INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLDESH

REPORT OF THE BOARD OF TRUSTEES MEETING

6-8 DECEMBER, 1982

1/BT/DEC.82

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1.	Approval of Agenda	1/BT/DEC. 82
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8.	Approval of Budget, FY 1983	8/BT/DEC. 82
9.	Report of the Ad Hoc Search Committee	9/BT/DEC. 82
10.	Report of the Selection and Personnel Management Committee	10/BT/DEC. 82
11.	Varia	11/BT/DEC. 82
12.	Additional "Handouts" at meetings	12/BT/DEC. 82

SCHEDULE

MEETING - BOARD OF TRUSTEES - 6-8 DECEMBER, 1982

Venue: Training Lecture Room - ICDDR,B

2 DECEMBER - THURSDAY

Field visits for Programme Review

3 & 4 DECEMBER - FRIDAY & SATURDAY

Report writing and additional meetings with staff if desired by trustees.

5 DECEMBER - SUNDAY

Trustees present their draft report to staff for final discussion prior to formal Board Meeting.

6 DECEMBER - MONDAY

9:00	Opening of formal meeting of Board of Trustees: Open session
10:30	Tea
10:45	Closed session

7 DECEMBER - TUESDAY

Closed session

8 DECEMBER - WEDNESDAY

Closed session

2/BT/DEC. 82

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, IDCCR,B, DHAKA, 14-15 JUNE, 1982

AND

RESOLUTIONS OF THE BOARD OF TRUSTEES MEETING 14-15 JUNE 1982

DRAFT

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B DACCA, 14-15 JUNE, 1982.

Members Present:

Dr Hashim S. Al-Dabbagh
Mr M.K. Anwar
Dr F. Assaad
Dr D.J. Bradley
Dr C.C.J. Carpenter
Dr A.Q.M. Badruddoza Chowdhury
Dr W.B. Greenough III - Secretary
Major General Shamsul Huq - Incoming Member
Dr G.W. Jones
Professor J. Kostrzewski
Professor M.A. Matin - Chairman
Dr J. Sulianti Saroso
Dr O.M. Solandt
Dr M.K. Were

Members Absent:

Dr Jan Holmgren, Dr Leonardo Mata, Dr V. Ramalingaswami

The Chairman of the Board, Dr M.A. Matin, opened the sixth meeting of the Board of Trustees, ICDDR,B at 9 a.m., 14 June, 1982.

The incoming members of the Board for WHO and the Government of the People's Republic of Bangladesh were welcomed. Dr Fakri Assaad replaces Dr Albert Zahra by action of the Director-General, WHO, Dr Halfden Mahler in the telegram received as follows:

"International Centre for Diarrhoeal Disease Research, Dacca

Reference letter 16 April 1982 eye have pleasure in nominating Dr F. Assaad, Director, Division of Communicable Diseases, World Health Organization, Geneva, to serve as member of Board of Trustees of International Centre for Diarrhoeal Disease Research, Bangladesh, for period of three years commencing June 1982, thereby replacing Dr A. Zahra. Dr Assaad will attend meeting of Board of Trustees on 14 and 15 June 1982 in this capacity.

Mahler Unisante Geneva"

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It was agreed that Dr F. Assaad would replace Dr A. Zahra from the time of his appointment to 30 June, 1982 and then from 1 July, 1982 to 30 June, 1985.

The Health Minister of the People's Republic of Bangladesh, Major General Shamsul Huq will begin his term of office 1 July, 1982. His appointment is as per an official letter from the appropriate authority of the Government of Bangladesh as follows:

"The Chairman, Board of Directors, ICDDR,B, Mohakhali, Dacca

Subject: Nomination for Member of the Board of Trustees

Reference: This office letter no. JS(A)/PA-78/81 - dated 15.12.81

Sir,

I am directed to say that Govt. in the Health Division has been pleased to nominate Major Gen. M. Shamsul Huq, Adviser Incharge of Ministry of Health and Population Control, as on the Director of Board/Member of the Board of Trustees in place of Mr Hyder Hussain, who was earlier nominated vide our above quoted letter.

Yours faithfully,

(Brig. (Retd) Mohd. Yunus Dewan), Joint Secretary (Admn.)"

Following the welcome of the new Trustees a minute of silence was observed in deference to the recent death of King Khaled Bin Abdul Aziz of the Kingdom of Saudi Arabia. A resolution was adopted as follows:

RESOLUTION 1/JUNE 82

The Board of Trustees of the ICDDR,B has received the news of sad demise of King Khaled Bin Abdul Aziz of Saudi Arabia with profound shock. The Board respectfully places on record its deep sense of appreciation of the services of the late King for the cause of humanity and requests the Chairman to convey this message of condolence to His Majesty King Fahd of the Kingdom of Saudi Arabia.

Agenda 1: Adoption of Agenda

The agenda was adopted after reversal of Agenda 9 and 10. It was agreed that a brief paper by Dr Solandt in addition to the Report of the Finance Subcommittee would be taken up under Agenda 6 as would the budget format and presentation. The matter of Committees of the Board would be addressed under Agenda 12, Varia.

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH
DACCA

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PFVCY LETTER 16 APRIL 1982 EYE HAVE PLEASURE IN NOMINATING DR F. ASSAAD, DIRECTOR, DIVISION OF COMMUNICABLE DISEASES, WORLD HEALTH ORGANIZATION, GENEVA, TO SERVE AS MEMBER OF BOARD OF TRUSTEES OF INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH, FOR PERIOD OF THREE YEARS COMMENCING JUNE 1982, THEREBY REPLACING DR A. ZAHRA. DR ASSAAD WILL ATTEND MEETING OF BOARD OF TRUSTEES ON 14 AND 15 JUNE 1982 IN THIS CAPACITY

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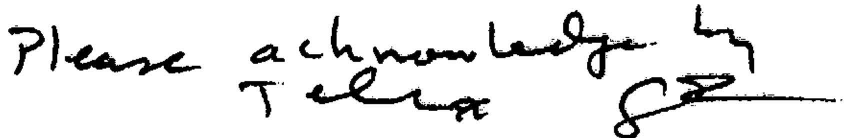

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ATTN MAHLER:
THANKS TELEX ADVISING DR. F. ASSADD REPLACING DR. A. ZAHRA AS WHO MEMBER OF BOARD OF TRUSTEES FROM JUNE1982. NOTE OF ASSAAD ATTENDING BOARDMEETING 14 AND 15 JUNE IN THIS CAPACITY.

GREENOUGH

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MOST IMMEDIATE

By special Messenger

Government of the People's Republic of Bangladesh
Ministry of Health and Population Control
Health Division

No. [illegible]/42 Dated Dacca, the 9th June, 1982.

From :- Brig. (Retd) Mohd. Yunus Dewan,
Joint Secretary (Admn.).

To :- The Chairman,
Board of Directors,
ICDDR,B.,
Mohakhali, Dacca.

Subject :- Nomination for Member of the Board of Trustics.

Reference:- This Office letter No. JS(A)/TA-78/82 dated 15.12.81

Sir,

I am directed to say that Govt. in the Health Division has been pleased to nominate Major Gen. M. Shamsul Huq, Adviser Incharge of Ministry of Health and Population Control, as on of the Director of Board/Member of the Board of Trusties in place of Mr.Hyder Hussain, who was earlier nominated vide our above quoted letter.

Yours faithfully,

(Brig. (Retd) Mohd. Yunus Dewan)
Joint Secretary (Admn.)

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Agenda 2: Approval of the draft minutes of the fifth Board Meeting

It was agreed to insert all changes and corrections received by mail as listed. It was asked that the resolutions be placed at the end of the reports of the respective Committees, such that there would be the report, discussion, then resolutions.

The minutes were approved as amended.

Agenda 3: Matters Arising

None.

Agenda 4: Report on Resources Development

A report on Resources Development was presented by the Associate Director for Resources Development.

Members of the Board noted the excellent performance in increased revenue. It was mentioned that the authorities of the Kingdom of Saudi Arabia were giving consideration to the recent proposal from the Centre and would be acting on it in several weeks. Appreciation for the efforts of Dr Hashim S. Al-Dabbagh in securing private donations from that country was expressed by Board members.

The difficulties and uncertainties of fund raising in the current economic climate were emphasized. This requires budgeting against conservative estimates of revenue. The importance of utilizing increasing funds to put the Centre in a sound financial position was emphasized. In accepting projects the importance of insuring that all costs are recovered and that the project fits within program priorities and goals was underscored. Provision of health delivery services may lead away from the main focus as a research Centre. If this is to be done the decision must be taken deliberately by the Board.

The possibility of obtaining long term support for positions was mentioned. Certain donors may be interested in such an approach which is currently being pursued with WHO, France, Belguim the United Kingdom and USA. After discussion, the following resolution was

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adopted:

RESOLUTION 2/JUNE 82

The Board recognizes the appreciable improvements made in the fund raising position of the Centre both in respect of enlisting participation of new donors and also renewing arrangments with existing ones and thanks the Director and all members of staff of the Centre for the effective activities in this respect. The Board requests the Director to continue and intensify his efforts for increasing revenue so that the Centre may be able to continue all projects and activities important to its programs in coming years.

Agenda 5: Director's Report

The Annual Report 1981 and the Director's presentation at the Consultative Group Meeting in Geneva in June 1982 summarize Program achievements and other significant features of staffing and finance.

A delay on the completion of the building was mentioned and the newly appointed Associate Director, Administration & Finance, Mr Michael Goon, was introduced to the Board to report on this delay. He has presented a detailed report to the Director and the Chairman of the Board on this matter. It is now estimated that the North Wing will be completed by August and the whole First Phase by October 1982.

Mr Goon then gave an appraisal of current operations noting deficiencies in cost control and efficiency which will require a full overhaul of administration, stores and maintenance. The principal problem hé noted was a lack of planning. Program Heads will be asked to review staffing with a view to retrenching, retaining the staff who are most productive.

The Board members expressed appreciation for this analysis which was timely in light of the need to conserve resources and use them to best advantage. It was noted that the Trustees and Centre's management had problems clearly in focus having gone through an acquaintance and learning process during the past three years. It was necessary to shape a program budget clearly. Deficit financing must be put behind as soon as possible. Failure to restrict program and projects within resources has delayed implementation of the Ordinance.

The Annual Report was appreciated and note taken that all suggestions of the Trustees had been incorporated nicely.

In any new programs the full support of projects attempting to transfer technology to the community level is essential. Cooperation and coordination with WHO will be very useful. It was noted that there has been improvement in cooperation and coordination with WHO during 1981. Active collaboration would be pursued further.

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Agenda 6: Report of Finance Committee

"At the meeting of the Board in December 1980 the Director presented a programme for 1981 which was estimated to cost about $6.7 million. The forecast of reasonably firm revenue for 1981 totalled about $4.0 million. The Director therefore presented an alternative limited budget that proposed an expenditure of $4.0 million. The Board felt that this level of expenditure 'would seriously compromise all programmes, although all commitments could be met. In view of the prospects of added funds and the level of available funds through June 1981 it was felt possible to allow a rate of expenditure above the level of the limited budget presented'. (Quotation from Minutes of Board Meeting December 2-5, 1980)

When the Board met on June 11-12, 1981 the estimate of total funds available for operations was

Carry over from 1980	$ 352,000
Pledges at beginning of 1981	$4,065,000
New pledges since 1980	$ 536,000
	$4,953,000

The estimated expenditure for 1981 (four months actual - 8 months projected) was $5.63 million or about $670,000 more than the foreseeable revenue. If the carry over from 1980 is excluded the shortfall in current revenue would be $1.04 million.

The actual results for operations (excluding capital) for 1981 were

Revenue	$4.52 million
Expenditure	$5.84 million
Deficit	$1.32 million

Income of $709,000 for 1981 that was received in 1982 served to offset part of this shortfall so the actual operating deficit for 1981 was $609,000 - very close to the predicted $690,000.

The bank overdraft on 1 January, 1982 as shown on the balance sheet in the audited accounts was $1,130,719.

When the 1982 budget was reviewed in November 1981 committed revenue was estimated at $5.18 million and confidently predicted support at a further $1.50 million for a total of $6.7 million.

The staff estimated that it would cost about $8 million to fund all 1981 activities during 1982 with some added positions but no major new activities. The Board being reluctant to cut staff and optimistic about revenue instructed the Director to aim at operating expenditures not to exceed $6.5 million for 1982.

A review of the year 1982 (four months actual and eight months projected) shows that presently committed revenue totals $5.17 million. Since the opening bank overdraft was $1.05 million the funds now available for operations total $4.12 million.

Forecast expenditure for the full year now totals $5.67 million which will result in a cash shortfall at year end of $1.55 million.

New donations, not yet received, but considered to be almost certainly committed now total more than $660,000 and there are also some prospects of reducing expenditure during the remainder of 1982. Therefore the deficit carried over into 1983 should be less than $900,000.

The projected cash flow statement for 1982 show a shortage beginning in May. By borrowing internally from the Capital Fund of $860,000 it will be possible to avoid bank borrowings till July. The overdraft will reach $378,000 and from then on will rise steadily to the year end forecast of $1,550,000. Reductions in spending and further revenue that is not yet certain may well reduce this even below the $900,000 mentioned above. No arrangements have yet been made for the bank line of credit that will be required.

In addition to the overdraft at the bank the Centre is accumulating internal deficits that do not appear in the books. Equipment purchases are deferred, severance pay reserves are not fully funded, staff travel is being restricted, vehicles are not being replaced, buildings are not fully maintained and no reserve has been built up for equipping the new building.

There are good prospects for further donations in 1982 and 1983 but the Finance Committee strongly urges that the present financial restraints be maintained until enough new money is in the bank to pay off the deficit, adopt the new WHO related salary scale and establish a small reserve. The possibility of expansion to use new project funds is discussed below.

Plans for 1983 and Beyond

The record of the past years shows that the staff and programme of ICDDR,B have been too large to be adequately supported on the available income. The policy has been to make large plans and then attempt to scale them down to meet actual revenue. This cannot be done effectively because the greater part of the budget is spent on staff salaries and benefits and these expenditures cannot be reduced without almost a year of advance warning.

The planning policy should be changed by the Board at this meeting. The Director should be asked to present, more than a year in advance (e.g. the 1984 plan at the December 1982 meeting) a basic plan including

detailed staffing levels, that can be carried out within a very conservative estimate of the revenue that is reasonably certain to be available. To this basic budget should be added plans for new programmes or projects in order of priority to be initiated, if, as and when more money reaches the bank.

The fundamental goal of this new policy is to keep the basic continuing staff and facilities small enough to be adequately supported by the lowest annual revenue that can reasonably be foreseen.

Added to this basic operation will be new projects. As in the past, donors should be encouraged to give unrestricted funds that can be transferred between projects. Even if the funds used for hiring new staff are unrestricted all hirings should be on contract for time limited terms.

In the case of project research, where the funds are donated for a very specific purpose, donors should pay the full cost plus a small contribution which might be designated for a reserve or for a project development fund. All staff should be hired on contracts limited to the term of the project and the estimate given to the donor should include all termination charges. New hirings should be held to a minimum by using existing staff wherever possible.

1983 Revenue

Reasonably firm commitments by donors for 1983 now total about $5 million. There are prospects for additional funds up to about $1 million but none of them are yet sufficiently firm to include them in the revenue forecast at this time.

1983 Expenditure

The change to the WHO payscales plus normal salary increments will add $282,900 to the 1983 personnel service costs. An absolute minimum of $400,000 must be provided to reduce the deficit carried over from 1982. The severance pay fund was under funded by $300,000 in 1982. This must be restored before a new pension fund is started. Much of this can probably be earned by moving the fund overseas immediately to get higher interest and possible exchange gains. This then means that the total funds available for operations in 1983 is $4.6 million ($4.3 + $0.3 million for increased personnel costs). Operating expenses must be reduced from $5.67 million in 1982 to $4.3 million in 1983 a cut of over 30%. If efforts to curtail expenditure are begun at once it might be possible to reduce 1982 costs to say $5.4 million. A reduction of $200,000 in the deficit would then leave $4.5 million for 1983 operations. This represents a cut in total expenditure, including personnel costs of 20%. This will require major cuts in staff and programmes.

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The Centre should, as soon as it is free of a deficit, establish a reserve fund. Even a small reserve would greatly facilitate the achievement of a more stable financial operation.

The Auditors have urged the adoption of depreciation on fixed assets so that the accounts will more accurately portray the financial condition of the Centre. It is recommended that this be instituted in 1983 and that as much as possible of the resulting funds be put in a capital replacement fund. The next step would be to start a general reserve fund to act as a balance wheel to smooth out cash flow and year to year financial fluctuations.

Conclusion

The Board should be fully aware of the risk that all our banks may refuse to grant us a line of credit to cover a large overdraft. There has been no difficulty in the past because we asked only for a short term credit to tide us over until the arrival of a delayed donation that was firmly committed. In the future we could be seeking an unsecured loan for an indeterminate period.

The problem of inducing donors to pay for research already completed and for interest on outstanding loans also cannot be ignored.

The only prudent course of action is to reduce the basic size and hence operating cost of the Centre, eliminate the deficit, establish reserves as soon as we can and remain poised to take full advantage of new funds when they appear."

Dr Omond Solandt presented the Report of the Finance Committee. He also presented personal views as a retiring member of the Board and Chairman of the Finance Committee.

Summary of Dr Solandt's Comments

The Annual Report for 1981 portrays an active organization producing important scientific results of great value to the whole of mankind and contributing to the improvement of maternal and child health in Bangladesh and other developing countries. This productivity has been done incurring a deficit of $609,000 in 1981. Despite the deficit there was growth in staff at levels VI and above of 27 individuals of 10.8%. This represented an overall staff growth of 2.7%.

He expressed concern about an adequate staff balance of staff above the General Services level.

Suggestions were made about restructuring the Board's Committees. He favoured two active committees with all Board members on one or the other but none on both.

The Board Meetings were felt to be too short to be effective. Time is required to adequately digest programs and weigh their importance.

A program and budget together with revenue forecast for 1983 and 1984 should be ready for the December meeting. Budget approval for 1984 should take place at the June 1983 meeting of the Board.

Senior staff must be strengthened and the administrative and finance side with two international level positions (one for personnel and one for finance).

The Director should have an Assistant for Planning who would be secretary for the program planning activity.

Most of all when the Centre is on a firm financial footing 3-5 outstanding world class scientists must be recruited who will have the necessary resources to lead their teams to success. Finding, recruiting and keeping for a reasonable period such individuals is an important and never ending task for the Director assisted by every member of the Board. Less important activities must be cut to make way for major achievement.

The existence of large and costly (to operate) facilities at Dacca, Matlab and Teknaf exerts a strong influence toward continuity of programs. This tendency can be balanced by bringing in new leaders on term appointments and giving them considerable autonomy in developing their own ideas and even in helping to sell them to new donors.

A new system of full costing for projects must be introduced to avoid the erosion of core funds and to provide preliminary funds for the development of new ideas into fully fundable projects. More vigorous efforts must be made to seek specific project funding for existing activities such as training that now make serious demands on core funds.

ICDDR,B is like a small squadron of expensive and complex aircraft. They require a large staff of skilled and dedicated people in a well run organization to keep them ready to fly. But without skilled pilots they are useless. Unskilled pilots can quickly wreck them and even the best squadron leader cannot do all the flying himself.

Discussion followed which was extensive. There was consensus that it was essential for the Centre to cut its activities and staff to fit the resources available (cut the coat to fit the cloth). In view of the lack of assets against which low interest loans could be taken early retiring of deficits is essential. Unsecured bank credit will be increasingly difficult to obtain. Even in 1982 there is no promise that such loans can be gotten. In addition there are the hidden over-

drafts of deteriorating and unrenewed equipment and physical plant. It was pointed out that there is not reason that project funds should result in losses. Many successful firms operate entirely on such resources.

In the light of this financial reality reservations were expressed that increasing staff salaries as suggested by 1 January, 1983 may not be possible.

In response to Dr Solandt's comments the following information was given on staff composition. At international level, of 22 positions, 7 are occupied by Bangladeshis, 3 by people born in Bangladesh but now with different citizenship, and 12 are not Bangladeshi. For individuals on WHO P scale below P4, 12 are not Bangladeshi. Levels VII and VIII have 38 Bangladeshi staff and none from other countries. The Director noted improved balance and distribution of staff since internationalization and further progress in this direction is expected. For staff below the WHO P levels it is expected that essentially all would be from the host country. Thus the overall staff composition would always be expected to be largely Bangladeshi. Diversity however would be essential at the international level. The necessity of seeking highest quality in the most expensive international level staff was emphasized. There should be no compromise on this matter.

It was noted that further precision in budgeting and planning are urgently needed. It should be possible to look ahead for five years with a good program budget. Allowance should be made for changes in priorities during such a period and an orderly mechanism established to accomplish this.
*

The following resolutions were passed relevant to the Report of the Finance Committee, including one selecting the Auditors for 1982:

RESOLUTION 3/JUNE 82

The Board recognizes that ICDDR,B cannot tolerate a continuing deficit in its operating account. The forecast revenue for 1983 is now $5.0 million. Operating expenses in 1983 must be below this figure by a minimum of $200,000 to allow the liquidation of the deficit by the end of 1985. The banks may demand more rapid repayment. In addition the Board has authorized the adoption of a WHO related payscale on 1 January, 1983. This will increase expenses by about $300,000 in 1983. Thus there will be $4.5 million to carry on in 1983 operations that would have cost $5.7 million in 1982 if no cuts had been instituted. Cuts already begun will reduce this to $5.2-5.4 million. Therefore the expenditure on the on-going works of the Centre must be reduced in 1983 by a further $800,000 or more. The Board therefore instructs the Director to reduce the expenditure of the Centre by November 1982 to the level of $4.5 million per year unless the revenue exceeds $6 million.

* One member of the Board registered a dissent from adoption of the WHO salary scales on the grounds that (1) the Centre could not afford the $300,000 required in 1983 and (2) that the proposal to give no increase in salary to half the grades 1-6 while raising the grade 5 by 18% and grade 6 by 10% would not appear to be equitable.

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The Board recognizes that the reductions in staff and program or any other measures that the situation demands must be initiated in 1982 to be fully effective. It will not be possible for the Director to submit proposals for reductions to the Board in advance. The Board therefore urges the Director with the assistance of the Associate Director, Administration & Finance and Program Directors to proceed at once with the required actions. He should involve the Chairman of the Board as much as time permits and should call directly on individual Board Members or even outside consultants when he feels the need of advice on specific problems or priorities.

The Board records their confidence in the ability of Dr Greenough, Mr Goon and all the staff of ICDDR,B to achieve these reductions. It is the most difficult task that has yet faced ICDDR,B management.

RESOLUTION 4/JUNE 82

The Board requests the Director to present a complete program and budget for the years 1983 and 1984 at the meeting in December 1982. The 1983 budget should be a complete and detailed description of proposed expenditure by program and by objects of expenditure. It should include a detailed personnel budget by grades, positions and man years and an outline of the plan for cost centres and expenditure control.

A financial plan showing revenue, expenditures, cash flow and borrowings or reserves is essential. Provision for depreciation should be made.

The 1984 budget need not be fully detailed but should be complete enough to permit the Board to give guidance on expenditures guidelines and program priorities.

The complete 1984 budget should be presented for Board approval in June 1983 and for any last minute amendments in December 1983. The preliminary 1985 budget will be presented at the same meeting thus beginning another budget cycle.

RESOLUTION 5/JUNE 82

The excellent services of Price Waterhouse and Rahman, Rahman and Huq were recognized by the Board and the firms of Deloitte, Haskin and Sells and Ahmed Reza and Co. were selected as new Auditors for 1982.

Agenda 7: Report of Personnel Management Committee

"In its report to the Board meeting November 1981 the Personnel Management Committee suggested two resolutions which were adopted by the Board. Resolution 9/Nov. 81 was as follows:

'Resolution 9/Nov. 81

(a) There are variations in individual components of salaries, emoluments and benefits among the different

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLDESH

REPORT OF THE BOARD OF TRUSTEES MEETING

6-8 DECEMBER, 1982

1/BT/DEC.82

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SCHEDULE

MEETING - BOARD OF TRUSTEES - 6-8 DECEMBER, 1982

Venue: Training Lecture Room - ICDDR,B

2 DECEMBER - THURSDAY

Field visits for Programme Review

3 & 4 DECEMBER - FRIDAY & SATURDAY

Report writing and additional meetings with staff if desired by trustees.

5 DECEMBER - SUNDAY

Trustees present their draft report to staff for final discussion prior to formal Board Meeting.

6 DECEMBER - MONDAY

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7 DECEMBER - TUESDAY

Closed session

8 DECEMBER - WEDNESDAY

Closed session

2/BT/DEC. 82

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AND

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Members Present:

Dr Hashim S. Al-Dabbagh
Mr M.K. Anwar
Dr F. Assaad
Dr D.J. Bradley
Dr C.C.J. Carpenter
Dr A.Q.M. Badruddoza Chowdhury
Dr W.B. Greenough III - Secretary
Major General Shamsul Huq - Incoming Member
Dr G.W. Jones
Professor J. Kostrzewski
Professor M.A. Matin - Chairman
Dr J. Sulianti Saroso
Dr O.M. Solandt
Dr M.K. Were

Members Absent:

Dr Jan Holmgren, Dr Leonardo Mata, Dr V. Ramalingaswami

The Chairman of the Board, Dr M.A. Matin, opened the sixth meeting of the Board of Trustees, ICDDR,B at 9 a.m., 14 June, 1982.

The incoming members of the Board for WHO and the Government of the People's Republic of Bangladesh were welcomed. Dr Fakri Assaad replaces Dr Albert Zahra by action of the Director-General, WHO, Dr Halfden Mahler in the telegram received as follows:

"International Centre for Diarrhoeal Disease Research, Dacca

Reference letter 16 April 1982 eye have pleasure in nominating Dr F. Assaad, Director, Division of Communicable Diseases, World Health Organization, Geneva, to serve as member of Board of Trustees of International Centre for Diarrhoeal Disease Research, Bangladesh, for period of three years commencing June 1982, thereby replacing Dr A. Zahra. Dr Assaad will attend meeting of Board of Trustees on 14 and 15 June 1982 in this capacity.

Mahler Unisante Geneva"

It was agreed that Dr F. Assaad would replace Dr A. Zahra from the time of his appointment to 30 June, 1982 and then from 1 July, 1982 to 30 June, 1985.

The Health Minister of the People's Republic of Bangladesh, Major General Shamsul Huq will begin his term of office 1 July, 1982. His appointment is as per an official letter from the appropriate authority of the Government of Bangladesh as follows:

"The Chairman, Board of Directors, ICDDR,B, Mohakhali, Dacca

Subject: Nomination for Member of the Board of Trustees

Reference: This office letter no. JS(A)/PA-78/81 - dated 15.12.81

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Yours faithfully,

(Brig. (Retd) Mohd. Yunus Dewan), Joint Secretary (Admn.)"

Following the welcome of the new Trustees a minute of silence was observed in deference to the recent death of King Khaled Bin Abdul Aziz of the Kingdom of Saudi Arabia. A resolution was adopted as follows:

RESOLUTION 1/JUNE 82

The Board of Trustees of the ICDDR,B has received the news of sad demise of King Khaled Bin Abdul Aziz of Saudi Arabia with profound shock. The Board respectfully places on record its deep sense of appreciation of the services of the late King for the cause of humanity and requests the Chairman to convey this message of condolence to His Majesty King Fahd of the Kingdom of Saudi Arabia.

Agenda 1: Adoption of Agenda

The agenda was adopted after reversal of Agenda 9 and 10. It was agreed that a brief paper by Dr Solandt in addition to the Report of the Finance Subcommittee would be taken up under Agenda 6 as would the budget format and presentation. The matter of Committees of the Board would be addressed under Agenda 12, Varia.

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH
DACCA

10653 ASIBS

PFVCY LETTER 16 APRIL 1982 EYE HAVE PLEASURE IN NOMINATING DR F. ASSAAD, DIRECTOR, DIVISION OF COMMUNICABLE DISEASES, WORLD HEALTH ORGANIZATION, GENEVA, TO SERVE AS MEMBER OF BOARD OF TRUSTEES OF INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH, FOR PERIOD OF THREE YEARS COMMENCING JUNE 1982, THEREBY REPLACING DR A. ZAHRA. DR ASSAAD WILL ATTEND MEETING OF BOARD OF TRUSTEES ON 14 AND 15 JUNE 1982 IN THIS CAPACITY

MAHLER UNISANTE GENEVA

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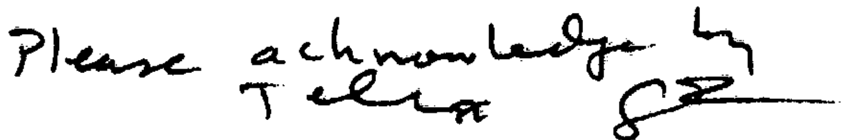

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ATTN MAHLER:
THANKS TELEX ADVISING DR. F. ASSADD REPLACING DR. A. ZAHRA AS WHO MEMBER OF BOARD OF TRUSTEES FROM JUNE1982. NOTE DR ASSAAD ATTENDING BOARDMEETING 14 AND 15 JUNE IN THIS CAPACITY.

GREENOUGH

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MOST IMMEDIATE

By special Messenger

Government of the People's Republic of Bangladesh
Ministry of Health and Population Control
Health Division

No. [illegible]/42 Dated Dacca, the 9th June, 1982.

From :- Brig. (Retd) Mohd. Yunus Dewan,
Joint Secretary (Admn.).

