

INCLLEN news

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An Invitation from the Chair, Overall Organizing Committee, INCLLEN XVIII Global Meeting

Dear Friends,

In spite of world unrest and turmoil, the INCLLEN Board of Trustees, after careful consideration of safety and feasibility issues, decided to go ahead with plans to hold the INCLLEN XVIII Global Meeting in Sharm El-Sheikh, Egypt, on February 10-13, 2002. Indeed, INCLLEN faculty and participants from around the world have continued to show interest in contributing to the meeting. This year we received over 300 abstracts from 30 countries, including seven from the Eastern Mediterranean region. The Organizing Committee, with help and support from the IEO (Manila and Philadelphia) and financial support from the Rockefeller Foundation, is working hard to finalize plans for the meeting and trying to get as many participants as possible to the meeting despite the limited funds available this year.



Dr. Amr Hassan

We are pleased to announce that the International Epidemiology Association (IEA/EMR) is co-sponsoring the meeting by supporting its members from the Eastern Mediterranean Region and participating in the scientific program. Similarly, the World Health Organization and a number of other partner organizations and institutions are co-sponsoring continuing education sessions and workshops to present their programs and activities and enjoy INCLLEN faculty to collaborate.

The meeting and accommodation will be at Sharm Sheraton Hotel at the lovely beach resort area of Sharm El-Sheikh, situated at the tip of the Sinai Peninsula. Participants will start arriving on February 8 for pre-meeting workshops,

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Second Announcement
INCLLEN GLOBAL MEETING XVIII
"Equity-Oriented Research:
Leadership Challenges in the
21st. Century"
February 10-13, 2002
Sharm Sheraton Hotel
Sharm El-Sheikh, Egypt
Organized by
The Clinical Epidemiology Unit
Suez Canal University
Ismailia, Egypt
In collaboration with
INCLLEN - Africa
Supported by
THE INCLLEN-TRUST
INCLLEN, Inc.
Co-Sponsored by
International Epidemiology Association
(IEA/EMR)
IEA

INCLen Trust's Goal

We are dedicated to improving the health of the populations of the developing countries by promoting health care based on the best evidence of effectiveness and the efficient use of resources. We achieve this by building and sustaining institutional capacity of excellence and relevance in research and health professional education in developing countries.

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Editor's Note

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

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

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

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

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

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Invitation from the Chair...

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while some will stay on for post-meeting workshops on February 14. All INCLLEN participants will be met and appropriately assisted at Cairo and/or Sharm El- Sheikh airports by our travel agent.

The opening ceremony is scheduled on the evening of Sunday, February 10, followed by a reception, featuring Egyptian and Middle Eastern food.

Scientific sessions will be held daily from February 11 – 13, Monday to Wednesday. A plenary session is scheduled every morning from 8:30 to 10:00. In keeping with the main theme of this year "Equity-oriented Research: Leadership Challenges for the 21st Century", the plenary lectures will focus on equity and leadership issues.

Concurrent sessions for oral presentations will be held as usual from 10:30 a.m. to 12:30 p.m. Poster sessions will be displayed from 8:00 onwards, with discussions during cof-

fee breaks. Continuing education sessions and workshops are scheduled in the afternoon through the evening every day of the meeting. In the early afternoon (1:30 – 3: 30 p.m.) a series of workshops are planned, providing different perspectives on the struggle against inequity, including sessions on Knowledge Management, Preventing Adverse Outcomes, and Shared Decision Making in healthcare. Later in the afternoon (4:00 – 7:00 p.m.), there will be concurrent workshops and presentations on various research programs and projects of other international organizations and research groups around the world. There will also be opportunities for various regional and special interest groups of INCLLEN to meet and discuss strategies, proposals, progress and issues.

The closing ceremony on the evening of February 13 will feature an exciting trip to the desert, where there will be an exquisite Bedouin banquet, with delicious food and traditional music and dancing beneath the silver moonlight.

The organizing committee encourages INCLLEN members of the different interest groups to arrange their gatherings during the meeting. We are willing to provide all the logistic requirements needed. Please inform the organizing committee or IEO of your plans in advance.

We are quite sure that participants will enjoy their stay in Sharm El- Sheikh under the shining clear skies or under the crystal clear waters of the Red Sea. Do not forget to bring your snorkels and scuba diving gear. This is one of the best areas for corals and colored fish. We guarantee an unforgettable experience for you!

Dr Amr Hassan
Chair,

Overall Organizing Committee

INCLLEN Global Meeting XVIII

Schedule At-a-Glance

Date	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Time	February 8	February 9	February 10	February 11	February 12	February 13	February 14
8:00 - 8:30	INCLLEN Pre-meeting workshops		Registration	Registration			Post-meeting workshops
8:30-10:00		1) INCLLEN Board of Trustees Meeting 2) Pre-mtg workshops		9:00 Leadership & Management Workshop (LAMP)	Plenary I	Plenary II	
10:00-10:30			Posters & coffee break		Posters & coffee break	Posters & coffee break	
10:30-12:30		Scientific presentations	Scientific presentations	Scientific presentations			
12:30-13:30	LUNCH						
13:30-15:30	INCLLEN Pre-meeting workshops	1) INCLLEN Board of Trustees Meeting (13:30-16:30) 2) Pre-meeting workshops 3) INCLLEN Board of Governors Meeting (17:00-19:00)	1) Leadership & Management Workshop (LAMP) until 17:00 2) MOH-Egypt Seminar (17:00 -18:30)	Continuing Education Sessions and Parallel Workshops			Post-meeting workshops
15:30-16:00				Posters & coffee break			
16:00-19:00			Continuing Education Sessions and Parallel Workshops				
19:00-20:00	Dinner		Opening Ceremony	Dinner			
20:00-22:00			Banquet	Regional CLEN and Special Interest Group meetings	Regional CLEN and Special Interest Group meetings	Closing Ceremony	

Reflections from A Busy Clinical Epidemiologist

“There is No Easy Way from the Earth to the Stars”

Antonio Dans

Excerpts from a keynote address to the graduating resident physicians of the Department of Medicine, University of the Philippines – Philippine General Hospital (UP-PGH) on December 9, 2001. Dr. Dans is the Head of the Section of Adult Medicine and a faculty member of the Dept. of Clinical Epidemiology at UP-PGH. In his talk, Dr. Dans discusses contemporary issues in healthcare and management.



(Philippine General Hospital, a tertiary-care

government facility with free medical services) for further management. Common story, right?

3. A 38-year-old friend had metastatic breast cancer. During one visit, she was made to wait 4 hours in her doctor's clinic, only to be told that the doctor couldn't come. Her precious life was trickling away.

No clinical mistakes were made in any of these cases, and the oversights are not malicious at all. In fact, the patients may have been managed well – clinically. Nevertheless, these are grave oversights that threaten to undermine our ability to “be of service”. If we look hard enough, they are not rare occurrences. I believe that we all have suffered CF, in one form or another, but have failed to recognize it as a problem. In fact, it is probably never just a single episode. CF is a relapsing condition which threatens our practice on a daily basis. And we need constant vigilance to ward it off.

I did a short MEDLINE search to look for potential treatments. The American Academy of Family Physicians recommends some do's and don'ts to ward off CF. Do spend quiet time alone before clinical encounters, to pray or meditate, and reconnect with your spiritual priorities. Do find time to recharge your physical batteries daily. Physicians who are physically fit are less likely to succumb to CF. Avoid making major decisions in your life at least until you have recovered. Finally, they admonish us to stay away from lawyers. For those who really need help, there are support groups and websites for professional well-being that give advice on recognizing and battling CF.

The second hurdle to overcome is physician self-interest.

Continued on page 13

There is no easy way from the earth to the stars”. I am sure you assigned me this theme to make sure I wouldn't talk about clinical epidemiology again tonight. Correct? Well the trick's on you, because as a clinical epidemiologist, I will tackle this discussion by first defining the outcome measure – what are these “stars” that you would like so much to reach?

I answered this by doing a quick survey among the graduating residents. I asked 2 questions. First, “When you were interviewed prior to entering medical school several years ago, you were asked why you wanted to take up medicine. What was your response?” There were different answers given such as “To give comfort to those in need”, or “I like treating patients and seeing the smile on their faces”. One person even answered “I'm a people type of person”. However it was phrased, they all said the same thing... “I took up medicine because I want to be of service to others”.

