

INTERNATIONAL CENTER FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

BOARD OF TRUSTEE MEETING

DACCA, DECEMBER 2-5, 1980

## AGENDA

## BOARD OF TRUSTEES MEETING

December 2-5, 1980Document Code

1. Approval of agenda 1/BT/DEC.80
2. Approval of draft minutes, Board of Trustees meeting, February, 1980 2/BT/DEC.80
3. Director's Report 3/BT/DEC.80
  1. Annual Report, 1979
  - 1.b Progress Report 1979-80
  - 2 Financial
  - 3 Administrative
  - 4 Scientific staff
  - 5 Other activities
4. Programme 4/BT/DEC.80
  - 1 Review of scientific programme
  - 2 Training programme
  - 3 Extension programme
  - 4 Publications and dissemination
5. Resources Development 5/BT/DEC.80
  - 1 Participation and funding
  - 2 Report: Consultative Group meeting, June 1980, Geneva
  - 3 Development of participation with ICDDR,B
  - 4 Capital development
6. Approval of Budget, 1981 6/BT/DEC.80

7. Report: Finance Subcommittee 7/BT/DEC.80
  - 1 Financial system
  - 2 Financial regulations
  - 3 Approval of auditor
  
8. Report: Personnel Management Subcommittee 8/BT/DEC.80
9. Report: Search Committee 9/BT/DEC.80
10. Director's request for specific consideration 10/BT/DEC.80
11. External Scientific Review Committee 11/BT/DEC.80
12. Next meeting, Board of Trustees: date and place 12/BT/DEC.80
13. Additional agenda items

BOARD OF TRUSTEES MEETING  
DACCA, DECEMBER 1-5, 1980

December 1, 1980  
Monday

INFORMAL DISCUSSION  
RESEARCH & TRAINING PROGRAMME

8:30 - 8:40 a.m.	Introduction
8:40 - 9:30 a.m.	Community Services Research
9:30 - 10:00 a.m.	Nutrition
10:00 - 10:30 a.m.	Disease Transmission
10:30 - 10:45 a.m.	Tea
10:45 - 11:30 a.m.	Host Defense
11:30 - 12:15 p.m.	Pathogenesis & Therapy
12:15 - 12:30 p.m.	SWA
12:30 - 2:00 p.m.	Lunch ICDDR,B Guest House
2:00 - 3:30 p.m.	Training/Extension
3:30 - 4:30 p.m.	Seminar: "Computers in Research & Educational Institution" By Dr. Nicholas Butler, Computer Manager, Oxford Polytechnic group

FORMAL BOARD MEETING  
TRAINING LECTURE ROOM

December 2, 1980  
Tuesday

8:30 - 10:30 a.m.

TEA BREAK

10:45-12:00 p.m.

LUNCH GUEST HOUSE

2:00 - 3:45 p.m.

TEA BREAK

4:00 - 6:00 p.m.

December 3, 1980  
Wednesday

8:30 - 10:30 a.m.

TEA BREAK

10:45-12:00 p.m.

LUNCH GUEST HOUSE

2:00 - 3:00 p.m.

TEA BREAK

4:00 - 6:00 p.m.

6:30 p.m. RECEPTION  
ICDDR,B GUEST HOUSE

December 4, 1980  
Thursday

8:30 - 10:30 a.m.

TEA BREAK

10:45-12:00 p.m.

LUNCH GUEST HOUSE

2:00 - 3:45 p.m.

TEA BREAK

4:00 - 6:00 p.m.

December 5, 1980  
Friday

8:30 - 10:30 a.m.

TEA BREAK

2/BT/DEC.80

PROCEEDINGS OF THE  
BOARD OF TRUSTEES MEETING, ICDDR,B  
FEBRUARY 4-6, 1980

PROCEEDINGS OF THE  
BOARD OF TRUSTEES MEETING  
4-8 FEBRUARY 1980

The meeting of the Board was convened in four separate sessions as follows:

<u>Date:</u>	<u>TIME:</u>	<u>MEMBERS ABSENT:</u>
4 February 1980	2:50 p.m. - 6:00 p.m.	Professor C.C.J. Carpenter Dr. A.R.A. Al-Awadi
6 February 1980	2:10 p.m. - 6:30 p.m.	Dr. A.R.A. Al-Awadi Dr. Badruddoza Chowdhury
7 February 1980	8:35 a.m. - 6:00 p.m.	Dr. A.R.A. Al-Awadi Dr. Badruddoza Chowdhury
8 February 1980	10:05 a.m. - 11:30 a.m.	Dr. A.R.A. Al-Awadi Dr. Badruddoza Chowdhury Professor M.A. Matin Dr. M.K. Were

Also present during open meeting were Dr. N.K. Shah of WHO, SEARO; Mr. Bernard Zagorin, Resident Representative of UNDP, at the request of the Board.

Dr. Sulianti opened the session with a welcome to all members. She then requested comments on the Provisional Agenda. There was a general agreement about the Agenda as presented. It was approved.

Dr. Sulianti then requested the Board consider the question of whether advisors or staff members of individual Trustees or observers from donor countries might be permitted to attend the non-executive sessions of the Trustees meetings. This issue was raised since it was felt desirable to have a staff member from the World Health Organization South East Asia Regional Office attend to assist Dr. Albert Zahra. In addition, it was felt helpful that Mr. Zagorin continued to be available to the Board as an advisor in its meetings. He would be particularly helpful in the session when the formation of a Consultative Group is discussed. The UNDP has expressed a willingness to convene such a group. There were no objections to either staff or observers attending sessions of the Board meetings as long as it was clearly recognized that all Trustees are acting in their

individual capacity as per the Ordinance. They do not represent any government or organization as Trustees. No one may substitute at a meeting for any member of the Board. It was emphasized that any observers or staff realize that the Board may choose to go into executive session at any point. Such sessions would be closed to all individuals except members of the Board of Trustees.

For this meeting it was agreed that Mr. Zagorin would be invited to attend the Formal Session relating to the offer of the UNDP to form a Consultative Group and any related matters.

Agenda item 2. Approval of the Minutes of the Board Meeting of June, 1979. It was pointed out that on page 20 there should be a clarification of the function of the Committee which was formed to seek the next Director of the Centre. The Board agreed that the meaning intended by the resolution was that the Committee was to recommend to the full Board candidates for the next Director of the Centre. The power of appointment was not delegated to this committee.

RESOLUTION  
1/Feb.80

The Board of Trustees approves the minutes of the meeting of June, 1979, (doc. 2/BT/Feb. 80) with the amendments which have been submitted previously and on this occasion.

Agenda item 3. Management. The report of the Subcommittee of the Board of Trustees on Personnel Management was introduced (doc. 3a/BT/Feb. 80) and discussed according to each of its subsections.

The first section on the Organizational Chart (Appendix 1) was considered. It was pointed out that this was a diagram of functions at the most responsible level of the Centre. The principle followed was that the Centre would have a major programme orientation with multidisciplinary groups to implement the work of the programmes. This differs substantially from the previous discipline orientation of the CRL. The Board was informed that detailed diagrams of positions were available in the Administrative Manuals for those who wished to look at them.

RESOLUTION  
2/Feb.80

The Board accepts the principle of a programme-oriented organizational structure which is exhibited in Appendix 1 page 6 of the report of the Subcommittee on Personnel Management (doc. 3a/BT/Feb. 80).

The material in Appendix 2 on Classification of Jobs was presented to the Board. Discussion noted that the classification was essentially the same as that revised at the meeting of the Board in June, 1979. The following resolution was passed:



After the Committee had discussed and agreed upon the above criteria, Dr. Carpenter outlined the process by which the search had been conducted to date. In August and September 1979, over 120 letters inviting nominations were sent out to officers of organizations and individuals involved in major national and international health programmes. Letters went to participants of the Interim International Committee to Assist in Establishing the ICDDR,B, as well as to the original nominees for the Board of Trustees of the ICDDR,B. In response to the letters, a list of 24 candidates was compiled. Letters were sent to each of the proposed candidates, briefly describing the ICDDR,B, and requesting that the proposed candidate submit his curriculum vitae if he were interested in being considered for the post of Director. By 15 October, ten excellent candidates had indicated an interest in the Directorship and had submitted curricula vitorum for consideration by the Search Committee. Three of these candidates, on the basis of unusual merit as documented by curriculum vitae and letters of recommendation, were invited to Geneva, for interview by the Search Committee on 5 November 1979. The invited candidates were Dr. K.A. Monsur of Bangladesh, Dr. R.B. Sack of USA and Dr. B. Rowe of UK.

The Search Committee interviewed each of the three candidates individually, and evaluated them by the nine criteria described above. Each of the candidates was found to be acceptable but Drs. Monsur and Sack were considered more outstanding candidates than Dr. Rowe on the basis of the criteria outlined. Drs. Monsur and Sack were considered almost equally good candidates, Dr. Monsur being rated higher than Dr. Sack in administrative background and field experience and Dr. Sack given a higher rating for past scientific achievement and publications. Dr. Sack's age (44) was considered somewhat more appropriate than that of Dr. Monsur (59).

The Search Committee then considered the other eight active candidates by the stated criteria. Three candidates (Chen, Rohde and Woodward) were eliminated by virtue of age (37, 38 and 40, respectively) and a relative lack of outstanding scientific productivity.

The remaining, all of whom were considered good to excellent potential candidates for Director, were tentatively rated as follows: (3) Dr. Selwyn Baker of Australia; (4) Dr. Lars Hanson of Sweden (below Monsur and Sack, but slightly above Rowe); (5) Dr. Robert Oseasohn of USA; (6) Dr. Frederick Dunn of USA; (7) Oladeinbe Ogumbi of Nigeria.

Dr. Aung Tan Batu of Burma was considered to be an excellent potential candidate, but had not yet responded in regard to his availability. The Committee was strongly disposed to extending the most able tenure of Dr. Greenough as Director until January or June of 1981, in order to provide adequate time for a thorough and orderly search.

The Committee further felt that none of the current members of the Board of Trustees should be excluded as candidates for Director, and the Committee would welcome candidates from among this outstanding group of scientists.

The Search Committee expressed gratification for the high scientific calibre of the candidates and indicated that each of the above candidates could make a major scientific contribution to the ICDDR,B, if not chosen as Director, and indicated that the new Director should attempt to recruit several of the other potential candidates as scientists in the ICDDR,B.

The Committee felt, however, that the search should continue until the February 1980 meeting of the Board of Trustees. Dr. Carpenter will place advertisements describing the post in several national and international scientific journals, including Nature, Science and Lancet, and will also send additional letters requesting the names of candidates to those individuals and organizations who failed to respond to the initial letter of inquiry.

The Committee will present its preliminary recommendations to the Board of Trustees at the February 1980 meeting, but felt that, realistically speaking, the final decision as to the Director might not be possible until the subsequent meeting of the Search Committee, which will probably be scheduled in Geneva in May or June of 1980.

for their very important and vital contributions as supporting research activity in contrast to those who are carrying out the activity of scientific research. After the discussion the following resolution was passed:

RESOLUTION  
/Feb.80

The Board accepts in principle the Fitting Process as related to the job classification scheme which has also been approved in principle in Appendix 2 (doc. 3a/BT/Feb. 80).

The Board next considered Appendix 6 of the Personnel Management Report entitled Employment Policy. There was considerable discussion concerning the designation of core and project employees. It was pointed out that even employees that were hired for a specific project would be valuable in other tasks when those projects were finished and often would end up being long-term employees. Thus, although the distinction had important merit, permitting the institution to define a small number of absolutely essentially core staff, it also recognized that many project employees would be valuable to the institution for a prolonged period. It was felt that daily wage employees should have a specific time limitation. During the discussion it was pointed out that the labour laws of Bangladesh had been used as guidelines in this matter and the definition of the term of employment of a daily wage employee is ninety days (90) in the current Administrative Manual. Finally it was felt that in working out the procedures to implement the employment policy that a time limited contract period be defined, the minimum being two years, the maximum being five years. This is similar to practices in other international centres. There was a feeling that the two-year period was too short and that a three-year period was perhaps appropriate. This also is the contract duration for the position of Director. Following this discussion, the Board passed the resolution:

RESOLUTION  
Feb.80

The Board agrees in principle to the policy of employment as outlined in Appendix 6 (doc. 3a/BT/Feb. 80).

Appendix 7, Evaluation of Performance, was not taken up specifically as it was felt to be a matter of course that this would be done with procedures written into the Administrative Manual.

The Board was informed that for Agenda 3b/BT/Feb.80 an Administrative Manual had been prepared and was available to them should they wish to review any part of it. No resolution was passed in these matters which were felt to be normal internal management processes.

The Director's request for special authorizations retroactive to July 1, 1979 (doc. 3c/BT/Feb. 80) were presented in specific detail. There was little discussion as the Board noted that the staff of ICDDR,B had endured a long period of static wages and benefits. The steps outlined

were possible within the budget and moved in the direction of comparability with the pay scale and benefits of international agencies and institutions. With respect to these points, however, it was felt that those persons who had already received housing should not have an additional benefit at this time since they are already near 75% of the UN scales. It is also true that those at higher income levels would realize more money from the tax-free salary than those at lower levels. The following resolutions were passed:

RESOLUTION  
8/Feb.80

The Board agrees that as an interim measure to further improve the conditions for the staff of the Centre a ten to fifteen percent increase in salary be provided to all employees retroactive to 1 July 1979, the exact percent of this increase to be fixed by the Director in accordance with the availability of funds.

RESOLUTION  
9/Feb.80

The Board agrees that:

1. A festival bonus equivalent to one month's salary be provided each future year to all employees who are on the local pay scale excepting those in the daily wage category.
2. The salaries of employees be given as free from Bangladesh income taxes, the Centre paying tax as required on behalf of the staff to the appropriate authorities in the Government of Bangladesh.
3. Severance pay will be extended to include all years of service for CRL and ICDDR,B.
4. A minimum wage be established at the level of Tk. 750 per month.
5. The four benefits listed above in Resolution 9/Feb. 80 will be made retroactive to 1 July 1979.

Next the provision of housing to key employees was reported on to the Board. During this discussion the high cost of providing housing through rentals on the local market was pointed out together with the total lack of available housing in field areas. There was a strongly voiced sentiment by several members that for successful continuation of field work the Centre must take steps to provide housing in both Matlab and Teknaf. Although housing for staff in remote areas should take precedence of housing for Dacca staff it was also likely to be less expensive to construct staff housing than to continue renting at the escalation process of the local market place.

Since housing costs are shown as income for all employees, it will be necessary to work out an incentive for staff to use an appropriate amount of their salary to provide housing so that their families will be properly

sheltered and the Centre may receive full tax reduction. The details of such incentives must be worked out with local tax experts, Although for international level staff tax benefit might not be realized. The cost of housing would be viewed in the same way as a part of total salary.

Since there was clearly no alternative to providing housing to staff and since the salaries of staff were to be made tax free by the mechanism of the Centre paying necessary taxes to the Bangladesh Government for employees, it was pointed out that the Centre must carefully look at how money may be saved in the provision of housing. In order to attain maximum tax benefits, the Centre will be required to adopt a policy of actually providing housing not an allowance. If an employee chooses to take an allowance instead of a house, the amount of the allowance would be far below that required to provide the equivalent housing since the Centre would be required to pay a substantial tax on the allowance.

The Board was of the opinion that in order to be able to attract and retain talented scientists and support personnel, the Centre should, in its capital development programme, include construction of staff quarters to provide for key personnel both in its field areas in Matlab and Teknaf; and the Centre will endeavour to provide housing to the employees within the rental ceilings for respective employees. In case, however, either the Centre is unable to provide housing or the employee prefers to take a housing allowance in cash, he will be paid a portion of the ceiling to be worked out.

A suggestion was also made that a system of loans be devised to encourage employees to be able to acquire land and obtain their own houses. Study will be given to this idea.

Following the discussion on housing a resolution was passed.

RESOLUTION  
10/Feb.80

The Board approves that action of the Director in providing the housing benefit to the following key individuals listed below and agrees to their continuation regardless of whether any of the individuals are actually appointed to International Level positions.

<u>Position</u>	<u>Person</u>
Scientist	A.K.M. Alauddin Chowdhury
Scientist	Shahjahan Kabir
Scientist	M.U. Khan
Scientist	A.M. Molla
Associate Director	
Level	M.R. Bashir
General Manager	M. Abdullah
Controller	Md. Shahbuddin

Draft By-Laws (doc.3d/BT/Feb.80) had been prepared and circulated at the Board meeting in June 1979. These were reviewed carefully by the whole Board. Following retyping they were reviewed again after which a resolution was passed.

#### BY-LAWS OF ICDDR, B

These By-Laws are adopted under the authority of, and are intended to be complementary to, the International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance 1978 (Ordinance No. LI of 1978).

In these By-Laws, words denoting the masculine gender shall also denote the feminine gender.

#### I. Board of Trustees

##### Chairman and Secretary

1. Should the Chairman be unable to complete his term, the Board shall elect a Trustee to serve as Chairman during the remainder of the unexpired term.
2. The Director shall serve as Secretary of the Board.

##### Call of Meeting

3. The Chairman shall convene such special meetings of the Board as are regarded as necessary for the conduct of the business of the Centre. He shall telegraph notice of such meetings to the other Trustees not less than 30 days in advance and shall indicate at that time the reason for the meeting.
4. The Chairman shall convene special meetings upon a request subscribed by five or more Trustees, provided the Trustees state fully in writing or by telegraph the reason for the meeting. The agenda of such meeting shall be limited to the questions having necessitated the meeting.
5. Should the Chairman be unavailable by reason of incapacity to convene a special meeting the call for such a meeting may be issued and convened by the Secretary.

6. The Director or a member of the Centre staff designated by him may at any time make either oral or written statements concerning any question under consideration by a meeting of Trustees.
7. The Secretariat shall prepare summary records of meetings of the Board, and the Secretary shall distribute these to Trustees as soon as possible after the close of the meeting to which they relate. Trustees shall inform the Secretary in writing of any corrections they wish to have made, within such period of time as the Secretary may specify, taking the circumstances into account.

#### Voting

8. No Trustee may vote at any meeting by proxy or by any other method than in person.
9. Except as otherwise specifically provided in the Ordinance and in the By-Laws, all decisions of the Trustees shall be made by a majority of the votes cast.
10. The Board shall normally vote by show of hands, except that any Trustee may request a secret ballot.
11. Elections shall normally be held by secret ballot, except that in the case of an agreed candidate or slate of candidates, the Board may decide to proceed without balloting. When ballot is required, two Trustees designated by the Chairman shall count the votes.

#### Vote without Meeting

12. Whenever any action must be taken by the Board which, in the judgement of the Chairman, should not be postponed until the next regular meeting of the Board and does not warrant the calling of a special meeting, the Chairman shall present to each member by mail or telegraph a motion embodying the proposed action with a request for a vote by mail or telegraph within a given time.
13. If any Trustee objects, the matter will be deferred to a regular meeting or a special meeting called by the Chairman to consider the matter.
14. At the end of the period prescribed for voting, in the absence of objection, the Secretary shall record the results and notify all the Trustees. If the replies received do not include a majority of the number of Trustees which would be required for a quorum at a meeting, the matter shall be deferred to the next meeting.

Agenda of Meeting

15. A provisional agenda of each meeting will be drawn up by the Director in consultation with the Chairman and circulated a month prior to the meeting with the relevant documents.
16. The agenda of each regular meeting will include
  - a) items which the Board has ordered to be carried over from a previous meeting;
  - b) any item proposed by a Trustee, including the Director..

Any proposal for any except carry-over items for the agenda at a regular meeting must reach the Director not less than eight weeks before the commencement of the meeting.

17. In addition, the agenda of at least one regular meeting a year will include the approval of
  - a) a proposed annual budget or receipts and expenditures;
  - b) a proposed 12-month work program; and
  - c) a report of activities and finance (as prescribed in Section 18 of the Ordinance) for the previous year.
18. The Board shall not ordinarily proceed, unless it determines otherwise, to the discussion of any item on the agenda until at least 48 hours after the relevant documents have been made available to the Trustees.

Terms of Service of Trustees

19. The terms of Trustees (except the Director) shall begin on the First of July following their election or appointment, except that a Trustee appointed to a vacancy arising from a cause other than the normal expiration of a term shall begin his service upon appointment, and shall serve for the remainder of the term of the member being replaced.
20. Each Trustee shall receive an honorarium (the Director shall not receive the honorarium) for each day spent on the business of the International Centre, shall be reimbursed for the actual costs of transportation employed for economy class travel on the business of the Centre, and shall receive a per diem as specified by the regulations of the Centre while travelling on the business of the Centre.



21. The Board of Trustees shall set the levels of compensation and reimbursement for the purposes mentioned in By-Law 20, bearing in mind the financial resources of the Centre and the practice of other comparable organizations.
22. The Director may establish rules and procedures or issue statements as he deems necessary for the smooth operation of the Centre, provided that these rules or statements do not contravene these By-Laws, procedures approved by the Board of Trustees, or the Ordinance.
23. The Director may make public statements concerning the work, objectives and policies of the Centre, so long as these conform to decisions of the Board, the By-Laws and the Ordinance.

#### II. Fiscal Year

24. The fiscal year of the Centre shall be from January 1 through the following December 31.

#### III. Amendments

25. These By-Laws may be amended only by the Board of Trustees.

RESOLUTION  
11/Feb.80

The Board approves By-Laws (3d/BT/Feb.80) numbered 1-25.

#### Agenda item 4. Resources.

Development Activities (doc. 4b/BT/Feb.80). The Associate Director for Development Activities, summarized for the Board progress in securing the resources needed for its program. Following the presentation, there was a discussion about policy for the raising of resources for the Centre. The Board agreed during this discussion that the most desirable and important funds were those that came for the support of general or core activities. They cautioned that Project Funds should be according to the priorities as established by the Centre rather than those established by individual donors which might offer project funds which would divert the work from a proper programme focus. The following resolution was passed.

RESOLUTION  
12/Feb.80

The Board authorizes the Director of the Centre to request and receive Grants-in-Aid from aid-giving agencies, governments and other institutions with intimation of such receipts to appropriate governmental agencies.

Next the matters of Capital Development, land acquisition and construction of buildings were taken up. The Board wished to thank the Government of Bangladesh for providing land to accommodate the needs of the Centre in such a timely fashion. Further, it urged that the management of the Centre and the committee for implementation for the building plan, utilizing the UNDP/OPEC funds which are being provided through the WHO mechanism, to proceed as rapidly as possible to the realization of the first floor of the Clinical Research and Treatment facilities that have been described. After some further discussion, the following resolutions were passed:

RESOLUTION  
13/Feb.80

The Board agrees that:

1. The management of the Centre proceed as expeditiously as possible to implement the plans for the physical development of the first floor of the building which would accommodate the Clinical Research Unit and Treatment Centre with the associated necessary facilities as provided for in the contribution of the UNDP/OPEC monies.
2. The management take prompt steps to complete the formalities necessary for the transfer of the land adjacent to the present facilities to the Centre.
3. The management take steps to acquire the land necessary in the Matlab and Teknaf area to proceed with the development projects to be in those areas.
4. The management proceed as promptly as possible first to develop plans for the early establishment of staff housing in the two field areas of Matlab and Teknaf and also in Dacca and develop a comprehensive plan for utilization of the land in the Mohakhali campus to accommodate all of the functions of the Centre and develop a plan to be presented to the Board at their next meeting.

