



Association
Internationale d'Epidémiologie

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العربي للتوبائيات

Asociación
Internacional de Epidemiología

INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

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Newsletter - June 2004

MESSAGE FROM THE PRESIDENT CHITR SITTHI-AMORN

It has been about a year and a half since the current IEA council took office. I wish to submit to you some progress made towards achieving the important strategies to move the IEA forward: i.e., volunteerism, regionalization, and fostering effective linkages with other significant global actors. The main aim of the key strategies is to enhance the capacity of epidemiology to where it is most needed be it in countries, in the regions and globally.

The concepts about "volunteerism" and "regionalization" of IEA, while still evolving, have been refined and put in documents with some budget attached to begin activities. The WCE 2005 will be the platform to summarize effective linkages with other significant global actors.

Volunteerism

In essence, "volunteerism" is designed to be a mechanism for epidemiologists of different experiences and location to foster collaboration, mutual education and personal development. **Volunteerism implies that both parties to a collaboration will volunteer their skills for the use of the other.** It may, for example, take the form of epidemiologists, who might not otherwise be aware of each other, working together on a project of common interest, or of graduate students working abroad under the guidance of an established epidemiologist. Services may include training courses, research proposal development, research implementation, analysis of epidemiological data, report writing, networking, etc. The main beneficiaries include young epidemiologists, governments, development agencies, bilateral aid programmes, NGOs. The major emphasis will be on improving the quality of epidemiology research and practices linked to capacity building. The consultation services will be non-commercial to maintain IEA charitable status (fees would aim to cover expenses only) and the services will be offered on a small scale initially to see the problems and benefits. Fuller scale programmes will be expanded through

consultations. At the moment, the IEA has set aside some funds for investment in "volunteerism activities" particularly when there are opportunities for leveraging fund from other potential development agencies. Physical presence and on-site participation of senior epidemiologists at regional meetings might be necessary as a starting point. This can be done in an opportunistic manner. In other words, senior IEA members with specific expertise are willing to hold training, peer review of projects or consultation sessions for scientists in developing countries as an add on to their other assignments to countries (e.g., the United Nations Assignment) and during regional or international meetings. The IEA can consider bearing the "add-on" expenses associated with such a short-term consultation if required. Once the initial face-to-face meeting takes place, subsequent dialogues can take place virtually, i.e., through electronic communications. An IEA subcommittee has been established to develop criteria and guiding principles for support of "volunteerism activities".

Regionalization

Likewise, in terms of the Regionalization of IEA, **a systems approach to research and practice of epidemiology has been proposed. The approach would affirm the need to be more inclusive – epidemiology research and practice not just for and by epidemiologists but as an integral part of long-term health development aimed at reducing inequities. It would apply high quality and ethical standards to research initiatives and, above all, it would focus on country priorities. Some key features are highlighted. First, Epidemiology research and practice has to be driven by country needs and priorities, within an interactive regional and global framework.**

This requires at least two things: (1) that countries develop and retain the capacity to identify and articulate their epidemiological priorities, both internally and in international forums; and (2) that epidemiology, research and development agencies, funding bodies and other international players recognize the pre-eminence of country

priorities, and seek ways of integrating country and regional “voices” into their decision-making processes. Second, ***within low and middle-income countries, strenuous efforts are needed to strengthen the immediate work environment of epidemiologists***, e.g. by improving access to information, promoting an epidemiology and research culture and strengthening the various institutions and organizations involved in health research. *Such institutions are among the fundamental building blocks of a strong epidemiology.* Third, ***for developing countries to make their voices heard in the international arena, they need to form strategic international networks, partnerships and alliances***. Such alliances may be formed by national or sub-national bodies, and may be based on geographical location, but could also be based on commonality of interests such as vulnerability to certain health risks, socio-economic status, institutional type, etc. They may include formal or informal networks of research groups or institutes, regional forums, alliances to combat specific diseases or health risks, etc. A more effective and substantive developing country presence in the international arena will help ensure that the global system is responsive to their needs and less prone to dysfunction.

Finally, ***if epidemiology is to have a significant impact on health and development, it needs to be part of a long-term strategic plan closely linked to the development agenda***. This means that institutions, countries, and regional networks need to think in terms of total picture of health problems and the information needs to deal with them, rather than a collection of small projects. It also means that development and funding agencies would re-orient their own strategies, away from short-term and project-oriented support towards longer-term programme development, and infrastructure- and institution-strengthening. “Volunteerism” and “regionalization” of the IEA are inter-related concepts and both could be strengthened by cooperation with and utilization of existing inter-country mechanisms such as WHO regional offices networks and infra-structure, which would help joint / collaborative activities take place. The IJE can serve as the main visibility tool of IEA by bringing epidemiology to bear on the main public health issues of the world, and summarize lessons learnt and use them as important information resources for use. The IEA councillors’ role will be fostered and more funds will be made available if there are potentials of leveraging.

