

# INCLLEN news

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## From the desk of the Executive Director, INCLLEN Trust

**G**reetings from New Delhi, India.

It is a matter of great pleasure and honor for me to have joined as the Executive Director of INCLLEN Trust. I thank the members of INCLLEN Board of Trustees and its Search Committee for giving me this responsibility as well as an opportunity. INCLLEN has contributed immensely in shaping my life as a research investigator, teacher and a clinician for over 10 years now. The credit for whatever I have contributed so far, to a very large measure, goes to the INCLLEN training and exposure to a wide spectrum of its activities over these years.

In the process of final selection, two key issues that the Search Committee had asked the shortlisted candidates to

address were: our thoughts/ plans for implementation of the INCLLEN Strategic Plan 2003-07, and its sustainability, given the knowledge that the current funds available with the Trust would only sustain INCLLEN, as we know it today, until July 2006. *My short answer then (and as it is now) was that "We and only we, the family of regional CLENs, can do it together"*. In the subsequent paragraphs of this note, I have quoted liberally from my essay submitted to the Search Committee as my response to the above questions.

I strongly feel that our INCLLEN is not only a unique organization; it is also potentially one of the most well-positioned international institutions that can find valid and practical answers on a global scale to some of

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## Dr Narendra Arora named new INCLLEN Trust Executive Director



*Prof. Ranjit Roy Chaudhury, Chair of the INCLLEN Board of Trustees, congratulates the incoming executive director, Dr NK Arora, at the contract signing event in Delhi on December 29, 2004*

**I**NCLLEN is pleased to announce the selection of Dr Narendra Arora as its new Executive Director effective January 1, 2005. Dr Arora, professor of pediatrics at the All India Institute of Medical Sciences (AIIMS), Delhi, has led many health and research programs throughout his career, and has successfully contributed to the advancement of global and national agendas for health policy and systems research.

He serves as member coordinator of India's National Certification Committee for Polio Eradication (NCCPE). He is the team leader

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## From the desk of the Executive Director *(from previous page)*

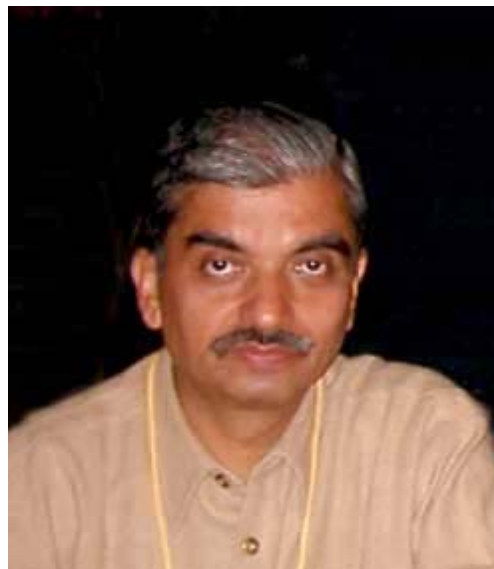
the most pressing public health problems, which the world faces today. It is critical that the capacities built over the last two decades are brought together in a manner that leverages these capabilities and INCLLEN as an organization moves to the vanguard of efforts to provide simple, feasible and efficient answers to seemingly complex public health issues. Thus we as a network should be able to influence the health of those living in disadvantaged conditions in resource-poor countries in particular and anywhere else in the world. I really believe that our current INCLLEN mission statement captures it all so beautifully. *It would indeed be a tragedy if this painstakingly built network gets dubbed as a “failed experiment”*. I firmly believe that if this happens, it would not be a comment on the relevance of INCLLEN but would be an indictment of its members including me.

Financial sustainability of INCLLEN Trust and INCLLEN Inc. is a real challenge, which requires immediate attention. However there are no shortcuts. *We have to perform and demonstrate our capability to influence global, regional and national health policies and programs through evidence generated by us*. Many diseases today have acquired near pandemic proportions like HIV/AIDS, malaria, TB and because of the cross-cutting nature of these problems, both in terms of geography and their impact on human life, evidence-based answers are being urgently sought on a global scale. Child survival, maternal health and improvement of health systems are the other issues that are in the forefront of public health challenges facing most of the developing countries. *In my opinion this provides us an opportunity, which requires initiation without further delay of one or two inter-CLEN multinational studies on important issues of public health importance common to various geographical areas represented by our regional CLENs*. A few successes of this type among our endeavors might encourage donors to support our core activities, including capacity building exercises. After all:

***“Nothing changes your opinion of a friend so surely as success- yours or his”*** - Franklin P. Jones

Binding the member CEUs through applied and operational research projects can further strengthen the concept of regionalization. This would require cajoling the potential prime movers to bring together investigators, use INCLLEN’s virtual platform to develop protocols that respond to their national as well as regional healthcare needs. Surely this will simultaneously require identifying and approaching potential

funding partners for working together beyond individual-based projects. Regional CLENs will establish their identity and credibility mostly through setting examples of research that have affected policy. The goal should also be to move towards strategic partnerships at regional levels. Regional CLENs will have to align their research agendas to take into consideration the local cultural and geographical needs as well as the local donor environment. At no point can we as a global network overlook the role and priorities of national health research organizations, which need to be partnered irrespective of their financial commitments. Strong regional CLENs with established individual identity will enhance the visibility, credibility and strength of INCLLEN as a global player in health development and health research.



The IndiaCLEN model may not be the most appropriate strategy for all the CLENs but it does provide an interesting example of achievements and plans, which have fitted into the overall INCLLEN strategic plan. IndiaCLEN could not have been functional without the consistent support and leadership from INCLLEN all these years.

Capacity building is INCLLEN’s forte. We are reaping the harvest of investments made during the last 20 years in training of faculty and academics working in those regions, where conduct and contribution of health research were considered marginal. This resource has to be sustained and translated into a campaign of building new capacities and expanding the pool of trained manpower.

An important strategy to fulfill these objectives will be through on-task training of young investigators involved in network studies besides those identified in our strategic plan.

I have deliberately not gone into the details of implementation of the current Strategic Plan of INCLLEN, as I believe that all this will become relevant when we have ensured the sustainability of our organization in its current form or, if needed, in some modified form, which needs to be deliberated and discussed by the Trustees and other major global and regional stakeholders. To do this, we, in our office, are currently working to have a meeting of the Board of Trustees and some special invitees within the next 3 months. After this meeting, I shall inform you about our action plans and various initiatives in this direction. I know that I will not be able to operationalize any of these action plans without active support from our members in various regional CLENs. I do hope that with everybody’s support, we together will be able to realize the goal of long term sustainability of INCLLEN and successfully implement our strategic plan.

*Narendra K. Arora*

## *From the Outgoing Executive Director*

### ***“Mabuhay!”: Welcome, long live and thanks!\****

**I**NCLen is in for exciting times ahead: a new leader, with new plans and programs that consolidate INCLen’s past gains, new directions for resource mobilization in partnership with the Board, and new and extensive collaborations. I most heartily welcome and thank Dr Narendra Arora and his management staff for taking on the many challenges that INCLen faces as it strives to draw closer to its goals of equity, efficiency and quality in health care for the underserved.

Over the past four years, the image and role of the INCLen Trust has changed in international health. INCLen has demonstrated that sound governance, through a decentralized structure shaped and led by the South, can lead to significant changes in the planning and implementation of its research agenda and capacity strengthening efforts. Each regional network of INCLen, along with its member CEUs and CERTCs, has made its own unique contributions to regional and local health research, in addition to its participation in INCLen’s global strategies. The INCLen family has grown, accepting new member CEUs and training centers from Argentina, Canada, China, Japan, Malaysia, Pakistan, Spain and the USA.

INCLen’s Leadership and Management Program (LAMP) has highlighted the importance of these fundamental skills in organizational development, not only for INCLen but also its partners and other health organizations. The Knowledge ‘Plus’ Program of INCLen continues to be cited for its added value in systematically evaluating practice guidelines not only in terms of effectiveness and efficiency lenses but also equity and applicability lenses. Other study groups—WorldSAFE (World Studies on Abuse in the Family Environment), the Global Network on Perinatal and Reproductive Health and the collaborative research group on depression—have produced landmark publications for improving health in developing countries. INCLen ChildNET, conceived at the same time as the INCLen Trust, has already produced significant research work on micronutrients and neonatal illnesses through its multi-country studies. INCLen’s *tour de force*, IndiaCLEN, has been highly productive in the areas of applied research and health program evaluations, which have had significant impact on health policy and programs in India.

All these achievements would not have been possible without the commitment, enthusiasm and excellent work of INCLen’s “focal points” (leaders) and faculty, the guidance and support of INCLen’s governing Boards, and the untiring work, dedication and superb teamwork of the INCLen Executive Office staff and consultants. It was truly an unparalleled privilege to experience how people from East to West, from South to North could effectively interact with each other and create a vibrant, truly global learning community via e-mail, Internet, tele- and videoconferences and some face-to-face meetings and workshops. This augurs well for the new, Board-initiated program on the Global Virtual Campus, which is expected to exponentially increase the cadre of indigenous scientists and evidence-based health practitioners in the 21<sup>st</sup> century.



***“It was truly an unparalleled privilege to experience how people from East to West, from South to North could effectively interact with each other and create a vibrant, truly global learning community.”***

However, these achievements to date have to be harnessed into new and bigger investments for the future. And while a few good men and women in INCLen have been critical in achieving its successes, a whole lot more effort is needed from ALL members, particularly in and for countries and regions where the disease burden is greatest. The new leadership has been carefully and thoughtfully chosen by the INCLen Board for its innovative and strategic thinking for resource mobilization, but it will need the full commitment, passion, and energy of INCLen and its collaborators to succeed.

I would like to express my deepest thanks to all those who have contributed to the INCLen Trust’s growth over the past four years, including our many partners, generous donors and funding agencies. My special thanks to the special people whose untiring work, through good times and bad, has forged lasting bonds of friendship. I bid farewell, confident that INCLen will march on towards its Vision and continue to make a significant difference in health care globally and locally.