The Board next took up the matter of the formation of a Consultative Group (doc. 4g/BT/Feb. 80). The purposes of this were described and there was general agreement as to the desirability of the formation of such a group. Mr. Zagorin who had been invited as an advisor in this matter indicated that the UNDP stood ready to assist the Centre in formation of such a Consultative Group offering the services similar to those they had provided in convening the meeting for the Internationalization of the ICDDR,B in Geneva during February 1979. He also explained that the amount of time available for such a meeting might be quite short so if it were programmed to occur at the time of the UNDP Governing Council Meeting in June in Geneva most of the representatives of the appropriate countries and aid-giving agencies would already be present avoiding additional time and expenses. He further indicated that it would be highly desirable to include not only donor countries and agencies but also other participants who had signed the memorandum as well as prospective new participants and donors. After further discussion in which there was general assent to the great desirability of the formation of such a group and that the UNDP would serve as convenor and Chairman of the group, the following resolution was passed:

RESOLUTION  
14/Feb.80

The Board welcomes the offer of the UNDP to convene a Consultative Group of countries and agencies interested in the ICDDR,B, for the purpose of informing donors, potential donors and other interested groups about the programmes, activities and finances of the Centre.

Change of fiscal year (doc. 4c/BT/Feb. 80). Although there did not seem to be any strong reasons to change the fiscal year there was consensus that since many international organizations were adopting the solar calendar year as their fiscal year the Centre could also do so.

RESOLUTION  
15/Feb.80

The Board agrees to a change of the fiscal year of the Centre from July 1 to June 30 to the calendar year of January 1 to December 31 of each year.

Approval of financial regulations; Selection of Auditor; Selection of Consultant Firm for Development of Financial Systems. The Board was informed that an external audit had been carried out at the request of USAID. The Centre has also hired an internal auditor reporting to the Director. In addition a local firm has been hired to carry out a two-year audit of the Cholera Research Laboratory just prior to its conversion to the ICDDR,B. When completed this audit will be reported to the Board. The early information indicates the need for development of efficient financial systems appropriate to the diversified funding and programme of the international centre. For this reason assistance from an experienced international firm would be essential. The Board felt that the selection of an auditor was a function of great importance which must be done by the Board itself. The process of selection of the auditor and monitoring of the establishment of new financial systems, however, could be facilitated by a Subcommittee of the Board. Following discussion a resolution was passed.

RESOLUTION  
16/Feb.80

The Board agrees that a Subcommittee of the Board consisting of Dr. Solandt, Mr. Anwar and Dr. Greenough be formed to:

1. Select an auditor
2. Select a firm to recommend the appropriate financial systems for the Centre
3. Examine and modify as required financial regulations for approval by the Board

Agenda item 6. Board Business.

Trustees whose term expires June, 1980 (doc.6c/BT/Feb. 80).

The Board noted that the Trustee from the Middle East had been unable to attend Board meetings or participate in the matters of ICDDR,B. During the past year another middle eastern country had provided support, sent a technical delegation and nominated a Trustee. Since the technical qualifications were similar and they both were from developing countries

of the same region it was felt desirable to accept the nomination of the new Trustee and include him on the slate for election to a three-year term. In addition, it was felt desirable to continue the participation of the other Trustees who had been designated to serve one-year terms. It was, however, acknowledged that there were virtues to seeking outside nominations but that at the present time considerations of continuity outweighed those of creating a full new set of candidates.

First the Board passed the following resolution.

RESOLUTION  
17/Feb.80

The Board notes with gratitude the service of the five Board members completing their one-year term.

Then a slate consisting of Dr. Al-Dabbagh, Dr. Jan Holmgren, Dr. Gavin Jones, and Dr. Julie Sullianti Saroso was suggested. A secret ballot was taken. Ten voted in favour of the above slate. Following this vote a resolution was passed.

RESOLUTION  
18/Feb.80

The Board elects Dr. Al-Dabbagh, Dr. Jan Holmgren, Dr. Gavin Jones and Dr. Julie Sullianti Saroso as Trustees of ICDDR,B for three-year terms.

Following this action, the Chairman noted that a letter had been received from the Government of Bangladesh which is hereby read into the record.

"Dear Sir, With reference to Agenda item No. 6c of the current meeting of the Board of Trustees of ICDDR,B, I am to inform you that the Government has been pleased to re-nominate Mr. M.K. Anwar, Secretary Health, under orders of transfer as Secretary Election Commission, to act as a member of the Board of Trustees of the ICDDR,B. Signed Yours faithfully, Brigadier Md. Yunus Dewan."

The following resolution was passed in response to this nomination.

RESOLUTION  
19/Feb.80

The Board accepts with pleasure the nomination by the Government of Bangladesh of Mr. M.K. Anwar as Trustee of ICDDR,B for a three-year term.

Action on Chairman whose term expires by June 1980 (doc. 6d/BT/Feb. 80). As soon as this agenda was opened, the nomination of Professor Matin was moved, however, the discussion then moved to the procedure by which the election of Chairman would be carried out. First the term of office was discussed and the following resolution was passed.

RESOLUTION  
20/Feb.80

The Board agrees that the Chairman act for a period of one year from July 1, 1980 to June 30, 1981.

Next it was proposed that the election of the Chairman would proceed by each member of the Board writing on a piece of paper one name of a Trustee to be nominated as Chairman. If any Trustee achieved a simple majority of the Board, he or she would be elected as Chairman. In case no majority were achieved, the top two candidates would be named and a second ballot carried out to elect the Chairman. Balloting was then conducted. The result showed that four names had been received and that Dr. Julie Sulianti Saroso had received a majority with nine votes and hence the following resolution was passed.

RESOLUTION  
21/Feb.80

The Board elected Dr. Julie Sulianti Saroso as Chairman for the period from July 1, 1980 to June 30, 1981.

The budget and financial report for the fiscal year 1979/80 (doc. 4a/BT/Feb. 80) and the budget FY 80/81 (doc. 5h/BT/Feb. 80). There was an extensive discussion of both the financial report and the budget by all members of the Board during which the following important points were brought to the attention of the Director and his staff.

1. It was first noted that according to the financial report 79/80 as presented showed only 38% of resources were dedicated to science and programme and 62% to support and management. This distribution seemed unsatisfactorily high in non-programme areas. It was explained that in the transition between a departmental- and discipline-oriented institution to a programme- and project-oriented institution, there had not been a satisfactory accounting for research protocols in their utilization of support facilities, specifically that many protocols were currently grossly under-budgeted. Active steps are being taken to remedy this situation and it can be seen in the second half of the report that there has been a definite improvement in the attribution of resources to projects and programmes during the second half of the year FY 79-80.
2. That it was important to improve the budget format and presentation so that the operating costs of the various cost centres could easily be seen in their totality. This would apply for such areas as Matlab, Teknaf and the hospital areas particularly, since they are functions which are heavily labour intensive. It was suggested that a more narrative format would be helpful in which specific aspects of the Centre's activities would be described briefly together with the salient budgetary data necessary to understand the scope of the consumption of resources and interrelationships with programmes.
3. It was noted that although there was a high cost for scientists at an international level in general in international research centres in the agricultural system, there were 4-5 scientists per million

dollars of budget. When support systems and basic costs of running were not matched with a high scientific impact, however, the cost-effectiveness is reduced. This indicates an urgent need for recruitment of scientists and scientific leadership to improve the cost-effectiveness of the activities, logistics system and facilities of the Centre.

4. It was noted that management seemed to have an excessively high cost consuming 25% of the budget. It was pointed out, however, that some of the items budgeted under the heading "management" were clearly programmatic such as the Director's recruitment fund and the staff development costs. It was further noted that the Board of Trustees meeting was also budgeted under this heading and that the overall percent cost of management was actually 14%.
5. It was next noted that there was a very low ratio of scientists to other personnel since there were only 26 scientists and more than 800 staff. This would be a ratio 1:32.

All of these considerations amounted to a general consensus that the presentation of the budget should be revised in order to facilitate budget analysis. It was suggested that the Director and his staff prepare an amended budget that would not entail any further basic work but would more properly attribute costs to their appropriate categories. It was further strongly suggested that after an auditing firm was consulted on the establishment of a financial system appropriate to the activities of the Centre, that a budget be prepared which would cover the period January 1, 1981 to December 31, 1981 according to revised budget format as indicated above.

Finally it was noted that the principle of presenting a budget limited to resources that were definitely available and incremental budgets was a good strategy to be encouraged and that incremental budgets which illustrated priorities of the Centre for added activities could be a valuable aid in donor presentations to obtain additional funding.

Next, there was a discussion of the failure to realize certain funds which had been expected, specifically under the UNFPA proposals and the UNDP/WHO Regional Training proposal. There was discussion noting in some detail the history of these two proposals and why the funds did not become available to the Centre in the time frame expected. Following this discussion, the following resolutions were passed.

ION  
80 The Board agrees with the amended budget as presented in doc. 4a/BT/Feb.80 and authorizes the Director to continue activities as outlined in this fiscal document.

RESOLUTION  
23/Feb.80

The Board approves in principle the one-year budget from July 1, 1980 through June 30, 1981 both with respect to its presentation as limited by available resources and as to its incremental goals and should proceed with the greatest urgency to reinforce the necessary scientific leadership to fully utilize the facilities available to the Centre.

Agenda item 5. Programme and Priorities.

External Scientific Relationships (doc. 5d/BT/Feb. 80). Dr. Albert Zahra highlighted the relationships so far established between WHO and the ICDDR,B while providing for the record papers documenting the history and evolution of the Global Diarrhoeal Programme of WHO relating to its operational and research components. The importance of the proper co-ordination of ICDDR,B with the Global Diarrhoea Programme was emphasized as was the progress that had been made in the past six months in establishing a proper and effective relationship between the Global Diarrhoea Programme of WHO and the Centre. In particular, the following points were noted:

1. That the UNDP, in conjunction with WHO, had collaborated toward the establishment of the ICDDR,B during 1979.
2. That members of the staff of the ICDDR,B were whenever possible considered to be invited to Committees, scientific working groups and study groups which had been called for developing the Global Diarrhoea Programme.
3. That steps had been taken to designate ICDDR,B as a WHO Collaborating Centre for diarrhoeal diseases.
4. It was expected that staff members of WHO would participate in the scientific reviewing groups to be established under the ICDDR,B Programme.
5. That the WHO was an executing agency at the present time for the funds contributed by UNDP for clinical research and the funds contributed by OPEC through UNDP for the building of clinical research facilities, and in due course for contributions to the Centre expected from the Swiss Government.
6. That ICDDR,B was envisaged to play a pivotal role as an institution in developing training strategy and implementation regionally and globally.

Following the presentation, the Director expressed his appreciation for the hard work done during the past six months and the establishment of an effective working relationship of ICDDR,B with WHO. He also noted that it was essential that the Centre maintain its integrity and independence as an entity while participating in the very important programmes of WHO. Following this, a series of additional external relationships were noted, including with the University of ~~Göteborg~~ Göteborg, Sweden; Johns Hopkins University in the United States; the National Institutes of Health, United States; the U.N.

University and a number of other institutions in other countries. It was noted that the development of relationships had been more rapid with institutions of developed countries, although steps had been taken within the region to address this problem. It is anticipated that the relationships would develop in the next year quite satisfactorily with developing countries, particularly in the region. The documents representing agreements were exhibited for perusal by the Board of Trustees. Following the discussion the following resolution was passed.

RESOLUTION  
24/Feb.80

The Board acknowledges the development of a variety of important external scientific relationships and encourages the Centre to further develop and emphasize establishment of such contacts, particularly with developing countries and within the region.

Ethical Review Committee (doc. 5e/BT/Feb. 80). The Board was informed about the progress in meeting the requests by the Board made in June, 1979, all of which have been accomplished as of the present time. A list of members of the Ethical Committee was presented and it was noted that this Committee in having a minimum representation from within the Centre was breaking new ground in the area of Ethical Review of scientific programmes. Following this report, Resolution 25 was passed.

RESOLUTION  
25/Feb.80

The Board notes with satisfaction the report of the Centre (doc. 5e/BT/Feb. 80) on the evolution of its Ethical Review Committee as suggested by the Board in its meeting of June, 1979.

Programme Coordinating Committee (doc. 5f/BT/Feb. 80). Suggestions for the membership of this committee were presented and after discussion the following composition of Programme Coordinating Committee was suggested as follows: The committee membership should be seven (7) with the power to co-opt three additional members as required. The membership should run as follows:

An individual from each of the scientific research councils, specifically medical research, agricultural research, nutrition research and development research, totalling four members. One member should be President of the Bangladesh Academy of Sciences which represents all professional scientists and scientific areas in Bangladesh. One member should be from the Science and Technology Ministry, one member should be chosen by the Centre itself and in considering the three members to be co-opted, the presence of a representative of the field of education, and particular individuals representing areas of research which were likely to interface with the research of the Centre should be favoured. Following this the Board passed Resolution 26.

RESOLUTION  
26/Feb.80

The Board agrees to appoint a Programme Coordinating Committee of the composition cited in doc. 5f/BT/Feb. 80.



Standing Committee of fertility related programmes (doc. 5g/BT/Feb. 80). A report was given on the formation of this Committee and following a brief discussion, Resolution 27 was passed.

RESOLUTION  
27/Feb.80

The Board acknowledges the formation of the Standing Committee of fertility related programmes.

In considering subcommittees of the Board it was decided that the present Subcommittee for Personnel Management consisting of Dr. Julie Sulianti Saroso, Mr. M.K. Anwar and Dr. W.B. Greenough should continue to further define and implement ranking procedures for the Centre, and review as necessary other notices during the transition of staff from CRL to ICDDR,B. The following resolution was passed.

RESOLUTION  
28/Feb.80

The Board requests the Subcommittee for Personnel Management to continue for the purpose of further defining and implementing the ranking procedures of the Centre.

The report of the Subcommittee of the Board on the Search for a Director (doc. 6a/BT/Feb. 80) is incorporated in detail as a part of the minutes\* hence it will not be referred to in detail, however, the Subcommittee was congratulated on the wide search it had carried out and the success it has met in establishing a list of candidates of extraordinarily high quality.

Curricula vitae of the leading candidates were made available for review by all Board members and there was a discussion with respect to the process that might be followed in the final selection of a candidate. It was agreed that all candidates that were to be presented for the approval of the full Board should have come to Dacca within the past year and be thoroughly familiar with the affairs of the Centre. It was also noted that the full Board would not be able to make a further judgement without actually meeting the persons selected. The question of what might be offered to the person interested in the Directorship was discussed and it was suggested that although the position will be advertised at the D1 scale for WHO that a base for negotiation would be the pay received by the candidate in his present job minus any taxes which were paid. Special obligations required in his country of residence would be taken into account in the negotiation. The time frame desirable for the selection of a Director was next discussed. It was indicated that appointment by January 1, 1981 would be highly desirable allowing at least six months overlap with the present Director before his departure. This timing would require a final selection before the next meeting of the Board. The Subcommittee for the Selection of a Director was empowered to proceed in narrowing the list. It was stressed as important that all candidates should have visited Dacca within the last year and be acquainted with the situation here and furthermore that their wives should also be well acquainted with the situation.

\* See Appendix A

The nine criteria listed for choosing a Director were discussed. It was felt that age should be a guideline only, not an absolute limiting factor. Thus, candidates might be considered below the age of forty or above the age of fifty-five. The desirability of Board members outside of the Subcommittee meeting candidates was discussed. The result of this discussion was that on an informal basis when the routing of travel permitted, recruits for the Director position should meet all Board members that were interested. It was felt that a sufficiently wide advertisement and campaign of letter writing had been undertaken, that further publicity was not needed. It was also felt that the list should be left open at least through the May meeting of the Subcommittee in Geneva. It was further felt that the Committee should be authorized to proceed with negotiating directly with any of the candidates the terms of employment.

The names were organized into two lists. The first list would be approached initially and if none of those candidates were available the next list would be used.

After further discussion, the following resolution was passed.

SOLUTION  
/Feb.80

The Board agrees to delegate to the Subcommittee for seeking the next Director, ICDDR,B, the responsibility for identifying, selecting and negotiating with the candidates the terms of service for employment as Director, ICDDR,B, to be approved by the Board.

It was also agreed that because of his wide experience in seeking Directors for the Agricultural Research Centres, that Dr. Omond Solandt should serve on the Subcommittee for seeking the next Director.

The following resolution was passed.

SOLUTION  
/Feb.80

The Board appoints Dr. Solandt a full member of the Subcommittee of the Board of Trustees for seeking the next Director, ICDDR,B.

While the search proceeded it was asked that Dr. Greenough continue as Director, ICDDR,B. The following resolution was passed.

SOLUTION  
/Feb.80

The Board agrees that the Director, Dr. Greenough, continue to remain as Director until the new Director takes over or until June 30, 1981, whichever is earlier.

Agenda item 5. Programme and Priorities. The Board met with the Scientists of ICDDR,B in two informal sessions to review the goals and concepts of work in progress and recent accomplishments and to participate in the formulation of activities and priorities in the future. Research in progress and those proposed to be carried out were presented by the scientists in a brief and succinct manner, together with limitations, if any, in their studies. A fruitful discussion then ensued and the following

represent the broad observations of the Board without going into the details of each project. It was obvious to the Board that the institution of a Problem - programme Structure focused on diarrhoeal diseases in Bangladesh mediated by the Scientific Working Groups introduced in the Centre in recent years is a step in the right direction. This has resulted in truly inter-disciplinary researches between basic and applied sciences on which the Board would like to compliment the Director and the Staff.

The Board were impressed by the logic of division of work of the Centre into five major programme areas, by the priorities being developed within and across these areas and by the scientific productivity of the staff in the past two years. The increasing emphasis on training of scientists, technologists and managers at various levels is to be welcomed in that this would help build up scientific, technological and managerial capabilities in this field in Bangladesh and other countries.

The Board endorsed the idea that the health intervention and family planning strategies developed in the Centre's stations in Dacca, Matlab and Teknaf should be replicable and incorporated ultimately into the National Health Care Delivery systems in Bangladesh and elsewhere wherever it is considered appropriate to do so. This should be done without detriment to the central mission of the Centre, viz., to generate, through high quality research, knowledge that can be used to improve our ability to control diarrhoeal diseases.

The Board were deeply impressed by the excellent data base being generated in Matlab and Teknaf which is so essential for good field studies. They expressed some doubts, however, as to what extent these two areas would be comparable to the average in rural Bangladesh with the passage of time. This might necessitate adoption of fresh field areas in future studies.

Since a great deal of material had been presented during the review process, it was felt desirable that the individual Board members prepare brief working papers to form a basis for further discussions on the programmes and priorities of the Centre in the next meeting.

In view of the fairly thorough review undertaken by the Board at this meeting, it was felt that an external review could be deferred pending further formulation of the process by which such a review would be accomplished. There was a discussion about such a review which arrived at a consensus that it would be desirable to include members of the Board in such a review. This would insure a continuity and translation of the reviewers' conclusions into action by the Board as indicated. Since the Ordinance requires a review every two years, scheduling the first review within the period beginning June, 1979, when the Board first met would be appropriate.

Professor Ramalingaswami was asked to prepare the necessary documents by which the Board could be guided in establishing the external review process. This working paper would be presented at the next meeting of the Board. The review tentatively scheduled for April, 1980, by the Director would not be carried out. It was emphasized that in choosing reviewers adherence to criteria of highest excellence in science would be absolutely essential to maintaining standards.

It was noted that there would be a substantial loss of scientific leadership in the immediate future. The management was advised to proceed promptly to search for the needed talent. All positions for recruitment will be fully advertised. The information was provided that several publications provided the service of free advertisement and these included the Journal of the American Society of Tropical Medicine and Hygiene, the American Society of Microbiology News and the Newsletter of the Population Association of the United States. The ensuing discussion made clear the urgency of recruiting the necessary leadership to carry forward productive programmes in the Centre which would use the available resources in the most effective manner.

Agenda item 6. Board Business. The time and place of the next meeting of the Board of Trustees was discussed. There was consensus that it should be in Dacca in the fall. The exact dates would be set after Board members returned to their homes. Communication with the Director should occur before 1 April 1980.

The Search Committee for the new Director of the ICDDR,B met in the office of Dr. Zahra in the World Health Organization in Geneva on 5 and 6 November 1979. All members, including Professor M.A. Matin, Dr. Albert Zahra and Dr. C.C.J. Carpenter were present.

Professor Matin opened the meeting with the statement that the post of Director is absolutely critical for the optimal development of the ICDDR,B and that the Search Committee should proceed with an objective, thorough and unhurried evaluation of each of the candidates. Drs. Zahra and Carpenter heartily concurred with this statement. The Committee then carefully delineated those specific criteria, based on the broad outlines developed by the full Board of Trustees at its June 1979 meeting, by which the proposed candidates should be evaluated.

The Committee agreed upon nine criteria by which each candidate should be evaluated. These criteria are described in descending order of their importance.

1. Laboratory experience and scientific achievement - The Committee concurred with the charge of the full Board of Trustees that the scientific background of the candidate should be the most important single consideration, since both the short-term development and long-term support of the ICDDR,B are critically dependent upon the production of sound scientific data which will lead to improved treatment of and prophylaxis against, infectious diarrhoeal diseases.
2. Administrative skills - Second only to scientific background is past demonstration of excellence in administration of scientific programmes. Such demonstrated administrative skills should be both qualitatively excellent and quantitatively comparable to the demands of the Directorship of the ICDDR,B.
3. Age - The Director should have reached the age of 40. No upper limit was established but there was consensus that a candidate in the 40-55 age

group would be desirable.

4. Field experience - The candidate should have field experience of excellent quality: A superior background of laboratory-based research and, for example, academic departmental leadership is not alone a sufficient basis for serious consideration of a potential candidate for the Directorship.
5. Past academic background - International recognition of academic excellence is important, especially in regard to the success of the Director in recruiting international scientists to the ICDDR,B.
6. Publications in refereed journals - This criterion is clearly related to criteria numbers 1 and 5 above, but is considered less important on an absolute scale. For example, a candidate who is an excellent administrator and whose publications, although few in number, are qualitatively excellent and of major practical value, may be a far more desirable Director than other candidates with more impressive bibliographies.
7. International recognition - The candidate should have organized and/or chaired several sessions, symposia or workshops at recognized international scientific meetings.
8. Experience in diarrhoeal disease - The Committee affirms the decision of the Board of Trustees that the position of Director should be open to individuals with a background of outstanding achievement in any scientific discipline. Although perhaps desirable, it is not imperative that the candidate has had experience in research in diarrhoeal diseases per se.
9. Familiarity with ICDDR,B - The Committee felt that familiarity with ICDDR,B, or with similar scientific institutions, was a desirable but not mandatory prerequisite for the Director.

