

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

BOARD OF TRUSTEE MEETING

DACCA, JUNE 11-12, 1981

BOARD OF TRUSTEES MEETING TO BE HELD ON THURSDAY AND FRIDAY,
11 and 12 JUNE, 1981

AGENDA

1. Adoption of Agenda.
2. Approval of Draft Proceedings of Meeting of Board of Trustees in December 1980.
3. Reports of Sub-committees
 - (a) Finance
 - (b) Personnel Management
 - (c) Selection
 - (i) International level staff - recommendations
 - (ii) Trustee short list
4. Election of Members of Board of Trustees.
5. Annual Report 1980.
6. Resources Development and Technical Cooperation.
7. Election of Chairman of Board of Trustees for the period July 1, 1981 to 30 June, 1982.
8. Report of External Scientific Review Committee.
9. Other business.

2/BT/JUNE 1981

APPROVAL OF THE PROCEEDINGS OF MEETING
OF BOARD OF TRUSTEES IN DECEMBER 1980

REPORT OF THE PROCEEDINGS OF THE MEETING OF THE BOARD OF TRUSTEES

DACCA, 2-5 DECEMBER, 1980

Members present:

Dr H. Al-Dabbagh
Mr M.K. Anwar
Dr J. Bradley
Dr A.Q.M. Badruddoza Chowdhury
Dr W.B. Greenough - Secretary
Dr J. Holmgren
Dr G.W. Jones
Dr J. Kostrzewski
Dr M.A. Matin
Dr O.M. Solandt
Dr J. Sulianti - Chairman
Dr A. Zahra

Members absent:

Dr C.C.J. Carpenter, Dr Leonardo Mata, Dr Ramalingaswami, Dr M.K. Were

The formal meeting of the Board was commenced on 2 December, 1980 with a word of welcome from the Chairman to the members. The first item for discussion was the agenda. It was explained that deliberately no dates were stated in the agenda so that the items could be taken up as rapidly as possible and in the most convenient order.

The Chairman reminded members that a decision was taken in the last Board meeting that persons outside the Board of Trustees could attend the meetings except those declared closed meetings. No Board members could be replaced by anyone else since they must act in their own capacity. The agenda as presented in ~~Jan.~~ 1/Dec. 80 was adopted.

Agenda 2: Approval of draft proceedings of the Board of Trustees meeting, February, 1980.

It was explained that typing errors could be noted for the secretariat to change. Any matters which had implications for meaning were to be brought to the notice of the Board so that appropriate changes could be made. It was agreed that the By Laws themselves should be regarded as minutes because of their importance and the close consideration given to them. The By Laws would therefore be appended to the report

of the proceedings. Similarly, since on page 15 it was stated that "Report of the Subcommittee of the Board on the Search for a Director (doc. 6a/BT/Feb. 80) is incorporated in detail as a part of the minutes hence it will not be referred to in detail", the report referred to should be also an appendix.

RESOLUTION 31/Feb. 80

Resolution 31 should read: "The Board agrees that the Director, Dr Greenough, continue to remain as the Director until the new Director takes over or until June 30, 1981, whichever is earlier."

This was accepted by the Board and the following resolution passed.

RESOLUTION
1/Dec. 80

The Board of Trustees approves the report of the proceedings of the February 1980 Board meeting as amended above.

Agenda 3: Director's Report.

The Director presented his report as contained in doc. 3/BT/Dec. 80 and suggested that discussions on the financial report be best done together with resource development and the budget for 1981.

The Board commended the Director for the excellent Annual Report for 1979.

It was noted that the map of Bangladesh in the Progress Report 1979-80, presented to the Meeting of the Consultative Group in Geneva, showed only 19 districts. Jamalpur in the north should be added.

A member brought attention to page 3-4 of doc. 3/BT/Dec. 80. The scientific staff shows a good balance as well as geographical distribution. A picture of unusual skewness has been presented with regard to the selection of short-term consultants, the majority being from the U.S.A. The Director noted that the list as presented is incomplete and a full list would be provided to amend this. It was agreed that in choosing consultants, attention should be given to distribution of country of origin. The most important consideration, however, must remain the quality of expertise of the consultant.

There was a discussion about the selection of consultants during which it was pointed out that it was expected that the Programme Heads would have authority to appoint consultants of less than three months, with the approval of the Director. However, for consultants who would stay longer than three months, some process should be developed. There was a consensus that the appropriate body to develop criteria for selection of consultants who would stay longer than three months would be the Subcommittee of Personnel Management and to assist the Director

in any selection of long-term consultants would be the Selection Subcommittee of the Board of Trustees to be established during this Board meeting.

RESOLUTION
2/Dec. 80

The Board acknowledges the 1979 Annual Report and compliments the Director and staff for the concise and attractive format.

Agenda 4: Programme (4/BT/Dec. 80).

Following a presentation of the extension and publication and dissemination activities of the Centre by Dr A.S.M. Mizanur Rahman and Mr S.I. Khan, an extensive discussion took place. First the matter of distribution of the various communications was taken up. The importance of identifying who should receive each of the publications on the mailing list is of great importance. It was felt beneficial to give GLIMPSE the widest possible circulation. A suggestion was made that a card could be inserted with GLIMPSE listing any new publications and asking whether the individual wished to continue receiving GLIMPSE and which publications he would like to obtain. The point was raised that in certain countries it may be difficult for people to return a card and that it should be insured that individuals who should have certain of the publications should definitely receive them, regardless of whether a card was returned or not.

The matter of pricing monographs or internal publications was discussed, and it was asked that attention be given to this. However, with developing countries, there should be a wide and free distribution. It was pointed out that there is a publication with a large international spread done in a popular way called "Diarrhoea Dialogue" headed by Katherine Elliott of AHRTAG. It was suggested that the Centre might wish to become an active partner in this publication in order to supplement GLIMPSE with a more technical dialogue.