To :- The Chairman,
Board of Directors,
ICDDR,B.,
Mohakhali, Dacca.

Subject :- Nomination for Member of the Board of Trusties.

Reference:- This Office letter No. JS(A)/PA-78/82 dated 15.12.81

Sir,

I am directed to say that Govt. in the Health Division has been pleased to nominate Major Gen. M. Shamsul Huq, Adviser Incharge of Ministry of Health and Population Control, as on of the Director of Board/Member of the Board of Trusties in place of Mr.Hyder Hussain, who was earlier nominated vide our above quoted letter.

Yours faithfully,

(Brig. (Retd) Mohd. Yunus Dewan)
Joint Secretary (Admn.)

Agenda 2: Approval of the draft minutes of the fifth Board Meeting

It was agreed to insert all changes and corrections received by mail as listed. It was asked that the resolutions be placed at the end of the reports of the respective Committees, such that there would be the report, discussion, then resolutions.

The minutes were approved as amended.

Agenda 3: Matters Arising

None.

Agenda 4: Report on Resources Development

A report on Resources Development was presented by the Associate Director for Resources Development.

Members of the Board noted the excellent performance in increased revenue. It was mentioned that the authorities of the Kingdom of Saudi Arabia were giving consideration to the recent proposal from the Centre and would be acting on it in several weeks. Appreciation for the efforts of Dr Hashim S. Al-Dabbagh in securing private donations from that country was expressed by Board members.

The difficulties and uncertainties of fund raising in the current economic climate were emphasized. This requires budgeting against conservative estimates of revenue. The importance of utilizing increasing funds to put the Centre in a sound financial position was emphasized. In accepting projects the importance of insuring that all costs are recovered and that the project fits within program priorities and goals was underscored. Provision of health delivery services may lead away from the main focus as a research Centre. If this is to be done the decision must be taken deliberately by the Board.

The possibility of obtaining long term support for positions was mentioned. Certain donors may be interested in such an approach which is currently being pursued with WHO, France, Belguim the United Kingdom and USA. After discussion, the following resolution was

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adopted:

RESOLUTION 2/JUNE 82

The Board recognizes the appreciable improvements made in the fund raising position of the Centre both in respect of enlisting participation of new donors and also renewing arrangments with existing ones and thanks the Director and all members of staff of the Centre for the effective activities in this respect. The Board requests the Director to continue and intensify his efforts for increasing revenue so that the Centre may be able to continue all projects and activities important to its programs in coming years.

Agenda 5: Director's Report

The Annual Report 1981 and the Director's presentation at the Consultative Group Meeting in Geneva in June 1982 summarize Program achievements and other significant features of staffing and finance.

A delay on the completion of the building was mentioned and the newly appointed Associate Director, Administration & Finance, Mr Michael Goon, was introduced to the Board to report on this delay. He has presented a detailed report to the Director and the Chairman of the Board on this matter. It is now estimated that the North Wing will be completed by August and the whole First Phase by October 1982.

Mr Goon then gave an appraisal of current operations noting deficiencies in cost control and efficiency which will require a full overhaul of administration, stores and maintenance. The principal problem he noted was a lack of planning. Program Heads will be asked to review staffing with a view to retrenching, retaining the staff who are most productive.

The Board members expressed appreciation for this analysis which was timely in light of the need to conserve resources and use them to best advantage. It was noted that the Trustees and Centre's management had problems clearly in focus having gone through an acquaintance and learning process during the past three years. It was necessary to shape a program budget clearly. Deficit financing must be put behind as soon as possible. Failure to restrict program and projects within resources has delayed implementation of the Ordinance.

The Annual Report was appreciated and note taken that all suggestions of the Trustees had been incorporated nicely.

In any new programs the full support of projects attempting to transfer technology to the community level is essential. Cooperation and coordination with WHO will be very useful. It was noted that there has been improvement in cooperation and coordination with WHO during 1981. Active collaboration would be pursued further.

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Agenda 6: Report of Finance Committee

"At the meeting of the Board in December 1980 the Director presented a programme for 1981 which was estimated to cost about $6.7 million. The forecast of reasonably firm revenue for 1981 totalled about $4.0 million. The Director therefore presented an alternative limited budget that proposed an expenditure of $4.0 million. The Board felt that this level of expenditure 'would seriously compromise all programmes, although all commitments could be met. In view of the prospects of added funds and the level of available funds through June 1981 it was felt possible to allow a rate of expenditure above the level of the limited budget presented'. (Quotation from Minutes of Board Meeting December 2-5, 1980)

When the Board met on June 11-12, 1981 the estimate of total funds available for operations was

Carry over from 1980	$ 352,000
Pledges at beginning of 1981	$4,065,000
New pledges since 1980	$ 536,000
	$4,953,000

The estimated expenditure for 1981 (four months actual - 8 months projected) was $5.63 million or about $670,000 more than the foreseeable revenue. If the carry over from 1980 is excluded the shortfall in current revenue would be $1.04 million.

The actual results for operations (excluding capital) for 1981 were

Revenue	$4.52 million
Expenditure	$5.84 million
Deficit	$1.32 million

Income of $709,000 for 1981 that was received in 1982 served to offset part of this shortfall so the actual operating deficit for 1981 was $609,000 - very close to the predicted $690,000.

The bank overdraft on 1 January, 1982 as shown on the balance sheet in the audited accounts was $1,130,719.

When the 1982 budget was reviewed in November 1981 committed revenue was estimated at $5.18 million and confidently predicted support at a further $1.50 million for a total of $6.7 million.

The staff estimated that it would cost about $8 million to fund all 1981 activities during 1982 with some added positions but no major new activities. The Board being reluctant to cut staff and optimistic about revenue instructed the Director to aim at operating expenditures not to exceed $6.5 million for 1982.

A review of the year 1982 (four months actual and eight months projected) shows that presently committed revenue totals $5.17 million. Since the opening bank overdraft was $1.05 million the funds now available for operations total $4.12 million.

Forecast expenditure for the full year now totals $5.67 million which will result in a cash shortfall at year end of $1.55 million.

New donations, not yet received, but considered to be almost certainly committed now total more than $660,000 and there are also some prospects of reducing expenditure during the remainder of 1982. Therefore the deficit carried over into 1983 should be less than $900,000.

The projected cash flow statement for 1982 show a shortage beginning in May. By borrowing internally from the Capital Fund of $860,000 it will be possible to avoid bank borrowings till July. The overdraft will reach $378,000 and from then on will rise steadily to the year end forecast of $1,550,000. Reductions in spending and further revenue that is not yet certain may well reduce this even below the $900,000 mentioned above. No arrangements have yet been made for the bank line of credit that will be required.

In addition to the overdraft at the bank the Centre is accumulating internal deficits that do not appear in the books. Equipment purchases are deferred, severance pay reserves are not fully funded, staff travel is being restricted, vehicles are not being replaced, buildings are not fully maintained and no reserve has been built up for equipping the new building.

There are good prospects for further donations in 1982 and 1983 but the Finance Committee strongly urges that the present financial restraints be maintained until enough new money is in the bank to pay off the deficit, adopt the new WHO related salary scale and establish a small reserve. The possibility of expansion to use new project funds is discussed below.

Plans for 1983 and Beyond

The record of the past years shows that the staff and programme of ICDDR,B have been too large to be adequately supported on the available income. The policy has been to make large plans and then attempt to scale them down to meet actual revenue. This cannot be done effectively because the greater part of the budget is spent on staff salaries and benefits and these expenditures cannot be reduced without almost a year of advance warning.

The planning policy should be changed by the Board at this meeting. The Director should be asked to present, more than a year in advance (e.g. the 1984 plan at the December 1982 meeting) a basic plan including

detailed staffing levels, that can be carried out within a very conservative estimate of the revenue that is reasonably certain to be available. To this basic budget should be added plans for new programmes or projects in order of priority to be initiated, if, as and when more money reaches the bank.

The fundamental goal of this new policy is to keep the basic continuing staff and facilities small enough to be adequately supported by the lowest annual revenue that can reasonably be foreseen.

Added to this basic operation will be new projects. As in the past, donors should be encouraged to give unrestricted funds that can be transferred between projects. Even if the funds used for hiring new staff are unrestricted all hirings should be on contract for time limited terms.

In the case of project research, where the funds are donated for a very specific purpose, donors should pay the full cost plus a small contribution which might be designated for a reserve or for a project development fund. All staff should be hired on contracts limited to the term of the project and the estimate given to the donor should include all termination charges. New hirings should be held to a minimum by using existing staff wherever possible.

1983 Revenue

Reasonably firm commitments by donors for 1983 now total about $5 million. There are prospects for additional funds up to about $1 million but none of them are yet sufficiently firm to include them in the revenue forecast at this time.

1983 Expenditure

The change to the WHO payscales plus normal salary increments will add $282,900 to the 1983 personnel service costs. An absolute minimum of $400,000 must be provided to reduce the deficit carried over from 1982. The severance pay fund was under funded by $300,000 in 1982. This must be restored before a new pension fund is started. Much of this can probably be earned by moving the fund overseas immediately to get higher interest and possible exchange gains. This then means that the total funds available for operations in 1983 is $4.6 million ($4.3 + $0.3 million for increased personnel costs). Operating expenses must be reduced from $5.67 million in 1982 to $4.3 million in 1983 a cut of over 30%. If efforts to curtail expenditure are begun at once it might be possible to reduce 1982 costs to say $5.4 million. A reduction of $200,000 in the deficit would then leave $4.5 million for 1983 operations. This represents a cut in total expenditure, including personnel costs of 20%. This will require major cuts in staff and programmes.

The Centre should, as soon as it is free of a deficit, establish a reserve fund. Even a small reserve would greatly facilitate the achievement of a more stable financial operation.

The Auditors have urged the adoption of depreciation on fixed assets so that the accounts will more accurately portray the financial condition of the Centre. It is recommended that this be instituted in 1983 and that as much as possible of the resulting funds be put in a capital replacement fund. The next step would be to start a general reserve fund to act as a balance wheel to smooth out cash flow and year to year financial fluctuations.

Conclusion

The Board should be fully aware of the risk that all our banks may refuse to grant us a line of credit to cover a large overdraft. There has been no difficulty in the past because we asked only for a short term credit to tide us over until the arrival of a delayed donation that was firmly committed. In the future we could be seeking an unsecured loan for an indeterminate period.

The problem of inducing donors to pay for research already completed and for interest on outstanding loans also cannot be ignored.

The only prudent course of action is to reduce the basic size and hence operating cost of the Centre, eliminate the deficit, establish reserves as soon as we can and remain poised to take full advantage of new funds when they appear."

Dr Omond Solandt presented the Report of the Finance Committee. He also presented personal views as a retiring member of the Board and Chairman of the Finance Committee.

Summary of Dr Solandt's Comments

The Annual Report for 1981 portrays an active organization producing important scientific results of great value to the whole of mankind and contributing to the improvement of maternal and child health in Bangladesh and other developing countries. This productivity has been done incurring a deficit of $609,000 in 1981. Despite the deficit there was growth in staff at levels VI and above of 27 individuals of 10.8%. This represented an overall staff growth of 2.7%.

He expressed concern about an adequate staff balance of staff above the General Services level.

Suggestions were made about restructuring the Board's Committees. He favoured two active committees with all Board members on one or the other but none on both.

The Board Meetings were felt to be too short to be effective. Time is required to adequately digest programs and weigh their importance.

A program and budget together with revenue forecast for 1983 and 1984 should be ready for the December meeting. Budget approval for 1984 should take place at the June 1983 meeting of the Board.

Senior staff must be strengthened and the administrative and finance side with two international level positions (one for personnel and one for finance).

The Director should have an Assistant for Planning who would be secretary for the program planning activity.

Most of all when the Centre is on a firm financial footing 3-5 outstanding world class scientists must be recruited who will have the necessary resources to lead their teams to success. Finding, recruiting and keeping for a reasonable period such individuals is an important and never ending task for the Director assisted by every member of the Board. Less important activities must be cut to make way for major achievement.

The existence of large and costly (to operate) facilities at Dacca, Matlab and Teknaf exerts a strong influence toward continuity of programs. This tendency can be balanced by bringing in new leaders on term appointments and giving them considerable autonomy in developing their own ideas and even in helping to sell them to new donors.

A new system of full costing for projects must be introduced to avoid the erosion of core funds and to provide preliminary funds for the development of new ideas into fully fundable projects. More vigorous efforts must be made to seek specific project funding for existing activities such as training that now make serious demands on core funds.

ICDDR,B is like a small squadron of expensive and complex aircraft. They require a large staff of skilled and dedicated people in a well run organization to keep them ready to fly. But without skilled pilots they are useless. Unskilled pilots can quickly wreck them and even the best squadron leader cannot do all the flying himself.

Discussion followed which was extensive. There was consensus that it was essential for the Centre to cut its activities and staff to fit the resources available (cut the coat to fit the cloth). In view of the lack of assets against which low interest loans could be taken early retiring of deficits is essential. Unsecured bank credit will be increasingly difficult to obtain. Even in 1982 there is no promise that such loans can be gotten. In addition there are the hidden over-

drafts of deteriorating and unrenewed equipment and physical plant. It was pointed out that there is not reason that project funds should result in losses. Many successful firms operate entirely on such resources.

In the light of this financial reality reservations were expressed that increasing staff salaries as suggested by 1 January, 1983 may not be possible.

In response to Dr Solandt's comments the following information was given on staff composition. At international level, of 22 positions, 7 are occupied by Bangladeshis, 3 by people born in Bangladesh but now with different citizenship, and 12 are not Bangladeshi. For individuals on WHO P scale below P4, 12 are not Bangladeshi. Levels VII and VIII have 38 Bangladeshi staff and none from other countries. The Director noted improved balance and distribution of staff since internationalization and further progress in this direction is expected. For staff below the WHO P levels it is expected that essentially all would be from the host country. Thus the overall staff composition would always be expected to be largely Bangladeshi. Diversity however would be essential at the international level. The necessity of seeking highest quality in the most expensive international level staff was emphasized. There should be no compromise on this matter.

It was noted that further precision in budgeting and planning are urgently needed. It should be possible to look ahead for five years with a good program budget. Allowance should be made for changes in priorities during such a period and an orderly mechanism established to accomplish this.
*

The following resolutions were passed relevant to the Report of the Finance Committee, including one selecting the Auditors for 1982:

RESOLUTION 3/JUNE 82

The Board recognizes that ICDDR,B cannot tolerate a continuing deficit in its operating account. The forecast revenue for 1983 is now $5.0 million. Operating expenses in 1983 must be below this figure by a minimum of $200,000 to allow the liquidation of the deficit by the end of 1985. The banks may demand more rapid repayment. In addition the Board has authorized the adoption of a WHO related payscale on 1 January, 1983. This will increase expenses by about $300,000 in 1983. Thus there will be $4.5 million to carry on in 1983 operations that would have cost $5.7 million in 1982 if no cuts had been instituted. Cuts already begun will reduce this to $5.2-5.4 million. Therefore the expenditure on the on-going works of the Centre must be reduced in 1983 by a further $800,000 or more. The Board therefore instructs the Director to reduce the expenditure of the Centre by November 1982 to the level of $4.5 million per year unless the revenue exceeds $6 million.

* One member of the Board registered a dissent from adoption of the WHO salary scales on the grounds that (1) the Centre could not afford the $300,000 required in 1983 and (2) that the proposal to give no increase in salary to half the grades 1-6 while raising the grade 5 by 18% and grade 6 by 10% would not appear to be equitable.

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The Board recognizes that the reductions in staff and program or any other measures that the situation demands must be initiated in 1982 to be fully effective. It will not be possible for the Director to submit proposals for reductions to the Board in advance. The Board therefore urges the Director with the assistance of the Associate Director, Administration & Finance and Program Directors to proceed at once with the required actions. He should involve the Chairman of the Board as much as time permits and should call directly on individual Board Members or even outside consultants when he feels the need of advice on specific problems or priorities.

The Board records their confidence in the ability of Dr Greenough, Mr Goon and all the staff of ICDDR,B to achieve these reductions. It is the most difficult task that has yet faced ICDDR,B management.

RESOLUTION 4/JUNE 82

The Board requests the Director to present a complete program and budget for the years 1983 and 1984 at the meeting in December 1982. The 1983 budget should be a complete and detailed description of proposed expenditure by program and by objects of expenditure. It should include a detailed personnel budget by grades, positions and man years and an outline of the plan for cost centres and expenditure control.

A financial plan showing revenue, expenditures, cash flow and borrowings or reserves is essential. Provision for depreciation should be made.

The 1984 budget need not be fully detailed but should be complete enough to permit the Board to give guidance on expenditures guidelines and program priorities.

The complete 1984 budget should be presented for Board approval in June 1983 and for any last minute amendments in December 1983. The preliminary 1985 budget will be presented at the same meeting thus beginning another budget cycle.

RESOLUTION 5/JUNE 82

The excellent services of Price Waterhouse and Rahman, Rahman and Huq were recognized by the Board and the firms of Deloitte, Haskin and Sells and Ahmed Reza and Co. were selected as new Auditors for 1982.

Agenda 7: Report of Personnel Management Committee

"In its report to the Board meeting November 1981 the Personnel Management Committee suggested two resolutions which were adopted by the Board. Resolution 9/Nov. 81 was as follows:

'Resolution 9/Nov. 81

(a) There are variations in individual components of salaries, emoluments and benefits among the different

UN Organizations in Bangladesh. As a first step towards establishing comparability, it is essential to identify one of the UN Organizations to be adopted as a yard stick. As the Centre is a health related organization the nearest UN Organization in Bangladesh concerned with health is the World Health Organization. The Centre will therefore, follow the structure followed by the WHO in respect of pay allowances and all other benefits in cash or kind paid by WHO to non-international level employees in Bangladesh.

(b) Total of salaries and emoluments of non-international level positions in the Centre including pay, allowances, benefits in cash or in kind or in any other manner including pension, provident fund, retirement benefits shall be equal to but shall not exceed the total of those paid by the UN Organization (WHO) in Bangladesh to employees in equivalent positions.

(c) Items of pay, allowances, and all other benefits in cash or kind shall be those as paid or allowed by UN Organizations. Deviations may not be allowed except in very special circumstances based on strong reasons. Such deviations, if allowed, must conform to the requirement of resolution (b) above.

(d) It has been observed that some employees in international level positions have been enjoying benefits in cash and kind more favourable than those allowed by the WHO to employees in equivalent levels. On the lines adopted for non-international level employees, compensation to international level employees should be so adjusted as not to exceed the amount paid by WHO for equivalent positions.

(e) The Director of the Centre shall take necessary steps to inform the Board of the consequences of implementation of this policy.'

The Director employed the services of a Consultant, Mr Robert Weil, to thoroughly explore the implications for the Centre of the above resolution.

The Personnel Management Committee met twice separately on June 8 and 11, and once together with the Finance Committee, to review the consequences of implementation of Resolution 9/Nov. 81 The following matters were taken up:

1. The General Service Staff Salary - Levels I-VI. There was agree-

ment that all employees in this category should be moved to the WHO General Services Payscales as established for Bangladesh and that all other benefits in cash or kind would be exactly the same as those for World Health Organization, excepting the dependents allowance should be paid up to a maximum of 2 dependents. Furthermore, there was consensus that all staff at these levels should be informed of the relative pay and benefits they would receive under the WHO Service Rules and that they could choose whether they wished to enter those salary scales and rules or remain at their present salary and benefits. A grace period of 30 days was suggested for the staff to make up their mind. It was emphasized that the WHO payscales and benefits include retirement or pension benefit which would replace any existing similar or comparable benefits currently in existence under the ICDDR,B, namely the provident fund and the severance pay benefit. Once an employee accepted the WHO payscales and benefits there would be no discussion regarding carry forward of any existing benefits or the addition of any allowances or benefits not within the WHO Regulations. For staff not desiring to accept the WHO scales and benefits, they would lose the opportunity to enter these scales at a later date and would remain at their present pay and benefits for the duration of their employement.

2. There was an extensive discussion concerning positions at levels VII and VIII. These categories do not exist in the WHO scales. The various options suggested in the report of Robert Weil were considered. It was felt that the extended level suggestion which does not exist in WHO in Bangladesh might not be consonant with the Ordinance and also was an invitation to inflation of numbers of staff at that level. It was recognized that there are many useful people and crucial functions currently at these levels. If frozen and depleted there would be serious demoralization that would be detrimental over both short and long term to the Centre. Unfortunately, the P scales of WHO are much too high at P level in comparison to the General Services Scales of WHO for Bangladesh. To solve this problem adoption of the X scale which is used by WHO in countries other than Bangladesh would be closer to the spirit and letter of the Ordinance than the current levels VII and VIII or any more anomalous interim measure.

On the basis of these discussions it is recommended that the Board adopt the following resolutions:

(a) Salaries and benefits of Grade I to Grade VI staff shall be equal to those of General Service Staff level I to level VI of WHO in Dacca including pension and retirement benefits

approximating as closely as possible to the pension scheme existing in WHO with the modification that dependents' allowance shall be limited to two children only.

(b) Staff members in Grade VII and Grade VIII shall be paid salary and benefits based on a newly established scale graded I to III for scientific, training and management staff comparable to "Extended Levels" existing in certain WHO Offices including pension and retirement benefits approximating as closely as possible the pension scheme existing in WHO with the modification that dependents' allowance shall be limited to two children only.

(c) Any other benefits in cash or in kind the personnel of above categories might be enjoying presently which do not conform to the WHO benefits shall be discontinued.

(d) Staff members will be given option to retain their existing salaries and benefits or to opt for the WHO salary and benefits. Option once exercised shall be final.

(e) The salary and benefits as mentioned at (a), (b) and (c) above shall come into force on 1 January, 1983.

3. The matter of international level staff was discussed. It was agreed that international level positions should be according to WHO scales and rules including all benefits in cash and kind. The Director appraised the members about steps taken by him to cut down the excess benefits enjoyed by some international staff. Contractual obligation was identified as an impediment in the way of eliminating all excess benefits. After a thorough discussion the Committee suggested the following resolution to be adopted by the Board:

The Board noted with satisfaction the specific steps taken by the Director in pursuance of Board's Resolution No. 9(d) to cut down items of pay and benefits enjoyed by some of the international level staff as a consequence of which the position has improved significantly.

4. The matter of Staff Rules was discussed. The draft rules prepared by Mr Weil will require examination before these can be adopted. It was, therefore, agreed that the Director will follow the WHO staff rules with consequential and corollary changes. In case of need for any deviation from the WHO rules the same should be reported to the Board as and when such change is required.

5. (a) The Board in its meeting on 18-19 November, 1981 decided to retain the services of Mrs Niehaus, Financial Consultant, for a period not exceeding three months after the Associate

Director, Administration & Finance is in place. The Director reported to the Committee that Mrs Niehaus will be leaving the Centre on 30 June, 1982 on which date the period of overlap with the Associate Director, Administration & Finance will be a little over three months. The Committee recommends to the Board to regularize her consultancy until 30 June, 1982.

(b) The Board in its November 1981 meeting also decided to terminate the consultancy of Mr Mark Tucker and Mr F. Sarkar on 31 December, 1981. The Director explained that because of exigencies of circumstances and necessity of services of these two consultants, he was unable to release them by 31 December, 1981. The Director requested for extension of the consultancy of Mr Sarkar until 30 September, 1982. The Committee recommends to the Board for acceptance of the report of the Director.

(c) Mr Mark Tucker has already crossed 60 years and the Director recommended that his consultancy may also be extended until 30 September, 1982. The Committee recommends for acceptance of the request of the Director and in view of the long service of Mr Tucker the Board may adopt the following resolution.

The Board of Trustees ICDDR,B recognizes the outstanding services over many years, often under the most trying conditions, of Mr Mark P. Tucker and request the Centre to settle his dues as admissible according to rules.

6. Recommendation of international level position in administration. To assist the Associate Director, Administration & Finance in stabilizing and streamlining the work in administration, the Committee agreed with request from the Director to recommend to the Board to establish one position at the international level (P1/P2), designated as "Personnel Officer".

It was noted that Mr Robert Weil made suggestions regarding other matters including budget and organizational structure. Budget matters were referred to the Finance Committee. With regard to the organizational structure the Committee recommends that the Director be requested to present an up-dated organizational diagram and staffing pattern to the Board at their next meeting reflecting the evolution of the Centre since 1979.

The Committee acknowledge with thanks the contributions made by Mr Robert Weil through his report which were of great help in the preparation of this report to the Board."

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GENERAL SERVICE STAFF

COMPARATIVE PRESENT AND PROPOSED SALARY SCALES

Level	Yearly Incr.	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	-1
1 A *	416	13052	13468	13884	14300	14716	15132	15548	15964	16380	16796	17212	17628	18044	
1 B **	620	(13020)	13640	14260	14880	15500	16120	16740	17360	17980	18600	19220	19840	20640	+6.8
2 A	624	16393	17017	17641	18265	18889	19513	20137	20761	21385	22009	22633	23257	23881	
2 B	722	(15162)	(15884)	(16606)	(17328)	(18050)	(18772)	(19494)	(20216)	(20938)	(21660)	(22382)	(23104)	(23826)	-3
3 A	871	19565	20436	21307	22178	23049	23920	24791	25662	26533	27404	28275	29146	30017	
3 B	858	(18018)	(18876)	(19734)	(20592)	(21450)	(22308)	(23166)	(24024)	(24882)	(25740)	(26598)	(27456)	(28314)	-6
4 A	1157	22880	24037	25194	26351	27508	28665	29822	30979	32136	33292	34450	35607	36764	
4 B	1070	(22470)	(23540)	(24610)	(25680)	(26750)	(27820)	(28890)	(29960)	(31030)	(32100)	(33170)	(34240)	(35310)	-2
5 A	1378	27326	28704	30082	31460	32838	34216	35594	36972	38350	39728	41106	42484	43862	
5 B	1560	32760	34320	35880	37440	39000	40560	42120	43680	45240	46800	48360	49920	51480	+18
6 A	2041	41431	43472	45513	47554	49595	51636	53677	55718	57759	59800	61841	63882	65923	
6 B	2184	45864	48048	50232	52416	54600	56784	58968	61152	63336	65520	67704	69888	72072	+10

* Present ICDDR,B salary (in Taka)
** Proposed salary (WHO salary + 5%) (in Taka)
() WHO salaries with lower income as previous ICDDR,B salaries (average % =-4.51%)

PROPOSED SALARY SCALE FOR SCIENTIFIC, TRAINING AND MANAGEMENT STAFF

	Yrly. Incr.	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII
I	+ 3500	75000	78500	82000	85500	89000	92500	96000	99500	103000	106500	110000	113500	117000
II	+ 5000	98000	103000	108000	113000	118000	123000	128000	133000	138000	143000	148000	153000	158000
III	+ 6000	125000	131000	137000	143000	149000	155000	161000	167000	173000	179000	185000	191000	197000

Dr Julie Sulianti Saroso presented the above report to the Board.

It was noted that although the term "Consultant" had been used for the Physical Plant, Engineering and Finance areas the individuals holding these positions had been functioning as line staff. Their departure would result in three fewer international level obligations. Thus the request to provide one international level position in addition to that of the Associate Director, Administration & Finance seems warranted.

The fact that CRL/ICDDR,B was able to keep operating its electrical and mechanical equipment and assist other local institutions with their equipment has resulted from the heritage initially of a Scientific Director of the CRL, Dr Robert S. Gordon Jr., who had excellent skills in the engineering as well as scientific areas, then for the past sixteen years by Mr Mark P. Tucker. The Director indicated strong reservation that Mr Tucker could be replaced but noted that competence in the area of physical plant had been transferred during his tenure to local staff. The Board noted this but felt his retirement should be accomplished with due recognition of his services. It was noted that no pension or other retirement plan was available under CRL. It was agreed that this should be taken into account. A proposal will be presented to the Board in this regard.

The need of implementing the Ordinance as defined in Resoultion 9/Nov. 81 was agreed. The principal discussion then revolved around when the appropriate scale and rules could be financially possible. A high risk was noted in meeting the 1 January, 1983 implementation date. Several members felt that the pension scheme could not be implemented in that time frame.

It was noted that achievement of full tax exemption from the Government of Bangladesh for all staff subject to Bangladesh income tax would pay for the implementation of the payscales.

With respect to the international level staff it was expected that the cost would not be great if the current benefits above those of WHO were collapsed while implementing the WHO rules and scales.

In order to allow the Centre to take the actions required in respect of personnel with the exception of salary measures, the implementation as from 1 July, 1982, of the Staff Regulations and Rules of the ICDDR,B as presented under Annex IX in the Weil Report which are based on the WHO Regulations and Rules was agreed. The Director was requested to submit at the December 1982 meeting a report on the implementation and any necessary changes of the Regulations and Rules of ICDDR,B and any deviations from those of the WHO beyond those noted in Annex IX of the Weil Report.

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RESOLUTION 6/JUNE 82

(a) Salaries and benefits of Grade I to Grade VI staff shall be equal to those of General Service Staff level I to level VI of WHO in Dacca including pension and retirement benefits approximating as closely as possible to the pension scheme existing in WHO with the modification that dependents' allowance shall be limited to two children only.

(b) Staff members in Grade VII and Grade VIII shall be paid salary and benefits based on a newly established scale graded I to III for scientific, training and management staff comparable to "Extended Levels" existing in certain WHO Offices including pension and retirement benefits approximating as closely as possible the pension scheme existing in WHO with the modification that dependents' allowance shall be limited to two children only.

