

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,
BANGLADESH

REPORT OF THE
BOARD OF TRUSTEES MEETING

5-7 DECEMBER, 1984

1/BT/DEC.84

APPROVAL OF AGENDA

AGENDA

BOARD OF TRUSTEES MEETING

5-7 DECEMBER, 1984

1. Approval of Agenda - 1/BT/DEC.84
2. Approval of Draft Minutes of June 1984 meeting. - 2/BT/DEC.84
3. Matters Arising - 3/BT/DEC.84
 - (a) Resolution 6/June 84
 - (b) Vaccine Trial (budget table showing staff build-up)
 - (c) By-law on Centre's Housing & Equipment
 - (d) Working paper on Provident Fund/Credit Union.
 - (e) Working Paper on Microbiology
 - (f) Working Paper on Respiratory Infections
 - (g) Programme Coordination Committee
4. Director's Report (including 5-year Workplan) - 4/BT/DEC.84
5. Programme Committee Report. - 5/BT/DEC.84
6. Resources Development Report - 6/BT/DEC.84
7. Finance Committee Report (including approval of 1985-86 Budget) - 7/BT/DEC.84
8. Personnel & Selection Committee Report - 8/BT/DEC.84
9. Management Review - 9/BT/DEC.84
10. Vaccine and Drugs Policy in relation to Cholera Vaccine Trial. -10/BT/DEC.84

AGENDA (Cont'd)

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| 11. WHO Collaboration | - |
| 12. UNICEF Collaboration | - |
| 13. Observer status of interested parties and UN Representation on Board | - |
| 14. Dates of next Board Meeting | 14/BT/DEC.84 |
| 15. Miscellaneous | 15/BT/DEC.84 |

ADDENDUM TO PROGRAMME AND AGENDA OF BOARD MEETING

Members of the Board of Trustees will now meet with the President and Chief Martial Law Administrator of Bangladesh at 11 a.m. on Wednesday, 5 December, 1984 and NOT on Thursday, 6 Dec.

The Programme and Agenda of the Board Meeting will now read as follows:

Wednesday, 5 December

9.00 a.m.	Opening Session
9.30 a.m.	Agenda 1
9.45 a.m.	Agenda 2
10.00 a.m.	Tea
10.15 a.m.	Start for President's House
11.00 a.m.	Meet with President & CMLA.
12.30 p.m.	Lunch
2.00 p.m.	Agenda 3
3.00 p.m.	Tea
3.15 p.m.	Agenda 4
3.45 p.m.	Agenda 5
4.45 p.m.	Agenda 6
6.00 p.m.	Conclusion of Day 1

Thursday, 6 December

9.00 a.m.	Discussion
10.00 a.m.	Tea
10.30 a.m.	Agenda 7 and beginning of Closed Session
12.30 p.m.	As per original programme and agenda

2/BT/DEC.84

APPROVAL OF MINUTES OF THE BOARD
OF TRUSTEES MEETING,

JUNE 1984

MINUTES OF THE MEETING OF THE BOARD OF TRUSTEES, ICDDR,B HELD
AT DHAKA, JUNE 13-15, 1984.

- Members Present : Professor D. Bell
Professor D. Bradley
Dr I. Cornaz
Dr W.B. Greenough - Secretary
Maj. Gen. Shamsul Huq
Dr J. Kostrzewski - Chairman
Dr L. Mata
Dr M.A. Martin
Mr A.B.M. Ghulam Mostafa
Dr V. Ramalingaswami
Dr D. Rowley
Dr J. Sulianti Saroso
Dr Y. Takeda
Dr M. Were
- Members Absent : Dr A.R. Al-Swailem, Dr F. Assaad
- Invited Staff : Mrs J. Chowdhury, Executive Secretary to Director.
For the open session only:-
Dr K.M.S. Aziz, Associate Director, Training,
Extension & Communication.
Dr. T. Butler, Associate Director, Pathogenesis
& Therapy and Host Defence Programmes.
Dr M.M. Rahaman, Associate Director, Nutrition
Programme.
Up to and including Agenda 9:-
Mr M.R. Bashir, Associate Director, Resources
Development.
Up to and including Agenda 10:-
Mr M.F.L. Goon, Associate Director, Administration
and Finance.

The Chairman opened the meeting at 9 a.m. with an address of welcome to Trustees. He also congratulated the Centre on being awarded the Maurice Pate Award for 1983, Dr Greenough on the King Faisal International Prize

in Medicine for 1983; and Dr Ayesha Molla on receiving the Best Woman Scientist Award from the Bangladesh Association of Women Scientists. The Chairman then introduced the Honourable Minister for Health and Population Control, Major-General Shamsul Huq who spoke as follows:-

"Honourable Chairman, my distinguished colleagues of the Board of Trustees of ICDDR,B.

It gives me great pleasure to be here to meet with you again. I would like to avail this opportunity to share with you some of my thoughts on the activities of ICDDR,B.

One of the first things that come to my mind is that the Centre's on-going collaboration with the Government of Bangladesh in Noapara and Sirajganj. The smooth transfer of appropriate technology developed at the Matlab field station to the Government health workers, that is now underway at these two upazilas, is a positive demonstration of the usefulness of the lessons learnt at Matlab to developing countries such as ours. I hope other countries will also be able to adopt this model to their situations in future.

I am pleased to note that, at the request of the Government of Bangladesh, ICDDR,B has undertaken the training of health personnel of a number of south east Asian Countries under the TCDC programme, and that they have already arranged partial funding for this project. This programme will not only enhance the prestige of ICDDR,B, but also that of Bangladesh. I am also pleased to note that the Centre is providing research support and technical assistance in its areas of competence to a number of other countries outside this region. It is indeed a matter of great satisfaction that in addition to Bangladesh, a large number of countries have requested technical assistance from ICDDR,B in the field of research and training. The Government of

Bangladesh supports this utilization of the Centre's potentials by other countries and my Ministry is willing to extend any assistance the Centre may need in this regard.

Field trials of the new cholera vaccine that the Centre is undertaking, together with the Government of Bangladesh and WHO, is yet another demonstration of how ICDDR,B can help an international effort to control diarrhoeal diseases. The successful completion of the vaccine trials has the potential of saving millions of lives every year all over the world.

Regarding ICDDR,B's application to the UNCDF for the Funds support to the Centre's Capital Development Programme at the Matlab and Teknaf field stations, I am happy to be able to inform you that the Government of Bangladesh has strongly endorsed the Centre's proposal. I hope that this grant will materialize in the near future.

The residual UNROB fund, for reasons of expediency, was given to ICDDR,B as loan for a period of one year. The validity of this interest-free loan has now been extended up to the end of 1985. The Ministry of Finance has suggested a rescheduling of the repayment period at that time and I am sure an amicable arrangement can be arrived at. Furthermore, the Ministry of Finance has also assured ICDDR,B that it will favourably consider meeting any budgetary shortfall in future.

I would like to draw special attention to the success of the Centre's Resources Development Programme. This programme came into being during the transition of the Centre from a bilateral organization into a multilateral one to facilitate this process. The budget of the Centre which in 1979 was in the amount of approximately US \$2.0 million has, within a span of only 5 years, achieved an almost 4 fold increase.

I congratulate the Director and the Associate Director, Resources Development for this remarkable achievement. Furthermore, as a Minister of the Government of Bangladesh, I am pleased that ICDDR,B enjoys extremely close and cordial relationship with our Government. Once again, I thank the Director and the Associate Director, Resources Development for the great skill they have demonstrated in developing this relationship.

Finally Mr. Chairman, on behalf of the Government of Bangladesh, I would like to extend our full support to the ICDDR,B for their research, training and extension activities which hold the promise of benefiting the entire mankind.

Thank you".

Agenda 1: Approval of Agenda

The agenda was approved with the following additions:-

- 3(f) Vaccine Trial
- 3(g) External Review Progress Report
- 3(h) Matters Arising from Discussions with Director's Advisory Council.

It was advised also that it may be necessary to discuss Agenda 10 - Report of the Personnel and Selection Committee - before entering into discussions on the finance related agenda items.

Agenda 2: Approval of Draft Minutes of Board Meeting, December 1983

The minutes of the meeting held 30 November - 2 December, 1983 were approved with the following corrections:-

- (a) Page 27, point 1, line 5 "moves" should read "mores".
- (b) Page 67, line 2 of para. 1, the word "prioritization" should be replaced by the words "the order of priority".

Agenda 3: Matters Arising

(a) and (e) Programme Coordination Committee

As both these agenda items dealt with the Programme Coordination Committee they were discussed together. The Board endorsed the officers of the Programme Coordination Committee as presented. There was a lengthy and careful discussion on the working paper which the Director presented to the Board at the request of the Programme Coordination Committee. The concept of implementing strengthening of research in National Institutions by utilizing the PCC of ICDDR,B as a granting agency for multilateral channel funds (additional to existing commitments to Bangladesh) was presented. If such a mechanism were agreeable to the Government (External Resources Division) then small grants could be rapidly implemented without a long process. Over the long term the PCD could be influential in streamlining the presently cumbersome system of research support. The Board appreciated that the Programme Coordination Committee is doing the job expected and that this proposal is a natural evolution of the process started two years ago. It was felt, however, that the proposal is not yet ready for consideration. The Board will be prepared to continue discussions on this in their next meeting in December 1984 and in the meantime a revised proposal needs to be prepared to be presented at that time. It was agreed that the Board should meet with the Programme Coordination Committee just before the next meeting of the Board in December 1984.

(b) Project Development Committee

The Board noted with satisfaction that all projects other than two external projects, have been transferred from the Project Development Committee into specific Programme areas of the Centre. It was explained why certain projects had been delegated to the Programme and advised that any new projects are now developed directly under a specific Programme. The Director was advised that he should discuss the transfer of the NORP Evaluation from the Training, Extension and Communication Programme to the Community Services Research Programme, with the concerned persons.

(c) Microbiology Timetable

It was advised that as it had not been possible to build additional floors on the new building an interim measure had been taken of building a new floor on the old building. In addition new space for the library and computer have been achieved by moving supplies and warehousing to the old hospital area. Funds for this have come from the Capital Development Fund.

The Director was complimented on his attempts to provide microbiology space and advised that the Board look forward to seeing the new laboratories in place by the December meeting.

(d) External Collaboration

The Director commenced his report by stating that more detailed reports were available on all projects should the Trustees wish to have them. It was agreed that it is praiseworthy that the Centre has been requested to and is able to give help to other countries in their efforts to combat diarrhoeal disease by assisting in training programmes, research and in setting up laboratory facilities, and that there should be no question about the fact that the Centre is obliged to do this by the Ordinance. However, there was concern that the Centre should not weaken

its capabilities in Bangladesh while undertaking these projects. When considering requests from other countries the Centre should have clear criteria of the type of projects in which it should be involved. There was a suggestion that the Centre alumni could be called in to assist in other countries - this is being followed by the Centre at present.

There was a discussion on the relationship of the Centre with WHO's CDD Programme and that collaboration. The proposal of WHO to have a meeting at the Directors' level in October 1984 in Geneva was welcomed in which WHO/UNICEF/ICDDR,B will discuss the relationship between ICDDR,B and WHO. It was agreed that the Chairman of the Board (or his nominee if this is not possible) should attend the Geneva meeting along with the Director and the Associate Director, Resources Development; UNICEF should also be represented.

(f) Vaccine Trial

A background on the vaccine trial was given. It was advised that all parties, namely the Centre, WHO and the Government of Bangladesh, have agreed in principle to the 3-cell trial. Formal clearance by WHO and Bangladesh remain. It was also noted that the 3-cell trial will result in a substantial cost increase (total cost approx. 1.6 million U.S.\$) and there was discussion on how best to raise funds for the trial. The Board felt that the producer of the vaccine should in some form or other make a financial contribution. It was informed that Institut Mérieux is donating the vaccine for the trial. It was felt that the Centre should get some "pay back" if the trial is successful and the vaccine is used commercially. It was noted that WHO does enter into royalty agreements with drug companies and should this occur in the case of the Mérieux vaccine the Centre should also be a party to it. This should be clarified first, and then, if necessary negotiations entered into. Correspondence with Institute Mérieux on this subject

will be signed by the Chairman of the Board. The question was raised if the trial should be financed out of the core budget if the Centre failed to collect the necessary funds. Some members felt the trial should not get such priority; it was decided however to continue the implementation.

(g) External Review Progress Report

... It was reported that the relevant Programme Heads had been asked to have review materials ready by mid-June for sending to reviewers. All reviewers are available for the review. Dr Rowley read his written suggestions. (See appendix 1) They were accepted except the proposal to expand the review to four programmes. How each programme being reviewed interacts with the other programmes should be a focus of the reviewers as interdisciplinary research is strongly favoured.

(h) Advisory Council

The points raised by the Director's Advisory Council including the SWA Representative to the Council in its meeting with the Board were discussed:-

(i) Severance/Retirement Fund

After discussion, it was proposed that the Associate Director, Administration and Finance prepare, as part of the minutes, a reply to a query in light of the Resolutions of the Board, concerning the transfer from the Severance Pay scheme of the Centre to the UN scheme of a Retirement Fund. The 12-month gap should be explained. His statement is as follows:
"Resolution 22/December 82 clearly outlines the amount of the Centre's contribution to the Severance Pay and the Provident Fund. The relevant portion of the resolution states as follows:

'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.'

The implementation date of WHO scheme was January 1, 1983 and in the absence of a suitable pension scheme, the Severance Pay and Provident Fund continued with the limitation that the Centre's contribution is 14% and the staff at 7%.

The cut-off date for the Severance Pay under Severance Pay Rules was December 31, 1982. This meant that up to December 31, 1982, all staff members who were entitled to the Severance Pay benefits had earned one months salary against every completed year of service they had put in. The total Severance Pay accumulation under Severance Pay Rules up to December 31, 1982 was held in the credit of each staff member until such time as a pension scheme was implemented.

From January 1, 1983 onward with the implementation of the WHO scheme, maximum contributions of the Centre is 14% of salary. The 14% of the Centre's contribution was applied in the following way:

- 1) 8.33% to the Provident Fund.
- 2) 5.67% being the balance of 14% was credited to the Severance Pay account.

Since the Pension Plan had been implemented on January 1,

1984, and by Board resolution the Provident Fund would cease to operate the total of 14% of the Centre's contribution and 7% of the staff would then be put into the Pension Plan.

The total accumulation of the Severance Pay in each staff participant's account comprised:

- a) Severance Pay under old rules accumulated up to December 31, 1982, and
- b) 5.67% contribution being the balance of the Centre's total contribution during the year 1983."

(ii) Provident Fund/Credit Union

As agreed in the informal meeting, this matter requires further discussion by the staff and consultation with external advisors may be of help. This is the employees' decision and they may get assistance from the Administration. They should report to the Board in the December 1984 meeting with the results of their consideration.

(iii) STM/NAC Scales

The Centre's STM scales in relation to WHO National Officers Scales will be discussed in the Personnel and Selection Committee report.

(iv) Per Diem Rates

After discussion, the Board referred this matter to the Personnel and Selection Committee for them to study and report back to the December 1984 Board meeting.

(v) Date of appointment to WHO Scale

Following review and discussion, it was agreed that the

staff had been given the option, the implications had been explained thoroughly and the decisions were taken freely by the staff. The date of entering the WHO scale was dependent on their decision and is not negotiable.

Agenda 4: Director's Report

... The Director highlighted his report to the Board (see Appendix 2) and the Annual Report of ICDDR,B. He informed that he would appreciate feedback on the new approach presented in the 1983 Annual Report. He advised that action on all previous resolutions and By-laws of the Centre has been reviewed and those on which action is incomplete are listed at the end of his summary report along with an explanation. During the discussions of the report, the importance of stressing the research on Shigellosis was stressed as well as the need to develop prophylactic methods.

With reference to Resolution 4/Dec. 80 it was decided that the External Review Committee should look into the requirements for Phase II of the building plan. It was decided that the drafted By-law regarding Article 8 is not needed as this matter is already covered in the By-laws. With reference to the proposed By-law regarding Article 27(a) it was decided a draft resolution should be prepared to implement this By-law. The resolution should relate to previous resolutions on this subject and propose setting up a "Board of Trustees or Committee for this Retirement Fund".

While appreciating that the work of the 1983 Annual Report was done by the staff, the Chairman thanked the Director for his excellent report, his summary report and the work done during the last year. He asked

that the Board's thanks and appreciation be passed on to all staff, particularly scientific staff for the excellent work on which the report was based.

Agenda 5: Resources Development Report

Mr Bashir, Associate Director, Resources Development presented his report which is appended as Appendix 3.

The Chairman expressed the appreciation of the Board to the Director and Associate Director, Resources Development for the outstanding achievement in fund raising and commended Mr Bashir on his report. Serious concern was expressed about the trend of donors moving to project funding rather than core. It was emphasized that when projects are funded full costing should be maintained. It was the consensus of the Board that the importance of the unrestricted core funds could not be over emphasized. Funds for projects in priority areas are welcome, they should not weaken the Centre's capability to carry out the programme which should be made clear to donors. This must be communicated to the potential core donors with articulation of the reasons for this position. The Centre has to define its priorities for the next few years and ensure that donors direct their support to work serving the priorities and goals set by the Centre.

It was noted that additional funds will need to be raised for the Vaccine Trial and that the Centre needs a definite plan for this. It was agreed to discuss this further during the Finance Committee's Report and to discuss the Reserve Fund at this time also.

RESOLUTION
1/JUNE 84

The Board recognizes and appreciates the outstanding performance of Mr M.R. Bashir, Associate Director, Resources Development for the Centre in meeting the target of 7.2 million U.S. dollars for 1984 and building the Centre's income from 2.0 to 7.2 million U.S. dollars over a five year period in an adverse economic climate.

Agenda 6: Finance Committee Report

discussed in conjunction with

Agenda 7: Approval of FY1983 Audit Report

and

Agenda 8: Presentation of FY1985 and 1986 Budgets

... Professor D. Bell presented the report of the Finance Committee which is appended as Appendix 4.

The Board fully discussed the report and highlighted certain points in their discussions. It was agreed that there should be a "one time" operational audit. The Director requested an enhanced budget of \$US6.8 million for 1984 (previously US\$6.2 million) in view of the increased costs of the vaccine trial. A discussion on the vaccine trial and on how best to raise funds for it ensued including the possibility of approaching again the pharmaceutical firm (Institut Mérieux) which is producing and donating the vaccine. The Board made and adopted a formal statement to be included in their minutes which reads as follows:

"The 'three-cell' Cholera Vaccine Trial jointly agreed upon between the WHO and ICDDR,B has tended to put some strain upon the budgeting process at the ICDDR,B in that a sum of approximately 500,000 US dollars had to be committed from its 1984 budget. Furthermore, it is anticipated that a further sum of approximately 1.1 million US dollars would need to be provided in the Centre's 1985 budget and this might extend into 1986. All this has thrown a heavy burden on the ICDDR,B. The Board of Trustees of the ICDDR,B are seized with the urgent task of finding ways and means of raising resources of this order of magnitude needed for the vaccine trial which are inescapable.

Against this background, the Board urges the WHO to see if there is any way it can increase its own contribution for the vaccine trial, particularly since the WHO were very keen that the three-cell trial should be carried out. In addition, the Board urges the WHO to lend its support to the Centre's efforts to raise resources for the trial from other donors."

Concern was expressed about the overdrafts of the Centre each year to date and the Board advises the Centre to take steps to avoid the situation. For temporary situations the Reserve Fund can solve this problem.

The Board instructed the Management to be extremely cautious in planning for implementation of its 1985 budget. The 1985 budget will go to the next (December 1984) Board meeting for final decision. In light of this caution the Board were only able to approve some of the new international level positions recommended by the Personnel and Selection Committee for 1985. The remainder are not to be advertised until such time as the financial position of the Centre is better and better known.

It was requested that for the December 1984 meeting a 1986 budget

table showing staff build-up to take care of the vaccine trial be prepared. It should state whether these persons should be retained on completion of the trial in the likelihood of additional vaccine trials being carried out by the Centre.

It was agreed (as in the December 1983 meeting) that a Working Paper should be prepared for the December 1984 meeting on the Relationship of the Centre with the Pharmaceutical Industry. The paper should be focussed and limited in area to vaccines and vaccine trials. It was suggested that maybe a donor would provide restricted funds to employ a Consultant to carry out this specific task. Should this eventuate this proposal was accepted.

The Board welcomed the idea of a Reserve Fund and endorsed the comments made in the attachment to the Finance Committee Report. The final Reserve Fund document will be presented to the Board in December 1984.

The Centre is encouraged to go ahead with its new cost accounting system.

With reference to the bank's need for collateral it was pointed out that the Centre's real collateral is the letters of commitment from donors. The Board did not accept the proposed resolution from the Finance Committee waiving immunity of the Centre and they suggested that the Centre renegotiate with the bank using donors' commitments and the Reserve Fund as collateral. The outcome of these discussions should be reported to the next Board meeting (December 1984).

The Report of the Finance Committee was accepted and the following resolutions passed:-

- RESOLUTION 2/JUNE 84 The Board approves an increase of the budget for 1984 to a ceiling of U.S. dollars 6.8 million.
- RESOLUTION 3/JUNE 84 The Board accepts and approves the Audit Report and Audited Accounts for the year ending December 31, 1983.
- RESOLUTION 4/JUNE 84 In fulfilment of Clause 18 of the Ordinance the Board approves the present format of accounts employed by the management of the Centre.
- RESOLUTION 5/JUNE 84 Further to Resolution 9/Dec. 83 on the approval of the Retirement Plan, and as this Retirement Fund has been established in 1984 for the staff and provides for full and immediate vesting to all participants, the Board of Trustees recognizes that this Retirement Fund belongs to staff participants and therefore does not constitute an asset of the Centre.
- RESOLUTION 6/JUNE 84 The Board authorizes the incumbents of the following positions as signatories on the Centre's accounts:- The Director, Associate Director, Administration & Finance, Controller or Chief Financial Officer and the most Senior Associate Director.

Agenda 9: Report of the Ad Hoc Search Committee

Professor D. Bradley, Chairman of the Ad Hoc Search Committee, presented his report. It was agreed that Professor R. Eeckels be appointed as the new Director from 1 July, 1985 but that he be in place earlier to enable him to spend some time with the current Director. The Director shall prepare the draft contract to be signed by Professor Eeckels and the Board Chairman. It was agreed also that Professor Eeckels should come as a Consultant first and stay on for the December 1984 Board Meeting. The Chairman expressed thanks and appreciation to Professor

Bradley and his Committee. The following resolution was passed:-

RESOLUTION
7/JUNE 84

The Board appoints Professor Roger Eeckels to be Director, ICDDR,B for a term of three years from July 1, 1985, subject to negotiation of a contract with the Chairman of the Board.

Agenda 10: Report of the Personnel & Selection Committee

... Professor M.A. Matin highlighted the report dealing with the following points (see Appendix 5): length of continuous employment of international level staff; the margin between the UN scale in Bangladesh and the STM scale; new international positions; recommendations for appointed positions; extension of contracts of international positions (Dr Butler and Dr Rizvi); new members of the Board of Trustees.

The Board discussed the report in detail. It was decided to change the proposals of the Committee as follows concerning the new international level positions:

- the Pathologist position should be at the level of P4 and not P1;
- further justification was needed before approving the Chief Animal Resources position at international level;
- the Computer Information Systems Manager should be at P3 level and not P4-P5;
- the Systems Development Manager should be P1-P3 and not P1-P5.
- the position of "Scientific Administration" should not be established for the time being and the question should be considered at the December Board meeting.

The positions which have been seconded fully funded to the Centre were noted and approved as were the recommendations for appointment to P level positions. All appointments noted in prior meetings were

approved. The Board agreed that Dr T. Butler should be offered a new contract for up to 3 years at the level of Scientist (P5) and decided to authorize the Director to offer Dr N. Rizvi a renewed contract up to 3 years. The list showing consultants and those with special service contracts of more than six months was noted. In this connection the Director emphasized that it is very important to have the flexibility of recruiting consultants and he will advise his successor accordingly, indicating also that the system should not be abused.

The Board noted and welcomed the correspondence from the USSR, nominating a person to be considered for the Board of Trustees and offering to second a microbiologist to the Centre.

The Board agreed to adopt the report of the Personnel and Selection Committee with the amendments mentioned above and some amendments to the draft resolutions.

The Board passed the following resolutions:

RESOLUTION
8/JUNE 84

Staff at the International Level would ordinarily serve for a period of not more than six years. Those wishing to be considered for re-appointment of their contracts after six years 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.

RESOLUTION
9/JUNE 84

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.

RESOLUTION
10/JUNE 84

The Board agreed to establish the following new International Level positions:

1.	Pathologist	P4-P5
2.	Head, Matlab Station	P1
3.	Head, Dhaka Hospital	P1
4.	Nurse Trainer-Matron	P1
5.	Internal Auditor	P1-P3
6.	Executive Assistant to Director	P1
7.	Infectious Disease Research Physician	P3
8.	Computer Information Systems Manager	P3
9.	Systems Development Manager	P1-P3
10.	Technical Services Manager	P1-P3

In view of the financial condition of the Centre the Board has agreed that only the computer positions (nos. 8, 9, 10), the Executive Assistant to the Director (no. 6), the Nurse Trainer-Matron (no. 4) and the Infectious Disease Research Physician (no. 7) may be recruited at this time.

RESOLUTION
11/JUNE 84

The following individuals are appointed to International Level positions:

Chief Financial Officer (P2)	Mr Leonard Claridge-Chang	Australia
Administrative Services Officer (P4)	Mr Ronald Dery	USA
Anthropologist (P1)	Dr K.M.A. Aziz	Bangladesh
Nutritional Biochemist (P1)	Dr Ayesha Molla	Bangladesh
Microbiologist (P3)	Dr Bradford Kay	USA

Two further individuals are appointed to International Level positions

subject to successful completion of training in specific areas:

Chief Supply Officer (P1)	Mr Golam Morshed	Bangladesh
Head, Library, Publications & Communications (P1)	Mr Md. Shamsul Islam Khan	Bangladesh

RESOLUTION
12/JUNE 84

The following individuals are appointed as previously approved by the Board:

Nutritionist (P2)	Dr Fitzroy Henry	Guyana
Clinical Research Physician (P1)	Dr F.C. Patra	India
Clinical Research Physician (P3)	Dr Michael Bennish	USA

RESOLUTION
13/JUNE 84

The Board offers Dr Thomas Butler a new contract for three years at the level of Scientist (P5).

RESOLUTION
14/JUNE 84

The Board offers Dr Najma Rizvi an extension of her contract as an International Research Associate (P3) for a period of three years.

Agenda 11: Nominations for Trustees

The Board members expressed their regrets at the departure of Drs M.A. Matin and M. Were from the Board. They greatly appreciated the contributions made by both these persons and hoped that they would continue close association with the Centre. The Board welcomes the nomination from Bangladesh of Mr Munir-uz-Zaman, Secretary, External Resources Division. The Board members who were available for re-appointment left the room while their positions were discussed. There was complete agreement that all, namely Drs J. Kostrzewski, L. Mata and V. Ramalingaswami, should be reappointed.

The following resolutions were passed:

RESOLUTION 15/JUNE 84 The Board expresses its great appreciation to Dr M.A. Matin and Dr M.K. Were for the invaluable contributions they have made to the development of the Centre during their tenure as Board members. A continued close association of these two friends with the Centre is anticipated.

RESOLUTION 16/JUNE 84 The Board welcomes Mr Munif-uz-Zaman, Secretary External Resources Division, who has been nominated by the Government of Bangladesh, as a Trustee. Dr J. Kostrzewski, Dr. L. Mata and Dr V. Ramalingaswami are elected for a second term of three years. Dr D. Sebina of Botswana is elected as a new Trustee.

Agenda 12: Selection of Chairman of the Board

Dr Immita Cornaz was unanimously elected Chairman of the Board for 1984-85 and the following resolution was passed:

RESOLUTION 17/JUNE 84 The Board elects Dr Immita Cornaz Chairman of the Board for a term of one year from July 1, 1984 by acclamation.

