facilitated. Details on achieving this can be found at the IC-Health website at: www.ichealth.org

Two of the major points for action cited in "Race against Time" were:

- Programs to prevent/treat CVD should be locally sustainable. Governments can cut tobacco consumption by implementing taxes and eliminating advertising; plan pro-walking cities and earmark recreational space; ensure that all citizens have access to clinics for proper management; and implement long-term changes in macroeconomic policies that dismantle agricultural subsidies and implement the WHO Framework Convention on Tobacco Control.²
- International aid agencies should work with developing countries to contain CVD and its threats to global health, national prosperity and family life in the developing world.



Checking for early signs of cardiovascular disease: "Forewarned is forearmed."

¹ Leeder S, Raymond S, Greenberg H, Liu H, Esson K. A Race Against Time: The Challenge of Cardiovascular Disease in Developing Countries. New York: Columbia University; 2004

² WHO Framework Convention on Tobacco Control; adopted unanimously by the 56th World Health Assembly on May 21, 2003. World Health Assembly Resolution 56.1 Printable version can be found at www.who.int/tobacco/areas/framework/final_text/en/print.html

INCLen-Africa participates in the “Network of Networks” Workshop of the Africa Health Research Forum (AfHRF)

Dr. Amr Hassan, INCLen-Africa (IA) Secretary-General, represented IA at the Africa Health Research Forum (AfHRF) Workshop on “Network of Networks” in Nairobi, Kenya on May 17-18, 2004. The workshop is a component of a three-stage dialogue that involves members of the current AfHRF Steering Committee and invited representatives of several African health research networks and other organizations.

The dialogue is aimed at engaging a diverse group of health research networks in Africa involved in both the production and use of knowledge in addressing two key questions: (1) How can the AfHRF support the work of the networks; and (2) To what extent, and how, can the networks “do the work” of the AfHRF?

The first phase was a two-month electronic dialogue, stimulated by a “challenge paper”, to shape the agenda for the above workshop. More than 20 persons were invited to contribute to the dialogue, representing 12 research networks and organizations in Africa, the World Health Organization Regional Office, the Council on Health Research for Development (COHRED) and the AfHRF Steering Committee.

In the ensuing workshop (Phase 2), Dr. Hassan gave a brief introduction on INCLen-Africa in the first session, emphasizing that networking is one of IA’s main strategies. The positive experiences of IA and the challenges of networking were also discussed. Dr. Hassan stressed the importance of identifying common goals and strategies, and of sharing the responsibility for decision-making and action among the network’s individual members and member institutions. He also highlighted the importance of relationships based on trust, mutual respect, and transparency. Finally, he presented the expectations of IA from AfHRF and its possible contributions to AfHRF as a “Network of Networks”. Dr. Ruth Nduati, a member of the Nairobi CEU and the Network of AIDS Researchers of Eastern and Southern Africa, presented her experiences from her networks. She also actively participated in clarifying the niche of a network and defining the complementary roles of the AfHRF and other networks in Africa.

The vision, mission, operating principles and general goals of the AfHRF were clarified during the workshop. A 6-month action plan framework was developed. It features seven tasks to be implemented over the coming six months before the Ministerial Health Research Summit and Forum 8 in Mexico City in mid-November 2004. The following task groups were created:

- Task Group on the African Voice
- Task Group on the Biennial Forum
- Task Group on the “Phase 2” website
- Task Group on Innovation Stories
- Task Group on the African Health Review
- Task Group on Building Efficient and Effective Networks



INCLen-Africa members and Dr. Vic Neufeld at the AfHRF workshop

For more details on the AfHRF dialogue and workshop, visit the website <http://www.afhrf.org/>

Meanwhile, a training collaboration between INCLen-Africa and AfHRF was formulated. Following the AfHRF workshop, Dr. Amr Hassan and Dr. James Hakim of IA met with Dr. William Macharia and Dr. Vic Neufeld, members of the AfHRF Fellowship Program. They discussed the following areas of collaboration for the two networks: exchange of

information regarding fellowship programs; sharing of training modules and materials; and sharing of expertise. IA has experience in health research methods and evidence-based health interventions while the AfHRF Fellowship Program has expertise regarding the application of health research to policy, practice and community action. The two networks also agreed to link IA to non-INCLen countries like Mali, Benin and Zambia where the AfHRF Fellowship Program is active.

This collaborative agreement will be monitored and reviewed every six months. The persons responsible are: Dr. William Macharia (member of the CEU Nairobi and member of the AfHRF Fellowship Program Planning Team) and Dr. James Hakim (member of the CEU in Harare and the INCLen Leadership and Management Program (LAMP) Coordinating Team).

*Amr Hassan
Secretary-General
INCLen-Africa*

CanUSACLEN sets top priorities for 2004

At an Executive Meeting during the INCLN GM XX in February 2004 in Agra, India, CanUSACLEN defined 4 priority areas for the upcoming year. These are to conduct regional meetings to build collaborative research linkages between CLEN and CERTC members; to create programs on self-management education and support for Type 2 diabetes mellitus in low-income communities; to expand CanUSACLEN's membership base; and to contribute expertise to the INCLN Virtual Campus Project.



CanUSACLEN members at GM XX

The program will target the poor, as well as aboriginal and ethnic minorities, in Canada and the USA. CanUSACLEN has applied for funding from the US Agency for Healthcare Research and Quality (AHRQ) to support this research project (See *INCLN News*, January 2004).

Contributions to the INCLN Virtual Campus project, headed by Dr. Suzanne Fletcher, will be in the form of training and e-curricula expertise.

Meanwhile, Dr. Peter Tugwell took over from Dr. Suzanne Fletcher as Secretary-General of CanUSACLEN.

*Vivian Robinson
CanUSACLEN*

For its project on Type 2 diabetes mellitus, CanUSACLEN will design and evaluate a peer-support intervention program to reduce the rich-poor gap in diabetes treatment in the USA and Canada.

IndiaCLEN prepares Program for Health Intervention Development and Evaluation

After successfully hosting INCLN GM XX in February 2004, IndiaCLEN gears up for the coming years.



The LAMP-IndiaCLEN Core Group

On March 10-12, 2004, the IndiaCLEN Strategic Planning Group held a meeting at the Claridges Hotel in New Delhi to finalize its strategy document entitled IndiaCLEN Program for Health Intervention Development and Evaluation (IPHIDE). The meeting brought together participants from within and outside the network, including representatives from the United States Agency for International Development (USAID), U.S. Centers for Disease Control, World Bank, Indian Council of Medical Research (ICMR), World Health Organization-Regional Office for Southeast Asia (WHO-SEARO) and the National Institute of Mental Health and Neurological Sciences (NIMHANS).

The IndiaCLEN strategic plan identifies IndiaCLEN's major research programs, including initiatives on infectious diseases; neonatal, child and adolescent health; urban health; program evaluation; micronutrients; reproductive health; and non-communicable diseases. At least 6 other initiatives have been submitted as the IPHIDE proposal by USAID/India under the new USAID Country Research Award. Participants were divided into groups led by team leaders of each of the above initiatives. The aim of the small group activity was to crystallize key research ideas for full proposal development over the coming months.

