

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,

BANGLADESH

REPORT OF THE

BOARD OF TRUSTEES MEETING

JUNE 13-15, 1984

1/BT/June 84

**AGENDA**

BOARD OF TRUSTEES MEETING

13-15 June, 1984

1. Approval of Agenda. - 1/BT/JUNE 84
2. Minutes of Meeting December 1983. - 2/BT/JUNE 84
3. Matters Arising - 3/BT/JUNE 84
  - (a) Endorsement of Officers of PCC
  - (b) Project Development Committee
  - (c) Microbiology timetable
  - (d) Collaboration - External
  - (e) Programme Coordination Committee
4. Director's Report. - 4/BT/JUNE 84
5. Resources Development Report. - 5/BT/JUNE 84
6. Finance Committee Report. - 6/BT/JUNE 84
7. Approval of FY1983 Audit Report. - 7/BT/JUNE 84
8. Presentation of FY1985 and 1986 budgets. - 8/BT/JUNE 84
9. Report of the Ad Hoc Search Committee. -
10. Report of the Personnel and Selection Committee. - 10/BT/JUNE 84
11. Selection of Trustees. - 11/BT/JUNE 84
12. Selection of Chairman of Board of Trustees. - 12/BT/JUNE 84
13. Membership of Committees of the Board. - 13/BT/JUNE 84
14. Date of next meeting. - 14/BT/JUNE 84
15. Varia

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2/BT/JUNE. 84

APPROVAL OF MINUTES OF THE BOARD  
OF TRUSTEES MEETING,

DECEMBER 1983

2/BT/June 84

Correction Pages

Minutes of Full Board Meeting

Minutes of Finance Committee Meeting

Minutes of Personnel & Selection Cttee. Meetings

Correction Page for Resolutions

Resolutions

LIST OF ADDITIONS/ALTERATIONS MADE TO THE DRAFT MINUTES OF  
THE BOARD OF TRUSTEES 30 NOVEMBER-2 DECEMBER, 1983 CIRCULATED

1. Page 1: In the heading "1982" changed to "1983".
2. Page 7: In the final paragraph, "Concerns of Board Members were answered ... WHO support is required too." has been replaced by, "The Board Members emphasized the need for a WHO co-sponsorship."  
  
In the same paragraph, "... but that they too would appreciate ..." has been replaced by "subject to".
3. Page 8: At the end of the 2nd paragraph, "The Centre feels that in view of the lack of ... to seek the least expensive formulation." has been replaced by, "The Centre is in favour of first determining which vaccine is most likely to be effective, then if proven to be effective, to seek the least expensive formulation."  
  
At the end of the same paragraph, the following sentence has been added: "WHO will be approached for a definite guidance.".
4. Quotation marks have been added in the following places to emphasize the fact that pages 8 to 17 have been quoted from Mr Bashir's report on development of resources:  
  
Page 11, at the end of the 3rd paragraph after "... Information Service Centre.", and at the beginning of the final paragraph before "The growing awareness ...".  
  
Page 13, at the end of the 4th paragraph after "... assistance to developing countries.", and at the beginning of the last paragraph before "The many changes ...".  
  
Page 15, at the end of the 2nd paragraph after "... in an uncertain position.", and at the beginning of the 3rd paragraph before "Efforts to raise funds ...".  
  
Page 16, at the end of the 2nd paragraph after "We are actively pursuing this matter.", and at the beginning of the 3rd paragraph before "The Board has ...". Also on the same page after "... World University Service of Canada." and at the beginning of the final paragraph before "We are now finalizing ...".

Page 17, at the end of the 1st paragraph after "... donors in early 1984." and at the beginning of the 2nd paragraph before "This year the Consultative Group ...".

5. Page 23: At the end of the 2nd paragraph after "... preparation of donor documents.", the following sentence has been added: "Considering visits by the Centre's staff (or short-term advisers to the Centre) to countries the Board reiterated its concern (see page 5).".
6. Quotation marks have been added in the following places to emphasize the fact that pages 24 to 31 have been quoted from Professor Bell's Report of the Finance Committee:
  - Page 24, at the end of the 1st paragraph after "We congratulate those responsible." and at the beginning of the 2nd paragraph before "The Committee first reviewed ...".
  - Page 25, at the end of the 2nd paragraph after "... research or services." and at the beginning of the 3rd paragraph before "The Center entered the fiscal year ...".
  - Page 26, at the end of the 2nd paragraph after "... loan into a grant." and at the beginning of the 3rd paragraph before "Achieving a steady and reliable cash flow ...".
  - Page 28, at the end of the 4th paragraph after "... suggest above under (1)." and at the beginning of the final paragraph before "The available data from the Center ...".
  - Page 29, at the end of the table after "6.2" and at the beginning of the final paragraph before "The Committee was presented ...".
  - Page 30, at the end of item (3) after "... the estimates shown above." and at the beginning of section 6 (a), before "a) Overdraft facilities - ...".
7. Page 27: In the 1st paragraph, 2nd line, "to" after "It does" has been deleted, and in the same paragraph, 3rd line, "to" after "... the seriousness of the matter, and" has been deleted.

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B  
HELD AT DHAKA, NOVEMBER 30 - DECEMBER 2, 1983

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- Members Present : Dr F. Assaad  
Prof. D. Bell  
Dr D. Bradley  
Dr I. Cornaz  
Dr W.B. Greenough - Secretary  
Maj. Gen. Shamsul Huq  
Dr J. Kostrzewski - Chairman  
Dr L. Mata  
Dr M.A. Matin  
Mr A.B.M. Ghulam Mostafa  
Dr D. Rowley  
Dr J. Sulianti Saroso  
Dr Y. Takeda  
Dr M. Were
- Members Absent : Dr A.R. Al-Swailem  
Dr V. Ramalingaswami
- Observers : Dr Clifford Pease  
Members of the Standing Committee of the  
Programme Coordination Committee (for  
that Agenda only)
- Invited Staff : Mrs J. Chowdhury, Executive Secretary to  
Director  
Dr K.M.S. Aziz, Associate Director, Training,  
Extension & Communication  
Mr M.R. Bashir, Associate Director, Resources  
Development  
Dr T. Butler, Associate Director, Pathogenesis  
& Therapy and Host Defence Programmes  
Mr M.F.L. Goon, Associate Director, Admin-  
istrator & Finance  
Dr M.M. Rahaman, Associate Director, Nutrition  
Programme  
For Agenda 6 - All members of Standing Cttee.  
of Programme Coordination Committee  
For Agenda 7 - Mr J. Chakraborty  
Dr J. Clemens  
Dr M.U. Khan  
Dr Md. Yunus

The Chairman welcomed the Trustees. He advised that the new schedule of Agenda should replace the Draft Agenda.

Agenda 1: Approval of Agenda

The Chairman went through the agenda item by item and explained each.

- (a) It was proposed that under Agenda 4 the term "Management Committee" be changed to read "Associate Directors" and that an item be entered under "Varia" to discuss the title of the Committee made up of Associate Directors i.e. the present "Management Committee".
- (b) It was agreed to reverse items 13 and 14.
- (c) For the record Agenda 12 should read "Personnel and Selection Committee".

The Agenda was approved as amended:

APPROVED SCHEDULE OF AGENDA

30-11-83

Beginning of Meeting

- 1. Approval of Agenda - 9 a.m.
- 2. Approval of Draft Minutes of Board Meeting,  
June 1983
- 3. Matters Arising
- 4. Director's Report  
(All Associate Directors invited for Agendas  
4 & 5)
- 5. USAID Review

Luncheon at IPH Auditorium or Ground Floor (Sandwiches) - 1 p.m.



6. Programme Coordination Committee - 2 p.m.
7. Vaccine Report - Dr John Clemens  
- Dr M.U. Khan/Dr Md. Yunus  
- Dr T. Butler } invited  
- Dr K.M.S. Aziz }
8. Resources Development - Mr M.R. Bashir  
- Mr M. Goon
9. Finance Committee - Mr M.R. Bashir  
- Mr M. Goon

1-12-83

- Beginning of meeting - 9 a.m.
10. Presentation of Budget - Mr M.R. Bashir  
- Mr M. Goon  
- Associate Directors for Programmes
11. Report of the Ad hoc Search Committee
12. Report of the Personnel and Selection Committee
13. Date of Next Meeting.

2-12-83

- Beginning of meeting - 9 a.m.
- Review and approval of Resolutions
14. Varia

Agenda 2: Approval of Draft Minutes of Board Meeting June 1983

The minutes of the meeting held 13-15 June, 1983, were approved.  
All editorial changes should be informed to the Secretariat.

Agenda 3: Matters Arising

There was a question as to what action the Centre has taken with regard to improvement in Microbiology (page 29 of Minutes). The Director reported that all equipment recommended for Microbiology by the Board and External Review has been ordered; is in transit; or on the docks. Ordering was delayed as there has been a cash flow problem. Also it would have been inappropriate for the equipment to have arrived earlier as additional floor space would not have been available. The Centre has also taken steps for recruitment in Microbiology. This report from the Director was accepted and a request made that the Board be provided with a projected timetable showing the logistical plan with the new laboratory space for recruitment.

Agenda 4: Director's Report

It was recommended that the Director review action on all previous resolutions of the Board. The Director went through the resolutions from the last meeting and informed the Board on action taken. He then highlighted his report. There was a lengthy discussion on the scope of the Centre's activities within Bangladesh and internationally.

- (a) Within Bangladesh it was discussed whether research on respiratory infections should be done. It was decided that the Director should prepare a Working Document on this to be addressed by the Board in its December 1984 meeting. The Director agreed and advised that in addition to taking into consideration the Centre's finance and manpower resources he should also request input from the Programme Coordination Committee.
- (b) With regard to increasing demands on the Centre to assist

outside Bangladesh, it was suggested that the Board should frame guidelines to be followed by the Director. It was also suggested that the Centre should send an officer to one of the International Agricultural Centres to learn as much as possible on how the problems faced by ICDDR,B have been managed by the agricultural research centres.

The following excerpt from the Minutes of the Board Meeting of December 1982 were quoted for guidance:-

"A group of three Trustees, Dr F. Assaad, Dr D. Bradley and Prof. J. Kostrzewski were asked to suggest guidelines for ICDDR,B technical cooperation with countries in the field of diarrhoeal disease research and training. They suggested the following:-

Before negotiating technical cooperation between the ICDDR,B and country authorities ICDDR,B may request WHO Regional Office for South East Asia, if the country is within that Region, or the appropriate Regional Office, if the country belongs to another Region, for information on national diarrhoeal disease control programmes.

WHO should be informed about the result of negotiation and the proposed technical cooperation programme for comments.

WHO Headquarters will inform ICDDR,B of national programmes in the ICDDR,B priority areas in the field of diarrhoeal disease research and training.

ICDDR,B involvement in countries outside Bangladesh will primarily be in the area of laboratory, clinical and field research including operational and health services research; in training for research; in development of laboratory and other facilities; and

in information on research and training in diarrhoeal disease."

The Chairman asked that it go on record that the Board wished to congratulate the Director and his staff on a much improved 1982 Annual Report.

Agenda 5: USAID Review

Dr Pease thanked the Board and the Centre for permitting this evaluation to take place. He explained that this report has been well received and is basically laudatory. The conclusions and recommendations are meant to be constructive but at the same time it is realised that it takes time and money to accomplish these. Dr Pease answered queries on this report. The Director cautioned that this report should be looked at in conjunction with the External Review and Programme Review (by Board Members) carried out also in 1982. The Chairman thanked USAID for this report and advised that it has helped the Board in its deliberations. It was noted that the report of the USAID review is a public document and available to all. It was agreed that the Centre could also distribute it.

Agenda 6: Programme Coordination Committee

Dr Matin gave background information on the Programme Coordination Committee and then presented the Draft Proposal on operational guidelines for the Programme Coordination Committee, the Standing Committee, PCC, reporting that these are in accordance with the Board's request. There was a discussion on how much independence the Programme Coordination Committee should have. The Director strongly agreed that since it is advisory in nature

it should function as freely as possible. It was reported that the PCC has met twice and the Standing Committee (PCC) four times. The proceedings of these meetings are available for information. The Board accepts the following improved operational guidelines:

RESOLUTION      The President, Vice President and Member-Secretary of the  
1/DEC. 83      Programme Coordination Committee shall be elected by the  
Programme Coordination Committee from amongst members of  
the Standing Committee. They will also act as President,  
Vice President and Member-Secretary of the Standing Committee  
of the Programme Coordination Committee. The names of the  
officers shall be submitted to the Board for endorsement.

Agenda 7: Vaccine Report

The Director gave a preamble of the Vaccine meetings to date, advising that Government of Bangladesh officials were present at the latest meeting held in Dhaka mid-November, 1983.

Dr Clemens followed on by explaining the different trial designs. He summarized by saying that if it is wished to do a trial in the very near future, within realistic resources it is only possible to do the 2-cell trial now and later on do the 3-cell trial using a pragmatic formulation. The Board Members emphasized the need for a WHO co-sponsorship. The next step is to get approval from the Steering Committee of WHO and when this is done the Director may write to the Government of Bangladesh and receive an official reply. It was felt that they (Government of Bangladesh) were favourably disposed towards holding the field trial subject to WHO endorsement. The Director said that he felt strongly that persons

at the bench and in the field should be the ones to have final say with regard to the design of research trials.

The issue of whether to initially compare the less expensive formulation of the whole cell vaccine instead of the more complex and expensive whole cell plus B-subunit was also discussed. The Centre is in favour of first determining which vaccine is most likely to be effective, then if proven to be effective, to seek the least expensive formulation. WHO will be approached for a definite guidance.

#### Agenda 8: Resources Development

Mr Bashir presented the report on development of resources as follows:-

"The international aid situation continues to be rather complex as 1983 draws to a close. On one hand, 1983 has seen a great leap in international awareness of diarrhoeal disease. Health policy-makers around the world are beginning to include diarrhoea in their health care programs; in particular, developing countries are seeking assistance to strengthen the diarrhoea component of their national health programmes. An increasing number of these countries are looking to ICDDR,B for assistance.

On the other hand, major aid-givers have slashed their aid budgets to serve other priorities in a very uncertain economic and political climate. The available aid money is increasingly going to support either bilateral funding arrangements or regional groupings, thereby causing difficulty for ICDDR,B which depends on multilateral support. While the major victim of this shift in priorities has been the United Nations and its various agencies,

ICDDR,B has suffered both indirectly -- losing UN funding -- and directly, as some donors' financial priorities move away from international health and health research. Consequently competition for the donor dollar is more intense today than before.

The report below summarizes how ICDDR,B in particular the Resources Development Office, is handling these simultaneous opportunities and constraints in 1983. In 1982, projections for 1983 donor-related income were made based on commitments and expectations from donors. However, delays and other factors resulted in variation from the original projections. Revised projections were made in June 1983 and were approved by the Board of Trustees. Appendix A lists these projections and compares them with donor commitments, estimates and actual cash receipt of contributions as of October 31, 1983. 1983 has been a year of mixed success in fund-raising. Agreements with some of our major donors have expired, but some important new donors have announced their contributions. One-time contributions were provided by the Arab Gulf Fund, Belgium, UNDP for the Embankment Workshop, and the UNROB fund. Donors whose multi-year agreements have expired this year include the Aga Khan Foundation, GTZ, IDRC (infant mortality), IDRC (sanitation impact), the Population Council, SAREC/Sweden (both core funding and support of immunity studies), UNDP (regional training) and UNFPA (global support for the DSS). The Aga Khan Foundation has provided some additional support in 1983 and is considering a related project in 1984, while GTZ may request a further survey round in 1984. IDRC is interested in supporting a second-phase sanitation impact study in Teknaf, and our agreement with the Population Council will now extend through 1984.

An amount of \$47,000 remains in the UNROB funds, which should

be released to us in early 1984. The External Resources Division of the Bangladesh Ministry of Finance has suggested that we apply for conversion of the full amount from a loan to a grant after receiving the \$47,000.

Donor governments and agencies often are wary of making the continuing commitment of core support. They prefer to support a project, which has a time frame within which definite results are expected, and after which funding ceases. The general donor trend is toward specific project support or yearly core support. However, Resources Development has been able to maintain continuity of support to our projects, including recovery of overhead costs.

With regard to obtaining new commitments from donors, both existing and new, we have successfully negotiated with the following donors: Belgium, CIDA, the Ford Foundation, IDRC, the Federal Republic of Germany, the United Kingdom, the OPEC Fund, the Sasagawa Foundation, UNICEF and USAID/Indonesia.

The most important new donor to ICDDR,B is the Canadian International Development Agency (CIDA). CIDA has agreed to support the Centre's Demographic Surveillance System from 1984 through 1987, following the conclusion of UNFPA funding at the end of 1983. CIDA support not only includes a substantial increase in Matlab funding, but will include the Teknaf DSS and will provide for purchase of an appropriate scientific computer, which will greatly enhance the potential applicability of the DSS and other scientific projects.

A second major achievement in 1983 has been securing the support of the Federal Republic of Germany. After more than three years of hard work and continuous effort, the FRG has agreed in principle to extend support to the Centre.



A third major breakthrough this year has been the establishment of a close relationship with UNICEF. In the long term this may prove to be one of the most important collaborations, both technically and financially. ICDDR,B's goals fit closely with the UNICEF objective of promoting GOBI; this has led UNICEF to cooperate and extend support to our activities. UNICEF is now supporting ICDDR,B and has requested our assistance in strengthening their programs in Tanzania and Colombia. We can now visualize a long term partnership implementation of the Centre's research results in developing countries. These activities will be fully funded by UNICEF which will also support our core programs. The Centre's resources and mandate are limited; this partnership with UNICEF could enable us to make more effective use of our own strengths and resources.

In 1983 we have also established very close contacts with both the Government and private foundations of Japan, building on the Japanese Government's contribution to ICDDR,B. Recently two high-level delegations have visited the Centre, one from the Ministry of Foreign Affairs and one representing the national legislature. We have submitted proposals for increased Japanese core support and for other project and capital areas. We look forward to this increased support.

Other new contributions include CIDA/World Bank support for a three-year sanitation package study; three separate grants from the Ford Foundation for training of a Government epidemic preparedness team, an evaluation of the Government's National Oral Rehydration Programme, and support for operations research and training (1984); and expanded IDRC support for the Diarrhoeal Information Service Centre. "

#### COLLABORATION

"The growing awareness around the world of the threat of diarrhoea

and the possibilities for solving it has led to increasing interest in ICDDR,B and its activities on the part of donor and developing countries alike. The Ministry of Health of Indonesia has requested the Centre to organize training of its health personnel in microbiology and epidemiology, and to assist in the clinical aspects of diarrhoea management as a follow-up to the cholera intervention and epidemiological survey carried out by ICDDR,B in 1982. A two-member team from the Centre has already visited Indonesia for the initial survey and study, and a final proposal will be submitted based on the team's findings. This project will be fully funded by USAID/Indonesia.

As mentioned above, first steps have been initiated for collaboration in diarrhoeal disease with the Governments of Tanzania and Colombia, at the request of UNICEF/New York. Feasibility reports on these projects will be finalized in early 1984.

Recently Belgium requested assistance in organizing a diarrhoeal disease workshop for Africa in Fwanda. CIDA/Canada made a similar request for Central Africa and offered funding. We have suggested that these two interests be combined into one workshop for Central Africa. This workshop would be organized by ICDDR,B and jointly funded by Belgium and CIDA.

One of the most important of the possible collaborations has been proposed by the People's Republic of China. Sixteen Chinese scientists have received training at the Centre, and the Director and Associate Director for Training, Extension and Communication have visited China to explore areas of possible collaboration. ICDDR,B has now received a formal request from the Chinese Ministry of Health to provide training and technical assistance, particularly training in ORS, clinical management of

diarrhoea and microbiology. We are expecting the visit of a delegation from China to discuss and finalize this project. CIDA has shown keen interest in supporting this project.

ICDDR,B has also received requests from eight member countries of the South East Asia Region of WHO to train their health personnel in various aspects of diarrhoeal disease management, at the Centre and through in-country training. This request has been routed through WHO and the Government of Bangladesh.

An International Conference on Oral Rehydration Therapy was held just before the June Board of Trustees Meeting. Co-sponsored by USAID, UNICEF and ICDDR,B it focused world attention on diarrhoea and ORT, and gave very high visibility to the Centre. Among those governments responding to the ORT message was the US administration, which has already allocated US\$12,000,000 for ORS and primary health care programs.

To implement any collaborative activities, two crucial needs are funding and expertise. The Board has stipulated that projects should not be undertaken without donor support; most of the prospective projects described above have been assured funding by donors, generally under tripartite arrangements. The second need, for experienced personnel, is equally complex as the Centre faces continuing personnel constraints. We are moving cautiously and taking advantage of outside expertise, particularly ICDDR,B alumni and others who are familiar with the Centre's objectives and activities. These collaborations provide essential technical assistance to developing countries."

#### 1984

"The many changes in the world situation in 1982 and 1983 have required ICDDR,B to consider carefully its fund-raising strategies. As currency rates continued to fluctuate and

political and economic uncertainties influenced a diversion of interest from health to other more politically important sectors, some countries turned to more centralized aid giving, such as through the EEC or ASEAN. This trend tends to work against globally-focused agencies like ICDDR,B and we cannot hope to have any control over these factors.

Therefore we have revised our fund-raising strategies in some areas. A major focus in 1983 has been to insure continuity of funding in 1984 and beyond, particularly trying to obtain longer-term commitments. We have also worked to broaden the base of donors to ICDDR,B's activities; in 1984 we project 24 donor countries and agencies.

Finally we have increased the visibility of ICDDR,B in the world community. The Centre has enjoyed awareness among the scientific community for many years, and this should continue. But we are aiming at the policy-makers, lay people who must make health and aid-giving decisions for their nations. Both ICORT and our Consultative Group at the UN in June enabled us to focus media attention on ICDDR,B. As a result of these, a number of articles on diarrhoeal disease and ICDDR,B have appeared in newspapers around the world; the examples in \*Appendices C and D ran in the New York Times, International Herald Tribune, Bangkok Post, and other papers in Asia, Europe and Africa.

All of these factors have had an effect on the ICDDR,B income forecast for 1984, which is provided in Appendix B. The Board will note that the Centre moves into 1984 with more firm commitments than in previous years.

In 1984, the agreement with USAID, the Centre's largest single donor, will come up for renewal. We are negotiating with them for the next funding cycle, which will be on a year-to-year

basis rather than a five-year commitment. The agreement expires in June 1984, but a three-month extension to September has been negotiated to bring the grant period into line with the U.S. fiscal year without any funding gap. We hope to be able to finalize the agreement during a forthcoming visit to Washington.

Two developments regarding USAID funding to diarrhoeal disease work should be mentioned here. First is that for the first time USAID has agreed to contribute to the CDD Program of WHO. We hope that this funding will be over and above financial support provided to ICDDR,B. The second is that a doctor at the State University of New York (Buffalo) has submitted a proposal to USAID for research and training in chronic diarrhoea for US\$ 11 million over five years. Despite our growing visibility in the US, this does place us in an uncertain position."

#### CAPITAL DEVELOPMENT

"Efforts to raise funds for the Centre's Capital Development Program have continued in 1983, with the first priority being the further six stories on the new building. We have submitted a proposal to the OPEC Fund for support to complete construction of the new building at the Dhaka Centre. During discussions with the Acting Director of the OPEC Fund, he informed us that the Fund has US\$ 50 million of counterpart funding held in Bangladesh. He suggested that we approach the Government of Bangladesh for release to ICDDR,B of US\$ 6 million of this amount, which the OPEC Fund would approve. However, we anticipate that will be very difficult to achieve, as the counterpart funds are essentially bilateral rather than multilateral.

For needed construction in ICDDR,B field stations we have approached the United Nations Capital Development Fund. This project proposal must be forwarded to UNCDF by the Government

of Bangladesh. We request the assistance of the Honorable Board members from Bangladesh in this regard.

We have approached the Government of Japan and various Japanese foundations to support our capital development program, both for construction and for equipment. We are actively pursuing this matter."

#### IN-KIND SUPPORT

"The Board has recommended that the Centre should seek in-kind support wherever possible. The Centre has successfully negotiated such support from several sources. The French scientist who is already working at the Centre will continue through 1984. Belgium has agreed to support the two Belgian staff members already working at the Centre as well as a microbiologist who will be recruited in early 1984. Belgium will also support training in Belgium of two ICDDR,B microbiology staff members.

We have approached the United Kingdom to provide an expert under the ODA Technical Assistance Programme. They have suggested that we develop a protocol which would include the services of a British scientist, which they will consider funding.

An agreement for technical cooperation has been signed with ORSTOM, a French institute focusing on demography under which they will depute a scientist to the Centre on a long term basis. This agreement also provides for exchange of scientists and information between the two organizations.

We also expect to receive some mid-level scientists and technical personnel from Canada, under an agreement now being negotiated with the World University Service of Canada."

#### RESERVE FUND

"We are now finalizing our proposal for the Reserve Fund, whose

establishment has been approved by the Board. We have already had discussions with the Ford Foundation in this regard and their reaction was very favourable. We will take this proposal to the donors in early 1984."

CONSULTATIVE GROUP

"This year the Consultative Group meeting was attended by participants from 25 countries and international agencies. This year's meeting was the most successful of the four held so far, and provided an excellent forum with lively discussion where both donors and beneficiaries could participate. Several major new donors, including UNICEF and the Federal Republic of Germany expressed their interest in funding the Centre's activities. We would like to extend our thanks and gratitude to Mr William Mashler of UNDP for chairing this meeting, and to Dr J. Sulianti Saroso, who very ably represented the ICDDR,B Board of Trustees. We request the Board's authorization to hold the next meeting of the Consultative Group in Geneva on June 6, 1984, to coincide with the UNDP Governing Council meeting. UNDP has offered to chair the meeting.

In the past, flow of funds into the Centre has been delayed because donors had required the concurrence of their parliament. In 1984 also, parliamentary approval will be needed by some donors before money can be released. The multilateral funding mechanism, through which the Centre receives its funds, is itself a complex mechanism which often causes delays that are difficult to predict. We also face difficulty in providing suitable unfunded projects to donors. However, with the Board's advice we hope to be able to meet the Centre's funding needs for 1984 and beyond."

November 1983  
Resources Development Office

Donor	Projected June '83	Committed	Estimated	Recd. up to 31 Oct. 1983	
<u>UNRESTRICTED</u>					
Arab Gulf Fund	350,000	350,000	-	-	*
Australia	163,000	163,000	-	-	*
Bangladesh	37,000	35,000	-	35,000	
Japan	200,000	200,000	-	200,000	
Saudi Arabia	100,000	100,000	-	-	*
Sweden/SAREC	72,000	-	72,000	-	
Switzerland	270,000	230,000	-	230,000	
U.K.	200,000	178,000	-	178,000	
U.S.A.	1,900,000	1,900,000	-	1,583,000	*
UNROB	500,000	233,000	-	186,000	*
Other	-	14,000	-	14,000	
<b>TOTAL</b>	<b>3,792,000</b>	<b>3,403,000</b>	<b>72,000</b>	<b>2,426,000</b>	

Notes:

- AG Fund: The AG Fund's disbursement has been much delayed. Therefore we have requested payment of the full grant amount. We have received information that a disbursement order has been issued.
  - Australia : Funds are expected to be released in the first week of December 1983.
  - Saudi Arabia : We have been informed that they are processing disbursement. Due to variance in the Saudi calendar, disbursement is usually delayed. However, payment is expected by December 1983.
  - SAREC : This grant expired in June 1983 and is expected to be renewed in December with retroactive effect. Dr. Jan Holmgren, former ICDDR,B Trustee, is actively pursuing this matter in Sweden.
  - USAID : The balance is due by the year's end.
  - UNROB : The June '83 projection of US\$ 500,000 included an exchange gain of \$ 314,000 on the total UNROB fund of \$ 1,186,000, which was disbursed in Taka. However, the Board subsequently decided to credit the dollar amount only. The final figure now stands at \$ 233,000 which includes an additional \$ 47,000 which should be disbursed by end December, 1983.
  - Total amount committed \$ 3,403,000  
Amount received up to 31st Oct. 1983 \$ 2,426,000  
Outstanding balance \$ 977,000
- \* Disbursement expected by end Dec. \$ 977,000

Estimated additional contribution of \$72,000 from SAREC for 1983 is expected to be disbursed in early 1984.



Projected, Committed and Estimated Income 1983

Donor	Projected June '83	Committed	Estimated	Recd. up to 31st Oct. 1983
<u>RESTRICTED</u>				
Aga Khan Fdn.	25,000	40,000	-	25,000 *
Belgium	75,000	75,000	-	75,000
CIDA/WB(hand- pumps)	179,000	132,000	-	- *
Ford Fd. (Epid.)	-	50,000	-	50,000
Ford Fdn. (NORP)	160,000	100,000	-	- **
France	60,000	60,000	-	20,000 **
GTZ	56,000	50,000	-	50,000
IDRC(DISC)	91,000	87,000	-	58,000 *
IDRC(Inf. Mort.)	-	8,000	-	8,000
IDRC(San. Imp.)	56,000	26,000	-	26,000
Princeton/JHU	25,000	23,000	-	14,000 *
Pop Council (Opn. Res.)	83,000	62,000	-	37,000 *
SAREC (Imm.)	76,000	39,000	-	39,000
Saudi Arabia	100,000	275,000	-	- *
UNDP (Emb.)	-	30,000	-	30,000
UNDP(Reg. Tr.)	95,000	86,000	-	36,000 *
UNDP(Cl. Res.)	250,000	250,000	-	250,000
UNFPA(DSS)	426,000	426,000	-	311,000 *
UNFPA(MCH-FP)	66,000	66,000	-	66,000
UNICEF	660,000	302,000	252,000**	- *
USAID(MCH-Ext.)	595,000	608,000	-	326,000 **
USAID(Indonesia)	-	13,000	-	- *
USAID(Nutrition)	-	12,000	-	9,000 *
RESTRICTED	3,066,000	2,820,000	252,000	1,430,000
UNRESTRICTED	3,792,000	3,403,000	72,000	2,426,000
GRAND TOTAL	6,860,000	6,223,000	324,000	3,856,000
# Less	314,000			
Total	6,546,000	Total Cols. 2 and 3 = \$ 6,547,000		

Notes: # The total 1983 income projected in June was \$ 6,860,000, which included a calculated exchange gain of \$ 314,000 from the UNROB total grant of \$1,186,000. However, the Board subsequently decided to credit the dollar amount only. Accordingly the final projected 1983 income for the Centre is \$ 6,547,000.

-Further notes on next page.

Notes :

RESTRICTED

1. Aga Khan Foundation: is providing an additional \$15,000 for 1983, which should be received in December 1983.
2. CIDA/WB: Delay in project approval by CIDA resulted in a later project and funding start date. The first payment was made in November 1983.
3. Ford Foundation(Epidemic): This grant was negotiated after the June 1983 Board meeting.
4. Ford Foundation(NORP): The revised project, for \$100,000 has been approved. Disbursement should be made in January 1984.
5. France: Funds against this grant have been placed but reimbursement has been claimed to date for \$20,000 only.
6. IDRC(DISC): The next grant instalment is due in December.
7. IDRC(San. Impact): The first phase ended in June 1983, and second phase funding was expected to begin from July. However, the project proposal for the second phase has not been finalized.
8. Population Council: The starting date was delayed; therefore the total disbursement has been reduced. The balance \$25,000 is expected in early December 1983.
9. SAREC(Immunity): Expected new collaborative proposals did not materialize. The present agreement expired in June 1983; new funding depends on progress of the trial for the B-subunit vaccine
10. Saudi Arabia: This amount includes \$230,000 for project and \$45,000 for pre-project activities. Disbursement is being processed.
11. UNDP(Regional Training): The balance \$50,000 is expected in early December 1983.
12. UNFPA (DSS): The final quarterly payment will be made in December 1983.
13. UNICEF: Disbursement of \$302,000 is expected in December 1983; the remaining \$252,000 is under positive consideration and should be disbursed in early 1984.
14. USAID(MCH-FP Ext.): The original agreement has been revised; the new 1983 grant amount is for \$608,000. The balance should be received in January 1984. This amount includes an advance for 1984.
15. Total amount committed           \$ 2,820,000  
Amount recd. to 31 Oct '83   \$ 1,430,000  
Outstanding balance           \$ 1,390,000
- \* Disbursement expected by end Dec. 1983   \$ 968,000
- \*\* Payment expected by early 1984         \$ 422,000

The estimated additional contribution of \$252,000 from UNICEF for 1983 activities is expected to be disbursed in early 1984.

Projected, Committed and Estimated Income 1984

November 1983

Resources Development Office

<u>Donor</u>	<u>Projected</u>	<u>Committed</u>	<u>Estimated</u>
<u>UNRESTRICTED</u>			
AG Fund	350,000	-	-
Australia	200,000	163,000	37,000
Bangladesh	35,000	35,000	-
Japan	400,000	200,000	-
SAREC/Sweden	72,000	-	72,000
Saudi Arabia	100,000	100,000	-
Switzerland	375,000	350,000	-
U.K.	200,000	176,000	-
USAID	1,900,000	1,425,000	475,000
<b>TOTAL</b>	<b>3,632,000</b>	<b>2,449,000</b>	<b>584,000</b>

Projected, Committed and Estimated Income 1984

Appendix B, p.2

Donor	Projected	Committed	Estimated
<u>RESTRICTED</u>			
Aga Khan Fdn.	30,000	-	30,000
Belgium	75,000	-	100,000
CIDA(DSS)	1,000,000	1,700,000	-
CIDA(Tr./Wshop)	100,000	-	50,000
CIDA/WB(H.pump)	95,000	94,000	-
FRG	-	-	300,000
Ford Fdn. (Opn. Res./Tr.)	50,000	-	50,000
France	100,000	-	40,000
GTZ	30,000	-	30,000
IDRC(DISC)	125,000	125,000	-
IDRC(San Imp.)	62,000	-	30,000
Princeton/JHU	25,000	21,000	-
OPEC Fund(proj.)	-	-	97,000
Pop.Council/ USAID	-	-	85,000
Sasagawa Fdn.	-	-	45,000
Saudi Arabia	200,000	195,000	150,000
UNDP(Cl. Res.)	250,000	225,000	-
UNDP(DWS Decade)	100,000	-	50,000
UNDP(Reg.Tr.)	30,000	-	-
UNFPA(MCH-FP)	66,000	66,000	-
UNICEF	550,000	278,000	-
USAID/Indo	-	-	100,000
USAID(MCH-FP Ext.)	459,000	-	265,000
<b>TOTAL</b>	<b>3,347,000</b>	<b>2,704,000</b>	<b>1,422,000</b>
<b>UNRESTRICTED</b>	<b>3,632,000</b>	<b>2,449,000</b>	<b>584,000</b>
<b>GRAND TOTAL</b>	<b>6,979,000</b>	<b>5,153,000</b>	<b>2,006,000</b>
Total Cols. 2 and 3 = \$ 7,159,000			

In-kind Estimated 1984 support

Belgium	- \$ 100,000
WUSC	- 175,000
France	- 40,000
U.K.	- 50,000

There followed a discussion on "in kind" support specifically related to staff. It was shown that the Centre does have sufficient control over these persons and that when donors indicate they are willing to give such support to the Centre, the Centre requests donors to send persons for positions on the (the Centre's) priority list, particularly those for which they (the Centre) are having difficulty in finding recruits.

The importance of prompt and effective reporting to donors was stressed. In particular the careful coordination of financial with technical reports was stressed. It was noted that recently one important donor had rejected a final report as inadequate which has delayed and made less likely full funding of the second phase. Since the report in question never went through the final review process the importance of this process was emphasized. It was believed also that it will be necessary to assign an individual from Finance to Resources Development to achieve better liaison for financial reporting to donors. A position of Scientific Secretary to the Director will be needed to assist in preparation of donor documents. Considering visits by the Centre's staff (or short-term advisers to the Centre) to countries the Board reiterated its concern (see page 5).

The Chairman expressed thanks to Mr Bashir and the Director and congratulated them on effective fund-raising.

Agenda 9: Finance Committee

The report of the Finance Committee was presented by Professor Bell as follows:-

"The Committee conducted a review of the financial position and prospects for the Center, and has arrived at a number of recommendations for consideration by the Board. Before reporting them, the Committee wishes first to commend the Center's management and staff for the improved documentation prepared for this meeting. The information put before the Committee, both from the financial management office and from the resource development office, is substantially better, in the Committee's view, than ever before - it is clearer, more carefully analyzed, and based on more realistic assumptions. We congratulate those responsible."

1. Expenditures in 1983

"The Committee first reviewed the estimated expenditures for the present year as projected to the end of December, 1983. The most important point to be noted is that total expenditures for the year are now estimated at \$5.4 million, as contrasted to an approved budget of \$6.5 million. Since the estimated income for the year will be approximately \$5.4 million, this means that savings achieved by economize and by not filling approved positions have kept expenditures within the limit set by income. The Committee warmly commends this record of prudent management.

