# INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

# REPORT OF THE BOARD OF TRUSTEES MEETING

#### **AGENDA**

# BOARD OF TRUSTEES MEETING

# 17-19 JUNE, 1986

1.	Approval of Agenda	- 1/BT/JUNE.86					
2.	Approval of Draft Minutes of Board Meeting November 1985	- 2/BT/JUNE.86					
3.	Director's Report-Presentation of 1985 Annual Report.	- 3/BT/JUNE.86					
4.	Report of Programme Committee (a) Ethical Review Committee (b) Policy on Contacts with Industry (c) Research Plans (d) Status of External Review Plans	- 4/BT/JUNE.86					
5.	Resources Development Report (a) Donor Consortium (b) UNCDF Project Matlab	- 5/BT/JUNE.86					
6.	Report of Executive Committee	-					
7.	Finance Committee Report - 7/BT/JUNE.86  (a) FY1985 Audit Report						
8.	Personnel & Selection Committee - 8/BT/JUNE.86 Report.						
9.	Nominations of Trustees - 9/BT/JUNE.86						
10.	Election of Chairman of the Board- Membership of Committees of the Board.						
11.	Dates of Next Meeting						
12.	Miscellaneous.						

#### DRAFT PROGRAMME

# Tuesday, 10 June

Board Members arrive in Dhaka

# Wednesday, 11 June

Choose from following activities

Finance Committee Meeting Free discussions with staff Visit Matlab Visit Extension Projects (would involve 11-13 June incl.)

# Thursday, 12 June

Programme Committee Meeting Finance Committee Meeting (if not completed on 11th)

# Friday, 13 June

Programme Committee Meeting continues
3pm Personnel & Selection Committee Meeting

# Saturday, 14 June

Programme Committee Meeting concludes Personnel & Selection Committee Meeting (if not completed on 13th)

## Sunday, 15 June

Report writing for the 3 Committees

# Monday, 18 June

Report writing for the 3 Committees

Tuesc	Ay. 1	7 June		<b></b>	Board Meeting
					The morning session will be "open" with donors welcomed. Following luncheon the meeting will be "closed".
8.30	am -	9.00	am	<b></b>	Opening of meeting Speech by Hon. Minister of Health, Government of Bangladesh.
9.00	am -	9.15	am	-	Approval of Agenda
9.15	am -	10.15	am .		Director's Report - Presentation of 1985 Annual Report
10.15	am -	10.30	am	-	Tea
10.30	<b>am</b> -	11.30	am	_	Programme Committee Report
11.30	am -	11.45	am		Financial Statement (Receipts & Expenditures)
11.45	am -	12.30	<b>p</b> m	-	Resources Development Report
12.30	pm -	2.00	pm	-	Lunoh
2.00	pm -	2.30	<b>P</b> m	-	Approval of Draft Minutes of Board Meeting November 1985
2.30	pm -	3.30	pm	-	Report of Executive Committee
3.30	pm -	3.45	pm	_	Tea
3.45	pm -	5.00	pm		Closed Discussion on Personnel & Selection Committee Report

#### Wednesday, 18 June

- 8.30 am 9.30 am Closed discussion on Director' Report
- 9.30 am 10.15 am Closed discussion on Programme Committee Report
- 10.15 am 10.30 am Tea
- 10.30 am 11.30 am Closed discussion on Programme Committee Report
- 11.30 am 12.30 pm Finance Committee Report
- 12.30 pm 2.00 pm Lunch
  - 2.00 pm 3.30 pm Closed discussion on Finance Committee Report
  - 3.30 pm 3.45 pm Tea
  - 3.45 pm 5.00 pm Closed discussion on Resources
    Development Report

#### Thursday, 19 June

- 8.30 am 9.00 am Staff Welfare Association
- 9.00 am 10.00 am Decisions on Personnel & Selection Committee Report
- 10.00 am 10.15 am Nominations of Trustees
- 10.15 am 10.30 am Tea
- 10.30 am 11.00 am Election of Chairman of Board Membership of Committees of the Board
- 11.00 am 11.30 am Dates of Next Meeting
- 11.30 am 12.30 pm Miscellaneous

MINUTES OF THE MEETING

OF THE BOARD OF TRUSTEES, ICDDR, B

26-28 NOVEMBER, 1985

LIST OF CHANGES MADE TO THE DRAFT MINUTES AFTER CIRCULATION TO BOARD MEMBERS

#### Page 10

Second paragraph - the second sentence now leads "The results will be known only after the code will have been broken, by the middle of 1986, in common agreement with WHO.".

- the "original" third sentence has been deleted.

#### Page 12

Second paragraph, line 7 - ", from WHO," has been added after "Dr Nate Pierce".

Third paragraph, last line - "and the Director is to be congratulated" has been changed to read "in great part due to the efforts of the Director.".

#### Page 14

Second paragraph, last line - " for collaboration with industry " has been added between "document" and "should".

#### Page 15

Second paragraph, lines 6 & 7 - have been changed to read "Dr Merson's suggestion that the Centre not accept money for testing a particular new drug but rather for support of particular".

#### Page 19

Second paragraph, first line - "other research institutions in third world countries" has been changed to read "other international programmes".

Minutes of the Meeting of the Board of Trustees, ICDDR,B held at Dhaka November 26-28, 1985.

Members Present : Mr M.K. Anwar

Professor D. Bell - Chairman

Professor R. Eeckels - Secretary

Dr R. Feachem

Maj. Gen. M. Shamsul Huq (for Opening Session Only)

Professor J. Kostrzewski

Professor L. Mata

Er M. Merson

Professor D. Rowley

Dr J. Sulianti Saroso

Dr D.B. Sebina

Dr Y. Takeda

Members Absent : Dr A.R. Al-Swailem

Dr I. Cornaz

Dr S. Joseph

Mr Manzoor-ul-Karim

Prof. V. Ramalingaswami

Invited Staff : Mrs J. Chowdhury, Executive Assistant to the Director

For the Opening Session Only

Dr K.M.S. Aziz, Associate Director, Training,

Extension & Communication

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 and Agenda 5

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

For the Opening Session and Agendas 6 & 7
Mr H. Janssen, Chief Finance Officer

#### Observers

#### : For the Opening Session

Representatives from:Australian High Commission
Chinese Embassy
Ford Foundation
Swedish Embassy
Swiss Embassy
UNFPA
UNICEF

Professor D. Bell, Chairman of the Board, opened the meeting at 8.30 a.m., welcoming, in particular, the representatives of the various diplomatic missions and agencies in Dhaka. He then outlined the morning's programme.

During the closed session, Professor Bell advised that apologies had been received from Dr A.R. Al-Swailem, who was unable to stay for the

full Board Meeting; Dr I. Cornaz; Dr S. Joseph, the new Board Member from UNICEF; Professor V. Ramalingaswami; and Mr Manzoor-ul-Karim, who replaces Mr A.B.M. Ghulam Mostafa as Health Secretary and on the Board. Professor Bell went on to say how fortunate we are to have Drs M. Merson and R. Feachem as new members and welcomed Mr M.K. Anwar back onto the Board.

The morning's proceedings were commended with an address by the Honourable Minister for Health & Population Control, Government of the People's Republic of Bangladesh, Maj. Gen. M. Shamsul Haq. His address was as follows:-

"Bismillahir - Rahmanir - Rahim

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

Assalamu - Alaiqum

On behalf of the Ministry of Health and Population Control, I would like to welcome you to Dhaka and to the 13th meeting of the ICDDR, B Board of Trustees.

Once again, I am honoured to be able to join my distinguished colleagues of the Board to discuss the policies and activities of the Centre.

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

In particular, we are pleased to see that vaccine administration phase

of the oral cholera vaccine trial has been completed successfully, and follow-up work is also going on smoothly. The Government of Bangladesh has given its full support to this trial and we hope the outcome will save millions of lives all over the world.

We also congratulate the ICDDR,B for the progress made towards the development of the new cereal-based ORS and its therapy. This new ORS can be prepared and administered in the patients' homes using ingredients that are readily available and cheaper than packeted ORS. The new ORS which will reduce the distribution and logistical problems has already proved to be promising and effective in the treatment of diarrhoea.

In the field of training, we consider ICDDR, B a major resource in Bangladesh. The Government of Bangladesh is pleased to note that the Centre is offering a variety of training courses every year to health professionals from Bangladesh and other countries. I would like to make a special mention of the training programme for epidemic management, where the Government of Bangladesh is actively involved. This programme is providing a core group of trained health staff for the national health programme. Besides this, the Centre has been assisting the Government's epidemic management efforts by sending out medical teams to combat and control diarrhoea epidemics in rural Bangladesh, which is a recurring phenomenon every year. I am also pleased to inform you that the Centre is providing technical assistance to the formulation and implementation of the CDD programme.

As we are all aware, millions of children continue to suffer from the curse of diarrhoeal diseases in the developing countries. The Government of Bangladesh is pleased to note that ICDDR,B is providing training to

health professionals from developing countries of Asia and Africa.

This is a manifestation of the spirit of Technical Cooperation among developing countries.

The Government of Bangladesh recognizes and appreciates the free treatment ICDDR,B is providing to 100,000 diarrhoeal disease patients every year in its hospitals, a majority of whom are children under five years of age. We also understand that the Centre's Community-based Urban Volunteer Programme, in the slums of Dhaka city, has been very successful in educating mothers in treating mild diarrhoea, xeropthalmia and scabies and in providing them with health education.

It is also gratifying to note that Maternal and Child Health and Family Planning Programme of the Centre has been successful in replicating Matlab MCH-FP experience at Abhoynagar and Sirajganj. We, in the Ministry, hope that this programme could be duplicated in other rural areas of the country in collaboration with ICDDR,B.

We look forward to continued collaboration with the ICDDR,B in other areas for the benefit of people in Bangladesh and all over the world.

We in the Government urge the donors to extend support to the scientific, service, and training activities of the ICDDR,B and hope that they provide institutional support and unrestricted core support to the Centre, in addition to project support.

Finally, on behalf of the Government of Bangladesh, I would like to reaffirm our continued support to ICDDR,B and congratulate the Centre on its outstanding work. I would also like to thank the Director and his staff at ICDDR,B for their efforts to assist Bangladesh and other developing countries to significantly reduce sickness and death of the people.

Thank you.

Khoda - Hafiz

Bangladesh - Zindabad"

Professor Bell thanked Maj. Gen. Haq for his encouraging and supportive words. He added that he is happy to know that the Centre is acting in strong support of the Government of Bangladesh - that the Board greatly appreciates the support that the Government of Bangladesh has given the Centre over the years and is delighted to hear that work is going forward in good collaboration.

#### Agenda 1: Approval of Agenda

The agenda was adopted as presented.

#### Agenda 2: Approval of Draft Minutes of Board Meeting May 1985

The draft minutes of the meeting held May 28-30, 1985 were approved as presented.

#### Agenda 3: Director's Report

Professor Bell introduced Professor Eeckels during the opening session and Professor Eeckels presented his report (appendix 1). Professor Bell thanked Professor Eeckels and asked if any guests from the different organizations in Dhaka interested in the Centre, wished to ask

Professor Eeckels any questions. One representative pointed out that health workers should be persons who attend to all needs of people and not just attend to a particular one. He said that the Centre's MCH-FP activities have proved that this approach does indeed work. He added that this is a message to the Government and good collaboration will lead to changes. Professor Eeckels concurred and added, quoting Dr Jon Rohde that the first primary health care worker should be the mother - we should concentrate on mothers and listen to them.

At the beginning of the closed session, Professor Bell made a few personal comments:-

"This brief note sets forth a few personal comments on the interconnected issues of program, finances and personnel as background for the Board discussions of 26-28 November, 1985.

The underlying premise is that the Centre is doing good and important work on diarrhoeal diseases and related subjects, but that it is potentially capable of doing substantially more research at a substantially higher level of quality.

Financially the Centre faces a new situation: the major donor (USAID) in 1985 shifted abruptly from providing mainly core support to providing entirely project support. While in 1986 AID will move back some distance toward core support, the bulk of AID funding will continue to be project-oriented, and coupled with similar attitudes by other donors, the necessary conclusion is that most Centre funds in the future will have to be provided through project funds.

Furthermore, the <u>amount</u> of funds available to the Centre is unlikely to rise as significantly in the next year or two as in the recent past. The preliminary budget presented to the Board for 1986 shows a serious deficit.

Consequently: 1. the Centre needs to change its past staffing pattern, reducing sharply the research, research support and administrative staff supported by core Tunds; the Centre has to learn to expand its staff to carry out projects, and contract it when projects end;

- all research staff of the Centre need to participate in preparing research protocols and finding funds for them;
- 3. the Centre needs to aim for a staff of very high quality, capable of competing internationally for funds; to this end it needs to find room regularly to acquire able younger staff members and to provide for the regular turnover of continuing staff.

These changes in staffing and financing patterns must be achieved in a time when total funds are short and budget expenditures must be cut radically from what the program directors recommended. We are asking the Director and his staff at one and the same time to raise the quality of the Centre's activities and to reduce staff and costs. This is an extraordinary challenge, and the theme of our meeting must be to help him to the best of our ability to find ways to achieve these partly incompatible objectives and to do so while maintaining a humane attention to the situation of the individuals concerne.

To this end, we need to keep in view the relationships among the recommendations of our three committees:

The Program Committee, among other things, will be recommending that the Centre develop a firm focus on a limited research and training agenda that it can do very well. The Finance Committee will recommend that the Centre achieve at least a balanced budget in 1986, and that to this end it reduce the numbers of core-funded staff, both international and national, that it eliminate virtually all core-funded research; and that it take other severe cost-cutting steps.

The Personnel and Selection Committee is recommending the collapsing and downgrading of a number of international posts, and asking the Director to introduce a firm personnel evaluation system based on scientific productivity coupled with a standard limit of six years on the employment of research (not administrative) personnel, all with due regard to the transition situation of employees who have been operating under different rules. In addition, the Committee is asking the Director to plan for the introduction of two new classifications in the National Officers scale, above the present highest NO classification in the expectation of using those grades to introduce greater flexibility and permit lower average salary costs.

These various recommendations are intended to help the Centre move at the same time toward higher quality research, a more productive staff, and a balanced budget, while treating with due consideration the human beings who make up the Centre. In our discussions of the next several days, I hope we will keep in mind the interrelated nature of our recommendations.".

Mr Anwar said that it's a privilege to be back on the Board. He said that the new Director has been here only 5 months so the Board can't expect much to have happened yet - this is an observation period. The Centre was created out of another institution so it inherited both the good and bad of that institution. Repeated efforts to try and

deviate from the past have been made and of necessity this process is slow. He said he is glad to see that a lot has been done and there is a better awareness now. He agreed with Professor Eeckels that research without patient care is not possible and stressed that this is very important. Mr Anwar offered his assistance to the Director in linking the Centre and national institutions for mutual benefit and collaboration and agreed with the Director that the Centre has a moral obligation to train young doctors and health workers from Bangladesh and outside. Other points raised by Mr Anwar, e.g. vaccine trial, shigellosis, etc. were discussed in detail under this or other agendas. Mr Anwar thanked the Director for his report and wished him success.

With reference to the vaccine trial, Professor Eeckels explained that it is now in the surveillance phase. The results will be known only after the code will have been broken, by the middle of 1986, in common agreement with WHO.

If some degree of protection is found, it is important that the surveillance continue in 1987. In response to a query as to whether it is possible to test new vaccines in Matlab, after having conducted a major trial there, or whether a new area is needed, Professor Eeckels replied that there are two factors to consider (a) psychological and (b) efficacy. If we wish to preserve Matlab as a vaccine trial rea we need to maintain the inhabitant's confidence and we must have their full agreement. As far as efficacy is concerned, it is not probable that the vaccine would offer life-long protection, and the difference between no protection and full protection will determine whether we can go back there. Professor Kostrzewski said that we should be cautious to speak about success. Success of the trial will be based on the effect - is this vaccine better than others?

Drs Khan and Sack are working on the epidemiology of shigellosis. In

Chandpur the acute fatality rate (mostly children and the elderly die) is 10%; two months later it rises to 25%, undernutrition being one of the major causes of death. Some progress has been made towards handwashing interventions: handwashing with neem soap limits secondary infections.

MCH-FP efficacy in terms of lives saved is not what one would hope. The quality of the interventions is presently not optimal, shifts in causes of deaths also may play a role - a child who is protected from dehydration could die a month later of pneumonia. Therefore, integration of services is important.

Funded by CIDA and NORAD, the DSS is an ongoing effort. The scientific yield is still low but much can be expected by the transfer of the data from the IBM S34 to the IBM 4331 and the linkage of the data. This is progressing very satisfactorily.

Chron c diarrhoea, included in the 5-year proposal for scientific activity, is clearly an important and hitherto neglected subject.

Linkages with National Institutions are very important and we have now come to a stage where the PCC is becoming a postively oriented organization. The Centre can't fund activities done by the local scientific community, although \$10,000 was given to study medicinal plants. The Centre cannot be a funding agency but it is eager to be part of the local scientific community. Common ward rounds have been arranged with Shishu Hospital and IPGM&R. We have approximately 12 common protocols, 2 of which are funded by WHO. Drs Aziz, Alam and Rahaman have helped with this and we are going on trying to achieve more. We are aiming to have young Bangladeshi doctors have tours of duty at the Centre and for our doctors to go to other institutions so they may qualify for membership of the Bangladesh College of Physicians

and Surgeons. We have had a number of Ph.D. students coming to the Centre for quite a while. The Centre is very grateful to many leaders of the Dhaka scientific community for their advice, help and support.

We also need institutional linkages abroad. In this way we could have, amongst others, common protocols for funding. At present, expatriates come too much in an individual capacity. It was suggested that the Centre should strengthen its links with Indian Institutions, particularly Dr Pal's. WHO has a central role to play in helping establishing linkages. Professor Eeckels said that he spoke recently with Dr Nate Pierce, from WHO, about the problem of linking with other institutions. Dr Merson said that he is very honoured to be here and went on to say that he believed the Centre should be much more linked to other institutions in research than it has been. The Centre has been trying to link in service due to the pressure from donors, whereas its greater value is in research where the benefit could be for both collaborating institutions. He confirmed that WHO can, and is willing to, play an important role in this.

Professor Kostrzewski asked whether anything was done to improve linkages with the WHO Regional Office. Professor Eeckels replied that not very much has been done, however, thanks to Dr Merson, he was able to go to Delhi last March. Professor Eeckels advised that he plans to visit Dr Ko Ko as soon as possible. Dr Merson said that, for the information of the Board, there has been more collaboration between the Centre and WHO since 1 April this year than there has been during the past five years, in great part due to the efforts of the Director.

#### Agenda 4: Programme Committee Report

Professor Bell introduced Professor Kostrzewski and advised that the

Programme Committee had arrived early last week and had spent a lot of time working here in Dhaka and in the field. Professor Kostrzewski said that this is the Committee's second report. For the first two days the meetings were chaired by Professor Rowley, and a lot of his inspiration is contained in this report. Professor Kostrzewski thanked Dr Feachem for being Rapporteur and for preparing the report presented (appendix 2). Professor Bell thanked Professor Kostrzewski for his searching and constructive report explaining to the observers that the Board established the Programme Committee to look at the Centre's scientific activities, raise issues, and make recommendations to foster quality and effectiveness of the Centre's programme. He thanked the Committee for this.

Observers were asked by Professor Bell whether they had any questions for either the Director or Professor Kostrzewski. Professor Bell said that the report may be modified but it will be available later for general use. It is, after its presentation to and discussion by the Board, also a guide for the Director, his Programme Heads and all other Scientists.

Professor Eeckels said that he is grateful to the Board for its support and guidance. We now have a 5-year proposal to be implemented gradually. Projects already proposed to donors will remain. UNICEF replied that it would welcome looking at changes and that the Centre would not necessarily have to stick to its proposals as originally presented.

An observer queried whether or not it might be better for the Centre to break out into other geographical areas, e.g. the tea gardens. Professor Bell replied that the Centre's headquarters are in Dhaka and we have also been in Matlab for a long time. It would be unwise for the Centre to hop, skip and jump around without consideration for the need for a

strong longitudinal data base. As the Centre has undertaken modifications in its research, its programme has modified as has its locations e.g. Teknaf. This undoubtedly will continue. The question is how long Matlab Station, for example, should be maintained and the Board will consider this later on. It is not intended that the Centre should exclusively service the health activities of Bangladesh. There are Bangladeshi national institutions to do this. Professor Eeckels said that the Centre has been over-extending itself and that many activities can be performed in collaboration with Bangladeshi experts. The Centre is limited to diarrhoeal disease and related MCH-FP activities under its Ordinance. Before considering any changes in that respect, we would need to consult with the Government of Bangladesh and WHO. The observer clarified that he only meant diarrhoeal disease in different ecological settings. Professor Bell said the general intention is to carry out research activities where they can best be undertaken.

In the closed session, Professor Kostrzewski drew the Director's attention to page 5 of the Committee's report and the suggested reorganization of the programmes. He emphasized that this should be read together with the future scientific plans of the Centre, personnel available etc. He mentioned that the ethical aspect of protocol's needs to be looked into, two protocols in particular need urgent attention. With respect to cooperation with industry, Professor Kostrzewski said that the Centre needs to be very cautious and that the cooperation should be to the benefit of the organization and the researcher. A set of rules or a policy dorument for collaboration with industry should be prepared and reviewed.

The question of ethics was addressed first. The Board accepted and endorsed the Committee's recommendation that the Director arrange for an internal review of the ethical review procedures. At this stage action

should only be taken on the two protocols mentioned as not being fully acceptable ethically - only the unethical parts of the protocols need to be stopped. Patient care should also be included in the review. The Programme Committee and Board look forward to receiving the Director's report on this subject next meeting. It was mentioned during the discussion that the Centre should arrange some seminars/discussions on ethics, control groups etc., to make scientific staff more sware of these issues.

Professor Eeckels updated the Board on his still limited contacts with industry: Pfizer (England), Nutricia (Holland) and Janssen Pharmaceuticals (Belgium). The Board requested a written report on the Centre's policy on this matter for its next meeting. The Director, when writing the paper, will take note of Professor Rowley's paper on the subject and Dr Merson's suggestion that the Centre not accept money for testing a particular new drug but rather for support of particular programmes with no strings attached. This policy protects the programme, scientists and the company and does not compromise the Centre. Dr Merson also suggested that a small group of experts could be brought in to help set up a policy - Desmond Lawrence from U.K. is one such person.

In reply to Professor Bell's request for the Committee's views on the Embankment Project, it was advised that the Centre should make use of the DSS to measure the impact on vital rates, migration, etc. It was also stated that there are already persons in the Centre who can do this so there is no need to employ anyone from outside. The Centre should not be the major managers of such a project but should only have a limited medical and demographical input.

The Board noted the Committee's concern about some aspects of the MCH component of the MCH-FP activities. It was agreed that the external

scientific review should focus on MCH-FP. The Director said that he would appreciate receiving names of reviewers.

With reference to the suggested reorganization of the programmes, it was stressed that these are suggestions only and are not meant to bind the Director. The Director should look at the structure of the Centre and adapt it to the Centre's objectives rather than to disciplines. It is suggested that there be only 3 Associate Directors - this change would not be made overnight and would perhaps take 2 to 3 years. Training and Extension should remain as a programme but it needs to be more focussed.

The Director should prepare a draft paper on the research plans of the Centre. This should be sent to selected members of the Board for their comments with the hope of finalising the document before the next meeting of the Board.

Professor Bell thanked the Committee for its hard and effective work and the following resolutions were passed:-

RESOLUTION 1/NOV. 85

The Board accepts the Report of the Programme Committee and congratulates the Committee for the thoroughness of its review work. The Report should serve as general guidance for the activities of the Centre.

RESOLUTION 2/NOV. 85

The Board requests that the Centre formulates a research plan by the next meeting of the Board. This plan should specify the research objectives and priorities of the Centre and justify these in terms of the needs of diarrhoeal disease control programmes, relation to the global state of knowledge and the activities of other major research programmes, and utilization of the special facilities and advantages of the Centre.

RESOLUTION
3/NOV, 85

The Board requests that the Director develop an appropriate organizational pattern for the Centre encompassing related research projects into one programme to the fullest extent possible. This structure should include a programme for training and extension.

RESOLUTION 4/NOV. 85

The Board requests the Director to carry out in 1986 external reviews in the areas of:

- (a) Community Services Research, and, if possible,
- (b) Training, Extension and Communication.

The review of the Community Services Research should focus on the adequacy of the ongoing interventions of the MCH-FP Programme as a function of desired goals, in particular its application to expanded programmes. The review of the Training, Extension and Communication Programme should make specific recommendations about priorities of the Centre in these areas, bearing in mind the WHO activities and current financial constraints of the Centre.

RESOLUTION 5/NOV. 85

The Board requests the Director to establish an informal working group to plan future research related to water, sanitation and hygiene, and setting out the Centre's strategy in these areas for consideration by the Board.

RESOLUTION 6/NOV. 85

The Board requests the Director that a review be carried out of the procedures and operation of the Centre's Ethical Review Committee with the aim of identifying possibilities for improvement. The Centre's staff should review international guidelines for research involving human subjects and should review ongoing protocols for possible flaws. The Board requests an interim report on this activity at the Board meeting in June 1986.

RESOLUTION 7/NOV. 85

The Board requests the Director to prepare a document for review by the Board which describes the Centre's policy in regard to its relations with industry, including the types of cooperation and guidelines for acceptance of financial support.

RESOLUTION 8/NOV. 85 The Board comends the Centre for the physical and administrative improvements of the microbiological laboratories. Funds should be sought to similarly upgrade the biochemistry and pathology laboratories.

PESOLUTION 9/NOV. 85

The Board directs the Centre to make full use of its existing data collection activities to evaluate the impact of the embankment project. The Centre should not assume primary responsibility for any major multidisciplinary study of the impact of this project.

