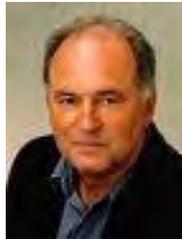


Message from the IEA President

Dear IEA members

Since the last IEA newsletter, in June 2010, IEA has held regional meetings in Europe (Florence, Italy, November 2010), and the Eastern Mediterranean region (Beirut, Lebanon, November 2010). In August of this year we will hold the 19th World Congress of Epidemiology in Edinburgh, Scotland. The planning for the meeting is progressing well (see <http://www.epidemiology2011.com/>) and we look forward to seeing you in Edinburgh.

The IEA held its third annual International Course on Epidemiological Methods in Blantyre, Malawi, April 2011. The IEA course is allied to the IEA-sponsored European Educational Programme in Epidemiology, which has been held in Florence for three weeks every June/July for more than 20 years. The new IEA course is intended as a "Florence South" course which will be held annually in low and middle income IEA regions. The first course was held in Jaipur, India, in April 2009, and the second course was held in Riyadh, April 2010. The 2011 course was held in Africa, in Blantyre, Malawi, 5-14 April 2011. The Malawi course included thirty participants, from ten African countries (Cameroon, Ethiopia, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Sudan, Zambia and Zimbabwe) as well as one participant from Bangladesh. Next year's course will be held in Latin America (provisionally scheduled for Lima, Peru during the first two weeks of May), and the 2013 course will be held in the Western Pacific region. It is intended that the course will then be run annually on a five-year cycle of the IEA regions outside of Europe and North America (South East Asia, Eastern Mediterranean, Africa, Latin America and Western Pacific).

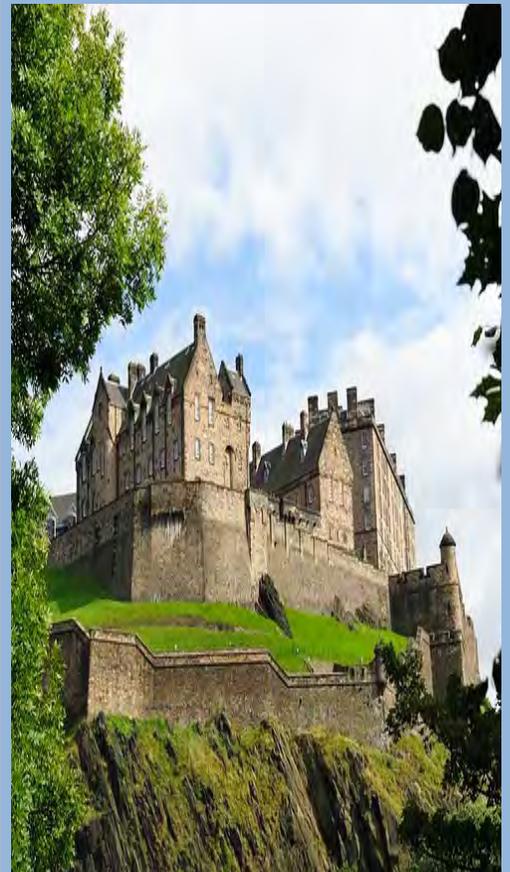


The other major activity of IEA is the publication of the International Journal of Epidemiology, which continues to go from strength to strength under the editorship of George Davey Smith and Shah Ebrahim. The journal has improved markedly since George and Shah took over as editors, and introduced a number of new features, a fact that is reflected in its improved impact factor (currently 5.8) which places it first among the international epidemiology journals (with the exception of journals that primarily publish reviews), and fifth among all public health journals.

From mid-April to mid-May we have been holding the triennial IEA elections. This is the first time that the three Executive positions (President-elect, Secretary and Treasurer) have been elected by all of the members, rather than just those who attend the triennial World Congress of Epidemiology), and the first time that all positions (the three Executive positions and the seven Regional Councillor positions) have been elected by internet-based voting. We had votes from 754 members, which is nearly four times the maximum number of votes that we have had previously when the Executive members have been elected by those attending the triennial World Congress. My congratulations to Patricia Buffler who has been elected unopposed as President-elect, to Matthias Egger who has been elected as Secretary, and to Ahmed Mandil who has been elected as Treasurer. I would also like to thank all of the candidates for putting themselves forward to work for the IEA and to promote epidemiology globally. The full election results are listed elsewhere in this newsletter.

I finish my term as President (to be followed by three years on the Council as (Past-President) at the World Congress of Epidemiology in Edinburgh in August. We look forward to Edinburgh, and I look forward to handing over to Cesar Victora who will lead the Association for the next three years.

Neil Pearce
IEA President



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Message from IEA Secretary / IEA Newsletter Editor Ahmed Mandil

Over the years (2002 – 2011), it has been a pleasure serving IEA and its worldwide membership as Secretary and Editor, IEA Newsletter. Indeed it was a privilege for my staff and I, in Alexandria, Egypt, to get acquainted with professionals working in the field of epidemiology all over the world.

During this period, the IEA Secretariat, humbly considered the “heart of the organization”, had the pleasure of handling its various duties, which could be simply summarised in networking activities on different levels: IEA membership (different categories), national epidemiology associations, regional bodies (e.g. European Epidemiology Federation), IEA Council (executive, regional, ex-officio), regional and global meetings, in addition to being responsible for the IEA website (following resignation of its all-time webmaster: Prof Charles du Ve Florey), annual IEA Newsletter and liaising activities with Oxford University Press-OUP (matters related to our esteemed International Journal of Epidemiology [IJE]), and international agencies as the World Health Organization (WHO) and International Clinical Epidemiology Network (INCLIN).

With respect to **membership**, the IEA Secretariat was responsible for handling different IEA membership activities, including new / sponsored / honorary memberships, newly established joint membership schemes with 15 national associations (in the 7 IEA regions) as well as updating the organization’s database system in coordination with OUP.

Concerning **bids for hosting upcoming World Congresses of Epidemiology**, the Secretariat prepared / communicated calls for bids; provided necessary advice for potential bidders for fine tuning of bids to be commensurate with the rules and regulations outlined in the IEA Handbook; submitted them to the Council for discussion / suitable recommendation for business meetings; prepared for presentations during business meetings; and followed up on business meetings / Council decisions, accordingly.

The IEA Secretariat also produced the **IEA Newsletter**, on an annual basis, since 2002, where it was responsible for soliciting its contents, its type-setting and production. We now have a new look for the Newsletter, to better serve the requirements of IEA members. The Secretariat shared the Newsletter with the scientific community, including IEA membership, by posting it on the IEA Website; sending it as a mass email, and having it as a printed insert with IJE.