(c) Any other benefits in cash or in kind the personnel of above categories might be enjoying presently which do not conform to the WHO benefits shall be discontinued.

(d) The Provident Fund and Severance Pay will be continued, if necessary, until plans for a Pension Fund have been completed. When the Plan is available the Board will decide whether to make it mandatory or to offer it as an optional alternative to the Provident Fund and Severance Pay.

(e) The salary as mentioned at (a), (b) and (c) above shall come into force on 1 January, 1983.

RESOLUTION 7/JUNE 82

(a) For international level employees enjoying pay and benefits total of which exceeds total of pay and benefits for corresponding scales in WHO the same should be cut down so as to conform to the WHO pay and benefits.

(b) For international level employees pay and benefits total of which is less than the total of pay and benefits for corresponding scales in WHO, they will be allowed to retain their existing pay and benefits.

(c) The pay and benefits of the group at (b) will be eventually enhanced to the WHO level.

(d) Efforts should be made to accomplish the task at (a) by 1 January, 1983.

RESOLUTION 8/JUNE 82

The Board agreed that the Director will follow the WHO staff rules with consequential and corollary changes. In case of need for any deviation from the WHO rules the same should be reported to the Board as and when such deviation is required.

RESOLUTION 9/JUNE 82

The Board agreed to extend the consultancy of Mrs H. Niehaus until 30 June, 1982.

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RESOLUTION 10/JUNE 82	The Board accepted the request of the Director to extend the consultancy of Mr F. Sarkar until 30 September, 1982.
RESOLUTION 11/JUNE 82	The Board accepted the request of the Director to extend the consultancy of Mr Mark P. Tucker until 30 September, 1982 and recognizing the outstanding services over many years, often under the most trying conditions, requested the Centre to settle his dues as admissible according to rules.
RESOLUTION 12/JUNE 82	The Board accepted the request from the Director to establish one position at the international level (P1 or P2), designated as "Personnel Officer"
RESOLUTION 13/JUNE 82	The Board requested the Director to present an up-dated organizational diagram and staffing pattern to the Board at their next meeting reflecting the evolution of the Centre since 1979.

Agenda 8: Report of Selection Committee

"The Selection Committee of the Board has met on two occasions since the meeting of the full Board November 1981. This report is based on these meetings held on 3 May and 12 June, 1982 and correspondence with Dr Jan Holmgren who was not able to attend.

On 30 June, 1982 the first members of the Board of Trustees to have served the full three year term mandated in the Ordinance will have completed a full term of office. From the list of distinguished individuals the following individuals have been suggested for consideration by the Board. Implicit in considering these people are policy issues. The suggestions reflect a judgement that opening an opportunity for individuals from new countries to participate on the Board is important. The second issue is to enrich the number of Trustees with a background in the Social Sciences. The Committee would have preferred to urge the presently sitting members to accept a second term apart from the policy priorities felt. In addition it should be noted that the list of proposed candidates includes many very distinguished individuals not now recommended by reasons of geographic distribution and maintaining the balance of skills and proportions of developed and developing countries.

The following names are proposed to the Board for their decision:

1. Dr Yoshifumi Takeda, Institute for Microbial Research, University of Osaka, Japan - Medicine and Microbiology.
2. Mme Imita Cornaz, Swiss Development Cooperation and Humanitarian Aid, Switzerland - Social Sciences.

3. Mr David Bell, Professor of Population Studies, Harvard University, Boston, Massachusetts, U.S.A. - Science administration and finance; Population Research.

The Committee reports that the position of Director was advertised and the list of candidates reviewed. In this process the present incumbent has indicated his wish to be considered for a second term. Accordingly, the Selection Committee requests the full Board to express their wishes in light of the performance of the present Director and prospects from the search at this stage. Should selection of the current incumbent be desired he has indicated a need to be offered a contract at an early time.

The contract periods of international level staff will expire for most on 30 June, 1983. A process has been established in which all such staff will submit to the Secretary of the Selection Committee evidence of their work from 1 July, 1980 through 30 June, 1982. The most important work will be noted by indicating up to three published communications. This material will be sent to two Trustees with expertise in the relevant discipline and two other external reviewers. The results of this process will be submitted to the Board with the recommendations of the Selection Committee.

Staff at the current levels VII and VIII will be evaluated by the Selection Committee and fitted as appropriate into the new extended scales if established by the Board. The results will be reported to the full Board at their December 1982 meeting.

An early evaluation by the full Board of the currently incumbent Associate Director, Resources Development is requested of the full Board at this meeting in order to offer him a new contract for three years beginning 1 July, 1983 if desired by the Board.

The ranking of the Training staff will proceed to completion and review by the Selection Committee according to the criteria set by the Board (doc. 8/BT/Dec. 80) to be reported to the Board at its December 1982 meeting."

The slate of names presented for new Board members did not contain any currently sitting members. It was noted that the incumbent members had been contacted and were indeed on the list. Since no closing date for submission of names had been included in the letter requesting nomination the Board agreed that nominations would be closed at 8 a.m., 15 June, 1982. All those receiving letters had been asked to supply the names before the end of the June 1982 Board meeting. A decision was taken to hold the election of new Trustees on the morning of June 15 (Agenda 10).

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The progress on search for a Director was noted. Advertisements had been placed and suggestions solicited of Board members. A list of candidates was provided. It was felt that a specific Ad hoc Committee to seek the Director should be established and present to the Board a short list of three candidates by December 1982.

It was agreed to evaluate international level staff according to procedures already laid down by the Board. Individuals who are assessed as outstanding in performance could be offered new contracts. Others would be considered together with external candidates following advertisement of the position and a full search process. Individuals with excellent performance but in areas of low priority would not be reappointed. The Director was authorized to give one year extensions of present contracts for those requiring it in view of the fact that the final evaluation would not be decided before the Board meeting in December 1982.

It was asked that all staff above the General Services level be subject to the same review process but that contracts would be at the discretion of the Director with a report to the Board.

Because of exceptional performance and the urgent requirement for forward planning and continuity in fund raising it was requested that the Director be authorised to offer Mr M.R. Bashir a new contract as Associate Director, Resources Development for three years starting 1 July, 1983.

The ranking of all staff involved in training would be taken up concurrently according to the criteria established by the Board.

RESOLUTION 14/JUNE 82

The Board decided to set up a Search Committee for the Director of ICDDR,B composed of Professor Matin as a Chairman, Dr Carpenter as a Secretary and Dr Bradley and Professor Ramalingaswami as members of the Search Committee.

The Search Committee should review all candidates proposed for the post of the Director including Dr Greenough as the present Director and should present to the next Board meeting in December 1982 a list of not more than three candidates for the decision of the Board.

RESOLUTION 15/JUNE 82

The Board agreed on evaluation of international level staff for whom the contract period expires on 30 June, 1983 or before. This process should include review of work by two Trustees and two other external reviewers with expertise appropriate to the work to be reviewed. The first will be submission by the candidate to the Secretary of the Selection Committee evidence of their work from 1 July, 1980 through 30 June, 1982 or any part of this period.

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RESOLUTION 16/JUNE 82 — Staff at the current levels VII and VIII will be evaluated in the same way as international level staff and fitted into the new scale for scientific training and management staff as established by the Board. The results will be reported to the full Board at their meeting in December 1982.

RESOLUTION 17/JUNE 82 — In view of the critical requirement for a sustained effort in fund raising and the excellent performance of the present Associate Director for Resources Development in this regard, the Board authorised the Director to renew the contract of Mr M.R. Bashir for up to three years beginning 1 July, 1983.

Agenda 9: Election of Trustees

Each person on the panel as presented by the Selection Committee was voted upon. Dr Yoshifumi Takeda and Professor David Bell were elected. The only remaining contender from the sitting Trustees, Professor David Bradley, was elected unanimously. Drs C.C.J. Carpenter and Omond Solandt regretted their inability to serve a further term.

RESOLUTION 18/JUNE 82 — The Board accepts Dr Yoshifumi Takeda, Professor David Bell and Dr David Bradley as members. The terms of office being 1 July, 1982 until 30 June, 1985.

Agenda 10: Election of Chairman of the Board

Professor David Bradley was elected as Chairman of the Board of Trustees for a one year period beginning 1 July, 1982.

RESOLUTION 19/JUNE 82 — The Board elects Professor David Bradley Chairman of the Board for a one year term beginning 1 July, 1982.

Agenda 11: External Review Report

The Board agreed that the external review report should play a pivotal role in program discussion and formulation. It was also agreed that the report could be provided on request to participating countries and agencies as well as staff of the Centre.

Agenda 12: Varia

There was a discussion on Committeesof the Board. It was noted that there was an urgent need for a careful Program review by Board members which would require time and effort. It was also noted that the search of the Director should be taken out of the Selection Committee. It was agreed that all Board members would participate in the Program review. In order to accomplish this the December meeting would need to be longer, requiring at least one week. The Finance Committee was to be separate and a new committee to replace the Selection and Personnel Management committees would be formed.

The following resolution was passed.

RESOLUTION 20/JUNE 82

The whole Board would participate in the Program review process. A Finance Committee consisting of Mr M.K. Anwar, David Bell and Gavin Jones and a Personnel and Selection Committee consisting of Drs Assaad, Matin and Sulianti were formed. Both Committees would serve from 1 July, 1982 through 30 June, 1983. The Director would serve on both as Secretary.

Agenda 13: Dates of Next Meeting

The dates of the next Board meeting were set as Monday , 6 December through Saturday, 11 December, 1982. The meeting will be held at ICDDR,B, Dacca.

The meeting was closed at 12.30 p.m., 15 June, 1982 after passing the following two resolutions:

RESOLUTION 21/JUNE 82

The Board of Trustees with great pleasure places on record the outstanding services of Drs C.C.J. Carpenter, O.M. Solandt, Badruddoza Chowdhury and A. Zahra during their tenure of office as Trustees of the Centre during the last three years and notes with regret that in view of their other commitments their services as Trustees will no longer be available to the Centre.

RESOLUTION 22/JUNE 82

The Board with great pleasure places on record its deep sense of appreciation of the dynamic leadership of the outgoing Chairman, Professor M.A. Matin, and proposes a vote of thanks for his valuable contributions in running the affairs of the Centre.

2/BT/DEC. 82

RESOLUTIONS OF THE BOARD OF TRUSTEES MEETING 14-15 JUNE, 1982

RESOLUTIONS

BOARD OF TRUSTEES MEETING

14-15 JUNE, 1982

RESOLUTION 1/JUNE 82

RESOLVED : The Board of Trustees of the ICDDR,B has received the news of sad demise of King Khaled Bin Abdul Aziz of Saudi Arabia with profound shock. The Board respectfully places on record its deep sense of appreciation of the services of the late King for the cause of humanity and requests the Chairman to convey this message of condolence to His Majesty King Fahd of the Kingdom of Saudi Arabia.

RESOLUTION 2/JUNE 82

RESOLVED : The Board recognizes the appreciable improvements made in the fund raising position of the Centre both in respect of enlisting participation of new donors and also renewing arrangements with existing ones and thanks the Director and all members of staff of the Centre for the effective activities in this respect. The Board requests the Director to continue and intensify his efforts for increasing revenue so that the Centre may be able to continue all projects and activities important to its program in coming years.

RESOLUTION 3/JUNE 82

RESOLVED : The Board recognizes that ICDDR,B cannot tolerate a continuing deficit in its operating account. The forecast revenue for 1983 is now $5.0 million. Operating expenses in 1983 must be below this figure by a minimum

of $200,000 to allow the liquidation of the deficit by the end of 1985. The banks may demand more rapid repayment. In addition the Board has authorized the adoption of a WHO related payscale on 1 January, 1983. This will increase expenses by about $300,000 in 1983. Thus there will be $4.5 million to carry on in 1983 operations that would have cost $5.7 million in 1982 if no cuts had been instituted. Cuts already begun will reduce this to $5.2-5.4 million. Therefore the expenditure on the on-going works of the Centre must be reduced in 1983 by a further $800,000 or more. The Board therefore instructs the Director to reduce the expenditure of the Centre by November 1982 to the level of $4.5 million per year unless the revenue exceeds $6 million.

The Board recognizes that the reductions in staff and program or any other measures that the situation demands must be initiated in 1982 to be fully effective. It will not be possible for the Director to submit proposals for reductions to the Board in advance. The Board therefore urges the Director with the assistance of the Associate Director, Administration & Finance and Program Directors to proceed at once with the required actions. He should involve the Chairman of the Board as much as time permits and should call directly on individual Board Members or even outside consultants when he feels the need of advice on specific problems or priorities.

The Board records their confidence in the ability of Dr Greenough, Mr Goon and all the staff of ICDDR,B to achieve these reductions. It is the most difficult task that has yet faced ICDDR,B management.

RESOLUTION 4/JUNE 82

RESOLVED : The Board requests the Director to present a complete program and budget for the years 1983 and 1984 at the

meeting in December 1982. The 1983 budget should be a complete and detailed description of proposed expenditure by program and by objects of expenditure. It should include a detailed personnel budget by grades, positions and man years and an outline of the plan for cost centres and expenditure control.

A financial plan showing revenue, expenditures, cash flow and borrowings or reserves is essential. Provision for depreciation should be made.

The 1984 budget need not be fully detailed but should be complete enough to permit the Board to give guidance on expenditures guidelines and program priorities.

The complete 1984 budget should be presented for Board approval in June 1983 and for any last minute amendments in December 1983. The preliminary 1985 budget will be presented at the same meeting thus beginning another budget cycle.

RESOLUTION 5/JUNE 82

RESOLVED : The excellent services of Price Waterhouse and Rahman, Rahman and Huq were recognized by the Board and the firms of Deloitte, Haskin and Sells and Ahmed Reza and Co. were selected as new Auditors for 1982.

RESOLUTION 6/JUNE 82

RESOLVED : (a) Salaries and benefits of Grade I to Grade VI staff shall be equal to those of General Service Staff level I to level VI of WHO in Dacca including pension and retirement benefits approximating as closely as possible to the pension scheme existing in WHO with the modification that dependents' allowance shall be limited to two children only.

(b) Staff members in Grade VII and Grade VIII shall be paid salary and benefits based on a newly established scale graded I to III for scientific, training and management staff comparable to "Extended Levels" existing in certain WHO Offices including pension and retirement benefits approximating as closely as possible the pension scheme existing in WHO with the modification that dependents' allowance shall be limited to two children only.

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(e) The salary as mentioned at (a), (b) and (c) above shall come into force on 1 January, 1983.

RESOLUTION 7/JUNE 82

RESOLVED : (a) For international level employees enjoying pay and benefits total of which exceeds total of pay and benefits for corresponding scales in WHO the same should be cut down so as to conform to the WHO pay and benefits.

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(c) The pay and benefits of the group at (b) will be eventually enhanced to the WHO level.

(d) Efforts should be made to accomplish the task at (a) by 1 January, 1983.

RESOLUTION 8/JUNE 82

RESOLVED : The Board agreed that the Director will follow the WHO staff rules with consequential and corollary changes. In case of need for any deviation from the WHO rules the same should be reported to the Board as and when such deviation is required.

RESOLUTION 9/JUNE 82

RESOLVED : The Board agreed to extend the consultancy of Mrs H. Niehaus until 30 June, 1982.

RESOLUTION 10/JUNE 82

RESOLVED : The Board accepted the request of the Director to extend the consultancy of Mr F. Sarkar until 30 September, 1982.

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RESOLVED : The Board accepted the request of the Director to extend the consultancy of Mr Mark P. Tucker until 30 September, 1982 and recognizing the outstanding services over many years, often under the most trying conditions, requested the Centre to settle his dues as admissible according to rules.

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establish one position at the international level (P1 or P2), designated as "Personnel Officer".

RESOLUTION 13/JUNE 82

RESOLVED : The Board requested the Director to present an up-dated organizational diagram and staffing pattern to the Board at their next meeting reflecting the evolution of the Centre since 1979.

RESOLUTION 14/JUNE 82

RESOLVED : The Board decided to set up a Search Committee for the Director of ICDDR,B composed of Professor Matin as a Chairman, Dr Carpenter as a Secretary and Dr Bradley and Professor Ramalingaswami as members of the Search Committee.

The Search Committee should review all candidates proposed for the post of the Director including Dr Greenough as the present Director and should present to the next Board meeting in December 1982 a list of not more than three candidates for the decision of the Board.

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RESOLVED : The Board agreed on evaluation of international level staff for whom the contract period expires on 30 June, 1983 or before. This process should include review of work by two Trustees and two other external reviewers with expertise appropriate to the work to be reviewed. The first will be submission by the candidate to the Secretary of the Selection Committee evidence of their work from 1 July, 1980 through 30 June, 1982 or any part of this period.

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RESOLUTION 16/JUNE 82

RESOLVED : Staff at the current levels VII and VIII will be evaluated in the same way as international level staff and fitted into the new scale for scientific training and management staff as established by the Board. The results will be reported to the full Board at their meeting in December 1982.

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RESOLUTION 19/JUNE 82

RESOLVED : The Board elects Professor David Bradley Chairman of the Board for a one year term beginning 1 July, 1982.

RESOLUTION 20/JUNE 82

RESOLVED : The whole Board would participate in the Program review process. A Finance Committee consisting of Mr M.K. Anwar, David Bell and Gavin Jones and a Personnel and Selection

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Committee consisting of Drs Assaad, Matin and Sulianti were formed. Both Committees would serve from 1 July, 1982 through 30 June, 1983. The Director would serve on both as Secretary.

RESOLUTION 21/JUNE 82

RESOLVED : The Board of Trustees with great pleasure places on record the outstanding services of Drs C.C.J. Carpenter, O.M. Solandt, Badruddoza Chowdhury and A. Zahra during their tenure of office as Trustees of the Centre during the last three years and notes with regret that in view of their other commitments their services as Trustees will no longer be available to the Centre.

RESOLUTION 22/JUNE 82

RESOLVED : The Board with great pleasure places on record its deep sense of appreciation of the dynamic leadership of the outgoing Chairman, Professor M.A. Matin, and proposes a vote of thanks for his valuable contributions in running the affairs of the Centre.

Additional Resolutions

RESOLUTION 23/JUNE 82

RESOLVED : The Board authorizes the Director to negotiate with the Centre's bankers for a temporary overdraft amount of $1,000,000 which will be utilized to bridge the gap arising from the timing of the cash inflow against cash expenditure. This overdraft facility is to be retired against funds as and when they are received from the Centre's donors.

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RESOLUTION 24/JUNE 82

RESOLVED : The Board authorizes the Director to transfer the present Severance Pay Fund held in Taka, to an external Dollar deposit account, pending conversion of the Severance Pay Account into a Staff Pension Scheme.

4/BT/DEC. 82

DIRECTOR'S REPORT

SIGNIFICANT HAPPENINGS

DIRECTOR'S REPORT

July-December 1982

In the June 1982 meeting of the Board in Dhaka the greatest area of concern was finance. I am happy to report that due to the extraordinary success of Mr Michael Goon in cost savings and of Mr M.R. Bashir in raising funds, the Centre is in a strong position at the end of the year. Details will be given in the subsequent reports on Resources Development and Finance.

An additional concern was delay in construction of the new buidling. On 29 November, 1982 exactly 20 years to the day from the first admission of a cholera patient to the CRL the north wing of the new building began receiving patients. Over 300 patients per day have been seen in the new facility since then. The south wing is expected to be finished by the end of January 1983. This provides urgently needed new space for cramped functions.

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TAX EXEMPTION FOR BANGLADESHI EMPLOYEES

The ICDDR,B has been paying a substantial amount of income tax to the Government of Bangladesh on behalf of its Bangladeshi employees. The amount of income tax paid in the last financial year ended 30 June, 1982 was Tk.2.53 million.

Mr A. Sobhan Chowdhury, an expert consultant, pointed out that under clause 21(2) of the Ordinance No. LI of 1978 of the Government of Bangladesh establishing the Centre, all non- Bangladeshi experts, technicians and research scholars employed by the Centre are exempt from income tax. Since the Ordinance for the Centre did not make such provision for tax exemption of the Bangladeshi employees of the Centre but provided under clause 14(2) that the "salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations Organisations in Bangladesh", the Board of Trustees in its meeting held in June 1981 decided that: (1) as a first step towards establishing comparability, it would follow the pay structure of the UN Organisation in Bangladesh most closely related to health the WHO for all of its employees; (2) the Centre should pay the income tax to the Government on behalf of these employees so as to bring the salaries of Bangladeshi staff to a level comparable to those paid by the UN Organisations, and then approach the Government for necessary exemption of the local employees from income tax.

In pursuance of this decision that on 29 July, 1981 a petition was made to the Honourable Minister for Health and Population Control, Government of Bangladesh requesting exemption from payment of income tax on the salaries of all the Bangladeshi employees of the Centre. A similar petition was also made to the Chairman, National Board of Revenue (NBR) through the Secretary, Ministry of Health and Population Control on 10 November, 1981. The issue was pursued and the Health Secretary wrote a D.O. letter to the Chairman, NBR on 16 August, 1982

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requesting him to give a sympathetic consideration to the matter. The issue was personally discussed with the concerned officials of the NBR. The NBR by its letter dated 8 September, 1982 sent a reply to us regretting its inability to accede to our request for tax exemption of the Bangladeshi employees as follows:

> "I am directed to refer to your representation dated 10 November, 1981 addressed to the Chairman, National Board of Revenue through the Secretary, Ministry of Health and P.C.
>
> The Board while appreciating the unique services rendered by the centre in the treatment, control and research of the diarrhoeal diseases, has given due consideration to your submission. As per Section 21(2) of the Ordinance No. L1 of 1978 dated 9.12.1978 all non-Bangladeshi experts, technicians and research Scholars employed by the centre and working in Bangladesh shall be exempt from payment of income tax in respect of any salary or other remuneration received or arising, or deemed to accrue or arise in Bangladesh to them. Obviously, the income of the Bangladeshi employees is not covered by this stipulation. Further, the Board has not found any other special grounds that merit consideration of exemption under Income-tax Act, 1922.
>
> The Board therefore, regrets its inability to accede to your request for exemption from payment of income-tax by the Bangladeshi employees.".

On 3 October, 1982 a further representation was made to the Secretary, Internal Resources Division, Ministry of Finance and Chairman, NBR, Government of Bangladesh for a reconsideration of the issue to allow exemption of the local employees of the ICDDR,B from payment of income tax in exercise of the Government's powers in this behalf under Section 60 of the Bangladesh Income Tax Act. The NBR however again regretted its

inability to accede to our request to exempt the local employees from income tax payment.

In view of this the Board of Trustees may consider further steps that may be taken in securing the tax exemption of our local employees, as the amount involved is quite substantial and recurring over the years.

In this connection the following alternatives may be considered:

(1) The matter may be taken up initially with the Honourable Minister for Finance and Planning, and then, if necessary, with the Chief Martial Law Administrator, Government of Bangladesh in the form of petitions to them.

(2) The payment of income tax may be stopped in the case of some employees, and an appeal before the income tax authorities and, if need be, to the superior courts of appeal may be made in order to contest the claim of exemption on legal grounds.

Of the two alternative above, the first may be the best administrative decision. We may therefore prefer to proceed with it, and in the event of its failure, the second alternative is, of course, always open.

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PROGRAMME COORDINATION COMMITTEE

An organizing committee of the Programme Coordination Committee mandated in the Ordinance 12(4) has met twice. It took into consideration the resolutions passed by the Board and the following guidelines 10.5/BT/Dec.80.

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

Resolution 26/Feb.80

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

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

The result of these meetings is the following draft resolution which is submitted to the Board for its consideration,

RESOLUTION

The Programme Coordination Committee of the following composition be established: Ex-officio members -

1. Vice Chancellor, Bangladesh Agricultural University
2. President, BIRDEM

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3. Director, Institute of Nutrition and Food Science
4. Chairman, BARC
5. Director, NIPSOM
6. Director, BFRP
7. Executive Director, Bangladesh Rural Advancement Committee
8. Chairman, BCSIR
9. Director, Institute of Public Health
10. Vice Chancellor, Dhaka University
11. Director, NIPORT
12. Director, MIS
13. Director, IPGM&R
14. Director, Shishu Hospital
15. Director, Children's Nutrition Unit (Save the Children Fund)
16. Director, IPHN
17. Principal, Paramedical Institute
18. Chairman, BIDS
19. Project Director, National Oral Rehydration Project
20. Director, IBS, Rajshahi
21. Director,BMRC
22. Representatives from the Board of Trustees and Director, Program Heads, including Associate Director, Training & Extension of ICDDR,B.

<u>Individual Members</u> -

1. Dr.(Brig) M.R. Chowdhury, CMH
2. Dr. Hajera Mahtab, BIRDEM
3. Dr. Farida Huq, IPH
4. Dr. Ghyasuddin Ahmed, NIPSOM
5. Dr.Anwarul Azim Chowdhury, Microbiology Dept., Dhaka University

Further individuals may be co-opted at the discretion of the Programme Coordination Committee.

An 11-member Standing Committee is recommended as follows:

1. Dr Kamaluddin Ahmed, INFS
2. Mrs Gola Afroz Mahbub, BIRDEM
3. Dr A.K. Khan, BMRC
4. Director, NORP
5. Dr A.K.M. Aminul Haque, BAU, Mymensingh
6. Dr (Brig) M.R. Chowdhury, CMH
7. Director, ICDDR,B
8. Dr M.A. Matin
9. Dr K.M.S. Aziz, ICDDR,B

10 & 11 Government nominations

ETHICAL AND RESEARCH REVIEW COMMITTEES

Both the ERC and RRC have been very active during the past six months. The ERC has continued to not only consider the papers of the research protocols, but has audited by visiting the hospital the level of informed consent achieved. They have also been actively concerned over the quality of science believing that if scientific quality is inadequate any research is unethical. This has produced an active internal dialogue which in my view has been very healthy albeit sometimes disturbing to our scientific staff.

The RRC has been put on its mettle by the pressure for good quality of science asked by the ERC and by the pressure not to be at any time slow or obstructive in its processes. More

frequently reviewers external to the Centre are now used for reviews in addition to our own staff.

In my view the activity and debates in the Scientific Council and Working Groups has resulted in positive improvements in science and its execution.

PROGRAMME PLANS AND ACHIEVEMENTS

At this meeting we are focussing on programme planning. Accordingly, I would like to focus attention on this process. This Board meeting was preceded by a week long review by members of the Board. Some participating countries and agencies, namely, Aga Khan Foundation, Australia (ADAB), Belgium, Canada (CIDA), Switzerland, UNDP, UNFPA, UNICEF, USAID, WHO, were also invited to attend this review in order to coalesce the review process as much as possible. All except CIDA were represented at the review. Such a measure encourages less disruption of work by repeated individual reviews by separate agencies and countries and allows an active substantive interface between Board members and technical reviewers for the participating countries. This review was to assist programme formulation for the next two years with a projection up to five years. It used the draft report of an external review carried out as required by the Ordinance in 1981-82. Following the Board meeting we hope to provide to all interested parties a new programme and budget document for the period 1982 through 1986.

Each Programme Head described some achievements of the past year and delineated proposed work for 1983 and beyond. The Director indicated some criteria for setting priorities and what

influences these. The first and most important criteria is for all work to strive for the highest quality shunning triviality. Beyond this the largest influences on determining importance are the problems we face in rural and urban Bangladesh. Thus the issues our research and training address must be important for the host country. Such issues however often reflect crucial problems for other developing countries. The Centre has a focus on diarrhoeal diseases which are a major global health problem. Those who work here intend to bring the best expertise and most important current technology to bear on the problems which surround diarrhoea or, as simply stated by Dr Jon Rohde, to "Take Science where the diarrhoea is". To do this a certain level of basic work must go on to develop the needed measuring methods. The scientists also must continually be aware of current knowledge in their disciplines, however our approach is to be sure we do not carry out only isolated, biomedical, disease-oriented work but look at the problem of diarrhoea in its overall economic, socio-cultural and health matrix. To this end we have to be aware of and often develop the basic information necessary to accomplish this goal. In the Matlab and Teknaf field areas we can effectively address such tasks. Often the most important interventions may not involve doctors, medicines or hospitals. We have tried to design the Centre in such a way that as many disciplines work together on the problems as may be useful. Narrow disciplinary approaches for their own sake are discouraged.

Once knowledge has been acquired and confirmed by its replication elsewhere, we believe it important to find means to apply it to all who might benefit as quickly as possible cooperating with all possible channels. In doing this the disciplines of Operations and Health Services Research become important. These require further development urgently in the coming period. A strong Training programme is fundamental to this effort. The balance between application and acquisition of new knowledge must be carefully and regularly assessed

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for the overall vitality of both efforts. In 1982 we stand with a vigorously developing Training effort which is coming to full flower having started from nothing in 1979.

Certain priorities flow from the knowledge gained in our own research. As key examples we now realize that death due to diarrhoea centres around dysenteries and systemic complications such as pneumonia and disturbances of the central nervous system. Hence the growing focus on invasive diarrhoea and complications of diarrhoea. Mortality control through simple and effective health care has been found to be the strongest tool for effective control of fertility. Thus an emphasis on studies to define and control mortality and morbidity has occurred.

Finally, a word must be said about service. For the entire history of the Cholera Research Laboratory and the ICDDR,B there has been a strong belief that neither research nor training can prosper without provision of the best health service possible to the people involved with our activities. Thus we view the large component of services rendered as intrinsic and necessary to any research and training.

