



Council Handbook

5th Edition

2015



IEA Council Handbook

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Introduction

In his introduction to the 2002 Edition of the IEA Handbook, past President Charles du V Florey noted:

The IEA...has gathered a large number of traditions, some well known and some too complex to be passed on effectively by word of mouth. The problem of handing down the traditions from old to new members of Council is solved in part by overlapping terms of office, but Council meets too infrequently for this to be wholly effective. This Handbook is an attempt to commit to paper guidance for the running of the Association based on our traditions and good practice. It provides new Councillors with an outline of what is expected of them and in some cases how they may approach their duties. It provides members an opportunity to mould the philosophy and management of the Association.

The Handbook was updated in 2006, and by the time I took over as president in 2011, it became evident that several sections needed additional change due to the rapid pace at which our association is changing. A couple of examples include the electronic voting system, the joint membership schemes and our website.

I am deeply grateful for the contributions of Vinod Srivastava, Ahmed Mandil and the late Patricia Buffler during the revision of this Handbook.

The Handbook is not static, nor does it cover all possible situations that are relevant to the daily functions of our association. It will evolve on a permanent basis, and members should contribute to this process by contacting our Secretariat (membership@ieaweb.org) and suggesting areas that need to be changed.

The key word for the Handbook is transparency. By laying out what we do and how we do it, the Handbook plays a central role in our association.

Cesar Victora
IEA President, 2011-14

History of the Association

This section summarizes four articles that appeared in the IJE from 1974 to 1997, reporting on the history of our Association.

-) Anon. The first twenty years of the International Epidemiological Association 1954-74. *International Journal of Epidemiology* 1974; 3:287-294.
-) Anon. History of the International Epidemiological Association 1954-77. *International Journal of Epidemiology* 1977; 6:309-324.
-) Anon. The history of the International Epidemiological Association brought up to date. *International Journal of Epidemiology* 1984; 13:139-141.
-) Holland W, Detels, R, Mosbech J. History of the IEA, 1984-1995. *International Journal of Epidemiology* 1997; 26:228 - 239

| This summary history is followed by personal mementos from past presidents of the IEA

The First Thirty Years of the International Epidemiological Association 1954-84¹⁻³

HOW IT STARTED

The International Corresponding Club, as the IEA was first called, was started in 1954 by Dr. John Pemberton of Great Britain and Dr. Harold Willard of the United States with the advice and help of the late Dr. Robert Cruickshank. They had found, as travelling Research Fellows, each in the other's country, that they were handicapped by not being sufficiently well informed about the research and teaching that was going on in the field of social and preventive medicine in the various medical schools and research institutes. Initially it was to try and remedy this defect, that the Club was established on a small and informal basis. At first it was just a corresponding club whose object was 'to facilitate communication between physicians working for the most part in university departments of preventive and social medicine or in research institutes devoted to these aspects of medicine, throughout the world'. This was to be achieved by the publication of a Bulletin twice a year and by members endeavouring to 'ensure a friendly and hospitable welcome for visitors' from other countries. The first number of the Bulletin appeared in January 1955 and contained contributions from 26 correspondents from nine countries. Very soon correspondents felt the need to meet together to discuss research and teaching and the first formal meeting took place at the Ciba Foundation in London at the end of June 1956. By this time there were 49 correspondents from 18 countries and Dr. A. Querido of Amsterdam who attended the London meeting invited the Club to hold its First International Scientific Meeting in the Netherlands. As a consequence a 'Study Group on Current Epidemiological Research', supported by a grant from the Rockefeller Foundation, took place at Noordwijk in September 1957. There were 58 participants representing 44 university departments from 20 countries at this meeting. A constitution was formulated and the following executive committee elected:

Dr. Robert Cruickshank (UK): *Chairman*
Dr. Lester Breslow (USA)
Dr. Branko Cvjetanovic (Yugoslavia)
Dr. Charles M. Fletcher (UK)
Dr. A. Querido (Netherlands)
Dr. H. J. Ustvedt (Norway)
Dr. John M. Weir (USA).

Joint Editors of the Bulletin:

Dr. John Pemberton (UK) Dr. Harold Willard (USA)

One result of the meeting in Noordwijk was that a book entitled *Recent Studies in Epidemiology* (Appendix I, 1) was published embodying most of the papers given. Another was that a small follow-up seminar of members of the Club and of the staff of the Netherlands Institute of Preventive Medicine was held in Leiden the following year on 'The Current Application of Epidemiological Methods' (I, 2). At this meeting the name of the Club was changed to the International Epidemiological Club.

The Noordwijk meeting was the first of the seven international scientific meetings which have been held to date. The second was held in the Universidad del Valle in Cali, Colombia in 1959 when the present title of the Association was adopted. The next was held in 1961 on the island of Korcula, Yugoslavia, on the theme 'The Application of Epidemiological Methods to Medical Problems', and the edited papers of this meeting were published by the Oxford University Press under the title *Epidemiology: Reports on Research and Teaching* 1962 (I, 3).

By the time of the Fourth International Meeting held at Princeton, New Jersey in 1964 on 'Comparability in Epidemiological Studies' there were 144 members from 30 countries. At this meeting it was decided no longer to restrict membership to medically qualified men and women. The edited papers of the Princeton meeting were published by the Milbank Memorial Fund (I, 4).

The Fifth International Scientific Meeting was held in Primosten, Yugoslavia in August 1968. Following this meeting, and in addition to the Transactions (I, 5), a small editorial committee produced a book

entitled *Data Handling in Epidemiology* (I, 6) based on some of the papers and a good deal of additional material.

The two meetings in Yugoslavia were considered so successful that it was decided to hold the sixth meeting in the same country again in August 1971. The Seventh International Scientific Meeting was held at the University of Sussex, England in August 1974 (see Appendix II).

THE EDUCATIONAL WORK OF THE ASSOCIATION

The IEA has always attached great importance to the educational aspects of its work and its first Chairman, Dr. Robert Cruickshank, often used the phrase 'spreading the gospel' to describe these aims.

The meeting in Cali in 1961 stimulated a lot of interest in epidemiology in Colombia and as a result three seminars on epidemiology were later organized by the IEA in that country. This marked the beginning of a series of seminars in the South American continent and the Caribbean area.

The Milbank Memorial Fund, on the recommendation of its then Executive Director, Dr. Alexander Robertson, helped to make this extensive series of seminars possible and the World Health Organization, through the Pan American Health Organization, also co-operated in these seminars. By 1974 the IEA had organized, or played a prominent part in, 17 seminars or workshops on epidemiology often in association with the World Health Organization (see Appendix III). The Association only undertakes to organize or participate in seminars at the invitation of the national and local educational bodies concerned.

In 1969 a decision was taken to produce a guide on the teaching of epidemiology which would be suitable for use throughout the world. The World Health Organization agreed to co-operate in this project and Dr. Ronald Lowe and Dr. Jan Kostrzewski were asked to edit the guide. A number of members were invited to contribute to it and after two drafts had been produced the contributors met in the palace of Nieborów near Warsaw in April 1971 to produce a final version. It has now been published in English (1, 9), Polish, French, Spanish, Serbo-Croat and German, and editions in Russian and Slovak are in preparation.

THE INTERNATIONAL JOURNAL OF EPIDEMIOLOGY

An important decision was taken at the Sixth International Meeting in 1971 to found an international quarterly journal of epidemiology. The Council believed that the journal could replace the old Bulletin in providing a link between members in the intervals between international meetings by publishing association news, and serve a valuable purpose by publishing original articles in the field of epidemiology some of which would consist of papers given at IEA international or regional meetings. By an arrangement with the publishers, the Oxford University Press, members of the **IEA** receive the journal at half the price paid by non-members. The other half of the member's subscription is transmitted by the Oxford University Press to the IEA and goes towards the administrative expenses of the IEA. Dr. Walter Holland was appointed the first editor and four issues of the journal have appeared each year since its inception in 1972. A high standard of papers has been maintained and it has more than fulfilled the hopes of the Council that it would prove to be a valuable function of the IEA and would enhance its reputation.

REGIONAL MEETINGS

At the Fifth International Meeting in 1968 a decision was taken by the Council to try and promote the regional development of the Association and of epidemiology by holding occasional scientific meetings in regions containing a group of countries. It was felt that the International Scientific Meetings were of necessity too infrequent and bound to be too far away and too costly for many members to attend. The first of these, an African regional meeting, was held at the University of Ibadan, Nigeria in April 1970 in conjunction with a Council meeting. There were 106 participants including 86 from 10 African countries. Thirty-five scientific papers were presented and later published in a special number of the Bulletin of the Association (I, 7).

The meeting, which was supported by the Commonwealth Fund, the Milbank Memorial Fund International Medical Services Inc. and the Adolph Foundation, stimulated considerable interest in epidemiology in a number of African countries and was followed by a sizeable increase in the number of African members. The two objects of strengthening the Association and stimulating the development of epidemiology in a region were thus achieved. Another successful Regional Meeting was held in Sydney in August 1973. This was attended by about 300 people including participants from Australia, New Guinea and Papua, Malaysia, Japan, the UK and the USA. Some of the papers given at this meeting were published in the *International Journal of Epidemiology*, Volume 3, Number 1, 1974.

INTERNATIONAL EPIDEMIOLOGICAL RESEARCH

As a direct result of the opportunities that the IEA has provided for epidemiologists in different countries to meet and discuss their common interests, several international collaborative studies have been undertaken by members of the Association.

AFFILIATION WITH INTERNATIONAL ORGANIZATIONS

The IEA became affiliated with the Council for International Organizations of Medical Sciences (CIOMS) in 1955 and is represented on its executive committee.

In 1966 the Association was recognized by the World Health Organization as a Non-Governmental Organization. In addition to representation at the World Health Assembly this affiliation contributed to excellent working relationships with WHO in the planning and execution of our educational programme and in the production of the *Guide to Teaching Epidemiology* (1,9).

FINANCIAL SUPPORT OF THE ASSOCIATION

In the early years of the Association's existence the annual expenditure was less than £50 (\$120) a year derived from the annual subscription of members which was then ten shillings (50 pence) or two dollars USA. Secretarial expenses including the cost of producing and distributing the Bulletin were, to a considerable extent absorbed by various university departments and the Chairman and the two Secretaries met to transact IEA business whenever they found themselves in the same part of the world travelling on some other business

The Association has however been fortunate since those early days in attracting generous grants from various Foundations which enabled it to develop and carry out its scientific and educational programmes. Because of these grants the income of the Association rose to a maximum of about \$37,000 annually in the period 1969-71. About two-thirds of its income in that period was spent of seminars, regional meetings and other educational activities, and meetings of the Council and Executive Committee. The remainder went on administrative expenses. The major support over the years has come from charitable foundations, notably the Rockefeller Foundation and the Milbank Memorial Fund, which were largely responsible for the early growth of the Association, and the Commonwealth Fund, which contributed \$21,000 annually for a period of five years. Other contributors have been the International Medical Services Inc., the Pfeiffer Foundation, the Wellcome Trust, and the Adolph Foundation. The bulk of the support for the Fifth and Sixth International Scientific Meetings at Primosten, Yugoslavia, and for publication of the transactions of these meetings, was provided from the PL-480 Counterpart Fund in Yugoslavia, through special agreements between the United States Department of Health, Education, and Welfare and the Federal Administration for International Technical Co-operation of Yugoslavia.

On 11 July 1967, the IEA Incorporated was established and registered in the state of Maryland in the United States, in order to exempt the Association from liability to US and UK income tax, to receive grants, endowments and bequests in its own right, and to ensure that no other organization can assume the same name.

Since 1971 the income of the Association has depended very largely on the subscriptions of its members and has therefore been much smaller than in the previous period. In 1973 for example the total income of the IEA was \$11,269 of which \$7,453 was provided by member subscriptions. The

fares alone for one meeting of the Executive Committee can easily amount to more than \$2,000 and it is almost impossible for Council to meet between International Meetings without outside sources of funds.

The Seventh International Scientific Meeting in 1974 was mainly financed by the registration fees and by participants finding their own travelling and subsistence expenses.

The Association has therefore achieved a healthy degree of independence. It needs to be emphasized however that this independence can only continue if the Executive Committee and Council can contrive to meet as economically as they have done in the past and if the officers of the Association are willing to go on giving freely of their time and facilities.

Above all it is essential if the IEA is to increase its influence and independence that the membership should grow. The Executive Committee was reduced from five to four at the Seventh International Meeting as a measure of economy.

THE MEMBERSHIP

In the earlier years of the IEA, British and North American members constituted a majority of the membership, mainly because the Association had its origins in the UK and USA. The Council of the Association has always been very conscious of this tendency and made active efforts to broaden the representativeness of the Association by encouraging members to nominate epidemiologists from other countries. At the same time Council determined to maintain a high standard for membership and to require the proposer of a new member to comment on a publication of the person proposed and to indicate in what way it constituted an original contribution to epidemiological knowledge.

At the time of the Sixth International Meeting in 1971 there were 465 members from 54 countries. In August 1974 there were 628 members from 58 countries.

The success of the Membership Committee in achieving a considerable growth in membership since 1971, though not a big increase in the number of countries represented, is shown in Appendix V. Although the increase in membership is very encouraging there are still many countries without a single member.

At the Seventh International Scientific Meeting in 1974 the procedure for election to membership was simplified.

HONORARY MEMBERSHIP

The constitution allows the election of up to twelve honorary members and the following have been elected:

Sir Frank MacFarlane Burnett
*Dr. Robert Cruickshank
Dr. John Everett Gordon
Sir Austin Bradford Hill
*Dr. Karl Friederich Meyer
*Dr. Chitnaman Govind Pandit
Dr. Frederick Lowe Soper
Dr. John Pemberton
Dr. Harold Willard

* Deceased

THE CONSTITUTION AND BY-LAWS

A formal Constitution and set of Bye-Laws were first adopted at the International Meeting at Princeton in 1964. These were modified at Primosten in 1968 and 1971 and are at present under review by a sub-committee nominated by Council.

THE FUTURE

The educational work of the IEA has always been regarded as one of its most important functions. This will continue through the media of the *International Journal of Epidemiology* and the International and Regional Scientific meetings. It is hoped that the IEA will be able to continue to play a part in the organization of seminars particularly in those parts of the world where epidemiology is not well developed. Owing to the lack of funds for this purpose such activities may have to be confined for the present to co-operation with national or international organizations, in particular the World Health Organization, by providing faculty members and resource material rather than funds.

There was general support for continued regional development at the Seventh International Meeting and the first steps were taken towards the organization of further regional meetings. The previous Council recommended that regional IEA councils covering the World Health Organization regions should be established in order to stimulate recruitment of members and the organization of international meetings within regions. The present Council contains members from all the World Health Organization regions and it is now considering the whole question of regional development.

This short account of the first twenty years of the IEA would not be complete if acknowledgements were not made to the many members who, over the years, have given freely of their time and energy in running the affairs of the Association, in organization and administration, in editorial work and writing, in arranging and conducting seminars and in seeking and obtaining funds for the Association's work.

The IEA, from its inception as the International Corresponding Club, seems to have inspired a special affection, and a concern among its members for its successful development. It has been fortunate over the years in securing for its Executive Committee and Council distinguished epidemiologists, active in their own fields of work, who nevertheless have given a great deal of time to the affairs of the Association.

If it continues to secure the same service in the future there is no doubt that the IEA will continue to play an important role in the development of the science of epidemiology on a world basis, and in securing the application of this knowledge for the benefit of mankind.

1984-1995⁴

Pemberton, co-founder of our Association, has recounted its early history up to 1984.¹⁻³ It is remarkable to observe what developments have occurred in the past 10 years and that similar problems have been with us since the inception of the IEA.

The objectives of the IEA are to:-

1. Promote the use of epidemiology and its application to the solution of health problems.
2. Encourage the development of epidemiological methods and improvement in these methods.
3. Promote the communication of epidemiological methods and findings amongst epidemiologists throughout the world as well as amongst all others concerned with health.
4. Co-operate with both national and international organisations which are concerned with the promotion of health in the application of epidemiological methods in the solution of problems.
5. Improve the dissemination of epidemiological findings nationally and internationally.
6. Improve the recruitment, education and training of epidemiologists.

These objectives can be achieved through national, regional and international seminars, workshops and conferences as well as individual contact between individuals at all levels. These have guided our activities over the years.

A determined effort was made in this decade to develop regional activities and to strengthen our links and co-operation with the World Health Organisation.

REGIONAL ACTIVITY

The development and strengthening of regional activities is manifested by the record of the regional meetings. These have been stimulating affairs as shown by the publications which resulted. There have been regular meetings in most Regions, e.g. Africa, S.E. Asia, and Europe and occasional ones in the remainder. Of particular note have been those which marked the foundation and strength of national epidemiological associations as in Japan, China and Holland. The growth and interest in epidemiology and the enormous improvement in the quality, as well as the quantity of epidemiological research has been particularly notable in South East Asia. For example, the Australian Regional IEA meeting in 1973 was attended by 9 Japanese - at that time the only such practising scientists in that country. There is now (1995) a flourishing national Association with more than 900 members and its own Journal published in English). It is the host for the next International Scientific Meeting (1996). The number of participants, at Regional Meetings in this area e.g. from China, Indonesia, Malaysia, Philippines, Singapore and Thailand illustrates the increasing penetration of our discipline.

The growth and strengthening of our discipline outside Western Europe and North America has also led to an increase in bids to act as a host for an International meeting. These have been held in Finland and Australia. All have been successful.

THE DISCIPLINE OF EPIDEMIOLOGY

The promotion of epidemiology as a discipline, its methods and applications have been successful in most countries. We have been helped by an co-operated with, the International Clinical Epidemiology Network (INCLIN) founded and initially supported by the Rockefeller Foundation, and the Field Epidemiology Training Program (FETP) of the United States Centres of Disease Control (CDC). The CDC have developed and supported a range of joint educational and training activities, including courses, seminars, centres and meetings in most parts of the world.

The application of epidemiology to health services research, planning and evaluation as well as to disease control and surveillance has now been accepted in all parts of the world. It is difficult to estimate what the role of the IEA has been in the acceptance of the subject; at the least it has been significant. This is evident from the participation of Ministers Health and senior officials at our meetings and their confirmation of the importance of subject to their policy determination.

ORGANISATION

Organisationally the IEA has developed its Regional structure. This has been based WHO Regions. In many there are now sound, powerful national associations. The IEA has always consisted of individual members. In the past 5 years, we have agreed to national associations or groups of 10-20 individuals as members from countries with a very low GDP, where the dues of membership to the IEA would be an unfair burden on the income of individual practitioners.

Members in the European Region have created a formal Regional Association of the IEA with its own Newsletter and an additional subscription fee. It is hoped that this may prevent the development of competing international regional associations which would splinter international efforts to promote epidemiology. A variety of subject oriented epidemiology associations, e.g. environmental epidemiology, pharmaco-epidemiology, have been founded. We have attempted to co-ordinate our activities, e.g. through joint meetings.

CO-OPERATION WITH WHO

Successive Directors-General (Mahler and Nakajima) have participated and addressed the International Scientific Meetings (ISM's) and members of WHO have played a prominent part in the ISM's both through sponsoring and leading specific sessions, supporting participation and attending. The IEA, however, has had little input into the epidemiological efforts of the WHO nor has the work of WHO in epidemiology been as prominent as we had hoped. The Director of the European Region (Dr. J. Asvall) was enthusiastic to promote epidemiological training and the application of epidemiological methods to the problems of Eastern Europe where the collapse of past regimes has been associated with a resurgence of a number of infectious diseases, e.g. diphtheria, and collapse of many public health and health service structures. In addition, in these countries, the expectation of life has decreased, while smoking cigarettes has increased and diet has got worse. A training course for epidemiologists from these countries was held in Hungary in 1993. This was successful and it is hoped that as a result an opening has been provided for the development of future co-operative developments between epidemiologists throughout Europe.

In 1988, Professors Gordis and Noah, at the invitation of the Director General, reviewed epidemiological activities in WHO and put forward a series of recommendations, which would have led, if implemented, to a sounder basis for making health policy decisions within WHO, its regional offices and in member countries. These entailed the education and training of staff members, the application of epidemiological methods in more WHO activities and the creation of an Advisory Board that would supervise and support these activities.

Unfortunately, WHO has not been able to create such a structure, although we have continued to co-operate. Although these developments may offer opportunities in the future, the difficulties should not be underestimated. It is easy for the Council of the IEA to offer help and make suggestions of how epidemiology could help with the solution of international and national health problems. For the help to be effective the body to whom it is offered must both want help, be willing to accept outsiders and be ready to implement the findings. As the IEA has few monetary resources, funding has to be provided for the activity. Most importantly the IEA has no staff and all it can do is to identify possible suitably qualified members for involvement in such an activity. As most members are employed in Universities etc. and have full-time commitments, there are often insuperable difficulties.

THE IJE

The International Journal of Epidemiology (IJE) has continued to gain status in the field. It is now published six times per year, has increased in size and regularly publishes supplements. Contributions to the IJE come from researchers in all parts of the world. The Journal is popular with readers, libraries and the publisher. Both the IJE and the abstracts and proceedings of our meetings provide a fascinating picture of the breadth of interests of our members, students and colleagues.

Personal Memories of Past Presidents

Johannes Mosbech (1984-87)

I was very astonished when in the summer of 1984 I was phoned by Professor Estlin Waters, at the time chairman of the nominating committee, who asked me to stand for presidency of the IEA. I expostulated and pointed to many more experienced and competent members of the Association.

Estlin was persistent and his perseverance was supported by phone calls from the IEA Secretary, Professor Michael Garraway. I finally accepted and was elected Chairman at the business meeting in Vancouver, August 1984. The Executive Committee consisted of Roger Detels, Michael Garraway and Arpo Aromaa. In spite of personal differences we were quite compatible and managed to collaborate well.

Professor Michael Garraway was a devoted and experienced secretary (his second term). Roger Detels a conscientious treasurer and Arpo Aromaa was energetically preparing for the coming ISM in Helsinki in 1987. We developed a friendly teasing tone, we all had a great sense of humour, which brightened up long tiresome overseas travel.

During the period there were regional meetings in Jhansi, India 1986 and Ribeirão Preto, Brazil 1985. These meetings had many participants but were not well organized, how much impact they had in improving the understanding of epidemiology in the region is difficult to say. It would have been valuable to have followed them up e.g. by questionnaires.

The meeting in Thailand in 1988 organized, in collaboration with INCLEN I felt was better organized; it turned out to be more fruitful due to the collaboration of energetic members; similar joint meetings with INCLEN would appear promising.

During my time as president I personally very much felt the need for and the importance of regional meetings. From our experiences it appeared, however, that better and more carefully planned meetings were needed to improve the standard of epidemiology.

Collaboration with Eastern Europe was a constant problem. Contact had to be through WHO. This was a delaying factor and we were uncertain whether we got the right people on occasions. This has undoubtedly improved, due to the change of the political situation. This has made direct contact possible.

Collaboration with WHO was of great concern. WHO (Geneva) was never very helpful. The regional director of WHO (EURO), J. Asvall, was always positive, but the final practical outcome was much less than expected, possibly due to financial constraints and the lack of enthusiasm of WHO (EURO) staff.

All in all the spirit in 1984-1987 for IEA was characterised by expansion; membership grew and new scientific fields were covered.

Walter Holland (1987-90)

My first IEA encounter was the 1961 international meeting in Korcula. This epitomised the ethos of the IEA. The meeting was held on an island, the weather was warm, the food was fair and the wine plentiful. For a young researcher it was a wonderful opportunity to mix with the great and experienced in the field. It was also remarkable in that many of those present were eminent professors of medicine, e.g. Sir George Pickering of Oxford, Professors Ustvedt of Norway and Frøm Hansen from Denmark. The scientific papers were read in the morning and late afternoon, and at least half the day was spent in informal activities on the beach! Many lasting friendships resulted.