OLUTION  
Feb. 80 The Board accepts in principle the Job Classification scheme presented in Appendix 2 of the report of the Subcommittee on Personnel Management (doc. 3a/BT/Feb. 80).

Next, the Board took up the matters in Appendix 3, Compensation Structure. There was an extensive discussion in which the following salient issues were raised.

First, the question of how much of the overall budget of Fiscal Year 80-81 would be dedicated to personnel if 75% of the United Nations pay scale were adopted, was raised. The figure would be 48%. This was felt to be modest by most Board members; however, it was mentioned that in laboratory disciplines this would be approximately appropriate while in other areas such as health care, field work in other institutions as much as 70% or more can be dedicated to personnel.

Next it was pointed out that the difference between the salaries of the lowest and highest level positions on the current and on the UN local scales, were too great, being more than a multiple of seven. There was a general consensus that this should be narrowed and that the pay scale should be amended in this direction. However, it was felt that comparability of the ICDDR,B scale to the UN scale was an important advantage. Since this very issue was thought to be under discussion in the UN system, it was expected that this might result in narrowing the difference at the extremes of the scales; thus, departure from the UN scales at present might be premature. In the meantime it was pointed out that establishing a minimum wage would immediately reduce the difference noted. Taking into account these comments, the following resolution was passed:

OLUTION  
Feb. 80 The Board agrees that the UN local pay scale exhibited in Appendix 3 (doc. 3a/BT/Feb. 80) be implemented at the level of 75% of the UN local pay scale starting July 1, 1980.

Next the matter of International Level Positions and Ranking of Staff in Appendix 4 was taken up. This matter was introduced and discussed extensively. There was a general consensus that the ten International level positions requested by the Subcommittee were appropriate and necessary. There was an understanding that the heads of the five scientific programmes would be outstanding scientists of international repute although they would have managerial responsibilities. It was also felt that the Director and Deputy Director functions would be filled by scientists with excellent managerial capacities. At present then two International level positions would be purely administrative or managerial in nature. A part of the discussion centered around the number of scientific positions without important managerial responsibility which were appropriate to be designated as International. A suggestion was made that there should be floating faculty positions established and held in a Director's pool to allow and facilitate

recruiting highly talented individuals to come and work at the Centre before a specific job assignment in the management of scientific programmes was decided upon. It was pointed out that by increasing the number of scientific positions at the international level, although they were expensive, the productivity of the institution would increase; therefore, the actual cost-effectiveness would improve substantially. The question of tenure was raised and there was a general consensus that a contract period not exceeding three (3) years be established for all international level positions with renewal subject to a thorough review and evaluation. It was suggested that the specified level of P-5 be worded as "up to P-5," not specifying which level be assigned since it may vary according to individual qualifications. With respect to international level positions, it was also indicated that a provision to allow individuals to act in the position without necessarily being given all of the benefits of the international level salary pay scale be introduced in the description. The problem was raised of what would be the prospects for staff at a younger or more junior level with respect to international level positions. It was mentioned that in ICRISAT there was a provision that younger staff could move across to international level at lower pay scales, subject to scrutiny and recommendation by an appropriate subcommittee of the Board. The following resolution has been prepared:

RESOLUTION  
5/Feb.80

The Board agrees to the following points:

1. That the ten (10) positions including two of a strictly administrative nature suggested by the Subcommittee on Personnel Management of the Board be declared International Level positions.
2. That programme priority and budgetary considerations will determine the number of additional scientific positions that will be established as International Level.
3. That an appropriate Subcommittee of the Board be established to further define a system whereby younger scientists could be recruited at an International Level or be recognized at an International Level from within the Centre.
4. That the remaining recommendations of the Personnel Management Subcommittee of the Board with respect to ranking be approved in principle at this time and that more detail be provided with respect to the ranking process for training and management staffs.

Next the working paper on the Fitting Process was considered, Appendix 5. During the discussion of this working paper on the Fitting Process it was emphasized that the management take into account the particular requirements of staff working in the field situation although it acknowledged that a careful distinction must be made between recognition of all employees



ACTIVE CANDIDATES

<u>Name</u>	<u>Age</u>	<u>Citizenship</u>
1. Aung Tan Batu	48	Burma
2. Baker, Selwyn	54	Australia
3. Chen, Lincoln	37	U.S.A.
4. Dunn, Frederick	50	U.S.A.
5. Hanson, Lars	45	Sweden
6. Keusch, Gerald	41	U.S.A.
7. Monsur, K.A.	59	Bangladesh
8. Ogunbi, O.	55	Nigeria
9. Oseasohn, Robert	55	U.S.A.
10. Rohde, Jon	38	U.S.A.
11. Rowe, Bernard	43	U.K.
12. Sack, R.B.	44	U.S.A.
13. Woodward, W.E.	40	U.S.A.
14. Cameron, John	57	Canada
15. Muthukrishnan	30	India
16. Bliznakov	52	Bulgaria/U.S.A.
17. Ng, F.K. Peng	35	Malaysia
18. Lundbeck, Holger	50	Sweden
19. Watanabe, Y.	59	Japan
20. Caliz, Oswaldo	38	Columbia
21. de Restrepo, H.E.	44	Columbia

2/BT/DEC.80

Appendix A

RESOLUTIONS

BOARD OF TRUSTEES MEETING

FEBRUARY 4-6, 1980

RESOLUTION 1/Feb. 80

RESOLVED: The Board of Trustees approves the minutes of the meeting of June, 1979, (doc. 2/BT/Feb. 80) with the amendments which have been submitted previously and on this occasion.

RESOLUTION 2/Feb. 80

RESOLVED: The Board accepts the principle of a programme-oriented organizational structure which is exhibited in Appendix 1 page 6 of the report of the Subcommittee on Personnel Management (doc. 3a/BT/Feb. 80).

RESOLUTION 3/Feb. 80

RESOLVED: The Board accepts in principle the Job Classification scheme presented in Appendix 2 of the report of the Subcommittee on Personnel Management (doc. 3a/BT/Feb. 80).

RESOLUTION 4/Feb. 80

RESOLVED: The Board agrees that the UN local payscale exhibited in Appendix 3 (doc. 3a/BT/Feb. 80) be implemented at the level of 75% of the UN local payscale starting July 1, 1980.

RESOLUTION 5/Feb. 80

RESOLVED: The Board agrees to the following points:

1. That the ten (10) positions including two of a strictly administrative nature suggested by the Subcommittee on Personnel Management of the Board be declared International Level positions.
  
2. That program priority and budgetary considerations will determine the number of additional scientific positions that will be established as International Level.
  
3. That an appropriate Subcommittee of the Board be established to further define a system whereby younger scientists could be recruited at an International Level or be recognized at an International Level from within the Centre.
  
4. That the remaining recommendations of the Personnel Management Subcommittee of the Board with respect to ranking be approved in principle at this time and that more detail be provided with respect to the ranking process for training and management staffs.

RESOLUTION 6/Feb. 80

RESOLVED: The Board accepted in principle the Fitting Process as related to the job classification scheme which had also been approved in principle in Appendix 2 (doc. 3a/BT/Feb. 80).

RESOLUTION 7/Feb. 80

RESOLVED: The Board agreed in principle to the policy of employment as outlined in Appendix 6 (doc. 3a/BT/Feb. 80).

RESOLUTION 8/Feb. 80

RESOLVED: The Board agreed that as an interim measure to further improve the conditions for the staff of the Centre a ten to fifteen percent increase in salary be provided to all employees retroactive to 1 July 1979, the exact percent of this increase to be fixed by the Director in accordance with the availability of funds.

RESOLUTION 9/Feb. 80

RESOLVED: The Board agreed that:

1. A festival bonus equivalent to one month's salary be provided each future year to all employees who are on the local payscale excepting those in the daily wage category.

2. The salaries of employees be given as free from Bangladesh income taxes, the Centre paying tax as required on behalf of the staff to the appropriate authorities in the Government of Bangladesh.
3. Severance pay will be extended to include all years of service for CRL and ICDDR, B.
4. A minimum wage be established at the level of Tk. 750 per month.
5. The four benefits listed above in Resolution 9/Feb. 80 will be made retroactive to 1 July 1979.

RESOLUTION 10/Feb. 80

RESOLVED: The Board approved that action of the Director in providing the housing benefit to the following key individuals listed below and agreed to their continuation regardless of whether any of the individuals are actually appointed to International Level positions.

<u>Position</u>	<u>Person</u>
Scientist	A.K.M. Alauddin Chowdhury
Scientist	Shahjahan Kabir
Scientist	M.U. Khan
Scientist	A.M. Molla

<u>Position</u>	<u>Person</u>
Associate Director Level	M. R. Bashir
General Manager	M. Abdullah
Controller	Md. Shahbuddin

RESOLUTION 11/Feb. 80

RESOLVED: The Board approved By-Laws (3d/RT/Feb. 80) numbered 1-25.

RESOLUTION 12/Feb. 80

RESOLVED: The Board authorizes the Director of the Centre to request and receive Grants-in-Aid from aid-giving agencies, governments and other institutions with intimation of such receipts to appropriate governmental agencies.

RESOLUTION 13/Feb. 80

RESOLVED: The Board agreed that:

1. The management of the Centre proceed as expeditiously as possible to implement the plans for the physical development of the first floor of the building which would accommodate the Clinical Research Unit and Treatment Centre with the associated necessary facilities as provided for in the contribution of the UNDP/OPEC monies.

2. The management take prompt steps to complete the formalities necessary for the transfer of the land adjacent to the present facilities to the Centre.
3. The management take steps to acquire the land necessary in the Matlab and Teknaf area to proceed with the development projects to be defined in those areas.
4. The management proceed as promptly as possible first to develop plans for the early establishment of staff housing in the two field areas of Matlab and Teknaf and also in Dacca and develop a comprehensive plan for utilization of the land in the Mohakhali campus to accommodate all of the functions of the Centre and develop a plan to be presented to the Board at their next meeting.

OLUTION 14/Feb. 80

OLVED: The Board welcomed the offer of the UNDP to convene a Consultative Group of countries and agencies interested in the ICDDR, B, for the purpose of informing donors, potential donors and other interested groups about the programs, activities and finances of the Centre.



RESOLUTION 15/Feb. 80

RESOLVED: The Board agreed to a change of the fiscal year of the Centre from July 1 to June 30 to the calendar year of January 1 to December 31 of each year.

RESOLUTION 16/Feb. 80

RESOLVED: The Board agreed that a Subcommittee of the Board consisting of Dr. Solandt, Mr. Anwar and Dr. Greenough be formed to:

1. Select an auditor
2. Select a firm to recommend the appropriate financial systems for the Centre
3. Examine and modify as required financial regulations for approval by the Board.

RESOLUTION 17/Feb. 80

RESOLVED: The Board notes with gratitude the service of the five Board members completing their one-year term.

RESOLUTION 18/Feb. 80

RESOLVED: The Board elected Dr. Al-Dabbagh, Dr. Jan Holmgren, Dr. Gavin Jones and Dr. Julie Sulianti Saroso as Trustees of ICDDR, B for three-year terms.

RESOLUTION 19/Feb. 80

RESOLVED: The Board accepted with pleasure the nomination by the Government of Bangladesh of Mr. M.K. Anwar as Trustee of ICDDR,B for a three-year term.

RESOLUTION 20/Feb. 80

RESOLVED: The Board agreed that the Chairman act for a period of one year from July 1, 1980 to June 30, 1981.

RESOLUTION 21/Feb. 80

RESOLVED: The Board elected Dr. Julie Sulianti Saroso as Chairman for the period from July 1, 1980 to June 30, 1981.

RESOLUTION 22/Feb. 80

RESOLVED: The Board agreed with the amended budget as presented in doc. 4a/BT/Feb. 80, and authorized the Director to continue activities as outlined in this fiscal document.

RESOLUTION 23/Feb. 80

RESOLVED: The Board approved in principle the one-year budget from July 1, 1980 through June 30, 1981 both with respect to its presentation as limited by available resources and as to its incremental goals and should proceed with the

greatest urgency to reinforce the necessary scientific leadership to fully utilize the facilities available to the Centre.

RESOLUTION 24/Feb. 80

RESOLVED: The Board acknowledged the development of a variety of important external scientific relationships and encouraged the Centre to further develop and emphasize establishment of such contacts, particularly with developing countries and within the region.

RESOLUTION 25/Feb. 80

RESOLVED: The Board notes with satisfaction the report of the Centre (doc. 5e/BT/Feb. 80) on the evolution of its Ethical Review Committee as suggested by the Board in its meeting of June, 1979.

RESOLUTION 26/Feb. 80

RESOLVED: The Board agreed to appoint a Program Coordinating Committee of the composition cited in doc. 5f/BT/Feb. 80.

RESOLUTION 27/Feb. 80

RESOLVED: The Board acknowledges the formation of the Standing Committee of fertility-related programs.

RESOLUTION 28/Feb. 80

RESOLVED: The Board requests the Subcommittee for Personnel Management to continue for the purpose of further defining and implementing the ranking procedures of the Centre.

RESOLUTION 29/Feb. 80

RESOLVED: The Board agrees to delegate to the Subcommittee for seeking the next Director, ICDDR,B, the responsibility for identifying, selecting and negotiating with the candidates the terms of service for employment as Director, ICDDR,B, to be approved by the Board.

RESOLUTION 30/Feb. 80

RESOLVED: The Board appoints Dr. Solandt a full member of the Subcommittee of the Board of Trustees for seeking the next Director, ICDDR,B.

RESOLUTION 31/Feb. 80

RESOLVED: The Board agrees that the Director, Dr. Greenough, continue to remain as the Director until the new Director takes over or until June 30, 1981, whichever is earlier.

3/BI/DEC.80

DIRECTOR'S REPORT

## DIRECTOR'S REPORT

## 3.1.a Annual Report 1979 - (3.1.a/BT/Dec. 80)

An Annual Report has been prepared and circulated to Trustees, participants and other interested groups. I would like particularly to express my appreciation to Mrs. Jean Mecartney, Mr. S. I. Khan and the staff of the Library and Publications Branch for their initiative and care in preparing this report; for the photography and design, to Mr. AsemAhsari and his staff. We shall welcome comments and suggestions on any aspect of this document. It does not include a financial report as a full year of operation of ICDDR,B was not completed. The next year's report will include a full calendar year financial report together with the six-month period for July 1 - December 31, 1979.

## 3.1.b Progress Report 1979-80 - (3.1.b/BT/Dec. 80)

As a basis for the first Consultative Group meeting in Geneva in June, 1980, a Progress Report was prepared. It includes a five-year projection of the budget as well as description of programme goals, plans and activities. A more detailed report of the Consultative Group meeting is provided (5.2.a/BT/Dec. 80). Production of this report displaced early completion of the full Annual Report 1979.

## 3.2 Financial Report

This year has seen a substantial improvement in our financial position. During a portion of 1979, it was necessary to secure loans in order to meet immediate cash requirements due to delayed disbursement of committed funds to the Centre. At present, we have funds in hand in interest-bearing accounts which although committed, have been received in advance of the requirement.

The expenditure rates have been close to those budgeted with a few exceptions. Expansion of the Training Programme was delayed by lack of staff recruitment. Recently we have been fortunate to appoint a senior physician, Dr. Wirjawan Djojogugito, who is highly experienced in training and has full knowledge of the health situation in Bangladesh. He will help accelerate both national and international activities. Dr. A.S.M. Mizanur Rahman has recently returned from a year at the London School of Tropical Medicine and will be responsible for extension activities. Dr. Pierre Clauquin will divide his effort between the Community Services Research Programme and Training/Extension. With these new people, this programme has

in the last part of 1980 exceeded projected requirements. This balances out over the year to show activities that have fully utilized the funds which were budgeted. There will be a marked acceleration in 1981 which is reflected in the budget request. Current performance indicates staff will be available to fully and effectively utilize the projected requirements. The scientific programmes fully utilized budgeted funds. There has been no departure in the relative balance among the programmes.

Since we have not yet revamped our financial systems there is still excessive attribution of research costs to scientific support facilities. Thus, the shortfall in research programme expenditure is artificial and does not truly reflect the relation of programme and support functions.

We have discussed with a local and international firm the requirements for a full consultation to review, recommend and implement a financial system appropriate to the Centre. These will be discussed later (7.1/BT/Dec. 80).

An audit of the years July 1-June 30, 1977-78 and 1978-79 has been completed and provided to the Finance Subcommittee of the Board (7/BT/Dec. 80). An interim audit for the period July 1-June 30, 1979-80 has been made available to this subcommittee as well. The audits have been helpful to us and have led to substantial improvement in the control and management of our resources.

We have had the good fortune to recruit as a consultant a fully qualified Chartered Accountant, Ms. H. Niehaus, to assist in the analysis and revision of our financial functions.

### 3.3 Administrative Report

The fitting process has been completed for all staff, taking effect as of 1 July 1980. The remaining international level staff are to be reviewed and fitted at this meeting of the Board. The staff are to be complimented on their cooperation in what could have been a more difficult task. The Personnel Branch should be especially praised for their work in this regard.

An Administrative Manual has been prepared and is being added to in a systematic way as issues arise which require either policy statements or guidelines of implementation.

There have been several shifts in administrative portfolios. Those matters which directly affect the public relations with visitors and international staff have been transferred to the office of the Associate Director for Resources Development. These are housing

and travel. This has improved our performance in these areas and allowed the General Manager of Administration to focus on improving the areas of personnel, general services, maintenance and transportation. Recently, the Director has taken direct charge of the Supply Branch portfolio to accelerate establishing more effective supply lines and to facilitate computerization and integration with financial systems.

A new wing has been completed as has space for the employees' health clinic, staff welfare association and a public relations office. The kitchens of the hospital and staff canteen have been integrated. Mr. Faruque Sarkar, a qualified Civil Engineer has been recruited as a consultant. He has been a tremendous help in the construction of the new wing and also in preparation of plans for the new building. These and other activities will be reported in more detail (5.4/BT/Dec. 80). Land has been purchased in the Teknaf field station and a similar step is being taken in Matlab.

### 3.4 Scientific Staff

We have had a turnover of staff since December, 1979 with the net result of a wider representation in new staff of nationalities and some increase in strength. Above the level of Assistant Scientist, the following staff have left:

- |                     |               |                                  |
|---------------------|---------------|----------------------------------|
| 1. Dr. Lincoln Chen | United States | Nutrition, Medicine              |
| 2. Dr. David Sack*  | United States | Immunology, Clinical<br>Medicine |

Joining us have been the following:

- |                              |               |                                    |
|------------------------------|---------------|------------------------------------|
| 1. Dr. Leif Gothefors        | Sweden        | Immunology, Pediatrics             |
| 2. Dr. Peter Speelman        | Netherlands   | Gastroenterology,<br>Medicine      |
| 3. Dr. Pierre Claquin        | France        | Epidemiology, Training<br>Medicine |
| 4. Dr. James Phillips        | United States | Demography, Statistics             |
| 5. Dr. Wirjawan Djojosingito | Indonesia     | Training, Medicine                 |
| 6. Dr. Aziz R. Samadi        | Afghanistan   | Pediatrics, Community<br>Health    |

In addition, we have had several consultants to assist in specific programme areas. These have included:

1. Dr. Charles Aird  
Johns Hopkins University  
Charlottesville, Virginia  
United States

Computer Systems

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\* Dr. Sack will, however, provide 3 months of his time to ICDDR,B in Dacca in 1980-81.



2. Dr. Thomas Butler  
Associate Professor of Medicine  
Case Western Reserve University  
Cleveland, Ohio  
United States

Pathogenesis and Therapy Programme

3. Dr. Richard A. Cash  
Institute Fellow  
Harvard Institute for International Development  
Cambridge, Massachusetts  
United States

Training Programme

4. Professor Barry Edmonston  
Assistant Professor, Sociology  
Cornell University  
Ithaca, New York  
United States

Fertility Research

5. Mr. Harold Graves  
Consultant  
Chevy Chase, Maryland  
United States

Consultant: Consultative Group Meeting

6. Ms. Sue Horton  
Harvard University  
Cambridge, Massachusetts  
United States

Socioeconomic Studies

7. Dr. Tetsuo Morishita  
Gastroenterologist  
Keio University  
Japan

Studies on cholera  
Pathogenesis and Therapy Programme

8. Ms. Bonnie Pederson  
The Center for Population Activities  
Washington, D.C.  
United States

Training: Maternal Development

9. Dr. Jeffrey Sacks  
Center for Disease Control  
Atlanta, Georgia  
United States

Epidemiologic Surveillance Programme

10. Dr. S.P.F. Senaratne  
Consultant Anthropologist  
Colombo, Sri Lanka

Behavioural Sciences

11. Dr. John Snyder  
Center for Disease Control  
Atlanta, Georgia  
United States

Oral Hydration Field Trial

12. Dr. Kaye Wachsmuth  
Center for Disease Control  
Atlanta, Georgia  
United States

Plasmids and Yersinia enterocolitica Protocols  
Disease Transmission Programme

13. Dr. Jason Weisfeldt  
Center for Disease Control  
Atlanta, Georgia  
United States

Community Services Research

14. Dr. Ricky Wilson  
Center for Disease Control  
Atlanta, Georgia  
United States

Epidemiology, Dacca Hospital Surveillance

There has been an active staff development effort with several people returning from training who have successfully completed their courses and work.

1. Dr. Shajahan Kabir - Max Plank Institute  
Freiburg, Federal Republic of Germany
2. Dr. Asma Khanam - M.P.H., Harvard University, Boston,  
Massachusetts, United States

3. Dr. G. H. Rabbani - M.Sc., Community Medicine, London School of Tropical Medicine
4. Dr. A.S.M. Mizanur Rahman - M.Sc. Community Medicine, London School of Tropical Medicine

This has been a year of building strength, which should result in more vigorous programmes of even higher quality in the immediate future.

### 3.5 Other Activities

The most substantial achievement in improvement of our capabilities this year has been the installation and rapid utilization of an IBM S/34 computer. Although this is not able to satisfy important requirements of sophisticated analyses of our largest data sets, it does accommodate the vast bulk of our work. We have been actively training our staff and those of other institutions in its use. This has emphasized not only how our own needs can be met but also provides a vehicle for an important interface with national institutions.

The other very major achievement which will be reported in more detail has been the initiation of our new building on the land donated by the Government of Bangladesh.

Scientific achievements will be presented at the appropriate points of the discussion on programme. The appended publications list for 1980 will give an idea of level and scope of our performance (4.4/Dec. 80, Appendix J).