In addition to these consideration there are very important areas for priority stemming from the Ordinance which created ICDDR,B and the nature of the Centre as an international entity. Most crucial among these, from a programme point of view, is that in all we do we must strengthen the abilities and facilities of national institutions to do research and render services, ICDDR,B must never work in a way that detracts from or weakens them. A Programme Coordination Committee has been formed as mandated in the Ordinance and is actively seeking how national institutions can be encouraged through a constructive relation with ICDDR,B.

Now let me mention several highlights of our activities.

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The Computer Centre has now moved up to 24 hours a day operation and is heavily utilized. It is clear that a more flexible and powerful system is required urgently.

The Library and Publication Unit has entered a project for dissemination of information on diarrhoea, especially in Asia, known as the DISC project. With this the Journal of Diarrhoeal Diseases Research will be published in 1983 from the Centre.

The Microbiology area must be thoroughly renovated and re-equipped for continual leadership in the discovery of the causative agents of diarrhoea and how they spread.

The first major joint project with the Government of Bangladesh to introduce the knowledge gained from Matlab to the benefit of more people has been put into action in the Sirajganj Noapara MCHFP Project.

A new direction in the simplification of Oral Rehydration Therapy has been proven in the hospital and is now being field tested. This approach replaces glucose or sugar by rice or other cereals. It promises to maintain and improve nutrition during diarrhoea and simplifies and makes more accessible in homes the oral rehydration solution.

Mother"s milk has been shown to prevent cholera in nursing babies. Local and breast milk antibodies were shown to be raised after cholera and after immunization with a new cholera vaccine.

Completion of a large scale field trial has shown reduction of hospitalization by use of ORS at home.

The discovery of three new diseases in Bangladesh through post mortem studies promises a better approach to the severely ill.

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Rotavirus diarrhoea is associated with raised level of cyclic adenosine monophosphate in the stobl suggesting secretion enhancement by the known mechanisms for enterotoxin mediated diseases but not viral diseases.

In June 1982 a census was completed on the Matlab DSS population together with socio economic data. This material is computerized. The 1980 year book on this population is complete.

A new animal model for campylobacter has been described.

Classical V. Cholera has replaced the El Tor biotype in the current cholera epidemic.

These are a few highlights of an active and productive period of six months.

Minutes of the combined meeting of the Dhaka & Matlab SWA Executive Committees with the Director held on Wednesday, November 24, 1982 at 1:30 p.m. in Dhaka

Members Present :

Dr. W.B. Greenough
Mr. Md. Shafiqul Islam
Mr. A.H.G. Kader Chowdhury
Mr. Osman Gani Bhuiya
Mr. Md. Abul Hossain
Mr. S.M.A. Aziz
Mr. Hasan Shareef Ahmed
Mr. Ayub Bhuiya
Mr. Shipan K. Sarker

The meeting was initiated by the President, SWA. He thanked the Director and Patron-in-Chief, SWA for making time to hold this meeting in Dhaka. He also informed that the meeting was being held in the background of last SWA Executive Committee meeting with the Director at Matlab, recent letter of option to the individual staff from the Director, a special cross-section of staff-members meeting and the SWA President's letter to the Director regarding option dated 16.11.82.

The committee discussed the following issues with the Director:

1. Severance Pay : President noted that the existing severance pay is not included in the comparative statement of benefit of the option letter and it created confusion to the staff and as a result it shows less benefit of present ICDDR,B salary and benefit compared to WHO. The Director informed that since the severance pay is paid off at the time of separation that is why it is not included in the statement. However, the Director committed to continue the present system of severance pay and provident fund until a suitable and more beneficial pension scheme is implemented in case persons opt for WHO scheme. The persons opting for ICDDR,B scheme will be getting same benefits as they are enjoying at present. The Director further assured that no one will lose anything of their earned accumulated fund.

2. Dependent Allowance : The President wanted to know the eligibility of dependent allowance and the reason of allowing dependent allowance only for two children instead of six children which is allowed in WHO & UNICEF in Bangladesh. He requested the Director to provide dependent allowance for six children. The Director informed that this is a deviation from WHO system and agreed to place a strong recommendation to the Board of Trustees in their ensuing meeting for the dependent allowance as it exists in WHO scheme and he hoped that the Board will agree. In respect of eligibility, the Director advised to go through the WHO mannual which is in the ICDDR,B Personnel Office where detail information is given.

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3. Health & Group Insurance Contribution : The President noted that in WHO system staff will have to contribute for Health & Group Insurance which is not existing in ICDDR,B system and the staff would like to know more about it. The Joint Secretary wanted to know what sort of medical benefit, insurance coverage and the extent of service the staff will get by contribution. He also wanted to know whether the present staff clinic will continue in WHO system. The Director informed that obviously the staff member will get full medical care from insurance companies and they will get more protective group insurance coverage which will be better than that of present system.

4. Transport in WHO System : The President wanted to know the possibility of alternative arrangement of transport in WHO system. The Joint Secretary wanted to know whether present transport facility will remain as it is. The Director informed that the present transport facility may be continued in the WHO system, but the staff member may be required to pay at some rate for the transport facility he/she will be enjoying. This will be sorted out later on.

5. Pension Scheme : The Director informed that the pension scheme has not yet been worked out and it is not possible to explain more about pension scheme at present. He stated that until the pension schmem is worked out, discussed and accepted by the staff, the present provident fund and severance pay system will be continued. He further stated that when a suitalbe and acceptable pension scheme will be finalised, the staff member will be given opportunity for option regarding acceptance of pension scheme before it is implemented. He advised that the staff member may give their option excluding pension scheme for their better future interest. He also explained that to implement WHO system more money will be needed to provide increased salary to the staff which will create problem to bear programme expenditure. He noted that if WHO system is implemented, it will be an obligation of the Centre to allow inflationary salary increase as in the WHO system from time to time inspite of the incidental shortage of fund of ICDDR,B, if any, in future. However, the Director, assured to issue another letter giving more information and clarification to the staff regarding option within shortest possible time.

6. Conversion Process : The Joint Secretary wanted to know the process of conversion from ICDDR,B to WHO system, whether it will be straight level to level and step to step instead of introducing another fitting process. The Director informed that the staff member will be converted directly from level to level and step to step i.e. an employee of ICDDR,B level 3 step 8 will be placed in the same level and step in WHO scheme.

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7. Terms and Status of Service : The President wanted to know the terms of service and status of the old staff in WHO system. The Director informed that it will be in WHO system as stated in WHO personnel mannual. He also advised the staff to see the mannual in Personnel Office. The Joint Secretary wanted to know whether the liability of ICDDR,B towards employees will remain constant in WHO system as like as CRL employees shifted to ICDDR,B with full CRL liabilities. The Director assured in affirmative and stated that the WHO long term employement system allows more protection of service and benefits than that of ICDDR,B system as it exists at present.

8. ICCDR,B Cash Contribution to SWA : The President requested the Director to increase ICDDR,B contribution to the SWA for successfully completing all SWA activities. The Director assured to consider the same if the SWA budget requirement need so.

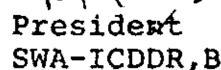
9. Problems of Matlab Community Health Workers : The President noted that the payment of 30% salary increase for the community health workers as decided in the last meeting has not yet been settled and requested the Director to look into the matter. The Director assured to take up the matter soon with Mr. Goon.

Finally, the President requested the Director to provide further clarification to staff on the option issue which would facilitate them for providing option within the date-line. The Director agreed to provide the same. Further, the President requested the Director, if it is possible to pay all earned benefit of the staff as of 31st December, 1982, so that the staff member may consider for opting in favour of WHO system. The Director agreed to place the proposal to the Board meeting for decision.

The Director advised the staff to understand the advantages of WHO system and suggested to opt for WHO which will help the Board of Trustees for final approval. He also noted that if it is not possible to implement WHO system from January, 1983, it may not be implemented in future .

There being no other discussion, the meeting was adjourned with thanks to the Director for his continued interest in the SWA activities and welfare of the ICDDR,B staff.

Director
ICDDR,B



President
SWA-ICDDR,B

5/BT/DEC. 82

REPORT ON THE RESOURCES DEVELOPMENT

RESOURCES DEVELOPMENT

The second half of 1982 has been a very active period in resources development, calling for concentrated effort in several key areas. Issues taken up related to both international contribution and collaboration and relations with our host country Bangladesh. We have been negotiating for the renewal within the next two years of several major grants which form the cornerstone of core and project support. We have also submitted proposals to potential donors for which the mechanism of support must still be decided, as some governments are still unclear about the implications of multi-lateral versus bi-lateral funding.

COLLABORATION

In the last six months we have succeeded in extending our scientific collaboration internationally and within Bangladesh. At the request of the Government of Indonesia, an ICDDR,B team assisted Ministry of Health officials in the Province of Aceh. The Ministry of Health of Saudi Arabia has just accepted our offer for technical assistance and will finalise an agreement shortly. A similar proposal for technical assistance was submitted to the Government of Kuwait, and we hope that a decision will be taken in the near future. Copies of these proposals were also given to WHO and discussed with Dr. Michael Merson, Manager of the WHO CDD Programme, during his visit to the Centre in August. The Centre would welcome any close collaboration with WHO in regard to out-reach projects. At the same time, we should be clear about the coadjutant responsibilities for coordination and implementation.

We have made significant advances in opening up collaborative relationships with several other Gulf States. We have held discussions with officials of the United Arab Emirates and Oman; the initial outcome is a major conference on diarrhoeal disease in the UAE to be held in early 1983, in which the Centre will play a key role. This is the first step toward formalising our collaboration. These collaborations will lead to increased support by the Gulf States to the ICDDR,B core fund.

At the request of the Bangladesh Ministry of Health, the ICDDR,B has sent epidemiological outbreak teams to eight districts of Bangladesh which have

reported particularly serious seasonal outbreaks of diarrhoeal disease. ICDDR,B's prompt assistance has been given wide coverage in the national press. We are happy to report that we are maintaining excellent relationships with the Ministry of Health, and they in turn are extending all possible cooperation and support.

UNDP/ARAB GULF FUND

We have submitted a revised proposal to the Arab Gulf Fund through UNICEF, requesting support primarily for ongoing health services delivery and training in Bangladesh. The revised proposal was submitted through UNICEF to expedite release of the fund. The mechanism for this funding will be discussed during our forthcoming meetings with UNICEF in New York. ICDDR,B has been nominated by UNICEF/Dhaka to receive the UNICEF Global Award for 1982 for its services to children. We would like to thank Mr. Uffe Konig, UNICEF Representative in Bangladesh, for his interest and valuable support and we look forward to greater collaboration with UNICEF in Bangladesh and other developing countries.

UNROB

The postponement of Prince Talal's visit to the ICDDR,B and consequent delay in support from the Arab Gulf Fund led us to search for quickly-available funds to bridge the Centre's fund-flow difficulties. During discussions with UNDP they indicated that unutilised funds totalling $1 million remaining in the account of the defunct United Nations Relief Operation in Bangladesh (UNROB) could be made available for services and training in Bangladesh, provided we obtained concurrence of the Government of Bangladesh. The Government of Bangladesh has difficulty in concurring with the disbursement of this money as an outright grant but is willing to treat it as a long-term interest-free loan to the ICDDR,B with the understanding that the loan will be converted to a grant at an appropriate time. The negotiations for this fund have been complex and extremely strenuous. However, we are pleased to report that the fund should be released to us by the close of this year.

We have laid the groundwork for renewals of up-coming grant cycles. The current USAID funding cycle will expire in September 1983; the annual

grant of $1.9 million is an essential part of the Centre's core support. ICDDR,B has begun negotiations with Washington and we are currently under technical review by an AID team. USAID support to international health programs is being curtailed, but we are nonetheless optimistic that funding for the ICDDR,B will be continued at the current level.

UNDP

UNDP is also experiencing a sharp drop in available funds due to decreased contributions by member states. Our discussions in New York however, have resulted in an expected renewal of the grant to clinical research at a somewhat reduced level.

UNFPA

UNFPA would like to renew its grant to support the Demographic Surveillance System but does not have sufficient resources of its own. CIDA is seriously considering funding the DSS, and we have met with a senior CIDA official presently visiting Dhaka. A key issue is whether this support will be directly to the Centre or channelled through UNFPA Global Programme. The grant will be increased from its first-cycle amount of $1.6 million to $2.2 million over four years.

As we described in June, the Government of Japan had given $200,000 to the Centre in 1982. We have submitted a proposal for 1983 support for $625,000 which was well-received and is under active consideration. We would like to thank the Ambassador of Japan in Bangladesh for his support of the Centre's work.

Australia is a long-standing contributor to the ICDDR,B. In 1982 they increased their contribution to A$180,000. Unfortunately fluctuation in the value of the Australian dollar has resulted in a reduced contribution in real terms. It is expected that next year the Australian contribution will be increased to A$250,000. We would like to thank Dr. Gavin Jones for his efforts.

During recent discussions with senior officials of the Ford Foundation in

New York, several mechanisms by which Ford would consider providing support to the Centre were explored. Foundation officials were receptive to renewing contribution to the Centre. Establisment of a reserve fund is an area in which Ford could extend support. We will prepare a proposal in consultation with our Trustee, Dr. David Bell.

France has deputed a scientist to the Centre, who arrived in October. We will be negotiating for increased Franch support and its disbursement mechanism during upcoming meetings.

The Embassy in Bangladesh of the Federal Republic of Germany has provided taka support to the construction of several community health centres, for which the ICDDR,B is providing training and back-up support. We are continuing our efforts to obtain direct multi-lateral support from the FRG, for which meetings are scheduled in Bonn this month.

In 1983 the financial contribution to ICDDR,B is expected to be $7 million. Of this amount $5 million has already been committed to the Centre, and the balance is anticipated from contributions of Arab Gulf Fund/UNICEF, Japan, Saudi Arabia and Kuwait.

In June we reported on the outcome of the third Consultative Group meeting. Most of the delegates to the meeting represented donor countries and agencies. The Centre is offering technical assistance to an increasing number of developing countries, which must be funded by some third-country/agency support. The Consultative Group can provide a forum for discussion of such tripartite arrangements, for our technical assistance. We therefore request the Board to authorise the convening of a fourth Consultative Group meeting, to be held during the 1983 UNDP Governing Council in New York.

The three years of ICDDR,B's existence have seen the process of evolving a complex bilateral organisation into an equally complex international entity drawing support and cooperation from many sources. During these three years the office of Resources Development has vigorously pursued the

challenge : to bring understanding to governments and agencies that the Centre is truly international and to obtain their financial support and cooperation. In each of these years we have been able to make accurate projections and fulfill them. This has been a difficult and arduous task. In some cases it has taken three years of concentrated efforts before a government provided multi-lateral support. Further development of resources is contingent upon continuation of good relationships already establishing, identification of new sources, and above all a positive demonstration of our scientific productivity.

6/BT/DEC. 82

REPORT OF THE FINANCE COMMITTEE -
RESERVE FUND

REPORT OF FINANCE COMMITTEE

At the June, 1982 Board Meeting, Resolution 3/June 82:
The Board recognizes that ICDDR,B cannot tolerate a continuing deficit in its operating account. The forecast revenue for 1983 is now $5.0 million. Operating expenses in 1983 must be below this figure by minimum of $200,000 to allow the liquidation of the deficit by the end of 1985. The banks may demand more rapid repayment. In addition the Board has authorized the adoption of a WHO related payscale on 1 January, 1983. This will increase expenses by about $300,000 in 1983. Thus there will be $4.5 million to carry on in 1983 operations that would have cost $5.7 million in 1982 if no cuts had been instituted. Cuts already begun will reduce this to $5.2-5.4 million. Therefore the expenditure on the on-going works of the Centre must be reduced in 1983 by a further $800,000 or more. The Board therefore instructs the Director to reduce the expenditure of the Centre by November 1982 to the level of $4.5 million per year unless the revenue exceeds $6 million.

The Board recognizes that the reductions in staff and program or any other measures that the situation demands must be initiated in 1982 to be fully effective. It will not be possible for the Director to submit proposals for reductions to the Board in advance. The Board therefore urges the Director with the assistance of the Associate Director, Administration and Finance and the Program Directors to proceed at once with the required actions. He should involve the Chairman of the Board as much as time permits and should call directly on individual Board Members or even outside consultants when he feels the need of advice on specific problems or priorities.

The Board records their confidence in the ability of Dr. Greenough, Mr. Goon and all the staff of ICDDR,B to achieve these reductions. It is the most difficult task that has yet faced ICDDR,B management.

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The Finance Committee is pleased to report that efforts taken by the Director has reduced the operating expenditure for FY 1982 to an estimated total of $4.52 million. The FY 1982 is also projected to end with a small operating bank overdtaft of approximately $242.000.

I. FINANCE REVIEW ON 1982 PERFORMANCE

The operating expenditure for FY 1982 of $4.52 million compares favorably with that of FY 1981 of $5.83 million. The reduction in operating expenditure has been achieved through the introduction of control measures to cut un-necessary and unjustified expenditure. The savings of $1.323 million in 1982 from 1981 expenditure has resulted from reduction in travel costs of $336.000, supplies and materials of $209.000, contractual services of $273.375, equipment of $221,820 and personnel services of $103.000.

Compared with the 1982 budget provisions of $6.2 million, a reduction of $1.7 million in operating expenditure has been achieved.

II. CASH REVIEW FOR FY ENDING 1982

With the operating expenditure estimated at $4.54 million and projected cash receipts by end December 1982 of $5,324.578, the bank ovedraft position by end of the year is estimated to be at $241.936, which is made up as follows:

Projected cash receipts	$ 5,324.578
Less Opening Balance at 1.1.82	($1,046,514)
Cash available for expenditure	$ 4,278.000
Projected cash expenditure FY 1982	$ 4,520.000
Cash shortfall/bank overdraft	($ 241.936)

Although total projected donor support is expected at $6.480 million for FY 1982, only $5.324 million is expected to be received this year and the

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balance of $1.156 million is expected to be received by early 1983. When this amount is at hand, the Centre will bring forward into 1983 a positive cash balance of $914.000. Out of this amount a cash reserve of $700.00 is reccommended to be set aside, and the balance of $214.000 be used to meet operating expenditures in FY 1983.

III. BUDGET FOR 1983

The estimated expenditure for 1983 is budgeted at $6.5 million. Based on the estimated actual expenditure for 1982 at $4.52 million the increase in operating costs of $1.980 million in 1983 is made up of the following:

a)	Salaries - conversion to WHO for all staff	$384.900
b)	Provisions for expected increases by WHO to local scales in 1983	$600.000
c)	Recuritment of scientific and international staff	$700.00
	TOTAL INCREASES IN PERSONNEL COSTS	$1684.900
d)	Provisions for increases in operating expenditure to cover inflation plus provisions for capital replacement	$295.100
	TOTAL BUDGETED EXPENDITURE INCREASE IN 1983	$1980.000

IV CASH FLOW REVIEW FOR FY 1983

a) Donor Support

The Resources Development Office has estimated total donor support for FY 1983 as $7.882 million. Out of this amount, secured donor support is $5.039 million, and expected additional support expected at $2.843 million. Out of the figure of $2.843 million $1.825 million is for core

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support and the balance of $1.018 million is restircted against projects in Kuwait and Saudi Arabia. Although $700.000 is expected to be spent on these projects, a core contribution made up of overheads recovery of $318.000 is expected. Adjusted total support expected in 1983 is thus 7.182 million and is made up as follows:

Secured donor support		$5039.000
Additional Donor Support:		
- unrestircted		$1825.000
- restricted	$1018.000	
- less	$ 700.000	$ 318.000
Total donor support for FY 1983		$7182.000

b) Cash Flow Position in 1983

The projected cash flow for FY 1983 is summarised as follows:

Opening cash balance		($ 241.936)
Receipts brought over from 1982 contribution		$1156.000
Receipts for year 1983		$7182.000
Cash available for expenditure		$8096.064
Projected cash expenditure		$6500.000
Amount set aside for reserve fund:		
From operations in 1982	$700.000	
From operations in 1983	$305.000	$1050.000
Closing cash balance		$ 546.064

e) Projected Bank Overdraft

i) Taking a conservative approach that the additional donor support of $2.143 million ($1.825 + $0.318) as receivable at end of FY 1983 is as follows:

May 1983 - bank overdraft of ($464.311)

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June 1983	- bank overdraft of			($368.026)
July 1983	"	"	"	($171.751)
August 1983	"	"	"	($650.976)
September 1983	"	"	"	($253.701)
October 1983	"	"	"	($767.936)
November 1983	"	"	"	($1200.991)

ii) The projected bank overdraft will be reduced accordingly and when the additional donor support is received during the year.

iii) As such bank overdraft is expected in 1983, a bridging facility is required to meet operating expense shortfall. It is therefore recommended that the Board pass a resolution allowing the Director to negotiate bridging facilities equivalent in US Dollars up to a maximum of $1.0 million, and to further authorise the Director, if it is required, to charge the assets of the Centre to the Bank as collateral for such bridging facilities.

iv) In order to minimise the Centre's reliance on Bank Overdraft facilities, it is recommended that a resolution be passed by the Board to disallow commencement of any project when funds are not in. Until the donor concerned can mobilise some funds to meet the start up of the project the program head/scientists responsible for the project should not be allowed to incur incremental costs. This is necessary because the Centre does not have cash resources to meet such unfunded expenditure and neither is the Centre a financial institution.

V) CASH RESERVES/RESERVE FUND

i) Pursuant to Resolution 6/November 1981, mentioning that a "Reserve Fund" be created with a target of the order $10 million,

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the Finance Committee is pleased to advise that following the successful management of operating expenditures in FY 1982, an amount of $914.000 being excess of receipts over expenditure is expected.

ii) It is recommended that $700.00 be out into this "Reserve Fund" and kept as time deposits. Interest earned from such deposits be used to finance 1983's operating expenditure.

iii) It is also further recommended that the Director pursue possibilities of seeking matching funds from interested donors.

VI REPORT ON SEVERANCE PAY ACCOUNT

a) The severance pay acount which is presently hald in Takas in Bangladesh is recommended to be deposited in a US Dollar time deposit account in order to:

i) minimise erorion in the value of the Taka

ii) to earn interest to make up the current shortfall of some Tk. 3,000,000 in this account.

b) In order to comply with the requirements of the Ordinance under Clause 17(2) stipulating that "All funds of the Centre shall ordinarily be kept in any nationalised Bank or Banks in Bangladesh as approved by the Board", it is proposed that the amount in US Dollars be deposited in a nationalised Bangladeshi Bank.

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Following the Report of the Finance Committee the following Resolutions are recommended to be passed:

1. When the total donor support for FY 1982 of $6.48 million is reached and received by January/February 1983, it is expected that a credit balance of $914.000 will be available in FY 1983. The Board therefore instructs the Director to set aside $700.000 to start off the "Reserve Fund". The "Reserve Fund" will be held in US Dollar Time Deposit and only the interest earned from such deposits may be utilised by the Director as he sees fit to meet any emergency cash shortfalls which may result from day-to-day management of the Centre.

2. The Board requests the Director to further pursue the possibility of attracting matching funds from interested donors against the Reserve Fund account.

3. The Board recognises the necessity of temporary cash shortfalls resultant from differences in tuning of receipts of donor support against operating expenditure. The Board authorises the Director to negotiate bridging facilities in the form of bank overdraft up to a maximum equivalent of US Dollars one million. Since the American Express Banking Corporation, Dhaka, has approved an overdraft facility in Taka of up to Taka 7.0 million, the Board authorises the Director to finalise this overdraft arrangement.

4. The Board further authorises the Director, if it is absolutely necessary and required by the Bank, to pledge and charge the assets of the Centre to the Bank as collateral for this total overdraft facility of $1.0 million.

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5. The Board recognises that since cash shortfalls need to be minimised, the Board instructs the Director that no projects above the budget ceiling set will be allowed to commence until pledged funds for the project are received. Until such time as the donor has demonstrated its interest in the project by mobilising the required funds, the program head or scientist responsible will not be allowed to start the project.

6. To protect the Severance Pay account from further erosion in real terms, and also to earn interest to make up the current shortfall in this account, the Board instructs the Director to pursue the possibility if converting the severance pay account into US Dollars and place this in time deposits overseas. Pursuant to Clause 17(2) of the Ordinance, the Board requests the Director to take this matter up with the nationalised banks in Bangladesh for such deposits to be held in their overseas branches or in their corresepondent banks outside Bangladesh.

PROPOSED RESOLUTIONS

7. The Board approves the budget ceiling of $6.5 million for FY 1983. The amount of $600,000 budgeted for expected increases in local WHO scales can only be utilised to meet such salary increases. Any amounts remaining from this provision cannot be expended for any other purposes, except with prior approval of the Board.

8. The Board authorizes the Director to proceed with fully funded projects which have not been included in the budget of $6.5 million, provided that he obtains prior approval from the Chairman of the Board.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

COMPARATIVE STATEMENT OF OPERATIONAL EXPENSES FOR 1981/82

(AMOUNT IN US $)

	ACTUAL			BUDGET 1982
	1981	1982	Increase (Decrease)	
Personnel Services	3,102,688	3,000,000	(102,688)	3,847,270
Travel	610,627	275,000	(335,627)	337,740
Transportation	219,653	80,000	(139,653)	45,040
Rent, Communication & Utilities	127,190	80,000	(47,190)	99,610
Printing & Reproduction	53,716	60,000	6,284	175,080
Other Contractual Services	398,375	125,000	(273,375)	507,240
Supplies & Materials	909,098	700,000	(209,098)	958,440
Equipment	421,820	200,000	(221,820)	289,580
TOTAL :	5,843,167	4,520,000	(1,323,167)	6,200,000

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

STATEMENT OF RECEIPTS AND EXPENDITURE 1982

	Actual Jan-Nov.25	Projected Nov - Dec	Total Jan. - Dec.
Opening Bank Balance	(1,046,514)	(565,837)	(1,046,514)
Receipts:			
Contribution '81	672,373		672,373
Contribution '82	3,840,668	685,435 A-1/	4,526,103
Contribution '83	35,302	40,000	75,302
Other Receipts	45,237	5,563	50,800
	4,593,580	730,998	5,324,578
TOTAL	3,547,066	165,161	4,278,064
Expenditure:			
Personnel Services & Benefits	2,576,258	423,742	3,000,000
Travel & Transportation of Persons	188,817	86,183	275,000
Transportation of Things	43,028	36,972	80,000
Rent, Communication & Utilities	67,848	12,152	80,000
Printing & Reproduction	34,832	25,168	60,000
Other Contractual Services	80,732	44,268	125,000
Supplies & Materials	499,219	200,781	700,000
Equipment	128,220	71,780	200,000
	3,618,954	901,046*	4,520,000
Advance	493,949	(493,949)	-
	4,112,903	407,097	4,520,000
Closing Bank Balance	(565,837)	(241,936)	(241,936)

*Total accrued expenditure for this period is estimated to be $ 901,046. Out of which $ 407,097 is in cash and the balance through adjustment of advances previously made.