In addition to strategic planning, several workshops were held between January and June 2004 to boost IndiaCLEN's leadership

and research and capacity building activities. IndiaCLEN's Leadership and Management Program (LAMP) organized and co-funded the Research Leadership and Management Workshop. The Capacity Building Subcommittee supported two workshops on "Sample size" and "Measurement and Instrument Design". In collaboration with INCLN, protocol development workshops were also held for the Neonatal Health

Research Initiative's intervention strategies and the Micronutrients Initiative. The Research Subcommittee funded a protocol development workshop on "Indigenous medical practitioners in health care" and another workshop to disseminate the results of a study on antibiotic prescribing practices. The IndiaCLEN Tuberculosis Initiative also met to determine progress of its activities.

IndiaCLEN is also busy preparing for its XV Annual Regional Conference to be held on September 14-16, 2004 in the City of Nagpur. With the theme "Success of Large Collaborative Studies", the conference will be hosted by the CEU in Nagpur. There will also be pre-conference meetings on September 12-13, 2004.

Meanwhile, Dr. M.K.C. Nair of the Trivandrum-CERTC was proclaimed the new President-elect of IndiaCLEN in April 2004. Dr. Nair will serve as President-elect until September 2005, and then assume the presidency for two years.

*Shuba Kumar
IndiaCLEN*

LatinCLEN launches e-Learning Master's Program

The LatinCLEN e-Learning Master Program in Clinical Epidemiology is now accepting applications for the school year 2004-2005. The first cohort of graduate students is scheduled to begin academic activities on September 6, 2004. Interested applicants should submit requirements on or before August 6, 2004. For more information, visit the website at www.LatinCLEN.org/magepi/ or contact: Ms. Margaret Melgarejo c/o the Course Secretariat with e-mail address: mec@ufro.cl; telephone number: (56) 45 325 747; and fax number: (56) 45 325 741.

A great deal of preparation has gone into this e-learning program, including design of the curriculum, development of educational materials and training of tutors. Finishing touches on the program are now being done, such as details of course offerings, mentoring schedules and admission processes.

Meanwhile, LatinCLEN, through the support of INCLEN, has awarded 1-month scholarships on systematic reviews at the Ibero-American Cochrane Centre in Barcelona, Spain to Drs. Soledad Cepeda and Álvaro Sanabria. Dr. Sanabria, Professor of Surgery and a graduate student in the Masters Program in Clinical Epidemiology at Javeriana University, Bogotá, Colombia, will work on a "Systematic Review on Laparoscopic Repair of Perforated Peptic Ulcer Disease". Dr. Cepeda, Professor of Anesthesiology and Clinical Epidemiology at Javeriana University, Bogotá,

Colombia, will work on a "Systematic Review on Local Anesthetic Sympathetic Blockade for Complex Regional Pain Syndrome". The two scholars were chosen from 8 applicants from four CEUs/CERTCs in LatinCLEN. Criteria for selection were current appointment in LatinCLEN CEUs/CERTCs or affiliated research institutions; publication of a systematic review protocol in the Cochrane Library or acceptance of a systematic review topic by a Cochrane Collaborative Review Group; and a commitment to contribute to the training and research activities of the Cochrane Collaboration and LatinCLEN in the region.



Dr. Martha Delgado of Javeriana University CERTC in Bogotá, Colombia and Dr. Gerard Urrutia of the Ibero-American Cochrane Centre in Barcelona co-coordinate this training program. It aims to provide practical training on systematic reviews to LatinCLEN members and, at the same time, foster future collaborative work between LatinCLEN and the Cochrane Collaboration.

Juan Manuel Lozano
President
LatinCLEN

INCLEN-SEA conducts assessment of member CEUs/CERTCs

In its April 2004 teleconference, the Board of Coordinators agreed to make a situational analysis of its member CEUs and CERTCs, particularly those that are members of national CLENs. Dr. Iwan Dwiprahasto (IndonesiaCLEN director), Dr. Grace Garayblas-Gonzaga (PhilCLEN director), Dr. Visanu Thamlikitkul (ThaiCLEN immediate past director) and Dr. Kammant Panthumchinda (current ThaiCLEN director) are currently doing site visits of local CEUs and CERTCs. Ongoing research and capacity building activities, leadership and administrative structures, and strengths and needs of the CEUs and CERTCs will be determined. These analyses are being conducted to maximize the participation of network members in regional activities; streamline and improve operations; and build and renew ties and linkages among the network's members and partners.



Drs. Tazeen Jafar and Imtiaz Jehan, Co-Directors of Aga Khan University CEU

Meanwhile, INCLEN-SEA through Aga Khan University (AKU) was awarded a capacity development grant by the INCLEN Trust. Spearheaded by Dr. Imtiaz Jehan, co-director of the AKU-CEU, the program aims to

identify capacity building resources in clinical epidemiology and related disciplines among INCLEN-SEA member units. The project has begun with a questionnaire survey to assess existing training resources of member CEUs and CERTCs.

INCLEN-SEA is also assessing its capacity to conduct regional multi-center clinical trials on diseases highly prevalent in the region. The Clinical Research Centre in Malaysia has posted an on-line clinical trial survey at www.inclensea.org

In lieu of the traditional annual scientific meetings, the network plans to hold a two-day workshop in the second quarter of 2005 through the support of the INCLEN Trust. Possible topics are evidence-based medicine, Good Clinical Practice, and data analysis and reporting in clinical trials. These topics are in line with INCLEN-SEA's research and capacity building initiatives, particularly the aim of INCLEN-SEA to become a clinical trial resource center.



Pamela Tagle
Administrative Officer
INCLEN-Southeast Asia

Dr. Rugayah Bakri, INCLEN-SEA Country Coordinator, Malaysia

RECIF-EuroMed CLEN holds first general regional meeting

The RECIF-EuroMed CLEN held its first “*Etats Généraux*” (general meeting) on April 29-30, 2004 in Lyon, France. The meeting was supported by the French Ministry of Foreign Affairs, the City of Lyon, the Hospital of Lyon, and the Institut Universitaire de Médecine Sociale et Préventive (IUMSP) of Lausanne. Gathered for this meeting were the directors of member CEUs and CERTCs across the region. There were also delegates from Belgium, Romania, Switzerland, France, and North America (a team from Quebec). The Mediterranean area was represented by delegates from Algeria (Algiers, Oran, Annaba) and Morocco (Marrakech).

The two-day meeting featured scientific sessions and workshops, with the theme: “Strategic Development of Clinical Epidemiology in Universities”. The CEU and CERTC directors shared their experiences in promoting clinical epidemiology in their respective universities. The common interest among the Mediterranean members was in improving their countries’ health systems and in responding to the health needs of the population. While they recognized that the level of training in clinical epidemiology varied among their institutions, they shared a mutual goal of raising the awareness of government and private health practitioners in their localities on the importance of such training in improving health care services.

The meeting also featured a visit to the Hotel-Dieu Hospital Museum, a reception in the lounges of the City of Lyon Hall, and a dinner in the ancient and prestigious “Grand Réfectoire” (dining hall) of the Hotel-Dieu Hospital. This “*Etats Généraux*” gave a new impetus to RECIF-EuroMed CLEN in its plan to expand to Algeria (Algiers and Annaba), Gabon (Libreville) and Denmark (Aarhus).

Earlier, in January, RECIF-EuroMed CLEN held a Board and Scientific Committee meeting where one CEU and two CERTCs were accredited. These are: the Amiens CEU in France under the



Prof. Doina Azoicai presents updates from Iasi

directorship of Prof. Pierre Duhaut; the Quebec CERTC in Canada based at the Cancer Research Center of the University of Laval under the leadership of Dr François Meyer; and the Lausanne CERTC based at the Clinical Epidemiology Center (CEPIC) under its director, Prof. Bernard Burnand. In addition, the network continues its expansion efforts with the audit of two potential CEUs in the School of Medicine of Oran last March 2004 by Prof. Yves Matillon and Prof. Hélène Pellet.

