

INCLLEN news

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China hosts INCLLEN Global Meeting XIX

Dear Friends,

The INCLLEN Board of Trustees, after careful consideration, selected Kunming in Southwest China as the venue for the INCLLEN Global Meeting XIX, to be held on February 19-22, 2003. Participants from around the world have continued to show interest in contributing to the meeting. We have already received over 340 abstracts from 26 countries. The Organizing Committee, with the help and support from IEO and financial support from the Rockefeller Foundation, is hard at work finalizing plans for the meeting, hoping to accommodate as many participants as possible at the meeting despite the limited funds available.

We are pleased to announce that the World Health Organization, and a number of the other partner organizations and institutions, are co-sponsoring continuing education sessions, workshops, and symposia to present their programs and activities and enjoy INCLLEN faculty to collaborate.

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Global Meeting XIX Chair Dr. Wang Jialiang



INCLLEN launches Knowledge 'Plus' Program

At the 2002 Global Meeting XVIII held in Egypt, there was a growing consensus that INCLLEN should initiate a knowledge management program to harness and utilize the power of knowledge generated around key health interventions. As a follow-up, a workshop was held on April 1-3, 2002 in Cartagena, Colombia to discuss specific strategies for this initiative. Representatives of the various CLENs and a few resource persons participated (*see INCLLEN News, July 2001 issue*). A proposal for the emerging Knowledge 'Plus' Project (KPP)

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INCLLEN Trust's Goal

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

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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.

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

Or to:

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

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

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

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China hosts Global Forum

(from page 1)

The meeting and accommodation will be at the Bank Hotel in Kunming. Participants will be met and appropriately assisted at Kunming airport by Bank Hotel shuttles.

The opening ceremony is scheduled on the evening of February 19, 2003, Wednesday. This will be followed by a banquet at which participants will be treated to a bounty of Chinese and international cuisine.

Scientific sessions will be held daily from February 20-22. A plenary session is scheduled every morning from 8:30-10:00 a.m.. In line with the main theme of this global meeting “Knowledge management for better health care”, the plenary lectures

will feature “Knowledge Management and Information and Communications Technology” on Feb. 20, “Evidence-based medicine and equity in health” on Feb. 21, and “Evidence-based selection of essential medicines” on Feb. 22.

Poster presentations will be displayed and discussed during morning coffee breaks, while concurrent sessions for oral presentations will be held from 10:30 a.m. to 12:30 p.m.. Concurrent continuing education programs, workshops, and symposia will be arranged in the afternoon at 2:00-3:30 and 4:00-5:30. These shall focus on knowledge management, research ethics, quality assurance methods in multicenter clinical trials, pricing of essential medicines, redefining the role of clinical epidemiology for the future, design and analysis of cluster studies, research to policy and action, clinical economics, leadership and management, and the National Household Survey of Drug Abuse in India.

The global meeting also provides a forum for various regional and

special interest groups of INCLIN (such as ChildNET and WorldSAFE) to meet and discuss strategies, proposals, progress, and related issues. The Organizing Committee encourages INCLIN members of these groups to arrange activities during the meeting. We are willing to provide physical requirements that may be needed for these activities. Kindly inform the Organizing Committee or IEO of your plans in advance.

The closing ceremony will be held on the evening of February 22, where surprises and entertainment are lined up for conference participants.

We warmly invite you to visit the marvels of ever-changing China and enjoy the extraordinarily pleasant climate, nature vista, and atmosphere in the “City of Spring”, Kunming.



Professor Wang Jialiang
Overall Chair, Organizing Committee
INCLIN Global Meeting XIX

Contact us!



INCLIN Trust welcomes feedback on the content and presentation of this newsletter. Please address all such communications to the INCLIN Trust Executive Office through the contact details listed on the opposite page.

INCLIN Global Meeting XIX *Schedule At-a-Glance*

Date/Time	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Feb. 18	Feb. 19	Feb. 20	Feb. 21	Feb. 22	Feb. 23
8:00 - 8:30		Registration				
8:30 - 10:00	INCLIN Board meetings*, Pre-Meeting workshops		Plenary I	Plenary II	Plenary III	Post-Meeting workshops
10:00 - 10:30			Posters & coffee break			
10:30 - 12:30			Free paper presentations			
12:30 - 14:00	Lunch					
14:00 - 15:30	INCLIN Board meetings*, Pre-meeting workshops		Continuing Education Sessions, Symposia and Parallel Workshops			Post-Meeting workshops
15:30 - 16:00			Posters and coffee break			
16:00 - 17:30			Continuing Education Sessions, Symposia and Parallel Workshops			
18:00 - 19:00		Opening Ceremony	Dinner			
19:00 - 22:00		Banquet	Regional CLEN and Special Interest Group meetings	INCLIN Board of Governors meeting; Special Interest Group meetings	Closing Ceremony	

* Various meetings of INCLIN Boards: February 16 – 19, 2003

CanUSACLEN accepts newest CERTC into membership, focuses research on equity

The CanUSACLEN Executive Committee voted to admit CanUSACLEN's eighth Clinical Epidemiology Research & Training Center (CERTC), Michigan State University under the leadership of its Director, Mohammad Hossein Rahbar, PhD (mohammad.rahbar@ht.msu.edu). The application will soon be considered by the INCLLEN Trust Board. The CERTC is active in research and training programs in clinical epidemiology; and likewise, confers degrees in epidemiology. It also has a strong Data Coordinating Center that aids investigators in clinical studies on quality and efficiency.

CanUSACLEN accepts applications for individual membership. This is deemed important since CanUSACLEN, unlike other regional networks, grew out of the original INCLLEN CERTCs; and many of the originally involved faculty who have moved to other institutions are still interested to participate in INCLLEN activities. The INCLLEN Trust Board agreed to individual memberships for CanUSACLEN, but clarified that only institutional members can vote.

As CanUSACLEN's website continues to grow (www.CanUSACLEN.org), there are plans to create a directory of individual members of the CERTCs and CEUs, including members without CERTC/CEU affiliation. Individuals from other CLENs can easily search the directory for people with similar interests, and contact them directly.

CanUSACLEN's major mission is to conduct collaborative research; and, with sister institutions of INCLLEN Trust, address inequities in health and health care. This was facilitated when CanUSACLEN was incorporated as a non-profit organization, making it eligible to receive research grants. With Peter Tugwell taking the lead in developing joint proposals, CanUSACLEN is exploring topics on evidence-based knowledge exchange and innovative aspects of implementation of clinical epidemiologic research, with a focus on equity. CanUSACLEN members will hold a meeting at the University of North Carolina on February 10, 2003 to further develop proposals.

On a final note, CanUSACLEN members have been active in the INCLLEN Knowledge Management Program, with Vic Neufeld (neufeld@mcmaster.ca) playing a major role and Peter Tugwell, Bob Fletcher, Kant Bangdiwala (kbangdiw@bios.unc.edu) and Art Evans (aevans@mail.cchil.org) as members of the various teams.

INCLLEN friends around the world can contact any of the members with questions and comments.

Secretary-General:

Suzanne Fletcher - Harvard (Suzanne_Fletcher@hms.harvard.edu)

Secretary-Treasurer:

Charlie Goldsmith - McMaster (goldsmith@mcmaster.ca)

Executive Committee:

Peter Tugwell - Ottawa (ptugwell@uottawa.ca)

Bob Fletcher - Harvard (Robert_Fletcher@hms.harvard.edu)

Laura Sadowski - Chicago (sadowski@cchil.org)

Des Runyan - University of North Carolina (drunyan@med.unc.edu)

CCEB-UPenn plans new initiatives

The Center for Clinical Epidemiology and Biostatistics (CCEB) of the University of Pennsylvania School of Medicine is the primary home for epidemiology and biostatistics within Pennsylvania. CCEB-UPenn's mission is to link epidemiology, biostatistics, and clinical medicine through collaborative research and training programs. There are approximately 370 faculty, staff, and students within the CCEB engaged in or supporting these activities where 120 of these individuals are core and affiliated faculty members.

The CCEB has two important units: the Clinical Epidemiology Unit with Dr. Brian L. Strom as director and the Biostatistics Unit with Doctors J. Richard Landis and Harold I. Feldman as co-directors.

Arthur Rubenstein, M.B.B.Ch., the new Dean of the School of Medicine, has been very supportive of CCEB activities. He and Dr. Strom have discussed multiple new initiatives to be directed by CCEB faculty, which would provide a wide range of services for the faculty of the School of Medicine. A major focus is a new Biostatistics and Epidemiology Consulting Center (BECC) that provides proposal development and research support services to investigators within the School of Medicine. The BECC will act as a consulting laboratory for epidemiology and biostatistics students, thus providing a useful training opportunity. It is anticipated that the BECC will become operational by January 2003.

A second major focus is an expansion of the CCEB's training programs in clinical research methods. This will include courses for those who desire less intensive training than those provided by the existing degree programs. After the completion of the four courses, a certificate program will be offered. Similarly, a range of semester-long, evening, weekend, summer, and mini-courses will be offered for faculty, residents, and fellows who are interested in receiving instruction in research methods, biostatistics, and data base management. Some of these courses and programs may be available by the spring of 2003, with the majority of the courses available in academic year 2003-04.

The CCEB faculty members are actively engaged in collaborative research and capacity building activities. Many of the clinical programs at the University of Pennsylvania receive financial support from government agencies, foundations, and private industries. For fiscal year 2002-03, it is estimated that the CCEB's extramural funding support will exceed US \$25 million.

For capacity building, the CCEB faculty manages graduate training programs in epidemiology and biostatistics. The epidemiology programs are designed for clinicians. These include Master of Science in Clinical Epidemiology (M.S.C.E.) and Ph.D. in Epidemiology degree programs. These programs aim to produce skilled investigators trained to conduct formal epidemiologic studies interested in pursuing a career in academic medical research.

Harvard CERTC strengthens collaborations, attracts colleagues from various units

The CCEB's educational programs in biostatistics are for individuals interested in aspiring for a career in biostatistics. The M.S. in Biostatistics and Ph.D. in Biostatistics degree programs are designed to develop fundamental skills in the statistical sciences and the design of research studies in the development of statistical methods and in their applications to the broad array of health sciences. The program is integrated with both statistics and epidemiology, while maintaining its strength as an independent discipline. These degree programs are offered in collaboration with the Statistics Department at the Wharton School of Business of the University of Pennsylvania.

The CCEB and its faculty also support a new University-wide graduate program in public health studies leading to a Master of Public Health degree (M.P.H.). The University of Pennsylvania's M.P.H. degree program seeks to train those interested in leadership positions in a public health-related profession or practice setting. The M.P.H. program complements other degree programs offered by University of Pennsylvania or the School of Medicine, including the CCEB's biostatistics and epidemiology degree programs, as the M.P.H. program provides graduate level education rather than research training.