Balance of Contribution for 1982

	Receivable in Dec. 1982	Receivable in 1983	TOTAL
UNRESTRICTED			
1) Kingdom of Saudi Arabia	-	100,000	100,000
2) US AID	500,000		500,000
3) UNROB	-	1,000,000	1,000,000
	500,000	1,100,000	1,600,000
RESTRICTED			
1) UNFPA - DSS	78,981		78,981
" - MCH-Matlab	22,727		22,727
" - MCH-Extension	22,727		22,727
2) FRG - MCH-Munshiganj		56,000	56,000
3) US AID- Pop. Council	37,000		37,000
" - Cultural Nutrition	24,000		24,000
	185,435	56,000	241,435
TOTAL	$ 685,435	1,156,000	1,841,435

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

CAPITAL DEVELOPMENT FUND

STATEMENT OF RECEIPTS AND DISBURSEMENTS

	Actual from inception to Dec. 1981	Actual from Jan. to Nov.25 1982	Cumulative upto Nov.25 1982
Opening Balance	16,545	31,454	16,545
Receipts			
OPEC/UNDP	562,000	950,000	1,512,000
Kingdom of Saudi Arabia	250,000	-	250,000
Australian Embassy	4,130	-	4,130
West German Embassy	-	5,485	5,485
	816,130	955,485	1,771,615
TOTAL FUND AVAILABLE	832,675	986,939	1,788,160
Disbursements			
New Building at Dacca (OPEC)	643,728	545,744	1,189,472
Equipment for CRA (OPEC)	62,000	-	62,000
Extension to IPH Building (Saudi)	52,841	-	52,841
Nandipara Clinic (Australia)	2,446	-	2,446
Matlab land (Saudi)	23,707	541	24,248
Teknaf land (Saudi)	16,499	-	16,499
Matlab Septic tank (Saudi)	-	11,955	11,955
Nayergaon clinic (West German/Saudi)	-	19,142	19,142
Kalirbazar clinic (Australia)	-	2,129	2,129
Other Area (Saudi)	-	1,419	1,419
	801,221	580,930	1,382,151
Closing Balance	$ 31,454	$ 406,009	$ 406,009

ADDITIONAL DONOR SUPPORT EXPECTED FOR FY 1983

UNRESTRICTED		US $
Ford Foundation		200,000
Japan		425,000
United Kingdom		200,000
UNICEF - AGFUND		1,000,000
	Sub-total	1,825,000
RESTRICTED		
Kuwait		400,000
Saudi Arabia		618,000
	Sub-total	1,018,000
	Total	2,843,000

TOTAL DONOR SUPPORT FOR FY 1983

Secured		5,039,000
Additional anticipated		2,843,000
	Total	7,882,000

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

PROJECTED TIMING OF DONOR SUPPORT FOR 1983

(IN US DOLLAR)

Dec 1982		Jan 1983	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec 1983	TOTAL 1983
	UNRESTRICTED:													
	KINGDOM OF SAUDI ARABIA	100,000	-	-	-	-	-	-	-	100,000	-	-		200,000
500,000	USAID	-	-	500,000		-	500,000	-	-	500,000			400,000	1,900,000
	UNROB	1,000,000	-	-	-	-	-	-	-	-	-	-	-	1,000,000
	AUSTRALIA - ADAB	-	-	-	-	-	-	-	-	-	-	163,000	-	163,000
	BANGLADESH	-	-	-	-	-	-	-	-	-	37,000	-	-	37,000
	JAPAN	200,000	-	-	-	-	-	-	-	-	-	-	-	200,000
	SWEDEN SAREC	-	-	-	-	-	-	-	72,000	-	-	-	-	72,000
	SWITZERLAND	270,000	-	-	-	-	-	-	-	-	-	-	-	270,000
	RESTRICTED:													
	AGA KHAN FOUNDATION	25,000	-	-	-	-	-	-	-	-	-	-	-	25,000
	BELGIUM	-	-	-	-	75,000	-	-	-	-	-	-	-	75,000
	CIDA - WB	-	214,000	-	-	-	-	-	-	-	-	-	-	214,000
	FRANCE	-	-	60,000	-	-	-	-	-	-	-	-	-	60,000
	GTZ - MUNSHIGANJ	-	56,000	-	-	-	-		-	56,000	-	-	-	112,000
	IDRC - DISC.	-	-	-	-	-	-	66,000	-	-	-	-	-	66,000
	ICDR - SANITATION IMPACT	-	-	-	-	-	-	26,000	-	-	-	-	-	26,000
	IDRC - UNICEF-WATER C'FCE	-	-	-	-	-	-	60,000	-	-	-	-	-	60,000
	SAREC - IMMUNITY & VACCINE	-	-	-	-	-	-	76,000	-	-	-	-	-	76,000
	UNDP - CLINICAL RESEARCH	-	-	-	-	-	-	350,000	-	-	-	-	-	350,000
	UNDP - WHO REGIONAL	-	-	75,000	-	-	-	-	-	-	-	-	-	75,000
78,981	UNFPA - DSS	-	-	106,500	-	-	106,500	-	-	106,500	-	-	106,500	426,000
45,454	UNFPA - MCH	-	-	16,500	-	-	16,500	-	-	16,500	-	-	16,500	66,000
	UNICEF-WATER & SANITATION	-	-	20,000	-	-	-	-	-	-	-	-	-	20,000
	USAID-MCH-FP EXTENSION	-	148,750	-	148,750	-	-	148,750	-	148,750	-	-	-	595,000
37,000	USAID - POP. COUNCIL	-	20,750	-	20,750	-	-	20,750	-	20,750	-	-	-	83,000
24,000	USAID - CLINICAL NUTRITION	-	-	24,000	-	-	-	-	-	-	-	-	-	24,000
	OTHER UNRESTRICTED	-	-	-	-	-	-	-	-	-	-	-	1825,000	1,825,000
	OTHER RESTRICTED (core support)	-	-	-	-	-	-	-	-	-	-	-	318,000*	318,000*
685,435	TOTAL DONOR SUPPORT	1,595,000	439,500	802,000	169,500	75,000	623,000	747,500	72,000	948,500	37,000	163,000	2666,000	8,338,000

* Out of a total of contribution of $1018,000, direct contribution as "free cash" to offset the Centre's share of overheads is $318,000. The balance of $700,000 will be fully expended in the projects in Saudi Arabia and Kuwait.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

PROJECTED CASH FLOW STATEMENT FOR YEAR 1983

(IN US DOLLAR)

Estimated Total Jan - Dec 1982		Jan 1983	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec 1983	TOTAL Jan-Dec 1983
(1046,514)	OPENING BANK BALANCE	(241,936)	841,349	269,134	359,419	17,204	(464,311)	(368,026)	(171,751)	(650,976)	(253,701)	(767,936)	(1200,991)	(241,936)
672,373	RECEIPTS BROUGHT OVER FROM PREVIOUS YEAR	1100,000	56,000	-	-	-	-	-	-	-	-	-	-	1156,000
4652,103	RECEIPTS FOR THE YEAR	495,000	383,500	802,000	169,500	75,000	623,000	747,500	72,000	948,500	37,000	163,000	2666,000	7182,000
4278,064	TOTAL CASH AVAILABLE	1353,064	1280,849	1071134	528,919	92,204	158,689	379,474	(99,751)	297,524	(216,701)	(604,936)	1465,009	8096,064
	EXPENDITURE:													
3000,000	PERSONNEL SERVICES	368,400	368,400	368,400	368,400	368,400	383,400	407,400	407,400	407,400	407,400	407,400	422,500	4684,900
275,000	TRAVEL	18,640	18,640	18,640	18,640	63,440	18,640	18,640	18,640	18,640	18,640	63,460	18,640	313,300
80,000	TRANSPORTATION	5,350	5,350	5,350	5,350	5,350	5,350	5,360	5,360	5,360	5,370	5,370	5,380	64,300
80,000	RENT, COMM. & UTILITIES	8,300	8,300	8,300	8,300	8,300	8,300	8,300	8,300	8,300	8,300	8,300	8,500	99,800
60,000	PRINTING & REPRODUCTION	8,700	8,700	8,700	8,700	8,700	8,700	8,700	8,700	8,700	8,700	8,700	9,100	104,800
125,000	OTHER CONT.SERVICES	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,000	14,100	168,100
700,000	SUPPLIES & MATERIALS	65,825	65,825	65,825	65,825	65,825	65,825	65,825	65,825	65,825	65,825	65,825	65,825	789,900
200,000	CAPITAL REPLACEMENT	22,500	22,500	22,500	22,500	22,500	22,500	23,000	23,000	23,000	23,000	23,000	24,900	274,900
4520,000	TOTAL EXPENDITURE	511,715	511,715	511,715	511,715	556,515	526,715	551,225	551,225	551,225	551,235	596,055	568,945	6500,000
(241,936)	CASH POSITION	841,349	769,134	559,419	17,204	(464,311)	(368,026)	(171,751)	(650,976)	(253,701)	(767,936)	(1200,991)	896,064	1596,064
-	AMOUNT TO RESERVE FUND	-	500,000	200,000	-	-	-	-	-	-	-	-	350,000	1050,000
(241,936)	CLOSING BANK BALANCE:	841,349	269,134	359,419	17,204	(464,311)	(368,026)	(171,751)	(650,976)	(253,701)	(767,936)	(1200,991)	546,064	546,064

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PROGRAMME REVIEW, PROJECT DEVELOPMENT AND BRANCHES

PROGRAMME REVIEW, 29 NOVEMBER - 5 DECEMBER 1982 Schedule

29 NOVEMBER – MONDAY

9:00	Convene in Training & Lecture Room Director's Introduction
9:15	First Programme Presentation : Community Services Research
10:00	Second Programme Presentation : Nutrition
10:45	Tea
11:00	Third Programme Presentation : Disease Transmission
11:45	Fourth & Fifth Programme Presentations : Host Defence, Pathogenesis & Therapy.
1:15	Lunch
2:30	Sixth Presentation : Project Development
3:00	Seventh Programme Presentation : Training
3:45	Director's Concluding Statement
4:00	Tea
4:15	Reviewers meet with respective programmes to plan review schedule

30 NOVEMBER- TUESDAY

In-depth discussions and reviews with programme staff

1 DECEMBER- WEDNESDAY

Continuation of in-depth review process.
Simultaneous with
Presentations by programme members in Training & Lecture Room.

9:00	Pathogenesis & Therapy, Host Defense
10:45	Tea
11:30	Disease Transmission
12:30	Lunch
2:00	Nutrition
3:15	Tea
3:30	Community Services Research

PROGRAMME PLANNING REVIEW

The objective of the programme planning review is to consider the plans of the Centre for its research and training, together with supporting facilities, staff and services, and to set priorities which will optimize the work achieved at given expenditure levels. The aim is both to improve the research and to conform to the requirement 'to present a basic plan ... that can be carried out within a very conservative estimate of the revenue' and 'plans for new programmes or projects in order of priority to be initiated if, as and when more money reaches the bank' (last Board minutes pp 6-7).

To this end each programme head has produced a short account of the plans for 1983, together with a list of projects. Often there has also been a report on the work of the past year.

The plan for 1983 and statement of priorities are to be found in the papers for the Board. The external review carried out earlier is also available.

During the past week, extensive discussions have taken place between the trustees and the programme working groups. These have involved a one-day presentation of all the programmes to the trustees, a day of intensive discussion in which each trustee spoke with the members of a scientific working group, and a further day in which programmes were critically examined by the trustees together. A day was devoted to review of those projects falling outside the present programmes, and other discussions and field visits were held.

It is suggested that one trustee presents each programme to the Board, taking 10-15 minutes in all to deal with:

(i) The programme as set out in the programme head's 2-3 page overview and statement of priorities.

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(ii) Comments on the external review document in relation to the programme. These may be prepared by the trustee and a brief written summary would be of use to those writing the minutes.

(iii) The trustee's personal views on both the preceding.

The trustees presenting the programmes will be as follows; the other names are of trustees who have also taken a special interest in the programme and who may wish to open the discussion immediately after the presenter.

	Presenter	Discussant(s)
CSRWG	Dr Jones	Dr Were
DTWG	Dr Kostrzewski	Dr Bradley, Dr Sulianti
PTWG	Dr Matin	Dr Holmgren
HDWG	Dr Holmgren	Dr Matin
NWG	Dr Mata	Dr Were
Training	Dr Sulianti	Dr Kostrzewski, Dr Were

After each presentation there will be a full discussion. It will be necessary for the Board to form an opinion on the quality and content of each programme, on the priority of its component studies, and on any items that may be at present missing from the budget. Manpower and equipment needed should also be considered. So too should be the scale of any uncommitted initiative funds that should be available to the programme heads. The branches falling under the programme should also be addressed, and any needs for better equipment or facilities raised.

The projects falling under the Project Development Committee at present, or otherwise outside the programme working group structure, will then be considered, in groups. Each project will be introduced, sometimes very briefly, by the Director. They fall into five main

groups:-

(i) Projects already being executed by the Centre in Bangladesh.

(ii) Projects in Bangladesh being executed by or through other agencies.

(iii) Projects at the planning stage.

(iv) Projects outside Bangladesh.

(v) Projects related to facilities, such as the DISC project.

Full summaries of each project appear in the papers. There may then follow discussion of the concept of a Project Development Committee and its operation.

From this discussion the Board will proceed to relate the priorities tc the allocation of the budget and the needs for recruitment of staff.

DIRECTOR'S INTRODUCTORY COMMENTS, PROGRAMME REVIEW, 29 NOVEMBER, 1982

I would like to welcome members of the Board of Trustees and the distinguished members of interested countries and agencies to the opening day of a week long review of programme which precedes the seventh meeting of the Board of Trustees, ICDDR,B. This review is to assist programme formulation for the next two years with a projection up to five years. It uses the draft report of an external review carried out as required by the Ordinance in 1981. Following the Board Meeting we hope to provide to all interested parties a new programme and budget document for the period 1982 through 1986. The previous one is available in the room and was developed in 1978-79. Your suggestions as we proceed with this task will be most welcome.

Each Programme Head will be describing some achievements of the past years and will delineate proposed work for 1983 and beyond. Before this is done I would like to say something about how we set priorities and what influences these. The first and most important priority is that all work strives for the highest quality and must be non-trivial. Beyond this the largest single influence on determining what is important is the problems we face in the field and hospital in Bangladesh. Thus the issues our research and training address must be important for the host country. Such issues will often reflect crucial problems for other developing countries. The Centre has a focus on diarrhoeal diseases which are a major global health problem. Those who work here intend to bring the best expertise and most important current technology to bear on the problems which surround diarrhoea or, as simply stated by Dr Jon Rohde, to "Take Science where the diarrhoea is". To do this a certain level of basic work must go on to develop the needed measuring methods. The scientists also must continually be aware of current knowledge in their disciplines, however our approach is to be sure we do not carry out only isolated, biomedical, disease-oriented work but look at the problem of diarrhoea in its overall economic, socio-cultural and health matrix. To this end we have to be aware of and often develop the information necessary to accomplish this goal. In the Matlab and Teknaf field areas we can

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effectively address this task. Often the most influential intervention may not involve doctors, medicines or hospitals. We have tried to design the Centre in such a way that as many disciplines work together on the problems as may be useful. Narrow disciplinary approaches for their own sake are discouraged.

Once knowledge has been acquired and confirmed by its replication elsewhere, we believe it important to find means to apply it to all who might benefit as quickly as possible cooperating with all possible channels. In doing this the disciplines of Operations and Health Services Research become important and require further development at the Centre in the coming period. A strong Training programme is fundemental to this effort. The balance between application and acquisition of new knowledge must be carefully and regularly assessed for the overall vitality of both efforts. In 1982 we stand with a vigorously developing Training effort which is coming to full flower having started from nothing in 1979.

Finally, a word must be said about service. For the entire history of the Cholera Research Laboratory and the ICDDR,B there has been a strong belief that neither research not training can prosper without provision of the best health service possible to the people involved with our activities. Thus we view the large component of services rendered as intrinsic and necessary to any research and training.

In addition to these considerations there are very important areas for priority stemming from the Ordinance which created ICDDR,B and the nature of the Centre as an international entity. Most crucial among these, from a programme point of view, is that in all we do we must strengthen the abilities and facilities of national institutions to do research and render services. ICDDR,B must never work in a way that detracts from or weakens them. A Programme Coordinating Committee has been formed as mandated in the Ordinance and is actively seaking

how national institutions can be encouraged through a constructive relation with ICDDR,B.

The Programme Heads will be giving you a brief overview in their areas of salient achievements during 1982 and their plans for 1983 and beyond. I would like to mention some important events that are of a more general nature or that may signal an important new direction of work.

The first wing of the new hospital is completed and begins to receive patients this week. This will allow care of patients to be moved from a tin shed to proper facilities. It also will allow for urgently needed space for the Library and Publication and Computer facilities. Other crowded activities can gradually be decompressed.

The Computer Centre has now moved up to 24 hours a day operation and is heavily utilized. It is clear that a more flexible and powerful system is required urgently.

The Library and Publication Unit has entered a project for dissemination of information on diarrhoea, especially in Asia, known as the DISC project. With this the Journal of Diarrhoeal Diseases Research will be published in 1983 from the Centre.

The Microbiology area must be thoroghly renovated and re-equipped for continual leadership in the discovery of the causative agents of diarrhoea and how they spread.

The first major joint project with the Government of Bangladesh to introduce the knowledge gained from Matlab to the benefit of more people has been put into action.

A new direction in the simplification of Oral Rehydration Therapy has been proven in the hospital and is now being field tested.

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This approach replaces glucose or sugar by rice or other cereals. It promises to maintain and improve nutrition during diarrhoea and simplifies and makes more accessable in homes the oral rehydration solution.

Mother's milk has been shown to prevent cholera in nursing babies.

Completion of a large scale field trial has shown reduction of hospitalization by use of ORS at home.

These are only a few of many exciting research findings during 1982 which has been a fruitful year. Beyond this a very active training programme has been carried out and new projects are being developed by the Centre both within and outside of Bangladesh.

During 1982 outside of Bangladesh a cooperation with Kenya to determine the types of rotavirus in comparison to Dhaka has been completed and a team has assisted in control of a cholera outbreak in Aceh province of Indonesia. Discussions and project proposals have been presented to the Kingdom of Saudi Arabia and to Kuwait. A visit was made to China at the request of the Chinese Government and an exchange of letters to define areas of cooperation initiated.

Now let us hear from the specific Programme areas.

TRAINING PROGRAMME

I. INTRODUCTION.

As per the aims and objectives of the Centre in reference to Article 5(1)(a) and (b) of the ICDDR,B Ordinance, 1978 (Ordinance LI of 1978), dissemination of knowledge in Diarrhoeal Diseases and training of Bangladeshi and other nationals in the areas of the Centre's competence, is mandatory. To fulfil these objectives the Centre needs a cadre of full time personnel at policy and executive level, to run the Training Programme. The objective of the Training Programme is to provide training in the area of the Centre's competence, namely the microbiological diagnosis of various aetiological agents, the clinical and epidemiological aspects of diarrhoeal diseases, and demographic surveillance to support diarrhoeal diseases research. Since the Centre has interdisciplinary facilities for diarrhoeal diseases research, including anthropology, social sciences, demography etc., and the availability of a large number of diarrhoeal disease patients with different aetiologies, it is in a unique position to offer experience to trainees in a shorter time than is possible in any other place. This training could be in the form of "individual on the job training" or "short term courses for groups". It is felt that the Centre should provide training for researchers and also for technicians assisting the researchers and trainers. 20% time of senior research personnel will be necessary for all training activities in addition to the full time effort of the training core staff.

II. Criteria for the courses will be as follows:

i) Training should be imparted in the areas of competence of the Centre.

ii) Overlaps should be avoided (e.g. overlap with WHO).

iii) A multiplier effect should be looked for either for the trainee to train others or the trainee (in case of a microbiology technician) to support research on diarrhoeal diseases and/or teach other technicians.

III. Research Training.

Trainees and Fellows.

In addition to the six research trainees from the host country there should be 1-2 positions per working group by 1985 and upto the level of an equivalent of 3 international fellows per working group in 1986 or at the peak level of fellowship programme. These positions should be annually advertised and be 1-year positions renewable once or twice. When selecting, one of the criteria for selection should be the potentiality of establishing a mechanism of collaboration with and between institutions interested in diarrhoeal disease research. A balance between trainees from the host country, other developing countries and developed countries should be maintained for the allocation of different pre- or post doctoral positions.

(a) National Trainees.

These are equivalent positions of international pre-doctoral fellows. The number of national post doctoral fellows is yet to be defined.

(b) International Fellows.

Initially one and finally three International Fellows per working group is visualized.

IV. 1983 Training Priorities.

The following are the priorities for 1983(the sequence is in order of priority):

1. Training,Extension and Communication Working Group.
2. Training Department including 6 Bangladeshi Research trainees and 10 man months of international trainee.
3. Committed and funded courses and workshops:
   (a) Trainers' Training Course for medical assistants training programme, in collaboration with Netherlands.
   (b) Inter-Regional Training Course on Diarrhoeal Diseases: Clinical Aspects, in collaboration with WHO.
   (c) Inter-Regional Training Course on Diarrhoeal Diseases: Epidemiological Aspects, in collaboration with WHO.
   (d) Workshop on Clinical Research, in collaboration with WHO.
   (e) International Workshop on the Evaluation of measuring the Health Impact of Combined Water and Sanitation Programmes, in collaboration with UNICEF.
4. 2nd Asian Conference on Diarrhoeal Diseases in Calcutta(committed).
5. Workshop for Teachers of Medical Colleges in Bangladesh.
6. Research Methodology Course for interested ICDDR,B research personnel.
7. Urban Volunteer Training Programme.
8. Medical Illustration Cell.
9. Mid-level Trainers' Training Course on the use of Manual on the Treatment and Prevention of Diarrhoea and Trainer's Guide.
10. COSTED Course on the Laboratory Diagnosis of the Intestinal Parasitic Diseases.

V. TENTATIVE PLANS FOR 1984-1986.

Priority No.1

1. Six Inter-Regional or International courses per year as follows (possibly 4 will be funded by UNDP-WHO):
   A. Training Course on Diarrhoeal Diseases: Clinical Aspects (twice a year)
   B. Training Course on Diarrhoeal Diseases: Laboratory Aspects (twice a year) one in Chinese in 1984.
   C. Training Course on Diarrhoeal Diseases: Epidemiological Aspects.
   D. Workshop/Course on Research Methodology once a year.

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2. Bangladeshi Training (including provision for 6 research trainees at any given year). There should also be budgetary provision for collaborative workshops and seminars to be hosted by other Bangladeshi institutions.

3. International research fellows:

   1984: One fellow per working group.

   1985: Two fellows per working group: A total of 10 pre- and post doctoral fellows (cumulative).

   1986: A cumulative total of 15 pre- and post doctoral fellows to be equitably distributed among the scientific working groups.

Priority No.II.

1. Participating and assisting in the offering of courses outside Bangladesh.

2. One conference or workshop on a subject of high current interest per year at the Centre.

Priority No.III.

1. Seminar in ICDDR,B on specific aspects of diarrhoeal diseases in the areas of Centre's interest.

2. African Conference on Diarrhoeal Diseases in 1984 and 1986.

3. Asian Conference on diarrhoeal diseases in 1985.

COMMENTS ON FUTURE COURSES:

(a) Offering a course on the diagnosis of various aetiology of diarrhoeal diseases (see I B priority No.1 under Tentative Plans for 1984-86) entitled "Training course on Diarrhoeal Diseases:Laboratory Aspects", in the Centre in Dhaka in chinese for the Chinese by Chinese teachers is being considered.

(b) Highly specific courses like the following may be offered by the Centre:

   i) Course on E.coli (ST & LT) toxin production and assay.

   ii) Course on setting up demographic surveys and surveillance systems in a community in support of Health Research.

Project proposals for a & b should be written to approach donor agencies and/or advertisement for judging the feasibility of self supporting courses.

mh

CSRWG WORK PLANS FOR 1983

I. INTRODUCTION

Biomedical research and technological development alone are insufficient to control diarrhoeal disease and to improve health. Appropriate application and adequate delivery of health technology in community settings are necessary. Social research on community health service interactions is needed to understand how diarrhoeal disease programmes, usually in the context of basic health services may be improved. The specific programme goals of the Working Group are:

1. Basic studies on biosocial determinants of diarrhoea, other important illnesses and mortality, including demographic and social studies on morbidity, mortality and fertility.

2. Large-scale evaluation of health technologies in community settings, included carrying out interventions and evaluating their acceptability, applicability , use effectiveness and hazards; approaches to measuring the effect of community involvement.

This working group is responsible for the large-scale data collection activities of the Centre. Since 1963, the ICDDR,B has operated the demographic surveillance system (DSS) in Matlab. The Matlab study area was reduced from 280,000 to a 1974 census population of 160,000 in October 1978, to improve the data quality and to reduce cost. A new update and socio-economic survey for the study is now underway.

The existence of the data base at Matlab has made possible, at a fairly low cost, a series of studies directly related to diarrhoeal control.

In addition, vaccine trials and an oral therapy field trial in Matlab have been made using the DSS information. Due to the constant interventions in Matlab, it is clearly not possible to make facile generalisation from the Matlab experience to the rest of Bangladesh. For this reason, attempts at evaluation in other areas are being experimented out. However, the unique data set has allowed measurement of some natural reproductive health parameters and the evaluation of technical health innovations. These studies would have been extremely difficult or impossible to carry out elsewhere. Evaluation of the effectiveness of health services interventions (including MCH,oral therapy for diarrhoeal diseases, family planning, EPI and nutrition) depends on a reliable surveillance system to monitor births, deaths and morbidity.

The activities noted above fit well into the world-wide emphasis on Primary Health Care (PHC) and the goal of "Health For All in the year 2000".

II. MAJOR RESEARCH AREAS

1. Demographic Surveillance System

The DSS forms a unique data collection system of vital events. During the past two years census books updated till 1982 have been compared. A socio-economic survey of individual households have also been undertaken. The data has been computerised. During the next two years efforts will be made to develop a population register. Linkage of various event filed past and present will be improved. A registration number and a current number has now been assigned to each individual in the DSS. These data will form the basic information required for various other mortality and morbidity studies.

Cause of death forms will be introduced into the DSS based on limited studies involving lay reporters. Minimal mortality and morbidity lists suggested in a WHO document (1978) are being tested in Matlab.

2. Community Health Services Program (CHSP)

Present intervention studies will be reviewed. Morbidity surveillance will be undertaken on a sample basis for the main diseases responsible for infant and child mortality before introducing further interventions. Some of the inputs envisaged are the extension of the immunization package and child growth monitoring with nutrition components.

3. Analysis of existing data will form a major component of the Working Group's research effort for the next two years. Data sets include DSS, SES, DNF, MCH-FP, Tubewell studies, oral therapy.

The creation of data files appropriate for such analysis will be stressed; for example, a longitudinal file of women of reproductive ages; a family-child file with morbidity surveillance and immunization; a hospitalization file including treatment in the subcenters.

The lack of a scientific computer remains a major obstacle in dealing with this data.

Prioritization of data analysis would be directed towards understanding the linkages between nutrition, morbidity, mortality and fertility. Child survival studies would represent a particular focus. A distinction needs to be made between data sets required for monitoring service delivery and evaluation research.

4. Alternative designs to assist in distinguishing research and service needs will be developed. Operations research on systems that are less expensive and more replicable than those used in Matlab and which would entail greater community involvement will be studied; for example, the different ratios of coverage by field workers supplemented by community resources such as

bari mothers and TBAs. Cost-effectiveness studies will be pursued if appropriate staff can be recruited.

5. Socio-anthropological Studies

Methodological approaches within the group have been mainly quantitative and restricted to "survey type" both longitudinal and cross-sectional. The socio-anthropological approach through"case studies" and "participant observation" requires more stress. Studies of particular problems "in depth" such as the role of mother's education on lowering mortality levels, the "plateau" reached in terms of acceptance of health interventions in FP and oral therapy, etc. will be undertaken.

6. Intra and cross country collaboration through institutional arrangements--formal and informal--will be pursued. Among institutions in Bangladesh are the BIDS, ISRT, NIPSOM. The Australian National University, Johns Hopkins University, Princeton and London School of Hygiene, Vrije Universiteit, Brussel, Belgium, are some of the institutions abroad.

PRIORITISATION

The Mortality/Morbidity and Fertility complex of studies including appropriate cost-effective health interventions will be the prime general priority, with a focus on children under 5 and with specific health problems of women related to childbirth.

I. The determinants of mortality/morbidity and fertility linkages will be studied through:

- analysis of existing DSS data including SES and longitudinal sets
- cause of death studies

- "case study" approaches
- development of cost-effective monitoring systems
- health interventions related to lowering infant and child mortality.

II. Measurement of the effect on fertility of family planning interventions in isolation.

III. Endocrinology and biomedical research on fertility.

Collaborative studies with other countries will be encouraged provided they fit within the above priority and within the capabilities of the Centre.

Personnel Requirements

To achieve these priorities set a health economist - preferably medical - should be recruited. Senior level consultants should be provided in the areas of epidemiology and socio-anthropology. A post-doctoral fellow or middle-level scientist with strengths in statistics would be useful for accelerating data analysis and assisting quality of data collection.

7.3/BT/DEC.82

International Centre for Diarrhoeal Disease Research, Bangladesh

Memorandum

TO : Director

FROM : Dr. A.R. Samadi
Progam Head, DTWG

DATE 3.12.82

SUBJECT : OUTLINE OF PROGRAMS FOR DTWG IN 1983

I. INTRODUCTION

The DTWG during 1983 planned to select the following areas in priority order for research:

A. Development of techniques for studies on invasiveness of Shigella and pathogenic mechanism of Campylobacter.

B. Studies on serotyping, epidemiology and transmission of rotavirus is another priority area. The establishment of WHO ELISA technique, development of capability of the laboratory for proper antibody studies and possibility of getting an electron microscope during this year will facilitate cohert studies of rotavirus infection in 1984.

C. Phage and plasmid studies on strains belonging to various species and types of Vibrio cholerae will be carried out. The emergence of classical biotype of V. cholerae provided a unique opportunity to continue epidemiological studies of both classical and El Tor biotypes simultaneously. Studies on ecology and survival of V. cholerae in the environment during epidemic and inter-epidemic periods are also important

D. Efforts on possible development of oral vaccine for cholera as an intervention measure.

The provision of laboratory space and better facilities, upgrading the capability of the microbiology laboratory for establishment of techniques focused on priority areas of DTWG is important for better implementation of research.

II. SPECIFIC PROJECTS

* A. Etiological Agents:

1. Studies on Campylobacter conducted at ICDDR,B showed high isolation rate of Campylobacter from both patients and healthy individuals. Its

pathogenic role has not been documented; however two experimental models have been developed. This study may document its pathogenic role causing diarrhoea. It will also establish serological techniques, serotyping and biotyping schemes to facilitate further epidemiological studies.

2. Studies on development of enrichment and selective media for isolation of shigella may yield suitable media for better isolation of shigella.

3. Development of new techniques for studying invasiveness of different species, serotypes and subserotypes of shigella may provide more efficient techniques to differentiate the relative pathogenicity of different shigella strains and to facilitate epidemiological studies of shigellosis in 1984.

4. Studies on development of phage system for identification of E. coli strains may help us in identifying individual E. coli strains by testing their sensitivity to a selected collection of phages.

5. Studies on new enteropathogens may address the problem of 34% unknown etiologies in our hospital. Some studies carried out in the past indicated encouraging results.

6. Plasmid studies on antibiotic resistant strains of V. cholerae, Shigella, Salmonella etc. This study as an intelligence service system will monitor the emergence of any new R-plasmid carrying strains of these organisms. This will enable us to trace the antibiotic resistant strains and to reconsider the use of antibiotic in these areas.

7. They very recent association of invasiveness of Enteroinvasive E. coli with an easily detectable large molecular weight plasmid has provided the necessary tools to isolate and identify EIEC strains. This simplified plasmid analysis will provide strain markers which will be particularly valuable as diagnostic and epidemiological tools to study EIEC disease.

B. Epidemiology:

1. Study of outbreak of cholera due to classical biotype provided a unique opportunity for investigating both classical and El Tor biotypes simultaneously in the same community. This study will increase our knowledge in understanding the different features of both classical and El Tor variants.

