

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,

BANGLADESH

REPORT OF THE  
BOARD OF TRUSTEES MEETING

26-28 NOVEMBER, 1985

AGENDA

BOARD OF TRUSTEES MEETING

26-28 NOVEMBER, 1985

TUESDAY, 26 NOVEMBER.

1. Approval of Agenda - 1/BT/NOV. 85
2. Approval of Minutes of May 1985 meeting. - 2/BT/NOV. 85
3. Director's Report. - 3/BT/NOV. 85
4. Programme Committee Report. - 4/BT/NOV. 85
5. Resources Development Report. - 5/BT/NOV. 85

WEDNESDAY, 27 NOVEMBER.

6. Finance Committee Report - 6/BT/NOV. 85
7. Personnel & Selection Committee Report. - 7/BT/NOV. 85

THURSDAY, 28 NOVEMBER.

8. Changes in Board and Committee Membership. - 8/BT/NOV. 85
9. Dates of Next Meeting. - 9/BT/NOV. 85
10. Miscellaneous.

1/BT/NOV.85

APPROVAL OF AGENDA

## AGENDA

BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

### Tuesday, 26 November

- Agenda 1 - Approval of Agenda
- Agenda 2 - Approval of draft minutes of May 1985 meeting
- Agenda 3 - Director's Report  
including: Progress Report on Relationship with Industry  
Programme Coordination Committee
- Agenda 4 - Programme Committee Report  
including: 5-year Research Programme Proposal  
Microbiology Report  
External Scientific Review 1986
- Agenda 5 - Resources Development Report

### Wednesday, 27 November

- Agenda 5 - Resources Development Report  
including: Possible modifications of the Consultative  
Group Meeting  
Status of the Reserve Fund
- Agenda 6 - Finance Committee Report including approval of 1986  
Budget
- Agenda 7 - Personnel & Selection Committee Report

### Thursday, 28 November

- Agenda 7 - Personnel & Selection Committee Report
- Agenda 8 - Changes in Board and Committee Membership
- Agenda 9 - Dates of Next meeting
- Agenda 10 - Miscellaneous

JC

21.10.85

DRAFT AGENDA FOR BOARD OF TRUSTEES MEETING: NOVEMBER 1985 WITH SCHEDULE

Day, Date & Time	Activity
<u>Wednesday, 20 November</u>	<u>Programme Committee</u>
8.30 am - 12.30 pm	Presentations by Scientists/Programme Heads
12.30 pm - 2.00 pm	Lunch
2.00 pm - 5.00 pm	Committee discussions
<u>Thursday, 21 November</u>	<u>Programme Committee</u>
8.30 am - 12.30 pm	Meet with individual Scientists/Programme Heads
12.30 pm - 2.00 pm	Lunch
2.00 pm - 5.00 pm	Committee discussions
<u>Friday, 22 November</u>	Off day for field visits
<u>Saturday, 23 November</u>	
9.00 am	Personnel & Selection Committee Meeting
<u>Sunday, 24 November</u>	
9.00 am	Finance Committee Meeting
3.00 pm	Local Consultative Group Meeting
<u>Monday, 25 November</u>	Report preparation and review
11.00 am	Programme Coordination Committee Meeting

Tuesday, 26 November

Board Meeting

The morning session will be "open" with donors welcomed. Following luncheon the meeting will be "closed".

8.30 am - 9.00 am	Opening of meeting Speech by Hon. Minister of Health, GOB
9.00 am - 9.15 am	Approval of Agenda
9.15 am - 10.15 am	Director's Report
10.15 am - 10.45 am	Tea
10.45 am - 11.45 am	Programme Committee Report
11.45 am - 12.30 pm	Resources Development Report
12.30 pm - 2.00 pm	Lunch
2.00 pm - 2.30 pm	Approval of draft minutes of May 1985 meeting
2.30 pm - 3.15 pm	Closed discussion on Director's Report
3.15 pm - 3.45 pm	Tea
3.45 pm - 5.00 pm	Closed Discussion on Programme Committee Report

Wednesday, 27 November

8.30 am - 9.00 am	Closed discussion on Resources Development Report
9.00 am - 10.00 am	Possible modifications of the Consultative Group Meeting
10.00 am - 10.30 am	Tea
10.30 am - 11.30 am	Status of the Reserve Fund
11.30 am - 12.30 pm	Finance Committee Report including approval of 1986 Budget
12.30 pm - 2.00 pm	Lunch

Wednesday, 27 November (Cont'd)

2.00 pm - 3.15 pm	Finance Committee Report (Cont'd)
3.15 pm - 3.45 pm	Tea
3.45 pm - 5.00 pm	Personnel & Selection Committee Report
7.00 pm	Dinner hosted by Mr M.K. Anwar

Thursday, 28 November

8.30 am - 9.30 am	Personnel & Selection Committee (Cont'd)
9.30 am - 10.30 am	Changes in Board and Committee Membership
10.30 am - 11.00 am	Tea
11.00 am - 11.30 am	Dates of Next Meeting
11.30 am - 12.30 pm	Miscellaneous
12.30 pm - 2.00 pm	Lunch
2.00 pm - 4.00 pm	Passage of all resolutions
4.00 pm	Closure of meeting

JC

18.11.85

2/BT/NOV. 85

MINUTES OF THE MEETING  
OF THE BOARD OF TRUSTEES, ICDDR,B  
MAY 28-30, 1985



LIST OF CHANGES WHICH HAVE BEEN MADE IN THE DRAFT MINUTES OF THE  
MAY 1985 BOARD MEETING AFTER CIRCULATION TO BOARD MEMBERS.

1. Page 8

- Line 7 - This paragraph has been redrafted.
- Line 21 - This sentence has been redrafted.

2. Page 9

- Line 7 - The last sentence "When the Centre interacts it tried to do so down to the service level" has been deleted.
- Agenda 4 - The first paragraph has been redrafted.
- Last line - The sentence beginning "Annex 1 ..." has been redrafted.

3. Page 10

- Line 2 - From "were" to end of sentence is a redraft.
- Points (b) and (c) - Have been redrafted.

4. Page 11

- Line 3 - "Several of these ... detail." has been added and the remainder of the paragraph redrafted.

5. Page 13

- Line 4 - The following sentences which were between "requested" and "Sometimes" have been deleted. "It has experience in negotiating with industry and has recognized quality control. The Centre should also check whether the National authorities have any similar quality control mechanism."

6. Page 17

- Point (c) - Has been redrafted.
- Line 20 - "have" previously read "get into".
- Line 21 - "also" has been deleted. Was between "is" and "clear".
- Line 24 - "in agreement" previously read "fully concurrent".
- Last para - point numbers have been added after semicolons and order slightly changed for easier reading.

7. Page 18

- Para 2 - Has been redrafted.

8. Page 19

- Line 11 - "examine" previously read "look into".
- Points (a) to (d) - Have been redrafted.

Note: Sentences and paragraphs which have been redrafted have not had meaning changed in the redrafting - it has been done for easier reading.

Minutes of the Meeting of the Board of Trustees, ICDDR,B held at Dhaka  
May 28-30, 1985.

Members Present : Dr F. Assaad  
Professor D. Bradley  
Dr I. Cornaz - Chairman  
Dr W.B. Greenough III - Secretary  
Professor J. Kostrzewski  
Professor L. Mata  
Mr A.B.M. Ghulam Mostafa  
Mr Munir-uz-Zaman  
Professor V. Ramalingaswami  
Professor D. Rowley  
Dr J. Sulianti Saroso  
Dr D. Sebina  
Professor Y. Takeda

Members Absent : Dr A.R. Al-Swailem  
Professor D. Bell  
Maj. Gen. M. Shamsul Huq

Invited Staff : Mrs J. Chowdhury, Executive Assistant to the  
Director  
Professor R. Eeckels, Director-designate

For the Opening Session Only

Dr I. Ciznar, Associate Director, Host Defence  
Programme  
Dr M.M. Rahaman, Associate Director, Nutrition  
Programme  
Dr M.G.M. Rowland, Associate Director, Community  
Services Research Programme  
Dr D. Sack, Associate Director, Disease  
Transmission Programme

For the Opening Session & Agenda 15 (d)

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

For the Opening Session & Agendas 5, 7 & 11

Mr M.R. Bashir, Associate Director, Resources  
Development

For the Opening Session & Agenda 7

Mr M. Goon, Associate Director, Administration & Finance

For the Opening Session & Agendas 6 & 7

Mr H. Janssen, Administration & Finance

For Agenda 9 only

Mr R. Dery, Administrative Services Officer  
Mrs S. Waara-Conway, Chief Personnel Officer

For Agenda 6 only

Mr Rich Feeley, Arthur D. Little, Inc., Invited Consultant

Observers

: For Opening Session

CIDA - Mr Victor Carvell  
UNDP - Mr Y. Kishi  
UNICEF - Mr A. Kennedy  
USAID - Ms S. Olds  
WHO - Dr Z. Sestak

The Chairman, Dr I. Cornaz, opened the meeting at 8.45 a.m. with an address of welcome to Trustees, Donors and Staff. She thanked the Donors for coming. She also gave a special welcome to Professor Roger Eeckels, Director-designate, and advised that this would be Dr W.B. Greenough's last meeting as Director.

Dr Cornaz advised that Dr A.R. Al-Swailem and Professor D. Bell are unable to attend due to work constraints. She said that Maj. Gen. M. Shamsul Huq is unable to attend due to the sad circumstances of the recent cyclone and tidal wave and his commitment to the relief work. For this reason also Messrs A.B.M. Ghulam Mostafa and Munir-uz-Zaman will be a little late. One minutes' silence was observed for the victims of the cyclone.

In the absence of the Honourable Minister for Health and Population Control, Maj. Gen. M. Shamsul Huq, Dr Cornaz requested Dr Greenough to read his address on his behalf. The address of the Hon. Minister was

read as follows:-

"Bismillahir - Rahmanir - Rahim.

Madam Chairman,  
Distinguished Members of the Board,  
Ladies and Gentlemen,

Assalamu - Alaikum.

On behalf of the Ministry of Health of the Government of Bangladesh, I would like to welcome you to Dhaka and to the 12th meeting of this ICDDR,B Board of Trustees.

On behalf of the Government of Bangladesh I have pleasure to welcome Dr Roger Eeckels as Director-Designate of ICDDR,B. Dr Eeckels will be taking over the Directorship of ICDDR,B on July 1, 1985. We would like to assure the Board and Dr Eeckels of our fullest cooperation and support during his tenure at the Centre, and hope that the existing cooperation and collaboration activities between ICDDR,B and Government of Bangladesh will continue and will grow in the future.

Madam Chairman, I would like to recognize the great contribution of Dr W.B. Greenough to Bangladesh, and to the world, in building up the Centre from a bi-lateral project to an International organization. Dr Greenough has been the main architect in building the extremely cordial and cooperative relationship between the Centre and the Government of Bangladesh. Dr Greenough as a scientist is recognized internationally for his contributions in diarrhoeal disease research, particularly at ICDDR,B in Bangladesh, and will be remembered for a long time. We will miss him here, but wish him every success in life. We hope he will continue his interest in the Centre and Bangladesh and we

look forward to his guidance and support for the years to come.

I am honoured to be a member of the Board for a second term and to join my distinguished colleagues in deliberations on the Centre's policies and activities.

The Government of Bangladesh is very proud of the scientific activities made by the ICDDR,B and of the international recognition of the Centre and Bangladesh that has resulted from the many ICDDR,B scientific contributions and our mutual collaborations.

In particular, we are pleased that the oral cholera vaccine trials are being held in Bangladesh, where cholera has been a devastating problem over the years. The Government of Bangladesh has given its full support to these trials and we hope the outcome will save millions of lives worldwide. We urge full donor support for this important activity so that funds will be available to continue the trials through to the expected successful outcome.

We also are pleased to note that ICDDR,B has developed a new generation of oral rehydration solution, the cereal-based ORS and its therapy. This new ORS can be prepared and administered in the patients' homes using ingredients that are readily available, cheaper than packeted ORS and which reduce distribution and logistical problems. Focus on the home-based solution, cereal-based ORS, is the newest and most promising of the answers to the treatment of diarrhoea.

The ICDDR,B training programme has been important in helping Bangladeshi and other countries' health professionals understand how to diagnose diarrhoea, provide the best clinical management of the disease, and train others in these techniques. The focus on training for developing country health personnel is unique and provides trainers worldwide with

effective ways to deal with these diseases. In Bangladesh, the training programme for epidemic management, which has been a programme in which we are actively involved, will soon provide a core group of trained health staff for the national health of the people of Bangladesh. Training has been underway over the past year and all 468 Upazilas, the Medical Colleges and other governmental institutions are participating. We also have been actively involved in developing a text book on diarrhoeal disease for use in the Medical Colleges, with ICDDR,B assistance.

Since 1977 the ICDDR,B has been conducting a study in Matlab in Maternal and Child Health and Family Planning that continues to provide useful information to the Government of Bangladesh. The next five year plan, if it is to meet its targets, must achieve in Bangladesh as a whole what has been accomplished in Matlab with very substantial inputs. The Ministry therefore places much importance in its collaborative project with the ICDDR,B that is now going on in Abhoynagar and Sirajgonj. In those areas Government workers, working with usual Government resources, are attempting to replicate the Matlab experience. We are pleased to say that early evidence from the Extension project, as it is known, indicates that the project is a success. New systems of EPI services are being developed, family planning coverage is improved and oral rehydration services have been upgraded. Much of this change arises from an improved field management system that has been developed collaboratively with the ICDDR,B.

The Programme Coordination Committee of ICDDR,B is making progress. We are most hopeful that this committee will provide Bangladesh with the means to strengthen and coordinate activities related to diarrhoeal disease, nutrition and fertility among the various research institutions here.

Dr James Phillips, of ICDDR,B has played a major role in this collaborative extension activity and, Madam Chairman, here we would like to point out that we are extremely grateful to USAID/Dhaka for their major support to this project.

We look forward to continuing collaboration with the ICDDR,B on this project and we are pleased with our record of success in the first years of joint work.

We in the Government urge donors to support the scientific, service, and training activities of the ICDDR,B and hope the donors will give serious consideration to contributing unrestricted core support to the Centre in addition to project support.

Finally, on behalf of the Government of Bangladesh, I would like to congratulate the Centre on its outstanding scientific work and thank those at ICDDR,B for their efforts to assist Bangladesh in significantly reducing sickness and death of our people.

Thank you, Peace to you.

Khoda - Hafiz

Bangladesh - Zindabad"

The Chairman thanked Dr Greenough for reading the address and asked him to convey the Board's thanks to Maj. Gen. Huq. She also asked him to convey to the Hon. Minister the Board's sympathy with the people of Bangladesh and the situation they are in now.



Agenda 1: Approval of Agenda

The agenda was adopted as presented.

Agenda 2: Approval of Draft Minutes of Board Meeting December 1984

The draft minutes of the meeting held 5-7 December, 1984, were approved with the following corrections:-

- (a) Page 11, line 3 - "Their participation would ..." should read "Their comments would ...".
- (b) Page 11, paragraph 2. line 8 - "... respiratory infections in a limited way" should read "... respiratory infections as related to diarrhoeal diseases".
- (c) Page 13, paragraph 2 - the paragraph should be deleted and replaced by the following paragraph:- "The Board agreed that the Centre could participate in activities outside Bangladesh. It took note of the fact that the Centre is already engaged in projects in Saudi Arabia, Indonesia and Kenya and plans a project in China. They requested that they be kept informed as exploration of new collaborations are undertaken."
- (d) Page 24, Agenda 15(a), line 4 - "... a small group of Trustees ..." should read "... a selected number of Trustees ...".

Agenda 3: Director's Report - Presentation of 1984 Annual Report

... Dr Greenough presented his report (appendix 1) addressing what, for him,

are the over-riding long-range issues and enunciating what the role of CRL/ICDDR,B has been in the attack on the cluster of problems which have been and remain the principle killers of children and their mothers and largest overall causes of death on this planet.

The Chairman thanked Dr Greenough for his last report as Director of the Centre.

Various Trustees spoke warmly about Dr Greenough's contributions to the Centre. He has managed to establish a viable international centre in a developing country and has done this with great empathy whilst not sacrificing scientific standards. He has encouraged understanding between the peoples of different nationality in the Centre in a most admirable way and the Board wished to express their deep appreciation and thanks to him for his efforts.

The Board also welcomed Professor Beckels as new Director and hope that under his guidance the Centre will grow further in stature.

Dr Greenough thanked the members and in particular, Dr Sulianti for her help as Chairman of the Board during the early stages.

During the "closed" discussion on the Director's Report sincere appreciation was expressed for the 1984 Annual Report stating that, as usual, it is well produced, comprehensive and makes for enjoyable reading. The quality of the report is such that it should be useful for fund-raising activity. In response to a query on the Centre's involvement with respiratory infections it was advised that the BOSTID grant allows us to study specifically the problem of children with pneumonia and diarrhoea. This is a fully funded grant and the Centre is collaborating with the Institute of Public Health on this. The IPH is the administrator and the Centre is a technical advisor through the Programme Coordination Committee. It was noted with pleasure by

Trustees that the Centre has a number of collaborative projects with National Institutions. The concept of having a number of affiliated centres in other countries was suggested as this would provide the Centre with material from the various "national scenes". The Director replied that this is the policy the Centre has been trying to follow in its interaction with other countries e.g. Kenya, Philippines, China etc.

The Chairman once again thanked the Director for his report. The following resolution was passed:-

RESOLUTION  
1/MAY '85

The Board would like to pay tribute to Dr W.B. Greenough III and to place on record the debt which the Centre owes to him. The reputation of this institution rests largely on his scientific achievements and during his term as Director he has led the Centre to its present height as an international research establishment of acknowledged excellence. His unselfish generosity is a lesson to us all and we are proud that such a man was our Director. The Board wishes him success and happiness in his new career.

Agenda 4: Report of Programme Committee (including Policy Paper on Microbiology)

Dr Cornaz advised that Professor Kostrzewski needed to leave shortly and had requested that Dr D. Rowley who had worked hard preparing the Committee's work, should present the report as Acting Chairman of the Programme Committee.

... The Report of the Programme Committee (appendix 2) was presented by Dr Rowley. Annex 1 of the Report is intended to assist Professor

Eeckels develop his programme of priorities. Dr Rowley said the Centre, and Dr Brad Kay in particular, were to be congratulated on the new look in Microbiology and Dr Kay's report will be considered at the next meeting. The Chairman thanked Dr Rowley for the Report.

Professor Kostrzewski said the report focusses on the directions to give guidance for future work. The draft paper on Goals and Priorities will be presented to the Programme Committee in November for its review. Dr Cornaz said the Programme Committee has a key role to play in the Board.

The Programme Committee Report was discussed in both the "open" and "closed" sessions. The questions to be addressed fall into five broad categories:-

- (a) Concept of priorities - differential priorities in relation to income levels.
- (b) Is the Centre going to provide for just a vaccine testing facility or is it also going to do research and development work on vaccines especially with shigellosis in mind. This would necessitate strengthening pathology, microbiology, haematology and bio-chemistry and would require entering into the field of molecular biology.
- (c) What are the limits to the service the Centre will provide? The Centre has to provide some services to patients, for example, and this helps to define research areas but the limits must be defined and the service must be within the general area of the Centre's interest.
- (d) Technology transfer - date, back-up etc. - to routine service. The Centre is playing only a technical guidance role with Health Services and Health Research services taking the lead. There is the question as to whether the Centre should get at all or wholly

into primary health care.

- (e) Training - levels of preparation of suitable messages.

Several of these foregoing five points were discussed in detail. There was a lengthy discussion on whether or not the Centre will continue to do vaccine trials and its role in these. The Centre, as in the past, should collaborate with WHO during the development of scientific work involved in a trial. Funding assistance for vaccine trials is sought from WHO and donor agencies. The Centre has had a long involvement with vaccine trials and now that budgeting is more detailed it is obvious that they are very expensive although the epidemiological data which are collected concurrently with the trial have great value irrespective of the outcome of the vaccine trial.

With reference to the development of shigella vaccine it was pointed out that this involves molecular biology, basic research and some genetic engineering and it was queried as to how far the Centre will go in these. Dr Rowley advised that his laboratory in Australia has all the basic technology for molecular biology and a proposal has been submitted to WHO for training of Centre staff in Australia for collaborative studies in Teknaf and Australia. Dr Mata advised that The Rockefeller Foundation has a four-week intensive course on Molecular Biology and Technology each year and may be willing to support the attendance of someone from the Centre.

The Centre is considering carrying out a Rotavirus vaccine trial in the near future.

It was advised that the Centre should be involved with community orientation for the prevention of diarrhoeal diseases as well as in treatment in the hospital. The aim of the Centre is to control and overcome diarrhoeal diseases using a multi-disciplinary approach. The setting of priorities should not be seen as a "straightjacket" - they are guidelines only. The aim is to give room for scientists of different working groups to come together and focus on collaborative activities. The work on the finalization of the Goals and Priorities of the Centre now lies with the Director and the Trustees are looking forward to discussing it in November. Meantime, any input from Trustees would be welcome.

It was decided that there should be an in-depth review of the Centre's Training activities by the Programme Committee in November. A brief paper giving the guidelines for levels of training desirable at the Centre (may be part of the Goals and Priorities paper) should be prepared for the Programme Committee and Board for the November 1985 meeting. Input from Board members is welcome. When the levels of training are decided then funding may be sought. A clear policy is needed and the type of training given stated.

1986 Scientific External Review - It was decided that the Community Services Research Programme and, if possible, the Training, Extension and Communication Programme should be reviewed in 1986. The Terms of Reference for such a review should be provided at the November 1985 Board Meeting. Trustees are requested to provide names of persons who could carry out such a review. Autumn 1986 was proposed for the review. A final decision on this point will be made in the November 1985 Board Meeting.

Relationship with Industry - Dr Assaad pointed out that WHO gives technical assistance but is not a funding agency. It has good contacts with industry. WHO will be at the disposal of the Centre and will help when requested. Sometimes industry will sell vaccine at reasonable prices in developing countries. Legal advice should be sought before any agreement with Industry is signed and the WHO Legal Department could also help here.

The Centre should discuss its needs with the scientific heads of industry. Professor Eeckels said that he'd made initial approaches to Janssen Pharmaceuticals and to Nutricia. It was suggested that maybe a meeting could be held in Dhaka next year with WHO and Industry where it could be ascertained if anyone is interested after seeing the Centre and hearing our ideas. The ethical aspect of always using the same setting for trials was questioned but it was advised that the Centre carries out trials with WHO and the Government so is moving to other areas with them. Matlab is a running situation, giving good service and is ideal for a Rotavirus vaccine trial.

Dr Ramalingaswami was requested to keep in close contact with Professor Eeckels and Dr Sack on the subject of the Centre's relationship with industry. Trustees may assist in making contacts with industry so long as they coordinate with the Director and write and advise him of the outcome of their inquiries.

The Director was requested to give a progress report on the Centre's Relationship with Industry at the November 1985 Board Meeting.

Agenda 5: Resources Development Report

... Mr M.R. Bashir, Associate Director, Resources Development, presented his report (appendix 3). Dr Cornaz thanked Mr Bashir for his report, restressing the fact that more donors have switched from core to project support.

The agreement with China was discussed and a copy of the actual agreement circulated. It was noted that the agreement with China is not a financial agreement but rather an agreement in principle - as part of the agreement the Centre has agreed to provide training to the Chinese doctors who come to our courses and this is a commitment on the part of the Centre. The cost of the Chinese participating in the initial courses has been funded by the Aga Khan Foundation. Requests have been made to CIDA and EEC for further support.

It was pointed out that it is not an over-optimistic projection of total funds being received which places the Centre in a financial crisis but the difficulty of having to match staff to variable projects. When all funds are core it is easy but with project funds this is not so. Things happen during the year which unbalance the budget - e.g. the Centre knows it will probably have a project funded but the detailed budget costs are unknown (e.g. travel, per diem), payments too are often deferred. These, among other factors lead to overdrafts and deficit.

Also, when the Centre is project funded it has donors telling it which project should be funded. The Centre must "turn down" projects which do not fall within its priorities. There should be core funds available for the Centre to answer emergency situations e.g. when a new strain of pathogenic organisms are detected. Thus, the trend to project funding should be reversed. There is competition among donors



for attractive projects whereas others, which are equally or more important, are left unfunded. The problem of project vs core funding would not have been so severe had there been a gradual change instead of the quick and almost complete turnabout.

It was stated that the amount of the funds projected to be raised in 1985 and those actually raised in 1984 is remarkable, and a tribute to the high visibility of the work of the Centre and to the Resource Development activities. However, it was noted that there are shortfalls in income generation and follow-up. All donors who have made a commitment have paid but sometimes there is a delay in payment due to the Centre's failure to submit a financial report in time. It is essential that there are regular meetings between the Director, the scientists involved, Grants Administrator, Resources Development and Finance to avoid this happening in the future. It was pointed out that the need for good reporting is one of the reasons donors go to restricted funding. It was hoped the Centre is able to diversify its donors.

Dr Cornaz thanked Mr Bashir for his report, his work and the money he has been able to raise.

RESOLUTION  
2/MAY '85

To thank the Government of Bangladesh for the present continuing of the UNROB loan of \$1,200,000 and to request that they formally continue it on an interest-free basis for a further year.

Agenda 6: Report of Management Review

Mr Rich Feeley of Arthur D. Little, Inc. presented his report on his financial and management review of the Centre. He outlined the

Centre's weaknesses as including the following:-

- (a) ICCDR, B has run consistent operating deficits - in four of the last five years;
- (b) As a result of (a) above the Centre has resorted to increasing its use of its overdraft facility;
- (c) Exposure for repayment of amounts received in project specific grants prior to 1983 and 1984 is substantial, as accounting systems in place prior to 1983-84 cannot fully document the expenditure of donor funds on specified projects;
- (d) The Centre has substantial difficulty in projecting future revenue, and in matching revenue and expense projections;
- (e) The proportion of Centre funding on project specific grants is increasing;
- (f) There is a perception among certain donors that the Centre is a relatively high cost institution - this is, in substantial part, attributable to the implementation of the WHO salary scale for employees;
- (g) The Centre's programme heads and principal investigators do not fully accept responsibility for creating their budgets and managing them.

Mr Feeley went on to say that his review of the financial management systems show they have improved rapidly in the last two years, and in many areas are satisfactory to meet the requirements of donor accounting and efficient management. He specifically mentioned:-

- (a) Staff in the Finance Department at senior and intermediate levels - both expatriate and Bangladeshi - seem knowledgeable and dedicated;
- (b) A good cost accounting system has been built;
- (c) The Finance Department has systems in place to enforce budget limits and assure that expenditures in excess of the budget are not incurred;

- (d) The financial accounting system appears to be adequate, although the financial and cost accounting systems are not completely integrated;
- (e) The draft financial procedures manual prepared for Board approval is quite clear, and control procedures are well laid out.

Mr Feeley made the following recommendations to improve financial management:-

- (a) Create a participative, management orientated budget system;
- (b) Create a Grants Management System - this requires a Grants Administrator position;
- (c) Improve communication and routine administration;
- (d) Improve cost recovery and efficiency - implement inventory management systems, improve asset register etc.;
- (e) Operate a surplus budget and implement a shift to accrual method of reporting income.

Dr Cornaz thanked Mr Feeley for the report and his presentation.

Professor Bradley said that the Finance Committee is very happy with Mr Feeley's report and has had discussions on it - the crucial thing is to have a participatory budget so that everyone knows where they stand. It is clear that a Grants Administrator is required.

Professor Bradley also reported that the Finance Committee had reviewed The Population Council report and the relevant part of the Operational Audit and that these are in agreement with Mr Feeley's report and the Committee's ideas.

A general discussion followed during which it was mentioned that: (1) the Grants Administrator position is long over-due; (2) the Centre has to live

within the limits of its resources - can't we economize on the number of staff? (3) Finance and Personnel should be separate, at least for the next 2-3 years, with the Chief Personnel Officer reporting directly to the Director; (4) the participatory budget will improve the system further and obviate delays in donor reporting as Principal Investigators will be well aware of their budgets and obligations; (5) at least one man-year is required for the development of computerized accounting and budgeting systems.

Dr Cornaz thanked Mr Feeley for the clarity of his report and the fact that he had mentioned three scientific divisions rather than the five scientific programmes the Centre has now will be borne in mind for future planning. There was a consensus that the Grants Administrator is needed.

Mr Feeley thanked everyone and said how helpful all the staff had been and how much he enjoyed the assignment.

Agenda 7: Report of Finance Committee (including approval of FY 1984 Audit Report and 1986-87 Budgets)

Professor David Bradley, Acting Chairman of the Finance Committee, highlighted his report (appendix 4). He said that there are four main issues to be addressed by the Board, namely: the 1985 budget; 1986 budget; the credit line; and the salary rise. Dr Cornaz thanked Professor Bradley for his presentation and for the preparation of the report.

The Board first addressed the issue of an increase in the overdraft

allowed. After discussion, it was agreed that the overdraft should be enhanced to \$US3 million and that the situation be reviewed in the November 1985 meeting. The Director was authorized to start negotiation with other banks, such as BCCI, exploring what credit facilities might be available to the Centre. Between now and next Board Meeting the Management should isolate the accumulated deficit of the past so it may be reduced on a long term basis.

Next, the Board addressed the 1985 budget, bearing in mind that there may be an increase in salaries announced by UN/WHO for GS and NO level staff. It is necessary to reduce the 1985 budget and the Director was advised to examine the following possibilities:-

- (a) the general rule should be to reduce staff by freezing vacancies where possible;
- (b) attempt to cut back on unproductive research;
- (c) re-allocate staff between core and projects;
- (d) project staff must finish employment when the project finishes. Staff who were originally from core may return there;  
and;
- (e) the number of consultants should be slashed.

It was concluded that the Director and staff, including SWA, form a small committee to look into the personnel plan to see where cuts may be made. It is the Board's responsibility to "cut" P level positions and this they have done by not allowing some already approved positions to be advertised, not approving all new positions requested, and insisting that some new positions are filled only if project funds are available etc. There needs to be a ceiling on the number of staff. In-service training of staff would allow staff to be transferred from one area to another thus saving on personnel costs.

It is required that all modifications of an approved budget, other than costs associated with a grant or contract received, but not contained in the revenue estimates on which the budget was based, shall be done in such a manner that the total amount of expenditure approved by the Board is not increased.

There will be no revised budget ceiling for 1985.

The budget ceiling for 1986 is set at \$US9.4 million and a budget within this limit is to be presented to the Board in November 1985.

With reference to the rise in salaries it was decided to defer review of this until the November 1985 Board Meeting by which time the percentage of the rise, if any, will be known. To date no official notification of such a rise has been received.

The Trustees requested that they see the plans of the proposed hospital in Matlab before the agreement with UNCDF is signed.

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

RESOLUTION  
3/MAY '85

The Board accepts and approves the audit report for 1984 finances of the Centre.

RESOLUTION  
4/MAY '85

The Board accepts the report of the Finance Committee and endorses its proposals for immediate control of expenditure.

- RESOLUTION 5/MAY '85 The Board approves in principle a change in the basis of the Centre's accounts to the accrual method of booking income, effective with the beginning of the 1986 financial year, subject to review by the Centre's auditors and staff.
- RESOLUTION 6/MAY '85 The Board directs the Centre's staff and auditors to review the depreciation periods currently used in the Centre's accounts, and to recommend appropriate changes.
- RESOLUTION 7/MAY '85 The Board directs the management of the Centre to obtain and install a computerised system for management of the inventory of stores and equipment.
- RESOLUTION 8/MAY '85 The Board approves the general recommendations contained in the Arthur D. Little management review and instruct the Management to implement them as soon as feasible. They are:
- (a) Create a participative, management oriented budget system;
  - (b) Create a Grants Management system - this requires a Grants Administrator position;
  - (c) Improvement of communication within the Centre and of routine administrative operations;
  - (d) Improve cost recovery and efficiency - implement inventory management systems, improve asset register etc.
  - (e) Operate a surplus budget and implement a shift to accrual method of reporting income.
- Adoption of detailed procedures shall be decided by the Director.

RESOLUTION 9/MAY '85 The Board authorises the Director to take steps to extend the overdraft facility available to the Centre to an amount not exceeding \$US3.0 million.

RESOLUTION 10/MAY '85 Following the request for a revision of the proposals for cheque signatories, made at its previous meeting, the Board resolves that the authorised signatories of cheques to be issued by the Centre shall be as set out in section 3 of the chapter entitled 'Bank Accounts' in the draft financial manual placed before the Finance Committee, and annexed to their report.

RESOLUTION 11/MAY '85 Effective from the date of departure of Mr Michael Goon, Mr Hartley Janssen will have the signing authority of the Associate Director, Administration and Finance as long as he holds an appointment at the Centre.

RESOLUTION 12/MAY '85 The Board authorises the Centre to write off the advance of \$8,807 to Dr S. Kabir and of \$11,225 to Messrs Skipper Shipping Private Limited, Singapore, extensive attempts to reclaim the sums by the Centre having failed.

RESOLUTION 13/MAY '85 The Board directs the staff of the Centre to prepare for Board approval at the next meeting a 1986 Budget:

- for a total expenditure of US\$9.4 million
- containing an unallocated contingency of core/unrestricted funds of US\$300,000
- showing a surplus of revenue over expenditure (including contingencies) of US\$500,000.



Agenda 8: Reserve Fund Report

The Reserve Fund Report was introduced by Professor D. Bradley. The Report consists of the proposed set of approaches - how the fund might operate; a series of detailed resolutions setting up such a fund; the objectives - for an investment company acting for the Centre; and a list of investment companies which may be contacted.

It was queried whether all the reserve funds should be in the U.S. - no final decision will be made on this at this stage. The Board and the Centre's legal advisors should examine the rules and by-laws of the fund. A note of caution was made re investments - not all should be high risk returns - and these should be handled by experts. The lawyer also needs to make sure the fund stands as a perpetual benefit to the Centre.

It was advised that The Population Council would allow us to place some or all of our funds there. It was also advised that the Centre could draw on the experience of WHO re how to invest. The Board approved the proposal for setting up a fund as such but did not decide on the detail. It was requested that the members go through the full text carefully, so a decision may be made next Board Meeting. Resolution 2 of the suggested draft resolutions for the reserve fund needs to be rewritten. The final document could then be presented to the donors for discussion.

The Board examined and approved in principle the draft resolutions of the Reserve Fund, to be implemented at a future date to be determined by the Board. These resolutions are as follows:-

RESOLUTION  
14/MAY '85

That the Reserve Fund of the International Centre for Diarrhoeal Disease Research, Bangladesh is hereby created, the principal and income of which shall be held by the Centre for disposition at the discretion of its Board of Trustees in pursuit of the Centre's established purposes and in accordance with duly provided provisions governing the Fund.

RESOLUTION  
15/MAY '85

That any monies now held in any Centre reserve fund previously initiated shall be considered transferred, credited and deposited in their entirety to this Reserve Fund at the time this resolution is approved; that the officers of the Centre shall act to accomplish any necessary actions in this regard on the first business day following such approval or as soon as practicable thereafter; and that any previously initiated reserve fund shall be correspondingly debited, closed and terminated.

RESOLUTION  
16/MAY '85

That the initial goal of the Reserve Fund shall be US\$10 million.

RESOLUTION  
17/MAY '85

That, except where contrary provisions may prevail, the Board of Trustees gives to the Finance Committee acting within its own approved set of procedures (or, in the event of the unavailability of such a committee when action is required, to the Chairperson of the Board of Trustees) the powers to determine all matters pertaining to the management of the Reserve Fund including but not limited to the establishment of investment policies for the Reserve Fund and the oversight of such policies. Further, the Board requires that the Finance Committee shall report immediately any policies that are established or changed to the Chairperson of the Board and to the Director of the Centre, and shall also report such policies or changes to the next meeting of the Board of Trustees.

RESOLUTION  
18/MAY '85

That the officers of the Centre are authorised and directed to deposit and credit to the Reserve Fund all assets received or to be received that are designated for the Reserve Fund by donors or by the Board of Trustees acting as a whole, through its Chairperson, or through the powers it has invested in its Finance Committee.

RESOLUTION  
19/MAY '85

That the officers of the Centre are authorised and directed until further resolution of the Board of Trustees to cause all capital gains and losses of the Reserve Fund to be accrued to the Reserve Fund.

RESOLUTION  
20/MAY '85

That the officers of the Centre are authorised and directed until further resolution of the Board of Trustees to cause all expenses of the Reserve Fund including investment management fees, segregated management costs, Reserve Fund development, and all other costs reasonably associated with the Reserve Fund to be charged to the Reserve Fund.

RESOLUTION  
21/MAY '85

That the Reserve Fund shall function largely as an endowment in that, ordinarily, the Centre will use only its income to fund operating expenses, under provisions provided for in other Board actions. The Centre's Board of Trustees may, however, authorise the use of the principal of the Fund according to the following schedule:

- the Director of the Centre may make temporary withdrawals of cash from the Fund to meet the Centre's cash flow demands pending receipt of assured or reasonably expected operational funds from donors, provided that such withdrawals shall not exceed in their

total US\$1.2 million at any given time, and further provided that any amounts so used shall always be repaid in full to the Fund as soon as the expected donor funds are received. Separate withdrawals and repayments shall be made for each such occurrence; this Board action does not constitute authority to keep a single withdrawal out of the Fund for use on a continuing or rolling basis. In exercising this authority, the Director is required simply to notify the Finance Committee and the Chairperson of the Board whenever such withdrawals are made, noting the amount of each withdrawal, the expected revenues that funds are being withdrawn against, and the expected date of repayment of the amount withdrawn; the Director is also required to report in the same manner the actual date(s) on which any withdrawn funds are repaid;

up to ten per cent of the total value of the Fund may be withdrawn for the Centre's operating expenses in any fiscal year by a simple majority vote of the Board;

up to 30 per cent of the total value of the Fund may be withdrawn for emergency use\* in any fiscal year by a two-thirds vote of the Board;

more than 30 per cent of the total value of the Fund may be withdrawn for emergency use\* in any fiscal year by a four-fifths vote of the Board;

whenever withdrawals of more than ten per cent of the fund shall be made in any fiscal year for emergency use\*, the Board shall instruct the Centre's Director to notify any donor that shall have

contributed more than five percent of the total value of the Fund at the time the withdrawal is made of the action taken and the reasons for that action, and the Board shall further instruct the Centre's Director to inform such other persons and organisations as the Board considers appropriate of such action and reasons;

- \* "Emergency use" shall be defined by the Board of Trustees at the time such withdrawals are proposed and reasons supporting the wisdom and prudence of such action will be then set in writing by the Board, which shall act in the best interest of the Centre and in ways consistent with the Centre's established purposes. Whenever possible, funds withdrawn for emergency purposes shall be repaid to the Fund in full or in part as soon as possible, provided that the Centre or any successor organisation shall continue to exist and to operate in ways consistent with the Centre's established purposes.

RESOLUTION  
22/MAY '85

That the Director is authorised to withdraw and to use the Fund's annual income, up to an amount to be specified by the Finance Committee as provided for below, for the Centre's operational purposes, upon application to the Board for approval to do so. Ordinarily, the Director shall apply to the Board for authority to withdraw and to use such funds through inclusion of a specified amount in the Centre's annual budget at the time the budget is submitted to the Board for approval; and, further,

That the maximum amount of such income withdrawn for this purpose is to be fixed by the Finance Committee in advance of the year in which it is to be used. This amount shall be determined annually, in

advance of the Board meeting at which the Centre's budget is presented for approval. In determining this amount, the Finance Committee shall seek and be guided by the written advice of the Fund's outside investment manager(s) as to what income can conservatively and reasonably be anticipated for the coming year given past experience, the current value of the Fund, and the expected value of the Fund during the year ahead based upon the addition of assured or reasonably anticipated future contributions to the Fund during that period and further,

That 75 per cent of the income so withdrawn may be included in the budget simply as the "Director's Programme Fund" to be used throughout the year as s/he determines, subject only to the provisions below in Resolution 23, and need not be tied at the time this approval is sought to specific programme or project purposes; and, further,

That the remaining 25 per cent of each annual withdrawal of income shall be separately set aside for use as a "Contingency Fund," also under the Director's control. This Contingency Fund may be used for the sole purposes of meeting unforeseen judiciary requirement(s) or for safeguarding the Centre's programmes against shortfalls in expected revenues (except for shortfalls due to temporary cash flow demands that are to be met by other provisions). If all of the funds available for the Contingency Fund are not used within a fiscal year, the Director shall not cause them to be transferred to other uses, but any balance shall be carried over to the subsequent year's Contingency Fund, and in that subsequent year supplemented by the addition of new income to bring the Contingency Fund up to a level equal to 25 percent of that year's withdrawn income. Reserve Fund income thus freed up from assignment to the Contingency Fund in such carryover years is then to be made available for the Director's Programme Fund which, in such years, can be increased beyond an actual 75 per cent of the withdrawn

Reserve Fund income. It is thus the intention of the Trustees that "savings" in the use of the Contingency Reserve Fund will result in a direct addition of income to the less restricted and more exciting Director's Programme Fund.

RESOLUTION  
23/MAY '85

That the Director shall be responsible for the expenditure of the funds from income identified in the above resolution except that:

- before applying them, the Director shall seek the advice (but not necessarily the consent) of an "Advisory Group of Scientists" whose members shall be a combination of those on the staff of the Centre and appropriate outside persons. The members of this advisory group, who shall be appointed by the Director for terms of at least one year, may change from time to time and their names shall be reported to the Board annually when approval of the budget is sought;
- where the withdrawal of income is to be applied to specific programmatic purposes that can be identified in advance of the coming fiscal year, the Director shall report such purposes to the Board at the time that Board approval of the Centre's annual budget is sought;
- where the purposes of the income to be withdrawn cannot be identified in advance, such revenue shall be considered as flexible funding except that its use shall be restricted to one or more of the following: (1) to supplement funding in those projects where donors are not paying the full costs of important Centre work; (2) to underwrite innovative work for which donor support has not yet been identified; and (3) to explore promising new lines of

research and training;

- the Director shall be required to provide to each meeting of the full Board information on how funds derived from Reserve Fund income are being used in that current year.

Agenda 9: Personnel & Selection Committee Report

... Mr A.B.M. Ghulam Mostafa, Chairman of the Personnel & Selection Committee, presented the report which is attached (appendix 5).  
Dr Cornaz thanked Mr Mostafa for his report.

The Board reviewed the recommendations of the Personnel & Selection Committee noting that a number of new positions have not been recommended for approval and others are recommended subject to project funds being received. Trustees were requested to give names of persons suitable to review the papers of internal candidates for the scientific positions recently advertised. Trustees are needed for the interview boards of each of these positions.

It was agreed that the Centre should deviate from WHO Rules and keep overtime payments at 1.5 and not go to double pay. It was also agreed that the Chief Personnel Officer position be re-advertised at P4 level and the Chief Finance Officer at P5 - these are in line with Mr Feeley's recommendations.

At present the Centre is deviating from the WHO Rule on the Education Grant and it is suggested that it revert back to the WHO Rule from the end of the school year 1987. The resolution on this was deferred until November 1985. In drafting the resolution it was cautioned that



"country of citizenship" should be used rather than "country of residence".

In line with Resolution 8/June 84 the Board authorized the Director to give Mr M.R. Bashir an "overlapping" contract for one year from 1 July, 1986 until 30 June, 1987.

The following resolutions were passed:-

RESOLUTION  
24/MAY '85

The Board accepts the report of the Personnel and Selection Committee.

RESOLUTION  
25/MAY '85

The Board authorizes the Director to offer positions up to 3 years to the following individuals:

1. Mr Mustafa Iqbal Ali, Programme Officer, Resources Development at P1 level;
2. Mrs Judith Anne Chowdhury, Executive Assistant to the Director at P1 level;
3. Mr Roma P. Ghosh, Computer Informations Systems Manager at P3 level; first reserve Mr Murshed Alam-Ahmed at the same level;
4. Mr Hira M. Ashraf, Computer Systems Development Manager at P3 level;
5. Dr V. Sundararajan, Computer Technical Services Manager at P3 level;
6. Mr Abdullah H. Mostafa, Computer Operations Manager at P1 level;
7. Mrs Wendy Hossain, Nurse Trainer-Matron at P1 level.