For more information, visit the CCEB's web page at (<http://cceb.med.upenn.edu/main/>) or write to:

Brian L. Strom, M.D., M.P.H.
 George S. Pepper Professor of
 Public Health and Preventive
 Medicine
 Director, Center for Clinical
 Epidemiology and Biostatistics
 University of Pennsylvania
 School of Medicine
 Room 824 Blockley Hall
 423 Guardian Drive
 Philadelphia, PA 19104-6021
 215-898-2368 (voice)
 215-573-5315 (fax)
bstrom@cceb.med.upenn.edu

During INCLIN's early phase, under Rockefeller Foundation support, staffing of clinical epidemiology units was supposed to be similar: 6 clinical epidemiologists and specialists in biostatistics, economics, and social science. But as INCLIN has evolved, and welcomed members who were not part of the original program, other arrangements have been included. What all have in common is, as INCLIN founder Kerr White put it, a strong interest in "the benefits of medical interventions in relation to their hazards and costs."

The Harvard Unit is an example of this new kind of clinical epidemiology unit. Harvard Medical School is large, with 14 teaching hospitals and 7,000 faculty. The School of Public Health also has many departments and there is a health interaction between the two schools. So if a unit is to be established at Harvard, it would need a home but it also has to be broadly inclusive.

The Harvard Unit is administratively located in the Department of Ambulatory Care and Prevention, a locus for research and teaching in prevention, primary care, and health services. (See story in the *INCLIN News* July 2001 issue). The then Chair of the Department, Dr. Thomas Inui had attended many INCLIN meetings while he was Director of a sister program, Health of the Public.

The Unit at Harvard has been considered a CERTC because it is offering a clinical epidemiology fellowship training called the

"Clinical Effectiveness Program". This training program continues to attract clinicians of various specialties from all over the world. Initially attracted by the intensive summer programs, a number of these clinicians extended their studies to earn a Master's degree.

Aside from being a training center, the CERTC continues to be a gathering place for anyone with international experience who is interested in the goals of INCLIN. As envisioned more than a year ago, faculty of the School of Public Health Dr. Richard Cash and Dr. Graham Colditz have become involved in its teaching and research activities. Dr. Cash has been a leader in international studies of diarrheal diseases and leads international workshops on ethics of research each year. Dr. Colditz is a chronic disease epidemiologist with a strong interest in prevention.

Meanwhile, Drs. Robert and Suzanne Fletcher will be moving back to their old home in Chapel Hill, North Carolina. But they will keep their faculty appointments at Harvard. They will also continue to be involved in research grants and other activities at Harvard, especially INCLIN-related activities.

INCLIN members should know that they have friends at Harvard and consider working with them in future projects.

Robert Fletcher
 Director
 CERTC, Harvard Medical School



Organizing Committee of INCLIN Global Meeting XIX hard at work to ascertain the success of the event in Kunming, China on February 19 to 23.

LatinCLEN launches Information and Communication Web-based System

The end of November 2002 is a day to mark for our LatinCLEN colleagues. On this day, they launched the Network's Information and Communication Web-based System. The system contains modules on member management, group management, classification and management of resources by themes and groups, creation and management of questionnaire, file management, and a virtual community (ChatCLEN). Managers of the system invite all LatinCLEN members to actively use this system in their daily activities.

Visit www.latinclen.org (see below for selected screens)
 For more details contact Patricio Alvarez (palvarez@ufro.cl)



In another development, plans for a Distance Learning Master Program in Clinical Epidemiology are underway. This program is a joint effort of LatinCLEN's CERTCs and CEUs. Sponsors of the program are the Universidad de la Frontera in Temuco, Chile; the Universidad Javeriana in Bogota, Colombia, and the Universidad Mayor San Andres in La Paz, Bolivia.

the courses; and to determine rules (entrance, promotion, evaluation, degree requirements, thesis). This meeting was followed by a workshop facilitated by the Instituto de Informatica Educativa (IIE) faculty members. The workshop's purpose was to define the objectives in relation to the virtual atmosphere and the pedagogical distance model.

The Extended Academic Committee (EAC), the Network's committee for this program met in Chile in July, 2002. Members of the EAC are Pedro Lorca, Sergio Muñoz, Juan Manuel Lozano, Eddy Rios, Antonio da Cunha, Carlos Vallejos, Pamela Serón, Fernando Lanás and Eduardo Hebel. The group worked primarily on the design of the academic curriculum of the Program under the distance learning framework. The group also worked on the following secondary objectives: to define a pedagogical distance learning model; to identify the different roles within the process of distance education learning (e.g. coordinating, educational, tutorial); to know how the virtual atmosphere process works (development of contents and evaluation); to identify important aspects in the curricular design to consider in a distance program and virtual atmosphere; to define the profile of students; to formulate objectives of the program; to determine design of the curriculum in relation to the different courses (curricular grid); to propose activities and methodologies (instructional design); to define models and activities of evaluation; to determine units and professors responsible for the design of specific courses; to formulate specific objectives and contents of



CEU – UNCOL (Colombia) expands health technology assessment activities

The Clinical Epidemiology Unit of the Universidad Nacional de Colombia (CEU-UNCOL) is a second-generation CEU created in 1996 under the support of the Ministry of Health of Colombia, INCLen and the Universidad Nacional de Colombia. It is located at the Instituto Materno Infantil in Bogota, a referral centre of maternal and peri-natal care where undergraduate and postgraduate students of UNCOL Medical School are trained.

The CEU staff is composed of eight members representing the disciplines of clinical epidemiology, social sciences, clinical pharmacy and statistics. Since its establishment, the staff members have been actively participating in the research activities within and outside the university. As a CEU, it has participated in the recruitment and follow-up phases of the Magpie Study, a study carried out to evaluate the use of magnesium sulphate in the prevention of eclampsia and its consequences to the newborn. It has also worked on policy projects directed to improve the control of infections and chronic diseases in Bogota.

Currently, the CEU projects are in line with the evaluation of technologies and policies in health and measurement, such as: “Reducing maternal morbidity and mortality by means of quality improvement methods at the Instituto Materno Infantil”; the “Efficacy of para-cervical block in the management of pain in women with incomplete abortion treated with manual vacuum aspiration”; the “Cost-effectiveness of laparoscopy in the diagnosis of non-specific lower abdominal pain”; and the “Evaluation of acute respiratory infections and acute diarrheal diseases programs for children in Bogota, Colombia”.

Among the Unit’s recent publications are: “Reducing infections among women undergoing Cesarean section in Colombia by means of continuous quality improvement methods” published in the *Archives of Internal Medicine* in 2001; and “Laparoscopic diagnosis of acute lower abdominal pain in women of reproductive age” published in the *International Journal of Obstetrics and Gynecology* in 2002. See Announcements on page 23 for details. Another study by Dr. Hernando Duarte Gaitan and colleagues entitled “Validity of five diagnostic methods in mild to moderate pelvic inflammatory disease” has been submitted for publication in the *Journal of Infectious Diseases in Obstetrics and Gynecology*.

The Unit has also published a book in Spanish entitled “Strategies of Clinical Research” edited by Enrique Ardila, Ricardo Sanchez, and Jairo Echverry.

Aside from research, CEU-UNCOL is also busy developing its Master in Clinical Epidemiology Program, scheduled to open in 2004.

Hernando Duarte Gaitan
 Director
 Clinical Epidemiology Unit
 Universidad Nacional de Colombia



One of the outputs of these activities is the list of required courses for the Program. The distance learning master program courses are: Clinical Epidemiology, Biostatistics I, Biostatistics II, Research Design, Critical Appraisal, Social Sciences/Qualitative Measurement and Methods, Health Economics, Basic Elements of Strategic Management, and a Thesis Project. For more details contact: Pamela Seron (pseron@ufro.cl) For Spanish-speaking surfers, visit the Distance Learning Master Program at <http://rauli.iie.ufro.cl/mec/>.

In line with the Network’s thrust of promoting research and training among its constituents, a call for proposals on research and capacity building was launched in September 2002. There were three proposals for capacity building and eight for research. The Health Research Priorities Criteria, developed during the LatinCLEN VII in Cartagena, is being used in the evaluation of these proposals. A total of six proposals are expected to be funded. For details, contact Eddy Rios (edrios@accelerate.com)

Sergio Munoz
 President
 LatinCLEN



IndiaCLEN strengthens administrative system, attracts funding agencies

It has been 2 years since the IndiaCLEN office was set up in Chennai; and considerable efforts have been exerted not only in the establishment of the office but also into developing an efficient system to administer and govern the network. Thus there is now a greater degree of transparency, accountability, and responsibility in the network's activities. The active participation and contributions by many of its members in research and teaching have also helped to further enhance the visibility of the network.

A number of conferences and meetings were held recently. The 12th Annual IndiaCLEN Conference with the theme "Health and Wealth" was held from September 24– 27, 2002 in the state of Kerala, a state known for its relatively better health status despite its meager financial resources. Several national and international dignitaries, such as Dr. B. Ekbal (Vice Chancellor of Kerala University), Dr. C.R. Soman (Health Action for People), Dr. Ravi

proceedings of the Strategic Plan for approval by the Governing Body, procedural rules to be followed by the IndiaCLEN subcommittees, the IndiaCLEN web site, and composition of the new Institutional Review Board. The network's Neonatal Health Research Initiative and the IndiaCLEN Journal were reviewed, along with the progress reports on LAMP-related activities. The outputs of the Research Subcommittee (RSC), Capacity Building Subcommittee (CBS), and Programme Development Subcommittee (PDS), were also discussed.

The proposed IndiaCLEN Programme for Health Intervention Development and Evaluation (IPHIDE) was further refined during the Strategic Planning Meeting. The following broad areas of research interests were developed: commissioned researches, program evaluation, urban health, neonatal health, child health, and micronutrients. Commissioned researches include all the research projects currently under the IndiaCLEN Infectious Diseases Initiative (IID), namely: Invasive Bacterial Infections Surveillance (IBIS); IndiaCLEN Short Course Amoxicillin Therapy for Pneumonia (ISCAP) Trial; cost-effectiveness of different types of supervision in Directly Observed Treatment for Tuberculosis (DOTS); perceptions of the community about DOTS ; and Community Anti-Microbial Resistance (CAMR).

Dr. Kurien Thomas and Dr. Shally Awasthi, chairpersons of the RSC and CBS, respectively, have successfully completed their 2-year terms. The committee members, with the approval of the Governing Body, have elected Dr. P.P. Joshi as the chair of the RSC and Dr. C.S. Ghosh as new chair of the CBS.

An IndiaCLEN Advisory Group, which would perform the roles and functions of the Programme Development Subcommittee (PDS), is currently being constituted. Members of the Advisory Group would include persons who, by virtue of their special standing, 'either in government or in the international/national arena,' could serve to champion the cause of IndiaCLEN, thereby enhancing the network's visibility and status. The IndiaCLEN



Inaugural ceremony graced by the presence of HH, the Maharaja of Travancore

Narayanan (Community Health Adviser), Dr. Rodolfo Dennis and Dr. Victor Neufeld from INCLIN, spoke at the plenary sessions. Aside from the scientific sessions, a strategic planning meeting and General Body and Governing Body meetings were also held. There were also pre-conference workshops on categorical data analysis, qualitative research techniques, and program evaluation.

Dr. K. Srinath Reddy is on his second year as IndiaCLEN president, with Dr. R.C. Ahuja as the President-elect. Dr. Saradha Suresh replaced Dr. R. Sathianathan as treasurer. Dr. Suresh also works as the Acting Secretary as the process of elections for secretary will commence January 2003. The General Body approved the granting of Associate Member status to the Clinical Epidemiology Unit of Daharan, Nepal and 14 (out of 16) individual membership applications.