The training and extension programme was presented by Dr K.M.S. Aziz. The Board strongly indicated that the Centre should, in its extension activities in Bangladesh, operate strictly through the Government health care system or any alternate channel approved by the Government health authorities, the role of the staff of the Centre being to assist in implementing what was thought to be effective components of primary health care through the system available in Bangladesh. A strong evaluation component was thought important and therefore specific criteria should be developed to judge the effectiveness of these components. It would also be necessary to specify the sort of evaluation along with the skills to carry it out. The issue of replicability in other countries outside of Bangladesh should be addressed. The development of such an evaluation programme would warrant well-designed study protocols to undertake the necessary field testing. It was felt that this should be a joint undertaking of the training and extension programme with the relevant scientific working groups of the Centre. There was a strong consensus among the Board on this point.

With respect to the growth of the training and extension programme, especially with regard to establishing activities outside Bangladesh, the Board expressed its desire that there should be further clarification of guidelines with specific targets including manpower required so that the implications could be known for the physical plant and the budget. In this connection the Board requested the Director to prepare a working paper on strategies for collaboration with countries and agencies and to develop criteria for establishing programmes outside Bangladesh.

With respect to the choice of trainees, it was suggested to identify them directly through real associations with the Centre. There was a general feeling that in the immediate future training and extension efforts should endeavour to bring people to ICDDR,B rather than the staff of the Centre going to undertake this in other countries. It was emphasized that conducting workshops and meetings required a full-time Programme Director who planned meetings at least a year in advance in most situations.

Scientific Programme.

Since on 1 December, in an informal meeting, members of the Centre presented a progress report of the Scientific Programme, in the present session the members of the Board were to articulate their views on the programme. The Board invited the Director to present his view on the overall programme of ICDDR,B, (doc. /BT/Dec. 80).

During the discussions which followed, the salient points were summarized below:

1. Studies on cholera are still of central importance and deserve continuing attention;
2. Work on viral diarrhoeas must be given a priority;
3. Stress must be placed on recruiting programme heads and senior scientific leadership in each group;
4. There is a very useful catalytic role to be played by short-term consultants from outside of Bangladesh who will sharpen ideas of the staff and help in bringing the best technology to bear on the problems;
5. Proper articulation of present projects to long-term goals is needed with specification of medium-term goals and projects;
6. Studies on water and the spread of diseases using epidemiological methods deserve emphasis;
7. The mode of spread of new agents needs attention;
8. A close coordination between the Centre and the WHO CDD is

important. The priorities and gaps in knowledge defined by WHO should be kept in mind as the Centre develops its programmes;

9. There seems a lack of health services research outside of the Centre's field stations. Such studies deserve emphasis;
10. The general area of dysentery research has been neglected despite field data from Teknaf;
11. The behavioural sciences are not yet playing a sufficiently vital role in the work of the Centre;
12. Relationships between parasites and nutrition should be sought;
13. Field studies, in particular Teknaf, require the concentrated attention of someone expert in study design and analysis of data;
14. More attention should be given to urban studies, but the method of approach requires further definition;
15. Demographic studies are important but there is some question about how far ranging research should be in diseases other than diarrhoea.

With respect to point 15 it was argued that diarrhoea must be viewed in its relationship to all other health problems. The main dynamics of fertility and improved knowledge about causes of death was felt to be an essential background.

There was discussion of intervention studies ranging from simple hand washing to prevent spread of shigellosis to vaccine field trials. There was agreement that intervention studies, if goals were well defined and methods were sound, were important.

During the discussion on programmes it became clear that there was inadequate cooperation between programmes. A real risk was perceived that the programmes would solidify into departments with the name of programmes. Ways must be found to insure that strong cross-programme cooperation exists and that there remains flexibility to change the directions and nature of disciplines of the working groups which implement the programmes. A means by which there can be vigorous programme leadership without crystallization of programmes into territories is required.

Agenda 5: Resources Development.

A report on the current status of development of resources for the Centre was given (doc. 5/BT/Dec. 80).

The generous gift of land to the Centre by the People's Republic of

Bangladesh was recognized and the following resolution passed:

RESOLUTION
3/Dec. 80

The Board expresses its gratitude to the Government of Bangladesh for the donation of land in Mohakhali to be used for development of the Centre's physical facilities.

A proposal to develop a subcommittee of the Board to assist in raising funds was discussed. It was decided that this activity should involve all Trustees. The point was made that some donors will be interested in capital development and others interested in the programme itself. This distinction must be ascertained to make the most successful approach to either need.

The building plans were reviewed and the following resolution was passed:

RESOLUTION
4/Dec. 80

The Board approves the plan for phase I of the Capital Development plan as presented in doc. 5/BT/Dec. 80. The Board requests the Director to submit at a future meeting a plan with specific details for the utilisation of the building in phase II.

It was noted, however, that there was a need for the careful elaboration of the phase II plans before potential donors were approached. It was also noted that care should be taken not to duplicate or compete with health services provided by the Government in the field areas. It was indicated that present activities would consume approximately four of the seven floors proposed of the new building. A careful projection of programme is needed to be able to plan further for the phase II requirements.

The financial report (doc. 3/BT/Dec. 80) for the period 1 July, 1979 through 30 June, 1980 was highlighted by the Director. The 7% expenditure beyond the approved budget was explained by inadequacies in the financial reporting system and an improved cash position allowing a more rapid expenditure than projected. The overrun was absorbed from funds carried forward from CRL.

An additional point of information was that due to lack of a financial system adapted to present requirements, costs are not fully attributed to projects and programmes.

Bank accounts were reduced in number and an account was opened in a nationalized bank of Bangladesh as was indicated in the Ordinance.