#### Agenda 5: Resources Development Report

Professor Bell introduced Mr M.R. Bashir, Associate Director, Resources
Development who presented his report (appendix 3). Professor Bell
thanked Mr Bashir for his report noting that the account given by
Mr Bashir illustrates clearly the situation and emphasizes why Mr Bashir
has stressed the shift by donors from core to project funding and the problems
that this imposes on Management. Observers were asked for comments/questions.

The representative from Ford Foundation said that if donors have a clearer picture of overall longer term plans, then it would be easier for the Centre to get pledges. Professor Bell agreed. He said this is a new era for the Centre and the Centre has been asked to present a clear-cut research agenda. It is imperative, however, for the Centre to match programmes to donor commitments.

Professor Bell expressed thanks to those who attended the open session of the meeting from the various embassies and agencies.

During the closed session, Professor Eackels explained to the Board Members that Messrs Bashir and Janssen sit together each week to discuss the expected date for receipt of various funds, cash flow, etc. so the information presented to this meeting is up-to-date. This year we are operating on a cash basis but from 1 January we will move to the accrual system of accounting. The Board recognized that this is the first year that Mr Bashir has not reached his target. The various reasons were explained, including the shift to project funding and difficulties in obtaining from some donors funding for the overhead costs associated with projects.

It was pointed out that other international research programmes have had an initial growth spurt and then a levelling off or decline in ability to obtain funds. The Centre needs to consider whether it is reaching a levelling off stage, if so, it would be another reason for getting its expenditure under control. If the Centre cannot survive with the present ratio of restricted to unrestricted funding then the Board must get this message across to the donors.

Professor Bell thanked Mr Bashir.

Before proceeding with the Finance Committee report, Professor Bell said how grateful the Board is for the frank information it has received on finance and personnel. There clearly is a financial emergency and the Board has to consider how additional funds may be raised and what the Centre can and should do to curtail expenditure and bring its finances into order. Also a long term financial plan is needed.

# Agenda 6: Finance Committee Report

Professor Bell thanked Dr Sebina, on behalf of the Board, for chairing

the Finance Committee meetings. Dr Sebina presented the Finance Committee's Report (appendix 4) and thanked the Director and his staff for providing valuable information, thus making the Committee's work much easier.

In discussing the Finance Report, the Board realized that the figures presented at this meeting are much more realistic than those presented in May and that this partly accounts for the difference in figures presented then as to the expected situation at the end of the year and the actual figures. It was appreciated that the Director has cut expected expenses by \$700,000 during the last five months. The Board endorsed the package of cuts presented by Mr Janssen, given the caveat that the Director will use the USAID project development funds to try to cushion the effect of this on priority projects. The Director agreed to look further into the question of Centre staff receiving their salary while they are abroad on training. Also, scientists must draft protocols which can get funded.

Subsequent discussion by the Board of the financial outlook and how to cut expenses etc. are summarized in the paper appearing at the end of this report entitled "Financial Position and Action Plan for Expenditure Reduction". The following resolutions were passed:-

# RESOLUTION 10/NOV. 85

The Board determines that membership of the Separation Payments Fund Board shall consist of:

- the Associate Director, Resources Development (mandatory member)
- the Chief Finance Officer (mandatory member)
- an Associate Director (representative of senior management)
- the Chief Personnel Officer (representative of senior management)
- five subscriber staff to be appointed by SWA (the number representing subscriber staff should exceed management by one).

  Board resolution of 30 May, 1985 on this subject is rescinded.

RESOLUTION 11/NOV. 85

The Board decides that the Director is authorized to appoint an individual to act as Group I signatory during the brief period in December, 1985, when all Group I signatories are expected to be outside Bangladesh.

RESOLUTION 12/NOV. 85

The Board requests the management of the Centre to continue efforts with the Government of Bangladesh to obtain exemption from personal income taxes payable on Centre salaries.

RESOLUTION 13/NOV. 85

The Board takes note of the reply by the Director to the operational audit report for 1984.

RESOLUTION 14/NOV. 85

To retain objectivity of auditors the Board proposes that such appointments shall be rotated every three years. On that basis, Deloitte, Haskins and Sells are appointed as the auditors of ICDDR,B for the 1985 financial year, at a fee to be negotiated by the Centre.

RESOLUTION 15/NOV. 85

The Board resolves that the Centre will continue to pay staff when they are enrolled in Centre-directed training. Centre staff not falling in this category will not receive any salary and benefits during the time of their absence.

RESOLUTION 16/NOV. 85

The Board directs that the Centre's accounts be changed to the accrual method of booking income, effective with the beginning of the 1986 financial year.

### Agenda 7: Personnel & Selection Committee Report

... The Personnel & Selection Committee Report (appendix 5) was presented by Dr J. Sulianti Saroso, Acting Chairman of the Committee. The

Education Grant was discussed and the decision is reflected in the paper "Financial Position and Action Plan for Expenditure Reduction". The Board agreed that the Centre would continue to pay 100% of the premium for Voluntary Life Insurance for GS and NO staff up to 100% of salary. Any coverage over 100% (up to 300%) will be the responsibility of the staff member.

It was requested that when positions are placed before the Board for approval, the job descriptions of these positions should also be given. With reference to the delayed appointment to the Resources Development Programme Officer position at Pl level, it was mentioned that it would depend on the time span between when the last advertisement was placed and when the position is approved to be filled as to whether or not a new advertisement should be placed.

The Board accepted the Committee's recommendation that Dr Fauveau be offered the appointment as MCH-FP Physician. However, Dr Merson wished that it be recorded that he is not pleased with the decision of offering Dr Fauveau the higher steps. Professor Eeckels noted the Board's wish that positions should normally be offered at the first step and that a job should never be offered at higher than two steps down from the top of the grade.

It was agreed that the consultant contracts of Dr D. Anand and Ms E. Panni may be renewed.

It was pointed out that WHO contracts may automatically be terminated at the end of the first year if there is an unsatisfactory probationary period. This clause should be built into the Centre's contracts. The usual evaluation process of reviewing work before a contract is renewed for a second period of three years should continue.

Id.

As for the Finance Committee Report, other points discussed in the review of the Personnel & Selection Committee Report are summarized in the paper "Financial Position and Action Plan for Expenditure Reduction". Professor Bell thanked Dr Sulianti for her report and the following resolutions were passed:-

RESOLUTION 17/NOV. 85

The Board accepts the report of the Personnel and Selection Committee so far as it is not in conflict with the "Report on the Financial Position and Action Plan for Expenditure Reduction" approved by the Board.

RESOLUTION 18/NOV. 85

The Board resolves that the Director is authorized to provide a washing allowance effective from January 1, 1986, to any staff member entitled to a uniform allowance.

RESOLUTION 19/NOV. 85

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.

RESOLUTION 20/NOV. 85

The Board authorizes the Director to offer the funded position of MCH-FP Physician for a period up to 3 years to Dr V. Fauveau at P3 level Step 5 (the Director may negotiate one additional step). In the event of Dr V. Fauveau not accepting the appointment, Dr Ruth Hope may be offered the appointment at P3 level Step 1.

#### Agenda 8: Changes in Board and Committee Membership

After discussion, the Board passed the following resolutions:-

1:

RESOLUTION 21/NOV. 85

The Board appoints to the Programme Committee:

Professor D. Rowley, Chairman of the Committee

Dr M. Merson, Vice-Chairman of the Committee

Dr A.R. Al-Swailem

Dr R. Feachem

Maj. Gen. M. Shamsul Haq

Professor J. Kostrzewski

Dr L. Mata

Dr Y. Takeda

Professor D. Bell, Ex Officio (Chairman of the Board)

Professor R. Eeckels, Secretary, Ex Officio (Director)

for the period until June 30, 1986.

RESOLUTION 22/NOV. 85

The Board appoints to the Personnel and Selection Committee:

Dr I. Cornaz, Chairman of the Committee

Dr R. Feachem

Mr Manzoor-ul-Karim

Dr V. Ramalingaswami

Professor D. Rowley

Dr J. Sulianti Saroso

Professor D. Bell, Ex Officio (Chairman of the Board)

Professor R. Eeckels, Secretary, Ex Officio (Director)

for the period until June 30, 1986.

RESOLUTION 23/NOV. 85

The Board appoints to the Finance Committee:

Dr D.B. Sebina, Chairman of the Committee

Mr M.K. Anwar

Dr S. Joseph

Dr L. Mata

Professor D. Bell, Ex Officio (Chairman of the Board)

Professor R. Eeckels, Secretary, Ex Officio (Director)

for the period until June 30, 1986.

RESOLUTION 24/NOV. 85

The Board designates, under Section 12 of Ordinance L1 of 1978, an Executive Committee to meet, if necessary in the judgement of the Chairman, in the interim before the June, 1986, Board Meeting, to review and to advise on the execution of the "Financial Position and Action Plan for Expenditure Reduction", and to consider and take action on other matters that may arise in connection with the Centre's present financial difficulties. The Executive Committee shall comprise at least the Chairman, the Director, one Bangladeshi member of the Board, and one other member of the Board.

#### Agenda 9: Dates of Next Meeting

It was agreed that the Board Members should arrive on Tuesday, 10 June, 1986 and that Wednesday should be spent on field visits. It was also agreed that formal meetings of the Programme Committee would start on Thursday, 12 June and that the Finance and Personnel & Selection Committee meetings would be held during the week of 9 June - no specific dates were mentioned. The full Board Meeting will be held on Wednesday, 18 June, Thursday, 19 June, and Friday, 20 June, 1986.

No mention was made of the dates for the November 1986 meeting but it is tentatively planned that this will be held between Tuesday, 18 November (arrival of Board Members) and Thursday, 27 November (last day of full Board Meeting).

#### Agenda 10: Miscellaneous

#### (a) Emergency Plan

The Board recognized the need for an emergency plan for the Centre, and had a lengthy closed meeting to discuss this. The following resolutions

were passed and the paper "Financial Position and Action Plan for Expenditure Reduction" prepared.

# RESOLUTION 25/NOV. 85

The Board directs that the following steps, among others, be taken to increase the revenue of the Centre:

- (a) The Chairman should write a letter to all donors which
  - (i) outlines the financial position and action plan for expenditure reduction, and
  - (ii) seeks additional financial support to alleviate the situation.
- (b) The Chairman, other Board Members, and/or the Director should visit some long-term donors of the Centre as soon as possible to further the purposes mentioned in (a).
- (c) If the Centre's 1986 Consultative Meeting is convened in Dhaka, it is important to send invitation letters emphasizing the importance of attendance by those who are involved in decisions regarding funding.
- (d) The Centre should provide more technical information in its Annual Report. It should prepare additional and separate promotional materials for use in fund-raising.
- (e) The Centre should seek to raise additional resources from "non-traditional" sources (e.g. foundations, industry, etc.).

# RESOLUTION 25/NOV. 85

After intensive deliberation, the Board prepared and approved the following document entitled "Financial Position and Action Flan for Expenditure Reduction", and instructs the Director to carry out all action steps described in that document.

# RESOLUTIONS BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

#### RESOLUTIONS

#### BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

#### RESOLUTION 1/NOV. 85

RESOLVED: The Board accepts the Report of the Programme

Committee and congratulates the Committee for the
thoroughness of its review work. The Report should
serve as general guidance for the activities of the
Centre.

#### RESOLUTION 2/NOV. 85

RESOLVED: The Board requests that the Centre formulates a research plan by the next meeting of the Board. This plan should specify the research objectives and priorities of the Centre and justify these in terms of the needs of diarrhoeal disease control programmes, relation to the global state of knowledge and the activities of other major research programmes, and utilization of the special facilities and advantages of the Centre.

#### RESOLUTION 3/NOV. 85

RESOLVED: The Board requests that the Director develop an appropriate organizational pattern for the Centre

encompassing related research projects into one programme to the fullest extent possible. This structure should include a programme for training and extension.

#### RESOLUTION 4/NOV. 85

RESOLVED

The Board requests the Director to carry out in 1986 external reviews in the areas of:

- (a) Community Services Research, and, if possible,
- (b) Training, Extension and Communication.

  The review of the Community Services Research should focus on the adequacy of the ongoing interventions of MCH-FP Programme as a function of desired goals, in particular its application to expanded programmes.

  The review of the Training, Extension and Communication Programme should make specific recommendations about priorities of the Centre in these areas bearing in mind the WHO activities and current financial constraints of the Centre.

#### RESOLUTION 5/NOV. 85

RESOLVED

The Board requests the Director to establish an informal working group to plan future research related to water, sanitation and hygiene, and setting out the Centre's strategy in these areas for consideration by the Board.

## RESOLUTION 6/NOV. 85

RESOLVED

The Board requests the Director that a review be carried out of the procedures and operation of the Centre's Ethical Review Committee with the aim of identifying possibilities for improvement. The Centre's staff should review international guidelines for research involving human subjects and should review ongoing protocols for possible flaws. The Board requests an interim report on this activity at the Board meeting in June 1986.

#### RESOLUTION 7/NOV. 85

RESOLVED

The Board requests the Director to prepare a document for review by the Board which describes the Centre's policy in regard to its relations with industry, including the types of cooperation and guidelines for acceptance of financial support.

#### RESOLUTION 8/NOV. 85

RESOLVED

The Board commends the Centre for the physical and administrative improvements of the microbiological laboratories. Funds should be sought to similarly upgrade the biochemistry and pathology laboratories.

# RESOLUTION 9/NOV. 85

RESOLVED

The Board directs the Centre to make full use of its existing data collection activities to evaluate the impact of the embankment project. The Centre should

not assume primary responsibility for any major multidisciplinary study of the impact of this project.

#### RESOLUTION 10/NOV. 85

RESOLVED: The Board determines that membership of the Separation Payments Fund Board shall consist of:

- the Associate Director, Resources Development (mandatory member)
- the Chief Finance Officer (mandatory member)
- an Associate Director (representative of senior managemen
- the Chief Personnel Officer (rep. of senior management)
- five subscriber staff to be appointed by SWA (the number representing subscriber staff should exceed management by one).

Board resolution of 30 May, 1985 on this subject is rescinded.

## RESOLUTION 11/NOV. 85

RESOLVED: The Board decides that the Director is authorized to appoint an individual to act as a Group I signatory during the brief period in December, 1985, when all Group I signatories are expected to be outside Bangladesh.

## RESOLUTION 12/NOV. 85

RESOLVED: The Board requests the management of the Centre to continue efforts with the Government of Bangladesh to obtain exemption from personal income taxes payable on Centre salaries.

RESOLUTION 13/NOV. 85

RESOLVED : The Board takes not of the reply by the Director to

the operational audit report for 1984.

RESOLUTION 14/NOV. 85

RESOLVED : To retain objectivity of auditors the Board proposes

that such appointments shall be rotated every three

years. On that basis, Deloitte, Haskins and Sells

are appointed as the auditors of ICDDR,B for the 1985

financial year, at a fee to be negotiated by the Centre.

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RESOLVED : The Board resolves that the Centre will continue to pay

staff when they are enrolled in Centre-directed

training. Centre staff not falling in this category

will not receive any salary and benefits during the time

of their absence.

RESOLUTION 16/NOV. 85

RESOLVED : The Board directs that the Centre's accounts be changed

to the accrual method of booking income, effective with

the beginning of the 1986 financial year.

RESOLUTION 17/NOV. 85

RESOLVED : The Board accepts the report of the Personnel and

Selection Committee so far as it is not in conflict with

the "Report on the Financial Position and Action Plan

for Expenditure Reduction" approved by the Board.

RESOLUTION 18/NOV. 85

RESOLVED : The Board resolves that the Director is authorized to

provide a washing allowance effective from January 1,

1986, to any staff member entitled to a uniform allowance.

RESOLUTION 19/NOV. 85

RESOLVED : 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.

RESOLUTION 20/NOV. 85

RESOLVED : The Board authorizes the Director to offer the funded

position of MCH-FP Physician for a period up to 3 years to Dr V. Fauveau at P3 level Step 5 (the Director may

negotiate one additional step). In the event of

Dr V. Fauveau not accepting the appointment, Dr Ruth Hope

may be offered the appointment at P3 level step 1.

RESOLUTION 21/NOV. 85

RESOLVED : The Board appoints to the Programme Committee:

Professor D. Rowley, Chairman of the Committee

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Dr A.R. Al-Swailem

Dr R. Feachem

Maj. Gen. M. Shamsul Haq

Professor J. Kostrzewski

Dr L. Mata

Dr Y. Takeda

Professor D. Bell, Ex Officio (Chairman of the Board)
Professor R. Eeckels, Secretary, Ex Officio (Director)
for the period until June 30, 1986.

#### RESOLUTION 22/NOV. 85

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The Board appoints to the Personnel and Selection Committee:

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Mr Manzoor ul Karim

Dr V. Ramalingaswami

Professor D. Rowley

Dr J. Sulianti Saroso

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Professor R. Eeckels, Secretary, Ex Officio (Director)
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#### RESOLUTION 23/NOV. 85

RESOLVED

The Board appoints to the Finance Committee:

Dr D.B. Sebina, Chairman of the Committee

Mr M.K. Anwar

Dr S. Joseph

Dr L. Mata

Professor D. Bell, Ex Officio (Chairman of the Board) Professor R. Eeckels, Secretary, Ex Officio (Director) for the period until June 30, 1986.

#### RESOLUTION 24/NOV. 85

RESOLVED

The Board designates, under Section 12 of Ordinance LI of 1978, an Executive Committee to meet, if necessary in the judgement of the Chairman, in the interim before the June, 1986, Board Meeting, to review and to advise on the execution of the "Financial Position and Action Plan for Expenditure Reduction", and to consider and take action on other matters that may arise in connection with the Centre's present financial difficulties. The Executive Committee shall comprise at least the Chairman, the Director, one Bangladeshi member of the Board, and one other member of the Board.

#### RESOLUTION 25/NOV. 85

RESOLVED

- The Board directs that the following steps, among others, be taken to increase the revenue of the Centre:
- (a) The Chairman should write a letter to all donors which
  - (i) outlines the financial position and action plan for reduction, and
  - (ii) seeks additional financial support to alleviate the situation.
- (b) The Chairman, other Board Members and/or the Director should visit some long-term donors of the Centre as soon as possible to further the purposes mentioned in (a).
- (c) If the Centre's 1986 Consultative Meeting is convened in Dhaka, it is important to send invitation letters emphasizing the importance of attendance by those who are involved in decisions regarding funding.

- (d) The Centre should provide more technical information in its Annual Report. It should prepare additional and separate promotional materials for use in fundraising.
- (e) The Centre should seek to raise additional resources from "non traditional" sources (e.g. foundations, industry, etc.).

#### RESOLUTION 26/NOV. 85

RESOLVED

After intensive deliberation, the Board prepared and approved the following document entitled "Financial Position and Action Plan for Expenditure Reduction", and instructs the Director to carry out all action steps described in that document.

# APPENDIX.2 OF THE MINUTES OF BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

REPORT OF THE ICDDR, B
PROGRAMME COMMITTEE TO THE BOARD OF TRUSTEES
20-25 NOVEMBER, 1985

# 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 mediumterm (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.

# 5. 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 pregnacies 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. Hofyander

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 WEO. 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 <u>Journal of Diarrhoeal</u>

<u>Diseases Research</u> 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. Multher;
- 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 persued 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 pof 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

# APPENDIX. 3 OF THE MINUTES OF THE BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

RESOURCES DEVELOPMENT REPORT

# 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 <u>USAID/</u>

<u>Washington</u> 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 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 <u>Switzerland</u> and the <u>United Kingdom Overseas Development Agency</u>, for which we are most grateful. We expect support on a similar level in 1986 as well.

Resources Development has approached two new potential donors for support in 1986. These are the governments of <u>Italy</u> and <u>Malaysia</u>, both of which have been asked for core support.

The <u>Canadian International Development Agency</u> continues to fund the <u>Demographic Surveillance System</u>. This project support is committed through 1987. In <u>December</u>, 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 <u>European Economic</u>

<u>Community</u> 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 <u>Belgium</u> 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 <u>International Development Research Centre</u> 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 <u>United Nations Development Programme</u> 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 unforseen 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 <u>Consultative Group Meeting</u>, 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 suport 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 dunding. 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.

# 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.

### ICDDR, E DONORS 1985 : COMMITMENTS & ESTIMATES

(In US Dollars)

### A. Unrestricted-Core

Donor	Committed	Estimated	Total
l. Australia/ADAB	186,500		186,500
2. Bangladesh	34,000	44-	34,000
3. Saudi Arabia		100,000	100,000
4. Sweden/SAREC	50,000	100,000	150,000
Switzerland/SDC	345,000	~	345,000
5. UK/ODA	165,000	-	165,000
	780,500	200,000	980,500

### B. Restricted-Core

	Donor	nor Committed Est			
1.	CIDA/DSS			١	
1.	CIDM/ D22	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	<del></del>	87,000	
		3,377,000	**************************************	3,377,000	

### C. 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	<b>-</b> -	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	70tal 50,000 92,000 7,500 184,000 22,300 30,100 5,400 40,000  3,997,850  980,500 3,377,000 3,997,850
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 :	3,748,850	249,000	3,997,850
	Unrestrict	ed-Core	980,500
•	Restricted	-Core	3,377,000
	Restricted	-Projects	3,997,850
	T	otal :	8,355,350
Additional Prospects :	UNDP/Dhaka		500,000
	G	rand Total :	8,855,350

### ICDDR, B DONORS 1986 PROJECTIONS

(In US Dollars)

### Unrestricted-Core

	Donor	Committed	Estimated	Total
1.	Australia/ADAB	200,000		200 000
2.	Bangladesh	34,000	-	200,000
3,	Italy		100.000	34,000
4.	Malaysia	~	100,000	100,000
5.	Saudi Arabia	-	100,000	100,000
6.	Sweden/SAREC/SIDA	-	100,000	100,000
7.	Switzerland	0.50	200,000	200,000
8.	UK/ODA	350,000	-	350,000
9.	UNICEF	165,000		165,000
0.	USAID		500,000	500,000
υ.	OSATD	-	1,000,000	1,000,000
	Sub-Total :	749,000	2,000,000	2,749,000

### B. Restricted-Core

<del></del>	Donor		Committed	Estimated	Total
- •	CIDA/DSS		860,000	**	860,000
	EEC Japan		-	100,000	100,000
•	USA/AID(W)		350,000	<del>-</del>	350,000
•	,		-	2,000,000	2,000,000
		Sub-Total :	1,210,000	2,100,000	3,310,000

Total (A + B):

6,059,000

### C. Restricted-Projects

<u>.                                    </u>	Donor	.Committed	Estimated	Total
ı.	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
0.	UNDP/UCVP	50,000	<del></del>	50,000
1.	UNICEF/Sr. FWV Training	<del>-</del>	100,000	100,000
2.	UNICEF/ORT and Training	300,000		300,000
3.	USAID/MCH-FP Ext	1,300,000	-	1,300,000
4.	USAID/Philippines-Nepal-Egypt/	=	100,000	100,000
5.	USAID/UCVP		300,000	300,000
6.	WHO/Vaccine Trial	***	50,000	50,000
7.	WB/Sanitation Intervention	127,000		127,000
8.	The AK Foundation/Cereal-based ORT in Kenya/China	<u>.</u>	50,000	50,000
	Sub-Total:	2,960,000	1,050,000	4,010,000
	Total (A + B + C) :			10,069,000

# APPENDIX. 4 OF THE MINUTES OF BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

REPORT OF THE
FINANCE COMMITTEE MEETING
INCLUDING BUDEGET FOR 1986

## 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

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

### (i) 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.

TABLE III

#### 1985 INCOME AND EXPENDITURE

		Presented ard May/85	1985 Actual (Estimate)				
INCOME				· · · · · · · · · · · · · · · · · · ·			
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	<b>2,559,</b> 769			
Total		\$8,310,000		\$7,824,255			
EXPENDITURE							
Funded Research (Direct Cost)	· · · · · · · · · · · · · · · · · · ·	\$3,525,000		<b>\$5,264,48</b> 6			
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	· ,	\$8,908,000		\$8,913,000			
	٠	(\$ 598,000)	•	(\$1,088,745)			

TABLE IV

BREAKDOWN OF DEFICITS

	1983	Operating Deficit	\$ 882,942
Add:		Transfer to Reserve Fund	300,000
		Sub-Total	\$1,182,942
Add:	1984	Operating Deficit	605,613
		Transfer to Reserve Fund	441,629
		Sub-Total	\$2,230,184
Add:	1985	Operating Deficit	1,438,745
Less:		1984 Income Received in 1985	( 813,994)
		Cumulative Deficit	\$2,854,935

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.