On the other hand, the Governing Body discussed administrative and financial issues such as ratification of new members into the network, criteria for nominations in elections, constituting a new governing body, fund development, presentation of the



Dr. Mitra receives the best paper award on behalf of the speaker

CEU in Second Shanghai Medical University strengthens teaching and research activities

The Second Shanghai Medical University (SSMU) is an active member of INCLIN—officially recognized as a member in February 2002—and of ChinaCLEN since 1989. It has been offering a course in clinical epidemiology for more than a decade. Further support and funding from INCLIN was extended to the unit to help develop this course. Initially offered as an elective for students of the Medical Statistics graduate program, it is now offered not only for postgraduate students but also for undergraduate students as well.

The Unit is also instrumental in the training of graduate students from the Department of Health. Training includes the application of clinical epidemiology to their medical and public health practice and research work.

Aside from training, the Unit is also active in research. Among its many studies, the “Study on the Application of Discrimination Model in Selecting Gastric Cancer Among High-Risk Population” and the “Study on Colon Cancer Selective Model in High Risk Population” got the “Third Award of Science Progression” in Shanghai.

Plans to set-up an office in SSMU are underway and establishing similar units in affiliated hospitals is also in the drawing board. The Unit also plans to offer the Clinical Epidemiology course to all doctors and students of every department in SSMU, and to hospitals in Shanghai and surrounding areas. The CEU also plans to offer a course in evidence-based medicine to the doctors, postgraduate and undergraduate students of the university.

All these plans are geared towards the goal of the CEU to become a Clinical Epidemiology Research and Training Center (CERTC) in the future.

Tao Zhi
Director
Clinical Epidemiology Unit
Second Shanghai Medical University

President, the President-elect, and the IPHIDE coordinator will also be part of this Advisory Group. The following have accepted IndiaCLEN’s invitation to be a part of this Advisory Group: Mr. R.C. Mishra (former health secretary, Government Of India, GOI); Dr. Ranjit Roy Chaudhury (President, Delhi Society for Promotion of Rational Use of Drugs); Dr. Prema Ramachandran (adviser, Health & Family Welfare, Nutrition, Planning Commission, GOI); Dr. Peter Heywood (lead health specialist, World Bank); Dr. T. Walia (WHO representative to IndiaCLEN); and Prof. M.K. Bahn (Coordinator, Indian Council of Medical Research Advanced Centre for Diarrhoeal Disease Research).

The IndiaCLEN directory of its individual members is currently being updated and will be posted on the IndiaCLEN website: www.indiaclen.org. The site includes a bulletin board, an e-mail facility, and an e-library that enables members to access on-line journals. Medical colleges will also be allowed access to the e-library by prior arrangement. It is envisioned that the website will further improve communication within the network and its various partners.

IndiaCLEN has attracted funding agencies other than INCLIN and USAID. The “Integrated Disease Surveillance: Barriers in data collection quality assurance and linking surveillance reports to action at Primary Health Care (PHC) level”, headed by Dr. Narendra Arora, is a study funded by the World Bank. Dr. Arora also heads the “IndiaCLEN Evaluation of Vitamin A and Iron Folate Supplementation Programme, 2001-2002”, a study supported by the Micronutrient Initiative (MI) and the International Development Research Centre (IDRC). IndiaCLEN faculty in Chennai, headed by Dr. Shuba Kumar, are involved in the “International Depression Study (IDP) funded by the World Psychiatric Association. Dr. Kumar also heads the project, “Integrating reproductive health and rights in the context of reforms in the National Reproductive and Child Health Programme in Tamilnadu, India”, a study funded by the Centre for Health and Gender Equity (CHANGE). The study “Injection practices in India” (details in the July 2002 issue of the *INCLIN News*) is funded by World Bank and the Ministry of Health, GOI.

Srinath K. Reddy
President
IndiaCLEN

Leena Verghese
Administrative Officer
IndiaCLEN

Notably the best-attended IndiaCLEN Annual Conference



ChinaCLEN hosts this year’s INCLIN Global Meeting. The Organizing Committee of Global Meeting XIX is eager to welcome participants to scenic Kunming for this auspicious event.

Euro-Med CLEN expands activities in the region

This year 2003, the Euro-Mediterranean Clinical Epidemiology Network (Euro-Med CLEN) is expecting an addition to its membership. In December, 2002 in Lyon, France, Prof. Nourredine Zidouni, Director of INSP (Institut National de Santé Publique – Public Health National Institute) of Algiers, and Dr Samira Abrouk, CEU coordinator, discussed future developments of the Franco-Algerian cooperation in clinical epidemiology.

Aside from these developments in Algiers, there have been advancements in Gabon and in Morocco. Dr Anne-Marie Antchouey, a cardiologist and a graduate of the RECIF (Réseau d'Epidémiologie Clinique International Francophone) course (Diplôme Universitaire) "Clinical and Economic Analysis of the Medical Decision", discussed the stages and requirements of creating a CEU in Libreville, Gabon with the RECIF Executive Board members and an administrative officer of Claude Bernard University in Lyon in May 2002. It has been agreed that a convention should be signed between Université Claude Bernard Lyon 1 (UCBL 1) and School of Medicine of Libreville, Gabon. As a further sign of RECIF's commitment in Gabon, RECIF intends to help organize a seminar in clinical epidemiology in 2003. This seminar will be a regional course and faculty members will include clinical epidemiologists from three different countries. This will be an opportunity for some RECIF members to meet the faculty and staff of the Gabonese University, Hospital and Ministry who are committed to this project.

In Morocco, Prof. Badie Azzaman Mehadji, Dean of the School of Medicine of Marrakech expressed interest to set up a CEU in his Faculty. The College sent Prof. Imane Tazi, a psychiatrist and epidemiologist, to RECIF. Prof. Tazi participated in the Center's activities for a month and prepared a project of agreement and cooperation between the University of Marrakech and the RECIF. A convention will be signed between the Université Claude Bernard Lyon 1 (UCBL 1) and the School of Medicine and Pharmacy of Marrakech. This agreement is the first step to build cooperation in clinical epidemiology between the institutions. It opens opportunities for mobility programs for students and teachers between France and Morocco.

RECIF continues to work in improving and developing its teaching activities. Aside from its involvement in the six diploma courses, RECIF is involved in a new diploma course called the Academic Diploma in Ethics. Coordinated by Prof. Nicolas Kopp and Dr. François Chapuis, this course is envisioned to strengthen RECIF's existing academic programs.

RECIF also continues to conduct short courses and seminars. Prof. Pierre Duhaut and Prof. Doina Azoicaï (Iasi CEU, Epidemiology Chair, Medicine and Pharmacy University, Iasi) organized a Level 1-seminar (Fundamental Concepts of Clinical Epidemiology and Basic Statistics) in Iasi in June 2002. Thirty physicians attended the course taught in French. Dr Cristian Baicus (Bucharest CEU and Internal Medicine Department, Colentina Hospital, Bucharest) and Dr Dana Minca (Bucharest CEU and Public Health Institute of Bucharest) took part in the teaching. A level II-seminar, with inputs from Doctors Azoicaï, Baicus and Minca, was conducted with the cooperation of a French and three Romanian teachers in October 2002 in Bucharest. The same seminar is scheduled for March 2003 in Iasi.



Professor Nourredine Zidouni and Dr Samira Abrouk from Algiers

The Iasi CEU in Romania released the second edition of "Cercetarea Clinica, de la idee la publicare", the Rumanian translation of the French book "La recherche clinique – de l'idée à la publication" (Clinical research – from research idea to publication). The Romanian CEUs are active members of the Euro-Med CLEN. The release of this second edition confirms the will and motivation of the Rumanian team to strengthen clinical epidemiology in their country. Meanwhile, the RECIF Team is updating this seven-year old book (it was first published in French in 1995) with a target to publish in 2003.



Students and faculty attending the "Clinical and Economic Analysis of the Medical Decision", a diploma seminar annually offered by RECIF. The seminar was held on Dec. 2 - 6, 2002 at Les Pensieres, Annecy, France.

In all these activities and plans, RECIF and the Euro-Med CLEN maintain the constant will to improve its teaching and collaborative research programs in the Euro-Mediterranean Region and in French-speaking countries. For details about RECIF and the Euro-Med CLEN, visit its website in French: <http://recif.univ-lyon1.fr/>

*François Chapuis
President
Euro-MedCLEN*

*Anne-Sophie Laréal
Administrative Coordinator
RECIF-EuroMed CLEN*

INCLLEN Global Meeting XIX

Scientific Program Description

Pre-meeting Workshops

February 18
Tuesday
8:00 – 17:30 and
February 19
Wednesday
8:00 – 17:30

WorldSAFE Workshop: Working Group on Child Abuse and Neglect (by invitation only)
Coordinators:
Dr. Dipty Jain, Government Med. College, Nagpur, India
Dr. Desmond Runyan, University of North Carolina, USA

This workshop aims to finalize manuscripts from the WorldSAFE studies and to collaboratively develop a proposal to further study and implement a program for screening and prevention of child abuse and neglect.

February 18
Tuesday
14:00 - 17:00

Leadership and Management Workshop
Managing your program/project more effectively
(By invitation only)
Coordinator: Dr. Vic Neufeld, McMaster University, Canada

This workshop is designed for the leaders of INCLLEN's global and regional programs and projects. Following a pre-workshop electronic dialogue, participants will be introduced to new LAMP modules on project management and e-moderating, along with other resources. Following the workshop, members of the LAMP core group will continue to work with INCLLEN initiative leaders to assist them in effective program and project management.

February 19
Wednesday
9:00 - 17:00

Leadership and Management Workshop
Preparing the next generation of leaders in INCLLEN
(By invitation only)

The objectives of this workshop are to discuss pilot projects in Latin America and India about mentoring and preparing "young leaders", and to assist regional CLENs to include an "emerging leaders" component in their plans. Following a pre-workshop electronic dialogue, participants will be introduced to relevant materials (modules, examples, etc.). In addition, participants will be invited to assist with the preparation of an INCLLEN proposal on this issue, to be submitted to appropriate funding agencies.

February 19
Wednesday
8:30 – 17:30

INCLLEN ChildNET Workshop
(By invitation only)
Coordinator:
Dr. Shally Awasthi, (King George's Med. College, India)

This is a workshop of INCLLEN ChildNET members and invited resource persons and interested parties to discuss ongoing and planned research projects. The focus of the workshop is prioritize areas of work in neonatal research and complementary feeding.

Plenary Sessions

February 20
Thursday
8:30-10:00

Plenary Session I
Knowledge Management and Information and Communications Technology
Speakers:
Fiona Godlee, BioMed Central
Dr. Eugene Boostrom, U.S.A.