*Mabuhay!*

Mary Ann Lansang  
new email: [mlansang@philmed.org](mailto:mlansang@philmed.org)

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\* *Quoted from the Mabuhay magazine of Philippine Airlines, December 2004: “Mabuhay” is a Filipino verb... for “live!”. It is also a wish: “may you live!” Whoever says it wishes you the great gift of a long and full life.... “Mabuhay” (ma-boo-high) is such a large word that it lends itself to a wide number of secondary uses: welcome, congratulations, thanks, godspeed...and many other expressions of goodwill.... “Mabuhay,” in others words, is an invocation and a celebration of life itself.*

## INCLLEN joins WHO/SEARO tsunami relief efforts

The tsunami on December 26, 2004 has claimed more than 160,000 lives in South and Southeast Asia and has left millions at risk of infectious disease outbreaks because of the environmental conditions created by the disaster. After the rescue and immediate relief operations for survivors, prevention of spread of disease outbreaks has become an immediate priority in the affected areas. Considering the scale and geographical spread of the disaster, this task would require a multi-agency multi-specialty collaborative effort.

INCLLEN, in collaboration with the WHO South-East Asia Regional Office (SEARO), has enlisted the support of its members to provide their expertise and services in the relief efforts for the tsunami victims. Over 20 members from different regional CLENs of the INCLLEN family have come forward and expressed their willingness to work at various affected sites. A list has been forwarded to the Infectious Disease Division of WHO/ SEARO and these INCLLEN experts would be traveling to the affected areas as needed.

In addition, INCLLEN will also be working as a partner with the International Disease Research Centre (Canada) and the Micronutrient Initiative (MIAsia) in relief work in the tsunami-affected areas. An area of particular attention in this initiative would be the treatment of diarrhea, in case of an outbreak; and provision of zinc supplementation to these patients.

*Hemant Kumar  
IEO-Delhi*



## GFHR's Forum 8 and the WHO Ministerial Summit on Health Research held in Mexico City

The annual meeting of the Global Forum for Health Research – Forum 8 – was held in Mexico City at the Sheraton Centro Historico from November 14 - 19, 2004. This was held jointly with the Ministerial Summit on Health Research sponsored by WHO and the Government of Mexico, which was held at the Sheraton Maria

Isabel Hotel. These two simultaneous conferences brought together over 700 participants from government, nongovernmental organizations (NGOs), the private sector, researchers and research councils and networks, and users of health research, under the theme of 'Health research to achieve the Millennium



*INCLLEN participants at the Forum 8 and the WHO Ministerial Summit celebrating a farewell dinner for outgoing Executive Director, Mary Ann Lansang*

Development Goals (MDGs)'. The Forum 8 statement stressed the importance of health research as a vehicle, and the exercise of political commitment as a prerequisite to ensure the implementation of the health research agenda in attaining the MDGs. The meeting participants urged the GFHR to intensify its efforts to work, in collaboration with international and national partners, to help achieve the MDG targets of better health for all.

The Summit addressed the important need for research to improve and sustain health globally. The Mexico Statement on Health Research was endorsed by 53 Member States of WHO, calling for an international action plan for research to strengthen health systems. Specific emphasis was placed on knowledge translating into action that will impact health. The Summit was a platform for conversation and communication on improving health research globally and reducing the disparities between developing and developed countries in health systems performance. WHO organized numerous consultations with a wide range of stakeholders representing the WHO Regional Offices, civil society, international and governmental agencies, international media and scientific journals, foundations as well as other key decision-makers. These consultations resulted in four proposed initiatives, which will improve country and global capacity to generate, disseminate and use knowledge:

- Priority research on health systems
- Better access to knowledge in the developing world
- Evidence-informed policy-making at the national level
- Global clinical trials register

*(continued on page 14)*

## University of Pennsylvania celebrates CEU/CCEB anniversary.

The University of Pennsylvania (UPenn) celebrated the 25<sup>th</sup> anniversary of its Clinical Epidemiology Unit (CEU) and 10<sup>th</sup> anniversary of its Center for Clinical Epidemiology and Biostatistics (CCEB) last November 18, 2004 with a dinner at the Hilton Inn.

Dr Paul Stolley, founder of the University's CEU, was the evening's special guest speaker. Since its inception in 1979 within the University's Division of General Internal Medicine, the Unit has provided training in clinical epidemiology and postdoctoral research for its constituents and members. The Unit initially was one of the training centers for INCLEN's program to provide training to physicians in developing countries in response to its thrust of providing better health care. Trainees from these programs now hold prominent positions within INCLEN and have continuously provided their support to CanUSACLEN and to the network.



*Dr David Fraser (left), former INCLEN executive director, and Dr Brian Strom (right), UPenn CCEB director, enjoy a light moment during the CCEB anniversary celebration.*

Also present in the CEU/CCEB celebration was Dr Scott Halstead, who directed the INCLEN program from 1983 to 1995. Dr Halstead was a driving force behind the promotion and expansion of the Network and was instrumental in establishing its executive committee responsible for overseeing organizational development.

The celebration preceded a one-day symposium marking the dual anniversaries. "Clinical Epidemiology and Biostatistics: Research to Action" was the theme for the day's events, which began with a panel discussion on the topic "The Basic Science of Clinical Epidemiology and Biostatistics." Former UPenn CCEB-trainee, Dr Soledad Cepeda, Associate Professor of Anesthesiology at Javeriana University in Bogotá, Colombia, participated in the panel session on "Clinical Epidemiology in a Changing World." A discussion entitled "Research to Action through Policy" rounded out the panel symposia.

UPenn currently offers a two-year post-doctoral clinical epidemiology training program for physicians, a Master of Science in clinical epidemiology (MSCE) degree, a PhD degree in epidemiology, as well as MS and PhD degree programs in biostatistics.

*Tom Kelly  
Coordinator, University of Pennsylvania*

## University of Ottawa CERTC broadens cooperative efforts

University of Ottawa's research efforts, presented in previous INCLEN global meetings, have led to further collaborations with other network partners and members. Interim results of its research project to study knowledge translation policies of international funding agencies were presented in Agra, India, in February 2004. The final results of this multi-country study will be presented at the Canadian Conference on International Health in October 2005. This project is being conducted in collaboration with six other INCLEN CEUs.

Likewise, the research on "How can clinical epidemiology help assess effectiveness efforts to reduce inequities in health?", presented at the INCLEN Global Meeting XIX in Kunming, China, has been continued by Vivian Robinson, Laura Sadowski, Suzanne Fletcher and Peter Tugwell. As a result, Vivian Robinson presented an abstract on methodologic issues in assessing effectiveness of smoking cessation interventions in low-income populations at the 12<sup>th</sup> Annual Cochrane Colloquium held in October 2004. This was presented in response to the colloquium's theme of "Bridging the Gaps." Please see: [http://cochrane.mcmaster.ca/Colloquium/PPTs/Posters/P-123\\_Robinson.ppt](http://cochrane.mcmaster.ca/Colloquium/PPTs/Posters/P-123_Robinson.ppt) for details.

From March to September 2004, Dr Lindi Jiang from Fudan University in Shanghai, China, developed a protocol for a randomized clinical trial on dietary interventions to prevent gouty arthritis in Chinese populations under Dr Tugwell's guidance.

This is expected to form part of her doctoral thesis upon her return to China. While in Ottawa, Dr Jiang also contributed to systematic reviews on rheumatoid arthritis interventions.

With regard to the university's training program, Dr Tugwell, together with Jan Hatcher-Roberts and Garry Aslanyan, continue to offer and develop courses on International Health and Development under the masteral program of the Department of Epidemiology and Community Medicine. Courses are expected to commence January 2005. Please see the ff. URL for details: [http://www.medicine.uottawa.ca/epid/text\\_eng/courseswinter05.html](http://www.medicine.uottawa.ca/epid/text_eng/courseswinter05.html)



*Dr Lindi Jiang of Fudan University, Shanghai, China at the University of Ottawa*

*Vivian Robinson  
University of Ottawa*

# LAMP in the Regions

In July 2004, the INCLLEN Leadership and Management Program (LAMP) began 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 at the annual general meeting. With a focus on students in INCLLEN-training programs and junior faculty, several region-led initiatives are now underway.

## *University of Zimbabwe LAMP Initiative*

In September 2003, the Harare CERTC launched an intramural LAMP initiative with the goal of introducing its members to the LAMP modules and exploring how they might be used by faculty, students in the MSc Clinical Epidemiology program, and the University of Zimbabwe (UZ) CERTC as a whole. UZ is the first INCLLEN CERTC to take up such an initiative and their experience serves as a model for other CEUs and CERTCs, as well as multi-center project teams.

A full-day workshop, preceded by an electronic dialogue among the 15 participants, identified a number of individual and CERTC leadership and management challenges. Two teams were formed: a UZ-LAMP Team and a UZ-Strategic Planning Team. A memorandum of understanding was signed between the INCLLEN LAMP Coordinating Group and the UZ to facilitate the work of the two UZ teams. The aim of the Strategic Team was to work with the leadership of the CERTC and the UZ-LAMP Team to engage in a strategic planning process and build skills in this area. Meanwhile the UZ-LAMP team would undertake a special study of the LAMP modules and apply this knowledge in a personal change project. This pilot project took place from September 2003 and June 2004.

Consultations began between the CERTC Director and the UZ Director of Training about incorporating LAMP materials in the MSc Clinical Epidemiology program and working on the Strategic Planning exercise. The UZ-LAMP Team individually reviewed a LAMP module and then got together to discuss its content on a monthly basis. Each team member made a list of 2-3 leadership and management issues that they wanted to change in the 10 months of the project.