The “Future of IEA” document has emphasized that the volunteerism issue has a very important contribution from IEA to epidemiologists worldwide. The mandate of the current IEA Council is clear, in this respect. Communication and education should continue to be mandates for furthering epidemiology by IEA in the world. A pilot for implementation of volunteerism within regions should be carried out first, before we go internationally with other organizations to cooperate in this respect. Therefore, in pursuing “volunteerism” and “regionalization” further, it is important that:

IEA upholds technical aspects, and apply them to public health issues. IEA funds piloting of volunteerism and regionalization ideas in one-two regions. IJE, as a main vehicle of IEA, should reflect on IEA policy issues, and its active role in the world.

A sub-committee has been established to develop guiding principles for support of activities towards “volunteerism” and “regionalization” of the IEA. It is clear that capacity strengthening will be the key to success. Therefore, potentials for capacity strengthening will be explored at regional meetings based on strategic north-south and south-south networking. Specific lessons learnt will be documented and discussed for further evaluation. More funds will be raised by building on initial successes. **Members can contact their Regional Councilor to develop activities related to volunteerism and regionalization.** Please document lessons learnt, either successes or failures. **Funds will be sought for representatives of teams with significant lessons learnt to share their experiences to the upcoming World Congress of Epidemiology to be held in Bangkok in August 2005.**

Enhancing Effective Linkages

In terms of “fostering effective linkages with other significant global actors”, the IEA is organizing the World Congress of Epidemiology in August 2005, where we would bring in global partners, scientists, policy makers and countries to participate in the discussions. The IEA has been communicating with the WHO Director General and Regional Directors and other organizations towards strengthening effective collaboration to benefit the real intended beneficiaries, i.e., the countries. **Lessons learnt from significant implementation of “volunteerism” and “regionalization” of the IEA will be shared at the meeting. It will be a chance to invite other global partners to comment on and join the IEA initiatives to benefit countries and**

international communities. Please visit the IEA website: www.IEAweb.org and please link to the conference announcement and put the dates of the World Congress of Epidemiology on your calendar.

REPORT FROM THE SECRETARY AHMED MANDIL

This brief report will reflect on IEA meetings (already held and upcoming); membership-related affairs, sponsorship and dialogue with members.

Meetings

During 2003, the following regional IEA meetings were held:

- 21st IEA European Epidemiology Federation & Spanish Society of Epidemiology Joint Scientific Meeting, Toledo, Spain, October 1 - 4
- 6th IEA Eastern Mediterranean Regional Scientific Meeting, Ahwaz, Iran, December 9 -11

Upcoming IEA activities include:

Regional

- 6th IEA Latin America & Caribbean Regional Scientific Meeting, in association with the VI Brazilian Epidemiological Meeting, Recife, Brazil, June 19 - 23, 2004
- European Congress of Epidemiology, Porto, Portugal, September 8 - 11, 2004
- 8th IEA South East Asia Regional Scientific Meeting, Jhansi (UP), India, December 5 - 8, 2004
- IEA European Epidemiology Federation Meeting, Utrecht, Netherlands, 2006

Global

- 17th IEA World Congress of Epidemiology, Bangkok, Thailand, August 21 - 25, 2005

IEA has also jointly collaborated with INCLEN global meetings held in Kunmin, China, during February 2003 (especially IEA Western Pacific Region) and in Agra, India, during February 2004 (especially IEA South East Asia Region), by participating in the scientific programme and different deliberations of such meetings.

Membership

It is regrettable that current IEA members only represent a very small fraction of the actual body

of active professionals working in the field of epidemiology on a global scale. Membership of national epidemiology societies in regions as Europe, North and South America, immediately indicates the great discrepancy between the current paid-up membership of IEA, and effective representation of the global body of professionals eligible for IEA membership. The current Council, especially Regional Councilors aided by current members, has launched a global campaign to increase the IEA membership during the current triennium (2003 - 2005), in order to more effectively represent professionals working in the epidemiology field worldwide. In addition, members are kindly requested to update their payments because many have their dues in arrears.