February 21
Friday
8:30-10:00

Plenary Session II
Evidence-based medicine and equity in health
Speakers:
Dr. Peter Tugwell, University of Ottawa, Canada
Dr. Jimmy Volmink, Global Health Council, USA
Dr. Qi Guomin, Ministry of Health, China

February 22
Saturday
8:30-10:00

Plenary Session III
Evidence-based selection of Essential Medicines
Speakers:
Dr. Hans Hogerzeil, WHO/EDM, Geneva, Switzerland
Dr. Chitr Sithi-Amorn, Chulalongkorn University, Thailand

Symposia

February 20
Thursday
14:00-15:30

Case Studies in Knowledge Management

The purpose of this symposium is to present several different experiences ("case studies") with knowledge management, followed by a discussion that will compare these experiences, summarize common features and gaps, and suggest issues for further research and development. The case studies will include:

- The WHO HINARI project: Dr. Steven Wayling WHO/TDR, Geneva, Switzerland
- The Collaborative Training Project: Dr. Miguel Gonzales-Bloch
- A case study from Thailand: Dr. Visanu Thamlikitkul

The discussants will be Dr. Eugene Boostrom (tentative) and Dr. Peter Tugwell.
Symposium organizer: Dr. Vic Neufeld, McMaster University, Canada

[Note: other case study presenters and discussants may be added]

February 20
Thursday
14:00-15:30 (Part I)
16:00-17:30 (Part II)

Research ethics (2 sessions)
Resource persons:
Dr. Melody Lin, Office of Human Research Protection, DHHS, USA
Dr. Juntra Karbwang, WHO/TDR, Geneva, Switzerland
Dr. Francois Chapuis, Université Claude Bernard, France
Dr. Mark Steinhoff, Johns Hopkins University, USA
Dr. Liao Xiaoyang, Sichuan University, China

This is a two-part symposium on international guidelines on ethics in health research, the need to develop capacity for ethical review and ethical conduct of research and collaboration in developing countries. An international panel of speakers will discuss ongoing initiatives to address these issues, including experiences in various countries.

February 21
Friday
14:00-15:30 (Part I)
16:00-17:30 (Part II)

Translating Research to Policy: Challenges to INCLLEN
Resource persons:
Dr Miguel Block, AHPSP, Geneva, Switzerland
Dr. Visanu Thamlikitkul
Ministry of Health, China and India
Dr. V. Mannar/Dr. R. Sankar,
Micronutrient Initiative – Canada
Dr. N. K. Arora / Ms. Leena Sinha,
All India Institute of Medical Sciences, India
Dr Antonio Dans, University of the Philippines
Dr. Diana Pinto, Javeriana Univ., Colombia
Dr. Mary Ann Lansang, INCLLEN Trust

Chairs:
Dr. Miguel Gonzales-Bloch
Dr. Rodolfo Dennis, Javeriana Univ., Colombia

This is a two-part symposium that discusses approaches and experiences on how to make research an effective tool for health development, promote a successful relationship between policy makers and researchers, and facilitate informed decision-making. Part I discusses barriers in translating research into action; Part II explores factors that facilitate utilization of research findings.

February 22
Saturday
14:00-15:30

Pricing of Essential Medicines:
(co-sponsored by WHO/EDM)
Resource persons:
Dr. David Henry, Newcastle University, Australia
Dr. Anthony So, Rockefeller Foundation, USA
Dr. Andrew Creese, WHO/EDM, Geneva, Switzerland

Chair: Dr. Ellen T'Hoën, Medecins Sans Frontieres

(1) How are prices of Essential Medicines determined?
Prices for the same essential medicine can vary widely within and between countries. This session will give an overview of price differences and will identify the key factors that determine medicine prices.

(2) High prices for the next generation of Essential Medicines?
The experience of antiretroviral drugs for the treatment of HIV/AIDS has shown that prices for new and effective medicines can be very high in relation to people's income. Innovative companies claim they need intellectual property rights, in the form of patents, to take the financial risks necessary to support research and development. This session will ask if there are alternative ways to patent protection to encourage innovation in medicines.

(3) What can be done to bring Essential Medicines prices down?
A broad array of policy options for controlling medicine prices exist, involving and affecting several different actors. Multiple considerations are of relevance in judging the effectiveness of such policy. This session will present evidence on the effectiveness of selected policy measures in controlling the price of essential medicines.

February 22
Saturday
16:00-17:30

Cardiovascular diseases (co-sponsored by IEA)
Resource persons:
Prof. Kazuo Ueda, Japan
Dr. Kodama Kazunori, Japan
Prof. Hirotsugu Ueshima, Japan

Chair: Takeshumi Yoshimura, Japan

February 22
Saturday
16:00-17:30

National Household Survey of Drug Abuse in India: Methodology and Results
Resource persons:
Dr S.N. Dwivedi, New Delhi
Prof. Anurag Srivastava, New Delhi
Dr. Hem Raj Pal, New Delhi

(Continued on page 14)

Preliminary Program

INCLLEN Global Meeting XIX

Bank Hotel, Kunming, P. R. China, February 19-22, 2003

Sunday, February 16 – Tuesday, February 18, 2003

INCLLEN strategic planning meeting
(INCLLEN Trust Board of Trustees,
INCLLEN Board of Directors, IEO);
commences at 14:00 hrs, February 16
and ends at 12:30 hrs, Feb. 18

Tuesday, Feb. 18, 2003

08:30 - 12:30 INCLLEN Board strategic planning meeting,
Pre-meeting workshops
13:30 - 19:00 Annual meeting of INCLLEN Board of Trustees,
Pre-meeting workshops

Wednesday, Feb. 19, 2003

08:00 - 08:30 Registration
08:30 - 12:30 Annual meeting of INCLLEN Board of Trustees,
Pre-meeting workshops
13:30 - 17:30 Annual meeting of INCLLEN Board of Directors,
Pre-meeting workshops
18:00 - 19:00 Opening Ceremony
19:00 - 22:00 Banquet

Thursday, Feb. 20, 2003

08:00 - 08:30 Registration
08:30 - 10:00 Plenary Session I
**Knowledge Management and
Information and Communications Technology**
Speakers:
Fiona Godlee, BioMed Central
Dr. Eugene Boostroom, USA
10:00 - 10:30 Poster sessions and Coffee break
10:30 - 12:30 Free Paper Presentations
12:30 - 14:00 Lunch
14:00 - 15:30 Parallel Sessions
1) *Symposium:*

Knowledge management

Resource persons:
Dr Vic Neufeld, McMaster Univ., Canada
Mr. Steven Wayling, WHO/TDR, Geneva,
Switzerland
Dr. Eugene Boostroom (tentative)
Dr. Visanu Thamlikitkul, Mahidol Univ.,
Thailand

2) *Symposium:*

Research Ethics (Part 1 of 2)

Resource Persons:
Dr. Melody Lin, Office of Human
Research Protection, DHHS, USA
Dr. Juntira Karbwang,
WHO/TDR, Geneva, Switzerland
Dr. Francois Chapuis,
Université Claude Bernard, France
Dr. Mark Steinhoff,
Yeshiva University, USA

2) **Workshop: Global initiatives for accelerating
rotavirus vaccine introduction: clinical,
epidemiologic and safety considerations
(co-sponsored by IVD) (Part 2 of 2)**

Resource person:

Dr. Paul E. Kilgore
Dr. Joe Bresee
Dr. Umesh Parashar
Dr. Vincent
Dr. Julie Bines

3) **Continuing Education: Redefining the Role of Clinical
Epidemiology for the Future**

Resource Persons:

Dr. Suzanne Fletcher,
Harvard Medical School, USA
Dr. Laura Sadowski,
Cook County Hospital, USA
Dr. Peter Tugwell,
University of Ottawa, Canada

4) **Workshop:**

Quality Assurance Methods in Multi-center Clinical Trials

Resource Person:

Dr. Shrikant Bangdiwala

15:30 - 16:00 Poster sessions and Coffee break
16:00 - 17:30 Parallel Sessions

1) **Workshop:**

Design and Analysis of Cluster Studies (Part 1 of 3)

Resource Person:

Dr. Stephen Walter,
McMaster University, Canada

2) **Continuing Education: Social Sciences**

Resource Person:

Dr. Michael Phillips,
Beijing Hui Long Guan Hosp., China

3) **Symposium:**

**Translating research to policy: challenges to
INCLLEN. Part II: Research in public health
policy making: What facilitates utilization
of research findings?**

Resource persons:

Dr. Miguel Block
Dr. N.K. Arora / Ms. Leena Sinha, All India
Institute of Medical Sciences, India
Dr. Antonio Dans, Univ. of the Philippines
Dr. Diana Pinto, Javeriana Univ., Colombia
Dr. Mary Ann Lansang, INCLLEN Trust

Chair: Dr. Rodolfo Dennis, Javeriana Univ., Colombia

Dinner

19:00 - 20:00

20:00 - 22:00

Annual meeting of the INCLLEN Board of Governors;
Special interest group meetings

Saturday, Feb. 22, 2003

08:00 - 08:30 Registration

Scientific Program Description (from page 11)

Workshops

February 20, Thursday
14:00-15:30 (Part I) **Quality assurance methods in multicenter clinical trials**
(3 sessions)
16:00-17:30 (Part II) **Resource person:**
February 21, Friday
14:00-15:30 (Part III) Dr. Shrikant Bangdiwala
(Pre-registration required)

While quality assurance is necessary in an epidemiologic study, the potential for "better health care" from multi-center clinical trials forces researchers to comply with current standards of good clinical practice. These standards must be in place especially if the clinical trial results are to be submitted to pharmaceutical companies and regulatory agencies, but also if only published in the scientific literature. The objective of this workshop is to review state-of-the-art quality assurance methods, especially for multi-center clinical trials. The goal is for participants to learn practical methods to implement in their ongoing studies. This will improve 'knowledge management' and thus help promote 'better health care'.

February 20
Thursday
16:00-17:30 (Part I) **Global initiatives for accelerating rotavirus vaccine**
introduction: clinical, epidemiologic and safety
considerations
February 21
Friday
14:00-15:30 (Part II) **(co-sponsored by the International Vaccine Institute)**
Resource persons:
Dr. Paul E. Kilgore,
International Vaccine Institute (IVI), South Korea
Dr. Joe Bresee Dr. Umesh Parashar
Dr. Vincent Dr. Julie Bines

The International Vaccine Institute IVI has active projects in several countries including P.R. China. Studies will be initiated to help evaluate the safety and efficacy of rotavirus vaccines in Asia. For this reason, there is an urgent need to help scientists understand epidemiologic methods for studies that will prepare for rotavirus vaccine evaluations. In addition, there are several key methodological issues that can be addressed.

February 21
Friday
16:00-17:30 (Part I) **Design and analysis of cluster studies** (3 sessions)
February 22
Saturday: 14:00-15:30 (Part II); 16:00-17:30 (Part III)
Resource person:
Dr. Stephen Walter
(Pre-registration required)

The workshop will review the practical implementation and some aspects of the theory involved in cluster-based studies. The cluster approach is sometimes used in randomized clinical trials, or in observational studies. For example, in a randomized trial of a medical education intervention delivered to physicians, the outcome may be measured in clusters of patients within medical practices. Similarly, non-randomized studies may also involve cluster-based samples. Cluster-based studies have become increasingly popular in recent years. The statistical implications of having clustered data will be reviewed, together with an indication of situations where this type of design may be useful in clinical epidemiology. There will be a brief discussion of completely randomized designs, matched pair designs, and stratified designs. Selected approaches to the analysis for quantitative, binary and other types of data will be mentioned, together with methods for sample size calculation. Finally, the reporting of studies of this kind in the literature and the ethics of executing such studies will be discussed.