Three additional points are worth bringing to the Board's attention.

First, while total expenditures were reduced substantially below the budget, management plans to spend the full amount budgeted for Depreciation/Capital Replacement (\$275,000). The Committee fully supports this action and the high priority being given to the purchase of new equipment, in accordance with earlier recommendations of the Board and external reviewers.

Second, actual expenditures for international travel are expected to be substantially in excess of the original budget, not because of a deliberate policy decision but because controls were inadequate. The Committee considers that tighter controls are needed, and the Director concurs. Among the steps that will be taken will be (1) to seek to maximize the amount of travel for Center staff that is funded by other organizations, and (2) to conduct regular reviews, at three or four month intervals during the year, of actual as against budgeted travel.

Third, the Committee inquired into the sharp reduction shown in expenditures for supplies and materials below the amount originally budgeted. The Committee was assured that the reduction reflects the elimination of unnecessary stocks and the rationalization of items on hand, and has not significantly hampered the conduct of the Center's research or services."

## 2. Income for 1983

"The Center entered the fiscal year on January 1, 1983, with an overdraft of \$760,000. Receipts in the form of contributions and project grants for 1983 seem likely to total about \$5.4 million by the end of December. In addition, funds promised to the Center for 1982, but actually received in 1983 totalled \$490,000, and a loan to the Center of \$1.2 million was made by the Government of Bangladesh from UNROB funds.

On the surface, this combination of income sources will not only cover the expenditures for 1983 (\$5.4 million), but also allow (1) repayment of the January 1983 overdraft, (2) payment of \$200,000 needed to meet the Center's responsibilities for a severance pay account, (3) payment of \$300,000 (much less than had been hoped for at the beginning of the year), into the Center's much-needed Reserve Fund, and (4) ending the year with a cash balance of \$350,000 - the first time for several years that the Center will have ended a year in the black.

This favorable result, however, is entirely due to the Government of Bangladesh loan of UNROB funds. Without that, 1983 would again end with an overdraft, quite possibly larger than the one a year ago. The Government of Bangladesh loan is at present a one-year, interest-free obligation, repayable in May, 1984.

The first major recommendation of the Committee to the Board, therefore, is that the Center approach the Government of Bangladesh, explain the critical importance of the UNROB funds being available to the Center on a longer-term basis, and request that the Government convert the loan into a grant."

### 3. Cash Flow

"Achieving a steady and reliable cash flow for the Center, once funds have been pledged, has been very difficult - a problem the Center shares with other international organizations such as the international agricultural research centers. There are several reasons. Some donors are simply dilatory (although some, fortunately, are very prompt). Some funds are released to the Center as unrestricted contributions, while others are limited to restricted purposes. Some are paid as advances against which the Center files certificates of expenditure, while others will be paid only as reimbursements after the Center has filed proof of expenditures. These and other differences are made enormously more complex by the great variations among donors in fiscal years and financial procedures.

All this did not make much difference to the Center when it was principally supported by two or three donors. But as the number of separate contributions and grants has grown to over two dozen the problems have become more and more serious, and the Director stated frankly that the staff and procedures of the Center have not, as yet, been sufficiently adapted to the new situation.



The Committee has made no thorough study of the problem, and does not wish to prescribe the necessary steps to meet it. It does emphasize the seriousness of the matter, ~~and~~ urge the Director to give high priority to finding solutions.

Among the steps suggested by the Committee, for the consideration of the Director and his colleagues, are the following:

- (1) Careful forward monthly projections might be made of the anticipated arrival of funds from each donor/project for an eighteen-month period into the future. Such projections might be updated each six months, and used as the basis of internal planning. As the mores, habits, and idiosyncracies of each donor become better understood, these projections should become more accurate.
- (2) Better coordination is needed between the Financial Management office and the Resource Development office. Some of the improvements needed are relatively simple, such as more prompt and assured communication between the two offices, and can be achieved by the proposed assignment of an accountant from the Finance office to the Resource Development office. Other needed improvements will not be achieved so easily, such as the preparation of reports to donors in which scientific and financial data need to be integrated. But, easy or hard, the improvements are essential, because the effectiveness of the Center's continued fund-raising effort is absolutely dependent on a businesslike, up-to-date, accurate reporting system to donors on the use of their funds.
- (3) One of the principal uses to which the proposed Reserve Fund would be put would be to bridge over the unevenness of cash receipts. The management of the Fund will be challenged to

find forecasting and control systems that will permit the Fund to be borrowed against during a year, but ensure that the Fund will be fully restored at the end of each year.

- (4) A similar stricture applies against the possible use of overdrafts. If essential to maintain staff and services, and if funds are clearly in sight to restore the overdraft before the end of the year, a temporary overdraft may be appropriate. But the resort to overdrafts, because of their high cost, should be extremely limited.
- (5) The Board in its December 1982 meeting resolved that new projects should not be started until donors have started the flow of funds to finance them. The resolution may have been worded in an unrealistically sweeping fashion, but the problem it was meant to address is unhappily illustrated by the Saudi Arabian field project, in which the Center has placed in the field a full team of scientists, paid by the Center, before the funds promised by Saudi Arabia to support the project have begun to flow.
- (6) Finally, the Committee suggests that the basis for planning the Center's budget be changed, from estimating income on the basis of the fiscal year in which the donor makes a pledge, to estimating income on the basis of when the funds are likely to arrive. This recommendation, if feasible, would mean using for budgeting purposes, the results of the eighteen-month projections of receipts that were suggested above under (1)."

#### 4. Income for 1984

"The available data from the Center has been used in an attempt to prepare such an eighteen-month projection, donor by donor and project by project, for operating funds exclusive of donor funds earmarked for new capital equipment.

It is also essential to continue the regular setting aside of funds in the Reserve Fund.

On the expenditure side, to the 1983 level of expenditures (\$5.4 million) must be added the normal increments (cost of living plus merit) for existing staff as required under WHO rules. This amount is currently estimated at \$617,000. If the Budget for 1984 were restricted to \$6.2 million, this would clearly leave little room for additional staff. Three important qualification must be added:

- (1) The anticipated receipt of \$700,000 from CIDA for the new computer has been removed from the income side of the calculations, since this is a capital rather than an operating cost.
- (2) No allowance is made in the figures put before us by the Center for personnel deputed to the Center at the expense of others, (the Belgian and French governments, for example, or the CDC).
- (3) Finally, it may be possible to raise project (or unrestricted) funds in larger amounts than the estimates shown above."

6. Other Items

- " a) Overdraft facilities - Management proposes to negotiate an increase in its overdraft limit in Taka to the equivalent of \$1,000,000; to negotiate for the elimination of certain conditions AEIBC proposes to attach to the increase; and to require that any use of this increased overdraft limit Beyond Taka 10,000,000 be subject to the approval of the Chairman of the Board. The Committee recommends approval of these changes.

- b) Tightening of internal credit procedures - Management proposes to reduce the number of authorised signatories for the Center, and to permit only the Director; the Associate Director, Administration and Finance; and the Controller to deal with all bank matters and transactions. The Committee recommends approval of these changes.
- c) Staff loan for purchase of household appliance and motor vehicles - In order to correct an error in the Center's application of tax exemption to local international staff, certain household appliances and motor vehicles have to be withdrawn from them. To mitigate the hardship, the Center proposes to establish a staff loan fund of \$100,000 to permit importation of appliances and vehicles for affected staff. Loans will bear interest at 12% per annum (the Center's overdraft rate in New York) and total loans plus interest will be repayable over two years. The Committee recommends approval of these arrangements.
- d) Formation of a Credit Union - With the establishment of the Center's Staff Retirement Plan from January 1, 1984, the existing Provident Fund will be closed. Management proposes to offer employees the option of converting the balance in the Provident Fund into the capital of a Credit Union. The Committee recommends approval."

The report was accepted by the Board and it was decided that any resolutions should be made after the 1984 budget has been reviewed.

Agenda 10: Presentation of Budget

The Director signalled basic issues to be considered with respect

to the budget. He informed the Board that he wishes to leave the Centre in a sound position for the incoming Director, with a reserve fund and sufficient resources for recruitment. To do this, the operating budget will have to be restricted, however, the capital replacement budget will stand as is. Discussion followed on recruitment in relation to the budget, manpower plan and priority list. Vacant positions within the \$6.2 million budget were studied. It was noted that within \$6.2 million vacant positions and positions of those already in place could be managed but no new positions could be filled.

Next, the Board discussed the Project Development Committee. It was decided that the Board should be furnished, at every Board Meeting, with a list of projects under this budget head. The Project Development Committee will remain as a line item in the budget and in addition there will be two additional line items, namely Project Execution (international) and Project Execution (Bangladesh). Project Development projects should continue to be moved out to programme areas when mature.

The attention of the Board was brought to the fact that the UNROB loan is due to be repaid in May 1984. The Reserve Fund has to be built up to cover this amount so it will be available should repayment be required. It was emphasized that UNROB moneys have already been spent on services to Bangladesh.

Concern was expressed on the over-expended travel budget in 1983. The Board suggested the Centre try and get as much funds as possible from other sources to cover travel and to monitor very carefully all travel undertaken by Centre personnel.

The Board passed the following resolutions:-

RESOLUTION  
2/DEC. 83

The Board authorizes the Director to accept an overdraft limit of the equivalent of US\$ 1 million in Taka as offered by the American Express International Banking Corp., Dhaka.

The Board further instructs the Director to negotiate with American Express International Banking Corp. to waive the conditions of a commitment fee of 0.25% per year for facilities of less than Tk 3,000,000 and to also waive the conditions that pledged assets be covered by insurance. This resolution replaces Resolution 6/Dec. 82.

RESOLUTION  
3/DEC. 83

The Board allows the Director to use this overdraft facility as mentioned in Resolution 2/Dec. 83 up to a limit of Tk 10,000,000 only. Beyond Tk 10,000,000 the Director will need to seek the approval of the Chairman of the Board.

RESOLUTION  
4/DEC. 83

To improve internal control procedures, the Board authorizes the Director, the Associate Director, Administration and Finance, and the Controller only to deal with all banking matters and transactions.

The Board further instructs that any two of the above authorized personnel sign all cheques, authorize payments; operate bank accounts and give instructions to the Bank. Any changes in instructions in cheques and other banking and financial instruments must be accompanied by the same two original signatures on the document. This authorization takes immediate effect and the Board instructs the Director to regularize present banking matters and authorizations.

RESOLUTION  
5/DEC. 83

The Board approves that an amount of US\$ 100,000 be used as staff loan permitting the purchase and importation of necessary household appliances and motor vehicles for local Bangladeshi international staff members who are affected by the recent orders of

RESOLUTION      The Board authorizes the Director to accept an overdraft limit  
2/DEC. 83      of the equivalent of US\$ 1 million in Taka as offered by the  
American Express International Banking Corp., Dhaka.

The Board further instructs the Director to negotiate with American Express International Banking Corp. to waive the conditions of a commitment fee of 0.25% per year for facilities of less than Tk 3,000,000 and to also waive the conditions that pledged assets be covered by insurance. This resolution replaces Resolution 6/Dec. 82.

RESOLUTION      The Board allows the Director to use this overdraft facility  
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Tk 10,000,000 only. Beyond Tk 10,000,000 the Director will  
need to seek the approval of the Chairman of the Board.

RESOLUTION      To improve internal control procedures, the Board authorizes  
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and the Controller only to deal with all banking matters and  
transactions.

The Board further instructs that any two of the above authorized personnel sign all cheques, authorize payments, operate bank accounts and give instructions to the Bank. Any changes in instructions in cheques and other banking and financial instruments must be accompanied by the same two original signatures on the document. This authorization takes immediate effect and the Board instructs the Director to regularize present banking matters and authorizations.

RESOLUTION      The Board approves that an amount of US\$ 100,000 be used as staff  
5/DEC. 83      loan permitting the purchase and importation of necessary house-  
hold appliances and motor vehicles for local Bangladeshi inter-  
national staff members who are affected by the recent orders of

the National Board of Revenue to regularize this discrepancy. This loan will bear an interest rate of 12% per annum and the total loan plus interest is to be repaid in 24 equal monthly instalments.

RESOLUTION  
6/DEC. 83

With the establishment and implementation of the Centre's Staff Retirement Plan from January 1, 1984, the Centre's contributions to the present Provident Fund will cease, and the Provident Fund presently in existence will be closed.

Staff members who are participants of the present Provident Fund will be given the option to decide whether they want to liquidate and withdraw all amounts standing in the credit of the fund or to allow the proceeds of the fund to be transferred to a US Dollar deposit account in a bank in Bangladesh to prevent erosion of their accumulations in real terms. Each member who decides to deposit his total accumulation in US Dollars, will then hold an equivalent of his total credit in the fund in US Dollars.

The US Dollar deposit will then be applied to raise loan facilities for remaining participants of the Fund in accordance with loan provisions contained in the Provident Fund Account. When a staff member decides to withdraw his accumulation, he will be paid the equivalent in Taka.

RESOLUTION  
7/DEC. 83

The Board of Trustees is informed that an amount of Tk 2,89,28,774.88 received as an interest free loan from the Government of Bangladesh out of the UNROB fund has been used by the Centre exclusively in Bangladesh to help the Centre continue its activities of delivering its services to the people of Bangladesh. The Board of Trustees, having assured itself that the full amount of this fund having been used to benefit of the people of Bangladesh, unanimously requests the Government



of Bangladesh to convert this amount of Tk 2,89,28,774.88 as a grant to the Centre in order to help the Centre to continue providing services to the people of Bangladesh. The Board of Trustees requests the Director to formally approach the Government of Bangladesh to convert the UNROB loan into a grant.

RESOLUTION  
8/DEC. 83

Based on the figures presented in the Report of the Finance Committee of the Board, the Board resolves:

1. The Centre will commence the fiscal year 1984 under a budget ceiling of \$ 6.2 million.
2. If the Government of Bangladesh agrees to extend the terms of its loan to the Centre, income to the Centre that will then not be needed to repay the Government, should first be used to build up the Reserve Fund to an amount equal to the loan.
3. If income of the Centre in 1984 turns out to be, as currently estimated, on the order of \$ 7.4 million, and paragraph 2 of the resolution has been satisfied, about \$ 300,000 would be available to support expenditures above the \$ 6.2 million budget ceiling. When and to the extent that such funds are received by the Centre, the Director is authorized to spend them for equipment and for additional personnel, in addition to the amounts included for those purposes in the budget ceiling.
4. The budget ceiling shall be reconsidered at the June 1984 meeting of the Board, based on information on income and expenditures by that time.

RESOLUTION  
9/DEC. 83

The Board approves the Retirement Plan as presented and instructs the Director to take up the Fixed Income Plan as offered by AIRCO and to implement this plan effective January 1, 1984.

The Board agreed to address agenda 12 and then agenda 11.

Agenda 12: Personnel and Selection Committee

Professor Matin presented the Committee's report as follows:-

"The Personnel and Selection Committee of the Board of Trustees, ICDDR,B has met twice since the full Board Meeting of 13-15 June, 1983, in New York. There was a meeting in Geneva on 13-14 October, 1983, and one in Dhaka on 29 November, 1983. In the October meeting the progress on a pension plan was reviewed with the Associate Director, Administration and Finance, Mr Michael Goon. The decision was taken that a final report would be submitted to the Board in December. All candidates for advertised positions were reviewed and a short list prepared. It was requested that in presentation to the Board parameters of geography, expertise, age, sex, qualifications and all necessary information to be presented. It was requested that the Director also solicit from all Board members nomination for candidates for the Board of Trustees. The meeting on 29 November reviewed matters raised in October and completed work leading to the recommendations in this report.

- I. Recommendation to convert the Severance Pay and Provident Fund into a Pension Plan and a Credit Union.

A retirement or pension plan study has been made and is incorporated into this report as it was presented. The members of the Committee endorse the plan and forward it to the Board for implementation. The Retirement Plan study is as follows:-

"RETIREMENT PLAN STUDY"

1. BACKGROUND INFORMATION

The ICDDR,B adopted WHO pay scales and benefits scheme from January 1, 1983. The WHO has a pension fund for its staff. Staff members contribute 7% of their salary to the fund and WHO contributes 14%. All WHO staff members are eligible to join the United Nations Joint Staff Pension Fund (UNJSPF).

Prior to the date of the conversion to WHO pay scale and benefits scheme, ICDDR,B staff were eligible for terminal payments consisting of severance pay and a provident fund.

1.1 Severance Pay Account

The main feature of this plan is that for each completed year of service, a staff member earns one month's salary. The formula for calculation of separation payments is:

Number of years service x last earned monthly salary

1.2 Provident Fund

Staff members and the Centre each contribute 8.33% to the fund. This fund is allowed to grow in a time deposit and interest earned is credited to each staff member's account. The fund also provides loan facilities to staff members who can borrow money against their own contributions.

1.3 Major Inadequacies in Existing Plans

1.3.1 Severance Pay

- It is difficult to predict ICDDR,B's cost liability. This is so because the Centre is unable to forecast

final salary payments of staff and thus run the risk of not being able to meet the full burden of payments. As a matter of fact the Centre's severance pay account at December 31, 1982 had a deficit of \$ 200,000/-

- ICDDR,B does not have capable and qualified investment managers who can examine various portfolio mixes to enable them to earn sufficient income to cover current and projected severance pay liabilities. This investment exercise has never been done at all.
  
- The severance pay account is not protected. Often times when ICDDR,B experiences cash flow problems, "loans" have been made from this fund in order to provide temporary bridging finance to cover income shortfalls to carry on the Centre's activities. In the event that the Centre should cease operations entirely due to financial or other reasons, then whatever "loans" made from this account would have to be written off at the expense of staff member entitlements.
  
- Since the account is kept and payable in local currency the net worth of the fund is not protected against inflation and currency devaluations.

#### 1.3.2 Provident Fund

- This fund acts as a credit union by providing loan facilities to staff members. Like the severance pay account the net worth of the fund is not protected from erosion resultant from inflation and currency devaluation.

- Should a staff member leave the Centre with prejudice then he does not receive the Centre's contribution to his account. He is only entitled to his own contribution plus accumulated interest.

## 2. PLAN PROPOSALS

Basically there are two general types of retirement plans. They are:

- (a) a defined benefit plan, whereby the employee's retirement benefit is known precisely, and
- (b) a defined contribution plan whereby the employee's retirement benefit amount is uncertain.

The key difference between these two plans is that under a defined benefit plan the employer commits himself to providing a specific benefit, but cannot precisely predict the cost. He has to rely on actuarial estimates. Under this plan he must also assume responsibility for the results of plan asset investments and to make up any inadequacy of assets to pay plan benefits.

Under a defined contribution plan, the ultimate benefit amount is not specified, whereas the employer's cost is defined precisely. The employer's plan liabilities are fully funded at all times.

### 2.1 The Defined Benefit Plan

As explained above, this type of plan usually refers to a situation where the employer undertakes to provide a certain level of benefit for each staff member. Generally the aim is to link this benefit to salary at retirement or

withdrawal, according to the number of years service the employee has completed. Although employees may well contribute to the Plan the employer remains ultimately responsible for the excess cost as determined by the actuaries from time to time. In reality it is impossible to predict the future and consequently the employer will not be able to fully cover the cash deficits of the fund on a current basis.

## 2.2 The Defined Contribution Plan

This type of plan would operate as a savings scheme with the employee's and employer's contributions being invested in a fund which accumulates for the benefit of the members. An individual account would be incorporated for each member, his share of the fund being in direct proportion to the contributions made in his name.

The size of each employee's account at retirement is not known and depends upon amounts contributed and the investment performance. The reasons employers select defined contribution plan are:

- a) to avoid unknown longterm funding and liability commitments and requirements,
- b) to avoid exposure to contingent liability should plan terminate, and
- c) that it is simple to administer as no complex actuarial techniques are required.

3. SURVEY CONDUCTED BY THE INSTITUTE OF INTERNATIONAL EDUCATION

When ICDDR,B was unable to gain membership into the UNJSPF, various pension insurance companies were approached to come up with proposals comparable to WHO benefits. The IIE was also requested to seek professional assistance in this matter. Using the services of a consultant, the IIE was able to come up with recommendations after reviewing the various benefits attached to popular Pension Plans currently in existence. Pension Plans compared were namely:

Defined Benefit Plans

Defined Contribution Plan

UNJSPF

AIRCO

US Plan

TIAA-CRSF

World Bank

UK Plan

Dutch Plan

Comparisons of these plans were made based on the following assumptions that:

- a) the final 3 years' salary (in US Dollars) equals 38,095; 40,000 and 42,000. For purposes of comparison on a one-to-one basis, it can be changed to the local taka or any type of currency, and
- b) yearly salary progressions were at 5% and investment return at 7% per annum.

For comparative figures please refer to the table attached overleaf.

3.1 Recommendations

From the table of comparisons it will be noted that a defined contribution plan with benefits calculated on a total

accumulation of contribution plus interest would provide an employee with a much higher retirement benefit amount at the time of his retirement than those provided by a defined benefit plan.

Based on a salary progression of 5% per year and a minimal 7% investment return, the final benefits accruing from the AIRCO and the TIAA-CREF are far more superior than that provided by the UN Joint Staff Pension Fund.

For ease of reference, the comparisons are tabulated as follows:

	B E N E F I T   A M O U N T S   P E R   Y E A R			
	10 YEARS SERVICE	15 YEARS SERVICE	25 YEARS SERVICE	35 YEARS SERVICE
UNJSPF	8,006	12,009	20,015	26,020
AIRCO	16,751	26,388	46,289	59,008
TIAA-CREF	17,671	27,839	48,834	62,252

Although TIAA-CREF provides better returns than AIRCO the plan is only available to US citizens and US immigrants. However, the AIRCO plan is available to non-US staff members.

4. PROPOSED PLAN FOR ICDDR,B

In order to provide maximum flexibility to staff members the proposed retirement plan must incorporate the following features:

- a) security of the plan,
- b) non-forfeitable benefit in the event of termination or cessation of contribution by ICDDR,B,
- c) full and immediate vesting, i.e non-forfeitable benefit in the event of termination or resignation from employment,



- d) provide protection of benefits from eroding due to inflation or currency devaluation,
- e) provide flexibility of benefit payment options, like lump-sum cash settlement, monthly retirement income, part cash and part monthly retirement income and so on,
- f) early retirement option.

The study made by the IIE has shown that the defined contribution plan has more to offer in terms of terminal benefit and flexibility than the defined benefit plan. Especially in ICDDR,B the past experience of funds deficit in the severance pay account and the uncertainty of yearly income will rule out a possibility of the ICDDR,B in adopting a defined benefit plan. Moreover the Centre does not have the financial resources nor the expertise to manage such a plan. Fortunately, from the study conducted by IIE the defined contribution plan has been recommended as being much more superior than the defined benefit plan. Having this in mind ICDDR,B started looking for an investment vehicle which could best handle the defined contribution plan.

#### 4.1 Choice of Investment Vehicle

Considerable discussion was made with a number of insurance companies and Banks in the USA, Europe and UK. Proposals were submitted by AIRCO, Van Breda, AEIBC, and Barclays Bank. Based on various proposals and the Centre's association with IIE, American International was recommended as the most appropriate group to meet the requirement for the ICDDR,B staff members. Barclays Bank in UK, although they have their own insurance company also recommended selection of the American International Group as the most appropriate to handle ICDDR,B's flexible pension/features. The American International Group has been recommended for the following important reasons:

- a) They have a significant world wide operation with office coverage in Bangladesh itself. This is important because on the spot local representation can be made available at any particular time.
- b) To provide protection against benefits erosion, a US dollar contract is available. This is not only a strong currency but also one that is most convenient to ICDDR,B. Contribution's can be made directly from New York in US Dollars, and upon withdrawal by policy holders, the Taka equivalent will be paid to them.
- c) Premiums are invested in a tax efficient portfolio. Investment would take place in an off-shore location to take advantage of tax laws. Benefits are normally available tax free in a lump-sum.
- d) Contracts enjoy the security of the American Life fund and its guarantees.
- e) Present international staff members are also contributing to a retirement plan administered by the American International Group, and
- f) They have a better overall investment performance compared to other interested groups.

#### 4.2 Reasons for Choosing an Off Shore Fund

Criteria affecting the choice of a location for an offshore fund are many. Important criteria influencing location selection are:

- a) political and economic stability,

- b) availability of the desired currency,
- c) access to investment media and insurance contracts,
- d) freedom for oppressive taxation,
- e) reliable communications,
- f) good support services

The most popular locations tend to be Bermuda, Jersey, Guernsey or Hongkong and the tax laws of many of these locations enable insurance companies to enjoy a tax status which is more favourable than can be achieved by other investment media.

The IIE and Barclays Bank have both selected Bermuda as an ideal off-shore location because of:

a) POLITICAL AND ECONOMIC STABILITY

Bermuda is a self-governing British colony. Its government is democratically elected and is responsible for all relevant business matters. Only defense remains with the power of the Governor. There have been political riots in the past but basically the country is politically and economically stable. The economy is based largely on tourism and international finance. It is particularly a centre for insurance and shipping operations; and has a good reputation for controlling offshore operations. The legal system is based on English common law, with locally enacted legislation.

b) FINANCE AND CURRENCY

An offshore fund in Bermuda can operate and maintain local bank accounts in any currency with virtual freedom from local exchange control. In Bermuda, there is therefore considerable freedom to invest both externally and internally.

c) TAXATION

There is no income tax, corporation tax, capital gain's tax, estate duty or withholding tax in Bermuda. Contributions from staff members and the Centre participating in an offshore fund with dividends received or paid locally and benefit payments do not need therefore to escape local tax.

d) RELIABLE COMMUNICATION

The language is English and both travel and telecommunication facilities are good, particularly to North America and the UK.

e) SUPPORT SERVICES

There are well established legal, accountancy and banking services and a wide variety of investment managers in Bermuda.

The American International Group have their own company in Bermuda.

5. PLAN SELECTION

The present trend of most organizations is to spread their retirement contributions in a mixed portfolio like equity, mutual funds, capital growth funds, income plans etc. Except for fixed or guaranteed income plans, most of these investments are purely speculative in nature and are therefore risky. A pension fund must not have too much exposure to such risks. The most important criteria of a retirement plan is that the income is guaranteed and secure.

This being the main criteria, the AIRCO (American International Group) in USA, American Express International Banking Corporation in New York and UK, Barclays Insurance in UK, and Van Breda in Belgium were approached to present proposals for a retirement fund, based on a defined

contribution plan, and with guarantees of principal and interest. A table of comparisons summarizing various proposals is attached as Annex A.

The Plan which offers the most favourable terms is that of the AIRCO Plan handled through IIE. It offers a higher guaranteed interest rate and lower asset charge although administrative charges is \$5/higher per policy holder as compared with Barclays or AIRCO direct. Based on computations for 700 staff members and \$1,000,000 initial investment in the fund, the following calculations compares net returns between plan policies held direct with AIRCO and through IIE.

	<u>IIE</u>	<u>DIRECT</u>
Admin. charges/year	\$ 14,000	\$ 10,500
Asset Charges	\$ 3,750	\$ 5,000
Initial Charge	-	<u>\$ 1,000</u>
Total Cost	\$ 17,750	\$ 16,500
Guaranteed Interest	<u>\$107,500</u>	<u>\$105,000</u>
Net Return	<u>\$ 89,750</u>	<u>\$ 88,500</u>
Net %	<u>8.975%</u>	<u>8.850%</u>

The average guaranteed interest of AIRCO over the 3 years of 1980, 1981 and 1982 has averaged 11.167%. Moreover, the final declared interest over this period has been 13.731% or a net increase of 2.564% over and above the guaranteed interest minimum. Using this average net increase

as a guide, the effective interest guaranteed at 10.75% and 10.5% should correspond to 13.314% and 13.064% respectively. The effective yield is therefore 11.537% for plans administered through IIE and 11.414% for plans direct to ICDDR,B. This can be seen as follows:

	<u>IIE</u>	<u>DIRECT</u>
Total interest earnings (13.314%)	\$133,140(13.064%)	\$130,640
Less Charges	<u>\$ 17,750</u>	<u>\$ 16,500</u>
Net Earnings after charges	\$115,370	\$114,140
% Yield	<u>\$ 11.537%</u>	<u>11.414%</u>

6. HOW THE DEFINED CONTRIBUTIONS PLAN WORKS

1. An amount of money is set aside every year for each employee participating in the plan. This allocation will consist of a combination of contributions from the ICDDR,B and the staff members. The present contribution rate is 14% by ICDDR,B and 7% by staff members.
2. An account is maintained for each staff member in which is allocation will accumulate until death, termination or retirement.
3. The amount of benefit available to a staff member will depend on the length of time he has been under the Plan, the level of net contribution paid and the investment performance of the fund.
4. Upon retirement, a staff member is entitled to take the accumulated value of his account in the form of cash, convert it to an annuity, or take a combination of part cash and part annuity.
5. All final payments are subject to currency conversion laws of the country and for this particular purpose, payments from the fund will be made in Bangladesh Taka.
6. The Insurance Company guarantees a minimum rate of interest on deposits in the Fund each year, and as the Insurers earns excess interest, such interest will be credited to the fund. In no event, will the accumulated value of the fund be less than that guaranteed on each deposit received.

7. PROPOSED PLAN SPECIFICATIONS

1. Eligibility: All full-time staff members with a minimum of one year's contract are eligible for entry into the plan
  
2. Exclusions: The plan is not extended to the following categories of employees:
  - a) Community Health Workers.
  - b) Temporary part time or casual workers.
  - c) Staff members who are not governed under rules for the GS, STM or P-level scales.
  
3. Normal Retirement Age: The normal retirement age will be the 60th birthday.
  
4. Early Retirement Age: With the consent of the ICDDR,B, a participant may advance the retirement date.
  
5. Contribution: Participants will be required to continue 7% of their salary to the Plan. The ICDDR,B will contribute on behalf of each participant at the rate of 14% of each participant's salary.
  
6. Benefits: At retirement, or upon leaving the service at ICDDR,B a participant will receive the full sum of his contributions, the Centre's contribution plus accumulations of all interests and earnings to his individual account.  
  
A participant is entitled to take the accumulated value of his account in the form of cash, convert it to an annuity or take a combination of part cash and part annuity. All benefits at retirement are paid in the equivalent of the Bangladesh Taka.

7. Operational Retirements  
Benefit Forms:

Participants will also be entitled to elect one of the following optional forms of retirement benefits, provided that such election is made at least 2 years prior to retirement date.

a) Life Annuity with Ten Year Certain Period

This form of annuity provides for monthly payments to be made to an annuitant during his lifetime and in the event of his death before 120 monthly payments have been made for him, payments shall continue to the designated beneficiary until such 120 payments have been made. ...

b) Contingent Annuitant

This form of annuity provides for monthly payments to be made to an annuitant during his lifetime. After the death of the Annuitant, 1/2, 2/3 or any portion agreed upon shall continue to the designated contingent annuitant, if surviving, who shall receive monthly payments commencing one month after the date of the last payment to the annuitant and continuing during the contingent annuitant's further lifetime."



Annex A

SUMMARY OF VARIOUS PROPOSALS OFFERED AND THEIR FEATURES

	VAN BREDA	BARCLAYS	AEIRC	AIRCO Direct / Separate Plan	AIRCO Via IIE Plan
1. Guaranteed Principal	N/A	Yes	Yes	Yes	Yes
2. Guaranteed Interest	Yes	Yes	Yes	Yes	Yes
3. Guaranteed Annuity Purchase Rates	Yes	During 1st 5 yrs of policy.	N/A	During 1st 5 yrs of policy.	During 1st 5 yrs of policy.
4. Guaranteed Retirement Income	N/A	After purchase of annuity.	N/A	After purchase of annuity.	After purchase of annuity.
5. Annual Financial Statements	Yes	Yes	Thru' a hired insurance company.	Yes	Yes
6. Complete Recording and Administration	Yes	Yes	-do-	Yes	Yes
7. Employee Benefit Certificate	Yes	Yes	-do-	Yes	Yes
8. Administration Charges					
First Year	\$ 750	\$ 1,000	0.5%	\$ 1,000	N/A
Renewal	-	\$ 500	0.5%	\$ 500	N/A
Per Employee	\$ 17.50	\$ 15	N/A	\$ 15	\$ 20
9. Asset Charges	0.3%	0.5%	N/A	0.5%	0.375%
10. Plan Termination Charges					
1 year or less	4%	5%	N/A	N/A	N/A
2	4%	7%	N/A	N/A	N/A
3	4%	3%	N/A	N/A	N/A
4	4%	7%	N/A	N/A	N/A
5	4%	1%	N/A	N/A	N/A
6	0	0	N/A	N/A	N/A
11. Guarantee Charge	-	-	0.25%	-	-
12. Interest Guaranteed	4%	10.5%	10%	10.5%	10.75%
13. Minimum Interest kept by Insurers	\$ 2,500	N/A	N/A	N/A	N/A

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PROJECTED NORMAL RETIREMENT BENEFITS  
WITH VARYING YEARS OF SERVICE

TYPES OF PLAN	NORMAL BENEFIT FORMULA	N U M B E R O F Y E A R S S E R V I C E							
		10 YEARS SERVICE		15 YEARS SERVICE		25 YEARS SERVICE		35 YEARS SERVICE	
		Benefit Amount Per Year	% of Final Pay	Benefit Amount Per Year	% of Final Pay	Benefit Amount Per Year	% of Final Pay	Benefit Amount Per Year	% of Final Pay
UN Plan	2% x 40,031 x No of yrs service	8,006	19.0%	12,009	28.6%	20,015	47.6%	26,020	61.9%
US Plan	2% x 40,031 x No of yrs service	8,006	19.0%	12,009	28.6%	20,015	47.6%	28,022	66.7%
World Bank	2% x 40,031 x No of yrs service	8,006	19.0%	12,009	28.6%	20,015	47.6%	28,022	66.7%
UK Plan	1.25% x 42,000 x No of yrs service	(15,750 one time payment) 5,250	16.2%	(23,625 one time payment) 7,875	24.4%	(39,375 one time payment) 13,125	40.6%	(55,125 one time payment) 18,375	56.9%
Dutch Plan	1.75% x 41,000 x yrs service 2% x 4,741 x yrs service	6,227	14.8%	9,340	22.2%	15,567	37.1%	21,793	51.9%
TIAA-CREF*	Total accumulation of contribution plus interest	10,561	25.1%	16,637	39.6%	29,184	69.5%	37,203	88.6%
AIRCO*	Total accumulation of contribution plus interest	10,561	25.1%	16,637	39.6%	29,184	69.5%	37,203	88.6%
TIAA-CREF**	Total accumulation of contribution plus interest	17,672	42.1%	27,839	66.3%	48,834	116.3%	62,252	148.2%
AIRCO**	Total accumulation of contribution plus interests	16,751	39.9%	26,388	62.8%	46,289	110.2%	59,008	140.5%

\* Based on total contributions of 12.55% of payroll for TIAA-CREF and 13.24% for AIRCO.

\*\* Based on total contributions of 21% (7% from employee and 14% from employer)

ASSUMPTIONS:

- 1) Final 3 years salary equals 38,095; 40,000; 42,000
- 2) 5% salary progression and 7% investment return.

Since the Provident Fund has provided valuable loan facilities it is recommended that this be modified to form a credit union. The recommendations in this regard are as follows:

"FORMATION OF A CREDIT UNION

Staff members had previously been enjoying loan facilities from their deposits in the Provident Fund Account. With the establishment of the Retirement Plan on January 1, 1984, the Provident Fund will cease to operate. Present deposits are being held in a local bank in Takas. It is recommended that the following actions be taken:

- 1) The provident fund deposits be converted to a time deposit in US Dollars, to prevent erosion in real terms and this deposit be made to earn the highest interest rates.
- 2) Against this deposit to be used as collateral, the bank be asked to extend an overdraft facility up to 1/3 the value of the deposits in Taka.
- 3) The overdraft facility be used as a "credit/loan facility for participants of the previous Provident Fund" and the Centre will administer loan facilities from this account.
- 4) Payments to the loans will be deducted from salary payments and repaid into the overdraft facility.
- 5) The terms and conditions for administration of loan facilities will be the same as presently provided in the rules governing loans in the Provident Fund Account.

II. Administrative Manual for Implementing the new ICDDR,B Staff Regulations and Staff Rules.

A full ICDDR,B Administrative Manual has been completed and covers the entire operational needs of the Centre and the relationships to WHO staff rules. Salient points are:

1. The proposed ICDDR,B Manual relating to personnel matters which has been prepared to the extent applicable to ICDDR,B on the basis of the WHO Manual is available to all Board Members at this time to review.
2. This Manual elaborates on the provisions of the ICDDR,B Staff Regulations and Staff Rules adopted by the Board of Trustees.
3. This manual is presented as follows:
  - an introduction;
  - a General Index; and
  - 17 sections covering the various fields of Personnel Management.
4. This Manual is intended to be a single unified source of information and gives the principles of application and implementation of the Regulations and Rules. As and when required changes can periodically be introduced in the Manual in order to keep it up-to-date as a practical tool for the management of all fields of ICDDR,B personnel policies.
5. It is submitted to the Board for its consideration and possible adoption. Its adoption is recommended by this Committee.