BUDGET CODE NO.	PROGRAMME TITLE		LOCAL SALARIES	INTL.	CONSULTANT	i LOCAL i TRAVEL	INTL.	SUPPLIES	; OTHERS	! INTER	TOTAL DIRECT		A:TOTBUD86
01	Disease Transmission	Funded Unfunded Sub-total	380590 36363 416953	135000 233958 368858	25930 25934 51864	18000 1000 19000	20000 10000 30000	255577 26000 281577	32210 18150 50360	355229 66114 421343	1222536 1 417419 1639955	19900 5000	1242436 422419
02	Pathogenesis & Theraphy	Funded Unfunded Sub-total	49510 75140 124650	54505 75853 130358	0 7200 7200	0 570 570	5650 4866 10516	13993 25945 39938	2129 5835 7964	117039 48288 165327	242826 243697 486523	24900 	1664855 
03	Host Defense	Funded Unfunded Sub-total	9701 24678 34379	47068 51368 98436	0 3630 3630	606 0 606	5520 2450 7970	6950 7100	800 600 1400	2080 7700 9780	72725   97526   170251	0 20000 20000	503574 72725 117526
04	Nutrition	Funded Unfunded Sub-total	4850 138770 143620	7509 · 171920 179429	0	150 16956 17106	0 14850 11850	560 39065 39625	150 22976 23126	9820 97687 107507	23039 499224 522263	0   42500   42500	23039 541724
05	Community Services Research	Funded Unfunded Sub-total	1169441 43107 1212548	520954 242466 763420	86958 40124 127082	49266 1673 50939	42436 8250 50686	203236 9820 213056	301250 20875 322125	197432 20535 17967	2570973 386850 2957823	168545   2250   170795	2739518   389100
06	Research & Training Support	Funded Unfunded Sub-total	0 1089076 1089076	0 297777 297777	0   31107   31107	0 10491 10491	0   14313   14313	0   750037   750037	0   242962   242962	0 287237 287237	0 2723000 2723000	0 ; 330893 ; 330893 ;	3128618 ; 
07	Training, Extension & Comm.	Funded ; Unfunded ; Sub-total ;	100320 69372 169692	16640 50580 67220	79272 20580 299852	47674 1800 49474	249627 13750 263377	41454 ; 6940 ; 48394 ;	87750 ; 4500 ; 92250 ;	29400 3 9087 3 38487	652137 176609 828746	39669 12280 51949	3053893 ; 
)8 ;	Maintenance & Logistics	Funded ; Unfunded ; Sub-total ;	0   272707   272707	0   25620   25620	0   0   0	0   2207   2207	0   3200   3200	0   105528   105528	0   12856   12856	0 18307 18307	0   440425   440425	73162   73162	880695   

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Continu	ed from last page.												
09	Hanagesent	Funded Unfunded Sub-total	0 317229 317229	0 368282 368282	15106 15106	1 0 1 4651 1 4651	0 38265 38265	39636 39636	† 0 † 353480 † 353480	l 0 1 65469 1 65469	1 0 1 1202118 1 1202118	i . 0 i 56250 i 56250	1 125836 1 125836
10	Resources Development	Funded Unfunded Sub-total	0 21618 21618	221184 221184	0 0 0	300	0 61500 61500	0 5717 5717	7160 7160	0 8810 8810	0 326289 326289	20500 20500	34678 34678
11	Mandatory Cosmittee	Funded Unfunded Sub-total	0 1510 1510	0 3614 3614	0 131525 131525	600 600	0 0	0 1725 1725	0 2550 2550	0 6906 6906	0 148430 148430	0 1200 1200	14963 14963
12	Employees Benefit	Funded Unfunded Sub-total	25884 25884	0 0 0	0	840 840	0 937 937	0 16480 16480	0 11339 11339	0 3367 3367	0 58847 58847	0 200 200	5904 5904
13	Project Bevelopment	Funded Unfunded ; Sub-total ;	42812 0 42812	241678   0   241678	34690 0 34690	0 ;	10000 0 10000	9600 0 9600	78000 i 0 i 78000 i	2200 0 2200	418986 0 418980	0	41898 41898
14	Staff Development	Funded : Unfunded : Sub-total :	0   65816   65816	7228 7228	0	0   0	0 2500 2500	0 390 39 <del>0</del>	0   1350   1350	0 550 550	77834   77834	0 0	7783 7783
5 & 17	Guest House & Cafeteria	Funded   Unfunded   Sub-total	0 39875 39875	0 1	0 1	0   0   0	0 0 0	0 4548 4548	0   354   354	0 298 298	0   45075   45075	9 ; 871 ; 871 ;	45946 45946
, , , , , ,	TOTAL US \$	Funded ; Unfunded ; Total ;	1757224 ; 2221145 ; 3978369 ;	1023354   1749750   2773104	226850   275206   502056	115696 41088 156784	333233 171881 505114	531370   1038931   1570301	502289   704987   1207276	713200   640355   1353555	5203216 6843343 12046559	237115   573156   810271	5440331 7416499 12856830
	Total Expenditure 1985		3072896	2170855 {	511255 ;	85371 ¦	357421	1213705	812629	1032353	9256485		=======================================

FCBDR.8
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

BUDGET		i !	 				1986						
CODE No.	! ! PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITURE	LOCAL SALARIES	INTL.	!   CONSULTANT	LOCAL   TRAVEL	: INTL.	SUPPLIES	l OTHERS	INTER	TOTAL DIRECT		l TOTAL
FUNDED										*********	Prilling (Print) and all appropriate appropriate (print)		
01 70 00	Cholera Vaccine Trial	1250537	347038	135000	25930	18000	20000	227305	1 30000	347400	! 1150673	·	11506
	Shigella Plasmids	500	6684	0	0	0	0	6438	310	1306	14738		   147
	Shigella Temp Sensative Mutant	0	11994	0	0	0	0	13000	700	3009	28703	2700	314
*******	Shigella Suicidal Mutant	0	12503	0	0	0	0	6500	700	2914	22617	17200	; ; ; 398;
	Dx of Shigella by Co-agglutin	0	2372	0	0	0	0	2334	500	600	5806	0	58
	TOTAL FUNDED US \$	1251037	380590	135000	25930	18000	1 20000	255577	32210	355229	1222536	19900	12424
INFUNDED												17700	12727
1 01 00	Disease Transmission W. Group	98088	13820	233858	16584	1000	10000	1 16250	1 16500	11134	319146 ;	5000	32414
1 34 00	Nandipara Clinic	1280	4071	0	0	8	0	2080	350	650	7151	0	715
1 49 09	ICDDR,B Surveilance Program	35672	8496	0	0	0	0	845	0	52480	61821	0	6182
71 00	Shigella R. Plasmid	612	3179	0	0-	0	0	5850	300	1100	10429	0	1042
74 00	E. Coli Phage	10764	6797	0	9350	0	6	975	1000	750	18972	0	1887
	TOTAL UNFUNDED US \$	146416	36363	233858	25934	1600	10000	26000	. 18150	66114	417419	5000	42241
	UNDED + UNFUNDED US \$	1397453	416953	368858	51864	19000	30000	281577	<del></del>	421343	1639955	24900 ;	166485
TOTAL F													

ICDDR.B BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

PATHOGENE	SIS WORKING GROUP.			,	* * * * * * * * * * * * * * * * * * *			-					
BUDGET	; 	} :	!				1986.				*******		A:80686PT
CODE No.	PROJECT/PROTOCOL/BRANCH_TITLE	1985 EXPENDITURE	LOCAL SALARIES	INTL. SALARIES	   CONSULTANT	! LOCAL ! TRAVEL	INTL.   TRAVEL	SUPPLIES	OTHERS	INTER I DEPTL.	TOTAL DIRECT	CAPITAL SYPENDITURE	TOTAL
FUNDED		•	,					***********		· · · · · · · · · · · · · · · · · · ·			
02 63 00	Fueoxone Study	10195	7796	. 0		1 0	i 2150	i 870	; 800	1 11770			***********
02 68 00	Double blind Clinical Trial	7762	1588	0	0	0					- [	0	23346
02 69 00	Nalidixic Acid & Ampiciline	19754	578	1701					479	18197	20264	0-	20264
02 20 9 <b>0</b>	Hyponetrapia in Shigella	949	1191				3500	1625	0	1195	8599	2501	11106
2 72 00	Citrat on the Absorp. Sodium	[ ]		0	0	0	0	2535	250	2856	6832	300	7132
85-034		7368	185	912	0	0	0	0	, 0	300	1397	0	1397
	C. Profloxacin	0	17063	15112	0	0	0	6000	.0	24980	63155	6200	69355
85-019 	Rice Salt ORS	2661	11499	13068	0	0	0	1786		27650	54003		
85-031	Single Dose Doxycycline	. 0	4505	0 1	0	0	0	1	600			0	54003
	Oral Rehydration with Glucose	0	5105	23712	D					20762	25867	0	25867
****	FOTAL FUNDED US \$	48689 1	49510			0	; O	1177	· 0	9369	39363	0 ;	39363
			47010	1 54505	0 1	0	5650	13993	2129	117039	242826 !	9001 /	251827

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UNFUNDED											•				Continued	from last p
02 01 00	Pathogenesis Working Group	190553	3	21330	69553	1	0	. 0	. 0	4960	1000	3500		100343	7500	10784
	Evaluation of Cwlamydia	8303	3	3682	0		0	0	0	3575	0	0	- ; -	7257	0	725
	Typhoid Fever: Determination	13816	B .	1866	0	- ; -	0	0	2000	260	255	16371	- i -	20752	0	2075
02 61 00	Role of Prostacycline	5943	3	9331	0	·* i *·	7200	170	0	7540	450	5025	- [ -	29716	0	2971
62 62 90	Role of Endogenous Prosta.	4874	1	706	0	;	9	;	0	641	180	3761	- ; -	5288	400	568
02 71 90	Role of Endogenous Prostagland	734	; -	2692	0	• ; •··	0	i i	6	1879	250	3600	- í - ! !	8421	Đ	842
	Impact of Home Therapy	:	)	35535	6300	- ; 	0	400	2866	3840	3700	14000	· ; -	66641	150	6679
	Hechanisms of Hypoglycimia	1 (	)	0	1 0	- ;	0	0	0	3250	0	2031	-	5281	0	528
	TOTAL UNFUNDED US \$	224225	5 }	75140	75853	: :	7200	570	4866	25945	\$835	48288	1	243697	8050	25174
TOTAL	FUNDED + UNFUNDED US \$	272914		124650	130358	1	7200	570	10516	39938	7964	1 165327	1	486523	17051	50357
	Total Expenditure 1985	::::::::::::::::::::::::::::::::::::::		44774	182913	:	10940	i 17	3970	10548	26044	55268	:=====	334474	::::::::::::::::::::::::::::::::::::::	

AZIZ-\$0. Local Salaries + 18% 21-11-85.

ICDDR,8
8UDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

BUDGET			; ; ;			**=	1 9 8	<del></del> -			~		A:8DG86HD
CODE No.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITURE	LOCAL SALARIES	! INTL. ! SALARIES	; CONSULTANT	LOCAL   TRAVEL	INTL.   TRAVEL	   SUPPLIES	; OTHERS	i inter i deptl.	TOTAL DIRECT!	CAPITAL ; EXPENDITURE:PI	TOTAL ROJECT CO
UNDED					-				~~~~~~~				
3 22 00	Issuno. Analysis of V.Cholera	9185	3172	23534	0	606	2520	3900	300	1600	35632	0 1	77.70
3 27 00	Immunogecity ofC.Vaccn.	17200	6529	23534	0	0	3000	3050	-	480			35632
******	TOTAL FUNDED US \$	26385 ;	9701	47068	¦ 0	606	5520	ł 6950				o !	37093
NFUNDED						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· <b>`~~~</b>						72725
3 01 00	Host Defense Horking Group	86724	0 -	1 0	; 0	i 0	; o			1 0			******
	Immunogenicity of Shigella LPS	0	10301	5884	1350	. 0		3550		3750		0	0
:	Shigella Outer Membrane Prot.	0	14377	45484	2280	0	2450		300	3950	25135	10000 ;	35135
	TOTAL UNFUNDED US \$	86724 ;	24679,	51368	3630	! 0	2450		*******		72391	10000	82391
TAL FUN	DED + UNFUNDED US \$ {	113109	34379	98436 !	3630	606  -	7970	14050 ;	1400	9780		20000	11752 <b>6</b>
:::::::	Total Expenditure 1985		=======================================	:::::::::::::::::::::::::::::::::::::::	==============			•••••	2100 1	7/00 1	170251 ;	20000 ; 1	90251

ICDDR, B
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

MUTRITION	WORKING GROUP.	************************						•		,			A:BDG86NWG
! BUDGET !			] !				1986	,	<b>*</b>			* The St. St. St. St. 44 Above 14, 1919 19	
CODE	PROJECT/PROTOCOL/BRANCH TITLE	1985 Expenditur	LOCAL SALARIES	INTL.	   CONSULTANT	LOCAL TRAVEL	INTL.	; SUPPLIES	! ! OTHERS	INTER DEPTL	TOTAL DIRECT	- · •	TOTAL PROJECT COST
FUNDED	•		*********		######################################	!		***	<b></b>	~~~		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Nutrition Education, Tangail	38167	2478					0   430	150	1050	7336	0 1	7336
	Digs. & Efficacy of cereal ORS ;		2372	4431	1	0		0 130	<u>.</u>	8770	•	0	15703
	TOTAL FUNDED US \$	90052	4850	7509	! 0	150	;	0 ; 560	150	i 9820	23039	0	23039

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† Mobilian Marking Assessment	******	·			*- <del></del>			****		P	<del></del>			Continued f	rom last pag
	156252	!	29793 	8195	l	0	398	931	} ;	5483	9965	4863	141763	0	141763
Water Sanit Teknaf	62191		43391	685		0	3250		)   1	7381	5616	800	77292	2500	79792
Socio-enviromental Determinant			4059	7780	)	0	0	- ;	·-   · )	75	. 0	1615	13529		13529
Absorption of cronutrients	23631	,	263	3080	·- ; <del>-</del> (	; )	0	-	   32		550		- }		9981
Feeding & Rehabilitation Unit	13480	* ;	21325	8		0	9600		-	}			-	ļ	
Enteric Protein Loss in D.D.	0	-	5987	0	-	0	0.	·	-	}					40848
Bioavailability of Iron	0	- ;	1516	0	-	0 ;	0		-	}	0		-		55127 
Vitamin A Contents of B. Hilk	0	- ;	2797	15607	-	0	1800		-	! 548	1020	·			86919
Health Care in Rural Banglades	0	}	10478	23088	-	0	1300	2540	2	; 010 ;	1150			1	45701
Effect of Vegetables on S. Vit.	0	- ; <del></del> -	3221	0	-	0 ;	200	. 0	-	; 156				:	7077
Risk Factor in Chonic Diarhh.	0	. ;	7198	15562	-	0 !	0	0		33 ;	0		1		24683
Impact of Sanitary in U. Dhaka.	0	· ;	7269	15562	-	0	0			564	125				27297
Seasonal Vit. in the status	0	!	1473	2436		0	408			32					6271
TOTAL UNFUNDED US \$	280431	` 13	38770	171920	1	0 7	16956	11850					P**********		*
UNDED + UNFUNDED US \$ !	370483	1 14	3620	179429	1	0	17106	********				*****		*********	541724
Total Expenditure 1985		:::::::: }	31306 ¦	220492	372	::::::  8	31:::::::::	************	***********	::::::		*********			564763
	Absorption of cromutrients  Feeding & Rehabilitation Unit  Enteric Protein Loss in D.D.  Bioavailability of Iron  Vitamin & Contents of B. Milk  Health Care in Rural Banglades  Effect of Vegetables on S. Vit.  Risk Factor in Chonic Diarhh.  Impact of Sanitary in U. Dhaka  Seasonal Vit. in the status  TOTAL UNFUNDED US \$  UNDED + UNFUNDED US \$	Water Sanit Teknaf 62191 Socio-enviromental Determinant 24877 Absorption of cronutrients 23631 Feeding & Rehabilitation Unit 13480 Enteric Protein Loss in D.D. 0 Bioavailability of Iron 0 Vitamin A Contents of B. Hilk 0 Health Care in Rural Banglades 0 Effect of Vegetables on S. Vit. 0 Risk Factor in Chonic Diarhh. 0 Impact of Sanitary in U. Dhaka 0 Seasonal Vit. in the status 0 TOTAL UNFUNDED US \$ 280431 UNDED + UNFUNDED US \$ 370483	Water Sanit Teknaf 62191  Socio-enviromental Determinant 24877  Absorption of cronutrients 23631    Feeding & Rehabilitation Unit 13480  Enteric Protein Loss in D.D. 0  Bioavailability of Iron 0  Vitamin A Contents of B. Hilk 0  Health Care in Rural Banglades 0  Effect of Vegetables on S. Vit. 0  Risk Factor in Chonic Diarhh. 0  Impact of Sanitary in U. Dhaka 0  Seasonal Vit. in the status 0  TOTAL UNFUNDED US \$ 280431 1	Water Sanit Teknaf   62191   43391     Socio-enviromental Determinant   24877   4059     Absorption of cronutrients   23631   263     Feeding & Rehabilitation Unit   13480   21325     Enteric Protein Loss in D.D.   0   5987     Bioavailability of Iron   0   1516     Vitamin A Contents of B. Milk   0   2797     Health Care in Rural Banglades   0   10478     Effect of Vegetables on S. Vit.   0   3221     Risk Factor in Chonic Diarhh.   0   7198     Impact of Sanitary in U. Dhaka   0   7269     Seasonal Vit. in the status   0   1473     TOTAL UNFUNDED US \$   280431   138770     UNDED + UNFUNDED US \$   370483   143620	Water Sanit Teknaf   62191   43391   6854     Socio-enviromental Determinant   24877   4059   7786     Absorption of cronutrients   23631   263   3080     Feeding & Rehabilitation Unit   13480   21325   6	Nater Sanit Teknaf   62191   43391   6854	Nater Sanit Teknaf   62191   43391   6854   0	Water Samit Teknaf   62191   43391   6854   0   3250     Socio-enviromental Determinant   24877   4059   7780   0   0     Absorption of cronutrients   23631   263   3080   0   0   0     Feeding & Rehabilitation Unit   13480   21325   0   0   9600     Enteric Protein Loss in D.D.   0   5987   0   0   0     Bioavailability of Iron   0   1516   0   0   0     Vitamin A Contents of B. Milk   0   2797   15607   0   1800     Health Care in Rural Banglades   0   10478   23088   0   1300     Effect of Vegetables on S. Vit.   0   3221   0   0   200     Risk Factor in Chonic Diarhh.   0   7198   15562   0   0     Impact of Samitary in U. Dhaka   0   7269   15562   0   0     Seasonal Vit. in the status   0   1473   2436   0   408     TOTAL UNFUNDED US \$   280431   138770   171920   0   16956     UNDED + UNFUNDED US \$   370483   143620   179429   0   17106	Water Samit Teknaf   62191   43391   6854   0   3250   0     Socio-enviromental Determinant   24877   4059   7780   0   0   0     Absorption of cronutrients   23631   263   3080   0   0   0   0     Feeding & Rehabilitation Unit   13480   21325   0   0   9600   0     Enteric Protein Loss in D.D.   0   5987   0   0   0   0     Bioavailability of Iron   0   1516   0   0   0   0     Vitamin A Contents of B. Hilk   0   2797   15607   0   1800   0     Health Care in Rural Banglades   0   10478   23088   0   1300   2540     Effect of Vegetables on S. Vit.   0   3221   0   0   200   0     Risk Factor in Chonic Diarhh.   0   7198   15562   0   0   0     Seasonal Vit. in the status   0   1473   2436   0   408   0     TOTAL UNFUNDED US \$   280431   138770   171920   0   16956   11850     Total Expenditure 1985   370483   143620   179429   0   17106   11850     Total Expenditure 1985   1000	Water Sanit Teknaf   62191   43391   6854   0   3250   0   12	Water Sanit Teknaf   62191   43391   6854   0   3250   0   17381	Water Samit Teknaf   62191   43391   6854   0   3250   0   17381   5616	Nater Samit Teknaf 62191 43391 6654 0 3250 0 17381 5616 800 Socio-enviromental Determinant 24877 4059 7780 0 0 0 0 75 0 1615 Absorption of cromutrients 23631 263 3080 0 0 0 0 0 325 550 5763 Feeding & Rehabilitation Unit 13480 21325 0 0 9600 0 2288 3700 3935 Enteric Protein Loss in D.D. 0 5987 0 0 0 0 0 7680 200 41260 Bioavailability of Iron 0 1516 0 0 0 0 0 390 0 830 Vitamin & Contents of B. Hilk 0 2797 15607 0 1800 0 2548 1020 23147 Health Care in Rural Banglades 0 10478 23088 0 1300 2540 2010 1150 5135 Effect of Vegetables on S. Vit. 0 3221 0 0 200 0 156 500 3000 Risk Factor in Chonic Diarhh. 0 7198 15562 0 0 0 0 332 150 1472 Seasonal Vit. in the status 0 1473 2436 0 408 0 332 150 1472 TOTAL UNFUNDED US \$ 280431 138770 171920 0 16956 11850 39655 22976 97687 TOTAL UNFUNDED US \$ 370483 143620 179429 0 17106 11850 39625 23126 107507	Nater Sanit Teknaf 62191 43391 6854 0 3250 0 17381 5616 800 77292 Socio-enviromental Determinant 24877 4059 7780 0 0 0 0 75 0 1615 13329 Absorption of cronotrients 23631 263 3080 0 1 0 0 0 325 550 5763 9981 6864 Feeding & Rehabilitation Unit 13480 21325 0 0 9600 0 2288 3700 3935 40848 Enteric Protein Loss in D.D. 0 5987 0 0 0 0 0 7680 200 41260 55127 Bioavailability of Iron 0 1516 0 0 0 0 0 390 0 830 2736 Vitamin & Contents of B. Hilk 0 2797 15607 0 1800 0 2548 1020 23147 46919 Health Care in Rural Banglades 0 10478 23088 0 1300 2540 2010 1150 5135 45701 Effect of Vegetables on S. Vit. 0 3221 0 0 200 0 156 500 3000 7077 Risk Factor in Chonic Diarhh. 0 7198 15562 0 0 0 0 364 125 3977 27297 Seasonal Vit. in the status 0 1473 2436 0 408 0 332 150 1472 6271 TOTAL UNFUNDED US \$ 280431 138770 171920 0 16956 11850 39625 23126 107507 522265 Total Expenditure 1985	Motrition Morking Group

AZIZ-70. Local Salaries + 18% 21-11-1985.

ICHOR, 8
SUBGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

## COMMUNITY SERVICES RESEARCH WORKING GROUP. 1 9 8 6

BUDGET							1986						1
CODE :	PROJECT/PROTOCOL/BRANCH TITLE	1985 Expenditur	LOCAL SALARIES	INTL.	:   CONSULTANT	LOCAL TRAVEL	INTL.	: SUPPLIES	   OTHERS	INTER DEPTL	TOTAL DIRECT OPERAT. COST		TOTAL PROJECT COST
FUNDED		**************************************		***************************************						~ · · · · · · · · · · · · · · · · · · ·		*****	n like seft opp die ser om sek der om dan seb der u
105 03 01*	•	606475	294100	162240	9760	11266	12000	82000	203000	Ò	774366	80968	855334
	MCH - FP Extension, Dhaka	308745	135823	159084	62693	5000	12000	16510	2800	29000	422910	5000	427910
05 46 03	MCH - FP Etension, 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 44 10	Maternal & Child Health	; ; 0	0	0	0	0	0	0	30000	0	30000	0	30000
85 46 11	CHS - Matlab Research	19062	50093	0	12615	1000	0	1300	0	27700	92708	0	92708
05 46	MCH-FP Ext., FNA Experiment	;	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	4090	10082	23725	7700	60482	261799	5000	266799
105 48 00	Mirzapur Handpump Project	133470	53345	14058	0	0	0	9061	2700	13250	92414	9	92414
05 49 00	Chandpur ORS Study	47013	43979	6632	0	1000	2486	4550	3400	8800	69847	8200	78047
95 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
195 60 00	Matlab MCH-FP Services	26800	182048	33600	0	720	3100	21000	9700	35500	285668	2000	287668
Hew	Infant Hortality Dynamics	Ō	- 13600	12500	1 0	500	0	500	0	2000	29100	0	29100
	TOTAL FUNDED US \$	1581300	1169441	; 520954	! 86958	49266	42436	; 203236	301250	† 197432	<u> 2570973</u>	168545	2739518

Continued to next page.

UNFUNDED							•													
LOC OL CO. L. O. O. U. L.				******					*********								Cor	rtinued f	702	last page
105 01 00   C.S.R. Horking Group	2237	30 ;	3599	24	2466	40124	- 1	1000	5850	1	6500	1 1500	0	9750	;	324289	 }	0	!	324289
105 51 00   Impact of Measles Immunization	540	61 ¦	20274	·	0	0	-	673		. ! .				========	- ;		`i		;	324207
		}				0	-	0/3	ļ	. į	1950	370	0 ; !	4985	. !	31582	; ;	0	1	31582
105 61 00   Adolesent Pregnancy Outcome	14	:	2491	!	Đ	. 0	1	0	0	į	9		0 ;	780	-	3271	;	0	; !	3271
New Optm. of Screening Technique		0 !	16743		0	;	- ; - !	.0	2400	•	1370		t		- ;				i	
TOTAL HIPTINGPR NO. A				· 						1	13/8	217	) ;	5020		27708	¦ 	2250	;	29958
TOTAL UNFUNDED US \$	27932	! !	43107	1 24	2466	40124	ł	1673	8250	!	9820	2087	5 ¦	20535	ł	386850	}	2250	!	389100
TOTAL FUNDED + UNFUNDED US \$	186062	1	1212548	76	 3420	127082	!	50939	50686		213056	70010		**************************************					· ,	
	=======================================	:::::		======	::::::		, ::::::	=======================================	, JUDOO	' ====	719099	32212	) ;	217967	í 	2957823		170795	,	3128618
; Total Expenditure 1985 ;		!	823463	1 49	3959	202238	ţ	34002	30467	1	126590	12511		178858	1	2014691	:====: !		:===: !	******

AZIZ-10. 1) #Including 05 03 04 & 05 55 01 budget. H) Local Salaries + 18% 21-11-1985.

ICDDR,8
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

### RESEARCH AND TRAINING SUPPORT FACILITIES.

A-RDCQCDTQ

:   BUDGET	1	<u> </u>	!				1986	70 74 64 64 au aq4	)	<del></del>	*****************	*******	
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 Expenditur	LOCAL SALARIES	I INTL.	CONSULTANT	LOCAL	INTL.	SUPPLIES	OTHERS	INTER	TOTAL DIRECT		TOTAL PROJECT COST!
06 01 01	Physician - Bhaka Hospital	86157	79249	67208	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
196 31 06	X-Ray Unit	17018	7916	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	9	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 Haintenance - Hatlab !	19770	15859	0	0 :	968	0	214	519	44	17604	0	17604
	Sub total	1100115 ;	611868	135280	0 :	6286	0 ;				1554172	44291	1598463

Continued to next page.