Moreover, for the past few years, the Secretariat handled all matters related to the **IEA Website (www.IEAwebsite.org)**, including producing a newly modified user-friendly website, acting as an information platform for the organization’s activities, services and news (national, regional and global)

We have also been responsible for preparing, staffing and coordinating activities related to **IEA booths** during Regional Meetings (last was in Beirut, Lebanon, November 2010) and World Congresses (last of which for the Congress of North America in Montreal, Canada, June 2011 and World Congress of Epidemiology in Edinburgh, UK, August 2011)

With respect to the **IEA Council**, the Secretariat prepared for Council Meetings (full and executive council); handled their agendas and minutes, accordingly

The IEA Secretariat wishes **to thank each and every person, agency or association worldwide**, which made its job possible over the years (2002-2011), welcomes and wishes the best for the newly elected IEA Council (2011-2014), and hopes to remain in touch with the hundreds of wonderful people we had the pleasure of communicating with, across the globe.

May God bless you all, wherever you are.

Ahmed Mandil and Alexandria team (Eman Hammam, Marwa Mohsen, Amira Abdellah and Samah Farag)

BENEFITS OF IEA MEMBERSHIP

- **Enjoying** membership of the oldest and only truly international professional organization of epidemiologists
- **Interacting** with more than 1500 professionals from some 100 countries who work on a broad range of substantive and methodological areas in epidemiology and public health
- **Networking** with colleagues, regionally and internationally
- **Receiving** free copies of the: International Journal of Epidemiology (IJE) which is published 6 times per year; and the annual IEA Newsletter
- **Enjoying** reduced registration fees at IEA global and regional meetings and activities
- **Contributing** to how epidemiology will evolve through the IEA’s ongoing discussions on practice boundaries, peer review, professional conduct and ethics
- **Assisting** fellow epidemiologists from developing countries via a portion of membership fee (if requested)
- **Providing** opportunities for graduate students to develop projects focusing on health inequalities of under-privileged remote populations
- **Becoming** part of an international data-base of epidemiologists, which appears on the Association’s website

Report of the Treasurer - Patricia Buffler

Transition to Professional Management Service for IEA Finances and Membership Affairs

The IEA Executive Council voted at the August 2009 meeting in Edinburgh, Scotland, to recruit a professional management firm to take over the IEA's finances that have, for now over 20 years, been managed *pro bono* by Mary Jane Varley, career employee at the University of California, Los Angeles, School of Public Policy. Recruitment of a professional society management firm will provide IEA with fiscal management and accounting services after Ms. Varley retires at the end of June 2011. It will also provide future continuity for the IEA's financial and membership activities, across sitting presidents, secretaries and treasurers. At the August 2009 IEA meeting, the Council also agreed to pursue establishing an online payment system for receiving new and returning members' dues. The IEA Treasurer determined that the involvement of the incoming professional management firm would be the most efficient means of accomplishing this goal.



At the February 2011 IEA Executive Council (EC) meeting in Anchorage, Alaska, USA, the EC interviewed the top three firms that submitted bids to manage IEA's finances and selected membership duties. First Point Management Resources (FPMR) was chosen from among the bidders

(www.firstpointmanagementresources.com/). FPMR, based out of Raleigh, NC, U.S.A has more than 35 years of specialized experience in a broad-range of every conceivable aspect of not-for-profit management. FPMR provides management and business services to over 30 non-profit organizations. FPMR's Director of Business Development, Jerel Noel states, "FPMR is truly excited to work with the leaders and members of IEA. We're confident that our dedication to superior customer service will translate to easing the administrative responsibilities of IEA's leaders while in turn enhancing the relationship between IEA and its members and constituents."

A contract was executed for FPMR's services for the term of April 1, 2011, through August 31, 2014. FPMR representatives are currently working with the IEA Treasurer to formulate a transition plan for moving accounting, financial and selected membership management responsibilities to FPMR. The plan calls for FPMR to take over IEA's accounting and financial management by June, 2011, and to take on selected membership management duties in September 2011. FPMR's financial management duties will be to: consult with the IEA Treasurer on matters related to finances; track and record cash receipts/disbursements; keep accurate general ledger; provide monthly financial report to Treasurer and EC; monitor cash flow and report variances to Treasurer and EC; and assist in preparation of annual budget reports and present these reports to the IEA Treasurer and EC for review.

FPMR's membership/administrative management duties will be to: consult with IEA Secretary on matters related to IEA membership administration; respond to telephone and email queries regarding IEA membership with the requested information; generate general correspondence, as directed by the Executive Committee; process new membership applications, as received; manage dues renewal processes - notification of invoices, hard copies, as needed, processing payments; communicate with the EC to provide updates on membership; maintain electronic and paper files; maintain accurate database of members and prospective members, update membership records as needed; manage and maintain content and features of association database system; consult with Secretary on matters related to website; maintain accurate content on IEA's website as per directive of IEA's Executive Council.

AUGUST 7, 2011 | ROXBURGHE HOTEL | EDINBURGH, SCOTLAND

IEA PRE-CONFERENCE COURSE TO THE 19TH IEA WORLD CONGRESS OF EPIDEMIOLOGY

New Directions and Recent Developments in Epidemiologic Research

IEA PRE-CONFERENCE COURSE

New Directions and Recent Developments in Epidemiologic Research
August 7, 2011 (08:00-17:00)

COMPLEMENTING your World Congress Experience!

- Gaining an overview of the latest developments and **advances in epidemiologic methods**
- Learning techniques to enhance the **role of epidemiology in clinical medicine and public health.**
- Revisiting well established **approaches to epidemiologic research**
- Participating in discussions on **limitations in the theory and practice** of epidemiology

The invited speakers are among the most influential contributors of statistical methodology and epidemiology in the world, and have substantially shaped our **knowledge about disease causation and exposure assessment.**

VIEW THE PROGRAM AT:

<http://www.iea-course.org>



Owing to the increased work load at IJE the IEA Council kindly agreed to our request for an Academic Editor. We are delighted to welcome Dr Jane Ferrie, who was recently appointed to this post, to the IJE. Jane has contributed 23 years of service to the cause of epidemiology, mostly at University College London, and has now started a new phase of her career working with IJE. As many readers of the IJE will know, the Co-Editors do need strict control to ensure that editorials appear on time. So we are anticipating that with Jane's encouragement we will try harder to increase efficiency and editorial standards. Jane is already playing a major role in taking over the Cohort Profile section, contributing to the triage of submitted papers, identifying themes for future issues, and writing editorials and editor's choice sections.