Following the 1964 Princeton meeting, I served on the Council and Executive for a number of years, first as editor of the Bulletin, then as secretary and finally as Editor of the IJE. After my periods of office I continued to attend most international meetings. All were good - but by the mid-80's the Association had grown so large that the informal atmosphere and customs had been replaced with much more formality. Whereas in the early years most members knew each other well, this could not continue.

In the early years many comparative or parallel epidemiological studies were first conceived and nurtured through contact, at the ISM, e.g. the comparative health service studies by White, Logan and others. I do not wish to give the illusion that all that went on was sweetness and light, there were often fierce arguments and controversy. There was great rivalry between different groups-and even disdain by the chronic disease epidemiologists of those still concerned with infectious disease. Perhaps one of our major errors was our neglect of communicable disease, and inability to grasp the links between the two. A missed opportunity was an outbreak of gastro-intestinal disease among participants in one of the meetings in Primosten - no one, not even the epidemiologists present from CDC bothered to investigate it. The early years of our Association were dominated by such "greats" as Cruickshank, Pemberton, Doll, Fletcher, Breslow, Langmuir, White, Kass, Hetzel, Newell, Raska, Kostrezewski, Pradsad. It is salutary to remember that the IEA often provided them with the forum to try out their ideas and it was at our meetings that they received the necessary stimuli for some of their work. The original aim to exchange information on teaching was soon replaced by the concentration on

research. But throughout we gave great priority to the development and spread of the subject throughout the world.

My role in the Association affairs was revived in 1987. Until then most elections were not very serious affairs. Usually there was only one candidate for each officer post, only in 1978 had there been two contenders for the post of President - the nominating committee, of which I was chairman, had nominated Jan Kostrezewski of Poland, while the Council nominated Basil Hetzel of Australia. They felt that the former would be too isolated to be able to cope. The membership did not agree with Council. In 1987 the nominating committee as usual, put up only one candidate, the late Willy Eylenbosch from Belgium. The President, Johannes Mosbech and some other members of Council felt uncomfortable with having only one candidate. I was approached by Johannes, over a glass of beer in Nyhavn, while visiting Copenhagen, as to whether I would agree to stand for election as well. I agreed on the condition that Willy Eylenbosch agreed. He, of course, did, immediately. But the Presidency was the only post where there were two competing nominees. As a result of that experience it has since been our custom always to have at least 2 candidates for every officer's post. Thus "democracy" took a long time to arrive in the IEA.

When I rejoined the Council and Executive Committee after 9 years' absence I found that our problems were largely unchanged, but the complexities of running the organization were much greater. Meetings of the EC and Council were almost always pleasant affairs. Members of the EC and Council were hardworking and generous with their time and help to the Association. The major change I noted was the size of the meetings and the far greater bureaucracy this involved. Elected "cold" after an absence meant that I had to learn a lot very quickly, and the EC had an ignorant President. This was particularly true at the first meeting in Helsinki, immediately after the ISM, when we all had planes to catch.

The Regional meetings in my time, Pattaya, China, Zimbabwe and Spain were all enjoyable. I soon learnt that, to keep the Past President happy and working, regular bottles of Danish beer had to be supplied - much to the Treasurer's chagrin. One problem that I had was always the inauguration of these meetings with senior officials, often Ministers. The way that I learned to cope with these, was to obtain briefing from the UK Department of Health on the health problems etc. of the host country. Our hosts were impressed by my apparent depth of knowledge!! The biggest problem was in China - the airline (British Airways) had lost my luggage - and I had no suit. It arrived 5 minutes before I was due to meet the Minister - and I did the inexcusable and kept him waiting in order to be able to respond to his welcome in a suit and tie - which were "de rigueur".

The most difficult problem that I faced was right at the start of my term. The Council, under Johannes Mosbech's Presidency, had chosen Los Angeles as the venue for the XIIth ISM. However, during the second general meeting in Helsinki a very attractive Thai member greeted every delegate with an orchid and showed a most inviting video of facilities in Bangkok. She linked this with an invitation for the meeting to be held there. The membership was very taken with this invitation, but, as no precise commitments on costs was available, it was decided to defer a decision about the XIIth ISM venue for 8 weeks to enable Thailand to provide the required details and a decision was then to be made by the EC. No adequate commitment was forthcoming and so the meeting, and a very successful one, was held in Los Angeles.

The meeting in Pattaya was some consolation, and our hosts, demonstrated great efficiency in holding an international meeting jointly with a number of other international organisations. The meetings in China and Zimbabwe demonstrated the strength of epidemiology in relatively less affluent parts of the world. There were many very good researchers doing good work - but they had few resources to join the IEA - and we had no resources to enable them to play a major role in our activities.

At the beginning I tried very hard to forge closer links between the IEA and WHO (Geneva). I spent a day with the Director-General, Dr. Mahler, and his Chief-of-Staff, Dr. Cohen. The former admitted that one of his mistakes during his period as Director-General had been neglect of our subject and thus a lack of emphasis on the importance of epidemiology in improving health world-wide. As a result of our discussions WHO (Geneva) commissioned a consultation, which was undertaken by Professors Gordis and Noah and is described above.

As I have already stated, in spite of goodwill and concern by successive Directors-General, Mahler and Nakajima, insufficient progress has been made in Geneva and some of the other WHO Regions.

Another major issue during my period of office was the decision to hold a Regional meeting in Israel. Invitations from this country had been frequent and Israeli members played a prominent part in the Association. There had always been a reluctance to hold meetings in Israel because of our fear of offending members in neighbouring countries. We have always had a rule that no meeting could be held in any country which forbade entry to nationals of any other country. Johannes Mosbech had visited Israel to assure Council that it was safe to hold a meeting there and received the necessary guarantees of entry for any member, including Palestinians living and working on the West Bank. As a result, Council agreed to such a meeting, which was successfully held in 1993, with the participation of several West Bank epidemiologists. Although several participants arrived at the meeting place with guns - these were all parked in the cloakroom!

My period in office 1987-1993 is perhaps best summarised by the following:-

1. The friendships which developed between members of the Executive Council.
2. The willingness and ability of the members of the EC to give their time and resources to the IEA. Although the IEA pays for secretarial help to each member of the EC certainly during my "time" the payments made could not have met more than a fraction of the costs of secretaries, postage, telephone etc. We were fortunate that our institutions were willing to turn a "blind eye".
3. The enthusiasm of workers in epidemiology in all parts of the world for our subject and their hunger for help, expertise and advice. My greatest regret is the lack of time we had to give this, particularly while on visits to less affluent regions.
4. The need to maintain standards and improve the quality of our work - as well as the need for better and easier implementation of findings.
5. The desire to host meetings. While I was in the EC we were inundated with invitations. We had great problems in deciding the criteria which a country had to fulfil to host either an ISM or Regional meetings and when we had made a decision based on the competing bids I was surprised by the depth of disappointment in some of the unsuccessful bidders.

But, all in all, it was a stimulating and rewarding time.

Roger Detels (1990-93)

In summer 1984, I too received a phone call from Professor Estlin Waters asking if I would consider being treasurer of the IEA. Although I did not know Professor Waters personally I had no hesitation in accepting immediately. I had been a member of the IEA since the late 1960s and had not missed a meeting since my first meeting in San Juan, Puerto Rico, for which I received a travel grant. Fortunately, my predecessor, Paul Storey, had done an excellent job of obtaining the services of an accountant and in procuring extramural support from the Rockefeller Foundation and other organizations.

Serving on the Executive Committee with Johannes Mosbech, Michael Garraway, and Claude Rumeau-Roquette was a pleasant experience. Although all of us had strong and often differing ideas, we were committed to enhancement of the goals of the IEA. Thus our meetings were boisterous, but, I would like to think, productive.

In 1987 I was elected to a second term as treasurer, with Walter Holland serving as the President, Arpo Aromaa serving as Secretary, and Johannes continuing as past president. Serving on the new executive committee was at least as boisterous and enjoyable as during my first term. As the money man, I was, as Walter had indicated in his memoirs, responsible and concerned for the maintenance of a appropriate supply of Danish beer for the former president at meetings of the executive committee.

As Walter was concerned with the interactions of the association with the World Health Organization, I became concerned that we were losing visibility because of competition from the International Clinical Epidemiology Network (INCLIN) which was generously supported by the Rockefeller Foundation and the Field Epidemiology Training Program (FETP) which was supported by the U.S. Centers of Disease Control. The INCLIN was committed to clinical epidemiology, which they felt should be placed in schools of medicine exclusively, and the FETP was committed to field epidemiology on the

model of the Epidemiologic Intelligence Service of the U.S. C.D.C. The issue came to a head in 1987 when all three organizations were planning separate meetings in Thailand within one month of each other, in January-February 1998. I asked the representatives of all three organizations to meet with me to discuss holding one joint meeting. They agreed and Dr. Prayura agreed to be the key organizer. The meeting was held in Pattaya and was very successful, thanks in large part to Dr. Prayura and his assistant, Dr. Chanpen. Since then, joint meetings of the INCLLEN, FETP and IEA have been held in Indonesia, Zimbabwe (twice), China, Mexico and Malaysia.

The second issue which concerned me during my second term as treasurer was organizing the Tenth International Scientific Meeting, which I had agreed to host when Thailand defaulted. Thanks to the generous commitment of my colleagues at UCLA, to Mrs. Lester Breslow, the operational manager for the meeting (and the wife of one of the original founders of the IEA), and particularly to the students in the Epidemiology Program at UCLA, the meeting was a success and, to my relief, actually broke even!

A third issue which concerned me was increasing the representation of the IEA in countries outside the "British/European colonial axis". During Walter's presidency we had very successful meetings in Japan and China, both of which served as foci for the formal establishment of the Japanese and Chinese Epidemiological Associations, and in Zimbabwe. Also during the period the Philippine Epidemiological Association was formed and I was asked to make the inaugural address.

A fourth issue which concerned me was the election of the officers. In the past, the pattern had been for the council to elect the officers and to receive the approval of the membership at the meeting. In 1990 we had at least two candidates for every office. Thus, I found myself standing for president against a very worthy opponent, Stephen Leeder. I won, but as a compensation prize (?) the membership elected to have the 1993 International Scientific meeting in Sydney, Australia. Steve became the organizer.

Serving on the Executive Committee, in addition to myself, were Arpo Aromaa as secretary, Hiroshi Yanagawa from Japan as Treasurer, and Walter Holland as past president. Although I now felt the weight of considerably more responsibility, the executive committee was again very compatible, despite differences in philosophy and approaches, and very supportive of me.

I tried to follow in Walter's footsteps by attempting to expand the contributions of the IEA to the World Health Organization. As part of that effort, I met with a Director-General, Dr. Hiroshi Nakajima, alone for one hour in borrowed shoes (not Walter's). Mine had given out in the snow the previous evening. Although Dr. Nakajima was supportive of epidemiology as a base discipline for the work of the World Health Organization; he appeared, unfortunately, to be much more concerned about the stature of Japan in the discipline. Although the meeting accomplished little in terms of tangible outcomes, Dr. Nakajima remained supportive of the IEA, although not expanding its role in the WHO.

The Executive Committee decided that voting for regional councillors should be limited to the members from that region and suggested this for the 1993 meeting in Sydney. Although the idea was good, some regions had only three or four members attending the meeting in Australia and actually caucused among themselves about who would be the councillor for the region. The Executive Committee further felt that the officers of the IEA should include a position as president-elect to assure that the incoming president was familiar with the responsibilities of the presidency. At the same time, the membership at Sydney meeting raised the issue of having the entire membership vote for the councillors and officers. The Council and the membership voted in favour of the President-elect position and a mailed ballot, but that required amending the constitution. The issue of amending the constitution was referred to the next executive committee under the leadership of Professor Kunio Aoki from Japan as the new president, elected at the Sydney meeting.

A pleasant offshoot of the Sydney meeting was the formation of the "Holland Sisters", including the wives of the officers; Mimi, my wife, Fiona Holland, Ula Aromaa and Tomi Yanagawa. The four were inseparable in investigating Sydney and environs and received their names from one of the tour operators.

The new Executive Committee also included Professor Heizo Tanaka from Japan as Treasurer, Professor Norman Noah from the United Kingdom as Secretary, President Rodolfo Saracci from Italy as president-elect, and myself as former president.

As I write this, I have served on the Executive Committee of the IEA for twelve years. It has been an exciting, rewarding experience. I have served with some outstanding epidemiologists who were committed to promoting epidemiology internationally, have made many lasting friendships, and have established international collaborative research and training programs with individuals I met through the IEA. The IEA has given me so much that it is difficult to imagine the coming years not serving on the Executive Committee. Nonetheless, I will look for every opportunity to support the IEA in the future.

Neil Pearce (2005-08)

In 2005 I was invited to consider being President of IEA, and I was elected as President-elect at the World Congress of Epidemiology in Bangkok, Thailand, August 2005. I took over from Jorn Olsen as President at the WCE in Porto Alegre, Brazil, August, 2008, and had the pleasure of handing the office on to Cesar Victora at the WCE in Edinburgh, August 2011.

When I stood for President, I identified three issues that I saw as priorities for the IEA.

The first was to enhance the 'international' aspects and activities of the Association. The IEA was created in the United Kingdom in 1954, and in its first 50 years, its activities had particularly thrived under the 'special relationship' of epidemiologists in the United Kingdom and North America, as well as in continental Europe. Although the Association had members in the rest of the world, most of its activities were in Europe and North America, or mediated through these regions of the world. These activities were generally excellent, and reflected the historical work of the Association and the balance of activities in epidemiology globally. However, the world was moving on, and it was time to try and make the Association more truly international. An epidemiologist from Chile or Kenya might meet each other at IEA meetings, but they were likely to be in Europe or North America, rather than in Low-and-Middle-Income countries. I noted that "there is a huge amount of epidemiologic research and teaching being conducted in the South, e.g. in Asia, Latin America, Africa, Oceania, but these activities is mainly occurring independently of the IEA. The work of the IEA in the South can be enhanced, consistent with the principle of "decentralization". This is not just a matter of enrolling more members, but also of shifting the "centre of gravity" of the Association to make it more truly international." I also noted that "the 'centre of gravity' has mainly been located in Europe and North America. There have only been two Presidents from 'the South' (Nigeria and Thailand), and none from the Southern hemisphere. The World Congress has only twice before been held in 'the South' (Colombia and Australia)."

The second issue was the linked 'problems' of a declining membership and a growing bank balance. By the time I took over as President in 2008, we had about \$1.2 million in the bank, whereas membership had declined to little more than 1,000. Most of this income was from publications (particularly the International Journal of Epidemiology) rather than from membership fees. Annual income was more than \$200,000, whereas expenditure was only about half that amount. In part this reflected the major rise in income from publications, rather than any decline in activities of the Association. So it did not reflect any shortcomings in the work of the Association. However, it did indicate that there were plenty of opportunities to expand our work, particularly in Low-and-Middle-Income Countries (LMICs).

A third issue was the particular need to expand the training activities of the Association. We did not have enough money to fund research in LMICs, but we could support the research infrastructure by short courses and mentoring. In particular, the Association had long been a supporter of the European Educational Programme in Epidemiology (EEPE) which had organized the Florence summer course every year since 1988. It was time to start a 'Florence South' course which would complement the existing programme.

In response to these three concerns we planned and conducted a number of activities during 2008-2011.

Firstly, we continued a number of new initiatives that had been started under my predecessor, Jorn Olsen. These included a series of special workshops (including the methods symposium held prior to the World Congresses of Epidemiology in Porto Alegre 2008 and Edinburgh 2011, and workshops held at the North American Congress in 2008. The Rapid Response Committee, established by Jorn Olsen, continues to provide timely commentaries on events of interest and concern to members of the Association. The Richard Doll prize in epidemiology, established by Jorn Olsen, was presented for the first time in 2008 to Nubia Munoz for her work on human papilloma virus (HPV) and cervical cancer;

the second prize was awarded in 2011 to David Barker for his work on the 'Barker hypothesis' concerning in utero 'programming' of subsequent health and risk of chronic disease. In addition, we continued to publish the International Journal of Epidemiology (IJE) which continues to go from strength to strength, as well as the 5th edition of *The Dictionary of Epidemiology*, the 3rd edition of *Teaching Epidemiology*, and the 1st edition of *The Development of Modern Epidemiology*. Also, Cesar Victora has organised a Series of IJE papers on the state of epidemiology in each IEA region.

Secondly, we addressed the problem of the growing bank balance by initiating a number of new projects including IEA Short Courses (see below), increased frequency and activity of Regional Meetings, the funding of special symposia and meetings, increased support for the IJE, increased funding for scholarships for participants from Low-and-Middle-Income-Countries, and the development of a new website. Thus, I became the first President in some years who had managed to spend more money than we had earned, and to reverse the problem of the growing bank balance – an achievement of which I am particularly proud! This increased level of activity for the Association led to some pressures on the existing financial systems, which were run on a very low budget informal basis, and has led to our hiring FirstPoint to handle the financial arrangements for the Association.

Thirdly, we addressed the problem of the declining membership by general increases in IEA activities, and offering one year's free membership for participants in IEA courses. However, the main impetus for increasing membership has come from the establishment of joint membership schemes, which offers IEA membership at a reduced rate to epidemiologists who are already members of affiliated national associations. This reflected the fact that many national associations had been created in the previous decade, and it was better that the IEA work with them, rather than compete with them for members. Joint members have all of the benefits of membership, except that they receive the IJE in electronic rather than hard copy form. We now have joint membership schemes with 12 national associations - ABRASCO (Brazil), the Australasian Epidemiological Association, the Epidemiological Society of Nigeria (Epison), the Finnish Epidemiological Society, the Indian Association of Preventive and Social Medicine, the Indian Public Health Association, the Indian Society for Medical Statistics, the Iranian Epidemiological Association, the Japan Epidemiological Association, the Lebanese Epidemiological Association, the Saudi Epidemiological Association, and the Society for Epidemiologic Research. A number of other national associations are currently considering joining the scheme, which has resulted in the reversal of the previous decline in membership, and in fact a substantial increase in membership. The membership has also become more international, with more than 50% of members now coming from outside of Europe, North America and Australasia.

Fourthly, we have established a series of annual IEA short courses in epidemiology. As noted above, the IEA two-week short-course in epidemiological methods is allied to the IEA-sponsored European Educational Programme in Epidemiology, which has been held in Florence 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. To date, courses have been held in South East Asia (Jaipur, India, 2009), Eastern Mediterranean (Riyadh, Saudi Arabia, 2010), Africa (Blantyre, Malawi, 2011) and Latin America (Lima, Peru, 2012). Future courses will be held in Western Pacific (China, 2013) and Eastern Europe (Poland, 2014), before the cycle of courses returns to South East Asia in 2015.

Finally, we have established an Early Career Epidemiologist (ECE) group which is becoming very active with the support of the new President, Cesar Victora.

I would like to take this opportunity to thank my colleagues on the IEA Executive and Council, and the IEA membership, for their support and enthusiasm during my term as IEA President.

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Executive Committees and Councils 1957 – 2014

1957

Executive Committee

R Cruickshank (UK): Chairman
L Breslow (USA):
B Cvjetanovic (Yugoslavia)
C M Fletcher (UK)
A Querido (Holland)
J H Ustvedt (Norway)
J M Weir (USA)
J Pemberton (UK): | Joint Editors of
H Willard (USA) | the Bulletin

1959

Executive Committee

R Cruickshank (UK): Chairman
L Breslow (USA): Vice-Chairman
J Pemberton (UK): Treasurer and Membership
Secretary
H Willard (USA): Meetings Secretary
B Cvjetanovic (Yugoslavia):
R Doll (UK)
C M Fletcher (UK)
J Pedreira de Freitas (Brazil):
K Raska (Czechoslovakia):
A Robertson (USA)

1964

Council and Executive Committee

L Breslow (USA): Chairman
J Pemberton (UK): Vice-Chairman
R M Acheson (USA): Secretary
K L White (USA): Treasurer
W W Holland (UK): Editor of the Bulletin
G Biorck (Sweden)
R Cruickshank (UK): Past Chairman
R Doll (UK)
C M Fletcher (UK)
J Pedreira de Freitas (Brazil)
J Kostrzewski (Poland):
A D Langmuir (USA):
A O Lucas (Nigeria):
B G Prasad (India):
A Robertson (USA):
H Willard (USA)

1968

Council and Executive Committee

J Pemberton (UK): Chairman
W W Holland (UK): General Secretary
K L White (USA): Treasurer
R M Acheson (UK): Educational Secretary
A M Davies (Israel): Editor of the Bulletin
A O Lucas (Nigeria): Regional Development
Secretary
L Breslow (USA): Past Chairman
J Cervenka (Czechoslovakia):
R Doll (UK)
C M Fletcher (UK)
C L Gonzalez (Venezuela)
J Kostrzewski (Poland)
A D Langmuir (USA)
G Lindgren (Sweden)
B G Prasad (India)
C Vukmanovic (Yugoslavia)

1971

Council and Executive Committee

A O Lucas (Nigeria): Chairman
M Henderson (USA): Secretary/Treasurer
R M Acheson (UK): Educational Secretary
J Cervenka (Czechoslovakia): Regional
Development Secretary
C L Gonzalez (Venezuela): Membership Secretary
Z Brzezinski (Poland):
B S Hetzel (Australia)
L Massé (France)
J Mosbech (Denmark)
D Spencer (USA):
R Sharma (India)
C Vukmanovic (Yugoslavia):
W E Waters (UK)
K L White (USA)
J Pemberton (UK): Past Chairman
W W Holland (UK): Editor IJE

1974

Council and Executive Committee

K L White (USA): Chairman
W E Waters (UK): General Secretary
D Anderson (Canada): Treasurer and Membership
Secretary
L Massé (France): : Liaison Secretary
M A Faghieh (Iran):
C L Gonzalez (Venezuela)
B S Hetzel (Australia)
M M Henderson (USA): (Resigned April, 1976)
J Kostrzewski (Poland)
R Sharma (India)
A O Lucas (Nigeria): Past Chairman (Resigned
February, 1976)
W W Holland (UK): Editor IJE

1977-1981

Council and Executive Committee

J K Kostrzewski (Poland): President
B S Hetzel (Australia)
A I Adams (Australia): Secretary
E H Kass (USA): Treasurer
M A Faghieh (Iran): until 29.11.79
Sir John Brothcrston (Scotland): Council from
21.9.77, Executive Committee from 29.11.79
C Buck (Canada)
G Cardona (Puerto Rico)
W J Eyllenbosch (Belgium)
R Sharma (India):
I Shigematsu (Japan)
M H Wahdan (Egypt)
F Wurapa (Ghana)
A E Bennett (England): Editor of IJE
K L White (USA): Immediate Past Chairman

1981-1984

C Buck (Canada): President
 W J Eylesbosch (Belgium): Vice president
 W M Garraway (UK): Secretary
 P Stolley (USA): Treasurer
 C J G MacKenzie (Canada)
 J N Kostrzewski (Poland): Immediate Past
 Chairman
 C du V Florey (UK): Editor IJE
 A I Adams (Australia)
 S Al-Tikriti (Iraq)
 T Ayele (Ethiopia)
 N S Deodhar (India)
 I Shigematsu (Japan)
 U Gomes (Brazil)
 M Klingberg (Israel)
 E Waters (UK)