Two important areas of the Manual are called to the attention of the Board. One in respect to salaries of Extended Level staff as follows:

"EVOLUTION OF SALARIES IN THE SCIENTIFIC, TRAINING AND MANAGEMENT  
CATEGORY LEVEL STAFF (STM GRADES I, II, & III)

1. Since the Board approved the establishment of the locally recruited Scientific, Training, and Management category of Staff, the locally recruited staff in the various United Nations Agencies, including WHO has been granted a salary increase.
2. This increase was approved by the Board in June 1983 meeting to be implemented retroactively on 1 January 1983.
3. The salary scale of the STM category staff being higher than any of the National officers or the extended level category salaries in the UN agencies in Dhaka, was granted

A lower percentage increase as the General Service level category (35%-38%).

Plus a non-pensionable across the board additional allowance of Takas 13,500 per year (Board of Trustees' General Resolution 7 June 1983) as per Resolution 22 December 1982.

4. After the increase on 1 January 1983 the salary scale of the STM level category is still higher than the salaries of the National officers level or extended levels in the UN salary system.
5. As a general principle the salary received by a staff member is, except in case of down-grading, considered as an acquired right of staff members.
6. Therefore, it is considered that in order to progressively bring the STM category level into line with the United Nations salary system, in accordance with the wish expressed repeatedly by the Board of Trustees and also not to penalize unduly the STM staff, the following principles would help to reach this goal. They have been embodied in the LCDDR,B Manual (Section 10 paragraph 100). They are submitted to the Board of Trustees under this item in view of their importance.
7. Paragraph 100 of Section 10 ("General Service and Scientific, Training and Management Staff") reads as follows:

"The STM category of staff salary schedule is not yet part of the United Nations Agency salary schedule and has been initially established by a decision of the Board of Trustees. When salary scheduled for locally recruited GS staff are reviewed, (see paragraph 80 above), the actual salary scale of the STM staff is also increased by an ad hoc percentage decided upon by the Board of Trustees. Such adhoc increases will necessarily continue until

such time as the STM category scale will eventually be equal to or lower than the U.N. National Officers scale at which time, in accordance with previous directives of the Board of Trustees, the STM category staff shall have the same salary scale, benefits, and the conditions as established for National Officers, (see also Staff Rule 330.2)."

(Staff Rule 330.2 mentioned in paragraph 100 above gives the STM level category salary scale.)

(ICDDR,B Manual Section 10 paragraph 80 mentioned in paragraph 100 above reads as follows: "Salary schedules for GS staff are amended from time to time following a survey of local conditions of employment, made in Dhaka by Unicef, acting as the "designated agency" for all United Nations' GS staff. Amendments result mainly from the change in prevailing local wage levels. Where such changes in the salary schedule are approved by the United Nations system and the date of its implementation fixed, the change becomes also applicable to the Centre's staff concerned as from the same date, subject however, to the approval of the Board of Trustees."

8. It is thought that this device will eventually bring forth a satisfactory solution for all concerned and therefore, the above is submitted to the Board of Trustees for their consideration and possible approval."

And one concerning Contractual Service Agreements as follows:

#### "CONTRACTUAL SERVICE AGREEMENT

1. The attention of the Board of Trustees is drawn to Section 12 (Consultants paragraph 430 to 500 of the ICDDR,B Manual (separately submitted to the Board of Trustees' consideration).
2. Paragraphs 430 to 500 examines the provision of a special type of contract which is utilized inter alia by WHO and which has appreciable advantages for certain specific types of assignments.
3. This advantages are the following:
  - 3.1 The work can be performed by one or several persons as a team and still require one contract only;
  - 3.2 the time limits are clearly defined in the contract;
  - 3.3 there is normally no need for the "contractual expert" to be present at the ICDDR,B (at least permanently); and

- 3.4 therefore there is no per diem to be paid (and if "contractual expert" does not need to come to ICDDR,B, no travel cost is to be paid);
- 3.5 the ICDDR,B has no civil responsibility for illness, accident, etc., and premiums to pay;
- 3.6 the "contractual expert" is in no way a staff member and can claim in no circumstance to be ruled by the ICDDR,B Rules and Regulations;
- 3.7 there is no need for supervision but only for evaluation (possibly periodic evaluation as the work advances);
- 3.8 in all cases the frame prepared by ICDDR,B shall allow a clear-cut, well defined delivery of the work required, thus simplifying the task of the "contractual expert" and well as, on receipt of the work, of the ICDDR,B.
- 3.9 The cost of the entire work will be clearly defined, as should be, in two types of contractual service agreements:
  - 3.9.1 Those costing less than \$10,000 for which as in WHO, the Director would have the authority to approve;
  - 3.9.2 those costing more than \$10,000 for which the approval of the Board of Trustees is required.

Thus any contractual service agreements will guarantee that the overall cost will at all times remain at the originally budgeted level.

4. The above item is submitted to the Board of Trustees for its consideration and possible approval.

Changes in ICDDR,B Staff Regulations are called to the attention of the Board and are listed and charted.

<u>No. of Regulation or Rule</u>	<u>Title of Regulation and Rule</u>
Staff Rule 310.5	Definitions (International level staff)
" " 330.2	Salaries (Scientific, Training and Management level staff)
" " 330.3	Salaries (General Service level staff)
" " 340.1	Dependents Allowance
" " 350.3.1	Education Grant
" " 360.2	Assignment Allowance
" " 365.3	Installation Allowance (Lump-sum element)
" " 373	Severance Payment and Provident Fund Payment
Staff Regulation 4.5	Appointments and Promotion
Staff Rule 470.1	Re-employment
" " 610.2	Working Hours and Attendance
" " 610.5	Working Hours and Attendance
" " 625	Overtime and Compensatory Leave
" " 630.4	Annual Leave
" " 640.2.2	Home Leave
" " 640.5	Home Leave
" " 645	Leave Abroad
" " 660	Approval and Reporting of Leave
" " 710	Pension Fund
" " 740.1.3	Sick Leave
" " 810.2.3.2	Travel of Staff Members
" " 820.2.4.3	Travel of spouse and children
" " 1010.3	Resignation
" " 1030.3.4	Termination of Reasons of Health
" " 1010.4	Staff in Posts Subject to Local Recruitment
" " 1030.2.3	Termination for Reasons of Health
" " 1030.3.2	Termination for Reasons of Health



CHANGES IN THE ICDDR,B STAFF REGULATIONS AND STAFF RULES SUBMITTED  
FOR CONSIDERATION TO THE BOARD OF TRUSTEES

Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 310.5	Definitions	"International level staff"	"International level staff", for determining entitlements under the Rules, are all professional staff appointed by the ICDDR,B	Introduction of definition as approved by the Board.
S.R. 330.2	Salaries		Insertion of salary scale for "Scientific, Training and Management level staff."	As per Board of Trustees Resolution 22/Dec. 82 and General Resolution 7/June 83.
S.R. 330.3	Salaries		Insertion of salary scale for "General Service level staff."	As the Board of Trustees' Resolution 22/Dec. 82.
S.R. 340.1	Dependants Allowance	US\$450 per annum for a child..	US\$700 per annum for a child..	This figure has been changed in the WHO Staff Rule of 1983 and should be authorized by Board of Trustees to keep in line with WHO Rules.
S.R. 350.3.1	Education Grant	The education grant shall not be paid 350.3.1 when the staff member is assigned to the country of his recognized place of residence;	Deleted	As per Board of Trustees Resolution 21/Dec. 82. - Following this deletion SR350.3.2 becomes 350.3.1 SR350.3.3 " 350.3.2 SR350.3.4 " 350.3.3

Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change	
S.R. 360.2	Assignment allowance	The annual rates of this allowance are:  Grade Staff without dependants as defined in Rule 310.6.1 & 310.6.2  P4 & below US\$1600 US\$1900	The annual rates of this allowance are:  Grade Staff without dependants as defined in Rule 310.6.1 & 310.6.2  P4 & below US\$2400 US\$2400	The annual rates of this allowance are:  Grade Staff without dependants as defined in Rule 310.6.1 & 310.6.2  P4 & below US\$2400 US\$2850	These figures have been changed in the WHO Staff Rules of 1983 and should be authorized by the Board of Trustees to keep in line with WHO Rules.
S.R. 365.3 (3rd & 4th lines)	Installation payment (lump sum element)	...The amount of the lump-sum is US\$300 for a staff member and US\$300 for each family member...	..The amount of the lump-sum is US\$600 for a staff member and US\$600 for each family member...	These figures have been changed in the WHO Staff Rules of 1983 and should be authorized by the Board of Trustees to keep in line with WHO Rules.	
S.R. 373	Severance payment and Provident Fund payment	373. SEVERANCE PAYMENT AND PROVIDENT FUND PAYMENT 373.1 A staff member in the scientific or administrative officers or in the general staff category, who on leaving the service of the ICDDR,B other than by summary dismissal under Rule 1075, has performed at least one year of continuous service shall be entitled to: 373.1.1 a severance payment corresponding to one monthly last net base salary for each year's of service in the ICDDR,B and 24 days for each additional month service.	Deleted	This Staff Rule is to be deleted because of the replacement of Severance Pay and Provident Fund. Staff Rule 710 providing that staff member appointed for one year or more are participants in the Staff Pension Plan takes full effect.	

Regulation or Rule No	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R 373 (contd.)		373.1.2 a provident fund payment to which both the staff member and the ICDDR,B contribute equally, corresponding to his and the ICDDR,B's contribution to the Fund including interest earned.		
S.R. 4.5	Appointment and Promotion	Appointment of the Director of the ICDDR,B and of Programmes Directors shall be for a period not to exceed five years, subject to renewal. Other staff members shall be granted either permanent or temporary appointments, under such terms and conditions consistent with these regulations as the Board of Trustees may prescribe.	Appointments of the Director of ICDDR,B is governed by the Ordinance of the Centre. Appointment of Associate Director are an administrative assignment of existing staff under the authority of the Director. All professional staff except the Director shall be eligible for contracts of a duration of two to three years, subject to the approval of the Board of Trustees. Other staff members shall be granted either temporary or permanent contracts under such terms and conditions consistent with these regulations as the Board of Trustees may prescribe.	As per Board of Trustees' Resolution 9/June '83.
S.R 470.1 (1st sentence)	Re-employment	A staff member other than one referred to in Rules 1320 and 1330, who is re-employed within one year of the termination of his appointment may at the option of the ICDDR,B be reinstated.	A staff member other than one referred to in Rules 1320 and 1330, who is re-employed within <u>3 years</u> of the termination of his appointment may at the option of the ICDDR,B be reinstated.	When a staff member leaves the ICDDR,B he receives his final emoluments. At the time he is at the option of the ICDDR,B re-employment he must reimburse his final emoluments (which is an asset for the pension plan and for the reinstated staff member himself), until now this was limited to 1 year.

Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 470.1 (continued)				To extend it to 3 years is in the interest of both the ICDDR,B and the re-employed staff member.
S.R. 610.2	Working hours and attendance	Saturday and Sunday shall not normally be a work day.	Friday and Saturday shall not normally be a work day.	Non-working days both generally been changed in Bangladesh.
S.R. 610.5	Working Hours and attendance	Not existing	No salary shall be paid to staff members in respect of periods of unauthorized absence from work unless such absence was due to reasons beyond their control.	New Staff Rules introduced by WHO in 1983 in order to fight absenteeism.
S.R. 625	Overtime and compensatory leave	When authorized by the appropriate supervisor non-supervisory staff below general service grade IV may be receiving, subject to procedures established by the Director monetary compensation or compensatory leave.	When authorized by the appropriate Programme Head general service staff may be receiving, subject to procedures established by the Director and subject to availability of funds, monetary compensation or compensatory leave.	When the Staff Rules of ICDDR,B were established the provisions of this Rule had been made very restrictive in order to save funds. At present it is possible to relax the Rule and fall in line with the WHO Rules.
S.R. 630.4	Annual leave	Annual leave shall be completed in units of hours	Annual leave shall be completed in units of days and half days.	To fall in line with WHO Rules and simplify the computation of annual leave.

Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 640.2.2	Home leave	A staff member is eligible for home leave when: His service is expected to continue at least six months beyond the date of return from home leave or six months beyond the date of eligibility...	A staff member is eligible for home leave when: His service is expected to continue at least 4½ months beyond the date of return from home leave or 4½ months beyond the date of eligibility..	A period of 24 months of service was previously required by the WHO Rules for eligibility for Home leave. Home leave could be taken in exceptional cases after 12 months and normally six months earlier or 6 months later than the date of eligibility. At present for "difficult" duty stations eligibility for home leave is 18 months. Therefore the different provisions indicated above are to be reduced by ½ i.e., 18 months, 9 months, 4½ months respectively.
S.R. 640.5	Home leave	Home leave may be granted at any time during the six months prior to, or following, the date of eligibility.	Home leave may be granted at any time during the 4½ months prior to, or following, the date of eligibility.	Same reasons and same comments as under 640.2.2.
S.R. 645	Leave Abroad	Staff members of international level category, with place of residence in Bangladesh, presently employed by the ICDDR,B will be entitled during the period of their stay in the ICDDR,B for themselves, their spouse, and their eligible dependents, to leave abroad at periods fixed by the Director. The ICDDR,B shall pay the return travel expenses to a place designated by the Director. The staff member may go to any other place provided the cost to ICDDR,B does not exceed that for the	Deleted	This was a provisional Rule. It is not existing in WHO and is not justified anymore, especially because of the full implementation of WHO Rules.

(continued)

Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 645 (continued)		return travel to the place designated by the Director. Rule 640.2.2, 640.5, 640.6, 640.7 and 640.8 for home leave will apply. Staff members in this situation appointed in the future shall not be entitled to payments under this Rule which will be cancelled whenever the last staff member benefiting from it shall leave the ICDDR,B.		
S.R. 660 (3rd line)	Approval and Reporting of Leave	The granting of leave under Rules 625, 630, 640, 650 and 655 is subject to the exigencies of the service and must be approved in advance by authorized officials.	The granting of leave under Rules 625, 630, 640, 650 and 655 is subject to the exigencies of the service and must be approved in advance by authorized officials as provided under Staff Rule 610.5.	Added to complete this Staff Rule in the light of the provisions of new Staff Rule 610.5 (see above).
S.R. 710	Staff Pension Plan	710. STAFF PENSION PLAN, SEVERANCE PAY AND PROVIDENT FUND  Staff members of the professional level category upon appointment for one year or more, shall be participants in the Staff Pension Plan subject to the provisions of this plan. Staff members of the general service and the scientific or administrative officers categories upon appointment for one year or more shall be entitled to severance pay and provident fund benefits in conformity with the provisions established by the Director.	710. STAFF PENSION PLAN  <u>All</u> staff members appointed for one year or more shall be participants in the Staff Pension Plan subject to the provision of this plan.	The title of Staff Rule 710 has been shortened as Severance Pay and Provident Fund are replaced by Pension Plan for <u>All</u> staff of ICDDR,B.

Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 740.1.3 (3rd line)	Sick leave	...under the organizations' disability policy...	...under the ICDDR,B's disability policy...	Editorial change, the word "Organization" had been inadvertently left in.
S.R. 810.2.3.2	Travel of staff members	(The ICDDR,B shall pay the travel expenses..for internationally recruited staff...on an assignment of at least two years duration...provided that:)  810.2.3.2 his assignment is to continue for at least six months after his return.	(The ICDDR,B shall pay the travel expenses...for internationally recruited staff... on an assignment of at least two years duration...provided that:)  810.2.3.2 his assignment is to continue for at least <u>4½</u> months after his return.	Change for same reasons and with same comments as under 640.2.2.
S.R. 820.2.4.2	Travel of spouse and children	...the ICDDR,B shall pay the travel of an internationally recruited staff members.. dependant children..under the following circumstances: ..for a child for whom there is an entitlement to an education grant under Rule 350 provided Rule 655.2.4 does not apply. 820.2.4.3 return travel on home leave between the place of study and the staff member's recognized place of residence.	...the ICDDR,B shall pay the travel of an internationally recruited staff members.. dependant children..under the following circumstances: ..for a child for whom there is an entitlement to an education grant under Rule 350 provided Rule 655.2.4 does not apply. 820.2.4.3 return travel on home leave between the place of study and <u>the place to which</u> the staff member is authorized to travel under Staff Rule 640.3...	Based on Staff Rules 640.3 where the staff member has the option for home leave to travel to his "recognized place of residence, or elsewhere provided there is no greater expense to the ICDDR,B." This choice was already being implemented. Additionally, this brings the ICDDR,B's Rule in line with WHO's.
S.R. 1010.3	Resignation	An internationally recruited staff member resigning within six months from the date of return from home leave....	An internationally recruited staff member resigning within <u>4½</u> months from the date of return from home leave.....	Change for same reasons and with same comments as per Staff Rule 640.2.2.

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Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 1030.3.4	Termination for Reasons of Health.	A staff member whose appointment is terminated under this Rule (Termination for Reasons of Health) shall receive a termination payment at the rates set out in Rule 1050.4 (indemnity payable in case of Abolition of Post) provided that the total payment in Rules 1030.33 (disability payment) and 1050.4 due in the 12 months following termination are not more than one year's salary.	A staff member whose appointment is terminated under this Rule (Termination for Reasons of Health) shall receive a termination payment at the rates set out in Rule 1050.4 (indemnity payable in case of Abolition of Post) provided that the total amount due under this Rule together with any periodic disability benefits due in the 12 months following termination and payable by virtue of the provisions of Section 7 of these Rules shall not exceed one year's salary.	Change introduced in order to elaborate the Rule and give a more complete definition. This will avoid future possible complications in case of termination for Reasons of Health.
S.R. 1310.4	Staff in Posts Subject to Local Recruitment	Not included	Persons whom it is necessary to recruit outside the local area for such posts because qualified candidates are not available locally, shall be appointed under the conditions of employment established for persons locally recruited. In addition, any such staff member whose recognized place of residence is determined to be outside the country of duty station may be granted an annual non-resident's allowance and any such other entitlements as required to meet extra costs of non-resident status.	This Rule is introduced to bring the Rule into line with WHO's Staff Rules. It is well understood to be utilized only in absolutely exceptional cases.
S.R. 1310.4 S.R. 1310.5		No editorial change	No editorial change	Change in numbering: S.R. 1310.4 to become 1310.5 S.R. 1310.5 " " 1310.6



Regulation or Rule No.	Regulation or Rule Title	Present text	Proposed text	Justification of the change
S.R. 1030.2.3	Termination for Reasons of Health	Prior to such termination the following conditions must be fulfilled: 1030.2.3 participants of professional level category in the pension plan shall have their pension rights determined.	Prior to such termination the following conditions must be fulfilled: 1030.2.3 participants <u>of all level categories</u> in the pension plan shall have their pension rights determined.	Changes result from the fact that the provisions made for all staff to benefit from a Pension Plan.
S.R. 1030.3.2	Termination of Reasons of Health	A staff member whose appointment is terminated under this Rule: 1030.3.2. professional category staff may be entitled to a disability benefit under insurance cover.	A staff member whose appointment is terminated under this Rule: 1030.3.2 <u>all categories of staff</u> may be entitled to a disability benefit under insurance cover.	Same as under Staff Rule 1030.2.3 above.

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III. Manpower Plan and Selection of New Staff

The manpower plan as presented in the new budget and the order of priority of vacant new positions was reviewed. The priority listing presented at the June meeting remains unchanged except for the deletion of a position entitled "Programme Coordinator". The Director was requested to prioritize all vacant positions for the information of the Board (priority list on next page).

There was a discussion on the request of the Director to be given authority to interchange vacant positions according to recruiting needs. This was agreed. The Director should inform the Board of any shifts in the priority listing.

The Personnel and Selection Committee also requested to be informed of any consultants extended beyond six months. In respect of Consultants, WHO staff rules will be strictly followed as per the Administrative Manual.

Priority	Job Title/ Position	Person	Lv/Stp	Approved Filled	Position Vacant	Others	Forecast of new position	Total cost 1984	MANPOWER DISTRIBUTION										
									DT	P&T	HD	N	CSR	RTSF	T	DO	A&F	RD	
<u>DISEASE TRANSMISSION</u>																			
1	Senior Scientist		P5/10	-	83.0	-	-	83.0	83.0										
<u>COMMUNITY SERVICES RESEARCH</u>																			
2	Senior Scientist		P5/10	-	82.5			82.5											82.5
<u>DISEASE TRANSMISSION</u>																			
3	Microbiologist/ Visiting Scientist		P5/10	-	83.0 <sup>c/</sup>	-	-	83.0	83.0										
4	Epidemiologist		P3/10	-	65.6 <sup>a/</sup>	-	-	65.6	65.6										
<u>COMMUNITY SERVICES RESEARCH</u>																			
5	Physician Trainer/ Pediatrician		P3/10	-	49.1 <sup>a/</sup>		-	49.1											49.1
<u>ADMINISTRATION &amp; FINANCE</u>																			
6	Personnel Officer		P3/1	-	58.0 <sup>a/</sup>	-	-	58.0											58.0
7	Controller		P1/1	-	37.8	-	-	37.8											37.8
8	Supply Officer		P1/1	-	34.8	-	-	34.8											34.8
<u>RESOURCES DEVELOPMENT</u>																			
9	Development Officer		P1/3	32.0	-	-	-	32.0											32.0
<u>ADMINISTRATION &amp; FINANCE</u>																			
10	Admin. Services Officer		P4/1	-	66.0	-	-	66.0											66.0
<u>COMMUNITY SERVICES RESEARCH</u>																			
11	Operations Research		P4/1	-	64.8	-	-	64.8											64.8
12	Communications Specialist		P1/1	-	-	-	34.8	34.8											34.8
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																			
13	Nurse-Trainer		P1/1	-	-	-	34.8	34.8											34.8

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Priority	Job Title/ Person Position	Lv/Stp	Approved Filled	Position Vacant	Others	Forecast of new position	Total cost 1984	MANPOWER DISTRIBUTION																
								DT	P&T	HD	N	CSR	RTSF	T	DO	A&F	RD							
<u>DISEASE TRANSMISSION</u>																								
1	Senior Scientist	P5/10	-	83.0	-	-	83.0	83.0																
<u>COMMUNITY SERVICES RESEARCH</u>																								
2	Senior Scientist	P5/10	-	82.5			82.5														82.5			
<u>DISEASE TRANSMISSION</u>																								
3	Microbiologist/ Visiting Scientist	P5/10	-	83.0 <sup>c/</sup>	-	-	83.0	83.0																
4	Epidemiologist	P3/10	-	65.6 <sup>a/</sup>	-	-	65.6	65.6																
<u>COMMUNITY SERVICES RESEARCH</u>																								
5	Physician Trainer/ Pediatrician	P3/10	-	49.1 <sup>a/</sup>			49.1														49.1			
<u>ADMINISTRATION &amp; FINANCE</u>																								
6	Personnel Officer	P3/1	-	58.0 <sup>a/</sup>	-	-	58.0														58.0			
7	Controller	P1/1	-	37.8	-	-	37.8														37.8			
8	Supply Officer	P1/1	-	34.8	-	-	34.8														34.8			
<u>RESOURCES DEVELOPMENT</u>																								
9	Development Officer	P1/3	32.0	-	-	-	32.0														32.0			
<u>ADMINISTRATION &amp; FINANCE</u>																								
10	Admin. Services Officer	P4/1	-	66.0	-	-	66.0														66.0			
<u>COMMUNITY SERVICES RESEARCH</u>																								
11	Operations Research	P4/1	-	64.8	-	-	64.8														64.8			
12	Communications Specialist	P1/1	-	-	-	34.8	34.8														34.8			
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																								
13	Nurse-Trainer	P1/1	-	-	-	34.8	34.8														34.8			

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Priority	Job Title/ Position	Person	Lv/Stp	Approved Filled	Position Vacant	Others	Forecast of new position	Total cost 1984	MANPOWER DISTRIBUTION												
									DT	P&T	HD	N	CSR	RTSF	T	DO	A&F	RD			
<u>PATHOGENESIS &amp; THERAPY</u>																					
14	Pediatrician		P3/1	-	53.8 <sup>a/</sup>	-	-	53.8	-	53.8											
<u>NUTRITION</u>																					
15	Nutritionist		P1/1	-	34.8	-	-	34.8	-	-										34.8	
<u>COMMUNITY SERVICES RESEARCH</u>																					
16	Health Economist		P3/1	-	-	-	48.0	48.0	-	-										48.0	
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																					
17	Computer Analyst		P4/1	-	66.0	-	-	66.0	-	-										66.0	
<u>TRAINING PROGRAM</u>																					
18	Training Materials Dev		P3/5	-	-	-	52.6	52.6	-	-										52.6	
19	Research Associate		P2/1	-	-	-	48.0	48.0	-	-										48.0	
<u>COMMUNITY SERVICES RESEARCH</u>																					
20	Trainer Physician (Extension)		P3/1	-	-	-	48.0	48.0	-	-										48.0	
21	Extension Coordinator		P1/1	-	-	-	37.8	37.8	-	-										37.8	
<u>HOST DEFENCE</u>																					
22	Immunologist		P4/1	-	66.0	-	-	66.0	-	-										66.0	
<u>PATHOGENESIS &amp; THERAPY</u>																					
23	Pediatrician		P3/1	-	58.0 <sup>c/</sup>	-	-	58.0	-	58.0											
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																					
24	Head, Hospital		P5/1	-	-	-	91.3	91.3	-	-										91.3	
<u>PATHOGENESIS &amp; THERAPY</u>																					
25	Research Associate		P2/1	-	-	-	48.0	48.0	-	48.0											
<u>HOST DEFENCE</u>																					
26	Research Associate		P2/1	-	-	-	48.0	48.0	-	-										48.0	
<u>NUTRITION</u>																					
27	Research Associate		P2/1	-	-	-	48.0	48.0	-	-										48.0	

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Priority	Job Title/ Position	Person	Lv/Step	Approved Filled	Position Vacant	Others	Forecast of new position	Total cost 1984	MANPOWER DISTRIBUTION									
									DT	P&T	HD	N	CSR	RTSF	T	DO	A&F	RD
<u>COMMUNITY SERVICE RESEARCH</u>																		
28	Anthropologist		P1/1	-	34.8	-	-	34.8	-	-	-	-	-	34.8				
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																		
29	Librarian		P1/1	-	34.8	-	-	34.8	-	-	-	-	-	34.8				
<u>ADMINISTRATION &amp; FINANCE</u>																		
30	Internal Auditor		P1/1	-	-	-	34.8	34.8	-	-	-	-	-	-	-	-	34.8	
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																		
31	Research Associate (Matlab)		P1/1	-	-	-	34.8	34.8	-	-	-	-	-	34.8				
32	Research Associate (Dhaka)		P1/1	-	-	-	34.8	34.8	-	-	-	-	-	34.8				
33	Research Associate (Biochemistry)		P1/1	-	-	-	34.8	34.8	-	-	-	-	-	34.8				
<u>RESOURCES DEVELOPMENT</u>																		
34	Research Associate		P1/1	-	-	-	34.8	34.8	-	-	-	-	-	-	-	-	-	34.8
<u>RESEARCH &amp; TRAINING SUPPORT FACILITIES</u>																		
35	Research Associate (ARB)		P1/1	-	-	-	34.8	34.8	-	-	-	-	-	34.8				

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It was agreed that the following candidates could be recruited:

1. Dr. R. Eekels - Belgium  
Pediatrics MCH/CSR
2. Dr. Shushum Bhatia - India  
MCH/CSR
3. Dr. M. Badrud Duza - Bangladesh  
Demography/CSR
4. Dr. David Sack - USA  
Immunology/Host Defence
5. Dr. Marjorie Koblinsky - USA  
Operations Research/CSR
6. Dr. M.G.M. Rowland - U.K.  
Epidemiology/Nutrition/DT
7. Dr. Monowar Hossain - Bangladesh  
Demography/Statistics/CSR
8. Dr. Aime De Muynk - Belgium  
Epidemiology/DT
9. Dr. Rene Germanier - Swiss  
Microbiologist/Immunologist
10. Dr. Bonita Stanton - USA  
MCH/CSR
11. Dr. John D. Clemens - USA  
Epidemiology/DT
12. Dr. Michael Bennish - USA  
Clinical Research/PT
13. Dr. F.C. Patra - India  
Clinical Research/Nut.
14. Dr. Fitzroy Henry - Guyana  
Epidemiology/Nut.
15. Ms. Sonja L. Waara-Conway - Sweden  
Personnel

Numbers 3 and 7 are both demographers only one may be recruited

It was agreed that number 7 may be offered a position first and not taken then number 3 can be recruited.

Were these recruited and inclusive of seconded staff at the Professional level the geographic distribution would be as follows:

<u>Country</u>	<u>No. of Persons</u>	<u>% of total</u>
Afghanistan	1	2.38
Bangladesh	8	19.05
Belgium	3	7.14
Canada	4	9.52
Czechoslovakia	1	2.38
England	1	2.38
France	3	7.14
Guyana	1	2.38
India	2	4.76
Malaysia	1	2.38
Netherlands	1	2.38
Poland	1	2.38
Sweden	1	2.38
Switzerland	1	2.38
U.S.A.	13	30.95

100% = 42 persons



There was an agreement that the international level positions just advertised should be processed as soon as possible for appointment. The following resolution should be passed to cover the period between December 31, 1983 and the completion of this recruitment:-

In view of the time lag required to finalize the recruitment of staff to the reclassified positions of:

Controller, Supply Officer, Computer Manager,  
Librarian, Bio-chemist/Nutritionist and  
Anthropologist,

as an exception to the rules, the Board extends the maximum period of 12 months as provided by Staff Rule 320.4 by an additional 6 months. During the time the staff members are assuming the responsibilities of these positions they shall receive the additional payments as provided by the said rule.

A listing of contract expiry dates of all incumbent staff was requested and follows:-

<u>Name</u>	<u>Expiry Date of Contract</u>
Dr A.R. Samadi	31 December, 1983
Dr K.M.S Aziz	30 June, 1985
Mr M.R. Bashir	30 June, 1986
Dr A.K.M.A. Chowdhury	30 June, 1985
Dr M.I. Huq	30 June, 1986
Dr M.U. Khan	30 June, 1986
Dr A.M. Molla	30 June, 1986
Dr M.M. Rahaman	30 June, 1986
Dr M. Struelens	31 December, 1985
Dr I. Ciznar	December, 1984
Dr D. Patte	
Dr F.J. Henry	1 August, 1984

<u>Name</u>	<u>Expiry Date of Contract</u>
Dr S.C. Sanyal	31 January, 1984
Mr M.F.L. Goon	28 February, 1984
Dr P. Speelman	31 August, 1984
Dr B. Wojtyniak	31 July, 1985
Mrs S. Waara-Conway	23 September, 1984
Dr M.L. Bennish	30 June, 1984
Dr T.C. Butler	31 October, 1984
Dr J.D. Ciemens	30 August, 1985
Dr W.B. Greenough	30 June, 1985
Dr M. Koblinsky	31 March, 1984
Mr D. Leon	31 October, 1983
Ms N. Novak	30 June, 1984
Dr J.F. Phillips	28 February, 1984
Dr N. Rizvi	31 October, 1984
Dr B. Stanton	30 August, 1985
Ms S. Smith	31 December, 1984

It was emphasized that for all incumbents notification of extension or termination by the Board should be in so far as possible one year in advance of the expiry date of their contract. This would require presentation of evaluation materials gathered to the Board in time for such decision.

#### IV. External Review Selection

The status of acceptance by nominees as external reviewers was presented as follows:-

1. Admin. & Finance	Omond Solandt (Canada)	Not available at all.
2. Training	*William Cutting (UK)	Available between 17 Feb. and 8 March.
3. Path. & Therapy	*Demise Habte (Ethiopia)	Prefers 2nd week of March.
4. Disease Trans.	*M.H. Wahdan (Egypt)	No word.**
5. Host Defence	*P. Matangkasombut (Thailand)	Prefers as early as possible before mid-March.
6. Nutrition	*A. Pradilla (Colombia)	No word.
7. CSRWG	G. Pfister (Switzerland)	Not available at all.
8. Demography	*J.C. Caldwell	Available 1st or 2nd week of April.
9. Microbiology	*Mrs E. Yabuuchi (Japan)	Not available 1-5 March.
10. Computer Science	Walter Willett (USA)	Unable to contact - no address.

\* On 23 November, 1983 a telex was sent to these persons enquiring whether they would be available for the External Review to be held 5-8 March, 1984.

\*\* Received word 26.11.83 - In principle Dr Wahdan is available but prefers to start 19 March, 1984.

There was agreement to proceed with invitations to the following additional reviewers:

1. Jane Kusin	Royal Tropical Institute Netherlands	Nutrition
2. Aleya Hammad	WHO, Geneva	CSF
3. Dr Badrud Duza	Egypt	Demography
4. Richard A. Kromnell	USA	Computer
5. Mr M.K. Anwar	Bangladesh	Admin./Finance

There was discussion on the personnel to be recruited. These persons were looked at individually and by country distribution. They were also slotted into the manpower plan. The Director was given permission to recruit those persons listed and a resolution was passed to this effect. It was also agreed that should Dr Rene Germanier be available he should be asked to visit the Centre as a Consultant for up to 3 months. His recruitment would then be discussed at the June 1984 Board Meeting.

As the suggested resolution on the Provident Fund also appears under the Finance Committee resolutions it was decided to delete this from the Personnel and Selection Committee report.

The report of the Personnel and Selection Committee was accepted as amended. The following resolutions were passed:

RESOLUTION 10/DEC. 83 In view of the time lag required to finalize the recruitment of staff to the reclassified positions of:

Controller, Supply Officer, Computer Manager,

Librarian, Bio-chemist/Nutritionist and Anthropologist,

as an exception to the rules, the Board extends the maximum period of 12 months as provided by Staff Rule 320.4 by an additional 6 months. During the time the staff members are assuming the responsibilities of these positions they shall receive the additional payments as provided by the said rule.

RESOLUTION 11/DEC. 83 The Board approves the Administrative Manual presented by the Director and requests the Director to see that it is followed strictly.

RESOLUTION 12/DEC. 83 In view of the fact that Mr Goon's current contract expires in February 1984, the Board authorizes the Director to extend Mr Goon's services for as long as he is available.

RESOLUTION  
13/DEC. 83

The Board authorizes the Director to offer positions to the following individuals within the limits of the budget. It is noted that only one of the two nominees in Demography can be appointed and that Dr Monowar Hossain will first be offered the currently available position.

1. Dr R. Eckels - Belgium  
Pediatrics MCH/CSR
2. Dr Shushum Bhatia - India  
MCH/CSR
3. Dr M. Badrud Duza - Bangladesh  
Demography/CSR
4. Dr David Sack - USA  
Immunology/Host Defence
5. Dr Marjorie Koblinsky - USA  
Operations Research/CSR
6. Dr M.G.M. Rowland - UK  
Epidemiology/Nutrition/DT
7. Dr Monowar Hossain - Bangladesh  
Demography/Statistics/CSR
8. Dr Aime De Muynk - Belgium  
Epidemiology/DT
9. Dr Rene Germanier - Switzerland  
Microbiologist/Immunologist
10. Dr Bonita Stanton - USE  
MCH/CSR
11. Dr John D. Clemens - USA  
Epidemiology/DT
12. Dr Michael Bennish - USA  
Clinical Research/PT
13. Dr F.C. Patra - India  
Clinical Research/Nut.

14. Dr Fitzroy Henry - Guyana  
Epidemiology/Nut.
15. Ms Sonja L. Waara-Conway - Sweden  
Personnel

Agenda 11: Report of the Ad Hoc Search Committee

The Chairman of the Committee presented his report and a further course of action was agreed upon.

On 2 December, 1983 the meeting was convened at 9 a.m. by the Chairman and members were asked to spend a few minutes reading the draft resolutions.

Agenda 12: Personnel and Selection Committee Report (cont'd.)

The matter of the External Review was carried forward as a continuation of Agenda 12, the Report of the Personnel and Selection Committee. It was agreed not to change the report of the Committee. The subsequent work of members of the Board on the matter of the External Review follows:-

The Board considered the recent history of reviews of the work of the Centre. Within the last three years there had been the mandated external review (which covered all major scientific programmes of the Centre), the Board's own reviews of all programmes, and the recent USAID review discussed above.

In implementing the 2-yearly mandatory review due in 1984 the Board considered, in the light of the dictates of the Ordinance and additional reviews, that the interests of the Centre and of donors would be best served by a detailed review of two

programmes where there was sufficient continuity of staffing to utilize, benefit from and implement recommendations of an in depth review. The two areas selected were those of nutrition and of pathogenesis and therapy. Two reviewers in each of these areas should comprise the review committee; it should be covered during 1984 with the terms of reference stated below, and should submit its report in good time for circulation to Board members before the December 1984 meeting. A Board member should be made available to the review committee for part of the time it is in Dhaka to brief them on Board policy and to provide information as needed.