ę i	Conti	inue	from	last	page.
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106 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	3000	115631	145494	261125
96 06 DI	Immunology Branch	3355	0	0	0	0	0	2795	200	667	- 3662	0	3662
06 07 00	Data Hanagement Branch	18160	20705	2880	0	475	1740	3400	1200	3200	33600	0	33600
05 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
86 10 01	Community Studies	11725	22599	16404	0	0	0	2860	790	762	43325	3900	46325
06 11 01	Library Services Unit	99400	17022	9118	0	50	9	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	Glimpse	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	<b>3393</b> 7	0	33937
<b>96 14</b> 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	267237	2723000	330893 {	3053893
គ្នកក្នុងទើសស៊ីគ្និ 	Total Expenditure 1985	<del></del>	812278	79792	26017	4570	8122	S28940 l	173674	232684	1866077	::::::::::::::::::::::::::::::::::::::	2424242

AZIZ-8. Local Salaries + 18I 21-11-1985.

ICDDR,8
BUDGET SUBMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

**************************************	**************************************			~~~~~~						,			A:BDG86T
BUDGET		1985	; }				1 9 8 6	<u> </u>		18-2			
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	EXPENDITUR	LOCAL SALARIES	INTL.	:   CONSULTANT	! LOCAL ! TRAVEL	INTL.	   SUPPLIES	! ! others	INTER	TOTAL DIRECT OPERAT. COST		TOTAL
FUNDED				~~~~~~~				v tr na tr tr m. m' up gy de ja va a					
07 06 67	MSF Joint Collaboration ECPP	0	4295	. 0	9800	4200	. 0	9300	! 3000		30595	17833	4842
•	Training Courses (Intl.)	0	0	0	0	<del></del> 0	246120	5850	7500	9150	268620	;	26862
7 10 00	Epidemic Control P.P.	75916	61539	. 0	4000	   43000	0	13044	20600	9600	<b>15</b> 1793	0 1	15176
7 11 00	•	95626	30804	16640	0	0	0	12025	26550	5000	91019	597	9161
	Traning Material Developer	71515	3682	0	5\$472	474	3507	1235	30100	5650	116126	21239	13135
	TOTAL FUNDED US \$	243057	100320 /	16640	79272	47674	249627	1 41454	87750		652137	39569	69180
INFUNDED	****			_				• /	·	*********			·
7 01 00	TEC Working Group	81975	6431	43350	16500 !	001	1 2900	1050	2450	1200	73981	7000 !	80981
	Training Department	71552	53525	7230	4080	990	950	4980	1850	6170	79775	5280	85055
7 06 31	Research Traineeship	595	9416	0	0	0.	0	390	0	717	10523	0	10523
7 06 32	International Fellowship	1450	0	0	0	100	0	120	0	250	480	0	480
7 06 33	Other Unidentified Training	1400	9	0	0	0	1	260	100	600	960	0	960
· İ	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
	ANDED + UNFUNDED US \$ ;	400029	169692	67220	99852	49474	263377	i 48394	92250	38487	828746	51949	880695
	Total Expenditure 1985 ;		112987	91406	104336	18076	; 9534 <b>3</b>	24053		**************************************	537963		

ICDDR.B
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

MAINTANANCE AND LOGISTICS

A:BDSB6MNT

   BUDGET							1 9 8 6						
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL SALARIES	INTL.	CONSULTANT	I LOCAL I TRAVEL	INTL.	SUPPLIES	: OTHERS	! INTER ! DEPTL.	TOTAL DIRECT		TOTAL PROJECT COST
08 01 01	Supply Branch	63197	30260	25620	Q	800	3200	4355	2350	3780	70285	15500	85785
08 01 02	Supplies & Material Store	102607	7859	0	0	0	0	1049	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	232095
,	Haintenance 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	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	**************************************	=======================================

AZIZ-8. Local Salaries + 18% 21-11 9185.

ICEBR.B BUDGET SURBARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

### MANAGEMENT.

BUDGET		1	<del></del>	<del></del>	<del></del>	·	1986		<del></del>	<del></del>		*****	A:BDG86M6
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL SALARIES	INTL. SALARIES	CONSULTANT	LOCAL TRAVEL	INTL. TRAVEL	SUPPLIES	OTHERS	; INTER ; DEPTL.	TOTAL DIRECT!		TOTAL
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		900	12100		
09 01 03	Advisory Council	495	0	0	0	1700	0	100	100	600	2500	*******	. 12100
09 01 05	Research Review Committee	13800	1510	3614	900	0	1 0	400	250	400		0	2500
	Ethical Réview Consittee	10000	1510	3614	2900		0	400	150		7074	115	7189
09 01 07	Director's Prog. Development	0	0	0	1	0		6200		500	9074	65	9139
09 02 01	Finance	106409	4390	77200	0	0	3500	425	3000	0	6200	0	6200
09 02 02	Personnel	100869	40096	75000	756	683-	7055	4450	23850	600	89115	0	89115
19 02 03	Travel Office	8585	8892	0	6			215		4050	155940	22300	178240
9 02 04	Estate Office	28892	15236	0	0	. 0			500	590	10197	3000	13197
9 02 05 1	General Service Branch	109032	110349	-0				988	3650	4080	23954	0 {	23954
	Budget & Finance Office	164435			0	198	0 ;   <del></del> ;	6790	810 	4359	122496	1400	123896
			89380	46890	0	400	3000	9750	7080	30670	187170	2870	190040
9 06 01 :	Administrative Service Office	71051 ;	12107	46236	0 1	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		######################################	

AZIZ-8. Local Salaries + 182 21-11-1985.

ICDDR, B
BUDGET SUMMARARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

RESOURCES	DEVELOPHENT.
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A:8U086RD

1	)										*****	פאססעטם:א
i i	; ;	; !				1 9 8 6						
	1985 EXPENDITURE	LOCAL SALARIES	INTL.		,	INTL.   TRAVEL	SUPPLIES	OTHERS				TOTAL
Resources Development	225085	8751	221184	0	0	60000	5467	6630	6310	308342		328342
Public Relation & Information	12750	12867	0	0	300	1500	250	530	2500	17947	-	18447
TOTAL US \$	237835	21618	221184	0	300	61500	5717	7160	8810			+
Total Expenditure 1985		23246	115678	43360	; 388	35630	:=====================================				20300 ;	346789 
	Resources Development Public Relation & Information TOTAL US 8	PROJECT/PROTOCOL/BRANCH TITLE   EXPENDITURE  Resources Development   225085  Public Relation & Information   12750  TOTAL US \$ 237835	PROJECT/PROTOCOL/BRANCH TITLE   EXPENDITURE   SALARIES   Resources Development   225085   8751   Public Relation & Information   12750   12867   TOTAL US 8   237835   21618	PROJECT/PROTOCOL/BRANCH TITLE   EXPENDITURE   SALARIES   SALARIES     Resources Development   225085   8751   221184     Public Relation & Information   12750   12867   0     TOTAL US \$   237835   21618   221184	PROJECT/PROTOCOL/3RANCH TITLE   EXPENDITURE   SALARIES   SALARIES   COMSULTANT     Resources Development   225085   8751   221184   0     Public Relation & Information   12750   12867   0   0     TOTAL US \$   237835   21618   221184   0     Total Expenditure 1995	PROJECT/PROTOCOL/BRANCH TITLE   EXPENDITURE   SALARIES   SALARIES   CONSULTANT   TRAVEL     Resources Development   225085   8751   221184   0   0     Public Relation & Information   12750   12867   0   0   300     TOTAL US \$   237835   21618   221184   0   300     Total Expenditure 1985   27046   27046   27046	PROJECT/PROTOCOL/BRANCH TITLE	PROJECT/PROTOCOL/BRANCH TITLE	PROJECT/PROTOCOL/BRANCH TITLE	PROJECT/PROTOCOL/BRANCH TITLE   1985   LOCAL   INTL.   LOCAL   INTL.   TRAVEL   SUPPLIES   OTHERS   DEPTL.	PROJECT/PROTOCOL/BRANCH TITLE   LOCAL   INTL.   LOCAL   INTL.   LOCAL   INTL.   SUPPLIES   OTHERS   DEPTL.   OPERAT. COST	PROJECT/PROTOCOL/BRANCH FITLE

ICDDR.8
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

MANDATORY CONNITTEE.

A:BD686MC

BUDSET	? 1 1	<u> </u>	!			1986										
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL	INTL.	: CONSULTANT	LOCAL TRAVEL	: INTL. : TRAVEL	SUPPLIES	1 ! OTHERS	INTER DEPTL	TOTAL DIRECT	· · · · · · ·	TOTAL			
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	6	32700			
06 00	Programme Coordi. Committee	13749	1510	3614	3825	100	0	425	250	806	10530	1200	11730			
******	TOTAL US \$	124126	i 1510	3614	131525	600	0	1725	£ 2550	1 6906	1 140430	1200	149630			
	Total Expenditure 1985		2260	4590	48938	374	66242	1216	3724	5426	132770	::::::::::::::::::::::::::::::::::::::	147 <b>0</b> 00 12121122121			

AZIZ-8. Local Salaries + 18% 21-11-1985.

ICDDR,8
BUDGET SUMMARARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

EMPLOYEES BENEFIT.

A:80686E

BUDGET	} ! !	!	!		######################################								
CODE No.	PROJECT/PROTOCOL/BRANCH TITLE	1985 EXPENDITUR	LOCAL	I INTL.!   SALARIES	CONSULTANT	! LOCAL ! TRAVEL	I INTL.	! ! SUPPLIES	OTHERS	! INTER ! DEPTL.	TOTAL DIRECT   OPERAT. COST		TOTAL
12 01 01	Staff Clinic - Dhaka	41268	17275	0	0	158	0	9613	630	700	28376	200	28576
12 01 02	Staff Clinic - Hatlab	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	836	16930	9	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	170	o o	30	0	0	200	0.	200
	TOTAL US \$	68778	25884	0	1 0	840	937	16490	1 11339	3367	58847	200	59047
	Total Expenditure 1985		18888	0	; O	932	0	16233	15714	20640	72407	***************************************	7777777777

AZIZ-8. Local Salaries + 18Z 21-11-1985.

ICDDR,B
BUDGET SUMMARARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

PROJECT D	EVELOPHENT.						•	<del>- Cu</del>					A:BDG86PD
BUDSET	1	 	1 9 8 6										
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 Expenditur	LOCAL SALARIES	INTL.	CONSULTANT	LOCAL TRAVEL	INTL.	: SUPPLIES	OTHERS	! INTER ! DEPTL.	ITOTAL DIRECT IOPERAT. COST		TOTAL PROJECT COS
FUNDED		# # # # # # # # # # # # # # # # # # #	*****		******			*****	***************************************	<b>** ** ** **</b> ** ** ** ** ** ** ** ** **	***********		
13 14 00	Dirrhoeal Cont. Centre-Damman		•	•		!	0   5000	? 500	25000	1000	1 179456	0	! 179456
13 15 00	Dirrhoeal Cont. Centre-Riyadh	0	28249	126564	16410		0 5000	9100	53000	1200	239523	0	239523
=======================================	TOTAL US \$	216332	42812	241678	34690		0   10000	9600	78000	2200	418980	0! !	418980
	Total Expenditure 1985		103345	81519	<b>31</b>	:===== <i>=</i> }	5   28849	! 3506	1 7074	1235	225564	:::::::::::::::::::::::::::::::::::::::	2::::::::::

AZIZ-10. Local Salaries + 18% 21-11-1985.

ICDDR,B
BUDGET SUMMARARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

	*****					<del></del>					A:BDGR6SB
<b>!</b> ;				********	1986				*************	***************************************	*:DEG039
!		INTL.		LOCAL TRAVEL	I INTL.	! ! SUPPLIES	! OTHERS				TOTAL
	20010	7228	0	0	2500	260	450				
660	0	0	0	0	; ; 0	1	900			!	i /6004 
58080	65816	7228	. 0	0	2500					U 	1180
	55247	759	::::::::::::::::::::::::::::::::::::::	======================================	1316		. 1000 			0	77834
	57420 660	SALARIES	1985   LOCAL   INTL.     EXPENDITUR   SALARIES   SALARIES     57420   65816   7228     660   0   0     58080   65816   7228	1985   LOCAL   INTL.     EXPENDITUR   SALARIES   SALARIES   CONSULTANT     57420   65816   7228   0     660   0   0   0     58080   65816   7228   0	1985   LOCAL   INTL.   LOCAL   EXPENDITUR   SALARIES   SALARIES   CONSULTANT   TRAVEL     57420   65816   7228   0   0   0   0   0   0   0   0   0	1985   LOCAL   INTL.   LOCAL   INTL.   EXPENDITUR   SALARIES   SALARIES   CONSULTANT   TRAVEL   TRAVEL	1985   LOCAL   INTL.   LOCAL   INTL.   SALARIES   SALARIES   CONSULTANT   TRAVEL   TRAVEL   SUPPLIES	1985   LOCAL   INTL.   LOCAL   INTL.   SALARIES   SALARIES   CONSULTANT   TRAVEL   TRAVEL   SUPPLIES   OTHERS	1985   LOCAL   INTL.   LOCAL   INTL.   SUPPLIES   OTHERS   DEPTL.	1985   LOCAL   INTL.   LOCAL   INTL.   SALARIES   SALARIES   CONSULTANT   TRAVEL   TRAVEL   SUPPLIES   OTHERS   DEPTL.   OPERAT. COST	1985   LOCAL   INTL.   LOCAL   INTL.   SALARIES   SALARIES   CONSULTANT   TRAVEL   TRAVEL   SUPPLIES   OTHERS   DEPTL.   OPERAT. COST   EXPENDITURE

ICDDR,B
BUDGET SUMMARY FOR PROJECTS, PROTOCOLS AND BRANCHES.

GUEST HOOUSE & CAFETERIA.

A:8D5866H

   BUDGET	1 9 8 6													
CODE NO.	PROJECT/PROTOCOL/BRANCH TITLE	1985 Expenditure	LOCAL SALARIES	INTL.	CONSULTANT	LOCAL TRAVEL	INTL.	! SUPPLIES	OTHERS		TOTAL DIRECT		TOTAL PROJECT COST	
16 01 01	Guest House - I	8885	! 768 <del>9</del>	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	871	29724	
: !	TOTAL US \$ '	33923	39875	0	0	0	0	4548	354	298	45075	871	45946	
	Total Expenditure 1985		36564	0	0	0	0	l 4139	5073	177	45953			

AZIZ-8. Local Salaries + 18% 21-11-1985.

# APPENDIX.5 OF THE MINUTES OF THE BOARD OF TRUSTEES MEETING 26-28 NOVEMBER, 1985

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.

- 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 thos 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 Pl level revert to NO level
- Head Animal Resources Pl 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 his 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.

#### AMEX A

· HAH-POWER POSITION

A - August, S - September, O - October

			CO	RE				PRO	DIECT	(FUNE	ED)			PR	OJEC T	(OT)	ER)	٠			TOT	A L	
SUBJECT	FIX	ED-TE	RM	SHO	RT-TI	RM	FI	ŒD-TI	ERM	SHC	RT-TI	ERM	FIX	ED-TE	RM.	SH	ORT-TI	RM	FIX	ED-TE	RM	SHO	RT-
	A	S	0	A	S	0	A	s	0	A	S	0	A	S	0	A	S	0	A	S	0	A	s
1. Without Pay Level				38	38	37				170	171	167				146	145	144				354	<b>3</b> 54
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			<u> </u>	5	5	5				1	1	1			<b>)</b> :	111	111	111		
4. GS, Grade ~ 3	146	145	145			<u> </u>	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				125	125	124		
7. GS, Grade - 6	79	79	77			]	27	25	25						! ! !				106	104	102		1
8. National Officer (ND), Gr-A	7	7	7							1								1	7	7	7	-	
9. NO, Grade - B	49	49	50	i			9	9	9										58	58	59		
10. NO, Grade - C	10	10	10				1	1	1						ľ	1	}		11	11	11		
11. NO, Grade - D	2	2	2			•										1			2	2	2		
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TOTAL	781	779	776	38	38	37	229	241	1	170			39	38	38		1	11.	1.000	7050	1053	25/	354

#### INTERNATIONAL STAFFING PATTERN BY PAY LEVEL

As on 30.11.85 WORKING GROUP P1 P2 Р3 P4 P5 P6 ASG DO TOTAL CSRWG DTWG HOST DEFENCE MANAGEMENT NUTRITION PROGRAMME PTWG PROJECT DEVELOPMENT RES. DEVELOPMENT TRG., EXT. & COMM. TOTAL 

#### ANNEX C

#### INTERNATIONAL STAFFING (SECONDED)

Country	N a m e	Position	Period	
Belgium	Ms. Française 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:

	Employee Contribution	Centre's Contribution	Total Premium
One person	0.99%	0.99%	1.98%
Two persons	1.575%	1.575%	3.15%
Three persons or mor	e 2.145%	2.145%	4.29%
	(of an	nual net sal	arv)

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:

Employee Contribution	Centre's Contribution	Total Premium
0.60%	0.60%	1.20%
	(of annual ne	t salarv)

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.

	e rate of emium:						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)	н	Tk.	1958	to	Tk.	2321	0.275	0.275	0.55
(iii)	er e	Tk.	2322	to	Tk.	2817	0.30	0.30	0.60
(iv)	· ·	Tk.	2818	to	Tk.	3869	0.325	0.325	0.65
(v)	Ħ	Tk.	3870	to	Tk.	5417	0.35	0.35	0.70
(vi)	17	Tk.	5418	to	Tk.	6032	0.375	0.375	0.75
(vii)	81	Tk.	6033	to	Tk.	7099	0.40	0.40	0.80
(viii)	11	Tk.	7100	to	Tk.	8840	0.425	0.425	0.85
(ix)	t1	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.



PRESENTATION OF 1985 ANNUAL REPORT

REPORT OF THE PROGRAMME COMMITTEE

## REPORT OF THE MEETINGS OF THE PROGRAMME COMMITTEE

on June 12-16, 1986

Committee

members present: Professor D. Rowley (Chairman)

Dr. Al Swailem Dr. D. Bell

Professor R. Eeckels (Director)

Dr. R.G. Feachem Dr. J. Kostrzewski

Dr. L. Mata

Other Board

members present: Dr. Nyi Nyi

Dr. J. Sulianti

Members absent:

Professor A. Matin

Dr. M. Merson Dr. Y. Takeda

Invited persons:

Dr. Badrud Duza Dr. M.G. Rowland Dr. D.A. Sack

The Programme Committee concentrated on a limited agenda of priority items. Unfortunately, but appropriately, there was little of scientific substance on the agenda, most items being concerned with policy and managerial issues. The Committee expects to be able to concentrate on scientific matters at its subsequent meetings (see item 10).

## 1. Policies and priorities: research, service and training

At its meeting in November, 1985, the Board emphasized the need for the development of a clear statement of the "research objectives and priorities of the Centre" (resolution: 2/Nov 85). Since that Board meeting, the Chairman of the Programme Committee and various staff of the Centre have worked together on drafting such a document. Limited progress has been made, largely because of the upheaval and uncertainty created by the Action Plan for Expenditure Reduction which was enacted by the November, 1985, Board meeting. The implementation of the Action Plan is now well advanced and a calmer period lies ahead. The Committee considered, therefore, that the time is now right to press on with the development of a comprehensive statement of policies and priorities for research, service and training.

Accordingly the Committee held lengthy discussions with the Director and the Associate Directors on the research priorities for the Centre. It was agreed that the research priorities should be specified in terms of programmes; a programme being a collection of related projects with common objectives. These programmes should be selected with regard to the needs of diarrhoeal disease control programmes, to the global state of knowledge and the activities of other major research centres, and to the utilization of the special faciltiies and advantages of the Centre. The Committee noted that the WHO/CDD Programme has recently reorganized its research funding mechanisms and has published a new statement of its research priorities. The Centre should pay close attention to any of these research needs to which it is able to make a special contribution.

In the discussions between the Committee and Centre staff, the following topics emerged as candidates for inclusion in the statement of priority programmes:

- <u>shigellosis</u>: including laboratory, clinical and community studies;
- risk factors and interventions: being the identification and quantification of nutritional, behavioural and environemntal risk factor for diarrhoea morbidity and mortality and the design and field trial of preventive interventions intended to reduce the magnitude and/or prevalence of these risk factors;
- rehydration and feeding: concentrating on super-ORS and cereal-based ORT and feeding during diarrhoea illness and convalesence; including studies of home-based therapy and on the delivery of services at the community level.
- chronic diarrhoeas: including laboratory, clinical and community studies;
- demographic studies: concentrating on the impact of diarrhoea control on demographic parameters and the impact of demographic parameters (eg. birth interval and birth order) on risk of diarrhoea illness and death.
- vaccine studies: initially focusing on cholera vaccines but subsequently moving into rotavirus and other vaccines;
- environmental microbiology: concentrating especially on the study of putative aquatic reservoirs for Vibrionaceae;

This list of candidate programmes is included for illustrative purposes only and is not intented as a firm recommendation. Each of the programmes needs to be specified in greater detail than given above, making it clear which hypotheses and studies will

have priority. For instance, under the "risk factors and interventions" programme, it is necessary to specify which risk factors are of special interest. These might include:

- weaning practices;
- vitamin A deficiency;
- personal and domestic hygiene;
- measles:
- low birth weight.

Also required is a statement of policies and priorities with regard to service (in its widest context), and the Committee discussed this issue briefly. Service was also discussed in connection with the new Matlab treatment centre (see item 7). The Committee recommends that the statement on service should include mention of the responsibility for service activity of a major research centre, the types and locations of services that are most appropriate, the contribution of government, eventual hand-over to government, funding, level of sophistication, and technical assistance activity outside Bangladesh.

The policies and priorities should also include a section on training. On what types of training should the Centre concentrate and how should it organize its training programmes? To whom should training be offered and where should training take place? How can training be made more problem-solving and skills-oriented in nature? The Committee was pleased to hear a verbal report from the Director on the initial work by the training section on these, and related issues.

In light of the above the Committee recommends that the Board request the Director to prepare, and present to the next meeting (November, 1986), a statement of policies and priorities in research, service and training. The Committee suggests that the Director consider the following possible structure for this document:

Overall objectives of the Centre,

#### Research

- policy
- priorities

Service and technical assistance

- policy
- priorities

#### Training

- policy
- priorities

Links with other institutions

- in Bangladesh
- abroad

Relationships with major international initiatives:

- WHO/CDD
- UNICEF/GOBI

#### 2. Revised organizational structure

Since the previous Board meeting, a great deal of thought has been given by the Director and the Associate Directors to a revised organizational structure for the Centre. The Committee received from the Director a comprehensive set of alternatives. The Committee discussed these alternatives of length, in the light of the following criteria:

- the need to reduce the number of section heads reporting directly the the Director, and the necessity of allowing the Director to spend a greatly increased proportion of his time providing leadership for the scientific work of the Centre;
- the need to create scientific divisions of roughly equal size;
- the need to emphasize the structure as it is desired in 1987 and beyond.

The Committee concluded that the scientific work of the Centre would be best grouped into 3 divisions. Division I would comprise all the clinical, immunological and microbiological research of the Centre. Division I (Clinical Sciences) would have responsibility for the treatment centres (Dhaka, Matlab and Teknaf), the laboratories (both research and service) and the animal house. The ideal head of Division I would be a physician with a strong background in immunology and microbiology and a primary interest in clinical research.

Division II (Epidemiology and Community Health) would comprise all the epidemiological work of the Centre, including community research of all kinds other than demographic research. Division II would have responsibility for vaccine trials, the urban volunteer programme, the computer branch and the MCH-FP research at Matlab. The ideal head of Division II would be a medical epidemiologist.

Division III (Population Studies, Extension and Training) would comprise demographic research, training and extension. Division III would have responsibility for the DSS, the MCH-FP extension project, the training section, the library and publications. The ideal head of Division III would be a demographer with experience of MCH-FP programme design and implementation.

Division Heads would be senior international staff of the Centre, typically on P5 or P6 grades. It is hoped that the Division Heads would work for 4-6 years in the Centre. (After 6 years they would leave under the terms of the 6 year rule.) The Division Heads would be responsible for the coordination, leadership and planning of all the science conducted by members of their Division. They would report to the Director, who has overall responsibility for the direction and balance of the scientific work of the Centre. Division Heads would also, in collaboration with the Director and the Resources Development Officer, play a major role in raising funds for the work of their Division and in related donor liaison.

On the administrative side the Director would be supported by a Manager, under whom would come the Personnel Officer, the Finance Officer and the General Services Officer.

The Committee recommends that the Board endorses this outline plan for reorganization and requests the Director to provide a more detailed proposal for discussion at the next meeting (November, 1986). The Committee emphasizes that the Director must have the flexibility to adapt this plan to the current circumstances and to allow it to evolve gradually, having particular regard for the expertise of current staff.

#### 3. Recruitments priorities

In order for the structure outlined above to be implemented, recruitment must be initiated, without dealy, for:

- Head of Division I
- Menager,
- Head of Laboratory Services and Animal House (to start in mid-1987 on the retirement of Mr. Bradford Kay)

Existing staff might be appointed to the Headships of the Divisions II and III.

#### 4. Proposed staffing pattern.

The Director presented to the Committee a clear picture of a staffing structure towards which the Centre could aim over the next 2-3 years. This structure envisages 4 tiers, as follows.

4.1 <u>Centre International Staff</u> (CIS). These will be international staff, both Bangladeshi and expatriate, occupying senior positions (P4 - D2) and employed by the Centre. They will include the Director, 3 Division Heads, the Manager, the

Resources Development Officer, and possibly the Personnel and Finance Officers. They would number, therefore, not more than 11. The scientists would stay for 6 years and then leave.

- 4.2 Attached Senior Scientists (ASS). These will be employed by other institutions and will be attached to the Centre for a few years (say 1-4), or perhaps intermittently (say 9 months per year). They will typically come from universities, both in Bangladesh and abroad, with which the Centre has developed a special linkage and will be in the Senior Lecturer Professor (UK) or Associate Professor Professor (USA) range of seniority. They will be located in one of the 3 Divisions and will be responsible to the appropriate Division Head. They will not be payrolled by the Centre and the Centre will take no interest in their terms of employment.
- 4.3 <u>Post-doctoral Fellows</u> (PDF). These will be young researchers (typically 25-32 years) who will be employed by the Centre on modest terms (typically \$10,000 25,000 per year) for a period of 1-3 years. They will mostly come from universities with which the Centre has special linkages. Highest priority will be given to the fostering of a steady flow of post-doctoral fellows from Bangladeshi universities and institutes.
- 4.4 <u>Staff on NO and GS Scales</u>. The final tier will be the NO and GS level staff, possibly with a completely redesigned pay structure. It is important that the senior NO posts are adequately paid.