February 22
Saturday
14:00-15:30 **Leadership and management program: Finding**
What You Want on the Web: ICTs and KM for Researchers
Organizers: Nancy Johnson and L. Jeyaseelan
Resource person: Dr. Vic Neufeld

Locating the current literature and sorting the good from the bad is a key knowledge management task of researchers. New Information and Communication Technologies (ICTs) have made this task easier and, at the same time, more difficult. On the one hand, a variety of initiatives are making research published in international peer-reviewed journals easier to access by researchers in developing countries. What are these initiatives? How does one become a subscriber and use the technology involved? On the other hand, ICTs have created the problem of information overload. Grey literature is now everywhere on the web. How does one locate relevant research from this morass of unindexed literature? How does one assess its quality? Lastly, how does one properly cite and reference on-line documents in academic papers, grant proposals or reports? Join us and find out!

Continuing education sessions

February 21
Friday
14:00-15:30 **Redefining the role of clinical epidemiology for the future**
Resource person:
Dr. Suzanne Fletcher, Harvard Medical School, USA

February 21
Friday
16:00-17:30 **Social sciences**
Resource person:
Dr. Michael Phillips, Beijing Hui Long Guan Hosp., China

February 22
Saturday
14:00-15:30 **Clinical economics**
Resource persons:
Dr. Chen Jie, WHO, Geneva, Switzerland
Dr. Shally Awasthi, King George's Medical College, India

Economic evaluation has increasingly become part of modern healthcare. This session reviews the basic methods of economic analyses as well as evolving techniques. The relationship of epidemiological work to economic evaluation will be highlighted and discussed.

CCEB-Newcastle expands research and training collaborations

The Centre for Clinical Epidemiology & Biostatistics (CCEB) at the University of Newcastle, Australia, expands its program of research collaborations in research institutes and universities through a program of research training grants from the Wellcome Trust. The application for collaboration with the Gadjah Mada University (GMU) in Indonesia was approved with Dr. Sofia of the Centre for Nutrition and Health, GMU, as CCEB's partner. The group's work in Indonesia will involve examination of adolescent obesity and related risk factors in Yogyakarta. Another grant of this kind is in collaboration with the Nutrition Centre of Ho Chi Minh City, represented by Dr. Cuong who will be assessing the extent of obesity in adults in Ho Chi Minh City.

Aside from these research training grants, CCEB and its partners have attracted the following research grants: from Wellcome Trust—for mineral supplementation in the treatment of acute diarrhea in children in India with Dr Michael Dibley of CCEB and Archana Patel of the Indira Gandhi Medical College in Nagpur as co-investigators; from the Nestle Foundation—for a malnutrition study in rural Vietnam with Mr Do (CCEB student), Drs. Ninh and Mai (National Institute of Nutrition, Hanoi, Vietnam) and Dr Michael Dibley as co-investigators; from HMRI—for alternative therapy with menopausal patients in Newcastle, Australia with Dr. Usha Parvathy (General Practice), Dr. Jon Adams (CCEB), Dr David Sibbritt (CCEB) as co-investigators. Drs Dibley and Patel will do a randomized controlled trial on zinc and copper supplementation in the treatment of acute diarrhea in children. Mr. Do and his co-workers will work on the relationships between body mass index and micronutrient malnutrition and the risk of morbidity in adults aged 18 to 60 years in rural Vietnam. Dr. Parvathy and co-investigators will work on the menopausal patients' perceptions on risk and benefits of herbal treatment, in relation to breast cancer.

CCEB was also awarded a grant from the Australian Agency for International Development for "The Health and Social Research Project: Risks and Benefits of Arsenic Mitigation Programs in Bangladesh". In addition, CCEB is undertaking the SHOAMP Project (Study of Health Outcomes in Aircraft Maintenance Personnel). Commissioned by the Australia Department of Defence, the primary investigators are Dr. Catherine D'Este, Dr Anthony Brown, Dr John Attia, and Dr. Julie Byles.

Meanwhile, the Qualitative Research Laboratory holds regular workshops entitled "An Introduction to Qualitative Research: From Design to Analysis". Facilitated by Dr Jon Adams, CCEB Lecturer in Health Social Science, the workshops in July and October, 2002 attracted a lot of interest among undergraduate students, postgraduate students and researchers from within the University of Newcastle, the Hunter region, and across New South Wales. Workshop participants, who came from a diverse range of academic and practice backgrounds, worked hard on

INCLLEN-Southeast Asia expands membership, boosts committee activities

The Department of Community Health Sciences in Aga Khan University, Karachi, Pakistan was recently added to INCLLEN-SEA as its 17th member. CEU-AKU is not really new at INCLLEN-SEA. The CEU at Aga Khan University (CEU-AKU), under the direction of Dr. Tazeen Jafar, has been an active participant in the meetings of INCLLEN. Members have presented research findings in global meetings and have attended continuing education sessions. It collaborated with the University of the Philippines in a capacity-building activity on evidence-based medicine in June, 2000. With AKU's membership becoming official, meaningful collaborations and extension of INCLLEN's work in Pakistan are underway.

The application of the Clinical Research Centre (CRC) of Hospital Kuala Lumpur, Malaysia as a CEU was revised and re-submitted to the INCLLEN Board of Trustees. CRC's research and training activities as well as its multi-disciplinary membership were highlighted in the revised application. CRC was admitted by INCLLEN-SEA as its 16th member in its November 2001 meeting in Khon Kaen, Thailand.

Ongoing research collaboration appears to be productive as demonstrated by the ongoing regional project, "Evidence for Quality in Asia and Australia", or EQUAL (See Box below).

The Capacity Development Committee is polishing the proposal for a Distance Learning Program in clinical economics. This initiative is envisioned to promote not only training but also research in clinical economics in the region.

Preparations for the INCLLEN-SEA IX Scientific Meeting are underway. The Philippine network will host the meeting on June 19-21, 2003 in Manila. For more information, visit www.inclensea.org.

Myra Adoptante
Administrative Officer
INCLLEN-SEA

INCLLEN-SEA links evidence and quality

On August 30 - September 1, 2002, the INCLLEN-Southeast Asia Regional Office and INCLLEN-Southeast Asia Collaborative Research Committee hosted the Evidence for Quality in Asia and Australia (EQUAL) Phase 1 Data Analysis and Phase 2 Protocol Development Workshop in Manila, Philippines.

EQUAL is a research collaboration among INCLLEN-SEA member countries that aims to determine the ways by which evidence is being used to develop health care guidelines and policies and whether such evidence-based guidelines and policies improve processes and outcomes of care. The study will also determine what factors enhance and inhibit the effectiveness of evidence-based guidelines and policies in improving processes and outcomes of care.



EQUAL country representatives at the workshop in Manila

group-based exercises designed to introduce conceptual and methodological issues core to conducting effective qualitative research. The enthusiasm of the participants produced a successful and enjoyable learning experience. Feedback was very positive and encouraging.

Dr. Jon Adams will be conducting similar workshops in Manila and Beijing in 2003. For further information, Jon can be contacted at tel. no. +61 2 49236148 or e-mail: qrlab@mail.newcastle.edu.au.

Julie Byles
Director, CCEB
University of Newcastle

Jane Gibson
Executive Officer, CCEB
University of Newcastle

Dr. Jose Acuin, Chair of the INCLLEN-SEA Collaborative Research Subcommittee, and Prof. Cynthia Cordero, Coordinator of the INCLLEN-SEA, facilitated the sessions. EQUAL country representatives from Thailand, Malaysia, Philippines, Vietnam, and Indonesia attended the workshop. Members of the Philippine Clinical Epidemiology Network (PhilCLEN) also participated.

The workshop dealt with the review of EQUAL Phase 1 aims, objectives and methods, country presentations of Phase 1 outputs and plans, and Phase 2 protocol development. The second day of the workshop featured critical appraisal clinical practice guidelines for tuberculosis and hypertension using the Shaneyfelt and AGREE instruments, discussion on study design and sampling issues, data management and analysis issues, and country presentations of the Phase 2 draft protocol.

The EQUAL country representatives, Dr. Kittisak Kulvichit (Thailand), Dr. Marissa Alejandria (Philippines) and Dr. Rugayah Bakri (Malaysia), presented their Phase 1 results, while Dr. Joseph Ekowahono (Indonesia) and Dr. Bach Huy Anh (Vietnam) presented their plans. The members also prepared their Phase 2 draft country protocols. The group agreed that the general design to be adopted by the collaboration is a comparison of at least two educational dissemination strategies to disseminate clinical practice guidelines using either an experimental study with clusters as the unit of randomization or a quasi-experimental study with clusters as the unit of observation. A Central Data Coordinating Center (DCC) has been formed in Manila with Ms. Danaida Marcelo, De La Salle University biostatistician, as Coordinator. The DCC will work to assure data quality by coordinating and monitoring the data collection through management and analysis of the country data. The DCC will also be responsible for the integration, analysis, and reporting of the regional data. The project is envisaged to be completed in two years.

Research

BrazilSAFE receives support from FAPESP

São Paulo CERTC is an active INCLEN site of the “World Studies of Abuse in Family Environments” (WorldSAFE), a multi-country collaborative study involving INCLEN researchers from Brazil, Chile, Egypt, India, Philippines and the United States. Dr. Isabel Bordin, child psychiatrist, and Cristiane de Paula, psychologist announced recently that BrazilSAFE, the WORLDSAFE team in Brazil, received funds from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP), the State of Sao Paulo Research Foundation, one of the most prestigious and rigorous governmental funding agencies in Brazil. After six months of data collection, 60% of the target 864 women have already been interviewed.

BrazilSAFE is a population-based study that aims to provide evidence on the prevalence of domestic violence and mental health problems among children in a Brazilian urban poor neighborhood. The study also aims to determine the risk factors of these problems. The study includes professionals from the Federal University of São Paulo who are involved in child health care. A local intervention targeting parents of children at risk is being examined as a possible collaboration of this study group in Brazil with McMaster University in Canada.

*Isabel A. S. Bordin
Clinical Epidemiology Unit
Federal University of São Paulo
Escola Paulista de Medicina*



Some members of the BrazilSAFE team

INCLEN ChildNET conducts formative research for zinc supplementation trial

After launching the project, “Acceptability and cost-effectiveness of zinc supplementation in the treatment of acute watery diarrhea in children,” INCLEN ChildNET has also started formative research to identify appropriate messages for the introduction of zinc tablets to mothers and clients. Taking part in this project are Brazil, Ethiopia, Egypt, India, South Africa, and the Philippines. Adopting a multi-disciplinary approach, the project will employ both qualitative and quantitative methods to meet the study objectives.

From June to July 2002, the teams from India and the Philippines initiated baseline data gathering and development and testing of key messages. Their experiences were incorporated into a manual, which has been circulated among the other country teams and which serves as a guide in adapting the messages into what will be locally and culturally acceptable. The adapted messages are expected to draw upon the mothers’ beliefs and concepts with regard to childhood illness. The formative research will also consider other issues and concerns of mothers in giving zinc with oral rehydration therapy, other medicines, and other foods and fluids during diarrhea.