Agenda 13: Membership of Committees of the Board

It was proposed and accepted that the Personnel and Selection Committee and Finance Committee of the Board be constituted as per the following resolution:

RESOLUTION 18/JUNE 84 The Board appoints to the Personnel and Selection Committee:-
Dr Immita Cornaz, Ex Officio (Chairman of the Board)
Dr W.B. Greenough III, Secretary, Ex Officio (Director)
Mr A.B.M. Ghulam Mostafa, Chairman of the Committee
Dr F. Assaad
Dr J. Sulianti Saroso

The Board appoints to the Finance Committee:-

Dr Inmita Cornaz, Ex Officio (Chairman of the Board)

Dr W.B. Greenough III, Secretary, Ex Officio (Director)

Professor David Bell, Chairman of the Committee

Professor David Bradley

Mr Munir-uz-Zaman

Agenda 14: Dates of Next Meeting

It was proposed and agreed that the dates for the December 1984 Board Meeting be as follows:-

Sunday, 2 December - Finance Committee
Monday, 3 December - Personnel & Selection Committee
*Wednesday, 5 to
Friday, 7 December - Full Board Meeting

* Should it be necessary, an evening session will be held on Thursday, 6 December to enable the meeting to conclude at noon on Friday, 7 December.

Tuesday should be devoted to individual investigations by the Trustees into Programme activities; they will report to the Board their observations.

The Board plans to meet with the Programme Coordination Committee, the Director's Advisory Council and the Scientific Council, in addition to reviewing the Centre's programmes, before the full Board meeting. In order to attend to these matters it was agreed that members should arrive in Dhaka by Saturday, 1 December, 1984. It was further agreed that from 1985 the Board would meet during the last week of November rather than the first week of December.

It was decided to defer the setting of the dates of the June 1985 meeting until the December 1984 meeting when it is likely that the dates of the Consultative Group Meeting will be known. It should be kept in mind also when setting the dates of the Board meeting that Eid-il-Fitr will fall around Thursday, June 20, 1985.

Agenda 15: Varia

(a) Offer to Mr W.T. Mashler

The Board welcomes the Centre's opportunity to have Mr Mashler as a Consultant and strongly urged it to take advantage of the offer. As an exceptional case, the Director should report progress on his negotiations, with Mr Mashler, to the Board's December 1984 meeting.

(b) UNICEF & USAID Requests

(i) UNICEF requested a position on the Board of Trustees and

(ii) USAID asked if they could be observers at the Board meetings.

Both these queries require replies. It was decided a 2-part working paper should be prepared for the December 1984 Board meeting stating the pros and cons of a possible membership of UNICEF (or other similar agencies) and of observer status for donors. It was suggested that the experience of the International Agricultural Research Agencies be drawn on. Meantime both UNICEF and USAID should be informed that we are investigating their requests.

(c) The following should be on the agenda for the December 1984 Board meeting:-

(i) Executive Committee of the Board.

(ii) Evaluation of Staff.

(iii) Programme Committee of the Board - A preliminary to the possible creation of such a Committee those Board members not on the Finance or Personnel and Selection Committees will review the 1984 External Review and give a report on this to the Board in its December 1984 meeting.

APPENDIX. I

OF MINUTES OF THE BOARD OF TRUSTEES

MEETING, JUNE, 1984

Appendix 1.

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?

APPENDIX. 2

OF MINUTES OF THE BOARD OF TRUSTEES
MEETING, JUNE, 1984

4/BT/June 84

Appendix 2.

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
<hr/> 103 <hr/>		<hr/> 25,291,576 <hr/>

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.

APPENDIX. 3

OF MINUTES OF THE BOARD OF TRUSTEES
MEETING, JUNE, 1984

5/BT/June 84

Appendix 3.

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 ORT 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.

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-FP)	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-FP)	265,000	100,000	365,000
SUB-TOTAL	3,791,000	315,000	4,106,000

ICDDR,B DONORS 1984: DISBURSEMENT TIMING

(In US \$)

Donor	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
RESTRICTED													
1. Arab Gulf Fund									50,000		200,000		200,000
2. Aga Khan Foundation												30,000	50,000
3. Australia											60,000		30,000
4. Belgium				453,000	580,000						667,000		60,000
5. CIDA (DSS)										40,000			1,700,000
6. CIDA(Tr/Wshop)						44,000						45,000	40,000
7. CIDA/WB(Handpump)											50,000		89,000
8. Ford Foundation (Ep Con)					30,000							20,000	50,000
9. Ford Fdn (Op Res/Tr)									20,000			20,000	40,000
10. France						15,000							15,000
11. GTZ											125,000		125,000
12. IDRC (DISC)													7,000
13. IDRC (VIDEO)	7,000				3,000								3,000
14. New Zealand												20,000	20,000
15. OPEC Fund											85,000		85,000
16. Pop Council/USAID					12,000		7,000	2,000					21,000
17. Princeton/JHU											45,000		45,000
18. Sasakawa Fdn								157,000					157,000
19. Saudi Arabia					19,000								19,000
20. Sweden/SAREC							225,000						225,000
21. UNDP/WHO (Cl.Res)						30,000					26,000		56,000
22. UNDP (DWSSD/UCVP)						15,000					15,000		30,000
23. UNDP/WHO (Reg Trg)				13,000			13,000		20,000			20,000	66,000
24. UNFPA (MCH-FP)								120,000				158,000	278,000
25. UNICEF							55,000						55,000
26. UNICEF(Tan/Col)				15,000									15,000
27. UNICEF (W&S Pub)												70,000	100,000
28. USAID/Indonesia			30,000							100,000			365,000
29. USAID/Dhaka			175,000			90,000							
SUB-TOTAL :	7,000		205,000	481,000	644,000	194,000	300,000	279,000	90,000	140,000	1,273,000	383,000	3,996,000

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						100,000	100,000
4. Saudi Arabia													108,000
5. Sweden/SAREC					108,000								
6. Switzerland *								176,000					176,000
7. UK/ODA													
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.

APPENDIX-C

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
SUB-TOTAL :	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
SUB-TOTAL :	1,990,000	2,760,000	4,750,000

UNITED STATES INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

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

APPENDIX. 4

OF MINUTES OF THE BOARD OF TRUSTEES

MEETING, JUNE, 1984

15 June, 1984

Appendix 4.

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

S '000s	Expected by	Expected by	Total	ACTUAL RECEIPTS CARRIED OVER FROM 1983 PROJECTIONS						Total	Balance
	End Dec. 83	Early 1984	Carry Over	Dec. 83	Jan.	Feb.	Mar.	Apr.	May	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						317	---
UNROB	47		47							---	47
SAREC		72	72						72	72	---
AGA KHAN FDN.	15		15	15						15	---
CIDA/LB (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-IP EXT)		282	282		44		175			219	63
USAID (JAKARTA)	13		13					11		11	2
USAID (NUTRITION)	3		3	3						3	---
TOTAL FROM 1983	2023	746	2769	887	80	156	547	171	462	2283	486

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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.

APPENDIX. 5

OF MINUTES OF THE BOARD OF TRUSTEES
MEETING, JUNE, 1984

11 June, 1984

10/BT/June 84

Appendix 5.

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 (P1) : 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 Matalb Station (P1) : 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 (P1) : 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 (P1) : 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 (P1-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

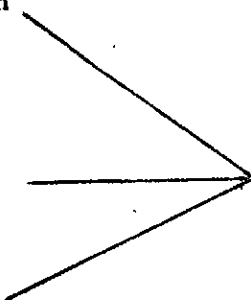
necessary as the tasks are enormous.
A concurrent audit capacity should
save wastage of previous funds.

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.

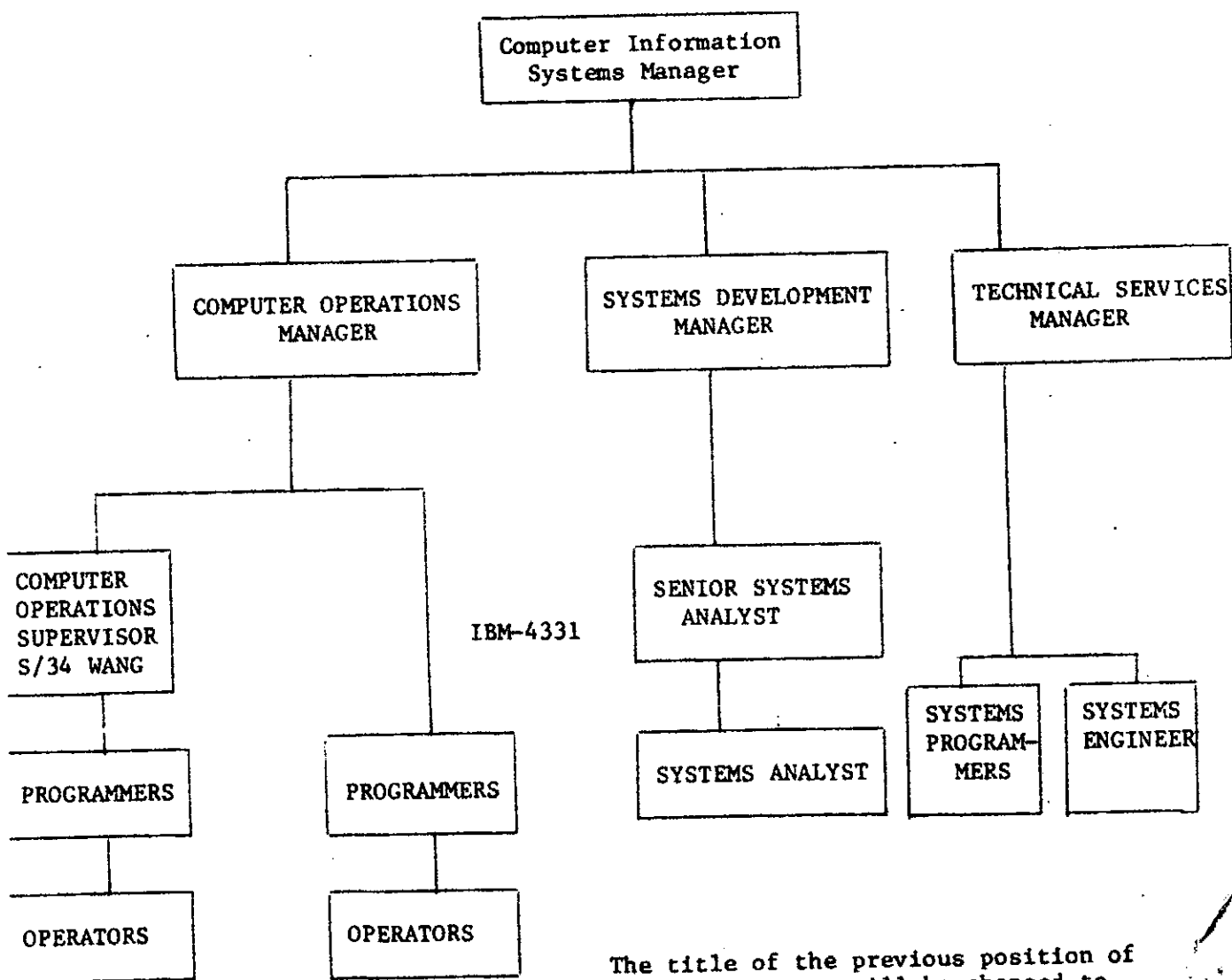
These three positions (9, 10, 11) are necessary to operate the new
"mainframe" computer.

12. Scientific :
Administrator (P5-P6)
or Assoc. Director
for Sc. Support
of Scientific
Secretary

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

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.

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
------------------	--------	----

*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 Sabena 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. Derozinsky	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. W. 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.	Consultant
Ms. Naomi Novak	14.2.83	1.7.83	31.5.84	Yes	Training	Scientific 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. CSRWG/ Personnel	Special Services
<u>CONSULTANT (Local)</u>							
Dr. M. Buz	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

2a/BT/DEC.84

RESOLUTIONS
BOARD OF TRUSTEES MEETING
13-15 JUNE, 1984

RESOLUTIONS

BOARD OF TRUSTEES MEETING

13-15 JUNE, 1984

RESOLUTION 1/JUNE 84

RESOLVED : The Board recognizes and appreciates the outstanding performance of Mr. M.R. Bashir, Associate Director, Resources Development for the Centre in meeting the target of 7.2 million U.S. dollars for 1984 and building the Centre's income from 2.0 to 7.2 million U.S. dollars over a five year period in an adverse economic climate.

RESOLUTION 2/JUNE 84

RESOLVED : The Board approves an increase of the budget for 1984 to a ceiling of U.S. dollars 6.8 million.

RESOLUTION 3/JUNE 84

RESOLVED : The Board accepts and approves the Audit Report and Audited Accounts for the year ending December 31, 1983.

RESOLUTION 4/JUNE 84

RESOLVED : In fulfilment of Clause 18 of the Ordinance the Board approves the present format of accounts employed by the management of the Centre.

RESOLUTION 5/JUNE 84

RESOLVED : Further to Resolution 9/Dec. 83 on the approval of the Retirement Plan, and as this Retirement Fund has been established in 1984 for the staff and provides for full and immediate vesting to all participants, the Board of Trustees recognizes that this Retirement Fund belongs to staff participants and therefore does not constitute an asset of the Centre.

RESOLUTION 6/JUNE 84

RESOLVED : The Board authorizes the incumbents of the following positions as signatories on the Centre's accounts:-
The Director, Associate Director, Administration & Finance, Controller or Chief Financial Officer and the most Senior Associate Director.

RESOLUTION 7/JUNE 84

RESOLVED : The Board appoints Professor Roger Eeckels to be Director, ICDDR,B for a term of three years from July 1, 1985, subject to negotiation of a contract with the Chairman of the Board.

RESOLUTION 8/JUNE 84

RESOLVED : Staff at the International Level would ordinarily serve for a period of not more than six years. Those wishing to be considered for reappointment of their contracts after six years 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.

RESOLUTION 9/JUNE 84

RESOLVED : 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.

RESOLUTION 10/JUNE 84

RESOLVED : The Board agreed to establish the following new International Level positions:

- | | |
|---|-------|
| 1. Pathologist | P4-P5 |
| 2. Head, Matlab Station | P1 |
| 3. Head, Dhaka Hospital | P1 |
| 4. Nurse Trainer-Matron | P1 |
| 5. Internal Auditor | P1-P3 |
| 6. Executive Assistant to
Director | P1 |
| 7. Infectious Disease Research
Physician | P3 |
| 8. Computer Information Systems
Manager | P3 |
| 9. Systems Development Manager | P1-P3 |
| 10. Technical Services Manager | P1-P3 |

In view of the financial condition of the Centre the Board has agreed that only the computer positions (nos. 8, 9, 10), the Executive Assistant to the Director (n. 6), the Nurse Trainer-Matron (no. 4) and the Infectious Disease Research Physician (no. 7) may be recruited at this time.

RESOLUTION 11/JUNE 84

RESOLVED : The following individuals are appointed to International Level positions:-

Chief Financial Officer (P2)	Mr Leonard Claridge-Chang Australia
Administrative Services Officer (P4)	Mr Ronald Dery USA
Anthropologist (P1)	Dr K.M.A. Aziz Bangladesh
Nutritional Biochemist (P1)	Dr Ayesha Molla Bangladesh
Microbiologist (P3)	Dr Bradford Kay USA

Two further individuals are appointed to International Level positions subject to successful completion of training in specific areas:-

Chief Supply Officer (P1)	Mr Golam Morshed Bangladesh
Head Library, Publications and Communications (P1)	Mr Md. Shamsul Islam Khan Bangladesh

RESOLUTION 12/JUNE 84

RESOLVED : The following individuals are appointed as previously approved by the Board:-

Nutritionist (P2)	Dr Fitzroy Henry Guyana
Clinical Research Physician (P1)	Dr F.C. Patra India
Clinical Research Physician (P3)	Dr Michael Bennish USA

RESOLUTION 13/JUNE 84

RESOLVED : The Board offers Dr Thomas Butler a new contract for three years at the level of Scientist (P5).

RESOLUTION 14/JUNE 84

RESOLVED : The Board offers Dr Najma Rizvi an extension of her contract as an International Research Associate (P3) for a period of three years.

RESOLUTION 15/JUNE 84

RESOLVED : The Board expresses its great appreciation to Dr M.A. Matin and Dr M.K. Were for the invaluable contributions they have made to the development of the Centre during their tenure as Board members. A continued close association of these two friends with the Centre is anticipated.

RESOLUTION 16/JUNE 84

RESOLVED : The Board welcomes Mr Munir-uz-Zaman, Secretary External Resources Division, who has been nominated by the Government of Bangladesh, as a Trustee. Dr J. Kostrzewski, Dr L. Mata and Dr V. Ramalingaswami.

are elected for a second term of three years.

Dr D. Sebina of Botswana is elected as a new Trustee.

RESOLUTION 17/JUNE 84

RESOLVED : The Board elects Dr Immita Cornaz Chairman of the Board for a term of one year from July 1, 1984 by acclamation.

RESOLUTION 18/JUNE 84

RESOLVED : The Board appoints to the Personnel and Selection Committee:-

Dr Immita Cornaz, Ex Officio (Chairman of the Board)
Dr W.B. Greenough III, Secretary, Ex Officio (Director)
Mr A.B.M. Chukam Mostafa, Chairman of the Committee
Dr F. Assaad
Dr J. Sulianti Saroso

The Board appoints to the Finance Committee:-

Dr Immita Cornaz, Ex Officio (Chairman of the Board)
Dr W.B. Greenough III, Secretary, Ex Officio (Director)
Professor David Bell, Chairman of the Committee
Professor David Bradley
Mr Munir-uz-Zaman

3/BT/DEC.84

MATTERS ARISING

3(a)/BT/Dec. 84

RESOLUTION 6/JUNE 84

This resolution reads as follows:-

"The Board authorizes the incumbents of the following positions as signatories on the Centre's accounts:- The Director, Associate Director, Administration & Finance, Controller or Chief Financial Officer and the most Senior Associate Director in the absence of the Director.".

On 17 July, 1984 Board Members were requested by letter to approve the deletion of "in the absence of the Director" from the abovementioned resolution. This has now been superceded by a Working Paper submitted to the Finance Committee on Cheque Signatories. A copy of this is attached for your information.

CHEQUE SIGNATORIES WORKING PAPER

Recently Finance was hard pressed to get cheques signed because several of the signatories were either overseas or out of Dhaka.

The following suggestions are recommended for the Board's approval:-

- 1) The number of cheque signatories is to be expanded to include all programme heads. This has the twin advantage of sharing out the chore of cheque signing amongst the senior management; and ensuring that someone will always be available for signature.
- 2) The Budget and Finance Officer is to be made a signatory, as he is in effect the principal accounting officer and internal control would be tightened if all cheques were passed through him.
- 3) The cheque signatories should be divided into two groups:

Group one - refers to first signatories, these are:

The Director, Associate Director Admin. & Finance, Budget & Finance Officer, Chief Personnel Officer, Administrative Service-Officer.

Group two - consists of all programme heads who normally act as second signatories.

- 4) Except for the Director and the Associate Director Admin. & Finance who can be co-signatories in cases of extreme emergencies, it should be noted that under no circumstances should the Associate Director Admin. & Finance and any of his subordinate officers - BFO, CPO and ASO be co-signatories, as the latter all report to him.

Administratively and for internal control purposes, cheques should be co-signed with one signatory from Group 1 and another from Group 2.

- 5) In emergencies where all expatriate signatories are evacuated then the cheque signing can be performed by any two of the remaining signatories.
- 6) Negotiable instruments or funds movement advices should be under the same rules as detailed above.

VACCINE TRIAL PERSONNEL BUDGET

<u>TITLE</u>	1984 (6 months)	1985 (full year)	1986 (full year)
Principal Investigator	62,260	62,260	62,260
Design Consultant	-	4,000	4,000
Consultant	3,000	-	-
Computer Consultant	2,500	5,000	5,000
Co-Investigator	5,000	10,000	10,000
Co-Investigator	5,000	10,000	10,000
Co-Investigator	5,000	10,000	10,000
Co-Investigator	15,000	30,000	30,000
Co-Investigator - Funded	-	-	-
Station Head	635 (1)	1,270 (1)	1,270 (1)
S.S. (Special Studies)	3,400 (1)	3,800 (1)	3,800 (1)
M.C.H. (Maternal Child Health)	3,400 (1)	6,800 (1)	6,800 (1)
D.S.S. Demo. Surveillance System	340 (1)	680 (1)	680 (1)
Project Manager	2,737 (1)	5,395 (1)	3,102 (1)
Secretary	997 (1)	3,439 (1)	3,955 (1)
Consultant	874 (1)	5,244 (1)	-
Comp. Analyst	1,759 (1)	5,396 (1)	6,205
Data Management Officer	534 (1)	4,913 (2)	5,650 (2)
S.D.M.O. Senior Management Officer	1,495	2,990	3,439
D.P.A. Data Processing Analyst	1,037 (2)	3,111 (2)	2,385 (2)
C.A. Coding Assistant	9,615 (18)	23,076 (18)	20,640 (12)
D.E.T. Data Entry Technician	2,995 (6)	8,268 (4)	7,396 (6)
Generator Foreman	193 (1)	2,324 (1)	2,450 (1)
Diesel Mechanic	229 (2)	2,757 (2)	2,906 (2)
Sub-Total:	<u>\$128,000</u>	<u>\$ 210,723</u>	<u>\$ 201,938</u>

/cont.

<u>TITLE</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>
B/fwd.	128,000	210,723	201,938
Porter	2,520 (3)	30,564 (75)	5,976 (75)
Female Volunteer	237 (5)	10,395 (75)	-
Administrative Assistant	193 (1)	2,324 (1)	-
Epidemiologist	1,564 (1)	5,395 (1)	4,136 (1)
Physician	5,473 (10)	27,365 (10)	5,035 (2)
SFRO Senior Field Research Officer	1,744 (2)	6,878 (2)	5,273 (2)
FRO Field Research Officer	8,010 (3)	13,102 (3)	-
H.A. Health Assistant	38,674 (100)	158,102 (119)	28,253 (25)
Paramedics	1,922 (6)	7,692 (6)	4,422 (6)
C.H.W. Community Health Worker	12,240 (102)	40,000 (110)	9,600 (30)
S.H.A. Senior Health Assistant	6,481 (14)	34,588 (23)	16,458 (18)
Tech.Srv.Microb.Lab.Technician	759 (3)	4,556 (3)	4,017 (3)
Laboratory Assistant	169 (1)	1,171 (1)	7,808 (1)
Serology	4,386 (1)	19,626 (1)	22,570 (1)
Speed Boat Driver	926 (10)	12,792 (10)	18,356 (10)
Refrigerator Operator	115 (1)	804 (1)	-
TOTAL:	<u>\$ 213,413</u>	<u>\$586,077</u>	<u>\$333,842</u>

DRAFT BY-LAW

House Equipment

29. The Director or Acting Director may establish rules and procedure governing the utilization of the Centre's house and property by all international level staff, so long as this conforms to decisions of the Board, the By-Laws and the Ordinance.



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Director

FROM : Secretary, Director's Advisory Council *Ash'* DATE: 29 November 1984

SUBJECT : A REPORT ON CREDIT UNION

As I was asked to prepare a report on Credit Union for the December 1984 Board meeting, I search all the papers of Director's Advisory Council meetings. On August 16, you asked the former Secretary, Director's Advisory Council to investigate the probability to open Credit Union and to seek the employees' decision in favour of the issue. Concurrently, you advised him to discuss the matter with Mr. Khalili and President SWA. In a meeting of SWA the matter was discussed and no favourable opinion was held to open Credit Union.

The feasibility to open the fund, benefit derived from it and the outline of the formation of the Trustee Board for the Union were discussed in the Director's Advisory Council meeting held on September 19, 1984. In that meeting SWA had been requested to circulate a consent form to gather the employees opinion in favour of the issue. SWA held an informal meeting and sought opinion of the executive members regarding the circulation of the consent form. The acting President of SWA informed me that the majority of the members were not interested to circulate that form.

However, I personally discussed the matter with few other members of the SWA. They felt that the outgoing SWA may not be interested for the issue. They advised me that the door is not closed forever for the discussion of the matter. The newly elected member of SWA may be interested for opening the credit fund. If it is once opened the other members may gradually be interested for the Credit Union.

Approved

Full Board

maa:fs

→ for information *JS*

REPORT
MICROBIOLOGY BRANCH ACTIVITIES

I. Microbiology Consultant

Dr Bradford A. Kay, a research microbiologist, was recruited and arrived on August, 1984 on a secondment arrangement with the Johns Hopkins University. His present position is Acting Head, Microbiology Branch.

II. Microbiology Branch Reorganization Plan

A) Physical Renovation Projects

1. Research laboratory renovation begun in October with December '84 completion.
2. Matlab laboratory renovation begun in November with December '84 completion.
3. Culture storage area begun in September, final work to be completed January '85.
4. Corridor renovation started October, completion expected April, '85.
5. Autoclave room renovation started October, to be completed December '84.
6. Employee break/tea room to be completed December '85.

B) Continued Renovations

Continued renovation of Media preparation, glassware washing, serology laboratory, molecular biology/plasmid laboratory, corridor area and other spaces in microbiology branch are subject to availability of funds in 1985 budget. If approved, renovations will be completed by June 1985.

C) Movement of Diagnostic Functions

The diagnostic functions of the branch (Diagnostic Section) have been relocated in the hospital to better serve the hospital. Permanent facilities have not yet been located, but are being sought, as the current facilities have not been assigned to microbiology

D) Administrative Reorganization

The branch was organized into 3 major activities with a Branch Manager over each. Each activity was then subdivided into Sections with a supervisor over each Section. This organization is shown on the Organizational Structure Diagram (in Appendix). Final approval for this structure is being sought from Personnel Branch. At the present the proposed structure has been implemented with "acting" personnel.

E) Technical Re-evaluation

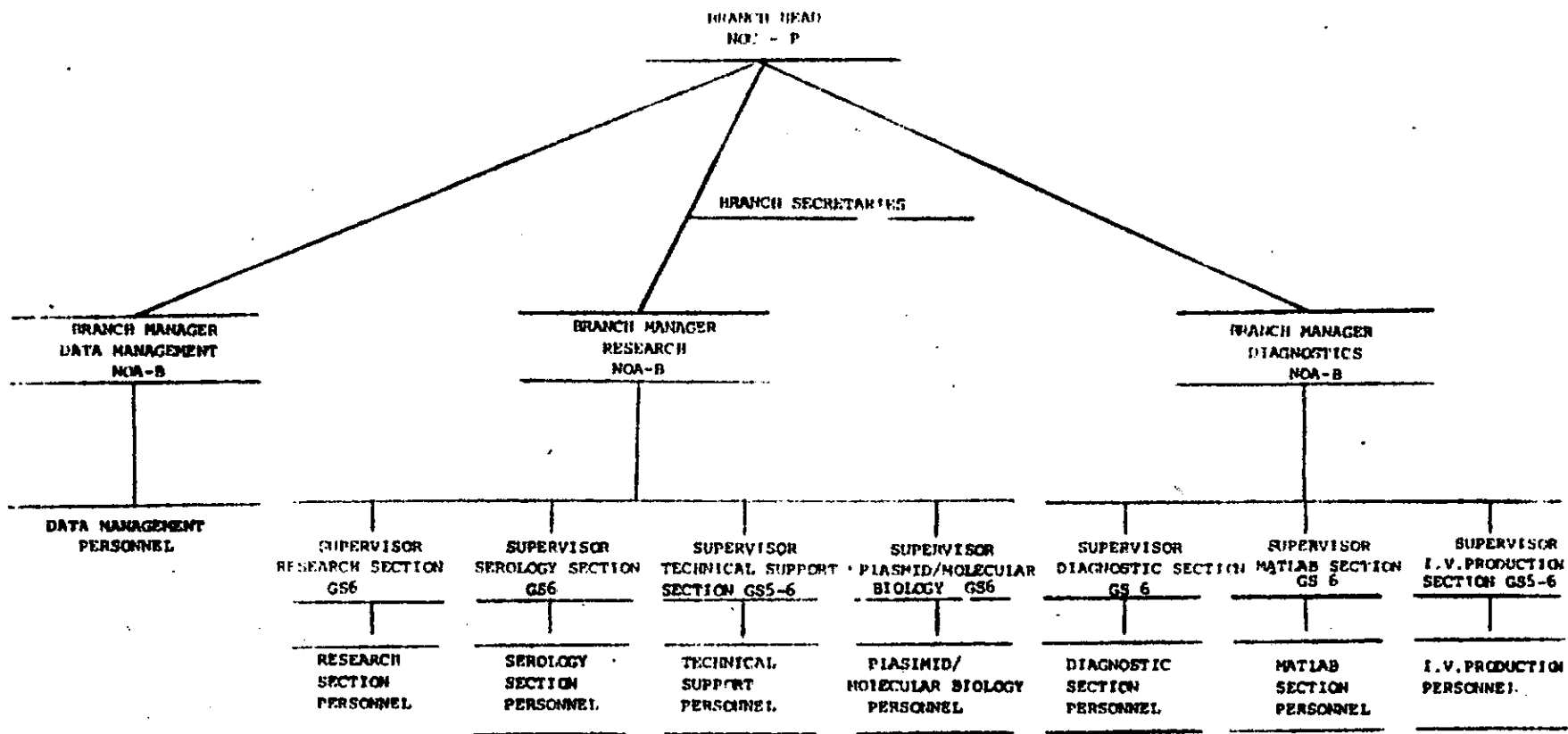
Technical reevaluation will begin for all Branch activities in January of 1985. A complete and comprehensive Procedure Manual will be compiled. A Clinical Laboratory Committee to coordinate hospital needs with laboratory services has been established and is chaired by the Acting Head, Microbiology Branch. Technical renovation will be completed by June 1985.

