

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

REPORT OF THE

BOARD OF TRUSTEES MEETING

16-20 NOVEMBER 1981

1/BT/NOV.81

AGENDA

NOVEMBER 16-20, 1981 BOARD MEETING

	<u>Document Code</u>
1. Approval of the Agenda	1/BT/NOV.81
2. Approval of the Draft Minutes	2/BT/NOV.81
a) Matters arising	
3. Director's Report	3/BT/NOV.81
4. External Scientific Review Report	4/BT/NOV.81
5. Resources Development	5/BT/NOV.81
a) Consultative Group	
b) Collaboration/Participation/Funding	
c) Financial Resources	
d) Physical facilities	
6. Report: Finance Subcommittee	6/BT/NOV.81
7. Report: Personnel Management Subcommittee	7/BT/NOV.81
8. Report: Selection Subcommittee	8/BT/NOV.81
9. Approval of Budget 1982	9/BT/NOV.81
10. Next two meetings - Board of Trustees - date and place	
11. Varia	
a) Search for new Director	

ADDITIONAL HANDOUTS

a - e

Informal Discussion

1. External Scientific Review Report
2. Training and Extension
3. Consultants Report
4. Subcommittee Report
 - Finance
 - Personnel
 - Selection
5. Consultative Group

Board of Trustees
Proposed
Programme

Dacca, 16-19 November 1981

16th November

9:00 - 12:30	Trustees' discussions with respective working groups
12:30 - 2:30	Lunch - Guest House
2:30 - 3:45	Informal Session: External Scientific Review
3:45 - 4:00	Tea break
4:00 - 5:00	Informal session continues

17th November

9:00 - 10:30	Informal discussion: Resources Development, Budget for 1982
10:30 - 10:45	Tea break
10:45 - 12:30	Informal session continues
12:30 - 2:30	Lunch - Guest House
2:30 - 3:45	Informal discussion: Subcommittees' reports
3:45 - 4:00	Tea break
4:00 - 5:00	Informal discussion continues
7:30	Dinner party - Hotel Sonargaon

18th November

9:00 - 10:30	Formal session of the Board
10:30 - 10:45	Tea break
10:45 - 12:30	Formal session
12:30 - 2:30	Lunch - Guest House
2:30 - 3:45	Formal session
3:45 - 4:00	Tea break
4:00 - 5:00	Formal session

19th November

9:00 - 10:30	Formal session
10:30 - 10:45	Tea break
10:45 - 12:30	Formal session
12:30 - 2:30	Lunch - Guest House
2:30 - 3:45	Formal session
3:45 - 4:00	Tea break
4:00 - 5:00	Closing session of the Board

2/BT/NOV. 81

PROCEEDINGS OF THE MEETING

BOARD OF TRUSTEES, ICDDR, B, DACCA

11-12 JUNE 1981

REPORT OF THE PROCEEDINGS OF THE MEETING OF THE BOARD OF TRUSTEES
DACCA, 11-12 JUNE, 1981

Members Present:

Dr Hashim S. Al-Dabbagh
Mr M.K. Anwar
Dr D.J. Bradley
Dr A.Q.M. Badruddoza Chowdhury
Dr W.B. Greenough III - Secretary
Dr J. Holmgren
Dr G.W. Jones
Professor J. Kostrzewski
Professor L.J. Mata
Professor M.A. Matin
Dr V. Ramalingaswami
Dr J. Sulianti Saroso - Chairman
Dr O.M. Solandt
Dr Albert Zahra

Members Absent:

Dr C.C.J. Carpenter, Dr M.K. Were

The formal meeting of the Board was commenced on 11 June, 1981 at the ICDDR,B Centre facilities in Dacca, Bangladesh. The meeting was opened by the Chairman with the Board observing one minute of silence as a mark of respect to the Late President, The Honourable Ziaur Rahman, of Bangladesh. The members expressed their deepest sympathy to the bereaved family, and prayed to The Almighty for the salvation of the departed soul. The following resolution was adopted by the Board in honour of his memory.

RESOLUTION
1/JUNE 81

The Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) expressed deep sorrow at the untimely demise of President Ziaur Rahman. The late President worked tirelessly in all sectors for the development of Bangladesh, and was invaluable to the internationalization of ICDDR,B.

Agenda 1: Adoption of Agenda

The agenda was adopted as presented by the following resolution:

RESOLUTION
2/JUNE 81

The Board agreed to accept the draft agenda as presented.

Agenda 2: Approval of draft proceedings of the Board of Trustees meeting, 2-5 December, 1980

The proceedings of the December meeting were accepted with the following textural corrections.

Page 1 - the title 'secretary' should appear opposite Dr Greenough's name instead of Professor Martin's.

Page 5 - item 9, the word 'operational research' should be replaced by 'health services research' and the phrase immediately afterwards 'outside of the Centre's field stations' appended. Thus, item 9, page 5 will read 'There seems a lack of health services research outside of the Centre's field stations. Such studies deserve emphasis;'.
'.

Page 7 - next to last paragraph, the final clause should be deleted such that the last part of that paragraph will read 'a statement of overall and specific objectives of the programmes together with the staff required as well as other costs of the programmes.'.

A resolution was passed approving the draft proceedings of the minutes of the Board of Trustees, December 2-5, 1980 with the necessary corrections.

RESOLUTION
3/JUNE 81

The Board approves the draft proceedings of the meeting of the Board 2-5 December, 1980 with the necessary corrections.

Agenda 3: Reports of Subcommittees

(a) Finance Subcommittee

The report of the Finance Subcommittee was presented to the Board. The auditor's reports for the period (i) ended June 30, 1980 and (ii) ended December 31, 1980 were reviewed and accepted as satisfactory to the Finance Subcommittee.

It was next suggested that Rahman, Rahman & Huq and Price Waterhouse be selected as auditor for the calendar year 1981 and that the management of the Centre be advised to seek updated bids from the other applicants for consideration by the Board in the November meeting to appoint a different auditor for the calendar year 1982. The following resolution was passed.

RESOLUTION
4/JUNE 81

- (a) The Board accepts the auditors reports for the period ended June 30, 1980 and the period ended December 31, 1980.
- (b) The Board approves the selection of Rahman, Rahman & Huq and Price Waterhouse for appointment as auditors for the period ending December 31, 1981.

The financial position of the Centre was next presented following

a detailed study by members of the Finance Subcommittee and the full text of the report is included in the minutes at this point.

"Financial Outlook 1981 and 1982

Income

There was a carry-over of \$352,000 from 1980 available for operating expenses in 1981. (\$1,598,455 shown in Annual Report minus \$618,717 representing 'Stock of Stores' and \$627,678 committed to the Building Fund.)

Donations pledged by the beginning of 1981 totalled \$4,065,300. Since then further pledges totalling \$356,000 have been received.

Total funds available for operating expenses at this date are

352,000	
4,065,000	
536,000	
<hr/>	
4,953,000	412/mo.

Donations ear-marked for capital are not included. They total \$812,000 and have all been committed to the new building.

Expenditure

The Director reported to the December 1980 meeting of the Board that the program planned for 1981 would cost about \$6.7 million. At that time the donations that were firmly committed for 1981 totalled \$4.065 millions. The Director presented a reduced budget to meet this target (\$4.065 millions). The Board approved this budget but urged the Director to restore the cuts from the original progressively as, and if, more money became available. As described above about \$900,000 more has become available and expenditure has been increased with the following results.

Total expenditure for the first four months of 1981 was \$1.753 million, an average of \$438,000 per month. Monthly expenditure is very uneven (January \$242,000, April \$729,000) due mainly to changes in travel, supplies and materials and equipment and furniture. Hence it is difficult to make an accurate prediction for the remainder of the year. The best estimate available which allows for foreseeable increases in personnel costs, and printing and for a reduced monthly expenditure on supplies and materials and equipment and furniture predicts expenditure at the rate of \$484,000/month for a 8 month total of \$3.87 million. The total expenditure for 1981 would then be \$5.63 million (\$470,000/month) or about \$670,000 more than the presently foreseeable revenue. The monthly rate of expenditure will probably approach \$500,000 in December.

1982

The present forecast of assured donations for 1982 is \$4,500,000. This will almost certainly increase as the year goes on but is unlikely to exceed \$6,000,000 (\$500,000 per month).

It is therefore obvious that the rate of expenditure must be cut and the sooner the better. It is likely that the meeting with donors on June 23, 1981 will result in new pledges for 1982 and possibly some cash for 1981. Major actions to restrain expenditure could be left until after that meeting."

This report was then discussed and the following points were brought out:

- (1) In view of the high interest rate and the difficulty in persuading donors to give money simply to pay-off bank loans, a deficit for the Centre is intolerable.
- (2) Were no further funds to be available to the Centre on the projected rate of expenditure, a deficit of between 600 and 700,000 dollars will be present by the end of 1981.
- (3) It is highly desirable to enter each fiscal year with a working surplus.
- (4) For a free standing institution to which there are no individual governmental obligations it is essential to develop a working capital fund in the order of ten percent of the annual budget.
- (5) Although the fund raising has been remarkably successful and many donors have made long term commitments they are in fact often on a year by year basis and not legal obligations to the Centre in any way. It is noted with pleasure that Canada has announced since the financial position statement was written a contribution of \$450,000 over three years to the Centre which already does reduce the possible deficit for 1981. In view of the success in fund raising it was felt that although absolutely essential to implement reductions in the rate of expenditure beginning in July, that this should be done without damage to the scientific and training and extension programmes.

A discussion followed of the manner in which such savings could be realised. It was pointed out that by a year from now the new financial system would permit a very precise knowledge of the areas of resource utilization and their rates of consumption on a month by month basis which would permit cost control in a precise and effective manner. Furthermore, it was anticipated that the 1982 budget would be created in such a way that individual branches and programmes would have defined limits with expenditure reporting making them responsible not to over-run their individual budgetary allocations. At the present time, lacking such direct and precise budgetary controls a more imprecise and general process of control will be mandatory. It appears that savings can be realised in the areas of

equipment, supplies, travel and control of expanding personnel obligations.

It was asked whether the Centre had a plan should a catastrophic withdrawal of donor or failure of a donor to provide an expected contribution. The history of what happened when the previous institution the Cholera Research Laboratory lost its funding temporarily following the War of Liberation was reviewed and it was accepted that this kind of response would be appropriate and effective even in the international centre. This response was basically to continue essential services to the community but to truncate all research activities and to reduce the pay of all employees at all levels proportionately to meet the requirements of continued operation.* The point was also made during this discussion that close linkages to larger institutions, particularly in the UN system, might serve as a buffer in times of extreme hardship and thus these relationships were very precious to the Centre.

It is clear that the most rapid progress on the financial system is mandatory and a top priority. Following this a more detailed staff and management plan will be essential. These following resolutions were passed.

RESOLUTION
5/JUNE 81

The Board reviewed the resource position vis-a-vis the expenditures incurred during the first four months of 1981. The Board noted with concern the overruns in expenditure against the budgeted amount under certain items and strongly felt that the rate of expenditure, unless effectively controlled, may not be met with expected resources in sight. The Board therefore requests the Director to exercise more effective control in consultation with the staff in such a way as not to adversely affect the research and training programmes.

RESOLUTION
6/JUNE 81

The Finance Subcommittee is requested to examine the desirability/possibility and mechanism of creating a 'Reserve Fund' to enable the Centre to attain better financial stability and also to enable it to retain a satisfactory level of work in case of uneven flow of resources for reasons beyond its control...

(b) Personnel Management Subcommittee

The report of the Personnel Management Subcommittee was presented and is entered into the minutes at this point (doc. 3.b/BT/June 81).

"Report of the Personnel Management Subcommittee to the Full Board

... The Personnel Management Subcommittee of the Board of Trustees has met on three occasions since the last full Board meeting. The first meeting was on 10 and 11 March and the last on 9 June, 1981 both at ICDDR, B Dacca. The agendas and minutes of these meetings are appended for the information of the full Board (3.b/BT/June 81). The following

* If the fund withdrawal is not only temporary other steps must obviously be taken.

matters from these minutes are presented to the full Board for their attention and action at the present meeting.

- (1) Recommended procedure for holding elections to the seat of Chairman for the Board of Trustees is appended.
- (2) The procedure for filling vacancies on the Board of Trustees is attached for consideration by the Board along with steps taken and responses received to fill any vacancies which might arise.
- (3) All other matters considered by the Subcommittee are felt not to be in a sufficiently mature state for presentation to the full Board, or were felt not necessary to bring forward for the attention of the full Board as they were in the mandate of the management of the Centre."

The recommended procedure for holding elections to the seat of Chairman of the Board was discussed. It was pointed out that in the Ordinance of the Centre members shall elect one of them, excepting the Director, for a term to be determined by the Board. In the meeting in February, 1980, the Board agreed that the Chairman would act for one year and that the simple procedure followed at that meeting was entirely satisfactory. The following resolution was passed to specify this procedure. It will be entered into the By-Laws.

RESOLUTION
7/JUNE 81

The Board agrees to follow the procedure for election of a Chairman recorded below. It will become a By-Law.

1. The Chairman, when the agenda for election of Chairman is taken up, will invite nominations from the members.
2. In case of only one nomination the Trustee nominated will be elected by acclamation.
3. If there is more than one nomination, decision will be taken by a secret ballot.
4. Each member will vote for one candidate only.
5. Person obtaining simple majority of votes of members present and voting will be declared elected.
6. In case no person has received simple majority of votes a second ballot shall be taken which shall be restricted to candidates receiving the highest and next highest number of votes or highest equal number of votes. In case of equality of votes between two or more persons obtaining highest number of votes in the second ballot, it shall be decided by drawing lots.

Next, the procedure for filling vacancies on the Board of Trustees was discussed and the document submitted by the Personnel Management Subcommittee was accepted with minor modifications in the following resolution. The full text as corrected in resolution 8 (3:b/BT/June 81) is inserted into the proceedings at this point.

Procedure for Holding Elections in seats of members at large of the Board of Trustees

1. For the purpose of holding elections to fill in vacancies in seats of members at large as specified in Sec. 8(1)(d), the Director of the Centre by a notification shall invite nominations from the following:
 - (a) Members of the Board of Trustees.
 - (b) The Countries and Agencies who have signed the Memorandum of Understanding.
 - (c) The six regional offices of the World Health Organization.
 - (d) The Countries who have demonstrated their interest in the functioning of the Centre.
 - (e) Relevant Research Institutions.
2. All nominations must be received within the last date specified in the notice.
3. The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience and the nomination should be accompanied by a statement of facts to that effect.
4. All such nominations received shall be scrutinized by the Selection Subcommittee of the Board who will make recommendations to the Board keeping in view the following:
 - (a) Requirement under Sec. 8(3) of the Ordinance regarding membership from developed and developing countries.
 - (b) Equitable geographical distribution.
 - (c) Balance of different disciplines represented in the Board.
5. The Board by secret ballot will decide acceptance or rejection of the recommendations of the Selection Subcommittee.
6. In case of a negative decision by the Board in the election under rule 5 above the Board by secret ballot will elect the requisite number of trustees from amongst all the validly nominated candidates.
7. When only one member is to be elected, the person obtaining largest number of votes shall be declared elected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.
8. If two elective places are to be filled at one time candidates obtaining the highest and second highest number of votes shall be declared elected. In case of equality of votes between two candidates obtaining highest number of votes, both of them shall be declared elected. In case of equality of votes between persons obtaining second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided it shall be decided by drawing of lots. A similar procedure will be followed in case more than two elective places are to be filled at one time.
9. Decision will be on the basis of the votes of members present & voting.
10. The Board will select one of the trustees who is not a candidate for election to preside over the meeting in case the Chairman is a candidate for re-election as a trustee.

RESOLUTION
8/JUNE 81

The Board agrees to the procedure recommended by the Personnel Management Subcommittee with deletion of item 4 and addition of 1(e) "Relevant Research Institutions". This procedure shall be a By-Law and is recorded as corrected in these proceedings.

The Board was briefed on the other matters considered by the Personnel Management Subcommittee including the desirability of a defined contractual period of employment and the attainment of comparability of the Centre's payscales with those of UN agencies in Bangladesh and with UN agencies at the international level insofar as compatible with the Centre's needs. However, it was emphasised that a close comparability with UN scales in times of hardship would be a great strength for the Centre and assist in helping it to persuade donors to at least meet the level of the UN systems payscales. This reiterates the position taken in the discussion on finances whereby close relationships with UN organisations may provide a strength to the Centre that will be necessary in times of financial hardship.

(c) Selection Subcommittee

The report of the Selection Subcommittee of the Board of Trustees was presented to the Board and is inserted in the minutes at this point.

"Report of the Selection Subcommittee

Two meetings of the Selection Subcommittee of the Board of Trustees were held, the first on 10 April, and the second on 9 June, 1981 at ICDDR,B Dacca. The agendas and minutes of these meetings are attached for information of the Board.

The following recommendations are made to the Board from the Subcommittee:

- (1) With respect to candidates of the Board of Trustees, it was felt very desirable that Dr Leonardo Mata would be able to accept a new term on the Board and if he is willing to do so he should indicate this in writing since a previous letter had indicated that he might not be available for another term. Should he be unable to agree to accept this new term, the candidates recommended to the Board from the Subcommittee are: first, Dr Joaquin Cravioto of Mexico; and if he is unavailable, Dr Jesus C. Azurin of the Philippines. Other candidates considered are listed in the minutes of the meeting. The current members of the Board who are willing to accept new terms are: Prof. M.A. Matin, Dr V. Ramalingaswami.
- (2) With respect to ranking of existing staff, in order to include all those not currently acted upon by the Board, it is suggested that Dr Labius Mutanda and Dr Leif Gothefors should be given the rank of Scientist at the international level. It is

suggested that Dr Aziz R. Samadi be given the title of Visiting Professor of Paediatrics.

- (3) With respect to the ranking of individuals under immediate recruitment for new staff positions, that the following ranks be given: Dr Thomas C. Butler, Scientist; Dr Anwar Hussain, Scientist; Dr Ivan Ciznar, Scientist; Professor Suhas C. Sanyal, Visiting Professor.
- (4) Candidates for the position of Associate Director, Administration and Finance are being reviewed by the members of the Subcommittee for the preparation of a short list and necessary action shall hopefully be taken for recommending a name(s) for appointment as Associate Director, Administration and Finance.

First, the ranking of existing staff was taken up. It was noted one instance had been appointed as a Senior Scientist subject to approval by the Board in his contract. The referees appointed by the Selection Subcommittee decided the rank of Scientist was correct. It was felt that the Director should discuss this directly with the person involved. It was felt necessary and desirable that for categories of staff working at the Centre who were not necessarily long term core research or training staff, that other titles be available. The suggestion of the following titles seemed excellent: (1) Senior Research Visitor or Senior Training Visitor; (2) Visiting Research Fellow or Visiting Training Fellow. The Board would be pleased if Dr Samadi would be willing to accept the title of Senior Research Visitor and would be happy to offer him the rank of Scientist on the staff of the Centre. In the discussion there was unanimous consensus that all ranking be done according to the procedures now in practice and that the decision as reviewed by the Selection Subcommittee and the external reviewers either be accepted by the Board or that the Selection Subcommittee be asked to submit the materials of a candidate who wished the further review to additional reviewers to ensure that a fully objective appraisal had been made. A single standard is essential to the morale and quality of the research staff of the Centre and must be adhered to. It was also recognised that frequently very distinguished individuals from universities and research institutions around the world may wish to work at the Centre, even for a prolonged period of time, they might not, however, wish to be submitted to the rigorous ranking procedures now in effect at the Centre. They should be informed about this and should they desire they could accept other designations during their period of activity with the Centre. Following this discussion, these resolutions were passed.

RESOLUTION
11/JUNE 81

The Board appoints to the international level the following present staff of the Centre.

1. Dr Leif Gothefors - Scientist
2. Dr Labius Mutanda - Scientist
3. Dr Aziz R. Samadi - Scientist

RESOLUTION
12/JUNE 81

The Board authorises the Director to appoint the following individuals as new staff members at the international level.

1. Dr Thomas C. Butler - Scientist
2. Dr Ivan Ciznar - Scientist
3. Dr Anwar Hussain - Scientist

Agenda 4: Election of Members of Board of Trustees

The Selection Subcommittee had reported to the Board that the following Trustees were available for new terms of three years each: Dr J. Kostrzewski, Dr L. Mata, Dr V. Ramalingaswami. The Government of the People's Republic of Bangladesh, in addition, had nominated Professor M.A. Matin to a new term of three years. Although a letter had been received from Miriam Were indicating her interest to continue, inability to contact her and her failure to appear at the meeting was worrisome. Concern was expressed at the absence of Dr Miriam Were from the meeting. Since the African Continent is one of the most important from the point of view of research and training and extension in the area of diarrhoeal diseases it is essential that a member from that Continent be present on the Board at its meetings as frequently as possible. The Secretary of the Board was asked to take all measures to contact Dr Were and enquire as to her availability for future meetings. It was felt that before committing her position on the Board it was necessary to directly ascertain her availability and ability to attend meetings. It was pointed out that there had been direct contact by mail, personal contact by the Chairman of the Board, and telephone contact prior to the meeting in order that the PTA was sent to Baltimore instead of Kenya. It is entirely possible that there was some unavoidable circumstance in travel arrangements which prevented her arrival at the present meeting. All efforts will be made to contact her and determine that she can attend the next meetings of the Board. It was also pointed out that Dr Charles C.J. Carpenter had not been able to attend two meetings, however, that there had been many contacts by mail and directly and that he had submitted his comments on the minutes of last meeting and will be attending the Consultative Group meeting in New York on June 23. The following resolutions were passed after this discussion.

RESOLUTION
9/JUNE 81

In addition to the nomination of Professor M.A. Matin by the Government of Bangladesh, the Board elects Drs J. Kostrzewski, L. Mata and V. Ramalingaswami to the Board for a three year term beginning July 1, 1981.

RESOLUTION
10/JUNE 81

The Board requests the Director to ascertain the availability of Dr Miriam Were to attend future meetings prior to acting on her position. The term for this position will be three years beginning from July 1, 1981.



Joint Secretary
Ministry of Health and Population Control
(Health Division)

Dated... 29.12.80.....

No. JS(A)/PA-1/80/ 26

To
The Director,
International Centre for Diarrhoeal
Disease Research,
Bangladesh,
Dacca.

Dear Sir,

I am to inform you that Government has been pleased to renominate Prof. M.A.Matin, Hon'ble Minister for Health and Population Control to act as a member of the Board of Trustees of the ICDDR,B.

Yours faithfully,

A.R.Khan
(A.R.Khan)
Joint Secretary (Admn.)