In addition, a behavioral study will be done to test the potential zinc messages with actual diarrhea clients. Inputs from this activity will contribute to the refinement of the messages and possible improvements of the procedures in the clinical trial.

The Zinc Project is being coordinated by Dr. Shally Awasthi. The members of the project’s Central Coordination Team are experts from various disciplines including: Dr. Gidhar Awarwal (biostatistics), Dr. Cecilia Acuin (anthropology), Mr. Jaideep Singh (computer programming), and Ms. Rohini Das (sociology). Technical advice is being provided by Dr. Robert Black (JHU, USA), Dr. Olivier Fontaine (WHO, Geneva), Prof. Stephen Walter (McMaster, Canada), and Dr. Mark Nichter (Arizona, USA). The Zinc Project is a collaborative effort between the INCLEN ChildNET, the Johns Hopkins University and the World Health Organization.

INCLEN launches Knowledge ‘Plus’ Program (from page 1)

was then submitted to the Rockefeller Foundation for start-up funding, and this was subsequently approved.

The KPP aims to improve health care in low- and middle-income countries through the development of research-driven health practice guidelines, namely Knowledge ‘Plus’ Packages. In addition to a focus on efficacy, effectiveness, and efficiency of key health interventions, the ‘Plus’ component of the program will determine local appropriateness and impact on equity of these interventions.

The program will identify priority health problems and relevant, available knowledge regarding such problems; appraise knowledge for efficacy, effectiveness, and efficiency; develop “filters” for local appropriateness and equity impact; and develop, disseminate and evaluate implementation of the Knowledge ‘Plus’ Packages.

Prediction equations for Spirometric Reference Values based on a sample from a Colombian population

Rodríguez N, Rojas MX, Dennis R, Maldonado D, Guevara D.
Javeriana University, Bogotá, Colombia.

Note: This study was awarded as the best paper presented at The XVII Colombian Internal Medicine Association Faculty. Cartagena, Colombia. October 10-13, 2002.

Objective: Previous lung function reference values have been derived in populations with characteristics that can be different from the Colombian population. This study aimed to develop national reference equations for males and females to describe normal pulmonary function, based on four pulmonary spirometric parameters: FEV₁, FVC, FEV₁/FVC and FEF₂₅₋₇₅.

Design: Secondary analysis of a prevalence study of respiratory problems in a sample of a Colombian population.

Setting: Five Colombian towns that were included in the prevalence study.

Participants: After verification of inclusion and exclusion criteria, 2,708 spirometric flow/volume curves from asymptomatic, lifelong non-smoking participants in the survey were included.

Interventions: The use of equipment and procedures for spirometry examinations conformed to the American Thoracic Society's (ATS) recommendations. The quality of data was monitored and technician performance was standardized.

Main Outcome Measures: FEV₁, FVC, FEV₁/FVC and FEF₂₅₋₇₅ were the outcomes for each prediction equation. Age and height were considered as independent predictors.

Results: Two spirograms were excluded because height information was missing. Study subjects were between 9 and 64 years old, with 57.5% were under 19 years. Sixty-three percent were females. Plots of lung functions versus age and height suggested that best change point for males was 20 years of age and 18 for females. Piecewise polynomial models fit was similar with those reported in other studies in some parameters but better for others. For FEF₂₅₋₇₅, the final model did not have as good a fit as others. The bootstrap technique found a good reliability for most of the final models.

Asthma and other allergic conditions in Colombia: A study in six cities

Dennis R¹, Rodríguez MN¹, Rojas MX¹, Caraballo L², Garcia E², Caballero A³, Aristizábal G⁴, Córdoba H².¹ Clinical Epidemiology and Biostatistics Unit, PUJ. ²Scientific Societies of Asthma and Immunology, ³Pulmonology and Thorax Surgery, ⁴Pediatric Pulmonology. Bogotá, Colombia.

Note: This study was one of the four finalists in the prestigious "2002 Colombian Association of Pharmaceutical Companies (AFIDRO) Award for Best Research in the Country in 2001". The award comes with around US\$50,000.

Objectives: To describe the prevalence, severity and impact of asthma in six cities in Colombia.

Design: Cross-sectional survey of a sample of 5,881 persons between 1 – 59 years old from six cities in Colombia.

Methods: We took a stratified random sample of primary and secondary schools in the public and private systems. In each institution, we identified the classrooms with students between 5 – 18 years old, made a random selection of the students, and interviewed them in their homes. In the home visit survey, children in these homes aged 1 – 4 and adults aged 19-59 years were also identified.

Results: The adjusted prevalence of current asthma, defined as symptoms during the last year, was 10.4% (95% CI: 9.7 - 11.1%). Significant differences were found among age groups but there was no significant difference among cities. Current asthma severity—as measured by awakening at night, limited speech, need for emergency visits and hospitalization—were different depending on the cities, with Cali and San Andres having higher rates. The accumulative prevalence of asthma by medical diagnosis was 22.8% (95% CI: 5.6- 6.8%). There were no significant differences by cities. With respect to the economical impact of asthma, 41% of asthmatics reported had expenditures due to asthma and 50% reported losing days of school or work due to asthma symptoms or medical care.

Conclusions: We found significant differences in the frequency of asthma among the age groups. Differences found among cities need to be studied in detail, particularly climate and geographic factors associated with asthma. The impact of asthma in the population supports the necessity of new national health care policies for diagnosis and management of the asthmatic population.

INCLEN will utilize and strengthen current information and communications technology (ICT) to enhance the collection, organization and sharing of knowledge. The development and expansion of ICT among stakeholders and partners will be an integral strategy of the program. For stakeholders with limited access to ICT, alternative solutions will be investigated.

The KPP, through its focus on local appropriateness and equity, is expected to achieve a higher specificity and level of integration of "best appropriate practice" for improved health care in developing countries. Its focus on priority health problems of participating countries and regions is expected to achieve optimal knowledge translation as the relevant Knowledge 'Plus' Packages are designed to inform policy makers, healthcare providers and the public in these countries. "Knowledge managers" are also expected to emerge in the regions and countries, ensuring sustainability and effective knowledge translation. Other 'products' of the proposed program include: 1) a forum for organizational learning at country, regional and inter-regional levels; 2) refined appraisal tools for local appropriateness and equity; 3) a virtual library of indigenous health research; and 4) a comprehensive training strategy for the Knowledge 'Plus' Program.

Continued on page 21

A survey on existing regional health research networks in Africa

Macharia, W.M., INCLEN-Africa and Steering Committee on Africa Health Research Forum (AHRF)

This is a summary of survey results presented at Forum 6 in Arusha, Tanzania in November 2002 on the occasion of the launch of the AHRF. This work was carried out with financial support from International Development Research Centre, Canada. The author acknowledges the support of the Global Health Research Forum, the Africa Health Research Forum Steering Committee, COHRED-Africa, Prof Mutuma Mugambi and Dr Griet Onsea for various inputs in this project.

Introduction and Objectives

That health research in Africa has not been accorded the attention it deserves is unquestionable. This, and the need to seek solutions to constraints to health development in Africa, prompted an extensive consultation within Africa in 2000. The process involved close to 300 individuals and 118 institutions from 18 countries. From these consultations arose a number of recommendations, among which was the establishment of an African health research forum. The Africa Health Research Forum (AHRF) was then established and at the first meeting of its steering committee in Arusha in December 2001, it was recommended that some important studies be undertaken, one of which was the collection of baseline data as part of a situation analysis on the status of the research environment in the African region. The committee also identified the need to collect baseline information on the existing regional and sub-regional networks to facilitate identification and early involvement of stakeholders for the AHRF. This study was conducted to identify sub-regional and regional health research networks based in Africa. It also determined the mission/vision, objectives and commitment to support the aspirations of the AHRF of the identified networks.

Methods

Procedures included generation of a list of networks and contacts already known to participants at an AHRF/ENHR (Essential National Health Research) steering group meeting held in Entebbe, Uganda in August 2002. This was supplemented by electronic inquiries from key informants personally known to the investigator. A second list was obtained from the Afronets Inventory of African Health Research Networks. It was further expanded through two electronic internet searches namely: Google Search (www.google.com) using the term "Africa Health Research network" and a Search using the Yearbook of International Organizations – Guide to Global Civil Society Networks web page (www.uia.org) under "International Organizations" in Africa. A one-page questionnaire was circulated to contacts of health research based organizations and networks involved either in research generation, dissemination or application. Information gathered included membership, mission, objectives, year of launch, areas of interest in health development and willingness to join the AHRF. Questionnaires were sent only to organizations perceived to be truly regional or sub-regional in scope. A list of the identified networks was attached and the contacts were requested to suggest other eligible networks missing from the list.

Electronic mail was sent to all the identified networks. Undelivered mail was scrutinized for errors, corrected and resent. Undelivered mails with correct addresses were sent by fax or airmail. Two electronic reminders were sent after 1-2 week interval.

Results

Ten organizations/networks in Entebbe, Uganda were identified but only 4 were found to have a regional or sub-regional scope. Twenty-nine research groups were obtained from previous searches. The Google search generated 825 out of possible 521,000 hits. Fifty health research-related organizations or networks working in Africa were identified from the Yearbook webpage out of 1,033 international organizations in Africa, but only 24 were considered eligible. Scrutiny of the products of the above different sources yielded 38 organizations considered to be either regional or sub-regional. These included regional chapters of international research organizations and networks. Three of the organizations had no available contact details. Only 14 of 35 contacted (40%) responded to the questionnaire (see Table 1). Of those who replied, 9 expressed willingness to become members of the Forum while 2 wished to collaborate. Three organizations needed more time to consider their preferred relationship with the Forum after internal consultations. No new organizations were suggested to the attached list suggesting exhaustiveness of the search.

Discussion

Stakeholders of health research in Africa are in the process of formulating an umbrella organization in pursuit of the recommendations made during the International Conference on Health Research for Development held in Bangkok in 2000, namely: the creation of an African health research forum to help articulate the African voice on health research; development of a health research framework for accelerated development; strengthening of health research networking in the region; provision of technical and material support to countries; and development of health research ethics and leadership.

The newly established AHRF is not in any way intended to encroach on the domains of any of its potential members but would seek to support and link up individuals and organizations sharing similar goals. A draft constitution for the AHRF has been drawn and is being presented to the stakeholders for discussion. Initial analytical tasks that are critical have also been identified and assigned to various members of the Steering Committee for implementation.

Table 1. Some features of organizations / networks that participated in this study

Although several attempts were made to reach as many as possible of the identified potential member organizations, the response rate to the questionnaire was unacceptably low. Granted that the contacts used might not have been the most up to date and that a number of the organizations would have to discuss the invitation with their management boards, more time would need to be given to the remaining non-responders. Nevertheless, a brief response would generally have been expected. It could also be argued that a significant number of the potential members might not have been involved in the consultative process that took place prior to the Bangkok meeting. Such a position would work against cultivation of a sense of ownership of the Forum, thus leading to a poor response rate. Alternatively, a number of the networks might be either non-functional or probably not interested.