The Committee proposes that the Board should endorse this general concept and should request the Director to elaborate it in more detail. An important part of the proposal is the special linkage with overseas institutes. These must be built up steadily and carefully and there should be adequate geographical balance among linked university research institutes and departments. Linkages will be especially encouraged with universities in Bangladesh and the region.

#### 5. Review of CSRWG

The Committee accepted the recommendation from the Director that the external review of CSRWG should take place in October/November, 1986, and should be carried out by Drs. Shanti Ghosh, Goran Sterky and Henry Mosley. If possible, the review team should still be in Dhaka when the Board Members arrive for the November meeting. A priority element of the terms of reference for the review should be the review, criticism and improvement of the future plans of the Centre in the fields of MCH/FP, extension, demography and population studies. In order for the review team to perform this task it is essential that a plan of

action for research in these fields is prepared <u>before</u> the review team arrive in Dhaka. A report of this review should be available for the November Board meeting.

#### 6. Ethical review committee

The Committee briefly rehearsed the recent history of debates surrounding the work of the ERC. The Committee recommends that a panel be consituted to develop a comprehensive statement on the ideal composition, method of work, duties, powers and functions of the ERC.

The Committee recommends that this panel should comprise 7 persons, as follows:

- three persons nominated by the current Ethical Review Committee, not necessarily of the Committee.
- three persons nominated by the Programme Committee and that
- the WHO representative, or his designate, be the seventh member.

The Programme Committee proposes for nomination:

Dr. K.A. Monsur, Consultant : all of the Dr. M. Badrud Duza, Senior Scientist : ICDDR, B Dr. M.G.M. Rowland, Associate Director :

The Committee proposes the following terms of reference for the panel.

The panel shall consider and report to the Board on the following issues:

- 1. The relationship of the ERC with the ICDDR, B, its Director and the Board of Trustees, and especially to whom the Committee is responsible.
- 2. The constitution, including size, composition according to defined areas of competence, expertise and affiliations, and selection procedures for membership.
- 3. The powers, functions and duties of the ERC and its mode of operation with respect to proposed, current and past research.

4. The procedures for seeking expert advice when faced with issues falling outisde the areas of expertise or competence of the regular members of the committee.

The panel should refer to the document entitled Proposed International Guidelines for Biomedical Research Involving Human Subjects, CIOMS, Geneva 1982, such rules and quidelines as may exist for the Bangladesh Medical Research Council, and whatever other material it may deem necessary. It may seek the opinion of other experts. All sources of information and recommendations should be listed and, as far as possible, copies provided.

#### 7. New Matlab treatment centre

The Committee had a lengthy debate on the plans for the new treatment centre at Matlab. Plans are now complete and funding has been secured from UNCDF. The Committee concluded that it was too late to consider not building this new treatment centre and that work should go ahead. The Committee identified two types of risk inherent in this decision, however.

First, is the financial risk created by the expected but unpredictable increase in recurrent operating costs. Every effort should continue to be made to obtain support for these operating costs from GOB, DANIDA or other sources. A contingency plan should be drawn up which would specify various sources of action based on various assumptions about the availability of operating funds and funds to purchase equipment.

Second, is the risk of committing the Centre to a policy of providing a major treatment service in a particular rural area for many years to come. The overall policy of the Centre towards service needs to be classified. Service to whom? of what kind? where? paid for by whom? are all urgent questions, the answers to which may have been partially pre-empted by the decision to build a new treatment centre at Matlab. The Director is requested under item 1, above, to prepare a statement of policy and priorities in service activities for presentation to the next meeting of the Board.

#### 8. Scientific consultancy group

The members of the Committee agreed with the Director that the Centre should form a scientific consultancy group. The purpose of the group will be to:

- a) discuss and advise on the research priorities of the Centre;
- stimulate scientific activity within the Centre through seminars, discussions, protocol review, and scientific criticims;

- c) help form institutional linkages;
- d) help to recruit scientists for the Centre;
- e) develop a continuing review process.

The composition of the group should include respected international scientists, including those from Bangladesh and the region. The group might visit the Centre as a group or might come individually as best serves the needs of the Centre.

## 9. Need for protocol development

There is a need to plan for some major new projects because of the availability of USAID funds for which a document is needed and because several of the current international scientists will be leaving during the next year and will need to be replaced. "Targetted research" projects (within the USAID cooperative agreement) might include the following:

- a) continuation of the current oral cholera vaccine trial. [Dr. John Clemens will write the document]
- b) a program in environmental microbiology to be carried out in collaboration with a university established in this field. [Drs. Grimes, Kay, A. Huq and Sack will write the document]
- c) a program on prolonged diarrhoea. (A collaborating institution would be helpful but has not been identified.) [Dr. Rowland will write the document]
- d) a program on shigellosis including clinical, microbiological, epidemiological studies and vaccine development. [Drs. Sack and Rowley will write the document]

#### 10. Programme Committee

The Committee expressed concern about its inability to date to make a worthwhile contribution to the scientific work of the The Committee requested that a main element of its next meeting should be a comprehensive presentation by the 3 new Division Heads of the current work and future plans of their These should be supplemented by a few presentations Divisions. by individual PIs on particular projects. Prepared in advance of the next meeting should be a list of all scientists (by Division) showing which projects they are engaged upon, a list of projects Division) showing the names of the PIs and collaborating or supporting scientists, and a publications of current Centre staff.

RESCURCES DEVELOPMENT REPORT

Resources Development Report.

ICDDR, B has passed through a very difficult year in 1985.

Last year the Centre's single largest donor shifted its contribution from the unrestricted core fund to high visibility project restricted activities. A direct result of this action was that the bulk of the core supported activities became unfunded. The seriousness of the situation called for a change in the Centre's resources development strategies. I am pleased to inform the Board that through pragmatic planning and successful negotiations the Centre's resources, by mid 1986 show a positive improvement.

At the November, 1985 meeting of the Board, we had projected the income for 1986 at US \$ 10,088,000. We had also commented that we did not expect a significant change in the conservative attitude of the donors this year. Given this background, we began 1986 with a firm commitment of US \$4.9 million with the task of raising another US \$5.2 million during the course of the year. By the first half of 1986, these figures have changed to US \$8.5 million in firm commitments for 1986, with another US \$0.8 million in the final stages of negotiations and we are currently negotiating with a number of donors for the balance.

NEW COMMITMENTS The following is a brief summary of the Centre's Resources

Development activities in 1986. The Centre has received new commitments

from certain donors during the first half of the year.

The Arab Gulf Fund has announced a US \$500,000 grant as restricted core support to ICDDR,B. The grant is for a period of one year, July 1986

to June 1987, and will support the Centre's applied research, service and training activities.

SAREC

SAREC (Sweden) has announced a fresh grant of US \$120,000 to the Centre's restricted core fund for the first half of 1986.

Negotiations are underway for a longer term, multi-year grant which is expected to be finalised later this year during the Donors' Consortium.

USAID/W

The Centre has entered into a four year cooperative agreement with <u>USAID/Washington</u> which includes support to the Centre's core fund, a fund for new project initiatives at the Director's d scretion and for a scientist from CDC in addition to ongoing support to the Vaccine Field Trials. USAID/Washington has made a limited shift back to the Centre's core fund with a contribution of US \$500,000 for 1986. USAID has given another US \$300,000 for new research initiatives at the Director's discretion. This is a welcome change in the nature of AID's contribution to ICDDR, B, giving the Centre more flexibility in its activities. We are also negotiating for an additional US \$500,000 grant to the Centre's restricted core fund.

UNICEF

UNICEF has given ICDDR, B a grant of US \$500,000 as institutional support in 1986. This amount is double the amount given by UNICEF in 1985.

USAID/D

Negotiations with <u>USAID/Dhaka</u> are in the final stages for a US \$4.5 million grant from its Child Survival Fund to the Centre's Urban Community Programme. This grant will be for the 1986-1991 period, effective June 1, 1986. A total of US \$580,000 is expected this year.

WHO

WHO has extended its support to two new research projects with a grant of \$61,000.

RENEWALS

CIDA

Agreements which were renewed during the year are as follows:

The Canadian International Development Agency has renewed its
grant to the Centre's training programme at an enhanced level for 1986.

DISC

The International Development Research Centre (IDRC) of Canada has agreed to fund the second phase of DISC for the next two years at a reduced rate, due to financial constraints.

FORD FOUNDATION

The Ford Foundation has granted a four month extension (July-October, 1986) to the Centre's Epidemic Control Preparedness Programme. During this extension, the project will be evaluated and a two year extension will be negotiated. GOB has already approved the two year extension, in principle. The project has been undertaken under a tripartite agreement between the Government of Bangladesh, Ford Foundation and ICDDR.B.

JAPAN

Japan has informed the Centre of its decision to renew its grant in 1986 at an enhanced level. This grant will be used for partial funding of three Centre's programmes: Disease Transmission, Pathogenesis & Therapy and Training.

NORAD

The renewal proposal of <u>NORAD's</u> grant for the Centre's MCH-FP programme has already been submitted and a final decision is expected in the next few months.

SAUDI ARABIA

Saudi Arabia has entered the second cycle of funding to the Centre after the first five year cycle ended in 1985. The amount

sanctioned for 1986 is \$70,000 as against \$100,000 sanctioned in the previous cycle.

The Centre's collaborative agreements of technical assistance with the Diarrhoeal Disease Treatment Centres at Dammam and Riyadh in Saudi Arabia are due to end in July and September 1986 respectively. The Saudi government is actively considering a one year extension for the projects.

SDC

Preliminary negotiations for renewal of <u>SDC's (Swiss Development Cooperation)</u> grant to the Centre, which is due to expire in late 1986, have already been initiated. Final decision on Swiss contribution to the Centre is expected at the Donors' meeting in late 1986.

UNDP

UNDP Clinical Research grant to ICDDR, B which ends in December 1986 will be renewed for another funding cycle hopefully at an enhanced rate by mid 1987. Meanwhile they have assured the Centre that they will provide an extra grant to bridge the gap between termination of the current agreement and start of the next.

CONTINUING SUPPORT Contribution from Australia, Bangladesh and UK (ODA) towards the Centre's core fund continues as also support from Belgium, USAID (Dhaka) and UNICEF for the Centre's project related activities.

TERMINATION

The Ford Foundation grant for Morbidity Studies, UNDP grant for Urban Community Volunteers Programme and the World Bank grant for the Mirzapur Handpump project will all be terminated in 1986.

In conclusion, I would like to say again that after careful assessment of the difficulties of 1985, and through pragmatic planning,

the Centre's income has shown a positive improvement in the first half of 1986. This position, while encouraging, should on no account cause complacency. The list of committed and estimated income for 1986 shows that the three categories of funds expected are, core US\$ 1,946,000, restricted core US\$3,750,000 and restricted projects US\$ 4,392,000.

The overhead component in the restricted core and project restricted grants, amounting to approximately \$1.0 million, together with the core fund amount of \$1.95 million, would become available to the Centre. Efficient management of the Centre's finances would enable ICDDR, B to make this crucial overhead recovery which in turn would enable it to tide over the crisis caused by corrosion of the Centre's core funds.

Our income projection for 1987 stands at US\$ 10,912,000. Of this amount, we already have commitments for US \$7,462,000 and we expect to raise another estimated US \$ 3,450,000 during the course of the year. It should be noted here that with most major donors themselves subject to budgetary cutbacks, our task ahead is not likely to be an easy one. The Resources Development office will however persevere in its efforts to fulfil tasks set before it.

## ICDDR, B DONORS 1986 PROJECTIONS

(In US Dollars)

APPENDIX - A

## A. Unrestricted - Core

······································		Committed	Est imated	Total
	Donor	Committee		
	4747	200,000	-	200,000
1.	Australia/ADAB	34,000	-	34,000
2.	Bangladesh	70,000	· 	70,000
3.	SAudi Arabia	442,000	***	442,000
4.	Switzerland	-		200,000
5.	UK/ODA	200,000		500,000
6.	UNICEF	500,000	<b>-</b>	500,000
7.	USAID	500,000		
	Sub-Total	1,946,000		1,946,000
	Sub-10car			<del></del>

## B. Restricted - Core

		Committed	Est imated	Total
	Donor	Condition		
		250,000	-	250,000
1.	AG Fund	•	-	860,000
2.	CIDA/DSS	860,000		340,000
3.	Japan (Training, Nutrition)	340,000	<b>-</b>	ŕ
		1,680,000	500,000	2,180,000
4.	USA/AID(W)	120,000	***	120,000
5.	Sweden/SAREC/SIDA	120,000		
	Sub-Total :	3,250,000	500,000	3,750,000
	200-Torar .	·		

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#### C. Restricted - Projects

	Donors	Committed	Est imated	Total
1.	Belg ium	100,000		100,000
2.	CIDA/Training (Afr Trg)	176,000	125,000	301,000
3.	Ford Foundation (Ep Control)	60,000	60,000	120,000
4.	Ford Foundation/Morbid Study	80,000	_	80,000
5.	IDRC/DISC	55,000	_	55,000
6.	NORAD/MCH	-	200,000	200,000
7.	NORWICH Eaton	30,000	_	30,000
8.	BOSTID/NAS	28,000	-	28,000
9.	Saudi Arabia (Dammam)	560,000	· ••	560,000
0.	UNDP/WHO Clinical Research	300,000		300,000
1.	UNDP/UCVP	50,000	-	50,000
2.	UNICEF/ORT/Training	300,000	-	300,000
3.	USAID/MCH-FP Ext.	1,300,000		1,300,000
4.	USAID/Phil-Nepal- Indonesia Training	100,000	-	100,000
5.	USAID/UCVP	***	580,000	580,000
6.	WHO project support	61,000	-	61,000
7.	WHO/Vaccine Trial	-	50,000	50,000
8.	Aga Khan Foundation/ Cereal Based ORT in Ken-China	-	50,000	50,000
.9.	WB/Sanitation Intervention	127,000	<b></b>	127,000
	Sub-Total :	3,327,000	1,065,000	4,392,000
	Total :	8,523,000	1,565,000	10,088,000
			A B C	- 1,946,000 - 3,750,000 - 4,392,000

### ICDDR, B DONORS 1987 PROJECTIONS

APPENDIX - B

## A. <u>Unrestricted - Core</u>

	Donors	Committed	Est imated	Total
1.	Australia/ADAB	200,000	-	200,000
2.	Bangladesh	34,000	-	34,000
3.	Saudi Arabia	70,000	_	70,000
4.	Switzerland	450,000	<b></b>	450,000
5.	UK/ODA	165,000	-	165,000
6.	UNICEF	250,000	250,000	500,000
7.	USAID	250,000	250,000	500,000
	Sub-Total :	1,419,000	500,000	1,919,000

### B. Restricted - Core

	Donors	Committed	Estimated	Total
1,	AG Fund	250,000	-	250,000
2.	CIDA/DSS	860,000	_	860,000
3. ·	Japan	340,000	-	340,000
4.	USA/AID(W)	1,950,000	-	1,950,000
5.	Sweden/SAREC/SIDA		200,000	200,000
6.	DANIDA	-	1,000,000	1,000,000
	Sub-Total :	3,400,000	1,200,000	4,60°,000

### C. Restricted - Projects

	Donors	Committed	Estim	ated	Total
1.	Belgium	100,000		~	100,000
2.	CIDA/Training	100,000	250	,000	350,000
3.	Ford Foundation/Ep. Control	-	100	,000	100,000
4.	IDRC/DISC	55,000		-	55,000
5.	NORAD/MCH	-	200	,000	290,000
6.	National Acad Sc/BOSTID	28,000	-	-	28,000
7.	Saudi Arabia/DCC's	560,000	•	-	560,000
8.	UNDP/WHO Clinical Research	300,000	-	-	300,000
9.	UNICEF/ORT and Training	200,000	_	-	200,000
).	USAID/MCH-FP Ext	1,300,000	-	-	1,300,000
	USAID/UCVP WUSC/MCH		1,000, 200,		1,000,000
	Sub-Total :	2,643,000	1,750,	000	4,393,000
	Total :	7,462,000	<b>3,</b> 450,		10,912,000
		,	A	_	1,919,000
			В	_	4,600,000
			С	-	4,393,000
			Total	US\$	10,912,000

### DONORS' CONSORTIUM

The Government of Bangladesh, at the request of ICDDR, B has agreed to host the Donors' Meeting in Dhaka to be chaired by UNDP. The meeting is scheduled to be held on 9, 10 and 11 September, 1986. The draft documents for this meeting have been prepared for the Board's review and approval and the list of invitees is being finalised. UNDP has agreed to fund the participation of representatives from a few selected developing countries. We look forward to the full support and cooperation of the Government of Bangladesh which would be essential for making this meeting a success.

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### UNCDF MATLAB CONSTRUCTION

UNCDF has approved US \$545,000 with provision for another US \$88,000 for cost escalation, for the proposed construction of Matlab Field Station. This was announced by Mr. Bradford Morse, Administrator, UNDP at the ICORT II meeting in Washington in December, 1985. The request for funds from UNCDF was routed through GOB and accordingly an agreement has been signed between GOB and UNCDF with ICDDR, B as the executing agency. Under this agreement ICDDR, B will be responsible for funding the Architect's fee of approximately US \$35,000 and administrative and supervision cost of US \$70,000, and the balance will be borne by UNCDF. Detailed designs and space allocations have been prepared and are available for review by the Board.

The construction of the field station is expected to begin in September this year and we are requesting UNCDF to make the initial disbursement immediately to facilitate procurement of materials. The construction is expected to be completed by early 1988.

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# RESOURCES DEVELOPMENT REPORT FOR FINANCE COMMITTEE JUNE 1986

At the November, 1985 meeting of the Board, we had projected an income of US \$10,069,000 for 1986. Of this amount, we have already secured firm commitments in the amount of US \$8,523,000 and are in the final stage of negotiations for a further US \$580,000 for 1986. We hope to raise the balance, US \$985,000 during the course of the year. (Appendix - A).

The cash flow position of the Centre has shown significant improvement in the recent months and with careful financial planning and follow-up, it will be possible for us to remain within the bank overdraft limit during the rest of 1986.

The overhead component in the restricted core and project restricted grants, amounting to approximately \$1.0 million, together with the core fund amount of \$1.95 million, would become available to the Centre. Efficient management of the Centre's finances would enable ICDDR, B to make this crucial overhead recovery which in turn would enable it to tide over the crisis caused by corrosion of the Centre's core funds.

Our income projection for 1987 stands at US \$10,912,000 (Appendix-B). Of this amount, we already have commitments for US \$7,462,000 and we expect to raise another estimated US \$3,450,000 during the course of the year. It should be noted here that with most major donors themselves subject to budgetary cutbacks, our task ahead is not likely to be an easy one. The Resources Development office will however persevere in its efforts to fulfil tasks set before it.

### 1CDDR, B DONORS 1986 PROJECTIONS

(In US Dollars)

APPENDIX - A

### A. Unrestricted - Core

	Donor	Committed	Estimated	Total
1.	Australia/ADAB	200,000	<del>-</del> .	200,000
2.	Bangladesh	34,000	-	34,000
3.	SAudi Arabia	70,000	<del></del>	70,000
4.	Switzerland	442,000	-	442,000
5.	UK/ODA	200,000	-	200,000
6.	UNICEF	500,000	-	500,000
7.	USAID	500,000		500,000
	Sub-Total :	1,946,000		1,946,000

### B. Restricted - Core

***********************	Donor	Committed	Est imated	Total
1.	AG Fund	250,000	-	250,000
2.	CTDA/DSS	860,000		860,000
3.	Japan (Training, Nutrition)	340,000		340,000
4.	USA/AID(W)	1,680,000	500,000	2,180,000
5.	.Sweden/SAREC/SIDA	120,000	<b>-</b> .	120,000
- ‡	Sub-Total :	3,250,000	500,000	3,750,000

### C. Restricted - Projects

	Donors	Committed	Estimated	Total
1.	Belg ium	100,000	~	100,000
2.	CIDA/Training (Afr Trg)	176,000	125,000	301,000
3,	Ford Foundation (Ep Control)	60,000	60,000	120,000
4.	Ford Foundation/Morbid Study	80,000	-	80,000
5.	IDRC/DISC	55,000		55,000
6.	NORAD/MCH		200,000	200,000
7	NORWICH Eaton	30,000	-	30,000
8.	BOSTID/NAS	28,000	<b>-</b>	28,000
9.	Saudi Arabia (Dammam)	560,000	-	560,000
10.	UNDP/WHO Clinical Research	300,000		300,000
.1.	UNDP/UCVP	50,000	_	50,000
2.	UNICEF/ORT/Training	300,000	-	300,000
3.	USAID/MCH-FP Ext.	1,300,000	<del>-</del>	1,300,000
4.	USAID/Phil-Nepal- Indonesia Training	100,000	, <del>-</del>	100,000
.5.	USAID/UCVP	-	580,000	580,000
6.	WHO project support	61,000	-	61,000
.7.	WHO/Vaccine Trial	-	50,000	50,000
8.	Aga Khan Foundation/ Cereal Based ORT in Ken-China	-	50,000	50,000
9.	WB/Sanitation Intervention	127,000		127,000
•	Sub-Total :	3,327,000	i,065,000	4,392,000
	Total :	8,523,000	1,565,000	10,088,000
			A B C	- 1,946,000 - 3,750,000 - 4,392.000

US\$10,988,000

## ICDDR, B DONORS 1987 PROJECTIONS

APPENDIX- B

## A. Unrestricted - Core

	Donors	Committed	Est imated	Total
1.	Australia/ADAB	200,000	-	200,000
2.	Bangladesh	34,000	· -	34,000
3.	Saudi Arabia	70,000	-	70,000
4.	Switzerland	450,000	-	450,000
5.	UK/ODA	165,000	-	165,000
6.	UNICEF	250,000	250,000	500,000
7.	USAID	250,000	250,000	500,000
	Sub-Total :	1,419,000	500,000	1,919,000

### B. Restricted - Core

	Donors	Committed	Estimated	Total
1.	AG Fund	250,000	_	250,000
2.	CIDA/DSS	860,000	~	860,000
3.	Japan	340,000	-	340,000
١.	USA/AID(W)	1,950,000	-	1,950,000
j.	Sweden/SAREC/SIDA	-	200,000	2 00,000
<b>.</b>	DANIDA	-	1,000,000	1,000,000
	Sub-Total :	3,400,000	1,200,000	4 <b>,</b> 60 ° <b>, 00</b> 0

C. Restricted - Projects

	Donors	Committed	Estimated	Total
1.	Belgium	100,000		100,000
2.	CIDA/Training	100,000	250,000	350,000
3.	Ford Foundation/Ep. Control	-	100,000	100,000
4.	IDRC/DISC	55,000		55,000
5.	NORAD/MCH	<b></b>	200,000	200,000
6.	National Acad Sc/BOSTID	28,000		28,000
7.	Saudi Arabia/DCC's	560,000	-	560,000
8.	UNDP/WHO Clinical Research	300,000	-	300,000
9.	UNICEF/ORT and Training	200,000	-	200,000
0.	USAID/MCH-FP Ext	1,300,000	~	1,300,000
1. 2.	USAID/UCVP WUSC/MCH		1,000,000	
	Sub-Total :	2,643,000	1,750,000	4,393,000
	Total :	7,462,000	3,450,000	10,912,000
			A –	1,919,000
			В –	4,600,000
•			C -	4,393,000
			Total US:	\$ 10,912,000

REPORT OF THE FINNANCE COMMITTEE

# REPORT OF THE FINANCE COMMITTEE ON MEETINGS HELD AT 9.00 A.M. WEDNESDAY JUNE 11 AND 8.00 A.M. THURSDAY JUNE 12, 1986

Members Present:

Professor D. Bell, Chairman of the

Board and Acting Chairman,

Finance Committee

Professor R. Eeckels, Director

Dr. I. Cornaz (Co-opted)

Professor D. Rowley (Co-opted)

Members Absent:

Mr. M.K.Anwar

Professor L. Mata

Dr. Nyi Nyi (vice Dr. S. Joseph)

Invited Persons:

Mr. M.R. Bashir Mr. H. Janssen

### Financial Situation and Outlook

### 1985 Finance Report

The audited financial statements for 1985 indicate that expenditures exceeded receipts by \$1.6 million. After adjustment for depreciation, a non-cash expenditure, there was a \$1.2 million cash deficit.

Although donor contributions in 1985 were at about the same level as in 1984, the amount was significantly lower than expected and the shift to restricted project funding accelerated sharply. The shortfall in estimated income had only a small impact on the operating deficit, accounting for about US\$240,000. The overwhelming impact came from the reduction from \$2.9 million of core funding in 1984 to less than \$1 million in 1985. The organizational response required to deal with this radical shift from core to project funding was clearly beyond the Centre's ability to accomplish in the short-run.

At the November Board of Trustees meeting the deficit for 1985 was estimated at \$1.4 million. After the meeting the following developments resulted in the outcome of the \$1.6 million deficit for 1985.

- an expected special contribution to core of \$500,000 from the UNDP did not materialise. It turned out that the remaining UNROB funds had already been committed by the Government of Bangladesh to another project.
- on the positive side, there was a large foreign exchange gain due to the devaluation of the Taka; the amount was \$307,000.
- expenditures in total were about as estimated in November, with minor variations in individual expense categories.

The use of bank credit (overdraft) at the end of 1985 was \$2.8 million, equal to the November estimate. (The \$500,000 in expected income which was not received had no impact on anticipated 1985 cash flow, as the amount was estimated to be receivable in 1986. The exchange gain likewise had no effect on anticipated cash flow as it occurred gradually during the year, affecting cash flow currently, but not appearing in budgets or accounts till year's end.)