May 4, 1981
Ref.: INISA-405-81

Dr. W.B. Greenough III
Director,
International Centre for
Diarrhoeal Disease Research, Bangladesh
G.P.O. Box 128
Dacca-2, BANGLADESH

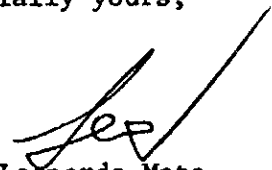
Dear Bucky:

Regarding your last letter, the job description for the post of Ass. Dir. of Adm/Fin looks fine to me. Although I know of a couple of excellent Latin Americans that qualify for the job, I believe that in the best of the ICDDR,B you should appoint a person from the region who would be in a better position to comprehend its culture. Furthermore, such an appointment would result in significant savings in travel money.

I plan to attend the next meeting (and my last as a Trustee) and the Shigella meeting (I hope Mujib takes into consideration my suggestions). For this I need an open economy class ticket as soon as possible since I am much committed with two trips before the Dacca meeting.

I trust you understand the conflict I have between my admiration and love for the Centre and the people of Bangladesh, and my increasing responsibilities in Costa Rica as a researcher and teacher. I hope you are able to include in your candidate list persons from the region who would be able to serve as Trustees without the added complication of long trips. Meantime, I want to keep in touch with the Centre, to continue receiving the wonderful material you produce, and hopefully to serve you and the Centre, in whatever scientific capacity you consider I would be of some use. I do not eradicate from my mind the idea of visiting you again, after the Trustee meeting, as a scientist.

Cordially yours,


Dr. Leonardo Mata
Director,
Instituto de Investigaciones en Salud (INISA)



LM/avy

Dr J. Sulianti Saroso
Chairman,
Board of Trustees
ICDDR,B
Dacca, Bangladesh

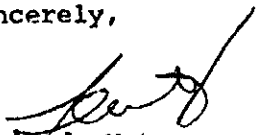
June 11, 1981

Dear Madame Chairman:

After consulting seriously with my mind and soul, I feel
an obligation, and a pleasant one, to stay in the Board.

Please forgive me for any inconvenience I may have caused.

Sincerely,



Leonardo Mata
Professor and Director,
Instituto de Investigaciones en Salud (INISA)

c.c.: Dr. W.B. Greenough III
File

Agenda 5: Annual Report 1980

The Board appreciated the Annual Report. It was out in a more timely fashion this year. The following suggestions were made to improve it further:

1. That some of the lists were unnecessary, particularly the visitors list which occupied a large number of pages.
2. The format could be made more compact in such a way that it could be mailed in a simple mailing envelope with much less weight.

These two changes would be a cost saving for the Centre and allow wider distribution of this important material. Following this discussion, a resolution was passed.

RESOLUTION
15/JUNE 81

The Board notes the Annual Report for 1980 with the comments expressed in the proceedings.

Agenda 6: Resources Development and Technical Cooperation

A report of the Resources Development and Technical Cooperation was presented to the Board by the Associate Director, Resources Development and the Director (doc. 6/BT/June 81). Following the presentation there was a discussion in which concern was raised about how many of the current donors had more than a one year commitment. The relative balance of multi-lateral versus bi-lateral funds from donors was discussed, particularly with relation to the Federal Republic of Germany. It was pointed out that bi-lateral funds came only for projects which the Government of the People's Republic of Bangladesh and the Centre jointly decided to approach. When this was done and a proposal was completed and cleared often incremental funds for Bangladesh could be gained by going to donors ("multi-bi"). This pattern had recently been followed in the funds received from Canada and seemed like the best approach to bi-lateral funds. In general, the Centre requires core support from multi-lateral sources and no matter how difficult they may be to achieve this source is essential. One example of how the multi-bi channel might be used is that many donors would be interested in more substantive collaborations made with the national institutions in which the cost could be covered by external donors and result in strengthening of the local institutions. It was pointed out that many donors favour the bi-lateral channel. It was suggested that it would be rewarding to visit the United Arab Emirates. Dr Al-Dabbagh kindly offered assistance in advising on the necessary arrangements for such a visit by the Director and Associate Director, Resources Development.

There was discussion regarding token contributions by developing countries and what size it might be. It was suggested that it would be acceptable should UNDP initiate a letter to participants in the

developing world. One way of deciding the amount would be to note that Bangladesh had contributed \$55,000 each year as its contribution.

With respect to technical cooperation, particularly participation with national settings both inside and outside of Bangladesh was welcome. Emphasis should be on training of the trainees in any efforts taken in this area.

A concern about diffusion of effort and resources was raised by one Trustee indicating that it was necessary for effective technical cooperation and the diffusion proceed from a higher to a lower gradient of expertise. Thus, any such collaboration must not be at the expense of the quality and productivity of the Centre itself. The importance of linkages in cooperation with the UN agencies, particularly the World Health Organisation and UN University are extremely important and may help in drawing funds and fellows. The point was made that effective extension work by the Centre in Bangladesh would be the best base from which to demonstrate competence to advise on extension outside of the country. Thus, the link of ICDDR,B to health care in the host country is of extreme importance. It was felt that training outside of Bangladesh should be mainly the concern of WHO since ICDDR,B is not yet strong enough in its training programme to tackle too wide a sphere.

Doubts were expressed about the wisdom of locating Centre staff outside of Bangladesh since this may lead to isolation of such staff from the country in which he is working. It was noted that when working in another country close contact with the Government channel in that country was of great importance. It was pointed out that for optimal technical cooperation there should be a two way flow of information and expertise. It was emphasised that when taking on projects it was important for the Centre to be sure that the whole cost is covered and there is sufficient staff recruited from outside the Centre and that the Centre's financial strength and staff strength are not in any way depleted. It was pointed out that under the UN rules that no national is placed in his own country outside of his own country's structure. It was also mentioned that there are now a network of ten collaborating Centres of Diarrhoeal Diseases. It was noted that with respect to the Kenyan project that Dr Mutanda was not a citizen of Kenya that the Annual Report was an error in this piece of information as Dr Mutanda is a citizen of Uganda.

There was no resolution passed following this discussion. However, the guidelines for proceedings seemed quite clear. They are as follows:

1. There should be a maximum emphasis on collaboration and strengthening of national institutions in the host country and when working in countries outside the host country.
2. When collaborating in another country it is wise to be sure that any staff of the Centre is well integrated into that country's government system.

3. Collaboration with the Gulf States would be highly desirable in that they have a significant problem in diarrhoeal diseases and can afford to approach it with the Centre's help and expertise.
4. Careful integration and cooperation with WHO and other members of the UN system are very important to the Centre.
5. For particular research problems, sites outside should be used only when they provide a specific opportunity to solve a problem which cannot be solved in Bangladesh.

Agenda 7: Election of Chairman of the Board of Trustees for the period July 1, 1981 to June 30, 1982

It was agreed by the Board that the Chairman to be elected would act for a period of one year, from July 1, 1981 through June 30, 1982. The current Chairman, Dr Julie Sulianti Saroso, announced that she would be unable to be a candidate for re-election and thus might chair the elections for this election of the new Chairman of the Board. All Trustees expressed feelings of gratitude to Dr Sulianti for her excellent job as Chairman. Indebtedness to Dr Sulianti for her outstanding leadership and guidance was expressed and her magnanimity in stepping down at this time was appreciated. The floor was then opened for nomination and Professor M.A. Matin was nominated and seconded by all Trustees. He was thus elected as Chairman of the Board by general acclamation. The following resolutions were passed:

RESOLUTION 13/JUNE 81 The Board elects Professor M.A. Matin Chairman of the Board for a one year term beginning July 1, 1981.

RESOLUTION 14/JUNE 81 The Board acknowledges its appreciation of the valuable services rendered by Dr Julie Sulianti Saroso, the outgoing Chairman of the Board of Trustees during the two years of her service as Chairman. It is noted that her efforts during the first two years of the Centre's life have gracefully evolved a fully structured and funded vigorous entity.

Agenda 8: Report of External Scientific Review Committee

The External Review Committee consisting of Dr Orjan Ouchterloney, Dr Alexander Muller and Dr Dilip Mahalanabis gave its verbal report to the Board at this time.

The highlights of this report were as follows:

1. It was felt that the Centre's work had been directed at the goals and aims it had set forth.
2. Its productivity has been good and the summary of its output in the Annual Report was praised. However, the external reviewers also mentioned the cost of mailing such a heavy document.

3. There was a feeling that in many areas the effort was too widely spread and that a sharper focus would be beneficial. There was a great danger of spreading resources too thinly.

Next, the following specific remarks were made about Microbiology.--

1. There was a risk of overloading.
2. The overload could be reduced by reducing the number of analyses, probably too many unessential tests are done at the present time.
3. The clinical routine work was not large and was commensurate with requirements.
4. There needs to be improvement in analytical methods and innovations to simplify these methods.
5. The lack of a senior immunologist was noted. This is partly made up for by collaboration but this situation should not be allowed to persist for a long time.
6. It was felt that there should be an increased emphasis on diarrhoeas caused by invasive organisms.
7. It was felt that the work on phage and plasmids of vibrios was of great importance.
8. The mechanisms of enteropathogenicity and campylobacter and rotavirus should occupy a priority.
9. The work on local intestinal immunity was a high priority.
10. Field trails to be taken up should be carefully coordinated and approved by the World Health Organization.

The most important essential theme of work involving Microbiology should be an emphasis on water ecology. There was a general need of upgrading the basic equipment of the Microbiology area which should be given a very high priority as resources become available.

It is also noted that there should be more visits from the scientists involved with microbiology in Dacca to field stations so that there would be less of a feeling of isolation. It was noted that laboratories were very crowded, that the washing and cleaning and disposal areas require complete redesign and renovation and this must be given a very high priority.

Next, the area of field work was taken up in which it was felt that the surveillance taking place in Teknaf and Matlab was truly laborious, expensive and of very high quality. It was felt that simplifications with reduction of cost could be made without reduction in the quality of data and that self-perpetuation of a system was not good without review. The central theme of the most urgent priority should be simplification of monitoring systems so they could be applicable to areas under the responsibility of the Government of the People's

Republic of Bangladesh or other developing countries. There was an immense opportunity as the Centre entered new areas while maintaining the highly accurate system in the areas of Teknaf and Matlab to carefully calibrate such methodology. Such an opportunity probably does not exist in any other Centre in the world.

It was felt that sociological and anthropological approaches were lacking and must be emphasised.

It was pointed out that in Matlab an unique opportunity existed in that the embankment project were going to divide the field area in half and over the next decade a large amount of extraordinarily unique data could be gathered if it was planned immediately. During the decade of water it was expected that external funding would be possible for such research.

Next, the area of clinical research was taken up. It was felt that the studies were important and relevant to the goals set. Most important to pursue seemed the cereal based oral rehydration solution, the anti-diarrhoeal agents and the mechanisms of the newly discovered diarrhoeal diseases including mechanisms of parasite related diarrhoea. The nutrition part of the clinical research effort in order to be done adequately required an upgrading of both facilities and staff. It was felt that in general in order to pursue a high quality clinical research effort the key was training of the staff in the infrastructure as clinical research technicians and nurses who could carry out careful and accurate measurements and a marked improvement of the equipment and physical facilities. It was felt that the Centre had in its poor and limited facilities survived on a great deal of improvisation and ingenuity and that the time whereby it could get along this way was passing rapidly. It was further noted that an excellent Animal Research facility existed which was greatly under-utilised and that work in this area would facilitate greatly testing of materials for human study.

Following presentations the Trustees commented, particularly emphasised were the following points:

1. Developing a simplified monitoring system should be given a maximum priority and urgency.
2. It was noted that there was inadequate interaction between programmes and that the reorganisation of the Centre would be vitiated if it were not possible to find a way to prevent programmes from becoming departmental in structure. This should not be done simply by amalgamation of programmes but by some innovative method which forced scientists to work between programmes.
3. It was felt an urgent need to have a comprehensive write-up of the experiences in Matlab and Teknaf.

4. The importance of improving facilities was underlined further.
5. It was noted an extraordinary opportunity existed in the new areas being jointly served by the Government and the Centre in that vaccine trials for the expanded programme on immunization might be taken up in these areas should a satisfactory monitoring system be established.

It was finally noted that an effort should be made to identify projects of low priority and to drop these as a cost saving measure. Finally, it was noted that many of the important initiatives in the health area taken by the Government of the People's Republic of Bangladesh had depended on the Centre's information, among these were:

1. The integration of health and population activities.
2. The integration of all health services.
3. The use of injectable contraceptives from the Government's point of view the establishment of a simplified monitoring system was seen as absolutely crucial.

There was some discussion about the adequacy of the time for the review. It was noted that for a fully indepth review 3 months would be required. However, one way to facilitate a brief review of two weeks such as the present one would be to provide well in advance a great deal of written information. Following this discussion a resolution was passed.

RESOLUTION
16/JUNE 81

The Board acknowledges its appreciation for the thorough external review performed by Dr Orjan Ouchterloney, Sweden, Dr Alexander Muller, Netherlands, Dr Dilip Mahalanabis, India.

Agenda 9: Other business

The Board discussed the composition of the three Subcommittees and it was agreed that in this year the Selection Subcommittee should remain of the same composition as should the Finance Subcommittee, but that it would be desirable to change the composition of the Selection Subcommittee in the following year. However, they felt since the Personnel Management Subcommittee's business was drawing to a close and probably would be completed during 1981 that this composition should remain unchanged therefore the following resolution was adopted.

RESOLUTION
17/JUNE 81

The Board agrees that the words "The Chairman of the Board" be substituted by the words "Dr Julie Sulianti Saroso, Trustee" in the Resolution of the Board adopted in the meeting of February 4-8, 1980 establishing the Personnel Management Subcommittee.

The date for the November meeting had already been set, these dates are 16-20 November, 1981 and remain unchanged.

2/BT/NOV. 81

APPENDIX 'A'

RESOLUTIONS

BOARD OF TRUSTEES MEETING

JUNE 11-12, 1981

RESOLUTIONS .

BOARD OF TRUSTEES MEETING

11-12 JUNE 1981

RESOLUTION 1/JUNE 81

RESOLVED : The Board of Trustees of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) expressed deep sorrow at the untimely demise of President Ziaur Rahman. The late President worked tirelessly in all sectors for the development of Bangladesh, and was invaluable in the internationalization of ICDDR,B.

RESOLUTION 2/JUNE 81

RESOLVED : The Board agreed to accept the draft agenda as presented.

RESOLUTION 3/JUNE 81

RESOLVED : The Board approves the draft proceedings of the meeting of the Board 2-5 December, 1980 with the necessary corrections.

RESOLUTION 4/JUNE 81

- RESOLVED : (a) The Board accepts the auditors reports for the period ended June 30, 1980 and the period ended December 31, 1980.
- (b) The Board approves the selection of Rahman, Rahman & Huq and Price Waterhouse for appointment as auditors for the period ending December 31, 1981.

RESOLUTION 5/JUNE 81

RESOLVED : The Board reviewed the resource position vis-a-vis the expenditures incurred during the first four months of 1981. The Board noted with concern the overruns in expenditure against the budgeted amount under certain items and strongly felt that the rate of expenditure, unless effectively controlled, may not be met with expected resources in sight. The Board therefore requests the Director to exercise more effective control in consultation with the staff in such a way as not to adversely affect the research and training programmes.

RESOLUTION 6/JUNE 81

RESOLVED : The Finance Subcommittee is requested to examine the desirability/possibility and mechanism of creating a "Reserve Fund" to enable the Centre to attain better financial stability and also to enable it to retain a satisfactory level of work in case of uneven flow of resources for reasons beyond its control.

RESOLUTION 7/JUNE 81

RESOLVED : The Board agrees to follow the procedure for election of a Chairman recorded below. It will become a By Law.

1. The Chairman, when the agenda for election of Chairman is taken up, will invite nominations from the members.
2. In case of only one nomination the Trustee nominated will be elected by acclamation.
3. If there is more than one nomination, decision will be taken by a secret ballot.

4. Each member will vote for one candidate only.
5. Person obtaining simple majority of votes of members present and voting will be declared elected.
6. In case no person has received simple majority of votes a second ballot shall be taken which shall be restricted to candidates receiving the highest and next highest number of votes or highest equal number of votes. In case of equality of votes between two or more persons obtaining highest number of votes in the second ballot, it shall be decided by drawing lots.

RESOLUTION 8/JUNE 81

RESOLVED : The Board agrees to the procedure recommended by the Personnel Management Subcommittee with deletion of item 4 and addition of 1(e) Relevant Research Institutions". This procedure shall be a By-Law and is recorded as corrected in these proceedings.

RESOLUTION 9/JUNE 81

RESOLVED : In addition to the nomination of Professor M.A. Matin by the Government of Bangladesh, the Board elects Drs J. Kostrzewski, L. Mata and V. Ramalingaswami to the Board for a three year term beginning July 1, 1981.

RESOLUTION 10/JUNE 81

RESOLVED : The Board requests the Director to ascertain the availability of Dr Miriam Were to attend future meetings prior to acting on her position. The term for this position will be three years beginning from July 1, 1981.

RESOLUTION 11/JUNE 81

RESOLVED : The Board appoints to the international level the following present staff of the Centre:

1. Dr Leif Gothefors - Scientist
2. Dr Labius Mutanda - Scientist
3. Dr Aziz R. Samadi - Scientist

RESOLUTION 12/JUNE 81

RESOLVED : The Board authorises the Director to appoint the following individuals as new staff members at the international level.

1. Dr Thomas C. Butler - Scientist
2. Dr Ivan Ciznar - Scientist
3. Dr Anwar Hussain - Scientist

RESOLUTION 13/JUNE 81

RESOLVED : The Board elects Professor M.A. Matin Chairman of the Board for a one year term beginning July 1, 1981.

RESOLUTION 14/JUNE 81

RESOLVED : The Board acknowledges its appreciation of the valuable services rendered by Dr Julie Sulianti Saroso, the outgoing Chairman of the Board of Trustees during the two years of her service as Chairman. It is noted that her efforts during the first two years of the Centre's life have gracefully evolved a fully structured and funded vigorous entity.

RESOLUTION 15/JUNE 81

RESOLVED : The Board notes the Annual Report for 1980 with the comments expressed in the proceedings.

RESOLUTION 16/JUNE 81

RESOLVED : The Board acknowledges its appreciation for the thorough external review performed by Dr Orjan Ouchterloney, Sweden, Dr Alexander Muller, Netherlands, Dr Dilip Mahalanabis, India.

RESOLUTION 17/JUNE 81

RESOLVED : The Board agrees that the words "The Chairman of the Board" be substituted by the words "Dr Julie Sulianti Saroso, Trustee" in the Resolution of the Board adopted in the meeting of February 4-8, 1980 establishing the Personnel Management Subcommittee.

ATTACHMENT NO. 1

TO PROCEEDINGS OF THE BOARD OF TRUSTEES MEETING

11-12 JUNE 1981

PROVISIONAL AGENDA

PERSONNEL MANAGEMENT SUBCOMMITTEE MEETING 10 MARCH, 1981

1. Extension of International level below Senior Scientist and Scientist.
2. Policy on long-term Consultants.
3. General policy on cost of living adjustments for international level.
4. Administrative manual progress report.
5. Presentation of staff list above level VII.
6. Job description Associate Director Administration and Finance.
7. Pay scale policy.
8. Other matters.

MINUTES OF THE MEETING OF THE PERSONNEL MANAGEMENT SUBCOMMITTEE OF
THE BOARD OF TRUSTEES, 10 MARCH, 1981

The members of the Personnel Management Subcommittee of the Board are Dr Julie Sullianti, Mr M.K. Anwar and Dr W.B. Greenough. They met at ICDDR,B in the Director's Conference Room from 8 until 10 a.m. on Tuesday, 10 March, 1981.

The attached agenda was considered.

Agenda 1: Extension of International level below Senior Scientist and Scientist.

Dr Greenough presented a brief working paper as a basis for discussion of this topic. It was noted that the cost, approximately between 2 and 300,000 dollars, could not be considered during the present or possibly next financial year, therefore, a rapid adjustment was not possible. The long range policy should be to ultimately remove anomalies from the present pay scale by adjusting all currently not in the UN local pay scale to international level. Since the long term consultants are a part of this anomaly it was suggested that Agenda 1 and 2 be handled together by drafting a new working paper. The Director agreed to do this for presentation at the meeting on the next day, i.e. 11 March at 3 p.m.

Agenda 3: General policy on cost of living adjustments for international level staff.

It was felt that since the staff were contractual and the contracts may be reviewed on a yearly basis that no routine adjustments would be made but would be taken up only by direct negotiation on each contract.

Agenda 4: Administrative manual progress report.

A progress report was given on the administrative manual. It was felt that considerable more work was needed to bring this into a condition where it was congruent with all the Board actions during the past three meetings. It was felt that a highly experienced senior person would be needed to go over the manual in some detail and Mr Anwar indicated that it might be possible for him to do this. This will be followed-up by the Director.

Agenda 5: Presentation of Staff list above level VII.

The staff list above level VII was presented to the Subcommittee and acknowledged. It was asked that the base pay and/or benefits be added against each position on this list. The Director agreed to do this.

Agenda 6: Job description Associate Director Administration and Finance.

A job description for the Associate Director Administration and Finance will be provided to the Subcommittee at their meeting tomorrow.

Agenda 7: Pay scale policy.

The policy of adjustment of pay scales to the UN local scale was discussed and it was felt to be an internal matter which could be settled between the Director and the staff.

Agenda 8: Other matters.

The procedure for election of the Chairman of the Board was discussed. A paper was to be drafted to outline the procedure that would be followed and it was felt to be desirable that the procedure acceptable to the full Board might be made part of the By Laws as a standard procedure for the Board election process.

WBG:jc

MINUTES OF THE MEETING OF THE PERSONNEL MANAGEMENT SUBCOMMITTEE OF THE BOARD OF TRUSTEES, 11 MARCH, 1981

Members present: Dr Julie Sulianti Saroso, Mr M.K. Anwar and Dr W.B. Greenough. The Subcommittee met at 3 p.m. in the Director's Conference Room, ICDDR,B.

1. The minutes of the meeting of the Personnel Management Subcommittee of 10 March, 1981 were reviewed and accepted.

2. The Working Paper on Extension of International Level Staff to Level VIII and other staff above the local scales was considered and discussed and it was decided that it should be further considered in detail by the individual members for preparation of a final working paper for the Board in June.

A more precise list of the financial implications of conversion of Level VIII to international level positions at P1 or P2 was presented but it was noted that there were omissions from that list and that this required further definition as well.

A staff list with the pay and benefits was provided to the members of the Personnel Management Subcommittee and the Director was asked to specify the nature of the benefits for staff above the level VII including international level staff.

3. Next agenda was a job description for Associate Director, Administration and Finance, was provided to the Subcommittee for their consideration. There was no discussion on this but it was asked that it be reviewed and suggestions made.

4. Next agenda item was the procedure for electing the Chairman of the Board of Trustees and the procedure for filling vacancies in the seats of members at large and of the Board of Trustees. This matter was discussed and it was agreed that a procedure should be defined. It was asked that Dr Sulianti, while in Geneva, ascertain WHO procedure for a similar body. This could then be reviewed and adapted to the needs of the Centre's Board. Mr Anwar indicated a willingness to help draft a procedure as well. It was agreed that a procedure must be established prior to June meeting when this arises as an agenda item.