Agreement between IEA and Oxford University Press (OUP)

An agreement was reached with the Director of Publications, OUP, regarding new / renewal membership procedures as of September, 2003, so that:

1. New memberships will be reviewed at IEA Secretariat and, if complete, a copy of the application form, as well as payment, is sent to OUP.
2. Renewals are directly sent to OUP and processed. In addition, OUP sends an updated database to the Secretariat every 6 months in order to compare databases and adjust accordingly. As a start, an updated IEA Database (members list) has been sent by OUP on September 24, 2003 for comparison with IEA Secretariat's database.
3. IEA Secretariat sends the members
 - Welcome letter,
 - Membership certificate, and
 - The mail ballot (once every three years)
4. OUP handles
 - Mailing of the International Journal of Epidemiology
 - Renewals' correspondence

Global Membership Campaign

The Secretariat is currently launching a Global Membership Campaign. Each regional councillor has been provided with an abbreviated database of members in his respective region (which includes name, address, e-mail address, fax number and years of membership). Councillors are in the process of establishing personal

contacts with the IEA Members in their respective regions. Consequently, the councillor would address each and every member in the region, asking him/her to invite at least one professional working in the field of epidemiology to IEA Membership.

IEA Members, all over the world, are kindly requested to positively respond to such campaign, and prove that they can make a difference, which would affect the future of IEA.

Sponsorship

IEA members who wish to sponsor 3-year memberships for candidates nominated by Regional Councillors from less-developed nations, are kindly requested to write to the Secretariat. Such contributions are highly welcomed and most appreciated.

Two professionals from each of: Eastern Mediterranean, Europe, Africa and South East Asia regions are to be sponsored for IEA Membership for 3 years, starting 2004.

Nominations for this type of membership should be sent to the respective Regional Councillor, who would present the case to the next Council meeting.

Dialogue with IEA members

I would like to hereby add my voice to the IEA President, in welcoming and soliciting views and suggestions by the IEA membership on means and ways of implementation of the proposed strategies for moving IEA activities forward, namely: fostering linkages with agencies and bodies with shared focus and domains with IEA; advocating volunteerism within and between IEA membership on one hand but also with young epidemiologists worldwide; and encouraging able and effective regionalization of IEA activities. Members please help us shape the future of IEA.

MESSAGE FROM THE PAST PRESIDENT CHARLES du Ve FLOREY (1999 – 2002)

Want to be an IEA Councillor?

Every three years there are elections for all the positions on the IEA Council. To ensure that there is at least a minimum number of candidates, the Constitution allows the setting up of a Nominating Committee. The Committee consists of Charles Florey (chair), Harout Armenian, CC Jinabhai and Cesar Victora. We are looking for candidates for the officer positions of President Elect, Secretary,

and Treasurer. We are also looking for at least two nominations for each of the seven regional councillor positions (Africa, Eastern Mediterranean, Europe, Latin America and the Caribbean, North America, South East Asia, and Western Pacific).

If you are interested in becoming an officer or a councillor, just email Charles Florey (c.d.v.florey@doctors.org.uk) with a brief curriculum vitae and a short statement of what you would like to be able to achieve if you are elected. The whole citation should be approximately 300 words. For more information, see the IEA web page at: www.IEAWeb.org. For specific queries, write to Charles Florey.

The IEA Archive

All the minutes of the IEA Council and Executive Committee since 1954, plus some early photographs and the history of the Association have been transferred to CD-ROM. The master copy of the CD-ROM is held in the Wellcome Library of the History of Understanding of Medicine in London. Questions about the contents of the CD-ROM should be addressed to the current IEA archivist, Charles Florey, at c.d.v.florey@doctors.org.uk.

Council Papers

In a continuing effort to make the activities of the IEA more transparent to its members, we have made available on our web site the papers used at the recent Council meeting in Toledo, Spain.

We have also produced the 2nd edition of the Council Handbook, which includes new entries on privacy and the archive, and revisions to many of the original entries, including that on travel bursaries. This edition is available from the web site in pdf format.

STATEMENTS FROM REGIONAL COUNCILLORS

Africa Champak C. Jinabhai

Achievements

1. Liaison & Consultations for enrolment of new members: A number of meetings were held to explore the possibility of joint activities and to increase the membership base of IEA in Africa. One of the largest Public Health Associations in South Africa (PHASA) was established from the previous Epidemiology Society of Southern Africa. The PHASA is also in formal consultation with the National

Dept of Health and through it with the Southern African Development Community (SADC), which constitutes a Regional grouping of 12 African countries. The objective -common with the IEA-is to make available the expertise and knowledge base of both organizations to tackle the major epidemics and health challenges facing Africa.

2. Expansion of the teaching and training of epidemiologists through the existing and new MPH and MSc programmes through existing Schools of Public Health. Increasingly, we are attracting a larger number of students from other African countries, coming to South Africa for epidemiological and Public Health training.

3. Standardisation of epidemiology and bio-statistics, through the establishment of a Standards Generating Body (SGB) which is developing a uniform set of standards and norms for the entire region.

Joint Meetings (2002 – 2005)

Joint activities of IEA are prepared with:

1. The September 2005 ISEE meeting proposed for Pretoria, South Africa, and

2. The Public Health Association of South Africa which is planning its national meeting and conference during the middle of 2004.