Change projects included: writing articles using accumulated research data, completing a PhD thesis, developing a specific skill in one’s specialty and keeping up in a systematic way with the literature in one’s subject area. The exercise went well with regular monthly discussions that initially centered on the modules, then ended in an update on the personal change project. Each of the three members of the LAMP team made some progress in their desired areas. The most outstanding success was the completion of a PhD thesis that had been lying on the shelf for a couple of years. The successful candidate was awarded the degree on December 2, 2004. LAMP can, of course, only claim to have helped in the final, but crucial aspect of the thesis write-up. The Strategic Planning team is yet to make headway on its goals. Meanwhile, the process of integrating LAMP into the MSc program has been accepted and a phased implementation will take place in the coming semesters.

## *LAMP Modules en Español*

The LatinCLEN LAMP group has been meeting on a weekly basis to translate each of the LAMP modules into Spanish. This has been a two-step process with one team member doing an initial translation and two others reviewing this work to harmonize translation of difficult concepts and wording. Translation has



*Participants in a LAMP workshop at the ChinaCLEN meeting in Beijing in August 2004*

been finished on all 10 modules and the two resource guides. Work has started on collecting the main literature referenced in the modules. Work is also underway on adding new module exercises and tailoring the present ones to the cultural context.

### **IndiaCLEN RLP Workshop**

In IndiaCLEN, a “Research Leaders Program” (RLP) was officially launched at a June 2004 workshop in Chennai. Program participants include two junior faculty members from each CEU, with one or two mentors from the ranks of “first-generation” INCLEN fellows. A central component of the program is a project, designed and implemented by fellows, in collaboration with local partners and focused on locally relevant health problems. At each step in the research project, key leadership and management competencies are modeled by the mentors and reinforced by study of the LAMP modules. This exciting program has the full support of the IndiaCLEN Governing Body.

In September 2004, a pre-IndiaCLEN Conference workshop was held in Nagpur for fellows and mentors to review progress in preparing their demonstration projects and in identifying partners, policy implications, and funding sources. Already, important lessons and new skills have begun to emerge about building project partnerships.

### **ChinaCLEN LAMP Workshop**

Participants in a LAMP workshop at the ChinaCLEN meeting in Beijing in August 2004 defined several challenges facing the ChinaCLEN and set out a plan of action for the coming year.

A ChinaCLEN LAMP core group, consisting of Dr Liangzhi Zhu, Dr Chouwen Zhu and Dr Jiyao Wang, was formed to look at how LAMP can help in addressing those challenges. Several specific points of action were agreed on:

- Adapt and integrate the LAMP modules into existing courses on clinical epidemiology and evidence-based medicine. This will be done through workshops, as well as through ongoing internship programs, where students work one-to-one with a mentor.
- Edit the Chinese version of the modules to suit the local context. This will be done through a discussion forum.
- Take proactive steps to market the clinical epidemiology program, including LAMP, to the professional bodies in China.
- Give LAMP a presence on the ChinaCLEN website currently being developed.

*Nancy Johnson  
Project Coordinator  
Leadership and Management Program*

## **Cook County Hospital strengthens collaborative research through a Faculty Development Program**

An active member of CanUSACLEN, Cook County Hospital (CCH) continues to offer a faculty development program. Developed mainly to improve physicians’ research and epidemiological skills, the program has two major components: clinical epidemiology and a collaborative research project where topics in medical informatics, health policy and evaluation are integrated in the program.

The collaborative research project, as supported by the Department of Medicine’s Collaborative Research Unit (CRU), provides participants the skills necessary to organize and contribute to collaborative research efforts. The CRU provides the necessary research support, including research assistants, data entry, and statistical consultation.

Among its ongoing studies are:

- Asthma disparities studies assessing the role of race, socio-economic status, stress and coping in asthma;
- Effectiveness RCT of a new socio-medical model of services for the homeless with chronic diseases and HIV;
- Effectiveness RCT of medical Spanish interpreters on health care costs; and
- Effectiveness RCT of self-care educational program for patients with congestive heart failure

To disseminate the principles of clinical epidemiology and increase the research capacity of the medical center, CCH has trained four cohorts of faculty in a 160-hour faculty development course in clinical research methods.

*Laura Sadowski  
Collaborative Research Unit  
Cook County Hospital*



*A sample of CRU members: Front row L→R Carissa Hampton, Sharon Fung, Ramiah Manjula, Romina Kee, Marjorie Charles-Damte. Back row L→R William Trick, Yue Wang, Arthur Evans, Laura Sadowski, Francisco Angulo, Pawel Nowak.*

## ChinaCLEN Office moves to Fudan, Shanghai

**D**uring the jointly held 8<sup>th</sup> National Meeting of the China Clinical Epidemiology Association and the Annual Meeting of ChinaCLEN, held in Beijing in August 2004, Prof. Wang Jiyao of Fudan University was elected as the new president of ChinaCLEN. A consensus was reached among the members present at the meeting to move the ChinaCLEN Office from Hua Xi Hospital, Si Chuan University to Fudan University, Shanghai in September 2004.

After the meetings, the ChinaCLEN CEUs and CERTCs reorganized their units by holding their own elections. Prof. Li Jing is the new director of the CERTC at West China Hospital Sichuan University, taking over from Prof. Wang Jiali, who was also the former president of ChinaCLEN. The director of the CERTC in Fudan University is still Prof. Wang Jiyao, while the directors of ChinaCLEN's CEUs are: Prof. Li Dingguo, Second Shanghai Medical University, Shanghai; Prof. Xu Dezong, Fourth Military Medical University; Prof. Zhang Zhengxin, Peking Union Medical University; Prof. Chen Kun, Zhejiang University; and Prof. Zhao Shuiping, Central South University.

The relocation of the ChinaCLEN Office was completed with the inauguration ceremony held on October 21, 2004 at the Zhong Shan Hospital, which is affiliated with Fudan University. Attending the inauguration were: Prof. Mary Ann Lansang, executive director of INCLLEN Trust; Prof. Wang Weiping, vice president of Fudan University and also the sponsor of the Fudan University CERTC; Prof. Wang Yuqi, dean of Zhong Shan Hospital; Prof. Wang Jiyao, the new president of ChinaCLEN; and some ChinaCLEN CEU directors, as well as over 100 representatives of CEUs and CERTCs in China. Prof. Lansang delivered a talk on "Clinical epidemiology: changes and challenges".

After the opening ceremony, Prof. Lansang and Prof. Wang Jiyao, together with other directors and representatives of the ChinaCLEN CEUs and CERTCs, held discussions on the development and planning for ChinaCLEN in the years ahead. Future plans were based on previous working experiences and highlighted the need for making full use of resources that are currently available. Suggestions put forward were to cooperate with the government, specialized institutions and pharmaceutical companies to carry out evidence assessment, scientific research methodology explorations and clinical drug trials. The topics and fields of research to be developed should



*Prof. Wang Jiyao and Dr. Mary Ann Lansang join Zhong Shan Hospital and Fudan University officials beside the ChinaCLEN marker during the inauguration of the new ChinaCLEN office.*

be according to the situation and needs of China and based on professional knowledge and multi-center cooperation. ChinaCLEN plans to accelerate the strengthening of its network through information sharing and use of available resources. It also plans to be involved in the proposed INCLLEN Global Virtual Campus.

An application from the Chinese Academy of Traditional Chinese Medicine (CATCM), Beijing, to be affiliated with the ChinaCLEN was discussed, and it was concluded that cooperation between Traditional Chinese Medicine and modern Medicine would have a far-reaching impact on research in China. Hence, ChinaCLEN endorsed the application of CATCM for INCLLEN membership, which was unanimously accepted by the INCLLEN Board of Trustees in December 2004.

In the past year, the CERTC in Shanghai held for the third time the national continuing education program, consisting of a course on National Evidence-based Medicine, and a series of lectures on EBM for the Bureau of Health, Shanghai, as one of the training programs for China's general practitioners. Prof. Wang Jiyao has given many lectures on EBM at provincial and municipal seminars. On November 28, 2004, she also gave a lecture on "Stepping out of misunderstanding the area of evidence-based medicine" at the 3<sup>rd</sup> Asian-Pacific Conference of Evidence-Based Medicine held in Hong Kong.

Ongoing and future ChinaCLEN activities in research and capacity building are:

- An ongoing INCLLEN-supported research on "Strategies to improve knowledge management systems for healthcare in China", led by Dr Kang Deying, Si Chuan University;
- The Tenth five-year core project "Traditional Chinese Medicine: clinical assessment, common technology and data management research" of the Chinese Ministry of Science and Technology has been approved and the CERTC at Fudan University will be the center for EBM and clinical epidemiology training for clinical research administrators and professional staff. It will also be the prime mover in the Science and Technology Section as well as the program on "Traditional Chinese Medicine: assessment of clinical therapeutic effects" of the National Traditional Chinese Medicine Administration.
- ChinaCLEN will participate in the drafting of "Traditional Chinese medical and clinical practice guidelines of 27 diseases", organized by Western Pacific Office of the World Health Organization. The training course for the drafting members will begin in March 2005 in Beijing. Prof. Wang Jiyao was invited to provide clinical instructions and present international developments.
- Lastly, the ChinaCLEN will be involved in a special column for editorials, reviews and papers on clinical epidemiology and EBM, to be published regularly in national journals on medical sciences in 2005.

*Zhu Zhouwen and Jiang Lindi  
Fudan University CERTC*

## Zhejiang CEU expands its research and training programs

The Zhejiang University Clinical Epidemiology Unit (CEU), established in 1997, is a very important branch for education and research of the Clinical Medicine Department at the University of Zhejiang. Current research activities in the CEU are centered on providing large-scale data on the relationship between common exposures (such as diet, smoking, drinking) and common conditions of public health importance such as colorectal cancer, asthma, breast cancer, iodine deficiency disorders. Other research areas include: the effects of metabolic gene polymorphisms on cancer; cancer risks associated with heredity and environment; methodological work on statistics and clinical epidemiology; and studies related to the health service program of the government.

repair genes, XRCC1, XRCC3, XPD and HOGG1 is still in progress. The research will be continued to include new cases, genetic susceptibility indices and other individual susceptibility indices.