2. Sufficient focused studies on epidemiology and transmission of rotavirus have not been done in Bangladesh. A feasibility study on transmission of rotavirus at ICDDR,B generated the hypothesis that the hands may play an important role in the chain of transmission of rotavirus infection. A study is designed to provide information on the role of the hands in transmission of rotavirus infection as well as epidemiological informations. In connection with this study the role of hands in prevention of Campylobacter, Shigella and V. cholerae diarrhoeas will also be tested.

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*3. The surveillance research protocol on diarrhoeal patients established a surveillance system in Dhaka hospital which provides informations on demographic, microbiological, clinical and therapeutical aspects of diarrhoea. The surveillance program now is serving as an intelligence system in monitoring the disease pattern with quarterly reports.

4. A preliminary understanding of the dynamics of host-amoeba interaction in rural population will be acquired through this ongoing pilot study which will help us in designing a full scale study on epidemiology of amoebiasis in future.

5. Definition of risk factors for amoebiasis and giardiasis will help us to understand the risk factors with these organisms in surveillance patients. This preliminary retrospetive study will guide us in designing further epidemiological studies on amoebiasis and giardiasis in 1984.

C. Intervention Studies:

*1. Now it has become apparent that infection of toxigenic strains of V. cholerae with certain vibriophages results in loss of toxigenicity. These mutants are to be used as possible candidates for live oral vaccine. This collaborative study on development of potential live oral vaccine has already been started with Dr. J. Murphy of Boston.

2. Study of ecology and survival of V. cholerae is a vital subject for understanding the behaviour and survival of the organisms during the inter-epidemic and epidemic periods. This collaborative study with the University of Maryland will help us in understanding how the epidemics may occur.

**3. Study of Cellulose GM1 ganglioside binding of cholera toxin in family contacts of cholera patients will look specifically at toxin-binding and prevention of cholera in family contacts. The results of this study will be important both to clarify the mechanism of toxin-binding and to investigate the feasibility of toxin-binding therapy for prevention of disease.

4. Investigation of the extent of pollution by enumeration of fecal coliforms and fecal streptococci will correlate these with the seasonality of diarrhoea and physiochemical parameters.

5. Study of handwashing in a rural set up is proposed to see whether a simple intervention on diarrhoeal diseases is effective or not.

6. Intervention on mortality from diarrhoea by introducing a measuring glass for preparation of oral rehydration therapy may address whether a standard measuring glass is acceptable and effective in rural Bangladesh in lowering the incidence of diarrhoea.

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*UNDP/WHO Funded

**SAREC Funded

ARS:sc

Nutrition Working Group Programme

Prospectus for 1983-1985

INTRODUCTION

Despite the small size of the Nutrition Working Group (NWG), it has made substantial progress during the last three years in helping to gather new knowledge and provide answers to its main objectives as set out in 1980. These were:-

(1) How diarrhoea leads to malnutrition?

(2) How malnutrition modifies the course and outcome from diarrhoea?

(3) How can the diarrhoea-malnutrition cycle be interrupted?

The lists of the recently completed and the on-going studies give some idea as to how these questions were and are being answered. While the overall objectives of the NWG remains as above,as a direct result of the recent studies and discussion held within and outside of the NWG and other Working Groups it was decided to give a fresh look at the programme as related to the overall objective of diarrhoea research at the ICDDR,B. Discussion held with the external scientific reviewers and consultants as well as those published in the reports of the various Scientific Working Group of the WHO and other international bodies have been taken into consideration in formulating the list.

PRIORITIES

It is needless to emphasize that maximum priority for any research programme should be given to gathering new knowledge or develop new technologies. Under the mandate of the ICDDR,B dealing with a problem requiring early and visible result, the objectives of the NWG however has to be modified somewhat to focus on studies "directly related to diarrhoea and nutrition". Devoting time to basic research, therefore, may not be the most important priority of the Centre event if sophisticated facilities were available. Research of applied nature must be accorded higher priority without precluding the possibility of encouraging any studies on basic topics with a view for early application.

The following questions were asked before according priority to the research programme of the NWG.

(1) Does it have relevance fo diarrhoea-malnutrition cycle?

(2) Will it affect diarrhoea mortality?

(3) Will it affect diarrhoeal morbidity and/or its complications?

(4) Will it reduce incapacity caused by diarrhoeal diseases?

(5) Will it provide feasible solution in a reasonable period of time, within the context of available manpower and facilities?

Using the above criteria and realising the very limited manpower and the budget of the NWG, the following research areas have been identified as the prospective programme for the next three year period, namely 1983-1985. The ongoing protocols will be allowed to complete and new protocols developed in the meantime.

In planning a programme of NWG, it was felt essential that we focus on problem:

(a) about which we have inadequate understanding

(b) on areas which will help to improve the survival of children with severe malnutrition and diarrhoea and

(c) improve the nutritional status of the vulnerable group i.e. mothers and children.

The programme therefore should includes:

(1) Research and development in hospital setting in order to obtain new understanding on the pathophysiology of digestion and absorption in diarrhoea accompanied by malnutrition and/or other nutritional deficiencies as well as to improve the present management of diarrhoeal children with severe malnutrition.

(2) Community-based studies of culture and practice to unravel the complex set of factors affecting the nutritional status of mothers, infants and children.

(3) Intervention studies focusing on (i) Preventing loss of nutrients through repeated attacks of diarrhoea, (ii) Increasing the food intake during and after attacks of diarrhoea, (iii) Rapid rehabilitation of malnourished children and (iv) Improved delivery of Maternal and Child Health (MCH) services with emphasis on nutritional supplementation during pregnancy, lactation and infancy in order to reduce high infant mortality.

The following is the list of studies in the area of nutrition and diarrhoea currently under development.

I: First Priority

1. Nutritional rehabilitation in diarrhoea complicated by malnutrition.
2. Nutrient absorption in severely malnourished children.
3. Action-cum-research programme on culturally-based nutrition intervention.
4. Vitamin A, iron and trace element deficiencies in diarrhoea and other enteropathies

II. Second Priority

1. Promotion of food intake in diarrhoea at the community level.
2. Parasites and malnutrition.
3. Nutrition intervention for pregnant and lactating mothers.
4. Promoting supplementary feeding with appropriate hygienic measures in infants after six months of age..

7.5/BT/DEC.82

International Centre
for Diarrhoeal Disease Research, Bangladesh

Memorandum

TO Director

FROM Thomas C. Butler, M.D.

DATE 16.8.82

SUBJECT Outline of PTWG Program for 1983-1984

I. Introduction

The PTWG has chosen four subject areas for its priorities in 1983-1984. In order, starting with the highest priority, these subjects are 1) invasive diarrheas, including shigellosis, amebiasis, and salmonellosis, 2) new syndromes and new agents of diarrhea, 3) less invasive diarrheas, including rotavirus and giardiasis, and 4) the enterotoxigenic diarrheas. The appproaches that the PTWG will take to study these subjects will be varied and the top priority approcach will be pathogenesis of the actual fluid production and intestinal damage caused by the etiologic agents. In decreasing order of priority, other approaches will include the description of complications and consequences of diarrheal diseases and therapeutic trials of newer treatments.

II. Specific Projects for 1983-1984

A. Pathogenesis of invasive diarrheal diseases:

1. Studies of colonic function in shigellosis. Although the colon is the major intestinal region affected by shigellosis, no studies of colonic dysfunction have been carried out - Using the colonoscope, a marker fluid will be infused at the ileocecal junction in order to measure flow rates of intestinal fluids at this and other sites. The ability of the colon to absorb water and electrolytes will be measured. Using a bag of dialysis tubing inserted through a sigmoidoscope the flux of water and electrolytes across inflamed mucosa will be measured and the electrical potential difference recorded.

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2. Post-mortem studies of invasive diarrheas. By carrying out autopsies in fatal cases of diarrhea, it will be possible to learn more about the intestinal mechanisms of serious diarrheal illness and extraintestinal complications. Lung and liver pathology have already been very revealing. Careful histology with special stains for microbes will be applied to tissues to detect pathogenic agents and post-mortem cultures will be taken. New agents of disease are expected to be discovered. Acquisition of an electron microscope in 1983 will help further to define new lesions in cases of fatal invasive diarrhea.

3. Studies of the hemolytic-uremic syndrome following shigellosis. The cause of this important and often fatal complication of shigellosis, that was discovered in Bangladesh, has not yet been clarified. Two approaches that will be pursued are the development of an experimental animal model by injecting LPS into rabbits and the measurement of prostaglandin metabolites that can act as anticoagulants on vascular surfaces.

4. Studies of diarrhea in typhoid fever. This important cause of diarrhea has not yet been studied. The nature of the diarrhea will be characterized and mechanism approached by measuring cyclic AMP and prostaglandins in the stool.

B. Roles of new etiologic agents and newly recognized syndromes

1. Measles diarrhea. Measles is often accompanied by diarrhea because of, perhaps, immunodepression that occurs during this severe viral infection. Measles virus can itself infect intestinal epithelium. The known agents of diarrhea, especially shigellosis and rotavirus, will be looked for in village children with measles and a control group without measles.

2. Chlamydia diarrhea. This intracellular bacterial agent causes a variety of other diseases affecting the eye, lungs, and lymph nodes. The role of chlamydia in the human gut has not been studied. A pilot study showed antibodies against this agent in both children and adults in Bangladesh. Culture of this potential agent of diarrhea will be carried out using tissue culture cell lines.

3. Yersinia. This newly recognized agent of diarrhea has been discovered in Bangladesh in 1982 in a fatal case of pneumonia and sepsis. The prevalent O-serotypes in Bangladesh need to be defined and the pathogenesis and epidemiology more completely studied.

4. Chronic diarrhea: The ICDDR,B is presently able to find causative agents in about 70% of acute cases, but the chronic diarrheas elude diagnosis in most cases. Causes and mechanisms will be sought. Malabsorption of nutrients will be measured.

C. Studies of acidosis in cholera. Although the metabolic acidosis in cholera is known to result from the loss of bicarbonate in the stool, some questions about the acidosis in cholera remain unanswered.

1. The anion gap in cholera. Most studies of serum electrolytes in

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cholera reveal an anion gap of 25 meq/L or more. The unmeasured anions have not been defined and may represent organic acids or anionic proteins.

2. Intracellular pH and potassium. The intracellular mass is a buffering reservoir for the extracellular fluid. In cholera, the intracellular pH should decrease and the intracellular potassium should decrease, but these measurements have not been carried out.

3. Renal effects. The effects of prolonged acidosis on renal function will be important because treatments of cholera using alkalai-free ORS are being examined.

D. Treatment of diarrheal diseases

1. Rice powder ORS. Rice powder as a starch source can be substituted for glucose or sucrose in the ORS solutions. This rice powder ORS has been shown to be as effective as the standard ORS in cholera and other diarrheas. Further work will be carried out to test the concentration of rice powder that is optimal. Another approach will be to take the rice water that is obtained after boiling rice and use it for oral rehydration.

2. Further refinements of ORS. Modifications of standard ORS may have advantages in certain developing countries because of availibility of natural products and types of diarrhea that are prevalent. The PTWG will examine citrate salts as substitutes for bicarbonate and ORS solutions without base. Other approaches to reduce further the quantity of intravenous fluids will be tried. One of these is to promote nasogastrically administered ORS to patients with moderate -to-severe dehydration.

3. New antimicrobial drugs. In shigellosis, the development of antimicrobial resistance in Shigella strains requires that newer drugs are continually tested. Some of the promising drugs include third-generation cephalosporins, norfloxacin, and bicosamycin.

4. Antisecretory drugs. Chlorpromazine was shown to be highly effective in cholera. Another promising drug nicotinic acid is being evaluated and may have less severe side effects. Other drugs to be evaluated include the new calcium channel blocking drugs.

5. Antimotility drugs. Although antimotility drugs are contraindicated in shigellosis, they are being used widely to treat diarrhea. A new drug loperamide has both antisecretory and antimotility properties. It will be tested in travellers' diarrhea.

TCB/mbs

International Centre
for Diarrhoeal Disease Research, Bangladesh

Memorandum

TO Director

FROM Thomas C. Butler, M.D. T Butler

DATE 17.8.82

SUBJECT Outline of Program for HDWG for 1983-1984

I. Introduction

The HDWG will carry out studies of how the immune system responds to etiologic agents of diarrheal disease and how the immune response can be used to develop better vaccines and prophylactic materials against diarrheal illnesses.

II. Specific projects

A. Local gut immunity. These studies examine the production of antibodies against antigens of etiologic agents that are elaborated in the intestine by gut lymphoid tissue.

1. Role of antibodies in the natural termination of cholera. Cholera disease runs its course in a period of usually less than one week, and all patients survive provided they are given adequate fluids to replace their deficits. The purging rates decrease with time and fewer cholera bacteria are excreted in the stool. This termination process is believed to be caused by the immune response, but antibodies in the stool and upper intestine against cholera toxin and LPS antigen of V. cholerae have not been measured after different intervals of infection.

2. Role of intestinal antibodies in termination of shigellosis. Shigellosis also runs its natural course in a week or less in most cases and excretion of bacteria diminishes sharply during this period. In these studies the levels of anti-shigella antibodies will be measured in the stool. Because Shigella is an infection of the colcn predominantly, the antibodies will be tested in both stool and upper intestine to determine the exact site of antibody production in the intestine.

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B. Development of new vaccines

1. Atoxigenic transductants of V. cholerae. In collaboration with Dr. J. Murphy and the DTWG, transducing phage particles will be used to delete the genes of V. cholerae that are responsible for encoding the active cholera toxin. These transductants will be able to multiply and elicit protective antibody responses. Testing the new vaccines in volunteers is planned.

2. Effects of live V. cholerae on gut lymphoid tissue. Mice will be fed live bacteria and the lymphocytes of Peyer's patches and mesenteric lymph nodes will be tested for antibody production.

C. Gastric acid as a protective barrier against infection. A new technique to measure gastric acid levels without the need for intubation will be developed. This involves ingestion of magnesium and testing the evolution of hydrogen in the breath. This test is expected to allow epidemiological studies of achlorhydria.

D. Passive immunity for treatment and prevention of diarrheal diseases. In addition to the approach of immunizing persons actively with vaccines, there is the possibility that administering pre-formed antibodies to people can be effective intervention. Bovine colostrum is available that contains very high antibody titers against cholera toxin. This immune colostrum will be orally administered to cholera patients in an effort to inactivate cholera toxin. If this is successful, immune colostrum can be developed with additional immune specificities in order to treat and/or to prevent other diarrheal illnesses.

E. Leukocyte-endotoxin (LPS) interactions. The endotoxin of gram-negative bacteria is immunologically very active, able to act as both an antigen and an adjuvant and a mitogen for lymphocytes. Endotoxin can stimulate leukocytes to elaborate mediators of inflammation which may be responsible for the fever and cellular infiltration in the intestines of patients with certain diarrheal diseases. The LPS of Shigella will be tested for its potency to stimulate human peripheral blood leukocytes. Products of these stimulated cells will be tested for diarrheogenic activity and fever-producing activity in experimental animals.

TCB/mbs

PROJECT DEVELOPMENT COMMITTEE REPORT

The Management Committee of ICDDR,B established a Project Development Committee (PDC) on 16 April, 1982 with the following terms of reference; The PDC would be administratively responsible for the development of:

(1) All proposals not clearly falling within the responsibility of any single programme would be developed under the oversight of the Project Development Committee.

(2) The required technical expertise can be co-opted from within or outside of the Centre to develop the proposals.

(3) The scientific or research components of all proposals will be forwarded by the Scientific Programme Heads or the Project Development Committee to the Research Review Committee for their review and approval.

(4) The technical responsibility for all proposals will be assigned at the initiation of the writing of the proposal, however, additional persons may be added or persons may be allowed to resign responsibility with communication to the Committee.

(5) This Committee will serve as a clearing house and be informed of all activities intending to establish collaboration with institutions outside of ICDDR,B in the host country or in any other country with any other agency.

(6) The reccommendations of the Committee will be referred to the Management Committee. However, in view of the short time deadlines often required in writing proposals, it is essential that members of the Management Committee receiving materials from the Subcommittee will respond to them within a period of 48 hours after their receipt.

(7) The Management Committee will be informed of the nature of proposals to be prepared such that it will be expected once a decision is made to prepare a proposal the Management Committee will simply be commenting on improvement in quality of the proposal rather than reactivating a decision of whether or not to go forward with a proposal.

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(8) The terms of reference of the Subcommittee may be changed as and when necessary by the Management Committee.

(9) The Committee is advisory to the Management Committee. However, once a decision is taken it has full power of execution of all proposal and projects.

The reasons to establish this Committee were:

(1) To be sure that all projects that involved coordination between Programmes had a central oversight and clearing point.

(2) While developing projects seeking support and coordination with a potential funding agency is of critical importance and must be handled by a single body.

(3) To facilitate use of external consultation and insure coordination with external cooperating institutions.

The principle of operation would be for the PDC to divest itself of responsibility for projects when is sufficiently matured. This could be done in two ways:

(1) Assign them to existing Programmes.

(2) Establish new Programmes.

The technical review of projects would be carried out by reviewers selected by the Programme Heads as well as external reviewers. Any research project would be required to clear the Ethical and Research Review Committees.

The lines of authority for all projects under the Project Development Committee are such that the project head has full authority over all aspects - technical and administrative. He must follow the Centre's rules and get clearance as and when required from the Associate Director, Administration and Finance for administrative and financial matters. All scientific or training matters are to be discussed and coordinated with the appropriate Programme and/or Branches. Research proposals are to be provided to the Project

Development Committee for review and submission to Ethical and Research Review Committees. The Director has the final executive authority directly over all projects under the PDC.

Presently under the PDC are the following projects:

PROJECT LIST OF PROJECT DEVELOPMENT COMMITTEE

(A) ACTIVE IN BANGLADESH

	Project Title	Funding Agent	ICDDR,B Project in charge technical
1.	MCH-FP Sirajganj, Noapara, Matlab, Teknaf	USAID/UNFPA	Dr. J.Phillips
2.	Munshiganj Project	FRG	Dr. J. Phillips
3.	Chandpur Project	Aga Khan/ ICDDR,B	Dr. A.S.M. Mizanur Rahman
4.	Urban and Rural Diarrhoea Treatment Centres, Community initiative: Nandipara, Urban Mothers, Kalirbazar, Shotaki, Nayergoan, Sirajganj, Noapara and Mirzapur.	FRG	Dr. K.M.S.Aziz
5.	Embankment Project		Dr. A.S.M. Mizanur Rahman
6.	Cereal based ORS	Aga Khan	Drs.A.M. Molla, A.S.M.Mizanur Rahman, N.Rizvi
7.	Diarrhoeal Growth Study Monograph	Ford/ Rockefeller	Dr. R. Black
8.	Evaluation of Training Materials	ICDDR,B	Prof. Gyasuddin, NIPSOM
9.	BRAC ORT	Switzerland	Dr. S. D'Souza
10	Duckweed		Dr F. Huq
11	Bangladesh Medical Research Council		Dr Greenough
* 12	ICORT		
* 13	Campylobacter		

(B) ACTIVE OUTSIDE OF BANGLADESH

	Project Title	Funding Agency	ICDDR,B Project in charge technical
	1. Saudi Arabia	Kingdom of Saudi Arabia	Dr. Greenough
	2. Kuwait	Kuwait	Dr. Greenough
*	3. China	-	Dr. Greenough
*	4. Yemen	-	Dr. K.M.S. Aziz
*	5. Egypt	-	Dr. K.M.S. Aziz

INACTIVE OR CLOSED

	Project Title	Funding Agency	ICDDR,B Project in charge technical
1.	Kenya	ICDDR,B	Dr. Rabbani/Dr.Mutanda
2.	Pallichikitsak	USAID	Dr. Greenough
3.	Cholera Outbreak Indonesia	USAID	Dr. R. Glass

*** No written materials**

MCH-FP MATLAB, SIRAJGANJ, NOAPARA, TEKNAF

In the Matlab Field Station during the past six years we have observed that simply distributing contraceptives does not have sustained fertility effects. Introduction of simple health care, with follow-up of clients for treatment of side effects, and referral of problem cases of those using contraception has resulted in a sustained major increase in usage and a concomitant reduction in fertility. Recent mortality reports suggest that health has improved and mortality rates have decreased markedly. This project is to assess how best to transfer elements of this system to the health care system of Bangladesh. It is a research project with major components in operations and health services research with a linked record sampling approach to assessing health and vital events. The project is carried out with close linkage with the Matlab and includes a component of research in Matlab to afford comparative analysis. The Teknaf portion is separately funded by UNFPA and presents special problems and some modifications in the approach in that MCH services are to be implemented prior to family planning.

Total project funding USAID		
Start date UNFPA		1 January 1982
Duration 3 years		31 December 1985
Project in Charge		Dr James Phillips
	Teknaf	Dr M.H. Munshi

Director's Note:

This is the Centre's most major step to directly address the problem of transfer of knowledge to the true situation

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under the existing health system of Bangladesh. Regardless of success of transfer we will learn the reasons for success or failure. It is a challenging and contentious project in all respects. I believe it a central priority despite problems.

MUNSHIGANJ

In order to develop and pretest the sample surveillance methodology and data management systems for the MCH-FP extension projects in Sirajganj, Noapara, Teknaf a contract was taken at the request of the Government of Bangladesh and the Federal Republic of Germany (FRG) to do a survey in the six thanas of Munshiganj Subdivision. The survey assesses the status of vital and health events in Munshiganj Subdivision where a technical cooperation project exists between FRG and the Government of Bangladesh. This project has completed a baseline survey and is now in the field with the second of two rounds. A report will be submitted to the contracting parties early in 1983. The data set represents a research resource in an area adjacent to the Matlab field area and therefore permits comparative analysis of fertility and mortality levels with Matlab as well as comparative analysis of health service utilization behaviour, contraceptive knowledge and use, and reproductive motivation. This research will therefore assess the extent to which health and sociodemographic situation in Matlab differs from neighbouring areas.

Total Funds
Start
Finish
Project in Charge Dr James Phillips

Director's Note:

An excellent first step to achieve a sampling of an adjacent situation to Matlab. It can be cross calibrated with the Matlab data base.

CHANDPUR PROJECT

Chandpur is adjacent to and south of the Matlab field area. Here with no input of any sort except training there has been an exploration of how best to put ORS to work in the community with existing resources. Now the new rice based ORS is being tested for its practicality and effectiveness. An initial study on attitude of mothers towards rice-based ORS has been completed and the subsequent study of how to present the solution to the mothers is in progress.

Total Funds

Start

Finish

Project in Charge   Dr A.S.M. Mizanur Rahman

Director's Note:

An invaluable area for exploration of new approaches to ORT away from other activities in Matlab or Teknaf. Matlab hospital covers only need for other than home care in this project.

URBAN AND RURAL COMMUNITY CENTRES

For several years alternatives that might rapidly implement effective treatment of diarrhoea have been discussed. In 1980 as it was necessary to limit our direct responsibility for service in Matlab we agreed to assist the community of Shotaki to initiate its own diarrhoea treatment centre and make it self sufficient. A building was present jointly used previously. It was turned over to the community. Community selected volunteers to receive training in Matlab. This centre in the past month treated more than 600 patients saving many lives. With some variations similar initiatives have been made in an additional six rural areas and a major project in several parts of Dhaka city.

That effective community initiative is possible is now clear in the city and country. This now requires a full review and plan to see how best to assist this end properly link it to Government health services.

Total Funds	
Start	Urban Community Centre Project Under Preparation
Finish	
Project in Charge	Dr K.M.S. Aziz

Director's Note:

This is an exciting and as yet unarticulated set of initiatives. They have saved more money in Matlab than costs incurred outside. We have withdrawn costly ambulance boats and complexities of logistics and staff. They are however running well ahead of our ability to evaluate and define them as a coherent entity.

The Urban component is particularly exciting and may have saved in an epidemic year up to 50,000 hospital visits at the Dhaka hospital. This all needs urgent attention and careful planning and articulation.

MEGHNA-DHONOGODA EMBANKMENT

The Asian Development Bank has provided 44 million dollars to construct a dyke around one half of the Matlab field area. This "polder" project is one of the major kinds of development project in Bangladesh. An evaluation of the long term impact on health and related variable has never been done. The data base in Matlab is unique in the developing world. A group has been meeting and has developed with the assistance of a consultant, Steven Jones, a preproject document for discussion with interested groups.

Although the data base of Matlab is the unique aspect of this project the scope is far beyond the expertise and area of work of ICDDR,B. Accordingly, discussions are underway with several national institutions as well as outside institutions and persons to explore how best to further formulate this extraordinary opportunity.

Total Project Funds	Yet to be determined
Preproject - Funds	$166,800/-
- Start	January, 1983
- Finish	September, 1983
Project - Start	January, 1984
- Finish	December, 1994
Secretary of Working Group	Dr A.S.M. Mizanur Rahman

Director's Note:

A one of a kind, once in a century opportunity. It must be carefully planned and executed. The embankment is now about one third finished thus the initial changes due to the impact of economics, labour and loss of land are underway.

CEREAL-BASED ORS

We have recently published in The Lancet evidence that rice is equal to and perhaps better than glucose as a basis of ORS in diarrhoea. This observation allows formulation of a series of projects to investigate how best to apply rice based ORS to field situations. It also requires clinical studies on other cereals as to their merits. A confirmation and extension of our studies adding an amino acid demonstrated a marked reduction in stool output and duration of illness. This approach is termed "Super ORS" which will provide nutrition in addition to an effective diarrhoea therapy. We are now planning investigations on what source of amino acids (protein) from the locally available foods could add to the effect of glucose. We envisage a simple home made soup with a cereal and protein and the right amount of salts as the ideal ORS. It also would be least costly, most nourishing and available and acceptable.

Total Funds	$US300,000/-
Start	June 1983
Finish	December 1985
Project in Charge	Drs A.M. Molla, A.S.M. Mizanur Rahman, N. Rizvi

Director's Note:

This will redirect the emphasis of research on ORS everywhere.

DIARRHOEA GROWTH MONOGRAPH

A unique data set from intensive studies in Matlab several years ago have given birth to several important scientific reports in journals. They now need to be brought together as a monograph and the analysis of data transferred to ICDDR,B computer files from Dr Robert Black, the Investigator. The original data set resides at ICDDR,B, the analytic tapes will be an invaluable resource to future workers.

Total Funds

Start

Finish

Project in Charge Dr R. Black

Director's Note:

An essential step to complete this work to be funded by a joint grant of Ford and Rockefeller Foundations.

EVALUATION OF TRAINING MATERIALS

Dr Gyasuddin of NIPSOM has been given a contract to do an independent external evaluation of a Trainer's Training Manual and instruction book for teaching the treatment of diarrhoea. We anticipate that by taking into account the results of this field evaluation we will have calibrated in Bangladesh our own materials for use and provision to others for testing in their own settings.

Total Funds	$5,000
Start	
Finish	
Project in Charge	Dr Gyasuddin

Director's Note:

Few materials of this sort have had an independent field check. We think our materials are good and can be improved now let's see.

BRAC EVALUATION OF ORT

The Bangladesh Rural Advancement Committee has carried out a project of training teams of field workers to teach mothers how to make an oral rehydration solution from household ingredients. They have taught a hand measurement system which utilizes a three finger pinch of salt (lobon) and two scoops with four fingers of crude cane sugar (gur) in one half litre (seer) of water. They have now covered 50 thanas in Bangladesh. The ICDDR,B (Drs D'Souza and Greenough) are technical advisors on this project which is otherwise entirely a national initiative in the private non profit sector. The results to date show that safe and effective ORS results from this work. A mortality impact evaluation is now in process.

Total Funds	Tk. 17,50,900 (evaluation)
Start	April 1981
Finish	March 1984
Project in Charge	A.M.P. Chowdhury
Resource Person	Dr S. D'Souza

Director's Note:

We believe in fostering all potentially helpful initiatives. We know both from clinical studies and field testing that simple salt-sugar ORS is very effective. We know all homes in Bangladesh have salt sugar and water. We know there are many deaths averted by use even of simple household solutions - why not use them now?

DUCKWEED

Human wastes now spread diarrhoeal and other diseases in Bangladesh due to indiscriminate habits of defecation. These wastes are a valuable source of scarce organic chemicals for growth of food. A native plant, duckweed, converts waste to protein which is a complete nutrient for ducks, chicken and certain fish. This project proposes to study the aggregation of human waste into protected ponds for growing duckweed which will in turn feed animals then humans. If successful human waste will have an economic value which will provide a stimulus for its safe handling.

A feasibility study is planned.

Total funds	
Start	
Finish	
Project in Charge	Dr Farida Huq, Institute of Public Health

Director's Note:

An innovative approach to human waste for the decade of water.

PROPOSAL TO DEVELOP A COLLABORATIVE RESEARCH PROGRAM WITH BANGLADESH MEDICAL RESEARCH COUNCIL (BMRC)

Although ICDDR,B is doing everything it can to promote medical research in Bangladesh there has not been significant collaborative effort between ICDDR,B and BMRC. From the national point of view BMRC is the focal point for developing medical research in the country. It is to the long term advantage of both the organizations if collaborative research programs and also an organized program for research oriented training for Bangladeshi Scientists could be developed jointly by ICDDR,B and BMRC. The benefits of such collaborative research programs for ICDDR,B has also been recognized by the Scientific Review Committee in their 1981 report (page 3, last para).