The second question I asked was: “What would you like most to see in your epitaph when you die?” Of three possible choices,

15 wanted it to read “Here lies one of the most caring physicians who ever lived.”
3 wanted it to read “Here lies one of the most brilliant physicians who ever lived.”
And 1 actually wanted it to read “Here lies one of the wealthiest physicians who ever lived.”

This brief survey proves something we already know: that from our conception as physicians, to our death as human beings, our singular goal has been to become caring physicians, who serve the needs of others. This is the “star” we all profess to reach for – our self-declared mission as a profession.

But there is no easy way from the earth to the stars. If the star you aspire for is to become caring physicians, then my goal this

afternoon is to convince you that it is NOT going to be easy. The journey is going to be filled with obstacles and traps, and several hurdles that need to be overcome. This afternoon, I shall speak of three hurdles that I think have been neglected by our profession in the past.

Hurdle No. 1 is “compassion fatigue”.

Compassion fatigue (CF) is a form of burnout that manifests itself as physical, emotional and spiritual exhaustion. This occurs in many other professions but among physicians like us, it is brought about by overexposure to human suffering, leaving us numb, and using up all our reserves of patient compassion.

Severe CF manifests as irritability during clinical encounters, frequent scolding of patients, a feeling of fatigue, and loss of enjoyment for human interactions in general. In terminal cases, physicians have this morbid fear of rounding or attending their clinics. An attack of severe CF is very easy to recognize. And this is good because patients can often respond by rescheduling their visits or looking for another physician to consult.

The mild form of CF, on the other hand, is more difficult to spot, and therefore more dangerous for patients. This often manifests as innocent, but grave, oversights in patient care. Consider the following examples that illustrate common oversights:

1. A hypertensive farmer earning 5,000 pesos a month, is prescribed a drug that costs 50 pesos a day. That happens again and again, all over the country.
2. A 65-year-old woman suffers a massive stroke and becomes comatose. The family coughs out 500,000.00 pesos (roughly US \$10,000) for 1 month of care in a private hospital. They were never told about the prognosis, and they were never warned about the costs. Eventually, they are transferred to PGH

IndiaCLEN addresses health research challenges in the new millennium

Members and colleagues of the India Clinical Epidemiology Network (IndiaCLEN) discussed the health research situation in the new millennium at its XIIth Annual Conference on September 20-22, 2001. With the theme, "Challenges and priorities for health research in the new millennium", the conference was held at the M.G.M. Beach Resorts in Chennai, Tamil Nadu,

Dr. Srinath K. Reddy, our new IndiaCLEN President



India. Dr. Vic Neufeld, Team Leader of the INCLEN Leadership and Management Program (LAMP) talked on "Priority setting: strategies and methodology".

Dr. Neufeld's talk was reinforced by presentations on priorities for research in infectious and non-infectious diseases by Dr. Krishnamurthy and Dr. Sathiasakarn, respectively. Principles and methods of priority setting were applied using the IndiaCLEN Infectious Diseases Initiative (IID) as an example. A session on health care delivery and evaluation of health care programs, co-chaired by Dr. Peter Heywood and Dr. Sudhakar from the World Bank, included presentations on "IndiaCLEN program evaluation network activities" by Dr. N. K. Arora and "Challenges in health care delivery, policy & reforms" by Dr. Imrana Quadeer.

Development of linkages with other health organizations and capacity building needs and strategies within the network were also addressed. Sessions on ethical issues in research emphasized the network's commitment to patient protection while the sessions on mental health and HIV/AIDS

provided the network a venue for priority setting in these research areas.

Prior to the conference, INCLEN LAMP (Leadership and Management Program) team members, Dr. Vic Neufeld and Dr. M. Manjula Datta, conducted a workshop on leadership and management. The workshop focused on the inclusion of cross-cultural elements to reflect INCLEN's regional diversity, the use of strategies tailored to the realities of participants who are mostly "part-time" professional peers and partnership development with other "like-minded" organizations.

In a two-day Strategic Planning Meeting following the conference proper, IndiaCLEN decided to focus on program evaluation, surveillance research, reproductive health issues, infectious diseases, child health, mental health, non-infectious chronic illnesses and rational drug use.

*R. Sathianathan, M.D.
Organising Secretary, IndiaCLEN XII
and CEU Director,
Madras Medical College
Chennai, India*

CanUSACLEN firms up structure

CanUSACLEN has spent its first year of existence mainly in developing organizational infrastructure. We have an Executive Committee, made up of Peter Tugwell from Ottawa, Bob Fletcher from Harvard, Charlie Goldsmith from McMaster, Laura Sadowski from Chicago and Des Runyan from the University of North Carolina, and Suzanne Fletcher as Secretary General. We meet by conference call about every two months. Since our last report, the University of Ottawa and Harvard have been approved as new CERTCs by both the Executive Committee of CanUSACLEN and INCLEN Trust. At this time, the Executive Committee has four main tasks:

1) create a website for CanUSACLEN; 2) write by-laws; 3) become a registered not-for-profit entity; and 4) develop plans for a collaborative research project. We are making progress in each of these tasks.

For the CanUSACLEN website our goal is to have most of the content on line by the time of the INCLEN Trust Global Meeting in Egypt. We have registered the name and domain (for those who wish to follow its progress, go to www.CanUSACLEN.org). Laura Sadowski has guided us through the arcane world of by-laws; and we are about ready to send the final version to our legal consultant so that we can become a registered not-for-profit organization, a key

step in the ability to raise funds. Finally, Peter Tugwell has agreed to take the lead in developing a collaborative research project that will fit our mission to improve the health and health care of disadvantaged groups in our region. We intend to take advantage of the potential offered by the Internet and electronic revolution as a mechanism to work towards health and healthcare improvement for disadvantaged populations.

*Suzanne Fletcher, M.D.
Secretary General
CanUSACLEN*

LatinCLEN plans for 2002

In preparation for 2002, the LatinCLEN Executive Committee conducted a number of key activities throughout the year.

Last September 2001, a call for proposals for research and capacity building was launched. Nine research proposals and seven capacity building projects were reviewed. Relevance, quality of the proposal, and the capacity of the research team to conduct the study successfully were the criteria used to assess eligibility for funding. The Committee congratulates all researchers who presented proposals and encourages all others to submit proposals in the future.

Priorities for 2002 were identified. For capacity building in the region, the first priority was distance learning. In research the priority areas included: children's health, reproductive health, violence, health systems research, infectious disease, pharmacoepidemiology (including rational drug use), cardiovascular disease, mental health, research methods, health technology assessment, drug addiction, chronic non cardiovascular diseases, tumors, occupational and environmental health. Long-term goals and priorities will be set in the Strategic Planning Workshop during the LatinCLEN VII Regional Meeting in April 2002.

In November 2001, Rodolfo Dennis successfully conducted The Leadership and Management Program workshop for Executive Committee Members in Temuco, Chile (report can be downloaded from <http://www.ciges.ufro.cl/latinclen>). Among the participants were President Sergio Muñoz, Vice-President Juan M Lozano, Evelina Chapman, Antonio da Cunha, Eddy Rios, and Dean Wilfried Diener. Activities centered on understanding the Latin-American health research context. The working sessions included modules on priority setting, knowledge management, team and coalition building. Dr. Wilfried Diener, Dean of the School of Medicine at Universidad de la Frontera and INCLEN fellow, gave a talk on organizational management under the "complexity paradigm". Essentially, the concept focused on the initial need for organizations to diminish their own complexity below

background complexity. However, to become sustainable, organizations then need to rebuild back their own complexity, but in a less chaotic state than the background complexity. Executive Committee members felt that this organizational theory approach is relevant to LatinCLEN, especially if a strategic planning exercise is planned for the near future.

The LatinCLEN VII Regional Meeting will be held in Cartagena, Colombia on April 4-6, 2002. The Colombian CERTC and the recently created CEUs are jointly working hard to make this meeting a significant one for the region. A series of state-of-the-art workshops and conferences are already confirmed. The key activity will be the Strategic Planning Workshop for the Network, wherein priorities for the next five years will be set. The draft of the by-laws prepared by the LatinCLEN Executive Committee will also be presented for approval during this meeting. This document can be downloaded from the network's website. For more information on the regional meeting, visit <http://hermes.javeriana.edu.co/latinclenvii>.

*Sergio Munoz, Ph.D.
President, LatinCLEN*

Universidad Mayor de San Andres (UMSA) Creates New Institute

The Faculty of Medicine of the Universidad Mayor de San Andres in La Paz, Bolivia created the Institute of Research on Health and Development (IINSAD) in order to work with the tools of evidence-based medicine. This is a new institute based at the Clinical Epidemiology Unit (CEU), with the CEU director appointed as its director.