1984-1987

Council and Executive Committee
 Johannes Mosbech (Denmark): President
 Michael Garraway (UK): Secretary
 Roger Detels (USA): Treasurer
 Carol Buck (Canada): Past-President
 Arpo Aromaa (Finland)
 Kunio Aoki (Japan)
 Teklamariam Ayele (Ethiopia)
 Charles Florey (UK): Editor, IJE
 Uilho Gomes (Brazil)
 Mustafa Khogali (Kuwait)
 Hing-Peng Lee (Singapore)
 Stephen Leeder (Australia)
 Claude Rumeau-Rouquette (France)
 R.N. Srivastava (India)

1987-1990

Council and Executive Committee
 Walter Holland (UK): President
 Arpo Aromaa (Finland): Secretary
 Roger Detels (USA): Treasurer
 Johannes Mosbech (Denmark): Past President
 Theodore Abelin (Switzerland)
 Kunio Aoki (Japan)
 Miriam Debert-Ribeiro (Brazil)
 Leon Epstein (Israel)
 Charles Florey (UK): Editor IJE
 Patrick Kenya (Kenya)
 Mustafa Khogali (Kuwait)
 John Last (Canada)
 R.N. Srivastava (India)

1990-1993

Council and Executive Committee
 Roger Detels (USA): President
 Arpo Aromaa (Finland): Secretary
 Hiroshi Yanagawa (Japan): Treasurer
 Walter Holland (UK): Past President
 Peter Pharoah (UK): Editor IJE
 Ahmed Alkafajei (Iraq)
 Elizabeth Barrett-Connor (USA)
 Robert Beaglehole (New Zealand)
 Miriam Debert-Ribeiro (Brazil)
 Jørn Olsen (Denmark)
 Allen Oyediran (Nigeria)
 Chitr Sitthi-Amorn (Thailand)

1993-1996

Council and Executive Committee
 Kunio Aoki (Japan): President
 Norman Noah (UK): Secretary
 Heizo Tanaka (Japan): Treasurer
 Rodolfo Saracci (Italy): President Elect
 Roger Detels (USA): Past President
 Peter Pharoah (UK): Editor IJE
 Carlos Antunes (Brazil)
 Jane Baltazar (Philippines)
 Elizabeth Barrett-Connor (USA)
 Vilius Grabauskas – (Lithuania): Co-opted
 representative for Eastern Europe
 Jane Kengeya-Kayondo (Kenya)
 Ahmed Mandil (Egypt)
 Jørn Olsen (Denmark)
 Chitr Sitthi-Amorn (Thailand)

1996-1999

Council and Executive Committee
 Rodolfo Saracci (Italy): President
 Haroutune Armenian (USA): Secretary
 Heizo Tanaka (Japan): Treasurer
 Charles Florey (UK): President-Elect
 Kunio Aoki (Japan): Past President (Resigned 1996)
 Roger Detels (USA): Past President Representative
 Peter Pharoah (UK): Editor IJE
 Salim S. Abdool Karim (Rep South Africa)
 Robert Beaglehole (New Zealand)
 Ximena Berrios (Chile)
 Ahmed Mandil (Egypt)
 Jørn Olsen (Denmark)
 David Savitz (USA)
 Chitr Sitthi-Amorn (Thailand)

1999-2002

Council and Executive Committee
 Charles Florey (UK): President
 Haroutune Armenian (USA): Secretary
 David Wegman (USA): Treasurer
 Chitr Sitthi-Amorn (Thailand): President Elect
 Rodolfo Saracci (Italy): Past President
 George Davey Smith (UK): Editor IJE
 Ximena Berrios (Chile)
 Vilius Grabauskas – (Lithuania): Co-opted
 representative for Eastern Europe
 Champak Jinabhai (Rep South Africa)
 Ahmed Mandil (Egypt)
 Jørn Olsen (Denmark)
 David A. Savitz (USA)
 Babu L Verma (India)
 Takesumi Yoshimura (Japan)

2002- 2005

Council and Executive Committee
 Chitr Sitthi-Amorn: (Thailand) President
 Ahmed Mandil (Egypt): Secretary
 David Wegman (USA): Treasurer
 Jørn Olsen (Denmark): President Elect
 Charles Florey (UK): Past President
 George Davey Smith (UK): Editor IJE
 Mauricio Barreto (Brazil)
 Hassan El-Bushra (Saudi Arabia)
 Eduardo Franco (Canada)
 Champak Jinabhai (Rep South Africa)
 Miquel Porta (Spain)
 Rodolfo Saracci (WHO Liaison)
 Babu Verma (India)
 Takesumi Yoshimura (Japan)

2005-2008*Council and Executive Committee*

Jørn Olsen (Denmark): President
Ahmed Mandil (Egypt): Secretary
David Wegman (USA): Treasurer
Neil Pearce (New Zealand) President Elect
Chitr Sitthi-Amorn: (Thailand) Past President
George Davey Smith (UK): Editor IJE
Mauricio Barreto (Brazil)
Patricia Buffler (USA)
Hassan El-Bushra (Saudi Arabia)
Hans-Werner Hense (Germany) from Aug 2006
Champak Jinabhai (Rep South Africa)
Yosikazu Nakamura (Japan)
Anne-Marie Nybo Andersen (Denmark) until
Aug 2006
Rodolfo Saracci (WHO Liaison)
Babu Verma (India)

2008-2011*Council and Executive Committee*

Neil Pearce (New Zealand): President
Ahmed Mandil (Egypt): Secretary
Patricia Buffler (USA): Treasurer
Cesar Victora (Brazil): President-Elect
Jorn Olsen (Denmark): Past President
Newton I. Kumwenda (Malawi)
Maria-Ines Schmidt (Brazil)
Ali Al-Zahrani (Saudi Arabia)
Robert West (UK)
Nancy Krieger (USA)
Vinod K. Srivastava (India)
Yosikazu Nakamura (Japan)
George Davey-Smith (UK): Co-Editor-IJE
Shah Ebrahim (India): Co-Editor-IJE
Rodolfo Saracci (WHO Liaison)
Babu Verma (INCLLEN Liaison)

2011-2014*Council and Executive Committee*

Cesar Victora (Brazil): President
Mathias Eggar (Switzerland): Secretary
Ahmed Mandil (Egypt): Treasurer
Patricia Buffler (USA): President-Elect
Neil Pearce (New Zealand): Past President
Adele Seniori Costantini : (Italy)
J Jaime Miranda: (Peru)
Kingsley Kola Akinroye (Nigeria)
Maria-Ines Schmidt (Brazil)
Ali Al-Zahrani (Saudi Arabia)
Robert West (UK)
Ezra Susser: (USA)
Vinod K. Srivastava (India)
Yosikazu Nakamura (Japan)
George Davey-Smith (UK): Co-Editor-IJE
Shah Ebrahim (India): Co-Editor-IJE
Rodolfo Saracci (WHO Liaison)

2014-2017*Council and Executive Committee*

Valerie Beral (UK): President
Vinod Srivastava (India): Secretary
Lorenzo Richiardi (Italy) Treasurer
Henrique Barros (Portugal): President-Elect
Cesar Victora (Brazil) Past-President
Newton Kumwenda (Malawi)
Salim Adib (Lebanon)
Elisabete Weiderpass (Norway)
Rita Barradas (Brazil)
Nancy Krieger (USA)
Umesh Kapil (India)
Anthony LaMontagna (Australia)
George Davey-Smith (UK): Co-Editor-IJE
Shah Ebrahim (India): Co-Editor-IJE
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The Role of the Association in the 21st Century

A Discussion Document
Prepared by the Executive Committee of the Association
Version of February 2002

Background

Over the last triennium, Council has discussed the role of the Association in the new millennium with the aim of preparing a discussion paper to put to the membership. Among the factors that have prompted this action is the wish to make the Association more attractive to existing and potential members. We have also been concerned to clarify the mission of the Association so that we do not get side tracked into activities of marginal relevance.

John Pemberton of the United Kingdom and Harold Willard of the United States with the advice and help of Robert Cruikshank set up the International Corresponding Club in 1954. They had found that they were handicapped by not being sufficiently well informed about the research and teaching in the field of social and preventive medicine in the various medical schools and research institutes in each other's countries. The Club was established on a small and informal basis to try and remedy this defect.

Its mission was

to facilitate the communication between physicians working for the most part in university departments of preventive and social medicine, or in research institutes devoted to these aspects of medicine, throughout the world.

The Bulletin was to be published twice a year and members were encouraged to 'ensure a friendly and hospitable welcome for visitors' from other countries. The need to discuss research face to face led to the first formal meeting at the Ciba Foundation in London in 1956. The First International Scientific Meeting was in Noordwijk in 1957. There were 58 participants representing 44 university departments from 20 countries at this meeting. As a result of the meeting in Noordwijk, *Recent Studies in Epidemiology* was published embodying most of the papers given.

Our constitution now states that the aims of the Association are:

... to facilitate communication among those engaged in research and teaching in epidemiology throughout the world, and to engage in the development and use of epidemiological methods in all fields of health including social, community and preventive medicine and health services administration.

These aims are to be achieved by holding scientific meetings and seminars, by publication of journals, reports, monographs, transactions or books, by contact among Members, and by other activities consistent with these aims.

Since these aims were written both the Association and epidemiology have changed fundamentally. The Association has moved from a small group of friends and like-minded researchers working in a little known field to a substantial membership. Although there are many members who have developed close working and personal relationships, the Association currently serves a different type of clientele. Furthermore, the number of national and specialist societies for epidemiologists has grown rapidly, thus splitting members' allegiance between them and the IEA. For many, particularly

those living in high-income nations, the perceived benefits of a supranational society may have diminished. Moreover, we no longer perceive that our survival as a discipline depends on joining together across nations - epidemiology has come of age and no longer needs to justify its value in the improvement of human health.

Faced by these challenges to the success of the IEA, we believe that we must evaluate our present position and devise new strategies to retain present members and attract new ones.

Mission

The Association's mission is

-) To facilitate communication among those engaged in research and teaching of epidemiology throughout the world, and to engage in the development and use of epidemiological methods in all fields of health including social, community and preventive medicine and health services administration
-) To encourage volunteerism (the involvement of volunteers in support of epidemiology, see 3 below) and provide the means by which it can be put into effect.

The Principles Governing the Association

The development of the Association over the next decade should be based on three main principles, universality, decentralization and volunteerism.

1. Universality

Over the last 50 years epidemiology has split into numerous specialist sub-areas resulting in at least two consequences.

Difficulties in communication between different specialists

The IEA accepts that there is no dominant specialty for epidemiologists, but that a variety of professional interests exists. The strength of the Association will be in its ability to offer a stimulating meeting point for all, particularly concerning epidemiological methods including data collection, data analysis, and translation of research results into action.

Specialists tend to gravitate to their own specialist area (e.g. cancer epidemiologists reserve their best papers for cancer meetings and publish in general medical or cancer journals). The techniques used by one group of specialists may solve the problems of those in another group. The IEA must promote interchange by making available to one group the experience of others by joint workshops and journal articles.

Problems in the definition of the best training and educational options.

There is a need for a range of training for epidemiologists, which caters for the diversity of interests and backgrounds. The IEA must consider in what ways it may sponsor education internationally, particularly in areas of the world where formal training is unavailable and too expensive to acquire elsewhere.

2. Decentralization

Decentralization, another principle governing the Association is enshrined in the last by-law of the Constitution:

Regional activities may be promoted by establishing temporary or permanent regional groups chaired by the IEA Council member for the region... The aim of regional groups is to strengthen epidemiology at the regional level in its aspects of research, public health application and training. Regional groups should organize such activities as regional meetings and training programmes... The activities are financed by separate regional membership dues or by other support funds available regionally.

The regional organization of the IEA has been a major factor in ensuring the worldwide span of the membership. To date the main driving force within the Association has been the Council. The Association is now mature enough for the regions to take greater responsibility for the promotion of the Association and its objectives. The needs of epidemiologists differ between geographical locations, and this should influence the nature of the IEA activities from region to region.

3. Volunteerism

The demand for support by practitioners of epidemiology particularly in developing countries is considerable. Since its inception the Association has contributed to the sense of inclusion through its regional meetings, its publications and its contacts, but these are of short duration or relatively impersonal. With the advent of the IEA list server, which will make it possible to communicate quickly with the membership, the Association can expand its policy of volunteerism by facilitating links between epidemiologists with common interests. The aim of this service will be to provide a pathway for collaboration, mutual education and personal development. We term this volunteerism, as 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.

Programs Serving the Principles

1. Universality

The IEA is a truly international organization. It has members from all over the world, particularly in the Pacific Region, Europe and North America. We are anxious to see it grow so that it can perform its task of disseminating an epidemiological culture through teaching and the creation of opportunities for the exchange of views and knowledge. This aim is supported by:

- | | |
|-------------|--|
| Meetings | With few exceptions, the Association has held an World Congress of Epidemiology (WCE) every three years since 1957. Recent WCEs have been held in Australia, Japan and Italy. In 2002 the WCE will be in Canada. Regional meetings are held in the years between the WCEs. Other meetings combined with those of societies with the same objectives have taken place as opportunities have arisen. |
| Publication | The Association has sponsored many publications since its inception and continues to do so. The Bulletin of the early days was promoted to the International Journal of Epidemiology in 1972. The Journal has been the main organ of regular communication for all members. |

The annual Newsletter informs the membership of Association activities around the world. It is specifically written for the membership and may contain information not generally available to the public. An edited version appears on the Association's web site.

Probably the most well known publication sponsored by the Association, apart from the Journal, is the Dictionary of Epidemiology compiled by John Last. This has a worldwide readership and is now in its fourth edition. Members of the Association have made translations into six European languages of the terms defined in the dictionary, published in computer readable form. The second edition of Teaching Epidemiology appeared in September, 2001. The first edition was a result of the need to update the original IEA-sponsored publication *Epidemiology: A Guide to Teaching Methods*, edited by R Lowe and J Kostrzewski and published in 1973.

Communication

The Journal, regular mailings of the Newsletter from the Executive and the IEA website are the main vehicles of communication.

Education

The European Educational Programme in Epidemiology, co-sponsored by the IEA European Group, provides formal training. It is held annually in Florence, Italy. Individual members of the IEA have provided informal *ad hoc* training, such as for IEA members attending INCLLEN meetings. It is desirable that comparable activities are promoted in all the Regions, particularly those with a high proportion of middle and low income countries.

The Association also fosters the education of young talented researchers by awarding substantial sums for support to attend the numerous meetings it sponsors.

Collaboration with other organizations

The Association has a long tradition of collaboration with other organizations, particularly with the World Health Organization and the Council for International Organization of Medical Sciences and INCLLEN. Recent discussions with WHO have led to a practical approach to collaboration.

The Association is open to other collaborations, provided certain criteria are fulfilled (see page 25)

2. Decentralization

Regional Committees

A Regional Committee was created in the European region in 1994. A supplementary subscription supports local activities such as specialist workshops and annual meetings associated with national epidemiological societies. Similar developments are needed in other regions, so we may need to redefine regional structures. They will offer greater and longer-term involvement of Association members than is currently available to Councillors.

3. Volunteerism

The wide range of activities and services offered by the Association owe much to the dedication of a relatively small number of members who contribute their time and skills without reimbursement. We believe that the membership is already receiving very good value for the subscription, but the advantages are not reaching some of the developing areas of the world.

List Server

There is a need for faster communication between Council and members of the Association so that requests for collaboration can be processed rapidly. The list server combined with the membership directory will be the tools by which a program to promote volunteerism can be supported (see page 23).

Action

Membership.

We should aim to increase the membership substantially. The current size of the Association is small, considering it draws on a worldwide pool of epidemiologists. There should be plenty of scope for increasing the membership. The increase in income would permit a wider range of activities and could help to support the proposals for action given below.

Council should:

1. Determine a realistic target number of members for each region
2. Ensure that there is a mechanism for keeping the membership list up to date
3. Devise region-specific strategies for attracting members

4. Implement a worldwide strategy for attracting members, including:
 - a. reductions in fees for long term membership
 - b. free merchandise such as the Dictionary for new members who take out long term membership
 - c. special arrangements for new members living in low-income countries.
5. Widen the appeal of the Association to include others working in fields not traditionally thought of as strictly epidemiological such as public health practice and clinical effectiveness.

Regions Develop regional committees to deal with specific regional issues.

Council should consider and set IEA policy on whether committees should be created to further the influence of local epidemiologists in regional practice and policy. A strong and committed membership is required for this development. A Regional Committee is already operating in Europe and taking a lead in offering considered advice on regional issues such as data confidentiality, ethics and the EU supported research program. There is a supplementary subscription to support local activities such as annual meetings associated with national societies and specialist workshops. This is one model: variations suitable for other regions' particular circumstances will be encouraged, based on the general formula described on page 44. It may be appropriate, for example, to join forces with other societies with similar aims and objectives.

Publications **Council** should determine in which areas it should sponsor publications, and appoint editors for the purpose. Collaboration with the World Health Organization may be particularly advantageous, as has been the case in the past. (See sponsorship and endorsement, page 75)

Training **Council** should:

- develop a policy and program for the support of training for young epidemiologists from low-income countries
-) Create a group of interested people for the development of distance learning.

Communication

Council should:

-) Support the development of Internet correspondence columns and early notification of results through the Editor of the Journal.
-) develop relationships with other organisations based on the following conditions:
 - a) Common purpose,
 - b) Common activity,
 - c) A role in the decision process of the joint activity,
 - d) Clear definition of funding of joint activity
 - e) A clear plan of action.
-) Consider the practicality of developing a network of senior advisors to advise members on epidemiological issues and act on the result.
-) Publish a triennial report including a description of activities in the preceding three years, and financial projections and a business plan for the next triennium.

Conclusions

We have proposed a series of activities and enhancements to the Association's profile. We now seek discussion of these and other ideas for making the Association one that epidemiologists want to join and see as benefiting the quality of their own and their colleagues' professional lives.



The Constitution and By-Laws of the Association

Revised 18 August 2002

Council changed by-law 1.1.5 on 12 September 1998 and added by-law 2.4 on 18 August 2002 . The previous version of the Constitution was dated 12 September, 1998.

1. Name

The Association shall be called the International Epidemiological Association and herein after referred to as the Association.

2. Aims and Objectives

- 2.1. The aims of the Association are to facilitate communication among those engaged in research and teaching in epidemiology throughout the world, and to engage in the development and use of epidemiological methods in all fields of health including social, community and preventive medicine and health services administration.
- 2.2. These aims are to be achieved by holding scientific meetings and seminars, by publication of journals, reports, monographs, transactions or books, by contact among Members, and by other activities consistent with these aims.

3. Membership

- 3.1. Membership shall be open to those who subscribe to the objectives of the Association; members shall be elected without regard to race, religion, sex, political affiliation, or country of origin.
- 3.2. Membership as defined in the by-laws shall be in the following categories:
 - 3.2.1. Ordinary Members, including joint members
 - 3.2.2. Senior Members
 - 3.2.3. Student Members
 - 3.2.4. Honorary Members
 - 3.2.5. Other categories
- 3.3. The procedure for nomination to, privileges of; subscriptions and designation of active status shall be determined in the by-laws.

4. Scientific Meetings

- 4.1. International Scientific Meetings shall normally be held every three years and not less frequently than every five years.
- 4.2. An announcement of an International Scientific Meeting shall be made to the Membership at least 180 days before the scheduled date.
- 4.3. Regional Scientific Meetings may be held at the discretion of Council.

5. Business Meetings

- 5.1. A General Business Meeting shall be held on the occasion of each International Scientific Meeting. The business to be transacted shall include:
 - 5.1.1. Officer's reports, including an audited statement of accounts.
 - 5.1.2. Communication of the results of the electronic election of Officers and Council Members.
 - 5.1.3. Items of business as shall have been notified to the Secretary at least 48 hours before the date of the Meeting.
 - 5.1.4. Other items accepted as matters of urgency by a majority of the active Ordinary Members present and voting.
- 5.2. Special Business Meetings may be convened at any time by the Council; and shall be convened by the Council on the requisition of not less than 10 per cent of active ordinary Members. This requisition must state the purpose for which the meeting is required.
- 5.3. Notice of a Special Business Meeting shall be sent to the Membership at least 120 days before the scheduled date.
- 5.4. A quorum for any Business Meeting shall consist of 10 per cent of all active Ordinary Members. Motions shall be passed by a simple majority of all such Members present and voting.
- 5.5. The Council, or a simple majority of all active Ordinary Members present and voting at a Business Meeting, or any 10 per cent of active Ordinary Members may direct that a postal or electronic ballot of all active Ordinary Members be conducted. The results of this ballot shall be binding on the Association if 50 per cent or more such members cast their vote. The vote will be counted within 30 days after the voting period expires by an Officer of the Association, and all deadlines will be clearly communicated to all members.. Questions shall be decided by a simple majority of the Members voting.

6. Officers

- 6.1. The Officers of the Association shall be: President, President-elect, Secretary and Treasurer.

7. Council

- 7.1. The governing body of the Association shall be a Council elected from the active Ordinary Members of the Association, consisting of the President, President-elect, Secretary and Treasurer, and at least seven and not more than twelve other Members. Amongst the other Members of Council shall be at least one from each of the continents (regions), and an early career researcher.

- 7.2. Council shall appoint one or more Editors-in-Chief. Current elected Council Members of the Association shall not be eligible and any person so appointed shall be an ex-officio, non-voting Member of Council.
- 7.3. The immediate Past President shall be an ex-officio voting Member of Council.
- 7.4. More than half the Council so constituted shall form a quorum and decisions shall be made by a simple majority of those present.
- 7.5. Council shall establish an Executive Committee of its Members comprising at least the President, President-elect, Past-president, Secretary and Treasurer. It may also set up other committees (including an audit committee and regional committees) and name their officers responsible.
- 7.6. Casual vacancies of Office or Council Membership shall be filled from the active ordinary membership at the discretion of Council for the remainder of the term.

8. Elections (Officers and Regional Councillors)

- 8.1. Officers and Council Members shall be elected from active Ordinary Members by postal or electronic ballot prior to a General Business Meeting. A term of Office shall extend from the end of one International Scientific Meeting until the end of the next.
- 8.2. The President-elect shall serve one term after which he/she shall take on the Office of President without a new election. The President-elect and the President shall serve one term and shall not be eligible for re-election to this Office.
- 8.3. No Member shall be elected to serve the Association as a Council Member more than three times in succession (in most instances this would involve a maximum of three three-year terms; the exception is the post of President-elect/President/Past President which involves a nine-year term which can be served in addition to at most two previous consecutive terms in other positions on the Council).
- 8.4. The overall responsibility for running the elections will rest with the Past-president, together with the current President and President-Elect, because all other council members may be standing for re-election. The operational responsibility will be taken by the Past-President together with the Nominating Committee.
- 8.5. Nominations for Office or Council Membership may be made by a Nominating Committee appointed by Council or by any two members, provided that such nominations are delivered to the Nominating Committee before the date of closure of the nomination period. The Nominating Committee will determine eligibility of each nominee based on membership in good standing for at least 12 months and consistency with Section 8.x (above) with the exception of ECE. . The agreement of all nominees shall be obtained in advance.
- 8.6. The Nominating Committee shall consist of four members: one of whom shall be the Past-President, one a former Member of Council, one who has never been a Member of Council and another Member appointed by the President and Past-President.
- 8.7. The Nominating Committee will strive to identify at least two candidates per post, ensuring as much as possible that there is regional, gender and career stage balance in the nominees. The period for the acceptance of nominations will be clearly communicated to the membership.
- 8.8. If there is more than one candidate for any position of Officer (Executive Committee) then there shall be a secret postal or electronic ballot taken from the active Ordinary Members. For each vacancy the candidate receiving the largest number of votes shall be elected provided that the number of votes cast for that candidate exceeds

one third of the number of votes cast for the position. Otherwise, a second vote shall be held between the two candidates receiving the highest number of votes. The candidate receiving the most votes will, then, be elected to the position.