In discussion of this report, it was pointed out that there was an excess in expenditure for local staff benefits and salary increases and a reduction below projections for equipment and the hiring of scientific leadership. This is a matter of serious concern should the trend persist. However, the great need for staff benefits was

recognized during the period covered by the report.

A projection of current expenditure rates was presented and discussed. It was felt to be somewhat in excess of the limited budget projections.

Following this discussion, a resolution was passed:

RESOLUTION
5/Dec. 80

The Board accepts the Financial Report (doc. 3/BT/Dec. 80) of 1 July, 1979 through 30 June, 1980, and the projection through 31 December, 1980 after noting the Director's explanations of the cost overruns.

Agenda 6: Approval of Budget 1981.

The budget for calendar year 1981 was presented and discussed. The budget limited by funds currently available would clearly significantly compromise all programmes, although all commitments could be met.

In view of the prospects for added funds and the level of available funds through June, 1981, it was felt possible to allow a rate of expenditure above the level of the limited budget presented. Caution should be exercised to insure that there was no rapid acceleration of growth even should full funding become available. There was a strong consensus that top priority must be given to recruitment of scientific leadership and improved equipment and facilities to optimize the use of resources. A resolution was passed to authorize this:

RESOLUTION
6/Dec. 80

The Board commends the Director for presenting a limited budget for FY 1981 (1 January 1981 - 31 December 1981) within the constraints of funds now available and authorises the Director to implement the full programme budget as funds become available with the understanding that priority be given to recruitment of scientific staff capable of programme leadership and the necessary supporting equipment. The same priority should be given to recruit a person with an outstanding capability in budgeting, finance and administration.

With regard to future budget presentations the Board requested the Director to submit in addition to a summary of expenditures and funds to be received, a statement of overall and specific objectives of the programmes together with the staff required as well as other costs of the programmes.

The matter of fund raising focusing on the need for a consultative group meeting in 1981 was discussed. Despite the demands on the staff and resources of the Centre, there was a consensus that such a meeting should be convened. In order to minimize cost and improve participation, exploration of timing the meeting to link with the UNDP Governing Council or a WHO CDD meeting was recommended. The advantages and dis-

advantages of such linkages were discussed, and authority was given to the Director of the Centre to explore the issue further in the following resolution:

RESOLUTION
7/Dec. 80

The Board approves in principle that in 1981 a meeting be convened of representatives of countries and agencies interested in promoting the programme of work of ICDDR,B and authorises the Director to explore possibilities of holding such a meeting in conjunction with a meeting of the Governing Council of UNDP or with a meeting convened by the WHO Diarrhoeal Diseases Control Programme.

Agenda 9: Report: Search Committee for the Director.

Dr Matin presented a resume of the Search Committee for a Director.

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

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

The Committee therefore recommends that the Board appoints Dr Greenough as Director for a three-year term beginning July 1, 1980 and ending June 30, 1983.

The Board accepted unanimously this recommendation and passed the following resolution:

RESOLUTION
8/Dec. 80

The Board approves with great satisfaction the recommendation of the Search Committee and appoints Dr W.B. Greenough III as Director, ICDDR,B for a period of three years from 1 July 1980 and in partial modification of a previous decision the Board authorises Professor M.A. Matin, Chairman of the Search Committee, and Dr J. Sulianti Saroso, Chairman of the Subcommittee for Personnel Management to negotiate the terms and conditions of appointment and also authorises Dr Sulianti to sign the agreement as Chairman of the Board on behalf of the Board.

The Board thanks the Search Committee for the commendable efforts in finding a Director.

The Board congratulated Dr Greenough on his selection as Director, following the extensive search. Dr Greenough thanked the Board and expressed the hope that the Centre would prosper during his tenure.

The Search Committee, following extension of its mandate by the Board to review all candidates for international level positions, and to recommend those selected to the Board, had not sufficient time to do a thorough review. However, the extensive review by an external committee, two members of the Board and the Director, was acknowledged. On this basis and a careful scrutiny of the results of this review, the Board passed the following resolution:

RESOLUTION
9/Dec. 80

1. The Board approves the appointment of the following scientific staff to the international level in addition to the Director.

<u>Person</u>	<u>Rank</u>
Aziz, K.M.S.	Senior Scientist
D'Souza, S.	Senior Scientist
Huq, I.	Scientist
Kabir, S.	Scientist
Khan, M.U.	Scientist
Molla, A.M.	Scientist
Phillips, J.	Scientist
Rahaman, M.M.	Senior Scientist
Seaton, B.	Scientist

2. The Board also approves the appointment of Mr M.R. Bashir, Associate Director Resources Development, to the international level.
3. Staff recruited since the completion of the review process who may be candidates for international level will be considered by the Board after evaluation by the Selection Subcommittee of the Board.

With respect to all positions below the international level, the Board agreed this was entirely the responsibility of the Director and his staff. The following resolution was passed:

RESOLUTION
10/Dec. 80

The Board authorises the Director to appoint staff below international level and assign their ranking.

In order to familiarise the Board with the staffing pattern of the Centre, the Board requested the Director to provide at the next meeting a list of the staff employed above level VII (UN local scale) with mention of their assigned function.

Agenda 10: Director's request for specific consideration.

The Director then presented the following matters for specific consideration:

1. The ranking of staff below the international level (doc. 10.1/BT/Dec. 80).
2. The interim management of the finance portfolio (doc. 10.2/BT/Dec. 80).
3. The issue of coordinator of scientific programmes (doc. 10.3/BT/Dec. 80).
4. Policy on Bangladesh income taxes (doc. 10.4/BT/Dec. 80).
5. The Programme Coordinating Committee (doc. 10.5/BT/Dec. 80).