Meanwhile, a five-day seminar on quality of life and medical economics was held in Bucharest, Romania in February 2004. Prof. Pierre Duhaut of Amiens CEU, Prof. Doina Azoicai of Iasi CEU, and Dr Cristian Baicus of Bucharest CEU were the faculty members. This activity was repeated in May 2004.

As part of the expansion of the EuroMed CLEN, two thematic networks were formed in collaboration with the RECIF-Lyon CERTC—the Oral Health Network for Persons with Disabilities spearheaded by Dr. Eric-Nicolas Bory (*see related article on page 16*) and the Network for Physical Medicine and Rehabilitation. These thematic networks were created to increase awareness among health professionals about the health concerns of the handicapped and disabled persons. The overall objective is to train health professionals in clinical epidemiology so that more cost-effective health interventions for this special group of people could be developed.

Hélène Pellet
RECIF responsible Dean

François Chapuis
EuroMed CLEN President

Anne-Sophie Laréal
RECIF Coordinator



EuroMed CLEN members at a workshop

ChinaCLEN sets goals and activities in line with the INCLIN Strategic Plan

In line with INCLIN's strategic plan to sustain and create new programs in high priority health problems in developing countries, ChinaCLEN is developing focused interests for researches and health programs among its members. In the ChinaCLEN Committee

Meeting in Chengdu in March 2004, members agreed on the need to determine the disciplines and field of specialization of INCLIN members. They also agreed to prioritize capacity building activities to maintain the pool of trained members in the field of clinical epidemiology and related disciplines. ChinaCLEN leaders asked each CEU to offer advanced courses in clinical epidemiology and eventually consider offering a formal graduate program.



ChinaCLEN members at a meeting in Chengdu

ChinaCLEN also continues to collaborate with its partners in capacity building activities. This year, two continuing education programs on a national level will be conducted in collaboration with the Chinese Medical Association (CMA). On a global level, ChinaCLEN supports INCLIN's Virtual Campus Initiative; and is committed to actively participate in its development.

In pursuit of INCLIN priorities by means of good leadership, LAMP modules have been translated into Chinese and have been disseminated among the network's emerging leaders in health research and training. A pre-meeting LAMP workshop is also being planned for the VIIIth ChinaCLEN Meeting. Scheduled in August

2004 in Wanshung Fuhao Hotel in Beijing, ChinaCLEN VIII will be hosted by the CEU in Peking Union Medical College Hospital (PUMC). This year's theme is "Exploration, Innovation and Practice".

Meanwhile, Dr. Wang Jialiang (ChinaCLEN President) and Dr. Wang Jiyao (ChinaCLEN President-Elect) were designated as chief editors for the national textbook building project for China's 8-year MD/PhD program. Dr. Jiyao will be editing the Internal Medicine textbook while Dr. Jialiang will be working on the Evidence-based Medicine textbook. Both served as resource persons in the Ministry of Health and Ministry of

Education Joint Symposia on "How to Build an 8-Year Textbook System" in April 2004 in Beijing.

*Wang Jialiang
President
ChinaCLEN*

Research

IndiaCLEN Invasive Bacterial Infection Surveillance (IBIS) Study Group to extend pneumococcal surveillance to South Asia

The Pneumococcal Vaccines Accelerated Development and Introduction Plan (Pneumo ADIP), a program funded by the Global Alliance on Vaccine Initiative (GAVI), teamed up with the IndiaCLEN Invasive Bacterial Infection Surveillance (IBIS) Study Group to set up a surveillance system in Nepal, Bhutan, Sri Lanka and Myanmar. IBIS members Dr. Mark Steinhoff, Dr. Kurien Thomas and Dr. M.K. Lalitha, made preliminary site visits to these South Asian countries in April 2004. In July 2004, PneumoADIP made the formal commitment to fund the South Asian expansion of the surveillance system. Subsequently, IBIS work was expanded to Nepal and Sri Lanka through the South Asian Pneumococcal Alliance (SAPNA) project.

The work in Nepal is coordinated by Dr. Aparna Singh of the Tribhuvan University and Kanti Teaching Hospital. Other team members are Dr. N. Thuladhar, Prof. Pushparaj Sharma, and Prof. Adhikari from the same institutions. In Sri Lanka, the team is composed of Drs. Batu Batuwanthudawe and Nihal Abeysinghe of the Ministry of Health Epidemiology Unit; and Drs. Sarath D'Silva, Kumudu Karunaratna and Malka Dassanayake of the Lady Ridgeway Hospital in Colombo.



Drs. Mark Steinhoff, Kurien Thomas, M.K. Lalitha with Dr. Aparna Singh, SAPNA Coordinator of Nepal

The IBIS study is a project supported by the USAID through INCLIN. It has completed 10 years of surveillance on vaccine-preventable invasive bacterial infections on *S. pneumoniae* and *H. influenzae* in India. It generated data on serotype distribution

Research

Canadian Institutes of Health Research (CIHR)-funded study on Knowledge Translation presents preliminary results at Agra workshop

The CIHR-funded project led by Peter Tugwell and Mary Ann Lansang (INCLen Trust) in collaboration with INCLen members and colleagues from the University of Ottawa, entitled “An International Study of Health Research Funding Agencies’ Support and Promotion of Knowledge Translation in Low- and Middle-Income Countries” presented preliminary findings at the INCLen Global Meeting XX in Agra, 2004. This project aims to determine effective strategies used by funding agencies to promote the uptake of new knowledge for improvement of health and health equity. The collaborative study involves INCLen members from Colombia (Dr. Juan Lozano), Brazil (Drs. Jose Quirino and Marcos Ferraz), the Philippines (Profs. Rachel Delino and Cynthia Cordero), Thailand (Dr. Visanu Thamlikitkul), India (Drs. L. Jeyaseelan and Shuba Kumar), South Africa (Dr. Jacobus Louw) and Canada (Drs. George Wells and Vic Neufeld).

Rachel Delino (Philippines) and Vivian Robinson (University of Ottawa) presented preliminary results of interviews with national funding agencies in the Philippines and international

funding agencies (e.g. World Bank, Wellcome Trust, WHO-TDR, DFID, USAID, IDRC and CIDA). Breakout groups brainstormed about the meaning of knowledge translation in their own settings. Dr. Juan Lozano wrapped up the session by concluding that Knowledge Translation is a process that should be considered right at the beginning of planning research, including considering the different audiences that could be interested in the research findings. Bringing in partners such as ministries of health and NGOs is important because they have the resources to disseminate and spread the knowledge throughout their networks, resulting in substantial saving in cost of dissemination by combining efforts. Research funders can contribute to supporting and promoting KT by evaluating planned knowledge translation activities at the start of projects.

The team also held a project meeting in Agra to finalize the next steps of the analysis. We are now collaborating with the parallel industrialized country study, led by Dr Jeremy Grimshaw and Ian Graham to use their common code-book to develop national and international comparisons of KT activities.

Vivian Robinson
University of Ottawa

and antimicrobial resistance patterns of these invasive isolates in admitted patients in 6 participating CEUs/CERTCs in India (See *INCLen News*, July 2003).

