

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

BOARD OF TRUSTEE MEETING

DACCA, FEBRUARY 4-8, 1980

PROPOSED

PROGRAMME AND AGENDA

BOARD OF TRUSTEES MEETING

DACCA FEBRUARY 4-8, 1980

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Document Code</u>
February 2 Saturday	Dep. 11:30 a.m. Arr. 1:30 p.m.	Trip to Teknaf Dac/Cox Biman Cox/Teknaf Centre's car	
February 4	Arr. Dacca 1:30 p.m.	Return Dacca Via Cox's Bazaar	

PROGRAMME AND PRIORITIES

INFORMAL PRESENTATIONS

CENTRE LIBRARY

February 4
Monday

Scientific Program Review I

8:30- 8:45 a.m.	Director's Introduction
8:45- 9:45 a.m.	Host Defense
9:45-10:45 a.m.	Pathogenesis and Therapy
10:45-11:00 a.m.	Tea Break
11:00-12:00 p.m.	Disease Transmission
12:00- 2:00 p.m.	Lunch

FORMAL BOARD MEETING

SESSION I

IPH CONFERENCE ROOM

2:30 - 3:30 p.m.

TEA BREAK

3:45 - 6:00 p.m.

AGENDA

Document Code

1. Approval of Provisional Agenda
2. Approval of Minutes of June 1979 Trustees Meeting 2/BT/Feb. 80
3. Management
 - (a) Report of the Subcommittee of the Board of Trustees ICDDR, B on Personnel Management 3a/BT/Feb. 80
 - Organizational Chart (Appendix 1)
 - Classification of Jobs (Appendix 2)
 - Compensation Structure (Appendix 3)
 - Ranking of Staff Above Level 8 - International Level Positions (Appendix 4)
 - Fitting Process (Appendix 5)
 - Employment Policy (Appendix 6)
 - Evaluation of Performance (Appendix 7)
 - (b) Approval of Administrative Manual as Working Document
 - (c) Director's request for specific authorizations retroactive to July 1, 1979 3c/BT/Feb. 80
 - Minimum Wage
 - Bonus in place of advance of One Month's Pay
 - Extension of Severance Pay Benefit
 - Tax paid by ICDDR, B for Staff
 - General Additional Increase to Employees not Receiving the Housing Benefit
 - (d) By Laws 3d/BT/Feb. 80

February 5 Dep. 7:00 a.m. Field Visits
Tuesday Arr. 5:00 p.m. Return same day

Evening 6:30 p.m. Reception (Internal) at
ICDDR, B Guest House

PROGRAMME AND PRIORITIES
INFORMATION SESSION - LIBRARY

February 6 Scientific Program Review II
Wednesday

8:30- 8:45 a.m. Opening discussion by
Dr. Greenough

8:45- 9:30 a.m. Nutrition

9:30-10:30 a.m. Community Services
Research

10:30-10:45 a.m. Tea

10:45-12:00 a.m. Training

12:00- 2:00 p.m. Lunch Guest House

FORMAL BOARD MEETING

SESSION II

IPH CONFERENCE ROOM

2:00 - 3:30 p.m.

TEA BREAK

3:45 - 6:00 p.m.

AGENDA

Document Code

4. Resources

- (a) Financial Report on FY 1979-80 4a/BT/Feb. 80
- (b) Development Activities 4b/BT/Feb. 80
- (c) Approval of change of fiscal year to calendar year as of January 1, 1981
- (d) Approval of financial regulations
- (e) Selection of Auditor
- (f) Selection of Consultant Firm for Development of Financial Systems
- (g) Proposal for Consultative Group 4g/BT/Feb. 80

FORMAL BOARD MEETING

SESSION III

IPH CONFERENCE ROOM

February 7 and 8
Thursday and Friday
until 12:00 noon
if necessary

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.~~

8:30 - 10:30 a.m.

TEA BREAK

10:45 - 12:00 p.m.

AGENDA

	<u>Document Code</u>
5. Program and Priorities	
(a) Review of Program	5a/BT/Feb. 80
(b) Recruitment of Staff	5b/BT/Feb. 80
(c) External Scientific Review	5c/BT/Feb. 80
(d) External Scientific Relationships	5d/BT/Feb. 80
- WHO — Dr. Zahra	
- University of Goteborg	
- Johns Hopkins University	
- NIH	
- UN University	
- Other	
Australian National Univeristy, Mahidol University	
London School of Tropical Medicine and Hygiene,	
Harvard University, University of Washington,	
Diarrhoeal Diseases Research Centre, Calcutta.	
(e) Ethical Review Committee	5e/BT/Feb. 80
(f) Program Coordinating Committee	5f/BT/Feb. 80
(g) Standing Committee of fertility-related programs	5g/BT/Feb. 80
(h) Review and approval of budget FY 80-81	5h/BT/Feb. 80
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6. Board Business	
(a) Report of Subcommittee of Board on the Search for a Director — Dr. C.C.J. Carpenter	6a/BT/Feb. 80
(b) Date and place of next meeting of the Board	
(c) Action on Trustees whose term expires by June 1980	
(d) Action on Chairman whose term expires by June 1980	

6. Board Business (continued)

(e) Other business

(f) Closure of the meeting

February 8	Afternoon	Free
Friday	Evening 7:30 p.m.	Reception - Purbani International Hotel



2/BT/FEB.80

PROCEEDINGS OF THE
BOARD OF TRUSTEE'S MEETING, ICDDR,B

JUNE 26-29, 1979

PROCEEDINGS
BOARD OF TRUSTEE'S MEETING
ICDDR,B

JUNE 26-29, 1979

Constitution of the Board of Trustees

On June 26, 1979 at 9:45 a.m. Mr. Bernard Zagorin, Resident Representative, UNDP Dacca acting in his capacity as Chairman of the Interim International Committee officially and formally constituted the Board of Trustees of the ICDDR,B. (All members of the Board were present at this meeting except Doctors Bradley, Kostrzewski and Al-Awadi.)

Mr. Zagorin indicated his pleasure and the gratification of all concerned that the establishment of the ICDDR,B is now completed. The ICDDR,B was the product of long negotiations and many discussions which ultimately clarified the issues and produced the Ordinance. The record of these discussions in the minutes of the IIC can be useful to the Trustees in explaining the purpose and clarifying language in the Ordinance.

The Ordinance was briefly reviewed to emphasize to members of the Board that they are acting as Trustees in their individual capacity. He also noted that with this action of constituting the Board the IIC is legally dissolved unless the Board decides to take any other action. The constitution of the Board of Trustees is the final act which fully and officially establishes the Centre.

Mr. Zagorin reviewed for the Board the interest on the part of many others in the development of the Centre, particularly the current and potential donors to the Centre. There has ~~already been an expressed desire among representatives of~~ donors to meet with the Board. Until now the Chairman of the IIC has determined that there be no observers to the Trustees meeting until a decision is made by the Board. Mr. Zagorin made a suggestion that there be a meeting with representatives of donor groups at the end of the week to review for them the progress of the Trustees meeting and to give an opportunity for statements from the donors.

The Board of Trustees accepted this suggestion and requested Mr. Zagorin to extend the invitations on behalf of the Board. Invitations would be sent to all governments, organizations

and agencies participating in the internationalization process as well as other governments or organizations who have subsequently expressed an interest.

With this action the meeting adjourned for ceremonies at which the Honorable President of the Peoples Republic of Bangladesh inaugurated the ICDDR,B.

The Board of Trustees held informal discussions on items of the Agenda on June 26th and 27th which are not recorded. The formal record of the Trustees Meetings continues with the opening of the formal sessions on the morning of June 28th continuing through June 29th.

First Formal Meeting of the Board of Trustees June 28, 29, 1979

Members present:

Mr. M. K. Anwar
 Dr. C. C. J. Carpenter
 Professor Badruddoza Chowdhury
 Dr. J. Holmgren
 Dr. G. W. Jones
 Professor J. Kostrzewski
 Professor L. J. Mata
 Professor M. A. Matin
 Dr. V. Ramalingaswami
 Dr. O. M. Solandt
 Dr. J. Sulianti
 Dr. M. K. Were
 Dr. A. Zahra

Members absent:

Dr. D. J. Bradley
 Dr. A. R. A. Al-Awadi

Also present:

Mr. Bernard Zagorin, Chairman, Interim International Committee
 Dr. W. H. Mosley, Director, Cholera Research Laboratory
 Dr. W. B. Greenough III, following resolution of Agenda Item 5.

1. Remarks by the Chairman of the Interim International Committee:

The Chairman of the IIC extended formal greetings to the Board of Trustees from the UNDP on the occasion of their first formal meeting. He reviewed for the Board the vital role the UNDP played in the development of the ICDDR,B. He noted in particular the important initiatives carried out by Mr. William Mashler, Senior Director, Division for Global and Interregional Projects, UNDP, in his role as Chairman of the plenary IIC meeting in Geneva. This included the complicated process of communicating and coordinating with the international community to make arrangements for the meeting, mobilizing resources and in particular coordinating with the World Health Organization.

Mr. Zagorin brought to the Board the message and a suggestion from Mr. Mashler relating to UNDP assistance to the Centre. The UNDP role as Chairman of the IIC ceases with the constitution of the Board of Trustees. There is, however, a recommendation from the plenary IIC that the Trustees hold an annual meeting with donor groups as well as representatives of developing countries, that will especially benefit from the work of the Centre, for a report on the program and progress of work. This would be for accountability as well as for other purposes.

This is a policy matter that is entirely up to the Board to consider. The questions are should there be such a meeting and a related question is who would extend the invitation. In this context, Mr. Mashler wished the Board to be informed that the UNDP would be prepared to convene such a meeting if requested.

Dr. Chowdhury extended a vote of thanks to the UNDP for its efforts. He also extended a welcome to the Board from the President of Bangladesh and the Ministry of Health. Bangladesh wishes to see the Centre grow in stature and with this bring improvements in health to the masses. Also Bangladesh is interested in the extension of these efforts in subcentres both nationally and internationally. The matter of a continued role for the IIC is to be considered later.

Other members of the Board expressed their appreciation to Mr. Zagorin for the role of the UNDP in establishing the Centre.

The Board requested Mr. Zagorin to continue to attend the Board meeting as an observer/adviser.

2. Election of the Chairman of the Board of Trustees:

It was indicated that during the course of informal discussions among members of the Board there was a consideration of this matter. A member of the Board stressed that in selecting a Chairman the Board should consider the objectives of the Centre. In this context, a Chairman should have broad professional experience and first-hand contact with health problems in developing countries and should grasp how these problems are related to the environmental situation. A Chairman should have direct experience in issues related to health care management as well as in running a research institution. A candidate should have made direct contribution to scientific knowledge in the health field. With these considerations it was proposed that the Board consider the name of Dr. Sulianti.

During the ensuing discussion another member of the Board, while agreeing that these points were relevant and deserved consideration and that Dr. Sulianti fully satisfied these criteria, put forward the idea that a Bangladeshi should be considered for Chairman of the Board.

Another suggestion was that the Board should have more time before selecting a Chairman since not all of the Board members knew each other well enough.

Certain other issues were raised. First there was the matter of presiding over the sessions of the Board in the next two days; second, there was the matter of the interim period between this and the next meeting of the Board.

It was then proposed that the Board elect a Chairman for the two days of its first meeting and then at the next meeting consider a Chairman and the term of office.

After considerable discussion the Board selected Dr. Matin to serve as first Chairman of the Board of Trustees to serve for the first meeting, and decided to defer the question of selection of the Chairman of the Board for an ensuing period until the afternoon session on Friday, 29 June.

3. Adoption of the Agenda:

The Provisional Agenda was revised and adopted as follows:

1. Remarks by the Chairman of Interim International Committee
2. Election of the Chairman of the Board of Trustees

3. Adoption of the Agenda.
4. Appointment of the Secretary.
5. Directorship of ICDDR,B.
6. Assumption by the Board of Trustees of its Powers and Functions under Section 7 of the Ordinance.
7. Acceptance by the Board of Section 30(a) of the Ordinance, transferring to ICDDR,B the assets and liabilities of the CRL.
8. Acceptance by the Board of Section 30(b) of the Ordinance continuing in ICDDR,B the officers, employees, consultants, advisers and staff of the CRL.
9. Approval by the Board of Trustees of Program Coordination Committee and Ethical Committee.
10. Approval of request to AID for Transfer of Funds.
11. Authorizations of the Director.
12. Continuation in ICDDR,B of the financial regulations of CRL.
13. Five-Year Program.
14. Management Report.
15. Continuation in ICDDR,B of the personnel and administrative regulations and practices of CRL.
16. International positions.
17. Approval of FY 1980 Budget.
18. By-Laws.

19. Election of Chairman.
20. Committee of Trustees (Ordinance, Section 12).
21. Determination (by lot) of terms of Trustees at large.
22. Time and place of next meeting.
23. Other business.

4. Appointment of Secretary:

In discussing this matter the Board noted that it was the normal procedure in other international centres for the Director of the Centre to serve as permanent Secretary to the Board. The Director with permission of the Board could bring in other individuals for recording the proceedings of the meeting. At the same time if there were a closed session the Director as Secretary as well as Member of the Board could make a record of the session.

Resolved: The Director of the Centre would serve as permanent Secretary to the Board.

5. Directorship of ICDDR,B:

Dr. W. H. Mosley, Director, introduced this subject. He explained that his tenure terminates June 30, 1979, concurrent with the completion of the Trustees meeting and the formal establishment of the ICDDR,B. The complex circumstances associated with the internationalization process, which has resulted in a prolonged interim period prior to the formal constitution of the Board of Trustees, has precluded the establishment of a systematic search process for a successor.

Scientists at the Centre and other interested parties have made a number of informal inquiries to individuals on this matter. In addition, some Trustees have investigated potential candidates. The results of these informal actions may be reported to the meeting by the respective Trustees. The information currently available to the staff of the Centre is that at this time a promising prospective candidate for the Director from outside of the institution has not been identified.

Given these circumstances the Trustees in addition to ~~initiating an effort to identify and select~~ a Director must also immediately designate an individual as Director ~~until~~ a more formal search process is completed. The scientific staff of the Centre wishes to inform the Trustees that if a Director is to be designated at this time from the Centre they are unanimous in recommending that Dr. W. B. Greenough III, should hold this position.

The Director added that this information relating to the views of the Centre's staff on the matter of Directorship is provided for information only. Individual Trustees may have other promising candidates that may be immediately available whom the Board should consider before taking action.

It was noted that a number of issues had already been discussed in informal meetings of the Board Members with the following points being identified: first, the Board considered the search a matter of great urgency. Even the most intensive efforts, however, are unlikely to produce a Director in less than six months and more likely it will be a year or more. Second, it is proposed to appoint Dr. Greenough as Director for a term of one year. He may be asked to extend this for an additional period if necessary to allow time for the new Director to arrive. This would not exceed two years. The information the Board has is that Dr. Greenough would agree to this arrangement. Third, a Search Committee should be appointed at this meeting which would proceed with the process of making inquiries to collect names as well as undertaking a preliminary screening of candidates. Fourth, the Board would not wish Dr. Greenough to be disqualified from consideration as a candidate. Fifth, Dr. Greenough has the unanimous support of the entire staff of the Centre. Sixth, Dr. Greenough has indicated that he intends to return to the United States in two years for family reasons. He had indicated his willingness to step aside after the first year or during the course of the second year, if required, given six months notice.

It was noted that the greatest strength Dr. Greenough brings is in science where he has established international reputation. Because of many managerial problems in the institution the Director will need substantial administrative support to strengthen the structure of the institution.

It was also noted that the Ordinance, paragraph 13(1) specifically stipulated that the Director shall be appointed for a term of three years, and the question was raised as to how to appoint Dr. Greenough for a lesser term without violating the Charter. Following discussion the Board adopted the following resolution:

ved: Provisionally, pending the conclusion of the efforts of a Search Committee and the decision of the Board of Trustees to select and appoint the initial Director under paragraph 13(1) of the Ordinance, the Board decided to appoint Dr. Greenough as Director of the Centre for an interim period of at least one year and not to exceed two years. During this period he shall exercise the functions and assume the

responsibilities set forth in paragraphs 13(2) and (3) and paragraph 12 of the Ordinance.

It was agreed by the Board that in the Letter of Appointment to Dr. Greenough it should be stipulated that his term will be for not less than one year and may be extended up to two years according to the requirements of the Board with six months notice to be given.

6. Assumption by the Board of Trustees of its Powers and Functions under Section 7 of the Ordinance:

The Board adopted the following resolution:

Resolved: The Board of Trustees takes note of the powers and functions entrusted to the Board under Section 7 of the ICDDR,B Ordinance (Ordinance No. LI of 1978) and hereby assumes these powers and functions.

7. Acceptance by the Board of Section 30(a) of the Ordinance transferring to the ICDDR,B the assets and liabilities of the CRL:

The Board of Trustees asked the Director for a general indication of the assets and particularly liabilities of the Centre. The Director indicated that there were no outstanding fiscal liabilities of the Centre carried over from the CRL. In this context he reported that the CRL maintained an independent Provident Fund account which is operated under Bangladesh Government regulations and which holds funds sufficient to meet all of the cumulated earned retirement benefits of the employees through June 30, 1979. In addition the CRL has separate funds in a Severance Pay account which is fully sufficient to pay all of the cumulated severance pay obligations that the CRL has incurred through June 30, 1979. With reference to contracts for rental of houses and warehouses since all of these are paid in advance the CRL has no outstanding contractual liabilities. Similarly, there are no outstanding liabilities for other contractual services.

The assets relate primarily to a supply inventory currently valued at over \$200,000 and equipment, most of which had been the property of the U.S. Government and which is in the process of being transferred to the Centre.

With reference to cash assets, the bank balances as of June 20, 1979 in accounts operated by the CRL are given in Annex I.

The Director reported that in preparation for the transition from the CRL to the ICDDR,B the U.S. AID has just completed a comprehensive audit of the institution's operations and all accounts as it related to expenditure of U.S. funds. In addition, the CRL under instructions from the Directing Council ordered an external audit of all remaining accounts and fiscal operations not utilizing U.S. funds. The reports of these audits will be provided to the Trustees when they are complete.

The Board adopted the following resolution with reference to assets and liabilities:

Resolved: The Board of Trustees takes note of the provisions of Section 30(a) of the ICDDR,B Ordinance transferring the assets and liabilities of the Cholera Research Laboratory to the ICDDR,B and hereby accepts these assets and liabilities on behalf of the Centre.

A position paper regarding the assets and liabilities shall be circulated to the Board of Trustees before the next meeting of the Board.

8. Acceptance by the Board of Section 30(b) of the Ordinance continuing in ICDDR,B the Officers, Employees, Consultants, Advisers and staff of the CRL:

The Board adopted the following resolution relating to staff of the CRL:

Resolved: The Board of Trustees takes note of the provisions of Section 30(b) of the ICDDR,B Ordinance continuing in the

ICDDR,B the offices, rights and privileges of officers, employees, consultants, advisers and other staff of the Cholera Research Laboratory and hereby puts into effect these provisions of the Ordinance.

9. Action by the Board of Trustees on a Program Coordination Committee and an Ethical Committee:

The Board discussed in detail Article 12(4) relating to the Program Coordination Committee and to a Standing Committee with representatives from the Government which is to be set up for the purpose of coordinating research by the Centre, specifically in fertility and related fields in Bangladesh. The Board noted that the purpose of these committees was explicitly stated in the Ordinance. That is, that "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 discussions of the IIC relating to this section were reviewed, noting that it is explicitly intended to provide for two committees. First a Program Coordination Committee and second, a Standing Committee with specific concerns related to fertility and related fields.

The Board adopted the following resolution:

Resolved: (1) A Program Coordination Committee and (2) a Standing Committee for coordinating research in fertility and related fields in Bangladesh, for the purposes described in Section 12(4) of the Ordinance should be established. The Director is requested to propose names for such committees. In so doing, he shall take care to consult the appropriate research agencies and institutions in Bangladesh.

10. Approval of request to AID for transfer of funds:

The Director informed the Board that the Cholera Research Laboratory is provided funds by U.S. AID under a Project Agreement between AID and the Government of Bangladesh. The terms of this Project Agreement are given in Annex 2.

The Director provided for the Trustees a draft letter to AID requesting that the funds be transferred to the Centre.

After discussion a revision was made in the proposed draft letter. The amended letter (Annex 3) was accepted by the Board of Trustees with the following resolution:

Resolved:

That the Director be authorized to take all the necessary steps and to effect the transfer of funds provided in current and past years for the Cholera Research Laboratory by USAID to the ICDDR,B. The Project Implementation Letter of June 28, 1979 described the terms under which the funds are to be carried over to the ICDDR,B.

11. Authorizations of the Director:

It was indicated that under provisions of Section 13(2) of the Ordinance relating to the management of the affairs of the Centre it was necessary for the Board to provide authorizations to the operation of bank accounts and management of funds of CRL. The Board in discussing this matter asked about current bank accounts and current bank procedures. Information was provided indicating that the CRL operates seven bank accounts in six banks. Two of these are nationalized banks in Bangladesh, two are banks in the United States and there is one each in Australia and Canada. The Director reported that the maintenance of foreign bank accounts related to restrictions and requirements of the grants being provided by the Governments of the United States, Canada and Australia. With reference to operating procedures, at the present time all accounts except those of the Staff Provident Fund are operated by a single signature.

~~The Board expressed an unanimous opinion that bank accounts should be operated with two signatures, one of which~~ ordinarily should be the Director or Deputy Director. The position was also expressed that the new Centre should operate only the minimum required bank accounts and as stipulated in the Charter all funds both Taka and foreign currency should ordinarily be kept in nationalized banks in Bangladesh. It was recognized that exceptions may be required by funding agencies. However, the Board wished to be informed of such exceptions.

The Board then turned to the question of receipt of funds from aid-giving agencies, governments and other institutions. Under Section 7(2)(d) of the Ordinance the authority for requesting and receiving funds resides with the Board of Trustees. The question was raised as to what extent does the Board wish to delegate this authority to the Director? In this context it was noted that restricted funds placed certain obligations on the institution and could alter the emphasis and direction of the scientific program.

The Board observed that all funds should fall within the programmatic objectives of the ICDDR,B. As a principle it was important that the Centre should not be diverted from its mission by "strings" attached to funds. This could occur with funds obligated for allied or peripheral projects.

It was observed that at this stage there should be a concentration of effort on defining the objectives and programmatic focus of the Centre. Therefore, the Centre should not be hasty in seeking to solicit new project related funds.

It was reiterated that the issue was not the formality and procedure for receiving funds but the purpose for which the funds were to be utilized. If the funds were unrestricted, question should not arise. If the funds were restricted the matter should be examined by the Board.

In considering further whether the Director should be authorized to request as well as receive funds the Board observed that as time is required to get funds the Board will have time to review specific requests.

Following these discussions the Board adopted the following resolution:

Resolved:

1. Account No. () in () Bank currently in the name of the Cholera Research Laboratory be changed to the name of the International Centre for Diarrhoeal Disease Research, Bangladesh.
2. () Bank be informed that Dr. William B. Greenough is the Director of the ICDDR,B replacing Dr. W. H. Mosley.

The Board also resolves that

1. The number of bank accounts be as few as is necessary for the operational requirements of the Centre.
2. All funds both in Taka and foreign currency ordinarily be kept in nationalized banks in Bangladesh.
3. Banking difficulties and problems are to be brought to the attention of the Board.
4. Taking note of paragraph 7(2)d of the Ordinance the Director is authorized to receive grants-in-aid from aid-giving agencies, governments and other institutions insofar as receipt of such funds is not in any way inconsistent with the provisions of the Ordinance and relates to activities forming part of the program of the work approved by the Board.
5. Bank accounts shall be operated by the Director. All checks shall be signed by two persons authorized by the Director.

This resolution is made with reference to the following accounts operated by the CRL:

<u>Bank Names</u>	<u>Account Number</u>
Agrani Bank, Bangladesh	166
American Express International Banking Corporation, U.S.A.	00359596
Bank of Bethesda, U.S.A.	0 67 85 093
Bank of New South Wales, Australia	247325
Royal Bank of Canada, Canada	357 217-9
Rupali Bank, Bangladesh	
a) Staff Provident Fund	2095
b) Employees Severance Pay and Leave Benefits	3653

12. Continuation in ICDDR,B of the financial regulations of CRL:

The Director said that authorization by the Board would be necessary for operating the finances of the ICDDR,B.

In response to a question it was indicated that the CRL at the present time did not have a documented set of financial regulations but had an established set of procedures which had been accepted by the Government of Bangladesh and the United States and had annually met the requirements of external audits over the past nineteen years.

After discussion the Board adopted the following resolution:

Resolved: The Board of Trustees asks the Director to prepare for its consideration a set of regulations concerning the receipt, disbursement and accounting of all funds and properties owned or controlled by the ICDDR,B. In the meantime, standard accounting procedures will be followed in ICDDR,B which must be consonant with any provisions of the Charter and supportive of the approved program of the Centre.

13. Five Year Program:

The Five Year Program Proposal, attached to this record as Annex 4, was discussed. The scope and content of this program was summarized for the Trustees by the Scientific Directors at the informal meetings.

As a general guide to the Director on the scope of the program the following points were noted:

The main thrust of the effort of the Centre should be in the diarrhoeal diseases.

The orientation of the research should be to create new knowledge which may be translated to action in order to improve human health.

An important component of the research is the testing of new technologies. Such field testing should be carried out not only in a research setting operated by the Centre but also in practical settings within the framework of organization and resources operated by national institutions.

Training is an essential component of the program. Care should be taken however that the Centre not become a facility for routine training activities. Rather the Centre should develop the technologies and methods to help others implement training activities. In this context the Centre should relate closely to national institutions as well as regional and international institutions in order to transmit the skills, knowledge and materials developed for training to these institutions.

The Board felt that the Program Plan dealt with the real substantive work of the Centre and that there was not sufficient time to give it the intensive and critical view which it deserved. Final decisions on the program plan should be taken only when the Board was fully informed of its scope, content and implications. The Board concluded that it would take note of the plan and in consideration of the budget and program of work for fiscal year 1980, permit the proposed work to proceed during the first fiscal year as the Board does not wish to disrupt the operations of the institution. It was noted that further approval must await a more comprehensive review by the Board of the program of work of the Centre.

14. Management Report:

The Director reviewed briefly the Management Report which is appended to this record.

The Board in considering the Management Report noted first that the current level of remuneration of the CRL local staff is far below the level provided to comparable employees in the UN agencies. The Board recognized the obligation to move toward comparability as rapidly as possible as mandated in the Ordinance. Given the financial constraints and the lack of a completed personnel review the Trustees agreed that a proposed 30% increase in compensation to local employees as an immediate action would be fair and essential.

It was noted that there is an extremely large difference between the compensation for expatriate and Bangladeshi scientific staff holding similar positions. The Board

recognized the obligation to move forward in rectifying this matter as rapidly as possible both by increasing the salary as well as the benefits of Bangladeshi nationals. In this context it was noted that with reference to Bangladeshi staff who may be given international positions it would be necessary to develop a framework of pay with a substantial package of benefits so that there would not be such anomalous salaries for Bangladeshi staff holding international positions that would create problems in the local situation.

It was recognized that the Board must define for itself "international positions."

The Board concluded the discussions recognizing that there are two fundamental problems. One relates to adjustments required to obtain better comparability in pay between expatriate and Bangladeshi professional staff. A more fundamental problem relates to the fact that the Centre's level of compensation now is substantially below that provided by UN agencies and that the Board must take steps to rectify this problem as mandated by the Charter.

15. Continuation in ICDDR,B of the Personnel and Administrative Regulations and Practices of CRL:

The Board discussed a draft Resolution introduced by the Director relating to the preparation of a new personnel structure and administrative regulations and salary scales for the Centre's staff. The draft resolution incorporated a request for authorization to the Director to exercise discretion in providing additional benefits to a limited number of employees critical to the operation of the Centre.

The Trustees in reviewing the draft resolution determined that there was a need for more specificity in the resolution to guide the Director as well as to protect him from undue pressures by the staff. The Board determined that the issues were a revision of the personnel structure and salary scales which should be done in close consultation with the Board. In the meantime the Board recognized that there was an immediate requirement for a 30% salary adjustment for Bangladeshi employees as proposed by the Director.

It was noted that in addition to this general pay rise it was essential that the Director have authority to provide the additional benefit of an allowance for housing for scientists and the senior administrative staff. This provision was necessary in order for him to maintain the current senior

staff as well as to attract other senior Bangladeshi staff who have expressed an interest in coming to the Centre.

In discussing these matters the Board noted that the Director also required authorization to make appointments to non-international positions. Given that a comprehensive program and staffing review has not been done, the Board determined that the authorization to the Director to make appointments should be limited to filling of vacancies as well as filling open positions as indicated in the FY 1979-80 budget.

Following the discussion the Board passed the following resolution:

- Resolved:
- (a) A committee be constituted to prepare a personnel structure, salary scales and other employment conditions for all categories of employees for consideration by the Board. The committee, in preparing its report, shall take due note of the provisions of the Ordinance in respect of salaries of non-international level positions as far as is feasible within the resources available to the Centre.
 - (b) Pending decisions on the report to be prepared by the committee, an interim benefit of not more than 30% of respective salaries may be given to all Bangladeshi employees.
 - (c) In addition to the benefit as mentioned at (b) above, the Director in his discretion may grant an additional benefit for housing to a limited number of key positions.
 - (d) Decisions on the report of the committee will be given effect from 1.7.79 after making due adjustment of the interim benefit as mentioned at (b) and (c) above.
 - (e) The Board authorizes the Director to fill all vacancies as is necessary in the Bangladeshi staff and other positions as listed in the FY-80 budget.

16. International Positions:

This agenda item was not formally discussed during the course of the meeting and no action was taken on it.

17. Approval of FY 1980 Budget:

The Board noted that the budget had been subjected to a preliminary scrutiny during the informal meeting. Based on discussions at that time it was anticipated that modifications would be required during the course of the year according to program development and plan of work. Pending such modifications the Board agreed to approve the budget and passed the following resolution:

Resolved: Recognizing that the budget as presented to the Trustees is only a guideline subject to modification according to the needs of program and suggestions of Trustees, the FY-80 budget is approved.

18. By-Laws:

The Director circulated to the Board a draft set of By-Laws. These were not discussed at this meeting but will be taken up by the Board at its next meeting.

19. Election of the Chairman:

This item was deferred until the end of the meeting and will be recorded under Agenda Item No. 23 -- Other Business.

20. Committee of Trustees (Ordinance Section 12):

The Board heard background information and gave formal consideration to the Ethical Review Committee. The Director had earlier outlined the policies and procedures established for the Ethical Review Committee and provided for the information of the Board a list of the membership of the current Ethical Review Committee operated by the CRL. He noted that the CRL Ethical Review Committee operates under guidelines provided by the USDHEW and is officially certified as meeting DHEW standards. The composition of the membership to the committee has a majority from outside the Centre and was designed to include representation from such groups as the religious community, law, social sciences and women.

The Board observed that while this Ethical Review Committee was sufficient to serve the needs of the CRL, it was important to reconstitute the committee to fully meet the requirements of an international centre. Concern was expressed regarding the proportion of membership which the CRL staff has on the Committee as it is now constituted.

Following the discussion the following resolution was approved:

- Resolved:
- (a) the present Ethical Review Committee (Human Subjects Committee) will continue to function according to the current guidelines with an additional member to be suggested by the World Health Organization.
 - (b) The Director in consultation with WHO will prepare for the next meeting of the Board the structure of an Ethical Review Committee that will continue to satisfy the highest standards of ethics in research on humans. This committee should minimize the representation from the staff of the Centre.

The Board next considered the question of a Search Committee for the identification and selection of a Director.

Desirable qualities for the proposed Director were presented by several Board members. Considering that professional skill, the management of a large organization as well as in directing a scientific program were required it was suggested that the Board may wish to keep the field open to candidates from all disciplines. Preference that the Director be a leading scientist was expressed strongly because of the agenda and nature of the institution. The Board may provide for administrative help if this is required. This position was supported. However, a scientist narrowly limited to diarrhoeal diseases was felt to be potentially too limiting.

