President's plan, 2014-2017
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This report is dedicated to the late Patricia Buffler, who should have been starting her term as IEA President now. She spent many years working for the association, first as Treasurer and, from 2011 to 2013, as President-Elect. I spoke to her just months before her unexpected death in September 2013 and she encouraged me to stand for the IEA Council. After she died I agreed to stand for the Presidency, very much with the idea that I would try to represent her as best I could.

This report for the first meeting of the 2014-2017 Council should be read together with the final report by Cesar Victora, who was IEA President in 2011-14, and who will now become the past President. He has worked extremely hard over the last 3 years, setting up new initiatives, increasing membership, and supporting epidemiology in low and middle income countries. He also took on the responsibility of IEA Secretary in 2011 (after the elected secretary resigned for personal reasons), working behind the scenes on many administrative matters, such as rationalizing membership fees and establishing a functioning membership database. Most of all he has been a much respected ambassador for epidemiology and for the IEA. I could not have managed to prepare for this meeting, nor indeed for the next 3 years, without Cesar's courteous and efficient way of introducing me to the many, and sometimes quite complex, activities of the IEA.

Membership

Over the last three years the IEA Council and many others have contributed in various ways to increase membership. New joint membership schemes were established, new initiatives in middle and low income countries were supported, and membership fees and databases were updated. As of 8 August, 2014, there were 2137 IEA members from 106 countries, of whom a third (703) were joint members with other organizations. About 20% (458) of current members are early career epidemiologists.

It is most encouraging that about 40% (900) of the members are from middle and low income counties. This is reflected in the regional distribution of the members:

Regional distribution of current IEA membership, August 2014	
Africa	215
Eastern Mediterranean	91
Europe	404
Latin American and Caribbean	234
North America	463
South East Asia	306
Western Pacific	416

In the next three years we need to explore ways of continuing to increase membership, particularly from middle and low income countries and for early career epidemiologists. We should continue to support financially the highly successful annual regional meetings in Africa. Regional councillors should also aim to set up local meetings that involve and

excite early career researchers, to stimulate them to pursue long-term careers involving epidemiology (which may often be in conjunction with other responsibilities, e.g, working in government health departments) and contribute actively to the IEA. We should also promote sponsored membership: for example, Cesar provides his students who finish their studies with a one-year membership; others might consider following his example.

Another possibility is to establish joint meetings and joint membership schemes with epidemiological associations in fields outside human health (such as in veterinary and agricultural science). The methods used are often very similar to those that we use, and some issues they address are directly and importantly relevant to human health. Indeed many statistical tests and randomized trial designs were first developed in agriculture. Furthermore, some criminologists and educationalists are now adopting epidemiological research methods and possible partnerships with them should be explored.

In 2011 the IEA Executive Committee hired First Point Management Resources, in the USA, to provide support for maintaining membership rosters and for arranging online payment of dues for new and renewing members (and for managing IEA finances). An up-to-date membership database now exists, but there is still some work to do to streamline it further. Regional councillors have been helping trace people who did not renew their membership (often because their email address was no longer valid) and can also help identifying local epidemiologists who might consider becoming new members or who might wish to re-join IEA. (Unfortunately, until recently there was no systematic way of reminding members to renew membership, so some past members were inadvertently lost.)

Finances

In 2008 IEA Council agreed that, since a considerable amount of capital had accumulated, expenditure for the next few years could be increased, such that annual expenditure should for a limited period exceed annual income. Council also agreed that the balance in the bank should not go below about $750,000. The extra expenditure has proved an excellent stimulus for IEA activities, and has contributed to the success of new projects initiated over the last few years.

As planned, expenditure has been greater than income over the last three years (see below). Income has been fairly constant, with about three quarters coming from Oxford University Press for royalties from the IJE and other IEA publications. Expenditure has varied considerably over time, with the greatest excess, as expected, associated with World Congresses. Average annual expenditure in 2011-13 was almost $100,000 greater than average income.

Summary of IEA end of year accounts, 2011-2013 (US$)				
	2011	2012	2013	2011-13
Income	356,952	377,461	306,052	1,040,465
Expenditure	500,577	379,244	426,283	1,306,104
Income MINUS Expenditure	-143,625	-1,783	-120,231	-265,639

At the end of July 2014, $716,000 was left in the bank. In the next few months costs for the Anchorage Congress will be deducted and $75,000 lent to the congress organizers should be repaid. It is difficult to know what the bank balance will be by the end of 2014, but it may be at or even below the minimum that Council had recommended. A review of all sources of income and expenditure is therefore planned for 2015.

Objectives of the IEA and future plans

At its foundation, in 1962, the IEA stated as its objectives:

- To promote the use of epidemiology and its application to the solution of health problems.
- To encourage the development and improvement of epidemiological methods.
- To promote the communication of epidemiological methods and findings amongst epidemiologists throughout the world as well as amongst all others concerned with health.
- To co-operate with national and international organizations concerned with the promotion of health in the application of epidemiological methods in the solution of problems.
- To improve the dissemination of epidemiological findings nationally and internationally.
- To improve the recruitment, education and training of epidemiologists.

Epidemiology can be a powerful tool, and epidemiologists have done much to contribute to the spectacular decline in mortality that has occurred in almost every country over the last few decades. For example, in the world as a whole:

- The chance of dying before age 5 has fallen from 14% in 1970 to 5% in 2010
- The chance of dying before age 50 has halved from 28% in 1970 to 14% in 2010

There are, of course, still substantial variations in death rates and in causes of death between countries and there are still substantial inequalities between different populations within a given country. So, there is still much important work to do, understanding why these differences exist and how preventive measures and effective treatments can best be delivered. In many ways the IEA objectives laid out long ago are still apt today. The health problems are not the same and vary from one population to another, but the epidemiological approach to tackling them still has much to offer.

IEA's chief goal should therefore continue to be "to promote the use of epidemiology and its application to the solution of health problems". I therefore hope to see increased emphasis on the presentation and discussion of major epidemiological findings from different countries, both at regional meetings and at the 2017 World Congress in Saitama, Japan.

Over the next three years other goals for the IEA and its Council include: continuation of IEA's core activities, ie, supporting the World Congresses of Epidemiology, regional meetings, training, and the production of the IJE and other IEA publications; exploring options for new publications, such as an on-line IJE; attracting new members and retaining old members; strengthening and extending joint membership schemes; supporting early career epidemiologists and expanding their mentoring programs; reviewing income and expenditure and ensuring that our bank balance is at least as great after the 2017 World Congress as after the 2014 World Congress; and reassessing membership fees, with a view to reducing them further for those from low and middle income countries and those who receive online copies of IJE.

I look forward to discussions with you in Anchorage and over the next three years.

12 August 2014