In October 2001, with support from the INCLEN Trust, 40 faculty members attended a workshop on Project Formulation, Management and Evaluation, where four complete projects were presented.

Aside from research, the CEU at the UMSA is also active in capacity building activities. Courses on evidence-based medicine, critical appraisal of literature, research design and applied statistics are being conducted regularly for the different levels of the post graduate programs as well as the residents of various clinical specialties.

Meanwhile, the official journal of the Faculty of Medicine, "Cuadernos del Hospital de Clinicas", a peer-reviewed journal indexed in the LILACS database and in circulation for 47 years, has been invigorated with the concept of critical appraisal incorporated in its reviewing process.

*Eddy Rios Castellanos, M.D.
CEU Director
Universidad Mayor de San Andres
La Paz, Bolivia*



See you at the Sharm!

The venue of the INCLEN XVIII Global Meeting offers the allure of the Arabian desert and the cool clear waters of the sea, all within reach of luxurious hotel accommodations

INCLIN-SEA examines clinical trial capabilities in addressing regional health problems

The VIIIth Annual Scientific Meeting of the International Clinical Epidemiology Network –Southeast Asia (INCLIN-SEA), hosted by the Thai Clinical Epidemiology Network, was held on November 26-29, 2001 in Khon Kaen, Thailand. The theme of the meeting focused on “Promoting Clinical Trials in Southeast Asia”. Dr. Mary Ann Lansang, INCLIN’s Executive Director, delivered the opening plenary talk on the “Contributions of Clinical Trials in Solving Health Problems in Southeast Asia”. She presented the INCLIN Project Priority Matrix emphasizing the areas INCLIN-SEA can more fully address beyond Good Clinical Practice (GCP) adherence, such as issues of equity, “orphan” diseases, research design and methodology, drug access and ethics.

Plenary sessions on the experiences of clinical investigators and partners in the industry discussed obstacles, strengths and challenges in the conduct of clinical trials in the region. Lack of knowledge and skills on GCP among the trialists and other members of the study team, the lack of time of the investigators as well as shortage of well-trained personnel for the trial were some of the weaknesses identified. The region also suffers from heterogeneity in the availability and quality of facilities as well as regulatory processes. Presence of well-trained and supportive medical teams was the distinct advantage recognized in doing a clinical trial. Statistical capabilities for clinical trials and outcomes in clinical trials were also tackled in the symposia.

The meeting ended on a high note, with a plenary session and symposium on the ethical issues involved in the conduct of clinical trials in Southeast Asia from the perspective of members of Institutional Review Boards, the industry and the investigators. The rarity and difficulty of including the perspective of patients and communities was observed.

In the same meeting, the Network’s constitution was reviewed and ratified by the General Assembly. The application for membership of the Clinical Research Center, Hospital Kuala Lumpur in Malaysia was approved and recommended to the INCLIN Trust Board.

Dr. Joselito Acuin, head of the INCLIN – SEA Committee on Collaborative Research, presented a concept proposal for a collaborative research project on the impact of evidence on quality of care. The



INCLIN-SEA Board of Coordinators with M.A. Lansang

project has three phases: Phase 1 will be a survey of evidence-based tools, particularly clinical practice guidelines developed in Southeast Asia; Phase 2 will look into the uptake of these evidence-based tools for clinical decisions and health policies in the region; and Phase 3 will assess the effect of evidence-based tools on the processes and outcomes of health care. Six countries, including Malaysia, expressed interest in joining the project.

Pre-meeting workshops on the Leadership and Management Program (LAMP) and Distance Learning Program (DLP) were also held. A mixed group of 23 participants from the different INCLIN-SEA countries attended the workshop. Drs. Pyatat Tatsanavivat, Vic Neufeld and Mary Ann Lansang ably facilitated the LAMP workshop. Discussions centered on the barriers and enabling factors contributing to the success of INCLIN-SEA projects. Poor organizational structure, poor communication, and lack of commitment were the most common barriers identified. Enabling factors recognized by the group were the presence of a large pool of well-trained individuals with friendly working relationships and the presence of a network, which may be tapped to fund the needs of the CLENS.

Participants of the Distance Learning Program and LAMP workshops subsequently met as one assembly to apply leadership guidelines using DLP as the case scenario. Kate D’Este and Julie Byles from Centre for Clinical Epidemiology & Biostatistics at the University of Newcastle, Australia were the resource persons for the Distance Learning Program workshop.

*Manuel Emerson Donaldo, M. D.
CEU Director, Cebu Institute of Medicine, Philippines*

and

*Marissa Alejandria, M.D.
CERTC, University of the Philippines*



INCLIN-SEA members at work

ChinaCLEN holds VIIth Regional Meeting

The VIIth ChinaCLEN Regional meeting was held in conjunction with the Clinical Epidemiology Association (CEA) convention in Hangzhou on Nov. 1-5, 2001. The affair was attended by more than 100 participants from various regions of China. Distinguished guests, notably, Dr. Mary Ann Lansang (INCLIN Trust), Prof. Vic Neufeld (McMaster University), Dr. Liu Hailin (Chinese Medical Association), and leaders of the Zhejiang Provincial Medical Association graced the occasion.

On Nov. 2, a workshop on leadership and management was conducted by the

Leadership and Management Program Core Group, under the auspices of the INCLIN Trust. More than 20 individuals from 2 CERTCs, 3 CEUs and other medical universities participated in the workshop. The main themes tackled at the workshop were health research capacity strengthening and expansion of collaborative efforts in ChinaCLEN. Formulation of guidelines on these issues tailored to ChinaCLEN's needs and interests, as well as the importance of future strengthening of leadership and management capacity within ChinaCLEN, were stressed in the workshop.

The scientific sessions began on Nov. 3, covering 10 special topics, 20 oral presentations during the main meeting, and 112 oral reports in 2 branch-meetings. The topics discussed were: INCLIN Trust Overview (Dr. Mary Ann Lansang), Planning for the new ChinaCLEN—process, product and people (Dr. Vic Neufeld); Health research capacity strengthening and improving quality of clinical researches (Dr. Wang Jialiang); 21st century clinical medicine and clinical epidemiology (Dr. Yu Hai); Guidelines and methods of EBM-based clinical practice (Dr. Wang Quian) and Molecular biology

and clinical epidemiology (Dr. Xu Dezhong), among others. The oral presentations covered the following research designs study types and disciplines: etiology and risk factor study (25), incidence and prevalence study (22), systematic reviews on diagnosis (13), treatment (27), prognosis (8), health economics (7), social science (9), case studies (5), methodologic issues (27), critical appraisal on published papers (3).

A new set of CEA officers were recognized, namely: Dr. Wang Jialiang (Chair); Drs. Wang Jiyao, Zhang Zhenxin and Wang Binyou (Vice-Chairs); and Drs. Luo Decheng, Li Liangshou, Li Shaozhen, Fu Yinyu, Leng Taijun (Advisers).

As an action point, the new CEA/ChinaCLEN committee established 3 executive groups on research, teaching and capacity-building, and evidence-based medicine, with each group having "second and third generation" members of ChinaCLEN. The committee also decided that the VIII ChinaCLEN/CEA meeting would be hosted by the CEU of Peking Union Medical School in 2003.

*Wang Jialiang, M.D.
President, ChinaCLEN*



Leadership and Management Workshop

ChinaCLEN promotes rational drug use

In line with its priority program to promote rational drug use in China, ChinaCLEN hosted a workshop on problem-based learning on pharmacotherapy on August 10-12, 2001 in Chengdu. Supported by the World Health Organization (WHO) and INCLIN, the workshop aimed to enhance capacity building on problem-based method of teaching pharmacotherapy and to promote quality training and research activities on rational drug use. Seventy clinicians and pharmacists from 9 medical universities of China covering 11 provinces participated in the workshop.

Dr. Hans Hogerzeil, coordinator of Policy, Access and Rational Drug Use (PAR) at the WHO, opened the workshop with a talk on rational pharmacotherapy. He also talked on the WHO Guide to Good Prescribing

while Prof. Ranjit Roy Chaudhury, President of the Delhi Society for Promotion of Rational Drug Use, presented the Rational Drug Use Programme in India. Dr. Budiono Santoso, regional adviser on pharmaceuticals, WHO Western Pacific Regional Office, joined Drs. Hogerzeil and Chaudhury during the demonstration on how to conduct problem-based teaching. Drs. Santoso and Hogerzeil also presented examples of p-drug selection and Objective Structured Clinical Examination (OSCE). Dr. Zhao Minggang, officer from the Ministry of Public Health (MOPH), of China talked on the "Current Policy on Essential and Generic Drugs Act in China".