III. Budget and Equipment for 1985

The budget for 1985 and urgently needed funds or equipment for the continued renovation and refitting of Microbiology Branch are given in the Appendix. Funds and equipment have been prioritized, however all items are considered important to the refitting of the Branch.

BAK:sc

ORGANIZATIONAL STRUCTURE
MICROBIOLOGY BRANCH
ICTMR, D.



FUNDS AND EQUIPMENT REQUESTED FOR 1985

MICROBIOLOGY BRANCH

<u>Priority</u>	<u>Particulars</u>	<u>Amount (US\$)</u>
1	Continued Renovation of Microbiology Branch	20,000.00
1	Automatic Glassware Washing Equipment	10,000.00
1	Distillation Unit for Media Preparation	2,000.00
1	Ultra Pure Water System for Molecular Biology	800.00
1	Water Bath	700.00
1	Magnetic Stirrers (2 each)	300.00
1	Laboratory Stools and Chairs	3,500.00
1	Name Tags (for all personnel) and Laboratory Coat	1,100.00
1	Microscope (Light) 2 each	5,000.00
1	Balance (2 each)	2,000.00
1	pH Meter (2 each)	2,000.00
1	Misc. Glassware	5,000.00
2	Automatic Plate Pourer	3,000.00
2	Swinny Stainless Steel Membrane Filters (12 Filters)	2,000.00
2	Table Top Centrifuge	2,000.00
2	Spectrophotometer	2,000.00
2	Plate Counters	800.00
	Total:	61,200.00
	Sub-Total - 1st Priority:	52,400.00
	Sub-Total - 2nd Priority:	8,800.00

MICROBIOLOGY BRANCH BUDGET - 1985

	<u>US Dollar</u>
A. <u>Personnel Costs:</u>	
International Staff	80,000.00
Local Staff	214,500.00
Other direct staff costs	<u>9,000.00</u>
Total direct staff costs:	303,500.00
B. <u>International Consultants:</u>	
5 weeks at 150/day	<u>5,300.00</u>
Total: All Personnel Costs:	308,800.00
C. <u>Travel and Transportation:</u>	9,600.00
D. <u>Supplies and Materials:</u>	<u>88,000.00</u>
Sub-Total (A-D):	406,400.00
E. <u>Interdepartmental Services:</u>	
Expenditures	10,000.00
Reimbursements	<u>-104,000.00</u>
Sub-Total :	-94,000.00
F. <u>Operating Budget: 1985</u>	406,400.00
	<u>- 94,000.00</u>
Sub-Total :	312,400.00

TO : Director
 FROM : Associate Director - DTWG
 SUBJECT : RESPIRATORY DISEASES AND ICDDR,B

DATE: 28.11.84
D. Sarkar

Acute Respiratory Diseases (ARD) and diarrhoeal diseases (DD) are the major causes of morbidity and mortality in developing countries around the world. Several similarities exist between these two categories of disease as follows:

1. Both are closely related to sanitation, crowding, and socio-economic situation.
2. Both are characterized by repeated episodes of illness leading to an eventual life-threatening episode.
3. Both are related to malnutrition cycles.
4. Both are common in the under 5 age group.
5. Both are caused by multiple bacterial, viral and other infectious agents.
6. In many if not most cases, treatment can be simple and effective.
7. Protection from illnesses is largely related to mucosally related protective mechanisms.
8. The two types of illnesses tend to occur together, either concurrently or sequentially.

Because of the close relation between the ARD and DD, scientists at ICDDR,B have been studying this inter-relation. Examples of these studies include the increased susceptibility to diarrhoea due to measles, and pneumonia occurring in children with fatal diarrhoea.

ICDDR,B is now applying for a National Academy of Science grant for the study of respiratory disease and its relation to diarrhoeal disease. This grant will involve collaborations with scientists at the Institute of Public Health as well as ICDDR,B. Final approval of the grant will depend on a commitment from the future director of ICDDR,B toward research on respiratory disease.

ARD represents a major health problem in developing countries and this would seem to constitute a compelling reason to carry out research in this area.

There are reasons however that ICDDR,B should limit its activities in the area of ARD research. These are summarized below:

1. The ordinance of the Centre states the function of ICDDR,B to be the study of "diarrhoeal diseases and directly related subjects of nutrition and fertility".
2. Research on ARD would compete for resources with DD at ICDDR,B. An in-depth program at ICDDR,B would mean recruitment of new international staff, development of laboratories, establishment of new techniques. These new positions could, if not used to develop the new ARD agenda, be used to strengthen the diarrhoeal disease program.
3. Research on ARD might be seen as competitive with similar activities at national institutions. Though the current NAS grant is a collaborative program with national institutions and would strengthen the latter, a truly major effort on ARD might have the opposite effect.
4. A clear consensus for developing a major respiratory diseases research program is not yet present at ICDDR,B. This partly results from reasons cited above, but also is related to the following. The fact that "ARD is a major health problem" is not a sufficient reason for ICDDR,B to mount such a program. Also needed is 1) a clear direction for such research, 2) a demonstrated advantage for ICDDR,B, 3) a notion that there are no crucial constraints to such research, and 4) a feeling that the results of such research will make a difference.

To expand on # 4, a description of the viral agents causing upper respiratory disease episodes in Bangladesh could be accomplished but this knowledge would not result in any immediate appropriate control measures. Similarly a study of pneumonia in hospitalized diarrhoea patients would suffer by lack of appropriate specimens (assuming lung puncture or transtracheal aspiration is not done) and by the nearly certain bias of including only hospitalized patients. Finally, while ICDDR,B's advantage in diarrhoeal disease research is clear; a similar advantage for respiratory disease research is not at all certain.

A summary of the above arguments for and against ARD research is the fact that such a program requires such a massive effort, one should not "drift" into this

endeavour without first considering the questions, the resources needed and the impact of such a program on existing research. Under optimal conditions a new institute would be established for research on tropical respiratory diseases.

Until a new institute is formed, is there a role for such research at ICDDR,B? I believe there is such a role but it should be a limited one. First, research on ARD should be closely linked to diarrhoeal diseases and not linked merely being the other major disease of developing countries. Secondly, research on ARD should collaborate with other laboratories for needed virology and serology capabilities rather than developing these disciplines within ICDDR,B. Thirdly, major emphasis should go to research which will likely result in interventions rather than simply descriptions. This would naturally stress the treatable diseases due to antibiotic susceptible agents as opposed to those due to viruses. Finally it should remain as a small project to answer specific diarrhoea-related questions and not attempt to undertake a major research program on respiratory diseases per se which would lead to competition.

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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&P) 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

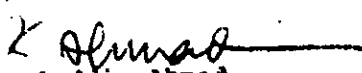
three weeks. If comments are not received within this time, it will be assumed that the Planning Commission will have no objection to the TA proposal. Working papers will be prepared by TACC for the Special PEC. ERD will request that a meeting of the special PEC be convened, within a month of receipt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

4/BT/DEC.84

DIRECTOR'S REPORT

DIRECTOR'S REPORT

At the present time maturation and fruition of several sustained efforts can be seen. Important among these are full staffing of scientific and administrative leadership positions, with excellent people and renovation and re-organisation of microbiology space and equipment. Also this year, the Centre has received signal recognition in the form of the UNICEF World Prize or Maurice Pate Award. Funds received from this prize have been dedicated to the Feeding Unit and Urban Mother's Programme. There has been continued research success and general high productivity and increased training and expansion activity. An external review of two programmes has been completed with the standard of comparison as highest quality in the discipline anywhere. In this report, I hope to signal briefly, not only successes but also where a problem exists or may occur that could constrain the full potential of the Centre.

A number of new staff have joined at the international level, either as a direct hire or on secondment.

<u>Staff Member</u>	<u>Country</u>	<u>Designation</u>
Mr. L. Chang	Australia	Budget Finance Officer
Mr. R. Dery	U.S.A.	Admin. Services Officer
Dr. K. M. A. Aziz	Bangladesh	Anthropologist
Dr. A. Molla	Bangladesh	Nutrional Biochemist
Mr. M. Chibba	Canada	Health Economist
Mr. R. Banerjee	Canada	Computer Analyst
Ms. M. Hurrell	Canada	Health Education
Mr. M. Rahman	Canada	Computer Statistician
Mr. M. Wroot	Canada	Materials Developer
Mrs B Wroot	Canada	Health Educator
Dr. M. Rowland	England	Assoc. Dir. C.S.R.
Dr. D. Sack	U.S.A.	Assoc. Dir. Disease Trans.
Dr. B. Kay	U.S.A.	Microbiologist
Dr. J. Harris	U.S.A.	Int. Research Associate
Dr F. Van Loon	Netherlands	Scientist

We welcome these people who bring a wide range of skills to the Centre.

Some staff have departed since June 1984. They have been important to the Centre and will be missed.

<u>Staff Member</u>	<u>Country</u>	<u>Designation</u>
Dr. Peter Speelman	Holland	Scientist
Dr. Marc Struelens	Belgium	Ass. Scientist

One of the most difficult problems facing the Centre has been space for new people and programmes. Since we have not yet been able to secure the required funds for the upward extension of the new building, we have been faced with making ad hoc arrangements. Fortunately on a temporary basis the Institute of Public Health has provided us with some additional working areas. Several low cost structures have been completed, the animal facilities further encroached upon by offices and a permanent new structure on the Centre's own land undertaken. The administration has moved very effectively in solving this pressing problem and sustaining rapid progress on the renovation of Microbiology. New space in the IPH has been completed, which allows turning what was office space back into functioning laboratory space. The field stations are also facing a severe shortage of space. Emphasis has been placed on creating new working areas in Matlab to accommodate the needs of the Vaccine Trial. It is expected that the UN Capital Development Funds will provide the required resources to make a qualitative improvement in field facilities starting early in 1985.

Installation of the new computer is expected to be finished by late December or early January.

In the research arena among many important projects two are reaching a stage of maturity where their impact is apparent. The USAID funded MCH-FP Matlab extension with the Government of Bangladesh has yielded results which have been incorporated into the next five year plan for

health of the country. This is particularly gratifying for a project that is as yet a very recent start. Even more gratifying has been the strong support of Bangladesh, and willingness to look at why programmes are not experiencing expected outputs in the field. The Cereal Based ORT studies have arrived at the service level, being fully implemented in the Dhaka Hospital. The first year of a field test is near completion. Basic studies on maize, sorghum, millet, potatoes and wheat have been started. We are assisting initial research in Kenya on maize and sorghum solutions, and work in China is expected to begin in 1985.

Of particular note in projects recently begun or expanded are the Mirzapur Hand Pump project with the World Bank, which is assessing the importance of a new technology in the field, the Dhaka Urban Programme which is now entering a research phase, which seeks to minimise the spread of diarrhoea in urban slum areas; the Cholera Vaccine Trial in Matlab which is testing two new oral cholera vaccines in co-operation with WHO and the Government of Bangladesh; and a major increase in concern about antibiotic resistant shigellosis, matched by a steady increase in research efforts to seek a better understanding of this disease, its impact on nutrition and how to more effectively prevent and treat it.

There are two ongoing evaluation studies being done by the Centre or with assistance of the Centre. One is evaluation of the Bangladesh Rural Advancement Committee Oral Therapy Education Programme. The other is the National Oral Rehydration Programme. The former is supported by the Swiss Government/^{and Swedish Government} and the latter by Ford Foundation.

A project with the Government of Bangladesh also supported by Ford Foundation has established and trained staff which are carrying out surveillance and control of diarrhoeal diseases under the Governments Control Programme for Diarrhoeal Diseases.

The Training Programme has been very active this year, with several new elements. Among these is response to a markedly increased demand for technical co-operation with developing countries in the region. The Government of Bangladesh has materially assisted this effort

by acquainting the Health Ministers of regional countries with the Centre at the meeting hosted in Dhaka last year.

Another new element has been courses given for groups all from a single country. Two courses for Indonesia, one for Egypt and one for the Phillipines have been completed, funded by USAID grants from their respective countries. The first African Workshop on diarrhoeal diseases was completed last month in Tanzania, with excellent participation and full external support.

Outside of Bangladesh in addition to training activities include initial evaluation missions to determine whether the Centre could assist UNICEF programmes in Tanzania and Colombia. A final agreement for grant projects with China is expected in December this year. The Kingdom of Saudi Arabia has requested the Centre to establish a second site in Riyadh this year as well as maintaining the Damman effort. A new long term agreement with adequate support will be required for further future progress.

Problem areas are issues demanding further definitions towards policy decisions or more effective efforts are in the overall programming of the Centre's research efforts. It is expected that the newly formed Programme Committee of the Board will be of great help in this task. Improvements in organisation and management may require consultations and be helpful in assisting the incoming Director.

There remains a problem in adequate responsiveness of our financial system for the reporting needs to the donors and Resources Development efforts. It is hoped that further implementation of the New System will greatly improve this situation.

Perhaps of greater concern to me is the erosion of core support for the Centre as an institution by donors. As our budget grows, not only does the percent of core/project fund go down, but there has been an actual shift by donors from core toward more project oriented support. This can greatly impair the ability of the Centre to respond to real field situations at the appropriate time. In this context, the rapid establishment of a reserve fund is of great urgency. It is

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hoped that the Members of the Board, whenever possible, communicate the great desirability of Core support for the Centre to most effectively pursue its missions.

FIVE YEAR PLAN 1985-89

INTRODUCTION AND BACKGROUND

In 1978 the Centre established a five-year plan of work from 1979 through 1984 which was presented to interested countries and agencies. A copy of this plan is available on request. In the economic climate of the early 1980's it was not possible to meet all the targets set. It was necessary to limit work toward some of the goals set out in this plan. It was also essential to achieve a new level of operating efficiency. Despite constraints, signal achievements have occurred. Some of these are :

- Discovery and rapid scaling up of cereal-based ORT
- Pretesting leading to field trials of oral cholera vaccine
- Discovery of a new cholera toxin
- Demonstration of drugs which reduce fluid loss in cholera by specific interference with the known mechanism of toxin action
- Demonstration that application of diarrhoea treatment with ORT at home together with immunization and family planning can rapidly result in decreased death and birth rates
- Introduction in the field of successful methods which simultaneously have reduced the growth of population while lowering death rates into the government health systems through counterpart support and operations research
- Establishment of a vigorous training and extension programme with growth of a network of cooperating countries
- Diversification of staffing by expertise and country of origin
- Improvement of budget and sharing of cost by many countries and agencies

The workplan for 1985-86 and its projection through 1989 reflects the impetus of achievements in the previous years with emphasis on where breakthroughs can be expected. Continued stress will be laid on improvement of technology and seeking field-applicable new technology.

WORK PLAN 1985-86

The project protocols cluster around specific targets and goals of the Centre. These individual and group efforts continue to be aggregated into five broader areas of research each headed by a senior person capable of giving the required leadership. These five programme areas are :

<u>Area</u>	<u>Associate Director in Charge</u>
- Pathogenesis and Therapy	Thomas C. Butler, U.S.A.
- Host Defense	Ivan Ciznar, Czechoslovakia
- Disease Transmission	David A. Sack, U.S.A.
- Community Services Research	Michael Rowland, U.K.
- Nutrition	M. M. Rahaman, Bangladesh

In addition there is a growing Training, Extension and Communication area for transmittal of the Centre's fundings directly to institutions, countries and individuals who can put them to effective use in their own settings. This is lead by Dr. K.M.S. Aziz, of Bangladesh.

The plans for 1985-86 are outlined below according to the Programmatic Aggregations :

Pathogenesis and Therapy

The main and growing thrust of this programme has been to investigate those diarrhoeal illnesses that are not cured by ORT alone but which lead to

complications and death. The chief among these is Shigellosis. Studies on the basic mechanisms of how this disease interferes with small and large intestinal function resulting in systemic illness and late deaths will become a main emphasis. New ways to control the devastating consequences of Shigella infection will be sought as resistance to anti-microbial agents escalates rapidly.

As ORT with widespread community home use reduces the number of mild uncomplicated cases of diarrhoea presenting at hospitals, those cases with complications will receive an increasing focus of efforts. At present acute respiratory disease is the principle complication and cause of death in diarrhoea. There is little knowledge on its causes and how best, in Bangladesh and other developing countries, to avert its consequences. Research will begin in earnest on this complication.

Studies on the alteration of crucial basic functions of the digestive tract will continue leading to better ideas of what interventions may succeed in averting some of the long term consequences of diarrhoea, particularly of the invasive and inflammation-causing etiologies.

As apparently useful drugs and vaccines become available to prevent disease or complications of diarrhoea, these will be tested in a controlled setting. Work toward a volunteer unit will begin if interest and resources are sufficient. It is essential to be able to investigate drugs and vaccines in the populations where they may be applied widely.

There will be a sustained effort to build up pathology services,

including electron microscopy and clinical laboratory services, to a "state-of-the-art" level comparable to the best available in any institution.

Host Defense

The main thrust of this area will be to isolate, identify and test antigens which are likely to be important components of vaccines. The effort will shift during 1985-86 from almost solely working on V. Cholerae to Shigella. Prevention of Shigellosis will be a number one priority of all programmatic areas in the next five years.

An upgrading of technology and expansion of staff and activities will occur. This will include some items of major capital costs such as establishment of a specific pathogen free animal unit, monoclonal antibody capacity and increased preparation of standard serologic reagents.

During 1985-86 there will be a heavy load in support of the Cholera Vaccine Trial as this goes into the field.

Disease Transmission

The main focus in 1985-86 will be a large scale field trial of two killed oral cholera vaccines (whole cell and whole cell plus B Subunit). Work preparatory to testing a Shigella Vaccine in 1987-89 will begin.

In addition, the evaluation of measles vaccine as a way to prevent diarrhoea, especially Shigellosis, will be completed by 1987.

Should an effective rotavirus vaccine become available, its use in our field areas will be considered if decisive results can be achieved in a small scale study.

During the present period 1979-84 two highly effective and low cost methods have been demonstrated to prevent diarrhoea. Use of soap and water in the home even in the worst conditions of urban Dhaka reduces the spread of Shigella manifold. The use of Alum (potassium aluminium sulphate) or Fitkari reduces the spread of cholera by an equivalent amount. These simple and immediately applicable methods will be further investigated and optimised so they can be rapidly scaled up and introduced in concert with ORT.

The Centre has done a great deal of investigation of currently recommended water and sanitation interventions. There will be an increase in cooperation and joint study of these between the different programme areas of the Centre.

When interventions are well-tested, they will be passed on to the Community Services Research and the Training and Extension Communication Programme for implementation. This also will be true of vaccines when they are ready.

Surveillance for specific causes of diarrhoea will be continued and extended. Priorities for research at the Centre are determined by what the actual problems are in the populations served. The most important such populations are mothers and children. The early identification of new agents such as the new strain of classical cholera or antibiotic-resistant shigella are examples of the importance of this activity. Methods used have already been implemented in the cholera surveillance of the Government of Bangladesh with the partnership of the Centre. This provides a very wide need to address

the real problems.

Improvement of the Microbiology and Immunology laboratories and development of modern field applicable methods will be emphasized in the 1985-86 period.

Nutrition

During the past five years this programme area has shown which causes of diarrhoea affect food absorption and how much. These basic studies will continue to look in more detail at how (mechanisms) specific agents interfere with absorption and how to reduce their effects. These studies will look at macro and micro nutrients with special emphasis on micronutrients such as zinc which are very important in Vitamin A metabolism and deficient in Bangladesh.

There will be an increased effort in concert with Shigella studies to further assess the duration and impact of gut protein losses in diarrhoeas caused by invasive agents.

Studies will begin on anemia as it relates to defects in absorption produced by diarrhoea.

Under the Nutrition Programme water and sanitation interventions have been established and investigated at several field sites. The main outcome sought beyond reduction of diarrhoea was improved health as measured by better nutrition. The studies will continue and will be linked to transmission studies of specific agents.

Since current results do not indicate the hoped-for-impact expected from the emphasis of these standard methods of tube well and latrine in the decade of water, innovative approaches will be sought and explored beginning in 1985-86. Among these are the use of protected ponds for drinking water and water purification by duck weed and other biological means.

Behaviour studies in relation to food practices have been started. These will be expanded and emphasized.

The further development of cereal-based ORT will range from hospital-based metabolic balance studies to be done in collaboration with Kenya and China and field trials of various cereals adapted to different country settings. This cluster will be carried out under the Project Development area of the Centre because of its scope and the involvement with several countries. All the essential disciplinary and programmatic areas of the Centre will contribute. This will be a central priority for the next five years.

Community Services Research

The main achievement by this programme in the first five years of the Centre was the first demonstration that application of selected health measures of proven efficacy together with family planning by health workers chosen by their communities results in a prompt decline in deaths and fertility. Thus better and slowed population growth occurred together. By the end of this five year period (1982-84), the methods employed are being introduced into the existing Government Health Services in two areas through counterpart

support and operations research approach. Research on this transfer will be a major focus of this work in 1985-86, and the application of successful transfer methods will then be carried out on a wider scale in 1987-89.

Fundamental to knowing whether an intervention works is accurate information on demographic variables. The Demographic Surveillance System of Matlab and Teknaf provide this information. Research to determine how best to gather such information at the lowest possible cost is now underway and will be an important emphasis. Many developing countries have expressed a strong interest in how they can establish equivalent information on their populations to better judge whether their expenditures in health and family planning are yielding the expected and desired results.

In addition, this programme will focus on improving the accuracy of cause of death reporting and morbidity information.

The next main interventions are likely to be in the area of Nutrition to attempt to find which of the many possible measures which reduce diarrhoeal diseases or their impact might result in improved nutrition or which of the measures found in the Nutrition Programme can be scaled up to a large population with good results.

Basic studies on area variations village-to-village and larger areas (Upazila-to-Upazila) will occupy a larger share of community services research efforts. Certain observations (such as the better health experience of children in families where the mother has a 6th grade education or better) will be followed to determine the bases for such observations and their possible broad transferability.

Urban studies are now underway and expanding rapidly. These will become a principle activity by 1987-89.

At present the hospital visit rate has been reduced a great deal at a very large cost saving to the patients, their families, the Centre and Government hospitals by home applications of ORT.

A mainframe computer is now being attached, along with micro computers, in all areas and field stations. A rapid buildup of this crucial resource is planned in 1985 and 1986.

Training Extension and Communication

The transmittal of the Centre's results into practice in Bangladesh and many other countries has been markedly improved and accelerated by this programme. It is expected that all research staff will participate upto 20% of their efforts toward this goal. Materials are being developed, evaluated and field tested for use by ourselves and others. An information service, journal and newsletter are established. Computerization and technology improvements are scheduled in the 1985-86 period. The goal that the Centre will become the main global information centre on diarrhoeal diseases remains and will be pursued vigorously.

Project Development

Collaborative projects with the governments of the Kingdom of Saudi Arabia, Indonesia, China and Kenya are currently underway. These are fully

supported by specific project funds including all overheads. The Centre's focus on research strengthening, practical field applications and technology transfer particularly in relation to microbiology and field methodology; there is a large and increasing demand for this role of the Centre. Careful planning and staff development is underway to meet these demands without compromising the quality of the work of the Centre in Bangladesh.

Finance and Administration

We will be reporting to our donors on the basis of expenditures against specific programmes and projects. A new system is now in place to permit convenient and timely information. The donor will be able to see exactly against which areas and projects their money is directed. In the case of the core support of USAID essentially all projects except those funded outside of Bangladesh or those funded by the USAID Country Office receive support from core funds. A full listing of current projects is available on request.

INTERNATIONAL CENTER FOR TROPICAL DISEASE RESEARCH, BANGLADESH

OPERATING BUDGET FOR 1985

(IN US DOLLARS)

Program	Program Title	Person year	Local Personnel Services 54	International Personnel Services 52	Travel and Transportation of 41	Other Contractual Services 42	Supplies & Materials 43	Depreciation 44	1985 Total	1984 Budget
<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	436.8	1,113,460	1,027,390	87,540	51,670	90,000	112,070	2,482,130	1,684,130
	Sub-Total:	669.20	1,895,890	2,278,910	102,940	93,540	253,130	195,670	4,826,080	3,468,900
06	Research & Training Support Facility	242.1	816,280	99,810	-	43,710	30,070	61,240	1,325,110	1,036,210
07	Training, Extension & Communication	31.8	164,990	244,950	22,560 ^{11/}	23,090	37,210	17,190	509,990	377,950 ^{111/}
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	721,260	60,500	65,310	53,790	41,940	1,380,260	964,910
10	Resources Development	8	40,650	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	41,630
	Total:	1187.10	3,770,910 ^{1/}	3,550,290	336,700	258,090	858,660	371,300	9,151,950	6,986,600

^{1/} Breakdown of personnel services costs are provided in Appendix I attached.

^{11/} \$10,000 for computerization of Library Information Service.

^{111/} Earmarked for Material Developer funded by UNICEF.