In all instances excepting the policy on taxes and the Programme Coordinating Committee, the matters were considered to be entirely internal and not requiring specific Board action or comment. On the tax issue, the following resolution was passed:

RESOLUTION
11/Dec. 80

The Board authorises the Director to work out with the staff a reasonable solution to the issue of payment of income taxes taking the Government's policy of encouraging savings and hardships particularly to lower level staff into account.

There was a strong consensus with respect to the Programme Coordinating Committee that it was important to involve as many institutions in Bangladesh as possible that were working on areas of mutual interest. The goal of this Committee should be to bring together such institutions in order to encourage and strengthen their activities.

Agenda 8: Personnel Management Subcommittee Report.

Next the report of the Personnel Management Subcommittee was discussed. The criteria for ranking the training staff (Appendix 9.1.d/BT/Dec. 80) were considered and the following resolution passed:

RESOLUTION
12/Dec. 80

The Board approves the criteria for ranking training staff as submitted by the Subcommittee for Personnel Management in doc. 8.3/BT/Dec. 80 with the following additions:

- The criteria of demonstrated high quality of work should be included.
- The ability to educate teachers and a broad knowledge of training methodology are important.

The work on criteria for ranking of Management Staff was then considered and it was agreed to allow further scrutiny of these by the Management consultant firms who were going to review the Centre.

The Board requested the Personnel Management Subcommittee to continue and to recommend to the Board a system whereby younger scientists can be recruited to international level positions, criteria for selection of long-term consultants and to review the administrative manual concerning policy matters on personnel management.

Agenda 7: Finance Subcommittee Report.

The report of the Finance Subcommittee was presented and the following resolution passed:

RESOLUTION
13/Dec. 80

The Board approves the report of the Subcommittee on Finance and appointed Price Waterhouse and Company with Rahman, Rahman, Huq & Co. to carry out the audit for the period 1 July 1979 through 30 June 1980 and to audit the period 1 July through 31 December 1980.

There was agreement that there should be a full search for other audit firms which could be reviewed by the Finance Subcommittee and a final selection of the best firm made early in 1981 for the audit of 1981. Prior to the present Board meeting, the Finance Subcommittee met with the auditors. This was felt to be an important and healthy procedure which should be followed each year.

The Board, therefore, requested the Finance Subcommittee to continue and recommend to the Board an auditor for the period 1 January through 31 December 1981 and to review the reports of the auditors and from the consulting firm on management and finance.

In view of the need for careful budget review, the Finance Subcommittee was given also responsibility to review the budget in advance of the Board meeting in the following resolution:

RESOLUTION
14/Dec. 80

The Board agrees that the Finance Subcommittee will review the Budget in advance of its meetings.

The matter of improved financial and management systems was considered urgent and the Director was authorised to proceed with consultation to improve them by the following resolution:

RESOLUTION
15/Dec. 80

The Board authorises the Director to write terms of reference and appoint a firm(s) to develop and assist in implementing adequate management and financial systems for the Centre.

The following resolution was passed to establish a new Subcommittee:

RESOLUTION
16/Dec. 80

The Board establishes a Selection Subcommittee for selecting persons for international level positions and for evaluating international level employees consisting of Professor M.A. Matin, Dr J. Holmgren and the Director of the Centre. Professor Matin will be Chairman of

the Committee and the Director will act as Secretary. It may co-opt members when candidates with disciplines not represented in the Committee are considered. The Committee will also assist the Director in selecting long-term consultants and prepare a list of candidates to fill vacancies in the Board of Trustees.

Agenda 11: External Scientific Review Committee.

The matter of an External Scientific Review was discussed. It was agreed that the terms of the Ordinance should be met and a review conducted before July, 1981. Further, it was decided that the External Scientific Review Committee should not have any Board members or individuals currently doing collaborative work with the Centre or its staff. The composition of the Committee and its terms of reference were drafted and approved as follows:-

Composition of the Committee:

The Committee will consist of five members. The membership of this Committee must contain expertise in the following areas:

The Social Sciences including Demography
Epidemiology
Microbiology and Immunology
Clinical Sciences relevant to Diarrhoeal Disease
Health Care

Terms of Reference:

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

The following resolution was then passed:

The Board decides to convene an External Scientific Review Committee in June 1981 consisting of five members with the terms of reference as appended. The Board authorises the Selection Subcommittee of the Board to appoint the members of the Committee.

RESOLUTION
17/Dec. 80

Agenda 12: Next meeting, Board of Trustees: date and place.

After a discussion of the best cycle of dates for Board meetings the following resolution was passed:

RESOLUTION
18/Dec. 80

The Board approves timing of their semi-annual meeting as June and November. In 1981 the meetings will take place in Dacca, 11, 12 and 13 June and 16-20 November.

The meeting was closed at 11.00 a.m. 5 December 1980.

3(a)/BT/JUNE 1981

REPORT OF SUB-COMMITTEE

(a) Finance

REPORT OF THE FINANCE SUBCOMMITTEE

... The Finance Subcommittee has held two meetings since the full Board meeting in December, 1980. The minutes of these meetings are appended for information. For consideration by the full Board the Subcommittee proposes the following actions:

- (1) Acceptance of the Auditors reports for
 - (a) the period ended June 30, 1980
 - (b) the period ended December 31, 1980

- (2) That Rahman, Rahman and Hug 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.

- ... (3) A Working Paper has been prepared by the Subcommittee on the financial outlook 1981 and 1982 and is appended for consideration by the Board.

- ... (4) The budget format, agreed upon, is appended for consideration by the Board.

- (5) For the information of the Board, expresses its satisfaction with the progress of the consultant IDM in Calcutta in preparing an adequate computerised financial system for the Centre.

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 \$536,000 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 an 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 (or \$375,000/month).. 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.