In considering the composition and activities of the committee it was noted that this was a large task involving much correspondence and communication. This being the case it was important to have the committee coordinated from a locality with good secretarial services and effective mail delivery. Also the committee must interview many people including

wives of the candidate as well. Thus geography should be considered in choosing the committee membership. Geneva was considered a good mid-way location as a site for interviews.

It was decided that the committee should have three members, with one from Bangladesh. On this basis the Board passed the following resolution:

Resolved: A committee be formed to seek the next Director of the Centre. This committee will be composed of:

Dr. M.A. Matin
 Dr. C.C.J. Carpenter (coordinator)
 Dr. A. Zahra

After selecting the three members of this committee the Board agreed that it would be useful to have Dr. Solandt advise this committee because of his extensive experience with the search process for other international centres.

The Board next considered the issue of an Executive Committee. This initially came up with reference to a Committee on Management relating to Agenda Item 15.

After considerable discussion it was decided to defer action on the formation of an Executive Committee.

The Board next took up the matter of a Committee on Personnel Management as referred to under Agenda Item 15:

Resolved: That the Committee on Personnel Management would consist of the following membership:

The Chairman of the Board
 The Director of the Centre
 Mr. M. K. Anwar

It was stressed by the Board that a member from Bangladesh was necessary for this committee as the primary task related to salary scales and allowances for Bangladeshi staff. The Board agreed that the committee would have the power to co-opt other Board members as needed or to get an outside consultant to assist in the task. The consultant may be required to actually undertake the work along with the Director and his staff. The committee is asked to review this work before it is brought to the Board for decision. The Committee itself will not take the decisions.

The Board then considered the question of a Program Committee. The issue was raised because the scientific program had not been discussed in detail yet and is the basis for the budget and the Five Year Plan. The need for a comprehensive review including a visit to the laboratory, detailed discussions with the staff and a review of field operations seems clear. It was suggested that such a review be undertaken by the entire Board immediately prior to the next Board meeting. Objection to this procedure was raised indicating that in the absence of a committee with its Chairman it is possible that no one would take the responsibility for such a program review. After discussion the Board decided not to appoint a Program Committee but to leave such review to the entire Board.

21. Determination (by lot) of terms of Trustees:

In considering the procedure for determining the terms of Trustees by lot the Board agreed that a one-year term would be the fiscal year beginning July 1st and ending June 30. The procedure decided by the Board was to prepare fifteen lots, five with the numbers 1 for one year; five with 2 for two years; and five with 3 for three years. As there are fifteen Trustees participating in the process each Trustee drew a lot and lots were drawn for Trustees who were absent.

The results of the drawing are as follows:

- A one-year term : Dr. Al-Awadi, Mr. Anwar, Dr. Holmgren,
Dr. Jones, Dr. Sulianti
- A two-year term : Dr. Kostrzewski, Dr. Mata, Dr. Matin,
Dr. Ramalingaswami, Dr. Were
- A three-year term : Dr. Bradley, Dr. Carpenter, Dr. Chowdhury,
Dr. Solandt, Dr. Zahra.

22. Time and Place of the next meeting:

The next meeting will be in Dacca, Bangladesh on the week of February 4, 1980. The meeting will be for five days.

There was a discussion on this matter regarding a more extended meeting up to ten days to permit a comprehensive scientific review.

Many Trustees indicated their inability to participate in such an extended meeting. It was agreed that the Director should correspond with the Trustees and on the basis of this communication plan a scientific review in conjunction with the next meeting.

23. Election of Chairman

The matter of appointment of a Chairman of the Board for the first year was taken up just prior to the close of the meeting. The Board elected Dr. Sulianti as Chairman of the Board of Trustees for the year beginning July 1, 1979.

Adjournment

A vote of thanks on behalf of the Board was extended to Dr. Matin for his excellent services as First Chairman in carrying the Board through a complicated and difficult Agenda and to Dr. Mosley for his work in bringing the Centre to fruition.

Following this the meeting adjourned.

ANNEX I

BANK NAMES	CURRENT BALANCE	
	AS OF JUNE 20, 1979	
		US\$
Agrani Bank, Bangladesh ¹	TK 467,038.21	131,135.88
American Express, International Banking Corporation, U.S.A.		48,534.64
Bank of Bethesda, U.S.A.		157,188.29
Bank of New South Wales, Australia	A\$ 1,684.83	1,937.55
Royal Bank of Canada, Canada	C\$ 15,112.27	13,449.92
Rupali Bank, Bangladesh		
a) Staff Provident Fund ²	TK 6,258,603.79	417,204.25 ³
b) Employee Severance Pay and Leave Benefits	TK 3,852,890.05	256,854.63 ³

¹ Excluding an advance of TK 574,475.10 (U.S.\$ 38,631.67)

² Excluding an advance of TK 1,028,731.65 (U.S.\$ 68,582.11)

³ These two balances are utilized only for their specific purposes.

ANNEX 2

" The Bangladesh Government Ordinance under which the ICDDRB will be established in No. LI of 1978, dated 9 December 1978. Within approximately six months of the date of this Ordinance, an ICDDRB Board of Trustees will have been selected and will have begun directing the new institution. The 9 December 1978 to 30 June 1979 period is herein referred to as the transition period.

" For the continuation of normal operating expenses to 30 June 1979 and to satisfy all past, current and future commitments of the United States Government to the CRL, a sum of \$1.4 million is now provided by USAID. Included in this amount are \$160,000.00 to replenish the Employees' Severance Account. Also included are \$419,000 for the continuation to 30 June 1979 of services for the CRL by the United States National Institute of Health (NIH) through a Participating Agency Services Agreement (PASA).

" It is understood by the Government of Bangladesh and the Government of the United States that this is the final USAID contribution to the Cholera Research Laboratory (CRL) and no future commitment to the ICDDRB is made or implied by the provision of this money during the transition period.

" It is agreed that in the transition period there will be no commitment of the funds herein provided for: (A) new contracts with expatriates for their services beyond 30 June 1979; (B) new research projects which cannot reasonably be expected to be concluded by 30 June 1979; (C) commodities of any kind (except expendable supplies) that cannot be ordered so as to arrive at the CRL facility in Dacca prior to 30 June 1979.

" Amounts remaining undisbursed from this or prior Project Agreements at the time of the dissolution of CRL prior to 30 June 1979 shall be, by amendment to this agreement, granted to the ICDDRB on the same terms and conditions and for the same purposes herein agreed provided that ICDDRB shall agree in writing to accept the grant subject to such terms and conditions. In the event ICDDRB and AID do not reach agreement in writing on said terms, conditions and purposes, funds from this and prior Project Agreements not disbursed by 30 June 1979 shall revert to AID.

" It is agreed the CRL and its successor, the ICDDRB will use these funds during the transition period to continue only those activities which are consistent with the terms of the prior CRL Project Agreements. "

PROJECT IMPLEMENTATION LETTER

Mr. Richard Podol
Director, Acting
US Agency for International
Development
Bangladesh, Dacca

June 28, 1979

Dear Mr. Podol:

This letter is directed to USAID on the instructions of the Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). It concerns funds which have been provided in current and past years for the Cholera Research Laboratory (CRL) and are now in a position to be carried over to ICDDR,B.

The trustees request that these funds now be carried over to ICDDR,B for the purposes of the program outlined for ICDDR,B at the Interim International Committee meetings in Dacca and Geneva in 1978 and 1979.

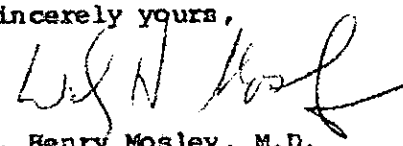
The Trustees further request that AID agree to remove the restrictions in the fourth paragraph, page 2 of the Project Agreement dated February 5, 1978.

The Trustees additionally request that the "Final Contribution date" in the Project Agreement be extended from June 30, 1979 to June 30, 1980.

The Trustees request, finally, that this letter be considered by AID as a Letter of Understanding which, with AID's reply thereto, effects the transfer of AID-provided funds from the CRL to the ICDDR,B.

Copies of this Letter of Understanding and AID's reply thereto will be sent from ICDDR,B to the External Resources Division of the Ministry of Finance and to the Secretary of Health, Ministry of Health and Population, with the request that the Bangladesh Government accept the procedure outlined in paragraph 3 of this letter.

Sincerely yours,


W. Henry Mosley, M.D.
Director

UNITED STATES OF AMERICA

AGENCY FOR INTERNATIONAL DEVELOPMENT

Dacca, Bangladesh

June 29, 1979

PROJECT IMPLEMENTATION LETTER

Chairman
Board of Trustees
International Centre for Diarrheal Disease Research, Bangladesh
Mohakhali, Dacca

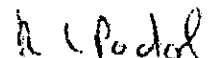
Dr. Henry Mosley
Director
International Centre for Diarrheal Disease Research, Bangladesh
Mohakhali, Dacca

Reference: PROJECT IMPLEMENTATION LETTER,
Director, ICDDRB to USAID
Director, 28 June 1979

By this exchange of Project Implementation Letters we complete the transfer from the Cholera Research Laboratory (CRL) to the International Centre for Diarrheal Disease Research, Bangladesh (ICDDRB) of all carry over funds provided in the USAID/Government of Bangladesh Project Agreement, No. 79-1, dated 5 February 1979 and amendments thereto.

In accordance with the International Centre for Diarrheal Disease Research, Bangladesh Ordinance, 1978, Ordinance No. LI of 1978, Section 7, (2) (d), the Board of Trustees will convey to the Government of Bangladesh copies of this and the referenced Project Implementation Letter.

By this exchange it is agreed the conditions of the USAID/Government of Bangladesh Project Agreement, fourth paragraph, page 2, no longer apply and that the "Final Contribution Date" of that agreement is extended to 30 June 1980.


Richard Podol
Director Acting

PROJECT IMPLEMENTATION LETTER

3a/BT/FEB. 80

REPORT OF THE SUBCOMMITTEE OF THE BOARD OF TRUSTEE
MEETING ON
PERSONNEL MANAGEMENT

REPORT OF THE SUBCOMMITTEE OF THE BOARD OF TRUSTEES
ICDDR,B
ON PERSONNEL MANAGEMENT

At the first meeting of the Board of Trustees in June 1979, it was resolved to form a committee "to prepare a personnel structure, salary scales, and other employment conditions for all categories of employees for consideration by the Board. The committee, in preparing its report, shall take due note of the provisions of the Ordinance in respect of salaries of noninternational level positions as far as is feasible within the resources available to the Centre."

This subcommittee was composed of the Chairperson of the Board (Dr. J. Sulianti), a Trustee from Bangladesh (Mr. M.K. Anwar) and the Director (Dr. W.B. Greenough). The committee met on September 27 and 28, November 8 and 10, 1979 and on January 30, 1980. The materials were prepared by the management of the Centre with the help of a Consultant in Personnel Management (Mrs. Lise Zaman). The matters to be considered by the full Board are listed numerically and a Working Paper accompanies each item as an Appendix.

1. Organizational Chart

The subcommittee has reviewed several alternatives and believes that the one presented in Appendix 1 will allow the Centre to pursue its programs in an optimal way. Other alternatives which were considered are not appended but are available in the relevant file. The diagram emphasizes functions rather than specific positions or people. The functions would be delegated according to the expertise of existing staff. In general, each function requires at least one person to be responsible at the present time.

The subcommittee agrees with the structure presented.

2. Classification of Jobs

Appendix 2 provides a classification of all jobs in the Centre and all its field areas. An accompanying Working Paper describes the process which was used to establish the relative levels of different jobs.

The subcommittee recommends that this classification be adopted in principle.

3. Compensation Structure

A compensation structure for all staff has been prepared (Appendix 3). Exhibited on these scales are the positions of the Centre's staff at the various levels in comparison to WHO and U.N. local scales. A total consolidated emolument is shown including all benefits in cash.

For reference, 50, 75 and 100% of the U.N. local staff pay-scale is shown. For senior staff the reference is to the WHO international scale. The effort of the subcommittee has been to have a scale for all staff that is keyed to the U.N. system. No attempt has been made in this to define "international level" which must be considered as a separate agenda. The subcommittee has agreed that beginning 1 July 1980, subject to availability of funds, the staff of the Centre may receive 75% of the WHO-UN reference scales.

The subcommittee also recognizes the urgent need for recruitment of scientific leadership and would ask the Director to recruit staff insofar as possible at 75% of the WHO scales. When essential staff cannot be recruited at that level, the Director may be given latitude to recruit at a remuneration as close as is possible to that level but not exceeding 100% WHO-UN levels without informing the Board.

4. Fitting Process

The fitting of current staff and staff to be recruited at various levels in the local scale, Working Paper (Appendix 4), has been prepared to describe how individuals are fitted to a particular job according to the needs of the job and their particular qualifications and abilities. In this process there is a strong effort not only to utilize people who are very able but may not have adequate credentials but also to facilitate employment of more qualified people into jobs. This will also encourage the development of staff which are able but less credentialed.

The subcommittee agrees with this process in principle and strongly recommends the upgrading of staff abilities and credentials.

5. Recruitment Policy

A Working Paper has been prepared on recruitment policy (Appendix 5). Fundamental to this is that all positions be openly advertised and available for all qualified persons to apply. The ultimate goal of recruitment is to employ the most outstanding person available in each job. The constraints on this are principally related

to being able to compete successfully with other organizations both inside and outside of Bangladesh for the best staff. Another constraint is that the Centre must not lure very talented staff of Government or other National institutions away from their jobs as this would weaken those institutions.

The subcommittee agrees with the recruitment policy presented and would ask the Board to approve it.

6. International Level Positions and Ranking of Staff

A process has been recommended (Appendix 6) by which staff with the greatest responsibility can be ranked. This procedure has been arrived at after wide consideration with institutions and individuals. The staff of the Centre itself also has been very helpful in arriving at the present scheme. We believe this proposal will maintain high quality and encourage a cooperative atmosphere for work.

The subcommittee recommends adoption of the definition of international level and ranking method outlined in Appendix 6 of this report.

7. Consultant in Management and Finance

In view of the process made in setting up the overall personnel management framework and because there has been no response to a search for finding someone competent in all areas, it is felt that the consultant needed most urgently is in the area of finance.

The subcommittee recommends that the Board approve securing a consulting firm in finance with full credentials and experience in the international arena. It also recommends a continued search for a highly qualified senior person for the position of Associate Director for Administration and Finance.

WORKING PAPER
ON
ORGANIZATIONAL CHART

The organizational chart of any institution, at any given time, reflects a dynamic process of distributing responsibilities and tasks to employees who, in turn, are accountable to the Director. In this context, several alternatives have carefully been studied by ICDDR,B Management. The proposed ICDDR,B organizational chart expresses the structural relationship prevailing or toward which the Centre is pointing at the present time. The approach utilized follows a functional model, thus clarifying the responsibilities and tasks delegated by the Director.

The Director manages the scientific programs with the collaboration of five Scientific Program Heads. Each Head is responsible to develop, implement and control one of the five research programs of the Centre; namely, Pathogenesis and Therapy, Host Defense, Disease Transmission, Nutrition and Community Services Research. The Scientific Program Head have full authority over support functions directly related to the work and act as a leader for the Scientific Working Group. The linkage of a group of scientists with support facilities insures coordination of all human, financial and physical resources which are directed at the goals of the program. The financial and physical control are realized by having each research program headed by the Scientific Program Head and all scientists in the working group responsible for the budget and implementation of his approved research protocols. Control of human resources is exercised by the Scientific Program Head since the Scientific Support Branches necessary to realize the program are reporting to him.

This structure is innovative, departing from the more traditional discipline oriented approach. The scientific responsibilities are clearly distributed insuring an efficient conduct of all research activities. This structure is designed to address the major problems of developing countries being studied by the Centre, thus maintaining the focus of all available resources on their pressing problems. It facilitates the task of relating input efforts to output results as a measure of the accomplishments, and will tend to focus the Centre on areas of effort where a specific comparative advantage exists.

The management functions are perceived in the suggested structure as an extension of the Director's Office to include essential areas such as Training and Extension, Resources Development, Finances and Administration. The Director delegates to an Associate Director the full executive authority to manage their jurisdiction. It may be argued that all these functions are too numerous and diversified to be seen as part of

the Director's Office but, at the present time, this option is judged highly satisfactory because it helps the Director to exercise full control over them.

The functional approach of the proposed organizational chart is oriented toward problem solving; it is not crystallized around traditional departments or disciplines and it may be felt that high standards of practice within each discipline may suffer. However, this problem was not overlooked by Management, due to the fact that the Centre constantly receives specialists in various disciplines from Bangladesh and abroad, thus providing a mechanism for regular external review. A structure oriented toward a disciplinary approach could jeopardize the multidisciplinary team work essential to the realization of efficient operations both in programs and administration. The overall organisational chart does not propose a geographical distribution of responsibilities and tasks because such an outlook would overemphasize conflicts of interest among areas without serving the purpose for which the Centre exists, the implementation of research projects to answer questions about the problems associated with diarrhoea in a developing country.

The proposed structure contributes to the realization of the Centre's goals and objectives; it insures a stability in the Centre's operations. At the same time, it allows the Director the flexibility desired to delegate the programs and administrative functions to the limited available human resources and to utilize the organizational chart as a mechanism to respond to changes and take into account the actual situations as they may arise.

PATHOGENE
& THERA
PROGRA

Working
Groups

Sc
S
Br

Present assignment of staff to functions.

<u>Position</u>	<u>Function</u>	<u>Person</u>
Director	Director	Dr. W.B. Greenough III
Deputy Director	Deputy Director	Dr. M.M. Rahaman
<u>Associate Directors</u>	Training & Extension	Dr. K.M.S. Aziz
	Development	Mr. M.R. Bashir
	Administration & Finance	Dr. W.B. Greenough III
<u>Scientific Program Heads</u>	Pathogenesis and Therapy	Dr. L.C. Chen
	Host Defense	Dr. L.C. Chen
	Disease Transmission	Dr. L.C. Chen
	Nutrition	Dr. M.M. Rahaman
	Community Services Research	Dr. S. D'Souza
<u>Working Group Leaders</u>	Pathogenesis and Therapy	Dr. A.M. Molla
	Host Defense	Dr. D. Sack
	Disease Transmission	Dr. M.U. Khan
	Nutrition	Dr. Ayesha Molla
	Community Services Research	Mr. M. Chowdhury

WORKING PAPER
ON
CLASSIFICATION OF JOBS

The Centre has inherited a heavy structure of 147 different job descriptions. All were analyzed (except for the research positions which were considered separately and will be discussed later in this report, due to the need of applying a different set of criteria for such positions) to determine functions and level of responsibility; additional attention was given to ascertain the need for every job description in the Centre. Tasks and responsibilities were considered, not the actual incumbents of the positions. The requirements of the job descriptions in terms of education, experience and other requirements (e.g. knowledge of English language, demonstrated supervisory ability etc.) were defined according to the functions of each job description. From these data, an ICDDR,B Manual of Job Descriptions was written, outlining standardized job descriptions for future utilization by ICDDR,B Management.

Every position was evaluated against seventeen factors. The latter were given a weighted value totaling one hundred marks. Two factors, education and vocational training, were assigned twenty-five marks, ten marks being reserved for three factors which included physical efforts, working conditions and hazards. The majority of marks (sixty-five marks) were distributed among twelve factors relating to the nature of position. The twelve factors included experience required, work complexity and adaptability, dexterity, supervision received, decisions taken, internal and external contacts, responsibility for records and reports, responsibility for confidential information, safety of others, supervision given, responsibility for equipment, material, supplies in work situation and responsibility for assets of the Centre.

After assessing every position against the seventeen factors, the total marks received by a position provide the value of that position in the Centre. Positions which received a comparable score (within a range of ten marks) were regrouped into eight levels; you will find included (Appendix 2A and 2B) the ninety-four proposed positions distributed into the eight levels (53 positions were abolished mainly through a standardization process). Additional positions were added, whenever required. The factors education, vocational training and experience can, taken together, be utilized to distribute the various positions into the defined eight levels as is reflected in Appendix 2C. This conclusion serves to illustrate the results of this job description analysis and to provide Management with a useful guide whenever new positions are considered for inclusion in the personnel structure.

JOB CLASSIFICATIONS

ICDDR,B REGULAR PERSONNEL STRUCTURE

SCIENTIFIC SUPPORT STRUCTURE

LEVELS	SCIENTIFIC POSITIONS	ANIMAL RESOURCES	COMMUNITY ¹	HEALTH SERVICES	LABORATORY	LIBRARY	LABORATORY	STATISTICS	COMPUTER SERVICES
1.		Animal Handler		Asstt. House-keeper ³ Laundry-Operator Cook ³ Ward Attendant Pharmacy-Attendant Cook Helper	Lab. Attendant Senior Lab Attendant ³				
4.		Assistant Animal Caretaker	Community Health Worker	Housekeeper		Library Assistant			
1.		Animal Caretaker	Health Assistant	Aid Nurse (Health-Assistant)	Laboratory Technician			Coding Asstt. Key Punch Operator	Data Entry Personnel
4.			Asstt. Supervisor, Field Station. Sr. Health Asstt.	Asstt. Staff Nurse (Senior Health Asstt.) Pharmacy Asstt.	X-Ray Tech Senior Lab Technician		Research Technician	Data Processing Assistant	Senior DEP
5.		Animal Breeding Specialist	Supervisor Field Station	Supervisor Nursing ³ Ward Master, Field Station Senior Staff Nurse Pharmacy-in-charge	Clinical Pathology, Supervisor	Publication Assistant	Research Assistant	Medical Record Assistant Statistical Assistant Senior Data Processing Assistant	System Operator Programming Assistant

6.		Veterinarian	Senior Research Assistant, Community Studies	Physician, Superintendent Nursing	Senior Research Assistant, Laboratory	Librarian Medical Illustrator	Research Associate	Senior Research Assistant, Programming Senior Research Assistant, Statistics	Programmer Senior Systems Operator
7.	Assistant Scientist								Department Head ²
8.	Associate Scientist								

1. Community refers to the field stations' activities in Matlab and Teknaf and to Dacca Station.

2. List of Department Heads : Animal Resources, Bio-Chemistry, Dacca Station, Immunology, Library and Publications, Matlab Field Station, Microbiology, Statistics, Teknaf Field Station and Training Department Heads involved in research activities receive an administrative premium (15% of yearly salary as Additional Benefit).

3. A supervisory premium is paid to the incumbents of these positions because these staff members are performing the same functions carried out by their subordinates (at least, they have two subordinates). Whenever the positions require from the incumbents more knowledge than the positions occupied by the personnel supervised, the Supervisor will be paid at a higher level than the subordinates. The Supervisory premium represents 10% of yearly salary as additional benefits.

LEVELS	MAINTENANCE AND LOGISTICS			MANAGEMENT			ADMINISTRATION				
	SUPPLY	TRANSPORT	MAINTENANCE	DIRECTOR'S OFFICE	DEVELOPMENT OFFICE	PHYSICAL PLANT OFFICE	CONTROLLER'S OFFICE	GENERAL SERVICES	CLERICAL	PERSONNEL	OTHER
1.	Storeroom Attendant		Maintenance Attendant					Cleaner Gardner Gardner-Head ³ Messenger Security Foreman ³ Security Guard			
2.	Tailor	Driver Despatcher ³	Carpenter Mason Maintenance Assistant Painter Plumber					Telephone Operator	Typist-Clerk		
3.			Storeroom-Clerk Cabinet Maker Mechanic Foreman Building Maintenance ³ Maintenance Mechanic, Plumber Steam Fitter Welder-Denter						Administrative Clerk		
4.			Storekeeper Foreman, Vehicle Maintenance Foreman, Marine Equipment						Secretary		

			Foreman, Electrical & Refrigeration, Electronic Technician							
5.		Transport Supervisor	Supervisor, Building Maintenance					General Services Supervisor	Senior Secretary	Administrative Asstt.
6.			Superintendent, Electricity Refrigeration Superintendent, Vehicle Maint.				Budget Analyst Cost Analyst Fiscal Control Analyst			Senior Admn. Asstt. Translator
7.										Department Head ²
8.										

1. These footnotes relate to the overall personnel structure included in two appendices 2A & 2B; footnote 1 appears with the scientific structure on appendix 2A.
2. List of Department Heads : Finance, Maintenance, Personnel and Supply.
3. A Supervisory premium is paid to the incumbent of these positions because these staff members are performing the same functions carried out by their subordinates (at least, they have two subordinates). Whenever the positions require from the incumbents more knowledge than the positions occupied by the personnel supervised, the Supervisor will be paid at a higher level than the subordinates. The Supervisory premium represents 10% of yearly salary as additional benefit.

GUIDELINE BASED ON THREE FACTORS TO DISTRIBUTE
POSITIONS INTO EIGHT LEVELS

<u>Levels</u>	<u>Education</u>	<u>Vocational Training</u>	<u>Experience</u>
VIII	Research Doctoral Degree or M.B.B.S. or M.D. Degree with post professional specialty and research training beyond the internship	Done through various internships	3-6 years of research experience
VII	Master Degree; M.B.B.S. or M.D. Degree with post professional specialty and research training beyond the internship	Same as above	6-10 years for Master Degree and up to 3 years for an incumbent who possesses the higher educational status
VI	Master Degree, M.B.B.S. ¹	Same as above	8 years
V	Bachelor Degree	Same as above	6 years
IV	H.S.C. ²	Diploma or certificate courses in specialized fields for three years period	4 years
III	S.S.C. ³	Diploma or certificate courses in specialized fields for three years or less	3 years
II	Close to S.S.C. ³	Diploma or certificate courses in specialized fields from one to three years	1 to 2 years
I	Primary (class five, pass)	On the job training for a maximum of one year	1 year

¹ Medicine Bachelor and Bachelor of Surgery

² Higher Secondary Certificate

³ Secondary School Certificate

WORKING PAPER
ON
COMPENSATION STRUCTURE

The regular or local compensation structure shown in Appendix 3A and 3B is modeled on the structure existing in UN Organisations stationed in Bangladesh (consisting of seven levels of remuneration). Necessary modifications were made to adapt the Centre's complex personnel structure (in terms of number of positions in the scientific and administrative fields) to the structure prevailing in UN organisation, consequently, eight levels of remuneration have been proposed for ICDDR,B.

For positions above level 8 on the UN local scale chart, the WHO international level scale is used. The Subcommittee on Personnel Management of the Board has recommended that subject to availability of resources, staff at all levels be paid at 75% of WHO-UN local scales.

ICDDR,B

PROPOSED REGULAR COMPENSATION STRUCTURE
(INCLUDES SALARIES AND BENEFITS)

LEVELS	ANNUAL INCREMENT	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9	STEP 10	STEP 11*	STEP 12*	STEP 13*
1	500	15,840	16,340	16,840	17,340	17,840	18,340	18,840	19,340	19,840	20,340	20,840	21,340	21,840
2	750	19,800	20,550	21,300	22,050	22,800	23,550	24,300	25,050	25,800	26,550	27,300	28,050	28,800
3	1055	23,700	24,755	25,810	26,865	27,920	28,975	30,030	31,085	32,140	33,195	34,250	35,305	36,360
4	1397	27,720	29,117	30,514	31,911	33,308	34,705	36,102	37,499	38,896	40,293	41,690	43,087	44,484
5	1667	33,192	34,859	36,526	38,193	39,860	41,527	43,194	44,861	46,528	48,195	49,862	51,529	53,196
6	2479	50,160	52,639	55,118	57,597	60,076	62,555	65,034	67,513	69,992	72,471	74,950	77,429	79,908
7	3979	80,016	83,995	87,974	91,953	95,932	99,911	103,890	107,869	111,848	115,827	119,806	123,785	127,764
8	5583	111,876	117,459	123,042	128,625	134,208	139,791	145,374	150,957	156,540	162,123	167,706	173,289	178,872

*Steps 11 through 13 inclusive requires the incumbent to remain in each step for a minimum of three consecutive years before advancement to the next step.

14 -
PROPOSED REGULAR COMPENSATION STRUCTURE (INCLUDES SALARIES & BENEFITS)
 (IN TAKA)

Level	Percent- age	Annual Increment	1	2	3	4	5	6	7	8	9	10	11	12	13
1. UN	100%	500	15,840	16,340	16,840	17,340	17,840	18,340	18,840	19,340	19,840	20,340	20,840	21,340	21,840
Scale	75%	375	11,880	12,255	12,630	13,005	13,005	13,380	13,755	14,130	14,880	15,255	15,630	16,005	16,380
	50%	250	7,920	8,170	8,420	8,670	8,920	9,170	9,420	9,670	9,920	10,170	10,420	10,670	10,920
Existing	-	384	6,144	6,528	6,912	7,296	7,680	8,064	8,448	8,832	9,216	9,600	9,984	10,368	10,752
2. UN	100%	750	19,800	20,550	21,300	22,050	22,800	23,560	24,300	25,050	25,800	26,550	27,300	28,050	28,800
Scale	75%	563	14,850	15,413	15,976	16,539	17,102	17,665	18,228	18,791	19,354	19,917	20,480	21,043	21,606
	50%	375	9,900	10,275	10,650	11,025	11,400	11,775	12,150	12,525	12,900	13,275	13,650	14,025	14,400
Existing	-	408	7,218	7,626	8,034	8,442	8,850	9,258	9,666	10,074	10,482	10,890	11,298	11,706	12,114
3. UN	100%	1,055	23,700	24,755	25,810	26,865	27,920	28,975	30,030	31,085	32,140	33,195	34,250	35,305	36,360
Scale	75%	791	17,775	18,566	19,357	20,148	20,939	21,730	22,521	23,312	24,103	24,894	25,685	26,476	27,267
	50%	528	11,850	12,378	12,906	13,434	13,962	14,490	15,018	15,546	16,074	16,602	17,130	17,658	18,186
Existing	-	642	10,530	11,172	11,814	12,456	13,098	13,740	14,382	15,024	15,666	16,308	16,950	17,592	18,234
4. UN	100%	1,397	27,720	29,117	30,514	31,911	33,308	34,705	36,102	37,499	38,896	40,293	41,690	43,087	44,484
Scale	75%	1,048	20,790	21,838	22,886	23,934	24,982	26,030	27,078	28,126	29,174	30,222	31,270	32,318	33,366
	50%	699	13,860	14,559	15,258	15,957	16,656	17,355	18,054	18,753	19,452	20,151	20,850	21,549	22,248
Existing	-	954	15,984	16,938	17,892	18,846	19,800	20,754	21,708	22,662	23,616	24,570	25,524	26,478	27,432
5. UN	100%	1,667	33,192	34,859	36,526	38,193	39,860	41,527	43,194	44,861	46,528	48,195	49,862	51,529	53,196
Scale	75%	1,250	24,894	26,144	27,394	28,644	29,894	31,144	32,394	33,644	34,894	36,144	37,394	38,644	39,894
	50%	834	16,596	17,430	18,264	19,098	19,932	20,766	21,600	22,434	23,268	24,102	24,936	25,770	26,604
Existing	-	1,284	23,550	24,834	26,118	27,402	28,686	29,970	31,254	32,538	33,822	35,106	36,390	37,674	38,958
6. UN	100%	2,479	50,160	52,639	55,118	57,597	60,076	62,555	65,034	67,513	69,992	72,471	74,950	77,429	79,908
Scale	75%	1,859	37,620	39,479	41,338	43,197	45,056	46,915	48,774	50,633	52,492	54,351	56,210	58,069	59,928
	50%	1,240	25,080	26,320	27,560	28,800	30,040	31,280	32,520	33,760	35,000	36,240	37,480	38,720	39,960
Existing	-	1,608	35,328	36,936	38,544	40,152	41,760	43,368	44,976	46,584	48,192	49,800	51,408	53,016	54,624
7. UN	100%	3,979	80,016	83,995	87,974	91,953	95,932	99,911	103,890	107,869	111,848	115,827	119,806	123,785	127,764
Scale	75%	2,984	60,012	62,996	65,980	68,964	71,948	74,932	77,916	80,900	83,884	86,868	89,852	92,836	95,820
	50%	1,990	40,008	41,998	43,988	45,978	47,968	49,958	51,948	53,938	55,928	57,918	59,908	61,898	63,888
Existing	-	2,226	48,660	50,886	53,112	55,338	57,564	59,790	62,016	64,242	66,468	68,694	70,920	73,146	75,372
8. Un	100%	5,583	111,876	111,459	123,042	128,625	134,208	139,791	145,374	150,957	156,540	162,123	167,706	173,289	178,872
Scale	75%	4,187	83,907	88,094	92,281	96,468	100,655	104,842	109,029	113,216	117,403	121,590	125,777	129,964	134,151
	50%	2,792	55,938	58,730	61,522	64,314	67,106	69,898	72,690	75,482	78,274	81,066	83,858	86,650	89,442
Existing	-	3,924	72,900	76,824	80,748	84,672	88,596	92,520	96,444	100,368	104,292	108,216	112,140	116,064	119,988

ICDDR,B

PROPOSED CONSOLIDATED SALARY SCALE FOR CONTRACTUAL POSITIONS

(After Tax Assessment)

POSITION		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
		US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$
Scientist													
Eq. to WHO Gr. P4													
Net D	100%	21,756	22,309	22,662	23,420	23,964	24,504	25,039	25,574	26,135	26,684	27,230	27,750
	75%	16,317	16,732	17,147	17,565	17,973	18,378	18,779	19,181	19,601	20,013	20,623	20,813
	50%	10,878	11,155	11,431	11,710	11,982	12,252	12,520	12,787	13,068	13,342	13,615	13,875
Net S	100%	20,209	20,709	21,208	21,713	22,202	22,687	23,167	23,647	24,152	24,642	25,131	25,596
	75%	15,157	15,532	15,906	16,285	16,652	16,790	17,375	17,735	18,114	18,782	18,848	19,197
	50%	10,105	10,355	10,604	10,857	11,101	11,344	11,584	11,674	12,076	12,321	12,566	12,798
Senior Scientist													
Eq. to WHO Gr. p5													
Net D	100%	26,299	26,897	27,479	28,036	28,592	29,145	29,695	30,245	30,800	31,355		
	75%	19,724	20,173	20,669	21,027	21,444	21,859	22,271	22,684	23,100	23,516		
	50%	13,150	13,449	13,740	14,018	14,296	14,573	14,848	15,123	15,400	15,678		
Net S	100%	24,298	24,833	25,354	25,851	26,349	26,842	27,332	27,821	28,315	28,809		
	75%	18,224	18,625	19,016	19,388	19,762	20,132	20,499	20,866	21,236	21,607		
	50%	12,149	12,417	12,677	12,926	13,175	13,421	13,666	13,911	14,158	14,405		

WORKING PAPER
ON RANKING OF STAFF
ABOVE LEVEL 8 - INTERNATIONAL LEVEL POSITIONS

Positions above level 8 represent the most responsible leadership functions of ICDDR,B in the areas of scientific research, training and management. To ensure their fulfillment by highly competent incumbents as well as to rank these positions according to their functional importance to ICDDR,B, Management is proposing to utilize the WHO international classification and scale. The latter were adapted to the responsibilities and tasks to be performed in ICDDR,B. The following indicates the ranking attributed to the ICDDR,B above level 8 positions against the WHO scales.