FINANCIAL REPORT FOR FY '80  
(July 1, '79 - June 30, '80)

3.2 Introduction

This interim report outlines the Centre's financial activities during the period from July 1, 1979 to June 30, 1980. The figures used to prepare this report are subject to confirmation by the auditor. After audit a final report, covering the period from July 1, 1979 through June 30, 1980 and July 1, 1980 to December 31, 1980, will be presented to the Board in the next meeting.

This report also indicates the Centre's actual position with regard to the transfer of assets and liabilities from CRL to ICDDR,B, banking arrangements and planned financial activities for the interim period covering July 1, 1980 through December 31, 1980.

3.2.a Financial Activities

The Centre's cash and in kind support income estimates in the FY '80 revised budget were \$ 3,646,100, but actual receipts during the year were \$ 3,534,516 (plus \$ 1,477,000 for FY '81 use and \$ 103,000 in the building fund). The UNFPA Project fund budgeted for MCH-FP and Demographic Surveillance Project, Matlab, did not mature during the year. The contribution from the Government of Switzerland was not included in the revised budget, but the Centre was able to conclude an agreement with the Government of Switzerland and received \$ 1,224,000 to cover a two-year period from July 1, 1980. Detailed breakdown of Support Revenue and Other income is provided in Appendix A.

3.2.a.1 Functional Summary of Expenditures

The following presents a summary of expenditures compared with the revised budget for FY '80 and analysed by function:

	FY '80 <u>Revised Budget</u>	FY '80 <u>Expenditures</u>	Under/ <u>(Over)</u>
Personnel Services	\$ 1,706,300	\$ 1,964,941	\$ (258,641)
Travel	210,900	264,714	(53,814)
Transport of Things	80,500	76,798	11,702
Rent, Comm. & Utilities	464,300	480,255	(15,955)
Printing & Reproduction	24,100	29,949	(5,849)
Contractual Services	131,300	199,806	(68,506)
Supplies	558,200	706,043	(147,843)
Equipment	462,500	189,423	273,077
Total	\$ 3,646,100	\$ 3,911,929	\$ (265,829)

Total actual expenditures exceeded the Revised Budget for FY '80 by slightly more than 7%; the excess can be attributed to larger than anticipated increases in prices of goods and services purchased on the local and international markets, and increases in personnel services costs. Salary increases for local staff were budgeted in revised form at 40% over the FY '79 levels. Salary increases were actually made in two phases, both effective July 1, 1979; the 30% increase was approved July 4, 1979. The second 15% increase, approved February 22, 1980, included provision for a minimum wage of Tk.750/- per month. The actual expenditures resulted in a 49.5% increase over FY '79 levels instead of the 40% planned, or \$ 125,000 over budget. Income taxes were paid by the Centre on behalf of Bangladeshi employees for the first time. Salary increases described above caused higher income taxes than budgeted.

Additional unbudgeted costs were incurred to bring daily wage employees into regular employment.

The Centre carried over cash assets in the amount of \$ 976,800 from CRL which increased the cash available for FY '80 to \$ 4,039,666. Subtracting FY '80 cash expenditures of \$ 3,440,279 from the available cash, \$ 599,387 of FY '80 cash was carried over to the next budget year beginning July 1, 1980. Also carried over were \$ 1,477,000 received in FY '80 for the next Budget Year and \$ 103,000 received from UNDP/WHO for the building fund.

It should be noted that the fund flow during the year was not steady. The Centre was forced to borrow money from banks to meet its obligations and repay when funds were available. During FY '80 the Centre paid interest for the borrowed money totalling \$ 7,607. This amount has been shown as expenditure under Other Contractual Services.

### 3.2.a.1 Summary of Expenditures by Programmes

The following presents a summary of expenditures compared with the Programme Budget for FY '80 with percentages of financial resources used by each programme:

<u>Programmes</u>	<u>Revised Budget</u>	<u>Programme Expenditure</u>	<u>Percentage of Expenditure in each Programme</u>
<b>Research Programme</b>			
Disease Transmission	\$ 237,500	\$ 253,790	6.00%
Pathogenesis & Therapy	129,200	111,923	3.20
Host Defense Therapy	161,900	154,854	4.60
Nutrition	153,000	169,101	3.90
Community Services Res.	<u>563,600</u>	<u>511,977</u>	<u>12.60</u>
Total	1,245,200	1,201,645	30.30
Research Facilities	779,140	1,102,263	32.00
Training	<u>187,060</u>	<u>140,483</u>	<u>4.10</u>
Total Res. & Training	2,211,400	2,444,391	66.40
Maintenance & Logistics	763,500	710,634	11.60
Management	634,950	713,575	20.80
Resources Development	<u>36,250</u>	<u>43,329</u>	<u>1.20</u>
Grand Total	\$ 3,646,100	\$ 3,911,929	100.00%

Detailed expenditures for Research Support Facilities, Maintenance and Management are provided in Appendix B.

The actual FY '80 expenditures were \$ 265,829 above the approved budget, an increase of about 7%. The previous detailed analysis of expenses incurred by functional cost classification noted that the primary reasons for increases were two: (1) Prices for goods and services increased more quickly than was foreseen; (2) Salary increases for local employees were larger than originally budgeted.

The Research Programmes show expenditures less than the budget, while the Research Support Facilities were over the budget. These differences reflect the fact that the cost accounting system is not adequate to attribute to the Research Programmes the full costs of protocol-related work performed by the Support Facilities.

The Training Programme did not expend the budget fully, primarily because of delays in recruiting senior staff members.

In the Maintenance and Logistics area the transport budget was underspent by \$ 129,000. 10 automobiles were budgeted and ordered during FY '80 but were not paid until the next budget year.

In the Supply, Maintenance and Management areas, expenditures exceeded the budget due to price and wage increases previously explained.

3.2.b Transfer of Assets and Liabilities

An institutional terminal audit of the financial activities of the dissolved Cholera Research Laboratory (CRL) conducted by Rahman Rahman Huq and Company, a Chartered Accountants firm in Bangladesh has been completed. A copy of the report has been provided to the members of the Board of Trustees under a separate memorandum.

The following assets as confirmed by the auditor have been transferred from CRL to ICDDR,B and incorporated in the new financial ledger:

a. Cash balance	\$ 329,570 <sup>a</sup>
b. Advances outstanding	106,574
c. Stock, stores, spares and materials	389,409
d. Non-expendable properties (FIXED ASSETS)	522,773
	<u>1,348,326</u>
<u>Less:</u> Account payable	44,430
	Net Assets \$ 1,303,896

In addition to the above, non-expendable properties worth \$ 651,751 owned by the US-AID on the date of dissolution of CRL were also transferred at a later date to ICDDR,B along with a cash reimbursement of \$ 540,656<sup>b</sup>.

ICDDR,B management is requesting the Board of Trustees to accept the CRL terminal audit report for the period ending September 30, 1978 and June 30, 1979 and to approve the transfer of assets and liabilities as stated above.

3.2.c Consolidation of Bank Account

In accordance with resolutions regarding bank accounts in the first meeting of the Board of Trustees, the following actions have been implemented.

- a) The accounts with three foreign banks, namely, Bank of Bethesda - USA, Bank of New South Wales - Australia and Royal Bank of Canada - Canada, have been closed and balances are transferred to our new accounts.

Note: Total cash assets transferred to ICDDR,B from CRL

<sup>a</sup> Confirmed by auditor: Cash	\$ 329,570
Advances	106,574
<sup>b</sup> Transferred and confirmed at later date	540,656
	<u>\$ 976,800</u>

- b) A new account in foreign currency and a convertible account have been opened in the Janata Bank, a nationalised Bangladeshi bank, to deposit foreign currency receipts and disburse in foreign countries where it has facilities to render quick banking services.
- c) A CRL Taka account with the Agrani Bank (another nationalised Bank in Bangladesh) is being maintained with appropriate change of the account title. This account is used for receipt and disbursement of takas including payment of salaries to the locally hired employees stationed in Dacca, Matlab and Teknaf. Both banks were used to borrow for our taka needs at the time of unstable cash flow.
- d) The Centre continued to maintain the existing account with American Express International Banking Corporation, USA to administer Federal Letter of Credit (FRLC) through which the US-AID/Washington contribution has been channelled.

The account has also been used to borrow money at the time of unstable cash flow of the Centre.

In order to meet donor requirements to release their contributions, the Centre has opened accounts with American Express International Banking Corporation in Geneva and London. To facilitate quick remittance to the Centre another account has been opened in the Dacca Branch.

### 3.2.d Financial Operation During Interim Period

The Centre's financial year (July-June) has been changed to the calendar year, effective January 1, 1981. Audited financial statements for the resulting short year July 1, 1980 to December 31, 1980 will be presented. The Centre is treating the short year as an interim period under the budgetary control of the original FY '81 budget. The following is the programme-wise summary of accrued expenditures during the period from July 1, 1980 to September 30, 1980 and the projected requirement for the period from October through December 31, 1980.

	Accrued Expenditure <u>July-Sept. '80</u>	Projected Requirement <u>Oct.-Dec. '80</u>	<u>Total</u>
<b><u>RESEARCH PROGRAMME</u></b>			
Disease Transmission	\$ 51,970	\$ 56,695	\$ 108,665
Pathogenesis and Therapy	30,558	33,335	63,893
Host Defense Therapy	43,483	47,436	90,919
Nutrition	29,946	32,668	62,614
Community Services Research	<u>64,453</u>	<u>70,313</u>	<u>134,766</u>
	\$ 220,410	\$ 240,447	\$ 460,857



	Accrued Expenditure <u>July-Sept. '80</u>	Projected Requirement <u>Oct.-Dec. '80</u>	<u>Total</u>
<u>RESEARCH FACILITIES</u>			
Dacca Station	\$ 116,657	\$ 126,881	\$ 243,538
Matlab Station	130,246	142,087	272,333
Teknaf Station	22,279	24,305	46,584
Microbiology	36,660	39,993	76,653
Biochemistry	14,475	16,009	30,484
Immunology	9,068	9,893	18,961
Library and Publications	19,165	20,875	40,040
Biometric & Data Management	15,736	17,166	32,902
Animal Resources	13,362	14,809	28,171
	<u>377,648</u>	<u>412,018</u>	<u>789,666</u>
Total Research & Support	\$ 598,058	\$ 652,465	\$1,250,523
<u>TRAINING</u>			
Training Programme	57,019	61,495	118,514
Training Facilities	8,518	10,000	18,518
	<u>65,537</u>	<u>71,495</u>	<u>137,032</u>
Total Research and Training Programme	\$ 663,595	\$ 723,960	\$1,387,555
<u>MAINTENANCE AND LOGISTICS</u>			
Supply	21,885	23,874	45,759
Transport	29,195	31,849	61,044
Maintenance	62,656	68,353	131,009
	<u>113,736</u>	<u>124,076</u>	<u>237,812</u>
<u>MANAGEMENT</u>			
Director's Office	82,102	89,566	171,668
Administration	55,540	60,589	116,129
Controller's Office	18,903	20,622	39,525
Physical Plant	29,737	32,440	62,177
	<u>186,282</u>	<u>203,217</u>	<u>389,499</u>
<u>RESOURCES DEVELOPMENT</u>	21,768	23,747	45,515
Grand Total	\$ <u>985,381</u>	\$ <u>1,075,000</u>	\$ <u>2,060,381</u>

The following is the functional cost committed for the period from July 1, 1980 to September 30, 1980 and projected for the period from October 1, 1980 to December 31, 1980, corresponding to programme-wise costs stated above:

	<u>Accrued Expenditure July-Sept.'80</u>	<u>Projected Requirement Oct.-Dec.'80</u>	<u>Total</u>
Personnel Services	\$ 576,688	\$ 625,000	\$ 1,201,687
Travel and Transportation of Persons	84,578	100,000	184,578
Transportation of Things	34,817	35,000	69,817
Rent, Communications and Utilities	43,841	50,000	93,841
Printing and Reproduction	10,526	12,000	22,526
Other Contractual Services	64,401	65,000	129,401
Supplies and Materials	126,429	138,000	264,429
Equipment	44,101	50,000	94,101
Total	\$ 985,381	\$1,075,000	\$ 2,060,381

The income estimates for FY '81 (July 1, 1980 through June 30, 1981) are \$ 4,788,400, of which \$ 2,060,381 will be committed during the period from July 1, 1980 through December 31, 1980 and \$ 2,728,019 will be carried over to the new financial year starting from January 1, 1981.

STATEMENT OF SUPPORT REVENUE  
OTHER INCOME AND FUNDS AVAILABLE FY '80  
(July 1, 1979 - June 30, 1980)  
(US DOLLARS)

Cash Support Revenue Received FY '80:

Unrestricted

United States of America	\$ 2,060,000 <sup>a</sup>	
Switzerland	1,224,000 <sup>b</sup>	
The Ford Foundation	124,350	
Australia	113,333	
Saudi Arabia	100,000	
Bangladesh	56,000	
United Kingdom	-	
	<hr/>	
		\$ 3,677,683
Other income		33,910

Restricted

UNDP/WHO	799,940 <sup>c</sup>	
IDRC/Canada - Teknaf	28,333	
OPEC/UNDP/WHO Building Fund	103,000	
	<hr/>	
		\$ 931,273

Total Cash Receipts \$ 4,642,866

In Kind Support Received FY '80

Bangladesh	311,000	
Overseas Development Ministry	35,000	
Centre for Disease Control	50,000	
The Population Council	-	
The Ford Foundation	75,650	
	<hr/>	
		471,650

Total Support Revenue \$ 5,114,516

<sup>a</sup>Includes receipts for next budget year \$ 468,000

<sup>b</sup>Includes receipts for next budget year 612,000

<sup>c</sup>Includes receipts for next budget year 400,000

COMPARATIVE STATEMENT OF BUDGET AND EXPENDITURES FY '80  
(July 1, 1979 - June 30, 1980)  
(US DOLLARS)

	<u>Budget</u>	<u>Expenditure</u>	<u>Under/(Over) Budget</u>
<u>RESEARCH PROGRAMME</u>			
<u>Programmes</u>			
Disease Transmission	\$ 237,500	\$ 253,790	\$ (16,290)
Pathogenesis and Therapy	129,200	111,923	17,277
Host Defense Therapy	161,900	154,854	7,046
Nutrition	153,000	169,101	(16,101)
Community Services Research	<u>563,600</u>	<u>511,977</u>	<u>51,623</u>
Total	\$ 1,245,200	\$ 1,201,645	\$ 43,555
<u>Research Support Facilities</u>			
Dacca Station	268,060	418,096	(150,036)
Matlab Station	279,360	284,019	(4,659)
Teknaf Station	36,330	74,125	(37,795)
Microbiology	64,600	115,042	(50,442)
Biochemistry	21,820	33,604	(11,784)
Immunology	16,150	18,086	(1,936)
Library and Publications	34,720	71,601	(36,881)
Animal Resources	34,700	56,871	(22,171)
Biometric and Data Management	<u>23,400</u>	<u>30,819</u>	<u>(7,419)</u>
Total	\$ 779,140	\$ 1,102,263	\$ (323,123)
Total Research and Support	\$ 2,024,340	\$ 2,303,908	\$ (279,568)
<u>TRAINING PROGRAMME</u>			
Training Programme	\$ 158,800	\$ 118,112	\$ 40,688
Training Facilities	<u>28,260</u>	<u>22,371</u>	<u>5,889</u>
Total	\$ 187,060	\$ 140,483	\$ 46,577
Total Research and Training Programme	\$ 2,211,400	\$ 2,444,391	\$ (232,991)

	<u>Budget</u>	<u>Expenditure</u>	<u>Under/(Over) Budget</u>
<u>MAINTENANCE AND LOGISTICS</u>			
Supply	\$ 63,350	\$ 81,594	\$ (18,244)
Transportation	221,720	92,838	128,882
Maintenance	478,430	536,202	(57,772)
Total	\$ <u>763,500</u>	\$ <u>710,634</u>	\$ <u>52,866</u>
<u>MANAGEMENT</u>			
Director's Office	\$ 349,630	\$ 348,155	\$ 1,475
Administration	145,040	199,154	(54,114)
Controller's Office	62,760	68,536	(5,776)
Physical Plant	77,520	97,730	(20,210)
Total	\$ <u>634,950</u>	\$ <u>713,575</u>	\$ <u>(78,625)</u>
<u>RESOURCES DEVELOPMENT</u>	\$ 36,250	\$ 43,329	\$ (7,079)
Grand Total	\$ <u>3,646,100</u>	\$ <u>3,911,929<sup>a</sup></u>	\$ <u>(265,829)</u>

<sup>a</sup>Includes cash expenditure \$ 3,440,279 and in kind support \$ 471,650 (estimated).

FY '80 CASH FLOW

Cash carry-over as of 30-6-79	\$ 976,800
<u>Add: Cash support revenue &amp; other income</u>	<u>4,642,866</u>
	5,619,666
<u>Less: Total expenditures</u>	<u>3,440,279</u>
Cash carry-over to FY '81	\$ <u><u>2,179,387</u></u>

3.4.a Consultants to ICDDR,B staying less than three months.

<u>Person</u>	<u>Country</u>
Dr. Charles Aird	United States
Dr. Selwyn Baker	Australia
Dr. Dhiman Barua	Switzerland
Dr. R. E. Black	United States
Dr. Martin Blaser	United States
Dr. Nick Butler	United Kingdom
Dr. Thomas Butler	United States
Dr. John Cameron	Scotland
Dr. Richard Cash	United States
Dr. Claude Cherton	Belgium
Dr. Chia-Yung	People's Republic of China
Dr. S. N. De	India
Professor Barry Edmonston	United States
Dr. Roger Feldman	United States
Professor J.F.T. Glassgow	Ireland
Dr. Gunnel Huldt	Sweden
Mr. Harold Graves	United States
Dr. Klaus Gyr	Switzerland
Dr. Sandra Huffman	United States
Ms. Sue Horton	United Kingdom
Dr. Taro Inoue	Japan
Dr. Marianne Jertborne	Sweden
Dr. Michael Katz	United States
Dr. Inger Ljungstrom	Sweden
Mr. David Leon	United States
Dr. Glenn Morris	United States
Mr. Steven Mosley	United States
Dr. Tetsuo Morishita	Japan
Ms. Bonnie Pederson	United States
Dr. Irwin Rosenberg	United States
Dr. Derrick Rowley	Australia
Dr. Jeffery Sack	United States
Dr. R. Bradley Sack	United States
Dr. Aziz R. Samadi	Afghanistan
Dr. S.P.F. Senaratne	Sri Lanka
Dr. Wei Shi-Hua	People's Republic of China
Mr. A.R.S. Sleigh	Australia
Dr. John Snyder	United States
Dr. W. M. Spira	United States
Dr. Ann-Mari Svennerholm	Sweden
Dr. Andrew Tomkins	United Kingdom
Dr. Kaye Wachsmuth	United States
Dr. E. van de Walle	United States
Dr. Jason Weisfeldt	United States
Dr. Ricky Wilson	United States
Ms. Lise Zaman	Canada
Professor G. Zissis	Belgium

4/BT/DEC.80

Programme

REPORT ON TRAINING, EXTENSION AND COMMUNICATION

REPORTS ON TRAINING, EXTENSION AND COMMUNICATION

4

Introduction

The reports attached cover three areas as follows:

4.2 Training Programme

4.3 Extension Programme

4.4 Communication Programme (Publication and Dissemination of Knowledge)

The internationalization of CRL brought new dimensions for ICDDR,B. The ICDDR,B Ordinance, (Dated Dacca the 9th December 1978) has a strong commitment for training, extension and dissemination of knowledge. Accordingly since 1979 we have been developing plans for the newly identified training & extension activities to strengthen the component of dissemination of knowledge. These plans are reflected in the budget of 1981 (Appendix A). The reports submitted here contain the summary of activities undertaken in 1980. A detailed plan for 1981 has been drawn up for training and national extension where most of the development will take place in 1981 and '82. The maximum growth in the International Extension area is planned for 1982 and '83. The communication programme for the publication and dissemination of knowledge, which has been in existence for a long time, is having a steady growth rate and will have the maximum growth in 1982-'83.

It is expected that various programmes will achieve a steady state by 1984; however, the International Extension will continue to grow significantly beyond that.



4.2 Report on Training Programme

This report contains brief account of the activities under the training programme during 1980, plans for 1981 and projected activities for 1982-'85 period.

During 1980, thirty two fellows from India, Viet Nam, Philippines, Indonesia, Maldives, Egypt, Japan, Thailand, Sri Lanka and U.S.A. took training in various fields. Training was also imparted to 152 paramedical personnel and 845 medical students (Appendix B). Besides this, an ICDDR,B Workshop on Medical Education on Diarrhoeal Diseases and related subjects was held. In this workshop leading persons from medical and other professions in Bangladesh participated (Appendix C) with a view to re-orient the curricula at various levels of teaching. Some educational materials have been developed for trainers and users.

Training for staff development is presented in Appendix D. Plans have been developed for structure of the training and extension programme (Appendix E). Detailed plans for 1981 have been made (Appendix F). The main emphasis in 1981 has been laid on training. A Training Co-ordinator, who has just been appointed, will be co-ordinating these activities. The purpose of the courses, workshops and seminars will be to begin the process of building up a critical mass of people in various countries in Asia and Africa. It is planned that in addition to the 45 persons from 17 different countries in Asia, trained in 1980, another 70 persons from Asia, 25 persons from Africa and 10 persons from Latin America will be trained during 1981. Provisions have been made in the 1981 budget for the recruitment of appropriate personnel for carrying out these activities.

In 1981 emphasis will be on education/training materials development. It is planned that ICDDR,B in addition to materials available from the WHO Control of Diarrhoeal Disease Programme, will utilize one of the two CDC slots for an educational/training materials development person. Manuals for training of the trainers both at a professional and para-professional level will be developed. Flip charts, posters and other materials will be developed for mass education and for the mothers in the community. Efforts will be taken to strengthen medical and other relevant schools/Institutions in their attempt to re-orient the curriculum with the priority health problems of the country concerned with special reference to the Diarrhoeal Diseases and related subjects.

During the 1982-'85 period courses will be offered each month at ICDDR,B. Additional workshops and seminars will also be organised within the capabilities of staff strength and budget. In addition to the courses, research training will receive increased attention from 1982 onwards. A three month course on Research Training will be offered to young scientists from various countries on how to develop protocols during this period. It is also planned

that one ICDDR,B teacher could be available for top level national training for the trainers, when such requests originate from countries concerned or from WHO.

#### 4.3 Report on Extension Programme

This report contains brief account of the extension activities of 1980, plans for 1981 and projected activities for 1982-'85.

In 1980, Extension activities have been mostly carried out in Bangladesh. In order to find out the most effective way of delivery of services for diarrhoeal diseases management, a project was undertaken in Chandpur (Appendix G). This project has been concluded and the results will be used for developing three areas in Bangladesh in the districts of Comilla, Pabna and Jessore. This year there have been several calls for helping out in epidemics from several districts in Bangladesh. This experience has helped in developing a surveillance protocol.