Nonetheless, this survey identified the need to undertake a rigorous awareness campaign and further consultations with all potential stakeholders in Africa. This exercise would ensure that the Forum will be “an all-inclusive” body of individuals and organizations that share a common vision for improvement of health research practice and application in Africa. Anything short of that would fail to actualize the intended aspirations of the AHRF.

Conclusions

The overall response rate to the survey was below expectation, considering the important role the AHRF is expected to play in the advancement of health development in Africa. This could either be a reflection of the communication apathy that afflicts many organizations in Africa or an intra-network management handicap. Nevertheless, despite the consultative process undertaken prior to the Bangkok 2000 Global Forum meeting, it is quite evident that many regional organizations and networks may not be conversant with the current efforts to set up the Africa Health Research Forum. More consultations and advocacy for the Forum are needed to cultivate more interest and a wider sense of ownership. It will also be worth finding out which of the listed networks are still active in research-related activities and determine those that would have the capacity and commitment to contribute to the Forum.

For details on AHRF and Table 1, contact:

Dr. William M. Macharia
 Department of Paediatrics and Child Health, Faculty of Medicine
 University of Nairobi, PO Box 19676, Nairobi
 E-mail: africlen@africaonline.co.ke

Organization or network (Year of launch)	Membership base	Countries involved	Interest in AHRF
Africa Essential National Health Research Network, or Africa ENHR (1996)	ENHR practitioners in Africa	All countries in Africa	Member
Francophone ENHR (1999)	Institutions or countries	17 Francophone countries in Africa	Member
INCLEN-Africa (2000)	Countries with Clinical Epidemiology Units in medical schools/institutions	Cameroon, Egypt, Ethiopia, Kenya, South Africa, Uganda and Zimbabwe	Member
African Malaria Network Trust, or AMANET (1995, as AMVTN)	Individuals, institutions and countries	All in Africa	Member
AfriHealth (2002)	Individuals, institutions or countries	N/A - Just recently launched	Partner
Alliance on Health Policy & Systems Research, or AHPSR (Africa)	Country institutions, international programs and networks		Partner
International Network of Field Sites with Continuous Demographic Evaluation of Populations and Their Health in Developing Countries, or INDEPTH (1998)	Individuals, institutions or countries	28 sites in 17 countries	Member
S.Africa Cochrane Centre (1997)	Individuals		Undecided (for Board discussion)
Scientists for Health and Research for Development, or SHARED Africa (2000)	Individuals, institutions or countries	All countries in Africa	Member
Eastern Africa Network for Trypanosomiasis, or EANETT (2001)	Individuals or institutions	Kenya, Uganda, Tanzania, Sudan and Switzerland	Undecided (for Board discussion)
Social Science and Medicine Africa Network, or SOMANET (1992)	Individuals or institutions	Global including Africa	Member
Tropical Education Network, or TropEd Network (1996)	Universities and institutions of higher learning	Europe, Asia, Africa and Latin America. 13 European countries.	Undecided (possibly)
Africa Medical Research Foundation, or AMREF (1957)	Countries	Kenya, Uganda, Tanzania, South Africa, Mozambique, Ethiopia, Rwanda	Member
International Network for Rational Use of Drugs, or INRUD (1989)	Organizations/ groups	Ghana, Nigeria, Tanzania, Uganda, Zimbabwe and Kenya in Africa	Member

INCLEN participates in GFHR's Forum 6



Forum 6, the annual global meeting of the Global Forum for Health Research (GFHR), was held in Arusha, Tanzania on November 12 - 15, 2002. It brought together some 700 global health and development decision-makers, researchers and the media to discuss current and future priority issues for global health research.

Plenary and parallel sessions examined the progress made by global health organizations after the WHO Commission on Macroeconomics and Health and the Millennium Development Goals had been set. The Forum took stock of successes in health research, research collaborations, and research capacity strengthening at the national, regional and global levels. Notable at the Forum 6 were the new initiatives launched by regional forums for health research, and the theme of gender and equity cross-cutting various research priorities.

As a health research partner of GFHR, INCLEN was ably represented at Forum 6. Dr. Mary Ann Lansang, INCLEN Executive Director, and Dr. K. Srinath Reddy, IndiaCLEN President, were among the discussants in the plenary session on "Using research synthesis as a tool to help correct the 10/90 gap". Dr. Reddy, who is also the coordinator of the Global Initiative for Cardiovascular Health Research in Developing Countries, organized two sessions on "High Blood Pressure (HBP) in Africa: planning for programme-relevant research" and "Community-based control of cardiovascular disease (CVD): special issues in research".

Dr. Rodolfo Dennis, on behalf of Gloria Ines Palma-Alvarez, Head of Colombia's National Program for Science and Technology in Health, presented his country's successful experience in mobilizing national resources for health research. On behalf of INCLEN, Dr. Dennis also presented a paper entitled "Linking research to policy in developing countries" in the symposium on "Health research for policy, practice and action". In the same session, Dr. Victor Neufeld and Dr. Indra Pathmanathan presented "The modules on research to policy and training strategy", the production of which INCLEN was an active collaborator. Dr. Shally Awasthi presented a paper entitled "Access to health services for the child from a gender perspective" in the session on "Gender and child health research".

Forum 6 also marked the launch of the African Health Research Forum, which is aimed at promoting health research for development in Africa. It is also envisioned to strengthen the African voice in shaping and implementing the global research agenda. Dr. William Macharia, former AfricaCLEN secretary-general, presented results from the "African Health Research Forum survey on existing regional health research networks." (See related story on page 18.)

Dr. Pilar Ramos-Jimenez presented a progress report of the Child Health and Nutrition Research (CHNR), a project involving some INCLEN members, namely: Dr. Cecilia Santos-Acuin, Dr. Awasthi and Dr. Macharia. The study is an assessment of research priorities and capacities in the regions of Asia and Africa.

Child Health and Nutrition Research (CHNR) in Asia and the Pacific assesses research priorities and research institutions

The Child Health and Nutrition Research (CHNR) in Asia and the Pacific is a component of the new CHNR Initiative of the Global Forum for Health Research. It aims to use available data and resources to describe the progress that has been made in child health and nutrition status and how research has contributed to this condition. Research gaps and potential strategies to address them will also be undertaken. This work, one of the collaborations between INCLEN and the GFHR, is also being done in Africa and Latin America (details in the July 2002 issue of the *INCLEN News*).

Participating countries were selected based on the UNDP Human Development Index and the WHO Health Systems Performance. China, India, Indonesia and the Philippines were selected to provide case studies that would illustrate how research priorities are selected and addressed. In addition, surveys will be done on sentinel conditions in these countries. This will provide an initial database for regional institutions and actors in CHNR. The surveys will also be done in Sri Lanka, Bangladesh, Lao PDR and Papua New Guinea.

Dr. Pilar Ramos-Jimenez presented a preliminary report at the GFHR Forum 6 in Arusha, Tanzania in November 2002. The literature

review shows that most of the available information about the CHN status has been collected by multilateral agencies, the UN, the Asian Development Bank, the World Bank and other donor groups. The data confirm wide disparities within the region in terms of child health and nutrition status and of the other sectors that influence or interact with health. Inequitable distribution of resources has had unfavorable effects on the population's health and nutritional status. The desired targets to improve the health and nutritional status of children indicated in the Millennium Development Goals and the World Summit for Children have yet to be met, especially in many developing Asia-Pacific countries. A regional website is being developed to track project progress and provide access to the database. Consultation and comparison across the region will be undertaken to assess current regional capacity to conduct CHNR and to identify the challenges for the next decade.

Dr. Cecilia Santos-Acuin, project coordinator, works with the following co-investigators and country coordinators: Dr. Pilar Ramos-Jimenez – Philippines; Dr. Shally Awasthi and Dr. Hadi Pratomo – India; Dr. Wang Yi – China; Dr. Tudor Silva – Sri Lanka; Dr. David Sack – Bangladesh; Dr. B. Boupha – Lao PDR; and Dr. Ruth Starke – Papua New Guinea. Support for the project comes from the Global Forum for Health Research.

Collaborative Training Program Modules now available

The Collaborative Training Program. *Health Research for Policy, Action and Practice. Training Modules*, The Collaborative Training Program for Health Research for Policy, Action and Practice, Version 1, 2002 are now available at

<http://www.inclentrust.org>.

These modules are the result of a collaborative venture known as the Collaborative Training Program on health research for policy, action and practice. Four international organizations namely the Alliance for Health Policy and Systems Research (AHPSR), the Council on Health Research for Development (COHRED), the Global Forum for Health Research (GFHR) and the INCLLEN Trust pooled resources for the program. These organizations share the objective of enhancing capacity in health research.

The modules are also available at these websites:

AHPSR website: <http://www.alliance-hpsr.org>;

COHRED website: <http://www.cohred.ch/>;

GFHR website: <http://www.globalforumhealth.org>.

Feedback on the first version of these modules is very welcome

INCLLEN launches Knowledge 'Plus' Program *(from page 1)*

Four teams have been formed, namely: Team A (Priority Setting) headed by Dr. Juan Gabriel Ruiz from Colombia; Team B (Tools and Filters) headed by Dr. Antonio Dans from the Philippines; Team D (Information and Communications Technology) headed by Dr. L. Jeyaseelan from India. Team C is the coordinating team headed by Dr. Visanu Thamlikitkul.

The team leaders and Dr. Mary Ann Lansang met in Manila on October 14-15, 2002 at the INCLLEN Trust Executive Office. On the first day of the meeting, the group had initial priority setting exercises, which will subsequently be validated at regional and national levels. In these exercises, the group did not only consider the usual criteria like burden of illness, costs and feasibility but also emphasized the identification of potential clients and their needs. Four topics were then suggested, namely: acute respiratory infections among children under 5 years (ARI), tuberculosis, HIV/AIDS and in particular antiretroviral therapy, and hypercholesterolemia. The group agreed that after validation of priority areas, task forces for the top priorities would be created and potential members identified. These task forces will work closely with clients towards the development of KPlus products.

For details on knowledge management, visit www.inclentrust.org and check the LAMP module on knowledge management. For details on KPP and those interested in joining specific teams or working groups, contact the KPP coordinator, Dr. Visanu Thamlikitkul (e-mail: sivth@mahidol.ac.th).

UNESCO Award for INCLLEN Board Member

Professor Ranjit Roy Chaudhury, member of the INCLLEN Board of Trustees, was awarded the "UNESCO-UNITWIN Award" for his contributions in the field of rational use of drugs. The award was given by the Director General of UNESCO in Paris on November 13, 2002.

The citation for the Award, presented before an audience of about 1,000 persons, described Professor Chaudhury's contributions as the UNESCO Chair in Rational Use of Drugs at the College of Public Health, Chulalongkorn University, Bangkok and in New Delhi, India. In Thailand, he and his team have been largely responsible for establishing training program in rational use of medicines, both at the undergraduate level and postgraduate levels in the colleges of medicine, pharmacy, and nursing. He has also disseminated information about the successful experience of countries in this field through a three-volume work, "International Experience in Rational Use of Drugs", published by the Chulalongkorn University.