ICDDR,B Positions Above Level 8

<u>Managerial Positions</u>	<u>WHO Scale</u>
Director	D1
Deputy Director	P5
Associate Director, Training & Extension	P5
Associate Director, Finance & Administration	P5
Associate Director, Development	P5
 <u>Technical Positions</u>	
Senior Scientists, Training or Research	P4
Scientists, Training or Research	P4

Incumbents of these positions shall be remunerated at 75% of WHO scales, leaving the Director the authority to pay higher remuneration up to 100% of WHO scales whenever necessary to attract individuals with the greatest skills.

This proposed system constitutes a realistic and operational approach to the remuneration of staff above level 8 positions. It is a realistic system insofar as it is the current practice in many of International Centres in the world. Such a system can also be called operational because it would allow the Centre to realize its mandate and to define the international level positions according to the terms stated in the ICDDR,B charter, article 14(1) "Persons including Bangladeshi nationals appointed to the international level positions of the Centre shall receive the same privileges and salaries for equivalent positions".

operational because it would allow the Centre to realize its mandate and to define the international level positions according to the terms stated in the ICDDR,B charter, article 14(1) "persons including Bangladeshi nationals appointed to the international level positions of the Centre shall receive the same privileges and salaries for equivalent positions."

In order that the Board of Trustees shall exercise adequate control over the international level positions of the Centre, an appropriate committee must be appointed which would execute the ranking procedures outlined in this report.

Procedures for Ranking

General considerations for Review of Prospective Candidates or Incumbents Holding Scientific, Training or Managerial Positions

- a) All ICDDR,B employees fulfilling these positions as well as potential candidates to these positions shall submit themselves to this process.
- b) The Personnel Subcommittee of the Board must meet and review all incumbents at least once every two years.
- c) Recommendation for review of rank shall be through the Director.
- d) The Director may advise employees against submitting themselves to the review process but must not obstruct them if they insist on a review by the Personnel Subcommittee of the Board.

- e) The reviewers shall consider the curriculum vitae of the incumbent or candidate prepared by the latter according to standard ICDDR,B form. Any omission in the C.V. is the responsibility of the incumbent or candidate. The incumbent or candidate shall also submit in written form a concise report of his most important work. The incumbent or candidate may be asked for an interview by the Personnel Subcommittee of the Board.

Due to the fact that incumbents and candidates have different expertise, an appropriate Subcommittee of the Board shall consider differently personnel working in the scientific, managerial or training fields. The following indicates the minimum standards as well as other relevant factors which the Committee shall consider in their review of selected ICDDR,B personnel working in the scientific, training or managerial fields.

- f) The Personnel Subcommittee of the Board may also review employees performing senior positions in the Centre other than the above level 8 positions in cases where there is a basic disagreement between the incumbent and Management related to the ranking of the incumbent. The latter may request an appeal to the Personnel Subcommittee of the Board. Such appeals must be forwarded to the Director for his approval before presentation to the Personnel Subcommittee of the Board.

Ranking of Scientific Staff

The following minimum criteria shall be used to judge individuals for each rank:

<u>Rank</u>	<u>Degree(s)</u>	<u>All Publications</u> ⁺	<u>Passed Master's Level Degree - Year Experience</u>
Senior Scientist	Doctoral Level*	16 and over	16 and over
Scientist	Doctoral Level	15	15
Associate Scientist	Master's Level	10	10
Assistant Scientist	Master's Level	5	5

*Internal ICDDR,B are not counted.

⁺ Doctoral may include Master's level plus another Graduate diploma or credential.

The "objective" criteria listed above do not permit evaluation of the relative importance of the individual contribution to a research project. The incumbent or candidate must also be judged in terms of creative thought, originality, intellectual honesty, management of resources, depth of thought, rigor of work, industry and willingness to encourage younger colleagues and cooperate with colleagues. The Personnel Subcommittee of the Board shall not place undue weight on number of publications or first authorships because such an emphasis inevitably leads to a competitive atmosphere which focusses effort on inappropriate goals. This leads to corrosion of scientific collaboration and constructive effort.

An appropriate Subcommittee of the Board which is to assess the merit of an individual scientist and his/her work must have a high standard in mind. It is suggested that this would be that the proposed ranks of ICDDR,B would be equal to the equivalent ranks of Centres of recognized excellence in research around the world. For example the following table relates ICDDR,B ranks to those of a university.

<u>ICDDR,B</u>	<u>UNIVERSITY</u>
Senior Scientist	Professor
Scientist	Associate Professor
Associate Scientist	Assistant Professor
Assistant Scientist	Instructor

The scientist under review must submit to an appropriate Subcommittee of the Board in written form his most important work. No more than ten published papers or other written documents may be chosen for review. Films or other media that have been created may also be used. The nature of a description by the scientist of why the particular work selected is original, creative or especially well done shall be weighed along with the publications themselves.

Review of Training Staff

The following criteria shall be used to judge individuals for each rank:

- a) In terms of academic qualifications, the minimum required is a Master Degree or the equivalent, the maximum being a Doctoral Degree. Every training position in the Centre is defined in a job description along with the indication of the academic qualifications expected from the incumbent.

The incumbent must be judged in terms of work knowledge, initiative, creative ability, quality and quantity of work, dependability, accountability in the management of resources, decision-making abilities and cooperation with superiors, peers and subordinates. Furthermore, the incumbent must possess proven ability to plan, motivate, supervise, coordinate, organize and control the managerial activities under his jurisdiction. The Personnel Subcommittee of the Board must have a high standard in mind equivalent to the standard of modern managerial practice utilized in recognized efficient organizations around the world.

The incumbent under review must submit to an appropriate Subcommittee of the Board in written form a concise report on his managerial activities, (definition of objections for the areas under his jurisdiction and their relation to overall Centre objectives, future planning to meet needs of the Centre, organizational practice, control methods to ensure efficient utilization of resources). The Committee may request the incumbent to pass exams, to verify the theoretical and technical knowledge in any selected subject of the specialized fields of management as well as to test the judgement of the incumbent by case studies or any other method chosen by the Committee. Evaluations of peers and subordinates can also be added to the review.

WORKING PAPER
ON
THE FITTING PROCESS

This report outlines the process developed to transfer every employee from the existing personnel and pay structures to the proposed structures in the local U.N. scales.

Every position at ICDDR,B was analyzed as per its value when compared with the value of all other positions and each position was distributed among eight levels. Every position has also been described in a job description which includes the requirements needed to adequately perform this position.

To the eight levels in the personnel structure corresponds the eight levels in the pay structure. In order to fit actual ICDDR,B employees into the new personnel and pay structures, the following steps are required:

1. An evaluation form has been prepared and is ready for distribution to the immediate supervisors. It can be estimated that at the latest end of February '80, all evaluation forms could be completed for all regular and contractual employees. This performance evaluation will serve to determine whether the employee is fulfilling his position satisfactorily or not. If he is, he should be given the personnel and pay level which corresponds to the position actually fulfilled. On the contrary, the employee may be warned or allowed to continue his present occupation at no reduction in pay (but the employee will be classified at a lower level corresponding to his low level of functioning or allowed to serve in a position at a lower level with again no reduction in pay).
2. During the month of July '80, the actual pay scale will be merged into the new pay structure, thus allowing the Centre to estimate the amount of financial resources required to implement the new pay structure.
3. In April '80, every ICDDR,B employee on the basis of his/her performance evaluation will be attributed his/her position in the new personnel and pay structure. At the end of June '80, calculations can be finalized to indicate the exact amount of financial resources required to adopt the new personnel and pay structure.

At this point, the implementation of the proposed personnel and pay structures will be finalized. On an ongoing basis it will be necessary to modify the personnel structure according to the

human resource needs of the Centre (additions, deletions, or modifications of the content of positions to suit the ICDDR,B programs or activities). The pay structure will also be adjusted to take into account the inflation growth according to the U.N. procedures.

WORKING PAPER
ON
EMPLOYMENT POLICY

ICDDR,B employees (defined as a person providing services to an employer for which he receives compensation) are employed in the following categories:

1. Employee Status (or categories of employees)

a) Core Employees

Core employees are those who are performing functions which are constantly required at all levels by ICDDR,B to achieve its mandate. Such employees are required to work on a full-time or part-time basis. An appointment letter for contract specifies all the working conditions. Salaries are modeled on those paid by UN organizations for their local staff or on the WHO international scale for international level staff.

b) Project Employees

Project employees are those who perform services linked with an approved ICDDR,B project for a specific period. They may be employed on a full-time or part-time basis and the duration of their employment will be determined by the duration of the research project which is specified in the project document. Salaries will follow the same guidelines as for core employees.

c) Daily Wage Employees

Daily wage employees are usually semi or unskilled workers who are available in the geographical areas in which ICDDR,B operates its services or programs. ICDDR,B pays a daily wage tariff comparable to the price established in the open market for obtaining of similar services. Such employees are essentially temporary workers who can be laid off whenever the task to be done is completed. They are not entitled to any ICDDR,B benefits.

2. Policy of Employment

Employment in ICDDR,B is based on the following principles:

- a) No distinction between candidates or employees are made on the basis of country of origin, religion, race, colour, or sex; the hiring process as well as all other personnel actions taken by ICDDR,B Management are decided only on an objective evaluation of the previous accomplishments or past record of the applicant or employee.
- b) The employment of close family relationships (husband, wife, father, mother, son, daughter, brother or sister, parents... of the spouse or any other close blood relations) is prohibited all exceptions require approval of the Board.
- c) Applicants or employees must be willing, as part of their appointment conditions, to be transferred or to work at the Dacca headquarters or in any field station which can be located anywhere in Bangladesh. They may also be requested to perform their tasks outside of Bangladesh. Whenever requested by ICDDR,B, travel related to these transfers are charged to ICDDR,B, according to its travel policy and procedures.

Any employee may also be transferred from one working location to another within the Dacca headquarters or any field station. He would perform the same functions unless he is fitted to a new job description. The ICDDR,B decision to transfer would be justified by increased workload in one area when another working area has a reduced workload.

3c/BT/FEB. 80

DIRECTOR'S REQUEST FOR SPECIFIC
AUTHORIZATIONS RETROACTIVE TO JULY 1, 1979

DIRECTOR'S REQUEST FOR SPECIFIC
AUTHORIZATIONS RETROACTIVE TO JULY 1, 1979

At the transformation of the former Cholera Research Laboratory (CRL) into the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) the immediate task of the Administration was to formulate Administrative Regulations and determine Personnel Structure for managing its human resources. Toward this end, a draft Administrative Manual has been prepared for submission to the Board for approval.

1. Personnel:

With the assistance of a consultant, existing Personnel Structure and Regulations have been reviewed. On the basis of this review and in line with UN agencies such as UNDP and WHO located in Bangladesh, a draft Administrative Manual has been prepared which includes Organization Structure, Classification of Jobs, Compensation Structure, and all other matters relevant to the operation of the Centre. While classifying the jobs, every existing job has been evaluated and on the basis of this evaluation, jobs have been organized into a Personnel Structure. After review by the Personnel Management Subcommittee formed by the Board of Trustees in its last meeting, the draft Administrative Manual along with certain specific recommendations of the Subcommittee contained in the Reports of the Personnel Management Subcommittee are now presented to the Board for approval.

2. Performance Evaluation:

Performance of every employee of the Centre has been evaluated by the immediate supervisor. Based on the evaluation report, the respective employee will be fitted into the proposed personnel structure and an appropriate salary grade assigned.

The approval of the Board of Trustees is requested for the following benefits to the employees of the Centre:

a) Festival Bonus:

Festival bonus be paid to all ICDDR,B employees, regular or contractual, equivalent to one month's salary every year on festival occasions.

It may be mentioned that in the past it was a common practice to grant advances against salary on festival occasions and the Centre faced difficulties in realizing such advances from employees, thereby causing financial dislocation. Further, it

is customary and obligatory in Bangladesh, both in private and public sector industries, offices, and institutions to pay a festival bonus at least once in a year. The Board of Trustees is requested to kindly accord approval for the payment of one festival bonus in a year equivalent to one month's salary to all ICDDR,B employees on festival occasions.

- b) 10% Increase of Salary be Granted to all ICDDR,B Employees with Retrospective effect from 1st July 1979.

As a result of review of salary structure prevalent in local UN agencies such as UNDP and WHO it is observed that there is still a wide gap between the salary structure prevalent in those agencies and in ICDDR,B. A general rise of 30% was given to all ICDDR,B employees in July, 1979 to reduce this gap. The Management of ICDDR,B proposes to close the gap further at this time. A 10% rise of salary may please be approved to all ICDDR,B employees who are not entitled to housing benefit. The financial implication of this increase has been provided in FY 79-80 budget.

- c) Tax Paid Status be Allowed to all ICDDR,B Employees.

Tax paid status is enjoyed by local UN agencies namely, UNDP and WHO. To make our compensation structure comparable to that of local UN agencies, tax paid status for non-international ICDDR,B employees is proposed and submitted for approval. The financial implication of this will be US \$ 35,000 which has been provided in the budget FY 80-81.

- d) Severance Pay Regulations be Modified for the Benefit of the Employees as a Substitute for Pension Scheme.

No pension scheme is being proposed for ICDDR,B. To compensate for this as well as in conformity of the law of the land, it is proposed to abolish present 12 years limit on payment of Severance Pay. This will serve as a form of pension. The Board is asked to approve such an extension at this time.

- e) Minimum Wage

It is proposed that a minimum wage as enjoyed at the local UN agencies like UNDP and WHO be introduced in ICDDR,B. The employees of the local UN agencies enjoy minimum wage of Tk.1500 monthly and in consideration of international status of ICDDR,B a similar minimum wage is proposed for this Centre and submitted for approval. This is of particular urgency since there has been a rapid inflationary trend and the lowest paid employees of the Centre are now well below a wage which will purchase the

minimum food, shelter and clothing essential for a family of four members. Most such employees have larger families.

f) Housing

Housing has been provided to the following key employees since this authorization was given to the Director at the Board Meeting in June of 1979:

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

Ceilings have been set on house rental that the Centre will contract and an independent committee has been assigned to review rent levels of all houses. More expensive houses have been divested as their renewal of contracts come up.

There is an exceptional problem with respect to housing since rentals even for very poor shelter has risen rapidly. The Centre thus pays a great deal even for limited staff accomodation that is well below the level of many agencies. It is proposed that as rapidly as feasible the Management acquire land and construct adequate staff quarters. All Government and many private organizations have adopted this course as the least expensive solution to an urgent problem.

3d/BI/FEB. 80

BY-LAWS OF ICDDR,B

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 TrusteesChairman 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 of 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.

4a/BT/FEB. 80

FINANCIAL REPORT FOR FY 80

FINANCIAL REPORT FOR FY 80

(July 1, 1979 - June 30, 1980)

This report outlines the Centre's financial activities both during the six-month's period (July 1, 1979 through December 31, 1979) and during the projected period (January 1, 1980 through June 30, 1980). The final account statement will be presented to the Board after the closing of the financial year. This report also indicates the Centre's actual position with regard to the transfer of assets and liabilities, including the auditors report and the consolidation of bank accounts.

1. Financial Activities

During the past 6 months the original FY 80 budget could not be maintained due to unavailability of funds committed by UNFPA and UNDP (Regional Training Program). The former agency was to forward \$ 901,000 for the whole financial year for Matlab Maternal Health and Family Planning and Demographic Surveillance activities, however, no funding has been received in the past 6 months and only \$ 325,600 is expected in the following 6 months, thus reducing the expected contributions by \$ 576,400 for the period. UNDP was to forward \$ 155,000 over the financial year for Regional Training Extension and Communication Activities of which no funding has materialized so far and none is expected during the year. The revised income estimates are provided.

In consideration of above shortfall of income the Centre has revised the FY 80 budget to balance the income with expenditure.

a) Financial Year Analysis by Object Codes

The following presents a summary of the revised budget compared with the original budget for FY 80 and analysed by object codes. The revised budget is further illustrated to indicate the commitment made during the first 6 months period and also to outline the projections for the remaining period of the financial year:

Object Codes*	Original Budget	Revised Budget	Commitment	Projection
	FY80	FY80	1st 6 mos. 7/79-12/79	remaining 6 mos. 1/80 - 6/80
	\$	\$	\$	\$
11	1,822,500	1,706,300	793,000	913,300
21	305,820	210,900	101,700	109,200
22	143,590	88,500	28,600	59,900
23	522,460	464,300	220,300	244,000
24	31,630	24,100	19,800	4,300
25	238,150	131,300	59,600	71,700
26	630,500	558,200	311,500	246,700
31	416,850	462,500	367,300	95,200
TOTAL:	4,111,500	3,646,100	1,901,800	1,744,300

*The numericals refer to the following object codes.

- 11-Personnel Services
- 21-Travel & Transportation of Persons
- 22-Transportation of Things
- 23-Rent,Communication & Utilities
- 24-Printing & Reproduction
- 25-Other Contractual Services
- 26-Supplies & Materials
- 31-Equipment

R, B management is requesting the approval from the Board of ed FY 80 budget.

urther study the effects of the reduced budget into amme: areas, the programmewise breakdown of the original ed budget for FY 80 is provided hereunder. (Attachments e the details of the original and revised budget both codes and programme areas).

Programme areas	Original Budget <u>Total</u> \$	Revised Budget <u>Total</u> \$
Transmission Defense Therapy	428,900	528,600
Nutrition	238,150	153,000
Community Services Research	423,100	563,600
Training Extension & Communication	329,700	158,800
Scientific Support	1,334,000	807,400
Maintenance & Logistic	664,800	763,500
Management	692,850	671,200
	<u>4,111,500</u>	<u>3,646,100</u>

b) Financial Year analysis by Programmes

The above totals were presented in terms of the programme classification designed in the original budget for comparison purposes. However, during the year, the Transmission Defense Therapy programme was subdivided into three different programmes namely:

1. Disease Transmission
2. Pathogenesis and Therapy
3. Host Defense Therapy

The following table indicates the breakdown of this Transmission Defense Therapy programme into the newly established three programmes. (Attachments refer to detailed breakdown of both object codes and new programmes.)

<u>Programme areas</u>	Original Budget <u>Total</u> \$	Revised Budget <u>Total</u> \$
1. Disease Transmission	180,843	237,500
2. Pathogenesis and Therapy	98,371	129,200
3. Host Defense Therapy	123,286	161,900
	<u>402,500</u>	<u>528,600</u>

For information purposes, each programme is further studied by object codes for the financial year.

1) Disease Transmission

The following is the object classwise cost committed for the first 6 months of the year and a projection for the remaining 6 months:

	Committed for 6 mos. <u>7/79-12/79</u> \$	Projection for remaining 6 mos. <u>1/80 - 6/80</u> \$	Total \$
11-Personnel Services	90,000	78,000	168,000
21-Travel & Transportation of Persons	4,300	6,400	10,700
22-Transportation of Things	2,000	2,100	4,100
23-Rent, Communication & Utilities	4,000	4,800	8,800
24-Printing & Reproduction	1,850	1,300	3,150
25-Other Contractual Services	3,900	4,150	8,050
26-Supplies & Materials	9,700	11,100	20,800
31-Equipment	<u>7,600</u>	<u>6,300</u>	<u>13,900</u>
	123,350	114,150	237,500

2) Pathogenesis and Therapy

Cost commitment for the first 6 months and projection for remaining 6 months under this programme is provided hereunder:

(Pathogenesis and Therapy)

	Commitment for 6 mos. 7/79-12/79	Projection remaining 6 months 1/80-6/80	Total
	\$	\$	\$
11-Personnel Services	40,500	42,600	83,100
21-Travel & Transportation of Persons	2,700	3,300	6,000
22-Transportation of Things	1,200	1,300	2,500
23-Rent, Communication & Utilities	2,500	2,900	5,400
24-Printing & Reproduction	1,100	800	1,900
25-Other Contractual Services	2,200	2,700	4,900
26-Supplies & Materials	7,800	9,100	16,900
31-Equipment	4,800	3,700	8,500
	<u>62,800</u>	<u>66,400</u>	<u>129,200</u>

3) Host Defense Therapy

Projection of costs for the remaining 6 months and commitment for the first six months of the year under this programme is provided hereunder:

	Commitment for 6 mos. 7/79 -12/79	Projection for remaining 6 mos. 1/80 - 6/80	Total
	\$	\$	\$
11-Personnel Services	53,800	56,900	110,700
21-Travel & Transportation of Persons	3,500	4,500	8,000
22-Transportation of Things	800	900	1,700
23-Rent, Communication & Utilities	2,500	3,200	5,700
24-Printing & Reproduction	1,200	900	2,100
25-Other Contractual Services	2,500	2,800	5,300
26-Supplies & Materials	9,500	10,700	20,200
31-Equipment	4,600	3,600	8,200
	<u>78,400</u>	<u>83,500</u>	<u>161,900</u>

4) Nutrition

First 6 months commitment and remaining 6 months projection under this programme is provided hereunder in object classes:

	Commitment for 6 mos. 7/79 -12/79	Projection for remaining 6 mos. 1/80 - 6/80	Total
	\$	\$	\$
11-Personnel Services	47,800	49,000	96,800
21-Travel, & Transportation of Persons	3,900	2,200	6,100
22-Transportation of Things	500	700	1,200
23-Rent, Communication & Utilities	3,900	3,900	7,800
24-Printing & Reproduction	1,000	1,200	2,200
25-Other Contractual Services	4,400	3,600	8,000
26-Supplies & Materials	10,200	9,700	19,900
31-Equipment	8,000	3,000	11,000
	<u>79,700</u>	<u>73,300</u>	<u>153,000</u>

5) Community Services Research

The same information is provided for this program.

	Committed for 6 mos. 7/79-12/79	Projection for remaining 6 mos 1/80 - 6/80	Total
11-Personnel Services	97,000	108,500	205,500
21-Travel & Transportation of Persons	22,100	17,300	39,400
22-Transportation of Things	3,800	16,400	20,200
23-Rent, Communication & Utilities	15,100	19,700	34,800
24-Printing & Reproduction	5,200	1,700	6,900
25-Other Contractual Services	12,450	14,250	26,700
26-Supplies & Materials	121,800	76,800	198,600
31-Equipment	20,500	11,000	31,500
	<u>297,950</u>	<u>265,650</u>	<u>563,600</u>

6) Training Programme

The financial year for the Training Programme is analyzed regarding the commitments for the first 6 months and a projection for the last six months

	Committed for 6 mos. <u>7/79-12/79</u> \$	Projection for remaining 6 mos. <u>1/80 - 6/80</u> \$	Total <u>\$</u>
11-Personnel Services	23,700	49,500	73,200
21-Travel & Transportation of Persons	5,200	10,300	15,500
22-Transportation of Things	500	500	1,000
23-Rent, Communication & Utilities	6,000	9,600	15,600
24-Printing & Reproduction	300	200	500
25-Other Contractual Services	6,600	5,600	12,200
26-Supplies and Materials	9,000	5,300	14,300
31-Equipment	<u>10,500</u>	<u>16,000</u>	<u>26,500</u>
	<u>61,800</u>	<u>97,000</u>	<u>158,800</u>

7) Research Facilities

The revised budget utilizes the term research facilities which correspond to the scientific support designation of the original budget. Analyses for these facilities is provided hereunder by object code:

(Research Facilities)

	Committed for 6 mos. 7/79-12/79 \$	Projection for remaining 6 mos. 1/80 - 6/80 * \$	Total \$
11-Personnel Services	190,500	206,300	396,800
21-Travel & Transportation of Persons	2,800	3,200	6,000
22-Transportation of Things	12,400	30,200	42,600
23-Rent, Communication & Utilities	2,200	2,800	5,000
24-Printing & Reproduction	3,550	1,000	4,550
25-Other Contractual Services	7,150	9,800	16,950
26-Supplies & Materials	70,900	56,000	126,900
31-Equipment	188,000	20,600	208,600
	<u>477,500</u>	<u>329,900</u>	<u>807,400</u>

8) Maintenance and Logistics

The maintenance and logistics facilities are studied hereunder by object codes for the financial year.

	Committed for 6 mos. 7/79-12/79 \$	Projection for remaining 6 mos. 1/80 - 6/80 \$	Total \$
11-Personnel Services	73,800	79,000	152,800
21-Travel & Transportation of Persons	1,100	1,000	2,100
22-Transportation of Things	2,200	1,800	4,000
23-Rent, Communication & Utilities	168,200	167,100	335,300
24-Printing & Reproduction	600	400	1,000
25-Other Contractual Services	3,800	4,800	8,600
26-Supplies & Materials	56,000	52,000	108,000
31-Equipment	<u>121,700</u>	<u>30,000</u>	<u>151,700</u>
	<u>427,400</u>	<u>336,100</u>	<u>763,500</u>

9) Management

The financial year is hereunder analyzed for the Management activities.

	Committed for 6 mos. 7/79-12/79 \$	Projection for remaining 6 mos. 1/80 - 6/80 \$	Total \$
11-Personnel Services	175,900	243,500	419,400
21-Travel & Transportation of Persons	46,100	71,000	117,100
22-Transportation of Things	5,200	6,000	11,200
23-Rent, Communication & Utilities	20,900	25,000	45,900
24-Printing & Reproduction	1,000	800	1,800
25-Other Contractual Services	20,600	20,000	40,600
26-Supplies & Materials	16,600	16,000	32,600
31-Equipment	1,600	1,000	2,600
	<u>287,900</u>	<u>383,300</u>	<u>671,200</u>

2. Transfer of Assets and Liabilities:

The assets and liabilities relate primarily to a property inventory most of which has been the property of the U.S. Government. At the last meeting of the Board of Trustees it was stated in the minutes that a position paper on the transfer of assets to the Centre would be circulated before the second meeting. Unfortunately, the Centre cannot present such a paper due to the fact that the formalities of transferring such assets have not yet been completed by USAID, although these physical resources are actually being utilized in ICDDR, B. Only recently, USAID Washington gave the mandate completing these formalities by USAID/Dacca.

However, a terminal audit of CRL accounts has been completed by USAID, a copy of which is enclosed.

The Centre has also arranged a terminal audit of the Financial activities of the dissolved Cholera Research Laboratory by an independent audit firm on an institutional basis. When the report is available the same will be submitted to the Board of Trustees.

3. Consolidating of Bank Account

With reference to the resolutions regarding bank accounts in the last Board of Trustees meeting, the following actions have been implemented:

- a) The accounts with three foreign banks, namely, Bank of Bethesda, U.S.A.; Bank of New South Wales, Australia; and Royal Bank of Canada, Canada are not being utilized at the moment and are in the process of being closed.
- b) A new account in foreign currency and a convertible account have been opened in a nationalized bank of Bangladesh, namely: Janata Bank.
- c) The account with American Express International Banking Corporation, U.S.A. has been maintained to administer Federal Reserve Letter of Credit (FRLC) through which system AID/W will disburse their contributions to the Centre.