FINANCE SUBCOMMITTEE OF THE BOARD OF TRUSTEES ICDDR,B
MINUTES OF MEETING HELD ON TUESDAY, 3 FEBRUARY, 1981 AT
HOTEL CHATEAU LAURIER, OTTOWA, CANADA

Members Present

Dr O. Solandt, Mr M.K. Anwar and Dr W.B. Greenough III.

The agenda of this meeting was as follows:

1. Selection of Auditor for 1980 and 1981.
2. Progress report on consultation concerning financial systems ICDDR,B.
3. Progress report on budget.

Agenda 1

The status of the audit proposals for 1980 and subsequent years was reviewed. For the year ended June 30, 1980 and the short period ended December 31, 1980 the only acceptable response to the Centre's requests was from Price Waterhouse & Co. and their associates in Dacca, Rahman, Rahman & Huq.

For the 1981 calendar year, responses to the Centre's enquiries had been received from Deloette, Haskins & Sells, Singapore; Coopers & Lybrand, Bangkok; and Peal Marwick, Mitchell & Co., Singapore. Ernst and Whinney, London declined to make an offer. The Centre has asked for formal bids from the interested firms to be submitted by April 15, 1981. Price Waterhouse & Co. has already submitted a proposal for 1981 audit.

After discussion it was decided that the Price Waterhouse & Co. proposal could be accepted for the 1980 audit. The Board had empowered the Finance Subcommittee to proceed on this matter. With respect to the 1981 audit the Subcommittee recommends to the full Board that Price Waterhouse & Co. and their associates Rahman, Rahman & Huq would carry out the audit for 1981. However a full discussion and consideration should be given to the 1982 selection of an auditor. At that point the present continuity which is desirable in view of the evolution of financial systems would not be a major factor and a new auditor would not be duplicating any work unnecessarily.

Agenda 2

The following proposals have now been received for consultation on

financial and management systems:

EWP Associates, Dacca jointly with Price Waterhouse & Co., Sydney.
S.F. Ahmed & Co., Dacca jointly with Peal, Marwick, Mitchell, London.
P&M Consultants Ltd. jointly with P.A. International, London
Crown Agents, U.K.
A.D. Little, Massachusetts, U.S.A.

Of these it is felt that all are very expensive and that much time may be wasted unless accurate and retrievable data is readily available on all transactions. The Committee urged the Director to pursue this first step promptly.

With respect to a larger overall consultation there may be merit in securing a management review first to insure that the financial systems evolved will best serve the needs of this research and training Centre. At the time of this meeting the preliminary proposal of Arthur D. Little Co. was favoured by the Director, although a final proposal was not yet in hand. The Finance Subcommittee will be kept informed on this matter. Unless recruitment of the position of Associate Director, Administration Finance precedes this consultation implementation may be a serious problem.

Agenda 3

The Subcommittee was informed that all branches and programmes will be drawing up detailed budgets from available expenditure information which will be provided in early February. These budgets will be within the limited budget approved by the Board in December 1980. Priorities will then be set across the whole institution for the application of funds received above the limited budget taking into account the priorities defined by the Board.

Agenda 4

The next meeting will be in Dacca on Wednesday, 10 June just prior to the meeting of the Board.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

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

(IN US DOLLARS)

	1982 Budget Estimates	1981 Expenditure Status			1980 Actual
		months Actual Expenditure	months Estimated Expenditure	Total Estimated Expenditure	
<u>CASH BUDGET</u>					
Opening Cash Balance					
Receipts during the year					
Total Cash Available					
Total Payments during the year					
Closing Cash Balance					
<u>RECEIPTS AND EXPENDITURE BUDGET</u>					
<u>Receipts</u>					
1. Contribution					
2. Revenue					
Total Receipts (A)					
<u>Expenditure</u>					
1. Research Programmes					
2. Research Support & Facilities					
3. Training, Extension & Comm.					
4. Maintenance & Logistics					
5. Management					
6. Resources Development					
7. Mandatory Committee					
Total Expenditure (B)					
Total Surplus/(Deficit) (A-B)					

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

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

(IN US DOLLAR)

	1982 Cash Estimates	1981 Cash Position		1980 Receipts
		Revised	Actual 7 months Original	
SUPPORT				
Unrestricted				
United States of America/US AID				
USA/NEH-CDC				
Switzerland				
United Kingdom/ODM				
Ford Foundation				
Australia/ADAB				
Saudi Arabia				
Bangladesh/Ministry of Health				
Sub-Total \$				
Restricted				
UNFPA (DSS)				
UNFPA (RCH-FP - Matlab)				
UNDP/WHO (Clinical Research)				
Canada/IDRC (Water Sanitation- Teknaf)				
Sweden (Immunity and Vaccine)				
UN University Grant				
Population Council				
Sub-Total \$				
REVENUE				
Sales Proceeds of Unserviceable Items				
Publication Sales and Royalties				
Sub-Total \$				
Total Support and Revenue \$				

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
 PROGRAMME-WISE EXPENDITURE BUDGET 1982
 (January 1, 1982 - December 31, 1982)
 (IN US DOLLARS)

	1982 Budget Estimates	1981 Expenditure Status			1980 Actuals
		months Actual Expenditure	months Estimated Expenditure	Total Expenditure	
<u>RESEARCH PROGRAMME</u>					
<u>Programmes</u>					
Disease Transmission Pathogenesis and Therapy					
Host Defense					
Nutrition					
Community Services Research					
Sub total					
<u>Research Support Facilities</u>					
Dacca Station					
Matlab Station					
Teknaf Station					
Microbiology					
Biochemistry					
Immunology					
Biometric and Data Management					
Animal Resources					
Sub total					
Total Research and Support					

	1982 Budget Estimates	1981 Expenditure Status			1980 Actuals
		months Actual Expenditure	months Estimated Expenditure	Total Expenditure	
<u>TRAINING, EXTENSION AND COMMUNICATION</u>					
Training and Extension					
Library and Publications					
Staff Development					
Sub Total					
<u>MAINTENANCE AND LOGISTICS</u>					
<u>MANAGEMENT</u>					
Director's Office					
Administration					
Controller's Office					
Physical Plant					
Sub Total					
RESOURCES DEVELOPMENT					
MANDATORY COMMITTEE					

MINUTES OF THE FINANCE SUBCOMMITTEE OF THE BOARD OF TRUSTEES

The meeting of the Finance Subcommittee of the Board of Trustees was convened in the Director's Conference Room, ICDDR,B at 9.30 a.m. on Wednesday, 10 June, 1981.