(Not rec'd) ←

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
DONOR FUND FLOW: COMMITMENTS/CONTRIBUTION SCHEDULE
1982, 1983
(\$'000)

Period	Donor Commitments	Amount rcvd in 1st quartr	Amount rcvd in 2nd quartr	Amount rcvd in 3rd quartr	Amount rcvd in 4th quartr	Total amount received
1982	\$ 5,133	\$ 1,959	\$ 685	\$ 1,131	\$ 471	\$ 4,246

Note : Donor commitment for 1982 \$ 5,133
(Less) Amount received in 1982 \$ 4,646

Disbursement due in 1982; \$ 407
received in 1983

Period	Donor Commitments	Amount rcvd in 1st quartr	Amount rcvd in 2nd quartr	Amount rcvd in 3rd quarter	Amount rcvd in 4th quarter	Total amount received
1983	\$ 6,547	\$ 888	\$ 1,337	\$ 1,310	\$ 1,735	\$ 5,270

Note : Donor commitments for 1983 \$ 6,547
(Less) Amount received in 1983 \$ 5,270

Disbursements due, but not received in 1983 \$ 1,277

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

PROPOSED OPERATION BUDGET 1986

(IN US DOLLAR)

Project Code	Program Title	Person year	Personnel	Services	Travel &	Other contrac-	Supplies &	Depreciation	1986	1985	1984
			Local	Natl.	Transportation.	tual services	materials	Total	Budget	Budget	
			31	32	41	42	43	44			
01	Disease Transmission	54.1	246,700	400,800	5,000	15,100	77,600	31,900	777,100	679,340	486,020
02	Pathogenesis & Therapy	48.8	213,000	483,800	5,000	16,000	41,300	10,800	777,900	683,030	515,530
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	438.8	1,391,900	1,130,100	96,300	56,800	99,000	123,300	2,897,400	2,482,150	1,634,130
		669.2	2,369,500	2,536,700	123,800	102,800	278,500	215,300	5,597,100	4,830,000	3,488,900
06	Research & Training Support Facilities	242.1	1,020,400	159,800	5,000	40,100	334,500	67,400	1,545,200	1,325,110	1,036,210
07	Training, Extension & Communication Program	31.8	183,700	290,400	30,000	25,400	40,900	18,900	573,300	509,990	377,930
										35,000	
08	Maintenance & Logistics	107	410,300	46,300	6,000	10,800	192,800	53,000	719,200	608,990	430,400
09	Management	120	545,600	794,500	70,000	71,800	59,200	46,100	1,587,200	1,380,260	954,910
10	Resources Development	8	51,100	135,600	35,000	9,500	8,200	900	240,300	208,490	184,600
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	9,151,990	6,039,630
	1985 Total	1187.1	3,770,910	3,556,290	336,700	258,090	858,660	371,300	-	9,151,990	-
	1984 Total	1126.2	2,858,850	2,519,550	297,000	234,430	778,500	371,300	-	-	6,859,630

INTERNATIONAL CENTRE FOR DIAGNOSIS AND REFERENCE

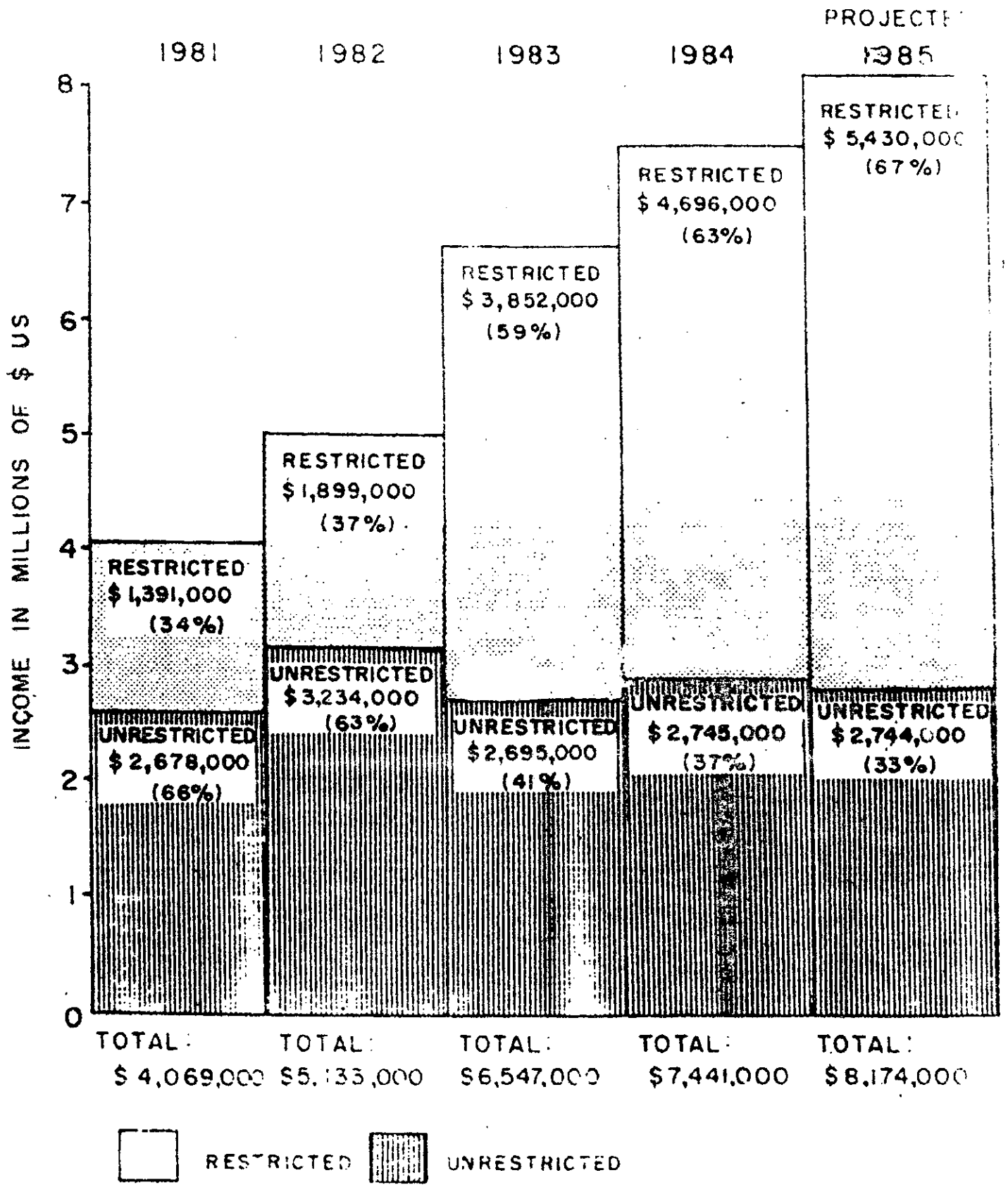
OPERATING BUDGET FOR 1984

(IN US DOLLARS)

Project Code	Program Title	Person year	Local Personnel Services	International Personnel Services	Travel and Transportation of persons	Other Contractual Services	Supplies & Materials	Depreciation	Total
			51	52	41	42	43	44	
			\$	\$	\$	\$	\$	\$	\$
Research Program (01 to 05)									
01	Disease Transmission	48.4	140,320	236,180	4,000	12,470	64,090	28,960	486,020
02	Pathogenesis & Therapy	44.8	130,680	316,420	4,000	13,240	34,130	17,050	515,520
03	Host Defense	26.2	80,630	159,170	2,000	2,550	14,050	17,400	275,800
04	Nutrition	93.3	226,310	211,090	4,000	9,810	36,030	20,190	507,430
05	Community Services	427.6	855,590	510,410	79,580	46,970	79,510	112,070	1,684,130
	Sub-Total:	640.3	1,433,530	1,433,270	93,580	85,040	227,810	195,670	3,468,900
06	Research & Training Support Facility	230.1	574,420	84,380	-	39,740	276,450	61,240	1,036,210
07	Training, Extension & Communication	28.8	146,580	147,920 85,000	11,420	20,990	33,830	17,190	377,950 85,000
08	Maintenance & Logistics	99	228,750	38,250	5,000	8,910	159,310	48,180	488,400
09	Management	183	381,590	378,110	55,000	59,570	48,900	41,940	964,910
10	Resources Development	8	34,120	112,080	25,000	7,820	6,740	840	186,600
11	Mandatory Committee	-	4,460	40,540	100,000	1,770	6,140	-	152,910
12	Employees Benefits	7	24,700	-	-	7,330	18,680	6,240	56,950
13	Project Development	-	-	-	-	-	-	-	-
14	Staff Development	-	30,700	-	7,000	3,660	460	-	41,820
		<u>1126.2</u>	<u>2,858,850</u>	<u>2,319,550</u>	<u>297,000</u>	<u>234,630</u>	<u>778,300</u>	<u>371,300</u>	<u>6,859,630</u>

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

ICDDR,B FUNDING PATTERN: DONOR FUNDING COMMITMENTS



5/BT/DEC.84

PROGRAMME COMMITTEE REPORT



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Director and Council of Associate Directors

FROM : Thomas C. Butler, M.D., Associate Director
in-charge PTWG

SUBJECT : Work-plan

DATE: 9.10.84

Concerning the 5-year plan presented to USAID, I would request you to consider some revisions:

1. Under signal achievements between 1979-1984, you have omitted several accomplishments in the PTWG:
 - A. Discovery of new diseases at ICDDR,B that had not been detected here or in Bangladesh previously:
Yersinia infections
Reye's syndrome, i.e., fatty liver with encephalopathy
Necrotizing enterocolitis
 - B. Use of fiberoptic colonoscopy to study the structure and function of the colon in shigellosis and other diarrheal diseases
 - C. Elucidation of fatal complications of diarrhea by post-mortem studies
 - D. Advances in knowledge of shigellosis, including 1) the importance of septicemia as a complication and 2) the development of an animal model of the hemolytic-uremic syndrome in the rabbit.

During the years 1979-1984, it would be a distortion of truth not to recognize the considerable work on campylobacter done by Drs. Glass and Sanyal. Thus,

- Description of Campylobacter jejuni as a diarrheal pathogen in Bangladesh and development of a new animal model of this infection in the chick

The "new cholera toxin" may be an inappropriate claim at this time because it was not accepted for publication in an international established journal and because the toxin has not yet been purified or chemically characterized, nor has this preliminary observation been confirmed by others.

3. Under the PIWG, the following changes should be made:
 - A. Respiratory disease is one of the principal complications of diarrheal diseases. Another one is septicemia originating from ulcerations in the colon.
 - B. The Volunteer Unit has not been planned for. The connotation of the work "Volunteer" is that we would be challenging normal subjects with pathogenic agents. This should not be undertaken by ICDDR,B at this time.

Thank you.

TCB/mbs

REPORT OF THE SCIENTIFIC PROGRAMME REVIEW COMMITTEE

=====

J. Kostrzewski: Y. Takeda
L. Mata : D. Rowley

The group attempted to interact with the Associate Directors of the Institute, and to obtain their frank opinions, not only about the two external review reports, but also their views on the scientific performance and efficiency of the Centre as a whole. The Associate Directors of the two working groups under direct review are naturally concerned to defend their group against some of the detailed criticism in the reports, and their comments were mostly reasonable and debatable. Putting aside the details, all Associate Directors and all of our Committee were unanimous in feeling that the generalisations in both reports were valuable, objective, critical in a helpful sense, and potentially very useful in promoting some positive changes in the scientific efficiency of the Institute. The more important valid criticisms and suggestions were identified and agreed in principle by all our Committee members and in general by all the Associate Directors. These are as follows:-

- 1) The Institute must establish an overall research programme in which its scientific priorities have been clearly identified. We believe that the hard task of fund raising should be easier, given a list of priorities especially if these are seen to be innovative rather than repetitive and of global significance.
- 2) A Programme Review Committee should be established to monitor periodically and if necessary, occasionally change the activities in the light of these Institutional goals.
- 3) A major defect in our Institute at the moment is lack of

communication between the present working groups. There appears to be little interaction between the groups, institutional seminars are poorly attended or often cancelled and this is an intolerable situation for any scientific body, still less for one which aspires to international standards. Methods must be devised to bring people together and promote better intellectual cross fertilisation.

- 4) The present system of protocol preparation and review is too cumbersome and stultifying. It should be the right of every scientist in the Institute to put forward a research proposal in as independent and democratic way as possible. Such proposals should be subjected to multidisciplinary comment and criticism at an early stage in their evolution. It should be the responsibility of Associate Directors and departmental heads to assist in the processes of turning a research proposal into an acceptable protocol.

- 5) There is a strong suggestion that the present division of the Institute into working groups has become rigid and fossilised, leading even to rivalry rather than cooperation. It is possible that interaction could be greatly improved, whilst retaining the S.W.G. structure if a few scientific priority topics were chosen and approached in a holistic, multi-disciplinary way. Each topic might have a coordinator, but all input would be from members of existing S.W.G.'s. We suggest three possible examples of priority research areas which could be approached in this way:-
 - (a) Invasive diarrhoeal diseases
 - (b) Development of rapid bedside diagnostic methods
 - (c) Field interventions and vaccine trials

All existing working groups and services should be able to see ways in which they could contribute, or benefit from all of

these areas.

Suggested Actions

- A. The Board should consider setting up an ad hoc committee to define clearly the scientific areas and objectives with the brief to present a report by the December 1985 Board Meeting. This would allow ample time for discussion, both with the Committee and with other experts on an informal basis. A suitable composition for this adhoc committee might be:-

The Director
2 Board Members
2 Associate Directors
2 External Consultants

- B. The priorities and scientific progress toward their solution should be reviewed regularly by the Board Programme Committee, on which all the Board members not involved with Finance or Personnel should sit. The meetings of this Committee would also precede Board Meetings, and should involve presentations of work, chosen by the Director to illustrate progress or difficulties in reaching the chosen goals.

Protocols should be generated from scientists in a streamlined manner and sifted in the first instance by the Associate Directors Scientific Committee. The Director must ultimately be responsible for deciding which of the approved protocols fit best with the priorities and seem worthwhile on a cost-effectiveness basis. These he would recommend to the Programme Committee and Finance Committee for funding.

v

It seems to our group that 1985 offers great opportunity to maximise the Institutes resources and extraordinary field activities. The retiring director is handing over the Institute at a time when

..4..

facilities are being dramatically improved, and when many capable scientists are in post; it has never been stronger, and with greater potential.

6/BT/DEC.84

RESOURCES DEVELOPMENT REPORT

RESOURCES DEVELOPMENT REPORT

With the close of the year 1984, ICDDR,B will have completed its first five years of existence as an international organisation. These initial years were characterised by a series of sustained efforts and exercises to obtain international recognition and support for ICDDR,B's programmes and mandate. The tasks set forth for Resources Development during this period were to seek an improved donor base, increase the number of ICDDR,B's participating countries and agencies, assist expansion of the Centre's activities among developing countries, project ICDDR,B through the international media and develop a strong relationship with the host country. In another words, Resources Development was assigned the responsibility of organising and coordinating the launching of a new international organisation. This formidable work was compounded by the absence of formal long-term programme perspectives and financial plans and projections. Although ICDDR,B did have a 5-year plan, scope of its activities expanded and changed to such a degree that it could not be followed.

We are pleased to inform the Board that, despite the heavy odds that faced our mission, in a period of global financial and political instability where the major donors were realigning their aid-giving priorities and where the major international agencies were cutting back their budgets, Resources Development has successfully accomplished its tasks. Firm donor commitments were obtained every year to meet the Centre's annual income projections and its donor base has increased from 5 in 1979 to 25 in 1984. This expanded donor base is of critical importance for the Centre's long-range financial stability. The number of countries and agencies participating in ICDDR,B is now 50, up from 4 in the beginning of 1979, and we have assisted initiation of the Centre's collaboration with a number of developing countries in Asia, Africa and Latin America, establishing our presence in these regions. Resources Development has also achieved a high degree of success in promoting and projecting ICDDR,B through the international media. This includes articles on the Centre and its activities in newspapers and

journals in the major cities of the world and coverage in a prime time US TV show.

Improved understanding of the Centre's activities and its growing international presence has led to an increased interest in the global efforts to combat diarrhoeal diseases. ICDDR,B, as one of the co-sponsors of the International Conference on Oral Rehydration Therapy (ICORT), brought together decision makers from a large number of developing countries in Washington to appraise them of the advances made in diarrhoea management and how this can be of benefit to them. The Centre was awarded the prestigious UNICEF/Maurice Pate Prize in recognition of its services; the Director of the Centre was honoured with the coveted King Faisal International Prize in Medicine and the UNICEF Regional Prize was awarded to the Centre and its Director.

Resources Development continues to devote a substantial part of its time to the maintenance and further improvement of the excellent cordial relationship with its host country. Bangladesh has always extended its support to ICDDR,B whenever needed, both within the country and in various international forums. This relationship has been a major source of support for the Centre and has greatly facilitated its activities. At the request of the Government of Bangladesh, ICDDR,B has undertaken a major technical assistance programme to 8 countries from the WHO South East Asia Region.

During the past five years, efforts of Resources Development were instrumental in giving the Centre a sound donor base and ICDDR,B is now internationally recognised as the premiere institute in its field.

1984

For financial year 1984 Resources Development had projected donor commitments in the amount of US \$ 7.2 million, with an estimated

increase of a further US \$ 0.24 million during the year. With the total of donor commitments received for 1984 standing at US \$ 7.614 million, we are pleased to report that we have exceeded the target. The above donor commitment compares very favourably with the approved 1984 budget of US \$ 6.8 million and would appear to indicate that ICDDR,B financial status has improved significantly. Details are provided in Appendix I of our report to the Finance Committee.

During 1984 several donors, both new and existing; announced fresh commitments to the Centre. The Canadian International Development Assistance (CIDA) became a major new donor when it began supporting the Demographic Surveillance System from January this year. CIDA has also extended financial support to the African Diarrhoeal Disease Conference held in Arusha, Tanzania, in November and we are currently negotiating additional CIDA support for a number of other ICDDR,B projects.

Belgium has seconded three scientific personnel to the Centre for a period of two years. Belgium has also confirmed that their grant to the Urban Community Volunteer Programme (UCVP) is expected to be released soon. Six World University Services of Canada (WUSC) personnel seconded to ICDDR,B have now arrived and have taken up their respective responsibilities.

The agreement with the Drinking Water Supply and Sanitation Decade (DWSSD) of UNDP for their support to the UCVP was signed this year. They will support this programme for a period of two years ending in 1986.

Agreements with a number of our existing donors were also renewed this year. As we stated in our report to the Board in June, the agreement with USAID, our largest single donor, for the first 5-year cycle expired in September and an extension was granted at the previous funding level for the remaining months of 1984. We have negotiated

the second 5-year grant cycle with a request for a US \$ 1.1 million increase in the annual funding level. The increased level of funding will help offset the inflationary fall in the current dollar value compared to that of 1979 and support new programmes such as the vaccine trials, research in shigellosis and further development of ORS. A major change in the nature of the USAID support in the second cycle will be that instead of funding ICDDR,B general core activities, the new grant will support designated core activities. This reflects a trend, not only of USAID, but also of most other donors, towards a need for visibility of the programmes supported by them and for increased accountability in the use of their funds.

The Ford Foundation has renewed its support to the Epidemic Control Preparedness Programme for a further two year period at a greatly enhanced level.

The Arab Gulf Fund grant to ICDDR,B was renewed for another year at an increased level. This grant is disbursed through the UNDP. The UNDP Clinical Research grant was also renewed for a three year period.

France, Japan, Sweden, Switzerland and the United Kingdom have increased the levels of their funding to ICDDR,B for 1984.

Australia had informed us that release of their 1984 contribution would be delayed until early 1985 and that they were withdrawing their commitment for project support. We discussed this matter with the Australian High Commission in Dhaka who assured us that the disbursement would be made in December. The High Commission has also assured the revalidation of the committed project support.

The core support committed by UNICEF for 1984 which was expected to be disbursed by the middle of this year has been delayed pending discussions with WHO. However, we have taken up the matter with the UNICEF Executive Director and its Board for immediate release of the fund.

The first cycle of the core funding of the Kingdom of Saudi Arabia expires in 1984. KSA has also suggested that the Centre's budget shortfall should be shared by all ICDDR,B donors and that KSA would favourably consider such a request if there were a Board resolution to that effect. We request the Board to adopt a resolution requesting KSA and other donors to provide funding to meet this shortfall. We lack nearly US \$ 3.0 million in firm commitments for 1985 and we have already requested the Ministry of Health, Kingdom of Saudi Arabia to increase their contribution to meet ICDDR,B's costs.

The agreement for providing technical assistance to the Diarrhoeal Disease Control Centre in the Eastern Province of KSA has been renewed for a second year and an agreement for setting up a similar Centre in Riyadh is in the final stages of negotiation.

Collaboration

A delegation from the People's Republic of China is expected to visit the Centre in mid-December to finalise and sign a collaborative agreement. Through this agreement ICDDR,B will extend technical assistance in a number of areas and some donors have already indicated their willingness to extend their financial support under tripartite arrangements.

The Centre has also extended technical assistance to Indonesia and the Philippines in 1984. These activities were funded by the USAID missions in these countries.

In early 1984, at the request of UNICEF, ICDDR,B sent two teams to Colombia and Tanzania for a feasibility study. As a result of these visits both Colombia and Tanzania are requesting our assistance. We hope that UNICEF will extend support for this programme for which they have already received a request from Colombia.

Capital Development Programme

The Centre's proposal to the United Nations Capital Development Fund (UNCDF), for construction of permanent physical facilities at the Matlab and Teknaf field stations, was strongly recommended by the Government of Bangladesh. Our proposal is now being finalised by UNCDF.

Vaccine Trials

The 1984 pre-trial activities of the vaccine trials project was supported by the Centre's core fund with additional support from UNDP, WHO and SAREC.

The Federal Republic of Germany (FRG) has confirmed their intention to support the vaccine trials and an agreement is expected to be signed in December, 1984. Signing of this agreement has been delayed because FRG had originally intended to support the Centre's TCDC training programme. However, they have now transferred their support entirely to the vaccine trials. Donor commitments already received towards this is US \$ 0.315 million for 1985.

We have approached IDRC, Japan and USAID to extend financial support and all of them have indicated their interest. We hope to raise US \$ 1.1 million in support of the vaccine trials in 1985.

Reserve Fund

Ford Foundation has committed US \$ 0.5 million to the Centre's Reserve Fund with the proviso that ICDDR,B should demonstrate significant interest of other donors in the Fund. The Reserve Fund proposal is appended to this report.

CIDA has suggested another mechanism that could be used to build up the Reserve Fund. A request should be made to all donors to commit 6% of their commitments specifically to the Reserve Fund. This should involve a 6% increase in the funding level of all donors.

UNROB

The residual UNROB funds which were given to ICDDR,B as interest free loan for a period of one year, was extended for a further period of another year. We have requested the Government of Bangladesh to convert this loan into a grant and our request was strongly recommended by our honourable Trustee Major General Mr. Shamsul Haq, Minister for Health & Population Control, Government of Bangladesh. We now request our honourable Trustee, Mr. Muniruzzaman, Secretary, External Resources Division, Government of Bangladesh to kindly arrange conversion of this loan into a grant.

Local Consultative Group

To develop closer cooperation with ICDDR,B's donors' and participating countries' and agencies' representatives in Bangladesh, a Local Consultative Group has been formed with UNDP as its Chairman. The objective of this Group is to keep the local donors' representatives informed of our activities and strengthen their support to ICDDR,B. The first meeting of this Group was held on December 2, 1984 and 20 countries and agencies participated.

1985

In 1985 Resources Development hopes to raise US \$ 9.2 million in support of the Centre's budget. We are pleased to inform the Board that of this amount we have already received firm donor commitments for US \$ 6.285 million and hope to raise the balance during the year. We request the Board's guidance and assistance in this regard.

We have submitted a proposal to Norwegian Agency for International Development (NORAD) seeking their financial support to our Matlab MCH-FP Extension activities in 1985. NORAD has already expressed its willingness to support this programme.

The agreements with the following donors will expire in 1985: Sweden, UNICEF-Project, Saudi Arabia, Arab Gulf Fund, Ford Foundation, France, Population Council, Switzerland, IDRC (DISC) and UNFPA. We will negotiate renewal of the above grants with the respective donors.

1985 is the first year of the second five year cycle of the Centre. During this year Resources Development will be required to raise a total of US \$ 9.2 million, an almost five fold increase over the less than US \$ 2.0 million budget of 1979. In fact, the total funds that will have to be raised in 1985 will be more than US \$ 9.2 as these projections do not include the additional US \$ 5.0 million that will have to be raised for the Reserve Fund over the next few years.

At the present rate of growth, the Centre's financial requirements in 1989, the terminal year of the second five year cycle, will perhaps be well over US \$ 20.0 million. Plans will have to be made now to facilitate the smooth achievement of this objective and we hope that the Centre will be able to maintain its high level of success.

RESOURCES DEVELOPMENT REPORT TO FINANCE COMMITTEE
DECEMBER 1984

The Resources Development Office had projected donor commitments of \$ 7.2 million for FY 1984, with a further estimated increase of \$ 240,000 during the year. We are pleased to report that we have not only met but exceeded the target: we have obtained commitments for 1984 of \$7,614,000, which are detailed in Appendix I.

Actual cash receipts against these commitments should total \$ 5,810,000 by November 1984 (including \$ 33,000 for 1985), and an additional \$ 1,281,000 is expected by 31st December. The remaining \$ 556,000 is expected to be disbursed in early 1985. The projected income from 1984 donor commitments in calendar 1984 is \$ 7,091,000, which compares favourably with the projected 1984 expenditure of \$ 6,800,000, and would appear to indicate that ICDDR,B's financial status has improved significantly.

The Centre has sustained a considerable income loss again in 1984 from exchange rate fluctuations against the strong U.S. dollar. Additional losses have been incurred due to high rates of interest paid on our overdrafts; these charges could be substantially offset by more efficient and professional management of the Reserve Fund investments.

For FY 1985, projected donor commitments remain at approximately \$ 8.2 million, with an additional \$ 1.1 million required for the vaccine trials. The expected income detailed in Appendix II has been divided into three categories as suggested by the Board, with an additional division for the vaccine trial. We have already secured donor commitments for \$ 5,970,000, and we estimate a further \$ 2,295,000 during 1985. For the vaccine trial we have commitments of \$ 315,000 for 1985 and we estimate an additional \$ 550,000 for the year.

Resources Development at present is not able to forecast timing of donor disbursements for 1985 because of several problems, of which the most serious are the lack of overall coordination between Finance and Resources Development and the donor-relations problem presented by inaccurate and delayed submission of financial reports. However, we understand that a new financial system is currently being installed and we hope that this new system may overcome these difficulties, which are the primary source of the Centre's cash flow problems.

I would like to bring another important matter to the attention of the Finance Committee. Recently some ICDDR,B donors raised an objection to a note in the 1983 Auditors' Report, in which the auditors stated that the Centre's "overdraft is collateralised by hypothecation of the Centre's assets". However, the ICDDR,B Board of Trustees clearly stated in June 1984 that "the Centre's real collateral is the letters of commitment from donors". This matter should be immediately addressed by the Board to make necessary clarification and correction for our donors.

ICDDR,B DONORS 1984: Commitments & Receipts
 (In US Dollars)

A. Unrestricted - Core

Donor	1984 Commitment	Receipts through Nov 1984	Expected by Dec 1984	Expected in early 1985
1. Australia/ADAB	176,000	-	176,000	-
2. Bangladesh	34,000	-	34,000	-
3. Japan	240,000	240,000	-	-
4. Saudi Arabia	100,000	-	-	100,000
5. Sweden/SAREC	104,000	104,000	-	-
6. Switzerland/SDC*	350,000	350,000*	-	-
7. UK/ODA	168,000	168,000	-	-
8. UNICEF	250,000	-	250,000	-
9. UNICEF/Maurice P/A	25,000	25,000	-	-
10. USA/USAID	1,900,000	1,900,000	-	-
Sub-total	3,347,000	2,787,000	460,000	100,000

* FY 1984 commitment received in 1983

ICDDR,B DONORS 1984: Commitment & Receipts
(In US Dollars)

B. Restricted - Project

Donor	1984 Commitment	Receipts through Nov 1984	Expected by Dec 1984	Expected in early 1985
1. AGFund/UNDP	200,000	-	200,000	-
2. Australian High Commission	1,000	1,000	-	-
3. Belgium	67,000	-	67,000	-
4. Belgium	3,000	3,000	-	-
5. CIDA (DSS)	1,593,000	1,413,000	-	180,000
6. CIDA (Afr. Conference)	38,000	-	38,000	-
7. Ford Fdn (Ep Cont)	86,000	119,000 ^{1/}	-	-
8. Ford Fdn (NORP)	107,000	107,000	-	-
9. Ford Fdn (Op. Research)	30,000	30,000	-	-
10. France	51,000	51,000	-	-
11. GTZ	10,000	-	-	10,000
12. IDRC (DISC)	125,000	52,000	-	73,000
13. IDRC (Video)	7,000	7,000	-	-
14. Johns Hopkins Univ.	17,000	-	12,000	5,000
15. New Zealand High Commission	3,000	3,000	-	-
16. OPEC Fund	20,000	-	-	20,000
17. Pop. Council (Op. Research)	44,000	12,000	32,000	-
18. Princeton Univ. (Ch. Mort.)	3,000	1,000	2,000	-
19. Rockefeller Fd. (I. Kabir)	5,000	5,000	-	-
20. WHO/Geneva (Lab. Serv.)	1,000	1,000	-	-
21. Roche Far East Ltd.	5,000	5,000	-	-
22. Saudi Arabia	262,000	214,000	-	48,000
23. Sweden/SAREC	19,000	19,000	-	-
24. UNDP/WHO (Clin. Research)	225,000	225,000	-	-
25. UNDP (UCVP)	56,000	-	30,000	26,000
26. UNDP/WHO (Reg'l Training)	24,000	24,000	-	-
27. UNFPA (MCH-FP Matlab)	56,000	26,000	-	30,000
28. UNICEF (Tanzania/Colombia)	54,000	54,000	-	-
29. UNICEF (ORS/TMD)	249,000	91,000	140,000	18,000
30. UNICEF (Water and Sanitation)	15,000	15,000	-	-
31. USAID/Dhaka (MCH-FP Extn.)	647,000	398,000	249,000	-
32. USAID/Dhaka (NIROG)	10,000	10,000	-	-
33. USAID/Jakarta	81,000	30,000	51,000	-
34. USAID/Manila	11,000	11,000	-	-
35. WHO (Vac. Trial)	50,000	50,000	-	-
36. World Bank (San. Pkgs)	86,000	40,000	-	46,000
37. UN University	6,000	6,000	-	-
Sub-total	4,267,000	3,023,000	821,000	456,000
GRAND TOTAL	7,614,000	5,810,000	1,281,000	556,000

^{1/} \$33,000 for 1985 use.