Including accumulated income, Reserve Fund assets totalled \$1.4 million at the end of 1985.

### 1986 Budget - Revised

As recommended by Arthur D. Little consultant's report, the first quarterly revision of the budget was completed in May.

At the time of the November Board meetings, it was estimated that for 1986 there would remain a deficit of \$932,000 (including \$500,000 in depreciation) after allowing for implementation of all of the cost cutting measures contained in the Board document Financial Position and Action Plan for Expenditure Reductions.

The current estimate of the 1986 gap between expenditures and receipts is \$461,000 (including \$500,000 in depreciation). This improvement in the financial picture is primarily due to the fact that income from project grants is turning out to cover expenditures which in November had been expected to be a charge on core funds. The costs covered relate mainly to salaries for local and international staff. In addition, the estimated impact on the 1986 budget of expenditure reductions arising from the Board's November action document have tended to be higher than the conservative estimates made then. There follows a reconciliation of the 1986 budget estimates as at November 1985 and May 1986.

A.	Total Change \$ Ti	nousand
	1. Reduction in unrestricted income	242
	2. Reduction in deficit from 932 to 461	471
	Total change to be accounted for	713
Sou	unces of Change	
1.	Core-funded expenses which were subsequently covered	1
	through funded projects involving mainly staff costs	<del>.</del>
	<ul> <li>USAID research development funds applied to salaries</li> </ul>	100
	- SAREC grant for Dr. Ciznar's research	76
	- Belgian grant for Urban Volunteers	76
	- UNDF/WHO Protocols approved	218
	Sub-total	470
2.	Reduction in local salary costs due to devaluation of Taka	78
ত.	Other cost reductions	165
	TOTAL	713

These changes reflect, on the revenue side, strong efforts to raise additional funds and a significant response by donors, and on the expenditure side, the implementation of the severe cost reduction measures directed by the Board in November, 1985, plus additional cost reduction measures achieved by tight management in the months since then. The Centre's management and staff are to be commended for these accomplishments.

At the same time, it is clear that the Centre's budget for 1986, including a normal allowance for depreciation, is still significantly in deficit. (On a cash basis, without any allowance for depreciation, the 1986 budget is barely in balance.) Additional income and additional expenditure reductions are needed to bring the budget into balance and, on a cash flow basis, to reduce the bank overdraft at the end of 1986. Furthermore, the Centre urgently needs funds to assist in raising the quality of its research output, including a few additions to its senior scientific leadership and funds to strengthen institutional relationships with centres of scientific research concerned with diarrhoea in various parts of the world.

Table 1 summarizes the estimated sources of income and expenditures in 1986 by major category. Table 2 compares 1983 and 1986 revenue and expenditure. Table 3 is a rough estimate of cash flow through the year 1986.

Figure 1 compares graphically the budgetary result in 1985, current estimates for 1986 and preliminary projections for 1987, excluding depreciation. Figure 2 shows trends in the size and composition of donor income in recent years.

# Alternatives for the Remainder of 1986 Additional Income

There is a possibility that USAID may make available additional funding for 1986. This could make a great difference to the 1986 budgetary outlook.

### Expenditure Reductions

As reported to the Executive Committee in March, 1986, actions had been taken by the Centre to fulfill all requirements of the Board's November action plan, except that of reducing local staff employment levels. A separate discussion paper has been prepared on this topic, which has been reviewed in detail by both the Finance Committee and the Personnel and Selection The paper, which will be attached to the report of the Fersonnel and Selection Committee, reports that reductions in core-funded local staff have been made, and additional reductions will be made shortly. Moreover, it has been possible to shift some staff from core to project funding. However, the total reduction in the cost of core funded staff in 1786 is likely to be on the order of ten percent rather than twenty percent as requested by the Board in November. As reported by the Personnel and Selection-Committee, the Director's reasons for believing, on the basis of far better information than was available in November, that this degree of reduction is about the right amount for 1986, are impressive. The Board will of course wish to discuss the subject.

#### Cash Flow

Even with a balanced cash budget (excluding the non-cash expenditure for depreciation of \$500,000), the Centre still faces the possibility of exceeding its line of credit in November/December.

The reason for this is that the income relating to 1986 commitments which was either received in 1985, or may be received in 1987, totals \$1,507,000, while 1985 commitments to be received in 1986 total \$807,000. The timing of cash expenditures and receipts is of course very difficult to predict, but on a "worst case" basis, such a delay in receipt of funds would require an increase of about \$700,000 in the 1986 year-end overdraft, compared to 1985, even though there would be more than that amount of committed 1986 income carried over to be received in 1987.

This possibility requires very close watch over the next months, to avoid the development of a "worst case" scenario. It should be noted that the Finance and Resources Development offices have worked very hard to improve the cash flow of the Centre. In particular Mr. Bashir was able to ensure that three quarters of core contributions for 1986 had been received by the end of April.

### 1997 FRELIMINARY BUDGET

The prospects for the 1987 budget are substantially better than they are for 1986. The major reason is the possibility that the Danish aid agency (DANIDA) will fund the service costs of the Dhaka and Matlab Treatment Centres for 1987 and two subsequent years. These services cost something over \$1 million per year. A proposal developed by the Centre in collaboration with a DANIDA consultant and endorsed by the local DANIDA mission was submitted in May to Denmark.

The review process there will be long, and must include specific parliamentary approval, but the chances seem good that the outcome may be favourable.

Another positive aspect of the 1987 outlook is that more than two thirds of the anticipated \$10.9 million total receipts and nearly three quarters of the anticipated \$1.9 million in core support has been already committed by donors. Based on committed funds only, there would be a cash deficit in 1987 (excluding depreciation) of \$500,000. This would be the most pessimistic projection, based on present knowledge.

The most optimistic projection, that in addition to committed income all estimated income is also received, would show the cash budget about \$1.0 million in surplus, more than sufficient to cover depreciation.

Two central assumptions have been used in preparing these projections. On the receipts side, the fundamental assumption is that the Centre will be able to generate the research projects implied by the income projections. On the expenditure side, the fundamental assumption is that without relaxing its steady drive toward leaner and more efficient operations, the Centre would reinstate the ten percent international level pay reduction, and provide the January 1, 1985 UN pay increase for local staff, both effective from January 1, 1987.

For the next meeting a 1987 budget document providing details of income and expenditure will be prepared for Board consideration.

### Other Matters

### Reserve Fund Investments:

The Committee reviewed a note, which it had requested, reviewing alternative investment policies for the Reserve Fund. The note proposed the continued investment of Reserve Fund assets in bank deposits with American Express.

The Reserve Fund is pledged as collateral for a bank line of credit with American Express. The by-laws require that US\$1.2 million be kept in liquid form. Bank deposits will provide a moderate rate of return, little risk and high liquidity.

The Taka has declined by about fifty percent in the last six years, more than offsetting the higher rates of interest available on taka denominated deposits. On the assumption that the US dollar will continue to be the stronger currency, the deposits should be in that currency.

It is therefore recommended that the Reserve Fund be invested for the time being in US dollar bank deposits with American Express.

#### Depreciation rates

At the Board's request the following revised depreciation rates were reviewed by the Centre's auditors, who agreed with them and found them to be conservative.

	<u>Present Bate</u>	Proposed Rate
Buildings	2%	5%
Vehicles	20%	25 <b>%</b>
Furniture and Equipment	10%	20%
Other Assets	5%	20%

### Employee Separation Payment Fund

In May of 1986 the Separation Payment Fund Board was established with Mr. M.R. Bashir and Mr. H.A.N. Janssen elected as Chairman and Secretary respectively. Two meetings have been held.

Until the management of the employee funds, which are maintained separately with an insurance company, are taken over by the Payment Fund Board, the deposits will be recorded in the Centre's financial statements.

## Centre's Financial Statements

The Committee reviewed the Centre's financial accounts for 1985 as approved by the auditors without qualification. A letter from the auditors to the Board raising certain management issues was also reviewed, along with the reply by the Centre's management. The Committee was satisfied with the reply.

FIGURE 1

# COMPARISON OF INCOME AND EXPENDITURE 1985 (ACTUAL) AND 1986 (ESTIMATED) EXCLUDING DEPRECIATION

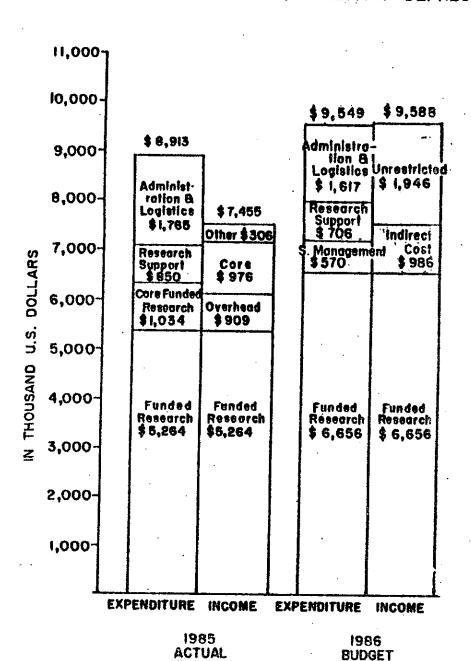
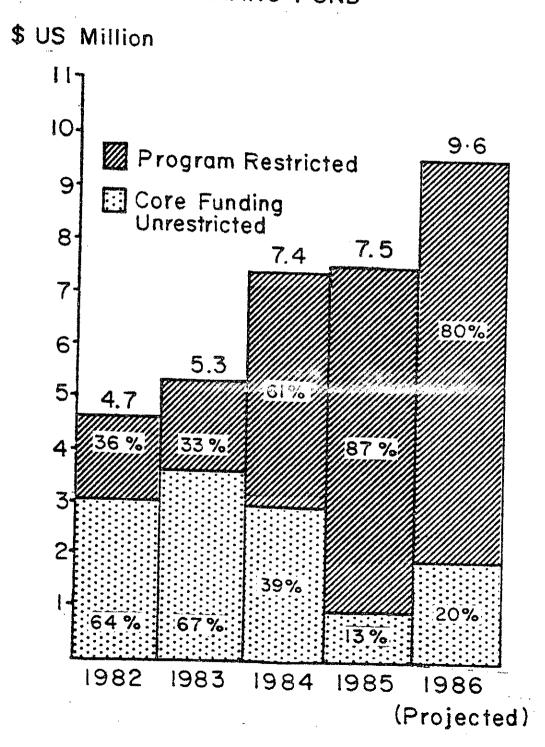


FIGURE 2

# ICDDR, B DONOR CONTRIBUTIONS, OPERATING FUND



### Table 1

## 

INCOME			
Funded Research (Direct Cost)		6,656	
Funded Research (Indirect Cost)	986		
Unrestricted Contributions	1,946	2,932	9,588
EXPENDITURE			
Funded Research (Direct costs)		6,656	
Scientific Management	570	,	
Research Support	706		
Administration and Logistics	1,617	2,893	9,549
SURPLUS BEFORE DEPRECIATION			39
Allowance for depreciation			
			500
DEFICIT			-461

### Table 2

	_	BUDGET 1986 ====================================	1986 ESTIMATED <sup>,</sup> (May)
<b>A</b> .	Revenue	(In thousand U.S	. Dollars \
	Committed firm Estimated	7,487	8,523 1,065
	Exchange gain	7,487 306	9,588
	Add: 1985 Commitments to be expended in 1986	7,793	9,588
В.	Expenditure	7,793	9,912
			***************************************
	Local salaries Inter'l salaries Consultants Mandatory committees	2,985 2,191 454	3,183 1,946 315
	Travel Supply and materials Other contractual services Interdepartmental services	48 473 1,452 1,074 1,052	17 422 1,323 1,096
	Less: Recovery	9,729 1,261	1,151  9,453 1,331
	Add:Capital expenditure	8,468 547	8,122 362
	Add:Project research costs not yet budgeted in detail	9,015	8,484
		0.015	1,389
<b>7.</b>	Surplus/-deficit	9,015	9,873
	Surplus/ Deficit before Depreciation Depreciation	-1,222 -417	39 -500
	Total Deficit US \$	-1,639 ======	-461

Cash Flow 1986 Actual through April; Rough estimates May - December (In thousand U.S Dollars)

	(In thousand U.S.Dollars)												
	JAN 	FEB	MAR	APR	MAY	JUN	JUL	-PROJECTIO AUG	SEP	oct	HOV	DEC	- Total
BALANCE B/Fd	-2,820		-2,468		-1,257	-1,583	·	~1,830	-1,969	-2,316		-3,003	-2,820
RECEIPIS	36 <b>5</b>	796	653		634	929	630	732	614		772		9,173
EXPENDITURE:								~~~				****	****
FIXED													
Local salary Int'l salary	200 100	200 1 <b>00</b>	205 200	200 150	300 150	20 <b>0</b> 200	280	180	180	180		180	2,490
Provident Fund Income tax		39	70 30	30	30	30	190 75 30	100 30	125	100 80		125 85	1,640 310
Consultants Separation	26	26	27	27	27	27 80	27	27	30 27	30 27	30 27	30 27	330 322
Mandatory committee					8		******		8				80 16
VARIABLE (including exp.not yet budgeted	326 60	356 67	532 118	407 203	515 445	537 398	602 269	337 534	370 591	417 630	342 705	447 665	5,188 4,685
in detail ) TOTAL	386	423	650	610	960	935	871	871	961	1,047	1,047	1,112	9,873
BALANCE C/Fd	-2,841	-2,468	-2,465	-1,257	-1,583	-1,589	-1,830	-1,969	-2,316	-2,728	-3,003	-3,520	-3,520
	Note:				=======================================			2222222			*******		********

Commitments for 1985 received in 1986:

Commitments for 1986 expected to be received in 1987: \$ -868

Commitments for 1986 received in 1985:

\$ -639 -----

\$ -700

::::::

FY 1985 AUDIT REPORT

## **Deloitte Haskins+Sells**

Chartered Accountants

8-1B, Chowringhee Lane Calcutta 700 016 Telephone 24-4938 24-0837 Telex No. 21-2028 Answerback DHSI IN Cable Dehands

April 23, 1986.

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, 1985. 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.

## Deloitte Haskins+Sells

**Chartered Accountants** 

8-1B, Chowringhee Lane Calcutta 700 016 Telephone 24-4938 24-0837 Telex No. 21-2028 Answerback DHSI IN Cable Dehands

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### 1. BUDGETARY CONTROL

The budgetary control system now in operation needs improvement.

At the time of the preparation of the budget, estimates are obtained from departmental heads but in any subsequent budget exercise the departmental heads are not involved. To make the budgetary control system effective, it is necessary to involve the departmental heads. As suggested earlier, the process of preparation and control of budget should be documented and prepared as a manual so that the expected result from a budgetary control can be ensured.

### 2. MATERIALS CONTROL

The year end closing stock of Supplies and Maintenance Stores was U.S. \$ 536,621, the consumption of such stores during the year was U.S. \$ 643,565. The stock of supplies was almost one years consumption of such stores, this is too high. Immediate steps need to be taken to reduce the stock of supply and maintenance stores.

# Deloitte Haskins+Selis

**Chartered Accountants** 

8-18, Chowringhee Lane Calcutta 700 016 Telephone 24-4938 24-0837 Telex No. 21-2028 Answerback DHSI IN Cable Dehands

3.

### DONOR REPORTING

(i) Donor reporting as stipulated in the grant documents are not complied with in certain cases.

Arab Gulf Fund

Report for nine months period ending 30th September, 1985, is yet to be prepared and submitted.

NORAD

Report for period ending 1985 is yet to be submitted.

(ii) The contribution from Ford Foundation towards Reserve Fund, stipulates that a bank account be maintained for the contribution. No separate bank account as stipulated has been maintained.



**Chartered Accountants** 

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### 4. OVERTIME

To control overtime payments, restriction has been imposed, and any overtime payment was discouraged but in actual practice the overtime payment has increased by 30% of the normal overtime from 1984.

In 1985, additional overtime had to be incurred for waccine trial programme.

1005	OVERTIME HOU	JRS	OVERTIME U.S.	
1985 Total overtime payment	1,62.662		1,35,869	
Overtime paid for vaccine trial	62,444		43,654	
Normal overtime paid in 1985	1,00,218	U.S.\$	92,215	
Normal overtime paid in 1984	80,596	U.S.\$	71,006	
Excess normal overtime paid in		, ,	· ' ,	
1985 over 1984	20,622	U.S.\$	21,209	

Excess overtime in 1985 over 1984 is around 30%

## Deloitte Haskins+Sells

**Chartered Accountants** 

8-1B, Chowringhee Lane Calcutta 700 016 Telephone 24-4938 24-0837 Telex No. 21-2028 Answerback DHSI IN Cable Dehands

• 5 .

### 5. ADVANCE

Advance paid to some parties are unrecoverable and have to be written off :

(a) Indian Airlines (U.S.\$ 129)

(b) Syd Travels (U.S.\$1287)

The resolution of the Board is required to write off these amounts.

The points mentioned in the report have been discussed with the respective management staff of the Centre.

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

Lali X Couch

(SALIL K. GUPTA)
PARTNER

### Management Letter Response - 1985 Financial Accounts

### 1. Budgetary Control

In the fall of 1986 Finance developed and distributed a complete package of budget forms and pricing documentation. As the design phase took longer than anticipated, there was insufficient time to discuss with management the various options required to review proposals to expand expenditures. However, the information provided formed the basis for future discussions. In April departmental heads were asked to review their budgets, which had been adjusted to reflect November 1985 Board actions. Following an updated 1986 budget, departmental heads were asked to propose preliminary estimates for 1987.

It is anticipated that this fall the timetables will permit a fuller review of detailed budget estimates with departmental heads prior to review by the Board. This procedure represents an improvement on recent practice and efforts are being made on a continuing basis to improve budgetary control by monitoring monthly cost reports. The results to date are perhaps not dramatic, but budgetting is an evolutionary process for the Centre and an effort is being made to improve upon it.

### 2. <u>Materials Control</u>

Stock levels are still higher than desirable and efforts are continuing to reduce them.

#### Donor Reporting

A report was sent to Arab Gulf Fund in June of 1985; it
is not anticipated that any further report will be required.

Although the NORAD report was materially completed in January of 1986 normal financial year end adjustments to close 1985 delayed final preparation. Moreover there was presentational clarification required. The donor was advised of the delay and concurred. The final report was released April 4th.

(ii) Although the Ford Foundation grant does not require a separate bank account, we consider it a good suggestion and have acted accordingly.

### 4. Overtime

Staff have been encouraged to receive overtime compensation in the form of equivalent time off. This appears to have had an impact as in the first four months of 1986, overtime charged is half 1985 levels.

### 5. Advances

As suggested, it will be recommended to the Board that advances totalling \$ 1,416 be written off as unrecoverable.

### AUDITOR'S REPORT

TO THE BOARD OF TRUSTEES OF THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

We have audited the Balance Sheet of the International Centre for Diarrhoeal Disease Research, Bangladesh as of December 31, 1985 and the relative Receipts and Expenditure Account for the year ended on that date, which are in agreement with the books and records maintained by the Centre and produced to us. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, and to the best of our information and according to the explanations given to us, the Balance Sheet and the Receipts and Expenditure Account, subject to item No. 3 (ii) of the 'notes to accounts' attached thereto, give respectively a true and fair view of the state of affairs of the Centre as of December 31, 1985 and the results of its operations for the year then ended.

Delovillo Harakino 2504.

DELOITTE HASKINS + SELLS CHARTERED ACCOUNTANTS AHMED SHAHID & CO. CHARTERED ACCOUNTANTS

Dhaka, April 04, 1986

# INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH BALANCE SHEET AS AT DECEMBER 31,1985

	Schedule	1985	1984
Fixed Assets/less depreciation	1	4,290,652	3,875,751
Current Assets		*********	
Stock of stores and spares	2	579,067	765,735
Employee retirement fund deposits	•	1,415,650	964,904
Advances, deposits and prepayments	3	567,720	978,485
Cash and bank balances	4	1,613,345	942,062
	•	4,175,782	3,651,186
Less:			
Current Liabilities			
Bank overdraft	5	2,820,314	1,612,021
Interest free loan (from Bangladesh Ba	ank)	1,186,080	
Other current liabilities	6	295,413	483,084
		4,301,807	3,281,185
Net Current Assets		-126,025	370,001
•	US \$	4,164,627	4,245,752
Represented By			=======================================
Capital Development Fund	7	5,216,813	4 660 402
Operating Fund	8	-3,868,786	4,669,403 -2,230,184
Reserve Fund	9	1,400,950	841,629
Employees Retirement Fund	-	1,415,650	964,904
	US \$	4,164,627	4,245,752
Nomes none		========	

NOTES FORM PART OF THE ACCOUNTS

Director

Member Board of Trustees

I lacito Harringtell

Deloitte Haskins + Sells Chartered Accountants

Chartered Accountants

Dhaka, April 4, 1986

# INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH RECEIPTS AND EXPENDITURE ACCOUNT (OPERATING FUND)

## FOR THE YEAR ENDED DECEMBER 31, 1985

	Schedule	1985	1984
Receipts			
Contributions Other receipts	10	7,487,397 208,932	7,398,637 234,104
Less:		7,696,329	7,632,741
Transferred to Capital Development Fund to the extent of capital contribution		547,410	781,003
Exchange gain/-loss	•	7,148,919 306,083	6,851,738 12,523
Expenditure		7,455,002	6,864,261
Personnel services and benefits Supplies and materials Travel expenses Transportation of materials Rent, communication and utilities Printing and reproduction Other contractual services Depreciation	,	5,678,716 1,288,644 473,369 163,028 200,653 166,759 706,313 416,122	4,930,702 980,347 571,827 146,703 - 97,353 42,287 366,997 333,658
Surplus/-Deficit	us \$	9,093,604	7,469,874

NOTES FORM PART OF THE ACCOUNTS

DH JESUS

Don:

# INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH SOURCES AND APPLICATION OF FUNDS AS AT DECEMBER 31, 1985

	1985	1984
Source		
Capital Development Fund receipts	547,4	781,003
Reserve Fund receipts	559,3	21 0
Decrease in working fund	496,0	26 0
Retirement Fund receipts	450,7	16 964,904
Depreciation (net)	415,0	329,830
·	US \$ 2,468,50	
Application		
Additions to fixed assets (net)	829,95	59 591,179
Loss on sale of assets		0 10,892
Increase in working fund	·	0 868,053
Deficit as per Receipts and Expenditure Account	1,638,60	02 605,613
	US \$ 2,468,56	2,075,737

SCHEDULE 1
FIXED ASSETS

	COST			DEPRECIATION				BALANCE			
Capital Development Fund	Opening Additions balance this Fund on1.1.85 year		Sales/ Adjust- Total ments		Rate	As at 1.1.1985	Charge for the year	Adjust- ment	Total	As at 31.12.85	
Land	66,758	4,604		71,362						71,362	
Buildings	1,745,256	70,441	15,456	1,800,241	2%	66,952	36,005	309	102,648	1,697,593	
Vehicles	399,458	45,764	900	444,322	20 <b>%</b>	133,498	88,864	360	222,002	222,320	
Furniture	343,674	33,104	1,933	374,845	102	63,486	37,485	387	100,584	274,261	
Equipment	1,786,955	691,187	42	2,478,100	101	332,317	247,810	8	580,119	1,897,981	
Other assets	115,978	3,190		119,168	51	11,001	5,958		16,959	102,209	
Work-in-progress	24,926			24,926						24,926	
US	\$4,483,005	848,290	18,331	5,312,964	*******	607,254	416,122	1,064	1,022,312	4,290,652	

SCHEDULE 2		1985	1984
STOCK OF STORES AND SPARES			
Capital Development Fund			
Capital assets		42,446	152 004
Operating Fund			153,804
Supply stores Maintenance stores		394,690 141,931	439,844 172,087
		536,621	611,931
	US \$	579,067	765,735 =======
SCHEDULE 3			
ADVANCES, DEPOSITS AND PREPAYMENTS			
Capital Development Fund			
Advance against capital expenditure Operating Fund		147,780	308,394
Advance against supplies and services		164,299	307,807
Advance against expenses		230,433	317,104
Other advances		20,012	39,005
Deposits		5,196	6,175
		419,940	670,091
	US \$ =	567,720	978,485

	•	
SCHEDULE 4	1985	1984
CASH AND BANK BALANCES		
Cash at Banks		
US \$ Account		
American Express Bank Ltd., Reserve Account	20,820	20,820
American Express Bank Ltd., Switzerland	7,969	4,776
American Express Bank Ltd., Dhaka	63.252	12,031
American Express Bank Ltd., Dhaka-Reserve Account	29,131	16,809
American Express Bank Ltd., Call Deposit	1,351,000	804,000
American Express Bank Ltd., BOSTID Account	6,212	0
American Express Bank Ltd., MSF Account	16,063	Ŏ
American Express Bank Ltd., US AID-MCH	8,536	ő
Janata Bank, Dhaka	1,274	1,275
Bank of Credit and Commerce Int. (Overseas) Ltd.	228	0
	1,504,485	859,711
Taka Account		*****
Bank of Credit and Commerce Int. (Overseas) Ltd.	44,727	0
Janata Bank, Dhaka	1,373	1,723
Agrani Bank, Dhaka	20,874	43,046
Agrani Bank, Dhaka	26	32
Agrani Bank, Matlab	3,349	5,235
Agrani Bank, Teknaf	317	60
Agrani Bank, Sirajgonj	1,353	557
Agrani Bank, Noapara	269	35
Agrani Bank, Chandpur	346	346
Agrani Bank, Mirjapur	4,646	476
American Express Bank Ltd.	5,578	9,077
	82,858	60,587
UK L Account		-
American Express Bank Ltd., London	15,634	4,927
SFR Account		
American Express Bank Ltd., Switzerland	6,594	12,840
SR Account		
Saudi American Bank, Dammam	1,510	1,565
	-, -,	1,000