The Board also considered the longer term strategy for review. The Board concluded that in general, a six-year cycle might be followed: two reviews (1984 and 1986) of particular research programmes within the Centre, followed by a review (1988) of the Centre's scientific work as a whole. The latter review should be conducted by, say, three eminent scientists who would be asked to consider the overall effectiveness of the Centre as a scientific research enterprise, and the steps they consider necessary to enable the Centre to make its full potential contribution to improving human health.

PROPOSED COMPOSITION AND SCOPE OF WORK OF EXTERNAL REVIEW  
COMMITTEE (ERC)

Nutrition:

1. Dr R. Whitehead
2. Dr P.V. Sukhatme
3. Dr J. Kusin

Pathogenesis and Therapy:

4. Dr G.T. Keusch
5. Dr D. Habte
6. Dr S. Formal

Liaison:

7. One member of the Board of Trustees

The External Review Committee (ERC) should have amongst its goals not only the critical analysis of the research being conducted in the Centre, but also the guidance of the research effort towards realistic and pressing questions of public health of developing nations.

The External Review Committee should have a simple set of terms of reference allowing great freedom to describe and analyse the Centre's research programme which follow

- (a) Keeping in mind the state of the art in the fields to be reviewed, for instance nutrition, focussing on the established and possible interrelationships with diarrhoeal disease. Much of the effort required for the Summary Report can be accomplished by the members of the ERC before meeting at the Centre.
- (b) Review of the Research Programme. Most of the allotted time (two weeks) should be devoted to the thorough review of the research programme to determine the following:
  - relative weight of basic and applied research.
  - descriptive and experimental research.
  - relative weight of laboratory-based, hospital based and field-based research.



- quality and depth of research.
  - fulfilment of priorities by the research programme.
  - identification of neglected or magnified areas of research.
- (c) Recommend the priorities and emphasis for the research programmes review within the scope of the Ordinance.

It was emphasized that a long term cycle covering the work of the Centre should be kept in mind in planning to insure sufficient lead time to insure that most distinguished scientists could be committed to the review of the scientific work as a whole in 1988. It was agreed that reviewers must focus on the objectives of the programmes under review taking into account the location and resources of the Centre. All time must not be spent only on details of specific projects and equipment. The Board was in full agreement on the plan, proposed reviewers for 1984 and scope of work proposed above.

Agenda 13: Date of Next Meeting

It was agreed that the date of the next meeting would be from Monday 11 to Friday 15 June, 1984. The Personnel and Selection Committee will meet on Monday, 11 June at 9 a.m. and the Finance Committee on Tuesday, 12 June at 9 a.m. The full Board Meeting will commence at 9 a.m. on 13 June and continue until 12 noon on 15 June.

A tentative schedule for all future meetings might be the second Monday through Friday of June and the first Monday through Friday in December. Committees would meet for the two days prior to the full Board which would begin on Wednesday morning of these

weeks. Specific programme discussions could be arranged for Trustees not involved in committees and for all Trustees during the two half days not required for the Committee work. Field trips could be arranged for those coming earlier or staying after the meeting.

Agenda 14: Varia

1. Change in nomenclature of the Centre's "Management Committee". Although it was recognized that the meeting of the Associate Directors now termed "Management Committee" was in fact an advisory committee to the Director and not a committee of the Board, therefore a fully internal matter, a different name is preferred. The suggestion of "Collegium" was made.
2. The matter of setting priorities was raised again and it was felt that this should be in conjunction with a proper review.
3. The Director was asked to prepare a paper on the scope of work of the Centre with particular reference to international extension. This it is hoped could be achieved by the December 1984 meeting.
4. The matter of the Centre's policy in relation to the pharmaceutical industry was discussed. It was noted that this is a very complex area now under study by WHO for the TDR and CDD programmes. A brief statement of the Centre's policy was requested by the December 1984 meeting with a future note that any results from WHO should be provided as soon as available.

5. The suggestion that a three year "rolling" budget be established was made. After discussion it was agreed that this was a sound goal but that a two year projection should first be achieved. It is expected that this may be possible by June 1984.
  
6. The following steps to improve microbiology were suggested:
  - creation of a laboratory procedure manual.
  - establishment of quality control.
  - an improved recording system.
  - improvement of distribution and storage of strains.The urgent need for recruiting an excellent microbiologist was noted again.
  
7. It was requested that the Centre continue to encourage the Government of Bangladesh to report cholera to WHO.
  
8. The Chairman closed the meeting at 12.15 p.m. noting that the Board members regretted very much being unable to have more interaction with staff due to the curfews and heavy work schedule. Plans to remedy this in June will be made. The Chairman on behalf of the Board thanked all members of the staff for their very excellent support for the meeting under difficult circumstances.

Minutes of the Finance Committee Meeting  
of the Board of Trustees  
ICDDR,B

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The meeting was convened at 9 a.m. in the Director's Conference Room at ICDDR,B, Dhaka on Tuesday, November 29, 1983.

Members Present:

Professor D. Bell (Chairman)

Dr. D. Bradley

Dr. W.B. Greenough III

Professor J. Kostrzewski

Mr. A.B.M. Ghulam Mostafa

Invited Staff:

Mrs. J. Chowdhury

Mr. M. Goon

Mr. M.R. Bashir (for Resources Development Report Agenda only)

1. Approval of Agenda

The Agenda was adopted, without objection, as presented.

2. Approval of Minutes of Meeting 12 June, 1983

The Minutes were accepted without objection.

3. Matters Arising

- a) Regarding letter to Government of Bangladesh on conversion of UNROB loan to grant. In informal discussions since the last meeting it was decided that it was premature (time too short after funds

received) to approach the Government of Bangladesh and that they should not be approached yet in a formal manner. It should be decided at this meeting as now is the right time to approach them. It should be emphasized that it will be a catastrophe to the Centre if the Centre has to repay the loan. This will also be considered when looking at the Financial Report.

b) Reserve Fund

This will be considered later with financial considerations. A draft proposal will be available today and input from Committee and Board Members would be appreciated.

4. Financial Report

Mr. Goon led the Committee through the financial report. Comments made on this presentation were as follows:

A) Operations Performance

1. International Travel: It was noted that this exceeded even the original budget. This was explained as funded (protocol) travel on top of master budget travel--a hidden double budgeting. The policy on international travel has been that if senior scientific personnel were invited to a conference and requested to give a presentation every effort has been made to enable them to go. Younger scientific staff have been encouraged to go to Regional

Conferences. (Thailand & India) even if not invited to give a presentation as this is very important for development. The Director accepted the Committees' view that while travel is very important, particularly for younger scientists, he should try to get it funded as far as possible by other organizations. It was recognized that the Centre itself needs to fund travel, but that it is important to hold it within budgetary limits.

II. Supplies & Materials: It was noted that this was underspent.

This has been achieved by internal control and checks; seeking cheaper products and reducing stock items. The drug stock has been reduced in line with the national policy. Supplies and materials are consumable items--not equipment which comes under the capital replacement head.

III. Capital Replacement: All the equipment recommended for Microbiology by the Board and External Reviews has been ordered; is in transit; or on the docks. Ordering was delayed as there was a cash flow problem but there has been a space problem also and it would have been inappropriate for the equipment to have arrived earlier as additional floor space would not have been available. This item has been fully expended. It is the first year it has been on the budget and will continue to be there now. The Committee heard the Director on this point and believed it a sound position to retain

US\$ 275,000 and they anticipate a further amount will need to be included to improve the quality of equipment of the Centre. This was agreed upon.

B. Financial Performance

Mr. Goon read an updated copy. It is now expected that \$1.8 million will be received in December. To make the situation clear, the Committee asked that the UNROB loan should be shown as receipts, with an asterisk marking the apparent surplus as being UNROB funds that have to be repaid in 1984.

C. Cash Flow

Mr. Goon explained that any surplus has to go to the Reserve Fund, and it is hoped to put \$300,000 into this. The Centre has not been able to adhere strictly to the Board's request not to allow any projects to commence until pledged funds have been received from the donor. This is where the Reserve Fund is needed to fall back on and keep the Centre stable--sometimes research is needed to raise funds. If donors could submit a cash flow statement this would be very helpful. The caution exercised by the Centre with its reduced expenditure was appreciated.

5. Resources Development Report

Mr. Bashir led the Committee through this document. The unrestricted and restricted projected, committed and estimated income for 1983 was explained thoroughly line by line. By and large the differences between committed and projected income, in the unrestricted list, have been due to currency fluctuations.

The problem of follow-up on promised funds; timely reporting to donors for release of funds; reimbursement requests etc., was discussed in detail. It was recognized that this is not always a financial problem and that it could also be a technical one. This needs to be coordinated and monitored carefully--a scientific secretary ? Someone in Finance specifically allocated to grants ? An Accountant seconded to Resources Development Office were all discussed as possibilities. It was felt that there is a real need for an extra person.

6. Budget Review

It was noted that the operating budget is prepared for 1984 at US\$ 7.1 million and that the absolute floor budget for 1984 is \$ 6 million. This would be just replacing staff--not recruiting. It was reiterated how very urgent it is to find out what will happen to the UNROB loan. An urgent request needs to be forwarded to the Government indicating that the Centre will



face sharp cuts in services and staff if this is not converted to a grant.

7. Overdraft Facilities

This was presented to the Committee for information. It was advised that the overdraft interest rate in New York is 12% and in Dhaka 16%. The Committee approved the proposed changes in the overdraft arrangements.

8. Tightening Internal Control

The Committee approved the proposed resolution and agreed to recommend it to the Board.

9. Staff Loan for Purchase of Household Appliances and Motor Vehicles

The Committee approved the proposed arrangements.

10. Reserve Fund Proposal

This item was not ready for Committee consideration.

11. Miscellaneous

Mr. Goon described his thinking about establishing a Credit Union, and the Committee encouraged him to proceed along the lines he outlined.

The meeting closed at 1.30 p.m.

MINUTES OF THE PERSONNEL & SELECTION COMMITTEE MEETING HELD  
ON 13 AND 14 OCTOBER, 1983 AT WHO, GENEVA.

Members Present : Dr M.A. Matin (Chairman), Dr F. Assaad,  
Dr W.B. Greenough, Dr J. Kostrzewski and  
Dr J. Sulianti Saroso.

The agenda was approved and it was agreed that agenda no. 4 could be taken before number 3. A telex received from Dhaka by Dr Assaad will be taken up under miscellaneous.

1. Minutes of Meeting of 12 June, 1983.

The minutes of the meeting of 12 June, 1983 were approved with the following amendments:-

- on page 10, first paragraph the following sentence should be inserted after the last word "Those individuals formerly termed fellows not satisfying the WHO definition have been given other designations".
- The disposition of the Severance Pay and Provident Fund accounts will be decided when the Pension Scheme has been developed.

2. Matters Arising.

There was further discussion on the policy of not usually employing continuously for more than a period of 6-8 years. It was pointed out that the Board had agreed and passed a resolution. It was felt that since the matter was just decided it need not be opened again now. It may be reviewed when a problem arises.

It was suggested that the ICDDR,B Administrative Manual should be checked by legal authorities before final adoption.

3. Pension Plan Review.

The Committee was briefed by the Associate Director of Administration and Finance, Mr Michael Goon, on the current status of the Provident Fund and Severance Pay accounts and the financial implications. It was noted that the designation of a cut off or transition date will influence the size of the unfunded liability of the Centre. If transition is determined as 31 December, 1983 there will be an increased liability of about \$250,000 as compared to a cut off date of 31 December, 1982. The difference between a defined contribution pension where all liabilities are covered as opposed to a defined benefit plan in which liability cannot be calculated. There was a detailed discussion of what was in the best interest of the employees and also fiscally prudent. A report to the Finance Committee on this subject will be made for final forwarding to the Board at the forthcoming meeting.

4. Selection of Candidates for Advertised Posts.

There was an initial discussion about how the Committee should proceed to best facilitate the process of recruitment. It was stated that primary initiative for recruitment lay with each Program. The Committee should focus on policy issues of the optimal distribution of technical talent according to priority areas, balance of geographic origins and nationalities on the staff, and matters relating to special issues that might arise. The candidates to be recruited should be presented in a concise format with information on the name, age, sex, area of expertise, nationality, qualifications and experience, referees' comments, number of publications in refereed journals and reviewers' comments.

Following this the Committee reviewed all short listed candidates and made comments as appropriate. The following candidates were agreed to

be further scrutinized:-

1. Dr Pradyot K. Bhattacharya - India  
Microbiology/DT
2. Dr R. Eekels - Belgium  
Pediatrics MCH/CSR  
(Known by Prof. Kostrzewski excellent)
3. Dr Shushum Bhatia - India  
MCH FP/CSR
4. Dr Atiqur Khan - Bangladesh  
Health Services Research FP/CSR
5. Dr M. Badrud Duza - Bangladesh  
Demography/CSR
6. Dr Riaz Hassan - Australia  
Social Science/CSR
7. Dr David Sack - USA  
Immunology/Host Defence
8. Dr Marjorie Koblinsky - USA  
Director's Office
9. Dr M.G.M. Rowland - U.K.  
Epidemiology/Nutrition/DT
10. Dr Monowar Hossain - Bangladesh  
Demography/Statistics/CSR
11. Dr Aime De Muyuk - Belgium  
Epidemiology/DT
12. Dr Peter B. Turnbull - U.K.  
Microbiology/DT
13. Dr E.G.P. Haran - India  
Operations Research/CSR  
(Known by Dr Sulianti good recommendation)

14. Dr Y. Morishita - Japan  
(To write to Dr Takeda first)
15. Dr Radheshyan Bairagi - Bangladesh  
Statistics/CSR
16. Dr Bonita Stanton - USA  
MCH/CSR
17. Dr John D. Clemens - USA  
Epidemiology/DT
18. Dr Michael Bennish - USA  
Clinical Research/PT
19. Dr F.C. Patra - India  
Clinical Research/Nut.
20. Dr Fitzroy Henry - Guyana  
Epidemiology/Nut.
21. Ms Sonja L. Waara-Conway - Sweden  
Personnel

The Administrative Services Officer short list should be further processed and interviews scheduled. All candidates should have references queried. For those candidates for scientific posts they should be requested to provide for review their three most important published works. Candidates who can be in Dhaka at the time of the Board Meeting can be interviewed by Board members. This should be scheduled.

It was noted that for some positions qualified internal candidates had not applied and should be encouraged to do so.

It was noted that for short listed candidates references should be collected by the Personnel Office promptly and reviewers' comments on their published works sought.

It was recognized that both short term and long term Consultancies could assist decision on recruitment and could be used in this way by the Director.

5. Miscellaneous.

- (a)&(b) A working paper should be prepared by the management on the upgrading of the P level positions. There was agreement that such an initiative was in order at this time and that the level of responsibility of staff at ICDDR,B may exceed the current levels.
  
- (c) The process for expanding the best candidates for membership on the Board of Trustees was discussed. It was noted that when general letters had been written often it was expected that a nominee would be appointed. This led to some confusion. Accordingly, it was decided that the Director should write to all Trustees and ask that they informally seek to expand the list of nominees. Professor Kostrzewski took the initiative to personally speak to Dr Sume Bergstrom to determine whether he might be available at a future time.
  
- (d) The list of external reviewers was noted and further suggestions requested.

The meeting closed at 12 noon on 14 October, 1983.

A report to the Board will be prepared after the next meeting which is scheduled just before the Board Meeting in November, 1983.

MINUTES OF THE PERSONNEL & SELECTION COMMITTEE MEETING OF  
THE BOARD OF TRUSTEES, ICDDR,B NOVEMBER 29, 1983.

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The meeting was convened at 2.15 p.m. in the Director's Conference Room at ICDDR,B, Dhaka on Tuesday, November 29, 1983.

- Members Present : Dr M.A. Matin (Chairman), Dr W.B. Greenough III, Prof. J. Kostrzewski, Dr J. Sulianti Saroso.
- Invited Staff : Mrs J. Chowdhury, Mr M. Goon, Mr R. Weil (for Agenda item on Administrative Manual only).
- Observer : Dr L. Mata (Agenda 6 onwards)
- Member Absent : Dr F. Assaad

1. Approval of Agenda

The agenda was approved with the following additions:

- (a) The Manpower Plan should be discussed before the selection of candidates for advertised positions so will appear as agenda item 5a.
- (b) Discussion on contract renewal dates will appear under agenda 9 - miscellaneous.

2. Approval of Minutes of Meeting held on 13 and 14 October, 1983

The minutes were approved with the following amendments:

- (a) On top of page 1, heading should read "... held on 13 and 14 October ..." instead of "... at 2.30 p.m. on 13 October ...".
- (b) First line on page 3 should be deleted and be replaced by the words "be further scrutinized".
- (c) Regarding agenda 4 on Selection of Candidates for advertised posts. It was requested that in future more elaborate comments be recorded on personnel discussed.

3. Matters Arising

- (a) Regarding agenda 2 on date from which years of employment should be counted. This was discussed and it was subsequently decided that the period of employment should be determined for each person individually at the time he is

being considered for contract. It should be emphasized that this Resolution 9/June.83 is a policy guideline and is not meant to be too rigid.

- (b) Regarding agenda 5 - Miscellaneous (a) and (b) - It was agreed that this was not desirable at this stage.
- (c) Letters to Trustees requesting that they informally seek to expand the list of nominees for new Trustees will be sent in January 1984. They will be advised of this verbally also during the next few days.

#### 4. Pension Plan

Mr Goon explained this and gave details on the benefits of each of the 3 plans. He felt the AIRCO plan was most suitable to ICDDR,B purposes and this plan has also been recommended by Barclay's.

The Committee approved the pension plan for submission to the Board.

#### 5. Administrative Manual and Staff Rules and Regulations

Mr Goon explained that this has been compiled based on WHO Staff Rules and Regulations approved by the Board previously. The Director and Associate Director, Administration and Finance, will see to it that the relevant sections will be given to each Branch for reference and implementation, e.g. Travel Branch will receive the section on Travel, the Personnel Officer will receive the sections on Personnel Procedures etc. It is understood that there must be strict compliance to these procedures. There should be no exceptions. If there is a need for it, it should be forwarded to the Board for their approval.

Discussion followed on section 12, i.e. Consultants. The Director pointed out that the only option open to him when recruiting staff is to offer a consultancy. He said the Board should be aware that if the Director is unable to give a firm commitment (minimum 11 months consultancy) when recruiting there is always the risk of losing good persons. This is a real problem as the Centre has to compete with other institutions for personnel and it is a problem that the next Director candidate should be aware of. It was recommended and agreed not to change the WHO ruling, but the Director is asked to report to the Committee on any consultant coming for more than 6 months for approval by the Board.



The paper on changes in ICDDR,B Staff Regulations and Rules was circulated to the Committee and scrutinized point by point. The only change appears on page 3 under the heading "Appointment and Promotion". Under the Ordinance the Director can be appointed for a maximum of six years so this should be deleted from the point. Under "present text" it should read "Associate Directors of Programmes" and "six" instead of "five" years.

The paper on Evolution of Salaries in the Scientific, Training and Management category level staff was circulated and discussed. It was decided that as the Board has already approved the Rules and Regulations that only the salient points be submitted to them i.e. the papers on changes and STM grades. These would form part of the Committee Report to the Board.

5a. Manpower Plan

After discussion it was agreed that the priority list should stay as presented in the June 1983 meeting, except that no. 8 (Programme Coordinator) should be deleted. It was also agreed that the Director has permission to modify priorities as long as they appear in the manpower plan.

6. Selection of Candidates for Advertised Positions

- (a) The candidates listed for further scrutiny from the October 1983 meeting were discussed in conjunction with the priority list and manpower plan. Decisions on these were made as follows:
1. Dr Pradijot K. Bhattacharya - India  
Microbiology/DT  
The position would be Senior Scientist, Disease Transmission (i.e. the Associate Director). The feeling was expressed that he should not be recruited.
  2. Dr R. Eckels - Belgium  
Pediatrics - MCH/CSR  
Recommended for recruitment.
  3. Dr Shushum Bhatia - India  
MCH-FP/CSR  
Recruitment approved.
  4. Dr Atiqur Khan - Bangladesh  
Health Services Research FP/CSR  
No suitable position. Should not be recruited.
  5. Dr M. Badrud Duza - Bangladesh  
Demography/CSR  
May be invited as Visiting Professor in Demography for one year if Monowar Hossain does not accept.

6. Dr Riaz Hassan - Australia  
Social Science/CSR  
No suitable position. Do not recruit now.
7. Dr David Sack - USA  
Immunology/Host Defence  
Approved appointment as Senior Scientist.
8. Dr Marjorie Koblinsky - USA  
May be recruited as Operations Research/CSR
9. Dr M.G.M. Rowland - U.K.  
Epidemiology/Nutrition/DT  
Recommended for appointment as Senior Scientist
10. Dr Monowar Hossain - Bangladesh  
Demography/Statistics/CSR  
May be invited for one year as Visiting Professor  
in Demography.
11. Dr Aime De Muyuk - Belgium  
Epidemiology/DT  
May be recruited as Research Associate
12. Dr Peter Turnbull - U.K.  
Microbiology/DT  
Not available at present.
13. Dr E.G.P. Haran - India  
Operations Research/CSR  
Position offered to another candidate.
14. Dr Y. Morishita - Japan  
Postpone until feedback from Dr. Takeda.
15. Dr Radheshyam Bairagi - Bangladesh  
Statistics/CSR  
Postpone - no position at present.
16. Dr Bonita Stanton - USA  
MCH/CSR  
May be recruited as Ped/Physician Trainer/CSR
17. Dr John D. Clemens - USA  
Epidemiology/DT  
May be recruited as Epidemiology/DT
18. Dr Michael Bennish - USA  
Clinical Research/P&T  
May be recruited Pediatrician Clinical Research/P&T
19. Dr F. Patra - India  
Clinical Research/Nut or P&T  
May be recruited as Clinical Researcher/P&T

20. Dr Fitzroy Henry - Guyana  
Epidemiology/Nut.  
May be recruited
21. Mrs Sonja Waara-Conway  
Personnel  
May be recruited

(b) Recent advertisements for Controller, Supply Officer, Head Librarian, Computer Manager, Nutritionist/Biochemist, Anthropologist and Administrative Services Officer - except for Administrative Services Officer these are upgraded positions and as such the incumbents can only act in these positions for 1 year according to present rules.

To enable full consideration to be given to all these positions it was agreed that a resolution be prepared for the Board to pass enabling the incumbents to continue acting in these positions for a further 4 months from 31 December, 1983 i.e. to April 30, 1984. This would enable the Committee to prepare a short list and candidates could then be chosen for interview by referendum, results telexed and decisions made by telex.

7. Authorization of Director to recruit at a grade above present classification if required

The Committee recommends to the Board that the Director be given this latitude. It should be done on a selective basis.

8. External Reviewers

- (a) Mr Anwar should review Administration and Finance as Dr Solandt is not available.
- (b) Should A. Pradilla not be available for the Nutrition review, Jane Kusin from Holland should be approached.
- (c) As G. Pfister is not available for CSRWG, Aleya Hammad from Egypt (WHO-Geneva) should be approached.
- (d) In the event of Dr J.C. Caldwell not being available, Dr Badrud Duza should be approached.
- (e) Dr Richard Kronmall should be approached for the Computer Science Review.

8. Miscellaneous

- (a) Discussion on contract renewal dates. A list was circulated and reviewed.

- (b) It was pointed out that Mr Goon's current contract expires in February, 1984. The Director was given the Committee's permission to extend his (Mr Goon's) services under the current terms of his contract for as long as he (Mr Goon) is available to a limit of 3 years.

The meeting closed at 6.30 p.m.

RESOLUTIONS OF THE  
BOARD OF TRUSTEES MEETING

30 NOVEMBER - 2 DECEMBER, 1983

SUGGESTED CHANGES TO RESOLUTIONS

1. Resolution 4/Dec. 83 (page 33).

Move the word "only" in the 3rd line to before "the Director, the Associate Director," in the 2nd line.

Resolution would then read as follows:-

"To improve internal control procedures, the Board authorizes only the Director, the Associate Director, ...".

2. Resolution 8/Dec. 83 (page 35).

In paragraph 2 of this resolution change "... extend the term of its loan to the Centre, income to ..." to "... convert the loan to the Centre," and add "to a grant" after "Centre" and before ", income".

Paragraph 2 of the Resolution would then read as follows:-

"If the Government of Bangladesh agrees to convert the loan to the Centre to a grant, income to the Centre that will then not be needed to repay the Government, should first be used to build up the Reserve Fund to an amount equal to the loan."

3. Resolution 8/Dec. 83 (page 35).

In paragraph 3, line 3 "\$7.4 million" should be changed to read "\$7.2 million".

Should not be considered. Will be reported on in full by the Finance Committee.

RESOLUTIONS

BOARD OF TRUSTEES MEETING

30 NOVEMBER - 2 DECEMBER, 1983

RESOLUTION 1/DEC. 83

RESOLVED: The President, Vice President and Member-Secretary of the Programme Coordination Committee shall be elected by the Programme Coordination Committee from amongst members of the Standing Committee. They will also act as President, Vice President and Member-Secretary of the Standing Committee of the Programme Coordination Committee. The names of the officers shall be submitted to the Board for endorsement.

RESOLUTION 2/DEC. 83

RESOLVED: The Board authorizes the Director to accept an overdraft limit of the equivalent of US\$ 1 million in Taka as offered by the American Express International Banking Corp., Dhaka.

The Board further instructs the Director to negotiate with American Express International Banking Corp. to waive the conditions of a commitment fee of 0.25% per year for facilities of less than Tk 3,000,000 and to also waive the conditions that pledged assets be covered by insurance. This resolution replaces resolution 6/Dec. 82.

RESOLUTION 3/DEC. 83

RESOLVED: The Board allows the Director to use this overdraft facility as mentioned in Resolution 2/Dec. 83 up to a limit of Tk 10,000,000 only. Beyond Tk 10,000,000 the Director will need to seek the approval of the Chairman of the Board.

RESOLUTION 4/DEC. 83

RESOLVED: To improve internal control procedures, the Board authorizes the Director, the Associate Director, Administration and Finance, and the Controller only to deal with all banking matters and transactions.

The Board further instructs that any two of the above authorized personnel sign all cheques, authorize payments, operate bank accounts and give instructions to the Bank. Any changes in instructions in cheques and other banking and financial instruments must be accompanied by the same two original signatures on the document. This authorization takes immediate effect and the Board instructs the Director to regularize present banking matters and authorizations.



**RESOLUTION 5/DEC. 83**

**RESOLVED:** The Board approves that an amount of US\$ 100,000 be used as staff loan permitting the purchase and importation of necessary household appliances and motor vehicles for local Bangladeshi international staff members who are affected by the recent orders of the National Board of Revenue to regularize this discrepancy. This loan will bear an interest rate of 12% per annum and the total loan plus interest is to be repaid in 24 equal monthly instalments.

**RESOLUTION 6/DEC. 83**

**RESOLVED:** With the establishment and implementation of the Centre's Staff Retirement Plan from January 1, 1984, the Centre's contributions to the present Provident Fund will cease, and the Provident Fund presently in existence will be closed.

Staff members who are participants of the present Provident Fund will be given the option to decide whether they want to liquidate and withdraw all amounts standing in the credit of the fund or to allow the proceeds of the fund to be transferred to a US Dollar deposit account in a bank in Bangladesh to prevent erosion of their accumulations in real terms. Each member who decides to deposit his total accumulation in US Dollars, will then hold an equivalent of his total credit in the fund in US Dollars.

RESOLUTION 6/DEC. 83 (cont'd)

The US Dollar deposit will then be applied to raise loan facilities for remaining participants of the Fund in accordance with loan provisions contained in the Provident Fund Account. When a staff member decides to withdraw his accumulation, he will be paid the equivalent in Taka.

RESOLUTION 7/DEC. 83

RESOLVED: The Board of Trustees is informed that an amount of Tk 2,89,28,774.88 received as an interest free loan from the Government of Bangladesh out of the UNROB fund has been used by the Centre exclusively in Bangladesh to help the Centre continue its activities of delivering its services to the people of Bangladesh. The Board of Trustees, having assured itself that the full amount of this fund having been used to benefit of the people of Bangladesh, unanimously requests the Government of Bangladesh to convert this amount of Tk 2,89,28,774.88 as a grant to the Centre in order to help the Centre to continue providing services to the people of Bangladesh. The Board of Trustees requests the Director to formally approach the Government of Bangladesh to convert the UNROB loan into a grant.

RESOLUTION 8/DEC. 83

RESOLVED: Based on the figures presented in the Report of the Finance Committee of the Board, the Board resolves:

1. The Centre will commence the fiscal year 1984 under a budget ceiling of \$ 6.2 million.
2. If the Government of Bangladesh agrees to extend the term of its loan to the Centre, income to the Centre that will then not be needed to repay the Government, should first be used to build up the Reserve Fund to an amount equal to the loan.
3. If income of the Centre in 1984 turns out to be, as currently estimated, on the order of \$ 7.4 million, and paragraph 2 of the resolution has been satisfied, about \$ 300,000 would be available to support expenditures above the \$ 6.2 million budget ceiling. When and to the extent that such funds are received by the Centre, the Director is authorized to spend them for equipment and for additional personnel, in addition to the amounts included for those purposes in the budget ceiling.
4. The budget ceiling shall be reconsidered at the June 1984 meeting of the Board, based on information on income and expenditures by that time.

RESOLUTION 9/DEC. 83

RESOLVED: The Board approves the Retirement Plan as presented and instructs the Director to take up the Fixed Income Plan as offered by AIRCO and to implement this plan effective January 1, 1984.

RESOLUTION 10/DEC. 83

RESOLVED: In view of the time lag required to finalize the recruitment of staff to the reclassified positions of:

Controller, Supply Officer, Computer Manager,  
Librarian, Bio-chemist/Nutritionist and  
Anthropologist,

as an exception to the rules, the Board extends the maximum period of 12 months as provided by Staff Rule 320.4 by an additional 6 months. During the time the staff members are assuming the responsibilities of these positions they shall receive the additional payments as provided by the said rule.

RESOLUTION 11/DEC. 83

RESOLVED: The Board approves the Administrative Manual presented by the Director and requests the Director to see that it is followed strictly.

RESOLUTION 12/DEC. 83

RESOLVED: In view of the fact that Mr Goon's current contract expires in February 1984, the Board authorizes the Director to extend Mr Goon's services for as long as he is available.

RESOLUTION 13/DEC. 83

RESOLVED: The Board authorizes the Director to offer positions to the following individuals within the limits of the budget. It is noted that only one of the two nominees in Demography can be appointed and that Dr Monowar Hossain will first be offered the currently available position.

1. Dr R. Eckels - Belgium  
Pediatrics MCH/CSR
2. Dr Shushum Bhatia - India  
MCH/CSR
3. Dr M. Badrud Duza - Bangladesh  
Demography/CSR
4. Dr David Sack - USA  
Immunology/Host Defence
5. Dr Marjorie Koblinsky - USA  
Operations Research/CSR
6. Dr M.G.M. Rowland - UK  
Epidemiology/Nutrition/DT
7. Dr Monowar Hossain - Bangladesh  
Demography/Statistics/CSR
8. Dr Aime De Muynk - Belgium  
Epidemiology/DT
9. Dr Rene Germanier - Switzerland  
Microbiologist/Immunologist
10. Dr Bonita Stanton - USA  
MCH/CSR

- 11 Dr John D. Clemens - USA  
Epidemiology/DT
- 12 Dr Michael Bennish - USA  
Clinical Research/PT
- 13 Dr F.C. Patra - India  
Clinical Research/Nut.
- 14 Dr Fitzroy Henry - Guyana  
Epidemiology/Nut.
- 15 Ms Sonja L. Waara-Conway - Sweden  
Personnel

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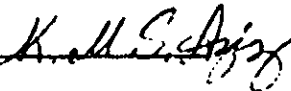
MATTERS ARISING

3a/BT/June 84

Director

27th May 1984.

Dr. Y.M.S. Aziz, Associate Director  
Training, Extension & Communication



Resolution No.1/Dec.1983 of Board meeting.

In pursuance of Board Resolution No.1 of December 1983, enclosed please find a list of the members of Programme Coordination Committee(PCC).

It may be mentioned here that Prof. M.A. Matin and Dr. Kamaluddin Ahmad were elected as President and Vice President respectively of Programme Coordination Committee(PCC) and Dr. K.M.S. Aziz was elected as Member-Secretary of PCC, in the first meeting of PCC held on 18th May 1983.

Prof. M.A. Matin, Dr. Kamaluddin Ahmad and Dr. K.M.S. Aziz are acting as President, Vice President and Member-Secretary respectively of the Standing Committee(SC) of PCC.



LIST OF MEMBERS OF PROGRAMME COORDINATION COMMITTEE

1. Prof. M. A. Matin : President  
Hon'ble Minister for Commerce  
Government of Bangladesh  
116 Shantinagar  
Dhaka-17
2. Dr. Kamaluddin Ahmad : Vice President  
Director  
Institute of Nutrition & Food Science (INFS)  
Dhaka University  
Dhaka.
3. Dr. A. K. M. Aminul Haque : Member  
Vice Chancellor  
Bangladesh Agricultural University (BAU)  
Kewatkhali  
Mymensingh
4. Brig. M. R. Chowdhury : Member  
Commandant  
Armed Forces Institute of Pathology & Transfusion  
Dhaka Cantonment  
Dhaka
5. Dr. A. K. Khan : Member  
353 Elephant Road  
Dhaka-5
6. Mrs. Gole Afroz Mahbub : Member  
Senior Programme Officer, The Pathfinder Fund  
House 15, Road 13/A (New), Dhanmandi R/A, Dhaka-9
7. Dr. Mofazzal Hussain : Member  
Project Director, National Oral Rehydration Project,  
Government of Bangladesh, 46 Tejkunipara, Dhaka-8
8. Brig. M. Hedayetullah : Member  
Director General, Health Services  
Government of Bangladesh  
105-106 Motijheel C/A  
Dhaka-2
9. Dr. Humayun K. M. A. Hye : Member  
Director (Manpower Development)  
Office of Director General, Health Services  
Government of Bangladesh  
105-106 Motijheel C/A  
Dhaka-2
10. Dr. Mobarak Hossain : Member  
Chief, Health Section, Planning Commission  
Ministry of Planning, Government of Bangladesh  
Sher-e-Bangla Nagar  
Dhaka-7
11. Prof. Nurul Islam : Member  
Chairman, Bangladesh Medical Research Council (BMRC)  
Mohakhali, Dhaka-12

12. Dr. Md. Ibrahim : Member  
President  
Bangladesh Institute of Research & Rehabilitation  
in Diabetis, Endocrine & Metabolic Disorders (BIRDEM)  
Shahbagh Avenue  
Dhaka-2
13. Dr. K. Badruddoza : Member  
Executive Vice Chairman  
Bangladesh Agricultural Research Council (BARC)  
Farm Gate, Tejgaon  
Dhaka-15
14. Prof. M. Mobarak Ali : Member  
Director, National Institute of Preventive & Social  
Medicine (NIPSOM)  
Mohakhali  
Dhaka-12
15. Dr. Shafiqur Rahman : Member  
Director, Bangladesh Fertility Research Programme  
3/7 Asad Avenue (1st floor), Mohammadpur, Dhaka-7
16. Mr. F. H. Abed : Member  
Executive Director, Bangladesh Rural Advancement  
Committee (BRAC), 66 Mohakhali, Dhaka-12
17. Dr. Nazrul Islam : Member  
Chairman, Bangladesh Council for Scientific and  
Industrial Research (BCSIR), BCSIR Campus  
Mirpur Road, Dhaka-5
18. Dr. Munawara Binte Rahman : Member  
Director, Institute of Public Health (IPH)  
Mohakhali, Dhaka-12
19. Dr. Md. Shamsul Haque : Member  
Vice Chancellor  
Dhaka University, Dhaka
20. Dr. S. Waliullah : Member  
Director General, National Institute of Population  
Research & Training  
Azimpur  
Dhaka-5
21. Mr. Shafiqur Rahman Chowdhury : Member  
Director, Management Information System (MIS)  
Directorate of Population Control  
Government of Bangladesh  
14 Green Super Market, Green Road, Dhaka-15
22. Director : Member  
Institute of Post Graduate Medicine & Research (IPGM&R)  
Shahbagh Avenue, Dhaka-2
23. Dr. M. S. Akbar : Member  
Consultant Paediatrician  
Shishu Hospital, Sher-e-Bangla Nagar,  
Dhaka.