5. Next item was that the next meeting of the Personnel Management Subcommittee would take place on 9 June, the time to be set at a later date.

PERSONNEL MANAGEMENT SUBCOMMITTEE MEETING OF BOARD TO BE HELD
ON TUESDAY, 9 JUNE AT 2.30 PM.

AGENDA

1. Approval of the minutes of the meeting held on 11 March, 1981.
2. Matters arising from the minutes:
 - (a) Working paper on extension of international level to all staff above local scales.
 - (b) Staff list with pay and benefits for above level VII, including international level staff.
 - (c) Job description - Associate Director, Administration and Finance.
 - (d) Procedures for electing Chairman Board of Trustees.
 - (e) Manner of filling vacancies in Board of Trustees.
3. General Manager function.
4. Process for hiring consultants of more than three months.
5. Modification of pay scales.
6. Other matters.

MINUTES OF THE PERSONNEL MANAGEMENT SUBCOMMITTEE ON 9 JUNE, 1981

The Personnel Management Subcommittee of the Board of Trustees met at 2.30 p.m. on Tuesday, 9 June, 1981 in the Director's Conference Room at ICDDR,B.

Members Present: Dr Julie Sulianti Saroso, Mr M.K. Anwar,
Dr W.B. Greenough.

Agenda 1 : Minutes of the meeting held on 11 March, 1981. These minutes were approved with the exception of the deletion of Agenda 3, which was not taken up at that meeting.

Agenda 2 : (a) A Working Paper on extension of international level to all staff above local scales was discussed. Some of the factors in favour and against such an extension were discussed briefly. It was explained the overall goal of the Centre was for the payscales both above at the international level and below on the local payscales to be as comparable as possible with the UN organisations, was in the spirit and letter of the Ordinance and was a goal to be strived towards. It was suggested that the Director should continue to work in this direction and prepare documentation for the financial implications of any changes in the payscales for consideration with the 1982 budget at the November meeting of the Board of Trustees.

(b) Staff list with pay and benefits for above level VII including international level staff, was accepted as a document for review by the members of the Subcommittee without specific comment at this time.

(d) Procedures for electing Chairman of the Board of Trustees was discussed in detail. It was agreed to accept the document prepared by one of the members incorporating suggestions from other members. This procedure is attached to the minutes and will be forwarded to the Board for their approval and implementation.

(e) The manner of filling vacancies in the Board of Trustees was reviewed and the Subcommittee expressed willingness to accept this procedure as appended.

Agenda 3 : (a) General Manager Function was discussed and it was felt that the Director may wish to maintain the position without filling it until recruitment of

the Associate Director, Administration and Finance, can evaluate its requirement with the present management. It was pointed out that it is not essential to fill a position should it become vacant.

(b) Job description for Associate Director, Administration and Finance, was noted. It was felt to require further work to make it more precise and more commensurate with the level of responsibility and independence required for the job.

Agenda 4

: Process for hiring consultants of more than three months, was discussed. There was a consensus that all positions of more than three months above the local scales should be selected by the Selection Subcommittee of the Board but that recruitment of consultants of less than three months term could be carried out under responsibility of the management of the Centre. It was cautioned, however, that such consultations should be assessed carefully in terms of their cost versus benefit and gain.

Agenda 5

: Modification of payscales was taken together with the agenda of extension of the international level to all positions above level VII, or the UN local scale. The goal is clearly stated in the Ordinance whereby the scales of ICDDR,B should be comparable to those of United Nations organisations in Bangladesh.

Agenda 6

: Other matters - A Working Paper for the Personnel Management Subcommittee of the Board of Trustees on the contractual mechanism of employment was provided to the members of the Subcommittee for their consideration but not taken up at this meeting.

Procedure for Holding Elections to the Seat of the Chairman
of the Board of Trustees

1. For the purpose of holding elections to fill in vacancy in the position of Chairman as specified in Sec. 9(1) of the Ordinance, the Director of the Centre by a notification shall invite nominations from the members of the Board of Trustees.
2. All nominations must be received within the date and time specified in the notice.
3. A written consent of the nominated trustee must be furnished with the nomination.
4. To scrutinise all such nominations received an ad-hoc nomination sub-committee of the Board consisting of three members will be formed. No Trustee member who is a candidate for chairmanship may be a member of the sub-committee. The sub-committee will make a recommendation to the Board suggesting one of the candidates to be elected as chairman.
5. The Board by secret ballot will decide acceptance or rejection of the recommendation of the nominating sub-committee.
6. In case of a negative decision by the Board in the election under rule 5, the Board by secret ballot will elect a Chairman from amongst all the validly nominated candidates.
7. Person obtaining simple majority of votes will be declared elected. In case no person has received simple majority of votes a second ballot shall be taken which shall be restricted to candidates receiving the highest and next highest number of votes or highest equal number of votes. In case of equality of votes between two or more persons obtaining highest number of votes in the second ballot, it shall be decided by drawing lots.
8. Decision will be on the basis of the votes of members present and voting.
9. In case the sitting Chairman is a candidate for re-election the Director of the Centre will preside in the meeting to elect a Chairman.

Procedure for Holding Elections in seats of Members
at large of the Board of Trustees.

1. For the purpose of holding elections to fill in vacancies in seats of members at large as specified in Sec. 8(1)(d), the Director of the Centre by a notification shall invite nominations from the following:
 - (a) The members of the Board of Trustees.
 - (b) The Countries and Agencies who have signed the memorandum of understanding.
 - (c) The six regional offices of the World Health Organization.
 - (d) The Countries who have demonstrated their interest in the functioning of the centre.
2. All nominations must be received within the last date specified in the notice.
3. The nominated individuals shall be persons qualified to serve by reason of scientific, research and administrative or other appropriate experience and the nomination should be accompanied by a statement of facts to that effect.
4. Evidence of consent of the nominated person to serve in the Board of Trustees shall be furnished with the nomination.
5. All such nominations received shall be scrutinised by the Selection Sub-Committee of the Board who will make recommendations to the Board keeping in view the following:
 - (a) Requirement under Sec. 8(3) of the Ordinance regarding membership from developed and developing countries.
 - (b) Equitable geographical distribution.
 - (c) Balance of different disciplines represented in the Board.
6. The Board by secret ballot will decide acceptance or rejection of the recommendations of the Selection Sub-Committee.
7. In case of a negative decision by the Board in the election under rule 6 above the Board by secret ballot will elect the requisite number of trustees from amongst all the validly nominated candidates.
8. When only one member is to be elected, the person obtaining largest number of votes shall be declared elected. In case of equality of votes between two or more candidates obtaining largest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided in the second ballot, it shall be decided by drawing lots.
9. If two elective places are to be filled at one time candidates obtaining the highest and second highest number of votes shall be declared elected. In case of equality of votes between two candidates obtaining highest number of votes, both of them shall be declared elected. In case of equality of votes between persons obtaining second highest number of votes, a second ballot shall be taken which shall be restricted to the candidates obtaining the largest number of votes. If votes are equally divided it shall be decided by drawing of lots. A similar procedure will be followed in case more than two elective places are to be filled at one time.
10. Decision will be on the basis of the votes of members present and voting.
11. The Board will select one of the trustees who is not a candidate for election to preside over the meeting in case the Chairman is a candidate for re-election as a trustee.

FOR BOARD OF TRUSTEES & PERSONNEL MANAGEMENT SUBCOMMITTEE

Manner of filling vacancies in Board of Trustees

On 26 January, 1981 the Director wrote to all foreign missions and agencies which were participating or interested in the Centre in Dacca requesting them to suggest persons for consideration as members of the Board of Trustees. The Director wrote this letter (attached) as Secretary of the Selection Subcommittee of the Board of Trustees, ICDDR,B.

The suggestions which had been received prior to the meeting of the Selection Subcommittee on 10 April, 1981 were submitted to the members of the Subcommittee in that meeting. As per the minutes of that meeting, requests were sent to all persons nominating persons from developing countries, especially from Central or South America and Pacific region in the area of Nutrition asking that they provide curriculum vitae for their nominees and advise us of the availability of the nominees. Also, in accordance with the minutes, nominations received after the Subcommittee meeting on 10 April, were accepted and requests made for curriculum vitae and availability of nominees from persons making nominations in the aforementioned category.

Attached is a list of all nominations received and the name of the person placing the nomination.

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

26 January 1981

Dear Sir:

As a participant with the International Centre for Diarrhoeal Disease Research, Bangladesh, we are seeking your suggestions for outstanding individuals in fields relevant to the work of the Centre who might be considered as candidates for the position of Trustee of the Centre. During the next four months, a new long and short list will be developed by the Selection Subcommittee of the Board for consideration by the full Board at their meeting in Dacca in June, 1981.

"Constitution of the Board. --(1) The Board shall consist of sixteen members who shall serve in their individual capacity as follows:--

- (a) three members nominated by the Government;
- (b) a member nominated by the Director-General of the World Health Organisation;
- (c) the Director of the Centre; and
- (d) eleven members at large who shall be chosen initially by the Interim Committee, comprising as members of the Interim Committee those governments and organisations under sub-sections (1) and (2) of section 6;

"(2) At any given time, no country shall have more than two members, except for Bangladesh under sub-section (1).

"(3) At any given time, the Board shall be so composed that not counting the members nominated by the World Health Organisation, more than 50% must come from the developing countries, including the members nominated by Bangladesh, and not less than one-third from developed countries. The Director shall be counted as coming from the developed or developing countries depending upon nationality.

"(4) The members shall be individuals qualified to serve by reason of scientific research, administrative or other appropriate experience.

"(5) Except for the Director, all members shall be appointed to fill three-year terms, except for members of the initial Board. In the initial Board, all members except the Director shall be divided into three classes or approximately equal numbers, these classes serving terms of one, two and three years respectively. The Board shall decide how many members shall be in each class, and the members of each class shall be chosen by lot.

"(6) Vacancies in seats of members at large shall be filled by the Board. A member appointed to a vacancy arising from a cause other than the normal expiration of a term shall serve for the remainder of the term of the member being replaced. No member may serve more than two consecutive three-year terms or portion thereof, except that a member serving a term of less than three years on the initial Board may serve two consecutive three-year terms immediately thereafter."

Please send your suggestions to the Director, International Centre for Diarrhoeal Disease Research, Bangladesh; G.P.O. Box 128 Dacca-2, Bangladesh.

Thank you for your help in this matter.

Sincerely yours,



William B. Greenough III, M.D.
Director and Secretary, Selection
Subcommittee of the Board of
Trustees, ICDDR,B

WBG:jm

NOMINATIONS FOR MEMBERS OF THE BOARD OF TRUSTEES - 1981

Nomination received from

Person nominated

Sir Michael Scott,
British High Commissioner.

Richard Feachem
Professor John Waterlow
Dr D.M. Mackay

UNFPA Coordinator

Dr Gauri Sankar Lall Das
Dr Carl Taylor

Kenneth Warren,
The Rockefeller Foundation.

Jon E. Rohde
Gerald T. Keusch

Minister of Health,
Republic of the Philippines.

Dr Jesus C. Azurin

Clifford A. Pease,
US International Development Coop. Agency.

Dr Joaquin Cravioto
Dr Jose Obdulio Mora
Dr Fernando Monckeberg Barros
Dr Jose Eduardo Dutra de Oliveira

The Royal Embassy of Saudi Arabia
(from authorities in Saudi Arabia)

Dr Abdulwahab Al-Mehedib
Dr Abdullah Al-Baqui
Dr Ali Al-Saif

Charles C.J. Carpenter

Dr Kenji Takeya

Dr A. Zahra
WHO, Geneva

Dr Dhiman Barua
Dr David E. Bersh
Dr Guillermo Ruiz-Palacios
Dr Pornchai Matangkasombut
Dr (Mrs) A. Mangay-Angara
Dr B.K. Adadevoh
Dr Aziz El Kholi

Dr Z. Sestak
WHO, Dacca

Professor Natth Bhamarapravati
Dr Aung Than Batu

Government of Thailand
(through Thai Ambassador)

Dr Prakorb Boonthai

Australian Government
(through Australian High Commissioner)

Prof. D. Rowley

SAREC
(through Swedish Embassy)

Prof. D. Habte

ATTACHMENT NO.2

TO PROCEEDINGS OF THE BOARD OF TRUSTEES MEETING

11-12 JUNE 1981

SECRET

MINUTES OF SELECTION SUBCOMMITTEE OF THE BOARD OF TRUSTEES
HELD ON FRIDAY, 10 APRIL, 1981 AT 4.30 P.M. AT ICDDR,B. DACCA

Members Present: Professor M.A. Matin, Dr W.B. Greenough III

Member Absent : Dr J. Holmgren

The Agenda was accepted as appended.

Agenda 1 : Candidates for the Board of Trustees

The list of candidates for the Board received to date from the letter sent on 26 January, 1981 to all interested countries and agencies as well as all current participants was reviewed. In June, 1981 one position, that of Dr Leonardo Mata, will be opening. Thus the candidates should be from a developing country. Attention should also be given to geographic distribution and area of expertise. In this case a candidate from Central or South America or the Pacific region with a distinguished career in Nutrition would be most suitable. The following candidates would qualify:

Dr Joaquin Cravioto - Mexico

Dr Jose Obdulio Mora - Mexico

Dr Fernando Monckeberg Barros - Mexico

Dr Jose Eduardo Dutra de Oliveira - Mexico

Although not a Nutrition Scientist, Dr Jesus C.

Azurin - Phillipines may also be considered.

The Director was instructed to write to the nominating body or person and ask that they inquire as to the candidates interest and availability. It should also be asked that they forward a full curriculum vitae.

Further nominations should be accepted and the nominating body/person asked to supply a curriculum vitae and inquire about availability if the nominee is from a developing country, especially from Central or South America or the Pacific Region.

Agenda 2 : Ranking of Staff

After reviewing the comments of Trustees coopted to review ranking of staff at international level, the following actions were recommended:

- Dr Labius Mutanda should be made a Scientist;
- Dr Leif Gothefors should be made a Scientist;

Since one reviewer had not responded as yet, Dr Aziz Samadi's rank could not be fixed at this meeting.

Agenda 3 : Ranking of New Appointments

With respect to the ranking of new appointments, the following recommendations were made:

- Dr Thomas C. Butler - Scientist;
- Dr M.A. Hussain - Scientist;

It was asked that Dr Ivan Ciznar be reviewed by Drs Holmgren and Kostrzewski before recommendation would be made to the full Board.

Agenda 4

: Other Matters

- ...
- (a) Information was provided concerning the job description and advertisement of the position Associate Director, Administration/Finance. This is enclosed with these draft minutes.
- ...
- (b) The procedure for election of Chairman of the Board of Trustees agreed to by the Personnel Management Subcommittee of the Board (appended) was acknowledged and may be implemented for the forthcoming meeting.
- (c) The next meeting of the Selection Subcommittee will be tentatively set at 4.30 p.m., Tuesday, 9 June, 1981 at ICDDR,B.
- (d) The choice of external reviewers who have accepted to date is:
- Prof. O. Ouchterloney, Sweden
 - Prof. A. Muller, Netherlands
 - Dr D. Mahalanabis, India
 - Dr E. Gangarosa, U.S.A.

SELECTION SUBCOMMITTEE - AGENDA FOR MEETING ON 10 APRIL, 1981

1. Candidates for Board of Trustees

Attached is:-

- (a) Copy of the letter sent to Embassies, High Commissions and International Agencies
- (b) List of nominations received to date (3/4/81)

2. Ranking of Staff

Attached is:-

- (a) Document 10.1/BT/Dec.80
- (b) List of staff members to be ranked plus recommendations received
- (c) Copies of letters of recommendation from Trustees and copies of c.v.'s (Dr Mutanda's c.v. has been circulated previously)

3. Ranking of New Appointments

Attached is:-

- (a) List of new appointees ~~to be~~ ranked plus recommendations received
- (b) Copies of letters of recommendation from Trustees and copies of c.v.'s (Dr Cizar's c.v. has been circulated previously)

4. Other matters

ICDDR,B

JOB DESCRIPTION

POSITION : ASSOCIATE DIRECTOR, ADMINISTRATION/FINANCE

POSITION CODE : Under the direct control of the Director or his delegated authority, the incumbent performs the assigned duties.

A. Summary of Position:

Plans, directs, co-ordinates and controls overall administrative and financial affairs of ICDDR,B.

1. Formulates policies and procedures related to administrative areas and submits them for approval by Management.
2. Insures that the actual utilization of human, physical and financial resources in these areas meets the pre-determined objectives.

B: Description of Functions:

1. Plans, organizes, implements, coordinates and controls all activities in the following areas: General Services, Personnel, Maintenance, Supply, Transport, Travels, Housing, Public Relations, Finance, Cost & Budget.
2. Establishes an adequate data base for Management and Financial information. Analyses information to assess and improve performances of Programs, Branches and Offices within ICDDR,B. Such analysis shall take into account the general long-term as well as short-term objectives of ICDDR,B as well as the specific objectives

derived from the general objectives of every Program, Branch and/or Office to which such administrative services are provided.

3. Delegates responsibilities to supervisors in their respective areas to enable them to discharge their assigned functions smoothly and efficiently.
4. From such study, periodically formulates methods by which the objectives of each area under his/her supervision in collaboration can be better accomplished and implement these through the supervisors.
5. Insures adequate coordination of efforts among the personnel working in his/her areas. Relates with other Programs, Branches or Offices to verify if the latter are satisfied with the working performance of administrative personnel in these areas; discusses common problems and reaches acceptable solutions, taking into account the general objectives of the Centre and the established priorities among those objectives.
6. In relation to the objectives and their order of priority established previously, forecasts the financial needs in collaboration with their supervisors. Takes corrective action in case of over-expenditure or under-expenditure according to indications from the Controller's Office.
7. Assists the Director in formulation of the budget.

8. Plans and evaluates the financial aspects of the Programme or the Centre including preparation of budget, financial analysis and forecast.
9. Establishes Financial Information System to ensure the monitoring of expenditure in relation to planned budget.
10. Directs and implements computer programming to establish Financial and Administrative Management System.
11. Reviews project agreements, legal documents and contracts.
12. Determines the information requirements of the Centre in making decision and initiates the development of an overall Management Information System which coordinates separate decisions and focuses upon the general objectives of the Centre.
13. Provides specific study and guidance in the design and improvement of all the existing system.
14. Administering a full range of data processing and communicating services as needed by different departments and branches of the Centre in the area of Finance and Administration.
15. Plans Personnel Management System with regards to servicing and administration of all categories of staffing. Appraises, formulates and recommends Personnel Policies through continuous consultations with the line-officers and other officers.

- 4 -
16. Organizes staffs, trains and supervises all branches of the administrative and finance departments.
 17. Establishes procedures for supplies and equipment, maintains an effective and efficient supply-line according to the needs of the Program.
 18. Coordinates all administrative and logistic services providing adequate registry, filing and communication services.
Supervises travels, housings and transportation services.
 19. Organizes the physical facilities and support according to the needs of the Centre for all the meetings.
 20. Coordinates with Associate Director, Resources Development to insure reporting requirements of donors and trustees are satisfied.
 21. Supervises the preparation of the annual operating and capital expenditure budgets of the Centre.

Initiative Required:

A high degree of initiative is necessary in regard to organizational work and policy making.

Working Hours:

Working hours are frequently long and irregular.

C. Requirements of Position:

- a. Education : i. Masters degree in Business Administration with major in Management Accounting. Specialization in Professional Accounting will be an additional advantage.
- ii. Must be capable of handling computer oriented finance and administrative system management.
- b. Experience : i. More than 10 years' in a senior management position in a large organization, both at national and international level, particularly in Administrative and Financial Management.
- ii. Demonstrated knowledge & experience in:
- International Business
 - Budget and Fiscal Management
 - Financial Reporting
 - Personnel Management
 - Procurement (purchasing)
 - Law
 - Contracts
- iii. Computer programming & data processing
- iv. Administration of International Organizations
- v. Administrative experience in both developed and developing countries.

PROCEDURE FOR ELECTING THE CHAIRMAN OF THE BOARD OF TRUSTEES

Each member of the Board proposes one name only by secret ballot.
The name obtaining a simple majority of votes has been elected Chairman.

If there is no majority the two names with the highest number of votes will be regarded as candidates.

Each member of the Board will elect one candidate only by secret ballot.
A simple majority will elect the candidate.

A ballot with two names is regarded as void.

Should a tie vote occur the incumbent Chairman will not vote.

DRAFT MINUTES OF THE MEETING OF THE SELECTION SUBCOMMITTEE ON 9 JUNE, 1981

The Selection Subcommittee of the Board of Trustees met at 4.30 p.m. on Tuesday, 9 June, 1981 in the Director's Conference Room at ICDDR,B.

Members Present: Professor M.A. Matin, Dr. J. Holmgren, Dr. W.B. Greenough, Dr. O. Solandt (co-opted).

Agenda 5

- : It was agreed to consider Agenda 5 - Candidates for Associate Director, Administration and Finance, as the first Agenda item so that Dr Solandt could leave to attend to other matters after completion of that agenda.

Having gone through the applications, there was a discussion of criteria by which to shorten the list of candidates and bring to the fore the most desirable individuals for consideration. It was noted that there were a large number of highly qualified applicants from a wide distribution of countries. In view of the requirements of the Centre, it was felt that of the categories of applicants the most desirable would be those who had excellent credentials in finance and accounting but who also had experience in personnel management and the broader areas of the management of supplies and logistics. It was felt that individuals with a narrow background only in finance and accounting might be almost ruled out with few exceptions. Those with finance and personnel experience would be more desirable and should be considered. Those with the broader management experience and depth in finance should be considered most seriously. It was felt that in view of the effort to broaden the national representation within the Centre, which had been an American Bangladesh project, that a US national would have to be of outstanding merit above other candidates to be selected. It was also felt that experience in the field in Asia or other developing countries would be a great asset as would familiarity with the culture of Bangladesh.

It was decided that each of the members of the Subcommittee and Dr. Solandt would prepare a short list of ten candidates from which a slightly longer list of twenty candidates would be constructed. This was to be accomplished by Friday afternoon, 12 June, 1981, so that

SELECTION SUBCOMMITTEE MEETING OF BOARD TO BE HELD AT 4.30 P.M.
ON TUESDAY, 9 JUNE

AGENDA

1. Minutes of the meeting held on 10 April, 1981.
2. Matters arising from the minutes:
 - (a) Candidates for Board of Trustees.
 - (b) Ranking of Staff.
 - (c) Ranking of new appointments.
3. New international level candidates for recommendation to the Board.
4. New level VIII candidates.
5. Candidates for Associate Director, Administration and Finance.
6. Other matters.

action could be taken to contact those on the short list.

A meeting of the Selection Subcommittee of the Board will be scheduled immediately after the Board meeting for Friday afternoon.

Agenda 1 : Minutes of the meeting held on April 10, 1981 - The minutes were accepted without change.