Latin America & Caribbean Mauricio L. Barreto

Achievements

1. Several contacts with different organizations were made, including:

- Epidemiological Committee, Brazilian Public Health Association (ABRASCO), Rio de Janeiro;
- Pan American Health Organization in PAHO HQ, Washington, DC;
- ALAESP (Latin American Association of Public Health Schools);
- PAHO Representative in Brazil (Dr. Jacobo Fikenlman) and the Brazilian Vice-Minister for Health Surveillance (Dr. Jarbas Barbosa), Ministry of Health, Brazil. As a result of these contacts a Working Group (WG) was created. Its main objective is to draft a strategic plan for the development of the epidemiology in Latin America & Caribbean (LA & C) to be presented at the 6th RSM in Recife. It is composed by: Dr. Mauricio Barreto (chair) IEA; Dr. Gulnar Mendonça and Dr. Marilia Carvalho, ABRASCO; Dr. José Escamilla, PAHO and Dra. Regina Fernandes, Ministry of Health, Brazil.

2. Organization of the 6th IEA LA & C Regional Scientific Meeting, in association with the Brazilian Epidemiological Meeting to be held in the period June 19 - 23, 2004, in Recife, Brazil. In the period June 17 - 18, 2004, a workshop is planned to discuss a strategic plan of activities for the development of epidemiology in LA & C to be drafted by the WG. IEA members and leading epidemiologists from different LA & C countries are expected to participate in this workshop.

3. The WG also decided a summer / winter epidemiology programme in LA & C. On a preliminary basis the programme is planned to start in 2005 (January / February or June / July).

Eastern Mediterranean Hassan E. El-Bushra

Activities during 2003 were geared to further develop and strengthen the IEA activities within the EMR region. This was crowned by holding the 6th IEA/EMR Regional Scientific Meeting (December 9-11, 2003) at the Ahwaz University of Medical Sciences, Ahwaz, Iran. The main theme for the conference was "Epidemiology & Health Services".

Three workshops were organized on December 8, 2003 as follows:

- Ethics in Epidemiological Research & Public Health Practice.
- Epidemiologic Methods for Health Services by Prof. H. Armenian
- Writing up and Publishing Epidemiological Research by Prof. G. Davey-Smith and Prof. Frankel.

Three symposia were organized for the meeting as:

- Nutrition & Cancer Epidemiology by Prof. W. Willett
- Epidemiology of Substance Abuse & Mental Health by Dr. A. Mohit (WHO/EMRO) and others.
- Comprehensive Community - Based Interventions for Non - Communicable Disease Prevention & Control: Experiences from Isfahan Healthy Heart Programme by Dr. N. Sarraf Zadehan, and others

About 400 abstracts from 25 different countries have been submitted to the meeting. Each abstract was reviewed by three independent referees. Eighty abstracts (51 from non -Iranians' and 29 from Iranians participants) were accepted for oral presentation, and 212 for poster presentation (37 non-Iranians' and 185 from

Iranians participants). The meeting offered 20 scholarships, mainly to IEA members from the Eastern Mediterranean Region. Scholarship covered registration fees and full accommodation during the conference days.

During the 6th IEA Business Meeting, held on December 10, 2003, a new Regional Committee for IEA/EMR was created, with representations from different Member States in the Region. In addition, sponsoring different activities to further the discipline of epidemiology in Iraq was discussed. This included plans for sponsored memberships, capacity-building, as well as epidemiology training activities. Funding for such activities will be sought, in collaboration with WHO/EMRO and other funding agencies.

Europe Miquel Porta

The Board of the IEA European Epidemiology Federation held its last meeting on October 4, 2003 in Toledo, Spain. It was attended by representatives of the national societies of Italy, Sweden, Poland, the United Kingdom, Germany, France, the Netherlands, Portugal, and Spain. The full current version of the minutes is available on the IEA website (please go to IEA-EEF and then to minutes):

http://www.dundee.ac.uk/iea/euro_Content.htm
This is also valid for the minutes from the previous meeting of the Board (Barcelona, November 23, 2002). It was decided to update the document prepared by Annette Leclerc on Good Epidemiological Practice, and to re-activate discussion from members.

The Board was informed that during the last meeting of the IEA Council (held a few days earlier in Toledo), the Council approved to suggest to the Scientific Committee of the 17th IEA World Congress of Epidemiology (WCE):

- to invite IEA members to volunteer as external scientific reviewers of abstracts submitted for presentation to the WCE;
- to invite IEA members to submit proposals of sessions; and
- to adapt guidelines on publication and dissemination of work accepted for presentation at the 2005 WCE. The Board of the IEA EEF supported these suggestions. The Board also encouraged the Scientific and Organising Committees of the Porto 2004 European Congress of Epidemiology to make a wide use of the newest information and telecommunication technologies, in order to disseminate

the scientific work presented at the Congress to the largest possible audience of epidemiologists worldwide, during and after the meeting.