ChinaCLEN LAMP workshop

In addition to the presentations, workshop participants developed plans towards further promotion of rational drug use. The group agreed to conduct capacity building activities on Guidelines for Good

INCLLEN-Africa endorses its constitution, showcases researches on regional health issues

On October 16, 2001, the long awaited INCLLEN-Africa (IA) Constitution was endorsed by the Council in Alexandria Egypt, during the VIIth IA Regional Meeting. It was a moment where all those present in the room had glowing and smiling faces while the INCLLEN-Africa

Council endorsed the constitution in front of flashing cameras. In INCLLEN-Africa, the constitution is viewed to be an extremely important memorandum of understanding that will enable the regional network to forge ahead according to clearly stipulated guidelines. The new IA office bearers were also welcomed: Chair,

Uganda, Zimbabwe, South Africa and Cameroon. Dr. Ronald Lett, Director of the Canadian Network for International Surgery (CNIS), and representatives from the Public Health Schools Without Walls (PHSWOW) were among the active partners of INCLLEN-Africa who were present. Our colleagues from Ethiopia were unfortunately not able to attend.



The scientific meeting was opened by the Dean of Suez Canal University Faculty of Medicine, Prof. Adel Abd El-Kafy. The scientific presentations covered a wide spectrum of health issues that are currently facing the continent, ranging from infectious and chronic diseases to maternal and child health. The high quality and relevance of the scientific sessions were hallmarks of the IA Meeting VII.

At the IA Leadership and Management Program meeting that was held on October 17, those in attendance exchanged views on setbacks that discourage young scientists from

Prescribing (GCP) and to establish a task force for Good Clinical Practice (GCP) training program in China. There were also plans to conduct a multi-center study on rational drug use within CEUs of ChinaCLEN.

This workshop would not have been possible without the kind assistance of Dr. Rodolfo Dennis, Senior Program Consultant of INCLLEN and Dr. Liu Yanfei, Vice Director of the Department of Research and Education, Ministry of Public Health of China.

Subsequently, 3 clinicians and 1 pharmacist from selected medical universities represented China in the first Asian GCP training program held at the University of the Philippines Manila on October 2001.

*Wang Jialiang
President, ChinaCLEN*

Dr. Amr Hassan; Honorary Treasurer, Dr. Charles Karamagi and Secretary General, Dr. William Macharia.

The INCLLEN-Africa VII Meeting held in Alexandria, Egypt on October 15-16, 2001, with participants from six out of the seven IA member countries: Egypt, Kenya,

conducting research. Some of the reasons cited included lack of adequate funds to conduct, present, and publish research. Repackaging of research proposals to suit donor requirements was suggested to be often necessary in order to attract funding. There is a need for CEUs to complete proposals in different research and capacity building fields so as to meet deadlines when announcements for grants arise. Most important is the need for individual and CEU commitment to the mission of INCLLEN-Africa, where each party fulfills its role to sustain a team spirit.



AfricaCLEN members at work

*William M. Macharia
Secretary General,
INCLLEN-Africa*

Preliminary Program

INCLN XVIII Global Meeting

Sharm El-Sheikh – Egypt, February 10-13, 2002

Friday, February 8, 2002

09:00 – 17:00 **Protocol development workshop: Zinc supplementation in acute watery diarrhea and dysentery in children**
(*INCLN ChildNET, Johns Hopkins University, WHO*) (Day 1)
Resource persons/Facilitators: Dr Robert Black, Dr Olivier Fontaine, Dr Shally Awasthi

Saturday, February 9, 2002

08:30 - 12:30 **1) INCLN Board of Trustees meeting**
2) Protocol development workshop:
Zinc supplementation in acute watery diarrhea and dysentery in children (Day 2)

12:30 - 13:30 **Lunch**

13:30 - 17:30 **Parallel Meetings/Workshops:**
1) INCLN Board of Trustees meeting (13:30 – 16:30)
2) Protocol development workshop: Zinc supplementation in acute watery diarrhea and dysentery in children

17:00 - 19:00 **INCLN Board of Governors meeting**

19:00 - 20:00 **Dinner**

Sunday, February 10, 2002

08:00 - 10:00 **Registration**

09:00 - 12:30 **Leadership and Management Workshop (by invitation only)**
Coordinator: Dr Vic Neufeld
Resource Persons/Facilitators: Dr Chitr Sitthi- Amorn, Ms Nancy Johnson, Dr Tessa Tan-Torres Edejer

12:30 - 13:30 **Lunch**

13:30 – 17:00 **Leadership and Management Workshop**

17:00 – 18:30 **Seminar on Healthy Mother Healthy Child Project**
Resource persons/Facilitators: HMHCP – MOH, Egypt,
Dr Esmat Mansour, Dr Mohamed Moustafa, Dr Ali Abdel-Megied

19:00 - 20:00 **Opening Ceremony**

20:00 - 22:00 **Reception**

Monday, February 11, 2002

08:00 - 08:30 **Registration**

08:30 - 10:00 **Plenary Session I**
Impact of Health and Healthcare Research on Reducing Inequities: Challenges in the 21st Century
Speakers: Dr John Eisenberg (to be confirmed), **Dr Osman Galal, Dr Marian Jacobs**

10:00 - 10:30 **Poster session and Coffee break**

10:30 - 12:30 **Free Paper Presentations (3 concurrent sessions)**

12:30 - 13:30 **Lunch**

13:30 - 15:30 **1) Workshop I: Knowledge Management to Address Inequities in Health and Healthcare, Part 1 of 3**
(*co-sponsored by the U.S. Agency on Healthcare Research and Quality (AHRQ)*)
2) Workshop II: Rational Drug Use
(*co-sponsored by WHO-Policy, Access and Rational Use, Dept. of Essential Drugs and Medicines Policy*)
Resource Persons/Facilitators: Dr Hans Hogerzeil, Dr Ranjit Roy Chaudhury, Dr Tony Smith, Dr Kathy Holloway

15:30 - 16:00 **Coffee break**

16:00 - 19:00 **Continuing education and workshops**
1) Workshop III: Distance Learning Workshop
Resource Persons/Facilitators:
CCEB - The University of Newcastle, Australia, Dr Julie Byles, Dr Kate D'Este, Dr Nick Higginbotham
2) Workshop IV: WHO Tools for Cost-Effectiveness Analysis, Part 1 of 2
(*Co-sponsored by WHO Evidence for Information and Policy Cluster*)
Resource Person: Dr Tessa Tan-Torres Edejer
3) Workshop V: Community Intervention Studies: Methodology & Applications in Developing Countries
(*Co-sponsored by IEA/ EMR*)
Organizers/Facilitators: High Institute of Public Health, Alexandria University,
Dr Sunny Sallam, Dr Ali Hassab, Dr Ahmed Mandil

19:00 - 20:00 **Dinner**

20:00 - 22:00 Meetings of Regional CLENs and special interest groups

Tuesday, February 12, 2002

08:00 - 08:30 Registration

08:30 - 10:00 **Plenary Session II: Leadership for Equity in Health and Healthcare**
Speakers: Dr Vic Neufeld, Dr Tessa Tan-Torres Edejer

10:00 - 10:30 **Poster session and Coffee break**

10:30 - 12:30 **Free Paper Presentations (3 concurrent sessions)**

12:30 - 13:30 **Lunch**

13:30 - 15:30 **1) Workshop VI: Measuring and Preventing Adverse Outcomes in Healthcare Care, Part 2 of 3**
(co-sponsored by AHRQ)

2) Workshop VII: Leadership and Management for Health Research

Resource persons/Facilitators:

Dr Vic Neufeld, Dr Tessa Tan-Torres Edejer, Ms. Nancy Johnson, Members of the LAMP core group

15:30 - 16:00 **Coffee break**

16:00 - 18:00 **Continuing education and workshops**

1) Workshop VIII: Initiative for Maternal Mortality Programme Assessment (IMMPACT)

(In collaboration with Dugald Baird Centre for Research on Women's Health at the University of Aberdeen)

Resource persons/Facilitators: *Faculty from University of Aberdeen, Scotland*

2) Workshop IX: WHO Tools for Cost-Effectiveness Analysis, Part 2 of 2

(co-sponsored by WHO Evidence for Information and Policy Cluster)