- 8.8.1. The right to vote in the election of the Council member representing a particular continent (region) will be confined to those members residing in that particular continent (region) who have been members in good standing at the time of the close of the nominations. There must be one Councillor from each region. The procedures to be followed in the event that more than one candidate for a region is nominated will be the same as those for the Officers except that only members from that region will be eligible to vote for a Council member to represent that region.
- 8.8.2. If two or more candidates for Council membership each receive the same number of votes such that there is no clear winner, a second ballot among the tied candidates will be held among the members of the candidates' constituency. If the second ballot results in a draw, Council will select the winner from the tied candidates by majority vote.

9. By-laws

- 9.1. By-laws for the conduct of the affairs of the Association shall be made and/or amended by a simple majority vote at a General or Special Business Meeting, by a postal or electronic ballot, or by at least a two-thirds majority of all Council Members.

10. Amendments to the Constitution

- 10.1. Notice of any proposal to amend or alter the Constitution at a General or Special Business meeting must be included in the announcement of the corresponding meeting.
- 10.2. The quorum for amendments to the Constitution at a General or Special Business meeting shall be 20 per cent of all active Ordinary members of the Association.
- 10.3. The Council, or a simple majority of all active Ordinary members present and voting at a General or Special Meeting convened to alter the Constitution, may direct that a postal or electronic vote be conducted.

The results of the electronic ballot shall be binding on the Association if 50 per cent or more such members cast their vote. If less than 50% of the members cast a ballot, the results are not binding the EC will be informed by the vote and implement changes at its discretion. The vote will be counted within 30 days after the voting period expires by an Officer of the Association, and all deadlines will be clearly communicated to all members. Questions shall be decided by a simple majority of the Members voting

- 10.4. In each case, notwithstanding the method used, a two-thirds majority of those voting will be required for the passing of an amendment

11. Fiscal Agent

The International Epidemiological Association, Incorporated shall act as the fiscal agent for the Association and shall be bound by the decisions of Council. The Officers and Members of Council shall be the sole Officers and Directors respectively of the International Epidemiological Association, Incorporated.

BY-LAWS

1. Membership

1.1. Ordinary Members, including joint members

- 1.1.1. Applications for Ordinary Membership shall be sent directly to the Secretary by anyone who qualified under paragraph 3.1. of the Constitution, using the form approved by Council.
- 1.1.2. Applications for Ordinary Membership may be reviewed by one or more Members of the Executive Committee.
- 1.1.3. Ordinary members shall receive such publications as are authorised by Council.
- 1.1.4. The benefits to joint members include all benefits of ordinary membership except the printed version of the International Journal of Epidemiology. The Council will define guidelines for joint memberships.
- 1.1.5. The annual membership dues for Ordinary Members, including joint members, shall be determined by Council.
- 1.1.6. An ordinary member whose dues payment is in arrears, and who has been so notified, shall be designated to be inactive and shall have all privileges of membership withdrawn unless, due to exceptional circumstances, the Secretary in consultation with the Executive Committee decides to the contrary.

1.2. Senior Members

- 1.2.1. Active Ordinary Members who have retired from full-time employment and who have advised the Secretary accordingly may be designated to be Senior Members by the Council and shall pay reduced Membership dues at a rate determined by the Council and shall receive such publications as are authorised by Council.
- 1.2.2. Senior Members whose annual dues payment is more than 24 months in arrears shall be considered to have resigned from the Association unless the Council decides otherwise.

1.3. Honorary Members

- 1.3.1. Honorary Members are those persons who are elected as a mark of esteem for their contribution to science, or the cause of epidemiology, or the Association and will be limited to no more than two per cent of the membership.
- 1.3.2. A person may be nominated for Honorary Membership by a member of Council.
- 1.3.3. Honorary Members shall be elected by a unanimous vote of the Executive Committee.; they shall not exceed two per cent of the current Membership, they shall pay no membership fee and may receive such publications as authorised by Council.

1.4. Student Members

Students members are those persons currently enrolled in epidemiology training programs at the graduate or post graduate levels and should provide information that allows the IEA to verify their student status if required.

2. Conduct of Affairs

- 2.1. Council of the IEA shall meet at least once between each International Scientific Meeting, if determined by the President.
- 2.2. Committees of Council shall meet as determined by their Chair in consultation with the Officers of the Association: such meetings may consist of telephone conference calls or electronic communications. More than half the Committee membership shall form a quorum. Minutes and notes of committee meetings shall be available to Council.
- 2.3. A list of dates, places and attendances of all IEA Council and Committee meetings during a term shall be included in the Officer's reports given at General Business Meetings and posted on the IEA website.

3. Scientific Meetings

- 3.1. An international scientific meeting (World Congress of Epidemiology- WCE) shall be organized on a triennial basis by a Convening Committee appointed by the Council consisting of at least one Member of the Executive Committee and such other persons as may be recruited for the purpose.
- 3.2. The IEA WCE Convening committee may invite guests to participate in the proceedings of the meeting.
- 3.3. A member of IEA Council shall be present at every Regional Scientific Meeting.
- 3.4. The Council shall determine policies and arrangements for all other meetings conducted under the name of the Association.

4. Publications

- 4.1. The Council will determine policies and arrangements for the publication of journals.
- 4.2. The Council will appoint and determine the responsibilities of Editors, Editorial Boards and the definition of their terms of Office.

5. Definitions

- 5.1. For the purpose of the election of IEA Council Members, the seven regions shall be: Europe, Eastern Mediterranean, Southeast Asia, Africa, Western Pacific, North America and Latin America and the Caribbean. The precise boundaries of these regions shall be the responsibility of the Chairman of the Nominating Committee. .
- 5.2. Country for the purpose of classification of Members shall be the country of current residence.

6. Regional Organisation

Regional activities may be promoted by establishing temporary or permanent regional groups chaired by the IEA Council member for the region. Membership of an IEA regional group is only open to IEA members. The aim of regional groups is to strengthen epidemiology at the regional level in its aspects of research, public health application and training. Regional groups should organize such activities as regional meetings and training programmes. The plan of the activities has to be approved by the IEA Executive Committee. The activities are financed by separate regional membership dues, by other support funds available regionally or funds provided by IEA upon the approval of the Executive Committee.



Duties of:

The President

The President:

-) chairs Council, the Executive Committee of Association Officers, and General Business meetings.
-) gives leadership to the IEA Council by guiding the development of the Association according to its policy statements and the constitution.
-) ensures that the functions of the Executive Committee, embodied in the duties of the Secretary and Treasurer, are carried out appropriately and with probity.
-) maintains informal communication with IEA Regional Councillors to stimulate and support the spirit of volunteerism among members
-) ensures that the International Journal of Epidemiology Editor's policy is consistent with the aims and policies of the Association, in collaboration with the Editor in Chief.
-) ensures continuity of the collaborations with the World Health Organization and other relevant international organizations or initiatives, either directly or via a representative appointed from among the Councillors.
-) prepares the agenda for the meetings of the IEA Council, Executive Committee and Business meetings in collaboration with the Secretary.

2. Events in the life of a President

2.1. Incoming President

At the first World Congress of Epidemiology (WCE) after appointment as president elect, you must attend various meetings and, on day 1, assume the responsibilities of the President.

WCE - Day	
-1	Outgoing Council Meeting (if no satellite meetings, otherwise <i>before</i> satellite meetings if members of Council involved). All day
0	Continue Outgoing Council meeting – Half day. Open conference in the evening
1	<i>First day of Conference.</i> Attend Business Meeting. Take chair as new President at end of the Business Meeting. Give short speech on intentions for the coming three years.
2	
3	
4	Morning: If requested, give closing speech. <i>Conference ends.</i>
5	All day – Chair Incoming Council meeting

During the WCE

-) Prepare the agenda for the New Council meeting.

At the Incoming Council meeting:

-) Nominate members for the Nominating Committee (Past president is usually the Chair, see para 8.5 of the constitution)
-) Arrange dates for one Council meeting in the middle year of the 3 year inter-WCE period, preferably at a regional meeting or site of a future WCE..
-) Arrange date of one meeting of the Executive Committee , preferably at the next WCE site one year before the WCE.
-) Ensure that Council receives the Handbook and Councillors are aware of their duties and the conditions for IEA support of regional meetings and travel on Association business.
-) Ensure the current financial position is presented and discussed.
-) Make a list of actions to be taken by individual EC members and Councillors, with deadlines.
-) As soon after the meeting as possible, post a message from the president on the IEA web site briefly outlining the decisions of Council.

Interim meetings of the Council and Executive Committee

-) One month before each meeting, send papers and agenda items to the Secretary. All circulation should be by email.
-) Ensure that you ask for reports to be available at the meeting from the Secretary, the Treasurer, the Editor and yourself.
-) Spend 1 to 1½ days on Council/EC business. If the meeting is EC only and in the city where the next WCE is to take place, extend the meeting for up to 1 further day to review the arrangements for the next WCE with the Local Organizing Committee.

2.2 Outgoing President

Nominating Committee

Ensure that the Councillors have been nominated in time for an electronic or postal ballot **six months before** the next WCE. Nominations for the positions of IEA Officers must be received by the Past-President by the pre-specified closure date for the nomination process (see 2nd Business Meeting below and para 8.4 of the constitution).

WCE - Day	
-1	Chair Outgoing Council Meeting. If there are no satellite meetings before the conference, the Old Council Meeting is on the day before the beginning of the conference, otherwise it is <i>before</i> satellite meetings if members of Council involved
0	Continue Old Council meeting – Half day. Open conference in the evening
1	Chair Business Meeting. Hand over chair to new President You may be expected to give an after dinner speech at the gala dinner. Ask the organisers in advance.
2	
3	
4	
5	All day – Incoming Council meeting

Write thank you letters to outgoing members of Council and to WCE organizers.

Write letters informing new Honorary Members of their approval by the IEA Council

The last formal duty, as Past President, is to Chair the Nomination Committee upon approval by Council.



Outline Agenda for Council Meeting

IEA Council Meeting

To be held in (location), at (time), on (date)

Agenda

- | | Paper |
|--|-------|
| 1. Apologies | |
| 2. Approval of Minutes of Council Meetings held on Date | |
| Approval of EC minutes held on Date | |
| 3. Matters arising from the minutes not mentioned elsewhere | |
| 1. | |
| 4. Applications for the next WCE | |
| 5. Report of the President | |
| 6. Report of the Secretary | |
| 7. Report of the Treasurer | |
| 8. Report of the Editor | |
| 9. Reports from Councillors | |
| Africa | |
| EMR | |
| Europe | |
| Latin America | |
| North America | |
| SE Asia | |
| Western Pacific | |
| 10. Relations with WHO etc | |
| 11. Nominating Committee | |
| To nominate the membership of the Nominating Committee | |
| 12. Honorary Membership | |
| To nominate honorary members of the Association, according to the constitution | |
| 13. Confirm agendas of the forthcoming two business meetings | |
| 14. Any other Business | |
| 15. Date of Next Meeting | |



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

In official relations with the World Health Organization

Association
Internationale
d'Epidémiologie

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العالمي للإpidemiology

Asociación
Internacional de
Epidemiología

Outline Agenda for Business Meeting

IEA Business Meeting

To be held in (location), at (time), on (date)
(allow at least 1 ½ hours)

Agenda

1. **Apologies for absence of any Officer**
2. **Approval of Minutes of the two Business meetings held at the last WCE and any others during the triennium**
3. **Matters arising from the minutes not mentioned elsewhere**
4. **Report of the President**
5. **Report of the Secretary**
6. **Report of the Treasurer**
7. **Report of the Editor**
8. **Report of the Nominating Committee**
9. **Presentation of proposals for next WCE (allow 15 min each)**
10. **The next President's vision for the coming triennium (15 min)**
11. **Announcements of any Awards, recognitions etc.**
12. **Any other Business**



The Secretary

- 1) Oversee the operation of membership.

Membership functions include:

- a) Review new member applications
 - b) Update current membership lists
 - c) Send reminders for dues
 - d) Collect dues and transmit to the Treasurer
 - e) Maintain membership correspondence
 - f) Develop the record system, as required
 - g) Correspond with Oxford University Press to ensure continuous identity between the databases of the membership and the journal subscriptions
 - h) Revise the membership application form periodically as needed.
 - i) Maintain communication with Regional Councillors about issues such as new applications from people who have registered directly with the Secretary, and regional administrative problems.
- 2) Seek proposals for the hosting of the World Congress of Epidemiology consistent with the revised guidelines for local hosts and coordinated with the IEA events manager.
 - 3) Arrange with potential WCE hosts to present and discuss their proposals at the first IEA Council meeting, just prior to the WCE, and to present their proposals before a vote by the membership at the Business Meeting.
 - 4) Request, prepare and distribute the papers for the IEA Council and EC meetings.
 - 5) Prepare the minutes of all the General Business, Council and Executive meetings.
 - 6) Oversee the production of the IEA Newsletter for posting on the IEA website.
 - 7) Be responsible for the preparation of the Triennial Report
 - 8) Conduct elections of Officers
 - 9) Respond to enquiries about hosting a World Congress of Epidemiology.
 - 10) Participate in the decision process of the Association as a member of the Executive Committee.
 - 11) Represent the Association at Regional Meetings whenever possible.
 - 12) Keep the President informed of Secretarial activities.
 - 13) Other assignments as decided by the Executive or Council.



The Treasurer

- 1) Revise the budget for the current triennium and develop a triennial budget for the following triennium for approval by the Council.
- 2) Ensure that the Council's financial policies are being followed.
- 3) Prepare regular financial reports, with commentary, for the Council and the Executive Committee
Financial reports in advance council meetings.
- 4) Monitor the Association's financial information on a periodic basis, Advise the Council on the appropriateness of unplanned expenditures. Final decision on these expenditure to be taken by a majority vote of the Executive Committee.
- 5) Explore opportunities to invest conservatively a portion of the Association's funds to build resources to help increase the association's revenues
- 6) In consultation with the President, supervise the efficient transfer of funds as appropriate to reimburse approved expenditures.
- 7) Modify the request for reimbursement form as required, including its online version.
- 8) In consultation with the President, review and recommend action on regional councillor financial plans.

Above functions are carried out in coordination with a professional management company per decision of the IEA Council during 2010-2011



IEA Councillors

Council members have two major roles as representatives of members of the Association in their region. They report to Council on the needs and aspirations of the members in their regions and they guide and supervise the activities of the Association. Council can be regarded as a task force of senior members who promote epidemiology and the IEA throughout the world and in collaboration with other organizations having the same objectives.

Duties

Council members are expected to promote epidemiology in their region. A Regional Councillor should:

1) Recruit new members

- a) Review current IEA members within region.
- b) Assemble an informal database of established and younger expert epidemiologists in their country and region listing their skills, training and interests and possible availability for various activities. These individuals could be proposed for participation in various workshops, seminars and expert groups, or act as consultants when a request is received from a national or international organization.
- c) Conduct and annually update a full census of all national epidemiological (or related) associations in their region, and contact these associations with a view of establishing joint membership schemes and promoting joint activities.
- d) Give priority to attracting applicants from countries with few existing members, and/or where the number of current members is small relative to the country's population.
- e) Attract early career epidemiologists into the Association where they can play a role at national and international levels.
- f) Keep in contact with IEA members and other epidemiologists in their region.

2) Organize and conduct regional meetings

- a) Organize a scientific meeting within their region, or failing that, a workshop or seminar, at least once every three years. The meetings may be in collaboration with local epidemiological associations.
- b) Inform the Secretary of future activities in their region in which members may wish to take part or be aware for inclusion in the Associations web page and newsletters.
- c) Assist in obtaining funds for the work of the IEA to promote regional and international activities. They should also identify sources for funds that would enable younger epidemiologists to attend IEA meetings, in particular the World Congress of Epidemiology.

3) Identify Training Possibilities

- a) Assist Council to identify and evaluate training possibilities in epidemiology.
- b) Develop co-operation between national societies within the region, and international societies and organizations with headquarters or regional offices within the region, particularly for training, education and application in epidemiology.

4) Engage in the following Council activities

- a) Attend Council meetings.
- b) Appoint an early career epidemiologist to represent the region in the corresponding IEA committee.
- c) Provide the Executive Committee with an action plan within three months of appointment. The plan should describe proposed activities to be performed on behalf of the Association including a detailed financial plan. This plan will be the basis for the funds provided annually for each Regional Councillor (currently \$5,000.00/year)..
- d) Provide a report every year to the Executive Committee on his/her activities, including a financial report for the Treasurer. This report will be made available to the membership in the same way as the reports of the Officers.
- e) Promote the development of a regional subcommittee of the IEA with the aim of organizing annual conferences, developing opportunities for teaching in epidemiology and preparing regional consensus documents.
- f) Actively seek bids from the region for hosting forthcoming World Congress of Epidemiology meetings.



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

In official relations with the World Health Organization

Association
Internationale
d'Epidémiologie

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العولمي للوبائيات

Asociación
Internacional de
Epidemiología

Please complete this form by typing in the boxes, which will expand as you type. The report should be submitted to the Secretary, preferably by email.

Councillor's Report

Region (delete those not applicable)
Period (month/year)

Africa EMR Europe Latin America North America Pacific
From: To:

Current activities
(e.g. Recruitment and updating regional membership; Regional IEA meetings/ workshops etc; interaction with other regional organizations)

Future plans

Issues of concern (for discussion at Council meeting)

Continue on another page if required.



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

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Epidemiología

Councillor Claim for Reimbursement of Expenses

Payment will be made by bank transfer directly to the account you indicate on this form, unless an alternative method is specified. Only actual expenditure supported by receipts may be claimed except for those expenditures for which receipts are not offered, such as travel on a metropolitan railway (e.g. London Underground).

PAYEE DETAILS

Title	Full first name	Surname
Bank name	Bank Sort Code	Bank address
	Account number	Account name

TRAVEL DETAILS

Start date & time	End date & time	Travel from	Travel to	Purpose of journey
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DETAILS OF EXPENDITURE (For travel by car, please give mileage. Continue on a second sheet if necessary)

Receipt number	Date of transaction	Description	Original currency	Exchange rate	Currency for payment (please state)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Claimant's signature	Date (mm/dd/yy)	Authorised for payment by	Date (mm/dd/yy)
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The IEA Archive

John Pemberton was the first archivist. On his retirement in 1987, Roy Acheson took over. In 1990, Charles Florey was appointed to the post. Until 1990 the records had been physically held in the Kings Fund buildings in London, but they were maintained by the archivist. By 1994 it had become clear that the archive required some degree of professional maintenance. It was transferred to the Wellcome Library of the History of Medicine (now the Wellcome Library for the History and Understanding of Medicine). The contents have been listed and are available for legitimate purposes to members of the IEA.

In 2003 the Archive consisted of:

-) Minutes of Council, the EC, and Business meetings
-) History
-) Constitution
-) Financial statements
-) ISM/WCE and Regional meeting programmes and abstracts
-) Important historical documents
-) Articles of association (documents on Incorporation in the state of Maryland)
-) Various unsorted correspondence
-) Books produced by the IEA (incomplete)
-) IEA Bulletin 1955-1970
-) Some copies of the journal.

The current Archive is not consistent over the years, some triennia being covered by substantial papers which have not been sorted into any meaningful order and others having little in the way of supplementary papers. It does however have a complete collection of minutes for meetings of the Council and the EC since 1956. These have now been transferred to CD-ROM and are therefore much more accessible than in the past. They include papers up to 2002. The CDROM is part of the archive.

In the future it should be much easier to maintain the archive as most of the archival material will be in electronic form. These include the minutes, the triennial report and the handbook.

Council has agreed (2003) that the following documents be collected for the archive:

1. Minutes of Council, the EC, and Business meetings. These should appear in the Triennial Report, so should not add to the burden of maintaining the archive.
2. History – The first history of the Association, published in 1974, was written by Kerr White and John Pemberton. It was updated twice to cover the years until 1984. A further history for the period 1984-95 was written by Roger Detels, Walter Holland and Johannes Mosbeck.
3. Constitution – Changes in the constitution should be reflected in updates of the Handbook.
4. ISM/WCE and Regional meeting programmes and abstracts.
5. Financial statements – The full financial report from the treasurer will be held as a separate electronic document for archiving purposes only. A summary report will appear in the triennial report.
6. Important historical documents – These include policy documents and documentation of important negotiations such as with Oxford University Press.
7. Articles of association – These refer to the Incorporation of the Association in the State of Maryland, the originals of which are in the Archive.

8. Key correspondence. It is difficult to select correspondence for the archive. Members of the EC should select the correspondence they believe is of historical importance and submit it every three years. This is likely to be in electronic form so could easily be collected for submission to the archivist by email or on CDROM.
9. Books produced by the IEA – Only a modest proportion of the books produced under the logo of the IEA are in the archive. In future a copy of all books with the IEA logo should be submitted by the first author to the archive.
10. Newsletters – Newsletters are a relatively recent addition to the output of the IEA. Very few copies are in the archive. Because newsletters contain information about the IEA not found elsewhere they are included.
11. Selected photographs of Council members at IEA meetings. – Some are included on the CDROM.
12. Key papers produced by Regional Groups e.g. Good Epidemiological Practice.
13. Copies of the addresses by the recipients of the Richard Doll Prize commencing in 2008 when the first Richard Doll prize was awarded.
14. IEA Bulletin 1955-1970 – The Bulletin ceased to be produced in about 1970. A set is held in the archive.
15. The Bulletin was superseded by the International Journal of Epidemiology. The IJE is available in many libraries around the world and there is an Editor's copy, so it does *NOT* form part of the archive.

The Archivist

The Archivist is responsible for collecting the archival material approved by Council and ensuring its submission to the Wellcome Library of the History and Understanding of Medicine.

The archivist is responsible to the President and through the President, to Council, but is not a member of Council. He/she is appointed by Council for an initial period of 6 years and, thereafter, for a rolling period renewed every 3 years. The triennial periods should be coterminous with the periods of appointment of Council members. The archivist is responsible for collecting the archival material and ensuring that the members of Council who hold the material submit it to the Wellcome Library of the History and Understanding of Medicine at the following address:

Archives & Manuscripts Section,
Wellcome Library for the History and Understanding of Medicine,
210 Euston Rd,
London NW1 2BE,
UK.

Contact person: Dr Leslie Hall

Telephone +44 (0)207 611 8483 (Dr Hall) or
+44 (0)207 611 8486 (departmental administrator)

Email l.hall@wellcome.ac.uk (Dr Hall)
archs+mss@wellcome.ac.uk (departmental administrator)

Regional IEA Groups

Template for Internal Regulations and By-laws

IEA Regional Groups may be set up according to Article 6 of the IEA By-laws. Council must approve the regional regulations before a Regional Group may act in an official IEA capacity. The regional Councillor must present to Council the regulations and the names of proposed members of the Regional Council. Once created, future regional Councillors are expected to chair the Group.

At present only one approved Regional Group exists, in Europe.

The following wording is suggested for the regulations governing IEA Regional Groups.

Words in square brackets should be replaced by the appropriate local terms. Additions of local relevance should be added as required.

1. Nature

The [REGION NAME] Regional IEA Group (RIG) is a regional structure of the International Epidemiological Association, established in accordance with article 6 of the IEA By-laws.