REVISED INCOME ESTIMATES

(July 1979-June 1980)

(In US Dollar)

	<u>Original</u>	<u>Revised</u>		
	<u>Total</u>	<u>Total</u>	<u>Cash</u>	<u>In kind</u>
<u>GRAND TOTAL</u>	<u>4,361,500</u>	<u>3,646,100</u>	<u>3,250,100</u>	<u>396,000</u>
<u>RECURRING TOTAL</u>	<u>4,111,500</u>	<u>3,646,100</u>	<u>3,250,100</u>	<u>396,000</u>
<u>A. CORE FUND - Sub Total</u>	<u>2,854,000</u>	<u>2,869,000</u>	<u>2,473,000</u>	<u>396,000</u>
Australia/ADAB	112,000	112,000	112,000	-
Bangladesh/Ministry of Health	367,000	367,000	56,000	311,000
Ford Foundation	200,000	200,000	200,000	-
USA/USAID	1,900,000	1,900,000	1,900,000	-
United Kingdom/ODM	175,000	90,000	55,000	35,000
USA/HEW CDC	50,000	50,000	-	50,000
Royal Govt. of Saudi Arabia	-	100,000	100,000	-
Miscellaneous*	50,000	50,000	50,000	-
<u>B. PROJECT FUND - Sub-Total</u>	<u>1,257,500</u>	<u>777,100</u>	<u>777,100</u>	<u>-</u>
Matlab MCM/FP	246,000	84,250	84,250	-
Action Project (UNFPA/DANIDA)				
Demographic Surveillance and Operational Research (UNFPA)	655,000	241,350	241,350	-
Clinical Research (UNDP/WHO)	150,000	400,000	400,000	-
Regional Training Extension & Communication (UNDP/WHO)	155,000	-	-	-
Teknaf Water/Sanitation Action Research (IDRC/Canada)	51,500	51,500	51,500	-
<u>NON-RECURRING TOTAL</u>	<u>250,000</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>C. CAPITAL FUND</u>	<u>250,000</u>	<u>-</u>	<u>-</u>	<u>-</u>
Clinical Research Centre (UNDP/WHO/OPEC)	250,000	-	-	-

*Sale proceeds and reimbursement for services rendered.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
 SUMMARY OF BUDGET PROPOSAL FOR FY 80
 (JULY 1, 1979 THROUGH JUNE 30, 1980)
 (IN US DOLLAR)

ANNEX-B

	PERSONNEL SERVICES	TRAVEL & TRANSPORTATION OF PERSONS	TRANSPORTATION OF THINGS	RENT, COMMUNICATION & UTILITIES	PRINTING & REPRODUCTION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31	
GRAND TOTAL (A THRU E)	<u>1,822,500</u>	<u>305,820</u>	<u>143,590</u>	<u>522,460</u>	<u>31,630</u>	<u>238,150</u>	<u>630,500</u>	<u>416,850</u>	<u>4,111,500</u>
A. SCIENTIFIC STAFF COMMITMENT	<u>568,600</u>	<u>65,300</u>	<u>78,000</u>	<u>112,500</u>	<u>2,100</u>	<u>76,250</u>	<u>11,550</u>	<u>14,800</u>	<u>929,100</u>
1. Transmission Defence Therapy Working Group	215,000	30,400	21,000	41,000	650	2,400	3,250	4,700	318,400
2. Nutrition Working Group	116,300	9,100	2,500	21,000	450	35,650	2,250	1,700	188,950
3. Community Services Research Working Group	157,600	19,800	40,500	22,500	500	2,900	3,550	4,200	251,550
4. Training Extension & Communication Working Group	79,700	6,000	14,000	28,000	500	35,300	2,500	4,200	170,200
B. RESEARCH & TRAINING ACTIVITIES	<u>-</u>	<u>100,540</u>	<u>12,540</u>	<u>7,160</u>	<u>15,380</u>	<u>40,880</u>	<u>169,250</u>	<u>145,000</u>	<u>490,750</u>
1. Transmission Defence Therapy Working Group	-	7,290	3,640	560	3,180	4,080	68,750	23,000	110,500
2. Nutrition Working Group	-	4,650	4,400	100	1,200	3,050	28,800	7,000	49,200
3. Community Services Research Working Group	-	13,600	2,000	-	10,000	15,750	29,200	101,000	171,550
4. Training Extension & Communication Working Group	-	75,000	2,500	6,500	1,000	18,000	42,500	14,000	159,500
C. SCIENTIFIC SUPPORT	<u>730,400</u>	<u>35,300</u>	<u>10,400</u>	<u>33,400</u>	<u>10,500</u>	<u>27,600</u>	<u>302,400</u>	<u>184,000</u>	<u>1,334,000</u>
D. MAINTENANCE & LOGISTIC	<u>137,500</u>	<u>2,200</u>	<u>10,200</u>	<u>321,400</u>	<u>700</u>	<u>7,300</u>	<u>124,500</u>	<u>61,000</u>	<u>664,800</u>
E. MANAGEMENT	<u>386,000</u>	<u>102,480</u>	<u>32,450</u>	<u>48,000</u>	<u>2,950</u>	<u>86,120</u>	<u>22,800</u>	<u>12,050</u>	<u>692,850</u>

FY80 REVISED EXPENDITURE ESTIMATES

(July 1, 1979 - June 30, 1980)

(IN US DOLLARS)

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
<u>GRAND TOTAL</u>	912	<u>1,706,300</u>	<u>210,900</u>	<u>88,500</u>	<u>464,300</u>	<u>24,100</u>	<u>131,300</u>	<u>558,200</u>	<u>462,500</u>	<u>3,646,100</u>
A. <u>RESEARCH PROGRAMME</u>	3,144 ^{1/}	<u>664,100</u>	<u>70,200</u>	<u>29,700</u>	<u>62,500</u>	<u>16,250</u>	<u>52,950</u>	<u>276,400</u>	<u>73,100</u>	<u>1,245,200</u>
1. Disease Transmission	288	168,000	10,700	4,100	8,800	3,150	8,050	20,800	13,900	237,500
2. Pathogenesis & Therapy	240	83,100	6,000	2,500	5,400	1,900	4,900	16,900	8,500	129,200
3. Host Defense Therapy	204	110,700	8,000	1,700	5,700	2,100	5,300	20,200	8,200	161,900
4. Nutrition	300	96,800	6,100	1,200	7,800	2,200	8,000	19,900	11,000	153,000
5. Community Services Research	2,112	205,500	39,400	20,200	34,800	6,900	26,700	198,600	31,500	563,600
	^{11/}									
B. <u>TRAINING PROGRAM</u>	292	<u>73,200</u>	<u>15,500</u>	<u>1,000</u>	<u>15,600</u>	<u>500</u>	<u>12,200</u>	<u>14,300</u>	<u>26,500</u>	<u>158,800</u>
C. <u>RESEARCH FACILITIES</u>	3,240	<u>396,800</u>	<u>6,000</u>	<u>42,600</u>	<u>5,000</u>	<u>4,550</u>	<u>16,950</u>	<u>126,900</u>	<u>208,600</u>	<u>807,400</u>
D. <u>MAINTENANCE & LOGISTICS</u>	1,056	<u>152,800</u>	<u>2,100</u>	<u>4,000</u>	<u>335,300</u>	<u>1,000</u>	<u>8,600</u>	<u>108,000</u>	<u>151,700</u>	<u>763,500</u>
E. <u>MANAGEMENT</u>	1,380	<u>419,400</u>	<u>117,100</u>	<u>11,200</u>	<u>45,900</u>	<u>1,800</u>	<u>40,600</u>	<u>32,600</u>	<u>2,600</u>	<u>671,200</u>

1/ Plus 72 person/months for secretarial support to Research Programme.

11/ Includes 4 person/months of Dr. Cash.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
 SUMMARY OF BUDGET PROPOSAL FOR FY 80
 (JULY 1, 1979 THROUGH JUNE 30, 1980)
 (IN US DOLLAR)

ANNEX-D

	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31	
<u>GRAND TOTAL (A THRU E)</u>	<u>1,706,300</u>	<u>210,900</u>	<u>88,500</u>	<u>464,300</u>	<u>24,100</u>	<u>131,300</u>	<u>558,200</u>	<u>462,500</u>	<u>3,646,100</u>
A. <u>RESEARCH PROGRAMME</u>	<u>664,100</u>	<u>70,200</u>	<u>29,700</u>	<u>62,500</u>	<u>16,250</u>	<u>52,950</u>	<u>276,400</u>	<u>73,100</u>	<u>1,245,200</u>
1. Transmission Defence Therapy Working Group	361,800	24,700	8,300	19,900	7,150	18,250	57,900	30,600	528,600
2. Nutrition Working Group	96,800	6,100	1,200	7,800	2,200	8,000	19,900	11,000	153,000
3. Community Services Research Working Group	205,500	39,400	20,200	34,800	6,900	26,700	198,600	31,500	563,600
B. <u>TRAINING PROGRAMME</u>	<u>43,200</u>	<u>15,500</u>	<u>1,000</u>	<u>15,600</u>	<u>500</u>	<u>12,200</u>	<u>14,300</u>	<u>26,500</u>	<u>158,800</u>
C. <u>SCIENTIFIC SUPPORT</u>	<u>396,800</u>	<u>6,000</u>	<u>42,600</u>	<u>5,000</u>	<u>4,550</u>	<u>16,950</u>	<u>126,900</u>	<u>208,600</u>	<u>807,400</u>
D. <u>MAINTENANCE & LOGISTIC</u>	<u>152,800</u>	<u>2,100</u>	<u>4,000</u>	<u>335,300</u>	<u>1,000</u>	<u>8,600</u>	<u>108,000</u>	<u>151,700</u>	<u>763,500</u>
E. <u>MANAGEMENT</u>	<u>419,400</u>	<u>117,100</u>	<u>11,200</u>	<u>45,900</u>	<u>1,800</u>	<u>40,600</u>	<u>32,600</u>	<u>2,600</u>	<u>671,200</u>

UNITED STATES GOVERNMENT

MEMORANDUM

TO : Mr. Richard L. Podol, Acting Director
USAID/Bangladesh

Date: July 10, 1979

FROM : Jack M. Rose
Area Auditor General/NE

SUBJECT: AAG/NE Memorandum Audit Report No. 5-388-79-17
Cholera Research Laboratory (CRL) Dacca, Bangladesh
Project No. 498-11-51-920

As the request of USAID/Bangladesh, we performed a terminal audit of the Cholera Research Laboratory (CRL) which will become internationalized on or about June 25, 1979. It will thereafter be called the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B).

The purpose of this audit was to review the propriety of expenditures made with AID funds and to verify that the project was implemented in accordance with the applicable Project Agreements (ProAgs), AID directives and policies.

The audit covered the period September 30, 1977 (the cut-off date of our last audit) through April 30, 1979. Audit field work was performed in Bangladesh from May 23 to June 18, 1979. Our selective examination of expenditures disclosed no significant deficiencies or exceptions of a reportable nature.

The scope of the audit, background material, and other matters of interest are discussed in the following paragraphs.

Scope

The review was made in accordance with generally accepted auditing standards and included such tests of records, on a selective basis, as were deemed necessary. Our audit was primarily conducted at the CRL in Dacca; however, we also reviewed records maintained by USAID/Bangladesh. We also held discussions with appropriate Mission and CRL officials.

Our examination showed that during the period under audit a total of \$3,000,000 had been granted under two ProAgs. 78-1 and 79-1. At the termination of ProAg 79-1 on June 30, 1979, it has been estimated that almost \$200,000 will remain undisbursed. (Expenditures for the period under audit through April 30, 1979 amounted to \$3,102,481). USAID/Bangladesh recently received authorization to add an additional \$500,000 to ProAg 79-1 to assist CRL in the transition phase to ICDDR,B. Thus, approximately \$700,000 of AID funds is to be carried over to this new international entity.

Background

The present CRL in Dacca, Bangladesh (formerly East Pakistan) was created in 1960 under the umbrella of the South East Asia Treaty Organization Cholera Research Program. It was an autonomous laboratory supported with contributions in cash and kind from the U.S. Government acting through the Agency for International Development (AID), and the National Institutes of Health (NIH), and the Governments of Pakistan, the United Kingdom and Australia. The objective of the Laboratory was to develop the means of eradicating cholera, or at least provide methods for its control, because it was recognized that cholera was a major threat to health in Southeast Asia.

In December 1971, Bangladesh became an independent nation and agreements with Pakistan ceased to be operable to CRL. Because the U.S. had not yet recognized the Government of the People's Republic of Bangladesh (BDG), AID entered into a grant agreement with the International Rescue Committee (IRC) as a conduit for providing \$1,260,000 as emergency interim financing of the local currency operating costs of the CRL during the period April 1, 1972 through June 30, 1974.

Subsequently, beginning in May 1974 (ProAg 74-1) through February 1979 (ProAg 79-1), a series of ProAgs totalling \$9,042,000 have been signed between USAID/Bangladesh and the BDG to provide operational funds for the CRL. The funds supported CRL's development and demonstration of improved techniques for the treatment, prevention and control of cholera and other diarrheal diseases; field testing of cholera vaccines and toxoids, and the development of research programs to study diarrheal diseases and other health problems in the area. AID also contracted with the CRL to carryout research to assess the feasibility of establishing a household delivery system of contraceptives in rural Bangladesh.

In 1976, AID/W made it clear to CRL officials that the continued high percentage of funding by AID (over 80 percent) was not in accord with Agency policies and that long term support could only be undertaken as a member of a consortium of donors. The same year, CRL's Directing Council authorized the exploration of converting the CRL into an international institution with AID approval. After almost two years of discussions and negotiations under the chairmanship of the UNDP, composed of interested governments and organizations, including the BDG and the U.S., the President of Bangladesh signed an Ordinance in December 1978 calling for the creation of the ICDDR,B.

The ICDDR,B will be relevant to the high priority programs and objectives of AID as Section 104 of the FAA "Population and Health" authorizes action in two related areas: (1) for assistance for health and disease prevention including the provision of health services for the great majority, and (2) to increase opportunities and motivation for voluntary family planning. Section 103 of the FAA authorizes programs to help improve nutrition in developing countries. The ICDDR,B, which is involved in the basic areas of disease control and related population and nutrition factors, would thus fit the intent of the "new directions".

AID/W reviewed the proposal to move toward creation of ICDDR,B and endorsed it recognizing that this could involve a substantial long term financial commitment. The proposal is also supported by NIH, which has had the responsibility for the direction and administration of the scientific program of the CRL through a Participating Agency Service Agreement.

After the President of Bangladesh signed the Ordinance effective December 1978, the UNDP extended invitations for a meeting to potential bilateral donors that was held in Geneva on February 13-14, 1979. Final arrangements were made for the establishment of the ICDDR,B as the successor to the CRL.

The meeting, represented by 26 developing and developed countries and multilateral and non-government organizations, endorsed the Ordinance establishing ICDDR,B. A Memorandum of Understanding was signed by 16 countries and organizations signifying their intention to support and cooperate in the work of ICDDR,B. Indications of support from various agencies amounted to about \$ 16 million over the next five years, out of a projected requirement of \$ 27 million.

In accordance with the Ordinance, the meeting selected the first Board of Trustees of the ICDDR,B which will hold its first meeting in Dacca beginning on June 25, 1979. Upon the conclusion of this meeting, ICDDR,B will become an official institution and the CRL will cease to exist.

ICDDR,B will undertake research, training and information dissemination on diarrheal diseases, and directly related subjects of nutrition and population with special relevance to developing countries.

At the Geneva meeting in February 1979, AID committed itself to current and future funding by stating:

"During FY 1979, AID provided \$1.4 million (ProAg 79-1) to the CRL of the BDG to assist in meeting the expenses of CRL through June 30, 1979. Subject to an agreement to be finalized by AID, the BDG and ICDDR,B, AID plans to provide for the contribution to ICDDR,B of any amounts that may be unexpended under such grant at the time ICDDR,B becomes operational. Similarly, subject to final agreement, AID is planning to contribute up to an additional \$ 500,000 for the remainder of FY 1979."

As mentioned previously, AID/W recently approved this \$500,000 and a revision to ProAg 79-1 is expected to be signed in late June 1979.

As to future funding, "AID also intends to consider annual contributions of up to \$ 1.9 million in each of the next five fiscal years, 1980 through 1984, subject to the availability of funds and subject to mutual agreement, annually, between ICDDR,B and AID to proceed."

AID's contribution is expected to decrease as a percentage of total donor contribution to the operations of ICDDR,B. AID will review progress made each year to determine if ICDDR,B is implementing its research programs in a satisfactory manner during the period of AID support. If other donors are willing to provide the additional funds to meet ICDDR,B's projected budget requirements. AID's goal will be to reduce the U.S. contribution to approximately 25 percent of the total by the fifth year. However, AID should remain flexible enough to adjust to the situation which prevails when the yearly budget decisions are made.

CRL Accomplishments

During the existence of CRL (1961-1979), the U.S. contribution has approached nearly \$ 24 million (see Exhibit A). The CRL has been in the forefront of research on cholera and acute diarrheal disease virtually since its founding. Its accomplishments include the following:

1. Major contributions to the discovery and elucidation of the true pathological mechanisms of cholera and acute diarrheal diseases.

Demonstration that quarantine, a costly measure once widely practised, in fact is not an effective means of controlling the spread of cholera.

Performance of the first well controlled field trials of cholera vaccine. These have demonstrated that vaccines so far developed are of limited effectiveness and short duration.

The development of a fluid for the intravenous rehydration of cholera victims. It has reduced the mortality in hospitalized cholera cases to less than 0.5 percent (the mortality in untreated cases is from 30 to 60 percent). This same solution has now been found to be a general

nonspecific fluid beneficial in replacement therapy for virtually all diarrhoeal disease.

5. The development of an effective rehydration fluid given by mouth, for use in hospitals and urban or rural treatment centers. This formula, or slight modifications of it called "oral therapy", is now in use in at least 16 countries and is recommended by the World Health Organization for diarrheal treatment. Dry packets for making this solution are a standard UNICEF stock item.
6. Since 1965 the CRL through its hospitals has served as the cholera and diarrheal treatment center for Dacca municipality and at the Matlab Field Station. CRL currently provides treatment to almost 100,000 patients annually.
7. A recent review has documented more than 500 scientific publications and papers produced by the CRL. This work has led to major advances in understanding the pathogenesis and immunology of diarrheal diseases as well as practical advances in therapy.

In addition, CRL has done much other research on the epidemiology and treatment of other diarrheal diseases due to non-cholera Vibrios, E.coli, shigella, salmonella, viruses, parasites, and other agents. It has become increasingly apparent that much diarrheal diseases that has been clinically diagnosed as cholera is not caused by *Vibrio cholerae* and research has been undertaken to determine the origin, epidemiology, diagnosis and effective treatment of these diseases. CRL has also pursued the implications of the causes and control of diarrheal disease into the spheres of nutrition and demography.

Current Situation

The current situation and necessary actions to be taken are as follows:

1. Prior to the meeting of the ICDDR,B Board of Trustees, a revision to ProAg 79-1 must be signed adding an additional \$ 500,000 recently authorized by AID/W to

alleviate ICDDR,B's expenses during the transition period. This revision has been prepared by the Mission and we were informed it will be signed between USAID and the BDG prior to June 30, 1979. As previously mentioned, our analysis showed that almost \$200,000 of the original ProAg amount will remain undisbursed. So with the additional \$500,000, ICDDR,B will have almost \$700,000 in carryover funds from U.S. sources.

2. ProAg 79-1, and its draft amendment, contain certain restrictions as to the use of funds granted, e.g., no new contracts with expatriates beyond June 30, 1979, or new orders for any kind of commodities that cannot arrive at CRL prior to June 30, 1979. If CRL is to make use of the carryover funds, these restrictions will have to be deleted. There are a number of expatriates whose contracts extend beyond the June 30, 1979 date. Also, over \$100,000 worth of necessary commodities have been ordered (6/11/78 through 3/16/79) that will not arrive by this date. AID/W has also given authority to delete these restrictions and we were informed the Mission intends to do so.
3. Once the ICDDR,B Board of Trustees meets on June 25, 1979. ICDDR,B will then be in legal existence and CRL will cease to exist. Consequently, USAID/Bangladesh will have to make a new agreement with ICDDR,B for the use of carryover funds. Also once ICDDR,B becomes a legal entity, as per the Ordinance, all assets of CRL will be transferred to ICDDR,B. Our review showed that nonexpendable property of an original acquisition cost of about \$ 1.2 million will be transferred, of which almost \$900,000 was purchased with U.S. funds.

There have been several audits of CRL operations conducted over the years. Our last audit of CRL covered the period October 1, 1976 through September 30, 1977. that report contained three recommendations all of which had been closed prior to the begining of this audit.

EXHIBIT A

U.S. GOVERNMENT SUPPORT TO CRL
FROM 1961 TO 1979

From 1961 to Liberation 1971 1/

NIH - Research Agreement	\$6,245,900	
SEATO-AID-NIH Research	3,368,200	
USAID Trust Fund & NIH Support (estimate)	<u>3,185,500</u>	
SUB - TOTAL		\$12,799,600

After Liberation to 6/30/79

International Rescue Committee Grant, (AID/CM/asia-G-73-38) 3/17/72	\$1,260,000	
ProAg 74-1, 5/15/74	700,000	
" 75-1, 10/29/74	1,000,000	
" 75-1, Rev.1, 1/29/75	400,000	
" 76-1, 9/19/75	1,140,000	
" 76-1, Rev.1, 3/15/76	295,000	
" TQ-1, 3/10/76	300,000	
" 76-1, Rev.2, 6/2/76	265,000	
" TQ-1, Rev.1, 1/31/77 (Decrease)	(58,000)	
" 77-1, 11/24/76	1,700,000	
" 78-1, 1/3/78	1,900,000	
" 79-1, 2/5/79	1,400,000	
" 79-1, Rev. 1 (to be signed prior to 6/30/79)	<u>500,000</u>	
SUB - TOTAL		10,802,000

Contraceptive Distribution Project-Matlab, AID/pha-C-1105) 7/1/75-9/30/78	<u>296,000</u>	
TOTAL USG SUPPORT		<u>\$23,897,600</u>

1/ Source: Available CRL records.

EXHIBIT BSUPPORT TO CRL - OTHER SOURCES 1/
FROM 1961 TO 1979

Bangladesh (& Pakistan prior to Liberation)	Cash	\$1,189,200
	In-Kind (estimate)	2,846,500
United Kingdom		829,400
Australia		432,000
Canada		147,500
	TOTAL:	<u>\$5,444,600</u>

1/ Source: Available CRL records.

REPORT RECIPIENTS

USAID/Bangladesh

Director

5

AID/W

Auditor General

1

Auditor General, Office of Policy, Plans & Programs (AG/PPP)

1

Communications & Records Office (C&R) of the AG/EMS

12

Assistant Administrator/Asia (AA/ASIA)

1

Office of Bangladesh, India & Sri Lanka (ASIA/BIS)

1

Bureau for Asia/Executive Management Staff (ASIA/EMS)

1

Office of Development Information & Utilization (DS/DIU)

4

Office of Health (DS/HEA)

1

Deputy Administrator (DA/AID)

1

OTHER

U.S. General Accounting Office (GAO/W)

1

Inspections & Investigations Staff (IIS/Karachi)

1

Area Auditor General/East Africa

1

Area Auditor General/West Africa

1

Area Auditor General/East Asia

1

Area Auditor General/Latin America

1

Area Auditor General/Egypt

1

Area Auditor General, AID/Washington

1

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DEVELOPMENT ACTIVITIES

DEVELOPMENT ACTIVITIES

The present Research and Training activities of the Centre is dependent on the development of new sources of income. The commitments of funds for FY 81 limits the Centre's program and will continue to restrict progress in the coming years unless income can be increased to meet the opportunities and requirements.

1. Financial Prospects for FY 81

For recurring expenditures, cash contributions in FY 81 are expected to total \$ 3,627,000. In kind contributions are expected to be \$ 1,161,400. This represents a shortfall of \$ 800,000 below the projection for an optimum FY 81 budget.

As a non-recurring expenditure, a contribution of \$ 500,000 has been committed by UNDP for the purpose of building a clinical research facility. To complete the first phase, construction of the Centre, an additional \$ 300,000 will be required for which funds are not available at present.

2. Collaboration with the Centre

The Centre has established contacts with the following countries in search of new donors. Japan, Netherlands, Belgium, Switzerland, West Germany, Saudi Arabia and Scandinavian Countries. So far Switzerland and the Kingdom of Saudi Arabia have agreed to contribute to the Core Fund of the Centre. For Project Funds we have also received communication from SAREC, NIH, UN University that they will also support our ongoing projects. We have also requested the Governments of the United Kingdom and Australia to increase their support to the Centre. Since the last Board of Trustees Meeting in June, 1979, Australia and Saudi Arabia have signed the Memorandum of Understanding. The total signatories now stand at nineteen. Out of these nineteen signatories, two represent developed countries, nine represent developing countries and seven are International Organizations. We have also approached the following developing countries for their participation with the Centre: (1) Nepal, (2) Sri Lanka, (3) Maldives, (4) Burma, (5) Malaysia.

The following table lists the existing donors with their percentage contributions toward the Centre's FY 81 - total income.

<u>Existing Donors</u>	<u>FY 81 Contribution</u>	<u>% of Contribution</u>
A. <u>CORE FUNDS</u>	<u>3,627,000</u>	
Australia/ADAB	112,000	2.0
Bangladesh/Ministry of Health	398,000	8.0
Ford Foundation	200,000	4.0
USA/USAID	1,900,000	40.0
United Kingdom/ODM	255,000	5.0
USA/HEW-CDC	100,000	2.0
Switzerland	612,000	13.0
Miscellaneous Income	50,000	1.0
B. <u>PROJECT FUND</u>	<u>1,161,400</u>	
Matlab MCH-FP Action Project (UNFPA/DANIDA)	185,900	4.0
Demographic Surveillance & Operation Research (UNFPA)	484,500	10.0
Clinical Research (UNDP/WHO)	400,000	9.0
Teknaf Water/Sanitation Action Research (IDRC/Canada)	51,000	1.0
Sweden -- (SAREC)	40,000	1.0
	<u>4,788,400</u>	<u>100</u>
	=====	=====

3. Type of Income Needed

The policy of the Centre is to raise unrestricted or general funds (Core Fund). Project or restricted funds may actually place increased demands on Core Funds unless agreements are carefully worked out with a sponsoring institution to insure full sharing of costs. If project funds are too restricted, the Centre may not have the capacity to absorb a particular research project or priorities will become distorted by donor project priorities. However, the Centre may accept grant/contribution for the ongoing projects that have been established as a priority to the Centre as this will indirectly support the core fund. In essence, the generation of core funds must be the highest priority for the Centre. At present, core fund represents 75% of the recurring income in FY 81, leaving 25% in Project Funds.

The Management requests approval to proceed with the development of resources as outlined.

4. Capital Development

The Centre is facing an acute shortage of space which has resulted in a great deal of inconvenience in conducting programs smoothly. This delays completion of research and proper function of the supporting units. Furthermore, the previous growth of personnel and programmatic activities has far exceeded the physical plant. At present the Centre occupies part of the Institute of Public Health buildings and other temporary service buildings. The total floor space occupied by the Centre is approximately 50,690 square feet. We have also rented a Warehouse space (7,000 square feet) off campus.

In the Matlab Field Station the Centre's activities are housed in the total temporary floor space of approximately 3,766 square feet.

In the Teknaf Dysentery Project, the Centre is occupying rented space in several different locations.

5. Development Plan

In Dacca, we propose to construct our own building and accordingly the Government of Bangladesh has agreed to allocate approximately 3 acres of land in the compound of the Institute of Public Health. A tentative plan for construction of a ~~seven-storey building~~ with adjacent service buildings and an additional two floors to be added to the present library building has been made at an estimated cost of US \$ 10 million. The construction of the project has been divided into two phases:

The first phase includes completion of the ground floor at the Treatment Centre. The estimated cost for this phase will be US \$ 800,000 out of which we have at our disposal US \$ 500,000 with an additional US \$ 62,000 for equipment donated by UNDP/OPEC/WHO. For the shortfall of US \$ 300,000 we have approached the Government of Saudi Arabia for financial support.

A local Ad hoc Committee has been set up by WHO with representatives from local UNDP, WHO, Government of Bangladesh and the Centre. The Ad hoc Committee is responsible to oversee the utilization of available UNDP/OPEC/WHO fund. An architectural consultant from WHO has visited the Centre and in consultation with him we have invited proposals from several reputed Architectural firms. These proposals have been reviewed by the WHO consultants and the local Ad hoc Committee has approved the appointment of an Architectural firm.

In Matlab Field Station we require at least US \$ 500,000 for construction of our own buildings for housing all our functions including accommodation for training. The present shortage of housing and space is acute. We propose to approach the Government of Bangladesh for acquisition for the Centre of an area of land amounting to 2 to 3 acres, at the market rate.

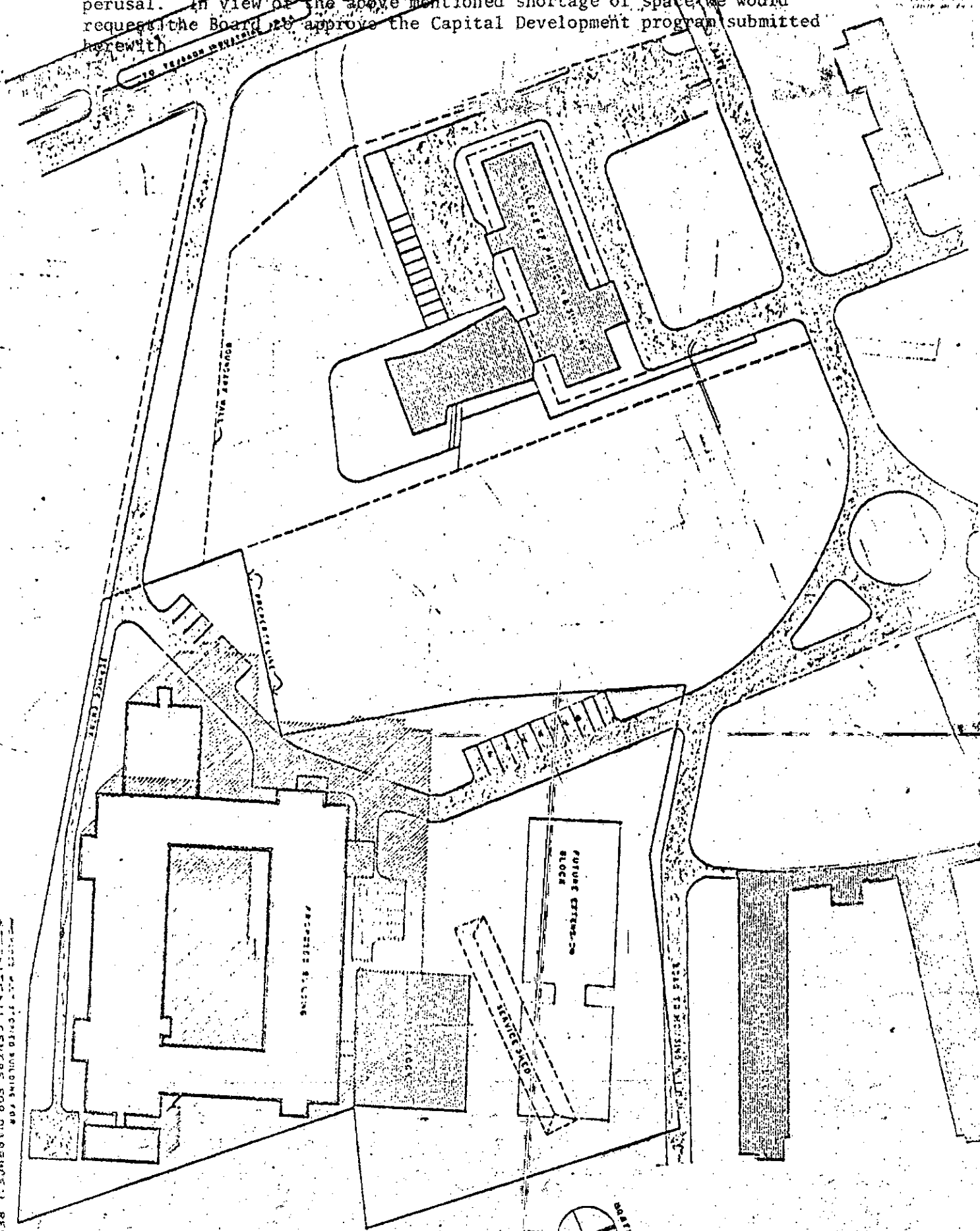
In the Teknaf Dysentery Project we may propose to construct our own facilities in course of time. Present facilities are not adequate and rent is high.

Preliminary drawings for the buildings at Dacca are appended for perusal. In view of the above mentioned shortage of space we would request the Board to approve the Capital Development program submitted herewith.