Resource person: Dr Tessa Tan-Torres Edejer

3) Workshop X: International Burden of Disease

(In collaboration with the International al Burden of Disease Network (IBDN/CHCD)

Resource persons/Facilitators: *Members of IBDN, Dr Howard Seymour, Dr Lesley Burn*

19:00 - 20:00 **Dinner**

20:00 - 22:00 **Meetings of Regional CLENs and special interest groups**

Wednesday, February 13, 2002

08:00 - 08:30 **Registration**

08:30 - 10:00 **Plenary Session III: Regional and National Studies on Health Inequities**
Speakers: Dr Chitr Sithi-Amorn, Dr Esmat Mansour, Dr Vinand Nantulya

10:00 - 10:30 **Poster session and Coffee break**

10:30 - 12:30 **Free Paper Presentations (3 concurrent sessions)**

12:30 - 13:30 **Lunch**

13:30 - 15:30 **1) Workshop XI:**

Shared Decision-Making: Integrating Sociocultural and Patients' Perspectives in Health Care, Part 3

(co-sponsored by AHRQ)

13:30 - 14:30 **2) Special Session: Problems and Constraints in Medical Writing and Publishing**

(In collaboration with The British Medical Journal)

Speaker: Dr Alex Vass

14:30 - 15:30 **3) Continuing education session: Health Social Sciences Speakers: Dr Nick Higginbotham, Ms Nancy Johnson**

15:30 - 16:00 **Coffee break**

16:00 - 18:00 **Continuing education and workshops**

1) Workshop XII: Reproductive Health Library *(In collaboration with WHO, Department of Reproductive Health)*

Resource persons/Facilitators: To be named

2) Special session: Disease Surveillance Systems – Lessons from Egypt Speaker: Dr Ahmed Mandil

3) Workshop XXIII: CRASH Study (Corticosteroids in Head Injury)

Resource persons/Facilitators: *Faculty from London School of Public Health & Suez Canal University,*

Dr Ian Roberts, Dr Nin Richie, Dr Hesham Fathi

19:00 - 20:00 **Dinner**

20:00 - 22:00 **Closing Ceremonies**

Thursday, February 14, 2002

09:00 - 15:30 **Post-Meeting Workshops** (lunch break: 12:30 - 13:30)

1) Biostatistics Continuing Education: Data and Safety Monitoring Committees for Multicenter Clinical Trials.

Resource persons/Facilitators: Dr Shrikant Bangdiwala, Dr Sergio Munoz

2) CRASH Study (Corticosteroids in Head Injury) Coordinators Meeting

3) Meeting of Zinc Supplementation data management team

Resource person: Dr Stephen Walter

Scientific Program Description

Pre-meeting Workshops

Zinc Supplementation in Acute Watery Diarrhea and

Dysentery in Children: A Protocol Development Workshop (by invitation)

The first multi-center initiative of the INCLen ChildNET will be on perceptions and attitudes to zinc supplementation in diarrhea. This will be in collaboration with the Johns Hopkins University (JHU) and WHO. A concept pre-proposal has been developed with inputs from all the partners. **Objectives:** ChildNET aims to further develop the protocol in collaboration with representatives from all CLENs of INCLen.

Leadership and Management Workshop (by invitation)

The Leadership and Management Program (LAMP) was launched by the INCLen Trust in March 2001. The program emphasizes the following competencies: Strategic Planning for Research and Development; Coalition Building and Teamwork; Knowledge Management; Communication; and Management Competencies. The program has held a number of workshops in the different INCLen regions (CLENs). **Objective:** To compare and share experiences from different CLENs and to work through various modules on leadership competencies. **Participants:** Current INCLen leaders, 3 – 4 from each CLEN, and selected partners from other organizations who share similar training objectives will be invited.

Seminar on Healthy Mother Healthy Child Project (HMHCP) – Egypt

After more than 10 years experience of the Ministry of Health in Egypt, this project has had great impact on child and maternal burden of diseases. The new initiative provides special health program for the unprivileged parts of Egypt. The seminar will present experiences and successes in reducing inequity in neonatal and maternal morbidity and mortality. **Objectives:** 1) To present the strategies and impact of the program; 2) to share the experiences of the program in reducing inequity through the national primary care program.

Continuing Education Sessions and Workshops (Main Meeting)

Workshop I: Knowledge Management to Address Inequities in Health and Healthcare (co-sponsored by U.S. Agency on Healthcare Research and Quality, AHRQ)

This workshop aims to help participants learn about emerging technologies that might extend access to knowledge to all parts of the world; the cost and logistic considerations involved in implementing these systems at the local level; how the appropriate technologies might differ in different settings; and the social and behavioral factors that cause and perpetuate habits of doing without scientifically sound, current information to guide clinical and public health decision.

Workshop II: Rational Drug Use (co-sponsored by WHO/PAR/EDM)

Objectives: 1) To describe the extent of the problem with misuse and abuse of drugs, and issues related to rational use of drugs (RDU); 2) to identify evidence-based interventions and programs that can effectively promote RDU in developing countries; 3) to discuss INCLen's potential role/s and collaboration in the worldwide effort to promote RDU.

Workshop III: Distance Learning Workshop

"Distance Learning" is among the priority projects identified by the INCLen Board of Trustees for building and rapidly promoting research and clinical epidemiology capacity in developing countries. **Objectives:** 1) To present and discuss experience of institutions implementing distance learning; 2) to brainstorm on INCLen's plans to integrate distance learning methods into its future training programs.

Workshops IV/IX: New Tools for Cost-Effectiveness Analysis (2 parts) (co-sponsored by WHO/EIP)

Cost-effectiveness analysis (CEA), a tool decision-makers can use in choosing interventions and programmes, maximizes health care with the available resources. Through WHO-CHOICE (CHOosing Interventions that are Cost-Effective), the Global Programme on Evidence for Health Policy is assembling regional

databases on the costs, impact on population health and cost-effectiveness of key health interventions. Computer-based tools on CEA and examples will be demonstrated. Number of participants is limited to 15 persons familiar with CEA methods and with laptops.

Workshop V: Community Intervention Studies: Methodology & Applications in Developing Countries (co-sponsored by IEA/EMR)

Workshop VI: Measuring and Preventing Adverse Outcomes in Health Care (Co-sponsored by AHRQ)

This workshop will present methods by which adverse outcomes such as medications and ordering errors might be better and more systematically measured. Studies showing improved outcomes from better information technology support and improved feedback systems will also be presented. Workshop participants will discuss how systems of measurement and prevention of adverse outcomes might be applied in their own settings.

Workshop VII: Leadership and Management for Health Research

Workshop VIII: Initiative for Maternal Mortality Programme Assessment (IMMPACT) (In collaboration with Dugald Baird Center for Research on Women's Health at the University of Aberdeen)

The primary rationale for IMMPACT is that the current heavy reliance of decision-makers on process indicators to judge "success" has evolved without adequate reassurance of the link between process and outcomes. The aim of IMMPACT is to help reduce maternal mortality and severe morbidity in developing countries by providing rigorous evidence of the most effective and cost-effective intervention packages. **Objectives:** 1) To describe and introduce IMMPACT to participants; 2) discuss ongoing research relevant to maternal mortality reduction; 3) to explore potential future links between IMMPACT and INCLen researchers.

Workshop X: International Burden of Disease

(In collaboration with the International Burden of Disease Network, IBDN)

The Center for Health Care Development (CHCD) scans health and other organizations in the UK and internationally for new approaches to policy and delivery. IBDN aims at development of the World Bank/WHO Global Burden of Disease methodology as a tool to support primary strategic decision-making. **Objective:** 1) To introduce the IBDN and Global Burden of Disease project; 2) To discuss the use of burden of disease measurement in reducing inequities in health; 3) To introduce methods and software of burden of disease measurement; 4) To establish a link between INCLen and IBDN for further collaboration.

Workshop XI: Shared Decision-Making: Integrating Socio-cultural and Patients' Perspectives in Healthcare (Co-sponsored by AHRQ)

This workshop aims to explore methods for reducing such disparities through consumer and community involvement in the planning and delivery of healthcare services and in the management of patients' illnesses. This will cover socio-behavioral methods that consider patients' understanding of health and disease and the use of Internet in shared decision-making.

Workshop XII: Reproductive Health Library (RHL) (In collaboration with WHO, Department of Reproductive Health)

This essential community-based tool has been developed by the Reproductive Health Department of WHO to promote evidence-based reproductive health practices at the primary care level. **Objective:** To present RHL to INCLen faculty and demonstrate its utilization.