- Members Present: Mr M.K. Anwar, Dr O. Solandt, Dr W.B. Greenough III.
- Invited Resource Persons : Mr Md. Shahabuddin, Controller; Ms Honey Niehaus, Consultant, Financial Matters; Mr M.R. Bashir, Associate Director, Resources Development.
- Agenda 1 : Minutes of the meeting of the Finance Subcommittee held 3 February, 1981 in Ottawa, Canada were approved without additions or amendments.
- Agenda 2 : Matters arising from the minutes - none.
- Agenda 3 : Interim financial report and discussion of preparation of the 1982 budget. This was formerly Agenda 6. It was moved up for discussion while resource persons of the Centre's staff were present. The current financial status based on the expenditure data from the first four months of operations in the calendar year 1981 were reviewed and discussed extensively. A report to the Board on this discussion is appended to the minutes and is a part of the report to the Board of the Subcommittee.
- Agenda 4 : (Formerly agenda 3) After this the Centre's staff were requested to leave while the Finance Subcommittee met with the auditor and reviewed the auditor's report. It was pointed out that the auditor's report was to the Board of Trustees and hence must be signed by them rather than by any members of the management staff of the Centre itself. Dr Solandt and Dr Sulianti, as Chairman of the Board, will sign the audit report. The auditor's report was reviewed together with the auditors and the following points were made during discussion and review:
- (1) The assets of the Centre are currently inflated because of obsolete and non-functional equipment which is currently carried at its original value on the books. This equipment must be separated from the useful equipment, auctioned and written off so a more accurate picture of the assets can be established by the Centre.
 - (2) It is important to establish a procedure for depreciating capital equipment; the firm Rahman,

Rahman and Huq the auditors were asked to suggest the appropriate rates for accomplishing this. It was expected that a review with selected scientists of the life of scientific equipment would be helpful in doing this. However, it was emphasised that the categories and life expectancies should be made as few as possible in variety to simplify the procedure.

(3) It was felt desirable to clearly separate capital and current expenditure budgets in next year's audit reports and the importance of separating funds committed for specific projects or from donors which requires specific accounting by separate bank accounts is to be carefully attended to.

(4) Taxation issues were discussed and it was suggested that a direct application for exemption from tax on tax be submitted to the National Board of Revenue for specific action as well as the general action for gaining complete exemption for the Centre's employees obligated to Bangladesh Income Tax.

Agenda 5

(Formerly agenda 4) Selection of auditor for 1981 and 82. General satisfaction was expressed with the performance of Rahman, Rahman and Huq and their international correspondent Price Waterhouse and it is recommended to the Board that their services be continued for the 1981 audit. It was further suggested that in 1982 a new auditor be selected to maximise the objectivity of the audit process. It was suggested that the management of the Centre inform the current list of applicants to carry out audit on ICDDR,B to submit amended proposals for the 1982 audit. The selection of the auditor should be made on the basis of the new proposals by the Board in their November meeting.

Agenda 6

(Formerly agenda 5) Progress report on financial systems. Dr Solandt, after review of the progress with the establishment of the computerised financial system by the Consultant, IDM, India, indicated that he was well satisfied with their progress. He felt that the basic parts of the system would be operational by the month of August. Although further management may be indicated it would be premature to do this before establishment of the basic data capturing and reporting systems now being established.

Agenda 7

Other matters - the budget format suggested was reviewed briefly and was felt to be satisfactory for initial preparation of the 1982 budget.

3(b)/BT/JUNE 1981

REPORT OF SUB-COMMITTEE

(b) Personnel Management

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 1981). The following matters from these minutes are presented to the full Board for their attention and action at the present meeting.

- (1) The 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 Sub-committee 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.

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 Sulianti, 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.

(Formerly Cholera Research Laboratory)

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

Cable: Cholera Dacca

Phone: 300171-78

"(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

3(c)/BT/JUNE 1981

REPORT OF SUB-COMMITTEE

(c) Selection

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.

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 IO.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

DRAFT:

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 Joaquín 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.

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 Programs 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.

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.

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.

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

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 Sulianti 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.

5/BT/JUNE 1981

ANNUAL REPORT 1980

6/BT/JUNE 1981

RESOURCES DEVELOPMENT AND TECHNICAL
COOPERATION.

RESOURCES DEVELOPMENT

The objectives of the office of Resources Development are the identification of key prospective donors, the securing of their participation, and the maintenance of productive relationships with countries and agencies already collaborating with the Centre. Resources development activities during the first half of 1981 addressed all of these objectives.

JAPAN. Obtaining support from the Government of Japan is a long process which is finally nearing fruition for the Centre. In early 1981 the in-charge of the Bangladesh Desk of the Japanese Foreign Ministry and officials for technical cooperation examined the Centre in depth during their visits. Mr. M.K. Anwar went to Tokyo in February and Mr. M.R. Bashir in April; during the April visit we were informed that the Foreign Ministry was pleased to forward our request to the relevant Ministries with a recommendation for core support. We have also made a proposal for equipment support through Japanese International Cooperation Assistance.

