

The International Epidemiological Association: plans for the next triennium

As President of the International Epidemiological Association (IEA) for the triennium 2011-2014, I am aware of the need to deal with various challenges, both within our association and in relation to the role of epidemiology in a rapidly changing world.

During the 57-year history of the IEA, epidemiology has grown rapidly both in the number of epidemiologists and the diversity of research areas. However, this growth has not been mirrored by an increase in IEA membership, leveled off at slightly more than one thousand for several years. Meanwhile, national and continental associations of epidemiology and related fields, as well as international associations of epidemiological subspecialties, have continued to emerge and grow. The first challenge for IEA is to transform itself from an association of individuals into a federation of associations. Our last president, Neil Pearce, already launched this transition through agreements with related associations, by which their members acquired practically all the benefits of IEA members based on a small additional payment with their dues. The agreement with ABRASCO has just become official, and we expect the number of Brazilian IEA members (currently less than 100) to increase rapidly.

However, our internal issues are much less important than those pertaining to the global role of epidemiology as the cornerstone for evidence-based public health. In a world where inequalities between rich and poor countries persist (and in some cases have even grown worse), the IEA needs to increase its visibility in global initiatives such as the Millennium Development Goals, the Summit on Non-Communicable Diseases, and so many others. I intend to expand IEA's presence in Sub-Saharan Africa, where we currently have only a few dozen members. The latter region is home to 10% of the world population, but has a full 90% of the new HIV/AIDS cases and more than half of the deaths among mothers and children. Exchange with epidemiologists from other regions, short courses conducted in African countries like the one we just held in Malawi, and support for African epidemiologists to participate in our international and regional meetings are some of the key strategies.

A third challenge, relevant for epidemiologists worldwide, is to confront initiatives aimed at unduly regulating scientific activities. These include restrictions on access to databanks with health information, initiatives to prevent the publication of observational studies whose hypotheses have not been officially registered in advance, unreasonable requirements by research ethics committees for observational studies with minimum risk to participants, or the controversial "data sharing" proposals according to which researchers are forced to make all their primary databanks accessible in a short space of time. Several of these issues are discussed in the *Rapid Response* section of the IEA website (<http://www.ieaweb.org>).

An Editorial like this is too short to discuss these issues in greater depth, but I conclude by registering my intent to take some of the positive aspects of Brazilian epidemiology to IEA, including a deep concern with the social determinants of the health-disease process, researchers' involvement in responding to society's needs, and an intense relationship between academia and public health practice.

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