Over the last decade the IJE has grown in stature and now ranks among the top epidemiological journals internationally with an impact factor of 5.262. But impact factors do not tell the whole story. One index that seems important to us is the proportion of papers that receive zero citations - indicating that even the authors themselves have no desire to cite the work in subsequent publications! On this metric only 17% of the papers we published had zero citations, comparable with *Epidemiology* (40%), with *Lancet* (49%) and *American Journal of Epidemiology* (65%) doing even less well.

Bibliometric statistics alone cannot explain much about the whole story of a journal's purpose and orientation. We aim to provide our readers with high quality papers across the range of epidemiological issues – interpreting the boundaries of epidemiology widely. We follow Jerry Morris's "Uses of Epidemiology" approach in defining our scope (see Box). We published Jerry's last first-author paper, posthumously, last year and characteristically it was concerned with the inequities in health among older people.

The quality of manuscripts has improved since 2001 and this has resulted in our rejection rate continuing to increase to its current level of around 90-95%. Acceptance rates are broadly similar for manuscripts from developing countries to those from the developed world.

Potential authors often ask us what they need to do to get their papers into the IJE. We attempted to answer this question in the first editorial "*Is it time to call it a day?*" we produced in 2001 (IJE 2001; 30:1-11). We wanted less minor analyses from major studies and scientifically valid but mundane findings. We wanted more high quality research from developing countries, hypothesis papers, public health services research, greater interdisciplinary contributions, and letters. We still want the same things. Get a friend to read your next paper prior to submission and then ask them just two questions: What is the point of the paper? What is the take home message?

For potential authors in Latin America, one option is to join the IEA's advanced epidemiology course which will be held in Peru next year (around April 2012). This course is organised by our President, Professor Neil Pearce, and will be coordinated by Professor Cesar Victora, our President-elect. As in previous years (Blantyre, Malawi, April 2011), the IJE co-editors will present a day-long "How to write in Science" and how to get your work published seminar as part of the two-week course. A similar seminar was held in Colombo, Sri Lanka during the IEA regional meeting in May 2010.

Recently, and inexplicably, at the beginning of 2011, researchers in Bangladesh (and elsewhere) were told that 2500 journals were being withdrawn from access using HINARI – the Health Inter Network Access to Research Initiative. World Health Organization established it to grant access to free or low cost biomedical and health literature. Publishers withdrawing from HINARI include Elsevier, Springer, and Lippincott Williams and Wilkins. Intervention by Richard Smith, former editor of the British Medical Journal, resulted in a top journal, Science, reversing its decision to join the boycott of HINARI. Again, in response to pressure from its editor, Richard Horton, and scientists in Bangladesh, the Lancet is once again freely available in Bangladesh. This despicable behavior by medical journal publishers is further evidence that the open access to science publications movement is essential for the future of research in developing countries.

We are fortunate that our publishers, Oxford University Press (OUP), continue to provide us with excellent services. OUP ensure that the world's poorest countries gain access to IJE for free. But with development, it is apparent that some countries fall between the gap – they are no longer among the world's officially "poorest" countries but their academic institutions are not in a position to take out expensive consortium subscriptions run by publishers. Just as development is beginning to make an impact on markers of economic growth, epidemiologists and public health scientists have their access to knowledge hampered.

The editorial office is now split between University of Bristol and the South Asia Network for Chronic Diseases, Public Health Foundation of India, New Delhi. George Davey Smith's sabbatical over the last year in New Delhi made it much easier to conduct editorial meetings face to face rather than skype to skype. Our first hand experience of being located in India, recently reclassified as no longer among the poorest countries, has given us first-hand experience of day to day difficulties of constantly being confronted with a journal article "available to you for US\$36.00!" We continue to strive to make the IJE readable and enjoyable – if you have ideas about how we can improve it further, please let us know.

19th IEA World Congress of Epidemiology Edinburgh, Scotland 7 - 11, August 2011

Congress News

With over 2000 abstracts submitted for the Congress excitement is building for what we expect to be a truly exceptional Congress.

Programme Highlights!

The Congress programme is exciting and diverse, we are delighted to have an exceptional range of speakers presenting throughout the five days. To view the full programme please visit the congress website, here are just a few of the highlights to give you a taste of what's to come.

Sunday 7th August

John Snow Lecture

Professor George Davey Smith, UK

Professor of Clinical Epidemiology, and Scientific Director of ALSPAC & MRC CAiTE Centre at the University of Bristol.

Monday 8th August

Plenary VIII – Size Matters in Epidemiology

Professor Sir Richard Peto, UK

Professor of Medical Statistics & Epidemiology at the University of Oxford, Co-Director of the Clinical Trial Service Unit and Epidemiological Studies Unit, UK

Tuesday 9th August

Robert Cruikshank Lecture - The Multicenter AIDS Study: 28+ Years of Collaboration, Collegiality and Science – Sponsored by the IEA

Professor Roger Detels, USA

Professor and Chair of the Department of Epidemiology at the UCLA School of Public Health, University of California, Los Angeles

Wednesday 10th August

Epidemiology: Can it be more relevant for Policy?

Sponsored by the Chief Scientists Office – The Scottish Government

Professor Robert Beaglehole, New Zealand

Professor of Community Health at the University of Auckland, New Zealand. Between 2004 and 2007. Now co-director of International Public Health Consultants and an Emeritus Professor of the University of Auckland.

Thursday 11th August

INCLLEN Session

Convergence of Economics with Health: A Case for Chronic Diseases Prevention in Low and Middle Income Countries

Dr Narendra K Arora, India

MD FAMS Executive Director, INCLLEN and CHNRI, India will deliver a plenary session on Convergence of Economics with Health: A Case for Chronic Diseases Prevention in Low and Middle Income Countries

For further information on the conference, please visit its website: www.epidemiology2011.com

Putting Emerging Epidemiologists' Voices on the Map

First Early Career Researchers Session at XIX IEA World Congress of Epidemiology

On April 20, 2010, the Executive Council of the IEA invited five epidemiology students to participate in an *ad-hoc* virtual committee in order to discuss possible ways for increasing the number of student members of the IEA. This committee was composed of students from Brazil, Egypt, New Zealand and USA who created a report describing ten strategies that might help to achieve such a goal. The suggested strategy of forming an IEA Early Career Researchers (ECRs) group received immediate approval from the Executive Council. The main aim of this group is to develop a network of emerging epidemiologists to enhance global scientific collaboration. Since then, the committee has worked to prepare the first IEA ECR session at the XIX IEA World Congress of Epidemiology, whilst experiencing some changes in its membership.