Agenda 2 : (a) Candidates of Board of Trustees - Were viewed in some detail and the following decisions reached:

Dr Leonardo Mata would be asked to take a new term of the Board and to express his consent to this in writing to offset his previous letter stating his unavailability. If this is not possible then Dr J. Cravioto, Mexico was the next candidate followed by Dr J.C. Azurin of the Philippines.

(b) Ranking of Staff - From the meeting of 10 April, 1981 and the present meeting it was recommended to the full Board that Dr Labius Mutanda should be given the rank of Scientist as should Dr. Leif Gothefors.

(c) Ranking of New Appointments - It was recommended, after review, that the following ranks be given to individuals currently under recruitment:

Dr Thomas C. Butler - Scientist
Dr M.A. Hussain - Scientist
Dr Ivan Ciznar - Scientist

It was suggested to the Board that a new category of designation be approved for distinguished visitors working at the Centre from other countries who were not on long term staff appointments. This designation would be to take the rank from their own home institution and precede it by the word 'visiting'. If this is accepted, Professor Sanyal, who will be working on his sabbatical leave at ICDDR,B would be given the rank of Visiting Professor. This designation would also be applicable to Dr. Aziz R. Samadi who is Professor and Chairman of the Department of Paediatrics at the University of Kabul, Afghanistan.

It is suggested that under such a system the ranking of Professor would receive consideration at the P5 level of the World Health Organization payscale as is true of Senior Scientist of the Centre.

Agenda 3 : New International level candidates for recommendation to the Board - From review of existing staff. The material on two candidates for review have been received and have been forwarded to appropriate expert members of the Board outside of the Selection Subcommittee for their opinions with respect to the suggested ranking.

(i) Dr A.K.M. Alauddin Chowdhury was referred to Dr Gavin Jones and Dr Julie Sullanti Saroso for review.

(ii) Dr Roger Glass was referred to Prof. Kostrzewski and Dr Bradley for review.

Agenda 4 : Candidates for Level VIII - were reviewed in detail by the Selection Subcommittee, under the guideline that with the possibility of the extension of the international level to level VIII that all candidates for this level should be reviewed by the Subcommittee, although the Director retains the power of direct appointment at the present time. These candidates were:

Mr. Mustafa, Computer Manager; Dr Allawi, as a Visiting Epidemiologist in the Disease Transmission or Community Services Research Programme; and Dr Alam in the Nutrition Programme.

The members of the Subcommittee were to review the materials on these candidates, discuss them with the Director, and provide guidance for his decision. However, at this juncture full Board action would not be required for their appointment until the implementation of the level VIII or other positions above the UN local payscale but below international level become accepted as international level for full action by the Board of Trustees.

Agenda 6 : Other matters - The Director reported the action of the Personnel Management Subcommittee restricting the appointment of Consultants to a three month period and informed the Selection Subcommittee of the presence

in the Centre of three longer term Consultants, two in Physical Plant and one in Finance. It was agreed that the positions in Physical Plant were required during the construction of the new facilities for the Centre and should be established as regular positions. The Director was asked to take steps to accomplish this by preparing an appropriate paper to the Board of Trustees for their November meeting. In the meantime, the incumbents will continue under their contracts as currently negotiated, until December 31, 1981.

3/BT/NOV. 81

DIRECTOR'S REPORT

DIRECTOR'S REPORTIntroduction

This report is intended to highlight some of the major activities during the calendar year 1981, particularly emphasising principal programme achievements, new tasks undertaken, and the continued steps to evolve an efficient management and financial system matched to the structure of ICDDR,B to most effectively meet the goals of the programmes. The elements highlighted in this brief report will be provided in full detail in the Annual Report for 1981 which will be presented at the next meeting of the Board.

Programmes

All programmes have shown enhanced activity over the previous year. To date this year a total of thirty papers have been published or accepted for publication in books and scientific periodicals. Our scientists have increasingly participated in major meetings which provide a forum for presentation of the results of the work of the Centre. The Centre, in addition, hosted two important scientific meetings, one in Dacca and one in Cox's Bazaar and Teknaf. The Dacca meeting brought together most scientists currently working on experimental vaccines for cholera and the Teknaf/Cox's Bazaar meeting brought together many of the major workers who are currently working on shigellosis. In addition, the Centre was a partial sponsor of a major international meeting held in Bellagio, Italy on diarrhoea and malnutrition. We have given special emphasis for the attendance of our staff at Regional

conferences and also hosted the first scientific meeting on diarrhoeal diseases held between India, Bangladesh and several other neighbouring countries. Proceedings of each of these meetings have been or will be published as internal documents while the proceedings of the Bellagio meeting will be published as a monograph.

Some of the most interesting and important results of work that have come to fruition in 1981 are the specific effect of particular causes of diarrhoea on nutritional state and growth of children and their ability to absorb and utilize nutrients. Completion of studies on using starch and cereals as bases for both nutrition and fluid replacement during diarrhoea will allow for field testing in 1982. It has been shown that substitutes for bicarbonate including citrate and acetate are equally effective in repairing acidosis of diarrhoeal illness. Work with B Subunit has demonstrated that both local and systemic antibody can be elicited by both oral and parenteral presentation of this antigen and that it can be given in a field setting without difficulty in a study designed to demonstrate the prevention of clinical cholera by blockade of receptor and subsequent creation of an immune state. Two new methods have been established for the rapid diagnosis of Enterotoxigenic E. coli, one involving anti sera in an agar medium called the Biken test, and another using labelled genomes of LT and ST to detect organisms bearing such genes in the stools of diarrhoea patients. *Campylobacter* has been established as a common organism in children in Bangladesh with an as yet unassigned role in causation of diarrhoea. Review of experience at the Treatment Centre has indicated that low serum sodium is a much more serious risk than a high serum sodium in children with diarrhoea in Bangladesh. This contradicts current

clinical teaching and writing in the paediatric literature from developed countries.

Field studies have shown a reduction in population growth rates that match the expected results from surveys on prevalence on contraceptive use in the Matlab Field Station. This demonstrates that population growth rates can be reduced while the health of the population is improved by linking maternal child health and fertility control in a single field project. The Teknaf Field Station has undertaken a major project on a water and sanitation intervention study to determine the influence of an optimised programme on morbidity due to diarrhoeal disease and improvement in nutrition. This study is now completing its first year and includes provision of safe water, water seal latrines and intensive health education to improve household hygienic practices such as hand-washing. Early results of this study suggest a rather striking impact.

The most rapidly expanding area of the Centre is the Training and Extension Programme, 3 international courses have been given and also courses for national scientists and health workers, 3 long term fellows have visited and have worked at the Centre this year. The first collaborative project to implement methods devised and applied in a controlled setting in the field stations in collaboration with the Government of the People's Republic of Bangladesh has taken place in Munshiganj. This effort has been funded by the Federal Republic of Germany and has provided an excellent first step to a major effort in this direction beginning January 1982 in four thanas of Bangladesh.

A project to determine different clinical aspects of rotavirus of varying serotypes has been established in Kenya.

This project has involved the cooperation of scientists in Belgium, Africa and Bangladesh. It is expected that the WHO Control Programme for Diarrhoeal Disease will be supporting the Kenyan side of this research which will broaden the initiative into all diarrhoeal diseases. The ICDDR,B project provides the sampling framework for patients and the expertise of an experienced microbiologist.

Research Support Facilities

There has been a substantial improvement in the logistics and equipment to support research at the Centre this year with a total of more than \$500,000 dedicated to this effort. In 1982 it is anticipated that we cannot make more than a few focal improvements due to budgetary limitations. However, should the request for equipment from various donor countries, especially Japan, be realised substantial gains will be made without additional budgetary commitment.

Personnel

Since internationalization the Centre has grown from 827 staff to 1022 staff. This represents a real growth rate in staffing of 25% over three years. The growth rate of the budget during the same period was 100%. The areas of staff increase are mainly new programme areas such as the Training and Extension Programme, the Computer Centre, and a smaller but significant increase in the scientific programme areas. Increased numbers of high quality scientific and training leadership staff have been achieved. With the

exception of finance the numbers of staff in the administrative area have remained stable. The growth of staff in the financial area has been necessitated by the increased complexity of sources of income and programme requirements of the Centre. This includes the implementation of a computerized financial system during the present year. During 1982 no significant increase in staff size is planned.

Financial Status

During the present year and the immediate past year, steps have been taken to move the Centre from the characteristics of a bi-lateral project to a full-fledged international institution which have required improvements in staff salary structure, equipment, and the recruitment of international level staff for programme leadership. These initiatives have been successful and have been deemed essential for the health of the Centre and its programme despite the necessity of utilizing fully the resources available. At the June Trustees meeting it was felt that it was important to impose restraints on expenditure to ensure the financial health of the Centre in 1982 and beyond. Accordingly, measures were taken following the June meeting to constrain costs. I am happy to report that the efforts have been successful and the rate of obligation of funds in July, August, September have been within the limits set by the Board. The savings in expenditure will not, however, appear until the 1982 budget. Further long term cost savings are being implemented and it is anticipated that we will have a much more efficient operation by the end of 1982.

Prospects for raising funds have improved and the

budget to be presented will result in a surplus at the end of 1982 if projections are realised if careful budgetary control of expenditures and a full programme of resources developed is maintained.

External Audits

In 1981 both the scientific programmes and the financial state of the Centre were audited by international external groups. Both of these have been presented to the Board during the June meeting and indicate that the Centre is approaching its goals in an increasingly efficient and cost effective manner. There are however substantial improvements that can be made in 1982 and these must be addressed with vigour. The addition of an Associate Director, Administration/Finance will materially assist in achieving the improvements in the management and financial systems and their implementation. This also will take a large responsibility from the Director who can then attend to the scientific and training programmes with more vigour. In addition, the presence of senior international level scientists in the research programmes will materially assist in the achievement of important programme goals.

The capital development of the Centre has progressed rapidly. The new hospital and clinical research centre is coming up on schedule. Completion is expected by late spring 1982. Planning for the second phase has matured and funds for this must be sought early in 1982 to avoid increased costs which will occur if construction is stopped.

Important Policy Issues

In looking forward to 1982 and beyond, important policy issues must be addressed both by the management of the Centre and the Board. Some of these are listed as follows.

1. Comparability to UN Organizations:

It is hoped at this Board meeting a policy decision will be taken which will select the particular UN Organization which will be followed in its administrative structure by the Centre and that a commitment will be made for regulations and pay scales to be as closely comparable as possible to that UN Organization. It is felt that this is the intent of the Ordinance as it was drawn up and that such steps will materialize to improve the efficiency of operation of the Centre and reduce its administrative costs. It also will take advantage of all the work done by the UN system in devising equitable means for individuals to work in all parts of the globe. It is anticipated that the Centre will be financially capable of implementing such a step sometime in 1982.

2. Internationalization of the Centre's staff and scope of activity:

A continued thrust towards fullest possible participation by all countries, developing and developed, in the work of the Centre should be fostered. The staffing of the Centre should reflect fully the international character of its work. Careful attention must be given not only to quality of work but also to staff balance. It is my belief that high quality scientific and training staff are available from many countries both developing and developed. This poses no serious problem

so long as a continued effort is made for a proper balance. This balance of technical expertise and geographic distribution must also be maintained at the Board level.

3. Strengthening affiliated institutions:

The Centre must increasingly demonstrate in 1982 and beyond that it is indeed a vehicle for strengthening of national institutions and affiliated institutions in other developing countries. After three years of existence the Centre itself is now strong enough to give more serious attention to this task. This can be done through its training programmes and through collaborative programmes in training and research. Important steps have been taken during 1981 in this direction. This will be further emphasised in 1982.

4. Global scope:

The Centre should increasingly be seen as a global resource in diarrhoeal diseases and related subjects. Steps in this direction will be specifically implemented in 1982 budget through the Diarrhoea Information Service Centre (DISC) to be established under sponsorship of IDRC, Canada through our Library and Publications unit. Careful attention to collaboration and avoidance of duplication is essential in this endeavour. The crucial policy issue of when and how the Centre should move outside of Bangladesh to effectively assist other countries; programmes and institutions must be carefully considered, planned and implemented.

5. Size:

The goal of constraining the size of the Centre such that its budget will permit full activity by a staff of the current

size must be achieved within the next two years. This implies a period of constrained staff growth and enhanced budgetary growth. It is hoped that by 1983 we can report to our donors and participants that we have achieved the budgetary trajectory presented in the five year programme projection in the Annual Report of 1980.

6. Strength of basic disciplines:

Given the full emphasis on programme during the past three years attention must be paid to the scientific branches to ensure that they will receive sufficient attention and encouragement that each branch will be regarded at a level of excellence commensurate with the international character of the Institution.

7. Cross Programme Cooperation:

The multi disciplinary character and cooperative nature of research must be fostered as was indicated in the External Review document. Several definite steps have been taken to encourage this which will be discussed during the informal portions of the present Board meeting.

8. Focus of work:

Since the activities of the Centre are seen in the context of primary health care to achieve the goal expounded by the World Health Organization of health for all by the year 2,000, it is necessary to, on a longer term, not only keep the focus of the work of the Centre but also to continually evaluate how it can better be addressed to meet this goal over the coming two decades.

Summary

It is a privilege for me to have the opportunity to direct the Centre during this phase of its early growth. An active discussion of policies and priorities is essential to continued vitality and improved excellence of programmes.

4/BT/NOV. 81

EXTERNAL SCIENTIFIC REVIEW

4/BT/NOV.81

REPORT FROM THE EXTERNAL SCIENTIFIC REVIEW COMMITTEE,

DACCA, JUNE 1981

TO

THE BOARD OF TRUSTEES, ICDDR,B.

A.S. Muller, D. Mahalanabis, O. Ouchterlony.

INTRODUCTION

Our appraisal is based on a personal visit to Dacca, Matlab and Teknaf, May 31 to June 19, 1981 (Muller and Ouchterlony) and Dacca June 6-12, 1981 (Mahalanabis). Material which has been available is Annual Reports 1979 and 1980, research protocols, working papers, scientific reports, special publications, published papers, 1981 budget proposal, five year program proposal June 1979 and a multitude of other papers. Topics and problems looked into have come about as a selection after talks with the Director, the Deputy Director and most of the relevant investigators at present with the Centre.

Terms of reference of our review were given at the Board Meeting December 1980 Proceedings, Agenda 11, as follows:

"The time frame of the review shall include both work done since 1979 and the projected work for the next five years and it shall comprise all aspects of the scientific work in the clinic, the field and the laboratory. The reviewers shall examine, review, and discuss with the staff the ongoing and projected programme of the Centre and provide a report to the Trustees. The review committee shall consider both the scientific quality and the scope of the programme both in itself, in the relation to the Ordinance and programme projection of the Centre, in relation to the facilities of the Centre, in relation to its site in Bangladesh and in relation to the WHO. It shall also consider the Centre's role and activities in training for research. The Committee shall appraise any organisational implications of their review."

The reviewers have found the above quoted terms of reference unrealistic considering the limited period of time allotted to such a broad task. With all due respect concerning the Board's just mentioned request we therefore and hereby present our report well aware of the fact that it does not reach the level of completeness the Board has asked for.

GENERAL

Organisation

It is difficult, if not impossible, to get a good idea as to how a research organisation of the size of ICDDR,B operates; the thoughts expressed here should be taken as the result of casual observations and impressions. We have felt a strong sense of hierarchy pervading the Centre. Communication between investigators in the various programs appears not optimal.

It seems to us that there is an undesirable dichotomy between scientists and other academically trained staff. There appears to be little active involvement of staff with the rank of "medical officer" in ongoing research. They should at least be given elementary

in-service training in research methodology and practice. We are not sure that the addition of junior staff members' names to protocols always reflects active participation by them in its formulation.

The structure of "programs" rather than "departments" is meant to avoid compartmentalization but does not appear to work that way. Program Heads can exercise a beneficial influence in this respect by a flexible attitude, ability to stimulate and to make interaction possible. Within the overall aims of the research program of the Centre, junior scientists' interest and competence should determine their participation in research projects rather than being assigned to them by the Program Head.

The existing research protocol review procedures guarantee that every significant research effort is properly documented and registered. They also provide a tool with which junior scientists can become familiar with the process of organising one's thoughts on the design, execution and analysis of a research project and communicate them to their colleagues. Care should be taken however that the review system does not hold back creativity through its inherent rigidity.

Program Heads and other experienced scientists should provide assistance without being dominating. They should see to it that a protocol does not reach final consideration by the Review Committee until the Program Working Group is satisfied that it is a sound proposal.

The protocol format provides for a detailed presentation of the budget. It would be very useful if the costs for the use of Matlab or Teknaf facilities are included in the estimates.

Collaborative Studies

The Annual Report 1980 lists sixteen collaborative research protocols of which only two are with institutions or organisations in Bangladesh. It is our view that there is scope for collaboration with many more Bangladeshi institutions. In the field of health services research the Ministry of Health is an obvious partner while when it comes to joint undertakings in which both partners have a research contribution to make several university, government, semi-autonomous and private institutions and organisations are likely to be interested provided the Centre is prepared to spend money and considerable effort.

In the medical field ICDDR,B is probably by far the most powerful research institution in the country. In such a situation it is not likely to greatly benefit from collaborative research in the short run. On the other hand, precisely because of its dominant position, it may actually impede the development of research capability elsewhere in the country. In the long run this may threaten the credibility of the Centre from the Bangladeshi's point of view. We believe that collaborative research may go a long way to prevent such a situation to arise.

In respect of international collaboration, this should continue to be encouraged as long as it serves the aims and objectives of the Centre. The nature of the collaborative research being carried out in Bangladesh should primarily be dictated by the Centre's research program rather than the program of the overseas partner. If the latter seconds a staff member at the Centre a local counterpart should be made available chosen because of his interest in the subject and because he can benefit from it by gaining research or clinical experience. Reversely, such a counterpart can be of immense value to the newcomer from overseas.

Staff

It is hardly necessary to note the shortage of senior scientists preferably competent to act as Program Head as well. This is known to everyone associated with the Centre. The lack of an experienced epidemiologist is of particularly serious concern.

It is realised that a well organised, well staffed Training and Extension Program is an essential part of the Centre's activities. We are satisfied that at the present time involvement of scientists in training and teaching activities does not seriously interfere with the research programs. However the possibility that it will in the future is real and this dilemma should be constantly taken into account. To the extent this is possible, junior scientists should be involved in teaching.

External Scientific Reviews

These should be kept to a minimum. Too many visits of consultants and reviewers may create a sense of insecurity among the scientists. Obviously requests by the Centre's scientists for external advice on specific topics should be encouraged.

Publications

We are impressed by the quality of the reports published by the Centre. Glimosa is an informative newsletter. In addition we feel that a similar but more professionally oriented newsletter containing short abstracts of recent research results and research projects in preparation would be useful. It should be given a broad and rapid circulation among the scientific community.

MICROBIOLOGY AND IMMUNOLOGY

Scientific Quality and Scope of the Programs in General

In the three programs where microbiology and sero-immunology are directly involved the scientific goals in general are relevant and adequately expressed. However, the ambitions of the Centre as illustrated by the great number of protocols (projects) finished, going on or planned and by the Five Year Program Proposal of June 1979 seem to be somewhat

unrealistic considering the limited resources of the Centre above all the finances. It would be advantageous to have indications of how evaluation of priorities down to project level, availability of qualified investigators and financing would affect possible re-adjustments of the different programs and projects.

Research Projects Finished and Accounted for 1979-80

The studies carried out at the Centre seem to have followed more or less the aims set for the Centre as well as individual protocols (titles and spotchecked summaries or abstracts). The output from the Centre concerning number of reports etc. is considerable and the diversity regarding orientation is obvious. The highlights of the results obtained (top of an iceberg) are adequately given in the annual reports under the headings of the different research programs.

To try to estimate the true scientific weight of the iceberg mentioned would in my present situation be unfair to the Centre and its investigators. I would only like to mention that the results from a number of investigators have reached and apparently stopped at the level of, for example, a working paper or a special report and probably rightly so. However, quite a few projects or parts thereof have reached the level of publication in acknowledged scientific journals with a strict referee system.

At last one general comment on the research output from the Centre (section microbiology, sero-immunology) during the period for present appraisal. My impression is that the activities of the sector I have looked into are maybe too widely spread. Thereby the scientific capacity of the laboratory sector in question has been in danger of being stretched too thin (see also under research planned). WANTED: A simple special publication series (Glimpse like) containing an abstract of each completed project (maximum one typewritten page) as well as short summaries of protocols for new projects. For broad and rapid distribution!

Research Projects On-going and Planned

The activities under this heading should be considered not only against the background of the aims of the different programs but also taking into the account the main tasks of the microbiology section. These tasks I have put into three categories as given below.

Service Functions for Individual Projects

Analysis of specimens originating from different projects by means of relevant test methods. Collection and characterization of strains isolated. Keeping strain collection as well as serum samples for possible future analysis. General Comment: It is necessary not to overload this sector of laboratory activities. For every project initiated the number and kind of specimens and the types of analyses performed should not exceed what is directly needed for trying to live

up to the objectives of each project. This implies a close collaboration between the principal investigator and the laboratory. The laboratory should also beware of a self perpetuating diagnostic "overkill" and it should hold the number and types of characterization analysis down to the level relevant to the objectives of the project. It is noted that a multitude of projects fall in the category of needing the service function of the microbiology laboratory.

Service Functions for the Clinical Routine

This activity of the laboratory which usually is on a minor scale is depending on the information given by the patients' physician and should offer what is available in the regular diagnostic arsenal of the laboratory. No particular comment needed.

Studies on Analytical Methods

Introduction and evaluation of existing techniques within the scope and instrumental capacity of the laboratory include diagnostic procedures and their simplification. Elaboration of new techniques in accordance with projectual needs. Comment: The laboratory is pretty good at picking up new techniques and diagnostic methods but due to i.a. the present lack of qualified manhours comparatively little effort goes into research on e.g. diagnostic methodology. The ought to change and existing external collaboration should be extended and other partnerships should also be tried out.

Studies on Basic Problems Microbiology and Sero-Immunology in Diarrhoeal Diseases

If the expression basic is used in a broad sense a number of ongoing and planned projects could be placed under this heading. My categorization used here implies that laboratory investigators concerned step out of their role as persons merely providing laboratory service for a particular project and that they act as an essential individual contributor possibly and when justified principal investigator of a project.

The way the laboratory is working at present only a limited number of sufficiently qualified scientists manhours is at hand and the moment immunology is involved the lack of a senior scientist at the Centre with experience in medical immunology is strongly felt. Therefore the need of, at least pro tempore, external collaboration is quite obvious. Cooperation of this kind is established and seems to run smoothly but it may have to be enlarged.

For reasons mentioned and considering the financial situation at present as well as the auspices for the next few years a too great diversity in the orientation of projects has to be avoided. Only carefully chosen projects within areas of high priority at present should be carried on or initiated. Mentioned below are examples of areas of this kind (personal opinion and no ranking).