ICDDR,B DONORS 1985: Commitments & Estimates
(In US Dollars)

A. Unrestricted - Core

Donor	Committed	Estimated	Total
1. Australia/ADAB	176,000	-	176,000
2. Bangladesh	34,000	-	34,000
3. Saudi Arabia	-	200,000	200,000
4. Sweden/SAREC	50,000	-	50,000
5. Switzerland/SDC	345,000	-	345,000
6. UK/ODA	165,000	-	165,000
7. UNICEF	-	250,000	250,000
Sub- Total	770,000	450,000	1,220,000

ICDDR,B DONORS 1985: Commitments & Estimates
(In US Dollars)

B. Restricted - Core

Donor	Committed	Estimated	Total
1. CIDA (D.S.S.)	750,000	-	750,000
2. Japan	240,000	40,000	280,000
3. USA/USAID	1,900,000	500,000	2,400,000
Sub-Total	2,890,000	540,000	3,430,000

ICDDR,B DONORS 1985: Commitments & Estimates
(In US Dollars)

C. Restricted-Project

Donor	Committed	Estimated	Total
1. Aga Khan Fdn (ORS)	-	50,000	50,000
2. Arab Gulf Fund	300,000	100,000	400,000
3. Australia	-	60,000	60,000
4. Belgium (UCVP)	-	60,000	60,000
5. CIDA (Training/UCVP)	-	200,000	200,000
6. Ford Foundation (ECPF)	120,000	-	120,000
7. Ford Foundation (NORP)	54,000	-	54,000
8. Ford Fdn (Ops. Res./ Ch. Surv)	30,000	-	30,000
9. IDRC (DISC)	50,000	-	50,000
10. Johns Hopkins Univ. (Dem.)	4,000	-	4,000
11. Nat Acad Sc /BOSTID	93,000	-	93,000
12. NORAD (MCH-FP Matlab)	-	300,000	300,000
13. OPEC Fund	10,000	-	10,000
14. Pop Council (Op. Res.)	19,000	-	19,000
15. Princeton Univ (Dem.)	2,000	-	2,000
16. Saudi Arabia	140,000	420,000	560,000
17. Sweden/SAREC	9,000	-	9,000
18. UNDP (Clin. Res.)	275,000	-	275,000
19. UNDP (UCVP)	100,000	-	100,000
20. UNDP/WHO (Reg'l Trg)	-	15,000	15,000
21. UNFPA (MCH-FP Matlab)	30,000	-	30,000
22. UNICEF	75,000	50,000	125,000
23. USAID/Dhaka (MCH-FP Matlab)	907,000	-	907,000
24. USAID/Jakarta	-	30,000	30,000
25. USAID/Manila	-	20,000	20,000
26. World Bank (San. Pkgs.)	92,000	-	92,000
Sub- Total	2,310,000	1,305,000	3,615,000
TOTAL A - C =	5,970,000	2,295,000	8,265,000

ICDDR,B DONORS 1985: Commitments & Estimates
 (In US Dollars)

D. Vaccine Trial, 1985

Donor	Committed	Estimated	Total
1. FRG	265,000	-	265,000
2. IDRC	-	200,000	200,000
3. Japan	-	100,000	100,000
4. USA/USAID	-	250,000	250,000
5. WHO	50,000	-	50,000
Total	315,000	550,000	865,000
<hr/>			
TOTAL A - C =	5,970,000	2,295,000	8,265,000
TOTAL D =	315,000	550,000	865,000
GRAND TOTAL =	6,285,000	2,845,000	9,130,000

The International Centre for
Diarrhoeal Disease Research, Bangladesh
Reserve Fund

INTRODUCTION

Cholera and other diarrhoeal diseases are among the deadliest and most feared human illnesses. Diarrhoea is also one of the commonest, most widely spread, and easily communicable diseases ravaging the world today. Although modern sanitation and medical advances have lessened the threat in Western societies, these diseases are still a major cause of sickness and death throughout the world. Every year more than one billion cases of serious diarrhoea occur, and between five and six million victims die, mostly young children. Most deaths associated with diarrhoea are caused by rapid dehydration. Dehydration may be so rapid that people die only hours after the diarrhoea starts. Modern science has proven that most of these deaths need not happen.

In developing countries, the toll manifested by poor health and nutrition is as equally serious as the shocking number of preventable deaths. Children often are victims of diarrhoea as many as six times a year, with a cumulative devastating effect on physical and mental growth and on their ability to ward off future attacks and other illnesses. Children who survive to adulthood are malnourished, weak, and have a propensity to be sick. As adults, they are less able to work, may not have the energy or initiative to contribute to the economic and social development of their communities or even to feed their families. Additionally, because their children will face the

same or greater difficulties, because so many of their children die before age five, these adult survivors will have extra children to compensate for the ones they expect may die. And so this gloomy cycle has continued in an ever downward spiral of illness, poverty, and premature death.

ICDDR,B : BACKGROUND AND SCIENTIFIC PROGRAMME

The problem of diarrhoeal diseases and associated malnutrition can be solved, and the suffering and death they cause can be prevented. Solutions already are being found, and the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), the only international non-profit health institution devoted exclusively to discovering such solutions, has been responsible for many of the major findings in diarrhoeal disease research.

As the world's central scientific resource for diarrhoeal disease research, the ICDDR,B conducts basic and applied research and works together with other concerned institutions and agencies, as well as governments, in research efforts and in helping to apply what is learned to help improve health care methods and public health programmes, especially in developing countries. The Centre also collects relevant research results and globally disseminates the most current of the best work in the field.

After nearly two decades of experience in the study and treatment of diarrhoea as the Cholera Research Laboratory, the ICDDR,B was established as an international organization in 1979 to undertake and promote multinational scientific collaboration in the research and management of diarrhoeal disease and on the directly related subjects of nutrition and fertility and to find ways to apply the findings to improve health service delivery. The Centre's developing country setting allows for a realistic identification of problems and issues and for potential applications of research findings. Its international status provides an independent means and a broad perspective to integrate scientific talent, resources, and advances from throughout the world and to focus efforts especially in those countries where the problems are currently of critical importance.

The ICDDR,B is governed by a sixteen member Board of Trustees, one-third of whom are from developed countries with the balance from developing nations. The host Bangladesh Government and the World Health Organization are represented on the Board. The Centre's staff of approximately 900 people represent 15 different nationalities and work at either the ICDDR,B research, clinical, and administrative headquarters in Dhaka, at one of its two permanent field stations in rural Bangladesh, or at one of the variety of cooperative projects located in Bangladesh and in other developing countries.

The ICDDR,B's scientific programmes combine the disciplines of biomedical and social sciences and center around a basic set of research

objectives. These objectives include identification of the causative agents of diarrhoea and the ways they cause illness; how the human body defends itself against diarrhoeal diseases; and what can be done to prevent their occurrence, interrupt their spread, and to cure those afflicted. An additional aim is to better understand the interactions among diarrhoea, nutrition, and fertility. These goals are addressed by five interrelated core scientific working groups.

The two Centre field stations in Matlab and Teknaf in rural Bangladesh and its hospital in the Dhaka city capital of Bangladesh serve as research sites for study of the bio-social determinants of health and disease : how disease, death, and fertility are affected by such complex factors as nutritional status, socioeconomic position, hygiene and general educational levels, and religious and other beliefs. The field station sites provide the foundation information for the ICDDR,B's Demographic Surveillance System (DSS), an important research tool itself through which continuous reliable demographic information on the diverse changes in these communities has been gathered and monitored for over a decade. The DSS is the most comprehensive longitudinal profile of its kind in the world, the largest continuous system of recording and monitoring accurate vital statistics for a sizeable population in any developing country. The Dhaka hospital is a major referral centre for other city hospitals and, along with the field stations, fulfills a major need by providing free diarrhoeal treatment to more than 200,000

people annually. The ICDDR,B also supports a number of community-based and operated treatment clinics, outgrowths of the hospital and field station sites. These clinics not only deliver services for treatment of the diarrhoeal disease problems of their satellite populations, but also teach people how to treat less serious diarrhoeas in their own homes. The annual budget for the entire ICDDR,B 1983 operations was \$ 7 million, supported by 24 donors.

SCIENTIFIC ACHIEVEMENTS

Since its establishment in 1960 as the Cholera Research Laboratory, the Centre's achievements have kept it at the forefront of laboratory and field research in diarrhoeal prevention and treatment. Following are some highlights of the Centre's most significant basic and applied research discoveries and a brief description of the Centre's efforts to apply what it has learned to help those in need :

1. Intravenous Solution : IV Solutions to counteract debilitating and life-threatening dehydration existed for decades. However, the first safe and truly effective IV solution for both adults and children and for all types of diarrhoeal diseases, known as "Dhaka Solution" was developed at the Centre.
2. Oral Rehydration Solution and Home-based Treatment : Most developing country people have neither adequate access to clinics or hospitals nor enough money for medical services. Therefore, an important

public health goal is to find basic, inexpensive preventives and cures which can be used in peoples' homes. One of ICDDR,B's major contributions was the discovery of ORS, a combination of sugar, salts, and electrolytes which a person with diarrhoea can drink to prevent or correct dehydration, the main cause of diarrhoeal deaths. Today, ORS provides millions of people with an effective, safe, inexpensive treatment which can be given at home and saves large numbers of lives. Additionally, it saves millions of health care dollars by greatly reducing the need for intravenous or hospital-based treatment.

Even though ORS had been proven a success, ICDDR,B scientists continue their research to further refine and develop treatments. A recent result was the development of a new type of ORS based on rice or other cereals instead of sugar. This cereal-based ORS is even cheaper and more practical for home use since, in many developing countries, cereal grains are more abundant than sugar. Initial studies on cereal/rice-ORS indicate the added benefit of a better-tasting ORS that reduces diarrhoea output while providing added calories -- a factor critical to malnourished children, the principal diarrhoea victims worldwide.

3. Sanitation : Another important Centre finding which seems deceptively simple is that a family can drastically reduce bouts of diarrhoea simply by regular handwashing with soap, or more cheaply, by using ash from their cooking fire. This simple procedure effectively kills many disease causing organisms, interrupting the transmission cycle.

4. Cholera vaccine : Cholera was the first cause of diarrhoea to be identified and its epidemiology, prevention, and treatment have received close scientific and medical attention since the 19th Century. Vaccination against cholera has long been part of most national and international health programs, although the vaccines used had never been rigorously tested until the Centre did so. Investigations at the Centre demonstrated that all traditional and currently available vaccines are ineffective in preventing or controlling the spread of cholera. This discovery has enabled governments, particularly those of developing countries, to divert enormous amounts of scarce health funds to more useful health interventions.

5. Causes of diarrhoea : Until very recently the causes of most diarrhoeas could not be defined. Treatment and prevention were haphazard, at best. Now, however, largely due to Centre research, the causes of almost 85 percent of acute diarrhoea cases can be diagnosed and treated, and some dangerous diarrhoeas can be prevented. It was found, for example, that children with measles often contract a debilitating and dangerous bacterial dysentery diarrhoea called "shigellosis", which now can be prevented in many cases through inoculation against measles.

6. Impact of Effective Health Service Delivery : For a number of years, the ICDDR,B has provided health services to approximately 200,000 people annually at its rural Matlab field area. The Centre's Family Planning and Community Health Services Project has successfully

demonstrated that, when ORS is effectively used together with a carefully planned package of selected Maternal-Child Health and Family Planning interventions, the interventions can have a significant positive impact -- even in poor undeveloped areas -- on increased contraceptive use, on lower overall fertility, and on infant and maternal deaths. In fact, control of fertility itself appears to lead to better health and lower death rates for mothers and children.

TRAINING AND EXTENSION : INTERNATIONAL IMPACT

The fundamental goal of the ICDDR,B is to control and ultimately eradicate the scourge of diarrhoeal diseases in Bangladesh and in other countries. Basic and applied research are the keys, but research findings must be used worldwide by people, through programs managed by institutions and governments within national health programmes.

The Centre's research and service facilities put it in a unique position to provide training and technical assistance to such national programs. The growing international awareness of diarrhoeal diseases, their consequences, and the ICDDR,B's success in disseminating the results of research and research applications done at the Centre has resulted in an increasing number of developing countries approaching ICDDR,B to extend its expertise and technical assistance to help solve their national diarrhoea problems. The ICDDR,B has responded and is working directly with a number of developing countries to establish and to run successful national

diarrhoeal disease control programs. Practical and theoretical expertise, transferred to where the greatest need exists, will be invaluable to health care recipients, providers, and researchers alike. Some examples of such ICDDR,B training and extension follow.

1. Collaborative Training : One of the first requests came in 1979 from the Government of Maldives, seeking assistance in identifying and controlling a diarrhoeal disease outbreak. (ICDDR,B assisted Maldives again in 1981). Next, the ICDDR,B helped establish a laboratory in Nairobi to identify certain diarrhoeal pathogens; this laboratory is now an official WHO Reference Centre.

In Saudi Arabia, ICDDR,B scientists currently are helping to establish a comprehensive, integrated diarrhoea management program within the Health Ministry. In Indonesia, short-term ICDDR,B assistance to identify and control a provincial cholera outbreak has developed into a nationwide program, utilizing ICDDR,B technical expertise, to train clinicians, nurses, diagnostic technicians, and others in diarrhoeal disease detection and case management techniques as well as epidemic control measures.

In Bangladesh, the ICDDR,B is assisting the Health Ministry in a long-term effort to improve health services delivery. This integrated program, based on the ICDDR,B experience and successful results obtained

at the Centre's Matlab field station, is designed to reduce both the birth and death rates in Bangladesh. Another collaborative assistance project in Bangladesh consists of training rural government health officials and doctors and researchers from the country's medical colleges in epidemic control preparedness. Part of the program plans include quick reaction "flying" teams for emergency epidemic control, back-up services to the rural health centers, and a systematic nationwide training and retraining program.

Looking at the broad picture, a major focus of the Centre efforts is training of many nations' health workers and professionals so they can work to improve their countries' public health programmes. ICDDR,B offers training in a variety of skill areas including diagnosis, treatment and prevention of diarrhoea; establishment of proper laboratories, clinics and health records; and techniques to work effectively with the field-level health practitioners. All ICDDR,B training emphasizes the crucial need to communicate the acquired expertise to others' in the trainees' work places.

2. Information Dissemination :

The ICDDR,B enables scientists and health professionals around the world to keep abreast of developments in the related fields of diarrhoeal disease, nutrition, and fertility through publication of working papers, a bi-monthly newsletter, voluminous submission of research articles to international scientific journals, quarterly publication of its own

journal, Journal of Diarrhoeal Diseases Research, the only journal devoted exclusively to diarrhoeal diseases, and through the ICDDR,B DISC service, (the International Diarrhoeal Disease Information Service and Documentation Centre, which provides up-to-date information to developing country scientists).

THE ICDDR,B -- THE FUTURE

Since the ICDDR,B began operating as an international centre in 1979, international understanding about the seriousness of diarrhoeal diseases in developing countries has grown. These diseases present a critical challenge to health and development -- a challenge which, with resources and expertise, can be met successfully. Worldwide interest in the problem has brought diarrhoea into prominence as a priority for national as well as global health programming, by governments and such international agencies as WHO, UNICEF, and UNDP. The ICDDR,B plans for the next few years are built upon its own on-going research, on collaborative efforts with other research institutes, and on the projected needs of Bangladesh and other developing countries.

As the only independent non-profit international research institution focused on diarrhoeal diseases, the ICDDR,B has become the fulcrum in the global effort to find solutions and to upgrade national and international efforts and capabilities.

One major research activity already underway is preparation for a major field trial of two new oral cholera vaccines. The field trial, planned for 1985, will be the culmination of an intensive research strategy begun in 1978 at the ICDDR,B and other institutions. The new vaccines show great promise as an effective means of controlling cholera.

A second focus will be on the continued development and wider application of cereal-based ORS. This research will target on the efficacy of a variety of cereals and grains, and on testing their applicability and acceptability in cultures which subsist on rice, wheat, millet and other starch sources.

Other important ICDDR,B research planned includes identifying diarrhoea pathogens in different environments and determining how they can be treated and prevented; assessing the impact of improved water sources and sanitation facilities on diarrhoea and nutrition; and continuing studies on the interaction of health and fertility in communities.

The Centre plans to continue the training activities' focus on both national and international needs. In 1983, the ICDDR,B provided training to over 1800 researchers and health personnel from Bangladesh and 48 other countries. Short, medium and long-term programmes were

arranged for individuals and groups in a variety of topics including clinical and laboratory management of diarrhoeal disease, epidemiology, and curriculum development. The demand, which nearly doubled over 1982, is still growing, as are requests for teaching modules in new areas relating to diarrhoea.

Some examples of future training activities include a new initiative aimed at training volunteer women in the basics of diarrhoea treatment and prevention, showing them how they can serve their families and communities by providing ORS and encouraging use of improved sanitary habits and facilities. Increased ICDDR,B effort will be devoted to training trainers, so key people of various nationalities can learn techniques to organize needed training at their home institutions.

Finally, the most rapidly expanding area of the ICDDR,B's training and extension efforts is knowledge dissemination and provision of technical assistance to help governments of developing countries develop their own self-sufficient diarrhoea management capacities. At the request of numerous governments and agencies, the Centre plans to expand this effort, as soon as feasible, from its current focus on Asia and the Middle East, to include Africa, Latin America, and China.

RESERVE FUND SUMMARY

During its first five years, the ICDDR,B has become a strong institution, the central scientific resource in the field of diarrhoeal disease research. The ICDDR,B has led research on diarrhoea on a wide front of scientific disciplines; has had remarkable success in focusing international attention on diarrhoea; through these achievements, the Centre has achieved a pivotal role in technical cooperation through collaborations with governments and institutions around the world.

Since 1979, the Centre budget has grown from two million to nearly seven million dollars, while the number of donors has increased from seven to 24. Thirty-seven countries and international agencies actively participate in its programmes, compared to four countries at its inception. Over 200,000 people in Bangladesh alone have received direct treatment care annually, thousands more have received training and technical services, and millions are benefitting daily across the world from the application of the Centre's research, an impressive record for an institution just five years old. As research and information on diarrhoeal disease has progressed, the opportunities for new knowledge, discoveries and applications have grown as well. However, the ICDDR,B's ability to continue to perform effectively in future years depends on the establishment of a financial support base not within the current Centre resources.

Recognizing the ICDDR,B's growth over the past five years and the likelihood of the need for global expansion of new programmes and research to continue progress already made toward control and eradication of

diarrhoeal diseases, the ICDDR,B Board of Trustees passed a resolution in its November 1982 meeting to establish a Reserve Fund.

The first major reason for an ICDDR,B Reserve Fund is 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.

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 the sources of donor support, either in the form of general contributions to the Centre or of 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 any given year is highly uneven, and there is often a substantial lag between the time that a donor makes a firm commitment and the time that funds are actually received by the Centre. This problem is exacerbated by the fact that donor support for specific purposes has increased over general support over the years to account currently for over 60 percent of the annual budget. A few donors make

prompt payments, but more, owing to their own patterns of financial control and disbursement, make delayed payments.

For three years, the ICDDR,B, when faced with cash shortages caused by irregular and delayed donor disbursements, chose to finance basic scientific activities through bank overdrafts and, during part of each of those years, operated with a substantial cash deficit. Beginning in 1982, the Centre sharply cut expenditures and tightened administrative and financial operations in an effort to balance its budget. These measures impeded important scientific work, especially in regard to the needed recruitment of senior scientific staff and procurement of specialized equipment, and still did not eliminate the cashflow problem.

Delays in the receipt of funds continue to pose serious financial problems for the Centre. The basic and applied research, training and dissemination undertaken by the 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.

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, due to several complicated factors: diversity and complexity of donor financial systems, unexpected irregularities in the flow of funds of donors (such as changes in the

timing of legislative budget bills), and the requirement of some donors that work be completed before reimbursement for costs will be 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 gap between expenditures and receipts, and only to the extent that donors have made definite commitments to support the activities underway. Thus the Reserve Fund would be fully maintained through replenishment when donor funds are received and the Fund would not be used up over time.

A second major reason for establishing an ICDDR,B Reserve Fund is to provide a source for flexible funds for the Centre, through its scientists, to use in exploring new lines of research or training. The Centre must build a financial base which allows for its scientific independence, flexibility, and responsiveness to the future needs of the peoples it ultimately serves. The ICDDR,B, as the world's central scientific center for diarrhoeal disease research, must have the independence to determine what new directions should be explored, and not be too closely tied to donor interests.

The source of such funds would be a portion of the income earned on current balances in the Reserve Fund, but never more than 85 percent of the income in any year, and there would be no invasion of the principal for these purposes. Since only a portion of the income earned in any year would be used, the Fund would continue to grow for the future benefit of research or training in the field.

The need for such funds is urgent in order to enable the Centre scientific staff to (1) pursue new ideas to the stage at which project funding could be requested, (2) to bring pioneering scientific colleagues to the Centre for brief visits to introduce new ideas or methodologies, and (3) in other ways to support the continuing, vigorous scanning of the research and training horizon to identify and pursue potentially interesting new ventures. These flexible, seed money funds would be made available to Centre scientists and departments through a special grant process on a competitive basis.

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 the unexpected need to reduce sharply the scale of the Centre (if, as a hypothetical example, a major donor suddenly withdrew 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, or to phase down projects in an orderly fashion.

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 earned annually 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 Reserve Fund of \$5 million. Accordingly, this has been set as the initial fundraising target for the Reserve Fund by the Centre's Board of Trustees.

In respect to the need for working capital, the first major objective for the Fund, the experience of the Centre thus far suggest the gaps between commitments and expenditures and outlays during a year may reach \$1.5 million, and that amount may increase somewhat as the total budget of the Centre becomes larger.

In respect to the need for flexible funds for the exploration of new research and action ideas, the second major objective for the Fund, the annual income on a Reserve Fund of \$5 million, less the working capital that may be in use on any given point in a year, is not likely to be more than \$350,000, especially when account is taken of the need to retain some of the earnings each year for growth to protect the Fund against inflation. Such an annual amount would support several initiatives in any one year. 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, the third major objective, it is not easy to measure such a potential need. One calculation would derive from the annual personnel cost of the Centre, currently just over four million

dollars, and a large part of which might constitute financial obligations if the Centre suddenly encountered emergency conditions; another calculation could be based on a measure of funds sufficient to match at least 18 months of funding from any of the Centre's major donors.

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 programming activities. It will eliminate the need for short-term borrowing and thereby save expensive and 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.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
DONOR FUND FLOW: COMMITMENTS/CONTRIBUTION SCHEDULE
1982, 1983
(\$'000)

Period	Donor Commitments	Amount rcvd in 1st quartr	Amount rcvd in 2nd quartr	Amount rcvd in 3rd quartr	Amount rcvd in 4th quartr	Total amount received
1982	\$ 5,133	\$ 1,959	\$ 685	\$ 1,131	\$ 871	\$ 4,646

Note : Donor commitment for 1982 \$ 5,133
(Less) Amount received in 1982 \$ 4,646

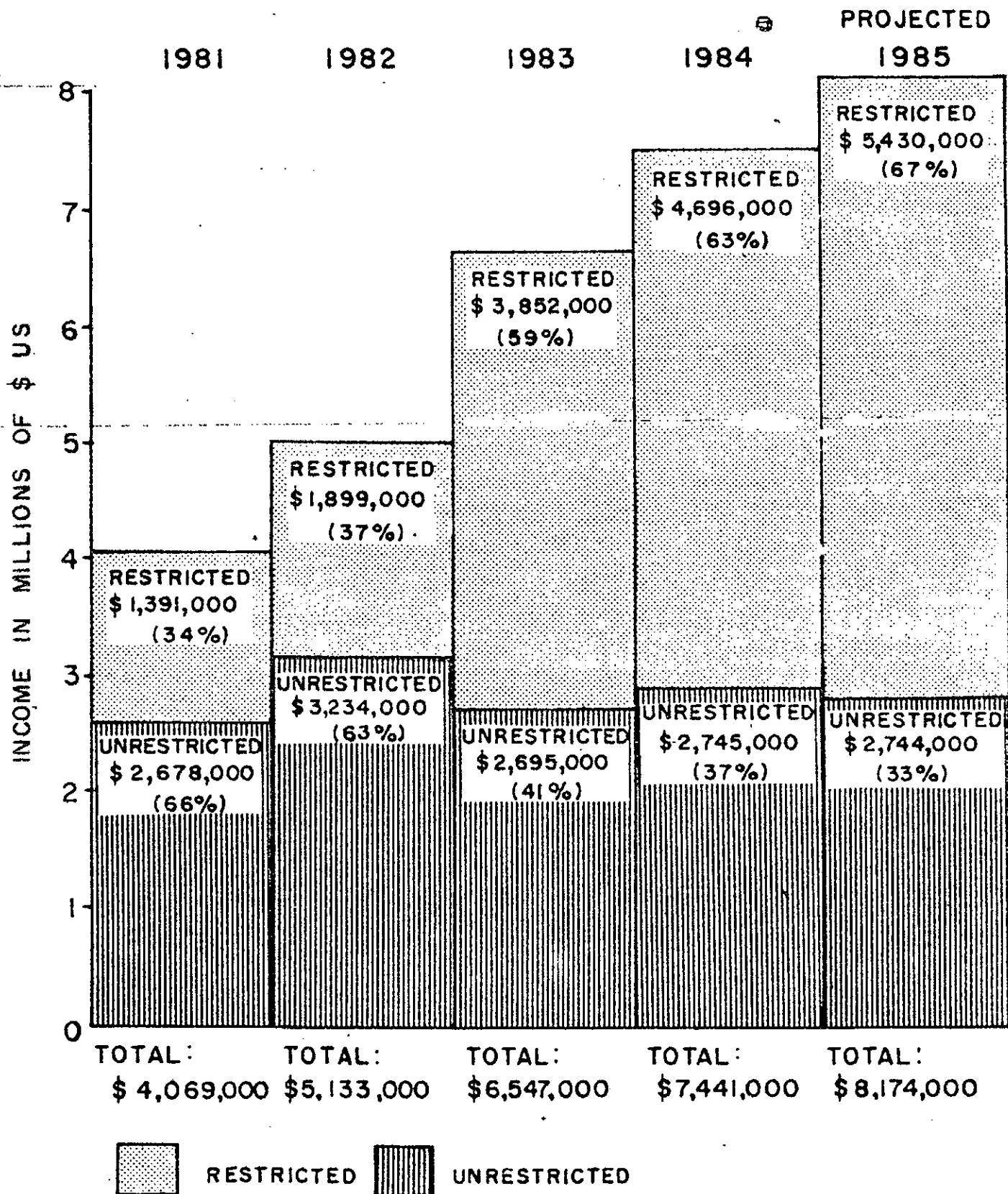
Disbursement due in 1982;
received in 1983 \$ 487

Period	Donor Commitments	Amount rcvd in 1st quartr	Amount rcvd in 2nd quartr	Amount rcvd in 3rd quarter	Amount rcvd in 4th quarter	Total amount received
1983	\$ 6,547	\$ 888	\$ 1,337	\$ 1,310	\$ 1,735	\$ 5,270

Note : Donor commitments for 1983 \$ 6,547
(Less) Amount received in 1983 \$ 5,270

Disbursements due, but not
received in 1983 \$ 1,277

ICDDR,B FUNDING PATTERN: DONOR FUNDING COMMITMENTS



7/BT/DEC.84

FINANCE COMMITTEE REPORT

REPORT OF THE FINANCE COMMITTEE

TO THE BOARD OF TRUSTEES
=====

6th December, 1984

The Finance Committee met on December 2, 3 and 4, 1984 to review the financial position and outlook of the Centre. The Committee's report is in three parts, discussing respectively the financial position for 1984, the budget outlook for 1985, and certain special issues.

1984

The regular expenditures for 1984 (ten months' actual plus two months' estimated) may total just under \$6.8 million, almost the same as the revised budget for the year as approved by the Board in June, 1984. To these expenditures, however, must be added certain outlays not included in the budget, mainly those for a new computer (\$430,000), for transfer to the Reserve Fund (\$500,000), and for repayment of a prior loan from the Staff Retirement Fund (\$192,000). Altogether, these bring cash outlays for the year to \$8.1 million.

On the income side, the Centre began the year a cash overdraft of \$360,000. Income during 1984 from donor commitments carried forward from 1983 has been \$1.27 million. Income during 1984 from funds committed for 1984, based on eleven months' actual and an estimate for December, may total \$6.5 million. Total cash available for the year is likely, therefore, in the Committee's calculations, to come to \$7.4 million, resulting in a cash overdraft at the end of the year of about \$700,000.

The Committee offers three comments on the year's financial results:

1. In substantive terms, this was a year of expansion. The general level of operation of the Centre increased; important senior staff leadership was added; preparations were made for

commencement of the vaccine trials at the beginning of 1985; substantial amounts of new equipment were received and installed; and a large new computer was purchased.

2. At the same time, the Centre went through an extremely precarious cash flow situation in the latter part of the year. The bank overdraft reached a peak of nearly \$2.3 million at the end of October, and to meet the financial crisis, the Centre had to defer the payment of salary arrears owed to staff, to stop the build-up of the special reserve fund, and to divert \$300,000 from the special reserve fund to current outlays. The general problems of how to deal with uneven cash flow, and the outlook for the special reserve fund, will be dealt with later in this report. For now, the Committee simply wishes to call the Board's attention to the fact that at one stage in the year the Centre passed through a period of near insolvency.
3. By the year's end, with substantial payments arriving from donors in the last two months of the year (as usual), the financial position is expected to be still far from easy though less precarious. The overdraft at \$700,000 will be a good deal higher at the end of the year than it was on January first (\$368,000). The special reserve fund, instead of being \$1.2 million, as the Board had intended, will be only \$830,000. But until the next seasonal shortfall in cash flow, likely to arrive late next summer, the Centre's finances should be less perilous.