24. Dr. Sultana Khanum : Member  
 Medical Director, Children's Nutrition Unit (CNU)  
 91 New Eskaton, Dhaka
25. Dr. M. H. Rahman : Member  
 Director, Institute of Public Health Nutrition (IPHN)  
 Mohakhali  
 Dhaka-12
26. Dr. A.T.M. Hussain : Member  
 Principal, Paramedical Institute  
 Mohakhali, Dhaka-12
27. Dr. M. R. Khan : Member  
 Senior Research Demographer, Bangladesh Institute of  
 Development Studies (BIDS), Adamjee Court  
 Motijheel C/A, Dhaka-2
28. Dr. S. A. Akanda : Member  
 Director, Institute of Bangladesh Studies (IBS)  
 Rajshahi University, Rajshahi
29. Dr. A.H.M. Abdus Sattar : Member  
 Director, Bangladesh Medical Research Council (BMRC)  
 Mohakhali, Dhaka-12
30. Maj.Gen. M. Shamsul Haque : Member  
 Hon'ble Minister for Health & Population Control  
 Government of Bangladesh  
 Bangladesh Secretariat, Dhaka.
31. Mr.A.B.M. Golam Mustafa : Member  
 Secretary, Health Division, Ministry of Health &  
 Population Control, Government of Bangladesh  
 Bangladesh Secretariat, Dhaka
32. Dr. Hajera Mahtab : Member  
 Medical Director, Bangladesh Institute of Research &  
 Rehabilitation in Diabetis, Endocrine & Metabolic Disorders  
 Shahbagh Avenue, Dhaka
33. Dr. Farida Huq : Member  
 Head, Microbiological Laboratory, Institute of Public  
 Health (IPH), Mohakhali, Dhaka-12
34. Dr. Ghyasuddin Ahmed : Member  
 Associate Professor of Population Dynamics  
 National Institute of Preventive & Social Medicine  
 Mohakhali, Dhaka-12
35. Dr. W. B. Greenough : Member  
 Director, ICDDR,B
36. Dr.K.M.S.Aziz, Associate Director, Training, Extension : Member-Secretary  
 & Communication, ICDDR,B
37. Dr.M.Mujibur Rahaman : Member  
 Associate Director, Nutrition Working Group
38. Dr. Thomas C. Butler : Member  
 Associate Director, Pathogenic Therapy Working Group

Project Development

At present there are two projects under Project Development which are as follows:

Feasibility Studies - Tanzania  
 Feasibility Studies - Columbia

In a meeting of Project Development Committee in January 1984 there were six projects which were eventually transferred to the respective programs. Following is a table showing the project and their programs.

<u>Projects</u>	<u>Programs</u>
1. Technical Cooperation among Developing Countries (TC DC)	Training, Extension & Communications (TEC)
2. Cholera Epidemic preparedness	"
3. NORP Evaluation	"
4. Community Training Centre	"
5. Urban Voluntary Program	Community Services Research
6. Cholera Vaccine Trial	Host Defense

3c/BT/JUNE 84

MATTERS ARISING - Working Paper on Microbiology Space

An urgent priority is the improvement of space and equipment in Microbiology. Accordingly a total of \$ 124,000 has been applied in the 1983 and \$ 72,000 in 1984 for equipment and renovation of Microbiology. Additional space has been achieved in two ways as an interim measure since the construction of the new building is delayed pending receipt of committed OPEC Funds. First a new floor is now under construction on the top floor of the IPH next to the Director's area. This will provide nearly 3000 sq. ft. of new office and laboratory space. It is planned to move the Host Defence Programme and laboratories from the floor below up to this level. The Director's Office, Resources Development and Administration and Finance are expected to be accommodated in the new floor. The space vacated by finance will be given to the Community Services Programme and the statistical and evaluation functions. Training and extension have already moved to the ground floor with the travel and housing office. This leaves the entire mid floors for Microbiology, the Disease Transmission Programme, the Pathogenesis and Therapy Programme, and the Nutrition Programme offices. Although still far from ideal this is seen as the most workable arrangement for the next two or three years.

Floor plans for the new areas are available. The timing of moves are as follows:

..2..

- January - March 1984 - completed ground floor facilities, new hospital except X-ray and lab. Training moved to ground floor IPH.
- March - June 1984 - began construction top floor IPH  
Move offices to new area  
Move X-Ray and Cln. Path. lab.
- September - December 1984- Complete new laboratories top floor IPH and floor below.  
Complete Pathology space ground floor.

In addition it should be noted that the space for the new computer and library expansion will be completed by late summer. All supply functions will be on the ground floor of IPH.

BRIEF ON ICDDR,B INTERNATIONAL EXTENSION PROJECTS

- I. Introduction
- II. Indonesia
- III. Saudi Arabia
- IV. Tanzania/Colombia
- V. Prospective collaborations (TCDC follow-ups, China, Gujarat)
- VI. Conclusion

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 I. Introduction

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 The Ordinance under which the International Centre for Diarrhoeal Disease Research, Bangladesh was established clearly reflects the major conviction of those governments and agencies which are participating in the Centre's work : that the ICDDR,B, as an independent international institution, has the responsibility to develop scientific techniques and strategies for the management and prevention of diarrhoea, and to assist Third World countries to apply those techniques and strategies to the effective solution of their own health problems. Dr. Henry Mosley summarised ICDDR,B's responsibility in his report to the Interim International Committee in 1979 :

Because the ultimate solutions to the problems (of diarrhoea) must derive from the countries themselves, the Centre must have a commitment to institutional development and manpower development in the developing world. This will involve training in research, technical and applied activities, as well as coordination and collaborative research with national institutions.

The challenge for the ICDDR,B is to integrate this mandate into the Centre's institutional scientific objectives and capabilities, in the context of rapidly-increasing requests for assistance from

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The challenge for the ICDDR,B is to integrate this mandate into the Centre's institutional scientific objectives and capabilities, in the context of rapidly-increasing requests for assistance from



developing countries. The following summary of technical assistance which the Centre is providing does not include collaborative activities with the Government and other institutions of Bangladesh; these are implemented under the aegis of the Centre's Programme Coordination Committee and other bodies.

Before internationalisation the CRL had initiated an international programme which provided individual training in selected topics, primarily research-oriented. From 1980 this was expanded to an annual cycle of regional and inter-regional group courses, with technical and financial support from UNDP and WHO. Course topics now include not only research but therapy, prevention, epidemiology and programme planning and evaluation. The trainees returned to their home institutions to implement their knowledge within their own national context. From this modest base, the Centre began to receive requests for longer-scale assistance which would go beyond training of individual health professionals toward the development of institutional and national capabilities.

In the first of these technical assistance projects, ICDDR,B collaborated with the Institute for Medical Research in Nairobi, Kenya to develop Kenyan scientists' and technicians' ability to isolate Rotavirus, which had been identified as a leading cause of childhood diarrhoea there. This successful assistance, which concluded in 1981, resulted in the IMR laboratory becoming a WHO Reference Centre.

In December 1982 the Board of Trustees, recognising the increase in international requests to ICDDR,B for technical assistance, suggested some guidelines for the Centre's involvement. These

focused primarily on the areas of expertise which the Centre is able to offer. The following sections summarise current international technical assistance projects and discuss some future plans.

## II. Indonesia

In 1982 the Government of Indonesia, through USAID/Jakarta, requested ICDDR,B assistance to combat a cholera epidemic in Aceh Province on the island of Sumatra. ICDDR,B consultants identified the probable sources of vibrio transmission, suggested and demonstrated to government health workers improved methods of treating cholera patients, surveyed existing facilities and capabilities, and suggested actions for management and prevention of this recurring problem.

Based on this first assistance and subsequent input from other sources, the Government began outlining a national programme to upgrade the capabilities of doctors, nurses, technicians and health planners at all levels of the Indonesian health delivery system. In 1983 a second ICDDR,B team toured various health facilities and made recommendations for a training and ORS-production programme which should result in Indonesia becoming self-sufficient not only in ORS production but in the ability to carry out, follow-up and evaluate training for health providers from the national down to the village level. Copies are attached of this report, as well as the final report of the 1982 assistance.

The Indonesian Government and USAID then requested ICDDR,B to implement these recommendations through a combination of training

courses in Dhaka and follow-up technical assistance in Indonesia. We have submitted an offer for this project and are awaiting USAID's reply.

Funding for all phases of this assistance project, including ICDDR,B's administrative cost, is being provided by USAID/Jakarta. Most of the training to be given in Dhaka will be based on already prepared training modules. The first and second consultancies were implemented by ICDDR,B staff with one external consultant. The upcoming technical assistance and follow-up in Indonesia will be done primarily by ICDDR,B staff, with one or two external consultants possibly to be recruited.

### III. Saudi Arabia

The members of the Board of Trustees are already aware of the one-year cooperation agreement between ICDDR,B and the Kingdom of Saudi Arabia for the establishment of a Diarrhoea Control Centre in Damman, capital of the Eastern Province. Scientific reports on the first stages of the project are enclosed.

During the initial stages of the project ICDDR,B faced both administrative and financial difficulties, as this was a new type of project for both the Saudis and the Centre. However, these problems have now been sorted out : project disbursements are being made, the Damman treatment centre is operational and is being equipped, and scientific and medical cooperation and working relationships are good.

Accordingly it has been agreed in principle to extend the current agreement for a further year, with optional renewal after the

second year. The second-year extension agreement stipulates more favourable terms and conditions for ICDDR,B including recovery of overheads as well as full project funding.

During the project's first year, ICDDR,B staff were used exclusively after the initial weeks. For the second year one or possibly two project team members will be recruited externally.

#### IV. Tanzania/Colombia

It was reported to the Board in December 1983 that UNICEF/ New York had requested ICDDR,B assistance in implementing parts of the GOBI programmes in Tanzania and Colombia, particularly in ORS and training of national health professionals. Preliminary survey trips were made by ICDDR,B; copies of the reports were made available to the Board. In early 1984 two ICDDR,B teams carried out detailed studies in each country of the feasibility of ICDDR,B assistance to the UNICEF/national programmes. Their reports are attached. These reports, which also constitute the ICDDR,B proposal, were submitted to UNICEF in April for their consideration.

The initial survey visits were fully funded by UNICEF, which will also provide full funding for the prospective technical assistance. While the surveys and studies were implemented by ICDDR,B staff or consultants already well-acquainted with the Centre and its objectives, we expect that most personnel for the technical assistance projects in Tanzania and Colombia will be drawn from outside the Centre.

V. Prospective Technical Assistance and Collaboration.  
Currently three additional projects of technical assistance  
are in the planning stage.

In 1983 ICDDR,B received a request from the South-East Asian Health Ministers, through the Government of Bangladesh, to provide training and technical assistance in diarrhoeal disease to six of its member nations, under Technical Assistance among Developing Countries. The TCDC concept as a means to develop national capabilities is an integral part of ICDDR,B's goals for training and dissemination of information. Planning for this programme is now being coordinated with the concerned governments. Partial funding for this programme has been committed by the Federal Republic of Germany and UNICEF. Further funding is being sought.

Several years ago the Government of China expressed interest in the possibility of ICDDR,B assistance to their diarrhoeal disease management programme, following the training at the Centre of several Chinese doctors. The first official ICDDR,B visit to China was made in late 1982; follow-up exchange of correspondence culminated in the visit to the Centre in May 1984 by a Chinese Government delegation. Areas of assistance have been identified as trainers' training, development of research capability, and exchange of scientists. Several more months of planning will be required before implementation can begin. Several agencies and governments have expressed interest in funding any kind of ICDDR,B technical assistance to China.

In 1983 a team of health professionals from the Indian State of Gujarat visited ICDDR,B and other sites in Bangladesh, to acquaint themselves with ORS, community-based treatment and other areas of diarrhoea management for application in Gujarat. From this

initial contact a collaborative technical assistance project is being planned which will include further visits to Bangladesh by Gujarati health workers, as well as follow-up work in India by an ICDDR,B staff member. This assistance will possibly be funded by the Ford Foundation.



Téléphone Central/Exchange: 91 21 11  
Direct: 91 2632

In reply please refer to:  
Prière de rappeler la référence:

Professor J. Kostrzewski  
Chief  
Department of Epidemiology  
State Institute of Hygiene  
Warsaw  
Pologne

14 May 1984

Dear Professor Kostrzewski,

I am writing to you in your capacity as Chairman of the Board of Trustees of the International Centre for Diarrhoeal Disease Research in Bangladesh.

I have become increasingly aware that the ICDDR,B is extending its activities in countries outside Bangladesh, not only in research but also in areas directly related to the activities of national diarrhoeal disease control programmes. In a number of countries WHO has not been aware of these activities until they have been fully planned or even initiated.

You will appreciate my concern about this matter. On the one hand, in this time of limited economic resources I believe it is in all our interests to avoid duplication of efforts. On the other hand, we must also be sure not to confuse Member States by having separate initiatives undertaken by ICDDR,B and WHO in their collaboration with governments in national diarrhoeal disease control programmes. I am sure your Board would agree that it is most important that the activities of ICDDR,B and WHO are strongly coordinated and are in line with the expressed wishes of Member States as expressed by them in the World Health Assembly and in other international forum.

I hope you will be willing to place this before the Board of Trustees so that they may examine more closely the activities that ICDDR,B are and should be undertaking in countries, as well as the best means of ensuring that these activities are undertaken in the closest possible collaboration with WHO.

Yours sincerely,

H. Mahler, M.D.  
Director-General

## MATTERS ARISING - Working Paper on Programme Coordinating Committee

The Programme Coordinating Committee (PCC) of the Centre has met once since the last Board meeting on June 10, 1984. The Standing Committee of the PCC has met twice on 29 March and June 3, 1984. Inventories of research on diarrhoeal diseases and the related subjects of nutrition and fertility were prepared from a survey of all National Institutions. The work of the Centre and its collaboration with different National Institutions has also been comprehensively catalogued. These materials are available. At present there is extensive cooperation in the areas of Training and Extension. Approximately 20% of all research projects are collaborative (10/52).

The main focus of the work of the PCC and its Standing Committee has been to seek ways in which the now extremely cumbersome and debilitating pathway for research funding of national scientists and institutions could be improved. A committee has been formed and working paper presented to the relevant authorities of the Government of Bangladesh. In general the response has been positive but so far no concrete improvements have been achieved. The Centre's experience and that of the experience of the national scientists is similar--a minimum of 2-4 years is needed for obtaining clearance and funding for even small projects.

Currently an idea which would involve the PCC as a rapid functional pathway for research project funds is under discussion. A number of donor agencies would be happy to directly support research projects in national institutions even from multilateral funds. The Centre can receive funds which are incremental to resources designated for Bangladesh with few formalities--simply information to and a NO OBJECTION letter from the External Resources Division. It is proposed that the PCC be allowed to



utilise this mechanism in order to seek project support for smaller research efforts, and formalize it through Board of Trustees action. It has been stressed that the Centre cannot be a funding agency itself from its own resources could serve as a strengthening and facilitating entity. In the meantime it could also support and encourage all efforts to streamline the channel of the Government for efficient application of the larger bilateral funds for research in the health field.

The following resolution is suggested to give reality to the statement that the Centre wished to strengthen the research efforts of national institutions.

#### RESOLUTION

The ICDDR,B has an important role in facilitating and strengthening health research in Bangladesh. The Programme Coordinating Committee is authorized to receive grants and disburse funds designated by the donor for national research under the rules of the Centre's Charter and provide these to assist or establish research projects in national institutions. The Centre's own resources would not ordinarily be applied except in cases of specific partnerships and collaboration. All funds received, held or disbursed to the PCC would be managed separately by the Centre according to the Centre's financial regulations as laid out by the Charter and the Board, and would be audited by the same auditor as the Centre's own funds.

REPORT OF THE SUB-COMMITTEE CONSTITUTED  
BY STANDING COMMITTEE (SC) FOR RAISING  
FUND FOR COLLABORATIVE RESEARCH.

The Standing Committee (SC) of Programme Coordination Committee (PCC) of ICDDR,B constituted a Sub-Committee with Dr. Kamaluddin Ahmad, as Convenor and Dr. Mobarak Hossain and Mrs. Gole Afroz Mahbub, as Members, to prepare a position paper for raising of funds for collaborative research and submit the same to Standing Committee (SC) for consideration.

2. The Sub-Committee had two meetings on 19th October and 26th October 1983 respectively in the chamber of Dr. Kamaluddin Ahmad, Director, Institute of Nutrition & Food Science (INFS), Dhaka University and discussed all aspects of Government mechanism with regard to raising of funds for collaborative research in the field of diarrhoeal diseases and directly related subjects.

3. The Sub-Committee observed that there is dearth of fund for collaborative research in the field of diarrhoeal diseases and directly related subjects in Bangladesh. On the contrary, funds could be generated for this purpose, from International organizations including the official aid giving agencies. But the formalities prescribed by the Government in generating such funds from bilateral sources, is a positive hindrance. The lengthy procedures are causing delay at times for obtaining permission from the competent authori-

4. The Committee also observed that there is a number of research institutions in the country, which have competent scientists to carry out research work. For want of bilateral funds, these research activities of the scientists, suffer and progress of research work is hampered.

5. The present procedure under the Technical Assistance Projects (TAP) of the Government, for obtaining bilateral funds from the foreign aid giving agencies by the various Research Institutions of the country, is that, every time, proposal has to be initiated by the Research Institutions in the prescribed form and submitted to the concerned administrative Ministry of the Government under whose control the Research Institute is working. In the Ministry, the proposal will be examined thoroughly and considered by the DPEC, where the representative of the Research Institute is called for necessary clarification. Then the proposal is forwarded to the Planning Commission under intimation to External Resources Division of the Government.

6. The Planning Commission of the Government has revised the procedure for processing and approval of Technical Assistance Projects (TAP) vide its Memo. No. PD/Coord/58/83/293(250) dated 18th August 1983, which reads as follows:-

- "a) A special Project Evaluation Committee headed by the concerned Member of the Planning Commission, will consider all proposals for technical assistance. Other members of the Committee will be:
- (i) Secretary of the concerned Ministry/Division
  - (ii) Additional Secretary, ERD
  - (iii) the concerned Section Chief, Planning Commission
  - (iv) Joint Secretary (UN), ERD
  - (v) Section Chief (F&F) of ERD
  - (vi) Section Chief, GED, Planning Commission
  - (vii) representative of Finance Division
  - (viii) representative of the Science and Technology Division
  - (ix) representative of Establishment Division
  - (x) representative of the IMED
  - (xi) representative of the National Board of Revenue (all such representatives are to be not below the level of Joint Secretary
  - (xii) any other technical expert or experts to be co-opted by the Chairman
  - (xiii) Deputy Secretary/Deputy Chief (UN), ERD who will act as Secretary of the Committee.
- b) The Technical Assistance Co-ordination Cell (TACC) of ERD will act as the secretariat for the special PEC for T.A. projects.
- c) Sponsoring authorities will submit their T.A. proposals in the prescribed Technical Assistance Project Proforma (TAPP) (a copy of which is enclosed herewith) to the TACC of ERD (attention UN Branch) and simultaneously endorse a copy to concerned Sector-Division of the Planning Commission.
- d) The concerned Sector Division of the Planning Commission will examine the T.A. proposals in terms of plan objectives and strategies, sectoral priorities and specific project requirements etc. Simultaneously, the TACC will examine and identify (i) whether the proposal involves overlapping or duplication, (ii) the most appropriate source of funding and (iii) type of technical assistance required.
- e) After preliminary scrutiny of the proposals by the Sector Division, the Planning Commission will send its comments to the TACC within


three weeks. If comments are not received within this time, it will be assumed that the Planning Commission will have no objection to the TA proposal. Working papers will be prepared by TACC for the Special PEC. ERD will request that a meeting of the special PEC be convened, within a month of receipt of the proposal from the agency concerned, for consideration and approval of the T.A. project.

- f) In case of urgency, the ERD may seek anticipatory approval from the concerned Chairman of the Special PEC.
- g) For the on-going T.A. projects, there will be no necessity of such clearance of the Special PEC."

7. The Committee has thoroughly examined the present procedures in respect of foreign funds for research. It finds that the procedure is long and cumbersome. During the process a lot of energy is lost and at times the sources of funding may become uncertain causing serious difficulty in progress of research.

8. The Committee recommends that simpler procedure be adopted in the interest of research in the country using funds from both bilateral and multilateral sources. It recommends the following:-

- a) Research Institutes recognised by the respective administrative Ministry of the Government may be granted permission by the administrative Ministry after proper examination by the DPEC upto US\$200,000.00 for a single proposal, under category 'A'. Proposal beyond US\$200,000.00 may be processed according to the existing procedure and placed under category 'B'.
- b) Both in DPEC and Special PEC of the Planning Commission, expert advice be sought from recognised body of the Government in the respective fields, such as, BMRC on problems of medical research; National Nutrition Council on problem of nutrition research; Bangladesh Agricultural Research Council on problem of Agriculture Research and so on.
- c) The procedure with regard to release of funds is also time consuming. The fund should be received by the recipient Research Institute from the donor agency direct after obtaining necessary permission from the concerned administrative Ministry, as the case may be. An accountability mechanism to monitor the fund utilization may be devised.

  
Dr. Kamaluddin Ahmad  
Convener

## WORKING PAPER - VACCINE TRIALS

Since 1964 the Cholera Research Laboratory (CRL) predecessor of the Centre developed the Matlab field area initially primarily to carry out carefully controlled trials of cholera vaccines. A total of four different cholera vaccines were tested from 1964 through 1974. In this process a population of approximately 250,000 people were brought under a continuous longitudinal system called the "Demographic Surveillance System" or "DSS". The field staff and logistics to monitor this population were in place until 1978 when in order to reduce costs half of the area and its people were dropped out of the system.

The development of a promising new oral cholera vaccine has moved to the stage of field trial now. The Centre has been instrumental over the past 4-5 years in the basic studies needed to develop this particular vaccine. Now in order to make a three way comparison as mandated by WHO we must again extend to the whole population previously under study. Reinstating all the field staff and logistics will engender a qualitative increase in costs. Once in place for the two to five year period required for the presently planned trial it seems probable that trials of other vaccines may be likely such as *Shigella* or *E. Coli*. Thus it is in my view, unwise to again reduce the size of population under study except for extreme funding problems, as start up or restart costs are always higher. For this reason the incremental increase shown between 1984 and 1985 are shown as carried forward to future budget.

The priority of this vaccine trial and vaccine trials in general for enteric diseases rests on several observations:

- Failure of very intensive and costly interventions to improve water supplies and waste disposal to reduce diarrhoea.

- Increased antibiotic resistance of causative organisms.
- Emphasis on and commitment by WHO/EPI and developing countries to ensure immunization against common diseases.
- Advances in biotechnology of vaccines and knowledge of the gut immune system.

We have given the oral cholera vaccine a very high priority to begin as scheduled. The financial consequences are clear. We are committed to raise the funds to cover the full costs. In the meantime we will advance core funds as necessary to keep on schedule.

The figures provided (attached) give an idea of the scope of the task.

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FIELD TRIAL PERSONNEL - EXISTING POSITIONS

	<u>1984</u>	<u>1985</u>	<u>1986</u>
INTERNATIONAL LEVEL	3	2	2
LOCAL INTERNATIONAL	1	2	1
LOCAL SUPERVISORS	4	4	4
PRE TEST H.A.	8	-	-
VACCINE CHW	110	110	-
S.E. SURVEY H.A.	5	5	5
SERO/BM/NUT H.A.	6	6	6
IMMUN. LAB. SR. TECH.	1	1	1
IMMUN. LAB. TECH.	4	4	4
BOAT DRIVERS	15	15	15
BOAT MECHANIC	1	1	1
BACT. LAB. TECH.	2	2	2
	<u>        </u>	<u>        </u>	<u>        </u>
Total No.s Existing Staff	161	152	41
	<u>        </u>	<u>        </u>	<u>        </u>
<u>Total Cost</u>	<u>\$70,000</u>	<u>\$175,000</u>	<u>\$63,000</u>

Other Costs:

SUPPLIES	\$130,000	\$358,000
EQUIPMENT	\$ 77,000	-
TRANSPORT	\$ 15,000	\$ 30,000
RENT	\$ 15	-
PRINTING	\$ 52,000	\$ 65,000
OTHER SERVICES	\$ 480	\$ 12,000
MAINTENANCE	\$ 1,000	\$ 1,000
PATIENTS HOSPITALISATION AND OUTPATIENT	-	\$ 7,500
	<u>        </u>	<u>        </u>
	<u>\$275,000</u>	<u>\$473,500</u>

VACCINE TRIALS

<u>PERSONNEL REQUIREMENTS (LOCAL)</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
COORDINATOR	1	1	1
SR. FIELD RESEARCH OFFICER	2	2	2
PRE TEST PHYSICIANS	6	6	-
PRE TEST CHW	4	4	-
DATA MANAGER	1	1	1
DATA MANAGEMENT OFFICERS	2	2	2
CONSULTANTS	1	1	1
DATA PROCESSING ASSISTANTS	2	2	2
CODING ASSISTANTS	20	20	20
DATA ENTRY ASSISTANTS	6	6	6
PROGRAMME ANALYST	1	1	1
EPIDEMIOLOGIST	1	1	1
SECRETARY	1	1	1
VACCINE CHW	30	30	-
VACCINE HEALTH ASSISTANTS	75	75	-
VACCINE PHYSICIANS	37	37	-
SENTINEL & ECOLOGICAL SURVEY HLTH. ASS.	30	30	30
S.E. SURVEY CHW's	35	35	35
PASSIVE SURVEILLANCE H.A.	3	3	3
P.S. H.A.	6	6	6
MEDICAL TEAM PHYSICIANS	2	2	-
MEDICAL TEAM H.A.	2	2	-
SERO NU. BRST. H.A.	14	14	14
SERO NUT. BRST. CHW	20	20	20
LAB. TECH. BACT.	2	2	2
<u>Day Hires</u>			
PORTERS PRE TEST	5	-	-
PORTERS TRIAL	-	133	133
BOATMAN TRIAL	-	59	59
Total Additional Local Personnel	<u>309</u>	<u>496</u>	<u>340</u>
<u>Total Cost of Additional Hirings</u>	<u>\$154,000</u>	<u>\$514,000</u>	<u>\$128,000</u>



SUMMARY

<u>PERSONNEL NUMBERS</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
New Hirings	309	496	340
Existing Staff	161	152	41
	—	—	—
<u>TOTAL NOS.</u>	<u>470</u>	<u>648</u>	<u>381</u>

Total Cost

Existing Personnel	\$ 70,000	\$175,000	\$ 63,000
New Hirings	\$154,000	\$514,000	\$128,000
Other Costs	\$275,000	\$473,000	-
	—	—	—
<u>TOTAL COST</u>	<u>\$499,000</u>	<u>\$1162,000</u>	<u>\$191,000</u>

EXTERNAL REVIEW GROUP

Before the review commences the two groups i.e. nutrition and pathogenesis/therapy should prepare a brief review of the subjects as they are currently perceived. These should emphasise the exciting areas in which knowledge is currently growing and on which interest is focussed internationally. The work in the Institute's divisions can be looked at using these precis as a framework by which to judge whether local research is lagging behind or in the forefront of the international scene.

The reviewers might be asked to comment on some or all of the following questions:

- 1) How are the priorities for research in the Institute arrived at?
- 2) How does the ongoing work fit these priorities?
- 3) Are the existing scientists qualified and numerically adequate to deal with the programme?
- 4) What are the mechanisms of in-house review?  
seminars?, written reports?, publications?
- 5) Are the existing subdivisions sensible and favourable for inter-communication?
- 6) How does the standard of work produced compare internationally?
- 7) Are there defects in supply of equipment, animals, repair and servicing or other ancillary services?
- 8) Is the hospital and its supply of patients well utilised in the programmes under review?

I suggest that the first week be given over to inspection of facilities both in Dhaka and at any relevant field stations and that once the review group has seen what is available the scientific review proper should begin.

This should commence with at least one day of presentations from the senior staff in which they describe the programmes and approaches of their groups. This could be followed by individual presentations of work done and the conclusions drawn from it by the workers themselves. As full a participation as possible from all the members could be expected. Laboratory and other facilities should be inspected and difficulties impeding progress should be discussed. Under this topic specific reports could be given about the following - animal supplies and quality, technical assistants - skill and training, instruments, central supply, computing, seminars, co-ordination with other divisions, meetings and international contacts.

It seems to me the Board is in danger of wasting the skills of the reviewers by asking them to concentrate on two areas only, i.e. Nutrition and Pathogenesis/Therapy. Disease Transmission and Host Defence are inseparable from Pathogenesis and the publications of the three relevant reviewers shows this to be the case. Therefore I suggest enlarging the brief of the review to encompass these areas and only exclude Community Services Research.

N.B. Should these guidelines be given also to the people under review?

SPEECH BY THE PRESIDENT, STAFF WELFARE ASSOCIATION,  
ICDDR, BEFORE THE ICDDR BOARD OF TRUSTEES MEETING  
HELD ON JUNE 12, 1984

Honourable Chairman and distinguished Members of the ICDDR  
Board of Trustees:

On behalf of the members of the ICDDR Staff Welfare Association, I extend my warmest felicitation and thanks for providing us an opportunity to meet you and express some of our problems. I will try to limit my talk to those issues which we have been raising and discussing with our Director and Patron-in-Chief, SWA, in our meetings and through correspondences from time to time. I hope that you will make some of your valuable time available to think about these issues and find out some reasonable solutions.

May I, now, present before you the following points which are of utmost concern to the general staff:

1. That the severance pay and provident fund were to continue till an improved scheme, called the pension plan or similar could be implemented. I would like to quote, "All acquired rights of time served, severance pay, and provident fund are not affected by your decision to opt for the WHO pay scale. Severance pay and provident fund will be continued until another option is presented." (Director's memo dated 25.11.82 to all staff on option for WHO scale which has concurrence with the resolution 22/Dec. 82 of ICDDR Board of Trustees meeting held on 6-8 December, 1982.) I would like to state that when the system of provident fund was continued upto December 1983, the severance pay was unfortunately stopped in December 1982 and the promised option indicated in the Director's above memo was not offered before the establishment and implementation of the retirement fund with effect from January 1, 1984. The above action appears to be a contradiction of and deviation from the Board's resolution which has

deprived the staff members of a great amount of money and thereby caused serious disappointment in their minds. As per the convention and normal practice the calculation of severance pay should have been on the basis of the last salary drawn as on 31 December 1983. Since the retirement fund was established and implemented with effect from January 1, 1984, I would like to request the Board to re-consider this matter sympathetically.

2. The System of provident fund was closed and a retirement plan took its place with effect from January 1984. It is the strong and unanimous opinion of the staff members that the accumulated provident fund money be paid up so that the money can be utilized for better investment in terms of land purchase, house construction and similar profitable purposes. These opportunities would be difficult to avail in future years because the individual fund may increase many-folds but the facilities will definitely decrease. I hope that the Board will deliberate on this matter very patiently and decide in favour of the staff.

3. As a result of the last periodic local staff salary survey held in November/December 1983, there was a salary raise of 5-9% for GS level I-VI, and 4% for the STM level staff (NO-A-D) with effect from January 1, 1983 (Reference UNDP, Dhaka, Memo No. PER 261/4 dated March 5, 1984). Since the Centre is following the UN local salary scale, it is the genuine claim of the Centre's staff to expect similar salary increases with effect from January 1, 1983. Further, I would like to draw the kind attention of the Board about the exorbitant prices of daily essential commodities in Bangladesh recently. In these circumstances, I would like to appeal to the Board to implement the above salary increase immediately to mitigate the hardship of the Centre's staff.

4. I would like to bring to your kind notice that the Centre has not yet implemented the WHO per diem rate for the staff in the UN local pay scale. This is a deviation which deprives the staff members from a genuine and legitimate benefit. I solicit that the Board would address this issue and recommend its immediate implementation.

5. I would like to further draw your kind attention to the fact that according to the Board of Trustees Resolution No. 22/Dec.82, all staff were to be put on full WHO pay scale and benefit from January 1, 1983. Unfortunately, an exception was made to implement this resolution in respect of some of the Centre's staff who could not avail the option in time due to lack of their understanding. As a result, they were put on WHO pay scale with effect from July, 1983 which has deprived them of 6 months benefit of the scheme. I would humbly request the Board to re-consider this matter sympathetically and to convert those affected staff into WHO pay scale with effect from January 1983.

I finally express my sincere thanks and gratitude to the Chairman and the distinguished Members of the Board of Trustees, ICDDRB for their patient hearing and interest shown in the matters related to the welfare of the Centre's staff.

Thank you.

June 12, 1984

Md. Shafiqul Islam  
President  
ICDDRBP Staff Welfare Association

4/BT/JUNE. 84

DIRECTOR'S REPORT

4/BT/June 84

DIRECTOR'S REPORT

The 1983 Annual Report provides summaries of salient work. A comprehensive list of publications, brief description of programmes and the full audited financial statement are given. I feel 1983 was a very productive year despite continued resource limitations. The past year has also seen continued improvement in our efficiency and our ability to stretch resources to their utmost.

One of the main current and past constraints has been space. We have not as yet been able to obtain funds to complete the new building and interim measures have been set in motion. A full new floor adjacent to the Director's office is now in progress and will be ready to accommodate new programme staff by the summer when they arrive. This will also free the space required to accommodate the improvements of Microbiology laboratory including a walk in room which is now in transit to Dhaka. In addition, there will be added space and equipment required for the cholera vaccine trial which can be accommodated.

The Centre has been fortunate to have successfully recruited several outstanding scientists who will give leadership and new impetus to the work. The details of this will be provided in the report of the Personnel and Selection Committee. I plan to assign Dr. Michael Rowland, Associate Director of the Community Services Research Programme, Dr. David Sack, Associate Director of the Disease Transmission Programme and Dr. Ivan Ciznar, Associate Director of the Host Defence Programme. They will join the Council



of Associate Directors, formerly known as the Management Committee.  
The composition of this council will then be as follows:

Dr. K.M.S. Aziz	Training, Extension, Communication
Mr. M.R. Bashir	Resources Development
Dr. Thomas Butler	Pathogenesis & Therapy
Dr. Ivan Ciznar	Host Defence
Mr. Michael Goon	Administration & Finance
Dr. W.B. Greenough III	Director
Dr. M.M. Rahaman	Nutrition
Dr. Michael Rowland	Community Services Research
Dr. David Sack	Disease Transmission

For the first time since the start of The Centre there will be a fully dedicated and separate Associate Director guiding each programme.

There is an increasing demand on the Centre to provide technical assistance to many developing countries. A working paper has been prepared on this subject and is in your folders. We have not yet been able to visit any of the agricultural Centres and will plan this in the latter half of 1984. We will appreciate any further suggestions on how best to meet the needs. The Director met with the Director-General of WHO and with the Director of UNICEF in order to define the role of the Centre in relation to these two important UN agencies. A meeting is planned in Geneva in October to thoroughly work out how the very limited resources to accomplish the goals set can be best used. I believe the Centre is in a unique position of being able to give very practical and specific assistance to initiate the process of research on diarrhoeal diseases in developing countries. The Government of Bangladesh has also recognized this and urged the Centre to do all it can to provide substance to the rhetoric of TCDC or South-South collaboration.

Preparations for the oral cholera vaccine trial are progressing satisfactorily. There was, however, a strong wish expressed by the expert committee of WHO/CDD that a three way comparison can be done. The Centre has agreed despite the quantum leap in cost this entails. Currently the full protocol has been cleared by the Centre's Ethical and Research Review Committees and is with the Committees of WHO and the Government of Bangladesh. There is every indication that it will be able to proceed on a 1 January, 1985 schedule. Several donors including WHO, USAID, IDRC Canada, and Japan have expressed interest in supporting the trial and this is being pursued.

Our ability to raise the necessary funds to meet our requirements remains excellent but has demanded considerable travel. Details will be provided in the report of Resources Development. We have in place for the first time a fully responsive financial system on computer which will give all those responsible for projects or budgets current and accurate information. Details of this will be presented in the report of the Finance Committee. There is an increasing requirement for reporting to individual donors requiring the addition of a position to the office of Resources Development. This position is being defined with the help of a consultant.

The Project Development Committee has divested itself of all except projects operating outside of Bangladesh. As these projects increase in their scope it will be essential to have the full time attention of one individual with Associate Director rank to be fully responsible for and exercise authority over these projects. At present this is divided between the Director, the

Associate Director, Resources Development and Associate Director for Training, Extension and Communication.

All resolutions have been reviewed from the first meeting of the Board of Trustees of the Centre to the present time. Except for the following resolutions all others have been fully implemented:

RESOLUTION 9/JUNE 79

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

The Manuals are in preparation at the present time following completion of the financial system in 1984.

RESOLUTION 4/DEC. 80

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

Plans for utilization of the new building in Phase II have been deferred until funds are available to proceed with construction. In the meantime alternate space is being prepared to accommodate vital functions.

RESOLUTION 4/DEC. 82

RESOLVED: 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" and to prepare regulations for its operation to be reviewed by the Finance Committee and reported to the Board at its meeting in June 1983.