Workshop XIII: CRASH Study (Corticosteroids in Head Injury)

This is a multinational, multicenter trial funded by MRC in the UK, and coordinated from the London School of Public Health. The study has been ongoing for 2 years and follow-up of patients is ongoing. **Objectives:** 1) To introduce the study to INCLen XVIII participants; 2) to discuss lessons learned from study so far; 3) to plan strategies for recruitment of new centers; 4) to work with coordinators on the best ways to ensure follow-up of all patients.



Reflections... from page 4

This condition catches up with all of us sooner rather than later, for even as we strive to care for others, we need to care for ourselves as well. This is the great dilemma of medical practice – establishing a balance between our material needs and that of our patients.

George Bernard Shaw once said – “There is nothing more dangerous than a poor doctor.” Historically, it is believed this statement was made in defense of physicians’ rights to earn from their profession. I have my doubts. The more we earn, the more things we need to pay for. The more things we need to pay for, the more we need to earn. In this sense we are all forever poor. To my mind, this is what Bernard Shaw meant – all physicians are forever poor, and they are all forever dangerous. I say that in jest, but there is some truth to it. Medicine has grown into one of the most viable industries in the world today. But medical entrepreneurship, in whatever form, poses a continuous threat to the nobility of our profession.

Physician self-interest manifests in several ways: unmerciful fees, ownership of hospitals and medical equipment, unreasonable demands from our friends in the pharmaceutical industry, and even incentive fees for referring patients to other physicians (fee-splitting). Granted, many of these problems cannot be solved by individuals, but need to be addressed as a profession. Nevertheless, if we fail to recognize them as problems, then we are doomed to fail in our mission of service, not only as individuals, but as an entire profession. Not only shall we fail to serve the people, we shall actually be aggravating their suffering.

Unlike compassion fatigue, there are no quick fixes for self-interest. As a profession, we have so much to gain from the current state of affairs, that change will be hard to come by. I too have grappled with my own self-interests. MEDLINE failed me on this one, so I would like to share a few anecdotal strategies that I have tried.

- 1) Don’t peek at the fees charged by your colleagues. This can only lead to a terrible race on who has the right to charge the most.
- 2) Never haggle with your patients about professional fees. You are a physician, not a market vendor.
- 3) Develop an eye for injustice. When you gain from seeing patients, that is just. When you gain because you referred them to someone, when you gain because you requested a test, when you gain because you prescribed a drug – that is double, triple, quadruple compensation for a single act of service. The final payor is again the patient, so that can never be just.
- 4) Last but not least – if you want to forget about self-interests altogether, marry someone rich. Then you’ve got it made.

The third and last hurdle is time mismanagement.

Among the conditions we have discussed, the manifestations of time mismanagement are probably the easiest to recognize. The victims are often late. Sometimes they have 3 appointments in 3 different places, all at the same time. They’re up at 6 a.m., and back home at 12 midnight, yet they spend less than 10 minutes to see each patient in their clinics. Family affairs are often cancelled, and usually, not enough

time is spent with the children. Their desks are cluttered with tons of unread material and unfinished or unwritten projects. They take on so many positions, they don’t know where to find the time to function.

Many books have been written, and solutions proposed. But to my mind, none has been as succinct as a proposal by Harvey Mackay, the famous internationally syndicated columnist who offers courses about time management. Mackay gives this story:

“Okay, time for a quiz,” as he pulled out a one-gallon wide-mouthed mason jar and set it on the desk in front of him. Then he produced about a dozen fist-sized rocks and carefully placed them, one at a time, into the jar. When the jar was filled to the top and no more rocks would fit inside, he asked, “Is the jar full?” Everyone in the seminar said, “Yes.” Then he said, “Really?” He reached under the table and pulled out a bucket of gravel. Then he dumped some gravel in and shook the jar. This caused pieces of gravel to work themselves down into the spaces between the big rocks. Then he asked the group again, “Is the jar full?” By this time the class was onto him. “Probably not,” we answered. “Good!” he replied as he reached under the table and brought out a bucket of sand. He started dumping the sand in and it went into all the spaces left between the rocks and the gravel. Once more he asked the question, “Is this jar full?” “No!” the class shouted. Once again he said, “Good!” Then he grabbed a pitcher of water and began to pour it in until the jar was filled to the brim. Then he looked up at the class and asked, “What is the point of this illustration?” One eager beaver raised his hand and said, “The point is, no matter how full your schedule is, if you really try hard, you can always fit some things into it.” “No,” the instructor replied. “The point is if you don’t put the big rocks in first, you’ll never get them in at all.”

As you contemplate this story, ask yourselves: What are the big rocks in your life? Put them into your schedule and then protect them at all costs.

There IS no easy way to the stars. That’s the understatement of the century, and I hope that I have convinced you that it’s true. But having done that, I would now like to convince you that it CAN be done. Dr. William Crosby, a strong critic about US physician’s licensure exams, once wrote in Forum Medicine:

“As a physician, I would rather be humane than encyclopedic. I can always look up knowledge in a textbook, but where can I read about humanity?”

You don’t need to look far to find this humanity, because someone already put it inside you. You said it yourselves. You became physicians because you wanted to be of service to others. If you keep your vision focused on this star, I am confident that you will find your way. It will not be easy, but it can be done.

As you try to cling to your humanity, keep your strategies simple. I suggested 3 things: 1) ward off CF by saying a short prayer before you hold clinics. 2) manage your time well. Put your big rocks in your jars, and protect them with your life. 3) stand your ground against physician’s self-interests.

Collaborative research studies on Legionellosis in Barcelona

The Clinical Epidemiology Unit of Barcelona is a member of the Study Group of Community Legionellosis in Catalonia. Other investigators involved are from the Department de Sanitat i Seguretat Social Generalitat de Catalunya: Delegacio Territorial de Barcelona, Girona, Lleida, Tarragona, and the Institut Municipal de Salut Publica, Ajuntament de Barcelona. Since its inception, the study group has completed two epidemiological studies on Legionnaires' disease.

The first study was a review of reported cases from 1992 – 1999 from the epidemiological surveillance system in the province of Barcelona. This study demonstrated the rising incidence of Legionellosis from 0.3/100,000 in 1992 to 4.75 cases/100,000 in 1999. Majority of the cases were community-acquired (67.5%), emphasizing the significance of community cases. The reported increase in incidence could be partly attributed to the introduction of a new diagnostic technique, the urine

antigen detection test for Legionella. Since its introduction in 1996, it has been the most frequently used diagnostic test. These results have recently been published in the journal *Medical Clinics of Barcelona* 2001.

The second study was a matched case-control study that aimed to determine the factors associated with the occurrence of Legionnaires' disease in the community. This was a two-year study conducted from 1998 - 2000 with funding from the Ministerio de Sanidad of Spain. Preliminary analysis of 124 cases and 451 controls showed that Legionnaires' disease was associated with an immunodeficient state, walking near ground movements, and possibly to proximity to cooling towers, faucet filters and shower protection. Environmental samples were also obtained, of which 17 out of 210 were positive for Legionella. No differences, however, were observed between cases and controls. Although the presence of hot water tanks and deposits was not a risk factor for acquisition of Legionella, they were

promoting factors for colonization of domestic drinking water systems with legionellaceae. No association was found with water supply problems. In addition, 34 clusters of Legionnaires disease were detected, and possible association with temperature and atmospheric pressure was found. The study concluded that there is a possible association of community-acquired Legionellosis with some aspects of water systems in the household. Clustering of Legionnaires' disease was frequent; and this could be related to meteorological factors. These preliminary results were published in the journal *Enfermedades Emergentes* (2000).

Josep Alvarez, on behalf of the Study Group of Community Legionellosis in Catalonia and Jaume Canela-Soler Director, Clinical Epidemiology Unit Barcelona

Philippine government implements cervical cancer screening research recommendations

The University of the Philippines-Department of Health Cervical Cancer Screening Research Group (UP-DOHCCSRG), a multi-disciplinary group of researchers and clinicians with key members from the Department of Clinical Epidemiology, found that visual examination aided by acetic acid wash is the most cost-effective screening method in countries like the Philippines. Based on the UP-DOHCCSRG recommendations, the Department of Health, in cooperation with local government units (LGUs), started to implement the cervical cancer screening registry program. This involves training of health workers on cervical cancer screening registry and acetic acid wash-aided visual cervix examination in selected districts and provinces in the country. The group has also developed softwares on cervical cancer screening registry and hospital tumor registry. The group has also set up a cancer information and education campaign website, www.kanser.com.ph.