2. Aims

Within the aims and objectives of IEA encompassing, and in accordance with Article 1 of the Constitution, "the development of epidemiological methods in all fields of health", the aims of the Regional Group (Society) are:

-) To network professionals working in the field of epidemiology in the region
-) To encourage and improve the quality of epidemiological research
-) To foster the use of such research in public health and clinical medicine domains
-) To encourage establishment of or join forces with national groups / societies, of similar aims and objectives, within the region
-) To capitalize on national and regional resources to achieve such objectives

Such objectives are pursued by:

-) Holding regional meetings, seminars, workshops, training programs, in collaboration with local and regional societies
-) Discussing, preparing and distributing concept papers.
-) Preparing and producing newsletters, reflecting ongoing research and major activities in the Region
-) Promoting opportunities, conditions and resources conducive of sound epidemiological research

3. Members and voting rights

Members of the [RIG] must be members of the IEA and resident in the [REGION] region. As IEA members, they may vote for the election of the IEA Councillor for [Region], according to the procedures of the IEA constitution and by-laws, and have a right to vote at the [RIG] business meetings.

4. Business meetings

[RIG] business meetings shall normally be held at the regional meetings, and not less frequently than every three years.

A [RIG] business meeting will be announced to [Regional] members of the IEA at least 120 days before the scheduled date. The business to be transacted shall include the Officers' reports and any other items accepted by a majority of the present members and voting.

Special business meetings may be convened at any time by the IEA Regional Councillor or a majority of the Board. Notice of this meeting shall be sent to the voting membership at least 70 days before the scheduled date for the meeting.

6. Board

The Board of the [RIG] is composed of the chairman, vice-chairman, past chairman, secretary and treasurer. The IEA Regional Councillor is *ex officio* the chairman. The vice-chairman, treasurer and secretary are elected by the regional membership. Nominations may be made by any [RIG] member 48 hours before the date of the Election Business Meeting.

The term of office is 3 years, coterminous with the period of the IEA Council. Officers may be re-elected for a maximum of three terms.

IEA Executive Committee members resident in [REGION] are also *ex officio* voting members of the Board.

7. Voting at business meetings and in the Board

Motions are passed by a simple majority of members present and voting. At special business meetings at least 10% of all [RIG] members must be present to pass a motion. Motions may also be passed by simple majority through means of a mailed ballot among [RIG] members. A minimum of one month should be allowed for the return of a mailed vote.

8. Funding

Funds of the [RIG] are composed of:

-) Funds from the IEA councillor's budget
-) A supplement to the IEA subscription, agreed by the IEA Council
-) Income gained through activities of the [RIG]

Financial liability rests with the [RIG].

9. Conduct of affairs

At every business meeting an activity report and plans for the next term must be presented to the members and the IEA Executive Committee by the chairman.

The secretary is responsible for: encouraging membership, registering members, preparing a regional database, and communicating information / newsletters to all regional members.

The treasurer is responsible for fiscal matters. The account and future budget must be submitted to the Board and the IEA treasurer for approval, and presented to the members during the business meetings

10. Other matters

When experience shows that procedures have been omitted from the regulations, the procedures in the IEA constitution will apply until the Regional By-laws have been amended and approved by Council.

The Nominating Committee

The Nominating Committee is composed, according to paragraph 8.5 of the constitution, of four members:

-) a current Member of Council
-) a former Member of Council
-) one who has never been a Member of Council
-) another Member.

It is usual that the current member of Council is the chairman and the position is held by the immediate past president.

Actions

1. Council will suggest names of people to invite to serve on the Nominating Committee at its 2nd meeting, immediately after the World Congress of Epidemiology.
2. The chairman of the Nominating Committee, on behalf of the President, will invite those nominated by Council to serve on the committee.
3. The Past President, together with the President and President Elect, will have overall responsibility for the elections.
4. The chair of the Nominating Committee shall inform the Executive Committee of the nominations for councillors by December 1 in the year preceding the year of the World Congress of Epidemiology.
5. After approval by the EC, the President will inform all Councillors of the nominations.
6. The Past President will conduct the election of Regional Councillors.
Examples of dates are: **January 5** for nominations received by Secretary; **February 1** for opening the electronic ballot system; **April 1** for closing the electronic ballot system; ; and **May 1** for announcing results to the Council.
7. The Past President will inform the President of the result of the ballot.
8. The President will write to all regional candidates informing them of the result of their regional ballot.
9. Immediately after the President has written to the candidates, the Secretary will inform all Councillors of the result of the ballot, but omit the number of votes cast. At the same time the Secretary will inform Councillors of the names of those nominated as candidates for positions of Officer. The number of votes cast will be made available to Councillors at the WCE.

The Committee should aim to have at least two candidates for each region, ensuring as much as possible that there is diversity in terms of country, gender and career stage. Candidates may include the current councillors if they have not served the maximum of three terms. Although there is no upper limit to the number of candidates, it should not exceed five to avoid fragmentation of votes with the consequence that a person may be elected with very few votes.

At least one year in advance of the next World Congress of Epidemiology (WCE), the Chair of the Nominating Committee should ask the membership (by email, through the journal and newsletter,

and in the website), Regional Councillors and Executive Members for names of candidates for the positions of President, Secretary, Treasurer and Regional Councillors for the triennium following the WCE. Current Councillors who wish to continue with their mandate may submit their own names, provided they have served fewer than three terms of office. However, at least one other name should be provided. The president may not submit his/her own name, as the post is for one term only.

Proposers must ensure that:

-) candidates are aware of their responsibilities as IEA Councillors and of the tasks they are expected to carry out. They should be sent a copy of the Council Handbook
-) they are committed to accept the mandate if elected
-) they are current IEA members.

Nominations should specify:

-) name and address of the candidate
- and summarize briefly
-) current affiliations of the candidates,
 -) professional curriculum,
 -) past and present involvement in IEA activities,
 -) past and present involvement in national epidemiological societies.

Any IEA member may submit names of candidates to the Nominating Committee, but the primary role for submissions stands with the current Councillors.

The Nominating Committee will treat in strict confidence any comments proposers may wish to add.

Nominations must be submitted by the Nominating Committee to the Secretary by December 1 of the year preceding the WCE.

Notification of Council and Officer Elections.

This is the responsibility of the Past President.



Scientific Meetings

World Congress of Epidemiology

- I. Noordwijk, Netherlands, September 1957
- II. Cali, Colombia, August 1959
- III. Korcula, Yugoslavia, August 1961
- IV. Princeton, USA, August 1964
- V. Primosten, Yugoslavia, August 1968
- VI. Primosten, Yugoslavia, August 1971
- VII. Brighton, England, August 1974
- VIII. San Juan, Puerto Rico, September 1977
- IX. Edinburgh, Scotland, August 1981
- X. Vancouver, Canada, August 1984
- XI. Helsinki, Finland, August 1987
- XII. Los Angeles, USA, August 1990
- XIII. Sydney, Australia, September 1993
- XIV. Nagoya, Japan, August 1996
- XV. Florence, Italy, August 1999
- XVI. Montreal, Canada, August 2002
- XVII. Bangkok, Thailand, August 2005
- XVIII. Porto Alegre, Brazil, August 2008
- XIX. Edinburgh, Scotland, August 2011
- XX. Anchorage, Alaska, USA, August 2014

Contents

- Registration status of the IEA
- Letter in Response to an Enquiry to Host the WCE
- Tasks and Attributions for Planning and Coordinating Office
- Contract between IEA and Organizers (to be drawn up)
- Financial Plan (to be drawn up)
- Payment of Councillors' expenses

Registration status of the IEA

The only registration we have is for financial purposes via incorporation in the state of Maryland, USA. The treasurer holds copies of the documents. The originals are in the archive in the Wellcome Library for the History and Understanding of Medicine, 210 Euston Road, London NW1 2BE, UK. Tel. +44 (0)207 611 8486, email: archs+mss@wellcome.ac.uk.

The IEA is not registered as a society or association. Walter Holland has written as follows:

"In my time as secretary we discussed the question of registration, particularly getting a number from the Charity Commission. This was abandoned when we found that it only applied to the UK. The enquiries we made indicated that there was no registration system for an international association."

Letter in Response to an Enquiry to Host the WCE

Dear...

Thank you very much for your enquiry about submitting a proposal to host the World Congress of Epidemiology in the year 20xx. Please note that the organization of this meeting needs to be done by a group of local epidemiologists who are members of the International Epidemiological Association and the formal proposal must come from them. The Association's Executive Committee will be meeting the second half of YEAR-1 and would like to have a copy of your draft proposal at that time if possible. The Executive Committee will advise you on your likelihood of success in the bidding and on how your proposal might be improved.

The final version of the selected proposals must be submitted by July 1, YEAR for members of Council to assess them. The organizing committee for each proposal will be invited to make their case in person at the first Council Meeting at the WCE in CITY in MONTH YEAR. Each committee will be given 15 minutes to present their proposal to the members of the IEA at the first Business Meeting during the CITY WCE. Those attending the Business Meeting will vote and the presenters of the proposal gaining the most votes will be invited to host the WCE in 2005.

The following list describes the elements of a proposal that **must** be included before the proposal can be considered for presentation at the WCE in CITY.

- 1) Balanced, realistic and detailed budget (see example)
 - a) This must include some 100 bursaries to assist young epidemiologists, particularly from low-income nations, to travel and attend the WCE. These may be a mixture of full and partial bursaries. Full bursaries cover everything, partial bursaries may cover board and lodging and waiving of the registration fee, or may consist of only of waiving the registration fee. The average cost of a full bursary at the meeting in 1999 was \$US 1200 at the present exchange rate (closer to \$US 1400 at the 1999 exchange rate). Full fellowships were preferentially given to participants coming from far away (e.g. China, India, South America) on the grounds that those from nearer low-income countries face lower travel expenses
 - b) It must also include the travel, board and lodging costs for the 13 IEA Council members plus the new members of Council who number three or four.
 - c) The board and lodging of the new Executive Council members for the period of the meeting after their election (from the second business meeting to 2 days after the end of the WCE)
- 2) Adequate facilities: one hall seating no less than 800, plus 5-10 rooms each seating at least 200
- 3) Availability of inexpensive accommodation. Most people who attend these conferences are academics with limited budgets
- 4) Ease of access to an attractive, safe place. Ease of access refers to uncomplicated flights and connections to the venue.
- 5) A qualified international Scientific Committee
- 6) A structured outline of a scientific programme around a theme
- 7) Experience in organizing regional IEA meetings. Failing this, good evidence should be given of experience in the organization of equivalent non-clinical meetings (e.g. International Society of Environmental Epidemiology)
- 8) Letters from supporting authorities, e.g. Ministry and Regional/Local authorities.

We hope this list will help you in preparing a proposal. If you have any questions, please do not hesitate to get in touch with us.

Yours sincerely,

Secretary
International Epidemiological Association

The Robert Cruickshank Memorial Lecture

A special lecture has been given at each WCE since 1984 (2002 excepted) to honour the memory of Professor Robert Cruickshank, first chairman of the IEA and his role in the founding of the IEA (see History of the IEA). Organizers of the WCE should ensure that this lecture is given prominent billing.

Tasks and Attributions for Planning and Coordinating Office

More information on the running of the WCE can be found in "Report XVI IEA WCE Full.pdf", in the archive folder 1999-2002.

Planning:

-) Development of a project timetable
-) Development of the preliminary budget
-) Final negotiation of the agreement with the Convention Centre
-) Negotiation of the agreements for the official carrier
-) Participation in Local Organizing Committee (LOC) meetings and in other ones as needed

Administration:

-) Follow-up and regular update of the timetable
-) Calls for tender, negotiation with subcontractors and preparation for the signature of agreements with subcontractors and suppliers
-) Budget update and follow-up
-) Organization of local meetings with IEA's Executive Council members, including management of members' travel and lodging needs
-) Legal support
-) Production of brief bimonthly project development reports
-) Production of a final report at the end of the meeting
-) Secretarial services necessary to carry out this mandate
-) Sufficient on-site and off-site staffing
-) Well staffed and equipped on-site conference office

Financial Management:

-) Development of expense approval procedures in collaboration with LOC
-) Management of a bank account opened under the name of the Conference
-) Opening and management of an account for check payments
-) Opening and management of an account dedicated to credit card payments
-) Production of monthly financial reports (summaries of accounts payable and receivable, statements, revised budget)
-) Invoicing and collection of the registration fees
-) Invoicing and collection of the sponsorship, advertising and exhibition rental fees
-) Production of financial registration reports
-) Payment of suppliers and subcontractors' invoices
-) Management of invited speakers' expenses
-) Bookkeeping and banking conciliation
-) Sales tax reports
-) Coordination of the financial audit at the end of the event
-) Correspondence related to financial management
-) Advice, assistance, and mediation of the incorporation process
-) Assistance in obtaining line of credit
-) Fund raising with potential sponsors suggested by LOC and Advisory Committee's fund raising group

Programme:

-) Collaboration in the development of the conference schedule and structure
-) Organization and distribution of preliminary programme with call for abstracts
-) Technical organization and planning of plenary, breakout and poster sessions
-) Establish functional web site to receive abstract submissions electronically
-) Coordinate review of abstracts submitted by delegates in close cooperation with Scientific Programme
-) Committee (SPC)
-) Collect abstracts (hardcopy on submission forms and printout of electronic submissions), organize by subcommittee topic, forward to appointed reviewers
-) Collect reviews and rankings from reviewers and organize final scientific program
-) Organize (on own print shop or via contractor) printing of scientific programmes and abstract book
-) Organization of the coffee breaks and meals
-) Planning and delivery of the spouse program, entertainment, cultural programs
-) Participation in the Scientific Committee meetings, as needed
-) Secretariat to the scientific program committee

Speakers:

-) Coordination of the process of call for abstracts
-) Collection of abstracts and preparation of the sets for review by the selection committee
-) Mailing of written notice following the acceptance or rejection of the abstracts
-) Technical follow-up of the invited speakers and session chairs
-) Coordination of the speakers' registration and hotel reservation
-) Correspondence with the speakers

Communications/marketing, promotion and sales:

-) Elaboration of the Conference communication plan
-) Tasks related to carry out the actions identified in the plan
-) Design of an integrated marketing plan
-) Writing of the technical and promotional sections of the Conference documents (scientific content supplied by the Committee)
-) Coordination of the translation and production of the Conference documents and promotional material:
 - o first announcement, preliminary programme including registration, hotel reservation and abstract
 - o submission forms, speakers' technical requirement sheet, letterhead (graphic design and printing of paper and envelopes), newsletter, final programme, delegates' kits and bags, book of proceedings, list of delegates, social activity tickets, badges (paper and holders)
-) Coordination of the development of the internet site and maintenance (to be used for advertising the conference programme, remote registration, and submission of abstracts)
-) Preparing advertisements/notices for various types of media
-) Tasks related to taping of main conferences and sale of tapes after the conference (obtain copyright, recording rights from speakers, taping, and distribution)

Management of the registration process and housing:

-) Address and communications services made available to the Conference for information request and registrations: telephone, fax, postal address, electronic mail, interface with the conference's web site
-) Computerize participants list and program the database for the upcoming registration process
-) Database management (mailing list of relevant societies to be provided by LOC)
-) Preparation of the mailing lists for solicitation of potential participants
-) Coordination of mailings (first announcement, preliminary and final programs)
-) Follow-up requests for information
-) Processing of registration (by mail, e-mail, and web site)
-) Update of the participants list
-) Written confirmation to registered participants, vouchers, receipts
-) Production of periodical registration reports
-) Coordination of participants' hotel reservations in collaboration with Tourisme Montreal

-) Printing of badges (material supplied by the conference)
-) Preparation of the participants' kits and bags
-) Coordination of the on-site registration information services for participants
-) Distribution of delegate materials

Logistics:

-) Preparation of plans of premises and signs: development of a detailed logistics plan for on and off-site, staffing
-) Production meetings with the Montreal Convention Centre and major suppliers
-) Coordination of lay-out and decoration including set-up and dismantling
-) Coordination of the on-site secretarial office
-) Coordination of audio-visual services and other onsite equipment (computers, printers, network, software, phones, modems, cash register)
-) Coordination of simultaneous interpretation (translation) services (equipment and personnel)
-) Coordination of on-site personnel
-) Coordination of food services, catering
-) Preparation of a detailed logistics scenario
-) Preparation of timing scenarios for each activity
-) Coordination of material transportation
-) Coordination of meetings with the LOC
-) Coordination of pre and post tours

Official Ceremonies: (cultural programs):

-) Planning and management of opening ceremony and reception
-) Development of the concept for these activities
-) Choice of the events' sites
-) Selection of the artists and the musicians
-) Preparation of technical scenarios and timing scenarios
-) Protocol, greeting, and other activities related to the participation of dignitaries and special guests

Exhibition:

-) Development of the potential exhibitors' list in collaboration with the LOC
-) Coordination of the production of promotional documents
-) Solicitation of potential exhibitors
-) Negotiation and signature of contracts with confirmed exhibitors - exhibits space sales
-) Preparation of the exhibition floor plan and signage
-) Production of the exhibitor manual
-) Preparation of calls for tender and signature of the agreements with suppliers and subcontractors:
 - o customs broker, audio visual equipment and operators, official decorator (turn-key booths), official transporter
-) Coordination of the general lay-out and decoration
-) Coordination of exhibitors' registration
-) Coordination of on-site personnel
-) Coordination of insurance and security services
-) Logistics: approval of exhibitors' booth plans, move-in schedule, technical follow-up with each exhibitor, coordination of the set-up and dismantling activities, coordination of warehousing and transportation, postevaluation

Sponsorships:

-) Development of the sponsorship programme
-) Development of potential sponsors lists in collaboration with the LOC
-) Solicitation of potential sponsors
-) Preparation of sponsors' agreements

Add guidelines for acceptable sponsors, i.e, those that are not associated with any products that are harmful to human health.

The Richard Doll Prize in Epidemiology

The International Epidemiological Association has established in 2007 the Richard Doll Prize in Epidemiology. The prize is awarded in principle on a triennial basis. The first prize has been conferred in 2008 to Dr Nubia Muñoz, and the second in 2011 to Prof David Barker.

The prize will be given to an epidemiologist of the highest scientific standard. The recipient will be honoured for scientific achievements that have advanced our understanding of the determinants of a disease of importance for health in populations through a body of research that may involve a series of studies, rather than a single publication.

The prize will be presented at the triennial IEA World Congress (WCE) together with £ 20,000 and a plaque produced by the IEA. The prize winner will be given the opportunity to address the participants of the Congress in a 30 minute plenary session on a topic of his or her own choice. Travel and accommodation will be paid by the IEA. The winner will be introduced by the IEA President.

Nominations and selection

Nominating persons, agencies or organizations should fill in the Richard Doll Prize nomination form copied below, and available on the IEA website (<http://www.IEAweb.org>) and forward it to the IEA President. The nomination should be kept confidential.

The prize winner will be selected by a committee chaired by the IEA President (see below).

Detailed selection procedures

1. The nomination forms with the CV's of the candidates and supporting statements by the presenters will be sent to the office of the President, who will organize the vote. One or two weeks before the vote a telephone conference among the jury members will take place, chaired by the President, to discuss whether any of the candidates should be excluded from the vote because of completely inadequate documentation, evident non-pertinence of the qualifications, or because these are patently insufficient. These exclusion decisions require the unanimity of the five jury members. No discussion on the candidates admitted to the vote takes place, being incumbent to each member of the jury to examine the documentation and form his/her own judgment. All proceedings are carried under a strict rule of confidentiality.
2. Conflict of interest. The jury is composed by the President, Past-President, President-Elect and two members appointed by the Council. It would be correct that none of these nominates candidates to the prize or if he/she does he/she is replaced as a member of the jury.
3. Rules of voting. : (i) only expressed votes are counted (not abstainers) ; (ii) after the first round of voting, any candidates with no votes will be excluded; (iii) in each subsequent round, the candidate with the lowest number of votes will be excluded; (iv) in the first four rounds, a total of at least three votes is required for a candidate to be the winner ; (v) if a total of at least three votes is not reached in the first four rounds a simple majority of the votes expressed is required in the fifth round of vote and , if it becomes necessary, in a sixth round. (vi) if no decision is reached after six rounds, then the prize is not assigned, and a new call for nominations will be made.
4. The names of candidates are kept confidential all throughout the process and at the end only the name of the winner is made public.
5. The lecture of the winner at the WCE is scheduled in the first or second day of the congress.

RICHARD DOLL PRIZE: NOMINATION FORM

(Please print clearly in CAPITAL LETTERS)

Nominee's name: -----
(family name) (first name)

Title: ----- Sex:(Male/Female):----- Date of Birth:-----
(dd/mm/yy)

Mailing address: -----

City:-----Postal/Zip Code:----- Country:-----

Direct Telephone:----- Direct Fax:-----

E-mail: -----*(Please print clearly)*

PROFESSIONAL HISTORY

Present Position (Exact Title):-----

Employing Organization:-----

Department:-----

Personal Qualifications (Professional degrees, with dates):

Scientific achievements which advanced Epidemiology (globally / regionally / nationally):

Major Publications:

Please use additional pages for support of your nomination: full documentation of the nominee's achievements is required



Association
Internationale
d'Epidémiologie

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العربي للوبائيات

Asociación
Internacional de
Epidemiología

INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

In official relations with the World Health Organization

Payment of Councillors' expenses

World Congress of Epidemiology

At a WCE two types of Councillor attend. There are "old" ones who have all been members of Council for the previous three years. Some of these will come off Council during the meeting to be replaced by "new" Councillors.

Old Councillors

The Council will be responsible for payment for all the travel of the old Councillors, from their home base to the accommodation where they will stay during the conference and return.

Payment of expenses is conditional on the Councillors staying for the full duration of the activities, including as appropriate the outgoing and incoming Council meetings.

These payments will be made from the day of arrival until and including the last day of a Councillor's official IEA engagements. A few Councillors will come off the Council, so their last day will be the last day of the conference. For the rest, this will be the last day of the second Council meeting, held in the afternoon of the last day of the conference and the following day.

1. For those travelling by air this includes transportation to and from the home airport, the flight and to and from the airport of the city in which the meeting is held. For example, this comprises the cost of travel from the Councillor's home to the nearest appropriate airport, the flight to the airport nearest to the conference site, and transport from that airport to the hotel in which the Councillor will stay during the conference.
2. The registration fee will be waived.
3. The only exception to these arrangements will be if a Councillor is willing to pay for him or herself to reduce the demands on the budget.

New Councillors

Travels costs are also paid to the incoming Councillors.

IEA Regional Meetings

Reimbursement for attendance at a regional meeting by the Councillor for the region will be provided by the organizers of the regional meeting supported by the sponsors. Although participation in a regional meeting by a member of the Executive Committee is not required, if one EC member is invited and can arrange to attend, the IEA will reimburse expenses for this member. If the organizers wish to invite other members of Council they will be responsible for their travel, board and lodging.

If a Council meeting is held immediately before or after a regional meeting, the IEA will pay for Councillors' travel, lodging, including breakfast and lunch, and a per diem of not less than the equivalent of \$US40 paid for the period of the Council meeting only. Attendance at the regional meeting itself will be supported by the IEA at the discretion of the Executive Committee.

The number of days will be calculated on the basis of the number of nights of lodging.



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

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Association
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国际流行病学协会

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الإتحاد
العالمي للوبائيات

Asociacion
Internacional de
Epidemiologia

Regional Meetings

The IEA must have an able and credible local contact person as organiser. He/she should also be able to promote collaboration within the country, within the region and with the WHO regional office.

1. The IEA should ask for references from local persons known to Council members. Where appropriate Council should ask for a letter securing cooperation from the Health Ministry and the WHO Regional Office. Council must also stress to local organisers that they must collaborate with the other epidemiologists, departments and organisations in the country when planning the meeting. They must make every effort to publicize the meeting in the region and to try to support participation both from other cities in the host country and other countries in the region.