1985

The Committee was not presented with a budget in the customary sense - that is, a statement of anticipated income and expenditures, and of how they relate to each other and to the intended programme of work of the Centre. Instead, we were given separate statements of anticipated income and of anticipated expenditure. We comment in this report on both, and then on their interrelationships.

The income projections for 1985 are up significantly, from anticipated commitments in 1984 of about \$7.6 million, to estimated commitments in 1985 of about \$9.1 million, an increase of about \$1.5 million. The 1985 estimates are necessarily somewhat uncertain in total, comprising \$6.3 million of firm commitments and \$2.8 million of reasonable anticipations. The Committee estimates that about \$600,000 of donor commitments made in 1984 will arrive in 1985, and that perhaps \$750,000 of donor commitments made in 1985 will not be received until 1986. Thus on present expectations, the Centre should have about \$9 million of income in 1985 on which to base its expenditure plans.

Over \$1 million of the expected increase in commitments from \$7.6 million in 1984 to \$9.1 million in 1985 is accounted for by funds specially raised to fund the vaccine trials, including committed funds from the Federal Republic of Germany and anticipated funds from IDRC, Japan, and USAID. Other major increases in income anticipated in 1985 are from the Arab Gulf Fund and Saudi Arabia (both core and project funds).

This favorable outlook for Centre funding in 1985 is encouraging, subject to some important qualifications noted later in this report. On the other hand, the general outlook for financial support for the Centre continues to be difficult. Costs of the Centre's research and training activities will inevitably rise with inflation, and there will be continuing pressure both internal and external, to add to the Centre's programme. Income is not at all certain to rise; some donors are still increasing their financial support to the Centre, but support from others is stable or falling. Moreover, the trend is clearly away from unrestricted core support, which is already creating substantial difficulties for the Centre in matching the activities donors are willing to pay for with the priorities for research, training and extension as seen by the Centre's own staff. If the trend continues, it may result in the Centre becoming increasingly dependent on a large patchwork of individual

projects, whose various contributions to the Centre's direct and overhead costs will be very hard to bring together into a sound and coherent Centre programme.

The expenditure projections for 1985 presented to the Committee are in much clearer form than in previous years, which reflects the introduction in 1984 of the Centre's much improved cost accounting system. This not only permits a clearer presentation of the Centre's financial plans and their results. It should also permit a stronger budgetary control over items that have been the source of unexpectedly large expenditures in the past, such as travel and the introduction of new research protocols.

At the same time, the Centre's budgeting system is still seriously deficient in several respects. The expenditure data are not presented as completely as are needed for purposes of decision and management control. More comparative data are needed (typically, summary budget data should show the last completed budget year, the current year, and the forward budget year). The relationship between income and expenditure is not worked out and presented with care. The need for proposed expenditure to be co-ordinated with the negotiation of donations provides very great difficulty for any budget system and will need attention. Finally, detailed operating and capital budgets need to be in a format readily understood by and used by scientific staff of the Centre. For all these reasons, the Committee recommends to the new Director that he obtain a consultant, preferably one who has had experience with the similar financial and budget problems of the international agricultural research centers, to advise him on the further development and improvement of the Centre's system.

Meanwhile, the Committee has reviewed the expenditure projections put before us, compared them with the income projections put before us, and reports to the Board four principal concerns.

1. The expenditure projections, as they stand, contain no

allowance for raising the special reserve fund against the loan from the Government of Bangladesh to the level prescribed by the Board of \$1.2 million. To do so would require adding \$3-400,000 to the present expenditure projections.

2. Present projections show that income specifically raised to fund the vaccine trials in 1985 will fall short of the anticipated cost of those trials (\$1.4 million), by about \$2-300,000. These income projections are not final, pending the completion of current negotiations with various donors, and indeed it is possible that sufficient special funds will be raised to cover the entire cost of the trials. However, insofar as this does not turn out to be the case, and the vaccine trials are given priority, funds will have to be diverted from other parts of the Centre's activities to pay for the trials.
3. Since the total anticipated income for 1985 is about \$9.0 million, and the current draft "total operating budget" for 1985 is shown as \$9.2 million, there appears to be a close match between the two figures. This is in fact not the case, however, since some funding shown in the anticipated income is specifically earmarked for project activities not included in the draft operating budget at the present time. There are at least three sizeable illustrations: first, on the order of \$5-600,000 of income identified as "CSR and TEC extra budgetary" is for activities not at present included in the draft operating budget; second, a smaller sum, but perhaps as much as \$1-200,000 of the funds expected to be received from the Arab Gulf Fund for equipment is for items which, although clearly needed by the Centre, are not among the highest priority replacement and re-equipment needs included in the preliminary budget; and third, close to \$300,000 of the income anticipated to be received for the Saudi Arabia field project is for activities not at present included in the draft operating budget.
4. About \$150,000 for equipment, for which funds were received last year, is not included at present in the draft operating

budget. To pay for this equipment is plainly an obligation of the Centre, and room must be found for it in the budget. (At the same time, the Committee urges that this equipment not be made a first charge against the depreciation account, which should be used to fund urgently needed replacements).

Taking all these elements into consideration, the Committee's conclusions are:

1. There is a reasonable anticipation of approximately \$9.0 million in funding in sight for 1985.
2. Approximately \$1 million of the anticipated funding will, however, have to be used for items not in the Centre's current draft operating budget. In other words, the present draft of the operating budget contains about \$1 million of proposed expenditures, for which no funding is in sight.
3. On the order of \$2-300,000 of the 1985 costs of the vaccine trials are not yet covered by special funding and on present anticipations would require diversions of funds which have been included in the draft operating budget for other purposes.
4. Taking points 2 and 3 together, the Centre faces a serious prospect of not being able to do in 1985 on the order of \$1.2-1.3 million worth of high priority work that has been included this far in its 1985 draft operating budget.

What should be done? The Committee believes three steps are called for. First, a careful, analytical review and comparison of the draft budget and the income projections should be undertaken at once, in order to provide a firmer budgetary basis on which to begin 1985. If the Committee's rough estimates are confirmed, then the Centre could start the year with a total budget of \$9.0 million, but the content of that budget will have to be substantially different from what is included in the tables put before the Committee this week, and there will have to be painful reductions in the proposed activities of some parts of the Centre.

Second, a further effort will need to be mounted to find additional funds for 1985, especially to support the vaccine trials but also

to seek direct support of other high priority research and training activities of the Centre.

Third, the Committee considers that the Board's previous instruction to management, to set aside a special reserve fund fully equal to the \$1.2 million loan from the Government of Bangladesh, should be temporarily held in abeyance. The subject of the special reserve fund is discussed further later in this report.

Additional Matters

The Committee wishes to comment on three additional matters.

1. Overdrafts. The Committee has commented in previous reports on the very difficult cash flow problem faced by the Centre. For a variety of reasons, notably including the reluctance of many donor agencies to advance funds, and the vagaries of parliamentary time tables in donor countries, the Centre has faced cash shortages at various times in each of the last four recent years. The need for bridging funds, pending the receipt of payments that have been committed by donors, has usually peaked in the fall, and was at its highest point (\$2.3 million) in October - November 1984. Looking ahead to 1985, the Committee estimates roughly that if payments and receipts follow the approximate schedules of 1984, and a revised budget of \$9.0 million is prepared and strictly adhered to, the beginning overdraft of \$700,000 would fluctuate during the year, rising to a peak of \$2.5 million in August and not falling below \$1 million in most months. The year-end overdraft would be approximately \$700,000. What can be done to minimize the overdrafts?
 - (a) Many donors pay only after receiving reports on programme accomplishments and financial expenditures. The Centre's reporting system has been slow, but new accounting procedures and additional staff should enable it to be improved, and the objective should be to develop

and maintain a very rapid and efficient process of reporting to donors, which would minimize this source of delays in payment.

- (b) No matter how good its reporting system becomes, however, the Centre's problem of cash flow will remain extremely difficult, since it has no major pool of funds to draw on for bridging purposes. A concentrated effort should therefore be made to persuade more donors to advance funds to the Centre, rather than, as at present, in effect expecting the Centre to advance funds to them.
- (c) The concept of building a general reserve fund for the Centre has been based first on the desire to have a continuing source of internally available temporary bridging funds. The raising of money for the reserve fund - and making it available for bridging purposes - should be vigorously pursued. The Centre is likely to need to be able to draw upon the reserve fund for this purpose by next summer.
- (d) The exact terms and conditions on which overdrafts may be made available by different banks will vary. Energetic negotiations should therefore be carried out by the Centre, to find the most favorable banking terms for such overdrafts as the Centre must draw.

These various measures hold some promise of reducing the amount of overdraft needed by the Centre and its cost. Nevertheless, the Committee assumes that the unevenness of cash flow will continue to make substantial overdrafts necessary. Moreover, the financial plan proposed for 1985 as it stands would result in the Centre carrying an overdraft of more than \$1 million through most of the year. The Committee is very uncomfortable with this prospect. In view of the necessity for carrying through the vaccine trials, we are reluctant to propose that funds be diverted from the programme activities of the Centre in 1985 to reduce the overdraft substantially; such a draconian measure would force serious cutbacks in regular Centre activities.

At the same time, we record in this report our belief that financial planning for 1986 must include some substantial reduction in the level of the overdraft.

2. Improving the Centre's Financial Management. As has been stated in the course of this report, the Committee considers that several improvements are urgently needed in the Centre's processes of budget preparation and other aspects of its financial management. Among them are the following:

- (a) Because the budget can be considered as one of the main instruments for enforcing financial discipline, should contain information about both estimates and actuals of expenditure and income of the previous year and those of the current year, and estimates for the next year for which the budget is being prepared taking into account provision for new activities to be undertaken. The information about the estimates and actuals of the previous year and those of the current year is likely to make the budget estimate more realistic.
- (b) It was noted that a financial manual does not exist, although a series of procedures which would make up parts of such a manual have been established. In these circumstances fund releases too often may be the result of ad-hoc decisions. The need for having a comprehensive financial manual is urgent, and the Centre's management was asked to present a draft of such a manual to the next meeting of the Committee.
- (c) Although there is a system of external audit (stipulated under the Charter) little progress has been made in instituting a system of internal audit. Instead, an operational audit, conducted by an outside firm, is scheduled for early in 1985. A report on this audit will be made to the next meeting of the Committee, and the question of internal audit arrangements will be considered further at that time. With respect to the operational audit,

Mr. Munir-Uz-Zaman recommends that a Bangladeshi consultancy firm (a Registered Audit and Accounting Firm) be engaged to undertake the task.

- (d) The Committee asked that a document proposing a system for managing and controlling the Centre's planned Reserve Fund be prepared and presented to the Committee. Among the items to be covered should be the terms on which amounts can be drawn temporarily from the Fund for bridging purposes to be replenished subsequently. Rules should also be proposed for investing the balance in high yielding markets with appropriate security.

3. UNROB Loan. The Board will recall that the Government of Bangladesh generously lent the Centre \$1.2 million, without interest in 1983. It was noted with satisfaction that the repayment, originally due in May 1984, has been extended to May 1985. The Centre hopes the Government in due course will favorably respond to the Centre's request for conversion of the loan into a grant. Meanwhile, the Centre is accumulating a special reserve against the loan, which now stands at about \$830,000, against a possible call for repayment. As noted earlier, in view of the severe pressure on the Centre's finances in 1985, the Committee does not believe the Board should insist at present that the Centre set aside from 1985 income the remaining sums that would be needed to raise the special reserve to the full \$1.2 million of the loan.

4. Concluding Remarks. As one Director's term ends and the beginning of another's approaches, it seems appropriate for the Committee to record its admiration for the effective and dedicated labors of Dr. Greenough and his senior financial colleagues, Mr. Bashir and Mr. Goon. On the resources side, their tremendous energy, imagination, and persuasive powers have brought the income the Centre has required for its survival, strengthening, and growth. On the expenditure side, their

indefatigable efforts have brought great gains in the accuracy and currency of accounts and the elimination of waste and inefficiency. The Centre by its nature will always be a very difficult institution to manage from the financial point of view, dependent as it is on complex and uncertain sources of funding, operating disparate and far-flung activities, squeezed continually between demanding scientists who want to get on with their vital work unhampered by bureaucratic red tape and equally demanding donor agencies who share the vision of the Centre's purpose but must account for funds placed at the Centre's disposal.

In these circumstances, for the Centre to have survived at all is something of a miracle, and for it to have steadily and greatly improved its financial management on both the income and expenditure sides is a great compliment to the Director and his colleagues. As the Centre grows, these pressures for better accounting and budgeting and increased funding will, of necessity, continue and we fear that our demands on them will not abate. The Committee knows that it has added at times to the pressures and demands on the Centre's financial management, and wishes in conclusion to express warm thanks for the unfailing courtesy with which its requests have been met.

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STATEMENT OF PROJECTED INCOME 1985 ALLOCATED TO PROGRAMMES

PROJECTED RESTRICTED FUNDS	TOTAL	FUNDS ALLOCATED TO							Equip ment.	
		DT	PT	HD	NUT	CSR	TEC	SP		
AGA KHAN FDN. (CORE)	50,000				50,000					200,000
ARAB GULF FUND	300,000					100,000				
BELGIUM (UCVP)	60,000					60,000				
CIDA (TRAINING - UCVP)	200,000					200,000				
FORD FOUNDATION (ECPP)	120,000						120,000			
" " NORP	54,000					54,000				
" " OPS. RESEARCH	30,000					30,000				
IDRC (DISC)	50,000						50,000			
JOHNS HOPKINS UNIVERSITY	4,000					4,000				30,630
BOSTID	93,000		62,370							55,000
NORAD (MCH-FP MATLAB)	300,000					245,000				
OPEC	10,000				10,000					
POP. COUNCIL (OPS. RESEARCH)	19,000					19,000				
PRINCETON UNIVERSITY	2,000					2,000				
SAUDI ARABIA	560,000								560,000	
SWEDEN SAREC	9,000	9,000								
UNDP (UCVP)	100,000					100,000				
UNDP/WHO REG. TRAINING	15,000						15,000			
UNFPA (MCH-FP MATLAB)	30,000					30,000				
UNICEF	125,000							75,000		
USAID/DHAKA (MCH-FP MATLAB)	907,000					907,000				
USAID/JAKARTA	30,000							30,000		
USAID/MANILA	20,000							20,000		
WORLD BANK (HANDPUMP)	92,000								92,000	
MISC	28,000		28,000							
TOTAL	3,208,000	9,000	90,370	-	110,000	1,843,000	310,000	560,000	285,630	

PROJECTED RESTRICTED FUNDS	TOTAL	FUNDS ALLOCATED TO							Equip- ment
		DT	PT	HD	NUT	CSR	TEC	SP	
NON-PROJECT RESTRICTED FUNDS -----									
ARAB GULF FUND	100,000	10,000	40,000	10,000	20,000	-	20,000		
UNDP (CLINICAL RES.)	275,000	55,000	55,000	27,500	55,000	27,500	55,000		
JAPAN	280,000	170,000	33,000	11,000	33,000	11,000	22,000		
TOTAL	655,000	235,000	128,000	48,500	108,000	38,500	97,000		
PROGRAMME RESTRICTED -----									
CIDA (DSS)	750,000					750,000			
SWEDISH SAREC	100,000	100,000							
FRG	315,000	315,000							
IDRC	250,000	250,000							
JAPAN	100,000	100,000							
USA/USAID	500,000	500,000							
WHO	50,000	50,000							
FRANCE	200,000	200,000							
TOTAL	2,265,000	1,515,000				750,000			

PROJECTED RESTRICTED FUNDS	TOTAL	FUNDS ALLOCATED TO							Equip- ment
		DT	PT	HD	NUT	CSR	TEC	SP	
RESTRICTED CORE SUPPORT -----									
USAID/USAID	1900,000								
AUSTRALIA/ADAM	176,000								
BANGLADESH	34,000								
SAUDI ARABIA	200,000								
SWEDEN/SAREC	50,000								
SWITZERLAND/SDC	345,000								
UK/ODA	165,000								
UNICEF	250,000								
AUSTRALIA	60,000								
<u>TOTAL</u>	3,180,000	343,642	815,408	333,623	675,537	590,160	421,630	-	-
RE-ALLOCATED							107,731	(157,731)	50,000
<u>OVERALL TOTAL</u>	9,308	2,102,642	1,033,778	382,123	893,537	3,221,660	936,631	402,269	335,630

OPERATING BUDGET 1985

	Local Staff existing		Local Staff (new)		International Staff Costs		Consul tants	Travel cost	Contractual Services	Supplies & Material	Deprecia tion	Total 1985	1984
	Core	Project	Core	Project	Existing	New							
DISEASE TRANSMISSION	31890	104285	-	478160	387990	-	9000	16000	28000	238000	50000	1343325	503930
PATHOGENESIS & THERAPY	74690	-	-	10500	253630	-	6900	13700	-	23020	-	390440	372586
HOST DEFENSE	27990	-	-	-	82500	30000	-	-	-	14334	-	154824	143147
NUTRITION	66650	138740	-	-	263090	-	-	10800	2200	2340	-	483820	456347
COMM. SERV. RESEARCH	220860	534400	-	177692	529130	180000	71175	119461	146284	186779	-	2165781	1397691
TRAIN. EXT. & COMMUN	89790	36420	-	58648	199050	60000	16060	15000	106200	63250	-	644418	440963
SPECIAL PROJECTS (SAUDI)	-	115000	-	-	86380	-	-	102190	5880	4330	-	313780	281439
MAINT. & LOGISTICS	247800	-	-	-	42000	-	-	5800	6030	200000	-	501630	354880
RES. SUPPORT FACILITY	855190	-	-	-	38100	165000	-	7860	40100	460000	50000	1616250	1156166
MANAGEMENT	328635	-	-	-	472130	20000	10000	40000	143000	34000	-	1047765	913999
RESOURCES DEVELOP.	25835	-	-	-	121365	-	-	18000	15800	5000	-	186000	191139
MANDATORY COMMITTEE	1350	-	-	-	58845	-	-	80250	1670	3100	-	145215	134985
EMPLOYEES BENEFITS	22080	-	-	-	2590	-	-	800	9000	16200	-	50670	60304
STAFF DEVELOPMENT	56780	-	-	-	900	-	-	4800	1300	-	-	63780	54754
CAPITAL DEVELOPMENT	7360	-	-	-	-	-	-	975	-	2880	-	11215	9871
GUEST HOUSE OPERATION	10230	-	-	-	-	-	-	-	12545	1525	-	24300	22212
CANTZEN	20100	-	-	-	-	-	-	-	-	970	-	21070	19202
TOTAL 1985	2087230	928845	-	733000	2537300	453000	113135	435636	518009	1255728	100000	9164283	6513615
1986	2609040	1161060	-	918250	2791470	500500	124450	479200	569810	1381300	400000	10933080	-

OPERATING BUDGET 1985 AFTER ALLOCATION OF RESEARCH & MANAGEMENT SUPPORT COSTS

	Local Staff existing		Local Staff costs (new)		International staff costs		Consultants	Travel costs	Contractual Services	Supplies & Materials	Depreciation	Research support	Management support	Total 1985
	Core	Project	Core	Project	Existing	New								
DISEASE TRANSMISSION	31890	104285	-	478160	387990	-	9000	16000	28000	238000	50000	430491	378826	2152642
PATHOGENESIS & THERAPY	74690	-	-	18500	253630	-	6900	13700	-	23020	-	533232	110106	1033778
HOST DEFENSE	27990	-	-	-	82500	30000	-	-	-	14334	-	183638	43661	382123
NUTRITION	66650	138740	-	-	263090	-	-	10800	2200	2340	-	273277	136440	893537
COMMUNITY SERVICES RESEARCH	220860	534400	-	177692	529130	180000	71175	119461	146284	186779	-	445116	610763	3221660
TRAINING EXTENSION COMMUNICATION	89790	36420	-	58648	199050	60000	16060	15000	106200	63250	-	252126	181730	1078274
SPECIAL PROJECTS (SAUDI)	-	115000	-	-	86380	-	-	102190	5880	4330	-	-	88489	402269
TOTAL 1985	511870	928845	-	733000	1801770	270000	103135	277151	288564	532053	50000	2117880	1550015	9164283

4

APPLICATION OF INCOME TO FORECASTED EXPENDITURE 1985

	DT	PT	HD	NUT	CSR	TEC	SP	Director Office	TOTAL
RESTRICTED CORE/CORE FUNDS	343642	815408	333623	645537	590160	421630	-	-	3180000
PROGRAMME RESTRICTED FUNDS	1524000	-	-	-	750000	-	-	-	2274000
PROJECT RESTRICTED FUNDS	-	90370	-	110000	1843000	310000	560000	-	2913370
NON-PROJECT RESTRICTED FUNDS	235000	128000	48500	108000	38500	97000	-	-	655000
OTHERS	-	-	-	-	-	107731	(157731)	50000	-
<u>TOTAL FUNDS AVAILABLE</u>	2102642	1033778	382123	893537	3221660	936361	402269	50000	9022370
<u>FUNDS TO BE APPLIED TO</u>									
PROGRAMME RESTRICTED PROJECTS	1567382	-	-	-	844821	-	-	-	2412203
PROJECT RESTRICTED RESEARCH	-	111708	-	108419	1950433	718347	402269	-	3291176
<u>TOTAL TO SPECIFIC PROJECTS</u>	1567382	111708	-	108419	2795254	718347	402269	-	5703379
<u>ON-GOING FIXED EXPENSES:</u>									
PAYMENT OF LOCAL SALARIES (CORE)	31890	66330	27990	66650	28945	76808	-	-	298613
(PROJECT)	-	-	-	124831	-	-	-	-	124831
INTERNATIONAL STAFF SALARIES	265730	243630	112500	227330	234599	108380	-	-	1192169
SUPPLIES & MATERIALS	-	-	14334	-	-	-	-	-	14334
CAPITAL REPLACEMENT	-	-	-	-	-	-	-	50000	50000
RESEARCH SUPPORT COSTS	126453	513059	183638	244320	68193	101547	-	-	1237210
MANAGEMENT SUPPORT COSTS	111187	99051	43661	121987	94669	73192	-	-	543747
<u>TOTAL ON-GOING FIXED EXPENSES</u>	535260	922070	382123	785118	426406	359927	-	50000	3460904
TOTAL I AND II	2102642	1033778	382123	893537	3221660	1078274	402269	50000	9164283
<u>FUNDS AVAILABLE</u>	-	-	-	-	-	(141913)	-	-	(141913)

RESEARCH SUPPORT COSTS ALLOCATIONS TO PROGRAMMES 1985

5

	Total Budget	Recovery	Balance for allocation	DT	PT	HD	NUT	CSR	TEC
HOSPITAL PHYSICIAN	79545	-	79545	7955	31820	7950	15910	-	15910
MEDICAL WARD	321260	(8000)	313260	31326	125304	31326	62652	-	62652
TREATMENT CENTRE	154400	(3000)	151400	30280	30280	15140	30280	15140	30280
PATHOLOGY	37150	(11200)	25950	-	20760	2595	2595	-	-
X-RAY	13350	(5300)	8050	1610	3220	1610	1610	-	-
PHARMACY	75700	-	75700	15140	30280	15140	15140	-	-
STUDY WARD	20530	(28500)	(7970)	(1594)	(4782)	-	(1594)	-	-
TRAVELLER'S CLINIC	24250	(12400)	11850	-	11850	-	-	-	-
MICROBIOLOGY	296125	(125400)	170725	68290	34145	17072	17072	17074	17072
IV FLUID	60280	(39200)	21080	4216	8432	4216	4216	-	-
BIOCHEMISTRY	144030	(144000)	30	-	-	-	30	-	-
IMMUNOLOGY	21500	-	21500	4300	4300	8600	2150	-	2150
DATA MANAGEMENT	9150	-	9150	1830	915	915	915	3660	915
MEDICAL RECORDS	6200	-	6200	1240	2480	620	620	620	620
ANIMAL RESOURCES	88600	(17500)	71100	14220	28440	14220	14220	-	-
COMPUTER SERVICES	200200	(60000)	140200	28040	14020	14020	28040	56080	-
COMMUNITY STUDIES	21000	-	21000	21000	-	-	-	-	-
LIBRARY	102300	(2600)	99700	9970	9970	9970	9970	19940	39880
PUBLICATION	18450	-	18450	1845	1845	1845	1845	3690	7380
CLIMPSE	10950	-	10950	1095	1095	1095	1095	2190	4380
MEDICAL ILLUSTRATION	33900	(12000)	21900	2190	2190	2190	2190	4380	8760

Continued Overleaf.....

SUMMARY OF SUPPORT COSTS ALLOCATIONS TO PROGRAMMES 1985

6

	Total Budget.	Recovery	Balance	DT	PT	HD	NUT	CSR	TEC	SP
MAINTENANCE & LOGISTICS	632610	130980	501630	67720	180585	35114	48658	134439	35114	-
RESEARCH SUPPORT	2230850	614600	1616250	362771	352647	148524	224619	310677	217012	-
MANAGEMENT SUPPORT	1550015	-	1550015	378826	110106	43661	136440	610763	181730	88489

DISEASE TRANSMISSION 1985 (FUNDED)

7(a)

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel costs Funded	Travel costs Core Funded	Contra-ctual Services	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total oper-ating Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
84-001	VACCINE TRIALS	-	582445	122260	9000	16000	-	28000	238000	304038	267639	1567382	1524000	43382	

DISEASE TRANSMISSION 1985 (UNFUNDED)

7(a)

Prot. Budget No.	TITLE	Local	Staff	Intern-ational Staff Costs	Consul-tants	Travel costs Funded	Travel costs Core Funded	Contra-ctual Servcies	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total opera-Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
	ON-GOING PROTOCOLS	4000	-	15000	3000	-	3000	30000	15000	9372	8250	87622	-	87622	-
	NEW PROTOCOLS	17000	26000	115000	34000	-	2000	30000	100000	81792	72000	477792	-	477792	-
	DTWG ACTIVITIES	6400	4000	37730	-	-	38500	10000	10000	20503	18049	145182	-	145182	-
	NON DTWG ACTIVITIES	4490	-	18000	4200	-	-	-	-	11370	10009	48069	-	48069	-
	<u>TOTAL</u>	31890	30000	185730	41200	-	43500	70000	125000	123037	108308	758665	-	758665	-

PATHOGENESIS & THERAPY 1985 (RESTRICTED FUNDING)

7(A)

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Services	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total operating Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
83-042	SINGLE DOSE FURASOLIDONE	2360	-	10000	-	6000	-	-	2100	20173	4155	45788	25000	20788	
84-030	DOUBLE BLIND CONTROLLED TRIAL WITH BIOGLORIN	-	-	-	-	200	-	-	2420	-	-	2620	3000	(380)	
New	BOSTID RESPIRATORY	5000	18500	-	6900	7500	-	-	18500	-	6900	63300	62370	930	BOSTID
	TOTAL	8360	18500	10000	6900	13700	-	-	23020	20173	11055	111708	90370	21338	

PATHOGENESIS & THERAPY 1985 (UN-FUNDED PROJECTS)

7(6)

Proc. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Service	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total opera-ting Cost	Amount Funded	Core Funded	Fund Agenc
		Core	Project												
84-009	EVALUATION OF CHLAMYDIA	1600	-	19588	-	-	-	-	8255	31994	6589	68026	-	68026	
83-049	ROLE OF ENDOGENOUS PROSTA GLANDINE	1290	-	3200	-	-	-	-	192	6780	1396	12858	-	12858	
84-042	PATHOLOGICAL STUDIES OF POST MORTEM	11640	-	66000	-	-	-	-	8128	117236	24146	227150	-	227150	
84-037 (P)	ROLE OF ANTIBIOTIC	680	-	1200	-	-	-	-	-	2839	585	5304	-	5304	
84-032	STUDIES ON SECRETORY EFFECT.....	-	-	16000	-	-	-	-	3590	24160	4976	48726	-	48726	
83-007	LOPERAMIDE IN TRAVELLERS DIARRHOEA	-	-	3200	-	-	-	-	1000	4832	995	10027	-	10027	
84-013	TYPHOID FEVER DETERMINATION OF C-AMP.....	4246	-	8550	-	-	-	-	1274	19322	3980	37372	-	37372	
84-041	TANDOMISED CONTROLLED FRIAL OF BERBERINE TO...	1800	-	5000	-	-	-	200	500	10268	2115	19883	-	19883	
	NEW STARTS	-	-	5000	-	-	-	-	-	7550	1555	14105	-	14105	
	TOTAL	21256	-	127738	-	-	-	200	22939	224981	46337	443451	-	443451	

HOST DEFENSE - 1985 (UNFUNDED PROJECTS)

7(e)

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Service	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total opera-tiong Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
84-016	POTENTIAL CONTRIBUTION OF ENDOTOXIN	26500	-	13300	-	-	-	-	2000	52138	12377	106315	-	106315	
84-035	IMMUNO CHEMICAL ANALYSIS	27500	-	22500	-	-	6900	-	6000	65500	15550	143950	-	143950	
83-018	MODULATION OF MURINE ANTIBODY RESPONSES	9440	-	-	-	-	-	-	2500	12366	2936	27242	-	27242	
NEW	IDENTIFICATION OF PROTECTING SHIGELLA ANTIGENS	12635	-	4400	-	-	6160	890	3834	22316	5298	55533	-	55533	
	TOTAL PROJECT COSTS	76075	-	40200	-	-	13060	890	14334	152320	36161	333040	-	333040	

NUTRITION - 1985 (FUNDED PROJECTS)

7 (d)

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Con-sultants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Service	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total oper-ating Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
04-2300	HEALTH EDUCATION PH 1 ADDENDUM TO SATER SAN- ITATION - TEKNAF	-	2500	-	-	800	-	-	450	1457	727	5934	10000	(4066)	OPEC
04-4100	DIGESTIBILITY OF DIFFERENT CEREAL BASED OR	-	10909	18231	-	7000	-	1000	950	16989	8480	63559	50000	13559	AKF
04-4300	ABSORPTION & PLACEMENT IN PEM CHILDREN	-	500	17529	-	3000	-	1200	940	10511	5246	38926	50000	(11074)	UNICEF
	TOTAL	-	13909	35760	-	10800	-	2200	2340	28957	14453	108419	110000	(1581)	

NUTRITION - 1985 (UNFUNDED PROJECTS)

7(26)

Proj. Budget No.	TITLE	Local Staff		International Staff Costs	Consultants	Travel Costs Funded	Travel Costs Core Funded	Contractual Service	Supplies & Material	Research Support Costs	Management Support Costs	Total operating Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
04-2600	INTAKE & UTILISATION OF CALORIES FOR RICE STARCH	-	5111	11219	-	-	-	-	-	9520	4752	30602	-	30602	-
04-4200	EFFECT OF ZN SUPPLEMENT	-	500	11920	-	-	-	1000	740	7241	3614	25015	-	25015	-
NEW	TRIAL OF DIFFERENT FEEDING REGIMENT DURING & AFTER DIARRHOEA	-	5103	15426	-	-	-	2000	4500	11968	5974	44971	-	44971	-
NEW	RELATIVE DOSE RESPONSE AFTER FEEDING VIT. A	-	5788	15426	-	-	-	500	1500	12368	6173	41755	-	41755	-
85-015	SOCIO-ECONOMIC FACTORS IN DIARRHOEA	2633	-	7465	-	-	-	400	210	5887	2938	19533	-	19533	-
84-035	INTERVENTION/CONTAMINATION IN DIARRHOEA	4395	-	15145	-	-	-	267	7466	11392	5686	44351	-	44351	-
NEW	ECOLOGY/CHILDHOOD MORBIDITY	819	-	18860	-	-	-	400	2100	11472	5726	39377	-	39377	-
04-4500	FEEDING UNIT	-	-	-	-	-	-	-	9000	-	-	9000	-	9000	-
-	NM CIRCUMFERENCE	9020	-	-	-	-	-	-	1000	5258	2625	17903	-	17903	-
81-042	ROLE OF PROSTACYCLINE IN DEVELOPMENT OF HUS	2300	-	-	-	-	-	1000	4500	1341	669	9810	-	9810	-
NEW	QUANTITATIVE MEASUREMENTS OF ENTERIC PROTEIN LOSS	16800	-	-	-	-	5000	-	4000	9794	4889	40483	-	40483	-
NEW	IRON ABSORPTION	3000	-	-	-	-	-	-	2000	1749	873	7622	-	7622	-

Continued Overleaf....