- (1) Studies on the gut invasiveness of strains belonging to certain

genera and species of enteropathogens e.g. shigella, E. Coli and entamoebas.

- (2) Phage and plasmid studies on strains belonging to various species and types of vibrios (importance for e.g. classification in epidemiology, genetics and ab-resistance, oral dead and alive vaccines).
- (3) Studies on the enteropathogenic mechanism(s) of campylobacter and rotaviruses (influence on e.g. epidemiological studies of diarrhoeas by these contagions).
- (4) Studies on local intestinal immunity in relation to infection, alt. live or dead vaccines (protective immunogens). If field trails WHO endorsement is recommended.

It should be mentioned that projects within 2-4 have been worked on or are under way at the Centre as well as in external collaboration.

Suggestion for a Strong Upgrading (Revival) of Area of Research

Before closing the section on "Basic Problems", I would like to put forward an area of research where an initiative by the Centre with possible external collaboration should be taken. The topic is "Water ecology studies with special reference to enteropathogenic microbes". My recommendation may seem untimely and unrealistic taking the financing and other factors into consideration. However, this area of research has been, is and will be of utmost importance for handling and prevention of cholera and related epidemics. Ecological studies should comprise sweet and brackish water as well as seawater. The Centre being located in Dacca and having field stations offers quite unique opportunities for investigations along water ecological lines.

A few words have to be said about resources at the Centre for possible projects under the title of ecology. Expertise in marine microbiology, liminology and applied chemistry has to be established at the Centre locally or by external collaboration. The planning should encompass facilities for pure laboratory experiments, small scale field experiments as well as more extended ecological-epidemiological studies. If the research mentioned is to be upgraded as recommended a budget for special equipment has to be calculated.

It should be mentioned that a couple of ongoing projects at the Centre including external collaboration may serve as budding calls for the growth of more penetrating studies in the future.

Matlab and Teknaf Field Stations

At both stations microbiological laboratory work is performed however somewhat differently oriented. Assuming that local field studies are to be continued along approximately the same lines as present the following short comments are made.

The primary function of the laboratory at Matlab is to handle specimens coming from the field and on a smaller scale from the

stations own hospital. Quite a few analyses are performed at the side but samples are also forwarded directly to the Dacca laboratory. The locally performed diagnostic work is quite justified as a service to the hospital (comparatively few analyses). The diagnostic work of most of the other specimens could be centralized to Dacca if needed taking the daily transport into consideration. The present system nowever might quite well be a good policy to keep the technicians on their toes.

Anyhow the space for the laboratory's activities is pretty small considering the load of work to be done and this makes it difficult to organise the laboratory routine according to good hygenic principles. The technicians working on their own mostly are dedicated and with adequate experience as judged from the interview. I would like to comment that in all probability more frequent visits from the central laboratory (guidance and encouragement) would improve the situation.

The Teknaf laboratory is in some respects different from that of Matlab. Its equipment is even more primitive (kerosene level) and it is in a more remote area without facilities for rapid daily communication with the Dacca laboratory. Diagnostic work performed locally is therefore of greater importance. However the local "clinic" is very small (a few beds) and urgent specimens from there are consequently few. What was said about Matlab concerning laboratory space available and its consequences the dedication and experience of the technicians goes for the Teknaf laboratory as well. So does also the question of more frequent visits from the central laboratory however of greater importance in Teknaf than in Matlab.

As a last comment I would like to say that if there should come up the question of possible improvement of the resources for the two field laboratories I would advise to give Teknaf the priority.

Facilities and Space at the Microbiological Laboratory in Dacca

The maintenance of the rooms for the microbiology laboratory is in parts so neglected that it interferes with proper laboratory procedures. The washing and cleaning area is extraordinarily bad and should be redesigned and renovated. By a bit more streamlining of the routine diagnostic work some additional space could probably be gained for other activities. The storage of strain collections could also be improved and valuable space would be gained.

Some of the basic equipment is very run down, e.g. sterilizers, and should be replaced when possible and definitely before any other major investments are considered e.g. for instruments, new ones not being a necessary replacement of already existing obsolete ones. For chemistry needed the microbiological laboratory could in part fall back on the existing resources of the biochemistry laboratory.

Personnel

In reference to scientists at the Centre within my field

of competence I would only point out that there is a need for an immunologist with a medical background and at the level of a senior scientist. If water ecology projects are increased as recommended expertise on the scientist level is required (see under research projects, ongoing or planned).

There is also a need for a senior scientist to relieve the Director from the immediate leadership of the Host Defence and the Pathogenesis and Therapy Programs. However, such a change is, I am told, underway.

Research Training

For comments see the common part at the beginning of the present review.

EPIDEMIOLOGY

This part of the review deals with epidemiological and demographic aspects of the Centre's research activities. It is based on talks with a number of staff members and - due to limitations of time rather superficial - reading of a vast array of protocols, working papers, scientific reports and other, mostly internal, documents.

No attempt was made to form an opinion on the quality of research design and the execution of individual projects; it would be pretentious to claim that a sound judgment can be passed on a large number of projects within a period of ten days. Rather, some general comments will be made on the present research program in relation to epidemiology and demography and suggestions will be offered as to its direction in the coming years.

On the whole good quality epidemiological research is being carried out by a well motivated, competent staff. The research program is consistent with the aims and objectives of ICDDR,B and relevant to the immediate health problems of Bangladesh and other developing countries.

Most of the studies are intervention studies using a population group exposed to a specified intervention and a comparable control group not exposed.

Some of these studies make use of very large numbers of study subjects which makes them very expensive.

Ideally the control group is strictly comparable to the study group except for the intervention which effect is being studied. In practice this is often not the case and if it is, it may not remain so in the course of the study. In addition activities outside the control of the investigator may develop in the comparison area which can have an effect on the outcome measure similar to the effect of the

planned intervention, thus "diluting" a possible difference in outcome between study and control group. In view of these uncertainties and the usually high costs of intervention studies, every detail of the research design has to be very carefully considered while it should be established beforehand that the required data can be collected, processed and analysed properly with the available staff. The Centre has enough qualified scientists to ensure that this is done and whenever desirable, external advisers have been invited to assist.

The Matlab and Teknaf study areas provide the large populations needed for such studies. The quality of the surveillance data produced appears to be high. The system of collecting, recording and processing these data is well designed if perhaps somewhat cumbersome; supervision of field staff, checking and cross checking of recorded data is done thoroughly.

However, there is a constant need for reviewing the system in terms of cost-effectiveness. Can procedures be simplified or frequency of home visits be reduced without loss of accuracy? If there is a loss of accuracy, to what degree may this be acceptable in view of the research questions at hand?

Three major interventions have been or are being studied by the Centre: the effect of widespread distribution of oral rehydration salt (ORS) on morbidity and mortality of diarrhoea, the effect of the provision of integrated MCH and FP services on the acceptance rate of contraceptive devices and the effect of sanitary provisions (water pumps, latrines, health education) on diarrhoea related mortality.

These trials are designed to demonstrate the effect or lack of effect of certain interventions in two closely supervised study areas, i.e. under quite artificial conditions.

Plans are under way to start working in extension areas. These areas have been designated for special health care efforts by the Ministry of Health. One of these areas includes the Teknaf study area.

The Centre has an opportunity to "export" its research findings to these areas in close collaboration with the Ministry of Health and semi-autonomous and private organisations in Bangladesh engaged in health care delivery. This is not to say that the Centre should assist in running the Country's health services. Rather, it should assist in measuring their impact. In order to be able to measure impact one needs monitoring activities among the population at large.

In Matlab and Teknaf highly sophisticated monitoring systems have been developed. They cannot be reproduced elsewhere in the country but they can be used in many ways to help achieve country-wide monitoring at a cost the country can afford. For instance, the Centre has a vast experience in respect of the kind of tasks various levels of field staff can or cannot perform, what degree of reliability can be obtained at various levels of supervision; in Matlab and Teknaf estimates

can be obtained on the Bangladeshi mother's ability to recall mortality and morbidity experience of their children.

A study of causes of death could involve certification of the cause of death by various levels of health personnel and laymen and the results to be compared. In addition to diarrhoea, important "killer" diseases (measles, pneumonia, pertussis) can be included in the disease surveillance in a part of Matlab in order to study the ability of laymen to diagnose them.

Several studies of this nature can now be carried out in Matlab in anticipation of work on monitoring, surveillance and evaluation activities in the extension areas, which will constitute a major challenge to the Centre.

With the present world-wide emphasis on FP, EPI, CDD as part of PHC leading to HFA 2000 the need for "cheap" surveillance systems to monitor births, deaths and morbidity is continuously being stressed but very little actual work has been done in relation to it.

It is a type of applied research which is far from glamorous. It requires ingenuity, flexibility and perseverance. It also requires a multidisciplinary approach. The need for a strong sociological-anthropological input is obvious.

The Centre could subsequently develop a strong health services research component particularly in the field of MCH. Presently some valuable contributions are being made in this field by a few staff members but I am not sure whether the available expertise in health services research is substantial enough to initiate large projects.

Another urgent matter the Community Services Research Program has to address itself to is the embankment project which, I understand, will involve part of the Matlab study area.

This is an unique opportunity to measure the impact on health of a vast water development project. A thorough study will have to be made soon as to what health problems are likely to occur as a result of the scheme, what the most suitable indications are to measure them and what type and level of surveillance is needed to collect the required data. There is a widely recognised need for such studies, also expressed by international agencies which are in a position to finance them.

Routine data collected at Matlab provide an easily accessible basis to study socio-economic determinants of mortality. An initial analysis has produced interesting findings but more, multi-variate, analyses need to be done. Morbidity data are presently being collected in order to relate morbidity to socio-economic status. More, carefully designed studies in samples of the Matlab population are required in order to define high risk children according to a variety of environmental variables. The followup of those studies are relevant

for the allocation of limited resources to those children most in need of them. It should be recognised however that this is a difficult field. In several analyses of this kind the environmental variables studied explain only a small proportion of the total variation in mortality and/or morbidity experience.

In the field of infectious disease epidemiology the emphasis should be on Shigella and Rotavirus. The recently described shigellosis-malnutrition complex calls for in-depth studies of the sequence of events leading to malnutrition.

To what extent does malnutrition lead to enhanced susceptibility to diarrhoea in general and Shigellosis in particular? The establishment of serotypes of Rotavirus is of great significance for the study of the epidemiology of this infection.

In respect to enterotoxigenic E. Coli better, more easy-to-handle diagnostic tools need to be developed before embarking on large scale field studies.

Studies on Campylobacter have revealed an epidemiological picture widely different from that found in temperate zones. Its role as a pathogen in Bangladesh needs further elucidation.

The aetiology - specific diarrhoeal investigation in Teknaf currently going on as part of the sanitation intervention project may provide useful epidemiological information from a dry rural area in contrast to the situation in Matlab.

I have been able to spend only a very limited period of time with the computer section. In addition, I miss the qualifications to give an opinion on the merits and deficiencies of the newly acquired computer configuration. It is admirable that the DSS in the past has produced what it did without computer facilities at the Centre. It is not surprising that there is a backlog in demographic data analysis and it is hoped that this situation will soon be overcome. The recording, checking and storage of the data received from Matlab and Teknaf is done in a very meticulous way.

Little can be said about the contribution of the social sciences to the Program because there is so little of it. A few very useful studies have been done by a few individuals but there is no apparent coordinated effort to make medical sociologists and anthropologists an integral part of the research plan. In addition there is need for a health economist, certainly if the Centre is to involve itself more deeply in health services research.

Unfortunately, I have not had the time to have a serious look at the population based nutrition programs. The Board may want to consider to invite a public health oriented nutritionist to review this part of the Centre's scientific activities.

There is considerable overlap between the Community Services Research Program, the Disease Transmission Program and the Nutrition Program. This is not necessarily a disadvantage as long as intensive interaction between the Programs' staff takes place at the management level as well as between individual scientists in the different Programs.

My impression is that this is not the case. This may partly be due to temperamental differences between various staff members. In addition, the hierarchical way in which some of these vertical Programs are run is not conducive to a climate of intensive interaction and collaboration.

It would appear to me that the present separation of "dry" (Community Services Research Program) and "wet" (Disease Transmission Program) epidemiology in two different Programs is unfortunate and unnecessary.

PATHOGENESIS AND THERAPY AND NUTRITION

Introduction

This part of the review looked into the following Programs:

- (a) Pathogenesis and Therapy.
- (b) Clinical and metabolic projects of the Nutrition Program.

Review Methods

Review methods included the following:

- (a) Study of the documents, e.g. annual reports, list of publications and reprints, memoranda prepared by the investigators, protocols, various reports on the activities of the Centre.
- (b) Discussion with the investigators and supporting staff members.
- (c) Visit to the facilities including treatment and patient study areas, laboratories, data management section, animal laboratories and other relevant facilities of the Centre.
- (d) Discussion with the other members of the Review Committee.

The Programmes

The reviewer proposes to comment on broad categories of scientific investigations being carried out and proposed. No attempt will be made to evaluate protocols individually.

Pathogenesis and Therapy Program

The stated aims of the Program include studies on the pathophysiologic mechanisms by which micro-organisms and parasites produce disease, and development of simple and effective treatment and preventive measures. The Program addressed itself to important and relevant studies in this area. Scientific quality of the projects is generally high and

they are being competently executed. Results of several studies are of great practical importance. As an example, promising results with cereal based oral rehydration solutions are potentially important for the national diarrhoeal disease control program in the developing countries. The reviewer appreciates the proposed vigorous follow-up of this preliminary study to explore the scope of this approach and its possible nutritional benefit. Anti-diarrhoeal agents based on recent knowledge on the mechanism of diarrhoea production are a subject of one other broad category of research. Results of studies with chlorpromazine for its antisecretory activity in cholera should lead to testing newer agents. In this connection the reviewer suggests stimulating young investigators to use the excellent animal laboratory facilities at ICDDR,B for pharmacological and physiological experiments on an ongoing basis. Ongoing clinical studies with salicylates is showing interesting results and the reviewer feels that the study should include not only cholera but also diarrhoea due to ETEC and other etiologies which may help testing hypotheses on its mechanism of action.

Two broad groups of proposed future study deserve special mention. Studies on Rotavirus diarrhoea according to its serotype with emphasis, at present, on the clinical aspects, prevalence and nutritional consequences could help design more ambitious studies on sero-epidemiology of Rotavirus diarrhoea. This refers to the proposed collaborative study on the Rotavirus serotypes and how important each one of them is in producing disease and their epidemiology. The other group of studies concern chronic diarrhoea. Chronic diarrhoea affects infants, children and adults. Morbidity and mortality (specially in infants) is very high. Understandably 'leads' in this area are not many and initial efforts may be spent in acquiring background information. The reviewer feels that the diagnostic and clinical facilities, and patient care need to be upgraded before any ambitious studies on chronic diarrhoea are contemplated. This includes training and orientation of the skilled manpower giving care to the patients.

Another category of study of substantial practical importance is complications of acute diarrhoea e.g. hypoglycemia syndrome, hypernatraemia, convulsive disorders, hemolytic uremic syndrome. These should be pursued with minor modifications as suggested by the reviewer during discussions with the investigators.

Several other studies which do not fall under the above broad categories have also been reviewed and found to be generally well thought out and useful studies. They include studies on parasite related diarrhoea and pathogenetic mechanisms at cellular level and others. Study protocols on trial of ORS under 6 months of age could be further simplified and still provide the scientific information asked for.

Nutrition Program

The stated goals of the program include studies to understand how diarrhoea produces poor nutrition, discover whether malnutrition leads to a high incidence of diarrhoea, and to find the points where the diarrhoea-malnutrition cycle can be most effectively and inexpensively

interrupted. Better knowledge on the etiology of diarrhoea has opened up the possibility of studying nutrient absorption and metabolism in etiology - specific diarrhoea. Valuable information has already been generated by the metabolic studies carried out by the program. Prolonged malabsorption, particularly for nitrogen demonstrated in children with Rotavirus diarrhoea and in ST E. Coli diarrhoea is of great concern and needs to be confirmed by studies in age matched controls (e.g. in children suffering from non-intestinal ailments). Knowledge on nutrient absorption and metabolism from varied dietary regimes may lead to optimum dietary intervention and help to interrupt the diarrhoea-malnutrition cycle. These studies have direct relevance to the global Diarrhoeal Disease Control program launched by WHO. The reviewer feels that the study area should be strengthened in terms of physical set up, metabolic kitchen, skilled manpower (including their training and orientation).

The reviewer feels that these metabolic studies should receive high priority for the next five years since the information obtainable is not only scientifically attractive but also of great practical value.

Interesting studies on protein loss through the gut wall were carried out by using α_1 -antitrypsin loss in the stool as a marker. The reviewer feels that other markers should be attempted and the present marker be studied in children with non-antaxic disease (e.g. lower respiratory infections). This area of investigation may be valuable in understanding the pathophysiology of etiology-specific diarrhoeas.

Some general comments/recommendations

- (a) Excellent clinical/metabolic studies have been conducted at this Centre over the past decade using relatively simple clinical study set ups. These were made possible by the tenacity and ingenuity of the investigators and improvisations were the rule rather than the exception. As more and more ambitious clinical studies are attempted the improvisations are pushed to their limits. The reviewer feels that the physical set up for patient care and clinical research should be substantially improved to facilitate more demanding study protocols. This effort should include manpower development at all levels e.g. clinical technicians, nursing staff, and other technical manpower. This point should not be interpreted as a suggestion for new recruitment.
- (b) The metabolic unit is an important infra-structure for clinical research activities in the priority areas. This unit should be provided with improved physical facilities. The unit should also develop a cadre of trained manpower on a regular basis.
- (c) In view of the ethical problems in studying infants and children the newer tools of using non-radioactive stable isotopes for metabolic and tracer studies should be explored. This involves one expensive equipment i.e. mass spectrometer. Initially samples could be analysed in other laboratories having a mass spectrometer until the Centre is able to get one.

- (d) The Centre has one of the finest laboratory animal facilities. In the late 60's and early 70's excellent physiological studies have been conducted in this laboratory using experimental animals. The reviewer feels that more use could be made of the animal laboratory for conducting pathophysiological and pharmacologic studies. Findings may also help furnish ethical justification for future human studies. ICDDR,B is better suited for animal studies because here it can be carried out at much less expense than feasible in any laboratory in a developed country.
- (e) The reviewer was impressed by the quality of the biochemistry laboratory. The recent introduction of external quality control is highly commendable. The sophisticated equipments, however, need better accommodation.
- (f) The clinical investigators who generate small volume data for each program usually utilise the services of data management branch for analysis and testing. Statistical consultations prior to launching clinical studies appear to be lacking. The clinical investigators may derive benefit by consulting a statistician before starting the program, or, better still, at the stage of preparing the protocol.
- (g) Dearth of experienced investigators in this area was a felt need.

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RESOURCES DEVELOPMENT REPORT

RESOURCES DEVELOPMENT REPORT

During the past six months negotiation with donors has gone well, with positive results and good prospects. We have maintained and renewed contributions from existing donors, received commitments from new donors, and initiated contacts with prospective donors.

5.a Consultative Group

The Consultative Group was held as scheduled during the UNDP Governing Council in New York. Eighteen delegates attended, fourteen from countries and agencies which are currently participating with ICDDR,B. This year air tickets were not provided for delegates from developing countries other than Bangladesh. During the meeting Switzerland officially announced the renewal of its contribution for two and one-half years. The Bangladesh delegate urged other countries to support ICDDR,B, and various delegates expressed keen interest in and support of the Centre's work.

After the Consultative Group UNDP took the original Memorandum of Understanding for its archives. We are now drafting a revised Memorandum.

On the basis of two years of experience we would like to redefine the objectives of the Consultative Group. We suggest that the group should be similar to that of CGIAR: a meeting which is primarily for donors to ICDDR,B but open to other interested participants. This meeting should continue to be held on an annual basis, coinciding with the UNDP Governing Council.

5.b Collaboration, Participation, Funding

After the Consultative Group, meetings were held with officials of UNFPA and UNDP. UNFPA had planned to cut by 20% their 1982 support budget for demographic surveillance; however, in light of the drastic reduction in the Matlab MCH-FP project they eventually agreed to leave the demographic budget intact. They also discussed multi-bilateral fund-raising for the MCH-FP extension areas. CIDA has agreed to provide funding but not before 1983; therefore other sources must be found for start-up funding.

At UNDP we met with officials of the South Asia Bureau and discussed possible support for the Centre's training program outside WHO Regional Training support. The clinical research grant under the UNDP Global programme will expire in 1983; it was suggested that we begin the application process for renewal in early 1982.

FORD FOUNDATION has been undergoing a reordering of its priorities and staff, including a new Resident Representative for Bangladesh. The core fund grant to ICDDR,B expires in 1982 and in light of the Foundation's changing priorities we are uncertain of the continuation of core support. However, we are working for a renewal of the grant and exploring alternative project support.

The USAID support agreement expires in 1983. During discussions with USAID officials they advised us to initiate the renewal process in early 1982 to get into the new grant cycle.

Following various visits and contacts, in August the Government of FRANCE confirmed its interest in supporting the Centre under the French Technical Assistance Programme. During our subsequent visit to France in September, it was agreed that a French delegation will come to Dacca in mid-November for review and assessment of the Centre's needs, and that eventually France will provide long-term personnel support. The Centre has also requested financial support from the multilateral division of the French Foreign Ministry, which will try to provide surplus funds from the 1981 budget. We will also try to get into the 1983 budget for core support.

During the Consultative Group meeting in June Mr. Bashir met with the head of the multi-bilateral division of the Foreign Ministry of BELGIUM and requested financial support. In September we again visited the Foreign Ministry in Brussels and it was confirmed that Belgium will support one of the MCH-FP extension areas, and cover the cost of a Belgian scientist at the Centre.

In Geneva we visited the AGA KHAN FOUNDATION, whose director informed us that the Foundation plans to send a delegation to Dacca in early 1982 to review and assess the Centre's activities. Following the visit it is expected that they will extend financial support.

POLAND signed the new Memorandum of Understanding during Dr. Greenough's visit to Warsaw. Thanks to Prof. Kostrzewski for arranging the visit and meetings with Polish officials.

SAREC of Sweden announced the renewal of its support for our collaborative project, in addition to its core support. We are grateful to Dr. Holmgren for his efforts.

In the last Board meeting we reported on our visit to the OPEC Fund and subsequent submission of a proposal for an additional capital development grant. We now report with great pleasure that the OPEC FUND has approved the grant, of \$ 950,000, for construction of the clinical centre. This grant will be channelled through UNDP.

We understand that our request to JAPAN has been approved for \$ 500,000 annually in core support; official notification is expected shortly. Our technical assistance proposal to JICA should be finalised

at the same time. We recently began talks with the Japanese Embassy in Dacca concerning support for capital equipment in the new building.