The results of the IBIS study have been widely disseminated, and there have been more than 16 peer-reviewed publications in national and international journals. The summary data from the first IBIS project were published in the *Lancet*¹ and the work was recognized as the very first multi-center data on pneumococcal disease in India. The data on *H. influenzae* were published later in *Communicable and Infectious Disease Journal*.² Preliminary data were also presented at a WHO consultation meeting on priorities for pneumococcal and Hib vaccine development and introduction in February 1999 in Geneva. Data were also presented at a Rockefeller Foundation-sponsored meeting on emerging diseases in Bellagio, Italy in February 1996. In December 1996, INCLen released the publication, “Burden of Vaccine-Preventable Illness. INCLen Monograph No.6” written by Drs. Steinhoff and Thomas on behalf of the IBIS Group.

This 10-year work of the IBIS Study has been recognized by the WHO and GAVI as important contributions to national policies on vaccine and drug use. SAPNA, a South Asian expansion of the work of the IBIS study group, represents international recognition of the importance of pneumococcal surveillance in the subcontinent and the globe.

(to page 22)

Preliminary findings

Some definitions of “Knowledge Translation” by funding agencies in the Philippines

- Agency 1: Research translated to policy action
 - *develop and institutionalize policy, and incorporate policy as a rationale for a system or program*
 - *explain research results in a language understood by policymakers*
- Agency 2: Adaptation of knowledge into local conditions
 - *technology transfer plus innovation*
 - *knowledge translation output in the form of product, a policy, or an action*
- Agency 3: Knowledge sharing/management
 - *ensuring that knowledge has practical uses*
 - *creating, sharing and applying knowledge*

RECIF-EuroMed CLEN initiates Oral Health Network for Persons with Disabilities (OHNPD)

In the Rhône-Alpes Region in France, around 90,000 individuals with disabilities and more than 140,000 frail and functionally dependent elderly persons (about 5% of overall population) do not have access to dental care and preventive oral health programs. They have a high risk for oral disease that can have a prejudicial effect on their general health, behavior and quality of life. A higher prevalence of dental decay and periodontal disease was found in these groups compared with the general population.

The disabled and the elderly have special oral health needs, such as comprehensive oral examinations and specific treatment recommendations. In addition, these patients require particular techniques of communication. Dental treatment should be adapted to their demands and specific needs. Moreover, providing dental services to this group requires special training among the medical and nursing staff, caregivers and family members. A personalized oral health follow-up should include daily oral hygiene procedures and frequent follow-up examinations. Prophylaxis should be planned in accordance with the patient's needs and abilities.

Amid this growing concern on the oral health for people with special needs, RECIF-EuroMed CLEN teamed up with the Vinatier Hospital in Lyon, France to establish the Oral Health Network for Persons with Disabilities (OHNPD). The aim of the network is to provide within the next ten years approximately 40% of the oral health needs of individuals with disabilities (especially those with mental deficiency) and 30% of the needs of the frail and functionally dependent institutionalized persons. It is estimated that around 41,000 persons in the Rhône-Alpes Region will benefit from this project.



Care of an elderly



Members of the Oral Health Network at work

OHNPD has initiated studies to determine oral health status including dental needs of the targeted group. To provide the infrastructure for primary dental care services, Oral Health Centers (OHCs) were established, involving the collaboration of a team of personnel trained in special care in dentistry with local dental private practitioners. Cases that cannot be

handled at the OHCs are managed at Oral Health Resources Centers (OHRCs). These OHRCs, located in a hospital or a private clinic, are equipped with facilities for conscious sedation and general anesthesia.

Aside from providing services, the network conducts researches in order to fill the knowledge gaps on prevention, diagnosis, and treatment



Dr. Eric-Nicolas Bory

of oral health problems that will eventually be translated to policies on oral health care. RECIF-EuroMed CLEN can provide the expertise needed for these researches. For example, it spearheaded the guideline development on oral health. These guidelines will be disseminated to increase the awareness of the importance of oral health for individuals with disabilities among dental health practitioners. Currently, the network has authorized the following researches related to the elderly and people with disabilities: indices of

accessibility of oral health care; barriers to dental treatment; assessment of oral health status; evaluation of oral health needs; prevention, education, and training in oral health; measures of impact of oral health programs; prevention and control of respiratory and intestinal infection of dental origin; and prevention of malnutrition. In addition, feasibility studies on the development of institution-based outreach dental clinics and creation of community clinics will also be conducted. These researches will not only provide answers on the management of oral health but will also strengthen the partnership among RECIF-EuroMed CLEN members and OHNPD.

The co-prime mover in this work, the Vinatier Hospital, has been recognized for its work among persons with special needs. In June 2003, the Department of Oral Health for Persons with Special Needs of the Vinatier Hospital was awarded the First Prize in "Hélioscope 2003", a meeting organized by the foundation, "Hôpitaux de Paris-Hôpitaux de France" (Hospitals of Paris - Hospitals of France), for being a lead institution in recognizing the health needs of disabled and elderly people. Ms. Bernadette Chirac, President of the Foundation, presented the award.

*Eric-Nicolas Bory
Member, RECIF EuroMed CLEN
Head, Dept. of Oral Health for Persons with Special Needs,
Vinatier Hospital, France*

Research

INCLIN-Africa works on governance and equity issues

In February 2004, INCLIN-Africa (IA) was granted seed funds from the Alliance for Health Policy and Systems Research (AHPSR) to develop a research proposal on the impact of governance on the equitable financing and delivery of anti-retroviral drugs (ARVs) to HIV/AIDS clients in Kenya, Uganda, and Zimbabwe.

The principal proponent, Dr. Gilbert Mawera of the University of Harare CERTC, and his collaborators, Dr. Winifred Adrine Tumwikirize of Makerere CEU and Dr. Vincent Muoki Mutiso of Nairobi CEU, are currently working on the proposal to be submitted in August 2004 for the third phase of the selection process. Phase 1 involved submission of a letter of intent in May 2003. Phase 2 involved a workshop on governance, equity and health, held in Kampala, Uganda on November 10-14, 2003. The workshop facilitated revision of the pre-proposals of a selected group of investigators, including Dr. Mawera. The group that will be chosen in the 3rd phase will be granted funds to implement the full proposal.

Sub-Saharan (Eastern and Southern) Africa carries the greatest burden of HIV/AIDS in terms of morbidity and mortality. However, access to ARVs is very inadequate.



Previous studies have suggested that there may be a relationship between governance (political commitment and policy progress) and health. Unfortunately, no study in this region has been done to demonstrate the relationship. IA's proposal aims to demonstrate the effect of governance on equitable financing and delivery of ARVs to HIV/AIDS clients in Kenya, Uganda and Zimbabwe. A comparative study using both cross-sectional and time-series designs will be done. It will also involve review of governance documents and ARV procurement documents. Assessment of ARV-accredited centers will also be done. Relevant data will be collected using semi-structured and structured questionnaires and focus group discussions. It is envisioned that the results of this study will be the basis for improvement of governance and equitable financing and delivery of ARVs to those who need them.



HIV/AIDS poses a public health burden in countries like Kenya, Uganda, and Zimbabwe, where most infected persons have to rely on government or donations for their anti-retroviral drugs

As part of the development of the proposal, the following activities have commenced in the three countries: formation of in-country teams; collection of policy documents on ARVs and other related issues; development of a data collection form (DCF) to be used during the visits to selected ARV accredited distribution centers by the Uganda team. This form will then be discussed by the whole study group for possible adoption of a uniform DCF in the three countries. Likewise, an inter-country workshop is being organized to finalize the proposal.