Keeping the above in view an exploratory proposal was submitted to BMRC to develop, as a collaborative project, a Research Cell at the Institute of Public Health (IPH), Dhaka, where ICDDR,B scientists will be able to work jointly along with Bangladeshi scientists sponsored by BMRC or other institutes in Bangladesh (Annex I). Initially the project may be developed on a trial basis for a specified period and the activities would be confined mainly to research oriented training on diarrhoeal diseases. The program can then be recast on a more permanent basis, based on the experience gained from the initial program. The necessary space for the proposed Research Cell is expected to be available at the IPH, Dhaka.

With some minor reservations BMRC has responded positively to this proposal but has pointed out that their financial contribution cannot be more than a token one (Annex II).

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If the proposed project is successful, it will benefit both BMRC and ICDDR,B. We shall then be able to utilize the services of a large number of talented and qualified workers, whose research potential has, to date, remained largely untapped because of lack of facilities and organized effort to develop them. Looking at the future - utilizing these large untapped talents would enable the research activities to be expanded considerably and research projects to be implemented at a cost much less than the present set up.

If the Board of Trustees approves the concept in principle we may start discussion with BMRC to find out how best to develop the programs and, if fund is available, to start a few programs on a modest basis. Such a start will give us the guideline as to how to proceed for developing the main project.

Total Funds

Start

Finish

Project in Charge Dr Greenough

Director's Note:

A first step to match our words to strengthen research with practical action at a work level. Pursuit of this project is a must.

ANNEX I

22 July, 1982.

Dr A.K. Khan,
Director,
Bangladesh Medical Research Council,
IPH Building, 2nd Floor,
Mohakhali.

Dear Dr Khan,

In spite of the fact that BMRC and ICDDR,B are doing everything possible to promote research in Bangladesh, there has not been significant collaborative effort between the two organizations in joint research programs or for research oriented training. This is rather unfortunate. It would be to the advantage of both the organizations if collaborative research programs and also an organized program for research oriented training for Bangladeshi scientists could be developed jointly by BMRC in collaboration with ICDDR,B.

With these objectives in view I venture to propose that a Research Cell be developed at the IPH, Dacca, where ICDDR,B scientists will be able to work jointly along with Bangladeshi scientists under BMRC or other institutions in Bangladesh such as the Dacca University or the Agricultural University and carry out collaborative research and training activities. Initially the project may be developed on a trial basis for a specified period and the activities will be confined mainly to research and research oriented training on diarrhoeal diseases. The program could then be recast, on a long term basis, based on the experience gained from this initial trial program.

ICDDR,B will try to secure from its donor agencies the necessary fund for the project. BMRC will be requested to provide the necessary space at the IPH. Any other support which the BMRC may provide will be most welcome.

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The responsibility for routine administration of the Cell may rest with BMRC or in a joint BMRC/ICDDR,B Committee who will also help to identify qualified and interested Bangladeshi scientists willing to spend their spare time in carrying out research activities in the Cell and/or research oriented training. The responsibility of ICDDR,B will be mainly in giving technical assistance and financial support. BMRC and ICDDR,B will jointly ensure that the research and/or training activities at the Cell are of the highest attainable standard. Once the above proposal is accepted in principle, the detailed project and financial and administrative arrangements can be worked out after mutual consultation.

If the above proposal is accepted in principle, BMRC may indicate their acceptance by signing the original copy of this letter and returning the same to me. Following this acceptance the detailed project could be drawn up in consultation with the Director, BMRC.

Sincerely yours,

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

WBG:jc

Dr A.K. Khan,
Director,
Bangladesh Medical Research Council.

Date:

ANNEX II

ফোন : ৩০৩৭৩৮

বাংলাদেশ মেডিক্যাল গবেষণা পরিষদ
BANGLADESH MEDICAL RESEARCH COUNCIL

Public Health Institute
(2nd Floor)
Mohakhali, Dacca-12

জনস্বাস্থ্য প্রতিষ্ঠান
(দোতলা)
মহাখালী ঢাকা-১২

Ref No. BMRC/CRC/82/ 1327

Date 8.11.1982

To
The Director,
ICDDR,B, Mohakhali,
Dhaka-12.

Subject: Collaborative Research Programme.

Ref: Your letter dated 22 July, 1982.

Dear Sir,

As per decision of the Executive Body meeting held on 24th October, 1982 forwarded please find herewith the recommendations of the Collaborative R... Committee for your kind information and necessary action.

Thanking you.

Yours faithfully,

A.K.Khan 8/11/82
(Prof. A. K. Khan)
Director.

Enclo: As above.

Agenda No. 1: To discuss the points suggested by the Executive Body of the Council

After thread bare discussion on the point suggested by the Executive Body following recommendations were made for further discussion and acceptance.

1. Bangladesh Medical Research Council would like the Research Cell to be a laboratory with all facility where research work will be the main activities. Facilities will be available to all Bangladeshi Scientists jointly selected by BMRC & ICDDR,B.

Contd... 2.

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বাংলাদেশ মেডিক্যাল গবেষণা পরিষদ

BANGLADESH MEDICAL RESEARCH COUNCIL

ublic Health Institute
(2nd Floor)
hakhali, Dacca-12

জনস্বাস্থ্য প্রতিষ্ঠান
(দোতালা)
মহাখালী, ঢাকা-১২

ef No.... ....

Date.. 198

2. Bangladesh Medical Research Council may not be able to provide more than a token fund to establish the proposed research cell.

3. Routine administration of the cell will rest with a committee of the Bangladesh Medical Research Council.

4. All the Scientific work cabied out in the proposed cell will be the property of Bangladesh Medical Research Council with acknowledgement of support of ICDDR,B.

5. Fellowship for Training of Bangladeshi Scientist will be granted by ICDDR,B in subjects identified jointly by BMRC & ICDDR,B.

Salam
8/11/1982.

SAUDI ARABIA

For three years the Centre has been discussing with the Government of the Kingdom of Saudi Arabia how best to approach the problem of diarrhoea in the Kingdom. This year we have made two visits at the invitation of the Ministry of Health and participated in their first symposium on the problem. A proposal has been submitted which would provide the technical assistance needed to seriously address the problem. Animal facilities, basic diagnostic methods, clinical treatment and an intensive surveillance area are included. We are relying on WHO CDD for the overall Governmental and country planning while we address specific areas in our expertise. We have also indicated that further core support to ICDDR,B was essential.

Total Funds	
Start	Expect early 1983
Finish	Long term
Project in Charge	Dr Greenough

Director's Note:

This would be our first major technical assistance project outside Bangladesh. The diarrhoea problem is great and trained human resources few. A formidable task which we are approaching as long term with specific strengthening of key areas and a focal field area for research. Clearly the Kingdom must view the Centre as a long range partner not a quick contract group.

KUWAIT

At the invitation of the Government of Kuwait the ICDDR,B sent a team consisting of Drs Greenough, Butler and Claquin. This team prepared a proposal which was submitted to the Health Ministry and is now under consideration. The components suggested for ICDDR,B assistance are -

(1) Strengthening basic microbiologic methods for diagnosis of diarrhoea including animal resources.

(2) To improve surveillance for specific pathogens such as V. cholerae.

(3) Assist with clinical training of trainers.

Kuwait is a country of limited area and a population of between 700-800,000. It has a well organised health system. We believe our help could be very effective.

Total funds

Start

Finish

Project in Charge Dr Greenough

Director's Note:

Kuwait is no larger than areas we are now tackling in Bangladesh. It has a well organized health system. This project could bear fruit in knowledge of diarrhoeal diseases more quickly than any other in the Middle East.

8/BT/DEC. 82

APPROVAL OF BUDGET, FY 1983

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

OPERATING BUDGET 1983

BOARD OF TRUSTEES MEETING

NOVEMBER 29 - DEC. 8, 1982

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 OPERATING BUDGET
(IN US $)

	Personnel Services	Travel & Transp. of Persons	Transp. of Things	Rent, Comm. & Utilities	Printing & Reproduc.	Other Cont. Servs.	Supplies & Material	Depre- ciation	1983 Total	1984 Total
A. RESEARCH PROGRAMME	2,273,900	43,500	1,600	23,000	17,800	31,800	248,200	25,300	2,665,100	3,280,000
1. Disease Transmission	586,500	6,200	500	6,400	2,600	5,900	48,700	6,500	663,300	816,300
2. Pathogenesis & Therapy	349,700	7,300	200	4,900	1,400	4,200	55,400	3,200	426,300	524,600
3. Host Defense	165,300	5,000	200	1,000	1,000	1,200	20,000	8,800	202,500	249,300
4. Nutrition	403,000	8,200	200	3,700	2,200	7,000	34,100	1,200	459,600	565,600
5. Community Services Research	769,400	16,800	500	7,000	10,600	13,500	90,000	5,600	913,400	1,124,200
B. TRAINING PROGRAMME	209,800	26,600	500	3,300	8,300	9,000	38,800	9,100	305,400	377,400
C. PROJECT DEVELOPMENT	363,100	36,500	100	1,300	37,900	30,200	34,500	1,500	505,100	621,500
D. STAFF DEVELOPMENT	45,000	6,000	-	500	500	20,000	8,000	-	80,000	98,400
E. RESEARCH & TRAIN. SUPPORT FACILITY	537,700	4,100	19,300	17,700	27,100	600	296,100	163,200	1,065,800	1,311,600
F. MAINTENANCE & LOGISTICS	283,300	7,300	40,200	21,500	800	3,700	30,800	60,600	448,200	551,400
G. MANAGEMENT	784,800	54,300	1,400	28,400	8,900	49,700	100,300	12,000	1,039,800	1,279,600
H. RESOURCES DEVELOPMENT	137,900	45,200	400	3,200	2,300	3,900	5,800	2,500	201,200	247,400
I. MANDATORY COMMITTEE	30,000	89,600	600	600	500	900	1,000	-	123,200	151,400
J. EMPLOYEE BENEFIT	19,400	200	200	300	700	18,300	26,400	700	66,200	81,300
TOTAL	4,684,900	313,300	64,300	99,800	104,800	168,100	789,900	274,900	6,500,000	8,000,000

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARHC, BANGLADESH

1983 BUDGET

Program Code & Title: 01 01 00 - Disease Transmission

(AMOUNT IN US DOLLAR)

Budget Code No.	Title	Proto-col No.	Personnel Services 11	Travel & Transp.of Persons 21	Transp. of Things 22	Rent Comm. & Util. 23	Printing and Reproduc. 24	Other Cont. Servs. 25	Supplies and Materials 26	Depre-ciation	1983 Total	Remarks
01-36-00	Study of Amoebiasis in Matlab	82-020 (P)	1,000	150	-	-	100	100	250	-	1,600	
01-35-00	Studies on the incidenc of clostridium difficile in clinical and pseudomembranous colitis.	82-022 (P)	600	200	-	-	100	-	1,050	-	1,950	
01-32-00	Development of potential live oral vaccine for V. cholerae	81-048	11,600	9,400	600	3,300	500	-	6,800	-	32,200	
01-29-00	Characterization of the antibiotic Resistance in the Multiply Resistant Vibrio cholerae, related vibrios an Enterobacteriaoae.	81-011	17,700	3,000	-	1,800	280	-	1,800	-	24,580	
	ICDDR,B Surveillance, Dacca Station	82-031	18,530	2,310	-	-	1,100	4,000	15,300	-	41,240	
01-31-00	Studies on the Pathogenic Mechanisms of Campylobacter fetus ssp. jejuni isolated in Bangladesh and their role in aetiology of Diarrhoea.	81-046	36,500	4,800	200	-	500	4,000	4,000	-	50,000	
01-30-00	Studies on Clinical Manifestations and toxicities by Aeromonas hydrophilia strains isolated from cases of diarrhoea and other serological responses.	81-045	16,900	500	200	-	200	600	2,500	-	20,900	
01-38-00	Investigation of the extent of fecal pollution by enumeration of fecal coliforms and fecal streptococci.	82-017	600	100	-	-	100	-	1,500	-	2,300	

Disease Transmission Working Group

Budget - 1985

Budget Code No.	Title	Proto-col No.	Personnel Services 11	Travel & Transp.of Persons 21	Transp. of Things 22	Rent Comm. & Util. 23	Printing and Reproduc. 24	Other Cont. Servs. 25	Supplies and Materials 26	Depre-ciation	1985 Total	Remarks
New approved	Ecology & survival of *V. cholerae* and related pathogenic vibrios in the aquatic environment of Bangladesh during cholera epidemic and inter-epidemic periods.	82-047	15,894	2,951	250	1,800	410	115	3,000	-	24,400	
New approved	Cellulose GM1 binding of cholera toxin in family contacts of cholera patients	82-055	25,515	14,909	200	-	-	1,080	2,068	-	43,772	
New approved	Does handwashing prevent the spread of rotavirus infection ?	82-044	17,090	3,000	200	-	500	1,000	17,210	-	39,000	
New approved	Plasmid screening for enteroinvasive *Escherichia coli* in Dacca.	82-051 (P)	2,270	100	-	-	100	-	1,750	-	4,220	
	Total: -		164,199	41,400	1,650	6,900	3,890	10,895	57,228	-	286,162	

Staff commitment: Please see in the attached sheet.

Note: The abstracts of the protocols are attached.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

BUDGET 1983

Program Code & Title: Nutrition Working Group 04

(AMOUNT IN US DOLLAR)

Budget Number	Title	Protocol Number	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent Comm. & Util. 23	Printing & Reproduc. 24	Other Cont. Servs. 25	Supplies & Materials 26	Depreciation	1983 Total	Remarks
040100	Nutrition Working Group		29,700	400	50	500	100	200			30,950	
040200	Nutrition Staff Commitment		150,000							1200	151,200	
041100	Water & Sanitary Intervention - Teknaf (Dr. M.M. Rahaman)	08-022	99,600	2,500	50	100	500	2,000	5,000	-	109,750	
041300	Relation Between Diarrhoeal Diseases and Zinc Status in Patients. (Mr. Akbar Ali)	80-034 (P)	2,000	-	-	-	-	-	2,600		4,600	
041400	Association of Nutritional Corneal Diseases, Night Blindness and Xerophthalmia with Diarrhoea (Dr. M.U. Khan)	80-043						500	500		1,000	
041700	Hydrogen Breath Test for Edtimation of Lactose Malabsorption in Healthy Volunteers and Children with Diarrhoea(Dr. Ayesha Molla)	81-027	4,000	-	-	-	300	1,000	2,000	-	7,300	
041900	Protein Losing Enteropathy in Post Measles Diarrhoea (Dr. Md. Shafiqul Alam Sarker)	81-044	2,300	-	-	-	200	-	3,700	-	6,200	
042100	Demographic Surveillance System - Teknaf (Dr. M.M. Rahaman)	78-001	52,300	700	50	50	600	1,000	2,000	-	56,700	
042200	Analysis of Growth and Development Data in Mehran (Dr. M.U. Khan)	80-019	1,000	-		-	100	100	200	-	1,400	

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

BUDGET 1983

Nutrition Working Grouo (contd.) 04

(AMOUNT IN US DOLLAR)

Budget Number	Title	Protocol Number	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent Comm. & Util. 23	Printing & Reproduc. 24	Other Cont. Servs. 25	Supplies & Materials 26	Depreciation	1983 Total
042600	Intake and Utilisation of Calôries from Rice Starch Electrolyte Therapy in Acute Diarrhoea Due to Cholera, ETEC, Rotavirus and Shigella (Dr. A.M. Molla)	82-025	10,000	-	-	-	-	-	11,500	-	21,500
042700	Nutrition Intake and Utilisation During Diarrhoea in Children (Drs. Syesha & A.M. Molla)	82-029	7,000	-	-	-	-	-	7,500	-	14,500
042800	A Culturally Based Nutrition Education-cum-Research Project to Improve the Feeding of Young Children in Bangaldesh (Dr. Najma Rizvi)	82-037	21,700	-	-	500	5,000	-	3,000	-	30,200*
New	Health Addendum (Dr. K.M.A. Aziz)	82-053	8,400	1,500	50	50	200	400	2,400	-	13,000
New	Behavioral Aspects... Children (Dr. Najma Rizvi)		15,000	600					200		15,800
		Total	403,000	5,700	200	1,200	7,000	5,200	40,600	1200	464,100 (4,700) 459,600

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: Community Services Research Working Group 05 00 00

(AMOUNT IN US DOLLAR)

Budget Number	Title	Protocol Number	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent Comm. & Util. 23	Printing & Reproduc. 24	Other Cont. Servs. 25	Supplies & Materials 26	Depreciation	1983 Total	Remarks
050100	For New Protocol Development	-	27,200	4,000	-	-	1,800	1,000	16,000	-	50,000*	
050200	CSRWG Support (Members salary etc.)	-	266,478	10,785	220	6,530	1,000	1,000	4,200	5,600	295,813	
050300	DSS (D'Souza)**	80 035	271,717	3,060	-	300	2,500	3,000	15,000	-	295,577	
050500	Sex Socialization (Aziz)	78 007	-	-	-	-	-	2,000	-	-	2,000	
050900	Reporting Errors (S.Mahmood/Becker)	79 014	2,160	-	-	-	200	500	800	-	3,660	
051000	DNF (A. Chowdhury)		1,000	600	-	-	300	1,100	200	-	3,200	
051900	Risk of Mortality (Zimicki)	82 024 (P)	800	100	-	-	300	1,000	100	-	2,300	
052200	SES Pilot (D'Souza)**	80 047 (P)	-	-	-	-	-	-	2,500	-	2,500	
052400	MCH-FP (Phillips)**	80 042	175,695	18,000	280	170	641	1,850	25,000	-	221,636	
053100	Antenatal - Postnatal (S.Islam)	81 037	6,550	205	-	-	159	50	40	-	7,004	
053200	Areal variation (M. Rahman)	81 054	270	-	-	-	-	-	160	-	430	
053300	SES (D'Souza/Zimicki)**	81 050	10,000	-	-	-	2,000	-	5,000	-	17,000	
053400	Dynamics (M. Chowdhury)**	82 018 (P)	1,800				100		100		2,000	

Program Code & Title: Community Services Research Working Group 05 00 00

(AMOUNT IN US DOLLAR)

Budget Number	Title	Protocol Number	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent Comm. & Util. 23	Printing & Reproduc. 24	Other Cont. Servs. 25	Supplies & Materials 26	Depreciation	1983 Total	Estimated Actual Exp. 1982
053500	Lay Reporting (Zimicki/D'Souza)	82 002	1,200	-	-	-	100	-	400		1,700	
053600	Directory (Seaton)	81 054	-	-	-	-	1,300	-	-	-	1,300	
053900	Nandipara (Khanam)	82 019(P)	3,980	-	-	-	-	2,000	200		6,180	
054100	Oral Rehy. (Yunus)	78 025	550	50	-	-	200	-	300	-	1,100	
042300	Health Education:Phase I (Aziz)	80 022									(3,192)	
TO BE ASSIGNED	Health Education:Phase II (Aziz)		(6,434)	(1,830)	(50)	(50)	(200)	(500)	(2,025)	-	(11,089)	
	TOTAL		769,400	36,800	500	7,000	10,600	13,500	70,000	5,600	913,400	

*Approximately $ 35000 of the DSS externally assured funding has been shown as protocol development for limited studies.

** External Fundi[illegible] Assured.

*** [illegible] parentheses are [illegible] in another Working Group and are not included in totals.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET (SUMMARY)

PROGRAM CODE & TITLE: 07 00 00 TRAINING PROGRAMME

(AMOUNT IN US DOLLAR)

BUDGET CODE NO.	TITLE	Personnel Services 11	Travel & Trans. of persons 21	Trans. of things. 22	Rent.Comm. & Util. 23	Printing & Reproduction 24	Other Cont. Services 25	Supplies & Material 26	Deprecia- tion.	1983 TOTAL	Remarks
07 01 00	Training, Extension & Comm. Working Group	32,800	1,500		2,500	500	25,000	7,300	2,000	71,600	
07 03 00	Training Department	27,500	100		750	800	15,500	8,000	1,640	54,290	
07 04 00	Medical Illustration Cell	13,200	100			150	200	1,000	800	15,450	
07 06	Urban Volunteer Trg. Prog.	16,100	1,000			200	8,350	12,000	500	38,150	
07 06	Trainers' Training Course for Med.Asstt.Trg. Prog.	4,500	500		50	50	50	200	1,220	6,570	
07 06	Trainers' Training Course On manual (two courses)	10,400	100		100	100	200	300	200	11,400	
07 06.	Asian Conference at Calcutta (NICED-ICDDR,B)	7,900	16,200	100	100	100	100	100	100	24,700	
07 06	Workshop for Professors of Med.Colleges	13,400	800		100	100	100	400	100	15,000	
07 06	Inter-Reg. Course on Clinical Aspects	20,900	6,500		100	150	1,000	1,200	630	30,480	
07 06	Inter-Reg.Course on Epidemiological Aspects	20,900	6,500		100	150	1,000	1,200	630	30,480	
07 06	Workshop on Clinical Research	19,400	6,500		100	150	1,000	1,200	630	28,980	
07 06	COSTED Course on Parasitic Diseases	14,800	500	100	100	200	800	1,200	100	17,800	
07 06	Workshop on Water & Sanitation	8,000	Provision for other costs will be kept in the Nutrition Working Group						550	8,550	
		209,800	40,300	200	4,000	2,650	53,300	34,100	9,100	353,450	

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 00 00 00 - PROJECT DEVELOPMENT

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent, Comm. & Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depreciation	1983 Total	Remarks
070500	Chandpur Project		4,800 1/	200	100	300	300	21,000	600	100	27,400	
070701	MCH-Extension Project - Dhaka	)										
070703	MCH-Extension Project - Sirajganj	)	195,500	26,500	-	-	6,100	12,200	3,000	800	244,100	
070704	MCH-Extension Project - Noapara	)										
052400	Community Health Services-Matlab		125,800	6,700	-	-	2,300	3,800	24,400	600	163,600	
070804	DISC.		37,000	3,000	-	1,000	16,000	6,500	6,500	-	70,000	
070702	MCH-Ext. Project- Munshiganj)											
070705	MCH-Ext. Project- Teknaf)											
070706	MCH Care Centre)											
090110	Cholera Epidemic)											
090108	Studies on Rotavirus)											
	TOTAL		363,100 1/	36,400	100	1,300	24,700	43,500	34,500	1,500	505,100	

1/ Plus $27,900 which will be adjusted by shifting $21,000 within the area and $6,900 from Project Development under Director's Office.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 06 00 00 - Research & Training Support Facilities

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent, Comm. & Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	Total	Remarks
	RESEARCH & TRAINING SUPPORT FACILITIES											
	Dhaka Station		203,000	-	100	500	500	11,300	121,000	5,700	342,100	
	Matlab Station		115,400	1,900	1,000	5,700	400	1,400	118,000	2,000	245,800	
	Teknaf Station		10,000	1,500	500	1,000	700	500	14,200	200	28,600	
	Microbiology)		58,000	500	3,000	100	1,000	200	14,200	14,700	91,700	
	I.V. Fluid)		10,600	-	-	100	50	50	6,000	-	16,800	
	Biochemistry		14,500	-	4,000	200	400	300	3,900	42,600	65,900	
	Immunology		3,700	-	200	100	50	-	1,500	400	5,950	
	Biometric & Data Management)		3,300	-	-	-	400	150	600	4,900	9,350	
	Medical Records)		400	-	-	-	50	-	200	-	650	
	Animal Resources		22,100	50	-	300	100	100	15,000	12,200	49,850	
	Computer Information Services		31,800	100	2,700	2,800	100	-	-	70,700	108,200	
	Community Studies		7,700	-	-	-	50	-	100	1,100	8,950	
	Library)		34,600	50	6,000	4,000	-	350	3,200	8,700	56,900	
	Publication)		22,600	-	100	-	10,500	50	1,800	-	35,050	
	TOTAL :		537,700	4,100	17,600	14,800	14,300	14,400	299,700	163,200	1,065,800	

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 07 09 00 - STAFF DEVELOPMENT

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp.of Persons 21	Transp. of Things 22	Rent, Comm.& Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	1983 Total	Remarks
070900	Staff Development		45,000 ======	6,000 =====	- =====	500 ===	500 ===	20,000 ======	8,000 =====	=====	80,000 ======	

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 08 00 00 - MAINTENANCE & LOGISTICS

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent, Comm. & Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	1983 Total	Remarks
	MAINTENANCE & LOGISTICS											
080100	Supply Department		60,300	10,000	34,600	800	400	1,000	5,000	7,400	119,500	
080200	Transport		89,000	3,300	100	400	100	1,000	3,000	48,000	144,900	
080300	Maintenance		134,000	10,500	2,100	19,700	300	1,400	10,600	5,200	183,800	
	TOTAL		283,300	23,800	36,800	20,900	800	3,400	18,600	60,600	448,200	

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 09 00 00 - MANAGEMENT

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent, Comm. & Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	1983 Total	Remarks
090100	Director & Supporting Staff		262,000	7,000	100	5,200	7,000	31,000	11,400	2,600	326,300	
090102	Consultants		30,000	26,300	-	100	100	1,000	100	-	57,600	
090103	Advisory Council Meeting		-	-	-	-	-	500	-	-	500	
090104	Scientific Advisory Council Meeting		-	-	-	-	-	1,000	-	-	1,000	
090105	Research Review Committee		-	-	-	-	100	300	100	-	500	
090106	Ethical Review Committee		-	-	-	100	100	3,600	200	-	4,000	
090107	Director's Program Development		-	-	-	-	-	44,300 1/	-	-	44,300	
	Sub-Total		292,000	33,300	100	5,400	7,300	81,700	11,800	2,600	434,200	
090201	Associate Director & Supp. Staff		70,500	9,000	100	1,000	100	1,000	3,000	200	84,900	
090202	Personnel & General Services Br.		190,300	2,000	100	400	600	1,000	13,500	1,300	209,200	
090203	Travel Office		5,900	1,100	-	200	100	200	2,500	200	10,200	
090204	Estate Office		30,800	100	-	1,100	-	400	3,000	3,000	38,400	
	Sub-Total		297,500	12,200	200	2,700	800	2,600	22,000	4,700	342,700	
090501	Controller & Supporting Staff		134,600	8,000	100	2,000	1,200	8,000	15,000	3,000	171,900	
090601	Physical Plant Office		60,700	800	1,000	1,400	200	700	24,500	1,700	91,000	
	GRAND TOTAL		784,800	54,300	1,400	11,500	9,500	93,000	73,300	12,000	1,039,800	

1/ Will be used for surveillance (Epidemic), Rotavirous study, MCH Care, MCH Munshiganj, Teknaf, publication of Dr. Aziz etc. which will eventually be taken into Project Development Program.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 10 00 00 - RESOURCES DEVELOPMENT

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp.of Persons 21	Transp. of Things 22	Rent, Comm.& Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	1983 Total	Remarks
	RESOURCES DEVELOPMENT											
100100	Resources Development		126,900	42,700	300	3,000	2,000	2,400	3,800	2,200	183,300	
100200	Public Relations & Information Office		11,000	2,500	100	200	300	1,500	2,000	300	17,900	
	TOTAL		137,900	45,200	400	3,200	2,300	3,900	5,800	2,500	201,200	

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 11 00 00 MANDATORY COMMITTEE

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp. of Persons 21	Transp. of Things 22	Rent, Comm. & Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	1983 Total	Remarks
	MANDATORY COMMITTEE											
110100	Board of Trustees		27,000	73,100	200	400	300	800	900	-	102,700	
110300	External Scientific Review		2,000	6,500	200	100	100	50	50	-	9,000	
	Other		1,000	10,000	200	100	100	50	50	-	11,500	
	TOTAL		30,000	89,600	600	600	500	900	1,000	-	123,200	

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1983 BUDGET

Program Code & Title: 12 00 00 - EMPLOYEES BENEFIT

(AMOUNT IN US DOLLAR)

Budget #	Title	Prot. #	Personnel Services 11	Travel & Transp.of Persons 21	Transp. of Things 22	Rent, Comm.& Util. 23	Printing & Reproduc 24	Other Cont. Servs. 25	Supplies & Materials 26	Depre-ciation	1983 Total	Remarks
	EMPLOYEES BENEFIT											
120100	Staff Clinic		11,900	400	50	50	500	2,200	24,200	500	39,800	
120200	Staff Welfare Association		7,500	200	50	250	200	8,000	1,900	200	18,300	
120300	Subsidy to the Canteen		-	-	-	-	-	8,100	-	-	8,100	
	TOTAL		19,400	600	100	300	700	18,300	26,100	700	66,200	

9/BT/DEC. 82

REPORT OF THE AD HOC SEARCH COMMITTEE

REPORT OF THE AD HOC COMMITTEE FOR SEARCH FOR THE DIRECTOR

In its meeting of June 1982 the Board established an Ad Hoc Search Committee for the next Director of the Centre. This Committee was composed of Dr M.A. Matin (Chairman), Dr C.C.J. Carpenter (Secretary), Dr J. Holmgren and Dr D. Bradley. A total of 45 candidates from outside of Bangladesh and 25 from the host country. These candidates were located in three ways:

(1) By open advertisement both in and outside of Bangladesh.

(2) By contact with all participating countries and agencies.

(3) By contact with individuals.