Local organizers should ensure that:

- a) invited speakers reflect high quality epidemiology relevant to the region
 - b) the IEA is clearly visible in the announcements and programme
 - c) approval is obtained from the IEA Executive Committee for the budget for the meeting.
 - d) approval for the travel bursaries and the loan of start-up finance must be obtained from the Treasurer.
2. It is important to improve early contacts between the local organiser and the IEA, particularly the EC and the Regional Council member. This should be pointed out to the prospective organizers. The EC and the Regional Council member should be involved early in planning the programme, the budget and the registration fees. At the very least they should be able to follow closely these plans and comment on them.
 3. To facilitate contacts the IEA should always appoint a focal point, usually a member of the EC but in some cases a Regional Councillor, who should be mainly responsible for contacts and drafting of agreements (see below). If there are financial implications the focal point should inform the EC and seek approval from the EC or the president.
 4. The presence at the meeting of IEA through its EC and Council members should be encouraged. The local organisers should be encouraged to use IEA EC and Council members' contributions in the programme. They should be asked to state an intended policy in regard of attendance and costs of IEA EC members.
 5. For Regional meetings it is usual for one member of the EC (if available) to attend the meeting with all expenses paid by the IEA. If other members of Council are invited to take part in the meeting, the local organizers are expected to arrange payment for travel, board and lodging, as for any other invited speaker. If a Council or EC meeting is held at the same time and place as the Regional meeting, the IEA will pay for their travel and the board and lodging required to attend the Council or EC meeting. The local organizers are expected to pay for registration, board and lodging for any other days on which they require the participation of the Councillors.

6. The policy of lower registration fees for IEA members should be followed since this boosts membership in the respective region.
7. For a regional meeting in high income countries mainly moral support will be offered by the IEA but low-income countries will be eligible for financial support. The current general rule for financial support for middle and low-income countries is that they are eligible for a start up **loan** of \$US10,000, to be paid back after the meeting. Organizers of any regional meeting may request non-returnable support for travel bursaries for individuals coming from low-income countries in the region (see separate document on travel bursaries). This sum is currently of the order of \$US10,000 every triennium, but remains at the discretion of the Treasurer. This sum is direct support but must be accounted for.
8. The start up loan should be paid back to the IEA within six months after the meeting.
9. Support for the meeting may be obtained from any ethical organization. However, sponsorship should not be sought from organizations which:
 -) Produce or market products scientifically established as harmful to human health.
 -) Promote partisan ideas unrelated to epidemiology, such as political, religious or sectarian organizations.
10. *Profit and loss.* The IEA is not responsible for any financial loss; on the other hand any profit reverts to the organizers. The Treasurer may *exceptionally* consider covering some of a loss, on receiving written justification and a detailed financial account comparing budgeted and actual income and expenditure. If there is a profit, the organizers may wish to consider passing some of the profit to the IEA, for which precedents exist (e.g. Florence, Oxford). The profit may also be retained to support bursaries for future IEA meetings in the region, to be held by the treasurer of the Regional Group.
11. Since IEA contributes both financially and otherwise, it is expected that the costs of stay of participating EC and/or the Council members will be borne by the organisers. The organizers should make an advance agreement with the IEA in the event that these costs cannot be supported by the income of the meeting.
12. The organisers must provide a written final report and an accounting for the IEA.
13. An agreement covering the most important of the above points should be drawn up between the IEA and the organiser(s). The agreement should contain the following:
 - a) Name of the meeting.
 - b) Location, time and venue
 - c) Responsible organiser(s).
 - d) Other cooperating parties
 - e) Assurance of cooperation during planning and implementation and specification of the form of this co-operation.
 - f) Intended policy in regard of attendance and costs of IEA EC and Council members.
 - g) Outline of the program plan and the organisational framework.
 - h) Intended level of participation fees and policy vis-à-vis IEA members and non-members.
 - i) Main responsibilities of the IEA (including limitation of its financial responsibilities) and of the organisers.
 - j) Financial agreement covering:
 1. A budget to be submitted for approval by the Executive Committee of the IEA (see guideline form on the next page)
 2. Amount of start up money given as a loan
 3. Amount of funds required as direct support (for travel),

- k) The organiser has responsibility for providing a final report and accounting to the IEA within six months of the meeting.

The agreement must be signed on behalf of the IEA by the responsible Council member and the President or another EC member.

Reimbursement of EC members and Councillors

Reimbursement for attendance at a regional meeting by the Councillor for the region will be provided by the organizers of the regional meeting supported by the sponsors. Although participation in a regional meeting by a member of the Executive Committee is not required, if one EC member is invited and can arrange to attend, the IEA will reimburse expenses for this member. The EC member invited should be the one who has the lowest travel costs. If the organizers wish to invite other members of Council they will be responsible for their travel, board and lodging.

If a Council meeting is held immediately before or after a regional meeting, the IEA will pay for Councillors' travel, lodging, including breakfast and lunch, and a per diem of not less than the equivalent of \$US30 paid for the period of the Council meeting only. Attendance at the regional meeting itself will be supported by the IEA at the discretion of the Executive Committee.

The number of days will be calculated on the basis of the number of nights of lodging.

INCOME	Local Currency	USD (\$)
Registration Fees for the Meeting		
Registration Fees for the Workshops (usually pre-conference)		
IEA Support for inviting regional participants		
Support from national Ministry of Health (MOH)		
Support from other relevant ministries (e.g. education, research)		
Support from national universities		
Support from national research centres		
Support from WHO Regional Office		
Support from other UN agencies (e.g. UNICEF, UNDP, ILO)		
Support from other national agencies or companies		
Income of exhibits (if different from company support)		
Income of advertisements (if different from company support)		
Total income		
EXPENDITURE		
(I) Establishing / Updating a Website for the Meeting		
(II) Printing Expenses		
Stationary & Envelopes		
Meeting posters		
Calls for Participation & Abstract Submission		
Forms (registration, abstract, hotel accomodation, financial support)		
Programme & Abstract Book		
Certificates (participation, speakers, companies)		
Sub-total		
(III) Meeting Secretariat Expenses		
Secretarial Support (persons x hours x days)		
Telecommunications (telephone, fax, internet)		
Photocopying (Xeroxing)		
Sub-total		
(IV) Support of Participants / Speakers		
Travel expenses		
Accommodation expenses (persons x rate x nights)		
Sub-total		
(V) Meeting Days' Expenses		
Rental Fees of Meeting Halls (if any)		
Rental Fees of Audio-visual equipment (if any)		
Translation expenses (if needed)		
Post-inauguration Reception		
Luncheons & Dinner Parties		
Sub-total		
(VI) Expenses of Congress Company (if any)		
Total expenditure		
BALANCE		

Past Regional Scientific Meetings

April 1970	Africa Ibadan, Nigeria
August 1973	Western Pacific Sydney, Australia
March 1976	Eastern Mediterranean Isfahan, Iran
April 1983	Africa Ethiopia, Addis Ababa
October 1983	SE Asia and Western Pacific Singapore
15 -19 April 1985	South America Ribeirão Preto, Brazil Attended by 22 IEA and 384 other participants
25 - 28 February 1986	S.E. Asia Jhansi, India Attended by 32 IEA and 72 other participants
22 - 24 June 1986	Europe Reykjavik, Iceland Attended by 26 IEA and 31 other participants
18 - 23 August 1986	Africa Nairobi, Kenya Attended by 80 IEA and 220 other participants
13 - 14 November 1986	Europe Paris, France (with ADELFF) Attended by about 350 participants
3 - 5 February 1987	E. Mediterranean Baghdad, Iraq Attended by about 250 participants
25 - 27 January 1988	S.E. Asia Pattaya, Thailand Attended by about 400 participants First joint meeting with INCLen and FETP
24 - 27 April 1989	S.E. Asia, Beijing, China 337 participants from 23 countries Attended by about 220 participants from China

7 - 12 August 1989	Africa Harare, Zimbabwe Attended by about 250 participants
14 - 16 February 1990	Europe Granada, Spain Attended by about 300 participants
9 - 11 May 1991	Asia - Western Pacific Region Nagoya, Japan Attended by about 300 participants
29 - 31 August 1991	Europe Basle, Switzerland Attended by about 150 participants
20 - 26 January 1992	SE. Asian Region, Nusa, Dua, Bali, Indonesia Joint IEA, INC LEN and FETP meeting Attended by about 600 participants
1 - 3 July 1992	Europe Eastbourne, England (with ADEL and FPHM) Attended by about 350 participants
14 - 19 February 1993	Europe Jerusalem, Israel Attended by about 350 participants
19 - 24 February 1993	S.E. Asia Bali, Indonesia Attended by about 300 participants
24 - 26 January 1994	S. America Cuemavaca, Mexico Attended by about 527 participants
23 - 28 January 1994	S.E. Asia Chiangmai, Thailand Attended by over 340 participants Jointly with INCLEN and FETP
18 - 21 May 1994	Europe Copenhagen, Denmark Attended by over 500 participants
24 - 28 April 1995	South America Salvador, Brazil Joint Meeting with 3 Epidemiological Societies Attended by over 3,000 participants
27 - 30 August 1995	Europe The Hague, Netherlands Attended by over 353 participants

1 - 4 September 1995	Eastern Mediterranean Alexandria, Egypt Attended by delegates from 9 Eastern Mediterranean states, USA as well as Egypt and England
8 - 10 November 1995	S.E. Asia Shanghai, China Attended by over 240 delegates from 25 different Provinces in China and 8 other countries
21 - 26 January 1996	Africa Victoria Falls, Zimbabwe Attended by over 387 participants Jointly with INCLEN and FETP
14 -16 October, 1998	SE Asia Khon Kaen Joint with SEACLEN VI / ISTAHC / SPIG
1 - 4 September, 1995	Eastern Mediterranean Alexandria, Egypt
1997	Africa Cape Town, South Africa
August 1997	Europe Münster, Germany
22 - 25 October, 1997	Eastern Mediterranean Beirut, Lebanon
15 -17 September 1998	Europe Bordeaux, France With ADELFF
18 - 21 November 1998	Eastern Mediterranean Tunis, Tunisia.
2 - 6 November 1999	Latin America & the Caribbean Santiago, Chile
14 -15 July 2000	Africa Durban, South Africa
24 - 26, August 2000	Europe Kaunas, Lithuania
23 - 25 October, 2000	Eastern Mediterranean Manama, Bahrain
12 - 15 September 2001	Europe Oxford, UK With Society for Social Medicine

3-5 September 2001	Western Pacific Kitakyushu, Fukuoka, Japan
2 - 6 September 2001	Latin America Cuzco, Perú With Training Programs in Epidemiology for Public Health Interventions Network (TEPHINET) and The Peruvian Society of Epidemiology (SOPEPI)
10 -13 February 2002	Eastern Mediterranean Sharm-El-Sheikh, Egypt With INCLEN
24 - 27 February 2002	SE Asia Jhansi, India
1 - 4 October 2003	Europe Toledo, Spain With Spanish Society of Epidemiology
9 -11 December 2003	6th Eastern Mediterranean Ahwaz, Iran
5-8 December 2004	8 th South East Asia Regional Scientific Meeting Jhansi, India

IEA Regional / Global Activities During 2005 – 2014

Year		Activities
2005	Global	17 th IEA World Congress of Epidemiology, Bangkok, Thailand, 21 – 25 August 2005
2006	Regional	2 nd European Congress of Epidemiology – Epidemiology in Health Care Practice, Utrecht, The Netherlands, June 28 – July 1, 2006
	Regional	2 nd American Congress of Epidemiology, Seattle, WA, USA, 21 – 24 June 2006
2007	Regional	Joint Scientific Meeting of the Australasian Epidemiological Association (AEA) & the International Epidemiological Association (IEA) Western Pacific Region, Tasmania, Australia, 27 – 29 August 2007
	Regional	Joint meeting of the UK Society for Social Medicine (SSM) & The International Epidemiological Association (European Federation) IEA/EEF, Cork, Ireland, 12 - 14 September, 2007
	Regional	7th IEA / EMR Regional Scientific Meeting, Riyadh, Saudi Arabia, 27-28 November 2007
2008	Regional	9th SEA / IEA Regional Scientific Meeting on Epidemiology, Dhaka, Bangladesh, 9-12 February 2008
	Global	18 th IEA World Congress of Epidemiology, Porto Alegre, Brazil, 20-24 September, 2008
2009	International	1 st IEA International Course on Epidemiological Methods, Jaipur, India, 5-17 April, 2009
	Regional	European Regional Scientific Meeting, 26 – 29 August 2009, Warsaw, Poland
2010	Regional	Joint Scientific Regional Meeting with Japan Epidemiological Association (JEA), 9 – 10 January 2010, Koshigaya, Saitama, Japan
	International	2 nd IEA International Course on Epidemiological Methods, 3 - 15 April 2010, Riyadh, Saudi Arabia
	Regional	10 th SEA Regional Scientific Meeting, 23 – 26 May 2010, Colombo, Sri Lanka
	Regional	8th EMR Regional Scientific Meeting, November 19 - 21, 2010, Beirut, Lebanon
2011	International	3 rd IEA International Course on Epidemiological Methods, Blantyre, Malawi, 4 – 15 April 2011
	Global	19 th IEA World Congress of Epidemiology, 7 – 11 August 2011, Edinburgh, Scotland
2012	International	4 th IEA International Course on Epidemiological Methods, 7-18 May, 2012, Lima, Peru
2013	Regional	11 th SEA Regional Scientific Meeting, 27 – 29 September 2013, Pokhara, Nepal
	International	5 th IEA International Course on Epidemiological Methods, 15-26 April, 2013, Hangzhou, China
2014	Global	20 th IEA World Congress of Epidemiology, 17 – 21 August 2014, Anchorage, Alaska, USA
	International	6 th IEA International Course on Epidemiological Methods, Vilnius, Lithuania, 5-16 MAY, 2014



Travel Bursaries for New Epidemiologists in Low-Income Countries

The criteria for bursaries approved at the Council meeting in Bahrain, Oct 2000 are:

1. A paper or poster must have been accepted for presentation at the meeting.
2. Applicants should be citizens of low-income countries without obvious alternative resources. They should not be working or resident in middle or high income countries at the time of application or be employed temporarily or permanently by international organizations such as WHO, PAHO etc, on the assumption that funding should be available from their host organization.

The selection of candidate to receive bursaries should be made by an appropriate organizing committee and approved by the regional councillor. The selection should not be made a single individual.

Low-income countries are defined in a World Bank document found at:

<http://www.worldbank.org/poverty/wdrpoverty/report/ch12b.pdf>.

The table of low-income countries on the next page was abstracted from this document for the year 2000.

3. Applicants should be <40 years old unless there are exceptional circumstances.
4. The applicant must be an epidemiologist in practice, teaching or research.
5. Assessment of commitment to an epidemiological career should include a review of training and employment history (e.g. a list completed on the application form).
6. IEA membership is NOT a prerequisite for a travel bursary, though it may be taken into account if there are two or more candidates equally deserving on other criteria.
7. The cost of a 3-year membership will be deducted from the bursary of a non-member and membership given to the applicant.
8. A recipient of a bursary is required to acknowledge the bursary in any publication of the material presented at the meeting for which the bursary was given. A form of words which may be used is: *This work was presented (in part) at (name of meeting) with the support of a full (partial) bursary provided by the International Epidemiological Association.*

Bursaries may pay for all aspects of participation in a meeting or may be partial, consisting for example of only travel or hotel accommodation or registration waiver.

A template application form can be found on page 662.

Application for a travel bursary

Surname: _____

Other names: _____

Date of birth ____/____/____
Day Month Year

Resident of: _____
Country

Address:

Email address:

Telephone No:

Fax No:

Professional qualifications:

Qualification	Awarding Institution	Year awarded

Employment history:

Position	Institution	Dates

Describe current job:

I confirm that all the information given above is correct

Signed _____

Date ____/____/20____
Day Month Year



Concordat on Joint Activities between IEA and other professional societies

Joint activities between IEA and other professional societies are likely to be concerned with global and regional conferences. The following guidelines for joint activities are proposed so that the maximum benefit for both organizations can be achieved. These guidelines should also serve as a template for joint activities between the IEA and other professional societies.

In the following, the term [Org] refers to either the IEA or other professional society, whichever is the organization wishing to join the other's conference.

- 1) There should be a meeting to define the extent of the collaboration in the very early stages of planning the conference. It should consist of key members of the organising committees of both organizations or their local representatives.
- 2) The name and logo of the [Org] should appear in a prominent place on all the promotional literature, in keeping with the extent of its collaboration.
- 3) The welcome message should specifically refer to [Org]'s contribution.
- 4) The printed list of contributors should refer to [Org] as the second co-sponsor.
- 5) The [Org]'s contributions to a collaboration should include:
 - a) participation in the Scientific Program Committee
 - b) assistance in organizational activities, whenever needed, especially for the participation of regional [Org] members.
 - c) distribution of promotional material for the meeting, through:
 - i) mailing to [Org] members
 - ii) linking the two [Org]'s web sites
 - iii) informing relevant agencies and institutions in the country in which the meeting is to take place.
- 6) [Org]'s Scientific Contributions
 - a) Soliciting abstracts from [Org]'s members
 - b) Organizing workshops, seminars
 - c) Proposing plenary speakers
 - d) Helping in review of abstracts (by suggesting names of [Org]'s members to the other)
- 7) The IEA Treasurer may decide on the size of financial support based on his/her judgement of the degree of collaboration according to the criteria above. If the collaboration is equivalent to a regional IEA conference, the financial support could be as much as the current agreed sum for travel bursaries to support regional IEA members' participation.

Support for the participation of IEA members, using IEA funds should be given to those fulfilling the conditions for travel bursaries (see IEA handbook), However, in no circumstances will the number of bursaries or the amount of each exceed those stipulated for assistance of IEA members to attend the WCEs or IEA's regional meetings.

Subcommittee set up by Council on 22 Aug 2002, Item 8.
C du V Florey (Chairman), Eduardo Franco, Ahmed Mandil



Association Internationale d'Epidémiologie

INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

In official relations with the World Health Organization

国际流行病学协会

Международная Эпидемиологическая Ассоциация

الإتحاد الدولي للإpidemiology

Asociación Internacional de Epidemiología
Revised 2/2006

APPLICATION FORM FOR MEMBERSHIP

Applicant's Name: (Please print) (Family name) (First name)

Title: (Dr, Mr, Miss, Ms, Prof etc): Sex: (Male/Female): Date of Birth: (dd/mm/yy)

Present Mailing Address: (City) (Country) (Postal/Zip Code)

Telephone: Fax:

E-mail: (Please write clearly in CAPITAL LETTERS)

Present Position: (Exact Title)

Employing Institution: (Name of Department) (Name of Institution) (Address of Institution)

Personal Qualifications: (include only professional degrees and diplomas with dates)

Professional Experience relevant to Epidemiology: (include key positions and dates)

Please attach to the application a list of your major publications in the area of Epidemiology (no more than five) [Please note: this is not a requirement of membership]

LANGUAGES

Mother Tongue

Other Languages (Fluent or at least working knowledge):

- 1 English 2 French 3 German 4 Spanish 5 Russian 6 Japanese 7 Arabic 8 Other Please specify

AREAS OF EXPERTISE

Please describe areas of expertise in your own words. Name areas in which you do research, teach, review scientific papers etc. Describe 3 - 4 major fields only.

.....

Please specify your expertise by circling a maximum of five of the following alternatives. Please select only one of several clearly overlapping alternatives.

- | | | |
|--------------------------------------|-------------------------|--|
| 01. Accidents | 20. Genetics | 39. Obstetrics, Gynaecology |
| 02. HIV/AIDS | 21. Growth | 40. Occupational |
| 03. Arthritis (inc. Musculoskeletal) | 22. Handicap | 41. Perinatal, neonatal |
| 04. Behaviour | 23. Health Economics | 42. Pharmacological |
| 05. Cancer | 24. Health Education | 43. Physical Activity |
| 06. Cardiovascular | 25. Health Promotion | 44. Psychiatry |
| 07. Cerebrovascular | 26. Health Services | 45. Planning |
| 07. Chronic Respiratory Conditions | 27. Hearing | 46. Policy |
| 09. Dementia | 28. Hypertension | 47. Screening |
| 10. Developing Countries | 29. Infectious Disease | 48. Social Work |
| 11. Diabetes | 30. Information Systems | 49. Social Security & Health Insurance |
| 12. Disability | 31. Injuries | 51. Suicide |
| 13. Disasters | 32. Lipids | 52. Surveys |
| 14. Diet | 33. Malnutrition | 53. Toxicology (inc. chemical) |
| 15. Drugs (inc. Alcohol) | 34. Measurement | 58. Tobacco Consumption |
| 16. Elderly | 35. Methods | 54. Vaccination |
| 17. Endocrine | 36. Mental | 55. Vision |
| 18. Environment | 37. Neurological | 56. Other (please specify) |
| 19. Evaluation | 38. Nutrition | |
| | | |

Next, please classify your main employment by employing agency and type of work.

EMPLOYING AGENCY

TYPE OF WORK

1. Health Service Administration
2. Social Security Administration
3. University (or similar)
4. Other Research Establishment
5. Hospital
6. Health Centre or other Primary Care Facility
7. Industry
8. Self Employed, Private

1. Administration, Management
 2. Planning, Information
 3. Teaching, Research
 4. Clinical
 5. Laboratory
 6. Other Practical
 7. Other (please specify)
-

I have been retired since (year, if applicable)

(Signature)

(Date)

The IEA and its Aims

The International Epidemiological Association now has more than 2000 members in over 100 different countries who follow the aims of the Association to facilitate communication amongst those engaged in research and teaching of epidemiology throughout the world, and to encourage its use in all fields of health including social, community and preventative medicine. These aims are achieved by holding scientific meetings and seminars, by publication of journals, reports, monographs, translations of books, by contact amongst members and by other activities consistent with these aims. Members are accepted without regard to race, religion, sex, political affiliation or country of origin.

The Association publishes its own Journal, the **International Journal of Epidemiology**, which is published bi-monthly, a complimentary copy of which is included in the membership dues. International Scientific Meetings are held triennially in different parts of the world. The last meeting was held in Anchorage, Alaska, USA in August 2014. Regional Scientific Meetings are held at regular intervals throughout the world.

More information about the Association's aims and activities can be found on its web site at **<http://www.IEAWeb.org>**

NEW APPLICATIONS ONLY

1. I subscribe to the above aims and objectives of the IEA and wish to become a member.

.....
(Signature)

.....
(Date)

PAYMENT OF MEMBERSHIP FEE

Name:

.....

 (Family name) (First name)

For International Journal of Epidemiology Mailings, please print your exact mailing address in the box below
 Please note that your address is limited to four lines 30 characters per line:

Mailing Address:

Telephone:

Fax Number:

E-mail:

(Please write clearly in CAPITAL LETTERS)

Annual Dues:

Normal Rate Western Europe Developing Countries

ONE YEAR	<input type="checkbox"/> US\$55.00	<input type="checkbox"/> US\$65.00	<input type="checkbox"/> US\$45.00	1 January 20... TO 31 December 20...
TWO YEARS	<input type="checkbox"/> US\$110.00	<input type="checkbox"/> US\$130.00	<input type="checkbox"/> US\$90.00	1 January 20... TO 31 December 20....
THREE YEARS	<input type="checkbox"/> US\$155.00	<input type="checkbox"/> US\$185.00	<input type="checkbox"/> US\$125.00	1 January 20.... TO 31 December 20....
LIFE-TIME MEMBERSHIP (payment for 10 years provides a life-time membership)				
	<input type="checkbox"/> US\$550.00	<input type="checkbox"/> US\$650.00	<input type="checkbox"/> US\$450.00	1 January 20.....