RESOLUTION  
26/MAY '85

The Board authorizes the Director to extend the contracts of Dr K.M.S. Aziz, Associate Director, Training, Extension and Communication at the same level (P5) and of Dr A.K.M.A. Chowdhury, Demographer at the same level (P4), for one year effective July 1, 1985 to June 30, 1986.

RESOLUTION  
27/MAY '85

The Board promotes Dr John Clemens to the rank of Scientist on scientific and academic grounds. The position he holds will revert to International Research Associate on his departure..

RESOLUTION  
28/MAY '85

The Board approves the following positions for recruitment:-

1. Head Dhaka Hospital at P3 level;
2. Head Animal Resources at P1 level;
3. Programme Officer for Resources Development at P2 level;
4. Head Matlab Station at P1 level provided salary is available from project sources;
5. MCH-FP Physician at P3 level provided project funds are available;

and authorizes the Director to advertise for the post of Internal Auditor at P1 level..

RESOLUTION  
29/MAY '85

It was resolved that:-

1. The post of Chief Personnel Officer be reclassified from P3 to P4.
2. The post of Chief Finance Officer be set at P5 and the responsibilities reviewed.

RESOLUTION  
30/MAY '85

The Board resolves that the Trustee Board of the Separation Payment Fund be established. Membership should include the Director, Chief Finance Officer, representatives of senior management and subscriber staff. The number representing the subscriber staff should always exceed management by one.

RESOLUTION  
31/MAY '85

The Board resolves that overtime payments be at 1.5 base salary which is a deviation from the WHO Rules.

RESOLUTION  
32/MAY '85

The Board of Trustees recognizes with appreciation the dedicated services of Dr T.C. Butler, Mr M.F.L. Goon, Mrs N.R. Novak, Dr J. Phillips and Mrs S. Warra-Conway. Each has made a unique contribution to the work of the Centre and their presence will be missed. We thank them for all they have accomplished.

Agenda 10: Report on WHO and UNICEF Collaboration

Dr Greenough advised that a meeting had been held at WHO, Geneva on 31 January, 1985 with WHO, UNICEF and ICDDR,B representatives present. He said the meeting was good and was a fruitful collaboration leading to improved understanding by the three parties.

Dr Greenough further advised that the Charter of the Centre was paraphrased in the "Note for the Record" of the meeting and he had requested that this be changed. Dr Assaad informed that all "Notes for the Record" are public documents and cannot be changed without a further meeting of all concerned.

Agenda 11: Report on Consultative Group Materials and Planning

Dr Greenough introduced the topic advising that the proceedings of the last Consultative Group Meeting held in Geneva last year and of the local Consultative Group Meeting held in Dhaka were available. These along with the "Goals and Priorities" of the Centre for the next five years will be presented to the Consultative Group at its meeting in New York on 17 June. The paper on "Goals and Priorities" is being written in lay terms for the meeting. Dr Greenough said he would also like to give the Reserve Fund Rules to the donors as a resource document.

Mr Bashir gave the background of the Consultative Group Meeting saying that it is not exclusively a donors group but rather a forum where we inform donors and interested agencies of the work we are doing, our projects, the plans we have, our budget and where some pledges are made. The Centre needs an international forum and the Consultative Group Meeting is held in conjunction with the UN Governing Council so we are able to have the attendance of all delegates at no extra expense other than that of Centre staff and the Board Chairman. It is useful and strengthens our links with UNDP - they send out the invitations for us etc. and this shows we have their backing. At some stage the Board needs to formalize this as a group with certain objectives.

It was felt that some representatives of donors don't always know what the Centre is and it is difficult for them to participate and gain anything from such a meeting. The meeting should go ahead as planned this year but we should think about the most effective way to have the meeting next year. It was recognized that we do need UNDP's assistance.

Dr Cornaz expressed the wishes of the Board for a good and fruitful meeting.

Agenda 12: Nominations of Trustees

After discussion, the Board passed the following resolutions:-

RESOLUTION  
33/MAY '85

The Board welcomes Major-General M. Shamsul Huq (nominated by the Government of Bangladesh), Dr S. Joseph (nominated by UNICEF) and Dr M.H. Merson (nominated by WHO) as Trustees.

The Board appoints Professor D. Bell and Dr Y. Takeda for a second term of three years, and Dr Richard Feachem for a first term of three years.

RESOLUTION  
34/MAY '85

The Centre and Board of Trustees regret that Professor David Bradley and Dr Fakri Assaad have reached the end of their term as Trustees of ICDDR,B. They will be missed for their great interest and substantial contribution in guiding the programmes and activities of the ICDDR,B.

Agenda 13: Election of Chairman of the Board; Membership of Committees of the Board

It was felt that the tenure of the Chairman of the Board should be discussed at the November meeting. The following resolution was passed:-

RESOLUTION  
35/MAY '85

The Board elects Professor David Bell as Chairman of the Board for one year from July 1, 1985 by acclamation. The Board thanks Dr Immita Cornaz sincerely for the services she rendered as Chairman during the past year.

The formation of the various Committees was then discussed and resolutions passed as follows:-

RESOLUTION  
36/MAY '85

The Board appoints to the Personnel and Selection Committee  
Mr A.B.M. Ghulam Mostafa, Chairman of the Committee  
Professor David Bell, Ex Officio (Chairman of the Board)  
Dr I. Cornaz  
Professor R. Eeckels, Secretary, Ex Officio (Director)  
Dr V. Ramalingaswami  
Dr J. Sulianti Saroso  
for one year effective 1 July, 1985.

RESOLUTION  
37/MAY '85

The Board appoints to the Finance Committee  
Mr Munir-uz-Zaman, Chairman of the Committee  
Professor David Bell, Ex Officio (Chairman of the Board)  
Professor R. Eeckels, Secretary, Ex Officio (Director)  
Dr S. Joseph  
Dr D.B. Sebina  
for one year effective 1 July, 1985.

RESOLUTION  
38/MAY '85

The Board appoints to the Programme Committee  
Professor J. Kostrzewski, Chairman of the Committee  
Professor D. Rowley, Vice-Chairman of the Committee  
Dr A.R. Al-Swailem  
Professor David Bell, Ex Officio (Chairman of the Board)  
Professor R. Eeckels, Secretary, Ex Officio (Director)  
Dr R. Feachem  
Maj. Gen. M. Shamsul Huq  
Dr L. Mata

Dr M.H. Merson

Dr Y. Takeda

for one year effective 1 July, 1985. The Board has appointed a Vice-Chairman of the Programme Committee taking into account the importance of having the Board closely involved in the scientific activities of the Centre.

Agenda 14: Dates of Next Meeting

It was decided that the next meeting of the Board would be as follows:-

Tuesday, 19 November, 1985	-	Board members arrive
Wednesday, 20 & Thursday, 21	-	Programme Committee meeting
Friday, 22 November, 1985	-	Free day
Saturday, 23 November, 1985	-	Personnel & Selection Committee Mtg.
Sunday, 24 November, 1985	-	Finance Committee Meeting
Monday, 25 November, 1985	-	Report writing, meet with Scientific Council etc.
Tuesday, 26 to Thursday, 28	-	Full Board Meeting

It was felt that the first day of the Board meeting could be "open" for staff and donors with the following days "closed". The agenda could be discussed the evening before the commencement of the full Board Meeting so Board members are fully aware of what will be discussed in the "open" and "closed" sessions. Another suggestion was that the Chairman should decide with the Director what should be "open" and "closed" and circulate this to members beforehand so they may telex if they disagree. Observers should be advised that the Board members would like their participation in the "open" session proceedings also.

Tentative dates for the June 1986 meeting were set:-

Tuesday, 10 June, 1986	-	Board members arrive
Wednesday, 11 & Thursday, 12	-	Programme Committee Meeting
Friday, 13 June, 1986	-	Free
Saturday, 14 June, 1986	-	Personnel & Selection Committee Mtg.
Sunday, 15 June, 1986	-	Finance Committee Meeting
Monday, 16 June, 1986	-	Report writing and meetings
Tuesday, 17 to Thursday, 19	-	Full Board Meeting

Agenda 15: Miscellaneous

(a) U.S. Foundation

Dr Greenough presented the Articles and By-laws of the Foundation - he has reported on the Foundation at previous Board meetings and also mentioned it in the Director's Report of this meeting. The Foundation may not be a conduit to any overseas body so the Centre's Board has no authority. The Foundation is similar to the U.S. Committee for UNICEF and has been set up so that persons may contribute and gain tax relief. It will try to include Canada in the Foundation. The Foundation will try to raise funds for the Centre as far as the rules allow. The Board of the Foundation is a fund-raising body so it is hoped to expand it and it would welcome suggestions for members from the Centre's Board. No limit to the number of persons on the Board has been set yet.

(b) Role and Function of Programme Committee

This has been discussed earlier. The programme of the Committee's next meeting should be worked out in coordination with the Director.



(c) Field Visits of Trustees

For next meeting's field visits, the Director will make suggestions and the Programme Committee will give recommendations to the Director.

(d) Working Paper on Collaboration with National Institutions

Dr K.M.S. Aziz presented the draft working paper on the procedure of collaboration between ICDDR,B and the National Institutions. A budget should be drawn up. The Programme Coordination Committee (PCC) should be responsible to donors for funds they obtain - accounts only need be presented to the Centre. This should be clarified between PCC and the Director and the outcome reported to the Finance Committee in November 1985. The question of by-laws, auditors for the PCC, need to be worked out and presented to the Board - the PCC is controlled by the Board but not operated by it. Mr Munir-uz-Zaman and Mr Mostafa should get together with the Director and Dr Aziz to work out details - ensure the PCC is not in conflict with any National body etc. The general policy of the PCC is approved and a working proposal giving details should be discussed in the November 1985 Board Meeting.

There was agreement that the PCC is a valid body and can appoint its own members without the Board intervening. The proposal to nominate Mr M.R. Bashir as a member of the Standing Committee was endorsed.

(e) Public Holidays

The Board was asked to consider raising the number of public holidays taken by the Centre each year from 9 to 11. This was agreed to as a deviation from WHO Rules as a small compensation for the local per diem and overtime deviations.

In closing the meeting Dr Cornaz thanked Dr Greenough for his work as Director. Dr Mata, Professor Bradley and Mr Mostafa also thanked him - he is much loved and respected here and an inspiration to others - and they also thanked Dr Cornaz for her work and dedication as Chairman of the Board for the past year. Dr Eeckels was welcomed as new Director.

Dr Greenough said he has appreciated the friendship and hard work of the Board right from the start. It has been a pleasure to have had this opportunity to have been in Bangladesh. He went on to say that Dr Eeckels has had the same experience in even more difficult situations so he can "take over" without needing to learn - this is great good fortune for the Centre, Bangladesh and all participating countries and agencies.

The Chairman closed the May 1985 meeting of the Board at 17.15 hours.

JC

17.6.85

APPENDIX . I

APPENDIX . I OF THE  
MINUTES OF BOARD OF TRUSTEES MEETING  
MAY 28-29, 1985

DIRECTOR'S REPORT

DIRECTORS REPORT

MEETING OF THE BOARD OF TRUSTEES

MAY 28-29, 1985

This will be my last opportunity to speak as Director of the ICDDR,B, and I do not intend to reiterate or amplify what is in the Annual Report except to say that I take pride and pleasure in the accomplishments of our staff this year. What I wish to do is address what for me are overriding, long-range issues and enunciate what the role of CRL/ICDDR,B has been in the attack on the cluster of problems which have been and remain the principle killers of children and their mothers and largest overall causes of death on this planet.

Diarrhoea, malnutrition, and high fertility remain in 1985 the principle scourges which kill and maim the poor, the helpless and disadvantaged. I have seen since 1960, attention, resources and effort begin to be focussed on these problems, problems totally left out of the professional medical interest in illnesses in "Tropical" countries. For historical reasons that are to me unfathomable and not excusable not only was work on the diarrhoeal diseases omitted from concern and funding but also the acute respiratory diseases and population problems. Through commitment beginning with a research interest in Cholera in 1985 attention and concern has slowly coalesced and with this some small resources. The Cholera Research Laboratory and its successor The International Centre for Diarrhoeal Disease Research, Bangladesh has been the main institution that has catalyzed the process often through alumni, visitors and Trustees. Most programmes in affected countries have been staffed and directly encouraged by the Centre. Because the ICDDR,B has a commitment to service and training in homes, communities as well as hospitals it is always attached to the problems as they affect the mothers

and children of Bangladesh and through its cooperation with other countries mothers and children of those countries. Now the principle international bodies have begun to focus attention and resources on the problems especially WHO and UNICEF. They have entered a partnership with this Centre to seriously address the issues.

The Centre this year as before has under my direction committed itself to respond promptly to the problems as they are perceived in our field areas and hospitals. It has always expected that those who support it will come forward with the necessary resources. This approach has led the Centre to advance funds for work which later are received from donors. This incurs a deficit financing pattern. This is not healthy. During the past several years we have taken important steps to alleviate this situation.

A Reserve Fund has been established and will be initiated with commitments initially by the Government of Bangladesh, the Ford Foundation and Japan. A well planned vigorous effort will be mounted later in 1985 or early 1986 to begin work towards a goal of 10 million dollars. This will alleviate the need to go to banks and pay interest for cash advances against donor commitments. It will also allow the Centre to function in case of unusual situations due to local conditions where cash flow is interrupted. Finally it will provide in interest funds which can be directed at the Centre's own priorities. The Centre often sees important priorities that may not be appreciated by donors at the time they must be addressed.

There has been a very precipitous decrease in flexible support to the Centre over the past three-year period as shown in the Annual Report.

Although convenient to the donors to have well-defined projects, these may not always address the central priorities as they exist in the field. There is no reason to have an institution attached to field realities unless that institution has the capacity to respond to these. This demands flexible support.

Another new initiative to seek support from the private sector in North America this year has been the establishment of a Foundation--The International Child Health and Diarrhoeal Diseases Foundation. A Charter has been drawn up and an initial Board of Trustees selected which includes current and past Trustees of the ICDDR,B and others dedicated to the Centre's work. The initial Board Members are:

Professor D. Bell  
Mr. M.R. Bashir  
Dr. W.B. Greenough  
Mr. W.T. Mashler  
Dr. Clifford A. Pease  
Dr. Omond Solandt

The intention is to seek major contributions from private industry and donations from individuals to assist the Centre in areas where funding is most lacking and hardest to acquire. I look forward to its success. It will also serve to further coalesce interest and effort to address the most important and common health problems of the world with the best expertise and technology.

I believe that it is not unreasonable to expect the level of resources and effort to be applied at the ICDDR,B to be comparable to a department in a medical school in a developed country. At present the

Centre operates well below that level of funding. Retrenchment at this stage is in my view unconscionable. No external reviewer of the Centre has asked that we do less only more and better. Where then is the rationale for timidity and retrenchment? The health problems addressed are severe and increasing. The solutions are developing rather rapidly at the Centre at this time for commitment and effort to acquire the needed support to do the task at hand as well as is possible.

APPENDIX.2

APPENDIX.2 OF THE  
MINUTES OF BOARD OF TRUSTEES MEETING  
MAY 28-29,1985

REPORT OF THE ICDDR,B  
PROGRAMME COMMITTEE TO THE BOARD OF TRUSTEES  
22-26 MAY 1985



## REPORT

of the ICDDR,B Programme Committee to the Board of Trustees  
22-26 May 1985

### Introduction

The Board of Trustees at its 5-7 December, 1984 meeting established a Programme Committee "to keep under review the research, training and outreach activities of the Centre". The Programme Committee comprises Trustees who are not members of either the Finance or Personnel and Selection Committees. All other Trustees, however, are welcome to participate in its deliberations.

The Programme Committee met in Dhaka under the chairmanship of J. Kostrzewski from 22-26 May 1985. The following Members of the Board attended the meeting: I. Cornaz, W.B. Greenough, L. Mata, D. Rowley, D. Sebina, J. Sulianti Saroso; R. Eeckels was invited.

At its first closed session the Committee agreed on its main objectives on the method and programme of work:

The main subject of the meeting in May 1985 should be:

1. to review and assess some of the current research, training and outreach activities of the Centre;
2. to review, and comment on a draft of the Director's proposal for goals and priorities ICDDR,B for the 5-year programme of work of the Centre for 1985-89 which will be presented to the Board of Trustees in May and to donors at the June 1985 Consultative Group meeting in New York;

The aims and objectives of the ICDDR,B as defined by the Ordinance will be taken by the Programme Committee as a basis for review and assessment.

According to the Ordinance "the aims and objectives of the Centre shall be:

- (a) to function as an institution to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view of developing improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries.
- (b) to provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration with national and international institutions, but not to include conferring of academic degrees."

Method of Work of the Programme Committee in the Future

1. Closed sessions of the Committee which only members of the Board attend.
2. Open sessions with scientists on topics selected by the Programme Committee.
3. Individual discussions of the members of the committee with staff members of the Centre.
4. Visits to laboratories, hospitals, field activities, training activities (both in Bangladesh and by special arrangement in other countries).
5. Review of documents in particular external reviewers reports.

During the meeting of the Programme Committee all Programme Heads should be available.

Open Session (22-23 May 1985)

The open session started with an introduction of Dr. R. Eeckels on the "Balance of Service and Research at ICDDR,B" followed by one from Dr. W.B. Greenough on the "Relationship of "Basic" to "Applied" Research at ICDDR,B."

After a brief discussion, three Scientific Programme Heads presented important activities in the area of their interest with some emphasis on future proposals for programme development. Presentations were followed by an open discussion.

Dr. D. Sack, Head of the Disease Transmission Programme, focussed on:

- (1) field trials of the new oral cholera vaccines which are now in progress in Matlab area,
- (2) infections by invasive organisms like Shigella and enteropathogenic E. coli,
- (3) development of Shigella vaccine,
- (4) field trials of rotavirus vaccine,
- (5) new microbiological techniques with special emphasis on rapid diagnosis,
- (6) resistance of Shigella Spp, V. cholerae and other microorganisms to antibiotics.

This programme is well organised and cooperating with other programmes.

Dr. M.M. Rahaman, Head of the Nutrition Programme, stressed that nutritional components appear in various projects of other programmes. The Nutrition Programme is focussed on:

- (1) the effects of severe protein energy malnutrition as a cause of high mortality in diarrhoea,

- (2) a culturally based nutrition, education action-cum-research project to improve the feeding of young children in Bangladesh,
- (3) nutritional anaemia in Matlab DSS area,
- (4) socio-environmental determinants of diarrhoea and malnutrition in a slum and a village,
- (5) environmental intervention to influence contamination and diarrhoea in rural Bangladesh.

Research in nutrition, touching on many activities of the other working groups, should be strengthened by greater and better coordination and cooperation between working groups and their research components. The Nutrition Programme should consider in its long term planning a more effective coordination with other working groups.

Dr. M.G.M. Rowland, Head of the Community service and Research Programme, presented a monitoring system and a surveillance system developed for community health studies. For future needs of various projects a data-base is now under preparation in order to help other working groups in community health studies. One of the main constraints in community health studies is a delay in data analysis and processing. A lot of data collected, particularly from Matlab and Teknaf areas, has not yet been analysed. This difficulty should be overcome when the new, more powerful computer (IBM 4331) shall be fully in operation. Long-term demographic studies in Matlab are unique in the developing world. They also relate to diarrhoeal diseases in many respects. These studies will continue in future but data collection, analysis and processing should be improved.

Dr. K.M.S. Aziz, Head Training, Extension and Communication Programme, presented various training activities as well as extension and communication programme. The Centre's mandate to disseminate research findings in health care delivery systems in practice in Bangladesh and other countries, are being achieved with this programme.

These activities include problem specific training, seminars, workshops, conferences, both national and international. In the area of communication, in addition to the library information and documentation service, internal publication service and the scheduled programmes of the DISC project, a range of publications on diarrhoeal disease are already being produced (e.g. Glimpse, Journal of Diarrhoeal Diseases Research, Bibliography of diarrhoeal diseases publications) and some more are planned. The Training, Extension and Communication Programme according to Dr. K.M.M.S. Aziz requires more cooperation on the part of other programmes and requires more staff and financial support.

The presentation by the Programme Heads were followed by presentations of following projects selected by the Programme Committee:

(1) ORT Development introduced by Dr. A.M. Molla, (2) MCH-FP extension by Dr. J. Phillips, (3) Demographic Surveillance System by Dr. B. Wajtyniak and Dr. Sh. Bhatia, (4) Determinants of Fertility by Dr. AKMA Chowdhury, (5) Urban Volunteers Study by Dr. B. Stanton, (6) Mirzapur Handpump Project by Dr. K.M.A. Aziz, (7) Results of Teknaf studies by Dr. M.M. Rahaman. All presentations were followed by indepth discussion.

These revealed some great strengths of the Centre (e.g. potentials of the study of cereal based ORT) and some of the weaknesses of the data base, both as to reliability of the actual data and the capacity of this data base to allow analysis.

At the second closed session of the Programme Committee Dr. D. Rowley discussed his paper on "Definition of Scientific Priorities for ICDDR,B for future years" (Annex I).

This was intended to stimulate discussion and served as a basis for comments on the Director's "Goals and Priorities ICDDR,B 1985-1989" (Annex II).

At the final closed session of the Programme Committee the following comments on the paper of the Director Goals and Priorities ICDDR,B 1985-1989 were formulated.

Comments on Director's Goals and Priorities 1985-89

In considering priority areas of research at the Centre one must recognize the complex interacting factors which may cumulatively influence the incidence and severity of diarrhoea. The Centre is well suited to examine the influence of these complex variables since it is sited where the problems exist and brings together under one roof people from a wide variety of disciplines such as Laboratory science, social sciences, epidemiology, clinical medicine etc. / Which have great potentiality to interact with each other in the pursuit of comprehensive understanding of diarrhoea and its control and prevention.

Mans ecosystem, particularly in less developed countries like Bangladesh is susceptible to rapid change induced by natural disaster (e.g. floods) or man-made interventions and due also to factors hitherto ill understood. It seems for example that bacillary dysentery is on the increase throughout most of Asia caused by bacterial strains of unusual virulence and unfortunately resistant to most antibiotics. Whatever priority areas are chosen for the centre they must remain flexible so as to accommodate changing patterns of disease.

Constraints on the ICDDR,B

Any research centre must take into account factors which influence its performance in planning what should be done. At ICDDR,B for example, there is a rather quick turnover of senior personnel (half life 1.8 years)

which obviously affects continuity of research. The Centre being funded mainly by external donors must consider the wishes of the donors who may on occasions direct the research proposals into areas of lesser priorities which meet with their own funding policies. The best planned projects may be rendered, to some extent, invalid due to environmental changes over which the centre has no control. For example, in the Water and Sanitation Project in Teknaf the socioeconomic situation has changed so that the effects of the original intervention of water and sanitation have been overwhelmed by these other somewhat vaguely conceived changes.

Another important constraint on the Centre has been the irregularity of cash flow so that in the final analysis, although the income of the Centre has considerably increased in the last few years, the Centre has gone from one financial crisis to another, and the resulting stop - go situation seriously affects morale and performance.

#### Criteria for Priorities

Our choice of areas must be based upon some attempt at subjective cost-benefit analysis. In other words, we must seek to have the maximum impact in reducing child morbidity and mortality from Diarrhoea and its complications for a minimum cost, since funds are finite. In this context the relationship between child and mother before and in the first few years after birth will obviously have the greatest impact, and the factors which determine how healthy well-nourished babies can be should obviously be one of our priorities.

Secondly, we must study projects for which we are well equipped in terms of laboratory and hospital facilities and our existing field study areas. It follows that the tools of trade for all our projects need to be available and in general these are:

1. A strong data bank derived from field, hospital and laboratory studies.

2. Hospital and laboratory research and service back-up in the usual paraclinical areas, and
3. The ability to transfer the knowledge through training courses to other people both within and outside the Centre.

Priorities:

1. Determinants of Childhood Morbidity and Mortality

It has been said that childhood itself is the greatest risk to children. Whilst this might sound rather vague it illustrates that infection and diarrhoea are only parts of the total risk to children. The risks in a child's life begin with conception, so that factors which influence fertility are an important area of study since this may in turn affect birth intervals, maternal nutrition and foetal growth. Likewise, infection during pregnancy is vital to study in case it may increase the nutritional debt that pregnant women in developing countries may suffer.

Education and other social variables of the mother have been shown to correlate with child survival. These must operate through hygienic, behavioural and environmental factors which bear on the antigenic load. In this respect use of soap and hand washing are important areas worthy of further study. Health services research is obviously of paramount importance in this topic.

2. Shigellosis and Other Invasive Diarrhoeas

As mentioned earlier shigellosis is on the increase and is a prime cause of morbidity, mortality and nutritional wastage in children. The great prevalence of drug resistant strains indicates that these may be of diminishing value in treatment. Whether vaccination will ever be powerful enough by itself to greatly reduce the incidence of this disease is somewhat doubtful. nevertheless, immunity is an important factor in the many variables influencing



this disease and studies will be continued at the Centre aimed at defining the important protective antigens of this group of organisms which will lead ultimately to the bio-engineering of potentially useful live oral vaccines. Shigellosis has such a strong nutritional impact that this study priority must inter-digitate at all levels with priority number one. We need to know for example, whether one attack of shigellosis during pregnancy influences the pregnancy outcome and child survival.

3. Cereal Base O.R.T.

Oral rehydration therapy has been shown to greatly reduce immediate mortality from watery diarrhoea. Recently, at the Centre it has been amply demonstrated that the substitution of cereal for glucose in the oral rehydration solution can have a profound effect on reducing the duration and volume of diarrhoea and in enhancing the child's nutritional state. These immensely important practical findings demand further investigation particularly concerning the patho-physiological mechanisms of action. This cereal based ORT should also be studied in other community settings.

4. Field Trials of Vaccines

Matlab and Teknaf with their extensively surveyed and recorded populations, offer facilities for vaccine testing second to none in the world and we will be establishing base line data for Shigella and Rotavirus serotypes in these areas so as to be ready for vaccines as and when they become available. This surveillance of shigella serotypes including their molecular epidemiology can be incorporated to some extent in the routine DSS data collection program and these taken together will be valuable for future research.

5. Training and Communication

This must include training to the very highest level in research aptitude, both for participants from Bangladesh and from other countries.

The different levels and areas of training are discussed more fully in the document - Annex I.

The committee would like to discuss training more extensively at its next meeting and suggests that a position paper be prepared to cover the options available by a small inter-programme group from within the Centre.

DEFINITION OF SCIENTIFIC PRIORITIES FOR ICDDR,B  
FOR NEXT FIVE YEARS

INITIAL AND TENTATIVE

In writing this discussion paper it has been assumed that the next five years should include a long, significant period of consolidation during which the budget is not projected to grow as rapidly as in the past four years. Since no Research Institute can function properly without being flexible and adaptable, it follows that the changes and developments which will be required during this time must be funded by savings from existing activities. As a consequence, an attempt has been made to define some of the constraints which should be applied in considering the expected benefits to be gained from any existing activities.

All Associate Directors except Dr Mujibur-Rahaman (who was away) have been consulted for their views on priorities and this document is, in part, a synthesis of the majority opinions. Naturally, it was generally suggested that more effective research would result if more funds were available, and there was a general reluctance to define areas where financial savings could be made, with one exception - everyone indicated that 'management' was too cumbersome and expensive; this seems to be a universal complaint of scientists and academics in Institutes and Universities, despite the fact that they often show little ability to manage their own smaller administrative chores!

Procedure, approach and timetable

The Programme Committee and the Board should agree on the procedures and timetable required to develop a final plan for research priorities

for the next five years by the November meeting. This must allow for maximum input by the Director and his senior staff. A notional timetable could be as follows: If the broad outlines of a plan could be agreed to at the May meeting, the staff could be invited to submit outlines of their proposals related to this framework by September. A final draft could then be prepared by the Director for the Programme Committee and Board to examine in November. I would be happy to assist in any phase of this process.

#### Statement about the Centre

In the most general terms, it seems certain that the Centre will concentrate on the approaches developed during the past few years, although the priority given to each activity may alter the emphasis somewhat. These approaches can be placed under one of three headings -

##### 1. Epidemiology

The aim here is to collect relevant data from the field, analyse these data and draw analytical conclusions which should provide working hypotheses, and possible means of intervention in the field to reduce incidence of disease. Data are obtained as a result of demographic surveys or in response to questioning about behavioural attitudes or patterns or by association of disease incidence with some particular aspect of lifestyle. These data are programmed into a central computer bank which should allow rapid and easy access of data without interference to the continuing data collection and processing. Consideration of the data by epidemiologists should lead to certain analytical conclusions as a result of which further data may be sought from either the bank or field or both and a hypothesis of causal relationship may be formulated. This may then be put to the test in the field either by intervention or further data collection testing.

It is important to emphasise that for success, continuity of this whole process is highly desirable. This requires constant interaction between the data collectors in the field and those who process and analyse the information. The present operation at ICDDR,B is not ideal. Data are collected in the field by the disease transmission working group and the nutrition working group <sup>among others</sup> and are then handled centrally by the community services working group. Unfortunately, there is inadequate communication between the three groups at present.

2. Hospital/Laboratory studies on the patho-physiology of diarrhoeal diseases

This broad heading includes all the work on patients in the hospital, as well as studies using animal models of disease. For both these aspects the Centre needs laboratory services and research in the disciplines of biochemistry, microbiology, pathology, virology and immunology as these are the basic tools of clinical and experimental research.

3. Training up to Advanced Levels in all these aspects of the Centre's programme

It is an important part of the raison d'etre of the ICDDR,B that it should hand on acquired knowledge and expertise to others, both at the Centre and elsewhere in the world as indicated and requested.

By and large these three headings describe the present interests and activities of the Centre, which of course everyone is striving to improve in quality. Before it can be decided which areas should receive the highest priority for further development, the Board must give some thought (and finally provide answers) to some or all of the following questions. In order to develop this document further I have suggested tentative answers to these questions and have then developed a plan according to these answers.

A. Should all the research of the Centre have a clear, direct and defined connection with Diarrhoeal Diseases?

Suggested answer YES.

B. Should research be the main outlet for the finances and energy of the Centre? How much service if any is desirable?

Suggested answer YES with some unavoidable service such as the hospital.

C. Should the Board deviate from its own scientific priorities because of the wishes of a donor?

Suggested answer YES in some defined areas under certain circumstances.

D. Should the training functions of the Centre be better defined?

Suggested answer YES.

E. Should the five year priorities plan of the Board be restrictive on the Director?

Suggested answer NO.

With these answers as a guideline and taking into account prolonged discussions with senior staff of the Centre I suggest that a focal point for the activities of the Centre during the next five years should be:-

THE STUDY OF DIARRHOEA DUE TO INVASIVE ORGANISMS LIKE SHIGELLAE

This does not mean that studies on the fluid-loss diarrhoeal diseases like cholera should be completely abandoned. It simply means that in the near future emphasis should shift to diseases like dysentery which are at present more difficult to treat than the watery diarrhoeas and which moreover are a major cause of death.

Even if all the existing working groups are retained, they could easily readjust and relate to this focal topic. This would have the advantage of ensuring better communication between the groups by bringing

them together to consider a common problem and by stimulating them to consider and ask new questions. This can be illustrated by posing questions relevant to the area of each existing working group and no doubt the members of these groups would think of other, more relevant, questions themselves.

#### Pathogenesis and Therapy

This covers the hospital and patient oriented aspects and should be able to offer an example to developing countries of the best standards available for the treatment and investigation of diarrhoeal disease in patients under both in-patient and out-patient conditions.

They could be interested in such questions as -

- 1) Is it necessary to use antibiotics for the treatment of shigellosis?
- 2) Can simple criteria be used to classify the severity of dysentery in children?
- 3) How does the nutritional status influence the course of this disease?
- 4) Can useful alternative diagnostic tests for shigellosis be found based upon new sensitive methods like ELISA with monoclonal antibodies or by gene probing by hybridisation and can these be adapted for bedside use?

#### Host Defence Working Group

At the present time this consists of immunologists who have already prepared a proposal to identify the protective antigens of shigellae using convalescent sera from Teknaf children showing low and high incidence of the disease. Ultimately this approach should lead to cloning work which should produce relatively harmless hybrid strains of bacteria which express these antigens without being invasive or toxic i.e. strains potentially useful as live oral vaccines. The Centre would acquire the skills required for the various techniques used in molecular biology which have such great potential for elucidating problems of pathogenesis.

### Disease Transmission Working Group

This group is involved with laboratory studies on shigellosis and has a rabbit model which could be potentially useful in dissecting the parameters of pathogenesis using a number of different cloned hybrid organisms containing various elements of the shigella genome. A current activity of this group is the collection of base line data on the incidence of shigellosis in the Matlab study area as a necessary preliminary to vaccine trials envisaged in the future. It seems reasonable to suggest that base line data on the incidence of rotavirus infections should be collected at the same time, to ensure that a field trial using rotavirus vaccine can be carried out as soon as a suitable vaccine is produced.

### Community Services Research

Together with the Disease Transmission W.G. this division will be analysing the data obtained from the field study area and attempting to answer various questions related to shigellosis, including such obvious ones as -

- 1) Are there sex differences in morbidity/mortality?
- 2) Does the geography of the area influence incidence or duration of disease? (Comparison of Teknaf with Matlab.)
- 3) Does immunisation against tetanus, diphtheria, measles etc. have any effect on morbidity/mortality due to shigellosis?
- 4) Does birth weight/nutritional state influence the incidence of Shigella?
- 5) Does shigellosis during pregnancy have any effect on the outcome.
- 6) Does the urban volunteer study provide a useful and cheaper alternative for data collection or for dissemination of simple education on hygiene?
- 7) What are the aetiological causes of infant deaths due to shigellosis?



### Nutrition Working Group

There is a basic need to evaluate the nutritional cost both in hospital and in the community of dysentery in children following different regimens of treatment.

### Training

The present training courses are oriented towards the application of oral rehydration therapy and consideration should be given to change, both in course content and the level of training. The Centre is an advanced research institute and should offer training at several levels including:

- 1) Continuing education for all staff including technicians (by lecture courses and by apprenticeship)
- 2) Courses in the management of diarrhoeal diseases including use of elementary statistical analysis and possibly a minor research project. Consideration might be given to this being a 3 month diploma course.
- 3) Research training up to Ph.D. and M.Sc. level. This would require affiliation with Dhaka University, some international staff would need appointments at the University and I note that this already exists for -- example with Dr A.M. Molla. This is the least expensive way of providing additional workers for research projects.
- 4) The provision of extension training materials such as tapes and short films. This could also be valuable in providing information to our donors. A good quality film of the Urban Volunteer Programme (made by Dr Anand) could be very persuasive to donors.

### Other Priorities

Although invasive diarrhoea could form a suitable link for all the existing working groups in the Centre, I suggest that a few other themes should be considered. These should be related to the focal topic of diarrhoeal diseases and might occasionally reflect special donor interest, if adequate funding is provided. Such themes might be -

1) Cereal based ORS

This is a subject which is currently popular and could prove worthwhile, provided that scientists within the Centre are able to provide hypotheses which can be tested. An obvious example could be:-

Administration of rice-based ORS in a community reduces diarrhoeal disease morbidity in children more than glucose based ORS.

2) Family Planning at Matlab and Extension to National Schemes

Since the Matlab area has given considerably greater compliance than the Bangladesh average, it seems important to transfer any lessons learned at Matlab to the National plan, if possible. If doing this involves continuing with the Matlab Family Planning programme, then a research component should be introduced relating to diarrhoea. Some of the questions listed earlier under CSRWG would fit this category.

3) Support for the UNICEF GOBI programme

All the four aims of this international programme would interact with diarrhoeal disease control and again provided that Centre staff can identify meaningful research components we should be prepared to accept donor support.

Projects to be avoided

Funded or not, there are some subjects which though health related are too far from our field of expertise to justify expenditure of time and effort by the Centre staff and we should leave these to other institutions in Bangladesh. Examples of these might be -

- 1) Sanitary engineering and water pumps.
- 2) Family planning projects with no relationship to diarrhoeal disease e.g. contraception and pelvic inflammation.
- 3) Acute respiratory infections.
- 4) Strictly nutritional problems with no diarrhoeal research component.

## Comments on General Efficiency of the Centre

### Fund Seeking

Staff of the Centre should be encouraged to seek external funding provided the project has been approved and the application signed by the Director. This might also be extended to commercial firms once the criteria for such collaboration have been defined. It is conceivable that industry might fund a drug evaluation unit in our hospital in which the efficiency of new antibiotic combinations against shigellosis could be tried. This could include anti-secretory drugs. At a cost to industry of say \$50,000/year they would get well controlled drug trials and the Centre would obtain a significant contribution to hospital costs.

### Collaboration with other International Laboratories

This should be greatly encouraged. The Centre has much to offer which many researchers in developed countries would like to share and, provided that true collaboration develops, even if some of the work is being done outside Bangladesh this could still provide great benefits to the Centre, in terms of financial support, research support and reputations from joint publications.

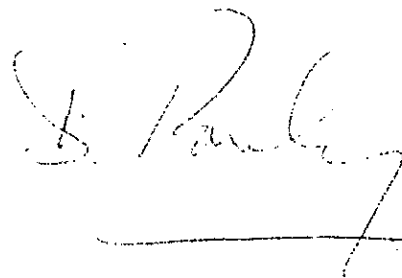
### Annual Scientific Meeting in Dhaka

National staff have difficulty getting funding to attend international meetings in spite of the fact that they need to be exposed to leading scientific figures as part of their development and training. Consideration could be given to holding an annual meeting in Dhaka along the lines of the U.S./Japan Cholera Conference. Up to twenty international contributors could be invited each year and offered a contribution of say \$500 towards their fare plus free accommodation. This would cost the Centre approximately \$15,000/year and could be very rewarding for young local scientists as well as providing an opportunity

to establish a reputable series of scientific meetings in Dhaka with themes taken from within the spectrum of diarrhoeal disease research.

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The changes in direction suggested above are intended for discussion and are tentative. In the short term, the changes suggested are more apparent than real but the opportunity would be there to say to our donors - "We have re-evaluated the priorities of this Centre and believe that many problems in diarrhoeal diseases research which existed 20 years ago have diminished. Indeed some of the major solutions have come at least in part from the endeavours of this Centre, viz., all the initial studies on the physiology of gut electrolyte transfer and the evolution of ORS therapy. We have had a hard look at the present state of ignorance in this whole field and as a result we wish to reorient our main thrust towards shigellosis which is clearly one of the main causes of serious morbidity and mortality from this group of diseases." We should emphasise that the change in direction can only be gradual, that we are very pressed for funds and that new activities will inevitably involve increased expenditure and require more funding.



S. Paul

## GOALS AND PRIORITIES ICDDR,B

1985 - 1989

The most central principle guiding the establishment of the Cholera Research Laboratory and its successor the International Centre for Diarrhoeal Disease Research, Bangladesh remains that an institution capable of fostering scientific thought and technology that is current with "state of the art" science in technologically advanced countries can exist and prosper in a least developed country setting given the right commitment charter governance and staff. This Centre addresses the cluster of health problems, diarrhoea, malnutrition and excessive fertility which underlie most deaths and illness in Bangladesh and many other countries. Why is it worthwhile to struggle to establish an institution of high current technology and expertise in a difficult setting may be answered that there is a commitment to put the best health sciences can offer to work on the most common and major causes of death and disease. Given this central concept the process of setting priorities and goals flows quite naturally. The Centre is located where the problems are. It and its staff must define these and with the best minds and tools available attack them. This attack should be at a basic as well as an applied level, and, once successful means are discovered, to alleviate and prevent these problems. Results then must be communicated to all who can benefit as rapidly as possible utilizing all available channels and agencies. As new knowledge is gained the pressure points for rapid advances change. Equally the biology of populations and illnesses changes often with breath taking speed, especially in the very rich ecology setting of Bangladesh where the life support system of the great rivers Ganges, Brahmaputra and Meghna create the highest fresh water flux per land area in this planet. Thus in creating priorities goals and plans it is absolutely essential to insure that the institution can be increasingly responsive to the opportunities of scientific advance and exigencies of nature as they impact on one of the most densely populated areas of the world. This makes traditional planning very difficult and excludes what is a traditional exercise - "The five year plan". The challenge then is to find an organized frame-work of priorities

and structure for the Centre to insure it not become frozen and isolated as an academic entity perhaps doing a high quality of work but of decreasing linkage to the realities of its location. The first issue then is how to keep contact with the problems.

From 1962 the CRL/ICDDR,B has followed a philosophy that providing services to all those with diarrhoea that seek its help is an essential basis for research of diarrhoeal. Early this ideas was extended to include care of extensive field populations. Later home care and self care methods have been increasingly emphasized. This extensive service network provides the basis for prompt recognition of new events, epidemics and changes in the biology of diarrhoeal diseases. It also has provided the basis for a burgeonic health services research interest and effort. Thus services must be viewed as a highly desirable and necessary substrate for the research and training efforts of the Centre and central to its mission. Of greater human concern is that it is also an ethical necessity. In general good ethics mean a healthy institution and in my view never detract from the scientific process. This approach however incurs a higher cost to operations.

This raises the single most urgent crisis currently facing the Centre. Clearly to accomplish its overall purpose flexibility of response to local conditions is required and an ability to provide service to a large number of very poor people. There has been over the last 4 years but accelerating rapidly during 1984 and 1985 a trend for those who support the Centre to designate funds for special projects. This has increased the overall resources but has rapidly reduced the capacity for services and response to problems with which donors and unfamiliar or will not consider of central importance or immediate concern. An example of this is a widespread resurgence of shigella dysentery in 1984 and 1985 in Bangladesh and throughout much of Asia with a very high loss of life. Only the core flexible resources of the Centre have so far been available to address this epidemic which has far greater magnitude in loss of life than the current famine in Africa.

Two years before this occurred a conference of the few people seriously working on Shigellosis had been convened by ICDDR,B and the lack of progress effort and resources noted. Together with areas of priority where work should be done the Centre must find a way to have some flexible support and be a gadfly to the international community to insure that crucial problems are brought into focus and effective measures to prevent and cure disease propagated rapidly.

Those working in the field of global health and supporting this work must never again allow the major causes of death and illness to be left out of primary focus, as was the case historically when Tropical Medicine omitted the two largest killers in the world, diarrhoeal disease and acute respiratory infections from central consideration.

First let us define those priority areas of work on which the Centre currently focuses its resources. What is expected to happen in the next five years to these areas can then be projected. Finally new areas that are not currently a main effort will be identified.

1. Determinants of Maternal and Childhood Morbidity and Mortality

Central to all else in priority is gaining knowledge on what makes mothers and children sick and causes their deaths or said more technically a focus on the determinants of maternal and childhood morbidity and mortality. Always the Centre has taken a holistic view of its work and insisted on studying diarrhoea, malnutrition and the problems of rapid population growth in the overall context of possible relationship to other causes of death and disease. To explain why is most easily seen by example of the studies on measles which have shown that one effective way to prevent dysentery and malnutrition and high mortality in children is to prevent measles. Yet measles is not primarily a diarrhoeal disease. Crowding, low birth weight, close spacing of babies all result in very high diarrhoeal rates yet rest on excessive fertility. A sharp increase in emphasis is needed to better define and test interventions that can reduce the toll of death and disease in mothers and children.

## 2. Environmental and Ecological issues in diarrhoea

The Centre has invested in basic studies on the ecology of *V. cholerae* to discover its as yet undiscovered biological niche where it hides between epidemics. It also has been testing standard technologies of hand pumps and latrines to assess how much can be accomplished by these traditional measures. Recently increasing attention has been given to behaviour that may enhance or reduce diarrhoea. A recent discovery has been the great power of soap to prevent spread of many diarrhoeal diseases. Over the next five years it is expected that there will be a continued increase in attention to behaviour and education and increasing specification of what are the most important effective preventive measures currently contained in the word "hygiene". Soap appears pivotal and requires full attention as to potentialities as an inexpensive measure immediately applicable in all settings. Another intervention to prevent cholera is the use of purification of household water with Potassium alum sulphate or "Fitkari".