USA. In January Prof. M.A. Matin and Mr. Bashir met with senior officials of UNDP and UNFPA. At UNDP they requested enhancement of the UNDP contribution for clinical research and discussed the UNDP/WHO grant for regional training; and they also requested UNDP, as chair of the Interim Internationalization Committee, to obtain financial support for the Centre from donor countries. During meetings with UNFPA officials funding of the two ICDDR,B projects was discussed. At the Population Council they also discussed possible scientific cooperation.

Dr. W.B. Greenough accompanied Prof. Matin and Mr. Bashir to Washington D.C. for meetings with the World Bank and USAID. World Bank officials at present were not willing to fund international organizations directly but may consider bilateral support. During meetings with USAID we discussed continued and enhanced contribution to the Centre and the Polli Chikitshak Project.

EUROPE. Dr. Greenough met with Swiss aid officials in Berne. Switzerland has now decided to contribute to ICDDR,B a total of SFr. 1,750,000 for a period of two and one-half years. Although the total contribution has been reduced, the Swiss contribution for the second half of 1981 has been increased by SFr. 250,000. Dr. Greenough also discussed collaboration with government officials of France and Belgium, as well as with officials of the Aga Khan Foundation, during his April visit.

FEDERAL REPUBLIC OF GERMANY. Dr. Greenough made follow-up visits to the Foreign Ministry in Bonn, which is considering positively our request for support.

CANADA. Dr. O.M. Solandt, Mr. Anwar and Dr. Greenough had discussions with CIDA officials in Ottawa. Initially CIDA was not enthusiastic, but is now more receptive to proposals from ICDDR,B for support, including longer-term projects originally funded by IDRC. IDRC's interest in the Centre continues to increase; several program officers have visited the Centre. In addition to current support to the Teknaf Project, a Diarrhoea Information Service is being considered.

KUWAIT. Dr. Sulianti and Dr. Greenough visited Kuwait in February. The Centre had approached the Kuwait Health Minister, Dr. A.R. Al-Awadi, for financial support to the Shigellosis conference. Kuwait provided

\$ 10,000 and has suggested that we submit a proposal which will be done soon.

EAST ASIA. ICDDR,B has initiated increased communication with Malaysia and Burma, both of which are considering signing the Memorandum of Understanding to facilitate collaboration with and financial support to the Centre. ESCAP would like to integrate mutual interests in population studies.

OPEC FUND. Dr. J. Sulianti and Mr. Bashir presented a progress report on construction of the clinical centre during their visit to Vienna. The foundation stone for the ground floor of the building was laid in February by the late President of Bangladesh, Ziaur Rahman. More than 80 percent of the available fund has been spent; the foundation is complete and side walls are in progress. We have already submitted a proposal to the OPEC Fund for further support to ICDDR,B construction. The work is proceeding on schedule despite delays due to untimely shipments and bad weather.

NEW PROPOSALS

UNFPA. UNFPA has been supporting activities at Matlab through the Government of Bangladesh, which had approved the project subject to the opening of three sub-centres to test implementation of some Matlab strategies within the government's existing health services delivery system. One-third of the original 106 lakh taka budget was released pending the opening of the sub-centres. The Government of Bangladesh has selected three sites (Teknaf, Noapara, Shahjadpur) for which we have submitted a proposal to the government for release of the remaining 71 lakh taka. Because of its financial constraints, UNFPA has agreed to forward our proposal to donor countries for multi-bilateral support. In addition, CIDA and the Netherlands have expressed interest in funding this proposal through the multi-bilateral channel.

IDRC. Because the ICDDR,B Library has been moving into the role of a major international resource centre for diarrhoeal disease, the Centre has submitted a proposal to the Information Sciences Division of IDRC Canada for the DISC — Diarrhoeal Disease Information Service Centre.

TOKEN CONTRIBUTION. During the first Consultative Group meeting it was suggested that all non-contributing signatories to the Memorandum of Understanding should make at least a token contribution to the Centre to facilitate cooperation with those countries. We have accordingly requested some countries to do so. We suggest that the Board of Trustees may request UNDP to initiate this.

CONSULTATIVE GROUP. Due to the success of the first Consultative Group meeting in June 1980, the Board agreed in principle (Resolution 7, Dec. 80) to a second meeting, which will be held in New York on 23 June 1981 during the UNDP Governing Council meeting. Invitations and background information were dispatched by UNDP. ICDDR,B bore the travel costs of the delegates from developing countries in 1980; because of financial constraint this year the Centre will not cover travel costs, with the exception of Bangladesh.

FUNDS RECEIVED

In January SAREC of Sweden granted \$ 100,000 to the Centre for core support. We are particularly grateful to Dr. J. Holmgren for all of his efforts on the Centre's behalf.

We would also like to thank Dr. H. Al-Dabbagh, who presented the Centre's case to the Gulf Health Ministers' Conference as well as to private donors in Saudi Arabia, who have thus far contributed \$ 110,000. The Centre hopes that the Saudi government will double its contribution and that further private donors and Governments will come forward.

Recently the German Technical Cooperation in Bangladesh (Munshiganj MCH-FP Project) approached us for technical support to its project. Our offer has been approved for a total amount of \$ 120,000 for the first year.

The Australian High Commission in Dacca has given the Centre Tk. 30,000 (approximately \$ 2,000) for construction of facilities in our field stations. We have discussed similar support with the Embassy of Germany; they are presently considering our proposal for a grant of Tk. 200,000.

In order to meet the Centre's current expenditure level we will require an additional \$ 700,000 during the year. We hope that the prospective donors listed above will contribute and thereby enable the Centre to continue its activities at current levels.