The Cervical Cancer Screening Program has the following components: 1) development of the systems of infrastructure, training, registry, screening, diagnosis and treatment; 2) coordination between the central DOH, the DOH regional offices, local government units and non-government organizations; 3) establishment of screen clinics at the municipal health centers and 4) public information campaign.

The impact of the study is not limited to the Philippines. The group presented its findings at the 2001 WHO Regional Meeting in Kuala Lumpur, Malaysia and at the 2001 Asia Pacific Cancer Congress in Manila. As a result, a number of countries have signified interest in acetic acid-aided visual examination of the cervix for cervical cancer screening. The Cancer Society of Nepal has invited the UP-DOHCCSRG to train health workers on

the techniques used in the study. Mongolia has signified possible use of acetic acid-aided cervical examination as a triage procedure before Pap smear. Thailand and some regions of Malaysia plan to use acetic acid-aided cervix examination as a screening test.

The UP-DOHCCSRG is composed of consultants and researchers from the University of the Philippines - Departments of Pathology, Obstetrics and Gynecology, Internal Medicine-Oncology Section, Clinical Epidemiology, the DOH Women's Health and Safe Motherhood Project and regional hospitals of the Department of Health, and selected local government units in the country.

Cynthia Cordero, M.Sc. CERTC Director University of the Philippines

Research Report

PhilCLEN studies presented at National Research Forum

The Second Philippine Health Research for Action National Forum was held on December 5-7, 2001 at the Research Institute for Tropical Medicine Training Center. The Health Policy Development and Planning Bureau (HPDPB) under the Department of Health (DOH) sponsored the three-day forum, which featured researches funded by the same agency. Studies done by the Philippine Clinical Epidemiology Network (PhilCLEN) were key features of the Forum, demonstrating its collective and collaborative contribution to the attainment of national health goals.

The PhilCLEN studies showcased were: (1) Baseline Surveys for the National Objectives for Health (BSNOH)—led by Dr. Mario Festin, this study was organized to provide baseline national data on health status, health risk/prevalence and service coverage. (2) Research Priorities for Health Sector Reform—Dr. Cecilia Acuin, the project leader, enumerated

five broad areas for health sector reform, namely, health care financing, health standards and regulations, local health systems, hospital systems and public health programs. Presenters of each subtopic explained the methods and criteria for identifying main concerns that need further research.

Almost 200 professionals from health agencies, the academe and non-government organizations attended the affair. Other parallel sessions covered health promotion and disease control, health economics and health care financing, and health systems and local health development. In his closing remarks, DOH Secretary Manuel Dayrit stressed that researches are serendipitous undertakings necessary to fill in the gaps in knowledge to address health problems and to understand bigger systems issues.

*Rachel Delino, M. Sc.
CERTC, University of the Philippines*

Partners

Global strategy for infant and young child feeding launched

Malnutrition accounts for 15.8% of world's disease burden as measured in DALYs and is by far the leading risk factor for disease, with water and sanitation coming second at 6.7% and unsafe sex third at 3.7% (WHO). It is associated with more than 50% of the 10.9 M deaths in children under-5 in developing countries in 2000. One in every 3 children at age 5 in developing countries is stunted, and there is growing evidence that the stunting begins during the age of complementary feeding when the young child makes the transition from breastfeeding to an adult diet.

The World Health Organization is preparing to launch a global strategy for infant and young child feeding to respond to the challenge of improving complementary feeding (Infant and Young Child Nutrition, http://www.who.int/gb/EB_WHA/PDF/EB109/eeb10912.pdf). The strategy, which builds upon experiences from the research and advocacy on breastfeeding of the last century, describes optimal infant and young child feeding recommendations, including for infants and caregivers in difficult circumstances, and summarizes the specific responsibilities that governments, civil society and international organizations should assume to support caregivers and their families to improve infant and young child feeding. While infant feeding is a natural behavior, there is now ample evidence that caregivers need skilled support in order to establish and maintain optimal infant and young child feeding practices. They also need to be protected

from adverse commercial influences and be granted appropriate maternity entitlements. The strategy calls for increased investment to improve infant and young child feeding, in the areas of: 1) research leading to effective interventions, 2) the development of global guidelines and recommendations, 3) the design and testing of tools to assist implementation, and 4) support to infant and young child programs which have complementary feeding components such as the Integrated Management of Childhood Illness (IMCI).

Four key feeding practices will form the main thrust of the strategy: 1) early initiation of breastfeeding, 2) exclusive breastfeeding for 6 months, 3) safe and appropriate complementary feeding from 6 months, and 4) continued breastfeeding up to 2 years or beyond (infant and young child nutrition. Results of a WHO systematic review A54/inf.doc./4.May 2001).

While these practices have been promoted for some time, new knowledge and technology are contributing to a better understanding of specific behaviors and interventions particularly with regard to the adequate composition, appropriate texture, quality and amounts of foods, as well as their safe preparation, storage and feeding. Research into responsive feeding is expected to improve interventions aimed at the caregiver-child interaction not only during feeding in particular but also on childcare in general.

The strategy will be presented during the 109th session of the WHO Executive Board, scheduled from January 14 – 21, 2002 in Geneva and will be presented as well during the World Health Assembly and the UN Special Session on Children in May 2002.

Tools and guidelines in support of this strategy are available and can be obtained from the Department of Child and Adolescent Health and Development (CAH) at <http://www.who.int/child-adolescent-health> or the Department of Nutrition for Health and Development (NHD). They include training materials on breastfeeding counselling, HIV and Infant Feeding Counseling, and making health facilities baby-friendly. The recent publication, Complementary Feeding: from breastmilk to family foods (WHO/NHD/00.01, WHO/FCH/CAH/00.6), is the basis of a 3- day course for health professionals, currently under development. WHO will soon publish the report of a technical consultation on complementary feeding that was held on December 10-13, 2001, which has brought together updated knowledge on biological, behavioral and programmatic aspects of promoting optimal infant and young child feeding. Together with national and international partners, WHO is striving to improve the plight of millions of infant and young children, who suffer from disease and sub-optimal development due to inadequate feeding.

*Cecilia Acuin, M.D.
CERTC, University of the Philippines*

Energizing health research systems the Asia-Pacific way

Prof. Chitr Sitthi-Amorn, Council for Health Research and Development (COHRED) focal point for Asia, organized a “3-day intensive exchange plus post-meeting dialogue” in Bali, Indonesia on November 13–15, 2001 to follow-up on commitments made in Bangkok during the International Conference on Health Research for Development 2000.

More than 50 participants came from countries in Asia and the Pacific to discuss ways by which such a huge and diverse region could speak as one, with a common framework to bring about equity in development through research in health. While everyone agreed that a unified voice would be powerful indeed, there were concerns regarding operationalizing the concept of an Asian Forum for Health Systems Research that would be independent of any funding or development agency. The Forum would function to

promote the interests and welfare of people in Asia and the Pacific.

Participants agreed that the strength of such a forum would depend on the country systems so that country level capacity development should continue to be a core strategy. Inclusiveness and ownership are

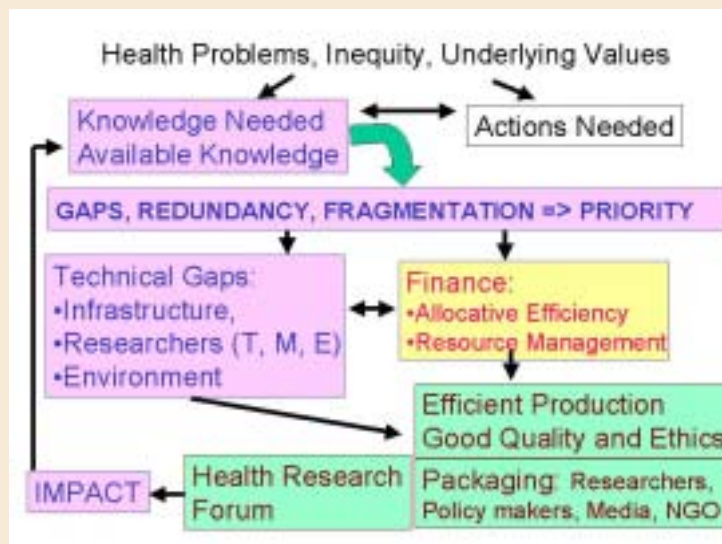
important to consolidate the many “voices” within the region. An important initial step would be to do a situational analysis and plans to fill gaps and needs of national health research systems.