## 3. Vaccine Development and Testing

The field testing and partnership with developed country institutions in vaccine development has always been a central priority and will remain so. At present oral cholera vaccine is in field test. Rotavirus vaccines are available in planning stages for field trial. Shigella vaccines are surely needed but are at basic developmental states. During the next five years cholera vaccine testing is likely to continue but much depends on the outcome of the present trial to say what kind of effort will be needed. Rotavirus vaccines will be tested in 1986 or 1987 and development of shigella vaccines will be pressed as a major effort which will require partnerships as has been the case for cholera vaccines.

## 4. Shigellosis and other invasive diarrhoea

The resurgence of a devastating shigella epidemic all over Asia since 1984 has driven this to a central priority. This disease has



been neglected and attention must be focused to achieve an adequate understanding of it and effective preventive and curative measures. Antibiotic resistance of an extraordinary degree is now present defeating traditional curative approaches with antimicrobial agents.

5. Cholera and Enterotoxigenic diarrhoea

A sustained effort will continue to seek to solve the persistent mystery of where *V. cholerae* hides and why it resurges in epidemic form. Should the vaccine approach not work well there may still be possibilities to interrupt this mission when knowledge of the occult part of the cycle is known. Basic studies on mechanism of diarrhoea to work on measures to reduce loss will continue at about the same level.

6. Development of ORT

The discovery of ORT was a breakthrough and the recent findings that using cereals instead of glucose or sugar as a basis for this therapy is another major achievement. Fluid loss can be reduced, duration of illness shortened, vomiting markedly diminished, nutrition improved and recurrent diarrhoea prevented by this simple approach. This is a major area requiring increased emphasis with fullest attention facilities and support to make the most rapid use of our new knowledge.

Training, Extension & Communication

To bring the fruits of completed research to use in Bangladesh and all other countries requires a major effort in training and communication. Furthermore one of the most urgent and exciting opportunities for the Centre is to assist national institutions in and outside of Bangladesh in establishing vigorous effective research programmes of high quality to address problems specific to the country. Scientific thought and technology are established at the Centre and adapted to adverse field

conditions. This adaptation process is often lost sight of in attempt to transfer technology. Countries with problems similar to Bangladesh find that methods adapted to conditions at the Centre usually work well in their country settings. A large demand for "extension" of established methods is growing but can be met. Because of the scope of the problems and interest of many countries we must have a very sharp focus and clear idea of where we are going. This is a very major challenge in the next five years.

### Disciplinary Roots

The process of science is based on thought and technology. Both are focused and specialized to increase their power. The challenge of the Centre is to insure the highest quality and power of science without the fragmentation, isolation, and lack of interdisciplinary dialogue that often is the price of specialization and elaboration of technology.

At ICDDR,B six years ago to break down barriers and throw scientists of different disciplines together five programmes were established that were to achieve interdisciplinary approaches to problem areas. These are Pathogenesis and Therapy, Host Defence, Disease Transmission, Nutrition and Community Services Research. At present times the specification of priorities and goals into concrete projects takes place in the Working Groups of each programme. What follows is what has been presented by each Associate Director responsible for these programmatic areas and modified by the Director to coincide with overall priorities of the Centre.

### Pathogenesis and Therapy Programme

Of the six Centre priorities the Pathogenesis and Therapy Programme will address the following:

1. Shigellosis and invasive diarrhoeas

Basic studies on patients and as indicated animal or in vitro systems to define the pathogenetic mechanisms leading to complications and death.

Ways will be sought to effectively treat and prevent illness. This will include detailed pathological investigations, studies of antibiotics, herbal and indigenous remedies, and the effect of cereal ORT on the clinical course of the disease. Campylobacter and amebiasis will be areas of work but less priority.

2. Studies on how Cereal-based ORT reduces the severity of diarrhoea.

3. Development of antisecretory drugs in cholera and enterotoxigenic diarrhoeas will continue together with basic investigations of disturbance of the control mechanisms and mediators of secretion and absorption in the gut.

4. As a part of the study the determinants of maternal and child illness and death, complications of diarrhoea seen in the hospital will be studied including what is currently the most important cause of death, acute respiratory diseases.

Through more active participation in the current surveillance protocol operating on a 4% systematic sample of the hospital patients new areas deserving priority will be detected and explored as these appear. This will demand close cooperation with the Disease Transmission programme.

#### Host Defence Programme

This programme will cooperate chiefly with the Pathogenesis and Therapy and Disease Transmission programmes to pursue the following priorities:

1. Shigella and vaccine development

Basic immunology and immunochemical approaches are needed in partnership with technologically advanced institutions to press forward the development of an effective oral vaccine. Since immune mechanisms may also be involved with some of the phenomena seen in shigallosis these will also be studied.

2. There will be continued work on V. cholerae immunity in conjunction with the cholera vaccine trial.
3. Since it is very likely that a major determinant of childhood mortality may be related, immune mechanisms basic studies may begin in this area. These will require cooperation with the Nutrition programme.

There will need to be a concerted effort to build up adequate laboratory facilities and trained staff to effectively approach these tasks.

#### The Disease Transmission Programme

This programme will cooperate with all other programmes to approach the following priority areas:

1. Vaccine trials and vaccine development

There is a large scale oral cholera vaccine trial underway which will require if successful at least three to five years follow-up. Work in live oral cholera vaccines will begin at the Centre. Selection of a live oral rotavirus vaccine for field test by 1986 is underway and will involve at least three years of work.

Development of Shigella vaccines will be carried out in close partnership with the Host Defence and Pathogenesis and Therapy programmes and will be emphasized over the coming five year period. This will include selection and development of a field area to test any candidate vaccine. Developing field detection methods and defining epidemiology of specific areas will be essential.

2. The development of microbiological methods applicable for field use will be a major priority that will serve all programmes as successful techniques are discovered and field tested.
3. As a part of the focus on determinants of maternal and child morbidity and mortality a close look at causes of diarrhoea illness and death

will be mounted.

4. As a part of 1 and 3 there will have to be continued descriptive epidemiology of both shigella and cholera.

5. Intervention studies in cooperation with CSR will further pursue the way in which soap for handwashing and purification of household water with potassium alum sulphate or fitkari can be employed to greater effect.

6. Surveillance systems based on the hospital and field with improved microbiological methods will define new areas where priority must be given to begin to unravel our current ignorance of the causes of longer lasting diarrhoeas of undetermined cause.

#### Nutrition Programme

1. This programme will cooperate with the Pathogenesis and Therapy and Host Defence Programmes to define better how nutrition leads to and in what way determines the pattern of maternal and child illness and death. These studies may be at a very basic level and seek at issues such as why vitamin A or zinc deficiencies lead to high death rates. Intervention studies may be mounted with the CSR and DT programmes to determine how best to reverse high disease and death rates due to specific deficiency rates.

2. Shigellosis has as one of its most devastating consequences severe acute protein loss from the gut with acute protein malnutrition. This requires intensive study especially to determine how best to reverse it.

3. Studies on cereal-based ORT and devising practical home measures to make a simple transition to post diarrhoea feeding will be a focus. Basic work on nutrient absorption and digestive enzyme function will continue. Because of the apparent marked reduction in severity of diarrhoea by cereal-based ORT studies on trophic changes in the gut and improved local immune defences will begin and be emphasized.

4. Work will begin on the causes of more prolonged diarrhoea and their nutritional consequences will begin together with Pathogenesis and Therapy, Host Defence and Disease Transmission programmes.

5. Environmental intervention studies aimed at improving nutrition by interrupting the diarrhoea-malnutrition cycle will be continued.

In all of its work except that related to laboratory and hospital studies this programme will emphasize an approach which includes economics, social sciences, environment ecological approaches as well as more traditional nutritional and biomedical approaches.

Underlying this programme are requirements for improved biochemistry and immunology, strong statistical and analytic expertise, excellent computer facilities, a good disciplinary critical in anthropology and the social sciences.

#### Community Services Research

##### 1. Computing, Database and Data-Handling Facilities

A major area of development in the Community Services Research Working Group, relevant to the Centre as a whole, is the radical upgrading of computer facilities.

1.1. A team on international level computer staff is being recruited. A new IBM 4331 mainframe has just been installed. This will allow us for the first time to work on all aspects of our extensive data. New facilities will include a network within Dhaka Station; the possibility of linkages to the field stations and beyond are being explored.

1.2. An immediate priority is development of the data-base, making the Centre's huge data resources available both to ourselves and to collaborating scientists from a wide variety of disciplines, on a local and international

basis. Collaboration with National Research Institutions will become a meaningful possibility on a greater scale than has previously existed.

1.3. The largest single component of this data-base remains the Demographic Surveillance System (DSS). We are critically reviewing the technology of data collection and editing, with the aim of improving the turn-around time and data accessibility in order to maximally facilitate its use and application to other projects.

1.4. A successful example of an improved system of data-handling is the Sample Registration System (SRS) currently in use in the MCH-FP extension activities and in the Urban Volunteer Programme.

1.5. Paralleling the activities of the data management and computer information services, we are strengthening the biostatistics cell. Statistical and computing activities have become dispersed in the last year or two between individual projects. A better approach is strong central branch facilities servicing projects. This will only be acceptable to individual investigators if branch services are seen to be excellent. More formal training and staff development programmes in the branches will help to secure this end. New initiatives are already in place and will continue to be developed in relation to statistical, data management and computer services. Our senior staffing structure will allow much of this training to be achieved on an in house basis.

## 2. Matlab Field Station, Population Studies, MCH FP and Extension Activities

The main area of activity of the DSS is still Matlab which is currently housing the largest ICDDR,B Cholera Vaccine Trial (CVT) ever carried out. Other vaccine trials are anticipated though not necessarily on this scale.

2.1. To accommodate such activities within the time span of the existing CVT we may need to increase our population currently under surveillance. Furthermore, the flood control component of the Meghna-Dhonagoda Embankment Scheme (MDES) is nearing completion and nearly half of the DSS study population

will be within the empoldered area. This will inevitably affect some of our study variables. In addition, it is almost certain that the ICDDR,B will play a role in monitoring the impact of MDES in other areas. To achieve more representative coverage of the embankment area as a whole, we may recensus some villages previously included in the DSS area, based on Shotaki which has an ICDDR,B initiated Community Operated Treatment Centre. Using this opportunity we will explore and develop new census and data handling techniques. Socio-economic survey data will also be upgraded and updated in the Matlab study area, probably on a village sample basis.

2.2. The main long-term health and population-related research in Matlab supported by the DSS is of course the Family Planning Health Services Project where high levels of contraceptive acceptance have been achieved and sustained over an 8-year period, and continue to increase. Current levels of contraceptive prevalence (c. 45%) are double the national average. Fertility and child mortality rates have declined concomitantly. At the request of the Government of Bangladesh (GOB) a programme is in place to transfer the successful components of this project to the National MCH-FP Programme in two "extension areas". The success of this has already resulted in new policy measures being adopted by the GOB Ministry of Health and Population Control (MOHPC) in relation to the need for more female community health workers and appropriate training and support. Also stimulated by our operations research we are collaborating on a new initiative with UNICEF and the MOHPC to train and develop a mid-level cadre of female supervisors for the country's rural MCH-FP delivery system. We are also helping to develop a field capability within the Management Information System Unit (MIS) of the MOHPC, GOB to strengthen their monitoring and evaluation of the National MCH-FP Programme. Thus we are optimistic of facilitating research utilisation at both policy making and implementation levels of the MOHPC.

2.3. New work on the National Determinants of Fertility will be of limited value if not strengthened by a strong biomedical input including measurements of hormonal status in "at risk" pregnant and lactating mothers. This will not be pursued unless there is a major new initiative to study maternal



health and nutrition in relation to the outcome of pregnancy, morbidity and survival in early childhood.

2.4. Family planning associated infections will be studied in Matlab and, in collaboration with the Mohammadput Clinic, Dhaka. In conjunction with this, facilities for anaerobic microbiology will be developed at ICDDR,B by the Microbiology Branch in the Disease Transmission Working Group.

2.5. The MCH interventions have continued largely unchanged pending the analysis of data accrued over the last three to five years. This analysis is being undertaken as another priority. In the meantime routine immunisations such as measles and tetanus currently limited to our study areas will be extended to the comparison areas as there are no longer scientific or ethical justification for leaving these populations without this benefit. This will not rule out further research such as the use of the newly developed measles vaccine (Zagreb strain) should this be seen as an appropriate at in the future.

2.6. Besides a notable drop in the birth rate, another impact of our combined MCH-FP interventions in Matlab is an improvement in child survival. Current estimates of infant mortality rates, however, are still little below 100/1000 live births and the 1-4 year figure is of the order of 25/1000 of which a quarter are probably due to dysentery. Inadequacies of cause of death data and lack of morbidity data currently impede rational development of the MCH interventions and give little or no insight into observed survival correlates. The lay death reporting system has been improved (and standardized in line with Teknaf) to determine more accurately the nature of childhood deaths which are refractory to our current programme. With the Nutrition Working Group, in the first instance we are attempting to improve the specificity of anthropometric measurements as an indicator of risk of death, in Matlab and Teknaf. This will be followed by morbidity and nutritional surveillance in selected subsamples of the population aimed at the logical development of new health service strategies for improving child survival.

2.7. A systematic effort has been started to upgrade the quality of clinical care, which may eventually include nutritional rehabilitation, at Matlab Treatment Centre and to this end active collaboration with Dhaka Station is being fostered. Cereal-based ORS is being introduced, on a research basis at present, as an extension of current Dhaka ward studies comparing its efficacy with that of WHO ORS.

2.8. The community study based on Chandpur, neighbouring Matlab, of cereal-based ORS is approaching completion and the data will yield far more information than was originally envisaged. The results may be helpful in determining priorities for other phases in the "ORS Programme".

Thus the next five years should see a continued high level of activity centred on Matlab, accommodating service and research activities by at least three of the scientific working groups. The shortcomings of our current facilities have continued to encumber our activities and have been criticised externally. A new building programme is envisaged to rehouse the treatment centre, support laboratories, offices and some residential accommodation. This should not be seen as introducing undue sophistication and centralization of our Matlab operation but as decentralizing from Dhaka by functionally upgrading facilities which are necessary for (i) improved operational research systems; (ii) accommodating field based training programmes and (iii) better clinical services.

### 3. Urban Volunteer Programme

3.1. The scale of the rural programme should not overshadow the rapidly developing research component of the Urban Volunteer Programme (UPV) in the urban slums of Dhaka. An ORS delivery system is already in place. Data on diarrhoea and other morbidity rates, stool pathogen rates, indicators of nutritional status, and demographic data have been collected as baseline for subsequent research.

3.2. Efforts towards improved personal and environmental hygiene are being made on the basis of specific epidemiological findings related to

diarrhoeal disease. The effectiveness of nutrition education and supplementation of selected children in the community may also be evaluated in conjunction with UNICEF and GOB. Full use is being made of existing health facilities, mainly supplied by GOB, to facilitate the eventual transfer of technology and maintain self sufficiency within the community. The programme will be linked with the Dhaka Municipal Health System in order to train government workers and to coordinate coverage.

4. The Mirzapur Handpump Scheme

The project is designed to measure the impact of introducing a special handpump and a switchable two-chamber latrine in every household on shigellosis and other diarrhoea rates. The handpump is of new, high output design, associated with a deep tubewell system and is being field tested in the course of this study.

5. National Oral Rehydration Programme (NORP) Project

NORP is part of the GOB Diarrhoeal Diseases Control Programme (CDD). This project to analyse patterns of use, demand and supply of oral rehydration salts by NORP ends in 1985.

6. Summary

Two major branch activities of importance to the whole Centre are being strengthened and improved. Installation of the new computer is being followed by the development of a comprehensive database containing archived and current data to increase accessibility of this grossly under utilised resource.

Matlab Treatment Centre will be upgraded in terms of research facilities, training opportunities and improved clinical care.

New demographic and morbidity surveillance techniques will be developed and refined. Better knowledge of current morbidity and mortality, particularly in relation to diarrhoeal diseases, will be sought.

New health interventions will be developed on the basis of these findings.

The successful transfer of family planning strategies to the MOHPC will be further enhanced by strengthening government health delivery and monitoring systems.

Work on Natural Determinants of Fertility may be phased out unless strengthened by a biomedical component as part of studies of the nutritional status of pregnant mothers.

Cost effectiveness studies will be introduced in Matlab and the extension areas relating to the family planning service component in the first instance.

Family planning related infections will be investigated with concomitant introduction of anaerobic microbiology facilities.

In the Dhaka slum community the effect will be measured on diarrhoeal disease morbidity of health education messages based on local epidemiological studies. A community based nutrition intervention is also being added.

There is a Centre commitment to the Mirzapur handpump project for at least three years.

The National Oral Rehydration Programme Study will be completed during 1985.

#### Training, Extension and Communication Programme

Centre's mandate to disseminate research findings to be incorporated in health care delivery system in practice in Bangladesh and many other countries have been entrusted with this programme. TEC undertakes health manpower development related activities to fulfil the

institutional objectives. These activities are undertaken in the form of problem specific training, extension and communication programs sometimes tailor made to suit the requirements of any country. In addition, under this program, other activities include workshops and conferences, both national and international; and fellowships - short and long term. The overall aim is to develop a critical mass of manpower in each of the collaborating countries or institutions aiming at self-reliance.

### Training

In the first of the projected five years, 12 national and international training courses on different aspects of diarrhoeal disease and directly related subjects, will be organised. This number will increase each year and in 1989 thirty six such courses are planned. Efforts will be made to develop new courses and also to incorporate the new findings in the existing courses. Since the beginning of January 1985, training programmes are being further strengthened by developing training resource materials, such as technical training series, slide tapes, etc. It is proposed to further strengthen and expand this including video tape training material. The training material so developed would also help the program to provide additional training input to the collaborative countries and other national and international agencies to develop their own training capabilities.

A programme of comprehensive evaluation is planned during this period. It is expected the results would help in further improvement of the courses offered at the Centre.

The trainees would be regularly followed up and evaluated to identify the need retraining and the impact of training on the vulnerable population.

### International Conferences, Seminars and Workshop:

A number of seminars, workshops and conferences are planned during this period so as to share views and disseminate information of the newer

developments at the Centre. This would cover a wide range of topics, include covering important findings of the five Research Working Groups. Subjects like management, communication, health education, all related to diarrhoeal diseases control would also be included. The centre will provide continuity to the Asian Conference on DD and the "African Conference on Diarrhoeal Disease".

#### Extension

In order to transfer the techniques and skills on institutional basis to strengthen the organizational capability, the Centre plans to take up a number of extension projects both for the host as well as other countries and institutions.

In addition to the on-going Epidemic control preparedness program and collaboration with Govt. of Bangladesh in its National Control of Diarrhoeal Disease Program, efforts will be made to initiate new extension projects in Asian and African countries.

#### Communication

In addition to the usual library information and documentation service, internal publications service and the scheduled programmes of the DISC project, a wider range of publications for the dissemination of knowledge are planned. It is proposed to publish monograph on diarrhoeal diseases, annual and retrospective bibliographies, directories of on-going research projects, scientists and practitioners and institutions, involved in diarrhoeal disease research, on a global basis, bi-monthly Current Awareness on Diarrhoeal Diseases Bulletin, introduction of microfiche service and organization of workshops. Computerization of information services is scheduled in the 1985-86 period. The goal is to make ICDDR,B the main global information and documentation centre on diarrhoeal diseases.

The Centre proposes to use mass media to create awareness and understanding of the program for prevention and control of diarrhoeal diseases in Bangladesh. This would be a multi-disciplinary project involving experts from the Centre, health administrators and specialists in mass media.

Summary

New directions to better focus and implement the work of the Centre toward final goals are needed. Attention must be given to building of basic disciplines such as pathology, immunology, microbiology, virology, biochemistry, anthropology, operations research statistical and computer sciences. The means to achieve this are not clearly defined as yet. The programmes were originally meant to be interdisciplinary but are taking on characteristics of departments and finding difficulty in cross-programme cooperation and communication. The step of setting overall priorities for the Centre that require participation by most programmes may resolve this dilemma or it may be well to redefine programmes more along disciplinary lines and have the non hierarchal scientific interest groups be the interdisciplinary areas as they address the priorities of the Centre. I feel that a reorganization is not needed but a redefinition of roles may be required.

Further specification and planning of projects has not been included as yet but is available in many areas of work. These may need modification once there is agreement on the approaches and goals.

Finally for really top performance the Centre must behave as a collegial scientific group with all nationalities and disciplines submerging special personal, national, or disciplinary interests to getting ahead with effective efforts to achieve the goals set. In no case under any sense should special interest supervene over the ecumenical approach. The Centre has achieved much but it is poised to achieve much more to the lasting benefit of all mankind and especially the mothers and children of disadvantaged areas of the world.

REPORT TO THE BOARD OF TRUSTEES

MICROBIOLOGY BRANCH

MAY, 1985

The reorganization of the Microbiology Branch was begun in August of 1984 and continues to date. The following report gives, in outline form, the main activities and reorganizational changes that have been accomplished or begun. The reorganization is not complete. It will need to continue for at least one more year in order to firmly establish the desired administrative and technical foundation for the Branch. However, the reorganization has progressed well and is maintaining momentum.

I. Administrative

1. The proposed reorganizational structure of the Branch has been implemented. The following positions are now officially filled and functioning.

- a. Branch Manager - a Ph.D. position to supervise Branch activities under the Branch Head.
- b. Section Supervisors - Five sections have been designated (Research, Diagnostic, Matlab, I.V. Fluid and Technical Support) with supervisors placed over each.
- c. Branch Personnel - All Branch Personnel were evaluated and subsequent to interviews, 16 individuals were fitted into reclassified positions. This was done in order to accomplish the goals of the reorganization. An attempt



was made to balance the Branch with technically competent workers at various salary levels.

- 2. Hospital Clinical Laboratory - A hospital-oriented Microbiology laboratory was established in the new hospital in order to better meet the unique needs of that patient population.
- 3. Cost Accounting - Charges for Microbiological tests have been evaluated and re-established at the appropriate levels. Branch personnel have been instructed in methods of assigning charges. The results have been encouraging. Recovered costs for tests in the first quarter of 1984 were approximately \$6400 (USD). For the same period in 1985 they were \$39,500.00.

If continued, this trend will greatly reduce the net operating deficit of the Branch (the 1984 deficit was \$170,000).

II. Technical

- 1. Continuing education training seminars were instituted on a weekly basis. Topics (see attached) for these initial seminars are basic in order to strengthen overall technical competence.
- 2. Establishment of the Clinical Laboratory Committee. A Committee chaired by Dr. Kay was formed to address the ongoing needs of the Centers clinical laboratories (Microbiology, Clinical Pathology and Biochemistry). The Clinical Laboratory Committee meets weekly to discuss and recommend action on all aspects related to the selection, methods, quality and

- significance of laboratory tests. This committee also functions as the official intermediary between the clinical and nursing staff and the laboratories.
3. Procedure Manuals - Microbiology Branch, along with Clinical Pathology and Biochemistry, is in the process of developing a comprehensive procedure manual to standardize all routine and specialized laboratory tests. The Clinical Laboratory Committee is overseeing the production of these manuals. A physicians hand book of laboratory tests available in the Hospital laboratories is likewise being developed.
  4. Computerization of Laboratory Data - The need for rapid access to laboratory data underscores the need for computerization of Microbiology laboratory results. Dr. David Sack and Dr. Kay have designed computer forms to accept microbiological data and test results. The Branch is in the process of field testing the forms and hopes to have the system operational in the near future. Initial entry of data will be made on a terminal to be installed in the Branch office.
  5. Establishment of Anaerobic Culturing Facilities - A fully functional anaerobic bacteriology laboratory is being established in the Branch. This facility will greatly expand the Centers capabilities to more thoroughly investigate etiologic agents. The facility is scheduled to be operational in mid June. Equipment has been obtained and a laboratory technician is currently in the

United States receiving specialized training in these techniques. The bulk of expense for the establishment of this facility is being underwritten by a project grant from an external donor.

6. New equipment - As part of the renovation of the laboratories, it was evident that some old equipment needed to be replaced ... and some new equipment purchased. Attached is a list of new equipment that has been purchased within the past 6 months.

### III. Facilities

The renovation of existing support and laboratory space is a high priority and will continue for the next year. The following areas are currently under renovation or have renovation plans submitted :

1. The main research laboratory
2. The outside corridor
3. The Autoclave room
4. The Media Preparation room
5. The Glassware washing room
6. The Plasmid laboratory
7. The Tissue culture room
8. The Employees break room
9. The stock culture collection room
10. The Hospital Clinical laboratory
11. The Branch Office

12. The Matlab laboratory
13. The Clinical Pathology laboratory (hospital)

The strained resources of the Center for workmen and materials has caused this aspect of the reorganization to proceed at a much slower pace than expected. However, progress is being made and the facilities of the Branch are being improved.

#### IV Future Plans

Continued renovation of laboratory spaces will be an objective for the next six months to one year. The following laboratories are in need of renovation or reorganizations :

1. New Anaerobe laboratory
2. Tissue culture laboratory
3. Molecular biology laboratory
4. Plasmid laboratory

In addition, several large capital expenditures will be necessary in the near future. They are :

1. New I.V. production facilities (an estimate has been obtained for a complete bag-producing plant capable of producing up to one million units per year. The cost will be approximately \$1,000,000 (USD).
2. The laboratory autoclaves and steam generator are in constant need of repair or maintenance and may need replacing in the near future.
3. Two ancient sorvall centrifuges need to be replaced.

4. Several freezers and refrigerators are nearing the end of their useful life and will need replacement.
5. The Branch will need to procure the proper equipment to facilitate computerization of laboratory data.
6. The hospital clinical laboratory will need to be equipped, as the equipment is currently shared with the Research section.

Finally, the Branch will spend a considerable amount of time and energy in the next year reviewing and establishing standardized laboratory procedures and techniques. Likewise continuing education and professional growth of Branch personnel will be a priority. It is a primary goal of the Branch to achieve excellence in Research, Diagnostic and Clinical Microbiology and serve as an example to be followed in these areas.

BK:pm

MICROBIOLOGY EQUIPMENT

1. Olympus Clinical Microscopes (2)
2. Double door Memmert Incubators (3)
3. Laboratory water distillation Unit (1)
4. Magnetic stirrers (2)
5. Laboratory work stools (25)
6. Laboratory coats and name tags (all Branch personnel)
7. Electronic Balance (2)
8. Research pH meter (2)
9. Osborne Computer terminal (1)
10. Split-type air conditioners (3) (For Research laboratory and enclosed corridor area)
11. Water bath - (1)

Microbiology Seminars  
Proposed Schedule  
Thursday's 2:00 - 3:00 P.M.

<u>Date</u>	<u>Presenter</u>	<u>Topic</u>
2 - 28	Mr. Q. Shafi Ahmed	The Gram Stain - Principles and Practice
3 - 7	Dr. Anwarul Huq	Streaking, Isolation and Pure Culture Techniques
3 - 14	Dr. M.A. Latif	Laboratory Media - Formulations and Use
3 - 21*	Mr. N. Islam	Sterilization, Disinfection and Decontamination
3 - 28	Dr. Ziauddin Ahmed	Dilutions and How to Make Them
4 - 4	Dr. S.Q. Akhter	Kirby-Bauer Method of Antibiotic Sensitivity Testing
4 - 11*	Mr. K. Alam	Specimen Collection
4 - 18	Dr. Brad Kay	Molecular Formulas : Molarity and Normality
4 - 25*	Mr. Ashfaque Hossain	Use of Weighing and Measuring Devices
5 - 2	Mrs. Khaleda Haider	Principles of Biochemical Tests
5 - 9	Dr. Anwarul Huq	Quality Control Procedures
5 - 16	Mr. P.K.B. Neogi	Storage and Preservation of Stock Cultures
5 - 23*	Dr. G. Poddar	Laboratory Safety

\* Seminars in Bangla

APPENDIX.3

APPENDIX.3 OF THE  
MINUTES OF BOARD OF TRUSTEES MEETING  
MAY 28-29,1985

RESOURCES DEVELOPMENT REPORT



## RESOURCES DEVELOPMENT REPORT

In December, 1984, the Resources Development Office projected a 1985 income of US \$8.2 million, with an additional US \$1.1 million required to support the oral cholera vaccine trials. The current total projection for 1985 income is US \$9.2 million, of which US \$2.4 million covers activities related to the vaccine trials.

USAID/Washington informed us in December, 1984 that they would support two of the Centre's scientific working groups, and accordingly, we submitted a proposal to them in January 1985, covering all the activities of the Disease Transmission and Host Defense Working Groups. USAID made an allocation of US \$ 2 million that is restricted to vaccine trial costs for 1985-86. It was previously understood that commitments from the Federal Republic of Germany and Sweden would cover the remainder of the vaccine trial costs. This project support from USAID reflects a major shift away from core funding.

We would also like to point out that the oral cholera vaccine trial budget estimates have fluctuated widely since 1983, and have been revised several times. We have now learned that the estimated amount of US \$2.4 million will not be sufficient, and additional funds for the oral cholera vaccine trials are being sought from several different donors.

The vaccine trial is a core project activity. Funds being requested in addition to USAID's commitment of US \$2 million reflect activities and research of the Host Defense and Disease Transmission Working Groups that are related to the oral cholera vaccine trial. The estimated vaccine trial budget now comes to US \$3.3 million, which includes research support and

management costs. If this total amount of US \$3.3 million can be covered by donor commitments, it will be a substantial saving to our core fund.

We have requested Japan for an increase in its restricted core project support. During a recent visit to Japan by the Director and the Associate Director for Resources Development, the Japanese government gave a firm commitment of US \$ 260 000 in support of core activities and the vaccine trial.

Our agreement with the Swedish Agency for Research Co-operation with Developing Countries, (SAREC), is due to expire in June, 1985, and Resources Development is now requesting an enhanced contribution for core project support from Sweden.

In 1984, UNICEF committed US \$250,000 towards our core fund. However, disbursement of this contribution was delayed, and was later viewed by UNICEF as core support for 1985. We have taken up this matter with UNICEF to request that the 1984 commitment stand, and another US \$250,000 be given for 1985 core support.

Negotiations are also in progress for major project support from UNICEF. The requested amount of US \$1.3 million will cover research on Cereal Based ORS, training activities and a portion of the Urban Community Volunteers Programme for 1985 and 1986.

The Canadian International Development Agency's (CIDA) ongoing support for the Demographic Surveillance System activities continues in 1985. In addition, we have submitted a proposal for US \$727,000 to CIDA for support of training and extension activities. Resources Development

estimates that the grant may be at the level of US \$500,000 when approved.

A proposal has been submitted to the Arab Gulf Programme, (formerly the Arab Gulf Fund), for a third phase of project support. A donation of US \$500,000 is estimated for 1985, for training and applied research.

New support has been requested from the European Economic Community for extension activities in the Greater-Rangpur area of Bangladesh. In addition, we have submitted a general request to the EEC for 1986 core support.

NORAD has become a new donor to the Centre by agreeing to give support for village health services in Matlab for an eighteen-month period beginning in June, 1985.

Canada's International Development Research Centre has supported ICDDR,B's DISC project for its initial three years. The funding period ends in June of this year, so a proposal to IDRC for renewal of funding for the next three years has been initiated.

United Nations Fund for Population Activities (UNFPA) support for the Matlab MCH-FP and Extension Project will come to the end of its five year agreement term in June, 1985. We are now negotiating with the Government of Bangladesh and UNFPA for a training project to improve linkage between the ICDDR,B Extension Project information system and Government health services.

USAID/Washington has allocated funding of US \$3.5 million to the United Nations Development Programme (UNDP) for Child Survival activities.

We have submitted a proposal to UNDP for training and technical assistance for Africa. It is a three-year project, beginning in fall 1985, with a total budget of US \$3.3 million. We applied previously to utilize these funds for Bangladesh, but it was suggested by USAID that an African training programme with technical assistance would be a worthwhile undertaking. A copy of our proposal has been forwarded to the World Health Organization, following discussion on the matter.

Resources Development has approached the Aga Khan Foundation for support for our training and technical assistance activities with China. The Foundation has already given US \$30,000 in support of the Chinese agreement, and additional funds may be granted for 1985 and 1986. The Centre is also undertaking collaborative research on Cereal Based ORS with Kenya, under the auspices of the AKP, in 1985-86.

As our technical assistance agreement with France has been completed, we have submitted a proposal to the French government for support of the oral cholera vaccine trial. The vaccine being used in the trial was developed in collaboration with France's Institute Merieux, and is now being produced by the Institute.

The Belgian government has renewed its contribution to the Urban Community Volunteers Programme. Resources Development has obtained agreement for enhanced support for 1985.

We have renewed our agreement with the Kingdom of Saudi Arabia for the Dammam Treatment Centre project for 1985 and 1986. At the request of Saudi Arabia, a new sub-centre will open in Riyadh in July, with our technical assistance, and at the same level of support as Dammam. Resources

Development has also requested the continuation and enhancement of Saudi Arabia's core support for 1985.

The Federal Republic of Germany (FRG) agreed to contribute US \$300,000 in 1984 in support of the Centre's international training courses. Subsequently, they requested us to utilize the funds for the oral cholera vaccine trial, at the recommendation of WHO. Then in March, 1985, the grant was rescinded completely due to questions raised by the Paul Ehrlich Institute of Germany concerning the scientific validity of the trials. These questions have now been answered, and we are requesting the FRG to reconsider their support for 1986.

The Centre has requested the Government of Bangladesh to convert the UNROB interest-free loan to a grant and treat this as a contribution. Although acceptance of this request is very likely, the conversion process has not yet been finalized. We have therefore requested the Government to extend the interest free loan for another year, pending its conversion to a grant.

The USAID offices of Jakarta, Manila and Nepal have requested ICDDR,B to provide training in clinical and laboratory management for health officials in their respective countries. Negotiations are underway to determine the specific types of training, numbers of people to be trained, and for follow-up technical assistance. The Indonesian request is for continuation of on-going activities, following a programme started in 1983; the Philippines government, following a training programme at the Centre in 1984, has requested a collaborative arrangement for technical assistance, and the Nepalese programme is being negotiated following the participation of individual scientists in Centre training activities, and the visit of the

Nepalese Secretary of Health in 1984. These three projects will be fully funded by USAID country offices under tripartite agreements.

The People's Republic of China has signed a five year, collaborative agreement with the Centre in January, 1985. The agreement covers the training of health officials and health trainers, research collaboration, and assisting China in the development of a national institute to promote oral rehydration activities. Initial support for the project has been received from the Aga Khan Foundation, and a requests for support are pending with CIDA and the EEC.

USAID-Dhaka has committed US \$907,000 for 1985 in support of the MCH-FP Extension Programmes. An addendum to the original project grant is being negotiated for US \$ 1.3 million for continued support in 1986.

The Ford Foundation has provided major funding for various projects. These include the Epidemic Control Preparedness Programme, the Operational Research Programme, an evaluation of the National Oral Rehydration Programme and a Study of Family Planning Related Infectious Morbidity. In addition, the Foundation has made a commitment of US \$ 500,000 for the Centre's Reserve Fund.

The Population Council of New York has continued its interest and support for Centre extension activities over the year, and will renew this support for 1986. We particularly appreciate the co-operative spirit of the Population Council in providing technical assistance relative to financial management.

Resources Development would like to express its special gratitude to Mr. Munir-uz-Zaman, our Trustee, for his valuable assistance in our fund raising efforts.

Reserve Fund: At the advice of the Board of Trustees and with the support of the Ford Foundation, James Bausch, Vice President of the Population Council, has visited the Centre and drafted the rules and by-laws for the Reserve Fund. These have now been circulated to the Board for review and comment. Additional support for the Fund is being requested from various donors. We are also trying to raise funds through an additional 6% on project costs in donor proposals.

Consultative Groups: The sixth meeting of the Consultative Group of Governments and agencies interested in ICDDR,B activities will be held June 17, 1985, in New York. Mr. Timothy Rothermel, UNDP Global and Interregional Projects Director, has been nominated by UNDP to chair our Consultative Group meeting. He will replace Mr. W.T. Mashler who recently retired.

Local Consultative Group: The first meeting of the local Consultative Group, chaired by UNDP Representative, Walter Holzhausen, was held at ICDDR,B headquarters in December 1984; the second meeting of this group will be in December 1985. The local Consultative Group meeting provides Dhaka-based donor agency representatives with the opportunity to be informed on all Centre activities and serves as a forum for exchange of knowledge and ideas on Centre-related research, clinical and field-based activities.

New York Office : Mr. William T. Mashler, recently retired from UNDP, has agreed to donate some of his valuable time to the Centre for securing support for the Reserve Fund. Office space has been reserved at the International Institute of Education in New York. This office will support Mr. Mashler's work, in addition to other ICDDR,B activities.

Conclusion : 1985 is proving to be a particularly difficult year for Resources Development. Because of international political and economic uncertainties, donor commitments have been harder to secure. The major shift in donations from core to project support has reduced our capacity for supporting the integrated "core" activities that provide the Centre with its institutional base. In addition, government aid agencies and international organizations are focusing heavily on the famine and refugee situation in Africa this year. In spite of these setbacks, Resources Development has secured commitments for a major part of our budget projection for 1985, and is taking the necessary steps to secure additional support.



RESOURCES DEVELOPMENT REPORT  
FOR FINANCE COMMITTEE  
MAY 1985

In December 1984, as reported to the Board, Resources Development estimated an income of \$ 9,130,000 for 1985. We have now received firm commitments of \$ 6.63 million and estimates of \$ 2.57 million for a total estimated income of \$ 9.2 million for 1985 (attachment A).

The Resources Development office will continue its efforts to move estimates into firm commitments and to secure additional core support.

The cash flow disbursement schedule should be able to provide more accurate income estimates when the new financial system and reporting functions are operating smoothly.

The Resources Development estimate for 1986 income is also attached. We hope that all estimates will be received as income and additional funding sources will be explored during the course of the year.

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

5/BT/May 85  
Attachment - A  
page 1

A. Unrestricted-Core

Donor	Committed	Estimated	Total
5U 1. Australia/ADAB	176,000		176,000
5U 2. Bangladesh	34,000		34,000
5U 3. Saudi Arabia		100,000	100,000
5U 4. Sweden/SAREC	50,000		50,000
5U 5. Switzerland/SDC	345,000		345,000
5U 6. UK/ODA	165,000		165,000
5U 7. UNICEF		250,000	250,000
Sub-Total :	<u>770,000</u>	<u>350,000</u>	<u>1,120,000</u>

B. Restricted-Core

Donor	Committed	Estimated	Total
5R 1. CIDA/DSS	730,000		730,000
5R 2. Japan	260,000		260,000
5R 3. USA/AID(W)	2,000,000	400,000	2,400,000
5R 4. UNDP/UNROB	87,000		87,000
Sub-Total :	<u>3,077,000</u>	<u>400,000</u>	<u>3,477,000</u>

15 May 1985

ICDDR,B DONORS 1985 : COMMITMENTS & ESTIMATES  
(In US Dollars)

## C. Restricted-Projects

Attachment-A  
page 2

Donor	Committed	Estimated	Total
5P1 — AG Fund/UNDP	300,000	200,000	500,000
5P3 — Belgium	65,000		65,000
5P33 — CIDA/Training/UCVP		450,000	450,000
5P4 — The Ford Fdn/Epd Control	119,000		119,000
5P5 — The Ford Fdn/NORP	54,000		54,000
5P6 — The Ford Fdn/Op Res	50,000		50,000
5P7 — The Ford Fdn/Morbid Study	79,000		79,000
5P8 — France	20,000		20,000
5P9 — IDRC/DISC	50,000	25,000	75,000
5P10 — IDRC/Demography		15,000	15,000
5P11 — JHU/Natural Fertility	4,000	10,000	14,000
5P13 — NORAD/MCH	137,500		137,500
5P14 — Nat Acad Sc/BOSTID	20,000		20,000
5P15 — Pop Council/Op Res	19,000		19,000
5P16 — Princeton Univ/Chld Mort	2,000		2,000
5P17 — Saudi Arabia/DCC's	280,000	140,000	420,000
5P18 — Sweden/SAREC	9,000		9,000
5P19 — Swedish/SIDA		100,000	100,000
5P20 — UNDP/WHO Clinical Research	275,000		275,000
5P21 — UNDP/UCVP	102,000		102,000
5P22 — UNDP/Child Survival		250,000	250,000
5P23 — EEC/Greater Rangpur		75,000	75,000
5P24 — UNFPA/MCH-FP Matlab	23,500		23,500
5P25 — UNICEF/ORT & Training	75,000	400,000	475,000
5P26 — USAID/Dhaka-Nutrition		20,000	20,000
5P27 — USAID/Dhaka/MCH-FP Ext	907,000		907,000
5P28 — USAID/Jakarta-Training		45,000	45,000
5P29 — USAID/Manila-Training		25,000	25,000
5P30 — USAID/Nepal-Training		37,500	37,500
5P31 — WHO/Vaccine Trial	50,000		50,000
5P32 — WB/Sanit Intervention	92,000		92,000
5P2 — The AK Fdn/Cereal based ORT in Kenya	22,300		22,300
5P34 — The AK Fdn/Trg for China	30,100	30,000	60,100
5P12 — JHU/Longitudinal Data File	5,400		5,400
Sub-Total :	2,790,800	1,822,500	4,613,300
Total : A - C	6,637,800	2,572,500	9,210,300

## 1985 CASH FLOW STATEMENT

UNRESTRICTED and RESTRICTED-CORE

Donors	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Early 1986	Total
501 Australia	-	-	-	-	-	-	-	176,000	-	-	176,000
502 Bangladesh	-	-	-	-	-	-	-	34,000	-	-	34,000
503 Saudi Arabia	-	-	-	-	-	-	-	-	-	100,000	100,000
504 Sweden/SAREC	50,000	-	-	-	-	-	-	-	-	-	50,000
505 Switzerland	345,000*	-	-	-	-	-	-	-	-	-	345,000
506 UK/ODA	-	-	-	-	-	165,000	-	-	-	-	165,000
507 UNICEF	-	-	-	-	-	-	-	-	-	250,000	250,000
5R1 CIDA/DSS	194,000	-	194,000	-	-	195,000	-	-	217,000**	-	800,000
5R2 Japan	-	-	-	260,000	-	-	-	-	-	-	260,000
5R3 AID/Wash	-	2,000,000	-	-	-	-	-	400,000	-	-	2,400,000
5R4 UNROB	-	87,000	-	-	-	-	-	-	-	-	87,000
Sub-Total :	676,000	2,087,000	194,000	260,000	-	360,000	-	610,000	217,000	350,000	4,667,000

\*Received in 1984

\*\*\$70,000 is for 1986 use

20.5.1986

## 1985 CASH FLOW STATEMENT (PROJECTION)

## PROJECT FUND :

Donors	Thru :	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Early 1986	Total
SP1 AG Fund		350,000	-	-	150,000	-	-	-	-	-	-	500,000
SP2 AK Foundation		-	52,400	-	-	-	-	-	-	-	30,000	82,400
SP3 Belgium		-	-	-	-	-	-	-	65,000	-	-	65,000
SP4 The Ford Fdn/Epid Control		-	-	-	-	119,000	-	-	-	-	-	119,000
SP5 The Ford Fdn/NORP		54,000	-	-	-	-	-	-	-	-	-	54,000
SP6 The Ford Fdn/Op Research		50,000	-	-	-	-	-	-	-	-	-	50,000
SP7 The Ford Fdn/FP Morbid Study		-	-	-	79,000	-	-	-	-	-	-	79,000
SP8 France		-	-	-	-	-	20,000	-	-	-	-	20,000
SP9 IDRC/DISC		-	-	-	-	50,000	-	-	-	25,000	-	75,000
SP10 IDRC/Demography		-	-	-	-	-	-	-	15,000	-	-	15,000
SP11 JHU/Natural Fertility		-	-	4,000	-	-	-	-	-	10,000	-	14,000
SP12 JHU/Langitud Data File		-	-	-	-	-	5,400	-	-	-	-	5,400
SP13 NORAD		-	-	-	-	137,500	-	-	-	-	-	137,500
SP14 Nat Acad Sc/BOSTID		-	-	20,000	-	-	-	-	-	-	-	20,000
SP15 Pop Council/Op Research		-	19,000	-	-	-	-	-	-	-	-	19,000
SP16 Pop Council/Child Mortality		-	2,000	-	-	-	-	-	-	-	-	2,000
SP17 Saudi Arabia		-	-	90,000	-	180,000	-	-	-	150,000	-	420,000
SP18 Swedish/SAREC		-	-	-	-	-	9,000	-	-	-	-	9,000
SP19 Swedish/SIDA		-	-	-	-	-	-	-	-	100,000	-	100,000
SP20 UNDP/WHO Clinical Research		-	-	-	275,000	-	-	-	-	-	-	275,000
SP21 UNDP/UCVP		-	-	-	30,000	-	30,000	-	42,000	-	-	102,000
SP22 UNDP/Child Survival		-	-	-	-	-	-	-	-	250,000	-	250,000
SP23 EEC/Greater Rangpur		-	-	-	-	-	-	-	75,000	-	-	75,000
SP24 UNFPA/MCH-FP		-	23,500	-	-	-	-	-	-	-	-	23,500
SP25 UNICEF/ORT & Training		-	-	-	122,000	-	-	122,000	-	-	231,000	475,000
SP26 USAID/Dhaka-Nutrition		-	-	-	-	20,000	-	-	-	-	-	20,000
SP27 USAID/Dhaka/MCH-FP		-	-	225,000	-	-	225,000	-	-	225,000	232,000	907,000
SP28 USAID/Jakarta		-	-	-	-	-	-	45,000	-	-	-	45,000
SP29 USAID/Manila		-	-	-	-	-	-	-	-	25,000	-	25,000
SP30 USAID/Nepal		-	-	-	-	-	-	17,500	20,000	-	-	37,500
SP31 WHO/Vaccine Trial		-	-	-	-	50,000	-	-	-	-	-	50,000
SP32 WB/Sanitation Intervention		-	45,000	-	-	-	47,000	-	-	-	-	92,000
SP33 CIDA/Training/UCVP		-	-	-	225,000	-	-	-	-	225,000	-	450,000
Sub-Total :		454,000	141,900	339,000	881,000	556,500	336,400	184,500	217,000	1,010,000	493,000	4,613,700
GRAND TOTAL :		1,160,000	2,105,900	533,000	1,141,000	556,500	696,400	184,500	827,000	1,127,000	843,000	9,280,700

May/1985

ICDDR,B DONORS 1986 PROJECTIONS

Attachment-B  
page 1

(In US Dollars)

A. Unrestricted-Core

<u>Donor</u>	<u>1986 Projections</u>
6U 1. Australia/ADAB	176,000
6U 2. Bangladesh	34,000
6U 3. Saudi Arabia	100,000
6U 4. Switzerland	350,000
6U 5. UK/ODA	165,000
6U 6. UNICEF	250,000
Sub-Total :	<u>1,075,000</u>

B. Restricted-Core

6R 1. CIDA/DSS	860,000	
6R 2. Japan	350,000	
6R 3. USA/AID(W)	2,500,000	
6R 4. Sweden/SAREC/SIDA	200,000	
Sub-Total :	<u>3,910,000</u>	<u>4,985,000</u> =====

C. Restricted-Projects

	<u>Donor</u>	<u>1986</u> <u>Projections</u>	
6P 1.	AG Fund/UNDP	300,000	
6P 2.	Belgium	100,000	
6P 3.	CIDA/Training	300,000	
6P 4.	The Ford Foundation/Epidemic Control	60,000	
6P 5.	The Ford Foundation/Morbid Study	80,000	
6P 6.	IDRC/DISC	75,000	
6P 7.	IDRC/Demography	25,000	
6P 8.	JHU/Natural Fertility	15,000	
6P 9.	NORAD/MCH	150,000	
6P 10.	National Acad Science/BOSTID	28,000	
6P 11.	Saudi Arabia/DCC's	560,000	
6P 12.	UNDP/WHO Clinical Research	300,000	
6P 13.	UNDP/UCVP	102,000	
6P 14.	UNDP/Child Survival	250,000	
6P 15.	EEC/Greater Rangpur	375,000	
6P 16.	UNICEF/ORT and Training	500,000	
6P 17.	USAID/MCH-FP Ext	1,300,000	
6P 18.	USAID/Jakarta-Training	45,000	
6P 19.	USAID/Manila-Training	100,000	
6P 20.	USAID/Nepal-Training	80,000	
6P 21.	WHO/Vaccine Trial	50,000	
6P 22.	WB/Sanitation Intervention	127,000	
6P 23.	The AK Foundation/Cereal base ORT in Kenya/China	30,000	
6P 24.	JHU/Longitudinal Data File	6,000	
	Sub-Total :	4,958,000	4,958,000
	Total : A-C		9,943,000

APPENDIX.4

APPENDIX.4 OF THE  
MINUTES OF BOARD OF TRUSTEES MEETING  
MAY 28-29,1985

REPORT OF FINANCE COMMITTEE  
(INCLUDING APPROVAL OF 1985 AUDIT REPORT AND  
1986-87 BUDGETS).