2,264

US \$ 1,613,345

2,432

942,062

.Cash in hand

## SCHEDULE 5

BANK OVERDRAFT US_\$ Account		1985	1984
American Express Bank Ltd., New York Taka Account		1,075,620	438,443
American Express Bank Ltd., Dhaka		1,744,694	1,173,578
	US \$	2,820,314	1,612,021
SCHEDULE 6			
OTHER CURRENT LIABILITIES			
Capital Development Fund			
For capital expenditure		0	56,194
Operating Fund			
For supplies and materials		86,399	91,209
For expenses		171,792	325,196
Security and other deposits		37,222	10,485
		295,413	426,890
	us \$	295,413	483,084

## SCHEDULE 7

CAPITAL DEVELOPMENT FUND		1985	1984
Balance as at January 1		4,669,403	3,899,292
Add: Transferred during the year from Receipts and Expenditure Account		547,410	781,003
		5,216,813	4,680,295
Less: Loss on sale of assets		0	10,892
SCHEDULE 8	US \$	5,216,813	
OPERATING FUND			
Balance as at January 1		-2,230,184	-1,182,942
Deficit for the year ended December 31		-1,638,602	-605,613
		-3,868,786	-1,788,555
Less: Transferred to Reserve Fund		0	441,629
SCHEDULE 9	US \$	-3,868,786	
RESERVE FUND			
Balance as at January 1		841,629	400,000
Add: Transferred from Operating Fund		0	441,629
Received from The Ford Foundation		500,000	0
Interest earned on deposits		59,321	0
	US \$	1,400,950	841,629

•		
SCHEDULE 10 - CONTRIBUTIONS	3.00	•.
Unrestricted	1985	1984
Australia	140 000	• • • • · · · · · · · · · · · · · · · ·
Bangladesh	143,365	
Saudi Arabia	)	02,100
Sweden	100,000	
Switzerland	0	,
United Kingdom	310,813	•
UNICEF	171,741	
USAID-Washington	250,000	
Others	O	.,,
	139	0
	976,058	2,891,905
Restricted		
Arab Gulf Fund		
Aga Khan Foundation	485,440	
Bangladesh/Germon (EDG) m	52,260	
Bangladesh/German (FRG) Technical Co-operation	13,671	0
Belgian Administration for Development Co-operation (BADC)	•	-
Belgium	0	7,906
DACATA (N	68,115	0
BOSTID (National Academy of Science)	13,312	
Canadian International Development Agency (CIDA)		1,407,016
** 6866	12,600	49,220
IDRC - Canada	85,468	,
IBRD-Handpump Project	85,986	,
Japan	260,000	,
Norwich Eaton Pharmaceuticals		• • • •
NORAD-Matlab Health Services	10,500	<del>-</del>
Princeton University	228,837	-
PRITECH-Asian ORT meeting	3,748	-,
Roche Far Bast Research Foundation	10,500	_
Swedish Agency for Research and Cooperation(SAREC)	0	5,000
		<b>36,57</b> 9
The Population Council	275,053	<b>485</b> ,614
The Ford Foundation	32,474	27,167
The Johns Hopkins University	354,544	256,900
The Rockefeller Foundation	11,141	9,224
UNFPA - MCH FP	5,380	0
- DSS	75,375	26,000
UNICEF - ORT and Training	0	16,400
UNDP/WHO	253,645	451,244
UNDP - UCVP	187,000	349,567
UNDP/UNROB	96,470	0
UN University, Japan	43,570	Ö
US ATD - Veccine Mainl D	0	5,787
US AID - Vaccine Trial Program Fund	2,300,000	0
budka - Mon FP Extension	563,033	655,672
- Rmergency Relief	100,000	0
- Jakarta - Training	3,755	60,817
- Manila - Training	0,.00	14,241
- NIROG Project	13,894	12,603
WHO - Vaccine Trial	50,000	_
- Double Blind Trial	7,762	0 4 510
		4,510
· ·	6,511,339	A 506 700
	~,~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000,732
US \$	7 497 207	7 200 000
The second se	7,487,397	7,390,637
•		*======

# INTERNATIONAL CENTRE FOR DIARRRHOEAL DISEASE RESEARCH, BANGLADESH NOTES TO ACCOUNTS DECEMBER 31, 1985

## ACCOUNTING POLICIES

- (i) Receipts and Expenditure Account and Balance Sheet of the Centre are maintained in the manner as prescribed and approved by the Board of Trustees.
- (ii) Fixed assets have been brought to account at material cost upto August 1981. Subsequent to that date incidental expenses such as labour, freight, insurance etc. (excluding clearing charges) have also been included in arriving at the cost of fixed assets.
- (iii) Stock of stores and spares are valued at material cost only.
- 'Receipts' and 'Expenditure' of the Centre for the year to December 31, 1985 are accounted for on 'cash' and 'accrual' bases respectively in accordance with past practice. The Centre has decided to adopt the accrual accounting method for receipts as well commencing in 1986. Contributions received during 1985 included an amount of US\$ 310,813 which relates to 1986. Under a full accrual method contributions received in advance would be treated as a liability item.
- (v) Depreciation on fixed assets has been charged on a straightline basis. No provision for depreciation has been made up to December 31, 1982.

- (vi) The accounts have been prepared on a "historical cost" basis. For advances, liabilities, cash and bank balances the year end exchange rate was used for converting non-US currencies to US dollars. For other transactions, average monthly exchange rates were used for conversion purposes.
- (vii) All assets costing \$ 50 or less are expensed. The Centre maintained a separate register for such assets upto December 31, 1983 which has not been up-dated since then.
- (viii) Beginning in 1985 the Centre has charged the cost of books to the expenditure account. Value of books capitalised upto 1984 remain in the accounts.

## 2. FIXED ASSETS

- (i) 4.10 and 0.51 acres of land situated at Mohakhali (Dhaka) and Matlab (Comilla) received as donations from the Government of Bangladesh and a private party respectively have not been brought to account.
- (ii) Buildings include an amount of US\$ 101,646 spent on the extension of the Institute of Public Health, owned by the Government of Bangladesh and at present partly accommodating the Centre. The new extension was built for use by the ICDDR,B.

## 3. PERSONNEL SERVICES AND BENEFITS

(i) An amount of US\$ 42,909 (1984 US\$ 35,088) was paid as

honorarium to the members of the Board of Trustees.

(ii) Retirement liability to the extent of US\$ 158,900 (approx.) has not been provided for in the accounts in respect of: ICDDR,B employees not covered by WHO scale US\$ 26,700; Interest on retirement fund to March 31, 1984 US\$ 108,900; International level staff while on ICDDR,B local pay scale US\$ 23,300.

## 4. RENT, COMMUNICATION & UTILITIES

US\$ 29,021 was paid for electricity consumption for the new hospital building for prior years.

## 5. CURRENCY TRANSLATION

Curre	ency	Average monthly exchange rates	Year end exchange rates
Tk.	1.00	0.035	0.033
uk £	1.00	1.445	1.445
SFR	1.00	0.480	0.482
SR	1.00	0.274	0.274
s \$	1.00	0.475	-

## 6. CONTINGENT LIABILITIES

Claims against the Centre not acknowledged as debt - US\$ 2,442.

\* The Break of Trudees decided that it of Noviewer 11: 16.
Welling with would not receive day hopotations.

## 7. CAPITAL COMMITMENT

In the opinion of the management, the commitment is US\$ 96,235 (approx.).

## 8. OTHERS

Grants by way of various services rendered by the donor agencies to the Centre have not been considered in the accounts.

Previous year's figures have been rearranged and regrouped whenever found necessary. REPORT OF THE PERSONNEL & SELECTION COMMITTEE

Report of the Personnel & Selection Committee to the Board of Trustees, on meetings held on 13, (all day), 14 (morning) and 16 (morning) June, 1986.

#### Members Present

Dr I. Cornaz (Chairman of the Committee), Professor D. Bell (Chairman of the Board), Professor R. Eeckels (Director), Dr R. Feachem (from Agenda 5), Professor D. Rowley, Dr J. Sulianti Saroso (from agenda 3h).

#### Co-opted Members

Dr A.R. Al-Sweilem and Dr L. Mata (from Agenda 5), Prof. J. Kostrzewski and Dr. Nyi Nyi (from Agenda 6)

#### Members Absent

Mr Manzoor ul Karim and Dr V. Ramalingaswami.

## 1. IMPLEMENTATION OF THE ACTION PLAN FOR EXPENDITURE REDUCTION

#### 1.1 International level posts

1.1.1 International contracts and reintegration at NO level

The termination of the contracts after their expiry, respectively, their premature termination, have been notified to the staff concerned; Dr A.M. Molla was given a contract extension letter for 1 year till 30 June, 1987. For Mr M.G. Morshed (Bangladeshi, Supply Officer) the contract was extended from 20 March to 30 June, 1986.

The following staff will have left the Centre by 30 June, 1986 as a result of these measures

Dr K.M.S. Aziz (Bangladeshi, TE&C)

Dr A.K.M.A. Chowdhury (Bangladeshi; CSRWG)

Dr I. Huq (Bangladeshi; DTWG)

Dr M.M. Rahaman (Bangladeshi; NWG)

and

Mr A.H. Mostafa (Australia; CSRWG)

Dr N. Rizvi (USA; NWG)

For the posts of

Dr Michael Bennish (USA, PTWG, Miles Laboratory)

Dr Ivan Ciznar (Czechoslovakia, NDWG, UNDP/UNO & SAREC)

Dr Badrud Duza (Bangladesh, CSRWG, USAID)

Dr Fitzroy Henry (Guyana, 177G, FAO)

full funding has been obtained from project sources and their contracts will continue until their initial expiry date, as recommended by the Executive Committee, March, 1986.

Dr J. Wasserheit obtained from the Ford Foundation full funding for her post; she however will leave before expiry date of her protocol (June '86) and return on two consultancies.

Dr F.C. Patra (India, PTWG) has been given a one year contract as International Research Fellow (WHO/ICDDR,B agreement).

Dr B. Stanton (USA, CSRWG) has been seconded by The Johns Hopkins University to head the USAID funded Urban Volunteers Programme.

For the following posts resulting from abolished international posts, job descriptions and job classification have been established (the latter by UNDP specialists), and after internal advertisement the following individuals were offered new 2 year contracts:-

Dr. K.M.A. Aziz (Associate Scientist - Anthropologist) NOC Step 13

Dr. M.U. Khan (Scientist - Epidemiologist) NOE Step 13.

Dr. A. Molla (Associate Scientist - Biochemist/Nutritionist)
NOC Step 13

Mr. S.I. Khan (Head, Library & Publications) NOC Step 7

Mr. G. Morshed (Purchasing & Inventory Control Manager) NOB Step 13.

For these contracts the Personnel & Selection Committee agreed that the probation period should not be mentioned in the contract. The post of Nursing Manager, NOC Step 7, is still open as Mrs Wendy Hossain died in April 1986; it might be necessary to look for candidates at international level (see 4.3 hereafter).

## 1.1.2 Acquired rights (point 3.6 of Action Plan)

The number of contracts with acquired rights are numerous and these rights vary with each case. The Committee therefore agreed that, as long as they could be justified the acquired rights should continue for the ongoing contracts. Any new contracts for new or existing employees should not provide for acquired rights but recognize the professional experience and competence of the candidate, and the grade should then be negotiated by the Director.

Following suggestions of the consultants Rahn and Hiscock (see 3 hereafter) the Committee agreed that the following resolution should be submitted to the Board for consideration and approval:—
"The Board authorizes the Director to advertise international professional posts without reference to a specific grade level.

International professional posts will normally have a range of two professional levels within which an appointment by the Director may be negotiated."

## 1.1.3 Salary cut for all international staff (point 3.7)

Twenty-four international staff members signed as requested the slip authorizing the 10% temporary reduction, six did not respond (which after 3 months was considered an acceptance de facto),

Eight voiced their disapproval. The Committee expresses its gratidude to the international level staff for accepting this temporary cut and to the NO and GS level staff for foregoing some of the UN increases. The loyality of the staff is appreciated, especially of those whose positions were terminated prematurely or due to the six-year rule.

## 1.1.4 Husband and wife team

The three husband and wife teams at international level have been taken care of as requested. The WHO rules however do not absolutely preclude the employment of both husband and wife at international level. The Committee asked the management to prepare a policy statement on the various options concerning husband and wife teams.

## 1.1.5 Education Grant

As foreseen by the Board's decision, the payment of the grant provisionally will be stopped for the coming school year, while the Centre is awaiting the sought for legal advice.

#### 1.2 National Officer and General Service Level Staff

## 1.2.1 The UN Salary increase.

The increase for NO (8%) and GS (10.8%) level staff has been implemented.

## 1.2.2 Staff Reduction

The Committee recognized that

- the staff needs of the treatment centres in Dhaka and in Matlab (together one third of the core funded staff) are not compressible,  during epidemics additional staff is needed in the treatment centres,

and that therefore the reduction proposed by the Board was not feasible. Hence, the decision of the management, approved by the Executive Committee in March, that no local level staff lay off actions were to occur prior to the Board Meeting in June except by attrition and for poor performance (see also Attachment IV for the reductions so far). The Committee suggested that the Director should

- identify and terminate the poor performers (and replace if necessary), for which a manageable and effective review process needs to be developed,
- identify and terminate overstaffing,
- identify possible understaffing and unfilled key positions.

## 1.3 Implementation of the decisions of the Board

The Committee felt that the Management had correctly implemented the decisions of the Board with the necessary adjustments as mentioned. It is aware of the hardship caused to the staff members by these actions.

#### STAFFING OVERVIEW

## 2.1 International level staff

2.1.1. The situation as of July 1, 1986, compared with November 30, 1985 is shown in attachment Ia, the distribution by Working Groups as of July 1, 1986 in attachment 1b and the geographical distribution in attachment 1c. For arrivals and departures see attachment 1d.
The Committee expressed its grief at the death of Mrs. Wendy Hossain.

#### 2.1.2 Consultants

A list of consultants, short term staff and contractual service agreement is found in attachment II. The number of long term consultants was reduced from 17 in May 1985 to 9 in May 1986 and all except one are fully funded by project funds.

## 2.2 Local Level Staff

Attachment III shows the situation as of July 1, 1986 (compared with November 30, 1985).

## 2.3 Core Funded Personnel

Proposed changes in core funded personnel and the expected cost reductions are shown in attachment IV.

## 3. POST CLASSIFICATION

## 3.1 Post Classification Team

UNDP funded two consultants, Messrs Rahn and Hiscock, to review the Centre's systems for classification of positions, particularly in respect to the relationship of classification of Professional and General Service jobs and the impact of this classification on difference in remuneration.

The terms of reference for this consultancy and the c.v. of the two consultants are attached (V a,b,c). The report has just been received and is summarized in Attachment VI with the recommendations.

The Committee stressed the relevance of this report and requested the Management to examine the recommendations and their possible implementation.

## 3.2 Evaluation System

The Personnel Office is preparing a performance assessment system. The Committee is of the opinion that a simple and effective system is urgently needed; this system may differ according to the level of the staff.

## 4. STAFF APPOINTMENT RECOMMENDATIONS

## 4.1 Appointments

The Committee unanimously recommends the appointment of Dr. A.N. Alam, as Head, Dhaka Hospital, at P3 level.

#### 4.2 Renewal of Contracts and Replacement of Outgoing Staff

## 4.2.1 Scientific Staff

4.

The contracts of the following scientific members expire between now and September 1987; all of them have indicated their willingness to renew the contract:

1.	Dr. M.G.M. Rowland	Р6	Senior Scientist, CSRWG, UK - Norad/Core
2.	Dr. B. Wojtyniak	P4	Scientist, CSRWG, Poland, CIDA

3. Dr. M. Bennish P3 Intl. Res. Assoc., PTWG, USA, Miles
Laboratories

5. Dr. F. Henry P2 Intl. Res. Assoc., NWG, Guyana, FAO

P4 Scientist, DTWG, USA, Vaccine Trial

6. Dr. I. Ciznar P5 Senior Scientist, HDWG, <sup>C</sup>zechoslovakia, WHO/UNDP, SAREC

#### The contract of

7. Dr. B. Kay P3 Microbiologist, DTWG, USA expires on 31 July, 2986; he is willing to extend one year.

The contract of

Dr. J. Clemens

8. Dr. D. Sack P5 Senior SCientist, DTWG, USA expires on 30 June, 1987; he does not want to extend.

The Committee recommends the extension of these contracts (if they are funded), possibly with new Job descriptions, respectively to advertise the posts, subject to the conclusions of the Programme Committee.

## 4.2.2 Administrative Staff

The Committee recommends the renewal for a term of three years of the contract of Mr M.R. Bashir as Resources Development Officer, at P5 level, at the same conditions as previously. One member voiced a minority vote concerning the conditions offered.

The contract of

 Mr. H. Janssen P5, Chief Finance Officer, Canada, expires 1987; he will not extend.

The contracts of

- 2. Mr. Len Chang, P2, Budget and Finance Officer, Australia,
- 3. Mr. R. Dery, P4, Administrative Services/Acting Personnel Officer, USA

expire mid 1987. Both have indicated their willingness to extend; following a Board decision of November 1984, their positions have to be readvertised one year before expiry.

The Committee recommends an open ended advertisement for the three posts of  $% \left( 1\right) =\left( 1\right) \left( 1\right) +\left( 1\right) \left( 1\right) \left( 1\right) +\left( 1\right) \left( 1\right) \left( 1\right) \left( 1\right) \left( 1\right) +\left( 1\right) \left(  

- Chief Finance Officer
- Budget and Finance Officer
- Chief Personnel Officer,

the final post description and classification depending however on the availability of the Associate Director, Administration and Finance (see hereafter, 4.3 new appointments). The post at international level of Administrative Services Officer is collapsed.

## 4.3 New Appointments

In addition, the Committee recommends the following positions for approval, subject to the conclusions of the Programme Committee.

## 4.3.1 - Scientific and Service Staff

 Environmental Microbiologist, level to be determined, new project post, USAID

- Senior Scientist, Clinical Services, P6 (post open after departure of Dr. Butler),
- Paediatric Gastroenterologist, level to be determined, new project post,
- 4. Epidemiologist, USAID
- 5. Pathologist, possibly seconded by DANIDA,
- 6. Nurse Matron, possibly seconded by DANIDA.
- 7. Nurse Health Educator, possibly seconded by WUSC,

Subject to the conclusions of the Programme Committee, the Personnel & Selection Committee recommends the advertisement of the posts 1 to 3 above. The Trustees are requested to scrutinize the job descriptions in their field of competence. The priorities in these appointments will be set by the Director.

## 4.3.2 Research Conducted by Dr. A.M. Molla

The Committee extensively discussed the situation created by the depositure, after the expiry of his 6 years contract, of Dr. A.M. Molla, Senior Scientist, Bangladesh, in June 1987 or later this year given a job opportunity offered to him. The Committee took into account the interest, for the Centre, of his research at ICDDR, B, the importance to promote Bangladeshi scientists and the effects of a break of the 6 years rule. The Committee was divided between those in favour of offering Dr. Molla a new 3-year appointment, the definition of his position being at the discretion of the Director, and those against breaking the rule.

## 4.3.3 Administrative Staff

- Associate Director, Administration and Finance, P5 (reconstituted post), possibly seconded by WUSC.
- 2. Grants Administrator, possibly seconded by WUSC.

The Committee strongly recommends the appointment of an Associate

Director, Administration & Finance, with great management abilities. Parallel to the recruitment efforts by WUSC the Management and Trustees should do talent hunting. It was felt by some members of the Committee that key administrative posts shuld be funded by the Centre itself rather than seconded, they recognized however that WUSC is neutral.

## 4.4. Deferred Positions

The Committee decided that the positions previously deferred should be reviewed in line with the recommendations of the Programme Committee and then new applications to be made at the appropriate time, for positions still required.

## 4.5 Positions Collapsed

As noted above, the Committee recommends to collapse the position of Administrative Services Officer at international level.

## 5. POST ADJUSTMENT MULTIPLIER

The post adjustment multiplier has changed for Bangladesh from -5 to -10, from January 1986. Taking into account the 10% salary cut, the Committee agreed that the current -5 multiplier should be maintained until full salary is restored. For those who did not agree to the voluntary 10% cut in salary, it is recommended to the Board that the -10 multiplier be put into effect.

## 6. PROMOTION OF SCIENTISTS FROM DEVELOPING COUNTRIES

The Committee expressed the importance of the promotion of talented scientists from Bangladesh and other developing countries, through fellowships or sabbatical grants. The Committee suggested that the Centre initiate such a system as soon as possible so that it had a running system for the EEC or another donor to evaluate and hopefully fund. The Committee also suggested that the Centre use part of the programme development discretionary fund of USAID for 1-2

fellowships per year for a maximum of 3 years at the senior registrar/Ph.D level.

## 7. ETHICAL REVIEW COMMITTEE

The Committee proposes to the Board to follow the recommendation of the ERC and to replace Drs. K.M.S. Aziz and M.M. Rahaman by Dr. K.A. monsur (DTWG) and Dr. A.N. Alam (Head, Dhaka Hospital). This proposal is made for the time until the powers, functions and duties of the ERC are fully defined to the satisfaction of the Board.

## 8. NEW MEMBERS OF THE BOARD OF TRUSTEES

Dr. J. Sulianti has arrived at the end of the second threeyear term.

Dr. Sebina had to resign being appointed by a UN agency. Both Trustees must therefore be replaced. Dr. Al Swailem, Professor D. Rowley and Dr. I Cornaz have served for a three-year term. They are willing to be reelected if the Board so wishes.

The Committee proposes the reelection of Dr. Al Swailem, Prof. D. Rowley and Dr. I. Cornaz, and the election, for the Asian area, of Dr. Peter Sumbung (Communicable Diseases, Health Management, FP, MCH), Indonesia or, in a fall back position, of Dr. P. Santos Ocampo (Paediatrics), Philippines; for Africa, of Professor D. Habte (Paediatrics, Nutrition), Ethiopia, or, in a fall back position either of Dr. Njelasani (Research management), Zambia, or Dr. Otto, Ghana (Public Health Administrator), if Dr. Sumbung cannot accept the nomination and Dr. Ocampo will be the new Trustee.

## Attachment Ia

# International Staffing Pattern by PAY LEVEL As of July 1, 1986

Working Group	P1	P2	Р3	P4	P5	P6	ASGDO	Seconded	Total
CSRWG	_		4	1	1	]		5	12
DTWG	-	_		1			_	2	3
Host Defense	_		_		1				1
Management	1	1		1			1		4
NWG		1						1	2
PTWG			1		1	_		3	5
Project Develop- ment		_	-	_	_	_	-	_	
Resources Development	l				1 .		_	_	2
TE&C	_	-	-		· · · · · · · · · · · · · · · · ·		· • · · · · · · · · · · · · · · · · · ·	2	2
Total	2	2	5	3	4	1	1	13	31

## 

## COMMUNITY SERVICES RESEARCH

	Name	Level	Position	Contract End date				
2. 3. 4.	Dr. M.G.M. Rowland Dr. Badrud Duza Dr. Bogdan Wojtyniak Mr. Roma P. Ghosh Dr. V. Sundararajan	P6 P5 P4 P3	Senior Scientist Senior Scientist Scientist Computer Information Services Manager Technical Services	16.9.87 30.6.87 31.7.86 29.6.88				
7. 8. 9. 10 11 12	Mr. Hira Ashraf  Dr. V.A. Fauveau  Dr. M. Koenig  Mr. M. Chibba  .Ms. M. Hurrell  .Mr. M. Rahman  .Dr. Bonita Stanton	P3 Pop.Con. Wusc Wusc Wusc JHU	Manager Systems Development Manager MCH-FP Physician Demographer Health Economist Health Educator Computer Statistician Associate Scientist	10.8.88  31.12.88  open 15.9.86 15.9.86 15.9.86 30.8.86				
2.	Dr. John Clemens Dr. David Sack Dr. Brad Kay	P4 JHU JHU	Scientist Senior Scientist Microbiologist	31.12.86 30.6.87 31.7.87				
HOS	ST DEFENSE WORKING GROU	ĺΕ						
1.	Dr. Ivan Ciznar	P5	Senior Scientist	31.12.86				
MΔI	MANAGEMENT							
2.	Prof. Roger Eeckels Mr. Ronald Dery Mr. Len Chang	ASG DO4 P4 P2	Director Acting Chief Personnel Officer Budget & Finance Officer	28.2.88 16.6.87 3.7.87				
			0111001					

<sup>\*</sup> Appointed and Seconded

	Name	Level	Position	Contract end date
4.	Mrs. Judith Chowdhury	Pl	Executive Assistanto the Director	t 15.6.88
<u>N U</u>	TRITION WORKING GROUP			
1.	Dr. Fitzroy Henry	F2	International Research	arch 31.12.86
2.	Dr. A. Briend	ORSTROM	Scientist	open
<u>P                                    </u>	ATROGENESIS & THERAPY WOL	RKING GROUE	o -	
	Dr. A.M. Molla	P5	Senior Scientist	30.6.87
2.	Dr. M. Bennish	Р3	International Research	arch 31.12.86
	Dr. F. Van Loon	WOTRO	Gastroenterologist	23.7.86
4.	Ms. K. Jenssen	Danida	Nurse - Traveller's Clinic	s 31.12.86
5.	Ms. R.S. Petterson	Danida	Nurse - Traveller's	s 31.12.86
PR	OJECT DEVELOPMENT			
	-	<b></b> .	***	-
RE	SOURCES DEVELOPMENT			
1.	Mr. M.R. Bashir	P5	Associate Director	-
2.	Mr. Iqbal Ali	PΊ	Resources Developm Progsamme Officer	ent 15.6.88
<u>T</u> R	AINING, EXTENSION & COMM	MUNICATIONS	5	
	Mrs. B. Wroot	WUSC	Health Educator	16.9.86
2.	Mr. R. Wroot	WUSC	Materials Develope	r 16.9.86

Geographic Distribution of International Staff (Appointed and Seconded) - As of July 1, 1986