*A young professor discusses a graduate's paper*



*Group discussion on research in the Clinical Medicine Department at the University of Zhejiang*

In the colorectal cancer study, a cohort of 100,000 residents were enrolled and followed up between May 1989 and May 1990. Some genotyping for the metabolic polymorphisms have been analyzed. Work on metabolic polymorphisms of NAT1, NAT2 and the genetic polymorphisms of DNA

Meanwhile, the Medical Information Laboratory and the Clinical Epidemiological Molecular Laboratory will be established soon. Additionally, Evidence-Based Medicine will be introduced as a new course next semester. All of these activities are aimed to provide an academic environment for teaching, research, and service in the areas of medical informatics and clinical epidemiology, auguring steady progress of the Zhejiang University CEU.

*Zhang Yang*  
*Zhejiang University School of Medicine*

## CERTC-WCHSU promotes evidence-based medicine

In early 2004, the CERTC-WCHSU (West China Hospital, Sichuan University) was merged with the Chinese Center for Evidence-based Medicine to become the Chinese Center for Evidence-based Medicine/Regional Clinical Epidemiology Resource and Training Center. This merger was expected to lead to a more efficient use of human resources and funding. Evidence-based Medicine (EBM) was authorized as a second level discipline in 2003 and a pivotal discipline in 2004 in Sichuan Province.

As an initial step, a short-term program (usually 1-3 months) was opened in 2004 for postgraduates, researchers and physicians from other universities and hospitals. Ten participants from Xijiang Medical University, China Academy of Traditional Chinese Medicine, *The Journal of Integrated Traditional Chinese Medicine and Western Medicine*, and Guangzhou Medical College were recruited to join the program during its initial offering. They came to the CERTC with their own research proposals, which they were able to complete within 1 to 3 months. The participants also attended courses on clinical epidemiology, biostatistics, systematic reviews, and EBM.

The Chinese Center continues to promote EBM through a number of seminar-workshops conducted. The first of these seminar-

workshops, conducted in July 2004, was "How to teach Evidence-based Medicine", organized by the Ministry of Education. The seminar involved medical universities and comprehensive hospitals that were planning to offer a course on EBM for students and physicians. There were 116 participants from 25 provinces, 33 cities, 35 medical universities and 17 comprehensive hospitals who attended the 10-day seminar.

Current researches being implemented in the Center include: (1) Strengthening health research capacity for development in China; (2) Rational use of drugs in China; and (3) Strategy for knowledge management of health care in China. Aside from these, part-time staff members also conduct researches in their own field and disciplines. Also in 2004, the second edition of the book "Clinical Epidemiology" was included in the "Tenth National Five-year Planned Textbooks". Other textbooks on EBM for eighth-year and fifth-year medical students will be published in 2005. The editor-in-chief of these books is Prof. Wang Jialiang.

*Li Jing*  
*CEU Director, WCHSU CERTC*

## IndiaCLEN holds XVth Annual Conference

IndiaCLEN held its XVth National Conference in Nagpur, India on September 14 – 16, 2004, with a total of 127 participants from IndiaCLEN, partner organizations, funding agencies and other stakeholders. Organized by the Clinical Epidemiology Unit at the Government Medical College (GMC) in Nagpur, the conference centered on the theme, “Success of Large Collaborative Research”. The INCLLEN Executive Director, Dr Mary Ann Lansang, chaired the inaugural ceremony, which was graced by the following: Dr W.B. Tayade, Director of Medical Education & Research, India, as the guest of honor; Dr Masee Bateman, Child Health Advisor, USAID/India; Dr K. Sudhakar, Senior Health Specialist, World Bank; Dr R.C. Ahuja, IndiaCLEN president; Hon. Shri G.S. Gill, Principal Secretary, Medical Education and Drugs, Mumbai; Dr V.S. Dani, Dean of GMC, Nagpur and Sponsor of its CEU; and Dr A.K. Niswade, Director of the CEU, GMC, Nagpur.

The plenary sessions covered various important topics: SWOT analysis of collaborative studies, validity of collaborative research methodologic issues, leadership and management assessment: a tool for success of collaborative research. There were also invited symposia on the CDC initiative in India and ethical issues in large community studies.

Updates on ongoing IndiaCLEN initiatives were also presented, such as the Indian Infectious Disease Initiative, the IndiaCLEN

Program Evaluation Network, Child Health Initiative, Neonatal Health Research Initiative, Micronutrient Health Research Initiative and Adolescent Research Initiative. These showcased significant findings and policy implications of IndiaCLEN’s multi-center collaborative research programs.

The conference organizers invited participation and support from partner organizations to recognize and discuss important public health issues in India. IndiaCLEN also tackled some organizational management issues in General and Governing Body Meetings.

Pre-conference workshops were also held on the following topics: Integrated Disease Surveillance Programme, Leadership and Management Program (LAMP), qualitative research methodologies, statistical issues in community-based trials, and the Neonatal Health Research Initiative.

IndiaCLEN is strongly supported by USAID in undertaking applied research that will address health issues related to the poor and disadvantaged populations in India.

*AK Niswade  
CEU Director, Government Medical College  
Nagpur, India*

## CEU-AIIMS reports 2004 achievements and 2005 plans

It was a busy year for the CEU at the All India Institute of Medical Sciences (AIIMS) in Delhi, India. In the area of teaching and training, several workshops were conducted on various subjects including: TB chemoprophylaxis in children, operations research on micronutrient supplementation, evaluation of the Universal Immunization Program of the Indian Ministry of Health and Welfare model injection practices, and HIV/AIDS.

The year 2005 is again expected to be a full year for the center. Among the CEU’s goals are to build the research capacity of students and faculty of the institution and to develop itself into a center for training in health social sciences and health economics under the auspices of INCLLEN. It plans to upgrade the teaching of the principles of clinical epidemiology through major modifications in the teaching curriculum of undergraduate medical students and mandatory introductory lectures for the Junior and Senior Residents at the AIIMS. The compulsory thesis for postgraduate medical students will be subjected to critical evaluation by the CEU faculty at the stage of protocol development. All the residents will be provided consultations and computing facilities at the analysis stage of thesis development.

A major effort will also be made to introduce the concepts of economic evaluation of health care programs, rationalizing the resource consumption at all levels of patient care including domiciliary, primary, secondary and tertiary health care. The CEU-AIIMS will continue to train faculty members, other professionals from neighboring medical colleges and other organizations on clinical epidemiology and research protocol development.

Research has been a focus of the CEU. Its ongoing projects, led by the project leader, Dr Narendra Arora, demonstrate the CEU’s varied research interests, for example: the IndiaCLEN Program for Health Intervention Development and Evaluation; evaluation of the Universal Immunization Program in India (2004-2005); and evaluation of Safe Water Systems Intervention Project in Urban Slums of Dehradun & Haridwar (2004-2007) — all of which are supported by USAID/India. In addition, Dr Anurag Srivasta was awarded by the Tobacco and Cancer Task Force of the Indian Council of Medical Research a 5-year population-based project on “Relationship between genetic polymorphism in drug metabolizing enzymes, CYP1A1 and GSTM1, and risk of developing oral pre-cancer and cancer among consumers of tobacco and chewing products.”

## The UFRO CERTC and INCLLEN: Two decades of clinical epidemiology training and research\*

**W**arm congratulations to the UFRO Clinical Epidemiology Research and Training Center (CERTC) on its 20<sup>th</sup> anniversary celebration of clinical epidemiology in Chile! INCLLEN is extremely proud of the accomplishments and contributions of the UFRO CERTC, not only in Chile but also to INCLLEN and global health research.

Established in May 1984, the UFRO Clinical Epidemiology Unit (CEU) was the first academic Unit to be established in Chile and was among the first CEUs in Latin America. It became a CERTC in 1992, and 10 years after its establishment, it began its Master's program in clinical epidemiology. After having established a cadre of outstanding clinical epidemiologists, biostatisticians and other health research, the past decade has been marked by high research productivity and active collaborations with PAHO and WHO in

various population-based studies globally. The recent publication of a series of papers from the INCLLEN World Studies on Abuse in the Family Environment (WorldSAFE) was made possible with the invaluable and active participation of the UFRO CERTC. Its faculty members have also been resource persons in various INCLLEN global seminar-workshops on the quality management of multi-center and multi-country studies.

INCLLEN has also been most fortunate to have UFRO's leaders contribute significantly to INCLLEN's overall growth and development. Among these, Dr Ronald Gebert, who served as Chair of the Board of Directors of INCLLEN, Inc., Dr. Fernando Lanas, who was one of the first LatinCLEN presidents, instrumental in producing the first directory of LatinCLEN faculty, and Sergio Munoz, who has also served as a member of the new INCLLEN's Board of Trustees and as president of LatinCLEN.



Perhaps the UFRO CERTC

will be remembered most, now and in the future, as taking leadership in the development and implementation of an *e-learning* Master's program in clinical epidemiology, jointly offered by UFRO and the Javeriana University in Colombia. As a result of its experience in developing a functional virtual platform for e-learning, it is now helping to develop the INCLLEN "Global Virtual Campus", spearheaded by Dr Sergio Munoz as chair of the Virtual Campus steering committee. This major effort is expected to accelerate capacity strengthening efforts worldwide for key areas like clinical epidemiology, evidence-based medicine, research design and methodology, research leadership and management and knowledge management.