## FINANCE COMMITTEE REPORT TO BOARD OF TRUSTEES

1.1 The Finance Committee met on 25th May, 1985. The major issues dealt with concerned, for the short and medium term, the financial management of the Centre, and the implementation of changes in this; for the longer term, steps towards an effective reserve fund; and in the present and immediate future, cash flow problems of running the Centre. However, all these items are inter-related and any attempt to consider them in isolation will be profoundly unsatisfactory in its effects. Moreover, the financial issues, though of crucial importance and especially so at present, are a means to facilitate the research of the Centre, and not an end in themselves, though the problem is accentuated because the Centre is also a substantial employer in a country where jobs are scarce.

### FINANCIAL MANAGEMENT OF THE CENTRE

2.1 Development of the Centre's financial systems, to improve the accuracy of budgeting and cash flow and to facilitate implementation of changing research priorities for the Centre, has been of concern to the Board for some years. Many improvements have been made, but the change to predominantly project support has increased the demands made on the system.

the benefit of James Bausch and his colleagues at the Population Council visiting and most kindly providing advice at no cost to the Centre, an operational audit by Mr. Gupta of the Centre's auditors, and a review of the Financial Management of ICDDR,B commissioned by the Centre and carried out by Mr. F. Feeley for Arthur D. Little Inc. (hereafter called the Review). The advice given by all these was remarkably convergent and was considered together by the Finance Committee who greatly appreciated their careful work. The A.D. Little report is the most comprehensive. The proposals made, both broadly and in detail, were welcomed by the Committee as being lucid and appropriate. The Board is recommended to accept the broad recommendations of the Review and to pass the responsibility for implementation to the Director as soon as possible, leaving him latitude to decide upon which of the detailed recommendations to introduce.

2.3 In general, and these findings concurred with the views of the committee, the Review found that the financial control systems were by early 1985 relatively satisfactory but that significant improvements were needed in budget development, grants management, interdepartmental communication, revenue projections, budget modification and income accounting conventions.

The Review recommends five categories of improvement, and they are endorsed by the Committee. They are:

(i) to create a participative management-oriented budget system;

(ii) to establish a grant management system with an office for that purpose and clear responsibility of Principal Investigators for budget development and execution of projects;

(iii) to improve communications between programme heads, finance and resources development and improve routine administrative operations;

(iv) to increase cost recovery and improve efficiency; and

(v) to make various accounting changes of which the most significant are to shift to the accrual method of reporting income and to disaggregate research support overhead, in particular handling health service provision as a direct cost.

2.4 Several organisational improvements are suggested in the Review, chiefly focussed on reducing the direct burden on the Director, possibly reducing the number of Associate Directors reporting to him, and separating the Personnel and Finance offices. The Committee commends these suggestions to the consideration of the Director. The need for a grants management officer is endorsed and such an appointment is considered essential.

2.5 The Review also draws attention to development of computerised systems for budget development and for inventory control. Both are urgent needs endorsed by the Committee and the latter is likely to more than pay for

itself through stock reduction in the short term. They can be undertaken on a contract basis.

2.6 The components of the recommendations are given in the Review. The Appendix to the Arthur D. Little report contains detailed steps for the implementation of their proposals to improve financial management. Almost all of the proposals are clearly specified and should be implemented. Several can be introduced immediately. It is recommended that in general these proposals be accepted and that the new Director should draw up a timetable for their introduction.

2.7 Implementation should put the financial systems of the Centre into good order. The Committee above all recommends that participatory budget generation by programme heads and other Principal Investigators in consultation with Finance, Resources Development and the Director be got underway without delay so that the definitive 1986 budget proposals presented to the Board in November 1985 are of this type, so making for a research programme budget for the Centre to whose implementation all staff are fully committed.

2.8 The operational audit largely addresses matters already dealt with above, with the addition of specific illustrative examples and these will be dealt with in detail by management.

2.9 The most helpful advice from the Population Council goes into particular detail on the grants office and

includes a detailed job description of the associated post which focussed a discussion in Committee and provided several suggestions to management.

#### FINANCES 1984 - 1986

##### 1984

3.1 The financial outcome of 1984 was, in the event, less satisfactory than expected at the previous meeting in two respects. Some donors who were expected to contribute during the year failed to do so in time so that their contributions totalling 1.3 million were not received until the first quarter of 1985. To make matter worse financially, the Centre had to finance the vaccine pre-trials, build up large supplies, recruit, set up cold chains and back up facilities as well as finance additional field logistics and equipment for the vaccine trial, whose unfunded build-up cost nearly .4 million in 1984. Consequently the overdraft costs were very high and the Centre ended the year 1.6 million overdrawn rather than the predicted 0.7 million.

3.2 In scientific terms the research staff and activities were stronger than before, and senior staff were recruited who will be essential for raising project funds and implementing the subsequent research.

##### 1985

3.3 There were substantial improvements in the reports of income and expenditure presented to the Committee and for the first time it was possible to relate line items of

anticipated income to line items in the budgetted expenditure. Moreover, Resources Development provided a schedule of expected receipts by month which will be of great importance in the present situation where cash flow is a major consideration. Both this and the budget should now be updated quarterly. However, precise interpretation will remain difficult until income is booked on an accrual basis as discussed above.

3.4 The total projected income for 1985 is expected to reach \$9.2 million. This is expected to be made up of the following:-

Firm Commitments

Unrestricted core	\$ 770,000	
Restricted core	\$3077,000	
Restricted project	\$2485,000	
Capital	\$ 300,000	\$6632,000
	-----	-----

Estimated

Unrestricted Core	\$ 350,000	
Restricted core	\$ 400,000	
Restricted projects	\$1048,000	
New Projects	\$ 775,000	\$2573,000
	-----	-----
Total income projected for 1985		\$9025,000
Less Funds restricted to Capital expenditure (300,000)		
Incremental cost on new proj. estimated (595,000)		-----
Net income available to meet expenditure		\$8310,000
		=====

3.5 The problems created for the Centre by the fall of unrestricted core funding to very low levels has already been emphasised. The other funds can be loosely subdivided into 'project' and 'restricted core' funds, the latter being limited to the support of certain broad programme areas, while the former are restricted to a specific project. The USA has very generously supported the Centre as its largest single donor since its beginning, and these funds have been essential for both survival and growth. USAID (Washington) has, following a thorough review of the Centre's work by a mission led by Dr.A.A.Buck, agreed to continue its funding at a substantial level, but with some restriction to two or three programme areas and the Committee is most grateful. In the last few months USAID has proposed to restrict these funds specifically to the cholera vaccine trial. This change has made the financial management of the Centre much more difficult and precarious at a time of great flux of senior management and the Committee most earnestly requests USAID to reconsider their decision to be so restrictive. No doubt it was intended to help the Centre by so labelling the grant, but it would in fact be much more beneficial during a difficult time to make the grant a little more flexible in its reported terms. There is a deficit of about one million dollars between the likely income of the Centre for 1985 and the likely committed expenditure of the Centre. On the assumption (except where the donor documents explicitly state

otherwise) of full proportionate contributions of the project grants to the costs of research services and management services provided by the Centre, the Centre then has a residual core budget of 3.03 million dollars of which 1.38 million can be offset by core contributions. Provided that .54 million of USAID funding for vaccine research can be applied to closely related vaccine and disease transmission research, the basic deficit approximates one million.

3.6 The present disastrous financial situation has resulted from the interaction of several causes.

Within the Centre, research programmes, finance and administration, and resources development, have acted as three separate sections and have not interacted adequately. Consequently, although each section has done its best at its particular activity, there has been no integration. Therefore, the working group heads have not felt any commitment to their budget ceilings, finance has not provided them with usable information, and resources have not been integrated closely with the programme priorities. The director has concentrated on expansion of the research activity of the Centre and has been insufficiently unequivocal in restraining expenditure on worthy but unfunded activities.

3.7 This difficulty in relating expenditure accurately to income up to the present, together with the expedients adopted to get the Centre under way have led to the



creation of a cumulative deficit which is the second cause of the problem. It will be essential for management to return to financial orthodoxy, for all to stay within budget, and for the Board to insist on balanced budgets and to deal with past deficits to cope with this problem.

3.8 But the largest factor in the present acute problem has been the switch from core to project funding by donors at an excessively rapid rate for any system to absorb. The late arrival of committed funds, and several specific problems dealt with below, have contributed to the immediate cash flow crisis. Moreover, the practice - inevitable with the early accounting systems derived from the CRL - of lumping income together and comparing it with expenditure, has concealed cumulative deficit problems.

3.9 How is this to be handled? First by reducing expenditure. The vast bulk of the core expenditure on research comprises staff costs. These are very inelastic in the short run, but must be contained in every way possible as proposed below. Second, unbudgetted expenditure must be ruthlessly curtailed. Third, project grant holders must do everything possible to take over core responsibilities for their work. Thus if staff are needed, they should be transferred from core if possible, if materials are needed they should be from general stocks if possible, if equipment is bought, it must be

of projects as well as of the Centre: if there is no Centre the projects will also fold.

3.10 It is clear that in the present situation no additional financial responsibilities should be entered into that are avoidable and the utmost economies should be practised, that are compatible with the continued research productivity of the Centre.

3.11 The Committee strongly recommends to the Board a total ban on incremental expenditure, on promotions and on filling of new posts until 1st July with specified exceptions and that thereafter no appointment at any level nor any promotion or incremental expenditure above that budgetted whether from core funds or from project funds, may be made without written approval of the Director until he or the Board shall determine otherwise. We include project funds in this recommendation because the past history of the Centre has shown that project activities do have implications for the core subsequently, and that it is much easier to increase than decrease the number of employees of the Centre.

3.12 The acute and severe need for massive economies if the Centre is to improve its financial position of necessity must restrict recruitment of staff paid from core funds. Eleven such posts were to have been presented to the Personnel and Selection Committee for their approval. The Finance Committee with regret

considers that seven of these must be deferred until the financial situation has substantially improved. Of the remaining three, two concern the raising of funds and their proper administration. The proposed Programme Officer at the P2 level would simply replace a long-term consultant, who is leaving, and can therefore be financially approved, though every effort should be made to recruit someone at a lower pay scale if at all possible. Secondly, the grants administrator is an essential part of both the management review recommendations and the Centre's adaptation to largely project funding. Such a staff member would have earned his or her salary several times over in recent years. The post is approved financially at a local salary scale; if it can be filled by reallocation of duties without increase of staff members so much the better. Lastly, the Finance Committee was very much aware of the importance of the post of Head, Dhaka Hospital. While the Personnel Committee may wish to review the appropriate grading for this post, the Finance Committee has with great regret to defer a substantive appointment to the post until the financial climate revives somewhat. Project positions with limited term contracts, wholly supported by project funds that cannot be otherwise utilised to the good of the research of the Centre, may be filled. However, the Personnel Committee may wish to look at considerations of equity with core funded posts in deciding whether to go ahead. Moreover, the loss of

any implied security of tenure, should a local person be appointed, must be made abundantly clear.

3.13 The Committee is much concerned about salary costs within the Centre. With the transition to WHO salary scales the staff have been better paid. This in itself is an excellent thing. However, in a competitive project funding situation this renders the Centre relatively expensive as a way of getting some research done. If the Centre is to continue to compete successfully for funding, each staff member at every level will have to be more hardworking and productive than staff at other institutions who are less well paid. The alternative is that everyone will lose their employment.

3.13 a). The question now arises in an acute form of whether, for the longer run in a competitive project situation, the Centre can survive if it continues to pay WHO rates which considerably exceed rates paid by other institutions within the Country. Some members of the Committee believe that the Board should authorise the Director to explore the implications for the Centre of changing these rates if it is the only way to survive.

3.14 The Committee remains concerned also about the tendency of staff numbers to grow. There has been an evaluation of those seeking promotion. The Committee would wish to encourage regular evaluation of staff at all levels to ensure that continuing employees are as diligent and productive as possible.

The Finance Committee considered both the financial reports of recent years and the prospects for future fund raising. In spite of the Centre's excellent record of resource development and the improving financial control of expenditure, it was a fact that the Centre had run a deficit for several years, had no endowments, and the prospects were of a move to level funding in real terms. The implications of this for a labour-intensive institution are clear: improvements in the rate of remuneration paid to individuals, whether because of promotion, post reclassification, reduced working hours for the same salary, or increased over-time rate can only be achieved in the long or short run by reduction of the number of employees. It must be realised that one man's promotion is another's redundancy and that improvements in terms of service will only be achieved by having a smaller workforce.

3.15 Since staff costs comprise by far the greater part of the Centre's expenditure on core funded research activities and also comprise the majority of research support costs, expenditure can only be controlled by attention to this area. Moreover rapid economies can most easily be made among the contractual P-level posts. In decisions over renewal of contracts, both the scientific priorities of the Centre and the record of the individual research worker must be the decisive factors.

3.16 The Centre has operated on the basis that professional promotion is on the basis of scientific

achievement alone. In a research institution this is in general right and proper. The additional responsibility of leading a working group was viewed as also highly desirable when core funding was the rule. In the present and likely future situation this may increasingly be viewed as an onerous responsibility as the programme head will on average be responsible for having to write or cause to be written some 2 - 3 million dollars worth of successfully funded grant applications per year. Given that funds will be tight, the Centre management may need to link the higher level posts to acceptance and performance of this responsible but in many ways uncongenial task.

3.17 It is perhaps insufficiently understood by staff that promotion to a P-level position involves loss of the traditional relative security of employment provided for long-serving national staff who work well. The Board has made it clear that usually P-level staff will be given up to two 3 year contracts and then cease to be employees of the Centre. Acceptance of a P-level post implies acceptance of this resulting insecurity and that the person concerned realises he or she will after one or two contract periods is likely to have to seek employment in another institution. (People cannot both have their cake and eat it).

3.18 If a long-term employee of the Centre below P-level be temporarily transferred to project funding at a higher

grade for any reason, on reversion to core funding he shall revert to his previous grade. This is merely restatement of what is a rule, but it is necessary to enforce it.

3.19 Because the Finance Committee cannot foresee any substantial rises in real funding and because in recent years expenditure has exceeded income, the personnel of the Centre will need to decrease rather than the reverse. Therefore, to avoid creating expectations that are unlikely to be realised, any core appointments that have to be made should be on contract and not indefinite terms.

3.20 Compared with 1984 programme funding, 1985 sees a marked improvement in the recovery of both research support and management support costs.

It is important that ~~all indirect support costs~~ are either recovered from project funding or they have to be separately funded. Otherwise there will be a continuing deficit arising from these unfunded support costs.

3.21 There is the possibility of a grant from the UN Capital Development Fund for improving the Matlab and Teknaf field stations. This would by no means cover the whole cost of the works as it does not cover fees etc. The recurrent approved budget does not include such costs. Not only must management ensure that these costs are known and can be met from the Centre's Capital fund or from a new donation prior to accepting any grant from UNCDF, but also an analysis is required of the recurrent

budget implications in terms of staff, medicines and other expenses from these improved facilities to ensure that they will not add any increased burden on the Centre's finances.

3.22 Second, income needs to rise in the short run. A one-time extra set of donations to core funds while expenditure is rigidly controlled, can stabilise the Centre in four ways: improving cash flow, reducing overdraft interest, reducing the deficit, and providing time for the new management, using the financial systems created; to run the Centre within its means in a way that management felt unable to do during the start-up stage of the Centre.

3.23 Substantial improvements have been made to the financial systems available in the Centre. This year clear monthly computer outputs have been generated for each grant or protocol, providing principal investigators with a clear picture of their budgetary position. As the scientists become used to working with these and ensuring that their own and the finance department's perceptions coincide, the flow of information will be adequate for informed expenditure control.

3.24 Secondly, the budgetted expenditures for the Centre have this time been produced with a clear line for each research project or protocol so that both the detailed costs of each may be seen readily and the allocation of overhead is also clear. Within the core-funded



activities, information on the costs of protocols will aid in decisions on priorities, though the high proportion of costs due to personnel limits the scope for rapid changes.

3.25 Thirdly, for the first time the codes for resource development and for budgetted expenditure are identical and the amounts under each code reconciled, so that rational budget preparation by principal investigators can be undertaken.

3.26 These very considerable advances during the last year mean that the tools are in place for participatory budgetting and that, with implementation of the additional improvements put forward in the management consultant's report, the Centre can meet the massive challenge provided by the switch of funding from 67% unrestricted core in 1983 to 42% in 1984 to approximately 12% for 1985. The extreme difficulty for management posed by so rapid a swing (particularly in an institution in a developing country relatively isolated from extensive expertise in such matters and having to cope with an unusual variety of donor national systems for these) is probably not fully realised by donors and the committee is much concerned that they should be fully aware of the consequences. In particular, the imposition of greatly increased restrictions at short notice on an anticipated grant is highly disruptive to rational planning and contributes to the amount of "crisis management" needed which the committee deprecates strongly.

3.27 The research overheads of the Centre at present are large, because unlike laboratories in developed countries where the facilities are largely capital items of equipment, the facilities at the Centre comprise chiefly the labour-intensive diarrhoea management services of the hospitals in Dhaka and Matlab, as well as the defined communities at Matlab, Teknaf and elsewhere. The largest single item is the Dhaka hospital and treatment centre, and if the purely service aspects of this can be separately funded both the overhead costs will fall and the budgetary situation will improve markedly.

### 3.28 Income Estimates

Current estimates of income for the fiscal year 1986 are \$9.943 million, made up of:-

Unrestricted core	\$1.075
Restricted core	\$3.910
Restricted projects	\$4.958

Compared with funds projections for 1985, unrestricted core income is expected to fall by \$45,000 and restricted core is expected to increase by \$433,000. Project funds are also projected to increase by \$351,000.

### 3.29 Expenditure Estimates

The extension of present projects and research activities into 1986 would give an estimated expenditure of around \$12.94 million, an increase of 45% over 1985 expenditures. The estimated "minimum obligation" generated by keeping the research and administrative

support, funded research, and bare salaries of other staff (without any research expenditure from non-project funding) would cost \$10 million, the rise from 1985 being due mainly to an 18% anticipated scale increase for local pay scales (\$694,700) and three newly internationalised posts.

3.30 It is clear that the Centre, firstly, must do a massive amount of research to justify its cost so that a "minimum obligation" approach is not valid. It is equally clear that no further budget deficits can be tolerated and that a target of 0.5 million excess of income over expenditure is needed to reduce the overdraft or build up the present reserve needed to pay back the UNROB loan. There should also be 0.3 million of contingencies budgetted. Since the anticipated income for 1986 is \$9.9 a budget ceiling of \$9.4 should be set, to include the 0.3 million contingency allocation.

3.21 This return to orthodox fiscal planning will indeed be hard but the expansions of recent years at the expense of financial stability cannot be allowed to continue. Moreover, donors should be aware that, with the move to project funding, the operating budget can best be viewed (if we treat restricted core as "half-core") about \$2.5 million plus a lot of specifically funded projects. In view of the liabilities for labour intensive research facilities in the field, hospital, and laboratory, this forms a small substantive budget, even if it appears large when the projects are included.

3.32 The proposed operating budget ceiling of \$9.4 is so different from simply projecting all the programme heads' planned research to give nearly \$13 million (or their ideal wish list at \$15 million) that it will be essential for the participatory budget system, proposed above, to be used to generate the detailed 1986 proposals, bearing in mind the Programme Committee recommendations, for detailed review at the next meeting of the Board.

3.33 Of course, if new sources of project, or core funding can be established supplementary to those at present anticipated and if none of the latter drop out, a larger budget can be considered. It is suggested<sup>23</sup> that incremental budgets of + 1 million and + 2 million be separately presented at the next meeting. In considering new funding, it will be essential to consider the incremental costs as well as income or the problems of the past will be accentuated.

#### IMMEDIATE FINANCES OF THE CENTRE

4.1 The Auditors' report for the 1984 accounts was received by the Committee. Specific matters raised with management were the increase of stores, partly due to the vaccine trial and the adherence to strict discipline over advances made to firms or individuals.

In view of the operating deficit shown in those accounts, and the extremely difficult cash flow situation the various economy procedures outlined under the 1985

financial report are recommended for implementation.

4.2 The Finance Committee were grateful to learn from Mr. Munir-Uz-Zaman that steps had already been taken to continue the interest-free UNROB loan made available by the Government of Bangladesh for a further year. The Committee sincerely hope that, when the reserve fund is floated, some way might be found to transform this into a donation to that fund. Donors are likely to be more put off by the financial encumbrances of the Centre than by any imagined affluence of it, provided salaries are controlled.

#### BANK LINES OF CREDIT

4.3 The Centre's funds arrive in a series of grants and other funds, a substantial part of which arrive in the form of large single payments. Disbursement of these is subject to substantial random delay beyond the control of the Centre, whereas most expenditure is regular and cannot be deferred (staff need regular payment!). This creates a substantial need for operating capital. In the long run the new Reserve Fund is designed to help meet this need, which has been increased by the cumulated deficit which management of the Centre considered essential to build up the research of the Centre. (The present reserve fund is maintained for its ability to repay the UNROB loan to the Centre). The Centre therefore has need for an overdraft facility large enough to meet the vagaries of cash flow and after thorough

discussion based upon recent experience, the Committee recommends that the Centre seek an overdraft facility of \$3 million. The Committee emphasises the obvious, that the smallest practicable use be made of this facility and that the financial policy of the Centre be directed to reducing the need for it.

### SECURING THE LONG TERM FUTURE

#### Management of Reserve Fund

5.1 It is clear from the preceding sections of this report that, even when the operations of the Centre show a balance or small budget surplus, the Centre's operation will remain very precarious, depending as it does upon short-term project funding from varied donors. The havoc wrought to the Centre's financial planning, directly by the cholera vaccine trial and indirectly by the subsequent earmarking of funds by donors towards that trial, further demonstrates the need for reserves than can give scientific flexibility. In accordance with the Board's wish to create such a Reserve Fund as could provide stability, flexibility and bridging finance, Mr. James Bausch of the Population Council, very generously and at no expense to the Centre, visited it in March 1985 and has produced a detailed report on the management of such a Reserve Fund.

5.2 It recommends the following procedures:

(1) Establish an initial goal for the size of the fund at

US\$ 10 million.

- (2) Adopt rules for the investment of assets which are covered in detail in Appendix A and include:-
- a six percent cumulative annual real rate of return;
  - a minimum US\$ 1.25 million in liquid assets to meet temporary cash flow needs;
  - the asset mix of the portfolio may vary but be not less than 20 percent in equities or 20 percent in fixed income obligations (excepting US\$ 1.25 above).

There are other provisions which together with the above, would form the bases for commencing discussions with an investment management firm.

- (3) Establish rules governing the addition and withdrawal of funds, namely:-

- the Centre's officers are authorised to credit and make deposits to the Fund;
- investment gains and losses are accrued to the Fund, as are expenses and costs associated with managing the fund;
- that fund income will be used for operating purposes but that the principal may be used temporarily and on an emergency basis (see resolution VIII p.10 of the Report). The rules governing the expenditure of funds and approving authorities are quite detailed and explicit.

5.3 The Finance Committee recommends that, in order to establish the Reserve Fund, the Board pass the proposed

Resolutions and that management seek proposals from the investment management firms listed by Mr. Bausch, on the basis of the Statement of Investment Objectives and Guidelines, in Appendix A, which it fully approves with a view to the Director negotiating with one or more so as to submit a final recommendation to the next meeting of the Board.

5.4 The Committee both thanks Mr. Bausch for his excellent report and accepts it and also commends the discussion in it to the Board and other interested parties.



## CHEQUE SIGNATORIES

Following the request for a revision of the proposals for cheque signatories, made at its previous meeting, the Board resolves that the authorised signatories of cheques to be issued by the Centre shall be as set out in section 3 of the chapter entitled 'Bank Accounts' in the draft financial manual placed before the Finance Committee, and annexed to their report.

CHEQUE SIGNATORIES

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RESOLUTION - cheque signatory

Effective from the date of departure of Michael Goon,  
Hartley Janssen will have the signing authority of the  
Associate Director, Administration and Finance.

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RESERVE FUND

1. RESOLVED: That the Reserve Fund of the International Centre for Diarrhoeal Disease Research, Bangladesh is hereby created, the principal and income of which shall be held by the Centre for disposition at the discretion of its Board of Trustees in pursuit of the Centre's established purposes and in accordance with duly provided provisions governing the Fund.

2. RESOLVED: That any monies now held in any Centre reserve fund previously initiated shall be considered transferred, credited and deposited in their entirety to this Reserve Fund at the time this resolution is approved; that the officers of the Centre shall act to accomplish any necessary actions in this regard on the first business day following such approval or as soon as practicable thereafter; and that any previously initiated reserve fund shall be correspondingly debited, closed and terminated.

III. RESOLVED: That the initial goal of the Reserve Fund shall be US\$ 10 million.

IV. RESOLVED: That, except where contrary provisions may prevail, the Board of Trustees gives to the Finance Committee acting within its own approved set of procedures (or, in the event of the unavailability of such a committee when action is required, to the

Chairperson of the Board of Trustees) the powers to determine all matters pertaining to the management of the Reserve Fund including but not limited to the establishment of investment policies for the Reserve Fund and the oversight of such policies. Further, the Board requires that the Finance Committee shall report immediately any policies that are established or changed to the Chairperson of the Board and to the Director of the Centre, and shall also report such policies or changes to the next meeting of the Board of Trustees.

V. RESOLVED: That the officers of the Centre are authorised and directed to deposit and credit to the Reserve Fund all assets received or to be received that are designated for the Reserve Fund by donors or by the Board of Trustees acting as a whole, through its Chairperson, or through the powers it has invested in its Finance Committee.

VI. RESOLVED: That the officers of the Centre are authorised and directed until further resolution of the Board of Trustees to cause all capital gains and losses of the Reserve Fund to be accrued to the Reserve Fund.

VII. RESOLVED: That the officers of the Centre are authorised and directed until further resolution of the Board of Trustees to cause all expenses of the Reserve Fund including investment management fees, segregated

management costs, Reserve Fund development, and all other costs reasonably associated with the Reserve Fund to be charged to the Reserve Fund.

VIII. RESOLVED: That the Reserve Fund shall function largely as an endowment in that, ordinarily, the Centre will use only its income to fund operating expenses, under provisions provided for in other Board actions. The Centre's Board of Trustees may, however, authorise the use of the principal of the Fund according to the following schedule:

- the Director of the Centre may make temporary withdrawals of cash from the Fund to meet the Centre's cash flow demands pending receipt of assured or reasonably expected operational funds from donors, provided that such withdrawals shall not exceed in their total US\$ 1.2 million at any given time, and further provided that any amounts so used shall always be repaid in full to the Fund as soon as the expected donor funds are received. Separate withdrawals and repayments shall be made for each such occurrence; this Board action does not constitute authority to keep a single withdrawal out of the Fund for use on a continuing or rolling basis. In exercising this authority, the Director is required simply to notify the Finance Committee and the Chairperson of the Board whenever such withdrawals are

made, noting the amount of each withdrawal, the expected revenues that funds are being withdrawn against, and the expected date of repayment of the amount withdrawn; the Director is also required to report in the same manner the actual date(s) on which any withdrawn funds are repaid;

- up to ten percent of the total value of the Fund may be withdrawn for the Centre's operating expenses in any fiscal year by a simple majority vote of the Board;

- up to 30 percent of the total value of the Fund may be withdrawn for emergency use\* in any fiscal year by a two-thirds vote of the Board;

- more than 30 percent of the total value of the Fund may be withdrawn for emergency use\* in any fiscal year by a four-fifths vote of the Board;

- whenever withdrawals of more than ten percent of the fund shall be made in any fiscal year for emergency use\*, the Board shall instruct the Centre's Director to notify any donor that shall have contributed more than five percent of the total value of the Fund at the time the withdrawal is made of the action taken and the reasons for that action, and the Board shall further instruct the Centre's Director to inform such other persons and organisations as the Board considers appropriate of such

action and reasons:

- \* "Emergency use" shall be defined by the Board of Trustees at the time such withdrawals are proposed and reasons supporting the wisdom and prudence of such action will be then set in writing by the Board, which shall act in the best interest of the Centre and in ways consistent with the Centre's established purposes. Whenever possible, funds withdrawn for emergency purposes shall be repaid to the Fund in full or in part as soon as possible, provided that the Centre or any successor organisation shall continue to exist and to operate in ways consistent with the Centre's established purposes.

IX. RESOLVED: That the Director is authorised to withdraw and to use the Fund's annual income; up to an amount to be specified by the Finance Committee as provided for below, for the Centre's operational purposes, upon application to the Board for approval to do so. Ordinarily, the Director shall apply to the Board for authority to withdraw and to use such funds through inclusion of a specified amount in the Centre's annual budget at the time the budget is submitted to the Board for approval; and, further,

That the maximum amount of such income withdrawn for this purpose is to be fixed by the Finance Committee in

advance of the year in which it is to be used. This amount shall be determined annually, in advance of the Board meeting at which the Centre's budget is presented for approval. In determining this amount, the Finance Committee shall seek and be guided by the written advice of the Fund's outside investment manager(s) as to what income can conservatively and reasonably be anticipated for the coming year given past experience, the current value of the Fund, and the expected value of the Fund during the year ahead based upon the addition of assured or reasonably anticipated future contributions to the Fund during that period and further,

That 75 percent of the income so withdrawn may be included in the budget simply as the "Director's Programme Fund" to be used throughout the year as s/he determines, subject only to the provisions below in Resolution X, and need not be tied at the time this approval is sought to specific programme or project purposes; and, further,

That the remaining 25 percent of each annual withdrawal of income shall be separately set aside for use as a "Contingency Fund, also under the Director's control. This Contingency Fund may be used for the sole purposes of meeting unforeseen fiduciary requirement(s) or for safeguarding the Centre's programmes against shortfalls in expected revenues (except for shortfalls due to



temporary cash flow demands that are to be met by other provisions). If all of the funds available for the Contingency Fund are not used within a fiscal year, the Director shall not cause them to be transferred to other uses, but any balance shall be carried over to the subsequent year's Contingency Fund, and in that subsequent year supplemented by the addition of new income to bring the Contingency Fund up to a level equal to 25 percent of that year's withdrawn income. Reserve Fund income thus freed up from assignment to the Contingency Fund in such carryover years is then to be made available for the Director's Programme Fund which, in such years, can be increased beyond an actual 75 percent of the withdrawn Reserve Fund income. It is thus the intention of the Trustees that "savings" in the use of the Contingency Reserve Fund will result in a direct addition of income to the less restricted and more exciting Director's Programme Fund.

X. RESOLVED: That the Director shall be responsible for the expenditure of the funds from income identified in the above resolution except that:

- before applying them, the Director shall seek the advice (but not necessarily the consent) of an "Advisory Group of Scientists" whose members shall be a combination of those on the staff of the Centre and appropriate

outside persons. The members of this advisory group, who shall be appointed by the Director for terms of at least one year, may change from time to time and their names shall be reported to the Board annually when approval of the budget is sought;

- where the withdrawal of income is to be applied to specific programmatic purposes that can be identified in advance of the coming fiscal year, the Director shall report such purposes to the Board at the time that Board approval of the Centre's annual budget is sought;

- where the purposes of the income to be withdrawn cannot be identified in advance, such revenue shall be considered as flexible funding except that its use shall be restricted to one or more of the following : (1) to supplement funding in those projects where donors are not paying the full costs of important Centre work; (2) to underwrite innovative work for which donor support has not yet been identified; and (3) to explore promising new lines of research and training;

- the Director shall be required to provide to each meeting of the full Board information on how funds derived from Reserve Fund income are being used in that current year.

RESOLVED

1) To approve in principal a change in the basis of the Centre's accounts to the accrual method of booking income, effective with the beginning of the 1986 financial year, subject to review by the Centre's auditors and staff.

2) To direct the Centre's staff and auditors to review the depreciation periods currently used in the Centre's accounts, and to recommend appropriate reductions in such depreciation periods for approval of the Board at its next meeting.

3) To direct the management of the Centre to obtain and install through appropriate tender, a computerised system for management of the inventory of stores and equipment.

4) To require that all modifications of an approved budget, other than costs associated with a grant or contract received, but not contained in the revenue estimates on which the budget was based, shall be done in such a manner that the total amount of expenditure approved by the Board is not increased.

5) To approve the general recommendations contained in the Arthur D. Little management review and instruct the Management to implement them as soon as is practically feasible. Adoption of detailed procedures shall be decided by the Director.

IMMEDIATE FINANCES OF THE CENTRE  
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RESOLVED

1) To write off the advance of \$8,807 to Dr. S. Kabir and of \$11,225 to Messrs. Skipper Shipping Private Limited, Singapore, extensive attempts to reclaim the sums by the Centre having failed.

2) To accept the audit report for 1984 finances of the Centre.

3) To implement the proposals for immediate control of expenditure set out in the report of the Finance Committee and to authorise the Director to explore the most appropriate way to bring down costs of research done at the Centre.

APPENDIX. 4  
(Attachment I)

APPROVAL OF 1984 AUDIT REPORT

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**Deloitte  
Haskins+Sells**

Chartered Accountants

8-1B, Chowringhee Lane  
Calcutta 700 016  
Telephone 24-4938  
24-0837  
Cable Dehands

TELEX NO. 21 2028

ANSWERBACK: DHSI IN

May 7, 1985.

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

Dear Sirs,

We have examined the Financial Statements of International Centre for Diarrhoeal Disease Research, Bangladesh for the year ended 31st December, 1984. We have also made a general review of the accounting procedures and other related areas. We set out in this letter, number of comments and recommendations resulting from our examination of the above areas. Our comments and recommendations resulting to performance audit are being submitted separately.

*DAJS*

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1. FIXED ASSETS

Fixed Asset Register has not been prepared as yet. Even items like Personal Computers purchased and used in the Centre could not be reconciled during the course of our audit.

In the absence of a Fixed Asset Register, we were unable to verify the existence of the Fixed Assets.

The Fixed Asset Register detailing the description of assets, original cost, other allocated costs, location and depreciation charged should be prepared immediately.

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2. BUILDING CONSTRUCTION

During the year, 1st phase of the Dhaka main building was completed and now being used for the hospital. The original estimate for civil construction of the building was TK 136,30,205 but the actual expenses incurred was much higher than the original estimate.

There was absolutely no control over the use of materials and other costs. No control was exercised over the services of the architect and the contractor. The tender document was drawn in a way which is against the interest of the Centre.

Well laid procedures should be developed and followed for construction of buildings or any other civil construction.

JHS

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3. BUDGET AND BUDGETARY CONTROL

The budget preparation and control procedures are not satisfactory.

The process of preparation of budget and budgetary control system should be documented and preferably prepared as a manual, so that the expected result from a system of budgetary control can be ensured.

*DHGS*

4. ADVANCES FOR TRAVELLING

- (a) The system of payment of travelling advances and its recovery and adjustment have not been followed as per the resolution of the Board of Trustees passed in their meeting last year.

Few instances of overdue unadjusted Advances for Travelling are :-

- (i) Paid to Dr. K.M.S.  
Aziz U.S. \$ 11,667 This amount include as advance which remained unadjusted for more than one year. No deduction is being made.
- (ii) Paid to Dr. M.M.  
Rahman U.S. \$ 9,708 Unadjusted for more than one year. No trip report or bill submitted, no deduction ordered.
- (iii) Paid to Dr. Sushum  
Bhatia U.S. \$ 2,301 Unadjusted since April 1984. No deduction made.

D.H.K.

Chartered Accountants

8-1B, Chowringhee Lane  
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Telephone 24-4938  
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. 6 .

- (iv) Paid to Dr.M.I.  
Haq U.S. \$ 10,817 No deduction  
ordered.

The decision of the Board of Trustees for recovery of Advance for travelling should be followed strictly.

The following advance paid for travelling is irrecoverable and a resolution of the Board of Trustees will be required to write-off the amount.

- (1) Travelling advances paid to Dr. S. Kabir who has left the Centre and the amount will not be recovered U.S.\$ 8,807.

*DKS*

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5. PURCHASE OF STORES AND MATERIALS

Supply stores and maintenance stores are purchased by different departments without virtually any control. There are many stock items where more than three years requirements are in stock.

The year end closing stock of supply stores and maintenance stores amounts to U.S. \$ 611,931 which is abnormally high compared to the total consumption of stores during the year of U.S. \$ 980,347.

A scientific system for inventory management should be introduced immediately so that money is not blocked unnecessarily.

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6. ADVANCES FOR SUPPLIES

Large amounts have been paid as advance to suppliers for procurement of stores and other materials from Bangladesh and other countries. At the year end, the advance against supplies amounted to U.S.\$ 307,807, as against \$92,745 at the end of last year.

There is no laid down procedure to ensure that advances for supplies are made strictly according to requirements.

An advance paid to M/s. Skipper Shipping Private Limited, Singapore of U.S.\$ 11,225 is irrecoverable as the party is untraceable.

The Board of Trustees will have to pass a resolution for writing off these amounts.

It should be explored whether without paying cash advance for supply of materials it is possible to open L.C. through Banks so that, large amounts of fund is not locked unnecessarily. Opening of L.C. for purchase of materials is a recognised international system for procurement of materials.

DAK

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7. PURCHASE OF DRUGS

There is no laid down procedure for purchase of medicines used in the Centre. Medicines are purchased in some cases without considering the possibility of its use. Many items of medicines are in stock for long period.

The following amounts should be written off as these medicines are unusable :-

- (i) Drugs in stock as on 31st December, 1984, which were declared as unusable by the Government of Bangladesh U.S. \$ 31,731
- (ii) Karamycin injections purchased during 1984 with expiry dates as :
- |               |                    |                |
|---------------|--------------------|----------------|
| December 1984 | U.S.\$7,388        |                |
| March 1985    | <u>U.S.\$5,581</u> | U.S. \$ 12,996 |
- The dates for use of these injections have expired.

The method of indenting and stocking of the medicines requires review.

DHS

Chartered Accountants

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8. INSURANCE

We suggest insurance against fire and theft of all assets. Some donors have retained the ownership of assets purchased from grants sanctioned by them. It will be advisable to insure such assets.

9. SEVERANCE PAY LIABILITY

The method of funding of the arrear severance pay liability is required to be developed.

10. RESERVE FUND

During the year U.S. \$ 441,629 was transferred from the operating fund to the reserve fund, though the year ended with a deficit of U.S. \$ 605,613.

Policy regarding the creation of reserve fund is required to be formulated.

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

Yours faithfully,  
for DELOITTE HASKINS & SELLS

*Salil K. Gupta*

**[SALIL K. GUPTA]**  
PARTNER



APPENDIX. 4  
(Attachment 2)

PRESENTATION OF 1986-87 BUDGET

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THE BUDGET

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RESOLVED

- 1) To direct the staff of the Centre to prepare for Board approval at the next meeting a 1986 Budget:
  - for a total expenditure of US\$ 9.4 million
  - containing an unallocated contingency of core/unrestricted funds of US\$ 300,000
  - showing a surplus of revenue over expenditure (including contingencies) of US\$ 500,000.