For International Extension, there has been exchange of visits at various levels with India, Indonesia, Thailand, Nigeria and Kenya. Key personnel from Egypt have been trained to start a training center in the University of Alexandria Children's Hospital in Egypt. A Co-ordinator for International Extension has joined ICDDR,B in November, 1980. A small evaluation cell has been started in 1980.

In 1981, it is proposed that two in-country workshops will be held, one in Indonesia and the other in Africa, leading to further collaboration with these countries. It is expected that when trainees from Asia and Africa go back to their countries further collaborative programmes will be undertaken. The capacities of the evaluation cell will be increased during 1981. A team would be available to respond to calls from different countries for diarrhoeal diseases epidemic control services.

Hopefully, enough programmes in different countries will be in action by 1982 needing a Programme Head responsible for all the extension activities. In 1982 two extension Liaison Officers, one for Africa and one for Asia would be needed. The evaluation services and diarrhoeal disease epidemic control services would be made available to other countries beginning 1982. In 1983 an extension Liaison Officer is visualized for Latin America. A schematic diagram for the extension programme is presented in Appendix H.

During the 1981-'85 period extension activities will cover collaboration of ICDDR,B with other institutions both in the area of Research and Extension. Proper liaison will be maintained with the appropriate Scientific Working Group in research collaboration. In extension of service delivery activities direct collaboration

with governments/agencies is visualized along with consultation/collaboration with WHO. Links would be maintained with WHO Global Diarrhoeal Disease Programme.

The extension programme would be closely linked with Educational/Training materials development and evaluation programme. Educational/training materials will be developed for the users (consumers) and trainers at various levels. Efforts to strengthen medical schools and other educational institutions, in their attempts at re-orienting the curriculum with the priority health problems of the country concerned with special reference to the diarrhoeal diseases and related subjects. In 1983 a Programme Head level person would be needed for evaluation and educational/training materials development activities.

#### 4.4 Report on Communication Programme

This report gives a view of ICDDR,B publications aiming at disseminating knowledge. It presents the future plan of actions and projections in information and communication in the next five years.

During the period January to November 1980, Publication Unit printed 18 scientific papers, reprinted 8, and published 10 issues of the monthly newsletter Glimpse. Over 740 copies of Annual Report of 1979; 5,360 copies of scientific publication; 40,246 copies of Glimpse were distributed. 8 papers are now under process for publication which are expected to be out within a couple of weeks. An illustrated training manual (English and Bengali) for the trainers is now in press. During this period 39 seminars were held (Appendix I).

A list of 1980 publications (Provisional) is attached (Appendix J).

In 1981, about 36 papers will be published internally. Attempts will be made to identify one or two libraries from each developing country which will be considered as depository libraries for all kinds of ICDDR,B publications. Various kinds of training and audio-visual materials will be published to support training and extension activities. In 1981 bibliographies on the following areas will be compiled:

- i) Fluid and diet therapy in the treatment of diarrhoeal diseases, and
- ii) Relationship between water, sanitation, environment and diarrhoeal diseases.

A "Who's Who in Diarrhoeal Diseases" and a directory of on-going projects will be completed in 1982. Computerization of

library information services is expected to start in 1981. A project to procure and process world resources on diarrhoeal diseases will be submitted to IDRC, Canada and other interested agencies for financial and other assistances.

In 1982, in addition to publication of 45 papers, some special materials will be produced in different languages. It is expected that 10,000 copies of Glimpse would be printed for wider distribution and plans are underway to publish a journal on diarrhoeal diseases beginning from 1982. Compilation of retrospective bibliographies on different aspects of diarrhoeal diseases will be undertaken and completed by the end of 1982.

In 1983, an off-set printing press will be installed. From 1983, on an average 70 publications will be produced internally. Annual bibliography on diarrhoeal diseases will be compiled and published. Besides, all other activities mentioned will continue through 1984, 1985.

Training, Extension and Communication Budget

January - December, 1981

(in US Dollar )

	<u>Full Programme</u>		<u>Total</u>	<u>Limited Budget</u>		<u>Total</u>
	<u>Personnel</u>	<u>Other</u>		<u>Personnel</u>	<u>Other</u>	
Training & Extension	241,400	195,200	454,600	172,700	20,600	193,300
Library & Publication	42,500	74,600	117,100	38,600	26,500	65,100
Staff Development	46,000	54,000	100,000	23,000	22,000	45,000
Fellowships		48,000	48,000		12,000	12,000
Workshops		135,000	135,000		40,000	40,000
<b>Total:</b>	<b>349,900</b>	<b>506,800</b>	<b>856,700</b>	<b>234,300</b>	<b>121,100</b>	<b>355,400</b>

		Detailed Budget		
		<u>Personnel</u>	<u>Other</u>	<u>Total</u>
A.	Limited Budget	234,300	121,100	355,400
I.	Training & Extension	195,700	94,600	290,300
	a) Training Staff Commitment	105,800	10,600	116,400
	b) Training Department	35,400	5,000	40,400
	c) Staff Development	23,000	22,000	45,000
	d) Training Activities			
	i) Chandpur Project	31,500	5,000	36,500
	ii) Vaccine Meeting		40,000	40,000
	iii) Ethical Workshop			
	iv) Regional Workshop			
	v) Shigella Workshop			
	vi) Evaluation Course			
	vii) Evaluation Cell			
	viii) In-country Workshop			
	ix) Bangladesh Training			
	x) Clinical Workshop			
	xi) Bangladesh & International Extension			
	xii) Overseas Predoctoral Fellowship		12,000	12,000

No budgetary provision in the limited budget

	<u>Personnel</u>	<u>Other</u>	<u>Total</u>
II. Communication			
Library and Publication	38,600	26,500	65,100
B. Incremental Requirement	<u>115,600</u>	<u>385,700</u>	<u>501,300</u>
I. Training and Extension	111,700	337,600	449,300
a) Staff Commitment			
b) Training Department	88,700	174,600	263,300
c) Extension Activities			
d) Staff Development	23,000	32,000	55,000
e) Fellowship	-	36,000	36,000
f) Workshops	-	95,000	95,000
II. Communication			
Library and Publications	3,900	48,100	52,000
C. Full Programme (A + B)	<u>349,900</u>	<u>506,800</u>	<u>856,700</u>
I. Training and Extension	307,400	432,200	739,600
a) Training Staff Commitment & Extension Activities	261,400	195,200	456,600
b) Staff Development	46,000	54,000	100,000
c) Fellowship	-	48,000	48,000
d) Workshop	-	135,000	135,000
II. Communication			
Library and Publication	42,500	74,600	117,100

Reports on Training Programme  
( January - November 1980)

A. Fellowship Programme

During the period from January to November, 1980, Extension of ICDDR,B Research Fellowship has been allowed to (1) Mrs. Khaleda Haider, (2) Mr. Zahid Muzaffar, (3) Dr. Shafiqul Alam Sarkar on successful completion of their second year of fellowship term in their respective research areas. Further additions to the fellowship programme have been made by appointing two new fellows namely Drs. Moshaddeque Hossain and Syed Masud Ahmed. The new awardees of the ICDDR,B fellowship have been appointed initially for a period of one year subject to further extension on satisfactory performance.

B. International Trainees

(a) Three WHO fellows - Drs. Arun Ranjan Pal, M. Swain and P.S.K.P.Raju underwent a five-weeks training from 4 December 1979 to 31 January 1980 in the ICDDR,B on (1) Management of Diarrhoeal Diseases both Institutional and Domicilliary with emphasis on Oral Rehydration, (2) Epidemiological Studies of Diarrhoeal Diseases outbreak and (3) Laboratory Diagnosis of Diarrhoeal Diseases.

(b) Dr. Doan Ngoc Anh from the National Institute of Hygiene and Epidemiology, Hanoi visited ICDDR,B as a WHO fellow from 8 January to 19 February 1980. She has carried out her study in Urban Epidemiology and Diagnostic Procedures under the joint supervision of Dr. M.U.Khan and Dr. Md. Yunus. She remained highly involved in virology and viral diarrhoea.

(c) Dr. Dennis R. Labayan, Medical Specialist, International Institute of Rural Reconstruction, Silang, Cavite, Philippines spent six weeks in the ICDDR,B as a WHO fellow from 11 January to 23 February 1980. His study consisted of Management and Treatment of Diarrhoeal Diseases.

(d) Dr. H.N.Dutta, a Pathologist from the Holy Family Hospital New Delhi visited ICDDR,B for a short training on routine procedures etc. for diarrhoeal diseases. He was here from 11 to 16 March 1980.

(e) Dr. T.Ginting from Indonesia visited ICDDR,B on a WHO fellowship from 5 to 16 May, 1980 and studied management and control of diarrhoeal diseases in the ICDDR,B including case studies at Matlab Field Station.



- (f) Dr. Anant Kumar Vyas, a WHO fellow from India spent his two months' time from 4 May 1980 in the ICDDR,B and studied recent trends in epidemiology of cholera and also bio-medical research in order to strengthen cholera control measures in India.
- (g) Mr. Ismail Fulu, Mr. Md. Shaheed and Mr. Md.Saeed, three trainees from Maldives arrived Dacca on 23 June 1980 for training in the ICDDR,B in the area of Community Health Care with special reference to diarrhoeal disease control programme. They were in this Centre up to 18 July, 1980
- (h) Two WHO fellows viz: (1) Dr. Alibasah Natakoesoemah and (2) Dr. Susanto Soedarsono from Indonesia visited ICDDR,B for the period from 1 September to 31 October 1980 to study Management and Control of Diarrhoeal Diseases. Of these, Dr. Alibasah had to discontinue the visit due to sudden illness while Dr. Susanto completed the two months' visit to this Centre. They attended some field activities and epidemiological investigations and oral rehydration development and clinical management of cases in ICDDR,B.
- (i) Dr. Subba Rao, a WHO fellow from India arrived Dacca on 4 November 1980 for a period of 5 months to undertake study in the area of cholera immunology in the ICDDR,B.
- (j) Two WHO fellows - Dr. Ibrahim Elaraby, Assistant Professor of Paediatrics, Alexandria University and Ms.Mariem Soliman, Nurse, Emergency Rehydration Unit, Alexandria University Hospital visited ICDDR,B from 20-30 October 1980 and studied management and control of diarrhoeal diseases with special reference to the oral rehydration development.
- (k) Dr. Irma Fiordalisi from the Montefiore Hospital and Medical Centre, Bronx, New York arrived in Dacca on 9 November 1980 under the supervision of Dr.M.Mujibur Rahaman. She will study in the area of clinical paediatrics, in-patient care of acute patients. She will be here for one month.
- (l) Drs. M.Mitsuyama and two students from Kyushu University visited ICDDR,B from 18-27 August 1980 and worked on Management and Control of Diarrhoeal Diseases and other tropical diseases in Bangladesh. They worked under the supervision of Dr. L.N.Mutanda.
- (m) Mr. Peter Schaiberger from the School of Public Health University of Michigan, spent his time from May to September 1980 in studying socio-economic and cultural factors in the transmission and contraction of disease in Bangladesh. His supervisor was Dr. M. Mujibur Rahaman.

(n) Mr. Steven Guest arrived in ICDDR,B in November 1979 and was to help with the Wellcome Cholera Vaccine Trial in January. But since this did not begin on schedule, Mr. Guest was assigned studies in (1) Use of vital Records, (2) Participation in Field Studies and (3) Work in on-going projects. He left in February 1980 on receipt of a cable to return to the States for an important interview. He worked under the supervision of Dr. R. Glass.

(o) In February 1980, four faculty members from the Mahidol University, Thailand visited ICDDR,B for a period of two weeks and spent their time mainly in studying social medicine, biostatistics, community health including visits to ICDDR,B Matlab Field Station. The faculty members are (1) Mr. Chanin Chareonkul, (2) Dr. Anek Hirunraks, (3) Mr. Somsak Pinyotanmakorn, and (4) Dr. Samrerug Yanggratake.

(p) Six WHO fellows from Sri Lanka visited ICDDR,B from 21 to 24 November 1980 and studied epidemiological and microbiological aspects of different diarrhoeal diseases including practical work on OPD and oral rehydration development.

(q) A group of six WHO fellows (paramedics) from Sri Lanka visited ICDDR,B on 16 June and taken to Matlab Field Station on 17 June 1980 to observe the health programme in the rural Bangladesh and also attended the techniques of management and control of diarrhoeal diseases in ICDDR,B.

#### C. Bangladesh Trainees

(a) From 10-12 March 1980, a batch of 6 doctors from the IPGM&R was given a short training schedule in the ICDDR,B under the supervision of Dr. A.Majid Molla. Classroom lectures were given on Paediatric Diarrhoea, Clinical Demonstration, Elementary Chemistry and Oral Therapy, Pathophysiology of diarrhoeal diseases, E.Coli diarrhoea and microbiological aspects of diarrhoeal diseases etc. during their training.

(b) A group of 12 DPH students from NIPSOM, Dacca were taken around ICDDR,B Matlab Field Station for training on Management and control of diarrhoeal diseases as requested by NIPSOM. They attended the training for one day on 18 March 1980 under the supervision of Dr.Md. Yunus.

Besides these, training has also been provided, usually for shorter duration, in quite a number of areas, on request from other organisations in Bangladesh. The following is a list of Institutions and durations of the courses:

(i) Paramedical Training in Treatment of Cholera

<u>Name of Institutions</u>	<u>No. of Trainees</u>	<u>No. of Courses</u>	<u>Duration</u>
Paramedical Institute	61	3	1 month
NIPSON	2	1	3 months
NORP	2	1	9 days
AMI & CMB (B.A.F.)	5	1	1 day
Family Welfare Worker Student	12	1	1 day
Radda Barnen	1	1	15 days
New Life Centre	19	2	1 day each
Defence Science Organisation	2	1	1 month
Village Education Resource Centre	1	1	1 day
B.A.F.	39	1	1 day
American International School	25	3	1 day each
FWVT	21	1	1 day

(ii) Medical Students Training in Treatment of Cholera

Dacca Medical College	176	7	1 day each
Rangpur Medical College	117	1	1 day each
Rajshahi Medical College	232	3	1 day each
Barisal Medical College	104	1	1 day each
Chittagong Medical College	182	1	1 day each
IPGM&R	16	2	4 days each

List of Participants of the Workshop on  
Medical Education on Diarrhoeal Disease  
( 17 - 21 November 1980 )

<u>Name of Persons</u>	<u>Institutions</u>
Dr. M. R. Chowdhury	D.G. Health Services
Dr. Muniruzzaman	Institute of Post Graduate Medicine and Research (IPGM & R)
Dr. A.K.Azad Khan	"
Dr. F.A.Azim	"
Dr. S.G.M. Chowdhury	"
Dr. Md. Rafi Khan	"
Dr. Kashimuddin	"
Dr. Malika Khatun	"
Dr. Mobarak Ali	National Institute of Preventive and Social Medicine (NIPSOM)
Dr. A.K.M. Kafiluddin	"
Dr. Md. Yusuf Ali	Dacca Medical College
Dr. Fauzia Akhter Banoo	"
Dr. Md. A.Khaleque Barbhuiya	"
Dr. Mahmudul Karim	S.S.Medical College
Dr. M.A. Jalil	Mymensingh Medical College
Dr. Siddiqullah	Rajshahi Medical College
Dr. A.B.M.Ahsanullah	"
Dr. Md. Shahidullah	Rangpur Medical College
Dr. Md. Badaruddin	"
Dr. M.Q.K. Talukdar	Shishu Hospital
Dr. M.A.Hamid	"
Dr. Akbar	"
Dr. S.M.Shawkat Ali	Dy.Civil Surgeon, Chandpur
Dr. M.Jinnat Ali	THA, Matlab, Comilla
Dr. Kamal Islam	Gonoshastha Kendra, Savar Dacca
Dr. A.T.M.Hossain	IPH, Mohakhali, Dacca
Dr. Farida Huq	IPH, Mohakhali, Dacca
Dr. M.Aftabuddin Khan	Asstt. Director, CDD

Dr. S.H.Hasan	WHO, Dacca
Dr. Hoadley	WHO, Dacca
Mr.Morshed Chowdhury	VHSS, Dacca
Dr. A.K.Khan	BMRC, Mohakhali, Dacca
Dr. M.A.Mannan	Paramedical Institute Mohakhali, Dacca
Dr. M.A.Latif Mia	Director, IPH, Dacca.
Dr. S.H.Chowdhury	BAU, Mymensingh
Dr. M.Habibur Rahman	Director, IPHN, Mohakhali
Dr. M.U.Khan	ICDDR,B
Dr. R.Glass	"
Dr.P.Claquin	"
Dr. A.S.M.Mizanur Rahman	"
Dr. Asma Khanam	"
Dr. Abu Eusof	"
Dr. Zahid Hasan	"
Dr. A.M.Molla	"
Dr. Rafiqul Islam	"
Dr. A.S.G.Farooque	"
Mr. Imdadul Huq	"
Dr. Hasan Ali	"
Dr. G.H.Rabbani	"
Miss Susan Zimicki	"
Dr. Md.Yunus	"
Dr. Subba Rao	"
Dr. L.Gothefors	"
Mrs. Qudsiya Akhtar	"
Mr.M.Sirajul Islam	"
Dr. W.B.Greenough III	"
Dr. M.M.Rahaman	"
Dr. K.M.S.Aziz	"
Dr. Aziz R. Samadi	"
Dr. Wirjawan	"

## Training for Staff Development

The following ICDDR,B employees received or is committed to receive special training under the staff development programme during 1980.

## A. Out-side Bangladesh

(a) On receipt of a post-graduate training fellowship from the Australian Development Assistance Bureau, Dr. Ansaruddin Ahmed has been continuing his studies in the University of Adelaide in the Department of Microbiology and Immunology. He went on this scholarship in 1979 for a period of two years.

(b) On completion of an M.Sc. course in Community Health in Developing Countries at the London School of Hygiene and Tropical Medicine, Drs. A.S.M.Mizanur Rahman and G.H.Rabbani returned to ICDDR,B in September, 1980. The course they attended in October 1979 for one year.

(c) Dr. Asma Islam was awarded a fellowship in Boston, USA to attend the 1st Semester at the Harvard School of Public Health in the M.P.H. Course for the period from mid-September 1979 to the end of February 1980. She reported back to ICDDR,B in March 1980 on completion of her fellowship.

(d) British Council, Dacca awarded a 17-weeks short course to Mr. Shafiqul Islam in the area of Population Studies at the London School of Hygiene and Tropical Medicine. He left Dacca in January and returned to ICDDR,B in May 1980 after availing of 4 weeks extension given to him by the British Council.

(e) On receipt of a scholarship for pursuing a graduate studies leading to Ph.D. by the University of Maryland, USA, Mr. Anwarul Haq left ICDDR,B on study leave in January 1980. He has been working under the guidance of Dr. Rita Colwell, Professor of Microbiology of the Maryland University. Meanwhile, Mr. Haq made a short visit to Dacca in May 1980 for collection of plankton from Taknaf and Matlab. He however, returned to USA after the required collection has already been made.

(f) Mr. P.K.Bose Neogi has been offered a British Council post-graduate fellowship for one year at the University of Birmingham, Department of Immunology. He already left ICDDR,B in September 1980 to work on this fellowship and is now expected to return in September 1981.

(g) Mr. M.A.Kashem Saikh has been awarded a training fellowship initially for one year by the Australian National University (ANU) for M.A. Programme in Demography scheduled to be held in early 1981. He is expected to leave Dacca in late December 1980.

(h) A British Council fellowship has been awarded to Mr. A.R.M.Abdul Alim for a period of one year to study Bacteriology of Enteric Pathogens in the Central Public Health Laboratory, London. He left on November 28, 1980. This will be an in-service training working at the bench rather than a formal course.

(i) Mr. Mizanur Rahman was awarded a scholarship by the Belgium Government to study M.A. in Demography at the Vrije Universiteit, Brussels for a period of two years. He left ICDDR,B during August 1980.

(j) Dr. M.H.Munshi was granted an ICDDR,B fellowship in Public Health General Programme at the Harvard School of Public Health, Boston, USA for one year. He left in mid-August 1980.

(k) Mrs. Anita Stephen, Miss Makhduma Khatoon and Mr. M.A. Rahim were selected for a training course in Chiangmai (Thailand) for a period of one month. Their training in Nutrition and Metabolic studies has already started and they are expected to return by the end of November 1980. Another two nurses have been selected for a one month training in the same area in India.

(l) Mr. Makhlisur Rahman has been selected as a candidate for a Ph.D. degree at the Australian National University, Canberra initially for a period of one year subject to further extension on annual evaluation. He will be on ICDDR,B fellowship and funded by ICDDR,B.

(m) Miss Rita Baidya was allowed to attend an International Conference of Nurses at Denmark in June 1980.

(n) Mr. Shamsul Islam Khan attended the International Conference on Information and Communication Services at Belgrade in August 1980.

#### B. In-side Bangladesh

(a) Mr. K.M.A. Aziz submitted his research work on "Sex socialisation and philosophies of Life to Fertility Behaviour - An anthropological approach" to the Institute of Bangladesh Studies, Rajshahi University for obtaining Ph.D.

degree. He submitted his thesis in October 1980. This is collaborative training between ICDDR,B and Rajshahi University.

(b) Messrs Abul Hashem and Bazlur Rahman attended a 8 week training course on Accounting for Middle and Junior level Executive from 29 February to 30 April 1980 organised by Rapport Bangladesh Ltd., Dacca.

(c) Miss Taj Farhana Khan and Mrs. Probasi Mahmud were selected to participate in an 8 week training course for ladies on office management and communication. The course as organised by Rapport Bangladesh Ltd. was successfully completed by them in March 1980.

(d) Messrs Md. Shahidullah Khan and Nazmul Ahsan attended a 3 months course in Secretarial Science in February - April 1980. The course was offered by Bangladesh Shatlipi Academy Dacca.

(e) A eight week training course on Personnel Management in the Rapport Bangladesh Ltd. Dacca was attended by Mr. M.A.Jabbar in April 1980.