*Por todo esto, y por lo que ha de venir, INCLLEN se une al centro de entrenamiento e investigación en Epidemiología Clínica de la Universidad de la Frontera, en la celebración de sus 20 años de logros sobresalientes. INCLLEN extiende sus calidos deseos para un crecimiento sostenido, y continua excelencia en el futuro!*

\*December 2004 – This is a copy of a congratulatory message from the IEO to the UFRO-CERTC on the occasion of the 20<sup>th</sup> anniversary celebration of clinical epidemiology in Chile. The full UFRO anniversary publication is available on request from Dr Sergio Munoz at: munozs@ufro.cl

In 2005, several other research projects spearheaded by Dr Arora are in the pipeline, including: (1) Model Injection Corners: A program to improve injection practices in India (supported by USAID); (2) A field trial on IMNCI and child survival (supported by UNICEF), and (3) Concurrent evaluation of the National Program of Phased Scale-up of Access to Antiretroviral Therapy for People Living with HIV-AIDS (supported by USAID).

The CEU-AIIMS will continue to provide leadership in the integration of research into clinical and health policy decisions. Community-based operations researches will continue to be an important thrust. Networking and partnerships will be continuously forged with various national and international agencies, academic organizations, NGOs and funding institutions.

Ravindra Pandey  
Director, CEU-AIIMS

## CEU at Universidad Nacional de Colombia (UNCOL) opens a Master's Program in Clinical Epidemiology

The Universidad Nacional de Colombia (UNCOL), the main public university in Colombia, is proud to announce the opening of the Master's Program in Clinical Epidemiology in 2005. The program is being offered to students and researchers from the Andean, Caribbean and Centro American countries. Its main goal is to strengthen the clinical research capabilities in the region as a way to reduce inequities in health. The CEU-UNCOL will receive the first cohort of masteral students in February 2005 after a selection process is done from among nearly 50 applicants from different disciplines.

Joining the CEU to provide additional support to the master's program are the Department of Statistics and the Clinical Research Institute at the School of Medicine. The program will be backed up by a multi-disciplinary team, which includes the following CEU-UNCOL research staff: Rodrigo Pardo, MD, MSc, neurologist and CEU director; Jorge Martinez, PhD, statistician; Javier Eslava, MD, MSc, anesthesiologist; Jairo Echeverri, MD, MSc candidate; Ricardo Sanchez, MD, MSc, psychiatrist; Ariel Ruiz, MD, MSc candidate, obstetrician-gynecologist; Nelcy Rodriguez, BSc, MSc; Hernando Gaitan, MD, MSc, obstetrician-gynecologist; Aura Herrera, MSc, PhD candidate; Julian Lopez, MSc; Enrique Ardila, MD; and Aura Leal, MD, MSc.

The following lines of research are being offered to the students of the Master's program:

- Maternal morbidity and mortality
- Evidence-Based Medicine
- Evaluation of diagnostic technologies
- Evaluation of interventional technologies
- Evaluation of educational technologies in health

- Economics issues in health
- Systematic reviews
- Validation of measurement instruments in health
- Continuous Quality Improvement programs in health
- Epidemiologic surveillance and hospital epidemiology

The Center was created in 1995 with the support of INCLEN and the CERTC – Pontificia Universidad Javeriana. Since 1997, it has been based at the Instituto Materno Infantil, a perinatal and maternal tertiary-care level center where the kangaroo mother care was born during the late 1970s. It is a member of LatinCLEN, INCLEN, the Global Network for Perinatal and Reproductive Health, the Collaborative Magpie Group, and the Iberoamerica GPC, a recently-organized international collaborative group that aims to develop, review and evaluate guidelines in clinical practice. CEU-UNCOL has always focused its attention to researches on public health problems in Colombia and to the development of solutions to these problems. The CEU also teaches evidence-based medicine and provides skills in clinical investigation.

Currently, CEU-UNCOL has two working groups: Evaluation of Technologies and Policies in Health, and Measurement Instruments in Health. These groups have received official awards from Colciencias, the country's national agency for research, for their contribution to health policy development and program implementation.

*Rodrigo Pardo*  
Director, CEU-UNCOL  
[rpardot@unal.edu.co](mailto:rpardot@unal.edu.co)

### Award

**Dr Diana Pinto**, who is associated with the CERTC at Pontificia Universidad Javeriana, Colombia, received the prestigious Latin American award, *Premio Internacional José Luis Bobadilla de Políticas de Salud*, for her research work on "Managed competition and quality of care from the consumer's perspective: evidence from health care reform in Colombia". The award ceremony and convocation were held on November 15, 2004 at the Ministry of Health in Mexico, a day before the jointly held Forum 8 and the WHO Ministerial Summit on Health Research. The 2003 José Luis Bobadilla Award was presented by Dr Julio Frenk, Secretary of Health of Mexico and a former board member of the INCLEN Inc. The 2004 co-awardees, Dr Alejandra Rossetti from Mexico and Dr Walter Toro from Colombia, received their awards together with Dr Pinto. All three awardees presented their award-winning papers at the convocation. Other luminaries present were Dr Jaime Sepulveda, director-general, *Instituto Nacional Salud Publica*; Dr Gustavo Nigenda, executive coordinator, *Red Interamericana José Luis Bobadilla de Políticas de Salud*; and Dr Harvey Fineberg, president of the Institute of Medicine in the USA, who delivered the keynote talk on the life and contributions of Dr Bobadilla to public health.



*Dr Diana Pinto (far right) with (from left to right) Dr Julio Frenk, Minister of Health, Mexico, Dr Juan Lozano, LatinCLEN President and Dr Rodolfo Dennis, Senior Program Consultant, INCLEN*

## EuroMed CLEN expands training programs

Various CEUs and CERTCs within the EuroMed CLEN continue to expand and strengthen their training programs. In September 2004, the CEUs of Amiens (France) and Iasi (Romania) jointly set up a common academic diploma program on clinical research methodology. The agreement was forged between Pr. Doïna Azoicai, Vice Dean of the School of Medicine of Iasi and Director of the CEU, and Professor Nemitz, Dean of the School of Medicine of Jules Verne University. In Amiens, the Clinical Epidemiology diploma program has 15 students for 2004 - 2005. The Amiens CEU now boasts of a reinforced training team that includes a health economist, a pathologist specializing on giant cell arteritis, a biologist working on viral infections and giant cell arteritis, and an infectious disease specialist.

In the Bucharest CEU (Romania), a course on Evidence-Based Medicine focusing on therapeutic tests was held on October 4 – 7, 2004, while in the Lyon CERTC, the academic diploma on “Clinical research: from idea to publication” was started in November 2004. During its initial offering, a total of 15 students registered, including seven from France, two from Morocco, two from Algeria, and one each from Guinea, Romania, Switzerland and Togo.

Meanwhile, in the Iasi CEU (Romania), a one-year Clinical Epidemiology postgraduate diploma course has been set up under the program of continuing education in the School of Medicine. Lecturers come from several Euromed CLEN members including Amiens (Pierre Duhaut), Bucharest (Cristian Baicus and Dana Minca) and Iasi (Doïna Azoicai, Magda Badescu, Carmen Vulpoi, Cristina Gavrilovici, L. Boiculescu, Vasile Drug). Students include epidemiologists, internists, clinical laboratory researchers, family practitioners. This is an important step in realizing strengthened collaboration in the area of clinical epidemiology training among the different CEUs in the region.

Plans for more training programs are underway. A lecture on “Introduction to clinical research in primary health care”, targeting general practitioners, is being organized in January and April 2005. A seminar for EuroMed CLEN members is being planned for June 3 - 4, 2005. The topics include: ethical problems in conducting clinical trials using placebos, pharmaco-epidemiology, linear and non-linear mixed models of analysis, and new challenges in clinical research. The seminar will also touch on fundraising strategies for the research and training activities of units and centers.

Preparations for a diploma course on “Pediatric clinical epidemiology” under Dr. Dominique Ploin are in progress. Meanwhile, the Rabat CEU (Morocco) is exploring the possibility of setting up a diploma program on clinical epidemiology with the Lyon CERTC.

The EuroMed CLEN is also pleased to announce that a new CEU in Lyon has been accredited: the Handicap, Dependence, Vulnerability (HDV) Lyon CEU. It is co-directed by Dr Eric-Nicolas Bory and Dr Isabelle Hodgkinson. This CEU is made of two thematic networks: “Oral Health Network for Persons with Disabilities” and “Physical Therapy and Rehabilitation”. At present, the CEU joins forces with the Quebec CERTC in carrying out a prospective study on late language acquisition among young children. In addition, the HDV Lyon CEU undertakes activities on the following: (a) improvement of oral care access and prevention of pain due to dental care; (b) prevention of infections of oral origin; and (c) training of the medical and non-medical staff to accompany handicapped and dependent people in oral health care. In this connection, Dr Mohamed Amine (Marrakech-Morocco) is staying in Lyon for one year, working on a “Study of the effectiveness of sedative pre-treatment prescribed before dental care among severe or deep intellectual deficient patients”.

The EuroMed CLEN Board and Scientific Committee held its regular board meeting on October 28, 2004, during which a new unit was accredited (HDV Lyon). During the meeting, Pr Henrik Toft Sorensen of the Aarhus (Denmark) Clinical Epidemiology

Department requested for accreditation. A site visit is being planned some time this year.



*EuroMedCLEN President, Dr Francois Chapuis*



*Hélène Pellet  
RECIF Responsible Dean*

*Francois Chapuis  
EuroMedCLEN President*

*Anne-Sophie Laréal  
RECIF Coordinator*

## INCLN-SEA strengthens linkages

In the spirit of collaboration and linkage development, INCLN-Southeast Asia together with IndiaCLEN, coordinated an INCLN session entitled “Leveraging research through policy and practice in public health” at the 8<sup>th</sup> Regional Scientific Meeting of the International Epidemiology Association-Southeast Asia. The IEA regional meeting was held in Jhansi, India on December 5 - 8, 2004. Dr Marissa Alejandria, coordinator of INCLN-SEA’s collaborative study on Evidence for Quality in Asia and Australia (EQUAL), gave a talk on “The State of Tuberculosis Clinical Practice Guidelines in Asia and Pacific Countries”. The session provided a venue for INCLN-SEA to disseminate its research results and opened opportunities for future collaborations with the IEA and IndiaCLEN. IndiaCLEN had two presentations: Dr Kurien Thomas presented IndiaCLEN’s role in the development of the National Integrated Disease Surveillance Project, and Dr Ashok Kumar Patwari on behalf of Dr Narendra Arora, presented the work of the IndiaCLEN Program Evaluation Network.