Following discussions with Dr. Dabbagh in June, we proposed to send consulting teams to Saudi Arabia and Kuwait to assess the current diarrhoeal disease situation and propose specific scientific services ICDDR,B can render to these countries. On the basis of this work we hope that both countries will extend financial support to our core budget. We have also requested meetings with UAE health officials to discuss possible collaboration, but are still awaiting a response.

EAST ASIA. Mr. Bashir attended the recent Southeast Asian Health Ministers' Conference in Jakarta with Prof. Matin, the Hon'ble Minister of Health, and discussed financial support and collaboration with the Health Ministers of Indonesia, Thailand, Burma, and the Democratic People's Republic of Korea.

Project/Proposals and Support

The Board has broadly defined justifications for soliciting project support: the projects should coincide with our current activities, and we should have the resources to carry them out without any extra expense to the Centre. Project funding is in fact indirect support to the core fund. The government of Bangladesh requested that we open three extension areas to test the replicability of the Matlab MCH-FP project and results. These areas were to be funded by UNFPA; however, due to financial constraint they are unable to provide support. We have approached various donors, and both CIDA and Belgium have agreed to extend support. CIDA will not be able to provide funds before 1983. UNDP-Dacca had therefore agreed to provide interim funding of \$ 200,000 for 1982.

Our proposal to IDRC of Canada for the Diarrhoeal Information Service Centre is under final consideration by IDRC.

On the successful completion of the first round of surveying in Munshiganj, German Technical Assistance (GTZ) has requested us to carry through with the second round.

The Palli Chikitsak training assistance project of USAID-Washington is being finalized. As this is a host country project, ICDDR,B is expected to participate by providing training similar to our current programme for medical officers of the Government of Bangladesh.

5.c. Financial Resources

We have outlined some of our fund-raising activities and our projected actions. In order to meet our budgetary targets we must mobilize even more support, in great amounts, from a wider variety of donors. As the enclosed table shows, in 1982 we will be receiving support from several new sources: Japan, Belgium, UNDP-Dacca, and IDRC (DISC project). In addition, based on current negotiations described above we anticipate funding from the Asian Development Bank, the Aga Khan Foundation, Saudi Arabia, Kuwait, France, and USAID (Palli Chikitshak). The projected income from these donors will total approximately \$ 1.5 million.

FINANCIAL RESOURCES
(Estimated Support FY 1982)

US Dollars

<u>Unrestricted</u>	<u>Cash</u>
Australia/ADAB	175,000
Bangladesh	52,500
Ford Foundation	200,000
Japan	500,000
Saudi Arabia	100,000
Sweden/SAREC	100,000
Switzerland	250,000
United Kingdom	220,000
USA/USAID	1,900,000
	\$ 3,497,500
<u>Restricted</u>	
Belgium	100,000
German Technical Cooperation (Munshiganj)	70,000
IDRC (Canada) (Teknaf & DISC)	142,000
Sweden/SAREC (Collaborative Research)	76,000
UNDP (Research & Training)	352,000
UNDP (MCH-FP)	200,000
UNFPA (DSS & MCH-FP)	440,000
	\$ 1,380,000
TOTAL:	\$ 4,877,500
Projected new support	1,500,000
	\$ 6,377,500

I would like to conclude with the following remarks. First is the importance of maintaining the image of ICDDR,B while raising funds from donors. In performing our work we encounter a number of external obstacles. In this context I regret to inform the Board that recently the French Government has received an embarrassingly negative comment about ICDDR,B from WHO Headquarters in Geneva. We request that the Board suggest measures to avoid repetition of this type of comment.

Finally, the Centre would like to express its gratitude to the Bangladesh Government for continuing collaboration and support in all fields. The Ministry of Foreign Affairs and its embassies and missions abroad, particularly in New York and European capitals, has provided essential logistic and diplomatic assistance. The Ministry of Health, especially Prof. Matin, Hon'ble Minister of Health and Chairman of this Board, has been extremely helpful in providing support to the Centre.

5.d

Physical facilities

The first phase of construction of ICDDR,B's capital development programme is being financed primarily with grants from the OPEC Fund and Saudi Arabia. \$ 500,000 has already been spent on construction of the 37,000 square foot ground-floor clinical centre; the new \$ 950,000 OPEC Fund grant will be used for completion of the clinical centre, including payment for both local and imported materials. Completion is expected by April-May 1982.

In addition, the first phase includes the purchase of 5.14 acres of land in Matlab and approximately six acres in Teknaf, which was mainly financed from the Saudi grant. Construction of two floors on the library building, and purchase and installation of air conditioning for the clinical centre, have also been included in the first phase and will cost approximately \$ 1 million, which is yet to be raised.

The second phase involves construction, land development and establishment of service facilities at Dacca, Matlab and Teknaf. The construction will be spread over a four-year period from 1982 to 1985.

DACCA

This phase consists of construction of the six upper floors of the clinical centre and research building, an auditorium with a seating capacity of approximately 700, plus two seminar rooms and a services block. The six floors will encompass a variety of clinical research laboratories, plus training facilities and classrooms, administrative departments, employees' cafeteria, etc. The services block will house the supply and maintenance departments, power generator, substation, laundry, distilled water, etc. The total cost of this work is estimated to be \$ 15.2 million in constant 1981 dollars.

MATLAB

The construction work includes a hospital and research building, residential quarters for employees, and a trainees' hostel/visiting scientists' dormitory. Since the Matlab land is low-lying it will be filled and landscaped. Provision has also been made for a jetty and repair dock, services building, and such essential equipment as a power generator and deep tubewell. The approximate cost in constant 1981 dollars is \$ 2.0 million.

TEKNAF

The total work consists of construction of a hospital block, residential quarters for employees, a trainees' hostel/visiting scientists' dormitory, and a services block with essential equipment. The land is relatively high, so landscaping and site development cost will be minimal. The estimated cost in constant 1981 dollars is \$ 0.4 million.

6/BT/NOV. 81

REPORT OF THE FINANCE SUBCOMMITTEE

REPORT OF THE FINANCE SUBCOMMITTEEThe Past

ICDDR,B began operation on July 1, 1979. Its revenue expenditure from then to December 31, 1980 was \$5,790,000 for the 18 months which is at a rate of \$3,860,000 for 12 months. A tabular and graphical presentation of expenditure records may be seen in Figure 1 and Table (pages 1a and 1b respectively).

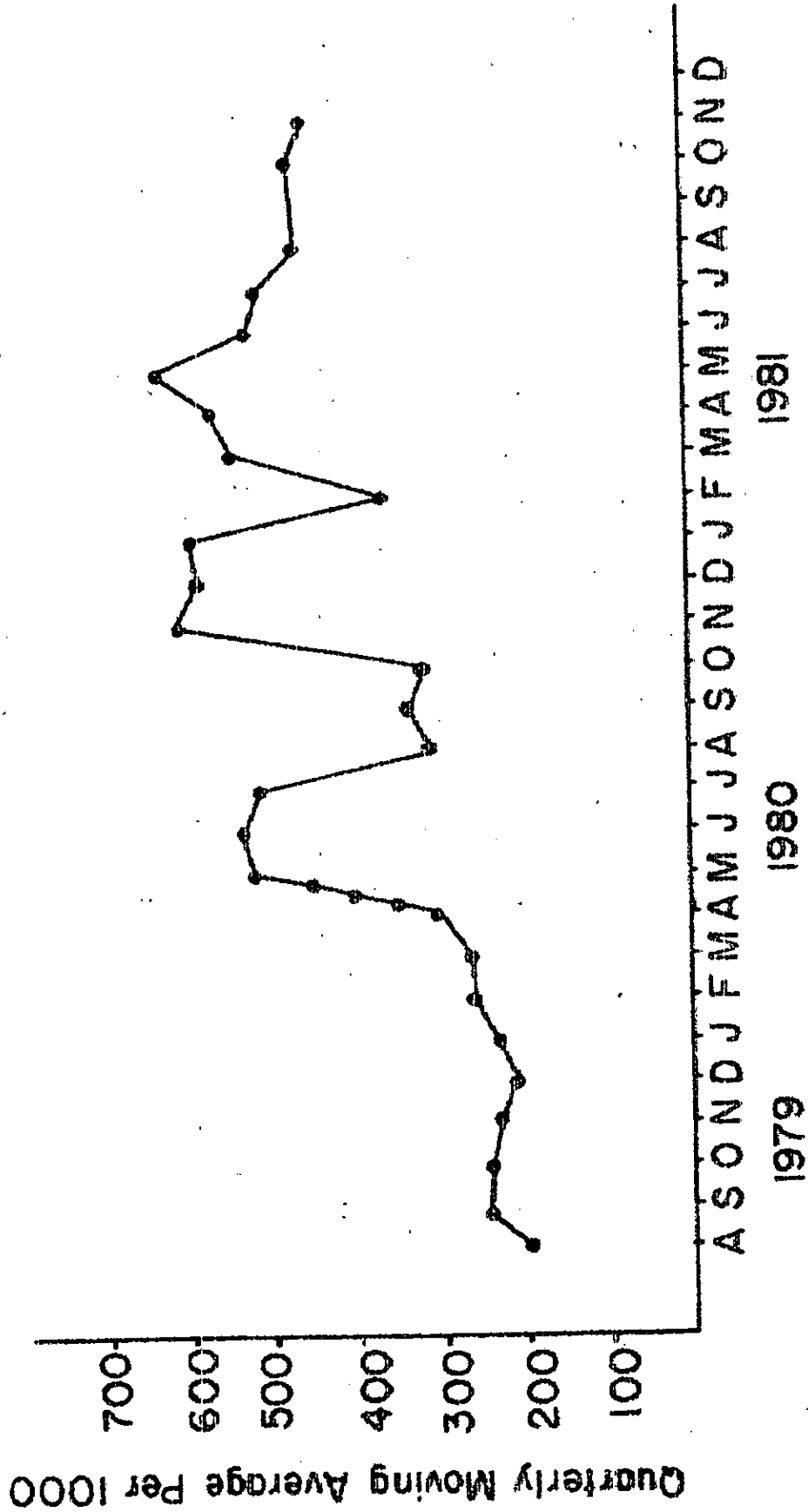
During 1980 a five year programme budget was discussed by the Board of Trustees and was approved as a planning target. The operating expenditures envisaged were -

Millions of US \$

1980	4.1 (not in the 5 yr. budget)
1981	6.1 (plus \$600,000 working fund)
1982	7.4
1983	8.6
1984	10.0
1985	11.7

At a meeting of the Board in December 1980 the Director presented a programme which would cost about \$6.7 million. At that time the forecast of reasonably firm revenue for the year totalled about \$4.0 million. The Director therefore presented an alternative limited budget which proposed an expenditure of \$4.0 million. It was felt that this level of expenditure "would seriously compromise all programmes, although all commitments could be met. In view of the prospects of added funds and the level of available funds through June 1981 it was felt possible to allow a

QUARTERLY MOVING AVERAGE OF MONTHLY EXPENDITURES (July, 1979 to December, 1981)



INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

TABLE OF MONTHLY EXPENDITURE FROM JULY 1, 1979-DECEMBER 31, 1981

	<u>Month</u>	<u>Amount</u> <u>US \$</u>
1979	July	148,166
	August	206,960
	September	223,235
	October	229,722
	November	207,468
	December	209,625
1980	January	229,330
	February	265,926
	March	305,158
	April	224,397
	May	381,370
	June	983,978
	July	233,537
	August	338,859
	September	338,677
	October	332,855
	November	284,185
	December	1,213,968
1981	January	244,489
	February	339,535
	March	469,446
	April	826,203
	May	409,603
	June	672,917
	July	481,690
	August	393,896
	September	519,219
	October	469,551
	November	435,000
	December	460,000

rate of expenditure above the level of the limited budget presented" (quotation from the Minutes of Board Meeting December 2-5, 1980).

When the Board met on June 11-12, 1981 the Finance Subcommittee reported total funds available for operating revenue for 1981 were -

352,000	-	carry-over from 1980
4,065,000	-	pledges at beginning of 1981
536,000	-	new pledges since November 1980
<hr/>		
4,953,000	-	Total
<hr/>		

Although this marked an improvement in position the Board commented at the meeting of June 11-12, 1981 as follows:-
"Total expenditure for the first four months of 1981 was \$1.753 million, an average of \$438,000 per month. Monthly expenditure is very uneven (January \$242,000, April \$729,000) due mainly to changes in travel, supplies and materials and equipment and furniture. Hence it is difficult to make an accurate prediction for the remainder of the year. The best estimate available which allows for foreseeable increases in personnel costs, and printing and for a reduced monthly expenditure on supplies and materials and equipment and furniture predicts expenditure at the rate of \$484,000/month for a 8 month total of \$3.87 million. The total expenditure for 1981 would then be \$5.63 million (\$470,000/month) or about \$670,000 more than the presently foreseeable revenue. The monthly rate of expenditure will probably approach \$500,000 in December."

The Present

In preparation for the November 1981 Board Meeting the Director presented a record of revenue and expenditures - actual to the end of September and projected to the end of 1981. Actual expenditure for 9 months was \$4,357,000. Estimated expenditure for the remaining 3 months \$1,360,000 for a total of \$5,717,000. This includes \$167,000 of unanticipated expenditure on new projects. This was primarily an execution of some projects on which the Centre had to spend more than the amount received from the sponsors. It will be advisable to strictly limit acceptance of such projects in the future.

Anticipated revenue for 1981 is estimated at \$5,326,000 as against an estimated expenditure of \$5,717,000 resulting in a predicted short fall of \$391,000. This revenue estimate of \$5,326,000 includes \$352,000 carried over from 1980 so expenditure for 1981 could exceed revenue by \$743,000, however, it is expected that an additional amount of \$300,000 will be available before the end of the year.

At its June 1981 meeting the Board requested the Director "to exercise more effective control in consultation with the staff in such a way as not to adversely affect the research and training programmes". As a result a reduction in commitments for supplies, materials and equipment began in July 1981. This will result in some reduction in expenditure in the early months of 1982.

Revenue Estimates for 1982

Anticipated receipts forecast for 1982 as follows:-

<u>Committed</u>	<u>Millions of US \$</u>
Unrestricted	3.50
Restricted	1.38
Other income	.30
	<hr/>
	5.18
	<hr/>

Additional projected support -

Aga Khan Foundation	100,000
Asian Development Bank	400,000
France	100,000
Middle East	500,000
UNDP-MCH-FP	100,000
US/AID - Palli Chikitshak	300,000
	<hr/>
	1,500,000
	<hr/>

Each of the last 3 sources may involve some additional expenditures. It seems prudent to reduce the estimate of total revenue probably available for operating expenses to a round figure of \$6.5 million which may be reduced by the 0.4 million deficit forecast for 1981.

If the projected support materializes the actual revenue of \$6.5 million in 1982 will be an increase of 30% over the \$5 million received in 1981.

Recommended Plan for 1982

The staff estimated that it would cost about \$8 million to fund all 1981 activities during 1982 with some added positions but no major new activities. This estimate undoubtedly has some fat in it but certainly not \$2 million. The only reasonable conclusion that can be drawn is that ICDDR,B is too big for its budget.

Consideration quickly shows that it is very difficult to cut the size of the Organization without very serious damage. The easiest place to cut would be in senior staff but this would reduce the productivity of the Centre out of all proportion to the savings realized. Cuts in junior staff would save less money and produce more complications. It is therefore recommended that ICDDR,B aim to operate during 1982 on an operating budget not to exceed \$6.5 million. This figure is chosen rather than the \$6.1 that now seems to be available because cost projections suggest that the small extra amount would add greatly to the productivity of the Centre and the prospects for getting the extra revenue are good.

Only three goals that will involve new expenditures should be considered for 1982. The first goal is to ensure the continued expansion of high quality research in order to attract increasing donor support. Progress toward this goal will be made by the hiring of two new senior international scientific staff in late 1981 and possibly one more in 1982. One new international level person can be added to the Resources Development section to increase the effort in seeking revenue. New local hiring must be limited to cases of absolute necessity.

The second goal is to improve expenditure control. The appointment of a senior and experienced person as Associate Director of Administration and Finance is expected before the end of 1981. This will initially result in increased expenditure but should produce a positive result during the year.

The third goal is to bring the pay and allowances of staff, both local and international, into a suitable relationship with the UN scales as soon as possible.

Increased operating costs resulting from the move to the new building must be kept to the absolute minimum.

Conclusions

The size of the staff and operations at ICDDR,B are now such that in 1982 the 1982 target in the 5 year plan of \$7.4 million is an optimum figure. With present revenue projections however this would produce a deficit of about \$1 million which cannot be tolerated. The experience of 1981 must not be repeated. The Board should instruct the Director to continue and improve all existing measures to restrain expenditure and to limit expenditures to the \$6.5 million expenditure ceiling. No new project grants or contracts must be accepted if they involve any unbudgeted expenditure of core funds. There must be no relaxation until increased revenue is firmly committed. The first available increase should be used to adjust salaries and benefits of staff not to exceed UN levels. No other increases in expenditure should be planned for 1982. If further funds become available they should, if possible, be retained as a working fund for 1983 and beyond.

The goals set out in this report can only be achieved if everyone affected immediately accepts the approved budget and begins to use the new tool to control their own expenditure. Support and encouragement from the Board will greatly aid in this important step forward.

Staff Provident Fund

Since the transition from PSCRL to ICDDR,B there has been no revision of the rules of the Staff Provident Fund. These rules have been reviewed in detail by members of the Finance Subcommittee and the following changes are recommended at this time:-

1. (a) In Rule 1(i) and wherever occurring including the forms except in Rule 2 (x), the words "Cholera Research Laboratory" be substituted by the words "International Centre for Diarrhoeal Disease Research, Bangladesh".
- (b) In Rule 2(i) the words "Pakistan-Seato Cholera Research Laboratory" be substituted by the words "International Centre for Diarrhoeal Disease Research, Bangladesh".
- (c) The letters "PSCRL" wherever occurring, except in Rule 2(x), be substituted by the letters "ICDDR,B".
- (d) In Rule 2(x) and Rule 2(xi) the words "now defunct" be inserted immediately preceding the letters "PSCRL" wherever occurring in the two sub-rules.
- (e) In Rule 2(x) and Rule 2(xi) the words "which has now become the International Centre for Diarrhoeal Disease Research, Bangladesh Staff Provident Fund" be inserted immediately succeeding the word "Fund" wherever occurring in the two sub-rules.

- (f) The word "Laboratory" occurring in Rule 3 be substituted by the word "Centre".
 - (g) The words "Registered" occurring in Rule 8 be substituted by the word "Head".
 - (h) The words "in Pakistan" occurring in Rule 8 be deleted.
 - (i) The word "Pakistan" occurring in Rule 9(ii) be substituted by the word "Bangladesh".
 - (j) In Rule 24 the words "Government of Pakistan or its authorised representative" be substituted by the words "Board of Trustees of the ICDDR,B".
2. At the end of Rule 2, a new sub-rule be added as follows:
- (xii) Centre means the International Centre for Diarrhoeal Disease Research, Bangladesh established under Ordinance LI of 1978.
3. The existing provisions in Rule 3 be renumbered as Rule 3(i) and the following new sub-rules with number 3(ii) and 3(iii) be added.
- "3(ii) Any contractual employee with a minimum duration of contract for one year other than International level positions shall be eligible to become a member of the Fund."
 - "3(iii) Any existing member of the Fund having been absorbed in the International level positions established in pursuance of section 14 of the Ordinance LI of 1978 shall cease to be a member of the Fund with effect from the date of absorption."
4. (a) In Rule 5 the words "six and a quarter" be substituted by

the word "ten".

- (b) In Rule 5 the word "salary" be substituted by the word "pay".
5. In Rule 15(i)(c) the words "or has been absorbed as an international level employee or on expiry of contract with minimum duration of one year" be inserted immediately succeeding the words "ill health".

The Government of the People's Republic of Bangladesh has indicated that such revision is within the jurisdiction of the Trustees of ICDDR,B. The text of this letter is as follows:-
"I am directed to refer to your letter No. Nil, dated 16.3.81 on the above subject and to say that as per existing Ordinance of the I.C.D.D.R.,B the Board of Trustee may take necessary action in the matter and therefore, the Government has nothing to do in the matter. Thanking you with regards,".

Capital Budget

The Capital Budget was reviewed and accepted as presented. The description and discussion of Capital Development is contained in the report on Resources Development (5.c/BT/NOV. 81).

Reserve Fund

In the meeting of the Board, 11-12 June, 1981 the following resolution was passed Resolution 6/June 81:-

"The Finance Subcommittee is requested to examine the desirability/possibility and mechanism of creating a 'Reserve Fund' to enable the

Centre to attain better financial stability and also to enable it to retain a satisfactory level of work in case of uneven flow of resources for reasons beyond its control."

There was no detailed discussion of this matter in view of the current financial situation. However, in designing the 1982 budget a line item "Working Fund" has been established within the 6.5 million limit in order to assure that there will be unassigned funds in the budget to cover an over run should it occur in 1981 and be available for contingency in 1982.

7/BT/NOV. 81

REPORT OF THE PERSONNEL MANAGEMENT SUBCOMMITTEE

REPORT OF THE PERSONNEL MANAGEMENT SUBCOMMITTEE

The members of the Personnel Management Subcommittee of the Board have met on two occasions since the last full Board meeting in June. The meetings took place in Dacca on 13 and 14 November, 1981. All members were present at both meetings. The following report is submitted for consideration and possible action by the Board.

The process for hiring consultants of more than three months, was discussed. There was a consensus that all positions of more than three months above the local scales should be selected by the Selection Subcommittee of the Board but that recruitment of consultants of less than three months term could be carried out under responsibility of the management of the Centre. It was cautioned, however, that such consultations should be assessed carefully in terms of their cost versus benefit and gain. In general, consultants in research should have qualifications comparable to that of scientists. In the field of training and management/finance it should follow the criteria stipulated for that category. A resolution has been drafted for consideration as follows:

Resolution: Consultants should provide expertise not available at the Centre for the task at the time of the consultation. Such consultation for a period of less than 3 months is at the discretion of the Director. Consultants serving more than a period of 3 months shall be selected by the Selection Subcommittee of the Board.

Next, the Subcommittee took up the matter of the relationship of ICDDR,B pay scales, benefits and personnel rules to those of the UN System. During the past two years the Subcommittee has considered the implications of a more complete application of UN scales, benefits and rules to the Centre. This process was further advanced by the reports of two consultants to the Centre, Mr Roger Eggleston, Chief Personnel Officer, WHO/SEARO and Mr Hugh Murphy, Director, Administration, IRRI, since the June Board meeting. These reports have been circulated to the members of the Board for their information. Mr M.K. Anwar of the Personnel Management Subcommittee has carefully reviewed these documents and commented on them in detail, and this report is available to the Board.