*Amr Hassan
Secretary-General
INCLIN-Africa*

INCLLEN and the Global Network for Research in Mental and Neurological Health (GNRMNH) convene Neurological, Psychiatric and Developmental Disorders (NPDD) Interest Group

In response to an invitation from the INCLLEN leadership, meetings were convened to discuss the possibility of developing an INCLLEN interest group that would focus on research related to disorders of the nervous system. Two meetings were held in the course of INCLLEN's Global Meeting XX, in Agra, India in February 2004. Twenty-seven INCLLEN members and Dr. Donald Silberberg (GNRMNH Vice-President and Treasurer) and Dr. Sudhir Khandelwal (GNRMNH President) participated. Dr. Silberberg, Professor at the Department of Neurology, University of Pennsylvania agreed to coordinate this initiative. This initiative builds on previous meetings of INCLLEN epidemiologists, geriatricians, internists, neurologists, pediatricians, psychologists, psychiatrists and public health workers with interest in this exciting area.

Several publications have contributed to bring new attention to Neurological, Psychiatric and Developmental Disorders (NPDD) as significant public health problems.¹ By most measures, NPDDs account for at least 25% of the Global Burden of Disease. Despite this, recognition by mainstream international health planners is evolving slowly.

The most visible funding source to date that would support research endeavors in the area of NPDD is the National Institutes of Health (NIH, US). Recently NIH has responded to the Institute of Medicine's (IOM) Report on NPPD. NIH's Fogarty International Center has issued at least three related requests for applications since the publication of the IOM Report, and other relevant NIH institutes are beginning to publicize RFA's that include international research on NPPD.

The Global Forum for Health Research, which remains very interested in NPPD, has offered to help in the preparation of an abbreviated Report and translation of the IOM Report into French and Spanish (and English) to make it even more widely accessible.

In the Agra meetings, INCLLEN members expressed interest in the following areas: developmental disorders, cognitive impairment and learning disorders; epilepsy; Alzheimer's Disease and other dementias; depression (prevalence in the elderly and identification of protective factors); gender bias in the management of headache; burden of neurological disabilities in developing countries (prevalence, patterns and etiology); equity in clinical care for neurological and psychiatric disorders in

developing countries; and stroke. Interests were also expressed in CNS infections, particularly neurocysticercosis and tuberculosis; stigma, as a factor in all the problems cited above; health care systems: equity in opportunities for treatment; complementary and alternative medicine; and training and utilization of community health care providers.

For the first general topic, specific topics identified were development of culturally sensitive instruments for the detection of developmental delay; early detection and interventions for learning disabilities; epidemiology and cost-effectiveness of treatment of developmental disorders; iodine deficiency disorders and detecting mental illness in children. For epilepsy, studies on prevalence, etiology, validation of diagnostics tests, cost-effectiveness of treatment, gender issues in management and the necessity of EEG and CT for clinical management were suggested.

Prevalence and management of Alzheimer's disease and other dementias were identified. Other questions raised were: "What is the knowledge base of primary care physician on these diseases?" "What is the optimal management in primary care settings?" and "Are complementary and alternative medicine approaches such as acupuncture effective?"

Interests centered on the prevalence among the elderly and identification of protective factors related to depression. For the topic on equity in clinical care, specific areas identified were: opportunities and barriers (role of beliefs/cultural issues, role of health system organization and role of stigma); best available treatments; primary versus specialized care; and pre-paid vs. government care.

Prevention (e.g. via education) was listed as a topic under stroke. INCLLEN members from China suggested the study of stroke treatment via complementary and alternative methods.

Possible partnerships with the Global Network for Research in Mental and Neurological Health (GNRMNH) were also discussed. The GNRMNH was organized in 2002, with the purpose of identifying, promoting and utilizing research and training in order to improve the situation of individuals in developing countries who are affected by disorders of the nervous system. The basic concept is that change can be brought about by providing evidence that will help persuade decision makers to allocate or develop the resources needed to ameliorate these disorders. The GNRMNH includes several of the committee members who prepared the IOM Report, together with a group that carried out a study of mental health policy in 17 developing countries. The group has published

¹ 1993 World Development Report, *Investing in Health* (the World Bank); *The Global Burden of Disease*, Murray, C, Lopez, A. WHO, 1996; Global Forum for Health Research annual reports; Neurological, Psychiatric and Developmental Disorders – *Meeting the Challenge in the Developing World*, Institute of Medicine (US) 2001; and the *Mental Health*, WHO Annual Report, 2001.

Partners

Global Forum for Health Research holds Forum 8 in Mexico

Since its inception in 1998, the Global Forum for Health Research has held annual fora as one of its strategies for helping to correct the 10/90 gap in health research. This year, Forum 8 will be held in Mexico City from November 16-20, 2004 with the theme "Health research to achieve the Millennium Development Goals (MDGs)". The Global Forum also seeks to focus on global efforts to expand health research in



Prof. Stephen Matlin, new Executive Director, Global Forum for Health Research

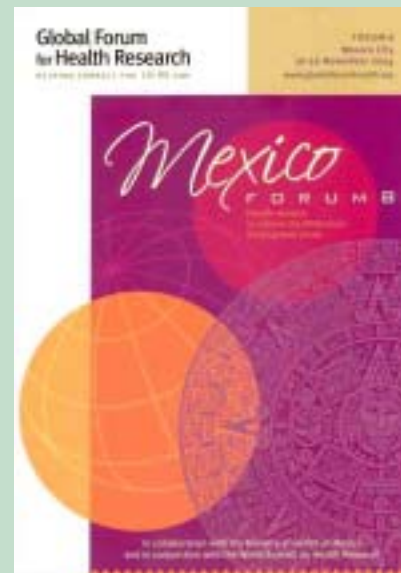
diseases representing a high burden on world health but for which interventions are very limited. This year's annual meeting will take place in parallel to the Ministerial Summit on Health Research, which shares the same theme. The summit is organized by the World Health Organization and hosted by the Government of Mexico.

The Summit and Forum programmes include the following joint sessions: opening ceremony, plenary session and coffee break each morning, evening receptions and the closing plenary. While the Summit is by invitation only, those wishing to take part in Forum 8 can register directly via the website where regular updates will be posted on the program and speakers.

In May, the Global Forum released the *10/90 Report on Health Research 2003-2004*. Speaking at its launch, the new Executive Director of the Global Forum, Prof. Stephen Matlin, who assumed the position in January 2004, said that health is the best economic investment a government can make; and that health is not a consequence of development, but a key

factor in achieving development. The full text of the 10/90 Report can be downloaded from the website www.globalforumhealth.org where orders can also be placed for a printed copy (English only) or CD-ROM, free of charge. An Executive Summary is published separately, in English, French, and Spanish.

Another recent publication is *The Economics of Malaria Control Interventions*, a companion volume to *The Economic Analysis of Malaria Control in sub-Saharan Africa*. This uses the tools of economics to review and identify strategies in the improvement of malaria treatment.



Other publications planned for release in 2004 include the second volume on *Monitoring Financial Flows*; *The Combined Approach Matrix: A Priority Setting Tool for Health Research*; a volume on poverty-equity studies; and one on studies of cost-effectiveness analysis.