INCLN-SEA has also collaborated with IndiaCLEN on a data management project. Prof. Rosalie Calalang from the CERTC at the University of the Philippines and Somrat Lertmaharit from the CERTC at Chulalongkorn University, Thailand, attended the Quality Data Entry and Management Workshop and the WHO/TDR annual meeting on Clinical Data Management. The workshop and meeting, organized by Professor L. Jeyaseelan, were held at the Christian Medical College in Vellore, India in September 2004. The Study Builder<sup>®</sup>, a data management and data collection software for clinical studies, was introduced at the workshop. The project aims to develop the data management and analysis capabilities of the participating CEUs and CERTCs, leading to accreditation by international agencies such as WHO.

Within the region, linkages among CEUs and CERTCs are also being strengthened. Dr Imtiaz Jehan, co-director of the CEU at Aga Khan University, is currently coordinating a week-long workshop on clinical trials methodology in collaboration with the Clinical Research Centre (CRC) - Malaysia from February 21-25, 2005. Drs Lim Teck Onn and

Sarojini Sivinandam, both from CRC, will be the resource persons. The workshop is part of a capacity building project sponsored by the INCLN Trust. Another capacity building project under development is a project on “Development and marketing of self- instructional modules in clinical economics and related disciplines”. The project aims to provide learning modules for health professionals, while generating funds for the sustainability of the network and its partners. It will be developed and implemented by a multi-disciplinary team from INCLN-SEA’s member CEUs and CERTCs, in collaboration with INCLN’s Leadership and Management Program, members of LatinCLEN and the National Teachers Training Center in Manila, Philippines. INCLN-SEA has submitted the project proposal to potential sponsors, including the INCLN Trust.



*SEACLEN Coordinator-elect, Dr Osman Sianipar*

In lieu of the annual regional meeting, INCLN-SEA proposes to hold a workshop on Good Clinical Practice in the conduct of clinical trials. Hosted by the CRC-Malaysia, the workshop will be held in Kuala Lumpur in May 2005.

Meanwhile, in its July 2004 teleconference, the INCLN-SEA Board of Coordinators, unanimously elected Dr Osman Sianipar as Coordinator-elect. Dr Sianipar, from the CERTC at Gadjah Mada University, Yogyakarta, Indonesia, will assume leadership of the Network in July 2005, replacing Professor Cynthia Cordero. Ms Pamela Tagle, the current Administrative Officer, will continue to serve for another year to assist Dr Sianipar in the transition of the new office from Manila to Indonesia. Steps are underway to facilitate the smooth turnover of leadership.

*Pamela Tagle  
Administrative Officer  
INCLN-Southeast Asia*

### GFHR’s Forum 8 ... (from page 4)

Ministers of Health interacted with a diverse set of key stakeholders from major funding organizations of health/medical research, chairs of medical research councils, research institutions and networks, CEOs of pharmaceutical companies and editors of scientific/medical journals.

Joint plenary sessions were held for the Forum and the Summit. Topics of the plenary sessions included global perspectives on health research from the developed and developing worlds, the 10/90 gap and the MDGs, equity, knowledge management and translation, and research to action.

INCLN was well represented in Mexico City at these important meetings. Dr Mary Ann Lansang and Dr Narendra Arora represented INCLN at the Ministerial Summit on Health Research Conference. At the Forum 8 session on research capacity strengthening, Dr Lansang also presented a paper jointly written by her and Dr Rodolfo Dennis on “Strategies for research capacity

strengthening in developing countries”. Participating members of the INCLN Board included: Dr Juan Lozano from Colombia, Dr Peter Tugwell from Canada, and Dr Jimmy Volmink from South Africa. Dr Rodolfo Dennis represented INCLN at the various meetings of the Global Initiative on Cardiovascular Health Research in Developing Countries (IC-Health). Dr Antonio Ledo Alves da Cunha from Brazil was invited and supported by the GFHR because of his interest in developing priority research for child health in Rio de Janeiro and Brazil. Stephanie Combs and Tina Heiler represented the INCLN Executive Office in the Forum 8 marketplace and distributed network materials.

INCLN continues to advocate participation at this and similar international fora to forge new partnerships, increase knowledge, share experiences and work toward the goal of better health for all.

*Tina Heiler  
IEO*

## Research

# IndiaCLEN forms ISPO (IndiaCLEN Severe Pneumonia Oral Therapy) Network

**A**round 2 million children under five years of age die each year from acute lower respiratory tract infections. Improved healthcare interventions are needed to reduce childhood mortality from severe pneumonia. As such, a workshop was held on August 2-4, 2004 in Nagpur, India to develop a research proposal to evaluate the efficacy of home management of WHO-defined severe pneumonia with oral amoxicillin. Coordinated by Dr Archana Patel, Director, Clinical Epidemiology Unit, Indira Gandhi Medical College, Nagpur, and supported by the USAID-funded IndiaCLEN Infectious Diseases Initiative, the workshop convened pediatric pulmonologists and epidemiologists from India, and facilitators from WHO, Geneva; Tufts-New England Medical Center; the Center for International Health, Boston University (BU); and the Institute of Child Health, Islamabad.

A recent hospital-based, multi-country, multi-center trial (APPIS - Amoxicillin Penicillin Pneumonia International Study), published in the September 2004 issue of *The Lancet*, found that oral amoxicillin was as efficacious as injectable penicillin in under-five children with WHO-defined severe pneumonia. (See adjacent box for description of APPIS.)

Dr S. Qazi, Medical Officer, Child and Adolescent Health Department, WHO; Dr Patricia Hibberd, Clinical Research Institute, Tufts-New England Medical Center; and Dr Patel were among the investigators in the APPIS study\*. Together with Dr LeAnne Fox, pediatric infectious disease specialist, Center for International Health, Boston University, and Dr Tabish Hazir from Islamabad, they helped the IndiaCLEN group design a multi-center study to determine the safety and efficacy of oral amoxicillin treatment as home management for severe pneumonia, to be carried out by the IndiaCLEN Severe Pneumonia Oral Therapy Network (ISPO).

Workshop participants also included various stakeholders: Dr Sangeeta Saxena, Assistant Commissioner, Ministry of Health and Family Welfare, Government of India; Dr Ashish Sabarwal, Joint Secretary, National Indian Medical Association, New Delhi; Dr M.K.C.Nair, President of the Indian Academy of Pediatrics and President-elect, IndiaCLEN; Dr Uday Bodhankar, Executive Member of the International Academy of Pediatrics, and Dr Shruti Virmani, representative from the Employee State Insurance Corporation, India. They strongly supported the study goals as they have policy implications in substantially reducing mortality due to severe pneumonia in the community by improving access to treatment and reducing the adverse effects of unnecessary injectable therapy.

The rationale for this proposal is based on previous published evidence and personal experiences of the group as well as the stakeholders that children with pneumonia and lower chest indrawing are at low risk for mortality and can be treated at home with oral amoxicillin. Thus, the study is designed to assess the efficacy of home management of these low-risk children. Additionally, the proposed study features daily monitoring of patients at home, a Data Safety Monitoring Board, and an Adverse Events Committee to ensure complete safety of home management as compared to the usual hospital care.

*Archana Patel*  
*CEU Director*  
*Indira Gandhi Medical College, India*

*\*Dr Juan Manuel Lozano is also a co-investigator in the APPIS trial. He is currently the Chair of the INCLEN Board of Governors, president of LatinCLEN and director of the CERTC at Javeriana University.*

### Background on APPIS

#### **Injectable penicillin and amoxicillin are equivalent for the treatment of severe pneumonia - Amoxicillin Penicillin Pneumonia International Study (APPIS)\***

A multicenter, randomized, open-label equivalence trial showed that injectable penicillin and amoxicillin have comparable efficacy in the treatment of severe pneumonia in children under controlled settings. The APPIS Study Group conducted the trial from 1999 to 2002 in the pediatric departments of nine tertiary care centers in eight developing countries, namely: Colombia, Ghana, India, Mexico, Pakistan, South Africa (2 sites), and Vietnam. This well-conducted study included 1,702 children aged 3-59 months with WHO-defined severe pneumonia: 845 allocated to injectable penicillin and 857 to amoxicillin. Children were admitted for 48 hours and if symptoms improved, were discharged with a 5-day course of oral amoxicillin. The primary endpoint was treatment failure at 48 hours, defined as persistence of lower chest indrawing or appearance of new danger signs. Follow-up assessments were done at 5 and 14 days after enrolment.

On intention-to-treat analysis, treatment failure at 48 h was 19% for each group (risk difference -0.4%; 95% CI -4.2 - 3.3). The most common cause for treatment failure was persistence of lower chest indrawing. Infancy (OR 2.72, 95% CI 1.95 - 3.79), very fast breathing (OR 1.94, 95% CI 1.42 - 2.65) and hypoxia (OR 1.95, 95% CI 1.34 - 2.82) at baseline predicted treatment failure on multivariate analysis.

This study excluded children with history of asthma or those with audible wheeze relieved by bronchodilators and those with danger signs of severe disease, e.g., cyanosis, change in sensorium, inability to drink, etc.

*Summary by Marissa Alejandria*

\*Addo-Yobo E et al. for the Amoxicillin Penicillin Pneumonia International Study group. Oral amoxicillin versus injectable penicillin for severe pneumonia in children aged 3 to 59 months: a randomized multicentre equivalency study. *Lancet* 2004;364:1141-48.