NUTRITION - 1985 (UNFUNDED PROJECTS) cont.....

7(2)

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Service	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total operat-ing Cost	Amount Funded	Core Funded	Funding Agency
06-0311	TEKNAF DYSENTRY PROJECT	-	26439	-	-	-	2000	1000	7000	15414	7694	59547	-	59547	-
04-110	WATER SANITATION INTERVENTION - TEKNAF	-	51024	27710	-	-	3000	-	6000	45902	22911	156547	-	156547	-
	<u>TOTAL</u>	38967	93965	123171	-	-	10000	6567	50016	149306	74524	546516	-	546516	-

COMMUNITY SERVICES RESEARCH - 1985 (FUNDED PROJECTS)

7(c)

Proc. Budget No.	TITLE	Local Staff		International Staff Costs	Consultants	Travel Costs Funded	Travel Costs Core Funded	Contractual Service	Supplies & Material	Research Support Costs	Management Support Costs	Total operating Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
83-029	MCH-FP TEKNAF	-	-	-	-	1350	-	3300	1200	-	-	5850	5850	-	USAID
05-4601	MCH-FP EXTENSION PROJ.	2800	119968	151141	43000	33000	-	21500	28200	82396	112820	594825	594825	-	USAID
05-4603	" " " "	6400	85328	-	-	10886	-	8800	14100	23849	32655	182018	182018	-	USAID
05-4604	" " " "	7200	73340	-	-	10886	-	8800	11800	20940	28672	161638	124307	-	USAID
05-4610	POP. COUNC. OP. RES.	7000	12974	-	-	-	-	-	-	5193	7110	32277	19000	-	NORAD
05-2401	CHSP/MATLAB	32780	29270	-	-	7058	-	9139	1248	16133	22090	117718	30000	(16723)	POP. COUNC. FORD FOUND
05-2402	" "	5300	89580	-	-	10000	-	4800	7000	24669	33777	175126	32543	55175	NORAD UNFPA
84-025	DSS-MATLAB	43245	135038	133000	15783	14634	-	60200	34500	85037	116435	637872	30000	-	SORAD
84-026	DSS-TEKNAF	43870	40474	18000	8392	5400	-	12920	9680	28791	39422	206949	112128	94821	CIDA/DSS
07-1200	NORP EVALUATION	-	31100	44400	-	15747	-	-	12971	19630	26878	150726	54000	96726	FORD FOUND
05-4701	URBAN VOLUNTEERS	9000	18962	37000	-	-	-	-	8000	16890	23126	112978	100000	12978	UNDP
05-4702	" "	9090	15410	23414	-	3000	-	-	12000	12457	17057	92428	100000	(7572)	AGF
05-4703	" "	-	18500	15000	4000	3000	-	-	16500	9750	13350	80100	60000	20100	BELGIUM
NEW	" "	-	16800	-	-	-	-	-	13500	4368	5980	40648	200000	(159352)	CIDA
05-4800	HANDPUMP PROJECT	23430	25348	41776	-	2800	-	16825	16000	23544	32237	181960	92000	89960	WORLD BANK
80-004	INTERACTIONS BETWEEN MATERNAL NUTRITION...	1800	-	10800	-	1700	-	-	80	3276	4485	22141	6000	16141	JHU/PRINCE
	TOTAL	191915	712092	474531	71175	119461	-	146284	186779	376923	516094	2795254	2593000	202254	

COMMUNITY SERVICES RESEARCH - 1985 (UNFUNDED PROJECTS)

2(e)

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total opera-tiong Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
84-021(P)		1200	-	16200	-	100	-	-	80	4524	6194	28298	-	28298	-
83-022	CHILD MORTALITY: SOCIO & BIOLOGICAL DETERMIN	-	-	2700	-	-	-	-	-	702	961	4363	-	4363	-
NEW	FAMINE.....	-	-	16200	-	-	1000	-	440	4212	5767	27619	-	27619	-
NEW	COMPUTERISATION OF CLASSIFICATION/DEATH	-	-	6200	-	-	2900	-	500	1612	2207	13419	-	13419	-
NEW	CASE CONTROL STUDIES OF RISK FACTORS.....	144	-	6200	-	-	4525	-	500	1649	2258	15276	-	15276	-
NEW	FAMILY PLANNING INFECTION MORBIDITY STUDY	-	-	60000	-	-	2500	-	70788	15600	21360	170248	-	170248	-
05-5400	SOCIO ECONOMIC & MORTALITY DIFFERENTIALS	-	-	-	-	-	-	-	3000	-	-	3000	-	3000	-
TOTAL		1344	-	107500	-	-	11025	-	75308	28299	38747	262223	-	262223	-

TRAINING EXTENSION & COMMUNICATION - 1985 (FUNDED PROJECTS)

765

Prot. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Service	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total opera-tion-ing Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
07-1000	EPIDEMIC CONTROL PREPAREDNESS PROC.	-	58648	-	-	-	-	20000	48350	32139	23166	182303	120000	62303	FORD FOUND.
07-1100	DISC	6272	36420	19540	-	4000	-	83200	14000	34103	24582	222117	50000	172117	IDRC
07-1400	TRAINING MATS. DEVELOPER	-	-	69930	-	-	-	-	-	38322	27622	135874	75000	60874	UNICEF
07-0100	TEC	6710	-	61200	16060	11000	-	3000	900	46015	33168	178053	65000	113053	USAID
	TOTAL	12982	95068	150670	16060	15000	-	106200	63250	150579	108538	718347	310000	408347	

TRAINING EXTENSION & COMMUNICATION - 1985 (UNFUNDED PROJECTS)

7(8)

Proc. Budget No.	TITLE	Local Staff		Intern-ational Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Core Funded	Contra-ctual Service	Supplies & Material	Research Support Costs	Manag-ement Support Costs	Total oper-ating Cost	Amount Funded	Core Funded	Funding Agency
		Core	Project												
07-0300	TRAINING BRANCH	67363	-	74700	5760	-	3000	13500	5800	81007	58390	309520	-	309520	-
	MAGS. COMM. PROGRAMME	16873	-	-	9800	-	5000	5000	3230	14617	10536	65056	-	65056	-
	TOTAL	84236	-	74700	15560	-	8000	18500	9030	95624	68926	374576	-	374576	-

FUNDED CAPITAL EXPENDITURE FOR 1985

	Approved Grant	Incurred 1984	Committed 1984	Replacement 1985	New 1985
<u>ARAB GULF FUND</u>					
<u>Hospital & Lab. Equipment</u>	173,000	10,066	131,566	58,000	34,070
Microtome for Histopathology	4,000	-	-	4,000	-
Deep Freezer for Hosp. (Study Ward)	6,000	-	-	6,000	-
Automatic Tissue Processor	20,000	-	5,930	-	14,070
Flame Photometer (flameless)	18,000	-	-	18,000	-
ECG	15,000	-	-	15,000	-
Radio Analyser (9 channel)	75,000	10,066	125,636*	-	-
Filter Counter	15,000	-	-	15,000	-
Animal Feed Mill	20,000	-	-	-	20,000
<u>Training Lecture Room & Medical Illustration</u>					
	35,100	2,369	3,836	3,110	26,873
Public Address System	1,200	-	-	-	1,200
Flexible Screen	300	-	-	-	300
Blackboard	100	100	-	-	-
Chairs (100)	1,200	1,156	-	44	-
Conference Table	300	300	-	-	-
Conference Chairs (30)	1,200	144	-	1,056	-
Ball Table (2)	100	142*	-	-	-
Plum	100	-	-	-	100
Slide Projector	400	-	400	-	-
Overhead Projector	400	-	1,150*	-	-
Electric Typewriter	2,000	-	-	2,000	-
Amplifier	800	-	-	-	800
Speakers (2)	800	-	-	-	800
Printable	600	-	-	-	600
8mm Movie Camera	1,500	-	1,490	10	-
Slide Projector (overhead)	500	-	-	-	500
Slide Projector (35 mm)	500	-	796*	-	-

/Cont.....

	Approved Grant	Incurred 1984	Committed 1984	Replacement 1985	New 1985
K & E Leroy Set (3)	600	527	-	-	73
Fridge (Dark Room)	1,000	-	-	-	1,000
Thermal Copier (1)	2,000	-	-	-	2,000
Dial-a-Light Drafting Set	500	-	-	-	500
Processors for B & W Colour (2)	8,000	-	-	-	8,000
Durst Photography Printer	9,500	-	-	-	9,500
8 mm Movie Camera	1,500	-	-	-	1,500
<u>EQUIPMENT FOR FIELD STATIONS</u>	37,300	33,979	-	104	3,300
Speedboats & Hulls (4)	24,000	24,000	-	-	-
Double Cabin Diesel Pick-up (1)	6,500	6,583*	-	-	-
Motor Cycle (2)	1,800	-	-	-	1,800
Refrigerator (2)	1,500	1,400	-	100	-
Microscope (2)	2,000	1,996	-	4	-
Distilled Water demineralising equipment (1)	1,500	-	-	-	1,500
<u>Vehicles & Office Equipment</u>	57,000	39,178	9,362	3,320	9,000
Microbus (Hi-Ace) (3)	30,000	23,358	8,162*	-	-
Plain Copier NP 400 (1)	9,000	-	-	-	9,000
Xerox Copier (1)	10,000	12,340*	-	-	-
Electric Typewriter (4)	8,000	3,480	1,200	3,320	-
<u>Spares for above Items</u>	30,000	23,138	10,826*	-	-
<u>Freight, Insurance, Clearing</u>	67,600	21,746	-	-	45,854
<u>TOTAL</u>	400,000	130,476	155,590	64,534	119,097
<u>REIMBURSEABLE AS PER GRANT</u>	400,000	128,011	88,358	64,534	119,097
<u>CORE FUNDED</u>	69,697	2,465	67,232	-	-

NORAD
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	Approved Grant	Incurred 1984	Committed 1984	Replacement 1985	New
Bengali Typewriter	700	-	-	700	-
Autoclave	1,000	-	-	1,000	-
Refrigerator for EPI Cold Chain	1,200	-	-	-	1,200
Calculators	300	-	-	-	300
Stencil Cutter/Duplicator	1,500	-	-	-	1,500
Slide Projector	1,000	-	-	-	1,000
Furniture	2,000	-	-	2,000	-
Photocopier	2,500	-	-	-	2,500
Air-Coolers (2)	1,400	-	-	1,400	-
Word Processor	3,800	-	-	-	3,800
Vehicle	13,500	-	-	-	13,500
Selectric Typewriter	1,600	-	-	1,600	-
Oxygen Cylinder	200	-	-	-	200
Suction Machine for Delivery Backup	800	-	-	-	800
Misc.	2,000	-	-	1,000	1,000

<u>TOTAL</u>	33,500	-	-	7,700	25,800
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BOSTID
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<u>Located in IPH</u>					
	Model				
Laminator Flow Hood Baker	4' Floor	5,600	-	-	5,600
Incubator		5,300	-	-	5,300
Modular Rotaror		1,380	-	-	1,380
1 Mettler Balance		4,130	-	-	4,130
Millipore Filtration		440	-	-	440
3 UV Lights		500	-	-	500
1 PH Meter		880	-	-	-
Tissue Processor		7,500	-	-	7,500
Microtome		4,200	-	-	4,200
Airconditions (2)		700	-	-	700

<u>TOTAL</u>	30,630	-	-	880	29,750
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PERSONNEL BUDGET OF INTERNATIONAL POSITIONS 1985

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DISEASE TRANSMISSION

		<u>Person Year</u>	<u>1985 Budget</u>
Associate Director -	Dr. Sack	1	100,000
Epidemiologist	Dr. M.U. Khan	1	65,730
"	Dr. J. Clemens	1	67,260
Microbiologist	Dr. I. Huq	0.5	35,000
"	Dr. B. Kay	1	53,000
Epidemiologist	Dr. J. Harris (CDC)	1	67,000

TOTAL DISEASE TRANSMISSION PROGRAMME

387,990

=====

PATHOGENESIS & THERAPY

Associate Director -	Dr. T. Butler	1	100,000
Gastronologist	Dr. Van Loon	1	10,000
Pediatrician	Dr. M. Bennish	1	56,370
Research Associate	Dr. Patte (French Gov.)	1	-
" "	Dr. Patra	1	38,300
Nurse Trainer	Reclassified	1	48,960

TOTAL PATHOGENESIS & THERAPY PROGRAMME

253,630

=====

HOST DEFENSE

Associate Director -	Dr. I. Ciznar	1	82,500
Immunologise (New)		0.5	30,000

TOTAL HOST DEFENSE PROGRAMME

112,500

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	<u>Person Year</u>	<u>1985 Budget</u>
<u>TRAINING EXTENSION & COMMUNICATION</u>		
Associate Director - Dr. K.M.S. Aziz	1	78,030
Conference Secretary - Ms. T. Derozhinsky	1	28,020
Training Mat. Developer- UNICEF (Vacant)	1	60,000
Material Developer - WUSC	1	7,000
Librarian - Reclassified	1	42,000
Scientific Editor - Ms. Novak	1	44,000

<u>TOTAL TRAINING EXTENSION & COMMUNICATION PROGRAM</u>		259,050
		=====

COMPUTER INFORMATION SERVICE

Computer Systems Development Manager	1	40,000
Computer Information Systems Manager	1	50,000
Computer Technical Services Manager	0.5	20,000
" " " (Consultant)	0.5	15,000
" Operations Manager (Re-classified)	1	40,000

<u>TOTAL COMPUTER INFORMATION SERVICE PROGRAMME</u>		165,000
		=====

Management

Director's Office

Director - Dr. Greenough	0.6	65,000
Incoming Director - Dr. Eeckels	0.8	125,000
Executive Assistant - Re-classified	0.6	20,000
Associate Director Admin: & Finance		
- M. Goon	0.6	50,000
- Replacement	0.6	59,830
Administrative Services Officer - R. Dery	1	68,000
Chief Personnel Officer - S. Conway	1	55,000

	<u>Person Year</u>	<u>1985 Budget</u>
<u>NUTRITION</u>		
Associate Director - Dr. Rahaman	1	83,970
Nutritionist/ Anthropologist-Dr. N. Rizva	1	64,420
Biochemist - Dr. Ayesha Molla	1	42,070
Research Associate - Dr. F. Henry	1	41,470
Economist - Dr. M. Hussain	0.5	31,160
Research Associate - Dr. Briend (OSTRAM)	1	-

<u>TOTAL NUTRITION WORKING GROUP PROGRAMME</u>		263,090
		=====

COMMUNITY SERVICES RESEARCH

Associate Director -	Dr. Rowland	1	100,000
Biostatistician -	Dr. Bogdan	1	60,000
Demographer -	Dr. Chowdhury	1	68,000
" -	(New)	0.5	29,130
Anthopologist -	Dr. K.M.A. Aziz	1	42,000
Demographer -	Dr. J. Phillips	1 (Pop. Com)	-
Operations Research -	Dr. M. Koblinsky	1	60,000
Pediatrician/Physician Trainer -	Dr. B. Stanton	1	50,000
MCH-Physician -	Dr. S. Bhatia	1	56,000
MCH-Physician Trainer - NORAD	(New)	1	40,000
MCH-FP Computer Scientist USAID	(New)	1	50,000
Infectious Disease Physician -	(New)	1	50,000
MCH-FP Coordinator	(New) USAID	1	40,000
Operations Research NORP -	Dr. M. Currey	1	50,000
Health Economist (WUSC) -	Mr. M. Chibba	1	7,000
Health Educator (WUSC) -	Miss Hurrell	1	7,000

<u>TOTAL COMMUNITY SERVICES PROGRAMME</u>			709,130
			=====

- 9(c) -

	<u>Person Year</u>	<u>1985 Budget</u>
Budget Finance Officer - L. Chang	1	49,300

<u>TOTAL MANAGEMENT</u>		492,130
		=====
 <u>RESOURCES DEVELOPMENT</u>		
Associate Director - Mr. M.R. Bashir	1	91,365
Programme Officer -	1	30,000

<u>TOTAL RESOURCES DEVELOPMENT</u>		121,365
		=====

MANPOWER PLAN FOR INTERNATIONAL POSITIONS FOR 1985

	Program	Level	Approved Positions			Recruitment Status				Funding Agency
			Existing	Reclassified	New	In Progress		To Start	Hold	
						Core Funded	Extern. Funded			
<u>CORE/PROGRAMME POSITIONS</u>										
Clinical Research Physician	HD	P1	28,200	-	-	-	-	-	28,200	-
Immunologist	HD	P3	53,000	-	-	30,000*	-	-	-	-
Pathologist	PT	P4	-	-	82,000	-	-	-	82,000	-
Computer System Dev. Manager	CIS	P1/3	-	-	40,000	30,000	10,000	-	-	PART CIDA
Computer Information Systems Manager	CIS	P3	-	-	50,000	-	50,000	-	-	CIDA
COMPUTER TECHNICAL Services Manager	CIS	P1/3	-	-	40,000	35,000**	-	-	-	-
Computer Operations Manager	CIS	P1	-	40,000	-	40,000	-	-	-	-
Infectious Disease Research Physician	CSR	P3	-	-	50,000	50,000	-	-	-	-
Executive Assistant to Director	DIR	P1	-	40,000	-	20,000***	-	-	-	-
Nurse Trainer - Matron	PT	P1	-	40,000	-	40,000	-	-	-	-

Note: * Provision for 6 months salary & benefits
 ** " " 6 months consultancy @ \$15,000
 *** " " 6 months upon recruitment @ \$20,000
 *** Expected recruitment in July 1985

MANPOWER PLAN FOR INTERNATIONAL POSITIONS FOR 1985

-10(a) -

	Program	Level	Approved Positions			Recruitment Status				Funding Agency
			Existing	Reclassified	New	In Progress		To Start	Hold	
						Core Funded	Extern. Funded	Project Funded	No Funds	
Head Matlab Station	CSR	P1	-	40,000	-	-	-	40,000	-	USAID
Head, Dhaka Hospital	RS	P1	-	40,000	-	-	-	-	40,000	-
Internal Auditor	DIR	P1/3	-	-	50,000	-	-	-	50,000	-
<u>PROJECT FUNDED POSITIONS</u>										
Training Materials Developer	TEC	P4	-	-	60,000	-	-	60,000	-	UNICEF
MCH-FP Physician	CSR	P2	-	-	40,000	-	-	40,000	-	NORAD
MCH-FP Computer Scientist	CSR	P3	50,000	-	-	-	-	50,000	-	USAID
TOTAL			131,200	200,000	412,000	245,000	60,000	190,000	200,200	

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PROJECTIONS OF LOCAL STAFF COSTS FOR 1985

	Local Staff Costs for 1984			Forecasted Core Staff 1985			Forecasted Project Staff 1985			
	Core	Project	Total	Existing in 1984	New	Total 1985	Existing in 1984	New	Total 1985	
Disease Transmission	18,320	88,380	106700	21,620	17,000	58260	104,285	478,160*	582445	* Revised from \$556,540
Pathogenesis & Therapy	63,300	-	63300	74,690	-	74690	-	-	-	
Host Defense	23,720	-	23720	27,990	21,930	49920	-	-	-	
Nutrition	60,300	113,760	174060	66,650	17,440	84090	138,740	-	138740	
Community Services Research	187,170	452,880	640050	220,860	14,000	234860	534,400	-	534400	
Research Support	750,160	-	750160	885,190	-	885190	-	-	-	
Training Extension & Comm.	106,960	-	106960	126,210	-	126210	-	-	-	
Maintenance & Logistics	210,000	-	210000	247,800	-	247800	-	-	-	
Management	278,500	-	278500	328,635	39,430	368065	-	-	-	
Resources Development	21,890	-	21890	25,835	-	25835	-	-	-	
Mandatory Committee	1,140	-	1140	1,350	-	1350	-	-	-	
Employees Benefit	18,710	-	18710	22,080	-	22080	-	-	-	
Special Projects	140,140	-	140140	165,365	-	165365	-	-	-	
Staff Development	48,120	-	48120	56,780	-	56780	-	-	-	
Capital Development	6,240	-	6240	7,360	-	7360	-	-	-	
Guest House	8,670	-	8670	10,230	-	10230	-	-	-	
Canteen	17,040	-	17040	20,100	-	20100	-	-	-	
TOTAL	1,960,380	655,020	2615400	2,308,745	129,800	2438185	777,424	478,160	1255585	

Note: A provision of 18% is made to cover normal increments and anticipated adjustments in salary scales to cover inflation and cost of living allowance increases.

EXPLANATORY NOTES

1) Budget Review

The Centre's 1985 budget of \$9,164,283 addresses only specifically funded projects expenditures and projected on-going expenditures of local core salaries, international staff costs, research support and management support costs. The budget does not address on-going project expenditures which are core funded. These expenses are incremental to the \$9,164,283.

Areas where possible cost reductions are in respect of reclassified positions which are currently advertised to be filled. They are for:-

1. Nurse Trainer	48,960
2. Executive Secretary to Director (6 months)	20,000
3. Computer Operations Manager	40,000
	\$108,960

The above provisions assume that the present incumbents acting in their positions are un-successful and their services are retained.

Another position (epidemiologist) which is supposed to be externally funded via the USAID-CDC arrangement is presently paid out of core funds. In 1985 if this specific funding arrangement does not materialise then a decision to return the staff member to his parent organisation will save the Centre approximately \$67,000 per year.

Other areas of cost savings will be in the review of both international and local positions, and their necessity in the light of the Centre's set goals.

2) Projected Income

The statement of projected income is an estimate of committed donor pledges and expected donor support for 1985. This estimate is the combined effort of both the Director and Associate Director Resources Development. These income estimates may change, increase or decrease against each donor, but from past experiences, the estimates are somewhat accurate.

3) Research Support Allocation

The allocation is done based on user percentages. The percentages have been estimated by the Director based on historical performance.

4) Absorption of Research Support and Management Support Costs

This is based on amounts allocated in (2) above and absorbed as a direct percentage to total accumulated staff costs for the programme/project.

5) Local Staff Costs & Project Staff Costs

A provision of 18% in 1984 totals is made to cover normal increments and anticipated adjustments in the local salary scales.

6) Other Expenses

A provision of 10% on 1984 figures have been made for 1985 to cover inflationary increases.

8/BT/DEC.84

PERSONNEL & SELECTION COMMITTEE REPORT

DRAFT

Report of the Personnel and Selection Committee of the Board of Trustees, December 6, 1984.

Since the Full Board Meeting of June two meetings of the Personnel and Selection Committee were held. The Report of the Extraordinary meeting of 5 October, 1984 was endorsed and is forwarded to the Board unchanged as follows:-

... "An extraordinary meeting of the Personnel & Selection Committee was convened in Dhaka on the 3rd and 4th of October, 1984 to consider issues raised in a letter sent directly to the Chairman of this Committee while the Director was on home leave, which was copied to the full Board (appendix 1). In this letter there were allegations of irregularity in personnel actions. The Director answered these allegations on his return to Dhaka in a letter to the Chairman of the Committee on 22 August, 1984 (appendix 2). Some staff again wrote to the Board, forwarding their correspondence through the Director, on 28 August, 1984. (appendix 3). Prior to this, on 21 June , 1984, the Chairman of the interview Committee for the post of Head, Library and Publications had indicated his dissatisfaction that the Board had not accepted the first choice of candidate (appendix 4). In the presence of other Associate Directors of the Council of Associate Directors Meeting on 20 June, 1984 the Director had approved that he could communicate his views to the Board if he wished. (appendix 5).

All of this correspondence indicated an underlying concern and dissatisfaction about whether a full, fair and impartial recruitment process existed and was being implemented. Since this was felt by the Director to be a serious and substantive concern this view was communicated to the Chairman. The Chairman personally convened several staff meetings and conducted a full review personally himself. The findings were that indeed there were important departures from a full process in the case of recruitment to the posts

of

- Personnel Officer
- Budget and Finance Officer
- Supply Officer
- Administrative Services Officer

The details of the departures from full procedures are detailed in the minutes of the Personnel & Selection Committee meeting and the appendices. All posts were advertised and in the case of the Personnel Officer and ASO on two occasions. There were two sorts of problems

- (1) inadequate attention to short-listing by the responsible Associate Directors and consequent late or omitted full interview process of all short-listed candidates. This is considered a serious departure from proper implementation of the rules that could lead to biased selection.
- (2) with approval of the Board a higher level was given to the Personnel Officer than stated in the advertisement. This is considered poor procedure and although with full knowledge of the Board does not appear optimal procedure.

It should be noted that the current Staff Rules were not effective until 1 January, 1984 . Before these appointments historically the recruitment process was different. However, the current Staff Rules were generally followed. In all instances the Board was fully informed and made all appointments as they now stand. All other allegations were found to be groundless. All appointed candidates were fully qualified as per the job classifications.