Nowadays, four emerging epidemiologists take part in this *ad-hoc* committee (in alphabetic order): **Sahar Abdel-Maqsoud**, a Public Health Specialist working at Alexandria University in Health Education and Health Promotion Activities Alexandria University Students' Clinic and Hospital, Alexandria, Egypt; **Naomi Brewer**, a research fellow and PhD student from the Centre for Public Health Research at Massey University, Wellington, New Zealand; **María Clara Restrepo**, a PhD student from the Postgraduate Program in Epidemiology at Federal University of Pelotas, in Pelotas, Brazil; and a recent member, **Ester Villalonga**, a PhD student from the Biomedics Program at Universitat Pompeu Fabra, Barcelona, Spain. The committee hopes for the active participation of early career epidemiologists from across the world in this session as it will be an extraordinary opportunity to establish a global dialogue among those health professionals engaged in research and teaching of epidemiology.



Sahar
Abdel-
Maqsoud



Naomi
Brewer

María Clara
Restrepo



Ester
Villalonga





anchorage™
big wild life

20th IEA World Congress of Epidemiology Anchorage, Alaska, 2014

Dear IEA Members,

SAVE THE DATE – August 16 - 22, 2014

The University of Alaska Anchorage will host the IEA World Congress of Epidemiology 2014 in beautiful Anchorage, Alaska, USA. We invite you to join us and celebrate the 20th Anniversary of the World Congress of Epidemiology.

The Congress theme will be *Global Epidemiology in a Changing Environment: The Circumpolar Perspective*. There is not a more beautiful and culturally rich area in the USA than Alaska for the location of this meeting; or one where the challenges to the assessment, planning, and delivery of health care are more serious.

The University of Alaska Anchorage is the health science campus of the University of Alaska system. Along with our State and Federal colleagues, we are the hub for epidemiological, biomedical, and public health practice and research in the state. The organizing committee is busy preparing for this meeting now. We look forward to planning a strong scientific program consisting of plenary sessions, themed breakout sessions, poster sessions, workshops and other venues that will be stimulating for epidemiologists, public health practitioners, physicians, nurses, veterinarians, and other interested professionals.

We will share a booth with IEA at the upcoming North American Congress of Epidemiology meeting in Montreal, June 21-14, 2011 and we will have a booth at the World Congress of Epidemiology 2011 in Edinburgh, Scotland. Please do come by and visit us.

Various planning committees are being formed now so if you are interested in Chairing a committee, working on a committee, or organizing a workshop or other event, please contact Dr. Betty Monsour at Betty.Monsour@uaa.alaska.edu at your earliest convenience.

The WCE2014 website will go live later this year but in the meantime, we invite you to visit the website of the Anchorage Convention & Visitors Bureau at <http://www.anchorage.net>.

We are a vibrant welcoming community and we invite you to mark your calendars and plan to join us in 2014.

Very sincerely yours,

Betty Buchan Monsour, PhD, DFTCB
Chair, Executive Committee of WCE 2014
Assistant Professor of Public Health
University of Alaska Anchorage

EYE ON:

IEA ONLINE BOOK CLUB

Oxford University Press (OUP) are pleased to offer members of the International Epidemiological Association a 20% discount off public health and epidemiology titles. Claim your discount on our new titles by visiting the IEA online book club (<http://www.oup.com/uk/sale/webiea08>)

You can pre-order your copy of the hugely successful Oxford Textbook of Public Health, 5th edition, edited by Roger Detels, Robert Beaglehole, Mary Ann Lansang, and Martin Gulliford, which is available in paperback in July 2011. Condensed into one volume, this book covers three distinct areas: the scope of public health, the methods of public health and the practice of public health.

Titles recently published in epidemiology include, *Epidemiology and the People's Health: Theory and Context* by Nancy Kreiger, which blends together social, biological, political, and ecological factors into a multifaceted and comprehensive look at epidemiologic theory as a rich tapestry. Also, *Reproductive and Perinatal Epidemiology* edited by Germaine M. Buck Louis and Robert W. Platt, addresses the epidemiology of major reproductive and perinatal outcomes. The book approaches the subject from an international perspective, and the unique methodologic issues underlying each outcome are discussed.

For a full list of public health and epidemiology titles from Oxford University Press and to receive your 20% discount, visit IEA's online book club today.



2011 IEA Richard Doll Prize Awarded to : Professor David Barker



The 2011 IEA Richard Doll Prize has been awarded to **Professor David Barker**, BSc, First Class Hons (Lond), MBBS (Lond), PhD (Birm), MD (Lond), FRCP, F Med Sci, FRS. Professor Barker was Director of the University of Southampton Environmental Epidemiology Unit from 1984 to 2003. He remains Professor of Clinical Epidemiology at Southampton; and is also Professor of Cardiovascular Medicine at Oregon Health & Science University, USA, and Professor of Medicine at King Saud University, Saudi Arabia. Professor Barker has documented and formulated the so-called '**Barker hypothesis**': this proposes that environmental factors early in life, from the time of conception can modify disease susceptibility later in life. This new concept which applies to both developed and developing countries has inspired a whole generation of epidemiologists and led to the establishment of large birth cohorts all over the world. Professor Barker will receive the prize, and deliver a plenary presentation, at the IEA's World Congress of Epidemiology in Edinburgh, 7-11 August 2011

The International Journal of Epidemiology (IJE)

Did you know...?

Articles older than 12 months from the *International Journal of Epidemiology* are available to read **FREE** online.

Find out more. Visit:
www.ije.oxfordjournals.org/archive

Free Online Access....

IEA regular full members receive **free online** (as well as print) access to the *International Journal of Epidemiology* (<http://www.oxfordjournals.org/page/3586/1>) as part of their membership.

To read the journal online, you must have your **current subscriber number** which is printed on the mailer sheet for the journal.

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IJE in the News – Read papers recently published in the journal which have generated global media coverage

<http://www.oxfordjournals.org/page/3586/4>

Statements from IEA Regional Councilors - 1

Newton Kumwenda (Africa)
nkumwenda@jhu.medcol.mw



Achievements (Sept 2008 – May 2011)

Since 2008 our main efforts have been towards recruitment on new members and encouraging all registered members to take an active role in IEA activities. This remains a challenge but reasonable progress has been made during the past 3 years.