## TB – KPP Team holds Knowledge ‘Plus’ Workshop in Trivandrum, India

**O**n November 27 - 28, 2004, INCLEN's Knowledge 'Plus' Project (KPP) held a workshop on KPP's Applicability Lens using tuberculosis as the area of application. A highlight of the workshop was the actual application by TB-KPP core group members of KPP's appraisal tools (called "KPP lenses") for evaluating clinical practice guidelines. Dr Antonio Dans, leader of the team that developed the KPP lenses and faculty at the University of the Philippines' Dept. of Clinical Epidemiology, was on hand to facilitate the use of the KPP lenses, particularly the Applicability Lens.

Dr Meenu Hariharan, Director of Medical Education, Government of Kerala, India inaugurated the workshop. Dr G. Sujathan, Sponsor and Principal of Government Medical College, Trivandrum,

presided over the function while Dr K. T. Shenoy, Director of the Clinical Epidemiology Research & Training Center (CERTC) at the Medical College, Trivandrum, welcomed the participants. Dr C. Sudheendra Ghosh, TB- KPP team leader and workshop coordinator, presented the background and progress of KPP. The TB-KPP members presented the process that had been undertaken to identify the topics, knowledge gaps, formation and composition of the team, client identification and demand assessment. This was followed by a presentation by Dr M. Joshi, TB-KPP team member, on relevant questions related to TB in India. Dr Shenoy then presented the important sources of evidence for answering these questions.

The ensuing group discussions on the KPP lenses were led by the following: (1) Ms. Remadevi, who presented the method to assess the validity and reliability assessment of the scoring system for diagnosing tuberculosis in children; (2) Dr Manjula Datta, who presented pre-test probabilities of various variables used for calculating the scoring system, based on the field study conducted at the Tuberculosis Research Centre at Chennai, India; (3) Dr L. Jeyaseelan, who talked on the relevance of likelihood ratios and post-test probabilities in the appraisal of available evidence. The first day's proceedings were concluded by Dr P. Ravindran's presentation on "How to incorporate evidence-based guidelines in clinical practice".

The second day's work focused on the applications of the KPP tools on the management of multi-drug resistant TB (MDR-TB). Dr Ghosh presented data justifying the need for evidence-based clinical practice guidelines for the management of MDR-TB. Dr Antonio Dans then discussed the Knowledge Management Plus Cycle and explained the relevance of various lenses that had been developed thus far. This was followed by a detailed discussion on the validity, applicability and equity lenses by the workshop participants. The tools were then applied on the MDR-TB problem in a stepwise manner. The nominal consensus method was first described and relevant questions in relation to MDR-TB and TB in general were identified.

### Some lessons learned from workshops on the KPP lenses

*Antonio Dans, team leader, KPP tools development*

- Comprehensive search strategies are a common problem. Guideline developers need good technique as well as access to global information found in a wide variety of databases. Tracking and retrieval problems become even more pressing when recent systematic reviews are not available for the problems addressed by the guidelines.
- The search for local (or regional) information is also a big problem. Such data (for example, studies on prevalence) are important in examining applicability of foreign studies to various populations. Unfortunately local and regional studies are usually poorly indexed, and therefore difficult to find.
- Consensus panel members will not always be familiar with the epidemiologic terms in the validity and applicability lenses. Therefore, a brief training period may be necessary to ensure that participants understand the process. The experiences at the Trivandrum workshop on TB (see report on this page) and the Manila workshop on hyperlipidemia have shown that even technical committees supervising these guidelines may appreciate a brief review of how the KPP lenses work.
- Discussions on the equity lens have been very stimulating. The technical committee in Trivandrum, as well as the one in Manila, agrees that it has been a neglected issue. Application of the equity lens will be considered pioneering work in clinical practice guidelines development.
- Conflicts of interest pose difficult problems when potential panel members are closely affiliated with guideline-related pharmaceutical companies, whether as medical directors, employees, consultants, lecturers, or even researchers. This situation was handled by the Hyperlipidemia team (in Manila) by offering panelists the chance to declare their conflicts, decline panel membership, or divest interests from their pharmaceutical colleagues. We look forward to a paper where this team shares its experience on this issue.



*Dr Antonio Dans*

**Research**

## Clinical Epidemiology Network in Brazil embarks on a study on mental health among children

**I**n March 2004, a multi-center qualitative study on mental health of children was launched. The study involved three sites: São Paulo, Rio de Janeiro and Fortaleza. Funded by the

INCLN Trust through its Research and Capacity Building Grants, the main goal of the study is to generate knowledge on how to improve mental health assistance at primary care settings for children of low-income families. Focus group discussions involving 144 participants (parents, adolescents and healthcare providers) were conducted at two selected clinics from each of the three sites. The research team, led by Dr Cristiane de Paula (primary investigator), Dr Antonio da Cunha and Dr Álvaro Leite (co-investigators), met on December 1 – 4, 2004 at the Clinical Epidemiology Research and Training Center in São Paulo. The team shared experiences, discussed research results, developed analysis strategies and planned future activities. Specifically, the team plans to perform community needs assessment as well as interventions on improving the mental health of the children from these communities. The team also plans to develop and implement interventions on domestic violence against children in Brazil.



*Antonio da Cunha (co-investigator), Andréa Machado, Marcelo Zapitelli, Tereza Vecina, Rosimeire do Nascimento (co-investigator), Isabel Bordin (Head of the Social Psychiatry Division – Department of Psychiatry, Universidade Federal de São Paulo), Denise Martin (co-investigator), Cristiane de Paula (primary investigator), Eunice Nakamura (co-investigator) and Álvaro Leite (co-investigator)*

*Cristiane S. de Paula  
Primary Investigator  
Mental Health Study, Brazil*

Selected questions on MDR-TB were evaluated and consensus was reached on the following aspects of MDR-TB management: target population, interventions and outcomes, for which five questions each were arrived at by consensus. Dr Dans moderated the small group discussions on understanding the criteria and the importance of incorporating the validity, applicability and equity lenses, as applied on a specific journal article. The summary of evidence was prepared after assessing the quality of the study for each outcome for the general population as well as for the disadvantaged populations. Finally, the grade balance sheet was prepared for the journal article after considering grade judgments based on quality, relative importance and comparison of trial data with that of local predictions. Each of the small groups presented their recommendation based on the grade balance sheet prepared by the group.



TB-KPP team leader, Dr CS Ghosh

Drs Dans and Ghosh summarized the day's work, highlighting the need for applying grade judgments in the appraisal and application of recommendations. On behalf of the TB-KPP team and the workshop organizers, Dr M. Joshi thanked Dr Dans for his participation in the workshop, and the INCLN Trust and KPP's overall coordinator, Dr Visanu Thamlikitkul for their support.

The workshop was attended by 10 TB-KPP team members, composed of 3 epidemiologists, a health economist, 3 specialists in tuberculosis, a social scientist, one health activist, and a government representative. Fifteen faculty members of the CERTC in Trivandrum and postgraduate students of the TB & Respiratory Medicine Department, Medical College, Trivandrum also participated.

*C. Sudheendra Ghosh  
TB-KPP Team Leader  
& Workshop Coordinator*

## **Danger signs of neonatal illnesses: Perceptions of caregivers and health workers, A multi-center study**

**Country PIs:** Jacinto Blas V. Mantaring III, University of the Philippines Manila, Philippines (Study coordinator)  
Antonio Ledo Alves da Cunha, Brazil  
Felix Tietche, Cameroon  
Shally Awasthi, India  
Saradha Suresh, Chennai, India  
Mario Delgado Noguera, Colombia  
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Retna Siwi Padmawati, Indonesia  
Hortensia Reyes, Mexico



**Co-Investigators:** Leite AM, Machado MT, Almeida NM—Brazil; Tene G—Cameroon; Poovazhagi V - Chennai, India; Tabares RE, Idrobo LM, Del Cairo Silva C, Calvache Espa JA— Colombia; Gad SS, Atwa H, Ahmed AM - Egypt; Triratnawati A, Yuniarti KW— Indonesia; Lavielle P, Galvan G, Zeron L— Mexico; Mantaring BS, Estrella CP— Philippines

### **Background and Objectives:**

Infant and child mortality rates have globally declined over the past years. However, about 49 countries still have Under-5 Mortality Rates (U5MR) of over 100 per 1000 live births.<sup>1</sup> In low- to middle-income countries, more than 10 million children die before they reach their fifth birthdays.<sup>2</sup> Majority of these deaths occur in the first 28 days of life.

To understand this health behavior, one has to analyze the ethnographism and the culture of the community. Disease recognition and management in a particular community is mostly determined by what is socially accepted, and what has been experienced. Initial procedures in health programs usually include community health assessments in order to determine pre-existing health beliefs and practices.

The study aimed: (1) to understand household attitudes and practices regarding health care of neonates after birth as perceived by care providers and health care workers; (2) to determine and describe their perceptions regarding signs in neonates that would lead to recognition of illness and health care seeking; and (3) to determine which of the individual items of the IMCI model are recognized by both care providers and health workers.

### **Methods:**

The study was conducted in 9 rural sites from 8 participating countries under the INCLen ChildNET. These sites were: (1) Guapi, Colombia; (2) Fortaleza, Brazil; (3) Yaounde, Cameroon; (4) Ismailia Governate, Egypt; (5) Chennai, India; (6) Lucknow, India; (7) Jogjakarta, Indonesia; (8) Hidalgo, Mexico; and (9) Calawis, Philippines.

A total of 1,403 respondents (approximately 200 per area) participated in the study. Participants consisted of general healthcare providers (mothers and grandmothers), health workers

(nurses, midwives, traditional health workers) and doctors (general practitioners and specialists).