An Ad hoc Committee was agreed upon at a meeting of the staff convened by the Director and Chaired by Mr Mostafa with Dr Derrick Rowley present. A committee of nine representing all interested elements of the Centre was nominated by the Staff Welfare Association and appointed by the Director. The terms of reference of this committee were set out in a memorandum from the Director which had been approved by the Chairman of the Personnel and Selection
... Committee (appendix 5). Their report was rendered and reviewed by

... the Personnel and Selection Committee (appendix G). The section on post classification and manpower planning were considered to be of great importance. On its review this Committee found it an excellent and conscientious report done on a short time frame by fully busy staff members. It is very much appreciated. It was proposed to amend the report of the Ad hoc Committee taking into account the following points. The Personnel and Selection Committee will consider the amended report and if satisfactory forward it to the Board for consideration and adoption of its recommendations.

- The candidates for positions should not be termed "consultants" although they could be administratively handled under consultancy rules.
- For specific line responsibilities due to unanticipated gaps in staffing which could not be handled by recruitment in the GS or NOA scales the rules governing "short term" contracts should be used.
- On page 3, last paragraph, there should be a ready "Manpower Plan" to avoid confusion with post classification. Further, there should be a concept of cost effectiveness included under the category of Post Classification.
- On page 5, it should be clearly noted that the function of the Council of Associate Directors is to assist and advise, not supercede, the Director in any matter. The second paragraph after "(f)" should be deleted and is unacceptable. All comments to the Board by any staff member must be through the Director. The recommendations of interview boards are considered as final. If any Associate Director wishes input to any interview board he should request the Director to include him on the Board. Post hoc complaints would not be entertained.
- On the issue of promotion, a system of setting aside a certain

fraction of posts, say, one-third posts in each level, for internal (promotion) use only was discussed and consideration by the Board is recommended. The matter of employee morale is an important consideration. It was asked that the Director obtain information about the distribution of appointments to new posts between external and internal applicants to define current practice in this matter.

- All P level posts are "international level" and under the direct authority of the Board to appoint.
- All P level posts should be defined and advertised if necessary at a maximum of two levels.
- The Terms of Reference of the Council of Associate Directors should include:
 - To assist and advise the Director
 - in setting programme priorities
 - in planning manpower requirements
 - in planning the budget
 - in the prioritization of new posts, including post classification
 - in short-listing applicants for international level posts
 - in setting research goals and priorities
 - in other matters as needed.
- The Staff Rules of the Centre are to be followed exclusive of all other rules. Should amendments be needed these should be by specific recommendation to the Board through the Personnel and Selection Committee. WHO Rules are always to be a reference point in all matters of amendments of the Rules.

The Committee strongly recommends that the ICDDR,B Staff Rules are the sole and final rules. Should an amendment be required at any time this should be clearly defined and requested in writing

to the Board through this Committee. The WHO Rules should always be consulted in any amendment process as the standard to follow.

The Committee gave guidance as follows to the Management on several issues which are within the authority of the Director:

- In view of the demoralizing effect of retrenchment on staff receiving acting premiums against vacant posts if they do not succeed or there is delay in filling the position great care should be taken in application of the relevant staff rules. In the case of Head Matlab Station the rules must be followed with respect to the incumbent. He should be informed of the risks.
- There is no process in the rules for up-grading staff members to a higher level. A position may be up-graded and advertised and a new contract negotiated. At the international level up-grading without a new contract is not allowable.

The following specific actions are recommended to the Board:

- All communication with the Board by staff must be channelled through the Director and accompanied by a covering letter by the Director. The Board should be informed by the Director when he refuses to forward communications from the staff.
- The four posts referred to in this report for which full process was not carried out should be re-advertised, indicating levels of pay originally approved by the Board, a year before expiry of the incumbents' present contract.
- The Supply Officer who has not yet received a contract may be given a one year appointment if he is successful in passing the examinations at the end of his training programme. The post is to be re-advertised by 1 January, 1985.

- In the future all new international level posts or posts upgraded to international level are to be submitted with full job description and justification, along with level of salary, to the Council of Associate Directors for discussion and prioritization. Following this they should be submitted to Finance then to the Personnel and Selection Committee of the Board. This process insures adequate review and planning.
- There is a need to define the Centre's policy on seconded positions. A working paper from the Centre is requested for the next meeting of this Committee.
- The post of a Computer Operations Manager is to be re-advertised with a re-defined job description at P1 level. The incumbent may be considered.
- Dr Butler's contract will be as per WHO Rules at P5 with an exceptional personal payment. The contract shall end on 30 June, 1985."

The report of the Ad Hoc Committee nominated by the Executive Council of the Staff Welfare Association was recognized as of great help to this Committee. Several small amendments were agreed. The Management may be guided in its application of Staff Rules by the content of this report, as amended in the appendix.

* * * *

A regular meeting was held on 2, 3 and 4 December, 1984. Several matters arose from the minutes of the 5 October meeting.

Dr Butler's Contract

It was noted that all Board Members had been queried on the matter of an individual contract matter. All except one Trustee concurred with

the exceptional payment above UN scales and the recommendation of Dr Butler's contract up to 30 June, 1985.

Salary Negotiation

The Management of the Centre was requested to prepare a working paper on Staff Rule 320.1 in which the basis for salary negotiation when being recruited is the highest previous remuneration the individual can fully document so long as it falls with the advertised level of remuneration for the post. This paper is to be presented at the meeting of the Committee in May 1985. The issue has to do with whether it is valid to recruit at cost savings to the Centre qualified individuals from developing countries below the level of the actual post classification or whether the principle equal pay for equal work should be the policy.

Distribution of Appointments to new posts between external & internal Applicants

It was noted that at the present time there seems to be no need to set aside upgraded posts within the Centre for internal applicants as of the last 33 positions upgraded 28 were filled by internal applicants.

Compliance to WHO Rules & Regulations

Papers were presented on compliance with WHC rules and any deviations from these. Most issues were with relation to individuals and whether there was adequate documentation for accounting purposes of the cost of work-related expense approved by the Director. A specific listing of such expenses was asked for review at the next meeting and is to be presented to the Director as soon as it is prepared. The present staff rule related to travel per diem currently allows full per diem when a staff member stays in free accommodation. It is recommended that this rule be amended to exactly follow the UN rule which requires presentation of a hotel bill or bill from other accommodation in justifying full per diem. The present staff rule is as follows:-

"Per Diem Rates

40 Per diem rates normally paid by ICDDR,B to its staff members on travel status are those paid by the United Nations and its agencies,....".

The amended rule will be as above but the following rule will also be included based on WHO Rule:

"Reduced per diem rates

70 A staff member in travel status in a country where board and/or lodging are provided at no cost to the staff member, a reduced per diem or daily subsistence allowance is paid as follows:

50% deduction if lodging is provided;

30% deduction if food is provided;

80% deduction if both food and lodging are provided."

Adoption of this rule will result in cost savings to the Centre. Otherwise it is recommended that UN per diem rate rules be followed.

Other items which are not in the current rules or need amendment are as follows: Separation Payments, Language Training, Extended installation Allowance ICDDR,B Manual, Remuneration for Short Term Staff and Consultants - Annual Leave. The Committee requests the Centre to prepare draft rules.

Report on deviation of Staff Rules, and expansion of procedure in the Staff Manual

The Director is required to report to the Board when WHO Rules are not being followed by the Centre. The rule on Separation

payments which differs only in method of calculation from WHO rules was noted and again endorsed by the Committee.

I. Language Training

The Committee agreed that the proposal submitted should be forwarded to the Board with a recommendation that it be added to the Centre's Staff Rules.

II. Extended Installation Allowance

It was agreed by the Committee that the proposal submitted should be forwarded to the Board with the recommendation that it be added to the Centre's Manual 15.211.

III. Remuneration for Short Term Staff

The Committee agreed to forward this proposal to the Board recommending that it be accepted with the amended second paragraph which now reads as follows:- "It is proposed that expatriate staff recruited within Bangladesh, be allowed to receive remuneration in US Dollar, or in local currency according to their preference, so long as it does not contravene any local exchange control regulation."

IV. Consultants - Annual Leave

It was noted that at present the Centre Rules allow consultants annual leave. The Committee does not agree with this and feels this rule makes consultants more like employees. The Committee recommends to the Board that this rule be deleted and replaced by the WHO Rule (which does not allow consultants Annual Leave) to be effective from 1 January, 1985. This would not affect consultancy

contracts in effect before 1 January, 1985.

Seconded Staff

In view of the increasing availability to the Centre of seconded staff, a working paper was presented as requested by the Board. In all instances secondments are only to positions which are deemed as a priority by the Centre for its planned programmes. Secondments to carry out work for the seconding organization or government outside of the Centre's defined priority are not accepted and have not been offered.

The three types of secondment that currently exist are:

- (a) Fully Funded Secondment - The candidate will be seconded from his parent organization for a specified period of time with all direct remuneration and indirect re-location and local support costs paid by the parent or funding organization.

For the period of the secondment, the candidate will be governed by the administrative rules and procedures of the Centre.

- (b) Partially Funded Secondment - The candidate will be seconded from his parent organization for a specified period of time with a partial, mutually agreed degree of funding for direct and indirect costs, met by the parent organization/funding agency.

For the period of the secondment, the candidate will be governed by the administrative rules and procedures of the Centre.

- (c) Unfunded Secondment - The candidate will be seconded from his parent organization for a specified period, with all direct and indirect costs, met from the Centre's core/projected funding.

For the period of the secondment, the candidate will be governed by the administrative rules and procedures of the Centre.

When the sponsoring agencies partially or fully pays for the seconded

person the recruitment is by mutual agreement between the Management of the Centre and the agency or government providing the staff member. The Board is informed and has the ultimate appointing authority as per Ordinance, the screening lies by the donor with rejection or consent by the Centre. The Board is informed, the Management being allowed to proceed with the recruitment as rapidly as feasible. In all cases should for any reason the seconded candidate be deemed unsuitable it is clearly understood that repatriation will occur usually at the cost of the donor. This secondment mechanism allows rapid recruitment of high quality or low cost staff at international level posts with full protection of the Board's appointing authority. It is recommended that this procedure be recognized and endorsed by the Board.

When a candidate is seconded for administrative reasons or to assure protection of his/her position on return, the full recruitment procedure pertains.

Consultancies and Short Term Contracts

As required by the Staff Rules the Director presented a list of all staff employed on Consultancies or Short Term contracts who have served the Centre for more than six months. In all cases the required gap of at least one month between two contracts has been observed. It was noted that the functions served by three staff are either in the nature of technology transfer tasks where local recruitment has failed to yield skills of the level required. These should be defined as Trainer positions in the future. The other group serves vital functions not yet defined as regular positions by the Board. In all cases the costs are budgetted. The list is as follows:-

Short Term Contracts . - Mrs Beverley Morris
- Mrs Loretta Saldanha

- Consultants
- Charlene Dale - Resources Development Office
 - Teresa Derozhinsky - Coordinator, Training, Extension & Communication Programme
 - Judith Wasserheit - Infectious Disease, Community Services Research Working Group
 - Naomi Novak - Scientific Editor, Director's Office
 - Bhashini Rao - Pathogenesis & Therapy Working Group
 - Naomi Phillips - Nutritionist, Community Services Research (Urban Volunteer Programme)
 - Wendy Hossain - Nurse Trainer, Hospital
 - David Leon - Computer Analyst, Community Services Research Working Group
 - Gracia Maria Gosk - Programmer, Community Services Research Working Group
 - K.A. Monsur - Disease Transmission Working Group
 - Mustaqul Huq - NDDCP, Training, Extension & Communication Programme
 - Ziauddin Ahmed - Bacterial Genetics, Disease Transmission Working Group

Expiration of Contracts of International Level Staff

A review was carried out of the expiration dates of contracts of international level staff. Evaluations of those requesting renewal in 1985 should be available for the March or May meeting of this Committee. It was noted that the Director has authority to extend contracts for one year if for any reason completion of evaluation is delayed.

A list of international level staff who will have served for six years was presented. In this connection the Committee recommends to the Board that Dr A.K.M.A. Chowdhury be given a one year extension of his present contract and be included in this list.

- Aziz, K.M.S. - First employed 24.5.66 (Special Investigator). International scale from 1.7.80. Presently Associate Director in Charge of Training, Extension & Communication activities.
- Bashir, M.R. - First employed 8.5.78 (Consultant). International scale from 1.7.80. Presently Associate Director in Charge of Resources Development.
- Chowdhury, AKMA - First employed 6.8.74 (Head, Statistical Br/Epidemiology). International scale from 1.7.80. Presently a Scientist in CSRWG working on issues of fertility behaviour and nutrition.
- Huq, M.I. - First employed 16.7.62 (Asst. Bacteriologist). International scale from 1.7.80. Presently Scientist (Microbiology) doing a research programme in the area of bacteriology related to diarrheal disease.
- Khan, M.U. - First employed 3.4.64 (Deputy Asst. Chief Epidemiology). International scale from 1.7.80. Presently a Scientist (Epidemiology) doing a research programme in the area of bacteriology related to diarrhoeal disease.
- Molla, A.M. - First employed 10.7.78 (Senior Investigator). International scale from 1.7.80. Presently a Scientist (Pediatrician/Nutritionist) doing research on the effect of diarrhoeal diseases on the absorption and utilization of foods and developing innovative and effective measures to correct and prevent malnutrition due to diarrhoea.
- Rahaman, M.M. - First employed 10.11.66 (Guest Investigator). International scale from 1.7.80. Presently Associate Director in Charge of the Nutrition Programme.

The advertisements for these positions were reviewed and cleared in fulfillment of the policy that after six years of continuous employment all incumbent staff positions would be re-advertised and the incumbent evaluated against all applicants.

It was noted that Mr M.R. Bashir has indicated that he did not wish to re-apply for the position he now holds in Resources Development. It was also noted that he still has a great interest and feeling for the Centre and would try to be available to assist in fund raising for the

Centre or other tasks should the Board wish. This matter will be discussed in the next meeting of this Committee for consideration of the Board.

The contract of Mr M.F.L. Goon will expire 28 February, 1985. The Committee recognizes the importance of the position of Associate Director, Administration and Finance presently carried out by Mr Goon. In view of the two functions of this position, i.e. finance and administration, the link of budgetting with Resources Development, and the overall necessity to reconstruct the organizational chart of the Centre, it is recommended that the advertisement for the position Associate Director, Administration and Finance not be placed until after the next Board Meeting at which time a revised organizational chart will be presented and discussed. The Committee recognizes and appreciates the magnitude of the task Mr Goon and Mr Bashir have had to perform and particularly recognize their achievements in their respective fields.

Status on Recruitment

The status of recruitment to new positions was reviewed. Positions now under advertisement will be ready for review by this Committee by the end of January, 1985. Of the positions now approved but not funded it is recommended that the Immunologist be advertised and the recruitment process begun in view of the lack of international level staff in this vital area. The funded position MCH-FP Coordinator P1 is approved and may be recruited. However, the post Head, Matlab Station is seen as a separate position which is approved but requires further definition of scope of work and clearance for funding. Decision on new positions and initiating recruitment of approved but unfunded positions except for the Immunologist should be deferred until May 1985 to allow more complete evaluation of the manpower plan

budget and organization by the Director-designate. In this connection the Associate Directors need to provide more complete material on the new posts requested for review by the Committee.

Head, Animal Facilities Position

Material concerning the post of Head, Animal Facilities was reviewed and it is recommended that this post be classified as P1 and added to the list of established but unfunded posts.

Insurance for Local GS and NO Staff

A report on insurance for General Services and National Officer Staff was reviewed and endorsed and is hereby presented to the Board for approval. Its text appears on pages 16 and 17 of this Report.

This insurance is seen as of great value to the staff and should any member not wish to participate he/she must sign a release such that the Centre is not held responsible in case of death. The Health Insurance is a part of the UN Rules and is deemed compulsory for all staff.

Conversion of Extended Level Staff to NO Scale

It was noted that all Extended Level Staff will be transferred to the National Officer Scales of the UN. This action is endorsed.

" REPORT ON INSURANCE FOR LOCAL STAFF

Van Breda International was requested to prepare suitable comprehensive insurance coverage for ICDDR,B General Service and National Officer staff, following as closely as possible the coverage applicable to WHO staff. It should be noted that the proposed insurance coverage is not aimed at internationally recruited staff, for whom adequate insurance cover is already available.

A package of four proposals have been received. These are:-

- 1) Voluntary Group Life Insurance
- 2) Group Personal Accident and Illness Insurance for Local Staff With an Appointment for One year or More
- 3) Medical Care Insurance (WHO's Staff Health Insurance)
- 4) Group Personal Accident and Illness Insurance for Temporary Staff Including Consultants

The major areas of coverage and points for consideration of each policy are as follows:-

- 1) Voluntary Group Life Insurance

WHO's retirement age is 55, and the ICDDR,B's retirement age is 60; this disparity has been taken up with Van Breda, which has now been accepted by Van Breda.

Van Breda annual premium is 0.29% of the sum insured if 300 persons insured.

WHO's annual premium is 0.45% of the sum insured.

This is fully paid by staff members.

- 2) Group Personal Accident and Illness Insurance

Staff members appointed for one year or more up to the age of 55 (60) are covered, but not staff members dependants.

Premium is 1.20% of net salary.

This is consistent with WHO provisions.

3) Medical Care Insurance - Comparable with WHO's Health Insurance

The premium rates are expressed as a percentage on salaries:

	<u>WHO</u>	<u>Van Breda</u>	<u>Staff Members</u>
One insured person	0.9%	1.80%	0.0
Two " "	1.43%	2.86%	1.43
Three " "	1.95%	3.90%	1.95

Van Breda was asked to work with one average premium rate.

The insurance also covers medical expenses; drugs, etc., incurred in ICDDR,B Staff Clinic; in-patient treatment; out patient treatment; dental treatment; special provision for the cost of lenses (max. \$30) and the cost of hearing aids.

Reimbursement is 80% of cost.

Van Breda will reimburse sustained medical expenses in US Dollar at the rate of exchange agreed upon yearly by both the Policyholder and the Insurers for the time the claim is settled.

In view of the fact that we are dealing with dual currencies, the effects need to be examined in detail before implementation for the protection of the employee.

4) Group Personal and Accident plus Illness Insurance

Applicable for temporary international staff members, including consultants, short term staff and special services staff.

A blanket coverage, which costs US \$1.30 per person per day.

It is requested that this policy be implemented with immediate effect in order to provide the Centre with protection against legal liabilities and to adequately cover staff members not otherwise covered by the Centre's Group Personal Accident and Illness insurance."

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MANAGEMENT REVIEW

External Management Review

With the expansion of the Centre's activities and the experiences gained in the first years of the Centre, time may have come to review the management and to have an external review, similar to the external scientific review.

The scope and the objectives of such a review would be to review the following fields and to make recommendations:

The overall management structure of the Centre, including the scientific programmes and the management of the field station and other projects in Bangladesh and the activities outside Bangladesh, taking also into account the management of the human resources;

The structure, organisation and methods of finance administration and resources development.

The review should be carried out by a team of 3 or 4 consultants, including a Bangladeshi, experienced in general management, and in the management of a scientific research institute and the situation in developing countries.

The experience of the CGIAR external reviews should be taken into account.

It is proposed that the Board request the Director to prepare and organise such a review to be done in 1985.

The cost of the review should be covered by the regular budget, unless a special funding can be obtained.

10/BT/DEC.84

VACCINE AND DRUGS POLICY IN REATION
TO CHOLERA VACCINE TRIAL.

WORKING PAPER FOR BOARD OF TRUSTEES ON
INDUSTRY-SPONSORED RESEARCH

Since it has not been possible to have a Consultant come to Dhaka and invest the needed effort to prepare a definitive paper, I am writing a brief note together with appendices based on correspondence with Professor David Bell and review by several of our staff. The main purpose is to highlight salient points for later attention in a more definitive document.

The purpose of establishing guidelines is to enable support from and collaboration with industry without compromise of either research or conflict of interest. Clearly in many developmental areas involving current advanced technology it will be important for the Centre to work with industrial concerns especially in areas of biotechnology.

Ms Charlene Dale has reviewed the Harvard document and raised the following points:-

(A) Main Concerns

- (a) Freedom to publish, otherwise communicate with scientific community - on research activities.
- (b) Freedom for research direction.
- (c) Ethical considerations
"Support of a major portion of a faculty member's research ... by a single corporate sponsor is undesirable."
- (d) Potential personal (researchers) gain vis-a-vis research activities ... "Conflict of Interest" for either institution or researcher.

- (e) Research quality ensurance.
- (f) Length of time, institutional commitment.
- (g) Commercial applications (Patent licensing)
 - (1) Main concern is that research findings to be used for public interest. Any exclusive rights should allow for more effective development, distribution.

(B) Contract

- (a) Advance payment schedule for three years - includes one-half of each year's total at the beginning of the year, the second half at six months into each year.
- (b) Investigations entirely under control of institutional personnel.
- (c) Publications: Institutional right to publish freely in scientific publications,
 - (1) with acknowledgement of sponsors support,
 - (2) with at least 90 days notice if disclosures relate to potentially patentable information,
 - (3) no press releases or either written statements for use in public media (excepting scientific publications) allowable without mutual institutional/sponsor agreement.
- (d) Reports: Quarterly oral, year and written reports;
Comprehensive final report written 3 months of project end.
- (e) Patents:
 - (1) Institution agrees to "cause" patent applications to be filed in its own name at sponsor's cost if both agree appropriate.
 - (2) If research institutions declines to file for patent, sponsor may do so in research institutions' name and at sponsor's cost.
 - (3) Institution may file for patents in its name and at its expense if sponsor decides not to file.
 - (4) Researchers sign agreement to maintain full records, all records to be available for sponsors' inspection during regular working hours, and will cooperate in executing documents for patent applications.

(5) Joint inventions, patents (sponsor/institution) to be in institutions' name. Joint inventions royalty rates correlated to relative contributions.

(C) Royalties

- (a) Sponsor given exclusive option to obtain worldwide licence under patent applications, including right to grant sub-licenses.
- (b) Payments by sponsor to research institution of royalties "usual and customary in the trade."

(D) Liability

Sponsor not liable for any claims for damages against research institution, its employees or other related third persons other than sponsor's employees.

Institutions not liable for any claims against sponsor employees or third persons other than institutions employees.

(E) Governing Law

This order a U.S. State. How would this apply internationally?

(F) Equipment

Institution holds title to all equipment purchased or fabricated under agreement.

(G) Termination

By either parting with one year notice. Special arrangements for default.

Dr David Sack has noted certain problems with patents and his memo. of 21 October, 1984 is attached.



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Director

FROM : Dr David A. Sack *D Sack*

SUBJECT : INDUSTRY - ICDDR,B RELATIONSHIP

DATE; 21.10.84

The question of the relation of ICDDR,B to industry seems to have arisen because of the vaccine trial and the perception that a company stands to make a profit as a result of "our" efforts without the possibility of sharing in the potential profits.

I agree that ICDDR,B needs a policy regarding its relation with industry but would hope that the policy would not be biased by this perception of the vaccine trial arrangement. I do not believe the perception is valid nor do I feel it helps in developing a policy which will be relevant for the future.

I like very much the "Harvard model". It first establishes principals of a) academic freedom to pursue scholarly work b) to publish freely c) to act for the public interest. Issues regarding patent rights appear later on, but follow these principals. I am not qualified to comment on the patent sections of the "Harvard model" but I do know that with industry, 1) each agreement is negotiable and 2) if there is a lot of money involved, the agreement will be challenged later in court. At least the model lists the major points for negotiation.

ICDDR,B unfortunately will have a difficult time writing similar patent laws since there are, in general, national laws. Patents in the US will cost from \$1500 to \$5000 to obtain but will cost >\$30,000 for international patents (meaning a series of national patents in the important countries). I don't know the status of Bangladeshi patent laws but doubt if a Bangladesh patent would be recognized elsewhere.

Director
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21.10.84

I recommend that the ICDDR,B lawyer use the Harvard model to develop similar policy, with changes needed for an international center in Bangladesh.

The policies should take into account certain unique features of ICDDR,B.

- a) the large field area where vaccine trials can be carried out.
- b) the likelihood of monoclonal antibody, genetically engineered strains, and diagnostic reagents being developed.
- c) the possibility of biomedical devices being developed, appropriate for developing countries - (e.g. simple laboratory equipment).
- d) copy righted literature and illustrations.

Returning to the vaccine trial, I doubt that Merieux will ever make a profit from the B subunit vaccine. They do hold a patent in the process of purifying B subunit; however, I suspect their process is already obsolete. If effective, the new production will employ bacterial genetics, hollow fibres, and other tricks to produce B subunit production more cheaply. We could help Merieux with this aspect, and at that time should participate in their profits.

DAS:sc

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DATES OF NEXT BOARD MEETING

DATES OF NEXT BOARD MEETING

The suggested dates for the next Board of Trustees Meeting are:-

Tuesday, 21 May and Wednesday, 22 May, 1985	- Board Members arrive
Thursday, 23 May, 1985	- Personnel & Selection Cttee. Mtg.
Friday, 24 May, 1985	- Finance Committee Meeting
Saturday, 25 May, 1985	- Meet with Scientific Council etc.
Sunday, 26 May to 12 noon Tuesday, 28 May, 1985	- Full Board Meeting

These dates are suggested as it is not possible to have the Board Meeting in June owing to the fact that the Nobel Symposium is from 3-6 June; the Consultative Group on 10 June (tentative); the 3rd Asian Conference on Diarrhoeal Diseases from 10-14 June and the EID holidays on 20-21 June. A June meeting would leave no time for preparation of Board papers.

The "December" Board Meeting will be held from 22-29 November, 1985, being the last week of November, as decided in the June 1984 Board Meeting.

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MISCELLANEOUS

Working PaperA. U.S. Foundation

In the United States there are many people who have either worked at or visited the CRL/ICDDR,B. Of these an unusual number are at the top of their profession and may be quite influential in interesting others in the work of the Centre and the overall problem of health in medically underserved areas. More recently there has been increasing media coverage on the work of the Centre and problem of diarrhoea in the broader context of survival of children.

Fund raising in the U.S. is derived chiefly from individuals and organizations. All successful foundations or agencies which raise funds for charitable purposes are registered under U.S. Tax law so that individuals who give money may deduct their gifts from their taxes. The Centre as such cannot be registered in this way since U.S. law does not allow any foundation to be simply a conduit for an overseas operation. As an example UNICEF has an affiliated U.S. Committee for UNICEF which raises funds to support UNICEF activities in and outside of the U.S.

For the past several years the Centre has been exploring the feasibility of setting up a U.S. foundation that could raise funds to assist the Centre. Four years ago a consultant estimated that in a modest initial effort, about \$ 100,000 could be realized in the first year and be build up gradually. Since then the following steps have been taken :

- (1) Discussions with Mr. James Sheffield, Managing Director and Hugh Downs, Chairman of the U.S. Committee for UNICEF. Both indicated willingness to assist the new foundation.
- (2) Discussions with Ms. Gail Harmon of Harmon, Wearss, and Jordon, 2001 S Street, NW, Washington, DC. A charter is being drafted.
- (3) Informal contact with potential Trustees of the Foundations who include Dr. Clifford Pease
Mr. William T. Mashler
Dr. David Bell
Mr. M.R. Bashir
Dr. W.B. Greenough

Three Trustees are required to initiate the Foundation. It is expected that the Board could be quite large and composed to be more effective for fund raising.

- (4) An initial meeting of the Board of Trustees of the Foundation has been set for 4 February, 1985 in Washington D.C. at the office of the law firm. This meeting would select a Foundation name, draft by-laws, consider expansion of the Board and plan for establishing an office and initiating a fund raising drive.
- (5) A detailed inquiry into the U.S. Gift Tax exemption for overseas work has been done (letter of Mr. Hermon Rosenthal).

The initial effort would be directed towards establishment of a small high quality office that is cost effective. Since initial income may be not sufficient at first the office might also be a base for direct fund raising activities of the centre in North America and Europe. In order to put a full effort on the reserve fund we feel that occasional trips from Dhaka to the U.S. and donors easily accessible from the U.S. will be inadequate. Thus we suggest that a cost sharing might be worked out

between the Centre's needs for its direct fund raising and the nascent Foundation.

On the side of the Foundation a tentative estimate that in the first two years \$ 250,000 could be raised. In the same time the Centre's Reserve Fund may be expected to reach between 3 and 4 million dollars. The Trustees would provide the network to mount an effective campaign. Mr. William T. Mashler perhaps would take a leadership role with significant paid time commitment to raise the Reserve Fund. A detailed workplan and budget will be prepared by the Foundation Board and submitted at the next Board meeting.

It is hoped that the Board will react positively to these ideas and provide advice for the establishment of the Foundation.