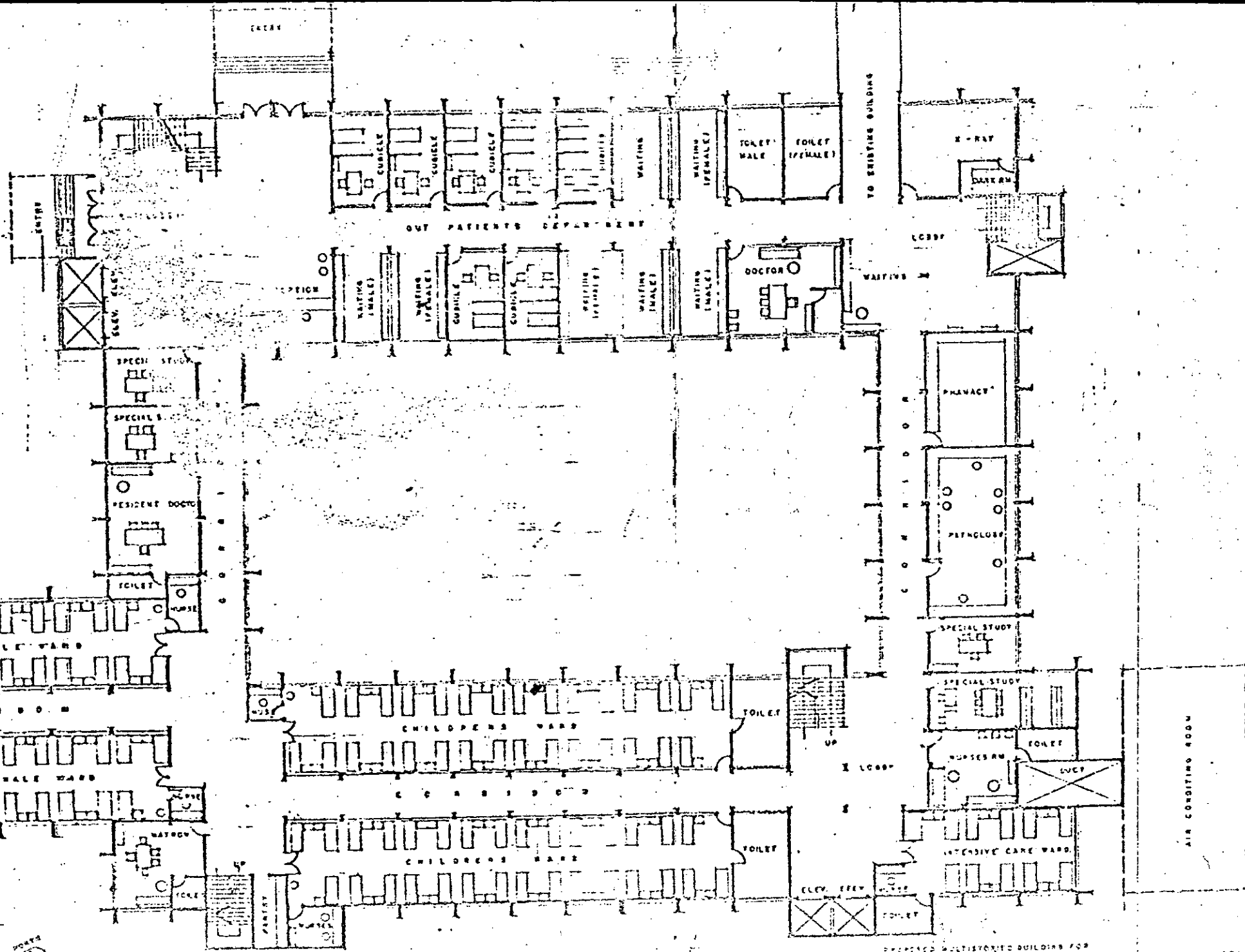
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Preliminary drawings for the buildings at Dacca are appended for perusal. In view of the above mentioned shortage of space we would request the Board to approve the Capital Development program submitted herewith.

PROPOSED NEW STORED BUILDING FOR INTERNATIONAL CENTRE FOR DIARRHOEAL RESEARCH, DAKKA



EXISTING HOUSING AREA



FLOOR PLAN



DESIGNED AND CONSTRUCTED BUILDING FOR INTERNATIONAL CENTRE FOR DIARRHOEAL RESEARCH

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PROPOSAL FOR CONSULTATIVE GROUP

PROPOSAL FOR CONSULTATIVE GROUP

The Centre is presently receiving contributions from various countries and international agencies. The mode of contribution varies from donor to donor. The Centre is maintaining contacts with many countries and international agencies both for contributions and program participation. Although we have obtained commitments for funds, disbursement is made according to the procedures followed in respective countries. Very often uncertainties in receiving the funds causes serious difficulties in planning and preparing the annual budget, dislocation of research work and hampers the operation of the Centre, as a whole.

The Centre has limited staff and cannot present individual financial statements to each of the donor countries relating to utilization of their funds without an appropriate forum to simplify and coordinate this task.

We, therefore, strongly feel that if a Consultative Group is formed for raising funds, this will facilitate preparation of financial statements and annual budget of the Centre for presentation to all participating countries as well as to the donor countries. The formation of a Consultative Group will provide the much-needed forum to discuss and organize the financial support to the Centre, thereby enabling the Centre to achieve its objectives.

The UNDP has expressed willingness to initiate the formation of a Consultative Group and arrange a meeting in June of this year. We, therefore, propose the Board to kindly accord approval for this proposal.

5a/BT/FEB. 80

REVIEW OF PROGRAM

REVIEW OF PROGRAM

Introduction:

During the week of 4-8 February, 1980, two informal sessions have been scheduled between the Trustees and Scientists of ICDDR,B. The aims of these sessions are as follows:

1. To further familiarize the Board with the working group structure.
2. To review the goals and concepts of each working group.
3. To review recent accomplishments.
4. To promote participation by Trustees in the process of formulating future scientific priorities and activities.

As time is limited, the intent of the Review is not a comprehensive, systematic technical examination of the scientific program which would be undertaken by an independent technical review committee established by and reporting directly to the Trustees, but simply to give sufficient information to accomplish the four objectives listed above for these sessions.

Working Group Structure

Originally, the Cholera Research Laboratory was in fact one working group approaching one important diarrhoeal disease. As it grew, its organization evolved toward a traditional discipline-oriented structure. In 1977, discussions followed by decisions led to the institution of a problem-program structure which would be focussed on problems related to diarrhoea as they exist in Bangladesh and their solutions.

The programs to approach specific problem areas were organized as working groups of scientists from disciplines that would contribute the most. Underlying this change in organization, were two assumptions:

1. That focus of scientific disciplinary expertise and technology on problems evident in diarrhoeal diseases in Bangladesh would yield results both at the "basic" or "applied" levels more effectively than a focus on the particular goals and priorities, of a specific discipline or department.
2. That focus on problems of diarrhoea as seen in Bangladesh would lead to some result that could be of general value to all countries.

Intrinsically, the working group structure is quite easy to adapt to changes of focus as required by new problems in that a new working group with necessary support services can be established at any time and previous working groups can be collapsed or modified. At present, the Centre has five scientific working groups which focus on specific problems of diarrhoea. These are shown schematically in Figure 1.

As this figure demonstrates, the problem-focus of these groups should promote relevant, high-quality basic and applied research within the mandate of the Centre. It should also be noted that unlike developed country universities or research institutes, the concept of the working groups promotes communication between scientists from several disciplines. Multi-disciplinary research has a mixed recent history at best, in recent years. We feel that the Working Group structure combines positive elements of both problem-orientation and strong disciplinary rigor because it becomes readily apparent that each working group will call for skills in only a few selected disciplines. An example is Pathogenesis and Therapy which calls primarily for clinical research skills with laboratory support in biochemistry and microbiology. Transmission, on the other hand, would cluster epidemiologists, microbiologists, sanitary and behavioural scientists together into one group.

Each working group will be linked to its essential support area since the program leader will be responsible for the oversight of this area. Thus, for example, the Program Head of the Pathogenesis and Therapy Working Group would be responsible to see that the clinical and laboratory support services were adequately serving program needs.

The linkage between working groups is encouraged by a sharing of needed disciplines. For example, a social scientist might be a member of the Community Services Research group but also associate with the Disease Transmission group. Such cross-fertilization and collaboration on specific projects is encouraged. The overall coordination of the working groups is a function of the Director's Office, as Figure 1 demonstrates and is most tangible in the assurance of quality exercised through the Research Review Committee and review of outputs. Ethical Review ensures uniform high quality of the ethics of the work of every group. Finally, the informal coordination a dialogue would be accomplished through meetings with Working Group Leaders and Program Heads.

Accomplishments

Despite the internationalization transition process and substantial scientific staff turnover, in the past two years, we have been pleased

with the scientific productivity of the working groups in the past calendar year (October 1, 1978 — December 31, 1979). The Appendix contains listings of papers, abstracts, presentations according to principal author. Sixty-seven papers have been either published or in press. Although mixed in quality, some constitute very important scientific advances. In addition to publications, the scientific staff has been active in participating in national, regional, and international workshops, meetings, and seminars on the diarrhoeal diseases and related health problems.

Table 1 presents the Working Groups according to their objectives. The first three groups basically focus on technology development and limited testing. The last two groups examine the different but important topics of diarrhoea-nutrition interactions and the community, operational setting of technology and health service delivery.

Table 2 shows the current membership of the working groups according to scientific fields. To improve participation by all interested scientists, associate membership to working groups is encouraged for non-full members. The size of the working groups obviously reflect recent staff departures. This is a subject to which we will return.

Ongoing Work

The work that is currently in progress is listed in Table 3 by working groups. This work reflects existing priorities and the review will cover only a portion of these projects. For those wishing a deeper look, each project has a full protocol which is available for scrutiny. In addition, there are a variety of pilot projects which are not yet in full project-protocol form which are not listed but may be alluded to in discussions. Such pilot studies have all been seen and authorized through our ethical review process. We do not require a scientific review outside of the collegial review and comments among group members. This is essential to a creative exploratory process in response to new observations and ideas. We expect between ten to fifteen percent of each working group budget may be used on such pilot studies.

Priorities and the Future

Before internationalization, the priorities for research at CRL were let be interaction between the Director's Office and the Cholera Panel of the National Institutes of Health, U.S.A. During the fall of 1979, each working group met and discussed the areas of work on which they placed high priority. Subsequently, the leaders of each group met and an overall set of priorities were evolved.

From the groups, the following guidelines were suggested and used to establish the relative priorities among projects:

1. ICDDR,B has a distinct comparative advantage because of location, staff and resources.
2. ICDDR,B has a strong comparative advantage but requires collaboration.
3. ICDDR,B has the capacity to do the project but no particular comparative advantage.

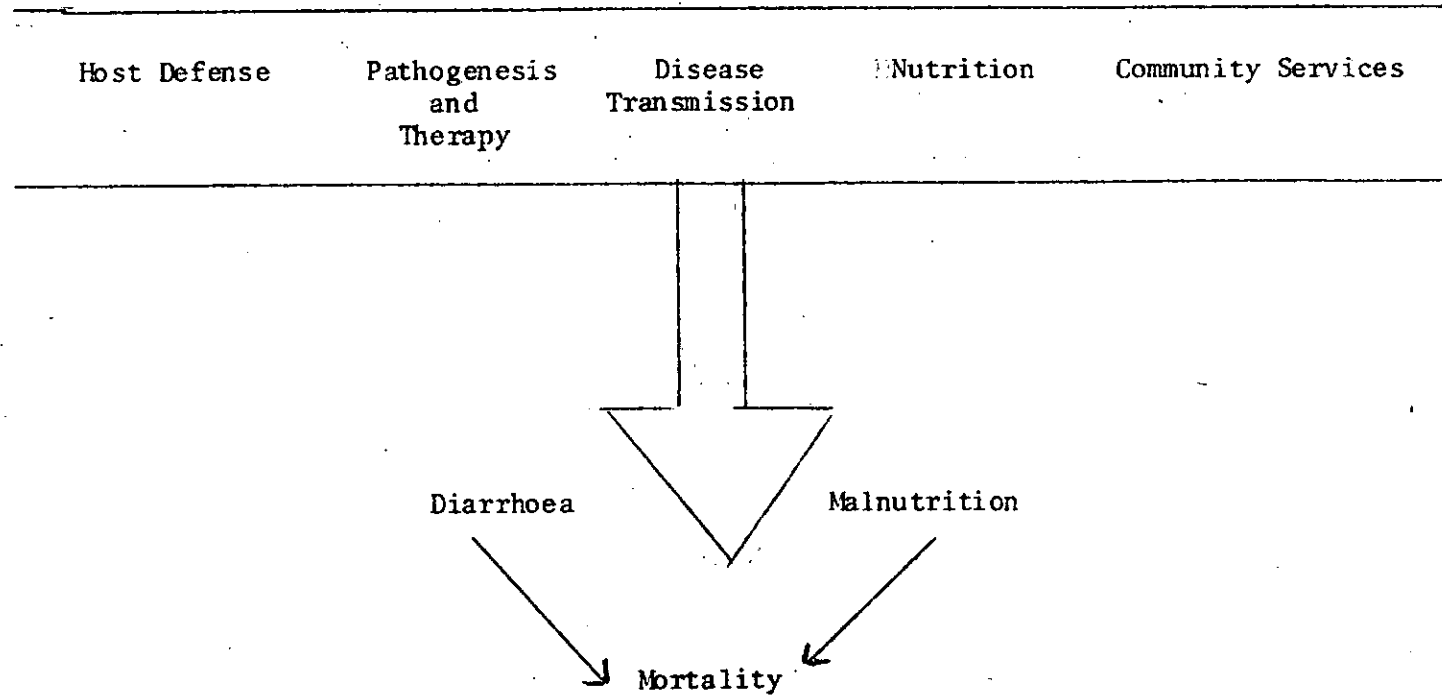
An added variable that adds to priority is if the study would help to build up national institutional scientific capacity.

During the review, you will see how the individual groups now perceive the directions in which they wish to go. These directions reflect the process of priority setting and some larger overall questions. Some of the most urgent of these from an institutional point of view would seem to be the following:

1. Is natural immunity to any diarrhoeal illness sufficiently strong to warrant a strong push for vaccine development?
2. Which further specific knowledge or pathogenesis and therapy of diarrhoeal illness is most likely to be of major benefit in the context of developing countries?
3. How can chains of transmission of diarrhoeal illnesses be interrupted? (Behavioral and water use studies seem key answers.)
4. Where are the effective points of intervention in the diarrhoea-malnutrition cycle?
5. In the context of communities in developing countries, what are effective ways to rapidly translate promising "basic" research findings into better health? How does this translation effect the community overall? Can improved health be linked to decreased fertility?

Figure 1.

SCIENTIFIC WORKING GROUPS



SUMMARY ICDDR, B STAFF TURNOVER

<u>WORKING GROUP</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>NEEDS</u>
<u>Host Defense</u>					
D.A. Sack Clinical Science Immunology Infectious Diseases (Group Leader)	➤—————X				Clinical Immunology Group Leader
K.A. Al-Mahmud Veterinary Sciences	➤—————➤				
S. Kabir Immunology			—————➤		
<u>Pathogenesis and Therapy</u>					
W.B. Greenough Clinical Sciences Infectious Disease Physiology/Biochemistry (Group Leader)	➤—————X				Clinical Science Group Leader
R. Gilman Clinical Sciences Parasitology Infectious Disease	➤—————X				Parasitology
A.M. Molla Clinical Sciences/ Pediatrics Gastroenterology		—————➤			
R. Islam Clinical Sciences	➤—————➤				
Md. Yunus Clinical Sciences	➤—————➤				
B. Seaton	➤—————➤				
<u>Disease Transmission</u>					
M. Merson Infectious Disease Epidemiology (Group Leader)	—————X				Epidemiology Infectious Disease Group Leader
R.E. Black Infectious Disease Epidemiology	—————X				
J. Briscoe	—————X				Social Science
W. Spira Microbiology	—————X				Water Studies

<u>WORKING GROUP</u>	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>NEEDS</u>
<u>Disease Transmission</u>					
M.U. Khan Epidemiology	→				
M.I. Huq Microbiology	→				
L. Mutanda Microbiology Virology			→		
R. Glass Epidemiology Infectious Diseases			→		
<u>Nutrition</u>					
M.M. Rahaman Clinical Science Nutrition Physiology/Biochemistry Group Leader	→				Clinical Nutrition Pediatrics
A. Molla Biochemistry		→			Behavioral Science
V. Brown Clinical Pediatrics Nutrition	→ X				
<u>Community Services Research</u>					
S. D'Souza Demography/Biostatistics			→		
L.C. Chen Clinical Science Epidemiology Nutrition Group Leader	→ X				
S. Bhatia Clinical Science Maternal Child Health	→ X				
S. Becker Biostatistics Demography	→ X				
A. Chowdhury Demography			→		
M. Rahman Social Science	→				
K.M.A. Aziz Anthropology	→				
J. Philips Demography			→		
S. Zimicki Epidemiology			→		

Table 1.

WORKING GROUPS: OBJECTIVES AND PRIORITIES

	<u>Objectives</u>	<u>Key Priorities</u>	
I	Host Defense	<ol style="list-style-type: none"> 1. Elucidate gut/other mechanisms 2. Develop-test vaccine antigens 	<ol style="list-style-type: none"> 1. Gut immunity, cell wall and other antigens 2. Cholera (whole cell, toxoid), beta subunit
II	Therapy	<ol style="list-style-type: none"> 1. Elucidate pathophysiology 2. Develop-test clinical treatment 	<ol style="list-style-type: none"> 1. E.Coli, rotavirus, chronic diarrhoeas 2. Simplification (nutrition) oral therapy Antisecretory agents
III	Transmission	<ol style="list-style-type: none"> 1. Identify responsible agents 2. Delineate transmission 3. Develop-test interruption transmission 	<ol style="list-style-type: none"> 1. Campylobacter, Yersinia, other bacterial, and viral identification capacity 2. Basic epidemiology common diarrhoeas Environmental microbiology 3. Water/excreta behaviour and technology
IV	Nutrition	<ol style="list-style-type: none"> 1. Elucidate mechanism diarrhoea → nutrition 2. Elucidate mechanism nutrition → diarrhoea 3. Develop-test means of attacking both 	<ol style="list-style-type: none"> 1. Anorexia, absorption, catabolism, direct loss. 2. Longitudinal studies on susceptibility, severity. 3. feeding, weaning practices, antibiotics, other technologies.
V.	Community	<ol style="list-style-type: none"> 1. Basic research on community health and demography 2. Evaluate large-scale intervention studies. 	<ol style="list-style-type: none"> 1. Delineate patterns, causes morbidity, mortality, fertility, Maternal-child and reproductive health; Social studies community health behaviour. 2. Assess technology in practical setting; Develop simple research and evaluation methodologies.

TABLE 2
SCIENTIFIC WORKING GROUP MEMBERSHIP

<u>Host Defense</u>	<u>Fields</u>
Dr. David Sack (Leader) Dr. K.A. Al-Mahmud Dr. Shahjahan Kabir	Clinical sciences, immunology Veterinary sciences Immunology
<u>Pathogenesis and Therapy</u>	
Dr. A. Majid Molla (Acting Leader) Dr. B. Stoll Dr. Rafiqul Islam Dr. Brian Seaton Dr. Md. Yunus	Gastroenterology, pediatrics Pediatrics Clinical Sciences Endocrinology/biochemistry Clinical sciences
<u>Disease Transmission</u>	
Dr. M.U. Khan (Acting Leader) Dr. Roger Glass Mr. Md. Imdadul Huq Dr. L.N. Mutanda	Epidemiology Epidemiology Microbiology Epidemiology, virology
<u>Nutrition</u>	
Dr. M. Mujibur Rahaman (Leader) Dr. Ayesha Molla	Clinical sciences, nutrition Biochemistry
<u>Community Services Research</u>	
Dr. Stan D'Souza (Leader) Mr. K.M.A. Aziz Dr. Stanley Becker Dr. Alauddin Chowdhury Mr. Makhlisur Rahman Ms. Susan Zimicki	Demography/biostatistics Anthropology Demography Demography Sociology Epidemiology

Table 3.

Active Scientific Protocols

WORKING GROUP I: PATHOGENESIS AND THERAPY

77-004	A clinical trial of trimethoprim and sulphamethoxazole (bactrim) in the treatment of shigellosis.	Md. Yunus
77-018	Sucrose vs glucose electrolyte oral solution - in the diarrhea of adults.	S. Islam
78-008	Endocrinological factors in relation to reproduction in Bangladesh.	B. Seaton
78-021	Clinical trial of chlorpromazine (CPZ) as a therapeutic antisecretory agent in cholera.	W.B. Greenough
78-022	Clinical trial of charcoal GM ₁ ganglioside in cholera and <u>E.coli</u> enterotoxin diarrhoea.	W.B. Greenough
78-023	Comparison of labon-gur (common salt + brown sugar) with labon-gur soda (common salt + brown sugar + sodabcarb) as oral rehydration solution in diarrhoea.	R. Islam
79-001	Pathophysiology of rotavirus diarrhoea .	D. Sack
79-003	Digestive enzyme activities during diarrhoea diseases.	A. Molla
79-007	Effect of chlorpromazine (CPZ) on oral rehydration therapy in acute diarrhoea.	H. Rabbani*
79-008	Estimation of cyclic AMP in cholera stool in relation to chlorpromazine treatment.	A. Molla J. Holmgren
79-011	Microbiological, biochemical and anthropometric correlates of children with altered nutrition during bacillary dysentery.	K. Haider
Pilot	Rice starch-electrolyte oral therapy	M. Molla
Planned	Blockage of gut GM ₁ ganglioside receptors of cholera toxin by binding subunits.	I. Holmgren coinvestigators
Pilot	Bio-clinical studies on diarrhoeal diseases	T. Morishita R. Islam
80-003	Gram-negative shock: effect of corticosteroids.	R. Islam

* Indicates protocols by former investigators who have not yet completed data analysis.

WORKING GROUP II: HOST DEFENSE THERAPY

77-011	Local immune response in cholera.	D. Sack
77-029	Gastric acid in enteric disease.	R. Gilman *
78-005	Local immune response to the field trial cholera vaccines.	D. Sack
78-006	Milk antibodies to <u>E.coli</u> toxin and colonization factor in Bangladeshi women.	D. Sack
79-002	Travellers' diseases in Dacca: epidemiologic clinical, immunological and treatment aspects.	D. Sack
79-009	Local and systemic antibody response in humans after immunization with cholera B subunit antigen.	A. Svennerholm D. Sack
79-013	Cholera vaccine field trial.	R. Glass
79-016	Isolation of <u>vibrio cholerae</u> transducing phage.	J.R. Murphy M. I. Huq

WORKING GROUP III: DISEASE TRANSMISSION

77-012	Epidemiology of enterotoxigenic <u>escherichia coli</u> diarrhea.	R. Black*
77-025	Community and family studies of enterotoxi- genic <u>escherichia coli</u> .	R. Black*
77-031	Enterotoxigenic and enteropathogenic <u>escherichia coli</u> , serotypes, antibiotic sensitivity and disease.	M. Merson*
78-003	Epidemiology of rotavirus diarrhoea.	M. Merson*
78-017	Shigella morbidity, intrafamilial spread and handwash intervention studies.	M.U. Khan
79-012	Comparative study of <u>vibrio parahaemolyticus</u> and related organisms in Teknaf estuary and Matlab waters.	M.I. Huq
79-015	Incidence of antibiotic-resistant entero- bacteria in hospital and in the community.	L.N. Mutanda
80-001	Detection of enterotoxigenic <u>E.coli</u> from stool culture and environmental samples by hybridization with specific ³² _p labelled DNA probe.	S. Mosley M.I. Huq
Pilot	Environmental studies on vibrios.	M.I. Huq R. Colwell
Review	Surveillance of causes of diarrhoea in Dacca population.	B. Stoll M.U. Khan
Planned	Studies on campylobacter	R. Glass M.I. Huq
Planned	Methods for detection of enterotoxigenic <u>E.coli</u> .	M.I. Huq S. Falkow
Planned	Viral agents in diarrhoea.	L.N. Mutanda
Planned	<u>Yersinia enterocolitica</u> .	

WORKING GROUP IV: NUTRITION

77-030	Gastric acid in malnutrition.	R. Gilman *
78-010	Classification of energy-protein malnutrition by anthropometry and its usefulness in prognosticating subsequent risk of morbidity and mortality.	A.K.M.A. Chowdhury L.C. Chen
78-012	Detection of α_1 antitrypsin in studying the gastrointestinal protein loss in diarrhoea and dysentery.	M.A. Wahed
78-014	Diarrhoea and growth study.	R. Glass R. Black
78-018	Intrafamily food distribution and feeding practices.	L.C. Chen
78-020	A comparative study of anthropometric nutritional indices.	R. Bairagi
78-026	Absorption of foods during attack of diarrhoea in children.	A.M. Molla
78-027	Promotion of food intake among children with acute diarrhoea.	L.C. Chen
79-010	Absorption of vitamin A and zinc status in diarrhoea of different etiology.	A. Molla M. Molla

WORKING GROUP V: COMMUNITY SERVICES RESEARCH

77-027	Determinants of natural fertility (Birth interval dynamics).	A.K.M.A Chowdhury
78-001	Demographic surveillance system, Teknaf and Matlab.	S. D'Souza M.M. Rahaman
78-007	Sex socialization and philosophies of life in relation to fertility behaviour: an anthropological approach.	K.M.A. Aziz
78-011	Matlab MCH-FP Program	J. Philips
78-024	Community training and outreach program on diarrhoea management and related health education at Chandpur subdivision.	A.S.M.M. Rahman
78-025	Oral therapy field trial	Md. Yunus J. Chakraborty
79-005	Birth interval dynamics.	S. Becker
79-014	Effects of reporting errors in retrospective survey data on indirect estimates of fertility and mortality using vital registration data from Matlab, Bangladesh.	S. Becker

APPENDIX

ICDDR,B PUBLICATIONS AND SCIENTIFIC
PRESENTATIONS

October 1978 - December 1979

DRAFT

As of 31st January 1980

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5b/BI/FEB. 80

WORKING PAPER

RECRUITMENT OF STAFF

WORKING PAPER
RECRUITMENT OF STAFF

During the evolution from CRL to ICDDR,B (1977-1980), there has been a strong critical mass of scientists who also have had significant leadership roles. Consonant with the mandate of CRL, many of the expatriates were Americans. Their skills were well distributed among the program areas and disciplines:

Table 1

Scientific Working Group Membership
(Prior to July 1979)

<u>Host Defense</u>	<u>Country</u>	<u>Discipline</u>
* David Sack (Leader)	U.S.A.	Clinical, Immunology
K.A. Al-Mahmud	Bangladesh	Veterinarian
<u>Pathogenesis-Therapy</u>		
+ W. B. Greenough (Leader)	U.S.A.	Clinical, Infectious Diseases
A.M. Molla	Bangladesh	Clinical, Ped. Gastroent.
R. Islam	Bangladesh	Clinical
Md. Yunus	Bangladesh	Clinical
B. Seaton	U.K.	Biochemistry
* R. Gilman	U.S.A.	Clinical parasitology
<u>Disease Transmission</u>		
* M. Merson (Leader)	U.S.A.	Epidemiology
* R. Black	U.S.A.	Epidemiology
M.U. Khan	Bangladesh	Epidemiology
M. I. Huq	Bangladesh	Microbiology
* W. Spira	U.S.A.	Microbiology
<u>Nutrition</u>		
M.M. Rahaman	Bangladesh	Clinical, Nutrition
A. Molla	Bangladesh	Biochemistry
* K. Brown	U.S.A.	Clinical-Pediatrics

* Left or leaving by July, 1980

+ Moved to administrative role as Director when W.H. Mosley, M.D. left. .../2

<u>Community Services Research</u>	<u>Country</u>	<u>Discipline</u>
* L. Chen (Leader)	U.S.A.	Clinical Epidemiology
* S. Becker	U.S.A.	Demography
* S. Bhatia	India	Maternal Child Health
M. Rahman	Bangladesh	Sociology
K.M.A. Aziz	Bangladesh	Anthropology

It is apparent that a total of ten scientists, including 4 Working Group Leaders, have left or will be leaving by July, 1980. This represents an important loss of talent which had been associated with a period of very high productivity.

The current status of replacement of this loss of staff may be seen in Table 2. A summary of the turnover can be seen in figure 1.

Table 2

Scientific Working Groups
(Additions since July, 1979)

<u>Host Defense</u>	<u>Country</u>	<u>Discipline</u>
Shajahan Kabir	Bangladesh	Immunology
<u>Pathogenesis and Therapy</u>		
B. Stoll	U.S.A.	Clinical-Pediatrics
<u>Disease Transmission</u>		
R. Glass	U.S.A.	Epidemiology
L.N. Mutanda	Uganda	Microbiology
<u>Nutrition</u>		
	NONE	
<u>Community Services Research</u>		
S. D'Souza (Leader)	India	Demography/Biostatistics
J. Phillips	U.S.A.	Demography
A. Chowdhury	Bangladesh	Demography

* Left or leaving by July, 1980

+ Moved to administrative role as Director when W.H. Mosley, M.D. left.

The trend has been toward a more even distribution of talent with respect to nationality. In addition, bright younger scientists who are Bangladeshi have been attracted to the Centre. However, there has not been sufficient replacement of leadership positions. This is the single-most important challenge now facing the Centre.

We are now advertising for the positions listed in the attached draft advertisement. In addition, we have had expressions of interest from several very able individuals which will need to be pursued vigorously. The most urgent decision involves a senior scientist who is also a candidate for Directorship of the Centre, Dr. Selwyn Baker. He has expressed willingness to join in 1980 in a position of scientific leadership.

In order to recruit top scientific ability to leadership positions, it may be necessary to exceed the WHO international scale guidelines. I shall inform the Board specifically when this will be necessary and request their understanding in light of the urgency of the requirement.

ADVERTISEMENT

The International Centre for Diarrhoeal Disease Research, Bangladesh, is an international institution established in Dacca, Bangladesh to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view to developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries.

To provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration with national and international institutions, but not to include conferring of academic degrees.

Senior Scientist (equivalent to Professor) to be responsible for developing and carrying out a program with a team of younger scientists in the areas listed below:

- Program to study the pathogenesis and therapy of diarrhoeal diseases - strong clinical skills in internal medicine/ pediatrics with a collateral knowledge of physiology/ biochemistry/microbiology/infectious diseases/gastroenterology required.

- Program to study host defense in diarrhoea - strong clinical skills in medicine/pediatrics with deep collateral knowledge in immunology required.
- Program to study disease transmission in diarrhoea - strong epidemiologic skills with excellent knowledge of infectious disease particularly enteric required.
- Program to study nutrition as related to diarrhoea - strong clinical/epidemiology skills, with a depth of experience in nutrition as related to infection desired.
- Training program in aspects of diarrhoea prevention and therapy - a highly experienced educator with full knowledge of development of curriculum and familiarity with use of field work as an important educational device.

The individual selected would be responsible for the scientific group and supporting facilities and would relate in these responsibilities to the Director.

Compensation will be according to WHO guidelines but special obligations in country of origin may be negotiated.

Applications should be sent to the Director, ICDDR, B, G.P.O. 128
Dacca, Bangladesh.

5c/BI/FEB. 80

WORKING PAPER ON
EXTERNAL SCIENTIFIC REVIEW

WORKING PAPER ON
EXTERNAL SCIENTIFIC REVIEW

It was felt that there would be merit in an early external review of the programs of ICDDR,B. Accordingly in consultation with the chairperson of the Board I have written to the following individuals to inquire as to their availability as reviewers:

<u>Person</u>	<u>Available</u>	<u>Discipline</u>	<u>Country</u>
Dr. G. Gopalan	Yes	Nutrition	India
Dr. K. Gyr	Yes?	Clinical Research Gastroenterology	Switzerland
Dr. M. Gracey	Yes	Clinical Research	Australia
Dr. A.S. Muller	Yes	Epidemiology Demography	Netherlands
Dr. D. Jelliffe	Yes	Nutrition	U.K.
Dr. R. Kuti	Yes	Pediatrics Community Services Research	Nigeria
Dr. D. Banarjee	No	Social Sciences	India
Dr. U.A.T. Batu	?	Generalist Health Services	Burma
Dr. H.J. Diesfeld	?	Tropical Medicine Parasitology	Germany
Dr. H. Fukumi	?	Microbiology	Japan
Dr. S.C. Pal	Yes	Diarrhoeal Diseases general	India
Dr. M. Sringalinghum	?	Demography	Indonesia
Dr. Mely Tan	No	Social Sciences	Indonesia
Dr. Raj Karim	?		Malaysia
Dr. N. Bhamarparwati	?	Immunology	Thailand

These names were selected from a larger list which is attached. Consideration was given to stature in the particular discipline and geographic distribution. The total size of the reviewing group was thought of as no more than 12 individuals with 8 being a minimum needed to cover the areas of expertise required.

In addition WHO has been asked to nominate 2 reviewers. They have selected Dr. D. Barua, Programme Manager of the WHO Diarrhoeal Diseases Control Programme and Dr. Bradley Sack.