The Global Forum is supported by contributions from the Rockefeller Foundation, the World Bank, the World Health Organization, and the governments of Canada, Denmark, Norway, Sweden and Switzerland. For more information about the Global Forum, visit www.globalforumhealth.org.

Susan Jupp
Head, Communications and Information
Global Forum for Health Research

the International Consortium on Mental Health Policy and Services: objectives, design and project implementation.²

Participants of the Agra meetings expressed interest in working together to identify funding opportunities and to develop applications in their areas of expertise. A name for the group was discussed. The title: *Brain-Matters.net* was agreed upon. Subsequently, the domain name: <http://www.brain-matters.net/>

² Gulbinat, W. et al, The International Consortium on Mental Health Policy and Services: objectives, design and project implementation; Intl. Review of Psychiatry (February/May 2004), 16(1-2), 5-17.

was registered for possible use in the future. INCLLEN has also set up a bulletin board on its website, www.inclentrust.org/bulletinboard to facilitate communication.

The group will appreciate receiving any ideas about projects, potential funding sources or other expressions of interest, via the INCLLEN bulletin board, or e-mail to the NPDD Interest Group Coordinator, Dr. Donald Silberberg at silberbe@mail.med.upenn.edu.

Donald Silberberg
University of Pennsylvania

WHO and Government of Mexico convene Ministerial Summit on Health Research

The World Health Organization (WHO) will be convening, together with the Government of Mexico, a Ministerial Summit on Health Research on November 16-20, 2004 in Mexico City, Mexico. The Summit aims to answer the overriding question: What research is needed to help reach by 2015 the health-related Millennium Development Goals (MDG's), a global covenant between developing and developed countries to improve the quality of life of impoverished populations? The meeting will also develop the *Mexico Agenda for Health Research* that will be presented to national Ministers of Health and other key stakeholders. The Agenda will include the following main messages:

- Re-affirm the culture and practice of research, knowledge generation, and its application as critical to the attainment of health goals, the performance of health systems, and the vitality of a country's socio-economic development.
- Re-examine policies and provide recommendations to strengthen national health research systems and enhance regional and global cooperation in health research to improve health systems.
- Identify relatively under-funded areas of research where increased resources would accelerate achievement of health-related MDG's, as well as other critical health challenges.
- Make recommendations to the 58th World Health Assembly in 2005 pertaining to the WHO's role in health research policy and practice.

Upcoming CLEN Meetings

The VIIIth ChinaCLEN Meeting is scheduled on August 25 to 27, 2004 in Wanshung Fuhao Hotel in Beijing. This year's meeting will be hosted by the CEU in Peking Union Medical College Hospital (PUMC) with the theme "Exploration, Innovation and Practice".

The XVth IndiaCLEN Annual Conference will be held on September 14-16, 2004 in the City of Nagpur. With the theme "Success of Large Collaborative Studies", the conference will be hosted by the CEU in Nagpur. There will also be pre-conference meetings on September 12-13, 2004.



Such an Agenda is being developed through a broad and inclusive consultation process with countries and multiple stakeholders. It will focus on strengthening of health systems through bridging the "know-do" gap, the gulf between what we know and what we do in practice, and on promoting knowledge access and sharing for achieving better health and health equity. Ultimately, the Ministerial Summit will help identify key "know-do" gaps policy makers experience to improve national public health systems and develop a research agenda to overcome these gaps.

The meeting will expound on the message that besides generating new knowledge, we must turn scientific knowledge into actions that strengthen health systems and improve people's health. The Ministerial Summit will also emphasize that health improvement through knowledge applications is a critical factor in human development and alleviation of ill-health and poverty worldwide.

The Ministerial Summit will be held in parallel with the Global Forum for Health Research Annual Forum (Forum 8), (*see related story on page 19*). There will be daily joint opening plenary sessions with Forum 8. On the final day, a joint session will be held to discuss the outcomes of the Summit.

This high-level assembly is by invitation only. Between 250-300 persons are expected to participate. Expected are representatives of major funding agencies of health/medical research; CEO's of pharmaceutical/biotechnological companies; chairs of health/medical research councils; representatives of research institutions, the academe and non-government organizations (NGOs); and editors of scientific/medical journals.

The outcomes of the Summit will be translated into specific actions and resolutions at the governing bodies of the WHO (Executive Board, World Health Assembly) in 2005 and 2006.

For more information, please contact Ms. Stéfanie Durivage, Communications Officer, at: durivages@who.int or write to: MinisterialSummit@who.int. Details are also available at the following URL: www.who.int/rpc/summit

Ulysses Panisset
Scientist
Research Policy and Cooperation
World Health Organization



Announcements

CEUs, CERTCs and CLENs

Warmest welcome and congratulations to the following new INCLLEN officers:

- **Dr. Getachew Assefa**, new CEU Director of the Addis Ababa University. Dr. Assefa can be reached at asefanek@telecom.net.et
- **Dr. Carmen Cabezas-Peña**, new director of the University of Barcelona CEU (ccabezas@fundaciojgol.org). The CEU also transferred to a new location at the Institut Catala de la Salut (Catalonian Health Institute) with the following address:

Unitat Clinica-epidemiologica, UCE-GM-BARC
Fundació Jordi Gol, Institut Catala de la Salut (Catalonian Health Institute), Gran Via de les Corts Catalanes 587-591, atic, 08007 Barcelona.
Website: www.fundaciojgol.org
- **Dr. Hesham Fathi El Sayed**, elected as new CEU Director of the Suez Canal University replacing Dr. Amr Hasssan in April 2004. Dr. El Sayed can be contacted at email address CEU2002@menanet.net or heshamel2002@yahoo.com. The Director-Elect is Dr. Abdel Hamid Serwah. Drs. Sayed, Serwah and Hassan comprise the Executive Committee.
- **Dr. Jonathan Matenga**, new director of the CERTC of the University of Zimbabwe. He can be reached at jonmatenga99@hotmail.com or ceu@healthnet.zw
- **Dr. Hector Gatica**, (hgatica@ns.hospital.uchile.cl), new director of the Clinical Epidemiology Research and Training Center, University of Chile. Dr. Gatica replaced Dr. Leandro Biagini last September 2003.
- **Dr. M.K.C. Nair** (indiaclen@touchtelindia.net), new President-elect of IndiaCLEN. Dr. Nair will serve as President-elect until September 2005, and then assume the presidency for two years.
- **Dr. Kammant Phanthumchinda** (fmedkpt@md2.md.chula.ac.th), new Director of the Thai CERTC Consortium. A new executive committee was also elected, composed of: Dr. Pisake Lumbiganon and Dr. Visanu Thamlikitkul (Co-Directors); Dr. Anan Srikiatkachorn (Secretary), Dr. Kingkaew Pajareya (Assistant Secretary), Dr. Oranuch Kyo-kong (Treasurer) and Dr. Smonporn Boonyaratavej (Assistant Treasurer). Dr. Phanthumchinda and the Executive Committee will serve beginning June 2004 until May 2006.
- **Prof. Pham Nhat An**, new director of the Hanoi Medical University CEU. Dr. An is also the vice-rector of the Hanoi Medical University. He can be contacted at phamhatan@hn.vnn.vn.