A joint IEA session was held at the Public Health Association of South Africa (PHASA) annual conference held in November 2009 in Durban, South Africa. The special IEA session titled "Epidemiology of HIV and emerging infections in Sub-Saharan Africa" was held at the conference and was well attended by PHASA delegates. At the end of the conference about 8 delegates had registered to join IEA as members. A lot of interested individuals especially those from outside the Republic face challenge of foreign exchange transfer for the subscription.

The IEA council members were very supportive and suggested the idea of joint membership with local relevant Societies or Associations which meet the IEA eligibility criteria. Contact with PHASA has initiated towards joint membership for interested individuals

Perhaps most successful achievement for the Region has been the establishment of the Nigerian Society of Epidemiology (EPiSON) in 2010. The IEA Council approved joint membership with EPiSON. As a result the number of registered IEA membership has greatly increased. We are making more efforts to identify other eligible national organization in various countries to make similar agreements to increase the regions participation in IEA. For the first time the region successfully hosted the IEA Regional Epidemiological Methods course in April 2011 in Malawi. There were 32 candidates from seven countries including Malawi.

Membership Status (2008-2011)

During the 3 years the number of registered members has increase to about 100. The majority of members are from South Africa and Nigeria. Other countries represented include Malawi (2), Cameroon (1), Zambia, and Uganda. We are making efforts to increase membership through various contact methods to other countries in the region to attract new more people to join IEA. A number of individuals are keen to join but fail to pay membership fees due to foreign exchange difficulties. We continue to make efforts to find ways of enabling interested individuals to join.

Regional Suggestions (for next councilor: 2011-2014)

- To work more closely with the national organization already with IEA joint membership
- To maintain a good working relation hip with PHASA and establish a formal IEA joint membership.
- To identify more individuals and relevant national organization to facilitation interested individuals to join IEA.
- To identify individuals in more countries to act as key point of contact for IEA recruitment of members especially Franco-phone countries

Suggestions for IEA's future

- Plan for another IEA Epidemiological Methods course to help raise the profile of IEA in the region.
- Develop a system to help potential members in payment of the subscription fee
- Increase efforts to reach more countries in the region to recruit new members
- Plan a regional IEA conference

Ali Al-Zahrani (Eastern Mediterranean)
alisaz@Kfshrc.edu.sa



Achievements (Sept 2008 – May 2011)

Two major IEA scientific activities took place in the EMR:

1. The "2nd International Course on Epidemiological Principles and Methods" was held in April 2010 in Riyadh, Saudi Arabia in collaboration with King Saud University, Saudi Epidemiological Association, and King Faisal Specialist Hospital & Research Centre. The course was attended by 60 candidates from more than 15 nationalities.
2. The "8th IEA-EMR Scientific Meeting" addressing effects of "Globalization" on Public Health in the Eastern Mediterranean Region was organized in Beirut , in conjunction with the Lebanese Epidemiological Association, during November 2010, which was attended by more that 200 candidates. The meeting was preceded by 3 workshops.

Membership Status (2008-2011)

IEA Joint Membership was introduced to active members of National Epidemiological Associations by which the member is eligible for full privileges of local association, as well as, the IEA membership. Number of active IEA members has doubled in the EMR over the past two years. So far three association were approved for the IEA joint membership; these are Saudi Epidemiological Association (SEA), Lebanese Epidemiological Association (LEA) and Iranian Epidemiological Association (IrEA). More associations are expected to join in the future.

Regional Suggestions (for next councilor: 2011-2014)

1. To increase number of IEA memberships by approaching more public health related associations in the region to join the IEA joint membership program.
2. To establish the Eastern Mediterranean Federation (EMF) to act as an umbrella for Epidemiologists in EMR in order to strengthen Epidemiological activities and programs.
3. To organize more frequent and regular regional scientific meetings, workshops and courses.

Suggestions for IEA's future

1. To engage Regional Councilors in different committees originated by the IEA Council.
2. Members from less developed countries should have equal opportunity to be nominated for Executive Council posts.
3. IEA activities should not be limited to academia such as scientific meetings and publications. Leading roles to control and prevent pandemics and to minimize burden of disease are to be considered by IEA as the only International Organization for Epidemiology which should be reflected in the field and not only in the press.

Statements from Regional Councilors - 2

Robert West (Europe)
councillor@iea-europe.org

Achievements (Sept 2008 – May 2011)

European Epidemiological Federation: The IEA European region incorporates a federation of epidemiological societies in 15 European countries (Denmark, Finland, France, Germany, Iceland, Italy, Macedonia, Netherlands, Norway, Poland, Portugal, Serbia, Spain, Sweden, Switzerland and United Kingdom) with one representative from each on the board; a board meeting was held in November 2010.

Regional meeting: The European Congress of Epidemiology 2010 was hosted by the Italian Epidemiological Association in Florence 6 – 9 November 2010 (programme, abstracts and statistics published in EpidemiolPrev 2010, 34 (5-6) suppl 1)

Website: IEA EEF website (webmaster Charles Florey) is linked to both the IEA site and all websites of EEF member societies. The website advertises conferences, courses, events and other material of potential interest to epidemiologists. The discussion board, which was open to all IEA members, has been withdrawn regrettably through lack of use.

European Young Epidemiologists (EYE): This group, an 'international corresponding club', principally by email, emulates the early days of the IEA itself. Membership (informal, no subscription) continues at approximately 250 with one representative on EEF board. As the group establishes, discussions are beginning over a more formal relationship with EEF.

Education for / training of epidemiologists in Europe: A questionnaire to representatives of national societies in attempt to collate information on postgraduate education in epidemiology (or with a significant component of epidemiology) and training programmes in epidemiology to help young epidemiologists advance their careers drew poor response. The exercise is being repeated with partially pre-entered questionnaires to institutions known to run relevant courses. The number of short intensive courses in epidemiology in Europe, including the IEA summer school in Italy 5 – 18 June, grows

Regional meetings – future: negotiations with societies to host European regional conferences in 2012 and 2013 are ongoing.

Subscription from member societies: A proposal that member societies of the European Federation of Epidemiology make some regular financial contribution (pro rata on member numbers) to the running of the federation has been dropped.

International conference: Planning for the XIX Congress of Epidemiology in Edinburgh 7-11 August 2011 is well advanced (see separate entry); therefore no regional European conference in 2011.

Membership Status (2008-2011)

European membership ranges between approx 265 and 285. Proposals for 'joint membership' with European national societies was welcomed by EEF board and national society representative were notified but see proposals – below.