In addition to participating in the overall review process these individuals will be responsible for reporting to WHO on the programmatic use of all funds channeled through WHO. This provides a simple direct mechanism for release of funds by WHO to ICDDR,B following a thorough review of all aspects of work.

The distribution of reviewers against the programme as defined by our Working Group is shown in the appended Table. It would appear that our review group is weak in the areas of host defense and community services research.

DISTRIBUTION OF REVIEWERS
BY PROGRAM

<u>Working Group</u>	<u>Reviewers</u>
Therapy	B. Sack M. Gracey D. Gyr
Defense	N. Bhamarparsati
Transmission	Barua S.C. Pal H. Fukumi
Nutrition	G. Gopalan D. Jelliffe
Community Services	R. Kuti A.S. Muller M. Sringalinghum
General Reviewers	U.A.T. Batu H.J. Diesfeld

TELEGRAM

TO BE CABLED:

TO ALL REVIEWERS:

THE BEST TIME FOR ICDDR, B PROGRAM REVIEW IS APRIL 1 to 5

PLEASE CABLE AVAILABILITY FOR THIS TIME STOP ONE WEEK

IN DACCA WILL BE SUFFICIENT PLAN ARRIVAL MARCH 30

DEPARTURE 6 APRIL

GREENOUGH

NAMES SUBMITTED FOR SCIENTIFIC REVIEW

Barbara Underwood, International Nutrition Program, MIT.
Dr. Joe Wray, Harvard School of Public Health.
Dr. R. Bradley Sack, Johns Hopkins University.
William Brass, London School of Tropical Medicine & Hygiene.
Donald McKay, Deputy Director, Ross Institute of Tropical
Medicine.
Professor Waterlow, London School of Hygiene, Nutritionist
Professor Orskov, Denmark, E.coli diarrhoeas.
Jack Caldwell, Australian National University, Demography.
Michael Gracey, Perth, Gastroenterologist.
Aaron Lechtig, Nutritional epidemiologist, INCAP
Sr. Srikantia, Director, Hyderabad Institute.
Dr. Pal, Calcutta Cholera Centre.
Dr. Masri Sringalingbum, Head, Population Centre at Gadja
Madra Med. University.
Dr. Loedin, Director of research for Health Ministry,
Indonesia.
Dr. Kayardi, Director, Nutrition Institute in Bogor in
Indonesia
Professor Derrick Rowley, University of Adelaide
Dr. Cutting, London School of Hygiene
Dr. Derrick Jelliffe, Head, Family Health and Planning UCLA
Roger Whitehead, Dunn Nutrition Unit at Cambridge
Ann Ashworth, Dunn Nutrition Unit at Cambridge
Dr. Sandra Huffman, Johns Hopkins University

Dr. Tord Holme, Stockholm

Michael Katz, Columbia University

Don Hopkins, CDC

George Curlin, NIH

Andre Nahmias, Emory University

Dr. Fazlur Rashid Khan, Professor and Chairman, Department of Sociology, University of Rajshahi, Rajshahi, Bangladesh.

Dr. S.A. Quadir, Director, The National Foundation for Research on Human Resources Development, 115/1, New Elephant Road (1st Floor) Dacca, Bangladesh

Dr. Ghulam Mohiuddin, Principal Scientific Officer, Jute Research Institute, Dacca.

Dr. Moin Shah, Dean, Institute of Medicine, Tribhuvan University, Nepal.

Dr. D. Banerjee, Jawaharlal Nehru University, New Delhi, India

Dr. Klaus Gyr, Gastroenterology Department, Kantospital, Basel Switzerland

Dr. Charles Sezi, Senior Consultant Physician, Mulago Teaching Hospital, Uganda

Philip Hauser, University of Chicago, Professor Emeritus of Sociology

Samuel Preston, Population Division, Department of Economic and Social Affairs, U.N.

Brig. Chowdhury, Army Pathology Laboratory for Microbiological Staff.

Dr. Kamaluddin Ahmed, Director, Institute of Nutrition and Food Science of Dacca University for Nutritional staff.

Dr. Mahmud Shah Qureshi, Professor, Institute of Bangladesh Studies, Rajshahi

Dr. Abram Benenson, USA

Dr. G.J. Bennett, Nairobi, UNICEF

Dr. Henry J. Binder, Professor Medicine, Yale

Dr. Philip S. Brachman, Director, Bureau of Epidemiology

Professor Hans Jochen Diesfeld, Sudasien Institute, Heidelberg

Dr. Arrado Dizon, Philippine Association of Colleges and
Universities

Professor Ephrem Eggermont, Kinder Klinick Gasthuisberg, Belgium

Dr. Anne Ferguson, Western General Hospital, Edinburgh

Dr. Stanley O. Foster, CDC, Bureau of Smallpox Eradication

Dr. Donald Fredrickson, Director, NIH

Dr. D. Carleton Gajdusek, Laboratory of Central Nervous System
Studies (NIH)

Dr. C. Gopalan, Nutrition Advisor, India

Dr. Robert S. Gordon, Special Assistant to Director, NIH

Dr. Gerald Keusch, Professor of Medicine, Tufts University

Dr. Alexander Langmuir, Retired

Professor Bertil Lindquist, Barnmedicinska Kliniken, Sweden

Professor A.H.G. Love, Royal Victoria Hospital, Belfast,
North Ireland

Professor A.S. McNeish, Leicester Royal Infirmary, Child Health
Department, U.K.

Dr. Toshi Miwatana, Research Institute for Microbial Diseases,
Japan

Professor Alexander S. Muller, Department of Tropical Medicine,
Netherlands

Dr. Nathaniel F. Pierce, Johns Hopkins University

Dr. Jean Rey, Hospital des Enfants-Malades, France

Dr. Irwin Rosenberg, University of Chicago

Dr. Lado Ruzicka, Department of Demography, Australian National
University

Dr. Nevin Scrimshaw, Head, Department of Nutrition and Food
Science, MIT

Dr. John R. Seal, Deputy Director, National Institute of Allergy
and Infectious Diseases

Dr. Yoshifumi Takeda, Research Institute for Microbial Diseases

Dr. K. Takeya, Dean, School of Medicine, Kyushu University

Professor Tytgat, Professor of Gastroenterology, Holland

Dr. Y. Watanabe, Ministry of Public Health, Kuwait

Dr. Yutaka Zinnaka, Department of Bacteriology, Japan

On list, not addressed for lack of sufficient information:

Dr. Juan Cravioto, Mexico, Nutritionist

Dr. Daniel Nathan or Nathans, perhaps Professor of Microbiology,
Johns Hopkins University

Dr. Denis Burkett, London School of Tropical Medicine

Dr. Clarence Maloney,

Dr. K.T. Hussain, Professor and Chairman, Department of Economics,
University of Dacca

Dr. Ralph Nicholas, Professor of Anthropology, University of
Chicago

Dr. Peter J. Bertocci, Associate Professor, Oakland University

Dr. John E. Owen, Professor of Sociology, University of Arizona
State

Professor Joanna Kirkpatrick, Professor of Anthropology, Bennington
College

Dr. D.P. Mukherjee, Head of School of Anthropology, Anthropologi-
cal Survey of India

Dr. Syed Waliulla, Director, National Institute for Population
Research and Training, Government of Bangladesh

Dr. Arnold Monto, University of Michigan, Epidemiology.

5d/BT/FEB. 80

WORLD HEALTH ORGANIZATION

DIARRHOEAL DISEASES CONTROL PROGRAMME

WORLD HEALTH ORGANIZATION

DIARRHOEAL DISEASES CONTROL PROGRAMME

REPORT ON GLOBAL ACTIVITIES 1978 - 1979

1. INTRODUCTION

The mandate from Member States for establishment of the Diarrhoeal Diseases Control Programme was expressed in resolution WHA31.44 at the Thirty-first World Health Assembly in May 1978.¹ This resolution requested the Director-General to "intensify involvement of Member States in the development of a plan of action for an expanded programme of diarrhoeal diseases control ...", and specifically, "to promote technical cooperation with and among Member States in programme formulation, implementation and evaluation, and in training health workers at different levels; and to accord high priority to research activities for the further development of simple, effective and inexpensive methods of treatment, prevention and control ...".

In May 1978 the Organization convened a Technical Advisory Group on Programme Development for Diarrhoeal Diseases Control,² which reviewed available knowledge and strategies and recommended objectives, strategies, and research priorities for the Programme.

This document summarizes the activities that have been undertaken in the Diarrhoeal Diseases Control (CDD) Programme globally from May 1978 to 31 December 1979. The activities are presented according to the two components of the Programme - the implementation component, which is concerned with the incorporation of existing knowledge on the treatment and prevention of diarrhoeal diseases into national primary health care programmes with the objective of decreasing diarrhoeal diseases mortality and morbidity, and the research component, under which support will be given to operational (field) and basic (laboratory-oriented) research to determine the best means of applying new knowledge and to develop new tools for prevention and treatment. A summary of the global activities is given in Table 1. Additional information is presented in the Medium Term Programme.³

2. GLOBAL ACTIVITIES - IMPLEMENTATION COMPONENT

2.1 National programme development

The global activities under the implementation component of the Programme have been mainly concerned with supporting and coordinating national and regional activities in the planning and implementation of national CDD programmes. During the period under review, four of the regional offices

¹ Programme on diarrhoeal diseases control, resolution WHA31.44 (24 May 1978). Handbook of Resolutions and Decisions of the World Health Assembly and the Executive Board, Volume II, 3rd ed. (1973-1978), 1979, p.64.

² Development of a Programme for Diarrhoeal Diseases Control - Report of an Advisory Group. Unpublished document WHO/DDC/78.1 (1978).

³ Diarrhoeal Diseases Control (CDD) Programme - Global Medium Term Programme (1978-1983).

(Regional Office for the Americas, Regional Office for the Eastern Mediterranean, Regional Office for South-East Asia, Regional Office for the Western Pacific) convened meetings of senior national public health administrators and scientists to discuss national plans for the development of CDD programmes and to determine how WHO could best offer technical cooperation to these programmes. In the African Region, a questionnaire survey was undertaken to determine the interest and desire of countries for technical cooperation in the development of national CDD programmes. In the European Region, a consultant visited countries where the problem of diarrhoeal diseases is greatest to stimulate planning for the development of national CDD programmes.

While there is hardly any developing country that is not employing some of the CDD strategies, it can be said that the above meetings¹⁻⁵ and activities have helped to stimulate some 60-70 countries to consider developing plans of operations for national CDD programmes as an integral part of primary health care. For the most part, these programmes are to be undertaken using a multidisciplinary approach following the strategies recommended by the Programme's First Global Advisory Group.

A meeting was also held at the International Children's Centre in Paris, at which research findings were reviewed, opinions were exchanged, and the strategies and activities of the WHO CDD Programme were discussed.

Plans were initiated for the development of a newsletter that would present important information related to the implementation of national CDD programmes and serve as a forum for an exchange of information on Programme activities. A proposal for the publication and distribution of the newsletter is being prepared by the Appropriate Resources for Health and Technology Group (AHRTAG) in London.

During the period, WHO participated in a number of meetings and forums in which the CDD Programme strategies were discussed. Two of these were the International Conference on Infant Nutrition and Diarrhoeal Disease, held in Malaysia in November 1979, and the Third World Congress of Pediatrics in Bangkok in November 1979. At both meetings extensive discussions were held with many paediatricians about the use of the WHO-recommended oral rehydration solution (ORS) in infants.⁶

¹ Inter-country Consultative Meeting to Develop a Regional Programme for Diarrhoeal Diseases Services and Research, Rangoon, Burma. Unpublished document SEA/RES/12 - SEA/DD/6 (1979).

² Regional Programme on Diarrhoeal-Disease Services and Research. Report on an Inter-country Consultative Meeting. Unpublished document SEA/DD/8 (1979).

³ Report of the Western Pacific Regional Planning Meeting on Diarrhoeal Diseases, Control. Unpublished document ICP/BVD/OO9 (1979).

⁴ Regional Scientific Working Group Meeting on Diarrhoeal Disease Control. Unpublished document EM/MCH/139 - EM/DIARR.DIS./7 - EM/SC.WG.MTG.DDC/9 (1979).

⁵ Report of the Multidisciplinary Study Group on Acute Diarrhoeal Diseases. PASB unpublished document CE82/18 (1979).

⁶ Recent advances in oral rehydration therapy. Report prepared for the Second Technical Advisory Group (1980).

2.2 Training

A major effort has been launched in the area of training. The various materials and activities under development have been summarized elsewhere.¹ In general, these include a management training course and operations manual designed primarily to strengthen country programmes, especially in the areas of planning and evaluation, and technical training materials concerned with such diverse areas as treatment and prevention of diarrhoeal diseases, laboratory diagnosis of the enteric pathogens, and guidelines for control of cholera epidemics. It is anticipated that some of these materials will need to be adapted to fit local needs.

In addition, with the support of UNDP, regional institutions are being strengthened in Asia (including the Eastern Mediterranean, South-East Asia, and Western Pacific Regions) to provide a nucleus of regional and sub-regional training centres to support national CDD programmes.² The institutions to be supported under this project will be selected shortly.

2.3 Logistics

One of the major constraints in the development of national CDD activities has been obtaining an adequate supply of pre-packaged ORS. Accordingly, a joint UNICEF/WHO effort was undertaken to meet national needs. This included a joint UNICEF/WHO Consultation on the National Production, Packaging and Distribution of Oral Rehydration Salts (ORS) in January 1979, the report³ of which provided a background for the development of Guidelines for Local ORS Production, which will be available shortly. Discussions were also held at the meeting of the UNICEF/WHO Joint Committee on Health Policy in Geneva in January 1979⁴ and later in November 1979 at the UNICEF Regional Directors' Meeting in New York,⁵ at which UNICEF reiterated its support at the country level to assist governments in obtaining and, where appropriate, producing ORS locally. In June 1979, a joint WHO/UNICEF consultant joined the CDD Programme to coordinate the activities of the two agencies in this area. This consultant helped to develop the guidelines for ORS production described above, and made an extended field trip to countries in three regions (Africa, South-East Asia and Western Pacific) to review national and UNICEF plans for ORS production.

3. GLOBAL ACTIVITIES - RESEARCH COMPONENT

3.1 Scientific Working Groups and Scientific Working Sub-Groups

The major global activity in this period has been the convening of Scientific Working Groups (SWGs) and Sub-Groups (SWSGs) to review available knowledge and recommend research priorities that should be supported by the CDD Programme. As indicated in Table 1, Scientific Working Groups were

¹ Training activities. Report prepared for the Second Technical Advisory Group (1980).

² Diarrhoeal Diseases Control Programme - Regional support for training. UNDP Regional Project Document (1979).

³ Unpublished WHO document ATH/79.1 (1979).

⁴ Diarrhoeal Diseases Control Programme. Unpublished WHO document JC22/UNICEF-WHO/79.8 (1979).

⁵ Discussion paper on the Oral Rehydration Therapy Component. Paper prepared for meeting of UNICEF Regional Directors for strengthening UNICEF collaboration in CDD programme implementation, New York, November 1979.

convened in the areas of:

- Immunity and Vaccine Development¹
- Clinical Management of Acute Diarrhoea²
- Child Care Practices Related to Diarrhoeal Diseases³
- Environmental Health and Diarrhoeal Disease Prevention⁴

In the area of Epidemiology and Etiology of Diarrhoeal Diseases, because of the large variety of diarrhoeal pathogens, four smaller sub-groups rather than one large group were convened in the areas of:

- Escherichia coli Diarrhoea⁵
- Rotavirus and other Viral Diarrhoeas⁶
- Cholera and other Vibrio-associated Diarrhoeas⁷
- Enteric Infections due to Campylobacter, Yersinia, Salmonella and Shigella⁸

A fifth sub-group on Parasite-related Diarrhoeas will be convened in March 1980. A brief summary of the material in the available reports is provided in the Report of the Sub-Committee on Research in Diarrhoeal Diseases of the Global Advisory Committee on Medical Research (GACMR).⁹

During the same period, a number of meetings were convened by the Regional Offices, at which the regional research priorities were defined; these are also summarized in the ACMR Sub-Committee Report.⁹

3.2 Management plans

As it was felt to be important that the CDD Programme should have a plan for management of the research component that utilized the entire structure and expertise of WHO and was responsive to the needs of country health

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- 1 Unpublished document WHO/DDC/78.2 (1978).
 - 2 " " WHO/DDC/79.3 (1979).
 - 3 " " WHO/DDC/79.4 (1979).
 - 4 " " WHO/DDC/80.5 (1980).
 - 5 " " WHO/DDC/EPE/79.1 (1979).
 - 6 " " WHO/DDC/EPE/79.2 (1979).
 - 7 " " WHO/DDC/EPE/80.3 (1980).
 - 8 " " WHO/DDC/EPE/80.4 (1980) - in preparation.
 - 9 " " ACMR/CDD.1/79 Report (1979).

programmes, many discussions and consultations were held in the formulation of this plan. These included discussions with: the GACMR Sub-Committee on Research in Diarrhoeal Diseases in September 1979, the GACMR and Regional Advisers on Research Promotion and Development at the annual GACMR meeting in November 1979, national staff responsible for research activities,¹ and representatives from UNDP and the World Bank.² A document outlining the plans for management of the research component has been prepared.³

3.3 Research activities

In 1979, support was provided to six research projects from the limited regular budget funds. In addition, continuing support was given to the six Global Collaborating Centres of the Programme, which play an important role as international reference centres (Table 2) for epidemiological and laboratory research and vaccine development. The procedures for designating the International Centre for Diarrhoeal Disease Research, Bangladesh, as a collaborating centre were also initiated.

In July 1979, UNDP, in collaboration with the World Bank, accorded support to the CDD Programme under a 5-year project for research in vaccine and drug development and related epidemiological research.⁴ This project also strengthens collaborative research efforts between the CDD Programme and the International Centre for Diarrhoeal Disease Research, Bangladesh, which is receiving support under this contract. In line with this project, discussions were also initiated with members of the pharmaceutical industry to stimulate their interest in the Programme.

4. RESOURCES

During the period, a number of discussions were held with international organizations (i.e., UNICEF+ UNDP, World Bank, UNIDO) and bilateral agencies to explore their support for the Programme.

Initial support for the development of the Programme was received in 1978 from the United Kingdom and, as described above, support was obtained from UNDP for research (see section 3.3) and country training activities in Asia (see section 2.2). As mentioned above (see section 2.3), UNICEF continued to provide support for national CDD activities. Discussions are proceeding with other interested agencies to obtain additional support for the Programme.

¹ Meeting of National Medical Research Council Directors and Relevant Foci in Ministries, Sri Lanka, SEARO, report in preparation.

² Minutes of the UNDP/WHO/World Bank Standing Committee on the Vaccine and Drug Development Project of the CDD Programme, Geneva, 2 October 1979.

³ Plan for Management of Research Activities. Paper prepared for the Second Technical Advisory Group (1980).

⁴ Diarrhoeal Diseases Control Programme - Research in Vaccine and Drug Development. UNDP Global Project Document (1979).

5. CONCLUSIONS

In conclusion, the period May 1978-December 1979 was one in which initial efforts were made globally to cooperate with Member States in the preparation of plans for the implementation of national CDD programmes in the context of primary health care. Concurrently, efforts were made, especially in the areas of training and logistics, to provide support and meet the needs of these programmes. At the same time, prior to the undertaking of a comprehensive research programme, activities were undertaken at the global and regional levels to review available knowledge, to determine research priorities, and to establish a management scheme for the research component. Steps were also taken to attract the much needed financial support for the Programme.

TABLE 1. Outline of Global Activities, May 1978 - December 1979

<u>1978</u>	<u>Implementation</u>	<u>Research</u>
May	WHA Resolution 31.44 First Technical Advisory Group Meeting (Geneva)	
August		SWG on Immunity and Vaccine Development (Geneva)
October		SWG on Clinical Management of Acute Diarrhoea (New Delhi)
November	Consultant visits - EURO	
December	Regional Planning Meeting - SEARO (Rangoon) Initiation of questionnaire survey on national diarrhoeal diseases control activities - AFRO	
<u>1979</u>		
January	Regional Meeting on Control of Cholera and Enteric Diseases - WPRO (Suva) WHO/UNICEF Consultation on National Production, Packaging and Distribution of Oral Rehydration Salts (Bangkok) Meeting of UNICEF/WHO Joint Committee on Health Policy (Geneva)	SWSG on <u>E. coli</u> Diarrhoea (Copenhagen)
February		Planning Meeting with UNDP/World Bank on Vaccine and Drug Development Project (Geneva)
March		SWSG on Rotavirus and other Viral Diarrhoeas (Washington, D.C.)
April		SWG on Child Care Practices Related to Diarrhoeal Diseases (Geneva)
June	Regional Planning Meetings - WPRO (Manila) - SEARO (Delhi) - EMRO (Amman) - AMRO (Washington, D.C.)	
		Seminar on Acute Diarrhoeal Diseases at International Children's Centre (Paris)

TABLE 1. Outline of Global Activities, May 1978 - December 1979 (continued)

1979

July		<p>UNDP/World Bank Vaccine and Drug Development Project initiated</p> <p>SWG on Environmental Health and Diarrhoeal Disease Prevention (Kuala Lumpur)</p>
September		<p>Meeting of GACMR Sub-Committee on Research in Diarrhoeal Diseases (Atlanta)</p> <p>SWSG Meeting on Cholera and other Vibrio-associated Diarrhoeas (Geneva)</p>
October	<p>Regional Planning Meeting - AMRO (Lima)</p>	<p>Meeting of UNDP/World Bank/WHO Standing Committee on Vaccine and Drug Development Project (Geneva)</p>
November	<p>UNDP Project to develop regional and sub-regional training centres initiated (Asia)</p>	<p>SWSG on Enteric Infections due to <u>Campylobacter</u>, <u>Yersinia</u>, <u>Salmonella</u> and <u>Shigella</u> (Geneva)</p>
	<p>Participation in Meeting of UNICEF Regional Directors (New York)</p>	<p>Presentation at GACMR Meeting (Geneva)</p>
	<p>Participation in International Conference on Infant Nutrition and Diarrhoeal Diseases (Kuala Lumpur)</p>	
	<p>Participation in Third Asian Congress of Paediatrics (Bangkok)</p>	
December	<p>Development of newsletter initiated (United Kingdom)</p> <p>Initiation of feasibility study to select regional and sub-regional training centres in Asia.</p>	<p>Participation in Regional Meeting of National Medical Research Council Directors and Relevant Foci in Ministries (Colombo)</p>

TABLE 2. CDD Programme Collaborating Centres

- WHO Collaborating Centre for Reference and Research on Shigella, Center for Disease Control, Atlanta, Georgia, USA
- WHO Collaborating Centre for Reference and Research on Bacterial Vaccines, "Human" Institute for Serobacteriological Production and Research, Budapest, Hungary
- WHO Collaborating Centre for Reference and Research on Vibrios, National Institute of Cholera and Enteric Diseases (Indian Council of Medical Research), Calcutta, India
- WHO Collaborating Centre for Reference and Research on Escherichia, Statens Seruminstitut, Copenhagen, Denmark
- WHO Collaborating Centre for Phage-typing and Resistance of Enterobacteria, Central Public Health Laboratory, London, United Kingdom
- WHO Collaborating Centre for Reference and Research on Salmonella, Pasteur Institute, Paris, France

The functions of these centres include:

- Standardization of methods, terminology, diagnostic procedures, biological substances, reference strains, etc;
- Storage and distribution of standard strains;
- Development of new methods and techniques; clinical trials;
- Collection, processing, and analysis of data;
- Provision of technical advice to WHO and Member States;
- Research training in specific areas;
- Coordination of collaborative studies;
- Publication and dissemination of information.

TRAINING ACTIVITIES

In recognition of the fact that skilled manpower is a necessity for the successful development of national diarrhoeal diseases control (CDD) programmes, the training of national staff at all levels is being given priority attention. This document describes the training activities that are being undertaken at present, which include: a course in programme management, the establishment of regional training centres, and the preparation and distribution of training materials.

1. PROGRAMME MANAGEMENT COURSE

During the development phase of the Programme, as national health administrations have begun to implement CDD activities, it has become clear that management systems, including planning, operations, and evaluation, may be the most important elements determining the success of national CDD programmes. This course will stress the importance of the use of management as well as technical skills by senior level country staff in carrying out their responsibilities. The necessity of integrating CDD programmes as one of the basic elements in national primary health care systems is emphasized. Using an innovative training methodology, the course will include an introduction and seven modules, which have the following content:

- 1.1 Introduction - The importance of diarrhoeal diseases as one of the major causes of childhood mortality in developing countries, the basic strategies to be considered in carrying out control activities, and the training methodology to be used.
- 1.2 Establishing objectives - Methods for realistically estimating the impact of the programme in reducing morbidity and mortality.
- 1.3 Deciding on delivery systems - Comparing the effectiveness of each of the different ways of delivering services and determining the most appropriate combination of systems. Possible delivery systems should include: (i) village-based primary health care systems, staffed primarily by resident village health workers; (ii) health centre or treatment facility systems, staffed by fulltime health workers; (iii) a peripheral or outreach system, in which health centre workers intermittently visit outlying villages; and (iv) the commercial sector.
- 1.4 Determining targets - Determining measurable targets for the CDD strategies, using the delivery systems decided upon. Targets include both access (the extent to which a service is available) and coverage (the extent to which the service is actually delivered).

- 1.5 Planning logistics - Determining types, quantities, sources, and mechanisms of obtaining supplies, distributing them from central to delivery levels, and monitoring inventory and quality.
- 1.6 Controlling epidemics - Preparing for epidemics, promptly detecting their occurrence, applying appropriate control measures, and performing epidemiological investigations.
- 1.7 Evaluating programme achievement - Assessing the extent to which targets and objectives have been achieved, and monitoring and evaluating critical aspects of programme operations and performance.
- 1.8 Solving problems - Identifying the occurrence of significant operational problems and their causes, and developing appropriate solutions.

The course is being developed in collaboration with the Center for Disease Control, Atlanta, GA, USA. It is expected that the course will be field tested in August 1980.

2. REGIONAL AND SUB-REGIONAL TRAINING CENTRES

While sound management is the central training concern at the present time, the necessity for staff to have accurate up-to-date technical knowledge is also recognized. Realizing the importance of decentralizing the development of training and the advisability of relying upon existing strengths in country and regional institutions, WHO is planning to identify and support regional and sub-regional training centres. These centres can be called upon to develop the requisite technical materials and courses to meet local needs. Strengthening of these institutions will also enhance their capability to conduct diarrhoeal disease research activities. The United Nations Development Programme (UNDP) has provided funds for the development of such centres in the Eastern Mediterranean, South-East Asia, and Western Pacific Regions during the period 1980-82. A study was initiated in December 1979 to identify suitable centres. It is hoped that similar centres will eventually be established in other regions.

2.1 The objectives of the centres will be (a) to develop training materials on technical aspects of diarrhoeal diseases control, (b) to design training courses, and (c) to conduct training courses. The staff for whom materials and courses will be developed include clinicians, epidemiologists, auxiliary health workers, village or community health workers, laboratory workers, and research fellows. Once established, these centres could serve as foci for training in a variety of other primary health care activities.

2.2 Examples of subjects for which materials and courses could be developed include:

- clinical management of diarrhoeal diseases (e.g., oral rehydration, dietetic management, etc.) in a village setting and in treatment facilities,
- simple laboratory techniques for identification of the etiological agents of acute diarrhoea,

- epidemiological investigation and surveillance of diarrhoeal diseases,
- designing of diarrhoeal disease research projects.

2.3 The centres will be strengthened through the provision of advisory services, supplementary training aids, biological materials including reagents and chemical essential equipment, and funds.

2.4 Priority will be given to the training of those who will in turn train national health workers in the implementation of CDD activities as an integral part of their overall responsibilities. The centres will also develop travelling seminars for provincial, district, and local staff.

2.5 Facilities will be made available at the centres for the development and dissemination of information bulletins, annotated bibliographies, MEDLARS literature searches, etc. on new advances in diarrhoeal disease control. These will be made available in the major languages of the region.

2.6 Fellowships will be awarded to scientists to enable them to visit other countries within and outside the region to acquire training under practical conditions. Particular encouragement will be given to the exchange of workers between countries within the region, in the context of Technical Cooperation among Developing Countries (TCDC); the training centres will form the focal points of these exchanges.

2.7 It is envisaged that the International Centre for Diarrhoeal Disease Research, Bangladesh, will play a pivotal role in the development of training programmes with the assistance of other WHO collaborating institutions.

3. TRAINING MATERIALS

In addition to the technical materials that will be developed by the regional centres, other training materials are being prepared by WHO. It is expected that these materials will be applicable for training throughout the global programme, though it is recognized that they will need to be adapted to meet local needs and conditions.

3.1 Manual of Operations - In conjunction with the development of the Programme Management Course (see section 1), a manual is being developed that will provide guidelines for country staff responsible for the planning, implementation, and evaluation of national CDD programmes. The manual will serve as the basic reference document for the course and thus will contain detailed information on operational activities such as: methods for conducting morbidity and mortality surveys and knowledge, attitude and practice surveys; methods for measuring access to and coverage of services; and approaches toward improving therapeutic and preventive practices related to diarrhoeal diseases control. The manual should be available by 1 August 1980.

3.2 Manual on Treatment and Prevention of Acute Diarrhoea for Physicians and Senior Health Workers - This manual will describe: the etiology, epidemiology and pathogenesis of the common etiological agents of diarrhoea; the principles and methods of treatment of acute diarrhoea, with emphasis on oral rehydration therapy; and simple health educational activities for the prevention of acute diarrhoea. The manual should be available by May 1980.

3.3 Manual on Treatment and Prevention of Acute Diarrhoea for Primary Health Care Workers - This manual will describe: the principal features of diarrhoea and dehydration and methods for recognizing cases requiring referral; the principles and methods of treatment of acute diarrhoea with oral rehydration at the village level; and simple health educational activities for the prevention of diarrhoea. The manual should be available by May 1980.

3.4 Diarrhoeal Diseases Compendium - The Compendium will provide, in summary form, accurate and up-to-date information on diarrhoeal diseases, including their clinical features and epidemiological characteristics, and methods of laboratory diagnosis and treatment. It is intended for use by a wide range of health workers in developing countries. The Compendium should be available by July 1980.

3.5 Guidelines for Control of Cholera Epidemics - The guidelines are being prepared for the use of national administrators and WHO staff and consultants concerned with the control of cholera epidemics. They will contain recommendations for control activities in pre-epidemic, epidemic, and post-epidemic situations, as well as background scientific information on the control strategies. The guidelines should be available by April 1980.

3.6 Laboratory Manual for Diagnosis of Acute Enteric Infections; Simplified Methods - The manual will contain information on diagnostic laboratory procedures for acute enteric infections that can be used in laboratories with limited resources and facilities. Procedures described will include: the collection and transport of stool specimens, the identification of enteric organisms, the storage of organisms, and the preparation of essential media and reagents. The manual should be available by September 1980.

3.7 Guidelines for Local Production of Oral Rehydration Salts (ORS) - These guidelines will provide essential information relating to the establishment of facilities for the production of prepackaged ORS, including alternative production technologies and the requirements for establishing such facilities. The guidelines are expected to stimulate and facilitate the local production of ORS in countries implementing national CDD activities. They should be available by March 1980.

The training materials listed above are considered to be the most important at the present stage of programme development. Additional material will be developed in subsequent years as the need arises in country CDD programmes, and as the results of research become available for practical application.