WORKING PAPER ON TECHNICAL AND SCIENTIFIC COLLABORATION
OUTSIDE BANGLADESH

Following the programme review held by the Board of Trustees in December 1980, it was suggested that a working paper be written to indicate strategies for ICDDR,B collaboration with countries and agencies and to develop criteria for establishing programmes outside of Bangladesh. Because ICDDR,B is an international organization, established by an Ordinance of the People's Republic of Bangladesh and ratified by a group of governments and international agencies, it is important that the Centre be cognisant of its role with respect both to the host country and to its function as an international Centre.

With respect to research activity in areas of established expertise and effective technology within the Centre, we should assist other developing countries to better define the causes and patterns of diarrhoeal disease and the effects of these diseases in their own countries. This may be carried out in several ways. At the present time we are encouraging scientists and research workers from other countries to come as fellows to ICDDR,B for varying lengths of time. We have also sent out our own technicians to establish methodologies in other laboratories.

CURRENT ACTIVITIES

During the past year the Centre has begun several initiatives in response to requests from countries other than Bangladesh. The first of these is a collaborative Rotavirus study with scientists in Kenya, which was initiated with the following rationale.

1. We have on our staff a scientist from the African sub-continent who has the requisite skills for establishing the necessary technology to carry out a comparative study of Rotavirus between East Africa and Bangladesh.
2. We felt as a group and with the advice of WHO that research activities in East Africa in diarrhoeal disease were in need of stimulation from outside.
3. Studies on Rotavirus are already a high priority of the Centre to which we are already committed.
4. This initiative could be taken as a highly research project in its initial stages without making broad commitments to the Government of Kenya or scientists in that country.

Our strategy in establishing this project was to focus upon differences in the clinical presentation of the different serotypes of Rotavirus. We also enlisted the support and collaboration of the Free University of Belgium in Brussels for the serotyping of Rotavirus harvested both in Bangladesh and in East Africa.

TECHNICAL AND SCIENTIFIC
COLLABORATION, P. 2

The first stage of this project is now underway. The next step will be to broaden discussions with scientists in Kenya and neighbouring countries and to evaluate the desirability of studies targeted on diarrhoeal disease as an overall public health problem. Recently Dr. A.R. Samadi and Dr. M.H. Rabbani visited Kenya and held discussions with the Kenyan Health Ministry and scientists in that country.

A second collaboration is being developed at the request of Saudi Arabia, which would like our assistance in setting up its Central and Regional Laboratories. Because we have extensive experience in establishing an excellent microbiology laboratory and in setting up and maintaining our animal resource facility under difficult conditions, we should be able to offer useful suggestions to avoid pitfalls sometimes generated by advice taken only from developed countries.

Diarrhoeal disease is the single largest killer of children under age ten in Kuwait. The Kuwaiti Health Ministry has approached the Centre for assistance in assessing the problem and developing ways to solve it.

In addition to the above scientific activities, the Centre may consider becoming involved in international public health contracts falling within its competence, such as the Bangladesh Polli Chikitshak and the oral rehydration project in Egypt.

FUNDING

There are two basic ways to support external scientific activities. In the first a country approaches the Centre for assistance in establishing technology and providing expertise to solve problems of diarrhoeal disease within that country. In return, the country not only pays the costs of our assistance but provides core support to the Centre. The second way follows from our extending assistance to developing countries. These extension activities often correspond with the aid objectives of developed countries, and result in their providing support to the Centre.

We welcome suggestions from the Board with regard to proceeding with activities outside of Bangladesh but feel it essential that steps be taken to firmly establish that we can take up such tasks and gain recognition as an international entity.

6/BT/June 81
Brief

The ICDDR,B Charter states that the aim and objective of the Centre is to function as an institution to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility, with a view to developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries.

The Palli Chikitsak Programme was initiated in 1978 by the Government of Bangladesh. This country-wide primary and curative health care delivery programme aims to develop a cadre of health care providers at the community level to manage minor health problems of rural people. The programme will train one woman or man from each village for one year in a nearby health complex. After successful completion of the course they will go back to their respective communities. Their services will be like those of village practitioners but with minimum charges and far greater skill and knowledge.

The PC training programme therefore represents the possibility to diffuse acquired knowledge to 68,000 villages of Bangladesh on the clinical management of diarrhoeal diseases (ORS, Labon-Gur, Nutrition), as well as on prevention of diarrhoeal diseases, on fertility control, on the importance of breast feeding, weaning food and on the correction of vitamin deficiency (particularly Vitamin A). These three areas of intervention represent a significant share of the health related problems in rural Bangladesh. Successful intervention in these areas would contribute to a significant reduction of mortality and morbidity, particularly in the under-five-year-old group.

It is felt that ICDDR,B assistance to the Government of Bangladesh to enhance the implementation of its Palli Chikitsak programme at the levels of teacher training and field support is within ICDDR,B's mandate and range of expertise. The ICDDR,B has accumulated a body of scientific knowledge and has developed successful interventions in the field of diarrhoeal diseases, fertility and malnutrition control. In its rural stations, the ICDDR,B has gained considerable experience in the training of rural health workers, including a 2-year extension programme for the control of diarrhoeal diseases which has been implemented by training local indigenous practitioners. ICDDR,B is uniquely qualified to assist the Government of Bangladesh in the training of the trainees of Palli Chikitsak.

8/BI/JUNE 1981

REPORT OF EXTERNAL SCIENTIFIC REVIEW COMMITTEE

REPORT FROM THE EXTERNAL SCIENTIFIC REVIEW COMMITTEE,

DACCA, JUNE 1981

TO

THE BOARD OF TRUSTEES, ICDDR,B.

A.S. Moller, 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 append 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. Glimpse 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, limnology 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 cells 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

17.

stations own hospital. Quite a few analyses are performed at the site 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 however 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 hygienic 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 groups 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-enteric 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.