Pro Bud Num	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	RECOVERY	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
	DISEASE TRANSMISSION FUNDED	480446	183694	32000	86000	0	47520	385557	474425	1689642	557582	447755	2694979				
	DISEASE TRANSMISSION UNFUNDED	57705	112957	22050	0	36603	14984	44196	22163	310650	111022	82324	504004				
	PATHOGENESIS FUNDED	27819	1033		1183			1770	2107	33912	11191	8987	54090				
	PATHOGENESIS UNFUNDED	45100	180877	3367	0	18850	5043	13113	20249	286599	103083	75949	465631				
	H0ST DEFENSE FUNDED																
	H0ST DEFENSE UNFUNDED	38652	131533	11025	0	11616	3509	10406	9561	216302	79885	57319	353506				
	NUTRITION FUNDED	125835	95260	9178	6600	0	9866	41689	102901	391329	129136	103702	624167				
	NUTRITION UNFUNDED	104869	160785	14392	0	11985	13702	74919	49891	430543	150584	114093	695220				
	COMMUNITY SERVICES FUNDED	1330789	587631	115782	102886	0	145769	270175	176578	2729610	900772	723346	4353728				
	COMMUNITY SERVICES UNFUNDED	137046	413437	32050	0	25381	78804	30781	17364	734863	251010	194738	1180611				
	TRAINING FUNDED	140900	111009	15612	158134	0	163720	70978	41321	701674	231553	185942	1119169				
	TRAINING UNFUNDED	57539	72604	10747	0	9680	7744	23595	17200	199109	74212	52763	326084				
	SPECIAL PROJECTS SAUDI	139240	104738	19845	68365	0	9075	9680	4477	355420	117290	94007	566797				
	<b>TOTAL</b>	<b>2685940</b>	<b>2155558</b>	<b>286048</b>	<b>423168</b>	<b>114115</b>	<b>499736</b>	<b>976859</b>	<b>938237</b>	<b>8079661</b>	<b>2717320</b>	<b>2141005</b>	<b>12937986</b>				
	MAINTENANCE & LOGISTICS	318599	44100	0	0	14299	8960	260634	17459	664051							
	RESEARCH SUPPORT	1032225	421995	38500		7148	49359	459468	44574	2053269							
	<b>TOTAL RESEARCH SUPPORT</b>	<b>1350824</b>	<b>466095</b>	<b>38500</b>	<b>0</b>	<b>21447</b>	<b>58319</b>	<b>720102</b>	<b>62033</b>	<b>2717320</b>							
	MANAGEMENT SUPPORT	348872	538145	46715	0	66381	290300	45035	87503	1422951	0	0	1422951				
	RESOURCES DEVELOPMENT	34365	128278	33075	0	43660	22564	10706	1600	274248	0	0	274248				
	MANDATORY COMMITTEE	2831	11025	18853	0	149193	6595	4598	7744	200839	0	0	200839				
	GUEST HOUSES	14274	0	0	0	0	13915	1271	304	29764	0	0	29764				
	CANTEEN	30259	0	0	0	0	500	3694	243	34696	0	0	34696				
	EMPLOYEES BENEFITS	20087	0	0	0	1096	42442	11915	18415	93955	0	0	93955				
	STAFF DEVELOPMENT	55000	0	4000	0	5000	800	0	155	64955	0	0	64955				
	CAPITAL DEVELOPMENT	11948	0	0	0	0	0	7045	604	19597	0	0	19597				
	<b>TOTAL MANAGEMENT</b>	<b>517636</b>	<b>677448</b>	<b>102643</b>	<b>0</b>	<b>265330</b>	<b>377116</b>	<b>84264</b>	<b>116568</b>	<b>2141005</b>	<b>0</b>	<b>0</b>	<b>2141005</b>				
	<b>GRAND TOTAL</b>	<b>4554400</b>	<b>3299101</b>	<b>427191</b>	<b>423168</b>	<b>400892</b>	<b>935171</b>	<b>1781225</b>	<b>1116838</b>	<b>12937986</b>							

Project Budget Number	TITLE	Local Staff Costs	Intern'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS TO BE PRESENTED TO DONOR	CORE FUNDED	DONOR
01-49-00	SURVEILLANCE DHAKA HOSPIT 11234						2057		14425	27716	9146	7345	44207				UNDP/WHO
01-70-00	VACCINE FIELD TRIAL	219212	83694	12000	36000		27520	183500	240000	801926	264636	212510	1279072	50,000			USAID
	NEW PROTOCOLS ESTIMATED	250000	100000	20000	50000		20000	200000	220000	860000	283800	227900	1371700				USAID
TOTAL		480446	183694	32000	86000	0	47520	383557	474425	1689642	557582	447755	2694979	50,000	0		

DISEASE TRANSMISSION FUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internat'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
01-01-00	DT WORKING GROUP	28349	112957	22050		36603	12765	8470		11785	232979	85388	61739				380106
01-34-00	MANDIPARA CLINIC	9356					219	726		378	10679	3524	2830				17033
01-46-00	SURVEILLANCE MATLAB									5000	3000	990	795				4785
01-59-00	ROLE OF CHOSTRIDUM	10000						10000		2000	22000	7260	5830				35090
01-71-00	MOLECULAR CHAR. OF MULTIPL							10000		2000	12000	3960	3180				19140
01-72-00	ADAPT. OF AN ADULT RABBIT	10000					2000	15000		3000	50000	9900	7950				47850
TOTAL		57705	112957	22050	0	36603	14984	44196		22163	310658	111022	82324				504004

DISEASE TRANSMISSION UNFUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
02-35-00	CEREAL STUDIES	6							354	380	119	95	574				UNICEF
	BOSTID	27500							925	28425	9380	7533	45338	28000			BOSTID
	TREATMENT OF AMPICILLIN I SHISELLA	313	1033		1183		1770		828	5127	1692	1359	8178				UNICEF
<b>TOTAL</b>		<b>27819</b>	<b>1033</b>	<b>0</b>	<b>1183</b>	<b>0</b>	<b>0</b>	<b>1770</b>	<b>2107</b>	<b>33912</b>	<b>11191</b>	<b>8987</b>	<b>54090</b>	<b>28,000</b>			

PATHOGENESIS & THERAPY FUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
020100	P & T WORKING GROUP	16261	145044	3367		7335	4317	3029	5716	185069	69578	49043	303690				
024200	CLINICAL STUDIES OF SHIGELLOSIS	98				3272			37	3407	1124	903	5434				
026300	SINGLE DOSE FUNAZOLIDONE	1013	1502			5324			4719	12558	4144	3328	20050				
023700	EVALUATION OF CLAMYDIA	1114	8269					1253	1216	14846	4899	3034	25679				
025800	TYPHOID FEVER DETERMINE	12604	2302			2919	726	726	7574	26851	8861	7116	42828				
026200	VAN LOONS PROTOCOL							5000		5000	1650	1325	7975				
025400	ROLE OF ANTIBIOTIC RESIST		3000							3000	990	795	4785				
026500	FATAL COMPLICATIONS CHILD	13735	16250					105	65	30175	9953	7996	49129				
032400	BROVINE COLICISTRUM ANTI SHIGLERA TOXIN	275	4510						300	5693	1979	1509	9081	300,000			unφ
TOTAL		45100	180877	3367	0	18850	5043	13113	20249	286599	103083	75949	465631	300,000			

PATHOGENESIS & THERAPY UNFUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartmental Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
030100	HOST DEFENSE W.GROUP	27515	94048			6776	242	5566	970	135115	53093	35205	224013				
032100	ENDOTOXIN TO ENTEROTOXIN	11139	26460	5512		4840	2662	2420	1331	54364	17940	14406	86710				
032200	V. CHOLERA ANTIGUS		11025	5513			605	2420	7260	26823	8852	7100	42783				
TOTAL		38652	131533	11025	0	11616	3509	10406	9561	216302	79885	57319	353506				

HOST DEFENSE UNFUNDED 1986



Project Budget Number	TITLE	Local Staff Costs	Intern'tl Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartmental Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS TO BE PRESENTED TO DONOR	CORE FUNDED	DONOR
NEW	TRIAL OF RICE ORS	7426	11460				323	550	15400	35159	11602	9317	56078				UNICEF
NEW	CLINICAL TRIAL OF RICE CITRATE	5060	7260				110	1650	5500	19580	6461	5189	31230				UNICEF
NEW	CLINICAL TRIAL RICE SALT	11529	3650				550	3500	17050	36059	11899	9556	57514				UNICEF
NEW	ON GOING STUDIES CHANDPUR	46937	7260	9179			5500	2090	1100	72065	23781	19097	114943				UNICEF
NEW	PERFUSION STUDIES ON RICE	9892	6050				820	6600	4400	27762	9161	7357	44280				UNICEF
NEW	ANTHROPOLOGICAL STUDIES	8058	19650		3300		1050	3200	7351	42609	14061	11291	67961	400,000			UNICEF
NEW	MOTHER TRAINING PROMOTION	10091			3300		1100	15849		28340	9352	7510	45202				UNICEF
NEW	TRIAL OF SUPER ORS	15172	15660					2200	24750	57782	19068	15312	92162				UNICEF
NEW	CONT. DIFFERENT ORS	3748	11460				413	1650	11950	29121	9610	7717	46448				UNICEF
NEW	CEREAL BASED VIT A	7922	12850					6600	15500	42852	14141	11356	68349				UNICEF
TOTAL		125855	95260	9178	6600	0	9866	41689	102901	391329	129136	103702	624167	400,000			

NUTRITION FUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Tra Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Maint. Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR.	CORE FUNDED DONOR
041100	WATER SANITATION TEKMAF	25986	11080	442		968	3643	2830	1912	46861	15464	12418	74743			
044000	DIARRHOEA & MALNUTRITION A SLUM/A VILLAGE	3262	3822			17		80	2564	8745	2886	2317	13948			
044300	AESORPTION OF MACRONUTRIE	8048	16840				635	1592	4815	31930	10537	8451	50928			
	INCLUSION OF ALL UNFUNDED PROJECTS AS PER 1985 BUDGET PLUS INFLATION	58417	123313			11000	7224	55017	35000	289971	104195	76842	471008			
	TRIAL CEREAL BASED DIET	2251	5730	13950			2200	15400	6600	53036	17582	14055	84593			
	TOTAL	104869	160785	14392	0	11985	13702	74919	49891	430543	150584	114093	695220			

NUTRITION UNFUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internat'l Staff Costs	Consultants	Traffic Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS TO BE PRESENTED TO DONOR	CORE FUNDED	DONOR
050301	DSS MATLAB	25238			5500		5412	16500	22660	75310	24852	19957	120119	860,000			CIDA
050303	DSS MATLAB/DHAKA	91409	152460	21000	19470		22550	19800	1100	327789	108170	86864	522823	-			CIDA
054701	URBAN VOLUNTEERS (WATER SANITATION)	32956	30000		3000		5000	5000	10000	85956	28365	22778	137099	102,000			UNDP
054702	URBAN VOLUNTEERS (SERVICE)	59855	31000	6000	21480		10000	10000	20000	158335	52251	41959	252545	300,000	207417		AID/AGFUND/BEL
054703	URBAN VOLUNTEERS (NUTRITION FIELD SUPPORT)	46575	20000		7500		2500	2500	5000	84075	27745	22280	134100		110138		UNICEF
054800	CIDA HANDPUMP PROJECT	76147	46058	4410	4065		8421	3630	15356	158087	52169	41893	252149	127,000			CIDA
055100	IMPACT OF MEASLES IMMUN. MATERNAL CHILD HEALTH	56403			1887			4356	7429	70075	23125	18570	111770		87593		UNDP/WHO
NEW	EFFECTS ON MEN MIGRATION	15000			5100		600	8900		18000	5940	4770	28710		66520		FORD
NEW	ROCHE YETI PROPOSAL	6814	23400							53216	17561	14102	84879	6,000			POP. COUNCIL
NEW	INFANT MORTALITY DYNAMICS	22975			4000		500			6614	2183	1753	10550		27475		JHU
NEW	ADOLESCENT PREGNANCY OUTCO	1200	6240		5944				600	27475	2067	7281	43823		17480		IDRC
055501	DSS TERNAF	74340			2750		3300	4950	6853	92193	30424	24431	147048				CIDA
055502	DSS TERNAF/DAHAK	39448	20790	9482	5170		13200	2970	880	91940	30340	24364	146644				CIDA
NEW	INFECTIOUS DISEASE RESEAR	12165	18750		2500		355	32243	2000	68013	22444	18023	108480	80,000			FORD
054601																	
054603	NCH-FF EXTENSION	755248	238933	74890	14520		73931	156326	84700	1398548	461521	370615	2230684	150,000			USAID
054604														1300,000			
TOTAL		1330799	587631	115782	102886	0	145769	270175	176578	2729610	900772	723346	4353728	2925,000			

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consui-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
050100 050200	COMMUNITY SERVICES WORKING GROUP	22278	357925	22050		10285	63646	2420	9317	487921	169519	129299	786739				
054605	MCH-FP EXTENSION TEXNAF	5395				769		436	2512	9112	3007	2415	14534	15,000			
NEW	DYNAMICS OF .....	21604				1000	2000	1200		25204	8317	6679	40200				
NEW	INFANT MORTALITY DYNAMICS	7800					2450	250		10500	3465	2782	16747	25,000			IDRC
NEW	METAB CURREY	20000	50000	10000		10000		17400		107400	35442	28461	171303				
054900	FIELD COMPARISON RICE SAL	60569	5512			3327	10708	9075	5535	94726	31260	25162	151088				
TOTAL		137046	413437	32050	0	25391	78804	30781	17364	734865	251010	194738	1100611	40,000			

COMMUNITY SERVICES RESEARCH UNFUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Intern'tl Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartmental Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
	INT. TRAINING COURSES	9154	8820		96800		4840	7260	8349	135203	44617	35829	215649		215649		
	SECOND AFRICAN CONF.							6050		6050	1997	1603	9650		9650		
071000	EPIDEMIC CONTROL	37509		4410	19360		9680	7260	12402	90621	29905	24014	144540	60,000			FOR
071400	TRAINING MATS. DEVELOPER	8084	61464		6353		19360		12463	107724	35549	28547	171820		94171		UNICEF
	MASS COMMUNICATION	19264		9702	6050			3908	3146	42070	13883	11148	67101				
	DISC	53092	22050		12221		125840	24200	4961	242364	79980	64226	386570	75,000			
	NATIONAL TRAINING COURSES	13817	18675	1500	750		4000	22300		61042	20144	16176	97362		64075		UNICEF
	TRAINING IN KENYA				16600					16600	5478	4399	26477	30,000		5478	AEA / UNICEF
	<b>TOTAL</b>	<b>140900</b>	<b>111009</b>	<b>15612</b>	<b>158134</b>	<b>0</b>	<b>163720</b>	<b>70978</b>	<b>41321</b>	<b>701674</b>	<b>231553</b>	<b>185942</b>	<b>1119169</b>	<b>165,000</b>			

TRAINING FUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
070100	TRAINING	9020	26299	4079		6655	3751	1210	3509	54523	26498	14448	95469				
070300	TRAINING BRANCH	45734	44100	6668		2420	3751	9680	12723	125076	41275	33145	199496				
070600	COLL. ACTIVITIES							6050	605	6655	2196	1764	10615				
070632	INTL. FELLOWSHIP	2785	2205			605	242	605	363	6805	2246	1803	10854				
070633	OTHER TRAINING							6050		6050	1997	1603	9650				
														375,000			EEC
														250,000			UNDP
														300,000			CIDA
														45,000			Jakarta
														100,000			Manilla
														80,000			Nepal
														200,000			Agfund
	TOTAL	57539	72604	10747	0	9680	7744	23595	17200	199109	74212	52763	326084	1350,000			

TRAINING UNFUNDED 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartmental Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED	DONOR
141400	SAUDI ARABIA	139240	104738	19845	68365		9075	9680	4477	355420	117290	94087	566797	560,000			SAUDI
TOTAL		139240	104738	19845	68365	0	9075	9680	4477	355420	117290	94087	566797	560,000			
SPECIAL PROJECTS										FUNDED 1986							

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartmental Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
090101	DIRECTORS OFFICE	16144	237733	33075		28070	255431	6655	33759	610867			610867			
090103	ADVISORY COUNCIL MEETING					666	91	30	182	969			969			
090104	SCIENTIFIC ADVISORY COUNC	385				1694	182			2261			2261			
090105	RESEARCH REVIEW COMMITTEE	1903	9477	1025		121		695	787	13918			13918			
090106	ETHICAL REVIEW COMMITTEE	1903	3791	3308		242	303	440	847	10834			10834			
090107	DIRECTORS PROGRAM DEVELOP					3388	363	1331		5082			5082			
090201	ASS.DIR. FINANCE		108982	6000		8712	5143	1815	2301	132953			132953			
090202	PERSONNEL & GSB	173769	61599			6111	12826	9075	11375	274755			274755			
090203	TRAVEL OFFICE	8558				50	460	400	800	10268			10268			
090204	ESTATE OFFICE	22640				121	8409	16940	6898	55008			55008			
090501	BUDGET FINANCE OFFICE	110483	52121	3707		5106	4611	6050	30008	211686			211686			
090601	ADMINISTRATIVE OFFICE	13087	64442			12100	2481	1694	546	94350			94350			
TOTAL		348872	538145	46715	0	66381	290300	45035	87503	1422951	0	0	1422951			

MANAGEMENT

SUPPORT

1986



15

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul- tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
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100100	RESOURCES DEVEL. OFFICE	25865	128278	33075		43560	22264	10406		263448			263448			
100200	PUBLIC RELATIONS OFFICE	8500				100	300	300	1600	10800			10800			

TOTAL		34365	128278	33075	0	43660	22564	10706	1600	274248	0	0	274248			
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RESOURCES DEVELOPMENT 1986

Project Budget Number	TITLE	Local Staff Costs	Intern't'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
110100	BOARD OF TRUSTEES	418				101035	3388	2662	4840	112343			112343			
110300	EXTERNAL SCIENTIFIC REVIE			13230		26257	363		1210	41060			41060			
110500	CONSULTATIVE GROUP			662		21786	2662	1331	605	27040			27040			
110600	PROGRAM COORDINATION COMM	2413	11025	4961		121	182	605	1089	20396			20396			
TOTAL		2831	11025	18853	0	149193	6595	4598	7744	200839	0	0	200839			

MANDATORY COMMITTEE 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul-tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
170101	CAFETERIA DHAKA	27259						1694	245	29196			29196			
170201	CAFETERIA MATLAB	5000					500	2000		5500			5500			
TOTAL		30259	0	0	0	0	500	3694	245	34696	0	0	34696			

CANTEEN 1986

Project Budget Number	TITLE	Local Staff Costs	Intern't'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
	S W A					946	5500	5500	5500	17446			17446			
120100	STAFF CLINIC	20087				150	36942	6415	12915	76509			76509			
	TOTAL	20087	0	0	0	1096	42442	11915	18415	93955	0	0	93955			

EMPLOYEES BENEFITS 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consul- tants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
160101	GUEST HOUSE NO.1	7786					9075	666		182			17709			
160102	GUEST HOUSE NO.2	6488					4940	605		122			12055			
TOTAL		14274	0	0	0	0	13915	1271		304			29764			

GUEST HOUSES 1986

Project Budget Number	TITLE	Local Staff Costs	Intern't'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
140100	RESEARCH STAFF	55000		1000		5000	250		155	61405			61405			
140200	OTHER TRAINING			3000			550			3550			3550			
<b>TOTAL</b>		<b>55000</b>	<b>0</b>	<b>4000</b>	<b>0</b>	<b>5000</b>	<b>800</b>	<b>0</b>	<b>155</b>	<b>64955</b>	<b>0</b>	<b>0</b>	<b>64955</b>			

STAFF DEVELOPMENT 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartmental Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	FUNDED AMOUNT	PROPOSALS PRESENTED TO DONOR	CORE FUNDED
150103	CAPITAL PURCHASES															
150101	CONSTRUCTION	11139						1210	121	12470			12470			
150102	CONSTRUCTION	209						4255	183	4627			4627			
150201	LAND PREPARATION							600	100	700			700			
150202	CONSTRUCTION	400						600		1000			1000			
150205	CONSTRUCTION	200						400	200	800			800			
	TOTAL	11948	0	0	0	0	0	7045	604	19597	0	0	19597			

CAPITAL DEVELOPMENT 1986

Project Budget Number	TITLE	Local Staff Costs	Internt'l Staff Costs	Consultants	Travel Costs Funded	Travel Costs Un-funded	Contractual Services	Supplies & Materials	Interdepartment Recovery	Total Direct Operating Cost	Research Support	Management Support	Total Operating Costs	RECOVERY	CORE FUNDED	DONOR
080101	SUPPLY BRANCH	53025	44100			7623	2966	6050	4175	117939			117939		132552	
080102	SUPPLY STORE DHALA	2165					424	139150	545	142284			142284		142860	
080103	TOOLS AND SPARES	6165					122	8470	243	15000			15000		16699	
080201	TRANSPORT MANAGEMENT	98070				6615	3631	67155	909	176380			176380	160450	42956	
080301	MAINTENANCE	99374				61	847	24200	10255	134737			134737		162122	
080304	BIO ENGINEERING CELL	23530					243	726	303	24802			24802		31286	
080306	TRANSPORT MAINTENANCE	36270					727	14885	1929	52909			52909		62905	
TOTAL		318599	44100	0	0	14299	8960	260634	17459	664051	0	0	664051	160450	591400	

MAINTENANCE & LOGISTICS

1986



APPENDIX.5

APPENDIX.5 OF THE  
MINUTES OF BOARD OF TRUSTEES MEETING  
28-29, MAY 1985

PERSONNEL & SELECTION COMMITTEE REPORT

Report of the Personnel and Selection Committee  
of the Board of Trustees - May 27 & 28, 1985

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The Personnel and Selection Committee met twice between the two Board Meetings i.e. March 8 and 9, 1985 and May 26 and 27, 1985.

1. Recruitment Procedures

The screening, review, shortlisting and interview procedure followed to-date for international positions were thoroughly reviewed and accepted for presentation to the Board.

1. Personnel Branch screens out candidates who do not meet the advertisement criteria.
2. A review board to further review the candidates is established from senior management level staff to rank the candidates independently on a scale 1-5. Such ranking is as follows:
  - 5 = Highly recommended
  - 4 = Recommended
  - 3 = May be considered
  - 2 = Below average
  - 1 = Unacceptable

The review Board's ranking is summarized to establish who among the candidates merit the highest ranking. In this manner, a shortlist of preferably 3 to 6 local and external candidates is compiled.

3. An interview Board of at least 3 senior management level staff including the Chief Personnel Officer and other specialised resource staff is constituted to interview the shortlisted candidates.
4. During the interview, each candidate is ranked by each member of the Interview Board on a scale of 1-5. Judging mainly on
  - i. Projection.
  - ii. Technical Ability and,
  - iii. Aptitude

4. Personnel Branch takes minutes during the interview and summarizes the scores given at each interview. Each interviewer subsequently attests/approves the minutes and scores of the interview held. These minutes together with CVs are given to the Personnel Selection Committee for their guidance and review.

2. Recommendations for Appointments to Advertised Positions

The review process of candidates undertaken was found satisfactory and the following persons are recommended for immediate appointment in the Centre:

1. Programme Officer - Resources Development

Mr. Mustafa Iqbal Ali (Bangladesh) is accepted at P1 level.

2. Executive Secretary to the Director

Mrs. Judith Anne Chowdhury (Australia) is accepted at P1 level.

3. All Computer Positions

The management was requested by the Committee to avoid using external consultants for the computer after these new positions are occupied.

The management also urged to find special funding for these positions. In the meanwhile core funds will be used.

A. Computer Informations Systems Manager

Mr. Roma P. Ghosh (India) should be offered immediate appointment at the top of the P3 level scale. Should he refuse the appointment the post should be offered under the same terms to Mr. Murshed Alam-Ahmed (Britain).

B. Systems Development Manager

Mr. Hira M. Ashraf (Pakistan) is appointed at P3 level (mid-scale - step 6)

C. Technical Services Manager

Dr. V. Sundararajan (Sri Lanka) is accepted at P3 level, Step 7 - The Director is authorized to negotiate within the realm of the advertisement.

D. Computer Operations Manager

Mr. Abdullah H. Mostafa (Bangladesh/Australia) is accepted at P1 level.

4. Nurse-Trainer Matron

Mrs. Wendy Hossain (Britain) is accepted at P1 level.

5. Training Materials Developer (Funded by UNICEF for 18 months)

This position was approved in March 1985 and is now occupied by Dr. Anand. Because of his age he services as a Consultant.

6. Infectious Disease Research Physician

Dr. Judith N. Wasserheit may continue as a consultant in this position for the duration of her present contract. The Committee urges that every attempt be made to secure 100% funding for her salary. When that has been obtained she can be appointed.

Resolutions

The following resolutions is proposed for adoption by the Board of Trustees:

The Board authorizes the Director to offer positions up to 3 years to the following individuals:

1. Mr. Mustafa Iqbal Ali (Bangladesh)- P1 level - Programme Officer, Resources Development.
2. Mrs. Judith Anne Chowdhury (Australia) - P1 level - Executive Assistant to the Director.
3. Mr. Roma P. Ghosh (India) - P3 level - Computer Informations Systems Manager.  
(Should Mr. Ghosh be unable to accept, the offer may be given to Mr. Murshed Alam-Ahmed (Britain) at the same level).
4. Mr Hira M. Ashraf (Pakistan) - P3 level - Systems Development Manager.
5. Dr. V. Sundararajan (Sri Lanka) - P3 level - Technical Services Manager.
6. Mr. Abdullah H. Mostafa (Bangladesh/Australia) - P1 - Computer Operations Manager.
7. Mrs. Wendy Hossain (Britain) - P1 level - Nurse Trainer Matron
8. Dr. D. Anand (India) To be appointed as long-term consultant.

In addition to the above draft resolutions the Committee recommends to the Board the adoption of two draft resolutions in order to bring these positions in line with positions in which the incumbent has had 6 years continuous service at international level in the Centre.

"The contract of Dr. A.K.M.A. Chowdhury for the post of Demographer may be extended at the same level (P4) for one year effective July 1, 1985 to June 30, 1986 and the position he holds with any modifications be advertised along with those others who have completed six years service on international level (P) scale."

"The contract of Dr. K.M.S. Aziz, designated the position of Associate Director of Training, Extension and Communication, may be extended at the same level (P5) for one year effective July 1, 1985 to June 30, 1986."

Dr. J. Clemens

Dr. J. Clemens had through his supervisor Dr. Sack requested for his scientific ranking to be upgraded. A full external peer-review

has been carried out on his work and he was found to be of 'scientist' level.

The Centre does not have a specific number of posts at particular scientific levels--a scientist may be given a higher rank on his personal qualities but the post would return to the original level on that employee's departure. The Committee recommends to the Board that Dr. Clemens be promoted to the rank of scientist on his personal qualities.

2. Employment Contracts which will expire in 1985 and 1986

Taking into account the request of the Finance Committee the Personnel Selection Committee reviewed all international positions where the incumbents' contracts would expire between now and December 1986. The Director was requested to present a list of these positions and to comment together with the Director-designate which positions they regard as essential to the Centre in order to perform satisfactorily. A detailed list of these positions is attached to this report.

The Committee presents the following comments to the Board for approval:

Positions regarded as essential:

1. Training, Extension and Communication Officer P5 (6-year clause position).
2. Resources Development Officer P5 (6-year clause position)
3. Microbiologist P4 (6-year clause position)
4. Epidemiologist P4 (6-year clause position)
5. Paediatrician/Nutritionist P4 (6-year clause position)
6. Chief Personnel Officer P3 (recommended to become a P4 level position)

7. Supply Officer P1
8. Finance Officer (title has been changed)
9. Microbiologist, DTWG, P3
10. Epidemiologist, Senior Scientist, DTWG, P5
11. CSR/MCH-FP P4 project position for length of project only.
12. CSR/Urban Volunteer P3 - project position for length of project only.
13. DTWG/Epidemiologist P3
14. PTWG/Clinical Research P3
15. Nutrition/Epidemiology P2 - highly desirable.

Special funding for this position should be sought.

Positions which require further thought - they should be considered in relation to the priority program of the Centre which will be finalized in the coming November Board meeting.

1. Nutritionist P5 (6-year clause position)
2. Demographer P4 (6-year clause position)
3. Senior Scientist - PTWG - P5
4. Scientist - CSRWG - P4 - P5
5. International Research Associate, PTWG (P1-P3)
6. Epidemiologist, DTWG, P3

All posts regarded as essential which will be vacant will be advertised immediately.

All positions marked "6-year clause positions" were advertised in early May 1985. A time-table for the recruitment process was drawn up in order that in the next Board Meeting in November a decision can be made regarding appointment of staff members starting July 1, 1986.

The Board is requested to provide names of external reviewers for the peer review in areas of the scientific positions advertised. In addition

The Board is also requested to determine which Board members will be involved in the review of scientific publications of incumbents applying for the advertised positions which will be done as soon as possible and which Board members will serve in the Interview Board of shortlisted applicants, including incumbents.

5. New Positions for Approval

In discussing the list of positions requested by the Director the comments of the Finance Committee regarding financial implications were taken into consideration.

The following list is recommended to the Board for approval:

1. Pathologist - this position approved in 1984 but recruitment should still be deferred.
2. Head, Dhaka Hospital - this position is approved for recruitment at P3 level.
3. Head, Animal Resources - this position is approved for recruitment at P1 level.
4. Clinical Nutritionist - P3-P4 - not approved at this stage.
5. Head, Training Division (P4)  
and,
6. Training Coordinator (P2)  
Provided funds are available and the Africa and China Projects are implemented, one of these positions is approved for recruitment.
7. Programme Officer P1 - not approved at this stage.
8. Programme Officer - P2 - this position is approved for recruitment.
9. Grants Administrator - this position is approved for recruitment at the National Officer level.
10. Publications and Communications Specialist - not approved at this stage.



11. Internal Auditor - P1-P3

It was decided that the Centre should go ahead with the operational audits by an external team on a quarterly basis. The cost of operational audit versus an Internal auditor should be ascertained. Also the job description of internal auditor should be reviewed further and the question of recruitment of internal auditor will be taken up in November.

12. Head, Matlab Station - P1 - This position previously approved may now be recruited provided salary is available from project sources.

13. MCH-FP Trainer (P4) - This position is deferred pending clarification from the Government of Bangladesh. A firm letter from the funding agency should be presented.

14. Operations Researcher - P1 - This position is also deferred pending clarification of information. It was cautioned that when the job description is again submitted to the Committee the qualifications and experience required should have some relevance to operations research.

15. MCH-FP Physician - P3 - This position was approved subject to it being fully funded from project funds. The recruitment process may start on the understanding that no appointment will be made until funds are available.

6. List of Consultants and Short-Term contracts

The lists of consultants and short-term staff were reviewed and the management cautioned not to engage staff unnecessarily in view of the serious financial situation.

Out of this lists a number of consultant positions will be collapsed in the next few months.

PRESENT CONSULTANTS (LONG TERM) SIX MONTHS AND ABOVE

<u>N a m e</u>	<u>Department</u>	<u>From</u>	<u>To</u>	<u>Period</u>
1. Ms. Graca Gosk	MCH-FP	15.11.84	1.5.85	6 months
2. Dr. Ziauddin Ahmed	DTWG	2.12.84	1.6.85	6 months
3. Ms. Wendy Hossain	Hospital	3.1.85	2.6.85	5 " *
4. Ms. Charlene Dale	Res. Dev.	1.2.85	6.6.85	4 " *
5. Ms. Deborah Degraff	MCH-FP	15.1.85	14.6.85	6 "
6. Dr. J. Wasserheit	CSRWG	17.1.85	16.6.85	5 " *
7. Ms. Naomi Novak	Publication	17.2.85	1.8.85	5 " *
8. Dr. K. A. Monsur	DTWG	13.2.85	12.8.85	6 "
9. Ms. M. Corbett	MCH-FP	24.2.85	23.8.85	6 "
10. Mr. A. Noorullah	DTWG	1.3.85	31.8.85	6 "
11. Dr. Mushtaqul Huq	TE&C	23.3.85	27.9.85	6 "
12. Ms. T. Derozhinsky	TE&C	1.11.84	30.9.85	11 months
13. Ms. E. Panni	Res.Dev.	1.4.85	30.9.85	6 "
14. Dr. D. Anand	TE&C	18.1.85	14.12.85	9 "
15. Dr. A. Latif Miah	DTWG	15.1.85	14.12.85	11 "
16. Dr. Bhashini Rao	NWG	6.2.85	16.5.85	reactivated
17. Dr. Moyeenul Islam	PTWG	1.1.85	30.6.85	6 months

\* Although these consultants are stated as below six months on this statement, their contract has been renewed, but not exceeded the 11 months limit without a break, as required by the Staff Rule.

PRESENT CONSULTANTS (SHORT TERM) BELOW SIX MONTHS

<u>Name</u>	<u>Department</u>	<u>From</u>	<u>To</u>	<u>Period</u>
Mr. Hira M. Ashraf	CSRWG	1.5.85	31.5.85	1 month
Dr. B. Haque	NWG	3.3.85	2.6.85	3 months
Mr. G. Leacock	MCH-FP	15.3.85	5.6.85	2 months 19 days
Ms. Edna Jonas	MCH-FP	6.5.85	5.9.85	4 months
Mr. David Leon	MCH-FP	No specific date but assignment to be completed by June 1985		
Dr. R. Weil	As and when required (Director's Office)			
Mr. Eric Elder	MCH-FP	Expected in July 1985		3 months
Dr. W. Cutting	TE&C	Under process		
Ms. Deborah Balk	MCH-FP	Under process		

SHORT TERM CONTRACTS

Mr. Hartley Janssen	AD&F	1.4.85	30.9.85	6 months
Ms. Loretta Saldanha	CSRWG	6.11.84	5.10.85	11 months
Mrs. Beverley Morris	AD & F	15.11.84	14.10.85	11 "

7. General Services and National Officers Classification Plan

The Committee noted that a classification process of GS and NO posts have been carried out.

8. Medical and Health Insurance for General Services and National Officers Level Employees

The Board in its December meeting approved for implementation the proposal made by Van Breda International. The Plan has not yet been implemented as it has taken a longer time than expected to convince the lower level staff of the plans' benefit. However, the Committee appreciated that an education process is needed and that the Staff Welfare Association is supporting the management in this process.

The Committee requested the management to inform Van Breda International of the delayed implementation and to thank them for their patience.

9. Guidelines for Payment of Salary during Staff Development

The Personnel and Selection Committee recommends the Board to adopt  
... the policy paper on Guidelines for payment of Salary during Staff  
Development which have been reviewed by the Council of Associate  
... Directors as requested from the December meeting and the Guidelines  
for execution of Bond during special leave of absence for training  
and research is also submitted for adoption.

10. Executive Secretaries

As requested by the Board in its December Meeting a working paper  
was presented on the above subject.

The recruitment record shows that the Centre is not attracting highly  
skilled Executive Secretaries at the present GS 6 level. Therefore,  
two new positions have been developed at the National Officers level,  
to fill the vacuum which presently exists. The titles proposed by  
the Personnel Selection Committee are "Office Managers" at NOB level,  
and "Assistant Office Managers" at NOA level.

The Committee cautioned the management that these positions should not  
be seen as an automatic promotion or a position to be filled in every  
office and that it should be implemented step by step where the need  
is justified. Posts no longer required should be discontinued when  
these new positions are implemented and supervisors should ensure  
that all staff are utilized to their full potential.

11. Promotion Policy

A working paper on promotion policy was submitted to the Committee  
taking into full consideration the ICDDR,B Staff Rule. After  
discussion it was felt that the present policy used is sound and the  
committee endorsed it, stressing the competitive element in the recruit-  
ment process.

12. Equal Pay Issues

A working paper on staff rule 320.1 was submitted to the Committee  
for their review and comments.

The present staff rule on salary fixation reads as follows:

"On appointment, the net base salary of a staff member shall be fixed at Step 1 of the grade of the post he is to occupy. In exceptions circumstances it may be fixed at a higher step in the grade in order to maintain the staff members' former income level".

It was agreed that this rule is basically unsound and that the proposed changes be adopted by the Board:

"On appointment the net base salary of a staff member shall be fixed by the Director at step 1 of the grade of the post he/she is to occupy. In exceptional circumstances it may be fixed at a higher step in the grade if the staff member, on grounds of proven competence, experience and capability, has performed in his previous employment at a level justifying a higher step in the grade."

This would allow the Director latitude to negotiate within a level but not between levels.

13. Education Grant

Following a review of the entitlement of locally engaged international staff to an education grant it was concluded that an education grant be considered a reimburseable expense which is incurred as a consequence of a foreign posting.

Therefore, the Centre will from 1 June 1985, follow the WHO Rules and Regulations. Board of Trustees Resolution 21 December 1982 is rescinded and the following draft resolution is recommended for adoption by the Board:

"The education grant shall not be paid: when the staff member is assigned to the country of his recognized place of residence."

For those locally engaged international level staff who now enjoy an education grant and will no longer be eligible by virtue of the above change, there will be an interim provision. Education grants will continue to be claimable during the transition period and ending with the 1985/1986 school year, but no later than June 30, 1986.

14. Management Review - Personnel Matters

The Committee endorsed the following Arthur D. Little recommendations:

- A) Personnel function should be responsible to the Director for the foreseeable future.
- B) Educational qualifications of the candidates for the Chief Finance Officer position should be expanded to include MPH & MBA.
- C) Review and reduce the number of staff reporting directly to him.
- D) Internal Auditor position should not be filled at this time.

The Committee requested the Management to prepare a Working Paper on an overall management structure for the November Board Meeting.

Further, the Committee recommends that in view of the Arthur D. Little Report the following actions be approved:

- A) Chief Personnel Officer post be reclassified from P3 to P4.
- B) Chief Finance Officer post be set at P5 and his responsibilities be reviewed.

Organogram

The Centre's existing organizational diagram was presented together with a detailed structural proposal for Dhaka Hospital, but there is not time to discuss these.

Seconded Staff Housing Subsidy

It was reported that occasionally seconded staff is compensated by their home organizations at levels significantly below comparable core or project funded staff. Currently, Dr. F. Van Loon (Holland) and Dr. F. Moonens (Belgium) fall in this category. This has caused them of unjustifiable personal hardship. It is recommended that the Management review existing UN Rules and provide an appropriate "housing subsidy", if possible.

National Staff Retirement Fund - Tax Liability

The Committee recommended that management reviews the draft document with the concerned parties and present a draft resolution at the November Board Meeting.

Trust Deed

The Committee recommended that the "Trust Deed" be established. Membership should include the Director, Chief Finance Officer, representatives of senior management and subscriber staff. The number representing the subscriber staff should always exceed management by one.

Overtime

The Committee recommended that due to current financial constraints the Centre deviate from WHO Rules and continue to pay overtime pay at 1.5 base salary.

National Staff Salary and Benefit Adjustment Postponement

The Committee deferred a recommendation on this pending the expected Finance Committee resolutions as this would be a deviation from WHO Rules.

15. Trustees' Nominations

After discussion, it was decided that the following persons should be recommended to the Board to serve as Members of Board of Trustees from July 1, 1985 up to June 30, 1988.

- A) Professor David Bell and Dr. Y. Takeda should be asked to remain for a second term as Trustees;
- B) Dr. Richard Feachem should replace Dr. David Bradley (who is not eligible for a further term) as a Trustee. Dr. Feachem, a Water and Sanitation Engineer from the UK would bring a new area of expertise to the Board;

- C) Accept Dr. Mahler's nomination of Dr. M. Merson to replace Dr. Assaad as the WHO representative.
- D) Accept the Government of Bangladesh's renomination of Maj. Gen. M. S. Huq and;
- E) Accept the nomination by UNICEF of Mr. Stephen Joseph for the UNICEF seat.



## ATTACHMENT

I. SIX YEAR CLAUSE POSITIONS (ADVERTIZED EARLY MAY 1985)

<u>POSITIONS</u>	<u>P LEVEL</u>	<u>INCUMBENT</u>	<u>EXPIRY DATE OF CONTRACT</u>	<u>REMARKS</u>
Training, Extension & Communications Officer	P5	K. M. S. Aziz*	1.7.86	Position essential.
Resources Development Officer	P5	M. R. Bashir*	1.7.86	Position essential.
Microbiologist: (DTWG)	P4	M. I. Huq	1.7.86	Position essential.
Epidemiologist (DTWG)	P4	M. U. Khan	1.7.86	Position essential.
Pediatrician/Nutritionist	P4	A. M. Molla	1.7.86	Position essential.
Nutritionist	P5	Mujibur Rahaman*	1.7.86	Position essential.
Demographer	P4	A. K. M. A. Chowdhury	1.7.86	Position requires further thought.

\* Presently holding the position of Associate Director for their respective Branch.

II. POSITIONS BECOMING VACANT IN 1985 WHICH HAVE BEEN ADVERTIZED

<u>POSITIONS</u>	<u>P LEVEL</u>	<u>INCUMBENT</u>	<u>EXPIRY DATE OF CONTRACT</u>	<u>REMARKS</u>
Senior Scientist, PTWG	P5	Thomas Butler	30.6.85	Position requires further thought
Chief Personnel Officer	P3	Sonja Conway	30.6.85	Position Essential

III. POSITIONS BECOMING VACANT IN 1986 WHICH HAVE NOT YET BEEN ADVERTIZED

<u>POSITIONS</u>	<u>P LEVEL</u>	<u>INCUMBENT</u>	<u>EXPIRY DATE OF CONTRACT</u>	<u>REMARKS</u>
Scientist (CSR)	P5	Shushum Bhatia	9.1.86	Dr. Bhatia does not want her contract extended.
International Research Associate (Clinical Research) PTWG	P1-P3	F. C. Patra	31.12.85	Renewal of contract not recommended.
International Research Associate (Epidemiology) DTWG	P3	Jeffrey Harris	10.7.86	Seconded from CDC
Microbiologist (DTWG)	P3	Bradford Kay	1.7.86	Seconded from Johns Hopkins
Scientist (CSR)	P4	Marjorie Koblinsky	31.12.85	Renewal of contract recommended
International Research Associate (Epidemiology) DTWG	P3	John Clemens	31.12.85	Renewal of contract recommended
International Research Associate (CSR)	P3	Bonita Stanton	31.12.85	Renewal of contract recommended
International Research Associate (Clinical Research) PTWG	P3	Michael Bennish	31.12.85	Renewal of contract for 1 year recommended.
International Research Associate (NWG)	P2	Fitzroy Henry	31.12.85	Renewal of contract for 1 year recommended.
Senior Scientist (DTWG)	P5	David Sack	1.7.86	Seconded from Johns Hopkins

IV. POSITION BECOMING VACANT IN 1985 AND HAS NOT BEEN ADVERTIZED

<u>POSITION</u>	<u>P LEVEL</u>	<u>INCUMBENT</u>	<u>EXPIRY DATE OF CONTRACT</u>	<u>REMARKS</u>
Finance & Administration Officer		Michael Goon *	15.6.85	Position essential.

\* Presently holding the position of Associate Director for the Branch.

V. POSITION BECOMING VACANT IN 1986 WHICH HAVE BEEN ADVERTISED

<u>POSITION</u>	<u>P LEVEL</u>	<u>INCUMBENT</u>	<u>EXPIRY DATE OF CONTRACT</u>	<u>REMARKS</u>
Supply Officer	PI	Ghulam Murshed	30.3.86	

GUIDELINES FOR PAYMENT OF SALARY DURING PERIODS  
OF SPECIAL LEAVE FOR TRAINING AND RESEARCH

A part of the Centre's Ordinance mandate requires it to undertake a systematic Staff Development Programme in order to strengthen it's capabilities and to continue to improve its standard of research, clinical practices, teaching and administration. The purpose of it being to raise performance levels throughout the Centre.

The Centre, in addition to it's emphasis on, in-house and in-country staff development training, also needs to arrange training for it's staff members outside the country, especially in areas where the Centre lacks skilled manpower.

While administering overseas staff development training, the Centre follows these priorities:

- Priority I : This is the highest priority for staff development. If external funding is not available, the Centre will fully fund the training from the 'Staff Development' budget.
- Priority II : This priority would provide that the Centre would only pay the staff members salary during the approved period of absence.
- Priority III : The lowest priority would provide that no funds (no leave salary) be given from the Centre's funds. The Centre's only commitment would be to retain the incumbent's post until his/her return.