The Board emphasised the importance of the involvement of national societies in shaping the contents of the "European Congress of Epidemiology". National societies have since been quite active in enabling participation (e.g., submission of abstracts, registration) among epidemiologists in their countries (www.euroepi2004.org).

The Annual Scientific Meeting of the IEA European Epidemiology Federation - European Congress of Epidemiology of 2006 will be held in Utrecht, The Netherlands.

Funding of epidemiological research in the European Union (EU) and the relationships with WHO-Europe continue to be issues of high interest for European epidemiologists. The decision was taken to create a new Working Group on EU research policies as they concern epidemiologic research. National Societies have been asked to kindly suggest colleagues able to work on this group. Please contact your representative if you are interested.

Data protection: The Working Group has finished its work, and a paper is forthcoming in the IJE. The Seminar that was held is available on our web.

The "Epidemiology Monitor" published in its November 2003 issue two interesting articles on the IEA EEF latest meeting (as you may know, held in Toledo, September, 2004), and on the forthcoming meeting in Porto. We were especially grateful to Roger Bernier, the Epidemiology Monitor editor and publisher, for helping us spread the message of the IEA at a time when we are working particularly hard to expand our membership.

We kindly invite you to get to know better the national epidemiological societies which are members of the IEA EEF, most of which have interesting websites, please visit:
http://www.dundee.ac.uk/iea/euro_societies.htm.

The Spring 2003 Newsletter of the IEA EEF can be downloaded at:
<http://www.dundee.ac.uk/iea/Download/EuroNews03a.pdf>

And remember, the International Epidemiological Association – European Epidemiology Federation

(IEA EEF) European Congress of Epidemiology will be held in Porto (Portugal) on September 8 - 11, 2004; please visit: <http://www.euroepi2004.org>

North America **Eduardo Franco**

For the 2002-2005 period the office of the IEA Council Member for North America is located at: Division of Cancer Epidemiology, McGill University, 546 Pine Avenue West, Montreal, QC, Canada H2W1S6. Its mandate is to divulge the core principles and goals of the IEA to the professional community in the US and in Canada. The Councillor's Office functions as a liaison between the IEA and the two main professional associations in the region, the Society for Epidemiologic Research (SER) and the Canadian Society of Epidemiology & Bio-statistics (CSEB), fostering an international engagement and focus for North American epidemiologists and students. The Councillor's Office works closely with the IEA Council in providing a platform for discussion of emerging concerns on issues related to research funding, teaching, ethics, scientific conduct, and new directions for the profession. Another role for the Councillor's Office is in promoting the IEA within North America. This region is relatively under-represented in the IEA membership considering the relative size of its professional community. The SER, in the US and Canada, and the CSEB, in Canada, are generally seen as the mainstream professional societies to which most North American epidemiologists tend to gravitate. Region's professionals should develop a sense of belonging to a wider international community which is best represented by the IEA. The Councillor's Office has begun a membership drive via letters to chairs of epidemiology departments and heads of epidemiology research groups to promote the advantages of IEA membership, as part of the Global Membership Campaign, launched by the IEA Secretariat.

The Councillor's Office has also worked closely with Dr. Betsy Foxman, who has served as lead contact for the conjoint work of the leaders of the 15 epidemiology societies who originally met in Toronto in 2001 under the auspices of the American College of Epidemiology and of the Epidemiology Section of the American Public Health Association. Currently under planning are IEA-sponsored symposia on international epidemiology topics to be held as part of major meetings in North America.

If your academic home is in the North American region of IEA, please feel free to contact the

Councillor's Office to obtain or volunteer assistance. Do not forget to extol the virtues of an IEA membership to all your students and colleagues. Just as a reminder, the IEA can serve as a platform to assist in the implementation of your international health research studies by assisting you to locate effective liaisons in different countries. IEA Regional Councillors maintain a network of professional colleagues who can be contacted to assist the development of specific binational action plans. The Councillor's Office can assist North American epidemiologists in the process of identifying institutional partners in other regions, e.g., Latin America, Africa, Eastern Mediterranean, South East Asia, Western Pacific, and Europe.

South East Asia **Babu L. Verma**

In my present tenure (2002-2005) as Councillor, my major plans include expansion of the present IEA membership in the Region, organization of a Regional Scientific Meeting (RSM), explore possibilities of collaboration with INCLEN and prepare a proposal for assistance from and action by IEA, for enhancement of epidemiology & biostatistics in South East Asian countries. What-ever efforts I could put-in hitherto, the present position on different items, is hereunder:

IEA Membership Expansion in the Region

Presently IEA membership in the Region is far below the satisfactory level. As I believe, still there is hardly any member from countries like Srilanka, Myanmar, Maldives and DPR Korea. During past one year, I have approached many professionals for becoming IEA member and also asked some existing members to renew their membership. I will continue my efforts to expand IEA membership in the Region by following possible ways & means in the rest of my term as SEA Councillor.