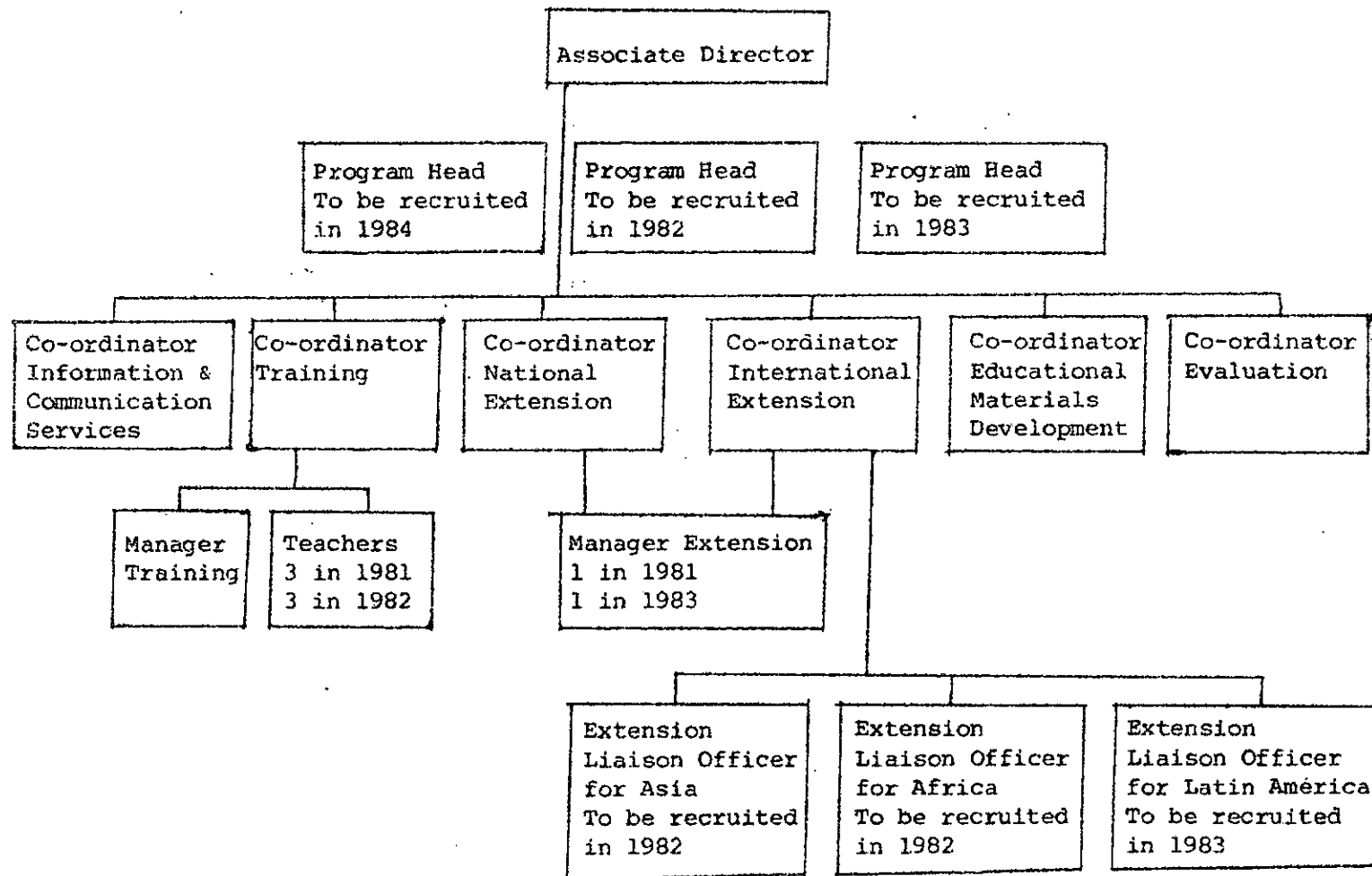
(f) Mr. S.M.Ramzain Hossain attended a 8 week course on "House Keeping" organised by Bangladesh Porjaton Corporation Dacca. The course commenced from June to August 1980.

(g) Mr. A.K.M.Abdul Matin attended a 8 week training course on Inventory control and Stores Management in September 1980. The course was conducted by Rapport Bangladesh Ltd. Dacca.

(h) 18 persons from the ICDDR,B Maintenance Branch were sent for short term training course in the Dacca Polytechnic Institute in the areas of plumbing, air-conditioning, refrigeration etc.



Structure of the Training, Extension and Communication



## Appendix F

## ICDDR,B Calender of Events for Courses and Workshops-1981

<u>Dates</u>	<u>Topics</u>	<u>Collaborating Countries/Agencies</u>
February 16-20	Regional Workshop on Diarrhoeal Diseases(Committed)	India
March 22 - April 4	Inter-Regional Course on Diarrhoeal Diseases - Laboratory Aspects(Committed)	WHO
April 6-9	Vaccine Meeting(Committed)	
April 19-25	Delivery Services for Diarrhoeal Diseases and Nutrition (Proposed)	UNU/IUNS
May 4-7	Workshop on Ethical Considerations in Research on Human Subjects:Special reference to developing countries(Committed)	Bangladesh
May 11-23	Inter-Regional Course on Diarrhoeal Diseases-Clinical Aspects (Committed but dates not confirmed)	WHO
June 15-20	International Shigella Workshop (Committed)	
August 3-16	Evaluation Course(Committed)	
September 19-25	International Seminar on Control of Diarrhoeal Disease (Proposed)	
October 11-23	International Course on Diarrhoeal Diseases-Clinical Aspects. ( Proposed for African Trainees )	
November 8-14	In-country Workshop in an Asian country(Proposed)	
November 22-28	In-country Workshop in an African country(Proposed)	

December 6-18	Inter-Regional Course on Diarrhoeal Diseases - Clinical Aspects (Committed but dates not confirmed)	WHO
At different times of the year	Courses for Trainees from Bangladesh	Govt. of Bangladesh/ Various Agen- cies and Institutions

Community Training Project - Chandpur

The Community Training Project, Chandpur aimed to find out some suitable and effective groups at community level who can be trained on oral rehydration, as well as the most effective way of training such groups resulting in high acceptance and wide utilisation of oral rehydration for diarrhoea management.

Village practitioners, Family members/Mothers and Volunteers were identified as such groups and different combinations of these groups were trained in five Zones of the project area of approximately 30,000 population. Training method for different groups were different. At the same time training method for Family members/Mothers were different in one zone than in others.

Following training, actual activities in the field were monitored by field surveillance and weekly reports from the trained village practitioners.

Subject matter of training consisted primarily of diarrhoea treatment using ORS prepared by locally available ingredients like salt-sugar. But the village practitioners were also given basic training for using intravenous rehydration with appropriate solutions for moderately severe and severely dehydrated patients.

In a one year period after training, 5898 diarrhoea cases were treated in the whole area, with an overall ORS use rate of 60% (range 36-80%). Case fatality was 0.38% and only 2% case had to be hospitalised and 87% were cured.

A total of 113 practitioners were enrolled for training. About 83% of them, practice allopathic medicine, rest practice homeopathic or indigenous medicine in addition to allopathic medicine. Very few (12%) have some formal medical education, but more than 70% have a secondary level general education. More than 60% have been practising for ten years or more. About 40% attend patients from 6-10 villages and 44% receive patients from 3-5 villages but receiving patients from more than ten villages were few (15%), and overlapping areas of practice are common. The treatment of diarrhoea was limited to only 6-10 diarrhoea cases per month.

About 30-35% of the trained practitioners reported treating over 10,000 diarrhoea cases within and out of the twenty-two project villages during one year post training period. About 84% of the patients treated by the village practitioners, received ORS only. Use of I.V. fluid was restricted to severely and moderately dehydrated (27%) cases. Success rate of treatment by practitioners was about 99%, only 1% were referred by

them to hospital and case fatality was 0.08% only.

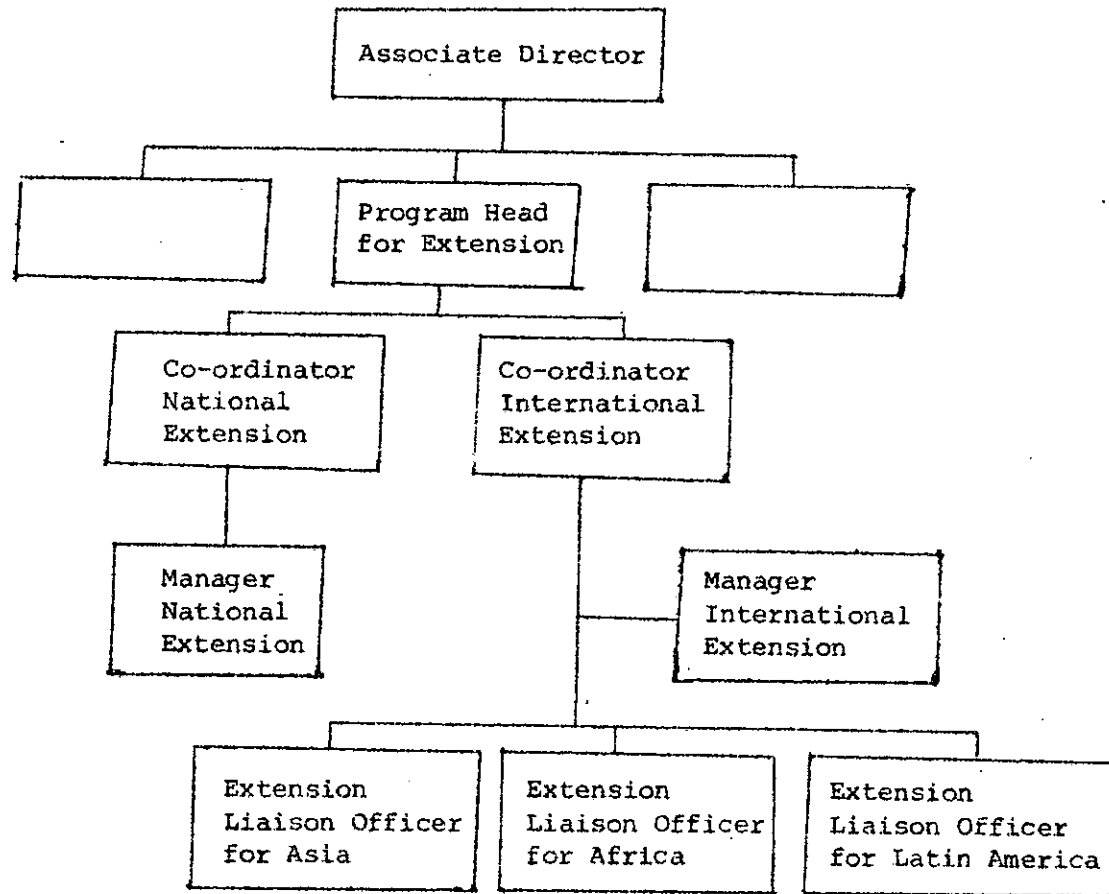
Within the project area, village practitioners treated 17% of diarrhoea cases whereas individually trained family members/mothers attended 50% of the diarrhoea cases. But the mothers/family members of one area who were trained through posters, pamphlets and spoon distributions treated 67% of diarrhoea patients of that area. Volunteers contributed very little in diarrhoea management in any of the areas.

Though village practitioners contributed to only 17% of diarrhoea treatment, their output was more in adjoining areas outside project area where no other trained persons were available. They also handled more severely dehydrated cases which were unmanageable by other groups.

Distribution of posters, pamphlets and measuring spoons appears to promote better acceptance and utilization of oral rehydration by family members/mothers in the community but it needs time and perseverance to build up the desired level of acceptance and utilization and should be a long term strategy. For quick and wide utilisation of oral rehydration therapy at minimum costs and efforts the training and utilisation of village practitioners appear to be a good immediate strategy.

Ideally, a combined training programme for village practitioners along with training of family members/mothers using pamphlets, posters, and measuring spoons, should achieve highly satisfactory results in a community based diarrhoea management programme, using locally available ORS ingredients, independent of outside supply system.

Structure of Extension Programme in 1983 - 1985



## Communication

During 1980 the following seminars were held in the Library/Lecture Room of the International Centre for Diarrhoeal Disease Research, Bangladesh as a part of the Centre's Communication Programme.

<u>Speaker &amp; Affiliate</u>	<u>Topic</u>	<u>Date</u>
Dr. Andrew Tomkins Department of Human Nutrition London School of Hygiene and Tropical Medicine London, England.	Folate Deficiency in Tropical Malabsorption	25 January 1980
Prof. J.K.Kostrzewski Chief Department of Epidemio- logy, National Institute of Hygiene, Warsaw Poland.	Changing Pattern of Dysentery in Poland	8 February 1980
Dr.Dennis R.Labayan Special Rural Health International Institute of Rural Reconstruction Cavite, Philippines.	The role of health in rural development in the Province of Cavite Philippines by IIRR.	15 February 1980
Mr. Steve Moseley Department of Micro- biology and Immunology University of Washington Seattle, Washington.	Detection of ETEC by DNA Hybridization	22 February 1980
Prof. M.A.Jalil Addl.Project Director Blindness Preventive Programme, Dacca.	The use of water soluble Vitamin A Injection in the treatment of Vita- min A defficiency and Xerophthalmia	29 February 1980
Dr. R.E.Black Centre for Vaccine Development, Univer- sity of Maryland USA	Epidemiology of Rota- virus and Enterotoxi- genic E.Coli Diarrhoea	6 March 1980

Dr. Taro Inoue M.D. The National Institute of Nutrition Toyamacho, Shinjuku-ku Tokyo, Japan.	Anaemia and Pregnancy	12 March 1980
Martin J. Blaser M.D. Epidemic Intelligence Officer Enteric Disease Branch Bureau of Epidemiology Center for Disease Control, USA	Campylobacter Fetus ssp jejuni: A new ent- eric Pathogen	21 March 1980
Dr. H. Anek and Mr. C. Chanin Mahidol University Thailand.	Thailand - An intro- duction and Health Profile	2 April 1980
Tetsuo Morishita MD Division Gastroentero- logy, Department of Internal Medicine School of Medicine Keio University Tokyo, Japan.	Endoscopy and GI Hormones in Human Cholera	15 April 1980
Prof. Kieran Burns Department of Physiology Galway University Ireland	Causes of Birth Defect	25 April 1980
Dr. Michael Rosenberg Epidemiologic Studies Branch Family Planning Evalua- tion Division Bureau of Epidemiology Center for Disease Control, Atlanta USA.	How many subjects do we need for a study	9 May 1980
Dr. T. Ginting Chief Section for Rehydration in Diarrhoeal Diseases Indonesia.	Oral Rehydration pro- gramme in Indonesia	16 May 1980



Dr. Wei Shi-Hua Deputy Director Shanghai Institute of Biological Products People's Republic of China.	Biological Products preparation in China	20 May 1980
Dr. Anant Kumar Vyas Medical Officer Incharge Cholera Control Team Jodhpur, India.	Health Services deli- very in Rajasthan, India	30 May 1980
Mr Imdadul Huq Head Microbiology Branch ICDDR,B, Mohakhali Dacca.	Microbiological Studies in Children in Riyadh, Saudi Arabia	28 May 1980
Ms. Molly Reid British Council Dacca	Materials for Training	13 June 1980
Dr. W.M.Spira Division of Geographic Medicine, Johns Hopkins University, Baltimore USA	The Temporarily Ligated Rabbit Intestine : A 'New' Model for Diarr- hoeal Disease Research	20 June 1980
Dr. Ansaruddin Ahmed ICDDR,B Mohakhali, Dacca.	Immune response by enu- meration of IgA producing plasma cells in inbred CBA mice after systemic transfer of processed antigen from Payer's patches of mice primed orally with V.Cholerae	2 July 1980
Dr. Jack Cameron Chief Bacterial Vaccines Institute Armand Frap- pier, Quebec, Canada.	The Production of Bac- terial Vaccines	4 July, 1980
Prof. Aziz R.Samadi Chief and Professor of Paediatrics, School of Medicine, University of Kabul, Afganistan.	The Problem of Diarr- hoeal Disease of Chil- dren in Kabul	9 July 1980

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Dr. Charles L.Aird Director Management Information Systems, Supreme Court of Virginia, Richmond Virginia, USA	Project Management	11 July 1980
Prof. G.Zissis Professor Medical Virology Department of Micro- biology, Free Univer- sity of Brussels, St. Pierre Hospital Brussels	Significance of infec- tious agents : as a cause of acute Gastro- enteritis in paediatric practice	16 July 1980
Mr.Md.Ismail Fulu Mr.Md.Shaheed Mr. Md. Saeed Public Health Division Ministry of Health Republic of Maldives	Maldives	17 July 1980
Shamsuddin Ahmed MD,Ph.D. Maryland University Baltimore, USA	Organ Culture of Colon - A Model System	18 July 1980
Roger A.Feldman, MD Chief Enteric Disease Branch Bacterial Disease Div. Bureau of Epidemiology Center for Disease Control Atlanta, USA	Human Diseases Caused by Vibrios-Clinical and Epidemiologic Findings	25 July 1980
Prof. Irwin Rosenberg Department of Medicine University of Chicago Illinois, USA	Faltering Growth in- fection and Tropic Enteropathy	7 August 1980
Prof. J.F.T.Glassgow Department of Child Health, Queens Univer- sity, Belfast, Ireland.	An Overview of Reye's Syndrome (Toxic Ence- palopathy)	6 August 1980
Dr. Rafiqur Rahman Department of Bio- chemistry, Dacca University, Dacca.	Stimulation of Insulin of the Pyruvate Trans- porter of fat cell Mitochondrion	15 August 1980

Dr. M.Mitsuyama,MD Assistant Professor Department of Micro- biology, Kyushu University, Japan.	Contribution of non- immune Phagocytes to Resistance against infection	22 August 1980
A.K.M.Alauddin Chowdhury, Sc.D. ICDDR,B, Mohakhali Dacca.	Infant Death, Deter- minants and Dilemmas	5 September 1980
Gordon Nicholson FRACP Gastroenterology Dept. Auckland Hospital New Zealand	Unusual Bowel Disease in the Pacific and New Zealand	16 September 1980
Dr.M.Mujibur Rahaman Deputy Director ICDDR,B Mohakhali, Dacca.	Impact of Improvement of water and sanita- tion on Nutrition	3 October 1980
Nicholas L.Petrakis, MD Professor of Preventive Medicine, Chairman, Dept. of Epidemiology & International Health University of California San Francisco California.	Epidemiological Studies of Cancer	9 October 1980
Dr.Sandra L.Huffman Office of Policy Planning and Evaluation, United States Department of Agriculture, Food & Nutrition Service Washington, USA	Breastfeeding and Post- partum Amenorrhea in in Rural Bangladesh	24 October 1980
Dr. Ibrahim Elaraby Assistant Professor of Paediatrics, Alexandria University Children's Hospital, El-Chatby Alexandrai, Egypt.	Diarrhoeal Diseases Control Programme in Egypt	30 October 1980
Dr.M.Sujayetullah Chowdhury Dept. of Food & Dairy Technology, Faculty of Agriculture, Univer- sity of Basrah, Iraq.	Microbiological Safety of Foods	6 November 1980.

Dr. Michael Katz  
Chairman  
Dept. of Paediatrics  
Babies Hospital  
Columbia Presbetarian  
Medical Centre  
New York, USA.

Does Control of Infec-  
tion with Intestinal  
Helminths aid in Control  
of Malnutrition?

28 November  
1980

Mr. N.J. Butler  
Head of Computer  
Services  
Oxford Polytechnique  
Oxford, England.

Computers in Research  
and Educational  
Institutions

1 December  
1980

4/BT/Dec. 1980  
Appendix J

ICDDR,B PUBLICATIONS AND SCIENTIFIC PRESENTATIONS

January - December 1980

PROVISIONAL

As of 28 November 1980

Appendix J

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5/BT/DEC.80

RESOURCES DEVELOPMENT REPORT

## RESOURCES DEVELOPMENT REPORT

## 5.1 Participation and Funding

In 1980 the objective of the efforts to develop resources was directed at solidifying relations with current donors and participants and laying the groundwork for recruitment of new donors. At the beginning of 1980 the Centre had 18 signatories to its Memorandum of Understanding: Bangladesh, UNDP, USA, Egypt, UNFPA, the Ford Foundation, the Rockefeller Foundation, Colombia, Ecuador, the Population Council, India, Indonesia, the Philippines, Thailand, WHO, Kuwait, UNICEF, and Australia. In addition IDRC of Canada, OPEC, Sweden, and the United Kingdom has contributed without signing, for a total of 22 donors and/or participants.

During 1980 the Memorandum was signed by another seven countries: Saudi Arabia, Nepal, Sri Lanka, the People's Republic of China, Switzerland, Belgium, and the United Kingdom. Of these 28 participants, the Centre is receiving support for the core fund from seven: Australia, Bangladesh, the Ford Foundation, Saudi Arabia, Switzerland, the United Kingdom, and the United States. Switzerland and Saudi Arabia are new donors this year. Following extensive negotiations after its budgetary belt-tightening, the United Kingdom increased its contribution, as did Australia. Saudi Arabia made a contribution of \$ 250,000 to capital development and \$ 100,000 per year to the core fund for a period of five years.

Several countries and agencies are funding specific projects. Sweden is providing several of its own scientists and a small amount of money for a series of immunology and vaccine studies; IDRC of Canada is supporting Teknaf's water and sanitation program. In addition, smaller grants have been received from NIH, UN University, UNICEF, WHO and the Population Council. Through WHO, UNDP is funding clinical research. UNFPA is funding Matlab from two of its programmes, the Country Project fund and the Regional Project fund. This funding is rather complex, as the Country Project is funded through the Government of Bangladesh, and the Regional Project contribution was tied to Bangladesh's support of the Country Project. Both projects have been approved; however, UNFPA has reduced the original budget. The Regional Project budget is now \$ 1.69 million rather than the \$ 2.27 million original request. The Country Project was reduced from \$ 800,000 to \$ 233,000. There has therefore been a shortfall of \$ 1.15 million.

Much of 1980's effort has been directed toward enlisting new donors. At this time Belgium, the Federal Republic of Germany, Kuwait, the Netherlands, OPEC (which has contributed to the capital development through UNDP), and Sweden are actively considering support of the Centre, either directly or through funding of on-going projects.

Below is the fund position for fiscal year 1981

ESTIMATED SUPPORT AND REVENUE 1981  
JANUARY 1, 1981 - DECEMBER 31, 1981

U.S. Dollars

<u>Receipts in cash</u>	<u>Core</u>	<u>Project</u>
USA/USAID	1,900,000	-
Switzerland	616,000	-
U.K.	242,000	-
Ford Foundation	200,000	-
Australia	180,000	-
Saudi Arabia	100,000	-
Bangladesh	56,000	-
UNFPA (DSS)	-	379,210
UNFPA (MCH-FP MATLAB)	-	58,300
UNEP/WHO (Clinical Research)	-	250,000
IDRC of Canada (Water Sanitation, Teknaf)	-	50,000
SAREC - Gothenburg University (Immunity & Vaccine)	-	21,000
UN University Grant	-	16,140
	<u>3,294,000</u>	<u>774,650</u>

TOTAL: \$ 4,068,650

The five-year budget programme of ICDDR,B anticipated a budget for 1981 of \$6.1 million. Currently the committed fund is \$4.1 million. Therefore, we have prepared a budget based on that figure, and an incremental budget requested for 1981. We expect the \$ 2 million shortfall will be made up in the near future, and we are looking toward that.