OTHER RATES

- Z Student rate: 50% of applicable rates (student status proof requested)
- Z Senior rate: 50% of applicable rates (applicable to active / new members, who have retired from full-time employment and reached 60 years)

Cheque is enclosed Please make cheques payable to **Oxford University Press**

By credit card Card Number

Visa - MasterCard - American Express (Circle One Being Supplied)

Expiration Date:

Cardholders Signature:

Date:

THIS FORM AND PAYMENT SHOULD BE SENT TO THE SECRETARY OF THE ASSOCIATION:

IEA
 1500 Sunday Drive, Suite 102
 Raleigh, NC 27607
 Phone: (919) 861-5586 Fax: (919) 787-4916
 E-mail: membership@ieaweb.org



Privacy Policy for Membership Data

Any information you submit through the web site of the International Epidemiological Association (IEA) will be held in the strictest confidence. Your postal and email addresses will be used to keep you informed of IEA activities and to mail you both the International Journal of Epidemiology and other information which members of Council feel may be of interest to you. The information on areas of expertise, qualifications and employer will be used to direct some of our communications to those most likely to be interested. A limited set of data will also be shared with Oxford University Press (OUP) to mail you the International Journal of Epidemiology and maintain subscription renewals. OUP does not sell or distribute their abbreviated version of the membership list to organizations other than the IEA itself. Your contact data are also available to the membership for simple, individual queries via the database held in Johns Hopkins University, Baltimore, which requires a name and password for access.

The Secretary holds the full electronic membership list. However, regional councillors may also hold a list of regional members for purposes of communication with members on regional matters, or the whole list for the unique purpose of promoting IEA regional or World congresses of epidemiology. The Chairman of the Nominating Committee may also hold the complete list for purposes of communication with members on nominations for election to Council. All holders of a partial or complete electronic list are under an obligation not to copy the list to any commercial organization.

The only information we collect from the website is that listed on the update form. This information is sent by email directly to the IEA Secretary's office.

The IEA will not sell, trade or rent your personal information to any third party.

We appreciate that your privacy is very important to you. We welcome comments regarding this policy so it may be improved. Please send comments to The Secretary, at IEAsecretariat@link.net.

As a result of comments and legislation, the IEA reserves the right to modify its Privacy Statement from time to time.

If you do not wish to use the web based update form, you may send the Secretary the information by regular mail. Whatever information you submit will be held on a computer database under the conditions described above.



Organizational Responsibilities for the Editor of the International Journal of Epidemiology.

The Council of the International Epidemiology Association supports the broad consensus in the medical and public health communities about the importance of editorial independence in peer-reviewed scientific journals. We therefore establish the following policy on organizational responsibilities for the editor of the Journal:

1. The editor serves under the provisions of this memorandum of understanding on behalf of the International Epidemiological Association.. The editor may be appointed, dismissed, reappointed, or denied reappointment only by the Council of the International Epidemiology Association, and the Council shall not delegate this authority. The editor shall have reasonable tenure in office.
2. On matters of editorial policy, the editor is responsible to the Council under the general guidance provided to the editor by the Advisory Editorial Board.
3. The editor shall be solely responsible for selecting all materials for publication in the Journal, including articles, commentaries, editorials, and reviews.
4. The editor may bring public attention to the scientific content of the Journal through dissemination of information to the media.
5. The Council shall establish the annual budget for the Journal. The editor shall have the discretion to manage the editor's portion of the budget within the parameters of the established budget.
6. The editor may appoint a co-editor and associate editors subject to approval by Council.
7. In consultation with Council, the editor and co-editor will appoint an Advisory Editorial Board.
8. The editor, co-editor, a member of Council and the publisher's representative shall address journal management issues jointly.
9. The editor shall meet with the Executive Committee every 18 months to discuss the editorial process and to provide a 'State of the Journal' report to Council.
10. In the event of any short-term absence of the editor, the co-editor shall be presumed to be in charge. In the case of any prolonged absence of the editor, Council shall designate an interim editor.
11. Council will evaluate the editor and co-editor at three yearly intervals.



Appointment of the Editor(s)

-) One year before the termination of the term of appointment or earlier in the case of resignation of the Editor of the International Journal of Epidemiology, the President establishes a Search Committee for the Editor's replacement.
-) The Search Committee is composed of all the Executive Committee members and a maximum of two other members of the IEA. The outgoing editor may not be a member of the Committee, but the Committee may seek advice from the outgoing editor.
-) Announcement is given of the vacant post on the IEA website and in selected journals, inviting applications for the position of Editor. Members of the Search Committee may solicit candidates through personal contacts.
-) Candidates should include in their application a description of:
 - a) professional career and status at national and international level;
 - b) editorial experience;
 - c) experience in international collaborations;
 - d) support available to undertake the editorial work;
 - e) personal time available to carry the editorial work;
 - f) proposed work programme, including estimated budget.

Each member of the Search Committee scores each of these six items on a scale of 1 (lowest) to 5 (highest). The average and range of the scores on each item are used as a guide to assess the merit each candidate in respect to that item. No formal combination of the six item scores is performed and the overall ranking of the candidates is obtained through discussion within the Search Committee. Candidates judged unsuitable are not ranked.

-) The name of the agreed upon candidate is submitted to Council for approval of the official appointment.
-) Not later than six months before the expected starting date of the new Editor the Executive Committee opens an explorative negotiation with the first ranked candidate to agree on the conditions of appointment; should these reveal insurmountable problems, negotiations are opened with the second ranked candidate.

IEA Sponsorship and Endorsement

In the past the IEA has lent its name to meetings and publications by its members. There are currently no guidelines to describe the criteria to be used for sponsoring and endorsing, nor even definitions of these terms. The following describes both terms and how the Association should use them.

Sponsorship implies that the IEA Council has requested the production of or has a financial interest in the sponsored entity. For example, if Council approves sponsorship of a meeting held under the auspices of another organization, the IEA will enter into an agreement concerning disbursement of funds, common advertising and joint contributions to the scientific and organizing committee decisions. Publications may be similarly sponsored, in which Council proposes a project and IEA members undertake it, such as the Dictionary of Epidemiology. Sponsored items may be advertised as *Sponsored by the Council of the IEA* and display the IEA logo.

A majority of voting members of Council is required to sponsor a product.

Endorsement means that Council has approved an entity as being of high standard, but without financial implication. The entities must be proposed by one or more IEA members and submitted to Council for endorsement. Publications may be endorsed if presented to Council at a sufficiently advanced state of preparation for an informed opinion to be drawn, but not so late as to impede publication. It is appropriate to endorse courses managed explicitly by Regional Groups (see by-law, page 31). Courses should have a management board and Council should receive reports on each course given. **It is not appropriate for Council to endorse another organization's conference or course.** Endorsed items may be advertised as *Endorsed by the Council of the IEA* and display the IEA logo.

A product for endorsement should be submitted to the Secretary. The Secretary will set up a working group of up to 3 members of Council to review the product and report to Council on the appropriateness of its endorsement. For endorsement to be granted, Council must accept the recommendation by a majority vote.

Council must have given consent before the IEA logo may be included on a product.

Proposal for Election to Honorary Membership

Extract from the IEA Constitution By-Laws

2.1. Honorary Members

2.1.1. Honorary Members are those persons who are elected as a mark of esteem for their contribution to Science, or the cause of epidemiology, or the Association.

2.1.2. A person may be nominated for Honorary Membership by a member of Council.

2.1.3. Honorary Members shall be elected by a unanimous vote of Council at the time of an International Scientific Meeting; they shall not exceed two per cent of the current Membership, they shall pay no membership fee and may receive such publications as authorised by Council.

Members of Council will appreciate that Council will be more persuaded by those proposals which offer *specific evidence* of the candidate's eminence and exceptional services, rather than by those which offer unsubstantiated eulogy.

It is essential that full CVs and a list of publications are included with the proposal.

Proposals must be treated as confidential. The Association will not accept direct applications for Honorary Membership.

Council considers proposals for Honorary Membership triennially, according to the by-laws.

The successful candidates will be informed of Council's decision immediately following the Council meeting at which they are considered.

The closing date for receipt of this form is two months before the opening date of the next World Congress of Epidemiology. A completed form may be emailed as an attachment in Word 2000 or pdf format to the Secretary by this date, which is in time for sending to other members of Council before the WCE. **However, no proposal will be considered unless Council has a copy signed by the proposer at the time of its meeting.**

Proposal for Election to Honorary Membership

Please read the notes overleaf **before** completing the proposal form.

Please return the form to the IEA Secretary.

PROPOSALS MUST BE TYPEWRITTEN or WORD PROCESSED

Candidate's surname First names

Academic degrees (with dates)

Date of birth

Address

Day-time tel no

Main present appointment(s)

Reasons for proposal (please refer to paragraph 1 overleaf). Include : primary field or area of specialization and most important accomplishment that distinguishes candidate for election.

Name of Proposer

Signature Date

Day / Month / Year

This proposal was supported by a meeting of Council in (City/Country) on ___ / ___ / 2002

Honorary Members as of September 2015

- | | |
|--|---|
| <ol style="list-style-type: none">1. Aoki, Kunio2. Arbona, Guillermo *3. Backett, Maurice E*4. Becklake, Margaret5. Breslow, Lester*6. Brotherston, Sir John*7. Buffler, Pat*8. Candau, Marcolino G*9. Cochrane, Archibald L*10. Cruickshank, Robert*11. De Long, Su*12. Deodhar, N S13. Detels, Roger14. Doll, Sir Richard*15. du VÉ Florey, Charles16. Gonzales, C L*17. Gordon, John Everett*18. Hetzel, Basil S19. Hill, Sir Austin Bradford*20. Holland, Walter W21. Kaprio, Leo A* | <ol style="list-style-type: none">22. Langmuir, Alexander D*23. Last, John M24. Lucas, Adetukunbo O25. MacFarlane Burnet, Sir Frank*26. McKeown, Thomas*27. Mandil, Ahmed28. Meyer, Karl Friedrich*29. Mosbech, Johannes30. Pandit, Chittnaman G*31. Paul, John Rodman*32. Pearce, Neil33. Pemberton, John*34. Peto, Sir Richard35. Schwartz, Daniel36. Shigematsu, Itsuzo*37. Soper, Frederick Lowe*38. Taba, Abdul Hosian *39. Victora, Cesar40. Wegman, Myron E*41. White, Kerr L*42. Willard, Harold N* |
|--|---|

*Deceased



Publications Sponsored by the IEA

1. Recent Studies in Epidemiology. Eds J Pemberton and H Willard. Oxford: Blackwell, 1958.
2. Current Application of Epidemiological Methods. Eds J T Buma and A. Sunier. Leiden: Netherlands Institute of Preventive Medicine, 1959.
3. Epidemiology: Reports on Research and Teaching 1962. Ed J Pemberton. London and New York: Oxford University Press, 1963.
4. Comparability in International Epidemiology. Ed R M Acheson. New York: Milbank Memorial Fund, 1965.
5. The Transactions of the Fifth International Scientific Meeting of the International Epidemiological Association. Belgrade: Savremena Administracija, 1970.
6. Data Handling in Epidemiology. Ed W W Holland. London and New York: Oxford University Press, 1970.
7. Transactions of the African Regional Meeting. Bulletin of the IEA. Special Number, Vol 20. November 1970.
8. Uses of Epidemiology in the Planning and Evaluation of Health Services. Transactions of the Sixth International Scientific Meeting of the IEA. Belgrade: Savremena Administracija, 1972.
9. Epidemiology: A Guide to Teaching Methods. Eds. R Lowe and J Kostrzewski, English Edition Edinburgh and London: Churchill-Livingstone, 1973.
10. Anon. The first twenty years of the International Epidemiological Association 1954-74. International Journal of Epidemiology 1974; 3:287-294.
11. Health Statistics: A Manual for Teachers of Medical Students. Eds. R Lowe and S S Lwanga. An IEA Handbook in Collaboration with WHO. London and New York: Oxford University Press, 1977.
12. Anon. History of the International Epidemiological Association 1954-77. International Journal of Epidemiology 1977; 6:309-324.
13. Epidemiology and Health. W W Holland and S Gilderdale (eds). Henry Kimpton, 1977.
14. Epidemiology in Health Care Planning. Ed E G Knox. An IEA Handbook in Collaboration with WHO. London and New York: Oxford University Press, 1978.
15. Regionalization of Health Services: The Puerto Rican Experience. G Arbona and A Ramirez de Arellano. An IEA Handbook in Collaboration with WHO. London and New York: Oxford University Press, 1978.
16. Basic Health Care in Developing Countries: An Epidemiological Perspective. Ed B Hetzel. An IEA Handbook in Collaboration with WHO. London and New York: Oxford University Press, 1978.
17. International Journal of Epidemiology. Vol 1, No 1 Spring 1972 onwards, (Quarterly), Oxford University Press. Editor: W W Holland, 1972-1977; A E Bennett, 1978, C du V Florey, 1982, P O D Pharoah, 1990, Davey Smith 2000.
18. Basic Health Care in Developing Countries. B Hetzel (ed). Sponsored by IEA and WHO, Oxford University Press, 1978.
19. Health Statistics: A manual for teachers of medical students. C R Lowe and S K Lwanga (eds). Sponsored by IEA and WHO, Oxford University Press, 1978.
20. Measurements of Levels of Health. W W Holland, J Ipsen, J Kostrzewski (eds). Copenhagen, WHO, 1979.

21. Epidemiology in Health Care Planning. Edited by E G Knox, assisted by R M Acheson, D O Anderson, T W Bice and K L White. Sponsored by IEA and WHO, Oxford University Press, 1979.
22. A Dictionary of Epidemiology. J Last. Sponsored by IEA and WHO, Oxford University Press, 1st ed 1983, 2nd ed 1988, 3rd ed 1995, 4th ed 2001. **ADD NEW EDITION**
23. Planning and Organising a Health Survey. W Lutz. Published by the IEA in collaboration with WHO, 1981.
24. Sampling: How to select people, households, places, to study community health. W Lutz. Published by the IEA in collaboration with WHO, 1982.
25. Anon. The history of the International Epidemiological Association brought up to date. International Journal of Epidemiology 1984; 13:139-141.
26. Holland W, Detels, R, Mosbech J. History of the IEA, 1984-1995. International Journal of Epidemiology 1997; 26:228 - 239.
27. Teaching Epidemiology. Eds Olsen J, Saracci R, Trichopoulos D. Oxford, Oxford University Press. 2001. **ADD NEW EDITION**
28. The Development of Epidemiology (The Development of Modern Epidemiology eds Holland WW, Olsen J, Florey C du V. Oxford University Press 2007)



Dictionary of Epidemiology

Responsibilities of Council and the Editor

- 1) The Secretary of the International Epidemiological Association is responsible for contractual arrangements with the Editor and the Publisher.
- 2) Council appoints the Editor. No appointment procedure has been declared, but on previous occasions of the appointment of editors, informal nominations were put to Council.
- 3) Council holds the copyright to the Dictionary and thereby has the right to decide the disposal of the Dictionary. Council originally proposed the creation of the Dictionary in 1980 and accepted the first Editor's offer to undertake the role of Editor. The Editor is responsible for Editorial policy, which must be approved by Council.
- 4) Sixty per cent of the royalties from the Dictionary are paid to the Editor by the publisher (Oxford University Press). The Editor's royalties pay for secretarial services, travel, attendance at meetings and other Editorial expenses required for updating the Dictionary.
- 5) Fixed sums derived from the Editor's royalties may be offered to major collaborators. The sum is decided in consultation with Council.
- 6) Forty per cent of the royalties are credited to the IEA.
- 7) A contract between the IEA and the Editor will be drawn up which includes the following items:
 - a) A rolling contractual period of 5 years, renewed after 3 years by Council.
 - b) 60% of the royalties are paid to the Editor.
 - c) Individuals nominated by the Editor and approved by Council may be paid honoraria.
 - d) All expenses incurred by the editorial staff in the preparation of the Dictionary, including the honoraria, will be paid from the royalties received by the Editor.
- 8) Requests for permission to translate the Dictionary into languages other than English should be approved by the Executive Council, the Editor, the Oxford University Press liaison person and the OUP Translation Rights officer. Permission to publish a translation implies the following:
 - a) Full acknowledgement of the IEA and Oxford University Press.
 - b) A royalty payment to the IEA based on a formula approved by OUP. This may be waived if the translation is distributed free of charge. That it is free of charge must appear on the front cover of the dictionary.
 - c) None of the original English explanatory text may appear without explicit permission from the IEA, but the English key words may be reproduced.
 - d) The IEA logo may not be used in the publication unless the IEA Council has endorsed the publication after independent review.

From item 15, Council minutes dated August 17 and 18, 2002: "It was also decided that the Dictionary should not be given out over the Internet." However, an online or digital version may be negotiated between the IEA, the editor and OUP.

The Contract between the IEA and Oxford University Press.

AGREEMENT dated as of the day of 19**

between The International Epidemiological Association Incorporated

whose address is

and whose Social Security Number is:

who is a citizen of hereinafter called the 'Author' and OXFORD UNIVERSITY PRESS, Im., 200 Madison Avenue, New York, New York 10016, a Delaware corporation, hereinafter called the 'Publisher,' with respect to the work tentatively entitled A Dictionary of Epidemiology, Second Edition edited by John M. Last hereinafter called the Work.

AUTHOR'S GRANT 1. The Author hereby grants and assigns to the Publisher during the full term of copyright and all renewals thereof all rights in the Work, including book publication rights and the rights hereinafter specifically referred to in this Agreement, throughout the world.

COPYRIGHT 2. The Publisher shall have exclusive right to take out copyrights in the Work in the name of the Publisher in the United States of America and such other countries as it may deem expedient; and the Author agrees to take or cause to be taken, as provided by law, all necessary steps to effect renewals of the copyright in the Work on the expiration of the term thereof and to grant and assign the same or the rights under the same to the Publisher. In case the copyright is in the name of the Author, the Author hereby grants to the Publisher the right to bring, in the name of the Author, any action or proceeding for the enjoining of any infringement of the copyright in the Work and for any damages resulting therefrom, and all rights under said copyright and all renewals thereof subject to the terms of this Agreement.

MANUSCRIPT 3. The Author agrees to deliver to the Publisher not later than two copies of a legible manuscript of the Work in form and content satisfactory to the Publisher and ready for the Printer. The manuscript shall contain about 70, 000 words and, in addition, the following material: about 20 illustrations

ROYALTIES 4. The Publisher agrees to pay to the Author, subject to the provisions of the succeeding paragraphs of this Agreement:

- (a) On regular sales in the United States, the United Kingdom and Canada of a clothbound edition, a royalty of eleven per cent (11%) of the United States list price.

On regular sales in the United States, the United Kingdom and Canada of a paperbound edition, a royalty of eleven per cent (11%) of the United States list price.

An advance against all earnings accruing to the Author under the terms of this Agreement of fifteen hundred dollars (\$1500), payable at times and in amounts requested by the Author.

No royalty shall be paid on free copies furnished to the Author or on copies used for review, sample, or other similar purposes, or on copies accidentally damaged or destroyed, or on copies returned.

- (b) On sales of a special edition at a reduced price, or on sales of the regular edition at reduced prices for special use, or when, in the of the Publisher, the remunerative sale of the regular edition has ceased a royalty of 10% of the gross price obtained; but if the Publisher shall sell copies of the Work at less than manufacturing cost (which it shall not do prior to one year after publication of the Work) no royalty shall be payable to the Author on such sales.
- (c) On all copies of the Publisher's regular edition sold for export in unbound sheets or in bound form a royalty 5 1/2 % of the United States published price.
- (d) In order to keep the Work in print as long as possible, on all copies sold from printings undertaken after sales of the Work have fallen to 500 copies or less per year, one-half the then prevailing rate of royalty.

INEXPENSIVE EDITION (2) 6. The Publisher shall have the exclusive right, at the Publisher's option, to license reprint publishers to publish and sell inexpensive editions of the Work. If rights of publication

in the Work are so licensed, the Publisher agrees to pay to the Author 50% of the Publisher's net receipts after deduction of any expenses arising from the licensing of such rights.

BOOK CLUB EDITIONS 7. The Publisher shall have the exclusive right, at the Publisher's option, either to license rights of publication or sell copies of the Work to a book club. If rights of publication in the Work are so licensed the Publisher agrees to pay to the Author 50% of the Publisher's net receipts after deduction of the costs of any necessary plate manufacture, transportation, or any other expenses arising from the licensing of publication rights to the book club. If copies of the Publisher's regular edition are sold to the book club, the Publisher agrees to pay the Author 50% of the royalty paid to the Publisher by the book club.

SUBSIDIARY RIGHTS (1) 8. The Author hereby grants to the Publisher motion picture, dramatization, radio, television, and first serialization rights, and agrees that 75% of the net proceeds from the sale of such subsidiary rights shall belong to the Author and 25% to the Publisher.

SUBSIDIARY RIGHTS (2) 9. The Author hereby grants to the Publisher the exclusive right to license the following subsidiary rights in the Work and agrees that the net proceeds received from the license of such subsidiary rights shall be divided equally between Author and Publisher: digest, abridgment, condensation, adaptation, visualization, selection, anthology, quotation, second serialization, syndication, translation, recorded readings, microphotographic reproduction, visual projections of the Work as a book, adaptation of the Work for use in facilities employed in information transfer and retrieval, and Braille transcriptions.

AUTHOR'S WARRANTY 10. The Author represents and warrants that he is the sole author and proprietor of the Work and has full power to make this Agreement and grant; that the Work has not heretofore been published in book form; that it contains nothing of an obscene, libelous, injurious, or unlawful nature; and that neither the Work nor the title will infringe upon any copyright, proprietary right, or other right. The Author agrees to indemnify and hold harmless the Publisher from and against any and all suits, claims, damages, and liabilities, based on or in respect of any violation or alleged violation of any copyright, proprietary right, or other right or any obscene, libelous, injurious, or unlawful matter in the Work, whether actual or claimed. The control of the defense of any action against the Publisher in respect of the Work shall be exercised jointly by the Publisher and the Author but at the expense of the Author.

PREVIOUS PUBLICATION 11. The Author agrees to notify the Publisher promptly in writing of any arrangement heretofore made for publication of the Work in any form in whole or in part prior to book publication by the Publisher, to secure copyright protection therefor in the United States of America, and to deliver to the Publisher legally recordable assignment or assignments of such copyright or copyrights in order that the Publisher may comply fully with all copyright requirements in the United States of America.

PERMISSIONS 12. The Author agrees to secure at his own expense the necessary permission to reprint in the Work any material included that is under copyright, or is subject to any proprietary or other right of others, and to transmit such permissions in writing to the Publisher with the final manuscript.

MANUSCRIPT REVISION 13. If, in the opinion of the Publisher, the manuscript is not properly prepared for publication, the Author shall have the option of revising it to the Publisher's satisfaction or of commissioning the Publisher to have it properly prepared or revised at the Author's expense. Unless otherwise mutually agreed, the Publisher shall make the manuscript of the Work conform to its standard style in punctuation, spelling, capitalization, and usage. If the Author fails to supply all necessary illustrative or other special material, it is agreed that the Publisher shall have such material supplied at the Author's expense. If the Author fails to deliver the manuscript to the Publisher as agreed, the Publisher shall have the right to rescind this Agreement by written notice to the Author, and the Author shall thereupon repay to the Publisher any and all amounts theretofore received by the Author in connection with the Work.