Meetings/Conferences

The **Global Forum for Health Research (GFHR)** announces its 2004 annual meeting, **Forum 8** to be held in Mexico City on November 16-20, 2004. For details, visit the GFHR website at www.globalforumhealth.org

The Global Forum for Health Research has just published its fourth report "The 10/90 Report on Health Research 2003-2004". The report may be downloaded from the Global Forum website, www.globalforumhealth.org where orders can be placed for a printed copy (English only) or CD-ROM, free of charge. The Executive Summary is also available in French and Spanish.

The **12th Cochrane Colloquium** will take place on **October 2-6, 2004** in **Ottawa, Canada**. For the second time, The Canadian Cochrane Network and Center will host this year's colloquium. The theme of the Colloquium is "Bridging the Gaps". Thus the colloquium will focus on bridging some of the key gaps such as: between the Cochrane Collaboration and clinical practice, between high- and low-income countries and individuals, between methodologists and reviewers, and between producers and users of healthcare information. Everyone is invited to participate in what will be a most informative, interesting, and enjoyable colloquium. For more information, you can visit the website at <http://www.colloquium.info>.



The **9th Western Pacific Congress on Chemotherapy and Infectious Diseases (WPCCID)** will be held in **Bangkok, Thailand** on **December 1 - 5, 2004**. The main theme of the congress is "Regional Infectious Disease Problems of Global Concern". The deadline for abstract submission is July 15, 2004 and the deadline for early registration (400 USD) is August 31, 2004. For more information regarding 9th WPCCID visit www.wpccid2004.org

The **8th International Epidemiology Association - Southeast Asia Regional Scientific Meeting** will be held in Bundelkhand University, Jhansi (Uttar Pradesh) India on December 5-8, 2004. This year's theme is "Globalization of Health: Challenges and Opportunities in Developing Countries". For details, visit: www.ieasea2004.com

The World Health Organization, in collaboration with the Government of Mexico will hold a **Ministerial Summit on Health Research** on November 16-20, 2004 in Mexico City. Interested parties can contact the Summit Secretariat at MinisterialSummit@who.int.

The **3rd Asia Pacific Evidence-Based Medicine Workshop and Conferences** is scheduled on January 5-8, 2005 at the Clinical Research Centre, National University of Singapore. For more information, please visit their website at www.nuh.com.sg/ebm_apebm.html or contact the secretariat at e-mail: ebm@nuh.com.sg

Announcements

Grants/Awards

The **Global Alliance for Vaccines and Immunization (GAVI) Pneumococcal Vaccines Accelerated Development and Introduction Plan (PneumoADIP)** announces its call for Letters of Interest from potential vaccine evaluation sites in Asia and the Pacific Region. The GAVI PneumoADIP launched an initiative aimed at identifying and developing sites in Asia and the Pacific region that could potentially evaluate the effectiveness and public health impact of routine pneumococcal conjugate vaccination. The Letter of Interest is limited to 4 pages and should be submitted to PneumoADIP by September 1, 2004. Application materials and other details are available at www.preventpneumo.org



Congratulations to **Drs. Soledad Cepeda and Alvaro Sanabria** for being awarded the LatinCLEN scholarships on systematic reviews. Drs. Cepeda and Sanabria will be undergoing a training program at the Ibero-American Cochrane Centre in Barcelona, Spain in August 2004.

Prof. Ma. Lourdes Amarillo of the Department of Clinical Epidemiology, University of the Philippines (UP) and her collaborators from the UP College of Public Health were awarded the 2004 Outstanding Scientific Paper Award by the National Academy of Science and Technology for their study entitled "A Model for School-based Control of Common Intestinal Helminths Using Mass Treatment: Parasitologic Assessment".

INCLEN News Survey

In its aim to better serve its clients, The **INCLEN News Editorial Board** would like to get feedback from its readers. Please visit www.inclenrust.org and answer the on-line survey form.



Dr. Sada Nand Dwivedi, Professor of the Department of Biostatistics of the All India Institute of Medical Sciences was awarded a fellowship by the Indian Society for Medical Statistics (ISMS). The award was given during the 2003 annual conference of the Indian Society for Medical Statistics held at Jodhpur, Rajasthan, India.

Dr. Felix Eduardo Punzalan of the Department of Clinical Epidemiology, University of the Philippines, was awarded a Distinguished Scientist Award by the Philippine Heart Association (PHA) on May 26, 2004 during the association's annual convention. Dr. Punzalan was also awarded the PHA-Servier Most Outstanding Research for his work entitled "Low density lipoprotein receptor (LDLR) gene mutation among Filipinos with familial hypercholesterolemia".

IBIS Study Group to extend pneumococcal surveillance to South Asia

(from page 15)

Meanwhile, GAVI-PneumoADIP is currently seeking potential vaccine evaluation sites in Asia and the Pacific Region that can

potentially evaluate the effectiveness and public health impact of routine pneumococcal conjugate vaccination.

Kurien Thomas
IBIS/SAPNA Coordinator

M.K.Lalitha
Microbiology Coordinator

Mark Steinhoff
SAPNA Coordinator

Invasive Bacterial Infection Surveillance (IBIS) Group, International Clinical Epidemiology Network -INCLEN. Prospective multicentre hospital surveillance of *Streptococcus pneumoniae* disease in India. *Lancet*. 1999; 353:1216-21

²M.C.Steinhoff, K.Thomas, M.K.Lalitha, Members of IBIS Group. Are *Haemophilus Influenzae* infections a significant problem in India? A prospective study and review. *Clinical Infectious Diseases*. 2002;34



SAPNA team members inspecting the laboratory

New Publications

Amarillo ML, Belisario Jr. VY, Gibot ED, Miguel CA, Navarro GE, Ong RA, et. al. Agusan del Sur Malaria Control and Prevention Highlights 1995-2003 Monograph. Manila:RCPM Publishing; 2004.

Bangdiwala SI, Ramiro L, Sadowski LS, Bordin IAS, Hunter W, Shankar V. Intimate partner violence and the role of socioeconomic indicators in WorldSAFE communities in Chile, Egypt, India and the Philippines. *Inj Control and Saf Promot* 2004;Vol 11, No 1, In press.

Dans A, Morales D, editors. Philippine Guidelines on Periodic Health Examination: Effective Screening for Diseases among Apparently Healthy Filipinos. Manila: New Associated Printing Press, Inc; 2004.

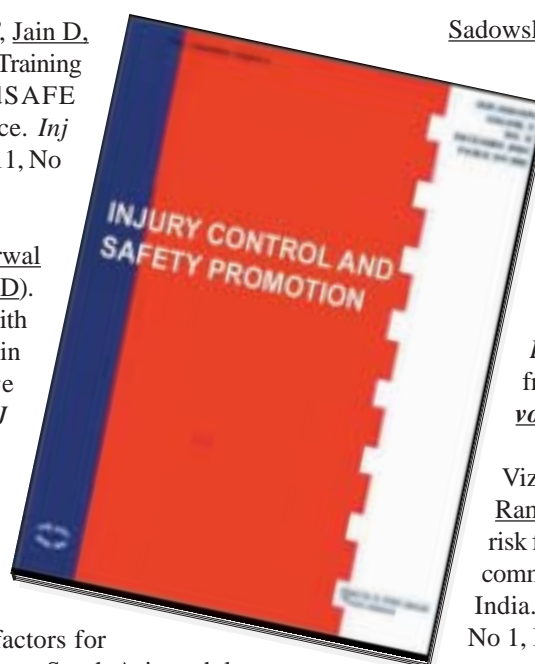
Gomez PI, Gaitan H, Nova C, Paradas A. Paracervical block in incomplete abortion using manual vacuum aspiration: a randomized clinical trial. *Obstet Gynecol* 2004;103;943-51. Available from URL: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15121569

Hassan F, Sadowski LS, Bangdiwala SI, Vizcarra B, Ramiro L, De Paula CS, Bordin IAS. Physical intimate partner violence in Chile, Egypt, India and the Philippines. *Inj Control and Saf Promot* 2004;Vol 11, No 1, In press.