ICDDR,B has continued to broaden the scope of its scientific work with other countries. Its program includes both research collaboration and the provision of training. In 1980 27 WHO fellows came to the Centre for training. Scientific exchanges have been held between the Centre and Egypt, Indonesia, Japan, the Maldives, Sri Lanka, and Thailand. Collaboration is being planned with the Belgian scientific community in Africa which will enable ICDDR,B to extend its effective range beyond the boundaries of Asia. As mandated in the Charter, these important efforts will continue next year.

5.2 Report: Consultative Group Meeting

A Consultative Group of interested countries and agencies met on 6 June 1980 in Geneva, as approved by the Board (Resolution 14, February 1980). The meeting was sponsored by UNDP and chaired by Mr. W.T. Mashler. Mr. Bradford Morse, Administrator of UNDP and Dr. Halfdan Mahler, the Director General of WHO, attended the meeting as special guests. Thirty-five representatives of 24 countries and agencies participated, including five members of the ICDDR,B Board of Trustees: Dr. J. Sulianti, Chairman; Dr. W. B. Greenough III, also the Centre's Director; Dr. H. Al-Dabbagh of Saudi Arabia; Mr. M.K. Anwar of Bangladesh; and Dr. A. Zahra of WHO.

The purpose of the meeting was to serve as a forum for the discussion and organisation of financial support to the Centre. Its goal was fulfilled. There was a keen interest in the actual working of the Centre; those donor countries whose representatives addressed the meeting in general expressed satisfaction with the programme activities and brought up many useful points of discussion. Three new countries, namely Sri Lanka, Nepal, and the People's Republic of China, signed the Memorandum of Understanding. Additionally Switzerland and Saudi Arabia announced their contributions. The consensus of the meeting was that it served a very useful purpose in providing a summary of activity and a discussion forum, and was an excellent opportunity for potential donors to examine ICDDR,B overall.

The representative of Bangladesh suggested that each signatory to the Memorandum make a token contribution to the Centre.

The management of the Centre therefore feels that the Board should consider convening further meetings of a Consultative Group and hopes to obtain approval from the Board to hold one in 1981 as a follow-up of the 1980 Consultative Group meeting.

5.3 Development of Participation with ICDDR,B

When considering the financial situation of the Centre and the work of the Development Office, it is important to understand what is involved in persuading governments to contribute to the work of the Centre. The first contact might be scientific or diplomatic. Following that first contact is the puzzle of discovering the correct government official(s) with whom to deal; in some countries that is very clear, while in others the bureaucratic structure is so complex that many hours of conversation and maneuvering are required. The complexities multiply once negotiation for a contribution actually begins. An official may be authorised to make such a decision him/herself, or the contribution may be part of the national budgetary process, or anything between these extremes. Some governments may be willing to make multi-year commitments, or they may require yearly renewal. Finally, and most important, is the fact that even a government with an enlightened policy regarding world development issues is reluctant to commit itself in light of the world fiscal situation.

Proposed Visits 1981

Official ICDDR visits are for two purposes: scientific collaboration and fund-raising. During 1981 the Centre must make fund-raising trips to the following countries.

USA (USAID, CDC, PAHO, UNDP, UNFPA, Ford Foundation, Rockefeller Foundation, Population Council, World Bank)  
Latin America (Colombia, Ecuador, Costa Rica, Argentina, Brazil)  
Canada  
United Kingdom  
France  
Belgium  
Federal Republic of Germany  
Austria (OPEC Fund)  
Netherlands  
Switzerland  
Sweden  
Denmark  
Norway  
Saudi Arabia  
Kuwait  
Japan  
Australia  
New Zealand

During the first half of 1981 visits will be made to the USA and France; Belgium, the Netherlands, the FRG and Sweden; Vienna, Kuwait and Saudi Arabia; Australia and New Zealand. Trips are tentatively scheduled to Canada, Latin America, the United Kingdom, Switzerland and Japan during the second half of the year.

This schedule, which is much like that carried out in 1980, obviously involves a huge effort in terms of correspondence, pre-arrangements with embassies and ministries, scheduling of appointments with proper officials, negotiations during the visit, and follow-up proposals, correspondence and visits. The Board members can expedite the process by considering in their own countries actions appropriate to this effort.

Because of the difficulties of obtaining additional funds and of various factors to be considered in extending research and training activities outside Bangladesh, the Director of ICDDR,B proposes the formation of an appropriate sub-committee within the Board of Trustees. This committee would draw up a plan for consideration by the Board of the following:

1. Identification of key prospective donors and steps to be taken to obtain their participation in the Centre.
2. Criteria for selection of countries where extension will take place.
3. Maintenance of good relationships with countries and agencies already collaborating with the Centre.
4. Planning an appropriate strategy for action.

#### 5.4 Capital Development

At the previous Board of Trustees meeting the Resources Development Office described the Centre's physical needs in Dacca, Matlab and Teknaf; the main difficulties are lack of space and the temporary nature and scattered distribution of rented space. Since that meeting the Government of Bangladesh has donated more than four acres of land adjacent to the Centre's present location in the Institution of Public Health complex. For this, special thanks should be given to Professor M.A. Matin, the Honourable Minister of Health, who took personal interest and initiative in helping ICDDR,B acquire this much-needed property.

The acquisition of the Dacca land has enabled ICDDR,B to begin carrying out its construction plan. Work has already begun on the approach road and other filling necessary for construction. Plans are now in the final stage for a new hospital building for approximately 33,000 square feet (3065 m<sup>2</sup>), which includes triage area, mechanical room and loading dock area. The contract for construction should be let in mid-January.

Plans have been drawn up for extension of the library building by two floors. This area would accommodate the library, publications and medical illustration branches, computer, statistics, maintenance department, supply and the physical plant office.

In Matlab, the Centre is currently negotiating the purchase of five acres of land near the present station in Matlab Bazar; this is expected to be finalised by the end of 1980. In addition, the community served by one of Matlab's four sub-centres has offered to donate approximately one acre of land for the Centre's use.

Property has been purchased at Teknaf, and the topographical survey has been completed. The site is prime property, adjacent to the highway and the planned thana health centre.

The building activity will be undertaken in stages. Stage one will see the construction of a service road, a guest house for six to eight persons, 20 staff quarters, and water and electric supply. Stage two will involve construction of the hospital, clinic and office building, maintenance and further residence facilities.

In accordance with the previously-submitted plans for construction of the new ICDDR,B facilities in Dacca, the fund requirement will be approximately US \$ 12 million. The first phase has been divided into two parts. One is construction of the foundation and ground floor of the seven-story building, which will require \$ 1 million. \$ 800,000 of this money has been donated by UNDP/OPEC and Saudi Arabia; \$ 200,000 is yet to be found. In addition, two floors are to be added to the library building at a cost of \$ 400,000. Purchase of land and construction of new facilities at Matlab will require \$ 400,000 while the first phase of establishment of a permanent complex at Teknaf will cost roughly \$200,000.

Of the total costs, \$ 800,000 is available. For the first phase of all three areas, an additional \$ 1.2 million is needed for completion.

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BUDGET PROPOSAL 1981

## 1981 BUDGET PROPOSAL

The enclosed schedules, simplified from the previous year's presentation, represent the Centre's planned activities for the coming year. Included are the two basic schedules, one for income and one for budgeted expenditures. The period covered is January 1, 1981 to December 31, 1981, which reflects the change in the fiscal year to the calendar year.

The Statement of Estimated Support and Revenue shows donations expected to be received during 1981. Donor support is divided into Core (unrestricted) funds and Project (restricted) funds. Core funds are available to support the entire operation of the Centre and will account for about 82% of the total income.

Support is shown as received both in cash and in kind. Almost 90% of the Centre's income is received in cash. In kind donations are expected to be over \$ 500,000. The largest in kind donation measures the estimated value of the Centre facilities in Dacca and Matlab provided by the Government of Bangladesh. Other in kind contributions are the salaries and benefits paid directly to scientists who are seconded to the Centre by other organizations.

The Budgeted Expenditures for 1981 are divided into three sections, the Full Programme Budget, the Limited Budget and the Incremental Amount. The Full Programme, totalling \$ 6,710,000, is based on the level of expenditures envisioned for 1981 in the 5-year Programme Budget prepared in June 1979. The Limited Budget reflects the Centre's most conservative estimate of cash inflows during 1981. Budgeted expenditures are limited to \$ 4,065,300, the total cash income presented in the Statement of Support and Revenue. The Incremental amount, totalling \$ 2,644,700 highlights the expenditures planned in each area to bring the conservative budget up to the Full Programme level.

The Full Programme and the Limited Budgets for 1981 are shown in two columns, one for personnel costs and one for other costs. Personnel costs include costs for international level scientists, other scientists and support staff. For employees on the international staff, all costs relating to salary, insurance and retirements benefits, education allowances, rest and recuperation and home leave travel, maintenance and utilities paid for residences, and the one time costs of providing the residence with basic electrical appliances and hard furnishings and assignment costs including family travel and transport of household effects are all included under personnel costs. For all other employees not part of the international staff, personnel costs include salary and bonus, severance pay accruals and provident funds, life insurance and payment of Bangladeshi income taxes. Anticipated costs for the Staff Welfare Association, the cafeteria, and the newly established staff medical clinic are also included in personnel costs. Reference Appendix A for more detailed information on personnel costs.



The second column entitled operating costs and equipment purchases covers all other costs related to the day to day operations of the Centre. The following are examples of the costs included: supplies and fuel expended, transportation, maintenance and repairs, printing and reproduction, short term consultants, rent, utilities, communication and the costs of equipment purchased.

The Full Programme Budget reflects the continued expansion in the research effort. The recruitment of one scientist as programme head and three other international level scientists are included in the personnel costs in the programme areas. Further emphasis on scientific leadership is shown by incremental personnel funds in the Director's Office to recruit a coordinator for Scientific Programmes at the level of Programme Head. Increases in the operating costs column in the Research Programme area reflect the additional operating costs needed to fund expanding research by the current scientific staff.

The Research Support facilities in the Full Programme Budget reflects only increases in operating expenses needed to support an expanding research effort. No personnel costs increases are included. Rather the addition of new scientific support personnel are budgeted under the Research Programmes, reflecting the Centre's continuing effort to relate research costs directly to the research effort by programme area.

The Research Programme budget accounts for 37% of the Full Programme budget, the Research Support facilities are about 20%. Considered together, more than half of the Centre budget is devoted to research. The Training and Extension efforts, still in the early stages of growth will account for almost 13% of the total budget.

The Training and Extension Programme plans greatly increased expenditures for 1981. The professional staff has recently been expanded from one to four people and several more will soon be recruited. With the increased staff it is anticipated that a full programme of meetings, workshops and other training efforts will be undertaken.

The Maintenance and Logistics area incorporates the activities of three branches; Transport, Maintenance and Supply. The Full Programme Budget anticipates increasing costs for fuel for vehicles and boats, increasing costs and additional needs for supplies and spare parts for the transport fleet and research equipment. Provision is also made for limited new personnel and for purchases of equipment.

Under the Management the major increases in the Full Programme Budget are in the Director's Office. The recruitment of a Coordinator for Scientific Programmes has already been mentioned. Approximately \$ 100,000 is budgeted for consultancies in Budget and Finance and Management. The total Management budget represents about 14% of the Full Programme Budget.

The Office of Resources Development has budgeted an additional \$ 100,000 to finance the expanding fund raising programme. Additional support staff is necessary as well as funds for travel by Centre officials and members of the Board of Trustees. The fund raising effort is expected to absorb about 3% of the total budget.

The Full Programme Budget is based on the budget for 1981 described in the 5-year Programme Budget prepared in June 1979. In that document the expenditure total was approximately \$ 6,100,000, increased to \$ 6,710,000 by the establishment of a 10% working reserve fund. The 1981 Full Programme Budget totals \$ 6,710,000 with the 10% reserve spread ratably throughout the budget. The actual expenditures in each area are intended about 10% less than budgeted in order to preserve the reserve.

The Limited Budget is a conservative statement of activities planned if the Centre is unable to raise funds beyond the current level of firm commitments from donors. It is designed to allow the Centre to fulfill current contractual obligations to donors for research and to all employees currently on the payroll.

The Personnel Cost column reflects the full cost of all categories of people currently on the payroll who would reasonably expect to remain at the Centre during 1981. The amounts include funds to cover step increases for all employees on the international and local pay scales effective July 1, 1981. Also a 10% pay increase for all employees on the local pay scale was budgeted effective July 1, 1981, yielding an effective annual increase of 5%. No additional hires are foreseen under the Limited Budget.

The Other Costs column consists entirely of regular operating expenses needed to perform research under the restricted fund grants and to maintain the Centre's facilities. No equipment purchases are included in the Limited Budget.

The Board of Trustees is requested to approve the Limited Budget for 1981 and to grant authority to the Management to operate the Full Programme Budget as funds become available.

ESTIMATED SUPPORT AND REVENUE 1981  
(January 1, 1981 - December 31, 1981)  
(IN US DOLLARS)

	<u>Cash</u>	<u>In Kind</u>	<u>Total</u>
<u>SUPPORT</u>			
<u>Unrestricted</u>			
United States of America/US-AID	\$ 1,900,000	-	\$ 1,900,000
USA/HEW-CDC	-	\$ 100,000	100,000
Switzerland	616,000	-	616,000
United Kingdom/ODM	242,000	35,000	277,000
Ford Foundation	200,000	-	200,000
Australia/ADAB	180,000	-	180,000
Saudi Arabia	100,000	-	100,000
Bangladesh/Ministry of Health	56,000	342,000	398,000
Sub Total	\$ 3,294,000	\$ 477,000	\$ 3,771,000
<u>Restricted</u>			
UNFPA (DSS)	325,360	53,850	379,210
UNFPA (MCH-FP - Matlab)	58,300	-	58,300
UNDP/WHO (Clinical Research)	250,000	-	250,000
Canada/IDRC (Water Sanitation - Teknaf)	50,000	-	50,000
Sweden (Immunity and Vaccine)	21,000	-	21,000
UN University Grant	16,140	-	16,140
Population Council	-	20,000	20,000
Sub Total	\$ 720,800	\$ 73,850	\$ 794,650
<u>REVENUE</u>			
Sales Proceeds of Unserviceable Items	50,000	-	50,000
Publication Sales and Royalties	500	-	500
Sub Total	\$ 50,500	-	\$ 50,500
Total Support and Revenue	\$ 4,065,300	\$ 550,850	\$ 4,616,150

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH  
 BUDGET 1981  
 (January 1, 1981 - December 31, 1981)  
 (IN US DOLLARS)

	FULL PROGRAMME BUDGET				LIMITED BUDGET				INCREMENTAL AMOUNT
	Personnel Costs	Operating Expense & Equipment	Total	Percentage	Personnel Costs	Operating Expense & Equipment	Total	Percentage	
<b>RESEARCH PROGRAMME</b>									
<u>Programmes</u>									
Disease Transmission	\$ 355,200	\$ 145,300	\$ 500,500	7.5%	\$ 305,200	\$ 44,300	\$ 349,500	8.6%	\$ 151,000
Pathogenesis and Therapy	226,950	143,650	370,600	5.5	157,200	33,300	190,500	4.7	180,100
Host Defense	233,600	88,800	322,400	4.8	193,600	31,000	224,600	5.5	97,800
Nutrition	253,450	134,850	388,300	5.8	203,700	35,400	239,100	5.9	149,200
Community Services Research	425,400	471,000	896,400	13.3	425,400	92,300	517,700	12.7	378,700
Sub Total	\$ 1,494,600	\$ 983,600	\$ 2,478,200	36.9%	\$ 1,285,100	\$ 236,300	\$ 1,521,400	37.4%	\$ 956,800
<u>Research Support Facilities</u>									
Dacca Station	\$ 252,500	\$ 274,700	\$ 527,200	7.9%	\$ 252,500	\$ 105,800	\$ 358,300	8.8	\$ 168,900
Matlab Station	211,500	192,800	404,300	6.0	211,500	89,700	301,200	7.4	103,100
Teknaf Station	55,900	22,900	78,800	1.2	55,900	5,700	61,600	1.5	17,200
Microbiology	84,600	47,600	132,200	2.0	84,600	30,500	115,100	2.8	17,100
Biochemistry	46,100	19,500	65,600	1.0	46,100	10,500	56,600	1.4	9,000
Immunology	17,600	11,000	28,600	0.4	17,600	7,400	25,000	0.6	3,600
Biometric and Data Management	33,300	18,100	51,400	0.8	33,300	9,500	42,800	1.1	8,600
Animal Resources	29,900	32,500	62,400	0.9	29,900	14,900	44,800	1.1	17,600
Sub Total	\$ 731,400	\$ 619,100	\$ 1,350,500	20.2%	\$ 731,400	\$ 274,000	\$ 1,005,400	24.7	\$ 345,100
<b>Total Research and Support</b>	<b>\$ 2,226,000</b>	<b>\$ 1,602,700</b>	<b>\$ 3,828,700</b>	<b>57.1%</b>	<b>\$ 2,016,500</b>	<b>\$ 510,300</b>	<b>\$ 2,526,800</b>	<b>62.1%</b>	<b>\$ 1,301,900</b>

	FULL PROGRAMME BUDGET				LIMITED BUDGET				INCREMENTAL AMOUNT
	Personnel Costs	Operating Expense & Equipment	Total	Percentage	Personnel Costs	Operating Expense & Equipment	Total	Percentage	
<u>Training, Extension and Communication</u>									
Training and Extension	\$ 237,650	\$ 218,950	\$ 456,600	6.8%	\$ 172,700	\$ 20,600	\$ 193,300	4.8%	\$ 263,300
Library and Publications	38,700	78,400	117,100	1.7	38,600	26,500	65,100	1.6	52,000
Staff Development	41,800	58,200	100,000	1.5	23,000	22,000	45,000	1.1	55,000
Fellowships	-	48,000	48,000	0.7	-	12,000	12,000	0.3	36,000
Workshops	-	135,000	135,000	2.0	-	40,000	40,000	1.0	95,000
Sub Total	\$ 318,150	\$ 538,550	\$ 856,700	12.7	\$ 234,300	\$ 121,100	\$ 355,400	8.8	\$ 501,300
Total Research and Training Programme	\$ 2,544,150	\$ 2,141,250	\$ 4,685,400	69.8%	\$ 2,250,800	\$ 631,400	\$ 2,882,200	70.9%	\$ 1,803,200
<u>Maintenance and Logistics</u>	\$ 285,200	\$ 379,300	\$ 664,500	9.9%	\$ 255,200	\$ 132,100	\$ 387,300	9.5%	\$ 277,200
<u>Management</u>									
Director's Office	\$ 230,400	\$ 181,500	\$ 411,900	6.1	\$ 160,200	\$ 42,500	\$ 202,700	5.0%	\$ 209,200
Administration	211,900	54,500	266,400	4.0	196,900	30,200	227,100	5.6	39,300
Controller's Office	82,550	23,250	105,800	1.6	72,500	13,700	86,200	2.1	19,600
Physical Plant	105,000	25,200	130,200	1.9	99,100	13,300	112,400	2.8	17,800
Sub Total	\$ 629,850	\$ 284,450	\$ 914,300	13.6%	\$ 528,700	\$ 99,700	\$ 628,400	15.5%	\$ 285,900
<u>Resources Development</u>	\$ 84,500	\$ 106,900	\$ 191,400	2.9%	\$ 81,500	\$ 16,800	\$ 98,300	2.4%	\$ 93,100
<u>Mandatory Committees</u>									
Board of Trustees	-	\$ 140,000	\$ 140,000	2.1%	-	\$ 50,000	\$ 50,000	1.2%	\$ 90,000
Research Review	-	8,800	8,800	0.1	-	-	-	-	8,800
Scientific Review	-	47,400	47,400	0.7	-	19,100	19,100	0.5	28,300
Ethical Review	-	8,800	8,800	0.1	-	-	-	-	8,800
Consultative Group	-	49,400	49,400	0.8	-	-	-	-	49,400
Sub Total	-	\$ 254,400	\$ 254,400	3.8%	-	\$ 69,100	\$ 69,100	1.7%	\$ 185,300
<b>TOTAL BUDGETED EXPENDITURE</b>	<b>\$ 3,543,700</b>	<b>\$ 3,166,300</b>	<b>\$ 6,710,000</b>	<b>100%</b>	<b>\$ 3,116,200</b>	<b>\$ 949,100</b>	<b>\$ 4,065,300</b>	<b>100%</b>	<b>\$ 2,644,700</b>

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH  
BUDGET 1981 - PERSONNEL COSTS  
(IN US DOLLARS)

	FULL PROGRAMME BUDGET				LIMITED BUDGET			
	Inter-national Staff	Other Scientists	Support Staff	Total	Inter-national Staff	Other Scientists	Support Staff	Total
<u>RESEARCH PROGRAMME</u>								
Disease Transmission	\$ 180,100	\$ 11,300	\$ 163,800	\$ 355,200	\$ 130,100	\$ 11,300	\$ 163,800	\$ 305,200
Pathogenesis and Therapy	139,650	18,400	68,900	226,950	69,900	18,400	68,900	157,200
Host Defense	144,700	8,700	80,200	233,600	104,700	8,700	80,200	193,600
Nutrition	120,350	11,000	122,100	253,450	70,600	11,000	122,100	203,700
Community Services Research	186,700	26,300	212,400	425,400	186,700	26,300	212,400	425,400
Sub Total	\$ 771,500	\$ 75,700	\$ 647,400	\$ 1,494,600	\$ 562,000	\$ 75,700	\$ 647,400	\$ 1,285,100
<u>RESEARCH SUPPORT &amp; FACILITIES</u>								
Dacca Station			\$ 252,500	\$ 252,500			\$ 252,500	\$ 252,500
Matlab Station			211,500	211,500			211,500	211,500
Teknaf Station			55,900	55,900			55,900	55,900
Microbiology			84,600	84,600			84,600	84,600
Biochemistry			46,100	46,100			46,100	46,100
Immunology			17,600	17,600			17,600	17,600
Biometric and Data Management			33,300	33,300			33,300	33,300
Animal Resources			29,900	29,900			29,900	29,900
Sub Total			\$ 731,400	\$ 731,400			\$ 731,400	\$ 731,400
Total Research and Support	\$ 771,500	\$ 75,700	\$ 1,378,800	\$ 2,226,000	\$ 562,000	\$ 75,700	\$ 1,378,800	\$ 2,016,500