24 May 1978

PROGRAMME ON DIARRHOEAL DISEASES CONTROL

The Thirty-first World Health Assembly,

Concerned by the high rates of morbidity and mortality from acute diarrhoeal diseases, particularly in children;

Recognizing that diarrhoeal diseases constitute a serious socioeconomic and public health problem;

Aware of the recent advances in knowledge on different aspects of acute diarrhoeal diseases, particularly the progress made towards the application of simplified and effective methods of diagnosis, treatment, including rehydration, and control;

Recalling the commitments made by Member States in various forums towards the control of these diseases;

Endorsing the priority accorded to this problem in the WHO Sixth General Programme of Work;

Noting with satisfaction the actions already taken by the Organization at the country, regional and global levels, with a view to launching a major attack on diarrhoeal diseases;¹

Conscious that the application of simple and effective measures for prevention and control of diarrhoeal diseases would constitute an important element in increasing the effectiveness and acceptability of primary health care services;

Bearing in mind the importance of proper nutrition for the prevention of diarrhoea and its complications, especially in infants and young children, as stressed in resolution WHA31.47;

1. URGES Member States to identify diarrhoeal diseases as a major priority area for action, and to apply known effective measures for the management and control of diarrhoeal diseases in the primary health care context;
2. REQUESTS the Director-General:
 - (i) to intensify involvement of Member States in the development of a plan of action for an expanded programme on diarrhoeal diseases control and to collaborate with Member States in the development of the Programme at country level, with particular reference to its integration into present or future development activities in health and other fields;
 - (ii) to promote technical cooperation with and among Member States in programme formulation, implementation and evaluation, and in training health workers at different levels;
 - (iii) to accord high priority to research activities for the further development of simple, effective and inexpensive methods of treatment, prevention and control of diarrhoeal diseases in areas having varying kinds of health service facilities;
3. EXPRESSES appreciation to UNICEF for the support already given to action against diarrhoeal diseases and for its continued cooperation;

**THE WHO DIARRHOEAL DISEASES CONTROL
PROGRAMME**

**LE PROGRAMME OMS DE LUTTE CONTRE
LES MALADIES DIARRHÉIQUES**

etiological agents in about 65% of diarrhoeas, which is a reversal of the situation prevailing a few years ago when 80% of cases remained etiologically undiagnosed and were called "acute undifferentiated diarrhoeas"; (2) the understanding of the pathogenesis of most of the acute diarrhoeas has offered new possibilities for developing better methods of treatment and prevention, including the development of vaccines; (3) the finding that "travellers' diarrhoea" is in large part due to enterotoxigenic *E. coli* has raised the possibility of developing prophylactic measures and an immunizing agent; (4) it has been shown that, except in the extremely severe cases, dehydration in all diarrhoeas, whatever their etiology, can be safely and effectively treated and prevented, in all age groups, by the simple method of oral rehydration with a single solution containing glucose (or sucrose) and salts; in addition, early oral rehydration along with proper feeding practices has been found to contribute to better weight gain in children and thus to reduce the ill effects of diarrhoea on nutritional status.

Development of a WHO Programme for Diarrhoeal Diseases Control

Recognizing the magnitude and seriousness of the problem and the significance of the various technological advances that have been made during recent years, and in response to the concern expressed by its Member States in various forums, the World Health Organization has recently undertaken to expand its multidisciplinary activities in this field in the form of a priority Programme for Diarrhoeal Diseases Control (DDC).

In May 1978, a WHO Technical Advisory Group reviewed the extent of the problem, the recent advances in knowledge and the current WHO activities in the field of diarrhoeal diseases, and recommended appropriate strategies for the Programme to meet its short and long-term objectives. The immediate or short-term objective is to reduce mortality and diarrhoea-related malnutrition in children by means of oral rehydration therapy as a primary health care activity and to promote research to develop improved tools and strategies. The long-term objective is to reduce morbidity due to diarrhoeal diseases by the improvement of child care practices, epidemiological surveillance, and the provision of simple excreta disposal and water supply facilities together with activities to encourage their acceptance, maintenance and utilization. Health education should constitute an integral part of each of the above strategies.

The WHO DDC Programme is thus composed of two major components: implementation and research, each of which will be supported by a training element for manpower development.

Implementation

The implementation component involves the development by Member States, with technical cooperation from WHO and UNICEF, of national DDC programmes as a part of their country health programmes and in the context of primary health care; collaboration with UNICEF was again discussed and emphasized in the UNICEF/WHO Joint Committee on Health Policy in Geneva, 29-31 January 1979. Foremost among the activities will be the provision of oral rehydration therapy, to be delivered not only in treatment facilities but also at the household level by the village health worker, the maternal and child care worker and by mothers, together with education of the mother on proper feeding practices during and after diarrhoeas. This strategy has been recognized as the most appropriate at the present time because of its practicability and immediate impact. Some 35 countries are already using oral rehydration, though not within the framework of a well-organized national programme. UNICEF is providing assistance in the local production of packages of glucose-electrolyte salts for oral rehydration; further recommendations have been made by a recent WHO/UNICEF Consultation (Bangkok, 23-26 January 1979) on the National Production, Packaging, and Distribution of Oral Rehydration Salts. The difficulty of providing a continuous supply of these pre-packaged salts has been identified as the most important constraint in the implementation of national programmes.

To accelerate the development of national programmes, regional planning meetings have been scheduled (South-East Asia Region: 18-22 December 1978, 18-23 June 1979; Western Pacific Region: 5-7 June 1979; Eastern Mediterranean Region: 11-14 June 1979;

rotavirus et *Escherichia coli* entérotoxigène — qui a permis d'identifier des agents étiologiques dans environ 65% des diarrhées — revêtement complet par rapport à la situation d'il y a encore quelques années où 80% des cas échappaient au diagnostic et se trouvaient classés dans la catégorie des « diarrhées aiguës non différenciées »; 2) l'élucidation de la pathogénèse de la plupart des diarrhées aiguës qui a ouvert de nouvelles possibilités pour l'amélioration du traitement et de la prévention et notamment la mise au point de vaccins; 3) l'observation du fait que la diarrhée des voyageurs est très souvent due à *E. coli* entérotoxigène a rendu possible la mise au point de mesures préventives et d'un agent d'immunisation; 4) la démonstration que dans toutes les diarrhées, sauf les plus graves, la déshydratation (quelle que soit son origine) peut être, dans tous les groupes d'âge, évitée et soignée de façon efficace et sans risque par la méthode simple de la réhydratation par voie orale utilisant une seule solution contenant du glucose (ou du saccharose) et des sels. En outre, on s'est aperçu que la réhydratation par voie orale entreprise le plus tôt possible et s'accompagnant d'un régime alimentaire judicieux contribuait à améliorer la prise de poids chez les enfants et réduisait ainsi les conséquences néfastes de la diarrhée sur l'état nutritionnel.

Élaboration d'un programme OMS de lutte contre les maladies diarrhéiques

Consciente de l'ampleur et de la gravité du problème ainsi que de la portée des différents progrès technologiques réalisés ces dernières années et pour répondre à la préoccupation manifestée par ses Etats Membres en différentes occasions, l'Organisation mondiale de la Santé a récemment entrepris d'étendre son action pluridisciplinaire dans ce domaine en créant un programme prioritaire de lutte contre les maladies diarrhéiques.

En mai 1978, un Groupe consultatif technique de l'OMS a d'abord examiné l'ampleur du problème ainsi que les progrès scientifiques récents et l'action menée actuellement par l'OMS dans le domaine des maladies diarrhéiques, puis recommandé des stratégies de nature à permettre au programme de réaliser ses objectifs à court et à long terme. L'objectif immédiat ou à court terme est de réduire la mortalité et la malnutrition liées à la diarrhée chez les enfants grâce à la réhydratation par voie orale pratiquée dans le cadre des soins de santé primaires et de promouvoir la recherche afin d'élaborer des stratégies et des moyens plus satisfaisants. L'objectif à long terme est de réduire la morbidité due aux maladies diarrhéiques en améliorant les soins donnés aux enfants et la surveillance épidémiologique ainsi qu'en mettant en place des moyens simples d'alimentation en eau et d'élimination des excréta tout en menant une action afin de favoriser leur acceptation, leur entretien et leur utilisation. L'éducation sanitaire doit être indissociable de chacune de ces stratégies.

Le programme OMS de lutte contre les maladies diarrhéiques se compose donc de deux grands éléments: mise en œuvre du programme et recherche, qui recevront l'un et l'autre l'appui d'un élément de formation permettant de se doter des moyens humains nécessaires.

Mise en œuvre du programme

La mise en œuvre du programme suppose l'élaboration par les Etats Membres, avec la collaboration technique de l'OMS et du FISE, de programmes nationaux de lutte entrepris dans le cadre des programmes nationaux de santé et dans l'optique des soins de santé primaires; la collaboration avec le FISE a été à nouveau discutée et s'est concrétisée lors de la réunion du Comité mixte FISE/OMS des Directives sanitaires qui s'est tenue à Genève du 29 au 31 janvier 1979. La réhydratation par voie orale figurera au premier plan des activités; elle sera pratiquée non seulement dans les centres de traitement mais également à domicile, par les agents sanitaires de village, les agents de santé maternelle et infantile et les mères de famille, et s'accompagnera d'une action visant à enseigner aux mères à nourrir correctement leurs enfants pendant et après la diarrhée. Cette stratégie est celle qui s'impose actuellement car elle est réalisable et produit des effets immédiats. Trente-cinq pays ont d'ores et déjà recours à la réhydratation par voie orale sans toutefois la pratiquer dans le cadre d'un programme national bien organisé. Le FISE offre une aide à la production locale de mélanges préemballés de glucose et de sels pour la réhydratation par voie orale; de nouvelles recommandations ont été formulées récemment à l'occasion d'une consultation OMS/FISE sur la production nationale, le conditionnement et la distribution des sels de réhydratation par voie orale (tenue à Bangkok du 23 au 26 janvier 1979). On a estimé que la difficulté d'assurer un approvisionnement constant en sels préemballés constituait le principal obstacle à la mise en œuvre des programmes nationaux.

Pour accélérer la mise en œuvre des programmes nationaux, des réunions de planification régionale sont organisées (Région de l'Asie du Sud-Est: 18-22 décembre 1978, 18-23 juin 1979; Région du Pacifique occidental: 5-7 juin 1979; Région de la Méditerranée

5e/BT/FEB.80

ETHICAL REVIEW COMMITTEE

ETHICAL REVIEW COMMITTEE

The Review Board on the Use of Human Subjects is now also functioning as the Ethical Review Committee in accordance with a decision made in the last meeting of the Board of Trustees and as confirmed in a meeting of the Review Board on the Use of Human Subjects on 10 July, 1979.

In accordance with the resolution passed in the last Board of Trustees meeting, a representative of WHO has been appointed to the Ethical Review Committee. Dr A. Zahra was contacted in this respect (with copies to WHO offices in New Delhi and Dacca) and Dr Z. Sestak, WHO Programme Coordinator in Dacca, was appointed to the Committee from September, 1979.

As requested in the last Board of Trustees meeting, the number of members from ICDDR,B has been reduced in relation to overall membership. As reported to the last meeting the number of members from ICDDR,B was 4 and from outside 5. The number from February, 1980 is 3 members from ICDDR,B and 9* members from outside. The list of members (details of bio-data and area of representation are available in the Chairman's office) is as follows:-

<u>From ICDDR,B</u>	Dr K.M.S. Aziz (Chairman)
	Dr M.M. Rahaman
	Dr B. Seaton
<u>From Outside</u>	Mr Md. Emdadullah (* resigned from 28/1/80)
	Dr Sufia Ahmad
	Dr Khaleda Banu
	Barrister K.Z. Alam
	Dr T.A. Chowdhury (BMRC representative)
	Mrs Husnara Kamal
	Dr Z. Sestak (WHO representative)
	Dr Humayun K.M.A. Hye
	Mrs Tahrunnesa Abdullah

In its meeting on 10 July, 1979, the Ethical Review Committee discussed the composition of the Committee. While discussing this matter the question was raised as to whether or not there should be an appropriate number of non-Bangladeshis on the Committee. The meeting decided that this should be referred to the Board of Trustees for consideration.

The 60th (September 1, 1979) issue of the "Cumulative List of Institutions which have established General Assurances of Compliance with HEW Regulations on Protection of Human Subjects" reflected the change in name from Cholera Research Laboratory to International Centre for Diarrhoeal Disease Research, Bangladesh.

5f/BT/FEB.80

WORKING PAPER ON PROGRAM COORDINATION COMMITTEE

WORKING PAPER ON PROGRAM COORDINATION COMMITTEE

Careful consideration was given to the composition of the Program Coordination Committee at my request by Drs. K.M.S. Aziz and M.M. Rahaman (Scientific and Deputy Directors ICDDR,B). They have discussed their proposal with the Director and the following recommendation has been made for consideration by the Board:

The composition will be

1. One individual from each of the scientific research councils
 - a) Medical Research
 - b) Agricultural Research
 - c) Nutrition Research
 - d) Population and/or Development Research
2. One Dean of Science/Bioscience from a University of Bangladesh.
3. One Head of one of the Health Institutes in Mohakhali of which ICDDR,B is a part.
4. One President from a professional science association in Bangladesh.

5h/BI/FEB. 80

REVIEW AND APPROVAL OF BUDGET FY 80-81

REVIEW AND APPROVAL OF BUDGET FY 80-81

INTRODUCTION

This report first outlines the FY 81 budget proposal. It further analyses the FY 81 budget in terms of expenditures both by object codes and by programs. A fourth section suggests the creation of a working reserve fund in an attempt to eliminate cash flow problems. The final section briefly indicates the amount available in FY 81 capital development fund and refers to a separate report which will be presented to the Board of Trustees.

1. FY 81 Budget Proposal

FY 81 budget proposal reflects the current level of operations in terms of the availability of funds and also indicates the fund requirement for the optimal level of operations. The FY 81 budget integrates these two components:

The first component is designated as program budget and is limited by the committed funds, assuming that the various Governments and aid giving agencies will make available \$ 4,788,400 during FY 81. This will allow the Centre to operate at a current level.

The second component is entitled the optimum program budget which includes the amount already shown in the first part of the budget plus an additional amount of \$ 800,000 adding to a total \$ 5,588,400.

The Centre requires from the Board of Trustees the mandate to operate the first component of the budget from July 1, 1980 and also the approval to raise the additional amount of \$ 800,000 to operate the optimal program budget should the additional funds become available.

a) Income

The anticipated recurring income from all known sources during FY 81 is estimated to be \$ 4,788,400 (refer to Annex A). This income is composed to cash contributions of \$ 4,241,000 and of in kind support estimated to be \$ 547,000. The in kind support estimates are mostly rental value of the ICDDR,B facilities in Dacca and Matlab to be provided by the Government of Bangladesh including utilities. The latter category also includes the financial support to be provided by the foreign Governments to the Scientists who are seconded by those organizations to perform research activities in the Centre.

The cash contributions comprise core funds from various donors totalling \$ 3,150,000 while the project funds, which are restricted to scientific projects, account for only \$ 1,091,400.

b) Expenditures

The Centre's total operating expenditure for FY 81 is estimated to balance the committed funds of \$ 4,788,400 (refer to Annex B). To achieve an optimal level of operation, the Centre will require an incremental expenditure of \$ 800,000 (refer to Annex C). The integration of estimated amount and incremental expenditures suggests an optimal program budget estimated at \$ 5,588,400 (refer to Annex D).

The following lists the object codes, presented category of expense, and a comparison between FY 80 and FY 81 budget prepared on the basis of the committed anticipated funds available:

	<u>FY 80</u> <u>Committed</u> \$	<u>FY 81</u> <u>Budget</u> \$	<u>Percentage</u> <u>increase</u>
11-Personnel Services	1,822,500	2,464,600	35.23
21-Travel & Transportation of Persons	305,820	368,700	20.56
22-Transportation of Things	143,590	175,900	22.50
23-Rent, Communication & Utilities	522,460	615,600	17.83
24-Printing & Reproduction	31,630	60,000	89.69
25-Other Contractual Services	238,150	267,600	12.37
26-Supplies & Material	631,000	530,800	(15.88)
31-Equipment	416,850	305,200	(26.78)
	<hr/>	<hr/>	
TOTAL:	4,111,500	4,788,400	

However, a comparison between FY 81 limited budget and FY 80 actual commitment presents a different picture due to the fact that the Centre could not perceive the budgeted amount and had to decrease its level of functioning by 12.76%. The following table underlines the difference in object codes between FY 80

commitment and FY 81 budget.

	FY 80 Commitment	FY 81 Budget	Percentage Increase/Decrease
11-Personnel Services	1,706,300	2,464,600	44.44
21-Travel & Transportation of Persons	210,900	368,700	74.82
22-Transportation of Things	88,500	175,900	98.76
23-Rent, Communication & Utilities	464,300	615,600	32.59
24-Printing & Reproduction	24,100	60,000	148.96
25-Other Contractual Services	131,300	267,600	103.81
26-Supplies & Materials	558,200	530,800	(4.91)
31-Equipment	462,500	305,200	(34.01)
TOTAL:	5,646,100	4,788,400	

2. Analysis of FY 81 Budget by Object Codes

Each of these above object codes are analysed hereunder:

a) 11-Personnel Services \$ 2,464,600

An increase of 35.23% over FY 80 budget and 44.44% over FY 80 actual commitment has been budgeted under this headline. In case additional funds materialize to obtain an optimal level of operation, then the total increase under this headline would be raised at 44.95% and 54.82% over FY 80 budget and FY 80 actual commitment, respectively.

The increase over FY 80 budget is explained by a 30% salary adjustment for local personnel at a comparable level to that of local personnel employed by the UN agencies in Bangladesh. This will cost \$ 346,000. The difference between FY 80 budget and actual commitment is \$ 116,200 due to delays in recruiting vacant positions. If additional funds are available to achieve an optimal level of operation, the Centre would employ 10 more Scientists costing \$ 177,100 under this category.

b) 21-Travel & Transportation of Persons \$ 368,700

FY 81 budget provisions under this headline are increased by 20.56% compared with FY 80 budget. If these budget provisions are compared with the actual commitment for FY 80, the increase calculated amounts to 74.82%. This expense item includes the international travel required by Scientists to attend scientific meetings, the assignment and termination travel of foreign scientists, the travel in connection with development activities and the travel incurred for the Board meetings. In addition, \$ 85,000 is provided for training activities.

In case additional funds would make it feasible to realize the optimal budget, the Centre would incur an expenditure of \$ 203,700 for travel related to the advancement of training activities, such as the organization of seminars, courses and group training activities. Of this total \$ 26,400 however, would be segregated for purposes of financing the assignment travel of new Scientists to be recruited.

c) 22-Transportation of Things \$ 175,900

A 22.50% increase over FY 80 budget and 98.76% over FY 80 actual commitment has been budgeted under this headline. This is mainly due to the transportation costs involved in moving the personal effects of Scientists completing their assignment during FY 81 and their replacement. In addition to the previous factor, the recent raises in freight charges imposed by the airlines and shipping companies have also contributed to the higher expenditure.

If additional funds become available to realise the optimal level of operation, the Centre would spend an additional amount of \$ 60,000 mainly to defray the transportation cost of personal goods for newly recruited Scientists, the total increase over FY 80 budget under this headline would reach 64.29%.

d) 23-Rent, Communication and Utilities \$ 615,600

Estimates of expenditure for FY 81 under this category are calculated at 17.83% higher than FY 80 budget and 32.59% higher than FY 80 actual commitment. This increase is necessary to account for rental adjustments on houses to provide housing facilities to the new Scientists recruited against existing vacancies, to offset higher cost of utilities, postage for international communications and cable charges etc.

In the eventuality of realizing the optimal budget, the Centre would spend an additional amount of \$ 44,400 to provide housing facilities to the additional Scientists in which case the total increase would reach 26.33% over FY 80 budget.

e) 24-Printing & Reproduction \$ 60,000

An 89.69% increase over FY 80 budget and 148.96% increase over FY 80 actual commitment is required under this category. This additional cost is necessary to offset the higher printing charges for the routine forms and reports utilized in the Centre.

This increase is further attributed to higher costs of reprints regarding the publications done by the Scientists in the international journals.

Should additional funding materialize to operate the optimal budget, the Centre would spend an additional amount of \$ 55,100 for printing of training materials in which case total increase would reach 263.89% over FY 80 budget.

f) 25-Other Contractual Services \$ 267,600

FY 81 budget provisions under this headline are increased by 12.37% as compared to FY 80 budget. When these provisions are compared with FY 80 actual commitment, the increase is calculated to reach 103.81%. This increase is required to offset higher maintenance costs of the office and scientific equipment, and to pay the increases of wage for workers to be employed for short-term projects. The advertisement cost in the local newspapers also accounts for the increase. It must be underlined that the maintenance service of the computer to be acquired is included in this category.

Should the Centre be in a position to operate the optimal budget it would expend an additional amount of \$ 171,200 mainly to pay the living expenses to the training participants involved in organizing national and regional workshops. Research support activities for Scientists are also included as part of the additional funding; therefore, the percentage increase over FY 80 budget reaches 84.25%.

g) 26-Supplies and Materials \$ 530,800

FY 81 expenditure estimates under this headline are decreased by 15.88% in relation to FY 80 budget provisions. When compared with FY 80 actual commitments, the decrease comes

to 4.91%. This reduction has been done as some of the supplies already ordered in a bulk during FY 80 are expected to be used in FY 81. However, should any additional amount be required, this will be arranged by shifting savings, if any, from the other headlines into this category keeping the grand total as same.

In a situation where additional funds may become a reality to operate the optimal budget, the Centre would spend an additional amount of \$ 61,600 for the supplies required to support the research activities generated by the newly appointed Scientists. In this case, the total decrease will come down to 6.12% when compared to FY 80 budget.

h) 31-Equipment \$ 305,200

A decrease of 26.78% in FY 81 budget is expected under this headline in relation to FY 80 budget provisions. When compared to FY 80 actual commitments, the difference comes to 34.01%. This reduced amount reflects the one time expense made to acquire a computer in FY 80. The Centre is in need of replacing some old equipment for which \$ 305,200 is requested.

If additional funding permits the realization of the optimal budget, the Centre could purchase equipment worth \$ 26,900 to support research activities generated by the newly appointed Scientists. The difference between FY 80 budget and FY 81 budget would decrease by 20.33%.

3. Analysis of FY 81 Budget by Programs

The expenditure estimates are studied by programs comparing FY 81 budget with FY 80 commitments and the information is provided hereunder:

a) Scientific Programs

1) Disease Transmission \$ 311,200

This program was a part of the amalgamated Transmission Defense Therapy in FY 80 budget estimates. Commitment made during the year under this combined programme has now been recast into three different programs (namely Disease Transmission, Pathogenesis and Therapy and Host Defense) for comparison purposes.

The following is the object classwise breakdown of FY 81 expenditure estimates compared with FY 80 actual commitment:

	<u>FY 80</u> <u>Commitment</u> \$	<u>FY 81</u> <u>Budget</u> \$
11-Personnel Services	168,000	194,100
21-Travel & Transportation of Persons	10,700	10,700
22-Transportation of Things	4,100	4,300
23-Rent, Communication & Utilities	8,800	49,400
24-Printing & Reproduction	3,150	4,400
25-Other Contractual Services	8,050	11,600
26-Supplies & Materials	20,800	22,000
31-Equipment	13,900	14,700
TOTAL:	<u>237,500</u>	<u>311,200</u>

The person-months required for scientists were 60 for FY 80 and FY 81. For support staff, 228 person-months were needed in FY 80 and 264 person-months will be necessary in FY 81.

2) Pathogenesis and Therapy \$194,400

This programme was also a part of Transmission Defense Therapy as shown in FY 80 budget presentation. FY 80 commitment shown under this section is also the result of recasting the commitment into three programs. The object classwise breakdown of FY 81 expenditure estimates compared with FY 80 commitment are as follows:

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	83,100	107,700
21-Travel & Transporttion of Persons	6,000	6,000
22-Transportation of Things	2,500	9,100
23-Rent,Communication & Utilities	5,400	25,600
24-Printing & Reproduction	1,900	4,000
25-Other Contractual Services	4,900	11,600
26-Supplies & Materials	16,900	17,400
31-Equipment	8,500	13,000
TOTAL:	<u>129,200</u>	<u>194,400</u>

The person-months required for scientists were 36 for FY 80 and 48 for FY 81. For support staff, 204 person-months were needed in FY 80 and 216 person-months will be necessary in FY 81.

c) Host Defense Therapy

\$202,000

In FY 80 budget, this programme was a part of Transmission Defense Therapy. FY 80 commitments under the old programme has been recast into three programmes and the proposed figures are shown below against the FY 81 expenditure estimates for comparison purposes:

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	110,700	129,700
21-Travel & Transportation of Persons	8,000	8,500
22-Transportation of Things	1,700	2,000
23-Rent, Communication & Utilities	5,700	17,600
24-Printing & Reproduction	2,100	2,100
25-Other Contractual Services	5,300	11,600
26-Supplies & Materials	20,200	21,800
31-Equipment	8,200	8,900
TOTAL:	<u>161,900</u>	<u>202,000</u>

The person-months required for scientists were 48 for FY 80 and also FY 81. For support staff 156 were needed in FY 80 and 192 person-months will be needed in FY 81.

d) Nutrition

\$ 186,100

The following is the object classwise breakdown of FY 81 expenditure estimates compared with the actual commitment made during FY 80.

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	96,800	125,400
21-Travel & Transportation of Persons	6,100	6,800
22-Transportation of Things	1,200	2,200
23-Rent, Communication & Utilities	7,800	8,700
24-Printing & Reproduction	2,200	3,400
25-Other Contractual Services	8,000	11,600
26-Supplies & Materials	19,900	21,600
31-Equipment	11,000	6,400
TOTAL:	<u>153,000</u>	<u>186,100</u>

The person-months required for scientists were 24 for FY 80 and FY 81. For support staff, 276 were needed in FY 80 and 312 person-months will be necessary in FY 81.

e) Community Services Research

\$ 703,800

The following is the object classewise breakdown of FY 81 expenditure estimates compared with the actual commitment made during FY 80:

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	205,500	281,700
21-Travel & Transportation of Persons	39,400	55,000
22-Transportation of Things	20,200	28,700
23-Rent, Communication & Utilities	34,800	39,400
24-Printing & Reproduction	6,900	10,800
25-Other Contractual Services	26,700	31,800
26-Supplies and Materials	198,600	220,700
31-Equipment	31,500	35,700
TOTAL:	<u>563,600</u>	<u>703,800</u>

The person-months required for scientists were 60 during FY 80 and 72 will be necessary in FY 81. For support staff, 2052 were needed in FY 80 and 2112 person-months will be necessary in FY 81.

f) Training Programme

\$ 335,200

The following is the object classwise breakdown of FY 81 expenditure estimates compared with the actual commitment made during FY 80:

	<u>FY80 Commitment</u> \$	<u>FY81 Budget</u> \$
11+Personnel Services	73,200	125,300
21-Travel & Transportation of Persons	15,500	87,400
22-Transportation of Things	1,000	1,300
23-Rent, Communication & Utilities	15,600	17,000
24-Printing & Reproduction	500	700
25-Other Contractual Services	12,200	45,100
26-Supplies & Materials	14,300	21,700
31-Equipment	26,500	36,700
TOTAL:	<u>158,800</u>	<u>335,200</u>

The person-months required for training staff were 52 in FY 80 and will be 72 person-months in FY 81. For support staff, 240 were necessary in FY 80 and 276 person-months will be necessary for FY 81.

9) Research Facilities

\$ 837,100

The following is the object classwise breakdown of expenditure estimates for maintenance of research facilities during FY 81 compared with the actual commitment made during FY 80:

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	396,800	642,100
21-Travel & Transportation of Persons	6,000	6,100
22-Transportation of Things	42,600	3,800
23-Rent, Communication & Utilities	5,000	16,200
24-Printing & Reproduction	4,550	19,900
25-Other Contractual Services	16,950	18,300
26-Supplies & Materials	126,900	89,700
31-Equipment	208,600	41,000
TOTAL:	<u>807,400</u>	<u>837,100</u>

Person-months required for Research Programmes in FY 80 were 3240. It will be necessary to have 3324 person-months for FY 81.

h) Maintenance and Logistics

\$ 830,700

The following is the FY 81 object classwise breakdown of expenditure estimates required to operate the maintenance and logistics support for the overall research programme compared with the actual commitment made during FY 80:

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	152,800	220,800
21-Travel, Transportation of Persons	2,100	6,000
22-Transportation of Things	4,000	16,200
23-Rent, Communication & Utilities	335,300	366,100
24-Printing & Reproduction	1,000	9,400
25-Other Contractual Services	8,600	10,200
26-Supplies & Materials	108,000	87,000
31-Equipment	151,700	115,000
TOTAL:	<u>763,500</u>	<u>830,700</u>

The person-months for maintenance and logistics were 1056 for FY 80 and it will be necessary to have 1068 person-months for FY 81 to support the overall research programmes.

i) Management

\$1,187,900

The following is the object classwise breakdown of expenditure estimates for the Management of the Centre during FY 81, compared with the actual commitment made during FY 80:

	<u>FY80</u> <u>Commitment</u> \$	<u>FY81</u> <u>Budget</u> \$
11-Personnel Services	419,400	637,800
21-Travel & Transportation of Persons	117,100	182,400
22-Transportation of Things	11,200	108,300
23-Rent, Communication & Utilities	45,900	75,600
24-Printing & Reproduction	1,800	5,300
25-Other Contractual Services	40,000	115,800
26-Supplies & Materials	32,600	28,900
31-Equipment	2,600	33,800
TOTAL:	<u>671,200</u>	<u>1,187,900</u>

Including senior management personnel, 1416 person-months are proposed to manage the affairs of the Centre during FY 81. During 1980 1380 person-months were available.

4. Working Reserve Fund

\$ 560,000

The Centre has realized that the contributing nations/agencies require two to three months to release their committed contributions. In order to maintain normal operation of the Centre during this

period, the Centre requires a working reserve fund with an initial amount of \$560,000 equivalent to 10% of the optimal budget. The Board of Trustees is required to authorize the Centre to raise this amount, in addition to \$800,000 requested for the operation of optimal budget.

5. Capital Development Fund.

A separate report is presented to the Board of Trustees in relation to the Capital Development Fund. In FY 81, an amount of \$500,000 will be available for construction purposes.



ICDDR,B

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE RESEARCH, BANGLADESH

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Cholera Research Laboratory

January 8, 1980

Dear

Accompanying this letter is a draft of the ICDDR,B FY80-81 budget. I am sending this out well in advance of the meeting since this represents the "bottom line" of the process of setting our program and priorities for the coming year.

The budget as projected in our Five Year Program Proposal (June 1979) indicated a requirement of 4.90 million dollars for FY80-81. As of January 1980 we have firm commitments of 4.78 million dollars (Annex A). We have made a Research and Training Program budget within the constraints of the actually committed funds (Annex B). This budget, however, will not be adequate for an optimal program which would likely utilize all the resources and facilities of the Centre.

In Annex C is displayed the incremental funds which must be acquired in order to achieved a full program. This added 800,000 dollars is a conservative estimate of what is actually required according to work which has been planned and can be accomplished by our scientific and training staff.

The "Optimum Programme Budget" is exhibited in Annex D. This gives a picture of how funds would be utilized combining the Budget Limited by a Committed Funds (Annex B) with the Incremental Budget (Annex C).

We will ask the Trustees to approve the "Programme Budget Limited by Committed Funds" (Annex B), we will also ask for consent to raise an additional 800,000 dollars with approval in principle to use the "Optimum Programme Budget" (Annex D) should the incremental funds become available.

It would be essential in our view to establish a working reserve in order to avoid problem related to cash flow. A reasonable initial figure for this fund would be 10% "Optimum Programme Budget" we feel a resolutions by the Board to establish to this working reserve is needed.

The programme and priorities have been established by a process involving first each working group independently. The overall balance of plans and priorities of each working group was set at a general meeting. The details of the research and training activities will be presented to you in, the review, planned in Dacca from February 5-6. As a general comment you will see that there is an equal emphasis among

-: 2 :-

all working groups excepting a larger commitment to the Community Services Research Working Group. Increased emphasis in the training extension area is also clearly shown. This represents progress toward practical application of the fruits of the more basic research. I plan to send a background working paper to you on these matters before the meeting.

A report based on six months review of the budget FY79-80 with a projection through June 1980 will be presented at the Board Meeting with comments on its implications about this year's programme.