Hunter WM, Sadowski LS, Hassan F, Jain D, De Paula CS, Vizcarra B, Amarillo ML. Training and field methods in the WorldSAFE collaboration to study family violence. *Inj Control and Saf Promot* 2004;11; Vol 11, No 1, In press.

ISCAP Study Group (Awasthi S, Agarwal G, Kabra SK, Kaul A, Singhi S, Walter SD). Three-day versus five-day treatment with amoxicillin for non-severe pneumonia in young children: a multicentre randomized controlled trial. *BMJ* 2004;328;791-4. Available at URL: <http://bmj.bmjournals.com/cgi/content/full/bmj;328/7443/791>

Ismail J, Jafar TH, Jafary FH, White F, Faruqui AM, Chaturvedi N. Risk factors for non-fatal myocardial infarction in young South Asian adults. *Heart*, 2004;90;259-63.



Jeyaseelan L, Sadowski LS, Kumar S, Hassan F, Ramiro L, Vizcarra B. World studies of abuse in the family environment - risk factors for physical intimate partner violence. *Inj Control and Saf Promot* 2004;Vol 11, No 1, In press.

IndiaSAFE Group (Peedicayil A, Sadowski LS, Jeyaseelan L, Shankar V, Jain D, Suresh S, Bangdiwala SI). Spousal physical violence against women during pregnancy. *BJOG* 2004;111;682-7.

Ramiro LS, Hassan F, Peedicayil A. Risk Markers of Severe Psychological Violence against Women : A WorldSAFE Multi-Country Study. *Inj Control and Saf Promot* 2004;11; Vol 11, No 1, In press.

Ramiro LS, Madrid BJ, Amarillo LE. Domestic violence in urban Filipino families. *Asian Journal of Women's Studies* 2004;10;(2);97-119

Rastogi T, Reddy KS, Vaz M, Spiegelman D, Prabhakaran D, Willett WC, Stampfer MJ, and Ascherio A. Diet and risk of ischemic heart disease in India. *Am J Clin Nutr* 2004; 79; 582 - 92.

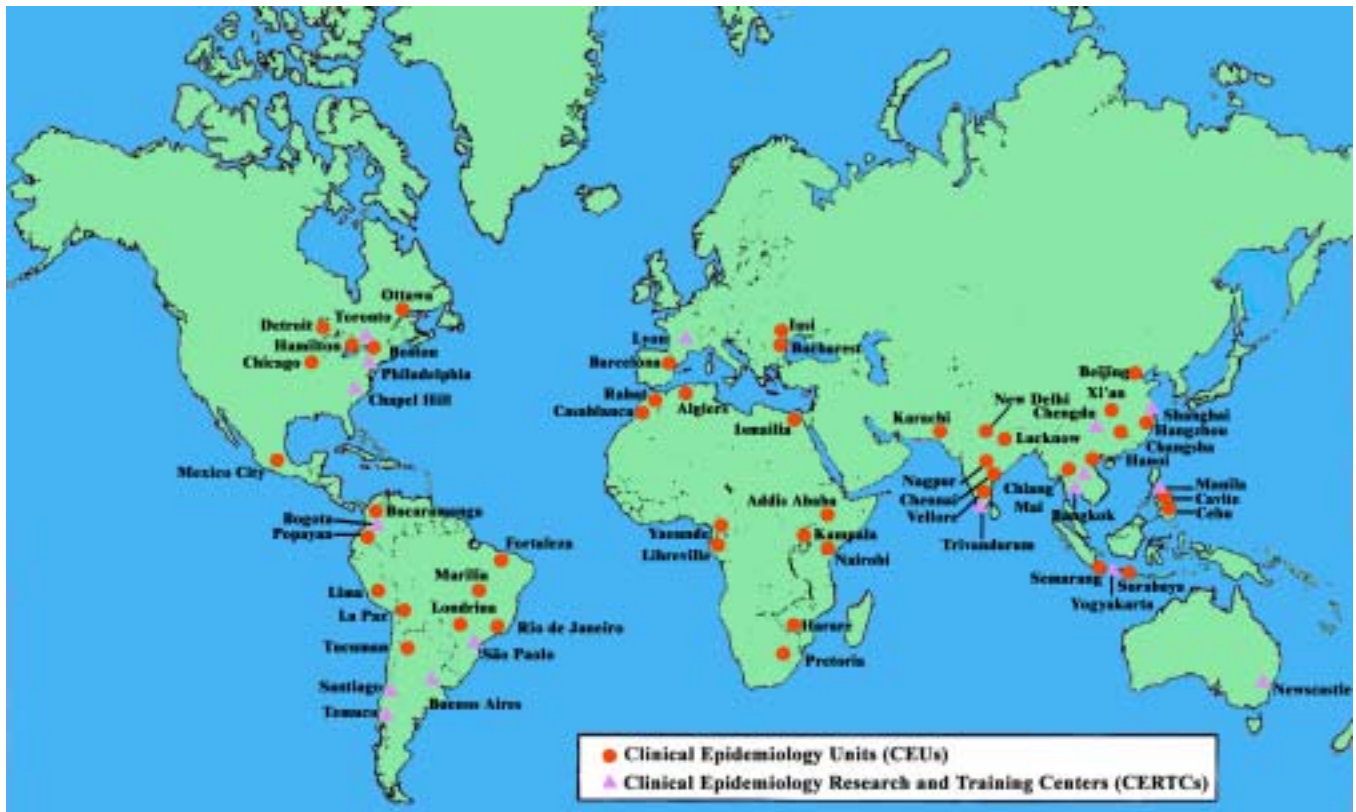
Reddy KS. Cardiovascular disease in non-western countries. *N Engl J Med* 2004;350;2438-40. Available from URL: <http://content.nejm.org/cgi/content/full/350/24/2438>

Sadowski LS, Hunter WM, Bangdiwala SI, Munoz SR. The world studies of abuse in the family environment (WorldSAFE): a model of a multi-national study of family violence. *Inj Control and Saf Promot* 2004;Vol 11, No 1, In press.

Singh UB, Suresh N, Bhanu NV, Arora J, Sushma S, Pande JN, et. al. Predominant tuberculosis spoligotypes, Delhi, India. *Emerg Infect Dis* 2004;10;1138-42. Available from URL: <http://www.cdc.gov/ncidod/EID/vol10no6/03-0575.htm>.

Vizcarra B, Hassan F, Hunter WM, Munoz SN, Ramiro L, De Paula CS. Partner violence as a risk factor for mental health among women from communities in the Philippines, Egypt, Chile, and India. *Inj Control and Saf Promot*;2004;Vol 11, No 1, In press.

INCLIN Trust Clinical Epidemiology Units (CEUs) and Clinical Epidemiology Research and Training Centers (CERTCs)



Section E, 5th floor, Ramon Magsaysay Center, 1680 Roxas Blvd., Malate, Manila 1004, Philippines, Phone: (632) 521-3166 up to 85 Local 159, Fax:(632) 400-4374