At this time a full consensus has developed in the Subcommittee that it would be highly desirable for the Centre to adopt the pay scales, benefits and rules of the UN System. The pay and benefits given to the Centre's staff should be carefully structured not exceeding the limits of this System. In addition, since there are variations within the UN System among the different Agencies, it was felt important to designate the Agency which will provide the guidelines for the Centre. The Subcommittee agreed that the World Health Organization was the appropriate UN Agency to follow. This being the case it was felt that a clear enunciation of this policy by the Board would provide the necessary impetus for a full and careful evaluation of the current pay scales, benefits and rules. Revisions would be suggested in a detailed manner to be considered by the Board for implementation at a future meeting. At such a time the financial implications to the Centre could be defined and a judgement made

regarding the timing of implementation. By proceeding in this manner it is felt that serious problems could be averted in the future in that a clearly defined relationship to the WHO procedures, pay scales and benefits would insure that no double standard will be evolved between national and expatriate staff, and that the employees will be protected by the adjustments in the system for increases in cost of living. An additional benefit would be that when members of the Centre work in other countries or regions there would be clearly defined regulations, rules and guidelines to govern administrative procedures in those areas.

Article 14, Clause 2 of the Charter enjoins upon the Centre to make salaries and emoluments of non-international level persons comparable to those paid by the United Nations Organizations in Bangladesh. In pursuance of these provisions several upward revisions and adjustments have been made in the pay and benefits of the non-international level employees. In view of the facts stated above and as a final step towards achievement of comparability with UN Organizations, it is necessary to take certain policy decisions on the subject. It is therefore resolved that:

Resolution: (a) There are variations in individual components of salaries, emoluments and benefits among the different UN Organizations in Bangladesh. As a first step towards establishing comparability, it is essential to identify one of the UN Organizations to be adopted as a yard stick. As the Centre is a health related organization the nearest UN Organization in Bangladesh concerned with health is the World Health Organization. The Centre will therefore, follow the structure followed by the

WHO in respect of pay, allowances and all other benefits in cash or kind paid by WHO to non-international level employees in Bangladesh.

- (b) Total of salaries and emoluments of non-international level positions in the Centre including pay, allowances, benefits in cash or in kind or in any other manner including pension, provident fund, retirement benefits shall be equal to but shall not exceed the total of those paid by the UN Organization (WHO) in Bangladesh to employees in equivalent positions.
- (c) Items of pay, allowances, and all other benefits in cash or kind shall be those as paid or allowed by UN Organizations. Deviations may not be allowed except in very special circumstances based on strong reasons. Such deviations, if allowed, must conform to the requirement of resolution (b) above.
- (d) It has been observed that some employees in international level positions have been enjoying benefits in cash and kind more favourable than those allowed by the WHO to employees in equivalent levels. On the lines adopted for non-international level employees, compensation to international level employees should be so adjusted as not to exceed the amount paid by WHO for equivalent positions.
- (e) The Director of the Centre shall take necessary steps to implement the above decisions as early as possible.

The final matter taken by the Subcommittee on Personnel Management was to recommend a minor correction for the procedure for selection of members for the Board of Trustees. The correction is in the form of a resolution as follows:

Resolved: In Section 5 of the procedure for holding elections in seats of members at large of the Board of Trustees which was passed at the June meeting and inserted into the By-laws the following change should be made: the word 'recommendation of' is to be replaced by the word 'each candidate recommended by'.

With regard to the existence of the Subcommittee on Personnel Management this Committee recommends that the Board continues to have such a Committee to review the process and steps for implementing the policy decisions adopted by the Board and also to assist the Board in the discharge of its duties. However, the Board might wish to review the composition of the Subcommittee.

8/BT/NOV. 81

REPORT OF SELECTION SUBCOMMITTEE

REPORT OF SELECTION SUBCOMMITTEE

The Selection Subcommittee of the Board has considered the following matters and reports them to the Board for their consideration and action:

1. The curriculum vitae and recent work of two members of the scientific staff have been reviewed by two members of the Board for each individual. It is the opinion of members of the Selection Subcommittee that the comments by the reviewers taken together with knowledge of present activities that both members qualify at the rank of Scientist. The Subcommittee therefore asks the Board to recognise Dr Roger Glass and Dr A.K.M.A. Chowdhury as having attained the rank of Scientist in ICDDR,B. A resolution has been drafted as follows:
"The following two individuals may be recognised as having attained the rank of Scientist in ICDDR,B -
 Dr Roger Glass
 Dr A.K.M.A. Chowdhury."
2. The Subcommittee has reviewed the status of long term Consultants at the Centre and reports to the Board that the positions currently occupied by two long term Consultants in the area of Construction and Physical Plant shall be terminated on 31 December, 1981. It may be possible and desirable to retain the incumbents by creating two positions for longer terms during the current capital development phase of the Centre. The job descriptions for these two positions have been prepared and referred to the Personnel Management Subcommittee for their scrutiny and action. It was felt that the long term

positions in Training and Financial Matters may not be necessary as regular staff positions, hence the position in Training will be terminated on 31 December, 1981. The position Consultant in Financial Matters will be required until the new Associate Director, Administration/Finance is in place and deems this position as no longer essential. The overlap period, however, should not exceed three months.

3. The Subcommittee has reviewed the process, credentials and recommendations regarding all candidates applying to the position Associate Director, Administration/Finance and finds Mr Michael F.L. Goon to be the most desirable candidate for the position. The following resolution is suggested:
"Resolved: The Board of Trustees, ICDDR,B authorises the Director of the Centre to enter into negotiation with Mr Michael F.L. Goon to secure his appointment as Associate Director, Administration and Finance.".
4. The process of selection of new members of the Board of Trustees was discussed together with the desirability of continuing the talents and knowledge of present members who might be able to serve a second three year term. It was noted that since in June 1982 the first Trustees would have served a full term that certain precedents would be set by the actions the Board takes on this occasion. It was felt important to have a full discussion of the precedents that might be set and also to review possibilities for involving Trustees candidates prior to their appointment as full Board members.

9/ET/NOV. 81

OPERATING BUDGET PROPOSAL 1982

1982 OPERATING BUDGET PROPOSAL

The budget proposal represents the Centre's planned programme activities for the period January 1 through December 31, 1982. The proposal is presented in the format approved by the Board of Trustees in June 1981 and includes the following schedules:

1. Summary Budget
2. Support and Revenue Budget
3. Programme Expenditure Budget
4. Accountwise Breakdown of Expenditures by Programmes

A brief explanation of each schedule is provided below.

1. SUMMARY BUDGET

The Summary Budget is divided into two sections, (a) the Cash Budget and (b) the Receipts and Expenditure Budget.

(a) Cash Budget

The Cash Budget represents only cash and bank balances. It is prepared on the "cash basis" of accounting. That is, receipts include only those receipts deposited into the Centre's bank accounts during the year. Cash payments are the total of checks written and cash payments made during the year and include advance payments for the next year's expenses as well as payments for liabilities incurred in the prior year. Because of these timing differences actual cash payments for 1981 are different from the 1981 expenditure totals. However, for the

1982 budget, cash payments were assumed to be equal to budgeted 1982 expenditures. It was also assumed that there will be no variation between the opening and closing advances and liabilities.

The Centre began 1981 operations with a negative cash balance, or deficit of \$ 135,000. (However, payments totalling \$ 487,000 had been made in 1980 for 1981 expenses. The net carryover from 1980 of cash and advanced to 1981 was \$ 352,000.) The Centre anticipates a negative cash balance of \$ 339,238 will be carried over from 1981 to 1982.

Cash receipts during 1982 are expected to be \$ 6,678,400. Cash payments (and 1982 expenditures) are planned at \$ 6,200,000, resulting in a cash surplus of about \$ 139,162 to be carried over to 1983. If the working fund is spent during 1982, it is expected to result in a cash deficit of approximately \$ 160,838.

(b) Receipts and Expenditure Budget

Receipts in this budget are prepared on the cash basis of accounting and are the same as the receipts shown in the Cash Budget.

Expenditures, however, are prepared on the accrual basis for this budget. Expenses are recorded in the year they are incurred, regardless of the year the cash is actually paid out. Expenditures for 1981 are expected to total about \$ 5,717,800 as compared to the original Limited Budget total for 1981 of \$ 4,065,300. (Note that receipts for 1981, at \$ 4,977,268, are also in excess of the original Limited Budget.) Expenditures for 1982

planned to be \$ 6,200,000 plus a Working Fund of \$ 300,000 to be allocated and spent by the Director as needed. If the Working Fund is spent, 1982 expenditures will still be less than receipts, yielding a budget surplus of an estimated \$ 178,400.

Note that due to the change in fiscal year, which was from July 1, 1979 to June 30, 1980, the twelve months' receipts for January 1, to December 31, 1980 are not comparable and are not included.

... 2. SUPPORT AND REVENUE BUDGET

The Support and Revenue Budget provides detailed information about Cash Receipts shown in the Summary Budget. Receipts for 1982 operations are expected to reach \$ 6,678,400, reflecting an increase of 34% over 1981 receipts. Of this total, \$ 4,877,600 is already committed by various donors. (\$ 3,497,500 is unrestricted and \$ 1,380,100 is restricted to specified projects.) Other funds which are not yet finally committed are projected at \$ 1,500,000. Revenue generated and other miscellaneous receipts are estimated at \$ 300,800.

... 3. PROGRAMME WISE EXPENDITURE BUDGET

Expenditures for 1982 operations are budgeted at \$ 6,200,000 which is an increase of 8% over 1981 expenditures of \$ 5,717,800. If the Working Fund of \$ 300,000 is fully utilized during the year, the increase over 1981 expenditures will be 14%.

Equipment purchases in 1981 totalled approximately \$ 500,000. In the 1982 budget, a provision for \$ 200,000 has been made to purchase equipment, a decrease of 60% from the 1981 actuals.

The following are explanations of major differences by programmes in the 1981 level of expenditure and the amounts projected for 1982.

... A. RESEARCH PROGRAMMES

1. Disease Transmission

The expenditure estimates for 1982 are increased by \$ 51,800 over the 1981 actual expenditures. This increase is mainly due to inclusion of one Scientist at international level during 1982 for whom only three months cost was reflected in 1981. The attribution of costs from the Research Facilities to the Programme has also contributed to this increase.

2. Pathogenesis & Therapy

The 1982 budget is higher by \$ 172,100 over the 1981 actual amount. This increase includes the new Programme Head at the International level for a full year and an expatriate fellow. Attribution of costs from Research Facilities to the Programme is also included.

3. Host Defense

The expenditure estimates in this programme are reduced by \$67,200 from the 1981 figure due to the departure of a scientist

at the end of 1981. Also the protocol expenses for 1982 are reduced because the major expenditures for several protocols were incurred in 1981.

4. Nutrition

The 1981 expenditure will be increased by \$ 113,300 in 1982. This increase is mainly due to the inclusion of the cost of one scientist at the international level and one scientist on the national staff. Attribution of costs from the Research Facilities to the programme are also reflected.

5. Community Services Research

The expenditure estimate under this programme has been increased by \$ 150,000 compared to the 1981 cost. This is result of the attribution in 1982 of personnel costs from Matlab Station and other Research Facilities. Also included is the recruitment of a new Programme Head late in 1982. Anticipated increases in the cost of gasoline are reflected in increased cost of water transport for field work.

B. RESEARCH FACILITIES

The expenditure estimates for the Research Facilities have been reduced by \$ 235,500. This decrease is mainly due to the attribution of Facilities costs to the research programmes in the 1982 budget. The 1982 budget

anticipates that cost of research work performed in the various Research Support Facilities will be charged to the Research Programmes. The attribution will be accomplished through the computerized cost accounting system which was developed during 1981. Attribution was improved in 1981 and will be fully implemented in 1982.

Other reduction in the Research Facilities budget, especially in the areas of Biochemistry and Computer Information Services Branch are due to purchases of equipment and other one time expenditures in 1981 that will not be repeated in 1982.

C. TRAINING, EXTENSION & COMMUNICATION

Expenditure estimates have increased by \$ 266,900 over 1981 actuals. This increase incorporates the extension of MCH-FP activities in other two areas, Shahjadpur and Noapara. The activities in Library and Publication area will also be expanded in 1982.

D. MAINTENANCE & LOGISTICS

The expenditure estimates have been decreased by \$ 208,500. This decrease is mainly due to attribution of costs from this area to the different programmes using the services. In 1981 \$ 120,000 was spent for procurement of vehicles and maintenance equipment. Purchase of new equipment in 1982 will be reduced to \$ 39,800. Further cost reduction will come from the new policy of limiting house maintenance costs for international staff.

The remaining costs paid by the Centre are shown in the respective programme budgets.

E. MANAGEMENT

The estimated expenditure has been decreased by \$ 41,200 from 1981 actual amount. The changes for each administrative area included in the net decrease are explained below:

1. Director's Office

In 1981 most short term consultants were charged to the Director's office. In the 1982 budget, short term consultants will be charged to the appropriate programme, resulting in a budgeted decrease of \$ 79,100 in the Director's Office.

2. Administration

The increase of \$ 51,100 is due to the recruitment of the Associate Director for Administration and Finance at the international level. Part of the cost of Associate Director will be supplemented from the saving derived from the departure of the General Manager in late 1981, for whom no replacement is budgeted.

3. Controller's Office

The budget is increased by \$ 10,500 for 1982. It will include the final payment for 1981 computer systems consultation and the cost of development of the second phase of the computerised financial system.

4. Physical Plant

The 1982 budget was reduced by \$ 23,800. This decrease is mainly due to attribution of cost from this area to Capital Development Fund Budget.

F. RESOURCES DEVELOPMENT

The increase of \$ 75,100 over 1981 expenditure is due to inclusion of short term consultants for fund raising.

G. MANDATORY COMMITTEE

The increase is nominal and is not explained.

H. EMPLOYEE BENEFIT

\$ 180,400 has been added to the 1982 budget over the 1981 amount. The increase is due to the expansion of medical benefits for local employees planned for 1982. The provision for accrued Income Tax liabilities of the Centre for employees for 1982 has further increased the cost estimates in this area.

I. WORKING FUND

\$ 300,000 provided in the budget under this category is not a permanent working fund. This amount will be used by the Director for Program adjustment as necessary during 1982.

The Centre requests the Board of Trustees to accept the budget proposal and authorise the Director to operate the budget in 1982.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

SUPPORT & REVENUE BUDGET 1982
(January 1, 1982 - December 31, 1982)

IN US DOLLARS

	1982 1/	1981 Cash Positions		Original
	Cash Estimates	Revised	Actual 9 months	
SUPPORT				
<u>Unrestricted</u>				
Australia/ADB	175,000	365,374 ^{2/}	365,374	180,000
Bangladesh/Ministry of Health	52,500	112,000 ^{3/}	56,000	56,000
Ford Foundation	200,000	200,000	200,000	200,000
Japan	500,000	-	-	-
Kingdom of Saudi Arabia	100,000	100,000	100,000	100,000
Sweden	100,000	100,000	100,000	-
Switzerland	250,000	378,700	378,700	616,000 ^{4/}
United Kingdom	220,000	242,000	242,000	242,000
United States of America/US-AID	1,900,000	1,900,000	1,400,000 ^{5/}	1,900,000
Private Contribution	-	110,000	110,000	-
Ohyama Foundation	-	3,000	-	-
Sub-Total	<u>3,497,500</u>	<u>3,511,074</u>	<u>2,952,074</u>	<u>3,294,000</u>
<u>Restricted</u>				
UNFPA-DSS Matlab	374,100	325,400	162,700	325,360
UNFPA-MCH-FP Matlab	66,000	79,600	46,600	58,300
UNDP/WHO Clinical Research	250,000	200,000	200,000	250,000
IDRC/Canada - Water & Sanitation - Teknaf	52,000	50,000	-	50,000
IDRC/Canada - DISC Project	90,000	-	-	-
SAREC/Sweden - Immunity & Vaccine	76,000	42,000	-	21,000
FRG/Technical Cooperation-MCH Extension	70,000	79,500	30,000	-
WHO/Regional Training	102,000	12,000	12,000	-
WHO/Regional Evaluation Course	-	6,500	6,500	-
Ford Foundation/Human Reproduction Survey - Interaction	-	4,500	4,500	-

Contd.

	1982 1/ Cash Estimates	1981 Cash Positions		
		Revised	Actual 9 months	Original
UNDP MCH-FP	200,000	-	-	-
Belgium	100,000	-	-	-
Maternal Health, Child Mortality & Reproduction - Interaction	-	8,000	-	-
ADB - For Nandipara Project	-	2,000	2,000	-
UK-Hormal Contraceptives	-	88,000	88,000	-
Kuwait - Sigella Conference	-	10,000	10,000	-
United Nations University	-	8,070	8,070	16,140
Rockefeller Foundation	-	25,000	-	-
Sub-Total	<u>1,380,100</u>	<u>940,570</u>	<u>570,370</u>	<u>720,800</u>
<u>REVENUE & OTHER RECEIPTS</u>	<u>300,800</u>	<u>525,624</u>	<u>446,703</u>	<u>50,500</u>
TOTAL COMMITTED	<u>5,178,400</u>	<u>4,977,268</u>	<u>3,969,147</u>	<u>4,065,300</u>
<u>ADDITIONAL PROJECTED SUPPORT</u>	<u>1,500,000</u>	-	-	-
Agha Khan Foundation	-	-	-	-
Asian Development Bank	-	-	-	-
France	-	-	-	-
Middle East	-	-	-	-
UNDP-MCH-FP	-	-	-	-
US/AID - Palli Chikitsak	-	-	-	-
Sub-Total	<u>1,500,000</u>	-	-	-
TOTAL SUPPORT AND REVENUE	<u>6,678,400</u> =====	<u>4,977,268</u> =====	<u>3,969,147</u> 5/ =====	<u>4,065,300</u> =====

- 1/ Expected in Kind Support totals \$ 452,000
- 2/ 1980 contribution of \$ 176,000 received in 1981
- 3/ 1980 contribution of \$ 56,000 received in 1981

- 4/ \$ 308,000 received in 1980
- 5/ Plus \$ 500,000 receivable in 1980 received in 1981

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

SUMMARY BUDGET - 1982
January 1, 1982 - December 31, 1982

IN US DOLLARS

	1982	1981 Status			1980	
	Budget Estimates	Actual for 9 months	Estimated for 3 months	Total for 12 months		Budget Actual
CASH BUDGET						
Opening Cash Balance	(339,238)	(135,395)	(297,359)	(135,395)	-	-
Receipts during the year	6,678,400	4,469,147 ^{1/}	1,008,121	5,477,268	-	-
Total Cash Available	6,339,162	4,333,752	710,762	5,341,873	-	-
Payments during the year	6,200,000	4,631,111	1,050,000	5,681,111	-	-
Closing Cash Balance	139,162	(297,359)	(339,238)	(339,238)	-	-
	=====	=====	=====	=====	=====	=====
RECEIPTS AND EXPENDITURE BUDGET						
<u>Receipts</u>						
1. Contribution	6,377,600	3,522,444	929,200	4,451,644	4,014,800	-
2. Revenue	300,800	446,703	78,921	525,624	50,500	-
Total Receipts	<u>6,678,400</u>	<u>3,969,147</u>	<u>1,008,121</u>	<u>4,977,268</u>	<u>4,065,300</u>	<u>-</u>
<u>Expenditure</u>						
1. Research Programmes	2,255,600	1,398,825	436,667	1,835,492	1,521,400	1,292,871
2. Research Support and Facilities	1,164,900	1,067,333	333,021	1,400,354	1,005,400	1,359,862
3. Training, Extension & Communication	986,200	548,173	171,085	719,258	355,400	271,646
4. Maintenance & Logistics	439,100	493,552	154,038	647,590	387,300	600,645
5. Management	673,500	544,729	170,010	714,739	628,400	798,915
6. Resources Development	297,700	169,640	52,945	222,585	98,300	69,751
7. Mandatory Committee	141,800	88,374	28,563	116,937	69,100	150,652
8. Employees Benefit	241,200	46,372	14,473	60,845	- ^{2/}	20,170
Total Expenditure	<u>6,200,000</u>	<u>4,356,998</u>	<u>1,360,802</u>	<u>5,717,800</u>	<u>4,065,300</u>	<u>4,564,512</u>
Working Fund	300,000	-	-	-	-	-
Surplus/(Deficit)	<u>178,400</u>	<u>(387,851)</u>	<u>(352,681)</u>	<u>(740,532)</u>	<u>-</u>	<u>-</u>
	=====	=====	=====	=====	=====	=====

^{1/} Includes \$ 500,000 due in 1980 but received in 1981.

^{2/} \$ 50,410 budgeted in 1981 but distributed into the programmes.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

PROGRAMME-WISE EXPENDITURE BUDGET 1982
(January 1, 1982 - December 31, 1982)

IN US DOLLAR

	1982 Budget Estimates	1981 Expenditure Status			1981 Budget	1980 Actuals
		9 months Actual Expenditure	3 months Estimated Expenditure	Total Expenditure		
RESEARCH PROGRAMME						
<u>Programmes</u>						
Disease Transmission	451,200	304,390	95,000	399,390	349,500	284,526
Pathogenesis & Therapy	379,700	158,192	49,372	207,564	190,500	117,377
Host Defense	234,000	229,535	71,638	301,173	224,600	151,617
Nutrition	376,500	200,526	62,678	263,204	239,100	169,213
Community Services Research	814,200	506,182	157,979	664,161	517,700	570,138
Sub-Total	<u>2,255,600</u>	<u>1,398,825</u>	<u>436,667</u>	<u>1,835,492</u>	<u>1,521,400</u>	<u>1,292,871</u>
<u>Research Support Facilities</u>						
Dacca Station	493,500	337,864	105,447	443,311	358,300	460,445
Matlab Station	294,600	242,309	75,625	317,934	301,200	367,688
Teknaf Station	31,900	43,836	13,681	57,517	61,600	96,057
Microbiology	120,900	94,840	29,600	124,440	115,100	139,928
Biochemistry	43,400	154,686	48,278	202,964	56,600	38,617
Immunology	11,400	11,383	3,459	14,842	25,000	17,830
Biometric and Data Management	16,700	28,069	8,760	36,829	42,800	31,591
Animal Resources	52,700	62,685	19,564	82,249	44,800	40,588
Computer Information Systems	90,000	85,640	26,728	112,368	-	150,678
Community Studies	9,800	6,021	1,879	7,900	-	16,444
Sub-Total	<u>1,164,900</u>	<u>1,067,333</u>	<u>333,021</u>	<u>1,400,354</u>	<u>1,005,400</u>	<u>1,359,866</u>
Total Research Programme & Support	<u>3,420,500</u>	<u>2,466,158</u>	<u>769,688</u>	<u>3,235,846</u>	<u>2,526,800</u>	<u>2,652,737</u>

Contd.