Organization of a Regional Scientific Meeting

The "8th South East Asia Regional Scientific Meeting of IEA" is scheduled on December 5 - 8, 2004, at Jhansi, Uttar Pradesh' (India). The theme of this meeting is: '*Globalization of Health: Challenges and Opportunities in Developing Countries*'. The First Circular (Preliminary Information) of this Meeting has already been sent to IEA members world-over and to some other professionals also. Efforts have been made to publicize the Meeting through different means.

Details of the Meeting are available on its website: www.ieasea2004.com, or from the Meeting Secretariat, Division of Biostatistics, Department of Social & Preventive Medicine, M L B Medical College & Hospital, Jhansi-284 128 (UP), India.

Collaboration with INCLEN

The XXth Global Meeting of the International Clinical Epidemiology Network (INCLEN) was hosted by its sister organization, the Indian Clinical Epidemiology Network (IndiaCLEN) on February 11 - 14, 2004 at Jaypee Palace Hotel & Convention Centre, Agra (India). The theme of this Global Meeting was "Leveraging Research through Policy & Practice".

The South East Asia Region of IEA collaborated with the above INCLEN Global Meeting by organizing a scientific session in it on "Capacity Enhancement Needs of Epidemiology & Biostatistics in South East Asian Countries". In turn, IEA South East Asia Region will invite INCLEN to organize a session on 'clinical epidemiology' in its forthcoming '8th IEA SEA Regional Scientific Meeting' being held in India on December 5 - 8, 2004. Efforts will be made to enhance such collaborative activities between these two professional organizations on epidemiology in future days to come.

Proposal on Capacity Strengthening of Epidemiology & Biostatistics in SEAsian Countries

The SEA Region of IEA intends to work on 'Capacity strengthening of epidemiology & biostatistics' in SE Asian countries'. The Montreal 2002 IEA Regional Workshop on 'Status of Medical Biostatistics in South East Asia' had observed poor status of medical biostatistics in the Region and recommended that biostatistics should be developed in the Region as an inter-disciplinary specialty. IEA has organized a scientific session in INCLEN GM XXth at Agra (India) on February 11 - 14, 2004, on "Capacity enhancement needs of epidemiology & biostatistics in the SEA Region". Some more sessions are expected to be organized in future IEA meetings on this subject. Based on observations made and recommendations outlined in these 'sessions', an IEA proposal will be prepared on: 'Capacity-strengthening' of the discipline under the IEA's concept of 'volunteerism'. Possibilities for funding for this purpose will also be explored from other agencies like WHO/SEARO.

Western Pacific Takesumi Yoshimura

Plan of Action (2002 – 2005)

1. Recruitment of new members
2. Possibilities of holding an IEA regional meeting of Western Pacific region are currently explored to be held during 2005.

Achievements

Recruitment of new members

Recruitment of new members took place during different epidemiology-related meetings, such as the 13th Annual Scientific Meeting of Japan Epidemiological Association, Fukuoka, Japan, January 2003, the INCLEN Global Meeting XIX, Kunmin, China, February 2003, etc.

Cooperation with INCLEN

A symposium on cardiovascular epidemiology was organized and held at the INCLEN Global Meeting XIX, recruiting 4 delegates from Japan Epidemiological Association by self-financial supports in February 2003.

UPCOMING IEA EVENTS & SEMINARS

XVII IEA World Congress of Epidemiology Bangkok, Thailand, August 21 - 25, 2005

*Theme: Epidemiology & Equity in Health:
Methodological Challenges & Strategies for the
21st Century*

IEA, the Thai Consortium of Epidemiology and other agencies concerned with equity in health are hosting the 17th World Congress of Epidemiology in August of 2005. It will examine the contributions of epidemiology in advancing health and equity in the past and to define new approaches, including methodological advances and limitations that epidemiology can make towards equity in health for development into the future, highlighted by new scientific breakthrough, globalization, regionalization, inter-dependence of nations, and the need to empower countries to integrate epidemiology with other branches of sciences to tackle their own unique health problems among different groups of population. Therefore, in addition to scientific discussions, several sessions will be dedicated to discussion around a frame-work which would contribute to the strategic focus of epidemiology so that it can contribute optimally to

equity in health at the national, regional and global levels. In doing so, the Congress hopes to be a vehicle to enhance the role played by epidemiology in the social fabric of national and world community.