It was not possible to set aside \$700,000 to start a "Reserve Fund" in February 1983 as the total donor support for FY 1982 of \$6.48 million was not received by January/February 1983. Thus the credit balance as expected of \$914,000 was not available for FY 1983.

RESOLUTION 22/DEC. 82

RESOLVED: 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 pay scales 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. The total amount of contribution to the

severance pay and provident fund shall not exceed the combined total of both contributions of staff and Centre which under present staff rules are 7% and 14% respectively. In implementing full WHO pay scales 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.

Up-to-date compliance is almost complete but exceptional local and international level staff are still continuing to enjoy some benefits in kind which are inconsistent with WHO Rules.

Benefits like Centre's payment of telephone rentals to some residences, payment of club membership and monthly subscription, petrol, visiting cards to some staff, etc. These benefits are not enjoyed by anyone in UN or WHO. In all instances these are consistent with official duties and responsibilities but mechanisms have not been fully rationalized.

RESOLUTION 5/DEC. 83

RESOLVED: The Board approves that an amount of US\$ 100,000 be used as staff loan permitting the purchase and importation of necessary household appliances and motor vehicles for local Bangladeshi international staff members who are affected by the recent orders of the National Board of Revenue to regularise this discrepancy. This loan will bear an interest rate of 12% per annum and the total loan plus interest is to be re-paid in 24 equal monthly instalments.

Due to differences of opinion, the matter was further deferred by the Director. Fresh approach was made to the NBR, but the NBR has again written that this matter be immediately regularised.

RESOLUTION 6/DEC. 83

RESOLVED: With the establishment and implementation of the Centre's Staff Retirement Plan from January 1, 1984 the Centre's contributions to the present Provident Fund will cease, and the Provident Fund presently in existence will be closed. Staff members who are participants of the present Provident Fund will be given the option to decide whether they want to liquidate and withdraw all amounts standing in the credit of the fund or to allow the proceeds of the fund to be transferred to a US Dollar deposit account in a bank in Bangladesh to prevent erosion of their accumulations in real terms. Each member who decides to deposit his total accumulation in US Dollars, will then hold an equivalent of his total credit in the fund in US Dollars.

The US Dollar deposit will then be applied to raise loan facilities for remaining participants of the Fund in accordance with loan provisions contained in the Provident Fund Account. When a staff member decides to withdraw his accumulation, he will be paid the equivalent in Taka.

Options have not been given to staff members because of the following reasons:

1. Deposits are presently tied up with differing maturity dates.

<u>No. of Deposits</u>	<u>Maturity Date</u>	<u>Amount (in Taka)</u>
34	1984	6,874,000
36	1985	6,587,000
31	1986	11,083,000
2	1987	747,576
<u>103</u>		<u>25,291,576</u>

2. Indications from staff members that they would like to liquidate their accumulations in the fund. With early withdrawals the accumulations attract income tax. Pre-mature encashments would also erode some of the principal deposits as the Bangladesh Bank imposes a penalty on premature liquidation of deposits. Total sudden liquidation of the fund may create panic and a run on the local bank.

As a result of such problems the SWA was asked to clarify the financial implications to those staff who wish to withdraw all their money.

The following by-laws have been suggested by the Management as being usual in corporate bodies.

Pursuant to the Provisions of Article 28, the following by-laws are recommended to be adopted. The first has to do with Board qualifications/disqualifications.

ARTICLE 8

- (4) (a) Persons who are not qualified to become members, although they may possess qualifications as in (4) above are:
- (i) where a person is convicted of an indictable offence in connection with his previous appointments or employments, or
  - (ii) where a person has been convicted of a summary offence within the last five years, or
  - (iii) where a person has been disqualified to hold directorship in his country of residence or citizenship, or
  - (iv) where a person is known to be of unsound mind.
- 4 (b) All persons nominated and qualified to the Board shall serve in their individual capacity and shall abide by rules and regulations prevailing in the Centre.
- 6 (a) The office of a member shall be vacated:
- (i) if the person becomes bankrupt
  - (ii) if the person is absent from two consecutive meetings without leave and expressed by resolution of the Board, and that the Board resolves that his office be vacated, or
  - (iii) if the person becomes of unsound mind, or
  - (iv) if the person becomes prosecuted for a criminal offence, or
  - (v) if the person resigns his membership by notice in writing to the Board.
- (b) The vacated office of the member expressed by resolution of the Board shall be open to nomination in accordance with provisions under Article 8 of the Ordinance.



ARTICLE 27

27 (a) As provided by Resolution \_\_\_\_\_ of the Board the Retirement Fund which has been established for the staff of the Centre in 1984 to replace the previous severance pay fund, provides for full and immediate vesting to participants of the Retirement Fund. This fund does not constitute an asset of the Centre and does not therefore come under style or implied interpretation of assets as provided in Articles 30 and 32 of the Ordinance or subsequent amendments to these Articles.

ARTICLE 21

21 (2) (a) As provided by Resolution \_\_\_\_\_ of the Board, all non Bangladeshi experts, technicians and research scholars employed by the Centre and working in Bangladesh for the furtherance of the objectives of the Centre may be provided on a rental basis with household appliances and hard furniture and fittings in a Centre maintained house. Such persons who are provided such privileges shall waive their privileges accorded for importation of such items under Article 21(2) and their entitlement for shipping and removal costs as provided in the rules of the Centre.

Finally, all those requested as first choice for the External Review have agreed. This review of the Pathogenesis and Therapy and the Nutrition Programmes is scheduled for 19-30 August, 1984.

5/BT/JUNE.84

**RESOURCES DEVELOPMENT REPORT**

RESOURCES DEVELOPMENT REPORT

Introduction

In our report to the Board of Trustees in December, 1983, we had projected an income of US \$6.54 million for 1983. Of this amount, we had already obtained donor pledges for US \$6.22 million and estimated fresh commitments at US \$0.324 million. Of the estimated US \$0.324 million, we expected US \$0.252 million from UNICEF and US \$0.072 million from SAREC of Sweden. I am pleased to inform the Board that, as per our expectations, during the first half of 1984 the SAREC core support was pledged at an increased amount of US \$0.108 million and the UNICEF grant, which was deferred from 1983, was approved as core support in the amount of US \$0.250 million. With these commitments the Resources Development Projections for 1983 stands fulfilled.

We now come to our projections for 1984. Again, in December 1983 we had projected our income at US \$7.2 million for the current year. I am pleased to inform the Board that by the middle of this year, we have been able to obtain firm donor commitments for US \$ 6.651 million plus expected other donor commitments of \$790,000, for a total of US \$7.441 million (Attachment-A).

Although we have already achieved our target for 1984 in terms of donor commitments obtained, it is important to mention here that disbursement of these funds depend largely on proper and timely financial reporting and follow-up. Our experience in the past indicates that the Centre was faced with cash flow problems, in spite of the fact that we had sufficient firm commitments from our donors. I hope necessary action will be taken to avoid such situations.

1984 Status

Coming to specific discussions on 1984, there is an increasing trend among the donors toward project support as against core support. This trend suggests that the donors now want more specific information on the activities of the Centre, compared to the more general information that go with core support. Although all overhead costs are covered in the project grants, such support can seriously limit the flexibility of the Centre to perform and support its research and training activities. It is unfortunate but true that whereas with the passage of time the donors should have allowed ICDDR,B more flexibility, instead, they are becoming increasingly cautious in their dealings with the Centre.

We have received a letter from USAID, with whom we are now processing a new 5 year grant cycle, suggesting that ICDDR,B prepare for 1985 and each subsequent year an annual research programme planning document which their Office of Health and its advisory committee would review. The research programme should provide specific details of new and ongoing projects and describe how AID funding would be used in support of each project. USAID has however informed us that in its view, priority activities would be field trials of promising new vaccines and epidemiological investigation of diarrhoeal diseases.

The letter also informs the Centre that a regular reporting procedure for projects will have to be developed and may include certain other changes in current AID monitoring of ICDDR,B activities. USAID may also require an observer status in the

ICDDR,B Board meetings. The letter requests the ICDDR,B Board of Trustees to discuss these issues and advise USAID of the results of the deliberations. (copy of the letter is provided in appendix .)

The current cycle of USAID grant to ICDDR,B will expire in September 1984 and a 3-month additional grant, prorated at the current level of funding is expected to allow the new funding cycle to coincide with our fiscal year. USAID is our largest and one of the two original donors and has supported the Centre's activities since 1960. We request Dr. David Bell, our Trustee from the USA to take up this matter with the highest levels at USAID.

SAREC of Sweden has renewed both core and project support for another two years, ending in 1985. The new grant has been given at an enhanced level.

UNICEF which had extended project support to ICDDR,B in the past has given us core support in 1984. UNICEF is potentially one of our most important donors as both organizations share common objectives. ICDDR,B has the capability to support UNICEF anti diarrhoea and CRS programmes in the developing countries and the Centre is already exploring possibilities of supporting UNICEF's activities in Tanzania and Colombia.

The Arab Gulf Fund (AGFUND) which became a donor to ICDDR,B last year, has renewed its contribution to the Centre at a substantially enhanced level. It is possible that the AGFUND will extend its support, under tripartite arrangements, to projects undertaken at the request of the Gulf countries.

Japan, which included ICDDR,B in their regular aid giving budget last year has increased their contribution by 20%. The Japan Shipbuilding Industry Foundation, a private Japanese organization, has also extended its support to ICDDR,B. We have submitted a revised proposal to this Foundation to include an electron microscope, in addition to the list of equipment already requested. We expect a decision in this regard shortly.

Population Council of the United States has agreed to extend its support up to May 1985.

The Government of Bangladesh has extended the repayment period of the interest-free UNROB loan, which fell due in the first week of May 1984, up to the end of June 1985. The Ministry of Finance also suggested that the repayment of the loan may be rescheduled at the end of the loan period and assured the Centre that it may favourably consider budget shortfalls.

The Canadian International Development Agency (CIDA) support to the DSS programme become effective in January 1984. A new large computer is also being installed with CIDA assistance. Furthermore, CIDA has also committed its support to the African Conference on Diarrhoeal Diseases.

The USAID/Dhaka grant to the Centre's MCH-FP and Extension activities in Bangladesh which will expire this year is expected to be renewed for a further period of 2 years at an enhanced level. We have also submitted our final proposal to USAID/Jakarta for technical assistance to Indonesia. We are expecting a decision on this proposal shortly.

USAID/Washington has shown interest in organizing an international CRT workshop at ICDDR,B. This workshop will be a followup on the last year's

International Conference on Oral Rehydration Therapy (ICORT). A proposal requesting further support to the Cereal-based ORS project has also been submitted to the Aga Khan Foundation. This support will be used to study ORS based on cereals other than rice.

The agreement under which the Centre is providing technical assistance to the Diarrhoea Control Centre in the Eastern Province of Saudi Arabia is expected to be renewed for another year. The Kingdom of Saudi Arabia has also informed us that they will favourably consider sharing the funding of any budget shortfall of ICDDR,B with other donors. We suggest that the Centre should seek ISA's support for the vaccine trials which is being undertaken this year and is expected to go on until 1986. We have requested several donors to fund the vaccine trials. They include Japan, USAID, WHO and IDRC. Of these, IDRC has indicated their interest in this project. It may be mentioned here that SAREC has already provided a small grant towards this project.

The United Nations Development Programme (UNDP) has signed an agreement to support the Urban Community Volunteer Project for one year and their support will be renewed for another year.

We have also negotiated with the Ford Foundation for their support to the Centre's Epidemic Control Preparedness Project for a further period of 2 years at an enhanced level. An agreement in this regard is expected to be signed soon.

A team from American Broadcasting Corporation Television's "20-20 show" visited ICDDR,B to film an episode on ORT. This show which was telecast in the United States has generated considerable interest on ORT among several important donors in the U.S.

Consultative Group

The fifth meeting of the Consultative Group of Governments and agencies interested in the activities of ICDDR,B was held on June 5, 1984 in Geneva. The Consultative Group meeting was attended by 21 countries and agencies. The participants expressed keen interest in the activities of the Centre and extended their full support to ICDDR,B. An important feature of this meeting was the attendance of Norway and Italy. Both countries attended for the first time and are potential donors to the Centre.

Following the Consultative Group meeting, the Permanent Representative of Bangladesh to the UN in Geneva, Ambassador A.K.H. Morshed, hosted a dinner at his residence. This dinner was attended by 42 Ambassadors and representatives of various countries and senior officials of the international agencies. Mr. Bradford Morse, Administrator, UNDP, and Dr. Halfdan Mahler, Director General, WHO, also attended. In his speech at this dinner, Dr. Mahler stated that WHO and ICDDR,B should co-exist. During our meeting with WHO earlier that day, it was decided that WHO would host a meeting of UNICEF, WHO and ICDDR,B to discuss and coordinate future plans and activities and to reduce any misunderstanding between our organizations. This meeting has been scheduled in October 1984.

Capital Development Programme

The United Nations Capital Development Fund has agreed in principle to support ICDDR,B's Capital Development Programme for its field stations in Matlab and Teknaf. A proposal in this regard was submitted to UNCDF through the Government of Bangladesh. This proposal has been strongly endorsed by the Government of Bangladesh.

We have also approached the OPEC Fund for their support to our Capital Development Programme. The Fund has indicated the



possibility of funding this programme by using their counterpart fund held in Taka in Bangladesh. This request has to be routed through the Government of Bangladesh and we are taking up the matter with the concerned authorities.

#### 1985 Budget

The provisional budget projections for 1985 is US \$8.2 million. This reflects a 14% increase on our 1984 budget. Details of the 1985 budget is provided in Appendix-C.

#### UNICEF Maurice Pate Award

The United Nations Children's Fund, (UNICEF), has awarded the Maurice Pate Award for 1984 to the ICDDR,B, the citation of the Award reads " In recognition of the Centre's outstanding contribution to the survival of children through sustained excellence and innovative research on the diagnosis and treatment of diarrhoea and dehydration. Landmark discoveries and field-testing of oral rehydration solutions have transferred the abilities of health workers and families to control the world's foremost cause of infant and early childhood deaths."

#### Conclusion

A review of Resources Development Programme's yearly projections and achievements from the inception of ICDDR,B to date reveals that the Centre has grown from a budget of US\$ 3.6 million in FY 1979-80, the year ICDDR,B was established, to US\$ 7.2 million in FY 1984. This 100% growth in the income of the Centre also reflect the success of the Resources Development Programme which was established to organize the resources needed for the smooth operation of the ICDDR,B. Resources Development has successfully responded to the

challenge offered by the growing Centre and, by the middle of this year, we have already obtained firm commitments for 92% of our projections for 1984. We are now negotiating with donors for additional commitments amounting to US\$ 790,000 for 1984 and hope to surpass our projections for the year soon.

The Centre continues to enjoy excellent relations with its donors. Over the years this has contributed to increased donor contacts and commitments. The receipt of the UNICEF/Maurice Pate Award by the Centre is a case in point. Furthermore, this has also helped an increase in international awareness of the role of ICDDR,B in the management and control of diarrhoea, particularly in developing countries. Donors also are asking us to extend our activities to additional developing countries and are expressing their willingness to support such programmes. In this regard, as I have already reported earlier, we are striving to improve our relations with WHO. However, it appears that the main problem between our organizations revolves around fund raising.

Resources Development's achievements did not come easily. These achievements are a result of pragmatic planning, hard negotiations, constant follow-up and successful public relations. I am pleased to inform the Board that while almost all major international agencies are facing budget cut-backs, the ICDDR,B budget is continuing to grow. Our projected budget for 1985 incorporates a 14% increase over that of 1984. However, it needs to be mentioned here that there is an increasing trend for donors to shift from core funding to specific acceptable projects. We must, therefore, carefully plan our overall programme planning and financial allocations to meet future donor requirements. This will involve tighter

programme and financial planning and control, both for ongoing and new directions in science which the Centre must undertake. If such planning and control can be successfully implemented, ICDDR,B will be able to maintain its growth pattern, even in these days of shrinking donor dollars.

June 84

RESOURCES DEVELOPMENT REPORT  
FOR FINANCE COMMITTEE

---

June 12, 1984

Resources Development projections for 1983 income have been met, with the exception of the UNICEF grant, which we had hoped would be approved in 1983. Instead, this agreement was signed in 1984 and supports the core fund rather than a specific project.

Projected income for 1984 is \$ 7.2 million. Attached are three appendices which describe the Centre funding status : Appendix A summarizes the current status of 1984 donors' commitments, Appendix B reflects the dates donor disbursements are expected, and Appendix C presents the 1985 estimated donor funding for ICDDR,B.

As mentioned in the December 1983 Resources Development report, adequate financial information continues to be a problem. Resources Development requires certain financial data for planning and background information, for preparations of donor solicitations, and for proper donor relations and reporting. Increased financial detail is being required by long-term donors such as USAID and all UN Organizations, as well as by prospective donors for core and project support and for the Reserve Fund. The Centre has experienced severe cash flow difficulties resulting from nonacceptance of financial reports by donors who had committed funds. These donors required details which were not provided in an acceptable format. Resources Development suggests development of a proper system of financial recording, management, and reporting, and we look forward to increased coordination with Finance and Administration in order to meet the donor requirements.

## Appendix A

ICDDR, B 1984 DONORS: COMMITMENTS, ESTIMATES,  
AS OF MAY 31, 1984

Donor	Committed May '84	Estimated May '84	Total
<u>UNRESTRICTED</u>			
1. Australia/ADAB	176,000	-	176,000
2. Bangladesh	35,000	-	35,000
3. Japan	240,000	-	240,000
4. Saudi Arabia	100,000	-	100,000
5. Sweden/SAREC	108,000	-	108,000
6. Switzerland/SDC*	350,000	-	350,000
7. UK/ODA	176,000	-	176,000
8. UNICEF	250,000	-	250,000
9. USA/USAID	1,425,000	475,000	1,900,000
SUB-TOTAL	2,860,000	475,000	3,335,000

\*Swiss contribution for 1984 was received in December, 1983.

ICDDR,B 1984 DONORS: COMMITMENTS, ESTIMATES,  
AS OF MAY 31, 1984

(In US\$)

Donor	Committed May '84	Estimated May '84	Total
<u>RESTRICTED</u>			
1. Aga Khan Foundation	-	50,000	50,000
2. Arab Gulf Fund	200,000	-	200,000
3. Australia	30,000	-	30,000
4. Belgium	60,000	-	60,000
5. CIDA (DSS)	1,700,000	-	1,700,000
6. CIDA(tr/wkshop)	40,000	-	40,000
7. CIDA/WB (hand pumps)	89,000	-	89,000
8. Ford Foundation(Ep.Cont)	-	50,000	50,000
9. Ford Foundation(Op R/Tr)	50,000	-	50,000
10. France	40,000	-	40,000
11. FRG	110,000	-	110,000
12. GTZ	15,000	-	15,000
13. IDRC (DISC)	125,000	-	125,000
14. IDRC (VIDEO)	7,000	-	7,000
15. New Zealand	3,000	-	3,000
16. OPEC Fund(Project/Teknaf)	20,000	-	20,000
17. Pop Council/USAID	85,000	-	85,000
18. Princeton/JHU (Dem.)	21,000	-	21,000
19. Sasakawa Foundation	-	45,000	45,000
20. Saudi Arabia(Eastrn Prov.)	157,000	-	157,000
21. Sweden/SAREC	19,000	-	19,000
22. UNDP (Clinical Research)	225,000	-	225,000
23. UNDP(Water decade/UCVP)	56,000	-	56,000
24. UNDP(Regional Training)	30,000	-	30,000
25. UNFPA (MCH-PP)	66,000	-	66,000
26. UNICEF	278,000	-	278,000
27. UNICEF (Tanzania/Colombia)	55,000	-	55,000
28. UNICEF (W&S Publ)	15,000	-	15,000
29. USAID(Indonesia)	30,000	70,000	100,000
30. USAID(Dhaka MCH-PP)	265,000	100,000	365,000
SUB-TOTAL	3,791,000	315,000	4,106,000

## APPENDIX-B

## ICDDR,B DONORS 1984 : DISBURSEMENT TIMING

(In US \$)

Donor	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
<u>UNRESTRICTED</u>													
1. Australia/ADAB											176,000		176,000
2. Bangladesh											35,000		35,000
3. Japan						240,000							240,000
4. Saudi Arabia												100,000	100,000
5. Sweden/SAREC					108,000								108,000
6. Switzerland *													
7. UK/ODA								176,000					176,000
8. USA/USAID		475,000			475,000				475,000		475,000		1,900,000
9. UNICEF								250,000					250,000
SUB-TOTAL:		475,000			583,000	240,000		426,000	475,000		686,000	100,000	2,985,000

\* Swiss contribution for 1984 received in Dec 1983.

## ICDDR,B DONORS 1984: DISBURSEMENT TIMING

(In US \$)

Donor	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
<b>RESTRICTED</b>													
1. Arab Gulf Fund											200,000		200,000
2. Aga Khan Foundation									50,000				50,000
3. Australia												30,000	30,000
4. Belgium											60,000		60,000
5. CIDA (DSS)				453,000	580,000						667,000		1,700,000
6. CIDA(Tr/Wshop)										40,000			40,000
7. CIDA/WB(Handpump)						44,000						45,000	89,000
8. Ford Foundation (Ep Con)											50,000		50,000
9. Ford Fdn (Op Res/Tr)					30,000							20,000	50,000
10. France									20,000			20,000	40,000
11. GTZ						15,000							15,000
12. IDRC (DISC)											125,000		125,000
13. IDRC (VIDEO)	7,000												7,000
14. New Zealand					3,000								3,000
15. OPEC Fund												20,000	20,000
16. Pop Council/USAID											85,000		85,000
17. Princeton/JHU					12,000		7,000	2,000					21,000
18. Sasakawa Fdn											45,000		45,000
19. Saudi Arabia								157,000					157,000
20. Sweden/SAREC					19,000								19,000
21. UNDP/WHO (Cl.Res)							225,000						225,000
22. UNDP (DWSSD/UCVP)						30,000					26,000		56,000
23. UNDP/WHO (Reg Trg)						15,000					15,000		30,000
24. UNFPA (MCH-FP)				13,000			13,000		20,000			20,000	56,000
25. UNICEF								120,000				158,000	278,000
26. UNICEF(Tan/Col)							55,000						55,000
27. UNICEF (W&S Pub)				15,000									15,000
28. USAID/Indonesia			30,000									70,000	100,000
29. USAID/Dhaka			175,000			90,000				100,000			365,000
<b>SUB-TOTAL :</b>	<b>7,000</b>		<b>205,000</b>	<b>481,000</b>	<b>644,000</b>	<b>194,000</b>	<b>300,000</b>	<b>279,000</b>	<b>90,000</b>	<b>140,000</b>	<b>1,273,000</b>	<b>383,000</b>	<b>3,996,000</b>



ICDDR,B 1985 DONORS : COMMITMENTS, ESTIMATES

Donor	Committed	Estimated	Total
<u>UNRESTRICTED</u>			(In US \$)
1. Australia/ADAB		176,000	176,000
2. Bangladesh	35,000		35,000
3. Japan		280,000	280,000
4. Saudi Arabia	100,000		100,000
5. Sweden/SAREC	108,000		108,000
6. Switzerland/SDC	400,000		400,000
7. UK/ODA	175,000		175,000
8. UNICEF		250,000	250,000
9. USA/USAID		1,900,000	1,900,000
<b>SUB-TOTAL :</b>			
	818,000	2,606,000	3,424,000

ICDDR,B 1985 DONORS : COMMITMENTS, ESTIMATES

Donor	Committed	Estimated	Total
<u>RESTRICTED</u>			(In US \$)
1. Aga Khan Foundation		50,000	50,000
2. Arab Gulf Fund	300,000	300,000	600,000
3. Australia	60,000		60,000
4. Belgium		60,000	60,000
5. CIDA (DSS)	900,000		900,000
6. CIDA/WB (Handpumps)	100,000		100,000
7. CIDA-Ext Project		100,000	100,000
8. Ford Foundation (Epidemic)		200,000	200,000
9. Ford Foundation (NORP)	60,000		60,000
10. FRG/TCDC	180,000		180,000
11. IDRC (DISC)	30,000		30,000
12. OPEC Fund		50,000	50,000
13. Pop Council		100,000	100,000
14. Saudi Arabia Project		800,000	800,000
15. Sweden	20,000		20,000
16. UNDP (Clinical Research)	275,000		275,000
17. UNDP (UCVP)		100,000	100,000
18. UNFPA (MCH-FP)	65,000		65,000
19. UNICEF		200,000	200,000
20. USAID/Indonesia		100,000	100,000
21. USAID/Dhaka MCH-FP		500,000	500,000
22. Japan-TCDC		100,000	100,000
23. Italy-TCDC		100,000	100,000
<b>SUB-TOTAL :</b>	<b>1,990,000</b>	<b>2,760,000</b>	<b>4,750,000</b>

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY  
AGENCY FOR INTERNATIONAL DEVELOPMENT  
WASHINGTON, D C 20522

May 23, 1984

Dr. William Greenough  
Director  
International Center for Diarrheal  
Disease Research Bangladesh  
G. P. O. Box 128  
Dhaka, Bangladesh

Dear Dr. Greenough:

S&T/Health is proposing a new five year project to increase, redirect and better coordinate current A.I.D. support for research on the prevention and control of diarrheal diseases. The project contemplates new mechanisms for identifying priority areas for research and funding. Since the project will not be completed in time for ICDDR,B's June Board meeting, I am taking this opportunity to convey to you our preliminary planning. I hope you will discuss these issues with Board members at the meeting.

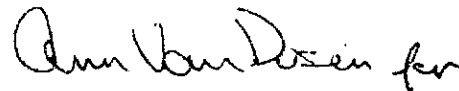
In this new project, S&T Health proposes an expanded Diarrheal Disease Research effort at various institutions -- including ICDDR,B -- focused on development and testing improved preventive and therapeutic technologies. Priority activities are field trials of promising new vaccines and epidemiological investigation of diarrheal disease. Our funding levels for ICDDR,B under this new project are not yet determined; however, we hope that whatever support we provide can be more clearly earmarked for specific research activities than in the past.

One mechanism that has been suggested for administration of the grant is to have ICDDR,B prepare for the 1985 funding year and each subsequent year an annual research program planning document which the Office of Health and its advisory committee would review. The research program would identify new projects or describe in some detail ongoing projects, provide protocols, timelines and staffing proposals, and describe how A.I.D. funding will be used in support of each project. A regular reporting procedure for projects would have to be developed.

Our grant agreement may also include certain other changes in current A.I.D. monitoring of ICDDR,B activities, the most significant of which is observer status for A.I.D. in ICDDR,B Board meetings.

We hope that you will discuss these issues with members of the Board and advise us of the results of your deliberations. The project paper development team is open to suggestions concerning both substantive and administrative components of the project and ICDDR,B's role. Our close cooperation will facilitate timely development of the new project.

Sincerely,

A handwritten signature in cursive script, appearing to read "George Curlin for".

George Curlin, M.D., M.P.H.  
Director  
Office of Health

6/BI/JUNE. 84

**FINANCE COMMITTEE REPORT**

15 June, 1984

FINAL

REPORT OF THE FINANCE COMMITTEE

The Committee met on the afternoon of 12th June, first with the external auditor, Mr S.K. Gupta of Deloitte, Haskins and Sells, and then with the Director, the Associate Director, Resources Development, and the Associate Director, Administration and Finance. Before discussing the issues and presenting our recommendations, the Committee wishes to express appreciation for the extensive information made available for our consideration and the full and ready responses of the management team to our questions.

AUDITORS REPORT

The auditor has written a letter to the Board, setting out a number of comments and recommendations based on the audit of the 1983 accounts. The Committee discussed the letter in detail first with the auditor and then with the management. The principal points, with the Committee's comments, are as follows:-

- 1) The auditor noted instances of substantial variation between budgeted amounts and actual expenditures. The principal example was expenditure for travel, which was budgeted at \$313,300 but actual expenditure was \$524,349. The auditor recommended that a proper system of budgetary control be introduced.

The Director agreed that the budgetary control system has been weak, especially for travel. When this was first noted, at the time of the Board Meeting last November, a travel "freeze" was introduced, permitting travel to be approved by programme heads only when project funds are available for travel purpose, and

requiring the Director's personal approval when the Centre's unrestricted funds are proposed to be used for travel. This is an interim measure, pending the completion and introduction of a new budget and financial control system which is under preparation. The Committee considers these actions are an appropriate response to the auditor's comment.

- 2) The auditor also noted instances in which in his judgement financial control needs to be tightened up.
  - a) Travelling expenses is one area, particularly the failure of some staff members to submit the necessary reports and vouchers with which to adjust travel advances. The auditor found a dozen or more instances in which travel advances have been outstanding for more than six months. The Director agreed that this is a problem. The Committee suggested that a strict policy be instituted requiring reports and vouchers to be submitted within 30 days after travel, and in cases of failures to account within three months, steps be taken to recover advances by deduction from salary payments.
  - b) The auditor found other instances in which financial controls need tightening in the area of equipment purchases and in other areas. The Director stated that controls have been progressively tightened but the situation would not be fully rectified until the new system of budget and financial control be introduced.
  - c) The auditor recommended:  
"at least quarterly review of financial control and an operational audit".  
The Committee was concerned lest so many audits and reviews be undertaken as to interfere with the efficient conduct of the Centre's business. The Director pointed out than an

"internal auditor" is one of the positions under secondment. The Committee considered that this would be a suitable response to the auditor's observation.

- 3) The auditor noted four points that he had raised for the Board's consideration last year that had not been settled.
- a) The Board of Trustees is required under Clause 18 of the Ordinance to approve a format for the maintenance of accounts, but this has not been done. The Director stated that action had been deferred pending the completion of a full financial manual which is still in preparation. The Committee suggested that the Board approve the present format of accounts as an interim measure, and review the case at a later date when the financial manual is completed. The Committee asked the Director to prepare an appropriate resolution for action by the Board at the present meeting.
  - b) The auditor states in his letter that by-laws as required by Clause 28 of the Ordinance have not been prepared. The Director noted that by-laws were prepared and approved by the Board sometime ago. The Associate Director, Administration and Finance was asked to consult the auditor to find out the basis for his comment, so the issue, if any, can be resolved.
  - c) The auditor noted that while an asset register has been prepared during the year, "valuation of the land donated by the Bangladesh Government has not been done as yet". The Director noted that title to the land has not been received from the Government and may not be for some time, as land title processes are slow. Furthermore, there seems to be no need for such a valuation since the land will revert to the Government in any event if the Centre is dissolved. The Committee recommends that the auditor be informed that



the Board deems it to be an unnecessary expense and effort to pursue the question of valuation of the land, since it will revert to the Government eventually and no useful purpose would be served by valuation in the meantime.

- d) The auditor states that the contingent liability in respect of taxation on expatriate salaries has not yet been settled. The Director suggested that this contingent liability is a remote one, and that it be treated as one kind of rare "catastrophe" for which, if it occurred, the Reserve Fund could be drawn upon. The Committee agreed to recommend this to the Board. If the Board concurs, the auditor should be informed that the contingent liability has been provided for.

#### RECEIPTS AND EXPENDITURES IN 1983

When the Board met at the end of November, 1983, the receipts and expenditures for the full year were expected to be roughly equal at \$5.4 million, and a year-end positive bank balance of about \$.3 million was anticipated. The year-end accounts show instead that expenditures totalled \$5.941 million, receipts \$5.375 million, for an operating deficit of \$.566 million. The bank balance was an overdraft of \$.439 million, roughly balanced by the Reserve Fund which then totalled \$.400 million.

The Committee discussed in detail with management the 1983 financial results and their meaning. Three points seem significant enough to be brought to the attention of the Board.

- 1) The increase of \$518,000 between the amount estimated for 1983 expenditures in late November and the year-end total was explained in a detailed statement (following page). This shows that the increase results in part from unpredictable changes such as (i) an

FINANCIAL REPORT

Review of 1983 Performance

At the November 1983 Board of Trustees Meeting the Centre was expected to end the fiscal year with an overall operating expenditure of \$5.4 million.

The Audited accounts for FY 1983 shows an operating expenditure total of \$5.9 million. The increase of \$0.5 million as reflected in the final accounts resulted from:-

a) Retro-active salary increases for 1983 for local GS and STM staff announced in January 1984 amounting to approximately	\$127,000
b) Extra-budgetary expenses incurred in the Saudi Project	\$150,000
c) Actual travel expenses for 1983 amounted to \$524,000 against reported in November 1983 of \$440,000, giving an additional increase in travel expenses of	\$ 84,000
d) Supplies and materials for 1983 totalled \$676,000 against projected in 1983 November of \$580,000, an increase of	\$ 96,000
e) Other contractual service costs also increased by	\$ 61,000
<u>TOTAL INCREASES</u>	<u>518,000</u>

unexpected decision by the UN to raise certain salaries retroactively, requiring the Centre to follow suit; and (ii) an increase in the costs of the project in Saudi Arabia not matched by receipt of funds from the Government of Saudi Arabia until early 1984. Part of the increase in costs, however, particularly the increase in travel costs, in the opinion of management was a reflection of

inadequate financial controls. The Committee agrees with this judgement, and considers that the completion and installation of an improved financial control system, which has been underway for some time, is a matter of considerable urgency.

- 2) Despite the less favourable outcome of 1983 financial operations than had been expected in November, the Committee notes that in many ways 1983 represented a substantially better year, in financial terms, than 1982. The total operating level was substantially higher, and while in large part this merely represented increases in salary levels and other prices, nevertheless the real volume of research and other activities was somewhat larger. Moreover, for the first time in several years the Centre was able to provide an allowance for depreciation (\$277,000), permitting replacements for some obsolete and worn-out equipment. These improvements were possible because of the generous advance of \$1.2 million by the Government of Bangladesh from UNROB funds. The Centre remains in a difficult financial position but these favourable aspects should not be overlooked.
  
- 3) The Committee was provided with a very helpful sheet (following page) that illustrates the great difficulty the Centre has in estimating when funds that have been pledged to it will actually be received. This sheet compares the expected dates of arrival of funds as they were anticipated when the Board met in November, with the actual dates of fund arrival in the following months. These figures underline the importance of the recommendations made by the Committee last December, that the Centre develop a systematic approach to estimating cash flow from commitments, on a rolling, forward 18-month basis, and that it prepare budgets and financial plans on the basis of such cash flow projections.

DONOR SUPPORT - PROJECTED VERSUS ACTUAL FOR BALANCE OF RECEIPTS FOR 1983

PROJECTED RECEIPTS

ACTUAL RECEIPTS CARRIED OVER FROM 1983 PROJECTIONS

\$ '000s	Expected by	Expected by	Total	Dec. 83	Jan.	Feb.	Mar.	Apr.	May	Total	Balance From 1983
	End Dec. 83	Early 1984	Carry Over							Received	Outstanding
ARAB GULF FUND	350		350	70					280	350	---
AUSTRALIA	163		163	163						163	---
BANGLADESH	35		35	35						35	---
SAUDI ARABIA	100		100				100			100	---
USAID	317		317	317						---	47
UNROB	47		47							---	47
SAREC		72	72						72	72	---
AGA KHAN FDN.	15		15	15						15	---
CIDA/WB (HAND PUMP PROJECT)	132		132	132						132	---
FORD FDN. (HDRP)		100	100			54				54	46
FRANCE	20	40	60	24						24	36
IDRC (DISC)	52		52			52				52	---
PRINCETON/JHU	9		9	5				4		9	---
POP. COUNCIL (OR)	25		25	25						25	---
SAUDI PROJECT	275		275				272			272	3
UNDP (REG TR)	50		50			50				50	---
UNFPA (DSS)	115		115	98	16					114	1
UNICEF (PROJECT)	302		302					156	110	266	36
UNICEF (CORE)		252	252							---	252
USAID (MCH-FP EXT)		282	282		44		175			219	63
USAID (JAKARTA)	13		13					11		11	2
USAID (NUTRITION)	3		3	3						3	---
<u>TOTAL FROM 1983</u>	<u>2023</u>	<u>746</u>	<u>2769</u>	<u>887</u>	<u>60</u>	<u>156</u>	<u>547</u>	<u>171</u>	<u>462</u>	<u>2283</u>	<u>486</u>

#### RECEIPTS AND EXPENDITURES IN 1984

Last December, the Director proposed a budget for 1984 of \$7.1 million. The Board approved a budget of \$6.2 million, a deliberately conservative figure, that allowed for the establishment of a reserve fund sufficient to repay the advance of UNROB funds should the Government of Bangladesh so require. Earlier this spring, the Director concluded that it would be appropriate to lift the budget level to \$6.8 million and is presenting this change to the Board for approval at the current meeting.