The study had a triangulated design that combined both qualitative (focus group discussions and in-depth interviews) and quantitative (structured questionnaire) methods. Beliefs and practices for each site were listed if they impinged on the overall health condition of the neonates. Perceptions of “danger signs” of disease and those that would lead to consultation were also listed for each site. For the perceived nature of consultation for the different symptoms, percentage frequencies of emergency, urgent and routine consultations were determined. The percentage frequencies of perception on a particular symptom were analyzed by comparing the trend in all sites.

### **Main Results**

#### Qualitative results:

A total of 161 in-depth interviews, and 21 focused group discussions were conducted among 8 rural and 1 urban communities from the 9 participating countries. Details regarding beliefs and practices on pregnancy, parturition and neonatal and infant care were compiled.

Although most beliefs and practices regarding pregnancy, parturition and neonatal and infant care have modern scientific basis, they are still highly influenced by ethnographic, socio-cultural factors. The nature of these influences can be summarized into four main concepts: (1) disturbances in balance of forces in nature (e.g., hot vs. cold); (2) the invasion by supernatural entities such as spirits; (3) violation of a norm of practice; and (4) beliefs that have been handed down from generations that do not have a clear basis.

## Addis Ababa CEU members focus on HIV/AIDS awareness and prevention

A major health problem in Ethiopia, HIV/AIDS and other communicable diseases have been a common focus of research and capacity building activities of members of the Addis Ababa CEU in Ethiopia. Among its HIV/AIDS projects are “Stigmatization of people living with HIV/AIDS in the community and in health care institutions: prevalence, correlates and impact of interventions” (in collaboration with the Johns Hopkins University, JHU) and “Nevirapine treatment in the prevention of HIV maternal - child transmission: a double-blind RCT in HIV-positive pregnant mothers”. Meanwhile, another study entitled “KAP on HIV/ADS in relation to food security preparation in Ethiopia” has been conducted in collaboration with Save the Children (UK). Round I of its Behavioral Surveillance Survey (BSS) on HIV/AIDS at national level has been completed while Round II has commenced.

Diarrhea and malaria have also been subjects of research in Addis. Some of these projects are “Zinc supplementation for the treatment of diarrhea in infants less than 6 months of age: a double-blind, placebo controlled, randomized efficacy trial” conducted in collaboration with the JHU Bloomberg School of Public Health; “Prophylaxis of malaria in pregnant mothers: a community-based

study”; and “Associations of intestinal intussusceptions and diarrhea: a 7-country surveillance.”

As part of the CEU’s capacity building activities, modules on research methods and ethics in collaboration with the Ethiopian Science & Technology Commission & Ethiopian Public Health Association have been completed. The Unit has also started conducting training sessions in research methodology in the southern part of Ethiopia and shall eventually be offered to all regions in the country. Likewise, the Unit has also conducted sessions on IEC, behavioral change and communication, prevention of maternal to child transmission, clinical management of HIV/AIDS, universal precautions and home-based care for the awareness and prevention of HIV/AIDS.

Its 2005 - 2009 strategic plan includes the expansion of the postgraduate school in Addis along with the integration of its allied health sciences into a college.

*Getachew Assefa*  
*CEU Director, Addis Ababa University*  
*Ethiopia*

### Quantitative results:

A total of 1,403 respondents from the eight study sites participated in the interview. Respondents from Chennai, India did not undergo the structured interview. Symptoms perceived as emergency by most of the respondents included convulsions, upward rolling of eyeballs, stiff jaw, cyanosis and fast breathing. Neonatal signs perceived by most respondents as bordering between emergency and urgent consultations include the following: bleeding umbilicus, bloody stools, jaundice, grunting, mottled skin, chest indrawing, and bulging fontanelle. Some important but poorly appreciated signs and symptoms are: increased sleeping time, lethargy, poor suck, weak cry, irritability.

### **Significance of the study results**

Almost all countries disclosed that often, especially for conditions that are considered minor, home remedies are initially relied on by the family, followed by advice from an experienced neighbor. If these first-line remedies do not work, traditional healers are often consulted first before the formal health sector. This is understandable because the culture-bound syndromes are better understood and appreciated by the traditional healers and these traditional healers are more accessible than doctors. If this line of consultation fails, or if the condition is perceived as urgent, then healthcare workers trained in modern medicine will be consulted.

For this reason, any intervention that will attempt to improve health-seeking behavior will first have to investigate the ethnographic, socio-cultural beliefs of a community, and include

as part of the intervention an educational campaign aimed to change or incorporate these beliefs into a model for health seeking. All the levels of the health seeking model should be educated and knowledgeable about the communities’ beliefs so that health seeking will improve in all tiers of the health-seeking algorithm. Aside from the educational interventions, resources and infrastructure are needed to make healthcare workers more accessible to the community members or to be able to transport those who are sick to a nearby facility.

### **Conclusions**

A mixture of modern medicine and ethnographic socio-cultural factors influence community beliefs regarding neonatal illnesses and the health-seeking behavior of care givers. Hence interventions designed to influence health-seeking behavior should consider the ethnographic, socio-cultural background of the community. The educational intervention should include all arms of the health-seeking model, which includes the mothers, the traditional birth attendants, community health workers, and the medical personnel (doctors, nurses, midwives).

*This was undertaken with support from the USAID Child Health Research Project,  
 Grant No. HRN G 00-99-00003-00.*

<sup>1</sup> State of the World’s Children 2003. UNICEF publication  
<sup>2</sup> IMCI. Model Chapter for Textbooks. WHO document. 2001 page 1

## New Publications

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### **Attention:**

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## Announcements

### CEUs, CERTCs and CLENs

*Warmest welcome and congratulations to the following:*

**Professor Wang Jiyao**, new President of ChinaCLEN. With Professor Wang's election and inauguration into office, the ChinaCLEN office has been relocated to the Zhong Shan Hospital, Fudan University with the following address:

China Clinical Epidemiology Network (ChinaCLEN)  
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Fudan University  
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Website: [www.chinaclen.org](http://www.chinaclen.org)

**Dr Li Jing**, elected new CERTC director of the West China Hospital Sichuan University (WCSHU), replacing Professor Wang Jiali. Dr Li Jing can be reached at [lijing68@hotmail.com](mailto:lijing68@hotmail.com)

**Dr Rodrigo Pardo**, the new CEU director at Universidad Nacional de Colombia (UNCOL). Dr Pardo can be contacted at email address [rpardot@unal.edu.co](mailto:rpardot@unal.edu.co)

**China Academy of Traditional Chinese Medicine (CATCM)**, for being accepted as an INCLLEN CEU and a member of ChinaCLEN. The CEU Director is Dr Liu Baoyan and the Sponsor is Prof. Cao Hongxin. Dr Baoyan can be reached at [liuby@mail.cintcm.ac.cn](mailto:liuby@mail.cintcm.ac.cn) or this postal address:

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**Drs Jongkolnee Settakorn and Aurnporn Oberdorfer**, newest members of the Chiang Mai CEU in Thailand. Both recent graduates of the University of Newcastle in Australia, Dr Settakorn received a Master's degree in Clinical Epidemiology (Molecular and Genetic Epidemiology) while Dr Oberdorfer completed her studies leading to the degrees of Master of Medical Science (Clinical Epidemiology) and Doctor of Philosophy (Behavioral Sciences in Relation to Medicine).

### New Appointments

**Dr Apinum Aramrattana** was appointed as Deputy Director of the Research Institute for Health Sciences and Director of Northern Substance Abuse Center of Chiang Mai University.

**Dr Teraporn Vutyavanich** was appointed as Chair of the Reproductive Health Committee, Royal Thai College of Obstetricians and Gynecologists.

### Workshops/Conferences

As one of its four identified priority areas for the year (see *INCLLEN News*, July 2004 issue), CanUSACLEN shall conduct a two-day regional meeting in Montebello, Quebec on February 3-4, 2005. The meeting aims to achieve: (1) expansion of the CanUSACLEN membership base; (2) increase and plan collaborative research projects both within the region and with other INCLLEN regional networks; and (3) build enthusiasm for the reducing health disparities in junior researchers. For details, e-mail Dr Peter Tugwell, CanUSACLEN secretary-general at: [ptugwell@uottawa.ca](mailto:ptugwell@uottawa.ca) or Vivian Robinson at: [vrobin@uottawa.ca](mailto:vrobin@uottawa.ca) or visit the website: [www.canusaclen.org](http://www.canusaclen.org)

The Faculty of Medicine of Chiang Mai University will organize a workshop entitled "Evidence-Based Infertility Practice 2005" on March 7-19, 2005. Dr John A. Collins of McMaster University will be the guest speaker.

The XVII<sup>th</sup> IEA World Congress of Epidemiology 2005 will take place on August 21-25, 2005 in Bangkok, Thailand. This year's theme is "Epidemiology and Equity in Health: Methodological Challenges and Strategies in the 21<sup>st</sup> Century." The current IEA president, Professor Chitr Sitthi-Amorn, has invited active participation of INCLLEN at the World Congress. There will be a symposium organized by INCLLEN on its Knowledge 'Plus' Program (KPP), particularly the equity lens used in KPP practice guideline development. There will also be INCLLEN faculty speaking at the plenary sessions.

### Dr Narendra Arora named new INCLLEN Trust Executive Director (from page 1)

of the IndiaCLEN Program Evaluation Network (IPEN), a network of more than 80 Indian centers and six Clinical Epidemiology Units that have been involved in conducting evaluations of public health programs in India. Most recently, Dr Arora and IPEN completed a nationwide assessment of injection practices in India. His research in the area of pediatric gastroenterology and nutrition has led to the standardization of improved methods for the management of infants with intractable diarrhea and characterization of infection due to hepatitis E virus in childhood. He is also a member of the Indian working group for Review of National Nutrition Policy and National Plan of Action on Nutrition.

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# 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.*

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## 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:

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

INCLLEN News is available on the Web:  
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This issue of the INCLLEN News was produced and edited at the former IEO Office in Manila with Mike Gomez: [mikeg@tri-isys.com](mailto:mikeg@tri-isys.com)

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



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