Staff Rule 650 suggests a different course of actions in respect to the payment of salaries in case of granting Special Leave for training and research for more than nine months. The relevant portion of the Staff Rule is quoted below:

650 SPECIAL LEAVE - STAFF RULE

Special leave with full, partial or no pay may be granted for training or research in the interest of the ICDDR,B or for other valid reasons. Normally such leave shall not be granted until all accrued annual leave has been exhausted and normally shall not exceed one year in duration. Periods of special leave shall be credited for all purposes except as otherwise specified in the Rules.

Manual 8.160 reads:

Special leave for training or research in the interest of the Centre is normally granted with full pay and allowances. Special leave may also be granted with partial pay or without pay by mutual agreement between the Centre and the staff member, depending on the degree of relevance of the training or research to the staff member's present or future functions. The pay and allowances to which the staff member is entitled are those applicable to his official station if the special leave is for less than nine months. If the special leave is to continue for nine months or more the place of study is designated as the official station of staff member for the duration of the leave and he receives the entitlements to an assignment under Staff Rule 510.

Manual 8.230 reads:

For periods of special leave lasting for nine months or more, no stipend is paid, if the staff member is receiving full pay (See paragraph 150 above). If the staff member is receiving partial pay or no pay, a stipend may be authorised.

The Manual 8.160 stipulates, that if the period of study leave is more than nine months, the staff member may be entitled to an 'Assignment to Duty' allowance under staff rule 510, which is, however, only applicable to the internationally recruited professional category staff.

The Manual 8.230 stipulates, that if the Special Leave is for nine months or more, the staff member should not be granted Special Leave with full pay if a stipend is paid.

The relevant staff rule and Manual do not pose any problem for the Priority I and III category, as the Priority I, would be administered exactly as per Manual 8.230. However, in the case of Priority II, where the Centre does not pay a stipend or any other additional expenses as the current manual does not cater for the 'Long Term' staff development needs of ICDDR,B the following guidelines are suggested for the Board's approval:

- I. If the approved period of training or research is nine months or less, the staff member will be granted Special Leave with full pay and allowances.

- II If the approved period of training and research is beyond 9 months the staff member will receive salary with full pay and allowances for the first nine months; and the period beyond nine months upto maximum of 36 months, 50 per cent of the salary will be paid.
- III If the period is beyond 36 months, the staff member will be granted leave without pay and allowances for the period exceeding thirty six months.
- IV \* Please see page 5.

The priorities are now suggested to be classified as "Support Level" the definition of which are provided below:

Support Level I:

To be considered only for the development of skills or achieving specific work targets of the highest priority for the Centre. The training should preferably be for relatively short periods of time.

The Centre, if unable to arrange external funding, would bear all expenses admissible under relevant staff rules.

Support Level II:

Would be for training which would benefit the individual in a general way but also serves the purpose of strengthening staff skills that are seen as highly desirable for the Centre's needs. Normally, this type of training is for longer periods of time. When considering such training, a plan for the utilization of the services of the staff after return from training, should also be kept in mind.

The Centre would pay only the staff salary as per suggested guidelines.

Support Level III:

Would be for relatively new staff members who do not fulfill the required service period with the Centre (Manual 110) and for whom the proposed training is not of highest priority for the Centre.

Further, issues which have not been covered in the Staff Rules and the above guidelines are discussed below for your consideration:



- IV A staff member shall not normally be considered for subsequent overseas training unless he completes the period of bond (Manual 8.150) executed by him for his previous overseas training.

The Director may, however, approve such training and grant Special Leave but only at support level III. This may, however, be relaxed and Special Leave may be granted at support level II where the salary can be arranged from any source other than the Centre's Staff Development budget, or individual working group budget.

- V. (a) In considering project staff for overseas training, the decision should be based on the fact of whether the project in question has a sufficiently long life span as to enable the Centre to take advantage of the trainees new skills, following completion of the course.
- (b) Project staff should not be given a guarantee of a position after their return from overseas training, if the work of the project in question is finished prior or at the time of their return from training. However, all efforts should be made to review any demand for such new skill in other areas of the Centre.

- \* IV. Any extension beyond 48 months can only be granted under exceptional circumstances.

Please note that inadvertently this clause was left when it was presented to the Board.

STAFF DEVELOPMENTGUIDELINES FOR EXECUTION OF BOND  
DURING SPECIAL LEAVE OF ABSENCE  
FOR TRAINING OR RESEARCH

The purpose of this paper is to delineate the ICDDR,B Manual 8.150 and to suggest a policy of advancement of staff on return from staff development.

ICDDR,B Manual 8.150 requires that the staff member who is granted special leave with full or partial financial support for training/research for nine months or more shall execute a bond to the effect that he must agree to return to the Centre for a period of time fixed by the Centre, but not exceeding three years provided that his services are required for that period.

The following guidelines are suggested:

Special leave granted with full or partial financial support for training or research:

	<u>Bond Period</u>
1) Not exceeding 1 year .. ..	18 months
2) Period above 1 year, but not exceeding 2 years .. ..	24 months
3) Period exceeding 2 years .. ..	36 months

It is also proposed that bonds executed earlier will also be enforced as per guidelines suggested above.

Advancement on return from training:

Completion of training, and/or obtaining of a higher degree, will not automatically entitle a staff member to a higher position or grade. If the supervisor considers him/her suitable for a higher level position, the supervisor may recommend reclassification of his/her position as per Staff Rule 560 and Staff Regulation 4.4.

However, on acquisition of a doctoral degree, a staff member will be reclassified in the National Officers Scale, subject to the availability of funds to meet the increased salary, and an appropriate position in a suitable programme.

RESOLUTIONS OF THE  
BOARD OF TRUSTEES MEETING  
28-30 MAY, 1985

DRAFT

RESOLUTIONS

BOARD OF TRUSTEES MEETING

28 - 30 MAY, 1985

RESOLUTION 1/MAY 85

RESOLVED : The Board would like to pay tribute to Dr W.B. Greenough III and to place on record the debt which the Centre owes to him. The reputation of this institution rests largely on his scientific achievements and during his term as Director he has led the Centre to its present height as an international research establishment of acknowledged excellence. His unselfish generosity is a lesson to us all and we are proud that such a man was our Director. The Board wishes him success and happiness in his new career.

RESOLUTION 2/MAY 85

RESOLVED : To thank the Government of Bangladesh for the present continuing of the UNROB loan of \$1,200,000 and to request that they formally continue it on an interest-free basis for a further year.

RESOLUTION 3/MAY 85

RESOLVED : The Board accepts and approves the audit report for 1984 finances of the Centre.

RESOLUTION 4/MAY 85

RESOLVED : The Board accepts the report of the Finance Committee and endorses its proposals for immediate control of expenditure.

RESOLUTION 5/MAY 85

RESOLVED : The Board approves in principle a change in the basis of the Centre's accounts to the accrual method of booking income, effective with the beginning of the 1986 financial year, subject to review by the Centre's auditors and staff.

RESOLUTION 6/MAY 85

RESOLVED : The Board directs the Centre's staff and auditors to review the depreciation periods currently used in the Centre's accounts, and to recommend appropriate changes.

RESOLUTION 7/MAY 85

RESOLVED : The Board directs the management of the Centre to obtain and install a computerised system for management of the inventory of stores and equipment.

RESOLUTION 8/MAY 85

RESOLVED : The Board approves the general recommendations contained in the Arthur D. Little management review and instruct the Management to implement them as soon as feasible. They

are:

- (a) Create a participative, management orientated budget system;
- (b) Create a Grants Management system - this requires a Grants Administrator position;
- (c) Improvement of communication within the Centre and of routine administrative operations;
- (d) Improve cost recovery and efficiency - implement inventory management systems, improve asset register etc.
- (e) Operate a surplus budget and implement a shift to accrual method of reporting income.

Adoption of detailed procedures shall be decided by the Director.

RESOLUTION 9/MAY 85

RESOLVED : The Board authorises the Director to take steps to extend the overdraft facility available to the Centre to an amount not exceeding \$US3.0 million.

RESOLUTION 10/MAY 85

RESOLVED : Following the request for a revision of the proposals for cheque signatories, made at its previous meeting, the Board resolves that the authorised signatories of cheques to be issued by the Centre shall be as set out in section 3 of the chapter entitled 'Bank Accounts' in the draft financial manual placed before the Finance Committee, and annexed to their report.

RESOLUTION 11/MAY 85

RESOLVED : Effective from the date of departure of Mr Michael Goon, Mr Hartley Janssen will have the signing authority of the Associate Director, Administration and Finance as long as he holds an appointment at the Centre.

RESOLUTION 12/MAY 85

RESOLVED : The Board authorises the Centre to write off the advance of \$8,807 to Dr S. Kabir and of \$11,225 to Messrs Skipper Shipping Private Limited, Singapore, extensive attempts to reclaim the sums by the Centre having failed.

RESOLUTION 13/MAY 85

RESOLVED : The Board directs the staff of the Centre to prepare for Board approval at the next meeting a 1986 Budget:

- for a total expenditure of US\$9.4 million
- containing an unallocated contingency of core/unrestricted funds of US\$300,000
- showing a surplus of revenue over expenditure (including contingencies) of US\$500,000.

RESOLUTION 14/MAY 85

RESOLVED : That the Reserve Fund of the International Centre for Diarrhoeal Disease Research, Bangladesh is hereby created, the principal and income of which shall be held by the Centre for disposition at the discretion of its Board of



to the ... of the Reserve Fund including but not Trustees in pursuit of the Centre's established purposes and in accordance with duly provided provisions governing the Fund.

RESOLUTION 15/MAY 85

RESOLVED : That any monies now held in any Centre reserve fund previously initiated shall be considered transferred, credited and deposited in their entirety to this Reserve Fund at the time this resolution is approved; that the officers of the Centre shall act to accomplish any necessary actions in this regard day following such approval or as soon as practicable thereafter; and that any previously initiated reserve fund shall be correspondingly debited, closed and terminated.

RESOLUTION 16/MAY 85

RESOLVED : That the initial goal of the Reserve Fund shall be US\$10 million.

RESOLUTION 17/MAY 85

RESOLVED : That, except where contrary provisions may prevail, the Board of Trustees gives to the Finance Committee acting within its own approved set of procedures (or, in the event of the unavailability of such a committee when action is required, to the Chairperson of the Board of Trustees) the powers to determine all matters pertaining

to the management of the Reserve Fund including but not limited to the establishment of investment policies for the Reserve Fund and the oversight of such policies. Further, the Board requires that the Finance Committee shall report immediately any policies that are established or changed to the Chairperson of the Board and to the Director of the Centre, and shall also report such policies or changes to the next meeting of the Board of Trustees.

RESOLUTION 18/MAY 85

RESOLVED : That the officers of the Centre are authorised and directed to deposit and credit to the Reserve Fund all assets received or to be received that are designated for the Reserve Fund by donors or by the Board of Trustees acting as a whole, through its Chairperson, or through the powers it has invested in its Finance Committee.

RESOLUTION 19/MAY 85

RESOLVED : That the officers of the Centre are authorised and directed until further resolution of the Board of Trustees to cause all capital gains and losses of the Reserve Fund to be accrued to the Reserve Fund.

RESOLUTION 20/MAY 85

RESOLVED : That the officers of the Centre are authorised and directed until further resolution of the Board of Trustees to cause

all expenses of the Reserve Fund including investment management fees, segregated management costs, Reserve Fund development, and all other costs reasonably associated with the Reserve Fund to be charged to the Reserve Fund.

RESOLUTION 21/MAY 85

RESOLVED : That the Reserve Fund shall function largely as an endowment in that, ordinarily, the Centre will use only its income to fund operating expenses, under provisions provided for in other Board actions. The Centre's Board of Trustees may, however, authorise the use of the principal of the Fund according to the following schedule:

- the Director of the Centre may make temporary withdrawals of cash from the Fund to meet the Centre's cash flow demands pending receipt of assured or reasonably expected operational funds from donors, provided that such withdrawals shall not exceed in their total US\$1.2 million at any given time, and further provided that any amounts so used shall always be repaid in full to the Fund as soon as the expected donor funds are received. Separate withdrawals and repayments shall be made for each such occurrence; this Board action does not constitute authority to keep a single withdrawal out of the Fund for use on a continuing or rolling basis. In exercising this authority, the Director is required simply to notify the Finance Committee and the Chairperson of the Board whenever such withdrawals are made, noting the amount of each withdrawal, the expected revenues that funds are being withdrawn against, and the expected date of repayment of the amount withdrawn;

the Director is also required to report in the same manner the actual date(s) on which any withdrawal funds are repaid;

- up to ten percent of the total value of the Fund may be withdrawn for the Centre's operating expenses in any fiscal year by a simple majority vote of the Board;

- up to 30 percent of the total value of the Fund may be withdrawn for emergency use\* in any fiscal year by a two-thirds vote of the Board.

- more than 30 percent of the total value of the Fund may be withdrawn for emergency use\* in any fiscal year by a four-fifths vote of the Board;

- whenever withdrawals of more than ten percent of the fund shall be made in any fiscal year for emergency use\*, the Board shall instruct the Centre's Director to notify any donor that shall have contributed more than five percent of the total value of the Fund at the time the withdrawal is made of the action taken and the reasons for that action, and the Board shall further instruct the Centre's Director to inform such other persons and organisations as the Board considers appropriate of such actions and reasons;

-\* "Emergency use" shall be defined by the Board of Trustees at the time such withdrawals are proposed and reasons supporting the wisdom and prudence of such action will be then set in writing by the Board, which shall act in the best interest of the Centre and in ways consistent with the Centre's established purposes. Whenever possible, funds withdrawn for emergency purposes shall be repaid to the Fund in full or in part as soon as possible, provided that the Centre or any successor organisation shall continue to exist and to operate in ways consistent with the Centre's established purposes.

RESOLUTION 22/MAY 85

RESOLVED : That the Director is authorised to withdraw and to use the Fund's annual income, up to an amount to be specified by the Finance Committee as provided for below, for the Centre's operational purposes, upon application to the Board for approval to do so. Ordinarily, the Director shall apply to the Board for authority to withdraw and to use such funds through inclusion of a specified amount in the Centre's annual budget at the time the budget is submitted to the Board for approval; and, further,

That the maximum amount of such income withdrawn for this purpose is to be fixed by the Finance Committee in advance of the year in which it is to be used. This amount shall be determined annually, in advance of the Board meeting at which the Centre's budget is presented for approval. In determining this amount, the Finance Committee shall seek and be guided by the written advice of the Fund's outside investment manager(s) as to what income can conservatively and reasonably be anticipated for the coming year given past experience, the current value of the Fund, and the expected value of the Fund during the year ahead based upon the addition of assured or reasonably anticipated future contributions to the Fund during that period and further,

That 75 percent of the income so withdrawn may be included in the budget simply as the "Director's Programme Fund" to be used throughout the year as s/he determines, subject only to the provisions below in Resolution 23, and need not be tied at the time this approval is sought to specific programme or project purposes; and further,

That the remaining 25 percent of each annual withdrawal of income shall be separately set aside for use as a

"Contingency Fund," also under the Director's control. This Contingency Fund may be used for the sole purposes of meeting unforeseen judiciary requirement(s) or for safeguarding the Centre's programmes against shortfalls in expected revenues (except for shortfalls due to temporary cash flow demands that are to be met by other provisions). If all of the funds available for the Contingency Fund are not used within a fiscal year, the Director shall not cause them to be transferred to other uses, but any balance shall be carried over to the subsequent year's Contingency Fund, and in that subsequent year supplemented by the addition of new income to bring the Contingency Fund up to a level equal to 25 percent of that year's withdrawn income. Reserve Fund income thus freed up from assignment to the Contingency Fund in such carryover years is then to be made available for the Director's Programme Fund which, in such years, can be increased beyond an actual 75 percent of the withdrawn Reserve Fund income. It is thus the intention of the Trustees that "savings" in the use of the Contingency Reserve Fund will result in a direct addition of income to the less restricted and more exciting Director's Programme Fund.

RESOLUTION 23/MAY 85

RESOLVED : That the Director shall be responsible for the expenditure of the funds from income identified in the above resolution except that:

- before applying them, the Director shall seek the advice (but not necessarily the consent) of an "Advisory

Group of Scientists" whose members shall be a combination of those on the staff of the Centre and appropriate outside persons. The members of this advisory group, who shall be appointed by the Director for terms of at least one year, may change from time to time and their names shall be reported to the Board annually when approval of the budget is sought;

- where the withdrawal of income is to be applied to specific programmatic purposes that can be identified in advance of the coming fiscal year, the Director shall report such purposes to the Board at the time that Board approval of the Centre's annual budget is sought;

- where the purposes of the income to be withdrawn cannot be identified in advance, such revenue shall be considered as flexible funding except that its use shall be restricted to one or more of the following : (1) to supplement funding in those projects where donors are not paying the full costs of important Centre work; (2) to underwrite innovative work for which donor support has not yet been identified; and (3) to explore promising new lines of research and training;

- the Director shall be required to provide to each meeting of the full Board information on how funds derived from Reserve Fund income are being used in that current year.

RESOLUTION 24/MAY 85

RESOLVED : The Board accepts the report of the Personnel and Selection Committee.

RESOLUTION 25/MAY 85

RESOLVED : The Board authorizes the Director to offer positions up to 3 years to the following individuals:

1. Mr Mustafa Iqbal Ali, Programme Officer, Resources Development at P1 level;
2. Mrs Judith Anne Chowdhury, Executive Assistant to the Director at P1 level;
3. Mr Roma P. Ghosh, Computer Informations Systems Manager at P3 level; first reserve Mr Murshed Alam Ahmed at the same level;
4. Mr Hira M. Ashraf, Computer Systems Development Manager at P3 level;
5. Dr V. Sundararajan, Computer Technical Services Manager at P3 level;
6. Mr Abdullah H. Mostafa, Computer Operations Manager at P1 level;
7. Mrs Wendy Hossain, Nurse Trainer-Matron at P1 level.

RESOLUTION 26/MAY 85

RESOLVED : The Board authorizes the Director to extend the contracts of Dr K.M.S. Aziz, Associate Director, Training, Extension and Communication at the same level (P5) and of Dr A.K.M.A. Chowdhury, Demographer at the same level (P4), for one year effective July 1, 1985 to June 30, 1986.

RESOLUTION 27/MAY 85

RESOLVED : The Board promotes Dr John Clemens to the rank of Scientist on scientific and academic grounds. The position he holds



will revert to International Research Associate on his departure.

RESOLUTION 28/MAY 85

RESOLVED : The Board approves the following positions for recruitment:-

1. Head Dhaka Hospital at P3 level;
2. Head Animal Resources at P1 level;
3. Programme Officer for Resources Development at P2 level;
4. Head Matlab Station at P1 level provided salary is available from project sources;
5. MCH-FP Physician at P3 level provided project funds are available;

and authorizes the Director to advertise for the post of Internal Auditor at P1 level.

RESOLUTION 29/MAY 85

RESOLVED : It was resolved that:-

1. The post of Chief Personnel Officer be reclassified from P3 to P4.
2. The post of Chief Finance Officer be set at P5 and the responsibilities reviewed.

RESOLUTION 30/MAY 85

RESOLVED : The Board resolves that the Trustee Board of the Separation Payment Fund be established. Membership should include the Director, Chief Finance Officer, representatives of senior

management and subscriber staff. The number representing the subscriber staff should always exceed management by one.

RESOLUTION 31/MAY 85

RESOLVED : The Board resolves that overtime payments be at 1.5 base salary which is a deviation from the WHO Rules.

RESOLUTION 32/MAY 85

RESOLVED : The Board of Trustees recognizes with appreciation the dedicated services of Dr T.C. Butler, Mr M.F.L. Goon, Mrs N.R. Novak, Dr J. Phillips and Mrs S. Waara-Conway. Each has made a unique contribution to the work of the Centre and their presence will be missed. We thank them for all they have accomplished.

RESOLUTION 33/MAY 85

RESOLVED : The Board welcomes Major-General M. Shamsul Huq (nominated by the Government of Bangladesh), Dr S. Joseph (nominated by UNICEF) and Dr M.H. Merson (nominated by WHO) as Trustees. The Board appoints Professor D. Bell and Dr Y. Takeda for a second term of three years, and Dr Richard Feachem for a first term of three years.

RESOLUTION 34/MAY 85

RESOLVED : The Centre and Board of Trustees regret that Professor David Bradley and Dr Fakri Assaad have reached the end of their term as Trustees of ICDDR,B. They will be missed for their great interest and substantial contribution in guiding the programmes and activities of the ICDDR,B.

RESOLUTION 35/MAY 85

RESOLVED : The Board elects Professor David Bell as Chairman of the Board for one year from July, 1985 by acclamation. The Board thanks Dr Immita Cornaz sincerely for the services she rendered as Chairman during the past year.

RESOLUTION 36/MAY 85

RESOLVED : The Board appoints to the Personnel and Selection Committee  
Mr A.B.M. Ghulam Mostafa, Chairman of the Committee  
Professor David Bell, Ex Officio (Chairman of the Board)  
Dr I. Cornaz  
Professor R. Eeckels, Secretary, Ex Officio (Director)  
Dr V. Ramalingaswami  
Dr J. Sulianti Saroso  
for one year effective 1 July, 1985.

RESOLUTION 37/MAY 85

RESOLVED : The Board appoints to the Finance Committee  
Mr Munir-uz-Zaman, Chairman of the Committee  
Professor David Bell, Ex Officio (Chairman of the Board)  
Professor R. Eeckels, Secretary, Ex Officio (Director)  
Dr S. Joseph  
Dr D.B. Sebina  
for one year effective 1 July, 1985.

RESOLUTION 38/MAY 85

RESOLVED : The Board appoints to the Programme Committee  
Professor J. Kostrzewski, Chairman of the Committee  
Professor D. Rowley, Vice-Chairman of the Committee  
Dr A.R. Al-Swailem  
Professor David Bell, Ex Officio (Chairman of the Board)  
Professor R. Eeckels, Secretary, Ex Officio (Director)  
Dr R. Feachem  
Maj. Gen. M. Shamsul Huq  
Dr L. Mata  
Dr M.H. Merson  
Dr Y. Takeda  
for one year effective 1 July, 1985. The Board has  
appointed a Vice-Chairman of the Programme Committee  
taking into account the importance of having the Board  
closely involved in the scientific activities of the  
Centre.

3/BT/NOV. 85  
-BT, NOV. 85

DIRECTOR'S REPORT

WILL BE SUBMITTED LATER

REPORT OF THE PROGRAM

4/BT/NOV. 85

REPORT OF THE PROGRAMME COMMITTEE

REPORT OF THE ICDDR, B PROGRAMME COMMITTEE TO THE BOARD OF TRUSTEES

20-25 November 1985

1. Introduction

The Board of Trustees, at its meeting in December 1984, established a Programme Committee "to keep under review the research, training and outreach activities of the Centre". This is the report of the second meeting of the Programme Committee, the membership of which is shown in Annex 1.

2. Activities of the Committee

The Committee spent its first two days (Nov 20-21) hearing research presentations and speaking with individual scientists. The laboratories were visited. During Nov 22-24 the Committee made field visits to Matlab, Chandpur, the Meghna-Dhonagoda Embankment, the Urban Volunteers Project and the nutritional rehabilitation centre at Kaliganj. The Committee expresses sincere thanks to the Centre staff and field workers who were so hospitable and helpful during these field visits. During this period, Committee members held further meetings with individual scientists. On Nov 25 the Committee met for 4 hours with the non-administrative programme heads. A frank and useful exchange of views took place.

3. The scientific programme of the Centre

The Committee was delighted by the design, conduct and progress of some of the current research projects conducted by the Centre.

Suggestions and comments concerning these and other projects were communicated by Committee members to the scientists concerned and to programme heads.

In the past, the research activities of the Centre have been excessively diffuse and insufficiently managed. There have been occasions when similar projects have been undertaken by different research groups without adequate coordination or collaboration. There have been occasions when projects have been initiated without adequate thought to the ability to follow them through to completion. Some projects have been prematurely abandoned due to the departure of the principal investigators. Projects have been initiated because external funds were available, without adequate regard to the place of the project within the overall research programme of the Centre or the ability of the Centre to adequately support and sustain the project. Although some improvements have been made, many of these deficiencies continue. The Committee believes that the formulation, wide-spread discussion and agreement of a medium-term research plan will greatly assist the Director and senior staff of the Centre in overcoming these problems. Other essential elements in improving research management are changes in the organizational structure of the research programme, better definition of the role and responsibilities of programme heads, and a clarification of the position of individual scientists. These matters are discussed in later sections of this report.



4. A statement of medium-term research objectives and priorities

The Committee believes that the production of a statement of medium-term (5 years) research objectives and priorities to be of the utmost importance for the sound management of the research work of the Centre. The field of work of the Centre is broad and limited resources must be allocated to projects that form part of a carefully designed research strategy. This strategy must be mindful of the special features of the Centre and of the need to conduct research which may lead to advances in the policy and practice of diarrhoeal disease control and, more generally, the reduction of childhood sickness and death. The production of a statement of objectives and priorities will not only assist the management of the Centre but will also be of considerable assistance in discussions with existing and potential donors.

The statement of objectives and priorities must be the intellectual child of the Director and his Associate Directors and the Committee is pleased by the gradual moves in the last year to formulate such a research plan. The Committee welcomes the detailed and logical approach of the draft work plan which divides future activities according to the major diarrhoeal disease types (acute-watery, invasive and chronic), but questions the adequacy of this division. Important topics in epidemiology, socio-economic and environmental determinants of morbidity and mortality, disease ecology, intervention design, disease aetiology, and case management cut across all three disease types and, together with MCH-FP, need greater emphasis in the plan.

The Committee proposes that the production of a clear statement of research objectives, priorities and plans should be pursued as a matter of urgency. The Director is requested to produce a draft research plan by the end of February, 1986. This should be sent to selected members of the Board for their comments with the hope of finalising the document before the June 1986 meeting of the Board. It is not intended that this document should be as detailed as the draft work plan presented to the Committee but it should clearly specify the research objectives and priorities of the Centre and justify these in terms of their potential for providing results of benefit to diarrhoea control programmes, their relation to the global state of knowledge and the activities of other major research programmes, and their utilization of the special facilities and advantages of the Centre.

#### Organizational structure for research

The Committee believes that the current organizational structure for research is inadequate and that the research programme would benefit from restructuring. The titles of the programmes do not describe either their current or intended research. Groups of closely related projects, such as those in water, sanitation and hygiene, are located in more than one programme. The Committee requests that the Director, with the support and assistance of the Board, should develop an appropriate organizational structure for research. Below are set out some initial suggestions as a contribution to the discussion.

The Training, Extension and Communication programme should be renamed the Training and Extension programme and should continue as a separate programme (see further comments in section 9, below). The five remaining scientific programmes should be reorganized into 3 or 4 programmes along one or other of the following lines.

Option 1: Pathogenesis and therapy,  
Diagnosis and vaccine development,  
Epidemiology and diarrhoea prevention,  
Community services.

Option 2: Pathogenesis and therapy,  
Diagnosis and vaccine development,  
Epidemiology and interventions.

Other permutations are possible. The established disciplines, such as nutrition, remain of crucial importance and expertise would be spread amongst these new, goal-orientated programmes. The aim should be to gather related research projects into one programme to the fullest extent possible. Close collaboration among programmes will remain essential.

It would be the primary responsibility of all programme heads to ensure that such collaboration occurs. In addition, however, either the Director or a designate (probably the senior of the programme heads) would be charged specifically with the task of research coordination. If the Director takes this role, which the Committee considers to be ideal, he may need to be supported by a senior administrator, or an administrative director, to allow time for full involvement in the research programme of the Centre.

6. The role and responsibilities of programme heads

Programme heads are being appointed at P-5/Senior Scientist level and are intended to be of equivalent status to a full professor in a major university. This implies not only standing in the scientific community but also skills in research management and leadership. It is essential that the programme heads collaborate with the Director and each other. They must also be fully involved in the research projects conducted within their programmes, ensure collaboration and coordination both within and among programmes, support and encourage the younger scientists, and, when appropriate, moderate the activities of the over-ambitious members of their staff. Programme heads should actively contribute to fund raising, in close collaboration with the head of Resources Development.

7. The individual scientist

Individual scientists with senior international appointments (P3 - P5), typically come to the Centre for only a few years. They are keen to undertake as much research as possible during the time they are here and to advance their careers to the maximum possible extent. While the Committee welcomes such energy and ambition it draws attention to the need to safeguard the longer term interests of the Centre.

Individual scientists should develop research projects with their programme heads. Their research should strengthen or complement existing research activity, should fall within the declared research objectives and priorities of the Centre (see section 4), and should not commit the Centre to separate activities that would be difficult to sustain after

the scientist has departed. The scientist should be ready to collaborate fully with Centre staff working in similar areas and to provide training and guidance to less experienced members of staff.

Data collected by individual scientists are the property of the Centre and each new appointee should sign a declaration to this effect. The primary analysis and rapid publication of such data should be the responsibility of the scientists who collected them. However, consistent with normal scientific practices, courtesies with regard to coauthorship and acknowledgement, and obligations to subjects and sponsors, subsequent use of the data may be made by other qualified staff. Primary data should not be removed from the Centre, except under special circumstances and with the written approval of the Director.

8. Community services research

In this section and section 9, the Committee comments briefly upon the two programmes which are due for external review during 1986. The Committee was not able, in the time available, to gain any comprehensive view of all the activities of community services and training, extension and communication programmes and wishes only to focus the attention of the external reviewers on a few points of interest and concern.

The Committee recommends that detailed attention should be paid by the external review to the MCH-FP project and the DSS. The Committee is concerned about some aspects of the MCH component. Four examples are given. Mortality rate reductions are modest, calling into question the design of the intervention package and the wisdom of extending it to other

areas. The identification of high risk pregnancies in the intensive MCH intervention serves no purpose that the Committee could identify. Priority questions that could be resolved by analysing existing data have not been addressed. The ethics of the selection and use of control groups requires thorough examination.

The review panel may need to be somewhat larger than usual to encompass the scope of the DSS and MCH-FP activities. Panel members might be selected from among the following:

Dr. J. Caldwell  
Dr. Hofvander  
Dr. Shanti Ghosh  
Dr. F. Psai  
Dr. P. Vaughan

9. Training, extension and communication

The Committee received a five year plan (1985-89) for training, extension and communication. The Committee welcomes the industry and initiative displayed in this area but cautions against implementation of the presented programme which appears over-ambitious. The activities of the Centre in training, extension and communication should be more carefully defined and more limited in scope. They should also relate closely to the demonstrated areas of special expertise of the Centre.

The Committee was also concerned at the lack of prioritization contained in the five year plan. The Committee requests that the external review panel make specific recommendations about priorities and also consider in

detail the following proposed activities:

- "advanced courses on research methodology";
- "courses on research methodology for preceptors";
- courses on "epidemiological aspects";
- courses on "health education aspects";
- research traineeships;
- "global networking of research institutions";

The Committee feels that training activities undertaken in clinical management of diarrhoea for health workers at all levels should be undertaken in coordination and cooperation with WHO. The Committee suggests that the Centre should limit its communication activities to those which are directly supportive of its training activities. The Centre should be very cautious about extending itself into areas related to promotion and communication with the public (e.g. mass media).

The Committee notes the success of Glimpse, the Journal of Diarrhoeal Diseases Research and the specialized bibliographies. The Committee urges that financial viability should be used, wherever possible, as the test of success of the publications and training materials. Core funds should be used most sparingly to subsidize the production of literature or training materials.

The proposed external review of the training, extension and communication programme in 1986 is most timely. The Committee proposes that the review panel might be chosen from amongst the following:

- Dr. A.S. Muller;
- Dr. Robert Northrup;
- a WHO/CDD staff member.

10. Water, sanitation and hygiene

The Committee noted the projects in Teknaf, Dhaka (2 projects) and Mirzapur all concerned with the impact of water supply or sanitation or hygiene education interventions on diarrhoeal diseases. The Committee welcomes this area of work and was especially impressed by the Urban Volunteers Project in Dhaka.

The Committee notes the insufficient interchange and collaboration among these closely related projects. The Committee recommends that an informal working group of scientists involved in this area be convened to plan the future research of the Centre in this area. The Committee wishes to see a document setting out the Centre's strategy and plan with regard to water, sanitation and hygiene at its meeting in June, 1986.

11. Laboratories

The Committee accepts the report of the Microbiology Branch and applauds the physical and administrative improvements that have occurred in the microbiology laboratories.

The biochemistry and pathology laboratories should be similarly up-graded as soon as possible and funds should be sought for this. The Board would like to have the opportunity to comment on the plans for the up-grading of these laboratories.

12. The embankment project

The Committee reviewed the history and current status of the Embankment Project. The Centre should make full use of existing data collection



activities to evaluate the impact of the embankment. The routine data of the DSS will allow the impact on vital rates and migration to be measured. The cholera surveillance being conducted in connection with the vaccine trial may allow the impact of the embankment on cholera epidemiology to be determined. This is contingent on the cholera surveillance being continued through the 1987 cholera season. The Committee considers that the embankment is unlikely to have a measurable impact on diarrhoea incidence rates, but may have an impact on cholera, and, possibly, on diarrhoea mortality over the long-term.

The Committee recommends that the Centre should not embark on new data collection with the embankment and should not take primary responsibility for any major multidisciplinary study of the impact of the embankment.

The Centre should be willing to offer its existing data in the Matlab area as a contribution to any larger study that may be organised by other research institutes.

13. The role of anthropology

The Committee welcomes the multidisciplinary approach to research taken by the Centre and, in particular, the inclusion of anthropology in the disciplines of Centre staff. However, the Committee considers it to be inappropriate for these anthropologists to work on separate research projects, be they health oriented or not.

The Committee recommends that anthropologists should work within epidemiology and intervention projects. They should be part of the research team. Their studies and data collection protocols should be designed in close collaboration with the epidemiologists and other members of the research team and they should be fully involved in the analysis and writing up of the project findings.

Many behavioural and cultural factors related to diarrhoea and its control remain to be elucidated, and there are glaring areas for anthropological research in several current Centre projects; for instance in the Urban Volunteers Project in Dhaka and the MCH-FP project in Matlab.

The Committee noted that similar considerations should apply to sociology and economics. Regarding the latter, the Committee believes that there are important opportunities for cost-effectiveness and cost-benefit studies which should be pursued vigorously.

14. Quality of papers

The Committee is aware that the quality of expression and presentation of papers submitted by Centre staff to international journals varies from excellent to poor. Poor expression and presentation give a bad impression of the Centre to the editorial boards of international journals. The Centre should review its procedures to assist staff members in preparing papers and to prevent obviously sub-standard papers from being submitted.

15. Ethics

The Committee recommends that an internal review of the procedures and operation of the Ethical Review Committee be conducted with the aim of identifying any possibilities for improvement. The Committee would be pleased to consider the recommendations of this review, which should also include patient care, at its meeting in June 1986.

16. Relationship with industry

The Committee noted that a number of research projects were evaluating commercial products (e.g. drugs) and/or being financed by industry. The Committee feels that the Centre should establish a clear policy in regard to its relations with industry to protect the interests of the Centre and its scientists, and requests the Director to prepare a document describing this policy for consideration by the Board at its next meeting.

Annex 1

Members of the Programme Committee  
ICDDR,B Board of Trustees, November, 1985

Professor J. Kostrzewski (Chairman)

Professor D. Rowley (Deputy Chairman)

Dr. R. Feachem

Professor L. Mata

Dr. M. Merson

Dr. D. Sebina

Dr. J. Sulianti Saroso

Dr. Y. Takeda

REPORT TO THE BOARD OF TRUSTEES

## MICROBIOLOGY BRANCH

November, 1985

The reorganization of the Microbiology Branch was begun in August of 1984 and continues to date. The following report gives, in outline form, the main activities and reorganizational changes that have been accomplished or begun. The reorganization is not complete. It will need to continue in 1986 in order to firmly establish the desired administrative and technical foundation for the Branch. However, the reorganization has progressed well and is maintaining momentum.

I. Administrative

1. The proposed reorganizational structure of the Branch has been implemented. The following positions are now officially filled and functioning.
  - a. Branch Manager - a Ph.D. position has been created to supervise the Branch activities under the Branch Head.
  - b. Section Supervisor - Five sections have been designated (Research, Diagnostic, Matlab, I.V. Fluid and Technical Support) with supervisors placed over each. Section Supervisors meet weekly with the Branch Head and Branch Manager in order to discuss any matters affecting the Branch or its personnel.
  - c. Branch Personnel - All Branch Personnel were evaluated and subsequent to interviews, 16 individuals were fitted into reclassified positions. This was done in order to accomplish

the goals of the reorganization. An attempt was made to balance the Branch with technically competent workers at various salary levels.

2. Hospital Clinical Laboratory - A hospital-oriented Microbiology laboratory section was established in the new hospital in order to better meet the unique needs of that patient population. Fifteen personnel from the Branch were permanently assigned to this section.
3. Cost Accounting - Microbiological tests have been evaluated and appropriate charges have been established. Branch personnel have been instructed in methods of assigning charges. The results have been encouraging. Recovered costs for tests in the first quarter of 1984 were approximately \$6400(USD). For the same period in 1985 they were \$39,500.00. The operating deficit for the Branch in 1984 was approximately USD \$ 170,000. There will be no operating deficit for 1985. At present, cost recovery for the branch is slightly over actual expenditures in order to create a cash reserve to replace and repair equipment on a continuing basis.

## II. Technical

1. Continuing education training seminars were instituted on a weekly basis. Topics (see attached) for these seminars are both basic, in order to strengthen overall technical competence, and general, for employee information and interest.

2. Establishment of the Clinical Laboratory Committee. A Committee chaired by Dr. Kay was formed to address the ongoing needs of the Center's clinical laboratories (Microbiology, Clinical Pathology and Biochemistry). The Clinical Laboratory Committee meets weekly to discuss and recommend action on all aspects related to the selection, methods, quality and significance of laboratory tests. The committee also functions as the official intermediary between the clinical and nursing staff and the personnel of the Diagnostic and Research laboratories.
  
3. Procedure Manuals - Microbiology Branch, along with Clinical Pathology and Biochemistry, is in the process of developing a set of comprehensive procedure manuals to standardize all routine and specialized laboratory tests. The Clinical Laboratory committee is overseeing the production of these manuals. A Physicians Handbook of available laboratory tests, specimen collection procedures and other information is likewise being developed.
  
4. Computerization of Laboratory Data - The need for rapid access to laboratory data underscores the need for computerization of Microbiology laboratory results. Dr. Sack and Dr. Kay have designed computer forms to accept microbiological data and test results. The Branch is in the process of field testing the forms and hopes to have the system operational in the near future. Initial entry of data will be made on a terminal to be installed in the Branch office.
  
5. Establishment of Anaerobic Culturing Facilities - A fully functional anaerobic bacteriology laboratory has been established

in the Branch. This facility has greatly expanded the Center's capabilities to more thoroughly investigate etiologic agents. The anaerobe facility was operational in mid June, 1985. Prior to this date, equipment was obtained and a laboratory technician was sent to the United States to receive three months of specialized training in anaerobic techniques. The majority of expenses for the establishment of this facility and training were underwritten by a project grant from an external donor.

6. New Equipment - Attached is a list of new equipment that has been purchased or received within the past year. Items that are on order but not yet received are marked with an asteric.

7. Technical Procedures : The evaluation of the Microbiological technical procedures has been on going for the past year and will need to continue during 1986. Procedures in several areas have been modified or completely changed to confirm to recommended or current techniques. The following, in part, represents areas where technical changes have been made or are being made.

a. Diagnostic (Clinical) Microbiology :

Standard biochemical tests and laboratory procedures are now in use for the isolation and identification of the following organisms:

- Complete speciation of Neisseria isolates
- Presumptive identification of Group A beta-haemolytic Streptococci
- Presumptive identification of S. pneumoniae
- Presumptive identification of Haemophilus influenzae



- Presumptive identification of Coagulase positive Staphylococcus aureus
- Speciation of Micrococci and Staphylococci
- Speciation of Aeromonas and Plesiomonas
- Speciation of members of the Vibrionaceae
- Introduction of the API-20E biochemical profile system
- Standard techniques for the culture of urine, blood, stool, sputum, CSF, body fluids, tissues and exudates.

b. Research Microbiology :

- Complete speciation of the newly recognized human pathogenic members of the Vibrionaceae (V. fluvialis, V. mimicus, V. hollisae, V. damsella, etc.) Heiberg groups) are no longer reported.
- Complete biochemical identification of Campylobacter species.
- Standard Procedures for the culture of anaerobic bacteria associated with infections of the reproductive tract (excluding anaerobic spore-forming rods).
- Standard methods for the isolation and identification of agents associated with acute respiratory tract infections.
- LT testing has begun with a rapid ELISA method
- An alternate method for ST testing with infant mice, using pooled supernatants, is being investigated in order to reduce the number of tests per patient.
- Microbiological media, reagents and solution formulae have been standardized and referenced.

c. General :

All sections and activities of the Branch have instituted various quality control procedures in order to ensure the accuracy of the test results.

IV. Facilities

The renovation of existing support and laboratory space is a continuing high priority and will continue for the next year. The following areas are currently under renovation.

1. Main Research Laboratory : Two rooms were combined by removing the central wall; new lab benches were constructed, dropped ceiling and split-type airconditioning was installed.
2. Hospital Diagnostic Laboratory : A new laboratory was set up in the hospital. Benches were modified for microbiology and equipment was moved in to support this new laboratory (refrigerator, incubators, sinks, small items).
3. Matlab Laboratory : This laboratory was extensively renovated to meet the requirements of the Vaccine Trial. New counter tops were made. Cabinets were placed on the walls, a new water tank was installed on the roof, an additional room was renovated and included in the laboratory; an autoclave and two airconditioners were installed. Finally, an unused gas generation plant (from petrol) was moved from Dhaka to Matlab and installed, thus providing gas to the laboratory.
4. Laboratory Corredor - First Floor : This area has been sealed off and security doors have been installed. As much costly

refrigeration equipment is operated in this area, split-type airconditioning has been purchased and is awaiting installation, thus completely air conditioning the length of the corridor. Dropped ceiling has been purchased for the corridor and new lights will be installed. Storage areas are being built in the spaces between the upright supports. In short, this area will receive much needed attention that will render it considerably more suitable for the long term security, operation and survival of expensive laboratory equipment.

5. **Employee Break Room :** An unused portion at the end of the corridor has been made into a break room where employees can eat lunch or go on break from the laboratory areas, as there is no eating, drinking or smoking in any laboratory space. A partitioning wall, airconditioning, blinds, sink and furniture were required for the creation of this new area.

6. **Stock Culture Collection Room :** This room has been partially wired for heavy duty electrical equipment (lyophilizer, freezers). Surplus steel shelves were obtained from Supply Branch and installed. Storage areas are being built in the spaces between the upright supports. This area will be used for organizing cultures. This facility is nearing completion, but due to a lack of storage space must temporarily be used as storage for equipment and supplies needed for the renovation. Completion is anticipated early in 1986.

7. **Branch Office :** Microbiology Branch had no permanent office until 1985. A secretary/reception area and two offices were prepared for the Branch and are now in use. The original configuration of this area was used as a break room where employees can eat lunch or go on break from the laboratory areas, as there is no eating, drinking or smoking in any laboratory space. A partitioning wall, airconditioning, blinds, sink and furniture were required for

office space has been untouched, however, for better space utilization some minor changes are necessary.

The strained resources of the Center for manpower and materials has caused space renovation to proceed at a much slower pace than expected. However, progress is being made and the facilities of the Branch are being improved.

#### V. Future Plans

Continued renovation of laboratory spaces will be an objective for the next one year. The following areas are in need of renovation :

1. Anaerobe Laboratory
2. Tissue Culture Laboratory
3. Molecular Biology Laboratory/Plasmid Laboratory
4. Media Preparation Room
5. Glassware Washing Room
6. Autoclave Room
7. Stock Culture Collection Room

In addition, several large capital expenditures will be necessary in 1986. They are :

1. The old laboratory autoclaves and steam generator are in constant need of repair or maintenance. A new steam generator is now on order, however all machines will need maintenance and the plumbing (steam and water) is in need of repair.
2. Two Sorvall refrigerated centrifuges are at the end of their useful lives (15-20 years). One has been replaced. The second will be replaced in 1986 if funds are available.