The principal reason for the change in the budget is the acceptance by the Centre of responsibility for the proposed three-cell cholera vaccine trial, on a timetable that has the preparatory work scheduled for 1984 and the trial itself starting at the beginning of 1985. Estimated costs of the preparatory work in 1984 are \$500,000 and estimated costs of the trial in 1985 are \$1,162,000. Additional funds will be sought, over and above funds previously committed or expected to the Centre, to finance the costs of the vaccine trial. Thus far, about \$200,000 has been pledged toward 1984 costs of the trial, \$50,000 from WHO and the rest from SAREC, and \$50,000 (from WHO) toward the 1985 costs.

The decision to go forward with the vaccine trial on this rapid timetable clearly places new and heavy burdens on the Centre's limited financial base. Income projections for 1984 suggest that the costs for the preparatory work for the trial in the current year could be met, with some constraints on other activities, and the Committee recommends approval of the new budget ceiling of \$6.8 million. Projections of income for 1985 are much less certain, and at present funds are not in sight to cover both the regular work of the Centre and the vaccine trial. The Committee believes, therefore, that the Board should discuss with the Director how the Centre may best proceed on a special fund-raising drive, and what contingency plans need to be made against the possibility that not all costs can be covered by specially-raised funds.

In addition, the Committee calls the Board's attention to the cash flow problem of the Centre. A table provided by the staff (following page) shows the cash flow picture over recent months. As the table indicates, at the end of April the Centre's overdraft stood at \$1,140,000. Since then a clustering of receipts have brought the overdraft at the end of May to \$324,000, but the fact of continuous overdrafts through the spring, with consequent high interest charges, is not a comfortable one.

Furthermore, looking ahead to the rest of the year raises similar concerns. Rough projections made by the Committee, using the schedule of donor receipts set forth in the Resources Development report, and assuming an expenditure rate of \$600,000 per month (approximately equivalent, considering expenditures in the year to date, to the proposed \$6.8 million budget), the bank overdraft would go back up to \$1 million in October before coming back to a positive balance at the year's end. And one must anticipate, if past performance is any guide, of delays in receiving funds compared to the schedule shown.

None of this argument is intended to predict disaster. It is simply presented to ensure that the Board is aware of the precarious cash flow position, and to emphasize the need for the Centre to plan carefully how to deal with it.

#### FORWARD BUDGET PROJECTIONS FOR 1984 TO 1986

The Committee has not had time to examine the forward budget projections in detail, and in any event this is a separate item on the agenda that will be discussed directly with the Board. In this report, we simply note a few issues that will need discussion.

CASH FLOW STATEMENT FOR 5 MONTHS

TO 31st MAY, 1984.

<u>In \$1000's</u>	<u>JAN</u>	<u>FEB</u>	<u>MAR</u>	<u>APR</u>	<u>MAY</u>	<u>TOTAL</u>
Opening Bank Balance	(358)	(738)	(699)	(699)	(1140)	(358)
Total Receipts	68	632	550	650	1444	3344
Total Cash Available	(290)	(106)	(149)	(49)	304	2986
<u>Cash Expenditure</u>						
Local & International Salaries	321	345	367	362	386	1781
Travel	6	24	30	31	70	161
Other Contractual Service	14	5	8	46	37	110
Supplies & Materials	7	119	45	158	100	429
Total Expenditure	348	493	450	597	593	2481
Advances	---	---	---	394	(65)	329
Amount to Reserve Fund	100	100	100	100	100	500
Total Cash Outlay	(448)	(593)	(550)	(1091)	(628)	(3310)
Closing Bank Balance	(738)	(699)	(699)	(1140)	(324)	(324)

Budget Review

Projected generating expenditure	1984	\$6,800,000
Less costs for vaccine trials		
Personnel	224,000	
Supplies	275,000	(499,000)
Projected operating costs (Net)		6,301,000

	<u>1984</u>	<u>1985</u>
Projected Costs	6,301	6,301
Salary increases	-	946
Other increases	-	144
Vaccine trials	499	1,162
New staff	-	600
	<u>\$ 6,800</u>	<u>\$ 9,153</u>

- 1) The first relates to cost increases. The documents put before the Committee show that the major cost increase is an assumed 25 percent per year increase in the cost of local staff, leading to increase of \$700,000 in the budget for 1985 over 1984 for this reason alone. This requires discussion of (a) the basis for estimating local cost increases, and (b) the basis for translating rising taka costs into dollar costs (the exchange rate).
- 2) The second issue relates to the staff build-up for the vaccine trial and whether the build-up should be maintained thereafter. Clearly a build-up is necessary in 1985 if the trial is to be conducted. What are the pros and cons of continuing it thereafter?



- 3) The third issue relates to the Centre's resources. In the Committee's judgement, the Resources Development effort of the Centre has been highly commendable and remarkably successful. Preliminary projections for 1985 show an estimated total of \$8.2 million, which is nearly \$1 million short of the proposed budget. The difference, of course, represents the cost of the vaccine trial, and the possibilities of raising funds for that, and for follow-on activities after 1985, clearly require Board discussion.

#### BUDGET FORMAT

At several points in the Finance Committee's meeting the subject of budget format was raised. At present, the Centre's budget combines projects with core operations in a single budget format. This results in much difficulty and sometimes confusion, which are growing as the number of projects increases. The Committee suggested, and the management team agreed, that a new budget format be developed, as soon as may be convenient, which would separate core and project funding. The Committee suggested that the Centre might wish to draw upon the experience of the international agricultural centers, which use a three-way budget division: "core", "restricted core", and "projects".

#### RESERVE FUND

A draft statement offering a possible rationale for asking donors for contributions to a Reserve Fund is attached (Attachment A). This bases the need for a Reserve Fund on three purposes:

- The Fund would be drawn on temporarily to meet cash flow delays, the amounts drawn to be limited to sums that have been firmly committed by donors, and the Fund therefore to be maintained at its original level. Advantage: avoiding the need for borrowing

from banks, and paying interest charges, to meet cash flow problems.

- The interest earned on the Fund would be used to support innovative program explorations, prior to the stage of developing special projects. Advantage: adds Centre's flexibility and power to self-direction.
- The Reserve Fund itself could be drawn on, by exceptional action approved by the Board, in the event of a major emergency such as the need suddenly to cut staff by half or more. Advantage: the Fund would be a source of financial support in an institutional emergency.

There are of course other possible rationales for a Reserve Fund, and the Board will want to discuss them, plus the question of amounts and of controls.

#### IMPROVED COST ACCOUNTING

A new cost accounting and financial control plan was put before the Committee. The new system, among other things, will provide much better information than is now available, and provide it much more promptly, on costs associated with particular projects and how those costs relate both to the initial project budget and to the overall costs of the Centre. The gains both for management control of the Centre and for reporting to donors will be very great. The Committee commends the management for this important work and hopes it can be put into effect very soon.

#### RESOLUTION CONCERNING OVERDRAFTS

An important Board resolution has been requested by the Centre's bankers which would strengthen, in their eyes, the collateral supporting the Centre's overdraft. The proposed resolution raises serious questions concerning the Ordinance which will need careful Board consideration.

CHEQUE-SIGNING AUTHORITY

At a recent meeting, in order to tighten financial control, the Board passed a resolution authorising three officers of the Centre to sign cheques of a scale that require two signatures: the Director, the Associate Director, Administration and Finance, and the Controller. In practice, this has turned out to be somewhat awkward, in view of the extensive travel required of two of these officers. The management requests that an additional signatory be added, and the Committee so recommends.

ATTACHMENT A

THE ICDDR,B RESERVE FUND

The ability of the Centre to carry out its research and training programme and to assist governments in developing their own capabilities and locally-applicable solutions depends on donor support, in the present and for the foreseeable future. The fundamental basis for financial planning for the Centre is to match its forward plans for research and other activities with sources of donor support, either in the form of general contributions to the work of the Centre or support for specific projects. The annual budget for the Centre is prepared and approved by the Board of Trustees to balance anticipated income and outlay.

No matter how carefully the annual budget is prepared, however, experience has demonstrated that the flow of funds from donors to the Centre during a year is highly uneven, and that in general there is a substantial lag between the time that a donor makes a firm commitment and the time that funds are actually received by the Centre. A few donors make prompt payments, but more, owing to their own patterns of financial control and disbursement, make delayed payments.

Such delays in receipt of funds pose serious financial problems for the Centre. The basic and applied research, training and dissemination undertaken by ICDDR,B require timely expenditures that enable the work to continue without pause. If funding from donors is delayed, either the work must slow down or money must be borrowed, at high rates of interest, to fill the gap until donor funds are received.

This is one major reason why an ICDDR,B Reserve Fund is needed: to provide a source of funds to permit the scientific work of the Centre to continue, pending the receipt of committed donor funds, without the necessity (and expense) of borrowing interim financing. It might be thought that a careful and prudent planning process, involving donors and the Centre, would permit the Centre's work to be scheduled in synchronization with the flow of donor funds. In practice, this has

not proven to be possible, partly because of the diversity and complexity of donor financial systems, partly because each year there are unexpected irregularities in the flow of funds of donors (e.g., changes in the timing of budget bills in legislatures), partly because some donors require that work be completed before reimbursement for costs is made. Consequently, there is no alternative to establishing a reserve fund if borrowing is to be avoided. Such a fund would be drawn upon only temporarily, as necessary to bridge the time between expenditures and receipts, but only to the extent that donors have made definite commitments to support the activities that are undertaken. Thus the Reserve Fund would be fully maintained through replenishment and not used up over time.

A second major reason for establishing an ICDDR,B Reserve Fund is to provide a source for flexible funds, or "seed money", for the Centre's scientists to use in exploring new lines of research or training. The source of such funds would be the interest earned on the current balances in the Reserve Fund (there would be no invasion of principal for these purposes). The need for such funds is urgent, in order to enable the scientific staff to pursue new ideas to the stage at which project funding could be requested, to bring pioneering scientific colleagues to the Centre for brief visits to introduce new ideas or methodologies, and in other ways to support the continuing, vigorous scanning of the research and training horizon to identify and pursue potentially interesting new departures.

These flexible, seed money funds would be made available to Centre scientists and departments on a competitive basis, and in relatively small amounts, with most being under \$25,000 and an upper limit of \$50,000. A selection committee of rotating membership, including scientists not on the Centre's staff, would make selections.

A third and final major reason for the establishment of an ICDDR,B Reserve Fund is to provide funds for one-time emergencies of major proportions, of which the principal example would be an unexpected need to reduce sharply the scale of the Centre (if, as a hypothetical example, a major donor suddenly decided to withdraw its support and no other replacement funds could be found). In that event, the Reserve Fund might be drawn upon, by special action of the Board of Trustees, for such unavoidable costs as close-out salary payments to employees who must be unexpectedly terminated.

These three objectives of a Reserve Fund, (1) to provide working capital when committed funds from donors are slow in arriving; (2) to provide flexible funds, from income on the Fund balance, for the exploration of new ideas and innovations; and (3) to provide funds for draw-down in the unexpected event of an emergency, can all be met simultaneously by a fund of \$5 million. This has accordingly been set as the initial fund-raising target for the Reserve Fund by the Centre's Board of Trustees. With respect to the need for working capital (objective #1), the experience of the Centre thus far suggests that gaps between expenditures and outlays during a year may reach \$1.5 million, and the amount may rise somewhat as the Centre's total budget becomes larger. With respect to the need for flexible funds for the exploration of new research and action ideas (objective #2), the annual income on a Reserve Fund of \$5 million (less the working capital that may be in use at any given point in the year) is not likely to be more than \$350,000, when account is taken of the need to retain some of the earnings each year to protect the Fund against inflation. Such an annual amount would support several initiatives in any one year and seems a reasonable sum to aim for initially. If these flexible funds turn out to be as valuable as expected, it may be desirable to seek a larger Reserve Fund for this purpose. Finally, with respect to the need for funds to meet a major emergency affecting the scale of the Centre (objective #3), it is not easy to measure

such a potential need; one calculation would derive from the annual personnel cost of the Centre (around \$4 million ?), and a large part of which might constitute a financial obligation if the Centre suddenly encountered emergency conditions.

For these reasons, the ICDDR,B Reserve Fund is seen as an important further step in institutional stabilization, by strengthening the financial base for the Centre's health and scientific activities. It will eliminate the need for short-term borrowing and thereby save unproductive interest costs; it will provide much needed seed money to support both research and program initiatives; and it will provide a solid reserve for unexpected emergencies.

7/BI/JUNE. 84

APPROVAL OF FY1983 AUDIT REPORT



7/BT/June 84

April 12, 1984.

The Board of Trustees,  
International Centre for Diarrhoeal  
Disease Research, Bangladesh,  
G.P.O. Box - 128,  
Dhaka - 2,  
BANGLADESH

Dear Sirs,

We have examined the financial statements of International Centre for Diarrhoeal Disease Research, Bangladesh for the year ended 31st December, 1983. We have also made a general review of the accounting procedures and related areas.

We set out in this letter number of comments and recommendations resulting from our examination of the above areas. Our comments relating to transaction audits and points of minor nature are not included in this report. A separate report incorporating instances of irregularities of minor nature has been forwarded to the Director, together with a copy of this report.

1. BUDGET AND BUDGETARY CONTROL

The budget for 1983 was prepared well in advance of the start of the year which was approved by the Board of Trustees. The budget was revised in November, 1983 giving the actual transactions upto October 1983 and taking November and December figures on the basis of estimate.

Instances of substantial variation from the budgeted amounts and actuals were noticed by us particularly in the area of travelling expenses, as against the budgeted amount of U.S. \$ 313,300, the actual expenses on travelling expenses was U.S. \$ 524,349.

The system of budget as is operating now are to be improved so that budget does not only reflect the recording of actual events but play an effective role for control purposes. A proper system of budgetary control should be introduced to utilise the budget as an instrument of control.

2. FINANCIAL CONTROL

2.1 Travelling Expenses

There is a laid down procedure for sanction of travelling expenses. The procedure has not been followed strictly in number of cases and in some cases the travelling expenses allowed were more than the normal allowable limit.

Travelling advances in some cases have not been adjusted in the accounts for want of appropriate evidence of expenses incurred resulting in keeping the travelling advance pending adjustment for long periods.

Travelling expenses should be strictly controlled according to the budgeted amount and in case of deviation of more than a certain percentage be brought to the notice of the Finance Committee.

2.2 Equipment Purchase

Appropriate control does not exist for purchase of equipments. Instances of equipments in transit have come to our notice where we were not able to ascertain the reason for undue delay in receipt of the equipments at the Centre. An 'Osborne Computer' purchased for intended use by the Centre costing £2,200 paid from the Centre's London Bank Account, could not be traced by us. The appropriate supporting document could not also be produced to us.

2.3 Financial Control - General

In many areas there are laid down procedures for incurring expenses and in some other areas procedures are yet to be developed. Financial and operational controls should be exercised strictly, so that the funds available to the Centre are used effectively to carry the objects for which the Centre has been established.

We suggest at least quarterly review of financial control and an operational audit so that irregularity can be minimised and appropriate timely remedial measures taken.

3. OUTSTANDING POINTS

Last year we raised some points for consideration of the Board. Some of the points have not been settled as yet.

3.1 Maintenance of Accounts

The Board of Trustees has entrusted the Finance Committee to comply with the requirements as per Clause 18 of the Ordinance to prepare the format for maintenance of accounts. Action has been initiated to comply with the requirements, but the set of formats as required by the Ordinance could not be finalised as yet.

3.2 Bye-Laws

As required by Clause 28, bye-laws are to be prepared for carrying out the provisions of the Ordinance. The Board of Trustees have entrusted the Personal Committee to draw the appropriate bye-laws. We were not provided with copies of bye-laws as yet and we understand that effective steps have not been initiated as yet to draw the bye-laws.

3.3 Fixed Asset

An asset register has been prepared during the year, valuation of some of the old items could not be ascertained. Valuation of the land donated by the Bangladesh Government has not been done as yet.

3.4 Taxation

The contingent liability in respect of taxation on ex-patriate salaries in respect of previous years have not been settled as yet.

We would like to take this opportunity to thank I.C.D.D.R.-B management and staff for the co-operation extended to us during the course of our audit.

Yours faithfully,  
for DELOITTE HASKINS & SELLS

  
(SALIL K. GUPTA)  
PARTNER

8/BI/JUNE. 84

PRESENTATION OF FY 1985 AND 1986 BUDGET

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

Budget Submission

Board of Trustees Meeting  
June 10-15, 1984

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INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

OPERATING BUDGET FOR 1985

(IN US DOLLARS)

Program Code	Program Title	Person year	Local Personnel Services	International Personnel Services	Travel and Transportation of UNICEF	Other Contractual Services	Supplies & Materials	Depreciation	1985: Total	1984 Budget
			31	32	41	42	43	44		
<u>Research Program (01 to 05)</u>										
01	Disease Transmission	54.1	197,360	364,400	4,400	13,720	70,500	28,960	679,340	486,020
02	Pathogenesis & Therapy	48.8	170,430	439,850	4,400	14,560	37,540	17,050	683,830	515,520
03	Host Defense	30.2	112,680	215,070	2,200	2,800	15,460	17,400	365,610	275,800
04	Nutrition	97.3	301,940	232,200	4,400	10,790	39,630	20,190	609,150	507,430
05	Community Services Research	438.8	1,113,480	1,027,390	87,540	51,670	90,000	112,070	2,482,150	1,684,130
	Sub-Total:	669.20	1,895,890	2,278,910	102,940	93,540	233,130	195,870	4,820,080	3,468,900
06	Research & Training Support Facility	242.1	816,280	99,810	-	43,710	304,070	61,240	1,325,110	1,036,210
07	Training, Extension & Communication	31.8	164,990	244,950	22,560 <sup>II/</sup>	23,090	37,210	17,130	509,990	377,930 <sup>III/</sup>
08	Maintenance & Logistics	107	328,200	42,070	5,500	9,800	175,240	48,180	608,990	488,400
09	Management	120	436,460	722,260	60,500	65,310	53,790	41,940	1,380,260	964,910
10	Resources Development	8	40,850	123,290	27,500	8,600	7,410	840	208,490	186,600
11	Mandatory Committee	-	5,000	45,000	110,000	1,950	6,750	-	168,700	152,910
12	Employees Benefit	9	44,840	-	-	8,060	20,550	6,240	79,690	56,950
13	Project Development	-	-	-	-	-	-	-	-	-
14	Staff Development	-	38,400	-	7,700	4,030	510	-	50,640	41,820
	<b>Total:</b>	<b>1187.10</b>	<b>3,778,910<sup>1/</sup></b>	<b>3,556,290</b>	<b>336,700</b>	<b>258,090</b>	<b>858,660</b>	<b>371,300</b>	<b>9,151,950</b>	<b>6,859,630</b>

<sup>1/</sup> Breakdown of personnel services costs are provided in Appendix I attached.

<sup>II/</sup> \$10,000 for computerization of Library Information Service.

<sup>III/</sup> Earmarked for Material Developer funded by UNICEF.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH1985 - PERSONNEL BUDGETDISEASE TRANSMISSION PROGRAMME (01)

	<u>Person year</u>	<u>1985 Budget</u>
<b>A. <u>International</u></b>		
Associate Director-Vacant	1	83,000
Epidemiologist - Dr. M.U.Khan	1	65,730
Microbiologist - Mr. M.I.Huq	1	65,410
Epidemiologist - Dr. Clemens	1	67,260
" - (Yugoslavia)	3	20,000
" - New (WUSC)	1	10,000
Microbiologist - New (P3/1)	1	53,000
Sub-Total:	6.3	364,400
<b>B. <u>Local</u></b>		
Assistant Scientist - Dr.S.Q.Akhtar	1	8,440
" " - Dr.N.S.Shahid	1	7,490
Research Trainee	2	5,730
Senior Secretary- Ms.S.Chowdhury	1	5,760
Junior Secretary- Mr. Bidhut	1	3,760
" " - Mrs.P.Mahmud	1	4,960
Budget & Admin.Officer	1	6,000
Epidemiologist - New X1/1	1	8,000
Microbiologist - New X1/1	1	8,000
Sub-Total:	10	58,140
<b>C. <u>Research &amp; Training Support Personnel (Attributed)</u></b>		
Dhaka Station 12.5%	7	23,740
Microbiology 25%	14.1	48,120
Bio-chemistry	1.9	6,390
Immunology	1.8	4,320
Statistics 10%	1	5,300
Animal Resources Branch 5%	1	2,010
Computer Information Services 10%	2.4	12,810
Community Studies 50%	8	27,380
Medical Illustration 15%	0.6	2,960
Overtime	-	6,190
Sub-Total C:	37.8	139,220
Total A to C:	54.1	561,760
Say		
Local	47.8	197,360
International	6.3	364,400

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGET

PATHOGENESIS & THERAPY PROGRAMME (02)

	<u>Person year</u>	<u>1985 Budget \$</u>
<u>A. International</u>		
Associate Director - Dr. Butler	1	100,000
Gastronologist - Dr. Molla	1	70,120
" - Dr. Speelman	1	85,550
Paediatrician - Dr. Bennish	1	56,370
Research Associate - Dr. Patte (French Govt.)	1	-
Research Associate - Dr. Patra	1	34,810
Pathologist - New P2/1	1	53,000
Head, Dhaka Hospital (Reclassified)		40,000
Nurse Trainer (Regularised) - Budgeted under RTSF		
Sub-Total:	<u>7</u>	<u>439,850</u>
<u>B. Local</u>		
Associate Scientist - Dr. R. Islam	1	
Assistant Scientist - Dr. Rabbani	1	8,110
" " - Dr. Asma	1	8,110
Research Trainee - Dr. Mahfuzul Haq	1	2,860
Sr. Secretary - Vacant	1	5,760
Junior Secretary - Vacant	1	4,860
Junior " Typist - Mr. Ramzan	1	3,440
Budget & Admin. Officer	1	6,000
New positions - X1/1	1	8,000
" - VI/1	1	6,000
Sub-Total:	<u>10</u>	<u>53,140</u>
<u>C. Research &amp; Training Support Personnel (Attributed)</u>		
Dhaka Station 13.75%	5.8	25,940
Microbiology 15%	9.4	31,260
Bio-chemistry 30%	4.7	19,180
Immunology 10%	.9	2,170
Statistics 10%	2.0	5,300
Animal Resources Branch 10%	2.0	4,010
Computer Information Services 10%	2.4	12,810
Community Studies 10%	2.0	5,500
Medical Illustration 15%	0.6	2,960
Overtime	-	1,430
Sub-Total:	<u>29.8</u>	<u>110,560</u>
Total A to C:	46.8	
D. Direct Project Personnel (local)	2	6,730
Total A to D:	48.8	
Local	41.8	170,430
International	7.0	439,850

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH1985 - PERSONNEL BUDGETHOST DEFENSE PROGRAMME (03)

	<u>Person year</u>	<u>1985 Budget \$</u>
<b>A. <u>International</u></b>		
Associate Director - Dr.I.Cizner	1	82,500
Clinical Research Physician - Dr.Struelens	1	28,200
Immunology - Dr. Sack	0.8	64,370
Head,Animal Resources Branch (Reclassified)	-	40,000
Sub-Total A:	<u>2.8</u>	<u>215,070</u>
<b>B. <u>Local</u></b>		
Associate Scientist- Dr.Mahmud	1	-
Associate Scientist- Dr.A,Ahmed	1	14,250
Res.Trainee - Mr.Z.Rahim/Repl.	1	2,060
Sr.Secretary-Mrs. Shamsuddin	1	4,780
Jr.Secretary/Typist - Vacant	1	3,440
Res.Officer - Mrs. Pashi	1	4,860
Sr.Attendant- Mr.A.Rob	1	1,870
Jr.Secretary-Vacant	1	3,760
Budget & Admin. Officer	1	6,000
Immunologist- New X1/1	1	8,000
To be designated -New VI/1	1	6,000
	<u>11</u>	<u>55,020</u>
<b>C. <u>Research &amp; Training Support Personnel (Attributed)</u></b>		
Dhaka Station 8.75%	6.3	21,600
Bio-chemistry 10%	1.9	6,400
Immunology 40%	2.6	8,670
Statistics 5%	1	2,640
Animal Resources Branch 15%	2	6,020
Computer Information Services 5%	1.2	6,400
Community Studies 5%	1	2,750
Medical Illustration 10%	0.4	1,980
Overtime	-	1,200
Sub-Total C:	<u>16.4</u>	<u>57,660</u>
Total A to C :	<u>30.2</u>	<u>327,750</u>
Local	27.4	112,680
International:	2.8	215,070

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH1985 - PERSONNEL BUDGETNUTRITION PROGRAMMES (04) : (C.)

	<u>Person year</u>	<u>1985 Budget \$</u>
<b>A. <u>International</u></b>		
Associate Director - Dr. Rahaman	1	83,970
Nutrition/Anthropologist - Dr. Najma	1	64,420
Biochemist - Vacant	1	42,070
Research Associate - Dr. Fitzroy Henry	1	41,740
Dr. Briend (OSTRAM) (1)	1	-
Sub-Total: A	<u>5</u>	<u>232,200</u>
<b>B. <u>Local</u></b>		
Associate Scientist - Dr. Ayesha	1	18,570
"    "    - Dr. A.N. Alam	1	14,250
Research Trainee - Vacant	1	2,860
Research Trainer - Dr. Abdal	1	2,860
Sr. Secretary - Mrs. O. Kabir	1	6,450
Jr. Secretary - Ms. F. Sultana	1	3,720
Jr. Secretary/Typist - Vacant	1	3,440
Nutritionist - (New) XI/1	1	8,000
To be designated (New) VI/1	1	6,000
Budget & Admin. Officer (New)	1	6,000
Sub-Total: B	<u>10</u>	<u>72,150</u>
<b>C. <u>Research &amp; Training Support Personnel</u> (Attributed)</b>		
Dhaka Station 8.75%	2.3	21,590
Teknaf Dysentery Station 60%	5.4	18,860
Biochemistry Branch 20%	2.8	12,790
Immunology Branch 20%	8	4,330
Statistics 10%	1	5,300
Animal Resources Branch 25%	3	10,030
Computer Information Services 10%	2.4	12,810
Medical Illustration 15%	0.6	2,960
Overtime	-	2,380
Sub-Total: C	<u>18.3</u>	<u>91,050</u>
<b>D. <u>Direct Project Personnel</u></b>		
Water Sanitation	28	70,300
Teknaf DSS	26	40,570
Health Addendum	4	10,760
Primary Health Care	1	2,380
Cultural - NIROG	5	14,730
Sub-Total: D	<u>64</u>	<u>138,740</u>
Total: A to D:	97.3	<u>534,140</u>
Local	92.3	301,940
International	5.0	232,200

## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGETCOMMUNITY SERVICES RESEARCH (05)

	<u>Person year</u>	<u>1985 Budget</u>
<b>A. <u>International</u></b>		
Associate Director - Vacant (Dr. Rowland)	1	100,000
Sr. Scientist - Dr. M. Hossain	1	75,000
Bio-Statistician - Dr. Bogdan	1	70,970
Demographer - Dr. Chowdhury	1	68,710
"    - Dr. Phillips	1	85,360
Anthropologist - Vacant	1	42,070
Research Associate - Ms. Zimicki	1	45,000
Operation Research - Dr. Koblinsky	1	64,810
Physician Trainer/Paediatrician - Dr. Stanton	1 1/	50,870
Physician MCH - Bhatia	1	56,540
International Research Associate (P3/1)	1	53,000
System Development WUSC/CIDA	1	10,000
Head, Matlab Station (P1/1) Reclassified	-	40,000
Chief of Computer Operation P4/1 - P5/1	1	90,000
System Development WUSC/CIDA	1	10,000
"    Programming    "	1	10,000
Health Economist    "	1	10,000
Health Educator    "	1	10,000
Demographer - Vacant	1	75,000
	18	967,330
<b>B. <u>Local</u></b>		
Associate Scientist - Dr. KMA Aziz	1	18,570
Assistant Scientist - M. Rahman	1	9,850
"    "    Mr. S. Islam	1	9,190
Research Associate - Mr. A.U. Bhuiya	1	6,250
Research Trainee - Vacant	1	2,860
Sr. Secretary - (Exec. Secy. - Ms. Saldahna)	1	15,760
Jr. Secretary - Mr. Jatin (Sr. Secretary)	1	5,770
Jr. Secretary - Mr. Sentu (Sr. Secretary)	1	5,170
Demographer - X1/1	1	8,000
To be designated - VI/1	1	6,000
Budget & Admin. Officer - VI/1	1	6,000
	11	93,420
<b>C. <u>Research &amp; Training Support Personnel</u></b>		
<b>(Attributed)</b>		
Matlab Field Station 81.67%	204	419,900
Statistics 50%	8	26,490
Computer Information Services 50%(19,120-I)	12	64,050
Medical Illustration 20%	0.8	3,950
Overtime	-	5,350
Sub-Total: C	224.8	519,740
Total: A to C:	253.8	1,580,490

1/ For Urban Volunteers Programme

(Contd)

COMMUNITY SERVICES RESEARCH (05)

	<u>Person year</u>	<u>1985 Budget</u>
B/F	253.8	1,580,490
<u>D. Direct Project Personnel</u>		
DSS - Matlab (050301)		
Local	3	4,020
CHSP- Matlab (052402)		
Local	2	7,940
CHSP- Dhaka		
International	-	-
Local	36	152,270
CHSP- Munshiganj		
Local	9	17,190
CHSP- Sirajganj		
International	-	-
Local	40	74,290
CHSP- Noapara		
International	-	-
Local	38	70,600
PC/USAID		
International - D.Leon	1	60,060
Local	3	17,620
Urban		
International	-	-
Local	4	13,100
Stipend		25,340
Handpump		
International	-	-
Local	34	76,870
WHO ORS		
Local	16	41,080
Sub-Total D:	<u>186</u>	<u>560,380</u>
Total A to D:	439.8	2,140,870
Local	420.3	1,113,480
International	19.5	<u>1,027,390</u>

## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

## 1985 - PERSONNEL BUDGET

RESEARCH & TRAINING SUPPORT FACILITIES (06)  
(After Attribution to Programmes)

	<u>Person year</u>	<u>1985 Budget</u>
<u>Dhaka Station</u>		
Hospital Physician 50%	6	37,560
Clinical Research Centre-General-Dhaka 100%		
- Other	2	46,600 <sup>1/</sup>
- Local	53	156,910
Dia. Research Treatment Centre 100%	39	109,760
Pathology 20%	1.8	5,210
X-Ray 40%	1	3,140
Pharmacy 30%	1	4,250
Clinical Res. Centre - Study 10%	.8	2,200
Traveller's Clinic 100%	1	7,500 <sup>2/</sup>
- Other	1	2,630
- Local	1	2,630
	<u>106.6</u>	<u>375,760</u>
Other		
<u>Matlab Station</u>		
Health Service 25%	53	107,260
Matlab Administration 20%	5	11,220
Transport Maintenance 10%	2	5,910
	<u>60</u>	<u>124,390</u>
<u>Teknaf Station 40%</u>	3.6	12,570
<u>Microbiology 50%</u>	19.5	72,030
<u>I.V. Fluid 70%</u>	7	16,720
<u>Biochemistry 30%</u>	3.7	19,180
<u>Immunology 10%</u>	.9	2,180
<u>Biometric &amp; Data Management 15%</u>	2	7,950
<u>Medical Record 100%</u>	1	3,690
<u>Animal Resources 45%</u>	6	18,050
<u>Computer Information Services 15%</u> 10,130(I)	3.6	19,220
<u>Community Studies 35%</u>	6	19,250
<u>Library Services 100%</u> \$38,245 (I)	6	75,830
<u>Publication 100%</u>	4	25,950
<u>Medical Illustration 5%</u>	0.2	990
<u>Overtime</u>	-	38,330
	<u>63.5</u>	<u>331,940</u>
New positions 6 at XI/1 and 6 at VI/1 for 24 areas under Research & Training Support Facilities.	12.0	84,000
	<u>242.1</u>	<u>916,090</u>
1/For Nurses' Trainer. Local :	237.9	816,280
2/Nurse Traveller's Clinic International :	4.2	99,810



## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGETTRAINING EXTENSION AND COMMUNICATION (07)

	<u>Person year</u>	<u>1985 Budget</u>
<u>A. International</u>		
Associate Director - Dr.K.M.S.Aziz	1	78,030
Conference Secretary - Ms.Terresa	1	16,060
Trg. Mat.Developer - (UNICEF)	1	75,000
Material Developer - (WUSC)	1	10,000
	<u>4</u>	<u>179,090</u>
<u>B. Local</u>		
Associate Scientist - Dr. ASM Mizanur Rahman(Saudi) - Replacement	1	14,580
Training Coordinator- Dr.L.Akbar/Dr.R.Islam	1	9,300
Sr. Secretary ) Jr. Secretary ) budgeted under Trg. Jr. Secretary/Typist) Dept. Budget & Admin.Officer VI/1	-	6,000
	<u>2</u>	<u>29,880</u>
	<u>0.8</u>	<u>3,950</u>
<u>C. Research &amp; Training Support Personnel (Attributed)</u>		
<u>D. Training Department Personnel</u>		
Local	14	67,210
<u>E. DISC</u>		
International Consultant - Ms.N.Novak	1	44,000
Local	8	44,460
	<u>9</u>	<u>88,460</u>
<u>F. Research Trainee</u> (Budgeted under DT-2, PT-1, HD-1, Nutr.-2)		
<u>G. Fellowship (International)</u>		
1. Dr. Patra - (PT)	34,810	-
2. Dr. Henry -(Nutr.)	41,740	-
3. Ms. E.Carniel-(Trg.)	4,750	4,750
	<u>81,300</u>	
<u>H. NORP - Ford Foundation</u>		
Ms. M.Currey	1	17,110
Dr. M.Haq & other	1	19,490
	<u>2</u>	<u>36,600</u>
	<u>Total: 31.8</u>	<u>409,940</u>
Local	26.8	164,990
International	5	<u>244,950</u>

## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGETMAINTENANCE & LOGISTICS (08)

	<u>Person year</u>	<u>1985 Budget</u>
<u>A. SUPPLY (08 01 00)</u>		
<u>International</u>		
Supply Officer	1	42,070
Local - Office	14	62,900
- Store	3	2,370
	<u>18</u>	<u>107,340</u>
<u>B. TRANSPORT (08 02 00)</u>		
Local	43	111,190
<u>C. MAINTENANCE (08 03 00)</u>		
Local - Maintenance Branch	31	90,810
- Bio-Engineer	4	24,140
- Trans. Maint.	11	36,520
	<u>46</u>	<u>151,470</u>
Total:	<u>107</u>	<u>370,270</u>
Local	106	328,200
International	1	<u>42,070</u>

## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGETMANAGEMENT (09)

	<u>Person year</u>	<u>1985 Budget</u>
<u>A. DIRECTOR'S OFFICE (09 01 01)</u>		
<u>International</u>		
Director - Dr. Greenough	1	130,900
Associate Director - Scientific Support	1	110,000
Other - Executive Secretary - Ms. Chowdhury Executive Assistant to Director (Reclassified)	1	40,000
Internal Auditor	1	50,000
	<u>4</u>	<u>330,900</u>
<u>Local</u>		
Officer Grade I - Mr. Mohiuddin	1	6,550
New Extended position - vacant	5	39,430
	<u>6</u>	<u>45,980</u>

B. CONSULTANTS (09 01 02)

1. Ms. Novak - Budgeted under DISC	) ) ) ) )	150,000
2. Ms. Charlene Dale		
3. Ms. Issabella Vester - Budgeted under Traveller's Clinic		
4. Ms. Teresa Derozhinsky - Budgeted under Training		
5. Epidemiologist & other		

D. RRC (09 01 05)

1,000

D. ERC (09 01 06)

4,000

531,880

<u>Others</u>	<u>Amount</u>	<u>Budget Area</u>
1. Dr. Bhatia	56,540	CSR/Core
2. Ms. Charlene Dale	-	RD & TEC/Core
3. Ms. Elizabeth Carniel	4,750	TEC/AC Fund
4. Ms. Wendy Hossain	40,000	Hospital/Core
5. Ms. Wendy French		" "
6. Ms. I. Vester	6,600	Traveller's Clinic/Belgium/Core
7. Ms. M. Currey	17,110	TEC/NORP
8. Dr. Mustaqul Huq	7,750	TEC/NORP
9. Dr. R. Islam	5,000	TEC/Core
10. Mr. D. Leon	60,060	CSR/POP Council (\$12,000)+Core
11. Dr. M. Hossain	75,000	CSR/CIDA
12. Dr. Latif	23,000	DT/Saudi
13. Dr. Maynul Islam		PT/Core
14. Dr. K.A. Monsur		DT/Saudi

MANAGEMENT (09) - contd.