## Australia

1 .	Mr.	L.C.	Chang
	1.17	1	CHAIL

Budget & Finance Officer

2. Mrs. Judith Chowdhury

Executive Assistant to Director

## Belgium

1. Prof. Roger Eeckels

Director

## Bangladesh

1. Mr. M.R. Bashir

Associate Director, Resources Development

2. Mr. Iqbal Ali

Programme Officer, Resources

Development

3. Dr. A.M. Molla

Senior Scientist

4. Dr. Badrud Duza

Senior Scientist

## Chechoslovakia

1. Dr. Ivan Ciznar

Associate Director, HDWG

## France

1. Dr. V. Andre Fauveau

MCH-FP Physician

## GUYANA

1. Dr. Fitzroy J. Henry

International Research Associate

## <u>India</u>

1. Mr. Roma P. Ghosh

Computer Information Services Manager

## <u>Poland</u>

1. Dr. Bogdan Wojtyniak

Scientist

## <u>Pakistan</u>

l. Mr. Hira M. Ashraf

System Development Manager

## <u>Sri Lanka</u>

l. Dr. V. Sundararajan

Technical Services Manager

## United Kingdom

1. Dr. M.G.M. Rowland

Associate Director, CSHWG

## U.S.A.

1. Dr. M. Bennish

International Research Associate

2. Dr. J. Clemens

Scientist

3. Mr. R.H. Dery

Acting Chief Personnel Officer

SUB TOTAL 18

## SECONDED STAFF

## Canada WUSC

1. Ms. M. Hurrell

Health Educator

2. Mr. M. Chibba

Health Economist

3. Dr. M. Rahman

Computer Statistician

4. Ms. B. Wroot

Health Educator

5. Mr. B. Wroot

Materials Developer

## Denmark-DANIDA

1. Mrs. K. Jenssen

Nurse, Traveller's Clinic

2. Mrs. R. Petterson

Nurse, Traveller's Clinic

France - ORSTROM

1. Dr. Andre Briend

Scientist

Netherland -- WOTRO

1. Dr. Frederick Van Loon Gastro-Enterologist

U.S.A. - JHU/Population Council/Centre for Disease Control

1. Dr. Bradford A. Kay Microbiologist (JHU)

2. Dr. David Sack

Associate Scientist, DTWG (JHU)

3. Or. Michael Koenig

Demographer (Pop. Council)

4. Dr. Bonita Stanton

Associate Scientist (JHU)

SUB-TOTAL: 13

TOTAL POSTS : 31

Report on Manpower Arrivals and Departures as of 30 May 1986

Since the November 1985 Board of Trustees Meeting, the following arrivals and departures of staff members has taken place:

Departures: Dr. Shushum Bhatia

Br. M.M. Rahman

Dr. M. Koblinsky

Arrivals : Dr. V.A. Fauveau

Beaths : Ms. Wendy Hossain

Attachment II

Consultants, Short Term Staff and Contractual Services Agreements as of 31.5.86

		Area of	Working	Funded	Source of	PERIOD		
	Name	Responsibility	Group	Unfunded	funding	First Contract Start Date	Current End Date	Daily Rate
1.	Dr. D. Anand	Training Material Developer	TE&C	Υ	UNICEF	7.7.84	17.12.86	\$ 135 + per diem \$ 25 for first 60 days
2.	Mr. Noorullah	Admn. & Logistics Support Consultant	D <b>TW</b> G	Y	USAID	1.11.84	30.9.86	Tk.350 per day (Tk.10,500 per month)
3.	Dr. A. Latif	To work on E.Coli Phase	DT <b>W</b> G	Y	USAID	1.10.82	14.7.86	Tk.333.33 per day (Tk.10,000 per month)
4.	Dr. K.A. Monsur	E.Coli Phase	DTWG	Y	USAID	1.5.82	11.8.86	Tk.500 per day (Tk.15,000 per month)
5.	Mr. Obaidur Rob	Demographic Researcher	MCH-FP CSRWG	Y	USAID	1.1.86	30.6.86	Tk.307.67 per day
6.	Ms.Susan Brechin	To assist NIPPORT & FWA TASK Force	MCH-FP CSRWG	Y	USAID	20.8.85	19.7.86	\$ 50 per day
7.	Mr.Tom L.Grand	Demographic Researcher	MCH-FP CSRWG	Y	USAID	16.10.85	31.7.86	\$ 45 per day
8.	Ms.Deborah Balk	Economic Policy Analyst	MCH-FP CSRWG	Y	USAID	16.6.85	14.8.86	\$ 38 per day
9.	Mr.Khurshid A. Chowdhury	Pathologist .	DTWG	Y	Bosted/ UNDP	13.3.86	12.9.86	Tk.333.33 per day
10.	Ms.Parveen H. Pasha	Computer Progra- mming	MCH-FP CSRWG	Y	USAID	25.9.85	24.6.86	Tk.150 per day (Tk.4,500 per month)
11.	Ms. Reba Som	Resources Development	Res.Dev.	N	<del></del>	25.5.86	24.11.86	\$ 50 per day (Not to exceed US\$ 1,500 per month)

		td - 1.3		Source of	PERIOD			
Name	Area of Responsibility	Working Group	Funded Unfunded	funding	First Contract Start Date	Current End Date	Daily Rate	
Mr. M.A. Samad	Translator	MCH-FP CSRWG	Y	USAID	9.11.85	8.8.86	Tk.180 per day (Tk.4,500 per month)	
Ms. P.M. Read	Material Deve- loper	TE&C	Y	UNICEF	1.4.86	30.9.86	Tk.266.66 per day	
TOTAL CONSULTANTS	S 13							
rt Term Staff				,				
Mr. H. Janssen	Chief Finance Officer	Finance	Partial	WUSC	1.4.86	30.6.86	\$ 5,000 per month (\$2917 Canadian Funded)	
Ms. L. Saldhana	Executive Secretary	CSRWG	N	Centre	6.11.84	5.9.86	\$ 1,375 per month plus Non Residence allowance \$ 8.48 per month	
TOTAL SHORT TERM	2							
tractual Services	Agreement							
Ms. Bilquis Amin Huq	Mirzapur Hand- pump Project	CSRWG	Y	World Bank	1.3.86	30.9.86	Tk.12,500 per month	
Dr. Ferdousi Quadri	Antigen OMP in Shigella	HDWG	Y	UNDP/WHO	1.3.86	30.9.86	Tk. 9,533 per month	

TOTAL CONTRACTUAL SERVICE 2

## Attachment III

## c. -Manpower Statistical Summary

International Staff	Regular	Seconded	Short-Term	Total
Nov. 30, 1985	33	13	. 4	50
Tuly 1, 1986	18	· 13	2	33
Variance	54.5%	100%	50.0%	66.0%
National Staff	Core	Project	Other	Total
Oct. 30, 1985	813	107	181	1401
May 31, 1986 (est)	784	399	179	1362
Variance	96.4%	98.0%	98.9%	97.3%

## D. <u>Definitions</u> used in Attachments

CORE: This refers to the status of a staff member. This category of staff member includes those who are hired for a Working Group/Branch/Unit whose functions directly relate to the Centre's normal continuing operations.

PROJECT: This refers to the status of a staff member. This
category of staff members includes those who are hired
for Projects carried out by the Centre and are funded
externally. The length of service of a project
position is for the duration of a Project.

OTHER : This refers to the status of a staff member. This category of staff members includes those appointed to

## iscussion Paper on Local Staff Reduction

This note has been prepared to compare the reductions proposed by the Board in November in local staff employment level and the outcome to date.

## Revision of the Target Reduction

The initial target was to reduce core funded local staff salary costs by 20 percent or \$433,000 annually. The base of \$2.2 million on which the 20 percent reduction was calculated included two UN announced salary increases and projects which subsequently became funded. As only one salary adjustment was provided, core salary costs were \$160,000 lower. In addition there were about \$240,000 in core funded staff now covered through funded projects. The revised estimate of core funded staff is now \$1.8 million versus the November 1985 estimate of \$2.2 million.

As indicated in the March 1986 Executive Committee meeting, the management had decided that no local staff lay-off actions were to occur prior to July except by attrition and for poor performance. However, planning for a reduction in establishment was to proceed.

In general the proposed reductions assume the continued ability to deliver services at levels considered appropriate to the conduct of Centre research. Further reductions may be possible following agreement on organizational structure. However, there may also be some new positions required.

The attached table provides a summary of the possible changes. The reductions of \$82,000 in annual salary occur primarily in the administrative area and represent 33 positions, generally GS3 or higher,

so that there have not been reductions in the area of the lower skilled where job alternatives are virtually nil.

It also became quickly clear that the treatment centre in Dhaka and Matlab had staff needs which were not compressible and during epidemics additional staff were needed as research was curtailed to deal with patient load. Together the treatment centres account for one third of core funded staff costs.

In a review with many departmental managers by Finance there were strong views expressed that staff reductions would be extremely difficult to accommodate. Most managers cited the hiring freeze on core positions as already having reduced their establishment through attrition or migration to higher paying project-funded positions. The growth in overtime in 1985 is consistent with this viewpoint.

From June 1985 to April 1986 the total employment level declined by 66 from 1,434 to 1,368. The exact breakdown of the 66 positions as between core funded and project funded is not available. However, the proposed additional reduction of 33 staff deals with unrestricted/core funded positions only.

ATTACHMENT IV

# CHANGES IN CORE FUNDED PERSONNEL COSTS (proposed and Consequent Cost Reduction)

Area	April/86 Establishment	Proposed* Reduction	Projected Establishment	Annual* Cost Reduction
Disease Transmission	8	1	7	\$ 4,500
Pathogenesis & Therapy	5	-	5	_
Host Defense	3	-	3	-
Nutrition	3	-	3	-
Community Services Research	5	-	5	-
Training & Extension	2		2	-
Program Sub-total	26	1	25	\$ 4,500
Treatment Centre	347	-	347	-
Interdepartmental Services	128	-	128	-
Project Offices	<u>529</u>	_	<u>529</u>	-
Training & Extension	<u>25</u>	-	25	-
Administration		•		
Admn. Services	174	23	151	<b>\$</b> 46,055
Matlab Admn.	50	-	50	<u>-</u>
Finance	19	3	16	\$12,550
Personnel	25	5	20	\$15,864
Management $\frac{1}{2}$	8	1	7	\$ 2,738
Res. Development	5	-	5	***
Other <sup>2</sup> /	32	-	32	-
Sub-total	313	32	281	\$77,207
TOTAL —				
	1,368	33	1,335	\$81,707

<sup>1/</sup> Staff on National Office Categories

<sup>2/</sup> Staff on training, Guest House and Cafeteria

<sup>\*</sup> Core or unrestricted funded staff

### INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

# TERMS OF REFERENCE FOR PERSONNEL TECHNICAL ASSISTANCE CONSULTANT

### Description of assistance activity:

The Consultant would review the Centre's systems for classification of positions, particularly in respect to the relationship of classification of National Officer jobs with classification of Professional and General Service support jobs, and the impact of this classification on differences in remuneration. He/she would then develop a set of recommendations to improve the administration of the Centre's Personnel section, and to attain consistency with the UN "Common System" for job classification.

### Objectives of study:

To identify consistency of ICDDR, B practices with United Nations common system practices and policies:

To summarise the costs/benefits of current ICDDR, B personnel classification:

To evaluate the extent to which implementation of personnel classification systems is current and correct:

To suggest what refinements might be indicated, along with recommendations for implementing refinements:

To provide other guidance as required to assist ICDDR, B to attain consistency with UN common system practices and policies.

Estimated time required would be a total of four week; three weeks on site and one week for preparation of report.

#### RESUME

GARRY RAHN

Via Venete 7, 00187 Rome, Italy Tel.: 34-6-4750311

### Previous Experience

FAO, Rome, 1962 - 76 Recruited as Chief d'Establishments, left as Deputy & Acting Director of Personnel

US Government experience both in Washington and abroad in Personnel Management;

Los Angeles Civil Service Commission, Los Angeles, California

#### Consultancies:

Numerous with experience in some 20 international and hational institutions and governments in a total of over 30 countries in Asia, Africa, Europe and North America.

Senior Consultant to the Administrator UNDP, One UN Plaza, New York, N.Y. 10017; also ICSC, FAO, WFP.

#### Education:

B.Sc., Indiana University
Master's Degree, University of Maryland

#### Attachment Vo

### RESUME

R.J. HISCOCK

57, Drayton Rd. Pointe Claire H95 4V4 Quebec, Canada

#### Education:

B Comm (Melbourne) Certified Administrative Manager (US/Canada)

#### Experience:

Organisation Officer, International Civil Aviation Organisation, Montreal, 1961 - 65

Chief Management Services Office I.C.A.O. 1965 - 85

### Upon Retirement:

Consultancies with International Civil Service Commission, New York, Jan-Feb-March 1986.

Attachment VI

Classification Consultant Report

Brief Summary of the Consultants Report on Classification

The Consultants expressed the belief that the Centre is too rigidly using WHO as a model for employment conditions, and while this is understandable in view of the similarity in the objectives of the organisations, two iţ does not provide for consideration of the differences in activities between Dhaka is the headquarters of ICDOR, B and as such, should adhere to the U.N. rule that "all Professional staff employed at the Headquarters....are employed under conditions of service including salaries and post adjustment applying to the UN Professional category". This rule would clearly be impossible for the Centre to follow. The Consultants felt that the Centre's focus on research activities for professionals was incompatible with the emphasis all UN organisations on administrative type activities.

The Consultants went further to recommend that the Board should again consider (as with the budget system) "the experiences of the International Agricultural Institutes or similar organisations" which while not health related do have research as their primary focus. The leading UN agency in Dhaka is UNICEF which is almost exclusively administrative and employs no research or scientific posts.

The Consultants suggested that recognition of ICDDR, B as a Headquarters Duty Station would permit the Centre to abandon the

need to have separate National Officer and General Service category scales or to follow the local GS graded salary scale of the leading UN agency in Dhaka. The Centre could then establish "one local grading scale based on local market practices, containing several levels with the higher levels being confined to positions performing Professional type functions and normally requiring a University degree". One positive aspect of an integrated local scale would be the concept of a career ladder for qualified personnel.

The current undergrading for Medical and Scientific staff was also emphasised — it became evident that the key functions of ICDDR, B are of a Medical and Scientific nature, and should be reimbursed on a higher basis than administrative support ones".

They also commented that "there is an urgent need for a satisfactory performance appraisal system. In the absence of it, it is impossible to consider making any effective identification of unsatisfactory, poor, average, good and superior performance, except for the more conspicuous cases".

Lastly, they commented on the need for the Centre to adopt a coherent integrated classification policy. They suggested that the UN "Master Standard Job Classification" Methodology be used for all international posts and also as a reference point for national professional posts.

The consultants made the following recommendations:

- 1. Adopt the Master Classification Standard of the ICSC, with factor I amended to provide credit for publications, to grade International Professional and National Officer posts.
- 2. Arrange to have a staff member trained in the application of the Master Standard by participation in a training course offered by the ICSC in New York.
- 3. Adopt for the classification of its GS posts a standard which it is expected will be adopted by the ICSC during 1987. Analyse and review the duties and responsibilities of all posts and assign proper grades and post titles.
- 4. Rationalise the use of titles for posts of the Centre.
- 5. Cease using the international level classification grade levels as a means of effecting what may be expedient salary adjustments.
- 6. Consider improving the NO salary for the Centre by comparison with the levels established for National experts in Bangladesh.
- 7. Every attempt be made to use incremental salary steps rather than grade levels for fixing salary levels for applicants from high income countries.
- 8. Consider a reorientation of its status as the Headquarters of an international organisation and take steps to develop and adopt more appropriate integrated salary scales than those now in use, incorporating both National Officers and General Service.
- 9. Review the possibility of introducing the National Expert salary ranges for application to posts as appropriate.
- 10. Limit the number of international level posts to an appropriate number to be determined (estimated at approximately 20) by restricting their use to senior posts for eminent scientists, posts requiring a high level of leadership, ability and other medical, scientific and engineering type of posts and key posts in the administrative area.
- 11. Consider the use of contractual services for activities such as cleaning, laundry, maintenance, security and transport in order to scale down the size of the establishment, attempting to have the contractor assume responsibility for the affected personnel and also consider using agreed terminations to ease the situation for settling difficult cases.
- 12. Consider the use of UN Volunteer Programme for middle and

higher level expertise in appropriate fields of work as a means of retaining and strengthening the international character of the Centre without incurring excessive additional costs.

- 13. Consider a policy of relying more heavily on the administrative and personnel practices of the CGIAR centres in order to deal more realistically with problems encountered by the ICDDR, B.
- 14. Introduce a more flexible policy with regard to renewal or extension of contracts when such action is in the interest of the Centre. The "six-year rule" should be considered as a guide only and not applied too rigidly.

NOMINATIONS OF TRUSTEES

# STATUS OF BOARD MEMBERS TO BE REAPPOINTED/REPLACED

Dr J. Sulianti Saroso - Not eligible for reappointment

Dr A. R. Al-Swailem - Available for reappointment if

Board wishes

Dr Manzoor ul Karim - Govt. of Bangladesh to request

reappointment

Dr I. Cornaz

Dr D. Rowley - Available for reappointment if

Board wishes

Note: Dr D. Sebina has resigned and needs to replaced for the remainder of his term i.e. to 30 June, 1987.

### LIST OF BOARD MEMBERS REMAINING

Name	Country	Discipline	
Mr M.K. Anwar	Bangladesh	Finance Administration	
Prof D. Bell	U.S.A.	Population/Admin./Finance	
Dr R. Feaches	U.K.	Water Sanitation	
Haj.Gen. M. Shamsul Haq	Bang l adesh	Health Admin./Clinical Science	
Prof J. Kostrzewski	Poland	Epidemiology	
Dr L. Mata	Costa Rica	Nutrition/Clinical Science	
Dr M.H. Merson	MHO	Epidemiology	
Dr Nyi Nyi	UNICEF	International Hith, Admin.	
Prof V. Ramalingaswami	India	Clinical Sc./Science Admin.	
Dr Y. Takeda	Japan	Microbiology	

### CUTBOING NEMBERS

Dr A.R. Al-Swailen	Saudi Arabia	Paediatrician/Hlth. Admin.
Or I. Cornaz	Switzerland	Social Sciences
**Mr Manzoor ul Karia	Bangladesh	Health Administration
Prof D. Rowley	Australia	I e a un o l o g y
+Dr D. Sebina	Botswana	Public Health/Admin./Finance
*Dr J. Sulianti Saroso	Indonesia	Research/Admin.

<sup>\*</sup> Not able to accept another term without a break

<sup>\*\*</sup> Mr A.B.M. Ghulam Mostafa's term of 3-years up (see Ordinance re completing 3 years for someone else)

<sup>+</sup> Replacement needed for remainder of term i.e. to 30.6.87

# LIST OF RECOMMENDATIONS FOR TRUSTEES FROM LIST CIRCULATED TO BOARD MEMBERS & ASSOCIATE DIRECTORS PLUS NEW SUGGESTIONS

Person Recommended Recomme	
----------------------------	--

Dr David Picou Dr M.M. Rahaman

Prof J. Waterlow Or M.H. Rahaman

Dr S.C. Pal/Prof Mathan Dr M.M. Rahaman

Dr Oscar Brunser (new suggestion) Dr M.M. Rahaman

Dr Aung Than Batu Dr David Sack

Dr Sune Bergstrom Dr Sack, Prof Kostrzewski & Prof Bell

Dr L.R. Trabulsi Dr David Sack

Dr D. Habte Prof D. Rowley

Dr Jay Stephen Keystone Dr O. Solandt

Dr Leslie Spence Dr C. Solandt

Prof Olikoye Ransome-Kuti Dr M. Rowland

Dr John A. Walker-Smith Gr M. Rowland

# NONINATION LIST FOR MEMBERS OF BOARS OF TRUSTEES

Person Nominated	Area of Expertise	Nominated By
Dr S.C. Pal, India	Microbiology/Diarr. Dis.	Dr F. Assaad/ Dr Y. Takeda
#Dr D. Habte, (Ethiopia)	Paediatrics/Nutrition	Dr F. Assaad
Or Vedeina, Russia	Mutrition/Microbiology	USSR Foreign Min
Dr D. Picou, (Trinidad)	Nutrition Res/Inst. bldg	Or F. Assaad
Dr Bai Thisheng, China	Viralogist	Dr D. Rowley
Prof Mathan, India	Gastroenterologist	Dr D. Rowley
*Dr Jesus Azurin, Philippines	Epidemiologist	Dr J. Sulianti
Dr L. Trabulsi, (Brazil)	Microbiology	Dr Y. Takeda
Dr P.R. Keyna, Kenya	Epideaiologist	Or M.K. Were
Dr J.M. Borgano, Chile		Dr F. Assaad
Dr I. Bencic, Yugoslavia	Epideaiologist	ICODR,8/8HO
Prof J. Waterlow, U.K.	Nutrition Fellow Royal Soc. Eng.	British H. Cr.
Dr Gauri Sankar Lall Das		UNFPA Coordintor
Dr Carl Taylor, U.S.A.	Public Health Policy & Planning	UNFPA Coordintor
Dr Jon E. Rohde, U.S.A.	Public Health Planning/ Diarrhoeal Diseases	Ken Warren, Rockefeller
Dr B.T. Keusch, U.S.A.	Clinical Research	Ken Warren, Rockefeller
Dr R. Guerrant, U.S.A.	Clinical Research	Ken Warren, Rockefeller
Dr Joaquin Cravioto	Nutrition	Clifford A Pease
Dr Jose Obdulio Mora		Clifford A Pease

<sup>\*</sup> Also nominated by Minister of Health, Philippines # Also nominated by SAREC

Person Nominated	Area of Expertise	Nominated By
Dr Fernando M. Barros		Clifford A Pease
Dr Jose E.D. de Oliveira	•	Clifford A Pease
Dr A. Al-Mehedib		Saudi Arabia Aty
Or A. Al-Baqui		Saudi Arabia Aty
Dr Ali Al-Saif		Saudi Arabia Aty
Or Dhiman Barua, India	Microblgy/Epidemiology	Dr A. Zahra
Or David Bersch		Dr A. Zahra
Dr Pornchai Matangkasombut, Thailand	Microbiology, teaching/ researching	Or A. Zahra
Dr (Mrs) A. Mangay-Angara	,	Dr A. Zahra
Dr B.K. Adadevoh		Dr A. Iahra
Dr Aziz El Kholi		Dr A. Zahra
Prof Natth Bhamarapravati	Pathology/Vaccine dev.	Dr I. Sestak
Or Aung Than Batu	Research Admin./ diarrhoeal diseases	Dr I. Sestak
Dr Frakorb Boonthai		Govt of Thailand
Dr Indra B. Khatri	Public Health Admin.	Dept. Hith Nepal
Dr Manindra R. Baral	Paediatrician	Dept. Hith Nepal
Dr Sune Bergstrom	Clinical Science Nobel Laureate	Mr Mashler, UNDP
Dr Oscar Brunser, Chile	Paediatrics	Dr M.M. Rahaman

<sup>+</sup> Nominations received for persons already Trustees not included

### BOARD OF TRUSTEES MEMBERS

1 year then 3 yrs from July 1980

2 years then 3, yrs from July 1981

Dr H. Al-Dabbagh Dr J. Holmgren

Or 8. Jones

Dr J. Sullianti Saroso

Dr M.K. Anwar

Dr J. Kostrzewski

Dr L. Mata

Dr V. Ramalingaswami

Dr M. Were

Dr M.A. Matin

3 years then 3 yrs from July 1982

3 years from July 1982

Dr D. Bradley\*

Dr Y. Takeda Prof D. Bell Maj. Ben. M.S. Haq Dr F. Assaad

1 Mr. 3 Mrs then 3 Mrs fr July 1983

3 years from July 1983

Dr J. Sulianti Saroso\*

Dr A.R. Al-Swailem Mr A.B.M. Ghulam Mostafa#

Dr 1. Cornaz Prof D. Rowley

2 Mrs. 3 Mrs then 3 Mrs fr July 1984

3 years from July 1984

Prof J. Kostrzewskie .

Dr L. Mata\*

Prof V. Ramalingaswamit

Mr Munir-uz-Zaman+ Dr D. Sebina

3 years then 3 years from July 1985

3 years from July 1985

Prof D. Bell+

Maj. Gen. M.S. Hage

Dr Y. Takeda\*

Dr M.H. Merson Dr R. Feachen Dr S. Josephe

3 years then 3 years from July 1986

3 years from July 1986

<sup>\*</sup> Not eligible for a further term without a break

<sup>#</sup> Now Mr Manzoor ul Karim

<sup>+</sup> Now Mr M.K. Anwar

<sup>€</sup> Now Dr Nyi Nyi

SELECTION OF THE CHAIRMAN OF BOARD - MEMBERSHIP OF THE COMMITTEE OF BOARD.

# SELECTION OF CHAIRMAN OF BOARD

Prof. D. Bell

Previous Chairmen of the Board are as follows:Dr J. Sulianti Saroso 1979-80 and 1980-81
Dr M.A. Matin 1981-82
Dr J. Bradley 1982-83
Prof. J. Kostrzewski 1983-84
Dr I. Cornaz 1984-85

1985-86

# MEMBERSHIP OF COMMITTEES OF BOARD

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

### Personnel & Selection Committee

Prof. D. Bell Prof. R. Eeckels

Dr I. Cornaz, Chairman of Cttee Dr R. Feachem Mr Manzoor ul Karim

Dr V. Ramalingaswami Prof. D. Rowley Dr J. Sulianti Saroso

## Finance Committee

Prof. D. Bell Prof. R. Eeckels

Dr D. Sebina, Chairman of Cttee Mr M. K. Anwar

Dr L. Mata Dr Nyi Nyi

## Programme Committee

Prof. D. Bell Prof. R. Eeckels

Prof. D. Rowley, Chairman of Cttee Dr M. Merson, Vice-Chairman of Cttee Dr A.R. Al-Swailem Dr R. Feachem

Prof. J. Kostrzewski Dr L. Mata

Prof. M.A. Matin

Dr Y. Takeda

All Board Members are encouraged to participate in the Programme Committee.