In a related development, Dr. Tikki Pang, director, Department for Research Policy, WHO, announced that the World Health

Report for 2004 will be on Health Research: knowledge for better health. A team is currently working on tools to measure health systems research performance that would provide the evidence base and generate knowledge using scientifically validated methods to improve health systems.

Dr. Agus Suwandono of Indonesia was elected as the focal point of the new Asian Forum for Health Research.

*Cecilia Acuin, M.D.
CERTC, University of the Philippines*



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9th Cochrane Colloquium tackles the politics of evidence dissemination

The Centre Cochrane Francais hosted the 9th International Cochrane Colloquium last October 9-13, 2001 in Lyon, France with around 600 participants from 38 countries. The Colloquium’s theme focused on how to make the evidence dissemination process more efficient. Dr. Els Borst-Eilers, Minister of Health, Welfare and Sport of the Netherlands, delivered the welcome plenary talk. She discussed the many shades of evidence and its strange relationship with politics. She also emphasized that the philosophy of evidence-based medicine is about finding and presenting the best evidence and that politicians and researchers must adhere to their respective roles. To quote: “Politicians must consider the facts presented to them by science, while researchers should uphold scientific integrity and not let their conclusions be influenced by political considerations”.

In the succeeding plenary sessions, examples of methods of teaching evidence-based medicine to undergraduate students,

postgraduate students and consumers were presented. Other topics covered were methods for dissemination of evidence at the point of care and for specific groups, and barriers and opportunities for using systematic reviews in practice from the perspective of healthcare providers and consumers. The Colloquium ended with a panel discussion on the competition between evidence and earnings. The panelists looked at the relationship between evidence and the interests of pharmaceutical industries and political parties.

One of the highlights of the Colloquium was the Kenneth Warren Prize Award for best review from a developing country. This year, the award was given to Manit Srisurapanont from Thailand, principal author for the review “Quetiapine for Schizophrenia”.

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Partners

Assessing the progress in correcting the 10/90 gap in health research: *Forum 5 of the Global Forum for Health Research*

The Global Forum for Health Research held Forum 5 last October 9 – 12, 2001 at the International Conference Center in Geneva, with more than 700 participants from 103 countries. The Forum's highlight this year was the participation of the non-government organizations (NGOs) represented by Ravi Narayan, the Community Health Adviser of the Community Health Cell, an Indian NGO. At the Forum's Closing Plenary Session, Mr. Narayan presented the People's Charter for Health, an expression of the concerns and calls for action of the People's Health Assembly, an international umbrella organization of NGOs working in health (see PHA website: www.pha2000.org for a copy of the charter or email phasec@pha2000.org). This marks the first formal participation of consumers as a body in the Global Forum, the main shareholders of health systems, whose voices had been rarely heard before.

The Global Forum for Health Research is an independent international foundation established in 1998 whose main objective is to help correct the 10/90 gap and focus research efforts on diseases representing the heaviest burden on the world's health, most of which occurs in developing countries. The 10/90 gap refers to the fact that less than 10% of the US\$ 70 B global investment on health research goes to 90% of the world's health problems. The Forum is intended to be a catalyst for global research, an informal contact point for networks, and a platform of diverse groups.

Forum 5 updates reflected the relatively slow progress in priority health research initiatives for the poor. As Ambassador Walter Fust, Director-General of the Swiss Agency for Development and Cooperation, stated in his welcome address, "While it seems there is a high degree of agreement about the challenges and priority issues on the international research agenda, the ways and means for overcoming the numerous health problems we are facing ... seem to be much less clear since the issues we have to deal with are complex and sometimes even controversial".

Emerging concerns such as mental health and injuries were felt to affect the developing world to a much greater extent than current statistics show. Efforts to develop tools for establishing priorities in health research and measuring resource flows now need wider utilization and demonstration of their effects on policy and decision-making. There is a need for public-

private partnerships to go beyond pharmaceutical spheres. Greater synergy and complementarity is expected among the Global Forum, the Council for Health Research and Development (COHRED), and the World Health Organization (WHO). In this light, an interim Working Party was formed during Forum 5 to foster greater and more coherent cooperation in health research efforts worldwide. INCLen is a member of this interim Working Party, represented by Dr. Marcel Tanner, Chair of the INCLen Board of Trustees, and Dr. Mary Ann Lansang.

The Forum ended with the turnover of the Foundation Council's chairmanship from Dr. Adetokunbo Lucas to Dr. Richard Feachem. Dr. Lucas rendered a musical performance in a festive farewell to friends and colleagues. Forum 6 will be held in Arusha, Tanzania on November 12-15, 2002.

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INCLen members, Tessa Tan-Torres Edejer (WHO), and Sarah Macfarlane (Rockefeller Foundation) who attended Forum 5

ANNOUNCEMENTS

Dr. K. Srinath Reddy is the new IndiaCLEN president succeeding Dr. Maniyalath Narendranathan. Formal handing-over ceremonies were held at the XIIth IndiaCLEN Regional Meeting held last September 2001.

Dr. Wang Jialiang is the new Chair of the Clinical Epidemiology Association of China. He was designated by the association and the Chinese Medical Association at the VIIth Regional Meeting of ChinaCLEN last November 2001.

Diego Rosselli, MD, EdM, MSc, faculty member of the CERTC at Javeriana University, Bogota, Colombia and INCLIN Career Scientist Awardee (1999 - 2001), will assume the position of Dean of the School of Medicine, Universidad Militar Nueva Granada, Bogota, Colombia, beginning February 2002. Dr. Rosselli brings with him an A-track record for research and medical education. As INCLIN career scientist, he completed and published researches on neuroepidemiology, tobacco and smoking, health policy, and education.

Dr. Antonio L. Dans, Professor at the Department of Medicine and Clinical Epidemiology, University of the Philippines-College of Medicine, is the recipient of the 2001 Dean's Award for Innovation in Medical Education for the project: **A Philippine Model for Evidence-Based Medicine in a Residency Training Program**.

Dr. Jacinto Blas V. Mantaring III, Associate Professor of the Department of Clinical Epidemiology, University of the Philippines-College of Medicine, is one of the recipients of the Faculty Award for Innovation in Medical Education. He is recognized for the project "**The Use of the Virtual Pet (Tamagochi) for Teaching Research Methods**".

Adrean Yang, from Manila, Philippines joined the INCLIN Executive Office as the Database Systems Supervisor last October 2001, replacing Charissa Patacsil who joined a progressive Philippine telecommunications company in the Philippines.

Another useful health social sciences textbook has been published entitled: **Applying Health Social Science: Best Practice in the Developing World**, edited by **Nick Higginbotham, Roberto Briceno-Leon and Nancy Johnson**. Ten case studies exemplifying some of the best practices in health social sciences in developing countries from Africa, Latin America and Asia are presented in the book. Each case study addresses the critical question of how social/behavioral science approaches can make a difference in improving significant health problems such as AIDS, STDs, heart disease, smoking, psychological stress, people's reliance on traditional healers and their use of both indigenous and modern types of medicine. The book is a valuable resource for policymakers, planners and foundations supporting international health development, as well as INCLIN faculty, scholars and public health practitioners.



The Norwegian branch of the Nordic Cochrane Center will host the **10th Cochrane Colloquium at the Stavanger Forum in Norway on July 31-August 3, 2002**. The aims of the 10th Colloquium are to help review groups achieve the aims of the collaboration and to celebrate the 10th year of the collaboration. The Colloquium will focus on quality, productivity and sustainability.

Une santé branchée sur la recherché: Perspectives du Conseil de la recherché en santé pour le developpement, the French version of the book "**Forging Links for Health Research: Perspectives from the Council on Health Research for Development**" edited by **Victor Neufeld and Nancy Johnson** has been published.



This book, written by a team of international experts, records the contribution of health research to the equity dimension of development and suggests what must be done in the research arena to ensure a healthy future for all. It is unique in its combination of evocative human stories and expert insight from international health researchers. The book will be of interest to academicians, researchers, students, and policymakers in public health, epidemiology, health sciences, international health, and development studies; professionals in donor organizations, and health care workers interested in international affairs and Third World development.

Dr. Ernesto Domingo, first sponsor of the Department of Clinical Epidemiology (DCE) of the University of the Philippines (UP) and former Board member of INCLIN, Inc., poses for posterity in the above photograph with the past and present Directors of the DCE-UP during a testimonial dinner for him. Dr. Domingo retired from UP on June 28, 2001. Asked what his great achievement in UP was, Dr. Domingo stated with great conviction: "The establishment of the CEU at the University."

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