This will be a Congress with a difference. It will mainstream epidemiology as a key discipline, skill and needs for equity in health. It will also address new issues, funding innovation and research arrangements which can impact epidemiology research both short and long term. It will argue that true global health will be achieved if epidemiology be given due opportunities to highlight inequity and inclusion of all voices to tackle it. There will be ample space for regional and national views to interact with international perspectives.

For further information please visit the website: www.wce2005.org

Upcoming Regional Meetings

Latin America & Caribbean

6th IEA Latin America & Caribbean Regional Scientific Meeting, in association with the VI Brazilian Epidemiological Meeting, Recife, Brazil June 19 - 23, 2004.

For more information please visit the website: www.congressoepidemiologia2004.com.br/

Europe

European Congress of Epidemiology, Porto, Portugal, September 8 - 11, 2004

This will be the first time that a meeting sponsored by the International Epidemiological Association, celebrating its 50 years in 2004, takes place in Portugal. On behalf of the International Epidemiological Association - European Epidemiology Federation, the Congress will be organized by the Portuguese Epidemiological Association.

This Congress will be a major opportunity for an exchange of experiences between different countries and cultures taking Europe as a reference and epidemiology as the bridging science. Learning from each other, reviewing cooperation and international partnerships, and launching new teaching, training and research projects is the ultimate aim of our meeting. We hope that the atmosphere of Porto will be the ideal environment to achieve our goals. Please visit the website: <http://www.euroepi2004.org>.

South East Asia

8th IEA South East Asia Regional Scientific Meeting, Jhansi (UP), India, December 5 - 8, 2004 (Place; Bundelkhand University, Jhansi (UP) India - Host Institution: Maharani Laxmi Bai Medical College and Hospital, Jhansi, UP)

For more information, please visit the website: www.ieasea2004.com or mail to: ieaseasecretariat@rediffmail.com

Deadline for abstract submission: June 1, 2004
Reduced registration before October 1, 2004

Seminars

IEA Internet Seminar on access to research data: the seminar is divided into 6 video clips. You can download both video and slides via the IEA website: www.IEAweb.org

Bids For XVIII World Congress of Epidemiology (2008)

Interested societies, agencies and organizations which wish to host the XVII World Congress of Epidemiology during August, 2008, are kindly requested to visit the IEA website: www.IEAweb.org, and carefully review the rules and regulations of hosting such meetings, included in the IEA Council Handbook. Bids should be mailed in the name of the IEA Secretary, to the address mentioned below.

OTHER NON - IEA EVENTS & COURSES

World Federation of Public Health Associations (WFPHA)

10th International Congress on Public Health: Sustaining Public Health in a Changing World, Vision to Action, April 19 - 22, 2004, the Brighton Centre, Brighton, United Kingdom.

For more information please visit the website: <http://www.phaworldcongress.com/>

European Educational Programme in Epidemiology

17th annual residential summer course
Florence, Italy, June 21 - July 9, 2004

The course is taught by lecturers mostly from European universities and research institutions

and the course director is R.Saracci, National Research Council, Pisa,
Main co-sponsors are the WHO International Agency for Research on Cancer, the International Epidemiological Association-European Epidemiology Federation and the Health authorities and the Health Regional Agency of the Tuscany Region. The programme of the course includes the following modules.

First week: Epidemiological methods 1: basic principles and introduction to study design (P.Boffetta, F.Merletti, N.Pearce, R.Saracci). Statistical methods 1: basic principles (B.De Stavola).

Second week: Epidemiological methods 2: case-control studies (M.Kogevinas, J.Olsen, R.Saracci) Statistical methods in epidemiology 2: analysis of cross-sectional and case-control studies (B.Carstensen, M.Hills). Computer analysis of epidemiological data sets (B.Carstensen, L.Ciccolallo, B. De Stavola, P.Fernandez, P.Ferrari, M.Kogevinas, J.Olsen)

Third week: Cancer epidemiology (D.Trichopoulos). Cardiovascular epidemiology (U.Keil, P.Heuschmann). Environmental epidemiology part 1: global climatic change and health (T.McMichael). Environmental epidemiology part 2: local and occupational environment and health (J.Anto', J.Sunyer). Environmental epidemiology part 3: social environment and health (G.Davey-Smith). Statistical methods in epidemiology 3: analysis of follow-up studies (M.Hills).

Students are expected to follow all modules in the first and second weeks and a choice of modules in the third week. In order to fully benefit from the course participants should possess some knowledge of epidemiological and statistical methods at introductory level as well as a working knowledge of written and spoken English.

The course will be fully residential and take place in the "Studium" Centre on the hills close to Florence (twenty minutes by bus from the city centre).

The inclusive fee, covering registration, course materials and full board and lodging for the three weeks of the course is 3000 Euros.