In Delhi, Professor Chaudhury and his team have set up the "Delhi Model" of Rational Use of Drugs. Without any additional expenditure, they have enhanced access to essential medicines to all patients in hospitals of the Government of Delhi and health centers. Ninety percent of the medicines prescribed in Delhi hospitals are actually provided free to the patients. Quality assurance for these medicines has been made possible by a package consisting of: development of a list of essential drugs, pooled procurement of the drugs, restricting prescriptions based on the list of essential drugs, establishment of a quality assurance system, training in rational prescribing, providing information to doctors and patients, and establishing a system for research and monitoring. The Model was presented by Professor Chaudhury at a technical meeting held in May 2002 during the World Health Assembly.

At present, Professor Roy Chaudhury is Emeritus Scientist at the National Institute of Immunology, New Delhi. He has also been the Coordinator of the India-WHO Programme in Rational Use of Drugs since 1997; and is currently carrying out a second term as the founder President of the Delhi Medical Council.

Announcements

CEUs and CERTCs

- Warmest congratulations to the Clinical Epidemiology Unit of **Aga Khan University** for being accepted as the newest member of INCLen-Southeast Asia. The CEU director at AKU is Dr. Tazeen H. Jafar.
- The entire INCLen family also welcomes **Michigan State University (MSU)** as the newest member of CanUSACLEN. Dr. Mohammad Rahbar heads the MSU CERTC.
- **Dr. Xavier Gonzalez-Mestre**, is now the new director of the Clinical Epidemiological Unit – General Member of Barcelona, effective October 1, 2002 with Dr. Rafael Abos-Herrandiz as the adjunct-director. Dr. Mestre can be reached at xgm@dtb.scs.es or at their new address at **UCE-GM-BARC Passeig Lluís Companys, n° 7 2º 08003-Barcelona, SPAIN**
- Welcome to **Professor Dr. Kammant Panthumchinda** who has taken over from Dr. Montchai Chalaprawat as the new director of the CEU at the Faculty of Medicine, Chulalongkorn University.
- **Dr. Zhao Shu-Ping** is the new director of the Department of Clinical Epidemiology of Hunan Medical University. He can be contacted at zhaosp@public.cs.hn.cn
- The Clinical Epidemiology Unit at the University of Antioquia, Colombia has a new director, **Dr. Carlos Palacios** and a new sponsor, **Dr. Jaime Restrepo Cuartas**. They can be reached at cpalacio@epm.net.co
- **Dr. Archana Patel** is the new director of the Clinical Epidemiology Unit of Indira Gandhi Medical College in Nagpur.
- Welcome to **Director Erastus K. Njeru**, new director of the Clinical Epidemiology Unit of the University of Nairobi. The Unit also has a new sponsor, **Dr. Dominic Makawiti**. They can be contacted at nbiceu@africaonline.co.ke and eknjeru@hotmail.com

New Appointments

- **Dr. Peter Tugwell**, Professor of Rheumatology and Clinical Epidemiology at the Faculty of Medicine, University of Ottawa, Canada, was appointed as American co-editor of the *Journal of Clinical Epidemiology*. The American editorial office of the Journal was moved from Yale University School of Medicine, New Haven, USA, to Ottawa on July 1, 2002. Dr Tugwell is also the director of the Centre for Global Health, Institute of Population Health, University of Ottawa.
- Congratulations to **Dr. Shally Awasthi** for being selected as a board member of CHNRI (Child Health and Nutrition Research Initiative, Global Forum for Health Research). Representing the constituency of NGOs in the South, Dr. Awasthi will participate in setting policies and guidelines and development activities for CHNRI.
- Warmest felicitations to **Dr. Antonio Alves da Cunha**, who was appointed as the new director of Instituto de Puericultura de Pediatria Martagao Gesteira (IPPMG) of the Federal University of Rio de Janeiro, Brazil, beginning October 2002.
- **Dr. Lynn Parkinson**, Research Fellow in Healthy Ageing, was appointed by Hunter Ageing Research (HAR), Newcastle, Australia in July 2002, seconded from the Hunter Centre for Health Advancement, Wallsend Campus. Dr. Parkinson will help manage current HAR projects and develop the portfolio of projects within HAR. She has extensive experience in both quantitative and qualitative methods in population health and has a keen interest in the use of technology as a research tool. For inquiries regarding the talent pool at the Centre for Clinical Epidemiology & Biostatistics, University of Newcastle, Australia, contact her at: lynne.parkinson@newcastle.edu.au

CONFERENCES

> **The Iberoamerican Cochrane Center** will host the **11th Cochrane Colloquium in Barcelona, Spain** from **October 26–31, 2003**. The theme of the Colloquium is: Evidence, Health Care and Culture. The Colloquium aims to study the process of producing quality health care information, explore its availability and application, bearing in mind the different cultural conditions faced by citizens, health professionals and governments around the world. The first part of the Colloquium (October 26-28, 2003) will be devoted to activities on methodological training, coordination of groups and committee meetings. The second part (October 29-31, 2003) will focus on the application of scientific evidence, taking into consideration the different needs, circumstances and perspectives of the consumers, health care providers in different health care environment settings and governments in general.

> **The Southeast Asia and Western Pacific Bi-Regional TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network) Conference** will be held on **May 25-30, 2003** at the Club Panoly Resort, Boracay, the Philippines with the theme, "Collaboration for Effective Public Health Surveillance and Response". For further inquiries, please contact Dr. Ma. Concepcion Roces, Chair, Scientific Committee at tephinet2003@yahoo.com.

> **The International Academy on Nutrition and Aging (IANA)** will hold its 2nd meeting on **July 10-12, 2003**, to be held in Albuquerque, New Mexico, USA, home of the new Mexico Aging Process Study (NMAPS). Interested parties may contact the University of New Mexico Continuing Medical Education, Medical Bldg. 2, Room 101, Albuquerque, NM 87131-5126, USA; telephone number (505) 272-3942, fax number (505) 272-8604 or send email at VWinter@salud.unm.edu

Awards and Grants

- Congratulations to **Dr. Vic Neufeld** who was awarded the distinction of “PAHO Public Health Hero” at the Annual Meeting of the Canadian Society for International Health on October 30, 2002. This award is given to Canadians who have made significant contributions to public health.
- **Dr. Mary Ann Lansang** was awarded the “2002 Outstanding Researcher” of the University of the Philippines College of Medicine Alumni Association. Dr. Lansang was cited for her extensive work in infectious diseases research as well as her work as an active member of INCLen since the inception of the CEU at the University of the Philippines and for her current work as INCLen’s executive director. The award was given at UPMAS’s Annual Homecoming event on December 22, 2002.
- The research paper by **Dr. Rodolfo Dennis** and colleagues, entitled “*Asthma and Other Allergic Conditions in Colombia: A Study in Six Cities*”, was chosen as one of the four winners in the prestigious “2002 Colombian Association of Pharmaceutical Companies Award for Best Research in the Country in 2001”. This was awarded on November 22, 2002 in Bogotá, Colombia and comes with a prize of US\$ 50,000. (See abstract in the Research Section.)
- **Dr. Nelcy Rodriguez** and her colleagues at the Javeriana University in Bogotá, Colombia won the “Best Paper Award” for their work on “*Generation of Reference Spirometric Values for the Colombian Population*”. The award was presented at the XVII Colombian Internal Medicine Association Meeting held in Cartagena, Colombia in October, 2002. (See abstract in the Research Section.)
- **Dr. Margaret Harris** at the CCEB, University of Newcastle, was the recipient of a Fullbright Postdoctoral Fellow Award, conferred in May 2002 at the Parliament House, Canberra. She will pursue her postdoctoral studies in the Cancer Research Centre in Hawaii, working on a study of colon cancer risk counseling for at-risk relatives.
- **Dr. Edward Wang**, faculty of the Department of Orthopedics, University of the Philippines and a member of the Philippine Clinical Epidemiology Network, won the “Philippine Council for Health Research and Development (PCHRD) 2002 Outstanding Health Research Award” for his work on “*Extremity Tumor Limb Salvage Surgery and Bone Transplantation*”. Other awardees were **Prof. Lourdes Amarillo** and **Dr. Corazon Ngelangel**. Prof. Amarillo and her colleagues at the College of Public Health won 1st place at the Scientific Poster Exhibit of Health and Related Technologies for their work on the “*Rapid Assessment and Monitoring Technique for Determining Impact of a School-Based Intestinal Helminth Program*”. Dr. Ngelangel was one of the finalists for her work on “*Cervical Cancer Screening Program*”.

New Publications

- The WHO Report on Health and Violence is now available to the public. Contributing authors to the chapter on “Child Abuse by Parents and Other Caretakers” are Dr. Desmond Runyan, Professor and Chair, Department of Social Medicine, University of North Carolina; Dr. Laurie Ramiro, Professor at the College of Arts and Sciences, University of the Philippines Manila; and Dr. Fatma Hassan, CEU, Suez Canal University. Interested parties can download a copy of said chapter as a pdf file at the ff. URL at the WHO website:
http://www5.who.int/violence_injury_prevention/download.cfm?id=000000479
- Recent publications from the CEU at the Universidad Nacional de Colombia:
 - > Weinberg M, Fuentes JM, Ruiz A, Lozano F, Angel E, Gaitan H *et al.* Reducing infections among women undergoing cesarean section in Colombia by means of continuous quality improvement methods. *Arch Intern Med* 2001;161:2537 – 23.
 - > Gaitan H, Angel E, Sanchez J, Gomez Pi, Sanchez L, Vargas C. Laparoscopic diagnosis of acute lower abdominal pain in women of reproductive age. *Int. J Obstet & Gynecol* 2002; 76: 149-158
- Recent publications from the CCEB, University of Newcastle, Australia:
 - > McLean WJ, Higginbotham N. Prevalence of pain among nursing home residents. *Med J Aust* 2002; 177: 17-20.
 - > Barraclough S, Neil A. Promoting Australian Health Industry Exports: The Role of Public Policy. In: Gardner H, Barraclough S. editors. *Health Policy in Australia*. 2nd Ed. Melbourne: Oxford University Press; 2002.
 - > Carr V, Neil A, Halpin S, Holmes S. On behalf of the Low Prevalence Disorders Study group. Costs of Psychosis in Urban Australia. *A Bulletin of the Low Prevalence Disorders Study. National Survey of Mental Health and Wellbeing Bulletin 2*. Canberra: Australian Commonwealth Department of Health and Aged Care. June 2002
 - > Ewald B, Pekarsky B. Cost analysis of ambulatory blood pressure monitoring in initiating antihypertensive drug treatment in Australian general practice. *Med J Aust* 2002; 176:580-583
 - > Mackenzie L, Byles J, Higginbotham N. Professional perceptions about home safety: Cross-national validation of the Home Falls and Accidents Screening Tool (HOME FAST). *N Journal of Allied Health* 2002; 31(1): 22-28.
 - > Patterson AJ, Young AF, Powers J, Brown WJ, Byles JE. Relationships between nutrition screening checklists and the health and well-being of older Australian women. *Public Health Nutrition* 2002; 5(1): 65-71.
 - > Yoon SS, Byles J. Perceptions of stroke in the general public and patients with stroke: A qualitative study. *Brit Med J* 2002; 324: 1065-1068.