	1982 Budget Estimates	1981 Expenditure Status			1982 Budget	1980 Actuals
		9 months Actual Expenditure	3 months Estimated Expenditure	Total Expenditure		
TRAINING, EXTENSION & COMMUNICATION						
Training & Extension	342,200	202,535	63,211	265,746	193,300	129,325
Training Activities	349,900	207,099	64,636	271,735	52,000	27,967
Library & Publication	200,000	80,345	25,076	105,421	65,100	72,572
Staff Development	94,100	58,194	18,162	76,356	45,000	41,782
Sub-Total	<u>986,200</u>	<u>548,173</u>	<u>171,085</u>	<u>719,258</u>	<u>355,400</u>	<u>271,646</u>
MAINTENANCE AND LOGISTICS	<u>439,100</u>	<u>493,552</u>	<u>154,038</u>	<u>647,590</u>	<u>387,300</u>	<u>600,645</u>
MANAGEMENT						
Director's Office	268,800	265,128	82,746	347,874	202,700	310,379
Administration	211,300	122,066	38,097	160,163	227,100	211,996
Controller's Office	135,700	95,431	29,784	125,215	86,200	90,801
Physical Plant	57,700	62,104	19,383	81,487	112,400	185,739
Sub-Total	<u>673,500</u>	<u>544,729</u>	<u>170,010</u>	<u>714,739</u>	<u>628,400</u>	<u>798,915</u>
RESOURCES DEVELOPMENT	<u>297,700</u>	<u>169,640</u>	<u>52,945</u>	<u>222,585</u>	<u>98,300</u>	<u>69,751</u>
MANDATORY COMMITTEE	<u>141,800</u>	<u>88,374</u>	<u>28,563</u>	<u>116,937</u>	<u>69,100</u>	<u>150,652</u>
EMPLOYEES BENEFIT	<u>241,200</u>	<u>46,372</u>	<u>14,473</u>	<u>60,845</u>	<u>- 1/</u>	<u>20,170</u>
Sub-Total	<u>6,200,000</u>	<u>4,356,998</u>	<u>1,360,802</u>	<u>5,717,800</u>	<u>4,065,300</u>	<u>4,564,516</u>
WORKING FUND	<u>300,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
GRAND TOTAL	<u>6,500,000</u>	<u>4,356,998</u>	<u>1,360,802</u>	<u>5,717,800</u>	<u>4,065,300</u>	<u>4,564,516</u>

1/ \$ 50,410 budgeted in 1981 but distributed to programme.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

**ACCOUNTWISE BREAKDOWN OF EXPENDITURE BY PROGRAM
(January 1, 1982 - December 31, 1982)**

IN US DOLLARS

	Person month	Personnel Services	Travel	Transp. of Materials	Rent, Comm. & Util.	Printg. & Reproduc.	Other Cont. Services	Supplies & Materials	Equipment	Total
	11	21	22	23	24	25	26	31	11 to 31	
A. RESEARCH PROGRAM	5,275	1,673,400	82,600	18,800	8,000	19,900	91,700	311,600	49,600	2,255,600
1. Disease Transmission	468	345,600	8,600	900	1,000	800	11,400	79,000	3,900	451,200
2. Pathogenesis & Therapy	312	298,000	200	3,500	1,800	3,700	8,800	63,700	-	379,700
3. Host Defense	192	167,200	13,000	6,400	1,100	3,100	1,000	27,200	15,000	234,000
4. Nutrition	930	295,200	2,400	4,000	500	4,300	27,500	39,500	3,100	376,500
5. Community Services Research	3,373	567,400	58,400	4,000	3,600	8,000	43,000	102,200	27,600	814,200
B. RESEARCH FACILITIES	2,681	623,400	12,200	30,200	12,500	8,100	40,200	389,700	48,600	1,164,900
C. TRAINING, EXTENSION & COMMUNICATION	1,356	418,000	156,800	18,400	33,500	47,500	160,500	81,000	70,500	986,200
D. MAINTENANCE & LOGISTICS	1,332	277,400	7,500	17,300	33,200	5,400	8,500	50,000	39,800	439,100
E. MANAGEMENT	1,260	574,400	6,800	4,900	6,300	7,800	60,700	10,000	2,600	673,500
F. RESOURCES DEVELOPMENT	288	234,500	45,000	400	3,200	2,600	3,200	6,800	2,000	297,700
G. MANDATORY COMMITTEE	-	30,000	80,000	700	1,500	1,500	20,500	7,600	-	141,800
H. EMPLOYEE BENEFITS	240	192,200	1,000	300	500	2,500	12,000	29,300	3,400	241,200
Sub-Total	12,432	4,023,300	391,900	91,000	98,700	95,300	397,300	886,000	216,500	6,200,000
I. WORKING FUND	-	-	-	-	-	-	300,000	-	-	300,000
GRAND TOTAL	12,432	4,023,300	391,900	91,000	98,700	95,300	697,300	886,000	216,500	6,500,000

ADDITIONAL "HANDOUTS" AT MEETING
NOVEMBER 1981

a) Resources Development

RESOURCE DEVELOPMENT

(Observations by Dr J. Sulianti Saroso)

I understand that the Director would like to have more precise policy guidelines on the matters of resource development and technical cooperation. These observations are an attempt to differentiate the various types of resources obtained or to be applied for by the Centre and the various forms of technical cooperation.

In the Board meeting held last June the subject of Resources Development and Technical Cooperation was discussed extensively and although no resolution was passed the Board indicated the guidelines (see pages 13, 14 and 15 of Proceedings Report). I will not repeat what has been said already. From those discussions and from the Resource Development Report presented to this Board meeting it is clear that the types of resources obtained by the Centre are the following:

1. Unrestricted grants to the core fund.
2. Project aid restricted to financing of activities agreed upon together with granting agency. Such project aid may be granted directly to the Centre such as projects financed by UNDP, UNFPA and SAREC or to Bangladesh Government projects which will be undertaken jointly by the Government and the Centre (in this case, of course, activities are agreed upon also by the Bangladesh Government).

With regard to project aid the Subcommittee of Finance has made two statements. I quote:

"Estimated expenditure for the remaining 3 months of \$1,360,000 for a total of \$5,717,000. This includes \$167,000 of unanticipated expenditure on new projects. This was primarily an execution of some projects on which the Centre had to spend more than the amount received from the sponsors. It will be advisable to strictly limit acceptance of such projects in the future."

and

"No new project grants or contracts must be accepted if they involve any unbudgeted expenditure of core funds."

In this relation I would like to discuss the various forms of technical cooperation.

1. (a) Technical cooperation with the Government of Bangladesh or an institute in Bangladesh to undertake a project jointly. Funding of the project will be applied for to outside donor agency.
- (b) A similar form of technical cooperation may take place with a government or institute outside Bangladesh at the request or with the consent of the relevant government authorities.

If finances permit budgetary provisions should be made to undertake preliminary explorations for designing such joint projects.

2. Establishing research projects to be financed by the Centre or locating Centre staff in countries outside Bangladesh. In this matter the Board has already expressed its views with many cautionary notes. It concluded that research of problems should only be done outside Bangladesh if a problem cannot be solved here and that the place selected would provide a specific opportunity to solve the problem. The Board may indicate in a more positive way when and where the Centre could commit itself to financial obligations of a rather long standing nature. To start the dialogue the Director may explain the reasoning of locating a Centre staff in Kenya and his plans to establish a research project.

Taking into consideration the prospect that the Centre may face a deficit in 1982, if expenditures are not restrained, I support the Director's request for more precise policy guidelines in the matter of establishing projects or branches outside Bangladesh. The Director may present which type of problems cannot be researched in Bangladesh or should be investigated outside because of the

nature of the problem or because it is necessary to investigate the problem in different ecological conditions.

3. Technical cooperation where the Centre provides expert services for which it is paid. Examples of this type of technical cooperation would be the technical cooperation with Saudi Arabia, Kuwait and with the Bangladesh Government in the Palli Chikitshak Project.

With regard to this type of cooperation there are certain policy issues which may be discussed, such as:-

- Are the services to be rendered within the mandate of the Centre.
- Are the services to be rendered within the technical competence of the Centre.
- Specifically with regard to the Palli Chikitshak Project what would be the policy guideline of the Board concerning the Centre competing in obtaining a contract funded by the U.S. Government. Would there be any percussions from donors.
- What would be the financial implications.

It would be helpful to the Board if the Director would present a general outline of plans for undertaking this type of cooperation.

Lastly, I would like to mention the manner of approaching the development of resources for which the Board may wish to provide policy guidelines.

Besides the criteria or policies formulated in relation to subjects mentioned above I think that we should emphasise the necessity of members of the Board continuing to assist in developing resources for the Centre as has been done in the past. The efforts of the Director and Associate Director for Resources Development as evident from the report are appreciated and should continue.

With regard to the Consultative Group a re-definition of the objectives of the Consultative Group is being proposed by the Director.

Policy issues to be discussed are not only who would attend, but also the purpose of convening a Consultative Group which would indicate the way of holding the meeting such as materials to be distributed, where to hold it, etc.

JJS:jc

ADDITIONAL "HANDOUTS" AT MEETING

NOVEMBER 1981

b) Kenya Project

ICDDR,B KENYA PROJECT

The Centre has established a scientific research project in Kenya to compare the serotypes of rotavirus circulating in the Community as measured by hospitalised cases of acute diarrhoea in infants in Kenya as compared to those observed in Dacca, Bangladesh. At present there is a little epidemiological data concerning the various sub-types and serotypes of rotavirus nor is there any description of differences in clinical presentation or severity of these sub-types and serotypes. The ultimate goal will be to establish sound laboratory procedures at ICDDR,B and other laboratories in developing countries to enable field epidemiology to proceed on the circulation of various sub-types and serotypes of rotavirus in communities. As an initial step it is necessary to take advantage of collaboration with laboratories experienced in serotyping and to identify several sites in developing countries to apply this technology to diarrhoea in infants in those countries. Kenya was chosen since a scientist at ICDDR,B, Dr. L. Mutanda was thoroughly familiar with that country and was willing to work there. There was considerable interest on the part of the Kenyan Government on establishing a diarrhoea programme which included a rotavirus. It was believed that the ICDDR,B could by placing a staff member in Kenya and collaborating with physicians and scientists in that country both directly and through the presence of this staff member establish its first scientific project outside of Bangladesh in a developing country. The standardization of laboratory measurements would be done in association with the Laboratory of George Zissis of the New University in Brussels.

Since this was initially envisaged as a research project a protocol has been prepared and there has been an exchange of clinicians and scientists between Kenya and Bangladesh. Fortunately the physicians involved on the clinical side from Kenya are directly responsible for the Kenya Government programme on diarrhoeal diseases. These physicians and their colleagues in parasitology, microbiology and virology have prepared and submitted protocols to the World Health Organisation Control Programme in diarrhoeal diseases to seek funding for research in a wider area of diarrhoea than simply rotavirus. The ICDDR,B project is purely focused on the rotavirus serotype project. In addition the Kenyan Government has provided a substantial support in facilities, technical staff and health manpower.

We believe that in addition to the possible benefit of the first study of the rotavirus serotypes in two developing countries with standard clinical and laboratory techniques that this initiative may catalyze a research programme in diarrhoeal diseases in a developing country in Africa. This process will assist the growth of a vigorous and effective national programme in the control of diarrhoeal diseases in Kenya.

ADDITIONAL "HANDOUTS" AT MEETING

NOVEMBER 1981

- c) Working paper on extension of international level to all staff above local scales

WORKING PAPER ON EXTENSION OF INTERNATIONAL LEVEL TO ALL STAFF ABOVE LOCAL SCALES

After a series of discussions with the staff, there is general agreement that it would be wise for the ICDDR,B to follow very closely the UN local pay scales rather than further departing from them or establishing a pay scale of its own that might not be so obviously related or comparable to the pay scales of other international agencies of the UN group. With this agreement, all staff currently above the level VII are either international level, which is fully rationalised at the P5, P4 level, or, in the case of the Director, the D1 level, or in an anomalous category with few guidelines. This staff below the international level include expatriate technicians and scientists and Bangladeshi scientists at the Associate Scientist level, the General Manager and the Controller. The principal reason to extend the international level to all position above the level VI of the local pay scale is to remove all anomalies between Bangladeshi and expatriate staff and to establish firm guidelines comparable to the UN system for guiding recruitment and contracts. The advantages of doing this are similar to those listed in my previous Working Paper and I shall relist them:

1. Removal of the last existing anomalies in the ICDDR,B pay scales.
2. Removal of remaining anomalies between expatriate and Bangladeshi staff.
3. Establishing a clear relationship to UN scales at all levels of staff in the Centre.
4. Provides incentive for younger scientists to achieve the international level.
5. With the addition of additional staff at this level the eliteness of the now relative few international level Bangladeshi scientists would be reduced. This of course assumes that eliteness is an undesirable quality in a scientific research institution.
6. Removes the need for the designation of key personnel and eliminates the provision of free housing such that all staff at all levels are expected to pay for their housing.

The disadvantages are:

1. The added financial cost.
2. An increase in the number of Bangladeshi staff who may be enjoying a standard of living above that of their peers in national organisations.

In summary, it would seem to me that taking a phased approach to the institution of international level above the local pay scale level VII is desirable. The first step in this has already been taken in that all candidates for positions above the local scale are now under the jurisdiction of the Selection Subcommittee of the Board of Trustees and may not be

appointed simply at the discretion of the Director. It is my view that it would be a healthy step for the ICDDR,B to proceed in the direction of a full structuring of international level as all those positions above the level VII of the local scale which then makes our total pay structure comparable to that of UN agencies.

WBG:jc

ADDITIONAL "HANDOUTS" AT MEETING
NOVEMBER 1981

d) Attributes of a Director

DESIRABLE ATTRIBUTES TO CONSIDER IN A
DIRECTOR, ICDDR,B

Recently an editorial on Dr. Donald S. Fredrickson, Director, National Institutes of Health 1975-1981 was published in Clinical Research 29 (3) 237-238 (1981). It commented on some desirable qualities of the Director of a Research Institution. I feel they may be worth considering in the search process for a Director for ICDDR,B.

The attributes that are particularly important in the Director include:

1. Recognition as a committed and competent scientist.
2. A sensitivity for the appropriate role of this (ICDDR,B) and biomedical research in the field of health.
3. Leadership qualities.
4. An ability to recognize quality in people and programs.
5. An ability to deal with the various bodies that support the ICDDR,B with special sensitivity to the role of the host country.

Finally, the Director, if he or she is to survive the rigors of the job, must have a deep commitment to the goals and purposes of the Institution and research in general.

ADDITIONAL "HANDOUTS" AT MEETING

NOVEMBER 1981

- e) Review by Mr.M.K. Anwar of
Personnel Management Consultancy Report



Secretary to the
Government of the People's Republic
of Bangladesh
Ministry of Fisheries & Livestock
Bangladesh Secretariat, Dacca.

সচিব
স্বাস্থ্য ও পশুপালন মন্ত্রণালয়ে
বাংলাদেশ সচিবালয়
ঢাকা

আ. স. পত্র নং.....

তারিখ... Oct. 17, 1981..... ১১৭

Dear Dr. Greenough,

Kindly refer to your letter of Aug 27 enclosing a copy of Mr. Eggleston's Report and subsequent letter of Oct 1, with a copy of the report of Mr. Murphy.

I am sending herewith two copies of draft review on the personnel Management aspect of the two reports which I expect to discuss with you as soon as an opportunity arises.

This draft may, perhaps, answer, in part the requirement indicated in your letter of Oct 14, 1981.

With best regards,

Yours sincerely,

(H.K. Anwar)

Dr. W.B. Greenough III MD.
Director
ICDDR

Review of Personnel Management Consultancy Reports

I have glanced over the consultancy report prepared by Mr. Eggleston of WHO on certain aspects of personnel management and also the comments made by Mr. Hugh Murphy of IRRI in Chapter II of his report. Both the reports are very valuable documents dealing with certain aspects of personnel management with special reference to the conditions of employment and compensation structure.

2. The prime limitations of some of the comments I am about to make about these two reports prepared by two eminent personalities is that I did not have any opportunity of discussing these reports with the respective authors nor with the subjects to whom these reports relate. As against this disadvantage, I claim to have some advantage in the form of better acquaintance with the background and context within which the recommendations are to be implemented. My observations are intended to relate to non-international staff only.

3. I am in general agreement with the comments made in para 1 of Eggleston report. There is clear legal obligation to comply with Art 14(2) of the Charter and bring the pay scales to a comparable level with those of UN organizations.

4. Recommendation at para 3.1 for adoption of U.N. General Service scale is borne out of the obligation to comply with the legal provisions. The suggestion for adoption of 10 scales as against the existing 8 scales of IODNERB and 6 for all other U.N. agencies except UNICEF may create further problems and can be attacked on grounds of non-comparability, increased cost and undeserved pushing up etc. It appears from para 3 of Murphy's report that he also has certain reservations about the additional grades above 8 suggested by Eggleston.

5. Under the circumstances containing the number of grades to 8 and recasting them with the scales in WHO/UNDP to make them comparable may be a fair, easy and less complex solution. In the absence of any other records relating to pay scales of WHO/UNDP I have not been able to check the scales.

6. Recommendations made by Mr. Murphy in para 2 is perhaps intended to make the whole things more rational without sacrificing anything on the part of the employees. His suggestions of the Center's own package of salary and benefits, though very sound as an idea, may leave an avoidable problem active & alive. But this does not preclude the Centre in making marginal adjustments consistent with comparability as and when necessary.

7. Eggleston has enumerated a number of advantage of adopting the UNICEF National Office (NO) categories and thereby extending the present gradation of 8 to two more higher grades. He has also pointed out the disadvantages of the proposal in para 4 of his document Employment Condition II. There are, admittedly, some controversy between the UN agencies about this NO category. It may be advisable for the Centre to follow the UN agencies rather than to lead them.

8. Extending the existing 8 grades to 10 or 11 may be helpful in accommodating some non locals in the upper echelons of the grades as appears to be one of the objectives of the Egglestone's recommendations. But other perquisites according to 'need' to expatriates may create practical difficulties and may invite undeserved criticism. The general principle observed is pay according to work. Pay according to need may not be a safer index as the 'need' is primarily a question of interpretation. The 'needs' of a local in the form of burdens of dependent and relations may be more ^{than} that of an expatriate under similar circumstances. Such a course may encumber the Center with additional financial burden in the form of payments to locals as it would be very difficult to maintain differential payments for same job. Necessity for introducing expatriates at levels below P.5 may be conveniently met through alternative mechanism without encumbering the non-international scales.

9. Comments at para 2.4 by Eggleston on matters of income tax and indications for waiving investments and exemptions from submission of tax returns, though would be advantageous in some respects may have significant financial implications and perhaps some legal complications. It is to be borne in mind that employees of UN agencies are exempted from payment of tax by the Government whereas in case of ICDDRB no such

arrangement exist and the Centre has decided to pay the tax on behalf of the employees. Investment requirement results in substantial reduction in the tax burden without any significant loss on the part of the employees. Complete waiver of investment requirement will nearly double the tax liability. Regarding submission of tax returns it is very unlikely that the Centre will be able to convince the tax authorities and get exemptions.

10. The "On call" allowance as mentioned in para 2.6 by Eggleston may not be a significant question. But as the intention is to reach the UN level of compensation, it may be advisable to discontinue arrangements which may be done without much of difficulty. Retention of such benefits, completely unknown to UN system, will strengthen pressure for introduction of additional items and will generate tendency to push the structure beyond the UN system in course of time. It is better to guard against such eventualities.

11. Eggleston's recommendations regarding officiating may appear to be based on good rationale. It may however be advisable to clear out the ambiguity in the last two lines of Annex-3. Before leaving the issue I would venture a comment that if one person can do justice to two positions for a period of 12 months, perhaps there are adequate justifications for replacing these two posts by one only.

12. Eggleston, in para 3.2, recommends abolition of the mechanism of Eid/Festival bonus and advocates payment of 12 months pay in 12 instalments rather than in 13 instalments as at present. Murphy in para 4 finds some advantage in retaining the existing system. I agree with Murphy. Abolition of the existing arrangements may be more expensive for the centre and inconvenient for the employees. Eggleston in para 5.2 recognises 'certain emotional reticence' on the part of the employees to the abolition of Eid bonus.

13. Eggleston's recommendations on dependancy allowance for unlimited number of children is consistent with the UN system. As pointed out by Murphy in para 7, it will be somewhat inconsistent with Govt's policy. Murphy recommends

limiting the allowance preferably to two and I agree with him. I agree with comments of Eggleston in para 4.7 where in he discourages any mechanism for conversion of dependent's allowance to fixed cash with salary.

14. 'Top of the Grade' personal promotion ideas suggested by Eggleston in document 'Employment Conditions' IV is an innovative mechanism to take care of an employee who has not been able to push himself up for a considerable period of time. Murphy in para 5 foresees problem with this idea and I find myself unable to disagree with him. In spite of its considerable merit as a staff welfare measure, such a step may involve the center in carrying lot of dead weight without any corresponding benefit. One might as well agree that a person unable to convince others to promote him for a period of say 5 years should vacate his position and go home.

15. Eggleston, in para 2 of the document 'Employment Condition IV', enumerates the advantages and disadvantages of service contract for short period and leans against short period contracts. Murphy in para 6 finds some advantage in annual employment letters under certain circumstances. I agree with the observation of Eggleston in para 2.2 that short period staff are very unlikely to be terminated and the lack of psychological sense of security may be counter-productive. An alternative course incorporating the best of both is to have unlimited employment contract with termination clause with three month's notice. Such a system is widely prevalent in the corporate sector in this country.

16. I agree with Eggleston's recommendations in para 2.3 regarding Provident Fund and severance pay arrangements as equivalent to UN Pension fund. Efforts to copy the UN system at this stage will involve some accounting complications without corresponding benefit to the staff or the Centre.

17. I consider Eggleston's observations in para 2.2 regarding leave entitlements, medical, insurance etc. as a reasonable working arrangement for the time being. It will, however, be advisable to examine each of these and other related issues in depth with a view to bringing these to closer conformity with the UN system consistent with local

usage and also to gain some cost advantage wherever possible. In para 7.1 Eggleston himself has recommended such a course of action for selected items.

18. The comments made in para 1.4 ^{are} very important and reflect the outcome of past actions for changing compensation structure to align them to UN scales. Well thought out and well documented changes with clear understanding of all the implications will only help in avoiding recurrence of similar situations.

19. Almost exclusive purpose of these exercises is to comply with the provisions of Art 14(2) and to make the compensation structure comparable to those of UN organizations. The fact that the UN organizations and agencies have significant differences among themselves in matters of pay and benefits have added new dimensions to the problems and, perhaps, made the exercise fairly complex. Picking up different items from the package of benefits from different organizations to constitute the package of benefits for the Centre will be an open ended action inviting pressure to pick up better alternatives from the rest of the UN bundles. Besides, it may not be wholly consistent with the tone and tenor of the charter.

20. It would be more practical and pragmatic if one of the many UN agencies could be identified and the Center could make efforts to approach the compensation structure followed by that agency. It would make the exercise immensely simpler. The Center being an health related organization may find many similarities with WHO and the structure followed by the WHO may perhaps, well serve the purpose of the Center. I consider such a course of action as pre requisite to finding a comparatively permanent solution of this lingering problem of comparability.