We will also present a Capital Development Budget which will show the Centres' requirement of funds for construction of facilities.

Sincerely yours,



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

Encl: As stated

WBG/hr

ANNEX A

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

INCOME ESTIMATES FOR FY 81
(July 1, 1980 through June 30, 1981)

(IN US DOLLAR)

CONTRIBUTION

	<u>Total</u>	<u>Cash</u>	<u>In kind</u>
GRAND TOTAL (A + B) =====	4,788,400 =====	4,241,400 =====	547,000 =====
<u>A. CORE FUND Sub-Total</u>	<u>3,627,000</u>	<u>3,150,000</u>	<u>477,000</u>
Australia/ADAB	112,000	112,000	-
Bangladesh/Ministry of Health	398,000	56,000	342,000
Ford Foundation	200,000	200,000	-
USA/USAID	1,900,000	1,900,000	-
United Kingdom/ODM	255,000	220,000	35,000
USA/HEW-CDC	100,000	-	100,000
Switzerland	612,000	612,000	-
Miscellaneous Income*	50,000	50,000	-
<u>B. PROJECT FUND Sub-Total</u>	<u>1,161,400</u>	<u>1,091,400</u>	<u>70,000</u>
Matlab MCH-FP Action Project (UNFPA/DANIDA)	185,900	185,900	-
Demographic Surveillance and Operation Research (UNFPA)	484,500	414,500	70,000
Clinical Research (UNDP/WHO)	400,000	400,000	-
Teknaf Water/Sanitation Action Research (IDRC/Canada)	51,000	51,000	-
Sweden	40,000	40,000	-

*Sale proceeds and reimbursement for services rendered.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

SUBSIDIARY OF PROGRAMME BUDGET LIMITED BY COMMITTED FUNDS

FYS1 (JULY 1, 1980 THRU JUNE 30, 1981)

(IN US DOLLARS)

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	T O T A L
		11	21	22	23	24	25	26	31	
<u>GRAND TOTAL (A-E)</u>	<u>9,504^{1/}</u>	<u>2,464,600</u>	<u>368,700</u>	<u>175,900</u>	<u>615,600</u>	<u>60,000</u>	<u>267,600</u>	<u>530,800</u>	<u>305,200</u>	<u>4,788,400</u>
A. <u>RESEARCH PROGRAMME</u>	<u>3,348^{1/}</u>	<u>838,600</u>	<u>86,800</u>	<u>46,300</u>	<u>140,700</u>	<u>24,700</u>	<u>78,200</u>	<u>303,500</u>	<u>78,700</u>	<u>1,597,500</u>
1. Disease Transmission	324	194,100	10,700	4,300	49,400	4,400	11,600	22,000	14,700	311,200
2. Pathogenesis & Therapy	264	107,700	6,000	9,100	25,600	4,000	11,600	17,400	13,000	194,400
3. Host Defense Therapy	240	129,700	8,300	2,000	17,600	2,100	11,600	21,800	8,900	202,000
4. Nutrition	336	125,400	6,800	2,200	8,700	3,400	11,600	21,600	6,400	186,100
5. Community Services Research	2,184	281,700	55,000	28,700	39,400	10,800	31,800	220,700	35,700	703,800
B. <u>TRAINING PROGRAMME</u>	<u>348</u>	<u>125,300</u>	<u>87,400</u>	<u>1,300</u>	<u>17,000</u>	<u>700</u>	<u>45,100</u>	<u>21,700</u>	<u>36,700</u>	<u>335,200</u>
C. <u>RESEARCH FACILITIES</u>	<u>3,324</u>	<u>642,100</u>	<u>6,100</u>	<u>3,800</u>	<u>16,200</u>	<u>19,900</u>	<u>18,300</u>	<u>89,700</u>	<u>41,000</u>	<u>837,100</u>
D. <u>MAINTENANCE & LOGISTICS</u>	<u>1,068</u>	<u>220,800</u>	<u>6,000</u>	<u>16,200</u>	<u>366,100</u>	<u>9,400</u>	<u>10,200</u>	<u>87,000</u>	<u>115,000</u>	<u>830,700</u>
E. <u>MANAGEMENT</u>	<u>1,416</u>	<u>637,800</u>	<u>182,400</u>	<u>108,300</u>	<u>75,600</u>	<u>5,300</u>	<u>115,800</u>	<u>28,900</u>	<u>33,800</u>	<u>1,187,900</u>

^{1/} Plus 132 person month for secretarial support to Research Programme. Therefore, total person month is 9,636 (for 803 employees @ 12 person month).

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

DETAILS OF PROGRAMME BUDGET LIMITED BY COMMITTED FUNDS
FY81 (JULY 1, 1980 THRU JUNE 30, 1981)

(IN US DOLLARS)

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
GRAND TOTAL (A-E)	9,504 ^{1/}	2,464,600	368,700	175,900	615,600	60,000	267,600	530,800	305,200	4,788,400
A. RESEARCH PROGRAMME	3,348 ^{1/}	838,600	86,800	46,300	140,700	24,700	78,200	303,500	78,700	1,597,500
I. DISEASE TRANSMISSION	324	194,100	10,700	4,300	49,400	4,400	11,600	22,000	14,700	311,200
a. Research Staff Commitment	60	151,200	4,000	-	44,300	400	6,600	2,000	2,700	211,200
Senior Scientist- International (vacant)	12	35,000*	1,500	-	8,100	-	5,400	1,600	1,500	53,100
Scientist-not classified (M.U.Khan)	12	12,550	-	-	8,100	100	-	100	-	20,850
Assoc. Scientist-International (R. Glass)	12	50,000**	-	-	10,000	100	600	100	-	60,800
Assoc. Scientist " (Martanda)	12	27,200	2,500	-	10,000	100	600	100	-	40,500
Assoc. Scientist-not classified (I. Huq)	12	9,450	-	-	8,100	100	-	100	-	17,750
Executive Secretary 12p/m	-	7,800	-	-	-	-	-	-	-	7,800
Senior Secretary 24p/m	-	9,200	-	-	-	-	-	-	1,200	10,400
b. Research Support	264	42,900	6,700	4,300	5,100	4,000	5,000	20,000	12,000	100,000

1/ Plus 152 person month for secretarial support to Research Programme.
Direct support from UK/ODM. **Direct support from CDC.

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPORTATION OF PERSONS	TRANSPORTATION OF THINGS	RENT, COMMUNICATION & UTILITIES	PRINTING & REPRODUCTION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
Asst. Scientist-International (Stoll)	12	15,500	2,500	-	-	100	-	100	-	18,200
Executive Secretary 12p/m	-	7,800	-	-	-	-	-	-	-	7,800
Senior Secretary 12p/m	-	4,600	-	-	-	-	-	-	1,200	5,800
Research Support	192	67,500	4,000	2,000	200	1,900	5,000	20,000	6,200	106,800
4. NUTRITION^{2/}	336	125,400	6,800	2,200	8,700	3,400	11,600	21,600	6,400	186,100
a. Research Staff Commitment	24	64,900	1,800	-	8,500	-	6,600	1,600	2,700	86,100
Senior Scientist-not classified (M. Rahaman) ^{2/}	-	-	-	-	-	-	-	-	-	-
Scientist-International (vacant)	12	50,000*	1,800	-	8,500	-	6,600	1,600	1,500	70,000
Assoc. Scientist-not classified (A. Molla)	12	10,300	-	-	-	-	-	-	-	10,300
Senior Secretary 12p/m	-	4,600	-	-	-	-	-	-	1,200	5,800
b. Research Support	312	60,500	5,000	2,200	200	3,400	5,000	20,000	3,700	100,000

^{2/} Budgeted under Director's Office.

* Direct support from CDC.

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
5. <u>COMMUNITY SERVICES RESEARCH</u>	<u>2,104</u>	<u>281,700</u>	<u>55,000</u>	<u>28,700</u>	<u>39,400</u>	<u>10,800</u>	<u>31,800</u>	<u>220,700</u>	<u>35,700</u>	<u>703,800</u>
a. <u>Research Staff Commitment</u>	<u>72</u>	<u>128,600</u>	<u>17,200</u>	<u>18,700</u>	<u>33,600</u>	<u>300</u>	<u>19,800</u>	<u>4,900</u>	<u>5,700</u>	<u>228,800</u>
Senior Scientist- International (vacant)	12	13,500	1,800	-	8,500	-	6,600	1,600	1,500	33,500
Senior Scientist- International (D'Souza)	12	35,000*	7,700	9,400	8,500	100	6,600	1,500	1,500	70,400
Scientist-not classified (Chowdhury)	12	11,200	-	-	8,100	100	-	100	-	19,500
Scientist-International (Philips)	12	35,000*	7,700	9,300	8,500	100	6,600	1,600	1,500	70,300
Assoc. Scientist-not classified (K.M.A. Aziz)	12	11,200	-	-	-	-	-	-	-	11,200
Asst. Scientist-not classified (Makhlisur Rahman)	12	5,700	-	-	-	-	-	-	-	5,700
Executive Secretary 12p/m	-	7,800	-	-	-	-	-	-	-	7,800
Senior Secretary 24p/m	-	9,200	-	-	-	-	-	-	1,200	10,400
b. <u>Research Support</u>	<u>2,112</u> ^{3/}	<u>153,100</u>	<u>37,800</u>	<u>10,000</u>	<u>5,800</u>	<u>10,500</u>	<u>12,000</u>	<u>215,800</u>	<u>30,000</u>	<u>475,000</u> ^{4/}

* Direct support from UNFPA.

^{3/} Includes 1636 person months from Matlab Station and 139 person months from Statistical Branch support leaving 377 person months to be utilized directly by Community Services Working Group.

^{4/} 1/3 for portion budgeted under UNFPA grant.

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	T O T A L
	11	21	22	23	24	25	26	31		
B. <u>TRAINING PROGRAM(1-3)</u>	<u>348</u>	<u>125,300</u>	<u>87,400</u>	<u>1,300</u>	<u>17,000</u>	<u>700</u>	<u>45,100</u>	<u>21,700</u>	<u>36,700</u>	<u>335,200</u>
1. <u>Training Staff Commitment</u>	<u>72</u>	<u>62,730</u>	<u>1,800</u>	-	<u>17,000</u>	<u>100</u>	<u>6,600</u>	<u>1,700</u>	<u>2,700</u>	<u>92,630</u>
Scientific Director(S.Aziz)	12	14,500	-	-	8,500	100	-	100	-	23,200
Training Development (vacant)	12	13,500	1,800	-	8,500	-	6,600	1,600	1,500	33,500
Training Extension(Mizan)	12	7,500	-	-	-	-	-	-	-	7,500
Training Physician(Hasan)	12	6,200	-	-	-	-	-	-	-	6,200
Trainer(vacant)	12	4,300	-	-	-	-	-	-	-	4,300
Team Leader (Busof)	12	4,330	-	-	-	-	-	-	-	4,330
Executive Secretary 12p/m	-	7,800	-	-	-	-	-	-	-	7,800
Senior Secretary 12p/m	-	4,600	-	-	-	-	-	1,200	-	5,800
2. <u>Training Activities</u>	<u>156</u>	<u>26,670</u>	<u>85,000</u>	-	-	-	<u>35,500</u>	<u>10,000</u>	-	<u>157,170</u>
3. <u>Training Department</u>	<u>120</u>	<u>35,900</u>	<u>600</u>	<u>1,300</u>	-	<u>600</u>	<u>3,000</u>	<u>10,000</u>	<u>34,000</u>	<u>85,400</u>

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	T O T A L
		11	21	22	23	24	25	26	31	
C. RESEARCH FACILITIES	<u>3,324</u>	<u>642,100</u>	<u>6,100</u>	<u>3,800</u>	<u>16,200</u>	<u>19,900</u>	<u>18,300</u>	<u>89,700</u>	<u>41,000</u>	<u>837,100</u>
1. Animal Resources Branch	156	26,300	200	600	200	-	2,000	12,000	2,000	43,300
2. Biochemistry Department	72	31,700	200	600	200	-	1,500	5,000	1,500	40,700
3. Bio-metric & Data Management Department	132	51,700	1,100	500	9,900	400	500	1,100	1,000	66,200
4. Immunology Department	48	8,500	-	-	-	-	200	600	1,500	10,800
5. Library & Publications	72	22,700	600	300	4,000	18,000	2,000	25,000	20,000	92,600
6. Microbiology Department	264	58,800	500	200	200	200	2,000	4,000	3,000	68,900
7. Dacca Station	1,248	244,600	200	500	200	500	1,100	20,000	3,000	270,100
8. Matlab Station	1,152	156,300	500	600	200	500	4,000	20,000	5,000	187,100
9. Teknaf Field Station	180	41,500	2,800	500	1,300	300	5,000	2,000	4,000	57,400
D. MAINTENANCE & LOGISTICS	<u>1,068</u>	<u>220,800</u>	<u>6,000</u>	<u>16,200</u>	<u>366,100</u>	<u>9,400</u>	<u>10,200</u>	<u>87,000</u>	<u>115,000</u>	<u>830,700</u>
1. Supply Department	204	49,200	5,500	5,200	11,000	8,900	4,600	2,000	5,000	91,400
2. Transport	420	73,000	-	5,500	-	300	1,200	40,000	80,000	200,000
3. Maintenance Department	444	98,600	500	5,500	13,100	200	4,400	45,000	30,000	197,300
4. Facilities & Utilities	-	-	-	-	342,000	-	-	-	-	342,000

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31		
<u>MANAGEMENT (1-5)</u>	<u>1,416</u>	<u>637,800</u>	<u>182,400</u>	<u>108,300</u>	<u>75,600</u>	<u>5,300</u>	<u>115,800</u>	<u>28,900</u>	<u>33,800</u>	<u>1,187,900</u>
<u>Director's Office(a-g)</u>	<u>120</u>	<u>325,100</u>	<u>148,800</u>	<u>90,900</u>	<u>27,100</u>	<u>5,800</u>	<u>98,400</u>	<u>13,300</u>	<u>9,300</u>	<u>716,700</u>
a) Director & Supporting Staff(i-v)	60	117,500	16,800	2,000	25,400	700	7,700	2,300	9,300	181,700
i. Director-International (Dr.W.B.Greenough III)	12	75,000	15,000	2,000	8,000	600	1,100	600	6,600	108,900
ii. Deputy Director-not classified(Dr.Rahaman)	12	14,500	-	-	8,900	100	-	100	-	25,600
iii. Assoc. Director-not classified(vacant)	12	13,500	1,800	-	8,500	-	6,600	1,600	1,500	33,500
iv. Executive Secretary	12	9,900	-	-	-	-	-	-	1,200	11,100
v. Senior Secretary	12	4,600	-	-	-	-	-	-	-	4,600
b) Board of Trustees (2 meetings)	-	75,000	70,000	-	-	-	5,000	-	-	150,000
c) Ethical Review Committee	-	5,000	2,000	500	500	1,000	1,000	2,000	-	12,000
d) Research Review "	-	5,000	2,000	500	500	1,000	1,000	2,000	-	12,000
e) Staff Development	^{5/} 36	17,000	10,000	-	-	-	68,000	5,000	-	100,000

^{5/}includes Drs. Ahmed, Mizan, Rabbani and Mr. A. Huq from Immunology, Training Staff commitment, Physician & Microbiology areas respectively.

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31		
f) Staff Welfare:										
i) Association	24	8,900	600	500	500	500	5,000	2,000	-	18,000
ii) Cafeteria	-	-	-	-	-	-	10,000	-	-	10,000
g) Recruitment fund for Scientific Staff	-	96,700	47,400	87,400	200	600	700	-	-	233,000
<u>Development Office (a+b)</u>	<u>48</u>	<u>32,200</u>	<u>15,000</u>	<u>-</u>	<u>7,500</u>	<u>200</u>	<u>6,200</u>	<u>500</u>	<u>-</u>	<u>61,600</u>
a) Development Director-not classified (Mr. M.R. Bashir)	12	14,500	15,000	-	7,300	200	1,200	-	-	38,200
b) Supporting Staff	36	17,700	-	-	200	-	5,000	500	-	23,400
<u>Physical Plant Office (a+b)</u>	<u>36</u>	<u>60,000</u>	<u>5,000</u>	<u>15,000</u>	<u>8,100</u>	<u>200</u>	<u>600</u>	<u>500</u>	<u>-</u>	<u>89,400</u>
a) Physical Plant Manager - International (Mr. Tucker)	12	52,000	5,000	15,000	8,100	200	600	-	-	80,900
b) Supporting Staff	24	8,000	-	-	-	-	-	500	-	8,500

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPORTATION OF PERSONS	TRANSPORTATION OF THINGS	RENT, COMMUNICATION & UTILITIES	PRINTING & REPRODUCTION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
4. <u>Controller's Office(a+b)</u>	<u>168</u>	<u>65,000</u>	<u>6,200</u>	<u>500</u>	<u>8,100</u>	<u>200</u>	<u>4,000</u>	<u>500</u>	<u>2,000</u>	<u>86,500</u>
a) Controller-not classified (Mr. Shahabuddin)	12	12,300	5,000	-	8,100	200	-	-	-	25,600
b) Supporting Staff	156	52,700	1,200	500	-	-	4,000	500	2,000	60,900
5. <u>Administration(a - c)</u>	<u>1,044</u>	<u>155,500</u>	<u>7,400</u>	<u>1,900</u>	<u>24,800</u>	<u>900</u>	<u>6,600</u>	<u>14,100</u>	<u>22,500</u>	<u>233,700</u>
a. Administration General (i-ii)	84	31,100	6,200	600	8,100	200	1,200	2,300	1,500	51,200
i) General Manager-not classified (Mr. Abdulla)	12	10,000	5,000	-	8,100	200	-	-	-	23,300
ii) Supporting Staff	72	21,100	1,200	600	-	-	1,200	2,300	1,500	27,900
b. <u>General Services</u>	<u>900</u>	<u>103,600</u>	<u>1,000</u>	<u>1,100</u>	<u>16,500</u>	<u>500</u>	<u>4,400</u>	<u>8,800</u>	<u>20,000</u>	<u>155,900</u>
c. <u>Personnel Department</u>	<u>60</u>	<u>20,800</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>1,000</u>	<u>3,000</u>	<u>1,000</u>	<u>26,600</u>

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADOSH

SUMMARY OF INCREMENT TO ATTAIN OPTIMUM PROGRAMME BUDGET

FY81 (JULY 1, 1980 THROUGH JUNE 30, 1981)
(IN US DOLLARS)

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31		
GRAND TOTAL	120	177,100	203,700	60,000	44,400	55,100	171,200	61,600	26,900	800,000
A. RESEARCH PROGRAMME	96	66,200	3,600	-	29,100	-	41,200	46,400	4,600	191,100
1. Disease Transmission	-	-	-	-	-	-	6,500	10,000	-	16,500
2. Pathogenesis & Therapy	12	13,500	1,800	-	8,500	-	13,100	11,600	1,500	50,000
3. Host Defense Therapy	12	13,100	-	-	7,100	-	8,000	11,600	800	40,600
4. Nutrition	24	24,100	1,800	-	13,500	-	13,600	13,200	2,300	68,500
5. Community Services Research	48	15,500	-	-	-	-	-	-	-	15,500
B. TRAINING PROGRAMME	24	24,100	173,700	-	13,500	55,000	113,100	15,200	22,300	416,900
C. RESEARCH FACILITIES	-	-	-	-	-	-	-	-	-	-
D. MAINTENANCE & LOGISTIC	-	-	-	-	-	-	-	-	-	-
E. MANAGEMENT	-	86,800	26,400	60,000	1,800	100	16,900	-	-	192,000

INTERNATIONAL CENTRE FOR BARRHOEAL DISEASE RESEARCH, BANGLADESH

DETAILS OF INCREMENT TO ATTAIN OPIMUM PROGRAMME BUDGET

PY81 (JULY 1, 1980 THROUGH JUNE 30, 1981)
(IN US DOLLARS)

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31		
<u>GRAND TOTAL</u>	<u>120</u>	<u>177,100</u>	<u>205,700</u>	<u>60,000</u>	<u>44,400</u>	<u>55,100</u>	<u>171,200</u>	<u>61,600</u>	<u>26,900</u>	<u>800,000</u>
<u>RESEARCH PROGRAMME</u>	<u>96</u>	<u>66,200</u>	<u>3,600</u>	<u>-</u>	<u>29,100</u>	<u>-</u>	<u>41,200</u>	<u>46,400</u>	<u>4,600</u>	<u>191,100</u>
<u>Disease Transmission</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>6,500</u>	<u>10,000</u>	<u>-</u>	<u>16,500</u>
a) Research Staff Commitment	-	-	-	-	-	-	-	-	-	-
b) Research Support	-	-	-	-	-	-	6,500	10,000	-	16,500
<u>Pathogenesis & Therapy</u>	<u>12</u>	<u>13,500</u>	<u>1,800</u>	<u>-</u>	<u>8,500</u>	<u>-</u>	<u>13,100</u>	<u>11,600</u>	<u>1,500</u>	<u>50,000</u>
a) Research Staff Commitment:	-	-	-	-	-	-	-	-	-	-
Scientist	12	13,500	1,800	-	8,500	-	6,600	1,600	1,500	33,500
b) Research Support	-	-	-	-	-	-	6,500	10,000	-	16,500
<u>Host Defense Therapy</u>	<u>12</u>	<u>13,100</u>	<u>-</u>	<u>-</u>	<u>7,100</u>	<u>-</u>	<u>8,000</u>	<u>11,600</u>	<u>800</u>	<u>40,600</u>
a) Research Staff Commitment:	-	-	-	-	-	-	-	-	-	-
Associate Scientist	12	13,100	-	-	7,100	-	1,500	1,600	800	24,100
b) Research Support	-	-	-	-	-	-	6,500	10,000	-	16,500
<u>Nutrition</u>	<u>24</u>	<u>24,100</u>	<u>1,800</u>	<u>-</u>	<u>13,500</u>	<u>-</u>	<u>13,600</u>	<u>13,200</u>	<u>2,300</u>	<u>68,500</u>
a) Research Staff Commitment:	-	-	-	-	-	-	-	-	-	-
Scientist	12	15,500	1,800	-	8,500	-	6,600	1,600	1,500	33,500
Assistant Scientist	12	10,600	-	-	5,000	-	7,000	1,600	800	19,500
b) Research Support	-	-	-	-	-	-	6,500	10,000	-	16,500

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
5. <u>Community Services Research</u>	48	15,500	-	-	-	-	-	-	-	15,500
a) Research Staff Commitment	-	-	-	-	-	-	-	-	-	-
b) Research Support	48	15,500	-	-	-	-	-	-	-	15,500
<u>TRAINING PROGRAMME (a-j)</u>	24	24,100	173,700	-	13,500	55,000	113,100	15,200	22,300	416,900
a) Scientist	12	13,500	1,800	-	8,500	-	6,600	1,600	1,500	33,500
b) Assistant Scientist	12	10,600	-	-	5,000	-	1,500	1,600	800	19,500
c) Fellowship	-	-	5,400	-	-	-	54,000	-	-	59,400
d) Seminar	-	-	22,500	-	-	-	-	-	-	22,500
e) Regional Mobile Training	-	-	23,100	-	-	-	-	-	-	23,100
f) Courses	-	-	48,800	-	-	-	-	-	-	48,800
g) External Faculty (6)	-	-	30,600	-	-	-	6,000	-	-	36,600
h) National & Regional Workshop	-	-	11,500	-	-	40,000	40,000	-	-	91,500
i) Group Training	-	-	30,000	-	-	15,000	5,000	-	-	50,000
j) Supplies, Equipment & Logistic	-	-	-	-	-	-	-	12,000	20,000	32,000

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31		
C. <u>RESEARCH FACILITIES</u>	-	-	-	-	-	-	-	-	-	-
D. <u>MAINTENANCE & LOGISTIC</u>	-	-	-	-	-	-	-	-	-	-
E. <u>MANAGEMENT</u>	-	86,800	26,400	60,000	1,800	100	16,900	-	-	192,000
<u>Director's Office</u>										
Recruitment Fund	-	86,800	26,400	60,000	1,800	100	16,900	-	-	192,000

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

OPTIMUM PROGRAMME BUDGET

FY81 (JULY 1, 1980 THROUGH JUNE 30, 1981)

(IN US DOLLARS)

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
GRAND TOTAL (A-E)	9,624 ^{1/}	2,641,700	572,400	235,900	660,000	115,100	438,800	592,400	332,100	5,588,400
Limited	9,504 ^{1/}	2,464,600	368,700	175,900	615,600	60,000	267,600	530,800	305,200	4,788,400
Incremental	120	177,100	203,700	60,000	44,400	55,100	171,200	61,600	26,900	800,000
A. RESEARCH PROGRAMME (1-5)	3,444	904,800	90,400	46,300	169,800	24,700	119,400	349,900	83,300	1,788,600
Limited	3,348 ^{1/}	838,600	86,800	46,300	140,700	24,700	78,200	303,500	78,700	1,597,500
Incremental	96	66,200	3,600	-	29,100	-	41,200	46,400	4,600	191,100
1. Disease Transmission	324	194,100	10,700	4,300	49,400	4,400	18,100	32,000	14,700	327,700
Limited	324	194,100	10,700	4,300	49,400	4,400	11,600	22,000	14,700	311,200
Incremental	-	-	-	-	-	-	6,500	10,000	-	16,500
2. Pathogenesis & Therapy	276	121,200	7,800	9,100	34,100	4,000	24,700	29,000	14,500	244,400
Limited	264	107,700	6,000	9,100	25,600	4,000	11,600	17,400	13,000	194,400
Incremental	12	13,500	1,800	-	8,500	-	13,100	11,600	1,500	50,000

^{1/}Plus 132 person month for secretarial support to Research Programme.

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
	11	21	22	23	24	25	26	31		
3. <u>Host Defense Therapy</u>	<u>252</u>	<u>142,800</u>	<u>8,300</u>	<u>2,000</u>	<u>24,700</u>	<u>2,100</u>	<u>19,600</u>	<u>33,400</u>	<u>9,700</u>	<u>242,600</u>
Limited	240	129,700	8,300	2,000	17,600	2,100	11,600	21,800	8,900	202,000
Incremental	12	13,100	-	-	7,100	-	8,000	11,600	800	40,600
4. <u>Nutrition</u>	<u>360</u>	<u>149,500</u>	<u>8,600</u>	<u>2,200</u>	<u>22,200</u>	<u>3,400</u>	<u>25,200</u>	<u>34,800</u>	<u>8,700</u>	<u>254,600</u>
Limited	336	125,400	6,800	2,200	8,700	3,400	11,600	21,600	6,400	186,100
Incremental	24	24,100	1,800	-	13,500	-	13,600	13,200	2,300	68,500
5. <u>Community Services Research</u>	<u>2,232</u>	<u>297,200</u>	<u>55,000</u>	<u>28,700</u>	<u>39,400</u>	<u>10,800</u>	<u>31,800</u>	<u>220,700</u>	<u>35,700</u>	<u>719,300</u>
Limited	2,184	281,700	55,000	28,700	39,400	10,800	31,800	220,700	35,700	703,800
Incremental	48	15,500	-	-	-	-	-	-	-	15,500
<u>TRAINING PROGRAMME</u>	<u>372</u>	<u>149,400</u>	<u>261,100</u>	<u>1,300</u>	<u>30,500</u>	<u>55,700</u>	<u>158,200</u>	<u>36,900</u>	<u>59,000</u>	<u>752,100</u>
Limited	348	125,300	87,400	1,300	17,000	700	45,100	21,700	36,700	335,200
Incremental	24	24,100	173,700	-	13,500	55,000	113,100	15,200	22,300	416,900

	PERSON MONTH	PERSONNEL SERVICES	TRAVEL & TRANSPOR- TATION OF PERSONS	TRANSPOR- TATION OF THINGS	RENT, COMMUNI- CATION & UTILITIES	PRINTING & REPRODUC- TION	OTHER CONTRACTUAL SERVICES	SUPPLIES & MATERIALS	EQUIPMENT	TOTAL
		11	21	22	23	24	25	26	31	
<u>C. RESEARCH FACILITIES</u>	<u>3,324</u>	<u>642,100</u>	<u>6,100</u>	<u>3,800</u>	<u>16,200</u>	<u>19,900</u>	<u>18,300</u>	<u>89,700</u>	<u>41,000</u>	<u>837,100</u>
Limited	3,324	642,100	6,100	3,800	16,200	19,900	18,300	89,700	41,000	837,100
Incremental	-	-	-	-	-	-	-	-	-	-
<u>D. MAINTENANCE & LOGISTIC</u>	<u>1,068</u>	<u>220,800</u>	<u>6,000</u>	<u>16,200</u>	<u>366,100</u>	<u>9,400</u>	<u>10,200</u>	<u>87,000</u>	<u>145,000</u>	<u>830,700</u>
Limited	1,068	220,800	6,000	16,200	366,100	9,400	10,200	87,000	115,000	830,700
Incremental	-	-	-	-	-	-	-	-	-	-
<u>E. MANAGEMENT</u>	<u>1,416</u>	<u>724,600</u>	<u>208,800</u>	<u>168,300</u>	<u>77,400</u>	<u>5,400</u>	<u>132,700</u>	<u>28,900</u>	<u>33,800</u>	<u>1,379,900</u>
Limited	1,416	637,800	182,400	108,300	75,600	5,300	115,800	28,900	33,800	1,187,900
Incremental	-	86,800	26,400	60,000	1,800	100	16,900	-	-	192,000

6a/BT/FEB.80

SEARCH COMMITTEE FOR THE NEW DIRECTOR, ICDDR, B

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 or with similar scientific institutions - The Committee felt that familiarity with ICDDR,B, or with similar scientific institutions, was a desirable but not mandatory prerequisite for the Director.

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 Oseason 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.

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

RESOLUTIONS

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 accepted 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 accepted 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 agreed 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 agreed 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/BT/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.

RESOLUTION 14/Feb. 80

RESOLVED: 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 requested 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 agreed 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 appointed 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 agreed that Dr. Greenough would continue as Director, ICDDR,B until the time the newly selected Director would take responsibility.

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

DRAFT 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, SEARC; 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 The Board of Trustees approves the minutes of the meeting
1/Feb. 80 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 The Board accepts the principle of a programme-oriented
1/Feb. 80 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:

RESOLUTION
3/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 ~~payscale~~ 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:

RESOLUTION
4/Feb.80

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.

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 programs 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 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 programs 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 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.

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 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
6/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 labor 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
7/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/BI/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/BI/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^sscale 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 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 approved 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.

SOLUTION
/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 direct the work from a proper programme focus. The following Resolution was passed:

RESOLUTION
2/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 to the matters of Capital Development and 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 programs, 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
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 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
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 Sulianti Saroso was suggested.

A secret ballot was taken. Ten voted in favor of the above slate. Following this vote a resolution was passed.

RESOLUTION
Feb. 80

The Board elects Dr. Al-Dabbagh, Dr. Jan Holmgren, Dr. Gavin Jones and Dr. Julie Sulianti 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:

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.

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

RESOLUTION
9/Feb. 80

RESOLUTION
10/Feb. 80

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
28/Feb. 80

The Board agrees that the Chairman act for a period of one year 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 labor 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 of 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 the auditing firm that was to be 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.

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

Agenda item 5. Program 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 coordination 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 Goteborg, 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 than developing 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
4/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 contracts, 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.

Program Coordinating Committee (doc. 5f/BT/Feb. 80). Suggestions for the membership of this committee were presented and after discussion the following composition of Program 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 favored. Following this the Board passed Resolution 26.

RESOLUTION
26 Feb. 80

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

Standing Committee of fertility related programs (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 definite and implement membership 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 vitorum 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.

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.

RESOLUTION
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. Osmond Solandt should serve on the Subcommittee for seeking the next Director.

The following resolution was passed:

RESOLUTION
30/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:

RESOLUTION
31/Feb. 80

The Board agrees that Dr. Greenough would continue as Director, ICDDR,B until the time the newly selected Director would take responsibility.

Agenda item 5. Program 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 focussed 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 programs 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.