Suggestions for IEA's future

While the 'joint membership' (with European national societies) scheme was welcomed by EEF board, several societies, that wished / sought initially to enter the scheme, have decided against doing so for practical or legal / fiscal reasons.

We have suggested to IEA executive that (bone fide) individuals (of national epidemiological societies, recognized for the scheme by IEA) wishing to take up joint membership, declare their membership (on an honesty basis – although IEA may request proof of membership) directly with IEA membership secretary and that all form filling and financial transactions between individual members be directly with IEA (no involvement of secretary / treasurer on national society or OUP).



Maria Inês Schmidt (Latin America & Caribbean)
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Achievements (Sept 2008 – May 2011)

According to the IEA RC Expectations I have developed activities aimed to promote epidemiology in the region of Latin America and Caribbean (LAC). To this end, I worked with the following tasks:

1. Recruiting new members through:
 - Keeping track of membership by country in LAC and contacting country members according to specific priorities.
 - Contacting members and other epidemiologists in the region to gather ideas about how to delineate the current picture of epidemiology in LAC.
2. Holding regional meetings by:
 - Organizing scientific sessions for the Brazilian Congress of Epidemiology to be held in November, 2011.
 - Collaborating with the NA RC to have an IEA symposium during the NA Congress of Epidemiology in June, 2011.
3. Identifying training possibilities by:
 - Mapping national societies within the region.
 - Mapping organizations with headquarters or regional offices within the region.
4. Other Activities such as:
 - Developing a joint IEA/ABRASCO membership protocol.
 - Collaborating with Sandhi Barreto in the preparation of a manuscript on the Epidemiology in the Region for the IJE series.

We have successfully achieved the following:

1. A survey questionnaire (Spanish, English and Portuguese) was sent to members of all countries regarding epidemiologic research, training and political organization.
2. A bibliometric research is being conducted by Sandhi Barreto to delineate the state of the art of epidemiologic research in LAC.
3. A protocol for joint IEA/ABRASCO membership was developed.
4. IEA sessions are planned for the NA Congress of Epidemiology in June, 2011 and for the Brazilian Congress of Epidemiology in November, 2011.
5. An IEA course is planned to be offered before the Brazilian Congress of Epidemiology.

Evaluation of these achievements will be possible by examining:

- An article led by Sandhi Barreto showing the epidemiologic scenario for LAC.
- The number of new members in LAC in 2011-2012.

Membership Status (2008-2011)

A protocol for a joint IEA ABRASCO registration and membership was instituted.

Regional Suggestions (for next councilor: 2011-2014)

To build a working platform based on the main challenges identified in the manuscript being prepared by Sandhi Barreto et al., and assign short term indicators of how to tackle them such as:

- networks developed
- training courses held
- new grants
- research published



Statements from Regional Councilors - 3

Nancy Krieger (North America)
nkrieger@hsph.harvard.edu



Achievements (Sept 2008 – May 2011)

1) Served as the IEA representative to the 2011 NA Congress of Epidemiology (June 21-24, Montreal, Canada)

1. Ensured the IEA has a very visible presence, by: organizing 2 IEA symposia (see below); organizing an IEA social hour; arranging for the IEA to have: a booth, its name on the conference bag, flyers included in the conference bag and a half-page ad in the program book;
2. Provided relevant input to the scientific steering committee, including re the name of the Congress (ensuring it remained called the NA Congress of Epidemiology, and also composition of the plenary speakers (to ensure diversity).
3. Encouraged IEA NA members to serve as abstract reviewers

Descriptions of the 2 IEA symposia are as follows:

- i) **“Epidemiology for health equity in a global, dynamic, and unequal world: perspectives of the International Epidemiological Association,”** which will include participants: Neil Pearce, Cesar Victora, Maria Inês Schmidt, and Jane Ferrie, Shah Ibrahim, with myself serving as chair of the session.
- ii) **“Epidemiologic theories for analyzing health inequities: contributions from Latin America and North America – in global context,”** which was jointly submitted by the IEA’s NA Councilor (myself) and LAC Councilor (Maria Inês Schmidt); the chair is Mauricio L. Barreto and participants are: Naomar Almeida-Filho (Brazil), myself (USA), and Anne-Emanuelle Birn (Canada).

2) Promoted more ties between the IEA NA region and the IEA LAC region

a) Ensured that 1 of the 2 IEA symposia at the NA Congress of Epidemiology brings together LAC and NA epidemiologists; b) Ensured that there is a joint IEA NA and LAC regional workshop at the WCE 2011; c) Organized an exploratory workshop at Harvard (Oct 2009) on investigating societal determinants of health inequities between and within countries, with an emphasis on LAC and NA theoretical contributions

3) Served on scientific committee for the IEA’s WCE 2011

4) Promoted organizing the IEA’s WCE 2014

5) Promoted links between the IEA and SER

6) Promoted IEA conferences and courses via posting announcements to the Spirit of 1848 list serve

Membership Status (2008-2011): As of February 2011, the NA region had 131 IEA members: 5 honorary, 14 lifetime, 2 IEA/SER, 1 “DEVG, and 109 regular members.

Regional Suggestions (for next councilor: 2011-2014)

- 1) Continue efforts to foster closer ties between the NA Region & LAC Region,
- 2) Start working closely **NOW** with the organizers for WCE 2014, given that the meeting will be held in Anchorage, Alaska

Suggestions for IEA’s future

- 1) Continue the emphasis on capacity building in the Global South, including strengthening epidemiologic work addressing both global health inequities and inequities within countries and regions. 2) Make decision-making more efficient: it often took an excessive number of emails, and cycles of emails, to get approvals for IEA activities and expenses for the NA Congress of Epi.