3. Several freezers (-70 C and -20 C) and refrigerators are old and in bad condition and will need replacement.
4. The Branch will need to procure the proper permanent equipment in order to facilitate computerization of laboratory data.
5. A stock culture collection facility with lyophilizers, freezers and organized storage space has been planned and equipment is now being received. The space for this facility has been located on the first floor laboratory corridor. As soon as funds and workmen are available in 1986, the facility will be completed. Most equipment for this has already been obtained and renovation costs should be minimal, however a new, larger lyophilizer should be purchased as the old model is in constant need of repair.
6. Microbiology has received a request to include the activities of Clinical Pathology (Dhaka and Matlab) in the Branch. In the past responsibility for the administration of Clinical Pathology had not been well defined. In 1986, the activities of Clinical Pathology will be reorganized within the Microbiology Branch as Clinical Pathology Section. This will require the hiring of a Section Supervisor as well as performing a complete review (administrative and technical) of the activities of Clinical Pathology Section. In addition, several major items of equipment currently in use by Clinical Pathology are old and will need immediate replacement (Microscopes, for example). Microbiology has already accomplished the move of Clinical Pathology to the new hospital and supervised the construction of their new laboratory facilities.

## MICROBIOLOGY EQUIPMENT

1. Olympus Clinical Microscopes (2)
2. Double door Memmert Incubators (3)
3. Small Laboratory water distillation Unit (2)\*
4. Magnetic stirrers (3)
5. Laboratory work stools (33)
6. Laboratory coats and name tags (All Branch Personnel)
7. Electronic Balance (2)\*
8. Research pH meter (2)\*
9. Osborne Computer terminal (1)
10. Split-type air conditioners (3) (For Research Laboratory and enclosed corridor area)
11. Water bath (2)
12. Dropped ceiling panels for corridor and laboratory areas
13. LB-60 steam generator for Autoclaves\*
14. Table top centrifuge (2)\*
15. Revco Freezer (2)
16. Vacuum Pump\*
17. Spectrophotometer\*
18. Roller Drum\*
19. Analytical Balance\*
20. Test tube Racks (100)\*
21. High speed microcentrifuge (2)\*
22. Mechanical Balance\*

\*Items ordered but not received

Finally, the Branch has spent, and will continue to spend a considerable amount of time and energy in 1986 reviewing, upgrading and establishing standardized laboratory procedures and quality control techniques. Likewise continuing education and professional growth of Branch personnel will be a priority. It is a primary goal of the Branch to achieve excellence in Research, diagnostic and Clinical Microbiology and serve as an example to be followed in these areas.

## MICROBIOLOGY BRANCH SEMINAR

### Proposed Schedule

Thursday's 2:00 p.m. - 3:00 p.m.

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
Feb. 28	Mr. Q.S. Ahmad	The Gram Stain - Principles and Practice
Mar. 7	Dr. Anwarul Huq	Streaking, Isolation and Pure Culture Techniques
Mar. 14	Dr. M.A. Latif	Laboratory Media - formulations and Use
Mar. 21*	Mr. N. Islam	Sterilization, Disinfection and Decontamination
Mar. 28	Dr. Ziauddin Ahmed	Dilutions and How to make them
Apr. 4	Dr. S.Q. Akhter	Kirby-Bauer method of Antibiotic Sensitivity Testing
Apr. 11*	Mr. K. Alam	Specimen collection
Apr. 18	Dr. Bradford Kay	Molecular Formulas : Molarity and Normality
Apr. 25*	Mr. Ashfaque Hossain	Use of weighing and measuring devices
May 2	Mrs. Khaleda Haider	Principles of Biochemical Tests
May 9	Dr. Anwarul Huq	Quality Control Procedures
May 16	Mr. P.K.B. Neogi	Storage and preservation of stock cultures
May 23*	Dr. G. Poddar	Laboratory Safety

\*Seminar in Bangla

AH:pm



## MICROBIOLOGY BRANCH SEMINAR

### Proposed Schedule

Sunday's 2:00 p.m. - 3:00 p.m.

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
May 26	Mr. Nurul Islam	Sterilization Disinfection and Decontamination
Jun. 2*	Mr. Khorshed Alam	In coming samples in Diagnostic Section and various pathogen isolated
Jun. 7	Mr. Q.S. Ahmed	Various techniques of microbiology
Jun. 16	Mr. Ashfaque Hossain	Use of weighing and measuring devices
Jun. 23	Dr. Mahbubur Rahman	Standard methods used in a standard clinical laboratory
Jun. 30*	Dr. Anwarul Huq	How to use various instruments we have in the branch
Jul. 7	Dr. M.A. Latif	What is "Phage" and why it is studied in our laboratory
Jul. 14	Ms. Khaleda Haider	Work with radio labelled material
Jul. 21	Dr. Ziauddin Ahmed	What is <u>Cholera</u> and <u>Shigella</u> toxin. How it causes diseases
Jul. 28	Dr. Bradford A. Kay	Molecular Formulas; Molarity, Molality and normality.
Aug. 4*	Dr. S.Q. Akhtar	Hazardous chemicals, gases used in our laboratory and how to handle them

\*Seminars in Bangla

AH:pm

MICROBIOLOGY BRANCH SEMINAR

Proposed Schedule

Sunday's 2:00 p.m. - 3:00 p.m.

<u>Date</u>	<u>Speaker</u>	<u>Topic</u>
Aug. 18	Dr. Brad Kay	Microbiology Branch : A One Year Perspective
Sep. 1	Prof. R. Eeckels	Microbiology in the family
Sep. 8	Dr. J. Clemens	The Vaccine Trial "An Overview"
Sep. 15	Dr. P. Desmarchelier	Toxonomic study of <u>V. cholerae</u> in Australia
Sep. 22	Dr. D.A. Saak	Programs of DTWG
Sep. 29	Dr. Ivan Ciznar	Programs of Host Defense Working Group
Oct. 6	Dr. M.M. Rahaman	Programs of Nutrition Working Group
Oct. 13	Dr. Salam	Role of Clinical Microbiology in the Hospital
Oct. 20	Dr. Mike Bennish	Bacteremia
Oct. 27	Dr. Anwarul Huq	An introduction to the Electron microscopy
Nov. 3	Postponed for Training course	
Nov. 10	"	
Nov. 17	Dr. J. Wasserheit	Infection of the Reproductive Tract
Nov. 24	Dr. J. Harris	Rotavirus Vaccine Trial: Concepts and plan
Dec. 1	Dr. K.M.S. Aziz	Programs of Training, Extension and Communication Working Group
Dec. 8	Dr. M. Rowland	Programs of the Community Service and Research Working Group
Dec. 15	Dr. Van Loon	The Toxin and the gut

AH:pm

5/BT/NOV. 85

RESOURCES DEVELOPMENT REPORT.

BT/5/NOV/1985

RESOURCES DEVELOPMENT REPORT

The fundraising target for the Resources Development Office in 1985 was US \$ 9.2 million. In May 1985 we had received commitments from donors totalling US \$ 6.6 million and since then have obtained fresh commitments for US \$ 1.7 million for a total of US \$ 8.3 million. This leaves a balance of US \$ 0.9 million. We have already approached various donors, including UNDP, for additional funds for 1985. We hope to reduce the income shortfall by the end of the year. A brief narrative report of our 1985 activities and 1986 fundraising projections follows.

In 1985, the Centre received a grant for US \$ 2 million from USAID/Washington in support of our largest single project, the Oral Cholera Vaccine Trial. After negotiations, an additional US \$ 300,000 was granted in October. Although these funds were intended as general support, time constraints prevented USAID from making a new grant. Therefore, the funds were given as an amendment to the initial grant.

The serious implications of the drastic reduction of core funds in 1985 resulting from the shift of USAID from core to project became more apparent as the year progressed. A proposal for project support, made up of protocols from three scientific working groups, including a request for US \$ 0.5 million in general support, has been submitted for

1986. We feel that it is imperative to increase the general support to US \$ 1.0 million if the current level and flexibility of the Centre's activities are to be maintained. The Chairman of the ICDDR,B Board of Trustees has sent a letter of request on our behalf to USAID Washington, and has kindly agreed to follow up the matter with USAID officials.

In 1984, UNICEF granted US \$ 250,000 in institutional support to the Centre for that year, but the funds were not released until 1985. UNICEF then instructed us to regard the funds as 1985 support. We requested UNICEF to treat this grant as 1984 support, as originally intended, and to provide support for 1985 as well. This was not granted. We are requesting UNICEF to enhance for at least US \$ 0.5 million for 1986.

In October, we have obtained commitments from UNICEF for the support of five project activities in 1985 and 1986. The grant represents the total project costs minus the standard ICDDR,B overhead cost of 31%. UNICEF's justification in not covering overhead is that they have given core funds. We have written to Mr. James Grant, explaining the vital nature of overhead funds to the administration of projects at the Centre, and the difference between core support and overhead, and have asked for at least 25% overhead. We sincerely hope that the overhead for these projects can be obtained, and that the Centre will be the recipient of both core and project support from UNICEF in the future.

Sweden's ongoing core and project support to the Centre expired in June, 1985, and we have appealed to the Swedish Agency for Research Cooper-

ration with Developing Countries (SAREC) for enhanced core support for 1985 and beyond. We have been informed that our request will be considered in SAREC's December board meeting.

A request to the Swedish International Development Agency (SIDA) was also made on ICDDR,B's behalf by the External Resources Division of the Government of Bangladesh, to extend additional core support. Unfortunately, the Centre's status as multi-lateral agency prevents us from being eligible for SIDA's bilateral funds. The RDO estimates that we will receive at least US \$ 100,000 in core support for 1985 and US \$ 200,000 for 1986.

Saudi Arabia's first five-year cycle of institutional funding finished in early 1985. We have applied to the Government of Saudi Arabia for a renewal of support at an enhanced rate. Negotiations have been positive and we expect a final decision from them within the next few weeks.

Project support for the Dammam Diarrhoea Control Centre continues, and at the request of Saudi Arabia, a new Centre has been opened in Riyadh. We expect support for both Centres at the existing level in 1986.

The Centre has gratefully received an enhanced core contribution from Australia in 1985. We are expecting continued support in 1986, with a further increase.

Bangladesh has continued, in 1985, to grant core funds to the Centre, along with in-kind and logistic support. I would like to make special mention of the fact that the Government of Bangladesh has always extended

close cooperation and support to ICDDR,B, without which, operation would have been impossible. In both project implementation and fundraising efforts the Government's assistance has proven invaluable. I would like to express our special gratitude to the Minister of Health and Population Control and the External Resources Division of the Ministry of Finance for this support.

The UNROB loan from the Government of Bangladesh has been extended through 1986, and we will make all effort to ensure that it is eventually converted into a grant, as all the funds have been utilized for free medical services and training in Bangladesh. We request the assistance of our esteemed Trustees from Bangladesh in this regard.

Due to the 1985 shortfall in core funds, the Centre has faced great difficulty in operating such core-supported facilities as the Dhaka Treatment Centre. We have requested the local UNDP mission, through the Government of Bangladesh, for a grant of US \$ 500,000 from a special UNDP emergency fund. Our proposal has been forwarded to the Government for approval.

The Centre continues to receive core support from Switzerland and the United Kingdom Overseas Development Agency, for which we are most grateful. We expect support on a similar level in 1986 as well.

The UNROB loan from the Government of Bangladesh has been extended through 1986. Resources Development has approached two new potential donors for support in 1986. These are the governments of Italy and Malaysia, both of which have been asked for core support.

medical services and training in Bangladesh. We request the assistance

of our esteemed Trustees from Bangladesh in this regard.

The Canadian International Development Agency continues to fund the Demographic Surveillance System. This project support is committed through 1987. In December, 1984, CIDA was approached by the Centre for support for national and international training. We have thus far received CND 100,000 in support of international training activities, and we expect an additional CND 150,000 before the end of the year.

In December, 1985, Resources Development is submitting a multi-year proposal to CIDA for support of international training and technical assistance, the Second African Conference on Diarrhoeal Diseases and Clinical Services in Bangladesh.

Japan has continued its general and programme support in 1985 at an enhanced rate. During a recent trip to Japan, we received a commitment for 1986 as well, which continues programme support with increased funds for international training.

In 1985, the expected project support from the European Economic Community was not obtained. For 1986 we are requesting general programme support from them.

The third-phase proposal for 1985-86, which was submitted to the Arab Gulf Fund through UNDP has not yet come before the AG Fund Board for review and approval. We have been informed by them that the proposal will be considered in early 1986. The components of the proposal are the Urban Community Volunteers Programme, applied research on cereal-based ORS, clinical service delivery and international training.



The Government of Belgium has continued its project support to the Centre at an enhanced rate in 1985. We are hopeful for another increase in their 1986 contribution. Under the Belgian technical assistance programme, three health professionals are being supported at the Centre; two of them have already taken up their posts here and the third is expected in early 1986. Belgium is also supporting the advanced studies of one Centre scientist in microbiology at the Hopital Universitaire St. Pierre in Brussels.

The Training and Extension division at the Centre has also formed a working liaison with the Belgian "Medicin Sans Frontiers". We are collaborating with them for training in epidemic control and management procedures.

The Ford Foundation continues to be a cooperative and important donor. The Epidemic Control Preparedness Programme is supported by a Ford grant, which expires in June, 1986. We will soon be approaching Ford for renewal of this funding, which will be of vital importance to the Government health programme and prevention of epidemics in Bangladesh. Ford has also provided support for an extensive study on Family Planning Related Infectious Morbidity, which continues into 1986. Three other activities, the evaluation of the National Oral Rehydration Programme, Operations Research and a visit by financial consultants from the Population Council, were supported in 1985 by the Ford Foundation.

France provided the Centre with US \$ 20,000 for Emergency Relief after the tragic cyclone and tidal bore, which struck the costal area of

Bangladesh this year. ORSTOM, the technical assistance agency of the French government, is supporting a nutritionist here at the Centre.

The International Development Research Centre of Canada has continued their support of the DISC programme through December, 1985. IDRC has agreed to fund the second phase of DISC for the next two years at a reduced rate, due to financial constraints. A demographic study is also being supported into 1986 by IDRC.

The Centre received support for the first time from the Norwegian Agency for Development this year. Their grant supports field health services in Matlab, and NORAD officials have indicated that they are willing to renew support in 1986.

The United Nations Development Programme continues to support clinical research in 1985. The present funding cycle expires in 1986, and we hope that it will be renewed at an enhanced rate.

UNDP has also renewed their agreement with the Centre for support of the Urban Community Volunteers Programme (UCVP).

USAID-Dhaka has continued its support of the Maternal Child Health and Family Planning Extension project in 1985. Agreements have been signed for enhanced support in 1986 and for the first half of 1987.

We were informed by USAID-Dhaka earlier this year that funds were available directly from USAID under the Child Survival Programme. Accordingly, we submitted a proposal for support of the UCVP, and were informed

that the funds would come through this year. Unfortunately, the proposal has been kept pending for 1986. We have submitted another proposal for support of the Dhaka Treatment Centre under the same programme, to begin in 1986.

After the cyclone in May of this year, the Centre received a US \$ 100,000 Emergency Relief grant from USAID-Dhaka. The funds were used to equip and support medical teams that were sent out to treat cyclone victims in areas which were subsequently struck by diarrhoeal disease outbreaks, and to upgrade the Government IV fluid plant in order to increase the availability of IV fluid for use during future epidemics. This will also insure increased supply of IV fluids to ICDDR,B, which were previously purchased out of core funds.

The World Health Organization continued its support of the Oral Cholera Vaccine Trial in 1985, and we expect them to contribute in 1986 as well. The WHO has also approved three protocols on Diarrhoeal Disease Control, funding for which will extend into 1986.

The World Bank has continued its support of the Mirzapur Hand Pump project in 1985. We have requested incremental funds this year due to unforeseen high costs in the project, and are waiting for their decision on this enhanced support. The World Bank has committed to continue its funding in 1986.

The Aga Khan Foundation gave support for collaborative research on cereal-based ORS with Kenya. The Foundation has also supported collaborative

training and technical assistance activities with China. We have requested funding in the same areas at an enhanced rate for 1986.

The Ford Foundation has generously given a grant of US \$ 500,000 to the Centre's Reserve Fund. Resources Development has found it difficult to convince donors to include 6% for the Reserve Fund in their grants. However, we continue to seek funding for this vital part of the Centre's resources from other donors.

A major objective of the newly established International Child Health and Diarrhoeal Disease Foundation will be to raise funds for ICDDR,B. An agreement has been drawn up between the Centre and the Foundation, and a former member of the Resources Development staff has been contracted by the Centre to establish the Foundation office in Washington D.C. and get fundraising operations underway. We are very hopeful that the full-time presence of an official representative of the Centre in the U.S. will enhance fundraising efforts considerably.

Another issue that I should like to discuss is the annual Consultative Group Meeting, which has not always been as productive as was expected. It has been suggested by UNDP that in the future, the CG Meeting should be held in Dhaka, instead of in conjunction with the UNDP Governing Council. UNDP has offered to support the participation of some members from developing countries. The CG Meeting should be attended by representatives of donor countries and organizations who are directly involved in funding decisions. Holding the meeting in Dhaka would give donors an opportunity to view Centre

activities first-hand, to assess ICDDR,B's financial needs and to make pledges for support. During our recent visit to Japan, these views were strongly supported by the Japanese government as well.

In conclusion, Mr. Chairman, I must say that in spite of generous contributions and support from many of our donors, 1985 has proven to be an extremely challenging year for fundraising. International political and economic uncertainties have made donor commitments difficult to secure. Our fundraising estimate was US \$ 9.2 million, out of which commitments for US \$ 8.3 million should be secured before the close of the year. We are hopeful as well that the UNDP-Dhaka emergency fund of US \$ 500,000 will be granted to the Centre to cover some of our hospital and training costs.

The first and major setback occurred when US \$ 1.1 million in Child Survival funds, which we had expected to receive from UNDP for international training and technical assistance, was not approved in the final stages at USAID. We understand that WHO was not supportive of the proposal. We hope that now, with the inclusion of Dr. Mike Merson on our Board of Trustees, understanding between the two organizations will improve, resulting in successful fundraising efforts in the future.

The second setback occurred when UNICEF asked us to regard their 1984 commitment for core funds as a 1985 contribution. Although we requested them to consider an "additional" contribution, they were unable to grant us core funds for 1985. Resources Development was also expecting our request to the Arab Gulf Fund for US \$ 700,000 to be approved this year. Instead, the

AG Fund Board will not be reviewing the proposal until the beginning of next year.

The cancellation of the Federal Republic of Germany's commitment of DM 800,000 was also an unexpected setback. They had confirmed that the money would be given in support of training, then later requested, on the advice of WHO, that the funds be utilised for the Cholera Vaccine Trial. We understand now that this commitment for support has been withdrawn completely.

Finally, as I have already mentioned earlier, the full impact of the shift in USAID's support from core to project is now becoming clear. Had USAID continued its support to the core fund, obtaining support for a high visibility project, such as the Vaccine Field Trials, may not have proven difficult.

I repeat that 1985 has indeed been a difficult year for fundraising, and the major shift in donor preference from institutional support to project support has made the work of the Resources Development Office even more crucial. Resources Development will continue to put forth its utmost effort to secure the funds necessary for sustaining the vital work of the Centre, in both institutional and project areas.

In closing, I would like to suggest that, it is particularly vital at this time for the Board of Trustees to review and prioritize the unfunded project activities. Resources Development activities would be greatly facilitated if we knew exactly what the Centre's priorities were in the

areas of research, training, services and extension and if groups of protocols on the same priority topics could be presented as "packages" to donors for funding. Once again, we do not expect a dramatic change in the donors' aid giving policies. However, Resources Development Office will continue its efforts to fulfil its 1986 projections.

BT/5/NOV/1985

RESOURCES DEVELOPMENT REPORT FOR FINANCE COMMITTEE

NOVEMBER 1985

In the May, 1985 meeting of the Finance Committee of the ICDDR,B Board of Trustees we had reported an estimated income of US \$9.2 million. Of this amount we have already secured firm commitments in the amount of US \$7,906,350. We expect another US \$499,000 of estimated donor support to materialise by the end of the year. Furthermore, we have already initiated negotiations with the Government of Bangladesh and the UNDP for an additional support in the amount of US \$500,000. This will bring our total projection of 1985 income to US \$8,855,350. This amount is US \$344,650 short of our projections made earlier this year (Appendix-A). Details of the donor status and the reasons for the shortfall are provided in the Resources Development Report to the Board.

The 1986 donors projection (Appendix-B) is estimated at approximately US \$10 million. Of this, we have already obtained commitments for US \$4.9 million and the rest is expected to be raised during the course of the year. As we do not expect dramatic changes in the present conservative trend in donor policy, the Resources Development office will continue in its efforts to raise both core and programme support.



Nov/1985

ICDDR,B DONORS 1985 : COMMITMENTS & ESTIMATES

(In US Dollars)

## A. Unrestricted-Core

Donor	Committed	Estimated	Total
1. Australia/ADAB	186,500	-	186,500
2. Bangladesh	34,000	-	34,000
3. Saudi Arabia	-	100,000	100,000
4. Sweden/SAREC	50,000	100,000	150,000
5. Switzerland/SDC	345,000	-	345,000
6. UK/ODA	165,000	-	165,000
	<u>780,500</u>	<u>200,000</u>	<u>980,500</u>

## B. Restricted-Core

Donor	Committed	Estimated	Total
1. CIDA/DSS	730,000	-	730,000
2. Japan	260,000	-	260,000
3. USA/AID(W)	2,300,000	-	2,300,000
4. UNDP/UNROB	87,000	-	87,000
	<u>3,377,000</u>	<u>-</u>	<u>3,377,000</u>

## Restricted-Projects

Donor	Committed	Estimated	Total
Arab Gulf Fund/UNDP	300,000	-	300,000
Belgium	95,000	-	95,000
Belgium/MSF	10,000	-	10,000
CIDA/Training	225,000	-	225,000
Ford/Epidemic Control	119,000	-	119,000
Ford/Op Research	50,000	-	50,000
Ford/NORP	54,000	-	54,000
Ford/ Morbid Study	79,000	-	79,000
Ford/Fin. Cons.	12,000	-	12,000
France	20,000	-	20,000
France/Emergency Relief	15,000	-	15,000
IDRC/DISC	75,000	-	75,000
IDRC/Demography	27,000	-	27,000
JHU/Natural Fert.	5,650	-	5,650
NORAD/MCH	237,500	-	237,500
National Acad. Sc./BOSTID	20,000	-	20,000
Pop Council/Op Research	19,000	-	19,000
Princeton/Child Mort	2,000	-	2,000
Saudi Arabia/DCC's	372,000	-	372,000
Sweden/SAREC	9,000	-	9,000
UNDP/WHO Clin Research	275,000	-	275,000
UNDP/UCVP	102,000	-	102,000
UNFPA/MCH-Matlab	23,500	-	23,500
UNICEF/ORT and Training	325,000	65,000	390,000
USAID/Dhaka-Nutrition	22,900	-	22,900
USAID/Dhaka/MCH-FP Ext	907,000	-	907,000
USAID/Dhaka-Emergency Relief	100,000	-	100,000

## Restricted-Projects contd. ..

Donor	Committed	Estimated	Total
WHO/Vaccine Trial	50,000	-	50,000
WHO/CDD Protocols		92,000	92,000
WHO/CDD Protocols	7,500	-	7,500
World Bank/Sanit Int	92,000	92,000	184,000
Aga Khan Foundation/CB ORS	22,300	-	22,300
Aga Khan Foundation/China	30,100	-	30,100
JHU/Longitudinal Data File	5,400	-	5,400
UNICEF/Shigella	40,000	-	40,000
Sub-Total :	<u>3,748,850</u>	<u>249,000</u>	<u>3,997,850</u>
	Unrestricted-Core		980,500
	Restricted-Core		3,377,000
	Restricted-Projects		3,997,850
	Total :		<u>8,355,350</u>
Additional Prospects :	UNDP/Dhaka		500,000
	Grand Total :		<u>8,855,350</u> =====

ICDDR,B DONORS 1986 PROJECTIONS

(In US Dollars)

## A. Unrestricted-Core

Donor	Committed	Estimated	Total
1. Australia/ADAB	200,000	-	200,000
2. Bangladesh	34,000	-	34,000
3. Italy	-	100,000	100,000
4. Malaysia	-	100,000	100,000
5. Saudi Arabia	-	100,000	100,000
6. Sweden/SAREC/SIDA	-	200,000	200,000
7. Switzerland	350,000	-	350,000
8. UK/ODA	165,000	-	165,000
9. UNICEF	-	500,000	500,000
10. USAID	-	1,000,000	1,000,000
Sub-Total :	<u>749,000</u>	<u>2,000,000</u>	<u>2,749,000</u>

## B. Restricted-Core

Donor	Committed	Estimated	Total
1. CIDA/DSS	860,000	-	860,000
2. EEC	-	100,000	100,000
3. Japan	350,000	-	350,000
4. USA/AID(W)	-	2,000,000	2,000,000
Sub-Total :	<u>1,210,000</u>	<u>2,100,000</u>	<u>3,310,000</u>
Total (A + B) :			<u>6,059,000</u>

## C. Restricted-Projects

Donor	Committed	Estimated	Total
1. Belgium	100,000	-	100,000
2. CIDA/Training	-	300,000	300,000
3. The Ford Foundation/Ep Cont	60,000	-	60,000
4. The Ford Foundation/Morbid St	80,000	-	80,000
5. IDRC/DISC	55,000	-	55,000
6. NORAD/MCH	-	150,000	150,000
7. National Acad Sc/BOSTID	28,000	-	28,000
8. Saudi Arabia/DCC's	560,000	-	560,000
9. UNDP/WHO Clinical Research	300,000	-	300,000
10. UNDP/UCVP	50,000	-	50,000
11. UNICEF/Sr. FWV Training	-	100,000	100,000
12. UNICEF/ORT and Training	300,000	-	300,000
13. USAID/MCH-FP Ext	1,300,000	-	1,300,000
14. USAID/Philippines-Nepal-Egypt/Trg	-	100,000	100,000
15. USAID/UCVP	-	300,000	300,000
16. WHO/Vaccine Trial	-	50,000	50,000
17. WB/Sanitation Intervention	127,000	-	127,000
18. The AK Foundation/Cereal-based ORT in Kenya/China	-	50,000	50,000
Sub-Total :	2,960,000	1,050,000	4,010,000
Total (A + B + C) :			10,069,000

6/BT/NOV. 85

FINANCE COMMITTEE REPORT  
INCLUDING 1986 BUDGET.

Report of the Finance Committee Meeting Held at 9:00 a.m. Sunday,  
25 November and 2:00 p.m. Monday, 25 November 1985

Members Present: Professor D. Bell (Board Chairman)

Dr. D. Sebina, Acting Chairman

Professor R. Eeckels, Director

Mr. Anwar

Professor L. Mata

Member Absent: Dr. S. Joseph

Invited Persons: Mr. M. R. Bashir

Mr. H. Janssen

Mr. L. Chang

1. Approval of Agenda

The agenda was approved for adoption as presented.

2. Approval of Minutes of the Last Meeting

The minutes of the last meeting held on 25 May 1985 were approved as read.

3. Matters Arising

3.(a) Review of Accumulated Deficit

The Committee reviewed the accumulated deficit of \$2,230,184 at the end of 1984.

A reduction in this deficit can only be achieved by generating special core support and by ensuring that in future the Centre's operations run at a surplus (see Table IV).

3.(b) Increase in National Level Pay Scale

The recent UN wage scale increases cumulate to 21.9 and 26.4 percent respectively for GS and NO level staff retroactively from October 1, 1984.

The increased national pay level scales may be broken down as follows:

- retroactive increase from Oct 1/84 to Dec 31/85:	\$ 596,000
- automatic step increase Jan 1/86 to Dec 31/86:	\$ 22,000
- higher salary level in 1986:	\$ 534,000
	<hr/>
TOTAL	\$1,152,000

3.(c) Reserve Fund

The Committee asked for a staff report at next Board meeting on how best to manage the funds.

The Committee was also pleased to learn of a donation of \$500,000 to the fund by Ford Foundation.

3.(d) Implementation of the Recommendations of Arthur D. Little Report

The Committee was informed that the implementation of the recommendations of the Arthur D. Little Report were proceeding satisfactorily.



3.(e) Overdraft Facility Increase

In May, the Board authorised an increase in the line of credit to U.S. \$3.0 million and in September, American Express agreed to provide U.S. \$3.0 million as follows:

- \$ 1.3 million in N.Y. at Market rate and secured by the Reserve Fund.
- \$ 1.7 million in Dhaka at Bangladesh Bank rate and secured by donor receipts.

4. 1985 Financial Situation and Outlook

A. Table III reflects the financial situation for 1985.

Expenditures were higher than budgeted in total, mainly due to increased spending on funded projects. Income was somewhat lower than expected for the first time in seven years.

More important, however, was the form in which the income was received. The U.S.A. switched \$ 1.9 million in expected core support to \$ 2.3 million in project restricted support. Effectively, this meant that there was about \$ 1.4 million less unrestricted (core) income to support unfunded research and administrative and research support costs (see Table III).

B. Management Action

(1) Personnel

Actions taken by the management focussed on cutting unfunded administrative costs wherever possible. As personnel costs constituted about two-thirds of the total budget, on July 21, a freeze was

imposed by the Director on recruitment and reclassifications.

More drastic action to cut staff and stop unfunded research was not proposed at the time as it was not clear how to proceed. In other words, the new management had not yet become sufficiently informed about all the operations, both scientific and administrative, to propose with confidence an appropriate course of action.

(ii) Other Actions

The Committee commends management for rapid progress in charging appropriate overheads on externally funded projects.

C. Cash Flow

The overdraft at banks stood at \$ 1.6 million at end of 1984 and is expected to increase by \$ 1.2 million to stand at \$ 2.8 million at the end of 1985. Interest costs have increased from \$150,000 in 1984 to an estimate of \$275,000 for 1985.

An increase in the line of credit from \$ 2.0 million to \$ 3.0 million eased somewhat the persistent cash flow pressures at mid-year.

5. 1986 Budget Proposal

The financial outlook for 1986 is very serious. The present outlook for revenue is \$ 9.4 million. The proposed expenditures, as submitted by various program heads total \$ 12.6 million.

In the Committee's view, it is essential to aim to bring expenditures for 1986 within the anticipated revenues, and to make a start on reducing the overdraft. This will require very strong policies,

with the Director taking personal responsibility for their implementation.

Some of the problems to be faced in trying to achieve a balanced budget with the potential to produce a surplus include the following:

A. Personnel

About 70% of the Centre's spending is for personnel and any effort to reduce expenditures has to deal with personnel.

(1) International Personnel. It will be necessary to reduce the number of international personnel who are not funded by projects. The Director agrees with this, and is proposing to collapse certain jobs, and to reduce the level of others from international to national scale, and to defer hiring others unless, and until, funding can be found.

(2) National Personnel. There is an inescapable increase in salary scales. The Centre follows UN rules, and the UN has raised salary scales in Bangladesh between 22 and 26 percent retroactive to Oct. 1, 1984. Since the Centre is funded prospectively, it cannot afford to pay retroactively. The Committee therefore recommends that the increase should go into effect as of January 1, 1986. The rising cost per employee makes it even more necessary to reduce the number of local personnel. The Director agrees.

Both for international and national employees, the Committee would like to be able to recommend specific targets for reductions. It is our impression that a severe scrutiny of the present employment levels

would permit significant reductions.

The Committee suggests that the Director present to the Board at its next meeting a report on progress with respect to reducing staff, both international and national.

B. Unfunded Research

The Committee sees no option but to eliminate core-unfunded research. The Director agrees.

At the same time, it is to be noted that U.S.AID expects to put at the Director's disposal \$500,000 per annum for Project Development and support funds. These funds will permit the Director to develop new research capabilities and strong research proposals which should then have a good chance of finding external funding.

This raises the question of Teknaf, a field station for which there is no external funding. The Committee has suggested that the Director consider "moth balling" the Teknaf Station until research funding is available to support it.

Dhaka Hospital is an important but expensive component of the Centre. The Committee is pleased to learn that there are possibilities for part of the expenses of this essential service delivery institution being funded.

C. We recognize that the Board is asking simultaneously for increased quality in the Centre's research efforts and reduced costs in all aspects of the Centre's operations. This will mean a dilemma for the Director.

D. The Committee notes that it will be a delicate operation to reduce core-funded research, training, and administrative activities while increasing externally-funded activities of the same type. Staff and facilities may be partially funded from core and partially from external sources.

This is necessary, however, at a time when the Centre's basic funding support has been shifting to much lower proportions of core funding to project funding.

E. The Committee asked the Centre's financial officers to comment on the effects of the various cost saving measures implied by the above. They estimate that there remains an amount in the order of magnitude of \$ 1.5 million of unfunded costs to be dealt with.

Total unfunded salaries (local and international) amount to \$3,971,000. To reduce this by \$ 1.5 million would imply a 37 percent contraction. To request the Centre management to reduce personnel expenditures in 1986 by such a huge amount seems to us unmanageable.

We conclude that even with expert management and the best of intentions, it is very doubtful that the Centre can live within its means in 1986.

An increase in the line of credit to permit the Centre time to put its house in order also seems doubtful. The reason for this is that the amount required could be between \$ 5.0 and \$ 5.5 million with very high interest costs.

The Committee, therefore, considers that extraordinary action is necessary, and that it will be essential to explore every possible avenue with the Government of Bangladesh and the donor community to give the Centre the time to adjust its operations.

Nov/85

TABLE III

1985 INCOME AND EXPENDITURE

	<u>Budget as Presented to the Board May/85</u>		<u>1985 Actual (Estimate)</u>	
<u>INCOME</u>				
Funded Research (Direct Cost)		\$4,441,000		\$5,264,486
Funded Overhead	\$1,453,000		\$1,079,269	
Funds (Core)	2,416,000	3,869,000	1,480,500	2,559,769
Total		<u>\$8,310,000</u>		<u>\$7,824,255</u>
<u>EXPENDITURE</u>				
Funded Research (Direct Cost)		\$3,525,000		\$5,264,486
Unfunded Research (Core)	\$1,779,000		\$1,033,920	
Administrative and Research Support	3,604,000	5,383,000	2,614,594	3,648,514
Total		<u>\$8,908,000</u>		<u>\$8,913,000</u>
		<u>(\$ 598,000)</u>		<u>(\$1,088,745)</u>

TABLE IV  
BREAKDOWN OF DEFICITS

	1983	Operating Deficit	\$ 882,942
Add:		Transfer to Reserve Fund	300,000
		Sub-Total	<u>\$1,182,942</u>
Add:	1984	Operating Deficit	605,613
		Transfer to Reserve Fund	441,629
		Sub-Total	<u>\$2,230,184</u>
Add:	1985	Operating Deficit	1,438,745
Less:		1984 Income Received in 1985	( 813,994)
		Cumulative Deficit	<u><u>\$2,854,935</u></u>

NOTE: Included in the \$2,854,935 cumulative deficit is \$1,186,080 representing an UNROB loan provided interest free by the Government of Bangladesh in 1983. As a provision for possible future repayment, a total of \$841,629 has been set aside as a reserve. Should the loan be converted to a grant, the accumulated deficit would be reduced by \$1,186,080.

ICDDR,B  
BUDGET SUMMARY FOR 1986.

A:TOTBUD86

BUDGET CODE NO.	PROGRAMME TITLE		LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
01	Disease Transmission	Funded	380590	135000	25930	18000	20000	255577	32210	355229	1222536	19900	1242436
		Unfunded	36363	233858	25934	1000	10000	26000	18150	66114	417419	5000	422419
		Sub-total	416953	368858	51864	19000	30000	281577	50360	421343	1639955	24900	1664855
02	Pathogenesis & Therapy	Funded	49510	54505	0	0	5650	13993	2129	117039	242826	9000	251827
		Unfunded	75140	75853	7200	570	4866	25945	5835	48288	243697	8050	251747
		Sub-total	124650	130358	7200	570	10516	39938	7964	165327	486523	17051	503574
03	Host Defense	Funded	9701	47068	0	606	5520	6950	800	2080	72725	0	72725
		Unfunded	24678	51368	3630	0	2450	7100	600	7700	97526	20000	117526
		Sub-total	34379	98436	3630	606	7970	14050	1400	9780	170251	20000	190251
04	Nutrition	Funded	4850	7509	0	150	0	560	150	9820	23039	0	23039
		Unfunded	138770	171920	0	16956	11850	39065	22976	97687	499224	42500	541724
		Sub-total	143620	179429	0	17106	11850	39625	23126	107507	522263	42500	564763
05	Community Services Research	Funded	1169441	520954	86958	49266	424361	203236	301250	197432	2570973	168545	2739518
		Unfunded	43107	242466	40124	1673	8250	9820	20875	20535	386850	2250	389100
		Sub-total	1212548	763420	127082	50939	50686	213056	322125	217967	2957823	170795	3128618
06	Research & Training Support	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	1089076	297777	31107	10491	14313	750037	242962	287237	2723000	330893	3053893
		Sub-total	1089076	297777	31107	10491	14313	750037	242962	287237	2723000	330893	3053893
07	Training, Extension & Comm.	Funded	100320	16640	79272	47674	249627	41454	87750	29400	652137	39669	691806
		Unfunded	69372	50580	20580	1800	13750	6940	4500	9087	176609	12280	188809
		Sub-total	169692	67220	99852	49474	263377	48394	92250	38487	828746	51949	880695
08	Maintenance & Logistics	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	272707	25620	0	2207	3200	105528	12856	18307	440425	73162	513587
		Sub-total	272707	25620	0	2207	3200	105528	12856	18307	440425	73162	513587

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09	Management	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	317229	368282	15106	4651	38265	39636	353480	65469	1202118	56250	1258368
		Sub-total	317229	368282	15106	4651	38265	39636	353480	65469	1202118	56250	1258368
10	Resources Development	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	21618	221184	0	300	61500	5717	7160	8810	326289	20500	346789
		Sub-total	21618	221184	0	300	61500	5717	7160	8810	326289	20500	346789
11	Mandatory Committee	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	1510	3614	131525	600	0	1725	2550	6906	148430	1200	149630
		Sub-total	1510	3614	131525	600	0	1725	2550	6906	148430	1200	149630
12	Employees Benefit	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	25884	0	0	840	937	16480	11339	3367	58847	200	59047
		Sub-total	25884	0	0	840	937	16480	11339	3367	58847	200	59047
13	Project Development	Funded	42812	241678	34690	0	10000	9600	78000	2200	418980	0	418980
		Unfunded	0	0	0	0	0	0	0	0	0	0	0
		Sub-total	42812	241678	34690	0	10000	9600	78000	2200	418980	0	418980
14	Staff Development	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	65816	7228	0	0	2500	390	1350	550	77834	0	77834
		Sub-total	65816	7228	0	0	2500	390	1350	550	77834	0	77834
16 & 17	Guest House & Cafeteria	Funded	0	0	0	0	0	0	0	0	0	0	0
		Unfunded	39875	0	0	0	0	4548	354	298	45075	871	45946
		Sub-total	39875	0	0	0	0	4548	354	298	45075	871	45946
TOTAL US \$		Funded	1757224	1023354	226050	115696	333233	531370	502289	713200	5203216	237115	5440331
		Unfunded	2221145	1749750	275206	41088	171881	1038931	704987	640355	6843343	573156	7416499
		Total	3978369	2773104	502056	156784	505114	1570301	1207276	1353555	12046559	810271	12856830
Total Expenditure 1985			3072896	2170855	511255	85371	357421	1213705	812629	1032353	9256485		

AZ17-10. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

DISEASE TRANSMISSION WORKING GROUP.

A: BUD86DTW

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1986											
		1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
FUNDED													
01 70 00	Cholera Vaccine Trial	1250537	347038	135000	25930	18000	20000	227305	30000	347400	1150673	0	1150673
01 78 00	Shigella Plasmids	500	6684	0	0	0	0	6438	310	1306	14738	0	14738
	Shigella Temp Sensative Mutant	0	11994	0	0	0	0	13000	700	3009	28703	2700	31403
	Shigella Suicidal Mutant	0	12503	0	0	0	0	6500	700	2914	22617	17200	39817
	Dr of Shigella by Co-agglutin	0	2372	0	0	0	0	2334	500	600	5806	0	5806
	TOTAL FUNDED US \$	1251037	380590	135000	25930	18000	20000	255577	32210	355229	1222536	19900	1242436
UNFUNDED													
01 01 00	Disease Transmission W. Group	98088	13820	233858	16584	1000	10000	16250	16500	11134	319146	5000	324146
01 34 00	Handipara Clinic	1280	4071	0	0	0	0	2080	350	650	7151	0	7151
01 49 00	ICDDR,B Surveillance Program	35672	8496	0	0	0	0	845	0	52480	61821	0	61821
01 71 00	Shigella R. Plasmid	612	3179	0	0	0	0	5850	300	1100	10429	0	10429
01 74 00	E. Coli Phage	10764	6797	0	9350	0	0	975	1000	750	18872	0	18872
	TOTAL UNFUNDED US \$	146416	36363	233858	25934	1000	10000	26000	18150	66114	417419	5000	422419
	TOTAL FUNDED + UNFUNDED US \$	1397453	416953	368858	51864	19000	30000	281577	50360	421343	1639955	24900	1664855
	Total Expenditure 1985		407977	330342	22847	16513	10245	263331	44035	326268	1421558		

AZI2-80. Local Salaries + 18%

21-11-1985

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES

## PATHOGENESIS WORKING GROUP.

A-80686PTM

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1986											
		1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
FUNDED													
02 63 00	Fueoxone Study	10195	7796	0	0	0	2150	870	800	11730	23346	0	23346
02 68 00	Double blind Clinical Trial	7762	1588	0	0	0	0	0	479	18197	20264	0	20264
02 69 00	Malidixic Acid & Ampiciline	19754	578	1701	0	0	3500	1625	0	1195	8599	2501	11100
02 70 00	Hyponetramia in Shigella	949	1191	0	0	0	0	2535	250	2856	6832	300	7132
02 72 00	Citrat on the Absorp. Sodiuu	7363	185	912	0	0	0	0	0	300	1397	0	1397
85-034	C. Profloxncin	0	17063	15112	0	0	0	6000	0	24980	63155	6200	69355
85-019	Rice Salt ORS	2661	11499	13068	0	0	0	1786	0	27650	54003	0	54003
85-031	Single Dose Doxycycline	0	4505	0	0	0	0	0	600	20762	25867	0	25867
	Oral Rehydration with Glucose	0	5105	23712	0	0	0	1177	0	9369	39363	0	39363
TOTAL FUNDED US \$		48689	49510	54505	0	0	5650	13993	2129	117039	242826	9001	251827

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## UNFUNDED

02 01 00	Pathogenesis Working Group	190553	21330	69553	0	0	0	4960	1000	3500	100343	7500	107843
02 57 00	Evaluation of Chlamydia	8303	3682	0	0	0	0	3575	0	0	7257	0	7257
02 58 00	Typhoid Fever: Determination	13818	1866	0	0	0	2000	260	255	16371	20752	0	20752
02 61 00	Role of Prostacycline	5943	9331	0	7200	170	0	7540	450	5025	29716	0	29716
02 62 00	Role of Endogenous Prosta.	4874	706	0	0	0	0	641	180	3761	5288	400	5688
02 71 00	Role of Endogenous Prostagland	734	2692	0	0	0	0	1879	250	3600	8421	0	8421
	Impact of Home Therapy	0	35535	6300	0	400	2866	3840	3700	14000	66641	150	66791
	Mechanisms of Hypoglycemia	0	0	0	0	0	0	3250	0	2031	5281	0	5281
TOTAL UNFUNDED US \$		224225	75140	75853	7200	570	4866	25945	5835	48288	243697	8050	251747
TOTAL FUNDED + UNFUNDED US \$		272914	124650	130358	7200	570	10516	39938	7964	165327	486523	17051	503574
Total Expenditure 1985			44774	182913	10940	17	3970	10548	26044	55268	334474		

AZ12-10. Local Salaries + 18% 21-11-85.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES

HOST DEFENSE WORKING GROUP.