PROOF 14. The Author agrees to read, revise, and correct and return to the Publisher all galley and page proofs of the Work within a reasonable time. If the Author makes alterations in such galley, page proof, or illustrative material, other than corrections of printer's errors, then the expense thereof in excess of 10% of the cost of original composition shall be charged against any sums accruing to the Author under this Agreement, except that if the Publisher so requests, payment shall be made in cash. In this event the Publisher shall mail to the Author an invoice for said excess alterations promptly after receipt of the printer's bill for the same' which invoice shall be subject to review for a

period of not more than thirty days after such mailing thereof, and both the Author and Publisher shall be bound by the amount of the printer's bill.

INDEX 15. The Author agrees to prepare and deliver to the Publisher, if requested by the Publisher, an index to the Work, in form and content satisfactory to the Publisher, within a reasonable time after receipt by the Author of the page proofs of the Work, failing which the Publisher may have such an index prepared at the Author's expense and charge the cost thereof against any sums accruing to the Author under this Agreement.

SIMILAR PROJECT 16. The Author agrees that he will not during the continuance of this Agreement without first obtaining the written consent of the Publisher, write, print, publish, or cause to be written, printed, or published, any revised, corrected, enlarged, or abridged version of the Work, or in any way become interested in any such version or in any book of a character that might interfere with or reduce the sales of the Work covered or contemplated by this Agreement.

PUBLICATION 17. The Publisher agrees to publish the Work at its own expense and in such style and manner and at such price as it deems best suited to the sale thereof.

AUTHOR'S COPIES 18. The Publisher are to furnish the Author with ten free copies of the Work and to permit the Author to purchase a reasonable number of additional copies for his own use, but not for resale, at the best trade discount then prevailing.

STATEMENTS OF ACCOUNT 19. The Publisher agrees to render semiannual statements of account with respect to the Work as of the 31st day of March and the 30th day of September in each year following the publication of the Work and shall deliver the same to the Author on or before the 1st day of July and the 2nd day of January following, together with the amount due.

REVISION 20. If, in the opinion of the Publisher, the Work needs revision at any time during the term of this Agreement, the Author, without charge therefor, shall revise the Work or supply such new matter as in the judgment of the Publisher may be needed to keep the Work up to date. If for any reason the Author does not revise the Work or supply the new matter required after a reasonable opportunity has been given him to do so, the Publisher may cause such revision to be made or such new matter supplied and may deduct the expense thereof from the royalties first accruing from the sales of such revised edition. In the event of the publication of an abridged, expanded, or revised edition necessitating the resetting of 20% or more of the Work, such revision shall be considered a new work and this Agreement shall be automatically renewed on the same terms as for the original edition.

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In the event of any termination of this agreement as herein provided, the respective rights of the parties hereto acci ! ate of termination shall not be affected thereby but shall survive such termination, and rights accrued or to accrue under any license or sale made prior to such termination shall not be affected by such termination.

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INTERPRETATION 25. This Agreement shall be construed in accordance with the laws of the State of New York.

26. For a Fifth Edition of the work, as provided by Paragraph 20, the Author agrees to revise the book and to deliver the manuscript thereof to the Publisher no later than 1 June 2007

27. Miquel Porta will be the sole editor of this work, under advisement from John M. Last. Dr. Porta's social security number is 803-83-5482.

28. All earnings that accrue under the terms of this agreement shall be divided as follows:
2% to John M. Last;
58% to Miquel Porta;
40% to the International Epidemiological Association

29. The Publisher agrees to provide an advance of five thousand dollars (\$5,000) against all earnings that accrue to the Author under the terms of this Agreement, payable upon request

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- (i) publication on CD-ROM
- (ii) inclusion of all or part of the Work in any online service or electronic information storage or retrieval system
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10% of Net Receipt

30. The Author agrees to purchase at least fifteen hundred (1500) copies of the paperbound edition at one-half the United States list price.



Liaison with the World Health Organization and Related Organizations

1) The International Epidemiological Association has the status of an NGO (Non-governmental Organization) in official relation with the World Health Organization. A list of several hundred NGO's, including international professional as well as action oriented associations, is kept and updated in principle every three years at the WHO Headquarters in Geneva. Liaison with the WHO is implemented at central level through an IEA representative acting as liaison officer and at regional level through the Regional Councillors. The IEA Council provides guidance on the level of resources and personal time of officers to be allocated to liaison activities.

i) Central level (Geneva Headquarters)

- a) The IEA is invited as an observer to the sessions of the Executive Board, taking place every year in January and to the session of the World Health Assembly in May. At both these levels the policies of WHO are reviewed and discussed and programmes and budgets presented for approval by the official delegations of the member countries. The smaller size of the Executive Board meeting, in which 32 countries are represented, permits a better appreciation of the issues at stake and of the main different viewpoints. The Assembly, in which all 193 country members of WHO are represented, offers ample opportunities for meeting delegates. Several side meetings, formal and informal, are usually carried out during the Executive Board week and the Assembly week: these are often more frankly technical than the technico-political plenary sessions.
- b) IEA may be invited to special meetings of particular interest for epidemiologists, e.g. on the assessment and control of the worldwide tobacco epidemic.
- c) Links are kept with the WHO Officer in charge of the relations with IEA, to examine opportunities for collaborative initiatives between IEA and WHO, such as epidemiology courses or joint publications.
- d) WHO representatives, often at the highest levels, are invited to the triennial World Congress of Epidemiology organized by IEA.
- e) A report of activity is periodically requested of the IEA, describing in particular those initiatives which are of particular relevance to WHO as well as all collaborative work and participation of IEA representatives in WHO activities and of WHO representatives in IEA initiatives. These reports are the basis for WHO to evaluate whether the status of NGO in official relation with WHO is worth maintaining.

ii) Regional level (Regional Offices of WHO)

- a) The IEA is invited as an observer to attend the Regional Committee sessions that take place every year in each of the six WHO Regions of the world. WHO policies for the countries of the Region are discussed and approved in the Committees.
- b) IEA may be invited to special regional meetings or to collaborate in the organization of courses.
- c) WHO representatives, often at the highest levels, are regularly invited to the regional IEA scientific meetings.
- d) Relationships similar to those with the Regional Offices are established with the International Agency for Research on Cancer, a specialized WHO research agency located in Lyon, France.

- 2) Several NGO's based in Geneva have on one side close working relationships with WHO and on the other develop initiatives which may be of direct interest to the IEA. Relationships may be in this case developed with such organizations, such as the CIOMS (Council for International Organizations of Medical Sciences), which is responsible for issuing international ethical guidelines for epidemiological studies, recognized by WHO as a key reference.



Council Decisions on Procedures

This section should include all the minuted main decisions made by Council. This section will be continuously updated.

Group Membership

Extract from Newsletter 1/91.

It reflects the current version of by-law 1.4 but gives more guidance.

A revision of the by-laws (appended) was accepted by the Council and the Business Meeting in Los Angeles. This new form of membership has been introduced to help epidemiologists from developing countries and countries with foreign currency problems to join. Associations, Societies or other groups can be admitted to membership at the Executive Committee's discretion. The dues payable by such a group are set by the Council. In 1991 the membership fee for a group is 80 USD per year (i.e. twice the individual fee). Associations must provide copies of their Constitution and they must document the financial justification of their application, and must have similar aims as those of the IEA.

Members of bodies under this category may attend scientific meetings of the IEA under the same conditions as individual ordinary members but each such body will have only one vote. The number of copies of the Journal and other publications to be sent to each such body will be limited and will be determined by Council. In 1991 each such a group will receive two copies of the UE, the Dictionary and the Membership Directory.

Applications should be sent to the Secretary and they should be endorsed by a current member of the IEA. Applications for group membership should include a list of members of the association. Council welcomes applications from eligible groups.

Further information concerning applications for group membership can be obtained from the Secretariat.

Affiliation with other Organizations

Extract from Council minutes dated 12-13 September 1998, held in Bordeaux

A letter from D. Miller of the IUATLD inviting active collaboration and relationship with the IEA was presented by C. Florey.

The basis of such a relationship with other organizations was formulated. It is important for such a relationship to develop on the basis of the following conditions:

1. Common purpose.
2. Common activity.
3. A role in the decision process of the joint activity.
4. Clear definition of funding of joint activity.
5. A clear plan of action.

See also [Concordat on Joint Activities between IEA and other professional societies](#) ..

Renaming of the International Scientific Meeting

Extract from Council minutes dated 17-18 August, 2002, held in Montreal

Council voted unanimously that henceforth the ISM will be called the World Congress of Epidemiology with continuing sequence of the number of meetings.

7. It was decided that the Treasurer will not approve personally any expenditures over US \$2,500. Any expenditures over \$2500 will have to be approved by the Executive Committee.

Acknowledgement of bursary

Extract from Council minutes dated 22-23 August, 2002, held in Montreal

4. Scholarships should be preferably awarded to paid-up IEA members, who have high-quality papers for presentation. If the potential recipient is not an IEA-member, he/she would be given the choice of becoming a 3-year member, by inclusion of the expenses of such membership in the scholarship.

9. Regional Councillors will play an active role in approving sponsored membership applications, in collaboration with the Secretary. Fourteen 3-year memberships will be offered, in coordination with the Treasurer, Secretary and RC, with priority for low income countries.

Council Decisions on Procedures, 2005-11

[Extract from Council minutes dated 29 - 30 September 2003, held in Toledo, Spain](#)

Regionalization policy of current IEA Council

- Cooperation with other organizations (including WHO) at regional and national levels (i.e. on public, NGO levels) especially in the field of training of young epidemiologists on methodology and data analysis
- Setting up regional secretariat, committee and structure
- Linking activities, to budget to outcomes, taking into account the Regional Councillor responsibilities spelled out in the Handbook.
- Estimating costs for operational and administrative activities, including: participation in meetings of other organizations (e.g. WHO, INCLEN), travel bursaries, as well as day-to-day activities.
- Encouraging submission of papers to IJE

IEA Sponsored Members

It was agreed that two professionals from each region are to be sponsored for IEA Membership for 3 years, starting 2004.

[Extract from Council minutes dated 26 - 28 September 2004, held in Bangkok, Thailand](#)

Sponsorship

The IEA Council approved the generous offer and establishment of the "Elmer V Villanueva Sponsorship Fund". The Fund is to support a total of seven nominees (one for each of the regions or any variation thereof) for three-year membership per year for five years.

Memberships

-) Student memberships are to be effected, at once, at 50 % discount, as appropriate for each region / membership category. Pemberton funds are to be used in this respect.
-) Life-time membership could be effected as 10-year membership fee, according to the region .
-) Senior membership was approved for the new members, effective for those into retirement or 60 years for the non-employed.

Regional Councillors

-) Each regional councillor should present a statement clarifying his plans for strengthening IEA, in his respective region, at the aggregate level, i.e. by teaming up with national / regional organizations (especially epidemiology societies), that possess significant interests and aims in common with IEA. Future plans could include: joint scientific meetings / teaching activities; advocacy and lobbying; and specific task forces, etc.

.1.1.1.1.1.1 Constitution Amendments

It was agreed to use the email ballot on changes to the IEA constitution as a trial (implemented for the first time by IEA)

[Extract from Council minutes dated 20 August 2005 \(outgoing\), held in Bangkok, Thailand \(WCE 2005\)](#)

Relations with WHO

The council agreed that each councillor should come up with issues to be discussed with WHO depending on existing problems, thus proposing activities that the IEA could assist in. Each regional Councillor must come up with a formal proposal on what to do. Common themes between IEA / WHO could be:

-) Training in Epidemiology
-) Educational Training

New Rate Classification

It was agreed that the developing rates will be applied for low, lower-middle-income and upper-middle income economies.

Regional Meetings

It was finally agreed to allocate US\$ 10000 per regional meeting for bursaries

[Extract from Council minutes dated 25 August 2005 \(incoming\), held in Bangkok, Thailand \(WCE 2005\)](#)

The below IEA Committees were established:

- a. World Congress of Epidemiology Committee
- b. Ethics Committee
- c. Editorial & Books Committee
- d. Teaching Committee
- e. Rapid Response Committee

[Extract from Council minutes dated 17 - 18 August 2006, held in Alexandria, Egypt](#)

World Congress Meetings

IEA policy document concerning the selection & oversight of Venues for WCE
the council is in support of intermediate level of involvement of the IEA council in WCEs with a financial support ranging from US\$ 50,000 to US\$ 200,000. Specific areas of involvement include: preparation of the scientific programme, regional workshops, and selection of bursaries' recipients.

A subcommittee of Franco, Olsen, Pearce and Saracci will prepare a document summarizing the role of IEA in support of WCEs including terms and conditions, rules and regulations of such involvement. The document should be ready by the 1st week of December 2006, in anticipation for the upcoming EC meeting early 2007.

IEA International Course on Epidemiological Methods

It was agreed upon that this would be an Introductory Epidemiological Methods Course, becomes a regular regional course which moves around regions where building of capacities in epidemiology is needed (e.g. AFR, SEAR, EMR and LAC), to be spearheaded by Neil Pearce and respective Regional Councillor and co sponsored by other organizations which could support the regional participants.

The course is built upon the success of the Florence meeting over the past 20 years.

Joint membership

Joint membership between the Australasian Epidemiological Association and the IEA has been approved by the council with further details to be explored by Neil Pearce and presented to Ahmed Mandil as soon as possible. Such joint membership will entail a reduced fee for joining IEA (e.g. 50 %) without the right to receive the hard copies of IJE.

IEA Council Handbook – Draft 4th edition – for Approval

The council approved the amended version of the Council handbook and extended its appreciation for Charles Florey in this respect.

[Extract from Executive Council minutes dated 12 – 13 April, 2007, held in Porto Alegre, Brazil](#)

IEA Sir Richard Doll Prize

It was agreed to have a special prize presented every 3 years during WCEs. Jorn Olsen will draft a document for the award, including: background, eligibility criteria, nomination process, deadlines, and contents of the award.

The Development of Modern Epidemiology (Holland)

750 copies arrived in Alexandria Office, it was agreed that:

-) New members who sign up for the 3 years membership will receive a copy of the book until the WCE in 2008. Afterwards we should provide a copy of the book to all new members.
-) Charles will be asked to kindly include this on the website

[Extract from Executive Council minutes dated 29 – 30 November, 2007, held in Riyadh, Saudi Arabia](#)

Proposal for changes to the IEA Constitution and Bylaws to permit internet voting for Council members

Pearce will come up with a formal proposal to be brought up to participants of the 2nd business meeting, which would affect the Council elections after the upcoming one (i.e. 2011 – 2014), which gives the Secretariat 3 years to prepare for it. The main proposal is to have Internet voting for both regional and executive councillors

As a separate issue, constitutional changes should be voted on by email ballot

[Extract from Council minutes dated 25 September 2008 \(incoming\), held in Porto Alegre, Brazil \(WCE 2008\)](#)

President's Plan (2008 - 2011)

It was agreed to give high priority to activities that would lead to increase in membership including:

-) joint membership (with national societies)
-) regional meetings
-) short courses

Regional Councillors

The regional councillors will be presenting detailed plans for 2008-2011. It was agreed to increase regional budgets to US\$5,000 per councillor (from US\$2,000), subject to presentation of a satisfactory budget and receipts, and that regional meetings would receive a loan of US\$15,000 (increased from US\$10,000) and fellowships of US\$15,000 (increased from US\$10,000).

Constitutional Changes

Pearce has checked the constitution and considers that postal/e-mail/internet voting can be introduced through a constitutional change to be approved by a postal ballot.

It was agreed that a subcommittee of Pearce, Saracci and Olsen will prepare a proposal for changes in the constitution to be considered at the 2009 Council meeting, and the postal ballot will be sent out after that, with the aim of introducing electronic / online voting in time for the 2011 elections.

It was agreed that the new website would be adopted as soon as it is ready to be launched, but online membership renewal would be deferred for the coming year. Over the next year (2009), Mandil is asked to do pilot work with the aim of introducing a fully online system in late 2009, in time for the 2010 membership registrations.

International Courses

Pearce presented a brief report on the coming course in India. He mentioned that the Jaipur course is planned for April 2009 and asked for a further US\$10,000 to subsidize the accommodation of the participants, as there has been problems of finding an affordable hotel.

Al-Zahrani proposed to host the 2010 course in the EMR. There were also discussions of possible one-off special courses, including a course for teachers of epidemiology (proposed by Olsen) and a more advanced course in Latin America (proposed by Schmidt and Victora). These would supplement, rather than replace, the basic "Florence South" course that has been suggested / propagated by Neil Pearce.

It was agreed that the budget of the Jaipur course will be increased to US\$50,000, subject to Pearce providing a revised budget to the EC.

IEA Relations (with WHO, INCLEN)

Approval to appoint Babu L. Verma as IEA / INCLEN Liaison officer, similar to the IEA / WHO Liaison officer.

IEA Sir Richard Doll's Award 2011

Olsen presented a brief idea on the award and how the procedures were made. He also suggested to find a better way for nomination procedures and formulation of a new selection committee. It was agreed that the new Selection Committee would comprise the three Presidents (past, current, elect) plus two co-opted members approved by the Council. For the 2011 prize, the two co-opted members will be Saracci and Munoz (as recipient of the first prize). A subcommittee of Pearce, Olsen, Saracci, will review the terms of reference and present any suggested changes at the 2009 Council meeting. After that, the selection process for the 2011 prize will commence.

Extract from Council minutes dated 20 - 21 August, 2009, held in Edinburgh, Scotland

Report of the President

The following was agreed upon:

-) Joint membership should be encouraged.
-) Different societies should be approached for possible joint membership.
-) Scholarship recipients should become IEA members.
-) Promotion should be encouraged during regional meetings

Report of the Secretary

-) Elmer Villanueva's proposal to extend his sponsorship funds beyond 2010 (as per his e-mail dated August 14, 2009) has been approved.
-) Fees of Joint membership: one third of regular annual membership fees, same currency, starting 2010
-) Each joint membership association will have its own application form based on bilateral availability of 1/2/3/life time membership, accordingly
-) Regional councillors are invited to send materials for regional websites

Report of the Treasurer

-) Coming up with a list of functions which could be asked of a professional management company for IEA's financial – related matters, which includes: accounting; archiving; handling membership renewals, etc

-) Providing quotations from different US firms to allow the Council choose the best qualified to provide a more long term system to allow stability in managing the financial aspects of IEA activities and enable having the treasurer anywhere in the world

International Journal of Epidemiology

Shah to discuss with OUP having thicker issues of the IJE / budgetary implications (OUP budgets for 256 pages while editor's requests 300 pages)

Proposal for by-laws amendment allowing for online voting for 2011 election of IEA Council

Postal ballot would be held in the next 6-9 months to ask the membership to allow for internet-based election of the executive officers. If two-thirds of the voters agree, it will be considered positive and carried out accordingly. January 2010 is now proposed for sending the mail ballot. The preamble / question will be circulated in the next few weeks. Mass email will be exercised, bounced emails will be sent letters by post

Extract from Executive Council minutes dated 25 - 26 March, 2010, held in Wellington, New Zealand

Memberships

It was agreed that the secretariat should start a new membership campaign for boosting the IEA membership in collaboration with the Regional Councilors with special emphasis on:

-) Bringing in new members
-) Reminders for renewal
-) Joint membership

Renewals have to be sent by either OUP / IEA secretariat for joint members. If not sure of continuation of membership with the mother (national) association, we could get back to its (national's) secretariat.

-) Elmer-Villanueva Fund

Coordination between the Secretariat and the Treasurer's office in setting up the online system, in the nearest future, using the database currently built / updated on the new website.

Constitutional changes - Ballot results

The results have been approved, as they stand. Accordingly, the proposed changes, for using electronic balloting to facilitate greater involvement of IEA members in the elections process, would be used for the 2011 Council elections, and for all subsequent elections.

Professional Management Service (SOW) proposal

Revised proposals from the four companies are to be requested, with concentration on "accounting" functions only for the present-time, with the possibility of adding more functions in the future.

Brainstorming Session: IEA in 5 - 10 years time

There was a brief discussion on various issues including: the future of the IEA; global health; attracting young professionals; networking / partnerships; membership-related issues; publications (especially on communicable diseases); new initiatives.

Pre-conference workshop WCE 2011

It was decided to support holding the pre-conference workshop with IEA support of US\$25,000 (as agreed in Edinburgh 2009), that IS Solutions would continue carrying out the administrative preparations, that they would be compensated for the loss of US\$2400 from the 2008 course and that Franco would be leading the organizers which also includes Buffler, Olsen, Saracci & Bhopal.

Strategy for boosting IEA membership (especially in countries with no members)

Victoria presented a report on "Strategies to boost IEA membership", including: reducing membership fees; increasing benefits (e.g. publications, frequent courses / meetings; titles on CVs, etc.);

attracting new markets (e.g. countries with few / no members, especially African, Russia, China and Scandinavian: e.g. Finland / Sweden; new categories of membership; joint membership); ensuring renewals.

Mandil responded by mentioning that the IEA Secretariat would be more than happy to work with EC / Victora / RCs on this, given that some of such mechanisms were initiated already.

[Extract from Council minutes dated 24 - 25 November, 2010, held in Beirut, Lebanon](#)

Strategies for increasing the number of students/young graduates in the IEA

Victora presented a report from the ad hoc Early Career Researcher group which means and ways to increase membership among young career researchers and mid-career professionals, as well as other matters relating to Early Career Researchers and their involvement in the Association.

[Extract from Executive Council minutes dated, 28 February – 1 March 2011, Anchorage, Alaska](#)

International Journal of Epidemiology

A proposal that reviewers for the IJE could receive a free short-term subscription in return for each review (as was done with the Lancet) was discussed. It was agreed that this suggestion would be passed onto the IJE editors, as it could not only help the journal, but could help to increase the IEA membership.

Professional Management Services for the IEA

Tenders were requested for the provision of financial services, including maintenance of the membership list and online payment of dues for new and renewing members. The three applicants were interviewed by teleconference. All applications were of a high standard, but it was decided to negotiate, in the first instance, with FirstPoint Management Resources for provision of these two services (financial services and membership). It was stressed in the teleconference interviews that the contract would initially be confined to these two services, but there was a possibility that it could be extended to cover other IEA Secretarial activities in the future.

IEA Event Management

It was noted that another applicant (IS Event Solutions) had excellent experience of event management for the IEA, including the 2020 WCE of Epidemiology, and two pre-WCE short courses. It was agreed that this organization would be asked to become the "preferred provider" for IEA event management. This would include (as already arranged) management of the pre-conference short course at the Edinburgh WCE, and future management of the IEA International Courses in Epidemiological Methods (this is discussed further in a separate item below).

Early Career Researcher (ECR) group

An ad hoc Early Career Researcher (ECR) group of four members has produced a report on how the IEA can be more responsive to, and encouragement membership from, Early Career Researchers. The group has also organized an ECR session for the WCE in Edinburgh. Cesar Victora has liaised with the group and supported its activities. It was agreed that, following the Edinburgh ECR session, the ECR group would be formally constituted, and that one of the ad hoc ECR group which had organized the session would be co-opted to the Council for the 2011-2014 term. Dr Victora, as incoming President, was authorized to make a recommendation in this regard. It is anticipated that, once the ECR group is formally constituted, that the ECR member of Council would be directly elected for the 2014-2017 term, and for subsequent terms. It was also agreed that the IEA would fund the four ad hoc ECR group members to attend the WCE (up to a maximum of GBP6,000 in total, i.e. an average of GBP1,500 per member).

Global initiatives

There was discussion of the how the IEA can contribute more to various global health policy initiatives, particularly those involving WHO, and particularly with regard to improving the quality of the data and the decision-making. In addition to participation in key committees, the IEA could also contribute by developing a textbook on how to improve data quality and decision making for such initiatives.