On the basis of their search the Committee recommends to the consideration of the Board as requested three names:

(1) Dr William B. Greenough

(2) Dr Leonardo Mata

(3) Dr Holger Lundbeck

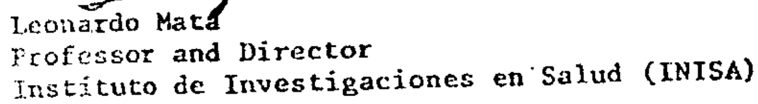
June 7, 1982
Ref. INISA-531a-82

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

Dear Bucky:

Regarding your letter concerning the search for Director of the Centre, I felt honoured to have been considered in view of the high social and intellectual objetives and performance of the Centre. Furthermore, the concept of working with Bengali scientists if appealing. However, my commitments in Costa Rica extend over the next two years and it would be very hard for me to leave what I am doing at the moment. Nevertheless, I am sending you under separate cover my Curriculum and a list of publications, for the Centre files.

Cordially yours,



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

LM/pg

Dhaka,
Bangladesh.

6 December, 1982.

Professor M.A. Matin,
Chairman,
Ad Hoc Search Committee.

Dear Professor Matin,

This is to state again that I am not available to be considered as a candidate for the post of Director of ICDDR,B, as I clearly stated in a formal letter to Dr Greenough several months ago. I believe the Searching Committee understood my position since I was not contacted afterwards by the Director or any other member of the Board of Trustees in this regard.

Furthermore, upon receipt of the minutes of the last Board meeting, I expressed in a letter to Dr Greenough, my compliancy for his acceptance to continue as Director of the Centre.

Therefore, my name should be deleted from any list for the position of Director in order to comply with the seriousness relevant to matters of this nature.

Sincerely yours,

Leonardo Mata.

10/BT/DEC. 82

REPORT OF THE SELECTION AND PERSONNEL MANAGEMENT COMMITTEE

REPORT OF THE PERSONNEL AND SELECTION COMMITTEE OF THE BOARD OF TRUSTEES, ICDDR,B - DECEMBER 1982

The full Committee consisting of Drs Assaad, Greenough, Matin and Sulianti Saroso considered the issues raised by the resolutions passed in the Board Meeting of 14-15 June regarding Personnel. It was felt that any further continuation of the transition between existing CRL/ICDDR,B rules and procedures and those of WHO would be deleterious.

1. Adoption of WHO Rules & Regulations

It is recommended that the WHO Rules and Regulations be adopted in its entirety except:-

(1) Where it is in direct conflict with the Centre's Ordinance. In such instances, the provisions in the Ordinance will override the affected provisions in WHO Rules.

(2) Where the administrative machinery differs and where it is impossible for the Centre to adopt such procedures, like references to the World Health Assembly, Appeals Tribunals made up of ILO etc. In such instances the Centre will adopt its own administrative procedures in the application of WHO Rules.

2. Deviations from WHO Rules

The following are deviations which are being brought to the attention of the Board:-

(1) Affected by clause 14(1) of the Ordinance in respect of benefits, Education Grant, which is only enjoyed by expatriate

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international staff, will need to be applied to cover local Bangladeshi staff in international level positions. Changes have been reported by Mr Weil in the June 1982 Board meeting.

(2) WHO Rule 660 "Leave for Military Training or Service" has been deleted.

(3) Regulation 11.2 on Appeals has been replaced by another clause as an Administrative Tribunal does not exist for ICDDR,B. In such instances, the Director's decision can only be final. This section has been modified to suit the administrative machinery of the Centre. Rules 1210.1; 1210.2; 1220.3; 1230.2; 1230.3; 1230.6; 1230.7; 1230.8; 1240; 1250 are modified and reworded as reported by Mr Weil at the June 1982 Board meeting.

3. Recommendations

In view of the improved financial position of the Centre, the following are recommended:-

(1) Effecitve 1 January, 1983 all staff from General Services Categories, Levels VII and VIII and International level staff be put on the full WHO payscales. Provision has been made in the 1983 budget and with the forecasted donor funds of $7.00 million in 1983 and financial control measures taken (and will be taken) in respect of operating expenditure, the conversion of all staff to WHO payscales is thus feasible and is recommended to be adopted.

(2) The severance pay and provident fund is to be continued until an acceptable pension scheme is formed.

(3) The present severance pay account accumulated up to 31 December, 1982 be put into a time bound dollar deposit account outside in a Bangladeshi Bank at its overseas branch to earn the

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required interest to make up the shortfall of some $250,000 in this account.

There is a small cost saving with conversion of the present 18 positions being operated at International and P levels (Table 1). The cost of conversion of staff to Extended Levels is approximately $50,000 and to WHO local scales is approximately $330,000. These costs are budgeted together with 30% contingency for any pay increase for local General Service Staff as dictated by the Controller of the UN in 1983.

TABLE 1 - CONVERSION COST OF PRESENT 18 POSITIONS OF INTERNATIONAL AND P-LEVELS TO WHO SALARIES AND BENEFITS SCHEME (BASED ON 2 DEPENDANTS)

Present Salary and Benefits		$886,527
Conversion to WHO		
(a) Salaries, post adjustment & assignment allowance	$716,224	
(b) Education grant, and dependants allowances	$ 83,200	
(c) Pension/Retirement contribution	$107,04[illegible]	
	$906,488	
Plus: Acquired rights for 2 staff members	$ 59,978	
	$966,466	
Less: Withdrawal of benefits inconsistent with WHO	$ 82,698	
Total Cost after conversion	$883,768	

Several important benefits may result from the full adoption of the WHO Rules and Scales. The first is that the Centre's position to request tax exemption for its local employees is strengthened since the Government of Bangladesh does not tax its citizens who work under UN Rules and Scales. The second possible benefit is that the Centre might be qualified to join the UN Pension Plan which is highly favourable to its employees and fully consistent with the mandate of the Ordinance. Achievement of both these goals will take time but cannot be seriously addressed until transition to WHO Rules and Scales is completed.

4. Report on Pension Fund

In the meantime the Centre has explored the availability of pension funds. Since June 1982 the following insurance companies have been approached with regard to the Centre's intention of establishing a Pension Fund for its staff:

- VITA Life Insurance Co. Ltd. - Zurich, Switzerland
- Northern Assurance - Geneva, Switzerland
- Kyogi Life Insurance Co. Ltd. - Tokyo, Japan
- Meiji Mutual Life Insurance Co. - Tokyo, Japan
- Lincoln National Life Insurance Co. - Indiana, USA
- INA International Corp. - Hawaii, USA
- INA Corp. - Philadelphia, USA
- Nippon Life Insurance Co. - Osaka, Japan
- The Travellers' Insurance Companies - Connecticut, USA
- Australian Mutual Provident Society - Sydney, Australia
- J. Van Breda & Co. - Antwerp, Belgium
- China Underwriters Ltd. - Singapore
- Anika/Great Eastern Life Insurance - Malaysia

Proposals are being prepared by a few of the above companies

It will take a further six to 12 months to evaluate and finalise all pension fund arrangements.

If the Board so permits, the Centre should seek membership of the UN Joint Staff Pension Fund. Under Article 3(b) of the Rules & Regulations of the UN Joint Staff Pension Fund "Membership in the Fund shall be open to the specialised Agencies referred to in Article 57, para 2, of the Charter of the United Nations and to any other international, intergovernmental organization which participates in the common system of salaries, allowances and other conditions of service of the United Nations and the Specialised agencies".

It is recommended that pending the final adoption and implementation of a Staff Pension Fund, the Severance Pay and Provident Fund contributions under the present ICDDR,B rules be continued.

5. Report on International Level Staff

The Committee has reviewed the evaluation reports of staff above the level VI. It was agreed that the "international level" at which Board action was required for the appointment of staff remained at P4 or above. Advice was provided to the Director on appointments below that level but he retains full power of appointment below the international level within the budgetary limits approved by the Board. Now the question of appointment in the level P1, P2 and P3 has to be decided as to who should have the authority to appoint in these levels.

Since many of the international level staff contracts are due to expire in June of 1983 a full list of these staff, their level, designations and dates of contract expiry are provided as follows:

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Name	Prog.	Level	Contract Expires	Action
Thomas C. Butler	PT&HD	Scientist	31.10.84	None
K.M.S. Aziz	Trng.	Sr. Scient.	30.6.85	None
A.K.M.A. Chowdhury	CSRWG	Scientist	30.6.83	2 yr. contract
S. D'Souza	CSRWG	Sr. Scient.	30.6.83	None (UNFPA)
R. Glass	DT	Scientist	30.6.83	None (CDC)
M.I. Huq	DT	Scientist	30.6.83	3 yr. contract
M.U. Khan	DT	Scientist	30.6.83	3 yr. contract
A.M. Molla	PT	Scientist	30.6.83	3 yr. contract
J.F. Phillips	CSRWG	Scientist	28.2.84	None
M.M. Rahaman	Nut.	Sr. Scient.	30.6.83	3 yr. contract
S.C. Sanyal	DT	Visit. Prof.	31.8.83	None (Sabbatical)
A.R. Samadi	DT	Visit. Prof.	31.7.83	None

There are two international level staff for Management functions:

M.R. Bashir	Res. Development	30.6.83	3 yr. contract
M.F.L. Goon	Admin./Finance	28.2.85	None

To implement the recommended actions the following resolution may be considered:

> The following staff members may be given contracts at their present level with the appropriate step at expiry of their present contract periods -
>
> Dr M.M. Rahaman Three years
> Dr M.I. Huq " "
> Dr M.U. Khan " "
> Dr A.M. Molla " "
> Dr A.K.M.A. Chowdhury Two years

Since these are reappointments there will be no special increase in steps or level except by action by the Board for all ranked at these levels.

6. Report on Manpower plans for 1983

A manpower plan for the international level positions as present in the 1983 budget is seen in Table 2.

TABLE 2 - MANPOWER PLANNING FOR INTERNATIONAL LEVEL POSITIONS IN 1983

The following positions are budgeted:

(1) Senior Scientists in the following programmes -

(a)	Host Defence/Pathogenesis & Therapy	1 position
(b)	Disease Transmission	1 position
(c)	Community Services Research	1 position

(2) Scientists in the field of -

(a)	Bio-Statistics (CSRWG)	1 position*
(b)	Immunology (HD)	1 position*
(c)	Programme Planning & Coordination	1 position*
(d)	Operations Research	1 position*

(3) Administrative Services Officer 1 position*

Total no. of vacant international positions	3
*Total no. of new international positions	5

At the Board meeting in June 1982 it was recognized that certain positions in the area of administration and finance required high skills. Therefore an P level position was established in Personnel at P1 to 2. It is now recommended that similar positions be approved in the functions of Administration, Finance and Supply.

Equally important is recognition and encouragement of

excellence in science and training. Accordingly it is recommended to approve three P1 level positions in the scientific and training functions. One may be for the Library and Publications area, and two in Science.

7. Report on Consultants

It was noted that the Centre had utilized consultants following the WHO Rules and Procedures. The list is available.

8. Organization Chart

An organizational structure was presented to the Committee. After consideration it was felt that further study by the Management would be helpful. It was proposed that an organogram be presented for the information of the Board at their next meeting.

9. Proposed Resolutions

To implement fully the conversion the following resolutions are recommended for the consideration of the Board action:-

(1) All resolutions passed by the Board in previous years which are consistent with the Ordinance or with the WHO Rules and Regulations cease to apply with effect from 1 January, 1983.

(2) In pursuance of clause 14(1) and (2) of the Ordinance the Board approves that the WHO Rules and Regulations be adopted in its entirety except where it is in direct conflict with the Centre's Ordinance. Where the WHO Rules and Regulations are in direct conflict with the Ordinance, the provisions in the Ordinance will override the WHO Rules affected.

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(3) Where the administrative machinery differs and where it is impossible for the Centre to adopt such procedures, the Centre will adopt its own administrative procedures in the application of WHO Rules. The following are such deviations:-

Section 12 on Appeals

Rule	
Rule 1210.1	reworded where necessary
1210.2	" " "
1220.2	" " "
1220.3	" " "
1230.2	" " "
1230.3.1	" " "
1230.3.2	" " "
1230.3.3	deleted
1230.4	"
1230.5	"
1230.6	becomes ICDDR,B Rule 1230.4
1230.7	" " " 1230.5 and reworded
1230.8	" " " 1230.6 " "
1230.9	deleted
1240	reworded as necessary
1240.1	deleted
1240.2	"
1245	"
1250	reworded as necessary

(4) The Board recognises that the Ordinance under clause 14(1) and (2) only provides for Bangladeshi international staff and local general services categories for their conversion to the WHO salaries and benefits scheme. The Board resolves that since the Centre has staff in levels 7 and 8, the Centre adopts the WHO extended level scales to fit such staff. Such extended level scales are existent in other WHO offices outside Bangladesh.

(5) In recognition of clause 14(1) of the Ordinance the Board approves the departure from WHO Rules and Regulations, and allows the Education Grant to be enjoyed by both expatriate and local incumbents in international level positions.

(6) The Board further approves that effective 1 January, 1983 all staff in General Services Categories, Levels 7 and 8, and international level staff be put on full WHO payscales and benefits. All previous benefits in cash or kind not conforming to the WHO scales and benefits shall be withdrawn except the education grant for local international level staff and the severance pay and provident fund which will remain until an improved scheme called the pension plan or similar can be implemented. In implementing full WHO payscales and benefits the previous resolutions restricting dependants to two children is withdrawn from 1 January 1983 and that the Centre follow the dependants rule as provided by WHO.

(7) The Board instructs the Director to seek membership of the Centre in the UN Joint Staff Pension Fund in order to give the Centre's staff the opportunity to participate in the same or similar pension fund as WHO. The Director is to report on this at the next Board meeting.

(8) All staff not opting for the WHO staff rules and payscales within the 30 day period of grace ending on 3 January, 1983 shall be given their full existing benefits and shall be given 90 days notice of termination of their services.

(9) In exercise of the power vested in the Board as provided for under clause 30(b) of the Ordinance, with the implementation of WHO Rules and Regulations, salaries and benefits, with effect from 1 January, 1983 this clause shall stand void as approved by the Board.

(10) The Board authorises the establishment of the following P1 positions:-

(a) 3 scientific positions including one for Library Science.

(b) 3 administrative positions including those of the Computer Manager, Finance Controller and Supply Officer.

As and when such positions are budgeted and when funds permit candidates will be appointed into these positions accordingly.

During previous meeting of the Selection Subcommittee the following individuals were cleared for recruitment at the indicated levels -

Dr Selwyn Baker	Senior Scientist
Dr Ivan Ciznar	Senior Scientist
Dr Bogdan Wojtyniak	Scientist

In addition, during the ad hoc Committee's Search for the Director the following candidates were noted to be possibly suitable for scientific posts. It is recommended that Dr Andrew Pearson be cleared for recruitment as a Scientist. Dr Badrud Duza's case may also be processed for reviewing in the usual manner.

(11) The following resolution is proposed -

The Director is authorized to proceed with the recruitment of the following international level staff -

Dr Selwyn Baker
Dr Ivan Ciznar
Dr Bogdan Wojtyniak
Dr Andrew Pearson

Note: A table has been prepared which signals which of previous Board resolutions will be affected and in what way by the actions recommended above. This table is inserted in the body of this report as table 3, pp 12-15.

../12.

TABLE 3

REPORT ON PREVIOUS YEARS RESOLUTIONS AND ACTION NEEDED FOR IMPLEMENTATION OF WHO RULES AND REGULATIONS

Resolution No/Yr	Resolution	Remarks	Suggested action
10(c)/79	In addition to the benefits mentioned at (b) above, the Director in his discretion may grant an additional benefit for housing to a limited number of key positions.	No provisions are allowed in WHO Staff Rules & Regulations for granting of an additional housing benefit.	To be abolished as it is in direct deviation from WHO Staff Rules.
9(1)Feb 80	"A festival bonus equivalent to one month salary be provided each future year to all employees who are in the local pay scale excepting those in the daily wage category.	No Provisions in WHO Staff Rules & Regulations	To be abolished
9(3)	Severance pay will be extended to include all years of service of CRL and ICDDR,B.	Will conflict with WHO Staff Rules for Pension scheme once introduced.	To be revised to cover "...until such time as the Centre adopts a pension scheme as provided under WHO Rules".
9(4)	A minumum wage be established at the level of the TK750 per month.	Does not exist in WHO Rules.	A departure from WHO Rules is to be stated.
10/Dec 80	The Board authorizes the Director to appoint staff below international level and assign their salary.	WHO Rules and Regulations allow the Director General (in our case the Director) absolute powers to hire all staff on level P6 and above.	A departure from WHO must be stated if the Board intends to exercise this resolution.

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Resolution No/Yr	Resolution	Remarks	Suggested action
8/Nov 81	Consultant should provide expertise not available at the Centre for the task at the time of the consultation. Such consultation for a period of less than 3 months is at the discretion of the Director. Consultants serving more than a period of 3 months shall be selected by the Selection Subcommittee of the Board. The period of consultancy should not exceed eleven months consistent with WHO policies.	WHO Rules give to the Director absolute power for hiring consultants up to 11 months.	A modification could be made here whether the Director should put forward a manpower requirement per year including consultants who need be recruited for period above 3 months for the approval of Selection Subcommittee. Consultants below 3 months continue to be the responsibility of the Director so long as he does not exceed the budget allocation. Any consultancy above 3 months and not budgetted has to have the approval of the Selection Subcommittee.
(b)/Nv 81	Total of salaries and emoluments of non-International level positions in the Centre including pay, allowances, benefits in cash or in kind or in any other manner including pension, providend fund, retirement benefits should be equal but not exceed the total of those paid by the UN organizations (WHO) in Bangladesh to employees in equivalent positions.	The WHO Rules and Regulation will need to follow this regulation.	No action needed.
9(c) Nov 81	Items of Pay, allowances and all other benefits in cash or kind shall be those as paid or allowed by UN organizations. Deviation may not be allowed except in very special circumstances based on strong reasons. Such deviations, if allowed, must conform to the requirement of resolution (b) above.	Contractual obligations governing ongoing contracts need to be addressed and legally cannot be discontinued.	Resolution to be amended to cover such contractual staff.

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Resolution No/Yr	Resolution	Remarks	Suggested action
6(a)Jun 82	Salaries and benefits of Grade I to Grade VI staff shall be equal to those of General Service staff Level I to Level VI of WHO in Dhaka including pension and retirement benefits approximating as closely as possible to the pension scheme existing in WHO with the modification that dependants allowance shall be limited to two children only.	WHO Rules specifies 6 dependants for General Service Staff and this resolution conflicts with Resolution 9(b) & (c) of Nov. 81	Resolution should be withdrawn and fresh resolution covering dependants has to be resolved.
6(b)June 82	Staff members in Grade VII & Grade VIII shall be paid salary and benefits based on a newly established scale graded I to III for Scientific, training, and managerial staff comparable to "Extended Levels" existing in certain WHO offices including pension and retirement benefits approximating as closely as possible the pension scheme existing in WHO with the modification that dependant allowance shall be limited to two children only.	Sama as above	Same as above
Clause 14(1)	Salaries etc : (1) Persons including Bangladeshi nationals appointed to the International Level positions of the Centre by the Board shall receive the same privilege and salaries for equivalent positions: restrictions as pay and allowance imposed by the Government upon its nationals shall not be applicable.	Under WHO Rules Bangladeshi nationals on P level do not enjoy education grant.	Deviation from WHO is to be made to provide for this benefit. Definition of international staff to be made.

Clause	Details	Remarks	Action
21 (2)	Exemption from income tax	By virtue of the fact that clause 14 (i) and (2) requires the Centre to adopt salaries and emoluments as those paid by the UN organizations in Bangladesh, the tax factor concerning both Bangladeshi and non-Bangladeshi are not fully addreessed. WHO pays taxes for all its staff irrespective of nationality and as such this is reccommended to be adjusted.	to pass resolution as an addition to provisions in the Ordinance.

<u>V A R I A</u>

VARIA

MEMORIAL TO THE LATE DR. DONALD M. MACKAY

The death of Dr. D.M. Mackay last year came as a great shock to his many friends and colleagues in Britain, Asia, Africa, the USA and throughout the world. Many people have felt that his life and work should be commemorated and it has been decided to raise as substantial a sum as possible in the next six months and to expend this upon a suitable group of charitable aims to act as a memorial to the life and work of Dr. Mackay.

Among the many objects of Dr. Mackay's concern, the health of those in plantation industries occupied a central place, and the suggestions that have been put forward and are feasible in terms of cost include:-

i) fellowships for those in plantation industries to attend courses or to visit centres of good work, usually within the same geographical region.

ii) a prize of some type in plantation health work.

iii) a portrait and plaque in one of the teaching rooms of the Ross Institute.

It is proposed that the final choice be made by the appeal committee, but suggestions from donors would be welcomed.

An appeal committee has been set up, consisting of:-

Sir Eric Norris, Chairman of the Ross Institute Standing Committee.
Mrs. Barbara Mackay
Dr. G.M. Mascarenhas, Dean of St. John's Medical College, Bangalore.
Dr. W.B. Greenough, Director of the International Centre for Diarrhoeal Disease Research Bangladesh.
Dr. David Nalin
Dr. C.E.G. Smith, Dean of the London School of Hygiene and Tropical Medicine
Prof. D.J. Bradley, Director of the Ross Institute

and the sterling fund will be administered as a trust fund under the London School of Hygiene and Tropical Medicine.

To simplify exchange control problems for contributors, funds in sterling, taka, and rupees have been set up and details of how to contribute are given on the attached sheet.

We hope that you will contribute generously in memory of a truly great man and towards the objects for which he devoted his life.

RESOLUTION

The Board approves the setting up of the Donald MacKay Memorial Fund. The Director is instructed to open a Bank account in the name of Donald MacKay Memorial Fund. All donations and proceeds received for this Fund will be deposited into this account. The Board further authorises the Director to receive such donations on behalf of the Fund and that the Director and
be the authorised cheque signatories for operation of this account.

12/DEC. 82

ADDITIONAL "HANDOUTS" AT MEETING

PRESENTATION OF DR SULIANTI ON TRAINING PROGRAMME

1. Considerations and criteria for use in planning -

   (a) Article 5(1) a and b of the ICDDR,B Ordinance, 1978.

   (b) Areas of competence of the Centre and availability of scientist and other personnel to conduct training.

   (c) Overlap with other agencies providing training should be avoided or training efforts should be well co-ordinated.

   (d) A multiplier effect should be looked for.

   (e) Training should be designed according to need and/or expressed demand of relevant consumers.

   (f) Mission of the Centre as an international institution should be borne in mind.

   (g) Uniqueness of ICDDR,B is that training is offered as a combination of theoretical knowledge and practical experience with abundance of diarrhoeal patients with different aetiologies if training is conducted in the Centre.

2. Areas of training -

   (a) Microbiological laboratory, methodology.

   (b) Epidemiology of diarrhoeal diseases.

   (c) Clinical management of diarrhoeal cases.

   (d) Demographic surveillance to support diarrhoeal disease research and also other clinical and health systems research.

   (e) Research methodology.

3. Forms of training -

   (a) Individual on the job training specifically for researchers (pre and post doctoral).

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(b) Training in groups (short courses).

(c) Training in national settings such as training planned for Saudi Arabia or which took place in Indonesia (training as part of continuing an investigation of an epidemic or as part of setting up laboratory facilitiet, etc.).

4. Trainees

(a) Bangladeshi trainees from outside the Centre (on the job training for 1-3 years).

(b) Junior professional staff of the Centre.

(c) International trainees to be trained on the job for 1-2 years.

(d) Participants of short courses to be trained in groups.

(e) On the job training of nationals where ICDDR,B is assigned to assist in activities such as epidemic investigation, establishing diagnostic laboratory facilities, collaboration and clinical research etc.

LIST OF CONSULTANTS - 1982

Name & Home Institution	Period & Working Group/Branch	Fees
Dr A.H. Allawi	9 months (into 1983) Resources Development	Not paid
Dr R. Bairagi	Part-time CSRWG	Paid
Dr John Banwell	16 Days HD/P&T W.G.s	Per diem from UNDP/WHO
Dr S. Becker Vrije Universiteit, Brussels	1 month CSRWG	Not paid
Dr Paul Blake Centers for Disease Control, Atlanta, Georgia, USA	5 days DTWG	Not paid
Dr Andre Briend	2 weeks Nutrition W.G.	Not paid
Dr Bukhave	P&T W.G.	Self-funded
Mr Md. Sobhan Chowdhury	3 months Resources Development	Paid
Dr C. Engleberg Division of Infectious Dis. Texas	3 months CSRWG	Not paid (except air fare and guest house bill
Mrs Ruth A. Fluegal	Part-time P&T W.G.	Paid
Mrs Colleen Fogarty	1 month MCH-FP	Paid
Mr Patrick Gardin University of Namur, Belgium	3 months (fr. 1981) CSRWG	Paid
Dr R.H. Gilman Johns Hopkins, USA	2 & half months CSRWG	Paid
Mr Patrick Geurts University of Namur, Belgium	6 months CSRWG	Not paid (BRAC paid salary & air fare)

Name & home institution	Period & Working Group/Branch	Fees
Dr Rezaul Haque	3 months Training	Paid
Dr Mustaqul Huq	11 months MCH-FP	Paid
Dr Moyenul Islam	Part-time P&T WG	
Mr Steve Jones	3 months Project Dev. Cttee.	Paid
Dr B. Kaijser University of Goteborg, Sweden	1 week DTWG	Not paid
Dr M. Koenig Johns Hopkins, USA	3 months CSRWG	Paid guest house bill only
Dr A. Latif Miah	3 months DTWG	Paid
Dr K.A. Monsur	9 months (into 1983) DTWG	Paid
Dr J.R. Murphy Harvard Medical Center, USA	10 days DTWG	Tickets & per diem paid
Dr Moni Nag Population Council	15 days CSRWG	Guest house bill only paid
Ms Honey Niehaus	6 months Finance	Paid
Mrs Gillian Page	5 days DISC	Paid
Dr Andrew Pearson Public Health Laboratory, Southampton Gen. Hosp., U.K.	2 weeks DTWG	Not paid
Dr Rao	15 days CSRWG	Not paid
Dr Rask-Madsen	P&T W.G.	Self-funded
Dr David Relman Harvard Medical Center, USA	10 days DTWG	Tickets & per diem paid

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Name & home institution	Period & Working Group/Branch	Fees
Mr A.F. Sarkar	9 months Physical Plant	Paid
Dr A.P. Satterthwaite	11 months (into 1983) CSRWG	Paid
Dr Senaratne	one week CSRWG	Paid
Dr Vladimir Sery Postgraduate Medical School, Ruska, Prague, Czechoslovakia	3 weeks DTWG	Paid
Mr P. Skillicorn Johns Hopkins, USA	2 months CSRWG	Paid
Dr A. Svedhem, University of Goteborg, Sweden	one week DTWG	Not paid
Mr M. Tucker	9 months Physical Plant	Paid
Dr Vuylsteke Inst. of Nutrition, Belgium	15 days CSRWG	Guest house only paid
Mr R. Weil	2 months Director	Paid
Dr Paul West Univ. of Maryland, USA	3 weeks DTWG	Per diem paid

External Reviewers

Dr Derrick B. Jelliffe, University of California, Los Angeles, USA	Nutrition
Patricia Jelliffe, University of California, Los Angeles, USA	Nutrition
Dr Samuel Preston, University of Pennsylvania, USA	CSRWG
Dr V. Reddy, Indian Council of Medical Research, Hyderabad, India	Nutrition

CONSULTANTS FOR TRAINING COURSES AT ICDDR,B

1982

	Name	Course Title	Time	Fee paid
1.	Mrs. Vibeke Thamdrup Rosdal Institute of Medical Microbiology Copenhagen, Denmark.	Inter-Regional Course on Diarrhoeal Diseases: Laboratory Aspects.	Mar. 15-26'82	Yes
2.	Dr. Prema Bhat St. Johns Medical College Bangalore, India.	"	"	"
3.	Dr. K.A. Monsur Dhanmondi R/A Dhaka, Bangladesh.	"	"	"

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	Name	Course Title	Time	Fee paid
4.	Dr. Abdul Waheed Holy Family Hospital Rawalpindi, Pakistan.	Inter-Regional Course on Diarrhoeal Diseases: Clinical Aspects.	April 19-30'82	Yes
5.	Dr. Om Prakash Ghai All India Institute of Medical Sciences New Delhi, India.	"	"	"
6.	Dr. Vijay Kumar Post Graduate Institute of Medical Education & Research Chandigarh, India.	"	"	"
7.	Prof. M.R. Khan IPGM&R Dhaka, Bangladesh	National Course on Research Methodology: Clinical Science and Microbiology.	Aug. 23-Sept. 11'82	"
8.	Mr. A.M.R. Chowdhury Bangladesh Rural Advancement Committee Dhaka, Bangladesh.	"	"	"
9.	Mr. Michael Dobbyn The British Council Dhaka, Bangladesh.	"	"	"
10.	Dr. Ayad H. Allawi Medical Consultant Surrey, England.	Inter-Regional Course on Diarrhoeal Diseases: Epidemiological Aspects.	Sept. 23-Oct. 1'82	"
11.	Dr. Dhiman Barua WHO, Geneva Switzerland.	"	"	"
12.	Dr. Diego Buriot WHO, Manila Philippines.	"	"	"
13.	Dr. Henry M. Gelfand University of Illionois Illionois, U.S.A.	"	"	"
14.	Mr. Tim Journey The World Bank Dhaka, Bangladesh.	"	"	"

	Name	Course Title	Time	Fee paid
15.	Dr. S. Radhakrishna Institute for Research in Medical Statistics Madras, India.	Inter-Regional Course on Diarrhoeal Diseases: Epidemiological Aspects.	Sept. 23-Oct. 1'82	Yes
16.	Mr. Habibur Rahman Ministry of Public Health Dhaka, Bangladesh.	"	"	"