	FULL PROGRAMME BUDGET				LIMITED BUDGET			
	Inter-national Staff	Other Scientists	Support Staff	Total	Inter-national Staff	Other Scientists	Support Staff	Total
<u>TRAINING, EXTENSION AND COMMUNICATION</u>								
Training and Extension	\$ 89,200	\$ 65,450	\$ 83,000	\$ 237,650	\$ 89,200	\$ 10,500	\$ 73,000	\$ 172,700
Library and Publications			38,700	38,700			38,600	38,600
Staff Development			41,800	41,800			23,000	23,000
Sub Total	89,200	65,450	163,500	\$ 318,150	89,200	10,500	134,600	\$ 234,300
<u>MAINTENANCE AND LOGISTICS</u>								
			\$ 285,200	\$ 285,200			\$ 255,200	\$ 255,200
<u>MANAGEMENT</u>								
Director's Office	\$ 152,500	\$ 59,700	\$ 18,200	\$ 230,400	\$ 82,300	\$ 59,700	\$ 18,200	\$ 160,200
Administration			211,900	211,900			196,900	196,900
Controller's Office			82,550	82,550			72,500	72,500
Physical Plant	96,150		8,850	105,000	96,150		2,950	99,100
Sub Total	248,650	59,700	321,500	\$ 629,850	178,450	59,700	290,550	\$ 528,700
<u>RESOURCES DEVELOPMENT</u>								
	\$ 57,570		\$ 26,930	\$ 84,500	\$ 57,570		\$ 23,930	\$ 81,500
<u>BUDGET TOTAL</u>								
	\$ 1,166,920	\$ 200,850	\$ 2,175,930	\$ 3,543,700	\$ 887,220	\$ 145,900	\$ 2,083,080	\$ 3,116,200

PROJECTED EXPENDITURES FOR 12-MONTHS BASED ON  
ACTUAL EXPENDITURES INCURRED JULY-SEPT. 1980  
(IN US DOLLARS)

	<u>Personnel Costs</u>	<u>Operating Expense &amp; Equipment</u>	<u>Total</u>	<u>Percentage</u>
<u>RESEARCH PROGRAMME</u>				
<u>Programmes</u>				
Disease Transmission	\$ 305,200	\$ 110,830	\$ 416,030	8.1%
Pathogenesis and Therapy	157,200	66,050	223,250	4.3
Host Defense	193,600	72,170	265,770	5.2
Nutrition	203,700	70,370	274,070	5.3
Community Services Research	425,400	126,380	551,780	10.7
Sub Total	\$ 1,285,100	\$ 445,800	\$ 1,730,900	33.6%
<u>Research Support and Facilities</u>				
Dacca Station	\$ 252,500	\$ 171,960	\$ 424,460	8.2%
Matlab Station	211,500	277,580	489,080	9.5
Teknaf Station	55,900	30,390	86,290	1.7
Microbiology	84,600	64,560	149,160	2.9
Biochemistry	46,100	20,690	66,790	1.3
Immunology	17,600	14,630	32,230	0.6
Biometric and Data Management	33,300	18,710	52,010	1.0
Animal Resources	29,900	38,110	68,010	1.3
Sub Total	\$ 731,400	\$ 636,630	\$ 1,368,030	26.5%
Total Research and Support	\$ 2,016,500	\$ 1,082,430	\$ 3,098,930	60.1%



	<u>Personnel Costs</u>	<u>Operating Expense &amp; Equipment</u>	<u>Total</u>	<u>Percentage</u>
<u>Training and Extension</u>				
Training and Extension	\$ 172,700	\$ 124,290	\$ 296,990	5.8%
Library and Publications	38,600	61,100	99,700	1.9
Staff Development	23,000	22,800	45,800	0.9
Sub Total	\$ <u>234,300</u>	\$ <u>208,190</u>	\$ <u>442,490</u>	<u>8.6%</u>
Total Research and Training Programme	\$ <u>2,250,800</u>	\$ <u>1,290,620</u>	\$ <u>3,541,420</u>	<u>68.7%</u>
<u>Maintenance and Logistics</u>	\$ 255,200	\$ 337,800	\$ 593,000	11.5%
<u>Management</u>				
Director's Office	\$ 160,200	\$ 89,560	\$ 249,760	4.8%
Administration	196,900	94,230	291,130	5.7
Controller's Office	72,500	26,710	99,210	1.9
Physical Plant	99,100	56,650	155,750	3.0
Sub Total	\$ <u>528,700</u>	\$ <u>267,150</u>	\$ <u>795,850</u>	<u>15.4%</u>
<u>Resources Development</u>	\$ 81,500	\$ 32,730	\$ 114,230	2.2
<u>Mandatory Committees</u>	-	\$ 111,000	\$ 111,000	2.2
Grand Total	\$ <u><u>3,116,200</u></u>	\$ <u><u>2,039,300</u></u>	\$ <u><u>5,155,500</u></u>	<u>100%</u>

7/BI/DEC.80

REPORT OF SUBCOMMITTEE ON FINANCES

7/BT/80

REPORT OF SUBCOMMITTEE ON  
FINANCES OF BOARD OF TRUSTEES

The three members of the Subcommittee on Finance of the Board of Trustees (Mr. M. K. Anwar, Dr. O. Solandt and Dr. W. B. Greenough) met for this meeting at ICDDR,B on the morning of Sunday 30 November 1980. A report from the management of ICDDR,B to this subcommittee was considered. The matter of selection of an auditor was thoroughly discussed. It was agreed that a full review of the firms which might be available for auditing ICDDR,B had not been carried out by the management and that the committee had not played a vital role in reviewing possible firms. It was felt that Price Waterhouse and Company was a highly competent and reputable firm and could be asked to carry out the audit for the periods 1 July 1979 through 30 June 1980 using the quoted cost of \$ 3,082 as a guideline. This should be completed as soon as possible. It was agreed to recommend that the Board select Price Waterhouse and Company with Rahman, Rahman and Huq and Company to audit the period 1 July 1980 through 31 December 1980.

Before selection of the auditor for the period 1 January 1981 through December 30, 1981, it was agreed that the management of ICDDR,B should seek more candidate firms as possible auditors. The results of this search should be considered at a meeting of this subcommittee early in 1981.

Report to the Subcommittee for Financial Matters  
November 30, 1980

I. Selection of an auditor

In the last meeting of the Board of Trustees it was noted that there should be an experienced international accounting firm to audit the Centre's books of accounts. Accordingly, three international auditing firms have been contacted:

Ernst and Whinney	- London
Deloitte Haskins and Sells	- London
Price Waterhouse	-- Sydney and Calcutta

Ernst and Whinney replied that since they have no office in Bangladesh, they would be unable to help. Deloitte Haskins and Sells referred us to their correspondent firm in Bangladesh, Ahmed, Reza and Co. A partner of Ahmed, Reza & Co, Mr. Shaheduddin Ahmed indicated a desire to perform the work, but stated that their principals, Deloitte Haskins and Sells, will not be able to audit the Centre or sign the audit report.

Price Waterhouse & Co from their Calcutta office, have submitted an offer to do the audit jointly with their associates in Bangladesh, Rahman, Rahman & Huq. A copy of their offer is attached.

The Subcommittee is requested to recommend an audit firm to the Board to audit the financial statements covering the following periods:

The year ended June 30, 1980  
The six months ended December 31, 1980  
The year ended December 31, 1981

The short period audit for July through December 1980 is necessary because of the change in the fiscal year to the calendar year beginning January 1, 1981.

II. Selection of a firm to recommend financial systems

The Board of Trustees indicated a need to select a firm to develop efficient financial systems appropriate to the diversified funding and programme of the Centre. Accordingly management has asked two firms to submit consultancy proposals : Price Waterhouse Associates, Management Consultants, Hong Kong and EWP Associates, Management Consultants, Dacca. Copies of their proposals are enclosed.

The audit reports for the final two years of CRL indicated weaknesses in several areas including financial record keeping and the inventory of supplies and fixed assets. During the first year of ICDDR,B efforts were made to improve the bookkeeping procedures. In order to review the progress, Rahman, Rahman & Huq was asked to perform an interim audit for the period July 1, 1979 to June 30, 1980. The result of their work is attached.

III. Financial Regulations

Draft financial regulations were submitted to the Board at the last meeting. Action on the regulations was referred to the Financial Subcommittee. The draft regulations together with proposed minor modifications are enclosed for your perusal.

Enclosures

8/BT/DEC.80

REPORT OF THE SUBCOMMITTEE OF THE BOARD  
TRUSTEES FOR PERSONNEL MANAGEMENT

REPORT OF THE SUBCOMMITTEE OF THE  
BOARD OF TRUSTEES FOR PERSONNEL MANAGEMENT

Since the full Board meeting in February 1980, the Personnel Management Subcommittee met on three occasions.

- (a) 1-2 May 1980 . - Bali, Indonesia
- (b) 4-5 June 1980 - Geneva, Switzerland
- (c) 27 November 1980 - Dacca, Bangladesh

The information and recommendations to the Board from these meetings are as follows:

1. According to the guidelines provided by the Board, all existing scientific staff of CRL were reviewed by an external committee consisting of Professor R. B. Sack of the Johns Hopkins University and Professor E. Van de Walle of the University of Pennsylvania. Dr. Dhiman Barua assisted this committee in preparing the criteria for ranking. The Director forwarded the report of the External Review Committee with his comments to two Board Members, Drs. Bradley and Ramalingaswami, who were coopted by the Personnel Management Subcommittee to appraise the results of ranking.
2. In the opinion of the Personnel Management Subcommittee, the Search Committee of the Board was the appropriate body to recommend to the full Board the appointments to international level positions. A ballot was conducted by telegram to all Trustees. There was agreement to this extension of the mandate of the Search Committee by eleven members. There were no dissenting votes.
3. A Report on the criteria for ranking training staff is appended for the consideration by the Board (doc. 8.3/BT/Dec. 80).
4. The ranking of management staff was considered in detail in consultation with a member of management staff of WHO Geneva, Mr. Hogan. The subcommittee was provided with examples of criteria used by WHO for senior administration and financial staff. In view of certain proposals for changes in Management responsibilities, which will be presented to the Board by the Director in the December meeting, the Committee will prepare ranking criterion for management staff after receipt of the Board's decision on the proposed changes in functions of top management personnel.
5. A system whereby younger scientists could be recruited at the international level was taken up. This is a very important issue requiring further study in depth. The committee will submit a report on this in due course.

page 2 - Report of the Subcommittee of the Board of Trustees  
for Personnel Management

6. Finally, it was recommended that the work of the Board and the Centre could be best served by establishing two standing committees. One would be for the selection of new candidates and evaluation of performance of existing international level staff. The decision at para 2 will meet this requirement and the Committee may be redesignated as "Selection Committee." The second would be to consider management problems including personnel, development and financial matters as required for providing advice to the full Board. This may be accomplished either by widening the mandate of the Personnel Management Subcommittee or by establishing a new Subcommittee. This Committee may be designated as "Management Subcommittee" of the Board of Trustees.



## CRITERIA FOR RANKING TRAINING STAFF

As stated in the Ordinance (article 5(2) (b), (c), (g) and (h), the Centre has responsibilities to:

- publish books, periodicals, reports, research and working papers on the studies
- arrange seminars, lectures and conferences, both international and national to establish and maintain contact with scholars and their work
- undertake a systematic staff development programme
- institute fellowships for different categories of professional workers on the studies.

These responsibilities will be the function of the training and extension unit of the Centre.

In terms of academic qualifications, training staff above level 8 (international level positions as defined in February 1980 Board Meeting) the minimum required is a Masters Degree or equivalent is proposed to rank training staff in three categories, i.e., senior educationalist, educationalist, and assistant educationalist. Of these 3 categories only senior educationalist and educationalist will be regarded as "international level positions" (present definition).

### Senior Educationalist:

15 or more years since the Ph.D. or equivalent post-graduate degree and engaged in training and extension covering the following aspects:

- preparing and delivering lectures and demonstrations with the objective of imparting knowledge, motivating and transferring skills to the student
- organise and conduct examinations to enable the assessment of the student's ability
- planning seminars
- establishing field training
- developing teaching aids.

### Educationalist:

Similar experience as above for at least 10 years.

page 2 - Criteria for Ranking Training Staff

Educationlist (continued):

Objective evidence such as syllabi reports on seminars/workshops and manuals or audio-visual material will be required.

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- planning seminars
- establishing field training
- developing teaching aids.

Educationalist:

Similar experience as above for at least 10 years.

page 2 - Criteria for Ranking Training Staff

Educationlist (continued):

Objective evidence such as syllabi reports on seminars/workshops and manuals or audio-visual material will be required.

9/BT/DEC.80

REPORT OF THE SEARCH COMMITTEE

CONFIDENTIAL

Appendix A

9a/BT/Dec. 80

MEETING OF THE SEARCH COMMITTEE - DACCA  
November 30, 1980

Present : Professor M. A. Matin (In the Chair)  
Dr. Albert Zahra  
Dr. O. M. Solandt

Absent : Professor C. C. J. Carpenter

The committee carefully reviewed all the available candidates for the post of Director. The name of Professor Nevin Scrimshaw of M. I. T. was also considered since Dr. Lincoln Chen had informed several of the Board members that Professor Scrimshaw might be interested in becoming Director at a later date.

After examining the available alternatives, the committee concluded that by far the best course was to ask Dr. Greenough to continue as Director until June 30, 1983.

Dr. Greenough is willing to serve as Director for this period.

The committee therefore recommends that the Board appoint Dr. Greenough as Director for a three-year term beginning July 1, 1980 and ending June 30, 1983. It further recommends that the Board ask the present Chairman, Dr. Sulianti Saroso, to negotiate and sign, on behalf of the Board a suitable contract with Dr. Greenough. The new contract should be based on a continuation of his relationship with Johns Hopkins University, Baltimore, as has been the case in the past.

10/BT/DEC.80

DIRECTOR'S REQUEST FOR SPECIFIC CONSIDERATION

## DIRECTOR'S REQUEST FOR SPECIFIC CONSIDERATION

Ranking of Scientific Staff below the International Level.

All Scientific Staff were subjected to the same review process as were those who were candidates for the International Level positions. The External Ranking Committee, however, did not distinguish between the ranks of Research Associate and Assistant Scientist. Therefore, all candidates were designated by that committee as Assistant Scientist. The following judgements of ranking between the level of Assistant Scientist and Research Associate are based on judgements of the internal ranking process and those of the two Trustees coopted by the Personnel Management Subcommittee of the Board. A full display of all judgements is available.\* The list which follows represents all those below the level of Scientist.

It is recommended that as of the time of fitting (1 July 1980) the following ranks be assigned:

<u>Person</u>	<u>Programme</u>	<u>Rank</u>
Ahmed, A.	Host Defense	Assoc.Sc.
Ahktar, S.Q.	Disease Transmission	Res.Assoc.
Al-Mahmud, K.A.	Disease Transmission	Assoc.Sc.
Aziz, K.M.A.	Community Services Research	Assoc. Sc.
Chowdhury, M.K.	Community Services Research	Res.Assoc.
Chowdhury, A.K.M.	Community Services Research	Assoc.Sc.
Eusof, A.	Host Defense	Res.Assoc.
Hasan, K.Z.	Nutrition	Res.Assoc.
Islam, Md.R.	Pathogenesis and Therapy	Assoc.Sc.
Islam, Md.S.	Community Services Research	Ast.Sc.
Khanam, A.	Pathogenesis and Therapy	Ast.Sc.
Molla, A.	Nutrition	Assoc.Sc.
Munshi, M.M.H.	Nutrition	Ast.Sc.
Rabbani, G.H.	Pathogenesis and Therapy	Ast.Sc.
Rahman, A.S.M.M.	Disease Transmission	Assoc.Sc.
Rahman, Makhlisur	Community Services Research	Ast.Sc.
Yunus, Md.	Community Services Research	Assoc.Sc.

A further group of staff have submitted their curriculum vitae after the review process was complete. Provisional rankings have been established and will be reviewed in a regular process by the internal selection and promotion committee



page 2 - Director's Requests for Specific Consideration:  
Ranking of Scientific Staff below the International Level

<u>Person</u>	<u>Programme</u>	<u>Rank</u>
Alam A.	Disease Transmission	Res.Assoc.
Bhuiya, Md.A.	Community Services Research	Res.Assoc.
Faruque, A.S.G.	Training and Extension	Res/Tng.Assoc.
Islam, S.	Community Services Research	Res.Assoc.
Rahman, M.	Community Services Research	Res.Assoc.
Rahman, Md.M.	Nutrition	Res.Assoc.
Rahman, A.S.M.H.	Pathogenesis and Therapy	Ast.Sc.
Razzaque, Md.A.	Community Services Research	Res.Assoc.
Roy, S.U.	Pathogenesis and Therapy	Res.Assoc.

Expatriate research staff who have not been ranked at the International Level will be called Fellows. These are listed below:

<u>Person</u>	<u>Programme</u>
Becker, S.	Community Services Research
Glass, R.	Disease Transmission
Mutanda, L.N.	Disease Transmission
Stoll, B.	Pathogenesis and Therapy
Zimicki, S.	Community Services Research

10.2/BT/Dec. 80

DIRECTOR'S REQUEST FOR SPECIFIC CONSIDERATION

— Transfer of Portfolio.

The international level position, Associate Director for Administration and Finance has been established and approved (Resolution 5.1/BT/Feb.80). Despite international advertising, search by those knowing ICDDR,B and review of many applicants, no satisfactory candidate has been found. In order to operate responsibly, it is absolutely essential that the Associate Director Resources Development be able to have current financial information. I am, therefore, transferring the Finance portfolio at the level of Associate Director to be the formal responsibility of the Associate Director Resources Development.

The portfolio for Administration rests with the Director at the present. It is recommended that the review of Finance and Financial Systems be extended to a full review of all aspects of management. Through this process, we hope to establish a satisfactory management system which will attract a fully competent person.

DIRECTOR'S REQUEST FOR SPECIFIC CONSIDERATION

- The Director position ICDDR,B anticipates full Associate Director level responsibility for Development of Resources, Administration, Finance, Training and Extension, and Coordination of Scientific Programmes. At present, lacking an Associate Director for Administration and Finance and four Programme Heads, it is essential to cover at least one function at the Associate Director/Programme Head level. Should a good candidate be available until the review of Management and Finance is complete and Associate Director coverage established, I would recommend designating one Programme Head position as Scientific Programme Coordinator for recruitment.

DIRECTOR'S REQUEST FOR SPECIFIC CONSIDERATION

— Interpretation of Resolution 9.2/BT/Feb. 80.

Our current operating policy on the payment of all taxes levied by the Government of Bangladesh on salaries of ICDDR,B employees, is to insist that each employee take advantage of all possible rebate under the Income Tax Laws of Bangladesh. Although the regular employees are investing 16.5% of their salaries through the Staff Provident Fund, the employees are facing difficulties investing the additional 13.5% of their salaries to obtain full rebate possible under the Income Tax Laws. The contractual employees are not members of the Staff Provident Fund. Therefore, their tax on 30% investment allowances will require coverage by the Centre. Management would recommend leniency and ask that the Centre alter current policy and pay all taxes actually levied, even if available deductions cannot be realized. The financial implications of this are approximately U.S.\$50,000 per year. An alternate course would be to expect higher paid employees (level VII and above) to be able to fully invest but those at lower levels could be given leniency on investment.

DIRECTOR'S REQUEST FOR SPECIFIC CONSIDERATION

— Programme Coordinating Committee.

At this meeting in February of 1980, the Board passed the following resolution:

Resolution 26/Feb. 80

The Board Agreed to appoint a Programme Coordinating Committee of the composition cited in document 5f/BT/Feb. 80.

At present this committee has not been formally convened. Coordination now occurs by a direct process of contact with the National institutions with which we cooperate. Since the February meeting, our thinking has progressed and there is a strong consensus that in some way the specific institutions of Bangladesh need to be represented directly on this Committee. To do this we suggest that the Committee be conceived of as non exclusive with representation by all institutions and programmes who may wish to collaborate or cooperate or which have programmes which may overlap with those of ICDDR,B. The previously recommended membership could act as an organizing committee. A draft of the letter of invitation we propose to send to the organizing Committee is included (doc. 10.5.a/BT/Dec. 80).

# International Centre for Diarrhoeal Disease Research, Bangladesh

Dear Sir:

Ordinance No. L I, Section 12(4) on page 7 of the People's Republic of Bangladesh entitled International Centre for Diarrhoeal Disease Research Bangladesh provides for the establishment of a programme coordination committee. "The Board shall create a Programme Coordination Committee for the purpose of coordination of research in Bangladesh and may create such other standing committees or ad hoc committees as may be deemed necessary for carrying out the responsibilities of the Centre. The Centre shall be supportive of, and avoid actions prejudicial to, the interest of research in similar fields carried out by other organizations in Bangladesh".

The Board of Trustees ICDDR,B has suggested that the organizing body for this committee should have a membership of 7 and power to coopt three additional members as required by programme considerations. The suggested composition of this committee is as follows:

A representative of each of the Scientific Research Councils of Bangladesh specifically Medical, Agricultural and Nutrition.

The President of the Bangladesh Academy of Sciences.

A representative of the Ministry of Science and Technology.

The Director ICDDR,B or his delegated representative will serve as member cum Secretariat.

It is expected that this Programme Coordinating Committee will include in its membership representatives from all institutions or programmes who are interested in the work of ICDDR,B. The terms of reference of this committee are defined in the Ordinance.

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(Formerly Cholera Research Laboratory)

G.P.O. Box 128 Dacca-2 Bangladesh

Cable: Cholera Dacca

Phone: 300171-78

**International Centre  
for Diarrhoeal Disease Research, Bangladesh**

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Please inform me at your earliest convenience as I would like to convene the first meeting at an early date.

Respectfully,

W.B. Greenough III, M.D.  
Director

WBG:abn:ls

11/BI/DEC.80

REPORT OF THE EXTERNAL SCIENTIFIC REVIEW COMMITTEE



EXTERNAL SCIENTIFIC REVIEW COMMITTEE  
ICDDR,B

According to the International Centre for Diarrhoeal Disease Research, Bangladesh Ordinance No. LI of 1978 on page 7 (3):

"The Board shall convene, at least once in two years an external Scientific Review Committee from developing and developed countries of such numbers as the Board may decide for the purpose of carrying out a technical review of the scientific programmes of the Centre."

Composition of the Committee:

The Board suggests a committee of 5 (five) members. The membership of this committee must contain expertise in the following areas:

The behavioural sciences including demography  
Epidemiology  
Microbiology and immunology  
Nutrition  
Clinical sciences relevant to diarrhoeal disease  
Health care and health development studies.

The committee will be invited to consult with Board members as appropriate.

Terms of Reference:

The time frame of the review shall include both work done since 1979 and the projected work for the next five years and it shall comprise all aspects of the scientific work in the clinic, the field and the laboratory. The reviewers shall examine, review and discuss with the staff the ongoing and projected programme of the Centre, providing constructive criticism and advice. A report shall be provided directly to the Trustees. The review committee shall consider both the scientific quality and scope of the programme both in itself, in relation to the ordinance and programme projection of the Centre, in relation to the facilities of the Centre, in relation to its site in Bangladesh and in relation to the WHO. It shall also consider the Centre's role and activities in training for research. The committee shall append any organizational implications of their review.