	<u>Person year</u>	<u>1985 Budget</u>
B/F	8	\$531,880
<u>F. ASSOCIATE DIRECTOR A&amp;F (09 02 01)</u>		
<u>International</u>		
ADAF - Mr. M.F.L.Goon	1	109,830
Recruitment	-	-
ASO - Vacant	1	53,000
		<u>162,830</u>
Local	1	6,000
	<u>3</u>	<u>168,830</u>
<u>G. P&amp;GS BRANCH (09 02 01)</u>		
<u>International</u>		
Chief Personnel Officer - Ms.Conway	1	66,460
Sr. Secretary	1	6,000
Local Support Personnel	60	152,190
	<u>62</u>	<u>224,650</u>
<u>H. TRAVEL (09 02 03)</u>		
Local	3	17,510
<u>I. ESTATE OFFICE (09 02 04)</u>		
Local	15	42,450
<u>J. CONTROLLER'S OFFICE (09 05 01)</u>		
<u>International</u>		
Budget & Finance Officer	1	42,070
Local	26	126,450
	<u>27</u>	<u>168,520</u>
<u>K. PHYSICAL PLANT OFFICE (09 06 01)</u>		
Admin. Officer - Vacant	-	-
Local	1	4,880
	<u>121</u>	<u>1,158,720</u>
Local	112	436,460
International	9	722,260 (Includes \$120,000 for consultancy)

## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGETRESOURCES DEVELOPMENT (10)

	<u>Person year</u>	<u>1985 Budget</u>
<u>International</u>		
Associate Director Resources Development - Mr.M.R.Bashir	1	94,190
Development Officer - Ms. S.Smith	1	29,100
	<u>2</u>	<u>123,290</u>
<u>Local</u>		
Programme Officer - Mr. I.Ali ) Coordinator (Donor Report) -Vacant ) Sr. Secretary - Vacant ) Jr. Secretary - Mr. Hanif )	4	27,440
P.R.I.O. - Mr. Azad ) Sr. Secretary - Vacant )	2	13,410
	<u>6</u>	
Total:	<u>8</u>	<u>164,140</u>
Local :	6	40,850
International :	2	<u>123,290</u>

## INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - PERSONNEL BUDGETMANDATORY COMMITTEE (11)

<u>International</u>	<u>1985 Budget</u>
1. Honorarium to members of Board of Trustees	42,000
2. Consultative Group, External Scientific Review	3,000
	<u>45,000</u>
 <u>Local</u>	
3. PCC (Institutional Support) Honorarium to members of PCC	5,000
	<u>50,000</u>
Local	5,000
International	45,000

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 PERSONNEL BUDGET

EMPLOYEE BENEFIT (12)

	<u>Person year</u>	<u>1985 Budget</u>
A. <u>Staff Clinic</u>		
Local	7	35,790
B. <u>SWA</u>		
Local	2	9,050
	<u>9</u>	<u>44,840</u>





INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

SUMMARY OF PROPOSED POSITIONS (INTERNATIONAL) 1985

(IN US DOLLAR)

Position	Level	New	A m o u n t		WOSC/CTDA	UNICRF
			Nonclassi- fication	Regulars- sation		
<u>01 Disease Transmission</u>						
1. Epidemiology	-	-	-	-	10,000	-
2. Microbiology	P3/1	53,000	-	-	-	-
<u>02 Pathogenesis &amp; Therapy</u>						
1. Head, Dhaka Station	P1/1	-	40,000	-	-	-
2. Nurse Trainer	P1/1	-	40,000	-	-	-
3. Pathologist	P2/1	53,000	-	-	-	-
<u>03 Host Defense</u>						
Nil						
<u>04 Nutrition</u>						
1. Head, Animal Resources	P1/1	-	40,000	-	-	-
<u>05 Community Services Research</u>						
1. Senior Scientists	P5/1	100,000	-	-	-	-
2. International Research Associate	P3/1	53,000	-	-	-	-
3. System Developer	-	-	-	-	10,000	-
4. Head, Matlab Station	P1/1	-	40,000	-	-	-
5. Chief of Computer	P4/1- P5/1	90,000	-	-	-	-
6. System Developer	-	-	-	-	10,000	-
7. System Programmer	-	-	-	-	10,000	-
8. Health Economist	-	-	-	-	10,000	-
9. Health	-	-	-	-	10,000	-
10. Demographer	-	75,000	-	-	-	-
<u>07 Training</u>						
1. Material Development	P4-P5	-	-	-	-	75,000
2. Training Material Dev.	-	-	-	-	10,000	-
<u>08 Maintenance &amp; Logistics</u>						
Nil						
<u>09 Administration &amp; Finance</u>						
1. Internal Auditor	P1/1- P2/1	50,000	-	-	-	-
2. Associate Director	P5/1- P6/1	110,000	-	-	-	-
3. Executive Assistant to	P1/1	-	40,000	-	-	-
<b>Total:</b>		<b>\$ 584,000</b>	<b>200,000</b>	<b>-</b>	<b>70,000</b>	<b>75,000</b>
<b>Budget in 1984:</b>			<b>70,600</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Net increase</b>		<b>\$ 584,000</b>	<b>129,400</b>	<b>-</b>	<b>70,000</b>	<b>75,000</b>

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

1985 - BUDGET

STATEMENT OF INCREASE IN 1985 BUDGET OVER 1984 BUDGET

(IN US DOLLAR)

	<u>Amount</u>	<u>1984 Budget</u>	<u>% Increase</u>	<u>Sub Total</u>	<u>New</u>	<u>Total</u>
31 Personnel (Local)		2,858,850	714,710	3,573,560	197,350	3,770,910
32 " (International)		2,319,550	231,960	2,551,510	1,004,780	3,556,290
41 Travel		297,000	29,700	326,700	10,000	336,700
42 Other Contractual Services		234,630	23,460	258,090	-	258,090
43 Supplies & Materials		778,300	77,830	856,130	2,530	858,660
44 Depreciation		371,300	-	371,300	-	371,300
Total:		<u>6,859,630</u>	<u>1,077,660</u>	<u>7,937,290</u>	<u>1,214,660</u>	<u>9,151,950</u>
		=====	=====	=====	=====	=====

Local personnel cost increase 25%

International personnel & other cost increase 10%



Job Title/ Position	Person	Level/ Step	Approved/ Filled	Position Vacant	Others	Forecast of New Positions	Total Cost 1985	M A N P O W E R D I S T R I B U T I O N															
								DT	PM	RD	N	CSR	RTSP	T	DO	AAF	RD						
<b>06 RESEARCH &amp; TRAINING</b>																							
<b>SUPPORT FACILITIES</b>																							
Chief-Computer Operation(CSR)		P4/1					90.0					90.0											
Computer Analyst							-																
Computer Manager		P1/1					42.1						42.1										
Head, Hospital		P1/1					40.0		40.0														
Nurse-Trainer		P1/1					40.0						40.0										
Librarian		P1/1					42.1						42.1										
Associate Scientist-Matlab(CSR)		P1/1					40.0					40.0											
Associate Scien- tist - Dhaka	D. Leon						60.1					60.1											
Assoc. Scientist-Biochem.																							
Assoc. Scientist-Microb.																							
Assoc. Scientist-ARB(HD)		P1/1					40.0		40.0														
System Developer	WUSC						10.0						10.0										
System Developer	WUSC						10.0						10.0										
System Programmer							10.0						10.0										
<b>07 TRAINING PROGRAM</b>																							
Associate Director	Aziz	P5/10					78.0														78.0		
Executive Secretary	Teresa						16.1														16.1		
Training Materials Dev.	UNICEF						75.0														75.0		
Material Developer	WUSC						10.0														10.0		
Research Fellows							4.8														4.8		
Project Director-NORP	Curry	P3/5					17.1														17.1		
<b>08-09 ADMINISTRATION &amp; FINANCE</b>																							
Director	Greenough						130.9														130.9		
Assec. Director Sc. Support		P5/1					110.0														110.0		
Executive Secretary Asst.	Chowdhury						40.0														40.0		
Internal Auditor		P2/1					50.0														50.0		
Program Coordinator	Koblineky						-														-		
Communications Specialist	Novak						44.0							44.0									
Associate Director, AP	Goon	D1/7					109.8														109.8		
Admin. Services Officer							53.0														53.0		
Personnel Officer	Conway	P3/6					66.5														66.5		
Controller/B&F Officer							42.1														42.1		
Supply Officer							42.1														42.1		
<b>10 RESOURCES DEVELOPMENT</b>																							
Associate Director	Eashir	P5/10					94.2														94.2		
Development Officer	Smith	P1/4					29.1														29.1		
Total Cost (1985)							3,431.7	366.4	439.9	215.1	232.2	1,043.2	724.2	245.0	330.9	313.5					123.3		
Total Number (1985)							64	7	7	4	4	21	3	7	4	5					2		
Total Cost (1984)							2,229.1	236.2	316.4	159.2	211.1	510.4	84.4	232.9	136.3	230.1					112.1		
Total Number (1984)							47.2	3.6	6	2.8	5	10.3	4.5	6	2	5					2		

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

PROPOSED OPERATING BUDGET 1986

(IN US DOLLAR)

Program Code	Program Title	Person year	Personnel	Services	Travel & Transportation	Other contrac-tual services	Supplies & materials	Depreciation	1986 Total	1985 Budget	1984 Budget
			Local	Intl.	41	42	43	44			
01	Disease Transmission	54.1	246,700	400,800	5,000	15,100	77,600	31,900	777,300	679,340	486,020
02	Pathogenesis & Therapy	48.8	213,000	483,800	5,000	16,000	41,300	18,800	777,900	683,830	515,520
03	Host Defense	30.2	140,900	236,600	12,500	3,100	17,000	19,100	429,200	365,610	275,800
04	Nutrition	97.3	377,400	255,400	5,000	11,900	43,600	22,200	715,500	609,150	507,430
05	Community Services Research	436.8	1,391,900	1,130,100	96,300	56,800	99,000	123,300	2,897,400	2,482,150	1,684,130
		669.2	2,369,900	2,506,700	123,800	102,900	278,500	215,300	5,597,100	4,820,080	3,488,900
06	Research & Training Support facilities	242.1	1,020,400	109,800	5,000	48,100	334,500	67,400	1,585,200	1,325,110	1,036,210
07	Training, Extension & Communication Program	31.8	188,700	269,400	30,000	25,400	40,900	18,900	573,300	609,090	377,930 85,000
08	Maintenance & Logistics	107	410,300	46,300	6,000	10,800	192,800	53,000	719,200	608,990	488,400
09	Management	120	545,600	794,500	70,000	71,800	59,200	46,100	1,587,200	1,380,260	964,910
10	Resources Development	8	51,100	135,600	35,000	9,500	8,200	900	240,300	208,490	186,600
11	Mandatory Committee	-	6,300	49,500	130,000	2,100	7,400	-	195,300	168,700	152,910
12	Employees Benefit	9	56,100	-	-	8,900	22,600	6,900	94,500	79,690	56,950
13	Project Development	-	-	-	-	-	-	-	-	-	-
14	Staff Development	-	48,000	-	10,000	4,400	600	-	63,000	50,640	41,820
	1986 Total:	1187.1	4,696,400	3,911,800	409,800	283,900	944,700	408,500	10,655,100	9,151,950	6,859,630
	1985 Total	1187.1	3,770,910	3,556,290	336,700	258,090	858,660	371,300	-	9,151,950	-
	1984 Total	1126.2	2,858,850	2,319,550	297,000	234,630	778,300	371,300	-	-	6,859,630



Job Title/ Position	Person	Level/ Step	Approved Filled	Position Vacant	Other	Forecast of New Positions	Total Cost 1986	M A N P O W E R D I S T R I B U T I O N													
								DT	P&T	RD	N	CSR	RTSP	T	DO	A&P	RD				
<b>06 RESEARCH &amp; TRAINING</b>																					
<b>SUPPORT FACILITIES</b>																					
Chief Computer Operation		P4/1					99.0														
Computer Analyst		P1/1					46.3														
Computer Manager		P1/1					44.0														
Head, Hospital		P1/1					44.0		44.0												
Nurse-Trainer		P1/1					46.3														
Librarian		P1/1					44.0														
Associate Scientist-Matlab		P1/1					44.0														
Associate Scientist - Dhaka	D. Leon						66.1														
Assoc. Scientist-Biochem.							44.0														
Assoc. Scientist-Microb.							44.0														
Assoc. Scientist-ARB	(HD)	P1/1					11.0														
System Developer	WUSC						11.0														
System Developer	WUSC						11.0														
System Programmer							11.0														
<b>07 TRAINING PROGRAM</b>																					
Associate Director	Aziz	P5/10					85.8														
Executive Secretary	Teresa						17.7														
Training Materials Dev.	UNICEF						82.5														
Material Developer	WUSC						11.0														
Research Fellows							5.3														
Project Director-NOEP	Curry	P3/5					18.8														
<b>08-09 ADMINISTRATION &amp; FINANCE</b>																					
Director	Greenough						144.0														
Assoc. Director Sc. Support		P5/1					121.0														
Executive Secretary Asst.	Chowdhury						44.0														
Internal Auditor		P2/1					55.0														
Program Coordinator	Koblinsky						-														
Communications Specialist	Novak						48.4														
Associate Director, AF	Goon	D1/7					120.8														
Admin. Services Officer							58.3														
Personnel Officer	Conway	P3/6					73.2														
Controller/B&F Officer							46.3														
Supply Officer							46.3														
<b>10 RESOURCES DEVELOPMENT</b>																					
Associate Director	Bashir	P5/10					103.6														
Development Officer	Smith	P1/4					32.0														
Total Cost (1986)							3,774.9	400.8	483.9	236.6	255.4	1,147.6	136.6	269.5	364.0	344.9	135.6				
Total Number (1986)							64	7	7	4	4	21	3	7	4	5	2				
Total Cost (1985)							3,431.7	364.4	439.9	215.1	232.2	1,043.2	124.2	245.0	330.9	313.5	123.3				
Total Number (1985)							64	7	7	4	4	21	3	7	4	5	2				

10/BI/JUNE. 84

REPORT OF THE PERSONNEL AND SELECTION COMMITTEE.



11 June, 1984

10/BT/June 84

REPORT OF THE PERSONNEL & SELECTION COMMITTEE

The Personnel and Selection Committee of the Board has met on two occasions since the last full Board meeting. Once in Geneva, Switzerland in Dr F. Assaad's office at WHO on April 24, 1984 and once at ICDDR,B in the Director's Conference Room on June 11, 1984. All members were present in the Geneva meeting. Dr F. Assaad was absent in the Dhaka meeting. Both meetings were chaired by Dr M.A. Matin.

Several important matters of policy were taken up and thoroughly reviewed.

- Length of continuous employment of International Level Staff.

The Centre's Charter enunciates a principle which restricts members of the Board of Trustees and the Director of the Centre to a total period of continuous service of 6 years insures that fresh ideas and expertise will be injected into the Centre's governing body and management on a regular and recurring basis. The discussions of the Personnel and Selection Committee have endorsed this principle and felt it should be applied to all international level positions. Accordingly, the following resolution is suggested to implement this policy:

Resolution

"Staff at the International level would ordinarily serve for a period of not more than six years. For those wishing to be considered for reappointment of their contracts after six years, they should give in writing to the Director a request to be considered for such reappointment. The position must be advertised internationally. The Board will carry out a thorough

review of all applicants and select the best candidate. If the selection cannot be made final in time, with approval from the Board, the Director may be authorized to give a one year extension before the expiry of the existing contract."

- National Officer Versus STM Scales

The payscales for the Centre above the General Services scales and below the International scales currently designated Science, Training and Management scales are not consistent with the UN scales in Bangladesh which are called "National Officer Scales". It was agreed that all incumbents should be fitted to the UN National Officer scales without loss to them and that all new recruitment should be done according to the UN scales. A resolution is suggested as follows:

Resolution

"All staff currently ranked according to the existing Science, Training and Management scales shall be fitted into the appropriate level and step of the National Officer Scale of UN bodies in Bangladesh. All new recruitment shall be according to the UN local scales. No employee shall have his salary or benefits reduced by the fitting process. This policy shall be implemented from January 1, 1985."

- New International Level positions

The following new International Level positions are recommended to be established in the 1985 budget:

1. Pathologist (P1) : With a full autopsy service and studies employing biopsies and the probable addition of an electron microscope the full time services of a pathologist are required.

2. Chief Animal Resources (Pl) : The Centre is a prime national and regional resource for breeding, maintenance and research on experimental animals. The level of responsibility required to supervise and operate this facility is clearly at the international level.
3. Head Matab Station (Pl) : The person responsible for the on site supervision and operation of the Centre's largest field area has more than 300 employees and projects of several millions U.S. dollars. The responsibility is clearly international level.
4. Head Dhaka Hospital (Pl) : The person who is responsible overall for the research support service and training in a hospital which sees more than 60,000 patients a year, carries on international level tasks.
5. Nurse Trainer-Matron (Pl). : This position is responsible for the overall supervision, training and quality of non-physician hospital services. A high level of technical competence and managerial ability is required. The standards to be met are those of an international institution.
6. Internal Auditor (Pl-P3) : The budget of the Centre is now in the order of 7 million US dollars a year. The most effective use of this money is

necessary as the tasks are enormous. A concurrent audit capacity should save wastage of previous funds.

7. Executive Assistant : The Director's Office requires careful to the Director (P1) sorting and carrying out of a wide variety of tasks. This position is vital to this end. This position also serves the Board in following up on all recommendations and maintaining necessary communications with Board members.

8. Infectious Disease : The research of the Centre is principally Research Physician on infectious diseases. A clinical (P3) investigator with full training in this area is an important priority.

9. Computer Information Systems Manager (P4-P5)

10. Systems Development Manager (P1-P5)

11. Technical Services Manager (P1-P3)

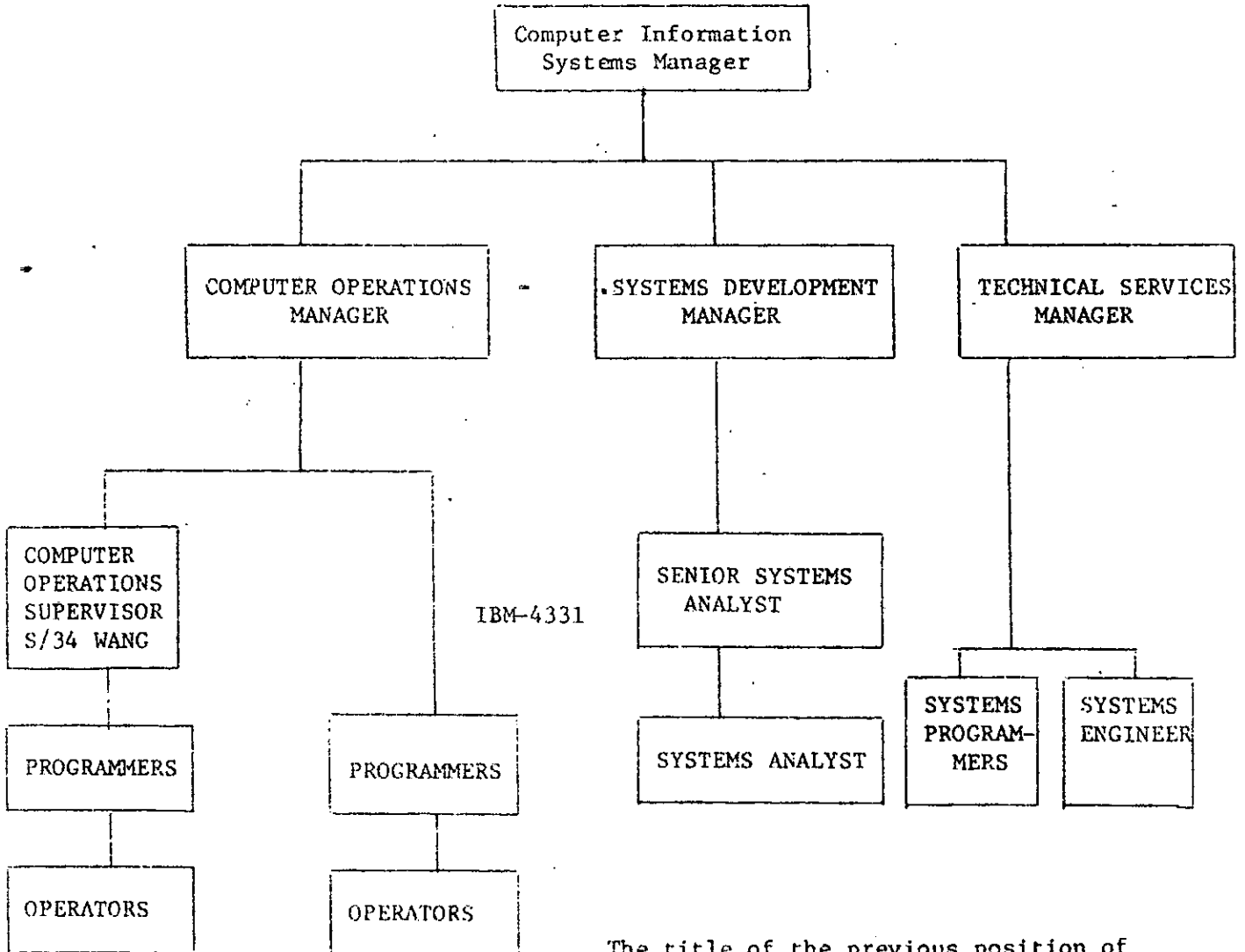
Plan for new computer pages 5 and 6.

These three positions (9, 10, 11) are necessary to operate the new "mainframe" computer.

12. Scientific Administrator (P5-P6) : This was discussed with the Council of Associate Directors who are not in favour of this position. But it was felt that there is need for better oversight and coordination of the laboratories, field or Assoc. Director for Sc. Support or Scientific Secretary

POSITIONS IN COMPUTER BRANCH

Three new computer positions need to be established. The Centre will be acquiring in July an IBM 4331 (funded by CIDA) and possibly a word processor in September for the DISC project (funded by IDRC). On top of this there will be about 15 - 20 PCs added to the present computer configuration. Our present support staff for the IBM S/34 will not be able to cope with the expanded computer installations and service demands in the Centre. Additionally, the Centre is obligated to CIDA and IDRC to ensure that the DSS and DISC projects are carried out as provided in their grant documents. In order to ensure that the computer facilities are managed properly, the following organisation chart for the Branch is proposed.



The title of the previous position of Computer Manager will be changed to Computer Operations Manager.

The 3 new positons are:-

- a) Computer Information Systems Manager.
- b) Systems Development Manager.
- c) Technical Services Manager.

At present we already have a person classified as Systems Analyst who could fill the position of Systems Development Manager. He is David Leon.

World University Services (WUS) is expected to supply us with two people who could take up the positions of Senior Systems Analyst and Technical Services Manager. If the secondment exercise is successful WUS shortlisted personnel of Showkat Ali and R. Banarjee could fill the posts of Senior Systems Analysts and Technical Services Manager respectively. Otherwise, ICDDR,B will need to recruit for the position of Technical Services Manager and David Leon could take up the additional responsibilities of both Systems Development and Systems Analyst.

The position of Computer Information Systems Manager will be a new person who would co-ordinate the 3 separate functions of operations, system development and technical services. He is also required to interact with other Associate Directors to review each programmes needs for computing work and support.

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12. Cont'd. : areas, computer and library with programatic requirements. There is also a need of better interprogramme coordination. A highly experienced technical person with excellent managerial skills is needed. Board may decide on this issue in December 1984 meeting and any ensuing action may preferably be done in consultation with the next Director.

While creating these new international positions, the old positions should stand collapsed unless specifically mentioned to be retained.

Several positions have been seconded fully funded to the Centre in the area of its priorities:

1. Training Materials Development Officer (P4-P5)  
The technical skills required to develop and adapt materials to the different settings in Bangladesh is a challenge requiring high level skills. UNICEF is contributing this post.
2. Internal Medicine Specialist - Gastroenterology (P1-P5)  
For research on diarrhoea a full training in endoscopy and the function of the gut is essential. The Netherlands (VOTRO) will provide a funded expert in this area.
3. Clinical Microbiologist  
For diagnosis of diarrhoea and its complications. Microbiology is a central skill. Belgium will provide a fully supported person in this area.

Selection of Candidates for International Level Positions

The following individuals are recommended for appointment to P level positions. In all cases advertisements were made internationally, all applicants reviewed and shortlisted and interview completed.

\*Budget Finance Officer

Mr Leonard Claridge-Chang                      Australia                      P2

The incumbent shall be reverted to his original STM scale now being converted into National Officers Scale.

\*Administrative Services Officer

Mr Ronald Dery USA P4

\*Anthropologist - International Research Associate

Dr K.M.A. Aziz Bangladesh P1

\*Nutritional Biochemist - International Research Associate

Dr Ayesha Molla Bangladesh P1

In the case of the following two P1 positions, it was decided that the incumbents be appointed to them, subject to successful completion of training in the areas of specific technical gaps:

\*Chief Supply Officer

Mr Golam Morshed Bangladesh P1

\*Head, Library, Publications and Communications

Mr Md. S.I. Khan Bangladesh P1

No further Board process will be required in these instances.

In the case of the position of Computer Manager (P1), the advertisement was framed in the context of the IBM Systems 34. Now plans are being developed for the IBM 4331 series Mainframe computer. New needs and additional positions are required. Those shortlisted and interviewed will be considered for the appropriate new positions, but additional advertisements will be done and applicants screened. This process should begin as soon as possible. The incumbent shall be reverted to his original STM scale now converted to National Officers' scale.

The position of Clinical Microbiologist was advertised but no satisfactory applications initially were received. Because of the importance of upgrading Microbiology and the increasing need



several institutions and countries were approached to second a qualified person. The Johns Hopkins University Division of Geographic Medicine has agreed to second Bradford Kay to the Centre for a two-year period at the Centre's expense. His appointment is recommended subject to a satisfactory report from his reviewers.

The following two positions were recruited and are recommended for appointment:

\*Nutritionist

Dr Fitzroy Henry	Guyana	P2
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\*Clinical Research Physicians

Dr F.C. Patra	India	P1
Dr Michael Bennish	USA	P3

- Extension of Contracts of International Positions

It is recommended that Dr Thomas C. Butler be offered a new contract for up to 3 years at the level of Scientist (P5) highest step.

It is recommended that Dr Najma Rizvi be offered an extension of her present contract for one year with normal increments.

Both individuals were reviewed by four external experts in their field including members of the Board.

- Nominations for the Board of Trustees

There will be five positions opening to the Board of Trustees as of July 1, 1984. These are:

Dr J. Kostrzewski  
Dr L. Mata

Dr M.A. Matin  
Dr V. Ramalingaswami  
Dr M.K. Were

In an action on March 27, 1984 the Government of Bangladesh had nominated, with immediate effect, the Secretary of the External Resources Division of the Ministry of Finance, Mr M. Munir-uz-Zaman. It was later clarified that it was the Government's intention that the Secretary, ERD should become a Board Member at the expiry of Dr Matin's term on June 30, 1984.

The following Trustee had indicated that she will not be available:

Dr M.K. Were

A review of all former and presently recommended candidates for the open seat was done. It is recommended that the position be offered to Dr Sabana of Botswana.

- The offer of Mr William T. Mashler

Senior Director for Global Programmes UNDP was highly appreciated. His important contribution to the support of the Centre was acknowledged. This was considered to be a very good piece of advance information that Mr Mashler may be available for the Centre within the near future. The Board may further discuss the matter.

- The suggestion of a Member of the Board of Trustees by the USSR was welcomed as the offer to second to the Centre a Clinical Microbiologist.

- A Table of Special Service Contracts and Consultants were noted as follows:-

List of Staff with Consultant and Special Service Contracts

International and Local

Name	First employed	Status of Present Contract		Extension Recommended	Purpose for Returning	Title & Area	Type of Contract
		Starting	Expiry				
<u>CONSULTANTS (Int.)</u>							
Ms. T. Dorozinsky	24.8.81	1.4.84	30.9.84	Yes	Training	Consultant (Coordinator) Training & Extension	Consultant
Ms. W. Hossain	3.7.83	-	2.6.84	Yes	Training	Consultant Hospital	Consultant
Ms. N. French*	29.7.83	29.4.84	5.7.84	No	-	Consultant	Consultant
Ms. C. Dale	2.1.84	2.1.84	30.6.84	Yes	Training	Consultant Res. Dev. Scientific	Consultant
Ms. Momi Novak	14.2.83	1.7.83	31.5.84	Yes	Training	Editor, Pub.	Consultant
*Ms. French was first employed on a special Services Contract and an extension was given as a consultant from April 29,84 - July 5,1984.							
<u>SPECIAL SERVICE CONTRACTS (Int.)</u>							
Ms. L. Saldanha	7.11.80	7.12.83	6.11.84	Yes	Training	Executive Sec. CCRWG/ Personnel	Special Services
<u>CONSULTANT (Local)</u>							
Dr. M. Huq	1.1.82	17.7.83	16.6.84			Consultant T&C	Consultant
<u>SPECIAL SERVICE CONTRACT (Local)</u>							
Dr. K.A. Monsur	1.5.82	14.4.84	13.10.84		Training	Consultant Microbiology	Special Services

11/BT/JUNE. 84

SELECTION OF TRUSTEES

Nominations for Trustees

There will be five positions opening on the Board of Trustees as of 1 July, 1984. These are

Dr J. Kostrzewski  
Dr L. Mata  
Dr M.A. Matin  
Dr V. Ramalingaswami  
Dr M.K. Were

In an action on 27 March, 1984 the Government of Bangladesh has nominated, with immediate effect, the Secretary of the External Resources Division of the Ministry of Finance, Mr M. Munir-uz-zaman. It was later clarified that it was the Government's intention that the Secretary, ERD should become a Board Member at the expiry of Dr Matin's term on 30 June, 1984.

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The following Trustees have indicated their availability

Dr J. Kostrzewski  
Dr V. Ramalingaswami

The following Trustees have indicated that they will not be available

Dr L. Mata  
Dr M.K. Were

A list of new nominees for Trustees has been

compiled from suggestions of present Trustees

<u>Nominee</u>	<u>Country</u>	<u>Nominated By</u>
Dr S.C. Pal	India	Dr F. Assaad Dr Y. Takeda
Dr D. Habte	(Ethiopia)	Dr F. Assaad
Dr D. Picou	(Trinidad)	Dr F. Assaad
Dr Bai Zhisheng (Virologist)	China	Dr D. Rowley
Prof. Mathan (Epidemiologist)	India	Dr D. Rowley
Dr Jesus Azurin (Epidemiologist)	Philippines	Dr J. Sulianti Saroso
Dr L.R. Trabuls	(Brazil)	Dr Y. Takeda
Dr P.R. Kenya (Epidemiologist)	Kenya	Dr M.K. Were
Dr Sabina	Botswana	WHO
Dr J.M. Borgono	Chile	Dr F. Assaad
Dr Helan A. Vedmina	USSR	External Relations Dept., Ministry of Health, USSR.

Notes: (a) Present Trustees who have been recommended for re-election not listed above.

(b) Countries which are bracketed is an indication of the country in which the nominee is presently working and does not necessarily mean it is also his country of origin.

List of persons previously nominated for members of Board (those who have since been made members and those now deceased not listed):

<u>Person Nominated</u>	<u>Nomination received from</u>
Richard Feachem	British High Commissioner, Dhaka
Professor John Waterlow	"
Dr Gauri Sankar Lall Das	UNFPA Coordinator, Dhaka
Dr Carl Taylor	"
Jon E. Rohde	Kenneth Warren, Rockefeller
Gerald T. Keusch	"
Richard Guerrant	"
Dr Jesus C. Azurin	Minister of Health, Philippines
Dr Joaquin Cravioto	Clifford A. Pease
Dr Jose Obdulio Mora	"
Dr Fernando Monckeberg Barros	"
Dr Jose Eduardo Dutra de Oliveira	"
Dr Abdulwahab Al-Mehedib	Authorities in Saudi Arabia
Dr Abdullah Al-Baqui	"
Dr Ali Al-Saif	"
Dr Kenji Takeya	<del>Charles C. J. Carpenter</del>
Dr Dhiman Barua	Dr A. Zahra
Dr David Bersh	"
Dr Guillermo Ruiz-Palacios	"
Dr Pornchai Matangkasombut	"
Dr (Mrs) A. Mangay-Angara	"
Dr B.K. Adadevoh	"
Dr Aziz El Kholi	"
Prof. Natth Bhamarapravati	Dr Z. Sestak
Dr Aung Than Batu	"
Dr Prakorb Boonthai	Government of Thailand
Prof. D. Habte	SAREC
Dr Md. Safwat Mohieldin	Ministry of Health, Egypt
Dr Indra Bahadur Khatri	Dept. of Health Services, Nepal
Dr Manindra Ranjan Baral	"
Dr Sune Bergstrom	Mr Mashler, UNDP, NY

LIST OF BOARD MEMBERS REMAINING

<u>Name</u>	<u>Country</u>	<u>Discipline</u>
Dr A.R. Al-Swaillem	Saudi Arabia	Paediatrician
Dr F. Assaad	WHO	Microbiology/Virology/Admin.
Prof. D. Bell	U.S.A.	Population/Admin./Finance
Dr D. Bradley	U.K.	Epidemiology/Microbiology
Dr I. Cornaz	Switzerland	Social Sciences
Maj.Gen. S. Haq	Bangladesh	Health Admin./Clinical Sc.
Mr Ghulam Mostafa	Bangladesh	Administration/Finance
Dr D. Rowley	Australia	Immunologist
Dr J. Sulianti Saroso	Indonesia	Research/Administration
Dr Y. Takeda	Japan	Microbiology

OUTGOING MEMBERS

** Dr J. Kostrzewski	Poland	Epidemiology
Dr L. Mata	Costa Rica	Nutrition Clinical Science
** Dr. V. Ramalingaswami	India	Clinical Science/Science
Dr M. Were	Kenya	Health Services Research
Dr M.A. Matin	Bangladesh	Health Admin./Clinical Sc.

\*\* Available for reappointment



BOARD OF TRUSTEES MEMBERS

1 year then 3 yrs from July 1980

Dr Al-Dabbagh  
Dr Holmgren  
Dr Jones  
Dr Sulianti  
Mr Anwar

2 years then 3 yrs from July 1981

Dr Kostrzewski  
Dr Mata  
Dr Ramalingaswami  
Dr Were  
Dr Martin

3 years then 3 yrs from July 1982

Dr Bradley\*

3 years from July 1982

Dr Takeda  
Prof. Bell  
Maj. Gen. Shamsul Haq  
Dr Assaad

1 yr, 3 yrs, then 3 yrs fr. July  
1983

Dr Sulianti\*

3 years from July 1983

Dr Al-Swailem  
Mr Mostafa  
Dr Cornaz  
Dr Rowley

2 yrs, 3 yrs, then 3 yrs fr. July  
1984

3 years from July 1984

\* Not eligible for a further term without a break

12/BT/JUNE. 84

SELECTION OF CHAIRMAN OF BOARD OF TRUSTEES.

12/BT/June 84

Selection of Chairman of the Board

Previous Chairmen of the Board are as follows:-

Dr J. Sulianti Saroso	1979-80 and 1980-81
Dr M.A. Matin	1981-82
Dr J. Bradley	1982-83
Prof. J. Kostrzewski	1983-84

13/BT/JUNE. 84

MEMBERSHIP OF COMMITTEE OF THE BOARD.

Membership of Committees of the Board

The Chairman of the Board and Director of the Centre are both ex officio members of both the Personnel and Selection and the Finance Committees. Present membership of the Committees is as follows:-

Personnel & Selection  
Committee

Prof. J. Kostrzewski  
Dr W.B. Greenough III  
Dr F. Assaad  
Dr M.A. Matin  
Dr J. Sulianti Saroso

Finance Committee

Prof. J. Kostrzewski  
Dr W.B. Greenough III  
Prof. D. Bell  
Dr D. Bradley  
Mr A.B.M. Ghulam Mostafa

Ad Hoc Search Committee for Director

Dr D. Bradley (Chairman)  
Dr J. Holmgren  
Dr L. Mata  
Dr M.A. Matin

14/BI/JUNE. 84

DATE OF NEXT MEETING

14/BT/June 84

Dates of Next Meetings

Keeping in mind the suggestion that the dates for the Board Meetings be the second week of June and the first week of December in each year, the following would be the dates for the next Board Meetings:

December 1984

Personnel & Selection Committee	Monday, 3 December
Finance Committee	Tuesday, 4 December
Full Board	Wed. 5 - Fri. 7 December

June 1985

Personnel & Selection Committee	Monday, 10 June
Finance Committee	Tuesday, 11 June
Full Board	Wed. 12 - Fri. 14 June

Addendum to

Working Paper on Dates of Board Meeting in June

For the first time the Consultative Group Meeting which is fixed by the dates of the meeting of the Governing Council of UNDP was held in advance of the Board Meeting. This schedule resulted in the absence of the Director and Associate Director, Resources Development just prior to the meeting of the Board. In fact, several Trustees arrived almost at the same time as the return of Mr Bashir and Dr Greenough. This sequence greatly interferes with smooth preparation for the Trustees' meeting.

Accordingly, we request that the Board hold its meeting the first instead of the second week of June. The Consultative Group Meeting then can be the second or third week as convenient for UNDP.