The deadline for applications is May 8, 2004

For further information and applications please contact:

European Educational Programme in Epidemiology - c/o International Agency for Research on Cancer
150 Cours A.Thomas, 69008 LYON, France.
E-mail: eepe@iarc.fr
Tel: +33 472738485 – Fax: +33 472738320

International Congress on Twin Studies 2004

The 11th International Congress on Twin Studies (ICTS) will be held at the University of Southern Denmark, Odense, Denmark, July 2 - 4, 2004.

For further information and registration on mailing list please visit the website:
<http://www.icts2004.sdu.dk>

15th International Summer School of Epidemiology, University of Ulm, Germany

Date: July 5 – 9, 2004
Location: University of Ulm / Germany
Language: English
Fees: € 200,- per course (€ 150,- for members of the German Epidemiological Association DAE; € 75,- for students)

Fellowships: A limited number of fellowships are available for participants from low-income countries.

Program Director: Prof. Dr. med. Stephan Weiland

For further information please contact:
Daniela Oesterle
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Helmholtzstr. 22, D-89081 Ulm
Tel: ++49 731 50 31064 (9.00 – 12.00 am)
Fax: ++49 731 50 31069
E-mail: daniela.oesterle@medizin.uni-ulm.de
www.uniulm.de/epidemiologie/Summer_School/summer_school.html

Deadline for application: May 31, 2004

Family Health International – YouthNet Program: Internship Opportunities in Reproductive Health and HIV/AIDS for Youth 2004

The YouthNet program of Family Health International (FHI) announces an eleven-week internship program designed to give current or recent undergraduate and graduate university students from developing countries experience in

designing, implementing, and evaluating youth reproductive health (YRH) and HIV/AIDS programs. Six positions, based in the Washington, DC, area are available. The internship program will run from May 24 to August 6, 2004.

Applications and inquiries can be sent via e-mail to youthnetinterns@fhi.org, or by mail to:

YouthNet Interns
Family Health International
2101 Wilson Blvd., Suite 700
Arlington, VA 22201
Fax: (703) 516 9199

NEW PUBLICATIONS AND SOFTWARE UTILITIES

MONICA Monograph and Multimedia Sourcebook

For anyone interested in heart disease, stroke, lifestyle and risk factors, public health policy and in epidemiology and prevention - ranging from the general public to journalists, medical specialists, students and teachers - this generously supported WHO publication provides a wealth of thought provoking ideas and information that will stimulate others to study and follow MONICA. It consists of Monograph and Multimedia Sources Book (264 pages) and two CD-ROMS (English)

Download monograph from <http://www.who.int/bookorders/MDIbookPDF/Book/1150524.pdf>, or via the IEA web site links page, under Miscellaneous.

Edited by Prof. H. Tunstall-Pedoe
69 contributors
ISBN 92 4 156223 4

Soft ware utilities

A list of useful utilities for download from the internet is given on the Software page of the IEA web site.

Studying Populations - Computer Assisted Learning for Epidemiological Methods - A software package for students and teachers

Studying Populations is a computer assisted learning package for epidemiological methods. It is suitable for anyone working in health sciences including medical students, Masters students, public health practitioners and clinicians. It covers many basic epidemiological concepts in a set of

over 80 interactive exercises and simulations. It is easily adapted to local situations using software available free on the Internet. The package is in English. It can be downloaded via the IEA web site.

Handy utilities

Agent Ransack - An impressive file search program can be downloaded from: <http://www.agentransack.com/default.aspx>. It is very fast and displays the lines in which it finds a match.

Clipmate - an indispensable enhancement to the clipboard. Once you have used it you will wonder how you got on without it.

http://www.thornsoft.com/98_download.htm

TextRep - find and replace across multiple files. <http://stavanger-aftenblad.no/no-nonsense/>

Epilex - An MS DOS European language lexicon

This program contains translations of many epidemiological terms in Catalan, Dutch, English, French, German, Italian, Portuguese, and Spanish. Any two languages can be viewed simultaneously, with one in alphabetical order. There is a search facility. It is free of charge. Download from the IEA web site.

EpiData - A program for controlled and validated data entry

EpiData was developed for data entry as an update of the principles used in the DOS program EpiInfo v6. It is an all in one program (one exe file) for windows (95/98/NT/2000) and Macintosh (with RealPc emulation). EpiData uses EpiInfo v6 format for files (Qes, Rec and Chk). Data can be exported to CSV, (comma separated data), dBase, Excel and Stata v4-6. Simple (range, legal, date) and enhanced control of logical consistency across variables, jumps based on the value of entry and calculations during data entry are easy to define.

For information on new membership or renewals, please visit IEA's website: www.IEAWeb.org, or write re secretariat at email address: IEASecretariat@link.net

For IEA Online Directory, please visit: apps1.jhsph.edu/iea (For IEA Members only)

International Epidemiological Association

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