Vinod Srivastava (South East Asia)
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Achievements (Sept 2008 – May 2011)

The period 2008-11 has been very productive for the SEA Region. Besides having a significant increase in IEA membership, the following activities were accomplished. IEA was one of the co-sponsors of the **WHO-SEA Regional Epidemiology Conference**, 8 -10 March 2010, New Delhi, India, attended by over 300 delegates from all over the world. As an outcome of this conference, it was decided to take up certain new initiatives to promote and strengthen epidemiology in the region with a time bound road map. The **IEA-Regional Scientific Meeting** was organized at **Colombo, Sri Lanka**, 23-26 May 2010 by the College of Community Physicians of Sri Lanka, led by Dr. Janaki Vidanapathirana, Consultant, National STD Control Program, Sri Lanka under the chairmanship of Prof Rajitha Wickramasinghe, Dean, Faculty of Medicine, University of Kelaniya, Sri Lanka. The theme of the meeting was *Epidemiological Methods in Evidence Based Healthcare*. The presentations were on 4 main tracks: health promotion, reducing morbidity and mortality, clinical and field epidemiology, and injury epidemiology & rehabilitation. It also had 11 scientific symposia, 130 oral and 156 poster presentations. A large number of renowned plenary speakers from all over the world, including Australia, UK, USA, Canada and Japan delivered their lectures. The meeting received sponsorship from by a number of international agencies such as WHO, UNAIDS, UNICEF, UNFPA, Population Council, World Bank etc. and was attended by over 500 delegates from many SEA countries, e.g. Sri Lanka, India, Bangladesh, Nepal, Bhutan and Thailand; besides participants from countries of other Regions, e.g Pakistan, UAE, Philippines, Singapore and Egypt. **A Regional Symposium on Improving Neonatal Health in SEAR is now planned for the forthcoming IEA World Congress of Epidemiology (WCE) at Edinburgh, Scotland (2011).** The symposium will highlight the regional experience from innovative health projects on improving neonatal health in South-East Asian countries. Examples will be taken from different SAE countries, according to the stages of socio-economic development of individual countries (India, Bangladesh, Sri Lanka and Thailand). The reforms in neonatal health will be compared across the region within the context of rapid demographic, health and socio-economic development. In view of the size of population of the SEA region, the IEA membership was very limited in the year 2009, but has grown substantially under the joint membership scheme. In order to sensitize these people, the Regional Councilor attended various national meetings (e.g. of the Indian Public Health Association, Indian Association of Preventive & Social Medicine and Indian Society for Medical Statistics) which has been a great motivating factor for large number of members to join IEA. The organization of the Regional Conference in Sri Lanka, where we had no IEA members, has helped in increasing the IEA membership in this country.

Suggestions for IEA’s future

Future suggestions include: **epidemiological capacity building:** needs organizing training courses in collaboration with various reputable institutes in the SEAR. In order to make these courses popular and affordable, there should be only a nominal (or no) course fee and participants can bear their travel and local boarding cost. In fact, a course on **Nutritional Epidemiology** is already planned for, will be organized during 2011-12, for which funding is being sought. Moreover, holding the **XI IEA-SEA Regional Scientific Meeting:** in either Bhutan/ Indonesia/ Maldives/ Myanmar during the year 2012 - 13. The organization of Regional Scientific Meeting in one of these countries will be of great help in enrolling new members as well as promoting IEA activities in these countries.

Statements from Regional Councilors - 4

Yosikazu Nakamura (Western Pacific)
nakamuyk@jichi.ac.jp



Achievements (Sept 2008 – May 2011)

As the Regional Councilor of Western-Pacific Region of IEA, I provided an assistance in organizing the Regional Meetings to be held in Koshigaya, Japan in January 2010, hosted by Dr. Nobuhiko Miura.

In addition, I now have a plan to organize and host the 21st World Congress of Epidemiology in 2017 in Japan, with a strong support of the Japan Epidemiological Association (JEA).

“A dictionary of Epidemiology, 5th edition.” was translated into Japanese with much support by approximately 50 members of JEA, which was issued in July 2010.

Collaborating with some epidemiologists, the “Introducing paper for epidemiology and health status in the Western Pacific Region” was issued on the International Journal of Epidemiology in 2011. (Blakely T, et al. Health status and epidemiological capacity and prospects: WHO Western Pacific Region. Int J Epidemiol 2011; 40: in press)

Membership Status (2008-2011)

Joint membership system between IEA and JEA was established in 2010. We have now 77 active joint members.

Regional Suggestions (for next councilor: 2011-2014)

Joint membership should be established with some other counties and regions of which local societies for epidemiology exist.

Babu L. Verma (IEA/INCLN Liaison)
blvmedstat@yahoo.com



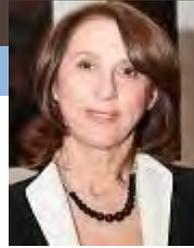
Achievements (Sept 2008 – May 2011)

IEA and **INCLN** have many common objectives and programs. To further strengthen mutual relationship, both organizations signed a Memorandum of Understanding (MoU) in January 2009. Accordingly, I was given the responsibility of serving as **INCLN Liaison Officer**, on behalf of the IEA Council, with my counterpart being Ravindra Mohan Pandey from INCLN. The full text of MoU is available on the IEA web page www.ieaweb.org. Joint activities included participation in the **18th World Congress of Epidemiology**, Porto-Alegre, September, 2008, in the SEA Regional Workshop on “Measuring Disease Burden – Methods & Estimates” and 2 mini-symposia on “Patients’ Safety Research”, and “Networking in Clinical Research – An Experience from Latin CLN”. Also, during the **WHO SEARO Meeting, New Delhi (India), 26-27 February 2009**, both participated in a panel discussion on: “Networking, Inter-Country Collaborations and Partnership for Epidemiology: Opportunity and Challenges Ahead”. For the **10th IEA / SEA Regional Scientific Meeting, Colombo, Sri Lanka, 23- 26 May 2010**: there was joint organization of a plenary lecture, a symposium and a workshop. For the **19th World Congress of Epidemiology (WCE), Edinburgh, Scotland, 7-11 August 2011**, joint activities include: 2 plenary lectures, namely: “Governance of Public Health System in Low and Middle Income Countries (LMIC)” by Narendra K. Arora, Executive Director, INCLN and “Neuro Development Disabilities in Children: Methodological Issues in Resource Constraint Settings”; a symposium on: “Translating Evidence into Policy in Low and Middle Income Countries: Challenges and Opportunities” and a workshop on: “Qualitative Research Methods for Informing Policy and Decision Makers: Methodological Issues”. Speakers of this Symposium are: R M Pandey, AIIMS, New Delhi (India); Tazeen H Zafar, Aga Khan University, Karachi (Pakistan); D Basu, Department of Health (South Africa) and Jiyao Wang, Fudan University, Shanghai (China). Besides the above, some INCLN Members (around 8-12) are likely to attend this global event and make their scientific presentations.

Effectiveness of MoU: As per the MoU signed, the purpose was to strengthen mutual relationship, co-operation and consultation between IEA and INCLN by i) supporting the joint capacity-building ventures, ii) participating and organizing joint meetings, special sessions and creating special interest groups in scientific meetings and otherwise also and iii) sharing information between two organizations through web linkages. We have been working on above lines successfully for the last 3 years. I would therefore, say that our MoU has been quite effective, though there is still scope to further improve upon and strengthen our co-operation by working more speedily.