A:8D686HDW

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1 9 8 6											TOTAL PROJECT COST
		1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	
<b>FUNDED</b>													
03 22 00	Immuno. Analysis of V.Cholera	9185	3172	23534	0	606	2520	3900	300	1600	35632	0	35632
03 27 00	Immunogenicity of ...C.Vacca.	17200	6529	23534	0	0	3000	3050	500	480	37093	0	37093
	TOTAL FUNDED US \$	26385	9701	47068	0	606	5520	6950	300	2080	72725	0	72725
<b>UNFUNDED</b>													
03 01 00	Host Defense Working Group	86724	0	0	0	0	0	0	0	0	0	0	0
-- --	Immunogenicity of Shigella LPS	0	10301	5864	1350	0	0	3550	300	3750	25135	10000	35135
-- --	Shigella Outer Membrane Prot.	0	14377	45484	2280	0	2450	3550	300	3950	72391	10000	82391
	TOTAL UNFUNDED US \$	86724	24678	51368	3630	0	2450	7100	600	7700	97526	20000	117526
	TAL FUNDED + UNFUNDED US \$	113109	34379	98436	3630	606	7970	14050	1400	9780	170251	20000	190251
	Total Expenditure 1985		30788	80462	0	0	24755	8211	88	6708	151012		

AZ17-00. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

NUTRITION WORKING GROUP.

A:8DG86NH6

													1986	
BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST	
FUNDED														
04 28 00	Nutrition Education, Tangail	38167	2478	3078	0	150	0	430	150	1050	7336	0	7336	
04 41 00	Digs. & Efficacy of cereal ORS	51885	2372	4431	0	0	0	130	0	8770	15703	0	15703	
TOTAL FUNDED US \$		90052	4850	7509	0	150	0	560	150	9820	23039	0	23039	

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## UNFUNDED

04 01 00	Nutrition Working Group	156252	29793	81951	0	398	9310	5483	9965	4863	141763	0	141763
04 11 00	Water Sanit. - Teknaf	62191	43391	6854	0	3250	0	17381	5616	800	77292	2500	79792
04 40 00	Socio-environmental Determinant	24877	4059	7780	0	0	0	75	0	1615	13529	0	13529
04 43 00	Absorption of micronutrients	23631	263	3080	0	0	0	325	550	5763	9981	0	9981
04 45 00	Feeding & Rehabilitation Unit	13480	21325	0	0	9600	0	2288	3700	3935	40848	0	40848
	Enteric Protein Loss in D.D.	0	5987	0	0	0	0	7680	200	41260	55127	0	55127
	Bioavailability of Iron	0	1516	0	0	0	0	390	0	830	2736	0	2736
	Vitamin A Contents of B. Milk	0	2797	15607	0	1800	0	2548	1020	23147	46919	40000	86919
	Health Care in Rural Bangladesh	0	10478	23088	0	1300	2540	2010	1150	5135	45701	0	45701
	Effect of Vegetables on S. Vit.	0	3221	0	0	200	0	156	500	3000	7077	0	7077
	Risk Factor in Chronic Diarrh.	0	7198	15562	0	0	0	33	0	1890	24683	0	24683
	Impact of Sanitary in D. Dhaka	0	7269	15562	0	0	0	364	125	3977	27297	0	27297
	Seasonal Vit. in the status	0	1473	2436	0	408	0	332	150	1472	6271	0	6271
	TOTAL UNFUNDED US \$	280431	138770	171920	0	16956	11850	39065	22976	97687	499224	42500	541724
	TOTAL FUNDED + UNFUNDED US \$	370483	143620	179429	0	17106	11850	39625	23126	107507	522263	42500	564763
	Total Expenditure 1985		81308	220492	3728	1689	876	10802	26259	70760	415914		

AZ17-70. Local Salaries + 18% 21-11-1985.

ICDR, B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

COMMUNITY SERVICES RESEARCH WORKING GROUP.

A:BD686CSR

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1986											
		1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
FUNDED													
05 03 01*	D.S.S. Matlab & Teknaf	606475	294100	162240	9760	11266	12000	82000	203000	0	774366	80968	855334
05 46 01	MCH - FP Extension, Dhaka	308745	135823	159084	62693	5000	12000	16510	2800	29000	422910	5000	427910
05 46 03	MCH - FP Extension, Sirajgong	52464	102773	0	0	8000	0	11570	16300	4500	143143	2000	145143
05 46 04	MCH - FP Extension, Noapara	43227	92894	0	0	10000	0	11960	15500	2500	132854	3100	135954
05 46 10	Maternal & Child Health	0	0	0	0	0	0	0	30000	0	30000	0	30000
05 46 11	CHS - Matlab Research	19062	50093	0	12615	1000	0	1300	0	27700	92708	0	92708
05 46 --	MCH-FP Ext., FWA Experiment	0	41560	0	0	2000	0	910	400	1100	45970	12631	58601
05 46 --	MCH-FP Ext., New Dist. Focus	0	42456	33000	0	5250	0	13650	10500	3000	107856	49646	157502
05 47 00	Urban Volunteer Programme	242562	99584	54256	1890	4080	10082	23725	7700	60482	261799	5000	266799
05 48 00	Hirzapur Handpump Project	133470	53345	14058	0	0	0	9061	2700	13250	92414	0	92414
05 49 00	Chandpur ORS Study	47013	43979	6632	0	1000	2486	4550	3400	8800	69847	8200	78047
05 57 00	Data Linkage Project	3000	7274	0	0	0	0	0	0	0	7274	0	7274
05 58 00	Family Planning Related Study	98482	9913	45584	0	450	2768	6500	250	9600	75065	0	75065
05 60 00	Matlab MCH-FP Services	26800	182048	33600	0	720	3100	21000	9700	35500	285668	2000	287668
New	Infant Mortality Dynamics	0	13600	12500	0	500	0	500	0	2000	29100	0	29100
TOTAL FUNDED US \$		1581300	1169441	520954	86958	49266	42436	203236	301250	197432	2570973	168345	2739518

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## UNFUNDED

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05 01 00	C.S.R. Working Group	223780	3599	242466	40124	1000	5850	6500	15000	9750	324289	0	324289
05 51 00	Impact of Measles Immunization	54061	20274	0	0	673	0	1950	3700	4985	31582	0	31582
05 61 00	Adolesent Pregnancy Outcome	1480	2491	0	0	0	0	0	0	780	3271	0	3271
New	Optm. of Screening Technique	0	16743	0	0	0	2400	1370	2175	5020	27708	2250	29958
TOTAL UNFUNDED US \$		279321	43107	242466	40124	1673	8250	9820	20875	20535	386850	2250	389100
TOTAL FUNDED + UNFUNDED US \$		1860621	1212546	763420	127082	50939	50686	213056	322125	217967	2957823	170795	3128618
Total Expenditure 1985			823463	493959	202238	34002	30467	126590	125114	178858	2014691		

AZ17-10. 1) \*Including 05 03-04 &amp; 05 55-01 budget.

w) Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

## RESEARCH AND TRAINING SUPPORT FACILITIES.

A:BD686RTS

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	1 9 8 6										
			LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
06 01 01	Physician - Dhaka Hospital	86157	79249	67200	0	0	0	2172	15920	7523	172064	0	172064
06 01 02	General Ward - Dhaka Hospital	253858	115914	23088	0	0	0	23843	26641	131547	321033	10500	331533
06 01 03	D.D. Treatment Centre - Dhaka	183900	82921	0	0	0	0	51252	42807	50272	227252	2750	230002
06 01 04	Clinical Pathology Laboratory	30460	31874	0	0	0	0	8775	1750	2734	45133	4000	49133
06 01 06	X-Ray Unit	17018	7816	0	0	0	0	11974	4661	47	24498	11500	35998
06 01 08	Pharmacy - Dhaka Hospital	77698	11923	0	0	0	0	82336	1694	9273	105226	1450	106676
06 01 10	Clinical Research Ward - Dhaka	71042	65348	0	0	0	0	6597	16647	3886	92478	0	92478
06 01 11	Traveller's Clinic	18972	1501	0	0	0	0	1723	2400	10803	16427	0	16427
06 02 01	Matlab Health Services	131223	68697	45000	0	2126	0	70323	3394	14660	204200	2821	207021
06 02 02	Matlab Administration	56297	64046	0	0	2489	0	10398	4181	2791	83905	270	84175
06 02 03	Land Transport - Matlab	5689	4475	0	0	215	0	4561	66	225	9542	1000	10542
06 02 04	Water Transport - Matlab	148031	62245	0	0	488	0	169676	182	2219	234810	10000	244810
06 02 05	Transport Maintenance - Matlab	19770	15859	0	0	968	0	214	519	44	17604	0	17604
	Sub total	1100115	611868	135288	0	6286	0	443844	120862	236024	1554172	44291	1598463

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06 03 01	Teknaf Dysentery Project	42861	40719	3427	0	1790	0	24083	6100	2550	78669	49200	127869
06 04 01	Microbiology Branch	241067	160107	15312	567	216	7500	39260	10850	16268	250080	17000	267080
06 04 02	I.V. Fluid	33108	17672	0	0	0	0	11245	1100	4926	34943	3500	38443
06 05 01	Biochemistry Branch	75459	80731	0	1500	0	2400	20000	3000	8000	115631	145494	261125
06 06 01	Immunology Branch	3355	0	0	0	0	0	2795	200	667	3662	0	3662
06 07 00	Data Management Branch	18160	20705	2880	0	475	1740	3400	1200	3200	33600	0	33600
06 08 01	Animal Resources Branch	59744	37255	0	0	100	0	31980	1000	1700	72035	10400	82435
06 09 01	Computer Information Services	141744	41758	111440	29040	1334	2673	43342	65600	1000	296187	10000	306187
06 10 01	Community Studies	11725	22599	16404	0	0	0	2860	700	762	43325	3000	46325
06 11 01	Library Services Unit	99400	17022	9118	0	50	0	72338	6300	6350	111178	10735	121913
06 11 02	Publication Unit	18170	14331	3908	0	0	0	2333	2850	2910	26332	140	26472
06 11 03	Gliapse	5947	3747	0	0	240	0	533	7330	1130	12980	0	12980
06 12 01	Medical Illustration Cell	38060	17801	0	0	0	0	21398	1670	1200	42069	37133	79202
06 13 01	Xerox Services	27200	2761	0	0	0	0	29926	1200	50	33937	0	33937
06 14 00	Telex Services	14336	0	0	0	0	0	700	13000	500	14200	0	14200
TOTAL US \$		1930451	1089076	297777	31107	10491	14313	750037	242962	287237	2723000	330893	3053893
Total Expenditure 1985			812278	79792	26017	4570	8122	528940	173674	232684	1866077		

A717-8. Local Salaries + 18% 21-11-1985.

ICDR, B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

A:BD686TEC

Training, Extension and Communication

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITURE	1986								TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
			LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.			
FUNDED													
07 06 67	MSF Joint Collaboration ECPP	0	4295	0	9800	4200	0	9300	3000	0	30595	17833	48428
07 06	Training Courses (Intl.)	0	0	0	0	0	246120	5850	7500	9150	268620	0	268620
07 10 00	Epidemic Control P.P.	75916	61539	0	4000	43000	0	13044	20600	9600	151783	0	151783
07 11 00	DISC	95626	30804	16640	0	0	0	12025	26550	5000	91019	597	91616
07 14 00	Traning Material Developer	71515	3682	0	65472	474	3507	1235	30100	5650	110120	21239	131359
TOTAL FUNDED US \$		243057	100320	16640	79272	47674	249627	41454	87750	29400	652137	39669	691806
UNFUNDED													
07 01 00	TEC Working Group	81975	6431	43350	16500	100	2900	1050	2450	1200	73981	7000	80981
07 03 00	Training Department	71552	53525	7230	4080	990	950	4980	1850	6170	79775	5280	85055
07 06 31	Research Traineeship	595	9416	0	0	0	0	390	0	717	10523	0	10523
07 06 32	International Fellowship	1450	0	0	0	100	0	130	0	250	480	0	480
07 06 33	Other Unidentified Training	1400	0	0	0	0	1	260	100	600	960	0	960
	Conferences	0	0	0	0	610	9900	130	100	150	10890	0	10890
TOTAL UNFUNDED US \$		156972	69372	50580	20580	1800	13750	6940	4500	9087	176609	12280	188889
TOTAL FUNDED + UNFUNDED US \$		400029	169692	67220	99852	49474	263377	48394	92250	38487	828746	51949	880695
Total Expenditure 1985			112987	91406	104336	18076	95343	24053	50175	41587	537963		

AZ12-10. Local Salaries + 18% 21-11 1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

## MAINTANANCE AND LOGISTICS.

A:BDG86MNT

1 9 8 6													
BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
08 01 01	Supply Branch	63197	30260	25620	0	800	3200	4355	2350	3700	70285	15500	85785
08 01 02	Supplies & Material Store	102607	7859	0	0	0	0	1040	700	500	10099	0	10099
08 01 03	Tools & Spare Store	10822	6301	0	0	0	0	4030	600	500	11431	0	11431
08 02 01	Transport Management Branch	145070	97746	0	0	500	0	67811	2716	11150	179923	52162	232085
08 03 01	Maintenance Branch	67308	75798	0	0	907	0	14300	5400	1375	97780	2000	99780
08 03 04	Bio Medical Engineering Branch	16272	19428	0	0	0	0	780	50	100	20358	3500	23858
08 03 06	Logistics & Field Support	41534	35315	0	0	0	0	13212	1040	982	50549	0	50549
	TOTAL US \$	446810	272707	25620	0	2207	3200	105528	12856	18307	440425	73162	513587
	Total Expenditure 1985		221599	18617	0	7227	1107	173173	7428	13165	442316		

A712-8. Local Salaries + 18% 21-11 9185.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

MANAGEMENT.

A:BDG86MNG

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	1986										TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
			LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.					
09 01 01	Director & Supporting Staff	569525	33757	115728	0	850	22500	8400	312000	17900	511135	26500	537635		
09 01 02	Consultants	0	0	0	10550	0	0	650	0	900	12100	0	12100		
09 01 03	Advisory Council	495	0	0	0	1700	0	100	100	600	2500	0	2500		
09 01 05	Research Review Committee	13800	1510	3614	900	0	0	400	250	400	7074	115	7189		
09 01 06	Ethical Review Committee	10000	1510	3614	2900	0	0	400	150	500	9074	65	9139		
09 01 07	Director's Prog. Development	0	0	0	0	0	0	6200	0	0	6200	0	6200		
09 02 01	Finance	106409	4390	77200	0	0	3500	425	3000	600	89115	0	89115		
09 02 02	Personnel	100869	40096	75000	756	683	7055	4450	23850	4050	155940	22300	178240		
09 02 03	Travel Office	8585	8892	0	0	0	0	215	500	590	10197	3000	13197		
09 02 04	Estate Office	28892	15236	0	0	0	0	988	3650	4080	23954	0	23954		
09 02 05	General Service Branch	109032	110349	0	0	198	0	6780	810	4359	122496	1400	123896		
09 05 01	Budget & Finance Office	164435	89380	46890	0	400	3000	9750	7080	30670	187170	2870	190040		
09 06 01	Administrative Service Office	71051	12107	46236	0	820	2210	878	2090	820	65161	0	65161		
TOTAL US \$		1183093	317229	368282	15106	4651	38265	39636	353480	65469	1202118	56250	1258368		
Total Expenditure 1985			290776	470326	48820	1303	50499	27615	317933	71718	1278989				

A212-8. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

RESOURCES DEVELOPMENT.

A-BUD86RD

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITURE	1 9 8 6										
			LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
10 01 00	Resources Development	225085	9751	221184	0	0	60000	5467	6630	6310	308342	20000	328342
10 02 00	Public Relation & Information	12750	12867	0	0	300	1500	250	530	2500	17947	500	18447
	TOTAL US \$	237835	21618	221184	0	300	61500	5717	7160	8810	326289	20500	346789
	Total Expenditure 1985		23246	115678	43360	388	35630	5310	7683	6991	238286		

A[17-8. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES

MANDATORY COMMITTEE.

A:BDG86MC

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	1986										TOTAL PROJECT COST
			LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	
11 01 00	Board of Trustee	110377	0	0	95000	500	0	1300	2300	6100	105200	0	105200
11 03 00	External Scientific Review	0	0	0	32700	0	0	0	0	0	32700	0	32700
11 06 00	Programme Coordi. Committee	13749	1510	3614	3825	100	0	425	250	806	10530	1200	11730
TOTAL US \$		124126	1510	3614	131525	600	0	1725	2550	6906	148430	1200	149630
Total Expenditure 1985			2260	4590	48938	374	66242	1216	3724	5426	132770		

AZI2-8. Local Salaries + 18% 21-11-1985.



ICDR, 8  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

## EMPLOYEES BENEFIT.

A:BDG06EB

BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	1 9 8 6										TOTAL PROJECT COST
			LOCAL SALARIES	INTL. ! SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	
12 01 01	Staff Clinic - Dhaka	41268	17275	0	0	158	0	9613	630	700	28376	200	28576
12 01 02	Staff Clinic - Matlab	12699	3115	0	10	0	0	6682	0	1170	10967	0	10967
12 02 01	Staff Welfare Assoc. - Dhaka	13660	4149	0	0	430	937	39	10539	236	16930	0	16930
12 02 02	Staff Welfare Assoc. - Matlab	1052	1345	0	0	82	0	116	170	661	2374	0	2374
12 02 03	Staff Welfare Assoc. - Teknaf	99	0	0	0	179	0	30	0	0	200	0	200
TOTAL US \$		68778	25884	0	0	840	937	16498	11339	3367	58847	200	59047
Total Expenditure 1985			18888	0	0	932	0	16233	15714	20640	72407		

A212-8. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

## PROJECT DEVELOPMENT.

A:BD686PD

		1 9 8 6											
BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
FUNDED													
13 14 00	Dirrholeal Cont. Centre-Dussan	216332	14562	115114	18280	0	5000	500	25000	1000	179456	0	179456
13 15 00	Dirrholeal Cont. Centre-Riyadh	0	28249	126564	16410	0	5000	9100	53000	1200	239523	0	239523
	<b>TOTAL US \$</b>	216332	42812	241678	34690	0	10000	9600	78000	2200	418980	0	418980
	<b>Total Expenditure 1985</b>		103345	81519	31	5	28849	3506	7074	1235	225564		

A212-10. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

## STAFF DEVELOPMENT.

A:BDG86SD

		1 9 8 6											
BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
14 01 00	Staff Development - Scientific	57420	65816	7228	0	0	2500	260	450	400	76654	0	76654
14 02 00	Staff Development - Others	660	0	0	0	0	0	130	900	150	1180	0	1180
	TOTAL US \$	58080	65816	7228	0	0	2500	390	1350	550	77834	0	77834
	Total Expenditure 1985		55247	759	0	3	1316	0	2612	315	60252		

4212-8. Local Salaries + 18% 21-11-1985.

ICDDR,B  
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

GUEST HOUSE &amp; CAFETERIA.

A-8D6866H

1 9 8 6													
BUDGET CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	INTER DEPTL.	TOTAL DIRECT OPERAT. COST	CAPITAL EXPENDITURE	TOTAL PROJECT COST
16 01 01	Guest House - 1	8885	7689	0	0	0	0	1850	0	180	9719	0	9719
16 01 02	Guest House - 2	5968	5296	0	0	0	0	1157	0	50	6503	0	6503
17 01 01	Cafeteria - Dhaka	21070	26890	0	0	0	0	1541	354	68	28853	971	29824
	TOTAL US \$	35923	39875	0	0	0	0	4548	354	298	45075	871	45946
	Total Expenditure 1985		36564	0	0	0	0	4139	5073	177	45953		

AZIZ-8. Local Salaries + 18% 21-11-1985.

7/BT/NOV. 85

REPORT OF THE PERSONNEL & SELECTION COMMITTEE.

REPORT OF THE PERSONNEL & SELECTION COMMITTEE

The Personnel and Selection Committee met on Saturday, Sunday and Monday 22, 23 and 24 November, 1985 in the Director's Office of the ICDDR,B.

Professor Bell informed the Committee that Mr. Mostafa is no longer a Board Member and requested Dr. J. Sulianti Saroso to chair the Meeting. He explained that Drs. Al-Swailem and Rowley have been co-opted for this Meeting as, in addition to Mr. Mostafa having left the Board, Drs. Cornaz and Ramalingaswami are unable to attend.

## Members Present:

Dr. David Bell

Dr. J. Sulianti Saroso

Dr. A. R. Al-Swailem

Dr. D. Rowley

Dr. R. Eeckels

## Invited Staff:

Mr. R. Dery

Mrs. J. Chowdhury

1) Manpower Staffing

The Director and his staff have prepared a report with various tables attached which provided a good understanding of the personnel situation in the Centre. Some of these tables are presented to the Board in Annexes A-C of this Report.

The Centre has at present 1452 staff members (1401 national and 51 international level staff). This represents a net reduction of approximately 150 positions since the May Meeting. The Director, to maintain this downward trend, has adopted a number of strict guidelines for monitoring and reducing excess staff.

At present manual system of complying management reports required for this type of decision making is slow and costly. The Director has requested that in order to have detailed staffing as well as other management information available in a timely manner a computerised personnel management information system needs to be established as a

minimum on a 'free standing' basis. The Personnel & Selection Committee recommends to the Board to approve this request. The cost implication would be in the neighbourhood of US\$ 25,000.

Details of the national staff manpower count displayed by 'Pay Level' can be found in Annex A. Annex B provides a similar display for international staff while Annex C provides a listing of international 'seconded' staff. The four remaining positions are short-term staff (Chief Finance Officer; Executive Secretary CSRWG; Infectious Disease Research Physician; and Executive Officer ICHDDF).

2) WHO Staff Rules & Manual

The Director presented an analysis of how the text of the ICDDR,B Staff Rules & Manual presently deviates from Board Resolutions and WHO provisions. He also presented rules that are not applicable to ICDDR,B. Further, the Director cited other deviations from WHO which are necessary because of the particular conditions of service, for example, career service appointments, Financial Incentive. The Director was requested by the P & S Committee to make the necessary adjustments and issue a revised Manual & Staff Rules as soon as possible. In addition, the following specific deviations from WHO were addressed:

- a) Education Grant - The ordinance requires that all persons including Bangladeshi nationals appointed to international level positions shall receive the same privileges and salaries for equivalent positions. In relation to the education grant, the equality is there as, if a Bangladeshi national is appointed to Saudi Arabia, he would receive this Grant. WHO Staff Rules read as follows:

350. EDUCATION GRANT

- 350.1 An internationally recruited staff member shall be entitled to an education grant, except as indicated in Rule 350.3. The amount of the grant payable under this Rule shall be 75% of the education expenses actually incurred and admissible under Rule 350.2, not to exceed

a total payment of US\$ 4500 per child per year.

350.3 The education grant shall not be paid for:

350.3.1 periods during which the staff member is assigned to the country of his recognised place of residence except when such periods are immediately preceded by an assignment to an official station outside that country in which case the grant is payable for the balance of the current school year following reassignment but not exceeding one full school year;

To bring the Centre in line with WHO Rules, the P & S Committee proposes.

#### DRAFT RESOLUTION

The Board resolves that the Centre will no longer deviate from WHO in providing the education grant to Bangladeshi International level Staff whose work station is Bangladesh. To avoid financial hardship to those staff currently enjoying this entitlement this privilege will end with the conclusion of the 1986 school year (end of 1986 or mid-1987 whichever is appropriate) and that no staff in this category working in Bangladesh will receive it in the future.

#### DRAFT RESOLUTION

The Board resolves to deviate from WHO rules in discontinuing the 'Education Grant' at the conclusion of a child's secondary education.

- b) Housing Subsidy - The Centre has no provision for this in its Staff Rules and Manual. The Director has applied this WHO provision in the case of Dr. Van Loon as instructed by the May BOT. This provision needs to be part of ICDDR, B Manual.
- c) Local Washing Allowance - This is a local UN regulation which is provided to staff who receive a uniform allowance. The Director recommended to the P & S Committee that the Centre follow this procedure.



DRAFT RESOLUTION

The Board resolves that the Director is authorised to provide a washing allowance effective from January 1, 1986, to any staff member currently having a uniform allowance.

- d) International Staff Salary/Post Adjustment/Pensionable Remuneration Scale Changes - The Director requested that the new UN scales became effective 1 January 1985 be implemented with effect from 1 January 1986. It was explained that although at first glance it appears that the international staff have received an increase, in effect there has been a shift of compensation from post adjustment as the multiplier factor has changed from a plus 14 to a minus 5. Since the Centre had been using an incorrect multiplier of 18, the net effect is a small decrease in take home pay for most international staff.
- e) Insurance Coverage for General Service & National Officer level Staff - The Director recalled for the Committee that at the time of WHO Staff Rules and Manual were adopted, the single most significant deviation was the failure to adopt a comparable staff insurance package. During the past two years, the original insurance system has continued with the Centre absorbing most of the cost of staff health care and life insurance. After lengthy review and investigation, the Director presented a comprehensive insurance package for both long and short term staff. Details of these plans can be found later in this report.
- f) Conflict of Interest Clause - This clause which deviates from WHO was discussed and approved at the March P & S Committee Meeting, but was not brought to the Board in May.

WHO 110.7 "a staff member who has any financial interest in any business concern with which he may be required, directly or indirectly, to have official dealings on behalf of the Organisation shall report such interest to the Director-General who shall decide on the applicability of Staff Regulation 1.4".

ICDDR,B 110.6 - Change to read:

"a staff member who has any financial interest in a medical practice or business concern shall report this matter to the Director who shall decide on the applicability of Staff Regulation 1.4".

ICDDR,B 110.6.5 - addition

"a staff member shall inform the Director ICDDR,B of any commitment to outside professional activities."

### 3) General Service & National Officer Salary/Benefit Revisions

The Director reported that the UN agencies had implemented two salary/benefit revisions since the May Meeting. The first increase was announced in September and was retroactive to 1 October 1984. The Centre was advised on 3 November 1985 of a second increase (in addition to the first) that was retroactive to 1 January 1985. The overall cost to the Centre of giving these increases retroactively would be about \$ 600,000. The cost impact on the 1986 Budget would be approximately \$ 550,000. The Director also advised the Committee that the ICDDR,B Manual (2.50) provides that "when a revision of salary takes place for the local WHO GS staff, the date of implementation for the Centre's staff is the same as WHO"....

The Committee recognising the differences in funding for UN agencies and the Centre's inability to obtain retroactive funds from donors, recommends that the relevant Manual and Staff Rules be changed to reflect the above, i.e. "... as and when approved by the Board of Trustees". With regard to the present increases in scale, the Committee recommends that they become effective from January 1, 1986 and not be retroactive.

#### DRAFT RESOLUTION

The Board resolves to deviate from WHO in discontinuing automatic retroactive salary and benefit increases for General Service and National Officer staff. Any increases granted by the UN agencies and (WHO) Trustees.

DRAFT RESOLUTION

The Board resolves to implement the new WHO salary/benefit scales effective January 1, 1986.

4) General Service & National Officer Insurance Plans

The Director presented four different plans for the P & S Committee review:

Group Health Insurance for fixed term staff; Group Personal Accident and Illness Insurance for fixed term staff; Group Personal Accident and Illness for Short Term Staff; Voluntary Group Life for fixed term staff. These plans are more or less consistent with those of WHO in terms of premium rates and coverage (See Annex D). Initially, the Staff Clinic will still be available to those staff who wish to avail it, but on a 'fee for service basis'. The plans themselves are contributory with the Centre paying 50% of the Premium, except for Voluntary Life Insurance. In this plan, the Centre will pay 100% of the premium upto 100% of salary, any coverage over (upto 300%) will be completely by the staff member.

5) Review of Positions at International Level

To facilitate discussions, these matters are presented under the following headings:

(a) New Positions

Positions presented to the Board for approval in May 1985, namely, Clinical Nutritionist (P3-P4), Head Training Division (P4), Training Coordinator (P2), Programme Officer Resources Development (P1), Publications & Communications Specialist, MCH-FP Trainer (P4) and MCH-FP Operations Researcher (P1) remain deferred, except for the Pathologist. This position should be left open. In the meantime Professor Eeckels should try to negotiate for someone on the National Officer scale, and, if this is not successful, a secondment, through WUSC, for example.

No other new positions funded for unfunded have been requested.

b) Positions already approved

Taking into account financial and organisational considerations, the following is recommended to the Board for approval:

b.1 Delayed appointment

- Senior Scientist (PTWG - P5)
- International Research Associate (Immunology - P3)
- Grants Administrator - Professor Eeckels advised that the recruitment process for the Grants Administrator has been stopped as it is felt that an experienced professional person is required (who is able to train a local counterpart). The Centre is trying to have such a person seconded to the Centre through WUSC. The training of a counterpart has been written into the terms of reference presented to WUSC. The Committee noted this and agreed that the secondment process should continue.

The Director agreed that the seconded person will participate in the selection process of identifying a counterpart.

b.2 To be advertised

- Chief Finance Officer (P5) should be advertised now (assuming Mr. Janssen will be leaving in 12 months)
- Chief Personnel Officer (P4) should be advertised in 6 months time since at present Mr. Ronald Dery is Acting Chief Personnel Officer and has a contract with the Centre until June 1987.

b.3 Reclassification or collapse of positions

- Resources Development Programme Officer P2 to P1 - delayed appointment.
- Chief Supply Officer (P1) to revert to NO level. This post will be collapsed at P1 level and readvertised at NO level.
- MCH-FP Coordinator P1 level revert to NO level
- Head Animal Resources P1 level revert to NO level
- Head Matlab Station (P1) as funds have not become available, to revert to NO level.
- Internal Auditor to be collapsed.

- Scientist (CSRWG - P5) to be collapsed when Dr. Shushum Bhatia leaves at the end of December 1985.
- Demographer (P4) and Microbiologist (P4) - As agreed by telex during September/October 1985, these two positions will be collapsed from 1 July 1986.
- Two positions of International Research Associate (both P1) to be collapsed effective from 1 July 1987. The two incumbents have been informed.

(c) New Appointment

- MCH-FP Physician (P3) - Dr. Laila Akbar was interviewed as scheduled. Taking into the account the comments of the interview board, the Personnel & Selection Committee recommends that Dr. V. Fauveau be appointed at P3 Step 5 (the Director may negotiate one additional step). In the event of Dr. V. Fauveau not accepting the appointment, Dr. Ruth Hope, a very close second, should be offered the appointment at P3 Step 1.

(d) Contract Renewals

- It was agreed that Dr. D. Anand (P5) be given a new 11 months contract as Consultant effective 18 January 1986. The committee was informed that it is a fully funded consultancy.
- It was agreed that Mrs. Ellen Panni be given a new 11 months Consultant Contract at P1 level, effective one month after the conclusion of her present contract.

(e) Six Year Clause Positions Available by June 1986

Before dealing with these positions, in order to have some basis, the Committee discussed the Director's memo of November 22, 1985 entitled "ICDDR,B Salary Structure, Related Matters and Some of Their problems" which has been circulated by the Director to all members.

The Committee felt that the Director's paper correctly calls attention to some of the difficulties of the present situation, and some of the options for dealing with them. In particular, it is

clear that the existing "six year rule", under which employees are terminated after six years, but can apply for reemployment, on a competitive basis, is unsatisfactory. In this and later discussions, the Committee gradually moved toward a consensus view that research staff members (but not administrative staff):

- should be employed and retained on the criterion of scientific productivity (or, initially, the promise of scientific productivity);
- should be reviewed for scientific performance every year (or two years, or three years - consensus not reached);
- should not be employed longer than six years; every researcher that is, would be terminated at the end of six years of employment perhaps with the possibility of a rare exception in a case of extraordinary productivity;
- could be re-employed but only after a period away (one contract 3 years) from the Centre.

Furthermore, the Committee felt that it would be desirable to introduce new grades, above the present National Officer grades, which it is thought would be used in lieu of most P1 and P2 jobs.

The Committee recommends that the Board accept these various provisions in principle, and request the Director to bring forward at the next meeting a specific proposal covering these and such other elements of the Centre's personnel system as he deems necessary.

Recognising the need to move expeditiously to a new system, the Committee nevertheless recognized that there are seven pending cases in which both employees and the Centre have been proceeding under the present "six year rule", unsatisfactory as it is. The Committee is strongly of the view that these cases should be disposed of with due regard to the fact that all concerned have been acting in good faith under procedures approved by the Board, and it is neither feasible nor would it be equitable to dispose of these cases under new rules that are only at an early stage of consideration.

After lengthy consideration, the Committee is recommending the following disposition of these cases:

Two of the positions in question Demographer and Microbiologist were considered by the Director to be unnecessary, and he recommended that they be eliminated, which was agreed by the Board Members by telex in September/October 1985. Under standard rules, this means that the incumbents would not be extended when their present contracts terminate (in June 1986).

The remaining five positions are considered by the Director to be necessary to be continued. They were advertised and, in accordance with the "six year rule", four incumbents applied for appointment.

The Committee recommends that for the position of Paediatrician/Nutritionist Dr. A. M. Molla who has been found the best candidate for the post by the Interview Board, be given a new 3 years contract starting July 1986.

The Director reported that the incumbents for the posts of Nutritionist, Training, Extension and Communications Officer and Epidemiologist were the best applicants responding to the advertisements. Dr. M. U. Khan had a particularly good publication record. It is therefore recommended that Drs. Mujibur Rahaman, K. M. S. Aziz and M. U. Khan be given new 3 year contracts beginning 1 July 1986, respectively as Senior Scientist and Scientist.

As for the Resources Development position, none of the applicants were considered suitable, nor had they the quality of Mr. Bashir. It is therefore recommended that a new 3 year contract be offered to him even though he is not an applicant.

There are questions in some cases whether the grade of the incumbents is unduly high. Considering that the Board explicitly approved the grades, it does not seem appropriate now to propose different grades for an extended appointment.

The Committee is clear that if a firm six year limit were recommended and adopted by the Board at a later date, these four persons should be expected to serve out their received appointments, but would not be eligible for further extension.

(f) Dr. Judy Wasserheit - It was noted that, although extensive efforts have been made to do so, 100% of funding has not been obtained for Dr. Wasserheit. At present only 50% of her salary is covered by project funding. It was agreed that her current contract could continue as it would be more expensive to refund project money. This should not happen again!

(g) Dr. Molla's Promotion

Dr. A. M. Molla has been reviewed by external reviewers and found to be at the rank of Senior Scientist.

DRAFT RESOLUTION

The Board approves the promotion of Dr. A. M. Molla to the rank of Senior Scientist on scientific and academic grounds. The position will revert to Scientist on his departure.

(h) By Law on Centre Housing

This agenda item was not discussed and will be present at the June 1986 BOT Meeting.



For August, September and October 1985

ANNEX A

MAN-POWER POSITION

( PAY LEVEL )

A = August, S = September, O = October

SUBJECT	CORE						PROJECT (FUNDED)						PROJECT (OTHER)						TOTAL					
	FIXED-TERM			SHORT-TERM			FIXED-TERM			SHORT-TERM			FIXED-TERM			SHORT-TERM			FIXED-TERM			SHORT-TERM		
	A	S	O	A	S	O	A	S	O	A	S	O	A	S	O	A	S	O	A	S	O	A	S	O
1. Without Pay Level				38	38	37				170	171	167				146	145	144				354	354	348
2. General Services (GS), Gr-1	163	163	161				18	18	18				11	11	11				192	192	190			
3. GS, Grade - 2	105	105	105				5	5	5				1	1	1				111	111	111			
4. GS, Grade - 3	146	145	145				119	135	134				17	16	16				282	296	295			
5. GS, Grade - 4	117	117	117				31	29	29				6	6	6				154	152	152			
6. GS, Grade - 5	103	102	102				19	19	18				4	4	4				126	125	124			
7. GS, Grade - 6	79	79	77				27	25	25										106	104	102			
8. National Officer (NO), Gr-A	7	7	7																7	7	7			
9. NO, Grade - B	49	49	50				9	9	9										58	58	59			
10. NO, Grade - C	10	10	10				1	1	1										11	11	11			
11. NO, Grade - D	2	2	2																2	2	2			
<b>TOTAL</b>	<b>781</b>	<b>779</b>	<b>776</b>	<b>38</b>	<b>38</b>	<b>37</b>	<b>229</b>	<b>241</b>	<b>239</b>	<b>170</b>	<b>171</b>	<b>167</b>	<b>39</b>	<b>38</b>	<b>38</b>	<b>146</b>	<b>145</b>	<b>144</b>	<b>1049</b>	<b>1058</b>	<b>1053</b>	<b>354</b>	<b>354</b>	<b>348</b>

ANNEX BINTERNATIONAL STAFFING PATTERN BY PAY LEVEL

As on 30.11.85

WORKING GROUP	P1	P2	P3	P4	P5	P6	ASG DO	TOTAL
CSRWG	2	-	4	3	2	1	-	12
DTWG	-	-	2	2	-	-	-	5
HOST DEFENCE	-	-	-	-	1	-	-	1
MANAGEMENT	2	1	-	1	-	-	1	5
NUTRITION PROGRAMME	1	1	1	-	1	-	-	4
PTWG	2	-	1	1	-	-	-	4
PROJECT DEVELOPMENT	-	-	-	1	-	-	-	1
RES. DEVELOPMENT	1	-	-	-	1	-	-	2
TRG., EXT. & COMM.	1	-	-	-	1	-	-	2
TOTAL	9	2	8	8	7	1	1	36

ANNEX CINTERNATIONAL STAFFING (SECONDED)

<u>Country</u>	<u>N a m e</u>	<u>Position</u>	<u>Period</u>	
Belgium	Ms. Francaise Moonens	Research Physician CSRWG	24/2/85	2 years
	Ms. Isabella Vesters	Nurse Physician's Assistant, PTWG	30/3/81	Open
Canada, WUSC	Mrs. Brenda Wroot	Health Educator, TE&C	16/9/84	2 years
	Dr. M. Rahman	Computer Statistician CSRWG	1/9/84	2 years
	Ms. M. Hurrell	Health Educator, CSRWG	16/9/84	2 years
	Mr. Michael Chibba	Health Economist CSRWG	16/9/84	2 years
	Mr. Richard Wroot	Materials Developer TE & C	16/9/84	2 years
	Mr. Ranjan Banerjee	Computer Analyst CSRWG	1/9/84	2 years
France, ORSTOM	Mr. Andre Briend	Scientist, Nutirition	1/84	3 years
The Netherlands, WOTRO	Dr. Frederick Van Loon	Gastro-Enterologist PTWG	24/7/84	2 years
USA, Pop. Council	Dr. M. A. Koenig	Project Head, MCH-FP	1/7/85	Open

1. STAFF HEALTH INSURANCE (Manual Section 17, Annex -A)

This Insurance Plan will provide for the reimbursement of reasonable and customary expenses incurred by staff members and their dependants admitted as participants in the Insurance for medical treatment as a result of accident, illness or maternity administered or prescribed by a qualified physician.

The premium rate is:

	<u>Employee Contribution</u>	<u>Centre's Contribution</u>	<u>Total Premium</u>
One person	0.99%	0.99%	1.98%
Two persons	1.575%	1.575%	3.15%
Three persons or more	2.145%	2.145%	4.29%
( of annual net salary )			

The Centre will be responsible to pay approximately US\$ 36,860 annually (equivalent to 50% of the total premium).

2. GROUP PERSONAL ACCIDENT AND ILLNESS INSURANCE  
(Manual Section 17, Annex - B) (Copy enclosed)

This Insurance Plan will provide benefits in case of death and total and partial permanent disablement. Only staff members are covered under this insurance.

The rate of premium is:

<u>Employee Contribution</u>	<u>Centre's Contribution</u>	<u>Total Premium</u>
0.60%	0.60%	1.20%
( of annual net salary )		

The Centre will be responsible to pay approximately US\$ 10,750 annually (equivalent to 50% of the total premium).

3. VOLUNTARY GROUP LIFE INSURANCE  
(Manual Section 17 Annex - D) (Copy enclosed)

This Insurance Plan will provide benefit in case of death of staff members resulting from any cause. The premium rate is 0.29% of the sum insured. The Centre contributes 100% of the premium on an insured

amount upto 100% of the staff member's salary. However, if the staff member selects the option for more than 100% salary coverage the premium on the additional insured amount will be borne by him. The admitted proportions are 50%, 100%, 150%, 200%, 250% or 300% of annual net salary.

The Centre will be responsible to pay approximately US\$ 9,000 annually.

For Short-Term staff members, the following Insurance Plan may be implemented:

4. GROUP PERSONAL ACCIDENT AND ILLNESS INSURANCE  
(Manual Section 17 Annex - C) (Copy enclosed)

Staff members appointed for less than one year and not covered under the Staff Health Insurance may participate in this Insurance Plan. This Insurance will provide benefits in case of death, partial and total permanent disablement and reimbursement of medical expenses for short-term staff members.

The rate of premium:		Staff Member's Cont. US\$/day	Centre's Cont. US\$/day	Total US\$/day
(i)	Staff earning ranging Tk. 1715 to Tk. 1957	0.25	0.25	0.50
(ii)	" Tk. 1958 to Tk. 2321	0.275	0.275	0.55
(iii)	" Tk. 2322 to Tk. 2817	0.30	0.30	0.60
(iv)	" Tk. 2818 to Tk. 3869	0.325	0.325	0.65
(v)	" Tk. 3870 to Tk. 5417	0.35	0.35	0.70
(vi)	" Tk. 5418 to Tk. 6032	0.375	0.375	0.75
(vii)	" Tk. 6033 to Tk. 7099	0.40	0.40	0.80
(viii)	" Tk. 7100 to Tk. 8840	0.425	0.425	0.85
(ix)	" Tk. 8841 to Tk. 11383	0.45	0.45	0.90

Implementation of this Insurance Plan may not be possible due to limited participation of short term staff members, as an annual advance minimum premium must be US\$ 750.

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CHANGES IN BOARD AND COMMITTEE MEMBERSHIP

CHANGES IN BOARD AND COMMITTEE MEMBERSHIP(a) Committees as formed in May, 1985 Board Meeting

<u>Personnel &amp; Selection</u>	<u>Programme</u>
* Mr A.B.M. Ghulam Mostafa	All Board Members but more
+ Prof. D. Bell	particularly -
Dr I. Cornaz	
# Prof. R. Eeckels	* Prof. J. Kostrzewski
Dr V. Ramalingaswami	: Prof. D. Rowley
Dr J. Sulianti Saroso	Dr A.R. Al-Swailem
	+ Prof. D. Bell
	# Prof. R. Eeckels
	Dr R. Feachem
	Maj. Gen. M. Shamsul Haq
	Dr L. Mata
	Dr M.H. Merson
	Dr Y. Takeda
<u>Finance</u>	
* Mr Munir-uz-Zaman	
+ Prof. D. Bell	
# Prof. R. Eeckels	
Dr S. Joseph	
Dr D.B. Sebina	
* Chairman	+ Ex Officio (Chairman of Board)
: Vice Chairman	# Secretary, Ex Officio (Director)

(b) Changes in Membership of Board since May, 1985

- (i) Mr Munir-uz-Zaman has been replaced by Mr M.K. Anwar.
- (ii) Mr A.B.M. Ghulam Mostafa has been replaced by Mr Manzoor ul Karim.

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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, 17 June, 1986                       | - Board members arrive              |
| Wednesday, 18 and<br>Thursday, 19 June, 1986 | - Programme Committee Meeting       |
| Friday, 20 June, 1986                        | - Free for field visits             |
| Saturday, 21 June, 1986                      | - Personnel & Selection Cttee. Mtg. |
| Sunday, 22 June, 1986                        | - Finance Committee Mtg.            |
| Monday, 23 June, 1986                        | - Report writing and meetings       |
| Tuesday, 24 to<br>Thursday, 26 June, 1986    | - Full Board Meeting                |

The above dates are a week later than tentatively decided in the May 1985 Board Meeting due to the fact that Ramzan and the Eid Holidays fall immediately before 10 June, 1986.

Tentative dates for the November 1985 Board Meeting would be between Tuesday, 18 November (arrival of Board Members) and Thursday, 27 November (last day of full Board Meeting).