Future Directions: IEA’s relationship with INCLN is presently going - on well. However, our MoU signed in 2009, is for 3 years only and thus, it will come to an end in January 2012. Also, our IEA /INCLN activities have been limited – mainly to SEA Region. Our relationship with INCLN needs to be widened - vertically, horizontally and also in its scope. The new / revised MoU should be signed in January 2012, and there is need to make it global, on perpetual basis, and it should add-up some more areas to work together.

IEA PROFILE



Maria-Ines Schmidt, MD, MPH, PhD
Associate Professor

I am currently the IEA Regional Councilor for Latin America and the Caribbean (LAC). My main research and teaching activities occur at the Medical School and the Post Graduate Studies Program in Epidemiology of the Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil, where I am an associate professor.

After completing my clinical training in endocrinology at the Johns Hopkins Hospital, I initiated epidemiologic studies at the University of North Carolina, Chapel Hill, where I completed master's and PhD programs. Upon my return to Brazil, in 1983, my main goal was to develop research capacity for the investigation of chronic diseases. To that end, I worked closely with the Ministry of Health and networked with leaders in the area to set the priorities for this field. Today Brazil has significant public policies for the prevention and control of chronic diseases and a wide plan for the surveillance of these conditions. During the preparation of a recent Lancet Series on Brazil (www.lancet.com/series/health-in-Brazil), launched on May 9, 2011, I led the article on the challenges faced by Brazil to control these conditions.

I was honored to be the president of the IEA World Congress of Epidemiology in 2008 (IEA WCE 2008), with the active roles of Bruce Duncan and Cesar Victora as vice presidents. Held in conjunction with the Brazilian Congress of Epidemiology, and congregating about 5000 epidemiologists, I believe the congress set a stage for important changes in the way we promote epidemiology. The importance of a health system, the goal of health for all, innovating methods, engaging epidemiologists for social changes, were just a few themes highlighting what epidemiology can and must do, growing as a science and as a political actor to promote the global health changes needed. Young epidemiologists will indeed have important and numerous jobs in the construction of this future.

As the IEA Regional Councilor for Latin America and the Caribbean (LAC) from 2008-2011, I worked closely with Nancy Krieger, the IEA Regional Councilor for North America (NA), to plan joint activities. To that end, we promoted a seminar to discuss inequalities and theories for their occurrence, which resulted in a publication in the JECH in 2010. We also have planned joint activities to take place during the IEA World Congress of Epidemiology, Edinburgh, August, 2011, for which currently over 200 delegates from the LAC Region have registered. We also organized joint activities to take place during the NA Congress of Epidemiology in Montreal, June 2011.

Moreover, we are preparing a situational analysis of the state of Epidemiology in LAC with the contributions of a team led by Sandhi Barreto, including Peter Figueiroa, Jarbas Barbosa da Silva, Pablo Kuri, Sergio Monoz, as well as Jaime Miranda, the newly elected Councilor for LAC. The product will be part of the series of articles being prepared for all the IEA Regions, planned to be published in the IJE.

From the IEA Rapid Response Committee

Many decisions are made or suggested that have an impact on epidemiologic research and public health. These decisions are often made with consulting experts in the field.

The Rapid Response Committee tries to add our (IEA) voice to this debate. We hope you from time to time will read our comments on the website (www.ieaweb.org – Rapid Response) and use these comments to shape your own opinion. Unless we are active in the public debate on matters that affect our infrastructure for doing epidemiologic research, others will make the decisions.

We have addressed issues on research ethics, method development, access to data, information to journalists, interpretation of P-values, and more.



Jorn Olsen
IEA Past President
Chair of Rapid Response Committee
on behalf of the Rapid Response Committee
(Cesar Victora, Neil Pearce, Shah Ebrahim, Jørn Olsen)

Results of IEA Elections (2011 - 2014)

From mid-April to mid-May 2011, we have been holding the triennial IEA elections. This is the first time that the three Executive positions (President-elect, Secretary and Treasurer) have been elected by all of the members, rather than just those who attend the triennial World Congress of Epidemiology), and the first time that all positions (the three Executive positions and the seven Regional Councilor positions) have been elected by internet-based voting. We had votes from 754 members, which is nearly four times the maximum number of votes that we have had previously when the Executive members have been elected by those attending the triennial World Congress. ***The elected candidates are:***

Executive Committee:

President-Elect

Patricia Buffler (USA)



Secretary

Mathias Egger (Switzerland)



Treasurer

Ahmed Mandil (Egypt)



Regional Councilors

Africa

Kingsley Kola Akinroye
(Nigeria)



South East Asia

Vinod Srivastava
(India)



Europe

Adele Seniori Costantini
(Italy)



Eastern Mediterranean

Ali Al-Zahrani
(Saudi Arabia)



Western Pacific

Yosikazu Nakamura
(Japan)



Latin America & Caribbean

J. Jaime Miranda
(Peru)



North America

Ezra Susser
(USA)



Neil Pearce

Chair, IEA Elections Committee, 2011



IEA International Course on Epidemiological Methods Blantyre, Malawi 4-15 April, 2011

IEA held its third annual International Course on Epidemiological Methods in Blantyre, Malawi, April 2011. The IEA course is allied to the IEA-sponsored European Educational Programme in Epidemiology, which has been held in Florence for three weeks every June/July for more than 20 years. The new IEA course is intended as a "Florence South" course which will be held annually in low and middle income IEA regions. The first course was held in Jaipur, India, in April 2009, and the second course was held in Riyadh, April 2010. The 2011 course was held in Africa, in Blantyre, Malawi, 5-14 April 2011.

The Malawi course included thirty participants, from ten African countries (Cameroon, Ethiopia, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Sudan, Zambia and Zimbabwe) as well as one participant from Bangladesh.

Next year's course is planned to be held in Latin America (provisionally scheduled for Lima, Peru during the first two weeks of May), while the 2013 course is planned to be held in the Western Pacific region. It is intended that the course will then be run annually on a five-year cycle of the IEA regions outside of Europe and North America (South East Asia, Eastern Mediterranean, Africa, Latin America and Western Pacific).

INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

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LAST WORD

**Dear Newsletter Readers
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ahmed.mandil@yahoo.com .*

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*Thanks for giving us your time and
attention*

Editor:
Ahmed Mandil

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